

Title of paper:	Quality and Performance Report: October 2014
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Meeting:	Governing Body
Date:	10 th October 2014
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Purpose	To Agree	<input type="checkbox"/>
	To Discuss	<input checked="" type="checkbox"/>
	To Note	<input type="checkbox"/>

Development

This paper has been developed to give a summary of the performance of the services that we commission and to assure the Governing Body about the quality and safety of those services. The CCG has developed a range of measures that includes soft intelligence and information from patients, staff and the public and gives an early indication of failures in the quality and safety of service delivery. These measures have been combined with the National Performance measures to give a more holistic view of the health economy.

Matters contained in the report have been discussed at the Clinical Executive Committee and will be discussed at the Quality Committee on 3rd October. Therefore any additional matters for escalation to the Governing Body will be reported verbally at this meeting.

Executive Summary and Key Issues

This report is to inform and provide assurance to the Governing Body about the performance, quality and safety of service provision commissioned by NHS Surrey Downs CCG (SDCCG), including hosted services.

The report extracts areas of progress, concerns and actions taken from SDCCG Clinical Quality and Patient Safety Report overseen by SDCCG Clinical Quality Committee. Key issues to note are:

- The level of safety incident reporting from Epsom and St Helier University NHS Trust
- Performance of Surrey and Borders around the closure of Serious Incidents
- Re-provision of Community beds from Dorking Hospital to Leatherhead Hospital by CSH Surrey due to staff vacancies
- An update in Section 1 regarding Breast Cancer 2 week referral rates at the Jarvis Centre
- Kingston Hospital's continued performance around the 6 week diagnostic waits indicator

Recommendation(s): The Governing Body is asked to:

- 1) Review the report and discuss the risks raised;
- 2) Agree further action required, including matters for escalation to other organisations.

Attachments:

The Surrey Downs CCG Quality and Performance Report – October 2014

Implications for wider governance

Quality and patient safety

The report extracts areas of progress, concerns and actions taken from SDCCG Quality and Performance Report (October 2014) overseen by SDCCG Quality Committee.

Patient and Public Engagement

The report has been discussed and scrutinised by the Patient and Public Engagement lay members on the Quality Committee

Equality Duty

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.

Finance and resources

No implicit financial implications other than quality premium

Workforce

The CCG encourages feedback around the quality of commissioned services and would encourage all staff exercise their duty of candour around this. The CCG monitors workforce performance and planning within the services it commissions.

Information Governance

The information contained in this report is in the public domain.

Conflicts of interest

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.

Communications Plan

This document will be published on the CCG website

Legal or compliance issues

This report is part of the CCGs overall compliance regime

Risk and Assurance

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.

Integrated Quality and Performance Report – October 2014

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 Quality Committee that the CCG monitors the performance of NHS healthcare providers it commissions against the key performance and clinical quality and safety indicators and those 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.

- 1.5. **Section One** of the report summarises performance against the key areas outlined below and forms the basis of the Local Area Team's quarterly Assurance meetings:
 - CCG Outcomes Indicator Set
 - NHS Constitution
- 1.6. The performance dashboard for Surrey Downs CCG patients (Appendix 1) reflects 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*'. Matters of concern are addressed throughout this report.
- 1.7. **Section Two** of the report provides information about Surrey Downs CCG's main providers based on each Trust's performance against a range of quality indicators and reports on all available data at the time of writing the report (25.09.14). 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 leading to potential risk to Surrey Downs CCG patients are addressed.

Risk Management

- 1.8. 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.
- 1.9. 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

- 2.1. There is a summary of the key concerns as the start of Section One and Section Two.

Section One

1 Executive Summary

The key risks that have been identified are:

- Diagnostic test waits within six weeks

29 patients waited over six weeks in July, three breaches over the 1% target limit. 24 of the breaches were at Kingston Hospital. The Trust recognises that ad hoc arrangements have reduced the backlog so far and longer term solutions are needed. Sonographer recruitment is difficult and there continues to be a staffing issue. Therefore it is recognised by the Trust and commissioners that there is an ongoing risk. The matter will continue to be tracked through the Clinical Quality Review Group (CQRG).

- Breast cancer referrals seen within two weeks

The Jarvis Screening Centre, registered under Virgin Care Services Ltd (VCSL), has reported a large number of breaches for Surrey and Hampshire patients. North West Surrey CCG as host commissioner for Surrey has issued a Performance Letter to VCSL outlining requests and plans to deliver performance improvements. VCSL and commissioners have agreed that a Joint Service Review be undertaken. The review will be chaired independently and be delivered and concluded by mid October 2014. Scoping of the review has taken place and draft Terms of Reference circulated to commissioners and NHS England. In the interim VCSL has enhanced clinical capacity with an additional nine clinical sessions per week being delivered until the conclusion of the review.

- Cancer patients receiving subsequent surgery within 31 days

Due to small numbers this measure is subject to fluctuation throughout the year. Year to date there have been six breaches out of 76 patients, two breaches over the 94% target threshold. None were due to patient choice.

- Cancer urgent referral to treatment within 62 days

Year to date there have been 38 breaches out of 217 patients, six breaches over the 85% target threshold. Eleven of the breaches involved a transfer from Epsom and St Helier University Hospitals NHS Trust to the Royal Marsden NHS Foundation Trust between 21 and 98 days into the pathway. Two breaches were due to patient choice.

- Ambulance response times

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) are failing the 75% target for Red 1 and Red 2 responses within 8 minutes. Performance was below target for both measures in July and year to date.

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. Surrey Downs is currently an Associate to this contract along with other Surrey CCGs, Kent & Medway CCGs and Sussex CCGs. Notice has been given to SECAmb to contract separately with SECAmb as it is expected that this will enable a better grip on the contract

2 Key concerns

Based on the most recent data the quality and performance risks highlighted in Section One of the report are:

- Diagnostic test waits within six weeks
- Breast cancer referrals seen within two weeks
- Cancer patients receiving subsequent surgery within 31 days
- Cancer urgent referral to treatment within 62 days
- Ambulance response times

Table 1 below shows the number of indicators in each domain of the NHS Outcomes Framework, and the NHS Constitution, rated Red/Green.

Amber ratings were removed from the NHS England Assurance Framework from April 2014 onwards.

	Red	Green
CCG Outcomes Framework:		
1. Preventing people from dying prematurely	0	1
2. Improving quality of life for people with long term conditions	1	0
3. Helping people to recover from episodes of ill health or following injury	0	1
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
NHS Constitution	9	10

Table 1: RAG ratings for performance indicators

3 CCG Outcomes Indicators (Full dashboard is at Appendix 1)

3.1 Preventing people from dying prematurely

3.1.1 Emergency admissions for alcohol related liver disease (May data) – Green risk for monitoring

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.

There has been no new data released by NHS England for this indicator since the last Governing Body meeting.

3.2 Improving quality of life for people with long term conditions

3.2.1 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (May data) - Red Risk

This indicator is part of the CCG Outcomes Indicator Set and measures the total number of emergency admissions for people aged under nineteen where asthma, diabetes or epilepsy was the primary diagnosis. The number of admissions is directly age and sex standardised per 100,000 population.

There has been no new data released by NHS England for this indicator since the last Governing Body meeting.

3.3 Helping people to recover from episodes of ill health or following injury

3.3.1 Emergency admissions for children with lower respiratory tract infections (May data) – Green risk for monitoring

This indicator is part of the CCG Outcomes Indicator Set and measures the total number of emergency admissions for children aged under nineteen with selected types of lower respiratory tract infections (bronchiolitis, bronchopneumonia and pneumonia). The number of admissions is directly age and sex standardised per 100,000 population.

There has been no new data released by NHS England for this indicator since the last Governing Body meeting.

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

3.4.1 Incidence of Healthcare associated infection (HCAI) (July data)

3.4.1.1 MRSA - Red risk

The frequency of Methicillin-Resistant *Staphylococcus Aureus* (MRSA) infection is measured in the CCG Outcome Indicator Set.

Surrey Downs CCG was attributed with one MRSA bacteraemia in June 2014 and two in April 2014. All were detected at Epsom and St Helier University Hospitals NHS Trust and assigned to Surrey Downs CCG following Post Infection Reviews (PIRs).

The PIRs have been scrutinised by the Surrey Infection Control Lead and the actions identified to achieve improvements in practice have been implemented.

For 2013/14, Surrey Downs CCG exceeded the zero target with seven MRSA however three of these were assigned to the CCG following Post Infection Reviews (PIRs). MRSA and *C. difficile* frequency together constitute 12.5% of the eligible Quality Premium funding in 2013/14; therefore the potential payment will be reduced by 12.5%. *C. difficile* also exceeded its target limit of 73 (see section 3.4.1.2).

3.4.1.2 *C. difficile* – Green risk for monitoring

The frequency of *Clostridium difficile* infection is measured in the CCG Outcome Indicator Set.

Surrey Downs CCG was attributed with five cases of *C. difficile* in July 2014, four lower than the monthly 2014/15 trajectory. Two of these were acute acquired and three were non acute

acquired. The year to date total is 22 against the year to date 2014/15 trajectory of 25. The target limit for 2014/15 is 76 over the financial year.

Provider	April to July 2014	
	Acute acquired	Non acute acquired
Epsom and St Helier University Hospitals NHS Trust	5	11
The Royal Marsden NHS Foundation Trust	2	1
Surrey and Sussex Healthcare NHS Trust	1	1
Kingston Hospital NHS Foundation Trust	0	1

Table 2: Cases of *C. difficile* attributed to Surrey Downs CCG in April-July 2014

The rolling year data shows a generally decreasing trend, which reflects the efforts that providers have been making to minimise the risk of *C. difficile* infection to the general population (Figure 1).

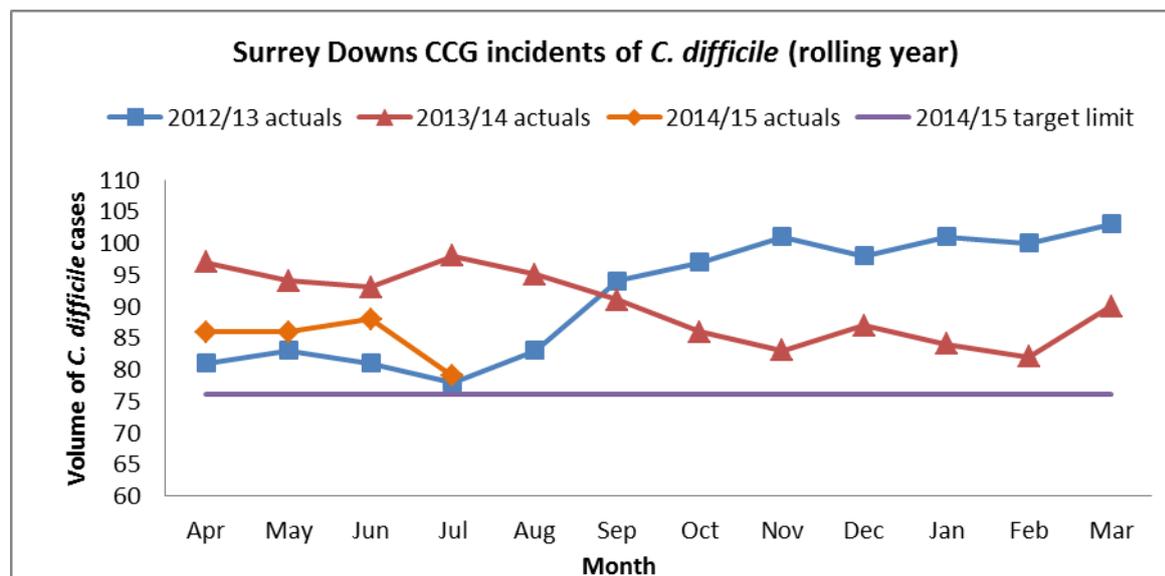


Figure 1: Rolling year trend in Surrey Downs CCG *C. difficile* cases

Surrey Downs CCG’s full year performance in 2013/14 was better than that in 2012/13. However, there is room for improvement and the focus for 2014/15 is on agreeing measures that will assure the Governing Body that providers are achieving and maintaining best practice in this area.

The objective or ceiling set for Surrey Downs CCG by the Department of Health is a maximum of 76 cases for the year.

Surrey Downs CCG exceeded the 2013/14 target of 73 cases of *C. difficile* attributed to the CCG with 87 over the financial year. MRSA and *C. difficile* frequency together constitute 12.5% of the eligible Quality Premium funding in 2013/14; therefore the potential payment will be reduced by 12.5%. MRSA also exceeded its target of zero (see section 3.4.1).

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

4.1 Referral to treatment (RTT) waiting times for non-urgent consultant-led treatment (July data) – Green risk for monitoring

Under the NHS Constitution patients have a right to start consultant-led treatment within a maximum of 18 weeks. NHS waiting times performance is monitored against standards set out in the NHS Operating Framework.

A letter released by NHS England on 13th June stated that funding is being made available via Area Teams to support local backlog clearance so as to return RTT compliance by September 2014. The funding is specifically for backlog clearance over and above that identified in previous capacity submissions.

Providers were required to submit a plan for each commissioner with whom they agree to carry out additional activity. Commissioners and providers agreed the expected levels of additional activity to be carried out. Area Teams have assured the plans prior to the release of any funding to provider organisations.

Epsom and St Helier University Hospitals NHS Trust informed Surrey Downs CCG that the Trust Development Authority (TDA) has agreed for the trust to fail RTT performance in July and August. Therefore the Trust planned to put through as much activity as possible in these months when they are permitted to fail.

4.1.1 Completed pathways for admitted patients

As agreed by the TDA, Epsom and St Helier failed the 90% target for admitted patients with 89.4% in July 2014. This equates to 78 breaches out of 737 patients, five breaches over the 90% threshold.

Surrey Downs CCG performance met the target with 91.6% in July, a decrease from 93.5% in June.

4.1.2 Completed pathways for non-admitted patients

Epsom and St Helier failed the 95% target for non-admitted patients with 94.3% in July 2014. This equates to 118 breaches from 2064 patients, fifteen breaches over the 95% threshold. As outlined above, the Trust increased the level of activity this month as the TDA has permitted them to fail the target. The number of patients in July is 17% higher than the average during April to June.

Surrey Downs CCG is achieving target with 95.6% in July, a decrease from 96.7% in June.

4.1.3 Incomplete pathways

Referral to treatment waiting times for patients on an incomplete pathway form part of the calculation for the Quality Premium payments to CCGs in 2013/14 and 2014/15. CCGs will have their eligible funding reduced by 25% if the target of 92% is not met over the whole year. This will be calculated by aggregating the volume of patients in each monthly return from April to March.

During the full year 2013/14 Surrey Downs CCG achieved 96.0% against a target of 92% for patients on an incomplete pathway.

Surrey Downs CCG is achieving target in July 2014 with 94.5% of patients starting their treatment within 18 weeks, a slight decrease from 95.2% in June.

Epsom and St Helier University Hospitals NHS Trust met the 92% target in July 2014 with 95.2%, a decrease from 95.9% in June.

The Trust showed a declining trend in performance during 2013/14 (Figure 2). This was previously affected by transfers from Epsom Downs Integrated Care Services (EDICS) in August but the decreasing trend continued beyond this period. Performance has improved in 2014/15 however rates are still below those seen twelve months ago.

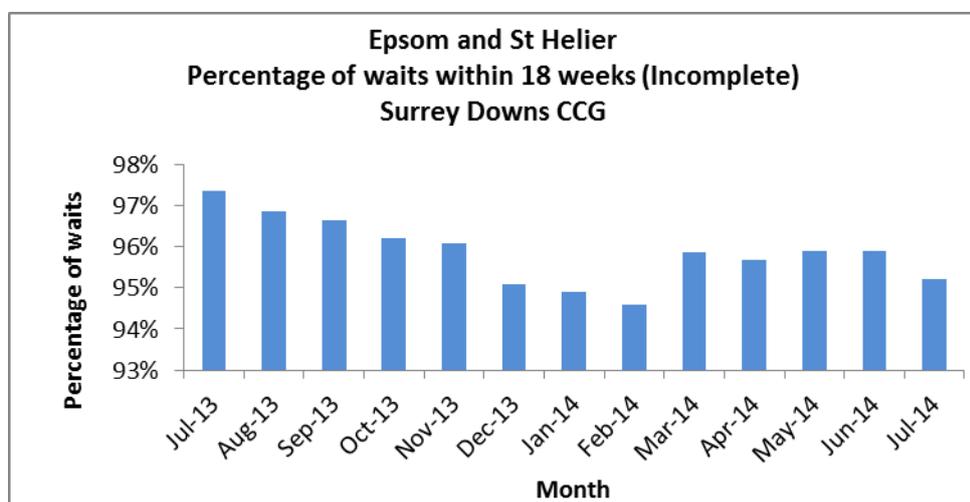


Figure 2: Surrey Downs CCG waits within 18 weeks at Epsom and St Helier – Incomplete

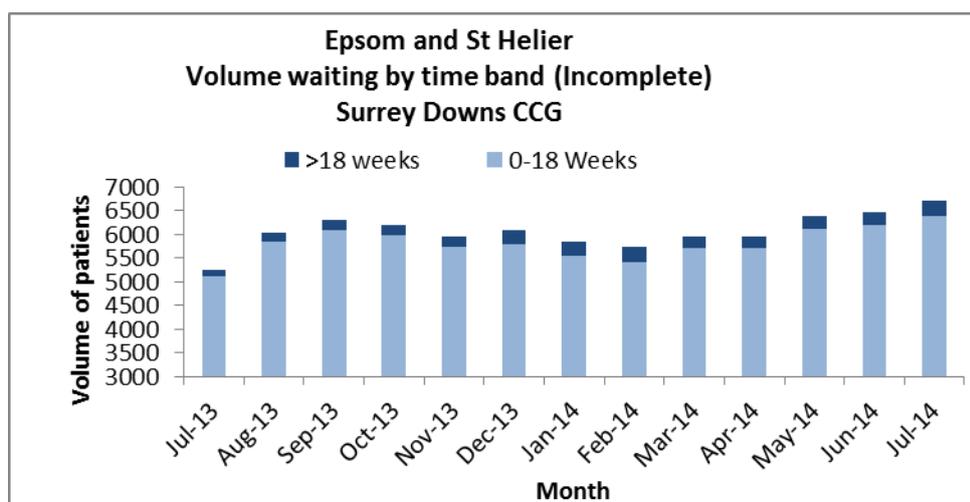


Figure 3: Surrey Downs CCG waits by time band at Epsom and St Helier – Incomplete

Surrey Downs CCG has identified a small number of patients waiting longer than 35 weeks (Figure 4). Action has been taken with trusts to address this but a small increase was noted in July. It is expected that this cohort will be cleared as part of the national 18 week wait RTT clearance occurring during July and August.

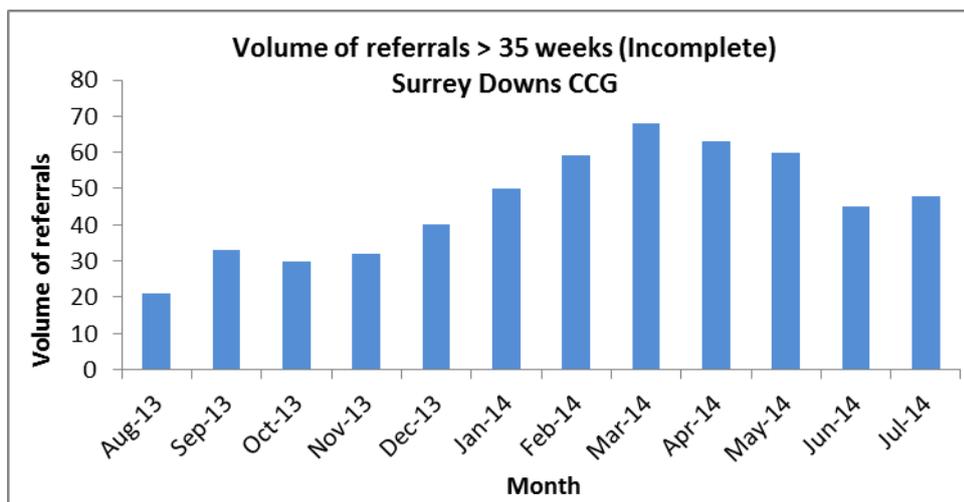


Figure 4: Surrey Downs CCG waits over 35 weeks – Incomplete

4.2 Diagnostic test waits within six weeks (July data) - Red risk

The proportion of patients waiting up to six weeks for a diagnostic test is measured within the NHS Constitution. The end of year target is no more than 1% of patients waiting over six weeks. This is measured using March’s return, as there is no year to date calculation for this metric.

July 2014 data shows 29 patients waited over six weeks, a return to previous high levels following reductions in May and June. This equates to a monthly breach rate of 1.11%, three breaches over the 1% target limit.

24 of the patients waiting over six weeks in July are at Kingston Hospital NHS Foundation Trust. This is a return to their previous high breach rates, having made improvements and cleared the backlog last month (Figure 6).

The Trust has struggled with capacity in their ultrasound service due to a shortage of two sonographers and difficulty with recruitment. While performance improved temporarily, the Trust recognises that ad hoc arrangements have reduced the backlog so far and so longer term solutions are needed. Notably, some CCGs have used private providers to meet the demand around diagnostic testing waits. Sonographer recruitment is difficult and although the Trust has recruited, two staff are moving on so there continues to be a staffing issue. Therefore it is recognised by the Trust and commissioners that there is an ongoing risk.

South London CSU is leading ongoing work with the Trust to deal with the backlog and future referrals and is giving monthly updates to NHS England. The matter will continue to be tracked through the Clinical Quality Review Group (CQRG).

Surrey Downs CCG is actively monitoring the situation and action plan through the contract review process. All Surrey Downs CCG practices that use Kingston Hospital were informed, with all ultrasound being referred to other providers where appropriate. However certain musculoskeletal (MSK) ultrasound can only be referred to Kingston Hospital; other providers have been investigated. Kingston Hospital has also implemented a referral triage service and has referred back patients.

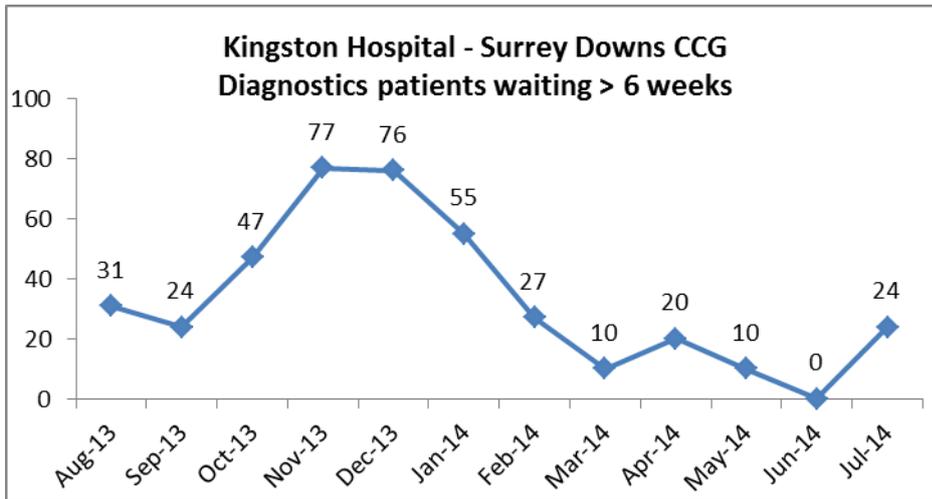


Figure 5: Surrey Downs CCG diagnostic test waits over six weeks at Kingston Hospital

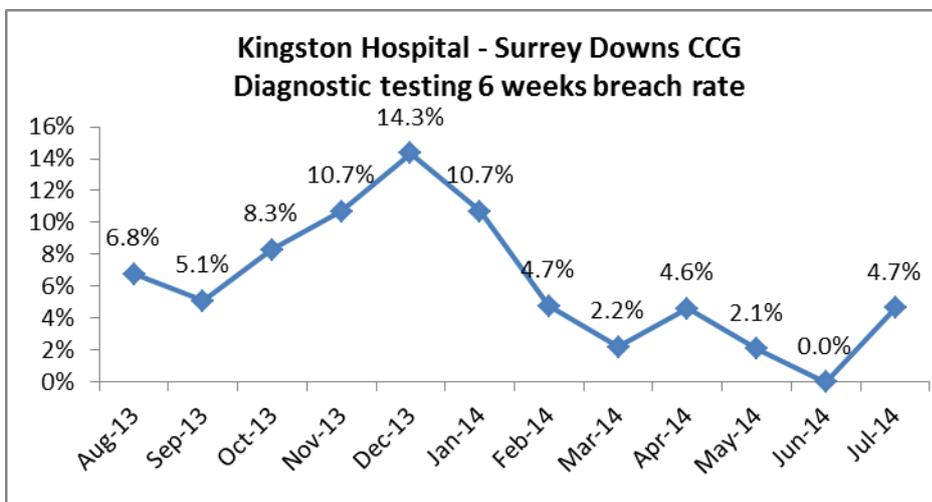


Figure 6: Surrey Downs CCG breach rate for diagnostic test waits over six weeks at Kingston Hospital

4.3 Breast cancer referrals seen within two weeks (July data) – Red risk

The measure of ‘Breast cancer referrals seen within two weeks’ forms part of the NHS Constitution and is based on data within the Open Exeter system.

Performance is expected to fluctuate for this indicator due to fairly low volumes involved. It should also be noted that breaches due to patient choice are included.

Year to date 86.8% of patients referred were seen within two weeks, below the 93% target. This equates to 56 breaches out of 423 patients, which is 27 breaches over the target threshold. 26 breaches were due to patient choice.

35 breaches occurred at the Jarvis Screening Centre registered under Virgin Care Services Ltd (VCSL). 25 of these listed a breach reason of ‘clinic capacity’. A large number of breaches also occurred for other Surrey and Hampshire CCGs’ patients.

North West Surrey CCG as host commissioner for Surrey issued a Performance Letter to VCSL on 12th August, outlining requests and plans to deliver performance improvements.

At the Contract Review Meeting on 30th July it was agreed that a Joint Service Review be undertaken. The review will be chaired independently and be delivered and concluded by mid October 2014. Scoping of the review has taken place and draft Terms of Reference circulated to commissioners and NHS England. A detailed timetable for the review will be prepared and will be structured around four investigation phases: Understand performance and demand, Model of delivery, Understand capacity and Review and reporting. During the final phase all findings will be reviewed and a comprehensive set of recommendations will be developed.

Commissioners requested that VCSL enhance clinical capacity to prevent breaches occurring throughout the period of the review until its recommendations can be delivered. This request was confirmed and additional capacity of nine clinical sessions per week is being delivered by VCSL accordingly.

Performance has improved markedly in June and July however is still below the 93% target (Figure 7).

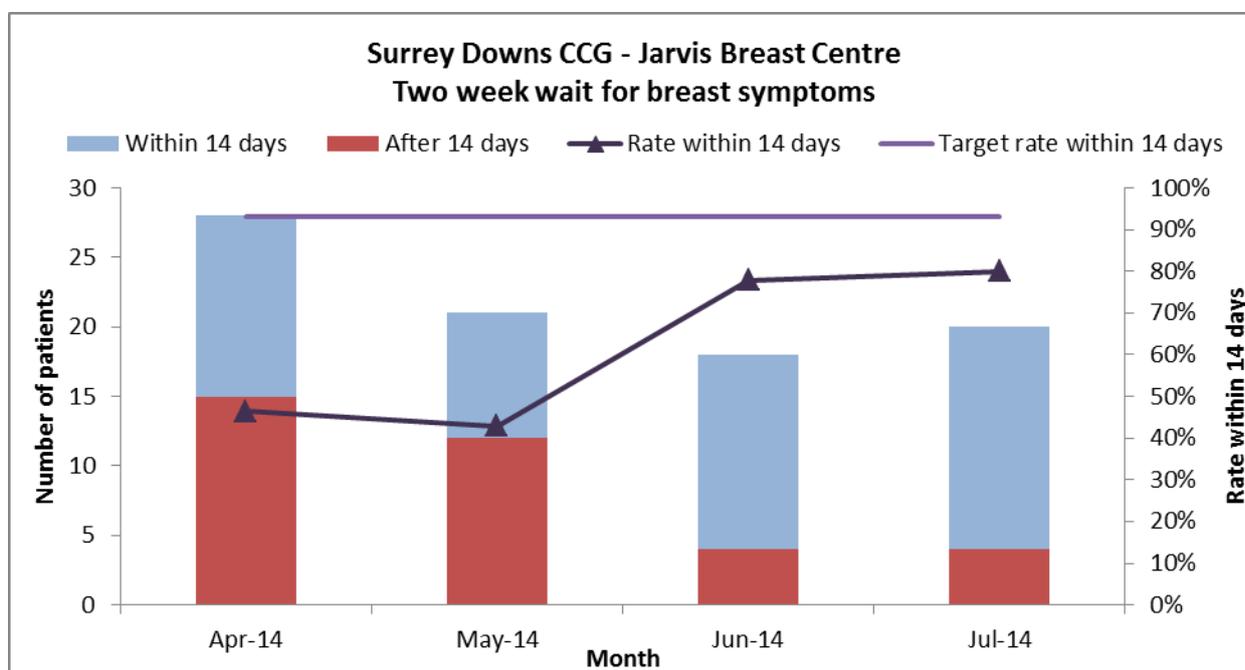


Figure 7: Surrey Downs CCG two week waits for breast symptoms at the Jarvis Centre

4.4 Patients receiving subsequent treatment for cancer within 31 days - Surgery (July data) – Red risk

The proportion of patients receiving subsequent treatment for cancer within 31 days is measured within the NHS Constitution and is based on data from the Open Exeter System. The target is that 94% of patients are to receive subsequent treatment, where that treatment is surgery, within 31 days of the decision to treat or earliest clinically appropriate date. This includes patients with recurrent cancer.

Performance is expected to fluctuate for this indicator due to very low volumes involved. It should also be noted that breaches due to patient choice are included.

Year to date six out of 76 patients waited over 31 days, a performance of 92.1%. This is two breaches over the target threshold. None of the breaches were due to patient choice.

There were two breaches at the Royal Marsden NHS Foundation Trust. In both cases the surgery was booked outside the 31 day breach period.

Kingston Hospital reported two breaches. One was due to a consultant taking annual leave; the Multi-Disciplinary Team (MDT) co-ordinator was notified on day 20. The other breach was due to a generator failure in theatre on the day of surgery.

One breach was at St George's, where the patient required thorough work up for surgery. The other breach was at Epsom and St Helier, due to the patient requiring time to recover from emergency surgery.

4.5 Patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral (July data) – Red risk

This measure is part of the NHS Constitution and is based on data from the Open Exeter System. The target is that 85% of patients are to receive first definitive treatment within 62 days of an urgent GP referral for suspected cancer.

Performance is expected to fluctuate for this indicator due to fairly low volumes involved. It should also be noted that breaches due to patient choice are included.

Year to date 82.5% of patients referred were treated within 62 days weeks, below the 85% target. This equates to 38 breaches out of 217 patients, which is six breaches over the target threshold. Two breaches were due to patient choice.

Eleven of the breaches involved a transfer from Epsom and St Helier University Hospitals NHS Trust to the Royal Marsden NHS Foundation Trust between 21 and 98 days into the pathway.

4.6 Life threatening (defibrillator required) Category A calls within eight minutes (July data)

4.6.1 Red 1 – Red risk

This measure is part of the NHS Constitution and forms part of the calculation for the Quality Premium payments to CCGs in 2013/14 and 2014/15. If the target is not achieved then 25% 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) are below target with 71.8% in July 2014, a decrease from 75.4% in June. Year to date performance is below target with 74.6%. SECAMB achieved target with 76.8% for the full year 2013/14.

The volume of calls has doubled during April to July compared to the previous twelve months. This is due to a change in recording practice which took effect on 1st April 2014.

Looking at Surrey Downs CCG patients only, performance was 78.7% in July. Over the full year 2013/14 the 75th percentile was 8.0 minutes; the CCG aims to maintain or improve on this during 2014/15.

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. The group are undertaking ongoing development work to manage the contract more robustly.

Because of underperformance, a complete capacity management review was undertaken of the service including the Kent and Sussex regions. The review has been completed and findings and recommendations reviewed with commissioners.

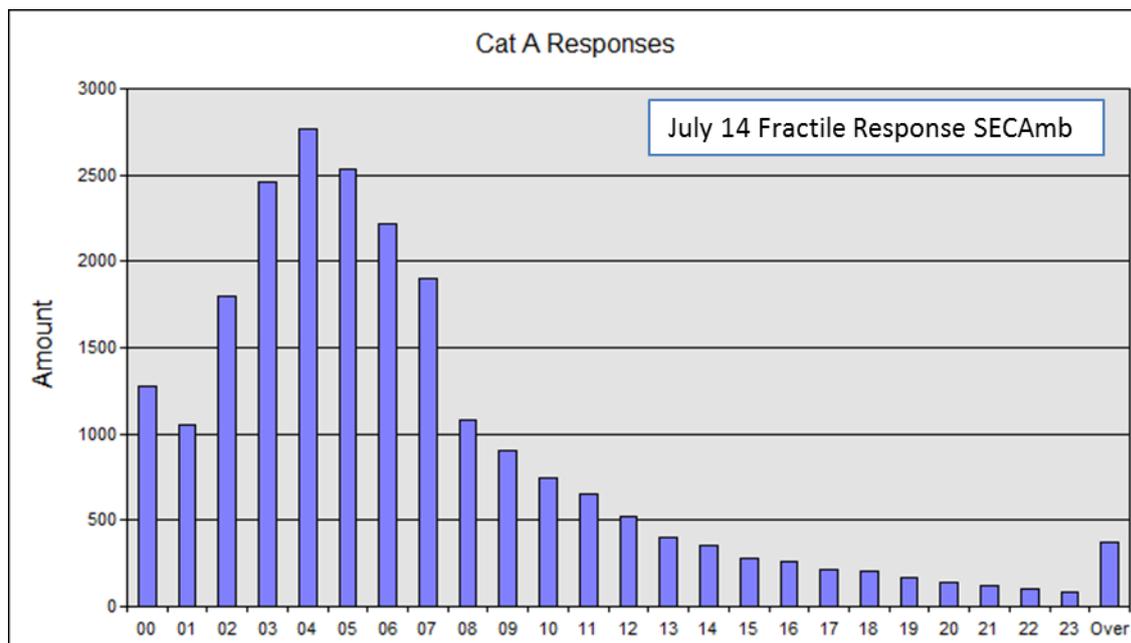


Figure 8: SECamb (commissioned total) Category A calls – July 2014

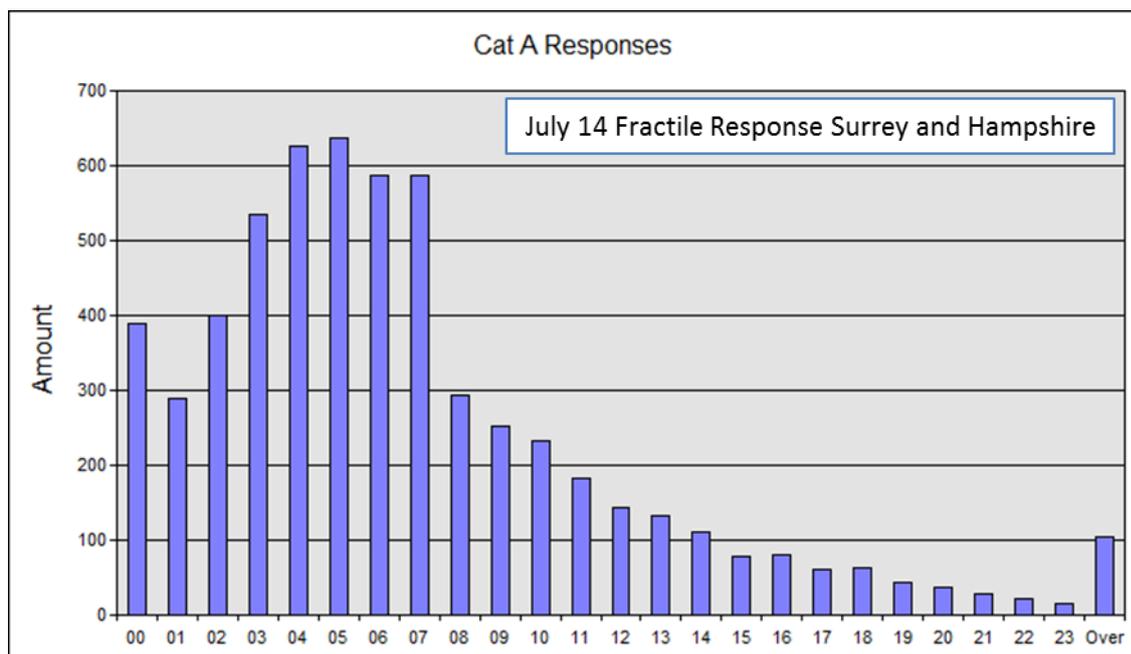


Figure 9: Surrey and Hampshire Category A calls – July 2014

4.6.2 Red 2 (less time critical) - Red risk

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 below target with 70.8% in July 2014, a decrease from 72.6% in June. Year to date performance is below target with 74.1%. SECAmb did not achieve target in 2013/14 with 73.9%.

Looking at Surrey Downs CCG patients only, performance was 72.8% in July. During the full year 2013/14 the 75th percentile was 8.3 minutes; the CCG aims to improve this to within eight minutes during 2014/15.

As outlined in section 4.6.1, the Surrey CCG Collaborative is working to manage the contract more robustly.

4.7 Mixed Sex Accommodation (July data) – Red risk

NHS organisations are expected to eliminate mixed sex accommodation, except where it is in the overall best interest of the patient, or reflects their personal choice. This measure highlights the number of breaches recorded within NHS Trusts for Surrey Downs patients and also forms part of the pledges as part of the NHS Constitution.

“Sleeping accommodation” includes areas where patients are admitted and cared for on beds or trolleys, even where they do not stay overnight. It therefore includes all admissions and assessment units (including clinical decision units), plus day surgery and endoscopy units. It does not include areas where patients have not been admitted, such as accident and emergency cubicles.

Surrey Downs CCG takes great interest in this performance indicator because of its relationship with the care environment and the associated issue of privacy and dignity for patients.

There was one breach of mixed sex accommodation recorded in April 2014, at St George’s Healthcare NHS Trust. There were no breaches reported between May and July 2014.

During 2013/14 Surrey Downs CCG reported twelve breaches of mixed sex accommodation against the NHS Constitution target of zero. This also exceeded NHS England’s “CCG Assurance Framework” tolerance of ten over the financial year.

Section Two

1. Executive Summary

1.1. This section of the report provides information about Surrey Downs CCG's main providers based on each Trust's performance against a range of quality indicators 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. Key Concerns

2.1. Based on the most recent data the quality and performance risks highlighted in Section Two of the report are:

- The level of safety incident reporting from Epsom and St Helier University NHS Trust – the Trust was identified as one of the worst performers within England in the latest figures published. Assurance has been given by the Trust of the steps that have been taken to improve this position and these are outlined in Section 3.1 of this report
- CSH Surrey has, as a result of staffing vacancies, temporarily moved 3 community beds from Dorking Hospital to Leatherhead Hospital whilst a recruitment programme is undertaken. There has been no reported quality or patient experience issues as a result of this change.
- Kingston Hospitals NHS Foundation Trust is continuing to struggle with the 6 week diagnostic standard. They are finding that demand is outstripping available capacity and they are currently under establishment due to long-term sickness. They are continuing to use additional sonographers via agency arrangements to manage the issue. Additional actions that have been taken have been reported in Section 1, 4.2

3. Provider Dashboard - 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 new 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. Further information can be found on <http://www.nhs.uk/Pages/HomePage.aspx>

Surrey Downs' CCG Main Providers

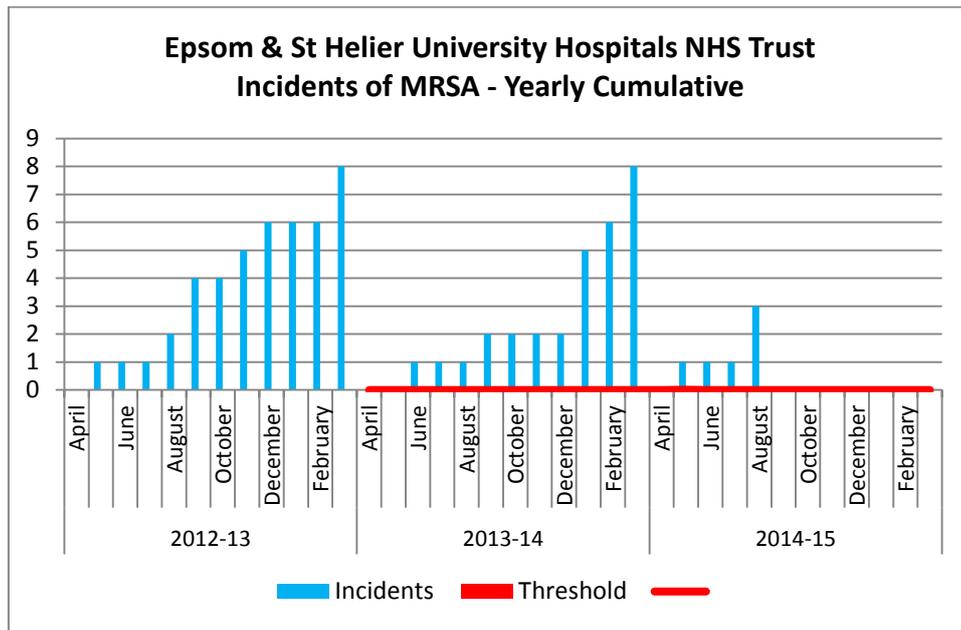
3.1. Epsom and St Helier University Hospital NHS Trust (ESUHT)

Infection Control and Cleanliness	CQC national standards	Recommended by Staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
 As expected	 All standards met	 Within expected range with a value of 67.59%	95% of planned level	 95.70% of patients assessed	 Good - All alerts signed off where deadline has passed	 Among the worst

The Trust is performing well or as expected in all of these areas apart from “Open and honest reporting”. Organisations that report more incidents tend to have a better and more effective patient safety culture so this level of reporting is very worrying as the organisation cannot learn if it doesn’t understand what its safety issues are.

At the Quality Seminar that was held on September 3rd at Epsom Hospital, the Trust was asked to explain the reasons behind this poor performance and the measures that had been put in place to improve their level of incident reporting. The Trust has only recently implemented a web based reporting system for the reporting of incidents, previously relying on paper based reporting. Since this has been put in place, they have seen a significant increase in reporting and it is expected that this will be reflected in future reports.

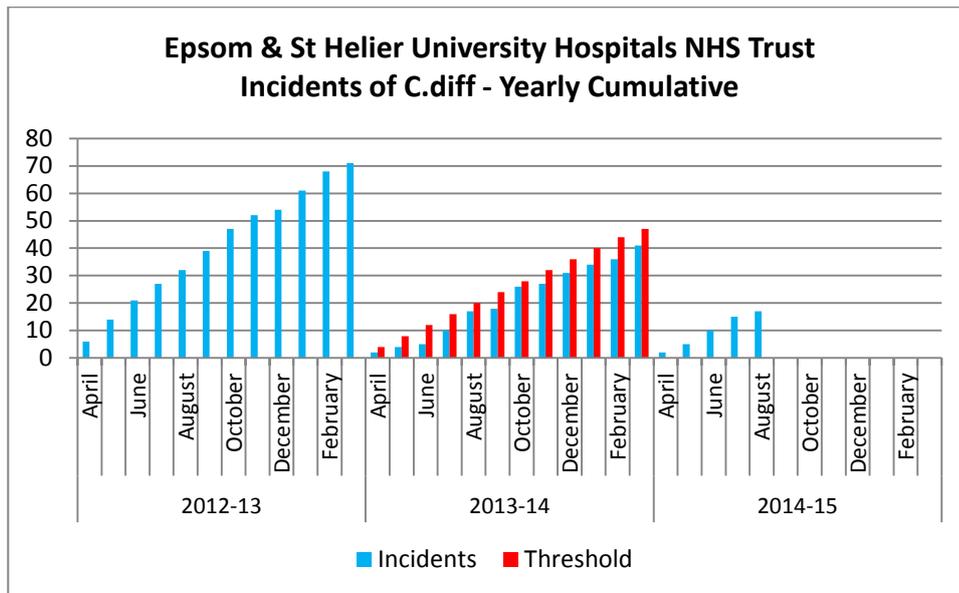
- **Health Care Associated Infection (HCAI) - MRSA Bacteraemia**



ESHUT has reported 3 incidences of MRSA Bacteraemia between April and August 2014. All cases of MRSA Bacteraemia undergo a Root Cause Analysis to establish the likely cause of the infection, identify any learning and to establish whether the infection was avoidable. Action plans are monitored by the Quality Team with the support of the Surrey wide infection lead. The yearly cumulative figure for the Trust shows that there has already been one more case than at the same time this year. The Quality Committee has received assurance around the actions that are being taken by the Trust to prevent further occurrences.

- **Health Care Associated Infection (HCAI) - C.difficile**

Similarly, the Trust has reported 17 incidences of CDifficile between 1st April and 31st August 2014 (See below). This is the same position as they were in at this time last year although the monthly spread has been different. The Trust has maintained the “Special Measures” approach with individual wards and which improved the position from 2012/13 (see the table below). However, there is still further work to do and this will be monitored through with the lead commissioner through the CQRG at the Trust.



- **CQUINs**

Surrey Downs CCG holds contracts with NHS providers, which includes a 2.5% CQUIN (Commissioning for Quality and Innovation) of the contract for achieving key clinical standards, quality improvements and associated outcomes. There are a number of National CQUINs that organisations are required to participate in and local CQUINs that are agreed between the commissioner and each individual provider.

Epsom and St Helier have 3 National CQUINs, Friends and Family, NHS Safety Thermometer and Dementia and 3 Local CQUINs covering improved discharge from hospital, End of Life Care and Senior Decision Making.

A review of Q1 achievements against the CQUINs has taken place and the position to date and actions going forward have been agreed with the Trust. The Trust is performing well against the agreed areas although it is acknowledged by both parties that the improvement trajectory of 20% improvement in hospital acquired pressure ulcers will be challenging as they already currently report a low number.

Further updates will be included in future reports.

- **Quality Account**

The Quality seminar that was held on 4th September focussed in part around the quality objectives that had been identified for 2014/15 in the Trust Quality Account. It is agreed that the objectives are in line with the CCGs commissioning plans and performance against these areas will be monitored at the Clinical Quality Review Group by all commissioners.

- **Care Quality Commission (CQC)**

The Trust is currently compliant in all standards inspected. There have been no recent inspections across the Trust.

Further information on all current inspections by the CQC can be accessed at <http://www.cqc.org.uk/>

- **Serious Incidents Requiring Investigation and Never Events**

The Trust has not reported any Never Events this year to date.

- **Commissioner Walk Arounds**

Following the Quality Committee seminar that was held at Epsom Hospital on 4th September, members of the committee undertook a walk around areas of the hospital. One group visited Casey ward which is the paediatric ward, the new birthing unit and the John Kilner Diabetic Unit and the second group the Medical Assessment Unit, Buckley ward and the Lithotripsy suite. There was some opportunity to talk to patients during the visits about their experience of care and also to discuss any issues with staff. One issue that has been raised by patients is signage around the hospital and the Trust is planning improvements to this.

3.2. CSH Surrey

CSH Surrey does not currently receive a patient safety rating from the Care Quality Commission in the same way that other organisations do.

At the end of August, CSH Surrey made the decision to temporarily reduce the number of beds on Ranmore Ward at Dorking Hospital from 18 to 15. This was as a result of concerns over the level of vacancies on the ward which was leading to a high use of temporary staff and unsustainable levels of overtime being worked by substantive members of staff. The beds have been temporarily re-provided at Leatherhead Hospital and the move was managed through planned discharges. As at any time there are usually at least 3 patients on Ranmore Ward who live in Epsom or Leatherhead, this re-provision was unlikely to affect patient choice or experience. There have been no incidents of patient harm or adverse effect on patient experience reported during this time.

At the time of writing this report, the 3 beds are still being provided at Leatherhead whilst recruitment continues. CSH Surrey has successfully recruited to a number of the nursing posts but the appointees are still going through the necessary processes. Recruitment to the therapy posts, particularly Occupational Therapy remains a challenge and regular updates on progress will be sought from the provider.

CSH Surrey is holding a Quality week during October which will focus on different areas of Quality and patient safety and will involve all staff. The Quality week will also include CSH Surrey's AGM and presentation of staff awards for good practice over the year. The CCG

Quality Team will be involved in this week and will participate in some of the planned quality sessions

- **CQUINs**

CSH Surrey are working on 2 National CQUINs, Friends and Family and the National Safety Thermometer and 3 local, Improving the discharge pathway, End of Life care and Prevention of admission. These have been agreed between both organisations and CSH Surrey is currently collecting the data around their work.

A meeting is planned in October where Q1 and Q2's data will be reviewed and progress against these quality improvements will be agreed.

Updates on progress will be included in future reports.

- **Quality Account**

CSH Surrey has developed its Quality Account for 2014/15 and the CCG has supported this development. The quality objectives within this are broadly in line with the CCGs Commissioning plans and will be monitored through the Quality Review meetings.

- **Clinical Quality Review Group**

The Clinical Quality Review Group has recently changed its approach with a separate adults and children's quality review group being held. This is to enable there to be more focus and scrutiny and to recognise the more complex commissioning arrangements around children's services.

Terms of reference have been agreed by both groups and meetings are held monthly in addition to a Finance and Contracting meeting which has yet to meet. These groups feed into the Contract Executive Group.

The Adult CQRG has focussed on individual services enabling it to make recommendations to the Contract Executive Group. The Children's CQRG has met twice and has initially focussed on developing the structure of the meeting.

- **Care Quality Commission (CQC)**

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

- **Serious Incidents Requiring Investigation and Never Events.**

CSH Surrey has not reported any Never Events during since the last report. The Quality Team holds a monthly meeting to scrutinise the investigations and subsequent action plans of providers for whom we are the lead commissioner and this is reported through the Quality Committee.

- **Commissioner Walk Arouds**

As part of the new arrangements for the Clinical Quality Review Meetings with CSH Surrey, the CCG has committed to hold the adult meetings at sites that are managed by them to facilitate better understanding of their services.

At the beginning of the meeting in August, the CQRG members undertook a walk round Croft ward at Epsom Hospital where CSH are currently providing rehabilitation services. During the visit, there was an opportunity to talk to patients and staff and, as it was just after lunch, to look at the food that was served to patients and ask them their views of the menu.

The feedback from patients on most aspects of their care was positive and CSH Surrey had worked hard to ensure that they could accommodate the rehabilitation needs of patients within the physical environment provided.

As part of the visit, the Head of Clinical Services, Simon Littlefield discussed the improvements in certain quality and performance indicators that had been realised as a result of this pilot such as length of stay and medical management. A quality dashboard is being developed by the provider to support the monitoring of this service.

3.3. Surrey and Borders Partnership NHS Foundation Trust

There are a number of areas Trust wide that are causing concern for commissioners. In particular, response times achieved by the Home Treatment Team, response times of the CMHRS in June and the screening of people with dementia by a speech and language therapist within 24 hours of admission.

These matters are being monitored by the lead commissioner through the CQRM which is attended by the Quality leads from all of the Surrey CCGs.

- **CQUINs**

The lead commissioner is working to finalise the CQUIN programme for 2014/15.

- **Care Quality Commission (CQC)**

There is a Quality Summit planned in October in response to the recent CQC inspection which the lead commissioning CCG, NE Hants and Farnham will attend. There may be an opportunity for other CCGs to attend

- **Serious Incidents Requiring Investigation and Never Events**

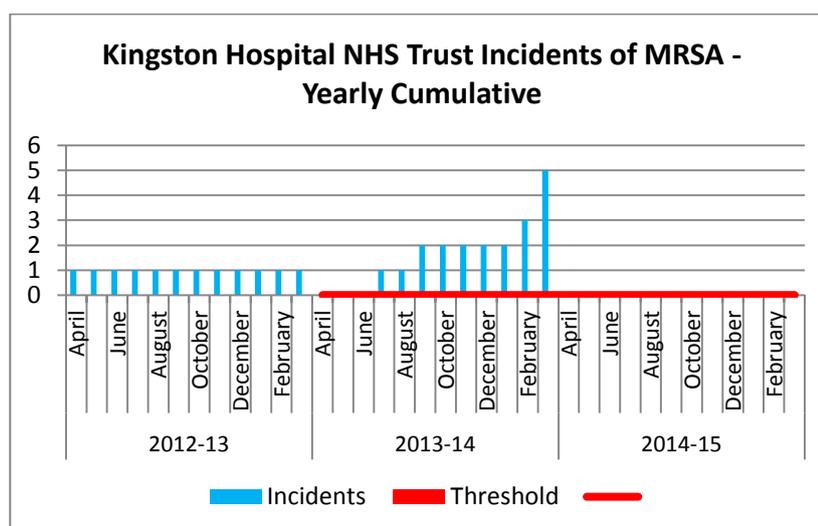
The Trust has not reported any Never Events to date this year.

3.4. Kingston Hospital NHS Foundation Trust (KHFT)

Infection Control and Cleanliness	CQC national standards	Recommended by Staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
 1. Among the worst	 All standards met	 Within expected range with a value of 62.74%	101% of planned level	 82.30% of patients assessed	 Good - All alerts signed off where deadline has passed	 As expected

The Trust is performing as expected or well in all areas apart from Infection control and cleanliness and the percentage of patients assessed for blood clots (VTE). Performance around VTE has improved since the publication of these figures and the year to date position in August was 92.2% with an in month performance of 94.97%. The target is 95%. This area will continue to be monitored through the CQRG.

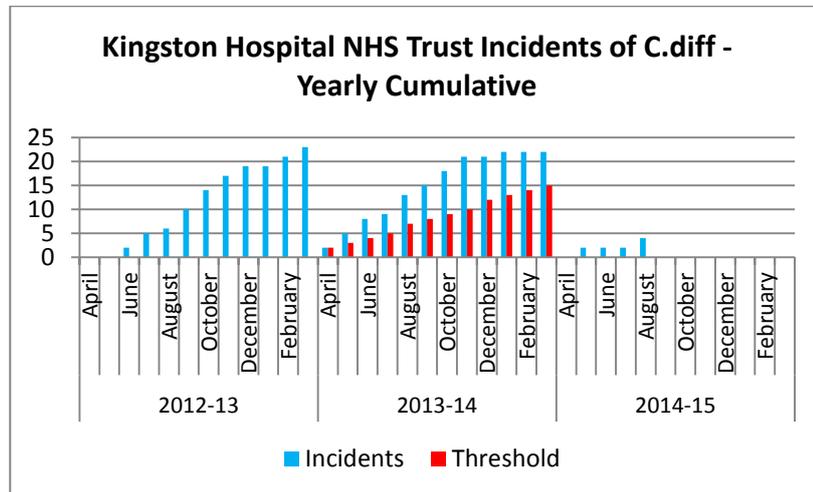
- **HCAI - MRSA Bacteraemia**



There have been no cases of MRSA Bacteraemia attributed to the Trust between April and August 2014.

- **HCAI – C. Difficile**

Kingston Hospital NHS FT has reported 4 acute acquired incidents of CDifficile between April and August 2014. This is an improved position on 2013/14 when the Trust had reported 13 cases by August 2013 and subsequently exceeded their DH objective in September 2013. It reflects the work that has been carried out by the Trust supported by the infection Prevention and Control team from CSU South London.



- **Care Quality Commission (CQC)**

The Trust is currently compliant in all standards that have been inspected. The Trust was last inspected in April 2014.

- **Complaints response times.**

The Trust has transferred the responsibility for investigating and drafting the response to complaints to the relevant service line. The process is taking a while to embed and there have been some training needs identified such as Root Cause analysis training which is being put in place.

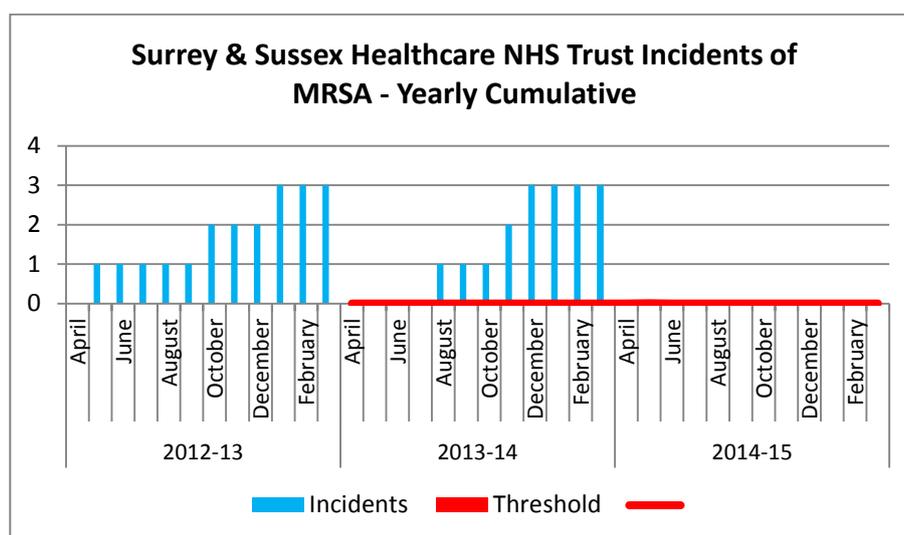
In addition, the Trust has been running a pilot within maternity services, Emergency Department, Royal Eye Department and Specialist Outpatients where the service telephones the complainant at the beginning of the complaints process to discuss their concerns. The pilot appears to be working well from the perspective of the complainants. The Trust is considering extending this practice Trust wide if the associated administrative burden can be managed.

3.5. Surrey and Sussex Healthcare NHS Trust (SASH)

Infection Control and Cleanliness	CQC national standards	Recommended by Staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
 2. As expected	 Some standards not met	 Within expected range with a value of 68.03%	97% of planned level	 95.40% of patients assessed	 Good - All alerts signed off where deadline has passed	 As expected

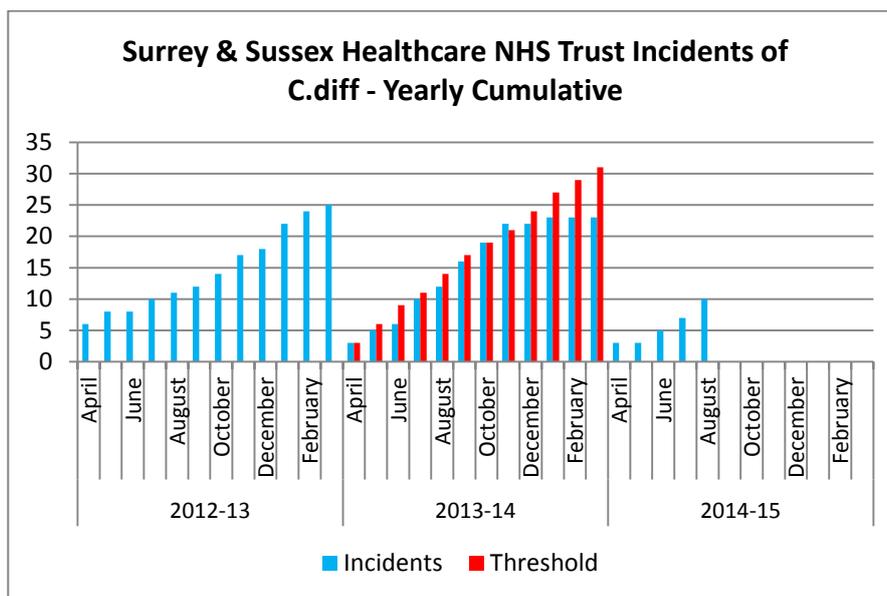
The Trust is performing well or as expected against this range of safety indicators. The Trust was recently inspected by the CQC under its new inspection regime and did not meet all of the standards in its Outpatient Services. The Trust has developed an action plan in response to this.

- **HCAI - MRSA Bacteraemia**



The Trust has reported no MRSA Bacteraemia that has been attributed to them between April and August 2014.

- **HCAI – C. Difficile**



The Trust has reported 10 acute C.difficile infections up until August 2014. This is a slightly improved position than last year and is supported by the work that they have been carrying out to raise the profile of HCAI prevention. Performance will continue to be monitored by the lead commissioner and through the monthly CQRG.

- **Care Quality Commission (CQC)**

The Trust was inspected in June by the CQC under its new inspection regime and the report was published on the CQC website on 6th August.

<http://www.cqc.org.uk/provider/RTP>

The Trust received an overall rating of “good” with a number of areas of outstanding practice noted. Areas commended included the care and compassion with which patients were treated and cleanliness of the hospital. Areas that required improvement were the capacity of the outpatient department to deal with demand and the lack of systems in place to manage outpatient flows which had an adverse effect on patient experience.

The Trust has developed an action plan with the support of the NTDA and this is currently being discussed with CCGs as a number of areas within this plan significantly impact on the wider health economy.

It has been agreed that the CQC action plan will be monitored through the monthly CQRG. The CQRG formally noted and congratulated the Trust on the achievements of the past 2 years.

- **Serious Incident requiring Investigation and Never Events**

The Trust declared a Never Event in July in relation to a drug administration error. The Trust took immediate steps to ensure patient safety and an investigation is currently in progress into the root causes of this incident. The lead commissioner will receive and scrutinise the investigation report.

3.6. **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 in Surrey on behalf of the collaborative of Surrey CCGs.

- **Care Quality Commission (CQC)**

SECamb is currently undergoing an inspection by the CQC and this will be reported on once concluded. The organisation was previously inspected in January 2014 and was compliant in all areas apart from the Quality and suitability of management. This related to “The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care” Outcome 16. Action plans as a result of this and future inspections will be monitored by the lead Commissioner and reported in future reports.

- **Serious incidents including Never Events**

There have been no Never Events declared to date by SECamb.

The Trust is now performing well in their management of Serious Incidents with a 0% breach rate in investigation and closure of SIs. This has a positive impact on the understanding and learning from SIs for the organisation.

- **Safeguarding**

Commissioners are working the trust in order to gain assurance that compliance with statutory and contractual requirements is met through the use of a KPI dashboard.

- **Complaints/ PALS, Patient Experience**

The number of complaints for the 111 service has declined month on month since the new management structure came into force in April 2014. In July the service received a quarter of the number of formal complaints compared with April and half of the number of informal complaints.

Patient Satisfaction Survey

50 patients / service users of NHS 111 were contacted on a random selection basis in July to gauge satisfaction of service. Results in the main were very positive, with 36 patients stating they were extremely likely to recommend the service to friends and family and 9 patients likely to recommend the service. This data is being used internally to improve performance.

4. Surrey Downs CCG as host commissioners for all Surrey CCGs

4.1. Royal Marsden NHS Foundation Trust

Infection Control and Cleanliness	CQC national standards	Recommended by Staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
 2. As expected	 All standards met	 Among the best with a value of 86.65%	99% of planned level	 97.0% of patients assessed	 Good - All alerts signed off where deadline has passed	N/A Data not available

The Trust is performing well against all of the above safety measures.

- **Care Quality Commission (CQC)**

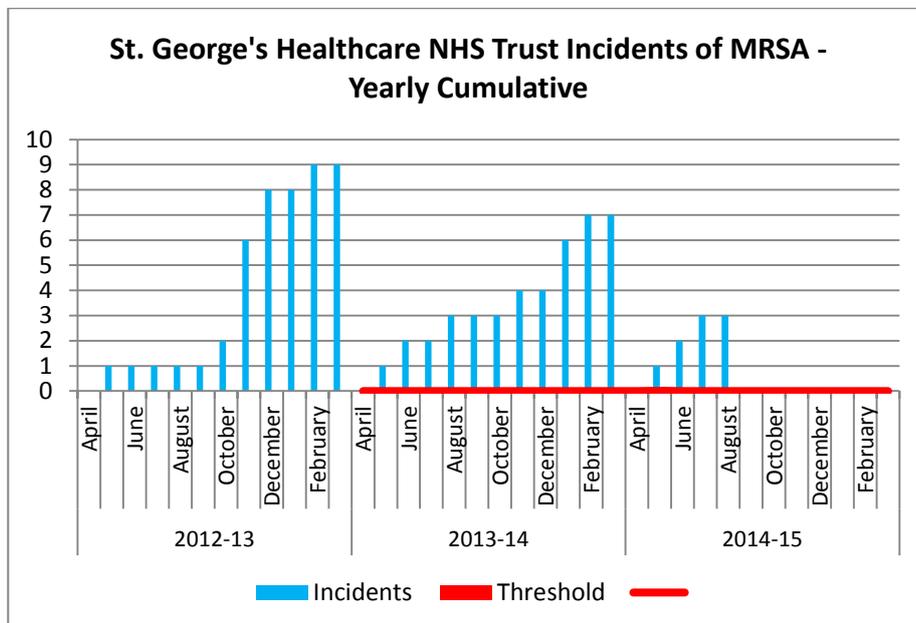
The Royal Marsden NHS Foundation Trust is currently compliant in all standards that have been inspected. There have been no inspections since August 2013.

4.2. St George's Healthcare NHS Trust (SGHT)

Infection Control and Cleanliness	CQC national standards	Recommended by Staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
 2. As expected	 Some standards not met	 Within expected range with a value of 68.26%	90% of planned level	 96.10% of patients assessed	 Good - All alerts signed off where deadline has passed	 Among the best

The Trust is performing well or as expected against these safety standards with the exception of CQC national standards. Further information around this is contained in Section 7.2.7

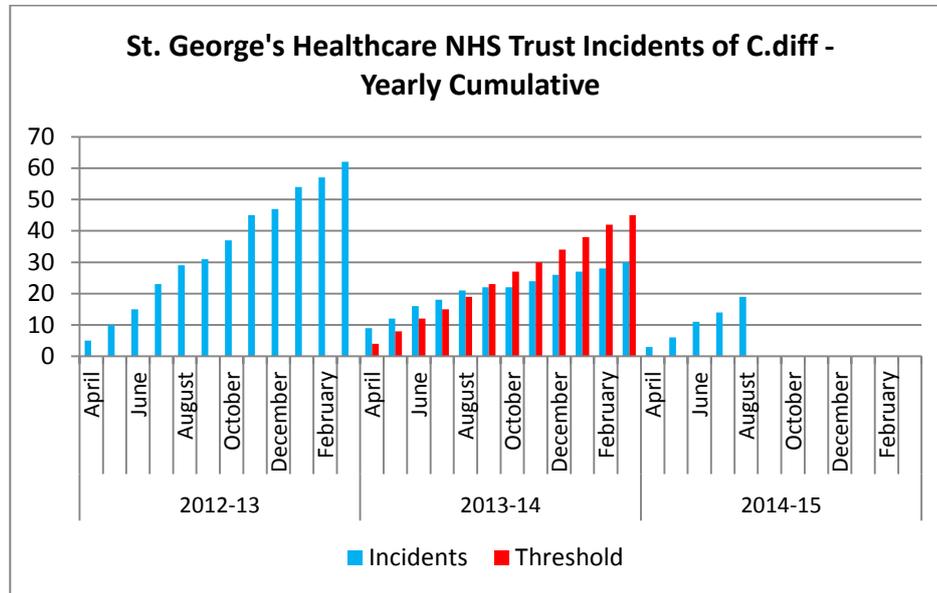
- **HCAI - MRSA Bacteraemia**



The Trust has had 3 acute acquired MRSA Bacteraemia between April and August which is a worse position than this time last year.

- **HCAI – C. Difficile**

The Trust has had 19 acute acquired C. Difficile from April to August which is a slightly improved position than this time last year. However, the Trust is not complacent and is actively managing measure across all areas.



- **Care Quality Commission (CQC)**

St George's was inspected by the CQC under its new inspection regime in February 2014 and its report was published in April. The Trust was rated good overall but required improvement around the safety of service provision.

- **Serious incidents including Never Events**

The Trust has reported a Never Event in September (Retained foreign object post procedure). This is currently being investigated and the lead commissioner will scrutinise the final report.

5. 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.

6. Surrey Downs CCG – Any Qualified Providers

6.1. Ramsay Ashtead Hospital (RAH)

The Hospital has recently undergone significant changes in its management structure with the appointment of a new Matron and General Manager. The quality team has been working with the Matron from Ramsay North Downs in the interim to ensure that quality and safety has been maintained in the interim.

- **CQUINs**

The CCG agreed the level of achievement for the CQUIN programme in 2013/14 with the hospital. The CQUINs for 2014/15 have also been agreed and focus on Friends and Family including the roll out of the staff FFT. Local CQUINs include a measure around hand washing and information given to patients on discharge.

- **Care Quality Commission (CQC)**

Ramsay Ashtead is currently compliant in all standards that have been inspected. The last inspection was reported in March 2014.

- **Patient Safety**

There have been no Serious Incidents or Never Events reported by the hospital.

6.2. Dorking Healthcare (DHC)

- **CQUINs**

The CCG has agreed Dorking Healthcare's achievement against the 2013/14 CQUINs. Work is still in progress to agree the local CQUIN programme for 2014/15.

- **Care Quality Commission (CQC)**

Dorking Healthcare is currently compliant in all standards that have been inspected. The last inspection was reported in October 2013.

- **Patient Safety**

There have been no Serious Incidents or Never events reported by the organisation.

6.3. Epsomedical (EM)

- **CQUINs**

The CCG has agreed Epsomedical's achievement against the 2013/14 CQUINs. Work is still in progress to agree the local CQUIN programme for 2014/15

- **Care Quality Commission (CQC)**

Epsomedical is currently compliant in all standards that have been inspected. The last inspection of Cobham Day Surgery was in August 2013 and Epsom Day Surgery was reported in February 2014.

- **Patient Safety**

There have been no Serious Incidents or Never events reported by the organisation

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

7.1. Safeguarding Adults

The CCG has submitted an updated Safeguarding Adults Self-assessment to the Safeguarding Adults Board in preparation for the Challenge and Support event that is being held on 9th October. Progress had been made in all areas although there is still work to be done, particularly around the understanding and application of the Mental Capacity Act and DOLs. The event on 9th October is a learning event which will be attended by all organisations who are members of the Safeguarding Adults Board.

7.2. Continuing Health Care (CHC)

The team has confirmed that there are no quality issues that need to be raised this month. Concerns about individual placements will be dealt with on a case by case basis within the team.

8. Quality issues arising within services hosted for Surrey Downs by other CCGs within the Collaborative

8.1. Safeguarding Children

The Surrey CCG Safeguarding Children Leads have agreed a reporting regime with the commissioner hosting safeguarding children on behalf of the Surrey CCG collaborative. The CCG Quality Leads will receive twice yearly reports consisting of an annual report, a six month update and monthly exception reports.

An exception report has been received from the Safeguarding Children Team and this has been reviewed by the Quality Team. There are no quality or safety issues that need to be raised at this time.

8.2. Carers

The Quarter 1 report from the Surrey Carers Strategy has been received and will be reviewed at the Executive Committee. The Quality Team has reviewed the report and has noted its contents. A meeting is planned between the service redesign, quality and contracting teams to agree an assurance around this important strategy.

9. CCG Quality – internal

9.1. Risk Management

The Governing Body assurance framework and corporate risk register will be brought to the Quality 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.

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 Head of Corporate Services 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 Quality Committee meetings.

The CCG risk management is reported as a separate item to the Governing Body

10. Recommendations

10.1. The Quality Committee is recommended to:

- 1) Review the report and comment on the format and content
- 2) Discuss highlighted matters of concern
- 3) Agree any matters for escalation to the governing Body or other NHS organisations.

Appendix 1 Full Detail: Performance data

Table 1: CCG Outcomes Indicator Set (11.09.14)

Indicator	Measure	Frequency	2013/14 target	FY 2013/14	2014/15 target	Apr-14	May-14	Jun-14	Jul-14	YTD	
1 Preventing people from dying prematurely											
1a Potential years of life lost (PYLL) from causes considered amenable to healthcare	Age/sex standardised rate per 100,000 pop	Annual	1615.9	Data not yet released by NHS England	Not yet published by NHS England	Data not yet released by NHS England					
1.1 Under 75 mortality rate from cardiovascular disease	Age/sex standardised rate per 100,000 pop	Annual	43.74	Data not yet released by NHS England		Data not yet released by NHS England					
1.2 Under 75 mortality rate from respiratory disease	Age/sex standardised rate per 100,000 pop	Annual	23.38			Data not yet released by NHS England					
1.3 (proxy indicator) Emergency admissions for alcohol related liver disease	Age/sex standardised rate per 100,000 pop	Monthly	16.23			13.95	0.90	1.80			2.70
1.3 Under 75 mortality rate from liver disease	Age/sex standardised rate per 100,000 pop	Annual	10.84			Data not yet released by NHS England	Data not yet released by NHS England				
1.4 Under 75 mortality rate from cancer	Age/sex standardised rate per 100,000 pop	Annual	97.20		Data not yet released by NHS England	Data not yet released by NHS England					
2 Improving quality of life for people with long term conditions											
2.1 Health related quality of life for people with long term conditions	Average EQ-5D index for people who report having a LTC	Annual	0.81	Data not yet released by NHS England	Not yet published by NHS England	Data not yet released by NHS England					
2.2 Proportion of people feeling supported to manage their condition	% who report "Yes, definitely" or "Yes, to some extent"	Annual	65.7%	Data not yet released by NHS England		Data not yet released by NHS England					
2.3i Unplanned hospitalisation for chronic ambulatory sensitive conditions (adults)	Age/sex standardised rate per 100,000 pop	Annual	509.94	Data not yet released by NHS England		Data not yet released by NHS England					
2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Age/sex standardised rate per 100,000 pop	Monthly	186.2	184.65		13.85	24.62			38.47	
Estimated diagnosis rate for people with dementia	Age/sex standardised rate per 100,000 pop		Indicator in development; awaiting national guidance								
3 Helping people to recover from episodes of ill health or following injury											
3a Emergency admissions for acute conditions that should not usually require hospital admission	Age/sex standardised rate per 100,000 pop	Annual	740.36	Data not yet released by NHS England	Not yet published by NHS England	Data not yet released by NHS England					
3b Emergency readmissions within 30 days of discharge from hospital	% rate standardised by age, sex, method of admission & diagnosis/procedure	Annual	11.48			Data not yet released by NHS England					
3.1i Patient reported outcome measures for elective procedures – hip replacement	EQ-5D Index case mix adjusted health gain	Annual	0.42			Data not yet released by NHS England					
3.1ii Patient reported outcome measures for elective procedures – knee replacement	EQ-5D Index case mix adjusted health gain	Annual	0.29			Data not yet released by NHS England					
3.1iii Patient reported outcome measures for elective procedures – groin hernia	EQ-5D Index case mix adjusted health gain	Annual	0.04			Data not yet released by NHS England					
3.1iii Patient reported outcome measures for elective procedures – varicose veins	EQ-5D Index case mix adjusted health gain	Annual				Data not yet released by NHS England					
3.2 Emergency admissions for children with lower respiratory tract infections	Age/sex standardised rate per 100,000 pop	Monthly	221.6	304.69	13.85	15.39			29.24		
4 Ensuring that people have a positive experience of care											
4ai Patient experience of GP services	% who report their experience as "very good" or "fairly good"	6 Monthly		Data not yet released by NHS England	Not yet published by NHS England	Data not yet released by NHS England					
4aai Patient experience of GP out of hours services	% who report their experience as "very good" or "fairly good"	6 Monthly	67.15%			Data not yet released by NHS England					
Patient experience of hospital care	Composite experience scores (out of 100) at this CCG's main 5 providers	Annual				Data not yet released by NHS England					
Friends and family test	Net promoter score: range from -100 to 100		National methodology for CCG breakdown in development								
5 Treating and caring for people in a safe environment and protecting them from avoidable harm											
5.2i Incidence of Healthcare associated infection (HCAI): MRSA	Rate per 100,000 registered pop, not age/sex standardised	Monthly	0	7	0	2	0	1	0	3	
5.2ii Incidence of Healthcare associated infection (HCAI): <i>C. difficile</i>	Rate per 100,000 registered pop, not age/sex standardised	Monthly	73	87	76	5	7	5	5	22	

Table 2: NHS Constitution Metrics (11.09.14)

Indicator	FY 2013/14	Target	Apr-14	May-14	Jun-14	Jul-14	YTD
Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment							
Referral to treatment times (RTT):% of admitted patients who waited 18 weeks or less	94.1%	90%	94.0%	94.0%	93.5%	91.6%	93.0%
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	97.4%	95%	96.3%	96.3%	96.7%	95.6%	96.3%
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	96.0%	92%	94.9%	94.9%	95.2%	94.9%	95.0%
Diagnostic test waiting times							
% Patients waiting within 6 weeks for a diagnostic test (monthly measure only)	98.6%	99%	98.9%	99.5%	99.6%	98.9%	
A&E waits							
A&E waits within 4hrs (QTD)	95.8%	95%	96.3%	96.3%	96.0%	96.9%	96.4%
Cancer waits – 2 week wait							
CB_B6: Cancer patients seen within 14 days after urgent GP referral	95.6%	93%	94.1%	95.09%	93.52%	93.1%	93.9%
CB_B7: Breast Cancer Referrals Seen within 2 weeks	93.5%	93%	80.4% 22 breaches	83.0% 16 breaches	90.7% 9 breaches	92.5% 9 breaches	86.8% 56 breaches
Cancer waits – 31 days							
CB_B8: Cancer diagnosis to treatment within 31 days	98.6%	96%	97.6%	100.00%	100.00%	97.52%	98.69%
CB_B9: Cancer Patients receiving subsequent surgery within 31 days	95.9%	94%	91.3% 2 breaches	94.12%	90.5% 2 breaches	93.3% 1 breach	92.1% 6 breaches
CB_B10: Cancer Patients receiving subsequent Chemo/Drug within 31 days	100.0%	98%	96.9% 1 breach	100%	100%	97.7% 1 breach	98.7%
CB_B11: Cancer Patients receiving subsequent radiotherapy within 31 days	99.1%	94%	97.6%	97.22%	97.67%	91.8% 5 breaches	96.3%
Cancer waits – 62 days							
CB_B12: Cancer urgent referral to treatment within 62 days	86.0%	85%	88.0%	80.9% 9 breaches	81.7% 11 breaches	80.0% 12 breaches	82.5% 38 breaches
CB_B13: Cancer Patients treated after screening referral within 62 days	89.7% 10 breaches	90%	95.5%	100.00%	93.33%	100.00%	96.23%
CB_B14: Cancer Patients treated after consultant upgrade within 62 days	90.0%	86%	80.0% 1 breach	100.00%	0.0% 1 breach	100.00%	81.8% 2 breaches
Category A ambulance calls (Trust level)							
Life threatening (defibrillator required): Category A calls within 8 minutes - Red 1	76.8%	75%	77.6%	73.0%	75.0%	71.8%	74.6%
Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2	73.9%	75%	78.2%	73.8%	72.5%	70.8%	74.1%
All life threatening: Category A calls within 19 minutes	97.0%	95%	98.0%	96.8%	96.5%	95.6%	96.7%
Mixed Sex Accommodation Breaches							
Mixed Sex Accommodation Breaches	12	0	1	0	0	0	1
Cancelled Operations							
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.	Trust level data currently available; CCG breakdown not yet released by NHS England						
Mental health							
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%	94.6%			Page 38	94.6%

Appendix 2: 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
DTOC	Delayed Transfers of Care
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
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
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)

1 Preventing people from dying prematurely

Overarching indicators

1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
 I Adults II Children and young people
 1b Life expectancy at 75
 I Males II Females

Improvement areas

Reducing premature mortality from the major causes of death
 1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*)
 1.2 Under 75 mortality rate from respiratory disease (PHOF 4.7*)
 1.3 Under 75 mortality rate from liver disease (PHOF 4.6*)
 1.4 Under 75 mortality rate from cancer (PHOF 4.5*)
 I One- and II Five-year survival from all cancers
 III One- and IV Five-year survival from breast, lung and colorectal cancer

Reducing premature death in people with serious mental illness
 1.5 Excess under 75 mortality rate in adults with serious mental illness (PHOF 4.0*)

Reducing deaths in babies and young children
 1.6 I Infant mortality (PHOF 4.1*)
 II Neonatal mortality and stillbirths
 III Five year survival from all cancers in children

Reducing premature death in people with a learning disability
 1.7 Excess under 50 mortality rate in adults with a learning disability

2 Enhancing quality of life for people with long-term conditions

Overarching indicator

2 Health-related quality of life for people with long-term conditions (ASCOF 1A**)

Improvement areas

Ensuring people feel supported to manage their condition
 2.1 Proportion of people feeling supported to manage their condition

Improving functional ability in people with long-term conditions
 2.2 Employment of people with long-term conditions (ASCOF 1E**, PHOF 1.8*)

Reducing time spent in hospital by people with long-term conditions
 2.3 I Unplanned hospitalisation for chronic ambulatory care sensitive conditions
 II Unplanned hospitalisation for asthma, diabetes and epilepsy in under 10s

Enhancing quality of life for carers
 2.4 Health-related quality of life for carers (ASCOF 1D**)

Enhancing quality of life for people with mental illness
 2.5 Employment of people with mental illness (ASCOF 1F** & PHOF 1.5**)

Enhancing quality of life for people with dementia
 2.6 I Estimated diagnosis rate for people with dementia (PHOF 4.16*)
 II A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (ASCOF 2F**)

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission
 3b Emergency readmissions within 30 days of discharge from hospital (PHOF 4.11*)

Improvement areas

Improving outcomes from planned treatments
 3.1 Total health gain as assessed by patients for elective procedures
 I Hip replacement II Knee replacement III Groin hernia IV Varicose veins
 V Psychological therapies

Preventing lower respiratory tract infections (LRTI) in children from becoming serious
 3.2 Emergency admissions for children with LRTI

Improving recovery from injuries and trauma
 3.3 Survival from major trauma

Improving recovery from stroke
 3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months

Improving recovery from fragility fractures
 3.5 Proportion of patients recovering to their previous levels of mobility/walking ability at 130 and 120 days

Helping older people to recover their independence after illness or injury
 3.6 I Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into respite/rehabilitation service (ASCOF 2B(1)*)
 II Proportion offered rehabilitation following discharge from acute or community hospital (ASCOF 2B(2)**)

4 Ensuring that people have a positive experience of care

Overarching indicators

4a Patient experience of primary care
 I GP services
 II GP Out-of-hours services
 III NHS dental services
 4b Patient experience of hospital care
 4c Friends and family test

Improvement areas

Improving people's experience of outpatient care
 4.1 Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs
 4.2 Responsiveness to in-patients' personal needs

Improving people's experience of accident and emergency services
 4.3 Patient experience of A&E services

Improving access to primary care services
 4.4 Access to I GP services and II NHS dental services

Improving women and their families' experience of maternity services
 4.5 Women's experience of maternity services

Improving the experience of care for people at the end of their lives
 4.6 Bereaved carers' views on the quality of care in the last 3 months of life

Improving experience of healthcare for people with mental illness
 4.7 Patient experience of community mental health services

Improving children and young people's experience of healthcare
 4.8 Children and young people's experience of outpatient services

Improving people's experience of integrated care
 4.9 People's experience of integrated care (ASCOF 3E**)

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

Overarching indicators

5a Patient safety incidents reported
 5b Safety incidents involving severe harm or death
 5c Hospital deaths attributable to problems in care

Improvement areas

Reducing the incidence of avoidable harm
 5.1 Deaths from venous thromboembolism (VTE) related events
 5.2 Incidence of healthcare associated infection (HCAI)
 I MRSA
 II C. difficile
 5.3 Proportion of patients with category 2, 3 and 4 pressure ulcers
 5.4 Incidence of medication errors causing serious harm

Improving the safety of maternity services
 5.5 Admission of full-term babies to neonatal care

Delivering safe care to children in acute settings
 5.6 Incidence of harm to children due to 'failure to monitor'

NHS Outcomes Framework 2014/15

at a glance

Alignment with Adult Social Care Outcomes Framework (ASCOF) and/or Public Health Outcomes Framework (PHOF)

* Indicator is shared
 ** Indicator is complementary

Indicators in italics are placeholders, pending development or identification

