


Title of paper:	Performance Report
Meeting:	Governing Body, 29 th November 2013
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Exec Lead:	Keith Edmunds, Chief Finance Officer

Purpose	To Agree	
	To Advise	
	To Note	

Development

Monthly report on National KPIs produced with input from Heads of Service and from National sources. Reviewed on a monthly basis at the Executive committee (5th November 2013)

Executive Summary and Key Issues

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

1. **Incidence of Healthcare associated infection (HCAI): MRSA***
2. **Incidence of Healthcare associated infection (HCAI): C. difficile ***
3. **Improving Access to Psychological Therapies (IAPT)**

Recommendation(s): This report is to advise the Governing body of significant performance issues

Attachments: Performance report for November

Implications for wider governance

Quality and patient safety: Covers high level Quality National and Local indicators such as Infection control. This report should be read in conjunction with the Quality Report

Agenda item	15
Attachment	12

Patient and Public Engagement: No specific requirement

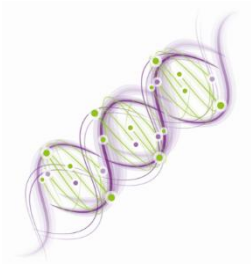
Equality Duty: In line with the NHS constitution, the CCG commissions services in order to meet the Equality requirements of all protected groups

Finance and resources: This report should be read in conjunction with the Finance report.

Communications Plan: This report is available on the CCG website

Legal or compliance issues: No significant issues with respect to legal or compliance issues.

Risk and Assurance: There are risks on the CCG Risk Register with respect to SECAMB performance, Patient Transport and achievement of the Quality Premium.



NHS South
Commissioning Support Unit

Surrey Downs CCG Performance Report

**For Governing Body
29th November 2013**

1. Surrey Downs Governing Body Performance Report

Month 6 – September data

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” and “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 three 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 27th August for review with CCGs. Following feedback from CCGs, NHS England has delayed the publication of the Balanced Scorecard.

The CCG Balanced Scorecard for Quarter 2 is due for release to CCGs by NHS England after 21st November. The precise date has not yet been confirmed.

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

1. **Incidence of Healthcare associated infection (HCAI): MRSA***
2. **Incidence of Healthcare associated infection (HCAI): C. difficile ***
3. **Improving Access to Psychological Therapies (IAPT)**

* **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): MRSA (September data)

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

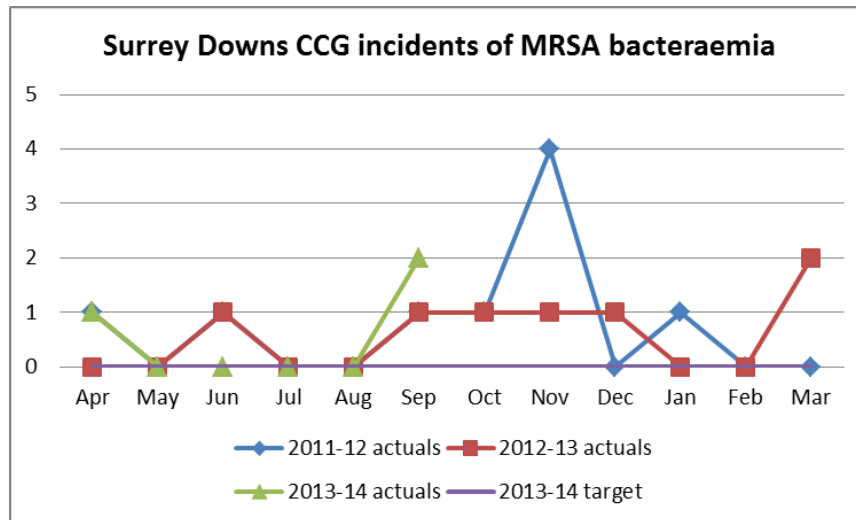
In September 2013 there have been **two recorded cases of MRSA** bacteraemia. This brings the year to date total to **three against a target of zero for the financial year**.

There has been one infection reported at Epsom and St Helier and one at Royal Surrey County Hospital during September. Post Infection Reviews (PIRs) have been completed and both cases have been assigned to the acute trust. However it is yet to be determined whether the cases will be assigned to Surrey Downs CCG. The PIR reports have been received by the Quality Team; further details can be found in section 3.1 of the Clinical Quality and Patient Safety report.

The other infection this financial year was recorded in April at Guy's & St Thomas'. However following the PIR it was not assigned to Surrey Downs CCG. The PIR was completed and scrutinised by the Surrey Infection Control Lead and the noted improvements in practice have been implemented.

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 bacteraemia during Quarter 1.

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



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 twelve cases (32%) over the level projected to stay within the target limit of 73 at the end of the year (see paragraph 3.2).

3.2. Incidence of Healthcare associated infection (HCAI): *C. difficile* (September data)

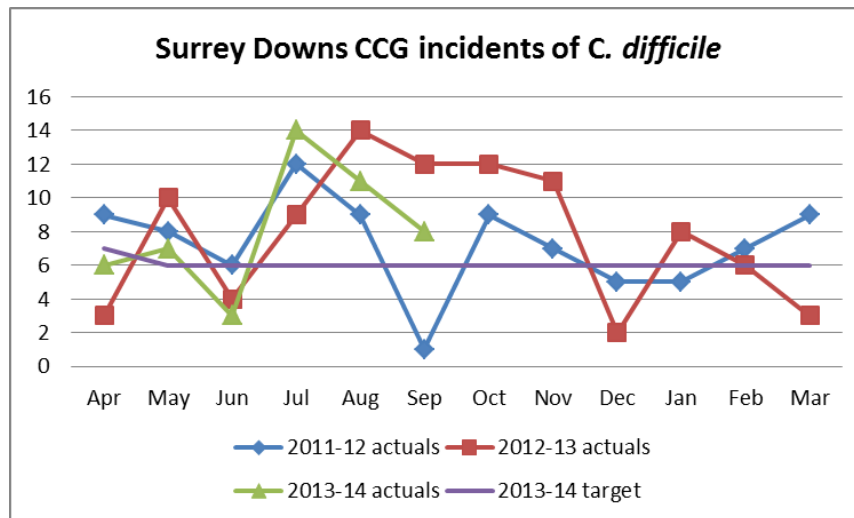
(More detail can be found in the Clinical Quality and Patient Safety report)

There have been eight recorded incidents of *C. difficile* in September 2013. This brings the **year to date total to 49**. This is twelve cases (32%) over the level projected to stay within the **target limit of 73 at the end of the year**.

Month	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Cases of <i>C. difficile</i>	6	7	3	14	11	8

The September infections were recorded at Epsom and St Helier (5), Great Ormond Street (1) and Royal Marsden (2). However the infections at Epsom and St Helier and Royal Marsden were not apportioned to the Trust. Further details can be found in section 3.1 of the Clinical Quality and Patient Safety report.

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 the CCG Outcome Indicator Set and also 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 zero cases (see paragraph 3.1).

3.3. Improving Access to Psychological Therapies (IAPT) (September data)

Improving Access to Psychological Therapies (IAPT) is included in the CCG operating plan and is based on data submitted as part of the HSCIC IAPT data requirement.

In Surrey Downs 11% of adults who have depression and/or anxiety disorders are receiving psychological therapies. Performance is expected to be maintained at 11% until the end of the year.

Surrey Downs CCG's activity trajectory had set a target of a full year run rate of 15%. As the AQP provision started part year, the CCG expects to provide psychological therapies to 11% of the appropriate population for 2013/14.

The full year run rate of 15% was erroneously submitted as the 2013/14 target as opposed to the partial year figure of 11%. Surrey Downs CCG is in discussions with the Local Area Team to change the target to reflect the part year effect.

The IAPT figure had been reached by taking the Surrey prevalence figure 107,387 (taken from the Psychiatric morbidity survey and correlates with the national Omnibus figure used for Surrey) and divided by the weighted CCG split. The target was based on discussions with Surrey CCGs on their commissioning intentions level for 2013/14 to meet the national target of 15% by March 2015. The CCG Collaborative had agreed to work with 11% as the intended level for 2013/14 as a phased approach mitigates the financial risk. With the IAPT contract moving to AQP on 1st April 2013 the activity had a risk to be higher than the CCG's target.

4. Below performance standards: Amber Risk

4.1. Breast cancer referrals seen within two weeks (September data)

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

87.3% of patients referred were seen within two weeks in September 2013, a decrease from 93.0% in August. In September, nine out of 71 patients treated were seen after two weeks resulting in a **year to date performance of 91.52%**. This is nine breaches over the level required to reach the 93% target. Five of the nine breaches in September were due to patient choice.

Performance for Surrey Downs referrals is currently below target at Royal Marsden (90.9%, 28 breaches) and SASH (90.0%, six breaches). A Trust action plan is in place at Royal Marsden to increase capacity, which is being monitored by South London CSU. September's performance shows an improvement from the previous two months.

4.2. Life threatening (defibrillator NOT required): Cat A calls within eight minutes - Red 2 (less time critical) (September data)

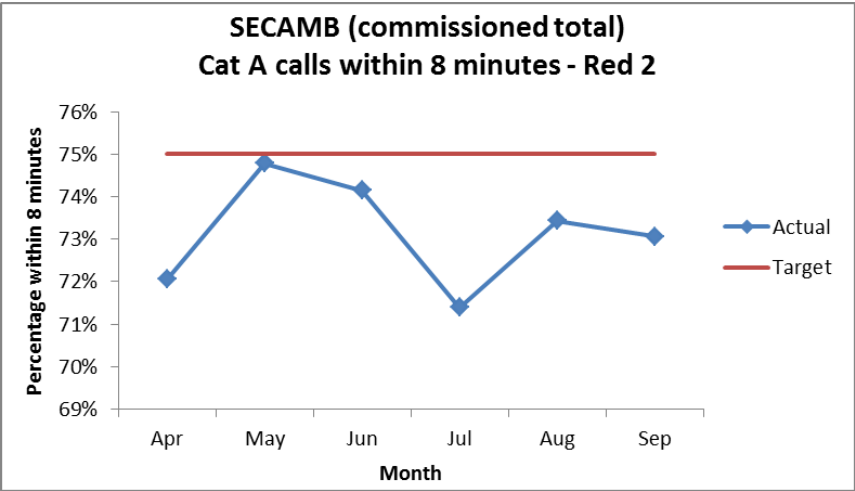
The following measure is part of the NHS Constitution and has a target of 75%. Performance is assessed at whole Trust level.

During the first six months of the year performance is **73.4% against the target of 75%**. Performance has been below the target of 75% in each month this year, with 73.1% in September 2013. Performance for Surrey Downs CCG patients only is 71.9% year to date.

Surrey Downs CCG has raised this issue with the Surrey CCG Collaborative. There is ongoing development to manage the contract more robustly and is being led by South London CSU, with East Surrey CCG as the lead commissioners for Surrey. They are working towards establishing more local contracting meetings where performance can be sufficiently scrutinised.

A monthly contracts performance sub-committee has been formed by South London CSU on behalf of East Surrey CCG. The first meeting will be in December 2013 and Surrey Downs CCG will be in attendance along with representatives from South CSU.

The commissioning arrangements of this service will be reviewed.



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

5.1. Referral to treatment (RTT) waiting times for non-urgent consultant-led treatment – incomplete pathways (September data)

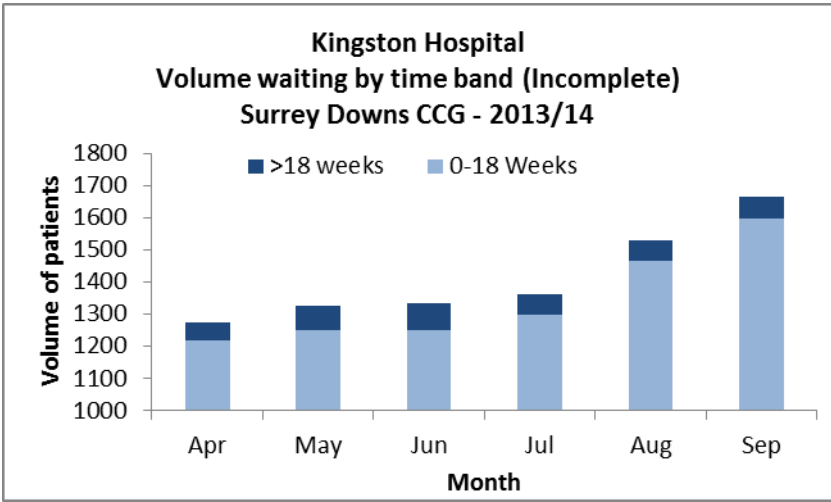
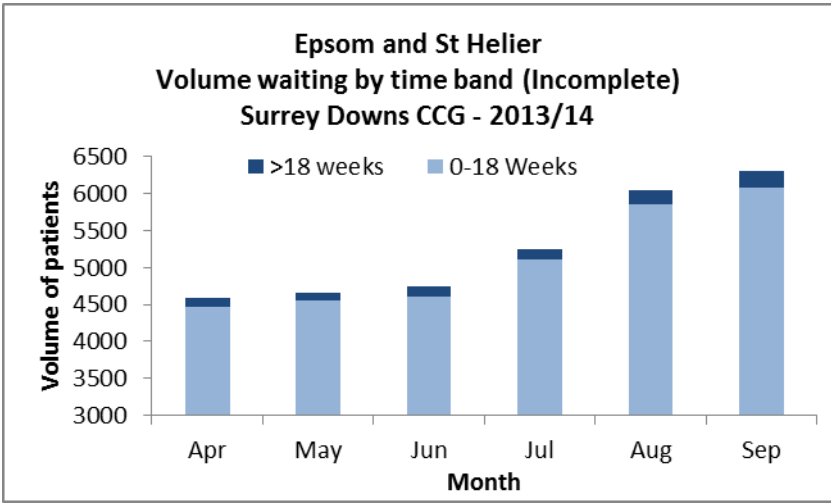
Under the NHS Constitution patients have a right to start consultant-led treatment within a maximum of 18 weeks. NHS waiting times performance is monitored against standards set out in the NHS Operating Framework.

During the first six months of the year Surrey Downs CCG achieved **96.7% against a target of 92%** for patients on an incomplete pathway.

Epsom and St Helier have the largest volume of referrals and have reported a decline in performance, although they are still achieving target with 96.6%. However the impact of transfers from EDICS is expected to be seen over the next two months.

Kingston’s performance is also expected to decrease due to transfers from EDICS. However the impact has not yet been seen, with performance remaining steady in August and September.

A small number of patients waiting longer than 35 weeks have been identified at various providers. The contract management team have raised these with the Trusts and updates will be reported to the next Governing Body meeting.



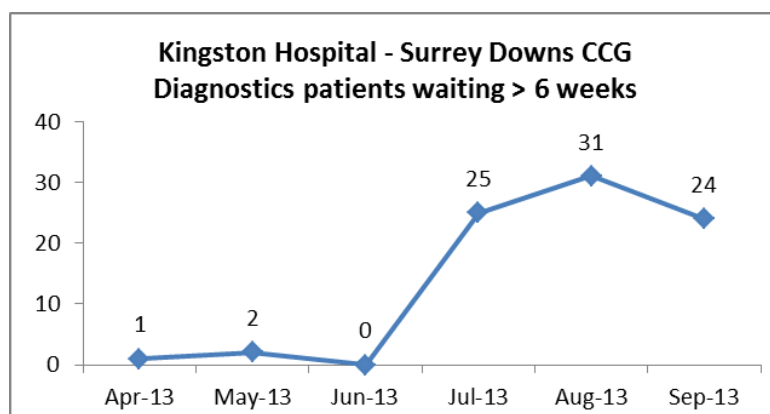
5.2. Diagnostic test waits within six weeks (September data)

The proportion of patients waiting up to six 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 six weeks.

September 2013 data shows 29 patients waited over six weeks, a decrease from August's peak. This equates to a **monthly breach rate of 1.03%**. The **year to date performance is 0.83% against the end of year limit of 1%**.

Month	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Patients waiting over 6 weeks	7	4	17	37	38	29

The provider with the highest number of patients waiting over six weeks in September is Kingston Hospital (24), a decrease from August (31). The issue was caused by a shortage of two sonographers leading to a backlog. Additional evening clinics are being held to clear the backlog (six in August, seventeen in September) and locum cover has been secured. The Trust is monitoring wait lengths against a recovery trajectory which sees the backlog cleared by the end of October. The contract management team will continue to liaise with Kingston to monitor progress clearing the backlog.



5.3. Local priority 1: Dementia screening (September data)

One of the three locally identified priorities included in the Quality Premium is Dementia screening. The target is to screen 500 patients for dementia during 2013/14.

The dementia screening progress started later than expected in July, therefore in Quarter 1 there were no screens. However there has been significant uptake of screening and the LINK practitioners are working at full capacity. **640 patients were screened in Quarter 2** which **exceeds the full year target of 500**.

Surrey Downs CCG will be aiming for a stretch target of 1500 by the end of Quarter 4.

5.4. Local priority 3: Stroke prevention (annual data)

Another of the three locally identified priorities included in the Quality Premium is Stroke prevention, measuring the number of patients having anti-coagulation monitoring in an out

of hospital setting. The target set is to increase the number of patients by 9.1% from last year. The aim is to repatriate patients from acute settings and to increase awareness and skillsets with Out of Hospital and Independent Contractors.

According to the Medicines Management team's annual INR audit in 2012/13, there were 2783 patients being monitored. The 2013/14 audit has reported 3380 patients, which is an increase of **21.5% against the target of 9.1%**.

6. Recommendations and Next Steps

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

3. Full Detail: Performance data

CCG Outcomes Indicator Set (07.11.13)

Indicator	Measure	Baseline Period	Frequency	Baseline	Apr	May	Jun	Jul	Aug	Sep	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	Annual	1616	Data not yet released						
1.1 Under 75 mortality rate from cardiovascular disease	Age/sex standardised rate per 100,000 pop	2011	Annual	43.74	Data not yet released						
1.2 Under 75 mortality rate from respiratory disease	Age/sex standardised rate per 100,000 pop	2011	Annual	23.38	Data not yet released						
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	3.61	0.45	1.35	0.45	8.56
1.3 Under 75 mortality rate from liver disease	Age/sex standardised rate per 100,000 pop	2011	Annual	10.84	Data not yet released						
1.4 Under 75 mortality rate from cancer	Age/sex standardised rate per 100,000 pop	2011	Annual	97.20	Data not yet released						
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	Indicators in development; awaiting national guidance									
2.2 Proportion of people feeling supported to manage their condition	% who report "Yes, definitely" or "Yes, to some extent"	Indicators in development; awaiting national guidance									
2.3i Unplanned hospitalisation for chronic ambulatory sensitive conditions	Age/sex standardised rate per 100,000 pop	2012	Annual	509.94	Data not yet released						
2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Age/sex standardised rate per 100,000 pop	2012	Monthly	211.75	Data not yet released						
Estimated diagnosis rate for people with dementia	Age/sex standardised rate per 100,000 pop	Indicator in development; awaiting national guidance									
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 (<i>more detail in Clinical Quality and Patient Safety report</i>)	Age/sex standardised rate per 100,000 pop	2012	Annual	740.36	Data not yet released						
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	Data not yet released						
3.1i Patient reported outcome measures for elective procedures – hip	EQ-5D Index case mix adjusted health gain	2012	Annual	0.42	Data not yet released						
3.1ii Patient reported outcome measures for elective procedures – knee	EQ-5D Index case mix adjusted health gain	2012	Annual	0.29	Data not yet released						
3.1iii Patient reported outcome measures for elective procedures – groin hernia	EQ-5D Index case mix adjusted health gain	2012	Annual	0.04	Data not yet released						
3.1iii Patient reported outcome measures for elective procedures – varicose	EQ-5D Index case mix adjusted health gain		Annual		Data not yet released						
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	10.77	9.23	6.16	47.7
4 Ensuring that people have a positive experience of care - more detail in Clinical Quality and Patient Safety report											
4ai Patient experience of GP services	% who report their experience as "very good" or "fairly good"		6 Monthly		Data not yet released						
4aai Patient experience of GP out of hours services	% who report their experience as "very good" or "fairly good"	Mar-12	6 Monthly	67.15%	Data not yet released						
Patient experience of hospital care	Composite experience scores (out of 100) at this CCG's main 5 providers		Annual		Data not yet released						
Friends and family test	Net promoter score: range from -100 to 100	National methodology for CCG breakdown to be developed for 2014/15									
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											
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	0	2	3
5.2ii Incidence of Healthcare associated infection (HCAI): <i>C difficile</i>	Rate per 100,000 registered pop, not age/sex standardised	2012/13	Monthly	73	6	7	3	14	11	8	49

NHS Constitution Metrics (06.11.13)

Indicator	Target	Apr	May	Jun	Jul	Aug	Sep	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%	93.40%	94.30%	95.50%	95.20%	94.60%	93.90%	94.48%
Referral to treatment times (RTT):% of non-admitted patients who waited 18 weeks or less	95%	97.90%	98.40%	98.00%	98.50%	98.00%	97.30%	98.02%
Referral to treatment times (RTT):% of incomplete patients waiting 18 weeks or less	92%	96.80%	97.20%	96.70%	97.10%	96.20%	96.40%	96.40%
Diagnostic test waiting times								
% Patients waiting within 6 weeks for a diagnostic test	99%	99.71%	99.86%	99.39%	98.54%	98.59%	98.97%	99.17%
A&E waits								
A&E waits within 4hrs (QTD)	95%	94.00%	95.66%	96.88%	96.76%	95.74%	94.85%	95.69%
Cancer waits – 2 week wait								
CB_B6: Cancer patients seen within 14 days after urgent GP referral	93%	96.94%	95.29%	95.67%	94.58%	94.80%	95.22%	95.35%
CB_B7: Breast Cancer Referrals Seen within 2 weeks	93%	93.55%	90.57% (10 breaches)	94.06%	90.08% (12 breaches)	93.02%	87.32% (9 breaches)	91.52% (49 breaches)
Cancer waits – 31 days								
CB_B8: Cancer diagnosis to treatment within 31 days	96%	95.00% (5 breaches)	100%	100%	99.00%	97.96%	99.05%	98.44%
CB_B9: Cancer Patients receiving subsequent surgery within 31 days	94%	95.00%	100%	100%	100%	90.91% (1 breach)	96.00%	96.81%
CB_B10: Cancer Patients receiving subsequent Chemo/Drug within 31 days	98%	100%	100%	100%	100%	100%	100%	100%
CB_B11: Cancer Patients receiving subsequent radiotherapy within 31 days	94%	95.24%	100%	100%	100%	100%	100%	99.12%
Cancer waits – 62 days								
CB_B12: Cancer urgent referral to treatment within 62 days	85%	78.85% (11 breaches)	81.82% (10 breaches)	90.91%	90.74%	90.74%	83.93% (9 breaches)	86.03%
CB_B13: Cancer Patients treated after screening referral within 62 days	90%	100%	100%	71.43% (2 breaches)	100%	100%	100%	91.30%
CB_B14: Cancer Patients treated after consultant upgrade within 62 days	Local	100%	100%	100%	0% (1 breach)	100%	100%	92.86%
Category A ambulance calls (Trust level)								
Life threatening (defibrillator required): Cat A calls within 8 minutes - Red 1	75%	75.6%	79.6%	75.3%	72.9%	74.2%	76.5%	76.0%
Life threatening (defibrillator NOT required): Cat A calls within 8 minutes - Red 2	75%	72.1%	74.8%	74.2%	71.4%	73.4%	73.1%	73.4%
All life threatening: Cat A calls within 19 minutes	95%	96.7%	97.2%	96.8%	96.4%	96.8%	97.1%	96.9%
Mixed Sex Accommodation Breaches - more detail in Clinical Quality and Patient Safety report								
Mixed Sex Accommodation Breaches	0	10	3	0	1	0	0	14
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%	Trust level data currently available; CCG breakdown not yet released						
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%	100%			98.61%			99.19%

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 (04.11.13)

	Target	Apr	May	Jun	Jul	Aug	Sep	YTD
NCB Required trajectories								
i) What dementia diagnosis rate are you aiming for in 2013/14 and 2014/15?	48.2%	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%	Data currently being collected						
NCB Local priorities								
Dementia - Number of new patients screened for dementia	500	Dementia project started Jul-13			640			640
LTC - Number of patients with LTC managed on the Virtual Ward (CHD, Diabetes, COPD)	600	1117			Quarter 2 data not yet released			1117
Stroke Prevention - Anti-Coagulation monitoring Out-of-Hospital (patients)	3036	Annual measure						3380
Activity trajectories 2013/14		Variation against plan						
i) Elective FFCEs	2.0%	-5.4%	-22.3%	-16.1%	-12.5%	-18.8%	-8.6%	-14.5%
ii) Non-elective FFCEs	-4.1%	21.1%	-6.3%	5.9%	2.3%	5.4%	8.6%	5.1%
iii) First Outpatient Attendances	2.0%	4.7%	-7.6%	-2.1%	1.9%	-2.4%	20.7%	1.8%

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
Grand Total	2662	2432	3104	2089	1738

111 Service (10.09.13)

	Baseline	Apr	May	Jun	Jul
GP Services					
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%
Dental Services					
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%
Pharmacy Services					
Contact Pharmacist	-	0.3%	0.0%	0.1%	0.0%
Repeat Prescription required within 6 hours	-	0.5%	0.9%	0.5%	0.1%
Pharmacy Services					
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: 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
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
LES	Local Enhanced Services
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	The provider of services to a CCG including both health care services to patients and ancillary commissioning support functions

Two Week Wait for Breast Symptoms (where cancer was not initially suspected)

NHS SURREY DOWNS CCG

99H

Portsmouth Hospitals NHS Trust missed the submission deadline for June 2013

Target 93%

		99H			RPY			RAX	
		NHS SURREY DOWNS CCG			THE ROYAL MARSDEN NHS FOUNDATION TRUST			KINGSTON HOSPITAL	
Year	Month	Total	after 14 days	Rate	Total	after 14 days	Rate	Total	after 14 days
2013	April	93	6	93.55%	52	4	92.31%	12	1
2013	May	106	10	90.57%	66	5	92.42%	7	0
2013	June	101	6	94.06%	59	5	91.53%	11	0
2013	July	121	12	90.08%	55	6	89.09%	14	0
2013	August	86	6	93.02%	35	4	88.57%	16	2
2013	September	71	9	87.32%	40	4	90.00%	4	0
2013	October	0	0		0	0		0	0
2013	November	0	0		0	0		0	0
2013	December	0	0		0	0		0	0
2014	January	0	0		0	0		0	0
2014	February	0	0		0	0		0	0
2014	March	0	0		0	0		0	0
2013-14 Cumulative		578	49	91.52%	307	28	90.88%	64	3



NHS TRUST	5P5			RTP			OTHERS		
	Surrey PCT			SURREY AND SUSSEX HEALTHCARE NHS TRUST					
Rate	Total	after 14 days	Rate	Total	after 14 days	Rate	Total	after 14 days	Rate
91.67%	18	1	94.44%	8	0	100.00%	3	0	100.00%
100.00%	14	2	85.71%	10	1	90.00%	9	2	77.78%
100.00%	17	0	100.00%	9	1	88.89%	5	0	100.00%
100.00%	27	4	85.19%	17	2	88.24%	8	0	100.00%
87.50%	17	0	100.00%	8	0	100.00%	10	0	100.00%
100.00%	15	3	80.00%	8	2	75.00%	4	0	100.00%
	0	0		0	0		0	0	
	0	0		0	0		0	0	
	0	0		0	0		0	0	
	0	0		0	0		0	0	
	0	0		0	0		0	0	
	0	0		0	0		0	0	
	0	0		0	0		0	0	
	0	0		0	0		0	0	
	0	0		0	0		0	0	
	0	0		0	0		0	0	
	0	0		0	0		0	0	

95.31%	108	10	90.74%	60	6	90.00%	39	2	94.87%
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