
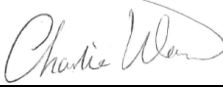


Agenda Item: 9.0

Governing Body <i>held in public</i>	Report Date of Meeting: 3 May 2018
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Report Title	Integrated Performance and Quality Report		
Report Author	Presented By	Responsible Director	
Carol Davies – Head of Performance	Anne Murray – Director of Nursing and Quality	Anne Murray – Director of Nursing and Quality Signature:  Charlie Wood – Programme Director for Planned and Unplanned Care Commissioning Signature: 	
Purpose for presenting report	The report provides an update on the CCGs performance and quality of services. A verbal update on the latest performance data will be provided at the meeting.		
Action Required:	For decision /For approval /For discussion /To give assurance /For information only		
Approval Route:	Finance and Performance Committee – 28/03/2018		
Further Assurance:	N/A		
Which Strategic Objectives does this report provide evidence for?			Please Tick
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice			✓
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.			
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.			
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.			
We will operate and manage our Governing Body to the highest standards of accountability and transparency.			
Implications/Assessments	Yes	No	N/A
Have any financial implications been signed off by the Chief Finance Officer?			✓
Have any quality implications been signed off by the Director of Nursing & Quality?	✓		

Have any privacy implications been signed off by the Head of Information Governance?			✓
Have any conflicts of interest implications been signed off by the Corporate Office?			✓
Have any public engagement implications been signed off by the Head of Communications & Engagement?			✓
Has an Equality Impact Assessment been carried out?			✓
Key Risks	Issues for discussion identified within the report and discussed at the relevant committees.		
Executive Summary	The Integrated Performance and Quality report (IPQR) has been populated with the latest nationally published data which is predominantly Month 10 (January). The report provides an update on the CCGs performance and quality of services and links to the strategic objectives identified above.		

Integrated Performance & Quality Report

March 2018

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Performance Headlines

CONSTITUTIONAL AND ADDITIONAL QUALITY INDICATORS ACHIEVED IN REPORTING PERIOD	
Cancer 2 week wait following an urgent GP Referral for suspected cancer	94.56% (Jan) – national threshold 93%
Cancer 2 week wait – breast symptomatic where cancer not initially suspected.	96.94% (Jan) – national threshold 93%
Cancer 31 Day Subsequent treatment for cancer – drugs	100% (Jan) – national threshold 98%
Cancer 31 Day Subsequent Treatment for Radiotherapy	97.67% (Jan) – national threshold 94%
Cancer 62 Day 1 st treatment following a referral from an NHS Screening Service	93.33% (Jan) – national threshold 90%
Cancer 62 Day 1 st treatment following Consultants Decision to Upgrade	100% (Jan) – there is no national threshold
RTT 52 Week Breaches – Incomplete Pathway	0 (Jan) – national threshold 0
Urgent Operations Cancelled for a 2 nd time	0 (Jan) – national threshold 0
Trolley waits in A&E over 12 hours	0 (Jan) – national threshold 0
People referred to IAPT programme treated within 6 weeks of referral	100% (Nov) – national threshold 75%
People referred to IAPT programme treated within 18 weeks of referral	100% (Nov) – national threshold 95%
Psychosis treated with a NICE approved care package within 2 weeks of referral	69.29% (Jan) – national threshold 50%
MRSA	0 (Jan) – national threshold 0, 2 Year to Date
IAPT – Moving to Recovery (Local provider data)	50.22% (Jan local data) – national threshold 50%

IMPROVEMENTS IN PERFORMANCE: DECEMBER TO JANUARY 2017

Diagnostic Tests within 6 weeks from referral	Performance improved in January to 97.19% compared to 95.85% in December. This is the fourth month of improvement. Cambridge Community Services has seen an improvement from 103 breaches in December to 69 in January. National threshold 99%	Main issues have been paediatric audiology at Cambridge Community Services and Endoscopies at Luton & Dunstable – recovery expected by end March for both Trusts.
A&E 4 hour wait	Performance has improved in January to 90.17% compared to 88.80% in December. National threshold 95%. There continues to be data quality concerns which are currently affecting the CCG position. East & North Herts – Partial data submitted for October against awaiting refresh on national system.	Of the 7 acute providers that are attributed to the CCG performance only Luton & Dunstable Hospital achieved against the 4 hour wait threshold. A&E Delivery Board is in place to support whole system pressures.

DETERIORATION IN PERFORMANCE: DECEMBER TO JANUARY 2017

Cancer 31 Day 1 st Definitive treatment from diagnosis	Performance declined in January to 95.34% compared to 98.94% in December.	Of the 193 patients seen on the pathway 9 breached the threshold. 6 of the breaches were at Bedford Hospital all due to capacity in planned care, 2 at Cambridge and 1 at East & North Herts. 6 breaches were due to capacity issues, 2 were complex pathways and 1 provider delay.
Cancer 31 Day – Subsequent Treatment for Surgery	Performance declined in January to 90.00% compared to 100% in December.	Of the 40 patients seen on the pathway 4 breached the threshold. 2 at Cambridge, 1 at Bedford Hospital and 1 at University Hospitals of Leicester. 2 complex pathways, 1 capacity issue and 1 late referral.
Cancer 62 Day 1 st treatment following an urgent GP Referral	Performance declined in January to 78.10% compared to 88.57% in December.	Of the 105 patients seen on the pathway 23 breached the threshold. 12 of the breaches were at Bedford Hospital, 4 at Cambridge, 3.5 at East & North Herts, 2 at Luton & Dunstable, 0.5 each at Milton Keynes, Oxford and University College London. 8 of the breaches were due to late referrals to the tertiary provider, 6 were due to capacity issues, 5 were complex cases and 4 were patient choice.

<p>CPA follow up within 7 days of discharge from psychiatric inpatient care</p>	<p>The Trust has identified a discrepancy in the national reporting of this indicator. The Trust were interpreting the denominator as patients discharged who were on CPA however this should include all discharges from in patients units not just those on CPA. This has led to a deterioration in performance in Quarter 3.</p>	<p>The Trust are embedding new recording practices for the non-CPA cohort and although the compliance for Q3 was below target it had increased over the period and the compliance rate for Bedfordshire was on target by the end of the quarter for December. The CCG have asked for analysis of the non-CPA cohort to understand why patients are admitted to an inpatient unit and discharged on non-CPA.</p>
<p>18 Weeks Referral to Treatment – incomplete pathways</p>	<p>CCG performance deteriorated in January with 91.28% compared to 91.59% in December. 8 specialties underachieved; Ophthalmology, Trauma and Orthopaedics, Urology, General Surgery, Plastic Surgery, ENT, Dermatology, and Neurosurgery.</p> <p>Note RTT data for January does not include East and North Hertfordshire due to the implementation of their new PAS system (Lorenzo) resulting in a number of areas where the Trust are unable to report their current position and where national reporting has been affected.</p>	<p>Winter pressures have impacted RTT performance overall. Bedford Hospital continue to be affected by the transfer of Community Dermatology Service which is also affecting Plastic Surgery and OMF. The Trust has previously projected a return to 92% compliance in April 2018 however due to capacity issues in Dermatology and Plastic Surgery recovery is unlikely in Quarter 1 2018/19. To accelerate clearance of the backlog additional weekend locum consultant capacity is in place for the next 3 months.</p>
<p>Cancelled Operations on/after day of admission not offered another date within 28 days</p>	<p>In Quarter 3 the CCG has had 3 Patient breaches at the Luton & Dunstable Hospital, 2 at Milton Keynes and 1 at Cambridge. The breach at Cambridge was patient choice and the other breaches were due to winter pressures.</p>	<p>Bedford Hospital reported 2 breaches nationally but the Trust have confirmed these were not genuine breaches as they were due to patients choosing dates outside of the 28 day threshold. Due to the implementation of the Trusts new clinical IT system, East & North Herts are currently unable to confirm the cancelled operations not rebooked in 28 days position at individual patient level. National threshold 0.</p>

Dementia Diagnosis Rates	Performance deteriorated in January to 59.23% compared to 59.55% in December. National threshold 66.70%. There are regular meeting and discussion held with NHSE to suggest ways to improve the diagnosis rate.	ELFT presented ideas at the regional Primary care dementia models meeting on the 22nd March and this future transformation work will be considered going forward. The CCG met with the national lead Professor Burns on the 22nd March to film 3 promotional clips to try and dispel some of the myths and increase the confidence of GPs to diagnose as well as a message on prevention. Two of the clips will support the communications strategy for dementia action week (21-27 May) and will be available to members of the public.
Clostridium Difficile	Performance deteriorated in January with 4 cases compared to the 1 case in December.	61 cases year to date against the YTD ceiling of 60. The CCG has an annual ceiling of 73 cases.
Mixed Sex Accommodation	In January there were 2 mixed sex accommodation breaches 1 at University College London Hospitals (UCLH) and 1 at Royal Free. The CCG has had 8 breaches year to date.	Of the 8 breaches 6 were at UCLH and related to ITU, 1 was at West Hertfordshire also due to pressures in ITU and the breach at Royal Free was a patient waiting to be transferred from ITU.
IAPT – Access (Local provider data)	Cumulative position for January is 12.02%. This is local data due to the lag in national data availability. Performance continues to be under the agreed threshold and a Contract Performance Notice was issued resulting in a recovery action plan with a trajectory to achieve approximately 3.8% in Qtr 4 moving to 4.2% in Qtr 1. 2017/18 forecast outturn is 14.53% against the national threshold of 16.8%. This is an improvement against the 12.91% achievement in 2016/17. Monthly assurance telecoms/meetings continue with CCG/ELFT/NHSE/NHSI where the recovery action plan is monitored.	The service has been undertaking outreach and engagement activities which have increased the number of self-referrals, however the overall increase in access has been impacted by the decline in the number of GP referrals. There has also been difficulties in recruiting sufficient numbers of staff into the service which has limited the capacity of the service to undertake outreach work and first appointments. Following a successful recruitment programme the service is expecting several new starters at the beginning of April, which will help to alleviate this difficulty and create additional capacity to reduce waiting times and expand access.

SUGGESTED ISSUES FOR DISCUSSION:

RTT 18 Weeks Incomplete Pathway – impact of winter pressures	Ambulance Response Programme Reporting
Improving Access to Psychological Therapies – remedial action plan	East & North Hertfordshire performance/data reporting
Diagnostic 6 week wait - Cambridge Community Services and Luton & Dunstable	

East & North Hertfordshire Trust – Reporting

18 Weeks RTT/Diagnostics

The Trust continue to experience issues following the implementation of their new IT clinical systems – Lorenzo in September 2017.

A post-stabilisation company has been employed in order to help resolve some of the key areas of challenge and to support with the embedding of the new systems. A stabilisation report was sent to NHSD, NHSE and NHSI at the beginning of February. This identifies a number of areas that are continuing to use manual processes and reporting due to issues with the new systems.

Following the latest review from NHS Interim Management and Support (IMAS) the Trust has sent formal confirmation that it will not be reporting RTT or Diagnostics until November 2018 (reporting October 2018 performance).

The issues with RTT reporting means that the Trust are currently unable to confirm the position of patients who have breached 52 weeks however the Trust believe that the number of patients waiting over 52+ weeks is very small. The Trust is aiming to recommence reporting of the RTT PTL waiting list over 40 weeks and have confirmed that any patient who waited more than 52 weeks will have a root cause analysis.

A&E 4 Hour Wait

The Trust made a partial submission in October due to data quality issues following the move to the Nervecentre system within the Emergency Department. The Trust have now submitted a retrospective full monthly return however this is not yet reflected in the national data. Normal reporting has resumed from November data. The Trust continue to have issues around data quality for reporting of the 4 hour breach position.

East and North Hertfordshire CCG has raised a Contract Performance Notice for failing to meet the agreed recovery trajectory and an action plan has been received by the host commissioner. An East & North Herts A&E steering group has been established.

East & North Hertfordshire Trust – Cancer

EAST AND NORTH HERTFORDSHIRE NHS TRUST - Jan 2018	Patients	Breaches	Performance	Target
E.B.6 : Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	1,114	28	97.49%	93%
E.B.7 : Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected.	126	7	94.44%	93%
E.B.8 : Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')	233	11	95.28%	96%
E.B.9 : Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is Surgery	26	4	84.62%	94%
E.B.10 : Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen	148	14	90.54%	98%
E.B.11 : Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Radiotherapy Treatment Course	301	36	88.04%	94%
E.B.12 : Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	129.5	37	71.43%	85%
E.B.13 : Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	7	4	42.86%	90%
E.B.14 : Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	8	2	75.00%	86%

A Contract Performance Notice has been issued following the non-compliance against the agreed recovery trajectory and this is being monitored by NHSE.

Constitutional & Additional Quality Indicators 2017/18

KPI Code	BCCG Indicator Level	Plan	Latest Data	Reporting Period	YTD	Trend	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
							16/17	16/17	16/17	16/17	17/18	17/18	17/18	17/18
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	94.56%	Jan-18	95.61%	*↓	●	●	●	●	●	●	●	●
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	96.94%	Jan-18	96.45%	*↑	●	●	●	●	●	●	●	●
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	95.34%	Jan-18	97.50%	*↓	●	●	●	●	●	●	●	●
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	90.00%	Jan-18	97.06%	*↓	●	●	●	●	●	●	●	●
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	100.00%	Jan-18	100.00%	*↔	●	●	●	●	●	●	●	●
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	97.67%	Jan-18	94.88%	*↓	●	●	●	●	●	●	●	●
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	78.10%	Jan-18	85.24%	*↓	●	●	●	●	●	●	●	●
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	93.33%	Jan-18	96.67%	*↑	●	●	●	●	●	●	●	●
E.B.14	Cancer 62 days - 1st treatment following consultants decision to upgrade		91.67%	Jan-18	84.44%	*↓								
E.B.S.3	CPA follow up within 7 days of discharge from psychiatric in-patient care	95%	92.35%	Q3 17/18	95.05%	↓	●	●	●	●	●	●	●	●
E.B.1	18 week Referral to Treatment for completed admitted patients	90%	84.52%	Jan-18	83.58%	↓								
E.B.2	18 week Referral to Treatment for completed non admitted patients	95%	93.05%	Jan-18	91.84%	↑								
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	91.28%	Jan-18	92.18%	↓	●	●	●	●	●	●	●	●
E.B.S.4.i	52 week referral for completed admitted pathways	0	2	Jan-18	15	↓								
E.B.S.4.ii	52 week referral for completed non-admitted pathways	0	11	Jan-18	165	↓								
E.B.S.4.iii	52 week referral for incomplete pathways	0	0	Jan-18	17	↔	●	●	●	●	●	●	●	●
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	97.19%	Jan-18	96.90%	↑	●	●	●	●	●	●	●	●
E.B.5	A&E 4 hour wait (7 Providers)	95%	90.17%	Jan-18	93.26%	↑	●	●	●	●	●	●	●	●
E.B.S.1	Mixed-sex accommodation breaches	0	2	Jan-18	8	↔	●	●	●	●	●	●	●	●
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	6	Q3 17/18	14	↓	●	●	●	●	●	●	●	●
E.B.S.5	Trolley waits in A&E over 12 hours	0	0	Jan-18	0	↔	●	●	●	●	●	●	●	●
E.B.S.6	Urgent Operations cancelled for a second time	0	0	Jan-18	0	↔	●	●	●	●	●	●	●	●
E.A.3	IAPT - access rate	15.45%	1.36%	Nov-17	9.78%	↑	●	●	●	●	●	●	●	●
E.A.S.2	IAPT - people who completed treatment and are moving to recovery	50%	50.00%	Nov-17	45.58%	↔	●	●	●	●	●	●	●	●
E.H.1_A1	% people referred to IAPT programme treated within 6 weeks of referral	75%	100.00%	Nov-17	98.60%	↔	●	●	●	●	●	●	●	●
E.H.1_A2	% people referred to IAPT programme treated within 18 weeks of referral	95%	100.00%	Nov-17	99.80%	↔	●	●	●	●	●	●	●	●
E.H.4	Psychosis treated with a NICE approved care package within two weeks of referral	50%	69.29%	Jan-18	74.77%	↓	●	●	●	●	●	●	●	●
E.A.S.1	Estimated diagnosis rate for people with dementia - Primary Care	67%	59.23%	Jan-18	59.23%	↓	●	●	●	●	●	●	●	●
E.A.S.4	Number of MRSA incidents	0	0	Jan-18	2	↔	●	●	●	●	●	●	●	●
E.A.S.5	Number of C-Difficile incidents	73	4	Jan-18	61	↓	●	●	●	●	●	●	●	●

Ambulance reporting against the new Metrics is included on page 29 and will be included in the above dashboard in future reports.

Note 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 colour of the arrows relate to the above ragging for the latest reported period. Trend arrows reflect the latest data compared to the previous month/quarter. * Cancer year to date position shows most recent validated quarterly data.

2017-18 Quality Premium

Bedfordshire CCG Quality Premium Dashboard

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

Quality Premium Indicators 17/18	% of Quality Premium available if Indicator is achieved			Plan	Latest Data	Trend	Reporting Period	YTD
	Weighting	Value	Eligible					
National Indicators - Additions								
New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	17%			60.00%	56.30%		2015	
Overall experience of making a GP appointment - Improvement on July 2017 survey result (75.83%)	17%			75.83%	72.83%		Jul-17	
Continuing Healthcare - Part A NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (in 80% of cases with a positive NHS CHC Checklist for new referrals)	8.5%			>=80%	43%	↓	Q3 17/18	
Continuing Healthcare - Part B Less than 15% of all full NHS CHC assessments take place in an acute hospital setting	8.5%			<15%	8%	↑	Q3 17/18	
Mental Health - Equity of Access and outcomes into IAPT services - BAME Recovery rate of people accessing IAPT services identified as BAME, improvement of at least 5 percentage points or to same level as white British, whichever smaller	17.0%			45.07%	43.39%	↑	Jan-18	41.65%
Mental Health - Equity of Access and outcomes into IAPT services - Older People Proportion of people accessing IAPT services >65 years to increase to at least 50% of the proportion of adults aged 65+ in the local population or by at least 33%, whichever is greater.				11.05%	8.29%	↑	Jan-18	8.20%
Bloodstream infections - Part A i) At least 10% reduction in all E coli BSI reported at CCG level based on 2016 performance data	6.0%			223	19	↑	Jan-18	225
Bloodstream infections - Part A ii) Collection and reporting of core primary care data set for all E coli BSI in Q2 2017/18	1.7%						Awaiting confirmation of measurement	
Bloodstream infections - Part B i) At least 10% reduction in the Trimethoprim:Nitrofurantoin prescribing ratio based on CCG baseline data (June15-May16) for 2017/18	3.8%			0.624	0.402	↑	Dec-17	
Bloodstream infections - Part B ii) At least 10% reduction in the number of Tremithoprim items prescribed to patients aged 70 years or greater on baseline data (June15-May16)	3.8%			6,977	5,611	↑	Dec-17	
Bloodstream infections - Part C Sustained reduction of inappropriate prescribing in primary care, items per STAR-PU must be equal of below 0.161 items per STAR-PU	1.7%			<=1.161	1.047	↑	Dec-17	
Local Indicators - Additions				Plan	Latest Data	Trend	Reporting Period	YTD
Right Care - Gastrointestinal Rate of Gastroscopies per 100,000 age-sex weighted population (<40) 5% reduction in the number of elective gastroscopies in 2017/18 for age 19-39 years compared to 2016/17	15%			681	59	↓	Jan-18	548
The CCG will have its Quality Premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges			% Deductions if indicator is underachieved	Plan	Latest Data	Trend	Reporting Period	YTD
18 week Referral to Treatment - Incomplete pathway *			25% of Eligible Additions	92%	91.28%	↓	Jan-18	92.18%
A&E 4 hour wait (7 Providers) *			25% of Eligible Additions	95%	90.17%	↑	Jan-18	93.26%
Cancer 2 week waits following urgent GP referral for suspected cancer *			25% of Eligible Additions	93%	94.56%	↓	Jan-18	95.61%

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

Continuing Healthcare Part A & Part B indicators - System issues when extracting the Q3 data from the CCG database have resulted in a number of incomplete referrals exceeding 28 days being included in the report in error. The CHC team have manually updated the records on the system so they will reflect the correct position going forward however NHS England are unable to amend the original figures that were submitted. Q3 published performance is shown in the dashboard however the Quality Premium commentary and CHC dashboards on page 38 of the report confirm the correct position.

Note 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 colour of the arrows relate to the above ragging for the latest reported period. Trend arrows reflect the latest data compared to the previous month/quarter. Cancer year to date position shows most recent validated quarterly data.

Quality Premium 2017/18

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

NHS Continuing Healthcare - Part A - NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (in 80% of cases with a positive NHS CHC Checklist for new referrals). Q3 data shows this indicator is not being achieved. The 28 day process has seen an increase in performance between 74-79% over Q3 which is within NHSE limits and therefore no longer requires completion of the monthly action plan. KPI's are monitored monthly with weekly locality meetings to monitor assessor workload/output.

NHS Continuing Healthcare - Part B – Less than 15% of all full NHS CHC assessments take place in an acute hospital setting – Q3 data shows improvement from implementation of Discharge to Assess 01/11/17. Within target from 01/11/17, to ensure continued success D2A must continue and include out of area acutes (currently Bedford and Luton & Dunstable Hospitals).

Mental Health – Equity of Access and outcomes into IAPT services – BAME – Recovery rate of people accessing IAPT services identified as BAME, improvement of least 5% points or to the same level as white British, whichever is smaller. Performance of this indicator is monitored at the monthly Wellbeing Service Contract meeting.

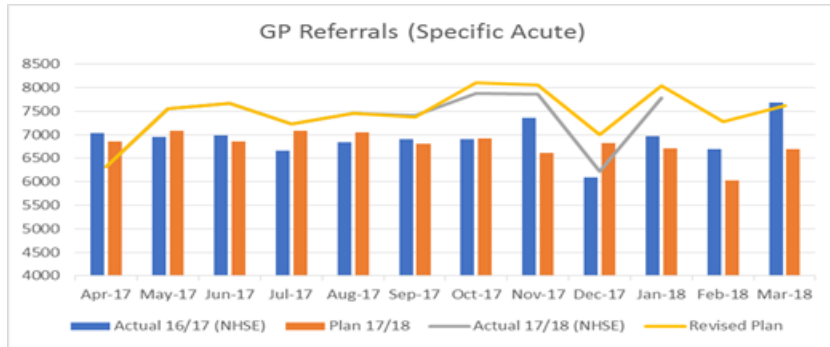
Mental Health – Equity of Access and outcomes into IAPT services – Older People – Proportion of people accessing IAPT services >65 years to increase to at least 50% of the proportion of adults aged 65+ in the local population or by at least 33% whichever is greater. Performance of this indicator is monitored at the monthly Wellbeing Service Contract meeting.

Bloodstream Infections - Part A (i) – At least 10% reduction in all E coli BSI reported at CCG level based on 2016 performance data. Threshold for 2017 is 223 or less. January performance is above the YTD plan of 185 cases at 225 cases. The CCG are working with care homes around reduction of UTI's and promoting good hydration – “Drink Well for Health”.

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

Bedfordshire CCG Activity – Referrals

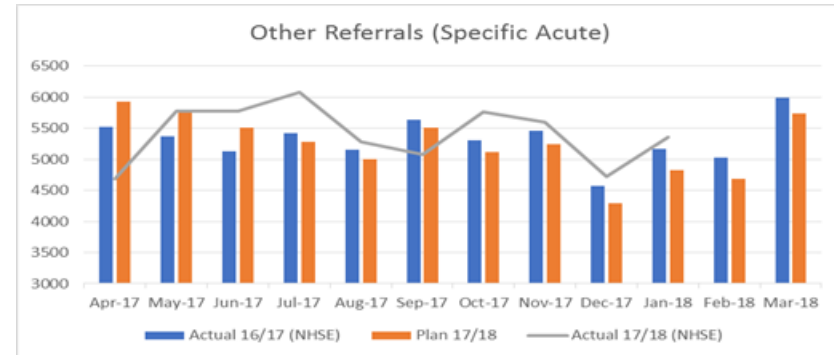
Referral data is sourced from the national Monthly Activity Return (MAR) which is submitted by providers. This data is split into GP and Other Referrals (other referrals are those not generated from a GP for example referrals from an A&E department, specialist nurses, national screening programme and referrals between Consultants). The MAR data reports on the number of referrals each month that are classified as Specific Acute. This means that referrals for the specialties of obstetrics, learning disabilities, adult mental illness, child and adolescent psychiatry, forensic psychiatry, psychotherapy and old age psychiatry are not included.



In 2016/17 there was a total of 83,088 GP referrals. As at month 10 (January) 2017/18 the CCG has had 73,376 referrals. This is an increase of 6.78% year to date compared to the same period in 2016/17. The main reason for the increase in referrals is due to the transfer of Community Dermatology services from Optum to Bedford Hospital (GP referrals to a Community service are not included in the national return).

There has also been a rise in 2 week wait suspected cancer referrals of 4.20% compared to the same period in 2016/17 (12,707 in 2016/17 to 13,241 in 2017/18. This is in line with National Institute for Health and Care Excellence (NICE) guidance to support the earlier detection of cancer.

The CCG has met with NHS England to discuss the drivers for the increase against plan and a revised local trajectory has been agreed. The CCG is 1.93% under the revised trajectory.



In 2016/17 there was a total of 63,755 other referrals. As at month 10 (January) 2017/18 the CCG has had 54,101 referrals. This is an increase of 2.60% compared to the same period in 2016/17 and is due in part to the transfer of referrals from Community Dermatology to Bedford Hospital which are counted as 'other' referrals.

Referrals Analysis by Specialty

Source: First Outpatient Attendance following a GP or Other referral which is the only source of specialty level data

	TOTAL YTD 2016/2017	Total YTD 2017/18	Change 2016/17 v 2017/18 YTD to M10				% Change 2016/17 v 2017/18 YTD to M10			
	Total	Total	GP	C2C	Other	Total	GP	C2C	Other	Total
GENERAL SURGERY	2,957	3,182	-41	90	176	225	-1.93%	16.51%	61.75%	7.61%
UROLOGY	4,364	4,717	139	76	138	353	4.01%	15.73%	33.33%	8.09%
BREAST SURGERY	3,966	4,049	72	8	3	83	2.00%	4.47%	1.66%	2.09%
COLORECTAL SURGERY	2,429	2,739	314	-16	12	310	14.83%	-7.73%	11.43%	12.76%
VASCULAR SURGERY	1,021	1,232	125	38	48	211	14.74%	43.68%	55.81%	20.67%
TRAUMA AND ORTHOPAEDICS	19,403	20,701	1,459	-477	316	1,298	15.12%	-38.62%	3.71%	6.69%
ENT	7,741	7,733	-105	-120	217	-8	-1.75%	-16.30%	21.23%	-0.10%
OPHTHALMOLOGY	12,951	13,579	452	230	-54	628	8.87%	18.87%	-0.81%	4.85%
PLASTIC SURGERY	2,245	3,230	180	13	792	985	15.20%	3.38%	117.16%	43.88%
ANAESTHETICS	757	681	-86	-71	81	-76	-32.33%	-41.52%	25.31%	-10.04%
PAIN MANAGEMENT	932	1,093	61	31	69	161	11.19%	13.60%	43.40%	17.27%
GENERAL MEDICINE	2,322	1,826	-377	76	-195	-496	-31.84%	40.21%	-20.55%	-21.36%
GASROENTEROLOGY	2,967	3,364	280	12	105	397	12.98%	2.97%	25.86%	13.38%
ENDOCRINOLOGY	473	647	166	-1	9	174	35.85%	-50.00%	112.50%	36.79%
CLINICAL HAEMATOLOGY	1,166	1,481	194	75	46	315	25.19%	24.92%	48.42%	27.02%
CLINICAL PHYSIOLOGY	856	1,014	78	104	-24	158	37.86%	23.32%	-11.76%	18.46%
HEPATOLOGY	507	508	-2	38	-35	1	-0.60%	48.10%	-37.63%	0.20%
DIABETIC MEDICINE	961	1,284	240	59	24	323	40.40%	19.09%	41.38%	33.61%
CARDIOLOGY	9,196	11,436	1,016	1,113	111	2,240	22.14%	50.89%	4.58%	24.36%
DERMATOLOGY	3,107	5,492	1,584	95	706	2,385	73.98%	43.78%	94.26%	76.76%
RESPIRATORY	4,185	5,677	570	707	215	1,492	29.26%	42.67%	37.07%	35.65%
NEPHROLOGY	423	416	28	29	-64	-7	11.29%	40.28%	-62.14%	-1.65%
NEUROLOGY	3,479	3,711	136	80	16	232	6.72%	7.67%	3.88%	6.67%
RHEUMATOLOGY	1,472	1,665	-12	8	197	193	-2.64%	4.82%	23.15%	13.11%
PAEDIATRICS	6,710	9,857	2,572	48	527	3,147	56.78%	6.16%	37.62%	46.90%
GERIATRIC MEDICINE	1,246	1,185	-80	-6	25	-61	-7.93%	-14.29%	12.82%	-4.90%
GYNAECOLOGY	9,882	10,847	884	-66	147	965	12.71%	-8.42%	6.86%	9.77%
GYNAECOLOGICAL ONCOLOGY	316	371	8	41	6	55	3.33%	54.67%	600.00%	17.41%
PHYSIOTHERAPY	873	1,555	136	418	128	682	50.75%	100.48%	67.72%	78.12%
OCCUPATIONAL THERAPY	537	483	12	-73	7	-54	14.12%	-19.36%	9.33%	-10.06%
DIETETICS	1,537	1,962	201	209	15	425	32.58%	24.59%	21.43%	27.65%
ORTHOTICS	539	690	82	44	25	151	31.18%	19.38%	51.02%	28.01%
DIAGNOSTIC IMAGING	9,915	10,577	-200	1,483	-621	662	-7.18%	30.54%	-27.32%	6.68%
AUDIOLOGY	2,770	3,791	618	75	328	1,021	56.23%	50.00%	21.56%	36.86%
OTHER	1,838	1,869	112	80	-161	31	18.18%	17.24%	-21.24%	1.69%
	126,043	144,644	10,816	4,450	3,335	18,601	15.35%	20.63%	9.81%	14.76%

CCG Improvement and Assessment Framework (IAF)

CCG	2015/16 Assurance Rating			2016/17 CCG IAF Rating			Change in derived IAF rating - 15/16 to 16/17
	Overall	Leadership	Finance	Overall	Leadership	Finance	
NHS Bedfordshire CCG	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Amber	Red	Better

The CCG Improvement and Assessment Framework (IAF) has been updated for 2017/18. It builds on the IAF introduced in April 2016, which replaced both the existing CCG assurance framework and CCG performance dashboard.

The IAF aligns with NHS England’s Mandate and planning guidance, with the aim of unlocking change and improvement in a number of key areas. This approach aims to reach beyond CCGs, enabling local health systems and communities to assess their own progress from ratings published online.

The framework is intended as a focal point for joint work and support between NHS England and CCGs. It draws together the NHS Constitution, performance and finance metrics and transformational challenges and plays an important part in the delivery of the [Five Year Forward View](#).

The framework is intended as a focal point for joint work, support and dialogue between NHS England, CCGs, and STPs. Data is available at least quarterly for nearly all of the indicators.

NHS England’s national and regional teams are working together to ensure that the breadth of the framework is discussed with all CCGs during the year, through a rolling programme of local conversations, drawing on expertise and insight from the national programme teams. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed.

The indicators do not only cover those issues which are fully in the control of CCGs. CCGs are expected to focus on the strength and effectiveness of their system relationships, and to use all the levers and incentives available to them, to make progress. The annual assessment will take into account how well CCGs, as individual organisations, have played into their local systems. These efforts are not necessarily to be quickly reflected in performance against the indicators. However, over time, CCGs’ input as local system leaders would be expected to contribute to measurable improvement.

To aid transparency for the public, and CCG benchmarking against peers, NHS England now presents both the overall ratings and the relative performance on indicators through a range of channels, including publication on the MyNHS website.

IAF - Clinical Priority Areas

The Government mandate to the NHS also commits to separate assessments of CCGs in each of the following clinical priority areas; Cancer, Dementia, Diabetes, Learning disabilities, Maternity and Mental Health. Independent panels are in place for each of the clinical areas who have agreed approaches to combining the individual metrics to reach an overall rating for each priority area on the following four point scale; Outstanding, Good, Requires Improvement and Inadequate.

Bedfordshire CCG Improvement & Assessment Framework - Clinical Priority Areas

Priority	Indicator	2015/16 Baseline	2016/17	2017/18				
		Assessment	Assessment	Period	National	BCCG	BCCG YTD	
Dementia	126a	People 65+ on the GP dementia register calculated as a proportion of the GP registered population	Needs Improvement	Requires Improvement	Jan-18		59.23%	59.23%
	126b	People diagnosed with dementia whose care plan has been reviewed in a face to face review in the preceding 12 months			2016/17	N/A	79.39%	
Cancer	122a	New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	Needs Improvement	Good				
	122b	People with an urgent GP referral having first definitive treatment for cancer within 62 days of referral			Jan-18		78.10%	85.24%
	122c	Adults diagnosed with any type of cancer in a year who are still alive one year after diagnosis			2015	72.30%	71.90%	
	122d	Responses which were positive to the question 'Overall, how would you rate your care?' - National Cancer Patient Experience Survey			2016		8.82	
Mental Health	123a	People accessing Psychological Therapies who are clinically assessed as moving to recovery following discharge - national threshold 50%	Performing Well	Requires Improvement	Jan-18		50.22%	46.19%
	123b	Proportion of people that enter treatment against the level of need in the general population i.e the proportion of people who have depression and/or anxiety disorders who receive psychological therapies			Jan-18		12.02%	12.02%
	123c	People with first episode of psychosis starting treatment with a NICE-recommended package of care and treated within 2 weeks of referral - national threshold 50%			Jan-18		69.29%	74.77%
	123d	Percentage of children and young people aged 18 and under with a diagnosable mental health condition who are receiving treatment from NHS funded community services					23.00%	
	123e	Crisis care and liaison mental health services transformation	Transformational standards not included in overall assessment					
	123f	Out of area placement for acute mental health inpatient care transformation						
Diabetes	103a	Diabetes patients who have achieved all of the NICE-recommended treatment targets expressed as a % of NDA registered diabetes patients - National Diabetes Audit (NDA)	Needs Improvement	Assessment Results not yet released	2016/17		38.1%	
	103b	People with diabetes diagnosed less than a year who attend a structured education course - National Diabetes Audit			2015		14%	
Learning Disabilities	124a	Reliance on specialist inpatient care for people with a learning disability and/or autism - Assuring Transformation data collection/GP registered population	Performing Well	Assessment Results not yet released	Q2 17/18		37	
	124b	People with a learning disability on the GP register receiving an annual health check			2016/17	48.81%	46.59%	
	124c	Proportion of the population (all ages) that are included on a GP Learning Disability register			2016/17	0.47%	0.41%	
Maternity	125a	Rate of stillbirths and neonatal deaths - per 1000 births - ONS Child Mortality statistics	Needs Improvement	Assessment Results not yet released				
	125b	Women's experience of maternity services - composite value calculated as the average of six survey questions which specifically look at the user experience of maternity services across the care pathway - CQC National Maternity Services Survey						
	125c	Choices in maternity services - composite value calculated as the average of six survey questions which cover choice across the whole maternity pathway - CQC National Maternity Services Survey						
	101a	Women who were smokers at the time of delivery as a percentage of the number of maternities			Q3 17/18	10.80%	8.7%	

Dementia

- Recovery action plan in place with projects identified to improve dementia rates inclusive of: QOF registers data cleansing, events, shared care agreements and care home projects. Discussed at Dementia Operational Group and MH Financial Recovery Group.
- Care plan review has been discussed at Dementia Operational Group and work is ongoing to develop a governance mechanism.

Cancer

- 62 day Performance dipped in 15/16 with an improved position in 16/17 and 17/18. The root cause of performance issues were caused by capacity and pathway issues at both BHT and ENHT. Whilst the BHT position has improved back to trajectory the CCG is still impacted by poor performance at ENHT. There is an action plan in place monitored by the lead CCG and BCCG will continue to monitor progress against the action plan. The CCG as part of BLMK STP were successful in accessing the NHSE Cancer Transformation funds in 17/18 part of which will be targeted on colorectal and prostate pathways which are large volume.
- 1 year survival – local data shows poor health literacy, high risk factors in obesity and sub optimal outcomes for lung cancer in particular. The CCG Cancer Improvement Group has been working on a set of actions over the last year to improve the numbers of people living longer than 1 year post diagnosis; improving access to radiotherapy, pathway reviews and commissioning new pathways to improve outcomes, improving 2ww pathways. There is a long time lag for data collection against this target so we will not see improvements against this in the data for 3 years.

Mental Health

- IAPT Recovery Action Plan implemented and agreed to achieve a minimum of 50% per quarter for Qtr 3 and Qtr 4 2017/18. Access to psychological. Discussed at Contracts meetings and MH Financial Recovery Group. A Contract Performance Notice has been issued with a request for a recovery action plan.
- 35% access targets for Children and adult mental health services have been set to be achieved by 2020. This is being achieved through developing the new specialist eating disorders service, increasing CAMHS crisis team to 7 days a week, increasing access to CYP IAPT through schools early intervention services, CHUMs tier2 and reduction of waiting times for CAMHS services. This is discussed at the joint Future In Minds Transformation group which feeds into CYP operational group (BCCG), the CBC leadership Board and BBC Children's HWBB.
- Crisis care and liaison mental health services transformation work in progress. Expansion of Psychiatric Liaison in preparedness for core 24 in 2018/19. Expansion of Primary care Liaison. Mental Health Street Triage. Provider review and remodelling of Crisis provision.
- Out of area placement for acute mental health inpatient care transformation. No non specialist out of area placements. Risk share agreement made with provider.

Learning Disabilities

- Bedfordshire, Luton and MK Transforming Care Project are on track with their reduction in inpatient beds, as part of the Transforming Care agenda. Discussed at BMKL TCP Board and Bedfordshire TCP steering group. GP Learning Disability register to be developed.

Diabetes - The CCG work closely with Luton and Milton Keynes as part of the Diabetes Steering Group.

- Diabetes patients who have achieved all of the NICE-recommended treatment targets. Investment and training has been made available to all GPs across Bedfordshire. Locally Commissioned Service incentive scheme for Care Planning as part of diabetes annual review offered to all practices - As of February 2018, 44 of the 51 practices have signed up to this Locally Commissioning Service and we are engaging with the remaining practices to encourage participation Internal reporting systems into the BCCG wide Diabetes Improvement Group.
- People with diabetes diagnosed less than a year who attend a structured education course. Primary care Locally Commissioned service incentive is to include referral to structured education as part of care planning for patients with Diabetes and expanded service within Integrated Community Diabetes Service launched to deliver structured education, in January including Saturday mornings. From 2017/18 (Quarter 4) the additional capacity to deliver structured education for patients who are newly diagnosed with Type 2 diabetes is increasing.

Maternity – The CCG work closely with Luton and Milton Keynes to improve maternity care across the local maternity system. Regular meetings take place between commissioners and clinicians across BLMK.

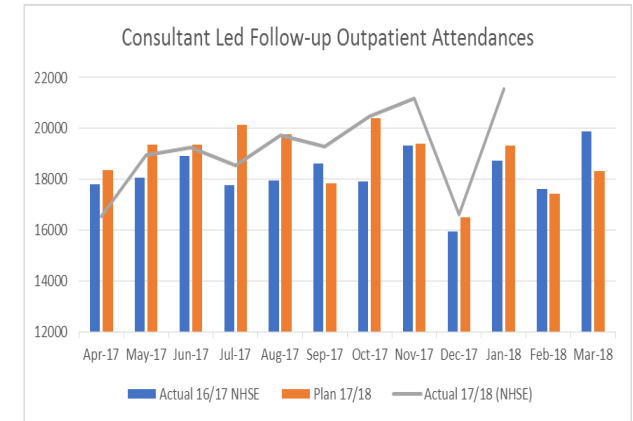
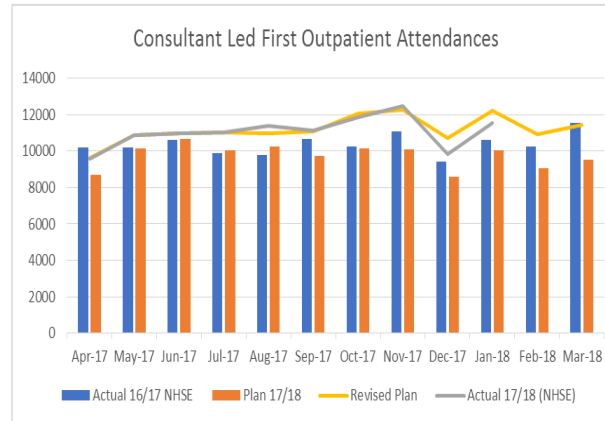
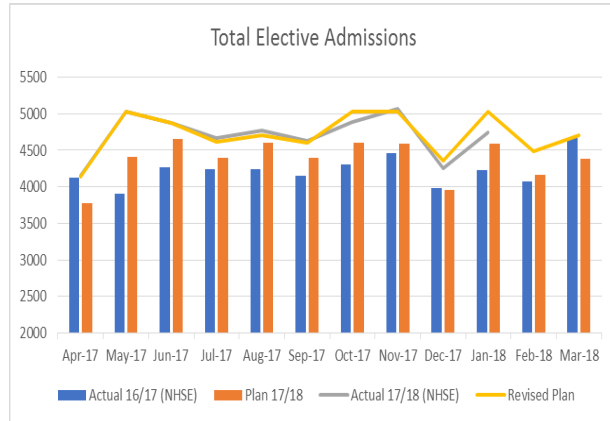
- Rate of stillbirths and neonatal deaths is regularly monitored against thresholds as part of the CCG quality assurance meetings. The latest data show rates are below the national rate of still births. Both Trust have a robust programs to roll out national programs of Still Birth Care Bundle as well as audits as stipulated by the national program 'Making every baby count'. Reporting and review process is in place of all stillbirths as part of serious incident reporting. There are joint CCG and trust panels to review outcomes and learning from SIs. Educational programs for clinical staff are in place in both trusts to disseminate learning from serious incidents and still births.

- Choices in maternity services - Both Trusts are working hard to improve the choice offer for mothers who get care from the local maternity units. L&D have developed new choice of place guideline. Consultant Midwife has launched Vaginal Birth after Caesarean Clinic. Open day is planned for March to invite women to help the trust market choice agenda for women across Luton and Bedfordshire. L&D have launched a booking app for midwives which includes choice of place of birth for mothers. Choice of where care can be delivered has been added to app. A birthing pool is now in place for high risk women to deliver on the delivery suite and guideline developed to support this. Initiatives are in place at BHT to offer women more choice around their maternity care.
- Women's experience of maternity services - Friends and family test are recorded as part of Quarterly maternity dashboard. There are other routes by which the trust collect information from mothers such as maternity unit open days.
- Smoking at the time of delivery - Both maternity units work closely with Public Health commissioned specialist smoking session services to provide mothers adequate support to stop smoking in pregnancy. This indicator is very important for mothers as smoking in pregnancy contributes to still birth and other morbidities in pregnancy.

Programme Overview

Planned Care

Bedfordshire CCG Activity – Planned



Elective Admissions

In 2016/17 there was a total of 50,653 admissions. As at month 10 (January) the CCG has had 47077 admissions. This is an increase of 12.32% compared to the same period in 2016/17. The CCG has met with NHS England to discuss the drivers for the increase against plan and a revised local trajectory has been agreed. Compared to the revised trajectory the CCG is 0.76% under plan.

Consultant Led Outpatient 1st Attendances

In 2016/17 there was a total of 124,466 attendances. As at month 10 (January) the CCG has had 110,725 attendances. This is an increase of 7.86% compared to the same period in 2016/17. Compared to the revised trajectory agreed with NHSE the CCG is 1% under plan.

Consultant Led Outpatient follow up Attendances

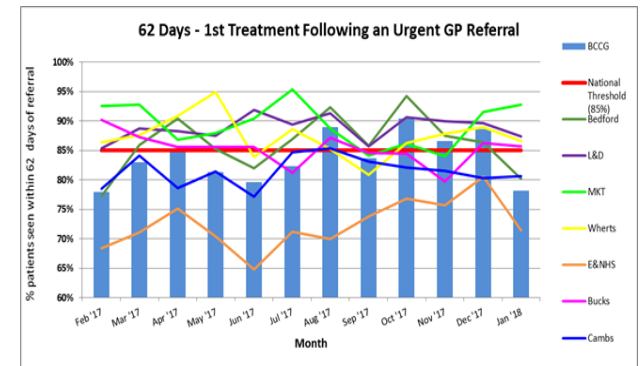
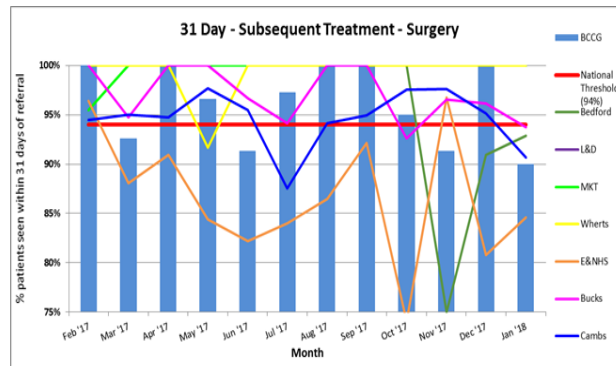
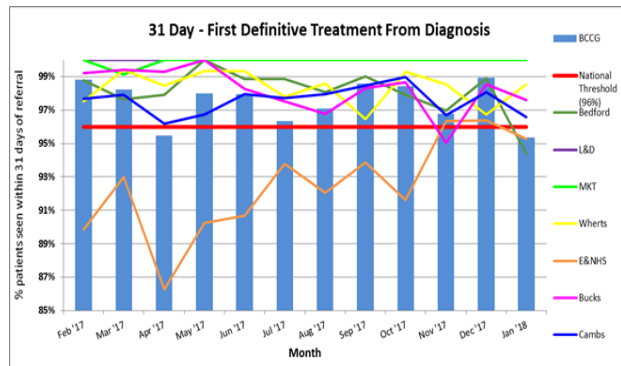
In 2016/17 there was a total of 217,342 attendances. As at month 10 (January) the CCG has had 192,175 attendances. This is an increase of 6.74% compared to the same period in 2016/17.

- Gastroenterology - GP initiated referrals (excluding two week wait pathway) have increased by 7% as at Month 9 2017/18) compared to the same period in 2016/17. Follow up activity in this speciality has also increased and is 27% higher compared to the same period in 2016/17. A number of actions have been put in place targeting demand management including the launch of primary care pathways and improvement in Advice & Guidance turnaround time now available within two working days (go live: October 2017).
- Dermatology & Plastic Surgery – There has been an increase in GP referred activity at Bedford Hospital due to contract expiry of the out of hospital provider for Community Dermatology and transfer to Bedford Hospital. A number of actions are being considered including an integrated community dermatology service and improvement in Advice & Guidance turnaround times.

Cancer Waiting Times

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

In January the CCG achieved 5 of the 8 key national cancer indicators. The following standards underachieved. There were 2 104+ day breaches, 1 at Bedford Hospital on the Urology pathway due to a late referral to the tertiary provider (patient started treatment on day 119); the second was at Luton & Dunstable on the Lung pathway. This was a complex pathway (patient started treatment on day 137).



Cancer Standard	Patients seen	Patient breaches	Providers								Breach Reason				
			BHT	Cambs	E&NH	Leicester	L&D	MK	Oxford	UCLH	Capacity	Complex	Late Ref	Patient Choice	
31 day first treatment following a cancer diagnosis	193	9	6	2	1						6	2		1	
31 day subsequent treatment for surgery	40	4	1	2		1						2	1	1	
62 day first treatment following an urgent GP referral	105	23	12	4	3.5			2	0.5	0.5	0.5	6	5	8	4

Cancer Transformation Programme

Bedfordshire, Luton and Milton Keynes STP is one of 2 STPs in the East of England to be awarded investment to transform cancer services across the STP footprint.

This development will see investment in a number of initiatives over the next 2 years to improve 1 year survival rates across the STP, improve access to key diagnostic tests and provide care closer to home.

CCG Accountable Officers will be asked to sign off plans to allocate the funding across STP partners. With a lead organisation for each of the projects. BCCG will lead on implementing the Recovery Package across the STP.

Cancer Improvement Group

The CIG membership includes Bedford Hospital and Luton and Dunstable Hospital, CCG clinical lead, Macmillan Collaborative, Healthwatch, Public Health and CCG representatives. The group will be reviewing the work plan for the coming year taking into account the new NHS Planning guidance for 18/19. Key priorities for the group:

- Maintaining performance
- Improving 1 year survival
- Supporting partnership commissioning schemes with Macmillan Cancer Support
- Improving pathways to meet the five year forward view cancer strategy ambitions for faster diagnosis
- Strengthening cancer rehabilitation provision across Bedfordshire (physical, emotional and self-management)

April 2018: New Cancer Waiting Times (CWT) system goes live

The old CWT system (Open Exeter) will close on 2 May after data submission for March 2018 activity.

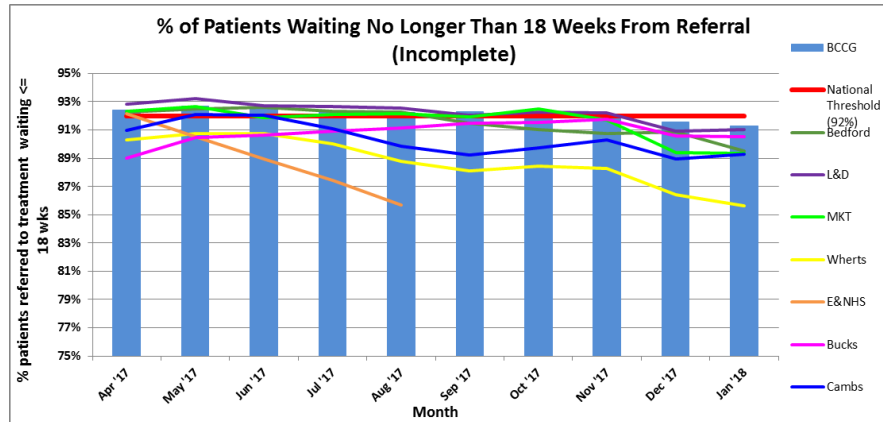
1 July 2018: Inter-Provider Transfers (IPT) policy comes into effect

From 1 July 2018, Inter-Provider Transfers (IPT) in the 62 day pathway will be reported nationally according to the logic outlined in Cancer Breach Allocation Guidance 2016. It will be mandatory to complete the new data items for the policy from 1 July (uploaded in August).

1 July 2018: Faster Diagnosis Standard (FDS) data entry fields go live

The data fields enabling the measurement of the Faster Diagnosis Standard will go live on 1 July and Trusts are encouraged to start collecting and submitting data as soon as they are able.

Elective Waiting Times (18 Weeks RTT)



In January the CCG underachieved the national threshold for the incomplete pathway with 91.28%. 8 specialties underachieved; Ophthalmology (89.72%), Trauma and Orthopaedics (85.48%), Urology (89.43%), General Surgery (90.18%), Plastic Surgery (76.48%), ENT (89.08%), Dermatology (89.56%), and Neurosurgery (88.53%).

The CCG has 2026 patients on the incomplete pathway who have breached 18+ weeks (2064 breaches in December). (Number of 18+ week breaches in brackets); Bedford (970), Luton & Dunstable (432), Milton Keynes (128), Buckinghamshire (110), Cambridge (158) and other acute providers (228).

Luton & Dunstable achieved at an aggregate level for BCCG patients at 92.17% but underachieved Trust wide at 91.04%. The underachievement was in part due to winter pressures/emergency admissions. 6 specialties were underachieved for BCCG patients (number of breaches in brackets): Urology (60), Trauma & Orthopaedics (40), ENT (103), General Surgery (50), Gynaecology (48) and Ophthalmology (46).

Bedford Hospital underachieved at an aggregate level for BCCG Patients (91.69%) and Trust wide (89.5%). 4 specialties were underachieved for Bedfordshire patients (number of breaches in brackets): Dermatology (193), Ophthalmology (204), Plastic Surgery (140) and T&O (92).

The Trust continue to provide a monthly update on key issues and risks. This is closely monitored by commissioners and discussed in Contract meetings. The Trust has previously projected a return to 92% compliance in April 2018 however due to capacity issues in Dermatology and Plastic Surgery recovery is unlikely in Quarter 1 2018/19. To accelerate clearance of the backlog additional weekend locum consultant capacity is in place for the next 3 months.

East & North Hertfordshire continue to experience issues following the implementation of their new IT clinical systems in September 2017. Following the latest review from NHS Interim Management and Support (IMAS) the Trust has sent formal confirmation that it will not be reporting RTT or Diagnostics until November 2018 (reporting October 2018 performance).

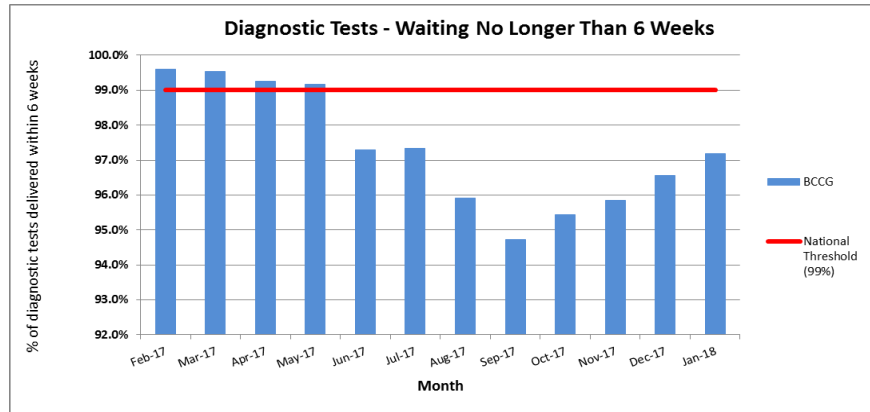
The Trust is aiming to recommence reporting of the PTL waiting list over 40 weeks and have confirmed that any patient who waited more than 52 weeks will have a root cause analysis.

52+ Week Breaches

The CCG has had 17 breaches year to date (9 patients affected) 2 at Great Ormond Street (1 patient), 2 at Cambridge (1 patient), 1 at Luton & Dunstable, 1 at Moorfields, 5 at Imperial College London (ICL) (2 patients), 4 at Oxford University Hospital (1 patient) and 2 at Pinehill Hospital (2 patients).

There were no 52+ week breaches reported in January.

Elective Waiting Times – Diagnostics – Tests within 6 Weeks



In January the CCG underachieved this indicator with 97.19% against the 99% threshold. There were 6188 patients on the diagnostic tests pathway with 174 breaching the 6 week threshold.

69 of the breaches were at Cambridgeshire Community Services (CCS) and all of these were Paediatric Audiology tests. CCS have provided a remedial action plan and a revised recovery trajectory to the end of March. This is due to a change in availability of locum Audiologists, staff sickness / leave and suitability of ongoing use of Union Street Clinic. These ongoing workforce challenges are in line with the national and local picture for recruiting Audiologists and this is impacting the 6 week referral to diagnostic test indicator.

Summary of progress to date:

- Security risk assessments completed of identified sites to support weekend working has been completed
- Suitable agency locums identified
- Positive service user feedback despite delay with appointment
- Appropriate use of skill mix- Audiology Support Workers to allow more clinic capacity. Audiology Support Worker (ASW) currently

on long-term sick, impacting on number of pre-school children clinics/ trajectory. Bank ASW recruited.

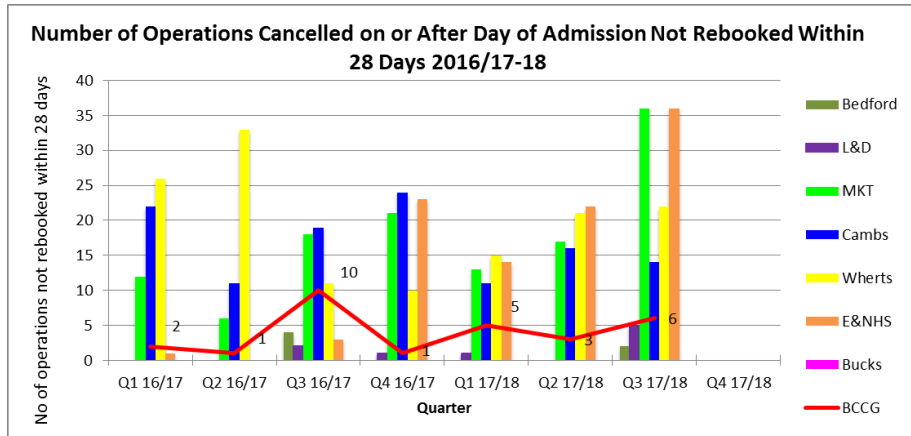
- Communication Plan in place including supporting staff to manage parent/ carer anxiety when child not seen within expected time frame and communicating with stakeholders

69 of the breaches were at Luton & Dunstable Hospital and the Trust underachieved against the national threshold trust wide. The Trust have advised that a number of capacity issues in the Endoscopy Service have led to the underperformance. A Trust wide recovery trajectory has been received and compliance of the standard is expected by the end of March 2018. The Trust have advised that where any patient has a routine diagnostic test carried out at more than 6 weeks and the scoping clinician is concerned about the impact of any delay on the patient's outcome or further treatment, a clinical harm review will be carried out. So far, no such patients have been identified.

Bedford Hospital performance has recovered in December and January however the CCG are still awaiting confirmation around the clinical harm reviews following the Echocardiography breaches in November (73 breaches). There were 2 Echocardiography breaches in January, both were patient choice. The CCG have formally written to the Trust requesting and a response is due by 26th March.

East & North Herts have been unable to submit January figures due to ongoing issues following the implementation of their new patient records system. Following the latest review from NHS Interim Management and Support (IMAS) the Trust has sent formal confirmation that it will not be reporting RTT or Diagnostics until November 2018 (reporting October 2018 performance).

Cancelled Operations not rebooked within 28 Days

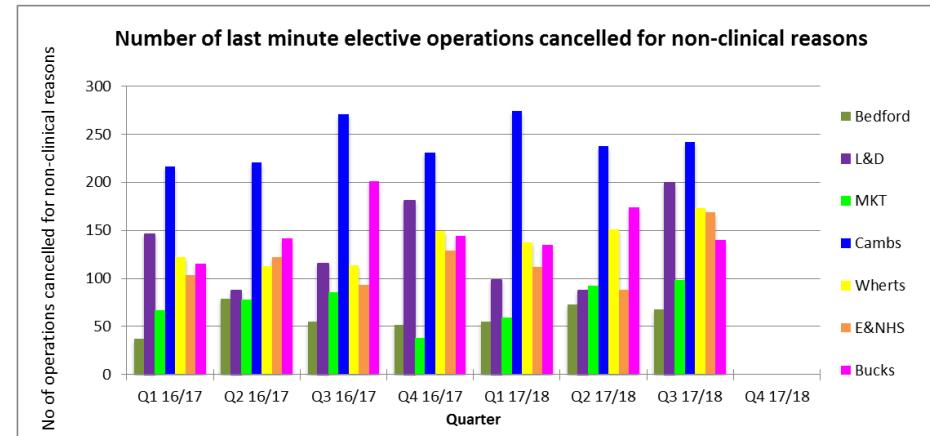


In Quarter 2 the CCG has had confirmation that there had been 3 patients who had their elective operations cancelled on or after day of admission and not rebooked within 28 days, 2 at Cambridge and 1 at East and North Herts.

At Cambridge one patient breached due to the unavailability of sterile equipment and the second patient was cancelled due to lack of theatre time.

In Quarter 3 the CCG has had the following breaches. 3 patients at the Luton & Dunstable Hospital, 2 at Milton Keynes and 1 at Cambridge. The breach at Cambridge was patient choice and the other breaches were due to winter pressures.

Bedford Hospital reported 2 breaches nationally but the Trust have confirmed these were not genuine breaches as they were due to patients choosing dates outside of the 28 day threshold.



Due to the implementation of the Trusts new clinical IT system, East & North Herts are currently unable to confirm the cancelled operations not rebooked in 28 days position at individual patient level.

Provider	Q1 BCCG Breaches	Q2 BCCG Breaches	Q3 BCCG Breaches	Q1 Trust Wide Breaches	Q2 Trust Wide Breaches	Q3 Trust Wide Breaches
Bedford	0	0	0	0	0	2
Buckinghamshire	0	0	0	0	0	0
Cambridge	2	2	1	11	16	14
East & North Herts	0	1	TBC	14	22	36
Luton & Dunstable	0	0	3	1	0	5
Milton Keynes	3	0	2	13	17	36

Patient Transport Services (PTS)

The new contract with EEAST has been signed with effect from 1 January 2018.

The contract is a consortium of 4 neighbouring CCG's, Luton CCG, Herts Valleys CCG, East & North Herts CCG and Bedfordshire CCG. The lead commissioner is HVCCG.

A detailed mobilisation plan is being drawn up, but the initial plans show that mobilisation and full capacity is expected to be achieved by the end of May 2018.

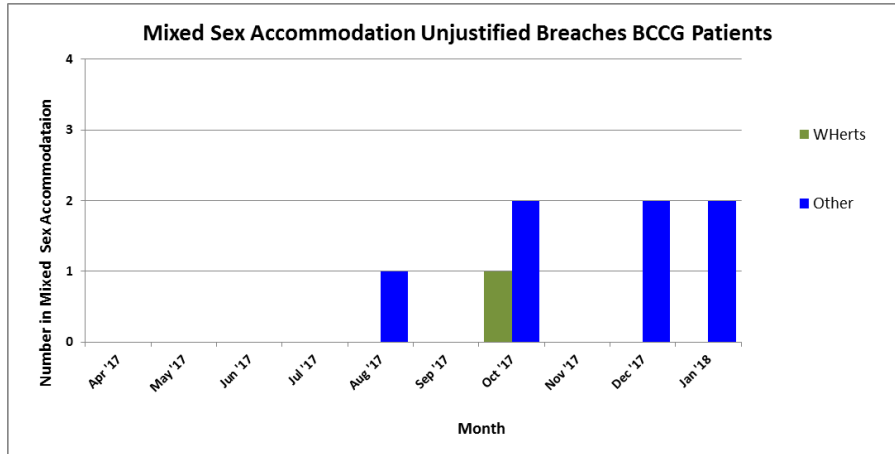
During the winter period, the service continues to experience additional pressure and to assist with this, additional vehicles are being engaged under the Trusts' control for them to more effectively manage their discharges until March 2018.

There continues to be issues regarding timeliness of pick up and drop offs during this mobilisation period but EEAST are working with Acute Trusts to look for solutions.

The Trust continue to actively recruit staff and are working on modelling fleet requirements.

The CCG are working on a programme of quality visits for 2018/19 and are awaiting a date for a vehicle compliance visit.

Mixed Sex Accommodation



In January there were 2 mixed sex accommodation breaches, one at University College London Hospitals (UCLH) and one at Royal Free. This gives 8 breaches year to date for the CCG, 6 at UCLH, 1 at West Hertfordshire and 1 at Royal Free.

The CCG has requested further details from UCLH around the January breach. The 2 breaches at the Trust in December were patients who were waiting to be transferred from ITU to the ward and for the 2 breaches in October the Trust has confirmed that 1 was in ITU and 1 due to the lack of a bed in haematology. The August breach was due to a patient being delayed in moving from ITU to the ward due to staff shortages.

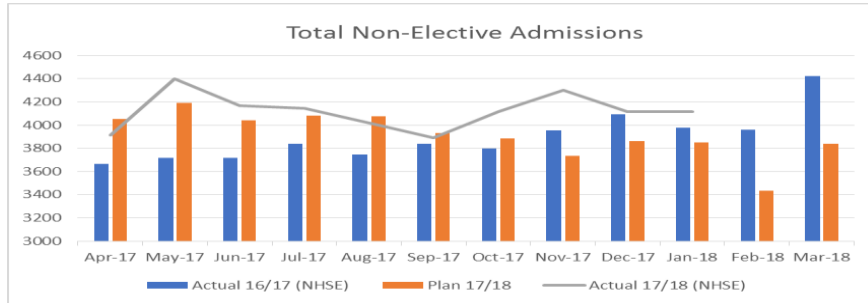
The breach in January at the Royal Free was a patient waiting to be transferred from ITU.

The breach in October at West Hertfordshire was a patient in the Intensive Therapy Unit due to pressures on the emergency care pathway. The Trust has requested a more detailed report from the emergency care team which will be shared with the CCG.

Programme Overview

Unplanned Care

Bedfordshire CCG Activity - Unplanned

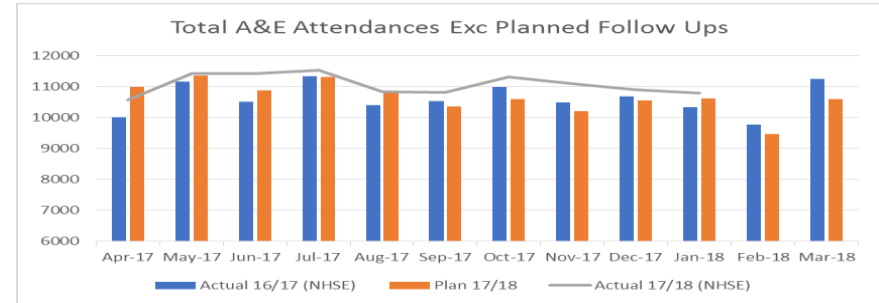


Non Elective Admissions

In 2016/17 there was a total of 46,733 admissions. As at month 10 (January) the CCG has had 41,182 admissions. This is an increase of 7.38% compared to the same period in 2016/17.

The CCG has a number of schemes in place to support a reduction in Non Elective admissions. The Early Intervention Vehicle (EiV) pilot commenced in early February. This is a joint pilot between ambulance and community health providers with the goal of providing interventions at the patient's home. Calls for EiV are routed through EEAST control desk that will also reduce the likelihood of an ambulance being dispatched. In addition there are schemes in place which are targeting a reduction in emergency activity across Care Homes and a multi-disciplinary team is in place at West Mid Bedfordshire locality to support the home visiting service and to provide enhanced clinical support for complex and vulnerable patients.

As a consequence of the large over-performance in non-elective activity at Luton & Dunstable, an audit of non-elective activity is to take place on 27/28 March. The sample size is approximately 130 and focuses on problem areas, which include respiratory, UTI, the elderly and any procedures which require further investigation.



A&E Attendances

In 2016/17 there was a total of 127,430 attendances. As at month 10 (January) the CCG has had 110,641 attendances. This is an increase of 3.96% compared to 2016/17.

Schemes are in place to support a reduction in A&E attendances including GP liaison phone line into BHT for ambulatory care patients; GP primary care streaming from BHT to Virgin Care; Integrated Urgent Care in the early evening at BHT; Medication review with care home pharmacists; Hospital Ambulance Liaison Officer in place at BHT to support flow of patients conveyed to ED and to challenge inappropriate conveyances; Falls prevention and hydration training in care homes to monitor targeted conditions such as falls and UTI.

East of England Ambulance Service Trust (EEAST)

	C1			C2			C3			C4		
	Activity	Mean Response Time (≤7min)	90th centile (≤15min)	Activity	Mean Response Time (≤18min)	90th centile (≤40min)	Activity	Mean Response Time	90th centile (≤120min)	Activity	Mean Response Time	90th centile (≤180min)
NHS Bedfordshire *	468	07:12	12:43	2,569	28:14	61:46	842	60:49	149:59	319	91:03	215:34
EEAST (Trust Wide)	6,664	08:35	15:25	40,031	29:12	60:49	12,544	82:35	202:54	4,994	99:02	232:10

In July 2017 NHS England announced new Ambulance Service Standards for the ambulance service which apply to all 999 calls for the first time. This is designed to increase the call handling time to enable improved identification of caller needs. This in turn will determine the most appropriate response time for ambulance dispatch based on needs.

- Category 1 – Life threatening – threshold is average response within 7 minutes
- Category 2 – Emergency - threshold is average response within 18 minutes
- Category 3 – Urgent - threshold is 90% within 120 minutes
- Category 4 – Less Urgent - threshold is 90% within 180 minutes

The Trust has started reporting against the new indicators however CCG data is unvalidated and the Trust will not be in a position to report validated data until April 2018.

In January EEAST is reporting an improved position for Category 1 calls for Bedfordshire CCG patients compared to December with a mean response of 7 minutes 12 seconds which was the 4th best performance across the consortium of 19 CCGs.

Category 2 calls response within 18 minutes was also an improvement compared to December and the CCG was the 7th best performance across the consortium.

A risk Summit was held in early February by NHSE and supported by E&N Herts CCG as locality lead regarding the Consortium wide issues with delays over the Festive and Winter Period. Recommendations have come from the risk summit regarding prioritising key areas that support the ambulance service in freeing up time to enable adherence particularly to Category 2, Category 3 and Category 4 performance standards. Key areas include – Hospital handovers, Use of HALOs, Norfolk model for heralded GP admissions. Early indication of performance following the introduction of the revised handover protocol showed that Bedford Hospital performed very well for Arrival to Handover within 15 minutes and was the best of the consortium in January.

Serious Incidents

In February EEAST reported 2 serious incidents, 1 relating to treatment delay and 1 relating to an information governance breach.

As part of the response to the risk summit a revised sign off process has been implemented for completed SI investigations. This process facilitates the sharing of learning across the system.

Ambulance Quality Indicators – Trust Wide

ACQI	Target 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Avg YTD
ROSC at hospital (overall)	27.0%	28.8% 75/260	29.4% 78/265	25.5% 65/255	34.6% 92/266	35.3% 103/292	41.2% 126/306	35.8% 97/271	24.1% 71/294	28.7% 108/376	31.5%
ROSC at hospital (Utstein)	53.0%	59.3% 16/27	54.5% 12/22	66.7% 14/21	71.4% 25/35	57.5% 23/40	63.2% 24/38	78.3% 18/23	51.9% 14/27	54.2% 26/48	61.9%
Survival to discharge (overall)	7.0%	9.1% 23/252	6.6% 17/257	8.7% 21/241	13.1% 33/252	11.4% 32/280	11.4% 33/289	9.9% 26/262	6.9% 20/288	5.7% 21/371	9.2%
Survival to discharge (Utstein)	27.0%	32.0% 8/25	18.2% 4/22	42.1% 8/19	45.2% 14/31	27.0% 10/37	38.2% 13/34	36.4% 8/22	33.3% 9/27	18.8% 9/48	32.4%
PPCI <150**	95.0%	93.0%	92.6%	96.7%	86.7%	92.6%	89.1%	87.1%	87.5%	84.6%	90.0%
STEMI Care Bundle	86.0%	91.6% 131/143	93.4% 141/151	91.7% 110/120	90.6% 135/149	87.1% 122/140	91.4% 138/151	90.3% 121/134	93.5% 115/123	92.3% 108/117	91.3%
Stroke HASU <60	56.0%	52.2% 152/291	50.8% 180/354	49.3% 171/347	49.6% 184/371	51.9% 200/385	44.7% 193/432	38.8% 138/356	43.7% 141/323	28.3% 83/293	45.5%
Stroke Care Bundle	98.0%	99.3% 423/426	99.8% 485/486	100% 469/469	100% 509/509	99.6% 501/503	99.8% 576/577	99.8% 507/508	98.9% 354/358	99.3% 445/448	99.6%

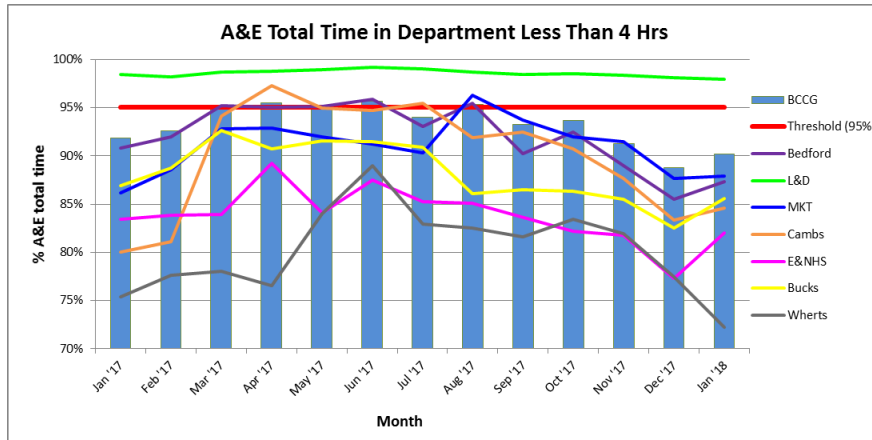
EEAST presented the outcomes from their Bedfordshire Stroke 60 review at the Quarterly Quality Meeting on 18th October 2017. The 3 key issues identified were - deploying a Rapid Response Vehicle (RRV) as the first resource leads to a delay no matter how quickly the backup request is made for a Hot 1 by the first attending clinician; distance to the nearest HASU and length of time on scene time.

The Ambulance Response programme (ARP) should impact on the RRV issue, and EEAST are working with local teams regarding on scene times.

The Trust has also reported that Stroke 60 has been impacted by winter surge and service pressure. The CCG has escalated this contractually and the Trust will review in detail at their quality review meeting.

The CCG continues to work with EEAST on assurance against their Care Quality Commission action plans and the priorities set out in the annual quality accounts. A new Standard Operating Procedure has been issued for implementation from 26th February 2018 re; Delayed Handover Protocol: Patient Safety in the Community.

Accident & Emergency



The CCG is measured on performance at the 7 main acute providers. In January the CCG underachieved the 95% national threshold with 90.17%.

E&NH made a partial submission in October due to data quality issues following the move to the Nerve centre system. The Trust have now submitted a retrospective full monthly return however this is not yet reflected in the national data. Normal reporting has resumed from November.

Analysis shows an increase in the 0-4 age band patients attending A&E at Bedford Hospital and work is in progress with CCG Children's commissioners and the Trust to review the pathway.

A&E Streaming to Urgent Primary Care

The In Hours Urgent Primary Care Streaming service operates on working days only and between the hours of 8am to 6pm with a benchmark of 20 patients per day. The number of patients streamed in January was 169 and below the target of 440 patients for the month. NHS England has written to CCGs to highlight the need to improve urgent GP streaming. This has been escalated to the A&E Delivery Board.

Hertfordshire Urgent Care (HUC) provides the Out of Hours streaming service which operates from 6.30pm to 11pm on weekdays and 8am -11pm on weekends and bank holidays. The total number of patients referred to HUC OOH in January was 248 against an expectation of 345.

During winter HUC has worked closely with Bedford Hospital by providing a block number of session times during the early evening pressure to support A&E.

Integrated Urgent Care (IUC)

The Integrated Urgent Care (IUC) service went live across Bedfordshire and Luton on 30th March 2017 with the key aim of progressing the National Strategy to locally develop an Integrated Urgent Care - IUC (111 & OOH) service across Bedfordshire and Luton.

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

The expectation had been that Hertfordshire Urgent Care (HUC) would be achieving this target from service commencement on 30/3/17. However delivery month on month has been lower than expected, with the exception of June 17 (30.8%). The percentage achieved for Q3 against this target averaged at 20.4%. HUC has been asked to provide assurance that the reported % includes 111 Clinical Advisory Service activity.

In August 2017, a National Specification was mandated for IUC by March 2019. Bedfordshire and Luton CCGs consequently completed a gap analysis against the current specification and identified the additional requirements as follows:

- 24/7 Clinical Advisory Service. Bedfordshire and Luton CCGs have now formally written to HUC to support additional GP hours within the CAS. HUC has been asked to provide a detailed mobilisation plan commencing 1st July 2018 through to 31st March 2019 and for 100% delivery as per the National Specification by March 2019.
- Direct Booking into GP appointments with 100% Record Sharing. Bedfordshire and Luton CCGs are working with Primary Care Commissioning and NHS Digital to support direct booking.

- Bypass number of care homes into clinical navigation support. HUC has provided *6 button on the telephone to enable specific care home to direct dial to clinical advisors.
- NHS 111 online - target for mobilisation July 2018.

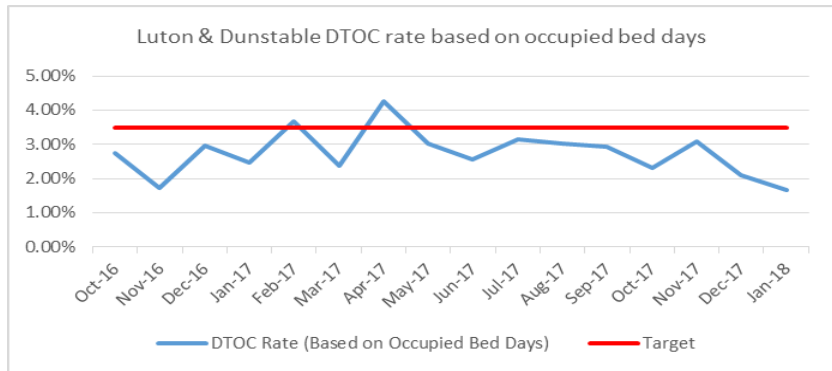
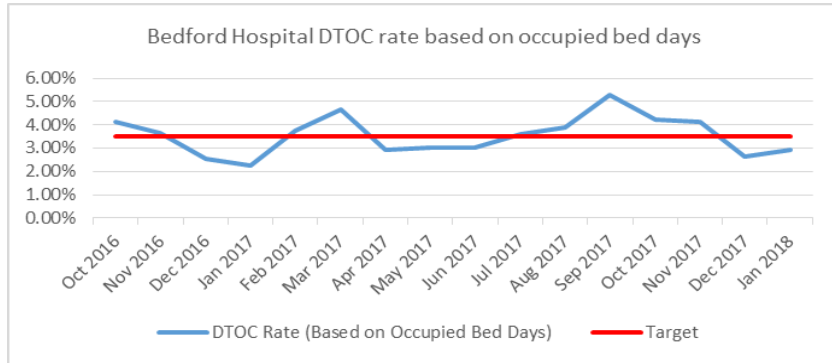
Contract meetings are held monthly and HUC are now providing a monthly performance report. Specific Key Performance Indicators and action plans are in place to monitor progress. Early indications show improvement in the majority of 111 performance targets.

Wait for response for telephone clinical assessment within 120 minutes - HUC have been asked to explicitly exception report and provide clear response on actions being taken when calls breach 120 minutes.

Quality visits are continuing. The last visit was to Bedford centre was conducted on 14th January.

In Quarter 3 referrals to A&E and to 999 have been maintained below the National Target of 10% with referrals to A&E averaged at 4.8% and referrals to 999 averaged at 7% for January.

Delayed Transfers of Care (DTCOC)



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

The charts demonstrate that both Bedford Hospital (BHT) and Luton & Dunstable Hospital (L&D) achieved below the 3.5% target for January, Bedford experienced a slight increase from December, L&D a decrease.

The following work is in progress to reduce DTCOC:

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

A Discharge to Assess (DTA) model went live in November 2017. This includes removing 85% of Continuing Healthcare (CHC) checklists from the acute Trusts. This work is supported by the Discharge CQUIN (Commissioning for Quality and Innovation) supporting proactive and safe discharge, ensuring a greater proportion of people return to their usual place of residence on discharge from hospital. An additional 15 beds with therapy support have been commissioned for the winter period November 2017 to March 2018, these are managed by BHT, some of these beds will be commissioned for a further 6-8 weeks. Funding was also provided to BHT to increase their discharge planners to support the implementation of the DTA model and these new staff commenced in October.

At Bedford Hospital the most significant issue leading to DTCOCs in January was waiting for residential home placements/availability (142 days delayed) and care packages in own home days (91 days delayed). A trusted assessor based at BHT is now supporting discharge to care homes. At L&D Hospital the most significant delays are patient choice (125 days delayed) and further non acute NHS care (120 days delayed).

Programme Overview

Mental Health and Learning Disabilities

Mental Health – Quality Update

East London Foundation Trust are currently expecting a full CQC inspection of their services by the end of March 2018.

Whichellos Wharf in Leighton Buzzard has recently opened after refurbishment for group and individual sessions for the Bedfordshire Wellbeing Service for patients from Dunstable and Leighton Buzzard. The recovery college are also planning on running sessions within this unit.

ELFT will be running planning workshops in public in March 2018 to seek the views of the local population on the current and future services provided by ELFT.

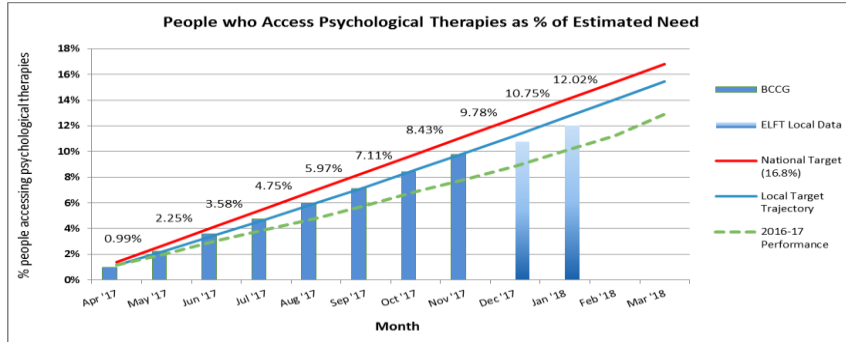
Following consultation with patients within the inpatient units the use of activities have changed, sessions such as mindfulness have started along with an increase in psychology time to support patients. They have recently commenced safety huddles for each shift and plan support and activities based on the how patients are feeling on each shift.

Bedfordshire Arts therapists within the Learning Disability team have recently devised the first guidelines for best practice which will be made into a clinical guideline in the future.

Primary care mental health link workers are now based across most GP practices in Bedfordshire. The team are skilled and experienced mental health practitioners (nurses and social workers), they provide triage assessments, evidence based treatments and interventions with a focus on prevention early detection and signposting onto other services where required.

IAPT – Access and Recovery Rates

IAPT Access



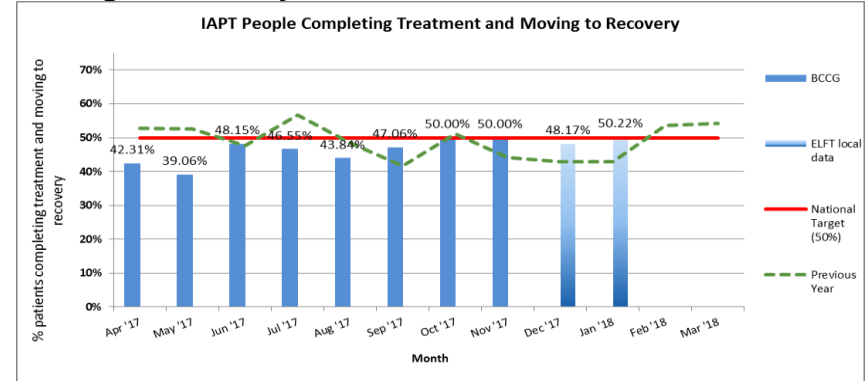
In 2017/18 the national threshold rose from 15% to 16.8% and following discussion with East London Foundation Trust (ELFT) the current plan has been set to achieve 15.45%. Latest local data for January is showing a year to date position of 12.02% against the agreed threshold of 12.65%. 2017/18 forecast outturn is 14.53% which is an improvement against the 12.91% achievement in 16/17.

A Contract Performance Notice was issued in March resulting in a recovery action plan with a trajectory to achieve approximately 3.8% in Qtr 4 moving to 4.2% in Qtr 1. Monthly assurance telecoms/meetings continue with CCG/ELFT/NHSE/NHSI where the recovery action plan is monitored.

The service has been undertaking outreach and engagement activities which have increased the number of self-referrals, however the overall increase in access has been impacted by the decline in the number of GP referrals. There has also been difficulties in recruiting sufficient numbers of staff into the service limiting the capacity of the service to undertake outreach work and first appointments. Following a successful recruitment programme

the service is expecting several new starters at the beginning of April, which will help to alleviate this.

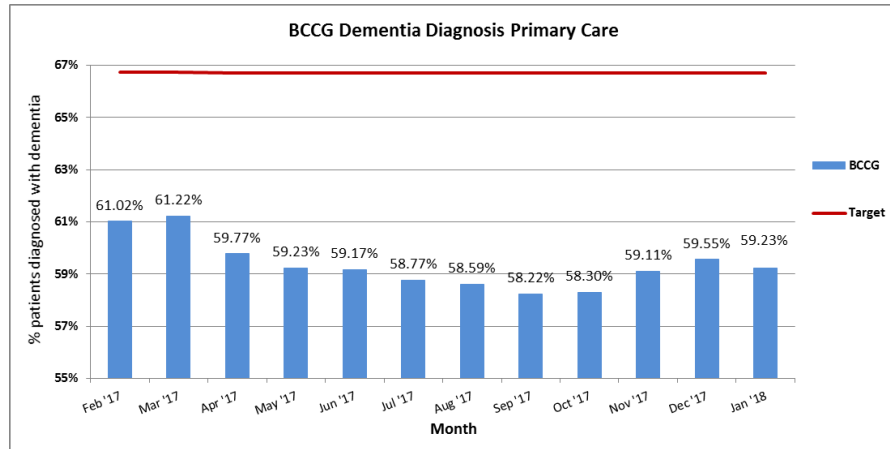
Moving to Recovery



Local data shows the recovery rate has improved to 50.22% in January achieving the 50% threshold. As this indicator is not achieving the threshold year to date a Contract Performance Notice has been issued and a recovery plan will be supplied to the CCG by 16th March 2018.

During December long waiters were contacted to ascertain the need for treatment as some patients have been offered many different interventions but declined or delayed them. A number of patients who had already accessed decided they no longer wanted treatment which resulted in them being reported as 'unrecovered', ultimately producing a poor performance in the Recovery Rate numbers.

Dementia Diagnosis



In January there were 2986 patients aged 65+ with a diagnosis for dementia. This number is a decrease of 21 patients from December and the GP registered population decreased to 5041 from 5049 in December which gives a worsening position of 59.23% against the 66.72% threshold.

Due to the success of the primary care quality outcomes framework (qof) revalidation exercise completed in December, NHSE have granted the CCG some additional funding to extend this project. A member of staff has been recruited and this project is due to start at the end of March.

It has come to our attention that there is an ongoing issue with letters being sent from the memory assessment service to GPs confirming diagnosis. This issue has been raised formally via the contractual route to ensure that this issue is resolved speedily. This will have a direct impact on the dementia diagnosis rate.

GP visits are continuing and diagnosis rates are discussed as well and any further support can be offered to practices.

A protocol for recalling patients diagnosed with Mild Cognitive Impairment (MCI) has also been agreed. This will ensure patients are offered an assessment 12 months after diagnosis to see if their condition had changed. Although the numbers are small, this will improve patient care and will ensure that those who have deteriorated get the right support and are coded on SystemOne appropriately.

Due to a directive from NHSE to manage winter pressures in the health system, the member's forum on the 22nd March which incorporated the GP event has been cancelled. Professor Alistair Burns, the national Clinical Director for Dementia was due to be a guest speaker at this. The aim was to increase the confidence and knowledge of GPs in order to diagnose. This will be rescheduled for spring/summer time.

The GP dementia referral form has been reviewed following feedback from practices. This should mean that more practices refer people for assessment. The dementia template is also being reviewed and will be finalised by the end of March for testing with GPs. The new template will ensure that there is consistency across the practices with annual reviews and recalling patients for their yearly assessment.

A mental health HEAT session took place on the 8th February in Bedford. Dementia diagnosis and the importance of diagnosing were discussed.

Continuing Healthcare (CHC) Key Performance Indicators

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

BCCG Continuing Healthcare Key Performance Indicators				Qtr 1			Qtr 2			Qtr 3			Qtr 4			2017/18
KPI			Target / Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average YTD
CHC Quality Premium	1	% eligibility decisions made within 28 days from receipt of Checklist (inc Acute & D2A)	80%	52%	30%	71%	66%	61%	69%	59%	79%	74%	75%	88%		66%
	2	% CHC assessments completed in acute setting for patients on hospital discharge pathway	< 15%	44%	28%	48%	68%	48%	31%	28%	11%	5%	0%	12%		29%
Reviews	3	% of all reviews completed that are undertaken in the month in which they are due	80%	52%	92%	57%	60%	72%	79%	64%	74%	76%	53%	59%		67%
Appeals & Disputes	4	Number of local panel appeal decisions that have been overturned at Independent Review Panel held by NHSE within the quarter		0	0	0	0	0	0	0	0	0	0	0		0
	5	Number of interagency disputes on eligibility within the quarter		0	0	1	0	0	0	0	0	0	0	0		1

Note 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.

CHC Quality Premium

28 Day Quality Premium met

D2A implemented 1/11/17, BCCG within target.

Reviews

Data has changed for January and February, there have been issues with the type of report required. CHC will be reviewing the wording of this KPI in April to more accurately reflect the requirement to complete reviews and give greater granularity regarding over due reviews and which category they fall under

Appeals/Dispute

No current overturned cases by the Independent Review Panel (NHSE), this evidences that the BCCG CHC process/decision making is robust. Clinical staff are expected to observe NHSE Independent Review Panel as part of their development

CHC leadership team attend as Independent Review Panel members up to twice annually to support the IRP process and develop skills

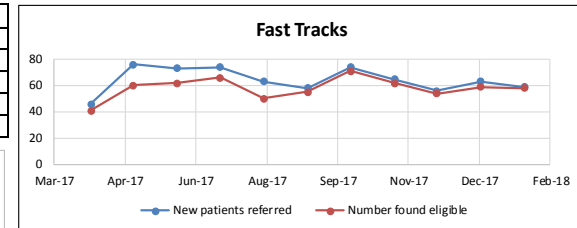
Operational and high level meetings with BBC/CBC to support the joint dispute policy, this has reduced use of arbitration. Current discussion with STP partners to support dispute across the area rather than the use of arbitration.

Continuing Healthcare (CHC)

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

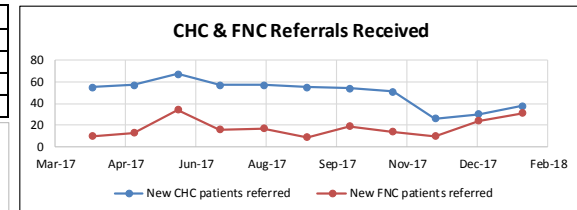
Fast tracks 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
New patients referred	46	76	73	74	63	58	74	65	56	63	59	707
Number found eligible	41	60	62	66	50	55	71	62	54	59	58	638
Number RIP / Withdrawn	5	16	11	8	12	3	3	3	2	4	1	68
Number not eligible	0	0	0	0	1	0	0	0	0	0	0	1
Fast track % conversion rate	89%	79%	85%	89%	79%	95%	96%	95%	96%	94%	98%	90%

For NHSE Benchmarking purposes conversion rate must be over 90%, December within target range
Fast Track Domiciliary care to move to Sue Ryeder Palliative Care Hub palliative care workers, planned over 3 phases. Phase 1 planned to commence 12 March 2018



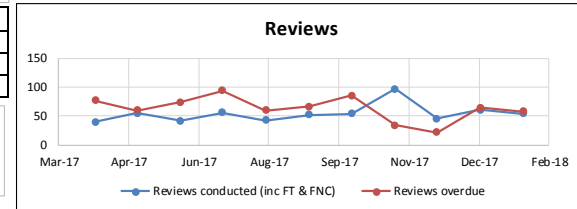
CHC & FNC referrals 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
New CHC patients referred	55	57	67	57	57	55	54	51	26	30	38	547
New FNC patients referred	10	13	34	16	17	9	19	14	10	24	31	197
Positive checklists	41	34	48	50	45	41	43	43	21	26	34	426
DST's found eligible	9	7	7	6	7	5	6	5	9	0	5	66

Significant reduction in CHC referrals likely to be related to implementation of D2A across BHT and L&D Hospitals 01/11/17, CHC assessments no longer inappropriately being completed in the acute sector locally



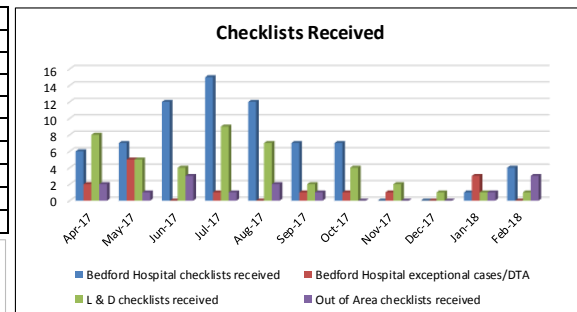
Reviews conducted 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
Reviews conducted (inc FT & FNC)	40	55	42	56	43	52	54	97	46	61	54	600
Reviews overdue	77	60	74	94	60	66	85	34	22	65	58	

CHC Department has increased efficiency of documenting data
Breakdown of reviews conducted for Feb 2018: 20 x CHC, 17 x FNC, 17 x Fast track =54 (comprising 5x 3 month review, 15 x Annual review, 17 x FNC 12 month review, 17 x FT review).
Further work to be completed in April to define category of review and length of time over due



Acute Checklists received 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
Bedford Hospital checklists received	6	7	12	15	12	7	7	0	0	1	4	71
Bedford Hospital exceptional cases/DTA	2	5	0	1	0	1	1	0	0	3	0	14
L & D checklists received	8	5	4	9	7	2	4	2	1	1	1	44
Milton Keynes Hospital	0	0	1	0	2	1	0	0	1	1	0	6
Out of Area checklists received	2	1	3	1	2	1	0	0	0	1	3	14
Total found eligible	5	2	5	4	7	1	4	0	0	2	2	32
Total not eligible / screened out	13	16	15	22	17	11	8	2	2	4	6	116
% found eligible	28%	11%	25%	15%	30%	8%	33%	0%	0%	29%	25%	19%
% found not eligible	72%	89%	75%	85%	74%	92%	67%	67%	100%	57%	75%	77%

D2A went live 1 November for BHT/L&D Hospitals, CHC assessments only completed in out of area acute sector.
Significant reduction in inappropriate completion of CHC checklists



Programme Overview

Out of Hospital

Out of Hospital Programme - Update

The activities of the Out of Hospital Non elective (NEL) Task Force continue to work with providers to ensure there is a strong and consistent focus on reducing avoidable emergency admissions and delayed transfers of care this winter, with particular focus on frail and elderly patients over 65 years of age residing in Care/Nursing/Residential and their own homes.

The pilot to extend the Complex Care Team to provide weekend support to nine selected Bedford Care Homes commenced on 13th January and will continue to 18th March inclusive. The nine care homes were selected due to the higher NELs for conditions such as respiratory, Urinary Tract Infections (UTI) and falls during the same period last year. Up to and including 4th March, there have been 41 hospital avoidances as a result of the activities of the weekend Complex Care Team.

The additional resource to the week day provision of the Complex Care Team commenced on 22nd January and will continue until 30th March allowing the increased capacity for triage, care home visiting and can plan reviews.

The Hydration initiative, *Drink Well*, launched on 29th January and is being rolled out across Bedford Borough and Central Bedfordshire care homes. The care homes have each received a pack of training materials and innovative suggestions on ways to increase hydration to their residents, including the implementation of a hydration/UTI/Falls Safety Cross to record incidents and progress in addressing them. Feedback from the homes and the team delivering the initiative is very positive and are actively linking into the national Nutrition and Hydration Week, 12th to 16th March and the Global Tea Party on 14th March. A stand at Bedford Hospital is also being arranged next to the café to promote the benefits of good hydration as part of the national hydration week activities.

The eight week Early Intervention Vehicle (EIV) pilot with EEAST and EPUT which commenced on 5th February continues to the end of March 2018. Working 7 days a week on 12 hour shifts, the EIV crew are responding to referrals from the 999 Ambulance Call Centre, which are non-urgent calls for falls and related incidents for callers 65 and older years of age. Feedback from the EIV crew is positive and there is good evidence that the pilot is having a positive impact on reducing avoidable conveyances to hospital. In the first three weeks of the pilot the EIV crew received and attended 70 referrals from 999 Ambulance Control, of which they were able to avoid 35 non elective A&E attendances.

The re-advertised Community Geriatrician post, through Bedford Hospital Trust, is due to close on 11th March. In the interim, a GP Consultant phone line has been set up, with support from the Trust, to enable their hospital Geriatrician provide telephone advice and support to GPs and MDT meetings within Bedford and Ivel Valley.

Expressions of Interest from fourteen Bedfordshire GPs were received to participate in a GP offer to support care planning for their complex patients with the aim of reducing avoidable admissions. The scheme is currently underway with 7 GP surgeries in Bedford, 3 in Chiltern Vale and 4 in Ivel Valley, with collectively 44 appointments so far scheduled with their respective patients.

Better Care Fund

BCF Indicator		Q1 17/18 Plan	Q1 17/18 Actual	Q2 17/18 Plan	Q2 17/18 Actual	Q3 17/18 Plan	Q3 17/18 Actual	Q4 17/18 Plan	Q4 17/18 Actual	17/18 Total Plan	17/18 Year End Actual
HWB Non-Elective Admission Plan* Totals		7,003	7,460	7,080	7,078	7,086	7,587	6,930		28,100	
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	728.8	747.3	649.3	815.6	611.7	710.1	603.0		2592.7	
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate			252.3	239.2		326.91			504.5	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	90%	94.40%	90%		90%	93%	90%		90.0%	

Bedford Borough 2017/18 Better Care Fund Dashboard											
BCF Indicator		Q1 17/18 Plan	Q1 17/18 Actual	Q2 17/18 Plan	Q2 17/18 Actual	Q3 17/18 Plan	Q3 17/18 Actual	Q4 17/18 Plan	Q4 17/18 Actual	17/18 Total Plan	17/18 Year End Actual
HWB Non-Elective Admission Plan* Totals		4,441	4,782	4,491	4,530	4,498	4,871	4,398		17,828	
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	446.1	451.9	965.0	797.0	905.8	572.0	734.2		3024.60	
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate				222.54					761.3	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %				86.10%		Not reported			85.0%	

The Integration and Better Care Fund Plan for 2017-19 is the third plan developed in partnership between Bedford Borough Council (BBC), Central Bedfordshire Council (CBC) and the CCG. Quarter 3 has seen the development of a number of successful joint schemes and the start of new schemes to support reduced Non Elective (NEL) admissions and Delayed Transfers of Care (DTC).

- Additional therapy was commissioned through iBCF to support quicker discharge for patients requiring winter/intermediate care beds. Reporting demonstrates a speedier response to recovery as a result of patients receiving the therapy they required at the time they needed it to regain independence.
- A joint pathway for rehabilitation and enablement has been developed between Bedford Hospital, Essex Partnership University Trust and BBC with single assessment paperwork, process and pathways which now sees more people accessing the service and achieving independence.

- Other successful initiatives include the hospital Independent Domestic Violence Advisory service which has seen a high number of first time victims identified and supported. National evidence shows identification and support reduces the number of hospital admissions.

BCF has funded additional health support to the homeless which has shown significant impact. Along with this, additional funding has supported the falls response service, additional strength and balance sessions and established a fracture liaison service.

BCF funding has supported care homes to recruit Independent Assessors, establish training schemes and set up the red bag scheme which includes details on medical conditions, medications and general information around health concerns. The bag can also include personal belonging.

Provider Updates

Bedford Hospital NHS Trust

Performance against NHS Constitutional Pledges & other quality indicators				Bedford Hospital					
KPI Code	Indicator	Plan	Reporting Period	BCCG Patients			Trust Wide		
				Latest Data	YTD*	Trend	Latest Data	YTD*	Trend
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	Jan-18	94.13%	95.29%	↓	94.19%	95.25%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Jan-18	92.86%	96.35%	↓	93.62%	96.30%	↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Jan-18	93.81%	98.38%	↓	94.39%	98.49%	↓
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Jan-18	92.86%	98.65%	↓	92.86%	97.53%	↑
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Jan-18	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Jan-18	NP	NP	↔	100.00%	NP	
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Jan-18	79.13%	87.56%	↓	80.17%	87.98%	↓
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Jan-18	90.91%	95.52%	↓	91.67%	95.52%	↔
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Jan-18	91.69%	92.56%	↓	89.50%	91.55%	↓
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Jan-18	0	0	↔	0	0	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Jan-18	99.62%	99.32%	↑	99.55%	99.47%	↑
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Jan-18	N/A	N/A		87.33%	91.90%	↑
E.B.S.1	Mixed-sex accommodation breaches	0	Jan-18	0	0	↔	0	0	↔
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q3 17/18	0	0	↔	2	2	↓
E.B.S.6	Urgent Operations cancelled for a second time	0	Jan-18	0	0	↔	0	0	↔

Cancer – Under performance against the national cancer thresholds has been discussed with the Trust who have confirmed the following: 31 days target standard – there were 6 breaches due to capacity issues within planned care; 31 day subsequent surgery – there was 1 breach due to capacity issues within planned care; 62 day pathway – this was due to a number of different reasons including patient choice to delay diagnostics or treatment over the Christmas period together with patient fitness and capacity delays for diagnostic tests.

Contracting

Diagnostic Tests 6 week wait reporting

On 25th October, the CCG issued a performance notice to the Trust for incomplete reporting against the national Diagnostic Test return specifically around Echocardiography. At the March contract meeting, the Trust reported that there were now only 2 echocardiogram patients waiting over 6 weeks in January and these were both patient choice delays. The Contract Performance Notice was formally closed at the meeting and the Contracts Team will be writing to the Trust to confirm this.

A&E and In-Patient Discharge Letters

On 21 September 2017 the CCG issued a performance notice to the Trust in relation to the timeliness and quality of discharge letters.

- The Trust is engaging with the Bedford Locality development team to ensure that the changes being made align to the requirements of primary care.
- A new A&E consultant is providing drive and ownership for the project in relation to A&E discharge letters.
- In-Patient performance is being monitored at consultant level to ensure that where support is required it can be targeted.
- Clinical engagement is high and the Planned Care team are running a pilot in some specific specialties where it is hoped that good practice and learning can be rolled out across the trust.

At the contract meeting in March, the position reported (for A&E discharge letters) by the Trust had improved from 20% in September to 50.1% for January and whilst this is an improvement it remains below the target for the end of December. The Trust gave verbal assurance that 100% of Child attendances were resulting in A&E discharges summaries within the required timescales.

The Trust have been asked to report specifically on the progress for the high risk areas detailed below, which it will do via the Trust Quality Board meeting in March, after which the paper will be shared with the CCG in the week commencing 19th of March 2018.

Discharge Summary/Letter	Area	Time Line
A&E	Children (All)	31/12/17
	Where GP Follow Up Required	31/12/17
	High Risk	31/12/17
	Safeguarding	31/12/17
	Low Priority	31/03/18
Inpatient	All	31/03/18
Outpatient	All	In line with national timetable.

Patient Experience (Quarterly reporting) & Serious Incidents

Friends and Family Test (Q3)

Bedford Hospital	Oct-17		Nov-17		Dec-17	
	Response Rate	% Recommend	Response Rate	% Recommend	Response Rate	% Recommend
A&E FFT	16.56%	84.12%	18.51%	86.17%	16.27%	85.04%
Birth FFT	98.73%	98.72%			53.09%	97.67%
Inpatients FFT	29.57%	93.67%			24.41%	94.23%
Outpatient FFT	17.00%	93.40%	17.80%	92.90%	14.00%	93.90%

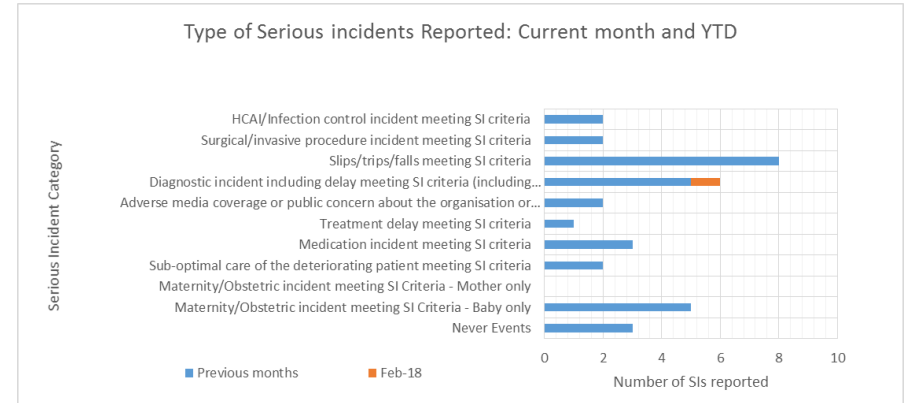
Bedford Hospital have been consistently above the national average for response rates.

In-Patient % recommend scores are lower than national average (95.6%). The Trust have identified a Quality Account ambition (Priority 3) for 2017/18 to improve patient experience performance, measured by the Trusts patients' survey, so that patients will recommend Bedford hospital to their friends and family, and report a positive experience in patient survey results.

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

The CCG will monitor this work via the Quarterly Quality Meeting.

Serious Incidents



The Trust reported 1 Serious Incident (SI) in February. No Never Events (NE) were reported in February, with a year to date position of 3 NEs. The latest NE was caused by a retained guidewire.

The procedural guidance relevant to 2 Never Events is the National Safety Procedures for Invasive Procedures (NatSSIPS, 2015). Compliance with this guideline was reported by BHT, following the issue of a Patient Safety Alert. Further assurance has now been requested by the CCG that compliance with this guidance has been maintained.

Luton & Dunstable University Hospital NHS Foundation Trust

Performance against NHS Constitutional Pledges & other quality indicators						Luton & Dunstable				
KPI Code	Indicator	Plan	Reporting Period	BCCG Patients			Trust Wide			
				Latest Data	YTD*	Trend	Latest Data	YTD*	Trend	
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	Jan-18	96.74%	96.09%	↑	97.05%	96.06%	↑	
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Jan-18	100.00%	98.74%	↔	100.00%	97.41%	↑	
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Jan-18	100.00%	100.00%	↔	100.00%	100.00%	↔	
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Jan-18	100.00%	100.00%	↔	100.00%	100.00%	↔	
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Jan-18	100.00%	100.00%	↔	100.00%	100.00%	↔	
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Jan-18	NP	NP	↔	100.00%	100.00%		
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Jan-18	87.50%	91.41%	↓	87.34%	89.46%	↓	
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Jan-18	93.75%	98.70%	↓	94.29%	96.50%	↑	
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Jan-18	92.17%	93.01%	↑	91.04%	92.22%	↓	
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Jan-18	0	1	↔	0	2	↔	
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Jan-18	94%	97%	↓	94%	98%	↓	
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Jan-18	N/A	N/A		97.93%	98.60%	↓	
E.B.S.1	Mixed-sex accommodation breaches	0	Jan-18	0	0	↔	0	0	↔	
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q3 17/18	3	3	↓	5	6	↓	
E.B.S.6	Urgent Operations cancelled for a second time	0	Jan-18	0	0	↔	0	0	↔	

Exception reporting for underachieving indicators are provided in the relevant section of the report.

Patient Experience (Quarterly reporting) & Serious Incidents

Friends and Family Test (Q3)

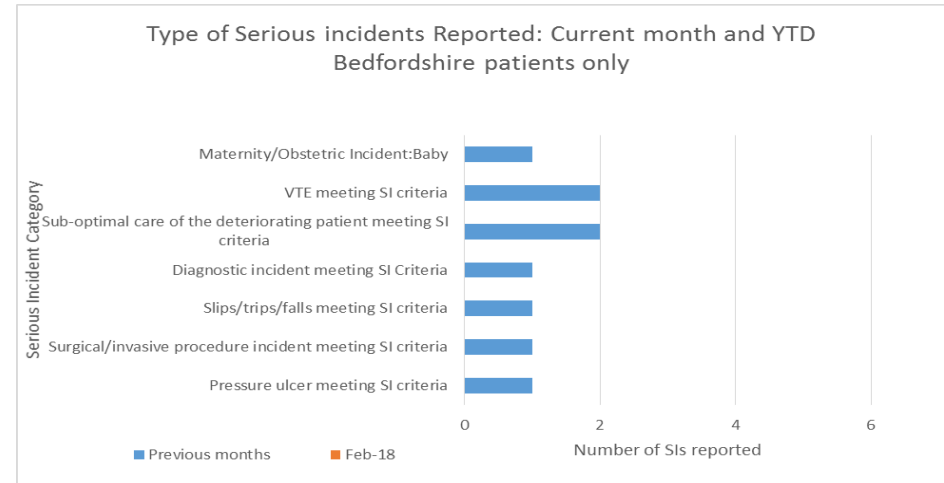
Luton & Dunstable	Oct-17		Nov-17		Dec-17	
	Response Rate	% Recommend	Response Rate	% Recommend	Response Rate	% Recommend
A&E FFT	2.68%	96.28%	3.10%	97.10%	2.48%	98.28%
Birth FFT	11.49%	93.62%			14.81%	96.67%
Inpatients FFT	21.71%	95.70%	18.79%	95.06%	21.97%	94.98%
Outpatient FFT	8.16%	94.60%	7.75%	96.20%	4.98%	95.50%

The Trust have identified a Quality Account ambition for 2017/18 to improve experience of care through feedback from, and engagement with, people who use their services.

The Trust continue to explore IT based options in order to improve their low response rates and a paper is scheduled for discussion at the Trust Solutions Board in April. In the interim a paper based system is in place, supplemented by the use of iPads in minors and for children.

In December the % recommend is above the national average for A&E, Birth and Outpatients however inpatients is below the national average (95.6%) but this cannot be used as a true comparator until response rates in A&E improve. The national average is 11.62%.

Serious Incidents



The Trust reported no incidents for Bedfordshire patients in February, and 9 incidents year to date. No Never Events were reported for Bedfordshire patients for February with 1 NE year to date (wrong site nerve block).

Recently there have been two SIs under the category 'VTE meeting SI criteria' for Bedfordshire patients with 4 SIs involving VTE year to date. Each SI is being scrutinised very closely by the LCCG SI Panel and the Trust's quality improvement work for venous thrombo-embolism is being led by the newly appointed Consultant Haematologist and the Head of Patient Safety through a dedicated workstream which will include actions from the 4 SIs

East and North Hertfordshire NHS Trust

Performance against NHS Constitutional Pledges & other quality indicators				East & North Herts					
KPI Code	Indicator	Plan	Reporting Period	BCCG Patients			Trust Wide		
				Latest Data	YTD*	Trend	Latest Data	YTD*	Trend
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	Jan-18	92.68%	97.65%	↓	97.49%	97.76%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Jan-18	100.00%	92.42%	↔	94.44%	93.23%	↑
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Jan-18	95.24%	87.57%	↑	95.28%	92.39%	↓
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Jan-18	NP	83.33%	↔	84.62%	85.96%	↑
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Jan-18	100.00%	100.00%	↔	90.54%	96.21%	↓
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Jan-18	88.89%	89.00%	↓	88.04%	89.54%	↓
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Jan-18	75.86%	71.01%	↓	71.43%	72.87%	↓
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Jan-18	NP	93.75%	↔	42.86%	68.94%	↓
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Jan-18	N/A	N/A		N/A	N/A	
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Jan-18	N/A	N/A		N/A	N/A	
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Jan-18	N/A	N/A		N/A	N/A	
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Jan-18	N/A	N/A		82.03%	83.94%	↑
E.B.S.1	Mixed-sex accommodation breaches	0	Jan-18	0	0	↔	0	0	↔
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q3 17/18	0	1	↑	36	72	↓
E.B.S.6	Urgent Operations cancelled for a second time	0	Jan-18	0	0	↔	0	0	

East and North Herts Trust reported a Serious Incident at Lister Hospital involving a Bedfordshire patient who experienced sub-optimal care and developed a large epidural haematoma. Exception reporting for the underachieving cancer indicators is provided as a separate update on page 8.

East London Foundation Trust

Operational Standards	Threshold 2017/18	Apr	May	Jun	Qtr. 1	July	Aug	Sep	Qtr. 2	Oct	Nov	Dec	Qtr. 3	Jan	Year to Date
Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care	95%	93.3%	100.0%	100.0%	98.7%	95.7%	100.0%	100.0%	97.3%	96.7%	100.0%	96.4%	97.6%	87.5%	95.5%
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (age range 14 - 35)	50%	87.5%	100.0%	100.0%	94.7%	100.0%	83.3%	83.3%	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	94.7%
Early Intervention in Psychosis programmes for those aged over 35 : the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	50%	40.0%	100.0%	100.0%	70.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	88.9%	100.0%	84.6%
Waiting time for Mental Health Assessments from referral to crisis team (Started within 4 hrs. unless patient not physically capable.)	100%	98.53%	97.71%	90.98%	95.18%	100.00%	94.59%	94.85%	96.45%	98.35%	100.00%	97.06%	98.43%	99.06%	97.20%
All adult inpatient admissions to have been gate kept by crisis resolution/ home treatment team immediately prior to admission	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Patients on CPA who have had a formal review within the last 12 months	95%	95.3%	95.3%	95.3%	95.3%	95.8%	95.2%	95.3%	95.3%	95.7%	96.6%	96.2%	96.2%	95.0%	95.0%
% of people aged 18-69 in contact with adult mental health services in stable accommodation	TBC	86%	85%	81%	81%	77%	75%	74%	79%	79%	80%	80%	80%	81%	81%
% of placed out of area patients with a named coordinator	100%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	#DIV/0!	#DIV/0!	100.00%	100.00%
% of DNA of booked appointments		6.7%	6.2%	6.1%	6.3%	5.1%	6.8%	7.6%	6.5%	5.5%	6.0%	5.6%	5.7%	6.3%	6.2%
SPOA Emergency referrals received and attended to within 24 hours	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.2%	94.4%	90.9%	95.2%	81.3%	96.9%
% of CYP ED cases that start treatment within 4 weeks of referral	75%		Quarterly		66.7%	Quarterly		83.30%	Quarterly		82.98%		82.98%		82.98%
% of CYP urgent ED cases that start treatment within 7 days of referral	67%		Quarterly		100.0%	Quarterly		55.60%	Quarterly		54.50%		54.50%		54.50%

Waiting time for Mental Health Assessments from referral to crisis team – One patient breached in January. When the liaison nurse attend A&E she was advised that the patient had discharged themselves.

Single Point of Access emergency referrals received and attended to within 24 hours - There were 3 patients that breached in January. The CCG are awaiting further detail from ELFT as to the reasons for the breaches.

Children and Young People urgent Eating Disorder cases that start treatment within 7 days of referral - Q2 & Q3 data is a data recording issue rather than a reflection of the actual position. Going forward data will reflect a more accurate position.

Care Programme Approach (CPA) 7 day follow up - The Trust has identified a discrepancy in the national reporting of this indicator. The Trust were interpreting the denominator as patients discharged who were on CPA however this should include all discharges from in patients units not just those on CPA. The CCG have asked ELFT for analysis of the non-CPA cohort to understand why patients are admitted to an inpatient unit and discharged on non-CPA.

Patient Experience (Quarterly reporting) & Serious Incidents

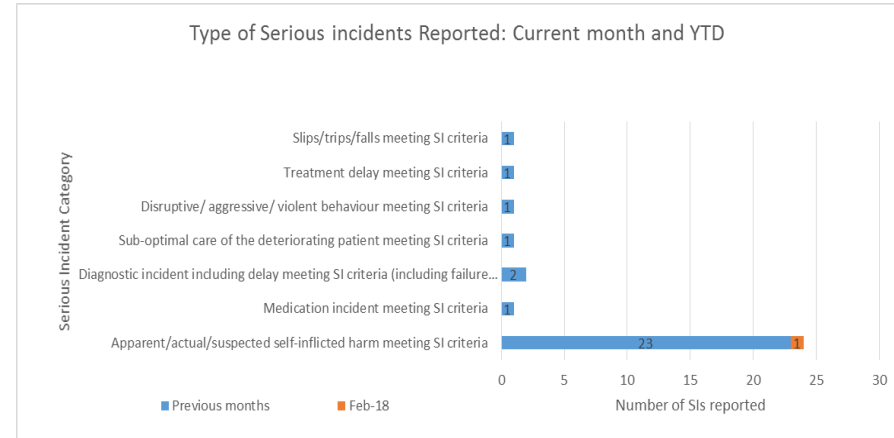
Friends and Family Test (Q3)

ELFT by Service Category	Oct-17		Nov-17		Dec-17	
	Total Responses	% Recommended	Total Responses	% Recommended	Total Responses	% Recommended
Acute Services	188	88.83%	234	84.19%	138	84.78%
Child & Adolescent Mental Health Services	221	90.05%	249	90.36%	187	88.77%
Mental Health Other	9	100.00%	22	81.82%	4*	
Primary Care	128	98.44%	150	98.67%	110	95.45%
Secondary Care Community Services	202	83.17%	254	90.55%	149	89.26%
Specialist Services	121	82.61%	32	71.88%	11	81.82%

ELFT Friends and family test overall (89.15%) is slightly above the England average of 88.3% in December for those who would recommend the service to others.

ELFT also monitor via their patient experience (PREM) whether service users are aware of who to contact when worried or in a crisis. Over 85% of service users answered that they usually or always knew who to contact.

Serious Incidents



The Trust reported 1 Serious Incident in February 2018 and no Never Events.

Evidencing of completed action plans from SIs has remained on the agenda for the most recent Extraordinary SI meeting on 19th February, as there has been some delay in providing these in a timely way. Since the meeting a number have been received, which will be reviewed by the Quality Team, prior to closure of these SIs.

Essex Partnership University Trust

Operational Standards	Reporting Frequency	Threshold 2017/18	Apr	May	Jun	Qtr 1	July	Aug	Sep	Qtr 2	Oct	Nov	Dec	Qtr 3	Jan	Year to Date
Percentage of non-admitted Service Users starting treatment within a maximum of 18 weeks from Referral (only Community Paediatrics)	Monthly	95%	92.98%	98.55%	100.00%	97.37%	100.00%	98.59%	97.06%	98.31%	98.31%	97.92%	88.89%	95.80%	100.00%	97.41%
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral (only Community Paediatrics)	Monthly	92%	98.89%	99.38%	99.41%	99.22%	98.94%	98.82%	99.26%	98.99%	98.47%	97.99%	100.00%	98.83%	99.49%	99.08%
Percentage of non-admitted Service Users starting treatment within a maximum of 18 weeks from Referral (non-consultant)	Monthly	95%	98.73%	98.70%	97.86%	98.41%	98.65%	98.47%	98.25%	98.45%	98.75%	99.02%	98.09%	98.66%	98.68%	98.52%
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral (non-consultant)	Monthly	92%	98.31%	97.98%	98.72%	98.33%	98.87%	98.53%	98.47%	98.63%	98.24%	97.97%	98.09%	98.10%	98.33%	98.36%
Percentage of stroke survivors who are supported by a rehabilitation team (6-8 weeks)	Monthly	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of eligible stroke survivors screened	Monthly	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of eligible stroke survivors accepted into ESD service	Monthly	40%	85.00%	83.33%	80.95%	83.05%	90.91%	95.00%	94.44%	93.33%	100.00%	91.67%	92.86%	95.00%	87.50%	89.71%
Percentage of patients whose treatment programme started within 1 working day of discharge from hospital	Monthly	95%	94.12%	100.00%	94.74%	96.00%	100.00%	100.00%	93.33%	98.00%	100.00%	100.00%	100.00%	100.00%	93.75%	97.42%
Percentage of patients offered at least 45 minutes of each relevant stroke rehabilitation therapy for a minimum of 5 days per week to people who have the ability to participate and where functional goals can be achieved	Monthly	95%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of Outpatient letters sent to the GP following Speech and Language first outpatient attendance within 5 operational days.	Monthly	95%	100%	97.8%	98.2%	98.78%	97.83%	96.88%	94.37%	96.48%	94.39%	96.23%	99.03%	96.52%	93.98%	97.06%
Percentage of Outpatient letters sent to the GP following Speech and Language final outpatient attendance within 5 operational days.	Monthly	95%	98.6%	98.7%	79.7%	92.44%	98.82%	97.27%	100.00%	98.65%	100.00%	99.13%	98.48%	99.32%	97.14%	97.18%
Percentage of Outpatient letters sent to the GP following first OT outpatient attendance within 5 operational days.	Monthly	95%	100%	89.5%	89.2%	93.04%	97.62%	100.00%	100.00%	99.32%	97.14%	97.22%	95.45%	96.52%	86.11%	95.65%
Percentage of Outpatient letters sent to the GP following final OT outpatient attendance within 5 operational days.	Monthly	95%	93.5%	98.1%	95.0%	95.57%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.65%
Percentage of Outpatient letters sent to the GP following First Children's outpatient attendance within 5 operational days.	Monthly	95%	100%	100%	97.9%	99.14%	97.73%	98.33%	100.00%	98.63%	95.52%	89.23%	100.00%	94.25%	96.10%	96.88%
Percentage of Outpatient letters sent to the GP following final Children's outpatient attendance within 5 operational days.	Monthly	95%	96.7%	97.7%	93.2%	95.45%	97.44%	95.52%	96.30%	96.25%	93.62%	97.22%	96.15%	95.65%	98.68%	96.22%
Number of complaints (not ragged)	Monthly	0	1	5	3	9	3	3	2	8	0			0		17
Percentage of carers identified and offered a referral for a carers assessment	Monthly	90%	95.56%	98.86%	100.00%	97.80%	95.12%	100.00%	100.00%	98.86%	100.00%	100.00%	98.31%	99.42%	96.77%	98.43%
Percentage of patients who expressed a preference for place of death as part of Advanced Care Plan who died in their place of preference	Monthly	74%	93.94%	92.86%	85.29%	90.83%	94.64%	91.30%	88.37%	91.72%	82.76%	84.85%	87.10%	84.95%	68.29%	87.37%
Percentage of palliative care patients with an Advanced Care Plan	Monthly	74%	76.47%	72.73%	77.78%	75.44%	72.73%	80.00%	91.67%	81.58%	92.86%	80.00%	88.89%	86.84%	80.00%	80.42%
Percentage SALT discharged paediatric patients with a TOM agreement score of 3	Monthly	85%	16.67%	46.88%	95.65%	49.41%	80.77%	95.45%	94.34%	91.87%	95.35%	91.84%	93.55%	93.50%	95.83%	82.54%
Speech and Language therapy: Family focused outcome measure to demonstrate satisfaction with the service to be used at first and final appointment with outcome scores expected to be 3 in 85% or more cases	Monthly	85%	20.00%	53.13%	91.30%	51.76%	73.08%	90.91%	94.34%	88.62%	95.35%	89.80%	96.77%	93.50%	91.67%	81.69%
Percentage of OT discharged paediatric patients with an (AUS)TOM agreement score of 3	Monthly	85%	96.55%	90.57%	100.00%	95.20%	87.50%	86.54%	86.67%	86.90%	94.00%	100.00%	92.31%	95.59%	100.00%	92.91%
Percentage of LAC placed in area that have had an initial health assessment carried out within 20 working days from the child becoming a LAC	Monthly	95%	57.14%	100.00%	60.00%	68.89%	88.89%	100.00%	100.00%	96.88%	100.00%	89.47%	100.00%	95.74%	92.31%	86.86%
Percentage of LAC placed in area that declined an initial health assessment within 20 working days from the child becoming a LAC	Monthly		14.29%	0.00%	5.00%	6.67%	11.11%	0.00%	0.00%	3.13%	0.00%	10.53%	0.00%	4.26%	0.00%	4.38%
Percentage of LAC placed in area, or within one hour travel time, that have had a review health assessment within 40 days from receipt of referral.	Monthly	95%	84.62%	81.82%	100.00%	87.50%	72.97%	84.38%	70.37%	74.80%	88.46%	96.00%	100.00%	94.59%	92.00%	84.27%
Percentage of LAC placed in area that declined an initial health assessment within 40 working days of referral	Monthly		3.85%	0.00%	0.00%	1.56%	0.00%	6.25%	5.56%	4.07%	0.00%	0.00%	0.00%	0.00%	8.00%	2.80%
Number of avoidable pressure ulcers grade 3 & 4	Monthly	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1
Percentage of inpatients VTE risk assessed	Monthly	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of inpatients with VTE risk receiving appropriate prophylaxis	Monthly	95%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of inpatients who have had a falls risk assessment and appropriate action plan	Monthly	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Number of patients admitted to an inpatient unit			21	21	30	72	18	30	29	77	28	27	32	87	42	278
Safety alerts implemented within identified timescales	Monthly	100%	100.00%	zero incidence	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	66.67%	81.25%	60.00%	88.64%
Percentage of relevant staff who have had a Disclosure and Barring Service (DBS) Check	Monthly	100%	n/a	100.00%	99.37%	99.67%	98.34%	98.98%	99.75%	99.03%	99.75%	99.75%	99.88%	99.79%	99.88%	99.52%
Percentage of staff working with children who have had an enhanced DBS Check	Monthly	100%	n/a	100.00%	100.00%	100.00%	100.00%	99.76%	100.00%	99.92%	100.00%	100.00%	100.00%	100.00%	100.00%	99.97%
Number of medication errors (not ragged)	Monthly	Number	14	9	3	26	9	7	2	18	26	20	9	55	24	123
Percentage of children who receive their wheelchair within 18 weeks	Monthly	92%	100.00%	100.00%	94.74%	98.18%	100.00%	92.31%	76.47%	90.20%	100.00%	100.00%	86.67%	95.35%	100.00%	95.06%

Performance

ESD - Percentage of patients whose treatment programme started within 1 working day of discharge from hospital – 1 patient breached the threshold in January as the service were unable to make contact with them by phone.

Percentage of Outpatient letters sent to the GP following Speech and Language first outpatient attendance within 5 operational days - Validated data shows some therapists are still recording wrongly and EPUT are addressing this with staff members.

Percentage of Outpatient letters sent to the GP following first OT outpatient attendance within 5 operational days – 5 letters were not sent out within 5 days. 2 were due to admin errors, 1 due to staff sickness and 1 the letter was completed on day 5 but not sent until the next day.

Percentage of patients who expressed a preference for place of death as part of Advanced Care Plan who died in their place of preference – In January there were 13 patients who did not die in their place of preference and EPUT has supplied details of the reasons.

Percentage of LAC placed in area that have had an initial health assessment carried out within 20 working days from the child becoming a LAC – 1 child breached in January due to an IT issue resulting in a delay in referral.

Percentage of LAC placed in area, or within one hour travel time, that have had a review health assessment within 40 days from receipt of referral – there were 2 breaches in January due to carers declining the appointments offered.

Percentage of relevant staff who have had a Disclosure and Barring Service (DBS) Check - DBS shortfalls are a result of novated staff for a caretaking service and all bar 1 long term sick staff have been processed by EPUT (804 from 805 staff) agreed as exceptional case.

Patient Experience & Serious Incidents

Friends and Family Test (Q3)

EPUT by Service Category	Oct-17		Nov-17		Dec-17	
	Total Responses	% Recommend	Total Responses	% Recommend	Total Responses	% Recommend
Children & Family Services	361	93.63%	88	97.73%	30	93.33%
Community Healthcare Other	14	100.00%	14	100.00%	13	100.00%
Community Inpatient Services	13	100.00%	3	*	13	100.00%
Community Nursing Services	26	100.00%	16	100.00%	13	100.00%
Rehabilitation & Therapy Services	65	93.85%	73	95.89%	76	100.00%
Specialist Services	176	98.30%	201	96.52%	108	96.30%

EPUT continue to report that over 90% of patients who complete the friends and family test would recommend their services. The Trust overall is 97.63% compared to the England average of 95.66%.

Serious Incidents

EPUT reported no serious incidents in February.

Cambridgeshire Community Services

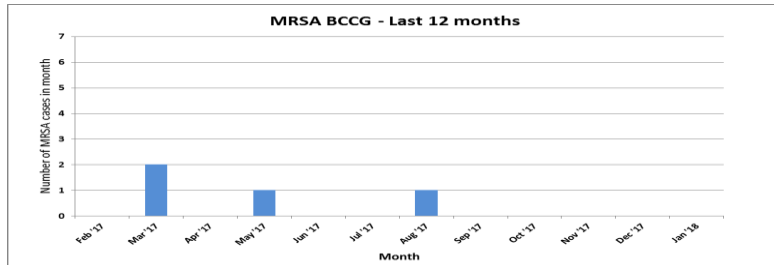
Com	Operational Standards	Reporting Frequency	Threshold 2017/18	Measure	Apr	May	Jun/Q1	Jul	Aug	Sep/Q2	Oct	Nov	Dec/Q3	Jan
LCCG & BCCG	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral (Consultant led)	Monthly	92%	%	99.70%	100.00%	100.00%	100.00%	100.00%	99.40%	100.00%	99.40%	99.40%	99.4%
All	Percentage of Service Users waiting less than 6 weeks from Referral for a diagnostic test	Monthly	99%	%	100.00%	100.00%	82.40%	37.10%	24.60%	20.20%	35.50%	41.30%	46.9%	48.3%
	Number of failures to notify the relevant person of an incident that resulted in severe harm or death - Duty of Candour	Monthly	0	Number	0	0	0	0	0	0	0	0	0	0
BCCG	Zero tolerance RTT waits over 52 weeks for incomplete pathways	Monthly	0	Number	0	0	0	0	0	0	0	0	0	0
All	All children between the ages of 0-4 seen by CCS staff have their eligibility for Healthy Start Vitamins determined and a voucher form provided if they are not on the programme	Monthly	50%	%	89.9%	87.6%	87.8%	84.8%	86.4%	85.1%	87.1%	85.8%	86.5%	90.1%
LCCG & BCCG	Percentage of non-admitted service users starting treatment within a maximum of 18 weeks from referral – non consultant led	Monthly	98%	%	100%	100%	100%	100%	100%	100%	100%	100%	95.8%	95.2%
	Percentage of service users on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral – non consultant led	Monthly	98%	%	100%	100%	100%	100%	100%	100%	100%	100%	98.0%	97.5%
LCCG & BCCG	Percentage of GP letters following 1st outpatient (community paediatric) attendance sent within 5 working days.	Monthly	Q1 – 60% Q2 – 70% Q3 – 80% Q4 – 90%	%	66.7%	67.6%	55.4%	45.5%	70.5%	75.9%	79.3%	85.0%	85.7%	89.6%
LCCG & BCCG	Number of 1st Appointments	Monthly	For info	Number	48	105	112	101	129	112	111	80	56	67
LCCG & BCCG	Number of letters sent				40	88	84	90	119	93	109	77	54	67
LCCG & BCCG	Number of letters sent within 5 working days				32	71	62	46	91	85	88	68	48	60
LCCG & BCCG	Percentage of follow-up reports sent (6 weeks in arrears)	Monthly	90% 2018/19: 95%	%	86.2%	90.1%	91.0%	89.6%	87.0%	77.0%	95.6%	91.3%	99.1%	91.1%
LCCG & BCCG	Number of follow-up appointments	Monthly	For info	Number	327	362	290	201	239	183	252	287	220	270
LCCG & BCCG	Number of letters sent				284	336	266	189	214	175	244	265	2	254
LCCG & BCCG	Number of letters sent within 6 weeks				282	326	264	180	208	141	241	262	218	246
All	All complaints to be reviewed and acted upon in line with Department of Health requirements	Monthly	100%	Number	1 (100%)	2 (100%)	2 (100%)	4 (100%)	1 (100%)	0	0	1 (100%)	0	0
BCCG	Hospital admission avoidance activity (Adult Services)		N/A	Number	18	23	18	12	15	28	20	16	14	25
BCCG	Hospital admission avoidance activity - Children's Services		N/A	Number	7	11	13	14	9	11	14	9	12	16
All	No service user will acquire an MRSA Bacteraemia	Monthly	0	Number	0	0	0	0	0	0	0	0	0	0
All	No service user will acquire a Clostridium Difficile infection	Monthly	100% followed up	Number	0	0	0	0	0	0	0	0	0	0
All	Final reports and action plans for all serious incidents will be submitted within 60 operational days	Monthly	100%	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All	Serious incidents will be reported within 2 working days of identification via STEIS	Monthly	100%	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All	All serious incident action plans are implemented and completed	Monthly	100%	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All	All outbreaks to be reported as a serious incident if significant disruption to service	Monthly	100%	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All	The inquest dates for all relevant serious incidents will be reported to the commissioner within 2 working days of being notified	Monthly	100%	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All	Inquest verdicts for all relevant serious incidents must be reported to the commissioner within 2 working days of the inquest	Monthly	100%	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All	National Safety Alerts actioned within identified time scales	Quarterly	100%	%			100%			100%			100%	
All	Provider will report any regulatory notices or interventions to the Commissioner, CQC, HSE, Monitor within 2 working days	Monthly	100%	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All	Provider will report to commissioner any CQC or HSE compliance actions	Monthly	100%	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All	Provider to respond, via an action plan if required, following a Quality Visit Report from the CCG with 10 day of receipt of the report or an alternative agreed timeframe	Monthly	100%	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All	Number of missed appointments in all children's services:	Monthly	For info	Number	322	377	438	379	418	365	374	327	270	422

Non-admitted service users starting treatment within a maximum of 18 weeks from referral and service users on incomplete non-emergency pathways waiting no more than 18 weeks from referral – Underperformance in January is due to long term sick leave which has now been resolved and performance has improved in February and will be compliant in March.

Diagnostic tests within 6 weeks – The underperformance is within paediatric audiology and is due to a change in the availability of locum Audiologists, staff sickness / leave and suitability of ongoing use of Union Street Clinic. These ongoing workforce challenges are in line with the national and local picture for recruiting Audiologists. The Trust has a remedial action plan in place and a revised recovery trajectory to achieve compliance by the end of March.

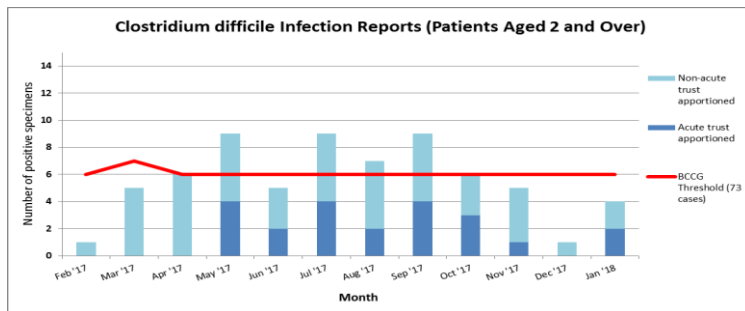
Infection Control (Monthly) & Mortality Rates (Quarterly)

MRSA - Year to date the CCG has had two cases of MRSA, one case in May at Watford General Hospital and one case in August at Cambridge University Hospital.



Both cases were assigned to third party following a full post infection review. 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 annual figures but is apportioned to third party – no lapse in care.

C-Diff - In January there were 4 cases of C-Diff reported against the threshold of 6 for the month. 2 were acute apportioned at Bedford Hospital and 2 were non-acute apportioned. The CCG has 61 cases year to date against a year end ceiling of 73.



Bedford Hospital has had 9 cases year to date against a year end ceiling of 10 and Luton & Dunstable have had 9 cases year to date against a year end ceiling of 6.

E-Coli - Enhanced mandatory surveillance for *E. coli* bacteraemia was commenced in June 2011 and from April 2017 the Quality Premium requires the CCG to show a 10% reduction of cases based on the 2016-17 number of cases. This is a total reduction of 25 cases for the year. There were a total of 19 cases reported for CCG patients in January 2018 meaning the CCG continues to be above the year to date ceiling of 18 cases per month with 225 cases against a year to date ceiling of 185 cases.

Mortality Rates (Quarterly update) - The Summary Hospital-level Mortality Indicator (SHMI) measures the ratio between the actual number of patients who die following hospitalisation at a trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. Latest data for the period July 2016 – June 2017 shows the CCG top 6 Acute providers all are 'as expected' apart from Cambridge University Hospitals NHS Foundation Trust who have been consistently 'lower than expected'.

Workforce Statistics – Mandatory Training – February 2018

	Staff Count	Equality & Diversity	Fire Safety	Conflict Resolution	Health & Safety	Safeguarding Children	Safeguarding Adults	Risk Management	Sustainability	Manual Handling	Information Governance	Fraud & Bribery Awareness	Expected Compliance	Actual Compliance	Percentage
BCCG Exec	10	7	4	3	4	7	7	4	5	3	6	6	99	56	56.57%
Bedford Locality	7	6	7	7	7	7	7	6	6	7	6	4	77	70	90.91%
CHC	29	28	29	29	29	29	29	29	29	29	29	28	319	317	99.37%
Commissioning & Performance	20	18	19	20	19	18	20	18	18	19	19	18	220	206	93.64%
Communications	8	8	8	8	8	8	8	8	8	8	8	8	88	88	100.00%
Contracts	8	8	8	8	7	8	8	7	8	8	8	8	88	86	97.73%
Corporate	7	4	6	6	5	5	3	5	6	5	6	5	77	56	72.73%
Finance	18	15	14	15	14	13	14	14	13	15	15	13	198	155	78.28%
Governing Body	4	4	3	3	2	2	2	1	2	3	2	0	32	24	75.00%
Localities Team	13	11	10	12	12	11	11	12	12	11	12	12	143	126	88.11%
Meds Management	18	18	18	18	18	18	18	16	16	18	17	15	198	190	95.96%
Quality	21	19	19	21	19	20	20	17	20	20	20	21	229	216	94.32%
Strategy and Transformation	7	3	4	5	4	5	5	4	5	4	5	4	77	48	62.34%
Grand Total	170	149	149	155	148	151	152	141	148	150	153	142	1845	1638	
Compliance by Training		86.78%	90.12%	96.91%	88.95%	88.57%	89.14%	88.76%	91.07%	90.53%	94.19%	88.91%			

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

Communications – Complaints and Freedom of Information Requests – Quarterly reporting (Q3 17-18)

Complaints, Enquiries, MP Enquiries and FOIs

Bedfordshire Clinical Commissioning Group (CCG) manages Complaints, Enquiries, Concerns and Freedom of Information Requests received from members of the public and MPs.

In Quarter 3 a total of 328 new cases were logged. New complaints received for each quarter remain steady at an average of 20 and 75 for FOIs. There was a reduction in enquiries received for Q3 compared to Q2.

	Complaints	Enquiries	MP Enquiries	FOI	Totals
Quarter 1	23	378	10	75	486
Quarter 2	22	224	7	75	328
Quarter 3	21	162	15	74	272

Case Closures: 10 complaint cases were closed for Q3. All CCG complaints and enquiries closed during Q3 were responded to within timescale, no extensions requested.

The majority of complaints handled by the CCG, relate to commissioning and funding decisions, this includes Continuing Healthcare (CHC) and Individual Funding Requests (IFR). BCCG encourages complaints to be handled by the organisation providing the service, when appropriate the CCG will consider managing a provider complaint.

Themes: The East of England Ambulance Service NHS Trust (EEAST) took over the contract for non-emergency transport (NEPTS) following the closure of PAS on 28 September 2017. During the implementation stage of the service no complaints or concerns were received. During December and January there has been an increase in concerns relating to transport not turning up. This has been escalated to the contract leads.

For Bedfordshire CCG Complaints and MP Enquiries, the majority of cases resulted in no further action as advice and signposting were issued.

Q3 BCCG enquiries – top 5 issues

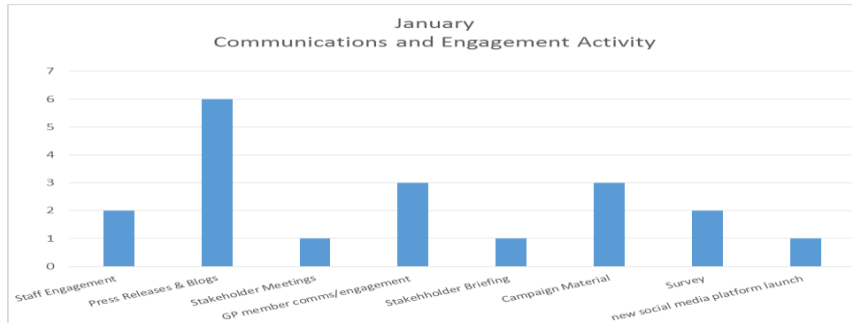
1. Non-emergency patient transport – general enquiries and concerns about EEAST service provision.
2. Medicines Management – self-care, gluten free, free libra glucose monitoring.
3. Continuing Healthcare Funding – eligibility.
4. Primary care - signposting
5. Circle MSK – referral system

Freedom of Information Requests (FOIs)

The Freedom of Information Act came in effect in 2000 and gives members of the public the right to access recorded information held by public sector organisations. Requests must be in writing and organisations must respond within 20 working days. The timescales breached continues to reduce, due to the introduction of a new internal response and escalation process. 83 responses were issued for Q3, 10 responses breached the 20 days (12.05%), only 1 case breached in December 2017.

FOIs	October 2017	November 2017	December 2017
Received	19	32	23
Issued	30	31	22
Breached	7	2	1
Reason for breach	6 - delay in internal response 1 - delay in collating information	1 – delay in PIT approval 1 - delay in internal response	Failed approval and then delay in internal response

Communications – Patient Engagement



Staff engagement - There were two staff engagement opportunities in the month of January, when staff were invited to a staff meeting to receive a corporate update from the Accountable Officer and Board. The Staff Involvement Group also took place, where the members looked at staff engagement and any issues or ideas that had been raised by staff members.

Press Releases - BCCG released six press releases: Ten warning signs for the frail and elderly, Where to go for medical help, Governing Body information, BCCG in Special measures, EEAST confirmed as provider for Non Emergency Patient Transport Service, Announcement of extension for Walk in Centre.

Stakeholder meetings - BCCG communications team attended the Central Bedfordshire Overview and Scrutiny meeting in January.

Stakeholder Briefing - A stakeholder briefing was widely distributed regarding the closure of a local GP practice.

Campaign material - To assist with winter resilience, BCCG marketed six adverts across all local press. The messages were designed for the public to encourage them to think about using the right service for their condition and to only use A&E in the event of an emergency.

Surveys - BCCG launched two public surveys in the month of January. One was to gather public views on the current and proposed redesign of the BCCG website and the other was to gather views on maternity services, to help improve services in line with the Better Births programme.

New Social media platform launch

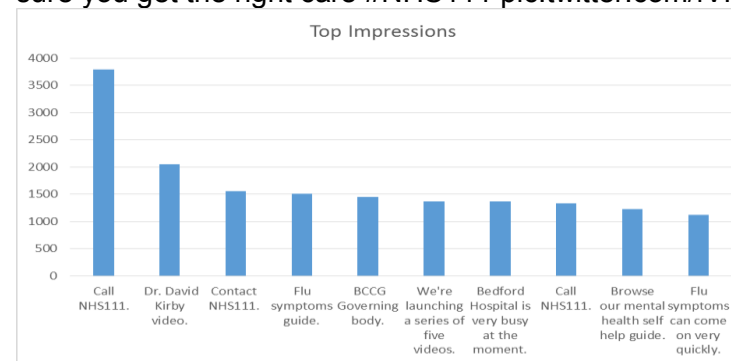
The CCG launched the BCCG clinical chair twitter page.

Social Media - Website

3,439 people viewed the BCCG website in January 2018. Between them, they visited 13,200 pages. The most popular news story announced BCCG being placed in Special Measures was the top read news article with 802 views.

Social Media - Twitter

In January 2018, BCCG sent out 79 tweets. This translated into 52.5K impressions (as detailed below). BCCG also achieved 1,798 profile visits, 70 mentions and 37 new followers. Top media Tweet earned 2,014 impressions (Dr Kirby A&E video). The top tweet earned 3,790 impressions: 'If you're feeling unwell and are unsure where to get the help you need, please call NHS111. They'll make sure you get the right care #NHS111 pic.twitter.com/fVPVbmprMe'.



Definitions and Acronyms

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

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

Ambulance - Category 1 - Incidents that are immediately life threatening conditions should receive an emergency response within an average time of 7 minutes.

Ambulance – Category 2 – Emergency calls average response time of 18 minutes.

Ambulance – Category 3 – Urgent calls – 9 out of 10 responses within 120 minutes.

Ambulance – Category 4 – Less Urgent calls – 9 out of 10 responses within 180 minutes.

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

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

Diagnostics – This indicator relates access to 15 key diagnostic tests within 6 weeks.

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

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

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

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

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

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

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

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

A&E	Accident and Emergency	LSCB	Local Safeguarding Children Board
AAU	Acute Assessment Unit	MASH	Multi Agency Safeguarding Hub
AGM	Annual General Meeting	MRI	Magnetic Resonance Imaging
APMS	Alternative Provider Medical Services	MRSA	Methicillin-Resistant Staphylococcus Aureus bacteraemia
ARP	Ambulance Response Programme	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	NEPTS	Non Emergency Patient Transport Service
BEDOC	Bedford On Call	NHS	National Health Service
BHT	Bedford Hospital Trust	NHSE	NHS England
CAD	Computer Aided Dispatch (ambulance)	NHSI	NHS Improvement
CBC	Central Bedfordshire Council	NLRS	National Reporting and Learning System
C-Difficile	Clostridium Difficile	OOH	Out Of Hours
CHAT	Comprehensive Health Assessment Tool	OPEL	Operational Pressures Escalation Levels (Urgent Care)
CHC	Continuing Health Care	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	PMS	Personal Medical Services
CSE	Child Sexual Exploitation	POD	Point Of Delivery
DTOC	Delayed Transfers of Care	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
FFT	Friends and Family Test	SEPT	South Essex Partnership Trust
GP	General Practice	SHMI	Summary Hospital level Mortality Indicator
GSF	Gold Standards Framework	SI	Serious Incidents
HALO	Hospital Ambulance Liaison Officer	SPoA	Single Point of Access
HCAI	Healthcare Associated Infections	SSNAP	Sentinel Stroke National Audit Programme
HUC	Hertfordshire Urgent Care	STF	Sustainability and Transformation Fund
IAF	Improvement and Assessment Framework	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