NHS
Surrey Downs
Clinical Commissioning Group

Title of paper:	**Surrey Downs Performance Report**
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Agenda item:	12
For:	Review

Key issues:

There are currently 3 risks the Governing Body need to be aware of, these are:

1. **Incidence of Healthcare associated infection (HCAI): MRSA**
2. **Mixed Sex Accommodation**
3. **Cancer urgent referral to treatment within 62 days**

Please ensure you refer to all relevant areas e.g. quality and patient safety; finance; workforce; statutory compliance; risk and assurance; conflicts of interest

Accompanying papers (please list):

NHS
Surrey Downs
Clinical Commissioning Group

Surrey Downs CCG
Performance Report

For Governing Body
19th July 2013

Surrey Downs Governing Body Performance Report – Second Month (May data)

Delivery of the CCG's priorities will be facilitated by clear delivery mechanisms and governance arrangements. Performance will initially be reported into the most appropriate committee and then highlights and risks will be reported to the Governing Body. Outlined below are the agreed arrangements:

This report reflects the formal reporting of the performance position against the goals and core responsibilities of CCGs as outlined in the NHS England documents of "Everyone Counts: planning for patients 2013/14" & "CCG Assurance Framework 2013/14". It summarises performance against the key areas outlined below and forms the basis of the Local Area Team's quarterly Assurance meetings:

- CCG Outcome Indicator Set
- NHS Constitution
- CCG Operating Plan including 3 local priorities
- Quality Premium
- Areas of local interest:
  - Continuing Health Care
  - Out of Hours / 111 Service

Key Risks

Based on the latest data there are three risks being managed and mitigated, although the residual risk is still red:

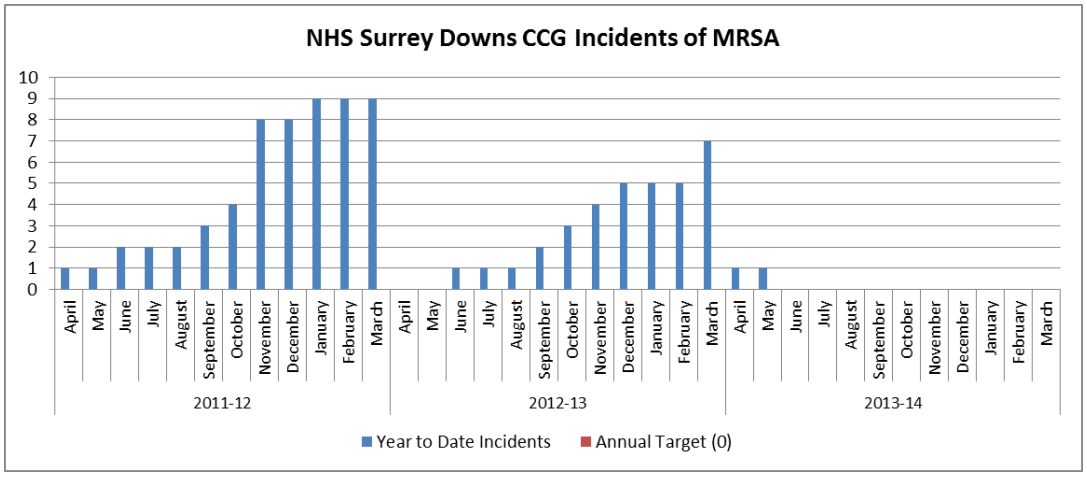
1. **Incidence of Healthcare associated infection (HCAI): MRSA**
2. **Mixed Sex Accommodation**
3. **Cancer urgent referral to treatment within 62 days**

Below performance standards: Red Risk (Major issues of interest)

- **MRSA - "Incidence of Healthcare associated infection (HCAI): MRSA"**

There has been one recorded incident of MRSA in the first two months of the year against **a target of zero for the financial year.** The infection was recorded in April at Guy's & St Thomas' NHS Foundation Trust.

Outlined below is a year to date profile of recorded MRSA infections for this year and the last two years:



The infection control lead for Public Health in Surrey County Council has been alerted to the infection. A post infection review has been conducted and a copy of the report received by CCG (Eileen Clark) this will be reviewed at August meeting of the Clinical Quality & Safety Committee. This forum will undertake a full de-brief of how the infection was caused and the likelihood of this occurring again, one consideration will be for them to issue an Quality Development Improvement Plan (QDIP) to the provider.

The Contracts Team have also been informed and are currently reviewing the performance schedule for Guy's & St Thomas' with a view to raising a penalty notice if appropriate.

The frequency of MRSA infection is measured in both the CCG Outcome Indicator Set and forms part of the calculation for the Quality Premium payments to CCGs.

- **Mixed Sex Accommodation Breaches**

NHS organisations are expected to eliminate mixed sex accommodation, except where it is in the overall best interest of the patient, or reflects their personal choice. This measure highlights the number of breaches recorded within NHS trusts for Surrey Downs patients and forms part of the pledges as part of the NHS Constitution.

"Sleeping accommodation" includes areas where patients are admitted and cared for on beds or trolleys, even where they do not stay overnight. It therefore includes all admissions and assessment units (including clinical decision units), plus day surgery and endoscopy units. It does not include areas where patients have not been admitted, such as accident and emergency cubicles.

During the first two months of the year there were **13 breaches of mixed sex accommodation recorded.** The vast majority of the breaches are in Epsom and St Helier University Hospitals Trust (92.3%) with only 1 recorded in St George's Healthcare NHS Trust. Although the monthly data shows there has been a reduction in the number of breaches recorded (10 x April, 3 x May) the current number of breaches year to date is

already over the **NHS Constitution target of zero for the whole year** and above the tolerance of **10 permissible within NHS England's "CCG Assurance Framework"**.

The Contracts Team have reviewed the performance schedule and are currently drafting a contract breach notice to Epsom and St Helier University Hospitals Trust.

- **Cancer urgent referral to treatment within 62 days**

The timeliness of urgent cancer referral to treatment is measured within the NHS Constitution and forms part of the calculation for the Quality Premium payments to CCGs.

This specific measure assesses the length of time take from urgent referral to initial treatment (first definitive treatment).

The latest performance of 81.8% for May is an improvement on the previous month of 78.9%. However, of the 107 patients treated in the first two months of the year only 86 were dealt with within 62 days resulting in a year to date performance of **80.4% which is below the end of year target level of 85%**.

In terms of providers, approximately half of all referrals go to Epsom and St Helier University Hospitals Trust who are currently performing at 80.2% for the year.

If this level of performance were to be maintained for the rest of the year then a 25% penalty would be incurred as part of the calculation for the Quality Premium.

Detailed analysis is currently being undertaken to understand patient pathways and reasons the current level of performance for each provider.

- **Non-elective First Finished Consultant Episode (FFCEs)**

This measure is included in the CCG operating plan and is based on the data submitted as part of the Monthly Activity Return (MAR). The Monthly Activity Return (MAR) is a national statutory return submitted to UNIFY (Department of Health) in which providers report only a subset of the total activity: consultant led only activity (1st finished consultant episodes NOT spells).

The activity trajectory for non-elective FFCEs set a target of a 4.1% reduction for the year. **During the first two months of the year there has been an increase of 6.2% in activity**

Looking at a breakdown of the monthly data it is clear that there has been a change in performance between April and May. During April there was a recorded increase of 21.1% in activity whilst in May this fell to a reduction of 6.3% in activity.

Further analysis of the data indicates that there was an over-reporting in activity in April for two providers, these were:

- St George's Healthcare Trust
- Surrey & Sussex Healthcare Trust

The reason for the over reporting of activity was due to how the above Trusts' recorded Specialist Commission services. The issue was raised with each Trust and they have both confirmed that they are now correctly recording this activity, hence the change in level of performance between April & May.

Below performance standards: Amber Risk

- **Breast Cancer Referrals Seen within 2 weeks**

  The measure of 'breast cancer referrals seen within 2 weeks' forms part of the NHS Constitution and is based on data within the Open Exeter system.

  Since the start of the year **92% of patients referred were seen within the 2 weeks**, this is against a target of 93%. The current level of performance is as a result of a fall in performance from April (93.5%) to May (90.6%).

  Further analysis of provider performance is being compiled to identify which Trusts need to be held to account.

- **Life threatening (defibrillator NOT required): Cat A calls within 8 minutes – Red 2**

  The following measure is part of the NHS Constitution and has a target of 75%. The Ambulance Service data cannot be split down by individual CCGs, therefore performance is monitored at a Trust level.

  Performance for the year stands at 73.4%. Although there have been improvement in performance from April (72%) to May (74.8%) the level of performance in both months is below the target of 75%.

  The Contract Team has raised this issue with the South East Coast Ambulance Service.

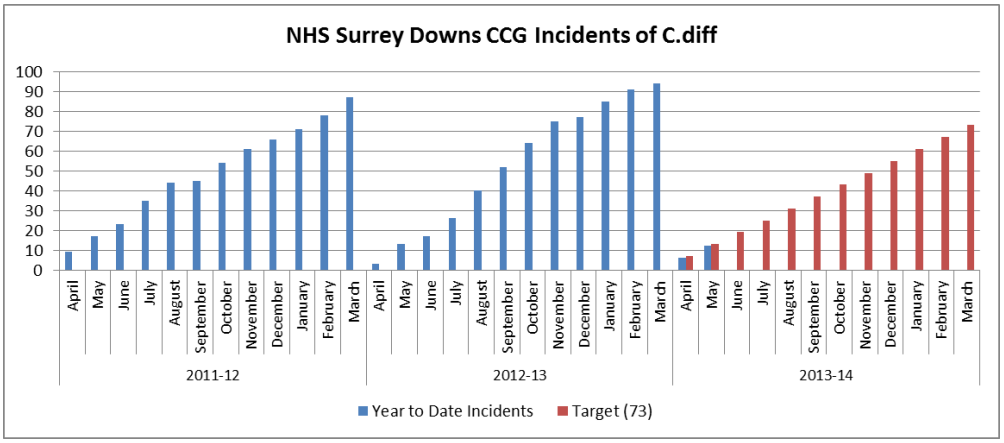
Meeting performance standards: Green Risk (Monitor situation)

- **C.DIfficile – "Incidence of Healthcare associated infection (HCAI): C Difficile"**

  There have been **twelve recorded incidents of C.Difficile so far this year** (6 x April, 6 x May). Although this is below the target level projected to meet the end of year target of 73 the margin of error is very slight with a tolerance of only 1 case changing the risk level to 'amber'

  The infections were recorded at: 4 x Epsom & St Helier Hospital, 4 x Kingston, 2 x Surrey & Sussex Healthcare Trust, and 1 each at Royal Surrey County Hospital and Royal Marsden.

  Outlined below is a year to date profile of recorded C Difficile infections over the last two years and performance against target:



  The frequency of Clostridium Difficile (C.Difficile) infection is measured in both the CCG Outcome Indicator Set and forms part of the calculation for the Quality Premium payments to CCGs.

Full Detail: Performance data

CCG Outcomes Indicator Set

Indicator	Measure	Baseline Period	Frequency	Baseline	Apr	May	YTD
1 Preventing people from dying prematurely							
1a Potential years of life lost (PYLL) from causes considered amenable to healthcare	Age/sex standardised rate per 100,000 pop	Average 2010/11	Yearly	1616			
1.1 Under 75 mortality rate from cardiovascular disease	Age/sex standardised rate per 100,000 pop	2011	Yearly	43.74			
1.2 Under 75 mortality rate from respiratory disease	Age/sex standardised rate per 100,000 pop	2011	Yearly	23.38			
1.3 (proxy indicator) Emergency admissions for alcohol related liver disease	Age/sex standardised rate per 100,000 pop.	2011	Monthly	10.84	2.25	0.45	2.7
1.4 Under 75 mortality rate from cancer	Age/sex standardised rate per 100,000 pop	2011	Yearly	97.20			
2 Improving quality of life for people with long term conditions							
2.1 Health related quality of life for people with long term conditions	Average EQ-5D index for people who report having a LTCs						
2.2 Proportion of people feeling supported to manage their condition	% who report "Yes, definitely" or "Yes, to some extent"						
2.3i Unplanned hospitalisation for chronic ambulatory sensitive conditions (adults)	Age/sex standardised rate per 100,000 pop	2012	Yearly	509.94			
2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Age/sex standardised rate per 100,000 pop	2012	Monthly	211.75	18.47	9.23	27.7
Estimated diagnosis rate for people with dementia	Age/sex standardised rate per 100,000 pop						
3 Helping people to recover from episodes of ill health or following injury							
3a Emergency admissions for acute conditions that should not usually require hospital admission	Age/sex standardised rate per 100,000 pop	2012	Yearly	740.36			
3b Emergency readmissions within 30 days of discharge from hospital	% rate standardised by age, sex, method of admission & diagnosis/procedure	2011	Yearly	11.48			
3.1i Patient reported outcome measures for elective procedures – hip replacement	EQ-5D Index case mix adjusted health gain	2012	Yearly	0.42			
3.1ii Patient reported outcome measures for elective procedures – knee replacement	EQ-5D Index case mix adjusted health gain	2012	Yearly	0.29			
3.1iii Patient reported outcome measures for elective procedures – groin hernia	EQ-5D Index case mix adjusted health gain	2012	Yearly	0.04			
3.1iii Patient reported outcome measures for elective procedures – Varicose veins	EQ-5D Index case mix adjusted health gain						
3.2 Emergency admissions for children with lower respiratory tract infections	Age/sex standardised rate per 100,000 pop under age 19	2012	Monthly	272.99	10.77	10.77	21.54
4 Ensuring that people have a positive experience of care							
4ai Patient experience of GP services	% who report their experience as "very good" or "fairly good"						
4aii Patient experience of GP out of hours services	% who report their experience as "very good" or "fairly good"	Mar-12	6 Monthly	67.15%			
Patient experience of hospital care	Composite experience scores (out of 100) at this CCG's main 5 providers						
Friends and family test							
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	Rate per 100,000 registered pop, not age/sex standardised	May-13	Monthly	73	1	0	1
5.2il Incidence of Healthcare associated infection (HCAI): C Difficile	Rate per 100,000 registered pop, not age/sex standardised	May-13	Monthly	0	6	6	12

NHS Constitution Metrics

Indicator	Target	Apr	May	Jun	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	90%	93.90%	94.30%		94.10%
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	95%	97.90%	98.40%		98.15%
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	92%	96.80%	97.20%		97.20%
Diagnostic test waiting times					
% Patients waiting within 6 weeks for a diagnostic test	99%	99.71%	99.86%		99.79%
A&E waits					
A&E waits within 4hrs (QTD)	95%	94.00%	95.66%	96.88%	95.62%
Cancer waits – 2 week wait					
Cancer patients seen within 14 days after urgent GP referral	93%	96.94%	95.30%		96.10%
Breast Cancer Referrals Seen within 2 weeks	93%	93.55%	90.60%		92.00%
Cancer waits – 31 days					
Cancer diagnosis to treatment within 31 days	96%	95.00%	100%		97.40%
Cancer Patients receiving subsequent surgery within 31 days	94%	95.00%	100%		97.00%
Cancer Patients receiving subsequent Chemo/Drug within 31 days	98%	100%	100%		100%
Cancer Patients receiving subsequent radiotherapy within 31 days	94%	95.24%	100%		97.50%
Cancer waits – 62 days					
Cancer urgent referral to treatment within 62 days	85%	78.85%	81.80%		80.40%
Cancer Patients treated after screening referral within 62 days	90%	100%	100%		100%
Cancer Patients treated after consultant upgrade within 62 days	Local	100%	100%		100%
Category A ambulance calls					
Life threatening (defibrillator required): Cat A calls within 8 minutes - Red 1	75%	75.30%	79.40%		77.40%
Life threatening (defibrillator NOT required): Cat A calls within 8 minutes - Red 2	75%	72.00%	74.80%		73.40%
All life threatening: Cat A calls within 19 minutes	95%	96.70%	97.20%		96.90%
Mixed Sex Accommodation Breaches					
Mixed Sex Accommodation Breaches	0	10	3		13
Cancelled Operations					
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.	100%				
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.	95%				

CCG operating plan

	Target	Apr	May	Jun	YTD
NCB Required trajectories					
i) What dementia diagnosis rate are you aiming for in 2013/14 and 2014/15?	51.1%	Data currently being collected			
ii) The proportion of the people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies:	15%				
NCB Local priorities					
Dementia - Number of new patients screened for dementia	12.2%				
LTC - Number of patients with LTC managed on the Virtual Ward (CHD, Diabetes, COPD)	20.0%				
Stroke Prevention - Anti-Coagulation monitoring Out-of-Hospital (appointments)	9.1%				
Activity trajectories 2013/14	**Year on year change**	**Variation against plan**			
i) Elective FFCEs	2.0%	-5.4%	-22.3%		-14.6%
ii) Non-elective FFCEs	-4.1%	21.1%	-6.3%		6.2%
iii) First Outpatient Attendances	2.0%	4.7%	-7.6%		-2.0%
iv) A&E Attendances	2.0%	-6.0%	-4.3%	-3.1%	-4.5%

OOH Services

	Baseline 2012/13	Apr	May
Base Visit (SRY)	1054	686	886
District Nurse (SRY)	37	19	28
Home Visit (SRY)	422	291	344
Message Only	5	2	1
Pathways Clinician	7	0	0
Tel Advice (SRY)	1130	548	542
Telephone Answering (SRY)	9	1	2
111 total jobs		885	1301
Grand Total	**2662**	**2432**	**1803**

111 Service

	Baseline	Apr	May
GP Services			
To Be Seen By GP Practice Within 2 Hours	-	24.2%	25.0%
To Be Seen By GP Practice Within 6 Hours	-	30.3%	27.1%
To Be Seen By GP Practice Within 12 Hours	-	3.7%	5.5%
To Be Seen By GP Practice Within 24 Hours	-	12.7%	10.1%
For persistent or recurrent symptoms: get in touch with the GP Practice within 2 weeks	-	0.0%	0.0%
Speak To GP Practice Within 1 Hour	-	8.7%	12.0%
Speak To GP Practice Within 2 Hours	-	3.1%	3.2%
Speak To GP Practice Within 6 Hours	-	3.3%	2.7%
Speak To GP Practice Within 12 Hours	-	1.5%	0.8%
Speak To GP Practice Within 24 Hours	-	0.6%	0.3%
MUST be seen by own GP Practice within 3 working days	-	0.1%	0.2%
Dental Services			
To Be Seen By Dental Practice Within 2 Hours	-	0.0%	0.0%
To Be Seen By Dental Practice Within 6 Hours	-	0.8%	0.8%
To Be Seen By Dental Practice Within 12 Hours	-	1.0%	1.2%
To Be Seen By Dental Practice Within 24 Hours	-	4.6%	4.1%
To be seen by Dental Practice within 3 working days	-	0.6%	1.2%
Pharmacy Services			
Contact Pharmacist	-	0.3%	0.0%
Repeat Prescription required within 6 hours	-	0.5%	0.9%
Pharmacy Services			
Speak To A Midwife within 1 hour	-	0.0%	0.0%
Contact Genito-Urinary Clinic	-	0.0%	0.0%
Unknown services			
Dx85	-	2.9%	3.7%
Dx86	-	0.2%	0.5%
Dx87	-	0.0%	0.1%
Dx93	-	1.0%	0.9%

Appendix 1

The Glossary

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

A&E	Accident and Emergency
ACG	Adjust Clinical Grouper
BI	Business Intelligence
CCG	Clinical Commissioning Group
CES	Commissioning Enablement Service
CMS	Contract Management Solutions
COPD	Chronic Obstructive Pulmonary Disease
CPT	Combined Predictive Tool
CSO	Commissioning Support Officer
DH	Department of Health
GP	General Practitioner
HES	Hospital Episodes Services
HHR	Hampshire Health Record
HRG	Healthcare Resource Groups
IC	Information Centre
IP	In-Patient
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LT	Local Team
MSK	Musculo-Skeletal
N3	The National Network
NHS	National Health Service
OOH	Out of Hours
OP	Out Patient
PARR	Patients at Risk of Re-Hospitalisation
PARR+	Patients at Risk of Admission
PBC	Practice Based Commissioning
PbR	Payment by Results
PC	Personal Computer
PH	Public Health
QIPP	Quality, Innovation, Productivity and Prevention
QOF	Quality and Outcomes Framework
RTT	Referral to Treatment
SUS	Secondary Uses Service
T&O	Trauma & Orthopaedics
Financial Year	the NHS financial year commencing 1st April and ending 31st March;
Provider	means the provider of services to a CCG including both health care services to patients and ancillary commissioning support functions;