

# Integrated Performance & Quality Report

June 2018

# Performance Headlines

<b>Performance Headlines</b>	
Performance Dashboard 2017/18	6
Performance Dashboard 2017/18	7
Quality Premium 2017/18	8-9
Quality Premium 2018/19	10
Referrals Activity – Month 1	11-12
Improvement & Assessment Framework	13-19
<b>Programme Overviews</b>	
Planned Care	20-28
Unplanned Care including HUC	29-36
Mental Health & Learning Disability	37-41
Continuing Healthcare	42-43
Locality Commissioning Plan	44-45
Out of Hospital	46
Better Care Fund	47

<b>Provider Updates</b>	
Bedford Hospital	48-49
Luton & Dunstable	50-51
East & North Hertfordshire	52-53
Other Providers	54
East London Foundation Trust - MH	55-56
East London Foundation Trust - Com	57-58
Cambridge Community Services	59
<b>Annexes</b>	
Infection Control	60
Mortality and Safeguarding	61
Workforce Mandatory Training	62
Complaints and FOIs	63
Patient Engagement	64-65
Definitions and Acronyms	66-67

# Performance Headlines

CONSTITUTIONAL AND ADDITIONAL QUALITY INDICATORS ACHIEVED IN APRIL 2018		
		National Threshold
Cancer 2 week wait following urgent GP referral for suspected cancer	94.07%	93%
Cancer 31 day subsequent treatment for cancer - Surgery	94.12%	94%
Cancer 31 day subsequent treatment for cancer - Drugs	100%	98%
Cancer 31 day subsequent treatment for cancer - Radiotherapy	94.20%	94%
Cancer 62 day 1 <sup>st</sup> treatment following referral from a Screening Service	100%	90%
90th Centile Ambulance Category 3 calls response time (minutes) - BCCG Patients	117:16	<120
90th Centile Ambulance Category 4 calls response time (minutes) - BCCG Patients	150:58	<180
Trolley waits in A&E over 12 hours	0	0
Urgent Operations cancelled for a second time	0	0
IAPT - people who completed treatment and are moving to recovery – Local Provider Data	51.69%	50%
IAPT – access rate – Local Provider Data	1.41%	1.4%
% people referred to IAPT programme treated within 6 weeks of referral – Local Provider Data	98.86%	75%
% people referred to IAPT programme treated within 18 weeks of referral – Local Provider Data	99.62%	95%
Number of MRSA incidents	0	0
Psychosis treated with a NICE approved care package within two weeks of referral – refreshed data	55.56%	53%

# Performance Headlines

<b>IMPROVING PERFORMANCE:</b>	<b>Plan</b>	<b>Actual</b>	
Mean Ambulance Category 1 calls response time (minutes) - BCCG Patients	7:00	7:04	In April there has been a significant improvement in performance for BCCG across each of the 4 new ARP standards. The main focus of EEAST has been to achieve the performance for the highest acuity of calls (C1) as specified by the Independent Service Review. Definitions for Category 2 calls are still in the process of being finalised with the national team and once this is complete actions to improve performance will be put in place.
Mean Ambulance Category 2 calls response time (minutes) - BCCG Patients	18:00	22:28	
CPA follow up within 7 days of discharge from psychiatric in-patient care	95%	92.51%	In Quarter 4 the CCG underachieved this indicator with 92.51% against the 95% threshold. There were 187 patients followed up with 14 patients breaching the standard. Further analysis of the breaches has identified that 4 were patients discharged on CPA. These patients were followed up on Days 7, 9 and 15. Performance of this indicator is discussed at the monthly contract meeting and reasons for breaches are reviewed.
18 week Referral to Treatment - Incomplete pathway	92%	91.41%	The trajectory for return to RTT compliance at Bedford Hospital is now in place and forecast for August; it is positive to note that the April planned trajectory was exceeded. BHT are increasing capacity by introducing some evening/weekend clinics and/or recruiting to consultant/locum posts to reduce backlog. Luton & Dunstable have increased their capacity and providing additional clinics. RTT performance has improved compared to March.
52 week referral for incomplete pathways	0	2	The CCG has had 2 52+ week breaches in April; 1 x Neurology at Milton Keynes University Hospital Trust. 1 x Trauma & Orthopaedics at West Hertfordshire Hospitals NHS Trust.
A&E 4 hour wait (7 Providers)	95%	93.32%	Overall A&E performance continues to be affected by high numbers of high acuity patients needing admission. This activity coupled with longer length of stay due to patients being very unwell and not ready for discharge/step down or insufficient capacity for step downs, had a direct impact on Bedford Hospital's bed availability and flow.
Mixed-sex accommodation breaches	0	2	In April there were 2 mixed sex accommodation breaches, 1 at East and North Hertfordshire and 1 at Imperial College London. The CCG has written to both Trust to identify the reason for the breach.

# Performance Headlines

DETERIORATION IN PERFORMANCE:	Plan	Actual	
Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected.	93%	92.59%	There were 100 patients treated with 24 breaching the 62 day standard. Overall performance against the 62 days standard is challenging for local cancer units. BHT and L&D have challenges in urology and breast services. Referrals for 2ww have increased significantly in recent months due to publicity around prostate cancer. BHT have a recovery plan in place which is monitored by the Cancer Improvement Group. Recovery position not yet agreed but is likely to be September 2018.
Cancer 31 day - 1st definitive treatment from diagnosis	96%	94.68%	
Cancer 62 day - 1st treatment following an urgent GP referral	85%	76%	
Diagnostic tests - % of patients waiting 6 weeks or more	99%	98.43%	The CCG underachieved this indicator with 98.43% against the 99% threshold. There were 7085 patients on the diagnostic tests pathway with 113 breaching the 6 week threshold. Cambridge Community Services has a recovery plan in place and provided a trajectory to deliver compliance however due to ongoing staffing issues in paediatric audiology the Trust have provided a revised trajectory which is showing a deterioration in performance into Quarter 1. The Trust has identified potentially two full time Audiologists and if these posts are successful a revised trajectory will be provided.
Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q3 - 6 Q4 - 17	The CCG write to each provider to request further information on the reason for the breach and this has been confirmed as bed pressures due to higher priority emergency cases displacing elective activity. The only exception to this was at East and North Hertfordshire where 1 breach was due to an administrative error.
Estimated diagnosis rate for people with dementia - Primary Care	60.32%	58.20%	In April there were 2949 patients aged 65+ with a diagnosis for dementia which gives a worsening position of 58.2% against the 60.32% threshold. GP visits are continuing with all practices having a scheduled visit in place. Applications have been submitted via the Better Care Fund for the further roll out of CANTAB mobile app in primary care. Further detail included in the dementia section of the report. The CCG has a plan in place to meet the 66.7% threshold by September 2018.

# Constitutional & Additional Quality Indicators 2017/18



Bedfordshire

Clinical Commissioning Group

BCCG Indicator Level	Plan	17/18 Year End
Cancer 2 week waits following urgent GP referral for suspected cancer	93%	95.49%
Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	96.15%
Cancer 31 day - 1st definitive treatment from diagnosis	96%	97.28%
Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	96.51%
Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	100.00%
Cancer 31 day - Subsequent treatment - Radiotherapy	94%	95.31%
Cancer 62 days - 1st treatment following an urgent GP referral	85%	84.50%
Cancer 62 days - 1st treatment following referral from Screening Service	90%	95.71%
Cancer 62 days - 1st treatment following consultants decision to upgrade		86.57%
CPA follow up within 7 days of discharge from psychiatric in-patient care	95%	94.25%
18 week Referral to Treatment for completed admitted patients	90%	83.20%
18 week Referral to Treatment for completed non admitted patients	95%	91.99%
18 week Referral to Treatment - Incomplete pathway	92%	91.89%
52 week referral for completed admitted pathways	0	17
52 week referral for completed non-admitted pathways	0	177
52 week referral for incomplete pathways	0	26
Diagnostic tests - % of patients waiting 6 wks or more	99%	97.22%
A&E 4 hour wait (7 Providers)	95%	92.30%
Mixed-sex accommodation breaches	0	14
Cancelled operations on or after day of admission and not offered another date within 28 days	0	31
Trolley waits in A&E over 12 hours	0	0
Urgent Operations cancelled for a second time	0	0
IAPT - access rate - (February 2018 data)	15.45%	12.00%
IAPT - people who completed treatment and are moving to recovery - (February 2018 data)	50%	46.03%
% people referred to IAPT programme treated within 6 weeks of referral - (February 2018 data)	75%	98.66%
% people referred to IAPT programme treated within 18 weeks of referral - (February 2018 data)	95%	99.83%
Psychosis treated with a NICE approved care package within two weeks of referral	50%	88.89%
Estimated diagnosis rate for people with dementia - Primary Care	67%	58.87%
Number of MRSA incidents	0	3
Number of C-Difficile incidents	73	71

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.

# Constitutional & Additional Quality Indicators 2018/19

Performance Against NHS Constitutional Pledges and Additional Quality Indicators														
KPI Code	BCCG Indicator Level	Plan	Latest Data	Reporting Period	YTD	Trend	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	94.07%	Apr-18	94.07%	*↓	●	●	●	●	●			
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	92.59%	Apr-18	92.59%	*↓	●	●	●	●	●			
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	94.68%	Apr-18	94.68%	*↓	●	●	●	●	●			
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	94.12%	Apr-18	94.12%	*↓	●	●	●	●	●			
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	100.00%	Apr-18	100.00%	*↔	●	●	●	●	●			
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	94.20%	Apr-18	94.20%	*↓	●	●	●	●	●			
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	76.00%	Apr-18	76.00%	*↓	●	●	●	●	●			
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	100.00%	Apr-18	100.00%	*↑	●	●	●	●	●			
E.B.14	Cancer 62 days - 1st treatment following consultants decision to upgrade	N/A	100.00%	Apr-18	100.00%	*↑								
E.B.15i	Mean Ambulance Category 1 calls response time (minutes) - BCCG pts	7 mins	7:04	Apr-18	7:04	↔					●			
E.B.15ii	Mean Ambulance Category 2 calls response time (minutes) - BCCG pts	18 mins	22:28	Apr-18	22:28	↔					●			
E.B.16	90th Centile Ambulance Category 3 calls response time (minutes) - BCCG pts	120 mins	117:16	Apr-18	117:16	↔					●			
E.B.16	90th Centile Ambulance Category 4 calls response time (minutes) - BCCG pts	180 mins	150:58	Apr-18	150:58	↔					●			
E.B.S.3	CPA follow up within 7 days of discharge from psychiatric in-patient care	95%	92.51%	Q4 17/18	94.25%	↑	●	●	●	●				
E.B.1	18 week Referral to Treatment for completed admitted patients	90%	80.79%	Apr-18	80.79%	↓								
E.B.2	18 week Referral to Treatment for completed non admitted patients	95%	91.96%	Apr-18	91.96%	↓								
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	91.41%	Apr-18	91.41%	↑	●	●	●	●	●			
E.B.S.4.i	52 week referral for completed admitted pathways	0	3	Apr-18	3	↓								
E.B.S.4.ii	52 week referral for completed non-admitted pathways	0	18	Apr-18	18	↓								
E.B.S.4.iii	52 week referral for incomplete pathways	0	2	Apr-18	2	↑	●	●	●	●	●			
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	98.43%	Apr-18	98.43%	↓	●	●	●	●	●			
E.B.5	A&E 4 hour wait (7 Providers)	95%	93.32%	Apr-18	93.32%	↑	●	●	●	●	●			
E.B.S.1	Mixed-sex accommodation breaches	0	2	Apr-18	2	↑	●	●	●	●	●			
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	17	Q4 17/18	31	↓	●	●	●	●				
E.B.S.5	Trolley waits in A&E over 12 hours	0	0	Apr-18	0	↔	●	●	●	●	●			
E.B.S.6	Urgent Operations cancelled for a second time	0	0	Apr-18	0	↔	●	●	●	●	●			
E.A.3	IAPT - access rate	15.45%	1.21%	Feb-18	13.13%	↓	●	●	●	●	●			
E.A.S.2	IAPT - people who completed treatment and are moving to recovery	50%	50.00%	Feb-18	46.30%	↑	●	●	●	●	●			
E.H.1_A1	% people referred to IAPT programme treated within 6 weeks of referral	75%	100%	Feb-18	98.75%	↔	●	●	●	●	●			
E.H.1_A2	% people referred to IAPT programme treated within 18 weeks of referral	95%	100%	Feb-18	99.84%	↔	●	●	●	●	●			
E.H.4	Psychosis treated with a NICE approved care package within two weeks of referral	53%	50.00%	Apr-18	50.00%	↓	●	●	●	●	●			
E.A.S.1	Estimated diagnosis rate for people with dementia - Primary Care	67%	58.20%	Apr-18	58.20%	↓	●	●	●	●	●			
E.A.S.4	Number of MRSA incidents	0	0	Apr-18	0	↔	●	●	●	●	●			
E.A.S.5	Number of C-Difficile incidents	72	8	Apr-18	8	↔	●	●	●	●	●			

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

Quality Premium Indicators 17/18	% of Quality Premium available if Indicator is achieved			Plan	Latest Data	Trend	Reporting Period	YTD
	Weighting	Value	Eligible					
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.								
<b>National Indicators - Additions</b>								
New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	17%			60.00%	56.30%		2015	
Overall experience of making a GP appointment - Improvement on July 2017 survey result (75.83%)	17%			75.83%	72.83%		Jul-17	
<b>Continuing Healthcare - Part A</b> NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (in 80% of cases with a positive NHS CHC Checklist for new referrals)	8.5%			>=80%	67%	↑	Q4 17/18	
<b>Continuing Healthcare - Part B</b> Less than 15% of all full NHS CHC assessments take place in an acute hospital setting	8.5%			<15%	7%	↓	Q4 17/18	
<b>Mental Health - Equity of Access and outcomes into IAPT services - BAME</b> Recovery rate of people accessing IAPT services identified as BAME, improvement of at least 5 percentage points or to same level as white British, whichever smaller	17.0%			45.91%	44.44%	↓	Q4 17/18	42.55%
<b>Mental Health - Equity of Access and outcomes into IAPT services - Older People</b> 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.				50.00%	31.19%	↓	Q4 17/18	35.00%
<b>Bloodstream infections - Part A i)</b> At least 10% reduction in all E coli BSI reported at CCG level based on 2016 performance data	6.0%			223	40	↑	Mar-18	285
<b>Bloodstream infections - Part A ii)</b> Collection and reporting of core primary care data set for all E coli BSI in Q2 2017/18	1.7%			Awaiting confirmation of measurement				
<b>Bloodstream infections - Part B i)</b> At least 10% reduction in the Trimethoprim:Nitrofurantoin prescribing ratio based on CCG baseline data (June15-May16) for 2017/18	3.8%			0.624	0.354	↓	Mar-18	
<b>Bloodstream infections - Part B ii)</b> At least 10% reduction in the number of Tremithoprim items prescribed to patients aged 70 years or greater on baseline data (June15-May16)	3.8%			6,977	5,102	↓	Mar-18	
<b>Bloodstream infections - Part C</b> Sustained reduction of inappropriate prescribing in primary care, items per STAR-PU must be equal of below 0.161 items per STAR-PU	1.7%			<=1.161	1.043	↓	Mar-18	
<b>Local Indicators - Additions</b>				<b>Plan</b>	<b>Latest Data</b>	<b>Trend</b>	<b>Reporting Period</b>	<b>YTD</b>
<b>Right Care - Gastrointestinal</b> Rate of Gastroscopies per 100,000 age-sex weighted population (<40) 5% reduction in the number of elective gastroscopies in 2017/18 for age 19-39 years compared to 2016/17	15%			681	66	↑	Mar-18	664
<b>The CCG will have its Quality Premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges</b>			<b>% Deductions if indicator is underachieved</b>	<b>Plan</b>	<b>Latest Data</b>	<b>Trend</b>	<b>Reporting Period</b>	<b>YTD</b>
18 week Referral to Treatment - Incomplete pathway *			33.3% of Eligible Additions	92%	90.03%	↓	Mar-18	91.89%
A&E 4 hour wait (7 Providers) *			33.3% of Eligible Additions	95%	88.21%	↑	Mar-18	92.30%
Cancer 2 week waits following urgent GP referral for suspected cancer *			33.3% of Eligible Additions	93%	94.93%	↓	Mar-18	95.49%

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

The CCG was not eligible for any Quality Premium payment in 2017/18 as it ended the financial year with an adverse variance against planned surplus, breakeven or deficit financial position. Exception reporting is included below for quality underperformance. The financial gateway continues to apply to both sections of the 2018/19 Quality Premium.

**Continuing Healthcare Part A** - The figure within the Quality Premium report is showing a figure of 67% for Quarter 4 which is not an accurate reflection of true activity and relates to issues with the data provider. NHSE have been made aware and further work is being completed. Due to the time period of data which captures live activity there will always be a difference between that reported nationally within the NHSE Quality Premium dashboard and the CHC dashboard above which is based on final monthly data.

**Mental Health - Equity of Access and outcomes into IAPT services - Older People.** Qtr 4 baseline data is 36.62% and therefore the CCG needs to achieve at least 50%. The year end performance for 2017/18 is 35% therefore this indicator has not been achieved. The CCG is supporting sustained recovery rates for those accessing IAPT services this will include support to access and recover for those people over the age of 65 years.

**Mental Health – Equity of Access and outcomes into IAPT services – BAME** – Qtr 4 baseline data is 40.91% and therefore the CCG need to achieve at least 45.91%. The year end performance for 2017/18 is 42.55% therefore this indicator has not been achieved. The CCG is supporting increased access for BME communities to IAPT services by focusing on long term condition, initially diabetes. This disease has a much greater prevalence amongst BME communities compared to the wider population and therefore targeting this LTC this will provide a disproportionate benefit to those communities. Additionally some of those communities would not have commonly used MH services and targeting LTCs is a way of engaging communities that do not traditionally engage.

**Bloodstream Infections - Part A (i)** – Threshold for April 2018-March 19 is 223 or less.

BCCG had 31 cases in April 2018 which is above the year to date threshold of 18 cases. All cases are reviewed involving all relevant provider organisations. The CCG is working with public health colleagues on sharing the important messages to prevent infection, particularly around hydration of people in their own homes and those in care homes. The medicines management team work closely with primary care and other providers to monitor the use of prescribed antibiotics.

# 2018-19 Quality Premium

## Bedfordshire CCG Quality Premium Dashboard

<b>CCG Quality Premium Total (Potential Funding)</b>	<b>£2,413,000</b>
<b>CCG Emergency Demand Management Indicators (Potential Funding)</b>	<b>£1,822,770</b>
<b>CCG Quality Indicators (Potential Funding)</b>	<b>£590,230</b>

Forecast CCG Quality Premium (iii)	£0
Additions	(Eligible QP funding) £0
Deductions	(from Eligible QP funding) £0

Quality Premium Indicators 18/19	% of Quality Premium available if Indicator is achieved		
	Weighting	Value	Eligible
<b>Emergency Demand Management Indicators - Additions</b>			
Type 1 A&E Attendances	50%	£911,385	
Non elective admissions with zero length of stay	50%	£911,385	
Non elective admissions with length of stay of 1 day or more			
<b>Quality Indicators - Additions</b>			
Achieve greater than 60% of all cancers that are diagnosed at stages 1 and 2 in the 2018 calendar year	17%	£100,339	
Overall experience of making a GP appointment - 3% point increase on July 2018 survey result (TBC)	17%	£100,339	
<b>Continuing Healthcare - Part A</b> NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (in 80% of cases with a positive NHS CHC Checklist for new referrals)	8.5%	£50,170	
<b>Continuing Healthcare - Part B</b> Less than 15% of all full NHS CHC assessments take place in an acute hospital setting	8.5%	£50,170	
<b>Mental Health - Equity of Access and outcomes into IAPT services - BAME</b> 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. 2017/18 provisional outturn 41.93%	17.0%	£100,339	
<b>Mental Health - Equity of Access and outcomes into IAPT services - Older People</b> Proportion of people accessing IAPT services >65 years to increase to at least 70% of the proportion of adults aged 65+ in the local population or by at least 33%, whichever is greater. 2017/18 provisional outturn Q3 42.11% national data due for release on 14 June 2018			
<b>Bloodstream infections - Part A i)</b> At least 10% reduction in all E coli BSI reported at CCG level based on 2016 performance data 10% - 14.99% reduction = 20% of weighting - 15% - 19.99% reduction - 25% of weighting - 20%+ reduction = 30% of weighting	5.1% assuming 30%	£30,102	
<b>Bloodstream infections - Part A ii)</b> Collection and reporting of core primary care data set for all E coli BSI cases. 100% in Q2 2018/19 (10% weighting) and 50% of all cases in Q3 (5% weighting)	2.55%	£15,051	
<b>Bloodstream infections - Part B</b> At least 30% reduction in the number of Tremthoprim items prescribed to patients aged 70 years or greater on baseline data (June15-May16)	3.40%	£20,068	
<b>Bloodstream infections - Part C i)</b> Sustained reduction of inappropriate prescribing in primary care, items per STAR-PU must be equal of below England 2013/14 value of 1.161 items per STAR-PU	1.70%	£10,034	
<b>Bloodstream infections - Part C ii)</b> Sustained reduction of inappropriate prescribing in primary care, 2018/19 additional reduction in items/STAR-PU must be equal to or below England 2015/16 mean performance value of 0.965 items per STAR-PU	4.25%	£25,085	
<b>Local Indicators - Additions</b>			
The percentage of all diabetes patients receiving a foot examination	15%	£88,535	
<b>The CCG will have its Quality Premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges</b>	% Deductions if indicator is underachieved		
18 week Referral to Treatment - The number of patients on an incomplete pathway not to be higher in March 2019 than March 2018	50% of Eligible Additions		
Cancer 62 day first treatment following urgent GP referral to first definitive treatment for cancer	50% of Eligible Additions		

Plan	Latest Data	Reporting Period	YTD	Trend
133710				
18212				
33408				
>=60%	57.40%	2016		
tbc once 2018 results published	72.83%	Jul-17		
>=80%				
<15%				
tbc once 2018 results published				
tbc once 2018 results published				
156 - 30%				
190 - 15%				
201 - 10%				
Assuming 100% in Q2 18/19 & 50 & in Q3				
5426.000				
<=1.161				
<=0.965				
Plan	Latest Data	Reporting Period	YTD	Trend
70.99%				
Plan	Latest Data	Reporting Period	YTD	Trend
26404				
85%				

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, Luton & Dunstable Hospital, Cambridge University Hospital, North West Anglia Trust (Hitchingbrooke), East & North Herts, Milton Keynes and Buckinghamshire.

**Gateways**  
As in previous years the QP payment is subject to the following quality and financial gateways and NHS England reserves the right not to make a payment for failures against these gateways:

**Finance Gateway:** The CCG must operate in a manner that is consistent with Managing Public Money and must not end the financial year with an adverse variance against planned financial position or require unplanned financial support to avoid being in this position or receive a qualified audit report or does not meet the requirements set out in the Commissioner Sustainability Fund guidance.

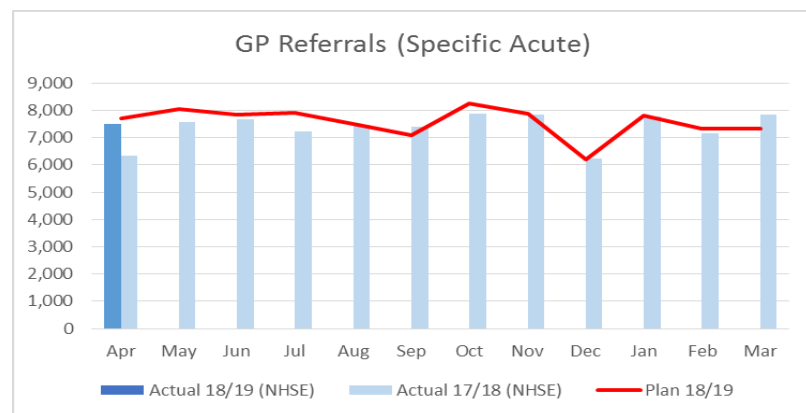
**Quality Gateway:** The CCG is responsible for the quality of the care and treatment commissioned and NHS England reserves the right not to make any payments in the case of a serious quality failure.

**NHS Constitution Gateway:** A CCG may have its quality premium award reduced via the NHS Constitution gateway which applies to the quality indicators only. **This only applies to the Quality Indicators part of the Quality Premium.**

It should be noted however that the CCG is duty bound to work towards achieving the measures and will be monitored against their achievement

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

# BCCG Activity – GP Referrals



## Performance:

In 2017/18 there was a total of 88,343 GP referrals.

As at month 1 (April) 2018/19 the CCG has had 7505 referrals against a plan of 7711. This is an increase of 1180 referrals compared to the same period in 2017/18

## Key Issues

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).

## Mitigations

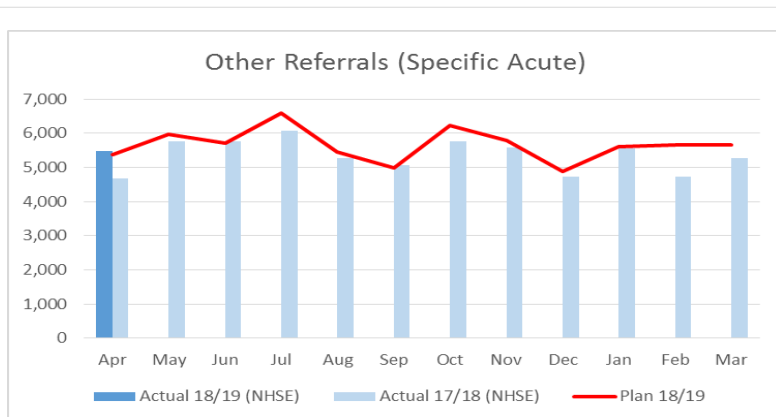
The CCG are working with Bedford Hospital to enhance the Advice & Guidance (A&G) service above the requirements of the CQUIN. By expanding the current offer of A&G across primary care, GPs will gain reassurance that all responses will be actioned in a timely manner and will be more likely to make better use of the tool. A&G has the potential to reduce the number of referrals into secondary care, provides primary care with an efficient and auditable system, and supports the wider demand management agenda.

Primary care pathways are also in development for specialties such as gastroenterology, dermatology and cardiology which aim to streamline the patient journey through primary care into secondary care.

## Progress Update

Dermatology pathways have been launched for the care of patients with Acne, Psoriasis and Eczema. An A&G specification is being drawn up collectively with Bedford Hospital.

# BCCG Activity – Other Referrals



## Performance:

In 2017/18 there was a total of 64286 other referrals.

As at month 1 (April) 2018/19 the CCG has had 5493 other referrals against a plan of 5376. This is an increase of 804 referrals compared to the same period in 2017/18.

## Key Issues

This increase is due in part to the transfer of referrals from Community Dermatology to Bedford Hospital which are counted as 'other' referrals.

## Mitigations

Primary care pathways are in development which aim to streamline the patient journey through primary care into secondary care.

## Progress Update

Primary care pathways have been launched at the end of May for Acne, Eczema and Psoriasis with further dermatology pathways to follow.

# Improvement and Assessment Framework

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

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

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

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

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

NHS England's national and regional teams are working together to ensure that the breadth of the framework is discussed with all CCGs during the year, through a rolling programme of local conversations, drawing on expertise and insight from the national programme teams.

For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed.

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

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

# Improvement and Assessment Framework – 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.

			2016/17 Assessment - published on MyNHS	Latest Published Data - MYNHS				Source
Priority		Indicator	BCCG	Period	National	BCCG	CCG Ranking	
Dementia	126a	People 65+ on the GP dementia register	Requires Improvement	Apr-18	66.7%	58.2%	185/195	MYNHS
	126b	Care plan review in the preceding 12 months		2016/17	N/A	79.4%	91/207	MYNHS
Cancer	122a	New cases diagnosed at stage 1 and 2	Good	2016	52.6%	57.4%	9/207	MYNHS
	122b	62 day - 1st treatment following an urgent GP referral		Q4 2017/18	85.0%	82.1%	116/207	MYNHS
	122c	1 year survival rate		2015	72.3%	71.9%	106/207	MYNHS
	122d	Positive response to Overall rating of care		2016		8.7	109/207	MYNHS
Mental Health	123a	IAPT - Moving to Recovery	Requires Improvement	Dec-17	50.0%	49.3%	139/207	MYNHS
	123b	IAPT - Access		Q3 17/18	4.2% Q4 17/18	3.6%	143/207	MYNHS
	123c	Treatment for 1st episode of psychosis within 2 weeks of referral		Nov-17	50.0%	90.0%	36/207	MYNHS
	123d	Under 18's with a diagnosable mental health condition receiving treatment from NHS funded community services		Data not currently published				
	123e	Crisis care and liaison mental health services transformation		Q3 2017/18		0		MYNHS
	123f	Mental health out of area placements		2016/17	39.7%	36.8%	173/207	MYNHS
Diabetes	103a	Diabetes patients achieving all NICE-recommended treatment targets	Requires Improvement	2015	7.3%	13.4%	39/207	MYNHS
	103b	Newly diagnosed attending a structured education course		Q3 17/18		39	33/207	MYNHS
Learning Disabilities	124a	LD and/or autism with reliance on specialist inpatient care	Assessment Results not yet published	2016/17	48.8%	46.6%	123/207	MYNHS
	124b	LD annual health check		2016/17	0.47%	0.41%	143/207	MYNHS
	124c	GP Learning Disability register population		2015		5.1	78/207	MYNHS
Maternity	125a	Rate of stillbirths and neonatal deaths - per 1000 births	Assessment Results not yet published	2017	83.0	80.3	166/207	MYNHS
	125b	Women's experience of maternity services		2017	60.8	54.3	191/207	MYNHS
	125c	Choices in maternity services		Q3 17/18	10.8%	9.8%	82/207	NHS Digital
	101a	% of Women who were smokers at the time of delivery						

Ragging compares each CCG against the national target/performance. Where there is no national comparator this has been ragged grey. Green is above national, amber is within a 5% tolerance and red is more than 5%.

## **Dementia – Rated as Requires Improvement**

**Diagnosis Rate** - Recovery action plan in place. Projects identified to improve dementia rates: QOF registers data cleansing, events, shared care agreements and care home projects. Discussed at Dementia Operational Group and MH Financial Recovery Group. Further detail included in the dementia section of the report.

**Care plan review** - The current care plan which is completed in the memory clinic with the patient has recently been redesigned in collaboration with the clinical lead at the CCG. The care plan is then transferred from the memory clinic to primary care. It is then reviewed annually at the GP practice as part of the Quality Outcomes Framework (QOF) review. A redesign of the dementia template in primary care has also been completed to ensure that GP's across the patch are consistent in their review of the patient and can recall the patient the following year.

**Further detail is included within the Dementia section of report**

## **Cancer - Rated as Good**

**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. Survival rate continues to increase year on year and is on track to meet 75% by 2020.

**Early Diagnosis** – The STP were successful in accessing the NHSE Cancer Transformation funds in 2017/18 part of which will be targeted on Early Diagnosis (urology, colorectal and prostate pathways) and Living with and Beyond cancer projects. All projects have been scoped and some are moving into implementation phase.

**62 day 1<sup>st</sup> treatment following urgent GP referral** – This remains a fluid position for the CCG. There is a programme of work in place to move the CCG into a more consistent position. The CCG is supporting the STP PMO with a message to Trusts reconfirming the importance of meeting this standard.

**Further detail is included within the cancer section of the report**

**Patient Experience** – Each trust holds an action plan following the July 2017 national survey. The action plans are reviewed and discussed at local and STP level.

## **Mental Health – Rated as Requires Improvement**

**IAPT Access and Recovery** - A Contract Performance Notice was issued in March resulting in a recovery action plan with a trajectory to achieve approximately 3.8% in Qtr 4 moving to 4.2% in Qtr 1.

April 2018 Access Performance (refreshed data) shows achievement of target at 1.4%.

April 2018 Moving to Recovery Performance shows over performance of target at 51.91%

The Contract Penalty Notice issued for under performance in 2017/18 will remain open until the end of Qtr1 2018/19 to provide assurance that both targets achievement is sustainable.

**Further detail is included within the IAPT section of the report**

**Early Intervention in Psychosis** – In April national reporting against this indicator is showing an underachievement with 50% against the 53% threshold. There were 8 patients on this pathway with 4 patients seen outside the 2 week threshold.

Following discussion with ELFT the CCG has received confirmation that following a data refresh there was an additional patient on the pathway which has meant that this indicator has been achieved with 55.56%.

**Children and adult mental health access targets** have been nationally set to achieve 35% by 2020 with 2018/19 target set at 32%. This is being achieved through review of the Single point of referral to CAMHS, increasing CAMHS crisis team to 7 days a week, increasing access to CYP IAPT through schools early intervention services and CAMHS link workers. CHUMs have been re-procured as the emotional wellbeing service due to commence June 1<sup>st</sup> 2018 and will be offering outreach clinics and group session to increase access. In addition funding bids have been successful to develop family therapy for CYP at risk of entering the criminal justice system and development of a perinatal mental health specialist team.

**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 has been agreed as business as usual and forms part of the MH provider contract. Provider review and remodelling of Crisis provision due to be implemented in Q1 of 2018-19.

**Out of area placement for acute mental health inpatient care transformation.** No non specialist out of area placements. Risk share agreement in place with provider.

## **Learning Disabilities – No Rating Results Published**

### **LD and/or autism with reliance on specialist inpatient care**

- 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 BLMK TCP Board and Bedfordshire TCP steering group. GP Learning Disability register to be developed. BCCG is within the projections for inpatient use outlined in the Transforming care plan.

**LD Annual Health checks** - The commencement of a communication campaign and targeting of surgeries with GP colleagues to ensure both accurate register and subsequent timely annual health checks.

**GP Learning Disability Register Population** - With the assistance of our MH clinical lead the CCG will liaise with local authority colleagues to cross reference the LD registers they have with those in Primary care to ensure a more robust representation on the GP registers.

**Diabetes – Rated as Requires Improvement  
People diagnosed with Diabetes who received their three  
NICE recommended treatment targets  
(National Diabetes Audit (NDA) 2016/17).**

From Q3 2017/18 there is evidence of significant improvement following investment supported by successful bid for 2-year national transformation funding for diabetes.

Outcomes include:

- Support and training has been made available to all GPs across Bedfordshire. Outcomes to date include:
- 6 half-day 'Introduction to care planning' workshops completed in 2017/18 with a further 'introduction#' training sessions in July 2018
- SystemOne LTC Diabetes template revised to meet NICE guidance supports delivery of individualised care planning.
- 46/50 practices signed up by April 2018 to deliver the Locally Commissioned Service 'Care Planning Integration with Diabetes Annual Review Incentive Scheme'; over 1000 care plans delivered by practices in Quarter 4 2017/18.
- Additional capacity in Integrated Community Diabetes Service (ICDS). Practices who are not achieving treatment targets prioritised from NDA practice level data for increased specialist support for practices, further supported by local SystemOne tool to identify individual patients not achieving targets.
- Benefits realisation of all initiatives rolled out in 2017/18 and supported by national funding will be monitored quarterly to assess impact on NDA treatment targets.

**Patients with Diabetes who received structured education (SE) in the last 12 months (2015) compared to the national average of 7.3%. Investment Primary care Locally**

National transformation funding has enabled expanded SE capacity and service redesign including the following outcomes:

- Expanded SE for newly diagnosed Type 2 patients launched in January 2018 by ICDS to deliver structured education offering choice of venues and flexible days and times including Saturdays
- LCS Commissioned Service incentive includes referral to structured education as part of care planning for patients with Diabetes, underpinned by SystemOne LTC Diabetes template.
- In Quarter 4 250 places (25 sessions) were provided for newly diagnosed patients, there were 244 referrals and 148 attendances (60% attendance rate).
- In 2017/18 there were 978 Structured Education places provided with a total attendance of 621 (includes Q4 new places). Total annual capacity for Structured Education will increase by 386 places (67%) in 2018/19 compared to Q1 – Q3 2017/18 pro rata to year end.
- An educational Webinar 'How (and Why) to Encourage Attendance' at Type 2 Diabetes Education', developed with local educators and clinical experts for primary health care professionals launched April 2018 designed to encourage an increase in both referrals and attendance. Recorded Webinar now available to all practices.

## **Maternity – Rate of stillbirths and neonatal deaths**

March 2018 ONS publication (data from 2016) suggests that the still birth rate in Bedfordshire CCG is 5 per 1000 births - higher than national average of 4.3 per 1000 births. Latest local data is showing BHT 5.18 and L&D 2.8 per 1000 births. Both Bedford (BHT) and Luton & Dunstable (L&D) Trusts have a robust program 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 and there are joint CCG and trust panels to review outcomes and learning. Thematic report from BHT has not shown any trends. Work continues to improve safety where required and tighten process to reduce still births.

## **Women's experience of maternity Services**

BHT – conduct audit of women's perception of 1:1 care in labour. The findings goes through trust governance and recommendations and action plan implemented through maternity workforce. Listening service is available for all mums who deliver at BHT run. These sessions are run by Professional midwifery advocates. The findings of the listening service are published in an annual report. The recent annual report recommendations around improving communication has been addressed. There is a detailed action plan which is then linked to the trust complaints process to strengthen governance. L&D - Networking with service users continue monthly to improve outcomes through maternity voices partnership. The 'who's shoes' program will be conducted with service users which will help co-production of service improvement ideas.

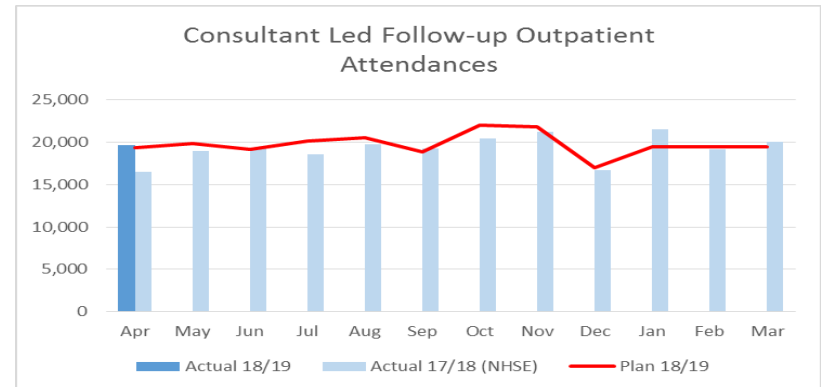
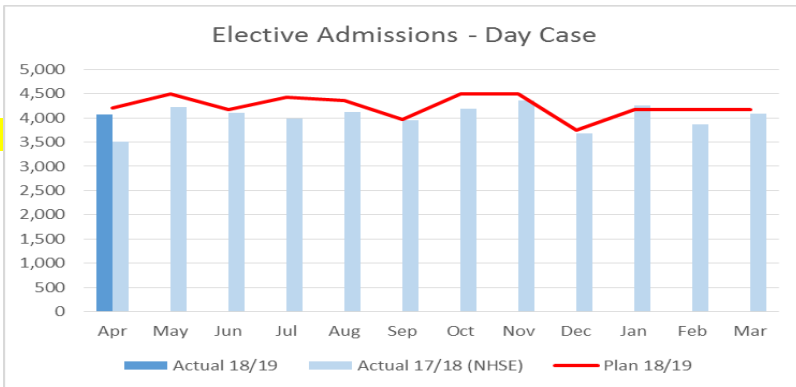
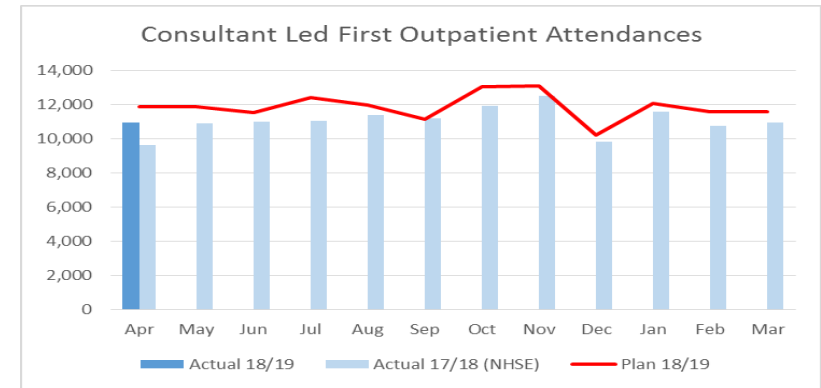
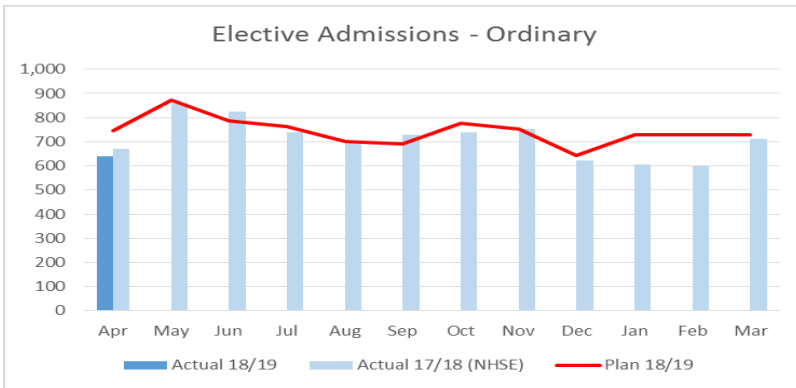
## **Choices in Maternity Services**

L&D - The following clinics are run by midwives  
Vaginal Birth After Caesarean clinic, Birth options clinic, new Preterm clinic – led by consultant obstetricians are being set up. A booking application has been launched which includes choice of place of birth. Root Cause Analysis investigations from poor outcomes and SI process – Key senior midwife keeps in touch with family throughout the investigation and when investigation is over, the lead midwife and head of midwifery explains the findings of the review investigation to parents and get there a feedback. All attempts are made to see parents where parents choose to meet.  
BHT have developed guideline for individualised care planning for mothers. This will support care of women who are requesting care that is outside of standard guidance and will also support midwives who are providing the care. Work continues across BLMK LMS to improve choice across all maternity pathways. BLMK LMS is undertaking Baseline Assessment of Choices offered to women and trajectory has been developed. Better Births Study day /Listening events monthly on choice agenda with staff and delivery of Choice is taking place in trusts. Workshop with Community Midwife re Choices and development of personalised plans for women. Choice Tool developed for the different choices available Choice Banners in place

## **Smoking at time of Delivery**

BHT has ongoing work with Bedford Borough Council and further training of midwives. Smoking at time of delivery in L&D in March 2018 – 13%. BHT – 8.80%.

# Planned Care – Activity



# Planned Care – Activity

## **Elective Admissions**

Local data for April is showing 640 elective ordinary admissions against the plan of 745. This is a reduction 32 admissions (4.76%) compared to April 2017. In 2017/18 there was a total of 8,555 elective ordinary admissions which is a 6.4% reduction compared to 2016/17.

Local data for April is showing 4,063 elective day case admissions against the plan of 4,209. This is an increase of 549 admissions (15.62%) compared to 2016/17. In 2017/18 there was a total of 48,323 elective day case admissions which was an increase of 7.6% compared to 2016/17.

## **Outpatient Attendances**

Local data for April is showing 10,935 first outpatient attendances against the plan of 11,866. This is an increase of 1335 attendances (13.91%) compared to April 2017. In 2017/18 there was a total of 132,438 outpatient first attendances which is a 6.4% increase compared to 2016/17.

Local data for April is showing 19,664 follow up outpatient attendances against the plan of 19,374. This is an increase of 3015 attendances (18.75%) compared to April 2017. In 2017/18 there was a total of 631,602 outpatient follow up attendances which is a 6.6% increase compared to 2016/17.

## **Mitigations**

A number of actions have been put in place targeting demand management including the launch of primary care pathways across multiple specialties and improvement in Advice & Guidance turnaround time now available within two working days for specific specialties.

The Acute Transformation Board meeting has been set up with BHT to address areas of concern jointly and align work plans where appropriate.

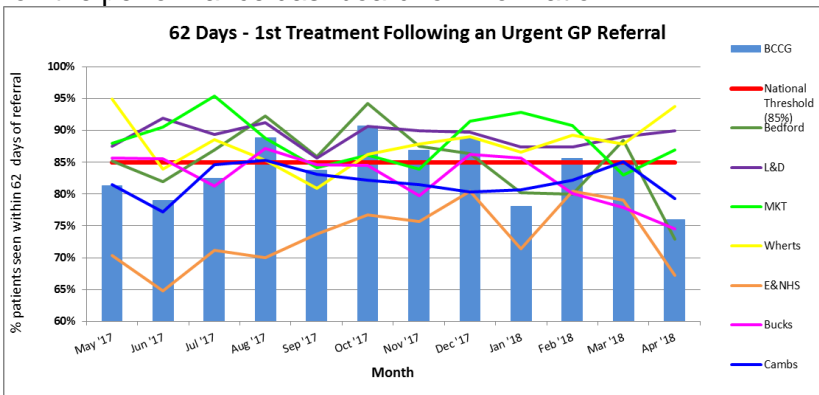
## **Progress Update**

Advice & Guidance is not being fully utilised at present due to inconsistent response turnaround times across specialities, in particular those outside of CQUIN.

An Advice & Guidance specification is being drawn up collectively with BHT to widen the service to all specialties and improve the timeliness of responses back to primary care. This in turn should increase uptake of Advice & Guidance and reduce the number of referrals made.

# Planned Care - Cancer

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



## Performance:

In April the CCG underachieved; 62 Day first treatment following an urgent GP referral underachieved at 76%. There were 100 patients treated with 24 breaches.

2 week wait for Breast Symptomatic underachieved at 92.59% - 81 patients seen with 6 breaches

31 day first treatment following diagnosis of cancer with 94.68% - 188 patients seen with 10 breaches. This is likely to be the affect of capacity within Radiotherapy Services at Addenbrookes (Cambridge) and Mount Vernon (E&N Herts)

Cancer services are monitored across all providers. The issues set out below describe the current issues for commissioners.

## Key Issues

Overall performance against the 62 days standard is challenging for local cancer units. BHT and L&D have challenges in urology and breast services. Referrals for 2ww have increased significantly in recent months due to publicity around prostate cancer.

## Mitigations

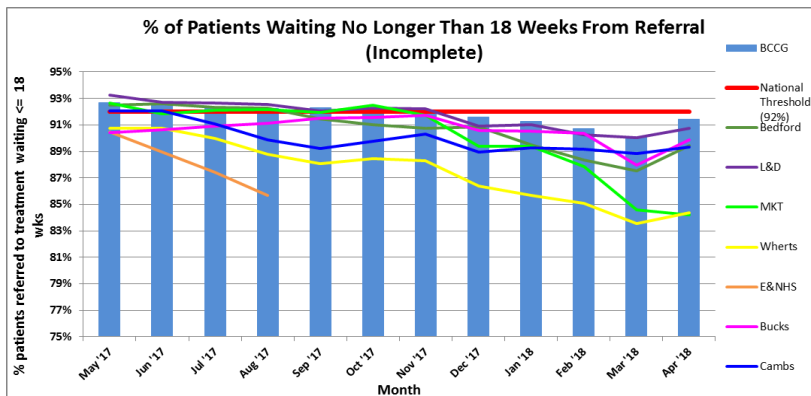
As an STP the Trusts are looking at how resources can be shared to support challenged areas. BCCG Cancer Improvement Group continues to monitor performance at speciality level. The April and June meetings focused on Urology and made some recommendations to the trusts to improve the 62 day pathway for Urology. (1. Managing the increased demand 2. Increase capacity for diagnostic tests 2. Scope vision for Urology service to include best practice prostate pathway).

## Progress Update

MK and L&D Hospitals are scoping what support they can give to BHT with breast radiology cover until recruitment to vacancy takes place.

BHT urology service manager has been tasked with increasing capacity for diagnostic procedures (template biopsies) as this is where the pathway delays are- evidenced in the 104 day breach reports. She is also piloting straight to test (MRI) but this requires the referral work up to be done in primary care. The June Cancer Improvement Group agreed to work with primary care to improve referral quality.

# Planned Care – Referral to Treatment



## Performance:

In April 2018 the CCG underachieved the national 92% target for the incomplete pathway with 91.40%. Eight specialties underachieved: Ophthalmology (89.46%), Trauma and Orthopaedics (79.70%), Urology (90.15%), General Surgery (84.72%), Plastic Surgery (82.88%), ENT (90.79%), Neurosurgery (82.47%) and Cardiothoracic Surgery (75.0%).

The CCG has 2139 patients on the incomplete pathway who have breached 18+ weeks (2423 breaches in March). (Number of 18+ week breaches in brackets); Bedford (941), Luton & Dunstable (480), Milton Keynes (178), Buckinghamshire (107), Cambridge (166) and other acute providers (267).

## Key Issues

Referral to Treatment performance at Bedford is beginning to recover following the lost elective capacity in quarter four and the impact of the Community Dermatology contract.

Whilst the target achievement has improved, overall incomplete numbers have increased by 640 from March 17/18's baseline position of 24246 to 24886 in April; over half of these incomplete pathways are at L&D (340), and 121 at BHT.

## Mitigations

The trajectory for return to RTT compliance at Bedford Hospital is now in place and forecast for August; it is positive to note that the April planned trajectory was exceeded. BHT are increasing capacity by introducing some evening/weekend clinics and/or recruiting to consultant/locum posts to reduce backlog.

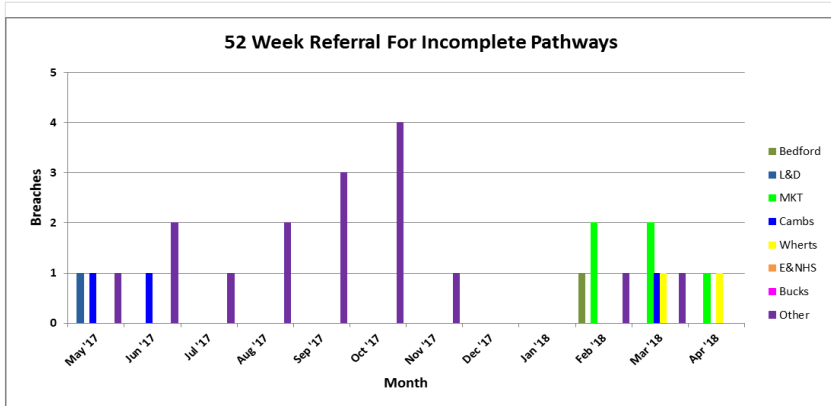
Luton & Dunstable have increased their capacity and providing additional clinics. RTT performance has improved compared to March.

## Progress Update

A new ophthalmology specification has been launched by NHS England with the aim to improve service capacity and reduce risks associated with patient backlogs.

A QIPP programme dedicated to Outpatient Effectiveness is under development.

# Planned Care – 52+ Week Breaches



**Performance:**

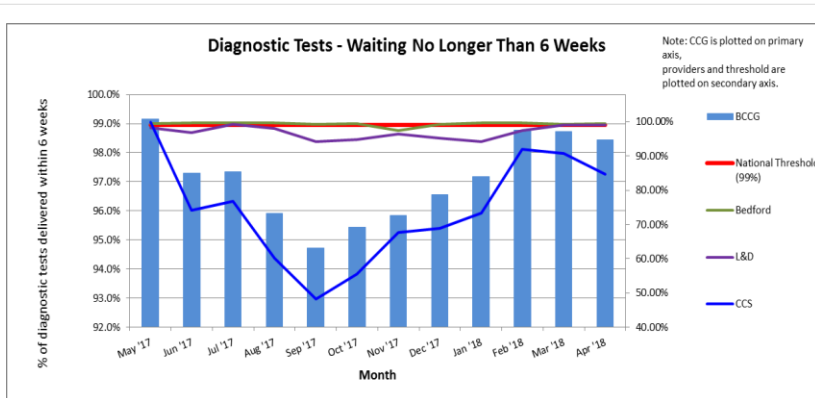
The CCG has had 2 52+ week breaches in April;  
 1 x Neurology at Milton Keynes University Hospital Trust  
 1 x Trauma & Orthopaedics at West Hertfordshire Hospitals NHS Trust.

Milton Keynes – The Trust has confirmed that the patient on the Trauma and Orthopaedic pathway who breached in March has now been treated.

The second March breach at Milton Keynes was a patient on the Neurology pathway and this patient continues to be reported as a 52+ week breach in April. The Trust has confirmed that the patient is booked for treatment on 17<sup>th</sup> June.

West Hertfordshire Trust has confirmed that the patient is booked for treatment on 6<sup>th</sup> June following which a clinical harm review will be completed.

# Planned Care – Diagnostic Waits



## Performance:

In April the CCG underachieved this indicator with 98.43% against the 99% threshold. There were 7085 patients on the diagnostic tests pathway with 113 breaching the 6 week threshold. 49 breaches were at Cambridge Community Services, 25 at Bedford Hospital, 17 at Luton & Dunstable, 10 at Milton Keynes, 8 at Cambridge, and 4 at other providers.

This was 42 breaches over the tolerance for achievement of the national standard.

There were 19 13+ week breaches (1 at Luton & Dunstable, 15 at Cambridge Community Services and 3 at Cambridge). CCS have confirmed that at 20<sup>th</sup> May there were 8 breaches of which only 2 were real breaches.

## Key Issues

Cambridge Community Services has a recovery plan and trajectory in place however CCS have provided an updated trajectory which is showing a deterioration in performance into Quarter 1. This deterioration is due to ongoing staffing issues in paediatric audiology.

## Mitigations

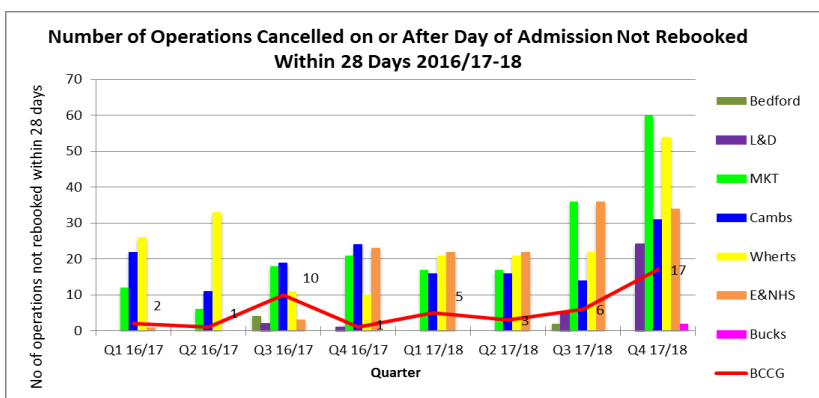
Remedial Action Plan is in place with Cambridge Community Services. Locum cover will improve situation if this fragile state of staffing remains

## Progress Update

CCS are monitoring the situation daily and mitigating clinical risk through thorough triage of all referrals and taking these additional actions;

- Working with agencies to identify suitable locums
- Use of agency locum in place
- Contract uplift got 18-19 must target improvements in this area – interim investment assurance requested
- Longer term review of skill mix; using Audiology Support Workers to allow more clinic capacity.
- Communication Plan in place including supporting staff to manage parent/carer anxiety when child not seen within expected time frame and communicating with stakeholders

# Planned Care – Cancelled Operations not rebooked within 28 days and Mixed Sex Accommodation

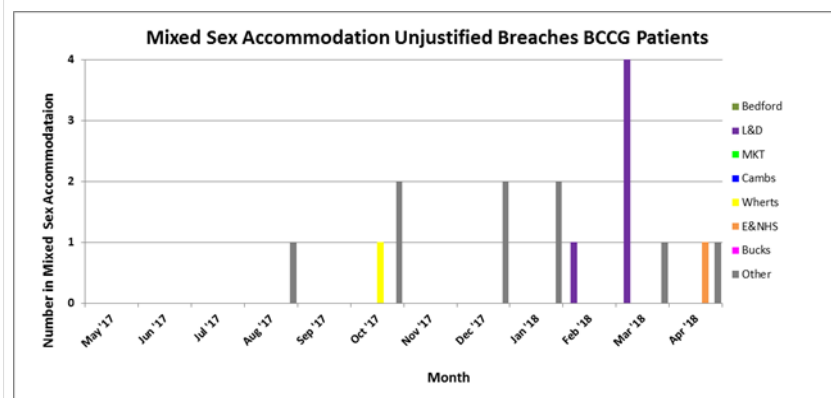


**Performance:**

In Quarter 4 the CCG has had confirmation that there had been 17 patients who had their elective operations cancelled on or after day of admission and not rebooked within 28 days.

These cancellations were at Cambridgeshire Trust (3), East and North Hertfordshire Trust (4), Luton & Dunstable (9) and Milton Keynes (1).

The CCG write to each provider to request further information on the reason for the breach and this has been confirmed as bed pressures due to higher priority emergency cases displacing elective activity. The only exception to this was at East and North Hertfordshire where 1 breach was due to an administrative error.



**Performance:**

In April there were 2 mixed sex accommodation breaches, 1 at East and North Hertfordshire and 1 at Imperial College London.

The CCG has written to both Trust to identify the reason for the breach.

# Planned Care – Patient Transport Services

The new contract for non-emergency patient transport services has been signed with the East of England Ambulance Service Trust (EEAST) with effect from 1<sup>st</sup> January 2018.

The contract is a consortium of 4 neighbouring CCGs, Luton, Bedfordshire, Herts Valleys and East & North Hertfordshire. Full mobilisation is expected to be in place by the end of May 2018.

Key							
Improvement							
Deterioration							
No	Description	Threshold	Target	March	April	May	% Improvement/deterioration May compared to April
LQR2	Arrival Time for Admission, Day Cases, Out Patient Appointments	Patients shall arrive either on time or up to 60mins before the appointment.	90%	62%	69%	65%	-4%
LQR3	Arrival Time for Renal Dialysis Clinic	Patients shall arrive either on time or up to 60mins before the appointment.	90%	69%	70%	70%	-
		Patients will not miss their dialysis treatment due to patient transport issues (Avoidable Aborts/Cancellations)	100%	95%	93%	95%	2%
LQR4	Collection Time - Day Cases, Outpatients, Transfers, Pre-Planned Discharges and Renal Dialysis Clinic	Patients shall be collected no more than 60 minutes later than the planned pick up time	95%	65%	64%	63%	-1%
LQR5	Collection Time - End of Life Patients are given priority for NEPTS	End of Life patients collected within 60 minutes of being made ready following a minimum 1 hour notice period	95%	80%	33%	63%	30%
		End of Life patients collected within 90 minutes of being made ready following a minimum 1 hour notice period	100%	80%	33%	63%	30%
LQR6	Collection Time - 'On the day' Discharges	Patients shall be collected within 90 minutes of the patient booked ready time following a minimum of a one hour notice period	95%	65%	55%	60%	5%
LQR7	Provider Avoidable Cancelled or Aborted Journeys. (Journeys cancelled by the referrer to be excluded)	No more than 5% of CCG activity lost through Provider cancelled/aborted journeys	5%	6%	7%	8.67%	-1.67%

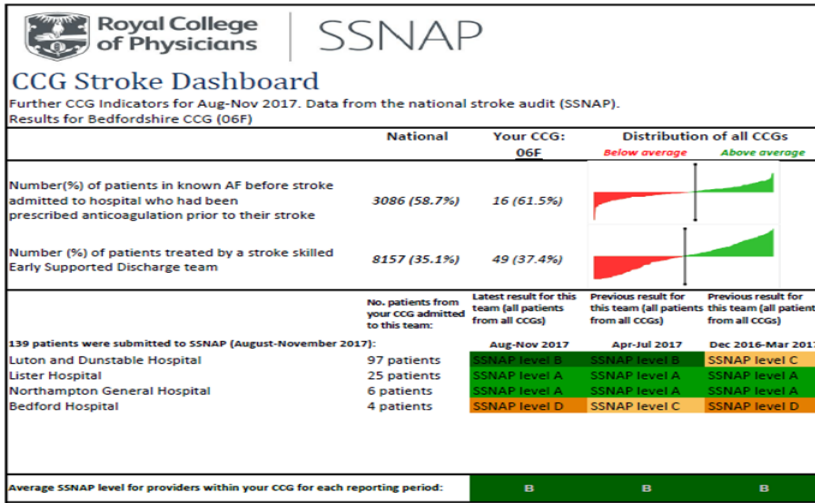
Performance against the local quality requirements remains a concern due to target thresholds not being met. However the table above compared March and April performance and indicates that there has been improvement and deterioration across the LQRs.

Although LQR 5 reports a deterioration in April compared to March there has been a significant improvement in May albeit achievement remain below the threshold. This is discussed at the PTS contract meeting. EEAST have confirmed that vacancies within the service are impacting on achieving the LQR's however recruitment to posts in BCCG area is ongoing. EEAST have made 12 offers of posts and staff are aligned to courses in June & July. This recruitment will contribute to an ongoing improvement against the LQR targets.

LQR 2, LQR4 and LQR 7 report a deterioration compared to April performance. EEAST have confirmed this is due to the significant driver vacancies. East are actively recruiting to vacancies and are changing the recruitment process to attract applicants to apply.

Data completeness continues to be an issue and therefore the above is not a true reflection. This is due to vehicles and staff not having Personal Digital Assistance to be able to report all pick up and drop off times. EEAST have now confirmed that all PDA's have now been issued to vehicles and crews and therefore data quality will improve significantly. EEAST reported that the weekly data reports are now 98% compliant and therefore June report will be a more accurate reflection of performance as this will include all performance against all journeys. The achievement against LQR's will be closely monitored by the CCG and issues address at the contract and quality review meeting.

# Planned Care – Stroke



## Key Issues

Variation in stroke services across Bedfordshire with no inpatient community rehabilitation unit in place.

## Mitigations

There is a robust business case being developed and the proposal is to provide a co-located Hyper acute stroke unit/acute stroke unit and a centralised rehabilitation unit along with community rehabilitation 7 days per week.

## Progress Update

Ongoing meetings with Bedford Hospital and L&D on support and assurance regarding the TIA service. Meeting with Bedford took place on 12<sup>th</sup> June. Improving picture with no current backlog and slots available. Delays predominantly now due to delay in patient presentation and delays in referral from A&E and BHT which is now being addressed.

2 workshops were conducted including Healthwatch, Stroke Association, both Local Authorities, patient representative, voluntary organisations and clinicians across the pathway.

Monthly stroke meetings in place with multi-stakeholders including patient representative developing the rehabilitation pathway which will improve patient recovery and clinical outcome and experience.

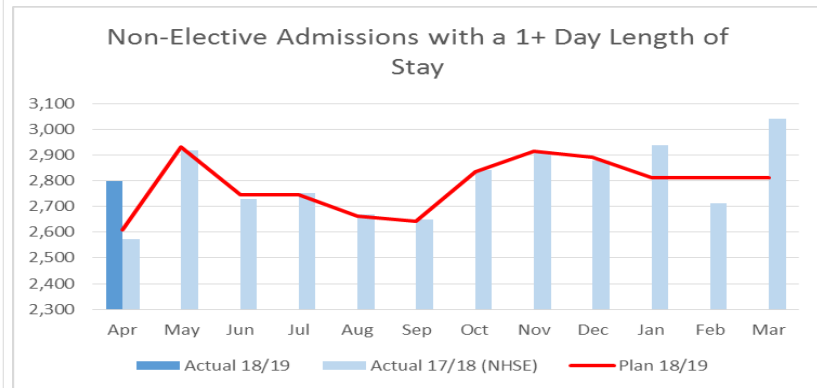
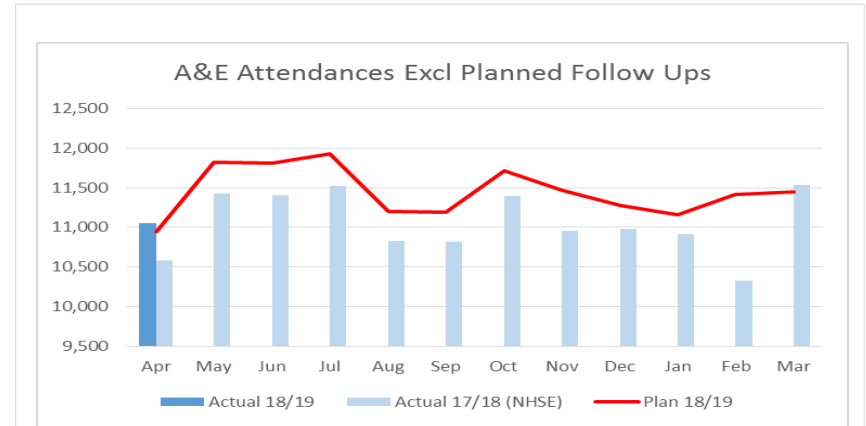
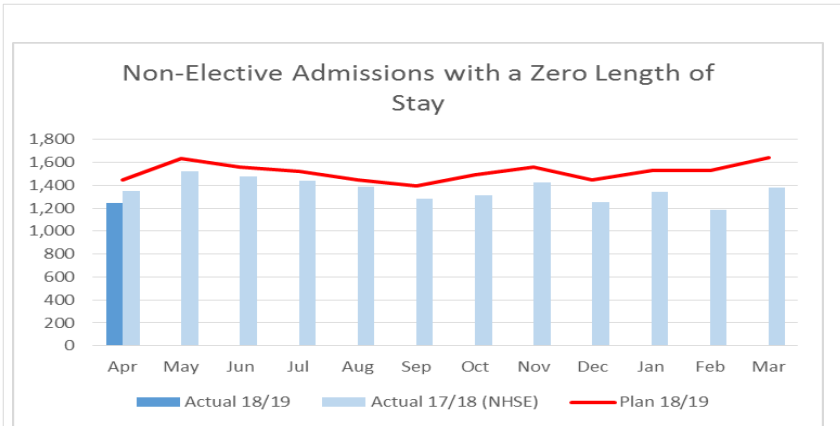
Meeting took place with Bedford Borough Council on 6<sup>th</sup> June to discuss stroke improvements for Bedfordshire patients

Patient and Public Engagement Committee (PPEC) on 12<sup>th</sup> June for discussion and gain assurance

Criteria for the rehabilitation unit has been developed and specification and staff mix are being developed.

Design criteria (estates) of unit being developed.

# Unplanned Care – Activity



# Unplanned Care – Activity

## **Non – Elective Admissions**

Local data for April is showing 1243 0 length of stay admissions against a plan of 1447 admissions. This is a reduction in activity of 108 admissions (-7.99%) compared to April 2017. In 2017/18 there was a total of 16,363 0 length of stay non-elective admissions which is a 17% increase on 2016/17.

Local data for April is showing 2799 1+ length of stay non-elective admissions against a plan of 2610 admissions. This is an increase of 225 admissions (8.74%) compared to April 2017. In 2017/18 there was a total of 33,615 1+ length of stay non-elective admissions which is a 2.8% increase on 2016/17.

## **A&E Attendances**

Local data for April is showing 11,046 A&E attendances against a plan of 10,942 attendances. This is an increase of 470 attendances (4.44%) compared to April 2017. In 2017/18 there was a total of 132,654 A&E attendances which is a 4.1% increase on 2016/17.

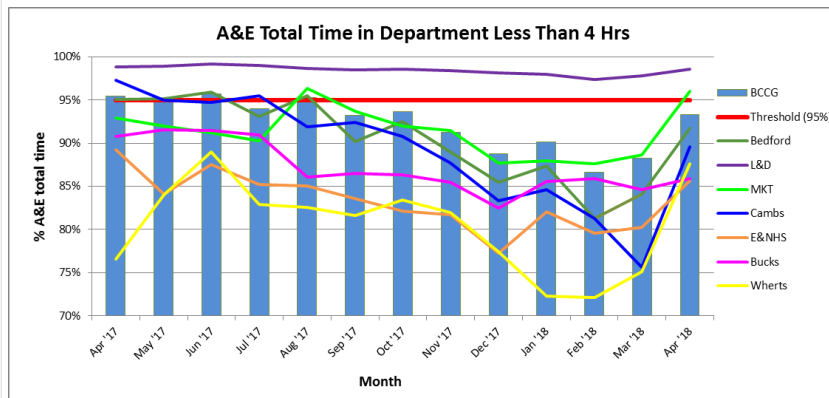
The following schemes are expected to reduce A&E attendances that will impact on Non Elective (NEL) admissions:

- Hear and Treat
- See & Treat
- Direct GP Booking by HUC
- Urgent Treatment Centre
- Early Intervention Vehicle (EiV) proposed pilot extension
- Ambulatory Emergency Care

## **Progress Update**

- Hear and Treat - treated 686 patients in Mths1-2 compared to 753 in the same period last year preventing A&E attendance and possible admission
- See & Treat - treated 2694 patients in Mths 1-2 compared to 2707 in the same period last year preventing A&E attendance and possible admission.
- Direct GP booking by HUC is a pilot and commenced in June with 8 GP practices
- Urgent Treatment Centre is expected to commence on 1<sup>st</sup> October 2018
- The EiV went live in June and is expected to show positive outcomes for patients preventing NEL admissions
- Ambulatory Emergency Care unit is expected to extend operation hours to cover 7 day working, including evenings and this is currently being scoped
- Extended GP hours is expected to have an impact on NEL admissions and will be rolled out in October 18

# Unplanned Care – Accident and Emergency



## Performance

The CCG is measured on performance at the 7 main acute providers. In April the CCG underachieved the 95% national threshold with 93.32%.

Overall A&E performance continues to be affected by high numbers of high acuity patients needing admission. This high activity coupled with longer length of stay due to patients being very unwell and not ready for discharge/step down or insufficient capacity for step downs, had a direct impact on Bedford Hospital's bed availability and flow.

It must be noted that despite the pressures seen Bedford Hospital remains the 4th best performing hospital out of the 11 trusts within the Central Midlands footprint for A&E performance.

## Mitigations

A System Assessment Days was held on Friday 25th May at Bedford Hospital and a report has been developed outlining the findings from the day and the proposal of a number of actions to be addressed which will be operationally managed by the SRG including:

- Bed capacity modelling
- Further communications and engagement to go out to the public informing them of what the Integrated Urgent Care Service (IUC) does, how to access and giving advice and examples of when to call 111 etc.
- Expedite access to SystmOne within the A&E department. Due to the complexity of SystmOne this will take time but is required for appropriate cross system sharing of records, including timely discharge information to providers.
- Drill down on the number of A&E attendances from Care Homes where the patients were discharged from A&E.
- Promote the GP Liaison service reminding GPs to call the number given prior to sending patients to A&E.

## Progress Update

A further assessment day based on the mini-MADE model is currently being planned which will forensically review in-patient management with a view to developing / streamlining processes which will expedite patient flow.

# Unplanned Care – Integrated Urgent Care

In August 2017, a National Specification was mandated for Integrated Urgent Care to be in place by March 2019. Bedfordshire and Luton CCGs consequently completed a gap analysis against the current specification and the revised specification and identified the additional requirements as follows:

- 24/7 Clinical Advisory Service (The current service is for the out of hours period only);
- Direct Booking into In Hours GP appointments (10 Practices) May/June 2018);
- 100% Record Sharing;
- Bypass Number for Care Homes into Clinical Navigation Support (4 Bedfordshire Care Homes) May 2018;
- NHS 111 Online

Bedfordshire and Luton CCGs are working closely with Herts Urgent Care (HUC) to ensure that the Bedfordshire and Luton Integrated Urgent Care service is fully compliant with the National Model by March 2019.

NHSE have written to the CCG requesting that the CCG work closely with HUC to urgently review existing recovery plans and ensure robust weekly monitoring arrangements are in place therefore the CCG has requested an action plan to ensure patient safety and to sustain performance improvement.

## 111 Telephony Metrics

Performance Metric	Month	Target	Current month	↑/↓	Mar	Feb	
% abandoned calls after 30 seconds	Apr	<5%	8.6%	↓	12.0%	9.0%	
Average time to call answer		60 secs	89	↓	107	92	
% Ambulance dispatches		<10%	13.0%	↓	13.3%	13.8%	
% of calls to speak to a clinician		40%	46%	↑	43%	34%	
% of calls to have a clinical assessment		50%	64%	↑	60%	60%	
Number of calls triaged over a month (Redwood)				13492	↓	15104	14363
Calls closed as self-care				2420	↓	2681	3051
% Calls closed as self-care	Apr		18%	↑	18%	21%	
Number of Ambulance dispatches			1285	↓	1448	1136	
Call Back Rates - % of call backs made within 10 minutes		85%	65%	↑	65%	57%	
Warm Transfer to clinical advisory service - %		95%	57%	↑	53%	44%	
Re-contacts				10	↓	16	8
Directory of Service Opened				7765	↓	8437	6209
Directory of Services: no service available other than ED(ED catch-all)				0	↑	0	0

### Key Issues

In April, Luton and Bedfordshire’s 111 telephony service answered a total of 13,686 calls; this is 1,652 calls less than March and 2,448 calls less than the same month last year. Average answer time has subsequently improved this month at 89 seconds although still slightly outside target of 60 seconds. Call levels are reporting a decline due to the following reasons:-

- The service went live on 30<sup>th</sup> March 2017 and therefore there was a huge amount of publicity which impacted in higher number of calls.
- The decrease in April to March is a result of higher calls in March due to the Easter Holiday

### Mitigations

Current vacancies are impacting on performance. Three people have been offered a post in April / May and providing all recruitment checks are completed in time will commence training on 4 June.

# Unplanned Care – Integrated Urgent Care

## Out of Hours Consultant Metrics

Luton and Beds Out of Hours						
Performance Metrics	Month	Target			Mar	Feb
Home Visits – Urgent visits undertaken within 2 hours	Apr	95%	77%	↑	65%	62%
Home Visits – Routine visits undertaken within 6 hours		95%	87%	↑	80%	75%
Base Face to Face Consultations – Urgent visits undertaken within 2 hours		95%	81%	↑	73%	78%
Base Face to Face Consultations – Routine visits undertaken within 6 hours		95%	96%	↑	92%	88%
NQR 9 Urgent 0-30 mins (Telephone)			82%	↓	90%	79%
NQR 9 Les Urgent 0-60 mins (Telephone)			81%	↓	84%	71%
NQR 9 Other 0-120 mins (Telephone)			71%	↓	73%	57%

### Key Issues

Activity levels within out of hour consultation remained stable in April compared to March of this year. Home visits are up by 28% compared to last April and base appointments have increased by nearly 19% over the same period. Telephone consultation is the only area to see a decrease, both against March activity and last April.

### Mitigations

OOH consultations reports a much improved position across all face to face indicators although still under target with the exception of Routine visits achieved. Vacancies and issues relating to the current rota design have been identified where shifts do not optimally align to calls flowing into the service, which is further impacting on performance by gaps in the rota. HUC are undertaking a full rota review which aims to increase numbers during the day and at weekends, with particular emphasis on the middle of the day at shift change and lunch times.

# Unplanned Care – East of England Ambulance Service Trust



**Bedfordshire**  
Clinical Commissioning Group

Apr-18	C1 - Life Threatening Average response in 7 minutes			C2 - Emergency Average response in 18 minutes			C3 - Urgent 90% within 120 minutes			C4 - Less Urgent 90% within 180 minutes		
	Activity (No of calls)	Average Response Time (≤7min)	90th centile (≤15min)	Activity (No of calls)	Average Response Time (≤18min)	90th centile (≤40min)	Activity (No of calls)	Average Response Time	90th centile (≤120min)	Activity (No of calls)	Average Response Time	90th centile (≤180min)
NHS Bedfordshire	417	07:04	12:12	2,257	22:28	46:34	904	48:24	117:16	390	59:40	150:58
EEAST Trust Wide	6,015	08:06	14:44	35,978	22:43	47:23	14,049	57:48	137:03	5,289	71:30	167:28

In October 2017 new Ambulance Service Standards (ARP – Ambulance Response Programme) for the ambulance service which apply to all 999 calls were implemented. These are designed to improve identification of caller needs and in turn will determine ambulance dispatch based on needs with revised response times.

## Performance

In April there has been a significant improvement in performance for BCCG across each of the 4 standards. The main focus of EEAST has been to achieve the performance for the highest acuity of calls (C1) as specified by the Independent Service Review. For C1 7 minute average response target the CCG was the 6<sup>th</sup> best performing within the consortia of 19 CCGs. This is in the context of high activity compared to the average of the best performing CCGs (271/417). C1 performance against the 90<sup>th</sup> centile was also the 6<sup>th</sup> best across the consortium and within the 15min threshold.

## Key Issues

The continuing concern for commissioners is the volume of Category 2 calls, the average of which should be responded to within 18 minutes.

## Mitigations

EEAST is presently working with the national team to address the 'severity type' of calls being grouped under Category 2.

## Progress Update – All standards improving

Re-classification work is progressing. An internal C2 improvement plan has been developed. EEAST are increasing the number of double staffed ambulances vs the number of cars to improve C1 and 2 performance. Work is underway with the Emergency Operation Centre regarding the type of resources to be sent to emergency calls.

Within the National Urgent and Emergency Care Delivery Plan ambulance trusts are expected to meet the following anticipated activity split in activity by 2020/21. This modelling could change however EEAST are actively working with commissioners to meet these targets.

Activity	Latest modelling for 2020/21
Hear & Treat	11%
See & Treat	40%
See & Convey to Type 1/2 ED's	43%
See & Convey to Type 3/4 ED's	6%

# Unplanned Care – East of England Ambulance Service Trust – Quality Indicators

ACQI	Target 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Avg YTD
ROSC at hospital (overall)	27.0%	28.8%	29.4%	25.5%	34.6%	35.3%	41.2%	35.8%	24.1%	28.7%	29.4%	26.6%	30.9%
		75/260	78/265	65/255	92/266	103/292	126/306	97/271	71/294	108/376	113/384	82/308	
ROSC at hospital (Utstein)	53.0%	59.3%	54.5%	66.7%	71.4%	57.5%	63.2%	78.3%	51.9%	54.2%	51.3%	51.4%	60.0%
		16/27	12/22	14/21	25/35	23/40	24/38	18/23	14/27	26/48	20/39	18/35	
Survival to discharge (overall)	7.0%	9.1%	6.6%	8.7%	13.1%	11.4%	11.4%	9.9%	6.9%	5.7%	6.0%	8.4%	8.8%
		23/252	17/257	21/241	33/252	32/280	33/289	26/262	20/288	21/371	23/381	26/308	
Survival to discharge (Utstein)	27.0%	32.0%	18.2%	42.1%	45.2%	27.0%	38.2%	36.4%	33.3%	18.8%	25.6%	29.7%	31.5%
		8/25	4/22	8/19	14/31	10/37	13/34	8/22	9/27	9/48	10/39	11/37	
PPCI <150**	95.0%	93.0%	92.6%	96.7%	86.7%	92.6%	89.1%	87.1%	87.5%	84.6%	85.7%	84.3%	89.1%
STEMI Care Bundle	86.0%	91.6%	93.4%	91.7%	90.6%	87.1%	91.4%	90.3%	93.5%	92.3%	87.8%	91.7%	91.0%
		131/143	141/151	110/120	135/149	122/140	138/151	121/134	115/123	108/117	144/164	111/121	
Stroke HASU <60	56.0%	52.2%	50.8%	49.3%	49.6%	51.9%	44.7%	38.8%	43.7%	28.3%	40.5%	46.1%	45.1%
		152/291	180/354	171/347	184/371	200/385	193/432	138/356	141/323	83/293	96/237	82/178	
Stroke Care Bundle	98.0%	99.3%	99.8%	100.0%	100.0%	99.6%	99.8%	99.8%	98.9%	99.3%	100.0%	99.2%	99.6%
		423/426	485/486	469/469	509/509	501/503	576/577	507/508	354/358	445/448	385/385	237/239	

## Stroke 60 Quality Indicator

Following the dip in performance in December the CCG requested a 'deep dive' where EEAST reviewed 36 cases.

Themes were travel time, capacity issues and time on scene.

EEAST are feeding back to individual crews, and linking in with existing educational/induction programmes, and developing a staff briefing to raise staff awareness.

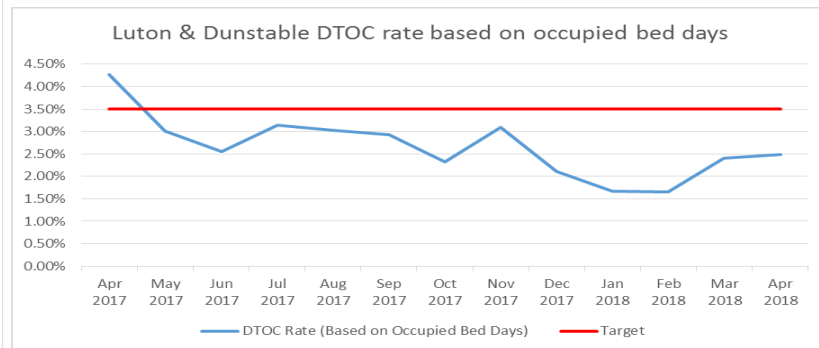
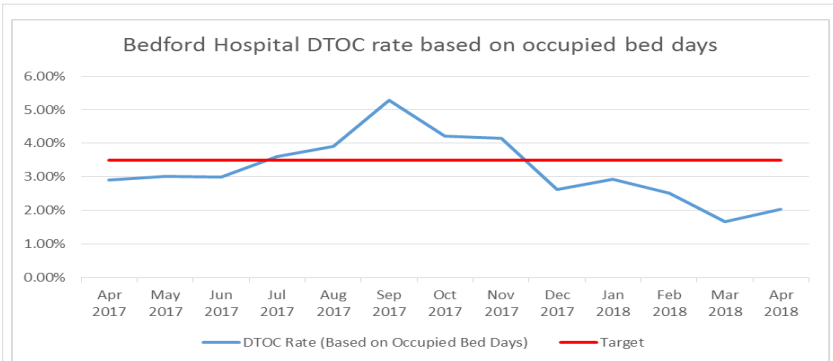
## Mitigations

Reinforcement to staff on the importance of conveyance to the Hyper Acute Stroke Unit.

## Progress Update

Improving and achieving 45.5% for BCCG in March against the 56% threshold. This indicator is currently being reviewed nationally and will be updated accordingly. EEAST continue to work with staff to reduce time on scene and reduce conveyance times as a number of breaches are only a few minutes outside of the 60 minute target.

# Unplanned Care – Delayed Transfers of Care



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

The charts demonstrate that both Bedford Hospital (BHT) and Luton & Dunstable Hospital (L&D) performed well against the 3.5% target in April with 2.04% and 2.49% respectively.

## Key Issues

Bedford Hospital continues to perform well against the <3.5% DTOC target. However the numbers of patients awaiting 48 hours or more from being fit for discharge has shown an increase over recent weeks without breaching the <3.5% threshold.

## Mitigations

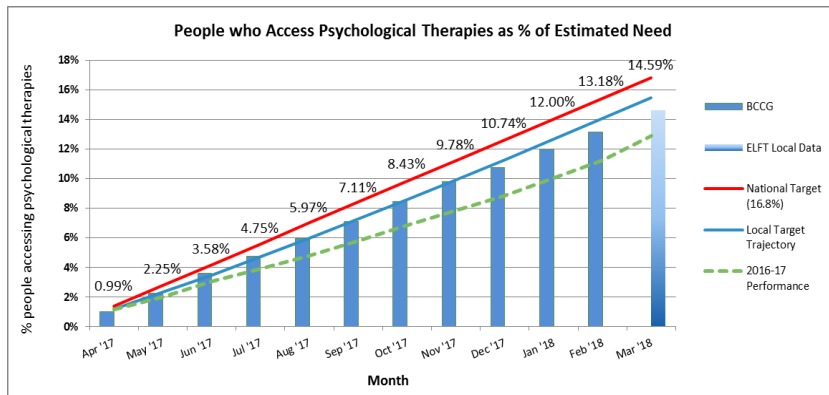
- The CCG continues to work closely with system partners to review the thrice weekly Ready to Transfer (R2T) call process for safe, effective and timely discharge of patients.
- The CCG is also working with Bedford Hospital to develop robust monitoring and mitigation process of Stranded and Super Stranded patients and to agree a trajectory to meet the 23% reduction in Adult Long Stays mandated by NHSE.
- Work is underway to improve the discharging processes with a dedicated workstream in place in preparation for Winter.
- Revisit patient tracker to ensure fit for purpose and to be shared for scrutiny and challenge with BCCG
- Reviewing and updating the acute discharge process
- Reviewing and updating the discharge processes for multiple pathways e.g. end of life, stroke
- Reviewing of the D2A process

## Progress Update

A Discharge Operational Leads Group has been established to manage the aforementioned work and will report directly to the A&E Senior Leads System Resilience Group which will report progress to the A&E Delivery Board.

# Mental Health – Improving Access to Psychological Therapies (IAPT)

In 2018/19 the national access threshold rose from 16.8% to 19% with a run rate of 4.75% in Quarter 4. Monthly thresholds were agreed and will be monitored through the Wellbeing contract meeting. Locally the Access Target for 2018/19 has been set at 17.35% and agreed with NHS England.



## Performance:

Latest refreshed data for April is showing an achievement with 1.41% against the monthly threshold of 1.40%.

## Key Issues

Underachievement against the 2017/18 year end and Q4 plan has resulted in the Contract Performance Notice remaining in place during Q1. The agreed trajectory is to achieve 4.2% in Qtr 1 and this is currently on target.

## Mitigations

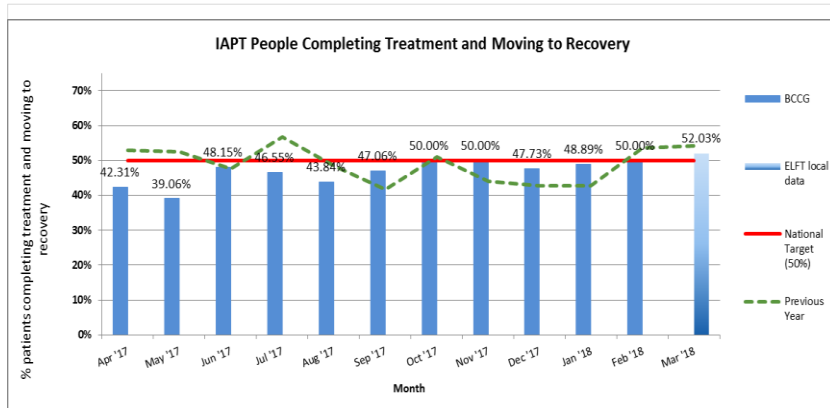
ELFT have undertaken an analysis of referrals by GP Practice with a view to focussing on the relevant under referring Practices. The outcome of the review is that Central Bedfordshire Practices are under referring: All GP Practices across the County have been contacted for a named contact to liaise with around promotional material and to maintain good links between Practices and the Wellbeing Service (WBS).

Promotional leaflets have been commissioned and will be distributed to approx 48,000 houses in Central Bedfordshire. This will be repeated every Quarter going forward this year. New posters are also being distributed to businesses across the County, eg: Hairdressers, Cafes, Shops, Community Centres etc.

The WBS now have a Facebook page which will be linked to the BCCG Website and Facebook page.

Long Term Condition (LTC) programmes are in development in line with the Mental Health – Five Year Forward View to implement IAPT-LTC alongside Core IAPT. Engagement with Community Healthcare Services and Physical Healthcare Services is underway. Commissioning an IAPT-LTC integrated service with Diabetes and Respiratory Services is now underway. Meetings in place with Commissioning Colleagues and the WBS to take this forward.

# Mental Health – IAPT - Moving to Recovery



## Key Issues

Appropriateness of referrals  
Clinical Supervision

## Mitigations

Referrals 'stepped up' to more intensive services where appropriate to ensure recovery, ie; cases of severe post-traumatic stress disorder.

All staff are now taking unrecovered cases to weekly case management meetings to ensure recovery opportunities are maximised and the discharge process is efficient.

## Progress Update

Clinical Supervision at weekly case management meetings has now been adopted as a permanent change and integral part of each Therapist's job plan, to ensure a more structured and controlled approach to discharging patients. Since these interventions, performance has continued to increase in this area.

April 2018 data continues to show the interventions put in place in Qtr4 2017/18 have sustained the improvement in patients moving to recovery, as the current data shows the Service is now over performing in this area.

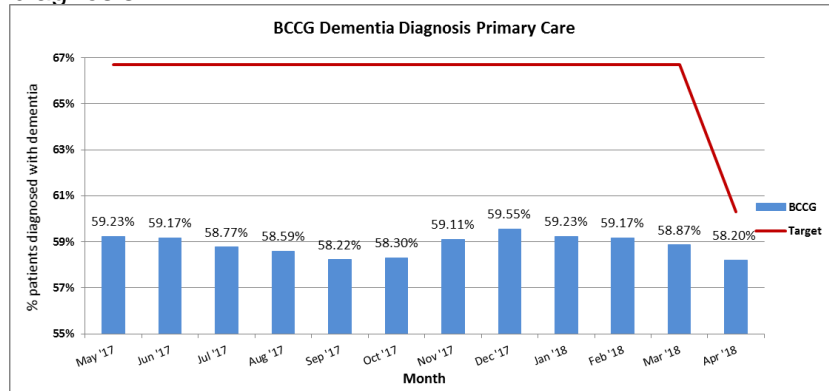
## Performance:

Local data for April shows the recovery rate at 51.91% which is an achievement against the national threshold of 50%.

A Contract Performance Notice (CPN) was issued in February due to an under performance in this indicator which resulted in an achievement of the standard in Qtr 4 2017/18. This CPN will remain in place until end of Qtr 1 2018/19 to assure the CCG of sustained recovery going forward.

# Mental Health – Dementia Diagnosis

The dementia diagnosis has remained a challenging position for the CCG throughout 2017/18 and has been supported by NHSE. The CCG continues to identify areas to increase diagnosis.



## Performance:

In April there were 2949 patients aged 65+ with a diagnosis for dementia which gives a worsening position of 58.2% against the 60.32% threshold. Latest national data for May is showing a further decline in performance.

## Key Issues:

There have been significant issues with medical cover in all memory assessment teams. Whilst this issue has now been resolved there continues to be a knock on effect.

The case finding projects have seen minimal impact. Lack of diagnosis in the acute setting; Recruitment of staff member to run Continuing Healthcare (CHC) project and lack of referrals from primary care into memory service.

## Mitigations:

Case finding project to focus on CHC caseload.

The CCG have identified gaps in diagnosis in secondary care and clinical lead will be engaging with relevant service managers.

Capacity has been identified in two of the three memory services and this will be discussed at clinical meetings in primary care.

Event with Professor Alistair Burns to be rescheduled in the summer.

Dementia action week awareness campaign in May.

## Progress Update:

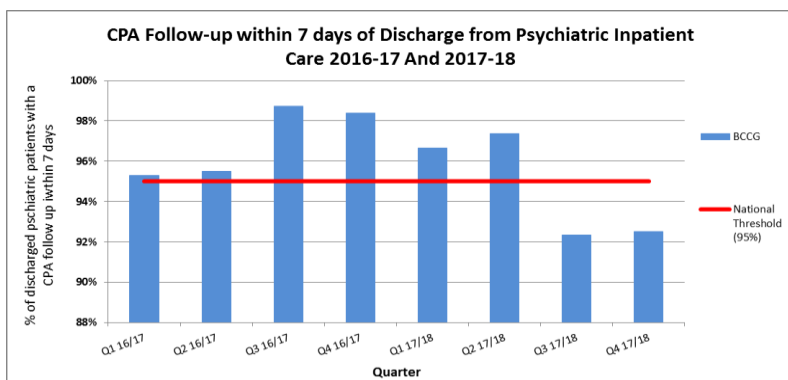
GP visits are continuing with all practices having a scheduled visit in place. A bi monthly dementia bulletin will be issued to practices going forward updating them on latest developments.

Applications have been submitted via the Better Care Fund for the further roll out of CANTAB mobile app in primary care.

ELFT are focusing on diagnosis and post-diagnostic support being provided within GP surgeries rather than Memory Assessment Services. An event will be taking place on the 28<sup>th</sup> June with partners to gauge their ideas for improving the diagnosis rate.

# Mental Health – Care Programme Approach (CPA)

ELFT are reporting nationally on all patients followed up following an inpatient stay rather than just those on CPA. Patients will only be discharged on CPA (Care Programme Approach) if they have more complex mental health needs. ELFT have confirmed that all Non CPA patients will continue to be followed up by a relevant team within 7 days of discharge from an inpatient unit including those in London.



## Performance:

In Quarter 4 the CCG underachieved this indicator with 92.51% against the 95% threshold. There were 187 patients followed up with 14 patients breaching the 7 day threshold of which 4 of the breaches were patients on CPA.

## Key Issues:

Of the 4 CPA breaches ELFT has confirmed that these patients were followed up on Days 7, 9 and 15. The 2 patients followed up on day 7 were recorded as a breach due to a technicality in the way the data is recorded.

- Patient 1 – followed up on Day 7 data error as not entered on the system
- Patient 2 – followed up on Day 7 whilst on leave and therefore before the formal discharge data.
- Patient 3 – followed up on Day 9 as patient was not available when the CMHT visited.
- Patient 4 – followed up on Day 15 due to patient availability

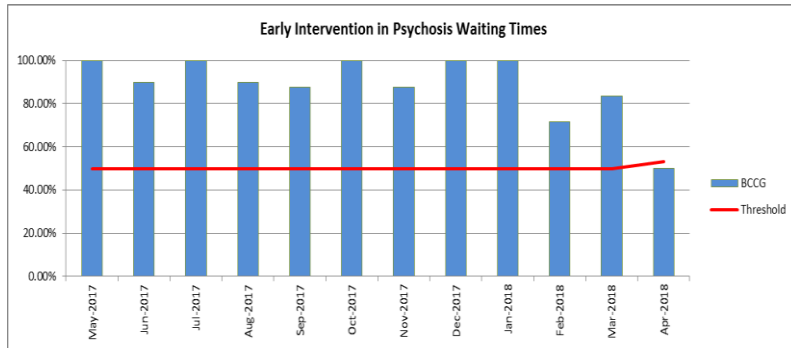
## Mitigations:

London wards have been contacted by ELFT and reminded that all CPA and Non CPA discharged patient must be followed up within 7 days.

## Progress Update:

Since reporting on both CPA and Non-CPA follow-up performance has improved and ELFT provide details of any breach of the 7 day target.

# Mental Health – Early Intervention in Psychosis (EIP)



## Performance:

In April national reporting against this indicator is showing an underachievement with 50% against the 53% threshold. There were 8 patients on this pathway with 4 patients seen outside the 2 week threshold.

Following discussion with ELFT the CCG has received confirmation that following a data refresh there was an additional patient on the pathway which has meant that this indicator has been achieved with 55.56%.

ELFT are in discussion with the national team regarding a refresh of the month 1 position to reflect 9 patients treated with 4 seen outside of the 2 week threshold.

# Continuing Healthcare

Dashboard includes an agreed set of KPIs that accurately reflect the performance of the team. These have now been included in the department's operating policy. Compliance against the KPIs is detailed in the dashboard below.

BCCG Continuing Healthcare Key Performance Indicators					Qtr 1			Qtr 2			Qtr 3			Qtr 4			2018/19	
KPI			Target / Threshold	Mar-18	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 & DZA)	80%	81%	70%													70%
	2	% CHC assessments completed in acute setting for patients on hospital discharge pathway	< 15%	13%	0%													0%
Reviews	3	% of all reviews completed in the month.	80%	60%	87%													87%
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
	5	Number of interagency disputes on eligibility within the quarter		0	0													0

Please note that data is ragged Green if an indicator has been achieved or over-achieved, Amber if it has under-achieved within 5% of the achievement level and Red if it has under-achieved over the 5% threshold.

## CHC Quality Premium

- The CHC department has seen a fall from 81-70% of cases completed within 28 days. There have been a number of staffing issues across the department due to medical retirement, movement within the department and staff leavers. An action plan and audit has been completed for April submitted to NHSE. The figure within the Quality Premium report is showing a figure of 67% for Quarter 4 which is not an accurate reflection of true activity and relates to issues with the data provider. NHSE have been made aware and further work is being completed. Due to the time period of data which captures live activity there will always be a difference between that reported nationally within the NHSE Quality Premium dashboard and the CHC dashboard above which is based on final monthly data.
- No assessments were completed within the acute sector during April

**Reviews** - Work to increase efficiency regarding reviews in process, longer outstanding reviews under audit have been found to be case managed. Assessors managing reviews for case management has increased due to changes.

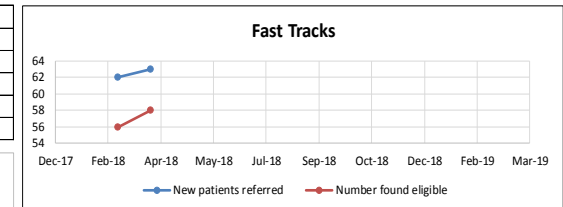
**Appeals/Dispute** - BCCG CHC department have not had a case overturned at NHSE independent review panel (IRP) for a number of years. 1 Dispute with Luton Borough Council.

# Continuing Healthcare

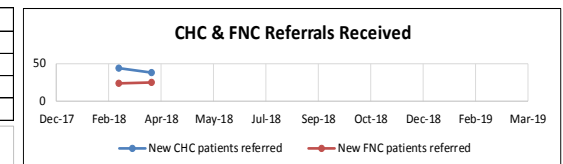
Table below gives an overview of CHC monthly activity and Year to Date (YTD)

Fast tracks 2018/19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
New patients referred	62	63												63
Number found eligible	56	58												58
Number RIP / Withdrawn	6	5												5
Number not eligible	0	0												0
Fast track % conversion rate	90%	92%												92%

For NHSE Benchmarking purposes conversion rate must be over 90%.  
Fast Track Domiciliary care to move to Sue Ryder Palliative Care Hub palliative care workers, planned over 3 phases. Phase 1 live 12/03/18, awaiting confirmation of next phase

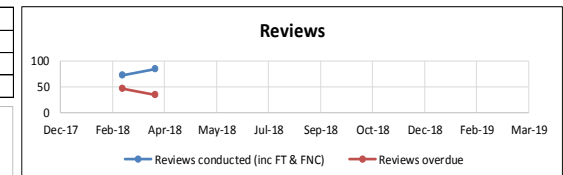


CHC & FNC referrals 2018/19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
New CHC patients referred	44	38												38
New FNC patients referred	24	25												25
Positive checklists	35	35												35
DST's found eligible	5	2												2

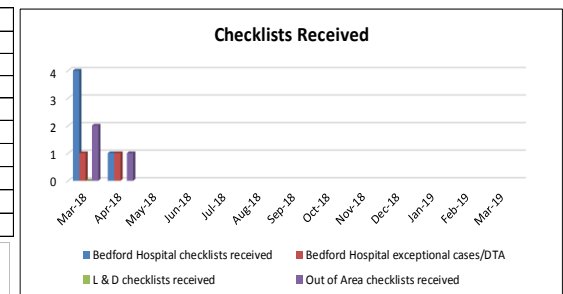


Reviews conducted 2018/19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
Reviews conducted (inc FT & FNC)	72	85												85
Reviews overdue	46	34												

Breakdown of reviews conducted for April 2018: 29 x CHC, 45 x FNC, 11 x Fast track.  
Breakdown of overdue reviews: Feb 2018 x 4, Mar 2018 x 14, April 2018 x 16.  
Longest overdue = 119 days. Average number of days overdue = 70 days.



Acute Checklists received 2018/19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
Bedford Hospital checklists received	4	1												1
Bedford Hospital exceptional cases/DTA	1	1												1
L & D checklists received	0	0												0
Milton Keynes Hospital	1	1												1
Out of Area checklists received	2	1												1
Total found eligible	0	0												0
Total not eligible / screened out	8	4												4
% found eligible	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% found not eligible	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	8%



# Locality Commissioning Plan



Key: On target Below Target

		Measure	KPI / Target	Bedford	Chiltern Vale	Ivel Valley	Leighton Buzzard	West Mid Beds	BCCG	Latest Data						
Preventing Ill Health	1.1	% Flu vaccination uptake - 65 years and over	75%	72%	72%	75%	73.60%	74.53%	73.19%	Feb-18						
	1.2	% Flu vaccination uptake - under 65s at risk	55%	14%	14%	18%	17.09%	16.93%	15.63%	Feb-18						
	1.3	% Flu vaccination uptake - Pregnant women	55%	52%	49%	54%	58.23%	55.85%	52.79%	Feb-18						
	1.4	% Flu vaccination uptake - Children 2 year olds	40%	48%	39%	55%	55%	55%	50%	Feb-18						
	1.5	% Flu vaccination uptake - Children 3 year olds	40%	47%	40%	56%	53%	58%	50%	Feb-18						
	1.6	% Flu vaccination uptake - Children 4 year olds	40%	62%	58%	72%	70%	74%	66%	Feb-18						
	1.7	% Flu vaccination uptake - Carers	55%	40%	35%	49%	40%	43%	41%	Feb-18						
	1.8	% Received the Pneumococcal (PPV) vaccine At Any Time - +65 years	No Target	70.2%	72.8%	71.3%	59.7%	73.5%	70.2%	Mar-17						
		<b>Objective Narrative</b>	Planning commencing for 18/19 including partnership working with Public Health via transformation boards (Midwives should be commissioned to provide this for antenatal patients)													
Long Term Condition and Complex Patient Management	2.1	Diabetes NDPP - Number of referrals made to programme	800	n/a	n/a	n/a	n/a	n/a	3136	May-18						
	2.2	Diabetes NDPP - Number of people on programme	320	n/a	n/a	n/a	n/a	n/a	707	May-18						
	2.3	Diabetes Care Planning - Number of practices signed up	tbc	n/a	n/a	n/a	n/a	n/a	45	May-18						
	2.4	Diabetes Care Planning - Quarterly reports on care plans completed	tbc	384	432	115	0	78	1009	Q4 2017/18						
	2.5	Cluster MDT Working - Number of practices signed up	50	18	9	8	3	7	45	May-18						
	2.6	Cluster MDT Working - Attendance at cluster MDT meetings	tbc	n/a	n/a	n/a	n/a	n/a	n/a	May-18						
	2.7	Cluster MDT Working - Number of patients on caseload	tbc	0	0	0	0	0	0	May-18						
	2.8	Childhood Asthma	tbc													
		<b>Objective Narrative</b>	Diabetes NDPP data only available at CCG level currently. MDT working being rolled out across localities/clusters starting in March 2018 with a plan for all meetings to have commenced by June 2018													
Member Engagement & Organisational Development	3.1	Number of GP members using the extranet facility to access BCCG information - signed up to the extranet	70%	81%	88%	67%	71%	86%	79%	Mar-18						
	3.2	% Practice attendance at locality board meetings	90%	68%	94%	78%	100%	81%	80%	May-18						
	3.3	% Practice attendance at Members Forums (Sep/Mar)	100%	45%	44%	67%	100%	71%	56%	Jun-18						
	3.4	Practice Assurance Visits (Apr-Nov)	70%	100%	100%	100%	100%	100%	100%	Mar-17						
	3.5	Cummulative Practice Visits (April-March)	100%	100%	100%	100%	100%	100%	100%	Mar-17						
	3.6	Locality 2 year plan sign up	100%	100%	100%	100%	100%	100%	100%	Mar-17						
	3.7	Locality / Cluster transformation plan sign up	100%	100%	100%	100%	100%	100%	100%	Mar-17						
		<b>Objective Narrative</b>	3.3: March 2018 Members Forum postponed until May 2018 3.4: 2018/19 Practice Assurance Visits starting in June 2018													
Budgetary Management - Activity	<b>Finance Activity Dashboard (FDA)</b>			<b>Plan</b>	<b>Actual</b>	<b>Plan</b>	<b>Actual</b>	<b>Plan</b>	<b>Actual</b>	<b>Plan</b>	<b>Actual</b>					
	4.1	FDA - Total A&E Attendances (per 1000 population)	Finance Activity Dashboard Monthly Plan	25.77	25.90	24.26	23.46	21.38	21.40	21.37	21.60	20.15	19.70	23.47	23.36	Mar-18
	4.2	FDA - Total Emergency Admissions (per 1000 population)		8.99	8.51	9.56	9.96	8.22	7.98	8.67	9.06	8.14	8.34	8.79	8.69	Mar-18
	4.3	FDA - GP Initiated 1st OP Attendances (per 1000 population)		16.40	17.99	15.56	15.53	18.02	19.82	20.53	19.52	17.36	20.76	17.12	18.44	Mar-18
4.4	FDA - Elective Admissions (per 1000 population)	9.64		9.26	10.59	10.57	9.25	11.49	9.42	9.12	11.05	10.44	9.89	10.06	Mar-18	
		<b>Objective Narrative</b>														
Patient & Public Engagement	5.1	No. of locality Patient Network meetings - at least 4 a year (YTD)	4	6	7	5	6	5	29	Mar-18						
	5.2	No. of Healthier Living Seminars - at least 3 a year (YTD)	3	1	1	1	1	1	5	May-18						
	5.3	No. Patients attending Healthier Living Seminars (YTD)	No Target	86	66	31	40	72	295	May-18						
		<b>Objective Narrative</b>	5.1: 1 PPN meeting cancelled due to number of apologies 5.2: Seminars started mid year 5.2: Seminars started mid year													
			5.2: Healthier Living Seminars for 2018/19 started in May with hypertension													

# Locality Commissioning Plan



Key: On target Below Target

	Measure	KPI / Target	Bedford	Chiltern Vale	Ivel Valley	Leighton Buzzard	West Mid Beds	BCCG	Latest Data
Patient Experience	6.1 National GP Patient Survey - Average of 4 elements of access to Primary Care		80.5%	79.5%	83.4%	75.0%	81.9%	76.6%	Jul-17 Publication
	6.2 National GP Patient Survey - Average of 4 elements of quality of GP appointment	Practices in national highest decile	80.1%	79.5%	83.5%	81.1%	83.8%	81.3%	Jul-17 Publication
	6.3 National GP Patient Survey - Average of 4 elements of quality of nurse appointment		78.3%	79.8%	81.7%	81.1%	78.5%	79.5%	Jul-17 Publication
	6.4 Friends & Family Test - % recommended		Increased level of patient participation	71%	85%	69%	100%	50%	74%
	6.5 Friends & Family Test - % not recommended	15%		15%	24%	0%	50%	16%	Apr-18
		<b>Objective Narrative</b>		6.5: Practices identified as: Putnoe Medical Centre, Cauldwell Medical Centre and De Parys Medical Centre	6.5: Practice identified as: Toddington Medical Centre	6.5: Practice identified as: Ivel Medical Centre and Biggleswade Health Centre		6.5: Practice identified as: Flitwick Surgery	
Healthier Living Seminars are well attended by patients. Subjects covered are: Hypertension, Diabetes and Respiratory illness.									
GP IT / Technology	7.1 E-Referrals - uptake of electronic referrals where enabled by secondary care (BCCG target only)	90%	n/a	n/a	n/a	n/a	n/a	77%	Apr-18
	7.2 E-Referrals - no. of eRS first outpatient bookings	No Target	1960	897	1113	539	735	5244	Apr-18
	7.3 E-Referrals - Total e-RS Bookings inc outpatients	No Target	2139	909	1209	639	803	5699	Apr-18
	7.4 Patient Online - uptake of patient use of one or more online service	20%	25%	29%	32%	52%	44%	32%	Feb-18
	7.5 ePS - increased uptake of electronic repeat prescriptions	40%-80%	45%	67%	47%	75%	53%	54%	Apr-18
	7.6 ePS - Continued uptake of electronic repeat dispensing	25%	2.00%	6.10%	0.30%	1.30%	0.80%	2.00%	Apr-18
	7.7 Activation of the Enriched Summary Care Record (ESCR) - Number of patients with ESCR uploaded	No Target	2420	1220	903	238	240	5021	Dec-17
	7.8 Advice & Guidance	Not yet available							
	7.9 Number of Bedfordshire SystmOne Forums a year - at least 4 a year	4	n/a	n/a	n/a	n/a	n/a	3	Mar-18
	7.10 Practice attendance at Bedfordshire SystmOne Forums - YTD	No Target	17	10	4	2	9	42	Mar-18
	7.11 SystmOne Bureau - days worked rolling total	n/a	n/a	n/a	n/a	n/a	n/a	81.5	Apr-18
	7.12 SystmOne Bureau - requests in progress/completed in month	n/a	n/a	n/a	n/a	n/a	n/a	19	Apr-18
	7.13 Transition from READ to SNOMED CT managed and practices engaged	No Target		Guidance disseminated via GP IT Newsletter	Guidance disseminated via GP IT Newsletter	Guidance disseminated via GP IT Newsletter	Guidance disseminated via GP IT Newsletter	Guidance disseminated via GP IT Newsletter	Guidance disseminated via GP IT Newsletter
	<b>Objective Narrative</b>		7.1 Delivery to be 100% by October 2018 7.9: Bedfordshire SystmOne Forum changing to Bedfordshire GP IT forum from July 2018						
			7.5: Practices not yet live identified as Harrold, Sharnbrook and Priory Medical Practice		7.5: Practices not yet live identified as Greensands (Potton), Ivel Medical Centre and Dr Collins & Partners				
Locally Commissioned Services	8.1 Locally Commissioned Services - Practice Offered (Phlebotomy, Anticoagulation, Methotrexate, Sulfasalazine, Diabetes Care Planning)	50	22	9	9	3	7	50	Mar-18
	8.2 Locally Commissioned Services - Practice Uptake (Avg) (Phlebotomy, Anticoagulation, Methotrexate, Sulfasalazine, Diabetes Care Planning)	10	18.2	8.6	8.2	3	6.8	8.96	Mar-18
	8.3 Locally Commissioned Services - Practice Offered (Acute Treatment Scheme (IV), Practice Matrons (CV), DVT (CV), Homeless LES (BD, LB), Ophthalmology (LB), Wound Care (WMB))	46	22	5	9	3	7	46	Mar-18
	8.4 Locally Commissioned Services - Practice Uptake (Avg) (Acute Treatment Scheme (IV), Practice Matrons (CV), DVT (CV), Homeless LES (BD, LB), Ophthalmology (LB), Wound Care (WMB))	9.2	1	3.5	8	1	6	3.83	Mar-18
		<b>Objective Narrative</b>		8.2: Not all practices take up offer. 8.4: Not all practices take up offer					

# Out of Hospital Programme

The activities of the Out of Hospital (OOH) Programme Team continue to work with providers to ensure there is strong and consistent focus on reducing avoidable emergency admissions and delayed transfers of care for Bedfordshire residents, but with particular focus on frail and elderly patients over 65 years of age residing in Care/Nursing/Residential and their own homes.

Following the Complex Care Team weekend pilot (January-March 2018) the CCG have approved funding to extend the pilot service with the nine named care homes, plus one more in Bedford Borough for a further six months from the end of June 2018. In the meantime, BCCG are working with ELFT and Bedoc to review the current CCT commissioned contract with a view to developing a similar service in Central Bedfordshire and the possibility of delivering a 7 day service across all of BCCGs footprint to reduce the number of non elective attendances and admissions to hospital by care home residents.

Following the Early Intervention pilot (EIV) provided by EEAST and EPUT 2018 (February and March 2018), the CCG have approved funding to extend the pilot from mid June 2018, whilst a bespoke model for two vehicles is agreed and implemented across Bedfordshire to support the reduction in non elective hospital attendances and admissions.

Bedfordshire CCG and ELFT have commenced a transformation programme to review the existing community health service provision, in addition to service reviews for Tissue Viability with particular focus on improvement to the delivery of leg ulcer care, the Phlebotomy service and MDT working. A Transformation Plan will be agreed by the end of Q1 with implementation to follow from Q2. The aim is to ensure a coordinated approach to transformation and service redesign of adult and children's community services, managed through the Contract and Transformation meeting.

The OOH Team have also commenced the High Intensity User project, an initiative supported by the BLMK Integrated Care System to develop plans to address the rising levels of ambulance and hospital acute activity and cost. Initially undertaking a detailed review of activity data and trends, the OOH Team will then be working with providers and primary care to identify cohorts of high intensity users and patients with LTCs who can be more effectively managed and supported within the community to reduce their reliance on acute hospital activity.

In addition to the above activities, the OOH Team are working on a number of Enhanced Health in Care Homes (EHCH) initiatives with partner organisations and care providers in the development of services and support to Care, Nursing and Learning Development homes across Bedfordshire, including the implementation of the Red Bag scheme which went live in May, the BLMK initiative to connect Nursing and Residential Homes to NHSMail and clinical record systems over the next 18 months, and introduction of a remote monitoring/telemedicine tool.

A proposal to work with partners to explore deaths in hospital and understand/establish alternative pathways is to be presented to the CCG Financial Recovery Board in June. It is anticipated the resulting data will inform commissioners of the number of End of life (EOL) deaths and admissions which could have been avoided and the entry pathway. This in turn will assist in the development of the EoL pathway and future decision making interventions and processes to reduce the number of admissions at end of life and improve patient and carer experience.

Alternative options and models for a community Geriatrician service continue to be explored and worked through with partner organisations. In the interim, a GP Consultant phone line has been set up, with support from BHT, to enable their hospital Geriatrician to provide telephone advice and support to GPs and MDT meetings within Bedford and Ivel Valley.

# Better Care Fund



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	7,587	6,930	7,573	28,100	29,698
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	728.8	747.3	649.3	815.6	611.7	710.1	603.0	458.4	2592.7	2,731.4
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		Not available	252.3	239.2		326.91		Not available	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%	Not available	90%	93%	90%	Not available	90.0%	
Bedford Borough 2017/18 Better Care Fund Dashboard											
BCF Indicator		Q1 17/18 Plan	Q1 17/18 Actual	Q2 17/18 Plan	Q2 17/18 Actual	Q3 17/18 Plan	Q3 17/18 Actual	Q4 17/18 Plan	Q4 17/18 Actual	17/18 Total Plan	17/18 Year End Actual
HWB Non-Elective Admission Plan* Totals		4,441	4,782	4,491	4,530	4,498	4,871	4,398	4,929	17,828	19,112
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	446.1	451.9	965.0	787.0	905.8	742.5	734.2	558.8	3024.60	2540.2
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		150.6		304.7		496.4		772.2	761.3	772.2
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %		84.50%		86.10%		Not available		92.10%	85.0%	92.10%

The Integration and Better Care Fund Plan for 2017-19 is the third plan developed in partnership between Bedford Borough Council (BBC), Central Bedfordshire Council (CBC) and the CCG.

The 17/18 year end report sees much improved reporting.

## Key Issues

Whilst the majority of our Better Care Fund projects focused on reducing non elective admissions, Bedford Hospital still saw high numbers of unplanned admissions. Without the input of projects supported by BCF, reporting could have potentially been higher so to some extent, we believe that projects have supported some of the high demand for acute services from further increases. Some of the projects include High Intensity user project, Early Intervention vehicle, Complex care team weekend working.

## Mitigating Actions

Working with providers to ensure focus on reducing admissions to hospital. Focusing on the High Intensity User Project to identify cohorts of people who are higher users.

## Progress Update

- Bedford Borough has seen a significant improvement to Delayed Transfers of Care.
- Long term support to older people met by admission to residential and nursing homes sees a much improved position across Bedfordshire
- The proportion of older people 65 and over who are still at home after 91 days sees an improvement with an achievement of 92%.

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%	Apr-18	N/A	N/A		93.37%	93.37%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Apr-18	N/A	N/A		93.75%	93.75%	↑
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Apr-18	N/A	N/A		95.00%	95.00%	↓
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Apr-18	N/A	N/A		100.00%	100.00%	↑
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Apr-18	N/A	N/A		100.00%	100.00%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Apr-18	NP	NP	↔	NP	NP	↔
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Apr-18	N/A	N/A		72.88%	72.88%	↓
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Apr-18	N/A	N/A		100.00%	100.00%	↑
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Apr-18	92.21%	92.21%	↑	89.46%	89.46%	↑
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Apr-18	0	0	↔	0	0	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Apr-18	99.41%	99.41%	↑	99.42%	99.42%	↑
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Apr-18	N/A	N/A		91.69%	91.69%	↑
E.B.S.1	Mixed-sex accommodation breaches	0	Apr-18	0	0	↔	0	0	↔
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q4 17/18	0	0	↔	0	2	↔
E.B.S.6	Urgent Operations cancelled for a second time	0	Apr-18	0	0	↔	0	0	↔

**A&E 4 hour wait** - Whilst the performance remains below the standard, there has been a significant improvement on the March 2018 position. Activity remained high at 6420 attendance in April, with a 30% conversion rate to admission. Contingency beds remained open across the hospital.

**A&E and In-Patient Discharge Letters** - A mapping exercise is being undertaken by the Trust and an action plan will be developed following this. IT solution are being considered. Copy of plan awaited.

## Friends and Family Test (Q4)

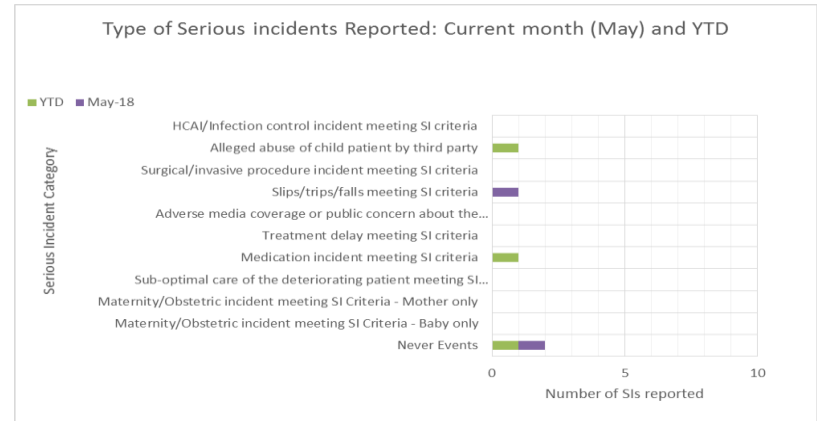
Bedford Hospital	Jan-18		Feb-18		Mar-18	
	Response Rate	% Recommend	Response Rate	% Recommend	Response Rate	% Recommend
A&E FFT	18.19%	86.98%	18.24%	83.44%	17.16%	83.75%
Birth FFT	100.00%	98.61%	100.00%	96.43%	69.94%	94.87%
Inpatients FFT	27.15%	94.72%	29.22%	92.76%	26.36%	94.36%
Outpatient FFT	17.78%	93.82%	15.18%	93.10%	15.59%	92.74%

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

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

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

## Serious Incidents



The Trust reported 1 Serious Incidents (SI) in May. One Never Event (NE) was also reported in the month.

The Quality Team have discussed with the Trust the number of Never Events now reported during between May17 and May 18, 5 in total during 13 months.

Although the 5 Never Events were related to very different procedures, 3 involved a retained foreign object. The Trust has been asked to provide assurance to the CCG following a current internal review of Local safety standards for invasive procedures, based on the national guidance which relate to 3 of the cases.

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%	Apr-18	N/A	N/A		97.19%	97.19%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Apr-18	N/A	N/A		92.41%	92.41%	↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Apr-18	N/A	N/A		100.00%	100.00%	↔
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Apr-18	N/A	N/A		100.00%	100.00%	↔
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Apr-18	N/A	N/A		100.00%	100.00%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Apr-18	NP	NP	↔	NP	NP	↔
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Apr-18	N/A	N/A		90.00%	90.00%	↑
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Apr-18	N/A	N/A		100.00%	100.00%	↑
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Apr-18	92.00%	92.00%	↑	90.74%	90.74%	↑
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Apr-18	0	0	↔	0	0	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Apr-18	98.74%	98.74%	↓	99.12%	99.12%	↑
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Apr-18	N/A	N/A		98.57%	98.57%	↑
E.B.S.1	Mixed-sex accommodation breaches	0	Apr-18	0	0	↑	2	2	↑
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q4 17/18	9	12	↔	24	29	↔
E.B.S.6	Urgent Operations cancelled for a second time	0	Apr-18	0	0	↔	0	0	↔

The Trust currently have a Contract Performance Notice open with regards to Friends and Family Test, Inpatient and Outpatient discharge summaries. A Contract Performance Meeting was held on 22nd May and a Remedial Action Plan is awaited.

## Friends and Family Test (Q4)

Luton & Dunstable	Jan-18		Feb-18		Mar-18	
	Response Rate	% Recommend	Response Rate	% Recommend	Response Rate	% Recommend
A&E FFT	3.59%	98.28%	3.85%	98.28%	3.44%	98.67%
Birth FFT	26.68%	97.30%	20.93%	97.22%	19.85%	100.00%
Inpatients FFT	23.43%	96.26%	28.72%	96.71%	27.66%	95.12%
Outpatient FFT	6.82%	96.12%	4.93%	95.96%	4.48%	95.32%

A Contract Performance Notice was issued by Luton CCG regarding the low A&E FFT response rates and a number of actions are being put into place.

- All nursing staff in Paediatric and Adult A&E will be given 2 FFT cards each day which it will be mandatory to get patients to fill in. Completion of these will be reinforced at the daily safety briefings.
- All patients attending A&E Minors at LDH will be given a FFT card to complete.
- Posters will be put up in the A&E Department telling people about FFT.
- The volunteers in the A&E Department will be asked to give out cards for FFT as part of their work.
- An IPAD will be introduced to Paediatric A&E allowing children and their parents to complete FFT electronically.

The Trust advised the actions are likely to lead to an improvement in performance in May, with further improvement in June.

The Trust did have a longer term goal of developing texting as a mechanism for FFT but the introduction of GDPR has made this more complicated and this is currently not being taken forward as a priority for the Trust

### Serious Incidents

The Trust reported one serious incident for Bedfordshire patients in May. No Never Events (NEs) were reported for Bedfordshire patients in May

Performance against NHS Constitutional Pledges & other quality indicators				East & North Herts					
				BCCG Patients			Trust Wide		
KPI Code	Indicator	Plan	Reporting Period	Latest Data	YTD*	Trend	Latest Data	YTD*	Trend
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	Apr-18	N/A	N/A		89.29%	89.29%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Apr-18	N/A	N/A		93.88%	93.88%	↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Apr-18	N/A	N/A		94.92%	94.92%	↓
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Apr-18	N/A	N/A		88.46%	88.46%	↓
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Apr-18	N/A	N/A		99.35%	99.35%	↑
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Apr-18	N/A	N/A		91.67%	91.67%	↑
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Apr-18	N/A	N/A		67.19%	67.19%	↓
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Apr-18	N/A	N/A		84.62%	84.62%	↑
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Apr-18	N/A	N/A		N/A	N/A	
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Apr-18	N/A	N/A		N/A	N/A	
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Apr-18	N/A	N/A		N/A	N/A	
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Apr-18	N/A	N/A		85.64%	85.64%	↑
E.B.S.1	Mixed-sex accommodation breaches	0	Apr-18	1	1	↓	4	4	↓
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q4 17/18	4	5	↔	34	114	↔
E.B.S.6	Urgent Operations cancelled for a second time	0	Apr-18	0	0	↔	0	0	↔

## **Ongoing issues following the implementation of Lorenzo and Nervecentre**

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

The Trust has appointed external support to carry out a diagnostic of the entire Lorenzo /Nervecentre implementation, including business information and data quality. The Trust has completed work to produce outpatient new and follow up patient tracking lists (PTLs) for operational use, which so far have had positive feedback however the Trust continue to validate these lists.

Full harm reviews continue for any patient waiting in excess of 52+ weeks and so far no harm has been identified.

## **A&E 4 hour wait**

Contract Performance Notice is in place and the Trust provides regular updates on progress including; Introduction of primary care streaming at the front door, redesign of the front door work stream; redesign of the emergency pathways and the creation of a multi-speciality assessment village. Discharge work stream - Red to Green safer agenda, discharge to assess, discharge processes.

## **Cancer**

Contract Performance Notice is in place and the Trust provides regular updates on progress on timed pathways.

Concerns continue around unexplained growth in the cancer PTLs. Trust has plans in place to validate all 1600 patients on the PTL. The Trust has appointed a new General Manager who will be joining the Trust in June 2018;. CCG is awaiting further information on demand and capacity work which has been recently undertaken.

# Other Providers

Performance against NHS Constitutional Pledges & other quality indicators				Milton Keynes			Buckinghamshire			Cambridge											
KPI Code	Indicator	Plan	Reporting Period	BCCG Patients			Trust Wide			BCCG Patients			Trust Wide								
				Latest Data	YTD*	Trend	Latest Data	YTD*	Trend	Latest Data	YTD*	Trend	Latest Data	YTD*	Trend						
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	Apr-18	N/A	N/A		97.28%	97.28%	↓	N/A	N/A		93.01%	93.01%	↓	N/A	N/A		87.19%	87.19%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Apr-18	N/A	N/A		96.63%	96.63%	↓	N/A	N/A		80.65%	80.65%	↓	N/A	N/A		95.08%	95.08%	↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Apr-18	N/A	N/A		100.00%	100.00%	↓	N/A	N/A		97.08%	97.08%	↓	N/A	N/A		96.11%	96.11%	↓
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Apr-18	N/A	N/A		100.00%	100.00%	↓	N/A	N/A		81.25%	81.25%	↓	N/A	N/A		98.78%	98.78%	↑
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Apr-18	N/A	N/A		100.00%	100.00%	↑	N/A	N/A		100.00%	100.00%	↑	N/A	N/A		98.02%	98.02%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Apr-18	N/A	N/A		100.00%	100.00%		NP	NP	↔	NP	NP	↔	N/A	N/A		97.67%	97.67%	↑
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Apr-18	N/A	N/A		86.96%	86.96%	↓	N/A	N/A		74.48%	74.48%	↓	N/A	N/A		79.32%	79.32%	↑
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Apr-18	N/A	N/A		90.00%	90.00%	↓	N/A	N/A		83.33%	83.33%	↓	N/A	N/A		79.07%	79.07%	↓
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Apr-18	86.64%	86.64%	↑	84.20%	84.20%	↑	88.06%	88.06%	↑	89.87%	89.87%	↑	87.79%	87.79%	↓	89.34%	89.34%	↓
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Apr-18	1	1	↑	22	22	↔	0	0	↔	0	0	↔	0	0	↑	4	4	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Apr-18	97.01%	97.01%	↓	98.17%	98.17%	↔	100.00%	100.00%	↔	100.00%	100.00%	↔	97.32%	97.32%	↑	96.87%	96.87%	↓
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Apr-18	N/A	N/A		96.00%	96.00%	↑	N/A	N/A		85.87%	85.87%	↑	N/A	N/A		89.60%	89.60%	↓
E.B.S.1	Mixed-sex accommodation breaches	0	Apr-18	0	0	↔	0	0	↔	0	0	↔	0	0	↔	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	Q4 17/18	1	6	↔	60	130	↔	0	0	↔	2	2	↔	3	8	↔	31	77	↓
E.B.S.6	Urgent Operations cancelled for a second time	0	Apr-18	0	0	↔	0	0	↔	0	0	↔	0	0	↔	0	0	↔	0	0	↔

**Milton Keynes** - RTT Incomplete pathway has seen a drop in performance due to pressure on non-electives. Priority is those patients who are close to 52+ weeks waiting. The Trust is currently working up trajectories for recovery and is reporting that May performance is improving.

**Buckinghamshire** – RTT incomplete pathway has seen a slight drop in performance mainly attributed to an increase in the backlog for Trauma and Orthopaedics (T&O) and Ophthalmology and winter pressures. Demand/capacity exercise for T&O has been completed and Ophthalmology is among the next specialties to be reviewed. Ophthalmology – Additional weekend operating/clinics in place. T&O – Trust is outsourcing procedures to reduce backlog pending commissioner approval together with additional weekend operating.

**Cambridge** – Cancer is the biggest impact on BCCG patients. Endoscopy capacity remains the highest risk to performance going forward; together with the increased demand for 2week wait referrals for Endoscopy and Prostate Cancer in Quarter 4.

# East London Foundation Trust (Mental Health)



**Bedfordshire**  
Clinical Commissioning Group

Operational Standards	Threshold 2018/19	Apr	May	Jun	Qtr. 1	July	Aug	Sep	Qtr. 2	Oct	Nov	Dec	Qtr. 3	Jan	Feb	Mar	Qtr. 4	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%	93.51%																93.51%
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)	53%	62.50%																62.50%
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	53%	0.00%																0.00%
Waiting time for Mental Health Assessments from referral to crisis team (Started within 4 hrs. unless patient not physically capable.)	100%	100.00%																100.00%
All adult inpatient admissions to have been gate kept by crisis resolution/ home treatment team immediately prior to admission	95%	100.00%																100.0%
Patients on CPA who have had a formal review within the last 12 months	95%	98.60%																98.60%
% of placed out of area patients with a named coordinator	100%	100.00%																100.00%
SPOA Emergency referrals received and attended to within 24 hours	100%	95.5%																95.5%
% of CYP ED cases that start treatment within 4 weeks of referral	75%	Quarterly			Quarterly			Quarterly			Quarterly							
% of CYP urgent ED cases that start treatment within 7 days of referral	67%	Quarterly			Quarterly			Quarterly			Quarterly							

**% of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient** – Since January 2018 ELFT are reporting the figures for all patients followed up following an inpatient stay rather than just those on CPA. Patients will only be discharged on CPA (Care Programme Approach) if they have more complex mental health needs. In April 2018 there were 5 breaches of the 7 day follow up standard. 2 of the breaches were administrative errors with Rio (data system), 1 was due to patient choice, 1 service user was discharged to a care home and 1 was followed up 9 days after discharge.

**EIP % starting NICE package of care within two weeks of referral** – ELFT have achieved the 53% EIP target (55.56%), but one service user was over 35 was not seen within two weeks of referral due to conflicting family commitments.

**CAMHS SPOA Emergency referrals received and attended to within 24 hours** - There were 22 crisis referrals of which 1 was seen outside of 24 hours. This was due to patient choice delay seen 42 hours from referral.

The CCG has issued a contract performance notice to the Bedfordshire Wellbeing Service regarding individual counselling sessions. The service are currently reviewing any patients who may have been affected and this is being closely monitored via the Quality and contractual routes.

# East London Foundation Trust (Mental Health)

## Friends and Family Test (Q4)

ELFT by Service Category	Jan-18		Feb-18		Mar-18	
	Total Responses	% Recommended	Total Responses	% Recommended	Total Responses	% Recommended
Acute Services	225	82.67%	38	86.84%	168	90.48%
Child & Adolescent Mental Health Services	210	82.86%	1*		200	91.50%
Mental Health Other	31	100.00%			54	92.59%
Primary Care	101	98.02%			182	97.80%
Secondary Care Community Services	245	89.39%	84	90.48%	264	88.26%
Specialist Services	19	89.47%	49	87.76%	128	88.28%

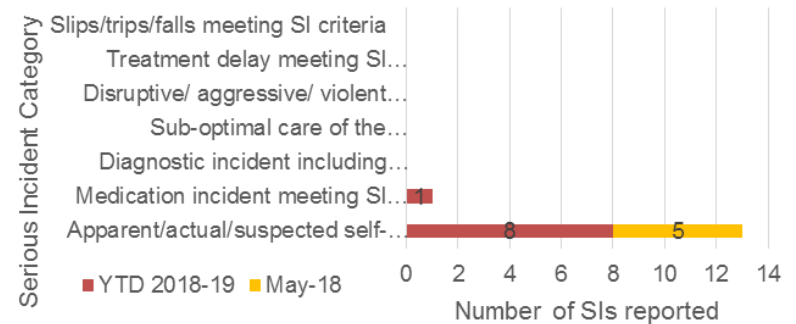
ELFT have held celebration events both locally and trust wide for their Quality Improvement (QI) Programme. Bedford launched the first Service User QI project called “Bridging the gap”, a project to highlight to service users the support available to them via the Recovery College following discharge from an inpatient unit. The team ran groups on the ward including “Tea party Poetry”.

The wards have purchased equipment to carry out lipid and blood glucose monitoring on the wards which will support the safe and effective prescribing of antipsychotics.

Bedford CMHT have commenced a Saturday morning “drop in” café in Kimbolton Road, Bedford to support service users who were previously care co-ordinated by the Assertive Outreach Team, this has improved compliance with medication and encouraged service users to engage with others reducing the impact of isolation during weekends.

## Serious Incidents

Type of Serious incidents Reported: Current month (May) and YTD



The Trust reported 5 Serious Incidents in May 2018 and no Never Events.

The BCCG SI Panel continues to meet monthly to discuss SI Reports and feedback comments and any outstanding concerns to ELFT. Opportunities to discuss themes arising from SIs with ELFT operational staff continue at the bi-monthly face to face Extraordinary SI Meeting.

Any Immediate concerns from serious incidents regarding safeguarding of children and adults have been raised with ELFT Safeguarding Bedfordshire by the CCG Safeguarding Leads.

# East London Foundation Trust (Community Health Services)

Operational Standards	Threshold 2018/19	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Percentage of non-admitted Service Users starting treatment within a maximum of 18 weeks from Referral (only Community Paediatrics)	95%	85.23%												85.23%
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral (only Community Paediatrics)	92%	97.12%												97.12%
Percentage of non-admitted Service Users starting treatment within a maximum of 18 weeks from Referral (non-consultant)	95%	98.22%												98.22%
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral (non-consultant)	92%	97.42%												97.42%
Percentage of stroke survivors who are supported by a rehabilitation team (6-8 weeks)	100%	100.00%												100.00%
Percentage of eligible stroke survivors screened	100%	100.00%												100.00%
Percentage of eligible stroke survivors accepted into ESD service	40%	100.00%												100.00%
Percentage of patients whose treatment programme started within 1 working day of discharge from hospital	95%	91.67%												91.67%
Percentage of Outpatient letters sent to the GP following Speech and Language first outpatient attendance within 5 operational days.	95%	97.53%												97.53%
Percentage of Outpatient letters sent to the GP following Speech and Language final outpatient attendance within 5 operational days.	95%	97.52%												97.52%
Percentage of Outpatient letters sent to the GP following first OT outpatient attendance within 5 operational days.	95%	97.73%												97.73%
Percentage of Outpatient letters sent to the GP following final OT outpatient attendance within 5 operational days.	95%	92.73%												92.73%
Percentage of Outpatient letters sent to the GP following First Children's outpatient attendance within 5 operational days.	95%	91.07%												91.07%
Percentage of Outpatient letters sent to the GP following final Children's outpatient attendance within 5 operational days.	95%	91.07%												91.07%
Percentage of carers identified and offered a referral for a carers assessment	90%	100.00%												100.00%
Percentage of patients who expressed a preference for place of death as part of Advanced Care Plan who died in their place of preference	74%	94.59%												94.59%
Percentage of palliative care patients with an Advanced Care Plan	74%	83.33%												83.33%
Percentage SALT discharged paediatric patients with a TOM agreement score of 3	85%	90.57%												90.57%
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	85%	94.34%												94.34%
Percentage of OT discharged paediatric patients with an (AUS)TOM agreement score of 3	85%	90.00%												90.00%
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	95%	85.71%												85.71%
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.	95%	89.29%												89.29%
Percentage of children who receive their wheelchair within 18 weeks	92%	80.00%												80.00%

The community contract has now moved from Essex Partnership University Trust to East London Foundation Trust following a successful procurement exercise. In March 2018 EPUT's focus was on the safe transfer of services across to ELFT and there was a smooth transition over the Easter bank holiday weekend. BCCG are working closely with ELFT to establish Transformation Groups and reporting timeframes to ensure the outcomes of the contract are achieved.

## Performance

**Percentage of non-admitted Service Users starting treatment within a maximum of 18 weeks from Referral (only Community Paediatrics)** – A total of 13 patients started treatment over 18 weeks, these delays related to: 8 x Lack of capacity - 4 x Patient choice - 1 x Staff Illness: nurse off sick. A review of caseloads is underway including an audit to identify children that can be discharged. Pathways are also being reviewed as part of the service transformation process. This includes the ASD pathway and following a meeting with the system led by commissioners, CCS and ELFT are organising a workshop to confirm the pathway and develop an implementation plan.

**Looked after Children Initial Health Assessment waiting times** – Performance had one breach in April and the IHA was completed on day 23 due to capacity. There were 28 health assessment reviews undertaken in April of which 25 were within the 40 day standard. All of these were due to patients not attending.

**Wheelchairs** - In April, there were a total of 15 children whose episode of care was closed where equipment was delivered (or a modification made). Of these, 12 children received their wheelchair within 18 weeks and 3 deliveries occurred over 18 weeks - 2 were due to external agencies and 1 due to Patient Choice. A review of wheelchair Services is taking place from June to look at contracting arrangements with an aim to delivering Service Specification. Outcome of review will be shared with CCG in September.

**Outpatient letters to GP following final OT attendance** – there were 55 discharges of which 4 letters were outside of the 5 day standard.

**Outpatient letters to GP following first children's attendance** – there were 56 first attendances of which 5 letters were outside of the 5 day standard due to administrative sickness within the team.

**Outpatient letters to GP following final children's attendance** – there were 112 discharges of which 10 letters were outside of the 5 day standard due to administrative sickness within the team.

**Serious Incidents**  
ELFT (Community) reported no SIs in May

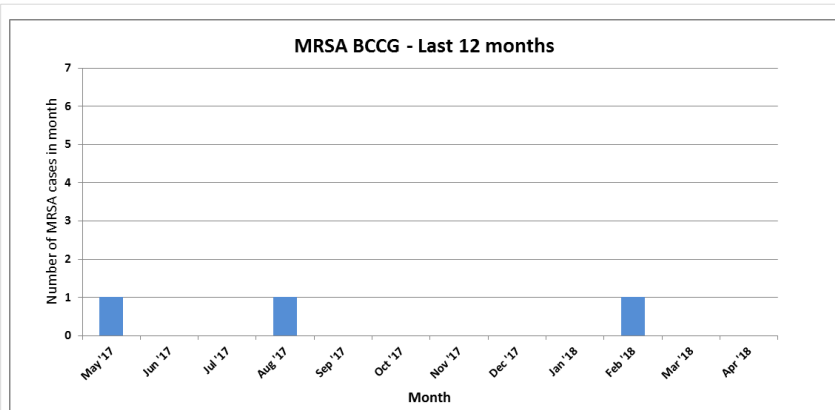
# Cambridge Community Services

Com	Operational Standards	Apr	May	Jun/Q1	Jul	Aug	Sep/Q2	Oct	Nov	Dec/Q3	Jan	Feb	Mar/Q4	YTD
LCCG & BCCG	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral (Consultant led)	89.00%												89.00%
	Percentage of Service Users waiting less than 6 weeks from Referral for a diagnostic test	84.70%												84.70%
All	Number of failures to notify the relevant person of an incident that resulted in severe harm or death - Duty of Candour	0												0
BCCG	Zero tolerance RTT waits over 52 weeks for incomplete pathways	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	88.40%												88.40%
LCCG & BCCG	Percentage of non-admitted service users starting treatment within a maximum of 18 weeks from referral – non consultant led	100.00%												100.00%
	Percentage of service users on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral – non consultant led	98.60%												98.60%
LCCG & BCCG	Percentage of GP letters following 1st outpatient (community paediatric) attendance sent within 5 working days.	66.67%												66.67%
LCCG & BCCG	Percentage of follow-up reports sent (6 weeks in arrears)	92.31%												92.31%
All	All complaints to be reviewed and acted upon in line with Department of Health requirements	4 (100%)												4 (100%)
All	No service user will acquire an MRSA Bacteraemia	0												0
All	No service user will acquire a Clostridium Difficile infection	0												0
All	Final reports and action plans for all serious incidents will be submitted within 60 operational days	100%												100%
All	Serious incidents will be reported within 2 working days of identification via STEIS	100%												100%
All	All serious incident action plans are implemented and completed	100%												100%
All	All outbreaks to be reported as a serious incident if significant disruption to service	100%												100%
All	The inquest dates for all relevant serious incidents will be reported to the commissioner within 2 working days of being notified	100%												100%
All	Inquest verdicts for all relevant serious incidents must be reported to the commissioner within 2 working days of the inquest	100%												100%
All	National Safety Alerts actioned within identified time scales	100%												100%
All	Provider will report any regulatory notices or interventions to the Commissioner, CQC, HSE, Monitor within 2 working days	100%												100%
All	Provider will report to commissioner any CQC or HSE compliance actions	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	100%												100%

**RTT 18 Weeks** – For BCCG patients in April there were 127 patients waiting of which 10 patients have waited in excess of 18 weeks giving performance of 92.13%.

**Diagnostic tests within 6 weeks** – The underperformance within paediatric audiology is due to a change in the availability of locum Audiologists, staff sickness / leave and suitability of ongoing use of Union Street Clinic. The Trust has supplied a revised recovery trajectory and underperformance is expected to continue throughout Q1 2018/19.

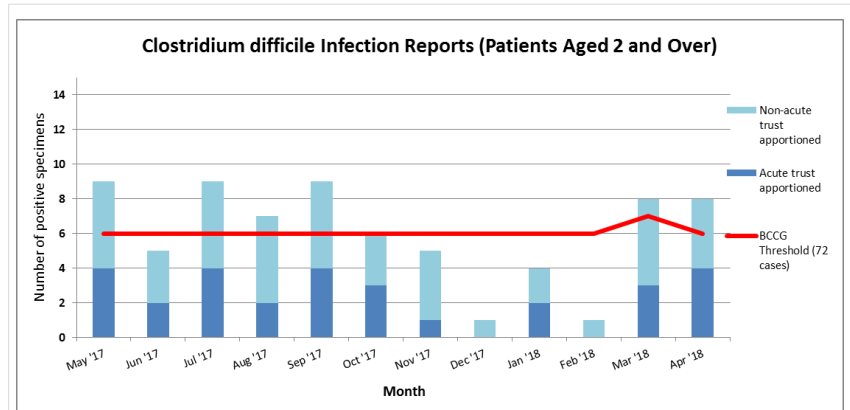
**GP letters following 1st outpatient (community paediatric) attendance sent within 5 working days and Percentage of follow-up reports sent** - From February the methodology of the reporting this metric was refreshed based upon service level/ clinical knowledge. As a result, the figures are more accurate and representative of what is happening albeit below target. Improved reporting and action planning has been requested.



## MRSA

The CCG has had zero cases of MRSA bacteraemia in April 2018

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 April 2018 there were 8 cases of C-diff for BCCG. This is 2 cases above the year to date threshold. The year end threshold for C-diff is 72 cases April 2018 – March 2019. Out of the 20 CCGs in the East of England, BCCG is 7<sup>th</sup> lowest with 1.79 cases per 100,000 population in April 2018. This is below the England total for April 2018.

Bedford Hospital have a year end threshold of 9 cases for April 2018 – March 2019. BHT had 1 hospital apportioned case in April 2018.

Luton & Dunstable Hospital have a year end threshold of 5 cases for April 2018 – March 2019 and have had zero hospital apportioned cases in April 2018.

# Mortality Rates and Safeguarding

## **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 October 2016 – September 2017 shows the CCG top 6 Acute providers all are ‘as expected’ apart from Cambridge University Hospitals NHS Foundation Trust who remain lower than expected, but this has been their position for some considerable time and Cambridge & Peterborough CCG have no concerns regarding their reporting.

## **Adult Safeguarding**

A Safeguarding Adults Review (SAR) was commissioned by Bedfordshire Safeguarding Adults Board following the death of a individual who was resident in a local care provision service between December 2016 to July 2017.

The review was conducted as a statutory review under Section 44 of the Care Act 2014, and in line with the Bedfordshire Multi-Agency Safeguarding Adults Policy and procedures.

The report was published on 3 May 2018:

[http://www.bedford.gov.uk/health\\_and\\_social\\_care/help\\_for\\_adults/safeguarding\\_adults/safeguarding\\_adults\\_reviews/published\\_sars.aspx](http://www.bedford.gov.uk/health_and_social_care/help_for_adults/safeguarding_adults/safeguarding_adults_reviews/published_sars.aspx)

A number of recommendations have been made around reviewing systems and processes for the responsible commissioner responsible as well as the Provider, the Approved Mental Health Professional Service and Bedfordshire Police. Learning was also identified for local GP practices around Care Programme Approach (CPA) care plan.

The GPs that cover the service detailed in the report are from Cambridgeshire not Bedfordshire. We have informed NHS Cambridge and Peterborough CCG’s Designated Nurse for Safeguarding Adults and the CCG’s Deputy Chief Nurse who has confirmed they will take this learning forward in their area. We will be incorporating the learning within Bedfordshire the level 3 safeguarding training for GPs.

## Mandatory Training – May 2018

	Staff Count	Equality & Diversity	Fire Safety	Conflict Resolution	Health & Safety	Safeguarding Children	Safeguarding Adults	Risk Management	Manual Handling	Information Governance	Fraud & Bribery Awareness	Expected Compliance	Actual Compliance	Percentage
BCCG Exec	8	7	5	3	5	7	7	5	4	7	5	73	55	75.34%
Bedford Locality	5	5	5	5	5	5	4	4	5	5	5	50	48	96.00%
CHC	29	29	28	29	28	29	29	28	29	25	26	290	280	96.55%
Commissioning & Performance	20	19	20	20	20	18	20	18	20	14	17	200	186	93.00%
Communications	9	9	9	9	9	9	9	8	9	5	9	90	85	94.44%
Contracts	10	10	10	10	9	8	9	8	9	8	8	100	89	89.00%
Corporate	7	5	6	7	6	6	4	6	6	5	4	70	55	78.57%
Finance	17	16	14	16	15	13	14	14	14	11	11	170	138	81.18%
Governing Body	4	1	2	3	0	3	3	0	2	2	0	23	16	69.57%
Localities Team	10	10	10	10	10	10	10	10	10	8	9	100	97	97.00%
Meds Management	18	18	18	18	18	18	18	17	18	15	18	180	176	97.78%
Quality	23	22	22	23	21	23	23	17	22	21	21	230	215	93.48%
Strategy and Transformation	7	6	6	7	6	6	6	5	6	4	5	70	57	81.43%
<b>Grand Total</b>	<b>167</b>	<b>157</b>	<b>155</b>	<b>160</b>	<b>152</b>	<b>155</b>	<b>156</b>	<b>140</b>	<b>154</b>	<b>130</b>	<b>138</b>	<b>1646</b>	<b>1497</b>	
<b>Compliance by Training</b>		93.02%	95.21%	98.80%	92.90%	92.44%	93.02%	86.98%	94.61%	79.07%	86.05%			

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

# Complaints and Freedom of Information Requests

## 2017/18 – Quarterly Update

Bedfordshire Clinical Commissioning Group (CCG) manages Complaints, Enquiries, Concerns and Freedom of Information Requests received from members of the public and MPs. The CCG managed a total of 106 complaints during 2017-2018, 57 of which were CCG complaints which related to commissioning and funding issues. The CCG always aims to be open and honest and clearly explain the rationale behind any changes to commissioning and funding arrangements. Particular areas raised in 2017/18:

### **Medicines Management:**

- Availability of gluten free food on prescription
- Over the counter medicines
- New system for ordering repeat prescriptions
- Accessing Freestyle Libra on prescription (glucose monitoring system for diabetics)

### **Individual Funding Requests:**

Delays in IFR decisions and Decision appeals

### **Continuing Healthcare Funding (CHC):**

- Processing delays provide the Continuing Healthcare Retrospective review service for the CCG
- Majority of complaints received from care home claims organisations

### **Commissioning and Funding:**

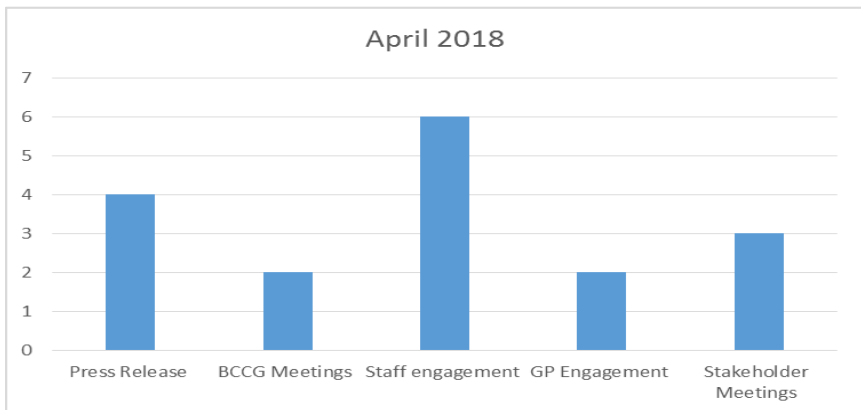
- Non-emergency patient transport – Patient Ambulance Service and the East of England Ambulance Service
- Changes to pathway for ear syringing services

49 were provider complaints which were signposted to the relevant organisation where this was appropriate to do so. Bedfordshire CCG contract leads have regular quality meetings with provider organisations during which complaints and concerns are discussed to ensure service improvement.

The CCG responds to complaints as quickly as possible within a 25 working day timescale. Occasionally investigations can take longer than anticipated, if this is the case the complainant is contacted and a timescale extension is agreed. During 2017 there was a period of minimal delay for some responses, this was due to a temporary reduction in staff within the complaints team. Of the 106 complaints in 2017/18 there were 5 extensions required to the response timescale, this was due to delayed internal responses.

### **Freedom of Information Requests (FOIs)**

A total of 289 FOI requests were received for 2017/2018, 53 of which breached the 20 working day statutory response timescale (18.34%). The majority of the breaches were between May 17 and early September 17 and were due to a delay in receiving the internal responses and reduced staffing levels in the FOI team. The team are now fully staffed and this, together with the introduction of a new internal response and escalation process has ensured that FOIs are responded to within the statutory timescale. In the last Quarter of 2017/18 there was only 1 breach out of 65 received (0.06%).



## Press Releases

In the month of April, BCCG published 4 press releases:

- *'Bedfordshire CCG secures 0.5 million pounds to boost the health of diabetes patients'* which explained how BCCG has been allocated extra funding for diabetes healthcare.
- *'Bedfordshire Community Health Services is launched'* to promote the start date of the new contract for Bedfordshire Community Health Services.
- *'Shannon Court Surgery in Sandy official opening'* promoting the official opening of a newly refurbished premises for a GP surgery in Sandy
- *'Countdown to the NHS birthday - how NHS staff saved my little girl's life'* in celebration of the 70<sup>th</sup> birthday of the NHS, BCCG speaks to a mum about how the NHS saved her daughter's life.
- *'World Asthma Day: It's always the right time to address airways disease'* – to promote good management of long term respiratory conditions

## BCCG Meetings

Two meetings took place in the month of April, the first was the BCCG Governing Body meeting held on the 5 April.

The second Patient and Public Engagement Committee meeting also took place. As a sub-committee of the Governing Body, the committee receives information about the communications and engagement work being undertaken by BCCG and offers constructive advice on projects and plans.

## Staff Engagement

A Staff Involvement Group meeting was held in April comprising of members of staff from all areas and all levels of the organisation. Four staff newsletters were released to update staff with information and an all staff meeting briefing was held so that staff could receive a top level brief from the Accountable Officer.

## GP Engagement

Two GP newsletters were published in April in order to update GP members with relevant information.

## Stakeholder Meetings

BCCG took part in three stakeholder meetings. Directors and members of the communications team attended the Bedford Borough Overview and Scrutiny meeting.

Members of the communications and engagement team attended meetings with the NHS Retirement Fellowship and also took part in a Bedford Borough Community event, where the work around extended access in primary care was discussed and the NHS 70 birthday project 'Love your NHS' was promoted.

# Patient Engagement

## Social Media

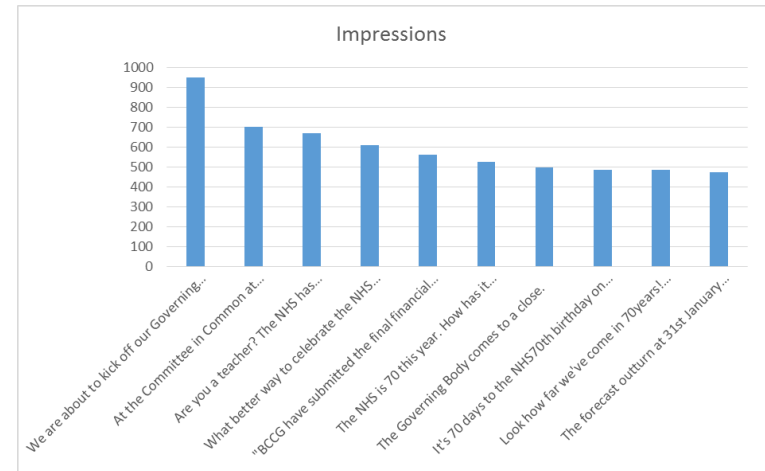
### Website

2,847 people viewed the BCCG website in April 2018. Between them, they visited 10,083 pages. The most popular news story was the press release announcing funding for diabetes patients: Bedfordshire CCG secures 0.5 million pounds to boost the health of diabetes patients with 228 views.

### Twitter

In April 2018, BCCG sent out 48 tweets. This translated into 48K impressions. BCCG also achieved 917 profile visits, 81 mentions and 44 new followers.

Top media Tweet earned 660 impressions: “Are you a teacher? The NHS has launched a range of resources to help schools to engage children and young people to better understand how the service works and to inspire them to join #teamNHS nhs70.nhs.uk/get-involved/t... #NHS70 pic.twitter.com/SPRoY50n60”



### Facebook:

Facebook post reached 2,252 people

Received 12 page 'likes'

Current BCCG Facebook page 'likes': 575

# Definitions

**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/adjuvant 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/adjuvant 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.

# Glossary

AAU	Acute Assessment Unit	MRSA	Methicillin-Resistant Staphylococcus Aureus bacteraemia
AGM	Annual General Meeting	MSSA	Methicillin-Sensitive Staphylococcus Aureus bacteraemia
APMS	Alternative Provider Medical Services	MSA	Mixed Sex Accommodation
ARP	Ambulance Response Programme	MSK	Musculoskeletal
BBC	Bedford Borough Council	NEPTS	Non Emergency Patient Transport Service
BCCG	Bedfordshire Clinical Commissioning Group	NHS	National Health Service
BCF	Better Care Fund	NHSE	NHS England
BHT	Bedford Hospital Trust	NHSI	NHS Improvement
CAD	Computer Aided Dispatch (ambulance)	NLRS	National Reporting and Learning System
CBC	Central Bedfordshire Council	OOH	Out Of Hours
C-Difficile	Clostridium Difficile	OPEL	Operational Pressures Escalation Levels (Urgent Care)
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	SHMI	Summary Hospital level Mortality Indicator
FFT	Friends and Family Test	SI	Serious Incidents
GP	General Practice	SPoA	Single Point of Access
HALO	Hospital Ambulance Liaison Officer	SSNAP	Sentinel Stroke National Audit Programme
HCAI	Healthcare Associated Infections	STP	Sustainability and Transformation Programme
HUC	Herts Urgent Care	SQPR	Service Quality Performance Report
IAF	Improvement and Assessment Framework	T&O	Trauma & Orthopaedics
IAPT	Improving Access to Psychological Therapies	TDA	Trust Development Agency
L&D	Luton and Dunstable Hospital	TIA	Transient Ischemic Attack
LA	Local Authority	VTE	Venous Thromboembolism
LCCG	Luton Clinical Commissioning Group		

<b>Governing Body</b> <i>held in public</i>	<b>Report</b> Date of Meeting: 5 <sup>th</sup> July 2018
--	---

<b>Report Title</b>	Integrated Performance and Quality Report		
<b>Report Author</b>	<b>Presented By</b>	<b>Responsible Director</b>	
Carol Davies – Head of Performance	Anne Murray – Director of Nursing and Quality	Anne Murray <b>Signature:</b>	
	Charlie Wood – Programme Director for Planned and Unplanned Care Commissioning	Charlie Wood <b>Signature:</b>	
	Sally Adams – Programme Director for Out of Hospital, Primary Care Commissioning and Mental Health	Sally Adams <b>Signature:</b>	
<b>Purpose for presenting report</b>	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.		
<b>Action Required:</b>	<del>For decision</del> / <del>For approval</del> / <del>For discussion</del> / To give assurance / <del>For information only</del>		
<b>Approval Route:</b>	Finance and Performance Committee – 27/06/18 Integrated Commissioning & Quality Committee – 27/06/18		
<b>Further Assurance:</b>	N/A		
<b>Which Strategic Objectives does this report provide evidence for?</b>	<b>Please Tick ✓</b>		
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.			
<b>Implications/Assessments</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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?			✓
<b>Key Risks</b>	Issues for discussion identified within the report and discussed at the relevant committees.		
<b>Executive Summary</b>	The Integrated Performance and Quality report (IPQR) has been populated with the latest nationally published data which is predominantly Month 1 (April). The report provides an update on the CCGs performance and quality of services and links to the strategic objectives identified above.		