NHS
Bedfordshire
Clinical Commissioning Group

Agenda Item 9.0

Governing Body Meeting
Held in public

REPORT

Subject	Integrated Quality, Safety and Performance Report
Date	7 September 2017
Author	Carol Davies – Head of Performance
Lead Director	Anne Murray – Director of Nursing & Quality Donna Derby – Director of Commissioning & Performance

Executive Summary

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

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

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. A dashboard and commentary showing progress against these indicators is included.

Recommendation

Members of the Governing Body therefore are asked to:

- Consider the overall progress being made at month 3.
- 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 (please mark in bold)		
Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience.	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	

Links to Board Assurance Framework / Corporate Risk Register	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.
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. This update is also reported to the Finance and Performance Committee.
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

1. NHS CONSTITUTIONAL INDICATORS 2017/18 - CCG

Performance Against NHS Constitutional Pledges															
KPI Code	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
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	95.46%	Q1 17/18	95.46%	*↓	●	●	●	●	●			
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	96.17%	Q1 17/18	96.17%	*↓	●	●	●	●	●			
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	97.17%	Q1 17/18	97.17%	*↓	●	●	●	●	●			
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	96.25%	Q1 17/18	96.25%	*↓	●	●	●	●	●			
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	100.00%	Q1 17/18	100.00%	*↑	●	●	●	●	●			
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	93.30%	Q1 17/18	93.30%	*↓	●	●	●	●	●			
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	82.05%	Q1 17/18	82.05%	*↑	●	●	●	●	●			
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	96.55%	Q1 17/18	96.55%	*↓	●	●	●	●	●			
E.B.14	Cancer 62 days - 1st treatment following consultants decision to upgrade		58.33%	Q1 17/18	58.33%	*↓								
E.B.15.i	Ambulance Category A - Red 1 (immediate life threatening and most time critical) response arriving within 8 mins - commissioner	75%	70.39%	Jun-17	74.51%	↓	●	●	●	●	●			
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%	59.92%	Jun-17	65.62%	↓	●	●	●	●	●			
E.B.16	Ambulance Category A ambulance arrival within 19 mins - commissioner	95%	92.68%	Jun-17	93.95%	↓	●	●	●	●	●			
E.B.S.3	CPA follow up within 7 days of discharge from psychiatric in-patient care	95%	96.67%	Q1 17/18	96.67%	↓	●	●	●	●	●			
E.B.1	18 week Referral to Treatment for completed admitted patients	90%	81.96%	Jun-17	82.82%	↓								
E.B.2	18 week Referral to Treatment for completed non admitted patients	95%	91.97%	Jun-17	91.63%	↑								
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	92.59%	Jun-17	92.55%	↓	●	●	●	●	●			
E.B.S.4.i	52 week referral for completed admitted pathways	0	0	Jun-17	4	↑								
E.B.S.4.ii	52 week referral for completed non-admitted pathways	0	6	Jun-17	63	↑								
E.B.S.4.iii	52 week referral for incomplete pathways	0	3	Jun-17	6	↔	●	●	●	●	●			
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	97.30%	Jun-17	98.56%	↓	●	●	●	●	●			
E.B.5	A&E 4 hour wait (7 Providers)	95%	95.66%	Jun-17	95.41%	↑	●	●	●	●	●			
E.B.S.1	Mixed-sex accommodation breaches	0	0	Jun-17	0	↔	●	●	●	●	●			
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	2	Q1 17/18	2	↓	●	●	●	●	●			
E.B.S.6	Urgent Operations cancelled for a second time	0	0	Jun-17	0	↔	●	●	●	●	●			

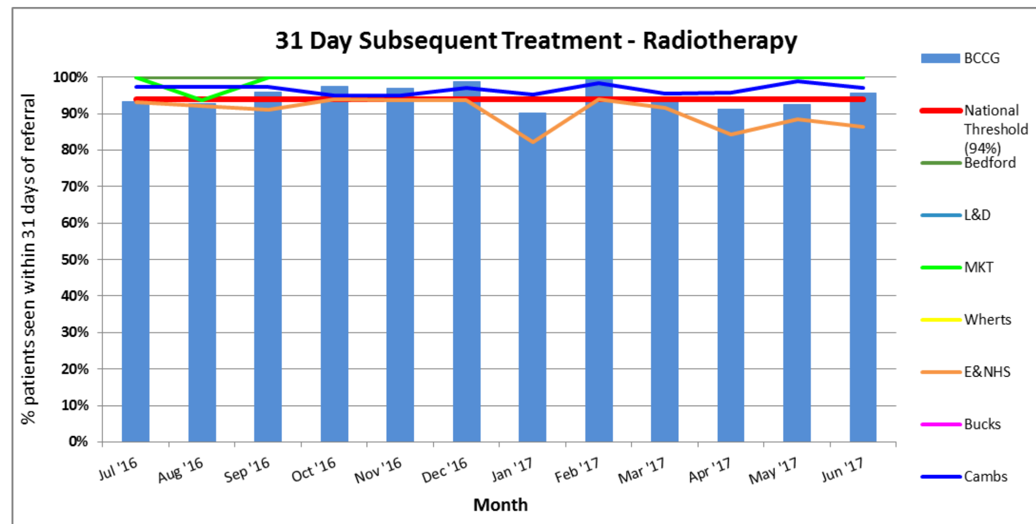
Please note that data is ragged Green if an indicator has been achieved or over-achieved, Amber if it has under-achieved within 5% of the achievement level and Red if it has under-achieved over the 5% threshold. The trend arrows indicate whether performance against the previous month / quarter is showing 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. 1 and the trend arrow reflects previous quarter position.

1.1 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.

In Quarter 1 the CCG achieved 6 of the 8 key national cancer indicators. 31 day subsequent treatment for radiotherapy and 62 day first treatment following an urgent GP referral underachieved.

31 day subsequent treatment for radiotherapy – 93.30%

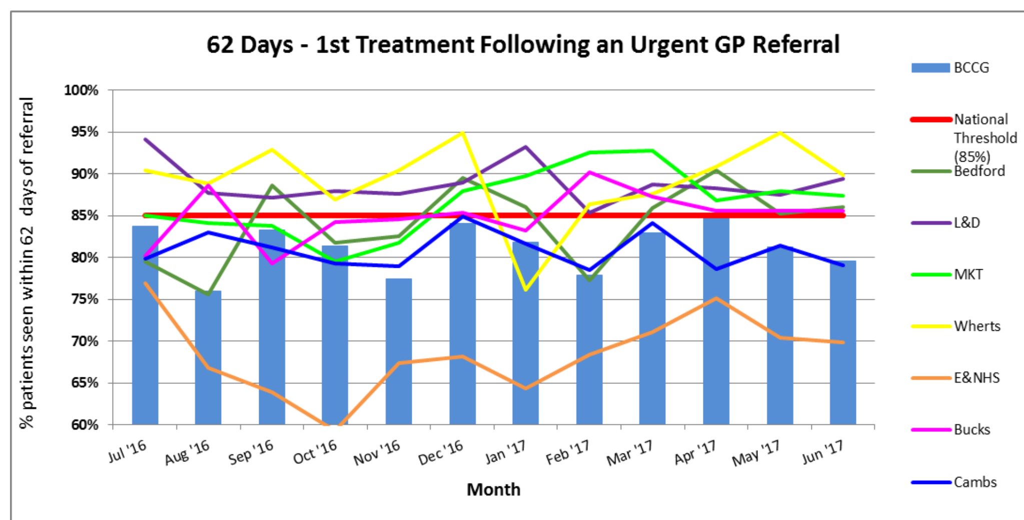


The chart shows those providers who have patients on the radiotherapy pathway.

Of the 194 patients seen on this pathway in Quarter 1, 13 breached the 31 day threshold, 11 at East & North Hertfordshire and 2 at Cambridge. 5 of the breaches were due to patient choice, 4 were complex pathways, 2 capacity issues and 2 provider delays.

Radiotherapy is the commissioning responsibility of NHS England Specialist Commissioning and a review of radiotherapy centres is currently being undertaken as access across the country has become an issue. A recent piece of work undertaken via the CCG Cancer Improvement Group has identified that access to radiotherapy for the South Bedfordshire population is not as good as other parts of the East of England. This analysis has been provided to Specialist Commissioning to inform the review. The South Bedfordshire Cancer Centre for radiotherapy is Mount Vernon, which is managed by East and North Herts NHS Trust.

62 Day First Treatment following an Urgent GP Referral – 82.05%



As part of the NHS Improvement and NHS England regional cancer recovery plan a number of actions have been agreed across the region in relation to the reporting and review of long waiting patients. All acute Trusts and CCGs have been asked to routinely report the number of 62+ day and 104+ day breaches with outcomes and learning themes to Governing Body meetings.

There were 8 104+ day breaches in June and all have been reviewed by the CCG Macmillan cancer lead and no new themes have been identified.

4 at Bedford Hospital, 2 on the Gynaecology pathway, 1 on the Upper GI pathway and 1 on the Lung pathway (treatment started day 104, 111, 106 and 135)

3 at East & North Herts, 1 on the Haematology pathway, 1 on the Urology pathway and 1 on the Lung pathway (treatment started day 115, 143 and 120)

1 at the Luton & Dunstable Hospital on the Lung pathway (treatment started day 131).

Of the 312 patients seen on the pathway in Quarter 1 56 breached the threshold. 24 of the breaches were at Bedford Hospital, 10 at East & North Hertfordshire, 7.5 at Luton & Dunstable, 5.5 at Cambridge, 4 at Milton Keynes, 2 at Northampton, 2 at Buckinghamshire and 1 at Peterborough and Stamford. 19 of the breaches were complex cases, 13 due to late referrals, 10 Provider delays, 7 patient choice, 5 capacity issues and 2 are still awaiting confirmation of the reason for the breach from the Trust.

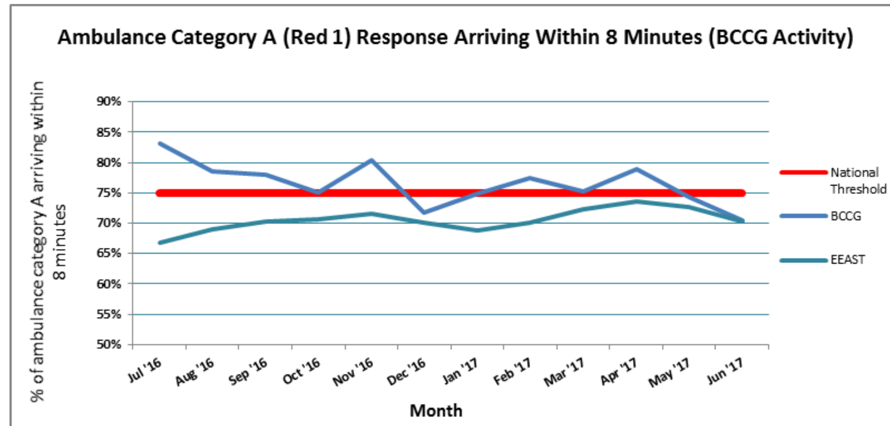
Bedford Hospital have an improvement plan in place to support delivery against the national threshold. Key ongoing issues are around geographical complexities, imaging capacity, access for radiotherapy, complex patients and long delays at tertiary centres for prostate and lung patients. There are also a high number of patient choice delays.

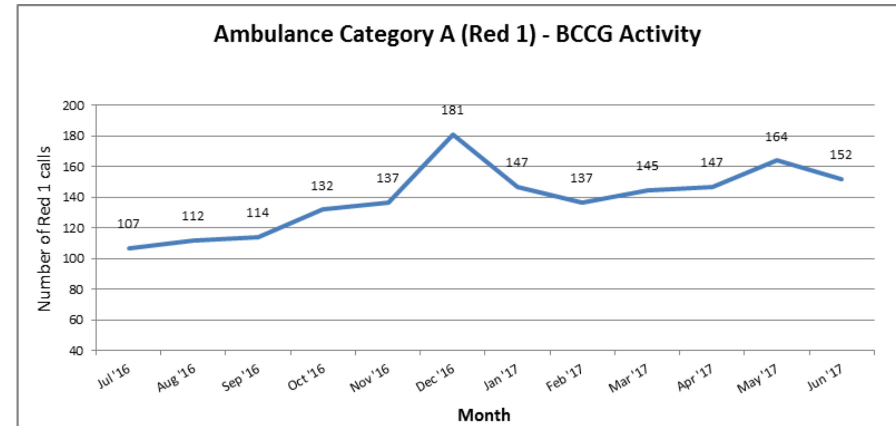
The Trust are now completing a root cause analysis for all patients breaching the 62 day threshold in order to identify any themes.

1.2 Ambulance Response Times

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

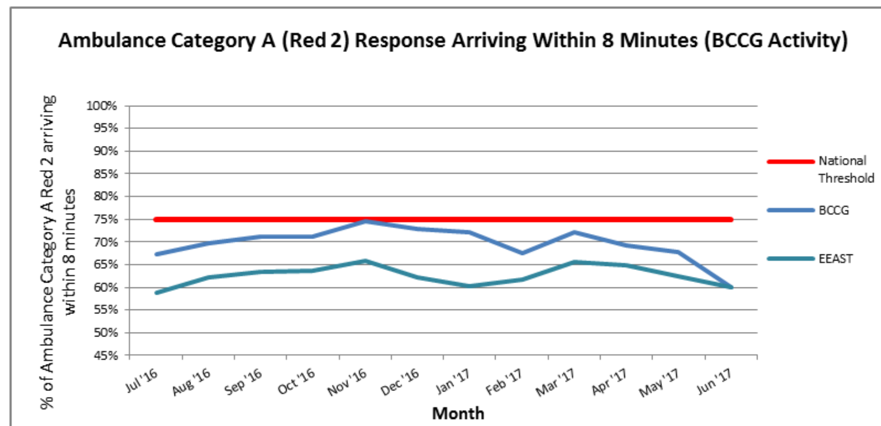
Ambulance - Category A Red 1 response arriving within 8 minutes – 70.39%

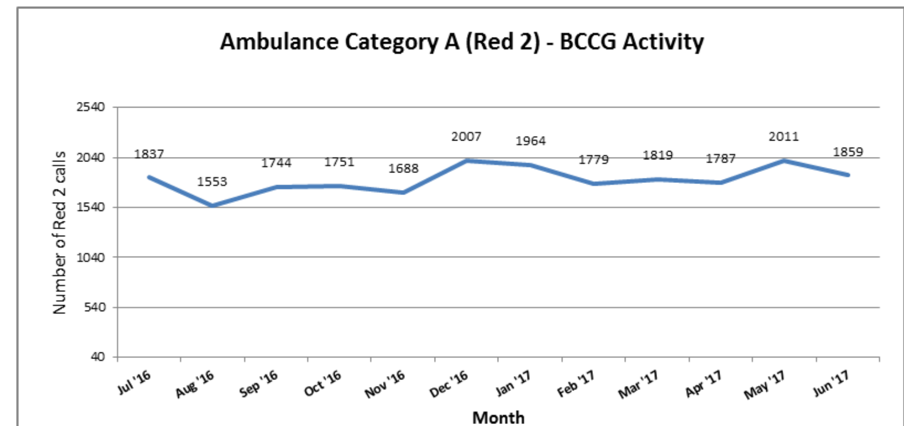




For Category A Red 1 8 minutes there were 152 responses of which 107 arrived within 8 minutes. There was a 7.32% decrease in activity (12) with a 12.3% decrease (15) in the achievement of the 8 minute threshold.

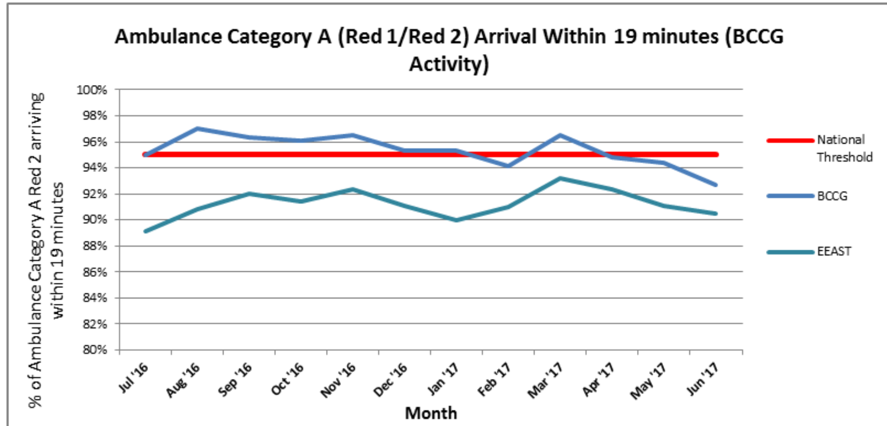
Ambulance - Category A Red 2 response arriving within 8 minutes – 59.92%

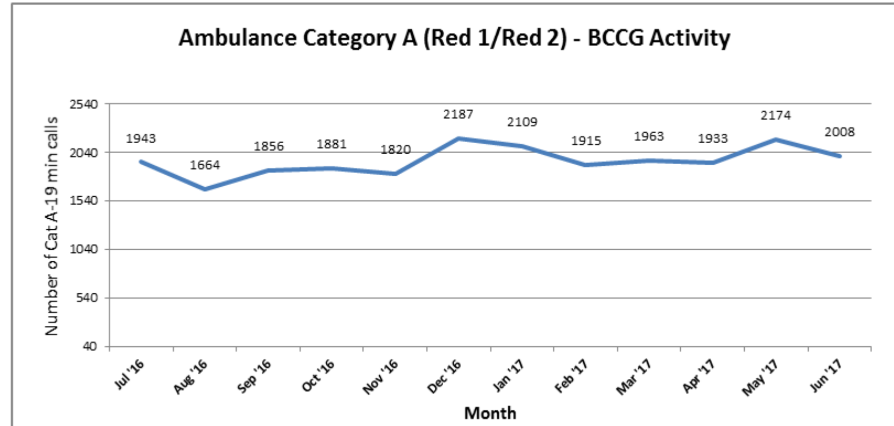




For Category A Red 2 8 minutes there were 1859 responses of which 1114 arrived within 8 minutes. There was a 7.56% decrease in activity (152) with an 18.27% (249) decrease in the achievement of the 8 minute threshold.

Ambulance Category A ambulance arrival within 19 minutes – 92.68%





For Category A 19 minutes there were 2008 response of which 1861 arrived within 19 minutes. There was a 7.64% decrease in activity (166) with a 9.31% (191) decrease in the achievement of the 19 minute threshold.

Ambulance Performance Update

Arrival to Handover delays continues to be monitored and ambulance sub group meeting takes place monthly to review and discuss ways for further improvement. June performance for handover delays <15 minutes is at 72% with a year-to-date average of 67.3%

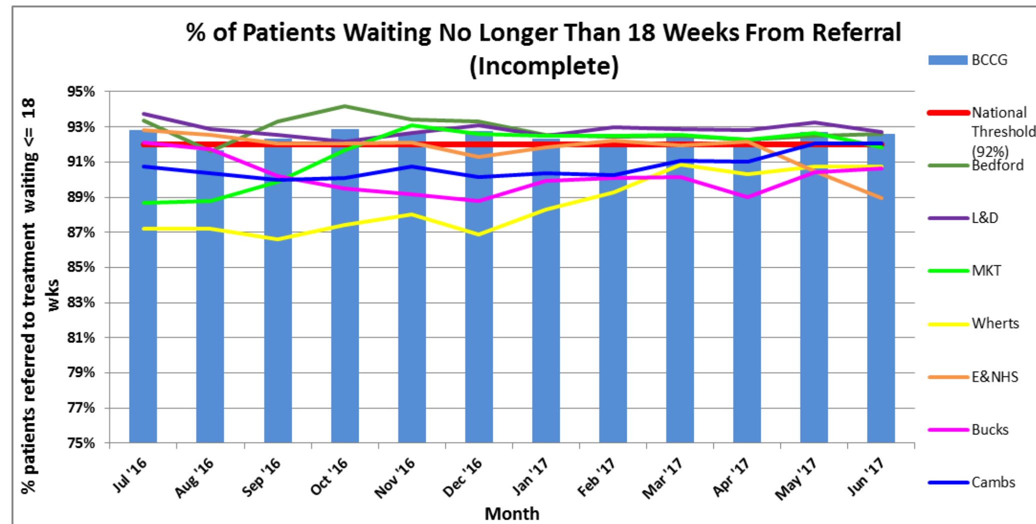
Ambulance is one of the key 7 priorities within the BCCG Urgent and Emergency Care Strategy. This will include telephone advice (Hear & Treat H&T), treatment on scene (See & Treat S&T), and conveyance to hospital or use of alternative pathways. In June EEAST performance is above the expected target.

Data from EEAST ambulance service indicated that a significant portion of 999 calls do not require an ambulance (26%) the implication being that this cohort of patients may be suitable for urgent care services. BCCG will be working closely with EEAST to reduce this level of activities, for example, Primary Urgent Care Service, GP Liaison into BHT, GP Urgent Connect.

EEAST Trust Wide Performance

EEAST Red 1 performance is above the national average for Q1 (72.3% vs 71.9%) and consistently within NHS Improvement Trajectory throughout the quarter. Red 1 activity has continued to rise (53% up on Q1 2016/17); Red activity is up by 6% overall. Hospital handover delays remain below 2016/17 levels.

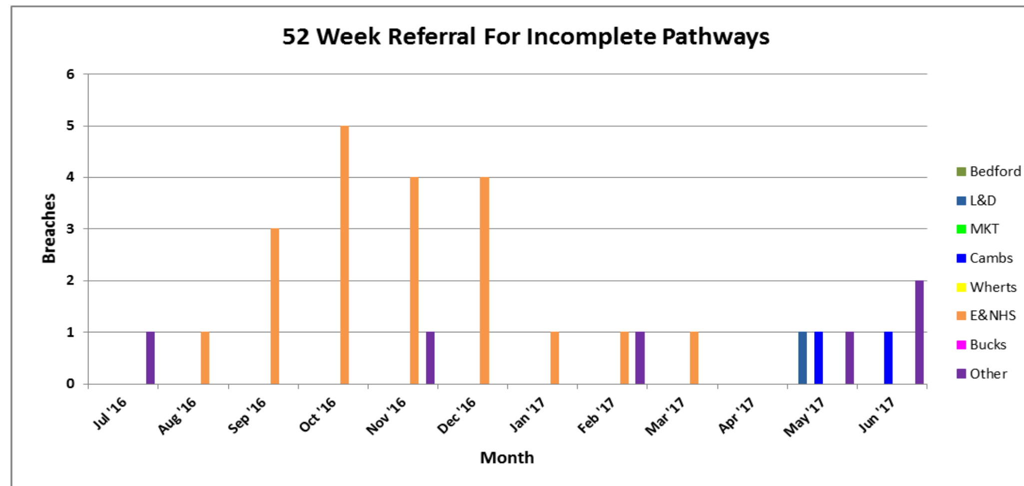
1.3 18 Week Referral to Treatment (RTT) – 92.59%



In June the CCG achieved the national threshold for the incomplete pathway with 92.59% which is a slight deterioration on the May position. There were 5 specialties which underachieved; General Surgery at 91.11%, Ophthalmology at 88.62%, Trauma and Orthopaedics (T&O) at 86.50%, Urology 89.67% and Neurology at 90.10%. The CCG has 1927 patients on the incomplete pathway who have breached 18+ weeks. Bedford (860), Luton & Dunstable (380), East & North Hertfordshire (206), Milton Keynes (90), Buckinghamshire (113), Cambridge (122) and Others (156). Of the CCG's top 6 providers Bedford, Luton & Dunstable and East & North Herts achieved the aggregate threshold. The number of 18+ breaches increased in June to 1927 from 1818 in May.

Bedford Hospital achieved at an aggregate level for BCCG patients however 4 specialties were underachieved (number of 18+ week breaches in brackets): General Surgery (28), Neurology (71), Trauma and Orthopaedics (65), Ophthalmology (325). Fortnightly meetings are in place with the Trust to discuss RTT pressures trust wide. Ophthalmology is currently the biggest area of pressure and a delivery plan is in place with Moorfields (sub-contractor) with the aim of achieving specialty compliance by end September. Oral Surgery is showing some pressure with the number of patients on the waiting list rising. A recovery plan is in place and is being monitored through the Trust Access Board. Neurology has been flagged as a risk and the CCG is working in partnership with the Trust to review disease specific pathways to determine opportunities for service provision and management of increasing demand. The Trust have also signalled a risk of RTT under-performance for Dermatology (including Plastics and Oral Max Fax) pathway. This is particularly relevant as the Community Dermatology Service has transferred to the Trust from Optum from 1st August 2017 on an 18 month pilot period. The CCG is working closely with the Trust to address rising demand and develop a clinical model that supports the most effective use of capacity.

1.4 18 Week Referral to Treatment (RTT) 52+ week breaches



In June there were 3 52+ week breaches reported on the Incomplete Pathway for the CCG, 1 each at Moorfields Eye Hospital, Cambridge and Great Ormond Street.

Cambridge – This patient was referred to Cambridge in September 2015 however due to an administration error the patient was removed from the list. The missed referral was discovered at week 81 of the pathway and received treatment on 17th July. No clinical harm is anticipated.

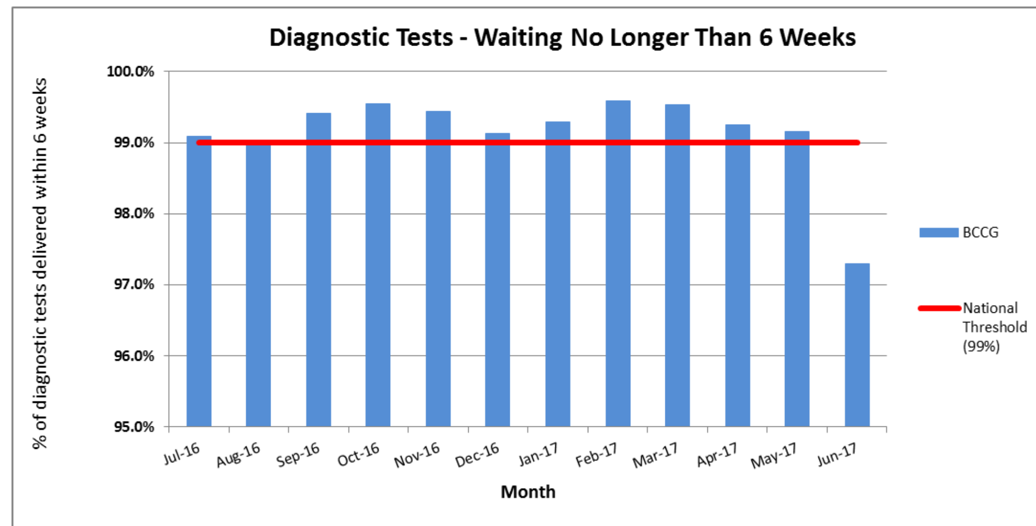
Great Ormond Street – This patient was added to the waiting list in July 2015. The Trust's Data Quality flag processes identified an incorrect clock stop and a treatment date of 7th July was given. No clinical harm has been identified.

Moorfields Eye Hospital – This patient was referred from Bedford to Moorfields in October 2015. The patient contacted Bedford Hospital on 9th June 2017 as they had not heard from Moorfields. The referral was resent and the patient has now been seen and discharged.

The CCG have also been made aware of a further 4 potential 52+ week breaches at Luton & Dunstable which were all referrals from Circle MSK. This has arisen as a result of the L&D and Circle undertaking a full audit of all 4115 patient pathways that have been referred to the Trust since April 2014. This audit was carried out following the 52 week breach in May.

The CCG have been made aware of 4 potential 52+ week breaches at Luton & Dunstable which were all referrals from Circle MSK. This has arisen as a result of the L&D and Circle undertaking a full audit of all 4115 patient pathways that have been referred to the Trust since April 2014. This audit was carried out following the 52 week breach in May. The CCG Quality Team met with the L&D to review the pathway between Circle and the Trust. Local action plans have been developed to assure the referral process between providers for all referrals from Circle to L&D. In addition the CCG contracts and quality leads have met with Circle to review the process for onward referral and RTT management, and have been provided with assurances that all tracking mechanisms are now robustly in place. Circle have also been contractually requested to provide assurances on all onward referrals to other providers. Circle have provided assurance that they have a robust checking system in place for Bedford and are currently conducting audits of all onward secondary care referrals.

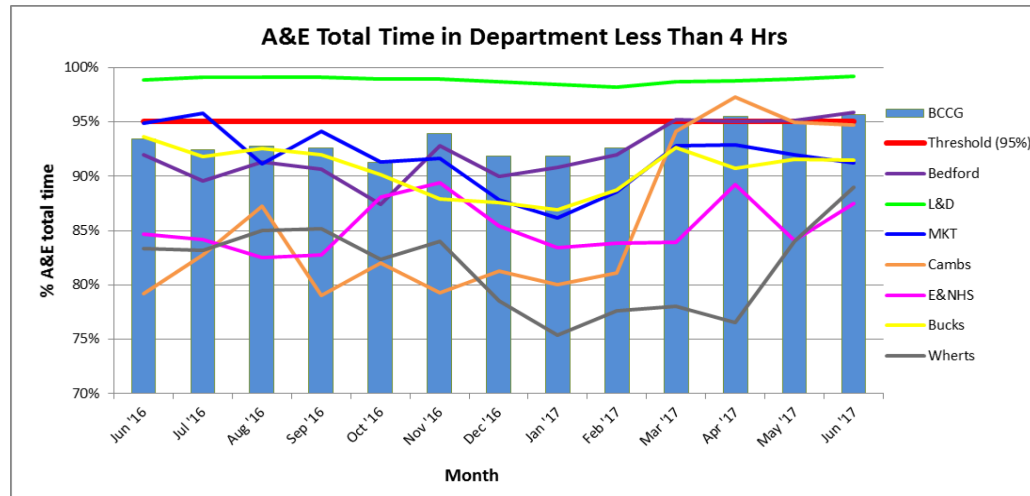
1.5 Diagnostic Tests - % of people waiting no longer than 6 weeks – 97.30%



In June there were 6851 patients on the diagnostic tests pathway and 185 breached the 6 week threshold. 142 of the breaches were at Cambridgeshire Community Services and all of these were Paediatric Audiology tests. Cambridgeshire Community Services (CCS) have written to the CCG and have provided a remedial action plan. 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.

1.6 A&E – 4 hour wait – 95.66%



The CCG is measured on performance at the main 7 acute providers. In June the CCG achieved the 95% national threshold with 95.66%.

Bedford Hospital – 95.90%
Luton & Dunstable – 99.15%
East & North Herts – 87.53%
Cambridge – 94.67%
Buckinghamshire – 91.45%
Milton Keynes – 91.20%
North West Anglia (Hinchingbrooke) – 91.22%

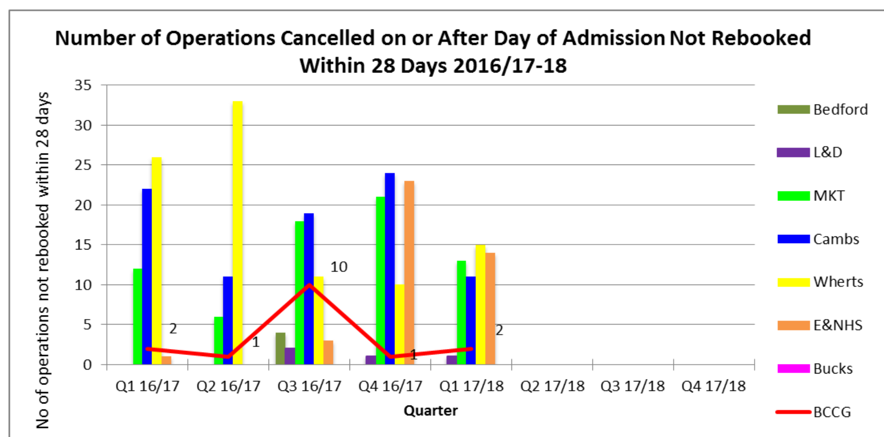
BCCG and the A&E Delivery Board have commenced work on the 7 Urgent and Emergency Care priorities. An operational plan has been set up and a separate operational group meets monthly with the first meeting having taken place on 3rd August 2017.

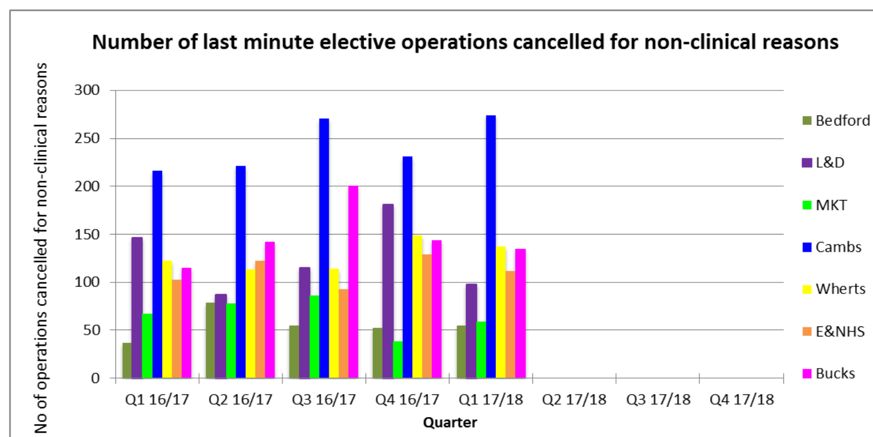
The Integrated Urgent Care service went live on 30th March across Bedfordshire and Luton bringing together 111 and Out of hours services, along with a Clinical Advisory Service. This means that patients who call 111 who are identified as needing further assessment and/or treatment for a non-life threatening condition will received this via an appropriate clinician as part of the same call.

The CCG has now awarded the Urgent Primary Care Service (UPCS) contract which will commence on 1st September 2017. This service 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.

There are currently high acuity patients occupying beds and therefore bringing a reduced capacity flow. Schemes to address this will be implemented during 2017/18.

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





Provider	Q1	Q2	Q3	Q4	Q1 Trust Wide Breaches
Bedford	0				0
Buckinghamshire	0				0
Cambridge	2				11
East & North Herts	Awaiting confirmation from Trust				14
Luton & Dunstable	0				1
Milton Keynes	Awaiting confirmation from Trust				13
West Hertfordshire	0				15

In Quarter 1 the CCG has had confirmation that there has been 2 patients who had their elective operations cancelled on or after day of admission and not rebooked within 28 days at Cambridge. The CCG are still awaiting confirmation from East & North Herts and Milton Keynes as to whether any of the trust wide breaches were Bedfordshire patients.

The 2 breaches at Cambridge were due to theatre capacity. One patient was on the Ophthalmology pathway and has now been treated. The other patient 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.

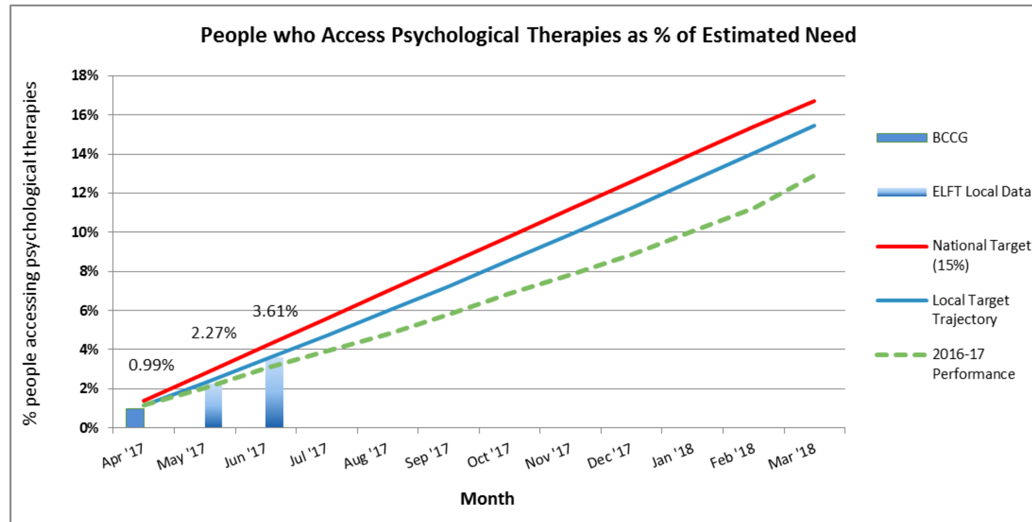
2. ADDITIONAL QUALITY INDICATORS WITH EXCEPTIONS

Additional Quality Indicators														
KPI Code	Indicators	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
E.A.3	IAPT - access rate	15.45%	0.99%	Apr-17	0.99%	↓								
E.A.S.2	IAPT - people who completed treatment and are moving to recovery	50%	42.31%	Apr-17	42.31%	↓								
E.H.1_A1	% people referred to IAPT programme treated within 6 weeks of referral	75%	98.31%	Apr-17	98.31%	↑								
E.H.1_A2	% people referred to IAPT programme treated within 18 weeks of referral	95%	100.00%	Apr-17	100.00%	↔								
E.A.S.1	Estimated diagnosis rate for people with dementia - Primary Care	67%	59.16%	Jun-17	59.16%	↓								
E.A.S.4	Number of MRSA incidents	0	0	Jun-17	1	↑								
E.A.S.5	Number of C-Difficile incidents	73	5	Jun-17	20	↑								

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 reflects the latest national performance. More current local data is included in the IAPT reporting.

2.1 Improving Access to Psychological Therapies – Entering Treatment – 3.61% (Local data)

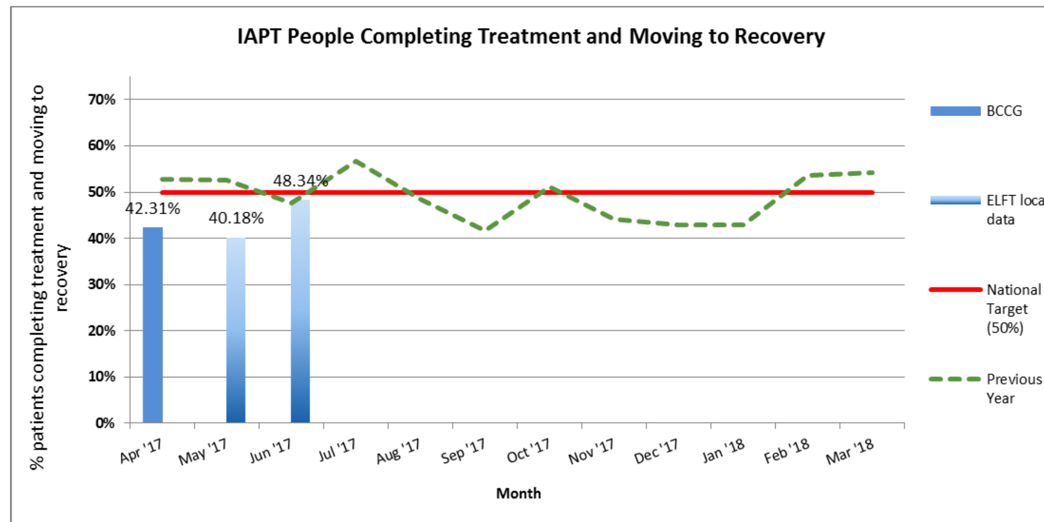


In 2017/18 the national threshold rose from 15% to 16.8% and following discussion with ELFT the current plan has been set to achieve 15.45% and monthly thresholds have been agreed. Latest local data for June is showing 1.34% giving a year to date position of 3.61% against the agreed threshold of 3.5%.

The CCG is supporting IAPT access delivery by:

- Working with ELFT to promote the service across the County.
- 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.

2.2 Improving Access to Psychological Therapies – Moving to Recovery 48.34% - (local data)

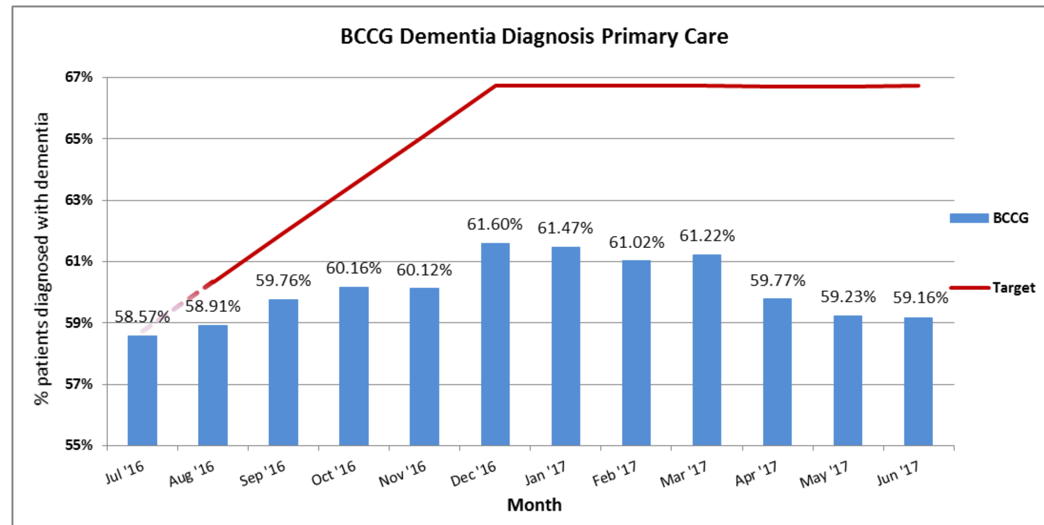


Commissioners meet with the Wellbeing Service on a monthly basis to review and monitor performance and specific focus has been given to the moving to recovery indicator. Performance has significantly improved in June and is in line with performance for the previous year.

The Service Lead is currently looking in more detail at specific cases of Did Not Attend (DNA) patients to identify any themes and look at ways to improve with a view to implementing training for therapists in this area if required. It is noted however, that most of the DNA's are in group sessions. It has been established with ELFT that DNA rates look artificially high when compared to the number of patients in treatment as DNAs are based on sessions not attended rather than patients not attending.

2.3 Dementia Diagnosis Rate – 59.16%

In 2017/18 there is a change in the way the prevalence figure is calculated moving away from using the Office of National Statistics resident population figure to using the GP registered population figures. This data will fluctuate during the course of the year and is likely to be different each month which will be make it more difficult to monitor progress against this national indicator.



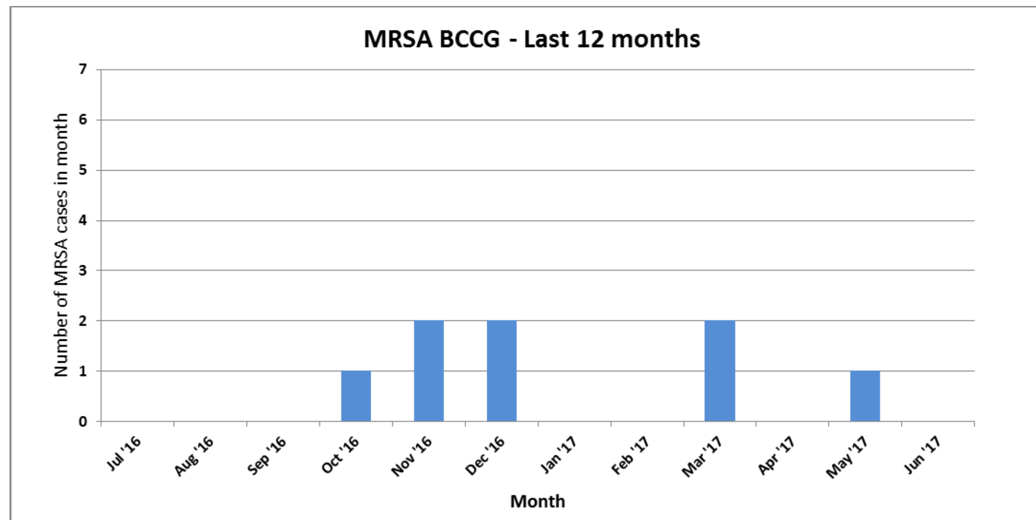
In May there were 2932 patients aged 65+ who had a diagnosis for dementia. This number increased in June to 2941 however the GP registered population of 4950 in May increased to 4971 in June which gives a worsening position of 59.16%.

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. The CCG will take forward a consultation piece with GPs in order to gauge opinions on this. GPs will not be asked to undertake any additional reviews but patients will be discharged into their care earlier.

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 and are currently identifying some resource in order to purchase the licenses.

The CCG are also in the process of contacting the 10 practices that refer the lowest number of patients into the memory assessment service to gain an understanding of any issues and to offer help and support.

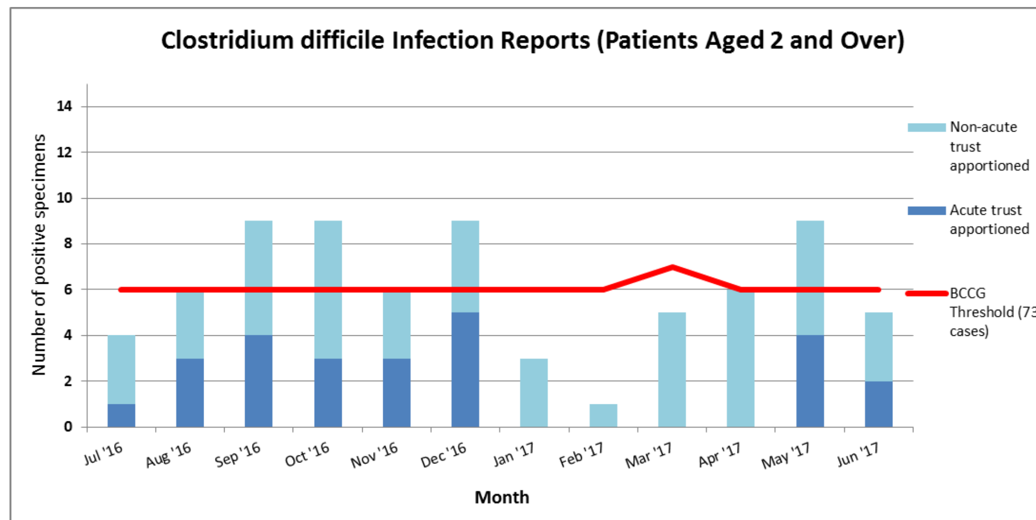
2.4 MRSA



The CCG had no cases of MRSA reported in June. Year to date the CCG has had one case reported in May at Watford General Hospital. This has been initially assigned as Third Party.

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.

2.5 Clostridium Difficile



In June there were 5 cases reported against the threshold of 6 for the month. 3 of the cases were non-acute apportioned and 2 were acute apportioned (Bedford Hospital and University College London Hospitals).

Benchmarking within the East of England shows that BCCG is currently 3rd lowest in the East of England and below the England total year to date.

Bedford Hospital has had 2 cases year to date against a year end ceiling of 10 and Luton & Dunstable have had 5 cases year to date against a year end ceiling of 6.

2.6 Millfield Lodge

Millfield Lodge is a 31 bedded residential and nursing care home on the borders of Bedfordshire and Cambridgeshire, and whilst comes under Cambridge County Council's contract, a large proportion of residents are from Bedfordshire.

Due to ongoing concerns within the home, a formal embargo on placements has been in place, both through Cambridge County Council's contract (CCC) and more recently by CQC. Considerable steps have been taken by commissioners over an extensive period of time to support the home, and more recently to support the move of residents to alternative placements over recent weeks due to the level of concern around poor quality of care.

A significant number of residents were self-funding and were supported by CCC to find alternatives homes.

Due to the escalation of events including significant safety issues identified, CQC conducted a focused inspection on 9th August 2017. In light of the new concerns and all the evidence supplied to date, CQC made an application to court on 10th August to cancel the registration of the home with immediate effect. The Order was granted and the home formally closed on 10th August. As a number of residents had already moved previously, the remaining 11 residents were all assessed and moved safely to alternative accommodation on 10th August.

All residents moved will be followed up as usual practice to ensure suitability of new placement moved to and to ensure all care needs identified and met.

2.7 Never Event - Moorfields

Moorfields Eye Hospital reported a Never Event in June 2017 due to a wrong lens strength being implanted. A full investigation report is due in September however the outcome for the patient is not expected to have been materially different if the stronger lens had been implanted. Moorfields have reported previous Never events that are of a similar nature. Therefore previous actions and learning will be reviewed in context of this new event.

3. QUALITY PREMIUM 2017/18

Bedfordshire CCG Quality Premium Dashboard

CCG Quality Premium (Potential Funding) — **£2,249,500**

Forecast CCG Quality Premium (iii) — **£143,406**

Additions	(Eligible QP funding)	£191,208
Deductions	(from Eligible QP funding)	£47,802

Quality Premium Indicators 17/18								
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	17%	£382,415		60.00%	56.30%	2015		
Overall experience of making a GP appointment - Improvement on July 2017 survey result (75.83%)	17%	£382,415		75.83%	72.83%	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	£191,208	>=80%	81%	Q1 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		<15%	51%	Q1 17/18		↔
Mental Health - 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		45.07%	41.86%	Jun-17	40.98%	↑
Mental Health - 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.				11.05%	8.01%	Jun-17	8.55%	↑
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		223	22	Jun-17	74	↓
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		0.687		Data not yet available		
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		7687.4		Data not yet available		
Bloodstream infections - Part C Sustained recution 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		<=1.161		Data not yet available		
Local Indicators - Additions				**Plan**	**Latest Data**	**Reporting Period**	**YTD**	**Trend**
Right Care - Rate of Gastroscopies per 100,000 age-sex weighted population (<40) 5% reduction in the number of elective gastroscopies in 2017/18 for age 19-39 years compared to 2016/17	15%	£337,425		681	52	Jun-17	170	↑
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%	92.59%	Jun-17	92.55%	↓
A&E 4 hour wait (7 Providers) *	25% of Eligible Additions		£0	95%	95.66%	Jun-17	95.41%	↑
Cancer 2 week waits following urgent GP referral for suspected cancer *	25% of Eligible Additions		£0	93%	95.46%	Q1 17/18	95.46%	↓
Ambulance Category A - Red 1 response arriving within 8 mins - EEAST *	25% of Eligible Additions		-£47,802	75%	70.26%	Jun-17	72.18%	↓

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.

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 Additions:

- **New cases of cancer diagnosed at stage 1 and 2** – Threshold is 4 percentage point improvement in 2017 compared to 2016 or >60% diagnosed in 2016. Due to delays in data reporting the latest available published data is 2015 with 2016 data not expected to be released until June 2018.
- **Overall experience of making a GP appointment** - Threshold to achieve 85% of respondents with a good experience or a 3 percentage point increase from July 2017 for good experience. The July 2017 survey provides the baseline figure of 72.83% for the 2017/18 target. The GP survey is now an annual publication and therefore new data will not be available until July 2018.
- **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) – Q1 data shows this indicator is currently being achieved.
  Part B – Less than 15% of all full NHS CHC assessments take place in an acute hospital setting – Q1 data shows this indicator is not being achieved. The CCG is working on a programme to deliver an appropriate discharge to assess pathway. To effectively do this BCCG needs to re-commission services along with both LA's. The aim is to implement a new process by October.
- **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.
- **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.
- **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. June performance is above the YTD plan of 54 cases at 74 cases. The CCG are working with care homes around identification of UTI's and are promoting the 'food first initiative' which addresses hydration.
  Part A (ii) – Collection and reporting of core primary care data set for all E Coli BSI in Q2 2017/18. The CCG are in the process of setting up processes to collect data from primary care on all cases from the 1st July 2017.
  Part B (i) – At least 10% reduction in the Trimethoprim:Nitrofurantoin prescribing ratio based on CCG baseline data (June 15 – May 16). Threshold for 2017/18 is 0.687 or less.
  Part B (ii) – At least 10% reduction in the number of Trimethoprim items prescribed to patients 70 years or greater on baseline data (June 15-May 16).
- **Part C - Antibiotic prescribing** - Reduction in antibiotics prescribed in primary care <1.161 items per STAR-PU.
- **Rate of gastroscopies per 100,000 age-sex weighted population (<40) –** 5% reduction in the number of elective gastroscopies in 2017/18 for age 19-39 years compared to 2016/17. Threshold for 2017/18 is 681 or less. June performance is 52 procedures against a threshold of 54. The CCG are working on a number of work streams including: Development of primary care clinical pathways focussing on key presenting complaints, including Dyspepsia, Improving the uptake and reporting of Faecal Calprotectin Tests to screen out patients with Irritable Bowel Syndrome (IBS) that do not require secondary care referral. Consultant-led Advice & Guidance provided by local acute trusts in line with 2017/18-2018/19 CQUIN indicators. Gastroenterology Clinical Assessment Service implemented as a single referral route for all GP Gastroenterology referrals (excluding 2WW). Development of Procedure of Limited Clinical Value Policy for patients aged <40 with suspected Dyspepsia/GORD (supported by NICE guidance), requiring prior authorisation before treatment.

Quality Premium Deductions:

- **18 weeks referral to treatment (Incomplete Pathway)** - Latest data is June and shows this indicator is currently achieving the threshold.
- **A&E 4 hour wait** (7 providers) - Latest published data is June and shows this indicator is currently achieving the threshold.
- **Cancer 2 week waits following urgent GP referral for suspected cancer** - Latest data is Q1 and shows this indicator is currently achieving.
- **75% threshold for Category A (Red 1) 8 minute response for ambulance calls** – Latest data is June and shows this indicator is currently underachieving the threshold.

4. 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)	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

5. 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.

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.