



Paper 8.0

Governing Body Meeting – Part 1

Thursday, 30 March 2017

Title: Integrated Quality, Safety and Performance Report	Item 8.0
Presented by:	Anne Murray – Director of Nursing & Quality Donna Derby – Director of Commissioning & Performance
Author:	Carol Davies – Head of Performance
Responsible Executive Director:	Anne Murray – Director of Nursing & Quality Donna Derby – Director of Commissioning & Performance
Actions/ Recommendations required: The Governing Body is asked to note the contents of the report and review the actions as set out and recommend any further actions.	
Purpose of Paper: 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.	
Background: Generic monthly report	
Strategy Implications: This paper supports the delivery of the following CCG's strategic priorities: <ul style="list-style-type: none"> • Right care in the right place • Integrated Community care • System and Process Improvement 	
Financial Implications: Quality Premium dashboard included within the report which tracks the financial implications for the CCG against this additional funding.	
Risks: This is not applicable for this paper.	
Legal: This is not applicable for this paper.	
Has appropriate engagement and consultation taken place? This is not applicable for this paper.	
Has an appropriate equality and diversity assessment taken place? 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 – radiotherapy, Cancer 62 day 1st treatment following urgent GP referral, Category A Red 2 ambulance response, 52+ week RTT breaches, A&E 4 hour wait, Elective Operations cancelled on or after day of admission for non-clinical reasons not been rebooked within 28 days, Improving Access to Psychological

Therapies, Dementia Diagnosis, MRSA and Clostridium Difficile. The report also includes 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%	96.47%	Jan-17	94.75%	*↑	●	●	●	●	●	●	●	●
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	96.64%	Jan-17	94.07%	*↑	●	●	●	●	●	●	●	●
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	97.02%	Jan-17	97.64%	*↓	●	●	●	●	●	●	●	●
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	96.55%	Jan-17	96.84%	*↓	●	●	●	●	●	●	●	●
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	100.00%	Jan-17	99.42%	*↑	●	●	●	●	●	●	●	●
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	90.14%	Jan-17	95.91%	*↓	●	●	●	●	●	●	●	●
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	81.82%	Jan-17	81.89%	*↓	●	●	●	●	●	●	●	●
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	100.00%	Jan-17	90.45%	*↑	●	●	●	●	●	●	●	●
E.B.14	Cancer 62 days - 1st treatment following consultants decision to upgrade		100.00%	Jan-17	94.83%	*↔								
E.B.15.i	Ambulance Category A - Red 1 (immediate life threatening and most time critical) response arriving within 8 mins - commissioner	75%	74.83%	Jan-17	76.15%	↑	●	●	●	●	●	●	●	●
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%	72.15%	Jan-17	70.06%	↓	●	●	●	●	●	●	●	●
E.B.16	Ambulance Category A ambulance arrival within 19 mins - commissioner	75%	95.31%	Jan-17	95.37%	↑	●	●	●	●	●	●	●	●
E.B.S.3	CPA follow up within 7 days of discharge from psychiatric in-patient care	95%	98.72%	Q3 16/17	96.21%	↑	●	●	●	●	●	●	●	●
E.B.1	18 week Referral to Treatment for completed admitted patients	90%	84.60%	Jan-17	83.96%	↓								
E.B.2	18 week Referral to Treatment for completed non admitted patients	95%	90.08%	Jan-17	92.24%	↓								
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	92.33%	Jan-17	92.84%	↓	●	●	●	●	●	●	●	●
E.B.S.4.i	52 week referral for completed admitted pathways	0	2	Jan-17	13	↓								
E.B.S.4.ii	52 week referral for completed non-admitted pathways	0	6	Jan-17	41	↓								
E.B.S.4.iii	52 week referral for incomplete pathways	0	1	Jan-17	23	↑	●	●	●	●	●	●	●	●
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	99.29%	Jan-17	99.23%	↑	●	●	●	●	●	●	●	●
E.B.5	A&E 4 hour wait (7 Providers)	95%	91.82%	Jan-17	92.80%	↓	●	●	●	●	●	●	●	●
E.B.S.1	Mixed-sex accommodation breaches	0	0	Jan-17	0	↔	●	●	●	●	●	●	●	●
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	10	Q3 16/17	13	↓	●	●	●	●	●	●	●	●
E.B.S.6	Urgent Operations cancelled for a second time	0	0	Jan-17	0	↔	●	●	●	●	●	●	●	●

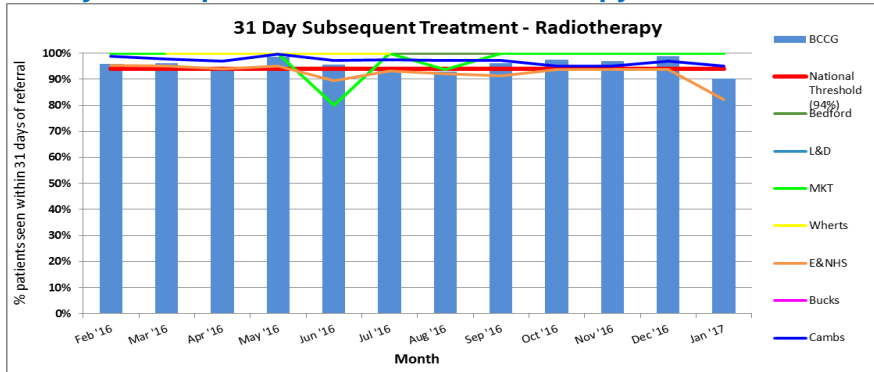
Please note that data is ragged Green if an indicator has been achieved or over-achieved, Amber if it has under-achieved within 5% of the achievement level and Red if it has under-achieved over the 5% threshold. The trend arrows indicate whether performance against the previous month / quarter is showing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

2. CCG PERFORMANCE REPORTING – NHS CONSTITUTION – BY EXCEPTION

2.1 Cancer

In January 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 – Radiotherapy – 90.14%



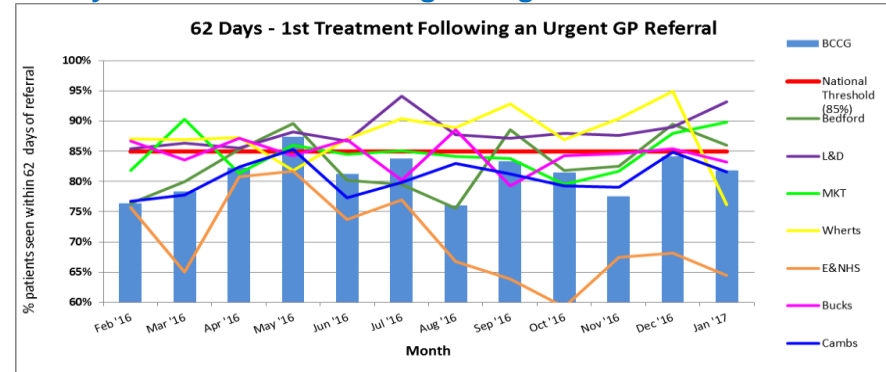
Of the 71 patients seen on this pathway 7 were outside the 31 Day threshold. 2 of which were at Cambridge and 5 were at East and North Hertfordshire. 5 of the breaches were due to patient choice and 2 were due to capacity.

There were 2 100+ day breaches both at day 136, 1 on the lung pathway (Luton & Dunstable and East and North Hertfordshire) and 1 on the Urology pathway at East and North Hertfordshire. Root cause analysis will be reviewed for both of these long waiters to identify any themes in reasons for the delays.

Bedford Hospital have reported an increase in 2 week wait referrals and whilst referrals is a marker for early detection the CCG needs to ensure that the referrals are appropriate and of good quality to avoid delays. In order for the CCG to be assured the Clinical Cancer Lead is undertaking an audit of referrals to Bedford and Luton & Dunstable Hospital.

East and North Hertfordshire underachieved against each of the 31 and 62 day standards. In January East & North Herts CCG issued a Contract Performance Notice to East & North Herts raising concerns around Cancer performance and the increase in the number of patients waiting over 100 days for treatment. A Remedial Action Plan has been agreed with the Trust which is in two phases. The first phase will ensure that the infrastructure and reporting mechanisms are in place to allow the Trust to improve performance. The second phase will be developed over the coming weeks, based on the forecasting and deep dive analysis that is being undertaken as part of Phase one. The Trust are hopeful that the national standards will be achieved by the end of Q1 2017-18.

62 day 1st treatment following an urgent GP referral – 81.82%

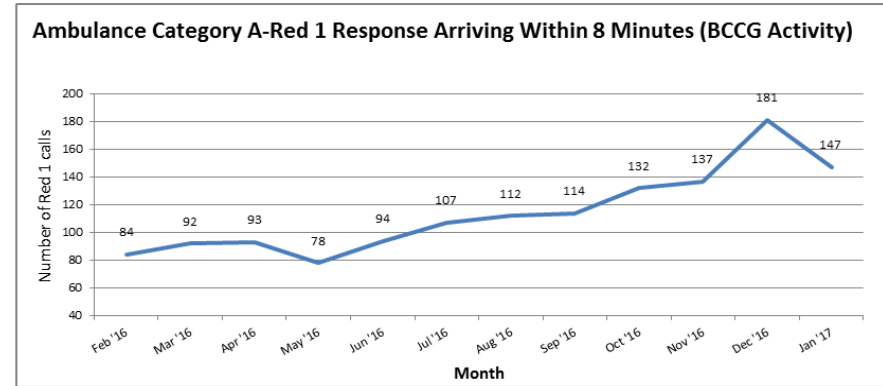
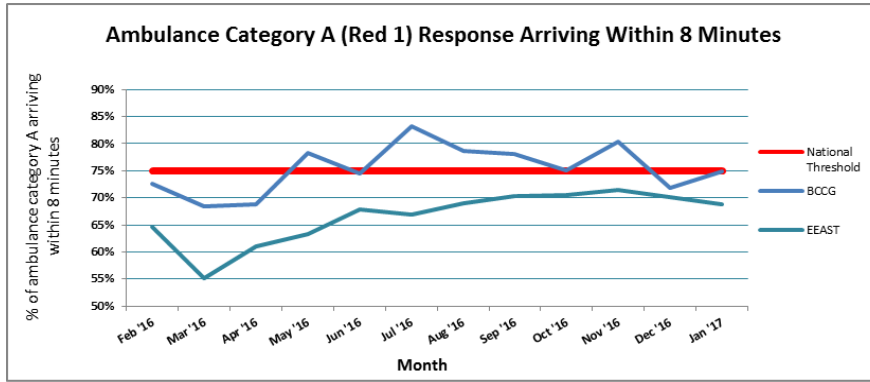


Of the 99 patients seen on this pathway there were 18 breaches (6.5 at Bedford Hospital, 3.5 at East and North, 1.5 at Luton & Dunstable, 2.5 at Cambridge, 1 at Milton Keynes and 3 at other trusts).

2.2 Ambulance Response Times

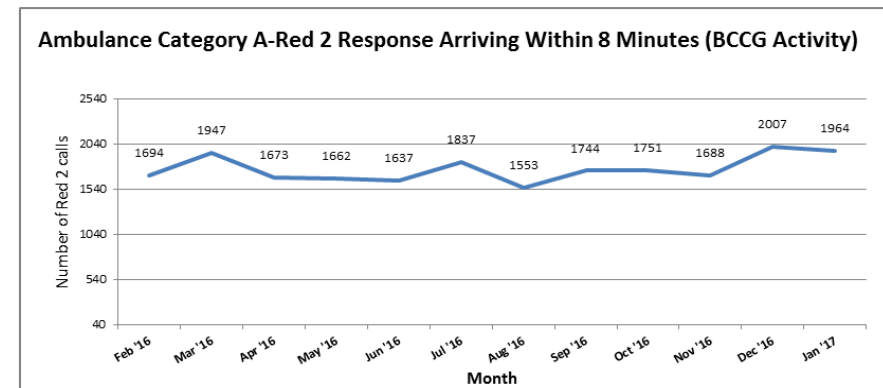
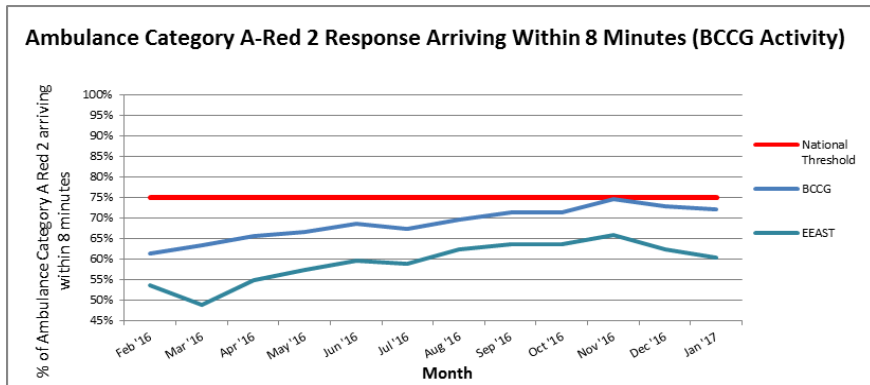
In January the CCG underachieved against Category A Red 1 8 minute responses and Category A Red 2 8 minute responses. All response targets were underachieved for EEAST – East of England Ambulance Service.

Ambulance - Category A Red 1 response arriving within 8 minutes – 74.83%



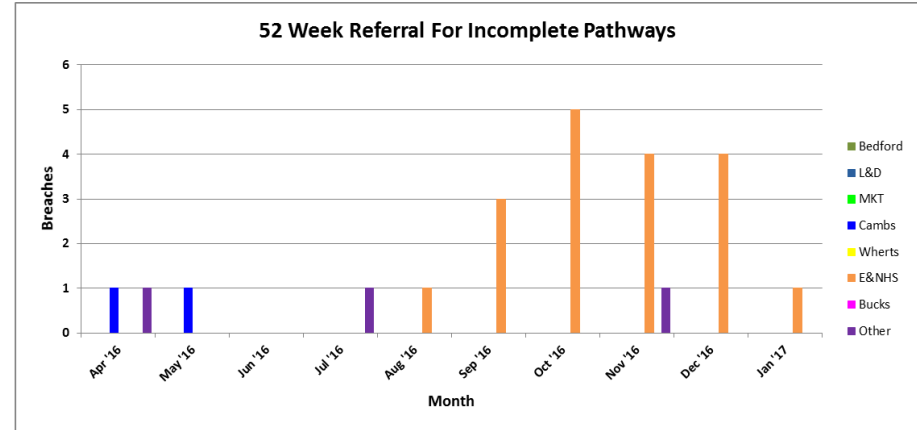
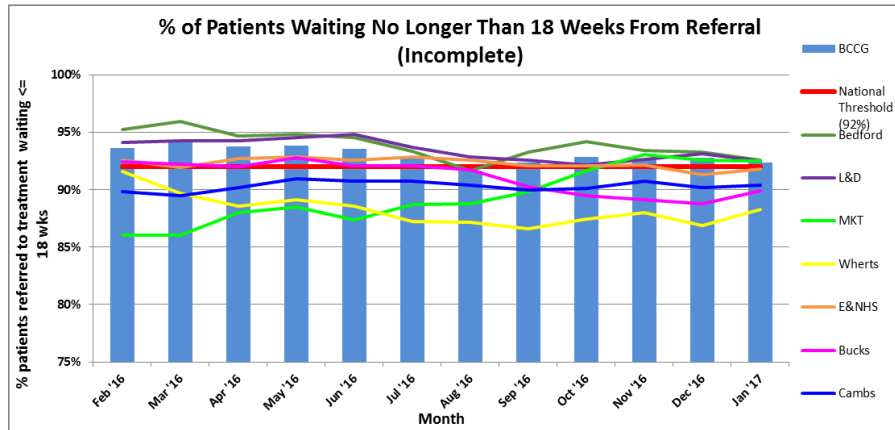
There were 147 responses of which 110 arrived within 8 minutes. Performance continues to be affected by resource availability due to delays at Watford General Hospital. A Recovery Improvement Plan is in place at the Trust which is monitored on a weekly basis.

Ambulance - Category A Red 2 response arriving within 8 minutes – 72.15%



There were 1964 responses of which 1417 arrived within 8 minutes.

2.3 18 Week Referral to Treatment (RTT) (including 52+ week breaches) – 92.33%



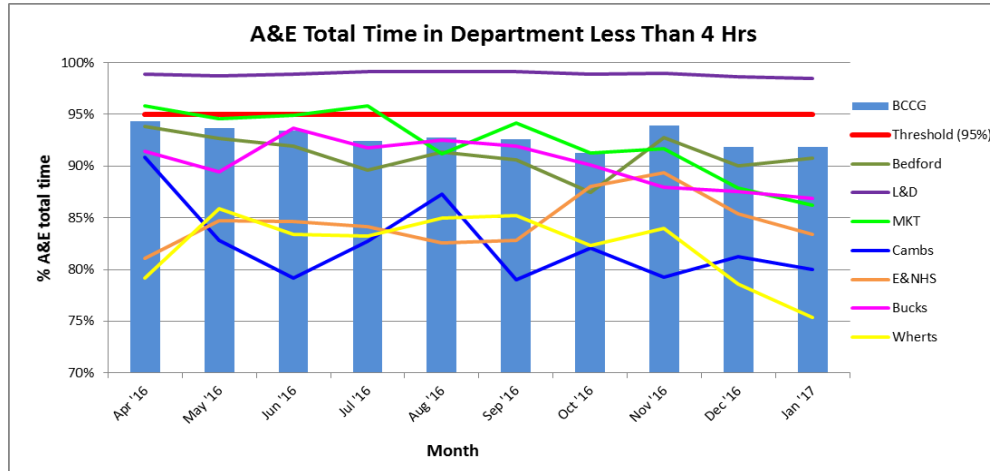
In January the CCG achieved the national threshold for the incomplete pathway overall however there were 6 specialties which underachieved; General Surgery at 90.26%, Ophthalmology at 87.43%, Plastic Surgery at 91.43%, Trauma and Orthopaedics (T&O) at 85.20% and Cardiothoracic Surgery at 75% and Urology at 91.55%. 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 1907 patients on the incomplete pathway who have breached 18+ weeks. Bedford (952), Luton & Dunstable (326), East & North Hertfordshire (121), Milton Keynes (78), Buckinghamshire (112), Cambridge (130) and Others (188). Of the CCG's top 6 providers Bedford, Luton & Dunstable and Milton Keynes achieved the aggregate threshold.

Bedford Hospital achieved at an aggregate level for BCCG patients however 3 specialties were underachieved (number of 18+ week breaches in brackets): Plastic Surgery (26), Trauma and Orthopaedics (99), Ophthalmology (449). The Interim Divisional Director for planned care at the Trust has undertaken a capacity and demand review and progress against identified actions are reviewed at the Trust's weekly Access Board. The CCG continue to meet with the Trust fortnightly to discuss plans for specialty compliance.

52+ Week Breaches

In January there was 1 52+ week breach at East and North Hertfordshire in the specialty of Plastic Surgery giving a total for the CCG of 23 year to date. East and North Hertfordshire continues to validate historic RTT pathway clock stops to ensure correct application of clock stops. The Trust provides detail of 52 week validations on a weekly basis to East and North Hertfordshire CCG who is the lead commissioner and relevant information is shared with associate commissioners through the Contract Information Group and the Collaborative Commissioning Forum. The ongoing full validation exercise means that the Trust is now in a position where they can validate before 52 week breaches occur and are reporting a reduction in over 40 week waiters. 5 clinical harm reviews have been undertaken and no harm was identified. The Trust are rebuilding their Patient Tracking List which is currently being tested and they are due to implement Lorenzo (electronic health record for integrated patient care) in July 2017. The Trust access policy is currently being rewritten to ensure that it is robust and in line with national requirements and this is expected to be finalised in March.

2.4 A&E – 4 hour wait – 91.82%

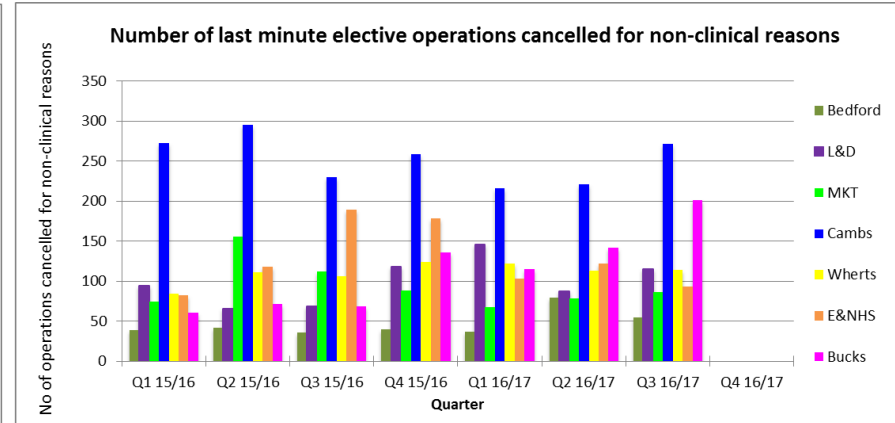
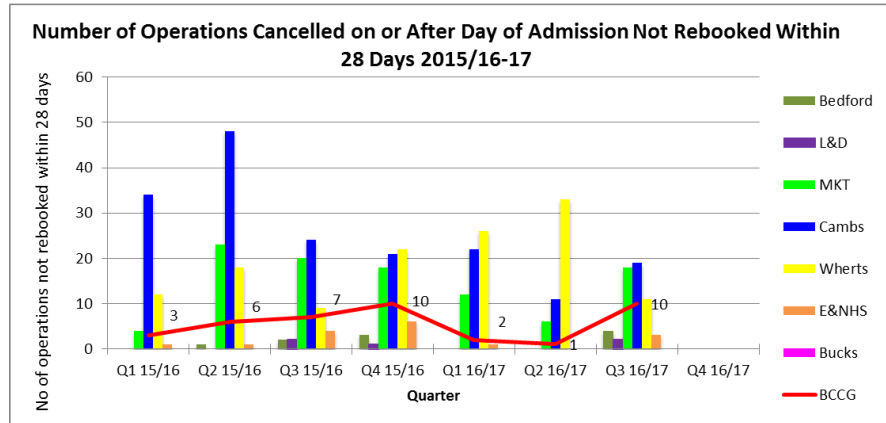


The CCG is measured on performance at the main 7 acute providers. In January the CCG saw a very slight deterioration against the 4 hour wait and continue to be under the 95% national threshold.

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

- Luton & Dunstable achieved 98.47% and was the only local trust to achieve against the 95% threshold.
- Bedford achieved 90.79% which represents a slight improvement but is an underachievement against the national target and the Sustainability & Transformation Fund trajectory. The winter plan was agreed to include the following schemes to commence during December and to continue for varying periods during winter: Care at Home Team; Additional Residential step down beds and DST beds outside of the trusts; Community Matron x 2 for 2 hours per day reviewing inpatients ready for transfer to community provision; Additional nurse to provide more initial nurse screening into CNT at front door of A&E; Private PTS – 1 additional stretcher available per evening and AECU operating 7 days a week (8 hours per day at weekends).
- East & North Hertfordshire achieved 83.43% against December performance of 85.4%. The Trust is hopeful that the addition of a GP Front of House Triage pathway will reduce unnecessary attendances and make available additional capacity. The pilot was initiated in December and will be reviewed in March. BCCG commissioning teams continue to work closely and collaboratively with colleagues in E&NH CCG to identify potential opportunities to remove activity benefiting both the commissioner and provider.
- Cambridge achieved 80.0% which is a deterioration against December performance of 81.28%. The Trust continue with the established Improvement Boards including fortnightly meetings with NHS England where the Trust and the lead CCG are held to account on a series of actions in relation to all aspects of patient flow with the collective aim of improving four hour performance.
- Buckinghamshire achieved 86.92% which represents a further decline against December performance and a breach of the agreed trajectory included within the sustainability & transformation fund. As with RTT the CCG has been informed that recovery plan are in place but as at time of writing it is not clear when compliance is expected to be recovered.
- Milton Keynes achieved 86.19% which is consistent with previous levels of non compliance. The Trust continue to cite increased volumes together with a more complex case-mix as the driver behind recent poor performance.

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



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

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

4 of the cancellations were at Bedford, 3 were at Milton Keynes and 3 at Cambridge.

3. ADDITIONAL QUALITY INDICATORS WITH EXCEPTIONS

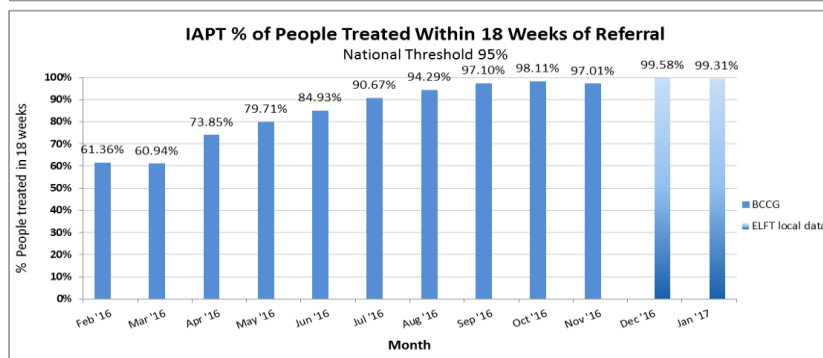
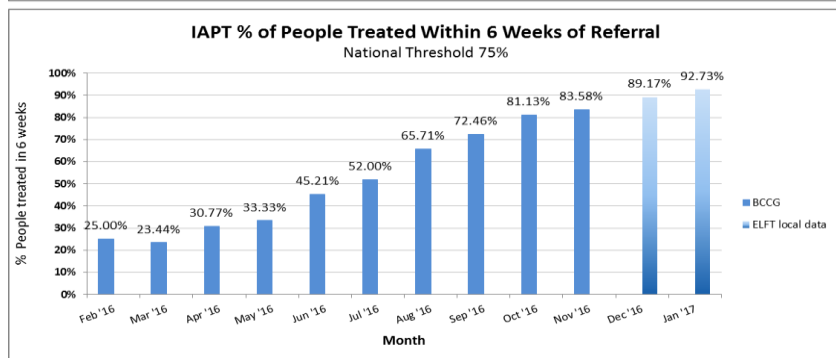
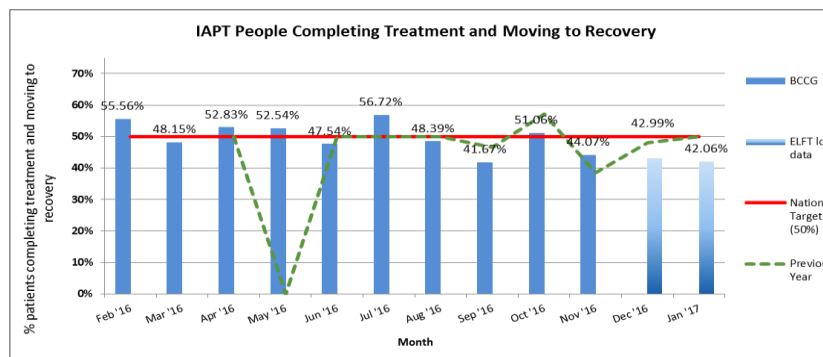
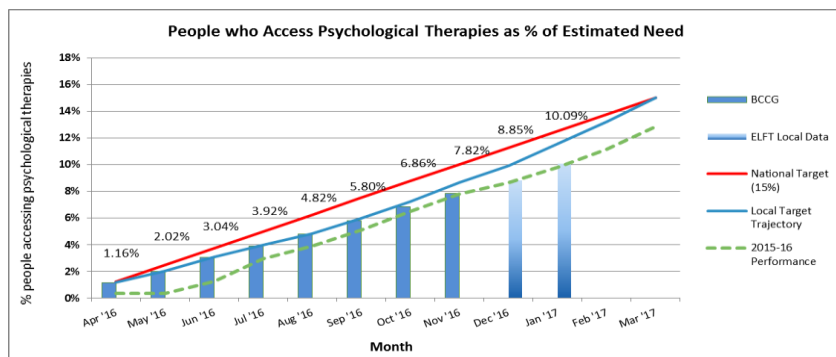
Additional Quality Indicators														
KPI Code	Indicators	Plan	Latest Data	Reporting Period	YTD	Trend	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
E.A.3	IAPT - access rate	15%	0.96%	Nov-16	7.82%	↓	●	●	●	●	●	●		
E.A.S.2	IAPT - people who completed treatment and are moving to recovery	50%	44.07%	Nov-16	49.36%	↓	●	●	●	●	●	●		
E.H.1_A1	% people referred to IAPT programme treated within 6 weeks of referral	75%	83.58%	Nov-16	57.30%	↑					●	●		
E.H.1_A2	% people referred to IAPT programme treated within 18 weeks of referral	95%	97.01%	Nov-16	89.28%	↓					●	●		
E.A.S.1	Estimated diagnosis rate for people with dementia - Primary Care	67%	61.47%	Jan-17	61.47%	↓	●	●	●	●	●	●	●	
E.A.S.4	Number of MRSA incidents	0	0	Jan-17	5	↑	●	●	●	●	●	●	●	
E.A.S.5	Number of C-Difficile incidents	73	3	Jan-17	63	↑	●	●	●	●	●	●	●	

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

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

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

3.1 Improving Access to Psychological Therapies



January performance (locally reported)

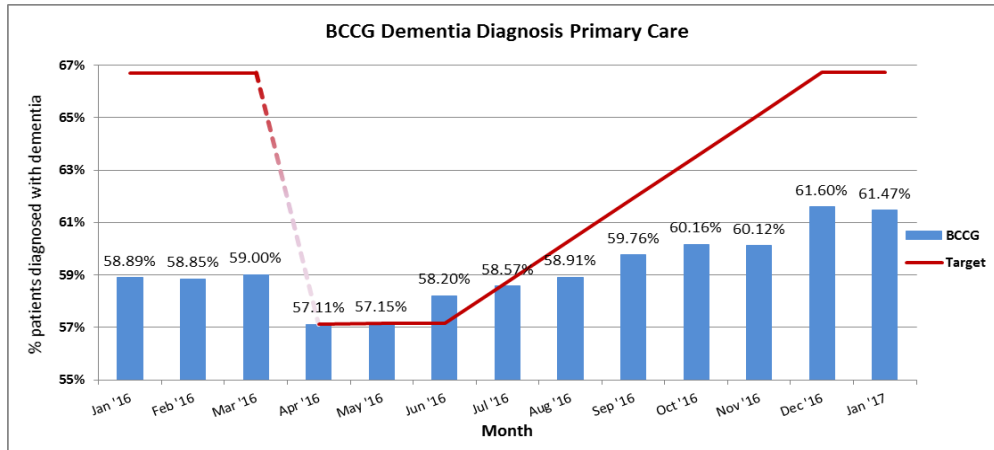
- Entering Treatment – Year to Date – 10.09% (4836 patients),
- Moving to Recovery – 42.06% threshold 50%
- Patients Treated within 6 weeks – 92.73% threshold 75%
- Patients Treated within 18 weeks – 99.31% threshold 95%

The CCG issued a Contract Performance Notice to East London Foundation Trust (ELFT) following the underperformance against the entering treatment indicator. In response ELFT have proposed a revised trajectory of 13.20% achievable by year end. The CCG has accepted the revised access target and will continue to follow contractual processes until this has been delivered. ELFT are working on a number of work streams to increase referrals into the service and will be attending locality meetings to promote the IAPT model. Roadshows will also be taking place in GP surgeries to encourage self referrals.

The recent deterioration in performance of the moving to recovery indicator has been impacted by the resolution of the historical waiting list. The Trust has implemented clear processes and clinical protocols to maintain a high recovery rate during the reduction of the waiting list. However, due to the large numbers of patient inherited and the severity of the presentation of these patients, the impact is now being realised. Nevertheless the service will continue to implement the clinical standards required to achieve the 50% recovery rate.

3.2 Dementia Diagnosis Rate – 61.47%

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



In January there were 2944 patients aged 65+ who have had a diagnosis for dementia reported nationally. This is an underachievement with 61.47% against the planned threshold for 66.72%.

The clinical network in the north of Bedfordshire is running well. The CCG Mental Health Clinical lead will chair both the northern and southern network. It is envisaged that there will be a direct link between the issues raised at the commissioning forum and the clinical network to ensure that issues which require primary care support are acknowledged. This will include the educational programmes, screening of at risk patients, dementia champions and promotion and use of the new dementia referral forms

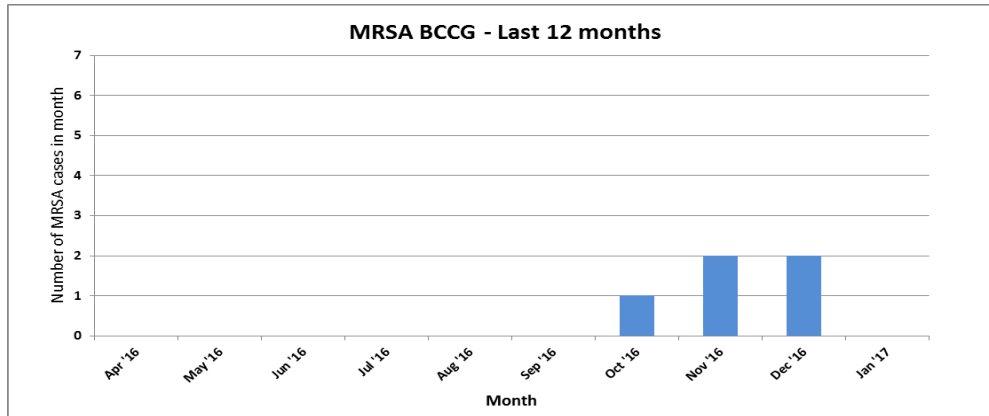
There has been an increase in the number of people coming out of the Memory Assessment Service with a diagnosis of Mild Cognitive Impairment (MCI). ELFT as part of the CQUIN will be supporting practices in determining who to refer and when as well as what to do if the presentation of a person diagnosed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

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

ELFT continue to support low referring GP surgeries as part of the CQUIN and are offering training to those identified practices during February and March. A revised referral form has been developed and shared with GPs.

The voluntary sector dementia services contract commenced on 1st December 2016 and is currently in mobilisation. This service will mainly provide support for people diagnosed with dementia however the service will also work with people who are worried about their memory and encourage people to see their GP where there is concern around undiagnosed dementia.

3.3 MRSA



Case Summary

Case 1- contaminant assigned to BHT

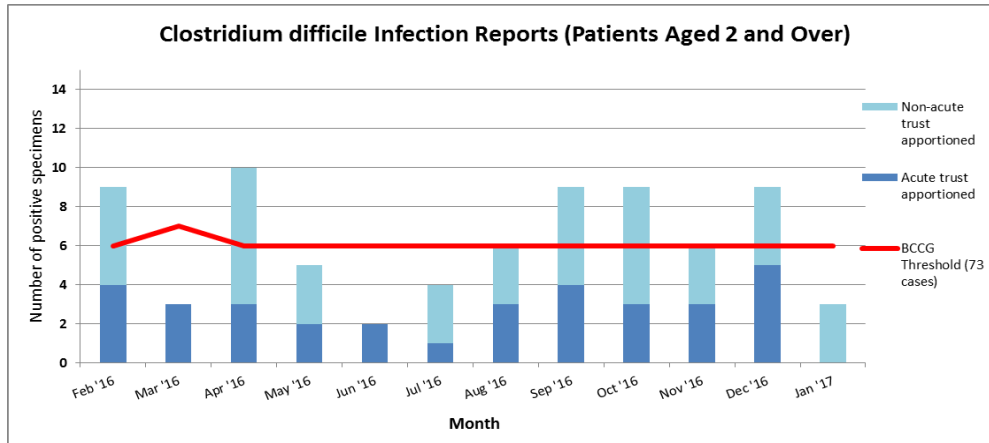
Cases 2-5 have all been assigned to Third Party – no lapse in care identified

The CCG has had zero cases of MRSA reported in January giving a year to date of 5 cases. All cases of MRSA bacteraemia are finally assigned following a full post infection review and if no lapse in care is identified the CCG can request that the case is assigned to third party. The case remains on the CCG figures for the year but is apportioned to third party – no lapse in care.

Themes identified:

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

3.4 Clostridium Difficile



In January there were 3 non-acute apportioned cases reported bringing the year to date for the CCG to 63 against the year to date ceiling of 60 cases. The CCG is currently 5th in the East of England and below the England total.

Bedford Hospital is above the year end ceiling with 11 cases against a ceiling of 10. Luton and Dunstable have had 8 cases year to date which is above the year-end ceiling. 3 cases have been successfully appealed against sanctions as no lapses in care have been identified during the case reviews.

Benchmarking within the East of England to the end of January 2017 shows Bedford Hospital has an infection rate of 9.74 cases per 100,000 occupied bed days. This is the 5th lowest within the East of England and below the England total year to date. Luton and Dunstable Foundation trust has had 5.15 infections per 100,000 occupied bed days which is 2nd lowest within the East of England and less than half of the England total year to date.

3.5 Milton Park

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

Due to an increased level of concern being raised by BCCG, a risk summit took place on 20th February 2017 and the action plan that was already in place in response to the CQC inspection findings has been combined to include the actions from the risk summit.

Governance arrangements have been revised to enable a more comprehensive overview between the service and placing commissioners to enable more comprehensive overview. A follow up oversight group has been convened by NHSE for 3rd April 2017 to discuss and agree monitoring moving forward.

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.

2016/17 Quality Premium Indicators

Bedfordshire CCG Quality Premium Dashboard				
CCG Quality Premium (Potential Funding)		£2,223,565		
Forecast CCG Quality Premium (iii)		£222,357		
Additions	(Eligible QP funding)	£444,713		
Deductions	(from Eligible QP funding)	£222,357		
Quality Premium Indicators 16/17				
Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012), NHS England has the power to make payments to CCGs to reflect the quality of services that they commission, the associated health outcomes and reductions in inequalities. The Quality Premium for 2016/17 will be based on the measures outlined below and cover a combination of national and local priorities agreed in partnership with both Health and Wellbeing Boards.		% of Quality Premium available if Indicator is achieved		
National Indicators - Additions		Weighting	Value	Eligible
New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed		20%	£444,713	
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 (75.25%)		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
Local Indicators - Additions				
Mental health admissions to secondary mental health services.		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	
The CCG will have its Quality Premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges		% Deductions if indicator is underachieved		
18 week Referral to Treatment - Incomplete pathway *		25% of Eligible Additions	£0	
A&E 4 hour wait (7 Providers) *		25% of Eligible Additions	-£111,178	
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	-£111,178	

Plan	Latest Data	Reporting Period	YTD	Trend
60.00%	58.50%	2014		
36.46%	17.93%	Dec-16		↓
78.25%	75.25%	Jul-16		
<=1.161	1.095	Dec-16		↓
<=10	9.2	Dec-16		↑
Plan	Latest Data	Reporting Period	YTD	Trend
995	79	Jan-17	838	↓
144	3.78	Jan-17	104.00	↑
4740	497.0	Jan-17	5101.2	↑
Plan	Latest Data	Reporting Period	YTD	Trend
92%	92.33%	Jan-17	92.84%	↓
95%	91.82%	Jan-17	92.80%	↓
93%	96.47%	Jan-17	94.75%	↑
75%	68.83%	Jan-17	68.25%	↓

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%), Hinchingbrooke (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

Quality Premium Additions:

- New cases of cancer diagnosed at stage 1 and 2 – Threshold is 4 percentage point improvement in 2016 compared to 2015 or >60% diagnosed in 2016. Due to delays in data reporting the latest available published data is 2014 with 2015 data not expected to be released until June 2017. The 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 December 2016 and this remains significantly under plan. 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 December 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. Due to the delay in national data the dashboard above reflects actual numbers of admissions using local provider data. Performance in January achieved against the monthly plan however the year to date position remains over plan and is 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 MedeAnalytics is January and this is showing that this indicator is currently on track to achieve in 2016/17.
- Emergency admissions to hospital for people aged 75 years 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 MedeAnalytics is January and this shows that this indicator will not be achieved at year end.

Quality Premium Deductions:

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

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** – Bedford Hospital 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. This remains a priority as GPs are not always able to make an e-referral due to appointment slots not being available and the GP is then asked to send the referral via another route which is then not counted as an e-referral. A meeting has taken place 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.
- **Overall experience of making a GP appointment** - All BCCG Localities have produced 2 Year Development Plans which include an assessment against quality baseline indicators which include Access. The Development plans 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** – Acute trusts continue to see high proportions of patients despite initiatives in place to reduce this within community services and further work underway to support this area. A piece of work undertaken locally identifies drivers increasing emergency admissions. These include: a significant increase in the number of people attending A&E 75+ years; the rate of emergency admissions is more than double in those in the most deprived areas than those from the more affluent areas of Bedfordshire; there has been a significant increase in the number of admissions due to problems of the respiratory system and an increase in patients with a multi-comorbidities has also attributed to the increase. The CCG continues to work with providers and the local authority to reduce these.

Glossary

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

Definitions

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

Category A (Red 2) 8 Minute Response Time - Incidents which may be life-threatening conditions but less time-critical should receive an emergency response within 8 minutes irrespective of location in 75% of cases. This means that for patients with immediately life-threatening conditions, faster response times may improve health outcomes and the patient experience.

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

Ambulance Handover Delays – The clock starts when the ambulance stops in the patient offloading bay in Accident & Emergency. It then stops when a full clinical handover has taken place, the patient has been transferred onto hospital apparatus and all Ambulance equipment returned to the vehicle allowing the crew to leave the department.

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

18 Weeks Referral to Treatment – Incomplete pathway - This applies to patients on a non-urgent consultant led pathway setting a maximum time of 18 weeks from the point of initial referral up to the start of any treatment necessary where it is clinically appropriate. Incomplete pathways are those where patients are still waiting for treatment – national threshold 92%. Pathway consists of 19 Specialities e.g. Dermatology, Gynaecology.

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

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

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

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