

Governing Body
24th November 2017

Quality and Performance Report

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Audience	Governing Body

EXECUTIVE SUMMARY

This report is to assure the Governing Body that the CCG reviews the performance of NHS healthcare providers it commissions against the key performance and clinical quality and safety indicators and that those areas of concern or risk to patients are highlighted and addressed.

Key issues to note:

Section One

A summary of the key issues for each provider is placed in the Executive Summary and again at the end of their section in the report.

Section Two summarises performance against the key areas outlined below and forms the basis of the NHS England Area Team's quarterly assurance meetings:

- CCG Outcomes Indicator Set
- NHS Constitution
- CCG Operating Plan including three local priorities

Recommendation(s):

The Governing Body is requested to:

- 1) Review the report
- 2) Discuss highlighted matters of concern and areas where further assurance is required.
- 3) Agree any matters for escalation to NHS England, NHS Improvement or any regulatory organisations.

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GOVERNANCE SUMMARY

Compliance:	Finance: There continues to be a risk that the CCG will not achieve the level of performance in a number of areas of quality and that this will impact on the potential to receive the associated quality premium payments.
	Engagement: Patient and public feedback is key to understanding the quality and experience of commissioned services. The CCG monitors its commissioned providers in respect of performance in this area.
	Formal impact assessments: Quality and Equality Impact Assessments are carried out on all service developments and improvements and monitored for future impact. There is no Privacy Impact identified in this paper.
	Risk: Where inadequacies in provider performance around quality and safety are assessed to be a risk to the CCG as a commissioner of those services, these will be raised on the CCG's corporate risk register or Governing Body Assurance Framework.
	Legal: No issues identified.

<p>CCG principal objectives relevant to this paper (delete those that do not apply):</p>	<p>P1) Deliver the Financial Recovery Plan, based largely on a successful transformational QIPP programme</p> <p>P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands STP and ensure that this contributes significantly to the creation of a sustainable health economy with improved outcomes and quality</p> <p>P3) Prepare the CCG to take on its responsibilities for the commissioning of primary care in 2017-18, ensuring that this is consistent with broader commissioning development</p>
<p>CCG Operating plan objectives relevant to this paper(delete those that do not apply):</p>	<p>OP1) Implement the quality improvement strategy;</p> <p>OP2) Implement pathway programmes;</p> <p>OP4) Delivery of constitutional performance requirements;</p> <p>OP5) Delivery of other priorities</p>
<p>CCG core functions relevant to this paper(delete those that do not apply):</p>	<p>CSF1 Commissioning of services, including patient choice;</p> <p>CSF2 Meeting required national and local performance standards;</p> <p>CSF3 Improving quality, including research;</p> <p>CSF4 Compliance with standards including patient safety;</p> <p>CSF5 Reducing inequalities;</p> <p>CSF6 Patient and Public engagement;</p> <p>CSF11 Safeguarding children and associated legal duties;</p> <p>CSF12 Adult safeguarding and associated legal duties (including mental capacity);</p> <p>CSF17 Continuing Health Care;</p> <p>CSF18) Collaborative arrangements – NHS, local authority and other;</p> <p>CSF19 Public Health responsibilities including child poverty;</p> <p>CSF21 Supporting Health and Wellbeing including JSNA</p>

Integrated Quality and Performance Report – November 2017

1. Introduction

- 1.1. Ultimate responsibility for safeguarding the quality of care provided to patients rests with each provider organisation through its Board. However, CCGs, as statutory organisations are required to deliver the best possible services to and outcomes for patients within financial allocations. Therefore, Surrey Downs CCG (SDCCG) has a statutory duty to secure continuous improvements in the care that we commission and to seek assurance around the quality and safety of those services. This requirement is underpinned by national guidance and locally-determined commissioning intentions.

- 1.2. This report covers data reported at September 2017 Clinical Quality and Review Group meetings and is to assure the Governing Body that the CCG monitors the performance of NHS healthcare providers it commissions against the key performance and clinical quality and safety indicators and, that areas of concern or risk to patients are highlighted and addressed. The report presents an overview of quality of care and patient safety matters, with narrative around areas of concern, risk. A weekly performance report covering contract performance indicators is produced and circulated to CCG leaders. It is reviewed by the CCG Executive therefore general performance indicators are not covered in this report.

- 1.3. **Section One** of the report provides information about Surrey Downs CCG's main providers and reports on available data at the time of writing the report. This contains national and local data, formal and informal, for all patients (not only Surrey Downs). In depth review of key risk areas is contained here and, in this way, any wider concerns around quality and safety leading to potential risk to Surrey Downs CCG patients are addressed.

1.4. **Section Two** of the report summarises performance against the key areas outlined below and forms the basis of the NHS England Area Team’s quarterly assurance meetings:

- CCG Outcomes Indicator Set
- NHS Constitution
- CCG Operating Plan including three local priorities

1.5. The performance dashboards for Surrey Downs CCG patients (Appendix 1) reflect the formal reporting of performance position against the goals and core responsibilities of the CCG as outlined in ‘*Everyone Counts: planning and priorities for patients in 2014/15 – 2018/19*’ and the ‘*CCG Improvement and Assessment Framework 2017/18*’. Matters of concern addressed in this section are cross referenced to Section One where necessary.

1.6. Each provider has its own internal governance and risk management processes. Provider’s own risks relating to contractual requirement are discussed at contract meetings and Clinical Quality Review Group/ Monitoring meetings.

1.7. Where inadequacies in provider performance around quality and safety are assessed to be a risk to the CCG as a commissioner of those services, these will be raised on the CCG’s corporate risk register or Governing Body Assurance Framework.

2. Executive Summary of Key Areas of Concern

2.1. Provider Performance

A summary of the key issues for each provider and the actions being taken is contained in the table below. A more detailed report has been received and reviewed by the Quality Committee that took place on 10th November 2017.

CSH Surrey	
Issue	Action
A risk has been raised by Dorking Healthcare about the risk resulting from the use of paper records at Dorking Community Hospital and the potential impact on patient safety	SDCCG has concluded its review that identifies on-going risks but concluded these are being actively mitigated. This will be fed back via hub boards and the CCG continues to evaluate the need for an electronic solution
Epsom and St Helier	
Issue	Action
Incidence of HCAI at the Trust with continued evidence of poor compliance with the hygiene code	Hand Hygiene compliance continues to improving in all areas across the trust
Dementia Screening Performance on a	A new action plan has been agreed and

downward trajectory and not meeting required levels	performance is expected to improve from December 2017
Safe Discharge information to Community Hospitals	The CCG has led a joint meeting between the trust and CSH and monthly meetings are now being established
Outbreak of CPE	Communications with GPs is now being considered to alert to potential issues
Surrey and Borders Partnership FT	
Issue	Action
<u>Data Quality</u> During the implementation of a new data system at the end of 2016 the Trust experienced a number of issues that have led to delays in producing good quality data which have continued. The Trust has been working with NHS England to increase confidence in the data by finding a solution to data automation issues within System One.	Data Quality was discussed again at the September CQRG. A remedial action plan was requested to address shortfall in data quality. Demonstrable improvement requested by October CQRG meeting.
<u>Joseph Palmer Centre – Community Mental Health Service</u> Surrey Downs CCG undertook a quality assurance visit on 25 th May 2017 which was generally positive. However, there had been concerns identified by GPs and patients in the locality.	The service providers attended the East Elmbridge locality meeting in October 2017 from which an action plan to improve the way of working together was agreed. This was shared with the lead commissioner on 1 st November 2017 and will be reviewed by the Surrey Downs quality and mental health commissioning team.
Kingston Hospitals NHS FT	
Issue	Action
The percentage of patients screened for Sepsis and who have documented evidence of receiving antibiotics within 1 hour when needed has not been achieved to date despite considerable focus on this in the Emergency Department.	Training and awareness raising continues. Sepsis week in September 2017 was used to highlight the issues and importance of identifying those patients at risk with a 'Sock it to Sepsis' campaign. A new proforma has been introduced to the Emergency Department which helps staff both screen and start treatment and aids audit. Processes to avoid prescribing and administration delays are being developed. Recruitment of sepsis nurses in both adults and paediatrics is underway.
18 Week Referral to Treatment 52 week breaches and Cancer 100 day breach reports	The Trust has been asked to confirm the patient's 'harm' status within their breach reports and are working to resolve the issue around recording harm when other Trusts are involved in the pathway of

	care.
Surrey and Sussex Healthcare (SASH)	
Issue	Action
HSMR (mortality) for #NOF continues to rise above expected levels	The trust is reviewing all deaths and no issues with clinical care have been identified but this does remain an area of continued focus
Grade 3 Pressure Ulcers continue to be reported	A new project following similar work done on falls is being established
The number of C-difficile cases has exceeded expected levels	The will be followed up at future CQRG
South East Coast Ambulance (SECAmb)	
Issue	Action
On-going concerns regard R1 and R2” performance	As part of the on-going Demand and Capacity Review, response times will be looked at a) How SECAmb are currently meeting the standard and b) what resources are needed going forward. Reporting has also been developed at Operational Unit Level to support local engagement and improved monitoring of local issues and delays in response times.
Improvement in Ambulance Clinical Outcome Indicators	It has been agreed that the conversation regarding progressing the work on clinical outcome indicators links to the discussions taking place around determining appropriate quality and safety metrics to report alongside response time performance and the wider discussions around performance trajectories and the work done on looking at the ‘structural gap’.
Medicines Management - significant concerns following audits carried out on two sites	Progress against the project plan remains on track with key systems to govern the storage and handling of medicines being implemented and monitored. A key risk for the project is the level of culture change required from operational staff within the timeframes set out. This risk is being closely monitored and mitigated through a strong assurance framework, overseen by the SOG.
Serious Incident management not effective	The new Head of Risk joined the Trust in July 2017 and priorities for the next period remain focused on resolving the backlog of both incidents and SIs, and developing a work programme to establish a reporting culture within the

	Trust. Commissioners are carrying out a Quality Assurance visit in September focussing on Serious Incidents.
Royal Marsden Hospital FT	
Issue	Action
Nil to report	
St George's Hospital	
Issue	Action
As reported to the March 2017 Quality Committee, the Trust has been non-compliant against RTT incomplete pathways since April 2016. The work on the backlog for a cohort of dermatology patients waiting for follow-up appointments is being monitored through the Clinical Harm Group.	Serious incidents relating to this process are also being shared with the CQC and work to resolve the underlying causative issues, for example, non-adherence to standard operating procedures, is being done in the department. There is on-going scrutiny by the lead commissioner and a repeat audit will be done by the Trust in six months.

Out of Hospital Providers

Dorking Healthcare	
Issue	Action
At the October 2017 Quality Committee meeting it was noted that work was on-going in the CCG contract and quality teams to establish a greater level of assurance on DHC's sub-contracted activity in light of recent Never Events in respect of spinal surgery.	The contract and quality teams are working with DHC to confirm that their proposed sub-contract and clinical governance arrangements are robust enough to provide assurance to the CCG.
Epsommedical	
Issue	Action
No issues to report	
Ramsey Ashtead	
Issue	Action
The latest CQC report was published on 30 th May 2017 with a number of Must dos and Should dos	On-going assurance around addressing all concerns will be discussed at the Quality meeting in November

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

3.1. Continuing Health Care (CHC)

New posts of Fast Track Practitioner and Personal Health Budget (PHB) Specialist lead have been approved and are being recruited to. The post holders will support improvements in the quality of life and wellbeing for patients by ensuring that the available budget can be used flexibly and in response to individual changing needs, priorities and preferences. It will give patients more freedom to choose who provides their care, how and when. This includes fast track patients who will be able to have a PHB which can be flexed accordingly without having to go through CHC to change a care package.

Latest reports highlight the relatively high number of patients on the fast track funding pathway who are still in receipt of funding beyond the expected timeframe. This shows that the fast track tool has, on occasion, been used inappropriately. The fast track practitioner will ensure that patients who are on the fast track pathway meet the criteria. They will be dedicated to these patients and ensure they benefit from prompt sourcing of a package of care (or prompt verification of PHB budget) to enable them to receive the right care at the right time, in the right place as they approach the end of their life.

The team has extended the CQUIN programme for Care Homes this year to include a CQUIN that encourages 80% compliance in care staff receiving a flu jab. This will help to prevent the spread of this virus amongst the most vulnerable patients. As a result of active promotion, there has been an increase in the uptake of CQUINs by more than 50% already this year. This will facilitate improvements in the quality of care delivered in more nursing homes. This year the team will be developing CQUINs for home based care providers.

The consistency of CHC decision making in line with the framework improved over the last (calendar-2016) year. Of the 10 appeals that went to NHS England Independent Review Panel, 8 were upheld, 1 partially upheld and 1 overturned. So far this year (2017) 8 cases have been heard and all 8 have been upheld.

The CHC service continues to work towards integrated working with Local Authority colleagues. This will improve the experience for service users, ensuring their needs are met in a more timely way and that the appropriate authority is case managing their care. CHC has seen a reduction in complaints this year (despite an increase in referrals) and a rise in compliments.

The CHC Relationship Manager has been developing a patient forum that will support patients and carers in having an opportunity to voice their comments about our service. This will be further developed this year, along with a satisfaction survey for our patients regarding their care providers. This will help identify good practices and quality care- which can be shared through the forums- and where support may be needed to improve the quality of care.

The CHC Quality Assurance Framework and Action Plan was discussed at the September 2017 Committee. Copies will be made available to Committee members.

3.2. Safeguarding Children and Adults

The Safeguarding and Looked After Children exception reports were discussed as substantive items on the agenda.

4. CCG Quality – internal

4.1. Quality Improvement Strategy and Action Plan

A review of the Quality Improvement Strategy and associated action plan will be undertaken during November/December. It is planned to review the Quality Improvement Strategies from all 3 Surrey Heartlands CCGs with a plan to develop a refreshed overarching Quality Strategy during early 201

4.2. Healthcare Associated Infections (HCAI)

E. coli

A risk around infection control is noted on the CCG risk register – DATIX ID 15.

Quality Premium - national ambition to reduce healthcare associated Gram-negative blood stream infections by 50% by March 2021.

We are working with Surrey commissioning and provider colleagues to collate data about cases and identify themes where action can be taken to reduce occurrence. At the Surrey Infection Prevention Committee in October 2017 five Workstreams were identified: urosepsis audit; data collection and sharing; public campaign; working with care homes; and urinary catheter related infections.

Funding to recruit IPC expertise to the quality team has been agreed by the CCG Executive team. However, it is recognised that there is a shortage of qualified IPC professionals available and it may take some time to recruit. Discussions are

being held with the new Joint Executive Director of Quality about how this resource can be used across Surrey Heartlands CCGs to best effect.

C. difficile

The CCG has some interim assistance to focus on identifying our community C.difficile cases, looking back at 2016/17 cases and getting processes in place for the 2017/18 cases. We are working with Surrey CCG colleagues and medicines management colleagues working in GP practices on their approach to antimicrobial prescribing, to standardise the process and collate data to capture themes and share learning.

MRSA Bacteraemia

The table below provides a summary of MRSA Bacteraemia cases in which Post Infection Reviews (PIR) investigations the Quality Team have been involved since the report to the Committee in September 2017 and the recommendations. More detail on each case is available on request.

Date	Case No.	Allocation	Location	Status	Recommendations
18/09/17	585505	SDCCG	Community/ ESHUT	Unavoidable	<p>Issues raised through PIR:</p> <ul style="list-style-type: none"> • Full MRSA screening not performed at all (catheter) or in a timely fashion (leg) • No record of de-colonisation • Poor documentation of catheter management • Poor handover of infection status from community to East Surrey Hospital • No documentation of clinical problems in community (cough which led to CAP) <p>Improvement plan is being developed and will be monitored by the CCG through Quality Contract meetings</p>
18/10/17	601115	TBC	St George's Hospital		<p>St George's microbiologist has conducted a thorough investigation and proposes that this bacteraemia was unavoidable. SDCCG agree. Awaiting final allocation.</p>

Section Two – Performance

1. Executive Summary

1.1. This section of the report summarises performance against the key areas outlined below and forms the basis of the NHS England Area Team's quarterly assurance meetings:

- CCG Outcomes Indicator Set
- NHS Constitution
- CCG Operating Plan including three local priorities

1.2. Red rated indicators

The following list sets out where the CCG did not achieve the targets. Please refer to Appendix 1 for more details and commentary.

1.2.1. CCG Outcomes Indicator Set

- Emergency admission for alcohol related liver disease
- Unplanned hospital admission for asthma, diabetes and epilepsy in under 19s
- Breast feeding
- MRSA

1.2.2. NHS Constitution Metrics

- A&E waits within four hours
- Mixed Sex accommodation
- Category A ambulance
 - Red 1
 - Red 2
 - Calls within 19 minutes

1.2.3. CCG Operating Plan including three local priorities

- Entering treatment
- Moving to recovery
- Estimated diagnosis rate of dementia age 65+

Appendix 1 Full Detail: Performance data - CCG Outcomes Indicators, NHS Constitution Metrics and CCG Operating Plan

These documents are in separate files which will be brought together into one paper. This will mean that page numbering is no longer sequential from this point forward.