




Agenda Item: 10.0

<p>Governing Body Meeting <i>held in public</i></p>	<p>Report Date of Meeting: 6th September 2018</p>
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Report Title	Integrated Performance and Quality Report		
Report Author	Presented By	Responsible Director	
Carol Davies – Head of Performance	Maria Laffan – Director of Nursing and Quality	Maria Laffan Signature:	
	Jane Meggitt – Director for Planned and Unplanned Care Commissioning	Jane Meggitt Signature:	
	Sally Adams – Programme Director for Out of Hospital, Primary Care Commissioning and Mental Health	Sally Adams Signature:	
Purpose for presenting report	The report provides an update on the CCGs performance and quality of services. A verbal update on the latest performance data will be provided at the meeting.		
Action Required:	For decision /For approval /For discussion /To give assurance /For information only		
Approval Route:	Integrated Performance and Quality Committee – 22/08/2018		
Further Assurance:	N/A		
Which Strategic Objectives does this report provide evidence for?	Please Tick ✓		
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice	✓		
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.			
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.			
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.			
We will operate and manage our Governing Body to the highest standards of accountability and transparency.			

Implications/Assessments	Yes	No	N/A
Have any financial implications been signed off by the Chief Finance Officer?			✓
Have any quality implications been signed off by the Director of Nursing & Quality?	✓		
Have any privacy implications been signed off by the Head of Information Governance?			✓
Have any conflicts of interest implications been signed off by the Corporate Office?			✓
Have any public engagement implications been signed off by the Head of Communications & Engagement?			✓
Has an Equality Impact Assessment been carried out?			✓
Key Risks	Issues for discussion identified within the report and discussed at the relevant committees.		
Executive Summary	The Integrated Performance and Quality report (IPQR) has been populated with the latest nationally published data which is predominantly Month 3 (June). The report provides an update on the CCGs performance and quality of services and links to the strategic objectives identified above.		

Integrated Performance & Quality Report

August 2018

Performance Headlines

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Performance Headlines

CONSTITUTIONAL AND ADDITIONAL QUALITY INDICATORS ACHIEVED IN JUNE / Q1 2018/19		
		National Threshold
Cancer 2 week wait following urgent GP referral for suspected cancer	95.06% (Q1)	93%
Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	94.02% (Q1)	93%
Cancer 31 day 1 st definitive treatment from diagnosis	96.42% (Q1)	96%
Cancer 31 day subsequent treatment for cancer - Drugs	100% (Q1)	98%
Cancer 31 day subsequent treatment for cancer - Radiotherapy	96.41% (Q1)	94%
Cancer 62 day 1 st treatment following referral from a Screening Service	92.45% (Q1)	90%
Trolley waits in A&E over 12 hours	0	0
Urgent Operations cancelled for a second time	0	0
IAPT – access rate – Local Provider Data	1.46%	1.4%
IAPT - people who completed treatment and are moving to recovery	50.61%	50%
% people referred to IAPT programme treated within 6 weeks of referral	100%	75%
% people referred to IAPT programme treated within 18 weeks of referral	100%	95%
Psychosis treated with a NICE approved care package within two weeks of referral	83.33%	53%
Number of MRSA incidents	0	0
Number of C-Difficile incidents	0	6

Performance Headlines – June/Q1

IMPROVING PERFORMANCE:	Plan	Actual	
Mean Ambulance Category 1 calls response time (minutes) - BCCG Patients	<7:00	7:40	C1 calls with a 7 minute average response target for BCCG was the 5 th best performing within the consortium of 19 CCGs which is an improving position (7 th in May).
CPA follow up within 7 days of discharge from psychiatric in-patient care	95%	94.47% (Q1)	In Quarter 1 there were 231 patients followed up with 13 patients breaching the 7 day threshold of which 6 of the breaches were patients on Care Programme Approach (CPA). East London Foundation Trust have confirmed that 3 of the 6 patients were not genuine breaches and were recording errors with the patients followed up on days 3 (x2) and 5. The 3 patients who breached were followed up on Days 8, 9 and 11 and the Trust has provided details of the breaches.
52 week referral for incomplete pathways	0	5	5 breaches in June which is an improvement on the May position of 7. The breaches were as follows: 2 x Trauma & Orthopaedics at Milton Keynes University Hospital Trust, 1 x ENT at Imperial College Healthcare, 1 x Trauma & Orthopaedics at Kings College Hospital and 1 x Cardiology at Royal Papworth Hospital. The CCG has requested a clinical harm review for these long waiters.
Cancelled operations on or after day of admission and not offered another date within 28 days	0	1 (Q1)	In Quarter 1 the CCG has had confirmation that there has been 1 patient who had their elective operations cancelled on or after day of admission and not rebooked within 28 days. This cancellation was at Milton Keynes Hospital and was due to insufficient theatre time. The CCG are still awaiting confirmation from Bedford Hospital, East & North Herts and Cambridge as to whether any of their cancellations were for Bedfordshire patients.

Performance Headlines

DETERIORATION IN PERFORMANCE:	Plan	Actual	
Cancer 31 day – subsequent treatment for cancer - surgery	94%	93.33% (Q1)	There were 90 patients treated with 6 patients breaching the threshold. 2 of the breaches were at Cambridge, 3 at East & North Herts and 1 at a provider outside of the CCGs top 6 providers. 2 breaches were due to capacity issues (patient treated days 33 and 63), 2 due to medical delays (patient treated day 63 and 85), 1 patient choice (patient treated day 33), 1 reason not specified (patient treated day 32).
Cancer 62 day first treatment following an urgent GP referral – Weeks waited outside of the threshold; 22 patients x 1 week 31 patients x 2 – 4 weeks 31 patients more than 5 weeks of which 13 patients waited more than 104 days - (7 Bedford Hospital, 2 Luton & Dunstable, 2 East & North Hertfordshire and 1 each at Milton Keynes and Bucks)	85%	75.86% (Q1)	There were 348 patients treated with 84 breaches. 53.5 breaches were at Bedford Hospital, 9.5 at Cambridge, 9 at Luton & Dunstable, 7.5 at East & North Herts, 3 at Milton Keynes and half a breach each at Buckinghamshire, Oxford and Royal National Orthopaedic Hospital. 47 of the breaches were due to Provider delays in diagnostic testing or treatment planning, 12 were ‘other’ reasons, 11 were complex pathways, 7 patient choice, 4 delays due to medical reasons and 3 provider capacity. There were 13 patients who waited in excess of 104 days – The CCG continue to review all long waiters and these are primarily due to capacity/complexity.
Mean Ambulance Category 2 calls response time (minutes) - BCCG Patients	<18:00	28:16	The volume of C2 calls continues to be a concern. Demand is lower than this time last year, however the higher acuity calls (C1/C2) are now greater than the lower acuity demand. East of England Ambulance Service continues to work with the national team to address the ‘severity type’ of calls being grouped under C2 and calls can now be re-triaged, allowing better use of resources. An internal C2 improvement plan has been developed. E EAST are increasing the number of double staffed ambulances vs the number of rapid response vehicles to improve performance. Work is underway with the Emergency Operation Centre regarding the type of resources to be sent to emergency calls.
90th Centile Ambulance Category 3 calls response time (minutes) - BCCG Patients	<120:00	166:56	
90th Centile Ambulance Category 4 calls response time (minutes) - BCCG Patients	<180:00	191:58	

Performance Headlines

DETERIORATION IN PERFORMANCE:	Plan	Actual	
<p>18 week Referral to Treatment - Incomplete pathway - There were eight RTT specialties which were underachieved</p> <p>ENT (91.94% improvement on May position of 89.76%),</p> <p>General Surgery (83.92% deterioration on May position of 84.78%),</p> <p>Neurology (87.37% deterioration on May position of 91.18%),</p> <p>Neurosurgery (90.87% improvement on May position of 84.29%),</p> <p>Ophthalmology (88.67% deterioration on May position of 89.93%),</p> <p>Plastic Surgery (86.10% improvement on May position of 83.04%),</p> <p>Trauma & Orthopaedics (77.92% improvement on May position of 77.73%),</p> <p>Urology (90.16% deterioration on May position of 91.54%).</p>	92%	90.74%	<p>The CCG has 2341 patients on the incomplete pathway who have breached 18+ weeks. Overall the number of patient on an incomplete pathway have increased by 1044 compared to the baseline position at March 2018. This increase is primarily at Bedford Hospital and Luton & Dunstable Hospital. The trajectory for return to RTT compliance at BHT is now in place and forecast for Q3 dependant on non-elective demand. Luton & Dunstable were planning RTT compliance by July however this is currently under review.</p> <p>The CCG has a process in place to track all patients waiting 40+ weeks for treatment. A letter is sent to a relevant Trusts requesting confirmation that the patient has a treatment date and assurance they will not breach 52 weeks.</p> <p>For those patients that do breach 52 weeks confirmation of a treatment date is requested along with assurance that the patient hasn't suffered any clinical harm. NHSE have requested weekly assurance for CCG patients who are waiting in excess of 52 weeks for treatment. The CCG's role is to ensure all 52 week breaches have a TCI date and to challenge extended dates with the provider. If the patient does not have a TCI date then the CCG will work with the provider to look at possible outsourcing. . This reporting is in place until 7th September when NHSE will review progress and decide on next steps.</p>

Performance Headlines



DETERIORATION IN PERFORMANCE:	Plan	Actual	
Diagnostic tests - % of patients waiting 6 weeks or more	99%	97.40%	There were 7174 patients on the diagnostic tests pathway with 186 breaching the 6 week threshold. 135 breaches were at Cambridge Community Services all in paediatric audiology due to ongoing issues with staffing/recruitment and clinic space. The Trust has a recovery plan in place and continue to provide weekly updates on the current position. The Trust have also provided an updated trajectory which reflects activity for the new staff members. This trajectory has been profiled to show improvement throughout Quarter 2 with the number of patients breaching reducing to 85.
A&E 4 hour wait	95%	92.31%	The A&E position deteriorated in June. A Winter Summit took place on 27 th July 2018 which was led by NHS England with system partner representatives and NHS Improvement to review the levels of demand and capacity as well as performance and key drivers across the system. An action plan was developed and will be monitored and managed by the SRG.
Mixed-sex accommodation breaches	0	11	There were 11 mixed sex accommodation breaches, 9 at Bedford Hospital and 1 each at University College London Hospitals and Royal National Orthopaedic Hospital. The 9 breaches at Bedford Hospital have been discussed with BHT Director of Nursing. These breaches are reported as critical care justified breaches as the patients had a clinical need to be in that environment.
Estimated diagnosis rate for people 65+ with dementia - Primary Care	62.88%	58.83%	There were 3005 patients aged 65+ with a diagnosis for dementia which gives a worsening position of 58.83% against the 62.88% recovery threshold. In order to achieve the national 66.7% target by September a further 400 people would need to be diagnosed. A second dementia event took place with partners to generate ideas for diagnosis and partnership work. These actions will go to the dementia operational group. Capacity in memory services to be discussed at clinical meetings in primary care along with data comparison and crib sheet identifying areas for GP's to focus on. Training event with Professor Alistair Burns to be organised for GP's and community professionals to aid diagnosis outside of the memory clinic. 7

Constitutional & Additional Quality Indicators

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%	95.06%	Q1 18/19	95.06%	*↓	●	●	●	●	●			
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	94.02%	Q1 18/19	94.02%	*↓	●	●	●	●	●			
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	96.24%	Q1 18/19	96.24%	*↓	●	●	●	●	●			
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	93.33%	Q1 18/19	93.33%	*↓	●	●	●	●	●			
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	100.00%	Q1 18/19	100.00%	*↔	●	●	●	●	●			
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	96.41%	Q1 18/19	96.41%	*↓	●	●	●	●	●			
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	75.86%	Q1 18/19	75.86%	*↓	●	●	●	●	●			
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	92.45%	Q1 18/19	92.45%	*↓	●	●	●	●	●			
E.B.14	Cancer 62 days - 1st treatment following consultants decision to upgrade		100.00%	Q1 18/19	100.00%	*↑								
E.B.15	Mean Ambulance Category 1 calls response time (minutes) - BCCG Patients	7:00	7:40	Jun-18	7:30	↑					●			
E.B.15.ii	Mean Ambulance Category 2 calls response time (minutes) - BCCG Patients	18:00	28:16	Jun-18	25:25	↓					●			
E.B.16	90th Centile Ambulance Category 3 calls response time (minutes) - BCCG Patients	120:00	166:56	Jun-18	139:14	↓					●			
E.B.16	90th Centile Ambulance Category 4 calls response time (minutes) - BCCG Patients	180:00	191:58	Jun-18	156:56	↓					●			
E.B.S.3	CPA follow up within 7 days of discharge from psychiatric in-patient care	95%	94.47%	Q1 18/19	94.47%	↑	●	●	●	●	●			
E.B.1	18 week Referral to Treatment for completed admitted patients	90%	81.56%	Jun-18	81.15%	↑								
E.B.2	18 week Referral to Treatment for completed non admitted patients	95%	92.46%	Jun-18	92.71%	↓								
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	90.74%	Jun-18	91.07%	↓	●	●	●	●	●			
E.B.S.4.i	52 week referral for completed admitted pathways	0	4	Jun-18	11	↔								
E.B.S.4.ii	52 week referral for completed non-admitted pathways	0	10	Jun-18	32	↓								
E.B.S.4.iii	52 week referral for incomplete pathways	0	5	Jun-18	14	↑	●	●	●	●	●			
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	97.40%	Jun-18	97.94%	↓	●	●	●	●	●			
E.B.5	A&E 4 hour wait (7 Providers)	95%	92.31%	Jun-18	93.09%	↓	●	●	●	●	●			
E.B.S.1	Mixed-sex accommodation breaches	0	11	Jun-18	24	↔	●	●	●	●	●			
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	1	Q1 18/19	1	↑	●	●	●	●	●			
E.B.S.5	Trolley waits in A&E over 12 hours	0	0	Jun-18	0	↔	●	●	●	●	●			
E.B.S.6	Urgent Operations cancelled for a second time	0	0	Jun-18	0	↔	●	●	●	●	●			
E.A.3	IAPT - access rate	1.40%	1.38%	Apr-18	1.38%	↓	●	●	●	●	●			
E.A.S.2	IAPT - people who completed treatment and are moving to recovery	50%	52.17%	Apr-18	52.17%	↑	●	●	●	●	●			
E.H.1_A1	% people referred to IAPT programme treated within 6 weeks of referral	75%	100.00%	Apr-18	100.00%	↔	●	●	●	●	●			
E.H.1_A2	% people referred to IAPT programme treated within 18 weeks of referral	95%	100.00%	Apr-18	100.00%	↔	●	●	●	●	●			
E.H.4	Psychosis treated with a NICE approved care package within two weeks of referral	53%	83.33%	Jun-18	66.67%	↑	●	●	●	●	●			
E.A.S.1	Estimated diagnosis rate for people with dementia - Primary Care	62.88%	58.83%	Jun-18	58.38%	↑	●	●	●	●	●			
E.A.S.4	Number of MRSA incidents	0	0	Jun-18	0	↔	●	●	●	●	●			
E.A.S.5	Number of C-Difficile incidents	72	0	Jun-18	13	↑	●	●	●	●	●			

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.

2018-19 Quality Premium

Bedfordshire CCG Quality Premium Dashboard

CCG Quality Premium Total (Potential Funding)	£2,413,000
CCG Emergency Demand Management Indicators (Potential Funding)	£1,821,815
CCG Quality Indicators (Potential Funding)	£591,185
Forecast CCG Quality Premium (iii)	£40,201
Additions	(Eligible QP funding) £80,401
Deductions	(from Eligible QP funding) £40,201

Quality Premium Indicators 18/19			
	% of Quality Premium available if Indicator is achieved		
	Weighting	Value	Eligible
Emergency Demand Management Indicators - Additions			
Type 1 A&E Attendances	50%	£910,908	
Non elective admissions with zero length of stay			
Non elective admissions with length of stay of 1 day or more	50%	£910,908	
Quality Indicators - Additions			
Achieve greater than 60% of all cancers that are diagnosed at stages 1 and 2 in the 2018 calendar year	17%	£100,501	
Overall experience of making a GP appointment - 3% point increase on August 2018 survey result (TBC)	17%	£100,501	
Continuing Healthcare - Part A			
NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (in 80% of cases with a positive NHS CHC Checklist for new referrals)	8.5%	£50,251	
Continuing Healthcare - Part B			
Less than 15% of all full NHS CHC assessments take place in an acute hospital setting	8.5%	£50,251	£50,251
Mental Health - Equity of Access and outcomes into IAPT services - BAME			
Recovery rate of people accessing IAPT services identified as BAME, improvement of at least 5 percentage points or to same level as white British, whichever is smaller. 2017/18 provisional outcome 42.55%	17.0%	£100,501	
Mental Health - Equity of Access and outcomes into IAPT services - Older People			
Proportion of people accessing IAPT services >65 years to increase to at least 70% of the proportion of adults aged 65+ in the local population or by at least 33%, whichever is greater. 2017/18 provisional outcome is 35%.			
Bloodstream infections - Part A i)			
At least 10% reduction in all E coli BSI reported at CCG level based on 2016 performance data	5.1% assuming 30%	£30,150	
10% - 14.99% reduction = 20% of weighting - 15% - 19.99% reduction - 25% of weighting - 20%+ reduction = 30% of weighting			
Bloodstream infections - Part A ii)			
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%	£15,075	
Bloodstream infections - Part B			
At least 30% reduction in the number of Tremithoprim items prescribed to patients aged 70 years or greater on baseline data (June15-May16)	3.40%	£20,100	£20,100
Bloodstream infections - Part C i)			
Sustained reduction of inappropriate prescribing in primary care, items per STAR-PU must be equal or below England 2013/14 value of 1.161 items per STAR-PU	1.70%	£10,050	£10,050
Bloodstream infections - Part C ii)			
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%	£25,125	
Local Indicators - Additions			
The percentage of all diabetes patients receiving a foot examination	15%	£88,678	
The CCG will have its Quality Premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges			
% Deductions if indicator is underachieved			
18 week Referral to Treatment - 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	£40,201	

Plan	Latest Data	Reporting Period	YTD	Trend
133710	11296	Jun-18	33987	↑
18212	1320	Jun-18	4011	↑
33408	2750	Jun-18	8358	↑
>=60%	57.4%	2016		
bbc once 2018 results published	66.21%	Aug-18		
>=80%	69.51%	Q1 18/19		↑
<15%	7.79%	Q1 18/19		↓
47.55%	44.44%	Q4 17/18	42.55%	↓
68.00%	31.19%	Q4 17/18	35.00%	↓
174 - 30%	25	Jun-18	75	↓
211 - 15%				
223 - 10%				
Assuming 100% in Q2 18/19 & 50 & in Q3		Awaiting confirmation of measurement		
5426	4,910	May-18		↓
<=1.161	1.044	May-18		↓
<=0.965	1.044	May-18		↓
Plan	Latest Data	Reporting Period	YTD	Trend
70.99%		Awaiting Quarterly Data		
Plan	Latest Data	Reporting Period	YTD	Trend
26404	25291	Jun-18		↓
85%	74.10%	Jun-18	75.86%	↓

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 (Hinchingsbrooke), 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

Exception reporting is included below for Emergency Demand Management and Quality Indicators.

Type 1 A&E Attendances – 133710 or less attendances in 2018/19.

June and Year To Date performance is over plan. Mitigating actions are provided in the Unplanned Activity and Accident & Emergency sections of this report.

Continuing Healthcare Part A - NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (in 80% of cases with a positive NHS CHC Checklist for new referrals)

The figure within the Quality Premium report is showing 69.51% for Quarter 1. 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 35% and therefore the CCG needs to achieve at least 68% in 2018/19.

The CCG is supporting sustained recovery rates for those accessing IAPT services this will included 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 42.55% and therefore the CCG need to achieve at least 47.55% in 2018/19.

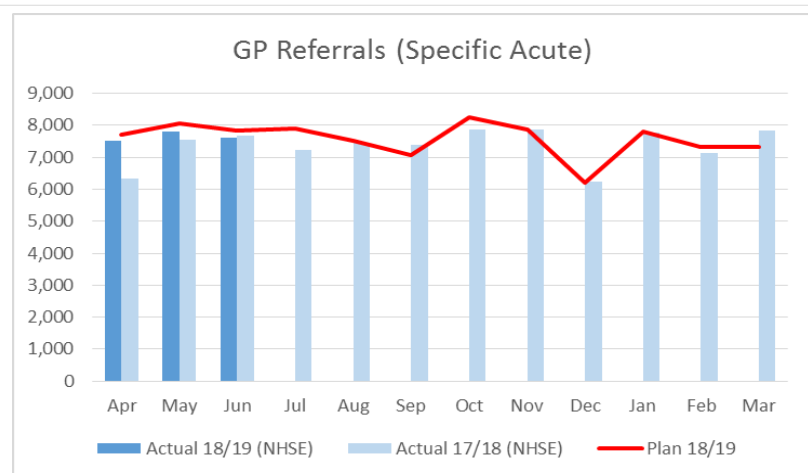
The CCG is supporting increased access for BME communities to IAPT services by focusing on long term condition, initially diabetes. This disease has a much greater prevalence amongst BME communities compared to the wider population and therefore targeting this LTC this will provide a disproportionate 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.

E-Coli Bloodstream Infections – Part A (i) – Threshold for April 2018 - March 2019 is 223 or less.

The CCG had 25 E-Coli cases in June 2018 which brings the year to date total to 50 cases which is 21 cases above the year to date threshold of 54 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. Hydration resources have been recirculated in response to the hot weather we are currently experiencing to keep the hydration message current.

Practices are fully committed to ensuring a continued reduction in the use of trimethoprim.

BCCG Activity – GP Referrals



Performance:

In 2017/18 there was a total of 88,360 GP referrals.

In month 3 (June) 2018/19 the CCG had 7628 GP referrals against a plan of 7852. This is a reduction of 46 referrals compared to the same period in 2017/18. Year to date there have been 22,945 GP referrals against a plan of 23,625.

Source is the Monthly Activity Return and includes the number of written referrals from General Practitioners, whether doctors or dentists for first consultant outpatient appointment. Prison referrals are also recorded as a GP referral.

Key Issues

A gap in Advice & Guidance (A&G) provision to Milton Keynes facing practices has been identified.

Mitigations

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. Discussions are underway with contracting teams to ensure equitable provision of A&G to Milton Keynes facing practices.

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.

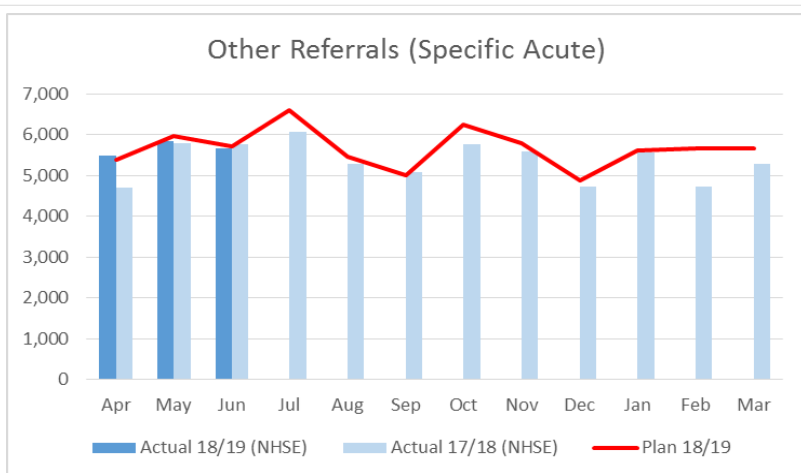
Progress Update

QIPP programme dedicated to Outpatient Effectiveness is under development which will encompass opportunities related to clinical peer review and decision making tools.

Annual practice visits are underway across localities addressing any unwarranted variation in activity.

A BLMK wide pathway is under development for faecal immunochemical testing (FIT) in gastroenterology.

BCCG Activity – Other Referrals



Performance:

In 2017/18 there was a total of 64,285 other referrals.

At month 3 (June) 2018/19 the CCG has had 5658 other referrals against a plan of 5704. This is a reduction of 117 referrals compared to the same period in 2017/18. Year to date there have been 16,985 other referrals against a plan of 17,056.

Source is the Monthly Activity Return and includes the number of other referrals for first consultant outpatient appointment.

Key Issues

The transfer of referrals from Community Dermatology to Bedford Hospital are counted as 'other' referrals.

Mitigations

The CCG has agreed to a clerical post for 3 months within dermatology to facilitate the validation of the list of follow-up patients.

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

Teledermatology is being explored as an additional tool to support GP referrals within this specialty.

Progress Update

BHT are working through the backlog and anticipate that the majority of patients identified will not require follow up.

A QIPP programme dedicated to Outpatient Effectiveness is under development which will include consultant to consultant referral policy review.

Improvement and Assessment Framework

	2016/17 CCG IAF Rating	2017/18 CCG IAF Rating
CCG	Overall	Overall
NHS Bedfordshire CCG	Requires Improvement	Requires Improvement

Priority	Indicator	2016/17 Assessment - published on MyNHS	Latest Published Data - MYNHS				Source	
		BCCG	Period	National	BCCG	CCG Ranking		
Dementia	126a	People 65+ on the GP dementia register	Requires Improvement	Jul-18	66.7%	58.6%	188/195	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		Q1 2018/19	85.0%	75.9%	159/195	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	Feb-18	50.0%	48.8%	155/207	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		Mar-18	53.0%	88.9%	45/207	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		Feb-18		1.34	37/207	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		Q4 17/18		45	69/207	MHNHS
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		4.7	116/207	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		Q4 17/18	10.8%	7.8%	56/207	NHS Digital
	101a	% of Women who were smokers at the time of delivery						

NHS England has a statutory duty to undertake an annual assessment of CCGs and this has been done under the auspices of the Improvement and Assessment Framework (IAF). The overall assessment is derived from CCGs' performance against the IAF indicators, including an assessment of CCG leadership and financial management.

Each CCG has received an overall assessment that places their performance in one of four categories: outstanding, good, requires improvement, or inadequate. Assessments have been derived using an algorithmic approach which was agreed by the NHSE Commissioning Committee in June 2018.

Full details of an individual CCG's performance against the framework's indicators are available on the MyNHS website (at <https://www.nhs.uk/mynhs>).

Mental Health – Rated as Requires Improvement

IAPT Access and Recovery – The CCG agreed at the August Contract Meeting to close the Contract Performance Notice as performance on both targets has been achieved since its issue and sustained for Qtr1 2018/19, with the access over performing for the Quarter at 4.4% in line with the RAP.

June 2018 Access Performance reports an over performing position of 1.46% against a target of 1.4%.

June 2018 Moving to Recovery Performance reports an over performing position of 50.56% against a target 50%.

Early Intervention in Psychosis – In June national reporting against this indicator is showing an over achievement with 83.33% against the 53% threshold.

Children and adolescent mental health access targets 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 1st 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.

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.

Crisis care and liaison mental health services

Transformation work continues to progress in line with timescales. Bedford Psychiatric Liaison at Bedford Hospital is now core 24 compliant. Provider remodelling has been completed. The only element outstanding is the conclusion of mental health crisis helpline.

Dementia – Rated as Requires Improvement

Diagnosis Rate - Recovery action plan in place and projects identified to improve dementia rates: QOF registers data cleansing, task and finish group, events, shared care agreements and care home projects. Discussed at Dementia Operational Group and MH Financial Recovery Group.

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 GPs across the patch are consistent in their review of the patient and can recall the patient the following year.

Learning Disabilities – No Rating Results Published

LD and/or autism with reliance on specialist inpatient care

- Bedfordshire, Luton and MK Transforming Care Project (TCP) are on track with their reduction in inpatient beds as part of the Transforming Care agenda. Bedfordshire are currently above the year end plan of 5 beds at 8 beds occupied, however plans are in place to reduce this number and 3 discharges are expected in Q3. There are plans in place to reduce the numbers of people with a Learning Disability in specialist placements and to reduce the use of Contracted Beds. The risk register is currently being developed and will be reviewed in Operational meetings for TCP.

LD Annual Health checks - QOF data is currently being analysed to establish the GP surgeries who have people on their register with a Learning Disability but are not receiving health checks. GP surgeries that are identified as achieving less than 50% of health checks for people on their learning disability register will be supported by provider Health Facilitation Service who will support with arranging and carrying out health checks to increase numbers.

GP Learning Disability Register Population - This will be supported by the provider Health Facilitation Team who will support GP Practices in ensuring the correct coding is applied and recognises a person with a learning disability. There is a request for LD registers from the local authorities in Bedfordshire to ensure that information can be cross referenced against GP surgery learning disability registers to identify people with a LD not on the register.

Cancer - Rated as Good

1 year survival – The CCG Cancer Improvement Group has been working on a set of actions over the last year to improve the number 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 1st 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. See Cancer section for further detail.

Patient Experience – The findings from the 2017 National Patient Experience survey were released in July 2018. The results show a significant improved in patient experience in a number of areas. CCG level result will be published at a later date.

Diabetes – Rated as Requires Improvement

People diagnosed with Diabetes who received their three NICE recommended treatment targets – National Diabetes Audit (NDA) 2016/17

Interventions and outcomes to improve the rating include:

- Support and training made available to all GPs across Bedfordshire.
- At least one member of 43 practices have completed half-day 'Introduction to care planning' workshops – further workshop to be held for remaining practices.
- 47/50 practices signed up by April 2018 to deliver the Locally Commissioned Service 'Care Planning Integration with Diabetes Annual Review Incentive Scheme';
- SystemOne LTC Diabetes template revised to meet NICE guidance supports delivery of individualised care planning
- Over 2000 care plans delivered by practices in Quarter 1 2018/19 (36 LCS practices actively using template)
- Additional capacity in Integrated Community Diabetes Service (ICDS) supports practices who are not achieving treatment targets (NDA 16/17 practice level data) prioritised for increased specialist support 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 is being 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%.

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

- 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
- Locally 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 1 250 places (25 sessions) were provided for newly diagnosed patients; there were 333 referrals (Q4 244 referrals) and 131 attendances (39% attendance rate). (**Note:** referral over capacity reduced % attendance rate. Ratio of full capacity to attendance is 52.4%)
- Increase in SE capacity from 978 places in 2017/18 to 1404 places in 2018/19 (an additional 426 places – 43.5%).
- 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 - No Rating Results Published

BHT have undertaken a thematic review of all stillbirths covering the period Jan 2017 – Dec 2017. With a live birth rate number of 2864 births this leads to a BHT still birth rate of 5.24%.

Recognising that this is still higher than the national average of 4.6% for stillbirths this data includes terminations of pregnancies that were delivered after 24 weeks gestation (as these are after 24 weeks they are still recorded in the reporting for stillbirths). Following review the Trust have developed an action plan for key areas of improvement. In addition to this the Trust continue to deliver against the saving babies lives care bundle. They are also aligned to the regional NHSE clinical network and have supported an independent review by two clinical midwives. The CCG continues to monitor stillbirth rate at the Trust and the associated improvement action plan.

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.

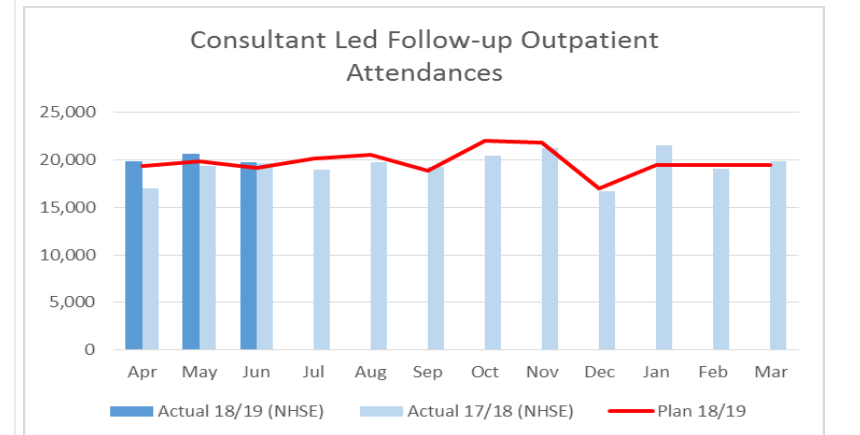
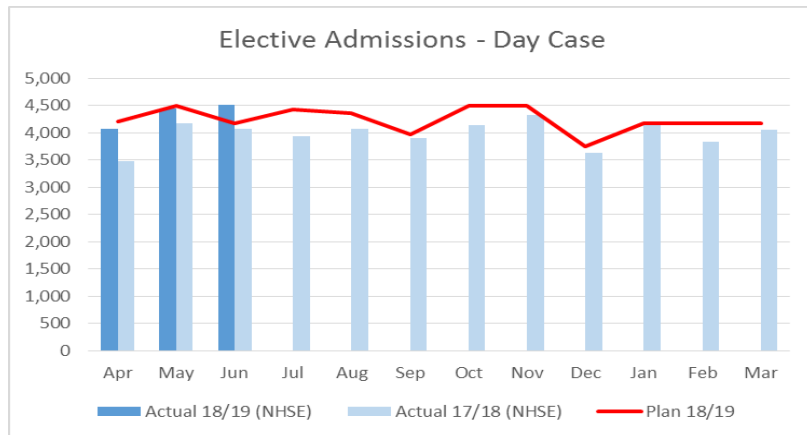
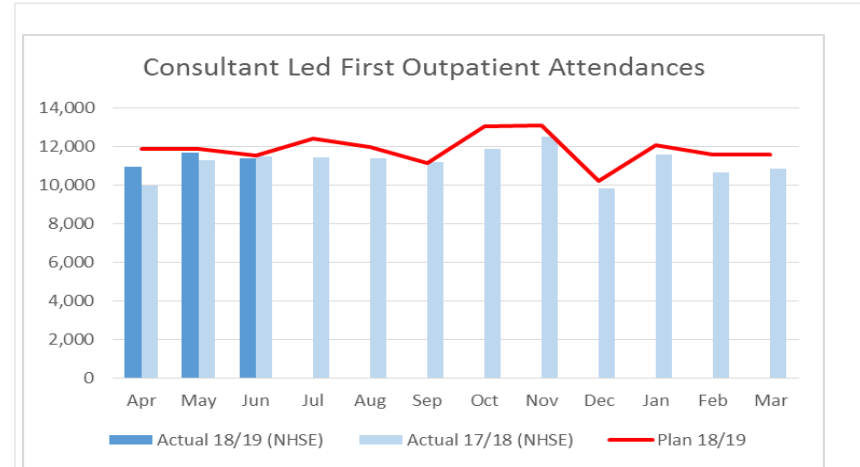
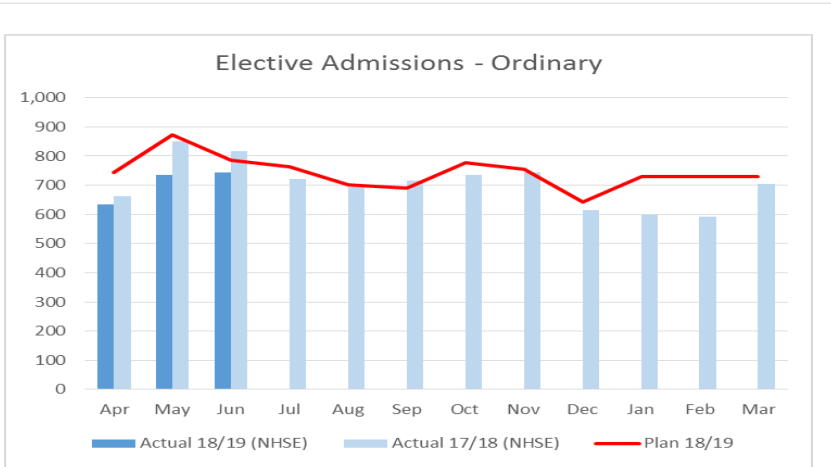
Choices in Maternity Services

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 June 2018 – 13% BHT – 6% (an improving position). This links to the saving babies lives care bundle.

Planned Care – Activity



Planned Care – Activity

The charts on the previous slide show the latest Planned Care activity compared to 2017/18 actuals and include the 2018/19 activity plan. The source is Secondary User Service - SUS data and relates primarily to general and acute activity. The CCG plan follows specific national planning rules and is not therefore not the entirety of the CCG activity.

Elective Admissions

Local data for June is showing 743 elective ordinary admissions against the plan of 787. This is a reduction of 73 (-8.95%) compared to June 2017. Year to date there have been 2,112 admissions against a plan of 2,404. In 2017/18 there was a total of 8,448 admissions which is a 7.53% reduction compared to 2016/17.

Local data for June is showing 4,493 elective day case admissions against the plan of 4,170. This is an increase of 427 admissions (10.5%) compared to June 2017. Year to date there have been 13,033 admissions against a plan of 12,875. In 2017/18 there was a total of 47,836 elective day case admissions which was an increase of 6.52% compared to 2016/17.

Outpatient Attendances

Local data for June is showing 11,380 first outpatient attendances against the plan of 11,509. This is a reduction of 66 attendances (-0.58%) compared to June 2017. Year to date there have been 33,983 attendances against a plan of 35,235. In 2017/18 there was a total of 133,767 outpatient first attendances which is a 7.49% increase compared to 2016/17.

Local data for June is showing 19,762 follow up outpatient attendances against the plan of 19,175. This is an increase of 73 attendances (0.37%) compared to June 2017. Year to date there have been 60,291 attendances against a plan of 58,433. In 2017/18 there was a total of 232,938 outpatient follow up attendances which is a 7.13% increase compared to 2016/17.

Key Issues

The variation between elective admissions and day case requires analysis to further understand root cause of and under/over performance.

Mitigations

A number of actions have been put in place targeting demand management following the reduced elective capacity in quarter four as a result of winter pressures, for example cancelled endoscopy clinics at BHT as beds were used as escalation areas.

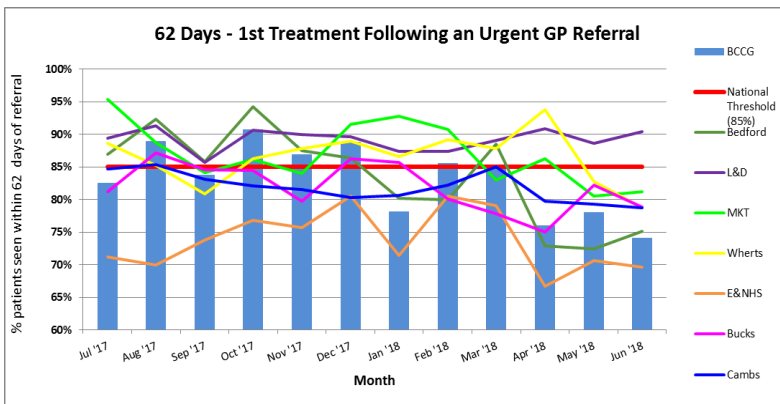
The Acute Transformation Board meeting has been set up with BHT to address areas of concern jointly and align work plans where appropriate.

Progress Update

QIPP programme dedicated to Outpatient Effectiveness is under development which will encompass opportunities related to clinical peer review, decision making tools and new pathways.

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:

Cancer services are monitored across all providers. The issues set out below describe the current issues for commissioners. In Q1 the CCG underachieved the following cancer indicators;
 31 day subsequent treatment for surgery also underachieved at 93.33%. There were 90 patients treated with 6 patients breaching the threshold. 2 of the breaches were at Cambridge, 3 at East & North Herts and 1 at a provider outside of the CCGs top 6 providers. 2 breaches were due to capacity issues, 2 due to medical delays, 1 patient choice, 1 reason not specified.

62 Day first treatment following an urgent GP referral underachieved at 75.86%. There were 348 patients treated with 84 breaches. 53.5 breaches were at Bedford Hospital, 9.5 at Cambridge, 9 at Luton & Dunstable, 7.5 at East & North Herts, 3 at Milton Keynes and half a breach each at Buckinghamshire, Oxford and Royal National Orthopaedic Hospital. 47 of the breaches were due to Provider delays in diagnostic testing or treatment planning, 12 were 'other' reasons, 11 were complex pathways, 7 patient choice, 4 delays due to medical reasons and 3 provider capacity.

22 patients were treated 1 week over the 62 day threshold, 10 patients 2 weeks over, 14 patients 3 weeks over, 7 patients 4 weeks over, 12 patients 5 weeks over, 6 patients 6 weeks over, 4 patients 7 weeks over, 4 patients 8 weeks over, 1 patient 9 weeks over and 2 patients 10 weeks over. The remaining 2 patient were treated on days 170 and 193.

Key Issues

Overall performance against the 62 days standard is challenging for local cancer units.

Both BHT and E&N Herts have challenges in urology due to national publicity around prostate cancer.

L&D's challenge is increased referrals in Breast and Cambridge have diagnostic capacity issues in Endoscopy.

The urology issues however remains the CCGs biggest challenge. The increase in urology 2ww is not isolated to Bedfordshire and has been seen right across the country.

Mitigations

As an STP the Trusts are looking at how resources can be shared to support challenged areas. STP meetings are in place for clinicians from Urology and Lung pathways to share best practice.

BCCG Cancer Improvement Group continues to monitor performance at speciality level.

Progress Update

BHT Urology – BHT are undertaking an audit of 2ww referral to monitor primary care compliance with 2ww referral guidelines. Next step will be to implement referral guidelines to primary care to reduce the number of inappropriate 2ww referrals.

A straight to MRI pilot has started at BHT to improve the pathway and reduce capacity delays.

A meeting held on 8th August 2018 between CCG commissioner, BHT and Cambridge Cancer Managers provide assurance around recovery plans and to agree management of tertiary referrals to minimise delays in the pathway. BHT and Cambridge have agreed to sign up to a local shared agreement.

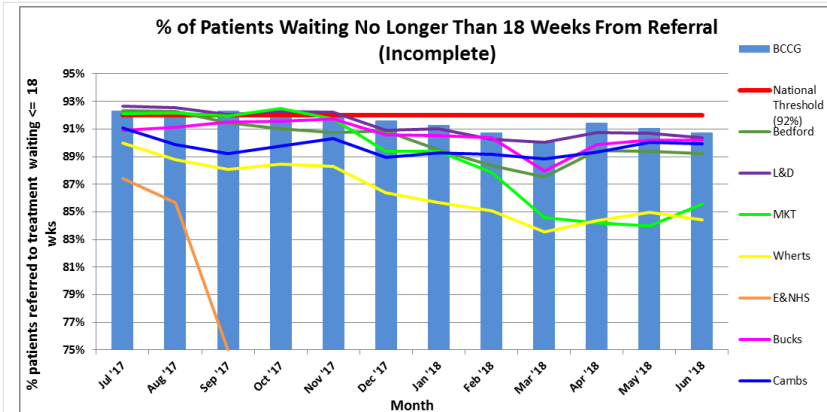
Patient Experience Survey

The 2017 National Patient Experience survey was released in July 2018. CCG level results will be available in August 2018. Overall experience continues to be positive, with average scores rated 8.8 out of 10. Compared to last year, this shows significant improvement in 21 questions.

BLMK Cancer Transformation Programme

- In order to access funding the STP will need to sign-up to a Memorandum of Understanding.
- Q3 and Q4 funding will be confirmed in September 2018
- BLMK have received confirmation that Q1 and Q2 18/19 revenue and capital funds have been approved by NHSE.
- Revenue for Q1 and Q2 totals £601,541 for the STP
- Capital funding totals £357,588

Planned Care – Referral to Treatment



Performance:

In June 2018 the CCG underachieved the national 92% target for the incomplete pathway with 90.74% which is a deterioration on the May position. There were eight specialties which were underachieved – ENT (91.94% improvement on May position of 89.76%), General Surgery (83.92% deterioration on May position of 84.78%), Neurology (87.37% deterioration on May position of 91.18%), Neurosurgery (90.87% improvement on May position of 84.29%), Ophthalmology (88.67% deterioration on May position of 89.93%), Plastic Surgery (86.10% improvement on May position of 83.04%), T&O (77.92% improvement on May position of 77.73%), Urology (90.16% deterioration on May position of 91.54%).

The CCG has 2341 patients on the incomplete pathway who have breached 18+ weeks which is an increase on the May position of 2249.

Key Issues

Overall incomplete numbers have increased by 1044 compared to the baseline position at March 2018. This increase is primarily at Bedford Hospital and Luton & Dunstable Hospital.

RTT performance continues to be affected by the lost elective capacity in quarter four with winter pressures and the community dermatology contract changes at BHT.

Mitigations

The trajectory for return to RTT compliance at BHT is now in place and forecast for Q3 dependant on non-elective demand. Orthopaedic theatre capacity is being allocated to urology in order to manage the high number of patients on cancer pathways requiring template biopsies, thus impacting upon RTT in these specialties.

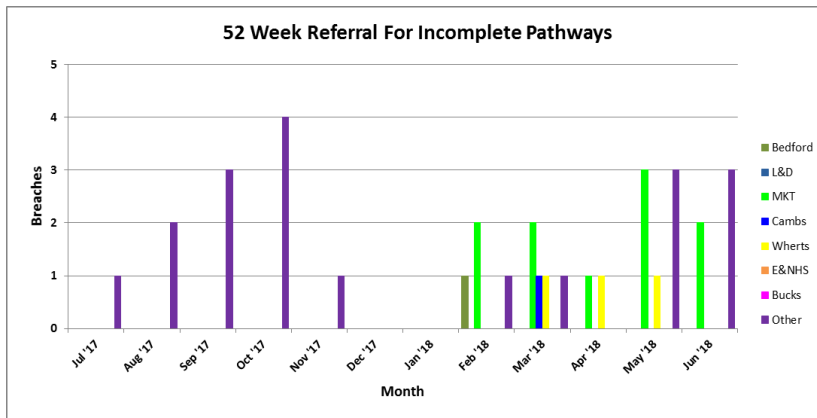
BHT and L&D have increased their capacity across specialties by introducing some evening/weekend clinics and/or recruiting to consultant/locum posts to reduce backlog.

Progress Update

An ophthalmology stakeholder event is scheduled for late September to work collaboratively to improve service capacity and reduce risks associated with patient backlogs.

A capital bid has been approved to support BHT to deliver biopsies differently to free up theatre capacity.

Planned Care – 52+ Week Breaches



Performance:

The CCG has had 5 52+ week breaches in June which is an improvement on the May position of 7. The breaches were as follows:

- 2 x Trauma & Orthopaedics at Milton Keynes University Hospital Trust
- 1x ENT at Imperial College Healthcare
- 1 x Trauma & Orthopaedics at Kings College Hospital
- 1 x Cardiology at Royal Papworth Hospital

Key Issues:

Kings College Hospital – The patient has a treatment date of 25th September 2018. Delay was due to capacity issues at the Trust. The Trust have confirmed the patient did not suffer any clinical harm.

Royal Papworth Hospital – Due to an administration error the patient was not added to the waiting list. Patient has now been added and an outpatient appointment booked in August.

Imperial College Healthcare – The patient has now been treated.

Milton Keynes – The first patient was listed for surgery on 17th May but is still awaiting a treatment date. The second patient is to be removed from the waiting list and referred back to the GP.

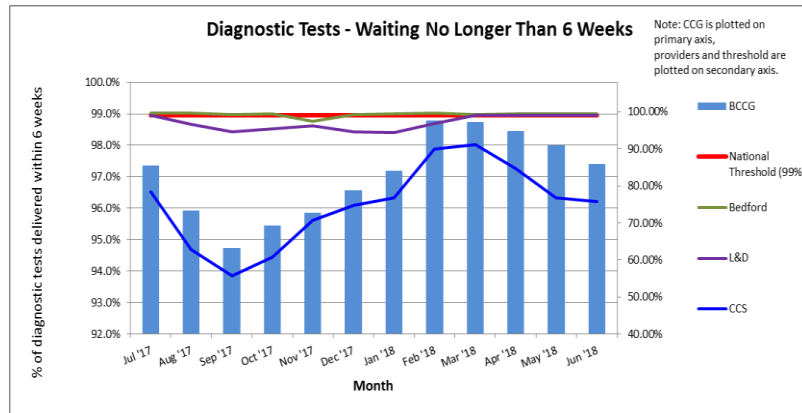
Mitigations:

The CCG continue to follow up with the Provider for any patient with a wait of more than 40+ weeks to request a treatment data for the patient. Where a patient goes on to breach 52+ weeks the CCG request a clinical harm review.

Progress Update:

The CCG had been reporting a 52+ week at Milton Keynes on the Neurology pathway. Further discussions with the Trust have confirmed that this patient is not registered with a Bedfordshire GP and has now been removed from CCG figures.

Planned Care – Diagnostic Waits



Performance:

In June the CCG underachieved this indicator with 97.40% against the 99% threshold which is a deterioration on the May position. There were 7174 patients on the diagnostic tests pathway with 186 breaching the 6 week threshold. 135 breaches were at Cambridge Community Services, 22 at Bedford Hospital, 15 at Luton & Dunstable, 2 at Milton Keynes, 3 at Cambridge, and 9 at other providers.

This was 114 breaches over the tolerance for achievement of the national standard.

There were 6 13+ week breaches. 2 at Luton & Dunstable and 2 at Bedford Hospital all in Cystoscopy due to capacity and 2 at Cambridge Community Services in paediatric audiology also due to capacity. The CCG has requested assurance around clinical harm due to these extended waits.

Key Issues

Increase in waits for paediatric audiology at Cambridge Community Services due to issues with staffing and recruitment.

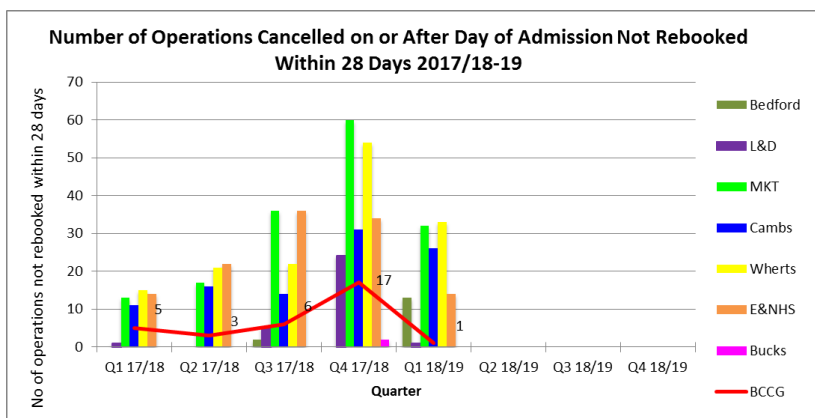
Mitigations

Remedial Action Plan is in place with Cambridge Community Services who continue to provide a weekly update on the current position. Discussions also take place at the monthly contract meeting.

Progress Update

Cambridge Community Services have provided an updated trajectory which has been re-profiled to reflect activity for the new staff members. This trajectory has been profiled to reflect improvement throughout Quarter 2 with the number of patients breaching reducing to 85.

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

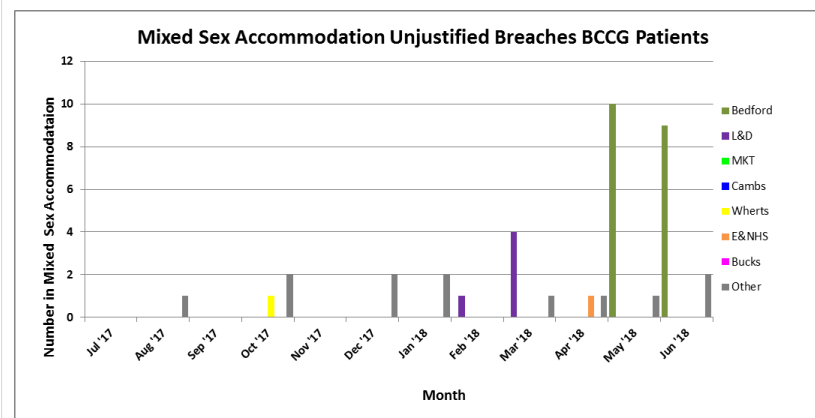


Performance:

In Quarter 1 the CCG has had confirmation that there has been 1 patient who had their elective operations cancelled on or after day of admission and not rebooked within 28 days.

This cancellation was at Milton Keynes Hospital and was due to insufficient theatre time. The CCG are still awaiting confirmation from Bedford Hospital, East & North Herts and Cambridge as to whether any of their cancellations were for Bedfordshire patients.

Provider	Q1 BCCG Breaches	Q1 Trust Wide Breaches
Bedford	TBC	13
Buckinghamshire	0	0
Cambridge	TBC	26
East & North Herts	TBC	14
Luton & Dunstable	0	1
Milton Keynes	1	32



Performance:

In June there were 11 mixed sex accommodation breaches, 9 at Bedford Hospital and 1 each at University College London Hospitals and Royal National Orthopaedic Hospital.

The 9 breaches at Bedford Hospital have been discussed with BHT Director of Nursing. These breaches are reported as critical care justified breaches as they clinically needed to be in that environment.

The CCG will contact University College London Hospital and Royal National Orthopaedics Hospital to identify the reason for the breaches.

Planned Care – Patient Transport Services

Full mobilisation of the contract (signed on 1st January 2018) was expected from the end of May 2018 however due to the significant driver capacity vacancy gap, this will not be achieved. However, recruitment is ongoing, with 19 driver vacancies remaining.

Key									
Improvement									
Deterioration									
No	Description	Threshold	Target	March Achievement	April Achievement	May Achievement	June Achievement	% 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%	64%	-1%	
LQR3	Arrival Time for Renal Dialysis Clinic	Patients shall arrive either on time or up to 60mins before the appointment. Patients will not miss their dialysis treatment due to patient transport issues (Avoidable Aborts/Cancellations)	90%	69%	70%	70%	67%	-3%	
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%	60%	-3%	
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 End of Life patients collected within 90 minutes of being made ready following a minimum 1 hour notice period	95%	80%	33%	63%	75%	12%	
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%	56%	-4%	
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%	8.57%	-0.10%	

Across all KPI's thresholds are not being met and there is only an improvement reported in June against LQR 5 with the other LQR's deteriorating this month. Focus will remain on the achievement against target of the LQR's and this will be closely monitored by the CCG with issues addressed at the contract and quality review meeting. Patient and staff feedback is that the patients have on occasion been left stranded, not collected in a timely manner and there have been delays in bed discharge and therefore increasing times in bed occupancies.

Key Issues

The continuing concern for commissioners is recruitment to vacant posts to deliver the full contract. For June EEAST delivered 82% of the contracted activity with the activity gap being fulfilled by private providers. Although there has been an improvement in data quality this still remains an issue with approx. 20% of data being incomplete.

Mitigations

Recruitment is ongoing. Based on EEAST recruitment trajectory EEAST have provided a plan to the CCG regarding the transition of activity currently provided by private providers back to EEAST.

EEAST have now confirmed that all PDA's have now been issued to vehicles.

The Discharge co-ordinator post at BHT is now recruited to and BHT have reported improvements in delays in discharges. These issues continue to be raised with EEAST at the CRM and Quality meetings. The first Quality Meeting will take place on 9th August 2018.

Planned Care – Stroke

KING'S College LONDON		Sentinel Stroke National Audit Programme (SSNAP)		Distribution of all CCGs	
		National	Your CCG: 06F	Below average	Above average
CCG Stroke Dashboard					
CCG Outcomes Indicator Set (CCG OIS) results. Data from the national stroke audit (SSNAP). Results for Bedfordshire CCG (06F)					
Number of patients (admitted Dec 2017-Mar 2018)	27618	184			
Case ascertainment band	90%+	90%+			
Number (%) of applicable patients who go direct to stroke unit within 4 hours (CCG OIS - C3.5)	14397 (53.6%)	72 (39.3%)			
Number (%) of all stroke patients who receive thrombolysis (CCG OIS - C3.6)	3160 (11.4%)	26 (14.1%)			
Number of patients (discharged Dec 2017-Mar 2018)	27051	165			
Case ascertainment band	90%+	90%+			
Number (%) of applicable patients who are discharged with joint health and social care plan (CCG OIS - C3.7)	10941 (93.9%)	55 (93.2%)			
Number (%) of patients who spend 90% or more of their inpatient stay on a stroke unit (CCG OIS - C3.9)	21845 (82.5%)	124 (75.6%)			
Number (%) of patients alive who are considered applicable to be assessed at 6 months (between Dec 2017-Mar 2018)	21175 (92.1%)	174 (99.4%)			
Number (%) of applicable patients who are assessed at 6 months (CCG OIS - 3.8)	5851 (27.6%)	3 (1.7%)			
Mortality within 30 days of hospital admission for stroke (CCG OIS - 1.5)	Currently being collected through SSNAP, and will be reported annually				

KING'S College LONDON		Sentinel Stroke National Audit Programme (SSNAP)		Distribution of all CCGs	
		National	Your CCG: 06F	Below average	Above average
CCG Stroke Dashboard					
Further CCG Indicators for Dec 2017-Mar 2018. Data from the national stroke audit (SSNAP). Results for Bedfordshire CCG (06F)					
Number(%) of patients in known AF before stroke admitted to hospital who had been prescribed anticoagulation prior to their stroke	3196 (59.1%)	19 (67.9%)			
Number (%) of patients treated by a stroke skilled Early Supported Discharge team	8462 (37.1%)	65 (46.8%)			
		No. patients from your CCG admitted to this team:	Latest result for this team (all patients from all CCGs)	Previous result for this team (all patients from all CCGs)	Previous result for this team (all patients from all CCGs)
184 patients were submitted to SSNAP (December 2017-March 2018):			Dec 2017-Mar2018	Aug-Nov 2017	Apr-Jul 2017
Luton and Dunstable Hospital	138 patients	SSNAP level D	SSNAP level B	SSNAP level B	SSNAP level B
Lister Hospital	29 patients	SSNAP level A	SSNAP level A	SSNAP level A	SSNAP level A
Northampton General Hospital	6 patients	SSNAP level B	SSNAP level A	SSNAP level A	SSNAP level A
Milton Keynes General Hospital	5 patients	SSNAP level B	SSNAP level B	SSNAP level B	SSNAP level B
Average SSNAP level for providers within your CCG for each reporting period:			C	B	B

Please note: The SSNAP dashboard is only showing the Acute phase of the stroke pathway

Key Issues

Variation in stroke services across Bedfordshire with no inpatient community rehabilitation unit in place and community rehabilitation is not 7 day service.

Mitigations

The business case is developed to streamline the stroke pathway to commission a co-located Hyper acute stroke unit/acute stroke unit and a centralised rehabilitation unit along with community rehabilitation 7 days per week.

A Communication Plan is being finalised which will help to inform the ongoing engagement work

Acceptance criteria, design specification (architect drawings), staff mix and numbers for the rehabilitation unit are being developed.

Estates project group is being implemented to support the estates development.

Progress Update

Hyper Acute Stroke Unit (HASU)

The Luton & Dunstable Sentinel Stroke National Audit Programme score shown on the previous slide has moved from Level B to D. This has been due a number of reasons. The challenges to delivery of the thrombolysis within one hour target that were encountered during January to March 2018, SALT performance due to staff absence, as well as a deterioration in time on the stroke unit as a result of winter bed pressures. Performance against the thrombolysis within 1 hour indicator has improved significantly since April 2018 the Trust are hopeful that the next SSNAP data release should see an improvement. A detailed report awaited from the Trust.

Transient Ischemic Attack (TIA)

Meetings are ongoing with Bedford Hospital and Luton and Dunstable on support and assurance regarding the TIA service 7 days a week. It is an improving picture at Bedford with no current backlog and slots available. The Trust have had issues reporting TIA performance data but this will be resolved with the recruitment of administrative support.

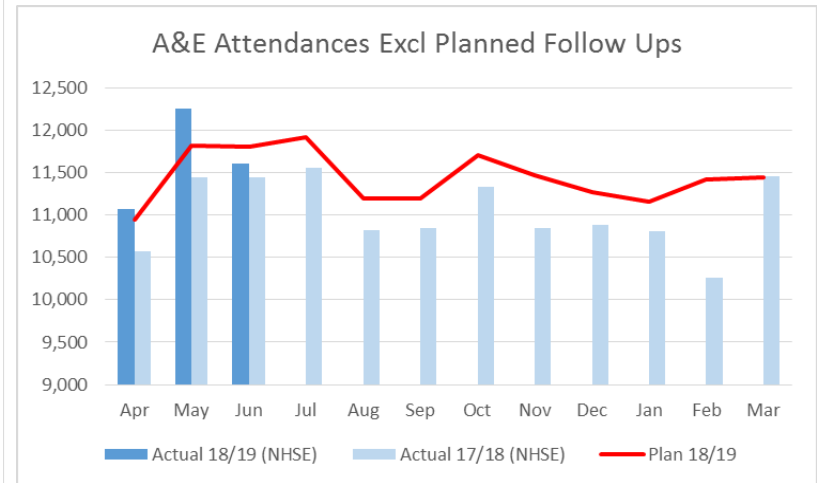
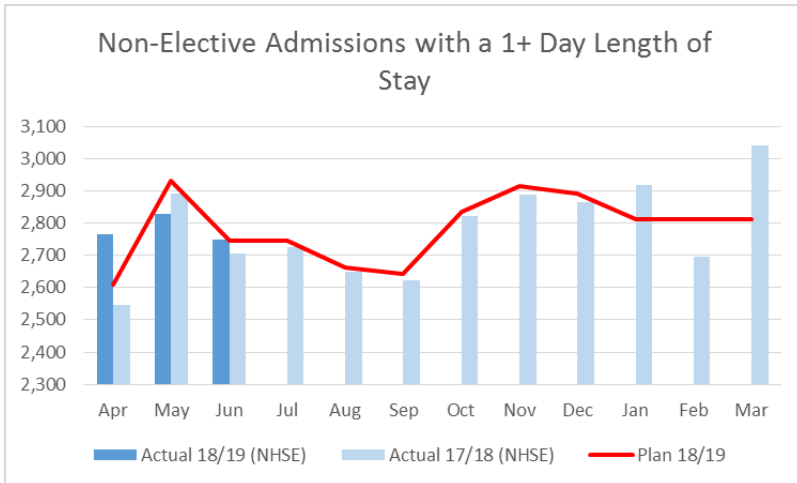
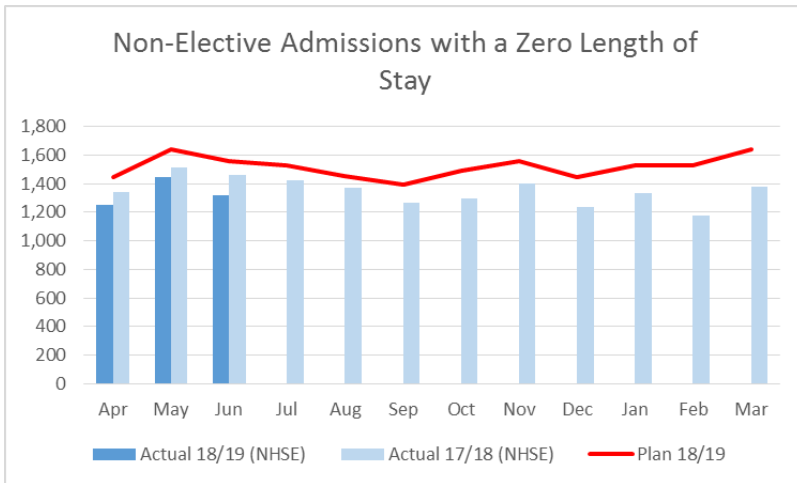
Early Supported Discharge (ESD)

The Early Supported Discharge/Neurological Rehabilitation Team is working well and ESD team continues to see 40% of stroke patients which is better than the national average.

Community rehabilitation Unit

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

Unplanned Care – Activity



The above charts show the latest unplanned Care activity compared to 2017/18 actuals and include the 2018/19 activity plan. The source is Secondary User Service - SUS data and relates primarily to general and acute activity.

The CCG plan follows specific national planning rules and is not therefore not the entirety of the CCG activity.

Unplanned Care – Activity

Non – Elective Admissions

Local data for June is showing 1320 0 length of stay admissions against a plan of 1558 admissions. This is a reduction in activity of 141 admissions (-9.65%) compared to June 2017. Year to date there have been 4012 admissions against a plan of 4643. In 2017/18 there was a total of 16,220 0 length of stay non-elective admissions which is a 15.96% increase on 2016/17.

Local data for June is showing 2750 1+ length of stay non-elective admissions against a plan of 2744 admissions. This is an increase of 44 admissions (1.63%) compared to June 2017. Year to date there have been 8343 admissions against a plan of 8286. In 2017/18 there was a total of 33,370 1+ length of stay non-elective admissions which is a 2.07% increase on 2016/17.

A&E Attendances

Local data for June is showing 11,608 A&E attendances against a plan of 11,810 attendances. This is an increase of 162 attendances (1.42%) compared to June 2017. Year to date there have been 34,936 attendances against a plan of 34,576. In 2017/18 there was a total of 132,290 A&E attendances which is a 3.62% increase on 2016/17.

Type 1 A&E Attendances

Local data for June is showing 11,296 attendance against a plan of 11,499 attendances. Year to date there have been 33,987 attendances against a plan of 33,703.

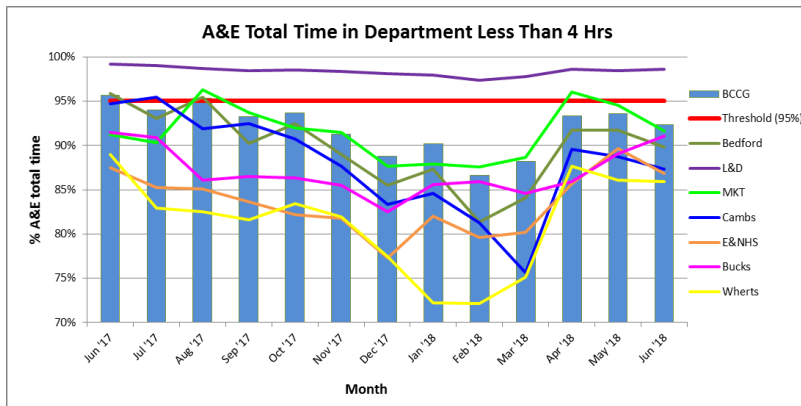
The following schemes are expected to reduce A&E attendances that will impact on Non Elective (NEL) admissions:

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

Progress Update

- **Hear and Treat** - treated 362 patients in Mth 3 18/19 compared to 346 in the same period 17/18 preventing A&E attendance and possible admission
- **See & Treat** - treated 1,327 patients in Mth 3 18/19 compared to 1,408 in the same period 17/18 preventing A&E attendance and possible admission.
- **Direct GP booking** by HUC is a pilot commenced on the 18th June with 8 GP practices. The pilot is currently in the 8th week and in the first 5 weeks there had been a total of 55 patients directly booked by 111 into their own GP practice.
- **Urgent Treatment Centre** expected to commence on 1st October 2018
- **EiV** - Extension of the EiV pilot commenced in June. The CCG are in discussions with EEAST and ELFT to develop and refine a bespoke model of service for implementation within the next 1-2 months.
- **Ambulatory Emergency Care** unit is expected to extend operational 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 June the CCG underachieved the 95% national threshold with 92.31% which is a deterioration on the May position. A deep dive into data has shown:

- Bedford Hospital (BHT) remain under extreme pressure with no sign of it abating
- A&E Activity has increased significantly in recent months
- Worst A&E performance for Qtr. 1 in the last 3 years
- BHT running at 98% bed utilisation since Qtr. 2 2017/18
- 6% of patients are long stay patients utilising 33% of bed space at BHT 2017/18
- Deterioration in (Delayed Transfer of Care) DTOC performance since the loss of the winter beds
- Increase in population especially in the 65-85 and 85+ age groups

- Substantial rise in Respiratory, Infectious Diseases and Immune System Disorders and Musculoskeletal and Rheumatological Disorders (Non-elective Activity)
- Recovery patients causing block in community capacity due to lengthy recovery period (circa 6 weeks) with additional potential in-patient rehabilitation

Mitigations

A Winter Summit took place 27th July 2018 which was led by NHS England with system partner representatives and NHS Improvement to review the levels of demand and capacity as well as performance and key drivers across the system. It explored the impact of pre-hospital interventions and the flow of patients into post hospital care. The efficiencies within the Trust for managing patient flow were also considered. There was an acknowledgement that whilst the footprint for Trust has remained the same the increase in demand and usage has expanded to such an extent that it posed a risk to being able to cope with the forthcoming winter. An action plan was developed and is being monitored and managed by the Bedfordshire's System Resilience Group (SRG).

Progress Update

- A system wide Quality Improvement Project has been established on 2 >75yr wards to review all elements of discharge processes with a view to identifying issues and rapidly instigate change. The ambition is to reduce DTocCs by 50% and super stranded patients length of stay by 25% by December 18. Identified process improvements will be rolled out across the system
- SRG Programme is being developed to ensure alignment of all works currently underway in preparation of winter.

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. This is reviewed weekly with HUC to ensure delivery of actions within the plan. A risk review of service provision, quality and performance took place on 27th July in which a number of actions were agreed for HUC and BCCG to fulfil.

111 Telephony Metrics

Performance Metrics	Month	Target	Current month	↑/↓	May	Apr
% abandoned calls after 30 seconds	Jun	<5%	7.9%	↓	9.2%	8.6%
Average time to call answer		60 secs	76	↓	92	89
% Ambulance dispatches		<10%	12.7%	↓	12.8%	13.0%
% of calls to speak to a Clinician		40%	49%	↓	49%	46%
% of calls to have a clinical assessment		50%	62%	↓	62%	64%
Number of calls triaged over a month (Redwood)	Jun		13304	↓	13525	13492
Calls closed as self-care			2131	↑	1917	2420
% Calls closed as self-care			16%	↑	14%	18%
Number of Ambulance dispatches			1366	↓	1394	1285
Call Back Rates - % of call backs made within 10 minutes		85%	65%	↓	82%	65%
Warm Transfer to clinical advisory service - %		95%	70%	↑	63%	57%
Re-contacts			12	↓	18	10
Directory of Service Opened			8191	↑	8102	7765
Directory of Services: no service available other than ED(ED catch-all)			0	↓	2	0

Key Issues

In June, Luton and Bedfordshire's 111 service has answered a total of 13,487 calls; this is the third month in a row with calls answered c13,500 which indicates consistent staffing levels. Calls answered in June this year are close to 2,000 more calls than last June. Average call answering time has improved in June down to 76 seconds and abandonment rate also improved at 7.9% although both still outside the required target.

Mitigations

Current vacancies and sickness is affecting weekend staffing. The vacancies are being covered currently. Ongoing interviews and offers to suitable candidates for weekend posts are being undertaken. The aim is to over-recruit against budget to allow for turnover / leavers and provide additional resilience.

Unplanned Care – Integrated Urgent Care

Out of Hours Consultant Metrics

Luton and Beds Out of Hours							
Performance Metrics	Month	Target		↑/↓	May	Apr	
Home Visits – Urgent visits undertaken within 2 hours	Jun	95%	90%	↑	83%	77%	
Home Visits – Routine visits undertaken within 6 hours		95%	94%	↑	92%	87%	
Base Face to Face Consultations – Urgent visits undertaken within 2 hours		95%	93%	↑	91%	81%	
Base Face to Face Consultations – Routine visits undertaken within 6 hours		95%	97%	↓	99%	96%	
NQR 9 Urgent 0-30 mins (Telephone)				84%	↓	90%	82%
NQR 9 Less Urgent 0-60 mins (Telephone)				83%	↓	91%	81%
NQR 9 Other 0-120 mins (Telephone)				79%	↓	84%	71%

Key Issues

Activity levels were down in June compared to May of this year by 447 cases. However overall activity is up compared to June last year with 645 more contacts into OOH. Performance has improved again in OOH for home visits and base appointments. However performance for Telephone consultation has deteriorated from that achieved in May.

Mitigations

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 – Herts Urgent Care (HUC)

Performance Metrics	Month	Target	Current month	↑/↓	May	Apr	
% abandoned calls after 30 seconds	Jun	<5%	7.9%	↓	9.2%	8.6%	
Average time to call answer		60 secs	76	↓	92	89	
% Ambulance dispatches		<10%	12.7%	↓	12.8%	13.0%	
% of calls to speak to a Clinician		40%	49%	↓	49%	46%	
% of calls to have a clinical assessment		50%	62%	↓	62%	64%	
Number of calls triaged over a month (Redwood)				13304	↓	13525	13492
Calls closed as self-care	Jun		2131	↑	1917	2420	
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Call Back Rates - % of call backs made within 10 minutes		85%	65%	↓	82%	65%	
Warm Transfer to clinical advisory service - %		95%	70%	↑	63%	57%	
Re-contacts				12	↓	18	10
Directory of Service Opened				8191	↑	8102	7765
Directory of Services: no service available other than ED(ED catch-all)			0	↓	2	0	

Key Issues

The percentage of abandoned calls after 30 seconds has reduced slightly to 7.9% in June compared to 9.2% in May but is still over the 5% target. The average time to call answer has also improved this month (76 seconds) compared to May (92 seconds) but is still over the 60 seconds target. The percentage of ambulance dispatches for June was 12.7% which is a slight improvement on the previous month (12.8%), but is still over the $\geq 10\%$ target. Performance has improved in all three indicators in the table above in June compared to May however the targets have not been met.

There are vacancies in call centre impacting on weekend performance dragging down overall monthly average. High sickness levels within Health Adviser cohort are further impacting on performance, particularly on weekends.

Mitigations

There are on-going interviews for Health Adviser vacancies and a formal and informal sickness process is in place to manage attendance. New Health Adviser recruits scheduled to start training 2x July and 4x August.

Unplanned Care – HUC – Quality

Following escalation to the NHSE Quality Surveillance group on the 27th July a Risk review meeting took place chaired by the Director of Nursing at NHSE.

The purpose of the meeting was to enable all stakeholders to share concerns, performance position and any other intelligence so that a fully informed system and stakeholder risk assessment could be undertaken. Appropriate actions were then agreed in order to support the provider and to enable the system working to progress in a positive manner to improve outcomes.

5 Clinical Commissioning Groups attended; Bedfordshire, Luton, East and North Herts, West Herts and Cambridgeshire & Peterborough. Also in attendance were Health Watch, Health Education England, LMC, CQC together with the Accountable Officer for East Herts Clinical Commissioning Group who take a lead Commissioning role.

Urgent Care (HUC) were represented by their CEO, Chief Operating Officer and their Head of Nursing.

A robust and thorough inquiry was undertaken with all stakeholders involved. Whilst there are some detailed actions for all partners the overarching message for Bedfordshire CCG is that the clinical leadership role needs strengthening in order to achieve a cultural shift and an acceptance of the new model. However it is recognised that some capacity and workforce modelling needs to be undertaken to ensure that the same model is in place as Hertfordshire. NHSE and the LMC are very supportive and will help facilitate further local conversation.

Further follow up is not required with NHSE.

Unplanned Care – East of England Ambulance Service Trust



Bedfordshire
Clinical Commissioning Group

Jun-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 (≤120min)	90th centile (≤120min)	Activity (No of calls)	Average Response Time (≤180min)	90th centile (≤180min)
NHS Bedfordshire	486	07:40	13:35	2,241	28:16	57:56	862	67:02	166:56	284	83:50	191:58
EEAST Trust Wide	6,550	08:42	15:40	37,195	26:14	53:06	12,628	84:05	205:19	3,880	102:18	242:53

In October 2017 new Ambulance Service Standards (ARP – Ambulance Response Programme) for 999 calls were successfully implemented.

Performance

June has seen a small improvement in some areas compared to May. 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 calls with a 7 minute average response target BCCG was the 5th best performing within the consortium of 19 CCGs (7th in May and a 2 second improvement on May). Average C1 activity of the better performing CCGs is 269 calls vs BCCG's C1 activity of 486 or an average of 815 more activity. C1 performance against the 90th centile was 4th best across the consortium (8th last month) and was within the 15min threshold at 13:35 and better than last month's performance, showing continued improvement.

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. Demand is less than this time last year, but higher acuity calls (C1/C2) are now greater than the lower acuity demand – in June C1 & C2 incidents were 62.26% of all incidents (YTD).

Mitigations

EEAST is presently working with the national team to address the 'severity type' of calls being grouped under C2 & calls can now be re-triaged, allowing better use of resources.

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 2018/19	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Avg YTD
ROSC at hospital (overall)	27%	32.50% 98/302	32.30% 95/294											32.40%
ROSC at hospital (Utstein)	53%	62.80% 27/43	55.30% 21/38											59.10%
Survival to discharge (overall)	7%	11.30% 34/301	11.20% 33/294											11.30%
Survival to discharge (Utstein)	27%	42.90% 18/42	42.10% 16/38											42.50%
PPCI <150**	95%	75%	82.10%											78.60%
STEMI Care Bundle	86%	93.80% 137/146	92.80% 155/167											93.30%
Stroke HASU <60	56%	48.2% 68/141	39.40% 108/274											43.80%
Stroke Diagnostic Bundle	98%	98.40% 182/185	99% 500/505											98.70%

The Care Quality Commission (CQC) carried out an unannounced inspection of 6-8 March 2018 and an announced inspection between 27-29 March 2018. The overall rating of the trust stayed the same, as requires improvement.

Stroke 60 Quality Indicator

The ACQI's for stroke have been reviewed and amended at a national level. Previously it was for stroke cases conveyed to HASUs that were identified as FAST positive. New criteria requires all strokes/query strokes/Trans Ischemic Attack (TIA)/query TIA conveyed to any receiving hospital. It is estimated that these changes will require a further 1,500 cases per month to be audited. As there are increases to some of the other ACQI requirements there is a risk to Trust re; ability audit these numbers.

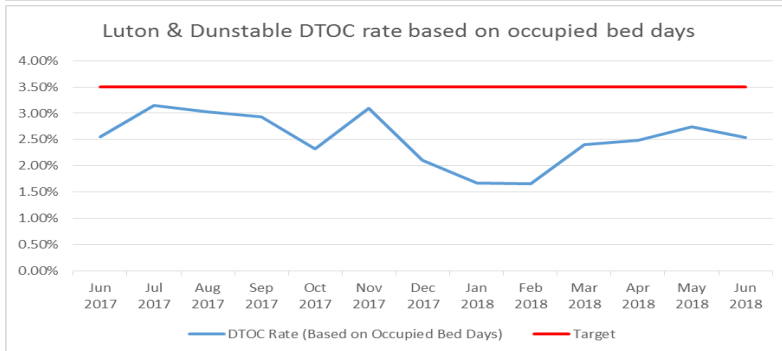
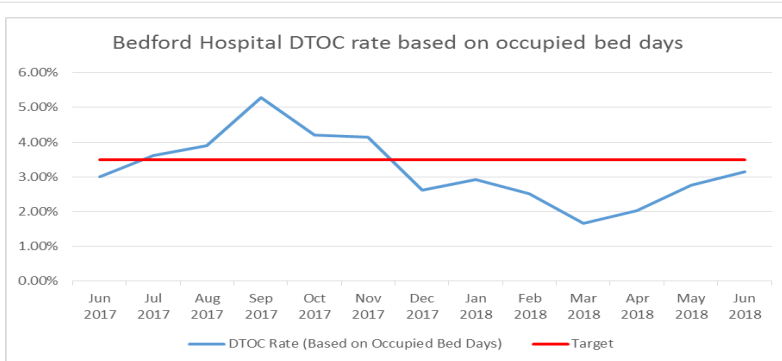
Mitigations

Trust looking to recruit additional staff to undertake audits. EEAST continue to work with staff to reduce time on scene and reduce conveyance times. Norfolk are leading on a stroke task and finish group and have been requested to ensure actions are on behalf of the whole consortium. Meetings have taken place but the outcome is still awaited. Update in Q2.

Progress Update

May – 50% (10/20) – against 56% target. Improved on April 2018.

Unplanned Care – Delayed Transfers of Care



The national DTOC target of less 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 partners - Bedford Borough Council and Central Bedfordshire Councils.

The charts above demonstrate that both Bedford Hospital (BHT) and Luton & Dunstable Hospital (L&D) performed well against the 3.5% target in June with 3.14% and 2.54% respectively.

Key Issues

Bedford Hospital continues to perform well however the numbers of patients waiting 48 hours or more from being fit for discharge has increased over recent weeks which is putting pressure on the <3.5% threshold.

Mitigations

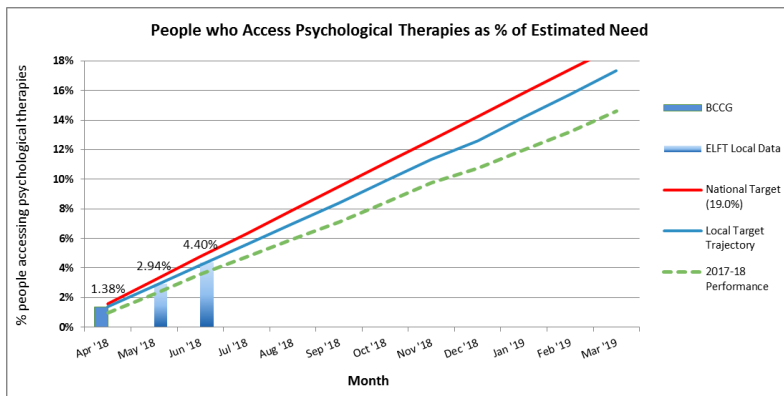
- The CCG continues to work closely with system partners to review the thrice weekly Ready to Transfer (R2T) call process for safe, effective and timely discharge of patients.
- The CCG is also working with Bedford Hospital to develop robust monitoring and mitigation process of Stranded and Super Stranded 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 Quality Improvement Project 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 local data for June is showing an achievement with 1.46% against the monthly threshold of 1.40%. Year to date performance is 4.40% against a threshold of 4.20%.

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 CCG agreed to close CPN at the August contract meeting in line with achievement of targets.

Mitigations

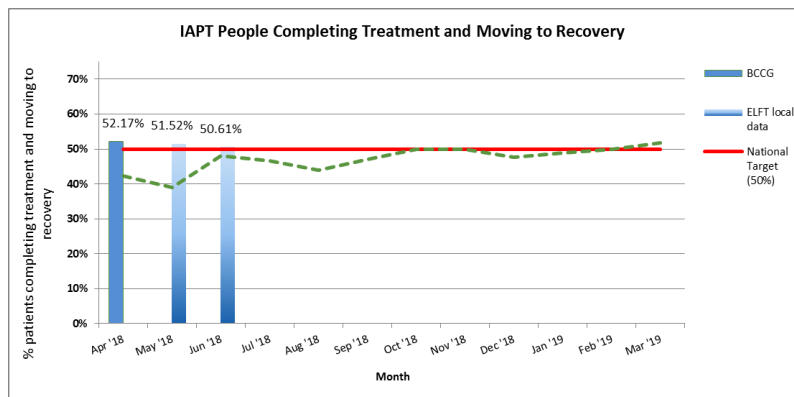
ELFT have undertaken an analysis of referrals by GP Practice with a view to focussing on the relevant under referring Practices. The outcome of the review is that Central Bedfordshire Practices are under referring: All GP Practices across the County have been contacted for a named contact to liaise with 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



Performance:

Local data for June shows the recovery rate at 50.61% which is an achievement against the national threshold of 50%.

A Contract Performance Notice (CPN) was issued in February due to an under performance of this indicator. At the contract meeting in August the CCG agreed to close this as the threshold has been met throughout Q1 18/19.

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.

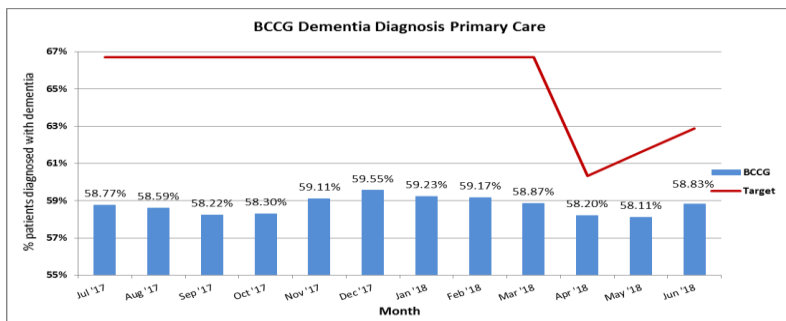
Progress Update

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.

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.

Mental Health – Dementia Diagnosis

The dementia diagnosis has remained a challenging position for the CCG throughout 2017/18 into 2018/19 and has been supported by NHSE. The CCG continues to identify areas to increase diagnosis.



Performance:

In June there were 3005 patients aged 65+ with a diagnosis for dementia which gives a worsening position of 58.83% against the 62.88% threshold. In order to achieve the 66.7% target by September a further 400 people would need to be diagnosed. On average the MAS diagnose 28 patients per month. This target therefore cannot be achieved by memory clinic diagnoses alone.

Key Issues:

Continue to be a lack of referrals into the memory assessment service in the Central Bedfordshire area. There have also been issues with recruiting permanent medical staff into the service.

Lack of diagnosis in the acute/community setting and Recruitment of staff member to run Continuing Healthcare (CHC) project.

Mitigations:

Case finding project to focus on CHC caseload;

The CCG have identified gaps in diagnosis in secondary care (neurology/geriatrics). GP clinical lead engaging with relevant service managers; To also explore diabetic clinics.

Second dementia event took place with partners to generate ideas for diagnosis and partnership work. These actions will go to the dementia operational group.

Capacity in memory services to be discussed at clinical meetings in primary care along with data comparison and crib sheet identifying areas for GP's to focus on.

Training event with Professor Alistair Burns to be organised for GP's and community professionals to aid diagnosis outside of the memory clinic.

Progress Update:

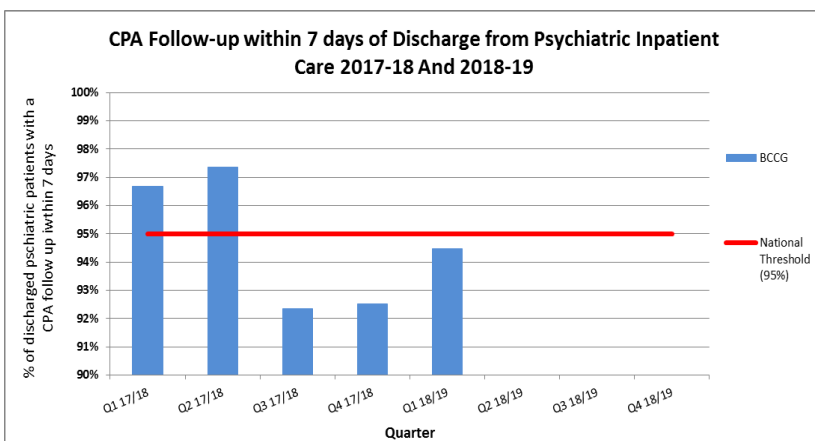
A task and finish group has been established to look at the barriers to progress so far and consider what can be done to either overcome them or refocus effort in a different direction. CHC cases are one area that has been identified and this is currently being pursued along with flu clinics.

There is the opportunity to use PMS monies to incentivise GP's for 2019/20. This is being pursued.

There is the possibility of using digitisation monies to roll out CANTAB mobile in primary care. This is also being pursued.

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 continued to be follow up by a relevant team within 7 days of discharge from an inpatient unit including those in London.



Performance:

In Quarter 1 the CCG underachieved this indicator with 94.47% against the 95% threshold. There were 231 patients followed up with 13 patients breaching the 7 day threshold of which 6 of the breaches were patients on CPA.

Key Issues:

Of the 6 CPA breaches ELFT have confirmed that 3 patients were not genuine breaches, these were recording errors and the patients had been followed up on days 3 (x2) and 5. The 3 patients who breached were followed up on Days 8, 9 and 11.

Patient 1 – followed up on Day 3 this is a recording error and not a real breach.

Patient 2 – followed up on Day 3 this is a recording error and not a real breach.

Patient 3 – followed up on Day 5 this is a recording error and not a real breach.

Patient 4 – followed up at home on Day 8

Patient 5 – followed up on Day 9. Patient was discharged whilst on leave. The service made numerous attempts to contact the service user by phone and unscheduled home visits.

Patient 6 - followed up on Day 11

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.

Bedfordshire Wellbeing Service have recently published a promotional video which will be rolled out across GP surgeries, those without TV's will be provided with PowerPoint slides to promote the service.

ELFT have received a number of complaints from local residents in Luton who are neighbours to Ash and Willow Wards. ELFT are liaising closely with the neighbours and have erected higher fences for some residents, they are actively working with the local community.

The Quality team have carried out visits to Fountains Court and Biggleswade Older Peoples Team. In Biggleswade there is a locum consultant who had retired from her team in London and is now in Bedfordshire temporarily reviewing patients and treatment regimes. The consultant has found that some of the prescribing plans are not supported by clear treatment plans, this does not mean that the regime is not appropriate for the patient, just that the rationale is not clearly documented.

There is a regulated process for the appointment of NHS consultant staff with associated Department of Health Good Practice guidance.

Within ELFT, the appointment of temporary or 'locum' consultants is also carefully managed following lessons learnt from a serious incident involving a locum consultant; a Medical Director is required for any locum consultant appointments panel and all locum consultant appointments are reviewed at the bimonthly Medical Managers Meeting, chaired by the Chief Medical Officer.

Fountains Court have increased the training for all staff (previously only Qualified nurses) in the use of and interpretation of the NEWS (Observation early warning system) charts, a prompt has also been added to handover sheets to ensure that staff are communicating physical healthcare observations.

All Bedfordshire Crisis Teams have recently undergone a review and are now under one manager, with plans to standardise the referral process, and operational policies.

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 & D2A)	80%	81%	70%	60%	81%										70%
	2	% CHC assessments completed in acute setting for patients on hospital discharge pathway	< 15%	13%	0%	14%	9%										8%
Reviews	3	% of all reviews completed in the month.	80%	60%	87%	66%	96%										83%
Appeals & Disputes	4	Number of local panel appeal decisions that have been overturned at Independent Review Panel held by NHSE within the quarter		0	0	0	0										0
	5	Number of interagency disputes on eligibility within the quarter		0	0	1	0										1

CHC Quality Premium

The CHC department has seen an increase from 60% - 81% of cases completed within 28 days. The department is now using agency cover which has contributed to the improvement of all output.

The NHSE Funded Care report is showing 69.51% for Quarter 1 2018/19, Due to the time period of data which captures live activity there will always be a difference between that within the NHSE Quality Premium from the CHC report with the IPQR.

Reviews

Work has begun 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

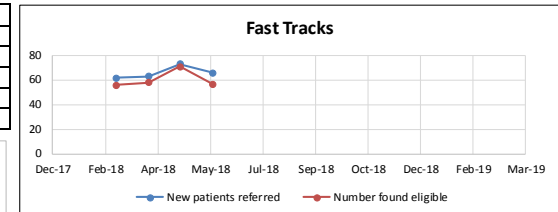
BCCG CHC department have not had a case overturned at NHSE independent review panel (IRP) for a number of years.
x1 Dispute with Luton Borough Council resolved in June.

Continuing Healthcare

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

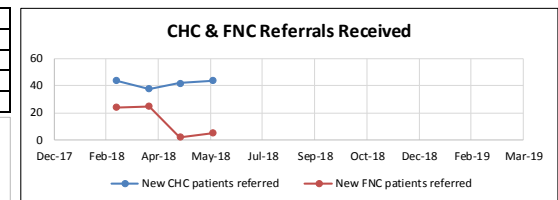
Fast tracks 2018/19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
New patients referred	62	63	73	66										202
Number found eligible	56	58	71	57										186
Number RIP / Withdrawn	6	5	1	6										12
Number not eligible	0	0	1	3										4
Fast track % conversion rate	90%	100%	99%	95%										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



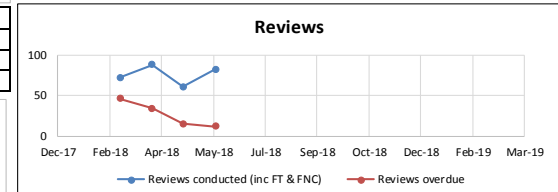
CHC & FNC referrals 2018/19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
New CHC patients referred	44	38	42	44										124
New FNC patients referred	24	25	2	5										32
Positive checklists	35	35	37	36										108
DST's found eligible	5	2	3	5										10

The CHC referrals remain stable, FNC has seen a drop in May & June.
As the revised Framework goes live in October 2018 we will work on continued training of when to checklist, we show a high rate of referral against eligibility which suggests a lack of knowledge when an assessment is appropriate



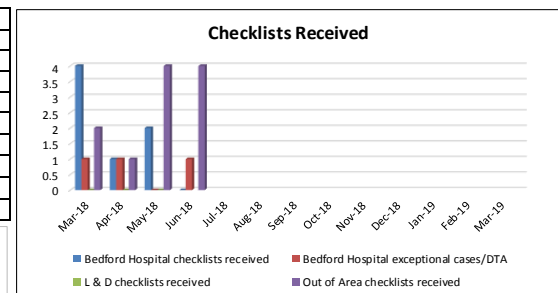
Reviews conducted 2018/19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
Reviews conducted (inc FT & FNC)	72	88	61	82										231
Reviews overdue	46	34	15	12										

Breakdown of reviews conducted for June 2018: 34 x CHC, 33 x FNC, 15 x Fast track.
Breakdown of overdue reviews: Mar 2018 x 1, April 2018 x 2, May 2018 x 6, June 2018 x 3.
Longest overdue = 140 days. Average number of days overdue = 85 days.
The department is in the process of changing working practices to ensure the reviews are within date. June has seen an increase in the number of reviews completed. Issues with processing remain which shows an inaccurate delay.



Acute referrals 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	2	0										3
Bedford Hospital exceptional cases/DTA	1	1	0	1										2
L & D checklists received	0	0	0	0										0
Milton Keynes Hospital	1	1	2	1										4
Out of Area checklists received	2	1	4	4										9
Total found eligible	0	0	2	1										3
Total not eligible / screened out	8	4	6	5										15
% found eligible	0%	0%	25%	17%										14%
% found not eligible	100%	100%	75%	83%										86%

Work continues across the CCG to develop D2A prior to winter pressure period



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 and over	No Target	70.2%	72.8%	71.3%	59.7%	73.5%	70.2%	Mar-17					
	Objective Narrative			Flu collections to begin again in October 2018										
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					
	Objective Narrative			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 (YTD)	90%	51%	89%	83%	67%	79%	71%	Jul-18					
	3.3 % Practice attendance at Members Forums	100%	45%	44%	67%	100%	71%	56%	May-18					
	3.4 Practice Assurance Visits (Latest Month)	70%	15%	33%	44%	0%	71%	31%	Jul-18					
	3.5 Cumulative Practice Visits (May-August)	100%	50%	44%	67%	0%	100%	56%	Jul-18					
	3.6 Locality Primary Care Home Development Plan Sign up	100%	100%	100%	100%	100%	100%	100%	Mar-17					
	3.7 Annual Review of Peer Review in Practices (during May-October)	100%	50%	44%	67%	0%	100%	56%	Jul-18					
	Objective Narrative			3.2: No Locality Board meetings in August 2018 3.3: March 2018 Members Forum postponed until May 2018										
Budgetary Management - Activity	4.1 Finance Activity Dashboard - Total A&E Attendances (per 1000 population)	Finance Activity Dashboard Monthly Plan	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	May-18	
	4.2 Finance Activity Dashboard - Total Emergency Admissions (per 1000 population)		26.98	27.70	24.97	27.77	20.78	23.00	21.70	24.66	19.01	21.30	23.84	25.65
	4.3 Finance Activity Dashboard - GP Initiated 1st OP Attendances (per 1000 population)		9.47	8.74	9.57	9.57	7.44	7.62	9.30	8.33	7.69	7.81	8.84	8.50
	4.4 Finance Activity Dashboard - Elective Admissions (per 1000 population)		18.09	17.59	16.28	14.98	21.48	19.67	21.93	20.51	19.82	22.31	19.06	18.46
	4.4 Finance Activity Dashboard - Elective Admissions (per 1000 population)		10.22	9.75	10.80	11.24	11.21	11.69	10.67	10.38	11.74	12.72	10.76	10.84
Objective Narrative														
Patient & Public Engagement	5.1 Number of locality Patient Network meetings per year - at least 4 a year (YTD)	4	2	2	1	2	2	9	Jul-18					
	5.2 Number of Healthier Living Seminars per year - at least 3 a year (YTD)	3	0	1	1	1	1	4	Jul-18					
	5.3 No. Patients attending Healthier Living Seminars (YTD)	No Target	0	66	31	40	72	295	May-18					
Objective Narrative			5.2: Healthier Living Seminars for 2018/19 started in May with hypertension. Remaining health seminars postponed due to GDPR and staff shortage issues											
Patient Experience	6.1 National GP Patient Survey - Average of 4 elements of access to Primary Care	Practices in national highest decile	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		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	70%	71%	61%	97%	82%	75%	May-18					
	6.5 Friends & Family Test - % not recommended		11%	29%	17%	1%	12%	11%	May-18					
	Objective Narrative			6.5: Practices identified as: Putnoe Medical Centre, Cauldwell Medical Centre, Queen's Park and De Parys Medical Centre 6.4 / 6.5: No data for Harrold, Pembley, London Road, Cater Street, Great Barford, Priony Medical, Clapham Road, Ashburnham Road, 12 Goldington Road and The Village Medical Centre 6.5: Practice identified as: Toddington Medical Centre 6.5: Practice identified as: Sandy Health Centre and Biggleswade Health Centre 6.5: Practice identified as: Bassett Road 6.5: Practice identified as: Flitwick Surgery 6.4 / 6.5: No data for Houghton Regis, Kirby Road and Caddington 6.4 / 6.5: No data for Greensands Potton and Shefford 6.4 / 6.5: No data for Salisbury House 6.4 / 6.5: No data for Cranfield										

Out of Hospital Programme



Bedfordshire

Clinical Commissioning Group

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

The Complex Care Team (CCT) weekend pilot extension is planned to go live from 1 September 2018. The service specification and contract variation are currently being agreed with the primary provider – ELFT. The go live date being achieved will be dependent on the CCT being able to recruit / reallocate sufficient resource in time. The OOH Programme Team are working closely with ELFT to ensure this timeframe is met and issues are resolved as they arise.

From 11 June 2018 the EIV pilot was extended with one vehicle. This pilot has had a successful impact, preventing a number of non-elective admissions to date. A second EIV is scheduled to go live from 1 September 2018. The service specification and contract variation are currently being confirmed with the providers ELFT and EEAST. The OOH are working with the providers to ensure the go live date is met.

The OOH are waiting on a review of the GP Offer run during March and April 2018. This is due in September 2018.

Trusted Assessors have been recruited and are operational at BHT and L&D to support all BCCG patients. Central Bedfordshire Council at BHT and L&D have completed 25 assessments and Bedford Borough Council at BHT have completed 48 assessments. All were completed within 24 hours of notification.

The Out of Hospital Programme team are currently developing initiatives to implement for each of the four patient cohorts identified. These will be targeted at reducing patients impact on acute services. The team are working closely with Primary Care colleagues to ensure HIU's are being reviewed in an MDT setting.

The OOH Team are working closely with colleagues at ELFT to confirm transformation priorities for year one and year two that form part of the Service Development Improvement Plan. A draft plan is currently with ELFT for review and approval.

Liaison Psychiatry – The existing liaison service currently operating 7 days a week, 9am – 12 midnight became Core 24 at the end of July 2018. This means that there will be liaison support in A&E and on the wards 24 hours a day, seven days a week. A multidisciplinary team consisting of nurses, a consultant, psychologist and a drug and alcohol worker will be on site offering assessments and brief interventions to people with mental health needs. In June there were 255 referrals into the service.

Primary care link workers – The 9 link workers are now operating out of every GP surgery in Bedfordshire, offering assessments and brief interventions for people experiencing mental health problems. This resource is supporting patients who would not normally access mental health services and has been well received by patients and GP's alike. In May, the service saw 478 patients across Bedfordshire.

The OOH Team continue to work with partner organisations on number of Enhanced Health in Care Homes (EHCH) initiatives to support Care, Nursing and Learning Development homes across Bedfordshire, including 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. The Red Bag scheme across Bedfordshire went live in May; responses to a partner survey issued by BCCG, are being collated for analysis at the end of August, to identify any areas for improvement or further training/support required.

Alternative options and models for a community geriatric service continue to be explored and worked through with partners. 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.

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, reporting 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.

Mitigating Actions

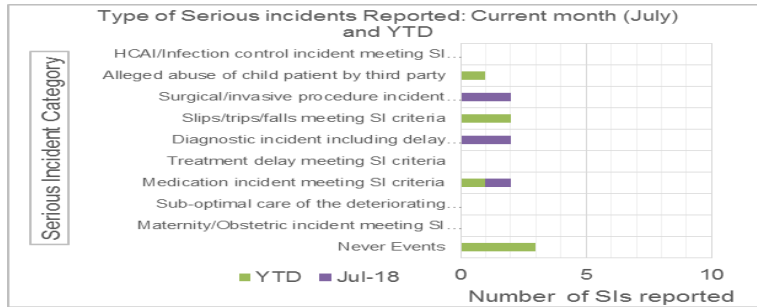
Working with providers to ensure focus on reducing admissions to hospital. Focusing on the High Intensity User Project to identify cohorts of people who are higher users.

Progress Update

- Bedford Borough has seen an 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.

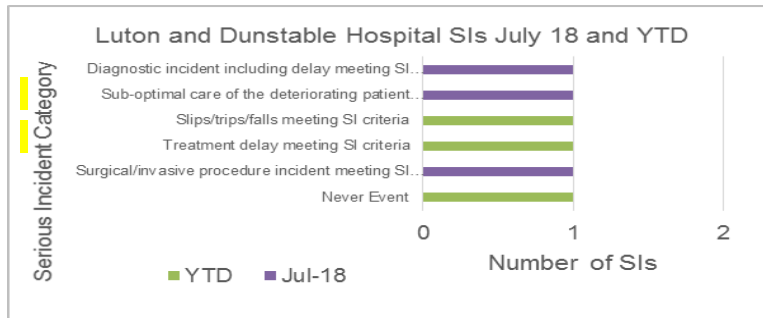
Serious Incidents

Bedford Hospital



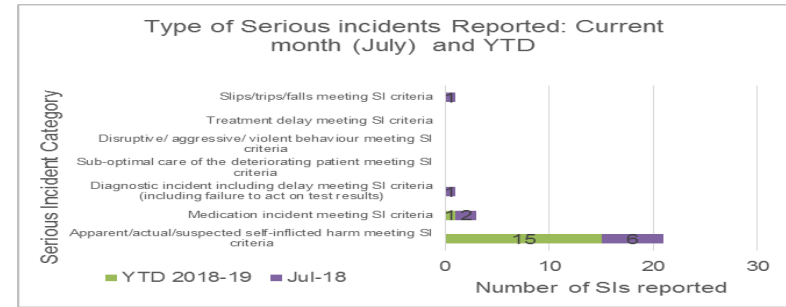
The Trust reported 5 Serious Incidents (SI) in July. No Never Events (NE) were reported in the month with a total of 3 NEs year to date. The Trust continues to update the CCG with the work of the Task and Finish Group and Theatres Safety Group and has provided a thematic review of the Never Events, which is under review with the CCG.

Luton & Dunstable Hospital



The Trust reported three serious incident for a Bedfordshire patients in July. No Never Events (NEs) were reported for Bedfordshire patients in July, with 1 NE year to date.

ELFT (Mental Health)



The Trust reported 10 SIs in July, with 6 relating to unexpected deaths. No Never Events were reported. The Trust are preparing a thematic analysis of unexpected deaths for 2017-18 to be presented at the Quarter 1 Quality meeting. A meeting with the ELFT Chief Medical Officer and Chief Nurse is scheduled to discuss recent reporting of SIs and planned future actions.

ELFT (Community Health Services)

1 SI was reported in July, the first from this new contract and related to sub-optical care of a wound.

Friends and Family Test

Bedford Hospital

Bedford Hospital	Apr-18		May-18		Jun-18	
	Response Rate	% Recommend	Response Rate	% Recommend	Response Rate	% Recommend
A&E FFT	20.33%	85.91%	19.86%	83.10%	18.92%	85.36%
Birth FFT	100.00%	96.92%	100.00%	91.94%	100.00%	97.96%
Inpatients FFT	29.10%	93.57%	30.06%	94.48%	30.22%	94.78%
Outpatient FFT	16.70%	93.24%	16.42%	93.41%	15.83%	93.42%

The Trust continue to have good response rates and acceptable % recommend rates. BHT monitor on a ward/service level and ensure targeted actions for any underperforming areas.

Luton & Dunstable

Luton & Dunstable	Apr-18		May-18		Jun-18	
	Response Rate	% Recommend	Response Rate	% Recommend	Response Rate	% Recommend
A&E FFT	2.68%	99.40%	5.38%	95.29%	22.65%	100.00%
Birth FFT	10.00%	83.34%	31.64%	95.62%	27.53%	90.83%
Inpatients FFT	31.09%	95.81%	33.44%	95.80%	35.64%	95.77%
Outpatient FFT	4.50%	94.18%	4.86%	96.92%	5.51%	95.20%

There has been a significant improvement in the A&E response rates following the issue of the Contract Performance Notice. This will continue to be monitored and discussed at the next Trust Quality Meeting.

ELFT (Mental Health)

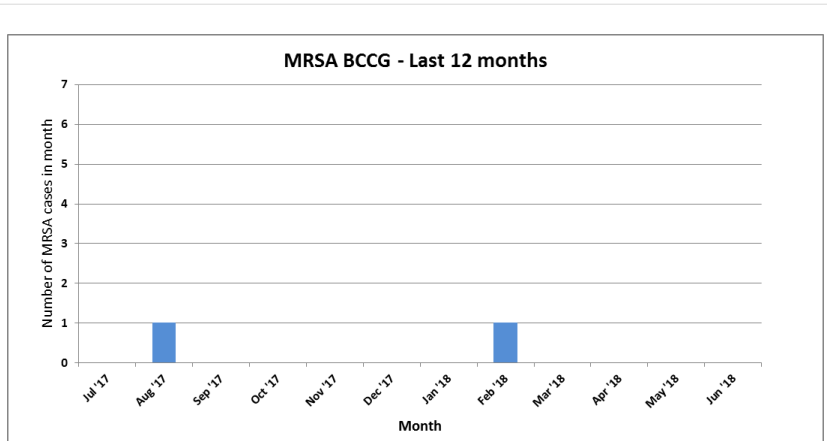
ELFT by Service Category	Apr-18		May-18		Jun-18	
	Total Responses	% Recommended	Total Responses	% Recommended	Total Responses	% Recommended
Acute Services	175	89.14%	111	85.59%	85	80.00%
Child & Adolescent Mental Health Services	158	90.51%	234	91.03%	189	86.77%
Mental Health Other	16	100.00%	13	84.62%	1*	
Primary Care	98	95.92%	64	96.88%	93	97.85%
Secondary Care Community Services	232	92.24%	236	91.10%	147	88.44%
Secure and Forensic Services	14	85.71%	2*		3*	
Specialist Services	63	87.30%	44	86.36%	47	95.74%

ELFT Mental health services performed above the national average for 2 out of the 3 months for Q1, in June 2018 there were fewer responses than the previous 2 months, which may have led to this slightly lower than average percentage of those who would recommend the service.

ELFT Community Services

ELFT by Service Category	Apr-18		May-18		Jun-18	
	Total Responses	% Recommended	Total Responses	% Recommended	Total Responses	% Recommended
Children & Family Services	60	78.33%	62	74.19%	17	94.12%
Community Healthcare Other	89	97.75%	56	94.64%	20	95.00%
Community Inpatient Services	13	76.92%	5	100.00%		
Community Nursing Services	109	90.83%	151	94.70%	63	98.41%
Rehabilitation & Therapy Services	59	96.61%	53	88.68%	17	88.24%
Specialist Services	2,677	99.96%	3,910	99.92%	3,594	100.00%

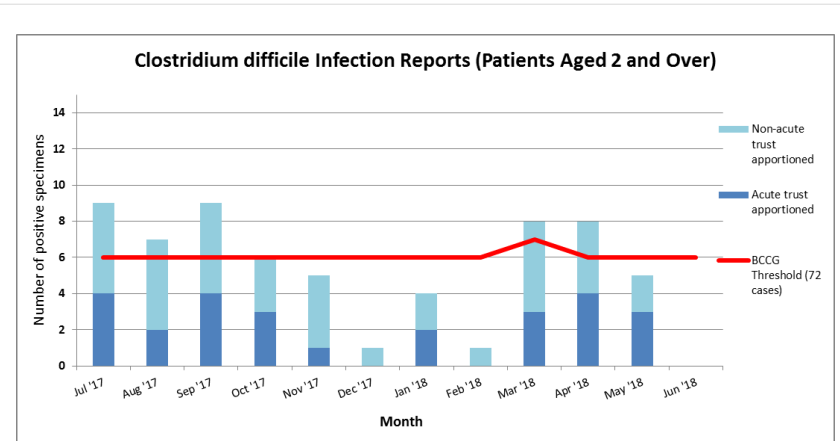
This is the first quarter that ELFT are reporting Community Figures since taking over the contract in April 2018. It is not possible to breakdown the services into Locality, however, patient experience forms part of the overall contact and will be monitored locally in different formats over the coming years.



MRSA

The CCG has had zero cases of MRSA bacteraemia in June 2018, with zero cases year to date.

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 June 2018 there were zero cases of C-diff for BCCG. This gives a year to date total to 13 cases which is 5 cases below 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 lowest with 2.90 cases per 100,000 population to June 2018. This is below the England total for the year to June 2018.

Bedford Hospital have a year end threshold of 9 cases for April 2018 – March 2019. BHT had zero hospital apportioned cases in June 2018 with a total of 2 cases year to date.

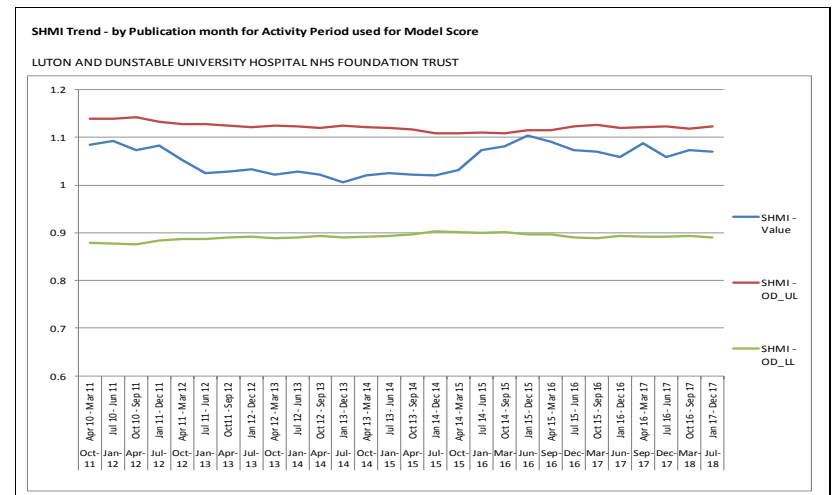
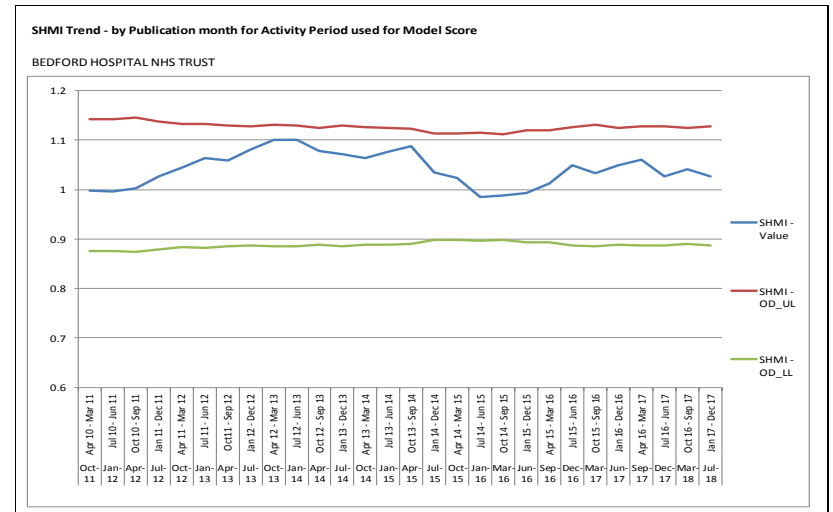
Luton & Dunstable Hospital have a year end threshold of 5 cases for April 2018 – March 2019 and have had zero hospital apportioned cases in June 2018, with a year to date total of 1 case.

Mortality Rates

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 January 17 – December 17 shows the CCG top 6 Acute providers all are ‘as expected’ apart from Cambridge University Hospitals NHS Foundation Trust who remain lower than expected, although this is on an upward trajectory and is closer to the lower than expected range. Cambridgeshire & Peterborough CCG have no concerns regarding their reporting.



Adult Safeguarding

A Domestic Homicide Review (DHR) is in progress. The panel is due to have a first meeting in September 2018.

Children Safeguarding

There are 3 active Serious Case Reviews for Bedford Borough with a possible two further cases with decision pending.

Child Death Overview Panel (CDOP)

There have been 9 child deaths in Bedfordshire in June 2018.

Bedford Borough

3 expected deaths
2 unexpected deaths

Central Bedfordshire

1 unexpected death
3 expected deaths

The children were aged between minutes old and 16 years. 5 were Male and 4 were Female. 3 of the deaths were of children in Ampthill Ward and 3 were in Wilhamstead ward.

No cases have been deemed as suspicious.
No cases taken to the Local Safeguarding Children Boards for consideration for a Serious Case Review.

Complaints and Freedom of Information Requests

2018/19 – 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 302 complaints, concerns and enquiries for Q1, 13 of which were CCG complaints relating to funding and commissioning issues. We appreciate that we are not always in a position to share good news, but we always aim to be open and honest in our communication and clearly explain the rationale behind any changes to commissioning and funding arrangements. Particular areas raised for Q1:

Medicines Management:

- Access to Freestyle Libre glucose monitoring
- Access to over the counter medicines on prescription
- Access to branded medication
- Changes to repeat prescription process

Individual Funding Requests:

- Delays in IFR decisions (South, Central and West Commissioning Support Unit provide the IFR service for the CCG)
- Decision appeals (process explained)

Continuing Healthcare Funding (CHC):

- Arden & GEM processing delays (Arden & GEM provide the CHC Retrospective review service for the CCG)
- Funding disputes

Commissioning and Funding:

- Withdrawal of funding from daycare hospice (funding temporarily extended)
- Access to ear syringing service
- Children's services – accessing treatment for ADHD

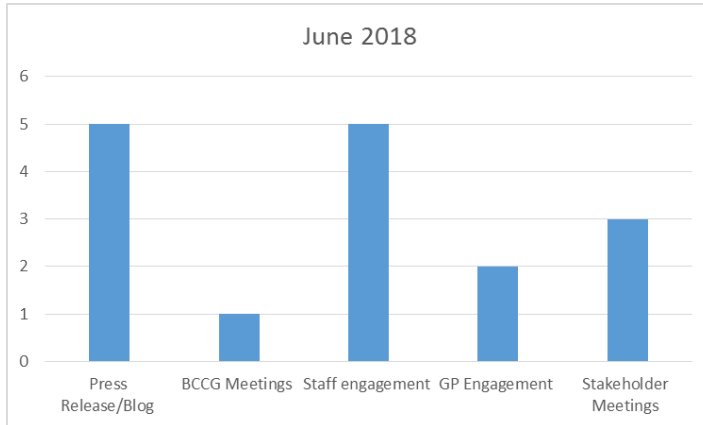
33 were provider complaints which were signposted to the relevant organisation where this was appropriate to do so. Bedfordshire CCG contract leads have regular quality meetings with provider organisations during which complaints and concerns are discussed to ensure service improvement.

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 Q1 18/19 there was 1 response extension of 1 day and the complainant was informed. This was due to the delay in receiving the internal response.

Freedom of Information Requests (FOIs)

A total of 64 FOI requests were received for Q1 18/19, 58 responses were issued for Q1 and there was 1 case that breached the 20 working day statutory response timescale (1.724%). The introduction of a new internal response and escalation process has ensured that FOIs are responded to within the statutory timescale. This process is kept under review and contingency plans are in place to prevent further similar breaches

Patient Engagement



Press Releases

In the month of June, BCCG published 5 press releases. All were part of the collection to celebrate the 70th birthday of the NHS:

- Running inspires Bedford GP who helps others get fit and fight loneliness
- Antibiotics at the start of the NHS saved my life
- Excellent care from the NHS, right to the end
- Love blossomed in the NHS for Trevor and Pat
- Excellent care for a broken back

BCCG Meetings

BCCG's Patient and Public Engagement Committee was held in the month of June.

Staff Engagement

In June, BCCG held a staff meeting where staff has the opportunity to receive an organisational update from the Accountable Officer and Directors.

Four staff newsletters were released to update staff with information.

GP Engagement

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

Stakeholder Meetings

BCCG took part in one stakeholder meetings during the month of June when attending the Central Bedfordshire Overview and Scrutiny Meeting. Plans for Bedfordshire's Urgent Treatment Centre and GP extended access were discussed with the Committee.

Patient Engagement

Social Media

Website

2,968 people viewed the BCCG website in June 2018. Between them, they visited 10,410 pages. The most popular news story was the press release: Running inspires Bedford GP who helps others get fit and fight loneliness with 220 views.

Twitter

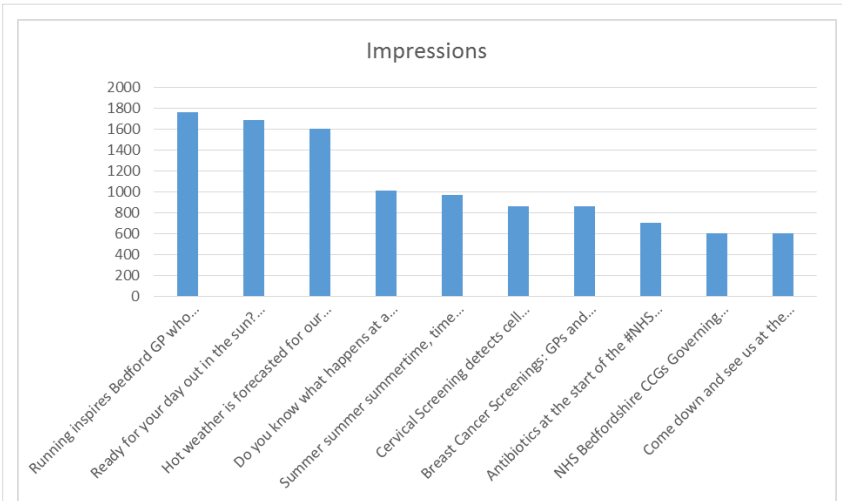
In June 2018, BCCG sent out 11 tweets. This translated into 1,604K impressions. BCCG also achieved 363 profile visits, 61 mentions and 16 new followers.

Top Tweet earned 1,604 impressions

'Running inspires Bedford GP who helps others get fit and fight loneliness'

Top media Tweet earned 1,492 impressions

'Hot weather is forecast for our region this week. So keep hydrated by drinking plenty of water. #Staywell



Facebook:

Facebook post reached 1,988 people

Received 13 page 'likes'

Current BCCG Facebook page 'likes': 591

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		

Integrated Performance & Quality Report - Provider

August 2018

Performance Headlines

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Constitutional & Additional Quality Measures

Trust Performance for BCCG Patients														
KPI Code	Indicator	Reporting Period	Reporting Period	Threshold	BCCG	Trajectory	BHT	L&D	ENH	MK	Bucks	Camb	ELFT	EAST
E.B.3	RTT Incomplete <18 weeks	Monthly	Jun-18	92%	90.74%	↓	91.66%	91.41%	N/A	85.38%	89.17%	87.18%		
E.B.S.4.iii	RTT Incomplete >52+ wks	Monthly	Jun-18	0	5	↑	0	0	N/A	2	0	0		
E.B.4	Diagnostic Tests <6 weeks	Monthly	Jun-18	99%	97.40%	↓	99.44%	98.97%	N/A	99.28%	100.00%	98.83%		
E.B.6-E.B.13	Cancer Standards (8)	Monthly	Q1 18/19	Standards Met	6/8	↓	N/A	N/A	N/A	N/A	N/A	N/A		
E.B.15	Mean Ambulance Category 1 calls response time (minutes) - BCCG Patients	Monthly	Jun-18	7:00	7:40	↑	N/A	N/A	N/A	N/A	N/A	N/A		8:42
E.B.15.ii	Mean Ambulance Category 2 calls response time (minutes) - BCCG Patients	Monthly	Jun-18	18:00	28:16	↓	N/A	N/A	N/A	N/A	N/A	N/A		26:14
E.B.16	90th Centile Ambulance Category 3 calls response time (minutes) - BCCG Patients	Monthly	Jun-18	120:00	166:56	↓	N/A	N/A	N/A	N/A	N/A	N/A		205:19
E.B.16	90th Centile Ambulance Category 4 calls response time (minutes) - BCCG Patients	Monthly	Jun-18	180:00	191:58	↓	N/A	N/A	N/A	N/A	N/A	N/A		242:53
E.B.5	A&E 4 hour wait	Monthly	Jun-18	95%	92.31%	↓	89.85%	98.58%	86.85%	91.60%	91.08%	87.31%		
E.B.S.2	Cancelled Ops not rebooked in 28 days	Quarterly	Q1 18/19	0	1	↑	0	0	0	1	0	0		
E.B.S.1	Mixed Sex Accommodation Breaches	Monthly	Jun-18	0	11	↔	9	0	0	0	0	0	0	
E.A.S.4	MRSA	Year to Date	Jun-18	0	0	↔	0	0	0	0	0	0	0	
E.A.S.5	C Diff	Year to Date	Jun-18	6	0	↑	2	0	2	0	0	1	0	
AQ.8	VTE Risk Assessment (Trust Wide)	Quarterly	Q4 17/18	95%			97.71%	95.44%	N/A	78.30%	96.70%	96.74%		
E.A.3	IAPT Access Rate	Year to Date	Apr-18	15.45% year end	1.38%	↓								1.38%
E.A.S.2	IAPT Recovery Rate	Monthly	Apr-18	50%	52.17%	↑								52.17%
E.H.1_A1	IAPT treatment <6 wks	Monthly	Apr-18	75%	100.00%	↔								100.00%
E.H.1_A2	IAPT treatment <18 wks	Monthly	Apr-18	95%	100.00%	↔								100.00%
E.H.4	Psychosis treated with a NICE approved care package within two weeks of referral	Monthly	Jun-18	53%	83.33%	↑								
E.B.S.3	CPA 7 day follow up	Quarterly	Q1 18/19	95%	94.47%	↑								
E.A.S.1	Dementia Diagnosis Rate	Year to Date	Jun-18	62.9%	58.83%	↑								

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%	Q1 18/19	N/A	N/A		95.27%	95.27%	↑
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Q1 18/19	N/A	N/A		95.04%	95.04%	↑
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Q1 18/19	N/A	N/A		96.59%	96.59%	↑
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Q1 18/19	N/A	N/A		100.00%	100.00%	↑
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Q1 18/19	N/A	N/A		100.00%	100.00%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Q1 18/19	N/A	N/A		100.00%	100.00%	↔
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Q1 18/19	N/A	N/A		73.77%	73.77%	↓
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Q1 18/19	N/A	N/A		90.70%	90.70%	↑
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Jun-18	91.66%	91.94%	↓	89.22%	89.35%	↓
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Jun-18	0	0	↔	0	0	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Jun-18	99.44%	99.42%	↑	99.45%	99.43%	↑
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Jun-18	N/A	N/A		89.85%	91.09%	↓
E.B.S.1	Mixed-sex accommodation breaches	0	Jun-18	9	19	↑	9	20	↑
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q1 18/19	0	0	↔	13	13	↓
E.B.S.6	Urgent Operations cancelled for a second time	0	Jun-18	0	0	↔	0	0	↔

A&E 4 hour wait – A&E 4 hour performance which is a slight deterioration on May. 6,722 attendances exceeded the A&E activity plan by 377.

18 Weeks RTT – Performance deteriorated to 89.22% in June. Trajectory for compliance targeted for Q3.

Cancer – 62 day first treatment following an urgent GP appointment underachieved at 73.77% (threshold 85%). Urology is the specialty under most significant pressure. Action plan in place for compliance.

Inpatient & Outpatient discharge letters – A Contract Performance Notice has been issued and raised again at the latest Contract Meeting. An IT solution is awaited. in the meantime, this is being monitored and other local actions implemented.

A&E and AAU discharge summaries - A Contract Performance Notice has been issued and raised again at the latest Contract Meeting. An IT solution is awaited. in the meantime, this is being monitored and other local actions implemented.

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%	Q1 18/19	N/A	N/A		96.37%	96.37%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Q1 18/19	N/A	N/A		93.75%	93.75%	↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Q1 18/19	N/A	N/A		100.00%	100.00%	↔
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Q1 18/19	N/A	N/A		100.00%	100.00%	↔
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Q1 18/19	N/A	N/A		100.00%	100.00%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Q1 18/19	N/A	N/A		NP	NP	
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Q1 18/19	N/A	N/A		89.61%	89.61%	↑
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Q1 18/19	N/A	N/A		95.58%	95.58%	↓
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Jun-18	91.41%	91.77%	↓	90.38%	90.61%	↓
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Jun-18	0	0	↔	0	0	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Jun-18	98.97%	98.94%	↓	99.19%	99.13%	↑
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Jun-18	N/A	N/A		98.58%	98.53%	↑
E.B.S.1	Mixed-sex accommodation breaches	0	Jun-18	0	0	↔	0	2	↔
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q1 18/19	0	0	↑	1	1	↑
E.B.S.6	Urgent Operations cancelled for a second time	0	Jun-18	0	0	↔	0	0	↔

Contract Performance Notice - Two contract performance notices are currently open. One is around Friends and Family Test and the other around discharge summaries. The Trust is working towards an agreed action plan.

18 Weeks RTT – June performance has seen a deterioration to 90.38%. Achievement of the standard was expected in July 2018 however the Trust have advised that there is a risk they will no longer be compliant by the end of July. As a result of this, the trust have been asked to submit a revised trajectory

Performance against NHS Constitutional Pledges & other quality indicators				East & North Herts					
KPI Code	Indicator	Plan	Reporting Period	BCCG Patients			Trust Wide		
				Latest Data	YTD*	Trend	Latest Data	YTD*	Trend
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	Q1 18/19	N/A	N/A		90.96%	90.96%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Q1 18/19	N/A	N/A		89.83%	89.83%	↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Q1 18/19	N/A	N/A		94.57%	94.57%	↓
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Q1 18/19	N/A	N/A		84.62%	84.62%	↓
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Q1 18/19	N/A	N/A		98.97%	98.97%	↑
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Q1 18/19	N/A	N/A		91.12%	91.12%	↓
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Q1 18/19	N/A	N/A		69.32%	69.32%	↓
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Q1 18/19	N/A	N/A		77.36%	77.36%	↓
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Jun-18	N/A	N/A		N/A	N/A	
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Jun-18	N/A	N/A		N/A	N/A	
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Jun-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%	Jun-18	N/A	N/A		86.85%	87.42%	↓
E.B.S.1	Mixed-sex accommodation breaches	0	Jun-18	0	1	↔	0	6	↑
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q1 18/19	0	0	↑	14	14	↑
E.B.S.6	Urgent Operations cancelled for a second time	0	Jun-18	0	0	↔	0	0	↔

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) and this remains on track.

Open Cancer Contract Performance Notice – A revised action plan has been submitted to the host commissioner.

CQC inspected nine of the core services provided by East and North Hertfordshire NHS trust across Lister Hospital, the Queen Elizabeth II (QEII) Hospital and Mount Vernon Cancer Centre, between 20 and 22 March 2018. They returned on 2 April 2018 for an unannounced, follow-up inspection of the surgery core service at Lister Hospital. The overall rating of the trust rating stayed the same, as requires improvement.

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			BCCG Patients			Trust Wide		
				Latest Data	YTD*	Trend	Latest Data	YTD*	Trend	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%	Q1 18/19	N/A	N/A		97.76%	97.76%	↑	N/A	N/A		93.85%	93.85%	↓	N/A	N/A		88.02%	88.02%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Q1 18/19	N/A	N/A		97.81%	97.81%	↑	N/A	N/A		84.95%	84.95%	↓	N/A	N/A		95.07%	95.07%	↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Q1 18/19	N/A	N/A		99.67%	99.67%	↑	N/A	N/A		97.78%	97.78%	↑	N/A	N/A		97.73%	97.73%	↑
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Q1 18/19	N/A	N/A		93.75%	93.75%	↓	N/A	N/A		84.85%	84.85%	↓	N/A	N/A		95.91%	95.91%	↑
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Q1 18/19	N/A	N/A		100.00%	100.00%	↔	N/A	N/A		100.00%	100.00%	↑	N/A	N/A		99.31%	99.31%	↑
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Q1 18/19	N/A	N/A		100.00%	100.00%	↔	N/A	N/A		NP	NP		N/A	N/A		97.82%	97.82%	↓
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Q1 18/19	N/A	N/A		82.79%	82.79%	↓	N/A	N/A		78.63%	78.63%	↓	N/A	N/A		79.11%	79.11%	↓
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Q1 18/19	N/A	N/A		94.34%	94.34%	↑	N/A	N/A		78.05%	78.05%	↓	N/A	N/A		82.31%	82.31%	↑
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Jun-18	85.38%	85.56%	↑	85.55%	84.58%	↑	89.17%	88.26%	↑	90.21%	90.09%	↑	87.18%	87.44%	↓	89.94%	89.78%	↓
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Jun-18	2	6	↑	26	70	↓	0	0	↔	0	0	↔	0	0	↔	4	10	↓
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Jun-18	99.28%	98.13%	↑	98.78%	98.57%	↓	100.00%	100.00%	↔	99.24%	99.50%	↑	98.83%	98.24%	↑	99.55%	97.91%	↑
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Jun-18	N/A	N/A		91.60%	94.01%	↓	N/A	N/A		91.08%	88.73%	↑	N/A	N/A		87.31%	88.52%	↓
E.B.S.1	Mixed-sex accommodation breaches	0	Jun-18	0	0	↔	0	0	↔	0	0	↔	0	0	↔	0	0	↔	2	6	↑
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q1 18/19	1	1	↔	32	32	↑	0	0	↔	0	0	↑	0	0	↑	26	26	↑
E.B.S.6	Urgent Operations cancelled for a second time	0	Jun-18	0	0	↔	0	0	↔	0	0	↔	0	0	↔	0	0	↔	0	0	↔

East London Foundation Trust (Mental Health)

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%	91.55%	93.98%	93.07%													93.07%
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 (All ages)	53%	55.56%	71.43%	83.33%	68.18%													68.18%
All adult inpatient admissions to have been gate kept by crisis resolution/ home treatment team immediately prior to admission	95%	100.00%	100.00%	100.00%	100.00%													100.0%
Patients on CPA who have had a formal review within the last 12 months	95%	98.60%	95.87%	95.95%	95.95%													95.95%
% of placed out of area patients with a named coordinator	100%	100.00%	100.00%	100.00%	100.00%													100.00%
SPOA Emergency referrals received and attended to within 24 hours	100%	95.50%	100.00%	100.00%	98.33%													98.33%
% of CYP ED cases that start treatment within 4 weeks of referral	75%	Quarterly			94.12%	Quarterly			Quarterly			Quarterly			94.12%			
% of CYP urgent ED cases that start treatment within 7 days of referral	67%	Quarterly			100.0%	Quarterly			Quarterly			Quarterly			100.0%			

% 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 June 2018 there were 5 breaches of the 7 day follow up standard. All breaches were non-CPA patients.

- Patient 1 - Several attempts were made to make contact by phone and a successful unannounced home visit was carried out on day 35.
- Patient 2 - The service user was discharged on 8 June, several attempts were made to call and contact was successfully made on day 12.
- Patient 3 - Service user was discharged on 6 June, several attempts were made to contact him by both the ward and local CMHT, an unannounced home visit was successful on day 22.
- Patient 4 - Service user discharged on 26 June, follow up call made successfully on day 10 however the service user had been in receipt of DBT groups in the seven days following her discharge.
- Patient 5 - The service user left the area at discharge. Follow up carried out on day 34.

East London Foundation Trust (Community Health Services)

Operational Standards	Threshold 2018/19	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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%	97.56%	95.79%									
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral (non-consultant)	92%	97.24%	96.39%	95.36%									
Percentage of stroke survivors who are supported by a rehabilitation team (6-8 weeks)	100%	100.00%	100.00%	100.00%									
Percentage of Outpatient letters sent to the GP following Speech and Language first outpatient attendance within 5 operational days.	95%	98.00%	98.90%	97.00%									
Percentage of Outpatient letters sent to the GP following Speech and Language final outpatient attendance within 5 operational days.	95%	97.52%	100.0%	94.90%									
Percentage of carers identified and offered a referral for a carers assessment	90%	100.00%	95.00%	92.00%									
Percentage of patients who expressed a preference for place of death as part of Advanced Care Plan who died in their place of preference	95%	94.59%	86.49%	83.33%									
Percentage of palliative care patients with an Advanced Care Plan	95%	83.33%	100.00%	94.74%									
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%	100.00%	84.21%									
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%	88.46%	90.48%									
Percentage of children who receive their wheelchair within 18 weeks	92%	80.00%	82.35%	72.70%									

The community contract has now moved from Essex Partnership University Trust to East London Foundation Trust following a successful procurement exercise. The CCG are working closely with ELFT to establish Transformation Groups and reporting timeframes to ensure the outcomes of the contract are defined and subsequently achieved.

Advance Care Plans - Reason for dying outside preferred place of death which have been reviewed and deemed as valid clinical reasons for the patient not dying in the place of choice identified within their Advance Care Plans: 3 X Acute admissions, 1 X no bed available at hospice, 1 X transferred to hospital to nursing home, 1 X care could not be supported at home.

Looked after Children (LAC) Initial Health Assessment waiting times – There were three Initial Health Assessments (IHA) breaches in June all due to late referrals from Local Authorities - LAC Health took a proactive approach to support induction and training for the Local Authority new starters. Assurance given by both Local Authorities that in-house issues have now been resolved.

Wheelchairs - In June, there were a total 3 from 11 children who breached the 18 week threshold. On-going capacity issue for Paediatricians and long term sickness absence in specialist nursing has led to the increase in wait times. These waiters should be cleared by August. A review of wheelchair Services is taking place from June to look at contracting arrangements. Outcome of review will be shared with the CCG in September.

East London Foundation Trust (Community)

ELFT Community are currently putting together transformation plans for implementation of the new community contract.

Delays in both adult and children speech and language services are mainly due to recruitment issues. ELFT are actively monitoring the lists and ensuring that all referrals are triaged and those with highest clinical need seen as a priority. Agency staff have been recruited where possible, and adverts for permanent staff have been recirculated. Speech and language therapists nationally are in short supply, ELFT have plans to review and redesign the service to identify if any changes can be implemented to streamline the referral pathways.

Some looked after children continue to be seen outside timeframes (two reviews for May). These have been discussed with the local authority, BCCG and ELFT at the monthly exception meeting, local authority will remind foster carers of importance of taking children to health reviews within agreed timescales.

Cambridge Community Services



Bedfordshire
Clinical Commissioning Group

Com	Operational Standards	Threshold 2018/19	Measure	Apr	May	Jun/Q1	Jul	Aug	Sep/Q2	Oct	Nov	Dec/Q3	Jan	Feb	Mar/Q4
LCCG & BCCG	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral (Consultant led)	92%	%	89.00%	78.98%	74.57%									
	Percentage of Service Users waiting less than 6 weeks from Referral for a diagnostic test	99%	%	84.70%	76.70%	76.9%									
All	Number of failures to notify the relevant person of an incident that resulted in severe harm or death - Duty of Candour	0	Number	0	0	0									
BCCG	Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	Number	0	0	0									
All	All children between the ages of 0-4 seen by CCS staff have their eligibility for Healthy Start Vitamins determined and a voucher form provided if they are not on the programme	50%	%	88.40%	91.30%	92.70%									
LCCG & BCCG	Percentage of non-admitted service users starting treatment within a maximum of 18 weeks from referral – non consultant led	98%	%	100.00%	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%	%	98.60%	98.80%	98.70%									
LCCG & BCCG	Percentage of GP letters following 1st outpatient (community paediatric) attendance sent within 5 working days.	90%	%	66.67%	47.10%	68.42%									
LCCG & BCCG	Percentage of follow-up reports sent (6 weeks in arrears)	95%	%	92.31%	90.91%	92.94%									
All	All complaints to be reviewed and acted upon in line with Department of Health requirements	100%	Number	4 (100%)	3 (100%)	3 (100%)									
All	No service user will acquire an MRSA Bacteraemia	0	Number	0	0	0									
All	No service user will acquire a Clostridium Difficile infection	0	Number	0	0	0									
All	Final reports and action plans for all serious incidents will be submitted within 60 operational days	100%	%	100.00%	100.00%	100.00%									
All	Serious incidents will be reported within 2 working days of identification via STEIS	100%	%	100.00%	100.00%	100.00%									
All	All serious incident action plans are implemented and completed	100%	%	100.00%	100.00%	100.00%									
All	All outbreaks to be reported as a serious incident if significant disruption to service	100%	%	100.00%	100.00%	100.00%									
All	The inquest dates for all relevant serious incidents will be reported to the commissioner within 2 working days of being notified	100%	%	100.00%	100.00%	100.00%									
All	Inquest verdicts for all relevant serious incidents must be reported to the commissioner within 2 working days of the inquest	100%	%	100.00%	100.00%	100.00%									
All	National Safety Alerts actioned within identified time scales	100%	%	100.00%	100.00%	100.00%									
All	Provider will report any regulatory notices or interventions to the Commissioner, CQC, HSE, Monitor within 2 working days	100%	%	100.00%	100.00%	100.00%									
All	Provider will report to commissioner any CQC or HSE compliance actions	100%	%	100.00%	100.00%	100.00%									
All	Provider to respond, via an action plan if required, following a Quality Visit Report from the CCG within 10 day of receipt of the report or an alternative agreed timeframe	100%	%	100.00%	100.00%	100.00%									

RTT 18 Weeks – For BCCG patients in June there were 177 patients waiting of which 45 patients have waited in excess of 18 weeks giving performance of 74.57%.

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 performance is expected to improve during Q2 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.

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		