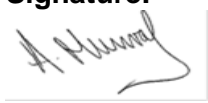


Agenda Item: 8.0

<p>Governing Body <i>held in public</i></p>	<p>Report</p> <p>Date of Meeting: 5 April 2018</p>
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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: 	
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:	Integrated Commissioning and Quality Committee – 28/02/2018 Finance and Performance Committee – 28/02/2018		
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 9/Qtr 3 (December). 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

February 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	96.02% (Qtr 3) – national threshold 93%
Cancer 2 week wait – breast symptomatic where cancer not initially suspected.	95.91% (Qtr 3) – national threshold 93%
Cancer 31 Day 1 st Definitive treatment from diagnosis	98.03% (Qtr 3) – national threshold 96%
Cancer 31 Day Subsequent treatment for cancer – drugs	100% (Qtr 3) – national threshold 98%
Cancer 31 Day Subsequent Treatment for Radiotherapy	94.51% (Qtr 3) – national threshold 94%
Cancer 31 Day – Subsequent Treatment for Surgery	95.92% (Qtr 3) – national threshold 94%
Cancer 62 Day 1 st treatment following an urgent GP Referral	88.75% (Qtr 3) – national threshold 85%
Cancer 62 day 1 st treatment following a referral from an NHS Screening Service	97.78% (Qtr 3) – national threshold 90%
RTT 52 Week Breaches – Incomplete Pathway	0 (Dec) – national threshold 0
Urgent Operations Cancelled for a 2 nd time	0 (Dec) – national threshold 0
% of people referred to IAPT programme treated within 6 weeks of referral	100% (Oct) – national threshold 75%
% of people referred to IAPT programme treated within 18 weeks of referral	100% (Oct) – national threshold 95%

IMPROVEMENTS IN PERFORMANCE: NOVEMBER TO DECEMBER 2017

Diagnostics – 6 week wait	Performance improved in December to 96.56% compared to 95.85% in November. This is the third month of improvement. National threshold 99%	Main issues have been paediatric audiology at Cambridge Community Services – action plan in place with recovery expected by mid March 2018 and Endoscopies at Luton & Dunstable – recovery expected by end March.
Cancelled Operations on/after day of admission not offered another date within 28 days	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.	The CCG has contacted Bedford and East and North Hertfordshire for confirmation on whether any Bedfordshire patients have been effected. National threshold 0.
Dementia Diagnosis Rates	Performance improved in December to 59.55% compared to 59.11% in November. National threshold 66.70%	Work has been undertaken to ensure that the letters coming out of the Memory Assessment Service (MAS) are correctly coded and that primary care are coding these accurately on the register. Details of potential patients who may not have been coded as having a dementia were sent to practices and an additional 89 people have been added to the register.
Clostridium Difficile	Performance improved in December with 1 case compared to 5 cases in November.	The CCG has had 57 cases year to date against the YTD ceiling of 54. The CCG has an annual ceiling of 73 cases.

DETERIORATION IN PERFORMANCE: NOVEMBER TO DECEMBER 2017

<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.</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.</p>
<p>18 Weeks Referral to Treatment – incomplete pathways</p>	<p>In December the CCG underachieved the national threshold for the incomplete pathway with 91.59%. 7 specialties underachieved.</p> <p>Note RTT data for December 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>Main areas of pressure for specialty compliance are Ophthalmology, Trauma and Orthopaedics, General Surgery and Plastic Surgery. Bedford Hospital continue to be effected by the transfer of Community Dermatology Service which is also affecting Plastic Surgery and OMF. The Trust report monthly on key issues and risks. This is closely monitored by commissioners with support from the Contracting Team. The concerns raised by BHT around areas of risk have been escalated within the CCG for further discussion.</p>
<p>A&E 4 hour wait</p>	<p>Performance has continued to deteriorate with 88.80% in December compared to 91.26% in November. National threshold 95%.</p> <p>There continues to be data quality concerns which are currently effecting the CCG position. East & North Herts – Partial data submitted for October against awaiting refresh on national system.</p>	<p>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.</p>

Mixed Sex Accommodation	In December there were 2 mixed sex accommodation breaches both at University College London Hospitals (UCLH). This is a deterioration on the November position of 0. The CCG has had 6 breaches year to date.	The CCG continue to request details on any MSA breaches. Of the 6 breaches 5 were at UCLH and 1 was at West Hertfordshire. The breach in October at West Hertfordshire was a patient in the Intensive Therapy Unit due to pressures on the emergency care pathway.
IAPT – Access (Local provider data)	Access cumulative position for December is 10.75% against the agreed threshold of 11.25%. This is local data due to the lag in national data availability.	GP referrals are continuing to increase month on month and the Service is continuing to engage with Practices to promote the service and will attend the County's GP Symposium in January 2018 to update on the offer and assist with queries. The final Senior Therapist Post has now been filled and the post holder is due to start in February 2018. 3 additional Psychological Wellbeing Practitioner trainees from Essex University have been allocated to the Wellbeing Service for next year.
IAPT – Moving to Recovery (Local provider data)	Performance deteriorated in December to 48.17% compared to 51.15% in November. This indicator was achieved in Quarter 3 with 50.07%. National threshold 50%	The Trust has a remedial action plan to deliver the national standard of 50% in Qtrs 3 and 4. The rate is monitored against the remedial action plan at the monthly CCG chaired contract meetings.

SUGGESTED ISSUES FOR DISCUSSION:

2017/18 Improvement and Assessment Framework – Progress against the 6 clinical priority areas

Improvement in Cancer Performance at East and North Hertfordshire

Transfer of the Bedfordshire Community Dermatology Service from Optum to Bedford Hospital and the impact on 18 Weeks RTT

Diagnostic 6 week wait - Cambridge Community Services, Luton & Dunstable and Bedford Hospital

Ambulance Response Programme

East & North Hertfordshire performance/data reporting

Mental Health Quality Update

Patient Transport Services

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 and will not be able to recommence RTT or Diagnostic reporting until February's reports which are due in March 2018.

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.

The main area of concern currently is around the robustness of the PTLs at the Trust, which is under close scrutiny. There is ongoing daily validation and meetings on alternate days chaired by the Chief Operating Officer to address issues. NHS Intensive Support Team has visited in December to provide support and review the recovery actions. NHSI are also providing support to the Trust on their validation process. East and North Hertfordshire CCG are liaising with NHS Improvement around the formal process of coming off national reporting.

The Trust have advised that backdated data for previous months for RTT and Diagnostics will not be loaded onto the national system.

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. There is a dedicated team who are working on the validation of the PTL.

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 for 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 and this will be shared with the CCG.

East & North Hertfordshire Trust – Cancer

Cancer reporting is in place as expected however due to the Trust not achieving the agreed recovery trajectory a Contract Performance Notice has been issued and is being monitored by NHSE.

The Trust has a remedial action plan in place and have resubmitted the recovery trajectory to NHSI. This trajectory is to deliver a post breach sharing position of 85% in line with the national threshold by March 2018.

The Trust has made a number of changes to the operational team to improve performance.

In November East and North Hertfordshire shows an improving position however the Trust continues to underachieve against 4 of the national cancer indicators and there is a recovery plan in place.

The waiting list profile has more patients waiting in the earlier part of the pathway, therefore suggesting that the Trusts waiting list profile has progressed to a more sustainable position.

The Trust has identified the following key actions:

- Additional MRI and CT capacity
- Additional diagnostic reporting capacity
- Developed, implemented new PTL with conditioning to RAG rate patients against national standards
- Restructure of internal cancer tracking staff – micro management of every single patient on the pathway
- Mount Vernon cancer tracking team now moved into portfolio of operational performance director to ensure consistency of approach across the trust
- National breach allocation policy fully implemented
- Forward forecasting of performance

- Introduction of best practice cancer PTL management, tumour site pre meets, trust level PTL review, plus high level access meeting. All three occur every week
- Tracking at tumour site level waiting list profile
- Review of MDT efficiencies under way, some immediate ‘Hawthorne’ effect
- Interim Cancer Divisional Director commenced Monday 25th September
- Substantive Cancer and Performance Data Manager commenced in November

EAST AND NORTH HERTFORDSHIRE NHS TRUST - Dec 2017	Patients	Breaches	Performance
E.B.6 : Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	1,103	27	97.55%
E.B.7 : Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected.	130	10	92.31%
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’)	194	7	96.39%
E.B.9 : Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is Surgery	26	5	80.77%
E.B.10 : Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen	97	1	98.97%
E.B.11 : Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Radiotherapy Treatment Course	238	15	93.70%
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.	100	19.5	80.50%
E.B.13 : Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	6.5	0.5	92.31%

Performance Summary: Constitutional and Additional Quality Indicators 2017/18

Performance Against NHS Constitutional Pledges														
KPI Code	BCCG Indicator Level	Plan	Latest Data	Reporting Period	YTD	Trend	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	96.02%	Q3 17/18	95.61%	*↑	●	●	●	●	●	●	●	
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	95.91%	Q3 17/18	96.45%	*↓	●	●	●	●	●	●	●	
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	98.03%	Q3 17/18	97.50%	*↑	●	●	●	●	●	●	●	
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	95.92%	Q3 17/18	97.06%	*↓	●	●	●	●	●	●	●	
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	100.00%	Q3 17/18	100.00%	*↔	●	●	●	●	●	●	●	
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	94.51%	Q3 17/18	94.88%	*↓	●	●	●	●	●	●	●	
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	88.75%	Q3 17/18	85.24%	*↑	●	●	●	●	●	●	●	
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	97.78%	Q3 17/18	96.67%	*↑	●	●	●	●	●	●	●	
E.B.14	Cancer 62 days - 1st treatment following consultants decision to upgrade		94.74%	Q3 17/18	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%	85.10%	Dec-17	83.63%	↑								
E.B.2	18 week Referral to Treatment for completed non admitted patients	95%	92.61%	Dec-17	91.77%	↑								
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	91.58%	Dec-17	92.20%	↓	●	●	●	●	●	●	●	
E.B.S.4.i	52 week referral for completed admitted pathways	0	0	Dec-17	13	↑								
E.B.S.4.ii	52 week referral for completed non-admitted pathways	0	8	Dec-17	154	↔								
E.B.S.4.iii	52 week referral for incomplete pathways	0	0	Dec-17	17	↑	●	●	●	●	●	●	●	
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	96.56%	Dec-17	96.87%	↑	●	●	●	●	●	●	●	
E.B.5	A&E 4 hour wait (7 Providers)	95%	88.80%	Dec-17	93.61%	↓	●	●	●	●	●	●	●	
E.B.S.1	Mixed-sex accommodation breaches	0	2	Dec-17	6	↓	●	●	●	●	●	●	●	
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.6	Urgent Operations cancelled for a second time	0	0	Dec-17	0	↔	●	●	●	●	●	●	●	

Additional Quality Indicators														
KPI Code	Indicators	Plan	Latest Data	Reporting Period	YTD	Trend	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
E.A.3	IAPT - access rate	15.45%	1.31%	Oct-17	8.43%	↑	●	●	●	●	●	●	●	
E.A.S.2	IAPT - people who completed treatment and are moving to recovery	50%	50.00%	Oct-17	45.00%	↑	●	●	●	●	●	●	●	
E.H.1_A1	% people referred to IAPT programme treated within 6 weeks of referral	75%	100.00%	Oct-17	98.42%	↔	●	●	●	●	●	●	●	
E.H.1_A2	% people referred to IAPT programme treated within 18 weeks of referral	95%	100.00%	Oct-17	99.77%	↔	●	●	●	●	●	●	●	
E.A.S.1	Estimated diagnosis rate for people with dementia - Primary Care	67%	59.55%	Dec-17	59.55%	↑	●	●	●	●	●	●	●	
E.A.S.4	Number of MRSA incidents	0	0	Dec-17	2	↔	●	●	●	●	●	●	●	
E.A.S.5	Number of C-Difficile incidents	73	1	Dec-17	57	↑	●	●	●	●	●	●	●	

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	
Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012), NHS England has the power to make payments to CCGs to reflect the quality of services that they commission, the associated health outcomes and reductions in inequalities. The Quality Premium for 2016/17 will be based on the measures outlined below and cover a combination of national and local priorities agreed in partnership with both Health and Wellbeing Boards.	
National Indicators - Additions	
New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	
Overall experience of making a GP appointment - Improvement on July 2017 survey result (75.83%)	
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)	
Continuing Healthcare - Part B Less than 15% of all full NHS CHC assessments take place in an acute hospital setting	
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	
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.	
Bloodstream infections - Part A i) At least 10% reduction in all E coli BSI reported at CCG level based on 2016 performance data	
Bloodstream infections - Part A ii) Collection and reporting of core primary care data set for all E coli BSI in Q2 2017/18	
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	
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)	
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	
Local Indicators - Additions	
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	
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	
18 week Referral to Treatment - Incomplete pathway	
A&E 4 hour wait (7 Providers)	
Cancer 2 week waits following urgent GP referral for suspected cancer	

Plan	Latest Data	Trend	Reporting Period	YTD
60.00%	56.30%		2015	
75.83%	72.83%		Jul-17	
>=80%	43%	↓	Q3 17/18	
<15%	8%	↑	Q3 17/18	
45.07%	42.59%	↓	Dec-17	41.45%
11.05%	5.16%	↓	Dec-17	8.10%
223	26	↓	Dec-17	206
			Awaiting confirmation of measurement	
0.624	0.421	↑	Nov-17	
6,977	5,834	↑	Nov-17	
<=1.161	1.059	↑	Nov-17	
Plan	Latest Data	Trend	Reporting Period	YTD
681	50	↑	Dec-17	487
Plan	Latest Data	Trend	Reporting Period	YTD
92%	91.58%	↓	Dec-17	92.27%
95%	88.80%	↓	Dec-17	93.61%
93%	96.02%	↑	Q3 17/18	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%), Hinchingsbrooke (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.

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. In order to deliver against this indicator the CCG was required to agree investment monies and this has not been approved.

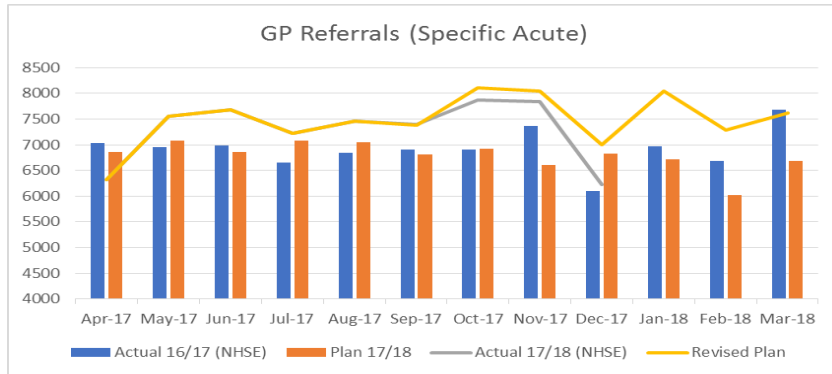
Mental Health – Equity of Access and outcomes into IAPT services – Older People – Proportion of people accessing IAPT services >65 years to increase to at least 50% of the proportion of adults aged 65+ in the local population or by at least 33% whichever is greater. Performance of this indicator is monitored at the monthly Wellbeing Service Contract meeting. In order to deliver against this indicator the CCG was required to agree investment monies and this has not been approved.

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. December performance is above the YTD plan of 166 cases at 206 cases. The CCG are working with care homes around reduction of UTI's and promoting good hydration – “Drink Well for Health”. Benchmarking shows that BCCG has the 4th lowest number of cases in the East of England when compared to the other 19 CCGs and is below the England total year to date.

A&E 4 hour wait (7 providers) - Latest published data is December 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

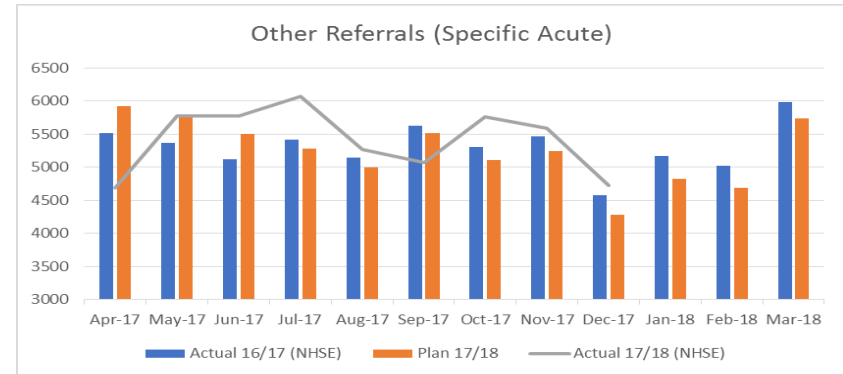
Referral data is sourced from the national Monthly Activity Return (MAR) which is submitted by providers. This data is split into GP and Other Referrals (other referrals are those not generated from a GP for example referrals from an A&E department, specialist nurses, national screening programme and 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 83,076 GP referrals. As at month 9 (December) 2017/18 the CCG has had 65,579 referrals. This is an increase of 6.22% 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 3.89% compared to the same period in 2016/17. 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 1.79% under the revised trajectory.



In 2016/17 there was a total of 63,743 other referrals. As at month 9 (December) 2017/18 the CCG has had 48,742 referrals. This is an increase of 2.49% 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.

Note: due to data reporting issues at East and North Hertfordshire an estimate of 582 GP Referrals and 321 Other Referrals have been included for September.

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	Total YTD	Change 2016/17 v 2017/18 YTD to M9				% Change 2016/17 v 2017/18 YTD to M9			
	2016/17	2017/18	GP	C2C	Other	Total	GP	C2C	Other	Total
	Total	Total								
GENERAL SURGERY	2,666	2,857	-52	101	142	191	-2.72%	20.70%	53.79%	7.16%
UROLOGY	3,890	4,235	148	67	130	345	4.81%	15.55%	34.21%	8.87%
BREAST SURGERY	3,550	3,614	66	11	-13	64	2.05%	7.10%	-7.43%	1.80%
COLORECTAL SURGERY	2,208	2,463	273	-27	9	255	14.17%	-14.29%	9.68%	11.55%
VASCULAR SURGERY	937	1,101	91	26	47	164	11.56%	32.91%	66.20%	17.50%
TRAUMA & ORTHOPAEDICS	17,160	18,542	1,502	-426	306	1,382	17.94%	-38.45%	3.98%	8.05%
ENT	6,919	6,861	-154	-101	197	-58	-2.88%	-15.10%	21.82%	-0.84%
OPHTHALMOLOGY	11,601	12,315	535	228	-49	714	11.77%	21.25%	-0.82%	6.15%
PLASTIC SURGERY	2,023	2,896	149	4	720	873	13.94%	1.15%	118.62%	43.15%
ANAESTHETICS	643	640	-39	-55	91	-3	-17.89%	-36.42%	33.21%	-0.47%
PAIN MANAGEMENT	862	960	16	23	59	98	3.19%	10.95%	39.07%	11.37%
GENERAL MEDICINE	2,079	1,627	-350	71	-173	-452	-32.62%	44.10%	-20.47%	-21.74%
GASTROENTEROLOGY	2,643	2,989	232	3	111	346	12.01%	0.85%	30.92%	13.09%
ENDOCRINOLOGY	437	578	132	-1	10	141	30.77%	-50.00%	166.67%	32.27%
CLINICAL HAEMATOLOGY	1,052	1,322	178	64	28	270	25.65%	23.70%	31.82%	25.67%
CLINICAL PHYSIOLOGY	762	897	57	88	-10	135	29.69%	22.45%	-5.62%	17.72%
HEPATOLOGY	466	457	-8	34	-35	-9	-2.59%	50.00%	-39.33%	-1.93%
DIABETIC MEDICINE	857	1,160	245	37	21	303	47.30%	12.89%	40.38%	35.36%
CARDIOLOGY	8,098	10,434	1,008	1,065	263	2,336	24.59%	56.74%	12.40%	28.85%
DERMATOLOGY	2,796	5,030	1,389	92	753	2,234	71.89%	47.18%	112.56%	79.90%
RESPIRATORY	3,700	5,006	513	621	172	1,306	29.77%	42.74%	32.82%	35.30%
NEPHROLOGY	375	385	40	32	-62	10	18.43%	53.33%	-63.27%	2.67%
NEUROLOGY	3,140	3,346	159	45	2	206	8.82%	4.71%	0.52%	6.56%
RHEUMATOLOGY	1,326	1,460	7	2	125	134	1.74%	1.38%	16.05%	10.11%
PAEDIATRICS	5,908	8,587	2,216	41	422	2,679	56.17%	5.91%	33.25%	45.35%
GERIATRIC MEDICINE	1,112	1,057	-72	-5	22	-55	-7.99%	-13.51%	12.64%	-4.95%
GYNAECOLOGY	8,877	9,679	749	-60	113	802	11.98%	-8.42%	5.91%	9.03%
GYNAECOLOGICAL ONCOLOGY	281	343	15	41	6	62	6.98%	63.08%	600.00%	22.06%
PHYSIOTHERAPY	771	1,384	117	381	115	613	49.16%	103.25%	70.12%	79.51%
OCCUPATIONAL THERAPY	477	457	17	-44	7	-20	22.37%	-13.21%	10.29%	-4.19%
DIETETICS	1,365	1,754	180	188	21	389	32.73%	24.83%	36.21%	28.50%
ORTHOTICS	469	623	72	58	24	154	30.51%	30.53%	55.81%	32.84%
DIAGNOSTIC IMAGING	8,877	9,521	-182	1,436	-610	644	-7.21%	33.79%	-29.01%	7.25%
AUDIOLOGY	2,375	3,384	621	74	314	1,009	68.17%	59.68%	23.43%	42.48%
OTHER	1,608	1,693	120	82	-117	85	22.56%	20.30%	-17.41%	5.29%
TOTAL	112,310	129,657	9,990	4,196	3,161	17,347	15.94%	22.02%	10.34%	15.45%

CCG Improvement and Assessment Framework (IAF)

	2015/16 Assurance Rating			2016/17 CCG IAF Rating			
CCG	Overall	Leadership	Finance	Overall	Leadership	Finance	Change in derived IAF rating - 15/16 to 16/17
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.

2017/18 Improvement and Assessment Framework Indicators (New indicators are highlighted in bold)

Area	Indicator Name
Better Health	
Child obesity	1. Percentage of children aged 10-11 classified as overweight or obese
Diabetes	2. Diabetes patients that have achieved all the NICE-recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children
	3. People with diabetes diagnosed less than a year who attend a structured education course
Falls	4. Injuries from falls in people aged 65 and over
Personalisation and choice	5. Personal health budgets
Health inequalities	6. Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions
Antimicrobial resistance	7. Appropriate prescribing of antibiotics in primary care
	8. Appropriate prescribing of broad spectrum antibiotics in primary care
Carers	9. The proportion of carers with a long term condition who feel supported to manage their condition
Better Care	
Provision of high quality care	10. Hospital
	11. Primary medical services
	12. Adult social care
Cancer	13. Cancers diagnosed at early stage
	14. People with urgent GP referral having first definitive treatment for cancer within 62 days of referral
	15. One-year survival from all cancers
	16. Cancer patient experience
Mental Health	17. Improving Access to Psychological Therapies – recovery
	18. Improving Access to Psychological Therapies – access
	19. People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
	20. Children and young people (CYP) receiving treatment from NHS funded community services as a proportion of the CYP population with a diagnosable mental health disorder
	21. Mental health out of area placements
	22. Mental health crisis team provision
Learning disability	23. Reliance on specialist inpatient care for people with a learning disability and/or autism
	24. Proportion of people with a learning disability on the GP register receiving an annual health check
	25. Completeness of the GP learning disability register
Maternity	26. Maternal smoking at delivery

Area	Indicator Name
	27. Neonatal mortality and stillbirths
	28. Women's experience of maternity services
	29. Choices in maternity services
Dementia	30. Estimated diagnosis rate for people with dementia
	31. Dementia care planning and post-diagnostic support
Urgent and emergency care	32. Emergency admissions for urgent care sensitive conditions
	33. Percentage of patients admitted, transferred or discharged from A&E within 4 hours
	34. Delayed transfers of care attributable to the NHS per 100,000 population
	35. Population use of hospital beds following emergency admission
End of life care	36. Percentage of deaths with three or more emergency admissions in last three months of life
Primary care	37. Patient experience of GP services
	38. Primary care access - percentage of registered population offered full extended access
	39. Primary care workforce
Elective access	40. Patients waiting 18 weeks or less from referral to hospital treatment
7 day services	41. Achievement of clinical standards in the delivery of 7 day services
NHS Continuing Healthcare	42. Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting
Patient Safety	43. Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG
Sustainability	
Financial sustainability	44. In-year financial performance
Paper-free at the point of care	45. Utilisation of the NHS e-referral service to enable choice at first routine elective referral
Leadership	
Probity and corporate governance	46. Probity and corporate governance
Workforce engagement	47. Staff engagement index
	48. Progress against the Workforce Race Equality Standard
CCGs' local relationships	49. Effectiveness of working relationships in the local system
Patient and community engagement	50. Compliance with statutory guidance on patient and public participation in commissioning health and care
Quality of leadership	51. Quality of CCG leadership

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.

Priority	Indicator	2015/16 Baseline				2016/17				2017/18			
		Period	BCCG	National	Assessment	Period	BCCG	National	Assessment	Period	BCCG	YTD	
Dementia	126a	People 65+ on the GP dementia register calculated as a proportion of the GP registered population	Mar-16	59.00%	67.5%	Needs Improvement	Mar-17	61.20%	67.60%	Requires Improvement	Nov-17	59.11%	5.911%
	126b	People diagnosed with dementia whose care plan has been reviewed in a face to face review in the preceding 12 months	2014/15	77.50%	N/A		2015/16	79.30%	N/A				
Cancer	122a	New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	2014	58.50%	50.40%	Needs Improvement	2015	56.30%	52.40%	Good			
	122b	People with an urgent GP referral having first definitive treatment for cancer within 62 days of referral	2015/16	77.70%	82.09%		2016/17	81.70%	82.01%		Oct-17	90.38%	83.56%
	122c	Adults diagnosed with any type of cancer in a year who are still alive one year after diagnosis	2013	68.90%	69.60%		2014	69.80%	70.40%				
	122d	Responses which were positive to the question 'Overall, how would you rate your care?' - National Cancer Patient Experience Survey	Change in methodology for 2016/17				2015	8.68	8.68				
Mental Health	123a	People accessing Psychological Therapies who are clinically assessed as moving to recovery following discharge - national threshold 50%		51.50%	N/A	Performing Well	Nov 16- Jan 17	43.30%	N/A	Requires Improvement	Nov-17	51.15%	45.73%
	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									Nov-17	9.80%	9.80%
	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%		85.70%	N/A		Apr 16-Mar 17	79.70%	N/A		Nov-17	87.50%	88.73%
	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	Transformational standards not included in overall assessment				Q4 16/17	85.00%	N/A				23.00%
	123e	Crisis care and liaison mental health services transformation					Q4 16/17	55.00%					
	123f	Out of area placement for acute mental health inpatient care transformation					Q4 16/17	87.50%					
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)	2014/15	35.96%	39.80%	Needs Improvement	2015/16	36.3%	38.90%	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	2013	15.25%	8.37%		2014	13.60%	7.40%		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	Q4 15/16	56	58	Performing Well	Q4 16/17	38	2016 Trajectory - 29	Assessment Results not yet released			
	124b	People with a learning disability on the GP register receiving an annual health check	2015/16	41%	37%		2015/16	41%	37.07%				
	124c	Proportion of the population (all ages) that are included on a GP Learning Disability register											
Maternity	125a	Rate of stillbirths and neonatal deaths - per 1000 births - ONS Child Mortality statistics	2014	6.80	7.1	Needs Improvement	2015	7.10	7.04	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	2015	77.95	79.68		2015	77.95	79.68				
	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	2015	62.4	65.36		2015	62.4	65.36				
	101a	Women who were smokers at the time of delivery as a percentage of the number of maternities	Q3 15/16	10.10%	10.60%		Q3 16/17	7.5%	10.60%				

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 further governance mechanism to be developed.

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 month from October 2017 – on track. Access to psychological therapies on target for 2017/18. Discussed at Contracts meetings and MH Financial Recovery Group.
- 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 - 40/51 practices signed up to LCS by end December 2017; 5 half-day workshops on 'introduction to care planning' completed; protocols approved to support practices in monitoring BP and cholesterol. Work is continuing with locality clinical chairs to get remaining practices to sign up. 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 – data for Bedford (BHT) and Luton & Dunstable (L&D) 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

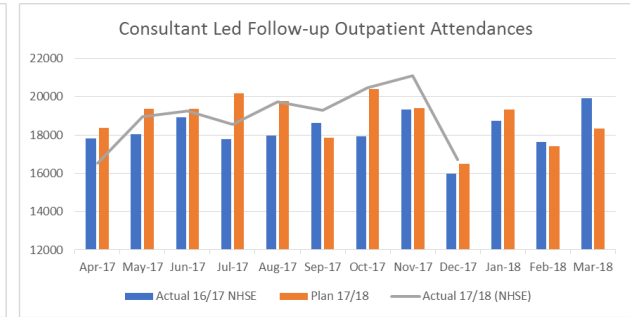
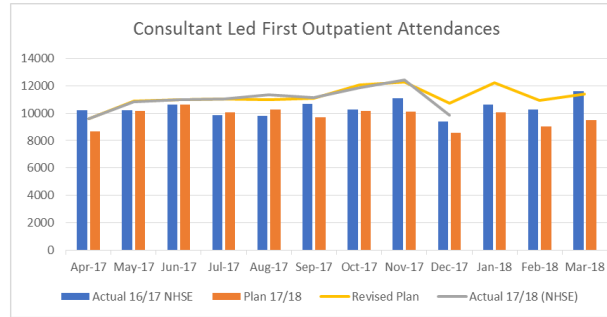
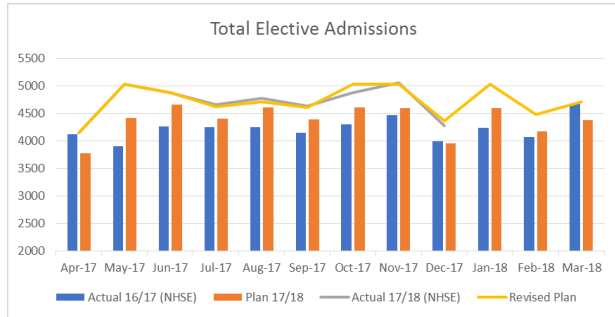
and learning from SIs. Educational programs for clinical staff are in place in both trusts to disseminate learning from serious incidents and still births.

- 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. A maternity app is being developed. 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. BHT report number of complaints received around maternity care. Dashboard for Q2 shows that in BHT 1458 deliveries (year to date) took place till September 2017. 11 complaints were reported through PALS (year to date). The heads of midwifery in both trusts report that this measure is improving.
- Smoking at the time of delivery - This indicator is monitored via the maternity dashboards for L&D and BHT. The latest figures available for BHT is Q2 17/18. This is 7.76% (against a target of 10% or less). The figure for L&D for Q2 17/18 is 14%. 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 9 (December) the CCG has had 42,337 admissions. This is an increase of 12.36% 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 0.17% under plan.

Consultant Led Outpatient 1st Attendances

In 2016/17 there was a total of 124,617 attendances. As at month 9 (December) the CCG has had 99,159 attendances. This is an increase of 7.62% compared to the same period in 2016/17. Compared to the revised trajectory agreed with NHSE the CCG is 0.49% over plan.

Consultant Led Outpatient follow up Attendances

In 2016/17 there was a total of 218,632 attendances. As at month 9 (December) the CCG has had 170,578 attendances. This is an increase of 5.05% compared to the same period in 2016/17.

- Gastroenterology - GP initiated referrals (excluding two week wait pathway) have increased by over 9% compared to the same time last year. Follow up activity in this speciality is also significantly higher than this time last year. 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.
- Urology - Increase in outpatient follow-up and procedure activity at Bedford Hospital. Drivers of this increase includes improving early detection and increasing referrals for cancer diagnostics due to poor one year survival rates. Advice & Guidance for Urology has been implemented since October 2017.
- Ophthalmology -. A new Minor Eye Conditions Service delivered by local opticians was launched in October 2017 and this should help reduce activity, whilst offering patients convenient access to treatment.
- 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.

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 December and Quarter 3 the CCG achieved all 8 key national cancer indicators.

There were 3 104+ day breaches in December all at Bedford Hospital. The first breach was on the Urology pathway and was due to primarily to patient choice. The patient started treatment on day 139. The second breach was also on the Urology pathway and was due to the patient being unwell which delayed diagnosis. The patient started treatment of day 107. The third breach was on the colorectal pathway and was due to the patient being on a medically complex pathway. The patient started treatment on day 114.

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.

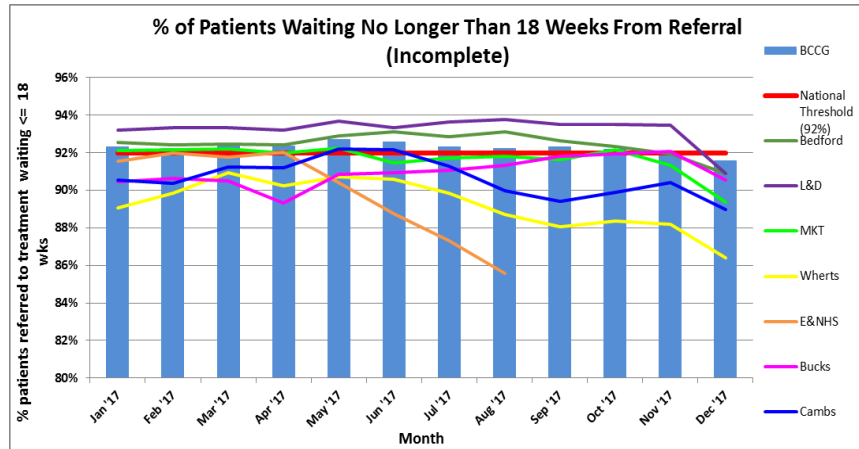
Cancer Improvement Group

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)

The national breach allocation rules are due to come into effect on 1st April 2018. The current position is that if a patient breaches the treatment time both the referring and treating providers report 0.5 of the breach. The new allocation would mean that if the 1st provider refers the patient after 38 days and the treating provider treats the patient within 24 days then the whole breach would be reported under the referring provider. Both BHT and L&D are currently reviewing the impact of this change.

Elective Waiting Times (18 Weeks RTT)



In December the CCG underachieved the national threshold for the incomplete pathway with 91.59%. 7 specialties underachieved; Ophthalmology (89.29%), Trauma and Orthopaedics (85.16%), Urology (90.53%), General Surgery (89.77%), Plastic Surgery (79%), ENT (90.4%) and Neurosurgery (90.95%).

The CCG has 2064 patients on the incomplete pathway who have breached 18+ weeks (2000 breaches in November). (Number of 18+ week breaches in brackets); Bedford (960), Luton & Dunstable (477), Milton Keynes (128), Buckinghamshire (117), Cambridge (150) and other acute providers (232).

Luton & Dunstable underachieved at an aggregate level for BCCG patients at 91.54% and Trust wide at 90.9%. A recovery trajectory has been requested although a Contract Performance Notice has not been issued. 7 specialties were underachieved for BCCG patients (number of breaches in brackets): Urology (58), Trauma & Orthopaedics (34), ENT (87), General Surgery (46), Gynaecology (51), Ophthalmology (48) and Other (111).

Bedford Hospital underachieved RTT performance with 90.88% in December. Overall incomplete numbers decreased in December. The six specialities failing to deliver in were Plastic Surgery, Oral Surgery, Ophthalmology, Orthopaedics, Dermatology and Rheumatology.

The Trust report monthly on key issues and risks. This is closely monitored by commissioners with support from the Contracting Team. The concerns raised by BHT around areas of risk have been escalated within the CCG for further discussion.

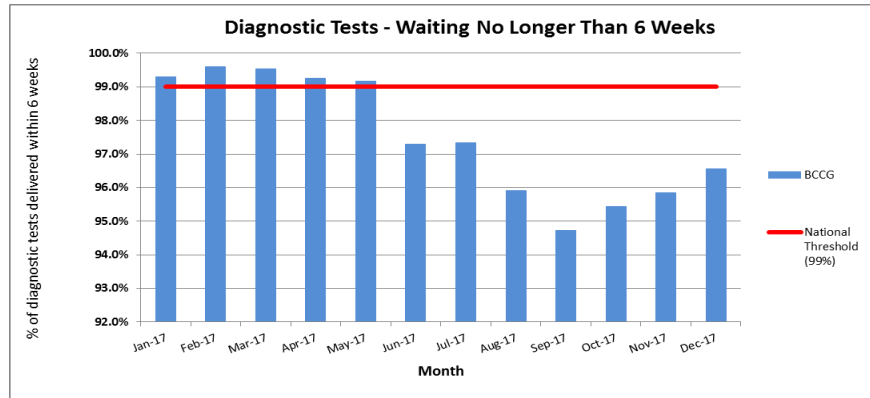
East & North Hertfordshire continue to experience issues following the implementation of their new IT clinical systems in September 2017 and will not be able to recommence RTT reporting until February's reports which are due in March 2018. A post-stabilisation company has been employed in order to help resolve some of the key areas of challenge and to support with the embedding of the new systems. The main area of concern currently is around the robustness of the Patient Tracking Lists at the Trust. There is ongoing daily validation and meetings on alternate days chaired by the Chief Operating Officer to address issues. East and North Hertfordshire CCG are liaising with NHS Improvement around the formal process of coming off national reporting.

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 December.

Elective Waiting Times – Diagnostics – Tests within 6 Weeks



In December the CCG underachieved this indicator with 96.56% against the 99% threshold. There were 6082 patients on the diagnostic tests pathway with 209 breaching the 6 week threshold.

103 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 mid-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

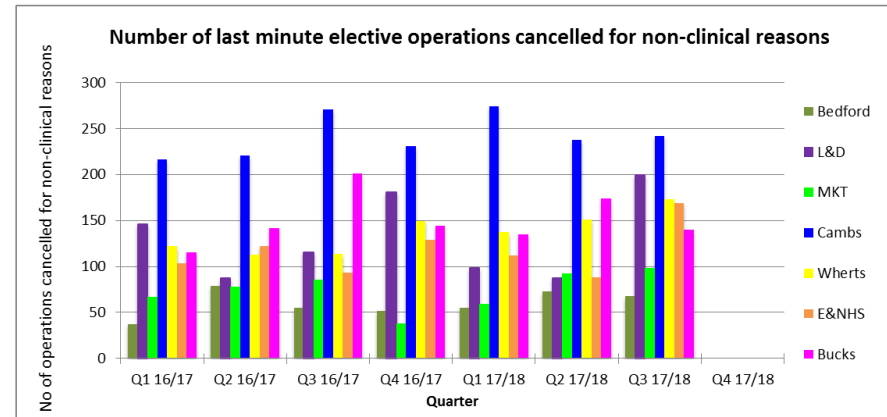
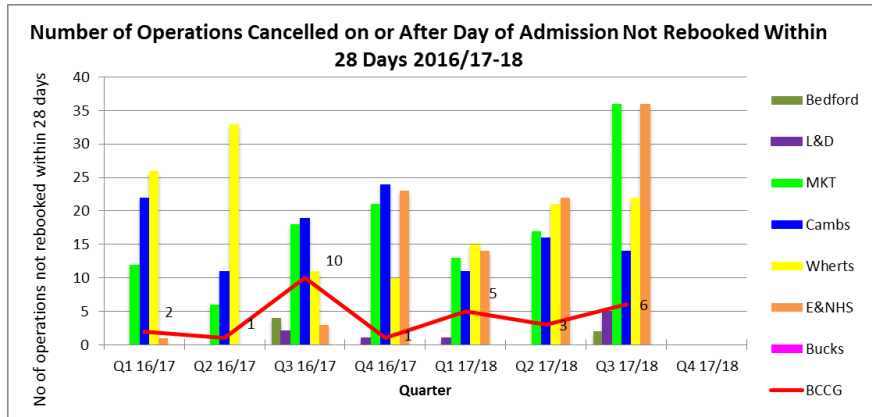
- Appropriate use of skill mix- Audiology Support Workers to allow more clinic capacity. Audiology Support Worker (ASW) currently on long-term sick, impacting on number of pre-school children clinics/ trajectory. Bank ASW recruited.
- Communication Plan in place including supporting staff to manage parent/ carer anxiety when child not seen within expected time frame and communicating with stakeholders

62 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. A clinical harm review has been requested from the Trust.

Bedford Hospital performance has recovered in December and this indicator has been achieved Trust wide and for Bedfordshire patients. On 25th of October, the CCG issued a performance notice to the Trust for incomplete reporting against the national Diagnostic Test return specifically around Echocardiography. The cardiology team re-designed the booking and streaming of patients and recruited 2 new members of staff. There has been one patient waiting more than 13 weeks for their echocardiogram but this was patient choice. The patient was seen in January. A clinical harm review has been requested from the Trust.

East & North Herts have been unable to submit December figures due to ongoing issues following the implementation of their new patient records system. The Trust have advised they will not be able to recommence reporting of this standard until March 2018 (February data).

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.

The CCG has requested details of the breach from East and North Hertfordshire and confirmation that there was no clinical harm to the patient.

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.

The CCG are still awaiting confirmation from the Trusts in the table below as to whether any of their cancelled operations were for Bedfordshire patients.

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	TBC	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

Children and Young Peoples Survey 2016

The results of the CQC Children and Young Peoples Survey was published in late November 2017. In total it surveyed 34,708 children and young people up to the age of 15 who were admitted to hospital as an inpatient, or as a day case patient during October, November and December 2017. The questionnaire was sent to a maximum of 1,250 recent patients at each trust

The Survey asked a number of questions about 9 different aspects of their experience of in-patients and day case care

- Going to Hospital
- The Hospital Ward
- Hospital Staff
- Facilities for parents and carers
- Pain Management
- Operations and procedures
- Medicines
- Leaving Hospital
- Overall

Children and young people, and their parents and carers were asked to answer questions about different aspects of their care and treatment.

Based on their responses, each NHS trust was given a score out of 10 for each question (the higher the score the better).

Each trust also received a rating of 'Better', 'About the same' or 'Worse'.

- Better: the trust is better for that particular question compared to most other trusts that took part in the survey.
- About the same: the trust is performing about the same for that particular question as most other trusts that took part in the survey.
- Worse: the trust did not perform as well for that particular question compared to most other trusts that took part in the survey.

Where the number of answers received was too low (less than 30 respondents) it is not possible to report results so these are categorised as 'Not applicable'.

The CQC do not provide a single overall rating for each NHS Trust. This would be misleading as the survey assesses a number of different aspects of people's experiences (such as hospital staff, leaving hospital and pain management) and trust performance varies across these different aspects.

The full survey results are available at

<http://www.cqc.org.uk/publications/surveys/children-young-peoples-survey-2016>

The results of these surveys and any resulting actions will be discussed at Quality Meetings with the Trusts via their lead CCG.

Patient Transport Services (PTS)

Following the collapse of Private Ambulance Service Ltd (PAS) in October 2017, a 2+1 contract has now been signed with East of England Ambulance Service.

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.

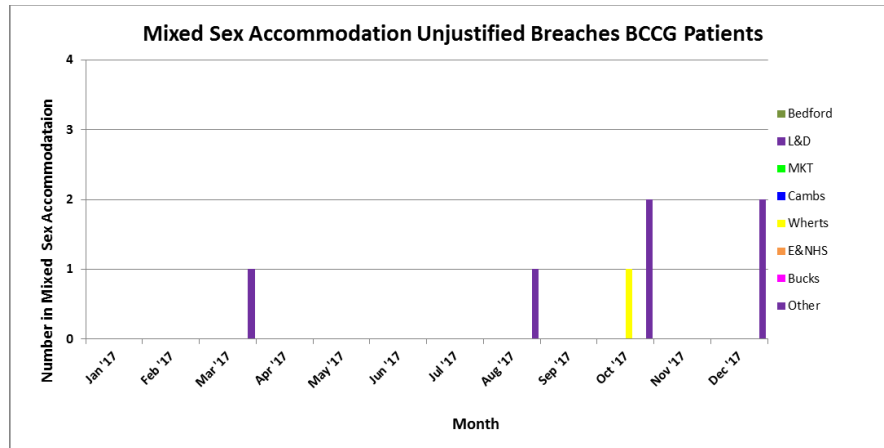
Mobilisation update:

- Ambulance Liaison Officers have been appointed with the exception of Luton which is still outstanding but should be in place by the end of March.
- Road staff recruitment is ongoing (50 staff) currently supported by agency staff.
- Agenda for Change Consultation Meetings are ongoing until the end of April and Union representatives are providing support.
- New vehicles to replace current older vehicles are being ordered and are expected to be in place by June 2018.
- Dunstable Ambulance Station base is now in place and the CCG Quality Team are arranging a visit.

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 had been increasing levels of concern being raised by Acute Providers regarding arrival and collection of patients. As a result of this the Quality Team have undertaken a visit to ascertain the current level of patient experience and an operational meeting was held with EEAST to address these issues.

Mixed Sex Accommodation



In December there were 2 mixed sex accommodation breaches at University College London Hospitals (UCLH). This gives 5 breaches at UCLH, 1 in August, 2 in October and the 2 in December. The CCG has requested further details from the Trust around the breaches. For the 2 in October the Trust has confirmed that 1 was in ITU and 1 due to the lack of a bed in haematology.

There has also been 1 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.

The CCG raised concerns regarding the privacy and dignity of all patients within the Unit. A copy of the Trusts Delivering Same Sex Accommodation Policy, which was approved at the Trusts Safeguarding Panel and then ratified at their Quality & Safety Group in July 2017 has now been received and this contains reference to ensuring privacy and dignity for all patients.

Diabetes

National Diabetes Audits

The National Diabetes Audit (NDA) 2016/17 identified the need for improvement in the achievement of the three NICE recommended treatment targets:

Diabetes patients who have achieved all three NICE-recommended treatment targets - 38.1 %; this is 4% below the national achievement of 41.1%.

The NDA also shows a low level of attendance of patients referred to a structured education programme for Type 2 diabetes:

14% of Patients with Diabetes who received structured education in the last 12 months (2015) – 14%; national achievement – 7.4%.

The National Diabetes Footcare Audit, coupled with local data analysis, have identified scope for improvement in services in order to reduce above average rate of amputations and admissions for people with foot care problems.

NHS Diabetes Treatment and Care Programme

The CCGs diabetes improvement program has been possible due to NHS England Transformational funding from the 'NHS Diabetes Treatment and Care Program' to improve care and treatment of people with diabetes across three programme areas. Initiatives that are being mobilised to support diabetes care improvement are outlined below:

Improving Treatment Targets and Care Planning in Primary Care

Based on best practice across the country the CCG has introduced a number of schemes to support GP Practices with tools and education to support delivery of the nine care processes, including the achievement of the three treatment targets. These include:

- Training for primary health care professionals in the delivery of personalised care planning whereby the patient becomes a partner in the planning of their clinical management
- Training updates for GPs and Practice nurses delivered at Protected Learning Time events and other forums
- All general practices were invited to participate in a new Locally Commissioned Service for the delivery of care planning as a key part of diabetes annual review. 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
- Development of quarterly clinical dashboards at GP practice, Bedford Locality Board and CCG level to identify key opportunities for health improvement and opportunities for optimising patients with Diabetes.
- New Long Term Conditions Diabetes IT template to support delivery of best practice and clinical audit.
- Investment within the Integrated Community Diabetes Service to support patients who are struggling to optimise control of their diabetes coupled with tailored support to practices where indicated by current outcomes and performance
- Protocols approved to support practices in monitoring BP and cholesterol

- Additional support available to patients from local authority commissioned smoking cessation service as well as excess weight services.
- Adult mental health as well as community podiatry teams have been expanded to provide support to patients with Diabetes.
- Social care teams from both local authorities are also working to support patients with Diabetes.

Improving Access and Uptake of Structured Education

The Primary care Locally Commissioned Service 'Care Planning Integration with Diabetes Annual Review Incentive Scheme' includes referral to structured education as part of care planning for patients with diabetes.

This is coupled with the launch of an expanded service within the Integrated Community Diabetes Service to deliver structured education for patients with Type 2 diabetes from January 2017/18.

There will be an additional 960 places per annum, increasing the number of places from 990 to 1950 and almost doubling the current capacity.

The Structured Education offer provided by the Integrated Community Diabetes Service, is being tailored to provide sessions at flexible times and at local venues convenient for patients including sessions for Black and Minority Ethnic communities.

Reducing the rate of Diabetes Foot Complications and Amputations

The NHS England Diabetes Fund has enabled expansion in the capacity and expertise within the Multi-Disciplinary Foot Care team (MDFT) at Bedford Hospital NHS Trust (BHT), including Consultant expertise (diabetes, vascular surgeon, orthopaedics, radiology support) working as a team with specialist podiatrists. Alongside this, a community based foot protection team will focus on early identification of foot care problems and referral into the MDFT as required.

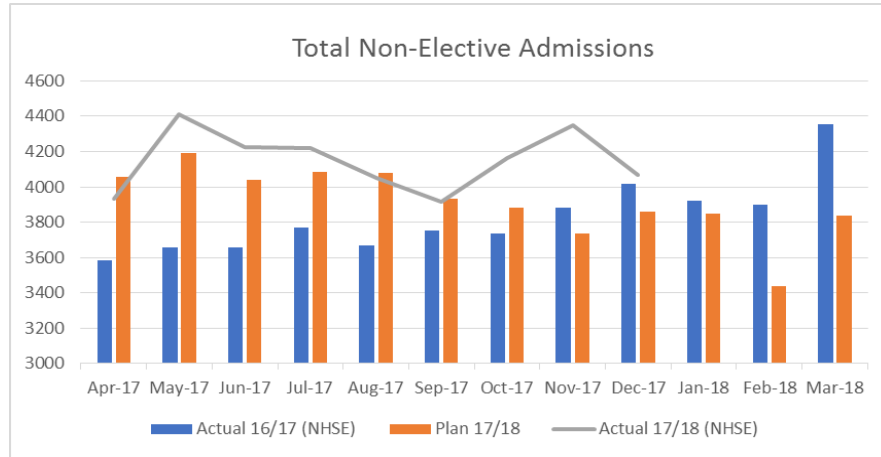
Taking 2015/16 as the baseline year, by March 2019 the additional investment is aimed to: reduce amputations from diabetes by 6 (11%); reduce admissions for people with active foot disease by 39 per annum (10%); and to reduce length of stay from 11 days to 7.5.

Further reductions in all of these targets are planned for years 2-5 of the programme and early evidence suggests that it is likely that these targets will be exceeded.

Programme Overview

Unplanned Care

Bedfordshire CCG Activity - Unplanned

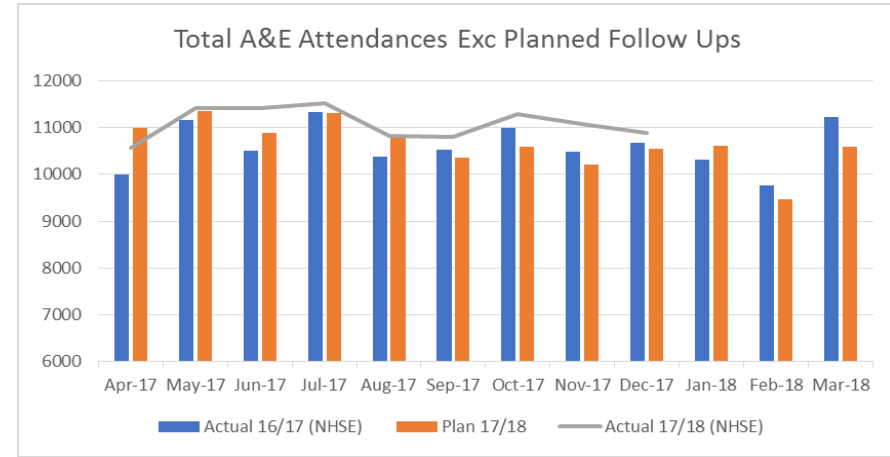


Non Elective Admissions

In 2016/17 there was a total of 45,897 admissions. As at month 9 (December) the CCG has had 37,336 admissions. This is an increase of 10.72% compared to the same period in 2016/17.

Non Elective admission activity continued on an overall upward trend for BHT with December over performance at around 1.96% when compared against the same period for 16/17. The YTD over performance against the Trust plan for Non Electives at BHT is running at around 8.76%. Non Elective admission activity for L&D is high for December and with an over performance of 12.43% when compared to the same period in 16/17. The YTD over performance against the Trust plan for Non Electives at L&D is around 13.55% YTD.

For Non Electives, the HRG Sub Chapter with rising activity (and cost) at BHT YTD were: Nervous System Procedures and Disorders; Cardiac Disorders; Orthopaedic Disorders; Paediatric Ear, Nose and Throat Disorders; Infectious Diseases and Immune System Disorder, amongst others. At L&D, the rising activity and costs were associated with the following HRG Sub Chapters: Nervous System Procedures and Disorders; Respiratory System Procedures and Disorders; Digestive System Procedures and Disorders; Musculoskeletal and Rheumatological Disorders.



A&E Attendances

In 2016/17 there was a total of 127,349 attendances. As at month 9 (December) the CCG has had 99,832 attendances. This is an increase of 3.96% compared to 2016/17.

East of England Ambulance Service Trust (EEAST)

On 13th 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 this data is unvalidated and the Trust will not be in a position to report validated data until April 2018.

A visit by the CCG Quality Team was undertaken on 4th January to observe the despatch process and the ECAT (Emergency Clinical Advice and Triage) Team. EEAST reported that they had experienced significant challenges over the Christmas/New Year Period due to the volume of demand across the system.

It was evident that the Trust have processes in place to review patients stacking, carry out welfare calls and triage appropriate patients, but that resource is stretched as demand increases, and patients have experienced sizeable delays in waiting for ambulances.

It was also evident that patients are utilising this service instead of alternatives e.g. Primary Care, Pharmacists etc, and that further GP engagement/education is required to ensure full understanding of the ARP changes and challenges. This has been raised within the CCG.

A HALO (Hospital Ambulance Liaison Officer) post at Bedford Hospital was funded from Winter Resilience funds in December. The expectation will be to reduce the ambulance delays at hospital and thus, improve EEAST's ability to add more hours back into frontline resources and improve services to patients.

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. The CCG are currently aware of 3 Serious Incidents relating to delays for BCCG patients.

Serious Incidents

In January EEAST reported 2 serious incidents both relating to emergency responses to a cardiac arrest.

Ambulance Quality Indicators – Trust Wide

ACQI	Target 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-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% 103/291	41.2% 126/306	32.5%
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	62.1%
Survival to discharge (overall)	7.0%	9.1% 23/252	6.6% 17/257	8.7% 21/241	13.1% 33/252	11.4% 32/279	11.4% 33/289	10.1%
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	33.8%
PPCI <150**	95.0%	93.0%	92.6%	96.7%	86.7%	92.6%	89.4%	91.8%
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	91.0%
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	49.8%
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%

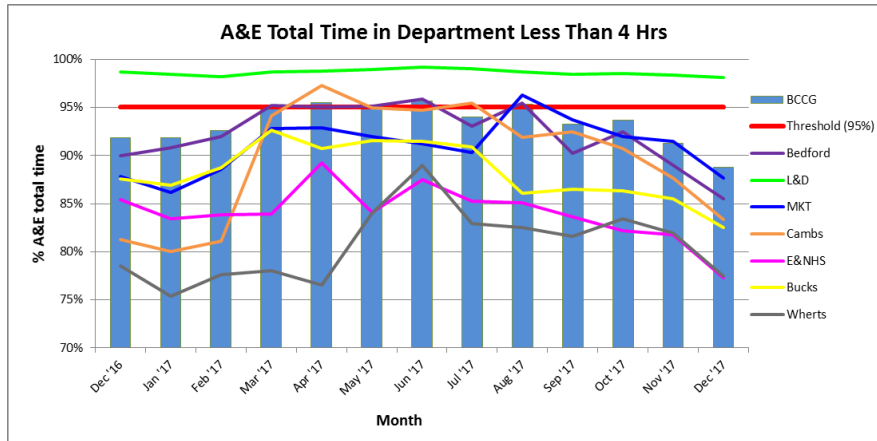
Ambulance quality indicators have been a focus in the service review conducted by Deloitte in conjunction with EEAST and NHS Improvement. Some of the current measure may need to be reviewed to enable a demonstration of outcomes for patients across ambulance and acute provision as opposed to solely Ambulance.

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. Stroke performance on Stroke 60 has been escalated to EEAST again for a response on current performance.

The Ambulance Response programme (ARP) should impact on the RRV issue, and EEAST are working with local teams regarding on scene times. It is also possible that this measure will change as part of revised KPI's for the new ARP requirements. The CCG continues to monitor performance and any impact of the ARP changes will not be evident until further data becomes available.

The CCG continues to work with EEAST on assurances against their Care Quality Commission action plans and the priorities set in the annual quality accounts.

Accident & Emergency



The CCG is measured on performance at the 7 main acute providers. In December the CCG underachieved the 95% national threshold with 88.80%.

Bedford Hospital performance for August had been incorrectly reported at 93.05% instead of 95.44% the Trust has resubmitted the August data and this now been refreshed in the national data calculation.

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 for November data.

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 December was 119 and below the target of 380 patients for the month.

A clinical audit led by the clinical leads at BHT, Virgin Care and the CCG concluded that there are inappropriate referrals and rejection from both organisations.

Caldwell Medical Centre is managed by Virgin Care who have now recruited a permanent GP lead in late January 2018. The expectation is that this role will further improve the clinical understanding between the GP Urgent Primary Care streaming service and the acute trust.

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 expectation is that they take up to 10 patients per weekday evening and 25 per weekend or bank holiday day.

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 Herts 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 to investigate to ensure that along with activity to 111 Clinical Advisors, that CAS (Clinical Advisory Service) activity is included within this figure.

Since the revised clinical model, which increased clinical staffing levels was launched on 9th October 2017, performance for most KPIs for the 111 element of service provision have improved reaching all targets on weekdays and with an improved performance at weekends. Service provision in Out of Hours face to face assessments and home visits continue to require focus. Rota fill on weekends is still a challenge.

Two weekly escalation meetings with NHS England have now ceased and a national peer review was due to take place on 13th December. NHSE will plan to conduct this peer review at a later date.

A Gap Analysis has been completed identifying the gaps against what is in the current contract specification and the requirements of the NHSE mandated specification (to be in place by March 2019). BCCG are working with LCCG and HUC to scope options and

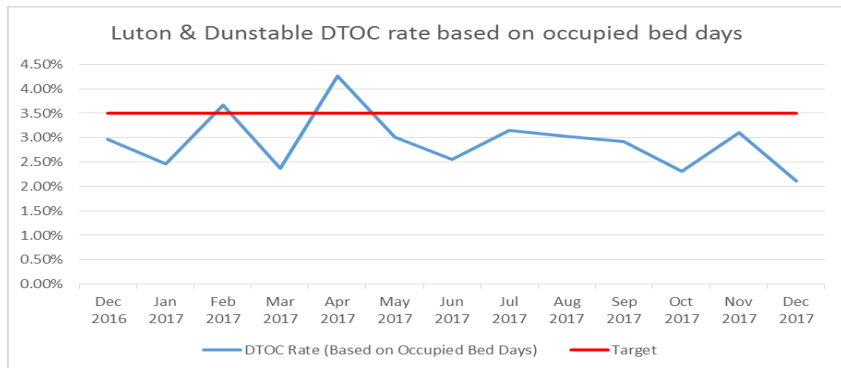
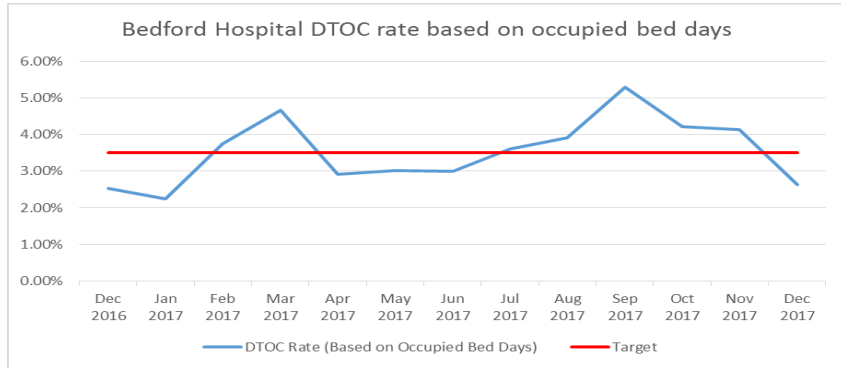
associated costs in order to implement the new specification. In addition a collective approach to quality meetings has progressed with BCCG, LCCG, Herts Valley CCG and Cambridge and Peterborough CCG to move to a sensible approach to quality reporting across the patch with a clear reflection to delivery in key commissioned areas.

Contract meetings are held monthly and HUC are now providing a monthly performance report. Specific KPI's and remedial action plan are being monitored and early indications show improvement in the majority of 111 performance targets. Key performance areas are, wait for response for telephone clinical assessment on 120 minutes. HUC have been asked to explicitly exception report on and provide clear response on what action is being taken when calls breach, e.g. % of breach calls that have a comfort call.

Additional quality visits continue. The last visit to Bedford centre was conducted on 14th January key quality issue reflected performance on 120 minute call backs.

HUC have done well with referrals to A&E and to 999, maintaining achievement below the National Target of 10% for Q3. Referrals to A&E averaged at 7.3% and referrals to 999 averaged at 9.5% between October and December (Q3).

Delayed Transfers of Care (DTC)



The national DTC 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 and Luton & Dunstable hospital achieved below the 3.5% target for December, both improving on the previous month. The L&D has been consistently below the 3.5% target for the last 8 months.

The BCF DTC targets are monitored as a delayed days per 100,000 resident population, the 3.5% target at Trust level is equivalent to no more than 9.4 DTCs per 100,000 population.

The following work is in progress to reduce DTC:

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. 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 DTCs in December was waiting for care packages in own home 147 days. Delays for further non acute NHS care showed a significant reduction from 169 days in November to 47 days in December. An independent assessor based at BHT for discharge to care homes started their induction process in late January. At L&D Hospital the most significant delays are patient choice and further non acute NHS care.

Programme Overview

Mental Health and Learning Disabilities

Mental Health – Quality Update

East London Foundation Trust

During December 2017 quality visits were carried out at the Bedford and Biggleswade Community Mental Health Teams (CMHT). The Bedford CMHT are now separated into 3 teams covering Bedford and have the assertive outreach team incorporated. These teams are based at Florence Ball House in Kimbolton Road, Bedford, alongside the outpatient / community clinics.

The unit has undergone a renovation / redecoration programme and the facilities are now on one floor and suitable for those patients with mobility problems. Feedback from a patient and their relative advised that the surroundings were more pleasant with easier access to parking.

Having the teams, alongside the consultant / medical teams has opened up opportunities for further multi-disciplinary working and staff commented that it is easier and quicker to access the medical team and seek advice.

Physical health checks for those patients on certain medications is also undertaken within the unit, and results are available within minutes due to the procurement of new equipment. Blood pressure/weight machines are available in the waiting area and patients are encouraged to undertake their own blood pressure checks and bring the results into the medical team.

The management of the teams has recently undergone a re-organisation. New senior staff are in place and the teams are currently working together and are in the process of streamlining and standardising processes.

Biggleswade CMHT are located in an old building, and whilst there are plans for moves in the future into different buildings within the same site this has yet to happen. The team has also undergone restructuring with new managers in place to shape the team and strengthen the clinical leadership.

The team had a number of serious incidents reported in the latter quarter of 2017 and were addressing the recommendations and implementing the action plans. A further visit will be planned in approximately 3 months' time to establish if the changes have taken place and the outcome of this.

CQC focussed inspection was undertaken in November 2017 for ASH, Townsend, and PICU inpatient units. The full report was published earlier this month. This was not a graded inspection but focused on recent inpatient deaths/near miss. The report is in line with BCCG understanding of concerns on Ash and learning following Serious Incidents.

Mental Health Five Year Forward View Dashboard

This Dashboard is a response to the recommendation in the Five Year Forward View for Mental Health that NHS England create a tool “that will identify metrics for monitoring key performance and outcomes data to hold national and local bodies to account for implementing this strategy.”

It includes a suite of metrics based on the proposals in the Implementation Plan and is structured around the core elements of the mental health programme:

- children and young people’s mental health
- perinatal mental health
- adult mental health: common mental health problems
- adult mental health: community, acute and crisis care
- secure care pathway
- health and justice
- Suicide prevention.

The dashboard also includes metrics on employment and settled housing outcomes for people with mental health problems.

A key purpose of the dashboard is for NHS England and the Five Year Forward View Programme Board to be able to monitor progress on its commitments to transform mental health services.

Where possible, data is drawn from published datasets and is available at national level, with scope for regional breakdown. The content will be developed in waves as defined by data availability and updated in line with developments in the mental health programme.

Due to the lack of robust data in mental health, the first iteration of the dashboard contains several ‘placeholder’ indicators which will be populated as changes to the Mental Health Minimum Dataset and supplementary data collections in priority areas come on line over the course of the coming year.

In addition, there are a number of areas where a requirement to include a measure of performance and progress has been identified but the exact measures to be used for this are yet to be fully defined. These are listed in the dashboard under ‘indicators in development’. This list could be added to over time in response to the work being developed and emerging priorities. The dashboard will be updated quarterly.

Mental Health Five Year Forward View Dashboard

Code	Indicator – Please see the Metadata tab for further details on the indicators	Reporting period	Change	Indicator value **	Trend ***	Better is...	Range indicate	England
Children and Young people (CYP) Mental Health								
CYP(i)	CCG IAF mental health transformation milestones- Total CYPMH score	Q4 2016/17	◄►	85.0%		▲		
CYP(ii)	Number of CYP receiving at least two contacts in NHS funded community services in the reporting period †	Q4 2016/17	▲	595	N/A	▲		
CYP(iii_a)	Proportion of CYP with eating disorders seen within 1 week (urgent)	Q4 2016/17	N/A	75.0%	N/A	▲	National and regional measure only	
CYP(iii_b)	Proportion of CYP with eating disorders seen within 4 weeks (routine)	Q4 2016/17	N/A	52.5%	N/A	▲	National and regional measure only	
CYP(iv)	a. Total number of bed days for CYP under 18 in CAMHS tier 4 wards	Q4 2016/17	▲	1,138		▼		
	b. Total number of admissions of CYP under 18 in CAMHS tier 4 wards	Q4 2016/17	▲	26		▼		
CYP(vi)	CCG IAF mental health transformation milestones- Crisis Q1b answer	Q4 2016/17		Fully compliant	N/A	▲	Chart available at STP level only	
CYP(vii)	a. CYP MH actual spend - excluding learning disabilities and eating disorders (£k)	2016/17	N/A	6,385	N/A	N/A	N/A	N/A
	b. CYP MH actual spend: eating disorders (£k)	2016/17	N/A	122	N/A	N/A	N/A	N/A
Adult mental health: common mental health problems								
IAPT(i)	a. Improving access to psychological therapies (IAPT) access to treatment	Q4 2016/17	▲	4.1%		▲		
	b. IAPT access to treatment for older people (65+) as a proportion of older people in the adult population	Q4 2016/17	▲	37.1%		▲		
IAPT(ii)	a. IAPT recovery rate: proportion of people that attended at least two treatment contacts and are moving to recovery	Q4 2016/17	▲	50.0%		▲		
	b. IAPT recovery rate for black or minority ethnic (BME) groups	Q4 2016/17	▲	45.0%		▲		
IAPT(iii)	IAPT referral to treatment time: proportion of people receiving first treatment appointment within 6 weeks of referral	Q4 2016/17	▲	94.4%		▲		
IAPT(iv)	IAPT actual spend (£k)	2016/17	N/A	2,558	N/A	N/A	N/A	N/A
Adult mental health: community, acute and crisis care								
Early intervention in psychosis (EIP)								
EIP(i)	a. Proportion of people who started treatment within two weeks of referral - All ages	Q4 2016/17	▲	92.6%		▲		
EIP(ii)	Proportion of people waiting more than two weeks following referral (incomplete pathways)- All ages	Q4 2016/17	▼	54.5%		▼		
EIP(iii)	EIP actual spend (£k)	2016/17	N/A	392	N/A	N/A	N/A	N/A
Physical health outcomes for people with severe mental illness (SMI)								
PH(ii)	Proportion of people with SMI who have received complete list of physical checks	2014/15	▲	39.8%	N/A	▲		
Employment support								
ES(i)	Proportion of people aged 18-69 in contact with adult mental health services in employment	Q4 2016/17	▲	5.0%		▲		
ES(ii)	Proportion of people aged 18-69 in contact with adult mental health services in stable accommodation	Q4 2016/17	▼	1.0%		▲		
Crisis and acute care and use of the mental health act (MHA)								
CR(ii)	CCG IAF mental health transformation milestones- Total Crisis score	Q4 2016/17	▼	55.0%		▲		
CR(iii)	Crisis resolution home treatment teams actual spend (£k)	2016/17	N/A	0	N/A	N/A	N/A	N/A
CR(iv)	CCG IAF mental health transformation milestone- Total out of area placements (OAPs) score	Q4 2016/17	◄►	87.5%		▲		
Acute hospital (UEC) liaison								
AC(ii)	A&E and Ward Liaison mental health services actual spend (£k)	2016/17	N/A	1,500	N/A	N/A	N/A	N/A
Suicide prevention								
SP(i)	Suicide: age-standardised death rate per 100,000 population - Age:10+	2013-2015	▼	6.3		▼		
SP(ii)	a. Hospital admissions for self-harm: age standardised rate per 100,000 - Age: 10-24	Q4 2016/17	▲	111.5		▼		
	b. Hospital admissions for self-harm: age standardised rate per 100,000 - Age:25+	Q4 2016/17	▲	31.9		▼		
SP(iii)	Proportion of patients on CPA discharged from hospital and followed up within 7 days	Q4 2016/17	▲	98.4%		▲		
Meeting commitment to increase mental health funding								
MHF(i)	a. Mental health 2015/16 actual spend as a proportion of overall CCG allocation ^	2015/16	N/A	16.1%	N/A	N/A	N/A	N/A
	b. Mental health 2016/17 actual spend as a proportion of overall CCG allocation ^	2016/17	N/A	15.6%	N/A	N/A	N/A	N/A
MHF(ii)	a. Mental health 2015/16 actual spend (£k)	2015/16	N/A	£72,209	N/A	N/A	N/A	N/A
	b. Mental health 2016/17 actual spend (£k)	2016/17	N/A	£75,551	N/A	N/A	N/A	N/A
MHF(iii)	MH investment standard achieved in 2016/17	2016/17	N/A	No	N/A	N/A	N/A	N/A

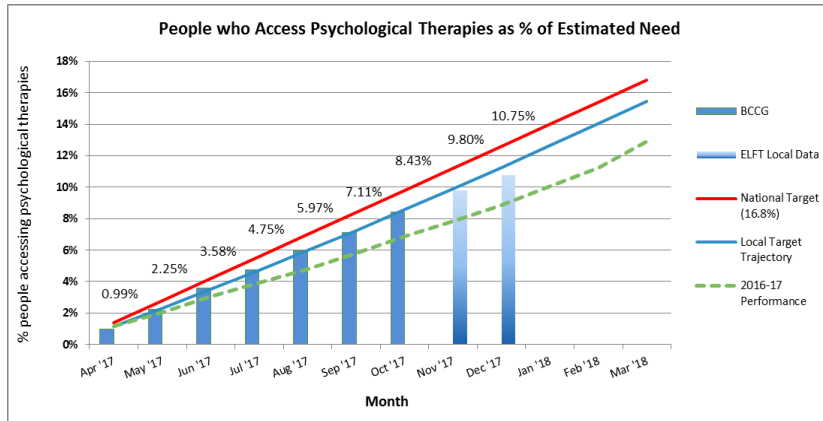
* The indicators within this dashboard should be interpreted with caution, some data are experimental and improvements or decreases could be due to data quality fluctuations

** All the analyses within the dashboard are based on either published data or data already in the public domain

*** Where there are only a limited number of data points in the sparkline graphs then apparent changes may appear distorted and care should be taken when interpreting

IAPT – Access and Recovery Rates

IAPT Access

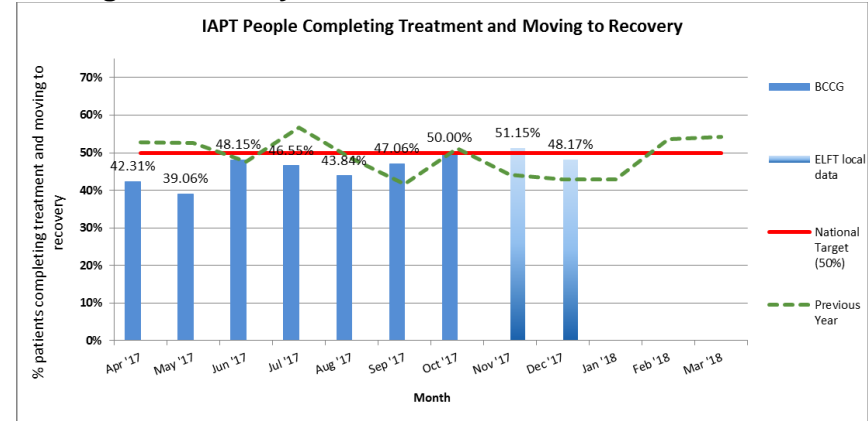


In 2017/18 the national threshold rose from 15% to 16.8% and following discussion with East London Foundation Trust (ELFT) the current plan has been set to achieve 15.45% with monthly thresholds agreed. Latest local data for December is showing 10.96% giving a year to date position of 10.75% against the agreed threshold of 11.25%.

GP referrals are continuing to increase month on month and the Service is continuing to engage with Practices to promote the service and will attend the County's GP Symposium in January 2018 to update on the offer and assist with queries.

The final Senior Therapist Post has now been filled and the post holder is due to start in February 2018. 3 additional Psychological Wellbeing Practitioner trainees from Essex University have been allocated to the Wellbeing Service for next year.

Moving to Recovery

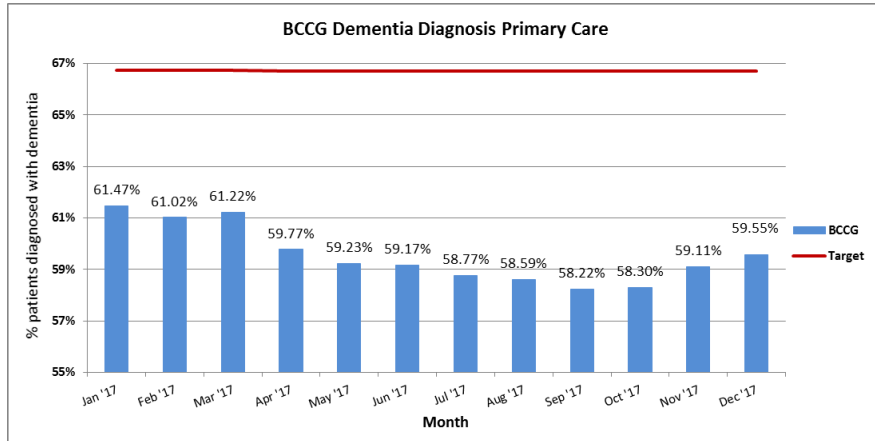


Local data shows the recovery rate has declined to 48.17% in December however the 50% threshold was achieved for Q3 overall. The rate is monitored against the remedial action plan at the monthly CCG chaired contract meetings.

The service has reviewed the management structures and has implemented new protocols to ensure that all cases are discussed before discharge to ensure that the opportunity to reach recovery is maximised.

Training is being undertaken in delivering groups to improve outcomes. This will be an ongoing programme to develop the skills of the staff including a supportive supervision structure.

Dementia Diagnosis



In December there were 3007 patients aged 65+ with a diagnosis for dementia. This number is an increase of 31 patients from November and the GP registered population increased to 5049 from 5035 in November which gives an improving position of 59.55% 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 identified and this project will recommence mid-February. In order to provide further assurance, the CCG have developed a dementia register which ELFT will submit on a monthly basis so that this can be cross referenced with the GP records.

It was identified in December that there is a backlog of letters confirming diagnosis coming out of the memory assessment service. This has been addressed and all letters were set out by the

end January. This should impact on the number of people added to the register.

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.

On the 22nd March, a GP event will be taking place at the Rufus Centre as part of the member's forum. Professor Alistair Burns who is the national Clinical Director for Dementia will be the guest speaker and the main areas for discussion will be diagnosis in primary care. A communication has gone out to practices and this event forms part of a wider dementia awareness campaign around diagnosis which will commence with GPs and members of the public post March.

The GP dementia referral form is currently being reviewed following feedback from practices regarding its usage. This will hopefully lead to more practices referring people for assessment. The dementia template is also being reviewed and updated to ensure that there is consistency across the practices with annual reviews and recalling patients for their yearly assessment.

A mental health HEAT session has been booked for the 8th February in Bedford. Dementia diagnosis and the importance of diagnosing will be on this agenda.

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%			64%
	2	% CHC assessments completed in acute setting for patients on hospital discharge pathway	< 15%	44%	28%	48%	68%	48%	31%	28%	11%	5%	0%			31%
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%	68%	82%			70%
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
	5	Number of interagency disputes on eligibility within the quarter		0	0	1	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 process within NHSE requirements. Vacancies in the process of being filled

D2A implemented 1/11/17, BCCG within target

Reviews

Reviews within target range. LA's reporting an increase in individuals no longer being CHC eligible, CHC showing a significant underspend at MO10

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

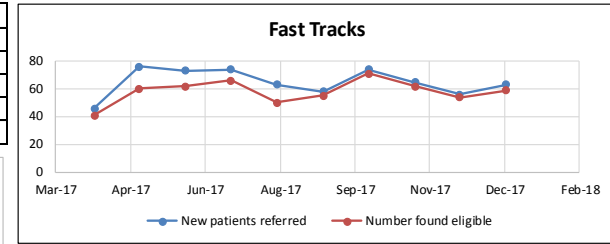
Operational and high level meetings with BBC/CBC to support the joint dispute policy, this has reduced use of arbitration. Current discussion with STP partners to support dispute across the area rather than the use of arbitration

Continuing Healthcare (CHC)

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

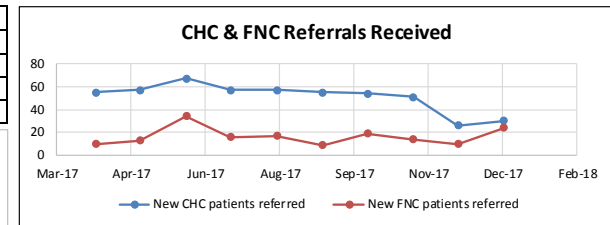
Fast tracks 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD
New patients referred	46	76	73	74	63	58	74	65	56	63	648
Number found eligible	41	60	62	66	50	55	71	62	54	59	580
Number RIP / Withdrawn	5	16	11	8	12	3	3	3	2	4	67
Number not eligible	0	0	0	0	1	0	0	0	0	0	1
Fast track % conversion rate	89%	79%	85%	89%	79%	95%	96%	95%	96%	94%	90%

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



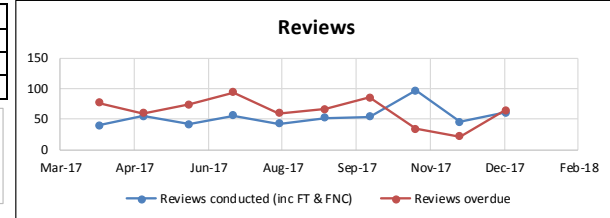
CHC & FNC referrals 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD
New CHC patients referred	55	57	67	57	57	55	54	51	26	30	509
New FNC patients referred	10	13	34	16	17	9	19	14	10	24	166
Positive checklists	41	34	48	50	45	41	43	43	21	26	392
DST's found eligible	9	7	7	6	7	5	6	5	9	0	61

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



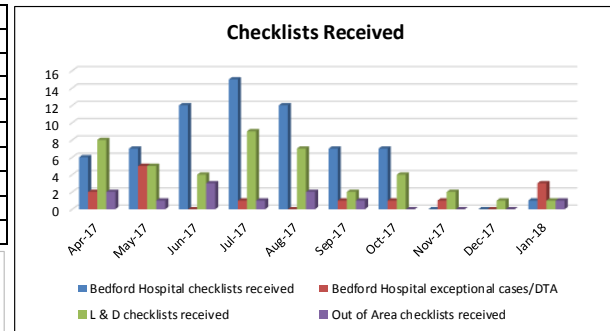
Reviews conducted 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD
Reviews conducted (inc FT & FNC)	40	55	42	56	43	52	54	97	46	61	546
Reviews overdue	77	60	74	94	60	66	85	34	22	65	

CHC Department has increased efficiency of documenting data
Breakdown of reviews conducted for Jan 2018: 33 x CHC, 21 x FNC, 7 x Fast track = 61 (comprising 9 x 3 month review, 24 x Annual review, 21 x FNC 12 month review, 7 x FT review).



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	YTD
Bedford Hospital checklists received	6	7	12	15	12	7	7	0	0	1	67
Bedford Hospital exceptional cases/DTA	2	5	0	1	0	1	1	1	0	3	14
L & D checklists received	8	5	4	9	7	2	4	2	1	1	43
Milton Keynes Hospital	0	0	1	0	2	1	0	0	1	1	6
Out of Area checklists received	2	1	3	1	2	1	0	0	0	1	11
Total found eligible	5	2	5	4	7	1	4	0	0	2	30
Total not eligible / screened out	13	16	15	22	17	11	8	2	2	4	110
% found eligible	28%	11%	25%	15%	30%	8%	33%	0%	0%	29%	19%
% found not eligible	72%	89%	75%	85%	74%	92%	67%	67%	100%	57%	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

Primary Care

Locality Commissioning

Locality Commissioning Plan Performance Indicators

Reporting Period : April - November 2017 (M8 dashboard)

Reporting Period: Nov-17	Bedford		Chiltern Vale		Ivel Valley		Leighton Buzzard		West Mid Beds		Notes
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
Engagement											
Locality Board Meeting attendance (April - Jan)	90%	67%	90%	88%	90%	69%	90%	96%	90%	83%	Bedford has a number of practices working under a Caretaker arrangement. Due to annual leave and apologies there was no board meeting in LB in November.
Members Forum Attendance (Sept & March)											
Practice Assurance Visits (April - Nov)	70%	100%	70%	100%	70%	100%	70%	100%	70%	100%	Visits Commenced in June
Cumulative Practice Visits (April -March)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Locality 2 year plan sign up	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Locality / Cluster transformation plan sign up	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Locality Dashboard (Activity - Month 9)	Bedford			Chiltern Vale			Ivel Valley			Leighton Buzzard			WMB			CCG			Notes	
	Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual		
(based on DSR attendances per 000)																				
Total A&E Attendances	271.65	217.02	229.91	255.76	206.70	218.47	219.37	179.55	187.60	224.5	181.36	190.92	201.52	165.64	170.61			184.67	194.68	Practice level drill down is being undertaken, with practices being asked to review specific areas and report back to locality boards on outcomes
Total Emergency Admissions	104.46	76.75	82.24	109.34	81.12	85.35	92.23	69.11	69.94	95.71	69.74	78.84	89.96	66.16	68.70			59.54	52.88	
GP initiated 1st OP attendances	129.12	91.49	116.60	123.37	87.47	94.85	151.78	103.99	127.20	153.1	108.07	129.05	134.38	93.50	116.83			87.95	100.30	
Elective Admissions	106.82	85.20	73.86	105.83	84.44	78.09	98.04	78.11	75.64	103.49	81.71	73.73	103.33	83.41	73.93			72.39	64.83	

	Below YTD plan
	Above YTD plan
	Plan based on last years activity

Patient Experience

	CCG	England
National GP Patient Survey (July 17 Publication)	%	%
Average of 4 elements of access to Primary Care	76.6%	75.7%
Average of 6 elements of quality of GP appointment	81.3%	83.6%
Average of 6 elements of quality of Nurse appointment	79.5%	77.0%

Friends and Family Test (Dec 2017)

% recommend	88.7%	88.8%
% not recommended	8.1%	5.6%

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. The pilot weekend service is to determine the impact an increased clinical support can have in reducing NELs during this winter period. 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. Supported by the Food First teams at BHT and EPUT and the BCCG Infection Control Nurse, Care Homes each receive 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.

An eight week pilot with EEAST and EPUT has been commissioned by BCCG for an Early Intervention Vehicle (EIV), similar to the model in place in East and North Hertfordshire. The EIV will be staffed by a Paramedic (EEAST) and an Assistant

Practitioner/Nurse/OT (EPUT) who will jointly attend non urgent calls, with referrals routed through the 999 Call Centre, for older adults (65 years of age and older) in their usual place of residence across Bedfordshire who have requested an ambulance response for a fall or related incident.

The crew will jointly respond in an ambulance vehicle which will contain both paramedic equipment and therapy equipment (minor adaptations) and have the ability to provide an immediate response. The aim of the EIV is to support residents to remain in their own place of residence, reduce A&E attendances and subsequent admissions. The EIV team will undertake a joint holistic assessment to include medical, functional, environmental and personal care elements with recommendations for any future requirements; supported by telephone advice from the senior clinical support as required. The patient's own GP will also be involved in any treatment decisions where the patient is expected to be managed in the community. The EIV pilot commenced on 5th February and will continue to 30th March 2018.

Performance measures for the above pilots have been agreed and will be reported weekly by providers, at the conclusion of the pilots, a review and analysis of data will be undertaken to inform future commissioning needs.

The CCG and BHT continue to work through Community Geriatrician support to MDTs in Bedford, and it is anticipated that the role is to be advertised by BHT in February.

The NEL Task Force is also seeking expressions of interest from Bedfordshire GPs to participate in Care Planning for complex patients with the aim of reducing avoidable admissions.

Better Care Fund

The Better Care Fund (BCF) is a programme including both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with integrated health and social care services, resulting in an improved experience and better quality of life.

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 Bedfordshire Clinical Commissioning Group (BCCG).

In 2016/17 both Local Authorities and the CCG implemented the Better Care Plan supporting the joint vision for health and social care set out by the Health and Wellbeing Board. Each year, has seen stepped improvements that have created stronger foundations upon which to build in subsequent years, thereby ensuring continued progress towards the vision and ambition.

The 2017-19 BCF plan seeks to further build on the progress made in previous years and increase the momentum in pursuit of integrated health and social care services for the residents of Bedford Borough and Central Bedfordshire.

Our plan for 2017-19 aligns with the priorities and outcomes of the Health and Wellbeing Board, the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (BLMK STP) and with other local plans, including CCG operational plans, which support delivery of the Five Year Forward View.

Central Bedfordshire 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		7,003	7,460	7,080	7,078	7,086		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		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					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%		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		4,398		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		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%					85.0%	

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%	Q3 17/18	95.39%	95.29%	↑	95.28%	95.25%	↑
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Q3 17/18	94.34%	96.35%	↓	93.94%	96.30%	↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Q3 17/18	97.75%	98.38%	↓	97.90%	98.49%	↓
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Q3 17/18	96.43%	98.65%	↓	93.75%	97.53%	↓
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Q3 17/18	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Q3 17/18	NP	NP	↔	NP	NP	↔
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Q3 17/18	89.25%	87.56%	↑	89.43%	87.98%	↑
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Q3 17/18	96.67%	95.52%	↑	96.67%	95.52%	↑
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Dec-17	92.54%	92.64%	↑	90.88%	92.00%	↑
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Dec-17	0	0	↔	0	0	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Dec-17	99.24%	99.29%	↑	99.26%	99.47%	↑
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Jan-18	87.33%	91.90%	↓	87.33%	91.90%	↑
E.B.S.1	Mixed-sex accommodation breaches	0	Dec-17	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	Dec-17	0	0	↔	0	0	↔

Contracting

Diagnostic Tests 6 week wait reporting

On 25th of October, the CCG issued a performance notice to the Trust for incomplete reporting against the national Diagnostic Test return specifically around Echocardiography. At the February contract meeting, the Trust reported that there were now only 6 echocardiogram patients waiting over 6 weeks (for December) of which 1 had waited in excess of 13 weeks which was due to patient choice. It is proposed that the Contract Performance Notice should now be closed.

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. This was followed up with a Contract Management Meeting on the 5th October 2017 to discuss a remedial action plan, including trajectories to achieve the contractual standards. The initial Remedial Action Plan was received from the Trust on 16th October and is subject to review and scrutiny in the monthly Contract and Quality Group meetings. There will be some short to mid-term process changes but longer term an IT solution will be required.

- 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 February, the position reported (for A&E discharge letters) by the Trust had improved from 20% in September to 46.5% for December 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 February, after which the paper will be shared with the CCG.

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 (Q2)

Bedford Hospital	Jul-17		Aug-17		Sep-17	
	Response Rate	% Recommend	Response Rate	% Recommend	Response Rate	% Recommend
A&E FFT	17.69%	86.75%	16.70%	85.37%	15.51%	84.66%
Birth FFT	33.98%	100.00%	25.24%	80.77%	67.50%	100.00%
Inpatients FFT	25.91%	91.71%	36.34%	93.77%	29.00%	93.74%
Outpatient FFT	15.98%	92.95%	15.16%	93.70%	14.55%	94.46%

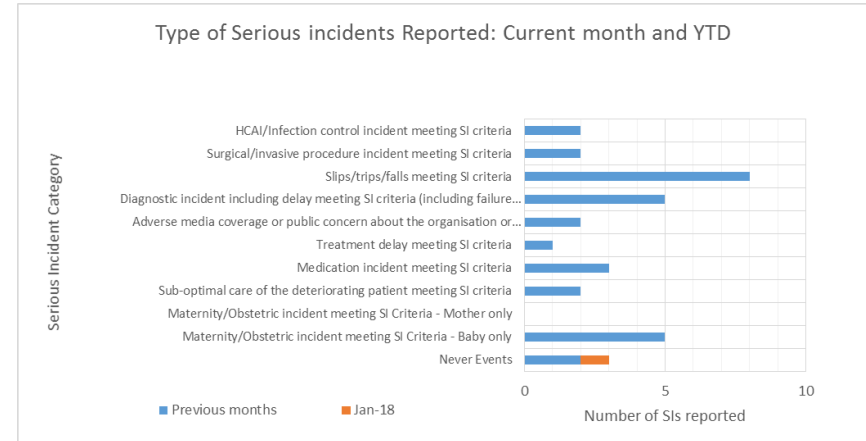
Bedford Hospital have been consistently above the national average for response rates.

In-Patient % recommend scores are lower than national average. 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 no Serious Incidents (SI) in January. A Never Event (NE) was reported in January, with a year to date position of 3 NEs. The latest NE was caused by a retained guidewire.

The procedural guidance relevant to the 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%	Q3 17/18	97.13%	96.09%	↑	97.20%	96.06%	↑
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Q3 17/18	99.01%	98.74%	↑	97.85%	97.41%	↑
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Q3 17/18	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Q3 17/18	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Q3 17/18	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Q3 17/18	NP	NP	↔	NP	100.00%	↔
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Q3 17/18	96.52%	91.41%	↑	90.03%	89.46%	↑
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Q3 17/18	100.00%	98.70%	↑	95.24%	96.50%	↓
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Dec-17	91.54%	92.94%	↓	90.90%	92.00%	↓
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Dec-17	0	2	↔	0	2	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Dec-17	95.15%	96.92%	↓	94.59%	98.24%	↓
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Jan-18	97.94%	98.60%	↓	97.93%	98.60%	↓
E.B.S.1	Mixed-sex accommodation breaches	0	Dec-17	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	Dec-17	0	0	↔	0	0	↔

Patient Experience (Quarterly reporting) & Serious Incidents

Friends and Family Test (Q2)

Luton & Dunstable	Jul-17		Aug-17		Sep-17	
	Response Rate	% Recommend	Response Rate	% Recommend	Response Rate	% Recommend
A&E FFT	5.62%	97.70%	3.60%	97.80%	2.90%	95.98%
Birth FFT	6.88%	96.97%	1.14%	100.00%	0.98%	*
Inpatients FFT	20.40%	95.68%	23.39%	91.03%	20.83%	96.04%
Outpatient FFT	6.69%	96.43%	6.67%	96.44%	8.06%	94.76%

Response rates for all areas, except out-patients, are consistently lower than the national average. 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.

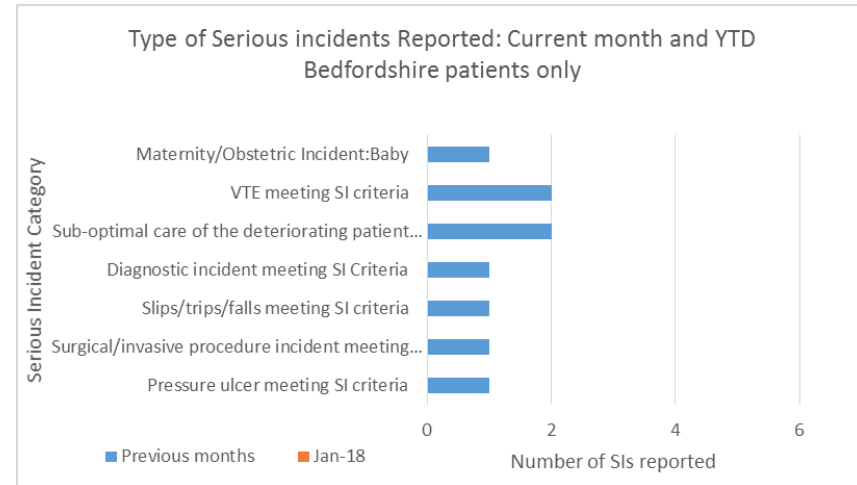
The Trust will be implementing IT solutions in order to improve their low response rates, but issues relating to tendering a contract to supply patient feedback surveys is impacting the roll out of the texting service in the Emergency Department, Maternity and Outpatients.

Volunteers are visiting the wards to collect information from patients in an effort to increase response rates. The Trust are exploring why the impact on response rates in maternity following the introduction of FFT Champions during the second half of last year has not been sustained. This was due to be discussed with the Trust at the Q2 Quality Meeting however this was cancelled due to bad weather and a new meeting date is proving difficult due to current pressures in the system.

% recommend is above the national average but this cannot be used as a true comparator until response rates improve.

The Trust remain significantly below the national response rate for A&E. This has been raised at the Quarterly Quality Meetings. IT and procurement issues still present challenges. In the interim improvement of response rate being explored through other routes. Further detail has been requested.

Serious Incidents



The Trust reported no serious incidents for Bedfordshire patients in January, and 9 incidents year to date. No Never Events (NEs) were reported for Bedfordshire patients in December 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 Hertfordshire					
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%	Q3 17/18	97.79%	97.65%	↑	97.40%	97.76%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Q3 17/18	91.30%	92.42%	↓	92.65%	93.23%	↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Q3 17/18	91.11%	87.57%	↑	94.85%	92.39%	↑
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Q3 17/18	75.00%	83.33%	↓	83.91%	85.96%	↓
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Q3 17/18	100.00%	100.00%	↔	97.62%	96.21%	↑
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Q3 17/18	88.31%	89.00%	↓	90.85%	89.54%	↓
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Q3 17/18	82.22%	71.01%	↑	77.67%	72.87%	↑
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Q3 17/18	100.00%	93.75%	↑	74.58%	68.94%	↑
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Dec-17	N/A	N/A		N/A	N/A	
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Dec-17	N/A	N/A		N/A	N/A	
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Dec-17	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	82.00%	83.94%	↑	82.03%	83.94%	↑
E.B.S.1	Mixed-sex accommodation breaches	0	Dec-17	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	Dec-17	0	0	↔	N/A	N/A	

East and North Herts Trust reported a Serious Incident in January at Lister Hospital involving a Bedfordshire patient in a medication incident where blood thinning medications were not restarted as planned.

East London Foundation Trust

Operational Standards	Threshold 2017/18	Apr	May	Jun	Qtr. 1	July	Aug	Sep	Qtr. 2	Oct	Nov	Dec	Qtr. 3	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%	97.1%	
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%	94.4%	
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%	84.0%	
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%	97.01%	
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%	
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%	96.2%	
% 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%	80%	
% 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%	
% 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%	6.1%	
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%	98.3%	
% of CYP ED cases that start treatment within 4 weeks of referral	75%		Quarterly			66.7%		Quarterly			83.30%		Quarterly		
% of CYP urgent ED cases that start treatment within 7 days of referral	67%		Quarterly			100.0%		Quarterly			55.60%		Quarterly		

Waiting time for Mental Health Assessments from referral to crisis team - All three of the breaches were administrative errors. In all three cases the service user was seen well within the four hour target.

Single Point of Access emergency referrals received and attended to within 24 hours - This was 1 patient who was an inappropriate referral to the service and did not attend.

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 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.

Patient Experience (Quarterly reporting) & Serious Incidents

Friends and Family Test (Q2)

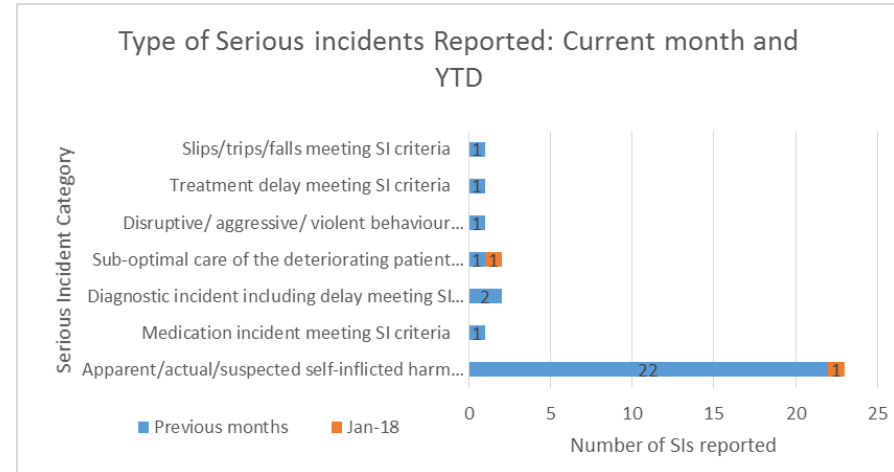
ELFT by Service Category	Jul-17		Aug-17		Sep-17	
	Total Responses	% Recommended	Total Responses	% Recommended	Total Responses	% Recommended
Acute Services	263	87.07%	194	89.69%	261	83.14%
Child & Adolescent Mental Health Services	201	87.06%	234	88.03%	169	91.12%
Mental Health Other	13	100.00%	24	100.00%	24	79.17%
Primary Care	169	94.67%	137	97.08%	142	97.89%
Secondary Care Community Services	172	87.21%	278	88.85%	296	90.54%
Specialist Services	81	88.89%	49	83.67%	43	90.70%

ELFT Friends and family test responses are in line with those received nationally and are slightly above the national figure 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.

Month	% who knew who to contact when worried or in a time of crisis.
Jul	85.89
Aug	93.33
Sep	84.55

Serious Incidents



The Trust reported 2 Serious Incidents in January 2018 and no Never Events.

A Quality Team visit was undertaken to Biggleswade Community Mental Health Team (CMHT) in December to observe the new operational CMHT structures and the implications to practice which linked with discussions at the bi-monthly Extraordinary SI meeting in January 18 where SIs relating to Biggleswade CMHT were presented.

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	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%	97.26%
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%	99.02%
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%	98.50%
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%	98.36%
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%
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%
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%	89.94%
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%	97.84%
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%
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%	97%	97.36%
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%	99%	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%	97%	96.56%
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%	100%	98.56%
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%	94%	97.02%
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%	#DIV/0!	#DIV/0!	95.73%
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%	98.61%
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%	89.63%
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%	80.45%
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%	81.57%
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%	80.97%
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%	92.36%
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%	86.29%
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%	4.84%
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%	83.52%
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%	2.30%
Number of avoidable pressure ulcers grade 3 & 4	Monthly	0	0	0	0	0	0	0	1	1	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%
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%
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%
Number of patients admitted to an inpatient unit			21	21	30	72	18	30	29	77	28	27	32	87	236
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%	92.31%
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%	99.48%
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%	99.97%
Number of medication errors (not ragged)	Monthly	Number	14	9	3	26	9	7	2	18	26	20	9	55	99
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%	95.52%

Performance

Looked after Children Review Health Assessment waiting times for November have improved to 96% and 100% in December achieving target. A CPN had been issued to escalate the failure in September 2017 and a remedial Action plan has been finalised in January 2018.

Children's wheelchairs were at 86% for December as 2 from 15 patients waited > 18 weeks, EPUT have been asked to clarify if it was an operational delay or patient choice for delayed delivery over the Christmas period.

Adult speech and language delays over 18 weeks are 85.5% for December and a refreshed remedial action plan has been requested.

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.

New CHC training targets is short of the trajectory agreed for Q3, this will be escalated to the contract meeting where a true position statement and a remedial plan has been requested.

Discharge letter targets continue to deliver with the exception of first children's outpatient attendance which was due to an IT issue at the Child Development Centre which resulted in 7 letters being delayed for 6-7 days.

Patient Experience & Serious Incidents

Friends and Family Test (Q2)

EPUT by Service Category	Jul-17		Aug-17		Sep-17	
	Total Responses	% Recommended	Total Responses	% Recommend	Total Responses	% Recommend
Children & Family Services	290	96%	74	97.30%	181	91.71%
Community Healthcare Other	7	100%	12	100.00%	18	100.00%
Community Inpatient Services	2	*	7	100.00%	10	90.00%
Community Nursing Services	48	96%	47	97.87%	53	100.00%
Rehabilitation & Therapy Services	129	98%	66	92.42%	101	99.01%
Specialist Services	104	99%	73	97.26%	230	97.39%

EPUT continue to report that over 90% of patients who complete the friends and family test would recommend their services. Whilst the number of questionnaires returned for inpatients is lower this quarter, the number recommending the service have increased to above 90% for two of the months, with two few number of responses being received in one month to determine a level.

Serious Incidents

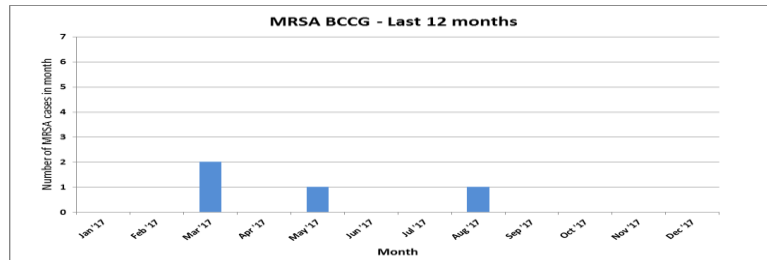
EPUT reported a second avoidable pressure ulcer, Grade 3 for the year.

Cambridgeshire Community Services

Com	Operational Standards	Reporting Frequency	Threshold 2017/18	Measure	Apr	May	Jun/Q1	Jul	Aug	Sep/Q2	Oct	Nov	Dec/Q3
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%
	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%
All	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
BCCG	Zero tolerance RTT waits over 52 weeks for incomplete pathways	Monthly	0	Number	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%
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%
	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%
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%
LCCG & BCCG	Number of 1st Appointments	Monthly	For info	Number	48	105	112	101	129	112	111	80	56
LCCG & BCCG	Number of letters sent				40	88	84	90	119	93	109	77	54
LCCG & BCCG	Number of letters sent within 5 working days				32	71	62	46	91	85	88	68	48
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%
LCCG & BCCG	Number of follow-up appointments	Monthly	For info	Number	327	362	290	201	239	183	252	287	220
LCCG & BCCG	Number of letters sent				284	336	266	189	214	175	244	265	2
LCCG & BCCG	Number of letters sent within 6 weeks				282	326	264	180	208	141	241	262	218
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
BCCG	Hospital admission avoidance activity (Adult Services)		N/A	Number	18	23	18	12	15	28	20	16	14
BCCG	Hospital admission avoidance activity - Children's Services		N/A	Number	7	11	13	14	9	11	14	9	12
All	No service user will acquire an MRSA Bacteraemia	Monthly	0	Number	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
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%
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%
All	All serious incident action plans are implemented and completed	Monthly	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%
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%
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%
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%
All	Provider will report to commissioner any CQC or HSE compliance actions	Monthly	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%
All	Number of missed appointments in all children's services:	Monthly	For Info	Number	322	377	438	379	418	365	374	327	268

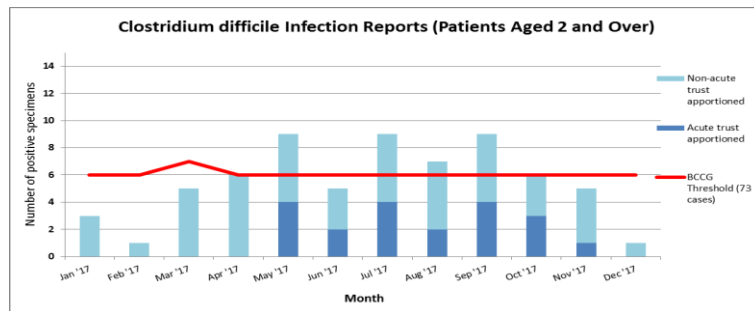
Infection Control (Monthly) & Mortality Rates (Quarterly)

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 December there was 1 case of C-Diff reported against the threshold of 6 for the month which was non-acute apportioned. The CCG has 57 cases year to date against a year end ceiling of 73.



Benchmarking within the East of England shows that BCCG is currently 3rd lowest in the East of England and below the England total year to date. Bedford Hospital has had 6 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 26 cases reported for CCG patients in December 2017 meaning the CCG continues to be above the year to date ceiling of 18 cases per month with 206 cases against a year to date ceiling of 166 cases.

Influenza – update 15/2/18 Bedford Hospital currently have no confirmed cases as inpatients. Luton & Dunstable currently have 17 confirmed cases. Infection prevention and control teams are managing the situation and all patients are isolated appropriately.

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 – January 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	5	3	6	7	7	7	5	5	5	6	99	63	63.64%
Bedford Locality	7	6	7	7	7	7	7	6	6	7	6	4	77	70	90.91%
CHC	29	28	29	29	28	29	29	28	29	28	29	28	319	314	98.43%
Commissioning & Performance	20	18	20	21	20	21	20	18	19	19	19	19	220	214	97.27%
Communications	9	9	9	9	9	9	9	8	9	9	8	9	99	97	97.98%
Contracts	9	9	9	8	8	8	8	9	8	8	9	8	99	92	92.93%
Corporate	7	4	6	5	5	5	4	5	6	5	6	5	77	56	72.73%
Finance	18	15	13	14	14	13	14	12	13	14	14	13	198	149	75.25%
Governing Body	6	5	5	4	5	5	4	3	4	4	3	0	49	42	85.71%
Localities Team	13	11	10	12	10	11	11	12	12	11	12	12	143	124	86.71%
Meds Management	20	20	20	20	20	20	20	16	17	20	19	16	220	208	94.55%
Quality	23	22	21	22	21	23	23	18	21	22	22	21	253	236	93.28%
Strategy and Transformation	7	4	4	5	4	6	6	4	5	4	5	4	77	51	66.23%
Grand Total	178	158	158	159	157	164	162	146	154	156	157	145	1930	1716	
Compliance by Training		88.00%	90.64%	95.71%	88.44%	91.91%	92.49%	87.65%	89.94%	90.59%	91.33%	88.44%			

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

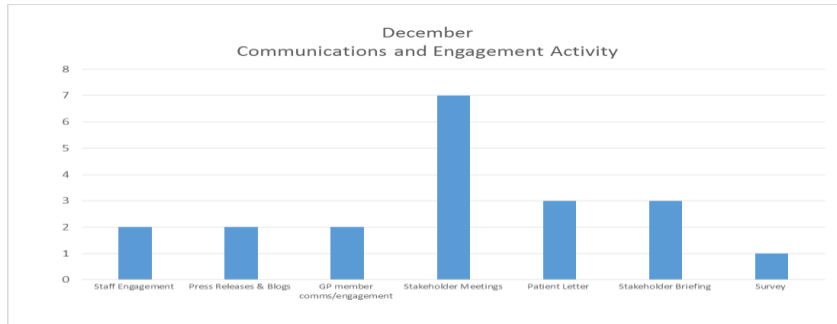
1. Non-emergency patient transport – general enquiries and concerns about EEAST service provision.
2. Medicines Management – self-care, gluten free, free libra glucose monitoring.
3. Continuing Healthcare Funding – eligibility.
4. Primary care - signposting
5. Circle MSK – referral system

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 December, 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 - The CCG released two press releases: 'Balance your Diabetes and enjoy the festive period' and 'Make sure you do not run out of medicine this holiday season'.

Stakeholder meetings - The CCG communications team attended or hosted seven stakeholder meetings in December. The CCG also hosted an STP functional review meeting, two National Association for Patient Participation (NAPP) workshops with practice managers and the Patient and Public Engagement Committee. The CCG also hosted two meetings with Overview and Scrutiny Committee (OSC) members: the first to show Central Bedfordshire OSC members around the Biggleswade 'hub' site. The second was to keep the Bedford Borough members informed about the caretaking arrangements for the Non-Emergency Patient Transport Service. BCCG also attended the Bedford Borough Overview and Scrutiny Committee meeting to discuss plans for local primary care.

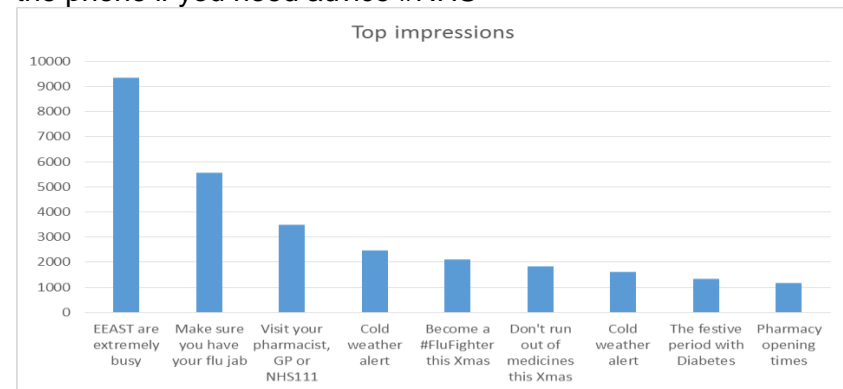
Stakeholder Briefing - Three stakeholder briefings were widely distributed by the CCG, regarding three GP practices in Bedford which are being reproced under the APMS contract rules.

Surveys - The CCGs 360° stakeholder survey was launched in the month of December. Undertaken by Ipsos Mori on behalf of all CCGs in the country, the survey allows stakeholders to provide feedback on their working relationship with the CCG.

Social Media

Website - 1,929 people viewed the CCG website in December 2017. Between them, they visited 6,692 pages. The most popular news story was the press release: 'Make sure you don't run out of medicines this holiday season' with 210 views and 83 unique views.

Twitter - In December 2017, BCCG sent out 38 tweets. This translated into 50.2k impressions (as detailed below). The CCG also achieved 1,136 profile visits, 129 mentions and 30 new followers. The top tweet earned 9,309 impressions: @EastEnglandAmb are extremely busy - please only call an ambulance in an absolute emergency - NHS 111 are at the end of the phone if you need advice #NHS



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/adjvant 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/adjvant 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