

Agenda item: 12
Paper no: GBiC (1) 08-2018

Title of Report:	Surrey Heartlands Integrated Quality Report August 2018	
Status:	To review	
Committee:	Governing Bodies in Common	Date: 26/09/2018
Venue:	H G Wells Conference Centre, Church street East, Woking GU21 6HU	

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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 22 August 2018.	
Freedom of Information: The Author considers:	Open - no exemption applies	

Executive Summary:

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

Pan Surrey Services:

Continuing Healthcare:

Whilst CCGs are demonstrating improvements against Quality Premiums from the Q4 position, further improvement is required to reach target.

As of the end of June there was a backlog of 566 Initial Assessments, and 1387 reviews. The team are prioritising initial assessments and completing induction training for the 3 clinical assessors recruited to address the backlog.

CHC have identified 6 risks, relating to the assessment backlog, IT service provision, Non-compliance with frameworks, Application of DoLS in patients own homes and supply and delivery of consumables; action plans are in place to address all risks

Safeguarding Adults, Children and Looked After Children.

The Surrey Safeguarding Adults Board last met on 24th May 2018.

97.75% of NHS numbers for children have been captured in the national system for Child Protection Information Sharing (CPIS) enabling better care and intervention for children who are considered 'vulnerable and at risk'.

The Looked After Children Review Health Assessments (RHA) competition rates have improved this year to over 90%.

The backlog of Initial Health Assessments (IHAs) remains in place, with fortnightly reporting by providers and monitoring.

Ofsted Inspection:

Surrey was rated Inadequate in a consecutive rating in May 2018, and will be seen as a failing authority. As such a Commissioner for Children will be appointed, and the Surrey Safeguarding Children's Board will be monitoring a health Action plan. Surrey County Council has implemented The Surrey Children's Improvement Board, which last met in May 2018.

Children & Family Health Surrey:

Partners within CFHS have been placed on enhanced surveillance, with an improvement plan and assurance time table for commissioners developed following and executive to executive. Areas of concern relate to Data Quality, backlogs within Developmental Paediatrics, backlogs within Initial Health Assessments for Looked After Children and long waits in Therapy Services

CSH Surrey:

CSH Surrey has been placed on enhanced surveillance as a result of concerns relating to a number of services, particular children's services. Areas of concern remain regarding response times for complaints, Low FFT rates in NWS, vacancies within the Safeguarding Team, Workforce Assurance Data, Data Quality, Risk Management, Medicines Management, long waits within Speech and Language Therapy and slow progress against transformation plans.

Surrey & Borders:

SABP have been placed on enhanced surveillance as a result of concerns relating to a number of services, particularly children and adolescent mental health services. Areas of concern remain regarding the number of Serious Incidents overdue for closure, Workforce Assurance and vacancies, Risk Management regarding AWOLs and sustainability of the CAMHS rapid action plan.

South East Coast Ambulance:

Concerns remain regarding a number of areas within SECAMB relating to consistently low FFT scores, sustainability of complaint response times, CQC inadequate rating, outstanding actions for patient engagement, the number of Serious Incidents overdue for closure, internal Safeguarding processes, workforce assurance/data particularly relating to staff planning levels & recruitment, robust processes for safety alerts and NICE guidance, Risk Management, Infection Prevention and Control, Medicines Management and low performance against Clinical Outcome Indicators, and hours lost at hospital.

Guildford & Waverley CCG:

CQC Update:

- Royal Surrey County Hospital (RSCH) received a rating of Good in the inspection which took place between 24th Jan and 22nd Feb 2018.
- During Q1, 6 care homes were inspected with 5 receiving a good rating and 1 requires improvement, whilst there were no new inspections within Primary Care.

Patient Safety:

- G&W CCG have reported 6 cases of c.Diff within the case objective of 19, whilst RSCH have reported 3 within the case objective of 20.
- 28 cases of E.coli have been reported year to date, which is equitable with previous years.
- RSCH reported 10 Serious Incidents between 01/04/18 and 30/06/18 and as of 30/6/18 have 15 overdue Serious Incident reports for submission.
- RSCH has seen sporadic cases of Influenza during Q1 and local flu planning work continues.

North West Surrey CCG:

CQC Update:

- Ashford and St Peter's Hospital (ASPH) focused visit of children and young people's services was completed in June, and the reported is expected in September.
- During Q1, 7 care homes were inspected with 5 receiving a Good rating and 2 requires improvement.
- 5 new reports were published during Q1 for Primary care practices.

Patient Safety:

- NWS CCG have reported 17 cases of c.Diff within the case objective of 53, whilst ASPH have reported 7 within the case objective of 16.
- 59 cases of E.coli have been reported year to date which is equitable with previous years.
- ASPH reported 32 Serious Incidents between 01/04/18 and 30/06/18 and as of 30/6/18 RSCH have 17 overdue Serious Incident reports for submission.
- RSCH has seen sporadic cases of Influenza during Q1 and local flu planning work continues including recruiting more pee vaccinators.

Surrey Downs CCG:

CQC Update:

- During Q1, 6 care homes were inspected with 3 receiving a Good rating and 3 requires improvement.
- 3 new reports were published during Q1 for Primary care practices.

Patient Safety:

- SD CCG have reported 26 cases of c.Diff within the case objective of 56, whilst Epsom and St Helier Hospital have reported 11 within the case objective of 38.

- 60 cases of E.coli have been reported year to date, which is equitable to previous years despite a spike in May and June.
- Epsom and St Helier has been placed on enhanced surveillance by SW London Quality Alliance following a regulation 28 report to prevent future deaths, and a subsequent NHS Improvement walk around with the director of Nursing. Concerns have also been raised with regard to discharge planning for patients on Warfarin.
- SW London Alliance of CCGs (Wandsworth CCG is the lead commissioner for the Trust) is working with NHSE and NHSI to ensure there is a joint assurance process regarding the St George's Hospital Cardiac Surgery Review

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

1. Introduction and Purpose of Update

The purpose of this paper is to provide a quality update to the Surrey Heartlands Governing Bodies, including;

- Patient Safety Trends and Themes
- Continuing Healthcare
- Safeguarding
- A position statement of Healthcare Acquired Infection reporting across the Surrey Heartlands CCGs; and
- A quality assurance exception report on Surrey Heartlands Providers

2. Patient Safety Trends and Themes

2.1 Care Quality Commission

2.1.1 Providers

Ashford & St Peter's Hospitals NHS Foundation Trust (ASPH)

In June CQC undertook a focused visit to ASPH looking specifically at children's and young people services, critical care, A&E, medicine and Ashford outpatients. CQC has completed the onsite phase and reviewing documentation and information, with the full report expected to be available around mid-September.

Royal Surrey County Hospital NHS Foundation Trust (RSCH)

The CQC undertook an inspection between 24th January and 22nd February 2018 and was given an overall rating of Good. Seven of the actions within the CQC action plan have been completed, and ten actions are on track for completion before the anticipated completion date. The two delayed actions are expected to be completed within the month.

Areas identified for improvement include Never Events with statistical comparison to bed days, Never Events total events with rule based assessment, and active medical and dental professional registration. Updates and assurance on the implementation of the action plan are received and monitored through at the Clinical Quality Review Meeting.

2.1.2 Care Homes

Outlined below is a summary of the overall outcomes from reports relating to care homes across Surrey Heartlands published by CQC in Quarter 1 (April – June 2018/19).

G&W CCG	Overall	Comments and Actions by CCG/SCC
Worplesdon View	Good	Rated requires improvement in well-led domain
Crest Lodge	Good	Rated good in all domains
Ashley House	Good	Rated good in all domains
Huntingdon House	Good	Rated good in all domains

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& Langham Court		
Claremont Court	Good	Rated good in all domains
Birtley House Nursing Home	Requires Improvement	Rated as requires improvement in Safe and Effective and well-led domains

NWS CCG	Overall	Comments and Actions by CCG/SCC
Church View Care Home	Good	Rated as requires improvement in well-led domain
Ashton Lodge	Requires Improvement	Rated as requires improvement in Safe and well-led domains.
Glebe House Care Home	Good	Rated good in all domains
Charlton Grange	Requires Improvement	Rated as requires improvement in responsive and well-led domains.
Sunrise – Weybridge	Good	Rated good in all domains
Gables Care Home	Good	Rated good in all domains
Rodwell House	Good	Rated as requires improvement in well-led domain

SD CCG	Overall	Comments and Actions by CCG/SCC
The Beeches	Good	Rated as requires improvement in well-led domain
Copperfield House	Requires Improvement	Rated as requires improvement in safe and effective domains. SCC visited Copperfield House and the provider has put in a lot of work to improve the services; they will be arranging a follow up visit to ensure these improvements have been maintained.
Epsom Lodge	Requires Improvement	Rated as requires improvement in safe, effective and responsive and inadequate in well-led domains. The provider is in provider failure and SCC is waiting for the Senior Manager to arrange a review meeting. There are some safeguarding and quality concerns raised about the home which CQC is aware of and the manager who was recruited following the inspection has left suddenly. SCC will be visiting on 12 August.
Downsvale Nursing Home	Good	Rated good in all domains
Tiltwood	Good	Rated as requires improvement in effective domain
Hillcroft (SABP)	Requires Improvement	Rated as requires improvement in safe and well-led domains. The areas for improvement are safe staffing to meet people's needs all of the time, consistency in carrying out supervision and appraisal, and the need for an information communication window to be repaired.

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2.1.3 Primary Care

Both NWS CCG and GW CCG have delegated commissioning responsibility for primary care. Actions from CQC visits are monitored by the Primary Care Contracting team and reported through the Primary Care Co-commissioning Committee where oversight and any necessary contractual management are agreed.

Surrey Downs CCG does not currently have delegated primary care co-commissioning status and therefore direct responsibility for the monitoring of actions sits with NHS England. The Surrey Heartlands primary care contracting team do however work collaboratively with practices and NHSE to address areas of concern identified from the inspections.

Guildford & Waverley CCG (G&W CCG)

As of end June 2018 CQC has published inspection reports for all 21 practices across Guildford & Waverley;

- 2 (9%) have been rated as Outstanding
- 18 (86%) have been rated as Good
- 1 (5%) has been rated as Requires Improvement
- No practices have been rated as Inadequate

No new reports were published by CQC in Quarter 1 for G&W CCG practices.

North West Surrey CCG (NWS CCG)

As of end June 2018 CQC has published inspection reports for all 41 practices across North West Surrey;

- No practices are rated as Outstanding
- 37 (90%) have been rated as Good
- 3 (7%) has been rated as Requires Improvement
- 1 (3%) have been rated as Inadequate

5 new reports were published by CQC in Quarter 1 for NWS practices.

Surrey Downs CCG (SD CCG)

3 new reports were published by CQC in Quarter 1 for Surrey Downs practices.

2.2 Healthcare Acquired Infections

Outlined below is a detail in relation to reported healthcare acquired infections across the Surrey Heartlands CCGs and their providers.

2.2.1 Clostridium Difficile (c.Diff)

National guidance for testing and reporting C. diff cases for 2018/19 remains unchanged although objectives have reduced by one case for 2018/19 for each organisation (see table below).

Organisation	C. diff case objective for 2018/19	C. diff rate objective for 2018/19	Total Reported
ASPH	16	9.5	7
ESTH	38	14.8	11
RSCH	20	14.1	3
Guildford & Waverley CCG	19	9.1	6
North West Surrey CCG	53	15.4	17
Surrey Downs CCG	75	26	26

2.2.2 Methicillin Resistant Staphylococcus Aureus (MRSA) Bacteraemia

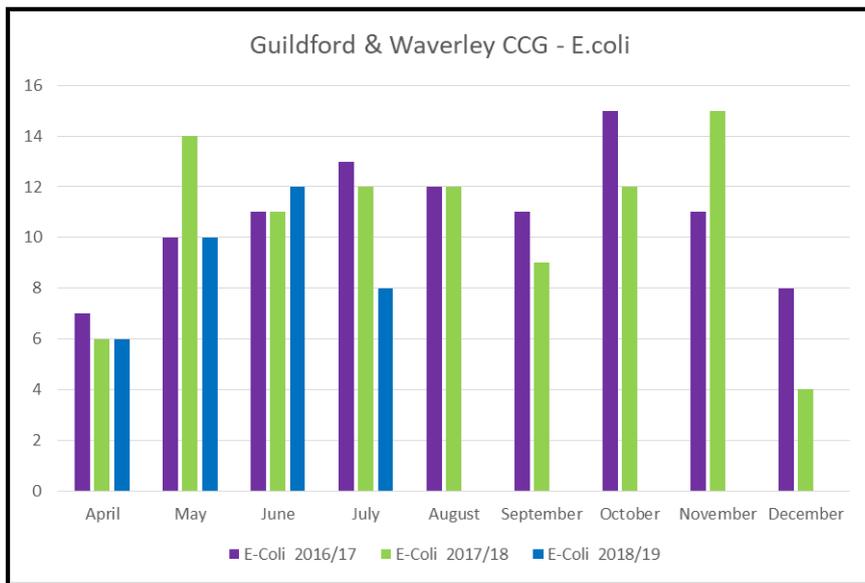
Since April 2018 the national post-infection review process changed and the post-infection reviews became a local process and are only required to be carried out by organisations above a certain MRSA BSI rate threshold, set to capture approximately the top 15% of clinical commissioning groups (CCGs) and non-specialist NHS trusts. None of the Surrey Heartlands CCGs fall into this group, however infection rates continue to be monitored to ensure area of learning can be identified.

2.2.3 E.Coli Gram Positive Bacteraemias

Surrey Heartlands CCGs and providers continue to work through the Surrey wide Infection Prevention and Control Committee towards achieving the Quality Premium aim of reducing numbers of E.coli bacteraemias by 50% by 2020. Due to staff changes and STP transitions the work streams are being refreshed and the Public Health lead from SCC is keen to be involved to support. Work is progressing in relation to local engagement in the National Catheter Project and the Frimley Integrated Care System has been invited to take part in the Urinary Tract Infection Collaborative which is a quality improvement programme focusing on interventions to reduce health care associated UTIs including Catheter Associated UTIs. The learning and best practice will be shared Surrey wide through the Surrey Infection Prevention and Control Committee.

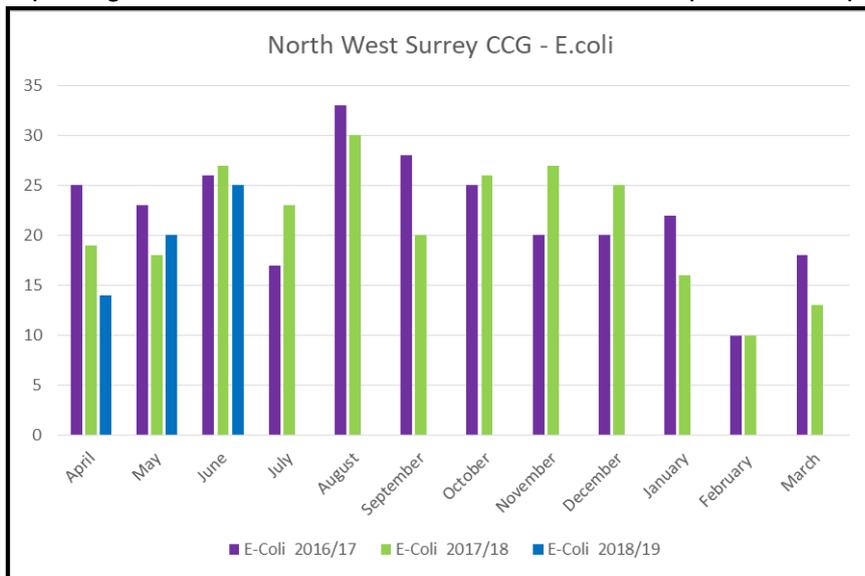
Guildford & Waverley CCG (G&W CCG)

A total of 28 cases of E.coli have been reported year to date. The table below provides an overview of all reporting from 2016/17 to date and shows patterns of reporting that are equitable with previous years, although a drop was noted in July.



North West Surrey CCG (NWS CCG)

A total of 59 cases of E.coli have been reported. The table below provides an overview of all reporting from 2016/17 to date and reflects a similar pattern in reporting to previous years.

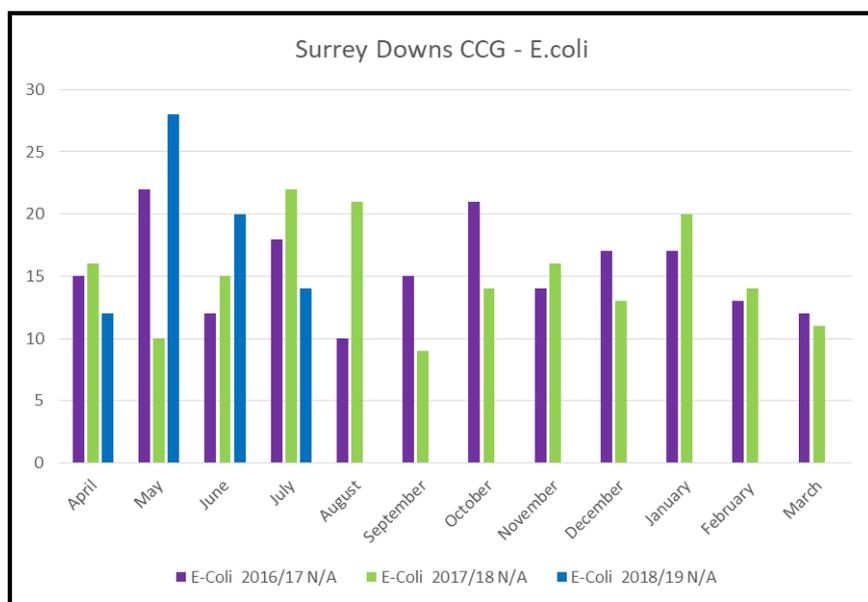


Surrey Downs CCG (SD CCG)

A total of 60 cases of E.coli have been reported. The table below provides an overview of all reporting from 2016/17 to date. While overall numbers of cases remain similar to 2017/18, month on month variances were evident with a spike in cases being seen in May and June in comparison to 2017/18, although the reason for this is not clear.

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2.2.4 Carbapenemase Producing Enterbacteriae and Influenza

Ashford & St Peter's Hospitals NHS Foundation Trust (ASPH)

CPE - Two cases were identified in Quarter 1 (April and May) and both involved patients transferred into ASPH from other hospitals.

Influenza - The Trust has continued to see cases throughout Quarter 1 and will be starting winter planning and recruiting more peer vaccinators. The flu group is meeting in August and considering a proposal from the Infection Control team for a focus on giving vaccine to high risk long term inpatients.

Royal Surrey County Hospital NHS Foundation Trust (RSCH)

CPE - One patient tested positive, after being transferred from another hospital where they had been for a substantial period of time. The patient was isolated and subsequent samples have all tested negative as have all routine screening.

Influenza - The Trust has seen some sporadic cases during Quarter 1 and continues with local work in relation to flu planning.

2.2.5 Measles

Since 26 January 2018 a total of 205 suspected cases of measles have been reported across Surrey and Sussex: 88 confirmed (71 by reference lab), 26 probable and 91 possible.

The most recent date of onset (including possible cases) is 30 June, 2018 (latest confirmed: 26 June).

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The table below shows figures across Surrey Heartlands

Local authority	Confirmed (reflab)	Confirmed (local)	Probably	Possible	Total
Elmbridge	1	0	0	2	3
Epsom and Ewell	0	0	1	2	3
Guildford	2	1	0	5	8
Mole Valley	1	1	0	2	4
Runnymede	0	0	0	1	1
Spelthorne	1	0	1	4	6
Waverley	0	0	0	1	1
Woking	2	1	1	5	9

2.3 Serious Incident Statement

The table below provides a summary of serious incident performance for Surrey Heartlands and its providers. (Green: Fully assured on systems and processes and no performance concern

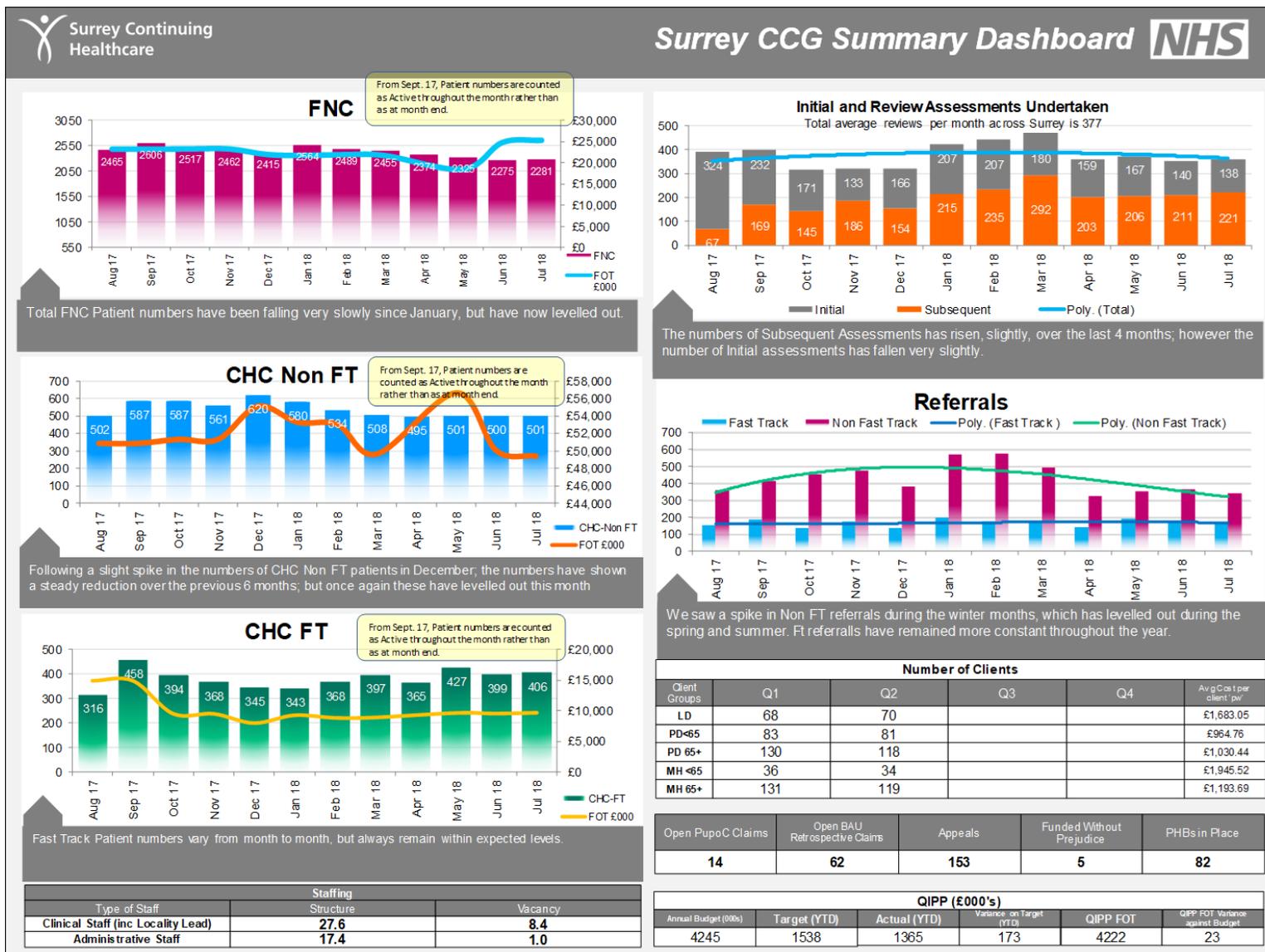
Amber: Partially assured and some concern with performance Red: Not assured on systems and processes and performance is a concern Key: Direction of Travel: Risk Increased ↑, Risk Same →, Risk Reduced ↓;)

Provider	Reported 1/4/18 - 30/6/18	Closed 1/4/18 - 30/6/18	Overdue as of 30/6/18		RAG	Comments
ASPH	32	23	17	Extension x 7 Waiting revised report x 3 De-escalation x 1 Not submitted x 6	→	The ASPHFT closure plan continues to be monitored through Serious Incident Scrutiny Panel and the Clinical Quality Review Meeting
CSH Surrey	3	0	1	Submitted for panel	→	
CSH Families & Children	0	0	0	N/A	→	1 Report became overdue for closure in July and expected at August Panel
ESTH (SD)	3	0	0	N/A	→	SI closures managed through Host CCG
RSCH	10	2	15	Submitted for August panel x 13 (including 10 in cluster reports) Not submitted x 3	→	The transition of management of SI process for RSCH took effect on 1 April 2018 and panels are currently held every other month. All reports submitted for closure in August
RSCH Community	0	0	0	N/A	→	
Phyllis Tuckwell	0	0	0	N/A	→	
SABP	37 (NWS x 8) (SD x 8) (GW x 6)	33	51	Not submitted x 32 Waiting revised report x 10 De-escalation x 2 Submitted for July panel x 7	↑	The transition of management of SI process for SABP took effect on 1 June 2018. There have been some key personnel changes within SABP which has impacted on the backlog of reports being submitted or additional assurance detail being received to support closure.
Virgin	N/A	0		N/A		
Kingston Hospital - SD	0	0		N/A		
FCHC - SD	0	0		N/A		
Surrey Heartlands	0	0	1			System wide SI: The investigation is complete and the report has been shared with the family and Surrey Safeguarding Adult Board. A review of the implementation plan took place on 18 June but the Surrey Safeguarding Board has fed back that they are not assured on system process especially since there have been 2 further SIs with similar themes at other Trusts. The issues have been raised with both Trusts involved and SABP. A further system review meeting will be held in September to inform the next Surrey Safeguarding Adult Board Health sub Group meeting.
Independent Providers	0	0	0	N/A		
SECAMB 111	0	2	3	Not submitted x 3	→	Process currently managed by Swale CCG on behalf of Surrey CCGs. Number of breaching incidents has been managed as part of the wider SECAMB plan around serious incidents
SECAMB 999	30	8	20	Not submitted x 13 Waiting revised report x 4 Submitted for July panel x 2 Extension x 1	↑	The transition of management of SI process for SECAMB 999 took effect on 1 June 2018. The Trust had made some progress with the backlog but there has been a number of staff changes and peaks of reporting. The T&G group set up in August 2017 will continue to monitor progress on clearing the backlog of overdue serious incidents.
Frimley Health (GW)	0	0	0	N/A	→	
SCAS - PTS	0	0	0	N/A	→	
WSBH	1	0	0	N/A	→	
Total	116	68	108			

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3. Continuing Health Care (CHC) Update



Quality Premium 1 - target less than 15% of DST's are completed in an Acute setting. East Surrey CCG is currently within this target and in Quarter 1 18/19 all CCGs are showing an improvement against the previous Quarter 4 position albeit still some way to go before target reached.

Quality Premium 2 - target 80% of referrals completed within 28 days. All CCGs are well below this target and progress is slow, however the plans to address the issues which impact on this are underway. We are prioritising initial assessments however with the backlog that exists the process of clearance will impact on the ability to improve this measure until such a point as the backlog has been cleared and assessments are completed as they are received.

The number of Local Authority signatures received within 5 working days has shown an improvement over the quarter however only 138 of 314 (43%) were received within this timescale.

Fast Track referrals show a small reduction in the overall trend of receipt over the course of the last 12 months.

Non Fast Track referrals have increased steadily however the number of patients eligible for CHC or FNC have reduced.

Current backlog of 566 Initial assessments, and 1387 reviews at end of June 2018. The team are prioritising the initial assessments in order to meet the targets set by the quality premium for CHC but are also completing induction and training for the first 3 or the 4 clinical assessors recruited to address the backlog of 3 and 12 month reviews.

At end of June there were 81 PHBs in place, an increase of 5 since last Board in April.

Of the 60 homes that signed up to participate in the 17/18 CQUIN scheme, 42 completed the scheme successfully. The main reason for non-completion was due to management changes at the home.

A total of 159 NHS Contracts 17/19 were issued in June/July, and we are pleased to report that 149 have been signed and returned. Sanctions are in place for the 10 outstanding providers.

Quality Assurance (QA) Audits - work continues to automate where possible our Quality Assurance Audits. This will allow the team to concentrate on widening the scope to take into account more areas to match with the changing focus of the CHC Team to meet Quality Premium and future targets.

The number of appeals received each month over the last 6 months, shows continued growth at approximately 15% increase per quarter. However, for the majority of appeals completed in the year to date the Decision did not change.

Currently have 52 Local Review Meetings (LRM) to be booked. In the calendar year 2018 in 95% of cases the decision at appeal / PuPoC outcome did not change as part of LRM.

In 2018 there have been 13 IRP's all except one of which have upheld our decision (92%), this shows that our decision making is both consistent and robust.

Number of complaints received in Q1 of 18/19 is lower than seen in any of the quarters last year. The top causes of formal complaint are the process itself, dissatisfaction with the outcome and the timescales involved.

CHC have been taking part in the NHSE Continuing Healthcare National Strategic Improvement Programme (SIP) and are one of 12 'Test and Scale' sites as part of this the team have attended events/workshops and Webex discussions.

CHC Team were also successful in gaining a place on the Digital CHC Development Group. The aim of the project is to encourage and where possible facilitate the routine digitisation of a "CHC system", write the specification and state the standard.

A NHSE facilitated CHC Improvement Workshop was held in Leatherhead on 3rd May involving stakeholders from CCGs, Acute Trusts and Community Health Providers. Feedback was captured and participants were challenged to formulate actions to further potential solutions

Finance - we are currently showing a slight underspend on total budget (£178k) however, due to the volatility in the accruals it is prudent to report to budget at this stage.

QIPP – reporting to plan at M3 excepting saving from the Liaison review. The project milestones are on track and work is ongoing.

Current areas of risk reported (however plans are in place to address these): -

Assessment backlog could lead to adverse impact on quality of care and cost of care.

Broadweb & IT service provision system issues risk to reputation.

CHC non-compliant in meeting the requirements of the framework

NHS pay increase – if % uplift to cover national pay increase has to come from existing CHC budget there will be a cost pressure.

Deprivation of Liberty Safeguards. As funding commissioner we are required by law to have a DoLS in place for patients in their own homes. There is a risk that there will be CHC funded patients who have not had these assessments.

Consumable items for CHC patients - if supply and delivery of these items for CHC patients in the community is not resolved there will be cost and workload implications for the CHC team.

4. Safeguarding Update

Safeguarding Adults

The Surrey Safeguarding Adults Board last met on 24th May 2018 and have agreed the following SSAB priorities for 2018/2019;

- Enabling a shared understanding of best practice
- Making Safeguarding Personal
- Mental Capacity Act

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- Domestic Abuse
- Improving Knowledge and Effectiveness

The SSAB has recently developed a new Competency Framework document. The competency framework provides a standardised approach to the skills and training staff in different roles should have regardless of the organisation they work for. This ensures a level of consistency and aims to improve skill sets of all staff working with adults with care and support needs across the county.

Safeguarding Children

The Child Protection-Information Sharing (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. Work towards the implementation of CP-IS in Surrey has been completed and the system is live across Surrey, feedback has been positive with 97.75% of NHS numbers having been captured

Looked After Children

- Care Leaver Health Histories
Care leavers health passport have now been printed and the roll out trajectory has been agreed. In the period 2018 – 2019 all 16 and 17 year old children will receive a passport through their social worker, in time for their health assessment. This will support the 49% of children now placed out of county in that the health provide.

In the period 2019 -2020 all 15 and 16 year olds will receive the passport and those new to care in and above that age bracket. In the period 2020 – 2021 all 14 and 15 year old children will receive a passport and those new to care in and above that age bracket.

- IHA's
Work continues across the partnership to try to improve the data returns for achieving the statutory requirement of a child having their health needs assessed within 28 days of entering care. Although this is improving there are a significant number of children who have not received their health assessment despite being in care for some time. Fortnightly reporting by the provider continues. The reasons for the 'backlog' continues to be
 - Inherited backlog causing pressure on limited resources
 - Late referral
 - WNB (Was Not Brought)
 - No consent
 - Quality Assurance / late reporting

The provider has been asked to consider different models to try to address the challenges above and the local authority is addressing the issues within their part of the pathway.

- Review health assessments
The review health assessment (RHA) completion rate has risen again this year, to over 90%. This is taken from the referrals for RHA completed through CSH Surrey, for children regardless of placement.

Ofsted Inspection

Following the Ofsted inspection which took place between February and March 2018 the final report was published on 16th May 2018 with an overall rating of Inadequate. This is the second such consecutive rating and as such Surrey will be seen as a failing authority.

In response to Ofsted's findings and recommendations a Health action plan has been developed and will be monitored through the SSCB Health and Child Safeguarding Group.

The Children's minister will issue a new statutory direction, which will include the appointment of a Children's Commissioner. It is likely that the Commissioner will be in Surrey by the end of June and will work with Surrey for 3 months.

Ofsted will recommence 3 monthly monitoring visits in September 2018, with subsequent visits in December 2018 and again in March and June 2019. At some point in the future Ofsted will return for a further full inspection, this would be unlikely to occur until Surrey demonstrates a solid track record of improvement and most cases audited by Surrey and Ofsted are judged to be requires improvement or better.

Surrey will be required to produce a new improvement plan, which will be submitted to Ofsted for approval within 70 days of the publication of the inspection report.

The County Council have implemented The Surrey Children's Improvement Board, which last met in May 2018; details on the Surrey Children's Improvement Board can be found via the following link (<https://www.surreycc.gov.uk/social-care-and-health/childrens-social-care/childrens-improvement-programme/childrens-improvement-board>)

South East Coast Ambulance Service

On the 1st April 2018 the role of lead commissioner for SECamb contract covering Kent, Surrey, Sussex was transferred to NHS North West Surrey CCG in Surrey Heartlands.

In response to this the Surrey Wide CCG Safeguarding team have developed a communication strategy to ensure safeguarding communication/ assurance reports are shared with CCGs, SABs and LSCBs across Kent, Surrey and Sussex and with NHSE.

5. Quality Assurance exception report on Surrey Heartlands Providers

5.1 Children and Family Health Surrey (CFHS)

Partners within the Children and Family Health Surrey (CFHS) Limited Liability Partnership (LLP) have been placed on enhanced surveillance, as a result executive to executive meeting have been held to discuss outputs of the risk process with both Surrey and Borders Partnership NHS Foundation Trust and the LLP. An improvement plan has been agreed with the Trust and an assurance timetable for commissioners developed.

Area of Concern	Action underway	Timescale
Data Quality - The lack of robust data available across the partnership has increased concerns for commissioners with the associated lack of assurance	Appointment of the new Director for Children and Families who took up post at the end of July has brought a renewed focus on the delivery of integrated data which will give clearer oversight and assurance of performance and quality.	On-Going

<p>Developmental Paediatrics - A recovery plan is in place</p> <ul style="list-style-type: none"> - Concerns around Clinical capacity to support work required at pace and support of the team - Manual data cleansing and clinical validation of the cases is being challenged by workforce pressures - Whole system approach to diagnosing Autism Spectrum Disorder (ASD) - Backlog caseload in "One Stop" during May - trajectory to clear this by Mid July - Some of the findings of the Royal College of Paediatrics and Child Health (RCPCH) peer review 	<p>Presentations to Stakeholders re: the RCPCH Peer review took place during July and improvement plans being developed and agreed</p>	On-going
<p>Initial Health Assessments for Looked After Children - Clinical and administrative capacity is stretched and impacting on the booking of appointments – impacting on East of County and Out of County IHAs. Joint working with SCC needs to be strengthened to resolve ongoing pathway concerns</p>	<p>Multi-agency working group in place to address concerns around Initial Health Assessments and Process</p> <p>Senior Management Capacity identified by SABP to support service</p>	On-going
<p>Therapy Services - Continued long waits across all quadrants post April 2018 as a result of focussing on previous backlog and work on pathways</p>	<p>Refreshed Improvement Plan in place</p> <p>Executive lead for programme appointed</p>	On-going

5.2 CSH Surrey (North West Surrey)

CSH Surrey have been placed on enhanced surveillance as a result of concerns around a number of their services, particularly Children's Services.

Area of Concern	Action underway	Timescale
<p>Complaints - Response times continue to be a challenge for CSH Surrey, achieving only 50% compliance with responses within 25 days in the month of May 2018.</p>	<p>CSH Surrey have reviewed their complaints systems, and have made some process changes to support improved response times, which will be monitored monthly within the quality and performance review meetings.</p>	October 2018
<p>FFT - Response rate continues to be low across North West Surrey</p>	<p>Communications have been sent out to Co-owners that 'I want great care' is now the sole method of collating FFT across CSH Surrey. Response rates will continue to be monitored monthly. Commissioners have requested a plan for service specific surveys over the 2018-19 contractual year, which is due to be shared in September 2018.</p>	October 2018
<p>Safeguarding Children & Adults - Commissioners have raised concerns over vacancies in the safeguarding team and therefore capacity for the safeguarding team to manage across all contracts within CSH Surrey. CSH Surrey have reported poor compliance with the Mental Capacity Act within North West Surrey.</p>	<p>There is a safeguarding focus session planned for the Quality and Performance meeting in August. CSH Surrey report they are managing the workload within the current capacity, and are currently reviewing the structure of the team across adults and children's safeguarding to ensure it is fit for purpose.</p>	September 2018

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	CSH Surrey have developed an action plan to address the issues identified in their audit on the Mental Capacity Act – a re-audit will be carried out in September 2018, findings of which will be shared with commissioners after this time.	November 2018
Workforce Assurance - Ongoing concerns with compliance with statutory and mandatory training. Continued verbal concerns raised by CSH Surrey on staffing levels within community nursing and intermediate care.	Commissioners have requested a workforce plan for community nursing and intermediate care to be shared at the August 2018 quality and performance review meeting. Training levels are improving, and are being monitored monthly.	September 2018
Risk Management - Some concerns over robust and consistent risk management processes within CSH Surrey.	CSH Surrey have revised their risk management policy and are currently working with staff on implementing it locally, supporting staff to ensure consistency of process. The next risk management update is due to be shared with commissioners in September 2018.	October 2018
Medicines Management - Some concerns over medication errors in community nursing teams due to high levels of bank and agency staff.	CSH Surrey are sharing their internal medicines management audit with commissioners in August 2018 for review and discussion.	September 2018
Speech and language therapy - Continued long waits for assessment.	CSH Surrey have proposed a temporary restricted criteria for Speech and Language Therapy services (SaLT) in NWS for priority and urgent patients only, which has been approved by the CCG. This will give CSH Surrey time to recruit to vacancies and look at alternative ways of working, whilst clearing the backlog of patients waiting for initial assessment. The temporary restriction comes into effect in early August 2018, and has been requested to be in place until June 2019. Waiting times for the service will be reviewed monthly at the quality and performance review meeting.	October 2018
Transformation - Commissioners are concerned with the slow progress achieved with the delivery of Service Transformation Programmes.	Commissioners have issued a contract performance notice to CSH Surrey in relation to slow progress on transformation of services. A remedial action plan will be monitored via the Service Transformation Oversight Group alternate monthly.	October 2018

5.3 CSH Surrey (SD)

CSH Surrey has been placed on enhanced surveillance as a result of concerns regarding a number of services, particularly children's services, as a result executive to executive meeting have been held to discuss outputs of the risk process with both Surrey and Borders Partnership NHS Foundation Trust and the LLP. An improvement plan has been agreed with the Trust and an assurance timetable for commissioners developed.

Area of Concern	Action underway	Timescales
New performance scorecard produced that showed a number of patients waiting over 18 weeks for an appointment with	Data cleansing and management continuing. Any patient who was identified as waiting has been contacted and an	On-going

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the highest waits in therapies. However data cleansing exercise that has now taken place has shown that it is a data quality issue rather than an operational issue with 8 patients identified as waiting for appointments.	appointment offered. Assurance received from CSH Surrey around deep dive into individual cases and that there is no patient harm as a result of these delays	
Workforce data - Appraisal rates and statutory and mandatory training compliance remains below expected levels but there has been an improvement through the provision of focussed training days.	CSH Surrey has a programme of focussed training days which is improving compliance rates. Managers are being supported to upload appraisals onto the HR system in a more consistent and timely way	30 th September 2018

5.4 Surrey and Borders Partnership NHS Foundation Trust

Surrey and Borders Partnership has been placed on enhanced surveillance as a result of concerns regarding a number of services, particularly children and adolescent mental health service, as a result executive to executive meeting have been held to discuss outputs of the risk process with both Surrey and Borders Partnership NHS Foundation Trust and the LLP. An improvement plan has been agreed with the Trust and an assurance timetable for commissioners developed.

Adult Services:

Area of Concern	Action underway	Timescales
Serious Incidents - SABPFT continues to have a number of Serious Incidents on StEIS that are open and overdue. (31 in Month 2) which raises concerns around the effectiveness of their processes and potential missed opportunities for learning	New Safety lead appointed at SABPFT Further review of Process across Trust	Completed 30 th August 2018
Workforce Assurance - Vacancy rate of 14.86% is still above the target of 12% and the FT continues to have difficulty in recruiting registered nurse vacancies across all divisions Workforce data available to commissioners remains at a Trust wide level with further more granular detail requested	Rolling recruitment and retention programme in place/ rotational posts developed and offered Deep dive scheduled for CQRG in September to scrutinise more granular data and assure workforce strategies	On-going
Risk Management - Themes from incidents including AWOLs and absences have raised concerns about the consistency and effectiveness of risk assessment and how this is balanced with care and treatment.	To be managed as part of the QRP process Plan for randomised audit to be undertaken looking at the risk assessment and management of a range of patients	On-going

Children and Adolescent Services:

Area of Concern	Action underway	Timescales
CAMHS Rapid action plan continues with the associated interim changes to access criteria for routine referrals. Signposting through Primary Care to alternative service provision. Plan progressing but concerns re: sustainability	Communications continue with stakeholders to ensure that routine referrals are signposted and managed effectively. Impact on individuals being assessed and monitored	On-going Immediate

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Data quality and the robustness of validated data produced by the Trust Performance against operational standards in key areas - such as 'care plan in place within a week of face to face assessment'	Validation of data to continue but sample size used for manual validation to be increased to give more robust assurance Further assurance requested around impact of Young People not receiving a Care plan within 1 week of assessment	Immediate
Workforce Assurance - Recruitment remains an issue for the service with particular areas, such as, posts in the medical directorate Decrease in compliance rates for statutory and mandatory training as a result of an agreement for training updates to be "relaxed" during the 16 week interim plan period. Impact being closely monitored internally and through the Clinical Quality Review Meetings.	Recruiting nationally using a variety of media Using themes from exit interviews to help recruit and retain staff – reviewing caseloads, workload and support systems for staff	On-going

5.5 South East Coast Ambulance

Area of Concern	Action underway	Timescales
FFT - SECAmb's FFT response rate is consistently well below 15%, which means that the scores cannot be considered reliable, however this response rate is consistent with Ambulance Trusts across the country.	The process for Friends and Family Test and patient engagement is included in the contractual requirements for 2017-2019 to develop as part of their Patient and Carer Strategy and improve upon the response rates. An update on progress at the end of Q1.	August 2018
Complaints/PALS - Compliance with response times for complaints has significantly improved, however commissioners are seeking further assurance on the sustainability of this improvement, and the embedding of learning throughout the Trust.	A Shared Learning Discussion Group has been created within SECAmb, whose purpose is to triangulate information gleaned from serious incidents, complaints, safeguarding, etc., to consolidate learning across all areas, and to discuss the development of new mechanisms for sharing learning across the Trust. SECAmb are working on transitioning this project into business as usual, which commissioners will be monitoring via the Clinical Quality Review Group.	August 2018
CQC - Following publication of the CQC inspection report in September 2016, SECAmb were put into Quality Special Measures by NHS Improvement. They were reinspected in May 2017, and SECAmb have remained at the rating of Inadequate. A further inspection is expected to take place imminently.	CQC - SECAmb have shared their full set of updated improvement plans with commissioners in February 2018, and are working with commissioners on the process of transition from improvement to business as usual. Commissioners will 'walk through' the process for both incident reporting and safeguarding. The quality requirements for 2018/19 are now jointly agreed but will be amended if required post demand and capacity review publication. CQC have announced that they will be doing the well led review 22,23 August and will be carrying out	June 2018

	unannounced core service inspections mid July	
Patient engagement - There are a number of actions required of SECAMB during 2018-19 to progress their patient engagement.	Monitoring through CQRM	On-going
Serious incidents - The backlog of overdue SI reports had improved in March, with a breach rate of 33% at the end of April. Commissioners continue to have some concerns in the areas of identifying themes, trends, and embedding learning from SIs across the trust and are continuing to liaise with SECAMB to improve. The SI T&F Group have identified that currently there are 13 outstanding reports.	The Task and Finish group will continue until August to focus on maintaining the improvement in breaching SI reports and embedding of learning throughout the trust. SECAMB report that the backlog has further reduced during May with only 8 reports outstanding.	August 2018
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 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. The Trust has now identified further actions required to strengthen the governance arrangements to ensure the welfare of patients, carers and cohorts of vulnerable employees are properly safeguarded.	SECAMB have a safeguarding improvement plan, however it is being refreshed 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 took place in May 2018 to cross check the safeguarding related SIs, the independent review, the safeguarding improvement plan, alongside workforce and cultural actions highlighted in other improvement plans. This will be monitored through CQRM and shared with safeguarding boards. 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.	June 2018
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. Commissioners are now planned to attend monthly workforce meetings with SECAMB.	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. A new workforce plan is being developed and has been shared in draft and both CCGs and HEE have given feedback. A monthly workforce meeting has been scheduled to review and monitor progress against plan.	June 2018
Safety Alerts - SECAMB do not yet currently have a robust system in place for monitoring, managing and implanting learning and actions from Safety alerts.	SECAMB have advised that they are completing a quarterly report, due to be reviewed by their internal quality committee in Q1 of 2018/19, and that this report is likely to cover the requirements of this. Commissioners have requested that this report is reviewed at Clinical	August 2018

	Quality Review Group following their internal committee.	
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.	August 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.	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.	July 2018
Clinical Outcome Indicators - All post ARP clinical outcomes indicators are performing below the national average in December:	These are reviewed and discussed at the Contract Review Meetings, and operational performance and metrics call coordinated by NWS CCG (for the region).	August 2018
Category 1, 2, 3 and 4 - Fractionally increasing response times in May but still compliant in all main targets except for Cat 1 mean times which is just 37 seconds from target.	There will be new clinical outcomes set will be linked to ARP, which are yet unknown. These will also be looked at in conjunction with the alternative pathways mapping work taking place across each county. A review of these areas of work will be included at the Clinical Quality Review group meeting in August 2018, which has been delayed due to the mapping workshop postponed until Q1.	On-going
Ambulance Hours lost at hospital (due to turnaround delays) - SECAMB totals for May 2018 hours lost >30 minute turnaround	The new Ambulance Quality Indicator (AQI) standards will be phased in as each ambulance service adopts the new system, based on a trajectory agreed with the NHS England Ambulance Response Programme (ARP) team. This will also be in discussion with local commissioners, with the intention that all services are reporting/capturing data on the new standards. AQI performance is being monitored within the 999 operational management and assurance group (OMAG).	July 2018

<p>NICE guidance - SECAmb do not currently have a robust system in place for monitoring, managing and implanting learning and actions from NICE guidance.</p>	<p>SECAmb have advised that they are completing a quarterly report, due to be reviewed by their internal quality committee in Q1 of 2018/19, and that this report is likely to cover the requirements of this. Commissioners have requested that this report is reviewed at Clinical Quality Review Group following their internal committee.</p>	
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5.6 Epsom and St Helier Hospital

Area of Concern	Action underway	Timescales
<p>The Trust is on enhanced level of surveillance by the SW London Quality Surveillance Group (QSG) following a number of system calls led by the CQC during June about the St Helier site (triggered by a Regulation 28 Report to Prevent Future Deaths in mid- May 2018). The CQC have conducted unannounced visits to ensure actions have been embedded in practice. Review of current workforce, especially nursing, was conducted in July 2018 by the incoming Director of Nursing with NHS Improvement on the St Helier site. Outcome: The walk around did not demonstrate good nursing practice across the majority of the wards, although this tended to focus on adherence to policy and procedure rather than direct patient care. It was also noted that the number of staff on duty often fell below the planned staff ratios. Implications for the Epsom site are not yet known.</p>	<p>The Trust is on enhanced level of surveillance by the London Quality Surveillance Group. NHSE are assured that Sutton CCG have good oversight and working relationship with the Trust. CQC action plan and workforce action plan will be monitored at the monthly CQRG meetings. See Appendix 1</p>	<p>Monthly monitoring to completion</p>
<p>Discharge planning for patients on warfarin: Epsom site - poor transfer of clinical information re warfarin doses and INR between services and patient education. Potential impact on patient safety. Issue was picked up by medicines management team.</p>	<p>Warfarin: a meeting is being arranged between CCG and Trust medicines management leads, with the CCGs quality lead to explore the issues, identify risks and ways to improve communication. Encourage GPs to raise quality alerts with the Trust and SDCCG primary care team. Will report via CQRG.</p>	<p>August 2018 & On-going</p>

5.7 St Georges Hospital

Area of Concern	Action underway	Timescales
<p>Cardiac surgery review - In 2017 the Trust initiated an internal review of cardiac surgery following concerns about high infection rates and increased mortality rates at the Trust. Early in 2018, following a National Institute for Cardiovascular Outcomes (NICOR) alert, the Trust commissioned an external review led by Professor Mike Berwick, an independent</p>	<p>SW London Alliance of CCGs (Wandsworth CCG is the lead commissioner for the Trust) is working with NHSE and NHSI to ensure there is a joint assurance process. A monthly review, chaired by NHSE, will be undertaken as Part 2 of the Clinical Quality Review Meeting. The Alliance are also actively involved with the Trust to</p>	<p>Monthly monitoring until completion</p>

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<p>expert and former NHS England deputy medical director. The final report was shared with the Trust in mid-July 2018.</p> <p>Outcome - Despite improvements made from the internal review the June 2018 Berwick review made a number of recommendations, including, a review of cardiac surgery staffing to ensure the Trust is providing the best possible care for patients; improved training and development opportunities for cardiac surgeons; and improved outcome monitoring and data processing.</p>	<p>immediately oversee the Action Plan in response to the Berwick review.</p>	
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