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Exec Lead:	Karen Parsons, Chief Operating Officer	
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Purpose of Paper (tick one only):		
For information only (to note)		
Requires discussion and Feedback		✓
For decision		

Executive Summary:

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

Key issues to note:

Section One – Surrey Downs CCG provider performance

- 1.1. The performance of Epsom and St Helier University Hospitals NHS Trust against 31 day and 62 day Cancer targets and progress against their improvement plan – Section 3.1.6
- 1.2. The increased incidence of Cdifficile in the community and actions in place to reduce occurrence.
- 1.3. The on-going operational pressures experienced at Kingston Hospital NHS Foundation Trust and the impact on performance and patient experience. The Trust is currently under review by Monitor.
- 1.4. The publication of the Ofsted inspection into Childrens Services in Surrey which rated the services as inadequate. An action plan is in place which is being managed and monitored through an improvement group. The Director of Quality from Guildford and Waverley CCG, as host commissioner of Children’s services, is attending this on behalf of the Surrey CCGs
- 1.5. St Georges Healthcare has been rated red by Monitor and is subject to enforcement action. This is relating to its financial sustainability and was triggered by deterioration in the trust’s financial position. In addition, the Trust declared a Never Event in May that related to an historical episode of care.

Section Two – Surrey Downs CCG performance

- 1.6. Key risks identified within performance 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 2015/16” are set out in Section 2 (SECSU report) and listed below.
 - Emergency admissions for alcohol related liver disease (May data)
 - Maternal smoking at delivery (June data)
 - Breast feeding prevalence at 6-8 weeks (March data)
 - Emergency admissions for children with lower respiratory tract infections (LRTIs) (May data)
 - Incidence of Healthcare Associated Infection (HCAI): MRSA (May data)
 - A&E waits within four hours (June data)
 - Breast symptom referrals seen within two weeks (May data)

- Cancer urgent referral to treatment within 62 days (May data)
- Ambulance response times (June data)
- Improving Access to Psychological Therapies (IAPT) (June data)

Recommendation(s):

The Governing Body is requested to:

- 1) Review the report and comment on the format and content
- 2) Discuss highlighted matters of concern
- 3) Agree any matters for escalation

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 commissioned services. The CCG monitors its commissioned Providers in respect of performance in this area.
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 continues to be a risk that the CCG will not achieve the 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	At the time of writing, this document is for internal circulation only.
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 not covered above	No known issues

Integrated Quality and Performance Report September 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 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 (2014/15)
 - 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.
- 1.8. The 2015/16 NHS Outcomes Indicator Set was published at the time of writing this report, therefore the next report to the Governing Body will report against those indicators.

Risk Management

- 1.9. Each provider has its own internal governance and risk management processes. Provider's own risks relating to contractual requirements are discussed at contract meetings and Clinical Quality Review Group/ Monitoring meetings.
- 1.10. 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:

2.1. Cancer Urgent referral to treatment within 62 days.

This measure is part of the NHS Constitution and is based on data that is extracted from the Open Exeter System. The target is for a minimum of 85% of patients to receive first definitive treatment within 62 days of an urgent GP referral for suspected cancer. It should be noted that breaches due to patient choice are included.

Surrey Downs CCG did not meet this standard in May 2015 with 77.5% of patients referred treated within 62 days year to date. This represents 29 breaches out of 129 patients, ten breaches over the 85% target limit. Five of the breaches involved patient choice, patient cancellation or medical fitness.

Performance against this standard is a concern to NHS England on a national basis and Epsom and St Helier University NHS Trust have consistently failed to meet this target this year. They are working to implement a detailed improvement plan that was developed following a visit from the National intensive Support Team. After the February 2015 Quality Committee this issue was added to the CCG risk register by the Director of Commissioning and the action plan is monitored by the Executive Team. In addition, progress against the plan is monitored by the Planned Care Working group which is chaired by Sutton CCG as lead Commissioner and attended by senior members of Surrey Downs CCG.

Epsom and St Helier NHS Trust have agreed a trajectory to meet this standard from 31st October 2015 onwards.

2.2. The increased incidence of Cdifficile in the community and actions in place to reduce occurrence.

The CCG has had 13 Community acquired cases of Cdifficile between 1st April and 30th June 2015 (Quarter 1). This is an increase in cases when compared to the same period of time in 2014 and reflects a national trend in many parts of the country. Root cause analyses are carried out on all cases and this includes a focus on prescribing, interactions with a range of healthcare providers and other risk factors. Analysis of data received in Q4 of 2014/15 did not reveal any consistent themes.

However, focus on minimising the incidence of all Healthcare Associated Infections remains a high priority for Surrey Downs CCG and analysis of all RCAs will continue and learning shared with providers.

2.3. The on-going operational pressures experienced at Kingston Hospital NHS Foundation Trust.

The Trust has been under extreme operational pressure for a number of months now and is taking a number of actions to improve performance. As a result, there has been an improvement in performance against the 4 hour standard but to date; the Trust is still not achieving the 95% target. The Trust is currently under review by Monitor. This was triggered by these multiple breaches of the A&E target and their forecast financial deficit for 2015/16.

There is an impact on patient experience and an associated increase in the number of complaints received, particularly in A&E which is being managed by the Trust. However, the Trust is performing well in other areas affecting patient experience and safety, particularly Healthcare Associated Infections where they have continued to focus on minimising the risk to patients.

2.4. The Ofsted inspection into Childrens Services in Surrey that was published in June 2015 and which rated the services as inadequate.

The inspection focussed on a number of areas under Children who need help and protection, Children looked after and achieving permanence and Leadership, Management and Governance. The overall judgement was that children's services were inadequate. The risk that Children's Safeguarding arrangements will not be adequate is highlighted as a risk on the CCG's risk register. This risk has been reviewed by the Head of Quality and Governing Body Secretary and is awaiting further articulation of the risk from Guildford and Waverley CCG as host commissioner of Childrens Services.

Surrey County Council has developed an action plan which is being managed and monitored through an improvement group. The Director of Quality from Guildford and Waverley CCG, as host commissioner of Children's services, is attending this on behalf of the Surrey CCGs and on-going assurance will be provided by the CCG on progress against the plan.

The action plan that was developed as a result of the inspection carried out by the Care Quality Commission (CQC) at the same time as Ofsted has been implemented. An update was sent to the CQC in June 2015 and they are satisfied with the progress to date

- 2.5 St Georges Healthcare has been rated red by Monitor and is subject to enforcement action. This is relating to its financial sustainability and was triggered by deterioration in the trust's financial position. In addition, the Trust declared a Never Event in May that related to an historical episode of care. The Quality Team attends the Clinical Quality Review Group at the Trust on a regular basis and we are seeking further assurance around next steps for 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.
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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>

Monitor

Monitor ratings have been included in the provider reports of NHS Foundation Trusts.

Monitor publishes two ratings for each NHS foundation trust.

- The continuity of services rating is Monitor's view of the risk that the trust will fail to carry on as a going concern. A rating of 1 indicates the most serious risk and 4 the least risk. A rating of 2* means the trust has a risk rating of 2 but its financial position is unlikely to get worse.
- The governance rating is Monitor's degree of concern about how the trust is run, any steps we are taking to investigate this and/or any action we are taking. We'll either indicate we have no evident concerns, that we have begun enforcement action, or that the foundation trust's rating is 'under review', which means we have identified a concern but not yet taken action.

The role of these ratings is to indicate when there is a cause for concern at a trust. The ratings do not automatically trigger regulatory action. They simply prompt Monitor to consider whether a more detailed investigation is needed.

Monitor updates foundation trusts' ratings each quarter and also in 'real time' to reflect any regulatory action taken. The date of the data extracted will be included in each section

Surrey Downs CCG Main Providers

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

3.1.1. NHS Choices data - extracted on 14.08.15

Infection Control and Cleanliness – monthly NHSE	CQC national standards	Recommended by Staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
<p>Monthly</p>  <p>As expected</p>	<p>Inspection is due in November 2015</p>  <p>No rating</p>	<p>Annual</p>  <p>Within expected range with a value of 65%</p>	<p>Monthly</p> <p>94%</p> <p>of planned level</p>	<p>Quarterly</p>  <p>96% of patients assessed</p>	<p>Monthly</p>  <p>Good - All alerts signed off where deadline has passed</p>	<p>Quarterly</p>  <p>Among the worst</p>

3.1.2. There has been no change to the dashboard since the last reporting period apart from a slight improvement in the level of planned staffing reported. The Workforce Assurance Manager at SECSU monitors the Nursing and Midwifery staffing compliance report of our commissioned service on a monthly basis and identified that data relating to this had not been published on Epsom and St Helier Hospital's website since March 2015. In June 2014 it became a national requirement for all hospitals to publish information about staffing levels on their wards as part of the NHS response to the Francis Report, which called for greater openness and transparency in the health service. The CSU has now received assurance that this has now been completed.

“Open and honest reporting” remains as “Among the worst”. As previously reported, the Trust is now operating a Datix system and are expecting to see an improvement in reporting levels by the end of Q2 (30th September).

3.1.3. Healthcare Associated Infection (HCAI)

3.1.3.1. MRSA Bacteraemia

There was one MRSA bacteraemia reported by the Trust in May. This was due to a contaminant in a blood culture taken in A&E. All learning that was identified in this case has been included in the Trust's annual action plan and monitored at the Infection Control Committee.

There were three further non Trust-attributable cases reported in May, of which two went to arbitration and one was community attributed to SDCCG. This has been subjected to a Post Infection Review and assessed as unavoidable.

Following the review of the case involving a Surrey Downs resident, through the arbitration process, it was concluded that the infection was completely unavoidable and therefore it was assigned to a 3rd party rather than the Trust or the CCG.

3.1.3.2. Clostridium difficile

The Trust has reported 7 cases of Cdifficile YTD (of which three Trust were apportioned) against their trajectory of 39. The Trust has set itself an internal trajectory against which they base their performance and are currently below their internal trajectory of five.

At the Clinical Quality Review Group (CQRG) in July, the Trust acknowledged that their performance around Cdifficile had plateaued in the last 2 years and has a renewed programme of actions to improve their position this year.

3.1.4. CQUINs

The CCG has agreed the performance of the Trust against their agreed CQUIN programme for 2014/15 at 1.5634% against the 2.5% available for 2014/15. The areas where they were unable to achieve the agreed performance were around the national dementia CQUIN and the local CQUINs relating to the Prevention of admission and whole system discharge pathway.

However, there is a continuation of the national CQUIN relating to dementia this year which extends the pathway so there will be an on-going strong focus on this group of patients. In addition, a number of the areas that were included in the prevention of admission and whole systems discharge pathway will be included in the whole systems work that is being developed around Community Hubs locally so, again, there will be a continued focus on improving these areas of the patient pathway.

3.1.5. Quality Account

ESHUT has published its Quality Account on the NHS Choices website. This can be accessed at:

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

Priorities identified for 2015/16 include reducing Healthcare Acquired Infections (HCAI) and reduction in patient harm such as the development of pressure damage which are quality issues that the Quality Team and CCG have been concerned with during 2014/15.

3.1.6. **Feedback from Clinical Quality Review Group which took place on 9th July 2015**

The Trust reported on a number of key areas displayed in their performance scorecard where performance has fallen below the agreed threshold. They included:

- **Cancer 31 day and 62 day waiting time standards** - the Trust narrowly missed the 31 day target for first treatment for patients following the decision to admit. The performance against 62 day referral to treatment standard has improved from March, but did not achieve the target of 85%. During Q1 of the year, the Trust has actively worked to ensure that those patients who have been waiting the longest have begun their treatment.

New NICE guidelines have been published and it is estimated that there will be an increase in primary care referrals of 20% as a result. Demand and capacity plans are being updated as a result of this.

The Quality Committee Seminar held in July focussed on discussion with the Trust about the cancer improvement plan that is in place. The improvement planned is monitored at the Trust's Planned Care Committee which is attended by members of Surrey Downs CCG.

The Trust's Cancer Manager attended the SDCCG Cancer Strategy Board on the 27th August as part of the on-going monitoring and scrutiny of the improvement plan. In addition, the Trust will also be met with the Trust Development Agency (TDA) on 1st September where cancer services were discussed. SDCCG's Director of Commissioning and Strategy attended that meeting.

- **Complaints** - There were concerns raised at the CQRG around the continuing deterioration in the number of and response time to complaints and the failure to meet their own internal target. The Trust gave assurance that action plans resulting from complaints are being produced at directorate level and is subject to close scrutiny and monitoring.
- **Friends and Family Test** - There has been a significant drop in the response rate in April and this was primarily attributed to the increase in the number of areas where the FFT has been introduced and where it has not yet become custom and practice for staff to promote it. The Trust gave an update on a number of initiatives underway to increase uptake, such as use of SMS, FFT response cards in A&E and follow up phone calls.

3.1.7. **Care Quality Commission (CQC)**

The Trust is currently compliant in all standards inspected. The CQC have informed the Trust that they will be inspected during the week of 9th November 2015 under the new inspection regime. The CCG will be fully involved in the process around this inspection.

3.1.8. Serious Incidents including Never Events

As reported in June 2015, the Trust reported a Never Event in May 2015. The investigation has been completed and the findings, lessons learned and resulting actions were fully discussed at the CQRG held in September. Progress against the action plan will be reviewed at the CQRG in December 2015.

3.1.9. Safeguarding Adults and Children

Following a concern raised at the June Quality Committee around the low incidence of identified cases of Female Genital Mutilation (FGM) at the Trust, further assurance has been sought around their process and practice. The reporting of FGM is monitored via the 6 monthly safeguarding dashboards and through safeguarding supervision with Named Professionals: the next dashboard is due in October and the safeguarding team, who are assured of processes at the Trust, will however compare figures provided by EGH against those from other similar acute providers and follow up if necessary for further assurance.

3.1.10. GP Quality Alerts

There were three Surrey Downs CCG GP Quality Alerts made to the Trust within this period. They related to two cases where surgery was cancelled on the day for clinical reasons that the GP thought could have been foreseen and one case of a missed endoscopy referral. All concerns have been followed up and satisfactorily resolved by the Trust.

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 assessments which are conducted by a small team that includes local people who go into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and is conducted annually. Assessments for 2015 have not yet been completed.

3.2.2. Healthcare Associated Infection (HCAI)

3.2.2.1. MRSA Bacteraemia

There were no cases of MRSA Bacteraemia that were acquired by patients being cared for by CSH Surrey during 2014/15

3.2.2.2. Clostridium difficile

CSH Surrey reported case of Cdifficile that was acquired by a patient whilst they were under their care in June 2015. The root cause analysis showed that this case was probably as a result of the antibiotic therapy that the patient had (appropriately) received whilst an inpatient at the acute trust.

3.2.3. Community Medical Teams

The Community Medical Teams became operational on 1st July 2015. The three teams, Epsom, East Elmbridge and Dorking are currently providing cover to the inpatient areas within their respective Community Hospitals. There have been some issues identified around the continuity of care due to staffing rotas; however, there has been no adverse patient outcomes identified to date. This will be monitored through the contract review meetings.

3.2.4. CQUINs

The CQUIN programme for 2015/16 has been agreed with CSH Surrey. They are working on two National CQUINs, one relating to Dementia and one to Unplanned Emergency Admissions and three local CQUINs relating to Medicines Management, Pressure Ulcer Pathway and Management and Sepsis.

3.2.5. Quality Account

CSH Surrey has published their Quality Account for 2014/15 on their website. This can be accessed at:

<https://www.cshsurrey.co.uk/about-us/governance/annual-reporting>

The quality priorities for the year focus on the organisation's CQUIN programme which reflects a number of our priorities for 2015/16. There is also a strong focus on staff training and development which will support recruitment and retention going forward.

3.2.6. Feedback from Clinical Quality Review Group held on 26th June 2015

The following areas were discussed:

Performance

- **Neuro - rehabilitation** – the urgent waiting time for Speech and Language Therapy is beginning to come down and CSH Surrey has managed to recruit a band 6 staff member with an anticipated start time of June 2015. CSH Surrey is also considering the recruitment of a band 7 therapist to complete the team.
- **Children and Families** - The completion of Maternal Mood Assessments has increased from 59% to 89% which is a positive increase based on operational changes with reporting on both the mothers and baby mood to try and recognise the potential impact of maternal mood on the baby.
- **Continence Service** - A review of the impact of additional funding to the service had been carried out and this concluded that it had made a positive difference to patients because CSH Surrey has been able to increase activity and the associated waiting times have reduced.

Future audits will focus on clinical outcomes for patients as well as patient satisfaction to give the CCG more assurance around the clinical effectiveness of the service.

3.2.7. Care Quality Commission (CQC)

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

3.2.8. Serious Incidents including Never Events

CSH Surrey has not reported any Never Events during this period.

The Quality Team holds monthly meetings to scrutinise the investigations and subsequent action plans of providers for whom we are the lead commissioner. The minutes of these meetings are scrutinised by the Quality Committee.

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

3.3.1. NHS Choices

SABPFT does not receive an overall rating on NHS Choices.

3.3.2. Healthcare Associated Infection (HCAI)

There have been no concerns identified about the incidence of HCAI within services provided by Surrey and Borders Partnership NHS FT.

3.3.3. CQUINs

The CQUINs will be reviewed by the lead commissioner on a quarterly basis. Q1 information was not available at the time of writing this report.

3.3.4. Quality Account

Surrey and Borders Partnership NHS Foundation Trust has published their Quality Account for 2014/15 on their website. This can be accessed at:

<http://www.sabp.nhs.uk/aboutus/strategies/QualityReportFinal2014.pdf/view?searchterm=Quality+Account>

The priorities for 2015/16 include a focus on improving individual's experience of care. It also focuses on improving patient safety through increased reporting but with a reduction in actual patient harm.

3.3.5. Feedback from Clinical Quality Review Group held on 22nd July 2015

- **CQC Action Plan** - It was noted that there were outstanding actions associated with Fenby intensive care unit and staff training in relation to basic life support. The department are proceeding with team and ward based training over the coming weeks. It is expected that this will be completed by the end of September 2015. This will be confirmed at the CQRG in September or October 2015.

- **Quality Standards and Performance** - There has been a focus on adult team data recording processes as there continue to be concerns around the data quality. A focus on data quality will be continued for several months to enable commissioners and the provider to challenge the emerging themes.
- **Complaints** - It was noted at the meeting that although the CQC had been complimentary about how the Trust managed their complaint process, SABPFT still consider that improvements could be made and their complaints team is undertaking a focussed piece of work to improve processes further. The annual patient experience/complaints report has been drafted and will be brought to the next CQRM for discussion.
- **Workforce Review and Risks**

The Trust has a detailed workforce development plan which includes the review of establishments, recruitment programmes and use of mid-term contracts with NHS Professionals to support continuity of care for patients.

The workforce assurance report produced by the CSU confirms that SABPFT benchmarks well against other similar Trusts in this area.

3.3.6. Care Quality Commission (CQC)

See section 3.3.5

3.3.7. Monitor Rating

The Trust currently is rated Green by Monitor with no evident concerns noted. This information was correct on 8th September 2015.

3.3.8. Serious Incidents including Never Events

The Trust has not reported any Never Events during this period

3.3.9. Safeguarding Adults and Children

It was noted at the CQRG in July that 90 people are awaiting Deprivation of Liberty (DoL) assessments. SABPFT have been doing everything they are required to do but are now having to escalate concerns. This is not only an issue for SABPFT and is mainly as a result of the Supreme Court ruling in March 2014 (known as Cheshire West) which changed legislation and guidance around the application of DoL. SABPFT has written to the relevant local authorities to keep them informed and this is an issue that has been discussed widely at and is being monitored by the Surrey Safeguarding Adults Board.

The Trust has been working with Surrey Strategic Partners to see about the possibility of Best Interest Assessors being trained. An update on this situation will be given in the November Quality and Performance report.

3.4. Kingston Hospital NHS Foundation Trust (KHFT)

3.4.1. NHS Choices – data extracted on 14.08.15

Infection Control and Cleanliness – monthly NHSE	CQC national standards	Recommended by Staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
Monthly  Among the worst	 No rating	Annual  Within expected range with a value of 60%	Monthly 102% of planned level	Quarterly  82% of patients assessed	Monthly  Good - All alerts signed off where deadline has passed	Quarterly  As expected

3.4.2. Kingston Hospital NHS FT has been under considerable operational pressure over the summer and this is reflected in the areas reported above. The Infection Control and Cleanliness indicator relates to the incidence of HCAI and reported cleanliness of the environment. Environmental surveys are undertaken annually or 6 monthly so this indicator would not be expected to change until the autumn when new information will be available. Although the Trust currently has zero MRSA Bacteraemia and a low incidence of Cdifficile, previous poor environmental surveys will have been reflected in the current rating above.

The latest information available relating to “Patients assessed for Blood Clots (VTE)” shows that the Trust achieved 98.5% of patients assessed in June 2015 so it is to be expected that this measure will improve next month on this dashboard.

3.4.3. Healthcare Associated Infection (HCAI)

3.4.3.1. MRSA Bacteraemia

The Trust has had zero acute acquired MRSA Bacteraemia since April 2015.

3.4.3.2. Clostridium difficile

The Trust has had 6 Clostridium Difficile infections attributed to them since April 2015. They have had one lapse of care against a Department of Health objective of 9 and this related to antibiotic prescribing. The learning from the root cause analysis undertaken has been shared widely through Directorate meetings.

3.4.4. CQUINs

CQUINs for 2015/16 are being monitored by the lead commissioner, Kingston CCG. Achievement against Q1 will be reported in the November Quality and Performance report.

3.4.5. Quality Account

The Trust has published its Quality Account for 2014/15 and this can be accessed at:

<http://www.kingstonhospital.nhs.uk/media/186363/quality-report-final-26th-may-2015-with-signatures.pdf>

3.4.6. Feedback from Clinical Quality Review Group held on 15th July 2015

- **Cancer 100 day breaches** - There were two breaches in May, both of which were reported as being unavoidable due to the complexity of the patient. Additional processes have been put in place by the Trust to minimise the risk of these delays.
- **Operational Pressures** - The hospital has been under extreme operational pressure over a number of months and assurance was received around the actions that the Trust is taking to improve performance.

The Trust has seen some improvement in their performance but they are still not achieving the 4 hour standard at the time of writing this report.

- **Senior Management Team** - There was discussion about operational leadership of the Trust following the departure of a number of senior members of the team. Changes of senior leadership can be an early warning sign for failings within an organisation. However, assurance was given around the arrangements that are currently in place. The recruitment process for the Deputy Chief Executive is in progress. Senior leadership arrangements will continue to be monitored until the situation becomes more stable.

3.4.7. Care Quality Commission (CQC)

The Trust is currently compliant in all standards that have been inspected. There have been no inspections since April 2014.

3.4.8. Monitor

The Trust is currently under review by Monitor. Monitor is investigating governance and financial sustainability concerns at the trust which have been triggered by multiple breaches of the 4 hour target in A&E and a forecast deficit of £8.8 million in 2015/16. It has a continuity of services rating of 3. This information was correct on 8th September 2015.

3.4.9. Complaints/ PALS, Patient Experience

The Trust has seen an improvement in their response times to complaints as a result of additional resources into the Patient Experience team.

Complaints received by A&E have increased. These have been reviewed and relate to various issues including communication, care and treatment, diagnosis, estates and

procedural issues. Communication issues include poor communication with the patient, relative or carer and poor attitudes of staff. There is no clear theme. Further assurance around these issues will be sought in September when the investigations are complete.

3.4.10. Serious Incidents including Never Events

The Trust has not reported any Never Events during this period

3.5. Surrey and Sussex Healthcare NHS Trust (SASH)

3.5.1. NHS Choices – data extracted on 14.08.15

Infection Control and Cleanliness – monthly NHSE	CQC national standards	Recommended by Staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
Monthly  Among the best	 Good	Annual  Among the best 77% staff	Monthly 95% of planned level	Quarterly  95% of patients assessed	Monthly  Good - All alerts signed off where deadline has passed	Quarterly  Among the best

3.5.2. The Trust is currently performing well in all areas reported on NHS Choices

3.5.3. Surrey and Sussex Healthcare NHS Trust has been chosen as one of five NHS trusts in the country set to participate in a new initiative launched by Health Secretary Jeremy Hunt and the NHS Trust Development Authority (TDA)

The Virginia Mason Institute, the USA's 'Hospital of the Decade' will mentor the Trust in a staff development programme that will help staff develop and deliver improvements in healthcare for local people. This initiative is led by the TDA.

3.5.4. Healthcare Associated Infection (HCAI)

3.5.4.1. MRSA Bacteraemia

The Trust has had Zero acute acquired MRSA Bacteraemia since April 2015.

3.5.4.2. Clostridium difficile

The Trust has had 6 cases of Clostridium Difficile attributed to them since April 2015.

In addition, the Trust has had a number of bed closures due to outbreaks of viral gastro-enteritis. This is now logged as a risk on the Trusts significant risk register. The Trust continues to follow their outbreak measures during these outbreaks and commissioners are assured that practice is good.

3.5.5. CQUINs

Achievement against 2014/15 CQUINs has been agreed by the lead CCGs.

The CQUINs for 2015/16 are being monitored by the lead commissioners, East Surrey CCG for Surrey and Crawley Horsham and Mid Sussex for Sussex. Achievement of Q1 performance has been reviewed and achievement will be confirmed at the CQRG in August 2015.

3.5.6. Quality Account

The Trust has published its Quality Account for 2014/15 and this can be accessed at:

<http://www.surreyandsussex.nhs.uk/transparency/publications/quality-accounts/>

The areas of focus for 2015/16 support the priorities of SDCCG.

3.5.7. Feedback from Clinical Quality Review Group held on 21st July 2015

- **Medications** – a presentation by the Chief Pharmacist focussed on the use of insulin; soft intelligence from the Crawley, Horsham and Mid Sussex CCG Quality Team; and internally reported incidents originated in Primary Care. There was assurance given around increased reporting of medication incidents – almost all resulted in no harm. The Chief Pharmacist continues to meet with the commissioning pharmacist to discuss and resolve issues raised through soft intelligence and from Primary Care.
- **Morecambe Bay Action Plan** – The Trust's response to this action plan was received and actions were noted.

3.5.8. Care Quality Commission (CQC)

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

3.5.9. Complaints/ PALS, Patient Experience

The Quarter 4 Complaints report was discussed at the CQRG in July. The Trust is not currently meeting the deadline for responding to complaints within 3 days. This is because of sickness within the team which has impacted on capacity and is expected to improve. The

main areas of learning that have been identified were discussed and assurance received about resulting actions completed.

3.5.10. **Serious Incidents including Never Events,**

The Trust has not reported any Never Events during this period.

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 on behalf of the collaborative of Surrey CCGs.

3.6.1. **NHS Choices**

SECAMB does not receive an overall rating on NHS Choices.

3.6.2. **CQUINs**

NW Surrey CCG are still working on the detail of targets for the national and local CQUIN, expecting most of the work to be completed by the end of July. There needs to be clarity on the governance/oversight arrangements for the national CQUIN, to effectively monitor safety and risk within SECAMB.

3.6.3. **Quality Account**

The Trust has published its Quality Account for 2014/15 and this can be accessed at:

http://www.secamb.nhs.uk/about_us/our_performance/quality_account.aspx

3.6.4. **Feedback from Lead Commissioner – NW Surrey CCG – information from June 2015**

- **111 meetings summary**
 - **Complaints**
 - There is currently an issue with breaching of timescales for responding to complaints
 - Complaints being investigated by Health Care Professionals have the largest breaches – there is a 6 month remedial plan to address this, and current breaches should be dealt with by end of August. This area will be monitored by the regional Clinical Governance and Assurance Group (CGAG)
 - **Safeguarding** – This was reviewed at the regional CGAG – Datix database is now live at both sites. This improves the real time capture of data and improves the ability to conduct thematic reviews.

- **Frequent callers**
 - Up until now, this has generated a large amount of work with approximately 500 additional calls logged per month and processes have been developed to minimise the impact of these.
 - Governance issues around sharing information on frequent callers between 999 and NHS 111 have been identified and the services are developing a solution to this.
 - Next actions – frequent callers will be reported in the CGAG report and will include a thematic analysis.
- **Governance** - SECAMB is working on the governance structure of 111, particularly around the quality elements. A proposal will be shared in July, aiming to be signed off by the region by the end of August
- **Patient Transport Services (PTS) meetings summary**
 - **Pressure area care/long periods of sitting-**
 - PTS don't currently have a policy that covers this risk and are taking action to remedy this. In addition, NW Surrey CCG will feed into the Patient Safety Collaborative work stream around a wider piece of work on pressure area care in ambulance services
 - **CQUINs** – A meeting is planned in September to analyse Q1 data and agree trajectories going forward.
 - **Patient satisfaction** – Commissioners reviewed a very good patient satisfaction report, 96% of respondents were happy with the service provided.
- **999 meetings summary**
 - **Performance** – The R1 target was not achieved in Q1, however activity is also down. This isn't a normal pattern and so SECAMB carried out a deep dive on this performance.
 - **Actions**
 - SECAMB to review shift patterns, particularly Friday and Saturday nights in Surrey where there is an increase in pressure
 - Private Ambulance Providers will be used initially, as permanent staff rotas are planned 6 weeks in advance, so changing these takes longer.
 - SECAMB are looking at changing the balance of single response vehicles to double crewed vehicles (from 30% - 40%)
 - Commissioners and SECAMB need to be aware of the possible affect this may have on the A19 target.
 - Other factors
 - It is important to note that training has increased compared to the same time last year.
 - Sickness has also decreased by 17% from last year.
 - Operation stack in Kent has had an impact on response times, due to traffic problems.

- **Handover delays** - 9400 hours were lost in Q1 over the region; this is up by 5% compared to last year. There is a big increase in handover delays in SaSH and an initial meeting has taken place with them; however engagement since then has been difficult. This has been highlighted to Crawley and Mid Sussex CCG as lead commissioners of SaSH.

CCG Action - NW Surrey CCG as lead commissioner will be sending a contract performance notice to SECAMB, and will be requesting a remedial action plan.

3.6.5. **Care Quality Commission (CQC)**

The Trust has been assessed as being compliant in all areas inspected by the CQC. The last inspection took place in October 2014.

3.6.6. **Monitor**

The Trust is rated Green by Monitor with no evident concerns. It has a continuity of services rating of 4. This information was correct on 8th September 2015.

3.6.7. **Quality Seminar**

A seminar was hosted by SECAMB at their Headquarters in Banstead in July 2015. This was attended by representatives from all of the Surrey CCGs and 3 members of the SDCCG Quality Committee. The agenda included:

- Contract and KPI Overview
- Response Times Overview
- Quality governance
- SI process
- Hospital handovers
- Safeguarding
- PTS and NHS 111 overview

As a result, the CCG can feel more assured that NW Surrey CCG is managing the contract robustly.

3.6.8. **Serious Incidents including Never Events**

The Trust has not reported any Never Events during this period

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 on 14.08.15

Infection Control and Cleanliness – monthly NHSE	CQC national standards	Recommended by staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
<p>Monthly</p>  <p>As expected</p>	 <p>No rating</p>	<p>Annual</p>  <p>Among the best with a value of 89%</p>	<p>Monthly</p> <p>98%</p> <p>of planned level</p>	<p>Quarterly</p>  <p>97% of patients assessed</p>	<p>Monthly</p>  <p>Good - All alerts signed off where deadline has passed</p>	<p>Quarterly</p> <p>N/A</p> <p>No relevant data available</p>

4.1.2. Healthcare Associated Infection (HCAI)

4.1.2.1. MRSA Bacteraemia

The Trust has had no cases of MRSA Bacteraemia since April 2015

4.1.2.2. Clostridium difficile

The Trust had no cases of Cdifficile attributed to them during June. Their total year to date is 5 against an annual objective of 31.

4.1.3. Quality Account

The Trust has published its Quality Account for 2014/15 and this can be accessed through the link below.

<http://www.royalmarsden.nhs.uk/about/publications/pages/annual-reports.aspx>

4.1.4. **Feedback from Clinical Quality Review Group – 23rd June 2015**

- **Hospital Standardised Mortality Ratio (HSMR)** - A paper was presented on HSMR. The HSMR Figures for NHS Trusts are produced by Dr Foster Intelligence (DFI). The data showed the Trust's HSMR as having deteriorated and therefore, DFI were asked for further analysis. This showed that the crude mortality rate had not changed but there were a number of data issues that had led to the decline in HSMR:

A clinical audit has been carried out by the Trust which has highlighted a number of actions needed. An action plan has been put into place to carry this forward and this will be reviewed through the CQRG.

- **Cancer Waiting Times (CWT) performance** - The Trust achieved 77.5% 62 day CWT performance reported on Open Exeter in May compared to 76.5% in March 2015. This was below the Trust's agreed trajectory of 80% for May. In the TWR breast symptomatic target, the Trust achieved 91.7% and did not achieve its targets. This was due to patient choice.

The Trust achieved its target in May 2015 and is on target for the quarter. In addition, the Trust has extended the clinics to pre-empt the holiday period.

The Trust reported that relationships with Epsom and St Helier and Kingston Hospitals had improved and the Trust's cancer action plan was discussed at the July CQRG.

4.1.5. **Care Quality Commission (CQC)**

The Trust has been assessed as being compliant in all areas inspected by the CQC. The last inspections took place in June and August 2013

4.1.6. **Monitor**

The Trust is rated Green by Monitor with no evident concerns. It has a continuity of services rating of 4. This information was correct on 8th September 2015.

4.1.7. **Serious Incidents including Never Events**

The Trust has not reported any Never Events during this period.

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

4.2.1. NHS Choices – data extracted on 14.08.15

Infection Control and Cleanliness – monthly NHSE	CQC national standards	Recommended by staff	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
<p>Monthly</p>  <p>As expected</p>	 <p>Good</p>	<p>Annual</p>  <p>Within expected range with a value of 73%</p>	<p>Monthly</p> <p>96%</p> <p>of planned level</p>	 <p>96% of patients assessed</p>	 <p>Good - All alerts signed off where deadline has passed</p>	<p>Quarterly</p>  <p>As expected</p>

4.2.2. Reporting by exception, the Trust has improved their level of Safe Staffing for the second reporting period (from 93% - 96%). Open and honest reporting has moved from “Among the best” to “As expected” which is a negative change.

4.2.3. Healthcare Associated Infection (HCAI)

4.2.3.1. MRSA Bacteraemia

The Trust has reported 2 MRSA Bacteraemia cases from April to June 2015. Post infection Reviews have been conducted on each case and the learning shared across Clinical Directorates

4.2.3.2. Clostridium difficile

The Trust has reported 9 cases of Cdifficile between April and June 2015. This means that they are slightly ahead of their trajectory which is 31 cases for the year. All cases are subject to a RCA process.

4.2.4. CQUINs

Performance against the 2015/16 CQUINs are being monitored by the lead Commissioner, NHS Wandsworth CCG.

4.2.5. Quality Account

The Trust has published its annual Quality Account for 2014/15 and this can be accessed at: <https://www.stgeorges.nhs.uk/about/publications/quality-account/>

4.2.6. Care Quality Commission (CQC)

The Trust was inspected by the CQC under its new inspection regime in April 2014, receiving a rating of “good”.

4.2.7. Monitor

The Trust is currently rated Red by monitor and is subject to enforcement actions. Monitor is investigating financial sustainability concerns at the trust, triggered by deterioration in the trust's financial position. It has a continuity of services rating of 3. This position was correct on 8th September 2015

4.2.8. Serious Incidents including Never Events

The Trust reported a Never Event in May which related to patient who had surgery at the Hospital in 2009. This Never Event is subject to an investigation and will be reviewed by the lead commissioner and NHS London before closure is agreed.

4.2.9. Safeguarding Children

It was reported at the CQRG in June 2015 that Level 3 Safeguarding Children training was below 60% as at 2 June 2015 against a target of 95% for 2015/16. Commissioners asked that Safeguarding Adults and Children should be an agenda item at the CQRG in July to enable there to be assurance around the Trust's action plan to remedy this position. Compliance with safeguarding has been raised on the Trust's risk register.

The associated action plan is comprehensive and includes a trajectory to ensure that 85% of required staff is trained at level 3 by December 2015.

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

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.

5.1 Ashford and St Peters NHS Foundation Trust

Ashford and St Peters NHS FT are currently under review by Monitor. Monitor is requesting further information following multiple breaches of the A&E and cancer targets and

deterioration in the forecast financial position, before deciding next steps. The Trust currently has a continuity of services rating of 3. This information was correct on 8th September 2015.

6. Surrey Downs CCG – Any Qualified Providers

6.1. Ramsay Ashtead Hospital (RAH)

6.1.1. NHS Choices

Ramsay Ashtead Hospital does not receive an overall rating on NHS Choices.

6.1.2. CQUINs

The hospital is working on a number of CQUINs that have been agreed for Q1. There are discussions in progress regarding the position of CQUIN delivery going forward.

6.1.3. Feedback from Contract /Clinical Quality Review Group

There has not been a quarterly CQRG since the last Quality and Performance report. The next meeting is planned for 11th September. The Quality Team monitors the provider's monthly quality report and there are no quality concerns arising at this time.

6.1.4. Care Quality Commission (CQC)

Ramsay Ashtead is currently compliant in all standards that have been assessed by the CQC. The last inspection was reported in March 2014.

6.1.5. Safeguarding Adults and Children

Following the last CQRG with the provider, the CCG Head of Quality met with the matron to discuss a number of quality improvement initiatives. This included training packages including Safeguarding Adults and Children, Mental Capacity Act training and PREVENT Training. This has given a good level of assurance around the quality of training provided and the percentage of staff who have received that training.

6.1.6. Commissioner Walk Around

During the visit referred to above, there was an opportunity to visit in patient areas that are being refurbished and recovery areas to see the equipment that is being used during surgery to prevent peri-operative hypothermia.

6.1.7. Serious Incidents including Never Events

There have been no Never Events reported by Ramsay Ashtead since the last report in June 2015.

6.2. Dorking Healthcare (DHC)

6.2.1. NHS Choices

Dorking Healthcare does not receive an overall rating on NHS Choices.

6.2.2. CQUINs

Discussion around CQUIN development for 2015/16 has been suspended at this time.

6.2.3. Feedback from Contract /Clinical Quality Review Group

The CQRG was held on 23rd June 2015. There were no quality concerns raised. There was discussion around the organisational HCAI reduction plan which was considered to be very good and has since been used as an example for other smaller providers.

6.2.4. Care Quality Commission (CQC)

Dorking Healthcare is currently compliant in all standards that have been assessed by the CQC. The last inspection was reported in October 2013.

6.2.5. Serious Incidents including Never Events

There have been no Never Events reported by Ramsay Ashted since the last report in June 2015.

6.3. Epsom Medical (EM)

6.3.1. NHS Choices

Epsom Medical does not receive an overall rating on NHS Choices.

6.3.2. CQUINs

Discussion around CQUIN development for 2015/16 has been suspended at this time.

6.3.3. Feedback from Contract /Clinical Quality Review Group

There has not been a quarterly CQRG since the last Quality and Performance report. The Quality Team monitors the provider's monthly quality report and there are no quality concerns arising at this time.

There was discussion around the Health Reduction Plan and support has since been given to the compliance manager to help her complete this.

6.3.4. Care Quality Commission (CQC)

Epsom Medical is currently compliant in all standards that have been inspected by the CQC. The last inspection of Cobham Day Surgery took place in August 2013 and Epsom Day Surgery in February 2014.

6.3.5. Serious Incidents including Never Events

There have been no Never Events or Serious Incidents reported by Epsomedical since the last Quality and Performance report in June 2015.

6.3.6. Safeguarding Adults and Children

Following the CQRG held in May 2015, the SDCCG Head of Quality met with the Compliance Manager from Epsomedical. This was to discuss training around the Mental Capacity Act and PREVENT. Information was given about training programmes and providers and staff have now commenced PREVENT training through Channel e-learning.

6.4. Princess Alice Hospice (PAH)

6.4.1. NHS Choices

Princess Alice Hospice does not receive an overall rating on NHS Choices.

6.4.2. Care Quality Commission (CQC)

The hospice is currently compliant in all standards that have been inspected by the CQC. The last inspection report was published in January 2014.

6.4.3. Quality Account

The hospice has published its Quality Account for 2014/15 and this can be accessed at:

<http://www.pah.org.uk/>

6.4.4. Serious Incidents including Never Events

There have been no Never Events or Serious Incidents reported by Princess Alice Hospital during this period.

6.4.5. Other

The Quality team will be meeting with the Director of Patient Care and Strategic Development on the 18th September to discuss quality monitoring of services provided by the Hospice.

6.5. Community Medical Teams – information provided by Helen Cook – Programme Lead for Integration and Partnerships

The Community Medical Team (CMT) and what was previously described as the Community Multi Specialty Provider (the wrap around multi-disciplinary team) are now known as the Community Hub. The Hubs are beginning in a phased way with the first phase having gone live in East Elmbridge at the beginning of July. Dr Jill Evans is leading the team in East Elmbridge and delivering a comprehensive medical service to the Community Hospital, a patient caseload service delivered in patient's homes and an in-reach function to assist discharges from the Acute. Dr Evans has provided a weekly log clearly demonstrating that

patient and family satisfaction is high and a number of admissions have been prevented. Her team have also reduced the length of stay in the Community Hospital.

The CMT model in Dorking is currently providing the Community Hospital service and will go live with other aspects once the Community Hospital review has been completed.

Epsom are co-developing a number of options with partners, utilising the Prime Ministers Challenge Fund amongst other initiatives and have, in the first instance gone live with the Community Hospital service.

There were initially issues around the continuity of care for patients within this model. This has improved as the model has become embedded and there has been no adverse patient outcomes identified as a result to date.

The wrap around multi-disciplinary team service is currently being recruited to. The structures have changed, the manager posts are in place and other key posts such as the new Community Matrons, co-ordinators, navigators, falls clinicians and mental health practitioners are actively being sought. It is anticipated that rollout will commence throughout the autumn.

There are risks that have already been identified that it will be difficult to recruit to some of these posts due to the general issues around recruitment and retention of staff nationally. Actions that CSH Surrey, the provider has put in place to strengthen recruitment are included in Section 3 of this paper.

Key Performance Indicators and impact measures have been developed for the Community Hubs and sent to partners for final sign off. Once finally agreed these will be monitored and reported to the Quality Committee within this report.

6.6. Community Healthcare Acquired Infections

In addition to the cases of Cdifficile reported by each provider, the CCG has had 13 Community acquired cases of Cdifficile between 1st April and 30th June 2015 (Quarter 1). These are cases where the patient has remained in the community or has been admitted to an Acute Trust and a stool sample taken within 72 hours of admission is shown as positive to Cdifficile toxins.

All GP practices that have had a case assigned to them have been asked to complete a Root Cause Analysis which looks at issues such as previous hospital admissions, antibiotic prescribing and the use of Proton Pump Inhibitors. These cases will be reviewed and themes and learning identified to enable improvements be made.

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

7.1. Safeguarding Adults

Throughout July the Designated Nurse has been working closely with the Care Quality Commission (CQC), following some recent inspections of Care Homes by the regulator that has resulted in a rating of inadequate. Three Care Homes with Nursing in Surrey, one within Surrey Heath CCG, one in North West Surrey CCG and the third in East Surrey CCG have been issued with Warning Notices or Notices to Propose to impose conditions on their registrations. All three have been placed in Special Measures, and new placements suspended. A home in special measures is given a period of 6 months to bring the service up to the regulated standard. Information about the guidance can be accessed through the link below.

http://www.cqc.org.uk/sites/default/files/20150401_special_measures_guidance_ASC.pdf

The special measures framework is designed to ensure a timely and coordinated response where the standard of care is judged to be inadequate. Its purpose is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which enforcement powers are used in response to inadequate care and to work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or further action will be taken,

The provider will be inspected after 6 months, - sooner if further issues of concern are raised. If the provider has failed to meet the expected improvements to the care they provide, immediate action may then be taken to remove their registration to provide a service. Depending on the severity of concerns, this may be through an emergency power or by a slower more measured closure process.

The Designated Nurse is working closely with the CQC, Local Authority and relevant CCG to monitor these homes through the Provider Failure Protocol.

Surrey County Council recently announced their plans to close the 6 residential care homes they currently run. This was following a consultation process first announced in November 2014. These homes are located across Surrey, though none sit within Surrey Downs CCG. The closures are to be phased over a three year period, with 2 home closures planned each year, beginning September 2015, and ending in 2017. The Designated Nurse will be acting as a Critical Friend throughout the process.

7.2. Continuing Health Care (CHC) – Information provided by Lorna Hart, Head of CHC

There are a number of initiatives that are in place that will improve the quality of provision within Continuing Health Care.

- A series of provider engagement events which have focussed on improving the working relationship between the CCG and the Nursing Home providers. This should benefit patients through the development of improved contracting arrangements and more timely communication
- Working with acute nurses ensuring minimal delays for the patients at the acute hospitals and facilitating improved discharge pathways.
- Training of staff in Nursing Homes in the completion of Checklists which should improve the speed of the assessment process for residents
- CHC Direct progressing work on reviewing patients who have not had a review for a considerable period of time, ensuring that their needs are fully reviewed.
- A pilot has been agreed that will provide Assistive technology in Care Homes to support the management of residents with more complex conditions. A provider of Assistive Technology who will undertake the pilot in a number of care homes in Surrey Downs CCG is expected to be announced next week. An additional Community Matron role is being developed and recruited to support this pilot.
- CHC is on target to achieve their QIPP milestones

The following issues have been identified:

- The team continues to struggle to source some packages of care especially with regard to specific patient groups such as Challenging Dementias and some Mental Health conditions.
- There is a shortage of home based care packages available especially in the Fetcham and Ashted areas within Surrey Downs.

Work continues with Mental Health Commissioners to develop the market so that patients with complex conditions can be supported closer to home.

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

8.1. Safeguarding Children

8.1.1. The action plan that has been developed as a result of the CQC inspection has been implemented. An update was sent to the CQC in June 2015 and they are satisfied with the progress to date

8.1.2. The recent OFSTED inspection of Children's Services in Surrey found that they were inadequate. Surrey Children's services have developed an improvement plan which is being managed and monitored through an improvement group. The Director of Quality from Guildford and Waverley CCG is attending this on behalf of the Surrey CCGs and improvements against the plan will be reported in future Quality and Performance reports.

8.1.3. The independent Chair of the Surrey Safeguarding Children Board has come to the end of her period of tenure and has not sought re-appointment. A new Chair has been appointed and is expected to come into post in September 2015.

8.1.4. Other issues that have been highlighted by the Designated Nurse for Safeguarding Children are:

- The requirement for staff to receive safeguarding children training commensurate with their roles in the areas of domestic abuse, PREVENT and Child Sexual Exploitation (CSE) are explicitly defined in national guidance and policy. In addition staff will need to undertake training on Female Genital Mutilation (FGM)
- The need for there to be on-going monitoring of capacity of safeguarding teams within provider organisations in light of increased training and reporting requirements.

Additional training is being provided for staff including GPs and further assurance has been requested from providers about the uptake of that training.

9. CCG Quality – internal

9.1. Quality Improvement Strategy

The Quality Strategy will be refreshed in September 2015 to ensure that it fully reflects the CCG's QIPP programmes. There has been progress during the year in a number of key areas of service development that were identified in the report such as the Community hubs, Continuing Healthcare and quality in care homes. A report will be brought to the Quality Committee in November 2015.

9.2. Planned Care – information provided by Philippa Mardon, Head of Planned Care

9.2.1. Diabetes

a) National Diabetes Audit:

It has been confirmed by the Diabetes Health and Social Care Information Centre (HSCIC) that 100% of Surrey Downs CCG (SDCCG) GP practices submitted data to the National Diabetes Audit 2013/14. SDCCG will be using this data to establish 2013/14 baselines for the following areas:

- Number of patients with diabetes
- Proportion of registered patients with diabetes
- Proportion of patients with diabetes receiving all 8 of the NICE key care processes
- Proportion of patients with diabetes meeting all treatment targets

Data from the 2014/15 audit will be used to support the Tier 3 Diabetes Community Contract Review meetings. Data will be shared with the provider to specifically target those GP practices that are performing below average in terms of managing diabetes care and to inform the Primary Care Standard review.

b) Tier 3 Diabetes Community Service:

There are specific quality key performance indicators that have been included within the tier 3 community service contract. Informal positive qualitative feedback has been collated from GP practices about the service; however, formal feedback is yet to be submitted by the provider. This is being managed through contracting processes.

9.2.2 Cancer

a) MacMillan GP and Practice Nurse:

MacMillan has funded a GP and Practice Nurse facilitator to support cancer work streams across SDCCG. Work completed to date includes:

- **Networking**
Attending national and local cancer meetings as a means of sharing best practice and learning lessons from other CCGs.
- **Education**
Facilitation of a Cancer Course which resulted in an increased feeling of confidence amongst practice nurses in terms of starting discussions with patients about a potential cancer diagnosis. It also included ensuring that formal processes are

established to make sure that all patients with newly diagnosed cancer are contacted.

- Facilitation of an Early Detection event for GP to raise awareness about the importance of early detection of cancers.
- Presentation to a local Cancer Support Group as a means of understanding local experience as well as providing these individuals with information about services available in the local area.
- **GP Practice Visits**
- Scheduled visits to GP practices to promote early detection as well as available MacMillan tools and resources

b) Project Work Programme

The programme is divided into three work streams - a rolling programme of transformational redesign projects which are underpinned by demand management initiatives. This is designed to encourage whole system responsibility for the delivery of high quality services that offer the greatest value for money and contractual efficiencies identifying outcomes that will demonstrate our success.

9.2.3 Demand Management

The team has worked hard to implement a number of initiatives that they believe underpin the longer term transformational vision for pathways with all partners. These initiatives include:

- Peer review, a dashboard designed to support benchmarking and best practice.
- Referral Support Service, using agreed guidelines and pro-formas to support GP's to refer the most appropriate patients to the most appropriate clinics with all the relevant information and diagnostics completed.
- Access to an information portal that gives Practices, Public and our Providers standardised process and policies that we know and use. We envisage this will become part of the wider transformation work to develop a website that will encompass service specific education tools for both clinicians and patients and will include decision support tools wherever appropriate.
- We are developing a further programme of education and support that builds on the EXPERT Patients Programme principles.

9.2.4 Projects

The first phase of a rolling programme of service reviews has begun with MSK, Cardiology and Ophthalmology; the final pathways are due to be signed off by the end of September 2015. Phase two begins in October with ENT/Audiology, Dermatology & Gynaecology. In 2016 we will begin a further round of reviews potentially Urology, Gastroenterology and Neurology.

9.3 Primary Care Workforce Tutor update

The Primary Care Workforce Tutor has arranged a Practice Nurse Educational Event in September with a number of senior members of the regional team attending to give presentations. The main focus of the event is “Revalidation” which is a process that all nurses and midwives will need to engage with to demonstrate that they practise safely and effectively throughout their career. Although each registered nurse has a personal responsibility to do this, the CCG has a role to facilitate Practice Nurses in managing this process and this is one of a number of events that have been planned.

9.4 Risk Management

The Governing Body assurance framework and corporate risk register is brought to the Quality Committee quarterly, to provide the organisational context plus narrative to support assurance on risks around quality and safety. 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.

The risks under the auspices of the Quality Committee were reviewed on the 14th August 2015 prior to the Quality Committee. Further review was undertaken on September 10th 2015 following comments made at the Quality Committee. The CCG assurance framework and corporate risk register will be reviewed at the Governing Body on 25th September 2015.

9.5 Quality, Innovation, Prevention and Productivity (QIPP)

The CCG Programme Management Office oversees the QIPP programme and service developments. Leads are assigned to each work-stream / project which undergoes impact assessments – equality, privacy and quality. The Quality Team is responsible for reviewing the initial quality impact assessments and proposed key quality performance indicators before they are finalised and receives on-going assurance that the impacts are being reviewed and appropriate mitigations are in place. The current Quality Impact Assessment and Equality Impact Assessment policies and tools have been reviewed to bring them together into one integrated policy. This will be taken through the appropriate CCG governance processes for agreement and ratification.

10 Other

10.1 Serious Incidents and Never Events and trends and how learning is shared across Trusts

The six monthly Serious Incident report was presented as Item 8 on the agenda of the Quality Committee on 1st September 2015.

There have been no Never Events reported from the CCG's main providers that have affected Surrey Downs patients (see table in Appendix 1).

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 June and the recommendations. More detail on each case is available on request.

Date	Case No.	Allocation	Location	Status	Recommendations
26.05.15	415713	Third Party	ESTH/ SDCCG	Unavoidable	No learning identified because unavoidable. Case went to arbitration and was assigned to a third party which means that the case is no longer assigned to a trust or CCG.
04.06.15	417129	Community	SDCCG/ ESTH	Unavoidable	No learning identified as the case was an unavoidable community acquired infection. Therefore the case was assigned to the CCG

Section Two – Performance

1. Executive Summary

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

- CCG Outcomes Indicator Set (2014/15)
- NHS Constitution
- CCG Operating Plan including three local priorities

1.2 The 2015/16 NHS Outcomes Indicator Set was published at the time of writing this report, therefore the next report to the Quality Committee will report against those indicators.

Appendix 1: 17.08.2015 Provider Dashboard (Trust wide data) - Quality and Safety Indicators

Provider dashboard (Trust level 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%	Jun-15	12.5%	7.4%	11.3%				27.0%
2.2 Friends and Family Test response rate - Inpatients					20.3%	24.6%	20.8%			49.9%	
2.3 Friends and Family Test response rate - Maternity					27.2%	21.9%	19.4%			0.0%	
2.4 Friends and Family Test % recommend - A&E					92.0%	91.1%	93.7%			83.7%	
2.5 Friends and Family Test % recommend - Inpatients					97.2%	93.2%	95.0%			93.9%	
2.6 Friends and Family Test % recommend - Maternity					97.4%	97.4%	94.9%			0.0%	
Mixed Sex Accommodation breaches											
3.1 Mixed Sex Accommodation breaches	UNIFY	Monthly	0	Jun-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%	Mar-15	94.3%	98.3%	95.1%			97.0%	96.1%
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	Jun-15	0	0	0			0	0
4.4 Incidence of Healthcare Associated Infection (HCAI): Clostridium difficile					3	3	2		0	3	
4.5 Never Events (provisional data)	STEIS	Monthly	0	20-May-15 to 30-Jun-15	0	0	0	0	0	0	0
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%	Jun-15	97.2%	87.4%	94.8%				91.7%
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%	Jun-15				72.5%			
7.2 Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2			75%				74.2%				
7.3 All life threatening: Category A calls within 19 minutes			95%				95.0%				

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%	Jun-15					97.0%						
Cancelled Operations															
9.1 Number of last minute elective operations cancelled for non clinical reasons	UNIFY	Quarterly		Mar-15	125		23		89			15		223	
9.2 Number of patients not treated within 28 days of last minute elective cancellation					1		4		0			0		44	
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%	Jun-15	86.1%		92.2%		92.0%			94.3%		85.6%	
10.2 Referral to treatment times (RTT): % of non-admitted patients who waited 18 weeks or less			95%		93.5%		97.3%		93.4%			98.8%		95.3%	
10.3 Referral to treatment times (RTT): % of incomplete patients waiting 18 weeks or less			92%		93.5%		95.7%		92.6%			95.4%		92.4%	
10.4 Referral to treatment times (RTT): number of incomplete patients waiting 52 weeks or more			0		0		0		0			1		0	
Diagnostic test waiting times															
11.1 % Patients waiting over 6 weeks for a diagnostic test	UNIFY	Monthly	1%	Jun-15	0.5%		0.8%		0.8%					1.4%	
11.2 Number of patients waiting over 6 weeks for a diagnostic test			62			76		54					166		
Cancer waits															
12.1 (CB_B6) Cancer patients seen within 14 days after urgent GP referral	Open Exeter	Quarterly	93%	Jun-15	94.4%		93.5%		93.5%			96.2%		92.4%	
12.2 (CB_B7) Breast Cancer Referrals Seen within 2 weeks			93%				89.8%		93.3%			94.2%		90.4%	
12.3 (CB_B8) Cancer diagnosis to treatment within 31 days			96%		96.9%		97.0%		98.4%			99.5%		97.3%	
12.4 (CB_B9) Cancer Patients receiving subsequent surgery within 31 days			94%		100.0%		100.0%		100.0%			96.3%		95.2%	
12.5 (CB_B10) Cancer Patients receiving subsequent Chemo/Drug within 31 days			98%		100.0%		100.0%		100.0%			99.8%		100.0%	
12.6 (CB_B11) Cancer Patients receiving subsequent radiotherapy within 31 days			94%						100.0%			98.3%		100.0%	
12.7 (CB_B12) Cancer urgent referral to treatment within 62 days			85%		74.9%		86.1%		86.5%			73.1%		79.7%	
12.8 (CB_B13) Cancer Patients treated after screening referral within 62 days			90%		50.0%		94.1%		90.0%			89.8%		82.1%	
12.9 (CB_B14) Cancer Patients treated after consultant upgrade within 62 days			86%		97.3%		100.0%		100.0%			79.0%		100.0%	

Surrey Downs CCG Performance Report

August 2015

This report reflects the current 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 2015/16”.

The report summarises performance against the key areas outlined below and forms the basis of the NHS England South regional team’s quarterly assurance meetings:

- CCG Outcomes Indicator Set (2014/15)
- NHS Constitution
- CCG Operating Plan

The report is set out under the five domains of the NHS Outcomes Framework:

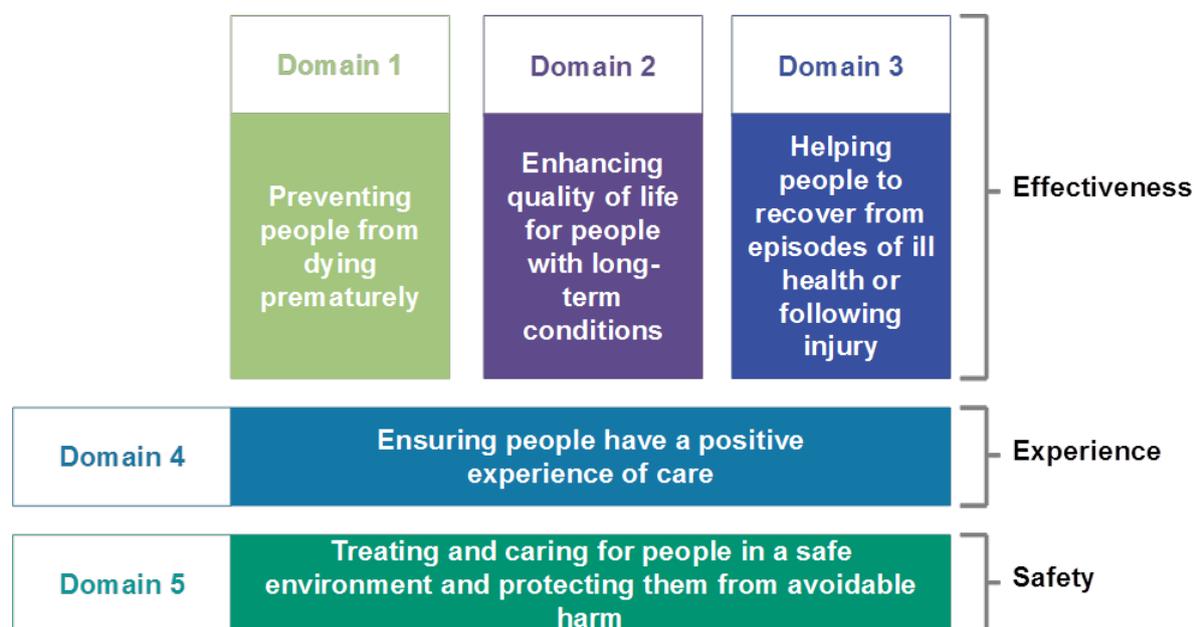


Figure 1: Five domains of the NHS Outcomes Framework

1 Executive Summary

The key risks that have been identified are:

- Emergency admissions for alcohol related liver disease (May data)

Year to date there have been ten admissions compared to eight during the same period last year. This equates to a rate of 4.50 admissions per 100,000 population compared to 3.60 last year. Surrey's Health and Wellbeing Board (HWB) are implementing a prevention strategy which encourages the adoption of healthy behaviours including reducing alcohol intake.

- Maternal smoking at delivery (June data)

During Quarter 1 2015/16, 43 women out of 758 maternities were smokers at the time of delivery. This equates to a rate of 5.7%, higher than the 2014/15 full year rate of 4.9%.

- Breast feeding prevalence at 6-8 weeks (March data)

During Quarter 4 2014/15, 391 out of 760 infants had been fully or partially breastfed. This equates to a breast feeding prevalence of 51.4%. The full year rate for 2014/15 was 52.4%, lower than the 2013/14 full year rate of 60.4%.

- Emergency admissions for children with lower respiratory tract infections (LRTIs) (May data)

There have been nineteen admissions year to date compared to seventeen during the same period last year. This equates to a rate of 29.24 admissions per 100,000 population compared to 26.16 last year.

The increase is mainly due to the number of paediatric admissions rising as a whole. Admissions due to LRTIs have remained between three and five per cent of all paediatric admissions

- Incidence of Healthcare Associated Infection (HCAI): MRSA (May data)

Surrey Downs CCG has been assigned one case of MRSA bacteraemia year to date. It was detected in May.

All cases of MRSA bacteraemia undergo a Root Cause Analysis (RCA) to establish the likely cause of the infection, identify any learning and to establish whether the infection was avoidable.

- A&E waits within four hours (June data)

Surrey Downs CCG did not achieve the 95% target during Quarter 1 2015/16, with performance of 94.8%.

Kingston Hospital has failed the target over the last six months with continuing issues around bed pressures and flow. Weekly performance calls have

commenced between the trust, host and associate commissioner to monitor performance and recovery progress. The trust is also undertaking an Operational Transformation Programme to review all aspects of the patient pathway.

Surrey Downs CCG actively engages with all key stakeholders via the System Resilience Group (SRG).

- Breast symptom referrals seen within two weeks (May data)

Year to date 90.0% of patients referred were seen within two weeks. This represents eighteen breaches out of 197 patients, five breaches over the 93% target limit. All but three of the breaches involved patient choice or patient cancellation.

- Cancer urgent referral to treatment within 62 days (May data)

77.5% of patients referred were treated within 62 days year to date. This represents 29 breaches out of 129 patients, ten breaches over the 85% target limit. Five of the breaches involved patient choice, patient cancellation or medical fitness.

Notably ten of the CCG's breaches were over 100 days. All South West London NHS Trusts are expected to review any 100 day breaches at their respective Clinical Quality Review Group (CQRG) meetings. All Root Cause Analyses (RCAs) at Epsom and St Helier are examined at the trust's Cancer Breach Panel and any concerns around patient harm resulting from breaches are reviewed.

Epsom and St Helier has been consistently unable to meet the target and sought external support from the Cancer Transformation Team (CTT). The trust has worked to implement recommendations and action plans from the CTT's review. After the February 2015 Quality Committee this issue was added to the CCG risk register by the Director of Commissioning and the action plan is monitored by the Executive Team. The issue will continue to be monitored by Sutton CCG as lead commissioner through the monthly Planned Care Working Group (PCWG).

- Ambulance response times (June data)

Over the last year, South East Coast Ambulance Service NHS Foundation Trust (SECAmb) performance has fluctuated around the 75% target for Red 1 and Red 2 responses within 8 minutes.

Year to date trust wide performance is below target for Red 1 with 74.4% but achieving target for Red 2 with 75.8%. Surrey Downs CCG continues to work with the Surrey CCG Collaborative and is actively engaged with the commissioning group led by North West Surrey CCG. The group are undertaking on-going development work to manage the contract more robustly, including disaggregation into a Surrey only contract.

- Improving Access to Psychological Therapies (IAPT) (June data)

The national access target for 2015/16 is that 15% of people with depression and anxiety disorders enter treatment. This equates to a monthly rate of 1.25%, or 334 people per month. 2.3% of the CCG's prevalence figure entered treatment during Quarter 1, a shortfall of 398 people.

The CCG is meeting the national targets for IAPT recovery rates and referral to treatment times.

The Quality Committee is asked to:

1. Review the report and note the CCG's performance;
2. Agree further action required, including matters for escalation to other organisations.

2 Key concerns

Based on the most recent data the quality and performance risks highlighted in this report are:

- Emergency admissions for alcohol related liver disease
- Maternal smoking at delivery
- Breast feeding prevalence at 6-8 weeks
- Emergency admissions for children with lower respiratory tract infections
- Incidence of Healthcare Associated Infection (HCAI): MRSA
- A&E waits within 4 hours
- Breast symptom referrals seen within 14 days
- Cancer urgent referral to treatment within 62 days
- Ambulance response times
- Improving Access to Psychological Therapies (IAPT)

Table 1 below shows the number of indicators in each domain of the NHS Outcomes Framework, and the NHS Constitution, rated Red/Green.

	Red	Green
CCG Outcomes Framework:		
1. Preventing people from dying prematurely	3	0
2. Improving quality of life for people with long term conditions	0	1
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	1	1
NHS Constitution	4	14

Table 1: RAG ratings for performance indicators

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

3.1 Preventing people from dying prematurely

3.1.1 Emergency admissions for alcohol related liver disease (May data)

This measure is a proxy indicator for the mortality rate from liver disease, which is part of the CCG Outcomes Indicator Set. The number of admissions is directly age and sex standardised per 100,000 population.

Year to date there have been ten admissions compared to eight during the same period last year. This equates to a rate of 4.50 admissions per 100,000 population compared to 3.60 last year.

Looking at the monthly data shows some fluctuation in the admissions rate however there are very low volumes (Table 2).

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15 volume	3	5	4	4	8	5	6	8	8	5	4	4
2015/16 volume	3	7										
2014/15 rate per 100,000 population	1.35	2.25	1.80	1.80	3.60	2.25	2.70	3.60	3.60	2.25	1.80	1.80
2015/16 rate per 100,000 population	1.35	3.15										

Table 2: Surrey Downs CCG emergency admissions for alcohol related liver disease

Looking at the rolling year rate to remove any seasonal impact shows performance has been on an increasing trend over the last fourteen months (Figure 2).

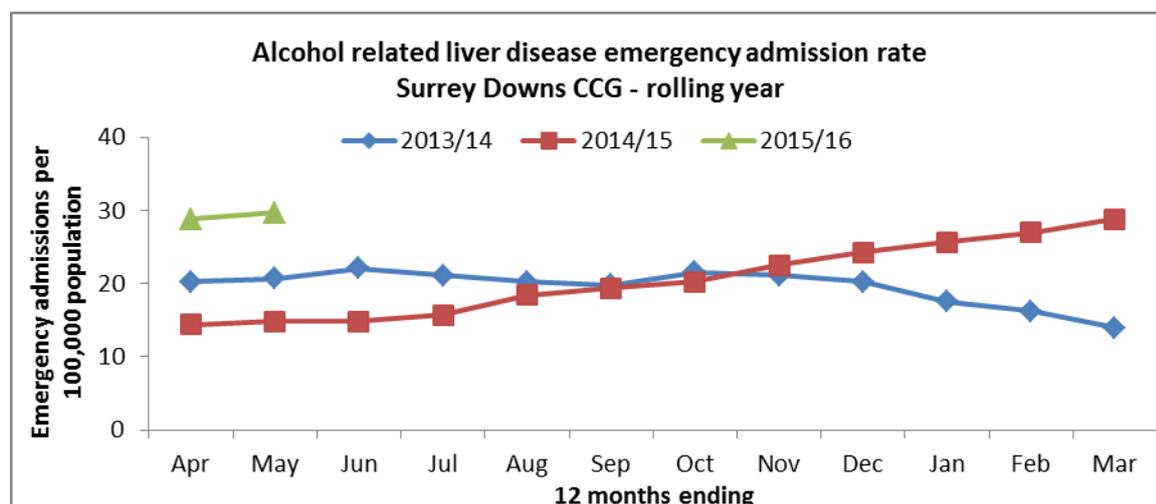


Figure 2: Rolling year Surrey Downs CCG emergency admissions for alcohol related liver disease

Surrey’s Health and Wellbeing Board (HWB) are implementing a prevention strategy which encourages the adoption of healthy behaviours such as reducing alcohol intake and smoking, and improving exercise levels and diet. CCGs are party to this as part of the Local Joint Commissioning Group (LCJG) and via the local partnership board with voluntary sector agencies and district and borough authorities.

3.1.2 Maternal smoking at delivery (June data)

This indicator forms part of the CCG Outcomes Indicator Set. It measures the percentage of women who were smokers at the time of delivery, out of the number of maternities.

During Quarter 1 2015/16, 43 women out of 758 maternities were smokers at the time of delivery. This equates to a rate of 5.7%, higher than the 2014/15 full year rate of 4.9%.

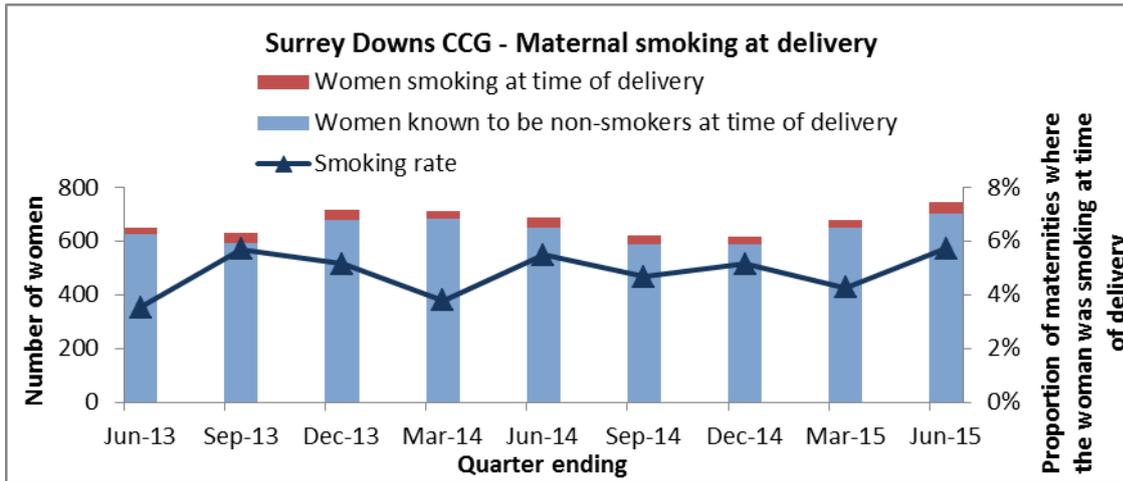


Figure 3: Surrey Downs CCG maternal smoking at delivery

3.1.3 Breast feeding prevalence at 6-8 weeks (March data)

This indicator is monitored within the CCG Outcomes Indicator Set. It measures the proportion of infants who have been fully or partially breastfed at 6-8 weeks, out of the number of infants due a 6-8 week check.

During Quarter 4 2014/15, 391 out of 760 infants had been fully or partially breastfed. This equates to a breast feeding prevalence of 51.4%. The full year rate for 2014/15 was 52.4%, lower than the 2013/14 full year rate of 60.4%.

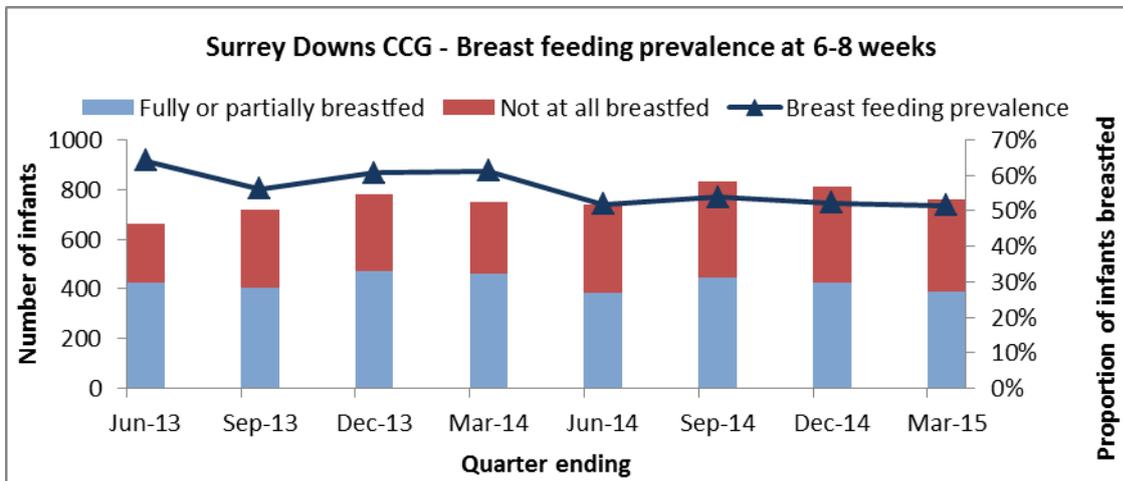


Figure 4: Surrey Downs CCG breast feeding prevalence at 6-8 weeks

3.2 Helping people to recover from episodes of ill health or following injury

3.2.1 Emergency admissions for children with lower respiratory tract infections (LRTIs) (May data)

This indicator is part of the CCG Outcomes Indicator Set and measures the total number of emergency admissions for children aged under nineteen with selected types of lower respiratory tract infections (bronchiolitis, bronchopneumonia and pneumonia). The number of admissions is directly age and sex standardised per 100,000 population.

There have been nineteen admissions year to date compared to seventeen during the same period last year. This equates to a rate of 29.24 admissions per 100,000 population compared to 26.16 last year.

Due to small volumes, monthly rates are subject to some fluctuation (Table 4).

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15 volume	5	12	18	11	5	7	8	42	48	15	26	22
2015/16 volume	11	8										
2014/15 rate per 100,000 population	7.69	18.47	27.70	16.93	7.69	10.77	12.31	64.63	73.86	23.08	40.01	33.85
2015/16 rate per 100,000 population	16.93	12.31										

Table 3: Surrey Downs CCG emergency admissions for children with lower respiratory tract infections

A seasonal trend can be observed with a large increase in the latter half of the financial year. Looking at the rolling year rate to remove any seasonal impact shows rates have steadily remained higher than the previous year during the last fourteen months (Figure 5). Previous analysis has shown the proportion of these emergency admissions has not changed markedly. The increase against baseline is mainly due to the number of paediatric admissions rising as a whole. Admissions due to LRTIs have remained between three and five per cent of all paediatric admissions.

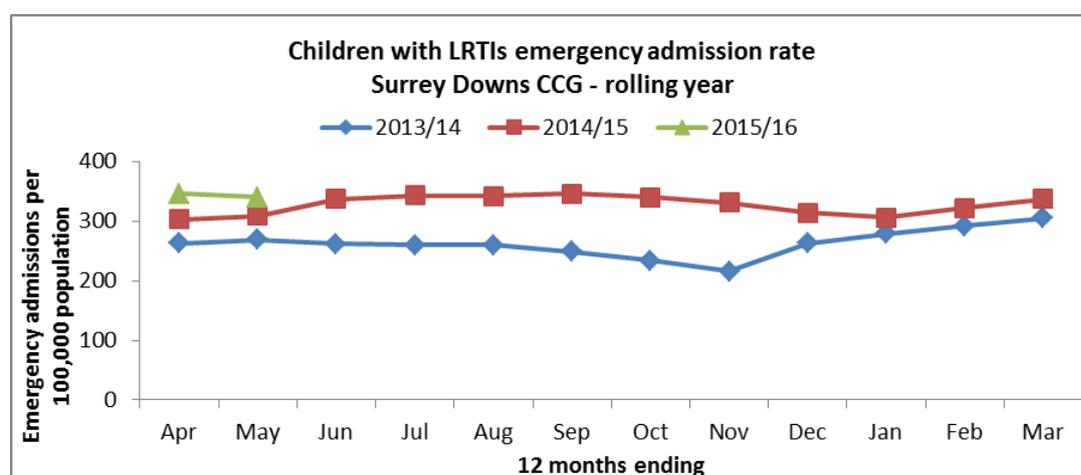


Figure 5: Rolling year trend in Surrey Downs CCG emergency admissions for children with lower respiratory tract infections

3.3 Treating and caring for people in a safe environment and protecting them from avoidable harm

3.3.1 Incidence of Healthcare associated infection (HCAI)

3.3.1.1 MRSA

The frequency of Methicillin-Resistant *Staphylococcus Aureus* (MRSA) infection is measured in the CCG Outcome Indicator Set.

Surrey Downs CCG has been assigned one case of MRSA bacteraemia year to date. It was detected in May.

The Post Infection Review (PIR) has been scrutinised by the Surrey Infection Control Lead and the actions identified to achieve improvements in practice have been implemented.

All cases of MRSA Bacteraemia undergo a Root Cause Analysis (RCA) to establish the likely cause of the infection, identify any learning and to establish whether the infection was avoidable. Action plans are monitored by the CCG's Quality Team with the support of the Surrey wide infection lead.

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

4.1 A&E waits within four hours

A&E wait times are measured within the NHS Constitution and form part of the Quality Premium calculation for CCGs in 2015/16. The full year target is that at least 95% of patients are admitted, transferred or discharged within four hours of their arrival at an A&E department. If the target is not achieved then 30% of the eligible funding will be removed.

Surrey Downs CCG did not achieve the 95% target during Quarter 1 2015/16, with performance of 94.8%.

Kingston Hospital has failed the target during most weeks from December to June. The issues following the winter period continue to be bed pressure and flow from the Emergency Department (ED). Low discharge rates and insufficient bed capacity have inhibited flow, compounded by high volumes of admissions.

Weekly performance calls have commenced between the trust, host and associate commissioner. These calls are facilitated by South East CSU in order to monitor performance and recovery progress.

The trust is currently undertaking an Operational Transformation Programme to review all aspects of the patient pathway. It incorporates both clinical processes and managerial responsibilities from ED through to discharge.

Surrey Downs CCG actively engages with all key stakeholders via the System Resilience Group (SRG).

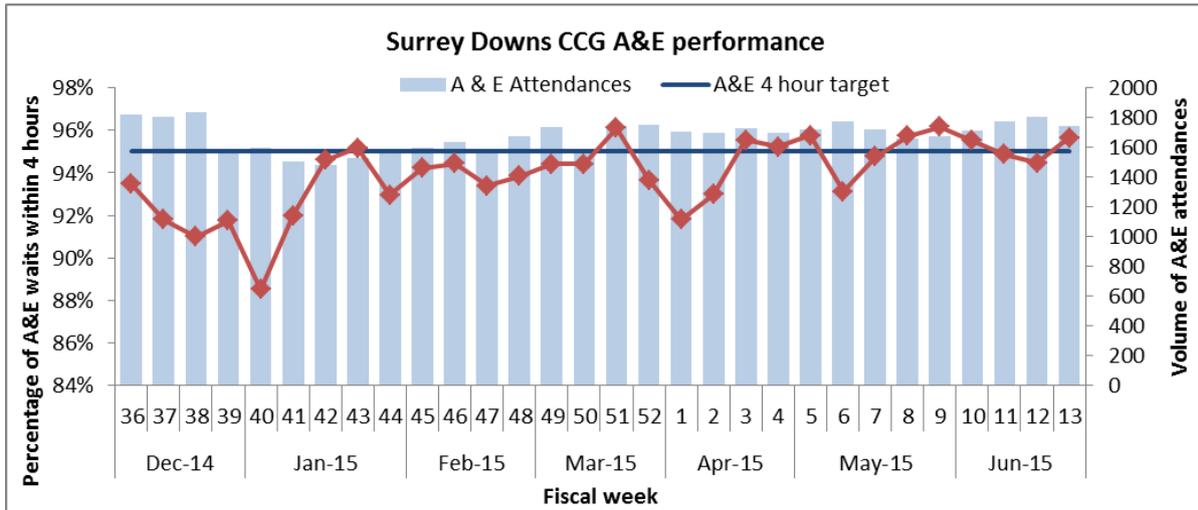


Figure 6: Surrey Downs CCG weekly A&E 4 hour waits

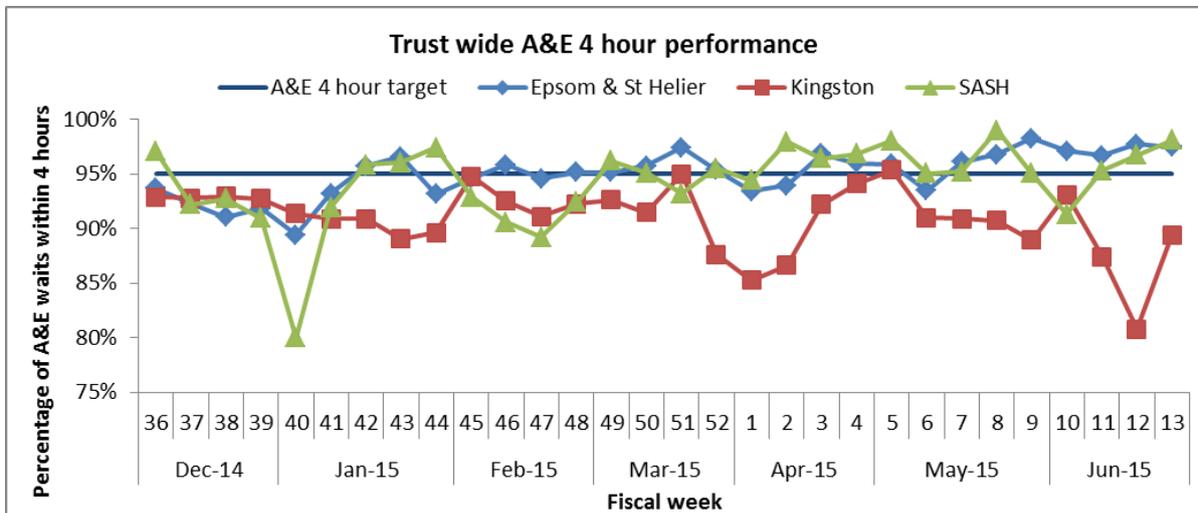


Figure 7: Trust wide weekly A&E 4 hour waits

4.2 Cancer waiting times

The nine national cancer waiting times measures form part of the NHS Constitution and are based on data within the Open Exeter system.

Cancer waiting times performance at South West London NHS trusts is monitored by the Transforming Cancer Services Team (TCST). All trusts that do not achieve the required standards on a monthly basis are asked to provide the TCST with exception and breach reports. The team work in conjunction with providers to formulate action plans and monitor performance going forward.

4.2.1 Breast symptom referrals seen within two weeks (May data)

The target is that 93% of patients attend their first hospital assessment within fourteen days of referral with breast symptoms where cancer is not initially suspected. It should be noted that breaches due to patient choice are included.

Year to date 90.0% of patients referred were seen within two weeks. This represents eighteen breaches out of 197 patients, five breaches over the target limit.

The breaches were reported at the Royal Marsden (9), Royal Surrey (4), the Jarvis Centre (4), Surrey and Sussex Healthcare (1), Kingston Hospital (1) and St George’s Healthcare (1). All of the breaches involved patient choice or patient cancellation except for two at the Royal Marsden and one at St George’s.

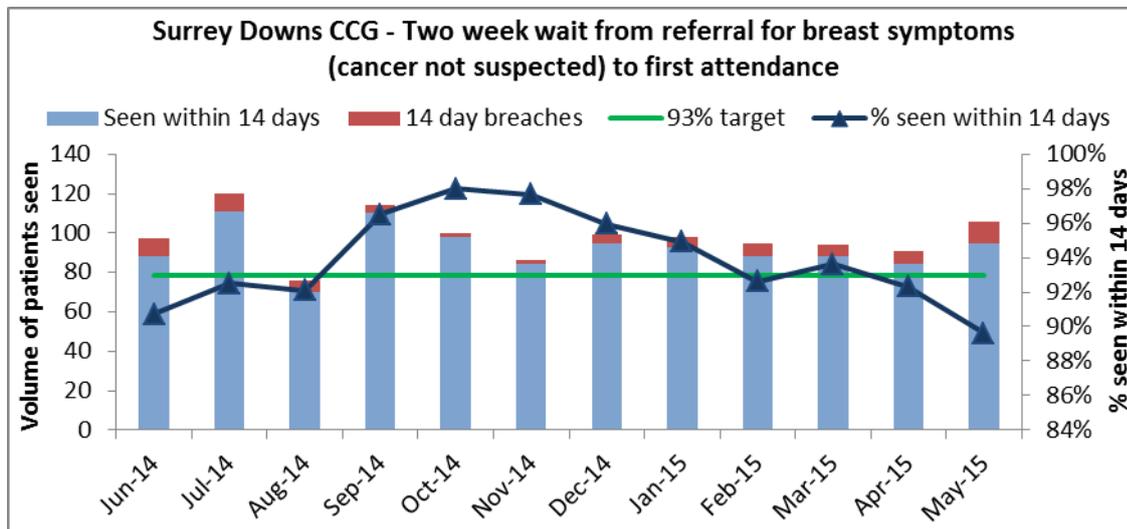


Figure 8: Surrey Downs CCG two week waits for breast symptom referrals

4.2.2 Patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral (May data)

The target is that 85% of patients receive first definitive treatment within 62 days of an urgent GP referral for suspected cancer. This also includes 31 day waits for children’s cancer, testicular cancer and acute leukaemia.

77.5% of patients referred were treated within 62 days year to date. This represents 29 breaches out of 129 patients, ten breaches over the target limit. Five of the breaches involved patient choice, patient cancellation or medical fitness.

The breaches occurred at the Royal Marsden (13), Epsom and St Helier (11), Surrey and Sussex Healthcare (3) and St George’s Healthcare (2).

Seven breaches involved a transfer between providers at a late stage in the 62 day period following referral. Epsom and St Helier and the Royal Marsden hold a monthly teleconference to review shared breaches.

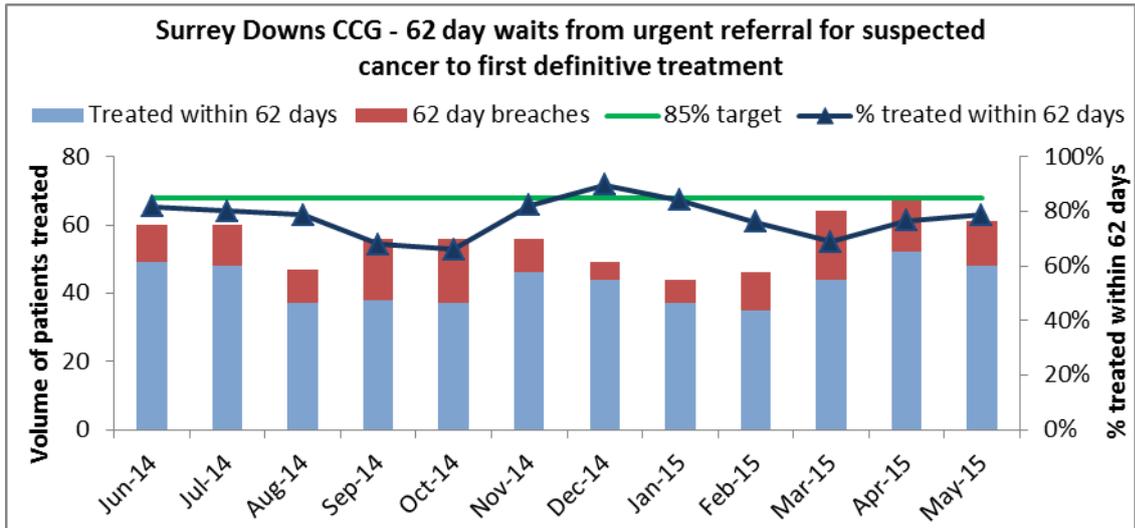


Figure 9: Surrey Downs CCG 62 day waits from urgent referral to first treatment

Notably ten of the CCG's breaches were over 100 days. All South West London NHS Trusts are expected to review any 100 day breaches at their respective Clinical Quality Review Group (CQRG) meetings. All Root Cause Analyses (RCAs) at Epsom and St Helier are examined at the trust's Cancer Breach Panel and any concerns around patient harm resulting from breaches are reviewed.

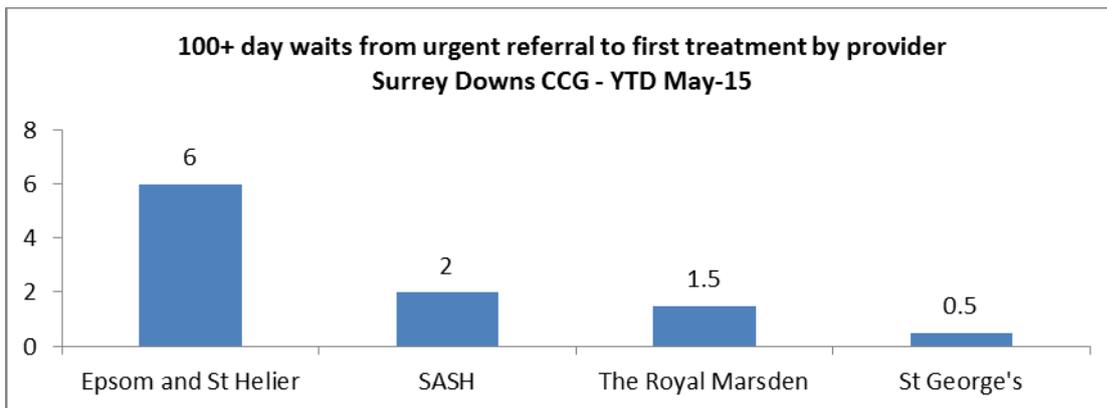


Figure 10: Surrey Downs CCG 100+ day waits from urgent referral to first treatment by provider

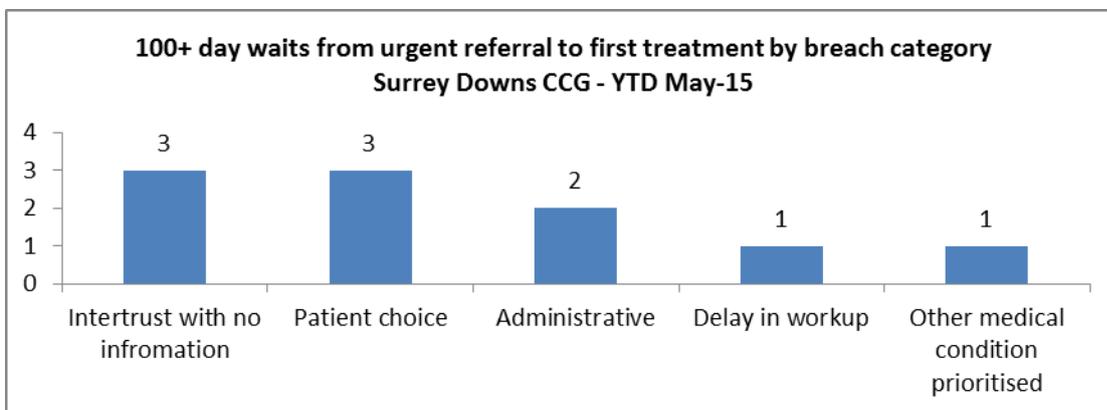


Figure 11: Surrey Downs CCG 100+ day waits from urgent referral to first treatment by breach category

Performance for this indicator has been challenging at London and National level. Epsom and St Helier sought external support from the Cancer Transformation Team (CTT). The trust has worked to implement recommendations and action plans from the CTT's review. The issue will continue to be monitored by Sutton CCG as lead commissioner through the monthly Planned Care Working Group (PCWG). The CCG expects to receive formal assurance around any patients coming to harm as a result of breaching cancer standards.

4.3 Ambulance response times - life threatening (defibrillator required) Category A calls within eight minutes

4.3.1 Red 1 (June data)

This measure is part of the NHS Constitution and forms part of the calculation for the Quality Premium payments to CCGs in 2015/16. If the target is not achieved then 20% of the eligible funding will be removed.

Performance is assessed at whole trust level and has a target of 75%.

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) is failing the 75% target year to date with 74.4%. Monthly performance continues to fluctuate; full year 2014/15 performance achieved the target at 75.3%.

Looking at Surrey Downs CCG patients only, year to date performance is 79.0%. The CCG continues to work with the Surrey CCG Collaborative and is actively engaged with the commissioning group led by North West Surrey CCG. The group are undertaking on-going development work to manage the contract more robustly, including disaggregation into a Surrey only contract.

4.3.2 Red 2 (less time critical) (June data)

The following measure is part of the NHS Constitution and has a target of 75%. Performance is assessed at whole trust level. It does not contribute towards the Quality Premium.

Trust wide performance is achieving the 75% target year to date with 75.8%, however SECAMB failed in May at 74.2%. Full year 2014/15 performance failed the target with 74.3%; monthly performance continues to fluctuate.

Looking at Surrey Downs CCG patients only, year to date performance is 73.6%.

As outlined in section 4.3.1, the Surrey CCG Collaborative is working to manage the contract more robustly.

5 CCG Operating Plan

5.1 Improving Access to Psychological Therapies (IAPT) (June data)

Improving Access to Psychological Therapies (IAPT) is based on data submitted as part of the HSCIC IAPT data requirement. This is a national data set within the Open Exeter system.

In addition to the nationally mandated targets included last year, two new mental health access indicators have been added to CCG operating plans for 2015/16.

There are now four national performance indicators:

- The proportion of people in need of psychological therapies that have entered treatment (target 15%);
- The proportion of people who have completed treatment who have moved to recovery (target 50%);
- The proportion of people waiting no more than six weeks from referral to entering a course of IAPT treatment (target 75%);
- The proportion of people waiting no more than eighteen weeks from referral to entering a course of IAPT treatment (target 95%).

Surrey Downs CCG's trajectory for people entering treatment equates to a monthly rate of 1.25% over the financial year. This is equivalent to 334 people entering treatment each month.

The CCG prevalence was calculated by taking the Surrey prevalence figure from the Psychiatric morbidity survey, which correlates with the national Omnibus figure used for Surrey, and dividing by the weighted CCG split.

604 patients entered treatment during Quarter 1. This equates to 2.3% of the CCG's prevalence figure against the year to date target of 3.75%, a shortfall of 398 people.

The CCG is achieving the targets for IAPT recovery rates and referral to treatment times.

The National IAPT Intensive Support Team reviewed Surrey IAPT performance in June. Sessions were held with commissioners and providers to discuss issues with IAPT provision at both CCG and Surrey wide level. Key findings from the review have been shared with key stakeholders.

Measure	FY 2014/15	2015/16 target	Apr-15	May-15	Jun-15	YTD
Proportion of the people that enter treatment against the level of need in the general population						
Percentage	8.4%	15.0%	0.7%	0.8%	0.8%	2.3%
Patients entering treatment	2,231	4,006	181	202	221	604
Proportion of patients completing treatment who have moved to recovery						
Percentage	49.9%	50.0%	50.3%	51.6%	53.6%	52.0%
Patients moving to recovery	985		78	79	96	253
Patients completing treatment	2,078		163	165	192	520
Patients completing treatment who were not at clinical caseness at initial assessment	103		8	12	13	33
Proportion of patients completing treatment who commenced within 6 weeks of referral						
Percentage		75.0%	91.4%	93.3%	92.2%	92.3%
Patients waiting more than 6 weeks			14	11	15	40
Proportion of patients completing treatment who commenced within 18 weeks of referral						
Percentage		95.0%	96.3%	98.8%	96.9%	97.3%
Patients waiting more than 18 weeks			6	2	6	14

Table 4: Surrey Downs CCG IAPT performance

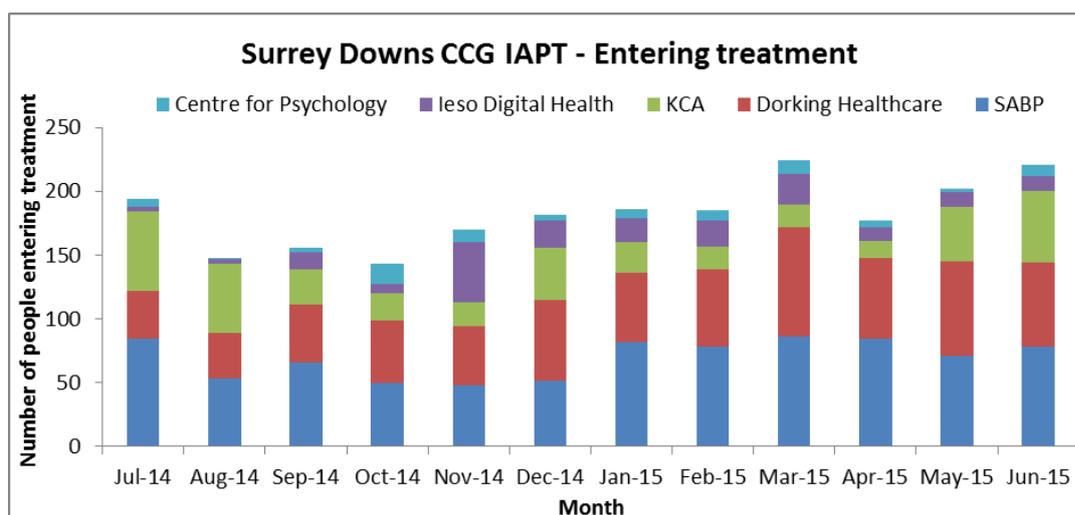


Figure 12: Surrey Downs CCG IAPT – people entering treatment

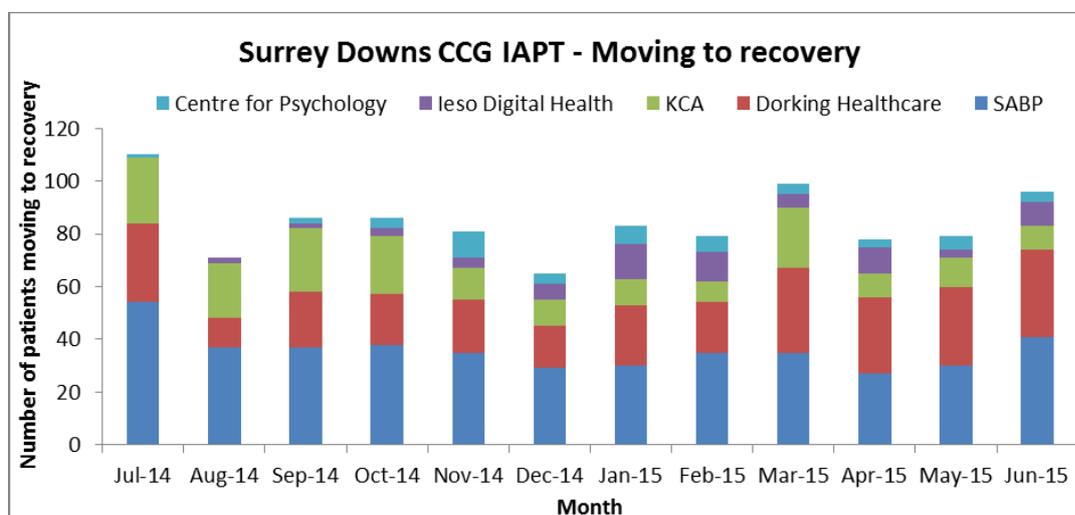


Figure 13: Surrey Downs CCG IAPT – patients moving to recovery

Surrey Downs CCG's Referral Support Service (RSS) started to manage referrals for IAPT services during Quarter 2 2014/15. It is expected that referral management will enable patients to be directed to services. The RSS team continues to work to effectively manage a growing number of often complex and challenging IAPT referrals.

The CCG has successfully achieved improved performance in terms of waiting times but there are still challenges with respect to ensuring that patients enter at the appropriate Step in the treatment pathway. Surrey Downs CCG's mental health clinical lead is working with providers and lead commissioners to improve outcomes.

Surrey Downs CCG had previously taken the clinical decision to only permit referrals through RSS but is now permitting self-referrals. Process improvements during 2014/15 have resulted in positive outcomes in terms of efficiency and patient choice and experience. However together with most other Surrey CCGs, Surrey Downs have not seen the volume of patients required to meet the 15% access target.

6 Recommendations and Next Steps

The Quality Committee is asked to:

1. Review the report and discuss the risks raised;
2. Agree further action required including matters for escalation to other organisations.

Appendix A: Full Detail: Performance data

CCG Outcomes Indicator Set 2015/16 (06.08.2015)

Indicator	Measure	Frequency	FY 2014/15	2015/16 target	Apr-15	May-15	Jun-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	28.80		1.35	3.15		4.50
1.14 Maternal smoking at delivery	Percentage of maternities	Quarterly	4.9%		5.7%			5.7%
1.15 Breast feeding prevalence at 6-8 weeks	Percentage of infants	Quarterly	52.4%					
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	204.65		1.54	20.00		21.54
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	337.01		16.93	12.31		29.24
4 Ensuring that people have a positive experience of care								
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	8	0	0	1		1
5.2ii Incidence of Healthcare associated infection (HCAI): <i>C. difficile</i>		Monthly	81	76	6	5		11

NHS Constitution Metrics 2015/16 (06.08.2015)

Indicator	FY 2014/15	2015/16 target	Apr-15	May-15	Jun-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	92.1%	90%	92.5%	92.7%	92.6%	92.6%
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	95.7%	95%	96.6%	96.6%	95.9%	96.4%
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	95.2%	92%	95.5%	95.5%	95.5%	95.5%
RTT: Number of incomplete patients waiting >52 weeks			0	0	0	
Diagnostic test waiting times						
% Patients waiting within 6 weeks for a diagnostic test	99.3%	99%	99.2%	99.5%	99.4%	
Number of patients waiting over 6 weeks for a diagnostic test	28		32	21	25	
A&E waits						
A&E waits within 4 hours	95.0%	95%	94.0%	95.1%	95.4%	94.8%
Cancer waits – 2 week wait						
CB_B6: Cancer patients seen within 14 days after urgent GP referral	94.9%	93%	93.4%	95.3%		94.4%
CB_B7: Breast symptom referrals seen within 2 weeks	92.2% 92 breaches	93%	92.3% 7 breaches	89.6% 11 breaches		90.9% 18 breaches
Cancer waits – 31 days						
CB_B8: Cancer diagnosis to treatment within 31 days	98.0%	96%	97.6%	97.3%		97.4%
CB_B9: Cancer patients receiving subsequent surgery within 31 days	93.1%	94%	95.1%	95.4%		95.2%
CB_B10: Cancer patients receiving subsequent Chemo/Drug within 31 days	99.6%	98%	100.0%	100.0%		100.0%
CB_B11: Cancer patients receiving subsequent radiotherapy within 31 days	97.1%	94%	100.0%	100.0%		100.0%
Cancer waits – 62 days						
CB_B12: Cancer urgent referral to treatment within 62 days	78.4% 138 breaches	85%	76.5% 16 breaches	78.7% 13 breaches		77.5% 29 breaches
CB_B13: Cancer Patients treated after screening referral within 62 days	97.0%	90%	93.3%	91.7%		92.6%
CB_B14: Cancer Patients treated after consultant upgrade within 62 days	89.1%	86%	100.0%	100.0%		100.0%
Category A ambulance calls (Trust level)						
Life threatening (defibrillator required): Category A calls within 8 minutes - Red 1	75.3%	75%	75.9%	74.4%	72.5%	74.4%
Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2	74.3%	75%	77.3%	76.0%	74.2%	75.8%
All life threatening: Category A calls within 19 minutes	96.9%	95%	96.4%	95.9%	95.0%	95.8%
Mixed Sex Accommodation breaches						
Mixed Sex Accommodation breaches	5	0	0	0	0	0
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.	97.3%	95%				

CCG Operating Plan 2015/16 (06.08.2015)

Indicator	Measure	FY 2014/15	2015/16 target	Apr-15	May-15	Jun-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	8.4%	15.0%	0.7%	0.8%	0.8%	2.3%
	Patients entering treatment	2,231	4,006	181	202	221	604
Proportion of patients completing treatment who have moved to recovery	Percentage	49.9%	50.0%	50.3%	51.6%	53.6%	52.0%
	Patients moving to recovery	985		78	79	96	253
	Patients completing treatment	2,078		163	165	192	520
	Patients completing treatment who were not at clinical caseness at initial assessment	103		8	12	13	33
Proportion of patients completing treatment who commenced within 6 weeks of referral	Percentage		75.0%	91.4%	93.3%	92.2%	92.3%
	Patients waiting more than 6 weeks			14	11	15	40
Proportion of patients completing treatment who commenced within 18 weeks of referral	Percentage		95.0%	96.3%	98.8%	96.9%	97.3%
	Patients waiting more than 18 weeks			6	2	6	14
Dementia diagnosis							
Estimated diagnosis rate (ages 65+)	Percentage	53.6%	66.7%				
	Dementia register size	2,159	2,685				
Monthly Activity Return (MAR)							
Elective Ordinary FFCEs (G&A)	Variation against plan	4.8%		-10.2%	8.2%		-1.2%
Elective Day Case FFCEs (G&A)	Variation against plan	30.0%		4.2%	7.1%		5.6%
Total Elective FFCEs (G&A)	Variation against plan	24.6%		1.7%	7.3%		4.4%
Non-Elective FFCEs (G&A)	Variation against plan	12.4%		5.7%	2.5%		4.0%
All First Outpatient Attendances (G&A)	Variation against plan	29.6%		-2.0%	2.1%		0.0%
First Outpatient Attendances following GP Referral (G&A)	Variation against plan	42.4%		-3.2%	2.2%		-0.6%
GP Written Referrals Made (G&A)	Variation against plan	36.6%		35.4%	35.3%	25.5%	31.8%
Other Referrals for a First Outpatient Appointment (G&A)	Variation against plan	8.2%		-26.3%	-24.9%	-31.4%	-27.7%
Total Referrals (G&A)	Variation against plan	28.9%		15.1%	15.5%	6.8%	12.2%
A&E activity trajectory							
A&E attendances - all types	Variation against plan	14.1%		-3.1%	17.2%	-0.1%	4.8%

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 1st April and ending 31st March)