

Agenda item:
Paper no:

Committee:	Governing Body	Date: 26/01/2018
Venue:	Surrey Downs CCG	
Title of Report	Integrated Quality and Performance Report	
Status:	FOR DISCUSSION	

Presented by:	Eileen Clark, Chief Nurse
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Finance Lead Sign off	Name: Date:

Relevant Legislation and Source Documents		
Conflict of Interest	None identified	✓
	Conflict(s) noted:	
	Name(s):	Item No:
	Mitigating Action(s) N/A	
Governance and Reporting <i>(relevant committees/forums the paper has previously been presented to)</i>	Committee: N/A Date: Outcome:	Committee: N/A Date: Outcome:
Freedom of Information The Author considers:	Open – no exemption applies	

Attachments:	Integrated Quality and Performance Report Performance Dashboards
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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.

Implications:

Health/CCG strategic objectives	<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>
Financial/Resource	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.
Legal/compliance	No issues identified.
Equality Analysis	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.
Patient and Public 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.
Risk (including reputational) and rating	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.

Recommendation(s):

<p>(1) Review the report</p> <p>(2) Discuss highlighted matters of concern and areas where further assurance is required.</p> <p>(3) Agree any matters for escalation to NHS England, NHS Improvement or any other external organisations.</p>
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Next Steps:

Issues that have been identified in this paper will be followed up and reported on further going forward.

Date of paper	19 th January 2018
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Integrated Quality and Performance Report – January 2018

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 November 2017 Clinical Quality 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 some narrative around areas of concern and 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 to the Governing Body.
- 1.3. **Section One** of the report provides a summary overview of information about Surrey Downs CCG's main providers and reports on available data at the time of writing the report. This relates to national and local data, formal and informal, for all patients (not only Surrey Downs) and, in this way, any wider concerns around quality and safety leading to potential risk to Surrey Downs CCG patients is 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. 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.
- 1.6. 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 19th January 2018.

CSH Surrey	
Issue	Action
CSH Surrey is failing to meet their target of 25 working days response to complaints	The Quality Team will conduct a "deep dive" into the management of complaints and patient feedback at the January CQRG
Epsom and St Helier	
Issue	Action
CQC expected to conduct an inspection during January 2018	Will gain feedback at the next CQRG in February
Joint Accreditation Group on GI Endoscopy (JAG) accreditation is at risk on the St Helier site. This is linked to issues around the estate.	Action plan to resolve the estates issues is being implemented during January and an update will be provided at the February CQRG
Outbreak of Carbapenemase-resistant Enterobacteriaceae (CPE)	Infection control procedures continue to be implemented and gene sequencing has now started
Surrey and Borders Partnership FT	
Issue	Action
<u>Data Quality</u> During the implementation of a new data	The lead commissioner has agreed some reporting parameters with SABP who

<p>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.</p>	<p>anticipate that they will be able to provide the data. Ongoing monitoring through CQRG.</p>
<p><u>Joseph Palmer Centre – Community Mental Health Service</u> Surrey Downs CCG undertook a quality assurance visit on 25th May 2017 which was generally positive. However, there had been concerns identified by GPs and patients in the locality.</p>	<p>A revised action plan was received from the Trust however commissioners have requested more robust, timely measures to increase assurance and GPs in the locality are not satisfied that progress is being made. Surrey Downs CCG and the Lead Commissioners will meet in January 2018 to discuss and agree next steps.</p>
Kingston Hospitals NHS FT	
Issue	Action
<p><u>Pressure Ulcers</u> There continues to be a rise in the number of hospital acquired pressure ulcers.</p>	<p>The Trust Quality Assurance committee received a report of on-going actions to reduce pressure damage at the November 2017 meeting including how the Trust and Community services are working together. The lead commissioners are also looking into how to support education and training in the informal care sector where patients are admitted with pressure ulcers but have not been under health care services.</p>
Surrey and Sussex Healthcare (SASH)	
Issue	Action
<p>Ensure a consistent and robust CQRG meeting going forward</p>	<p>Continue to work closely with East Surrey CCG to ensure that the CCG can be assured of the quality of services</p>
<p>The number of C-difficile cases has exceeded expected levels</p>	<p>This will be followed up at future CQRG</p>
South East Coast Ambulance (SECamb)	
Issue	Action
<p>On-going concerns regards response targets</p>	<p>The new Ambulance Response Programme (ARP) standards have now been implemented and we should get the first outturn report for December at the end of January 18</p>

Serious Incident management not effective	The contract performance notice has now been closed on this and an action plan and trajectory is in place
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. A Director led Elective Care Recovery (ECR) programme for Queen Mary's Hospital and a separate ECR programme for St George's have been established to address the wide ranging but different issues for each site.	The Elective Care Recovery Programme continues to plan and the Programme Director will be attending the January CQRG meeting to provide commissioners with a comprehensive update on progress.

Out of Hospital Providers

Dorking Healthcare	
Issue	Action
At the October 2017 Quality Committee meeting it was noted that work was ongoing 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.	A meeting was hosted on the 19 th December 2017 by the CCG where DHC discussed their sub-contracting processes and internal governance arrangements for assurance on structures and processes in place to monitor the quality and safety of sub-contracted services. The CCG and DHC are working together to agree quality reporting frameworks going forward.
Epsom Medical	
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	It has been confirmed that all actions are complete and the CQC have been invited back in January to review.

Section One

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

1.1. Continuing Health Care (CHC)

A “deep dive” was carried out at the Quality Committee held on 19th January which included discussion around Quality Assurance processes such as contract management, the CHC improvement programme and quality initiatives being developed by the Quality in Care Homes Team.

The committee acknowledged the huge amount of work that had been carried out to date and progress achieved but agreed that there was still further work needed to ensure that the service was fully compliant with the National Framework. Progress on all of the areas discussed will be reported at the beginning of Q1 (2018/19).

1.2. Referral Support Service (RSS)

The Quality Committee will be advised on the outcome of the serious incident relating to patient referrals declared in November 2017 once the root cause analysis has gone through internal governance.

2. Quality issues arising within services hosted for Surrey Downs by other CCGs within the Collaborative

2.1. Safeguarding Children and Adults – exception report provided by Amanda Boodhoo, Deputy Director of Safeguarding

The exception report overleaf summarises safeguarding activity since the last report.

1. National Context – Legislation / Guidance / updates

A consultation was undertaken between October and December 2017 on the revised version of ‘Working Together to Safeguard Children, the statutory guidance’. Revisions reflect the legislative changes introduced through the Children and Social Work Act 2017. Following this consultation, the government

proposes to update and replace the current statutory guidance, Working Together to Safeguard Children 2015. A response was submitted at the end of December 2017 on behalf of the CCG's by the Surrey Wide CCG Safeguarding team

2. Local Context

2.1 Safeguarding Adults:

Surrey Safeguarding Adults Board (SSAB)

The SSAB last met on 7th December and discussed the following areas:

- Technology Integrated Health Management (TIHM) and the use of technology to improve quality of the life for people with dementia.
- STPs and the implications for safeguarding
- Safeguarding Adults Reviews
- SECAMB and safeguarding assurance
- Workforce competency
- Agency audit action plans
- SSAB performance report

Safeguarding Adults Internal Audit

In the week commencing 4th December 2017 the Senior Auditor RSM Risk Assurance Services LLP met with the Surrey Wide CCG Safeguarding team to discuss the evidence needed for CCG assurance. The main areas being considered were:

1. How the CCGs obtain assurance that Providers provide suitable training to staff for induction, mandatory and statutory training requirements and through learning; Safeguarding-related supervision in relation to adults;
2. Safeguarding adult alerts over the last six months and whether there are actions plans / care plans for each as appropriate;
3. Lessons learnt and how these are disseminated and shared across the CCG and across the Collaboration of CCGs;
4. How the CCGs hold Providers to account over safeguarding adults, and how incidents are reported to each CCG and how these are monitored and managed;
5. Governance arrangements including the regular reporting on safeguarding adults at risk to the Organisation's Governing Body and the use of appropriate KPIs;

The draft report will be sent to the Deputy Director for Safeguarding for matters of accuracy in late December. Once agreed the final report will be shared with CCG's.

2.2 Safeguarding Children:

Child Protection-Information Sharing (CPIS)

CPIS is a national system that connects local authorities' child social care IT systems with those used by NHS unscheduled care settings in England, to provide better care

and earlier intervention for children who are considered 'vulnerable and at risk. A working group has been established with Surrey Health providers, Surrey Social Care and Surrey CCG's Safeguarding Team in order to take the implementation of CP-IS forward. Work is progressing and it is anticipated Surrey County Council and the majority of health trusts will go live at the beginning of January 2018

Surrey Safeguarding Children's Board (SSCB)

The SSCB last met on 13th November 2017, and the following items were discussed

- SSCB Dashboard
- Serious Case Review - KK
- SSCB Annual Report
- CP Chairs and IROs reports
- Sharing with families and the involvement of fathers / male carers in Child Protection Conferences report
- Scrutiny and challenge section which included reports on Cygnet Woking's CQC report and ongoing plans, SECAMB safeguarding action plan, sexual health commissioning.

Surrey County Council Children's Improvement Board

The Surrey Children's Improvement Board last met on 15th December, details on the Surrey Children's Improvement Board can be found via the link below

<https://www.surreycc.gov.uk/social-care-and-health/partnerships-and-programmes/childrens-improvement-programme/childrens-improvement-board>

2.3 Looked after children

Surrey Corporate Parenting Board (CPB)

The CPB last met on 29th November 2017, and the following items were discussed:

- Performance overview and impact
- *Review the latest insight on specific pledges to children*
- CSE
- Serious Incidents and notifications

OFSTED Inspection

The last monitoring visit to the local authority before the next full inspection has been completed. The full inspection is expected shortly after Christmas and will include a focus is on care Leavers access to health histories as well as the health assessment pathway.

Progress has been made on the development of the care leaver's passport, which has been developed by the Looked after Children Health team, with feedback and comment from the apprentices and care council, foster carers and social workers. It has now been agreed with HSOG and additional pages have been added for emotional health. It has been sent to the county wide CPOG and then will go to the Corporate Parenting Board. A cost analysis has been completed, and joint funding is being sought through corporate parenting. The pathway for the new passport will be that it is given to children aged 14 years. This will provide them with the information they need to support their health into adult services and independence. Children new to care aged 14 years or over will receive one at the Initial Health Assessment. This should reduce the risk for children placed out of county as the child will have access to their own information. The passport has pages for free text and pockets for the storage of summaries and health letters. It is expected that the new passport will be rolled out county wide in April 2018

Health Assessment Performance 2017/18

Initial Health Assessments

There continues to be a clear focus by the provider in clearing the backlog of outstanding initial health assessments (IHA) and improving the timeliness of new requests for assessments. A reporting framework/ dashboard has been developed and is completed weekly by the provider.

There have been several instances where the child was not brought to the IHA, which have been appropriately escalated. The provider report they are on track to clear the backlog by year end.

Review Health Assessments (RHA)

It has been agreed with the provider that RHA's progress is monitored and reported to G&WCCG on a monthly basis. At time of reporting the most recent data is awaited.

Looked after Children health team

The provider looked after children team has had a number of vacant posts which have now successfully been recruited to. The Designated Doctor for looked after children is leaving the post in the county wide team at the end of December. Work is being undertaken, with the provider, to agree recruitment plans. A work plan has been agreed within the county wide safeguarding team, to ensure the risks to children and service delivery are minimised

Care Leavers Project

The Care Leavers project has now been completed and the report will be published and made available to all CCG's, local authorities and education boards the week beginning 18th December. Surrey was very fortunate to have a meeting with the co-author of the report Jakeb Arturio Braden, who was himself a Surrey Looked After

Child. Members of the Countywide safeguarding team arranged for Jakeb to share the findings of the report with the adult mental health commissioners. Jakeb was able to distribute the final draft report and the commissioning tool. The presentation resulted in a real appetite to commission a range of services differently, to try to meet the needs of anyone who has had experience in the care system. Jakeb was inspirational in his knowledge and passion for the development of services to support these young and older adults, bringing to the forefront the fact, that a child who has been in care is 7 times more likely than his or her peers, to die before the age of 25. This may, in part, be due to the traumatic early life experiences, prior to entering care, resulting in them not being able to build the same resilience as their peers.

Looked after children training

The Designated Nurse and Doctor have developed and presented a SSCB module - Healthy Outcomes for Looked After Children, to a multi-agency participation group. The evaluation is awaited.

CSE

The deep dive audit for the SSCB CSE delivery group is planned and will have a focus on Looked After, Unaccompanied children and males.

The CSE Risk Management Meetings are being attended weekly by health professionals. Work is progressing to consider pathways to gather information from GPs and consider how they informed of the plan for safety.

2.4 Serious Case Review, Case Review, Safeguarding Adult Review and Domestic Homicide Review

There are nine Serious Case Reviews and two Domestic Homicide Reviews that are being monitored by the Safeguarding team at this time (2 of these relate to Surrey Downs residents).

Further information relating to all areas of this exception report is available on request.

2.2. Carers

Headline from the Quarter 2 exception report were taken to the December 2017 meeting. The full report is available in the Quality Committee reading room and can be forwarded to Governing Body members on request.

2.3. Children's Services

The CCG Clinical lead has provided the following update regarding Surrey and Borders Partnership Trust CAMHS and Children and Family Health Services (CFHS) - alliance of SABP / CSH and FCH. With new leadership the feeling is that of improved engagement between provider and commissioner to address the issues that present for the two contracts.

CAMHS -long waiting times for some service and lack of data analysis /KPI data / outcome data. A 40 point action plan has been produced to improve efficiencies to address these issues with weekly operational meetings to monitor implementation. Traction on delivery is now starting to become visible.

A RCPCH (Royal College Paediatrics and Child Health) review is being organised to undertake a deep dive into the BEN pathway (children with neurodevelopmental needs) to assist with improved pathways for children with autism and ADHD.

CFHS - the back log of children waiting for appointments (inherited from previous contract) has been addressed and the backlog is being cleared with additional Locum provision. There is a plan to maintain a timely throughput of referrals coming into the system.

The lack of a pathway for TB Screening and vaccination of asylum seeking children has been highlighted to Public Health.

Epsom's Children community nursing service - service specification and alignment of quality standards with CFHS community nursing is being worked through.

A recent letter distributed to stakeholders explains the position of SABP CAMHS and CFHS (alliance of SABP / CSH and FCH) has been saved in the Quality Committee's Reading Room for reference and can be forwarded to members of the Governing Body on request.

3. CCG Quality – internal

3.1. Quality Improvement Strategy and Action Plan

It is planned to review the Quality Improvement Strategies from all three Surrey Heartlands CCGs with a plan to develop a refreshed overarching Quality Strategy during 2018

3.2. CCG Patient Experience Service update January 2018

Learning from complaints and action taken by CHC

Consent

The Patient Experience Service has seen a repetitive theme concerning the obtaining of consent during assessments. This has resulted in the patients, relatives and representatives subsequently rejecting the outcome of these assessments leading to complaints and also appealing the decisions made. The majority mention lack of consent or consent not explained well as one of the reasons, according to the complainants, they state that the issues of consent affects the process and the outcome of the assessments.

Action from the CHC team - a clinical consistency meeting held in November 2017 discussed;

Consent forms must be completed at all assessments. There will be a phased training for all clinicians who carry out assessment on gaining consent and emphasis will be the Dos and Don'ts of gaining consent and filling the forms. For example if patient has capacity they should sign the consent form. Where patient lacks capacity, then consent is done in the best interest of the individual. Nurses from Acute trusts, community Nurses and all Nurses in Surrey Localities who carry out assessments will be invited to the training. A new consent form is to be emailed out to all organisations involved in assessments. It has been emphasised that a consent form is used as one of the 10 Quality Assurance measures.

Response times for assessment outcome

Patient experience has also recorded complaints on delayed response time after assessments.

Action from CHC:

Assessments outcome (initials) 28 days response time. Continuing Healthcare is looking into a new verification process to be able to achieve the 28 days response time for the initial DST and Initial check list

CHC related complaints by CCG update

Patient Experience Service has noted a reduction in CHC related complaints in Quarter 3, reducing to 12 from 25 in Quarter 2.

CHC Complaints by CCG

CCG	Quarter 2 2017-18 CHC Complaints	Quarter 3 2017-18 CHC Complaints
East Surrey CCG	4	3
Guildford and Waverley	5	5
North West Surrey CCG	4	1
Surrey Downs CCG	9	2
Surrey Health	1	0
Out of the Area/Unknown CCG	2	1

PES could not find a correlation as to why SDCCG had high Volume of CHC complaints recorded in Q2, however will continue to monitor the situation.

Difficulties of finding the feedback link on the Surrey Downs CCG website to be addressed. The Head of communications has been informed. The Patient Experience Service is working together with the Patient and Public Engagement Manager and a meeting has been scheduled for January 2018 to agree next steps after which we will present our suggestions for changes to communications.

Risk – DATIX ID: 185

A low level risk has been raised by the Patient Experience Service because the CCG is not meeting the timeframes of responding to complaints due to an increasing number of complaints. There is ongoing work with the CHC team to improve turnaround times and, when there is a delay, holding letters are being sent to complainants.

3.3. Risk Management

The risk register enables the CCG Governing Body and its Committee to focus on the areas of highest risk. The CCG has implemented the DATIX risk management system across the CCG and each department is responsible for reviewing and updating their risks. A pro-active approach is taken by the quality team to identify new risks as they arise and to encourage the Directorates to flag when they identify risks with implications for quality and safety of patient care. It is also anticipated that new risks may be identified through discussion at Committee meetings.

There is a substantive report on the January 2018 agenda which covers all the risks under the remit of the Quality Committee. There is a summary list below and throughout the report the DATIX reference is number is used where appropriate to link the narrative.

Current risks under the auspices of the Quality Committee are summarised below. A more detailed report is a substantive item on the January 2017 Committee agenda.

DATIX ID No	Risk under the Quality Committee	Current Risk Rating	T-value	Risk Area
15	Infection Control	9	Treat	Quality
20	Stroke mortality and morbidity	3	Treat	Quality
23	Quality of care in care homes	9	Treat	Quality
26	Catastrophic Provider failure	6	Tolerate	Quality
124	DoLS assessments	12	Treat	Quality
151	SECamb Quality, Safety, performance and governance	6	Treat	Quality
152	SECamb Medicines Management	6	Treat	Quality
163	Lack of GP practices hosting pre-registration student nurses	12	Treat	Quality
164	GPN Workforce Demographic	12	Treat	Quality
185	Delayed response to complaints	2	Tolerate	Quality / CHC
198	End of pilot for Primary Care Workforce Lead role	9	Treat	Quality

Risk Rating		
1-3	Very Low	
4-6	Low	
8-12	Moderate	
15-25	High	

3.4. Service Redesign / Quality, Innovation, Prevention and Productivity (QIPP)

The CCG Programme Management Office oversees the QIPP programme and service developments. Leads are assigned to each work-stream / project which then undergoes impact assessments – equality, privacy and quality. The Quality Team is responsible for reviewing the initial quality impact assessments and proposed key quality performance indicators before they are finalised and receives on-going assurance that the impacts are being reviewed and appropriate mitigations are in place.

4. Other

4.1. New National Guidance

The **15 Steps Challenge** focuses on seeing care through a patient or carer's eyes, and exploring their first impressions. The guides were previously developed and published by the NHS Institute for Innovation and Improvement. The Institute no longer exists and their functions were incorporated into NHS England. The guides have been in use by Trusts for a number of years and have now been reviewed and refreshed, bringing them up to date. The toolkits can be accessed at:

<https://www.england.nhs.uk/participation/resources/15-steps-challenge/>

4.2. National Reporting and Learning System (NRLS)

A substantive report was noted by the Quality Committee at the January 2018 Committee meeting.

4.3. Healthcare Associated Infections (HCAI)

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

MRSA Bacteraemia

There are no new cases to report on since the December 2017 report to the Quality Committee.

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

- Unplanned Hospitalisation for asthma, diabetes and epilepsy in under 19s
- Emergency admissions for children with lower respiratory tract infections
- MRSA
- C.difficile

1.2.2. NHS Constitution Metrics

- A& E Waits within four hours
- Mixed Sex Accommodation breaches
- 31 day radiotherapy
- Category A calls within 8 minutes – Red 1
- Category A calls within 8 minutes – Red 2
- Category A calls within 19 minutes

1.2.3. CCG Operating Plan including three local priorities

- Entering treatment for improving access to psychological therapies

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.