

<b>Title of paper:</b>	<b>Clinical Quality and Performance Report- March 2014</b>
<b>Meeting:</b>	Governing Body, 21 <sup>st</sup> March 2014
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<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 6<sup>th</sup> March 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.

The report contains the proposed governance arrangements from April 2014 for reviewing and closing serious incident investigation reports about which a decision is required.

<b>Agenda item</b>	12
<b>Attachment</b>	07

### **Key Issues to Note**

Please refer to the Executive Summary within the report.

Section 3.5.3.3 Serious Incident Review and Closure from April 2014 and Appendix 2 contain governance proposals.

**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.
- 3) Agree the establishment of the Serious Incident Review Sub-Committee of the Quality Committee and the terms of reference attached at Appendix 2.

**Attachments:**

The Surrey Downs CCG Quality and Performance Report – January 2014 and Appendices

### **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:** 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

**Agenda item** 12  
**Attachment** 07

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**Attachment** 07

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

- Mixed Sex Accommodation

There have been twelve breaches of mixed sex accommodation recorded this financial year against the NHS Constitution target of zero. This also exceeds NHS England's "CCG Assurance Framework" tolerance of ten over the year. 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 and has received assurance from providers around the actions taken to prevent further breaches.

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

Surrey Downs CCG was attributed with five cases of *C. difficile* in January 2014, resulting in a year to date total of 75. This now exceeds the year-end target limit of 73, therefore the potential Quality Premium payment will be reduced by 12.5%. 33 of these cases were acute acquired and 42 were non acute acquired. Further information about this and national guidance for 2014/15 is contained in Section 3.5.1 of this report.

- 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 has been undertaken of the service across Surrey, Sussex and Kent. The review has 19 key recommendations for improving the service. Next steps will be discussed on March 19, 2014 with the new lead commissioner North West Surrey CCG.

- 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.

There has been significant progress made in the Transformation Programme that was put into place following review of the service. An update on progress is contained in Section 6.1 of this report.

- Emergency admissions for alcohol related liver disease - although small numbers of patients, the year to date admission rates may exceed the target at year end. A multi-agency approach will be needed if the health of local residents is to be improved in this area.
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s - 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. A Surrey wide programme of work is underway to review and improve paediatric services. As this work progresses, it is expected that performance will improve on this indicator
- Emergency admissions for children with lower respiratory tract infections – although small numbers of patients, the year to date admission rates for these patients is exceeding the whole year target. The Surrey wide paediatric programme of work is expected to have a positive impact on this indicator.
- Diagnostic testing waiting time within six weeks – Kingston Foundation Trust continues to clear its ultrasound backlog with the aim of having no patients waiting beyond six weeks by March 29, 2014. However Surrey Downs CCG will not be able to recover to within the “green” rating of at more than 99% of referrals being seen within six week. The current position is rated “amber” with 97.82% of referrals being seen within six weeks which is well above the 94% “red” rating.

The Governing Body is asked to:

1. Review the report and discuss the risks raised;
2. Agree further action required, including matters for escalation to other organisation.
3. Agree the establishment of the Serious Incident Review Sub-Committee of the Quality Committee and the terms of reference attached at Appendix 2.

# 1 Introduction

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

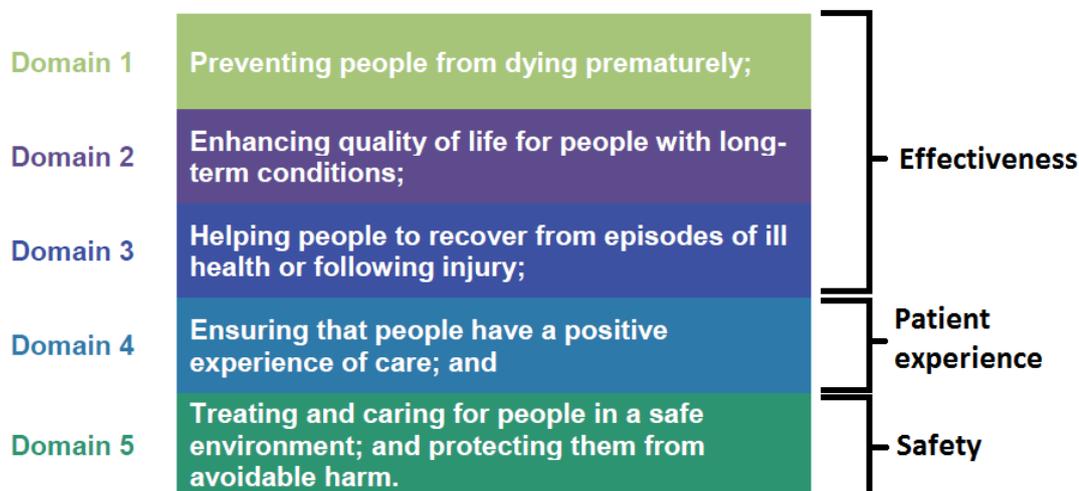
- The CCG reviews the performance of NHS healthcare providers it commissions against clinical quality, safety and key performance indicators;
- Any areas of concern or risk to patients are highlighted and addressed.

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

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

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

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



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

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

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

## 2 Key concerns

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

- Mixed Sex Accommodation breaches
- Health Care Acquired Infections: *C. difficile* and MRSA
- The performance of SECAMB in a number of areas
- The ability of the NHS Funded Continuing Healthcare Team to comply with the national standard timeframes around assessment, placement and review of patients referred to or receiving NHS Funded Continuing Healthcare
- Emergency admissions for alcohol related liver disease
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
- Emergency admissions for children with lower respiratory tract infections
- Diagnostic test waits within six weeks

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	0
<b>NHS Constitution</b>	0	3	16

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

The CCG Balanced Scorecard has been replaced with the CCG Delivery Dashboard from Quarter 3 2013/14 onwards. The Quarter 3 dashboard was produced and released by NHS England on 18<sup>th</sup> February 2014 for review with CCGs. The CCG Executive Team discussed the scorecard with NHS England's Local Area Team on 26<sup>th</sup> February 2014 and has fed back on its development.

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

#### 3.1 Preventing people from dying prematurely

##### 3.1.1 Emergency admissions for alcohol related liver disease (January 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.

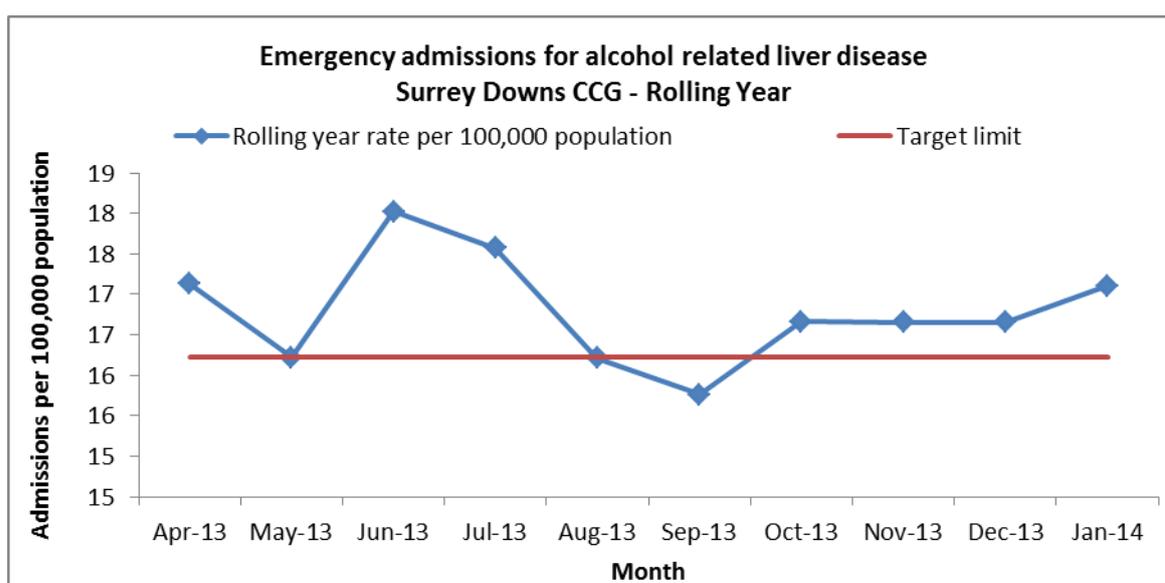
There were 0.90 admissions per 100,000 population in January 2014, resulting in a year to date admission rate of 13.52 against a year-end target limit of 16.23. This is higher than the year to date performance during 2011/12, which is the baseline year.

Looking at the monthly data shows some fluctuation in the admissions rate due to very low volumes (Table 2 below). Surrey Downs CCG is limited to six admissions over the next two months to stay within the year-end baseline trajectory.

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Year to date
Baseline volume (2011/12)	1	6	0	3	5	4	2	3	3	1	<b>28</b>
2013/14 volume	3	4	4	2	2	3	4	3	3	2	<b>30</b>
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	<b>12.62</b>
2013/14 rate per 100,000 population	1.35	1.80	1.80	0.90	0.90	1.35	1.80	1.35	1.35	0.90	<b>13.52</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 for most of the financial year, and is on a recent increasing trend (Figure 2 below).



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

## 3.2 Improving quality of life for people with long term conditions

### 3.2.1 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (January 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.

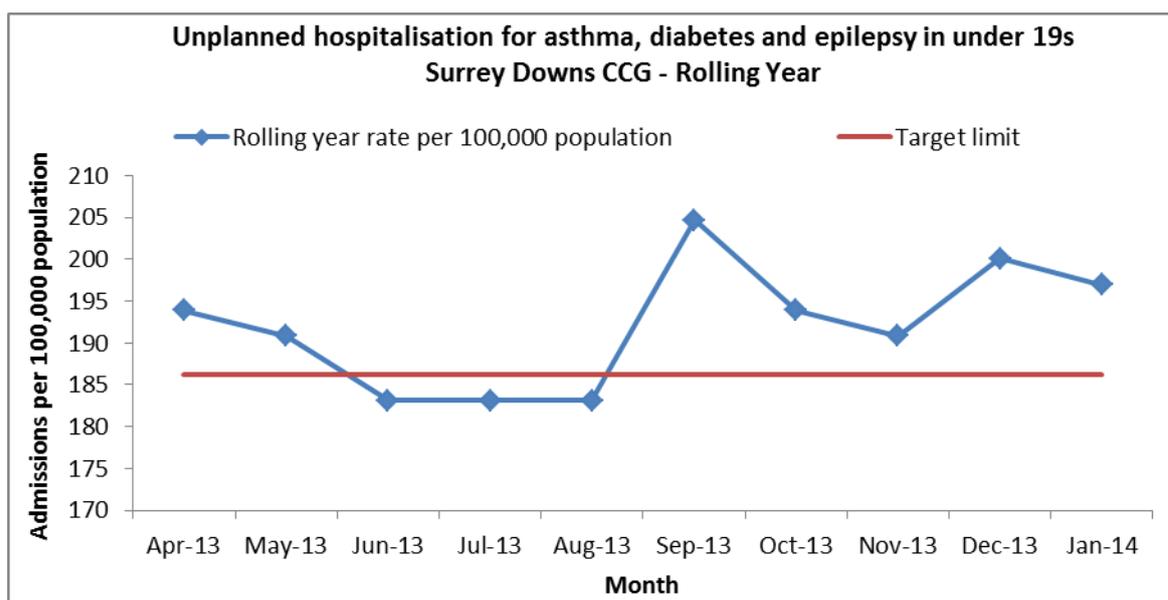
There were 15.39 admissions per 100,000 population in January 2014, resulting in a year to date admission rate of 153.88 against a year-end target limit of 186.2. This is higher than the year to date performance during 2011/12, which is the baseline year.

Due to small volumes, monthly rates have been subject to fluctuation (Table 3 below). Surrey Downs CCG is limited to 21 admissions over the next two months to stay within the year-end baseline trajectory.

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Year to date
Baseline volume (2011/12)	7	11	12	5	7	9	14	10	6	12	93
2013/14 volume	12	9	7	5	7	23	7	8	12	10	100
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	143.11
2013/14 rate per 100,000 population	18.47	13.85	10.77	7.69	10.77	35.39	10.77	12.31	18.47	15.39	153.88

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

Looking at the rolling year rate to remove any seasonal impact shows performance has been higher than the target limit for the last five months (Figure 3 below).



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

Children's commissioning is hosted by Guildford and Waverley for the Surrey CCGs. Surrey wide pieces of work are underway to improve management of chronic conditions such as asthma and diabetes in the community, in order to reduce unplanned admissions to hospital. This will be given a local focus through stakeholder workshops to understand detail behind the data sets which indicate opportunity for improvement in the management of these conditions, i.e. offering alternative access points into the urgent care system other than hospital when necessary.

Three lower acuity pathways are also being implemented locally: Fever, Diarrhoea/Vomiting and Bronchitis. Clear clinical management and pathway maps have been drawn up by the central Children's team. These will be developed to give clear details about providers and contacts where there is a need for onward referrals. This aims to prevent the default referral in to A&E and to support clinicians to manage these conditions in primary care where appropriate.

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

#### 3.3.1 Emergency admissions for children with lower respiratory tract infections (January 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.

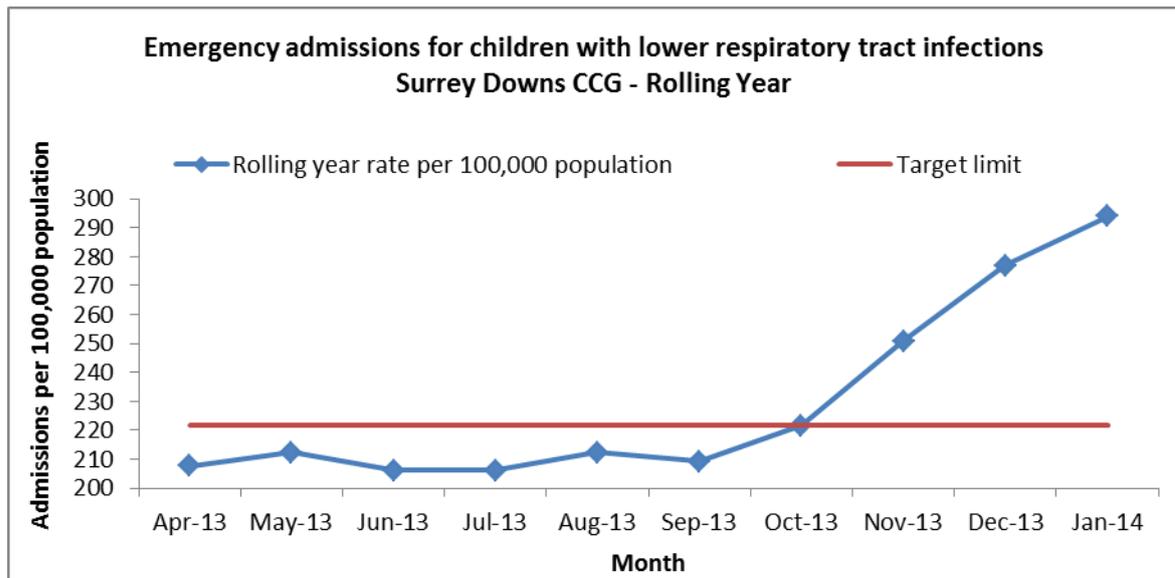
There were 30.78 admissions per 100,000 population in January 2014, resulting in a year to date admission rate of 269.3. This exceeds the year-end target limit of 221.59.

However due to small volumes, monthly rates have been subject to fluctuation (Table 4 below) with a large peak from October to January.

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Year to date
Baseline volume (2011/12)	15	6	4	7	2	6	4	31	44	9	<b>128</b>
2013/14 volume	6	9	0	7	6	4	12	50	61	20	<b>175</b>
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	<b>196.97</b>
2013/14 rate per 100,000 population	<b>9.23</b>	<b>13.85</b>	<b>0.00</b>	<b>10.77</b>	<b>9.23</b>	<b>6.16</b>	<b>18.47</b>	<b>76.94</b>	<b>93.87</b>	<b>30.78</b>	<b>269.30</b>

**Table 4: 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 September 2013 (Figure 4 overleaf).



**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

#### 3.4.1 Friends and Family Test (FFT)

The FFT for patients was launched across all acute hospital inpatient and A&E departments in April 2013, and maternity services in October 2013. It will be implemented across Primary Care, Community and Mental Health Services by the end of December 2014 and across the rest of NHS funded services by the end of March 2015.

In addition, from April 2014, all NHS Trusts providing acute, community, ambulance and mental health services in England will be required to implement the FFT for NHS staff with the first set of results being reported in July 2014.

There is an increasing body of evidence which indicates an association between positively engaged staff and positive patient experiences. NHS England has therefore adopted patient and staff FFT results as the first two measures in the high level scorecard in its first business plan, “Putting Patients First”.

The Quality Team monitors the FFT results across providers as one of the measures of patient experience and scrutinises associated action plans. Providers who have been previously reported as outliers in this measure are Kingston Hospital NHS Foundation Trust and The Royal Surrey County Hospital NHS Foundation Trust.

The review of the Patient Experience action plan at Kingston Hospital that was being undertaken has not yet been completed; however there are a number of key actions that the Trust is taking to ensure that they capture the views of a wider cohort of patients. For example, they are trying to capture more responses from people with dementia by involving carers in providing feedback about their relative’s care.

The Royal Surrey County Hospital NHS Foundation Trust has seen some improvement in both response rates and results. There is one ward where there are still particular concerns noted but there is intensive support being given to improve patient experience there.

The first results have been published for FFT in maternity services. There are four points in their pathway at which a patient will be asked whether they would recommend this service to Friends and Family:

- Ante-natal Care
- Birth
- Post-Natal Ward
- Post-Natal Community Provision

Trusts have been finding it challenging to capture all parts of the pathway, particularly the Post-Natal Community Provision. There are also incomplete pathways, for example when a woman chooses to receive her ante-natal care from one organisation but deliver at a different Trust or organisation. The first results from Maternity Services are presented in Table 5 below.

Name of Trust	FFT Maternity Response Rate
Epsom and St Helier University Hospitals NHS Trust	54%
Kingston Hospital NHS Foundation Trust	38%
St Georges Hospital NHS Trust	19%
Surrey and Sussex Healthcare NHS Trust	14.8% (Very low ante-natal response)

**Table 5: FFT responses in Maternity Services**

The Quality Team will continue to scrutinise Trust improvement plans around FFT and report progress in all areas through the Quality Committee.

### **3.4.2 Patient Experience Feedback**

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

The Communications and Engagement team have been working with the Service Redesign team to seek patient's views on local out of hours GP services. A survey was created which was available both online and on the CCG's website to capture patient's feedback and the team received 548 responses. The feedback from the survey will be used to inform the specification for the new service.

During February, the Patient Experience Service has been contacted regarding NHS Health Checks. The NHS Health Checks scheme is nationally led by Public Health England and locally supported by the Public Health team at Surrey County Council. It is the local authority's responsibility to promote the scheme and to encourage GP surgeries and pharmacies to participate, however locally there is a concern that people are not aware of health checks and how to access them; therefore we plan to work with the local authority to ensure wider promotion.

### **3.4.2.1 Surrey and Sussex Healthcare NHS Trust**

The Quality Team attended a deep dive which focused on Patient Experience at Surrey and Sussex Healthcare NHS Trust (SaSH). The patient representative from Dorking locality also attended. The Trust gave a presentation which focused on the work that they have been undertaking to improve Patient Experience which includes the Friends and Family Test but have taken this further by using a system called “Your Care Matters” – a real time survey which enables them to feedback complaints, concerns and compliments in a very timely way and at a ward or individual level. The Trust have also staged a Patient Experience workshop which has informed their Patient Experience Strategy, currently in draft and are looking at a variety of ways in which to capture a wide range of patient feedback.

SaSH have made very good progress in this area and progress of the Patient Experience Strategy, once agreed, will be monitored through their monthly Clinical Quality Review Meeting (CQRM).

### **3.4.2.2 Additional information**

All providers report patient experience at their Clinical Quality Review Meetings which are attended by the Quality Team. The information that is reported 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.

### **3.4.2.3 Patient Advice and Liaison Service (PALS)**

Between October and December 2013 Surrey Downs CCG received 46 PALS queries. This is a decrease of 34 on the last quarter between July and September 2013. Although this is a decrease on the previous period, this was exceptional in that the service received 30 PALS queries in relation to the expiry of the EDICS contract in the last quarter.

Of the 46 queries received, 30 of these were in relation to Surrey Downs CCG patients. Six queries were from patients from neighbouring CCGs whose query related to a service hosted by Surrey Downs CCG and the remaining ten queries came from patients belonging to neighbouring CCGs or patients whose location was unknown.

There were two queries out of the 46 received that progressed into a formal complaint, which highlights that the PALS service has been successful in resolving issues at an early stage.

The Patient Experience Service received the most queries about the NHS Funded Healthcare service in this quarter. This was closely followed by GP surgeries which accounted for nine queries, then acute hospitals which accounted for 4.

The majority of queries regarding the NHS Funded Healthcare Service were in relation to a continuing healthcare assessment that had taken place in terms of the outcome, process or timescale. Due to the complexity of NHS Funded Healthcare, in many cases these queries are more complex and require investigation on an individual basis and a written response.

Due to the variety of queries received this quarter, it is very difficult to identify trends; however this month's data does report a reduction in queries relating to GP surgeries compared to the previous quarter. This could be as a result of improved information provided on the CCG website. Public promotion regarding what services the CCG is responsible for commissioning is still a priority and the service is devising a patient information leaflet which will cover this, along with contact details for relevant organisations.

### **3.5 Treating and caring for people in a safe environment and protecting them from avoidable harm**

#### **3.5.1 Incidence of Healthcare associated infection (HCAI): *C. difficile* (January 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.

The CCG Balanced Scorecard has been replaced with the CCG Delivery Dashboard from Quarter 3 2013/14 onwards. The Quarter 3 dashboard was produced and released by NHS England on 18<sup>th</sup> February for review with CCGs. *C. difficile* was given a red rating; all other CCG Outcomes Indicators were rated green where data was available.

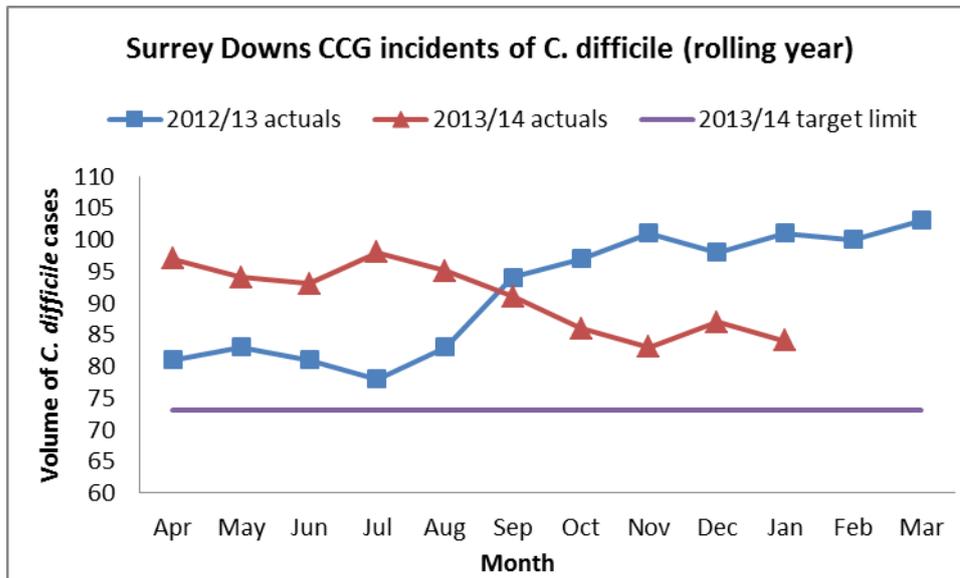
*C. difficile* is present in the bowel of approximately 3% of the healthy population. If antibiotics are given, the good bacteria in the bowel can be disturbed causing the *C. difficile* to multiply rapidly. Therefore appropriate clinical prescribing of antibiotics and adherence to prescribing guidelines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

Surrey Downs CCG was attributed with five cases of *C. difficile* in January 2014, resulting in a year to date total of 75. This now exceeds the year-end target limit of 73, therefore the potential Quality Premium payment will be reduced by 12.5%. 33 of these cases were acute acquired and 42 were non acute acquired.

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Cases of <i>C. difficile</i>	6	7	3	14	11	8	7	8	6	5

**Table 6: Cases of *C. difficile* attributed to Surrey Downs CCG**

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**

In addition, Surrey Downs CCG’s year to date performance is better than the same period in 2012/13. However, there is room for improvement and the focus for 2014/15 will be on agreeing measures that will assure the Governing Body that providers are achieving and maintaining best practice in this area.

January’s infections were recorded at Epsom and St Helier (4) and Kingston Hospital (1). All these infections were attributed to the acute trust with the exception of one at Epsom and St Helier which was non acute acquired. One acute case from the London Heart Hospital was adjusted and accredited to the CCG as an additional case in December.

During the period April 2013 to January 2014, Epsom and St Helier has had a total of 34 cases of *C. difficile* against the DH objective of 47 for 2013/14. Seventeen of these cases affected Surrey Downs patients and one Guildford and Waverley patient.

Table 7 overleaf shows year to date *C. difficile* performance of all the acute NHS Trusts commissioned by Surrey CCGs compared to the same period during 2012/13. Epsom and St Helier has had a 40% reduction of *C. difficile* cases in 2013/14 when comparing to 2012/13.

Trust	2013/14 target limit	Total acute cases Apr 13 - Jan 14	Total acute cases Apr 12 -Jan 13	Year on year change
Epsom and St Helier	47	34	61	-25
Surrey and Sussex Healthcare	31	23	22	+5
Kingston Hospital	15	22	19	+4
Royal Surrey County Hospital	14	22	18	+4
Ashford and St Peter's	13	6	11	-5
Frimley Park Hospital	8	12	11	+3

**Table 7: Surrey CCG providers' *C. difficile* performance**

The Department of Health has now announced the objectives that have been set for CCGs for the period of 2014/15 and the objective or ceiling set for Surrey Downs CCG is a maximum of 75 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, for 2014/15, organisations will be encouraged to assess each case of *C. difficile* identified 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 to this and this will be reflected in future reports to the Governing Body.

### **3.5.2 Incidence of Healthcare associated infection (HCAI): MRSA (January data) - Red Risk**

The frequency of Methicillin-Resistant *Staphylococcus Aureus* (MRSA) infection is measured in both the CCG Outcome Indicator Set and, as reported above, 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* has already exceeded the year-end target limit of 73 (see section 3.5.1).

The Delivery Dashboard assessment of MRSA for CCG assurance is based on the number of cases assigned to CCGs following a PIR. Surrey Downs CCG's Delivery Dashboard shows no cases of MRSA bacteraemia during the first three quarters of 2013/14.

However, Surrey Downs CCG had one community acquired MRSA bacteraemia in January 2014, which affected a patient receiving respite care in a local nursing home and who required acute admission for a urinary catheter change. A post infection review was carried out by the Quality Team with the support of the Surrey Infection

Prevention and Control lead and this concluded that it was probable that the bacteraemia arose from the re-insertion of the urinary catheter. However, transmission within the community setting could not be excluded. Therefore, the MRSA infection has remained assigned to the CCG. There were recommendations made around documentation, transfer of information between organisations and the auditing of staff competency on catheter insertion to prevent infection. At the time of writing, the Quality Team is waiting for the Acute Trust's action plan and a further update will be given at the Clinical Quality Committee.

### **3.5.3 Serious Incidents Requiring Investigation (SIRIs) including Never Events**

#### **3.5.3.1 Never Events**

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

#### **3.5.3.2 Serious Incidents Requiring Investigation (SIRIs)**

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.

There have been seven incidents concerning Surrey Downs patients declared since December: four at Epsom and St Helier NHS Trust, two at Surrey and Borders Partnership NHS Foundation Trust and one at Surrey and Sussex Healthcare.

A full 6 monthly report identifying themes, trends and actions will be presented to the Quality Committee in May. Any key issues arising from this will be reported to the Governing Body in May.

#### **3.5.3.3 Serious Incident Review and Closure from April 2014**

Historically in Surrey the process of review, recommendation for closure and identification of learning has been undertaken by a Surrey-wide panel. Through the Surrey Clinical Commissioning Groups' (CCGs') Collaborative and with support from the NHS England Area Team, the CCGs in Surrey have agreed that from April 2014 they will each be responsible for reviewing investigation reports into serious incidents requiring investigation (SIRI) of Providers for which they are host commissioners. Separate events will be convened to review trends and share learning.

The Governing Body of Surrey Downs Clinical Commissioning Group (the CCG) is responsible for performance management and closure on the national reporting system (Strategic Executive Information System - STEIS) of each Grade 1 serious incident requiring investigation (SIRI) that occurs within organisations for which they are the host commissioner or other directly commissioned services; and for scrutiny

of Grade 2 SIRI and Never Events to jointly agree closure with the NHS England Area Team

At the Quality Committee meeting 6<sup>th</sup> February the proposed approach to meeting these responsibilities was set out and supported, including delegation to a Sub-Committee of the Quality Committee. It was agreed to proceed to requesting Governing Body approval to appoint Sub-Committee.

The proposed Sub-Committee will be chaired by clinical members of the Governing Body in accordance with the terms of reference attached (Appendix 2), noting that the quorum requirement has changed from the initial draft presented to the Quality Committee – the role of the third person is no longer specified.

Under the CCG Constitution the group can appoint a Sub-Committee and determine its membership and terms of reference. The Governing Body is therefore requested to agree the establishment this Sub-Committee of the Quality Committee. Subject to this agreement the first meeting is due to take place in April and the amendment to the Scheme of Delegation within the Constitution will take place at the next opportunity to present to NHS England in June.

#### **3.5.3.4 Surrey and Borders Partnerships Foundation NHS Trust (SABP)**

SABP are working within a plan that was agreed in November 2013, to support the closure of SIRIs. The process is managed by NE Hants and Farnham CCG, as lead commissioners, with the support of the South Commissioning Support Unit.

As of 31<sup>st</sup> January 2014, there were 123 SIRIs recorded on STEIS as reported by SABP. Of these, 34 are open and overdue for closure. 29 SIRIs remain under review by the Surrey Patient Safety Assurance Group (PSAG) and are awaiting further clarification from SABP or Surrey Social Services, as commissioner of Drug and Alcohol services before closure is agreed. 19 are still open and are in the 45/60 working day timeframe and 41 SIRIs are closed.

During January 2014, SABP completed the investigations for 6 SIRIs which were scrutinised by the Surrey PSAG and the extra SABP scrutiny panel.

The trajectory was not achieved in October or November 2013 but has been achieved in December and January with 5 SIRI investigations being completed each month. The Trust is now on trajectory and progress will be monitored by NE Hants and Farnham CCG on behalf of the Surrey CCGs.

### **3.5.4 Safeguarding Adults – key issues**

*Contribution from the Designated Nurse for Adult Safeguarding*

#### **3.5.4.1 Nursing Home Closures**

The Designated Nurse for Safeguarding Vulnerable Adults in Surrey, working closely with providers and adult social care and the CHC team is currently supporting, as

matter of urgency and priority, the closure of three Care Homes in line with the agreed Provider Closure Protocol. Reviews are being undertaken where necessary to accurately assess needs and the team is working closely with the nursing homes and Surrey County Council to ensure appropriate alternative arrangements are put in place to ensure a smooth transition for all clients who are affected.

The homes that are due to close are shown in Table 8 below.

Home	Registered patients	Residents affected	Estimated closure date	Comment
<b>Redwood Care Centre, Guildford (Guildford and Waverley CCG)</b>	53	35	31 March 2014	
<b>The Bradbury Centre, Shepperton (North West Surrey CCG)</b>	50	38	11 April 2014	Approx. figures of current resident only. Some residents may be in hospital or on respite care.
<b>Winscombe Court Nursing Home, (Surrey Downs CCG)</b>	30	19	31 March 2014	The situation changes day by day. BUPA plans to have transferred all residents to their new placements by 14 <sup>th</sup> March 2014

**Table 8: Nursing home closures**

### **3.5.4.2 Serious Case Reviews**

The Business Management Group, a sub-group of the Surrey Safeguarding Adults Board is due to meet on 20<sup>th</sup> March 2014 and will be discussing two of the remaining three Serious Case Reviews that are awaiting publication. The Designated Nurse will be attending this meeting and it is expected that the Serious Case Reviews will be published soon after this.

### **3.5.4.3 Safeguarding Adults and Dementia Awareness Training**

The CCG hosted a training afternoon for GPs which provided dementia awareness training and Level 3 Safeguarding Adults training. 33 Surrey GPs attended out of a total of 47 attendees. Five Surrey Downs CCG surgeries were not represented and the designated nurse will be following up future training arrangements with them. The afternoon was well evaluated and the feedback will be used to plan future events. It is planned to offer this training to other CCGs in Surrey.

### **3.5.5 Safeguarding Children**

A new Surrey Wide Quality Dashboard has been developed in conjunction with the Surrey Safeguarding Children Board. This dashboard brings together information on how providers are meeting their statutory requirements around safeguarding children to provide assurance to commissioners about the robustness of these arrangements. The Designated Nurse is responsible for ensuring that the dashboard is completed

and reviewed quarterly and any key issues relating to the Surrey Downs area would be brought to the attention of the Head of Quality. The Surrey Safeguarding Children Board will have the responsibility for monitoring action plans for aspects that relate to section 11 and IMR's. The Quality Committee will receive the first full report that contains information from the dashboard in May 2014.

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

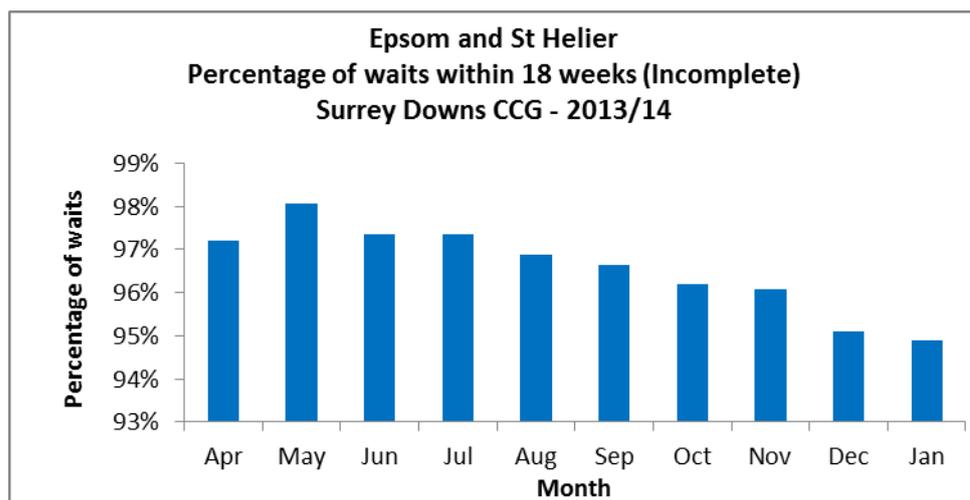
##### 4.1 Referral to treatment (RTT) waiting times for non-urgent consultant-led treatment – incomplete pathways (January data) - Green risk for monitoring

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.

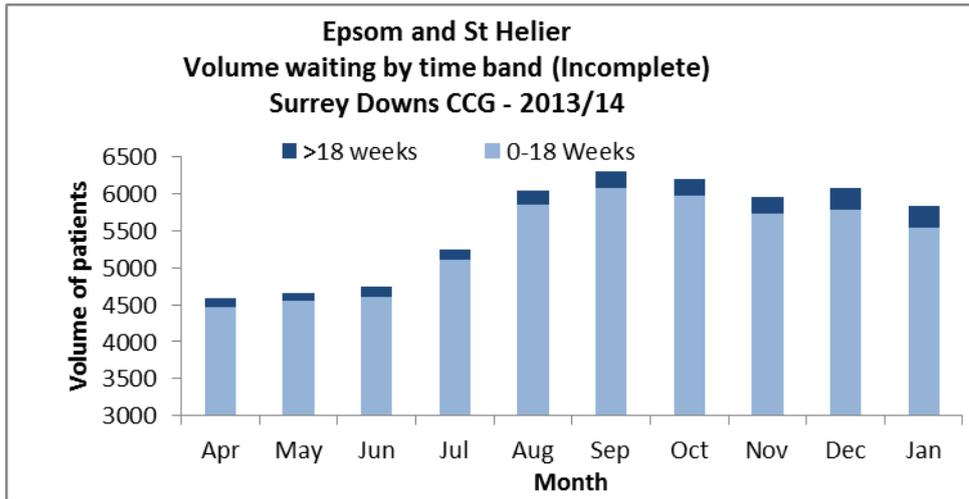
Referral to treatment waiting times for consultant-led activity form part of the calculation for the Quality Premium payments to CCGs. CCGs will have their eligible funding reduced by 25% if the target of 92% is not met over the whole year. This will be calculated by aggregating the volume of patients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

Year to date Surrey Downs CCG has achieved 96.2% 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 94.9% in January (Figure 6 overleaf). This was previously affected by transfers from EDICS in August but the decreasing trend has continued.

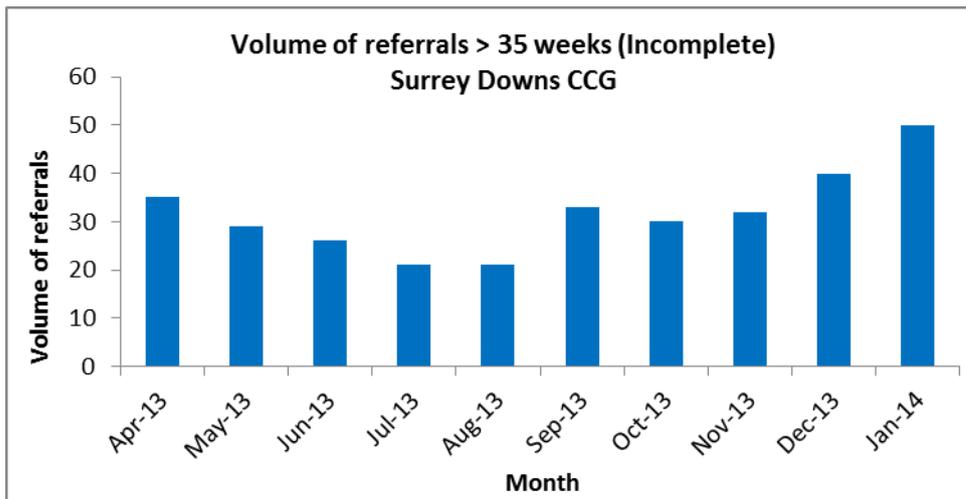


**Figure 6: Surrey Downs CCG waits within 18 weeks at Epsom and St Helier – Incomplete**



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

Surrey Downs CCG has identified a small number of patients waiting longer than 35 weeks (Figure 8 overleaf). Action has been taken with trusts to address this but an increase has been noted over the last three months. The contract management team will continue to liaise with trusts to monitor progress reducing this cohort.



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

#### **4.2 Diagnostic test waits within six weeks (January 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 Quarter 3 CCG Delivery Dashboard was produced and released by NHS England on 18<sup>th</sup> February for review with CCGs. Diagnostic test wait times were given a red rating; two other NHS Constitution measures were rated red while three were rated amber.

January 2014 data shows 67 patients waited over six weeks, the first monthly decrease since August. This equates to a monthly breach rate of 2.18%, resulting in year to date performance of 1.50% against the year-end target limit of 1%.

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Patients waiting over 6 weeks	7	4	17	37	38	29	52	85	89	67
6 weeks breach rate	0.29%	0.14%	0.61%	1.46%	1.41%	1.03%	1.75%	2.69%	2.98%	2.18%

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

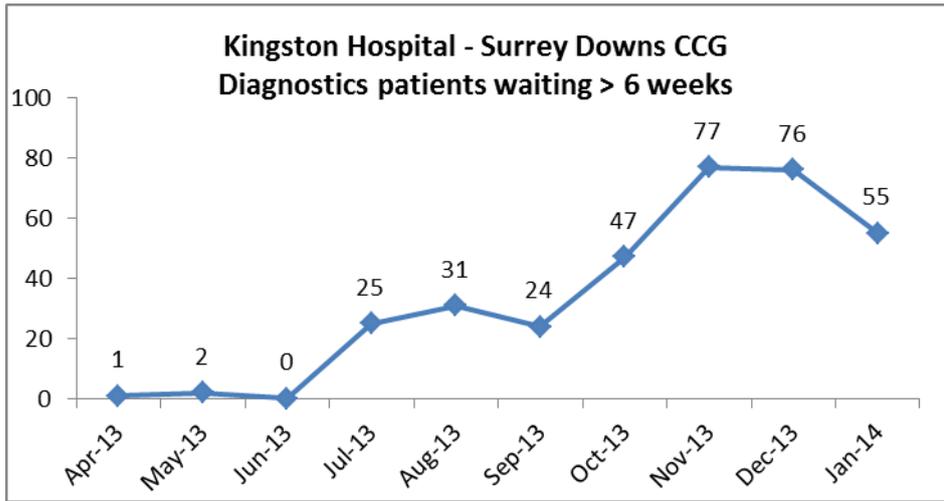
Assuming total activity remains constant, the CCG would exceed the target limit of 1% even if no further breaches were reported this financial year. However NHS England’s “CCG Assurance Framework” permits a tolerance of up to 6% over the financial year. Surrey Downs CCG would stay within this tolerance unless monthly breach rates reached 20% for the remainder of the financial year.

Table 9 overleaf shows that the majority of patients waiting over six weeks in January are at Kingston Hospital (55). This is the first monthly decrease since September, and is also accompanied by a decrease in the breach rate (Figure 10 overleaf). The trust has been struggling with capacity in their ultrasound service due to a shortage of two sonographers (47 x non obstetric ultrasound breaches in January). Surrey Downs CCG has been actively monitoring the situation and the action plan.

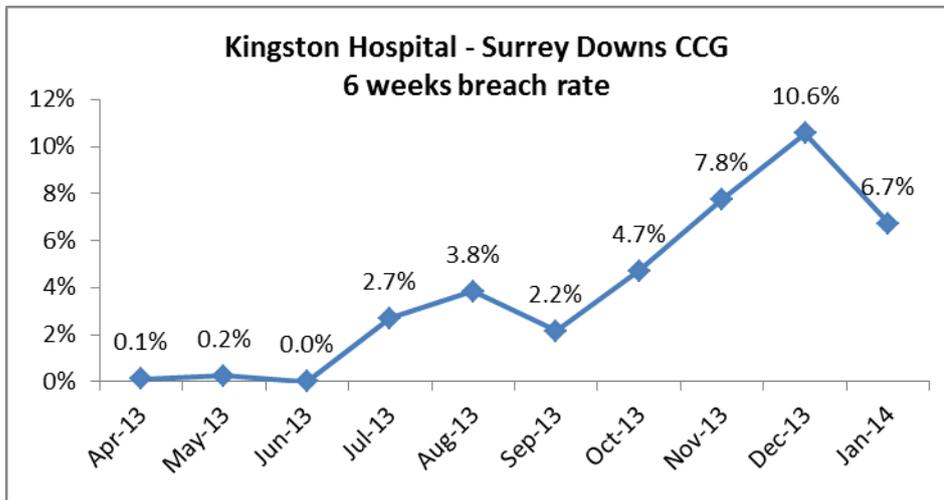
All ultrasound is currently being referred to other providers where appropriate; however certain MSK ultrasound can only be referred to Kingston. Other providers are currently being investigated. Kingston has also implemented a referral triage service and will refer back patients. All Surrey Downs CCG practices that use Kingston have been informed.

Kingston FT have planned on reducing the backlog by 67 patients per week with the aim of having no patients breaching six weeks by March 31, 2014. They are currently are on trajectory to achieve this.

Surrey Downs CCG is also requesting activity information from the trust in order to baseline demand for this service.



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



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

**4.3 Breast cancer referrals seen within two weeks (January data) – Green risk for monitoring**

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 target is that 93% of patients are seen within two weeks of referral.

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.

96.88% of patients referred were seen within two weeks in January 2014, an increase from 92.86% in December. This represents three out of 96 patients waiting more than two weeks. One of January’s three breaches was due to patient choice.

Year to date performance is 93.28%, with 64 breaches out of 953 referrals. This is three breaches under the threshold at which the 93% target would be breached. 30 of the 64 breaches were due to patient choice.

The only trust to report any breaches which were not due to patient choice is Royal Marsden, however performance is currently achieving target with 93.42% year to date. A trust action plan in place to increase capacity, which is being monitored by South London CSU, shows improved performance since August.

Surrey Downs CCG discussed performance around breast cancer waits at the Surrey and Sussex Area Team's quarterly assurance meeting on 26<sup>th</sup> February 2014.

#### **4.4 Cancer screening referrals treated within 62 days (January data) – Green risk for monitoring**

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.

The Quarter 3 CCG Delivery Dashboard was produced and released by NHS England on 18<sup>th</sup> February for review with CCGs. Cancer screening referrals treated within 62 days were given an amber rating; two other NHS Constitution measures were rated amber while three were rated red.

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.

There were no breaches during January 2014. Year to date performance is 91.18%, with six breaches out of 68 referrals. This is one breach under the threshold at which the 90% target would be breached. One of the breaches was due to patient choice at the initiating trust, and two were due to patient holidays during the pathway.

#### **4.5 Life threatening (defibrillator required): Category A calls within eight minutes - Red 1 (January data) - Green risk for monitoring**

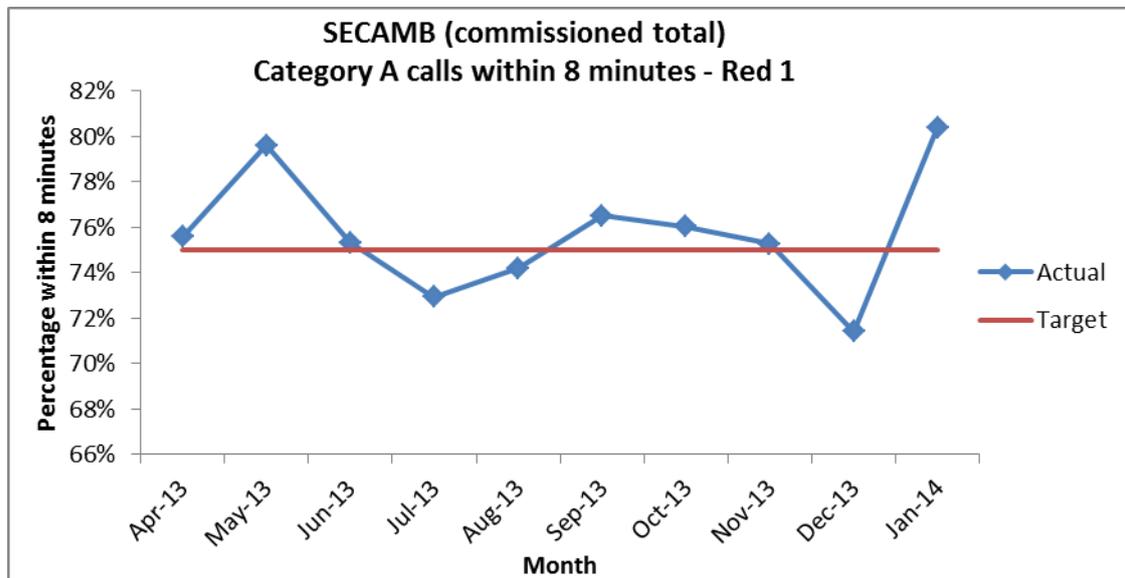
This measure is part of the NHS Constitution and forms part of the calculation for the Quality Premium payments to CCGs. If the target is not achieved then 25% of the eligible funding will be removed.

Performance is assessed at whole trust level and has a target of 75%.

The Quarter 3 CCG Delivery Dashboard was produced and released by NHS England on 18<sup>th</sup> February for review with CCGs. Category A calls within eight minutes (Red 1) were given an amber rating; two other NHS Constitution measures

were rated amber while three were rated red. SECAMB's Red 2 performance received a red rating.

During the first ten months of the year performance is 76.0% against the target of 75%. Performance showed a declining trend between September and December, but increased in January (Figure 11 below). Performance for Surrey Downs CCG patients is 81.3% year to date.



**Figure 11: SECAMB (commissioned total) Cat A calls within 8 minutes – Red 1**

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.

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 with findings and recommendations presented in February.

Next steps are to review the recommendations with commissioners with a view on prioritising and developing a response to the recommendations.

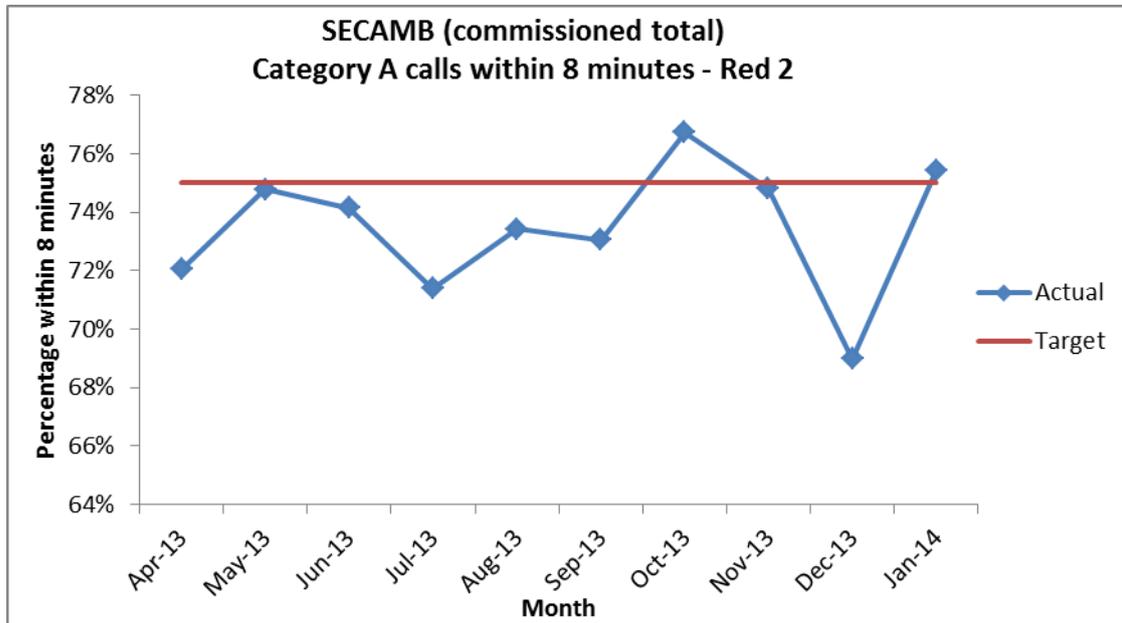
**4.6 Life threatening (defibrillator NOT required): Category A calls within eight minutes - Red 2 (less time critical) (January data) - Amber risk**

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.

Category A calls within eight minutes (Red 2) were given an amber rating in the Quarter 3 CCG Delivery Dashboard; two other NHS Constitution measures were rated red while three were rated amber. As outlined in section 4.5, SECAMB's Red 1 performance received an amber rating.

Year to date performance is 73.7% against the target of 75%. Performance has been below the target of 75% in each month this year except October and a recent uplift in January (Figure 10 below). Performance for Surrey Downs CCG patients only is 72.0% year to date.

As outlined in section 4.5, the Surrey CCG Collaborative is working to manage the contract more robustly.



**Figure 12: SECAMB (commissioned total) Cat A calls within 8 minutes – Red 2**

#### 4.7 Mixed Sex Accommodation (January 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.

The 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.

The Quarter 3 CCG Delivery Dashboard was produced and released by NHS England on 18th February for review with CCGs. Mixed sex accommodation was

given a red rating; two other NHS Constitution measures were rated red while three were rated amber.

There have been twelve breaches of mixed sex accommodation recorded this financial year against the NHS Constitution target of zero. This also exceeds NHS England's "CCG Assurance Framework" tolerance of ten over the year.

The majority of the breaches affecting Surrey Downs patients have occurred in Epsom and St Helier University Hospitals 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), St Bartholomew's Health NHS Trust (November) and University College London Hospitals NHS Foundation Trust (November). Epsom and St Helier have had no further breaches since August 2013.

It should be noted that Epsom and St Helier Hospitals University NHS Trust resubmitted their April figure, which decreased by five breaches. 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**

Risks related to performance, quality and safety have been articulated throughout the report against relevant indicators.

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 since the report to the Governing Body in January 2014.

Please refer to the separate Governing Body Assurance Framework and Risk Register Report for further detail.

## **6 Other**

### **6.1 NHS Funded Healthcare Team**

As reported in January, the NHS Funded Health Service is undergoing a transformational change programme which is addressing the recommendations that came out of the review carried out in the latter part of 2013.

There are a number of work streams in place and the focus at present is upon redesigning systems and processes to ensure that the service is fully compliant with the National Framework and Best Practice Guidance for Continuing Health Care and provides a better patient experience.

Progress to date includes:

- The reconfiguration of services to adopt patch based working. This will facilitate better relationships with local commissioning and provider organisations and will provide a more consistent approach to patient assessment and review.
- Revision of the Operational Policy which will be discussed at the Governing Body at the 21<sup>st</sup> March 2014
- The review of the process around appeals, eligibility and disputes to ensure that a consistent approach is provided across the whole of Surrey
- Key Performance Indicators for the service have been agreed

It is proposed that, if agreed, the new arrangements outlined above will be put in place for the 1<sup>st</sup> April 2014. Progress will continue to be reported to future Governing Body meetings.

## **6.2 Surrey Carers Strategy**

### *Contribution from the Partnerships Manager*

In December 2013 the DH provided formal guidance on the Better Care Fund Arrangements which is inclusive of NHS carers funding. Furthermore NHS England announced proposed new guidance on carers breaks which will give more carers the opportunity to take a much needed break.

The new guidance highlights how the Better Care Fund, announced at the Spending Review in June, includes £130 million which must be spent specifically on supporting carers and prioritised by commissioners as part of the drive to integrate health and social care services.

As part of the National Carers Strategy £400 million was allocated down to NHS for carers breaks for the period 2011-2015. Support for carers can help meet key outcomes, including reduce admissions to residential care and emergency admissions to hospital, and help save the NHS and local authorities thousands of pounds every year.

In compliance with the National Carers Strategy 2010 and local joint carers commissioning arrangements Surrey Downs CCG provides £552,517. This funding services which supports the 27,795 carers who live in Surrey Downs CCG.

Highlights of the report relating to Surrey Downs CCG are:

- All 33 Practices participate in this service.
- Nine Practices have exhausted all of their 13/14 Allocations.
- There is a 'new' accumulation of 19 'underspends by 13 Practices since redistribution in first week of January. We are working on a month by month basis to reallocate underspends during this final quarter to ensure we have exhausted the total budget available in 2013/14.
- So far 22 possible 'underspend referrals' have been transferred from nine Practices to 12 Practices in the two redistributions we have carried out.

- Quote from Assistant Practice Manager Fountain Practice: *“I would like to take this opportunity to thank you on behalf of the Fountain Practice for all your invaluable work with carers and it was a pleasure chatting to you on several occasions.”*

## **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 (12.03.14)

Indicator	Measure	Baseline Period	Frequency	Baseline	Oct	Nov	Dec	Jan	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 disease	Age/sex standardised rate per 100,000 pop	2011	Monthly	16.23	1.80	1.35	1.35	0.9	13.52
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 conditions (adults)	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 under 19s	Age/sex standardised rate per 100,000 pop	2012	Monthly	186.2	10.77	12.31	18.47	15.39	153.88
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 replacement	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 replacement	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 hernia	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 – varicose veins	EQ-5D Index case mix adjusted health gain		Annual		Data not yet released				
3.2 Emergency admissions for children with lower respiratory tract infections	Age/sex standardised rate per 100,000 pop	2012	Monthly	221.6	18.47	76.94	93.87	30.78	269.29
<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 - more detail in Clinical Quality and Patient Safety report</b>									
5.2i Incidence of Healthcare associated infection (HCAI): MRSA	Rate per 100,000 registered pop, not age/sex standardised	2012/13	Monthly	0	0	0	0	1	4
5.2ii Incidence of Healthcare associated infection (HCAI): C difficile	Rate per 100,000 registered pop, not age/sex standardised	2012/13	Monthly	73	7	8	6	5	75

## NHS Constitution Metrics (12.03.14)

Indicator	Target	Lower Threshold	Oct	Nov	Dec	Jan	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%	85%	95.11%	93.53%	93.99%	91.69%	94.15%
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	95%	90%	97.44%	97.25%	97.53%	96.44%	97.67%
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	92%	87%	96.28%	96.12%	94.81%	94.83%	96.24%
<b>Diagnostic test waiting times</b>							
% Patients waiting within 6 weeks for a diagnostic test	99%	94%	98.25%	97.31%	97.16%	97.82%	98.50%
<b>A&amp;E waits</b>							
A&E waits within 4hrs (QTD)	95%	90%	95.69%	96.15%	95.00%	95.63%	95.65%
<b>Cancer waits – 2 week wait</b>							
CB_B6: Cancer patients seen within 14 days after urgent GP referral	93%	88%	97.44%	96.78%	96.67%	94.39%	95.75%
CB_B7: Breast Cancer Referrals Seen within 2 weeks	93%	88%	98.96%	94.95%	92.86% (6 breaches)	96.88%	93.28%
<b>Cancer waits – 31 days</b>							
CB_B8: Cancer diagnosis to treatment within 31 days	96%	91%	99.13%	98.31%	99.04%	99.22%	98.66%
CB_B9: Cancer Patients receiving subsequent surgery within 31 days	94%	89%	100%	94.44%	93.33% (1 breach)	95.24%	96.51%
CB_B10: Cancer Patients receiving subsequent Chemo/Drug within 31 days	98%	93%	100%	100%	100%	100%	100%
CB_B11: Cancer Patients receiving subsequent radiotherapy within 31 days	94%	89%	100%	96.77%	100%	100.00%	99.19%
<b>Cancer waits – 62 days</b>							
CB_B12: Cancer urgent referral to treatment within 62 days	85%	80%	86.57%	87.72%	86.54%	88.89%	86.68%
CB_B13: Cancer Patients treated after screening referral within 62 days	90%	85%	77.78% (2 breaches)	100%	84.62%	100.00%	91.18%
CB_B14: Cancer Patients treated after consultant upgrade within 62 days	Local		100%	N/A - no referrals	N/A - no referrals	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%	70%	76.0%	75.3%	71.4%	80.4%	76.0%
Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2	75%	70%	76.7%	74.8%	69.0%	75.4%	73.7%
All life threatening: Category A calls within 19 minutes	95%	90%	97.9%	97.4%	95.4%	97.5%	97.0%
<b>Mixed Sex Accommodation Breaches</b>							
Mixed Sex Accommodation Breaches	0	40	0	2	0	1	12
<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%	95%	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%	90%	98.25%				98.90%

## CCG Operating Plan (12.03.14)

	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
<b>NCB Required trajectories</b>												
i) What dementia diagnosis rate are you aiming for in 2013/14 and 2014/15?	48.2% (1969 patients)	43.7% 1785			46.8% 1911			45.3% 1852				48.4% 1978
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% (2701 patients)	8.4% 515			11.9% 732			9.7% 598				10.0% 1845
<b>NCB Local priorities</b>												
Dementia - Number of new patients screened for dementia	12.2% (500 patients)	Dementia project started July 2013			12.3% 503			9.1% 372				21.4% 875
LTC - Number of patients with LTC managed on the Virtual Ward (CHD, Diabetes, COPD)	10% (1100 patients)	913			1057			899				15.8% 1740
Stroke Prevention - Anti-Coagulation monitoring Out-of-Hospital (patients)	58.2% (3036 patients)	Annual measure										64.8% 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%	-9.3%	-6.5%	-13.7%
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%	8.5%
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%	7.3%

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

## Appendix 1: 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)

## Appendix 2: Serious Incident Review Sub-Committee Terms of Reference (Draft)



### SERIOUS INCIDENT REVIEW SUB-COMMITTEE

#### TERMS OF REFERENCE

#### 1. CONSTITUTION

- 1.1 The Governing Body of Surrey Downs Clinical Commissioning Group (the CCG) is responsible for performance management and closure on the national reporting system (Strategic Executive Information System - STEIS) of each Grade 1 serious incident requiring investigation (SIRI) that occurs within organisations for which they are the host commissioner or other directly commissioned services; and for scrutiny of Grade 2 SIRI and Never Events to jointly agree closure with the NHS England Area Team
- 1.2 In accordance with the agreement through the Surrey Collaborative and host commissioning arrangements all CCGs in Surrey have adopted this approach.
- 1.3 The process for closure must be robust and auditable so that assurance around closure decisions is evident. This responsibility is under the auspices of the CCG Clinical Quality Committee, a Committee of the Governing Body, which hereby resolves to establish a Sub-Committee to be known as the Serious Incidents Review Sub-Committee (the Sub- Committee).
- 1.4 The purpose of the Sub-Committee is to provide assurance to the Surrey Downs CCG Governing Body, and through the Collaborative to Surrey CCGs, on the robustness of provider investigations and action-planning as a result of serious incidents requiring investigation (SIRI), and that learning from SIRI has been identified and shared widely.
- 1.5 The Sub-Committee will be chaired by a clinical member of the Governing Body who has delegated authority from the Governing Body to take decisions within the scope of the Sub-Committee.
- 1.6 The Sub-Committee will work closely with the CCG- led multi-stakeholder groups (Clinical Quality Review Groups or Meetings) which monitor the quality of service provision within commissioned services to ensure an integrated, coordinated approach to the management of serious incidents is taken, and to strengthen assurance provided to the Governing Body via the Clinical Quality Committee.
- 1.7 The Sub-Committee has no executive powers, other than those specifically delegated in these terms of reference.

1.8 All procedural matters in respect of conduct of meetings shall follow the Governing Body Standing Orders.

## 2. SCOPE

2.1 Review and closure of Grade 1 serious incidents requiring investigation declared and investigated by the commissioned provider organisation/Trust. Monitor completion of action plans.

2.2 Review of Grade 2 serious incidents requiring investigation and Never Events declared and investigated by the commissioned provider organisation/Trust and providing feedback to the reporting organisation and the NHSE Area team which is responsible for closure in agreement with the CCG. Monitor completion of action plans jointly with the NHSE Area Team.

2.3 Members of the Committee may also be requested to review investigations into SIRI declared by the CCG itself with independent co-opted members as part of internal governance processes. Responsibility for on-going review, monitoring and closure lies with the NHS England Area Team.

## 3. ACCOUNTABILITY

3.1 The Sub-Committee is accountable to the CCG governing body via the Clinical Quality Committee, and to all Surrey CCGs within the Collaborative.

3.2 Any risks or matters of concern arising from the occurrence and investigation of serious incidents will be shared with relevant organisations, immediately where prompt action is required, and via the CQRG, and the Clinical Quality Committee with escalation to the Governing Body where indicated.

## 4. MEMBERSHIP

4.1 The Sub-Committee shall be appointed by the Clinical Quality Committee.

4.2 The members shall be:

<b>Members</b>	
Head of Quality (Chair)	CCG
Lay Person / Patient Representative	CCG
Lay Person / Patient Representative	CCG
Clinical Quality and Safety Manager	CCG
GP (GB Member and Vice Chair)	CCG
GP (GB Member and Vice Chair)	CCG
Serious Incident Management Lead	CSU

<b>Supporting Officers – Provider representatives</b>	
Provider Representative <i>Attendance for the discussion. This may include Head of Quality or Governance, Risk Manager/ Patient Safety Manager, Clinical Lead or Lead</i>	Provider

<i>Investigating Manager.</i>	
<b>Other CCGs' Staff</b>	
Quality Leads or nominated Deputy, GPs <i>when a SIRI involves a patient from their patient</i>	CCG
<b>Subject Matter Experts</b>	
<i>Depending on the incident, this might include leads for information governance, infection prevention and control, safeguarding children and adults, or other senior managers or specialist staff as deemed appropriate and able to provide an independent perspective.</i>	CCG/ Trust/ Independent

4.3 The Chair of the Sub-Committee shall be the Head of Quality

4.4 The Deputy Chair of the Sub-Committee shall be a GP Governing Body Member.

## 5. QUORUM

5.1 The Sub-Committee will be quorate when the following are present

- Head of Quality or GP Governing Body Member
- Clinical Quality and Safety Manager or Serious Incident Lead
- Plus one other member

5.2 The quorum shall be at least two members of which one must be a clinician and one must be a member of the Governing Body.

## 6. ATTENDANCE AND FREQUENCY OF MEETINGS

6.1 CCG and CSU members or nominated deputies are expected to attend each meeting.

6.2 At least one suitably briefed provider representative is expected to attend to enable meaningful discussion of each case; to facilitate immediate response to any issues raised; and thus enable closure of serious incidents.

6.3 Meetings shall be held monthly at the Surrey Downs CCG headquarters.

## 7. AUTHORITY

7.1 The Sub-Committee is authorised by the CCG governing body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any requests made by the Committee.

## 8. DUTIES

8.1 To scrutinise all Providers' investigation reports - for which the CCG either directly commissions or is the host commissioner - into serious incidents requiring investigation to assess the quality of the investigation, report and action plan, in line with national best practice guidelines and local serious incident policies, and to identify opportunities for wider learning.

- 8.2 To use a standard checklist or evaluation tool as in accordance with that set out in the national and regional guidance from NHS England
- 8.3 To agree that recommendations and remedial action plans arising from investigations are robust, feasible and meet the patient safety and quality requirements of the CCG as a commissioner.
- 8.4 To assess the processes in place to implement the action plan, follow up on any outstanding matters and disseminate organisational learning (internally and in the wider health economy).
- 8.5 To provide challenge where appropriate and request re-submission of reports deemed unsatisfactory within an agreed timescale.
- 8.6 To provide a forum for reviewing and scrutinising any joint investigations for which the CCG may not be the lead organisation.
- 8.7 To apply the above level of scrutiny and monitoring of action plans to all SIRI within the scope of the Sub-Committee.

## **9. REPORTING**

- 9.1 The Sub-Committee will report to the Clinical Quality Committee at least quarterly and more frequently by exception, to provide a position statement including summary of the reports reviewed in the period, and opportunities for wider learning that require further discussion and action, as well as progress on implementation of action plans and details of complaints reviewed.
- 9.2 The Sub-Committee will report a summary of their review of reports and action plans to CQRG meetings that follow a meeting of the Sub-Committee in order to highlight any significant areas or issues for concern or learning
- 9.3 The Sub-Committee will provide summary information in a monthly position statement to Surrey CCGs.
- 9.4 The Chair of the Sub - Committee or nominated deputy shall draw to the attention of the CQRG, Clinical Quality Committee, Governing Body and other CCGs where their patients are involved, any issues that require immediate disclosure to those bodies.
- 9.5 NHS England Area Team and Surrey Quality leads will host three events Surrey-wide per year to ensure that key learning is widely shared.

## **10. SUPPORT**

- 10.1 Preparation for, and administration of, the meeting will be supported by the South Commissioning Support Unit. This includes recording the minutes of the meeting, monitoring action logs and producing reports.