



NHS South  
Commissioning Support Unit

# **Surrey Downs CCG Performance Report**

**For Governing Body  
27th September 2013**

# 1. Surrey Downs Governing Body Performance Report

## Month 4 – July 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

## 2. Key Performance Concerns

The first quarterly CCG Balanced Scorecard was produced and released by NHS England on 27<sup>th</sup> August. Surrey Downs CCG received a red rating for Domain 2, "Are patient rights under the NHS Constitution being promoted?" The conditions for a red rating are that two or more NHS Constitution indicators are rated red. Performance on Mixed Sex Accommodation breaches and 62 day cancer wait breaches resulted in the red rating for Domain 2.

The CCG Executive Team has discussed the scorecard with NHS England's Local Area Team on 4 September, 2013 and are feeding back on the on-going development of the Balanced Scorecard. CCGs are required to publish their Balanced Scorecards on 30<sup>th</sup> September.

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

1. **Incidence of Healthcare associated infection (HCAI): C. Difficile \***
2. **Mixed Sex Accommodation breaches\***
3. **Cancer patients treated after screening referral within 62 days**
4. **Emergency admissions for alcohol related liver disease**

\* **Note:** more detail can be found in the Clinical Quality and Patient Safety report.

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

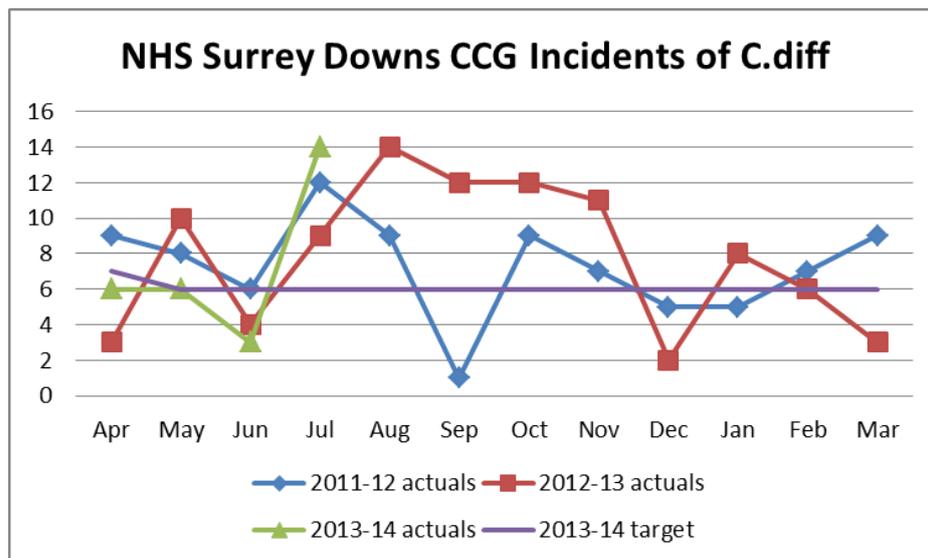
#### 3.1. Incidence of Healthcare associated infection (HCAI): C. Difficile (July data)

(More detail can be found in the Clinical Quality and Patient Safety report)

There have been 14 recorded incidents of C. Difficile in July 2013. This brings the year to date total to 29 (6 x April, 6 x May, 3 x June, 14 x July). This is 5 cases (19%) over the level projected to stay within the target limit of 73 at the end of the year. Therefore it has become a red risk this month.

The July infections were recorded at: 6 x Epsom & St Helier, 3 x Kingston, 3 x Surrey & Sussex Healthcare Trust and 2 x Royal Marsden.

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



Root cause analyses will be carried out on all cases to identify any clinical practice issues or themes. Organisational improvement plans will be reviewed through Clinical Quality Review Meetings to gain assurance that agreed measures are being implemented. The quality team will work with localities and practices to publicise themes identified and to support an improvement in practice, particularly where an individual concern is identified.

The frequency of 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. MRSA and C. Difficile frequency together constitute 12.5% of the eligible funding. Therefore if both measures exceed the target over the year then this funding will not be received. MRSA has already exceeded the whole year target of 0 cases (see paragraph 5.2).

### 3.2. Mixed Sex Accommodation Breaches (July data)

*(More detail can be found in the Clinical Quality and Patient Safety report)*

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 four months of the year there were **14 breaches of mixed sex accommodation** recorded. The vast majority of the breaches are in Epsom and St Helier University Hospitals Trust (13) with 1 recorded in St George’s Healthcare NHS Trust. The monthly data shows there has been a reduction in the number of breaches recorded (10 x April, 3 x May, 1 x June, 1 x July). However the current number of breaches year to date is already over the **NHS Constitution target of zero** for the whole year. It is also above the tolerance of **10 permissible within NHS England’s “CCG Assurance Framework”**.

The breaches occurred in the Critical Care Unit as a result of delays providing beds for patients stepping down to a general ward. All Trusts face the same issue but other Surrey providers show a much better level of performance than Epsom and St Helier, which suggests there could be a bed management issue. The breaches are mainly at the St Helier site, potentially due to the layout of its Intensive Care Unit. Further work is to be carried out with Epsom and St Helier in partnership with Sutton CCG as lead commissioner to improve performance in this area.

The Trust Development Authority and NHS England identified a small variation in reporting arrangements in London concerning patients transferring from critical care units. They have advised CCGs to follow the national guidance, which does not specify a timescale for the transfer of critical care patients, from 1<sup>st</sup> September (see Appendix 1). However Mixed Sex Accommodation figures relating to breaches before this date cannot be retrospectively adjusted in line with the guidance.

### 3.3. Cancer patients treated after screening referral within 62 days (July data)

The proportion of patients treated within 62 days of referral from an NHS cancer screening service is measured within the NHS Constitution.

July 2013 monthly data shows 2 out of 2 patients referred were treated within 62 days. This brings the **year to date performance to 83.3% against an end of year target of 90%**. However this represents 2 out of 12 patients waiting over 62 days, both in June.

Both breaches were first seen at Royal Surrey and first treated at Epsom and St Helier. In one case the breach was due to patient choice at the initiating trust and referred to Epsom and St Helier on day 67. The second breach was due to organising a surgery date applicable to two consultants for a joint procedure.

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### **3.4. Emergency admissions for alcohol related liver disease (June 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.

There were 5.86 admissions per 100,000 population during the first quarter of the year. This is over the level required to stay within the target limit of 10.84 over the whole year. Looking at the monthly data shows some fluctuation in the admissions rate (2.25 in April, 0.45 in May and 3.16 in June).

## 4. Below performance standards: Amber Risk

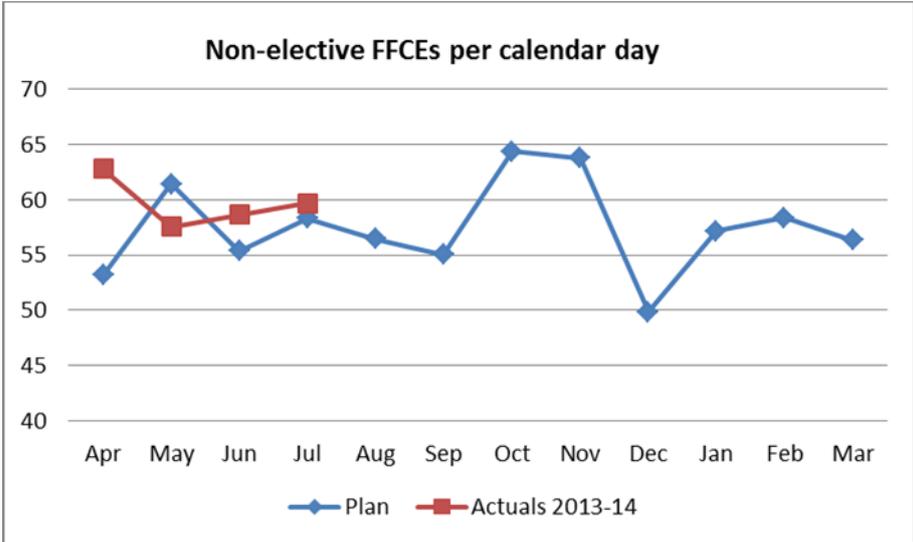
### 4.1. Non-elective First Finished Consultant Episode (FFCEs) (July data) (For more information refer to the attached paper "MAR Non-elective FFCEs")

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 (first 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 four months of the year there has been an **increase of 4.4% in activity**. This however is an improvement from the year to date increase of 5.2% last month.

Looking at a breakdown of the monthly data it is clear that there has been fluctuation in performance. During April there was a recorded increase of 21.1% in activity followed by a reduction of 6.3% in activity in May. These were followed by increases in June (5.9%) and July (2.3%).

However reported activity levels per calendar day remain quite steady from May to July. The change in performance results from variance in the plan monthly figures. These include anticipated reductions from 2 QIPP plans (Non-electives and End of Life Care). As illustrated below July's activity level is similar to June's but coincides with a rise in the plan figure, resulting in the change in performance.



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

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

The reason for the over-reporting of activity was due to how the above Trusts recorded Specialised Commissioning 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 after April.

The performance team are currently seeking revised April data from these Trusts for internal analysis.

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#### **4.2. Breast cancer referrals seen within 2 weeks (July data)**

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.

90.1% of patients referred were seen within 2 weeks in July 2013, a decrease from 94.1% in June. In July 12 out of 121 patients treated were seen after 2 weeks resulting in a **year to date performance of 91.9%**. This is 5 over the level required to reach the 93% target.

Performance for Surrey Downs referrals is currently below target at Royal Marsden (91.4%, 20 breaches) and SASH (90.9%, 4 breaches).

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#### **4.3. Life threatening (defibrillator NOT required): Cat A calls within 8 minutes - Red 2 (July data)**

The following measure is part of the NHS Constitution and has a target of 75%.

Performance for Surrey Downs CCG is 72.1% year to date. Performance had improved each month (April 68.7%, 75.0% May, 75.6% June) until a decrease in July (69.9%).

Looking at Trust level, performance has been below the target of 75% in each month (April 72.0%, May 74.8%, June 74.2%, July 71.4%). Year to date performance stands at 73.4%.

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

## 5. Meeting performance standards: Green Risk (Monitor situation)

### 5.1. Diagnostic test waits within 6 weeks (July data)

The proportion of patients waiting up to 6 weeks for a diagnostic test is measured within the NHS Constitution. The end of year target is no more than 1% of patients waiting over 6 weeks.

July 2013 data shows 37 patients waited over 6 weeks, a notable increase from previous months (7 x April, 4 x May, 17 x June). This equates to a **monthly breach rate of 1.61%**. The **year to date performance is 0.62% against the end of year target of 1%**.

The provider with the highest number of patients waiting over 6 weeks in June is Kingston Hospital (25).

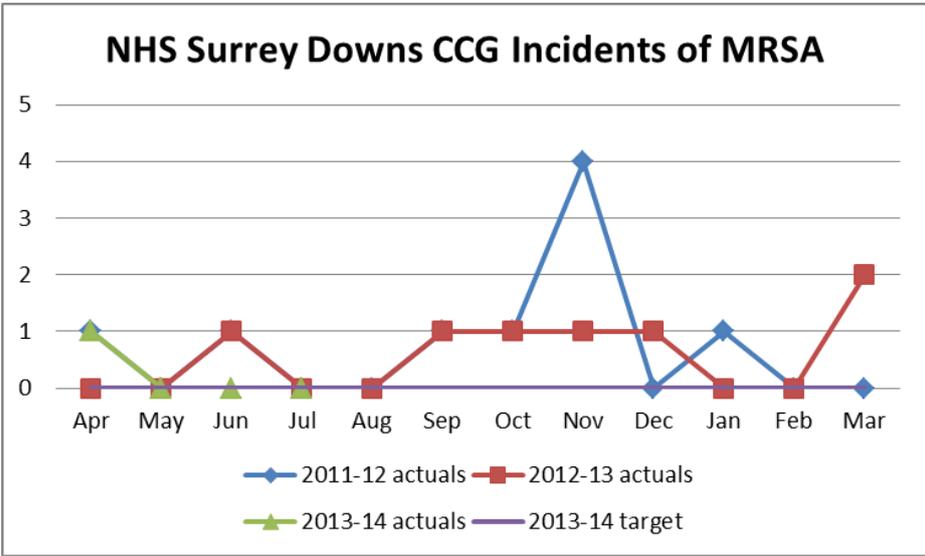
### 5.2. Incidence of Healthcare associated infection (HCAI): MRSA (July data)

*(More detail can be found in the Clinical Quality and Patient Safety report)*

As reported previously, there has been **one recorded incident of MRSA** against a **target of zero for the financial year**. The infection was recorded in April at Guy's & St Thomas' NHS Foundation Trust. However following a Post Infection Review (PIR) it was not assigned to Surrey Downs CCG.

The Balanced Scorecard assessment of MRSA for CCG assurance is based on the number of cases assigned to CCGs following a PIR; therefore Surrey Downs CCG's Balanced Scorecard shows no cases of MRSA during Quarter 1.

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



A Post Infection review (PIR) has been completed and scrutinised by the Surrey Infection Control Lead and the noted improvements in practice have been implemented.

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. MRSA and C. Difficile frequency together constitute 12.5% of the eligible funding. Therefore if both measures exceed the target over the year then this funding will not be received. C. Difficile is currently 5 cases (19%) over the level projected to stay within the target limit of 73 at the end of the year.

## **6. Recommendations and Next Steps**

Surrey Downs CCG to assign owners and clinical leads to key performance indicators (KPIs). These will be taken to the next Governing Body meeting for approval.

The Governing Body are asked to note the current performance of Surrey Downs CCG.

### 3. Full Detail: Performance data

#### CCG Outcomes Indicator Set (10.09.13)

Indicator	Measure	Baseline Period	Frequency	Baseline	Apr	May	Jun	Jul	YTD
<b>1 Preventing people from dying prematurely</b>									
1a Potential years of life lost (PYLL) from causes considered amenable to healthcare	Age/sex standardised rate per 100,000 pop	Average	Annual	1616					
1.1 Under 75 mortality rate from cardiovascular disease	Age/sex standardised rate per 100,000 pop	2011	Annual	43.74					
1.2 Under 75 mortality rate from respiratory disease	Age/sex standardised rate per 100,000 pop	2011	Annual	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	3.16		5.86
1.4 Under 75 mortality rate from cancer	Age/sex standardised rate per 100,000 pop	2011	Annual	97.20					
<b>2 Improving quality of life for people with long term conditions</b>									
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	Annual	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	15.39	10.77		44.63
Estimated diagnosis rate for people with dementia	Age/sex standardised rate per 100,000 pop								
<b>3 Helping people to recover from episodes of ill health or following injury</b>									
3a Emergency admissions for acute conditions that should not usually require hospital admission ( <i>more detail in Clinical Quality and Patient Safety report</i> )	Age/sex standardised rate per 100,000 pop	2012	Annual	740.36					
3b Emergency readmissions within 30 days of discharge from hospital ( <i>more detail in Clinical Quality and Patient Safety report</i> )	% rate standardised by age, sex, method of admission & diagnosis/procedure	2011	Annual	11.48					
3.1i Patient reported outcome measures for elective procedures – hip replacement	EQ-5D Index case mix adjusted health gain	2012	Annual	0.42					
3.1ii Patient reported outcome measures for elective procedures – knee	EQ-5D Index case mix adjusted health gain	2012	Annual	0.29					
3.1iii Patient reported outcome measures for elective procedures – groin hernia	EQ-5D Index case mix adjusted health gain	2012	Annual	0.04					
3.1iii Patient reported outcome measures for elective procedures – varicose veins	EQ-5D Index case mix adjusted health gain		Annual						
3.2 Emergency admissions for children with lower respiratory tract infections	Age/sex standardised rate per 100,000 pop	2012	Monthly	272.99	10.77	12.31	1.54		24.62
<b>4 Ensuring that people have a positive experience of care - more detail in Clinical Quality and Patient Safety report</b>									
4ai Patient experience of GP services	% who report their experience as "very good" or "fairly good"		6 Monthly						
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		Annual						
Friends and family test	Net promoter score: range from -100 to 100	Methodology for CCG breakdown to be developed for 2014/15							
<b>5 Treating and caring for people in a safe environment and protecting them from avoidable harm - more detail in Clinical Quality and Patient Safety report</b>									
5.2i Incidence of Healthcare associated infection (HCAI): MRSA	Rate per 100,000 registered pop, not age/sex standardised	2012/13	Monthly	0	1	0	0	0	1
5.2ii Incidence of Healthcare associated infection (HCAI): C Difficile	Rate per 100,000 registered pop, not age/sex standardised	2012/13	Monthly	73	6	6	3	14	29

## NHS Constitution Metrics (10.09.13)

Indicator	Target	Apr	May	Jun	Jul	YTD
<b>Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment</b>						
Referral to treatment times (RTT):% of admitted patients who waited 18 weeks or less	90%	93.9%	94.3%	95.5%	95.2%	94.6%
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	95%	97.9%	98.2%	98.0%	98.5%	98.0%
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	92%	96.8%	97.2%	96.7%	97.1%	97.1%
<b>Diagnostic test waiting times</b>						
% Patients waiting within 6 weeks for a diagnostic test	99%	99.71%	99.86%	99.39%	98.52%	99.36%
<b>A&amp;E waits</b>						
A&E waits within 4hrs (QTD)	95%	94.00%	95.66%	96.88%	96.76%	96.76%
<b>Cancer waits – 2 week wait</b>						
CB_B6: Cancer patients seen within 14 days after urgent GP referral	93%	96.94%	95.29%	95.67%	94.58%	95.55%
CB_B7: Breast Cancer Referrals Seen within 2 weeks	93%	93.55%	90.57% (10 breaches)	94.06%	90.08% (12 breaches)	91.92% (34 breaches)
<b>Cancer waits – 31 days</b>						
CB_B8: Cancer diagnosis to treatment within 31 days	96%	95.00% (5 breaches)	100%	100%	99.00%	98.39%
CB_B9: Cancer Patients receiving subsequent surgery within 31 days	94%	95.00%	100%	100%	100.00%	98.28%
CB_B10: Cancer Patients receiving subsequent Chemo/Drug within 31 days	98%	100%	100%	100%	100.00%	100.00%
CB_B11: Cancer Patients receiving subsequent radiotherapy within 31 days	94%	95.24%	100%	100%	100.00%	98.73%
<b>Cancer waits – 62 days</b>						
CB_B12: Cancer urgent referral to treatment within 62 days	85%	78.85% (11 breaches)	81.82% (10 breaches)	90.91%	90.74%	85.37%
CB_B13: Cancer Patients treated after screening referral within 62 days	90%	100%	100%	71.43% (2 breaches)	100.00%	83.33% (2 breaches)
CB_B14: Cancer Patients treated after consultant upgrade within 62 days	Local	100%	100%	100%	0% (1 breach)	87.50%
<b>Category A ambulance calls</b>						
Life threatening (defibrillator required): Cat A calls within 8 minutes - Red 1	75%	70.8%	79.2%	77.3%	61.9%	75.0%
Life threatening (defibrillator NOT required): Cat A calls within 8 minutes - Red 2	75%	68.7%	75.0%	75.6%	69.9%	72.1%
All life threatening: Cat A calls within 19 minutes	95%	97.8%	97.8%	97.4%	96.6%	97.8%
<b>Mixed Sex Accommodation Breaches - more detail in Clinical Quality and Patient Safety report</b>						
Mixed Sex Accommodation Breaches	0	10	3	0	1	14
<b>Cancelled Operations</b>						
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%					
<b>Mental health</b>						
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%					

Note: Volumes for cancer waits are shown where percentages are rated red or amber against target. More detail including breach reasons can be found in the Clinical Quality and Patient Safety report.

## CCG Operating Plan (10.09.13)

	Target	Apr	May	Jun	Jul	YTD
<b>NCB Required trajectories</b>						
i) What dementia diagnosis rate are you aiming for in 2013/14 and 2014/15?	48.2%	N/A - dementia project launched July 2013				
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%	Data currently being collected				
<b>NCB Local priorities</b>						
Dementia - Number of new patients screened for dementia	12.2%	N/A - dementia project launched July 2013				
LTC - Number of patients with LTC managed on the Virtual Ward (CHD, Diabetes, COPD)	10.0%	11.5%	12.3%	12.1%		N/A (snapshot)
Stroke Prevention - Anti-Coagulation monitoring Out-of-Hospital (appointments)	9.1%	Data currently being collected				
<b>Activity trajectories 2013/14</b>	<b>Year on year change</b>	<b>Variation against plan</b>				
i) Elective FFCEs	2.0%	-5.4%	-22.3%	-16.1%	-12.5%	-14.9%
ii) Non-elective FFCEs	-4.1%	21.1%	-6.3%	5.9%	2.3%	4.4%
iii) First Outpatient Attendances	2.0%	4.7%	-7.6%	-2.1%	1.9%	-1.5%
iv) A&E Attendances	2.0%	-6.0%	-4.3%	-3.1%		-4.5%

## OOH Services (10.09.13)

	Baseline 2012/13	Apr	May	Jun	Jul
Base Visit (SRY)	1054	686	886	862	707
District Nurse (SRY)	37	19	28	24	24
Home Visit (SRY)	422	291	344	325	228
Message Only	5	2	1	1	2
Pathways Clinician	7	0	0	0	0
Tel Advice (SRY)	1130	548	542	0	0
Telephone Answering (SRY)	9	1	2	0	1
Post 111 total jobs	0	885	1301	877	776
<b>Grand Total</b>	<b>2662</b>	<b>2432</b>	<b>3104</b>	<b>2089</b>	<b>1738</b>

## 111 Service (10.09.13)

	Baseline	Apr	May	Jun	Jul
<b>GP Services</b>					
To Be Seen By GP Practice Within 2 Hours	-	24.2%	25.0%	30.4%	33.5%
To Be Seen By GP Practice Within 6 Hours	-	30.3%	27.1%	31.1%	32.1%
To Be Seen By GP Practice Within 12 Hours	-	3.7%	5.5%	6.8%	6.6%
To Be Seen By GP Practice Within 24 Hours	-	12.7%	10.1%	8.6%	8.1%
For persistent or recurrent symptoms: get in touch with the GP Practice within 2 weeks	-	0.0%	0.0%	0.0%	0.0%
Speak To GP Practice Within 1 Hour	-	8.7%	12.0%	12.1%	9.9%
Speak To GP Practice Within 2 Hours	-	3.1%	3.2%	3.5%	3.5%
Speak To GP Practice Within 6 Hours	-	3.3%	2.7%	1.9%	2.4%
Speak To GP Practice Within 12 Hours	-	1.5%	0.8%	1.4%	1.0%
Speak To GP Practice Within 24 Hours	-	0.6%	0.3%	0.7%	0.4%
MUST be seen by own GP Practice within 3 working days	-	0.1%	0.2%	0.0%	0.0%
<b>Dental Services</b>					
To Be Seen By Dental Practice Within 2 Hours	-	0.0%	0.0%	0.0%	0.0%
To Be Seen By Dental Practice Within 6 Hours	-	0.8%	0.8%	0.0%	0.0%
To Be Seen By Dental Practice Within 12 Hours	-	1.0%	1.2%	0.0%	0.0%
To Be Seen By Dental Practice Within 24 Hours	-	4.6%	4.1%	0.0%	0.0%
To be seen by Dental Practice within 3 working days	-	0.6%	1.2%	0.0%	0.0%
<b>Pharmacy Services</b>					
Contact Pharmacist	-	0.3%	0.0%	0.1%	0.0%
Repeat Prescription required within 6 hours	-	0.5%	0.9%	0.5%	0.1%
<b>Pharmacy Services</b>					
Speak To A Midwife within 1 hour	-	0.0%	0.0%	0.0%	0.0%
Contact Genito-Urinary Clinic	-	0.0%	0.0%	0.0%	0.0%

## 4. Appendix 1: Mixed Sex Accommodation



To: Acute Trust Chief Executives  
Acute Trust Directors of Nursing  
Mark Turner, Monitor  
Matthew Trainer, CQC  
CCG Nurse Directors  
CSUs

29 August 2013

Dear Colleague

NHS Trusts in London have implemented a range of initiatives over a number of years to improve privacy and dignity for patients in their care. A central component of this is the aim to eliminate mixed sex accommodation (MSA), except when it is in the overall best interest of the patient, or reflects their personal choice. Data trends from the mandatory reporting of mixed sex accommodation have demonstrated the positive impact of these initiatives with a significantly improved position across London and the rest of the country.

NHS England and the Trust Development Authority (TDA) in their joint roles have identified variations in the reporting arrangements for London's trusts against the guidance outlined in the Professional Letter 2010 ( PL/CNO/2010/3)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215932/dh\\_121860.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215932/dh_121860.pdf) In the light of this, we are writing to you to confirm the updated reporting arrangements for Mixed Sex Accommodation Breaches.

As you will know, we have a duty to protect patients' privacy and dignity at all times and patients should be treated in single sex wards and facilities unless clinically appropriate. This is mainly confined to patients who need highly specialised care, such as that delivered in critical care units.

We have identified a small variation in the reporting arrangements in London concerning patients transferring from these settings. To ensure there is consistency in the way MSA is monitored nationally, we are therefore writing to you to confirm that it is the national guidance which should be followed as outlined above from September 1<sup>st</sup> 2013.

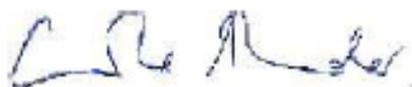
It is of utmost importance that the interpretation of national guidance focuses on the individual needs of patients and ensures that they are cared for in the best place appropriate to their clinical needs. Clinical judgment must be used to determine the time of transfer from, for example, a critical care unit.

The national guidance does not specify a timescale for the transfer of critical care patients. It is important that all trusts take this into account when reporting MSA breaches.

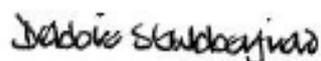
It is equally important to recognise that there may be occasions when, on safety grounds, a breach of MSA guidelines is necessary. These instances should still be reported as a breach. Further detail on the circumstances in which mixing is justified (and therefore does not constitute a breach) is provided in the national guidance attached at appendix A.

We would like to thank you for continued commitment to this key patient experience issue, should you require further information about the contents of this letter please contact Yvonne Franks, Head of Patient Experience and Quality, [yvonne.franks@nhs.net](mailto:yvonne.franks@nhs.net)

Yours sincerely



Caroline Alexander  
Chief Nurse (London Region)



Debbie Stubberfield  
Clinical Quality Director

## 5. Appendix 2: 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;

## 6. Attached paper: MAR Non-elective FFCEs



### Surrey Downs Clinical Commissioning Group

<b>Title:</b>	<b>MAR (Monthly Activity Return) Non-elective FFCEs</b>
<b>Author:</b>	Laura Starkey
<b>Date:</b>	10 <sup>th</sup> September 2013

#### 1. Introduction

At the Q1 assurance meeting on 4 September 2013, the Local Area Team queried Surrey Downs CCG's Non-Elective First Finished Consultant Episodes (NEL FFCEs) over-performance as reported in the Monthly Activity Return (MAR) via UNIFY.

This has prompted the following questions:

1. What is the actual level of over-performance of NEL FFCEs of the Monthly Activity Return (MAR) for Surrey Downs CCG?
2. How does the MAR actual activity level compare with the current contracted plan for non-electives?
3. Is Surrey Downs CCG's NEL activity greater than previous years?
4. How does the total MAR NEL FFCE actual from this year compare to previous years?

#### 2. Key findings

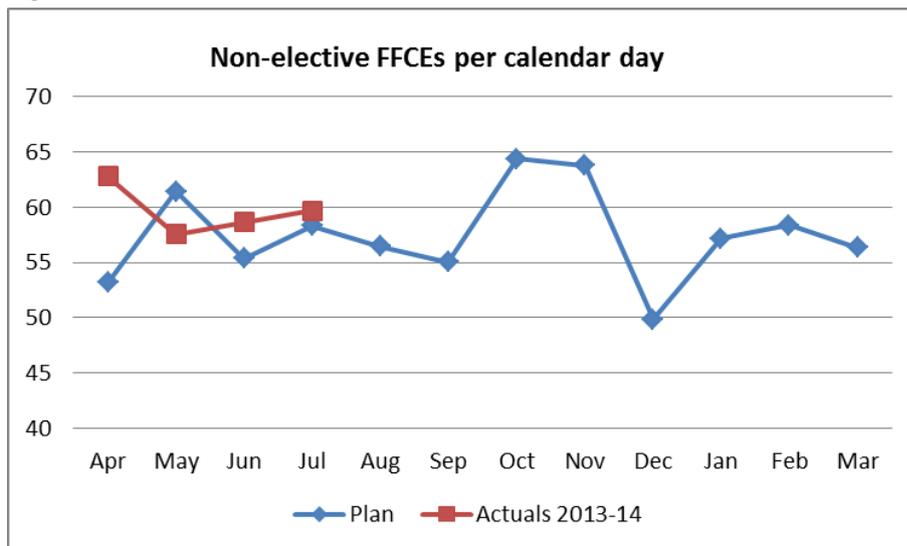
Key findings in relation to the questions above:

1. Surrey Downs CCG's NEL FFCEs are 4.4% higher than the MAR plan from April to July.
2. The MAR actual NEL FFCEs from April to July are 15.9% lower than the contracted plan for non-electives spells. Therefore the increase in MAR activity does not reflect a cost pressure for the CCG.
3. NEL spells show a 2.1% year on year reduction from April to July.
4. Surrey Downs CCG do not currently have the data to compare with previous years due to the disaggregation of Surrey PCT.

### 3. Analysis

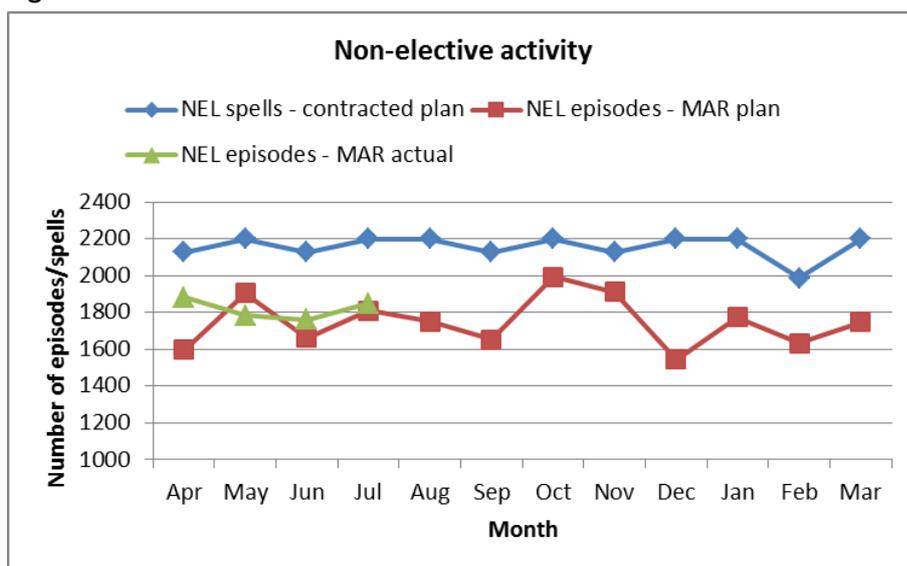
Question 1: Surrey Downs CCG recorded an increase in NEL FFCEs of 4.4% compared to the MAR plan from April to July. The MAR plan includes anticipated reductions from QIPP which have been incorporated into the plan figures from 1<sup>st</sup> April. However, other activity impacts resulting from disaggregation such as specialist commissioning, sexual health, dental activity and the creation of six CCGs from Surrey PCT may not have been adequately modelled.

Figure 1



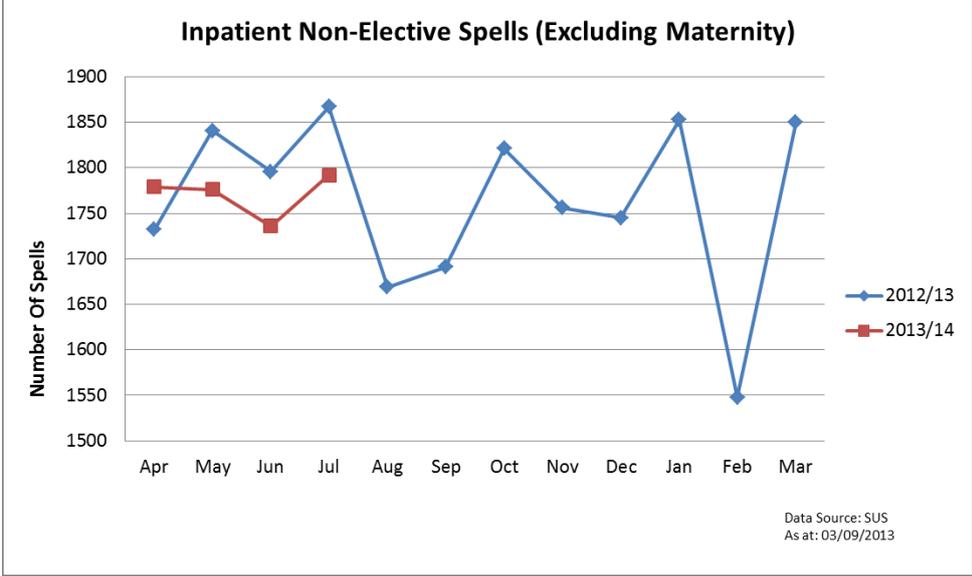
Question 2: The MAR actual NEL FFCEs are 15.9% lower than the contracted plan for non-elective spells from April to July. Therefore only a very exceptional MAR variance would have a financial implication. Surrey Downs CCG is working closely with South CSU to monitor acute contracts performance. Though there has been an increase in NEL admission, the current M4 performance for the top four major acute contracts shows an aggregate favourable position of £450K for NEL Inpatients.

Figure 2



Question 3: NEL spells have decreased by 2.1% from April to July 2013 compared to the same period in 2012. April is the only month in 2013/14 which shows an increase, with notable reductions from May to July.

**Figure 3**



Question 4: Surrey Downs CCG do not currently have the data to compare with previous years due to the disaggregation of Surrey PCT. This would require all the Surrey CCGs’ activity to be aggregated in order to be compared with Surrey PCT’s previous years. Surrey Downs CCG would like to request that the Local Area Team undertake this piece of work to compare the aggregate Surrey CCGs position with Surrey PCT performance prior to 2013/14.

**4. Conclusions and Next Steps**

1. MAR is useful as an indication of the direction of travel.
2. Surrey Downs CCG contracted their activity based on 2012/13 outturn. The contracted values are above the MAR plan. Therefore, conclusions on whether there is a cost pressure based solely on MAR data are questionable
3. Surrey Downs CCG will continue to monitor MAR and manage activity levels as per the current contracts set up, triangulating with the acute contracts team on a regular basis
4. Surrey Downs CCG would like to request that the Local Area Team compare previous years’ MAR for Surrey PCT with the aggregate Surrey CCGs’ MAR.