NHS
Surrey Downs
Clinical Commissioning Group

Governing Body
27th May 2016

Quality and Performance Report – May 2016

Agenda item 13 Paper 8	
Authors and contributors:	Eileen Clark – Chief Nurse/Head of Quality Mable Wu – Head of Planning and Performance
Executive Lead(s):	Steve Hams, Director of Clinical Performance and Delivery
Relevant Committees or forums that have already reviewed this issue:	Quality Committee
Action required:	To agree
Attached:	Quality and Performance Report – May 2016
CCG Strategic objectives relevant to this paper:	Quality and Performance Core business: relevant to most objectives
Risk	Identified risks relating to quality and safety of commissioned services are captured on the Surrey Downs CCG risk register and discussed at the Quality Committee and other fora such as the local Clinical Quality Review Groups
Compliance observations:	**Finance:** There continues to be a risk that the CCG will not achieve the level of performance in a number of areas of quality and that this will impact on the potential to receive the associated quality premium payments.
	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.
	Quality impact: Quality Impact Assessments are carried out on all service developments and improvements and monitored for future impact.
	Equality impact: Equality Impact Assessments are carried out on all

	service developments and improvements and monitored for future impact.
	Privacy impact: None identified in this paper.
	Legal: None identified in this paper.

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

A summary of the key issues for each provider is placed in the Executive Summary and again at the end of their section in the report.

Section Two

- Incidence of Healthcare Associated Infection (HCAI): MRSA
- A&E waits within 4 hours
- Cancer urgent referral to treatment within 62 days
- Ambulance response times
- Improving Access to Psychological Therapies (IAPT)
- Dementia diagnosis

Recommendation(s):

The Governing Body is requested to:

1) Note the report
2) Discuss highlighted matters of concern
3) Agree that it has received assurance around the quality and safety of services it Commissions and actions in place to drive further improvements.

Date of paper	18th May 2016
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NHS
Surrey Downs
Clinical Commissioning Group

Quality and Performance Report – May 2016

1. Introduction

1.1. Ultimate responsibility for safeguarding the quality of care provided to patients rests with each provider organisation through its Board. However, CCGs, as statutory organisations are required to deliver the best possible services to and outcomes for patients within financial allocations. Therefore, Surrey Downs CCG (SDCCG) has a statutory duty to secure continuous improvements in the care that we commission and to seek assurance around the quality and safety of those services. This requirement is underpinned by national guidance and locally-determined commissioning intentions.

1.2. This report 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. It is reviewed by the CCG Executive therefore general performance indicators are not be covered in this report to the Governing Body.

1.3. **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.

1.4. **Section Two** of the report summarises performance against the key areas outlined below and forms the basis of the NHS England Area Team's quarterly assurance meetings:

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

1.5. The performance dashboards for Surrey Downs CCG patients (Section 2: Appendix A*)* reflect the formal reporting of performance position against the goals and core responsibilities of the CCG as outlined in *'Everyone Counts:*

planning and priorities for patients in 2014/15 – 2018/19' and the *'CCG Assurance Framework 2014/15'.* Matters of concern addressed in this section are cross reference to Section One where necessary.

Risk Management

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

1.7. 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. A summary of the key issues for each provider placed at the end of their section on the report and in the table below.

Summary of key issues and actions
CSH Surrey • **Issue:** Recruitment and vacancy management continues to be the key issue for CSH Surrey, particularly within the nursing workforce **Action**: CSH Surrey is actively recruiting and is using more innovative schemes to try and attract staff. They continue to match staffing capacity to demand to prioritise clinical need and maintain patient experience. The Neuro team which has been a previous area of concern became fully staffed at the end of March 2016. • **Issue:** CSH Surrey is seeing an increase in the incidence of Pressure damage in individuals under their care. **Action:** The Tissue Viability Nurse continues to work with staff to improve the risk assessment and management of patients who are at risk from Pressure damage. The CSH pressure damage prevention group has been reinstated. This will look at the workforce training requirements, the definition of CSH care and out of CSH care, and the information given to the care agencies.
Epsom and St Helier • **Issue:** Incidence of HCAI at the Trust and continued evidence of poor compliance with the hygiene code **Action:** An external review of practice is on-going but early recommendations support a complete overhaul of teaching, practice and audit of infection control including hand hygiene. • **Issue:** Failure to achieve the A&E 4 hour standard during January and February **Action:** CCG continuing to support and monitor potential impact on patient

safety and experience. A remedial action plan has been sought from the Trust and will be presented at the next available CQRG.

- **Issue:** The Trust has reported 2 Never Events in February 2016 – one misplaced NG Tube (historical case discovered on further review) and one wrong site tooth extraction
  Action: Commissioners will scrutinise the Root Cause Analysis and ensure that robust Improvement Plans are implemented and improved practice embedded

Surrey and Borders Partnership NHS FT

- **Issue –** Regulation 28 Notice issued by the Surrey Coroner as a result of the death of a patient at Epsom Hospital
  Action – The Trust have made changes as a result of this. Assurance will be sought by the CCG Quality Team through a planned walk round visit in late April or early May

- **Issue –** Mazars Report and implications for SABP
  Action – Review of report carried out and action plan developed. Completion of actions will be reported through CQRG. Trust has refocused its Mortality Review Group to ensure that all deaths are reviewed and scrutinised by Senior Clinicians and in addition, a decision is made about the level of investigation required.

- **Potential Issue -** CQC Inspection and potential actions from this
  Action – Awaiting further information

Kingston Hospitals NHS FT

- **Issue –** Continued poor hand hygiene compliance in areas of the Trust although there has been some improvements
  Action: Trust continues to target specific service areas

- **Issue:** CQC inspection during January- report not yet received
  Action: Await report

Surrey and Sussex Healthcare (SASH)

- **Issue:** The Trust has exceeded its trajectory re. Cdifficile infections for the year
  Action: The Trust is being supported by the TDA in its improvement plans

- **Issue:** Mazars Report has not been formally reviewed by the Trust and so Commissioners cannot be assured on its performance against the findings and recommendations
  Action: The Trust will review the report and action plan will be discussed at the CQRG in June 2016

South East Coast Ambulance (SECAmb)

- **Issue –** on-going concerns re service key performance indicators
  Action – SDCCG following up through the lead commissioner

- **Issue –** Red 3 pilot investigation remedial action plan
  Action – SDCCG is actively engaged in the commissioner forum to support SECAmb and monitor the action plan.

Royal Marsden Hospital FT

- **Issue –** The Trust has not met the training targets for safeguarding adults
  Action – The Trust has employed external trainers to deliver the levels 1 to 3 training. They expect to achieve their trajectory by the end of March 2016

St George's Hospital

- **Issue –** Complaints performance
  Action – continued focus on the process in targeting specific Divisions where improvement is required

- **Issue – Infection Control Performance** Poor hand hygiene compliance in areas of the Trust.
  Action: Trust targeting specific service areas

- **Issue:** Safeguarding Children and Adult Training compliance
  Action: Agreed actions for both adult and children safeguarding which are being monitored by the respective safeguarding Committees.
- **Issue:** CQC inspection during January- report not yet received
  Action: Awaiting publication

Section One

1. Introduction

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. 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 safety section 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 midwifes in hospitals which are filled. May be over 100% which can reflect a higher need of patients on a ward requiring 1:1 care
Patients assessed for Blood Clots (VTE) NHSE Patient Safety notices	Shows the percentage of adults admitted to hospital that were assessed for risk of blood clots, all hospitals should assess at least 90% of patients.

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

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

Surrey Downs CCG Main Providers

2.1. CSH Surrey

Lead Commissioner – Surrey Downs CCG

2.2. NHS Choices data

CSH Surrey does not currently receive a patient safety rating from the Care Quality Commission in the same way that other organisations do. However, the Quality Team continue to monitor a range of quality indicators and these are reported within the main body of this report.

2.3. Healthcare Associated Infection (HCAI)

CSH Surrey holds a quarterly Infection Control Strategic Group meeting which the Head of Quality is invited to attend. During the meeting, the organisation's annual infection control action plan and audit plans are reviewed and updated and new areas of risk are identified and included into the plan.

Infection Prevention and Control training is delivered face to face and is based on "Back to Basics". Clinical staff are required to attend annually and non-clinical staff, every 3 years. Compliance scores for the end of March 2016 are at 66% for clinical staff and 87% for non-clinical staff. Although lower than planned, this is an improvement on the previous year's figures and the Specialist Nurse for Infection Prevention and Control is focussing on improving uptake this year.

Hand hygiene audits have been carried out monthly on the Community Hospital Wards and scores are consistently at 95-100%. Other clinical areas complete a hand washing audit on a quarterly basis using the UV box to check technique.

2.4. MRSA Bacteraemia

At the time of writing this report, there have been no cases of MRSA Bacteraemia acquired by patients receiving services from CSH Surrey year to date. There were no cases identified in 2015/16

2.5. Clostridium difficile

There have been no further cases of Cdifficile reported by CSH Surrey since July 2015.

2.6. CQUINs

Achievement against Q4 and consequently the whole year's CQUIN has been assessed. It was agreed that the provider has achieved four out of the five CQUINs for the year but it is unlikely that they will have completed the elements required to achieve the local CQUIN relating to Pressure Ulcer Pathway and Management. The CCG is awaiting confirmation of a set of figures.

National	Indicator	Indicator weighting (% of CQUIN scheme available)
CQUIN 1	Dementia	0.25%
CQUIN 2	Unplanned emergency admissions (U EC)	0.75%
Local		
CQUIN 1	Medicines Management	0.5%
CQUIN 2	Pressure Ulcer Pathway and Management	0.5%
CQUIN 3	Sepsis	0.5%

There was a delay in successfully recruiting a Tissue Viability Nurse and developing the training programme early in the year which impacted on the training that could be provided. In addition, recognition and consequently reporting of Pressure damage has improved over the year which has manifested itself as increased incidence. This and the increasing frailty of patients have affected the numbers of Pressure Ulcers that have occurred whilst under the care of the provider. However, the quality team is assured that CSH Surrey Co-owners are reporting appropriately and that there is a high level of engagement about this area of practice across the organisation.

2.7. Quality Account

CSH Surrey is currently drafting its Quality Account. The draft account will be forwarded to stakeholders for comment before its publication on the NHS Choices Website by 30th June 2016.

2.8. Feedback from Clinical Quality Review Group – 4th March 2016

The following areas were discussed:

- The Falls Service - and the work that is in progress around establishing robust criteria for the service going forward
- Recruitment and vacancy management - CSH Surrey is starting to see an improvement on recruitment partly following the introduction of a Golden Hello as an incentive for posts that are difficult to recruit to. The CSH nursing workforce is most critical in terms of the percentage of vacancies. This issue is on CSH Surrey's risk register and a comprehensive report has recently gone to the CSH board and will be reviewed by Commissioners once agreed internally.
- New Birth Visits - The target for new birth visits under the age of 14 days by the health visitor is now being achieved. In addition, the appointment of a new breast feeding co-ordinator is beginning to improve breast feeding rates. Breast feeding target rates were reached in Quarter 3 of 2015/16.
- Serious Incident Committee - There was feedback from the Serious Incident Review Committee and a discussion around the learning from the incidents reviewed.

- Patient Experience Report - The Patient Experience Report for Q1 and Q2 was discussed and agreed.
- Pressure Damage - As described in Section 2.1.4 above, the incidences of pressure damage acquired in the care of CSH are rising for grade 2, however grade 3 is decreasing.

  Q1- grade 2 at 1.2%, Q1 - grade 3 at 0.1%
  Q3 - grade 2 at 1.7%, Q3 - grade 3 at 0.05%

  The CSH pressure damage prevention group has been reinstated. This will look at the workforce training requirements, the definition of CSH care and out of CSH care, and the information given to the care agencies. Pressure damages within the community are being raised as safeguarding alerts when they are graded at Stage 3 or 4.

2.9. Care Quality Commission (CQC)

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

2.10. Serious Incidents including Never Events

CSH Surrey has not reported any Never events during this period
The Serious Incident Review Sub-Committee (SIRSC), of the Quality Committee, is held monthly to scrutinise the investigations and subsequent action plans of providers for whom we are lead commissioner. Areas of learning that are identified from discussions at this meeting are shared and these also inform future audit programmes.

A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are under investigation will be presented in Part 2 of this meeting and will include details pertaining to incidents reported by CSH Surrey.

2.11. CSH Surrey Board Papers

Due to commercial sensitivity CSH Surrey do not currently publish their Board papers online, concern has been raised with the Chief Executive Officer.

Summary of key issues and actions

- **Issue:** Recruitment and vacancy management continues to be the key issue for CSH Surrey, particularly within the nursing workforce
  Action: CSH Surrey is actively recruiting and is using more innovative schemes to try and attract staff. They continue to match staffing capacity to demand to prioritise clinical need and maintain patient experience. The Neuro team which has been a previous area of concern became fully staffed at the end of March 2016.

- **Issue:** CSH Surrey is seeing an increase in the incidence of Pressure damage in individuals under their care.

Action: The Tissue Viability Nurse continues to work with staff to improve the risk assessment and management of patients who are at risk from Pressure damage. The CSH pressure damage prevention group has been reinstated. This will look at the workforce training requirements, the definition of CSH care and out of CSH care, and the information given to the care agencies.

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

Lead Commissioner – Sutton CCG. Surrey Downs CCG is an associate commissioner and also has its own contract for services delivered at Epsom General Hospital

3.1. NHS Choices – date extracted 19.04.16

Infection Control and Cleanliness – monthly NHSE	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
 Among the worst	95% (Epsom) 93% (St Helier) of planned level (95% - Feb)	 94.30% of patients assessed (95.2% -Feb)	 Poor - Some alerts not signed off after deadline. (Good – Feb)	 Among the worst

Since the report to the March Committee, performance on three of the above indicators is down and the other two remain 'Among the worst'. Commissioners are aware of the issues that have already been identified regarding Infection Control and Cleanliness including poor levels of hand hygiene compliance. Current audit figures are 36.4% of wards achieving above 85% in Q4 with 48.8% achievement in February 2016.

As of 17th March 2016, the number of staff with up to date infection Prevention and Control training was reported at 86.88% for clinical staff.
The external review of practice is on-going and early recommendations support an overhaul of teaching, practice and audit of infection control including hand hygiene. Progress against these areas will be monitored and reported in future reports.

3.2. MRSA Bacteraemia

The Trust had no cases of MRSA Bacteraemia in February 2016. Their year to date total is 4 against a zero tolerance of cases. Although the actual number of cases has increased since the last Quality and Performance report, the long term trend is beginning to show a decline in cases per 100,000 bed days.

Post Infection Reviews are conducted on all cases

3.3. Clostridium difficile

A total of 5 Cdifficile cases were reported in February 2016 of which 3 were assigned to the Trust. 2 of these cases were at St Helier and 1 at Epsom Hospital.
There has been little D&V reported during February – none at Epsom General Hospital

3.4. CQUINs

The CCG will be reviewing the 2015/16 against CQUINs in early May. A full report of their achievement will be included in the July Quality and Performance report.
A shortlist of CQUINs for 2016/17 has been provisionally agreed with the Trust.

These are under the subjects of:

- NHS Staff Health and Wellbeing
- Timely identification and Treatment of sepsis
- Antimicrobial resistance and Antimicrobial Stewardship
- Medicines Optimisation (Year 2)
- Asthma Care Bundle (Year 2)
- Cancer Pathway optimisation
- Improved Mental Health awareness across the acute workforce
- Alcohol misuse, the use of brief intervention and onward referral.

  Further discussions with the Trust to agree the CQUIN programme have been scheduled for early May 2016.

3.5. Quality Account

As reported in previous Quality and Performance reports, the Trust has undertaken an engagement exercise with a group of local stakeholders to agree their quality priorities for 2016/17. They have circulated a short paper that outlines the agreed priorities and rationale behind the agreement and will be sending their draft Quality Account to the CCG for comment and agreement by the end of April to enable them to meet the publication deadline of 30th June 2016.

3.6. Feedback from Clinical Quality Review Group

- Report in how the Trust cares for people with learning disabilities (PLD) – a positive presentation and discussion on the initiatives in place and planned. Trust requested to confirm their response to the Mazar's Report.
- Maternity Dashboard – performance issues are key focus and the Trust also advised of their intention to reconfigure services and relevant mapping and planning required in preparation.
- Workforce Race Equality Report – the action plan following the baseline report in July 2015 was presented. Picker Staff Survey results had been released and will be brought to the CQRG.
- A& E – is a continuing focus for the Trust. The Epsom site had been more challenged than the St Helier site due to limited opportunity to create additional capacity and increase in acuity of cases.

- Stroke – deterioration in performance largely as a result of availability of beds.
- Emergency Readmissions- highest rate for the year recorded in December. Medicines division highest at 13.2%. Increase seen across the board. Trust believed the current pattern is unlikely to change until the results of the transformational work with a specific focus on the elderly population will be seen.
- Infection Control-C. Difficile - Hand hygiene remains a challenge and the feedback from the external UCLH review has been taken through the Trust's internal governance process and will be brought to the CQRG.
- GP Quality Alerts - Trust confirmed the main themes from the quality alerts raised to date relate to communication, discharge summaries and medicines reconciliation.

3.7. Care Quality Commission (CQC)

The Trust was inspected by the CQC in November 2015 and has now received the draft report to check for accuracy. A Quality Summit has been arranged by the CQC and will take place on 1st June 2016 and this will be attended by Commissioners and members of the Trust. The purpose of the Quality Summit is to develop a plan of action and recommendations based on the inspection team's findings as set out in the inspection report. This plan will be developed by partners from within the health economy and the local authority.

The inspection report sets out the findings from the announced and unannounced visits and the CQC's judgements and ratings, where appropriate and will be published shortly before the Quality Summit.

3.8. Serious Incidents including Never Events

The Trust has reported two Never Events in February 2016 – one misplaced NG Tube and one wrong site tooth extraction. Both incidents will be subject to a Root Cause Analysis and the investigation report and associated action plans will be scrutinised by Commissioners and improvement plans agreed.

The Sutton CCG SI Sub- Committee, which the Surrey Downs quality leads attend, received two thematic presentations of SIs reported in 2014/15 in the Trust's Paediatric and Women& Children department and Maternity services at the March meeting.

3.9. Commissioner Walk Rounds

The Director of Clinical Performance and Delivery undertook a walk round at Epsom General Hospital during April visiting the Emergency Department, CADU, the medical wards and HDU/ITU.

3.10. ESHUT Board Papers

The most recent set of Board papers are available to view on this weblink.
https://www.epsom-sthelier.nhs.uk/board-papers-and-agendas

Summary of key issues and actions

- **Issue:** Incidence of HCAI at the Trust and continued evidence of poor compliance with the hygiene code
- **Action:** An external review of practice is on-going but early recommendations support a complete overhaul of teaching, practice and audit of infection control including hand hygiene.

- **Issue:** Failure to achieve the A&E 4 hour standard during January and February
  Action: CCG continuing to support and monitor potential impact on patient safety and experience

- **Issue:** The Trust has reported two Never Events in February 2016 – one misplaced NG Tube and one wrong site tooth extraction
  Action: Commissioners will scrutinise the Root Cause Analysis and ensure that robust Improvement Plans are implemented and improved practice embedded

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

Lead Commissioner for Surrey – NE Hants and Farnham CCG

4.1. NHS Choices

SABPFT does not receive an overall rating on NHS Choices.

4.2. 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.

4.3. CQUINs

Achievement against the Quarter 4 CQUINs is being reviewed and performance will be confirmed at the CQRG meeting in May 2016. Discussions are on-going to confirm CQUINs for 2016/17.

4.4. Feedback from Clinical Quality Review Group – 23rd March 2016

- Junior Doctors Strike – assurance was given about the actions taken by the Trust to minimise risk and maintain patient safety.
- The Trust has been issued with a Regulation 28 Notice from the Coroner as result of an incident at Epsom Hospital. As a result, the Quality Team will be undertaking a Commissioner Walk Round to gain assurance around the

measures that the Trust has put in place to prevent future absconds by patients.

- High Volumes of S136 – nobody has been identified as being wrongly placed over the past 3 months however a piece of work is being undertaken to see whether all avenues have been explored before detaining individuals under S136
- Surrey Coroner Suicide Audit and Suicide Action Plan
    - A presentation was given by Public Health England (Surrey)
    - Data related to 2012/13 due to the time lag in completed coroners inquests
    - This data set was 70 suicides

  Key points include:
    - Correlation between money issues and suicide – demonstrated by increases in years of economic recession
    - Ratio is 28:72 (Female: Male incidence) Previous audit was 23:77 so shift toward more females.
    - Increase in suicides in age group 50-54 (most at risk group in Surrey) – Clinical alert circulated by the Trust to raise awareness of this fact (20% in this audit). Also increase seen in older adults – 70 +
    - Increase in Females over 65 both in England and in Surrey – Social isolation is a theme in these cases
    - Less than a third (29%) of cases were known to mental health services – 33% nationally
    - The most common act is hanging – however there has been a large increase in suicides caused by jumping or lying in front of trains – PH Surrey are working with National Rail (Surrey) to raise awareness.

  This data supports the Surrey Suicide Prevention Plan
- Mazars Report
    - The Trust is looking at the numbers of deaths vs. those reported/investigated as incidents/SIs. They have gone through a process of benchmarking numbers of deaths, reviewing and raising SIs as appropriate
    - The Trust will be investigating all deaths of people with Learning Disabilities
    - They have mandated the need to report all deaths on any caseload and those of patients that have received services within the previous 12 months – These are flagged up on the NHS Spine and will be reviewed through a mortality review panel
    - 121 deaths were reported in February 2016.
    - The Trust will continue the revised mortality review process that was started in February.

The CCG has requested that the lead commissioner attends a mortality review meeting to give assurance about the robustness of the process.

- Safeguarding
    - A further meeting is planned around Ashmount House
    - The Large Scale Enquiry re: Derby House has concluded and is now closed

4.5. Care Quality Commission (CQC)

The Trust has been inspected by the CQC during March 2016. Positive Practice was identified by inspectors with particular services/individuals highlighted by the CQC such as the transformation work around Fenby Ward – which has moved to Farnham Road. The ward manager from Fenby Ward and the Designated Nurse for Safeguarding Children were particularly mentioned amongst others.
Any issues that were escalated during the visit were dealt with by the Trust to the apparent satisfaction of the CQC

The CQC had a particular focus on Serious Incidents and the learning that was identified in the Mazars Report re: practice at Southern Health.

4.6. Serious Incidents including Never Events

The Trust has not reported any Never Events during this period

A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are currently under investigation will be presented at Part 2 of this meeting and will include details pertaining to incidents reported by the Trust.

4.7. Safeguarding Adults and Children

As reported above, a further safeguarding meeting is planned around Ashmount House

The Large Scale Enquiry re: Derby House has concluded and is now closed

4.8. Commissioner Walk Rounds

As outlined in Section 2.3.6, the Quality Team will be carrying out a Quality Insight Visit to Elgar Ward on the site of Epsom General Hospital, partly as part of the programme of visits planned but also as a result of the Regulation 28 Notice issued by the Surrey Coroner to the Trust. This will take place in late April or early May.

4.9. SABPFT Board Papers

The most recent set of Board papers are available on this weblink.
http://www.sabp.nhs.uk/aboutus/public-meetings

Summary of key issues and actions

- **Issue –** Regulation 28 Notice issued by the Surrey Coroner as a result of the death of a patient at Epsom Hospital

  Action – The Trust have made changes as a result of this. Assurance will be sought by the CCG Quality Team through a planned walk round visit in late April or early May

- **Issue –** Mazars Report and implications for SABP

  Action – Review of report carried out and action plan developed. Completion of actions will be reported through CQRG. Trust has refocused its Mortality Review Group to ensure that all deaths are reviewed and scrutinised by Senior Clinicians and in addition, a decision is made about the level of investigation required.

- **Potential Issue -** CQC Inspection and potential actions from this

  Action – Awaiting further information

5. Kingston Hospital NHS Foundation Trust (KHFT)

Lead Commissioner – Kingston CCG

5.1.1. NHS Choices – extracted on 19.04.16

Infection Control and Cleanliness – monthly NHSE	**Safe Staffing**	**Patients assessed for Blood Clots (VTE)**	**NHSE Patient Safety notices**	**Open and honest reporting**
 Among the worst	107% of planned level (100% - Feb)	 98.60% of patients assessed (98.5% - Feb)	 Good - All alerts signed off where deadline has passed	 As expected

Since the report to the March Committee, there is little change in the indicators; increase in staffing being the key change.

5.2. MRSA Bacteraemia

The Trust has had no MRSA Bacteraemia infections during January and February 2016. The total number of infections attributed to the Trust is one.

5.3. Clostridium difficile

The Trust reported 3 cases of Cdifficile in February, none of which were as a result of a lapse in care. The total number of Cdifficile infections that have been attributed to the Trust Year to date is 18 of which 3 have been as a result of lapses in care. Hand Hygiene audits continue to demonstrate that some areas of the Trust need to improve however overall there has been an improvement in the poor performance of recent months.

5.4. CQUINs

CQUINs for 2015/16 are being monitored by the lead commissioner, Kingston CCG. Detail about agreed achievement for the year will be included in a future report.

5.5. Quality Account

A long list of potential quality priorities was developed in consultation with stakeholders such as Healthwatch, Trust committees, commissioners and governors.

The quality priorities long list was then put to a public vote during February 2016. Staff, volunteers, Trust members and the public was asked to vote on which priorities to select from the long list. Three priorities were voted for from each domain: patient safety, clinical effectiveness and patient experience. The priorities that have been selected will be the nine Trust Quality priorities for 2016-17. A total of 304 people completed the quality priorities survey. The next step by the Trust will be to develop measurable objectives and goals for these priorities.

5.6. Feedback from Clinical Quality Review Group – March 2016

There was no actual meeting in March however performance papers were circulated. Specific issue raised:

- Anticoagulation service– quality issues highlighted from the PALS report for follow up at a subsequent CQRG. Call logs and response when messages are left; telephone capacity during busy times process for sending yellow books; department incident reporting and investigation process. From Board Quality Report – February 2016
- Emergency Access - February was a difficult month with a number of days where we were below 90%. This was for a number of reasons and also includes Norovirus on the wards which played some part in restricting flow and bed availability. Within ED there continued to be process issues and staffing cover problems with a reliance on locum doctors still presenting some challenges. The NEL length of stay was higher in February and most escalation capacity remained open during the month.

- Cancer Services – performance met across all of the indicators except for 31 days where the numbers where low and therefore one breach meant the target was failed.

5.7. Care Quality Commission (CQC)

The Trust was inspected by the CQC in January 2016. The report has not yet been made available.

5.8. Serious Incidents including Never Events

The Trust has not reported any Never Events during this period
A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are currently under investigation will be presented at Part 2 of this meeting and will include details pertaining to incidents reported by the Trust.

5.9. Kingston Board papers

The most recent set of Board papers are available on this weblink.
https://www.kingstonhospital.nhs.uk/our-trust/trust-board/trust-board-papers.aspx

Summary of key issues and actions

- **Issue –** Continued poor hand hygiene compliance in areas of the Trust although there has been some improvements

  Action: Trust continues to target specific service areas

- **Issue:** CQC inspection during January- report not yet received

  Action: Await report

6. Surrey and Sussex Healthcare NHS Trust (SASH)

Lead Commissioner for Surrey – East Surrey CCG

6.1.1. NHS Choices – extracted on 19.04.16

Infection Control and Cleanliness – monthly NHSE	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
 Among the best	97% of planned level	 95.10% of patients assessed (95.3% - Feb)	 Good - All alerts signed off where deadline has passed	 As

6.1.2. Since the report to the March Committee, there is little change in the indicators.

6.2. MRSA Bacteraemia

There were no cases of MRSA Bacteraemia reported by the Trust in January or February 2016. There has been one case attributed to the Trust in 2015/16

6.3. Clostridium difficile

The Trust reported 2 cases of Cdifficile reported in December 2015 and 1 in January 2016. As previously reported, this means that they have now exceeded the annual trajectory set for them by the Department of Health for 2015/16. The Trust has been supported by the TDA in improving performance around this area.

The Trust has continued to reported outbreaks of viral gastro-enteritis and this remains a risk on the Trust's corporate risk register scored at 15 – Likelihood 5, consequence 3.

6.4. CQUINs

CQUINs for 2015/16 are being monitored by the lead commissioner Crawley CCG in conjunction with East Surrey CCG. Performance against Q3 is still being agreed and Q4 will be discussed in May 2016. Confirmed achievement will be included in a future report.

The CCG's have commenced work on CQUINs for 16 /17.

6.5. Feedback from Clinical Quality Review Group – 16th March 2016

- Falls - the Trust has a 3-month average of around 100 falls per month – 70% of these are no harm to the patient but approximately 2% result in severe harm. Assurance given around the falls programme in place. The Nurse Consultant has left the Trust so a review of the model is taking place supported by Crawley, Horsham and Mid Sussex (CHAMS) CCGs.
- Safety thermometer is at 91.2% showing an increase in patients with catheters/UTI (at 3%). This is in line with the information from the Surrey Infection Control lead who feels that there needs to be a renewed emphasis on competencies around catheter care. The Trust will be taking this forward and developing a programme to support this.
- Hand hygiene compliance is at 98%. It has not dipped below 97% since August 2015
- Agency usage has reduced but the Trust is still adverse in its trajectory. They are actively recruiting and have introduced a new e-rostering system which should help them manage capacity and demand more effectively.
- Junior Doctors Strike - Assurance was given about the actions that the Trust has taken to minimise the risk from the Junior Doctors strike. The Trust reported that they had planned effectively and at this point had not seen an increase in complaints as a result of the strike.
- Serious Incident (SI) – System Black Escalation - A Provider workshop was held on 4th February to discuss the SI relating to the system pressures that was raised. The workshop was attended by SECAmb, SaSH, Sussex Community Trust, CSH Surrey, First Community Health & Care and the Out Of Hours service. Discussed the issues and developed actions. Further pathway redesign was discussed. The SI report was due to be reviewed at the Sussex Scrutiny Panel during the week of 14th March and the action plan taken to the local SRG. A Steering group will be formed to oversee and drive the identified actions
- Mazars Report - The Trust has not formally reviewed this as yet. A timescale will be identified and agreed with commissioners for doing so. Planning is for June 2016.
- 104 day breaches - CHAMS CCGs presented a process currently used by them to gain assurance that RCAs relating to breaches were being carried out and acted on. The process was one that had been adapted from that used at RSCH (Guildford). It was agreed that the principle was good but the process needed work (i.e. very little reference to including patients in the RCA etc.). CHAMS will review this and the process will be brought back to a future meeting.

6.6. Care Quality Commission (CQC)

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

6.7. Serious Incidents including Never Events

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

A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are currently under investigation will be presented at Part 2 of this meeting and will include details pertaining to incidents reported by the Trust.

6.8. SASH Board papers

The most recent set of Board papers are available on this weblink.
http://www.surreyandsussex.nhs.uk/about-us/about-the-trust/board-papers/

Summary of key issues and actions - SASH

- **Issue:** The Trust has exceeded its trajectory re. Cdifficile infections for the year
  Action: The Trust is being supported by NHS Improvement in its improvement plans

- **Issue:** Mazars Report has not been formally reviewed by the Trust and so Commissioners cannot be assured on its performance against the findings and recommendations
  Action: The Trust will review the report and action plan will be discussed at the CQRG in June 2016

7. South East Coast Ambulance Service NHS Foundation Trust (SECAmb)

Lead Commissioner for Surrey – NW Surrey CCG

SECAmb was the focus of a Quality Seminar that was held by SDCCG Quality Committee on 8th April 2016. The aim of the seminar was to enable committee members to discuss the risks and issues relating to the service provided by SECAmb and to receive assurance around the actions that have been taken by Commissioners to date. The Trust will continue to be subject to a high level of scrutiny in future Quality Committees

7.1. NHS Choices

SECAmb does not receive an overall rating on NHS Choices.

7.2. Quality and Performance

At the time of reporting, SECAmb had not developed the requested recovery plan. During the discussion with SECAmb at Strategic Partnership Group (SPG) it was suggested that based on the current national standards, the Trust would aim to deliver the agreed national standards for Red 1 and A19, 75% and 95% respectively, but that Red 2 would be an improving picture from April with SECAmb performing at 70% for Red 2 by September and that through improvements linked to the ‘new’

recovery plan, they would finish 2016/17 at 75%, positioning them positively for the start of 2017/18.

Although this suggestion was acknowledged by SECAmb there was a feeling that due to their current challenges, they may not be able to get to 70% by September, but it was the intention to produce a detailed trajectory for NHS Improvement that would also be shared with commissioners by w/e 8th April. It was also agreed that SECAmb would supply commissioners with a plan for delivering the recovery plan at the same time. SECAmb also committed to producing the recovery plan in its first draft no later than 4-6 weeks after the date of the SPG. It was stressed that this would be the latest point for sharing the plan.

Commissioners have also agreed to establish a focus group to monitor and manage all elements of the plan. At this stage SECAmb will be planning against their current operating model, although they acknowledge that the Ambulance Response Programme (ARP) may require adjustments to some of their planning if it was to come into effect mid-year. It should be noted that full roll out of the ARP has not been confirmed yet and is being trialled with Yorkshire Ambulance Service and South West Ambulance Service.

<u>Handover delays and patient outcomes:</u>
A Kent, Medway, Surrey and Sussex workshop that will be funded by NHSE is to take place in May.

It has been agreed that SECAmb will implement the immediate handover policy at 45 minutes, but instigate it at 15 minutes from the end of May.

The plan is for SECAmb to

Review the Immediate Handover Policy prior to NHSE system workshop in May for presentation

- To align policy to process (currently instigated at 45minutes)
- SECAmb is to raise any handover not completed within 45 minutes as a Serious Incident to commissioners- this could include multiple vehicles stacked up at hospitals as a result of no trolleys being available
- Commissioners will use SI information to flag to whole system
- SECAmb will provide data to support back on the road time to performance and build this into their planned trajectories
- A letter will be drafted that the Accountable Officers of the Lead Commissioning CCGs will send to Associate CCGs to inform their Acute Trusts of the implementation of the immediate handover policy by the end of May 2016
- Handover will take place at 45 minutes and process started at 15 minutes
- Clarify that handover must take place 15 minutes after ambulance arrives at the hospital
- SI/Handover process will be able to be captured on the SECAmb button in Emergency Departments
- A Task and finish group has been established to work on developing the escalation process

7.3. Care Quality Commission (CQC)

The Trust is due to be inspected by the CQC during the first week of May 2016.

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7.4. Serious Incidents including Never Events

The Trust has not reported any Never Events during this period. A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are currently under investigation will be presented at Part 2 of this meeting and will include details pertaining to incidents reported by the Trust.

7.5. SECAmb Board papers

The most recent set of Board papers are available on this weblink.
http://www.secamb.nhs.uk/about_us/board_meeting_dates_and_papers.aspx

Summary of key issues and actions - SECAmb

- **Issue –** on-going concerns re service key performance indicators
  Action – SDCCG following up through the lead commissioner

- **Issue –** Red 3 pilot investigation remedial action plan
  Action – SDCCG is actively engaged in the commissioner forum to support SECAmb and monitor the action plan.

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

8.1. Royal Marsden NHS Foundation Trust

Lead Commissioner: Sutton CCG
Lead Commissioner for Surrey – Surrey Downs CCG

8.1.1. NHS Choices – extracted on 19.04.16

Infection Control and Cleanliness – monthly NHSE	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
 As expected	96% of planned level (97%- Feb)l	 95.80% of patients assessed (96.6% - Feb)	 Good - All alerts signed off where deadline has passed	 As expected

8.1.2. Since the report to the March Committee there is little change; a slight drop in staffing and VTE indicators.

8.2. MRSA Bacteraemia

The Trust has reported no cases of MRSA Bacteraemia since April 2015.

8.3. Clostridium difficile

The Trust has had 37 cases of Cdifficile attributed to them between April and February 2016. They remain confident that they will achieve their agreed trajectory of no more than 40 cases for the year.

8.4. Feedback from Clinical Quality Review Group – 23rd February 2016 – No meeting in March 2016

- Cancer Waiting Times - 52 week wait breaches in December – there were 4 breaches in December all of which were for plastics treatment following benign disease. The cases were discussed in depth at the November CQRG.
- The Trust met the 18 week RTT target.
- The Trust breached the 62-day cancer target in December and in Quarter 3 but both targets were met following reallocation. There was a 100-day breach for breast screening, which has been reported on Datix.
- Safeguarding – The Trust has not met the training targets for adults and have subsequently employed external trainers to deliver the levels 1 to 3 training which began at the beginning of February. The Trust expects to meet the targets by March 2016.

8.5. Care Quality Commission (CQC)

The CQC visited the Trust from the 19th to 22nd April 2016 and conducted focus groups in the week beginning 4th April 2016. Staff groups interviewed included Admin& Clerical staff, Band 5 & 6 nurses; matrons, CNS; Consultants and Radiography staff.

The CCG contributed to the Commissioner submission to the CQC.

8.6. Serious Incidents including Never Events

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

A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are currently under investigation will be presented at Part 2 of this meeting and will include details pertaining to incidents reported by the Trust.

8.7. Safeguarding Adults and Children

As reported above, the Trust has not met the training targets for adults and has subsequently employed external trainers to deliver the levels 1 to 3 training which began at the beginning of February. The Trust expects to meet the targets by March 2016.

8.8. Royal Marsden Board papers

The most recent set of Board papers are available on this weblink.
http://www.secamb.nhs.uk/about_us/board_meeting_dates_and_papers.aspx

Summary of Key Issues and Actions – Royal Marsden

- **Issue –** The Trust has not met the training targets for safeguarding adults
- **Action –** The Trust has employed external trainers to deliver the levels 1 to 3 training. They expect to achieve their trajectory by the end of March 2016

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

Lead Commissioner: Wandsworth CCG
Lead Commissioner for Surrey – Surrey Downs CCG

9.1.1. NHS Choices – extracted 19.04.16

Infection Control and Cleanliness – monthly NHSE	Safe Staffing	Patients assessed for Blood Clots (VTE)	NHSE Patient Safety notices	Open and honest reporting
Among the worst	**94%** of planned level (95% - Feb)	96.80% of patients assessed (96.6% - Feb)	Poor - Some alerts not signed off after deadline	As

9.1.2. Since the report to the March Committee there is little change; slight drop in staffing and VTE indicators.

9.2. MRSA Bacteraemia

The Trust reported 0 cases of MRSA Bacteraemia in Quarter 4. One previously reported Bacteraemia was de-escalated which means that their end of year total Bacteraemia will be 3.

9.3. Clostridium difficile

The Trust reported an end of year position of 29 Cdifficile infections against a trajectory of 31. This is an improvement from last year when they reported 38 infections. The Trust's objective for 2016/17 remains at 31.

9.4. CQUINs

Performance against the 2015/16 is being agreed with the Trust and the lead commissioner.

Proposals for 2016 /17 CQUINs will be shared through the quality leads and the CQRG.

9.5. Feedback from Clinical Quality Review Group – 16th March 2016

- Staff Feedback Survey – The Trust was disappointed on the result of the survey, with below average scores. The Board recognised that change is required. Action was being taken on staff morale and it is on the Board risk register. Key areas of concern for staff were noted to be, IT/ Estate issues, pressure due to vacancies, acting up arrangements. CQUIN funding was key opportunity to work on improvements for staff, it was stressed that this is on-

top of what is already offered now. As this is a non-recurrent value it must be used to maximise the impact of the funding.

- Workforce – nurse staffing – Trust not currently achieving framework. 8 breaches with agency staff last month, mainly understood to be issues in Paediatrics. Total Cap on agency spend should be 10% however trust is reporting 11.2% spend. In April the cap reduces to 8% and would cover agency staff for all professions, including medical.
- Cancer 100 day breaches root cause analysis – not fit for purpose. Documented process has since been agreed with commissioners.
- Safeguarding Adults compliance for training - remains a key area of focus. The Trust is now demonstrating a compliance of 71% for adult training.
- Safeguarding Children compliance for training - Following validation of the Safeguarding Children data the compliance for the Trust is now 75% at level 3, with Surgery an outlier in relation to Training performance. There are agreed actions for both adult and children safeguarding which are being monitored by the respective safeguarding Committees.
- Complaints – performance remains a challenge. A workshop took place on 7 March 2016 to review how the complaints process is working from beginning to end and the governance/reporting/performance management. Participating will be the Deputy Chief Nurse, Divisional Directors of Nursing and Governance, Heads of Nursing, General Managers, Divisional Governance Managers and the corporate complaints and PALS teams.

9.6. Care Quality Commission (CQC)

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

9.7. Serious Incidents including Never Events

The Trust reported 8 SIs in February which brings the YTD total to 120.
The Trust had not reported any Never Events during this period. The YTD position at February 2016 is 8.

A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are currently under investigation will be presented at Part 2 of this meeting and will include details pertaining to incidents reported by the Trust.

9.8. St George’s Board papers

The most recent set of Board papers are available on this weblink.
https://www.stgeorges.nhs.uk/about/board/board-meetings/board-papers/

Summary of Key Issues and Actions – St George's Hospital

- **Issue –** Complaints performance
  Action – continued focus on the process in targeting specific Divisions where improvement is required

- **Issue – Infection Control Performance** Poor hand hygiene compliance in areas of the Trust.
  Action: Trust targeting specific service areas

- **Issue:** Safeguarding Children and Adult Training compliance
  Action: Agreed actions for both adult and children safeguarding which are being monitored by the respective safeguarding Committees.

- **Issue:** CQC inspection during January- report not yet received
  Action: TBC

10. Surrey Downs CCG – other providers

Surrey Downs CCG also commissions care from the following providers:

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

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

5.1.1 Ashford and St Peters NHS Foundation Trust

Lead Commissioner: North West Surrey CCG

As reported in previous Quality reports, Ashford and St Peters continues to be under investigation by NHS Improvement (Formerly Monitor) regarding their A&E performance, Breaches in the Cancer targets and financial performance. No further information is available at this time. The Trust currently has a rating of 3.

5.1.2 Royal Surrey County Hospital NHS Trust

Lead Commissioner: Guildford and Waverley CCG

Guildford and Waverley CCG has issued a performance notice to RSCH for their declining performance in A&E, Stroke, Cancer 62 days, Workforce and Diagnostics. This is the second notice issued (the first one was issued in November 2015).
The CCG has also escalated concerns to CQC and NHS Improvement via the notice letter.
They have received a remedial action plan and are working with the Trust to ensure improvements are achieved and sustained.

11. Surrey Downs CCG – Any Qualified Providers

11.1. Dorking Healthcare (DHC)

11.2. NHS Choices

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

11.3. Feedback from Contract /Clinical Quality Review Group

The next CQRG is due to be held with Dorking Healthcare on 9th May 2016. DHC has recently appointed a new Governance Manager following the retirement of the previous post holder. The SDCCG Head of Quality has met with her to talk through the Quality reporting process, the latest report and to gain additional assurance in a number of areas. There are no concerns that need to be escalated at this time.

11.4. 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.

11.5. Serious Incidents including Never Events

A separate confidential report that gives detail around Serious Incidents affecting Surrey Downs patients that are currently under investigation will be presented at Part 2 of this meeting and will include details pertaining to incidents reported by Dorking Healthcare.

11.6. Epsomedical (EM)

11.7. NHS Choices

Epsomedical does not receive an overall rating on NHS Choices.

11.8. Feedback from Contract /Clinical Quality Review Group

The next CQRG is due to be held on the 19th May 2016. In the interim quarter, the Quality Team has continued to monitor the organisations quality report and no concerns need to be escalated at this time.

11.9. Care Quality Commission (CQC)

Epsomedical 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.

11.10. 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 March 2016.

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

12.1. Medicines Management

Progress on reducing antimicrobial prescribing in primary care – Helen Marlow, Lead Primary Care Pharmacist and NICE Medicines and Prescribing Associate
The CCG Medicines Management team have been working with GP practices in Surrey Downs on an on-going basis to reduce prescribing of antimicrobials. Specific actions that have been taken:

In 2014/15:

- Education of GP practice prescribing leads on antimicrobial resistance (using RCGP TARGET resources), review of current prescribing data and promotion of tools to reduce antibiotic prescribing
- Promotion of the Surrey Primary Care Antibiotic prescribing guidelines
- Inclusion of messages to promote responsible antibiotic prescribing in ScriptSwitch (our prescribing decision support software)

In 2015/16:

- Inclusion of a requirement to develop practice action plan to improve practice antibiotic prescribing within the level 1 prescribing primary care standard for 2015/16. All practices produced an action plan by end of July 2015.
- Continuing promotion of the RCGP TARGET resources
- Purchase and distribution of "When should I worry leaflet?" to GP practices. The leaflet provides information for parents about the management of respiratory tract infections in children and has been designed to be used in primary care consultations.

Achievement of Quality Premium Targets

The patient safety Quality Premium in 2015/16 and in 2016/17 includes some measures around improved antibiotic prescribing in primary care. These are reduction in the number of antibiotics prescribed in primary care and reduction in the proportion of broad spectrum antibiotics prescribed in primary care. The CCG has achieved both of the national Quality Premium targets for antibiotic prescribing set for 2015/16. The trajectory for the number of antibiotics prescribed continues to be downward; however we are making less good progress on the proportion of broad spectrum antibiotics prescribing in primary care despite achieving our 2015/16 target. See attached graphs for CCG trends and individual practice performance.

How to further reduce the use of broad spectrum antibiotics in primary care will be discussed at the GP prescribing leads meeting in April 2016. The CCG practice pharmacists have already identified that laboratory testing and reporting may be contributing to inappropriate use of broad spectrum antibiotics.

Antimicrobial stewardship

In August 2015, NICE published guideline (NG15) Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use. The guideline includes recommendations for CCGs on improving antimicrobial stewardship. A key recommendation from the guideline is for commissioners to ensure that antimicrobial stewardship operates across all care settings as part of an antimicrobial stewardship programme.

Recommendation to the Quality Committee

The Quality Committee is asked to consider advising the Executive Team of the benefit of appointing a clinical lead for antimicrobial stewardship to lead the implementation of recommendations from the NICE guideline on antimicrobial stewardship.

13. Quality issues arising within 'other' services

13.1. Care Homes

CAS Alert: Patient Safety Alert - Risk of death from failure to prioritise home visits in general practice

This alert was cascaded to SDCCG practices through the national system and, as commissioner with responsibility for ensuring practices comply, NHSE will be following up to obtain assurance from individual practices around the systems that they have put in place to manage to risks identified. However, with the CCG's increasing role around quality and safety in practices, the Quality Team asked for further assurance that this particular alert had been discussed and that the four actions were being addressed across localities.

It was confirmed by the Primary Care Manager that this alert had been discussed as an agenda item by all 3 localities in April 2016. A number of practices highlighted that they had already created or revised their procedures as a result of this alert and were happy to share these with other practices.

Surrey Quality Assurance Steering Group

Throughout 2015, a Surrey multi-agency task and finish working group was formed to review multi-agency Quality Assurance (QA) models (for commissioners) and to identify opportunities for improvement.

As a result of this, a number of further work streams have been identified and task and finish groups have been formed to take this work forward. They are:

- Public Point of Contact
- Communications
- QA information sharing
- Support offers for providers
- Early warning systems and response
- Resources

- Training and support for health and social care professionals

This work will apply to all independent providers. The first meeting of the steering group that will oversee these work streams took place on 26th April and will in future meet bi-monthly to monitor and assure progress.

Appendix 1 Provider Dashboard – Quality and Safety Indicators

Provider dashboard (Trust level data)

Indicator	Source	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	HSCIC website	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)	NHSE website	Monthly	15%	Feb-16	8.5%	1.6%	28.1%				26.0%
2.2 Friends and Family Test response rate - Inpatients						29.7%	30.0%	19.3%				19.5%
2.3 Friends and Family Test response rate - Maternity						16.1%	16.7%	29.3%				100.0%
2.4 Friends and Family Test % recommend - A&E						87.4%	94.3%	96.3%				80.7%
2.5 Friends and Family Test % recommend - Inpatients						95.1%	95.8%	95.4%				93.1%
2.6 Friends and Family Test % recommend - Maternity						98.3%	98.6%	97.1%				5.9%
Mixed Sex Accommodation breaches												
3.1 Mixed Sex Accommodation breaches	UNIFY	CSU portal	Monthly	0	Mar-16	0	0	0		0	0	0
Patient Safety												
4.1 Patients admitted to hospital who were risk assessed for venous thromboeombolism (VTE)	UNIFY	NHSE website	Quarterly	95%	Dec-15	93.6%	98.3%	95.3%			95.0%	96.5%
4.2 Rate of patient safety incidents per 1000 bed days	National Reporting and Learning Service (NRLS)	HSCIC portal//http://www.nrls.npsa.nhs.uk/resources/- look for organisation patient safety incident reports-data workbooks	Bi-Annually		01/10/14-31/03/15	33.12	31.78	28.56		22.58	57.93	34.08
4.3 Percentage of patient safety incidents resulting in severe harm or death						0.56%	0.61%	0.50%		4.68%	0.06%	0.31%
4.3 Incidence of Healthcare Associated Infection (HCAI): MRSA	PHE	CSU portal	Monthly	0	Feb-16	0	0	0			0	0
4.4 Incidence of Healthcare Associated Infection (HCAI): *Clostridium difficile*						3	3	1			7	3
4.5 Never Events (provisional data)	STEIS/NHSE	NHSE search for Never Events Data	Monthly	0	Feb-16	0	0	0	0	0	0	0
Hospital Mortality												
5.1 Summary Hospital-Level Mortality Indicator (SHMI)	HES	HSCIC portal// Dr Foster	Quarterly (rolling 12 months)		Jul-14 to Jun-15	0.98	0.92	0.96				0.90
Unscheduled Care												
6.1 A&E waits within 4 hours	UNIFY	SCSU dashboard	Monthly	95%	Feb-16	93.0%	90.8%	91.4%				83.2%
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	SECAMB report	Monthly	75%	Mar-16				63.0%			
7.2 Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2				75%					51.3%			
7.3 All life threatening: Category A calls within 19 minutes				95%					89.4%			

Indicator	Source	LS 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	NHSE website//Mental Health Community Teams Activity	Quarterly	95%	Dec-15					96.3%		
Cancelled Operations												
9.1 Number of last minute elective operations cancelled for non clinical reasons	UNIFY	NHSE website	Quarterly		Dec-15	163	15	170			6	149
9.2 Number of patients not treated within 28 days of last minute elective cancellation						2	0	0			0	35
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	CSU portal	Monthly	90%	Feb-16	79.3%	80.8%	86.8%			92.0%	75.6%
10.2 Referral to treatment times (RTT): % of non-admitted patients who waited 18 weeks or less				95%		91.4%	96.9%	88.3%			99.4%	86.8%
10.3 Referral to treatment times (RTT): % of incomplete patients waiting 18 weeks or less				92%		94.5%	97.0%	93.6%			94.7%	88.4%
10.4 Referral to treatment times (RTT): number of incomplete patients waiting 52 weeks or more				0		0	0	0			0	0
Diagnostic test waiting times												
11.1 % Patients waiting over 6 weeks for a diagnostic test	UNIFY	CSU portal	Monthly	1%	Feb-16	0.1%	0.1%	0.0%				0.5%
11.2 Number of patients waiting over 6 weeks for a diagnostic test						8	2	0				35
Cancer waits												
12.1 (CB_B6) Cancer patients seen within 14 days after urgent GP referral	Open Exeter	NHSE website	Quarterly	93%	Dec-15	96.6%	95.9%	93.0%			96.9%	88.2%
12.2 (CB_B7) Breast Cancer Referrals Seen within 2 weeks				93%			96.3%	94.4%			95.4%	93.8%
12.3 (CB_B8) Cancer diagnosis to treatment within 31 days				96%		99.1%	95.7%	96.9%			98.8%	97.8%
12.4 (CB_B9) Cancer Patients receiving subsequent surgery within 31 days				94%		100.0%	100.0%	100.0%			96.4%	97.9%
12.5 (CB_B10) Cancer Patients receiving subsequent Chemo/Drug within 31 days				98%		100.0%	100.0%	100.0%			100.0%	100.0%
12.6 (CB_B11) Cancer Patients receiving subsequent radiotherapy within 31 days				94%				100.0%			98.5%	
12.7 (CB_B12) Cancer urgent referral to treatment within 62 days				85%		86.1%	90.2%	87.1%			79.0%	85.4%
12.8 (CB_B13) Cancer Patients treated after screening referral within 62 days				90%		100.0%	100.0%	93.8%			90.8%	94.3%
12.9 (CB_B14) Cancer Patients treated after consultant upgrade within 62 days				86%		95.1%	85.7%	100.0%			83.3%	90.9%

South East
Commissioning Support Unit

Surrey Downs CCG Performance Report 2015/16

April 2016

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
- NHS Constitution
- CCG Operating Plan

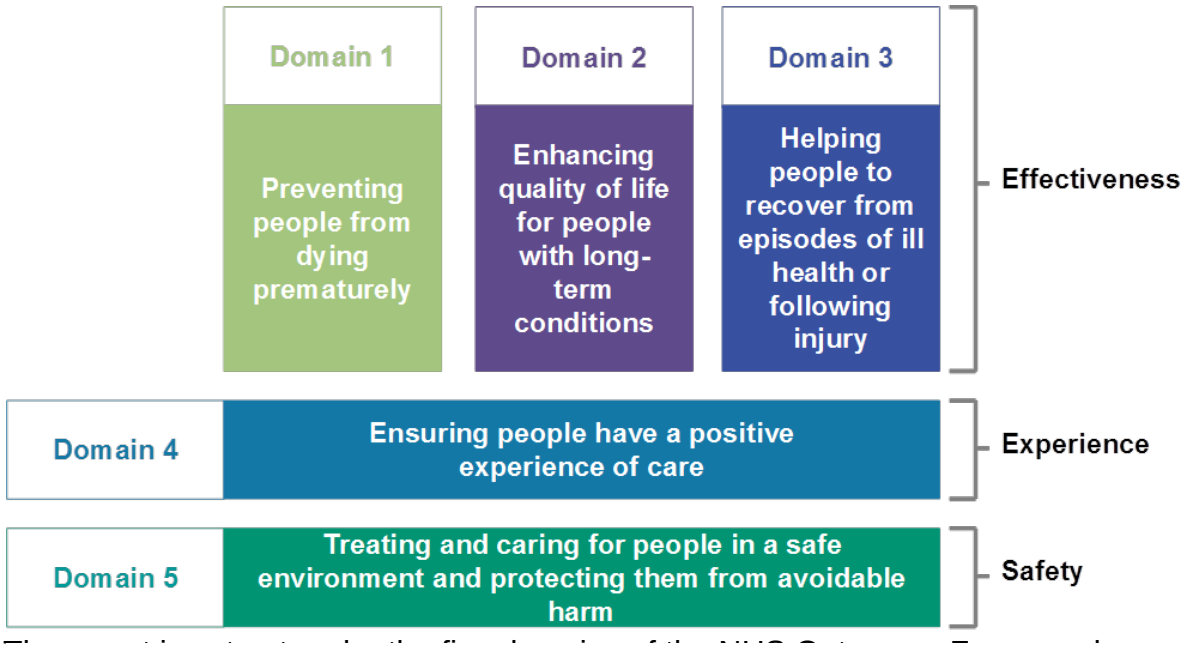

Figure 1: Five domains of the NHS Outcomes Framework

1 Executive Summary

The key risks that have been identified are:

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

  Year to date there have been 52 admissions compared to 60 during the same period last year. This equates to a rate of 23.40 admissions per 100,000 population compared to 27.00 last year. At the Local Joint Commissioning Group (LJCG) in May, the Public Health Prevention Plan will be reviewed with Surrey County Council.

- Maternal smoking at delivery (March data)

  During Quarter 4 2015/16, 29 women out of 660 maternities were smokers at the time of delivery. This equates to a rate of 4.4%, which is 0.1% higher than the same period last year (4.3%). The smoking rate has been falling from a high of 5.7% in Quarter 2 2015/16.

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

  There is no change from last report as validated data from Q2 is not available

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

  There have been no new reported cases of MRSA since last report.

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

  Year to date, Surrey Downs CCG has failed to achieve the 95% target, with performance of 94.1%. The CCG has not met the national standard since September 2015.

  Q4 activity has continued to offer challenges to the local systems but regular, planned communication calls have assisted in preventing systems failure. The CCG continues to participate in ensuring the operational efficiency in the urgent care system and, from a long term strategic standpoint, is working towards implementing an integrated model of care.

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

  81.5% of patients referred were treated within 62 days year to date. This represents 134 breaches out of 725 patients, 26 breaches over the 85% target.
  Epsom & St. Helier has an action plan which is being monitored by the monthly Planned Care Working Group and also at the Clinical Quality Reference Group.

- Ambulance response times (March 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.

In 2015/16, trust wide performance was below target for Red 1 with 72.6% and Red 2 with 70.8%.

SECAmb continues to struggle with meeting National Targets and will produce a detailed recover trajectory for Monitor and a Recover Action Plan which will be shared with commissioners by w/e 8th April. Commissioners have agreed a focus group to monitor and manage all elements of the plan.
SECAmb are due to have a CQC inspection at the beginning of May and the CCG has fed into the Surrey Collaborative feedback letter. In the letter, key areas of concern have been highlighted to the CQC inspectors/

- Improving Access to Psychological Therapies (IAPT) (February 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. 10.3% of the CCG's prevalence figure entered treatment from April 2015 to February 2016, a shortfall of 930 people.

  The CCG introduced a self-referral pathway to IAPT services in order to improve access to services which has resulted in an increase in referrals to the services and the trend is expected to continue into 2016/17.

- Dementia Diagnosis

  The CCG's current performance is 62.8% which is below the National Target of 66.7%. The CCG continues to work with practices and nursing homes to improve the diagnosis rate by education workshops and also by improving identification through supporting GP practices with coding. The CCG will be co-producing a dementia strategy with Surrey County Council and will embed memory assessment services into community hubs

The Quality Committee is asked to:

1. Review the report and note the CCG's performance;

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
- Incidence of Healthcare Associated Infection (HCAI): MRSA
- A&E waits within 4 hours
- Cancer urgent referral to treatment within 62 days
- Ambulance response times
- Improving Access to Psychological Therapies (IAPT)
- Dementia Diagnosis

Table 1 below shows the number of indicators in each domain of the NHS Outcomes Framework, and the NHS Constitution, rated Red/Green based on latest year to date performance.

	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 (February 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 52 admissions compared to 60 during the same period last year. This equates to a rate of 23.40 admissions per 100,000 population compared to 27.00 last year.

Looking at the monthly data February showed an increase in admissions rate following some low volumes of fluctuation (Table 2).

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FY
2014/15 volume	3	5	4	4	8	5	6	8	8	5	4	4	**64**
2015/16 volume	3	7	4	3	4	5	5	4	8	3	6		**52**
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	**28.80**
2015/16 rate per 100,000 population	1.35	3.15	1.80	1.35	1.80	2.25	2.25	1.80	3.60	1.35	2.70		

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

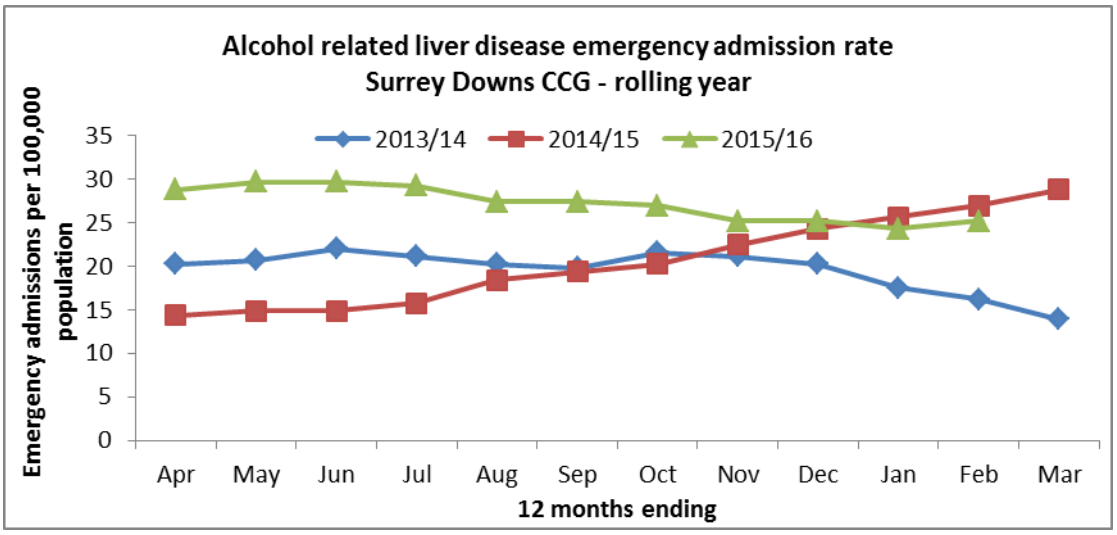

Figure 2:Rolling year Surrey Downs CCG emergency admissions for alcohol related liver disease

At the Local Joint Commissioning Group (LJCG) in May, the Public Health Prevention Plan will be reviewed with Surrey County Council. The Sustainable Transformation Programme aims to support a common and shared prevention plan and is currently under development

3.1.2 Maternal smoking at delivery (March 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 4 2015/16, 29 women out of 660 maternities were smokers at the time of delivery. This equates to a rate of 4.4%, which is 0.1% higher than the same period last year (4.3%).

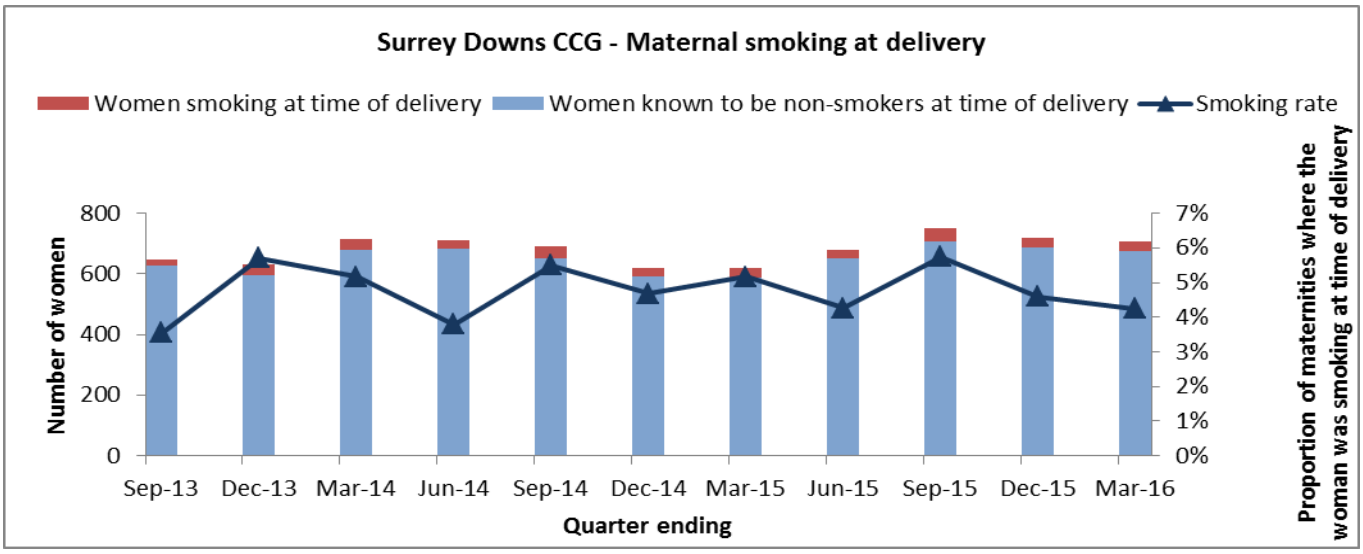

Figure 3: Rolling year Surrey Downs CCG emergency admissions for alcohol related liver disease from avoidable harm

3.2.1 Incidence of Healthcare associated infection (HCAI)

3.2.1.1 MRSA

There was no case reported in February.

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

4.1 A&E waits within four hours (February data)

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.

In the most up to date National figures for the CCG, Surrey Downs CCG has failed to achieve the 95% target, with performance of 94.1%.

The CCG actively monitors the A&E status of its key trusts on a daily basis. The performance is disseminated on a daily basis to senior management, reviewed at Finance and Performance Subcommittees monthly and by the Executive Management Team biweekly. Surrey Downs CCG actively engages with all key stakeholders via the System Resilience Group (SRG) and shares the information to ensure actions are taken to mitigate risks.

Throughout February, Epsom struggled to cope with surges in activity, admissions and continual demand for Majors and Resus. The hospital also struggled with bed capacity during the month due to admissions routinely exceeding discharges which often led to a number of unplaced points in ED. To mitigate the pressures, the Trust continued to have medical outliers in the hospital's planned care and private wards.

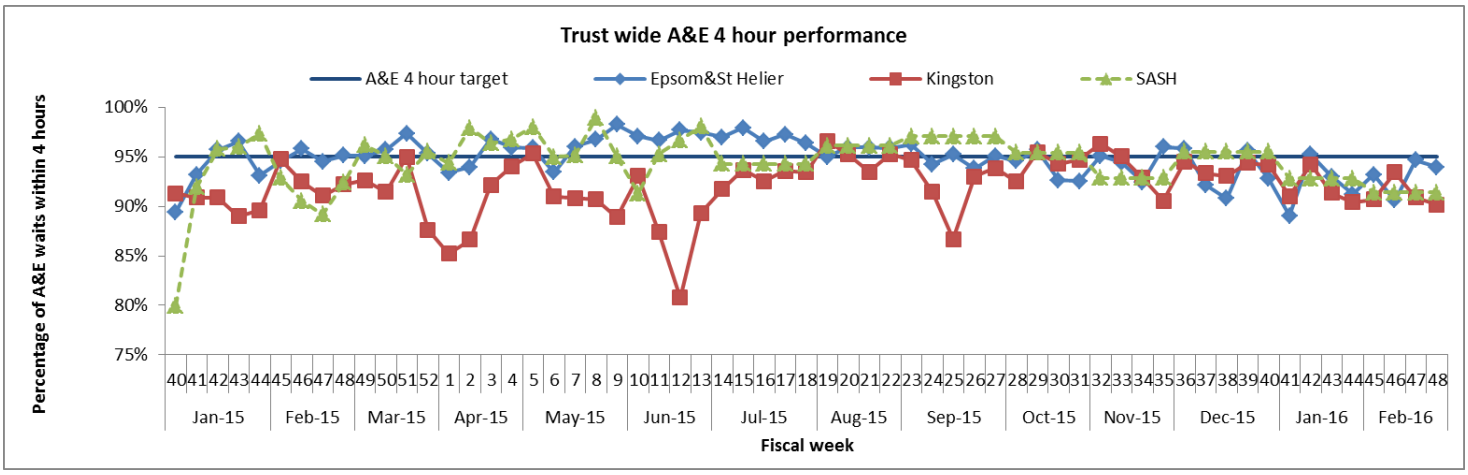

Figure 4: Trust wide weekly A&E 4 hour waits

The CCG continues to participate in the 7 day LOS meeting at its key acute site with community and social care colleagues, the aim of this meeting is to discuss and 'unblock' patients who have been in an acute bed for more than 7 days

SDCCG SRG also has in place an operational framework for Nursing Home Assessment CHC beds. In addition, there is an evolving integration strategy alongside aimed at providing an enhanced level of support for older people in the community

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 Patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral (February 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.

81.5% of patients referred were treated within 62 days year to date. This represents 134 breaches out of 725 patients, 26 breaches over the 85% target limit. This also includes a 22-day delay on the pathway of one patient at Epsom and St Helier due to the patient being unattainable to arrange MRI.

Year to date the breaches occurred at Epsom and St Helier (34), The Royal Marsden (58), St George's Healthcare (16), Surrey and Sussex Healthcare (5), Kingston Hospital (6), Royal Surrey (13), Epsomedical (2), King's College Hospital (0) and West Hertfordshire Hospitals (0).

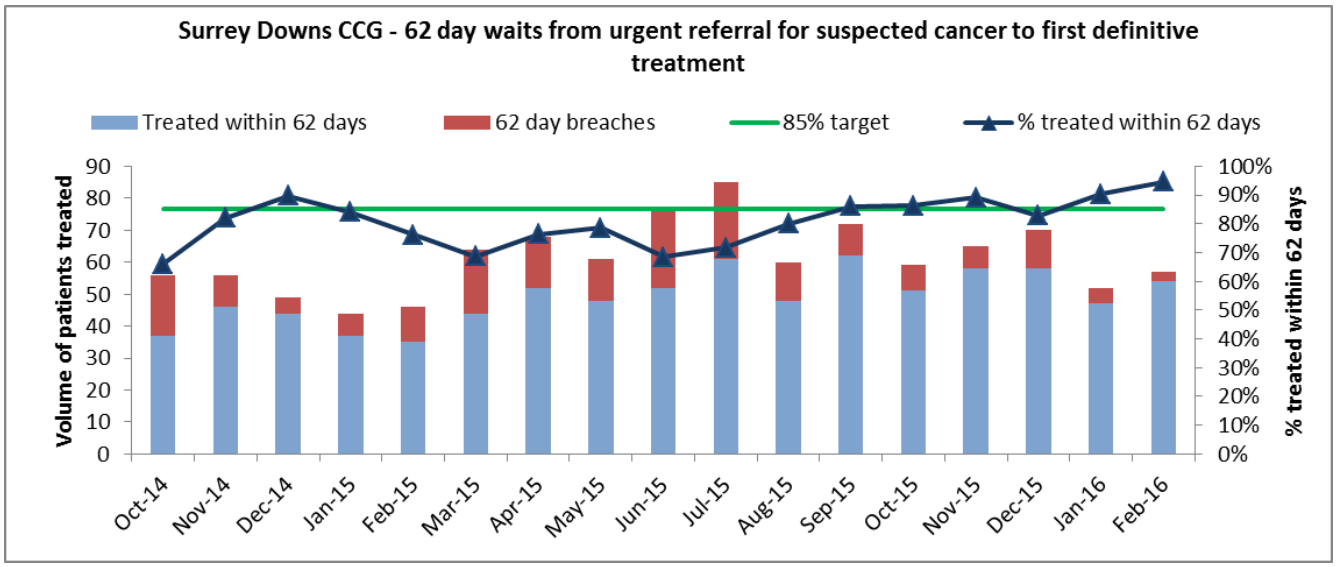

Figure 5: Surrey Downs CCG 62 day waits from urgent referral to first treatment

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

There is a Remedial Action Plan (RAP) in place for SECAmb as the trust continues to struggle to meet the Red 1 and Red 2 targets. However, SECAmb have been asked to

forward a revised performance trajectory based on the actions within the RAP as R1 & R2 are both no longer achievable by year-end due to exceptionally high activity/pressures over the last 6 weeks and the recent implementation of the Ambulance Quality Indicator guidance. The original RAP will be superseded by a larger recovery plan that will cover performance and quality issues, but will also include governance and 111.

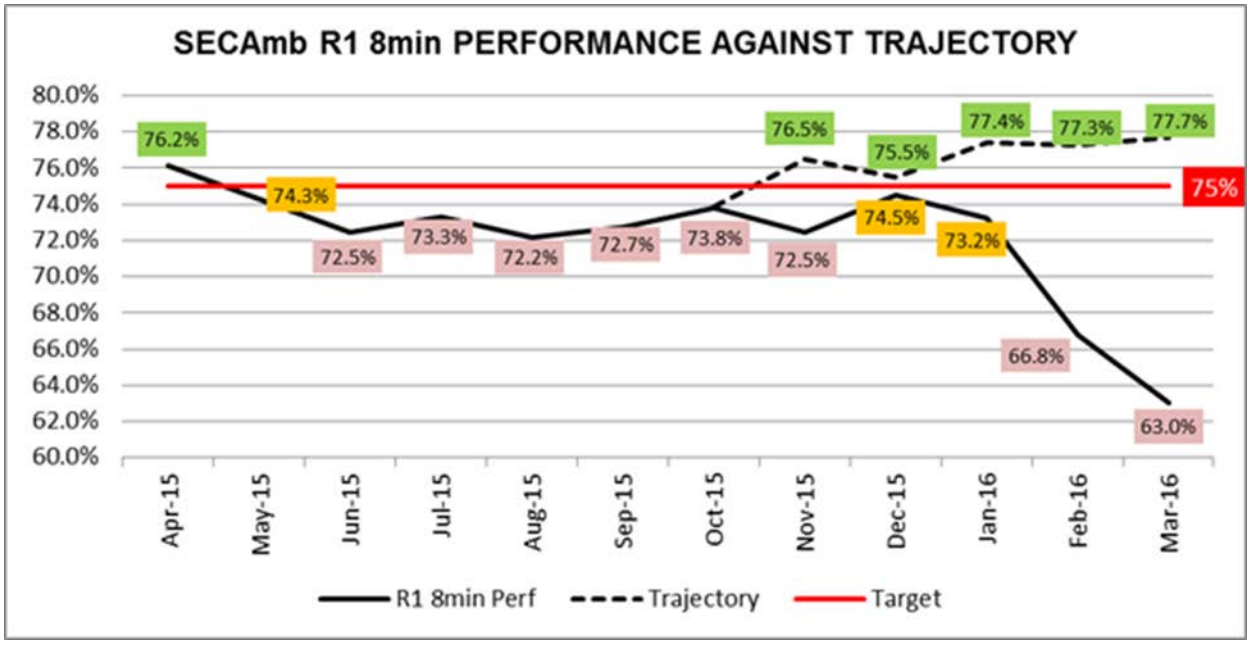

Figure 6: SECAmb Red 1 Recovery trajectory

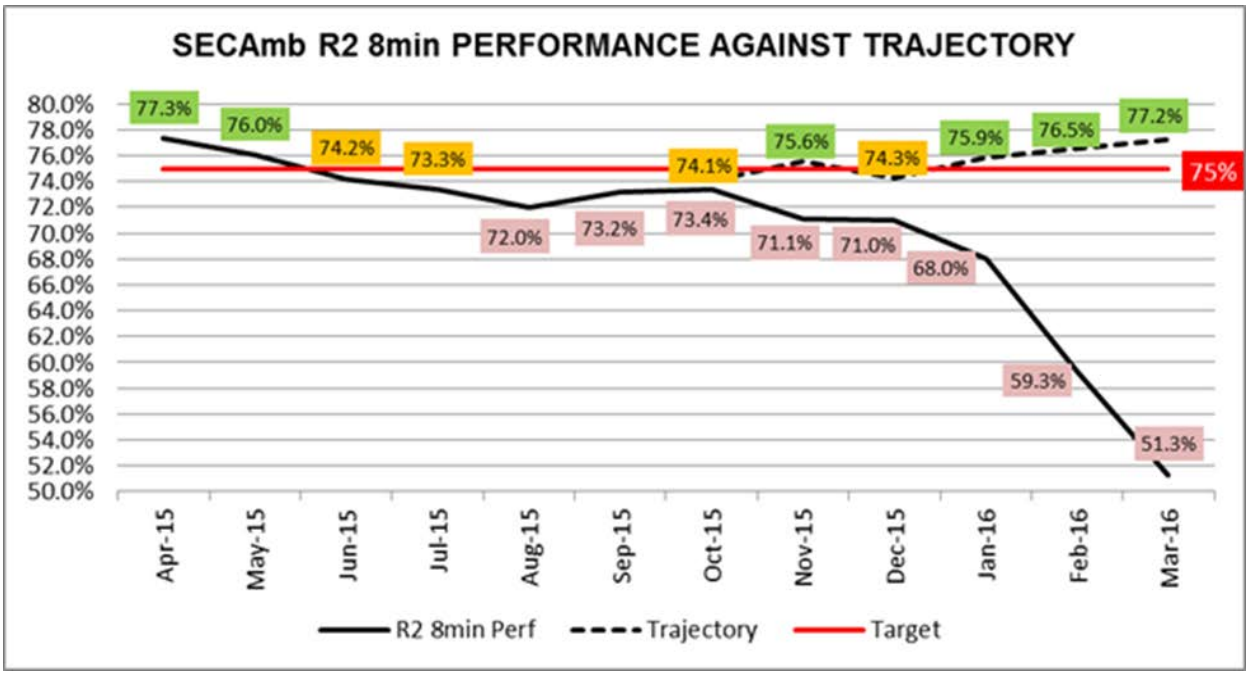

Figure 7: SECAmb Red 2 Recovery Trajectory

SECAmb's full year performance in 2015 was below the national standard of 75% for Red1 with percentage at 72.6% and Red 2 with percentage at 70.8%. Whole year performance for A19 was 94.3%, which is also below the national target of 95%.

Hospital handover delays continue to be a challenge across the region. Hospital conveyance has continued to see an increased due to patient acuity being higher than usual. A Regional KSS joint workshop is being arranged to take place in May to highlight the challenges and to allow SECAmb to share their revised Immediate Handover Policy.

4.3.1 Red 1 (March 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) failed 75% target in 2015/16, with an overall performance of 72.6%, only first month April achieved target with a performance of 75.9% in 2015/16, the rest of the eleven month all fell below target, March produced poorest performance with 63.0%, whereas full year 2014/15 performance achieved the target at 75.3%.

For Surrey Downs CCG patients only, full year performance was 70.7%.

4.3.2 Red 2 (less time critical) (March 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 failed 75% target with 70.8% for the full year, monthly performance fell below target in ten of twelve months, with March being the lowest at 51.3%. A 3.5% decrease compare to 2014/15 financial year (74.3%).

For Surrey Downs CCG patients only, full year performance was 65.6%.

5 CCG Operating Plan

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

The commitment to continue to improve access to psychological therapy was set out in 'Achieving Better Access for Mental Health Services by 2020' and reinforced in the 2015 Comprehensive Spending Review. The primary purpose of these indicators is to measure improvement in access rates to psychological therapy services via the national Improving Access to Psychological Therapies (IAPT) programme for people with depression and/or anxiety disorders.

There are 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.

2744 patients entered treatment from April 2015 to February 2016. This equates to 10.3% of the CCG's prevalence figure against the year to date target of 13.75%, a shortfall of 930 people.

The CCG is also not achieving the National target in IAPT recovery rate, with December at 50.5%, and year to date with 49.2%. However, the CCG is meeting the national targets for IAPT referral to treatment times.

The CCG has an action plan to improve the uptake of psychological therapies and the CCG has invited the Intensive Support Team to review actions taken. Current actions are:

- The establishment of referral data to be supplied to locality meetings and keeping IAPT on the agenda for GP practices
- Working with our Lead Commissioner on the re-validation (through AQP) of our current providers
- Holding regular meetings with our providers to ensure issues or problems are dealt with

- PromotingIAPT through A&E, the Safe Haven (evening café), other centres and forums to continue throughout the end of 15/16 and into 2016/17

Indicator	Measure	2015/16 target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	YTD
Improving Access to Psychological Therapies (IAPT)														
Proportion of the people that enter treatment against the level of need in the general population	Percentage	15.0%	0.7%	0.8%	0.9%	1.0%	0.7%	0.6%	0.9%	1.2%	1.2%	1.1%	1.0%	10.3%
	Patients entering treatment	4,006	181	202	244	269	199	171	252	328	318	304	276	2,744
Proportion of patients completing treatment who have moved to recovery	Percentage	50.0%	50.3%	51.6%	53.3%	50.4%	47.3%	49.2%	47.1%	53.5%	44.2%	43.6%	50.5%	49.2%
	Patients moving to recovery		78	79	97	114	69	95	74	77	69	85	95	932
	Patients completing treatment		163	165	193	241	155	206	165	149	164	207	202	2,010
	Patients completing treatment who were not at clinical caseness at initial assessment		8	12	11	15	9	13	8	5	8	12	14	115
Proportion of patients completing treatment who commenced within 6 weeks of referral	Percentage	75.0%	91.4%	93.3%	92.2%	94.2%	91.0%	91.3%	93.9%	90.6%	94.5%	92.8%	94.6%	92.8%
	Patients waiting more than 6 weeks		14	11	15	14	14	18	10	14	9	15	11	145
Proportion of patients completing treatment who commenced within 18 weeks of referral	Percentage	95.0%	96.3%	98.8%	96.9%	97.9%	94.8%	97.6%	96.4%	94.6%	98.2%	98.1%	99.0%	97.3%
	Patients waiting more than 18 weeks		6	2	6	5	8	5	6	8	3	4	2	55

T able 3: Surrey Downs CCG IAPT performance

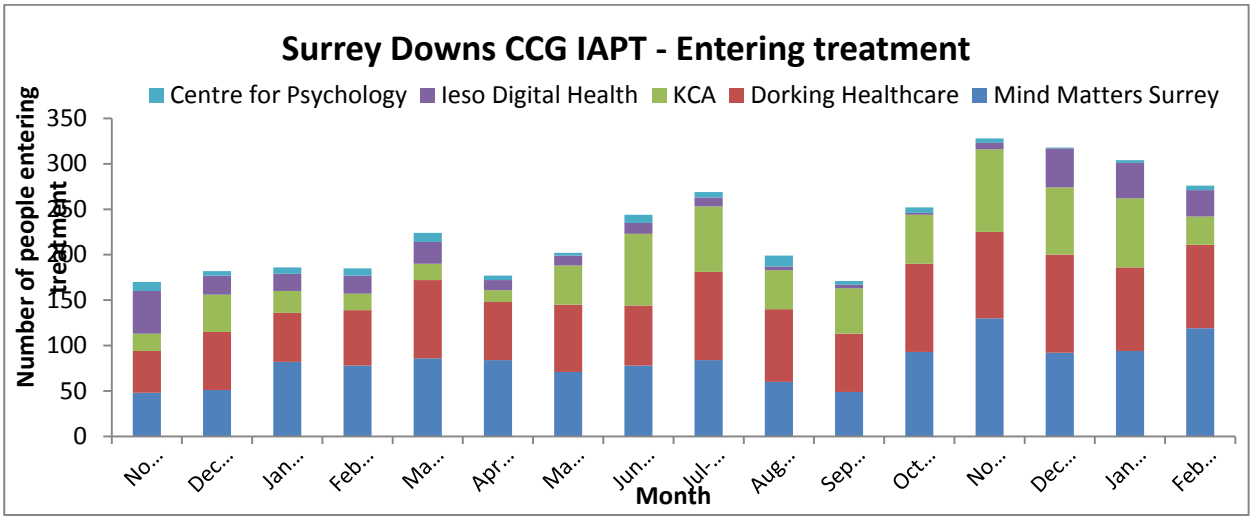

Figure 8: Surrey Downs CCG IAPT – people entering treatment

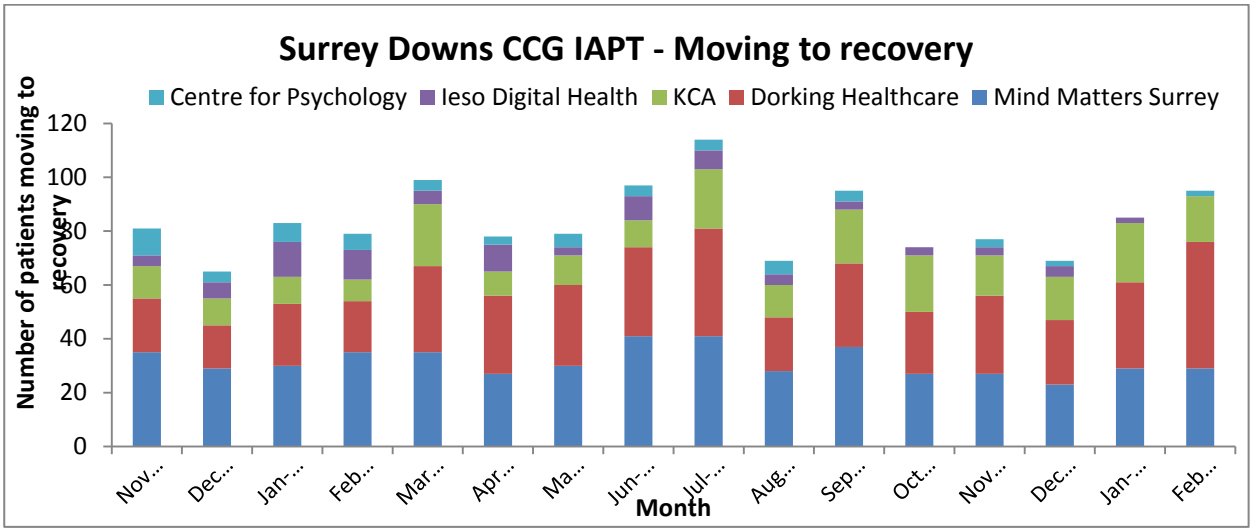

Figure 9: Surrey Downs CCG IAPT – patients moving to recovery

5.2 Dementia Diagnosis (February data)

The current dementia diagnosis rate is 62.8% and the national target is 66.7%.

SDCCG continues to support practices with visits by the GP dementia lead and a data analyst to ensure practices are identifying and coding effectively.

The CCG held an education event at the end of January, which reached ¾ of Surrey Downs Practices with an attendance of over 40 people, including GPs, practice nurses and Continuing Healthcare Team members. Topics covered were:

- Diagnosis and identification
- Prescribing and dementia pathways
- Alzheimer's Society and Dementia Navigators
- SDCCG's on-going support for practices

Due to the success of the event, the CCG will develop a second event aimed at practices that hold Care Home contracts.

To ensure that there is a cohesive approach to dementia, the CCG will co-produce a Joint Dementia Strategy with Surrey County Council. The CCG is also embedding memory assessment within its community hub model as part of its integration strategy.

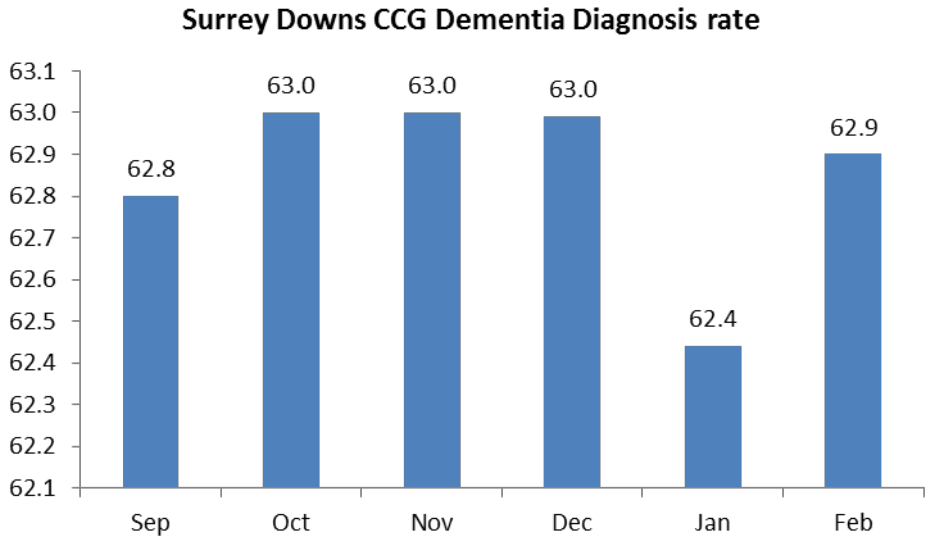

Figure 10:Estimated Dementia diagnosis rate

6 Recommendations and Next Steps

The Quality Committee is asked to:

1. Review and note the performance and actions taken.

Appendix A: Full Detail: Performance data

CCG Outcomes Indicator Set 2015/16 (19/04/2016)

Indicator	Measure	Frequency	2015/16 target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	YTD 15/16
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		1.35	3.15	1.80	1.35	1.80	2.25	2.25	1.80	3.60	1.35	2.70	23.40
1.14 Maternal smoking at delivery	Percentage of maternities	Quarterly		5.7%			4.6%			4.2%					4.8%
1.15 Breast feeding prevalence at 6-8 weeks	Percentage of infants	Quarterly		50.4%											50.4%
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		3.08	21.54	16.93	21.54	9.23	32.31	10.77	21.54	13.85	18.47	20.00	189.26
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		16.93	12.31	13.85	12.31	10.77	20.00	23.08	92.33	101.56	52.32	21.54	377.00
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	0	0	0	1	0	0	0	0	0	0	0	0	1
5.2il Incidence of Healthcare associated infection (HCAI): *C. difficile*		Monthly	76	6	5	11	9	4	17	5	3	11	7	8	86

NHS Constitution Metrics 2015/16 (19/04/2016)

Indicator	FY 2013/14	FY 2014/15	2015/16 target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment																
Referral to treatment times (RTT):% of admitted patients who waited 18 weeks or less	94.1%	92.1%	90%	92.5%	92.7%	92.6%	92.7%	91.7%	89.3%	84.3%	84.6%	87.3%	84.4%	83.8%		87.1%
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	97.4%	95.7%	95%	96.6%	96.6%	95.9%	95.2%	94.3%	93.5%	93.4%	93.5%	93.7%	93.6%	94.0%		94.6%
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	96.0%	95.2%	92%	95.5%	95.5%	95.5%	94.7%	94.4%	94.0%	94.1%	94.6%	94.1%	94.4%	94.7%		94.7%
RTT: Number of incomplete patients waiting >52 weeks				0	0	0	0	0	0	0	0	0	0	0		0
Diagnostic test waiting times																
% Patients waiting within 6 weeks for a diagnostic test	99.3%	99.3%	99%	99.2%	99.5%	99.4%	99.4%	99.4%	99.3%	99.6%	99.6%	99.6%	99.3%	99.6%		
Number of patients waiting over 6 weeks for a diagnostic test		28		32	21	25	22	23	24	15	14	16	27	14		
A&E waits																
A&E waits within 4 hours	95.8%	95.0%	95%	94.0%	95.1%	95.4%	95.8%	95.3%	93.8%	93.9%	94.4%	93.4%	91.8%	91.9%		94.1%
Cancer waits – 2 week wait																
CB_B6: Cancer patients seen within 14 days after urgent GP referral	95.6%	94.9%	93%	93.4%	95.3%	95.2%	93.7%	94.0%	93.5%	95.6%	95.7%	96.2%	94.2%	94.3%		94.7%
CB_B7: Breast symptom referrals seen within 2 weeks	93.5%	92.2% 92 breaches	93%	92.3% 7 breaches	89.6% 11 breaches	96.3%	93.3%	94.1%	91.6% 9 breaches	97.9%	91.9% 9 breaches	96.0%	98.9%	93.5%		94.1%
Cancer waits – 31 days																
CB_B8: Cancer diagnosis to treatment within 31 days	98.6%	98.0%	96%	97.6%	97.3%	98.3%	100.0%	99.0%	97.50%	98.9%	97.5%	99.1	96.3%	98.1		98.2%
CB_B9: Cancer patients receiving subsequent surgery within 31 days	95.9%	93.1% 16 breaches	94%	95.1%	95.4%	92.0% 2 breaches	100.0%	94.7%	100.0%	100.0%	100.0%	100.0%	100.0%	93.8% 1 breach		98.1%
CB_B10: Cancer patients receiving subsequent Chemo/Drug within 31 days	100.0%	99.6%	98%	100.0%	100.0%	100.0%	100.0%	100.0%	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%		99.8%
CB_B11: Cancer patients receiving subsequent radiotherapy within 31 days	99.1%	97.1%	94%	100.0%	100.0%	97.9%	95.8%	91.8%	94.9%	97.8%	98.4%	96.7%	95.1%	100.0%		96.8%
Cancer waits – 62 days																
CB_B12: Cancer urgent referral to treatment within 62 days	86.0%	78.4% 138 breaches	85%	76.5% 16 breaches	78.7% 13 breaches	68.4% 24 breaches	71.8% 24 breaches	80.0% 12 breaches	86.1%	86.4%	89.2%	82.9% 12 breaches	90.4%	94.7%		81.5% 134 breaches
CB_B13: Cancer Patients treated after screening referral within 62 days	89.7% 10	97.0%	90%	93.3%	91.7%	100.0%	100.0%	100.0%	83.3% 1 breach	100.0%	100.0%	N/A	100.0%	66.7% 1 breach		93.4%
CB_B14: Cancer Patients treated after consultant upgrade within 62 days	90.0%	89.1%	86%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	85.7%	100.0%	100.0%	100.0%	100.0%		97.5%
Category A ambulance calls (Trust level)																
Life threatening (defibrillator required): Category A calls within 8 minutes - Red 1	76.8%	75.3%	75%	75.9%	74.4%	72.5%	73.3%	72.4%	72.7%	73.8%	72.5%	74.5%	73.2%	66.8%	63.0%	72.6%
Life threatening (defibrillator NOT required): Category A calls within 8 minutes - Red 2	73.9%	74.3%	75%	77.3%	76.0%	74.2%	73.3%	72.0%	73.2%	73.4%	71.1%	71.0%	68.0%	59.3%	51.3%	70.8%
All life threatening: Category A calls within 19 minutes	97.0%	96.9%	95%	97.6%	97.2%	96.7%	96.2%	96.1%	96.7%	96.5%	96.2%	96.7%	94.8%	93.2%	89.4%	94.3%
Mixed Sex Accommodation breaches																
Mixed Sex Accommodation breaches	12	5	0	0	0	0	0	0	1	1	0	0	1	0		3
Mental health																
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period.	97.1%	97.3%	95%	96.8%			100.0%			100.0%						98.9%

CCG Operating Plan 2015/16 (19/04/2016)

Indicator	Measure	2015/16 target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	YTD
Improving Access to Psychological Therapies (IAPT)														
Proportion of the people that enter treatment against the level of need in the general population	Percentage	15.0%	0.7%	0.8%	0.9%	1.0%	0.7%	0.6%	0.9%	1.2%	1.2%	1.1%	1.0%	10.3%
	Patients entering treatment	4,006	181	202	244	269	199	171	252	328	318	304	276	2,744
Proportion of patients completing treatment who have moved to recovery	Percentage	50.0%	50.3%	51.6%	53.3%	50.4%	47.3%	49.2%	47.1%	53.5%	44.2%	43.6%	50.5%	49.2%
	Patients moving to recovery		78	79	97	114	69	95	74	77	69	85	95	932
	Patients completing treatment		163	165	193	241	155	206	165	149	164	207	202	2,010
	Patients completing treatment who were not at clinical caseness at initial assessment		8	12	11	15	9	13	8	5	8	12	14	115
Proportion of patients completing treatment who commenced within 6 weeks of referral	Percentage	75.0%	91.4%	93.3%	92.2%	94.2%	91.0%	91.3%	93.9%	90.6%	94.5%	92.8%	94.6%	92.8%
	Patients waiting more than 6 weeks		14	11	15	14	14	18	10	14	9	15	11	145
Proportion of patients completing treatment who commenced within 18 weeks of referral	Percentage	95.0%	96.3%	98.8%	96.9%	97.9%	94.8%	97.6%	96.4%	94.6%	98.2%	98.1%	99.0%	97.3%
	Patients waiting more than 18 weeks		6	2	6	5	8	5	6	8	3	4	2	55
Dementia diagnosis														
Estimated diagnosis rate (ages 65+)	Percentage	66.7%					62.7%	62.7%	62.7%	62.7%	63.0%	62.4%	62.9%	62.8%
	Dementia register size	2,685					2,525	2,525	2,525	2,525	2,535	2,513	2,533	2,526
Monthly Activity Return (MAR)														
Elective Ordinary FFCEs (G&A)	Variation against plan		-10.2%	8.2%	-3.5%	-1.0%	-0.3%	-5.1%	-5.8%	9.2%	-5.4%	-7.9%	2.4%	-1.6%
Elective Day Case FFCEs (G&A)	Variation against plan		4.2%	7.1%	8.5%	1.1%	-3.0%	2.3%	3.9%	7.5%	-4.5%	5.0%	2.7%	3.5%
Total Elective FFCEs (G&A)	Variation against plan		1.7%	7.3%	6.4%	0.8%	-2.5%	1.0%	2.2%	7.8%	-4.6%	2.8%	2.7%	2.6%
Non-Elective FFCEs (G&A)	Variation against plan		5.7%	2.5%	6.7%	2.0%	-6.8%	-0.2%	0.0%	11.5%	9.7%	6.2%	9.5%	4.4%
All First Outpatient Attendances (G&A)	Variation against plan		-2.0%	2.1%	3.5%	-0.8%	8.6%	4.4%	3.6%	26.4%	27.2%	40.1%	33.8%	13.6%
First Outpatient Attendances following GP Referral (G&A)	Variation against plan		-3.2%	2.2%	2.5%	0.5%	5.1%	5.3%	2.1%	29.7%	35.3%	49.6%	42.1%	14.9%
GP Written Referrals Made (G&A)	Variation against plan		35.4%	35.3%	25.5%	33.1%	32.0%	24.9%	42.4%	48.5%	63.6%	75.3%	77.0%	42.3%
Other Referrals for a First Outpatient Appointment (G&A)	Variation against plan		-26.3%	-24.9%	-31.4%	-28.9%	-29.5%	-17.9%	-15.9%	-13.2%	-18.1%	-1.0%	-6.5%	-16.2%
Total Referrals (G&A)	Variation against plan		15.1%	15.5%	6.8%	12.0%	11.0%	11.4%	23.3%	28.2%	35.4%	48.7%	48.1%	23.5%
A&E activity trajectory														
A&E attendances - all types	Variation against plan		-3.1%	17.2%	-0.5%	-2.8%	-12.2%	-3.0%	-1.6%	1.9%	-3.3%	-1.8%	4.1%	8.9%
Plan			7,057	7,292	7,057	7,292	7,292	7,057	7,292	7,057	7,292	7,292	6,822	71,983
Actuals			6,835	8,546	7,024	7,088	6,404	6,846	7,175	7,188	7,050	7,162	7,102	78,420

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 *Staphylococcus Aureus*
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)