

Methodology for Mixed-Sex Accommodation Breach Rate Indicator

Introduction

The collection of mixed-sex accommodation (MSA) data was introduced in December 2010 to support the introduction of the [Eliminating Mixed Sex Accommodation](#) policy. This enabled the routine reporting of all occurrences of unjustified mixing of genders (i.e. breaches) in sleeping accommodation by providers of NHS funded health care, on a monthly basis. The data is published in order that patients and members of the public can see how individual healthcare providers are doing in terms of the since updated policy [Delivering same-sex accommodation](#). This paper describes the MSA breach rate indicator presented in the published statistics.

Why have a breach rate indicator?

A simple count of the number of MSA breaches would not provide a fair comparison across healthcare providers because raw numbers alone do not take account of the size of the organisation. It would be unfair to classify large acute providers as “worst performing”, compared to other, smaller providers, as they handle larger volumes of admitted patients and therefore the possibility of mixing patients is greater.

An indicator gives us the ability to compare healthcare providers with others, or to compare change over time. It can tell us how a provider is “performing” in relation to other similar organisations, or the national average, and whether they are improving or getting worse.

Indicator Description

Definition

The number of breaches of mixed-sex accommodation (MSA) sleeping accommodation, per 1,000 Finished Consultant Episodes.

Formula

MSA Breach Rate = (Numerator / Denominator) × 1,000

Numerator

The number of MSA breaches for the reporting month in question

Data Source: MSA data collection, NHS England and NHS Improvement¹

Denominator

The number of Finished Consultant Episodes (FCEs) that finished in the month regardless of when they started

Data source: Admitted patient care, HES NHS Digital²

¹ For details and guidance on the MSA collection see:

<https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/>

² For details on HES see: <http://www.hesonline.nhs.uk>

Coverage

MSA breach rates are published at national, regional, commissioner (Clinical Commissioning Groups) and provider level.

Data timeliness

The latest available HES data at time of MSA publication are used to provide the denominator. Due to timeliness of HES data, there is one year's lag in the denominator data, compared to the MSA breaches.

E.g. for December 2018 breaches, December 2017 FCEs was used as the denominator (as December 2018 HES data was not be available in time for publication). Using data from the same month in the previous year helps to ensure that seasonal fluctuations in activity are taken into account.

Where possible, 'final' HES data is used for the denominator. However, annual HES data is not finalised until later in the year. For example, final 2018/19 HES data was released in September 2019. Therefore, provisional HES data was used for April 2019 breach data onwards until 'final' HES data was available. From August 2019 MSA data (published in October 2019) until the end of 2019/20, the final HES data was used.

Example calculation

The denominator for December 2018 MSA breaches used December 2017 FCEs from the 'final' 2017-18 HES database. To obtain December 2017 FCEs, count all FCEs that have an episode end date $\geq 01/12/2017$ and $\leq 31/12/2017$.

If a healthcare provider reported 20 MSA breaches in December 2018 and had 5,000 FCEs in December 2017.

$$\text{MSA Breach Rate} = \frac{\text{MSA breaches}}{\text{FCEs}} \times 1,000 = \frac{20}{5,000} \times 1,000 = 4.0 \text{ breaches per 1,000 FCEs}$$

Why use Finished Consultant Episodes for the denominator?

FCEs are used as an estimate for the denominator because:

- FCEs are the "default currency" for HES analyses, particularly for Parliamentary Questions. Data can be easily understood and replicated by the NHS.
- FCEs are representative of MSA policy i.e. all occurrences of unjustified mixing. If a patient has a new consultant-led episode of care within the same hospital spell then they might have to be moved to a different ward. This potentially increases the likelihood of a patient experiencing unjustified mixing at some point during their hospital stay. Using FCEs as a denominator would go some way to taking this into account.
- FCEs include both day case and ordinary admissions and are therefore representative of MSA policy.

Will data for the indicator be revised after publication?

Data revisions are normally published every six months in line with the SDCS revisions policy: <https://www.england.nhs.uk/statistics/code-compliance/>. The number of breaches and corresponding breach rate indicator values are updated for organisations that submit revisions. The national and regional level data are also updated to reflect these revisions.

From 2017/18, when MSA data is revised, the supporting FCE HES data is also updated to use the latest available at the time so they correspond to the finalised HES data (which has subsequently been finalised since original publication of the data period).

Previously although the numerator data (number of breaches) were revised, the methodology specified that that data used for the denominator would not be updated. Therefore, for some periods prior to 2017/18, the provisional data used at the time of publication of MSA data (and thus in the published time-series) will not correspond to the official HES data.

How will the FCE data be presented and used to calculate the breach rate indicator?

At a national level, the raw FCE HES data are used to calculate the breach rate and will therefore correspond to the published HES timeseries following revisions to MSA data (from 2017/18 onwards when FCE data was also updated).

From November 2019 publication (September data) onwards, the FCE data used in the calculations are now included alongside the MSA data itself, in both the national timeseries and sub-national published webfiles. This is to enable users to clearly see how the breach rates have been derived. The breach rate calculations and FCE data included in webfiles from this point, use FCE data suppressed and presented in line with HES disclosure control rules as outlined in the [HES analysis guide](#).

Glossary of terms

finished consultant episode (FCE) - a continuous period of admitted patient care under one consultant within one healthcare provider.

ordinary admission - Ordinary admissions are patients who have been admitted for treatment. The intention is for treatment to be concluded in longer than one day. If, unexpectedly, the patient is not kept overnight, the episode remains as an ordinary admission.

day cases admission - patients who have been admitted for treatment just for the day. The intention is for treatment to be concluded in one day. If, unexpectedly, the patient is kept overnight, it must be re-classed as an ordinary admission.

spell – a single stay in hospital which consists of one or more episodes.

Further information

Published MSA data, guidance and information can be found at:
<https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/>

For queries on the MSA publication email: england.nhsdata@nhs.net

NHS England and NHS Improvement

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