

Title of Report:	Surrey Heartlands Integrated Quality Report June 2018	
Status:	TO NOTE	
Committee:	Governing Body	Date: 27/07/18
Venue:	Dorking Halls, Reigate Road, Dorking, RH4 1SG	

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Executive Lead sign off:	Clare Stone Executive Director of Quality Surrey Heartlands CCGs	Date: 09/07/2018
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Governance:

Conflict of Interest: The Author considers:	None identified	✓
Previous Reporting:	Data included in this report was received in a number of separate reports at the three Surrey Heartlands Quality Committees on 27 June 2018.	
Freedom of Information: The Author considers:	Open – no exemption applies	✓

Executive Summary:

The purpose of this paper is to provide an update on the quality of services commissioned by the three Surrey Heartlands CCGs.

Provider Dashboard: The paper contains the first Surrey Heartlands CCGs Provider Quality Assurance Exception Report, which provides a quality assurance overview of the providers across Surrey Heartlands CCGs. The table below summarises the key quality concerns by theme & identifying relevant provider.

Patient experience - low response rate for FFT surveys and other patient surveys	Royal Surrey, Ashford & St Peters, Epsom & St Helier, Surrey and Sussex, South Coast Ambulance Service, CSH Surrey, Surrey and Borders, SECamb 999, BMI
Patient experience - poor compliance with complaints response times	Royal Surrey, Ashford & St Peters, Epsom & St Helier, St Georges, Kingston, Royal Marsden, SECamb, CSH Surrey
Workforce/staffing challenges	Royal Surrey, Ashford & St Peters, Epsom & St Helier, Surrey and Sussex, South Coast Ambulance Service, CSH Surrey, Surrey and Borders, SECamb 999,
Serious incidents - overdue reports	Royal Surrey, Ashford & St Peters, SECamb 999, KMSS111, Surrey and Borders
Maternity issues	Epsom & St Helier, Kingston, Surrey and Sussex , Ashford & St Peters
Dementia case finding/ screening rates	Ashford & St Peters, Epsom & St Helier
Infection Control	Royal Surrey, SECamb 999

Timeliness issues	SECamb 999 ,Care UK OOH, KMSS111, Ashford & St Peters, Royal Surrey, South Coast Ambulance, CSH Surrey ,SECamb, Surrey and Borders
Acute performance issues	Royal Surrey, Epsom & St Helier, Ashford & St Peters, Kingston
Cancer Performance	Royal Surrey, Epsom & St Helier, Marsden, Kingston
Data quality and reporting issues	CSH Surrey, Surrey and Borders, Ashford & St Peters, iMSK, BMI
Continuing Healthcare	
Fast Track referrals are showing a reduction however non fast track referrals have increased. This demand on the service has resulted in a backlog. Initial assessments are being prioritised and additional clinical assessors are being recruited to work on backlog.	
Safeguarding	
Annual Report 2017/18: Quality Committees in Common noted the report and recommended the summary to the Governing Bodies. It was noted that there is significant assurance, most providers have good systems and processes in place in relation to safeguarding apart from SECAMB, where further assurance is required. The actions to address this are being taken forward through the delivery of the unified recovery plan.	
Looked after Children's 6 month update: The report provides assurance to the CCG's of the governance framework that is in place and of the oversight of areas where continued improvement is required. In particular there is ongoing oversight of the timeliness and quality of health assessments and the roll out plan for the care leavers' health passport.	
Surrey County Council Ofsted Report: The re-inspection of Surrey services for children in need of help and protection, looked after children and care leavers took place between 26 th February 2018 and 22 nd March 2018. The overall judgement was found to be inadequate. A comprehensive action plan has been developed and delivery will be reported into the SSCB children's health and safeguarding team.	
Serious Incident Transition	
A review of individual CCG processes in relation to serious incidents has been undertaken and a planned transition was agreed by the three Quality Committees. Some providers do have a backlog of serious incidents which are overdue. There are processes and trajectories in place to monitor compliance with these providers.	
Healthcare Infection Prevention and Control (HCAI)	
A review of individual CCG processes in relation to infection prevention and control has been undertaken and a transition plan was agreed by the three Quality Committees.	

Implications:

What is the health impact/ outcome and is this in line with the CCG's strategic objectives ?	Safe, effective care providing the best possible health and care outcomes and patient experience
What is the financial/ resource required?	Contractual penalties are being applied for relevant performance priorities
What legislation, policy or other guidance is relevant?	Compliance with the National Reporting and Learning Framework
Is an Equality Analysis required?	Not indicated – any equality analysis required will be associated with the scope of the individual services or issues to which the risks apply.
Any Patient and Public Engagement/ consultation required?	No
Potential risk(s) ? (including reputational)	Potential reputational risks are being managed by activity underway to achieve compliance

Recommendation(s):

Governing Body is asked to note the content of the Quality Report, the content of which has been received previously by the Surrey Heartlands Quality Committees .

Next Steps:

Part of regular Quality Assurance Reporting.

Surrey Heartlands Integrated Quality Report July 2018

1. Introduction and Purpose of Update

The purpose of this paper is to provide an update on the management of SIs as part of the realignment of functions within the Surrey Heartlands Management structure. It provides:

- A Continuing Healthcare position update
- A Safeguarding update, including a summary of the Annual Safeguarding report.
- A description of the management of SIs within Surrey Heartlands, including SECAMB 999 SI management which transitioned to NWS CCG on the 1 June 2018 as part of the overall SECAMB 999 contract novation to NWS CCG.
- A position statement of Healthcare Acquired Infection reporting across the Surrey Heartlands CCGs
- A quality assurance exception report on Surrey Heartlands Providers

2. Continuing Health Care (CHC) Summary Report

Quality Committees in Common in June 2018 received a report giving an update on the position with regard to the delivery of Surrey wide CHC performance.

Key points to note are outlined below:

➤ Referrals

- Fast Track referrals show a reduction of approximately 10.7% compared to the levels seen in 16/17.
- Non Fast Track referrals have increased by 19.2% per month. On average compared to 16/17 and this is 53% higher than the levels seen in 15/16.
- This demand on service has resulted in a backlog of initial assessments, and reviews. The team are prioritising the initial assessments and are recruiting 4 clinical assessors. Delivery against Quality Premium
- Plans to date to improve performance against Quality Premium Part 1 (less than 15% of Decision Support Tools (DSTs) completed in Acute setting) and Part 2 (at least 80% of DSTs completed within 28 days of a positive checklist) include: -
 - Training and networking to reduce inappropriate /incomplete referrals
 - CHC continuing to work with CCGs on how best to support Discharge to assess in future
 - Exploring 'home first' options
 - Prioritisation of initial assessments
 - Band 7 verification lead employed

➤ Personal Health Budgets

At end of March 2018, there were 76 Personal Health Budgets in place which is an increase of 11 since figures reported in January. Joint working with Surrey County Council: the CHC team are working with Surrey County Council regarding joint commissioning of nursing home beds. A Care Home Integration Group met in January 2018 and an operational sub-group has been formed.

➤ Quality Assurance (QA) Audits have been in progress for a number of months, improvements have been seen in areas including correct screening and recording of checklists and also completion of consent. Following the audit checks we have targeted training and improved compliance. The Quality Assurance programme will continue to develop to ensure that it changes in line with demands of the service.

➤ Appeals against CHC decisions: On average the team receive 16 appeals per month. In 2017/18, in 96% of cases the original decision did not change as part of the appeal.

- 2017/18 there has been 25 IRP's all of which upheld our decision, this shows that our decision making is both consistent and robust.
- Complaints: there was a rise in complaints in comparison to the number received by the CHC service in 2017; however this should be viewed against the continued increase in referrals and the demands which this places on the service.

The most common reason for complaints has been in relation to the outcome of checklist assessments, the care pathway and the CHC process (it should be noted that patients cannot appeal a checklist decision and can only submit a complaint).

- There are currently 52 Local Review Meetings (LRM) pending. In 2017/18, in 90% of cases the decision at appeal did not change as part of LRM.

3. Safeguarding Update

At the June meeting of the Quality Committees in Common three papers were presented by the safeguarding team:

- The annual safeguarding children and adult report
- The Looked after Children Six Month Update to the Annual Report
- Report summarising Surrey County Council Ofsted report of the re-inspection of services for children in need of help and protection, children looked after and care leavers 2018

The annual safeguarding report

The report provided an update on the national and local developments in relation to safeguarding, information to offer assurance that the CCGs can demonstrate compliance with all aspects of the collaborative service level agreement for safeguarding and continue to fulfil statutory responsibilities.

Achievements in 2017-2018 include:

1. Throughout 2017-2018 the safeguarding team have continued to develop the integrated approach which reflects the "think family" philosophy. The CCG safeguarding assurance process and the safeguarding governance framework have been developed to embed a think family approach. Developments have included a review of the standards for contracts, review of the integrated policy, continued development of joint reporting and safeguarding newsletters, development of a standardised approach to safeguarding supervision of named/lead safeguarding professionals with a joint policy, ongoing development of the integrated dashboard, development of both safeguarding board health groups to incorporate themed meetings, reflecting national and local priorities, development of an annual assurance framework to triangulate provider safeguarding assurance, development of an adult/children assurance tool for use across Surrey GP practices.
2. There has been active participation in the range of strategic boards and partnerships across both adult and children safeguarding, including the safeguarding children and adult boards and MASH strategic partnership board.
3. The work of the Surrey wide safeguarding team has been informed by the emerging national and local safeguarding priorities.

The CCG's role in monitoring/gaining assurance of safeguarding arrangements from services they commission

Surrey CCG's have invested considerable resource in safeguarding provision within the Surrey wide service. The team has a high presence in the county and well-formed networks with partners. There is a clear vision to achieve the highest standards of quality and safety and to embed

safeguarding principles across the county. This is done by the work led by the Safeguarding team on behalf of the six CCG's.

Surrey CCG's are required to have in place systems to gain assurance that safeguarding activity within all commissioned services meets national safeguarding standards and demonstrates a model of continuous improvement.

The Surrey CCG's have a range of measures in place for monitoring the services that they commission including:

- Contractual obligation which include safeguarding standards
- Reporting Section 11 Children Act 2004 compliance
- Quality assurance of provider annual safeguarding reports
- 6 monthly dashboard reporting.
- monitoring of serious case review, Safeguarding adult reviews, domestic homicide reviews and partnership reviews recommendations is undertaken collaboratively by the Surrey wide team and the Safeguarding boards to ensure external scrutiny

The performance management tool (dashboard) developed by the Surrey wide team for use across commissioned services is used twice a year, across the health economy to obtain key safeguarding performance data. The data for the current reporting period was included in the annual report. There is a clearly defined process for addressing any areas where further assurance is required.

Serious Case Reviews, Safeguarding Adult Reviews, Partnership Reviews, Domestic Homicide Reviews, Child Death Reviews

A summary of current serious case reviews, case reviews, safeguarding adult reviews and domestic homicide reviews are detailed in the full report. The learning from these reviews is monitored through safeguarding adult and children health groups and assessed through the deep dive.

Priorities for 2018-2019

1. To respond to the changing NHS landscape by developing robust matrix working with the range of teams, to ensure safeguarding is a thread through key processes and that they reflect national and local priorities
2. To work with the two safeguarding boards to review and further develop the monitoring of provider safeguarding arrangements through revision of the dashboard to assess impact in terms of the child or adult
3. To work with key partners in taking forward the development of new partnership safeguarding and child death arrangements to comply with the Children and Social Work Act 2017
4. To further develop approaches that ensure safeguarding the work of the Surrey wide team clearly reflects the voice of the child or adult
5. To work with CCGs and providers to ensure safeguarding training strategies are compliant with the revised intercollegiate document post publication
6. To support the development of safeguarding arrangements in CCGs, providers and GP practices based on themes emerging from SSCB S11 and the practice based S11/adult safeguarding assurance

The Looked after Children Six Month Update

The purpose of this six month update to the annual looked after children report is to provide the CCG and Corporate Parenting Board with an update on looked after children across health services in Surrey during the six month period since the annual safeguarding children report (September 2017).

The report provided an update on the national context; achievements and key work streams progressed throughout the previous six months to meet both local and national looked after children priorities. The report identifies the work undertaken both within the CCG's and externally through the looked after children health team. The report provides assurance to the CCG's of the

governance framework that is in place and of the oversight of areas where continued improvement is required. In particular, there is ongoing oversight of the timeliness and quality of health assessments and the roll out plan for care leavers' health passport.

The oversight of these areas is from the commissioning team who will provide a report detailing progress and any action taken at the next meeting of the quality committees in Common.

Report summarising Surrey County Council Ofsted report of the re-inspection of services for children in need of help and protection, children looked after and care leavers 2018

The purpose of this report was to provide a summary of the findings detailed in the Ofsted report and the response to the report by Surrey County Council and the County wide safeguarding children team.

The re-inspection of Surrey services for children in need of help and protection, looked after children and care leavers took place between 26th February 2018 and 22nd March 2018. The report was published on Ofsted's website on 16th May 2018. The overall judgement was inadequate.

The 2018 inspection was a re-inspection. The previous inspection report for the local authority's children's services was published in August 2015. The findings from both are detailed below.

Key area assessed	2015 judgement	2018 judgement
Overall effectiveness	Inadequate	Inadequate
Children who need help and protection	Inadequate	Inadequate
Children looked after and achieving permanence	Requires improvement to be good	Requires improvement
Adoption performance	Good	Good
Experiences and progress of care leavers	Requires improvement to be good.	Requires improvement
Leadership, management and governance	Inadequate	inadequate

Response to the 2018 Inspection findings

The improvement board last met on 24th May 2018 and at the meeting the Executive Director for Children, Families and Learning, Surrey County Council tabled a report detailing the Ofsted Inspection Outcome, the Future Vision and Direction and the Process going forward with DfE and Ofsted

Action taken by the Surrey wide safeguarding children team in response to the 2018 Ofsted findings is:

- Prior to the publication of the report the headlines that had been shared by the acting Executive Director for Children, Families and Learning, Surrey County Council were shared at the SSCB children's health and safeguarding group held in April 2018. The responses from health providers is captured in themed worksheets and reported through the SSCB business group.
- Following publication of the Ofsted report the report has been scrutinised and a comprehensive action plan has been developed. The action plan focuses not only on the report's recommendations, but has extracted all areas that relate to Surrey County Council to assess whether there is assurance within health in each of these areas. This plan will be a key component of the SSCB children's health and safeguarding group work plan and will include the establishment of two task and finish groups that will report into the SSCB children's health and safeguarding group and into the SSCB business group. The plan will be taken forward through matrix working ensuring the involvement of key players.
- Progress and any identified risks will be reported through safeguarding reports and any required extraordinary reports to CCGs.

4. Overview of the transition of SI management

The following section provides the following:

- A description of the management of SIs within Surrey Heartlands, including SECAMB 999 SI management which transitioned to NWS CCG on the 1 June 2018 as part of the overall SECAMB 999 contract novation to NWS CCG.
- The changes that have taken place as part of the transition to the Surrey Heartlands Quality team
- A position statement (as of 31 May 2018) on open serious incidents and any concerns by provider so that CCGs can have visibility of any issues for providers within their area.
- An outline of the work plan and timelines associated with the on-going performance management of Serious Incidents.

The table below provides a summary of the individual CCG serious incident management processes that were in place before the introduction of the Surrey Heartlands wide quality functions and the transition arrangements that are in place.

Guildford and Waverley CCG					
SI Management	Providers	Panels	Frequency	Membership	Transition arrangement
In house managed by the GW CCG Quality team	RSCH VCSL CFHS SABP (including CAMHS) Independent Providers Phyllis Tuckwell Hospice	Mental Health panel	Monthly	<ul style="list-style-type: none"> • Surrey CCGs • PH Drug and Alcohol lead • Quality lead Mental Health collaborative • GP lead Mental Health Collaborative • Clinical Lead for Quality Heartlands 	<p>SI Management transition to Surrey Heartlands 15 June 2018 and now sits under the portfolio of the Head of Quality –Patient Safety.</p> <p>Robust handover between departing Quality and Patient Safety Manager and Surrey Heartlands team.</p> <p>Access to Quality Portal and GW quality/SI box obtained.</p>
		Non Mental Health provider panels	<p>Every other month *June and August panel dates rearranged by GW team due to clashes with dates for Mental Health SI panel meeting</p> <p>Dates in place for October 18 and December 18</p>	<ul style="list-style-type: none"> • Lay Chair GW CCG Quality Committee • GW CCG Secondary Care Doctor • Patient representative • Quality Team • Surrey Designated Lead for Adult Safeguarding 	<p>Mental Health panel management has been transitioned to Surrey Heartlands Team.</p> <p>Non mental Health panel (primarily RSCH) - meeting held with RSCH on progressing SIs</p> <p>Longer term arrangements for non- mental Health SIs to be reviewed as part of the cross Heartlands closure panel requirements.</p>

Surrey Downs CCG			
SI Management	Providers	Panels	Frequency
Up to 31 st March 2018, SI Management was delivered as part of the Service Level agreement with NEL Commissioning Support Unit. Notice given on service by SD CCG and transition to Surrey Heartlands from 1 April 2018.	CSH Surrey AQP services Surrey Downs CCG *Epsom *Kingston *these SIs are still managed through CSU process as SD CCG is not the lead commissioner	Managed through CSU process	<p>SI Management transition to Surrey Heartlands 1st April 2018 and now sits under the portfolio of the Head of Quality –Patient Safety.</p> <p>All new serious incidents from CSH Surrey SD CCG adult contract will be reviewed through the current NWS SI Panel process</p> <p>CSH Surrey transfer of historical data from the CSU is awaited. An IG review was undertaken part of the data transfer agreement has been undertaken. Final data transfer is being chased Deputy Director of Quality and Nursing.</p> <p>A summary of serious incident performance 2017/18 is also awaited from the CSU. Receipt being chased Deputy Director of Quality and Nursing.</p> <p>Minor amendments have been made to the SD CCG Serious Incident policy to reflect the in-housing of the in serious incident management from the CSU to Surrey Heartlands. A contract variation has been made to direct providers to submit serious incident related reports and emails to the SD CCG SI alert generic email box.</p>

North West Surrey CCG					
SI Management	Providers	Panels	Frequency	Membership	Transition arrangement
<p>NWS CCG Serious incident processes remain unchanged for the providers listed.</p> <p>From June 2018 NWS CCG took over the management of the SECAMB 999 contracts; this transfer included responsibility for the SI Management</p>	<p>ASPHFT CSH Surrey NWS IP services SCAS(south Central Ambulance Service) Patient transport service SIs Care UK SECAMB 999</p>	NWS SI Panel	Monthly	<p>Head of Quality –Patient Safety Quality and Safety Manager Clinical Lead for Quality Local social care manager Provider representation attendance from clinical leads and service leads (e.g. children’s, maternity , mental health) required to support a decision on closure</p> <p>June 2018 – membership extended to Secamb 999 Head of Quality to support review and receipt of SECAMB 999 SIs</p>	<p>SECAMB 999: working group between SWALE and NWS CCG to plan and execute transition of SECAMB SIs. Transfer of responsibility took place on 1st June 2018.</p> <p>SECAMB 999 SI closures are now received and considered for closure at the NWS CCG Serious Incident Panel.</p>

Position statement on Serious Incidents as at 31 May 2018

The table below provides a summary of serious incident performance management as at 31 May 2018

Provider	Reported 1/1/18 – 31/5/18	Closed 1/1/18 – 31/5/18	Overdue as of 31/5/18		RAG	
ASPH	56	27	31	23>1mth (13 due June either new submission or reworked reports to close virtually and 5 extensions) 8<1mth	A	There is a closure trajectory in place which is monitored through SI panel and the Clinical Quality Review Meeting. ASPHFT has introduced a devolved Divisional process to manage serious incidents and improvements are being seen in the completion of serious incident investigations
Care Uk	1	3	0	Incident showing as open on STEIS however has been reviewed and closure agreed and de-escalation will be considered subject to safeguarding outcome	G	
Children's Health & Families Services	2 (GW)	1	3 (GW)	1<1mth 2>1mth	A	Reports expected at the July serious Incident closure panel.
CSH Surrey	3 (1xSD 2xNWS)	3	2 (WAM)	2>1mth	G	The open serious incidents relate to WAM CCG and their management sits outside the Surrey Heartlands process.
Epsom & St Helier	17 (7 SD)	3 (1xSD)	24	2<1mth 22>1mth	A	Epsom and St Helier SIs continue to be managed through Sutton CCG as the lead commissioner for the Trust
Frimley Health	24	27 (1xGW)	7	1<1mth 6>1mth		
Kingston Hospital	13	13	0	N/A	G	

Provider	Reported 1/1/18 – 31/5/18	Closed 1/1/18 – 31/5/18	Overdue as of 31/5/18		RAG	
NWS CCG	0	0	1	System wide SI 2017/8210	G	Extension in place to await the outcome of the coroner process.
Phyllis Tuckwell	2 (GW)	2 (GW)	2	2>1mth(GW)	A	One open on STEIS and one looks like a duplicate
RSCH	25	38	13	5<1mth 8>1mth	A	<p>The incidents that are beyond the closure date are part of cluster reviews associated with falls and pressure ulcer reviews. These are due to be received in July 2018.</p> <p>RSCH have reviewed the Never Events from last year, and have determined that they were managed according to the correct processes, and robust action plans have been implemented. In three of the cases, checking procedures were identified as not being fully effective. The fourth Never Event clearly demonstrates the importance of ensuring that improvements to checking processes are put in place at all locations in the Trust where operative procedures are performed. The Trust are giving this the highest priority and will continue to be monitored.</p>
SABP	44 (4xGW 12xNWS 9xSD)	42	55	5<1 mth 48>1mth	R	SABP is working through a backlog trajectory agreed with GW CCG. A meeting has been held with SABP and they anticipate they will have addressed the backlog by the end of August 2018. The SABP serious Incident Panel will continue to monitor performance against this timeline. Serious incident management has been raised with the Trust as part of a contract concerns email and the Trust has developed a recovery action plan that they are sharing with commissioners.
SECAMB 111	0	2	1		A	
SECAMB 999	42	10	14	9>1 mth (3 due at June panel and 1 extension agreed) 5< 1 mth	A	There is a task and finish group in place which is monitoring serious incident management. SECAMB had made good progress however a period of increased reporting earlier this year is impacting on closure performance at this point in time. This continues to be monitored and reported,

Provider	Reported 1/1/18 – 31/5/18	Closed 1/1/18 – 31/5/18	Overdue as of 31/5/18		RAG	
SCAS	8	1	6	1<1mth 5>1mth No Surrey PTS incidents	G	
Virgin	1 (GW)	1 (GW)	5 (3xGW)	5>1mth (3GW)	A	Position on receipt of outstanding reports requested from VCSL
Woking Sam Beare Hospice	0	1	0	N/A	G	

Serious incidents are monitored through the serious incident closure panels in place across Surrey Heartlands and areas of concern are raised through the individual provider Clinical Quality Review meeting where additional detail is sought on provider level processes to assure commissioners the services are being safely commissioned.

Next steps and work plan for completing the transition of serious incident management

The table below outlines the work the Surrey Heartlands team will be progressing to complete the transition of serious incident management.

No:	Subject	Action required	Lead	Timeframe for completion
1.	Development of an overarching Serious Incident Policy	To review current SI policies and produce 1 document that reflects core quality team as well as individual CCG level responsibilities, process and reporting mechanism.	Caroline Simonds	August 2018
2.	Process around the management of serious incident closure panels.	To review the current panels held across the 3 CCGs to align approaches and ensuring best use of quality resource while still retaining the local provider focus to support individual CCG oversight and assurance.	Caroline Simonds	August 2018
3.	Terms of Reference for Serious Incident Panels	To review and update all terms of reference to ensure they reflect the current membership, processes and reporting in place across Surrey Heartlands CCGs	Caroline Simonds	July 2018

No:	Subject	Action required	Lead	Timeframe for completion
4.	To outline the reporting requirements in relation to serious incident performance management, including forums requiring updates and in what format/ detail	Align outputs with reporting schedules for provider clinical quality review meetings, Quality Committee, Governing Body and Clinical Executive/Clinical Cabinet meetings	Caroline Simonds	August 2018
5.	To review processes in place for the monitoring of actions resulting from serious incidents and how the effectiveness of learning can be assured	Follow up with individual providers on their local processes. Set up reporting into relevant CQRM and to Quality Committee	Caroline Simonds	September 2018
6.	To hold meetings with providers to clarify Surrey Heartlands monitoring and closure processes.	Meetings in progress	Caroline Simonds	July 2018
7.	TIAA audit of serious incident management processes with Surrey Heartlands	Audit is part of the schedule for Surrey Downs CCG but the scope has been outlined to take account of the fact the Quality function which includes serious incidents is now a Surrey Heartlands function.	Caroline Simonds	September 2018
8.	New Surrey Heartlands SI generic email box set up	In progress with CSU	Caroline Simonds	June 2018

5. Position statement of Healthcare acquired infection (HCAI) reporting across the Surrey Heartlands

The following section provides an overview of the work plan and timelines associated with the on-going management of Healthcare Acquired Infections within Surrey Heartlands.

Key points to note by CCG are outlined below:

CCG	HCAI reporting	Key points to note
GW CCG	C. diff	45 cases 2017/18 4 community cases reported 2018/19 to date 1 lapse in care reported and 5 still to be review
	MRSA	7 cases reported 2017/18 (3 acute, 2 CCG and 2 third party attributable) No cases reported 2018/19 year to date
	E. coli	122 cases reported 2017/18
NWS	C. diff	78 cases reported 2017/18

CCG		11 cases reported 2018/19 year to date 5 lapse in care reported
	MRSA	No cases reported
	E. coli	254 cases reported 2017/18
SD CCG	C. diff	57 Non – trust apportioned CDI were reported in 2017/18 19 of these had reviews undertaken. 9 Community acquired cases from 1 st April – May 2018
	MRSA	1 community case reported in May 2018 relating to a patient in a care home and a post infection review is being undertaken.
	E. coli	181 cases reported 2017/18

Next steps and work plan for completing the transition of Health Care Acquired Infection Prevention and Control management

Surrey Heartlands CCGs		
<p>There is no allocated clinical resource for undertaking the clinical reviews required in relation to healthcare acquired infections within any of the 3 Surrey Heartlands CCGs which places a risk on the CCGs responsibility to meet the NHS Improvement requirement to assess each identified community CDI case to see if any aspects of care could have been done differently and therefore might have led to a different outcome. If commissioners do not have the relevant expertise in-house the guidance states they should seek input from elsewhere.</p>		
C. diff	<p>The approach to C. diff community reviews differs across the 3 CCGs.</p> <p>SD CCG and GW CCG commissioned someone to undertake a review of 2017/18 cases (up to November 2018) - No further reviews of community cases have been undertaken since this point. The SD and GW processes require CCG staff to have access to the Primary Care Spine to get patient details to contact practices and the local Trusts do not provide NHS numbers/GP practice details for community cases – which poses an IG risk as CCGs should not have access to patient data.</p> <p>NWS CCG has a process in place which is facilitated by the Quality and Safety Manager with the support of the Clinical Lead for Quality with input from</p>	<p>Findings from Community C. diff reviews undertaken in 2017/18 include:</p> <ul style="list-style-type: none"> • The incidence of C.diff is greater in the Community than in the Trust setting • Many community apportioned C.diff had a previous inpatient admission. • Many patients with C.diff were resident in their own home. • Many patients who experienced C.diff had risk factors for diarrhoea and the infection. For many patients this included bowel disease, cancer, diabetes or/and being frail and elderly. • Surprisingly, the potential involvement of PPIs in the C.diff infections is inconclusive. There was a relatively equal split of patients who were on/not on the medication at the time of the C.diff. Although small number, some patients were experiencing 3 or 4 repeat episodes • In the majority of community apportioned C.diff, the treatments were best practice. • The survival rate within 30 days for C.diff infections both in Trust and Community apportioned cases is high. <p>Interim options to address the issue include:</p> <ol style="list-style-type: none"> 1. To agree additional expert clinical resource to support the delivery of the infection control agenda across the 3 CCGs. 2. Based on the lack of themes and trends, lapses in care identified in reviews undertaken to date, to consider not undertaking community reviews noting this would not comply with national guidance.

Surrey Heartlands CCGs		
	the CCG Pharmacy team. The local Trust does provide GP practice and NHS numbers to the CCG in relation to community C. diff cases and following Governing Body decision and with input from IG an approach was agreed that enables NWS CCG to meet its duty to support community reviews.	<p>3. Continuing with processes as they are which would mean disparity in approach across the 3 CCGs</p> <p>4. Consider using the current NWS approach and apply this to a proportion of community cases across the 3 CCGs. This approach would need the acute providers to agree to provide the relevant data for the quality team to identify GPs, as well as a communication exercise across the 3 CCGs to get Primary Care buy in.</p> <p>Risk Register: A new risk reflecting the lack of resource across the 3 CCGs to enable the CCGS to meet their responsibility to review all community CDiff cases is being added to the Risk Register.</p>
MRSA	Reviews undertaken on all cases reported across the CCGs. Expert resource and capacity to undertake reviews on a wider footprint as outlined above would be an issue.	
E Coli	Reduction in the numbers of cases of E. coli is one of the metrics within the CCGs Quality Premium for 2018/19. Work to reduce the numbers of E. coli cases is currently being taken forward through the Surrey wide Infection Prevention and Control Committee, of which Surrey Heartlands CCGs and their Providers are represented. Expert resource and capacity to undertake reviews on a wider footprint as outlined above would be an issue.	

The table below outlines the work the Surrey Heartlands team will be progressing to complete Healthcare Acquired Infection management.

No:	Subject	Action required	Lead	Timeframe for completion
1.	Review and align processes for monitoring and reporting on HCAI across Surrey Heartlands	To review current processes and ensure equity of approach across the 3 CCGs moving forward	Richard Barnett / Kate Gorman/ Caroline Simonds	September 2018
2.	Review processes for undertaking C. diff reviews of lapses of care and clarify process for obtaining data on outcomes where Surrey Heartlands CCGs are not the lead commissioner.			
3.	Review position with regard to completing Community C. diff reviews and to implement Heartlands wide process for reviews based on agreed outcome from options outlined above.			
4.	Assess current forums in place in relation to antimicrobial Stewardship			
5.	To review current SIPC representation and ensure it meets the requirements of the three CCGs including the delivery of E. coli reduction work being co-ordinated through SIPC			

6. Quality Assurance exception report on Surrey Heartlands Providers

This is the first Surrey Heartlands CCGs Provider Quality Assurance Report, which provides a quality assurance overview of the providers across Surrey Heartlands CCGs.

Given the stage of transition of the Quality Directorate, the level of reporting and time period for each provider is not yet consistent – following feedback from the Quality Committee this in June, the reporting will be developed further, aiming for consistency across the CCG and provider areas.

To note: the reporting time period used in this section of the report is based upon the data that was discussed at the most recent Quality Review Meeting for each provider.

The overarching principles in producing the report were:

- A consistent Heartlands approach to all provider quality and safety reporting
- A consistent reporting where the CCGs are the host commissioner and where we are seeking third party assurance
- A risk based approach to reporting management of quality related concerns
- A consistent approach to multi-disciplinary input and reporting timelines
- Aiming towards fully integrated reporting
- To consistently shape and develop a fit for purpose report that meets requirements for both individual and cross CCG assurance
- To build on, and learn from, existing best practice systems and processes for quality monitoring, improvement and assurance

i. Royal Surrey County Hospital

Area of Concern	Action underway	Owner	Timescale
Complaints response times - During 2017/18, 81% of complaints have been investigated within the Trust's timeframe of 25 working days, and the number of complaints not responded to within 25 working days has been steadily declining since December.	There has been a period of instability within the complaints team during the latter part of 2017, recruitment to the complaints lead post has been successful and interviews for the administrator took place in May. Once the team is fully recruited to, it will strengthen the ability for the complaints team to work more closely with the Divisions in order to improve the response rate further.	Jackie Moody	August 2018
Safeguarding - There are concerns regarding the safeguarding staffing arrangements and whether RSCH have enough staff available to cover both community and acute contracts.	Safeguarding - RSCH have a vacancy in their acute safeguarding team, they have been out to advert but have not been able to recruit to it at the current time – they are continuing with recruitment to fill the vacancy. They feel this risk is being mitigated by having established pathways for staff in relation to safeguarding, and they will be providing input to both the acute and community teams, for both adults and children. This is identified as a risk on their Trust risk register. Safeguarding staffing levels will be monitored via the Clinical Quality Review Meeting.	Jackie Moody	July 2018

ii. Ashford and St Peters Hospital

Area of Concern	Action underway	Owner	Timescale
<p>Complaints – ASPH are not meeting agreed timescale for response (68% against target 95% in April 2018). Follow up complaint reduced to below 10%traget which gives assurance on the quality of response.</p>	<p>Complaints improvement programme is being completed which aims to streamline the triage and handling of complex complaints. Training is being provided on complaint investigation and response writing.</p>	<p>Caroline Simonds</p>	<p>August 2018</p>
<p>Workforce Assurance - vacancy rate and staff turnover continue to be the most challenging workforce issues with ASPHFT being highlighted as an outlier by NHSI Improvement in relation to nursing and midwifery turnover. The latest joint workforce assurance review undertaken in January 2018 also reflected these issues as areas of risk.</p>	<p>The turnover rate has been identified as being highest in staff at the Trust for less than 1 year. Flexible working patterns were also identified by leavers as a factor. ASPHFT are looking at developmental programmes to support line managers in the people management responsibilities.</p>	<p>Rebecca Matthews</p>	<p>August 2018</p>
<p>Stroke - In April, 52.8% of stroke patients (based on discharges) accessed a stroke ward within 4 hours of being admitted to the hospital against the target of 90%.This is due to a variety of issues including ring fencing of beds and the overall pathway from A&E to the ward. Overall the stroke service is rated as an “A” unit in the national stroke audit despite poor performance against KPIs.</p>	<p>Performance continues to be monitored monthly with exception reports on any breaches received at CQRM. A number of initiatives are underway to support improvement - Targeted communications to identify breach areas to reaffirm stroke pathway by the Stroke Consultant, Datix submissions for stroke pathway breaches (weekly) and breach analysis.</p>	<p>Richard Barnett</p>	<p>Aug 2018</p>
<p>Maternity Services - Maternity Unit Senior staff and challenges with Electronic Maternity notes implementation (Badger net)</p>	<p>The new head of midwifery and her deputy are now in post. The Surrey Heartlands Midwifery lead is meeting regularly with the Head of midwifery. Updates on appointments and implementation of new governance structure to be received at the Clinical Quality Review Meeting. ASPHFT is working closely with NWS GPs to address the IT access issue of access to the electronic notes in the community. An interim mitigation plan is in place and an options paper for Badger net has been developed jointly between ASPHFT and the Surrey Heartlands Midwifery network which is progressing through ASPH executive review and will then be received by the CCG Clinical Executive.</p>	<p>Caroline Simonds</p>	<p>June 2018</p>

iii. Epsom & St Helier

Area of Concern	Action underway	Owner	Timescale
FFT Response Rate was down in Q4. A&E recommends score is the lowest it has ever been. Improving patient experience is priority in 2018/19 (subject to approval of the Quality Account). Maternity rate is also low. Work is in development to address this.	The Trust's Head of Patient Experience provided a comprehensive report triangulating the learning across the Trust. Health Watch (Sutton & Merton) carrying out a deep dive at St Helier this Summer to better understand the key areas of patient concern, followed by the Epsom site.	Jackie Moody	September 2018
Never Event: Declared in May 2018 following GP referral to A&E. Retained swab from surgery performed in Sept 2016 discovered on CT scan. Surgical removal. Full investigation underway.	The Trust performance report is reviewed at monthly CQRG meetings, led by Sutton CCG and attended by Surrey Downs CCG Quality Leads	Jackie Moody	Monthly
Workforce Assurance: Overall Nursing workforce showed net negative change in March 2018. Workforce KPIs (turnover, vacancy rate, and sickness absence rate) remain above threshold. Statutory and Mandatory training coverage not improving. Significantly low coverage for IG Training. In March 16 RN's started in post across the Trust. A successful open day was held on 17 March at St Helier Hospital. 10 nurses offered posts.			
Dementia Screening and Risk Assessment: - KPIs are considerably below target. Performance not changed throughout the year. The Trust are making screening more visible through use of electronic whiteboards.			
RTT incomplete pathways standards improved but did not achieve the target. High backlog in T&O (17%), General Surgery (13%), ENT (11%), Urology (10%), and Cardiology (9%). Last minute cancellation remains high in March.			
Care Quality Commission Inspection Report: Overall Trust CQC rating remains as 'Requires Improvement'. Clear improvements and progress in many areas. No areas were rated 'Inadequate'.	The Trust had brought together an action plan which will be monitored by CQRG once approved by the Trust Executive Committee. CQC inspectors will be back unannounced in the next three months to Epsom to inspect critical care and paediatrics.	Jackie Moody	Monthly

iv. South East Coast Ambulance - 999

Area of Concern	Action underway	Owner	Timescale
Safeguarding children and adults - Commissioners are noted to continue to have concerns about SECAmb's internal processes in relation to safeguarding, as well as internal capacity	SECAmb have a safeguarding improvement plan, however it requires further work to ensure it addresses all areas of concern identified via serious incidents related to safeguarding, along with historical actions from an independent review. A meeting is due to	Glenn McPeak	July 2018

to manage this safely within the organisation however SECAMB RAG rate themselves in this area as GREEN due to improved compliance figures for safeguarding training and assurance received on local quality assurance visits.	take place to cross check the safeguarding related SIs, the independent review, the safeguarding improvement plan, alongside workforce and cultural actions highlighted in other improvement plans, which will be reviewed via CQRG. The Trust Quality Assurance Visits will continue to focus on safeguarding oversight which will provide evidence on how prepared staff feel in escalating safeguarding concerns and identify any gaps.		
Workforce assurance - SECAMB have now agreed to regularly share detailed monthly workforce data with commissioners, and risks/mitigations will be discussed at the clinical quality review group alternate monthly. Commissioners have raised concerns over areas of workforce assurance such as methodology used for planning staffing levels, recruitment, staff training and whistleblowing/bullying culture.	SECAMB are awaiting the outcome of the demand and capacity review before completing their workforce plan for the year ahead. More granular workforce metrics are now being shared with commissioners and reported within the monthly quality report, to support triangulation with other quality metrics at Operational unit level. SECAMB have RAG rated their Culture and Organisational Development project as RED. A workforce deep dive workshop is being arranged by SECAMB in order to discuss this area in more detail. A new workforce plan is being developed and will be shared in due course. This plan has had input from HEE.	Glenn McPeak	July 2018
Risk management - There are a number of actions required of SECAMB during 2018-19 to progress their improvement of internal management of risk, commissioners are not yet assured on progress against these requirements.	SECAMB have completed the work to identify the number of Risk Registers that may be held locally. However, further gaps relating to Health & Safety and Project Management risk management have recently been identified and subsequently recorded onto the risk management improvement plan. Commissioners are planning a focus item on Risk Management at the Clinical Quality Review Group meeting in August.	Glenn McPeak	Aug 2018
Infection prevention and control - SECAMB have progressed their internal RAG rating for this project to Amber, due to the improvements in Hand Hygiene (HH) and Bare Below the Elbow (BBE) compliance, training figures and Deep Clean (DC) completion at Make Ready Centres. The project mandate and QIA have now been formally signed off with clear objectives and timelines defined.	SECAMB report that their internal Task and Finish Group for IPC is working well and the third draft of the IP Ready Procedure has now been shared with Staff Side and the Senior Operations team for comment. The SECAMB IPC Team will have another IPC Practitioner starting a six-month secondment on the 2nd April 2018, to help support with the work on the Improvement Plan.	Glenn McPeak	July 2018
Medicines Management - SECAMB have given an internal RAG rating as Amber in this reporting period, as they feel sustained improvements need to be maintained.	Commissioners will monitor the transition into business and usual including maintaining the improvement seen in order to give full assurance in this area.	Glenn McPeak	July 2018

v. South Central Ambulance Service PTS

Area of Concern	Action underway	Owner	Timescale
Patient satisfaction – SCAS have a very low rate of return of surveys - Q4 response rate of 2.6%	SCAS took some actions during Q4, however these failed to generate an improvement in responses. Commissioners have requested an action plan from SCAS to improve their response rate and look at different ways of engaging patients for their feedback.	Jane Lovatt	July 2018
Journey timeliness – SCAS are below the targets for all four of the patient journey types – advanced booking arrival and departure, on the day bookings, and time critical appointments.	Commissioners have requested an action plan be submitted by SCAS by the end of Q1, addressing the under performance of their timeliness targets.	Peter Carvalho	July 2018

vi. CSH Surrey (North West Surrey)

Area of Concern	Action underway	Owner	Timescale
FFT - CSH Surrey have a low response rate within NWS, with only 24 responses during April 2018.	CSH Surrey have implemented 'I want great care' to collect their patient experience data, and expected a decrease in rates whilst the new system is embedded. Commissioners have requested a plan for how CSH Surrey is going to increase the response rates once this system is embedded.	Jane Lovatt	July 2018
Speech and Language Therapy - there are long waits for SaLT due to difficulties recruiting to substantive and temporary posts.	CSH Surrey have presented a paper to NWS Clinical Executive that provides options for reducing the risk with the long waiting list. Further work is needed on the options; however, the preferred option is likely to require a temporary restriction of referrals into the service.	Jane Lovatt	July 2018
Statutory and mandatory training - training levels and appraisal/PDP rates are low. A more granular level of reporting has been received based on April data, however discussions need to take place regarding the level of information this provides as assurance on areas of risk and concern.	CSH Surrey have developed local action plans within each service area to address the low levels of training and appraisals. This plan, and compliance levels, will be reviewed monthly at the Quality and Performance meeting.	Jane Lovatt	July 2018

vii. CSH Surrey (Surrey Downs)

Area of Concern	Action underway	Owner	Timescale
Complaints process - Although the number of complaints received over 2017/18 is relatively low (53) response rates remain concerning with only 71% responded to within 25 working days	CSH Surrey SMT are ensuring that all complaint investigations are prioritised. Associate directors/senior managers ensuring prompt identification of investigators (within 72hours) to enable timely commencement of investigation processes. Root Cause Analysis training sessions to increase the number of	Eileen Clark/ Jane Lovatt	July 2018

	appropriately trained investigators.		
Workforce - Vacancies across workforce which may potentially impact on a number of patient safety areas Data quality issues which means that there cannot be robust assurance around performance	Scrutiny of establishment data being undertaken by provider. Recruitment initiatives continue to attract and retain staff with new areas being targeted. Workforce Strategy/plan being developed as part of mobilisation plan (new contract)	Eileen Clark/ Jane Lovatt	July 2018
Waiting times within some specific services are an area of concern	Data cleansing in progress . Review cases to assess for any patient harm or adverse impact by provider which to date has been positive	Eileen Clark/ Jane Lovatt	July 2018

viii. Royal Surrey County Hospital – Adult community services

Area of Concern	Action underway	Owner	Timescale
Safeguarding - There are concerns regarding the safeguarding staffing arrangements and whether RSCH have enough staff available to cover both community and acute contracts.	Safeguarding - RSCH have a vacancy in their acute safeguarding team, they have been out to advert but have not been able to recruit to it at the current time – they are continuing with recruitment to fill the vacancy. They feel this risk is being mitigated by having established pathways for staff in relation to safeguarding, and they will be providing input to both the acute and community teams, for both adults and children. This is identified as a risk on their Trust risk register. Safeguarding staffing levels will be monitored via the Clinical Quality Review Meeting.	Jane Lovatt	July 2018

ix. Surrey and Border Partnership – adults

Area of Concern	Action underway	Owner	Timescale
FFT - Friend and Family data for Month 11 indicates that 90% of patients would recommend SABP, however this is based on a small sample of responses.	SABP have actions in place to improve response At recent Quality meeting with stakeholders it was acknowledged that the Trust has done a great deal of work to engage with patients and carers.	Eileen Clark	July 2018
Long waiting lists in a number of services (particularly CAMHS) being addressed through a number of forums and action plans including additional resources to manage the waiting list and review of cases to identify and mitigate against any associated harm	Escalation Process being developed. Discussion with Trust Senior Leadership team in progress to ensure streamlining of all improvement plans and to agree timelines for completion	Eileen Clark	July 2018
DTOC process across Older adult's services – Trust are developing more robust systems and associated escalation process.	Weekly system wide calls re: DTOCs.	Eileen Clark	July 2018

x. Childrens' Service – CHFS

Area of Concern	Action underway	Owner	Timescale
Concerns identified around a number of services provided to Children and Families across Surrey OFSTED inspection – Surrey rated as Inadequate	A number of actions are in place to expedite agreed service improvements.	Joint Exec Team	July 2018
Slow progress in service transformation led by the LLP – Children and Families Health Surrey.	Discussions with Trust Senior Leadership team in progress to ensure streamlining of all improvement plans and to agree timelines for completion		
Workforce vacancies in particular service areas which has the potential to impact on patients through longer waiting lists and delays in service provision Changes in Senior leadership across partners within the LLP has impacted on organisational resilience			

xi. Ashford and St Peters Hospital - iMSK

Area of Concern	Action underway	Owner	Timescale
Service review - Data had previously been presented to the NWS Clinical Executive in relation to leakage to other providers, but it was unclear whether patients who chose to go to other providers had already been through iMSK triage. It was noted that paper switch off should help with monitoring of referrals.	ASPH have agreed to provide a six month outcome audit in October 2018 of a sample size (to be agreed), to give indicative view of new pathway and improvement in outcomes. This will include a triangulated view over next few months using ERS/RSS to look at divergence from pathway.	Narinder Bedhi	Nov 2018
Quality Schedule - There has been an agreement between ASPH and the CCG that quality monitoring of the iMSK service will be done via the current Clinical Quality Review Meeting. The commencement of this approach is dependent on reporting against the quality schedule, which is not yet agreed and signed off, therefore there is currently a gap in reporting and data provision regarding the outcomes of the service.	Discussions have been escalated to Director level. They have agreed a number of the QRPs and have a few outstanding issues to resolve.	Karen Thorburn	July 2018

xii. St Georges Hospital

Area of Concern	Action underway
Never Events - 2 reported in March 2018 (5 YTD). Retained clip (theatres) and swab (maternity). Human factors contribute. Monthly training and sharing the learning.	Monitored by Lead commissioner, Wandsworth CCG, through the CQRG

Appraisal rates - below target for medical and non-medical staff. Working group set up to address.	
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xiii. Kingston Hospital

Area of Concern	Action underway
Never Event: May 2018 - insulin dose error. Full investigation underway. All staff reminder re using insulin syringes.	Monitored by Lead commissioner, Kingston CCG, through the monthly CQRG
Dementia Screening - poor. Approach for screening & data collection being reviewed.	

xiv. Royal Marsden Hospital

Area of Concern	Action underway
NHSI E.coli bacteraemia - statistics for England (end of 2017) showed RMH was in the highest 5 Trusts. This may be related to the complex and specialist patient case load –they will be reporting back to May CQRG on progress.	Monitored by Lead commissioner, Kingston CCG, through the monthly CQRG

xv. KMSS 111 – SECamb and Care UK

Area of Concern	Action underway
Serious incidents - Since centralising their Serious Incident process with the wider SECamb SI team, the service now has a number of overdue reports that have breached the investigation timescale – at the end of April 2018 they were at a 33% breach rate for investigation reports, which is a decline on the March position. There also remain some concerns regarding the SECamb wide governance and processes related to SI management.	Monitored by Lead commissioner, Swale CCG, through the monthly quality and performance meetings
Call waiting time - Performance on call waiting times and clinical combined KPI is below target.	Monitored by Lead commissioner, Swale CCG, through the monthly operational recovery plan meetings.

xvi. Dorking Healthcare

Area of Concern	Action underway
Appraisals - DHC will be improving their method of collating information to confirm its clinical workforce GMC revalidation and appraisal compliance.	Monthly contract and quarterly quality meetings led by NELCSU and quality for Surrey Downs CCG
Annual Staff Survey - DHC will bring analysis and action plan to the quality meeting	

<p>Clinical Governance - new, experienced manager in place. CCG quality leads will meet separately to discuss improving/adjusting the format and style of reporting requirements to increase assurance, including for sub-contractors.</p>	
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xvii. Dermatology (Guildford & Waverley)

Area of Concern	Action underway
<p>Following the contract suspension and request for a remedial action plan, an interim Solution is now fully operational within the Guildford & Waverley Geography. There were serious concerns related to patient safety, patients not being reviewed or followed up, lack of medication reviews, patient records being sent with no referral date and in an editable word format meaning that they could be amended, which was reported as a Serious Incident.</p>	<p>The Quality Team for Surrey Heartlands CCGs is leading the review of the SI reported by ASPH.</p> <p>The acute contracts team is monitoring the interim solution being provided by ASPH - subcontracted to Sussex Community, and the quality team will input as required into this process.</p>

The next steps in the development of the quality provider dashboard report involves development of the RAG rating for providers, to consider how to align this data with integrated Governing Body reporting across performance and contracts.

Conclusion

Governing Body is asked to note the exceptions based quality update which is based on the quality performance data captured within the provider dashboard and from the transition reports and information received at the three June 2018 Quality Committees.