

Title of paper:	Quality and Performance Report		
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Meeting:	Governing Body		
Agenda item:	12	Attachment:	09
For:	Agreement		
Executive Summary:			
<ul style="list-style-type: none"> This report is to assure the Governing Body that the CCG reviews the performance of NHS healthcare providers it commissions against the key performance and clinical quality and safety indicators and that those areas of concern or risk to patients are highlighted and addressed. Key issues for note are highlighted in Section 1 on Page 3 and a summary of the year end performance against the CCG Outcomes Indicator Set, NHS Constitution and the CCG Operating Plan is outlined in Section 2 			
Compliance section			
Risk Register and Assurance Framework	Identified risks relating to quality and safety of commissioned services are captured on the Surrey Downs CCG risk register and discussed at the Committee and other fora, such as Clinical Quality Review Groups.		
Patient and Public Engagement	Patient and public feedback is key to understanding the quality and experience of patients using commissioned services. The CCG monitors its commissioned Providers in respect of this.		



Patient Safety & Quality	Surrey Downs CCG is accountable for the quality and safety of the services that are commissioned for our population.
Financial implications	There is a continued risk that the CCG will not achieve the required level of performance in a number of areas of quality and this will impact on the potential to receive the associated quality premium payments.
Conflicts of interest	Conflicts are inherent in the way the CCG operates. A register of Committee members and staff interests are held by the CCG. Nil additional declared.
Information Governance	Strong compliance around Information Governance supports good patient care and increases patient and public confidence in the CCG
Equality and Diversity	The CCG is committed to monitoring the compliance with the Equality duty of the providers from whom we commission services. This is done through the quality and contracting process.
Any other legal or compliance issues	None identified
Accompanying papers: Quality and Performance Report – July 2015	
<p>Summary: The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Review the report and discuss the identified risks • Agree further action required including escalation to other organisations 	



Integrated Quality and Performance Report – July 2015

1. Introduction

- 1.1. Ultimate responsibility for safeguarding the quality of care provided to patients rests with each provider organisation through its Board. However, CCGs, as statutory organisations are required to deliver the best possible services to and outcomes for patients within financial allocations. Therefore, Surrey Downs CCG (SDCCG) has a statutory duty to secure continuous improvements in the care that we commission and to seek assurance around the quality and safety of those services. This requirement is underpinned by national guidance and locally-determined commissioning intentions.
- 1.2. For example, the NHS Outcomes Framework forms an essential part of the way in which the Secretary of State for Health holds NHS England to account. Indicators in the NHS Outcomes Framework are grouped around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. The five domains of the NHS Outcomes Framework are covered by three dimensions against which the quality and safety of services should be measured; they are **Effectiveness, Patient Experience and Safety**.

Five Domains of the NHS Outcomes Framework

Domain 1	Preventing people from dying prematurely	Effectiveness
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill health or following injury	Patient experience
Domain 4	Ensuring that people have a positive experience of care	
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm	Safety

- 1.3. In addition the CCG's Quality Improvement Strategy also provides a continuous focus on improving the quality and safety of services that we commission to give assurance that key benefits are realised for patients.
- 1.4. This report is to assure the Governing Body that the CCG monitors the performance of NHS healthcare providers it commissions against the key performance and clinical quality and safety indicators and, that areas of concern or risk to patients are highlighted and addressed. The report presents an overview of quality of care and patient safety matters, with narrative around areas of concern, risk. A weekly performance report covering contract performance indicators is produced and circulated to CCG leaders. That report is reviewed at the fortnightly Executive Committee therefore general performance indicators are not be covered in this report to the Governing Body.
- 1.5. **Section One** of the report provides information about Surrey Downs CCG's main providers based on the performance dashboard at Appendix 1 and reports on all available data at the time of writing the report. This contains national and local data, formal and informal, for all patients (not only Surrey Downs). In depth review of key risk areas is contained here and, in this way, any wider concerns around quality and safety leading to potential risk to Surrey Downs CCG patients are addressed.
- 1.6. **Section Two** of the report summarises performance against the key areas outlined below and forms the basis of the NHS England Area Team's quarterly assurance meetings:
- CCG Outcomes Indicator Set
 - NHS Constitution
 - CCG Operating Plan including three local priorities
- 1.7. The performance dashboards for Surrey Downs CCG patients (Appendix A) reflect the formal reporting of performance position against the goals and core responsibilities of the CCG as outlined in '*Everyone Counts: planning and priorities for patients in 2014/15 – 2018/19*' and the '*CCG Assurance Framework 2014/15*'. Matters of concern addressed in this section are cross reference to Section One where necessary.

Risk Management

- 1.8. Each provider has its own internal governance and risk management processes. Provider's own risks relating to contractual requirement are discussed at contract meetings and Clinical Quality Review Group/ Monitoring meetings.
- 1.9. Where inadequacies in provider performance around quality and safety are assessed to be a risk to the CCG as a commissioner of those services, these will be raised on the CCG's corporate risk register or Governing Body Assurance Framework.

2. Executive Summary of Key Areas of Concern

2.1. There is a summary of the key concerns at the start of Section One and Section Two.

Section One

1. Executive Summary

1.1. This section of the report provides information about Surrey Downs CCG's main providers based on the performance dashboard at Appendix 1 and reports on all available data at the time of writing the report. This contains national and local data, formal and informal, for all patients (not only Surrey Downs). Detail about key risk areas is within the report by Provider. In this way, any wider concerns around quality and safety within individual providers that may lead to potential risk to Surrey Downs CCG patients are addressed. In addition, it gives an opportunity for organisational performance against a number of quality metrics to be benchmarked against similar providers.

2. Key Concerns

Based on the most recent data the quality and performance risks highlighted in Section One of the report are:

- Never Events that have been reported at both Epsom and St Helier University Hospitals NHS Trust and Surrey and Sussex Healthcare during this period. Investigations are in progress and the reports will be discussed and quality assured at the relevant CQRGs
- Two Never Events that have been declared at Kingston Hospitals NHS Foundation Trust. The investigation report is expected to be presented at the CQRG in July 2015
- A Never Event that was declared in April at St Georges Healthcare NHS Trust. The report will be discussed at a future CQRG.
- Ongoing staffing vacancies across Surrey and Borders Partnership NHS Foundation Trust and the action that the Trust is taking to maintain patient safety. Despite these vacancies, the Trust has maintained a high level of staff appraisals and training throughout the year
- Performance around a number of Key Performance Indicators at Kingston Hospitals NHS Foundation Trust and the assurance given by the Trust.

3. Provider Dashboard - Quality and Safety Indicators

Appendix 1 provides an overview of Surrey Downs CCG's main providers against key quality and safety indicators. The narrative below addresses the Amber or Red rated indicators.

In addition to this, the data contained in the table placed at the beginning of each provider section is extracted from the new safety section that is published on the NHS Choices website. It gives an indication of how individual organisations are performing against a range of safety indicators and also enables the committee to benchmark the performance of providers who are commissioned by Surrey Downs CCG to deliver services to our population.

Indicator	Brief Definition
CQC national standards	As the independent regulator for health and adult social care in England, the Care Quality Commission (CQC) check whether services are meeting their national standards of quality and safety.
Recommended by Staff	Staff survey score for satisfaction with standard of care if a friend or relative needed treatment
Infection Control and Cleanliness	Describes how well the organisation is performing on preventing infections and cleaning
Open and honest reporting	To give an overall picture of whether the hospital has a good patient safety incident reporting culture.
Mortality Rate	Whether the rate of deaths for an NHS Trust is better or worse than expected
Food Choice & Quality	Looks at the way the hospital as a whole organises its food services, and the quality of the food it serves
Safe Staffing	Shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwives in hospitals which are filled. May be over 100% which can reflect a higher need of patients on a ward requiring 1:1 care
Patients assessed for Blood Clots (VTE) NHSE Patient Safety notices	Shows the percentage of adults admitted to hospital that were assessed for risk of blood clots, all hospitals should assess at least 90% of patients.







It is important to note that these ratings are at a point in time and may not align completely to the provider dashboard at Appendix 1. Where this is the case, concern or assurance will be included in the narrative.

Further information can be found on <http://www.nhs.uk/Pages/HomePage.aspx>

Surrey Downs CCG Main Providers

3.1.Epsom and St Helier University Hospital NHS Trust (ESTH)

3.1.1. NHS Choices data – extracted on 18.05.15

Infection Control and Cleanliness	CQC national standards	Recommended by Staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
 As expected	 No rating	 Within expected range with a value of 65%	92% of planned level	 96% of patients assessed	 Good - All alerts signed off where deadline has passed	 Among the worst

Reporting by exception, **open and honest** reporting has moved back to 'Among the Worst' from 'OK' since the last report. This is as a result of data processing issues at the Trust and reflects the level compliance with reporting through the NRLS system rather than a reduction in the actual level of reporting which continues to be high on both sites. This will continue to be monitored by the CCG and through the CQRG.

3.1.2. Healthcare Associated Infection (HCAI)

3.1.2.1. HCAI Figures for 2014 - 15

ESHUT	MRSA Bacteraemia	CDiff (Objective 40)
Apr-14	0	2
May-14	1	3
Jun-14	0	5
Jul-14	0	5
Aug-14	2	2
Sep-14	1	6
Oct-14	0	3
Nov-14	0	4
Dec-14	0	4
Jan-15	1	4
Feb-15	0	4
Mar-15	2	0
Totals	7	42

During 2014-2015, the Trust had a total of 7 MRSA Bacteraemia and 42 C.Difficile infections assigned to them. This means that they exceeded their Department of Health objective of no more than 40 cases of CDiff during the year and also the expectation of zero cases of MRSA Bacteraemia during a year. To date, however, following the review of all CDiff cases, there had only been 2 lapses of care identified. Assurance was received following a visit by the Trust Development Agency (TDA) that the Trust's processes and procedures are robust but HCAI's will continue to be a priority area of focus in 2015-16. It is expected by commissioners that the Trust will improve performance in light of the increased focus that there has been on improving anti-microbial prescribing.

3.1.3. CQUINs

Surrey Downs CCG met with the Trust on 21st May 2015 to discuss and agree their performance in Q4 against the CQUINs agreed for 2014/15. A summary of their performance for the year will be brought to a future Quality Committee as part of a wider assurance paper relating to all providers.

In addition, the CCG met with the Trust on 15th May to progress discussions and decisions around the CQUIN programme for 2015/16. It was anticipated that this programme would be ready to go into the contract by the end of May. However, there have been some delays in agreeing the final programme and, at the time of writing this report there is further work in progress to finally agree the local CQUINs.

3.1.4. Quality Account

Further to the information reported in the March Quality and Performance report, the Trust sent their draft Quality Account to the CCG for comment and for the addition of the our commissioner statement. The quality team and clinical chair reviewed the Quality Account and sent back comments to the Trust. The Commissioners statement was completed and forwarded to the Trust by their deadline of 22nd May 2015.

The final Account will be published on the NHS Choices website by 30th June 2015.

<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=1822>

3.1.5. Feedback from Clinical Quality Review Group which took place on 9th April 2015

The Trust reported on a number of key areas in their performance scorecard where performance has been below the agreed threshold. These included Dementia screening, VTE risk assessment, Friends and Family Test (FFT), complaints and a number of waiting time targets and staffing metrics. Underachievement in some of these areas was attributed to winter pressures and the effect that this had on both sites but commissioners have made clear to the provider their expectations that performance will improve in future months.

The ongoing poor performance around complaints response times continues to cause concern and the Trust has an action plan in place to improve performance. In addition, the Trust has recruited additional staff into the complaints team and have funding agreed for two more posts so it is expected that they will be able to bring performance back to the agreed level within the time agreed in the action plan.

There was a discussion about the change in performance around the Sentinel Stroke National Audit Programme (SSNAP) and the Trust described the actions that they had taken giving assurance that, following the implementation of agreed actions, performance had significantly improved throughout Quarter 3 (Oct-Dec, 2014).

3.1.6. Care Quality Commission (CQC)

The Trust is currently compliant in all standards inspected. There have been no recent inspections across the Trust and it has not yet been inspected under the CQC's new regime. The Trust has not been included in the next wave of inspections under the new regime so will not expect to be inspected until October 2015 at the earliest. Further information on all current inspections by the CQC can be accessed at <http://www.cqc.org.uk/>

3.1.7. Serious Incidents including Never Events

The Trust reported a Never Event in May 2015. A 72 hour report was completed and the Trust had 60 days in which to carry out and complete their investigation. Sutton CCG will take the lead in monitoring progress in this through South East CSU and gaining assurance around any remedial actions required. Further information will be brought to a future Quality Committee.

A separate confidential report which gives detail around Serious Incidents affecting Surrey Downs CCG patients that are currently under investigation is discussed in Part 2 of the Quality Committee and assurance given around actions in place.

3.1.8. GP Quality Alerts

The Trust's GP Quality Alert report showed an increase in the number of alerts received overall and from Surrey Downs GPs. The main theme for the alerts continue to be around clinical communication – with two issues raised around the failure to follow protocol in informing the GP about their patient's abnormal test results and 2 issues raised around the quality of discharge summaries. Each issue has been addressed personally with the GP concerned and themes of all alerts are discussed at directorate meetings.

The Trust continues to work on developing a reciprocal quality alert pro-forma whereby they can raise quality issues with other Trusts and CCGs. This work will be subject to additional IT developments within the Trust and is still in progress.

3.2. CSH Surrey

3.2.1. NHS Choices

CSH Surrey does not currently receive a patient safety rating from the Care Quality Commission in the same way that other organisations do. They are rated against their PLACE scores (Patient Led Assessment of the Care Environment) which includes areas such as hospital food and environment. There has been no change in performance since the October Quality and Performance report.

3.2.2. Healthcare Associated Infection (HCAI)

3.2.2.1. MRSA Bacteraemia

There were no cases of MRSA Bacteraemia acquired by patients whilst under the CSH Surrey during 2014/15.

3.2.2.2. Clostridium difficile

There were no cases of C.Difficile acquired by patients being cared for by CSH Surrey during 2014/15.

There have been no cases of C.Difficile or MRSA Bacteraemia attributed to CSH Surrey care to date in 2015-16

3.2.3. CQUINs

Surrey Downs CCG has agreed CSH Surrey's performance against the CQUIN programme for 2014/15. A summary of their performance for the year will be brought to a future Quality Committee as part of a wider assurance paper relating to all providers.

Discussions have taken place around the proposed local CQUINs for 2015/16 and these are agreed in principle. The local CQUINs agreed focus on Prevention of Pressure Damage, Sepsis and Medicines Management.

3.2.4. Quality Account

CSH Surrey is developing their Quality Account for 2014/15. The CCG reviewed the draft document at the end of May and completed the commissioner's statement for inclusion in the final version of the account. The Quality Account will be published on the NHS Choices website by the 30th June 2015.

3.2.5. Feedback from Clinical Quality Review Group held on 27th March 2015

The following areas were discussed:

- **Wheelchair Service**

A presentation about the wheelchair service was given which covered the following points: Service Specification, Service Provision, Service developments and assurance around improvements that have been made to the service. An amnesty that was intended to encourage patients to return unused items of equipment had been launched and the impact of this will be reported at the CQRG that will be held at the end of May. There have been significant improvements made to the service over the past year but there are increasing pressures on the budget allocated to the service due to an increase in demand relating to changing demographics in the area.

- **Performance**

An increase in the number of falls was noted and that these primarily relate to Molesey Community Hospital. The layout of the hospital which was observed by members of the Quality Committee on a walk round last year means that patients are not easily observed at busy times of the day. Measures have been put in place to minimise the risk of falls and the impact of these actions will be monitored through the CQRG.

CSH Surrey has employed a pharmacist to work across their community sites. This should result in an increase in the reporting of medication errors but an associated reduction in patient harm. Medicines incidents are monitored as part of the patient safety metrics reviewed at the CQRG.

CSH Surrey achieved 100% in January in the assessment of VTE risk. This was the first time that this had been achieved in the community hospitals – although they normally achieve the required level of performance.

- **Vacancies in Speech and Language Therapy and the potential impact for patients.**

The action plan developed by CSH Surrey to address the high level of vacancies in their Speech and Language Therapy team was discussed. Although there are still pressures on the team, recruitment has taken place and this, along with changes to the way that services are delivered within the acute trust, has brought improvements in the situation. However, capacity in the team remains an issue and will be partly addressed by the development of the Multi-Specialty Provider model being developed where additional therapy will be brought into the team.

3.2.6. Care Quality Commission (CQC)

CSH Surrey is currently compliant in all standards that have been inspected. There have been no inspections since February 2014.

3.2.7. Serious Incidents including Never Events,

CSH Surrey has not reported any Never Events during 2014/15. A separate confidential report which gives detail around Serious Incidents affecting Surrey Downs CCG patients that are currently under investigation is discussed in Part 2 of the Quality Committee and assurance given around actions in place.

The Quality Team holds a monthly meeting to scrutinise the investigations and subsequent action plans of providers for whom we are the lead commissioner. The minutes of this meeting are scrutinised at the Quality Committee.

3.3. Surrey and Borders Partnership NHS Foundation Trust (SABPFT)

3.3.1. NHS Choices

SABPFT does not currently receive an overall rating on NHS Choices.

3.3.2. CQUINs

Performance against the 2014/15 CQUIN programme has been agreed by the lead commissioner, NE Hants and Farnham. A summary of their performance for the year will be taken to the Quality Committee as part of a wider assurance paper relating to all providers. Two local CQUINs for 2015/16 have been agreed subject to minor amendments; the focus is on the Prevention of suicide and "One person, One Plan". The national CQUIN has required additional work as none of the disseminated national CQUINs were suitable for SABPFT.

3.3.3. Quality Account

The Quality Account was circulated by NE Hants and Farnham to commissioners for comments and contribution to the commissioner statement. There was an extremely quick turnaround required and therefore, the Head of Quality reviewed the account and offered comments within the required timescale.

3.3.4. Feedback from Clinical Quality Review Meeting held on 22nd April 2015

- **CQC Action Plan**

There are now only three actions outside the Trust's initial timeframes for completion. There are some on-going issues with completing some actions, such as training, due to turnover of staff. The action plan will continue to be monitored through the CQRM until completion.

- **Quality Standards and Performance**

No concerns were identified at the meeting

- **Safer Staffing**

The Trust continues to experience difficulties in recruiting staff in a number of areas and had originally aimed to reduce overall vacancies to 150 posts. However, at the time of the meeting they still had 267 vacant posts. Exit interviews completed by staff indicate that the primary reason for leaving appears to be for employment in London and surrounding areas where they can receive a higher cost of living allowance. The Trust is aware of and is monitoring vulnerable areas closely to minimise any impact on patients. This will remain a standing item on the agenda of the CQRG.







The Trust has maintained their staff sickness rate at below 4% and have also achieved a completion rate of 91% of staff appraisals.

3.3.5. Serious Incidents including Never Events

The Trust has not reported any Never Events to date this year. A separate confidential report which gives detail around Serious Incidents affecting Surrey Downs CCG patients that are currently under investigation is discussed in Part 2 of the Quality Committee and assurance given around actions in place.

3.4. Kingston Hospital NHS Foundation Trust (KHFT)

3.4.1. NHS Choices - data extracted on 18.05.15

Infection Control and Cleanliness	CQC national standards	Recommended by Staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
 Among the worst	 No rating	 Within expected range with a value of 60%	101% of planned level	 82% of patients assessed	 Good - All alerts signed off where deadline has passed	 As expected

All indicators remain the same as reported in the Quality report in April. No concerns have been identified around infection control and cleanliness even though the indicator remains red. This will continue to be an area of scrutiny for commissioners until improvements are achieved

The Trust subsequently achieved the VTE target for March at 98.4%.

3.4.2. Healthcare Associated Infection (HCAI)

Kingston Hospital	MRSA Bacteraemia	CDiff (Objective 24)
Apr-14	0	0
May-14	0	2
Jun-14	0	0
Jul-14	0	0
Aug-14	0	2
Sep-14	0	1
Oct-14	0	2
Nov-14	0	2
Dec-14	0	4
Jan-15	0	1
Feb-15	0	3
Mar-15	0	0
Totals	0	17

The Trust has improved their performance around Healthcare Acquired Infections since 2013-2014 and has had zero acute acquired MRSA Bacteraemia infections and 17 C.Difficile infections which although a slight increase from the previous year is well within their DH objective for the year. The Trust had one lapse of care identified in 2014-15 relating to a case of C.Difficile.

3.4.3. CQUINs

The Trust CQUINs for 2014/15 are monitored by the lead commissioner, Kingston CCG and achievement for Q4 has been agreed. Discussions are in progress with the Trust for the local CQUINs for 2015/16 and these will be in line with London Quality Standards.

3.4.4. Quality Account

The Quality Account was circulated to stakeholders. The quality team reviewed it and responded with comments about the content of the account for inclusion in the commissioner's comments.

The final Account will be published on the NHS Choices website by 30th June 2015.

<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=517>

3.4.5. Feedback from Clinical Quality Review Group – held on 15th April 2015

- It was not possible to close escalation beds throughout February
- There had been a dip in performance in relation to KPIs
- Pressure damage remained high – the Trust has found it hard to manage the increase in vulnerable patients with pressure damage and also, there has been a decline of documentation practice which makes it hard to analyse cases – a result of increased pressure in the system
- Patient falls were high in February- this was due to a large number of escalation beds opened and the increase in patients with pressure damage admitted through the AAU who tended to be frailer.
- It was a difficult month for A&E performance with a marked deterioration during Q4
- The Trust has started a “Break the Cycle” initiative which focuses on the implementation of the SAFER bundle.
- Registered nurse recruitment has been extremely challenging and that, with the additional pressure of escalation beds remaining open has meant that Healthcare Assistants have had to be recruited where it was possible to recruit qualified nurses which may have impacted on the delivery of care. The Trust is working with 3 separate recruitment agencies and have planned further recruitment initiatives in Italy, Greece and the Philippines

- **Cancer Waits**

Although performance deteriorated in Q4, the Trust gave assurance around the action plan that is in place. The transfer of information between providers continues to be an issue and it has been agreed that this would be referred to the South West London Collaborative of which the Trust is a member.

3.4.6. Care Quality Commission (CQC)

The Trust is currently compliant in all standards that have been inspected. The Trust was last inspected in April 2014.







3.4.7. Serious Incidents including Never Events

The Trust reported two Never Events in March 2015. The investigation into these incidents is in progress and it is expected that the report will be ready to be presented to the CQRG that is due to be held in July.

A separate confidential report which gives detail around Serious Incidents affecting Surrey Downs CCG patients that are currently under investigation is discussed in Part 2 of the Quality Committee and assurance given around actions in place.

3.5. Surrey and Sussex Healthcare NHS Trust (SASH)

3.5.1. NHS Choices – data extracted 18.05.15

Infection Control and Cleanliness	CQC national standards	Recommended by Staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
 Among the best	 Good	 Among the best with a value of 77%	96% of planned level	 95% of patients assessed	 Good - All alerts signed off where deadline has passed	 As expected

All indicators reported in February remain the same with the exception of improvement in the indicator relating to recommendation by staff. The Trust is now among the best with 77% of their recommending it as a place to work and to be treated.

3.5.2. Healthcare Associated Infection (HCAI)

The Trust had one MRSA Bacteraemia infection attributable as a contaminant to them in February 2015. This related to a blood culture that was taken when the patient was in extremis in A& E. The Post infection Review that was carried out by the Surrey Downs Quality Team has been shared with the Trust and actions around assuring the quality of practice around the taking of blood cultures will be taken forward by them. This will be followed up through the CQRG and through the lead commissioner.

There were a total of 24 cases of C.Difficile reported during 2014–15. The lead commissioners are reviewing and agreeing the process for assessment of root cause analyses that are carried out following confirmed infections to ensure consistency across the health economy.

3.5.3. CQUINs

Performance against the 2014/15 CQUINs is monitored by Crawley CCG, the lead commissioner. The performance for Q3 has been agreed and Q4's performance is currently being reviewed and agreed.

Discussions are continuing to take place around the proposed CQUINs for 2015/16 which include a local CQUIN relating to patient flows and discharge arrangements.

3.5.4. Care Quality Commission (CQC)

The Trust was inspected by the CQC under its new inspection regime in June 2014, receiving a rating of "good"

3.5.5. Serious Incidents including Never Events

The Trust has reported one Never Event. The 72 hour report has been received and the Trust is carrying out an investigation into this event. They have 60 days in which to complete the report and further information and any identified learning will be discussed at the quality committee at a future meeting.

A separate confidential report which gives detail around Serious Incidents affecting Surrey Downs CCG patients that are currently under investigation is discussed in Part 2 of the Quality Committee and assurance given around actions in place.

3.6. South East Coast Ambulance Service NHS Foundation Trust (SECamb)

Although the South East Coast Ambulance Service contract continues to be managed by NHS Swale CCG on behalf of all CCGs in Kent, Surrey and Sussex, NHS North west Surrey is taking the lead in Surrey on behalf of the collaborative of Surrey CCGs.

3.6.1. NHS Choices

SECamb does not currently receive an overall rating on NHS Choices

3.6.2. Feedback from the Clinical Quality Review Group – 22nd April 2015 attended by NW Surrey CCG

Safeguarding

- Overall – NW Surrey CCG have given assurance on the safeguarding process internally. However, there are some concerns over capacity and some actions to follow up on. NW Surrey will give assurance when these have been completed.
- The main recommendations were made by NHS Swale CCG:
 - Safer recruitment
 - Safeguarding data – reporting mechanism and data has been agreed by Swale.
- SECamb's internal Safeguarding review was discussed. This was carried out in June 2014 and commissioners have requested the timelines for submission of the outcomes to commissioners.
- Representation on, and attendance at, Safeguarding Boards was discussed with the Trust. Further information on actual attendance and what might be considered as realistic going forward will be discussed at the next meeting.

Easter look back

- 999
 - Activity was 5% higher than Easter 2014, in line with what was expected, but the profile was different (Sunday's activity was higher)
 - Overall 999 performance was very good, standards being met on all days apart from Sunday R2 calls
 - The biggest problem was hospital handovers (particularly in Sussex)
- 111
 - The appropriateness and clarity of the message given to the general public over Easter was discussed.
 - SECamb agreed to report the issues identified as a Serious Incident, the report they have already completed will be used as the investigation report
 - Message and escalation plan is in future to be set out by SECamb then agreed by their clinical governance group and commissioners.

Serious Incidents

- Overall there is an increase in Serious Incidents. Anecdotally it appears that most are related to delays in getting to the patient which could be linked to a growth in activity but the provider will be looking into this in more detail. For example, reviewing plan vs. demand.
- Commissioners have asked that mitigating actions are included in the SI reports; for assurance on dissemination of actions/clinical instructions to staff; and that any risks identified are added to the risk register if appropriate.
- SECAmb has recently updated its SI policy.

Incident reports/risk management

- Assurance received on greater embedding of risk management, including more clinical review and oversight of incident reporting and categorisation on the DATIX database.
- Reconfiguration of categories on DATIX is in progress.
- Assurance was requested by commissioners on the following areas of concern:
 - Paediatric Oxygen Saturation Probes
 - Report on Medication Incidents
 - Entenox Valve Failure

Hospital handovers

- SECAmb will be developing a revised process based on the new guidance for implementation during May/June.

Complaints

- The Trust's performance around complaints was discussed as part of the Patient Experience Report. Performance has improved in all areas since last reported in the Quality and Performance report. NW Surrey CCG as lead commissioner will continue to monitor this area of performance and give assurance around future improvements and performance.

3.6.3. Care Quality Commission (CQC)

The Trust has been assessed as being compliant in all areas inspected by the CQC as reported in previous Quality reports.

The full report is available at:

http://www.cqc.org.uk/sites/default/files/RVD6A_South_East_Coast_Ambulance_Service_NHS_Trust_Headquarters_INS11201110083_Desk_Based_Follow_Up_Review_15-10-2014.pdf





3.6.4. Serious Incidents including Never Events

The Trust has not reported any Never Events this year to date. A separate confidential report which gives detail around Serious Incidents affecting Surrey Downs CCG patients that are currently under investigation is discussed in Part 2 of the Quality Committee and assurance given around actions in place.

4. Surrey Downs CCG as host commissioners for all Surrey CCGs

4.1. Royal Marsden NHS Foundation Trust

4.1.1. NHS Choices – data extracted 18.05.15

Infection Control and Cleanliness	CQC national standards	Recommended by Staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
 As expected	No rating	 Among the best with a value of 89%	98% of planned level	 97% of patients assessed	 Good - All alerts signed off where deadline has passed	Data not available

Reporting by exception, the rating for infection prevention and control has moved from 'Among the Worst' to OK

4.1.2. Healthcare Associated Infection (HCAI)

The Trust had zero MRSA Bacteraemia during February and was at one for the year to date.

The Trust had two C.diff cases during February which brought the year to date total to 38 against at target of equal to or less than 16.

4.1.3. Feedback from Clinical Quality Review Group – 28th April 2015

- Cancer Waits** - The Trust achieved 75.8% 62 day performance reported on Open Exeter in January 2015. The rag status is red. 62 day GP standard reallocated position is 86.7%, the rag status is green. After validating the scores with another Trust, the percentage has improved. The Trust is in line with its trajectory.

4.1.4. Care Quality Commission (CQC)







The Royal Marsden NHS Foundation Trust is currently compliant in all standards that have been inspected. There have been no inspections since January 2013.

4.1.5. Serious Incidents including Never Events

The Trust has not reported any Never Events this year to date. A separate confidential report which gives detail around Serious Incidents affecting Surrey Downs CCG patients that are currently under investigation is discussed in Part 2 of the Quality Committee and assurance given around actions in place.

4.2. St George's Healthcare NHS Trust (SGHT)

4.2.1. NHS Choices – data extracted on 19.05.15

Infection Control and Cleanliness	CQC national standards	Recommended by Staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
 Among the worst	 Good	 Within expected range with a value of 73%	93% of planned level	 96% of patients assessed	 Good – All alerts signed off where deadline has passed	 Among the best

Reporting by exception, there is one negative change since the report to the April Committee:

- Infection Control and Cleanliness from 'OK as expected' to 'Among the Worst'.

It has not been possible to ascertain the reason for this however,

There has been improvement in the rating for:

- NHSE Patient Safety notices have moved from 'poor' to good.
- Safe staffing has moved from 91% to 93%

4.2.2. Healthcare Associated Infection (HCAI)

4.2.2.1. MRSA Bacteraemia

In 2014/15 there is a zero tolerance against MRSA and St Georges has a target of no more than 40 C.Difficile incidents. In addition to the zero tolerance against MRSA, the trust is subject to a de minimis limit of 6 MRSA incidents by the NTDA, after which a penalty score is applied.

With the trust achieving Foundation status, the monitoring of MRSA by the Trust Development Authority will cease but will continue to be a priority for the Trust. Going forward the Trust will be monitored by Monitor and although MRSA and CDiff are not part of the process it will continue to be a major focus.

In March there were zero MRSA incidents therefore the total for the year remained at 6.

4.2.2.2. Clostridium difficile

There were four CDiff incidents taking the total number of incidents for the year to 38 against an annual target of 40. Close monitoring and training in year has seen the Trust meet this target.

4.2.3. Cancer

The St George's Cancer Quality Report was discussed at the April CQRG and gave an update on the cancer quality indicators. The background was that the transforming cancer services team for London (TCST) were working with CCGs across London to support them with the assurance of their local cancer services.

In addition following concerns at a regional level with the volume of 100 + day breaches; NHSE London had asked that CCGs get assurance on those waiting more than 100 days from referral to their first definitive cancer treatment as a quality indicator through the CQRG process.

The suggested lines of enquiry for at the CQRG were:

- Does the trust perform Root Cause Analysis on all 100+ day waits and how does it disseminate lessons learnt from them?
- What actions are the trust taking to address inter provider transfer (IPT) delays?
- How are patients supported in treatment decision making etc. to reduce patient choice breaches?

The CQRG has a programme for reviewing the National Cancer Audits.

The year- end position for Cancer targets will be discussed at the CQRG taking place on 20th May 2015 and will be included in a future Quality and Performance report.

4.2.4. Serious Incidents including Never Events

The trust declared a Never Event in April. A full investigation and root cause analysis is in progress and the report and any identified learning will be shared at a future CQRG. A separate confidential report which gives detail around Serious Incidents affecting Surrey Downs CCG patients that are currently under investigation is discussed in Part 2 of the Quality Committee and assurance given around actions in place.

5. Surrey Downs CCG – other providers

Surrey Downs CCG also commissions care from the following providers:

- Ashford and St Peters NHS Foundation Trust
- Frimley Park Hospital NHS Trust
- Royal Surrey County Hospital NHS Trust
- Virgin Care - Surrey
- Guys and St Thomas' Hospitals NHS Trust
- Moorfields Hospital NHD Trust
- Royal National Orthopaedic Hospital NHS Trust
- Princess Alice Hospice

Information about these providers will be included on an exception basis and any concerns of a confidential nature will be raised in Part 2 of this meeting.

6. Surrey Downs CCG – Any Qualified Providers

6.1. Ramsey Ashtead Hospital (RAH)

6.1.1. NHS Choices

Ramsay Ashtead Hospital does not receive ratings on NHS Choices in areas of safety or the quality of care.

6.1.2. CQUINs

The CCG met with the provider in May and have agreed achievement around their Q4 CQUINs. Planning for 2015/16 CQUINs continues and the majority of them are agreed. It is expected that the remaining CQUINs will be agreed in early July.

6.1.3. Feedback from Contract /Clinical Quality Review Group – held on Friday 8th May

Ramsay Ashtead is performing well in all areas measured. There was discussion around additional patient safety indicators for reporting, particularly around the management of deteriorating of patient's following surgery. A meeting is planned with the provider to discuss this further. At the same time, assurance will be given to the CCG around a range of training materials used by the provider as during the visit; the quality team will be shown examples of the materials used.

6.1.4. Care Quality Commission (CQC)

Ramsay Ashtead is currently compliant in all standards that have been inspected. The last inspection was reported in March 2014.

6.1.5. Serious Incidents including Never Events

There have been no Serious Incidents or Never events reported by the organisation since the last quality report.

6.2. Dorking Healthcare (DHC)

6.2.1. NHS Choices

Dorking Healthcare does not receive ratings on NHS Choices in areas of safety or the quality of care.

6.2.2. CQUINs

The CQRG that was scheduled for March 27th was postponed. However a meeting took place on 22nd May to agree achievement against the CQUINs and also to progress discussions around the CQUINs for 2015/16.

6.2.3. Feedback from Contract /Clinical Quality Review Group

There has been no CQRG held in this period of reporting.

6.2.4. Care Quality Commission (CQC)

Dorking Healthcare is currently compliant in all standards that have been inspected. The last inspection was reported in October 2013.

6.2.5. Serious Incidents including Never Events

There have been no Serious Incidents or Never events declared by the organisation in this period of reporting.

6.3. Epsomedical (EM)

6.3.1. NHS Choices – Epsomedical does not receive ratings on NHS Choices in areas of safety or the quality of care

6.3.2. CQUINs

Performance against the 2014/15 CQUINs was discussed at the CQRG held on 15th May 2015 and achievement agreed. The CCG will now formally agree the final position. Epsomedical had inadvertently defaulted to the DTR position for their 2015/16 which meant that they would not be eligible to participate in the CQUIN scheme. However, this issue has now been resolved and discussions are in place to develop a CQUIN programme for the new contract period.

6.3.3. Feedback from Contract /Clinical Quality Review Group

The CQRG was held on 15th May and no concerns were raised around quality.

6.3.4. Care Quality Commission (CQC)

Epsomedical is currently compliant in all standards that have been inspected. The last inspection of Cobham Day Surgery was in August 2013 and Epsom Day Surgery was reported on in February 2014.

6.3.5. Serious Incidents including Never Events

There have been no Serious Incidents or Never events reported by the organisation

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

7.1. Safeguarding Adults

7.1.1. The Quarter 4 and end of year Safeguarding Adults report was discussed at Quality Committee in June 2015.

The committee were given assurance around a number of key areas and were given information around the changes needed following the implementation of The Care Act 2014. The limited resource that is available to deliver the role of the Designated Nurse was highlighted and the committee asked for a business case to be developed to address this

issue. The Designated Nurse will develop this business case with the support of the Quality Team.

7.2. Continuing Health Care (CHC)

7.2.1. No quality issues raised by the team.

The Quality Team is now receives a performance dashboard from the CHC Team which details performance against assessment metrics. Risks are highlighted within the report – the main risk in the Surrey Downs team continues to be vacancies in the locality team. Recruitment continues and the team are prioritising cases to minimise risk.

The Head of Quality meets with the locality lead on a monthly basis to discuss issues both on a system wide and at a patient level and agree actions to mitigate these.

7.3. Individual Funding Requests (IFR)

No quality issues raised by the team

7.4. Referral Support Service (RSS)

No quality issues raised by the team

The Quality Team is supporting the Planned Care service in their service redesign projects and as part of this will be developing more robust quality reporting from the above services.

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

8.1. Safeguarding Children

8.1.1. The Safeguarding Children Annual report was discussed at the June Quality Committee.

The Designated Nurse had highlighted three risks for monitoring. These were around the capacity of some providers to achieve full compliance due to staff vacancies; the lack of sufficient engagement in the health economy with the Early Help programme; and data collection systems which are not robust enough.

Further assurance was sought by the Quality Committee that the risks were being addressed and mitigated. The Head of Quality and the GP Clinical Lead for Children confirmed that they both attended the Health Sub-Group of the Safeguarding Children Board which provided the committee with additional assurance. They would also meet with the Designated Nurse to confirm the actions being taken to address the specific risks identified, to strengthen the report and the assurance within it.

9. CCG Quality – internal

9.1. Risk Management

9.1.1. The governing body assurance framework and corporate risk register is brought to the Committee quarterly, to provide the organisational context plus narrative to support assurance on risks around quality and safety. Interim updates are provided at the monthly committee meetings by exception.

9.1.2. The risk register enables the Committee to focus on the areas of highest risk and assists the quality team to prioritise its work across all CCG commissioned services. The Head of Clinical Quality and Board Secretary review progress and update the corporate risk register monthly. A pro-active approach is taken by the quality team to identify new risks as they arise. It is also anticipated that new risks may be identified through discussion at Committee meetings.

10. Other

10.1. NHS Staff Survey

The 2014 NHS Staff Survey has been published and analysis of this is currently being undertaken by the CSU. Benchmarking of local trusts will be carried out and individual Trust improvement plans will now be included in the September 2015 Quality and Performance report.

In addition, the CCG has now analysed the internal staff survey that was completed by staff in 2014. Actions around identified themes of communication, appraisals, training, HR employee support and CCG objectives are being embedded within the CCG.

10.2. HCAI

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

Date	Case No.	Allocation	Location	Status	Recommendations
21/02/15	400192	Trust	University College Hospital London/SD CCG	Avoidable	Trust to - Improve documentation particularly when recording detail around clinical procedure - Reduce use of agency staff in Cardiac

					ICU
13/03/15	402601	Community	SDCCG / Kingston Hospital	Unavoidable	<p>Trust Improve</p> <ul style="list-style-type: none"> - supporting information from the microbiologist on likely cause and why; - confirmation about policies and procedures in place for taking blood cultures; - and confirmation that the medical records reflect that aseptic technique is used. - Decolonisation whilst in-patient, not as TTOs <p>GP Improve</p> <p>Ensure conversation with microbiologist about the choice of antibiotics for a patient with long-term MRSA colonization.</p>
17/03/15	404400	Community	SDCCG/Surrey Downs Nursing Home/Epsom Hospital	Unavoidable	Full investigation carried out. No action plan required for the Nursing Home or the Trust

Appendix 1 18.05.2015 Provider dashboard (Trust wide data)

Indicator	Source	Frequency	2014/15 Target	Period	Epsom and St Helier	Kingston	SASH	SECAMB	Surrey and Borders	Royal Marsden	St George's					
Patient Reported Outcome Measures (PROMS)																
1.1 Health gain (EQ-5D index) – groin hernia surgery	PROMS	Annual		FY 2013/14	0.15		0.13				0.00					
1.2 Health gain (EQ-5D index) – varicose vein surgery			0.10					0.10								
1.3 Health gain (EQ-5D index) – hip replacement surgery (primary)			0.39			0.47		0.47								
1.4 Health gain (EQ-5D index) – knee replacement surgery (primary)			0.31			0.36		0.36								
Friends and Family Test (FFT)																
2.1 Friends and Family Test response rate - A&E	Friends and Family Test (FFT)	Monthly	15%	Mar-15	19.5%		12.8%		20.5%			22.0%				
2.2 Friends and Family Test response rate - Inpatients					33.7%		62.9%		38.1%		46.8%					
2.3 Friends and Family Test response rate - Maternity					26.5%		2.4%		19.3%		0.0%					
2.4 Friends and Family Test % recommend - A&E					96.8%		90.4%		94.7%		79.3%					
2.5 Friends and Family Test % recommend - Inpatients					95.8%		94.2%		94.2%		95.2%					
2.6 Friends and Family Test % recommend - Maternity					97.3%		91.7%		100.0%		No responses					
Mixed Sex Accommodation breaches																
3.1 Mixed Sex Accommodation breaches	UNIFY	Monthly	0	Mar-15	0		0		0		0		0		0	
Patient Safety																
4.1 Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)	UNIFY	Monthly	95%	Feb-15	93.7%		98.3%		95.2%			97.1%		96.0%		
4.2 Rate of patient safety incidents per 100 admissions	National Reporting and Learning Service (NRLS)	Quarterly		Oct-13 to Mar-14	1.72		7.64		6.43		13.54	15.17		9.47		
4.3 Percentage of patient safety incidents resulting in severe harm or death			1.3%			0.9%		0.9%		3.5%	0.0%		0.1%			
4.3 Incidence of Healthcare Associated Infection (HCAI): MRSA	PHE	Monthly	0	Mar-15	2		0		0			0		1		
4.4 Incidence of Healthcare Associated Infection (HCAI): Clostridium difficile			0			0		1			5		4			
Hospital Mortality																
5.1 Summary Hospital-Level Mortality Indicator (SHMI)	HES	Quarterly (rolling 12 months)		Jul-13 to Jun-14	0.99		0.88		0.93					0.84		
Unscheduled Care																
6.1 A&E waits within 4 hours	UNIFY	Monthly	95%	Apr-15	96.8%		94.3%		96.8%					94.4%		
6.2 Unplanned re-attendance rate at A&E within 7 days of original attendance			5%	Dec-14	7.1%		7.0%		5.8%				2.9%			
6.3 Left A&E department without being seen rate			5%	Dec-14	2.5%		2.8%		2.3%				2.7%			
Category A ambulance calls																
7.1 Life threatening (defibrillator required): Category A calls within 8 minutes - Red 1	SECAMB	Monthly	75%	Feb-15							73.9%					
7.2 Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2			75%								74.1%					
7.3 All life threatening: Category A calls within 19 minutes			95%								96.9%					

Indicator	Source	Frequency	2014/15 Target	Period	Epsom and St Helier	Kingston	SASH	SECAMB	Surrey and Borders	Royal Marsden	St George's				
Mental Health															
8.1 Proportion of patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient care (also 1.2)	UNIFY	Quarterly	95%	Q3 2014/15					97.5%						
Cancelled Operations															
9.1 Number of last minute elective operations cancelled for non clinical reasons	UNIFY	Quarterly		Q3 2014/15	115		22		150			18		235	
9.2 Number of patients not treated within 28 days of last minute elective cancellation					0		1		1			0		29	
Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment															
10.1 Referral to treatment times (RTT): % of admitted patients who waited 18 weeks or less	UNIFY	Monthly	90%	Mar-15	84.1%		90.7%		88.2%			93.9%		81.6%	
10.2 Referral to treatment times (RTT): % of non-admitted patients who waited 18 weeks or less			95%		93.4%		97.4%		93.5%			99.0%		94.9%	
10.3 Referral to treatment times (RTT): % of incomplete patients waiting 18 weeks or less			92%		94.4%		95.6%		93.7%			94.8%		89.7%	
10.4 Referral to treatment times (RTT): number of incomplete patients waiting 52 weeks or more			0		0		0		0			4		1	
Diagnostic test waiting times															
11.1 % Patients waiting within 6 weeks for a diagnostic test (monthly measure only)	UNIFY	Monthly	1%	Mar-15	0.3%		0.4%		1.4%			0.0%		1.9%	
11.2 Number of patients waiting over 6 weeks for a diagnostic test			17			18		47			0		5		
Cancer waits															
12.1 (CB_B6) Cancer patients seen within 14 days after urgent GP referral	Open Exeter	Quarterly	93%	Q3 2014/15	97.1%		96.1%		93.3%			96.8%		96.9%	
12.2 (CB_B7) Breast Cancer Referrals Seen within 2 weeks			93%				96.8%		93.4%			96.4%		96.2%	
12.3 (CB_B8) Cancer diagnosis to treatment within 31 days			96%		97.1%		97.1%		97.1%			97.1%		97.1%	
12.4 (CB_B9) Cancer Patients receiving subsequent surgery within 31 days			94%		90.9%		97.4%		100.0%			99.2%		98.6%	
12.5 (CB_B10) Cancer Patients receiving subsequent Chemo/Drug within 31 days			98%		100.0%		100.0%		100.0%			100.0%		100.0%	
12.6 (CB_B11) Cancer Patients receiving subsequent radiotherapy within 31 days			94%					100.0%				99.0%			
12.7 (CB_B12) Cancer urgent referral to treatment within 62 days			85%		78.8%		88.0%		87.2%			79.4%		83.9%	
12.8 (CB_B13) Cancer Patients treated after screening referral within 62 days			90%		50.0%		88.5%		96.2%			93.8%		92.6%	
12.9 (CB_B14) Cancer Patients treated after consultant upgrade within 62 days			86%		100.0%		100.0%					90.5%		100.0%	

Section Two – Performance

This section of the report is written by the South East CSU with the CCG Head of Performance and summarises performance against the key areas outlined below and forms the basis of the NHS England Area Team's quarterly assurance meetings:

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

Surrey Downs CCG Performance Report 2014/15

July 2015

This report reflects the year end 2014/15 CCG performance position against the goals and core responsibilities of CCGs as outlined in the NHS England documents of “Everyone Counts: Planning for Patients 2014/15 to 2018/19” and “CCG Assurance Framework 2014/15”.

The report summarises year end performance against the key areas outlined below:

- CCG Outcomes Indicator Set
- NHS Constitution
- CCG Operating Plan

1 CCG Performance Summary 2014/15

The table below summarises the CCG’s performance for 2014/15:

	Red	Green
CCG Outcomes Framework:		
1. Preventing people from dying prematurely	2	1
2. Improving quality of life for people with long term conditions	1	0
3. Helping people to recover from episodes of ill health or following injury	1	0
4. Ensuring that people have a positive experience of care	Data not yet released	
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	2	0
NHS Constitution	5	14

Table 1: RAG ratings for performance indicators

2 CCG Outcomes Indicators (Full dashboard is at Appendix A)

In 2014/15 the CCG achieved the target of improving maternity care with only 5.1% of women recorded as being smokers at time of delivery.

The CCG did not achieve its targets of:

1. reducing emergency admissions for alcohol related liver disease
2. increasing breastfeeding prevalence
3. reducing paediatric emergency admissions for asthma, diabetes and epilepsy
4. reducing paediatric emergency admissions for lower respiratory tract infections
5. reducing the incidence of Healthcare Associated Infections – MRSA
6. reducing the incidence of Healthcare Associated Infections – *C. difficile*

3 NHS Constitution Metrics (Full dashboard is at Appendix A)

In 2014/15 the CCG achieved fourteen of the nineteen NHS Constitution targets.

The fourteen measures that were achieved were:

1. Referral to treatment times (RTT) within eighteen weeks: admitted patients
2. RTT within eighteen weeks: non-admitted patients
3. RTT within eighteen weeks: incomplete pathways
4. Diagnostic test waiting times within six weeks
5. A&E waits within four hours
6. Cancer patients seen within fourteen days after urgent GP referral
7. Cancer diagnosis to treatment within 31 days
8. Cancer patients receiving subsequent chemotherapy or drug treatment within 31 days
9. Cancer patients receiving subsequent radiotherapy within 31 days
10. Cancer patients treated after screening referral within 62 days
11. Cancer patients treated after consultant upgrade within 62 days
12. Category A Red 1 ambulance response times within eight minutes
13. All Category A ambulance response times within nineteen minutes
14. Care Programme Approach (CPA) – proportion of people under adult mental illness specialties on CPA followed up within seven days of discharge from psychiatric inpatient care

The CCG did not achieve the targets for:

1. Cancer waits – breast symptom referrals seen within fourteen days
2. Cancer patients receiving subsequent surgery within 31 days
3. Cancer urgent referral to treatment within 62 days

4. Category A Red 2 ambulance response times within eight minutes
5. Mixed sex accommodation breaches

4 CCG 2014/15 Performance (Full dashboard is at Appendix A)

The CCG did not achieve its 2014/15 operating plan targets relating to mental health:

1. Proportion of people that enter a course of Improving Access to Psychological Therapies (IAPT) treatment against the level of need in the general population
2. Proportion of patients who completed a course of IAPT treatment who have moved to recovery
3. Estimated diagnosis rate for dementia

As reflected by the CCG's financial position, all activity measures exceeded plan.

5 CCG 2015/16 Performance

For 2015/16 the Quality Subcommittee will continue to monitor CCG outcome indicators, CCG mental health operating plan indicators and NHS Constitution measures and ensure actions are being taken accordingly. The Finance and Performance Subcommittee will monitor monthly activity measures.

There are two new mental health access indicators introduced to CCG operating plans for 2015/16:

1. The proportion of people waiting no more than six weeks from referral to entering a course of IAPT treatment
2. The proportion of people waiting no more than eighteen weeks from referral to entering a course of IAPT treatment

6 Recommendations and Next Steps

The Governing Body is asked to:

1. Review the report and note the CCG's 2014/15 performance
2. Review and note the two additional mental health 2015/16 measures

Appendix A: Full Detail: Performance data

CCG Outcomes Indicator Set 2014/15 (01.07.2015)

Indicator	Measure	Frequency	FY 2013/14	2014/15 target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
1 Preventing people from dying prematurely																	
1.8 Emergency admissions for alcohol related liver disease (proxy measure)	Age/sex standardised rate per 100,000 population	Monthly	13.95	No national target set	1.35	2.25	1.80	1.80	3.60	2.25	2.70	3.60	3.60	2.25	1.80	1.80	28.80
1.14 Maternal smoking at delivery	Percentage of maternities	Quarterly	5.1%		5.5%	4.7%		4.3%						5.1%			
1.15 Breast feeding prevalence at 6-8 weeks	Percentage of infants	Quarterly	60.4%		53.0%	54.2%		52.5%						53.3%			
2 Improving quality of life for people with long term conditions																	
2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Age/sex standardised rate per 100,000 population	Monthly	184.65	No national target set	13.85	24.62	13.85	9.23	12.31	16.93	9.23	29.24	18.47	23.08	18.47	15.39	204.65
3 Helping people to recover from episodes of ill health or following injury																	
3.4 Emergency admissions for children with lower respiratory tract infections	Age/sex standardised rate per 100,000 population	Monthly	304.69	No national target set	7.69	18.47	27.70	16.93	7.69	10.77	12.31	64.63	73.86	23.08	40.01	33.85	337.01
4 Ensuring that people have a positive experience of care																	
2014/15 data not yet released by NHS England																	
5 Treating and caring for people in a safe environment and protecting them from avoidable harm																	
5.2i Incidence of Healthcare associated infection (HCAI): MRSA	Number of infections reported	Monthly	7	0	2	0	1	0	0	1	1	0	0	0	2	1	8
5.2il Incidence of Healthcare associated infection (HCAI): <i>C. difficile</i>		Monthly	87	76	5	7	5	5	9	9	9	9	7	5	5	6	81

NHS Constitution Metrics 2014/15 (01.07.2015)

Indicator	FY 2013/14	2014/15 target	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	YTD
Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment							
Referral to treatment times (RTT):% of admitted patients who waited 18 weeks or less	94.1%	90%	93.6%	91.4%	92.4%	93.8%	92.1%
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	97.4%	95%	96.6%	95.6%	95.3%	96.0%	95.7%
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	96.0%	92%	95.1%	94.9%	95.3%	94.7%	95.2%
RTT: Number of incomplete patients waiting >52 weeks			2	2	1	7	
Diagnostic test waiting times							
% Patients waiting within 6 weeks for a diagnostic test	99.3%	99%	99.6%	99.5%	98.9%	99.3%	
Number of patients waiting over 6 weeks for a diagnostic test			13	17	38	28	
A&E waits							
A&E waits within 4 hours	95.8%	95%	96.2%	96.1%	94.3%	93.7%	95.0%
Cancer waits – 2 week wait							
CB_B6: Cancer patients seen within 14 days after urgent GP referral	95.6%	93%	94.2%	93.2%	96.4%	95.4%	94.9%
CB_B7: Breast symptom referrals seen within 2 weeks	93.5%	93%	84.5% 47 breaches	93.9%	97.2%	93.7%	92.2% 92 breaches
Cancer waits – 31 days							
CB_B8: Cancer diagnosis to treatment within 31 days	98.6%	96%	99.1%	97.8%	97.8%	97.3%	98.0%
CB_B9: Cancer patients receiving subsequent surgery within 31 days	95.9%	94%	91.8% 5 breaches	98.2%	94.6%	89.7% 8 breaches	93.1% 16 breaches
CB_B10: Cancer patients receiving subsequent Chemo/Drug within 31 days	100.0%	98%	99.1%	99.3%	100.0%	100.0%	99.6%
CB_B11: Cancer patients receiving subsequent radiotherapy within 31 days	99.1%	94%	98.4%	95.6%	96.8%	97.9%	97.1%
Cancer waits – 62 days							
CB_B12: Cancer urgent referral to treatment within 62 days	86.0%	85%	83.6% 26 breaches	75.5% 40 breaches	78.9% 34 breaches	75.5% 38 breaches	78.4% 138 breaches
CB_B13: Cancer Patients treated after screening referral within 62 days	89.7%	90%	95.8%	93.3%	97.4%	98.4%	97.0%
CB_B14: Cancer Patients treated after consultant upgrade within 62 days	90.0%	86%	77.8% 2 breaches	71.4% 2 breaches	100.0%	94.4%	89.1%
Category A ambulance calls (Trust level)							
Life threatening (defibrillator required): Category A calls within 8 minutes - Red 1	76.8%	75%	75.3%	75.3%	73.8%	75.6%	75.3%
Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2	73.9%	75%	74.8%	73.1%	73.6%	74.7%	74.3%
All life threatening: Category A calls within 19 minutes	97.0%	95%	97.6%	97.2%	97.4%	97.4%	96.9%
Mixed Sex Accommodation breaches							
Mixed Sex Accommodation breaches	12	0	1	0	2	2	5
Cancelled Operations							
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.	Trust level data currently available; CCG breakdown not yet released by NHS England						
Mental health							
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.	97.1%	95%	94.6%	100.0%	94.9%	98.6%	97.3%

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Indicator	Measure	2013/14 performance	2014/15 target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Improving Access to Psychological Therapies (IAPT)																
Proportion of the people that enter treatment against the level of need in the general population	Percentage	10.3%	13.5%	0.9%	0.8%	0.7%	0.7%	0.6%	0.6%	0.5%	0.6%	0.7%	0.7%	0.7%	0.8%	8.4%
	Patients entering treatment	2,521	3,607	240	220	192	188	147	156	143	170	182	184	185	224	2,231
Proportion of patients who completed treatment who have moved to recovery	Percentage	47.9%	50.0%	47.5%	43.0%	52.0%	48.9%	43.3%	49.1%	42.6%	46.0%	46.1%	46.1%	47.0%	57.2%	47.4%
	Patients moving to recovery	457		57	77	92	109	71	86	86	81	65	83	79	99	985
	Patients who completed treatment	955		120	179	177	223	164	175	202	176	141	180	168	173	2,078
Quality Premium local priority																
Dementia - Estimated diagnosis rate	Percentage	48.6%	66.7%	50.3%	50.5%	50.3%	49.8%	49.2%	49.6%	49.4%	50.5%	50.9%	51.5%	54.4%	56.9%	56.9%
	Dementia register size	2,077	2,896	2,147	2,158	2,150	2,142	2,114	2,132	2,147	2,193	2,210	2,235	2,362	2,453	2,453
Monthly Activity Return (MAR)																
Elective Ordinary FFCEs	Variation against plan		2.0%	12.4%	5.1%	-6.0%	14.6%	11.3%	-6.2%	5.7%	4.6%	-5.3%	7.8%	9.7%	6.5%	4.8%
Elective Day Case FFCEs	Variation against plan		2.0%	19.5%	29.6%	21.9%	27.8%	18.8%	27.0%	26.4%	40.5%	19.3%	36.1%	36.8%	37.2%	30.0%
Total Elective FFCEs	Variation against plan		2.0%	17.9%	24.2%	16.1%	25.0%	17.2%	19.6%	21.8%	32.8%	14.1%	30.5%	31.1%	30.4%	24.6%
Non-Elective FFCEs	Variation against plan		2.0%	10.2%	13.5%	8.6%	14.8%	15.4%	13.1%	11.4%	11.4%	20.7%	10.0%	8.1%	11.8%	12.4%
All First Outpatient Attendances	Variation against plan		2.0%	13.5%	17.1%	15.5%	28.3%	12.6%	14.1%	32.5%	30.5%	30.4%	36.5%	33.1%	25.9%	29.6%
First Outpatient Attendances following GP Referral	Variation against plan		2.0%	18.0%	24.2%	26.6%	43.0%	22.0%	16.3%	39.1%	38.7%	40.0%	51.8%	49.3%	39.0%	42.4%
GP Written Referrals to Hospital	Variation against plan		2.0%	7.3%	25.9%	14.4%	23.0%	6.7%	15.5%	42.8%	37.2%	39.7%	47.1%	47.7%	42.2%	36.6%
Other Referrals for a First Outpatient Appointment	Variation against plan		2.0%	-3.9%	4.7%	2.4%	3.8%	-0.9%	1.8%	20.8%	10.9%	12.6%	14.5%	-0.3%	5.1%	8.2%
A&E activity trajectory																
A&E attendances - all types	Variation against plan		1.3%	2.0%	30.2%	-13.5%	25.0%	-0.8%	-15.7%	28.7%	8.3%	-13.9%	23.1%	-1.6%	-24.1%	14.1%

Appendix B: Glossary

The following terms shall have the following meanings unless the context requires otherwise:

A&E	Accident and Emergency
ACG	Adjust Clinical Grouper
AQP	Any Qualified Provider
ASCOF	Adult Social Care Outcomes Framework
BCF	Better Care Fund
BI	Business Intelligence
CAU	Community Assessment Unit
CCG	Clinical Commissioning Group
CDSS	Computer Decision Support Software
CES	Commissioning Enablement Service
CHC	Continuing Health Care
CMS	Contract Management Solutions
COPD	Chronic Obstructive Pulmonary Disease
CPA	Care Programme Approach
CPT	Combined Predictive Tool
CQRM	Clinical Quality Review Meeting
CQUIN	Commissioning for Quality and Innovation
CSH	Central Surrey Health
CSO	Commissioning Support Officer
CSU	Commissioning Support Unit
DH	Department of Health
DHR	Domestic Homicide Review
DTA	Decision To Admit
DTOC	Delayed Transfers of Care
ED	Emergency Department
EDICS	Epsom Downs Integrated Care Services
ESTH	Epsom and St Helier University Hospitals NHS Trust
FFT	Friends and Family Test
GP	General Practitioner
HCAI	Healthcare Associated Infection
HES	Hospital Episode Statistics
HHR	Hampshire Health Record
HRG	Healthcare Resource Groups
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HSMI	Hospital Standardised Mortality Ratios
HWB	Health and Wellbeing Board
IAPT	Improving Access to Psychological Therapies
IC	Information Centre
INR	International Normalised Ratio
IP	In-Patient
JSNA	Joint Strategic Needs Assessment

KHFT	Kingston Hospital NHS Foundation Trust
LA	Local Authority
LES	Local Enhanced Services
LT	Local Team
MRSA	Methicillin-Resistant <i>Staphylococcus Aureus</i>
MSA	Mixed Sex Accommodation
MSK	Musculoskeletal
N3	The National Network
NHS	National Health Service
NHSE	NHS England
OOH	Out of Hours
OP	Out-Patient
PA	Personal Assistant
PALS	Patient Advice and Liaison Service
PARR	Patients at Risk of Re-Hospitalisation
PBC	Practice Based Commissioning
PbR	Payment by Results
PC	Personal Computer
PH	Public Health
PIR	Post Infection Review
PYLL	Potential Years of Life Lost
QA&E	Quality Assurance and Evaluation
QIPP	Quality, Innovation, Productivity and Prevention
QOF	Quality and Outcomes Framework
QTD	Quarter To Date
RTT	Referral to Treatment Time
SABP	Surrey and Borders Partnership NHS Foundation Trust
SASH	Surrey and Sussex Healthcare NHS Trust
SCR	Serious Case Review
SDCCG	Surrey Downs Clinical Commissioning Group
SECamb	South East Coast Ambulance Service NHS Foundation Trust
SHMI	Summary Hospital-level Mortality Indicator
SSAB	Surrey Safeguarding Adults Board
SSCB	Surrey Safeguarding Children Board
STEIS	Strategic Executive Information System
SUS	Secondary Uses Service
TCI	To Come In (date)
TDA	Trust Development Authority
T&O	Trauma and Orthopaedics
TTR	Time in Therapeutic Range
VCSL	Virgin Care Services Limited
YTD	Year To Date (the NHS financial year commencing 1 st April and ending 31 st March)