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| Title of paper: | Quality and Performance Report |
| Meeting: | Governing Body |
| Date: | 18 th July 2014 |
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|----------------|------------|--|
| Purpose | To Agree | |
| | To Discuss |  |
| | To Note | |

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 at the Quality Committee on 4th July where committee members agreed the issues that should be escalated to the Governing Body.

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.

Please refer to the list of Key Issues within the report.

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 – July 2014

Implications for wider governance

Quality and patient safety: The report extracts areas of progress, concerns and actions taken from SDCCG Clinical Quality and Patient Safety Report (July 2014) overseen by SDCCG Clinical Quality Committee.

Patient and Public Engagement: The report has been discussed and scrutinised by the Patient and Public Engagement lay members on the Clinical 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

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. Section 1 covers compliance in relation to safeguarding and section 4 CQC compliance

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.

Clinical Quality and Performance Report – July 2014

Executive Summary

The Quality and Performance Report is a summary of the performance of the services that Surrey Downs CCG commissions against a number of key indicators. Failure against any of these would potentially create quality and safety issues for patients. The report highlights a number of concerns and associated risks to Surrey Downs patients. It describes the actions taken giving assurance on the effectiveness of those actions but also alerting the Governing Body to any residual risk.

The report is set out under the five domains of the NHS Outcomes Framework and addresses areas of clinical effectiveness, patient experience and patient safety. It brings together information from both the Quality and Performance Teams, therefore addressing wider concerns through a number of different data sources.

The key risks that have been identified are:

- Unplanned hospitalisation for asthma, diabetes and epilepsy in under nineteens

These are small numbers showing fluctuations month on month. Therefore this performance risk is not considered to present a significant quality and safety risk to Surrey Downs CCG patients at this time. It will continue to be monitored.

- Breast cancer referrals seen within two weeks

The Jarvis Screening Centre, registered under Virgin Care Services Ltd, has reported a large number of breaches for Surrey and Hampshire patients. North West Surrey CCG as host commissioner for Surrey has requested a full account of each breach defined as a consequence of 'clinical capacity' and a remedial action plan from the provider. If the review identifies that additional clinical capacity is required, commissioners will need to review the service. The Virgin Executive team has been asked to work with the service to produce an urgent proposal in parallel to the performance review. This will show what resources are required over the next three years to meet demand and stay within national performance thresholds.

- 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 three breaches out of 41 patients, one breach over the target threshold.

- Cancer urgent referral to treatment within 62 days

Year to date there have been fifteen breaches out of 97 patients, one breach over the target threshold. Six 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 91 days into the pathway.

- Monthly Activity Return (MAR)

Year to date Surrey Downs CCG activity has exceeded the plan for all measures and is higher than the same period during 2013/14. Epsom and St Helier University Hospitals NHS Trust's activity is higher than 2013/14, partly due to the closure of Epsom Downs Integrated Care Services (EDICS) halfway through the financial year. Another factor is the Ambulatory Care Unit (ACU) at Epsom Hospital which was piloted late in the financial year. The unit was not accounted for in the original activity plan as it was unclear whether it would continue at the time of submission. The CCG is also looking at underlying drivers of activity.

- A&E activity growth

Surrey Downs CCG's 2014/15 operating plan set a target limit of 1.3% growth compared to the 2013/14 forecast out-turn. Year to date growth against plan is 4.8%, an increase of 1053 attendances. Looking at the monthly data shows fluctuation against the plan, with a large increase in May followed by a reduction in June. Trust level monthly data shows a similar pattern at Surrey Downs CCG's main providers.

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 organisation.

1 Introduction

The purpose of this report is to assure the Governing Body that:

- The CCG- reviews the performance of NHS healthcare providers it commissions against clinical quality, safety and key performance indicators;
- Any areas of concern or risk to patients are highlighted and addressed.

This report incorporates the formal reporting of the performance position against the goals and core responsibilities of CCGs outlined in the NHS England documents “Everyone Counts: Planning for Patients 2014/15 to 2018/19” and “CCG Assurance Framework 2014/15”.

It also summarises Surrey Downs CCG performance against the key quality and performance areas outlined below and forms the basis of the NHS England Surrey and Sussex Area Team’s quarterly assurance meetings:

1. CCG Outcomes Indicator Set
2. NHS Constitution Metrics
3. CCG Operating Plan including three local priorities

The report is set out under the five domains of the NHS outcomes Framework:

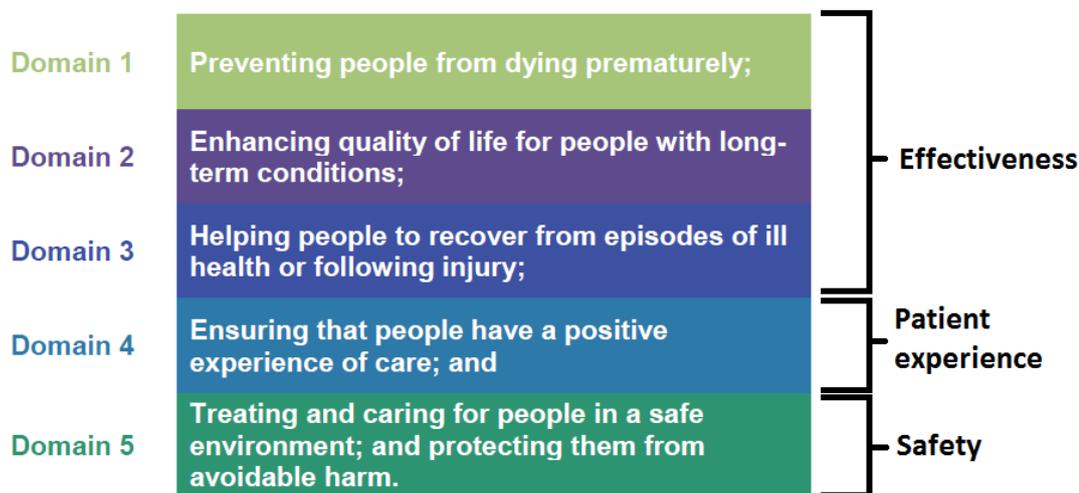


Figure 1: Five domains of the NHS Outcomes Framework

As this report brings together contribution from the Performance and the Quality teams, the narrative is underpinned by formal data and soft intelligence for all patients, not only Surrey Downs CCG, from other sources through the Quality Team. In this way, any wider concerns around quality and safety leading to potential risk to Surrey Downs CCG patients are addressed.

Any risks associated with poor performance are highlighted throughout the report, including where a Quality Premium payment may be at risk of not being achieved. Any other issues not arising directly from performance indicators and that are highlighted on the corporate risk register are covered in the latter part of the report.

2 Key concerns

Based on the most recent data the quality and performance risks highlighted in this report are:

- Unplanned hospitalisation for asthma, diabetes and epilepsy in under nineteens
- Breast cancer referrals seen within two weeks
- Cancer patients receiving subsequent surgery within 31 days
- Cancer urgent referral to treatment within 62 days
- Monthly Activity Return (MAR)
- A&E activity growth

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

| | Red | Amber | Green |
|---|-----------------------|-------|-------|
| CCG Outcomes Framework: | | | |
| 1. Preventing people from dying prematurely | 0 | 0 | 1 |
| 2. Improving quality of life for people with long term conditions | 1 | 0 | 0 |
| 3. Helping people to recover from episodes of ill health or following injury | 0 | 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 | 2 | 0 | 0 |
| NHS Constitution | 2 | 2 | 13 |

Table 1: RAG ratings for performance indicators

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

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 were four admissions in May 2014, a rate of 1.80 admissions per 100,000 population. This is equal to the same period in 2011/12, which is the baseline year, and two admissions lower than 2013/14. The year to date admission rate is 2.70 compared to 3.15 during the same period in 2011/12.

Looking at the monthly data shows some fluctuation in the admissions rate however there are very low volumes (Table 2).

| Month | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | FY |
|---|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| Baseline volume (2011/12) | 1 | 6 | 0 | 3 | 5 | 4 | 2 | 3 | 3 | 1 | 4 | 4 | 36 |
| 2013/14 volume | 2 | 4 | 4 | 2 | 2 | 3 | 4 | 3 | 4 | 2 | 1 | 0 | 31 |
| 2014/15 volume | 2 | 4 | | | | | | | | | | | |
| Baseline rate per 100,000 pop (2011/12) | 0.45 | 2.70 | 0.00 | 1.35 | 2.25 | 1.80 | 0.90 | 1.35 | 1.35 | 0.45 | 1.80 | 1.80 | 16.23 |
| 2013/14 rate per 100,000 pop | 0.90 | 1.80 | 1.80 | 0.90 | 0.90 | 1.35 | 1.80 | 1.35 | 1.80 | 0.90 | 0.45 | 0.00 | 13.95 |
| 2014/15 rate per 100,000 pop | 0.90 | 1.80 | | | | | | | | | | | |

Table 2: Surrey Downs CCG emergency admissions for alcohol related liver disease

Looking at the rolling year rate to remove any seasonal impact shows performance was above the target limit for much of 2013/14 but has been on a decreasing trend (Figure 2).

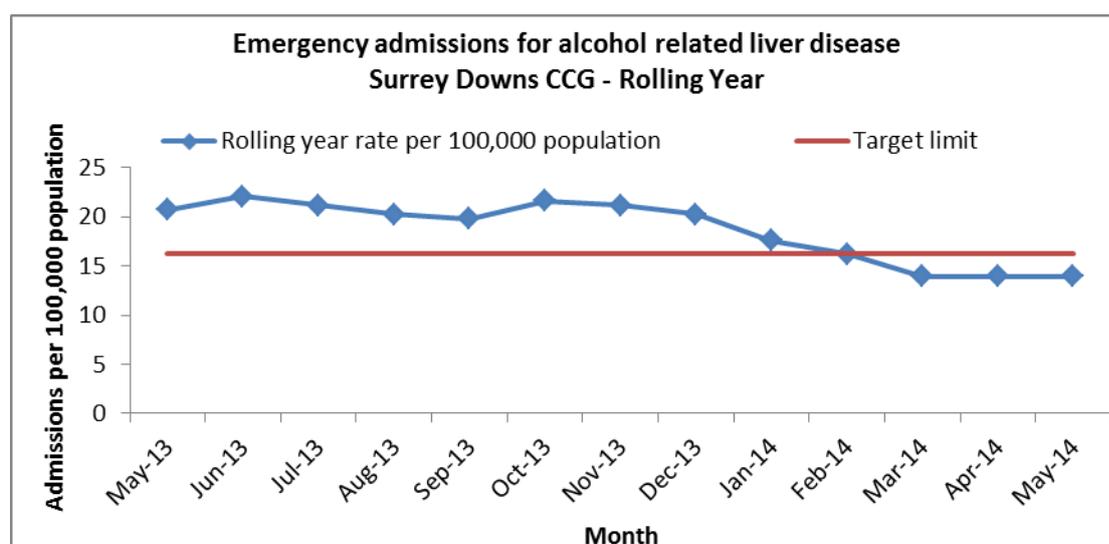


Figure 2: Rolling year trend in Surrey Downs CCG emergency admissions for alcohol related liver disease

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 were sixteen admissions in May 2014, a rate of 24.62 admissions per 100,000 population. This is five admissions higher than the same period in 2011/12, which is the baseline year, and six admissions higher than 2013/14. The year to date admission rate is 38.47 compared to 27.70 during the same period in 2011/12.

Due to small volumes, monthly rates have been subject to fluctuation (Table 3).

| Month | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | FY |
|---|-------|-------|-------|------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| Baseline volume (2011/12) | 7 | 11 | 12 | 5 | 7 | 9 | 14 | 10 | 6 | 12 | 11 | 17 | 121 |
| 2013/14 volume | 12 | 10 | 7 | 5 | 7 | 22 | 6 | 8 | 12 | 10 | 13 | 8 | 120 |
| 2014/15 volume | 9 | 16 | | | | | | | | | | | |
| Baseline rate per 100,000 pop (2011/12) | 10.77 | 16.93 | 18.47 | 7.69 | 10.77 | 13.85 | 21.54 | 15.39 | 9.23 | 18.47 | 16.93 | 26.16 | 186.20 |
| 2013/14 rate per 100,000 pop | 18.47 | 15.39 | 10.77 | 7.69 | 10.77 | 33.85 | 9.23 | 12.31 | 18.47 | 15.39 | 20.00 | 12.31 | 184.65 |
| 2014/15 rate per 100,000 pop | 13.85 | 24.62 | | | | | | | | | | | |

Table 3: Surrey Downs CCG emergency admissions for asthma, diabetes and epilepsy in under 19s

Looking at the rolling year rate to remove any seasonal impact shows an increasing trend (Figure 3).

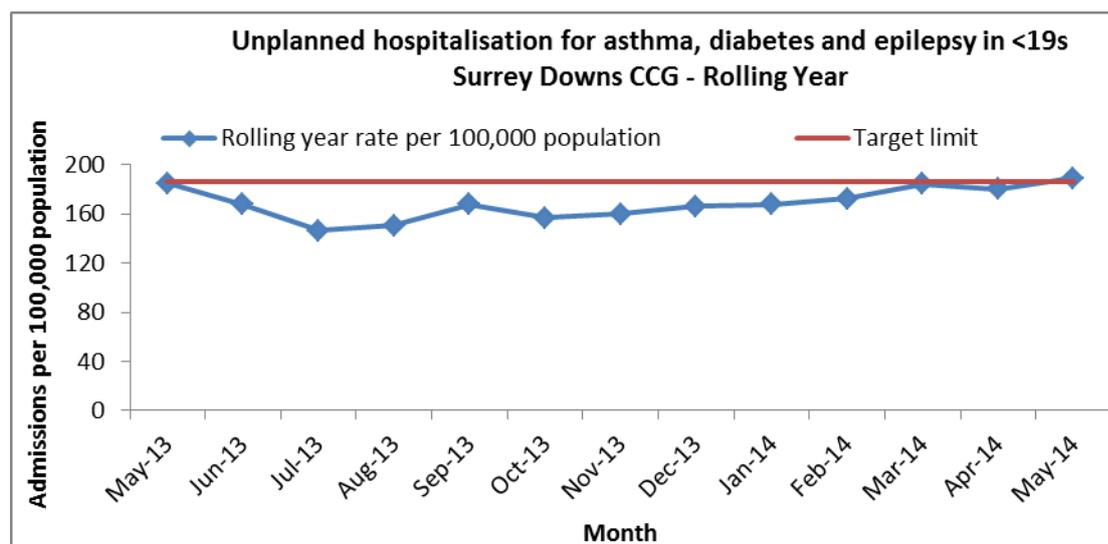


Figure 3: Rolling year trend in Surrey Downs CCG unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

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 were ten admissions in May 2014, a rate of 15.39 admissions per 100,000 population. This is four admissions higher than the same period in 2011/12, which is the baseline year, and two admissions higher than 2013/14. The year to date admission rate is 29.24 compared to 32.32 during the same period in 2011/12.

During 2013/14 the full year admission rate was 304.69 against a target limit of 221.59, with a large increase in the latter half of the financial year. While this is a seasonal trend, the increases in 2013/14 were larger than those seen in 2011/12.

Due to small volumes, monthly rates are subject to some fluctuation (Table 4).

| Month | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | FY |
|---|-------|-------|------|-------|------|------|-------|-------|-------|-------|-------|-------|---------------|
| Baseline volume (2011/12) | 15 | 6 | 4 | 7 | 2 | 6 | 4 | 31 | 44 | 9 | 6 | 10 | 144 |
| 2013/14 volume | 6 | 8 | 0 | 7 | 6 | 4 | 12 | 48 | 59 | 20 | 16 | 12 | 198 |
| 2014/15 volume | 9 | 10 | | | | | | | | | | | |
| Baseline rate per 100,000 pop (2011/12) | 23.08 | 9.23 | 6.16 | 10.77 | 3.08 | 9.23 | 6.16 | 47.70 | 67.71 | 13.85 | 9.23 | 15.39 | 221.59 |
| 2013/14 rate per 100,000 pop | 9.23 | 12.31 | 0.00 | 10.77 | 9.23 | 6.16 | 18.47 | 73.86 | 90.79 | 30.78 | 24.62 | 18.47 | 304.69 |
| 2014/15 rate per 100,000 pop | 13.85 | 15.39 | | | | | | | | | | | |

Table 4: Surrey Downs CCG emergency admissions for children with lower respiratory tract infections

Closer analysis of the data shows that there was a large spike in admissions to Epsom and St Helier University Hospitals NHS Trust (ESHUT) during the months of November and December. However, when compared to neighbouring hospital trusts in Surrey, all Trusts had a similar percentage increase in admissions during November and December. Further detail has been requested to understand the reasons behind these figures which, although small, are significant and it would appear to be an issue at ESHUT of where these children are assessed and that assessment recorded.

Looking at the rolling year rate to remove any seasonal impact shows an increasing trend (Figure 4).

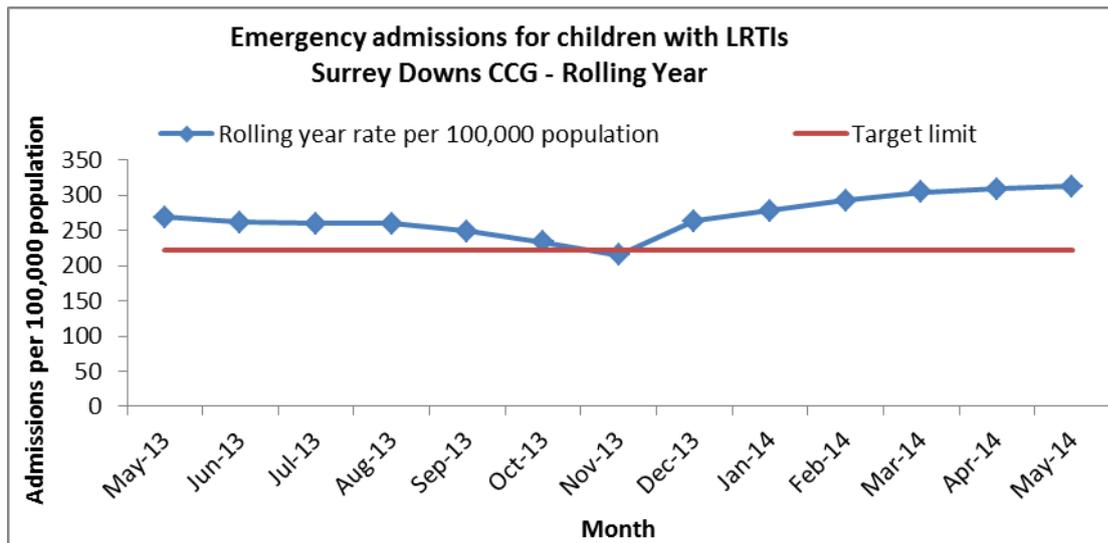


Figure 4: Rolling year trend in Surrey Downs CCG emergency admissions for children with lower respiratory tract infections

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): MRSA (May data) - Red Risk

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

Surrey Downs CCG recorded two MRSA bacteraemia in April 2014. Both were detected at Epsom and St Helier University Hospitals NHS Trust, but were non acute acquired. No cases were reported in May 2014.

Post Infection Reviews (PIRs) have been completed and scrutinised by the Surrey Infection Control Lead. The actions identified to achieve improvements in practice are being 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 3.4.2).

3.4.2 Incidence of Healthcare associated infection (HCAI): *C. difficile* (May data) - Red Risk

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

Surrey Downs CCG was attributed with seven cases of *C. difficile* in May 2014, equal to the 2014/15 trajectory. One of these were acute acquired and six were non

acute acquired. The year to date total is twelve, equal to the 2014/15 trajectory. The target limit for 2014/15 is 76 over the financial year.

| Provider | Acute acquired | Non acute acquired |
|--|----------------|--------------------|
| Epsom and St Helier University Hospitals NHS Trust | 2 | 8 |
| Surrey and Sussex Healthcare NHS Trust | 1 | 0 |
| The Royal Marsden NHS Foundation Trust | 0 | 1 |

Table 5: Cases of *C. difficile* attributed to Surrey Downs CCG in April-May 2014

Table 5 below shows the occurrence of Community cases of *C. difficile* in Surrey Downs by GP practice during April and May 2014.

| | Derby Med Centre | Ashlea Med Centre | Eastwick Park MP | Integrated Care Partn. | Tadworth Medical Practice |
|-----------------------|------------------|-------------------|------------------|------------------------|---------------------------|
| New Admissions | | 2 | | 2 | |
| GP samples | 1 | 1 | 1 | | 1 |
| TOTALS | 1 | 3 | 1 | 2 | 1 |

Table 5: Incidence of Community acquired *C. difficile* by GP Practice – April and May 2014

As part of the drive to improve performance around Cdiff, the practices above have been contacted and a Root Cause Analysis (RCA) will be carried out to understand whether there were any lapses in care that contributed to each case of *C. difficile*. A meeting will be held with the practice to discuss the cases and share any learning. Themes and trends identified will be reported in future quality reports and it is also planned to develop a shared learning log so that this can be shared more widely. The RCA template is attached in Appendix B at the end of this document.

In addition, Root Cause Analyses will be carried out on all acute cases to identify any clinical practice issues or themes. Organisational improvement plans will be reviewed through Clinical Quality Review Meetings to gain assurance that agreed measures are being implemented.

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 5).

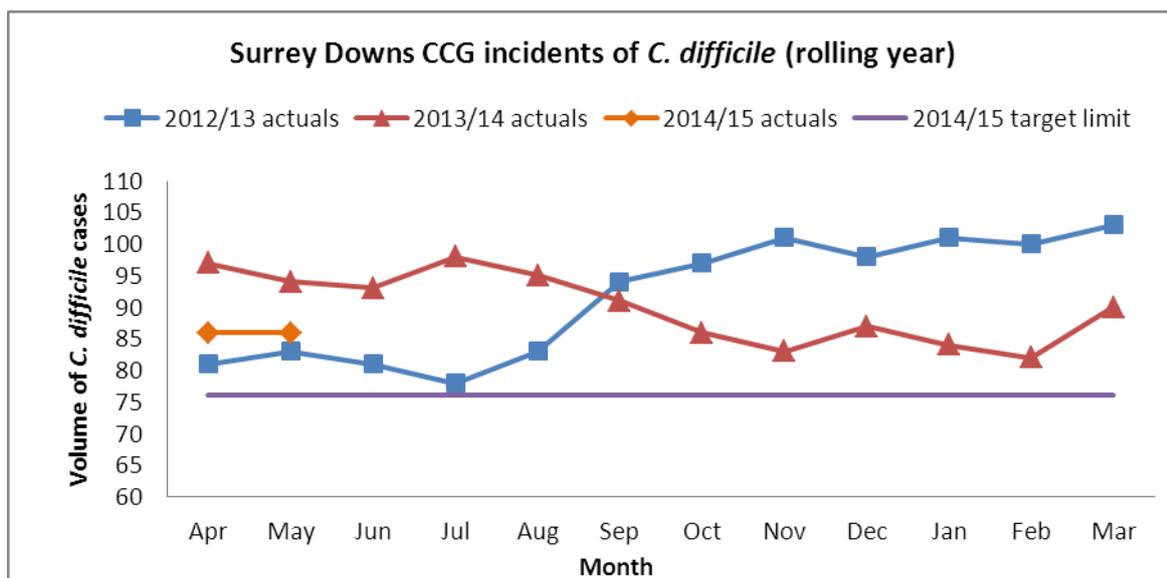


Figure 5: Rolling year trend in Surrey Downs CCG *C. difficile* cases

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).

3.5 Serious Incidents Requiring Investigation (SIRIs) including Never Events

3.5.1 Never Events

There have been no ‘Never Events’ affecting Surrey Downs patients during May 2014.

3.5.2 Safeguarding Adults and Children

The Safeguarding Adults and Safeguarding Children’s Annual reports were discussed and accepted at the Quality Committee in June and will be published on the CCG website.

Further information for note:

Safeguarding Adults

The final Serious Case Review of the four that were commissioned in 2013 will be published in July. The Quality Team will ensure that the recommendations from this

are actioned across services commissioned for Surrey Downs patients. In addition, as hosts of Safeguarding Adults, support will be offered to the other Surrey CCGs in developing their implementation plans.

Safeguarding Children

The Surrey Safeguarding Children Board (SSCB) has issued the bi-annual Children Act 2004 Section 11 self-assessment audit for 2014 which enables organisations to assess the systems and process that they have in place to support vulnerable children and young people.

Section 11 of the Children Act 2004 places a duty on key persons and bodies to make arrangements to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children, and that the services they contract out to others are also provided having regard to that need. The audit tool is a means for organisations to ensure compliance and safe practice within their own organisation and those from who they commission services.

The audit is sent to a wide range of organisations. This includes organisations within health and social care, the police, probation services, local Authorities including District and Boroughs, Prisons and other offender organisations.

The audit is due to be completed by 31st July and will be co-ordinated by the Quality Team. The results will be presented to the Executive Committee for sign off before being submitted to the Safeguarding Children's' Board.

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

4.1 Referral to treatment (RTT) waiting times for non-urgent consultant-led treatment – 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 are required to submit a plan for each commissioner with whom they agree to carry out additional activity. Commissioners and providers must agree the expected levels of additional activity to be carried out. Area Teams will assure the plans prior to the release of any funding to provider organisations.

Epsom and St Helier University Hospitals NHS Trust have informed Surrey Downs CCG that the Trust Development Authority (TDA) has agreed for the trust to fail RTT performance in July and August.

Surrey Downs CCG is in discussions with Epsom and St Helier in order to determine the performance and financial impact and are seeking assurance with respect to the TDA's stance on 18 week RTT failures.

4.2 Referral to treatment (RTT) waiting times for non-urgent consultant-led treatment – incomplete pathways (May data) - Green risk for monitoring

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.

In May 2014 95.2% of patients started their treatment within 18 weeks, similar to 94.9% in April.

Epsom and St Helier University Hospitals NHS Trust have the largest volume of referrals and showed a declining trend in performance during 2013/14 (Figure 6). This was previously affected by transfers from Epsom Downs Integrated Care Services (EDICS) in August but the decreasing trend continued beyond this period.

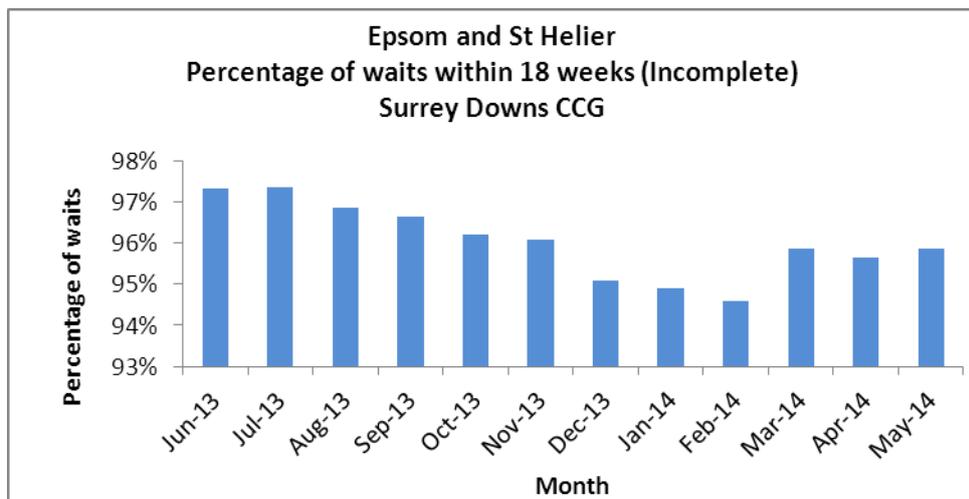


Figure 6: Surrey Downs CCG waits within 18 weeks at Epsom and St Helier – Incomplete

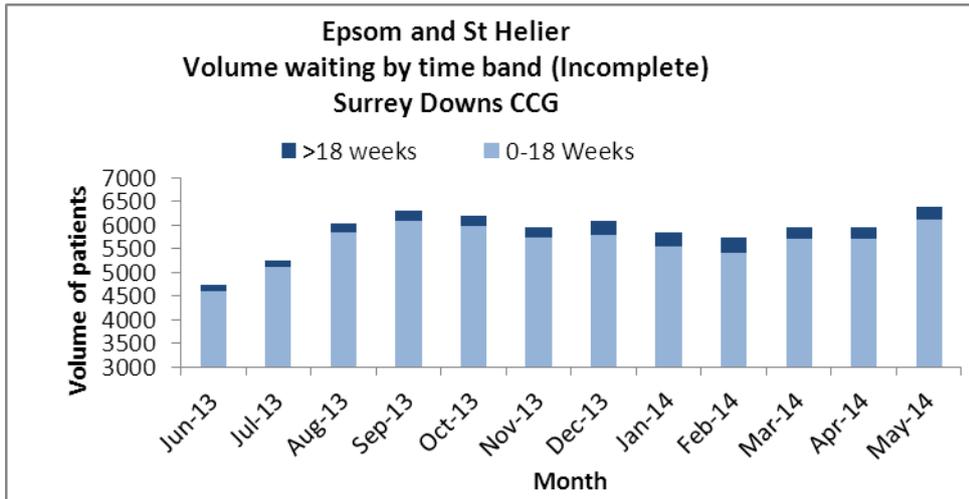


Figure 7: Surrey Downs CCG waits by time band at Epsom and St Helier – Incomplete

Surrey Downs CCG has identified a small number of patients waiting longer than 35 weeks (Figure 8). Action has been taken with trusts to address this but an increasing trend was noted between October and March. There have been decreases in April and May. It is expected that this cohort will be cleared as part of the National 18 week wait RTT clearance that will occur during July and August.

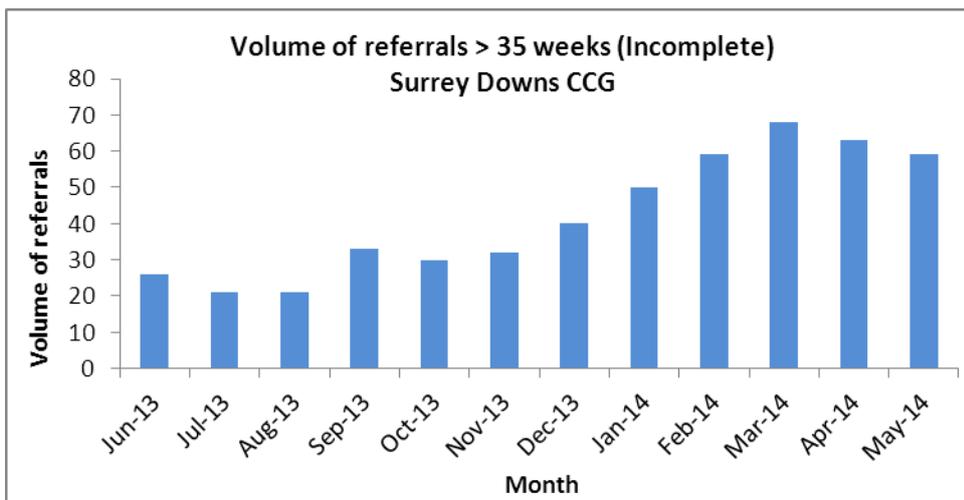


Figure 8: Surrey Downs CCG waits over 35 weeks – Incomplete

4.3 Diagnostic test waits within six weeks (May data) - Green risk for monitoring

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.

May 2014 data shows 18 patients waited over six weeks, the lowest volume since June 2013. This equates to a monthly breach rate of 0.53%, within the 1% target limit.

Ten of the patients waiting over six weeks in May are at Kingston Hospital NHS Foundation Trust. This continues the decreasing trend after a temporary increase in April, and is also accompanied by a decrease in the breach rate to 2.1% (Figure 10).

The trust has struggled with capacity in their ultrasound service due to a shortage of two sonographers and difficulty with recruitment. Surrey Downs CCG has been actively monitoring the situation and action plan. Kingston Hospital is managing the issue through their Clinical Quality Review Group (CQRG).

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.

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. Notably Kingston CCG and Richmond CCG employed a private provider from July to September to meet the increasing demand around diagnostic testing waits.

Surrey Downs CCG is continuing to monitor this issue through contract review meetings.

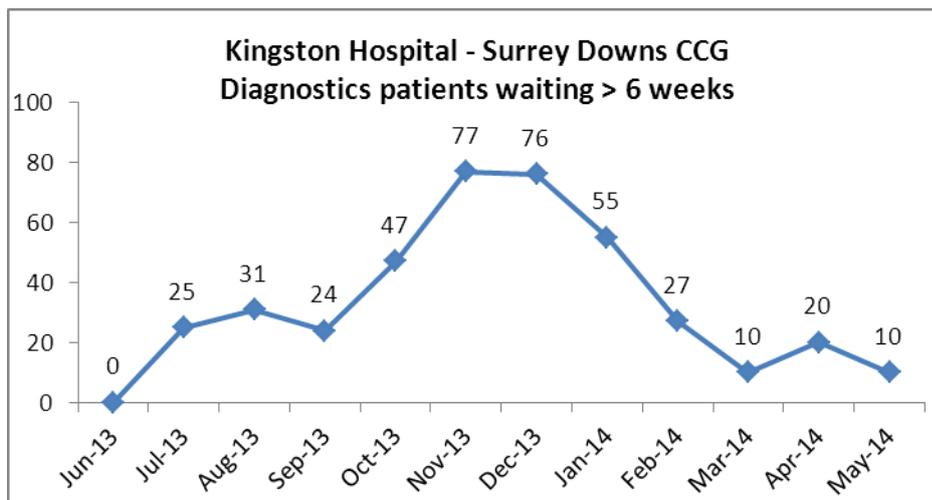


Figure 9: Surrey Downs CCG diagnostic test waits over six weeks at Kingston Hospital

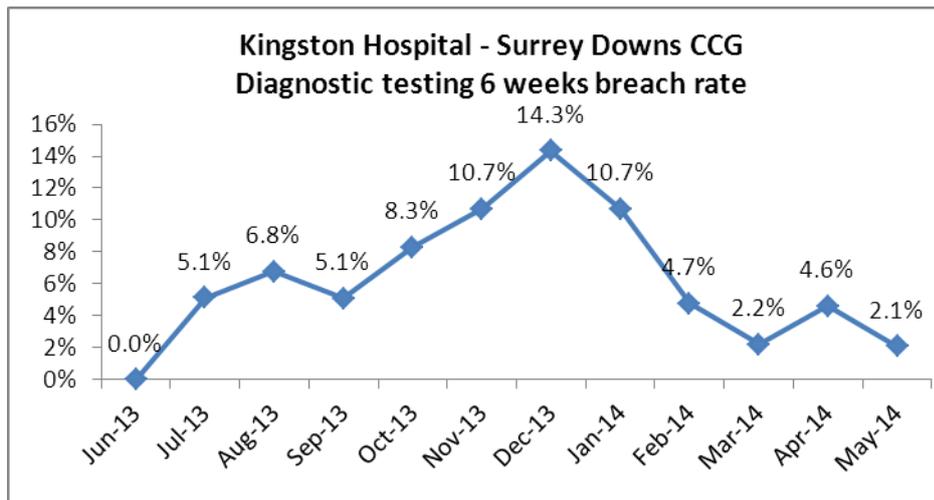


Figure 10: Surrey Downs CCG breach rate for diagnostic test waits over six weeks at Kingston Hospital

4.4 Breast cancer referrals seen within two weeks (May 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 81.6% of patients referred were seen within two weeks, below the 93% target. This equates to 38 breaches out of 206 patients, which is 24 breaches over the target threshold. Fourteen breaches were due to patient choice.

27 breaches occurred at the Jarvis Screening Centre registered under Virgin Care Services Ltd. 24 of these listed a breach reason of 'clinic capacity'. A large number of breaches also occurred for other Surrey and Hampshire CCGs' patients.

Therefore North West Surrey CCG as host commissioner for Surrey has requested a full account of each breach defined as a consequence of 'clinical capacity' and a remedial action plan from the provider. If the review identifies that additional clinical capacity is required, commissioners will need to review the service and funding envelope. The Virgin Executive team has been asked to work with the service to produce an urgent proposal in parallel to the performance review. This will show what resources are required over the next three years to meet demand and stay within national performance thresholds.

4.5 Patients receiving subsequent treatment for cancer within 31 days - Surgery (May data) – Amber 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 three out of 40 waited over 31 days, a performance of 92.5%. This is one breach over the target threshold. Two breaches were in April, at the Royal Marsden NHS Foundation Trust where the treatment was booked for day 43. The other breach was in May at St George's Healthcare NHS Trust. The listed breach reason is that the patient required thorough work up for surgery.

4.6 Patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral (April 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 84.5% of patients referred were treated within 62 days weeks, below the 85% target. This equates to fifteen breaches out of 97 patients, which is one breach over the target threshold.

Six 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 91 days into the pathway.

4.7 Life threatening (defibrillator required): Category A calls within eight minutes - Red 1 (April data) - Green risk for monitoring

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 achieving target with 78.9% in April 2014. Performance showed a declining trend between September and December, but increased to its highest rate in March (Figure 11). SECAMB achieved target with 76.8% for the full year 2013/14.

Looking at Surrey Downs CCG patients only, performance was 80.0% in April 2014. 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.

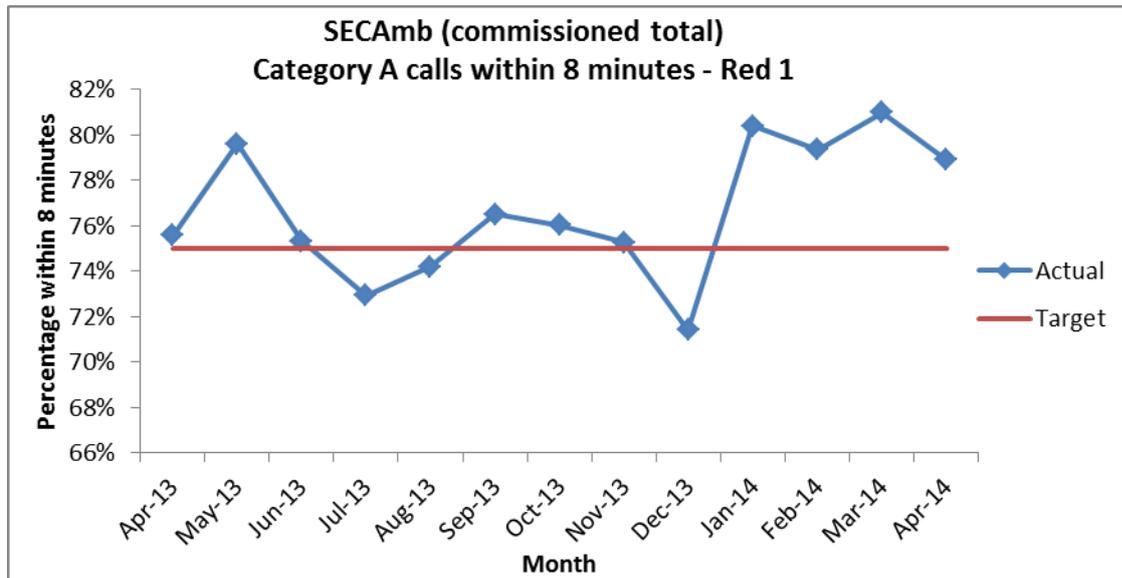


Figure 11: SECAmb (commissioned total) Category A calls within 8 minutes – Red 1

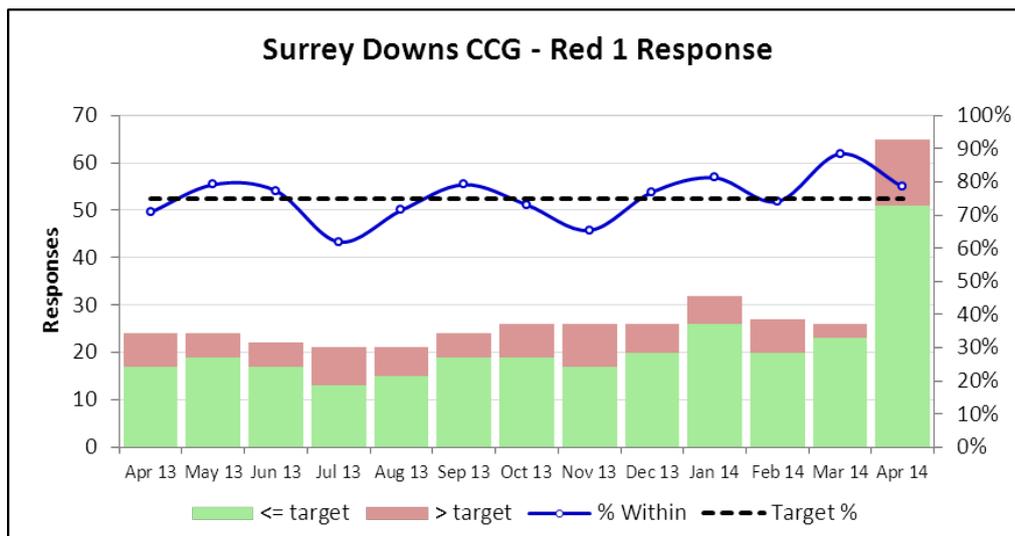


Figure 12: Surrey Downs CCG Category A calls within 8 minutes – Red 1

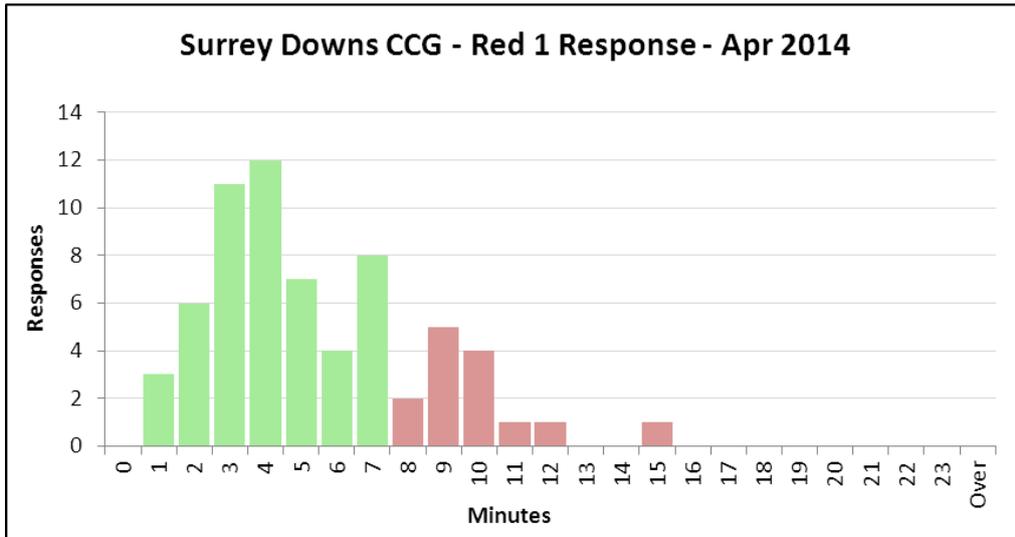


Figure 13: Surrey Downs CCG Category A calls within 8 minutes – Red 1 – March 2014

4.8 Life threatening (defibrillator NOT required): Category A calls within eight minutes - Red 2 (less time critical) (April data) - Green risk for monitoring

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 78.3% in April 2014, the second consecutive monthly increase. This will be monitored to determine whether it is a temporary improvement or the start of a trend. Performance fell below target in each month during 2013/14 except October, January and March (Figure 14).

Looking at Surrey Downs CCG patients only, performance was 77.7% in April 2014. 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 3.4, the Surrey CCG Collaborative is working to manage the contract more robustly.

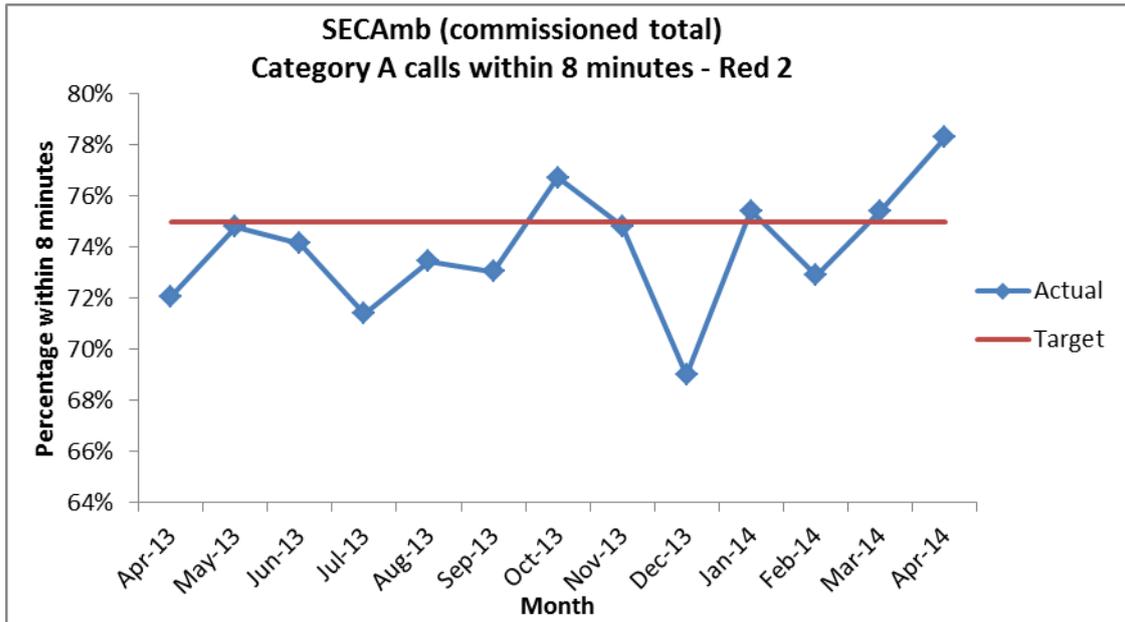


Figure 14: SECAmb (commissioned total) Category A calls within 8 minutes – Red 2

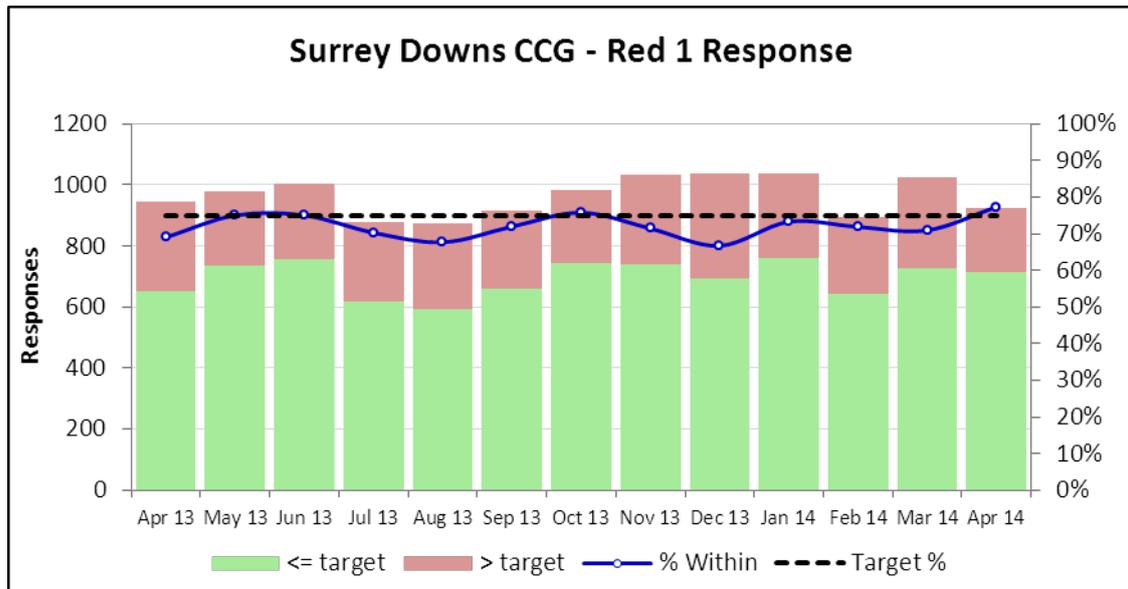


Figure 15: Surrey Downs CCG Category A calls within 8 minutes – Red 2

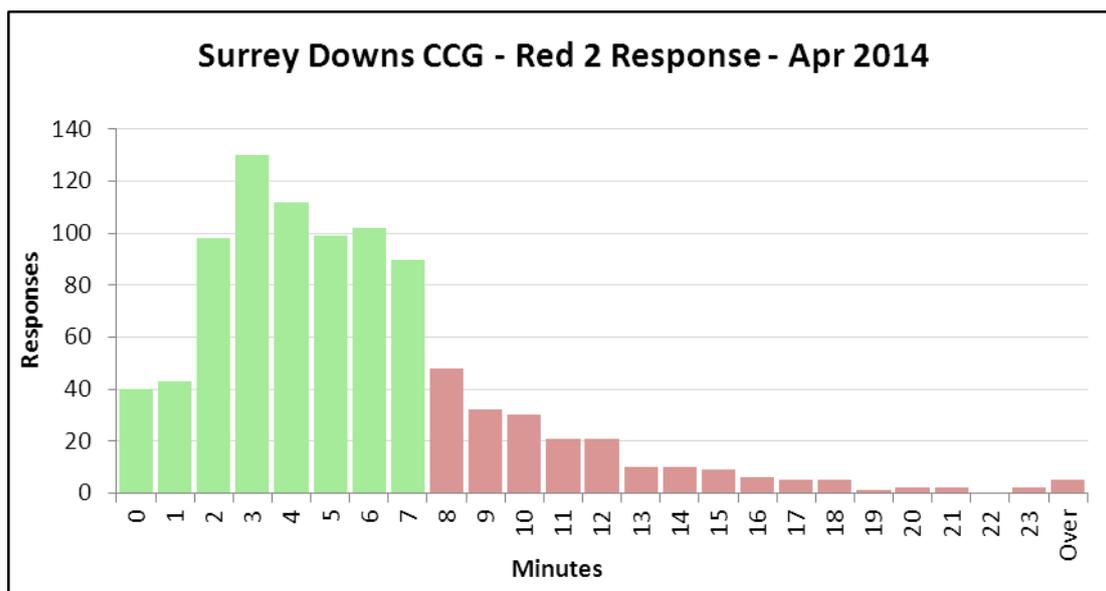


Figure 16: Surrey Downs CCG Category A calls within 8 minutes – Red 2

4.9 Mixed Sex Accommodation (May 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 2014/15, at St George’s Healthcare NHS Trust. There were no breaches reported in May 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.

5 CCG Operating Plan

5.1 Monthly Activity Return (MAR) - Red risk

The Monthly Activity Return (MAR) is a national statutory return submitted to UNIFY (Department of Health) in which providers report a subset of the total activity: consultant-led only.

In 2014/15 five activity measures now have plans submitted against them in addition to the three existing measures from 2013/14. Therefore eight activity measures are now monitored against their plan.

Surrey Downs CCG activity has exceeded the plan for all measures in May 2014 (Table 6). This follows above plan activity in April for all measures except Other Referrals for a First Outpatient Appointment.

| Metric | 2014/15 Actuals | 2014/15 Plan | # Variance | % Variance | 2013/14 Actuals | # Variance | % Variance |
|--|-----------------|--------------|------------|------------|-----------------|------------|------------|
| All First Outpatient Attendances | 6531 | 5598 | 933 | 16.7% | 5194 | 1337 | 25.7% |
| Elective Day Case FFCes | 2337 | 1803 | 534 | 29.6% | 1780 | 557 | 31.3% |
| Elective Ordinary FFCes | 533 | 507 | 26 | 5.1% | 497 | 36 | 7.2% |
| First Outpatient Attendances following GP Referral | 4270 | 3436 | 834 | 24.3% | 3078 | 1192 | 38.7% |
| GP Written Referrals to Hospital | 5040 | 4003 | 1037 | 25.9% | 3615 | 1425 | 39.4% |
| Non-elective FFCes | 2222 | 1957 | 265 | 13.5% | 1780 | 442 | 24.8% |
| Other Referrals for a First Outpatient Appointment | 1592 | 1521 | 71 | 4.7% | 1544 | 48 | 3.1% |
| Total Elective FFCes | 2870 | 2310 | 560 | 24.2% | 2277 | 593 | 26.0% |
| Total Referrals | 6632 | 5524 | 1108 | 20.1% | 5159 | 1473 | 28.6% |

Table 6: Surrey Downs CCG MAR – May 2014

Epsom and St Helier University Hospitals NHS Trust reported above plan activity for the majority of measures in April and May (Table 7). The activity is higher than the same period during 2013, partly due to the closure of Epsom Downs Integrated Care Services (EDICS) halfway through 2013/14. Another factor is the Ambulatory Care Unit (ACU) at Epsom Hospital which was piloted late in the financial year. The unit was not accounted for in the original activity plan as it was unclear whether it would continue at the time of submission.

Looking at Surrey Downs CCG's providers, there is consistently higher than expected activity in Outpatient First Attendances across all providers. Admitted patient care has a more varied pattern across providers with Elective care showing higher activity at SASH whereas Epsom St Helier and Kingston are within plan. Non-elective activity in Kingston is within plan but at SASH and Epsom St Helier, there is higher than expected activity.

Epsom and St Helier - May 2014

| Metric | 2014/15 Actuals | 2014/15 Plan | # Variance | % Variance | 2013/14 Actuals | # Variance | % Variance |
|--|--------------------|-----------------|---------------|---------------|--------------------|---------------|---------------|
| All First Outpatient Attendances | 3171 | 3018 | 153 | 5.1% | 2739 | 432 | 15.8% |
| Elective Day Case FFCes | 858 | 897 | -39 | -4.3% | 884 | -26 | -2.9% |
| Elective Ordinary FFCes | 198 | 195 | 3 | 1.5% | 205 | -7 | -3.4% |
| First Outpatient Attendances following GP Referral | 2081 | 1981 | 100 | 5.0% | 1746 | 335 | 19.2% |
| GP Written Referrals to Hospital | 2629 | 2231 | 398 | 17.8% | 1966 | 663 | 33.7% |
| Non-elective FFCes | 1344 | 1064 | 280 | 26.3% | 949 | 395 | 41.6% |
| Other Referrals for a First Outpatient Appointment | 334 | 318 | 16 | 5.0% | 316 | 18 | 5.7% |
| Total Elective FFCes | 1056 | 1092 | -36 | -3.3% | 1089 | -33 | -3.0% |
| Total Referrals | 2963 | 2549 | 414 | 16.2% | 2282 | 681 | 29.8% |

Table 7: Surrey Downs CCG MAR – Epsom and St Helier – May 2014

Kingston Hospital - May 2014

| Metric | 2014/15 Actuals | 2014/15 Plan | # Variance | % Variance | 2013/14 Actuals | # Variance | % Variance |
|--|--------------------|-----------------|---------------|---------------|--------------------|---------------|---------------|
| All First Outpatient Attendances | 886 | 816 | 70 | 8.6% | 776 | 110 | 14.2% |
| Elective Day Case FFCes | 200 | 197 | 3 | 1.5% | 212 | -12 | -5.7% |
| Elective Ordinary FFCes | 44 | 44 | 0 | 0.0% | 42 | 2 | 4.8% |
| First Outpatient Attendances following GP Referral | 603 | 524 | 79 | 15.1% | 527 | 76 | 14.4% |
| GP Written Referrals to Hospital | 816 | 628 | 188 | 29.9% | 599 | 217 | 36.2% |
| Non-elective FFCes | 238 | 268 | -30 | -11.2% | 233 | 5 | 2.1% |
| Other Referrals for a First Outpatient Appointment | 292 | 254 | 38 | 15.0% | 266 | 26 | 9.8% |
| Total Elective FFCes | 244 | 241 | 3 | 1.2% | 254 | -10 | -3.9% |
| Total Referrals | 1108 | 882 | 226 | 25.6% | 865 | 243 | 28.1% |

Table 8: Surrey Downs CCG MAR – Kingston Hospital – May 2014

SASH - May 2014

| Metric | 2014/15 Actuals | 2014/15 Plan | # Variance | % Variance | 2013/14 Actuals | # Variance | % Variance |
|--|--------------------|-----------------|---------------|---------------|--------------------|---------------|---------------|
| All First Outpatient Attendances | 518 | 415 | 103 | 24.8% | 354 | 164 | 46.3% |
| Elective Day Case FFCes | 210 | 177 | 33 | 18.6% | 169 | 41 | 24.3% |
| Elective Ordinary FFCes | 23 | 25 | -2 | -8.0% | 20 | 3 | 15.0% |
| First Outpatient Attendances following GP Referral | 279 | 221 | 58 | 26.2% | 172 | 107 | 62.2% |
| GP Written Referrals to Hospital | 355 | 316 | 39 | 12.3% | 250 | 105 | 42.0% |
| Non-elective FFCes | 224 | 242 | -18 | -7.4% | 209 | 15 | 7.2% |
| Other Referrals for a First Outpatient Appointment | 240 | 245 | -5 | -2.0% | 224 | 16 | 7.1% |
| Total Elective FFCes | 233 | 202 | 31 | 15.3% | 189 | 44 | 23.3% |
| Total Referrals | 595 | 561 | 34 | 6.1% | 474 | 121 | 25.5% |

Table 9: Surrey Downs CCG MAR – Surrey and Sussex Healthcare – May 2014

South CSU is currently investigating a number of issues which have potentially affected the MAR figures for all CCGs. These include:

- Actual increases in provider activity compared to 2013/14. South CSU is contacting providers to confirm their data is accurate.
- South CSU is looking at the growth percentages applied to the plan to identify whether they are lower than ONS predictions.
- Seasonality in the plan is calculated using three years of MAR data. The figures seen in 2014/15 so far show an unexpectedly higher proportion of activity in these months.
- The baseline was calculated using a forecast out-turn from month eleven. High levels of activity were seen in March for some providers, therefore the profile may be low.

The MAR figures are a leading indicator of future financial positions. The CCG is reviewing these figures and is working to understand the underlying activity drivers.

5.2 A&E activity (June data) - Amber risk

The A&E activity trajectory for 2014/15 forms part of the CCG Operating Plan. Surrey Downs CCG submitted a target limit of 1.3% growth compared to the 2013/14 forecast out-turn. This data is sourced from the A&E SitReps dataset.

Year to date growth against plan is 4.8%, an increase of 1053 attendances. Looking at the monthly data shows fluctuation against the plan, with a large increase in May followed by a reduction in June (Figure 17).

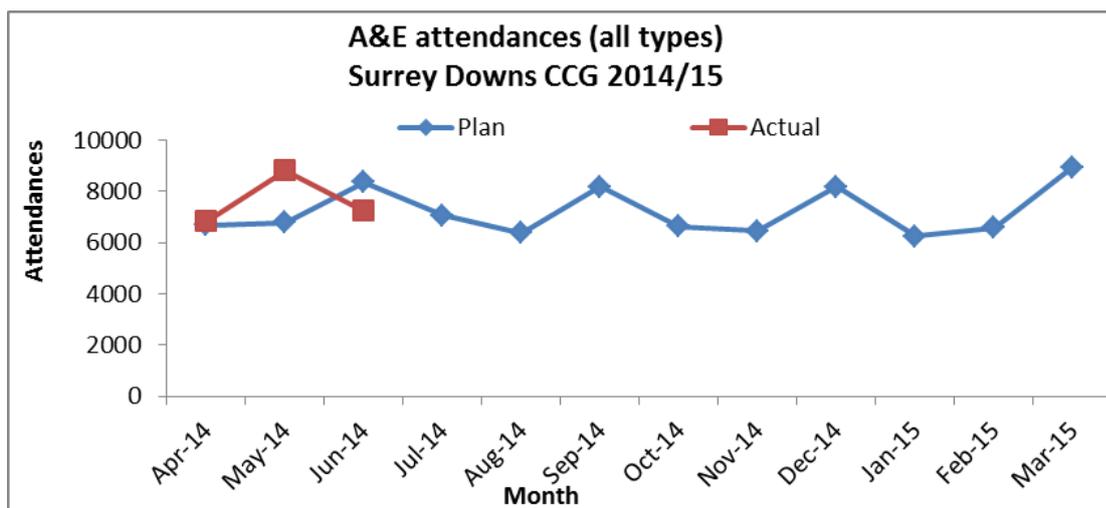


Figure 17: Surrey Downs CCG A&E attendances

Looking at Trust level monthly data, attendances follow a similar pattern at Surrey Downs CCG's main providers (Table 7).

| | | Apr-14 | May-14 | Jun-14 | YTD |
|--|----------------|--------|--------|--------|-------|
| Surrey Downs CCG | 2013/14 actual | 6704 | 6787 | 8368 | 21859 |
| | 2014/15 actual | 6834 | 8828 | 7236 | 22898 |
| | Growth | 130 | 2040 | -1132 | 1039 |
| | | 1.9% | 30.1% | -13.5% | 4.8% |
| Epsom and St Helier (Trust level) | 2013/14 actual | 10910 | 10974 | 13632 | 35516 |
| | 2014/15 actual | 11305 | 14627 | 12089 | 38021 |
| | Growth | 395 | 3653 | -1543 | 2505 |
| | | 3.6% | 33.3% | -11.3% | 7.1% |
| Kingston Hospital (Trust level) | 2013/14 actual | 8747 | 8935 | 10719 | 28401 |
| | 2014/15 actual | 8557 | 11244 | 8746 | 28547 |
| | Growth | -190 | 2309 | -1973 | 146 |
| | | -2.2% | 25.8% | -18.4% | 0.5% |
| Surrey and Sussex Healthcare (Trust level) | 2013/14 actual | 6517 | 6478 | 7969 | 20964 |
| | 2014/15 actual | 6694 | 8410 | 7050 | 22154 |
| | Growth | 177 | 1932 | -919 | 1190 |
| | | 2.7% | 29.8% | -11.5% | 5.7% |

Table 10: A&E attendances – Surrey Downs CCG and main providers

6 Other

6.1 Winterbourne View – Information provided by Jo Poynter, Senior Manager Commissioning on behalf of Surrey Learning Disability Co-Commissioning Group

Outline Progress – May 2014

Surrey has had an active programme of work overseen by the Learning Disability Partnership Board, which has been presented to the Health and Well-being Board, the CCG Collaborative, and the Surrey Adults Safeguarding Board. This work has programme included:

- Production of the Surrey Safeguarding Adults Board Winterbourne View Action plan
- Creation of a register of individuals in 3 phases
 1. *People with learning disabilities or autism and mental health conditions or behaviours described as challenging within in-patient services*
 - *In area and out of area*
 2. *People with learning disabilities or autism and mental health conditions or behaviours described as challenging NHS funded within the community*
 3. *People with learning disabilities or autism and mental health conditions or behaviours described as challenging LA funded*
- The development of the Winterbourne View, Francis Report and Confidential Inquiry oversight board (sub group of adult safeguarding board)
- The introduction of the Health Care Planners team within Surrey Downs CCG working across all CCGs to complete the joint reviews and develop the Individualised care and support plans
- The development of the Health Care Planning Team reference group which is co-chaired by a gentleman with a learning disability and is inclusive of families
- There has been an integration scoping exercise led by the CCG MH & LD collaborative
- A planned review of current service provision and strategic commissioning to meet the needs of children and young people, especially moving from children to adult services, including health, housing and care support planning.
- There has been a stocktake completed and a refresh for the National Joint Improvement Board.
- There has been Support provided for the development of and completion of the framework for the NHS England Area Team along with other reports.

At the end of May, there were 14 people identified who would not be moved to a new placement by the end of June. However, all of these people have been

assessed and of these 5 are still receiving treatment. For the remaining 9 the delay is mainly due two main issues:

1. The development of suitable provision; ranging from safe bespoke designed accommodation, housing and support, cost and availability of property and land to develop appropriate housing in Surrey.
2. The redesign of new models of service in partnership with local providers and Specialist Mental Health trust, for 24hr home response team, pop up services for 24/7 assessment and treatment, development of low secure and specialist provision for young adults.

There are still financial implications regarding individuals who will return to Surrey from NHS England Specialist Commissioning, whose funding will cease becoming a cost pressure to CCG's once they are discharged or their section 117 ends.

Areas still to progress

- Integration between CCG and social care commissioning
- Development of joint financial plan
- CTPLD review
- Development/integration of local responsive contingency service

6.2 The Savile Inquiry

A series of reports that detail the involvement of the broadcaster Jimmy Savile with 28 NHS Hospitals has been published. The impact of these reports will be considered at the Safeguarding Children's Board Health Sub-group of which the SDCCG Head of Quality is a member.

7 Recommendations and Next Steps

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.

Appendix A: Full Detail: Performance data

CCG Outcomes Indicator Set (10.07.14)

| Indicator | Measure | Frequency | 2013/14 target | FY 2013/14 | 2014/15 target | Apr-14 | May-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 | | | | | | |
| 1.2 Under 75 mortality rate from respiratory disease | Age/sex standardised rate per 100,000 pop | Annual | 23.38 | | | | | | |
| 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% | | | | | | |
| 2.3i Unplanned hospitalisation for chronic ambulatory sensitive conditions (adults) | Age/sex standardised rate per 100,000 pop | Annual | 509.94 | | | | | | |
| 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 | | | | | | |
| 3.1i Patient reported outcome measures for elective procedures – hip replacement | EQ-5D Index case mix adjusted health gain | Annual | 0.42 | | | | | | |
| 3.1ii Patient reported outcome measures for elective procedures – knee replacement | EQ-5D Index case mix adjusted health gain | Annual | 0.29 | | | | | | |
| 3.1iii Patient reported outcome measures for elective procedures – groin hernia | EQ-5D Index case mix adjusted health gain | Annual | 0.04 | | | | | | |
| 3.1iii Patient reported outcome measures for elective procedures – varicose veins | EQ-5D Index case mix adjusted health gain | Annual | | | | | | | |
| 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 | | | |
| 4aii Patient experience of GP out of hours services | % who report their experience as "very good" or "fairly good" | 6 Monthly | 67.15% | | | | | | |
| Patient experience of hospital care | Composite experience scores (out of 100) at this CCG's main 5 providers | Annual | | | | | | | |
| 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 | 2 | |
| 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 | 12 | |

NHS Constitution Metrics (10.07.14)

| Indicator | Target | Lower Threshold | FY 2013/14 | Target | Apr-14 | May-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 | 90% | 85% | 94.1% | 90% | 94.0% | 94.0% | 93.6% |
| Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less | 95% | 90% | 97.4% | 95% | 96.3% | 96.3% | 96.6% |
| Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less | 92% | 87% | 96.0% | 92% | 94.9% | 94.9% | 95.0% |
| Diagnostic test waiting times | | | | | | | |
| % Patients waiting within 6 weeks for a diagnostic test (monthly measure only) | 99% | 94% | 98.6% | 99% | 1.1% | 0.5% | |
| A&E waits | | | | | | | |
| A&E waits within 4hrs (QTD) | 95% | 90% | 95.8% | 95% | 96.3% | 96.3% | 96.3% |
| Cancer waits – 2 week wait | | | | | | | |
| CB_B6: Cancer patients seen within 14 days after urgent GP referral | 93% | 88% | 95.6% | 93% | 94.1% | 95.09% | 94.6% |
| CB_B7: Breast Cancer Referrals Seen within 2 weeks | 93% | 88% | 93.5% | 93% | 80.4% 22 breaches | 83.0% 16 breaches | 81.6% 37 breaches |
| Cancer waits – 31 days | | | | | | | |
| CB_B8: Cancer diagnosis to treatment within 31 days | 96% | 91% | 98.6% | 96% | 97.6% | 100.00% | 98.6% |
| CB_B9: Cancer Patients receiving subsequent surgery within 31 days | 94% | 89% | 95.9% | 94% | 91.3% 2 breaches | 94.12% | 92.5% 3 breaches |
| CB_B10: Cancer Patients receiving subsequent Chemo/Drug within 31 days | 98% | 93% | 100.0% | 98% | 96.9% 1 breach | 100% | 98.6% |
| CB_B11: Cancer Patients receiving subsequent radiotherapy within 31 days | 94% | 89% | 99.1% | 94% | 97.6% | 97.22% | 98.8% |
| Cancer waits – 62 days | | | | | | | |
| CB_B12: Cancer urgent referral to treatment within 62 days | 85% | 80% | 86.0% | 85% | 88.0% | 80.85% 9 breaches | 84.5% 15 breaches |
| CB_B13: Cancer Patients treated after screening referral within 62 days | 90% | 85% | 89.7% 10 breaches | 90% | 95.5% | 100.00% | 97.0% |
| CB_B14: Cancer Patients treated after consultant upgrade within 62 days | 86% | 81% | 90.0% | 86% | 80.0% 1 breach | 100.00% | 87.5% |
| Category A ambulance calls (Trust level) | | | | | | | |
| Life threatening (defibrillator required): Category A calls within 8 minutes - Red 1 | 75% | 70% | 76.8% | 75% | 78.9% | | 78.9% |
| Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2 | 75% | 70% | 73.9% | 75% | 78.3% | | 78.3% |
| All life threatening: Category A calls within 19 minutes | 95% | 90% | 97.0% | 95% | 98.0% | | 98.0% |
| Mixed Sex Accommodation Breaches | | | | | | | |
| Mixed Sex Accommodation Breaches | 0 | 10 | 12 | 0 | 1 | 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. | 100% | 95% | 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. | 95% | 90% | 97.1% | 95% | | | |

CCG Operating Plan (10.07.14)

| | 2013/14 performance | 2014/15 target | Apr | May | Jun | YTD |
|---|------------------------|-----------------------|-------------------------------|-------|--------|-------|
| Improving Access to Psychological Therapies (IAPT) | | | | | | |
| Proportion of the people that enter treatment against the level of need in the general population | 10.3% (2521 patients) | 13.5% (3607 patients) | | | | |
| IAPT recovery rate | 47.9% (457 patients) | 50.0% (1804 patients) | | | | |
| Quality Premium local priority | | | | | | |
| Dementia - Estimated diagnosis rate | 50.5% (2062 patients) | 67.0% (2974 patients) | | | | |
| Monthly Activity Return (MAR) | | | Variation against plan | | | |
| Elective Ordinary FFCEs | | 2.0% | 12.4% | 5.1% | | 8.6% |
| Elective Day Case FFCEs | | 2.0% | 19.5% | 29.6% | | 24.7% |
| Total Elective FFCEs | | 2.0% | 17.9% | 24.2% | | 21.2% |
| Non-Elective FFCEs | | 2.0% | 10.2% | 13.5% | | 11.9% |
| All First Outpatient Attendances | | 2.0% | 13.5% | 16.7% | | 15.1% |
| First Outpatient Attendances following GP Referral | | 2.0% | 18.0% | 24.3% | | 21.3% |
| GP Written Referrals to Hospital | | 2.0% | 7.3% | 25.9% | | 16.8% |
| Other Referrals for a First Outpatient Appointment | | 2.0% | -3.9% | 4.7% | | 0.4% |
| A&E activity trajectory | | | Growth from 2013/14 | | | |
| A&E attendances - all types | | 1.3% | 1.9% | 30.1% | -13.5% | 4.8% |

Appendix B : RCA Template

Clostridium difficile Infection (CDI)

A patient registered to your practice has recently been diagnosed with a *Clostridium difficile* infection. Review of the information you provide will contribute to the identification of learning outcomes across the local health and social care organisations. This will inform appropriate actions to prevent recurrence and new infections. **Please complete and return this form within seven working days of receipt to XXXXXXXX Thank you**

| | | | | | | |
|---------------|--|---------------|--|------------|--|-----|
| Practice name | | Date of birth | | NHS number | | M/F |
|---------------|--|---------------|--|------------|--|-----|

| | | | | | |
|------------------------------|--|-----------------------------------|--|-----------------------|--------|
| Date CDI symptoms commenced: | | Date specimen sent to laboratory: | | Previous CDI history? | Yes/No |
|------------------------------|--|-----------------------------------|--|-----------------------|--------|

Patient risk factors for diarrhoea at the time of specimen collection? Delete as appropriate.

| | |
|--|-----------|
| Recent laxatives / enemas – yes no Enteral nutrition – yes no Inflammatory bowel disease – yes no Recent gastrointestinal surgery - yes no Other gastrointestinal infection e.g. norovirus yes no | Comments: |
|--|-----------|

Patient risk factors for healthcare associated infections? Delete as appropriate.

| | |
|---|-----------|
| Urinary catheter – yes no Leg ulcers – yes no Other soft tissue wounds yes no Chest conditions yes no Long term conditions (please list) | Comments: |
|---|-----------|

Which organisations were involved in patient care within previous 3 months? Delete as appropriate.

| | |
|--|-----------|
| GP – yes no Community Nursing Service – yes no OOH GP – yes no A&E / Urgent treatment Centre - yes no Out patients dept - yes no Dentist yes no d/k Podiatrist yes no d/k Nursing/Residential Home – yes no | Comments: |
|--|-----------|

In-patient history in the previous 6 months? (include Acute Trust, Private Hospitals, Mental Health and Community Hospitals)

| | | | | Yes no |
|-------------------|--------------------------|----------------------|-------------------|--------|
| Date of admission | Name of Hospital & Trust | Reason for admission | Date of discharge | |
| | | | | |
| | | | | |

| Antimicrobial treatment prescribed within previous 3 months? | | | Compliant with policy/micro advice? | Specimen taken prior to antimicrobials |
|--|----------------------|--------|-------------------------------------|--|
| yes no | | | | |
| Start date | Antimicrobial & dose | Reason | | |
| | | | | |
| | | | | |

| Proton Pump inhibitor prescribed? | | | | |
|-----------------------------------|------|------------------|-------------------------|-------------------|
| Start date | Drug | Dose & frequency | Reason for Prescription | Discontinued date |
| | | | | |

| Time line of relevant events leading up to diagnosis of CDI | | |
|---|---|---------------------------|
| Date | GP visits/out of hours GP/ community nursing/recent admissions. | Supplementary information |
| | | |
| | | |
| | | |
| | | |

Thank you for completing

| For completion by Surrey Downs CCG Quality Team: | | |
|--|----------------------|---------|
| Returned within 7 working days: yes no | | |
| Learning outcomes: | Actions & timeframes | By whom |
| | | |

Appendix: 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 |
| YTD | Year To Date (the NHS financial year commencing 1st April and ending 31st March) |