

<b>Title of paper:</b>	<b>Clinical Quality and Performance Report- January 2014</b>
<b>Meeting:</b>	Governing Body, 31 <sup>st</sup> January 2014
<b>Author:</b>	Eileen Clark, Head of Clinical Quality Mabel Wu, Head of Performance
<b>Email:</b>	<a href="mailto:eileen.clark@surreydownsccg.nhs.uk">eileen.clark@surreydownsccg.nhs.uk</a> <a href="mailto:mable.wu@surreydownsccg.nhs.uk">mable.wu@surreydownsccg.nhs.uk</a>
<b>Exec Lead:</b>	Karen Parsons, Chief Operating Officer

<b>Purpose</b>	To Agree	
	To Advise	
	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 Clinical Quality Committee on 14<sup>th</sup> January 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.

**Agenda item** 12  
**Attachment** 09

### **Key Issues to Note**

Please refer to the Executive Summary 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 – January 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 (November 2013) 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:** This report relates to a number of risks that have been identified on the risk register in relation to quality and patient safety. QUALI01, QUALI02, QUALI03, QUAL05, QUALI06, PERF01, PERF02

## **Clinical Quality and Performance Report – January 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:

- Health Care Associated Infections (HCAI) which is logged on the Risk Register (SD0052)

The year to date (November) total of CDifficile is 64, 15 cases (31%) over the level projected to stay within the target level of 73 at the end of the year. The rolling year data shows a decreasing trend which reflects the effort that providers have been making to reduce the risk of CDifficile to the general population. A thematic approach is being taken to ensure continuous improvement that will reduce the incidence of this infection.

- The underperformance of SECAMB in a number of key service areas, particularly Life threatening (defibrillator NOT required) Category A calls within 8 minutes and NHS111

Surrey Downs CCG has raised the issue with the Surrey CCG Collaborative and new governance structures are being put in place to cover all contracts with the intention of strengthening the Surrey commissioning and support around the SECAMB contracts. A complete capacity management review is also being undertaken of the service across Surrey, Sussex and Kent and this is due to be completed at the end of January with findings and recommendations due to be reported in February

- The risk of non-compliance with the National Framework for NHS Continuing Healthcare and Funded Nursing Care leading to delays in assessment and an associated lack of assurance around the appropriateness and quality of placements

Following the review which reported in November, the Surrey CCG collaborative has agreed a programme management approach to address the 94 recommendations and issues arising from them.

- Emergency admissions for alcohol related liver disease

Although small numbers of patients, the year to date admission rates for these patients is exceeding the whole year target. There will need a multi-agency approach if the health of local residents is to be improved in this area.

- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s and emergency admissions for children with lower respiratory tract infections

These are small numbers showing fluctuations throughout the year and therefore, this performance risk is not considered to present a significant quality and safety risk to patients in Surrey Downs at this time. It will continue to be monitored.

- Diagnostic test waits within six weeks

November 2013 data shows 85 patients waited over six weeks, the highest monthly volume reported this financial year. This equates to a monthly breach rate of 2.69%, resulting in year to date performance of 1.21% against the end of year limit of 1%. The majority of patients waiting over six weeks in November were at Kingston Hospital for non- obstetric ultrasound.

The Trust is taking action to address the issue and the CCG is closely monitoring the situation.

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.

# 1. Introduction

1.1. 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.

1.2. This report reflects the formal reporting of the performance position against the goals and core responsibilities of CCGs outlined in the NHS England documents of “Everyone Counts: Planning for Patients 2013/14” and “CCG Assurance Framework 2013/14”.

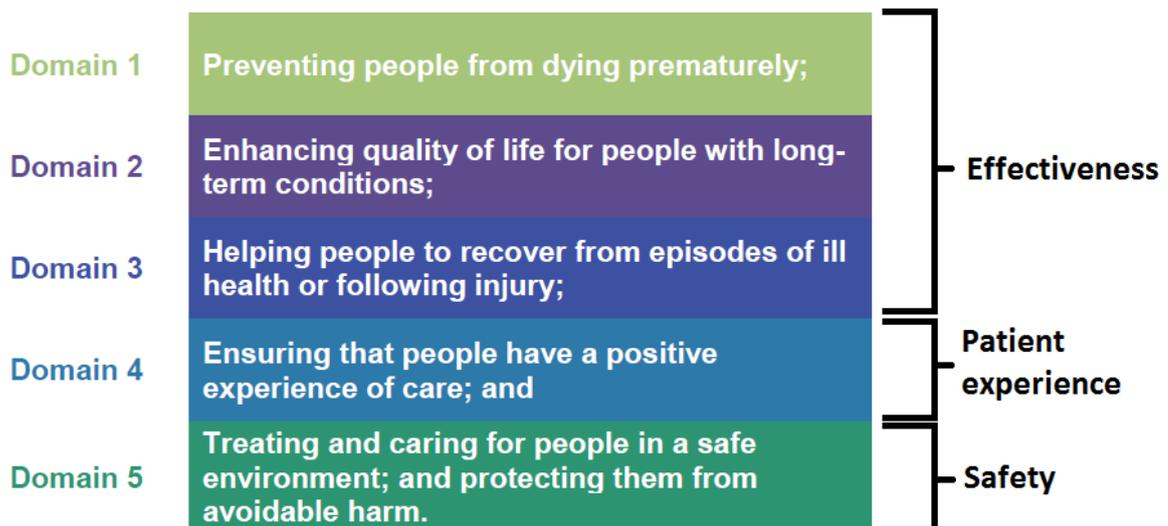
1.3. It summarises Surrey Downs CCG performance against the key quality and performance areas outlined below and forms the basis of the NHS England Surrey and Sussex Area Team’s quarterly Assurance meetings:

1.3.1. CCG Outcomes Indicator Set

1.3.2. NHS Constitution Metrics

1.3.3. CCG Operating Plan including three local priorities

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



**Figure 1: Five domains of the NHS Outcomes Framework**

1.5. The report brings together contribution from the Performance and the Quality teams. Therefore 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.

- 1.6. 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.
- 1.7. NHS England published the document “CCG Assurance Framework”, which supersedes previous guidance, on 28<sup>th</sup> November 2013. The guidance outlines the final proposal for CCG Assurance from Quarter 3 2013/14 onwards. Further information is attached at Appendix B.
- 1.8. The 2014/15 planning guidance, “Everyone Counts: Planning for Patients 2014/15 to 2018/19” was published on 20<sup>th</sup> December 2013. Further information is attached at Appendix C.
- 1.9. As part of the Operating Plan guidance the CQUIN 2014/15 guidance was also published on 20<sup>th</sup> December 2013. The Quality Team is working with contract, finance and performance leads to develop CQUINs for CSH Surrey, Epsom Hospital and the Out of Hospital providers. The CQUINs will be brought to the Clinical Quality Committee for review prior to being signed off by the Executive Business Committee.

## 2. Key concerns

- 2.1. The key quality and performance risks are outlined in the executive summary

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
<b>CCG Outcomes Framework</b>			
1. Preventing people from dying prematurely	1	0	0
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	1	0	0
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	1
<b>NHS Constitution</b>	0	4	15

**Table 1: RAG ratings for performance indicators**

2.2. The second quarterly CCG Balanced Scorecard was produced and released by NHS England on 25<sup>th</sup> November for review with CCGs. Surrey Downs CCG received Amber-Red ratings for Domain 3, “Are health outcomes improving for local people?” and Domain 4, “Are CCGs delivering services within their financial plans?” The ratings resulted from one red indicator in each domain, *C. difficile* (Domain 3) and clear identifications of risks against financial delivery and mitigations (Domain 4).

2.3. The CCG Executive Team discussed the scorecard with NHS England’s Local Area Team on 27<sup>th</sup> November 2013 and has fed back on its development.

2.4. From Quarter 3 2013/14 onwards the Balanced Scorecard will be replaced by the Delivery Dashboard as part of the new CCG Assurance Framework (see Appendix A).

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

#### 3.1. Preventing people from dying prematurely (Domain 1)

##### 3.1.1. Emergency admissions for alcohol related liver disease (November data) Red Risk

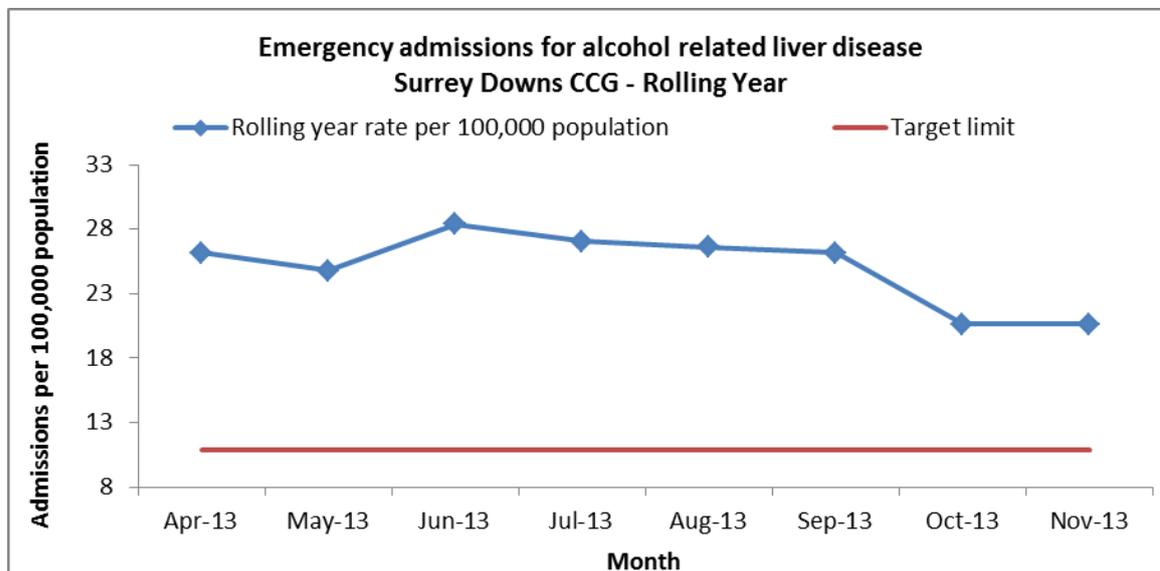
This measure is a proxy indicator for the mortality rate from liver disease which is part of the CCG Outcomes Indicator Set. The number of admissions is directly age and sex standardised per 100,000 population.

There were 0.90 admissions per 100,000 population in November 2013, resulting in a year to date admission rate of 11.72. This is already higher than the whole year target limit of 10.84 admissions per 100,000 population. Looking at the monthly data, it shows some fluctuation in the admissions rate due to very low volumes (Table 2 below).

Month	Baseline volume (2011-12)	2013-14 volume	Baseline rate per 100,000 population (2011-12)	2013-14 rate per 100,000 population
Apr	1	5	0.45	2.25
May	6	1	2.70	0.45
Jun	0	8	0.00	3.61
Jul	3	1	1.35	0.45
Aug	5	3	2.25	1.35
Sep	4	1	1.80	0.45
Oct	2	4	0.90	2.25
Nov	3	2	1.35	0.90
<b>Year to date</b>	<b>24</b>	<b>25</b>	<b>10.82</b>	<b>11.72</b>

**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 has been above the target limit throughout this financial year (Figure 2 overleaf).



**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 (Domain 2)

#### 3.2.1. Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (November data) Red Risk

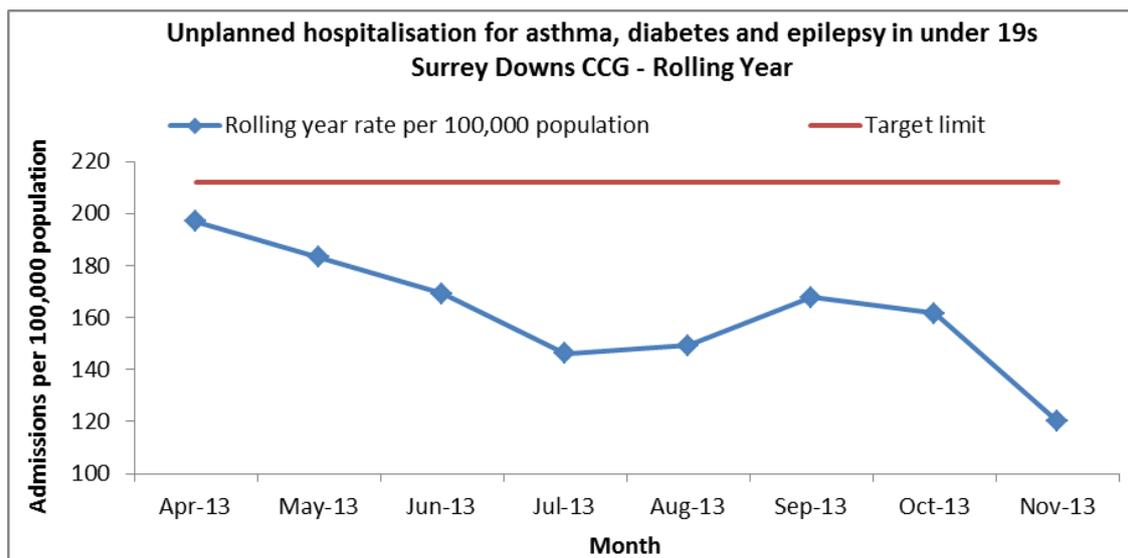
This indicator is part of the CCG Outcomes Indicator Set and measures the total number of emergency admissions for people aged under nineteen where asthma, diabetes or epilepsy was the primary diagnosis. The number of admissions is directly age and sex standardised per 100,000 population.

There were 10.77 admissions per 100,000 population in November 2013, resulting in a year to date admission rate of 120.03. This is higher than the same period during 2011/12, which is the baseline year for this indicator. However due to small volumes, monthly rates have been subject to fluctuation (Table 3 below). The whole year target limit is 211.75 admissions per 100,000 population.

Month	Baseline volume (2011-12)	2013-14 volume	Baseline rate per 100,000 population (2011-12)	2013-14 rate per 100,000 population
Apr	7	12	10.77	18.47
May	11	10	16.93	15.39
Jun	12	7	18.47	10.77
Jul	5	5	7.69	7.69
Aug	7	6	10.77	9.23
Sep	9	23	13.85	35.39
Oct	14	8	21.54	12.31
Nov	10	7	15.39	10.77
<b>Year to date</b>	<b>75</b>	<b>78</b>	<b>115.41</b>	<b>120.03</b>

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

Looking at the rolling year rate to remove the seasonal impact of the summer holidays shows performance has remained within the target limit throughout this financial year, and is on a decreasing trend (Figure 3 below).



**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 (Domain 3)

#### 3.3.1. Emergency admissions for children with lower respiratory tract infections (November data) Red Risk

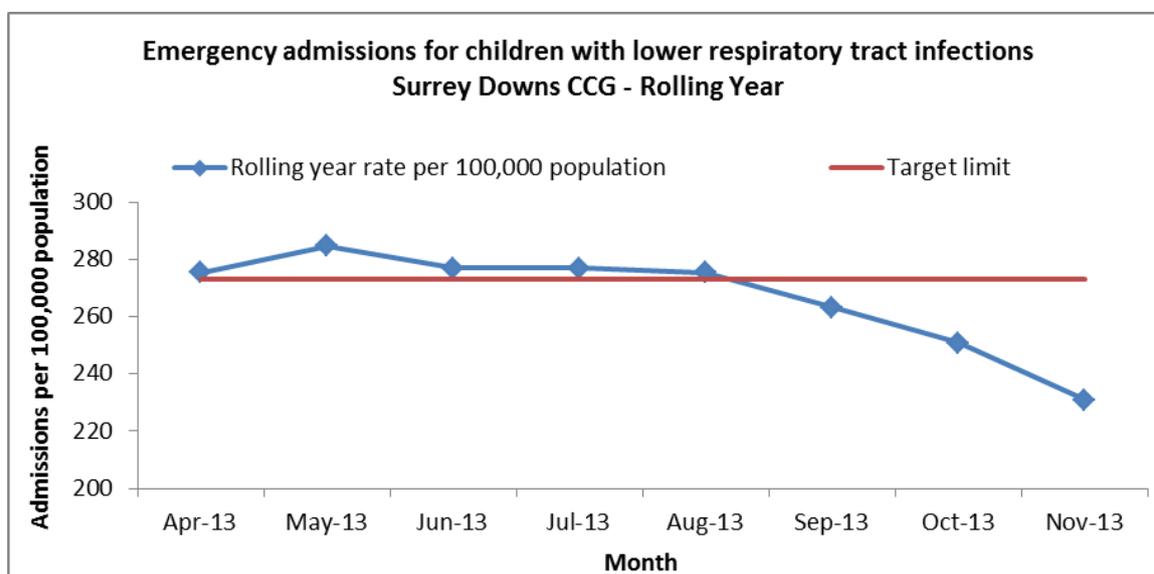
This indicator is part of the CCG Outcomes Indicator Set and measures the total number of emergency admissions for children aged under nineteen with selected types of lower respiratory tract infections (bronchiolitis, bronchopneumonia and pneumonia). The number of admissions is directly age and sex standardised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

There were 61.55 admissions per 100,000 population in November 2013, resulting in a year to date admission rate of 127.72. This is higher than the same period during 2011/12, which is the baseline year for this indicator. However due to small volumes, monthly rates have been subject to fluctuation (Table 4 overleaf). The whole year target limit is 272.99 admissions per 100,000 population.

Month	Baseline volume (2011-12)	2013-14 volume	Baseline rate per 100,000 population (2011-12)	2013-14 rate per 100,000 population
Apr	15	7	23.08	10.77
May	6	8	9.23	12.31
Jun	4	1	6.16	1.54
Jul	7	7	10.77	10.77
Aug	2	4	3.08	9.23
Sep	6	4	9.23	6.16
Oct	4	12	6.16	18.47
Nov	31	40	47.70	61.55
<b>Year to date</b>	<b>75</b>	<b>83</b>	<b>115.41</b>	<b>130.8</b>

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

Looking at the rolling year rate to remove the seasonal impact of the summer holidays shows performance is on a decreasing trend, and has fallen within the target limit since September 2013 (Figure 4 below).



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

### **3.4. Ensuring that people have a positive experience of care (Domain 4)**

#### **3.4.1. Friends and Family Test (FFT) October data**

##### **3.4.1.1. Epsom and St Helier**

The Trust currently compares favourably to the national overall and departmental overall scores for the Friends and Family Test (FFT). However, the Trust recognises that the inpatient overall score is lifted by the Elective Orthopaedic Centre score, and both Epsom and St Helier inpatient scores flag below the national average.

To date, the CQUIN target for the response rate has been 15% which the Trust has achieved. The target response rate for Quarter 4 is 20%, and internal response rate targets of 20% for the Emergency Departments and 30% for inpatient ward areas have been set by the Trust to ensure delivery for Quarter 4.

##### **3.4.1.2. Surrey and Sussex Healthcare (SASH)**

October was the second month of the revised data collection method for the Friends and Family Test at the Trust. The Net promoter score for Inpatients at the Trust was +72 and for ED was +64. Following a reduction in the response rate in September, the response rate for the single FFT question for inpatient wards has increased from 21% of patients to 31% and for the Emergency Department from 5.4% to 6.4%. Work is on-going to improve the response rates.

##### **3.4.1.3. Kingston Hospital**

The inpatient FFT response rate for October 2013 was 38%. This is a slight increase from the September response rate of 36%. National benchmarking of the October FFT score puts the KHT inpatient wards in the bottom quartile of Trusts nationally. However 96% of patients said they would be 'extremely likely' or 'likely' to recommend them.

Kingston's FFT score for inpatient areas has remained relatively static since May 2013. The overall inpatient FFT score for October was 57, which is lower than the September score of 64. Response rates and scores of different wards remain variable. An analysis of information is underway by the Trust regarding what patients are asking to be improved. An inpatient experience action plan is being implemented and monitored via the Kingston Hospital Patient Experience Committee and the CQRM.

3.4.1.4. The Quality Team will continue to monitor the performance of providers around the FFT as part of Patient Experience measures. They will also work with other commissioners to drive up the performance in this area.

3.4.1.5. As part of future planning in the NHS, the Friends and Family Test will be extended to community and mental health services by December 2014, to GP Practices from the end of December 2014 and to the rest of NHS services by the end of March 2015. This will enhance the information that patients can use to make choices, such as for their maternity care.

### 3.4.2. Patient Experience Feedback

#### *Information contributed by the CCG Patient Experience Lead*

3.4.2.1. To date the Patient Experience Team has received 43 PALS queries in Quarter 3 (October to December 2013). The majority of these enquiries relate to issues such as accessing services, funding for specialised or individual treatments and processes relating to continuing healthcare referrals, assessments and appeals.

3.4.2.2. Following recent enquiries, two issues have been identified that require further action:

- The PALS Team have been contacted on several occasions by patients who have received a letter which states that they have been refused funding by Surrey Downs CCG for Specialist Mental Health Services. These services are not directly commissioned by Surrey Downs CCG as a decision about the effectiveness and appropriateness of the treatments needs to be made by a specialist panel. This issue has been escalated to the Executive Team and is currently being dealt with at a senior level both to ensure that an appropriate communication is sent to patients and that referrals are being passed on to the appropriate team.
- Another issue has arisen regarding referrals into the falls service provided by CSH Surrey and the current referral criteria which prevents referrals from nursing homes. This follows a review and change to the criteria earlier in the year. Following recent PALS enquiries, and other feedback received by the CCG, there are plans to review the criteria to ensure local needs are being met.

3.4.2.3. Providers report patient experience at their Clinical Quality Review Meetings which are attended by the Quality Team. This information is shared with the CCG Patient Experience Lead. In this way the expertise of the patient experience lead can be applied to this broader information and used to provide challenge to providers and assurance to the CCG.

### 3.5. Treating and caring for people in a safe environment and protecting them from avoidable harm (Domain 5)

#### 3.5.1. Incidence of Healthcare associated infection (HCAI): *C. difficile* (November data) Red Risk

The frequency of *Clostridium difficile* infection is measured in the CCG Outcome Indicator Set and also forms part of the calculation for the Quality Premium payments to CCGs. MRSA and *C. difficile* frequency together constitute 12.5% of the eligible funding. Therefore if either measure exceeds the target over the year then this funding will not be received. MRSA has not yet exceeded the whole year target of zero cases as none have been attributed to Surrey Downs CCG (see section 3.5.2).

The second quarterly CCG Balanced Scorecard was produced and released by NHS England on 25<sup>th</sup> November for review with CCGs. *C. difficile* was the only indicator to contribute towards Surrey Downs CCG's Amber-Red rating for Domain 3, "Are health outcomes improving for local people?"

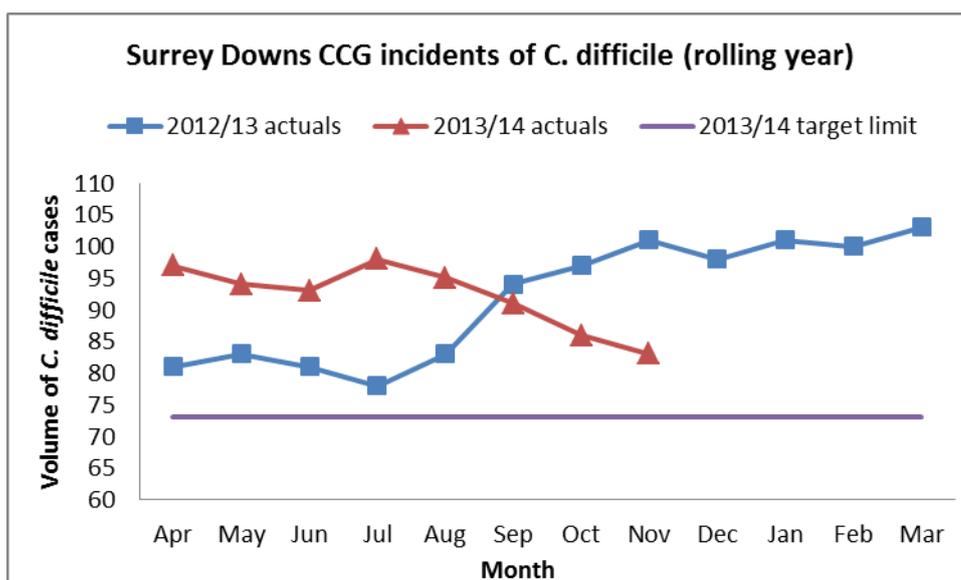
*C. difficile* is present in the bowel of approximately 3% of the healthy population. If antibiotics are given, the good bacteria in the bowel can be disturbed causing the *C. difficile* to multiply rapidly. Therefore appropriate clinical prescribing of antibiotics and adherence to prescribing guidelines is one effective way of reducing the number of *C. difficile* incidents in the general population.

Surrey Downs CCG was attributed with eight cases of *C. difficile* in November 2013, a similar level to the previous two months. The year to date total is 64, fifteen cases (31%) over the level projected to stay within the target limit of 73 at the end of the year. This is a national trend and also a particular issue in the majority of Surrey and Sussex CCGs.

Month	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Cases of <i>C. difficile</i>	6	7	3	14	11	8	7	8

**Table 5: Cases of *C. difficile* attributed to Surrey Downs CCG**

Surrey Downs CCG must record an average lower than two cases per month for the remainder of the financial year to stay within the DH target limit of 73. However the rolling year data shows a 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 below).



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

The November infections were recorded at Epsom and St Helier (5), Kingston (2) and Ashford and St Peter’s (1). Two infections were apportioned to the acute trust, one at Epsom General Hospital and one at Kingston. The six non-acute cases were from A&E admissions to Epsom General Hospital (4), Ashford and St Peter’s (1) and one acquired in Kingston Hospital Private Wing.

Root cause analyses will be carried out on all cases to identify any clinical practice issues or themes. Organisational improvement plans will continue to 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.

34 of the 64 cases this financial year were at Epsom and St Helier, however the Trust has shown a reduction of *C difficile* cases year to date compared to the same period last year (Table 6 below). The infection control lead for Public Health in Surrey County Council is aware and has taken the issue forward with the Trust.

Trust	2013/14 target limit	Total acute cases Apr-Nov 2013	Total acute cases Apr-Nov 2012	Year on year change
Epsom and St Helier	47	27	52	-25 (G)
Surrey and Sussex Healthcare	31	22	17	+5 (R)
Kingston	15	21 (R)	17	+4 (R)
Royal Surrey County	14	18 (R)	14	+4 (R)
Ashford and St Peter’s	13	5	10	-5 (G)
Frimley Park	8	10 (R)	7	+3 (R)

**Table 6: Year to date total C difficile performance of all acute NHS Trusts commissioned by Surrey CCGs**

As reported in the Quality Report in October, Epsom and St Helier reported four acute cases during October. Assurance has been received from the Infection Control Consultant at the Trust that these were not related so were not caused by cross infection. The message to all clinical staff is to continue to focus on prompt isolation when cases are suspected, thorough and prompt cleaning and appropriate antibiotic prescribing.

The Quality Team is also assured that Kingston Hospital is continuing to focus on their agreed action plan to manage *C. difficile*. Although they have exceeded their DH target limit, the Trust is still taking the same measures as outlined above to try and minimise any further occurrences.

### 3.5.2. Incidence of Healthcare associated infection (HCAI): MRSA (November data) Red Risk

The frequency of Methicillin-Resistant *Staphylococcus Aureus* (MRSA) infection is measured in both the CCG Outcome Indicator Set and forms part of the calculation for the Quality Premium payments to CCGs. MRSA and *C. difficile* frequency together constitute 12.5% of the eligible funding. Therefore if either measure exceeds the target over the year then this funding will not be received. *C. difficile* is currently fifteen cases (31%) over the level projected to stay within the target limit of 73 at the end of the year (see section 3.5.1). The Quality Premium only includes cases of MRSA bacteraemia which were attributed to the CCG.

The Balanced Scorecard assessment of MRSA for CCG assurance is based on the number of cases assigned to CCGs following a PIR. Therefore Surrey Downs CCG's Balanced Scorecards show no cases of MRSA bacteraemia during the first two quarters of 2013/14.

There have been three recorded cases of MRSA bacteraemia year to date against a target of zero for the financial year.

There were two infections in September 2013, reported at Epsom and St Helier and Royal Surrey County Hospital, and one infection in April 2013 at Guy's and St Thomas'. However following Post Infection Reviews (PIRs) the cases were not attributed to Surrey Downs CCG. The PIRs were completed and scrutinised by the Surrey Infection Control Lead and the noted improvements in practice have been implemented.

In November 2013, one case occurred in a Surrey Downs patient being treated at Surrey and Sussex Healthcare Trust. Lessons learned from the PIR were around the Trust policy for re-screening long stay patients for MRSA. The Trust is reviewing their policy for patients with a length of stay over a month and will be auditing staff compliance with this policy. From April to November, SASH has reported two acute cases of MRSA bacteraemia against a Department of Health expectation of zero cases in 2013/14.

### 3.5.3. Incidence of Healthcare Associated Infection in the community

There were no closures reported by Community Hospitals or Care Homes as a result of diarrhoea and vomiting or Norovirus during November 2013.

### 3.5.4. Serious Incidents Requiring Investigation (SIRIs) including Never Events

Surrey Downs 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.

This exception report covers high level information on SIRIs reported on the Strategic Executive Information System (STEIS) during December 2013 (noting that the date of the incident may have occurred earlier) and is to provide ongoing assurance to the Clinical Quality Committee on processes in place to monitor serious incidents in provider organisations. The quarterly report, due at the February Quality Committee, will provide summary information and identify trends.

#### 3.5.4.1. Never Events

There have been no Never Events reported by Surrey providers since September 2013.

#### 3.5.4.2. Serious Incidents Requiring Investigation (SIRIs)

47 SIRIs were reported across Surrey in December 2013. Two of these involved Surrey Downs patients, one in a care home and one in an Acute Trust (SASH).

Looking at SIRIs occurring within Surrey Downs CCG's main providers in December (Table 7 overleaf), CSH Surrey declared no SIRIs, Epsom and St Helier are slightly above the level of the previous three months, Surrey and Borders are stable and SASH and SECAMB have seen reductions in the number of reported incidents. Further information and trend analysis will be provided in the Quarter 3 report.

Reporting Org	04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013	Grand Total
Ashford and St. Peters Hospitals NHS Foundation Trust	3	9		5	5	2	6	7	11	48
Central Surrey Health	2	5	5		1			1		14
Epsom & St Helier NHS Trust	17	22	8	5	7	11	12	10	14	106
First Community Health and Care CIC	2	1			1		1	2	1	8
Frimley Park Hospital NHS Foundation Trust	1	5					1	3	2	12
Kingston Hospital NHS Foundation Trust FT	1			1	6	4	2	5	2	21
NHS Surrey Downs CCG - Provider	1					2	1		1	5
Royal Surrey County Hospital NHS Foundation Trust			2			3	3	7	2	17
South East Coast Ambulance Service NHS FT	2				2	7	2	4	1	18
Surrey and Borders Partnership NHS FT	7	9	5	1	8	3	4	6	5	48
Surrey and Sussex Healthcare NHS Trust		1	1	2	4	4	4	9	1	26
Virgin Care Limited (Surrey)	2	5		1	3	3	5	5	6	30
<b>Grand Total</b>	<b>38</b>	<b>57</b>	<b>21</b>	<b>15</b>	<b>37</b>	<b>39</b>	<b>41</b>	<b>59</b>	<b>46</b>	<b>353</b>

**Table 7: All SIRIs reported by Surrey Providers – 2013/14**

Breaking down all incidents by type and provider shows that pressure ulcers remains the most frequently reported incident (Table 8 overleaf). As Lead Commissioner of Epsom and St Helier NHS Trust, Sutton CCG is running a workshop to map out the pressure ulcer pathway across providers. This will ensure that reporting is consistent across the whole health economy and will support the drive to improve the occurrence of pressure ulcers. Further analysis will be undertaken in the quarterly quality report and this is expected to show that occurrence is decreasing in both Epsom and St Helier NHS Trust and CSH Surrey.

Reporting Org	Incident Type	Count of STEIS
Ashford and St. Peters Hospitals NHS Foundation Trust	Child Serious Injury	1
	Delayed diagnosis	1
	Pressure Ulcer Grade 3	6
	Slips/Trips/Falls	3
<b>Ashford and St. Peters Hospitals NHS Foundation Trust Total</b>		<b>11</b>
Epsom & St Helier NHS Trust	Maternal unplanned admission to ITU	1
	Maternity Services - Intrauterine death	1
	Maternity Services - Maternal Death	1
	Maternity Services - Maternal unplanned admission to ITU	1
	Pressure Ulcer Grade 3	8
	Pressure Ulcer Grade 4	2
<b>Epsom &amp; St Helier NHS Trust Total</b>		<b>14</b>
First Community Health and Care CIC	Pressure Ulcer Grade 3	1
<b>First Community Health and Care CIC Total</b>		<b>1</b>
Frimley Park Hospital NHS Foundation Trust	Venous Thromboembolism (VTE)	2
<b>Frimley Park Hospital NHS Foundation Trust Total</b>		<b>2</b>
Kingston Hospital NHS Foundation Trust FT	Slips/Trips/Falls	1
	Sub-optimal care of the deteriorating patient	1
<b>Kingston Hospital NHS Foundation Trust FT Total</b>		<b>2</b>
NHS Surrey Downs CCG - Provider	Other	1
<b>NHS Surrey Downs CCG - Provider Total</b>		<b>1</b>
Royal Surrey County Hospital NHS Foundation Trust	Confidential Information Leak	1
	Pressure Ulcer Grade 3	1
<b>Royal Surrey County Hospital NHS Foundation Trust Total</b>		<b>2</b>
South East Coast Ambulance Service NHS FT	Ambulance Delay	1
<b>South East Coast Ambulance Service NHS FT Total</b>		<b>1</b>
Surrey and Borders Partnership NHS FT	Serious Incident by Outpatient (in receipt)	1
	Unexpected Death of Community Patient (in receipt)	2
	Unexpected Death of Outpatient (in receipt)	2
<b>Surrey and Borders Partnership NHS FT Total</b>		<b>5</b>
Surrey and Sussex Healthcare NHS Trust	Delayed diagnosis	1
<b>Surrey and Sussex Healthcare NHS Trust Total</b>		<b>1</b>
Virgin Care Limited (Surrey)	Attempted Suicide by Inpatient (in receipt)	1
	Pressure Ulcer Grade 3	3
	Safeguarding Vulnerable Adult	1
	Unexpected Death (general)	1
<b>Virgin Care Limited (Surrey) Total</b>		<b>6</b>
<b>Grand Total</b>		<b>46</b>

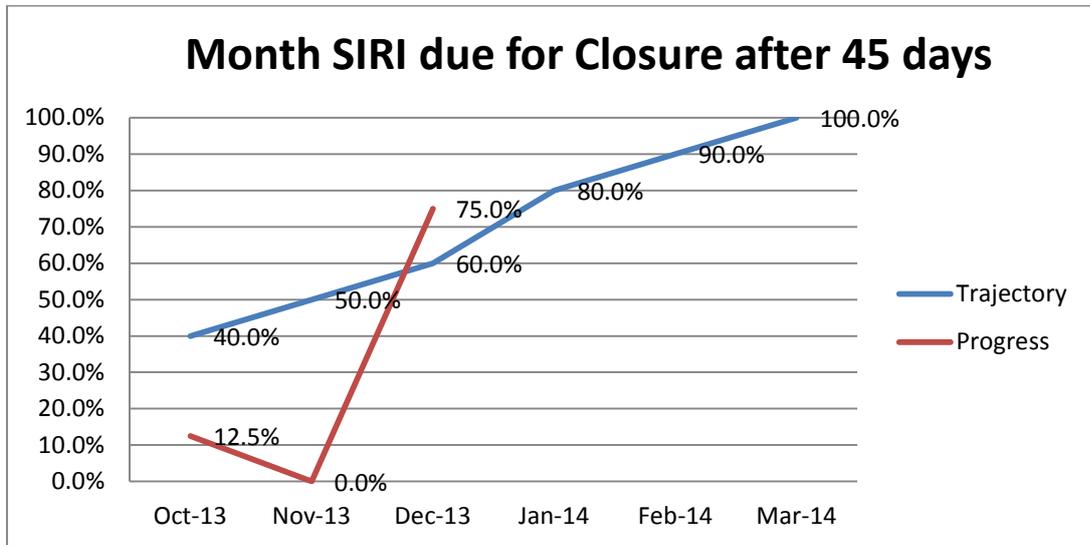
**Table 8: SIRIs logged in December 2013, by incident type & provider**

#### 3.5.4.3. Surrey and Borders Partnerships Foundation NHS Trust

As previously reported to the Quality committee, the recent external review of SIRI management was largely positive about the processes in place to report and investigate serious incidents and the Trust have provided action plans showing how they are addressing the backlog of SIRI investigations (legacy from the pre-April 2013 NHS structures).

The plan to support the closure of SIRIs, developed with Surrey and Borders Partnership (SABP), was reported and agreed by the SABP Clinical Quality Review Meeting on 19<sup>th</sup> November 2013. This includes holding supplementary SIRI closure panels with SABP to accommodate the time required to manage the backlog.

As shown in Figure 6, the Trust is now on track to meet the agreed trajectory to review and close all SIRIs registered on STEIS from 1<sup>st</sup> August 2013. .



**Figure 6: Progress against agreed trajectory for SIRIs registered on STEIS**

An improvement plan based on the themes arising from the review of the SIRIs investigated is being developed by SABPT and will be presented to the Patient Safety Assurance Group in January 2014.

#### 3.5.4.4. SIRIs and Safeguarding Adults

The Designated Nurse for Adult Safeguarding in Surrey has been in discussion with SABP about the process for ensuring that any declared SIRIs with safeguarding implications are referred to Surrey County Council Safeguarding processes.

Surrey Downs CCG quality leads have led on producing a document for use across all Surrey CCGs that shows the relationship between the SIRI and safeguarding (adult and children) processes, and summarises the responsibilities of commissioners and providers. The document has been shared with CCG quality and safeguarding leads, referred to at the Clinical Quality Review Meeting (CQRM) and shared with the Assistant Director of SABP. In addition, the Trust is strengthening its safeguarding team by recruiting to newly created posts.

### 3.5.5. Safeguarding Adults – key issues

#### *Contribution from the Adult Safeguarding Lead*

##### Surrey and Borders Partnership Foundation Trust – The Meadows

The Safeguarding Review Process at The Meadows has now been concluded with the panel assured that the Trust was protecting patients from harm. There is an additional improvement plan in place which covers areas of concern raised through the Care Quality Commission inspection and this has a number of actions which will be completed over the next 6 months.

The Head of Quality has had a further meeting with the senior team at the Trust and can give the committee assurance that the actions are being satisfactorily progressed. Further meetings and visits will be undertaken in the New Year to monitor the situation further.

The Trust also has an overarching action plan that covers the areas identified within other Trust sites by the CQC. Although the Trust is required by the CQC to have individual action plans for each site, they have identified that there are many similar themes and therefore the overarching plan has been developed to give assurance that improvements are being made across the whole trust rather than in one area. The action plan is being monitored by the lead commissioner, North East Hants and Farnham CCG on behalf of all Surrey CCGs and we have received assurance that this plan is progressing with many of the actions completed.

##### NHS Funded Healthcare Team

Safeguarding adults has gained increased profile in the CCG and CHC team in the context of local and National Reviews and emerging expectations with regard to practice and quality assurance.

Highlights include:

- During December, seven safeguarding strategy meetings were attended by the team.
- One safeguarding concern in East Surrey CCG was raised in October. A follow up meeting on 6<sup>th</sup> November concluded that the Health and Safety Executive (HSE) continue to request a report and ongoing investigation. This is now concluded and the home is now open again to new admissions.

##### Serious Case Reviews and Domestic Homicide Reviews

On November 28<sup>th</sup>, Surrey Safeguarding Adults Board (SSAB) held a learning event about Serious Case Reviews (SCR) and Domestic Homicide Reviews (DHR). The aims of the event were to:

- Improve awareness and understanding of SCR and DHR duties for strategic leaders.
- Raise awareness of the recommendations in Surrey's SCRs and DHRs.
- Identify appropriate competencies for staff engaged in reviews to ensure an effective and appropriate process and that recommendations are disseminated and embedded
- Consider the key issues in relation to safeguarding
- Engage networks and partners to consider the changing landscapes of partnership working.

One hundred and ten people attended on the day and Surrey Downs CCG was well represented with six senior members of staff attending. Copies of the presentations have been sent out to delegates and an evaluation survey is being analysed. Initial feedback has been very positive and a full report on the day will be included in the SSAB January Newsletter.

Following the publication of the four Serious Case Reviews and the actions from the learning event, a further report on progress will be brought to the Clinical Quality Committee to give assurance around the effectiveness of the Safeguarding Adults action plan.

### 3.5.6. Safeguarding Children – Key Issues

#### *Contribution from the Children's Safeguarding Lead*

In order to address some of the capacity issues previously identified in the Safeguarding Children's Team, a decision was made that two deputies to the Designated Nurse for Safeguarding Children would be recruited to provide support across the county. Interviews have taken place and 2wte have been recruited. It is anticipated that they will commence in post between February and April 2014. In addition, the working hours of the PA to the Designated Nurse have been increased to full time.

A Project Manager has also been appointed for a 6 month term contract. It is planned that the role will create additional capacity within the system, to review the overall function and responsibilities of the Surrey-wide CCG Safeguarding Children Team. The outcome should be a clearer understanding of outputs, responsibilities, function, interface issues and strategic remit of the team. Partnership working will be a central focus, as will the production of reports for the Surrey Safeguarding Children's Corporate Parenting Board.

## Surrey Safeguarding Children's Board (SSCB)

During the last three months the SSCB has met twice, on 26th September 2013 and 21st November 2013.

At the last SSCB Quality Assurance and Evaluation (QA&E) group meeting two audit papers were presented; bruising in non-mobile babies and children audit and a supervision audit. The purpose of the first audit was to understand the use of, and compliance with, SSCB guidance and procedures in relation to bruising in non-mobile babies and children. The guidance says that bruising in a non-mobile child should raise suspicion of maltreatment and should result in an immediate referral to children's service.

The second audit was undertaken as a result of the SSCB identifying that there should be a multi-agency audit looking at how safeguarding supervision is used in partner agencies to ensure the safety and wellbeing of children. An action plan for the SSCB will be completed as part of the final report and further assurance will be sought by the Quality Lead about the effectiveness of these actions in safeguarding children across Surrey.

## Safeguarding Children Performance Monitoring

The performance management tool developed by Designated Professionals for use across commissioned services has been distributed across the health economy to obtain key performance data from all health providers.

As outlined in the revised 'Working Together' document clinical commissioning groups (CCGs) will be the major commissioners of local health services and will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. The dashboard is being used as a tool to provide commissioners with assurance that providers are compliant with their safeguarding responsibilities.

Returns were received from Epsom and St Helier and Central Surrey Health and following this, assurance has been given by the Surrey-wide Designated Nurse for Safeguarding Children that in mapping Surrey Downs CCG's position against the main national and local requirements we can continue to be assured that health trusts delivering services in the Surrey Downs area:

- Have the right people and systems in place for safeguarding;
- Are discharging their safeguarding responsibilities in a way that complies with section 11 of the Children Act 2004.

Further assurance is being sought including assurance around other providers who provide care to Surrey Downs residents.

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

##### 4.1. Referral to treatment (RTT) waiting times for non-urgent consultant-led treatment – incomplete pathways (November data) Green risk for monitoring

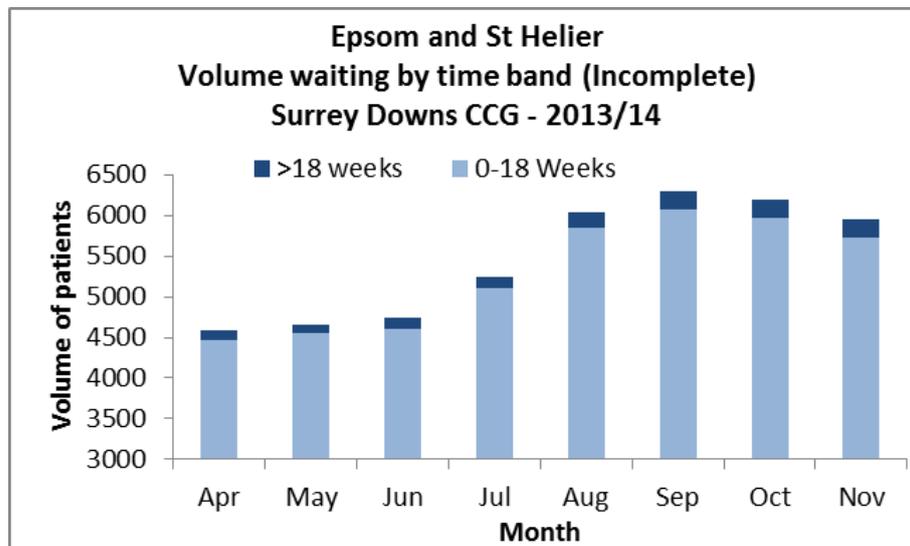
Under the NHS Constitution patients have a right to start consultant-led treatment within a maximum of 18 weeks. NHS waiting times performance is monitored against standards set out in the NHS Operating Framework.

Referral to treatment waiting times for consultant-led activity form part of the calculation for the Quality Premium payments to CCGs. 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 2013 to March 2014.

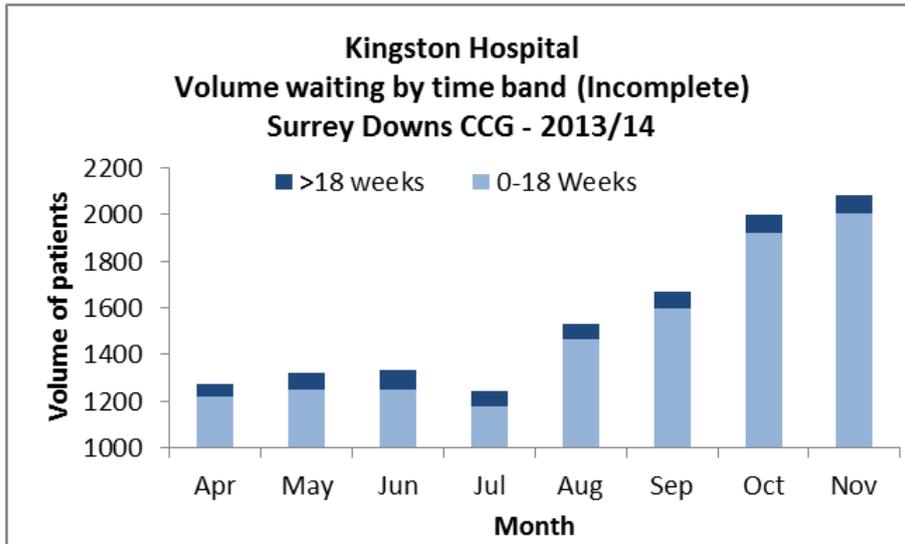
Year to date Surrey Downs CCG has achieved **96.6% against a target of 92%** for patients on an incomplete pathway.

Epsom and St Helier have the largest volume of referrals and continue to report a decline in performance, although they are still achieving target with 96.1% in November (Figure 7 below).

Kingston's performance was expected to decrease due to transfers from EDICS. However the impact has not yet been seen and performance has remained steady from August to November (Figure 8 overleaf).

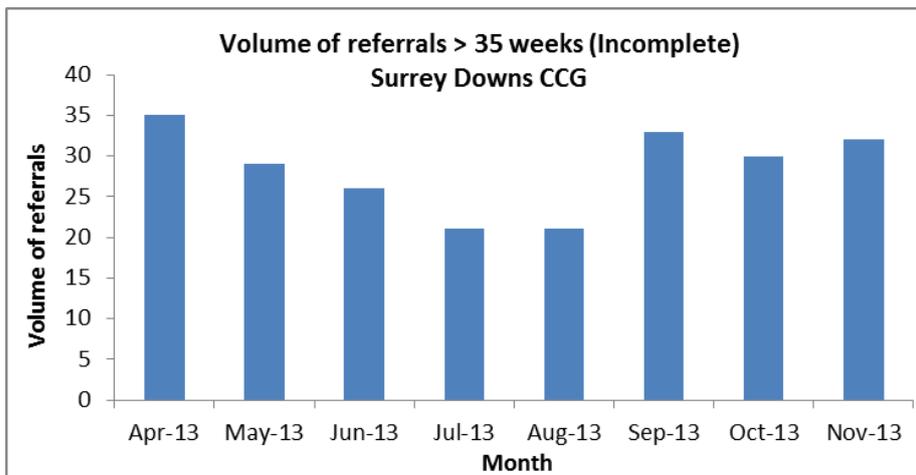


**Figure 7: Surrey Downs CCG waits by time band at Epsom and St Helier – Incomplete**



**Figure 8: Surrey Downs CCG waits by time band at Kingston Hospital – Incomplete**

Surrey Downs CCG has identified a small number of patients waiting longer than 35 weeks (Figure 9 below). Action has been taken with trusts to address this but a decrease has not yet been reported. The contract management team will continue to liaise with trusts to monitor progress reducing this cohort.



**Figure 9: Surrey Downs CCG waits over 35 weeks – Incomplete**

#### 4.2. Diagnostic test waits within six weeks (November 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.

The second quarterly CCG Balanced Scorecard was produced and released by NHS England on 25<sup>th</sup> November for review with CCGs. Diagnostic test wait times were one of four amber indicators in Domain 2, “Are patient rights under the NHS Constitution being promoted?”

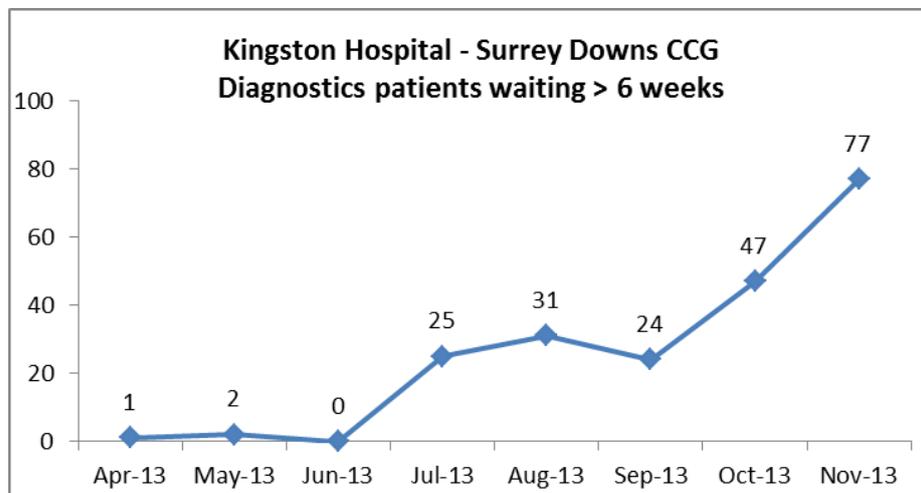
November 2013 data shows 85 patients waited over six weeks, the highest monthly volume reported this financial year. This equates to a monthly breach rate of 2.69%, resulting in year to date performance of 1.21% against the end of year limit of 1%.

Month	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Patients waiting over 6 weeks	7	4	17	37	38	29	52	85
6 weeks breach rate	0.29%	0.14%	0.61%	1.46%	1.41%	1.03%	1.75%	2.69%

**Table 9: Surrey Downs CCG diagnostic test waits over six weeks**

Assuming total activity remains constant, the CCG's monthly breach rates must be lower than 0.6% for the remainder of the financial year to fall within the target limit of 1%.

The majority of patients waiting over six weeks in November are at Kingston Hospital (77 x non obstetric ultrasound), continuing the increasing trend seen since July (Figure 10 below). A trust action plan is in place and will be monitored by the contract management team. The issue has been caused by a shortage of two sonographers leading to a backlog. Additional evening clinics and locum cover saw some initial improvement in September however this has not been sustained.



**Figure 10: Surrey Downs CCG diagnostic test waits over six weeks at Kingston Hospital**

#### 4.3. Breast cancer referrals seen within two weeks (November data) Amber 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.

The second quarterly CCG Balanced Scorecard was produced and released by NHS England on 25<sup>th</sup> November for review with CCGs. Diagnostic test wait times was one of four amber indicators in Domain 2, "Are patient rights under the NHS Constitution being promoted?"

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

94.95% of patients referred were seen within two weeks in November 2013, a slight decrease from 98.96% in October. In November, five out of 99 patients treated were seen after two weeks resulting in a year to date performance of 92.88%. Three of these five breaches were due to patient choice. The year to date total of 55 breaches is one over the level required to reach the 93% target.

Performance for Surrey Downs referrals is currently below target at Royal Marsden (92.75%, 30 breaches) and SASH (91.03%, seven breaches). A trust action plan is in place at Royal Marsden to increase capacity, which is being monitored by South London CSU, and performance has improved since August.

#### 4.4. Life threatening (defibrillator NOT required): Category A calls within eight minutes - Red 2 (less time critical) (November 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.

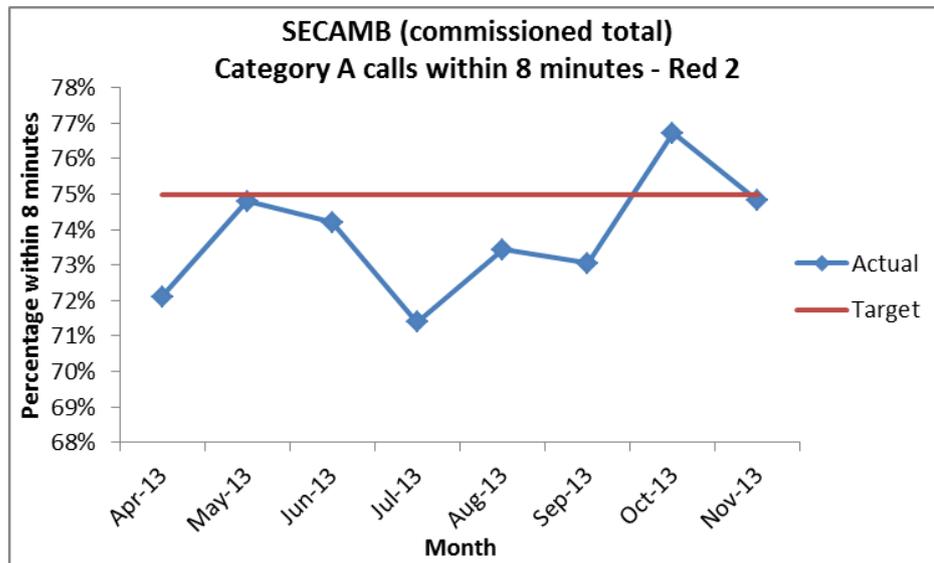
The second quarterly CCG Balanced Scorecard was produced and released by NHS England on 25<sup>th</sup> November for review with CCGs. Category A ambulance calls (Red 2) was one of four amber indicators in Domain 2, "Are patient rights under the NHS Constitution being promoted?"

During the first eight months of the year performance is 74.0% against the target of 75%. Performance has been below the target of 75% in each month this year except October with 76.7% (Figure 11 overleaf). Performance for Surrey Downs CCG patients only is 72.4% year to date.

Surrey Downs CCG has raised the issue with the Surrey CCG Collaborative. There is ongoing development to manage the contract more robustly which is being led by South London CSU. New Governance structures are being put in place in Surrey to cover all contracts with SECamb, with the intention to strengthen the Surrey commissioning and commissioning support around the SECamb contracts.

Because of underperformance, a complete capacity management review is being undertaken of the service including the Kent and Sussex regions. The

review is due to be completed by the end of January with findings and recommendations presented in February.



**Figure 11: SECAMB (commissioned total) Category A calls within 8 minutes – Red 2**

#### 4.5. Mixed Sex Accommodation (MSA) – November data

In November 2013 there were two breaches of mixed sex accommodation recorded for Surrey Downs patients, at St. Bartholomew’s Health NHS Trust and University College London Hospitals NHS Foundation Trust. This brings the year to date total to eleven against the NHS Constitution target of zero. However it is within the tolerance of ten per quarter permissible within NHS England’s “CCG Assurance Framework”. It should also be noted that Epsom and St Helier Hospitals University NHS Trust have resubmitted their April figure which has decreased from nine breaches to four. This was as a result of the letter that was issued by the Trust Development Authority on 29<sup>th</sup> August 2013 which reaffirmed the national guidance around mixed sex accommodation and the reporting of breaches.

## 5. Risk Management

- 5.1. Risks related to performance, quality and safety have been articulated throughout the report against relevant indicators.
- 5.2. A proactive approach is taken by performance and quality leads to identify new risks as they arise. No new quality risks have been added to the risk register during December 2013.
- 5.3. Please refer to the separate Governing Body Assurance Framework and Risk Register Report for further detail.

## 6. Other

### 6.1. Continuing Health Care (CHC)

#### *Contribution provided by the Programme Manager*

As previously reported, the independent review of NHS Funded Healthcare was undertaken in November and the report has been presented to the Surrey Collaborative. The report makes 94 recommendations arising from shortfalls in service delivery and failure against national compliance. In response a programme management structure has been put in place identifying 5 programmes to address the 94 recommendations and other issues arising from them.

The programmes are: Organisational Restructure, Compliance and Performance, Service User Involvement, Contracting and Procurement and Partnerships. Each Programme of work has a nominated lead to drive forward the changes to ensure service is fully compliant with National Framework and Best practice Guidance for CHC.

There is historic underperformance against national targets for CCG making eligibility decision (28 days from receipt of Checklist) with an ever increasing backlog of assessments adding to the backlog. Competing priorities from individual CCGs are impacting further on the ability of the service to deliver to performance targets. To address this, the Operational Policy has been drafted and is out for comment. Once agreed this will clarify the process and targets expected to be delivered/achieved within the CHC service. It will include a set of KPIs for monitoring the performance against targets.

The Programme Board is accountable to the Surrey CCG Collaborative and the Surrey Downs CCG Clinical Quality Committee concerns itself with quality issues arising from the review. At its meeting in January the Committee recognised that full assurance around quality of care could not be given because, although all clients were in a place of care, there was no certainty that they were receiving the most appropriate care in the most appropriate place.

Risks arising from this service are known at Governing Body level and are being monitored via the Surrey Downs risk management process and the Programme risk register. A additional risk would be added concerning non- compliance with the National Framework for NHS Continuing Care and Funded Nursing Care leading to delay in assessment and associated lack of assurance around the appropriateness and quality of care placements.

The Clinical Quality Committee will receive quarterly updates around the quality issues and mitigating actions, and monthly reports by exception.

## 6.2. Care Quality Commission (CQC) report – Dorking Hospital

Dorking Community Hospital was inspected by the CQC in November. It reviewed five key outcomes and the hospital was compliant in four out of these five.

During the inspection staff were observed to have an understanding of infection controls and why they were necessary. However, CSH Surrey had not ensured there were effective systems in place with regard to the cleaning of equipment. This was identified in the Physiotherapy Department and there was also generally inconsistent use of the tape supplied to indicate when a piece of equipment had been cleaned.

Both of these issues are being addressed by the provider and the learning is being shared with across the other sites

## **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 (13.01.14)

Indicator	Measure	Baseline Period	Frequency	Baseline	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
<b>1 Preventing people from dying prematurely</b>													
1a Potential years of life lost (PYLL) from causes considered amenable to healthcare	Age/sex standardised rate per 100,000 pop	Average 2010/11	Annual	1616	Data not yet released								
1.1 Under 75 mortality rate from cardiovascular disease	Age/sex standardised rate per 100,000 pop	2011	Annual	43.74	Data not yet released								
1.2 Under 75 mortality rate from respiratory disease	Age/sex standardised rate per 100,000 pop	2011	Annual	23.38	Data not yet released								
1.3 (proxy indicator) Emergency admissions for alcohol related liver	Age/sex standardised rate per 100,000 pop	2011	Monthly	10.84	2.25	0.45	3.61	0.45	1.35	0.45	2.25	0.90	11.72
1.3 Under 75 mortality rate from liver disease	Age/sex standardised rate per 100,000 pop	2011	Annual	10.84	Data not yet released								
1.4 Under 75 mortality rate from cancer	Age/sex standardised rate per 100,000 pop	2011	Annual	97.20	Data not yet released								
<b>2 Improving quality of life for people with long term conditions</b>													
2.1 Health related quality of life for people with long term conditions	Average EQ-5D index for people who report having a LTCs	Indicators in development; awaiting national guidance											
2.2 Proportion of people feeling supported to manage their condition	% who report "Yes, definitely" or "Yes, to some extent"	Indicators in development; awaiting national guidance											
2.3i Unplanned hospitalisation for chronic ambulatory sensitive	Age/sex standardised rate per 100,000 pop	2012	Annual	509.94	Data not yet released								
2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in	Age/sex standardised rate per 100,000 pop	2012	Monthly	211.75	18.47	15.39	10.77	7.69	9.23	35.39	12.31	10.77	120.03
Estimated diagnosis rate for people with dementia	Age/sex standardised rate per 100,000 pop	Indicator in development; awaiting national guidance											
<b>3 Helping people to recover from episodes of ill health or following injury</b>													
3a Emergency admissions for acute conditions that should not usually require hospital admission ( <i>more detail in Clinical Quality and Patient Safety report</i> )	Age/sex standardised rate per 100,000 pop	2012	Annual	740.36	Data not yet released								
3b Emergency readmissions within 30 days of discharge from hospital ( <i>more detail in Clinical Quality and Patient Safety report</i> )	% rate standardised by age, sex, method of admission & diagnosis/procedure	2011	Annual	11.48	Data not yet released								
3.1i Patient reported outcome measures for elective procedures – hip	EQ-5D Index case mix adjusted health gain	2012	Annual	0.42	Data not yet released								
3.1ii Patient reported outcome measures for elective procedures – knee	EQ-5D Index case mix adjusted health gain	2012	Annual	0.29	Data not yet released								
3.1iii Patient reported outcome measures for elective procedures – groin	EQ-5D Index case mix adjusted health gain	2012	Annual	0.04	Data not yet released								
3.1iii Patient reported outcome measures for elective procedures –	EQ-5D Index case mix adjusted health gain		Annual		Data not yet released								
3.2 Emergency admissions for children with lower respiratory tract	Age/sex standardised rate per 100,000 pop	2012	Monthly	272.99	10.77	12.31	1.54	10.77	9.23	6.16	18.47	61.55	127.72
<b>4 Ensuring that people have a positive experience of care - more detail in Clinical Quality and Patient Safety report</b>													
4ai Patient experience of GP services	% who report their experience as "very good" or "fairly good"		6 Monthly		Data not yet released								
4aii Patient experience of GP out of hours services	% who report their experience as "very good" or "fairly good"	Mar-12	6 Monthly	67.15%	Data not yet released								
Patient experience of hospital care	Composite experience scores (out of 100) at this CCG's main 5 providers		Annual		Data not yet released								
Friends and family test	Net promoter score: range from -100 to 100	National methodology for CCG breakdown to be developed for 2014/15											
<b>5 Treating and caring for people in a safe environment and protecting them from avoidable harm</b>													
5.2i Incidence of Healthcare associated infection (HCAI): MRSA	Rate per 100,000 registered pop, not age/sex standardised	2012/13	Monthly	0	1	0	0	0	0	2	0	0	3
5.2ii Incidence of Healthcare associated infection (HCAI): C difficile	Rate per 100,000 registered pop, not age/sex standardised	2012/13	Monthly	73	6	7	3	14	11	8	7	8	64

## NHS Constitution Metrics (13.01.14)

Indicator	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
<b>Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment</b>										
Referral to treatment times (RTT):% of admitted patients who waited 18 weeks or less	90%	93.93%	94.29%	95.54%	95.15%	94.61%	93.90%	95.11%	93.53%	94.49%
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	95%	97.90%	98.20%	98.01%	98.51%	98.11%	97.34%	97.44%	97.25%	97.85%
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	92%	96.78%	97.15%	96.73%	97.03%	96.47%	96.40%	96.28%	96.12%	96.61%
<b>Diagnostic test waiting times</b>										
% Patients waiting within 6 weeks for a diagnostic test	99%	99.71%	99.86%	99.39%	98.54%	98.59%	98.97%	98.25%	97.31%	98.79%
<b>A&amp;E waits</b>										
A&E waits within 4hrs (QTD)	95%	94.00%	95.66%	96.88%	96.76%	95.74%	94.85%	95.69%	96.15%	95.74%
<b>Cancer waits – 2 week wait</b>										
CB_B6: Cancer patients seen within 14 days after urgent GP referral	93%	96.94%	95.29%	95.67%	94.58%	94.80%	95.22%	97.44%	96.78%	95.82%
CB_B7: Breast Cancer Referrals Seen within 2 weeks	93%	93.55%	90.57% (10 breaches)	94.06%	90.08% (12 breaches)	93.02%	87.32% (9 breaches)	98.96%	94.95%	92.88% (55 breaches)
<b>Cancer waits – 31 days</b>										
CB_B8: Cancer diagnosis to treatment within 31 days	96%	95.00% (5 breaches)	100%	100%	99.00%	97.96%	99.05%	99.13%	98.31%	98.52%
CB_B9: Cancer Patients receiving subsequent surgery within 31 days	94%	95.00%	100%	100%	100%	90.91% (1 breach)	96.00%	100%	94.44%	97.06%
CB_B10: Cancer Patients receiving subsequent Chemo/Drug within 31 days	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%
CB_B11: Cancer Patients receiving subsequent radiotherapy within 31 days	94%	95.24%	100%	100%	100%	100%	100%	100%	96.77%	98.99%
<b>Cancer waits – 62 days</b>										
CB_B12: Cancer urgent referral to treatment within 62 days	85%	78.85% (11 breaches)	81.82% (10 breaches)	90.91%	90.74%	90.74%	83.93% (9 breaches)	86.57%	87.72%	86.33%
CB_B13: Cancer Patients treated after screening referral within 62 days	90%	100%	100%	71.43% (2 breaches)	100%	100%	100%	77.78% (2 breaches)	100%	90.24%
CB_B14: Cancer Patients treated after consultant upgrade within 62 days	Local	100%	100%	100%	0% (1 breach)	100%	100%	100%	N/A - no referrals	94.12%
<b>Category A ambulance calls (Trust level)</b>										
Life threatening (defibrillator required): Category A calls within 8 minutes - Red 1	75%	75.6%	79.6%	75.3%	72.9%	74.2%	76.5%	76.0%	75.3%	75.9%
Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2	75%	72.1%	74.8%	74.2%	71.4%	73.4%	73.1%	76.7%	74.8%	74.0%
All life threatening: Category A calls within 19 minutes	95%	96.7%	97.2%	96.8%	96.4%	96.8%	97.1%	97.9%	97.4%	97.1%
<b>Mixed Sex Accommodation Breaches</b>										
Mixed Sex Accommodation Breaches	0	5	3	0	1	0	0	0	2	11
<b>Cancelled Operations</b>										
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								
<b>Mental health</b>										
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%	100%			98.61%					99.19%

Note: Volumes for cancer waits are shown where percentages are rated red or amber against target. More detail including breach reasons can be found in the Clinical Quality and Patient Safety report.

## CCG Operating Plan (09.01.14)

	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
<b>NCB Required trajectories</b>										
i) What dementia diagnosis rate are you aiming for in 2013/14 and 2014/15?	48.2%	Data not yet released								
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 *	15% (3683 referrals)	294	482	299	344	283	381	415	328	2826
<b>NCB Local priorities</b>										
Dementia - Number of new patients screened for dementia	12.2% (500 patients)	Dementia project started July 2013			640					640
LTC - Number of patients with LTC managed on the Virtual Ward (CHD, Diabetes, COPD)	10% (600 patients)	1117			Data currently being collected					1117
Stroke Prevention - Anti-Coagulation monitoring Out-of-Hospital (patients)	58.2% (3036 patients)	Annual measure								3380
<b>Activity trajectories 2013/14</b>										
	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%	-15.1%
ii) Non-elective FFCEs	-4.1%	21.1%	-6.3%	5.9%	2.3%	5.4%	8.6%	-1.6%	5.5%	4.2%
iii) First Outpatient Attendances	2.0%	4.7%	-7.6%	-2.1%	1.9%	-2.4%	20.7%	12.0%	7.8%	4.5%

\* Data from the IAPTUS system has not yet been validated. Therefore IAPT figures may be subject to amendment at a later date.

## **Appendix B: CCG Assurance Framework**

NHS England published the document “CCG Assurance Framework”, which supersedes previous guidance, on 28<sup>th</sup> November 2013. The guidance outlines the final proposal for CCG Assurance from Quarter 3 2013/14 onwards.

The new process will be developed around a framework of six assurance domains which describe the key characteristics of a well-functioning, healthy CCG:

1. Are patients receiving clinically commissioned, high quality services?
2. Are patients and the public actively engaged and involved?
3. Are CCG plans delivering better outcomes for patients?
4. Does the CCG have robust governance arrangements?
5. Are CCGs working in partnership with others?
6. Does the CCG have strong and robust leadership?

The assurance process will take into account other key CCG activities including the planning round and the publication of CCG annual reports. Key elements of the CCG’s planning cycle will be factored in for discussion, such as statutory requirements, winter preparedness and performance (Quarter 2 review) and strategic planning (Quarter 3 review).

There will be four quarterly meetings, the fourth of which will constitute the annual review meeting. CCGs will not be expected to produce any additional paperwork over and above existing materials produced as part of their normal operation.

A similar process will be developed for the assurance of direct commissioning. This will also be developed around the six domains, amended to fit with the NHS England direct commissioning responsibilities, and will be based on quarterly meetings around a set of locally agreed questions. In time, the discussions that form the quarterly assurance meetings will therefore need to include NHS England's direct commissioning role so that mutual responsibility to patients for the commissioning of local services is supported.

### **Delivery Dashboard**

The Balanced Scorecard will be replaced by the Delivery Dashboard. The dashboard will contain national data covering the same areas as the scorecard: Quality, NHS Constitution, Outcomes (and supplementary indicators including local priorities) and Finance. However unlike the balanced scorecard, the delivery dashboard is not linked to support, intervention or escalation. It is simply a source of national insight which will be provided for assurance purposes.

Similar to the balanced scorecard, the majority of the delivery dashboard is comprised of national data but includes a self-certification requirement where data is not systematically collected. However the intention is that over time, the self-certification

element will be reduced and phased out on the principle that assurance can be drawn from either new data or other sources of evidence.

The measures within the new self-certification requirement are unchanged from those for the balanced scorecard, with the addition of assurance around personalised care plans and personal health budgets.

## Appendix C: 2014/15 Operating Plan

The 2014/15 planning guidance, “Everyone Counts: Planning for Patients 2014/15 to 2018/19” was published on 20<sup>th</sup> December 2013.

The NHS is facing an unprecedented challenge; *A Call to Action* forecasts a financial gap of £30bn by 2020/21. The affordability challenges in 2014/15 and 2015/16 are real and urgent.

The planning process needed to change to address this challenge. Key changes are:

- Five year strategic plans, within which are two year operating plans
- Plans explicit in dealing with the financial gap and risk and mitigation strategies
- Plans submitted end March 2014, opportunity to refresh years 3 to 5 in June 2014
- Process aligned with partners, including all NHS commissioners, providers and local authorities
- Local ambitions for outcomes
- CCGs to choose footprint for Health & Social Care planning
- £1.1bn transformation fund created in 2014/15
- Stratified support programme

The operational plan will include the key operational metrics needed to support the assurance of, and measure performance against, the strategic plan (Table overleaf).

As part of the Operating Plan guidance the CQUIN 2014/15 guidance was also published on 20<sup>th</sup> December 2013. The key aim of the CQUIN framework for 2014/15 is to support improvements in the quality of services and the creation of new, improved patterns of care. It is intended to complement the approach to the payment system, providing a coherent set of national rules. This approach is consistent with the conclusions from NHS England’s review of incentives, rewards and sanctions, based on the principle of a national default position, but with freedom, support and encouragement for genuine innovation.

CQUIN monies should be used to incentivise providers to deliver quality and innovation improvements over and above the baseline requirements set out in the NHS Standard Contract. Commissioners should plan to make challenging but realistic CQUIN schemes available for providers, so that there is an expectation that a high proportion of commissioner CQUIN funding will be earned by providers in-year. Commissioners should plan to spend their CQUIN monies and target their efforts at a small number of high impact goals, with a recommended maximum of ten local CQUIN goals per contract.

## 2014/15 Operating Plan measures

Segment	Covering:	Existing measures:	Additional measures for 2014/15:
<b>Outcomes</b>	Improvement against the measures to support the seven outcome ambitions	<ul style="list-style-type: none"> <li>• Trajectory for <i>Clostridium difficile</i> reduction</li> <li>• Trajectory for dementia diagnosis</li> <li>• Trajectory for IAPT coverage</li> <li>• Trajectory for Quality Premium measures (where different from seven outcome ambitions)</li> </ul>	<ul style="list-style-type: none"> <li>• Trajectory for seven outcome ambition measures</li> <li>• Trajectory for IAPT recovery</li> </ul>
<b>NHS Constitution</b>	Self-certification of the delivery of all NHS Constitution rights and pledges	<ol style="list-style-type: none"> <li>1. 18 week waits</li> <li>2. Cancer waits</li> <li>3. A&amp;E waits</li> <li>4. Diagnostic six week waits</li> <li>5. Ambulance Cat A response times</li> <li>6. Supporting measures – MSA breaches, 52 week waiters, 7 day CPA, Cancelled ops</li> </ol>	<ol style="list-style-type: none"> <li>7. Supporting measures – A&amp;E trolley waits, Ambulance handovers</li> </ol>
<b>Activity</b>	Trajectories for consultant led activities, A&E activity and referrals	<p>Based on provider 2013/14 MAR returns adjusted for growth and QIPP:</p> <ul style="list-style-type: none"> <li>• Elective FFCes</li> <li>• Non-elective FFCes</li> <li>• Outpatient attendances</li> <li>• A&amp;E attendances</li> </ul>	<ul style="list-style-type: none"> <li>• Referrals</li> </ul>
<b>Better Care Fund</b>	Improvement against the agreed BCF measures		Six shared measures, one locally agreed measure – common measures with HWB

## Appendix D: 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 Episodes Services
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	Musculo-Skeletal
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
PARR+	Patients at Risk of Admission
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 Foundation Trust
SASH	Surrey and Sussex Healthcare Trust
SCR	Serious Case Review
SDCCG	Surrey Downs Clinical Commissioning Group
SECAMB	South East Coast Ambulance Service
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)