

Title of paper:	Quality and Performance Report
Meeting:	Governing Body
Date:	13 th June 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 6th June 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 – June 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 (March 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.

Surrey Downs CCG Quality and Performance Report – June 2014

This report reflects the formal reporting of the performance position against the goals and core responsibilities of CCGs as outlined in the NHS England documents of “Everyone Counts: Planning for Patients 2014/15 to 2018/19” and “CCG Assurance Framework 2013/14”. The Assurance Framework is yet to be updated for 2014/15.

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
- CCG Operating Plan including three local priorities

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

- Domain 1: Preventing people from dying prematurely
- 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
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

1. Key Issues to Note

The key performance risks highlighted in this report are:

- Healthcare Associated Infections (HCAs): MRSA
- Diagnostic test waiting times within six weeks
- Performance of SECAMB in a number of areas
- Mixed Sex Accommodation (MSA) breaches
- Emergency admissions for children with lower respiratory tract infections
- Monthly Activity Return (MAR)
- The poor performance of Surrey Downs CCG in delivering the 2013-14 ‘Flu’ campaign to certain groups and actions to be taken by all parties to improve performance in 2014-15

2. CCG outcomes indicators (Full dashboard is at Appendix A)

2.1. Preventing people from dying prematurely

2.1.1. Emergency admissions for alcohol related liver disease (March 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 no admissions in March 2014, resulting in full year admission rate of 13.95 against a target limit of 16.23. This is five admissions lower than during 2011/12, which is the baseline year.

Looking at the monthly data shows some fluctuation in the admissions rate due to very low volumes (Table 1 below).

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FY 2013/14
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
Baseline rate per 100,000 population (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 population	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

Table 1: Surrey Downs CCG emergency admissions for alcohol related liver disease

Looking at the rolling year rate to remove any seasonal impact shows performance has been above the target limit for much of the financial year, decreasing in February and March (Figure 1 below).

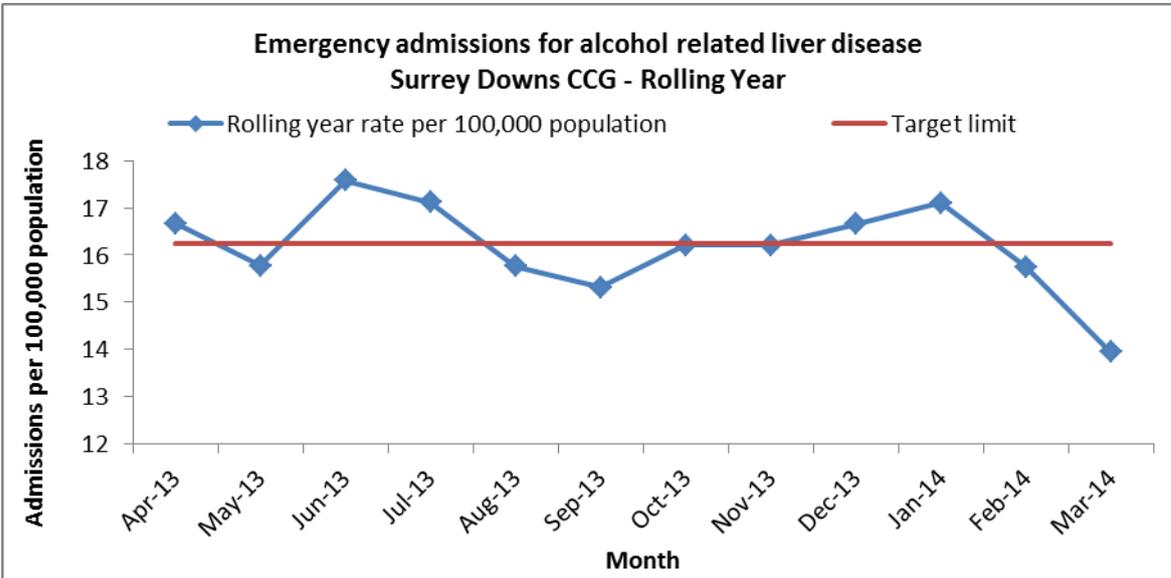


Figure 1: Rolling year trend in Surrey Downs CCG emergency admissions for alcohol related liver disease

2.2. Improving quality of life for people with long-term conditions

2.2.1. Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (March data) – Green risk for monitoring

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 12.31 admissions per 100,000 population in March 2014, resulting in a full year admission rate of 184.65 against a target limit of 186.20. This is one admission lower than during 2011/12, which is the baseline year.

Due to small volumes, monthly rates have been subject to fluctuation (Table 2 below).

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FY 2013/14
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
Baseline rate per 100,000 population (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 population	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

Table 2: 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 performance was above the target limit between September and February, with a recent decrease in March (Figure 2 below).

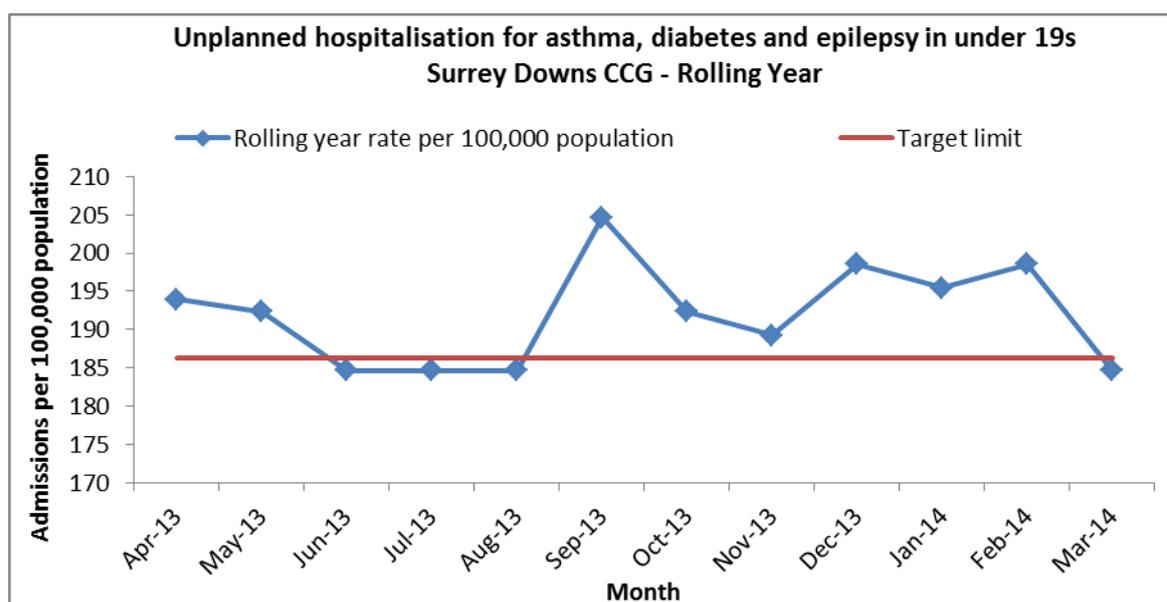


Figure 2: Rolling year trend in Surrey Downs CCG unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

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

2.3.1. Emergency admissions for children with lower respiratory tract infections (March data) – Red risk

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 18.47 admissions per 100,000 population in March 2014, resulting in a full year admission rate of 304.69. This exceeds the target limit of 221.59.

Due to small volumes, monthly rates have been subject to some fluctuation (Table 3 overleaf), with a large increase in the latter half of the financial year.

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FY 2013/14
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
Baseline rate per 100,000 population (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 population	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

Table 3: Surrey Downs CCG emergency admissions for children with lower respiratory tract infections

Looking at the rolling year rate to remove any seasonal impact shows performance has been on an increasing trend since October 2013 (Figure 3 below).

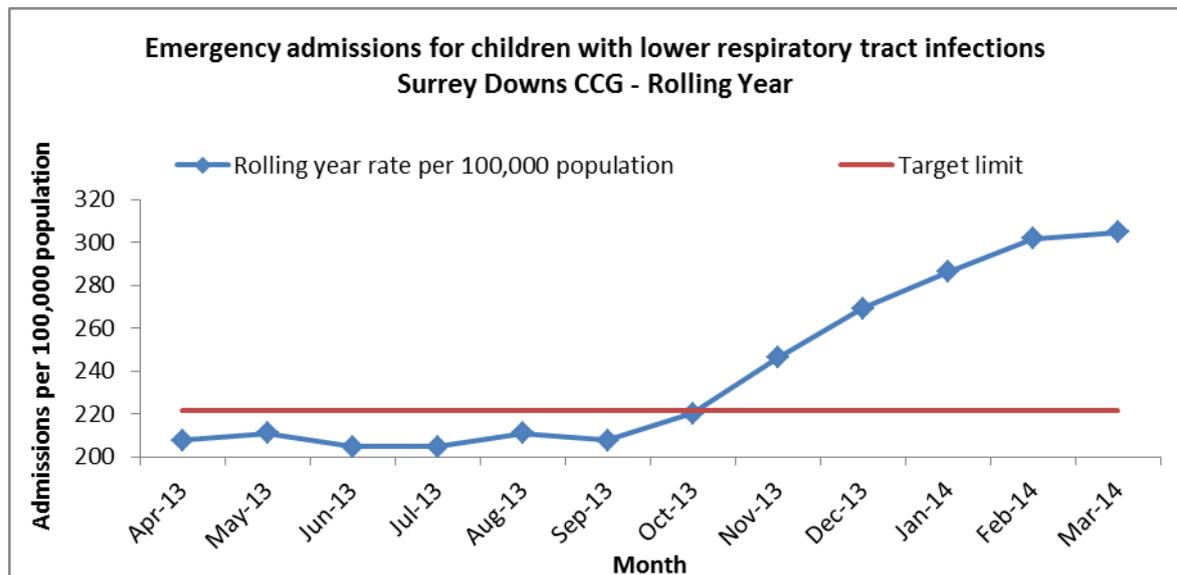


Figure 3: Rolling year trend in Surrey Downs CCG emergency admissions for children with lower respiratory tract infections

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. 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.

2.4. Ensuring that people have a positive experience of care

2.4.1. Patient Experience Report

The Patient Experience Service (PES) received eighteen complaints and fifty seven PALS queries during Quarter 4. This was a slight decrease in the number of complaints compared with the previous quarter and an increase in PALS queries.

The majority of complaints and Patient Advice and Liaison Service (PALS) queries received continue to be about NHS Funded Healthcare, due to the fact that this is a CCG-hosted service covering the whole of Surrey and serves a large population. The two issues raised most frequently were progress updates for retrospective review claims and the querying of continuing healthcare assessment outcomes.

Patient Advice and Liaison Service (PALS)

Of all of the 57 PALS queries received, none progressed to a formal complaint which suggests that the service has been successful in resolving issues at an early stage.

Following a PALS query, sometimes further actions are required. This may include sharing feedback with relevant teams, escalating concerns within the organisation and reviewing systems and processes to ensure lessons are learnt. The PES monitors all actions following PALS queries and ensures that lessons learnt are implemented.

The following improvements have been introduced over the past quarter:

- Referral Support Service to inform patients of appointment process at Sutton Eye Clinic
Following a query regarding the assessment process at Sutton Eye Clinic, the Referral Support Service are now informing all patients who choose Sutton Eye Clinic that their first appointment will be an initial assessment, regardless of whether they have attended one previously elsewhere.
- Communications team to promote NHS Health Checks on CCG website
Following an enquiry by a CCG Locality patient representative about access to NHS Health Checks, the communications team will promote Surrey County Council's NHS Health Checks information on the CCG website.
- NHS Funded Healthcare team to discuss assessment process for retrospective reviews
During a retrospective review claim, clinical notes are requested from all third parties involved in the care of the patient. There have been a number of cases in which the Funded Healthcare team have experienced difficulty obtaining notes from a third party in a timely manner. This delays progress of the claim with a resulting

impact on all concerned. The PES has asked the team to consider whether, in such cases, the notes already received could be reviewed to check whether the additional records are essential to carry out an assessment. If not essential, the claim could progress to the assessment stage, enabling a faster outcome for claimants. The outcome of the discussion will be shared.

The Patient Experience Service also received 99 calls in relation to Individual Funding Requests (IFRs). The service took on responsibility for these calls from January 2014 to provide support to the IFR service to cover long term sickness leave.

Complaints

Of the eighteen complaints received in Q4, 13 related to NHS Funded Healthcare, with the remaining relating to acute hospital, GP surgery, Individual Funding Request, the Out of Hours Service and Referral Support Service. Complaints relating to the acute hospital, Individual Funding Request and Out of Hours Service were referred to the relevant provider to respond with a request that a copy of the response be shared with the CCG.

The Patient Experience Service monitors all actions following complaints and ensures that lessons learnt are implemented. The following improvements have been instigated during Q4:

- Template NHS Funded Healthcare letters to be reviewed
Following a complaint about a retrospective claim review it was identified that the Checklist assessment outcome letters should be more explicit in respect of representative's rights. It was also identified that the letters sent out when a representative first makes a retrospective claim should provide more information on how the review and the initial screening processes work. This feedback will inform the review of all NHS Funded Healthcare letter templates which is currently taking place and due for completion by June 2014.
- NHS Funded Healthcare team to obtain feedback on care agency
Following a complaint received in February regarding care provided by a care agency, the team sent out a feedback questionnaire to all users of the care agency in question. This is to ascertain their views of the service and whether their experience mirrors the complainants. The majority of feedback received was positive, however one response outlining inconsistency of care for a particular individual required follow up actions. The Team reviewed the patient and made changes to scheduled visit times.
- Referral Support Service to amend details on appointment letters
Following a complaint where a patient was given an incorrect appointment date on their covering letter, it was acknowledged that inclusion of such details was an unnecessary repetition of information contained in the accompanying NHS Choose and Book appointment form and created an opportunity for error. Therefore the service no longer includes appointment details in covering letters and instead directs patients' attention to the NHS Choose and Book information.

Overview of compliments data

The CCG received 15 compliments during January to March 2014. All were about the NHS Funded Healthcare team.

Overview of 2013/14

During the financial year 2013/14, the CCG received 82 complaints, of which 54 related to NHS Funded Healthcare. The CCG also received 226 PALs queries.

The most PALS queries regarding GP surgeries during 2013/14 at 48. This was closely followed by 46 queries regarding NHS Funded Healthcare, then 32 regarding EDICS clinics following the expiry of the contract. 23 queries related to acute hospitals and 22 to community providers. It should be noted that the NHS Funded Healthcare service currently deals with their own PALS queries internally. The PES only deal with queries regarding NHS Funded Healthcare that they receive directly, or through MP correspondence.

In addition to the work described above, the service has created a complaints leaflet to Inform patients and members of the public how they can submit feedback or raise a Concern or complaint. This leaflet has been distributed widely for comment and once Agreed will be distributed within the community.

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

2.5.1. Incidence of Healthcare associated infection (HCAI): *C. difficile* (April data) – Green risk for monitoring

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

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 2.5.2).

Surrey Downs CCG was attributed with five cases of *C. difficile* in April 2014, equal to the 2014/15 trajectory. Two of these were acute acquired and three were non acute acquired. The target limit for 2014/15 is 76 over the financial year.

Provider	Acute acquired	Non acute acquired
Epsom & St Helier University Hospitals NHS Trust	1	3
Surrey & Sussex Healthcare NHS Trust	1	0

Table 4: Cases of *C. difficile* attributed to Surrey Downs CCG in April 2014

Root cause analyses will be carried out on all 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 quality team will work with localities and practices to publicise themes identified and to support an improvement in practice, particularly where an individual concern is identified.

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 4 overleaf).

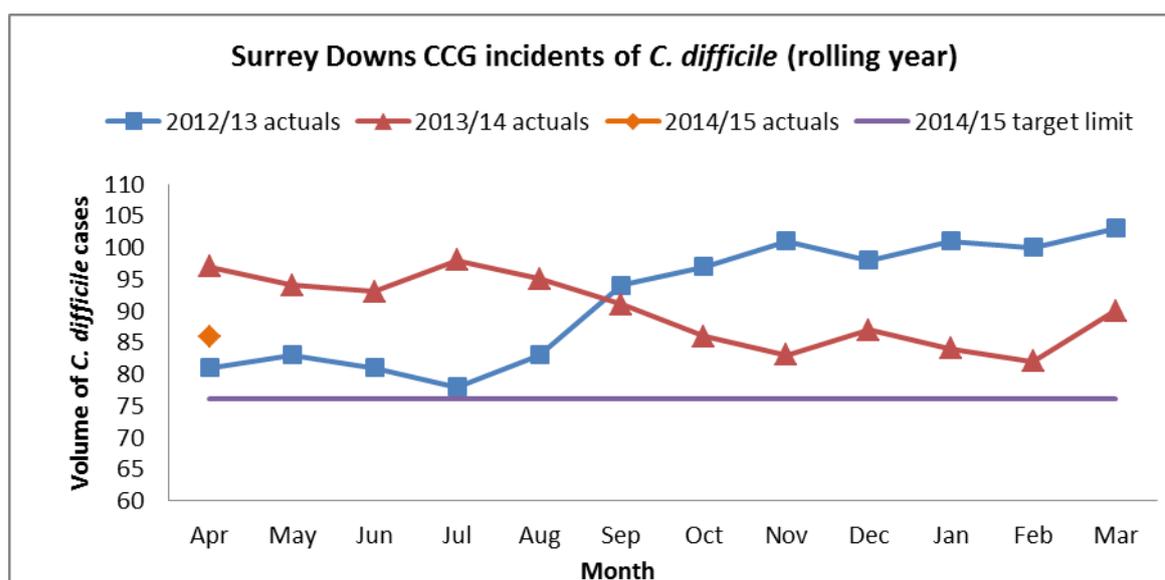


Figure 4: Rolling year trend in Surrey Downs CCG C. difficile cases

In addition, 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.

During the full year 2013/14, Epsom and St Helier reported 41 cases of *C. difficile* against its Department of Health objective of 47 for 2013/14. 21 of these cases affected Surrey Downs patients.

Table 5 below shows full year *C. difficile* performance of all the acute NHS Trusts commissioned by Surrey CCGs. Epsom and St Helier reported a 42% reduction of *C. difficile* cases in 2013/14 compared to 2012/13.

Trust	2013/14 target limit	2013/14 acute cases	2012/13 acute cases	Year on year change
Epsom and St Helier University Hospitals NHS Trust	47	41	71	-30
Surrey and Sussex Healthcare NHS Trust	31	23	25	-2
Kingston Hospital NHS Foundation Trust	15	22	23	-1
Royal Surrey County Hospital NHS Foundation Trust	14	26	21	+5
Ashford and St Peter's Hospitals NHS Trust	13	10	15	-5
Frimley Park Hospital NHS Foundation Trust	8	15	16	-1

Table 5: Surrey CCG providers' C. difficile performance

The objective or ceiling set for Surrey Downs CCG by the Department of Health is a maximum of 76 cases for the year. The new guidance that has been published to support the drive to eradicate *C. difficile* recognises that the rate of improvement has slowed over recent years and this is likely to be due to a number of factors including the biology and epidemiology of the organism. There are indications that some organisations are approaching an irreducible level at which *C. difficile* will occur as the infections are as a result of factors outside the control of the NHS organisation that detected the infection.

Therefore in 2014/15 organisations are encouraged to assess each identified case of *C. difficile* to determine whether the case was linked to a lapse in the quality of care provided. Co-ordinating commissioners will then be able to consider each case and decide whether

sanctions should be applied. This will take the focus away from numbers and will concentrate on the quality of care that providers are delivering to patients and the improvements that will make a difference. This will be reflected in future reports to the Governing Body.

2.5.2. Incidence of Healthcare associated infection (HCAI): MRSA (April data) – Red risk

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

Surrey Downs CCG exceeded the zero target with seven MRSA bacteraemia in 2013/14, however only 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 2.5.1 above).

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.

Post Infection Reviews (PIRs) have been completed and scrutinised by the Surrey Infection Control Lead and the actions that have been identified to achieve improvements in practice will be implemented.

2.5.3. Serious Incidents Requiring Investigation (SIRI) including ‘Never Events’

There have been no ‘Never Events’ affecting Surrey Downs patients during April 2014. Surrey Downs Clinical Commissioning Group (CCG) has a responsibility to ensure that it commissions safe services from Providers on behalf of its population and, in this respect, requires assurance on the management of serious incidents. This includes timely reporting of Serious Incidents Requiring Investigation (SIRIs), robust investigation and action planning to remedy issues identified, and ensuring that lessons learnt are shared within and beyond individual organisations to the wider health economy where relevant.

The CCG has purchased serious incident management from NHS South Commissioning Support Unit (CSU) whose role is to track the incidents (including Never Events) recorded by Provider organisations on the national database, Strategic Executive Information System (STEIS), to ensure common themes are identified.

The CSU has a more active role in respect of the services hosted by Surrey Downs CCG and supports processes around declaration and investigation of SIRIs in Surrey Downs’ Any Qualified Providers; and scrutiny of reports for closure.

Historically in Surrey the process of review, recommendation for closure and identification of learning was undertaken by a Surrey-wide panel comprising clinical representation from all CCGs, CSUs, patient representatives and the attendance of Providers for discussion of their SIRI investigation reports. The last Surrey-wide SIRIs panel meeting was held on 20 March 2014. It has been agreed that from April 2014, all CCGs in Surrey will each be responsible for reviewing and closing SIRIs for the organisations they host, and that three to six-monthly Surrey-wide meeting be held to share learning (SIRIs shared learning and Lead / Host Commissioner SIRI case comments & recommendations processes will also be developed and implemented as part of the Surrey-wide SIRIs governance structure.

During 2013-14, following analysis of SIRIs, there has been a number of trends that have started to emerge. Epsom and St Helier University Hospitals NHS Trust have shown a steady quarter on quarter decrease in the number of SIRIs reported whereas Ashford and

St Peters NHS Foundation Trust have shown an increase. Community providers have not shown a similar pattern and Surrey and Borders Partnership NHS Foundation Trust (SABFT) has reported a similar number of SIRIs each quarter and when benchmarked against another Mental Health Service Provider, shows a similar pattern of reporting. There are a number of reasons for differences in reporting levels and these can include training, the reporting culture in the organisation and also can be an indicator of the level learning from incidents within an organisation.

The most common incident that has been reported throughout the year has been Pressure Ulcers of Grade 3 or above across nearly all provider organisations. As a result of this a learning event was hosted across Surrey and Sussex to educate providers in the management of skin care and the prevention of pressure ulcers. Further focus has been put on this area of care through a national CQUIN which encourages organisations to improve the prevalence of pressure ulcer damage in those patients who are under their care. This will be monitored closely in 2014-15.

Slips, trips and falls are another area of concern and the majority of organisations have invested in a falls co-ordinator to promote awareness around falls prevention. However, falls which result in harm to a patient continue to be reported frequently in most acute providers so further work is required to improve this position with targeted investment into the prevention of falls.

Timely reporting and investigation of SIRIs is an issue in a number of Trusts and this is being managed as a contracting and quality issue by the lead commissioner for that organisation. Despite an intense focus on this SABPFT still has 40 SIRIs which are overdue for closure with a further 39 remaining under review by the scrutiny panel. The lead commissioners for Surrey and Sussex Healthcare NHS Trust are also working with the Trust to improve the timeliness of SIRI reporting in the Trust and to agree closure of their overdue incidents.

2.5.4. Safeguarding Adults and Children

The Safeguarding Adults and Safeguarding Children's annual reports will be discussed at the Quality Committee in June and so will be reported at the next Governing Body meeting.

Further information for note:

Safeguarding Adults

As reported in March 2014, The Designated Nurse for safeguarding adults has been working closely with providers, adult social care and CHC to support the closure of 3 Care homes in Surrey. This process has now concluded with all three homes closed and residents settled in their new placements.

The Continuing Health Care (CHC) team and safeguarding leads will continue to monitor the quality of care of residents affected by the closure of Winscombe (BUPA). They have all been placed in Tadworth Grove Nursing Home (BUPA) and the Surrey Downs CCG quality team visited the home at the end of April and talked to all of those residents affected by the closure for assurance that suitable arrangements had been put in place for them all. Follow up visits will take place later in the year.

There has been publication of a further 2 of the 4 Serious Case Reviews (SCR) that were carried out in 2013-14. The final SCR is due to be published by the end of June. The Designated Nurse for Safeguarding will support the implementation of actions that have been identified as a result of these cases and will be actively monitoring them.

Safeguarding Children

As part of the CCG's commitment to learning from Serious Incidents Requiring Investigation (SIRI) and Serious Case Reviews (SCR) the Chief Officer and the Clinical Quality and Safety Manager attended a learning event held on 14th March regarding Serious Case Review (SCR) involving a four week old child. The event was facilitated by Guildford and Waverley CCG who, under the Surrey CCGs Collaborative agreement, is the host commissioner for Safeguarding Children services, and North West Surrey CCG.

To ensure that learning was embedded at senior level, Chief Officers (CO) and Chairs from Commissioning and Provider organisations across Surrey were invited to hear a summary of the key issues, with a focus the responsibilities of senior health leaders. The second part brought together all levels of clinical staff with an interest in safeguarding children and learning from SCRs, including named and designated professionals, GPs, doctors, nurses and midwives from across organisations in Surrey.

The key learning from the SCR was presented by senior representatives and safeguarding professionals from the organisations involved. In a powerful display of collaborative working they shared openly their organisations' experience of the case and action plans in place as a result.

The key learning from the SCR was:

- Procedures not followed re. Bruising protocol
- Safeguarding leads/supervisors not consulted
- Poor information sharing between professionals
- Poor record keeping and administrative delays
- No professional curiosity/challenge

A thematic review of SCRs and results of a deep dive audit undertaken to assess current information sharing processes across organisations was also shared.

The afternoon session involved small group discussions about the key issues and how improvements could be made. The most common themes discussed were:

- relationships (parents and family with professionals, health professionals with other agency professionals and those between health professionals and colleagues)
- training
- record keeping,
- Guidelines and protocols.

Delegates were challenged to reflect on the following and were asked to commit to one action to commit to making a difference to safeguarding children.

- Do these issues resonate with you/your organisation?
- What's your role been to date in embedding required change?
- What action do you need to take back and how will you measure success/evaluate change?

The Surrey Downs Quality Team continues to be actively involved in Safeguarding Children through the collaborative arrangements and the Named GP Surrey-wide Safeguarding Children Team will be taking forward key learning for GPs.

3. NHS Constitution metrics (Full dashboard is at Appendix A)

3.1. Referral to treatment (RTT) waiting times for non-urgent consultant-led treatment – incomplete pathways (April 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.

Referral to treatment waiting times for consultant-led activity 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 April 2014, 94.9% of patients started their treatment within 18 weeks.

Epsom and St Helier University Hospitals NHS Trust have the largest volume of referrals and show a declining trend in performance over the last year (Figure 5 below). This was previously affected by transfers from EDICS in August but the decreasing trend continued beyond this period. However they achieved target in 2013/14 with 96.3% for the financial year.

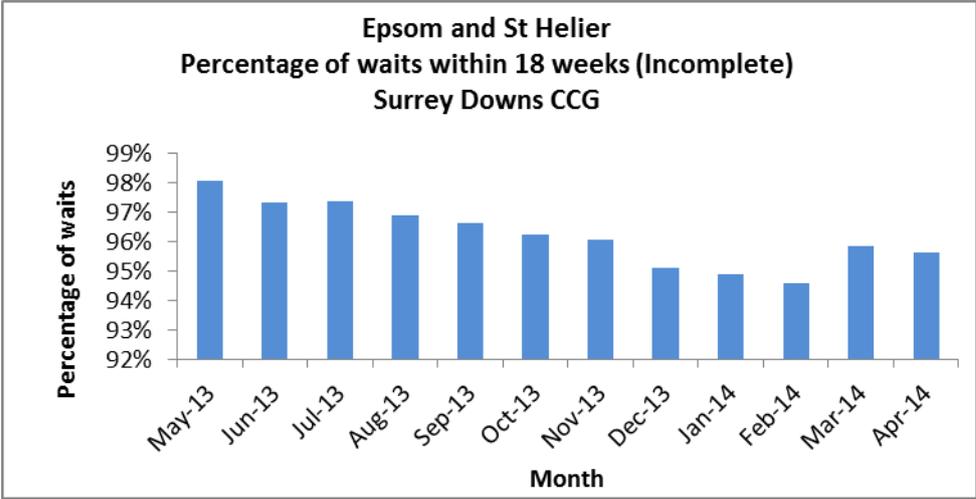


Figure 5: Surrey Downs CCG waits within 18 weeks at Epsom and St Helier – Incomplete

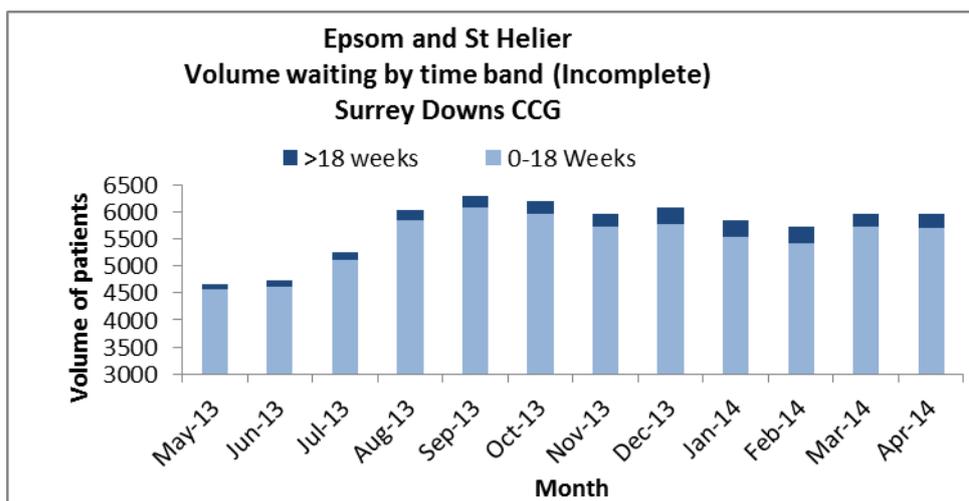


Figure 6: Surrey Downs CCG waits by time band at Epsom and St Helier – Incomplete

Surrey Downs CCG has identified a small number of patients waiting longer than 35 weeks (Figure 7 overleaf). Action has been taken with trusts to address this but an increasing trend was noted between October and March. There has been a slight decrease in April; the contract management team will continue to liaise with trusts to monitor progress reducing this cohort.

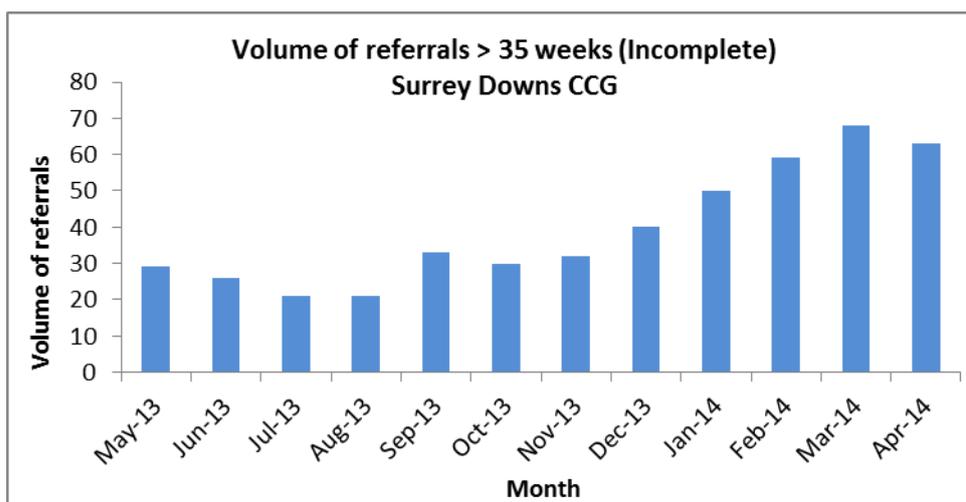


Figure 7: Surrey Downs CCG waits over 35 weeks – Incomplete

3.2. Diagnostic test waits within six weeks (April data) – Amber 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.

April 2014 data shows 35 patients waited over six weeks, an increase after three consecutive monthly decreases. This equates to a monthly breach rate of 1.11%, exceeding the 1% target limit.

Twenty of the patients waiting over six weeks in March are at Kingston Hospital NHS Foundation Trust. This is an increase after three consecutive monthly decreases, and is also accompanied by an increase in the breach rate to 2.3% (Figure 9 overleaf).

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); the Trust-wide backlog has reduced and is currently under thirty patients.

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

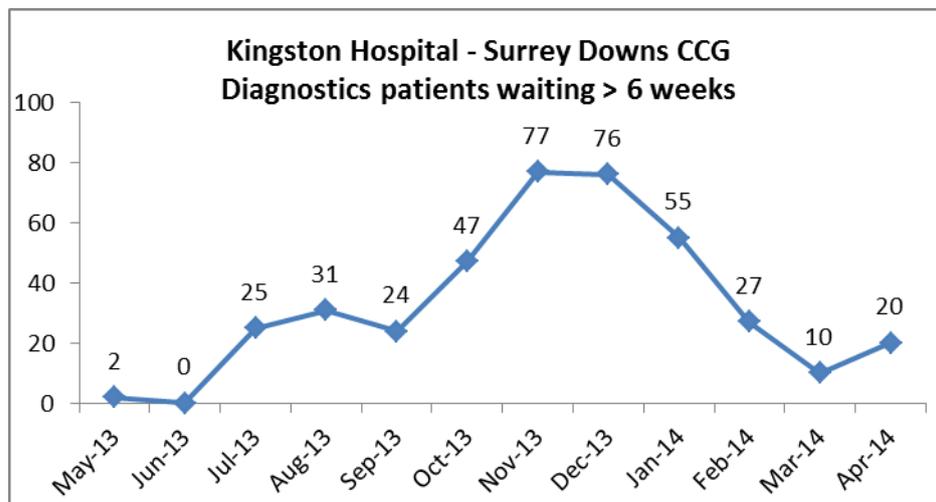


Figure 8: Surrey Downs CCG diagnostic test waits over six weeks at Kingston Hospital

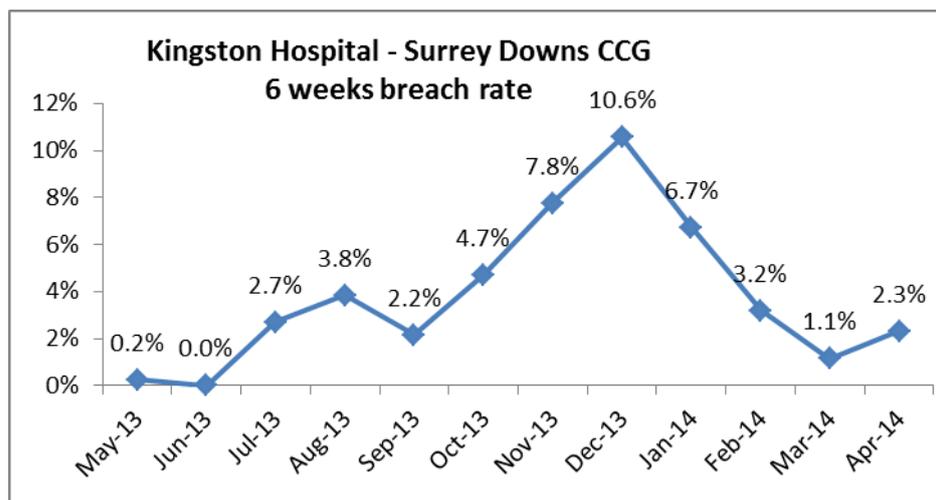


Figure 9: Surrey Downs CCG breach rate for diagnostic test waits over six weeks at Kingston Hospital

3.3. Cancer screening referrals treated within 62 days (March data) – Amber risk

The proportion of patients treated within 62 days of referral from an NHS cancer screening service is measured within the NHS Constitution and is based on data from the Open Exeter System. The target is that 90% of patients are to receive first treatment within 62 days of referral.

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.

85.71% of patients referred were seen within 62 days in March 2014. This represents two out of fourteen patients waiting more than 62 days.

One breach was a referral to Kingston Hospital NHS Foundation Trust, which was referred to The Royal Marsden NHS Foundation Trust for biopsy and then referred back to Kingston for surgery. Consultant sickness delayed the referral to The Royal Marsden and the patient declined the earliest offered biopsy date.

The other breach was at The Royal Marsden, where the referral was received on day 31.

Year to date performance is 89.69%, with ten breaches out of 97 referrals. Two of the ten breaches were due to patient holidays during the pathway, and one was due to patient choice at the initiating trust. Excluding patient choice would give performance of 92.78%.

3.4. Life threatening (defibrillator required): Category A calls within eight minutes - Red 1 (March 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) achieved target with 76.77% for the full year 2013/14. Performance showed a declining trend between September and December, but increased to its highest rate in March (Figure 10 overleaf). Performance for Surrey Downs CCG patients is 75.6% year to date.

Looking at performance for Surrey Downs CCG patients, the 75th percentile is 8.0 minutes for the full year 2013/14. The CCG aims to maintain or improve on this during 2014/15.

Surrey Downs CCG continues to work with the Surrey CCG Collaborative. There is ongoing development to manage the contract more robustly which is now being led by North West Surrey CCG. North West Surrey CCG have completed a due diligence review on the contract which has been recently shared with the Surrey Collaborative.

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

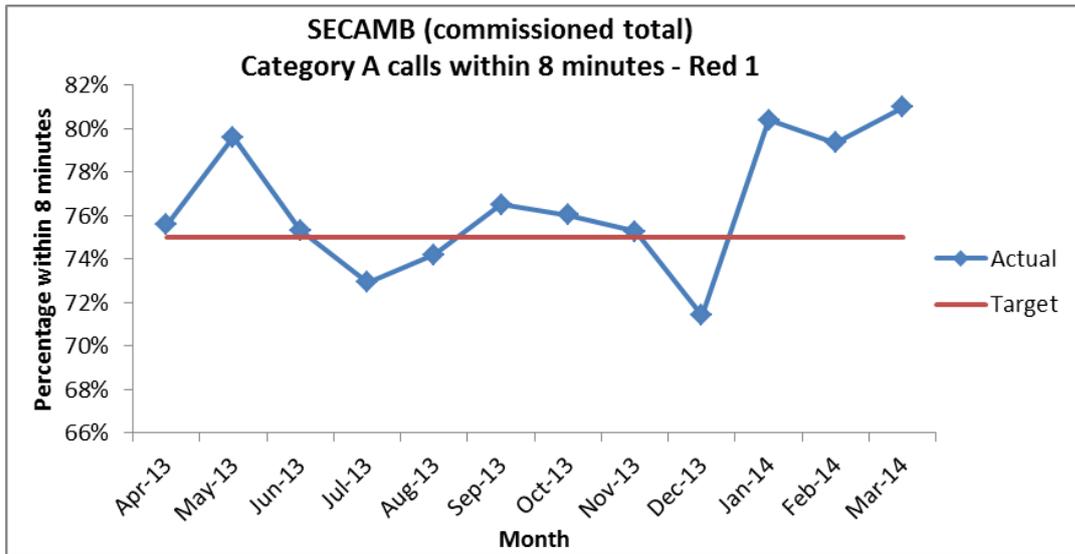


Figure 10: SECAMB (commissioned total) Category A calls within 8 minutes – Red 1

Surrey Downs CCG - Red 1 Response - 2013/14

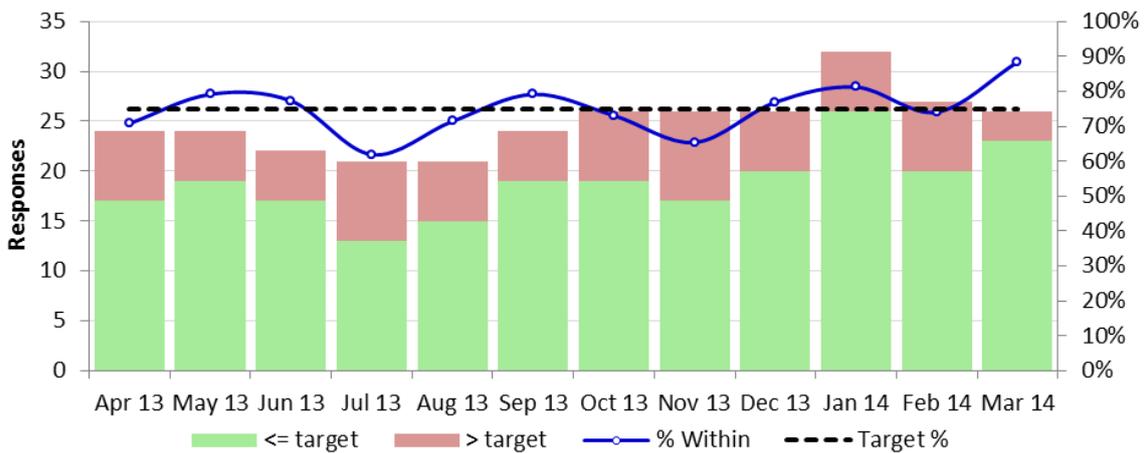


Figure 11: Surrey Downs CCG Category A calls within 8 minutes – Red 1

Surrey Downs CCG - Red 1 Response - Mar 2014

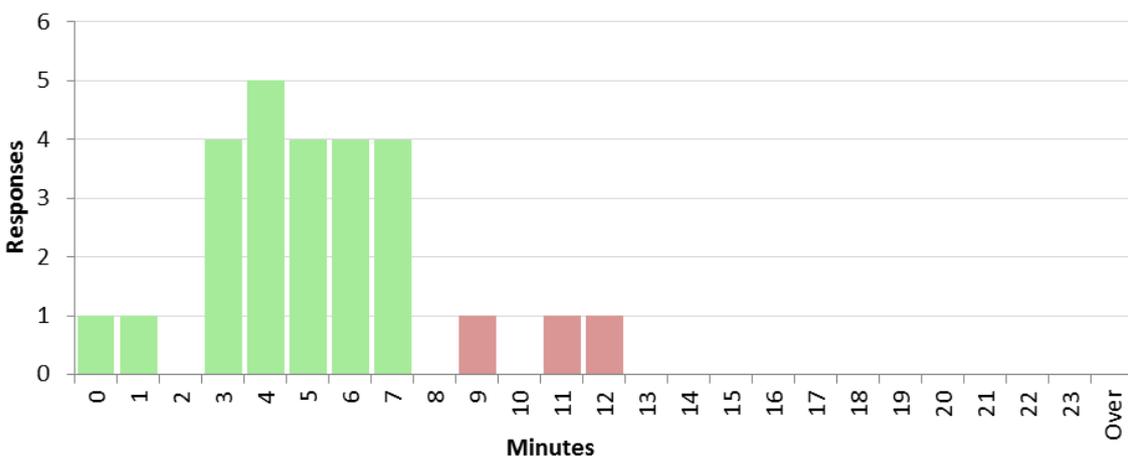


Figure 12: Surrey Downs CCG Category A calls within 8 minutes – Red 1 – March 2014

3.5. Life threatening (defibrillator NOT required): Category A calls within eight minutes - Red 2 (less time critical) (March data) – Amber 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 73.9% for the full year 2013/14 against the target of 75%. Performance has been below the target of 75% in each month this year except October and recent uplifts in January and March (Figure 13 below). Performance for Surrey Downs CCG patients only is 72.0% year to date.

Looking at performance for Surrey Downs CCG patients, the 75th percentile is 8.3 minutes for the full year 2013/14. 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.

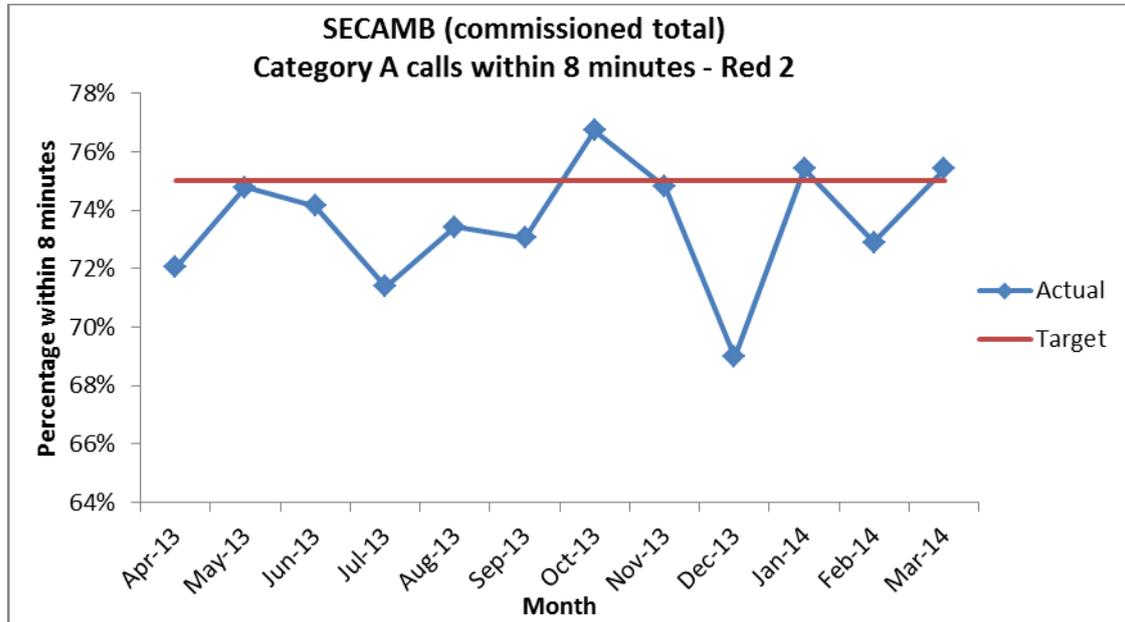


Figure 13: SECAMB (commissioned total) Category A calls within 8 minutes – Red 2

Surrey Downs CCG - Red 2 Response - 2013/14

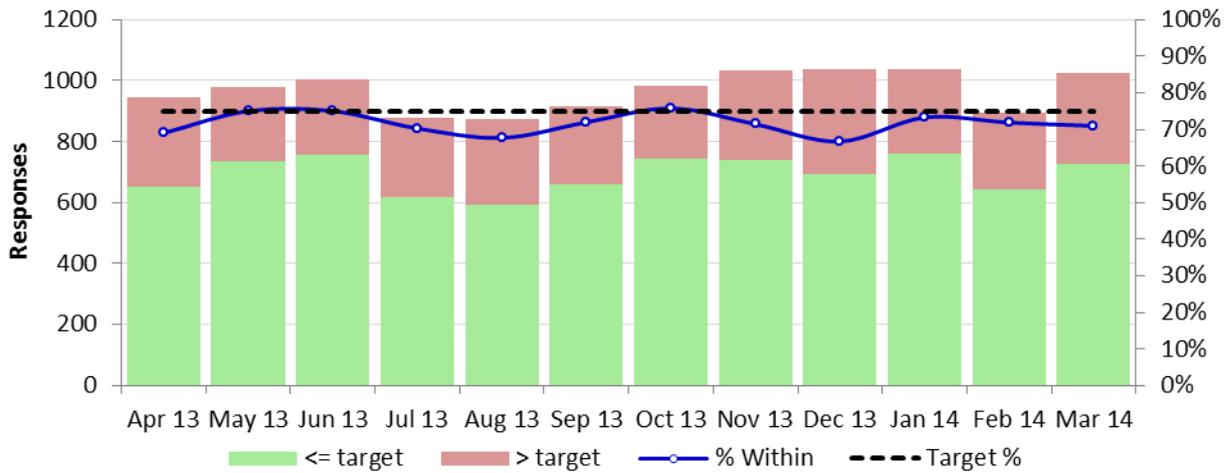


Figure 14: Surrey Downs CCG Category A calls within 8 minutes – Red 2

Surrey Downs CCG - Red 2 Response - Mar 2014

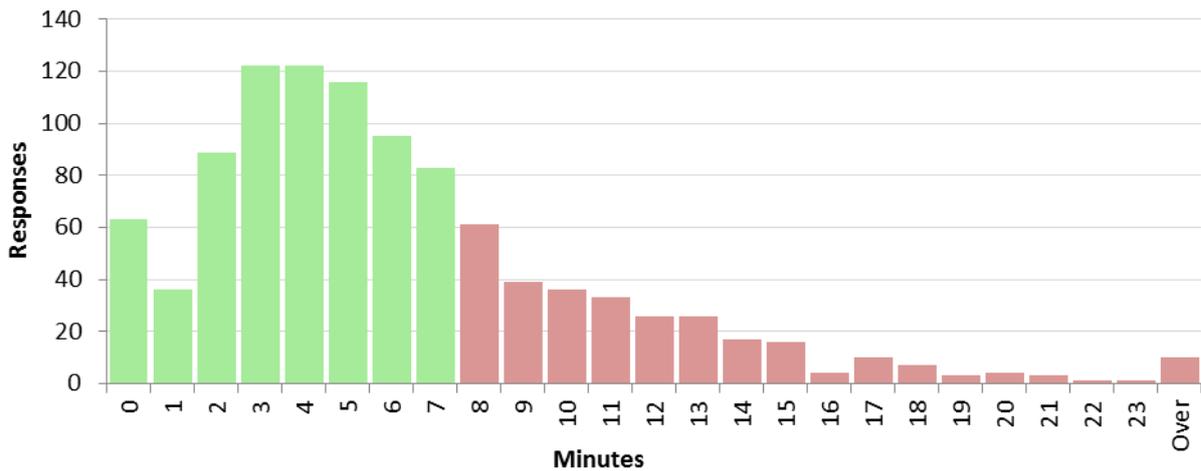


Figure 15: Surrey Downs CCG Category A calls within 8 minutes – Red 2

3.6. Mixed Sex Accommodation (April 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 has been one breach of mixed sex accommodation recorded in April 2014/15, at St George's Healthcare NHS Trust. The CCG are liaising with the Trust to ascertain the reason for the breach.

There were twelve breaches of mixed sex accommodation in 2013/14 against the NHS Constitution target of zero. This also exceeded NHS England's "CCG Assurance Framework" tolerance of ten during the financial year.

The majority of the breaches affecting Surrey Downs patients in 2013/14 occurred at Epsom and St Helier University Hospitals NHS Trust (4 x April, 3 x May, 1 x July), with one each recorded at Royal Surrey County Hospital NHS Foundation Trust (January), St George's Healthcare NHS Trust (April), Bart's Health NHS Trust (November) and University College London Hospitals NHS Foundation Trust (November).

4. CCG Operating Plan

4.1. Improving Access to Psychological Therapies (IAPT) (March data) – Amber risk

Improving Access to Psychological Therapies (IAPT) is included in the CCG operating plan and is based on data submitted as part of the HSCIC IAPT data requirement. This is a national data set within the Open Exeter system.

2521 people entered treatment during the full year 2013/14. This equates to 10.3% of the CCG's prevalence figure, 181 people short of the 11% target.

The CCG prevalence was calculated by taking the Surrey prevalence figure from the Psychiatric morbidity survey, which correlates with the national Omnibus figure used for Surrey, and dividing by the weighted CCG split.

The target was based on discussions with Surrey CCGs on their commissioning intentions level for 2013/14 to meet the national target of 15% by March 2015. The CCG Collaborative agreed to work with 11% as the intended level for 2013/14 as a phased approach mitigates the financial risk.

In 2014/15 this measure will form part of the calculation for the Quality Premium payments to CCGs. The target for 2014/15 is that 15% of the CCG's prevalence population enter treatment by March 2015. If this is not achieved then 15% of the eligible funding will be removed.

Provider	Q1	Q2	Q3	Q4	FY 2013/14
Dorking Healthcare	12	114	114	146	386
KCA	284	394	269	190	1137
Psychology on Line	30	13	20	13	76
Surrey and Borders Partnership (SABP)	181	268	240	233	922
Surrey Downs CCG	507	789	643	582	2521
	8.3%	12.8%	10.5%	9.5%	10.3%

Table 6: Surrey Downs CCG IAPT – people entering treatment

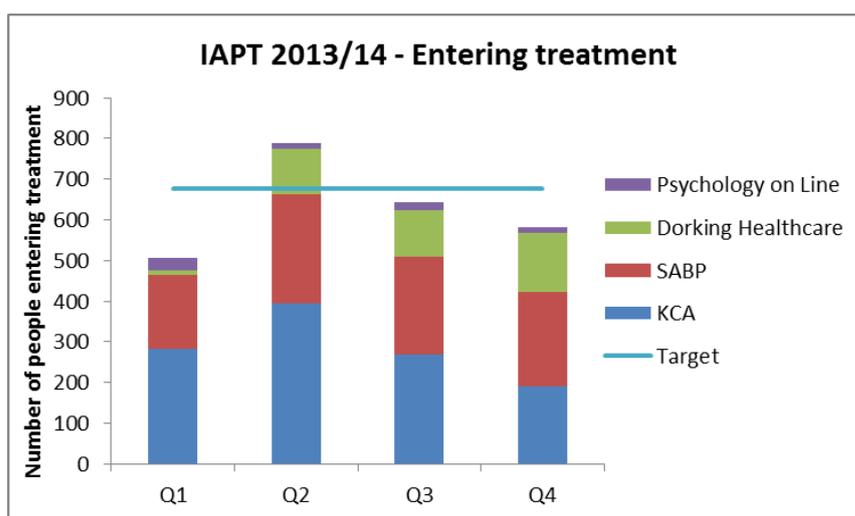


Figure 16: Surrey Downs CCG IAPT – people entering treatment

4.2. Monthly Activity Return (MAR) (April data) – Red risk

The Monthly Activity Return (MAR) is a national statutory return submitted to UNIFY (Department of Health) in which providers report only a subset of the total activity: consultant-led only activity (First Finished Consultant Episodes - not spells).

In 2014/15 some additional activity measures have plans submitted against them in addition to the existing measures from 2013/14. In 2014/15, there are a total of seven activity measures (with an additional 2 total measures) are now monitored against their plan.

Surrey Downs CCG activity has exceeded the plan for all measures in April 2014 except of Other Referrals for a First Outpatient Appointment (Table 7 below).

Epsom and St Helier University Hospitals NHS Trust has reported above-plan activity for the majority of measures in April. The activity is higher than April 2013, partly due to the closure of EDICS halfway through 2013/14.

Kingston Hospital NHS Foundation Trust is also performing above plan for all metrics.

Metric	Actuals	Plan	# Variance	% Variance
All First Outpatient Attendances	5831	5138	693	13.5%
First Outpatient Attendances following GP Referral	3647	3091	556	18.0%
Non-elective FFCEs	2110	1915	195	10.2%
Elective Day Case FFCEs	2048	1714	334	19.5%
Elective Ordinary FFCEs	536	477	59	12.4%
<i>Total Elective FFCEs</i>	<i>2584</i>	<i>2191</i>	<i>393</i>	<i>17.9%</i>
Other Referrals for a First Outpatient Appointment	1435	1494	-59	-3.9%
GP Written Referrals to Hospital	4100	3820	280	7.3%
<i>Total Referrals</i>	<i>5535</i>	<i>5314</i>	<i>221</i>	<i>4.2%</i>

Table 7: Surrey Downs CCG MAR – April 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 April 2013. 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 for April 2014 show an unexpectedly higher proportion of activity in this month.
- The baseline was calculated using a forecast outturn from month eleven. High levels of activity were seen in March for some providers, therefore the profile may be low.

5. Other

5.1. Seasonal flu vaccination uptake

Immunisation against seasonal influenza is one of the most effective ways to protect the populations' health. Maintaining high vaccine coverage is essential to prevent the spread of seasonal influenza and any complications and deaths among individuals. The seasonal influenza vaccine protects those that are most at risk of serious illness or death should they develop influenza and is an important part of managing winter pressures in the NHS.

Preparation has begun for the national flu immunisation programme in 2014/15, including the extension of the programme to children. The Flu Plan 2014/15 sets out organisations' roles following reform of the NHS and Public Health under the Health and Social Care Act 2012 which created a new set of responsibilities for the delivery of public health services. Within this guidance, Clinical commissioning groups (CCGs) are responsible for a duty of quality assurance and improvement which extends to primary medical care services delivered.

The uptake of seasonal flu vaccination is low nationally and in Surrey. The Immform data shows the flu vaccine uptake (%) in 2013/14 for over 65s as 73.2 % in England and 69.5% in Surrey. In the same year the uptake for under 65s (at risk individuals) was 52.3% in England and 47.5% in Surrey.

Surrey Downs CCG has the lowest uptake of seasonal influenza vaccination in Surrey and Sussex for over 65s (67.1% compared to 70.6% for all Surrey and Sussex), under 65s at risk (44.8% compared to 48.9% for all Surrey and Sussex) and all pregnant women (32.7% compared to 35.2% for all Surrey and Sussex).

In the detailed briefing supplied by Surrey County Council Public Health, there were identified actions for Clinical Commissioning Groups, GP Practices, Public Health England Area Team and Surrey County Council Public Health to take that would support the identification of poorly performing practices and steps to be taken to improve the uptake of seasonal flu vaccination.

In addition, the Area Team will be arranging a meeting to discuss flu planning for 2014/15 in Surrey which will support the CCG to increase uptake next year and will be seeking clinical input into that meeting from Surrey Downs CCG

6. 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 (30.05.14)

Indicator	Measure	Frequency	2013/14 target	FY 2013/14	2014/15 target	Apr-14
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		
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		
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		
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%			
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
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

NHS Constitution Metrics (30.05.14)

Indicator	Target	FY 2013/14	Apr-14
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%	94.06%	93.97%
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	95%	97.44%	96.33%
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	92%	95.99%	94.85%
Diagnostic test waiting times			
% Patients waiting within 6 weeks for a diagnostic test	99%	98.63%	1.11%
A&E waits			
A&E waits within 4hrs (QTD)	95%	95.76%	
Cancer waits – 2 week wait			
CB_B6: Cancer patients seen within 14 days after urgent GP referral	93%	95.64%	
CB_B7: Breast Cancer Referrals Seen within 2 weeks	93%	93.54%	
Cancer waits – 31 days			
CB_B8: Cancer diagnosis to treatment within 31 days	96%	98.65%	
CB_B9: Cancer Patients receiving subsequent surgery within 31 days	94%	95.85%	
CB_B10: Cancer Patients receiving subsequent Chemo/Drug within 31 days	98%	100%	
CB_B11: Cancer Patients receiving subsequent radiotherapy within 31 days	94%	99.14%	
Cancer waits – 62 days			
CB_B12: Cancer urgent referral to treatment within 62 days	85%	86.02%	
CB_B13: Cancer Patients treated after screening referral within 62 days	90%	89.69% 10 breaches	
CB_B14: Cancer Patients treated after consultant upgrade within 62 days	86%	90.00%	
Category A ambulance calls (Trust level)			
Life threatening (defibrillator required): Category A calls within 8 minutes - Red 1	75%	76.77%	
Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2	75%	73.90%	
All life threatening: Category A calls within 19 minutes	95%	97.01%	
Mixed Sex Accommodation Breaches			
Mixed Sex Accommodation Breaches	0	12	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%	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%	97.10%	

CCG Operating Plan 2013/14 (30.05.14)

	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
NCB Required trajectories														
i) What dementia diagnosis rate are you aiming for in 2013/14 and 2014/15?	48.2% (1969 patients)	43.7% 1787		46.8% 1911			45.3% 1852		45.7% 1867			50.5% 2062		
ii) The proportion of the people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	11% (2702 patients)	8.3% 507		12.8% 789			10.5% 643		9.5% 582			10.3% 2521		
NCB Local priorities														
Dementia - Number of new patients screened for dementia	12.2% (500 patients)	0.3% 11		12.3% 503			9.1% 373		11.4% 466			33.0% 1353		
LTC - Number of additional patients with LTC managed on the Virtual Ward (CHD, Diabetes, COPD)	10% (600 patients)	62.9% 1129		69.4% 1194			38.1% 881		23.8% 738			38.8% 888		
Stroke Prevention - Anti-Coagulation monitoring Out-of-Hospital (patients)	58.2% (3036 patients)	Annual measure												64.8% 3380
Activity trajectories 2013/14														
	Target	Variation against plan												
i) Elective FFCEs	2.0%	-5.4%	-22.3%	-16.1%	-12.5%	-18.8%	-8.6%	-16.4%	-12.2%	-9.3%	-6.5%	-2.0%	-3.3%	-11.9%
ii) Non-elective FFCEs	-4.1%	21.1%	-6.3%	5.9%	2.3%	5.4%	8.6%	-1.6%	5.5%	31.0%	23.5%	18.0%	22.6%	10.4%
iii) First Outpatient Attendances	2.0%	4.7%	-7.6%	-2.1%	1.9%	-2.4%	20.7%	12.0%	7.8%	17.1%	21.6%	22.5%	16.5%	9.3%

Appendix B: 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)