

# Governing Body

# REPORT

**Agenda Item: 9**

<b>Subject</b>	Integrated Quality, Safety and Performance Report
<b>Date</b>	Thursday, 4 <sup>th</sup> May 2017
<b>Author</b>	Carol Davies – Head of Performance
<b>Lead Director</b>	Anne Murray – Director of Nursing & Quality Donna Derby – Director of Commissioning & Performance

## **Executive Summary**

This report shows the latest position across a range of national and local indicators and includes analysis of the performance and identifies remedial action being taken to improve delivery and subsequently improving the services and health outcomes for the population of Bedfordshire.

Where applicable graphs are included to show performance across the top 6 acute providers together with performance for the CCG.

A further update on the concerns raised regarding Milton Park which provides services for people with autism, mental health and learning disabilities has been included following the actions agreed at the meeting of the NHSE Oversight Group on 3 April 2017.

The report also includes the financial progress against the 2016/17 Quality Premium. This scheme is to reward CCGs for improvements in the quality of services that are commissioned. The scheme incentivises CCGs to improve patient health outcomes and reduce inequalities in health outcomes and improve access to services.

The Quality Premium for 2017/18 and 2018/19 is a 2 year scheme and the report includes the detail of the indicators and the corresponding Quality Premium value. Data to support these indicators will start to become available in June and a dashboard showing progress will be included in future reports.

## **Recommendation**

The Committee is asked to review and note the contents of the report and to recommend any further action.

## Links to the business and risks

<b>Relevant Strategic Objectives 2016/17 (please mark in bold)</b>
1. Systematically implementing prevention, early diagnosis and early intervention
2. Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.
<b>3. Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience.</b>
<b>4. Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system</b>
5. Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long terms sustainability and best use of public money.
6. We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.
7. Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement into decision-making processes and commissioning intentions.

<b>Links to Board Assurance Framework / Corporate Risk Register</b>	Risks are identified and included in the Commissioning Directorate Risk Register. Risks with a residual overall score greater than 15 are escalated to the Corporate Risk Register.
<b>Details of additional risks associated with this paper (may include NHS England Assurance Framework / NHS Constitution)</b>	This paper outlines risks to the NHS Constitution and includes mitigating actions.
<b>Financial Implications / impact</b>	This report includes an update against the latest financial position for the 2016/17 Quality Premium. This update is also reported to the Finance and Performance Committee.
<b>Legal Implications / impact</b>	Patients have a right to treatment under the NHS Constitution and this report provides an update on performance against these indicators.
<b>Partnership work / public engagement implications / impact</b>	Not applicable
<b>Committees / groups where this has been discussed before</b>	Regular updates are presented and discussed at the Quality Operational meetings, Finance and Performance Committee, Integrated Commissioning and Quality Committee and Governing Body.
<b>Other options available and their pros and cons</b>	Not applicable
<b>Background papers</b>	Regular monthly updates

# 1. NHS CONSTITUTIONAL INDICATORS 2016/17 - CCG

Performance Against NHS Constitutional Pledges														
KPI Code	BCCG Indicator Level	Plan	Latest Data	Reporting Period	YTD	Trend	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	96.66%	Feb-17	94.75%	*↑	●	●	●	●	●	●	●	
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	97.00%	Feb-17	94.07%	*↑	●	●	●	●	●	●	●	
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	98.79%	Feb-17	97.64%	*↑	●	●	●	●	●	●	●	
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	100.00%	Feb-17	96.84%	*↑	●	●	●	●	●	●	●	
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	100.00%	Feb-17	99.42%	*↔	●	●	●	●	●	●	●	
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	100.00%	Feb-17	95.91%	*↑	●	●	●	●	●	●	●	
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	77.89%	Feb-17	81.89%	*↓	●	●	●	●	●	●	●	
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	100.00%	Feb-17	90.45%	*↔	●	●	●	●	●	●	●	
E.B.14	Cancer 62 days - 1st treatment following consultants decision to upgrade		NP	Feb-17	94.83%	*↔								
E.B.15.i	Ambulance Category A - Red 1 (immediate life threatening and most time critical) response arriving within 8 mins - commissioner	75%	77.37%	Feb-17	76.28%	↑	●	●	●	●	●	●	●	
E.B.15.ii	Ambulance Category A - Red 2 (life threatening and less time critical than Red 1) response arriving within 8 mins - commissioner	75%	67.57%	Feb-17	69.83%	↓	●	●	●	●	●	●	●	
E.B.16	Ambulance Category A ambulance arrival within 19 mins - commissioner	95%	94.15%	Feb-17	95.26%	↓	●	●	●	●	●	●	●	
E.B.S.3	CPA follow up within 7 days of discharge from psychiatric in-patient care	95%	98.72%	Q3 16/17	96.21%	↑	●	●	●	●	●	●	●	
E.B.1	18 week Referral to Treatment for completed admitted patients	90%	80.93%	Feb-17	83.70%	↓								
E.B.2	18 week Referral to Treatment for completed non admitted patients	95%	90.87%	Feb-17	92.11%	↑								
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	92.21%	Feb-17	92.78%	↓	●	●	●	●	●	●	●	
E.B.S.4.i	52 week referral for completed admitted pathways	0	3	Feb-17	16	↓								
E.B.S.4.ii	52 week referral for completed non-admitted pathways	0	5	Feb-17	46	↑								
E.B.S.4.iii	52 week referral for incomplete pathways	0	2	Feb-17	25	↓	●	●	●	●	●	●	●	
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	99.59%	Feb-17	99.26%	↑	●	●	●	●	●	●	●	
E.B.5	A&E 4 hour wait (7 Providers)	95%	92.61%	Feb-17	92.79%	↑	●	●	●	●	●	●	●	
E.B.S.1	Mixed-sex accommodation breaches	0	0	Feb-17	0	↔	●	●	●	●	●	●	●	
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	10	Q3 16/17	13	↓	●	●	●	●	●	●	●	
E.B.S.6	Urgent Operations cancelled for a second time	0	0	Feb-17	0	↔	●	●	●	●	●	●	●	

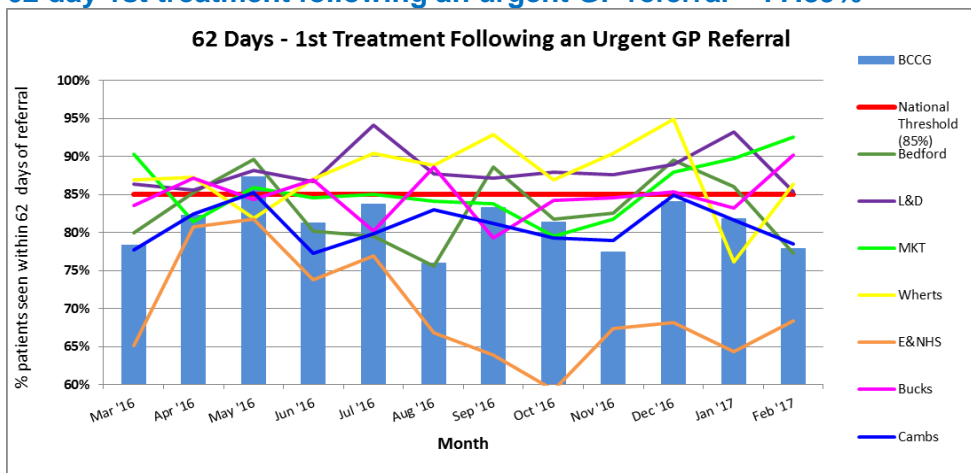
Please note that data is ragged Green if an indicator has been achieved or over-achieved, Amber if it has under-achieved within 5% of the achievement level and Red if it has under-achieved over the 5% threshold. The trend arrows indicate whether performance against the previous month / quarter is showing an improved, worsened or equal position. The colour of the arrows relate to the above ragging for the latest reported period. \* Cancer Year to Date position reflects validated Qtr. 3 and the trend arrow reflects previous month position.

## 2. CCG PERFORMANCE REPORTING – NHS CONSTITUTION – BY EXCEPTION

### 2.1 Cancer

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.

#### 62 day 1st treatment following an urgent GP referral – 77.89%



In February the CCG achieved 7 of the 8 key national cancer indicators. 62 day first treatment following an urgent GP referral underachieved.

Bedford, Cambridge and East & North Hertfordshire Trusts underachieved this indicator trust wide.

Of the 95 patients seen on this pathway 21 were outside the 62 day threshold. 14 of which were at Bedford, 3 at East and North Hertfordshire, 2 at Luton & Dunstable and 1 each at East & North Herts and Buckinghamshire. 7 of the breaches were due to late referral, 4 were complex pathways, 3 were patient choice and 7 were due to provider delays.

There were 6 100+ day breaches in February, 2 at Bedford Hospital (1 Head & Neck and 1 Skin pathway), 2 at Luton & Dunstable (1 Haematological and 1 Urology pathway), 1 at East & North Herts (Urology pathway) and 1 at Buckinghamshire (Gynaecology pathway). Root cause analysis will be reviewed for these long waiters to identify any themes in reasons for the delays.

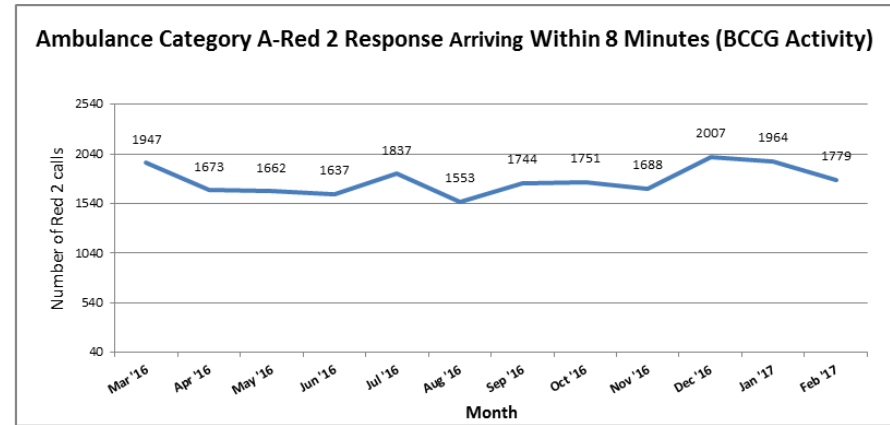
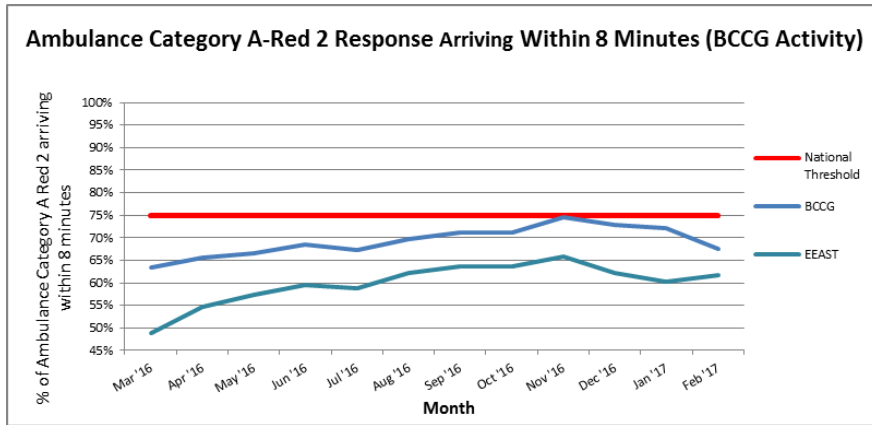
The CCG Macmillan Cancer Lead has completed a review of 2 week referrals to Luton & Dunstable and Bedford Hospital. The outcome of the review shows the majority of referrals were clinically appropriate however the quality of the referrals could be improved and this will be discussed at scheduled learning events.

In January East & North Herts CCG issued a Contract Performance Notice to East & North Herts raising concerns around Cancer performance and the increase in the number of patients waiting over 100 days for treatment. BCCG have asked for confirmation as to whether any of these patients are Bedfordshire patients. A Remedial Action Plan has been agreed with the Trust and progress against this is discussed at the monthly cancer performance meeting.

## 2.2 Ambulance Response Times

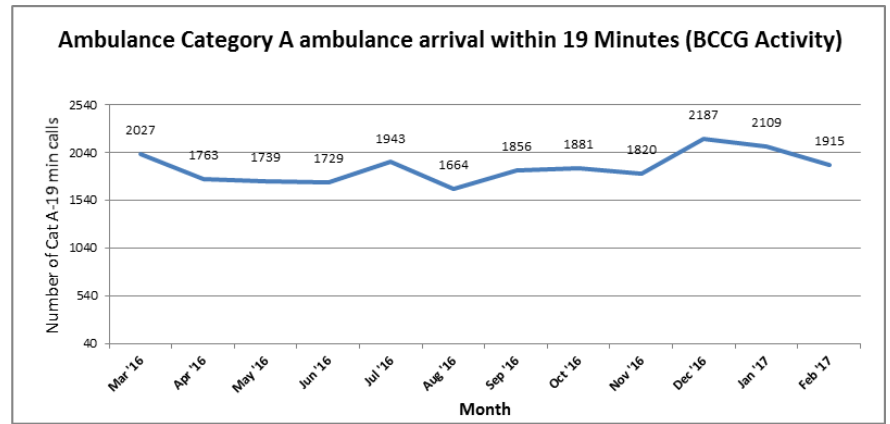
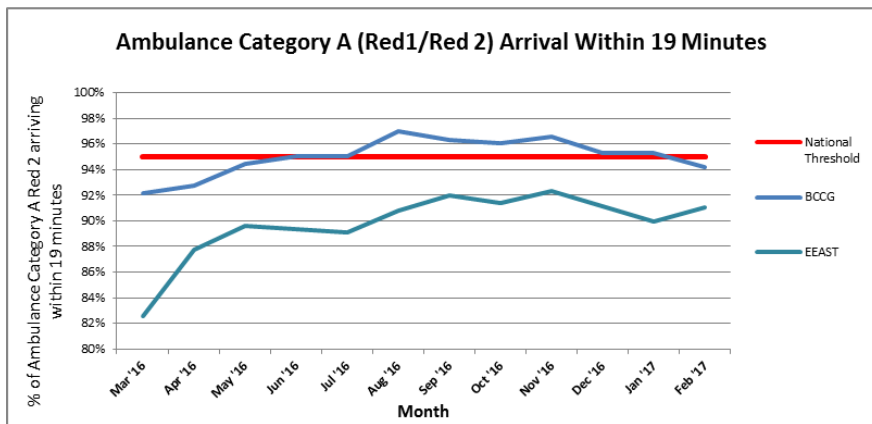
In February the CCG underachieved against Category A Red 2 8 minute and Category A 19 minutes responses. All response targets were underachieved for EEAST – East of England Ambulance Service.

### Ambulance - Category A Red 2 response arriving within 8 minutes – 67.57%



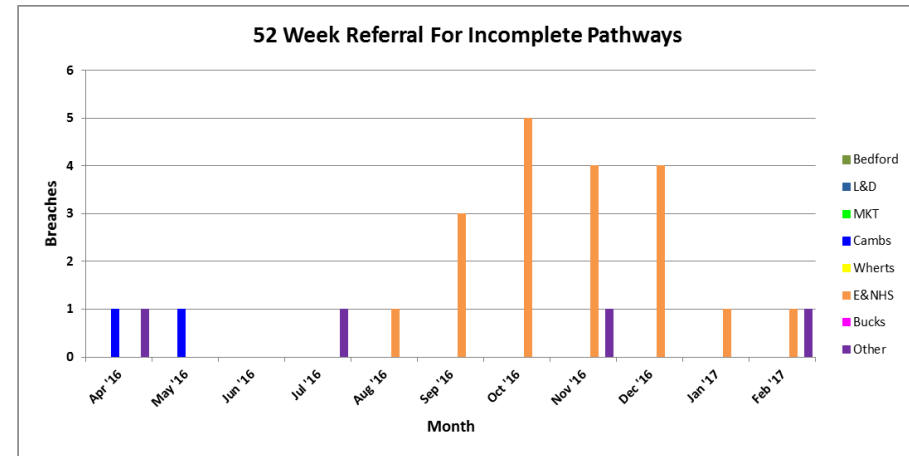
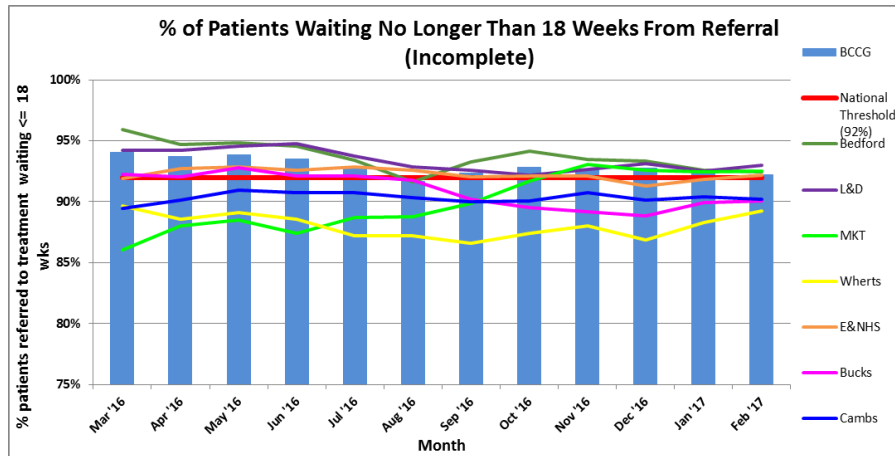
For Cat A Red 2 8 minutes there were 1779 responses with 577 breaches of the threshold (445 breaches would have achieved threshold). A Recovery Improvement Plan is in place at the Trust which is monitored on a weekly basis.

### Ambulance Category A ambulance arrival within 19 mins– 94.15%



For Cat A 19 minutes there were 1915 responses with 112 breaches of the threshold (96 breaches would have achieved threshold).

## 2.3 18 Week Referral to Treatment (RTT) (including 52+ week breaches) – 92.21%



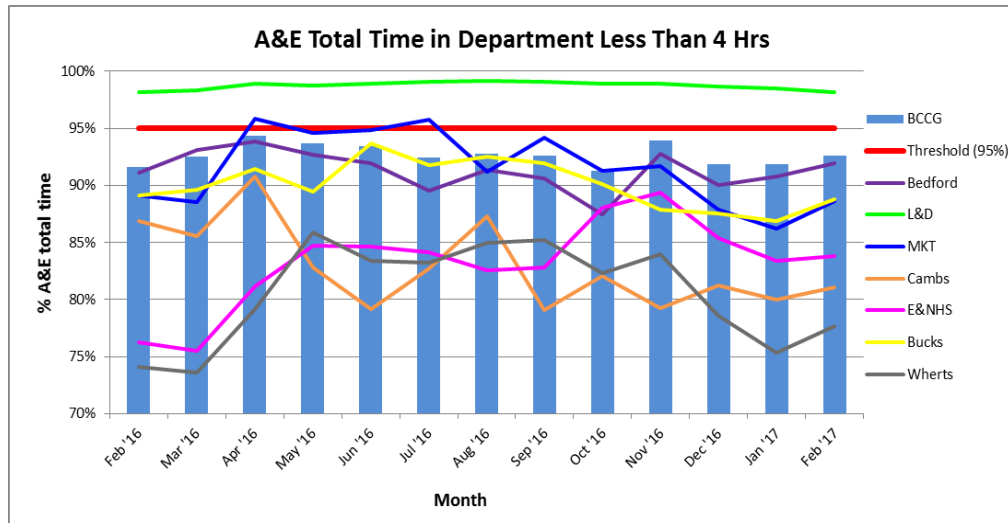
In February the CCG achieved the national threshold for the incomplete pathway overall however there were 7 specialties which underachieved; General Surgery at 90.24%, Ophthalmology at 85.06%, Plastic Surgery at 91.52%, Trauma and Orthopaedics (T&O) at 86.43%, Cardiothoracic Surgery at 75%, Neurosurgery at 89.06% and Urology at 91.86%. The CCG has 1906 patients on the incomplete pathway who have breached 18+ weeks. Bedford (964), Luton & Dunstable (310), East & North Hertfordshire (125), Milton Keynes (76), Buckinghamshire (102), Cambridge (135) and Others (194). Of the CCG's top 6 providers Bedford, Luton & Dunstable, East & North Herts and Milton Keynes achieved the aggregate threshold.

Bedford Hospital achieved at an aggregate level for BCCG patients however 4 specialties were underachieved (number of 18+ week breaches in brackets): General Surgery (31), Plastic Surgery (25), Trauma and Orthopaedics (86), Ophthalmology (526). The main area of pressure is in Ophthalmology and the Trust have carried out a review of elective flow using the IMAS (Interim Management and Support) model. This has been discussed with Moorfields and an improvement plan has been agreed with expected achievement of the threshold by December. Unvalidated data for March is showing an improved performance. All extended wait patients have been clinically triaged. Although there are no 52+ week wait risks in Ophthalmology there is a risk that underperformance in this speciality could impact on aggregate performance. This is being monitored through the Trust Access Board.

### 52+ Week Breaches

In February there were 2 52+ week breaches one at East and North Hertfordshire in the speciality of Plastic Surgery and one at Kettering General Hospital in the speciality of Urology giving a total for the CCG of 25 year to date. East and North Hertfordshire have now completed their validation programme of 66,600 historic clock stops to ensure correct application of clock stops. All patients who were identified as having their clock stopped incorrectly have now had their pathway corrected and have subsequently been treated. A clinical harm review process has been carried out and to date no patient has been identified as having suffered harm. Kettering General Hospital have written to the CCG advising that an issue had been identified which could impact on patients that are being treated at the Trust. The Trust is currently working through the issue and will give an update at the end of May with proposed treatment dates. The Trust anticipate all long waiters will have been in receipt of treatment by the end of June.

## 2.4 A&E – 4 hour wait – 92.61%

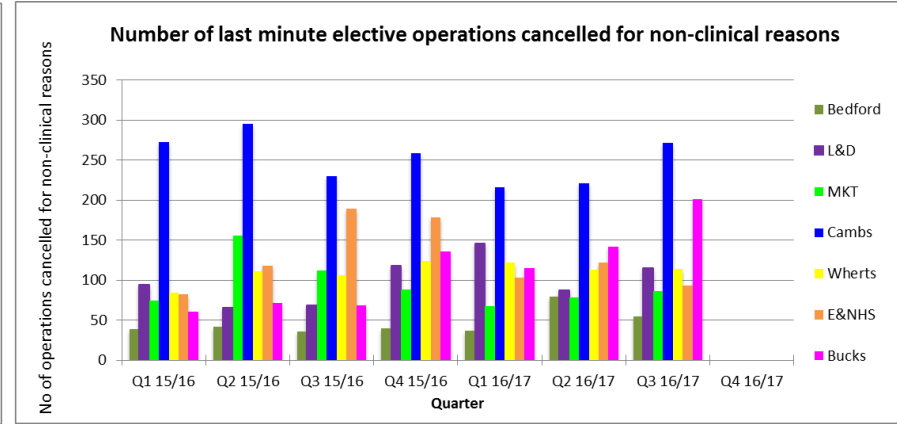
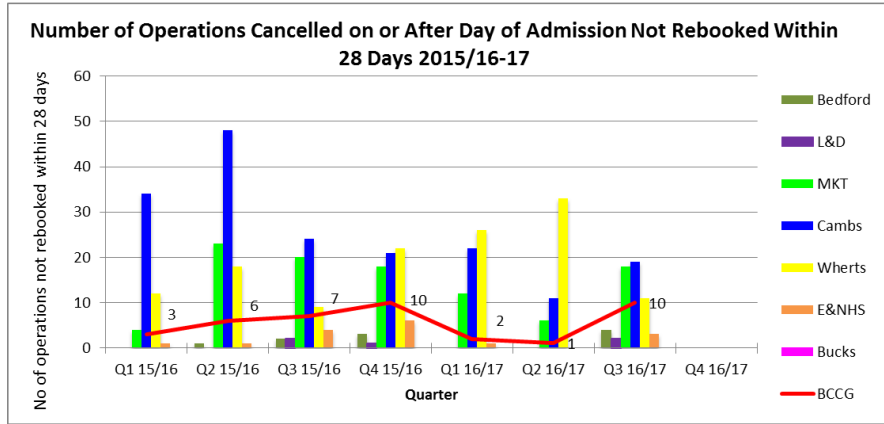


The CCG is measured on performance at the main 7 acute providers. In February the CCG saw an improvement against the 4 hour wait however continue to be under the 95% national threshold.

The A&E Delivery Board has a live A&E Improvement Plan with clear key performance indicators (KPIs) and actions required to support delivery of each of the five mandated work streams. The executive leads have set up working groups to address requirements which are reported on and monitored at each monthly A&E Delivery Board meeting. Partners are working together to focus on winter planning. The system will continue to be operationally managed and monitored using the Operational Pressures Escalation Levels (OPEL) escalation framework. Teleconference calls are co-managed by Bedfordshire and Luton CCGs and there is good partnership engagement.

- Luton & Dunstable achieved 98.18% and was the only local trust to achieve against the 95% threshold.
- Bedford achieved 91.97% which represents a slight improvement but is an underachievement against the national target and the Sustainability & Transformation Fund trajectory. Unvalidated data for March shows an achievement of the 95% threshold. The Integrated Urgent Care service went live on 30<sup>th</sup> March across Bedfordshire and Luton bringing together 111 and Out of hours services, along with a Clinical Advisory Service. This means that patients who call 111 who are identified as needing further assessment and/or treatment for non-life threatening condition will received this via an appropriate clinician as part of the same call. The CCG is currently procuring an Urgent Primary Care Service (UPCS) which will provide patients with the most appropriate care for their urgent primary care needs with the aim of reducing the number of inappropriate attendances at Bedford Hospital Emergency Department.
- East & North Hertfordshire achieved 83.83% which is a slight improvement on the January position, however this remains under the STF trajectory of 94%. For BCCG the largest proportion of patients attending A&E are those aged between 0 - 4 where there was a significant increase in months 7,8 & 9 and overall slightly higher than the same period last year but following a similar trend. Attendances have increased from both Ivel Valley and Bedford localities particularly in month 6 and 7. The locality managers and the commissioners have been aware of the situation and are looking at how to address this.
- Cambridge achieved 81.07% in February which is a slight improvement. The Trust is reporting that a heightened level of escalation and resource to respond to the front door has led to significant improvements in March.
- Buckinghamshire underachieved against the 4 hour standard in February with 88.78%. Although this is an improvement on January performance this is a breach of the agreed trajectory included within the sustainability & transformation fund. A recovery plan is in place.
- Milton Keynes underachieved this indicator in February with 88.59% which is an improvement on the January position. The Trust have cited increased volumes together with a more complex case-mix as the driver behind recent poor performance.

## 2.5 Elective Operations cancelled on or after day of admission for non-clinical reasons not been rebooked within 28 days



BCCG Patients				
Provider	Q1	Q2	Q3	Q3 Trust Wide Breaches
Bedford	0	0	4	4
Buckinghamshire	0	0	0	0
Cambridge	1	0	3	19
East & North Herts	0	0	0	3
Hinchingbrooke	0	0	0	0
Luton & Dunstable	0	0	0	2
Milton Keynes	1	1	3	18
West Hertfordshire	0	0	0	11

In Quarter 3 the CCG has had confirmation that there have been 10 patients who had their elective operations cancelled on or after day of admission and not rebooked within 28 days and all of these patients have now been treated.

There were 4 breaches at Bedford Hospital (3 in Cardiology due to equipment failure and 1 in Ophthalmology due to unavailability of drugs) 3 at Milton Keynes (2 in T&O due to unavailability of beds and 1 in Gynaecology due to theatre capacity) and 3 at Cambridge (1 in Colorectal Surgery, 1 in Plastic Surgery and 1 in Neurosurgery) The Trust does not provide individual RCAs however has given assurance that all cancelled operations on the day are reviewed at the weekly PTL meeting to ensure they are rebooked within the 28 day standard wherever possible.

### 3. ADDITIONAL QUALITY INDICATORS WITH EXCEPTIONS

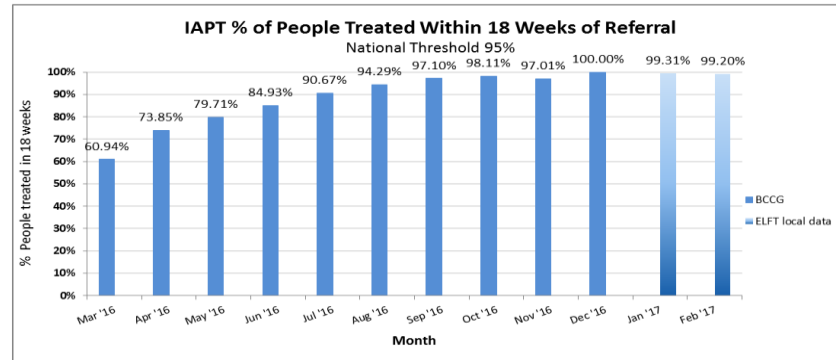
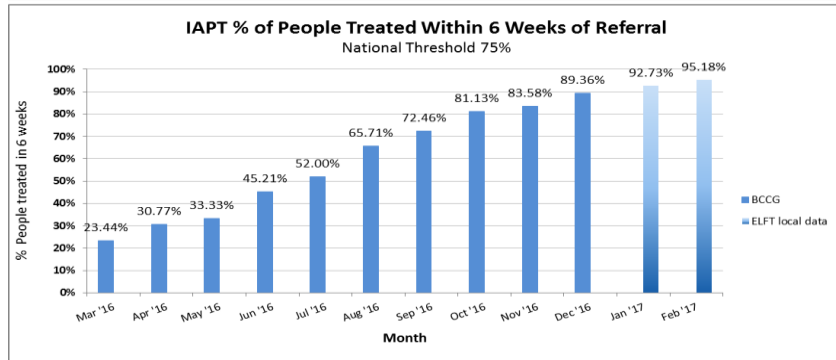
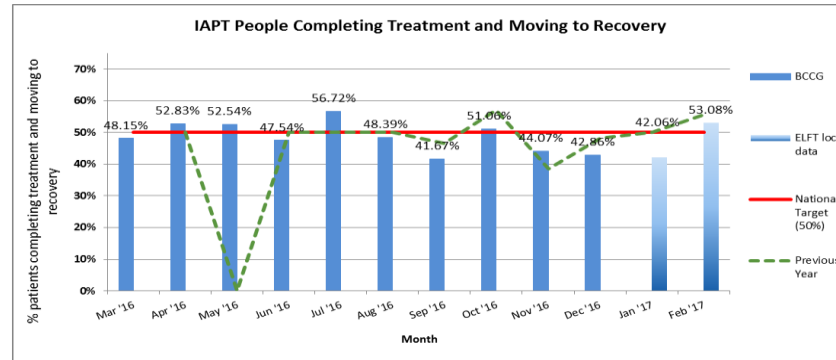
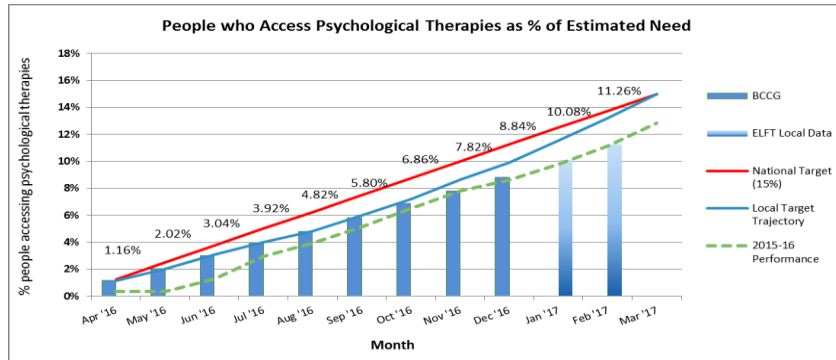
Additional Quality Indicators														
KPI Code	Indicators	Plan	Latest Data	Reporting Period	YTD	Trend	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
		E.A.3	IAPT - access rate	15%	1.01%	Dec-16	8.84%	↑	Red	Amber	Red	Amber	Amber	Amber
E.A.S.2	IAPT - people who completed treatment and are moving to recovery	50%	42.86%	Dec-16	48.82%	↓	Green	Red	Red	Green	Green	Amber	Red	
E.H.1_A1	% people referred to IAPT programme treated within 6 weeks of referral	75%	89.36%	Dec-16	59.86%	↑					Red	Red	Green	
E.H.1_A2	% people referred to IAPT programme treated within 18 weeks of referral	95%	100.00%	Dec-16	90.14%	↑					Red	Amber	Green	
E.A.S.1	Estimated diagnosis rate for people with dementia - Primary Care	67%	61.22%	Mar-17	61.22%	↑	Red	Red	Red	Red	Red	Red	Red	Red
E.A.S.4	Number of MRSA incidents	0	0	Feb-17	5	↔	Red	Red	Green	Red	Green	Green	Red	
E.A.S.5	Number of C-Difficile incidents	73	1	Feb-17	64	↑	Green	Red	Red	Red	Red	Red	Red	

Please note that data is ragged Green if an indicator has been achieved or over-achieved, Amber if it has under-achieved within 5% of the achievement level and Red if it has under-achieved over the 5% threshold. The trend arrows indicate whether performance against the previous month / quarter is showing an improved, worsened or equal position. The colour of the arrows relate to the above ragging for the latest reported period.

For IAPT indicators the dashboard above reflect the latest national performance. More current local data is included in the IAPT reporting.

For MRSA the dashboard has been updated to reflect all known Bedfordshire CCG cases albeit that the national system continues to show 1 case assigned to LCCG for a BCCG patient.

### 3.1 Improving Access to Psychological Therapies



#### February performance (locally reported)

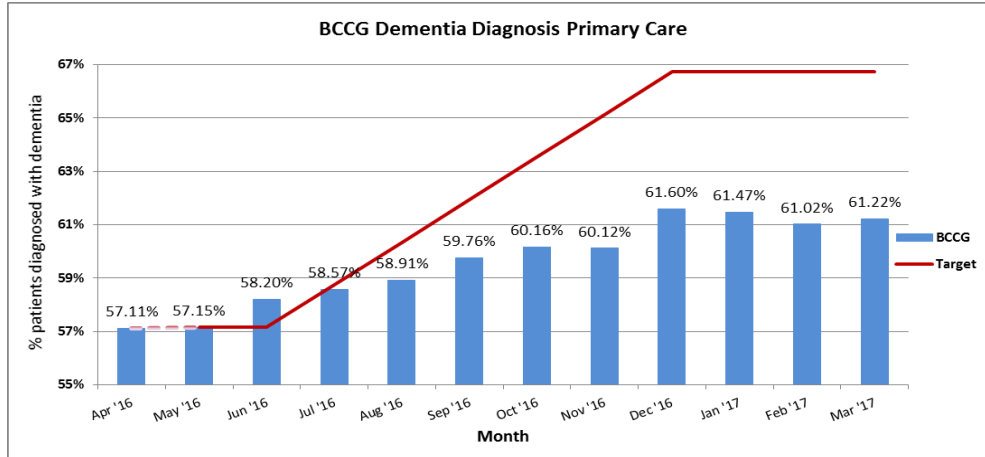
- Entering Treatment – Year to Date – 11.26% (5396 patients) under the agreed threshold (1.18% in February compared to 1.24% in January) - Deteriorating (this is based on national data April – December and local data for January – February)
- Moving to Recovery – 53.08% threshold 50% - Improving (January 42.06%)
- Patients Treated within 6 weeks – 95.18% threshold 75% - Achieved
- Patients Treated within 18 weeks – 99.2% threshold 95% - Achieved

Entering Treatment – ELFT issued a revised trajectory stating a failure to meet the 15% access target for the year with a revised trajectory of 13.20% achievable by year end. BCCG issued a contractual Exception Report to ELFT on 27/01/2017 notifying failure to adhere to the agreed RAP and performance trajectories and the withholding of 2% of the contract value. BCCG is continuing to work closely with the service to assist in increasing referrals and have been advised that March 2017 entering treatment numbers are the highest this year and would support the delivery of the year-end target of 13.20%.

A trajectory for 2017/18 is currently being agreed with ELFT with a proposed year end achievement of 15.45% against the 16.8% national threshold. Q4 2017/18 will achieve the 4.2% run rate which will be the starting point for 2018/19 plan of 19.2%.

### 3.2 Dementia Diagnosis Rate – 61.47%

Each financial year the prevalence estimate is recalculated to take account of demographic changes and is based on the population projections for 2016. For the CCG this means that the prevalence rises to 4789.



In March there were 2932 patients aged 65+ who have had a diagnosis for dementia reported nationally. This is an underachievement with 61.22% against the planned threshold for 66.72%.

ELFT continue to support low referring GP surgeries as part of the CQUIN and are offering training to those identified. The new referral form for GPs to refer to the memory assessment service (MAS) is complete and has been tested by the CCGs GP clinical lead. This is being uploaded on SystmOne. The aim is to make it easier for GPs to refer to the memory assessment service (MAS).

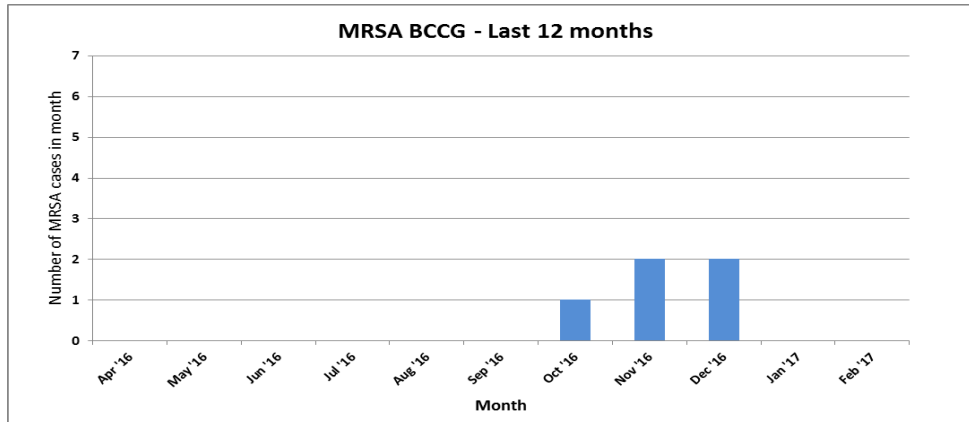
ELFT are currently in the process of planning dementia education seminars for patients and carers. This is to encourage patients to come forward who are worried about their memory and to promote the range of post diagnostic support services in place for people.

There has been an increase in the number of people coming out of the Memory Assessment Service with a diagnosis of Mild Cognitive Impairment (MCI). ELFT as part of the CQUIN will be supporting practices in determining who to refer and when as well as what to do if the presentation of a person diagnosed with a MCI changes. The CCG have a meeting scheduled with ELFT to discuss a mechanism to formalise the follow up of MCI patients.

ELFT are currently focusing on reducing the waiting times in the MAS to ensure that people receive a timely diagnosis. This links into the above issue around the number of people in the system with a MCI as opposed to a dementia. The CCG clinical lead is also liaising with colleagues in Hertfordshire to share learning.

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.

### 3.3 MRSA

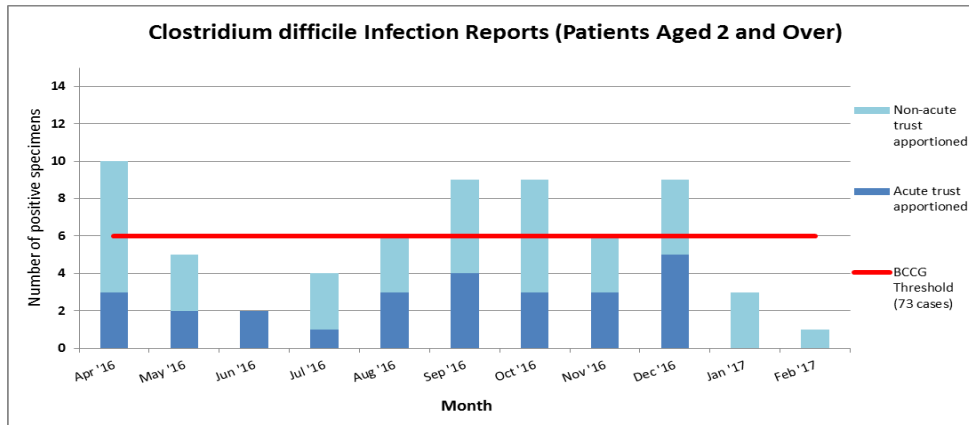


Case Summary – Case 1 contaminant assigned to Bedford Hospital and Cases 2-5 have all been assigned to third Party – no lapse in care identified

The CCG has had zero cases of MRSA reported in February giving a year to date of 5 cases. 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. Themes identified:

- All patients were identified as known carriers of MRSA
- All patients had severe co-morbidities making them much more vulnerable to infection
- 4 of the 5 cases had skin breaks
- 4 of the 5 cases had recent admissions to hospital
- 2 patients were identified as not always complying with the recommended treatment/care.

### 3.4 Clostridium Difficile



Bedford Hospital is above the year end ceiling with 11 cases against a ceiling of 10. They have successfully appealed 3 cases as no lapse in care has been identified.

Luton & Dunstable have had 8 cases year to date which is above the year-end ceiling. 3 cases have been successfully appealed against sanctions as no lapses in care have been identified during the case reviews.

In February there was 1 case reported (East London Foundation Trust LFT non-acute apportioned) bringing the year to date total for the CCG to 64 against the year to date threshold of 66. A full review of the case is underway. Benchmarking within the East of England shows that BCCG is currently 4th lowest in the East of England and significantly below the England total to February 2017.

Benchmarking within the East of England to the end of February 2017, shows Bedford Hospital has an infection rate of 8.92 cases per 100,000 occupied bed days. This is the 4th lowest within the East of England and significantly below the England total year to date. Luton and Dunstable has had 4.19 infections per 100,000 occupied bed days which is 2nd lowest within the East of England and less than half of the England total year to date.

### **3.5 Milton Park**

Milton Park located within Bedfordshire, provides services for people with autism, mental health and learning disabilities and has for considerable time had low level safeguarding concerns reported, however recently a number have been raised to safeguarding investigation. As the host CCG there is a requirement to collate any information of concern, and share this with NHSE and the funding authorities commissioning placements at the service however the CCG is not responsible for monitoring the service on behalf of other commissioners. BCCG regularly updates NHSE and the concerns are also reported and discussed at the Quality Surveillance Group. The Care Quality Commission (CQC) has inspected the service and noted some improvements however overall the service remains inadequate.

Due to an increased level of concern being raised by BCCG, a risk summit took place on 20<sup>th</sup> February 2017 and the action plan that was already in place in response to the CQC inspection findings has been combined to include the actions from the risk summit. A further NHSE Oversight Group took place on 3 April 2017 with clear actions for Milton Park to complete. The action plan is being monitored through the CCGs Integrated Commissioning and Quality Committee.

BCCG continue to act as the coordinating CCG, but with revised governance arrangements between the service and placing commissioners to enable more comprehensive overview.

### **3.6 Bedford Hospital – Never Event**

The Trust reported a Never Event in February for a retained guidewire which was successfully removed the following day.

## 4. QUALITY PREMIUM 2016/17

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 is based on the measures outlined below and cover a combination of national and local priorities agreed in partnership with both Health and Wellbeing Boards. It is important to note that a 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 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. It should be noted however that the CCG is duty bound to work towards achieving the measures and will be monitored against their achievement.

### 2016/17 Quality Premium Indicators

Bedfordshire CCG Quality Premium Dashboard									
<b>CCG Quality Premium (Potential Funding)</b>		<b>£2,223,565</b>							
Forecast CCG Quality Premium (iii)		<b>£222,357</b>							
Additions	(Eligible QP funding)	£444,713							
Deductions	(from Eligible QP funding)	£222,357							
Quality Premium Indicators 16/17									
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		Plan	Latest Data	Reporting Period	YTD	Trend	
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		20%	£444,713		60.00%	58.50%	2014		
Increase in the proportion of GP referrals made by e-referrals - March 2017 performance to exceed March 2016 performance by 20 percentage points (March 2016 - 16.46%)		20%	£444,713		36.46%	20.94%	Jan-17	↑	
Overall experience of making a GP appointment - Improvement on July 2016 survey result (75.25%)		20%	£444,713		78.25%	75.25%	Jul-16		
Reduction in the number of antibiotics prescribed in primary care		5%	£111,178	£111,178	<=1.161	1.104	Jan-17	↓	
Reduction in the proportion of broad spectrum antibiotics prescribed in primary care		5%	£111,178	£111,178	<=10	9.0	Jan-17	↑	
Local Indicators - Additions					Plan	Latest Data	Reporting Period	YTD	Trend
Mental health admissions to secondary mental health services.		10%	£222,357		995	79	Feb-17	917	↔
Emergency admission rate for children with asthma per 100,000 population aged 0-18 years		10%	£222,357	£222,357	144	7.56	Feb-17	111.56	↓
Emergency admissions to hospital for people aged 75 years and over with length of stay under 24 hours per 100,000 population aged >75		10%	£222,357		4740	550.6	Feb-17	5645.8	↓
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			Plan	Latest Data	Reporting Period	YTD	Trend
18 week Referral to Treatment - Incomplete pathway *		25% of Eligible Additions		£0	92%	92.21%	Feb-17	92.78%	↓
A&E 4 hour wait (7 Providers) *		25% of Eligible Additions		-£111,178	95%	92.61%	Feb-17	92.79%	↑
Cancer 2 week waits following urgent GP referral for suspected cancer *		25% of Eligible Additions		£0	93%	96.66%	Feb-17	94.75%	↑
Ambulance Category A - Red 1 response arriving within 8 mins - EEAST *		25% of Eligible Additions		-£111,178	75%	70.05%	Feb-17	68.43%	↑

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 (94%), Luton & Dunstable Hospital (29%), Cambridge University Hospital (1%), Hinchingsbrooke (1%), East & North Herts (8%), Milton Keynes (7%) and Buckinghamshire (3%). 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.

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 2016/17 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 2016/17. 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 Additions:

- **New cases of cancer diagnosed at stage 1 and 2** – Threshold is 4 percentage point improvement in 2016 compared to 2015 or >60% diagnosed in 2016. Due to delays in data reporting the latest available published data is 2014 with 2015 data not expected to be released until June 2017. The linear trend is continuing to provide assurance that the threshold will be met.
- **Increase in the proportion of GP referrals made by e-referrals** - Threshold 80% by March 2017 and demonstrate year on year increase or 20 percentage point increase on March 2016. Latest data is January 2017 and remains significantly under plan. This is currently not on track to achieve the target. BHT is engaging with GPs and Information Management & Technology (I&MT) Group for advice and problem solving. GPs continue to report ongoing problems with available appointments at East and North Hertfordshire which is being taken to liaison meetings.
- **Overall experience of making a GP appointment** - Threshold achieve 85% of respondents with a good experience or a 3 percentage point increase from July 2016 for good experience. July 2016 provides the baseline figure for the 2016/17 target. The GP survey is now an annual publication and therefore new data will not be available until July 2017. There is therefore a risk that this indicator will not be achieved. GP access has been identified as a key focus however demand for same day appointments and visits is placing practices under increasing pressure. The CCG is working with GPs to identify appropriate solutions through collaborative working between practices. The vision is for practices to link together to offer a single point of access for same day appointments for acute conditions and exacerbations of chronic conditions, using a similar approach to Out of Hours Services and including the use of a multi-disciplinary team for delivery. Plans indicate that this will be a key enabler for helping practices to manage demand and capacity issues.
- **Antibiotic prescribing** - Threshold (a) Reduction in antibiotics prescribed in primary care less than 1.161 items per STAR-PU (b) Reduction in broad spectrum antibiotics prescribed in primary care less than 10%. The latest published data is February 2017 and shows the CCG are currently on track to meet this target.
- **Mental health admissions to hospital** - Due to the delay in national data the dashboard above reflects actual numbers of admissions using local provider data. Performance in February achieved against the monthly plan and unvalidated data for March gives a year end position of 979 against the Quality Premium threshold of less than 995 which is an achievement of the year end.
- **Emergency admission rate for children with asthma** - Baseline is 2015/16 forecast outturn of 160 per 100,000. Latest data available via MedAnalytics is February and this is showing that this indicator is currently on track to achieve in 2016/17.
- **Emergency admissions to hospital for people aged 75+ years with a length of stay under 24 hours** - Baseline is 2015/16 forecast outturn of 4740 per 100,000. Latest local data is February and shows that this indicator will not be achieved at year end. Acute trusts continue to see high proportions of emergency admissions for people aged 75+ years with a length of stay under 24 hours. Initiatives are in place to reduce this and further work is underway to increase access to services for this cohort of people as an alternative to emergency admission.

### Quality Premium Deductions:

- **18 weeks referral to treatment (Incomplete Pathway)** - Latest data is February and shows this indicator is being achieved year to date.
- **A&E 4 hour wait (7 providers)** - Latest published data is February showing an underachievement year to date which may result in a 25% reduction against the achieved quality premium.
- **Cancer 2 week waits following urgent GP referral for suspected cancer** - Latest published data is February and shows this indicator is currently being achieved year to date.
- **75% threshold for Category A (Red 1) 8 minute response for ambulance calls** – Latest data is February and is showing an underachievement year to date which will result in a 25% reduction against the achieved quality premium.

## 5. QUALITY PREMIUM 2017/18

The Quality Premium for 2017/18 and 2018/19 is a 2 year scheme and the tables below shows the detail of the indicators and the corresponding Quality Premium value. Data to support these indicators will start to become available in June and a dashboard showing progress will be included in future reports.

### Quality Premium 2017/18 - £2,249,500

#### National Indicators

1	Cancers diagnosed at early stage (1 and 2)	17%	£382,415
2	Overall experience of making a GP appointment	17%	£382,415
3	Continuing Healthcare	17%	£382,415
4	Equity of Access and Outcomes in IAPT services	17%	£382,415
5	Reducing Bloodstream Infections and inappropriate antibiotic prescribing in at risk groups	17%	£382,415

#### Local Indicator selected from the RightCare suite of indicators

6	Reduction in elective gastroscopies for age 19-39 years	15%	£337,425
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#### NHS Constitution Gateway – underperformance will reduce the Quality Premium in units of 25%

7	18 Weeks RTT Incomplete	25%	£562,375
8	Maximum 4 hour wait in A&E	25%	£562,375
9	62 day wait from urgent GP referral to 1 <sup>st</sup> definitive treatment for cancer	25%	£562,375
10	Maximum 8 minute response for Category A (Red 1) ambulance calls	25%	£562,375

## Glossary

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

## Definitions

**Category A (Red 1) 8 Minute Response Time** - Incidents that are immediately life threatening conditions, e.g. cardiac arrest, respiratory arrest, should receive an emergency response within 8 minutes irrespective of location in 75% of cases. This means that for patients with immediately life-threatening conditions, faster response times may improve health outcomes and the patient experience.

**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 irrespective of location in 75% of cases. This means that for patients with immediately life-threatening conditions, faster response times may improve health outcomes and the patient experience.

**Category A (Red 1 and 2) 19 Minute Transportation Time** - Immediately life-threatening incidents should receive an ambulance response at scene within 19 minutes irrespective of location in 95% of cases. The ability to transport patients with immediately life-threatening conditions in a clinically safe manner may improve their health outcomes and patient experience.

**Ambulance Handover Delays** – The clock starts when the ambulance stops in the patient offloading bay in Accident & Emergency. It then 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 allowing the crew to leave the department.

**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. An ambulance response will not necessarily be sent at the time of the call.

**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 – national threshold 92%. Pathway consists of 19 Specialities e.g. Dermatology, Gynaecology.

**Activity Query Notice** - An Activity Query Notice is issued under Service Condition 29 of the Standard NHS Contract. This allows either commissioner or provider to raise a formal query where there has been an “unexpected or unusual” pattern of referral or activity or where the expected activity in an agreed Activity Plan has been breached.

**Cancer 2 Week Wait Following Urgent GP Referral For *Suspected* Cancer** – This indicator 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 calendar days.

**Cancer 2 Week Wait for Breast Symptoms where cancer was *not initially suspected*** – This indicator relates to all patients that have been urgently referred to an acute trust for evaluation / investigation of breast symptoms by a primary or secondary care professional having their first outpatient attendance within 14 calendar days. This pathway excludes any patients that have been referred urgently with *suspected* breast cancer.

**Dementia** – This relates to the number of people diagnosed with dementia, expressed as a percentage of the estimated prevalence. The prevalence rate is provided by the Office of National Statistics.