

Governing Body

REPORT

Subject	Integrated Performance and Quality Report
Date	Thursday, 2 nd November 2017
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Executive Summary

The Integrated Performance and Quality report (IPQR) has been populated with the latest nationally published data which is predominantly Month 5 (August). The report provides an update on the CCGs performance and quality of services and links to the strategic objectives identified below.

This report has been reviewed by the following sub committees; Finance and Performance Committee, Integrated Commissioning and Quality Committee.

Pages 3 and 4 of the report summarise the performance headlines and identifies suggested issues for discussion by the Governing Body.

Recommendation

Members of the Governing Body are asked to:

- Consider the overall progress being made at month 5.
- Be aware of those identified performance targets that are non compliant.
- Agree the actions to regain control of the non compliant targets.
- Receive a progress report at the next meeting.

Links to the business and risks

Relevant Strategic Objectives 2017/18 (please mark in bold)

We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice.

We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.

We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.

We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.

We will operate and manage our Governing Body to the highest standards of accountability and transparency.

Links to Board Assurance Framework / Corporate Risk Register	Risks are identified and included in the appropriate Directorate Risk Registers. Risks with a residual overall score greater than 15 are escalated to the Corporate Risk Register.
Details of additional risks associated with this paper (may include NHS England Assurance Framework / NHS Constitution)	This paper outlines risks to the NHS Constitution and includes mitigating actions.
Financial Implications / impact	This report includes an update against the latest financial position for the 2017/18 Quality Premium.
Legal Implications / impact	Patients have a right to treatment under the NHS Constitution and this report provides an update on performance against these indicators.
Partnership work / public engagement implications / impact	Not applicable
Committees / groups where this has been discussed before	Regular updates are presented and discussed at the Quality Operational meetings, Finance and Performance Committee, Integrated Commissioning and Quality Committee and Governing Body.
Other options available and their pros and cons	Not applicable
Background papers	Regular monthly updates

Integrated Performance & Quality Report

October 2017

Table of Contents

Performance Headlines	Pages 3-4	Annexes	
Performance Summary	Page 5	Infection Control & Mortality	Page 40
Quality Premium 2017/18	Pages 6-7	Care Homes	Page 41
Referrals Activity – Month 5	Page 8	Workforce Mandatory Training	Page 42
		Complaints and FOIs	Page 43
Programme Overviews		Integrated Assurance Framework	Page 44
➤ Planned Care	Page 9-16	Definitions and Acronyms	Pages 45-46
➤ Unplanned Care	Page 17-22		
➤ Mental Health & Learning Disability (Including Continuing Healthcare)	Page 23-28		
➤ Primary Care	Page 29-30		
Provider Updates			
➤ Bedford Hospital	Page 32-33		
➤ Luton & Dunstable	Page 34-35		
➤ East London Foundation Trust	Page 36-37		
➤ Essex Partnership University Trust	Page 38-39		

Performance Headlines

IMPROVEMENTS IN PERFORMANCE: July to August 2017

Cancer 62 day 1 st treatment following an urgent GP referral	The 85% threshold was achieved in August which is the first time since May 2016.	Bedford Hospital has an Action Plan in place to support moving to offering Outpatient appointment in 7 days. This includes realignment of clinic slots, review of capacity and demand and agreeing options for redesign of existing radiology pathways. Trust wide data is showing an achievement in August.
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DETERIORATION IN PERFORMANCE: July to August 2017

Cancer 62 day 1 st treatment following a referral from an NHS Screening Service	Performance in August underachieved the 90% threshold at 88.24%. 17 patients were seen on the pathway with 2 breaching the 62 day standard.	Both breaches were due to patients delaying outpatient appointments.
A&E 4 Hour wait	August performance for the CCG deteriorated to 94.06% however Bedford Hospital performance has been incorrectly reported via Unify and the Trust has been asked to resubmit. Bedford Hospital local data would mean that the CCG would achieve the 95% threshold.	The Trust has been using Red and Green days and SAFER methodologies on all wards as business as usual. The Trust is employing different strategies to keep patient flow alive and a Perfect 'Reset' Week was held from 31st July to 6 th August which involved the Ward Managers actively undertaking in-patient reviews twice a day with silver and gold command structures to unblock issues and expedite discharges.
18 Weeks RTT	Performance deteriorated slightly in August to 92.26%. The number of patients waiting 18+ weeks rose from 2093 in July to 2142 in August. There were 2 x 52 Week Breaches - 1 at Oxford University Hospital and 1 at Imperial College London.	Main areas of pressure are at Bedford Hospital and continue to be in Ophthalmology together with the impact of the transfer of Community Dermatology Service. The Trust has a plan in place however this is unlikely to achieve aggregate performance until end March 2018. The plan for Ophthalmology is on track for specialty compliance in November 2017.

Diagnosics 6 week wait	August performance is at 95.92% against the 99% threshold. Of the 263 breaches of the 6 week wait 198 of these were Paediatric Audiology Assessment tests at Cambridge Community Services (CCS) due to workforce issues.	A remedial action plan has been received from CCS and recovery is expected by mid-November.
Ambulance Response Times	All 3 response times indicators were underachieved for the CCG and for EEAST Trust wide.	A Trust wide action plan is in place which includes focussing on increasing 'hear and treat' and 'see and treat' in order to free up resources and reduce the number of conveyances to hospital.
Dementia Diagnosis Rates	August performance declined slightly from 58.77% in July to 58.59% in August.	GP site visits to the lowest referring practices are in place. 4 visits have taken place so far and these have been beneficial and will be rolled out to the 10 lowest referring practices.
IAPT – Moving to Recovery	The moving to recovery rate has deteriorated to 48.85% in August.	A recovery action plan has been received from East London Foundation Trust (ELFT) and recovery is expected during Q3.
IAPT – Access	Access cumulative position for August is 5.99% against the agreed threshold of 6.01%.	GP clinical lead is visiting under referring GP practices to assist and educate staff on the commissioned model.
MRSA	There has been a case of MRSA in August giving a total of 2 year to date.	The second case was at Cambridge University Hospital and is currently under review and a third party allocation has been requested.

Performance Summary: Constitutional and Additional Quality Indicators 2017/18

Performance Against NHS Constitutional Pledges													
BCCG Indicator Level	Plan	Latest Data	Reporting Period	YTD	Trend	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Cancer 2 week waits following urgent GP referral for suspected cancer	93%	95.87%	Aug-17	95.46%	*↑	●	●	●	●	●			
Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	98.75%	Aug-17	96.17%	*↑	●	●	●	●	●			
Cancer 31 day - 1st definitive treatment from diagnosis	96%	97.06%	Aug-17	97.17%	*↑	●	●	●	●	●			
Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	100.00%	Aug-17	96.25%	*↑	●	●	●	●	●			
Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	100.00%	Aug-17	100.00%	*↔	●	●	●	●	●			
Cancer 31 day - Subsequent treatment - Radiotherapy	94%	95.89%	Aug-17	93.30%	*↓	●	●	●	●	●			
Cancer 62 days - 1st treatment following an urgent GP referral	85%	88.89%	Aug-17	82.05%	*↑	●	●	●	●	●			
Cancer 62 days - 1st treatment following referral from Screening Service	90%	88.24%	Aug-17	96.55%	*↓	●	●	●	●	●			
Cancer 62 days - 1st treatment following consultants decision to upgrade		83.33%	Aug-17	58.33%	*↓								
Ambulance Category A - Red 1 (immediate life threatening and most time critical) response arriving within 8 mins - commissioner	75%	71.22%	Aug-17	73.60%	↓	●	●	●	●	●			
Ambulance Category A - Red 2 (life threatening and less time critical than Red 1) response arriving within 8 mins - commissioner	75%	60.82%	Aug-17	63.41%	↑	●	●	●	●	●			
Ambulance Category A ambulance arrival within 19 mins - commissioner	95%	92.58%	Aug-17	93.23%	↑	●	●	●	●	●			
CPA follow up within 7 days of discharge from psychiatric in-patient care	95%	96.67%	Q1 17/18	96.67%	↓	●	●	●	●	●			
18 week Referral to Treatment for completed admitted patients	90%	85.80%	Aug-17	83.46%	↑								
18 week Referral to Treatment for completed non admitted patients	95%	90.70%	Aug-17	91.48%	↓								
18 week Referral to Treatment - Incomplete pathway	92%	92.23%	Aug-17	92.43%	↓	●	●	●	●	●			
52 week referral for completed admitted pathways	0	2	Aug-17	9	↑								
52 week referral for completed non-admitted pathways	0	41	Aug-17	128	↓								
52 week referral for incomplete pathways	0	2	Aug-17	9	↓	●	●	●	●	●			
Diagnostic tests - % of patients waiting 6 wks or more	99%	95.92%	Aug-17	97.80%	↓	●	●	●	●	●			
A&E 4 hour wait (7 Providers)	95%	94.06%	Aug-17	94.88%	↓	●	●	●	●	●			
Mixed-sex accommodation breaches	0	1	Aug-17	1	↓	●	●	●	●	●			
Cancelled operations on or after day of admission and not offered another date within 28 days	0	2	Q1 17/18	2	↓	●	●	●	●	●			
Urgent Operations cancelled for a second time	0	0	Aug-17	0	↔	●	●	●	●	●			
Additional Quality Indicators													
IAPT - access rate	15.45%	1.34%	Jun-17	3.58%	↑	●	●	●	●	●			
IAPT - people who completed treatment and are moving to recovery	50%	48.15%	Jun-17	42.94%	↑	●	●	●	●	●			
% people referred to IAPT programme treated within 6 weeks of referral	75%	98.31%	Jun-17	97.35%	↑	●	●	●	●	●			
% people referred to IAPT programme treated within 18 weeks of referral	95%	100.00%	Jun-17	100.00%	↔	●	●	●	●	●			
Estimated diagnosis rate for people with dementia - Primary Care	67%	58.59%	Aug-17	58.59%	↓	●	●	●	●	●			
Number of MRSA incidents	0	1	Aug-17	2	↓	●	●	●	●	●			
Number of C-Difficile incidents	73	7	Aug-17	36	↑	●	●	●	●	●			

Trend arrows reflect the latest data compared to the previous month/quarter
* Cancer year to date position shows most recent validated **quarterly** data.

2017-18 Quality Premium

Bedfordshire CCG Quality Premium Dashboard

CCG Quality Premium (Potential Funding)

£2,249,500

Forecast CCG Quality Premium (iii)

£140,289

Additions

(Eligible QP funding)

£210,328

Deductions

(from Eligible QP funding)

£70,039

The CCG will not be eligible for any payment if it is not considered to have operated in a manner that is consistent with Managing Public Money during 2017/18 or ends the financial year with an adverse variance against planned surplus, breakeven or deficit financial position, or requires unplanned financial support to avoid being in this position or incurs a qualified audit report in respect of 2017/18. It should be noted however that the CCG is duty bound to work towards achieving the measures and will be monitored against their achievement

Quality Premium Indicators 17/18					Plan	Latest Data	Trend	Reporting Period	YTD		
Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012), NHS England has the power to make payments to CCGs to reflect the quality of services that they commission, the associated health outcomes and reductions in inequalities. The Quality Premium for 2016/17 will be based on the measures outlined below and cover a combination of national and local priorities agreed in partnership with both Health and Wellbeing Boards.					% of Quality Premium available if Indicator is achieved						
National Indicators - Additions					Weighting	Value	Eligible				
New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed					17%	£382,415		2015			
Overall experience of making a GP appointment - Improvement on July 2017 survey result (75.83%)					17%	£382,415		Jul-17			
Continuing Healthcare - Part A											
NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (in 80% of cases with a positive NHS CHC Checklist for new referrals)					8.5%	£191,208		Q2 17/18			
Continuing Healthcare - Part B											
Less than 15% of all full NHS CHC assessments take place in an acute hospital setting					8.5%	£191,208		Q2 17/18			
Mental Health - Equity of Access and outcomes into IAPT services - BAME											
Recovery rate of people accessing IAPT services identified as BAME, improvement of at least 5 percentage points or to same level as white British, whichever smaller					17.0%	£382,415		Aug-17	40.74%		
Mental Health - Equity of Access and outcomes into IAPT services - Older People								Aug-17	8.63%		
Proportion of people accessing IAPT services >65 years to increase to at least 50% of the proportion of adults aged 65+ in the local population or by at least 33%, whichever is greater.											
Bloodstream infections - Part A i)											
At least 10% reduction in all E coli BSI reported at CCG level based on 2016 performance data					6.0%	£133,845		Aug-17	125		
Bloodstream infections - Part A ii)											
Collection and reporting of core primary care data set for all E coli BSI in Q2 2017/18					1.7%	£38,242		Awaiting confirmation of measurement			
Bloodstream infections - Part B i)											
At least 10% reduction in the Trimethoprim:Nitrofurantoin prescribing ratio based on CCG baseline data (June15-May16) for 2017/18					3.8%	£86,043	£86,043	Jul-17			
Bloodstream infections - Part B ii)											
At least 10% reduction in the number of Tremithoprim items prescribed to patients aged 70 years or greater on baseline data (June15-May16)					3.8%	£86,043	£86,043	Jul-17			
Bloodstream infections - Part C											
Sustained reduction of inappropriate prescribing in primary care, items per STAR-PU must be equal of below 0.161 items per STAR-PU					1.7%	£38,242	£38,242	Jul-17			
Local Indicators - Additions											
Right Care - Gastrointestinal											
Rate of Gastroscopies per 100,000 age-sex weighted population (<40)					15%	£337,425					
5% reduction in the number of elective gastroscopies in 2017/18 for age 19-39 years compared to 2016/17											
The CCG will have its Quality Premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges					% Deductions if indicator is underachieved						
18 week Referral to Treatment - Incomplete pathway *					33.3% of Eligible Additions	£0					
A&E 4 hour wait (7 Providers) *					33.3% of Eligible Additions	-£70,039					
Cancer 2 week waits following urgent GP referral for suspected cancer *					33.3% of Eligible Additions	£0					

Note: The CCG A&E mapping is based on all providers that see 1% or more of CCG patients. For Bedfordshire these providers are Bedford Hospital (92%), Luton & Dunstable Hospital (29%), Cambridge University Hospital (1%), Hinchingbrooke (1%), East & North Herts (7%), Milton Keynes (8%) and Buckinghamshire (2%). Please note the percentage for the CCG should not add up to 100%, the percentage describes the amount of activity attributed to the CCG at that Trust.

Quality Premium 2017/18

The CCG will not be eligible for any payment if it is not considered to have operated in a manner that is consistent with Managing Public Money during 2017/18 or ends the financial year with an adverse variance against planned surplus, breakeven or deficit financial position, or requires unplanned financial support to avoid being in this position or incurs a qualified audit report in respect of 2017/18. It should be noted however that the CCG is duty bound to work towards achieving the measures and will be monitored against their achievement. Exception reporting is included below for any underperformance.

NHS Continuing Healthcare Part A - NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (in 80% of cases with a positive NHS CHC Checklist for new referrals). Q2 data shows this indicator is not being achieved. The 28 day process has seen an increase to 69% in September following work within the team to increase efficiency and report timeframes appropriately. KPI's are monitored monthly with weekly locality meetings to monitor assessor workload/output.

NHS Continuing Healthcare - Part B – Less than 15% of all full NHS CHC assessments take place in an acute hospital setting – Q2 data shows this indicator is not being achieved. The discharge to assess implementation date is planned for 1/11/17, CHC Checklist is to be removed from BHT/L&D Hospitals however the Checklist will still be completed within out of area acute Trusts.

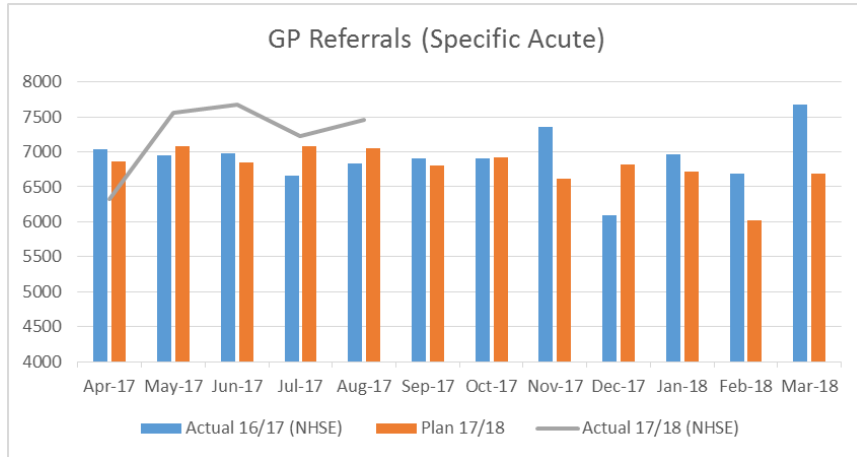
Mental Health – Equity of Access and outcomes into IAPT services – BAME – Recovery rate of people accessing IAPT services identified as BAME, improvement of least 5% points or to the same level as white British, whichever is smaller. Performance of this indicator is monitored at the monthly Wellbeing Service Contract meeting. In order to deliver against this indicator the CCG was required to agree investment monies and this has not been approved.

Mental Health – Equity of Access and outcomes into IAPT services – Older People – Proportion of people accessing IAPT services >65 years to increase to at least 50% of the proportion of adults aged 65+ in the local population or by at least 33% whichever is greater. Performance of this indicator is monitored at the monthly Wellbeing Service Contract meeting. In order to deliver against this indicator the CCG was required to agree investment monies and this has not been approved.

Bloodstream Infections - Part A (i) – At least 10% reduction in all E coli BSI reported at CCG level based on 2016 performance data. Threshold for 2017 is 223 or less. August performance is above the YTD plan of 90 cases at 125 cases. The CCG are working with care homes around identification of UTI's and are promoting the 'food first initiative' which addresses hydration.

A&E 4 hour wait (7 providers) - Latest published data is August and shows this indicator is currently underachieving the threshold. Underperformance at Bedford Hospital, East & North Herts, Buckinghamshire and Cambridge have contributed to the overall CCG underachievement.

Bedfordshire CCG Activity – Referrals

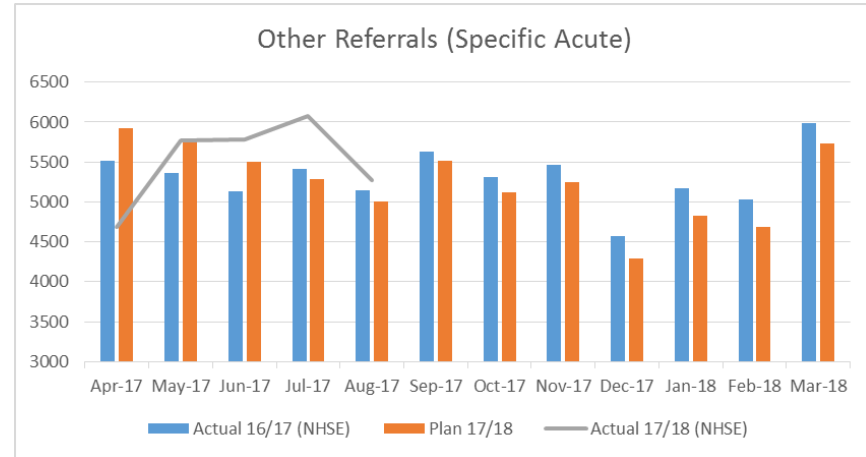


GP and other referrals are sourced from the national Monthly Activity Return (MAR) which is submitted by providers.

These are the count of referrals each month that are classified as Specific Acute. This means that referrals for the specialties of obstetrics, learning disabilities, adult mental illness, child and adolescent psychiatry, forensic psychiatry, psychotherapy and old age psychiatry are not included

GP Referrals

In 2016/17 there was a total of 83,076 GP referrals. As at month 5 (August) the CCG has had 36,238 referrals. This is an increase of 5.13% compared to 2016/17.



This is partly due an increase in referrals to Bedford Hospital due to the transfer of Community Dermatology services to Bedford Hospital. This activity (circa 8,000 referrals per annum) has not nationally been reported through the MAR and is therefore not included in the 2017/18 plan baseline.

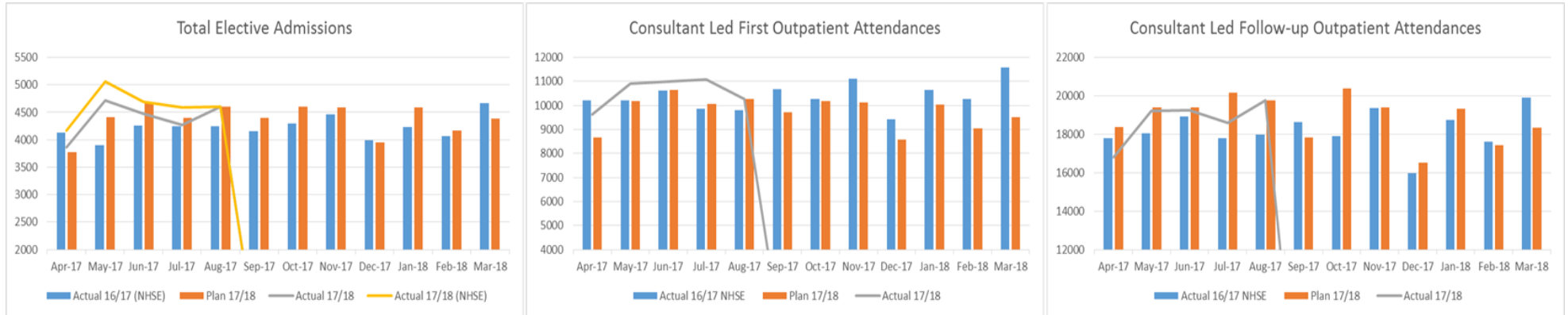
Other Referrals

In 2016/17 there was a total of 63,743 other referrals. As at month 5 (August) the CCG has had 27,586 referrals. This is an increase of 3.80% compared to 2016/17 and is due in part to the transfer of referrals from Community Dermatology to Bedford Hospital.

Programme Overview

Planned Care

Bedfordshire CCG Activity – Planned



Elective Admissions

In 2016/17 there was a total of 50,653 admissions. As at month 5 (August) the CCG has had 23,299 admissions. This is an increase of 12.12% compared to 2016/17.

Consultant Led Outpatient 1st Attendances.

In 2016/17 there was a total of 124,617 attendances. As at month 5 (August) the CCG has had 53,566 attendances. This is an increase of 5.71% compared to 2016/17.

Consultant Led Outpatient follow up Attendances.

In 2016/17 there was a total of 218,632 attendances. As at month 5 (August) the CCG has had 93,143 attendances. This is an increase of 2.89% compared to 2016/17.

This increase in activity is predominantly in the following specialties:

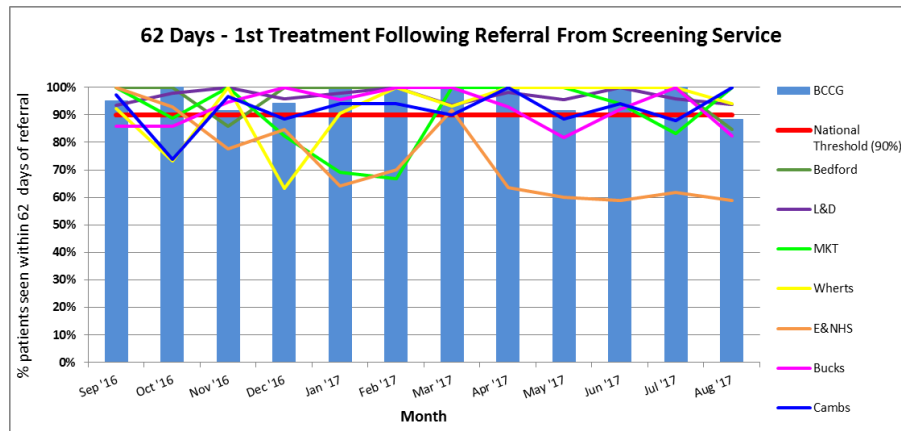
- Gastroenterology - increase in elective and outpatient follow-up activity at Bedford Hospital, originally initiated following referral from GP and Consultant. Seven GP Practices have been identified with a significant increase in outpatient first attendances.
- Urology - increase in outpatient follow-up and procedure activity at Bedford Hospital following GP referrals. Drivers of this increase includes improving early detection and increasing referrals for cancer diagnostics due to poor one year survival rates. Whilst there are no individual practices driving this increase, the increase is more prevalent in two localities.
- Ophthalmology - increase in activity at Bedford Hospital initiated by GP and Optometrist referrals. Increase due to clearance of RTT 18 week backlog as part of the locally agreed recovery trajectory for Ophthalmology.

Cancer Waiting Times

There are 8 national cancer waiting time indicators with nationally set thresholds together with 1 additional indicator - 62 day 1st treatment following a consultant decision to upgrade. There is no national threshold for upgrade however data is available at CCG level and will continue to be included on the performance dashboard for information.

In August the CCG achieved 7 of the 8 key national cancer indicators. The 62 day standard for 1st treatment following an urgent GP referral has been achieved which is a significant achievement as this standard has been underachieved since May 2016.

The 62 day first treatment following referral from an NHS Screening Service underachieved at 88.24% against the 90% threshold.



Of the 17 patients seen on the pathway 2 breached the threshold. 1 breach was at Bedford Hospital, 0.5 at Luton & Dunstable and 0.5 at East & North Herts (half breaches are due to shared breaches between Trusts). The breach at Bedford Hospital was due to the patient delaying outpatient appointments and a colonoscopy and the shared breach between Luton & Dunstable and East & North Herts was due to the patient not attending two outpatient appointments and delaying the diagnostic pathway.

Reporting and Review of Long Waiting Patients

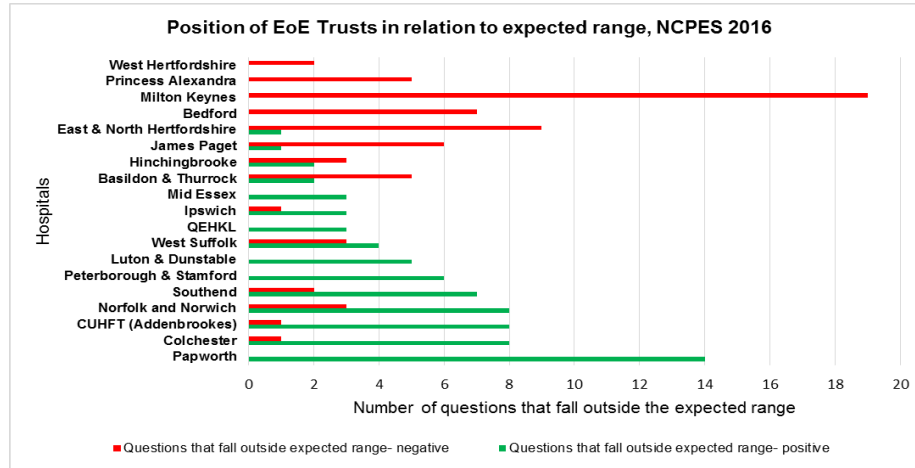
There were 4 104+ day breaches in August. 2 at East & North Herts, 1 on the breast pathway and 1 on the skin pathway (treatment started days 127 & 115), 1 at Bedford Hospital on the Haematological pathway (treatment started day 108), and 1 at Buckinghamshire on the Urological pathway (treatment started day 105).

All long waits are reviewed by the CCG clinical lead who confirms that there is now improved root cause analysis across the patch with better clinical ownership at Trusts and good personal engagement.

At least 30% of the unavoidable delays are due to very complex care for example patients with rare tumors and unusual presentations, co morbidities or inter current life events.

The CCG is seeing more patients treated albeit late who would previously be seen as untreatable. Of those where delay might have been avoided some changes have already been put in place by the time the case is reviewed and others are "one-off".

Cancer Patient Experience – 2016 results



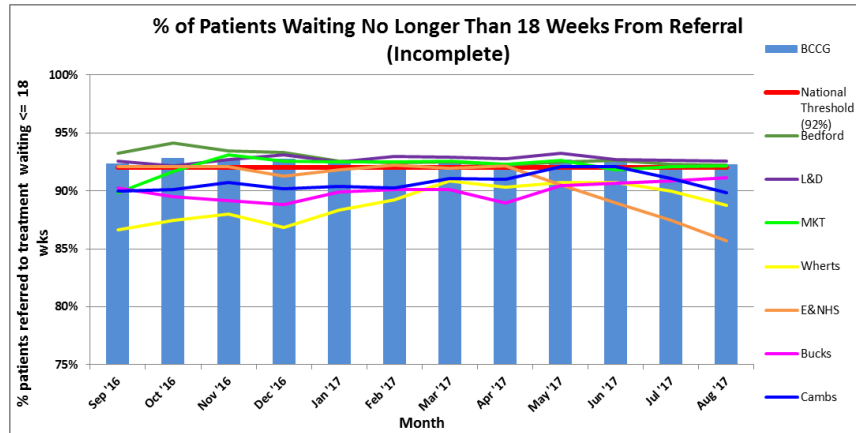
Of the main East of England providers Luton & Dunstable is the only Trust to maintain a positive patient survey result in 2016. Bedford, Milton Keynes and East and North Herts Trust all require improvement some more than others.

All providers have been asked to share patient survey action plans. The results of these surveys and any resulting actions will be discussed at Quality Meetings with the Trusts via their lead CCG.

The National Cancer Patient Experience Survey 2016 is the sixth iteration of the survey first undertaken in 2010. It has been designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients. The survey was commissioned and managed by NHS England and overseen by a national Cancer Patient Experience Advisory Group.

The sample for the survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2016.

Elective Waiting Times (18 Weeks RTT)



In August the CCG achieved the national threshold for the incomplete pathway with 92.26% which is a slight deterioration on the July position. There were 7 specialties which underachieved; Ophthalmology (88.71%), Trauma and Orthopaedics (88.11%), Urology (90.41%), Thoracic Medicine (90.96%), General Surgery (90.46%), Plastic Surgery (89.07%) and Rheumatology (89.37%).

The CCG has 2142 patients on the incomplete pathway who have breached 18+ weeks (2093 breaches in July). (Number of 18+ week breaches in brackets); Bedford (943), Luton & Dunstable (359), East & North Hertfordshire (314), Milton Keynes (84), Buckinghamshire (89), Cambridge (170) and other acute providers (183).

Luton & Dunstable achieved at an aggregate level for BCCG patients however 4 specialties were underachieved (number of breaches in brackets): Urology (58), Trauma & Orthopaedics (33), General Surgery (43) and Gynaecology (46).

Bedford Hospital also achieved at an aggregate level for BCCG patients however 4 specialties were underachieved: Plastic Surgery (81), Thoracic Medicine (57), Rheumatology (45) and Ophthalmology (278).

Fortnightly meetings are in place with Bedford Hospital to discuss RTT pressures trust wide. Main areas of pressure continue to be in Ophthalmology together with the impact of the transfer of Community Dermatology Service which is creating pressure on RTT compliance for the following specialties: Rheumatology, Oral Surgery, Plastic Surgery, Respiratory and Dermatology.

As a consequence of this additional activity the Trust have flagged a risk to the 92% compliance from October onwards coming back within 92% by the end of March 2018. It is not yet clear what the impact of this will be on the CCG aggregate performance. A Recovery action plan is in place as follows:

- Plastic Surgery – estimated time for recovery has been established as 6 months (October to March).
- Oral Maxillo Facial – additional weekend locum consultant capacity is in place for 3 months and the Trust is looking to secure further clinics over the next 6 months.
- Dermatology – Review and sourcing of acute capacity is ongoing with extra capacity in place for October. Community clinics are in place. Trajectory in place to meet specialty compliance by June 2018.

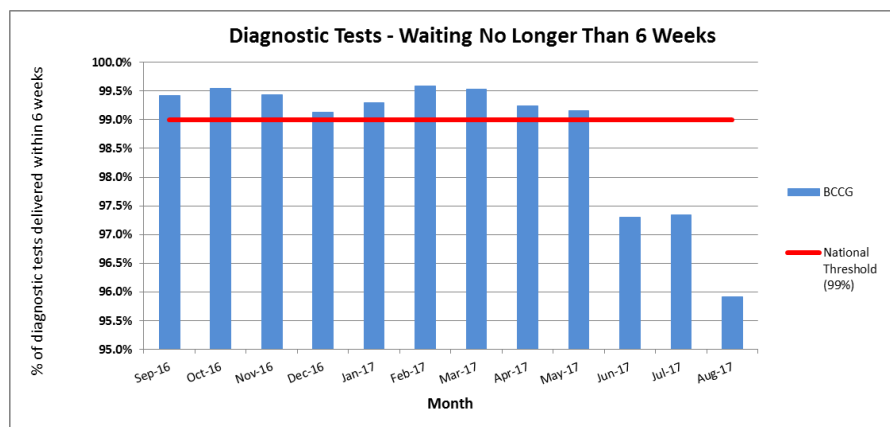
Elective Waiting Times (52+ Week RTT and Diagnostics)

52+ Week Breaches

The CCG has had 9 breaches year to date (6 patients affected) 2 at Great Ormond Street (1 patient), 2 at Cambridge (1 patient), 1 at Luton & Dunstable, 1 at Moorfields, 2 at Imperial College London (ICL) (1 patient) and 1 at Oxford University Hospital.

The 2 52+ week breaches in August were as follows:
1 breach at ICL on the Plastic Surgery Incomplete Pathway which is the same patient who breached in July. The patient is booked for treatment in September. The 2nd breach was at Oxford on the 'Other' pathway. The patient was offered a date for treatment in August but requested a delay to the date. They are now booked for 16th November 2017.

Diagnostic Tests



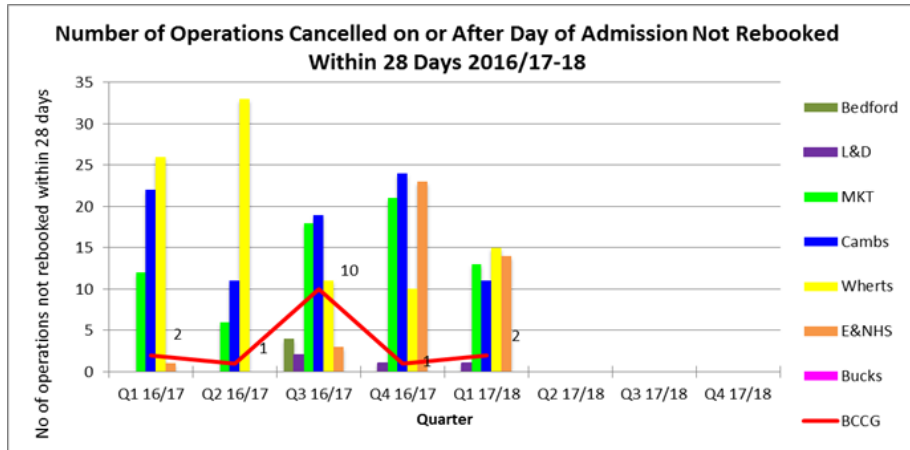
In August the CCG underachieved this indicator with 95.92% against the 99% threshold. There were 6447 patients on the diagnostic tests pathway and 263 breached the 6 week threshold.

198 of the breaches were at Cambridgeshire Community Services and all of these were Paediatric Audiology tests. Cambridgeshire Community Services (CCS) have provided a remedial action plan and recovery is expected in mid-November.

The Trust has had significant workforce challenges over the last three months and steps have been taken to recruit to their vacant audiologist posts. The challenge in recruiting audiologists is shared by neighbouring providers. CCS are monitoring the situation daily and mitigating clinical risk through thorough triage of all referrals and taking these additional actions:

- Working with agencies to identify suitable locums
- Use of agency locum in place
- Direct contact with Universities delivering BSC Audiology Degree to encourage soon to be graduates to consider applying for advertised post.
- Appropriate use of skill mix- Audiology Support Workers to allow more clinic capacity.
- Communication Plan in place including supporting staff to manage parent/ carer anxiety when child not seen within expected time frame and communicating with stakeholders.

Cancelled Operations not rebooked within 28 Days



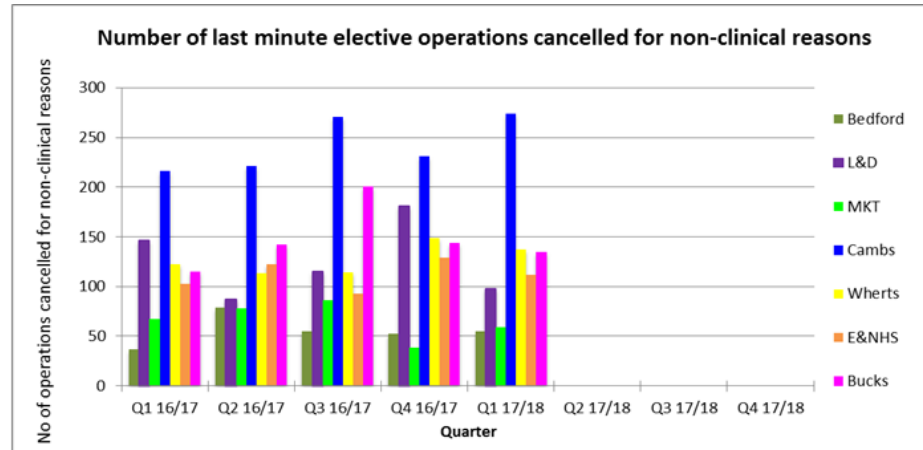
In Quarter 1 the CCG had confirmation that there had been 2 patients who had their elective operations cancelled on or after day of admission and not rebooked within 28 days at Cambridge.

These 2 breaches were due to theatre capacity.

Patient One was on the Ophthalmology pathway and has now been treated.

Patient Two is on the Interventional Radiology pathway and is still waiting to be treated as they have chosen to delay the procedure.

Cambridge do not undertake individual root cause analysis however all breaches are reviewed at weekly meetings to ensure patients are rebooked within the standard wherever possible.



The CCG are still awaiting confirmation from Milton Keynes as to whether any of the trust wide breaches that they have reported in Quarter 1 were Bedfordshire patients.

Patient Transport Services (PTS)

Private Ambulance Service Ltd (PAS) who provide patient transport services has given formal notification to the Consortia that they had been served a winding up petition by Her Majesty's Revenue and Customs (HMRC). Administrators were appointed on 2nd October 2017 and the contract has been terminated.

Emergency Cover was put in place and commenced on 1 October 2017.

Each CCG within the consortia emergency managed their main acute trust for first 7-10 days.

Bedford Hospital agreed local transport capacity which was prioritised on high risk patients and renal services was maintained as well as Cancer/End of Life.

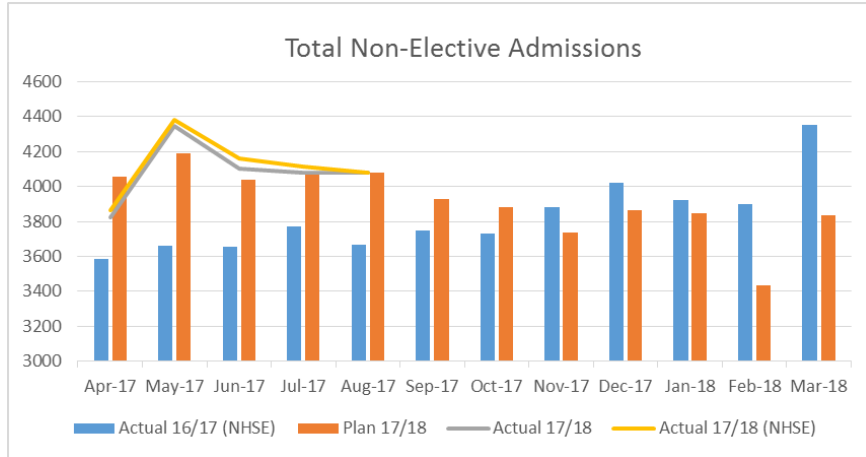
East of England Ambulance Service (EEAST) have stepped in on an emergency basis pending procurement and potential contract negotiation. A contract consortia group has been set up and an escalation route is in place to Accountable Officers if required.

Quality and Commissioning team members responded as part of the Emergency Response to ensure all patients who required transport were identified and alternative arrangements put in place. The teams worked on site at Bedford Hospital and liaised closely with tertiary providers and the renal units. All patient transport was organised with safe and effective outcomes during the handover period to EEAST.

Programme Overview

Unplanned Care

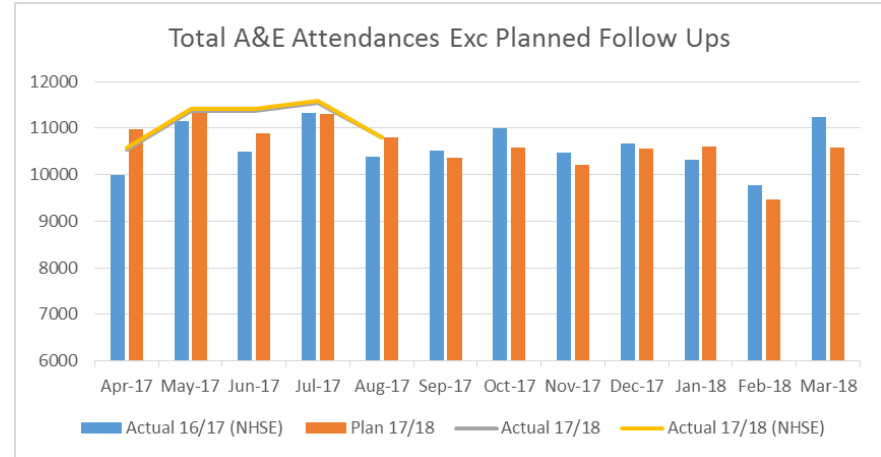
Bedfordshire CCG Activity - Unplanned



Non Elective Admissions

In 2016/17 there was a total of 45,897 admissions. As at month 5 (August) the CCG has had 20,492 admissions. This is an increase of 11.74% compared to 2016/17.

Non Elective Admissions is a key focus for the CCG and a number of schemes are being progressed to reduce the number of emergency admissions. In particular these are in General Surgery, General Medicine and Geriatric Medicine.

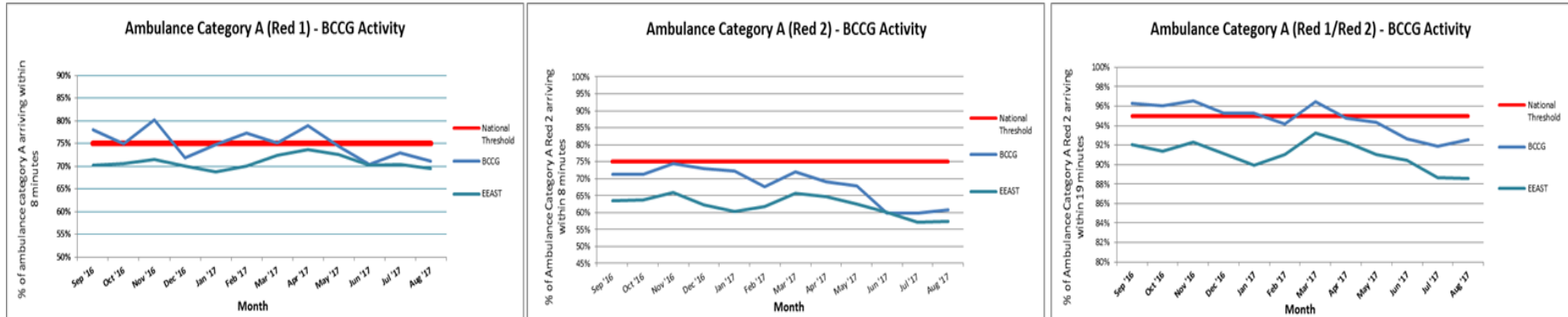


A&E Attendances

In 2016/17 there was a total of 127,349 attendances. As at month 5 (August) the CCG has had 55,519 attendances. This is an increase of 4.03% compared to 2016/17.

The A&E Delivery Board has commenced work on the 7 Urgent and Emergency Care Priorities which should support a reduction in A&E attendances.

East of England Ambulance Service Trust (EEAST)



In August the CCG and EEAST (East of England Ambulance Service) Trust wide underachieved against all 3 response time indicators.

Category A Red 1 8 minutes – The CCG underachieved this indicator with 71.22% against the 75% threshold. There were 139 responses of which 99 arrived within 8 minutes. There was a 6.08% decrease in activity (9) with an 8.33% decrease (9) in the achievement of the 8 minute threshold.

Category A Red 2 8 minutes – The CCG underachieved this indicator with 60.82% against the 75% threshold. There were 1978 responses of which 1203 arrived within 8 minutes. There was a 3.09% decrease in activity (63) with a 1.47% (18) decrease in the achievement of the 8 minute threshold.

Category A 19 minutes – The CCG underachieved this indicator with 92.58% against the 95% threshold. There were 2116 responses (1959 arrived within 19 minutes). There was a 3.2% decrease in activity (70) with a 2.44% (49) decrease in the achievement of the threshold.

Activity remains above the three year average, with Red calls greater than Green i.e. an increase in overall acuity. This puts additional pressure on the Ambulance service as crews have a reduced timeframe in which to respond to calls. Despite this performance is better than twelve months ago for Bedfordshire CCG.

Delays at Watford General Hospital continue to cause problems for the North Beds sector (BCCG area) as crews are having to back-fill gaps caused by delays in crews being held-up at the Trust. There has been some improvement however this remains an issue.

A Trust wide action plan is in place which includes focussing on increasing 'hear and treat' and 'see and treat' in order to free up resources and reduce the number of conveyances to hospital. It should be noted however that achievement of the standards remain extremely challenging. The CCG is also working with primary care colleagues to be more flexible around the scheduling of home visits to reduce the impact on the service around peak times. The CCG is also working on the falls pathway as a high percentage of patients who are conveyed to A&E are due to a fall.

East of England Ambulance Service Trust (EEAST)

Ambulance Quality Indicators – Trust Wide

ACQI	Target 2017/18	Apr-17	May-17	Jun-17	Jul-17	Avg YTD
ROSC at hospital (overall)	27.0%	28.8% 75/260	29.4% 78/265	25.2% 64/254	34.2% 91/266	29.4%
ROSC at hospital (Utstein)	53.0%	59.3% 16/27	54.5% 12/22	66.7% 14/21	71.4% 25/35	63.0%
Survival to discharge (overall)	7.0%	9.1% 23/252	6.6% 17/257	8.8% 21/240	13.1% 33/252	9.4%
Survival to discharge (Utstein)	27.0%	32.0% 8/25	18.2% 4/22	42.1% 8/19	45.2% 14/31	34.4%
PPCI <150**	95.0%	93.0%	90.0%	90.3%	86.7%	90.6%
STEMI Care Bundle	86.0%	91.6% 131/143	93.4% 141/151	91.7% 110/120	90.4% 132/146	91.8%
Stroke HASU <60	56.0%	52.2% 152/291	50.8% 180/354	49.4% 171/346	48.6% 167/343	50.2%
Stroke Care Bundle	98.0%	99.3% 423/426	99.8% 485/486	100.0% 467/467	100.0% 447/447	99.8%

Ambulance quality indicators have been a focus in the service review conducted by Deloitte in conjunction with EEAST and NHS Improvement. Some of the current measure may need to be reviewed to enable a demonstration of outcomes for patients across ambulance and acute provision as opposed to solely Ambulance.

BCCG continues to work with EEAST on assurances against their Care Quality Commission action plans and the priorities set in the annual quality accounts.

Serious Incidents

EEAST - During 2016-17 and into 2017-18 there have been a number of SIs relating to confidential information leaks. The CCG have been assured that more robust IG training is now in place for the EEAST IG staff and there has been a substantial recruitment to this department to reduce reliance on temporary staff.

Ambulance Response Programme (ARP)

On 13th July 2017 NHS England announced the following new Ambulance Service Standards for the ambulance service which apply to all 999 calls for the first time;

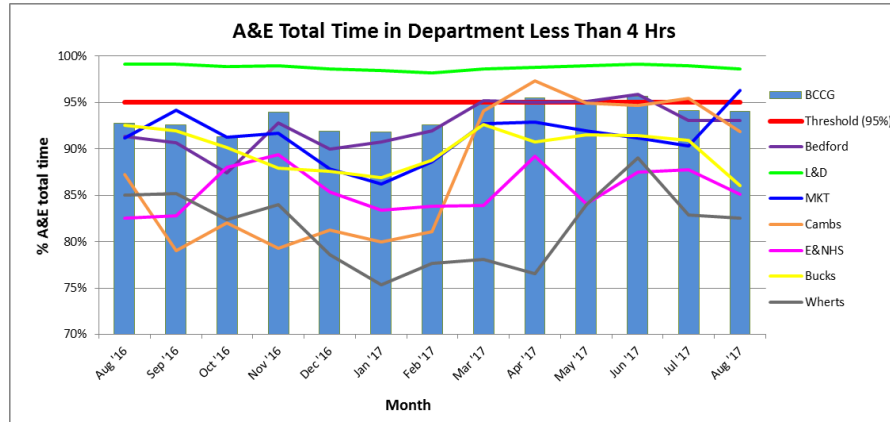
- National response targets to apply to every single 999 patient for the first time
- Faster treatment for those needing it to save 250 lives a year
- An end to “hidden waits” for millions of patients
- Up to 750,000 more calls a year to get an immediate response
- New standards to drive improved care for stroke and heart attack
- World’s largest clinical ambulance trial updates decades-old system

The revised ARP is intended to allow more time for 999 calls (historically only 60 seconds) to be handled and divided into 4 categories. The intention is that this will give the most appropriate response for each patient first time and call handlers for time to assess caller conditions to determine the type of vehicle required.

Ambulances will now be expected to reach the most seriously ill patients in an average time of seven minutes. The ‘clock’ will only stop when the most appropriate response arrives on scene, rather than the first. This will free up more vehicles and staff to respond to emergencies. Currently, three or even four vehicles may be sent to the same 999 call to be sure of meeting the 8 minute target, meaning that across the country one in four are stood down before reaching their destination.

EEAST is committed to the revised ARP (Ambulance Response Programme) due to commence on 18th October 2017

Accident & Emergency



The CCG is measured on performance at the 7 main acute providers. In August the CCG underachieved the 95% national threshold with 94.06% however Bedford Hospital performance for August has been incorrectly reported at 93.05% instead of 95.44%.

Current position and priorities

NHS 111 - Increased proportion of NHS 111 calls receiving clinical assessment, to 30%+ by March 2018

The expectation was that Hertfordshire Urgent Care (HUC) would be achieving this target from service commencement on 30/3/17. However delivery month on month has been lower than expected with the exception of June performance at 30.8%.

(HUC) have reported issues with staffing and have proposed a revised clinical model which will increase clinical staffing levels and in turn should improve delivery against this indicator.

The clinical model has been approved by both Luton and Bedfordshire CCG Governing Bodies with terms that have been shared with HUC. This indicator is also captured on the Remedial Action plan and commissioners are currently awaiting realistic trajectories for recovery.

A&E Front Door - Urgent Primary Care Streaming (UPCS) - The UPCS service went live on 9th September 2017 and will stream those patients presenting at the front door of A&E with an urgent need to the on-site Cauldwell Medical Centre GP Practice, in order to reduce the rising number of inappropriate attendances at the Bedford Hospital ED department.

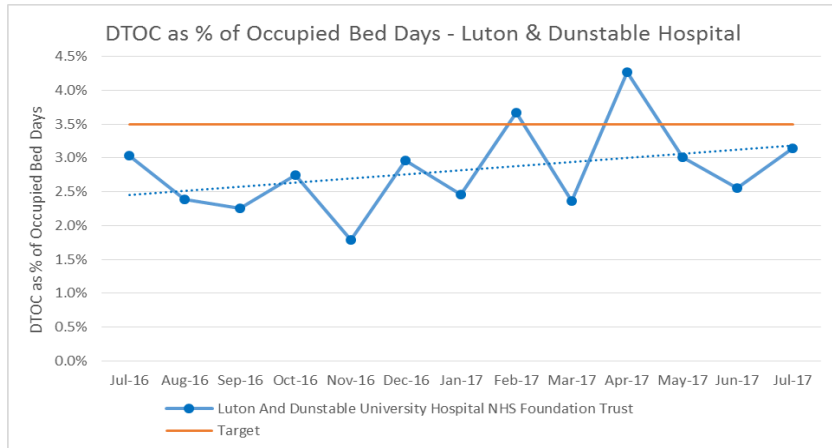
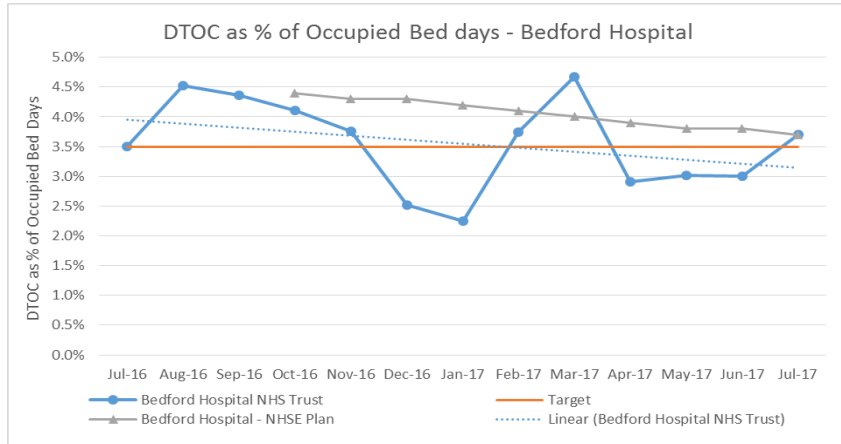
Urgent Treatment Centres - Standardised Urgent Treatment Centres

There are plans in place to have an Urgent Treatment Centre to be located on the Bedford Hospital site with effect from 26/03/18

Specialist mental health teams

Increase in resourcing has been agreed for 2017-18 and recruitment into posts is in progress. This forms part of the CCGs stepped increase in provision, which in combination with the transformational funding successfully realised for 2018-19, will ensure core 24hour coverage in the next financial year.

Delayed Transfers of Care (DTC)



The national DTC target of no more than 3.5% of bed days to be delayed transfers of care with effect from September 2017 has been signed up to within the Better Care Fund (BCF) plans for both local authority partner organisations - Bedford Borough Council and Central Bedfordshire Councils.

The charts demonstrate that Luton & Dunstable hospital achieved the 3.5% target for the last three months, Bedford Hospital was slightly above this in August at 3.7%. The BCF DTC targets are monitored as a delayed days per 100,000 resident population, the 3.5% target at Trust level is equivalent to no more than 9.4 DTCs per 100,000 population.

The following work is in progress to reduce DTC:

Joint working between the local authority reablement team and Essex Partnership University Trust rehabilitation team to provide a single assessment and offer has been implemented at Bedford Hospital from early September and Luton & Dunstable from October.

Significant working with partner organisations to agree a service specification and pathways for the Discharge to Assess model which will go live in November 2017. This will include all CHC checklists being done outside of hospital. This work is supported by the Discharge CQUIN supporting proactive and safe discharge, ensuring a greater proportion of people return to their normal place of residence on discharge from hospital. The discharge to assess model is supported by commissioning of 15 additional intermediate care beds, available in a phased approach from October to March 2018 and additional community staffing including therapists and discharge planners.

At Luton & Dunstable and Bedford Hospital the most significant issues creating DTCs are waiting for non-acute care and family/carer choice (self funding) to support the discharge planning process. The Discharge to Assess model will reduce these delays by providing an health and social care integrated discharge pathway to home or to a community bed for patients that cannot safely go home.

Programme Overview

Mental Health and Learning Disabilities,

Mental Health – Quality Update

During September CCG Quality Team visits were carried out jointly with a member of the Quality Team from Luton CCG, on inpatient wards Ash and Willow in Luton where male service users are accommodated and Townsend in Houghton Regis for females. The main challenges facing the wards are recruiting & retaining registered nurses (mental health).

BCCG meet regularly with ELFT to discuss serious incident reporting and the quality of reports, this includes the learning for staff within the areas that the incidents have occurred. Further plans are being finalised to carry out “deeper dives” on specific areas to gain assurance.

This year ELFT focused early on recruiting the nurses who are qualifying in September 2017 from the University of Bedfordshire. With a high intake of newly qualified nurses they anticipate that there will be greater requirement for preceptorships and mentoring and they have appointed a practice development nurse to support their new recruits. They anticipate that by having an external practice development nurse will ensure that the support required takes place. The newly registered nurses will also be starting on a phased basis.

Townsend have recently had a high number of incidents reported and they attribute this to the client group currently on the ward. They have recently changed policy and where a patient causes damage to the ward, and the patient has capacity, the police have been involved.

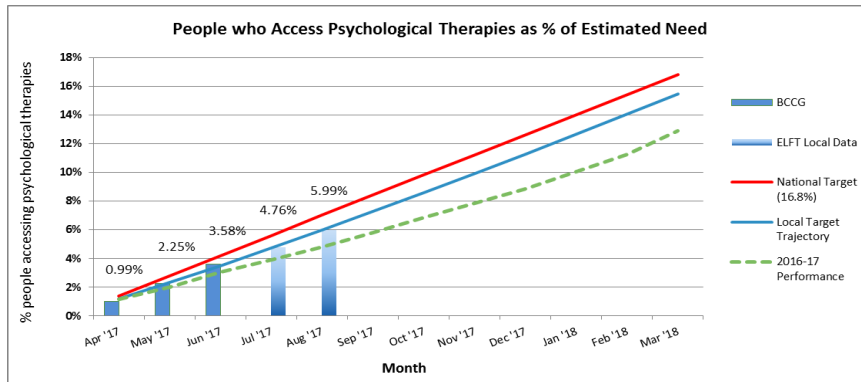
ELFT focus on Quality Improvement projects, and encourage staff to identify areas where change may be required to support their patients. Within inpatient services the wards have implemented daily “huddles”, these are aimed at testing the “temperature” on the ward and adjusting activities to engage service users, which has helped to reduce violence, anxiety and feelings of stress within the wards. Based on client feedback they are implementing a yoga programme in both male and female wards.

ELFT have completed the review of their community Mental Health Teams in Bedford and they have moved from 2 teams to 3 teams to support primary care.

Senior Quality Manager attended the ELFT Trust board meeting and heard reports from their non exec director who had also carried out quality visits. The top 3 areas reported within their quality report to focus were vacancy rates, increase in the number of restraints (although a reduction in prone restraints), and an increase in the number of incidents reported. It should be noted that this report covers the whole of ELFT and not just Bedfordshire.

IAPT – Access and Recovery Rates

IAPT Access



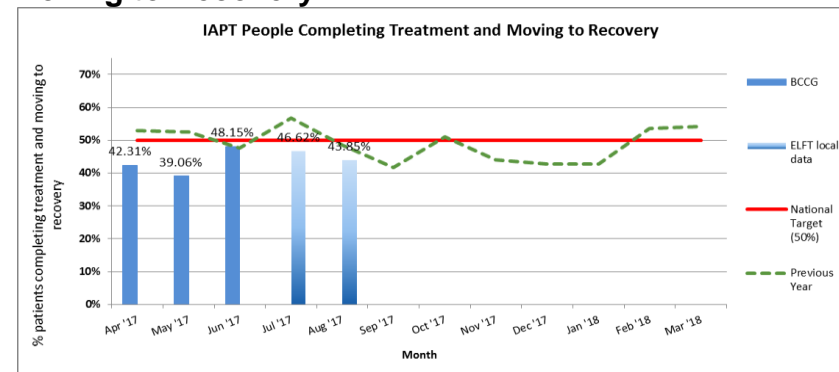
In 2017/18 the national threshold rose from 15% to 16.8% and following discussion with ELFT the current plan has been set to achieve 15.45% and monthly thresholds have been agreed. Latest local data for August is showing 1.23% giving a year to date position of 5.99% against the agreed threshold of 6.01%. ELFT had proposed a business case for funding to support delivery of the Quality Premium indicators for IAPT however the decision has been made not to support this investment.

The CCG is supporting IAPT access delivery by:

- The Wellbeing Service with support from CCG Commissioners continue to promote the service across the County working with our Acute Hospitals, Community Services, Local Authorities and Voluntary Sector Services.
- GP Clinical Lead has started to visit under referring Practices to assist and educate staff on the commissioned model.
- Created an easy to use referral prescription form on System One to make it easier for GPs to refer.

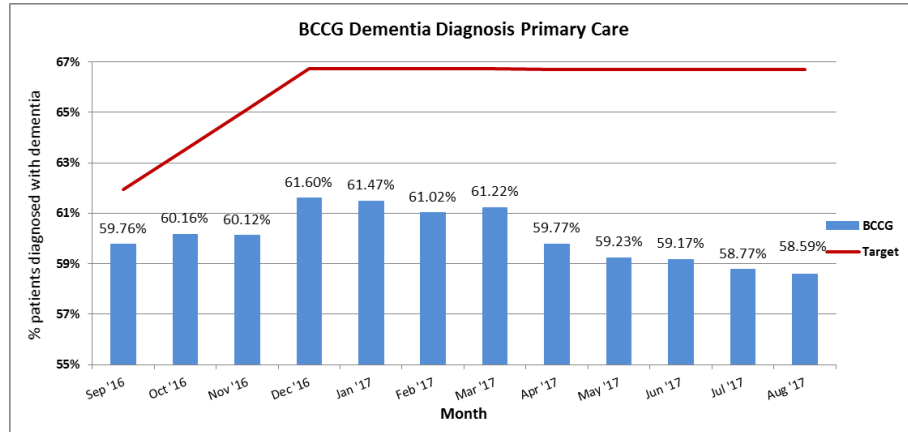
- A pathway to the Wellbeing Service is now included in the CCGs MSK Service and referrals are being monitored through both contracts.
- Diabetes Services are currently being redesigned and work to scope psychology requirements within the contract is underway to link in the Wellbeing Service. ELFT have already met with the current Diabetes Service to promote referrals to psychological therapies.
- Work has begun to integrate the service into Bedfordshire's Stroke Services.

Moving to Recovery



The recovery rate has deteriorated to 43.85% against the 50% threshold in August. The Trust have submitted a revised action plan to deliver 50% in Quarter 3 and 4. Actions in place to review patient recovery and to move all nearly recovered patients to case management. Clinical staff have been offered refresher courses on how to update the clinical system. The Trust is also ensuring that patients are offered the full range of interventions at telephone triage. DNAs and cancellations are being followed up with the patients.

Dementia Diagnosis



In August there were 2933 patients aged 65+ who had a diagnosis for dementia. This number is an increase of 3 patients from July however the GP registered population increased to 5006 from 4986 in July which gives a worsening position of 58.59% against the 66.72% threshold.

GP site visits to the lowest referring practices are in place and will be undertaken over the next couple of months. So far 4 practice visit have taken place. Discussions have taken place regarding clinical coding, GP's diagnosing, issues with the Memory Assessment Service (MAS), post diagnostic support, further support required for staff, referrals forms and correct procedure. The visits have proven beneficial and will now be extended to the next 10 lowest referring practices. The CCG mental health clinical lead and CCG Commissioning Manager have now presented at each of the 4 locality boards on diagnosis rates and benefits of diagnosing, post diagnostic support and shared care.

There has been an increase in the number of people coming out of the Memory Assessment Service (MAS) with a diagnosis of Mild Cognitive Impairment (MCI) rather than a diagnosis of dementia.

The CCG convened a meeting with ELFT on the 6th April to discuss a mechanism to formalise the follow up of MCI patients as a proportion of those diagnosed with a MCI will go on to develop a dementia. It was agreed that the shared care protocol would need to be amended in order to free up more consultant time to see patients at the front end of the service in order to diagnose rather than at the prescription clinics. A pathway will be devised to review patients with a MCI at high risk of developing dementia 18 months after diagnosis. All locality boards have met with the CCG clinical lead where a presentation was delivered on dementia. The new shared care draft arrangements were viewed positively as they included rapid access back into secondary care if needed. This will be discussed at the prescribing committee in December.

The CCG are researching a screening tool for healthcare professionals to identify the earliest signs of clinically relevant memory impairment and to differentiate this from depression. This tool will either reassure patients or ensure they are referred for further investigations in a timely manner. The CCG met with CANTAB on 15th June where the technology was demonstrated. The CCG have identified 2 pilot sites to test this technology. Wifi will be installed at both practices by the end of October, the ipads have been ordered and training is being arranged.

Continuing Healthcare (CHC) Key Performance Indicators

A set of KPIs that accurately reflect the performance of the team have now been agreed and included in the department's operating policy. Compliance against the KPIs is detailed in the dashboard below.

BCCG Continuing Healthcare Key Performance Indicators				Qtr 1			Qtr 2			Qtr 3			Qtr 4			2017/18
KPI			Target / Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average YTD
CHC Quality Premium	1	% eligibility decisions made within 28 days from receipt of Checklist (inc Acute & D2A)	80%	52%	30%	71%	66%	61%	69%							56%
	2	% CHC assessments completed in acute setting for patients on hospital discharge pathway	< 15%	44%	28%	48%	68%	48%	31%							45%
Reviews	3	% of all reviews completed that are undertaken in the month in which they are due		52%	92%	57%	60%	72%	70%							67%
Appeals & Disputes	4	Number of local panel appeal decisions that have been overturned at Independent Review Panel held by NHSE within the quarter		0	0	0	0	0	0							0
	5	Number of interagency disputes on eligibility within the quarter		0	0	1	0	0	0							1

CHC Quality Premium

28 day process has seen an increase to 69% following work within the team to increase efficiency and report timeframes appropriately. KPI's monitored monthly with weekly locality meetings to monitor assessor workload/ouput. D2A implementation date planned for 1/11/17, CHC Checklist to be removed from BHT/L&D Hospitals, Checklist will still be completed within out of area acutes.

Reviews

Further review work relating to the cases not completed within the KPI time frame. During a deep dive of out of date reviews most seem to have been completed within the time frame however completion not uploaded to the data system, further work on going

Appeals/Dispute

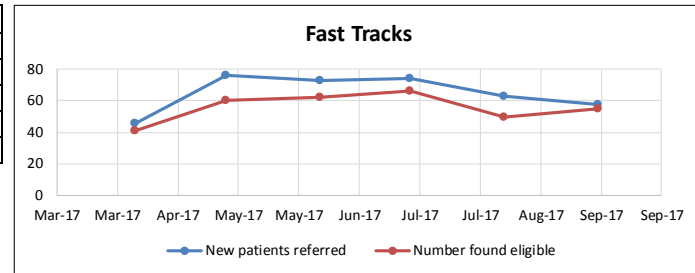
There have not been any overturned cases by the Independant Review Panel (NHSE) which shows the BCCG CHC process/decision making is robust. Clinical staff are expected to observe NHSE Independent Review Panel. as part of their development The leadership team support the IRP process by panel members up to twice a year. Operational and high level meetings with BBC/CBC to support the joint dispute policy, this has reduced use of arbitration. Current discussion with STP partners to support dispute across the area rather than the use of arbitration

Continuing Healthcare (CHC)

Table below gives an overview of CHC monthly activity and Year to Date (YTD)

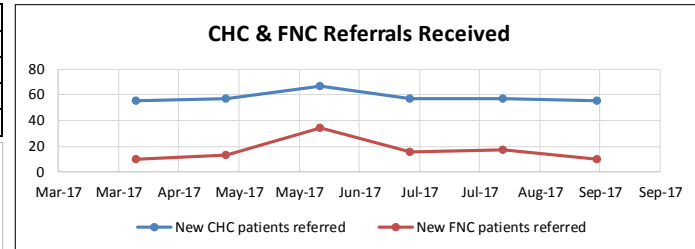
Fast tracks 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	YTD
New patients referred	46	76	73	74	63	58	390
Number found eligible	41	60	62	66	50	55	334
Number RIP / Withdrawn	5	16	11	8	12	3	55
Number not eligible	0	0	0	0	1	0	1
Fast track % conversion rate	89%	79%	85%	89%	79%	95%	86%

For NHSE Benchmarking purposes conversion rate must be over 90%
 Number of cases RIP prior to care commencing, increasing issues proccuring both domiciliary care and care home.
 BCCG needs to consider if CHC care home fee rate is acceptable



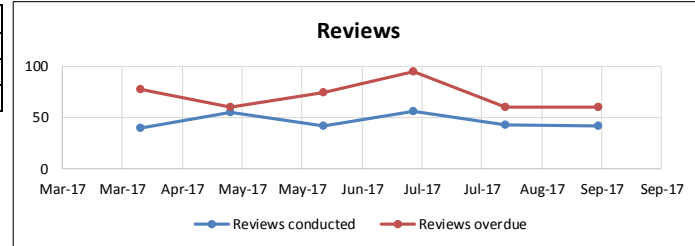
CHC & FNC referrals 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	YTD
New CHC patients referred	55	57	67	57	57	55	348
New FNC patients referred	10	13	34	16	17	10	100
Positive checklists	41	34	48	50	45	44	262
DST's found eligible	9	7	7	6	7	5	41

Referral spike in June however rate of eligibility static
 With removal of CHC checklists from BHT/L&D Hospitals by 1 November will reduce inappropriate checklist completion
 Extra pressures on workload: care home serious concerns/closure/DoLs applications and case management are effecting efficiency of 28 day process/completion of FNC referrals/D2A



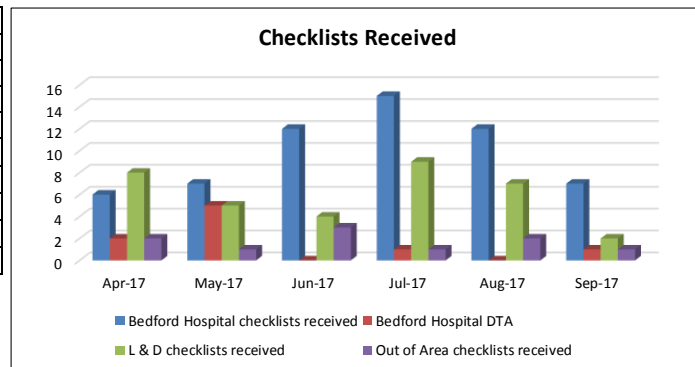
Reviews conducted 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	YTD
Reviews conducted	40	55	42	56	43	42	278
Reviews overdue	77	60	74	94	60	60	425

Monthly audit of KPI's by CHC Leads has revealed a lack of efficiency in reporting completiong of reviews.
 Leads are monitoring weekly, working with admin team to increase efficiencies around booking appointments, managing data



Acute Checklists received 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	YTD
Bedford Hospital checklists received	6	7	12	15	12	7	59
Bedford Hospital DTA	2	5	0	1	0	1	9
L & D checklists received	8	5	4	9	7	2	35
Milton Keynes Hospital	0	0	1	0	2	1	4
Out of Area checklists received	2	1	3	1	2	1	10
Total found eligible	5	2	5	4	7	1	24
Total not eligible	13	16	15	22	17	11	94
% found eligible	28%	11%	25%	15%	30%	8%	20%
% found not eligible	72%	89%	75%	85%	74%	92%	81%

D2A pathway planned implementation for 1 November



Programme Overview

Primary Care

Locality Commissioning

Locality Commissioning Plan Performance Indicators

Reporting Period : April - August 2017 (M5 dashboard)

Reporting Period:	Aug-17	Bedford		Chiltern Vale		Ivel Valley		Leighton Buzzard		West Mid Beds		Notes
		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
Engagement												
Locality Board Meeting attendance (April - Aug)		90%	70%	90%	87%	90%	70%	90%	94%	90%	83%	Bedford has a number of practices working under a Caretaker arrangement
Members Forum Attendance (Sept & March)												
Practice Assurance Visits (April - Aug)		70%	75%	70%	70%	70%	65%	70%	100%	70%	60%	Visits Commenced in June
Cumulative Practice Visits (April - March)		100%	100%	100%	100%	100%	77%	100%	100%	100%	100%	
Locality 2 year plan sign up		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Locality / Cluster transformation plan sign up		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Locality Dashboard	(Activity - Month 4)	Bedford			Chiltern Vale			Ivel Valley			Leighton Buzzard			WMB			CCG			Notes		
(based on DSR attendances per 000)		Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual			
Total A&E Attendances		271.65	122.43	128.76	255.76	116.01	122.27	219.37	100.84	104.71	224.5	99.68	104.58	201.52	91.94	96.51				103.82	108.42	Practice level drill down is being undertaken, with practices being asked to review specific areas and report back to locality boards on outcomes
Total Emergency Admissions		104.46	42.27	46.64	109.34	44.79	46.79	92.23	39.05	39.00	95.71	38.47	44.28	89.96	34.78	38.93				32.84	35.63	
GP initiated 1st OP attendances		129.12	60.22	65.40	123.37	57.79	52.24	151.78	67.1	72.12	153.1	70.82	70.24	134.38	59.91	64.43				57.26	59.80	
Elective Admissions		106.82	46.71	47.49	105.83	45.69	49.64	98.04	42.75	46.93	103.49	43.29	44.83	103.33	43.99	46.19				39.03	32.54	



Below YTD plan

Above YTD plan

Plan based on last years activity

Patient Experience

	CCG	England
National GP Patient Survey	%	%
Average of 4 elements of access to Primary Care	78.3	76.7
Average of 6 elements of quality of GP appointment	81.8	83.8
Average of 6 elements of quality of Nurse appointment	80.3	76.7

Friends and Family Test		
% recommend	89	89
% not recommended	5	6

Provider Updates

Bedford Hospital

Performance against NHS Constitutional Pledges & other quality indicators				Bedford Hospital					
KPI Code	Indicator	Plan	Reporting Period	BCCG Patients			Trust Wide		
				Latest Data	YTD*	Trend	Latest Data	YTD*	Trend
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	Aug-17	95.58%	95.41%	↔	95.59%	95.40%	↑
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Aug-17	100.00%	97.18%	↑	100.00%	97.32%	↑
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Aug-17	98.02%	98.84%	↓	98.08%	98.93%	↓
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Aug-17	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Aug-17	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Aug-17	NP	NP	↔	NP	NP	↔
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Aug-17	92.19%	85.19%	↑	92.31%	86.03%	↑
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Aug-17	84.62%	100.00%	↓	84.62%	100.00%	↓
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Aug-17	93.15%	92.91%	↑	92.25%	92.38%	↓
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Aug-17	0	0	↔	0	0	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Aug-17	99.65%	99.60%	↓	99.66%	99.59%	↓
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Aug-17	N/A	N/A		93.05%	94.41%	↔
E.B.S.1	Mixed-sex accommodation breaches	0	Aug-17	0	0	↔	0	0	↔
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q1 17/18	0	0	↔	0	0	↔
E.B.S.6	Urgent Operations cancelled for a second time	0	Aug-17	0	0	↔	0	0	↔

Patient Experience (Quarterly reporting) & Serious Incidents

Bedford Hospital – Friends & Family Test (FFT)

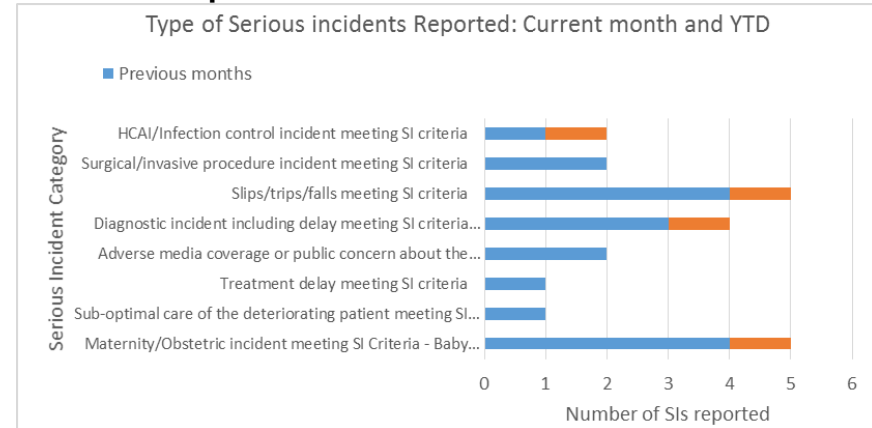
Bedford Hospital	Apr-17		May-17		Jun-17		Jul-17	
	Response Rate	% Recommend	Response Rate	% Recommend	Response Rate	% Recommend	Response Rate	% Recommend
A&E FFT	19.64%	87.92%	17.08%	85.55%	18.95%	87.48%	17.69%	86.75%
Birth FFT	52.05%	97.37%	50.00%	100.00%	N/A	N/A	33.98%	100.00%
Inpatients FFT	31.80%	92.33%	30.42%	93.12%	28.26%	94.88%	25.91%	91.71%
Outpatient FFT	15.33%	93.78%	17.65%	93.13%	15.81%	93.73%	15.98%	92.95%

Bedford Hospital have been consistently above the national average for response rates, apart from a slight dip in the in-patients response rate for July, although this was only 0.26% lower.

In-Patient % recommend scores are lower than national average. The Trust have identified a Quality Account ambition (Priority 3) for 2017/18 to improve patient experience performance, measured by the Trusts patients' survey, so that patients will recommend Bedford hospital to their friends and family, and report a positive experience in patient survey results.

The FFT data is challenged through the Trusts divisional quality meetings on a service/ward by ward basis and the Trust have acknowledged that the inpatient wards % recommend requires improvement, with ward matrons being tasked to understand the key patient concerns and develop a plan to mitigate these. The CCG will monitor this work via the Quarterly Quality Meeting.

Bedford Hospital – Serious Incidents



The Trust reported 4 Serious Incidents (SI) in September categorised in the chart above. No Never Events (NE) were reported in September, with a year to date of 1 NE.

The Trust together with the CCG have identified a number of diagnostic incidents, including the SIs indicated above involving the Radiology Department and a piece of work is being undertaken by the Trust to investigate further, reporting back through the Quality Meeting attended by the CCG. A Radiology visit by Quality Team is planned for mid-October.

Since April 2017 6 Maternity incidents have been reported at a rate of one incident per month including 1 maternal and foetal death in the Emergency Dept. 4 SIs involved babies born in poor condition requiring transfer to NNU with 1 further case where baby seriously deteriorated 12 days after delivery. 6 SIs were reported in total for 2016-17 hence current number of SIs and trend will be raised with BHT as a priority.

Luton & Dunstable Foundation Trust

Performance against NHS Constitutional Pledges & other quality indicators				Luton & Dunstable					
KPI Code	Indicator	Plan	Reporting Period	BCCG Patients			Trust Wide		
				Latest Data	YTD*	Trend	Latest Data	YTD*	Trend
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	Aug-17	96.32%	95.31%	↑	95.51%	95.38%	↑
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Aug-17	96.88%	98.32%	↓	94.25%	96.74%	↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Aug-17	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Aug-17	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Aug-17	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Aug-17	NP	NP	↔	NP	NP	↔
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Aug-17	93.10%	88.55%	↑	91.28%	89.44%	↑
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Aug-17	94.44%	97.50%	↓	93.75%	97.92%	↓
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Aug-17	93.52%	93.22%	↑	92.54%	92.78%	↓
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Aug-17	0	1	↔	0	1	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Aug-17	98.11%	98.43%	↓	96.66%	99.00%	↓
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Aug-17	N/A	N/A		98.66%	98.92%	↓
E.B.S.1	Mixed-sex accommodation breaches	0	Aug-17	0	0	↔	0	0	↔
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q1 17/18	0	0	↔	1	1	↔
E.B.S.6	Urgent Operations cancelled for a second time	0	Aug-17	0	0	↔	0	0	↔

Patient Experience (Quarterly reporting) & Serious Incidents

Luton & Dunstable Hospital – Friends & Family Test (FFT)

Luton & Dunstable	Apr-17		May-17		Jun-17		Jul-17	
	Response Rate	% Recommend	Response Rate	% Recommend	Response Rate	% Recommend	Response Rate	% Recommend
A&E FFT	1.80%	97.37%	5.13%	99.72%	3.50%	95.78%	5.62%	97.70%
Birth FFT	8.09%	93.94%	12.85%	96.00%	6.01%	96.30%	6.88%	96.97%
Inpatients FFT	20.89%	95.94%	24.05%	96.19%	17.88%	97.39%	20.40%	95.68%
Outpatient FFT	5.89%	94.76%	6.96%	96.16%	6.88%	96.22%	6.69%	96.43%

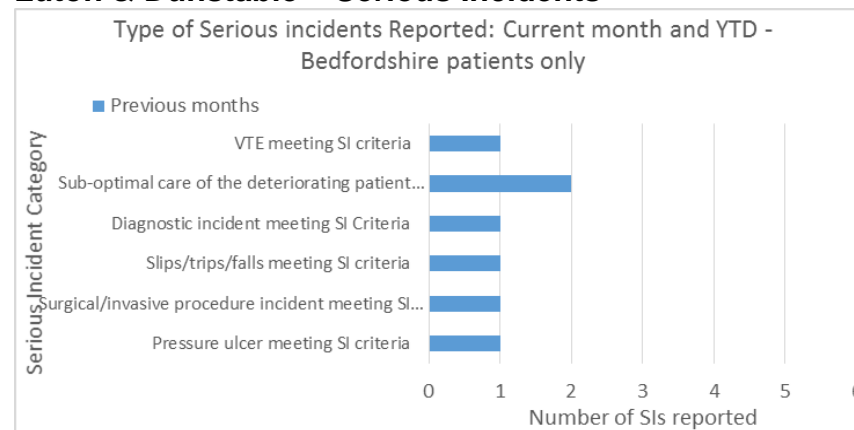
Response rates for all areas, except out-patients, are consistently lower than the national average. The Trust have identified a Quality Account ambition (Priority 4) for 2017/18 to improve experience of care through feedback from, and engagement with, people who use their services.

The Trust will be implementing IT solutions in order to improve their low response rates, but issues relating to tendering a contract to supply patient feedback surveys is hampering the roll out of the texting service in the Emergency Department, Maternity and Outpatients.

Volunteers are visiting the wards to collect information from patients in an effort to increase response rates. The Trust are exploring why the impact on response rates in maternity following the introduction of FFT Champions during the second half of last year has not been sustained, and actions being taken to increase A&E response rates in the absence of an immediate IT based solution was requested at the Q1 Quality Meeting on 7th September.

% recommend is above the national average but this cannot be used as a true comparator until response rates improve.

Luton & Dunstable – Serious Incidents



The Trust reported no incidents for Bedfordshire patients in September, with 4 incidents reported in August 2017 and 7 year to date.

No Never Events were reported for Bedfordshire patients in September, with 1 year to date (wrong site nerve block)

The CCG Quality Team are sighted on the overall themes and trends emerging from SIs at the Luton & Dunstable Hospital via the monthly incident reports provided via the Quarterly Quality Meetings.

East London Foundation Trust

Operational Standards	Threshold 2017/18	Apr	May	Jun	Qtr. 1	July	Aug	Year to Date
Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care	95%	93.3%	100.0%	100.0%	98.7%	95.7%	100.0%	98.4%
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (age range 14 - 35)	50%	87.5%	100.0%	100.0%	94.7%	100.0%	83.3%	93.5%
Early Intervention in Psychosis programmes for those aged over 35 : the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	50%	40.0%	100.0%	100.0%	70.0%	100.0%	100.0%	80.0%
Waiting time for Mental Health Assessments from referral to crisis team (Started within 4 hrs. unless patient not physically capable.)	100%	98.53%	97.71%	90.98%	95.18%	100.00%	93.24%	95.79%
All adult inpatient admissions to have been gate kept by crisis resolution/ home treatment team immediately prior to admission	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Patients on CPA who have had a formal review within the last 12 months	95%	95.3%	95.3%	95.3%	95.3%	95.8%	95.2%	95.2%
% of people aged 18-69 in contact with adult mental health services in stable accommodation	TBC	86%	85%	81%	81%	77%	75%	77%
% of placed out of area patients with a named coordinator	100%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
% of DNA of booked appointments		6.7%	6.2%	6.1%	6.3%	5.1%	6.8%	6.0%
SPOA Emergency referrals received and attended to within 24 hours	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
The number of new children and young people aged under 18 receiving treatment from NHS funded community services in the reporting period		Quarterly			data unavailable	Quarterly	0	
% of children and young people aged under 18 with a diagnosable mental health condition receiving treatment by NHS funded community services in the reporting period	12.9%	Quarterly			data unavailable	Quarterly	0.00%	
Total number of individual children and young people aged under 18 receiving treatment by NHS funded community services in the reporting period		Quarterly			data unavailable	Quarterly	0	
Total number of individual children and young people aged under 18 with a diagnosable mental health condition		Quarterly			data unavailable	Quarterly	0	
% of CYP ED cases that start treatment within 4 weeks of referral	75%	Quarterly			66.7%	Quarterly	66.67%	
% of CYP urgent ED cases that start treatment within 7 days of referral	67%	Quarterly			100.0%	Quarterly	100.00%	

Patient Experience (Quarterly reporting) & Serious Incidents

East London Foundation Trust (ELFT) - Friends & Family Test (FFT)

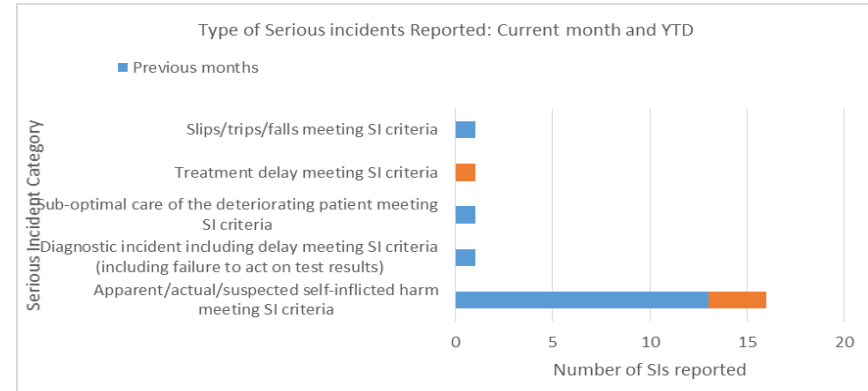
ELFT by Service Category	Apr-17		May-17		Jun-17		Jul-17	
	Total Responses	% Recommended	Total Responses	% Recommended	Total Responses	% Recommended	Total Responses	% Recommended
Acute Services	263	88%	427	92.04%	229	87.34%	263	87.07%
Child & Adolescent Mental Health Services	246	87%	157	85.99%	157	85.99%	201	87.06%
Mental Health Other	14	93%	32	87.50%	12	91.67%	13	100.00%
Primary Care	147	97%	152	100.00%	187	97.33%	169	94.67%
Secondary Care Community Services	150	89%	191	90.58%	149	93.96%	172	87.21%
Specialist Services	59	81%	43	83.72%	32	78.13%	81	88.89%

The results for the friends and family test for ELFT are reported Trust wide, and are generally in line with the number of respondents nationally who would recommend the Trust.

In the local Quality report, figures are reported for April for Bedfordshire and are in line with Trust wide and national figures in the number of those who would recommend. An area ELFT have identified for improvement based on responses is the amount of information provided to service users, which is lowest for Bedfordshire across all ELFT, all team now have patient experience as a standing agenda item on team meetings.

ELFT employ patient participation leads who are currently visiting wards with Tablets to seek up to date service user experience. They will report this in future quarterly quality reports

East London Foundation Trust – Serious Incidents



The Trust reported 4 Serious Incidents in September 2017 and no Never Events.

The CCG continue to meet with ELFT to specifically discuss SIs at a bi-monthly Extraordinary SI meeting. The timely submission of 60 Day Reports has significantly improved and the meeting now covers timely evidencing of completed action plans and joint discussions on the quality of the service and care provisions identified in SI reports, enabling a wider understanding of some of the operational challenges. Delays to declaring SIs due to internal ELFT (London) processes was raised with Bedfordshire ELFT and senior ELFT colleagues fed back re internal discussions in mid-September. The CCG were assured by the approach and welcomed an invitation to attend an ELFT SI grading Panel meeting during Quarter 3.

Essex Partnership University Trust

Operational Standards	Reporting Frequency	Threshold 2017/18	Apr	May	Jun	Qtr 1	July	Aug	Year to Date
Percentage of non-admitted Service Users starting treatment within a maximum of 18 weeks from Referral (only Community Paediatrics)	Monthly	95%	92.98%	98.55%	100.00%	97.37%	100.00%	98.59%	98.00%
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral (only Community Paediatrics)	Monthly	92%	98.89%	99.38%	99.41%	99.22%	98.94%	98.82%	99.08%
Percentage of non-admitted Service Users starting treatment within a maximum of 18 weeks from Referral (non-consultant)	Monthly	95%	98.73%	98.70%	97.86%	98.41%	98.65%	98.47%	98.47%
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral (non-consultant)	Monthly	92%	98.31%	97.98%	98.72%	98.33%	98.87%	98.53%	98.47%
Percentage of stroke survivors who are supported by a rehabilitation team (6-8 weeks)	Monthly	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of eligible stroke survivors screened	Monthly	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of eligible stroke survivors accepted into ESD service	Monthly	40%	85.00%	83.33%	80.95%	83.05%	90.91%	95.00%	87.13%
Percentage of patients whose treatment programme started within 1 working day of discharge from hospital	Monthly	95%	94.12%	100.00%	94.74%	96.00%	100.00%	100.00%	97.65%
Percentage of patients offered at least 45 minutes of each relevant stroke rehabilitation therapy for a minimum of 5 days per week to people who have the ability to participate and where functional goals can be achieved	Monthly	95%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of Outpatient letters sent to the GP following Speech and Language first outpatient attendance within 5 operational days.	Monthly	95%	100%	97.8%	98.2%	98.78%	97.83%	96.88%	98.34%
Percentage of Outpatient letters sent to the GP following Speech and Language final outpatient attendance within 5 operational days.	Monthly	95%	98.6%	98.7%	79.7%	92.44%	98.82%	97.27%	95.00%
Percentage of Outpatient letters sent to the GP following first OT outpatient attendance within 5 operational days.	Monthly	95%	100%	89.5%	89.2%	93.04%	97.62%	100.00%	95.87%
Percentage of Outpatient letters sent to the GP following final OT outpatient attendance within 5 operational days.	Monthly	95%	93.5%	98.1%	95.0%	95.57%	100.00%	100.00%	97.45%
Percentage of Outpatient letters sent to the GP following First Children's outpatient attendance within 5 operational days.	Monthly	95%	100%	100%	97.9%	99.14%	97.73%	98.33%	98.64%
Percentage of Outpatient letters sent to the GP following final Children's outpatient attendance within 5 operational days.	Monthly	95%	96.7%	97.7%	93.2%	95.45%	97.44%	95.52%	95.80%
Number of complaints (not ragged)	Monthly	0	1	5	3	9	3		12
Percentage of carers identified and offered a referral for a carers assessment	Monthly	90%	95.56%	98.86%	100.00%	97.80%	95.12%	100.00%	97.75%
Percentage of patients who expressed a preference for place of death as part of Advanced Care Plan who died in their place of preference	Monthly	74%	93.94%	92.86%	85.29%	90.83%	94.64%	91.30%	91.94%
Percentage of palliative care patients with an Advanced Care Plan	Monthly	74%	76.47%	72.73%	77.78%	75.44%	72.73%	80.00%	75.90%
Percentage SALT discharged paediatric patients with a TOM agreement score of 3	Monthly	85%	16.67%	46.88%	95.65%	49.41%	80.77%	95.45%	67.74%
Speech and Language therapy: Family focused outcome measure to demonstrate satisfaction with the service to be used at first and final appointment with outcome scores expected to be 3 in 85% or more cases	Monthly	85%	20.00%	53.13%	91.30%	51.76%	73.08%	90.91%	66.45%
Percentage of OT discharged paediatric patients with an (AUS)TOM agreement score of 3	Monthly	85%	96.55%	90.57%	100.00%	95.20%	87.50%	86.54%	91.56%
Percentage of LAC placed in area that have had an initial health assessment carried out within 20 working days from the child becoming a LAC	Monthly	95%	57.14%	100.00%	60.00%	68.89%	88.89%	100.00%	77.94%
Percentage of LAC placed in area that declined an initial health assessment within 20 working days from the child becoming a LAC	Monthly		14.29%	0.00%	5.00%	6.67%	11.11%	0.00%	5.88%
Percentage of LAC placed in area, or within one hour travel time, that have had a review health assessment within 40 days from receipt of referral.	Monthly	95%	84.62%	81.82%	100.00%	87.50%	72.97%	84.38%	82.71%
Percentage of LAC placed in area that declined an initial health assessment within 40 working days of referral	Monthly		3.85%	0.00%	0.00%	1.56%	0.00%	#DIV/0!	0.99%
Number of avoidable pressure ulcers grade 3 & 4	Monthly	0	0	0	0	0	0	0	0
Percentage of inpatients VTE risk assessed	Monthly	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of inpatients with VTE risk receiving appropriate prophylaxis	Monthly	95%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of inpatients who have had a falls risk assessment and appropriate action plan	Monthly	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Number of patients admitted to an inpatient unit			21	21	30	72	18	30	120
Safety alerts implemented within identified timescales	Monthly	100%	100.00%	zero incidence	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of relevant staff who have had a Disclosure and Barring Service (DBS) Check	Monthly	100%	n/a	100.00%	99.37%	99.67%	98.34%	98.98%	99.16%
Percentage of staff working with children who have had an enhanced DBS Check	Monthly	100%	n/a	100.00%	100.00%	100.00%	100.00%	99.76%	99.93%
Number of medication errors (not ragged)	Monthly	Number	14	9	3	26	9	7	42
Percentage of children who receive their wheelchair within 18 weeks	Monthly	92%	100.00%	100.00%	94.74%	98.18%	100.00%	92.31%	97.75%

Essex Partnership University Trust (EPUT) continue to have challenges with achieving the national targets on health assessments for Looked After Children, and this is being closely monitored with local resolution meetings being led by the Assistant Director of Nursing.

EPUT were asked to escalate delays with Bedford Borough Council at a senior level but this hasn't happened so a Contract Performance Notice may be required to push this harder to deliver the appropriate local resolutions.

Outcome scores for speech and language where parents report that they are extremely satisfied is below the 85% expected. The local management team are focusing on this area, the responses are required to be completed once the therapy has finished and the team have found that frequently parents have not been returning the questionnaires. The admin team have recently been telephoning families and asked for responses, but on some occasions they are unable to elicit a response via the telephone. Further work on this area is being implemented locally.

Due to disaggregation of services across Luton and Bedfordshire, EPUT have reported that they have seen an increase in the number of therapists who are leaving for posts within neighbouring counties, analysis of the impact of this, including plans to maintain services has been requested.

DBS shortfalls are a result of staff TUPEd for a caretaking service. Where an urgent update on DBS applications has been requested at the contract meeting, staff have since completed fresh applications for submission by EPUT.

Patient Experience – Friends and Family Test

EPUT by Service Category	Apr-17		May-17		Jun-17		Jul-17	
	Total Responses	% Recommended	Total Responses	% Recommended	Total Responses	% Recommended	Total Responses	% Recommended
Children & Family Services	45	98%	461	96%	167	96%	290	96%
Community Healthcare Other	8	88%	21	95%	2	*	7	100%
Community Inpatient Services	1	*	27	96%	5	80%	2	*
Community Nursing Services	24	100%	12	100%	21	95%	48	96%
Rehabilitation & Therapy Services	64	98%	49	98%	115	99%	129	98%
Specialist Services	125	99%	135	98%	89	99%	104	99%

EPUT are reporting high numbers of responses and are demonstrating that in 98% or above they would recommend the services. The only deviation from this is the inpatient services, which has a low response rate due to the numbers involved, and therefore the rate is 80% who would recommend.

Infection Control & Mortality Rates

MRSA

Year to date the CCG has had two cases of MRSA reported. The first case was in May at Watford General Hospital. This has been initially assigned as Third Party. The second was in August at Cambridge University Hospital. The case is currently under review and third party allocation has been requested.

All cases of MRSA bacteraemia are finally assigned following a full post infection review and if no lapse in care is identified the CCG can request that the case is assigned to third party. The case remains on the CCG figures for the year but is apportioned to third party – no lapse in care.

C-Diff

In August there were 7 cases of C-Diff reported against the threshold of 6 for the month. 5 of the cases were non-acute apportioned and 2 were acute apportioned (1 at the Bedford Hospital and 1 at Buckinghamshire).

Benchmarking within the East of England shows that BCCG is currently 4th lowest in the East of England and below the England total year to date.

Bedford Hospital has had 5 cases year to date against a year end ceiling of 10 and Luton & Dunstable have had 6 cases year to date against a year end ceiling of 6.

E-Coli

Enhanced mandatory surveillance for *E. coli* bacteraemia was commenced in June 2011 and from April 2017 the Quality Premium requires the CCG to show a 10% reduction of cases based on the 2016-17 number of cases. This is a total reduction of 25 cases for the year. There were a total of 31 cases reported for CCG patients in August 2017 meaning the CCG is above the year to date ceiling of 18 cases per month with 125 cases against a year to date ceiling of 90 cases.

Mortality Rates

The Summary Hospital-level Mortality Indicator (SHMI) measures the ratio between the actual number of patients who die following hospitalisation at a trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

The CCG top 6 Acute providers all are 'as expected' apart from Cambridge University Hospitals NHS Foundation Trust who have been consistently 'lower than expected'.

Care Homes

Rosewood Court

Rosewood Court is a 65 bedded residential and nursing care home in Central Bedfordshire (Dunstable).

Since the home opened in 2016, there have been ongoing concerns and the home has been under the Serious Concerns Process with Central Bedfordshire Council (CBC) for a number of months. There have also been several embargo / admissions processes in place managed by CBC over time, with a full embargo since August 2017. As a result, the home has had a limited number of residents since it opened in 2016.

Due to the ongoing concerns within the home, steps were being taken by commissioners to support the move of residents to alternative placements where appropriate.

A new manager started 5th September 2017 but through sickness was no longer able to return to the home. The owner has now taken the decision to temporarily close the home and through a planned process, all remaining residents are being found alternative accommodation. Families are involved and are supporting the moves.

The closure was fully supported by CBC. CQC fully aware and had conducted a recent inspection where concerns also identified. All residents were fully assessed and alternative placements found, in discussion with family members. The last residents moved on 5th October 2017 and the home is now closed.

Currently there is no anticipated date for re-opening.

Workforce Statistics – Mandatory Training

	Staff Count	Equality & Diversity	Fire Safety	Conflict Resolution	Health & Safety	Safeguarding Children	Safeguarding Adults	Risk Management	Sustainability	Manual Handling	Information Governance	Fraud & Bribery Awareness	Expected Compliance	Actual Compliance	Percentage
BCCG Exec	9	8	6	4	7	7	8	8	7	6	6	8	87	75	77.95%
Bedford Locality	6	5	6	6	5	6	6	5	6	6	5	5	66	61	92.42%
CHC	27	27	27	27	26	27	27	26	27	27	27	27	297	295	99.30%
Commissioning & Performance	24	24	24	24	24	22	24	24	24	24	22	23	264	259	98.02%
Communications	9	9	9	9	9	9	9	9	9	9	9	8	99	98	98.99%
Contracts	7	5	5	6	5	6	6	7	7	5	7	7	77	66	85.71%
Corporate	5	5	4	5	4	5	4	5	5	4	5	5	55	51	92.73%
Finance	17	14	11	15	11	12	14	14	10	12	15	10	187	138	73.80%
Governing Body	6	6	6	4	6	5	4	3	4	5	4	6	58	53	87.88%
Localities Team	13	12	12	12	11	10	11	13	12	11	9	13	143	126	88.11%
Meds Management	18	18	17	18	17	18	17	17	17	17	15	17	198	188	94.95%
Quality	22	22	20	21	20	21	22	21	21	22	21	22	240	233	98.27%
Strategy and Transformation	7	6	4	6	5	6	6	5	5	4	4	5	77	56	72.72%
Grand Total	170	161	151	157	150	154	158	157	154	152	149	156	1848	1699	
Compliance by Training		94.71%	91.57%	96.91%	88.24%	90.59%	94.94%	94.01%	92.17%	91.02%	87.65%	91.76%			

Please note: These figures excludes interim, temporary staff and percentages exclude new starters.

Communications – Complaints and Freedom of Information Requests – Quarterly reporting

Complaints

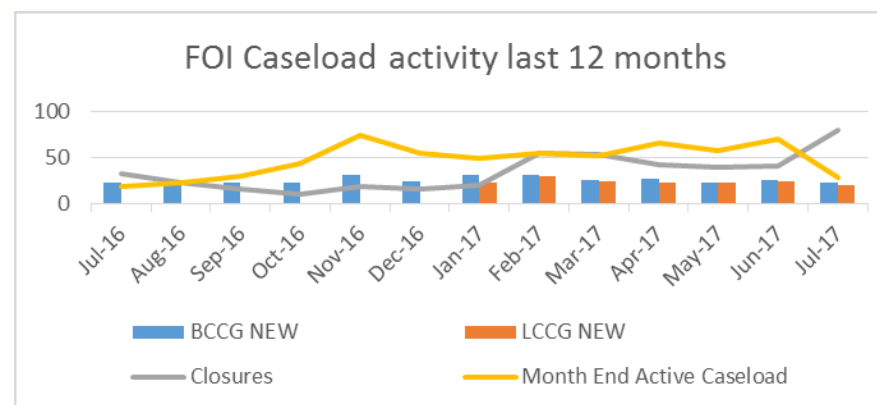
BCCG has an “in-house” Complaints service, which handles Comments, Concerns, Complaints, MP Enquiries and Freedom of Information Requests. In January 2017, it also extended this service to provide the same support for Luton CCG.

In Quarter 1 there were 26 complaints for BCCG which is a rise on the same period in 2016/17 when 14 complaints were received. 7 Bedfordshire CCG complaints were reportable to NHS Digital as part of the mandatory quarterly KO41a returns. Typically, these are complaints about CCG functions and result in a written response from the Accountable Officer. Many complaints logged by the CCG, fail to progress due to ineligibility, being out of jurisdiction or because they are withdrawn. Where complaints were completed and responses known to the CCG, there was an even split between cases that were not upheld and those that were partially or fully upheld. Three MP enquiries were open at the time of reporting.

17 Cases were referred to the Ombudsman during 2016/17.

In Quarter 1 2017/18, four new Ombudsman cases were confirmed as under consideration and documentation provided as requested. Outcomes are awaited. 2 final 2016/17 Ombudsman reports were published, both were Upheld against the CCG and concerned CHC complaints. The recommendations included offering apologies and to arrange a refund of Care Home costs and referral to Retrospective Review.

Freedom of Information Requests (FOIs)



The Freedom of Information Act came in effect in 2000 and gives members of the public the right to access recorded information held by public sector organisations. Requests must be in writing and organisations must respond within 20 working days. Some sensitive information is not available to the public and there is a cap of £450 to extract the information.

BCCG handle an average of 50-60 cases per month and in July there was an active caseload of around 30 FOIs across Bedfordshire and Luton CCGs.

Improvement & Assessment Framework (IAF)

NHS Bedfordshire CCG

Requires Improvement

Better Health

	Period	CCG	Peers	England	Trend
R 101a n/d Maternal smoking at delive	16-17 Q3	7.5%	2/11	56/209	
R 102a n/d % 10-11 classified overweig	16/13 to 14/15	30.3%	5/11	42/209	
R 103a n/d Patients who achieved NICE	2015-16	36.3%	9/11	171/209	
R 103b n/d Attendance of structured e	2014	13.6%	2/11	33/209	
R 104a n/d Injuries from falls in people	16-17 Q3	2,095	7/11	138/209	
R 105a n/a Utilisation of the NHS e-refr	2017 Q3	24.3%	10/11		
R 105b n/a Personal health budgets	16-17 Q4	11	5/11	105/209	
R 105c n/a % of deaths in hospital	16-17 Q2	47.5%	4/11	110/209	
105d n/d LTC feeling supported	2016 Q3	66.5%	5/11	53/209	
R 106a n/d Inequality Chronic - ACS	16-17 Q3	952	9/11	117/209	
R 106b X Inequality - UCS	16-17 Q3	2,211	10/11	140/209	
R 107a X AMR: appropriate prescribi	2017 Q2	1.10	4/11	106/209	
R 107b X AMR: Broad spectrum presc	2017 Q2	8.9%	4/11	111/209	
108a n/a Quality of life of carers	2016 Q3	0.82	2/11	34/209	

Sustainability

	Period	CCG	Peers	England	Trend
R 141a n/a Financial plan	2016	Red	9/11	141/209	
R 141b n/a In-year financial performan	16-17 Q4	Red	10/11	141/209	
R 142a n/a Improvement area: Outcom	16-17 Q3		1/11	1/209	
R 142b n/a Improvement area: Expend	16-17 Q3		1/11	1/209	
R 143a n/a New models of care	16-17 Q4	N	0		
R 144a n/a Local digital roadmap in pl	16-17 Q4	Y	0		
R 144b n/a Digital interactions	16-17 Q4	51.2%	10/11	199/209	
R 145a n/a SEP in place	2016-17	Y	0		

Well Led

	Period	CCG	Peers	England	Trend
R 161a n/a STP	2016-17	Green	1/11	1/209	
R 162a n/a Probity and corporate gove	16-17 Q4	Fully Compliant	1/11	1/209	
R 163a n/a Staff engagement index	2016	3.85	2/11	26/209	
R 163b n/a Progress against WRES	2016	0.16	11/11	173/209	
R 164a n/a Working relationship effect	16-17	60.19	7/11	185/209	
R 165a n/a Quality of CCG leadership	16-17 Q4	Amber	6/11	108/209	

Key

	Worst quartile in England		Best quartile in England
	Interquartile range		

Better Care

	Period	CCG	Peers	England	Trend
R 121a n/a High quality care - acute	16-17 Q4	64	1/11	22/209	
R 121b n/a High quality care - primary	16-17 Q4	66	3/11	70/209	
R 121c n/a High quality care - adult soc	16-17 Q4	62	3/11	48/209	
R 122a n/d Cancers diagnosed at early	2015	56.3%	3/11	19/209	
R 122b X Cancer 62 days of referral t	16-17 Q4	81.1%	4/11	108/209	
R 122c n/d One-year survival from all c	2014	69.8%	10/11	106/209	
122d n/d Cancer patient experience	2015	8.7	4/11	107/209	
R 123a X IAPT recovery rate	2017 Q1	43.3%	9/11	179/209	
R 123b ✓ EIP 2 week referral	2017 Q3	79.7%	5/11	76/209	
R 123c n/a MH - CYP mental health	16-17 Q4	85%	3/11	74/209	
R 123d n/a MH - Crisis care and liaison	16-17 Q4	55.0%	10/11	169/209	
R 123e n/a MH - OAP	16-17 Q4	87.5%	9/11	116/209	
R 124a n/d LD - reliance on specialist ll	16-17 Q4	38	3/11	21/209	
124b n/d LD - annual health check	2015-16	41.1%	2/11	74/209	
R 125a n/d Neonatal mortality and stil	2015	7.1	8/11	120/209	
125b n/a Experience of maternity sei	2015	77.9	10/11	145/209	
125c n/a Choices in maternity servic	2015	62.4	9/11	165/209	
R 126a n/a Dementia diagnosis rate	2017 Q3	61.2%	8/11	175/209	
126b n/d Dementia post diagnostic s	2015-16	79.3%	5/11	89/209	
R 127a n/a Delivery of an integrated ur	2017 Q1	5	3/11	65/209	
R 127b n/d Emergency admissions for l	16-17 Q3	2,464	10/11	115/209	
R 127c X A&E admission, transfer, d	2017 Q3	95.0%	1/11	29/209	
R 127e n/d Delayed transfers of care p	2017 Q3	8.6	2/11	55/209	
R 127f n/d Hospital bed use following	16-17 Q3	534.9	8/11	143/209	
R 128a n/d Management of LTCs	16-17 Q3	854	9/11	90/209	
R 128b n/d Patient experience of GP se	2016 Q3	85.9%	5/11	99/209	
R 128c n/a Primary care access	2017 Q3	0.0%	6/11	115/209	
R 128d n/d Primary care workforce	2016 Q9	1.04	4/11	66/209	
R 129a ✓ 18 week RTT	2017 Q3	92.4%	5/11	86/209	
R 130a n/a 7 DS - achievement of stanc	2016-17	0.0%	1/11		
R 131a n/a People eligible for standar	16-17 Q3	53.7	2/11	69/209	

Definitions and Acronyms

Ambulance Handover Delays – Clock starts in the offloading bay in A&E and stops when a full clinical handover has taken place, the patient has been transferred onto hospital apparatus and all Ambulance equipment returned to the vehicle.

Ambulance – See and Treat – Focussed clinical assessment at the patient's location followed by appropriate treatment, discharge and/or referral. **Hear and Treat** – where it appears that the patient has a less serious condition. A clinician in ambulance control centre has a discussion with patient or carer and will give appropriate healthcare advice and not necessarily send an ambulance response.

Category A (Red 1) 8 Minute Response Time - Incidents that are immediately life threatening conditions should receive an emergency response within 8 minutes.

Category A (Red 2) 8 Minute Response Time - Incidents which may be life-threatening conditions but less time-critical should receive an emergency response within 8 minutes.

Category A (Red 1 and 2) 19 Minute Transportation Time - Immediately life-threatening incidents should receive an ambulance response at scene within 19 minutes.

Dementia Diagnosis – The number of people diagnosed with dementia, expressed as a percentage of the estimated prevalence.

18 Weeks Referral to Treatment – Incomplete pathway - This applies to patients on a non-urgent consultant led pathway setting a maximum time of 18 weeks from the point of initial referral up to the start of any treatment necessary where it is clinically appropriate. Incomplete pathways are those where patients are still waiting for treatment.

Cancer 2 Week Wait Following Urgent GP Referral For Suspected Cancer – This relates to all patients that have been urgently referred to an acute trust with *suspected* cancer by their GP having their first outpatient attendance within 14 days.

Cancer 2 Week Wait for Breast Symptoms where cancer was *not initially suspected* – This relates to all patients that have been urgently referred to an acute trust for evaluation/investigation of symptoms having their 1st outpatient attendance within 14 days.

Cancer 31 day first treatment following a cancer diagnosis – This relates to all patients that receive first definitive treatment within 31 days of receiving a diagnosis for all cancers.

Cancer 31 subsequent cancer treatments – Surgery – This relates to all patients that receive subsequent treatment of surgery within a maximum waiting time of 31 days.

Cancer 31 subsequent cancer treatments – Anti cancer drug regimens – This relates to all patients that receive subsequent/adjvant treatment of anti-cancer drug regimen within a maximum waiting time of 31 days.

Cancer 31 subsequent cancer treatments – radiotherapy – This indicator relates to all patients that receive subsequent/adjvant radiotherapy treatment within a maximum waiting time of 31 days including patients with recurrent cancer.

Cancer 62 day first treatment following an urgent GP referral – This relates to all patients who receive first definitive treatment for all cancers within 62 days following an urgent GP referral.

Cancer 62 day first treatment following referral from an NHS cancer screening service – This relates to all patients who receive first definitive treatment for all cancers within 62 days following referral from an NHS cancer screening service.

A&E	Accident and Emergency	MRSA	Methicillin-Resistant Staphylococcus Aureus bacteraemia
AAU	Acute Assessment Unit	MSSA	Methicillin-Sensitive Staphylococcus Aureus bacteraemia
BBC	Bedford Borough Council	MSA	Mixed Sex Accommodation
BCCG	Bedfordshire Clinical Commissioning Group	MSK	Musculoskeletal
BCF	Better Care Fund	MSOA	Middle Super Output Area
BEDOC	Bedford On Call	NHS	National Health Service
BHT	Bedford Hospital Trust	NHSE	NHS England
CAD	Computer Aided Dispatch (ambulance)	NHSI	NHS Improvement
CBC	Central Bedfordshire Council	NLRS	National Reporting and Learning System
C-Difficile	Clostridium Difficile	OOH	Out Of Hours
CHAT	Comprehensive Health Assessment Tool	OPEL	Operational Pressures Escalation Levels (Urgent Care)
CPA	Care Programme Approach	PBR	Payment By Results
CQC	Care Quality Commission	PEPS	Partnership for Excellence in Palliative Support
CQUIN	Commissioning Quality and Innovation	PHE	Public Health England
CSE	Child Sexual Exploitation	POD	Point Of Delivery
E&NHS	East & North Hertfordshire	PTS	Patient Transport Service
ECIST	Emergency Care Intensive Support Team	RCA	Root Cause Analysis
EEAST	East of England Ambulance Service	RTT	Referral to Treatment
EOL	End of Life	SCAS	South Central Ambulance Service
EOL CCT	End of Life Comfort Care Transport	SCP	Serious Concerns Process
FFT	Friends and Family Test	SEPT	South Essex Partnership Trust
GP	General Practice	SHMI	Summary Hospital level Mortality Indicator
GSF	Gold Standards Framework	SI	Serious Incidents
HALO	Hospital Ambulance Liaison Officer	SPoA	Single Point of Access
HCAI	Healthcare Associated Infections	STEIS	Strategic Executive Information System
IAPT	Improving Access to Psychological Therapies	STF	Sustainability and Transformation Fund
L&D	Luton and Dunstable Hospital	SQPR	Service Quality Performance Report
LA	Local Authority	T&O	Trauma & Orthopaedics
LCCG	Luton Clinical Commissioning Group	TDA	Trust Development Agency
LSCB	Local Safeguarding Children Board	TIA	Transient Ischemic Attack
MASH	Multi Agency Safeguarding Hub	VTE	Venous Thromboembolism
MRI	Magnetic Resonance Imaging	TDA	Trust Development Agency