

Paper 9.0

Governing Body Meeting – Part 1

Thursday, 26 January 2017

<b>Title:</b> Integrated Quality, Safety and Performance Report	9.0
<b>Presented by:</b> Anne Murray – Director of Nursing & Quality Donna Derby – Director of Commissioning & Performance	
<b>Author:</b> Carol Davies – Head of Performance	
<b>Responsible Executive Director:</b> Anne Murray – Director of Nursing & Quality Donna Derby – Director of Commissioning & Performance	
<b>Actions/ Recommendations required:</b> The Governing Body is asked to note the contents of the report and review the actions as set out and recommend any further actions.	
<b>Purpose of Paper:</b> The report shows the position across a range of national and local Indicators. The report also includes exception reporting based on latest data and tracks achievement against the 2016/17 Quality Premium.	
<b>Background:</b> Generic monthly report	
<b>Strategy Implications:</b> This paper supports the delivery of the following CCG’s strategic priorities: <ul style="list-style-type: none"> <li>• Right care in the right place</li> <li>• Integrated Community care</li> <li>• System and Process Improvement</li> </ul>	
<b>Financial Implications:</b> Quality Premium dashboard included within the report which tracks the financial implications for the CCG against this additional funding.	
<b>Risks:</b> This is not applicable for this paper.	
<b>Legal:</b> This is not applicable for this paper.	
<b>Has appropriate engagement and consultation taken place?</b> This is not applicable for this paper.	
<b>Has an appropriate equality and diversity assessment taken place?</b> This is not applicable for this paper.	

**Executive Summary:**

This report provides the latest position against key national and local indicators. The report includes remedial action being taken to improve delivery and subsequently improving the services and health outcomes for the population of Bedfordshire. Key issues are Cancer 31 day subsequent treatment – surgery, Cancer 62 day 1<sup>st</sup> treatment following urgent GP referral, Category A Red 2 ambulance response, 52+ week RTT breaches, A&E 4 hour wait, Improving Access to Psychological Therapies, Dementia Diagnosis and MRSA. The report also includes an update on the final position against the Quality Premium 2015/16 together with an update on the latest position against the Quality Premium for 2016/17.

# 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%	95.73%	Nov-16	94.58%	*↑	●	●	●	●	●	●		
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	95.56%	Nov-16	93.78%	*↑	●	●	●	●	●	●		
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	96.86%	Nov-16	97.64%	*↓	●	●	●	●	●	●		
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	93.94%	Nov-16	96.15%	*↓	●	●	●	●	●	●		
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	100.00%	Nov-16	99.56%	*↑	●	●	●	●	●	●		
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	96.92%	Nov-16	95.00%	*↓	●	●	●	●	●	●		
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	77.48%	Nov-16	82.43%	*↓	●	●	●	●	●	●		
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	91.67%	Nov-16	88.70%	*↓	●	●	●	●	●	●		
E.B.14	Cancer 62 days - 1st treatment following consultants decision to upgrade		100.00%	Nov-16	91.43%	*↔								
E.B.15.i	Ambulance Category A - Red 1 ( immediate life threatening and most time critical) response arriving within 8 mins - commissioner	75%	80.29%	Nov-16	77.28%	↑	●	●	●	●	●	●		
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%	74.53%	Nov-16	69.33%	↑	●	●	●	●	●	●		
E.B.16	Ambulance Category A ambulance arrival within 19 mins - commissioner	75%	96.54%	Nov-16	95.39%	↑	●	●	●	●	●	●		
E.B.S.3	CPA follow up within 7 days of discharge from psychiatric in-patient care	95%	95.49%	Q2 16/17	95.40%	↑	●	●	●	●	●	●		
E.B.1	18 week Referral to Treatment for completed admitted patients	90%	84.10%	Nov-16	83.73%	↑								
E.B.2	18 week Referral to Treatment for completed non admitted patients	95%	90.71%	Nov-16	92.62%	↓								
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	92.65%	Nov-16	92.92%	↓	●	●	●	●	●	●		
E.B.S.4.i	52 week referral for completed admitted pathways	0	3	Nov-16	11	↓								
E.B.S.4.ii	52 week referral for completed non-admitted pathways	0	10	Nov-16	30	↓								
E.B.S.4.iii	52 week referral for incomplete pathways	0	5	Nov-16	18	↔	●	●	●	●	●	●		
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	99.44%	Nov-16	99.23%	↓	●	●	●	●	●	●		
E.B.5	A&E 4 hour wait (7 Providers)	95%	93.89%	Nov-16	92.97%	↑	●	●	●	●	●	●		
E.B.S.1	Mixed-sex accommodation breaches	0	0	Nov-16	0	↔	●	●	●	●	●	●		
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	1	Q2 16/17	3	↑	●	●	●	●	●	●		
E.B.S.6	Urgent Operations cancelled for a second time	0	0	Nov-16	0	↔	●	●	●	●	●	●		

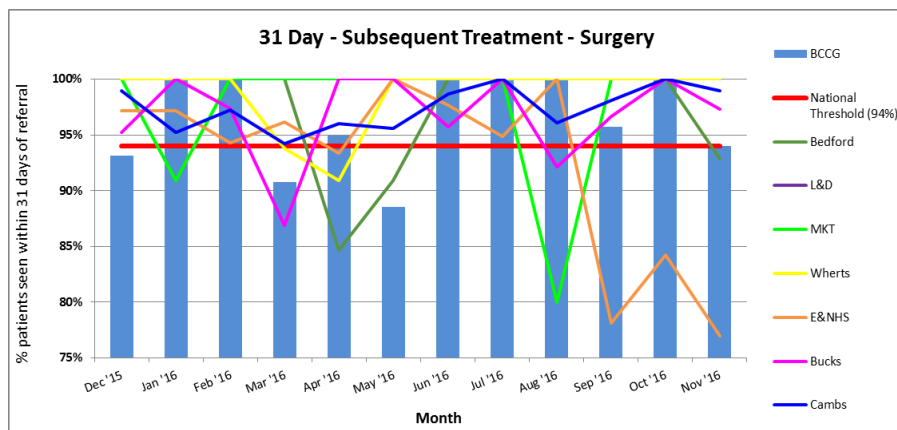
Please note that data is ragged Green if an indicator has been achieved or over-achieved, Amber if it has under-achieved within 5% of the achievement level and Red if it has under-achieved over the 5% threshold. The trend arrows indicate whether performance against the previous month / quarter is showing 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. 2.

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

### 2.1 Cancer

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

#### Cancer 31 day subsequent treatment - Surgery – 93.94%

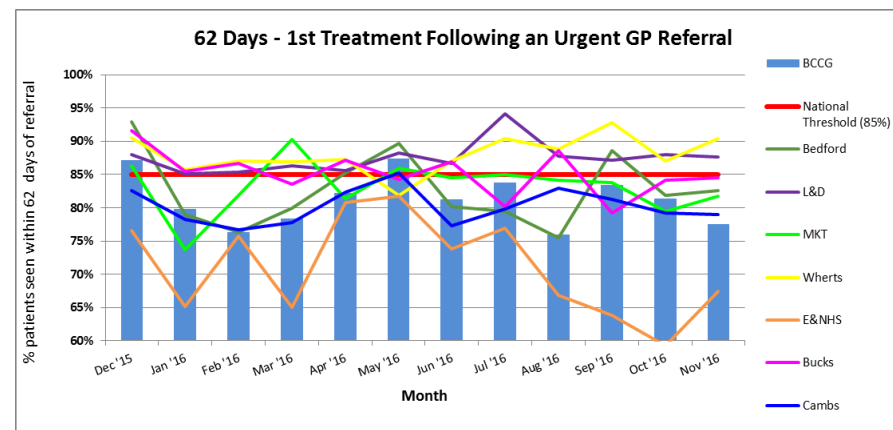


Of the 33 patients seen on this pathway 2 were outside the 31 Day threshold. This is also a deterioration from October when the CCG achieved 100% against the national threshold of 94%.

Both breaches were treated on day 34 (1 at Bedford Hospital due to capacity constraints and 1 at The Royal Marsden due to patient choice).

There were 11 100+ day breaches (3 at Bedford, 3 at Luton & Dunstable, 4 at East & North Herts and 1 at Cambridge. Root cause analysis will be reviewed for each of these long waiters to identify any themes in reasons for the delays.

#### Cancer 62 day first treatment following an urgent GP referral – 77.48%



Of the 111 patients seen on this pathway there were 25 breaches (11.5 at Bedford Hospital, 6 at East and North, 2.5 at Luton & Dunstable, 3.5 at Cambridge, 1 at Buckinghamshire and 0.5 at West Hertfordshire). This is a deterioration from October when the CCG achieved 81.37% against the national threshold of 85%.

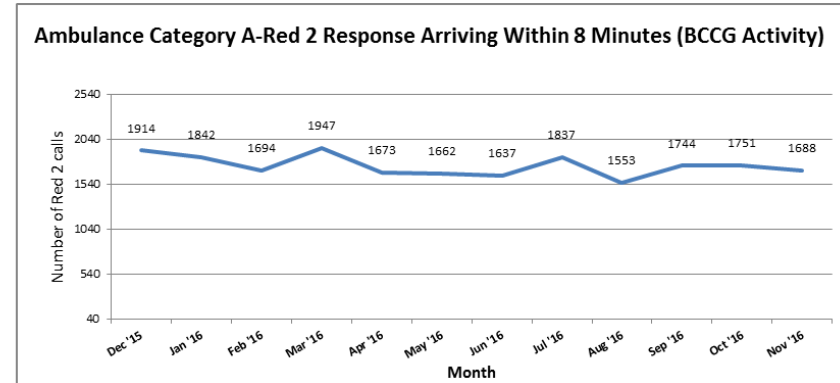
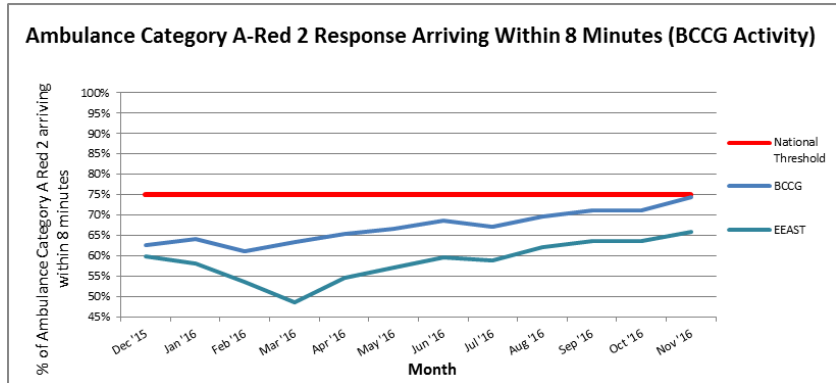
Breaches were due to the following: 6 were referral delays between providers, 5 patient choice, 5 provider delays, 4 complex pathways, 4 medical delays and 1 diagnostic delay.

The CCG Cancer Improvement Group is currently developing a joint plan to address system-wide pressures.

## 2.2 Ambulance Response Times

In November the CCG achieved against Red 1 8 minutes and Red 1 and 2 19 minutes but underachieved Red 2 8 minutes.

### Ambulance - Category A Red 2 response arriving within 8 minutes – 74.53%



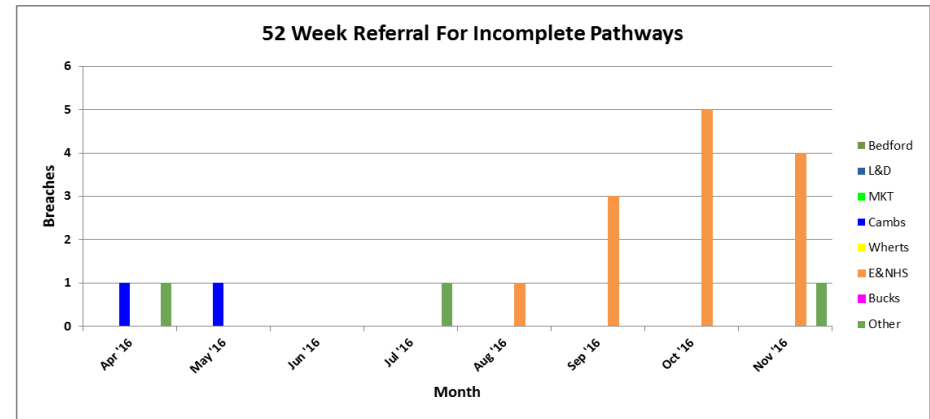
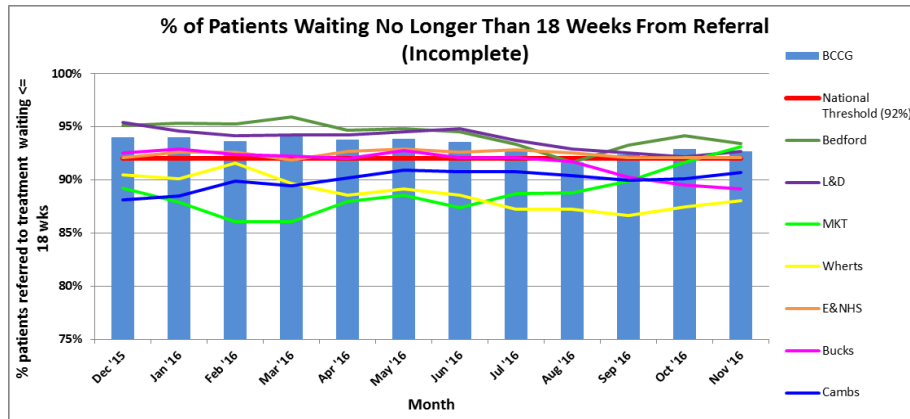
There were 1688 responses of which 430 were outside of the 8 minute arrival threshold. This is a much improved position with only 8 breaches outside of the tolerance compared to 65 in October. The BCCG area remains one of the best performing across all measures and response time performance has improved when compared to the same period in the previous year despite the level of all activity increasing.

Significant delays at Watford hospital continue to impact Bedfordshire and a Recovery Improvement Plan is in place. The situation is monitored on a weekly basis, however the situation continues to deteriorate and this has been escalated to CCG Accountable Officers.

Bedfordshire and Luton Ambulance Operational Sub-group update:

- A new warning system has been established when EEASTs Emergency Operating Centre predict a surge in activity to allow Trusts to implement mitigating actions and this has had a positive impact in emergency departments.
- Local protocols have been ratified for the transportation of staff back to base.
- A pathway for the management of deceased patients has been rolled out county-wide.

## 2.3 18 Week Referral to Treatment (RTT) (including 52+ week breaches) – 92.65%



In November the CCG achieved the national threshold for the incomplete pathway overall however there were 8 specialties which underachieved which is a slightly worsening position compared to October. (Ears, Nose and Throat - ENT at 91.9%, General Surgery at 9.95%, Neurosurgery at 88.64%, Ophthalmology at 89.22%, Plastic Surgery at 90.67%, Trauma and Orthopaedics (T&O) at 87.63% and Cardiothoracic Surgery at 85.71 and Urology at 91.08%. Aggregate achievement against the RTT Incomplete Pathway is a Sustainability and Transformation Fund indicator and improvement trajectories are in place for Trusts who are accessing the fund.

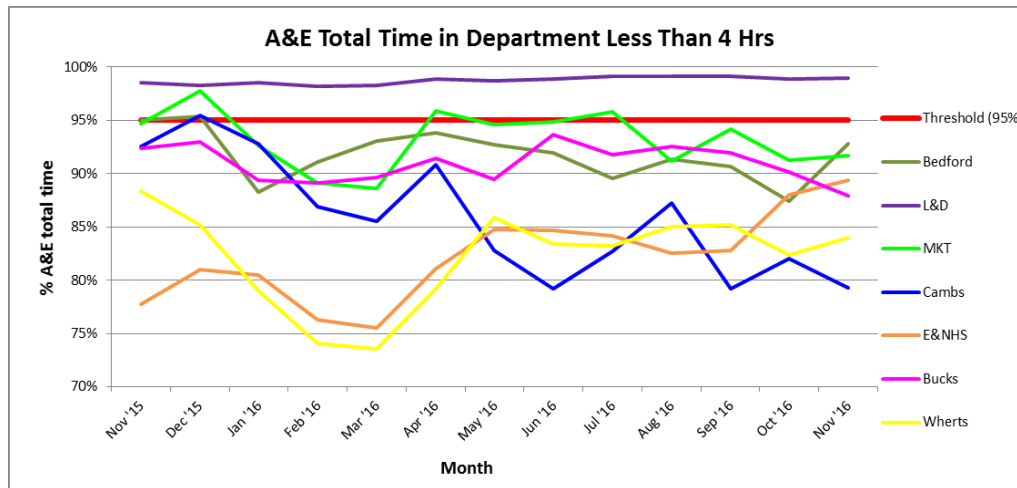
The CCG has 1848 patients on the incomplete pathway who have breached 18+ weeks. Bedford (840), Luton & Dunstable (358), East & North Hertfordshire (144), Milton Keynes (67), Buckinghamshire (157), Cambridge (149) and Others (133). Of the CCG's top 7 providers Bedford, Luton & Dunstable and Milton Keynes achieved the aggregate threshold.

Bedford Hospital achieved at an aggregate level for BCCG patients however the following 5 specialties were underachieved (number of 18+ week breaches in brackets): General Surgery (34), Plastic Surgery (19), Trauma and Orthopaedics (98), Urology (72) and Ophthalmology (331). Regular meetings continue to be held with the Trust in order to understand pressures in the system and to agree mitigating actions.

### 52+ Week Breaches

In November there were 5 52+ week breaches, 4 at East and North Hertfordshire and 1 at Norfolk and Norwich giving a total of 18 year to date. East and North Hertfordshire continues to validate historic RTT pathway clock stops and patient level data received from the Trust indicates that no clinical harm had been caused to any Bedfordshire patient as a result of the extended delay in treatment. This situation will be continually monitored until all patients affected receive the required treatment. The breach at Norfolk and Norwich was due to capacity and patient initiated delay.

## 2.4 A&E – 4 hour wait – 93.89%



The CCG is measured on performance at the main 7 acute providers. In November the CCG saw an improvement against the 4 hour wait albeit that this was under the 95% national threshold.

The following Providers underachieved the target Trust Wide. Bedford Hospital 92.76%; Buckinghamshire 87.92%; Cambridge 79.26%; East & North Herts 89.37%; Milton Keynes 91.66%; West Hertfordshire 83.96%; Hinchingsbrooke 80.09%.

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.

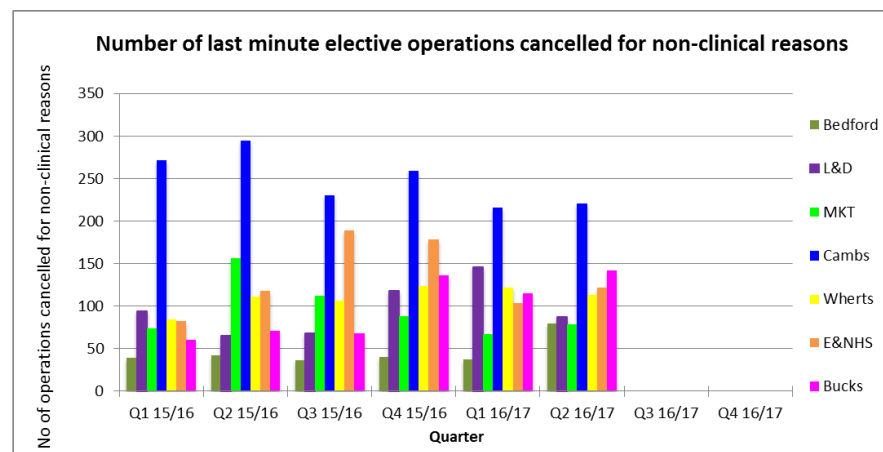
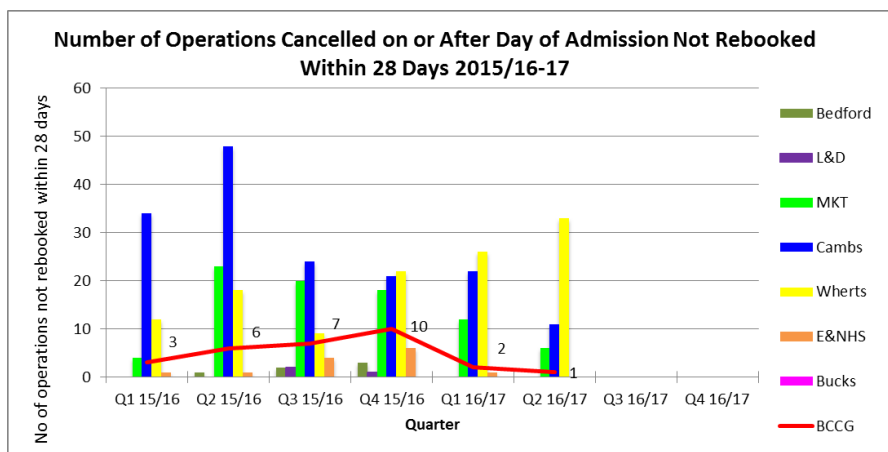
Bedford Hospital – Performance against the 4 hour standard improved in November however daily reporting for December is showing pressure across the system.

East & North Hertfordshire - Performance against the 4 hour standard improved in November and is now compliant against the Sustainability & Transformation Fund (STF) trajectory. The short term trial of a GP Front of House triage pathway led by East and North Hertfordshire CCG commenced in December and BCCG awaits detail on its effectiveness.

Cambridge - Performance against the 4 hour standard continued to decline in November. The Trust continues to work with the Improvement Boards and are now piloting the placement of an acute physician based in A&E. A ward will be opened as winter contingency to mitigate increased patient flow.

Buckinghamshire - Performance against the 4 hour standard continued to decline in November and this is an underperformance against the agreed trajectory included within the sustainability & transformation fund. A recovery plan is in place and this is monitored by Buckinghamshire CCG.

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



Provider	Q1 Trust Wide Breaches	Q1 BCCG Patients	Q2 Trust Wide Breaches	Q2 BCCG Patients
Cambridge	22	1	11	0
Milton Keynes	12	1	6	1
West Hertfordshire	26	0	33	0
Bedford	0	0	0	0
Luton & Dunstable	0	0	0	0
Hinchingbrooke	6	0	5	0
East & North Herts	1	0	0	0
Buckinghamshire	0	0	0	0

In Quarter 2 the CCG has had confirmation that one of the 6 elective operations cancelled and not rebooked within 28 days at Milton Keynes was a Bedfordshire patient. The operation was cancelled due to no bed being available and the patient had to wait 29 days from the cancellation date for the procedure to be carried out.

### 3. ADDITIONAL QUALITY INDICATORS WITH EXCEPTIONS

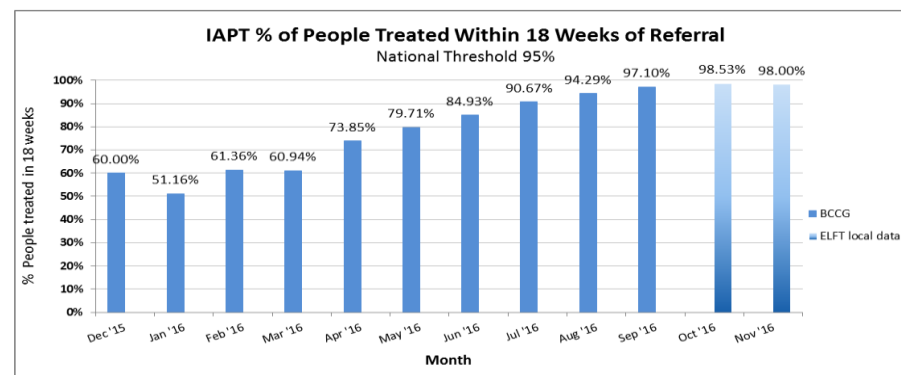
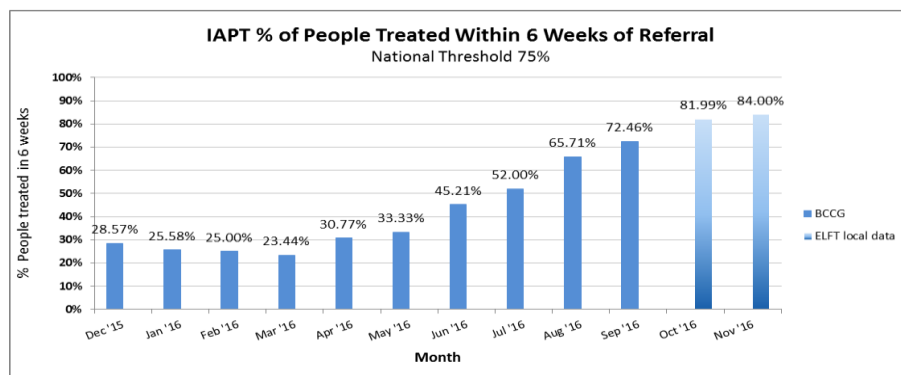
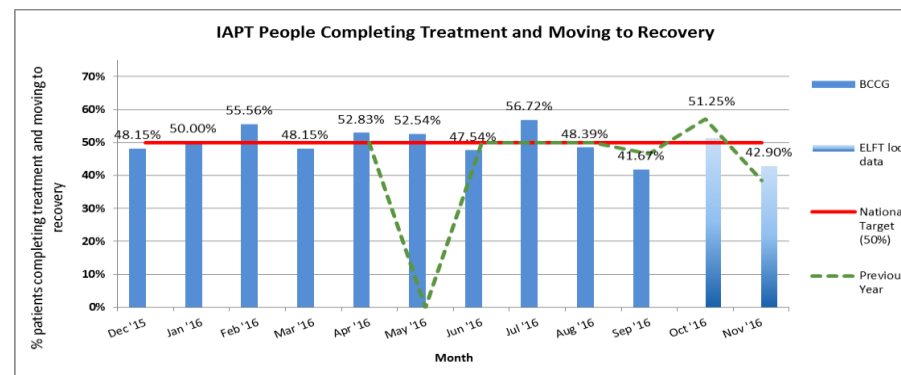
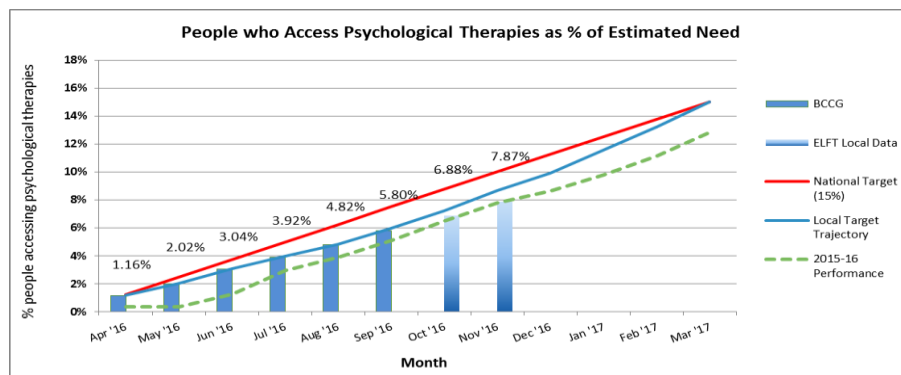
Additional Quality Indicators														
KPI Code	Indicators	Plan	Latest Data	Reporting Period	YTD	Trend	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
E.A.3	IAPT - access rate	15%	0.98%	Sep-16	5.80%	↑	●	●	●	●	●	●		
E.A.S.2	IAPT - people who completed treatment and are moving to recovery	50%	41.67%	Sep-16	50.00%	↓	●	●	●	●	●	●		
E.H.1_A1	% people referred to IAPT programme treated within 6 weeks of referral	75%	72.46%	Sep-16	50.12%	↑					●	●		
E.H.1_A2	% people referred to IAPT programme treated within 18 weeks of referral	95%	97.10%	Sep-16	86.94%	↑					●	●		
E.A.S.1	Estimated diagnosis rate for people with dementia - Primary Care	67%	61.60%	Dec-16	61.60%	↑	●	●	●	●	●	●		
E.A.S.4	Number of MRSA incidents	0	2	Nov-16	3	↓	●	●	●	●	●	●		
E.A.S.5	Number of C-Difficile incidents	73	6	Nov-16	51	↑	●	●	●	●	●	●		

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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 continue to show 1 case however national data may be refreshed to reflect actual performance.

### 3.1 Improving Access to Psychological Therapies



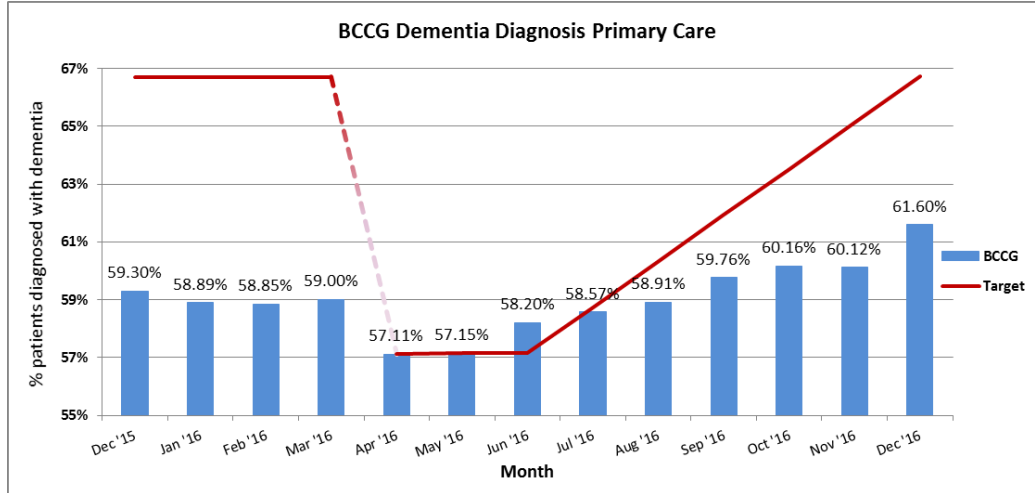
#### November performance (locally reported)

- Entering Treatment – Year to Date – 7.87% (3770 patients) planned threshold 8.66% (4153)
- Moving to Recovery – 42.90% threshold 50%
- Patients Treated within 6 weeks – 84% threshold 75% - Achieved
- Patients Treated within 18 weeks – 98% threshold 95% - Achieved

Performance against the Entering Treatment indicator is currently under the agreed recovery trajectory however ELFT are working on a number of work streams to increase referrals into the service from December onwards. A recovery plan for entering treatment and moving to recovery is expected to be received by the CCG at the end of the week and performance of these indicators will be discussed at the Wellbeing Service Contract meeting on 23<sup>rd</sup> January.

### 3.2 Dementia Diagnosis Rate

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.



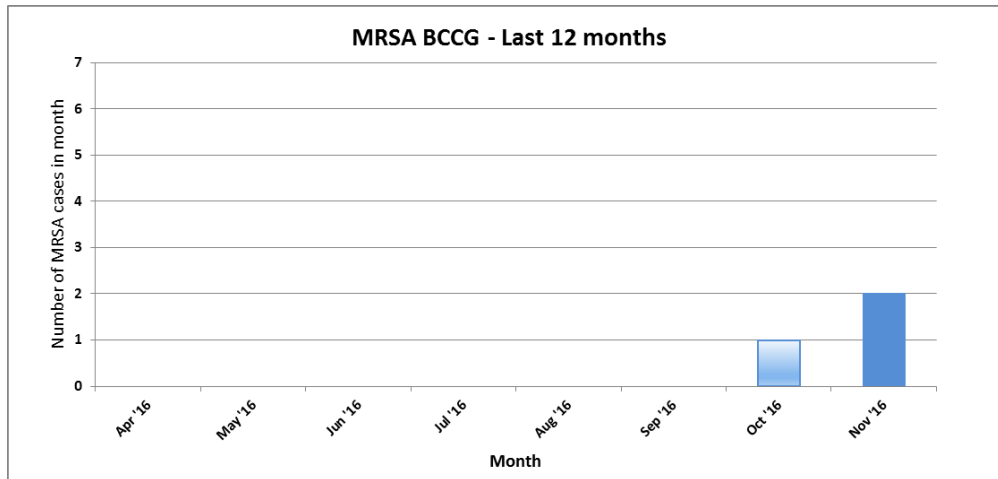
In December there were 2950 patients aged 65+ who have had a diagnosis for dementia reported nationally. This is 61.60% against the planned threshold for December of 66.72%.

A new clinical lead for mental health has been appointed and is supporting the strategic planning in relation to dementia services and has attended the GP Symposium to encourage GP practices to sign up to the screening for at risk patients pilot.

Dementia champions continue to be identified in GP practices and a series of educational events for patients and carers are due to take place in quarter 4 2016/17.

ELFT have reviewed the number of referrals made by GP practice and, for those with low activity, they are now doing some targeted work around understanding why the activity is low and to support an increase in the number of referrals into the Memory Assessment Service (MAS).

### 3.3 MRSA

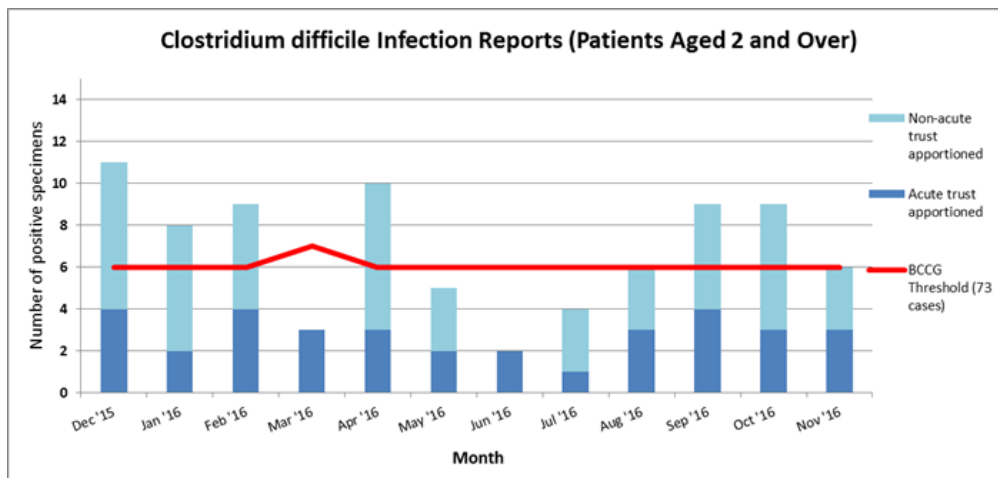


The CCG has had one case of MRSA reported in October. This was initially non-acute apportioned but following a full review it has been determined as a contaminant and has therefore reverted to Bedford Hospital apportioned as the Trust took the specimen. This case is not however showing as a BCCG case on the national system.

There was 1 case of MRSA bacteraemia in November apportioned to BCCG – a full review has been carried out and no lapses in care have been identified. This case has been referred to the arbitrator for third party allocation.

There was a second MRSA case in November 2016 which is currently apportioned to Luton CCG but the patient is registered with a Bedfordshire GP. It has not been possible to reallocate to BCCG. This case has also had a full review and no lapses in care were identified and again third party allocation has been requested and is awaited from the Public Health England arbitrator.

### 3.4 C. Difficile



In November there were 6 cases reported bringing the year to date total for the CCG to 51 breaching the year to date threshold of 48. 3 were acute apportioned (2 at Bedford and 1 Cambridge and 3 non-acute apportioned).

Full reviews of all cases are underway.

### 3.5 Care Quality Commission (CQC) Inspection Summaries

#### Milton Keynes Hospital re-inspection

Overall – **Good**

Date of inspection visit: 12, 13 and 17 July 2016

Date of publication: 29/11/2016

CQC inspected Milton Keynes Hospital NHS Foundation Trust as part of their comprehensive inspection programme in October 2014. Overall, they rated this trust as “requires improvement” but they also noted some outstanding practice and innovation. However, improvements were needed to ensure that services were safe, effective, and responsive to people’s needs.

This unannounced inspection was to check how improvements had been made in the urgent and emergency care, medical care and end of life care core services. They also inspected the maternity and gynaecology service.

Overall, CQC inspected all five key questions for the urgent and emergency care and medical care core services and found that improvements had been made so that both core services were now rated as good overall. For the maternity and gynaecology service, at the last inspection, all five key questions were rated as good. At this inspection, CQC rated safety and well-led as good. They found that significant improvements had been made in the end of life care service and that the key question of safe was now rated as good.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	N/A	N/A	N/A	Good	Good
End of life care	Good	N/A	N/A	N/A	N/A	Good
<b>Overall</b>	Requires improvement	Good	Good	Good	Good	Good

#### Areas identified where the Trust must make improvements

- The emergency department did not fully comply with guidance relating to both paediatric and mental health facilities. The paediatric emergency department had a door that was propped open, allowing access by all staff and patients presenting potential security risks. The ED did not have a dedicated mental health assessment room that had had a robust risk assessment, allowing equipment in the room to be used as missiles. The trust took immediate actions to address this during the inspection to make these areas safe.

- Initial clinical assessments were not always carried out in a timely way in the paediatric area, and escalation for medical review and assessment was inconsistent. This was escalated to the trust who took immediate actions during the inspection to address this. This was followed up on the third day of inspection and all children had been clinically assessed within the 15-minute period. The trust also ensured this was actively monitored on an ongoing basis.
- There were inconsistent checks of resuscitation equipment throughout the department, not in line with trust policy. The trust took urgent action to address this during the inspection and to monitor this on an ongoing basis.
- Staff, patients and visitors did not observe appropriate hand washing protocols when entering/leaving the department or when moving between clinical areas. The trust took action to address this and to monitor on an ongoing basis.
- Some patients' privacy was not respected when booking in at the reception desk in the emergency department when the department was busy.
- The non-invasive ventilation policy was out of date and had not been reviewed. New guidance relating to this had been released in March 2016, which meant there was a risk that staff were not following current guidelines. The service was aware that it was out of date and was planning to review this; however, there was no time scale for this.
- The medical care service did not have a specific policy for dealing with outlying patients, and therefore, there was no formal procedure to follow in these instances.
- External, regional health service planning had affected the maternity service's development plans.
- In the maternity service, some examples were shared with inspectors of poor communication, inappropriate behaviours and lack of teamwork at consultant level within the service. From discussion with senior managers, it was clear that some issues had been recognised and active steps were being taken to optimise communication and team working. Such behaviours were not observed during the inspection.
- Not all medical staff had the required level of safeguarding children's training.
- There was poor compliance with assessing the risk of venous thromboembolism (VTE) and the maternity service had actions plans to place to address this concern.

## Cambridge University Hospitals Foundation Trust (CUHFT) re-inspection

Overall – **Good**

Date of inspection visit: Announced inspection 20th to 22nd September 2016. Unannounced inspection 29th September 2016.

Date of publication: 18/01/2017

This inspection was to follow up the CQC comprehensive inspection in April 2015 where the concerns identified by the inspection team had resulted in my recommending the trust for special measures. A smaller focussed inspection in February 2016 followed up on the most serious concerns and those areas rated Inadequate.

At this inspection CQC saw significant improvement across most of the areas they inspected. This included outstanding effectiveness in the critical care units and improvements in safety and leadership in maternity services and outpatients which are now rated as good (these had been rated inadequate in 2015.) There were similar improvements in medical care, surgery and urgent and emergency services with all services now rated as good overall. The improvement was in line with the trusts improvement plan

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Good	Good
Medical care	Good	Requires improvement	Good	Good	Good	Good
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Good	Outstanding	Outstanding	Requires improvement	Good	Good
Maternity and gynaecology	Good	Good	Good	Requires improvement	Good	Good
Services for children and young people	Good	Good	Good	Requires improvement	Good	Good
End of life care	Good	Requires improvement	Outstanding	Requires improvement	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
<b>Overall</b>	Good	Good	Outstanding	Requires improvement	Good	Good

### Areas where the Trust must make improvements

- Ensure medicines including controlled medicines are securely stored at all times.
- Ensure that end of life care is properly audited (such as preferred place of death and DNACPR) and actions taken in response to those audits.
- Ensure that complaints are responded to in a timely way wherever possible.
- Ensure resuscitation decisions are always documented legibly and completed fully in accordance with the trusts own policy and the legal framework of the Mental Capacity Act 2005.

**Moorfields at Bedford Hospital re-inspection (Please note: BCCG do not directly commission services from Moorfields, this is a sub-contract of Bedford Hospital (BHT)).**

Overall – Requires Improvement

Date of inspection visit: 9<sup>th</sup> – 13<sup>th</sup> May 2016 (announced inspection)

Date of publication: 06/01/2017

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

**Key findings were as follows:**

- Staff were aware of incidents that had happened at other sites and CQC saw evidence of change in practice that took place as a result of a never event.
- CQC observed staff complying with hand hygiene and the infection rates were low. Care and treatment were delivered by a competent and experienced team of consultants and nurses.
- Staff were kind and caring and worked hard to ensure the needs of each individual patient were met. Patient told CQC they were happy with the service they received and staff were 'kind and helpful'.
- In the last year, the services had consistently met the referral to treatment time targets. Staff used every opportunity to increase capacity and reduce cancellations in order to meet the increasing demand on the service.
- There was evidence of good multidisciplinary working between Moorfields staff but staff told CQC the relationship with Bedford Hospital staff required improvement.
- Staff were caring and compassionate; they maintained patients' privacy and dignity. Feedback provided by patients was positive and indicated that patients were involved in their treatment.
- There were sufficient doctors and other staff in posts to respond to needs of the local population and provide the commissioned service.
- There were clear pathways, thresholds and guidance for referrals and patients were seen according to clinical priority. The trust consistently performed better than the England average for referral to treatment target for non-admitted and incomplete pathways in 2015, and for the percentage of people seen by a specialist within two weeks from the urgent referral made by the GP.
- Staff felt listened to and said they could contact senior managers easily should there be a need. There were clear lines of responsibility and accountability.

- There was limited capacity in the glaucoma clinic. The environment was not adjusted to meet the needs of visually impaired patients.
- There was lack of clarity in relation to competencies required by a healthcare assistant or a nurse as the trust did not set up a baseline for staff competencies and it was not department specific.
- Not all of the clinical staff working with children and young people received level 3 safeguarding training.

#### **Areas where the Trust must make improvements**

- Ensure slit lamps are decontaminated after each patient and regular audits are carried out to monitor compliance.
- Ensure staff on the day surgery unit at Bedford Hospital receive appropriate training to care for patients following ophthalmic surgery.
- Ensure adequate pain relief is provided in a timely manner to all ophthalmic patients on the day surgery unit at Bedford Hospital.
- Ensure all controlled drugs records are completed in line with the trust policy and carry out regular audits to monitor compliance.

#### **The Trust should;**

- Encourage all staff to be up to date with all of their mandatory training.
- Ensure patient information leaflets are available for visually impaired and blind patients.
- Take necessary action to deal with reports of bullying and harassment among staff.
- Ensure all relevant staff receive safeguarding training at the appropriate level as guided by job roles and duties.
- Ensure staff are able to benchmark clinical outcomes and quality indicators with other similar departments and sites managed by the trust.
- Ensure the environment is appropriately assessed and adjusted, to meet visually impaired patients' needs.
- Ensure policies and clinical protocols are updated regularly and there is system which allows effective monitoring of it.

BCCG have requested an update from BHT regarding the mechanism by which the actions required within this CQC Report will be monitored by BHT and for updates of progress to be provided via the Quarterly Quality Meetings between BHT and BCCG.

### **3.6 Milton Park**

Milton Park located within Bedfordshire, providing services for people with autism, mental health and learning disabilities, has for considerable time had low level safeguarding concerns reported but very few of those being raised to safeguarding investigation. As the host CCG we are required to collate any information of concern, and share these with NHSE and the funding authorities commissioning placements at the service, but are not responsible for monitoring the service on behalf of other commissioners.

Currently BCCG is working closely with the local authority and funding authorities who commissioner placements there due to an increase in concerns recently raised. BCCG regularly updates NHSE and the concerns are also reported and discussed at the Quality Surveillance Group.

CQC have inspected the service and noted some improvements in some areas, but overall, the service remains inadequate.

### 3.7 Multi-agency Major Incident

In November 2016, a Major Incident was declared by Bedfordshire Police and Central Borough Council, following the rupture of a major gas line. The incident affected in excess of 5000 houses in Ampthill, Flitwick and Maulden, and extended over a period of 6 days.

Bedfordshire CCG as a category 2 responder attended the Tactical Coordinating Group, and led the coordination of the wider Health response, including the identification of, and support for individuals who were particularly vulnerable due to their health needs. All health partners supported this process and provided daily updates regarding identified risk to the CCG Senior Manager On call (Tier 1), who worked closely with the incident leads and National Grid.

The response from health services to the incident robustly tested systems, training and contingency plans in place. A robust lessons learnt process was internally completed, which was shared and incorporated into the wider learning process led by the Local Authority. Learning from the incident will further strengthen systems and processes for managing such incidents in the future.

The CCG and wider health partners fulfilled their obligations under the Civil Contingency Act 2004 and the EPRR frame work 2015.

## 4. QUALITY PREMIUM

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.

**2015/16 – Final Agreed Payment - £1,248,000**

### 2016/17 Quality Premium Indicators

#### Bedfordshire CCG Quality Premium Dashboard

<b>CCG Quality Premium (Potential Funding)</b>	<b>£2,223,565</b>
<b>Forecast CCG Quality Premium (iii)</b>	<b>£222,357</b>
Additions	(Eligible QP funding) £444,713
Deductions	(from Eligible QP funding) <span style="color: red;">£222,357</span>

Quality Premium Indicators 16/17			
	% of Quality Premium available if Indicator is achieved		
	Weighting	Value	Eligible
<small>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.</small>			
<b>National Indicators - Additions</b>			
New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	20%	£444,713	
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	
Overall experience of making a GP appointment - Improvement on July 2016 survey result (75.38%)	20%	£444,713	
Reduction in the number of antibiotics prescribed in primary care	5%	£111,178	£111,178
Reduction in the proportion of broad spectrum antibiotics prescribed in primary care	5%	£111,178	£111,178
<b>Local Indicators - Additions</b>			
Mental health admissions to secondary mental health services: Rate per 100,000 population aged 18+	10%	£222,357	
Emergency admission rate for children with asthma per 100,000 population aged 0-18 years	10%	£222,357	£222,357
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	
<b>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</b>			
18 week Referral to Treatment - Incomplete pathway *	25% of Eligible Additions		£0
A&E 4 hour wait (7 Providers) *	25% of Eligible Additions		<span style="color: red;">-£111,178</span>
Cancer 2 week waits following urgent GP referral for suspected cancer *	25% of Eligible Additions		£0
Ambulance Category A - Red 1 response arriving within 8 mins - EEAST *	25% of Eligible Additions		<span style="color: red;">-£111,178</span>

Plan	Latest Data	Reporting Period	YTD	Trend
60.00%	58.50%	2014	58.50%	↑
36.46%	15.20%	Oct-16	15.20%	↓
78.38%	75.24%	Jul-16	75.24%	↑
<=1.161	1.086	Oct-16	1.086	↓
<=10	9.5	Oct-16	9.5	↔
Plan	Latest Data	Reporting Period	YTD	Trend
10% reduction	200.44	Nov-16	200.44	↑
144	12.29	Nov-16	81.31	↓
4740	510.06	Nov-16	4181.30	↑
Plan	Latest Data	Reporting Period	YTD	Trend
92%	92.65%	Nov-16	92.92%	↓
95%	93.89%	Nov-16	92.97%	↑
93%	95.73%	Nov-16	94.58%	↑
75%	71.41%	Nov-16	67.78%	↑

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

\* As in previous years, a CCG may have its quality premium award reduced via the NHS Constitution gateway. In 2016/17, some providers will have agreed bespoke trajectories for delivery of RTT, 4hr A&E, 62 Day Cancer waits and Red 1 Ambulance response times. On this basis, the CCG gateway test in respect of these measures will be adjusted to reflect these differential requirements.

### **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 and 2015 data is not expected to be released until June 2017. The quality premium is measuring an improvement from 2015 to 2016.
- 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 published data is October 2016 and is showing a deterioration on the September 2016 position. This is currently not on track to achieve the target
- 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. The latest published data is July 2016 which provides the baseline figure for the 2016/17 target. The GP survey has changed to an annual publication from July 2016 therefore new data will not be available until July 2017.
- 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 October 2016 and shows the CCG are currently on track to meet this target.
- Mental health admissions to hospital - Baseline data is 2014/15 forecast outturn of 571 per 100,000. The latest published data is Q2 2014/15. This is now been measured through local data from ELFT and shows the CCG are currently not on track to achieve the target
- Emergency admission rate for children with asthma - Baseline is 2015/16 forecast outturn of 160 per 100,000. Latest data available via MedAnalytics is November 2016 and shows the CCG are currently on track to achieve in 2016/17
- Emergency admissions to hospital for people aged 75 years and over with a length of stay under 24 hours - Baseline is 2015/16 forecast outturn of 4740 per 100,000. Latest data available via MedAnalytics is November 2016 and shows the CCG are currently underachieving this indicator.

### **Quality Premium Deductions:**

- 18 weeks referral to treatment (Incomplete Pathway) - Latest published data is November 2016 and shows this indicator is being achieved year to date.
- A&E 4 hour wait (7 providers) - Latest published data is November 2016 and is showing an underachievement.
- Cancer 2 week waits following urgent GP referral for suspected cancer - Latest published data is November 2016 and shows this indicator is currently being achieved.
- 75% threshold for Category A (Red 1) 8 minute response for ambulance calls – Latest data is November 2016 and is showing an underachievement

## Latest progress against the 2016/17 Quality Premium Indicators

- **New cases of cancer diagnosed at stages 1 and 2** – Latest published data is 2014 and shows the CCG is at 58.50%. The linear trend is continuing to provide assurance that the 60% threshold will be achieved.
- **Increase in the proportion of GP referrals made by e-referrals** – Work is ongoing with Bedford Hospital who have confirmed that all clinics are on the Directory of Services and the Trust is fully co-operating in a number of important areas e.g. where they have to re-book patients into new clinics so these are counted as genuine e-referrals. There was a joint meeting locally last week with Luton & Dunstable, Bedford Hospital and the local Hertfordshire, Bedfordshire and Luton Information and Communication Technology team (HBLICT) supported by the National E-referral team who provided advice on specific areas of focus for the current and coming year. The National team's assessment was that the 20% additional improvement required in 2016/17 is achievable however it remains a major challenge. There was also discussion around plans for targeting specific larger practices and areas of focus for 2017/18. The local HBLICT team and localities are on plan with visiting practices and will have visited all locality Boards by end of January. A major element is educating Boards and practices as well as myth-busting e.g. many practices were previously insistent that an emailed referral counted as an E-referral. A major next step is to identify localised Hospital data in order to share with practices to monitor real time activity rather than awaiting the National Data.
- **Overall experience of making a GP appointment** - All BCCG Localities are producing 2 Year Development Plans which include an assessment against quality baseline indicators which include Access. The Development plans will demonstrate how each locality intends to work to improve performance against baseline. Access performance is linked to resilience and workload issues for practices, actions to address this will be multi-faceted and include skill mix, new models of working and the implementation of primary care at scale.
- **Reduction in Antibiotic prescribing in primary care** -The total volume of antibacterials indicator is on track and will be achieved.
- **Mental health admissions to secondary mental health services** - ELFT have a number of priorities that will contribute towards reducing inpatient admission into hospital: Stabilising inpatient services and reducing occupancy in units to 85%, Reviewing the Community Mental Health Services model and Re-provision of current services at Weller Wing. The commissioning priorities for Mental Health are being aligned to the 'Five year forward view' for MH services and the ELFT year 2 priorities and commissioning priorities are being aligned and discussed at the Strategic Planning Meeting with ELFT. There is an ambition to enhance community provision service as an alternative to inpatient care by looking at enhancing the crisis and home treatment team, primary care liaison and Liaison Psychiatry. In addition, the CCG has jointly commissioned the MH street triage as a 12 month pilot to ascertain the impact that this team has in the community in terms of reducing inpatient admission. Specialist PD spot purchase placements are being reviewed to ascertain if there could be a different approach that provides a better quality of safe services locally for better value for money.
- **Emergency admissions to hospital for people aged 75 years and over with a length of stay under 24 hours** - This is currently not on track to achieve and acute trusts continue to see high proportions of emergency admissions for people aged 75 years and over 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 which will provide an alternative to emergency admission.

## 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
			SQPR	Service Quality Performance Report
IAPT	Improving Access to Psychological Therapies		T&O	Trauma & Orthopaedics
L&D	Luton and Dunstable Hospital		TDA	Trust Development Agency
LA	Local Authority		TIA	Transient Ischemic Attack
LCCG	Luton Clinical Commissioning Group		VTE	Venous Thromboembolism
LSCB	Local Safeguarding Children Board		TDA	Trust Development Agency
MASH	Multi Agency Safeguarding Hub			
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.