



Agenda item: 13.0

<p>Governing Body Meeting <i>held in public</i></p>	<p>Report Date of Meeting: 8 November 2018</p>
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Report Title	Integrated Performance and Quality Report		
Report Author	Presented By	Responsible Director	
Carol Davies – Head of Performance	Anne Murray – Director of Nursing and Quality	Anne Murray Signature:	
	Jane Meggitt – Programme Director for Planned and Unplanned Care Commissioning	Jane Meggitt Signature:	
Purpose for presenting report	The report provides an update on the CCGs performance and quality of services. A verbal update on the latest performance data will be provided at the meeting.		
Action Required:	For decision /For approval /For discussion /To give assurance /For information only		
Approval Route:	Finance and Performance Committee – 24/10/18 Integrated Commissioning and Quality Committee – 24/10/18		
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 5 (August). 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

Month 7 2018/19 October 2018

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Introduction and Executive Summary

Introduction

This report details the key messages about Bedfordshire Clinical Commissioning Group's achievement against the NHS Constitution and Quality Standards, CCG Improvement and Assessment Framework, Quality Premium and activity against the Nationally mandated activity plans. Information within this report covers the financial year 2018/19. Key points of note are detailed in the Executive Summary and actions and next steps to mitigate any performance concerns are detailed in the relevant section of the report.

Executive Summary

Quality Premium 2018/19

Emergency Demand Management Indicators – underachieving giving a £0 against the potential £1,821,815.

Quality Indicators – current value forecast £169,079 however there is a 50% reduction due to the underachievement against the Constitutional Gateway – Cancer 62 day following an urgent GP Referrals which gives a forecast value of £84,540.

Improvement and Assessment Framework

The CCG continues to be rated as Requires Improvement (2017/18). The Q4 2017/18 dashboard is included within the report.

Clinical Priorities Areas

- Mental Health – Requires Improvement (2016/17)
- Dementia – Requires Improvement (2016/17)
- Learning Disability – No ratings published
- Cancer – Maintained the 'Good' rating in 2017/18
- Diabetes – Requires Improvement (2016/17)
- Maternity – Requires Improvement (2017/18) this indicator was not rated for 2016/17

Executive Summary

Key Performance Standards

- **Cancer – 31 day subsequent treatment for radiotherapy:** There were 75 patients treated of which 5 patients breached the threshold. All 5 breaches were at Cambridge. 4 of the breaches were patient choice and 1 was due to medical reasons.
- **Cancer – 62 day 1st treatment following an urgent GP referral:** There were 140 patients treated of which 34 patients breached the threshold of which 19.5 of the breaches were at Bedford Hospital. Of the 34 breaches 17 were in Urology and this is not isolated to Bedfordshire and has been seen right across the country. The urology consultant at Bedford has agreed to develop guidelines for primary care. Once agreed by the project group the guidelines will be shared with CCG Clinical Reference Group for approval.
- **Ambulance Response Programme Indicators:** The ambulance trust are working towards achieving these new standards by Q1 2019/20. The main focus is achieving the Category 1 – life threatening response times and the Trust are recruiting paramedics and expanding the fleet of double staffed ambulances. The volume of calls under Category 2 - Emergency responses continues and the Trust are working with the national team to address the severity type of calls which are group under C2. An internal C2 improvement plan has been developed.
- **CPA – 7 day follow up following psychiatric inpatient care (Quarter 1) –** 6 CPA breaches reported however ELFT have confirmed that 3 were not genuine breaches, these were recording errors and the remaining 3 patients were followed up on Days 8, 9 and 11. Latest data to August is showing 2 CPA breaches.
- **18 Weeks – Referral to Treatment – Incomplete Pathway –** continued focus on reducing the number of patients with an open clock to deliver the national requirement of an improvement on the waiting list size of March 2019. Both Bedford Hospital and Luton & Dunstable have provided assurance around delivery of the 92% standard. There were 3 52+ breaches in August of which 2 patients are confirmed as having been treated. Clinical harm reviews have been requested for these extended waits.
- **Diagnostic tests within 6 weeks:** main issue has been paediatric audiology at Cambridge Community Services. Revised actions plan and trajectory provided for recovery by Mid October.

Executive Summary

- **A&E 4 hour wait:** this continues to be challenging and a Winter Summit took place on 27th July where an action plan was developed and is being monitored by the Bedfordshire's System Resilience Group. Urgent Treatment Centre opened on the 1st of October with the aim of diverting patients away from A&E.
- **Mixed Sex Accommodation breaches:** There has been a rise in the number of reported breaches and these are primarily at Bedford Hospital. The Trust has reported that all breaches to date have occurred in the critical care unit and are 'unjustified' in line with national reporting guidance. These breaches have been discussed with the Trust who have confirmed that they occurred because there has not been an appropriate bed (as determined by clinical need) into which to discharge the patient. The Trust has also confirmed that Root Cause Analysis has been completed for all breaches in line with current processes.
- **Cancelled operations on or after day of admission not offered another date within 28 days:** 15 breaches in Q1 primarily at Bedford Hospital due to capacity.
- **Dementia Diagnosis:** This indicator continues to be extremely challenging and a task and finish group has been established to look at the barriers to progress so far and consider actions to either overcome them or refocus efforts in a different direction. CHC cases are one area that has been identified and is currently being pursued.
- **MRSA** - The CCG had 1 case of MRSA bacteraemia in August and year to date. This case is apportioned to Luton and Dunstable Hospital. A full review has been undertaken which has identified that the MRSA protocol for screening was not followed in this case. It has therefore been declared as a serious incident and a final report is pending.
- **C.Difficile** - In August 2018 there were 10 cases of C-diff for BCCG giving a year to date total to 29 cases (1 case below the year to date threshold against the year end threshold of 72. Out of the 20 CCGs in the East of England, BCCG is second lowest with 6.48 cases per 100,000 population and is below the England total for the year to August 2018.

IAPT Data Reporting

NHS Digital have written to ELFT and the CCG apologising for reporting errors in the national data which was caused through the unsuccessful upload of the May activity due to a provider coding issues. NHS Digital have confirmed that this data issue cannot be rectified for 2018/19 and will have an impact on the nationally reported data sets for access rates in May 2018 and waiting and recovery times for the next few months. ELFT continue to provide local datasets which are reflected in this report.

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)	£84,540	
Additions	(Eligible QP funding)	£169,079
Deductions	(from Eligible QP funding)	£84,540

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 July 2018 survey result (66.21%)	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 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 10% - 14.99% reduction = 20% of weighting - 15% - 19.99% reduction - 25% of weighting - 20%+ reduction = 30% of weighting	5.1% assuming 30%	£30,150	
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 Tremethoprim 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 of 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	£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	-£84,540	

Plan	Latest Data	Reporting Period	YTD	Trend
133710	10880	Aug-18	56730	↑
18212	1286	Aug-18	6662	↑
33408	2711	Aug-18	13827	↑
>=60%	0.0%	2017		
69.21%		Awaiting publication of results in July 2019		
>=80%	69.51%	Q1 18/19		↑
<15%	7.79%	Q1 18/19		↓
47.55%	41.67%	Q1 18/19	42.45%	↓
68.00%	37.90%	Q1 18/19	35.51%	↑
174 - 30% 211 - 15% 223 - 10%	35	Aug-18	140	↓
Assuming 100% in Q2 18/19 & 50 & in Q3		Awaiting confirmation of measurement		
5426	4,672	Jul-18		↑
<=1.161	1.031	Jul-18		↑
<=0.965	1.031	Jul-18		↑
Plan	Latest Data	Reporting Period	YTD	Trend
70.99%	20.76%	Q1 18/19	20.76%	↑
Plan	Latest Data	Reporting Period	YTD	Trend
26404	24204	Aug-18		↑
85%	75.71%	Aug-18	75.86%	↓

Note: The CCG&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 (Hinchinbrooke), 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

Emergency Demand Management is included within the Unplanned Activity and Accident and Emergency sections of this report.

Quality Indicators – by exception

Continuing Healthcare Part A - >80% of CHC assessments are completed within 28 days.

The figure within the Quality Premium report is showing 69.51% for Quarter 1 which reflects the data available at the time of the national collection. The CHC dashboard included in this report shows the final monthly data. This indicator has been achieved in June, July and August.

Mental Health – Proportion of 65+ age group accessing IAPT. The CCG is supporting sustained recovery rates for those patients accessing IAPT services.

Mental Health – 47.55% of BAME moving to recovery following IAPT. The CCG is supporting increased access for BAME communities to IAPT services by focusing on long term condition, initially diabetes. This disease has a much greater prevalence amongst BAME 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.

Reduction in E-Coli Bloodstream Infections – <223. The CCG had 35 E-Coli cases in August 2018 which brings the year to date total to 140 cases which is 50 cases above the year to date threshold of 90 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. Practices are fully committed to ensuring a continued reduction in the use of trimethoprim.

Sustained reduction of inappropriate prescribing in primary care. The CCG has included antimicrobial usage in the prescribing incentive scheme and set a quality premium target for individual practices. As part of the incentive scheme practices are completing TARGET audits by end Q2. The CCG has supplied 'Treat your own infection' leaflets to all practices and is providing additional support through audits and training to high prescribing practices.

Improvement and Assessment Framework

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

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. 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>).

Quarter 4 2017/18

Better Health	Period	CCG	Trend	Peers	England
102a % 10-11 classified overweight/obese	2014/15 to 2016/17	30.6%	↑	5/11	48/207
103a Diabetes patients who achieved NICE targets	2016-17	36.8%	↑	9/11	173/207
103b Attendance of structured education course	2016-17 (2015 cohort)	13.4%	↑	4/11	39/207
104a Injuries from falls in people 65yrs +	17-18 Q3	2,159	↓	6/11	137/207
105b Personal health budgets	17-18 Q4	10.15	↑	6/11	142/207
106a Inequality Chronic - ACS & UCSCs	17-18 Q3	2,784	↑	11/11	174/207
107a AMR: appropriate prescribing	2018 01	1.049	↑	4/11	105/207
107b AMR: Broad spectrum prescribing	2018 01	8.3%	↑	2/11	80/207
108a Quality of life of carers	2017	0.66	○	4/11	82/207

Sustainability	Period	CCG	Trend	Peers	England
141b In-year financial performance	17-18 Q4	Red	↔		
144a Utilisation of the NHS e-referral service	2018 02	64.8%	↑	6/11	98/207

Leadership	Period	CCG	Trend	Peers	England
162a Probity and corporate governance	17-18 Q4	Fully Compliant	○		
163a Staff engagement index	2017	3.81	↓	4/11	53/207
163b Progress against WRES	2017	0.10	↓	3/11	50/207
164a Working relationship effectiveness	17-18	51.96	↓	11/11	206/207
166a CCG compliance with standards of public and patient participation	2017	Amber	○		
165a Quality of CCG leadership	17-18 Q4	Amber	↑		

Key

- Worst quartile in England
- Best quartile in England
- Interquartile range

Better Care	Period	CCG	Trend	Peers	England
121a High quality care - acute	17-18 Q4	66	↔	1/11	16/207
121b High quality care - primary care	17-18 Q4	66	↔	3/11	104/207
121c High quality care - adult social care	17-18 Q4	64	↑	2/11	18/207
122a Cancers diagnosed at early stage	2016	57.4%	↑	2/11	9/207
122b Cancer 62 days of referral to treatment	17-18 Q4	82.1%	↓	7/11	116/207
122c One-year survival from all cancers	2015	71.9%	↑	6/11	103/207
122d Cancer patient experience	2016	8.7	↑	6/11	109/207
123a IAPT recovery rate	2018 02	48.8%	↓	10/11	155/207
123b IAPT Access	2018 02	3.4%	↓	9/11	160/207
123c EIP 2 week referral	2018 03	88.9%	↓	4/11	45/207
123d MH - CYP mental health (not available)					
123f MH - OAP	2018 02	1.3	○	2/11	37/207
123e MH - Crisis care and liaison (not available)					
124a LD - reliance on specialist IP care	17-18 Q4	45	↑	7/11	68/207
124b LD - annual health check	2016-17	46.6%	↑	5/11	122/207
124c Completeness of the GP learning disability register	2016-17	0.41%	○	6/11	143/207
125d Maternal smoking at delivery	17-18 Q3	9.8%	↑	5/11	82/207
125a Neonatal mortality and stillbirths	2016	4.7	↓	6/11	116/207
125b Experience of maternity services	2017	80.3	○	9/11	166/207
125c Choices in maternity services	2017	54.3	○	11/11	191/207
126a Dementia diagnosis rate	2018 03	58.9%	↓	10/11	196/207
126b Dementia post diagnostic support	2016-17	79.4%	↑	3/11	91/207
127b Emergency admissions for UCS conditions	17-18 Q3	2,639	↑	10/11	147/207
127c A&E admission, transfer, discharge within 4 hours	2018 03	88.1%	↑	2/11	41/207
127e Delayed transfers of care per 100,000 population	2018 03	5.7	↑	1/11	24/207
127f Hospital bed use following emerg admission	17-18 Q3	522.0	↑	6/11	141/207
105c % of deaths with 3+ emergency admissions in last three months of life	2017	6.96%	↑	11/11	177/207
128b Patient experience of GP services	2017	84.2%	↓	4/11	121/207
128c Primary care access	2018 01	0.0%	↔		
128d Primary care workforce	2017 09	0.99	↓	5/11	94/207
129a 18 week RTT	2018 03	90.0%	↓	3/11	71/207
130a 7 DS - achievement of standards	2017	2	○		
131a % NHS CHC assessments taking place in acute hospital setting	17-18 Q4	7.5%	↓	4/11	93/207
132a Sepsis awareness	2017	Amber	○		

Improvement and Assessment Framework Clinical Priority Areas

Mental Health – Rated as Requires Improvement (2016/17)

Indicator and Score	Progress
IAPT Access 7.4% Recovery 51.38%	Both targets have been achieved for the first five months of 2018/19.
Early Intervention in Psychosis – 85.71%	Latest data for August achieving the national threshold of 53%
Under 18s with a diagnosable mental health condition receiving treatment from NHS funded community services 10.69% in Qtr 1 against the plan of 6.79% to achieve 32% in 2018/19	Review of Single point of referral to CAMHS, increasing CAMHS crisis team to 7 days, increasing access to IAPT through schools early intervention. CHUMs re-procured as the emotional wellbeing service offering outreach clinics. Funding successful to develop family therapy for CYP at risk of entering the criminal justice system and development of a perinatal mental health specialist team. Actions agreed with both Local Authorities to improve access for CYP with special educational needs.
Out of area placement for acute mental health inpatient care transformation	There are 8 non specialist out of area placements as at August. These placements are all 'within ELFT services but not placed locally as covered by the contract arrangements with ELFT.
Crisis care and liaison mental health services – data not currently published	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.

Dementia – Rated as Requires Improvement (2016/17)

Indicator and Score	Progress
People 65+ on a GP Dementia Register – 58.1% August	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.
Dementia Care Plan Review in the previous 12 months – 79.4% 2016/17	The care plan is 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.

Improvement and Assessment Framework Clinical Priority Areas

Learning Disabilities – No Rating Results Published

Indicator and Score	Progress
LD and/or autism with reliance on specialist inpatient care – Q4 2017/18 45 per million GP registered adult population in the transforming care partnership	Transforming Care Project (TCP) is on track with the reduction in inpatient beds 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.
Annual Health Check for people with a Learning Disability – 2016/17 46.6% (national position 48.8%)	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. Work to incentive GP to achieve 75% is in progress 2019-20.
GP Learning Disability Register Population – 0.41% (national 0.47%) 2016/17	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. Work to incentive GP to achieve 75% is in progress 2019-20

Cancer - Rated as Good (2017/18)

Indicator and Score	Progress
1 year survival 71.9% (2015) (Benchmark) 72.4%)	On track to deliver Cancer Strategy ambition to reach 75% by 2020
Early Diagnosis – cancers diagnosed at stage 1 and 2 57.4% (2016) - Benchmark) 53.5%)	The CCG continues to do well in this area. The CCG is in the early stages of rolling out a number of new Early Diagnosis initiatives as part of the STP Cancer Transformation Programme.
62 day 1 st treatment following urgent GP referral 75.71% (August) (Benchmark) 85%)	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 8.7% (2017) - (Benchmark 8.74%)	Patient Experience is good. The focus for BCCG will be on improving experience for patients who are admitted to hospital. This appears to be a theme in the last 2 annual surveys

The IAF ratings for 17/18 were recently published in July 2018. The CCG has retained its rating for Cancer from the 16/17 Assessment.

Improvement and Assessment Framework Clinical Priority Areas

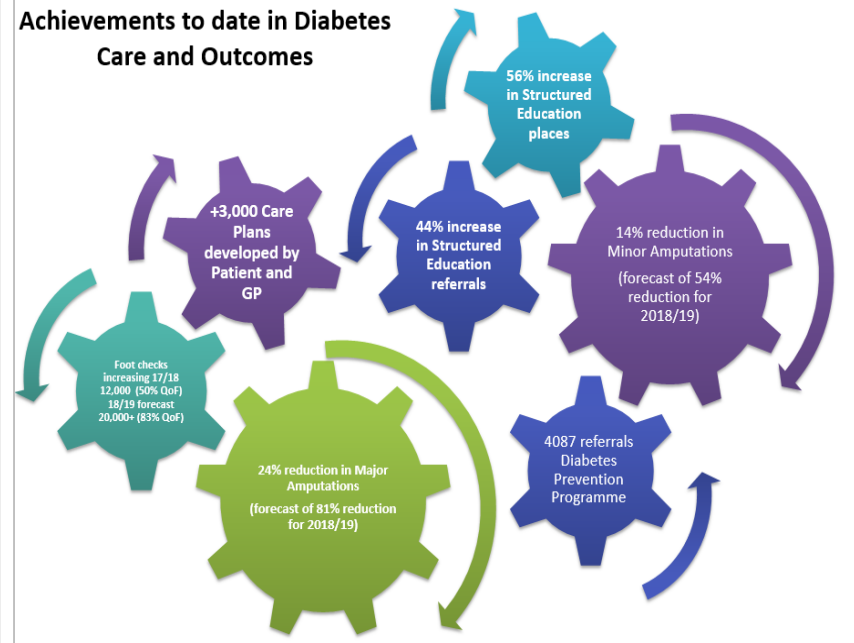
Diabetes – Rated as Requires Improvement (2016/17) - 2017/18 rating is anticipated to be published in October

Indicator and Score	Progress
People diagnosed with Diabetes who received their three NICE recommended treatment targets – National Diabetes Audit 2016/17 – 36.8% compared to the national average of 39.7%	Team have now completed visits to each locality board to promote Diabetes work programme Reviewing all practices and undertaking bespoke practice contacts for those not yet delivering care plans
Patients with Diabetes who received structured education in the last 12 months – 13.4% (2015) compared to the national average of 7.3%.	Developing the DESMOND programme in Punjabi for roll out in Bedfordshire

The CCG developed a Transformation Plan to improve the IAF Rating. Diabetes Case for Change

- Rising number of people with diabetes - 8.0% (29,744) – 2015 Forecast to rise to 9.2% (42,680) by 2035
- High prevalence of obesity - a key contributor to the development of Type 2 diabetes
- Lack of personalised care planning with patients as part of their Diabetes Annual Review
- Some variations in care across practices
- High rate of activity/expenditure on unplanned Diabetes admissions
- High rate of amputations and admissions for people with foot care problems

Achievements to date in Diabetes Care and Outcomes



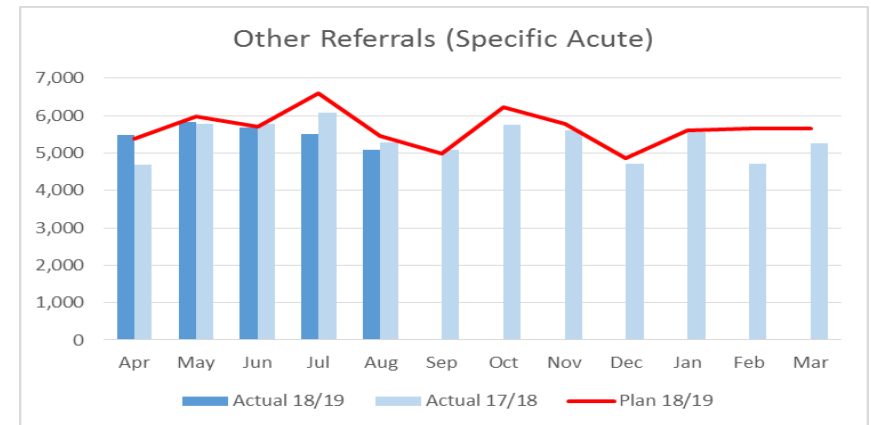
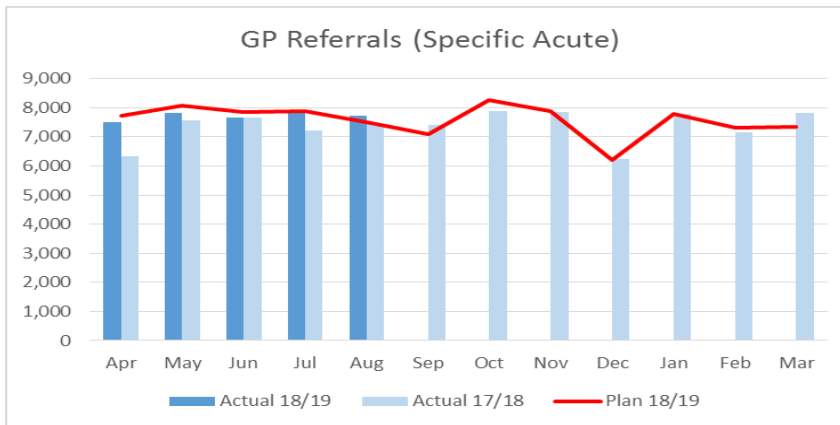
Improvement and Assessment Framework Clinical Priority Areas

Maternity – Rated as Requires Improvement (2017/18)

Indicator and Score	Progress
<p>Rate of stillbirths and neonatal deaths March 2018 ONS publication (data from 2016) suggests that the still birth rate in Bedfordshire CCG is 4.74 per 1000 births - higher than national average of 4.3 per 1000 births.</p> <p>Latest Q2 from L&D shows (as per maternity dashboard submitted) – there has been no still births for Bedfordshire mothers.</p> <p>There have been 2 Still births reported by BHT one of which was late termination.</p>	<p>The still birth numbers continue to decline in the first quarter. Both Bedford (BHT) and Luton & Dunstable (L&D) Trusts have a robust program to roll out national programs of Still Birth Care Bundle as well as audits as stipulated by the national program 'Making every baby count'. Reporting and review process is in place of all stillbirths as part of serious incident reporting and there are joint CCG and trust panels to review outcomes and learning. BHT are reviewing their stillbirths and a report will be available, along with maternity safety plans in September. Work continues to improve safety where required and tighten process to reduce still births.</p>
<p>Smoking at time of Delivery 9.1% Q1 2018/19 compared to the England average of 10.4% and the national ambition of 6%</p>	<p>BHT has ongoing work with Bedford Borough Council and further training of midwives and reporting 7% in August. L&D – 13% in June</p>

Indicator and Score	Progress
<p>Women's experience of maternity Services – composite of 6 questions from the CQC National Maternity survey.</p> <p>2017 – score of 80.28 compared to the national average of 82.99</p>	<p>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. L&D - Networking with service users continue on a monthly basis 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</p>
<p>Women's Choices in Maternity Services – composite of 6 survey questions from the CQC National Maternity Survey.</p> <p>2017 – score of 54.3 compared to the national average of 60.8</p>	<p>L&D – Midwife led clinics in place. A booking application has been launched which includes choice of place of birth.</p> <p>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.</p>

Planned Care – Referrals



Performance:

GP Referrals

In August 2018/19 the CCG had 7,739 GP referrals against a plan of 7,509. This is an increase of 2353 referrals compared to the M5 year to date position in 2017/18. Year to date remains under plan (440) with 38,590.

Other Referrals

In August the CCG has had 5093 other referrals against a plan of 5451. This is an increase of 24 referrals compared to the M5 year to date position in 2017/18. Year to date remains under plan (1483) with 27,612.

Continued work programme

Improving uptake of practices using Advice and Guidance (A&G) by

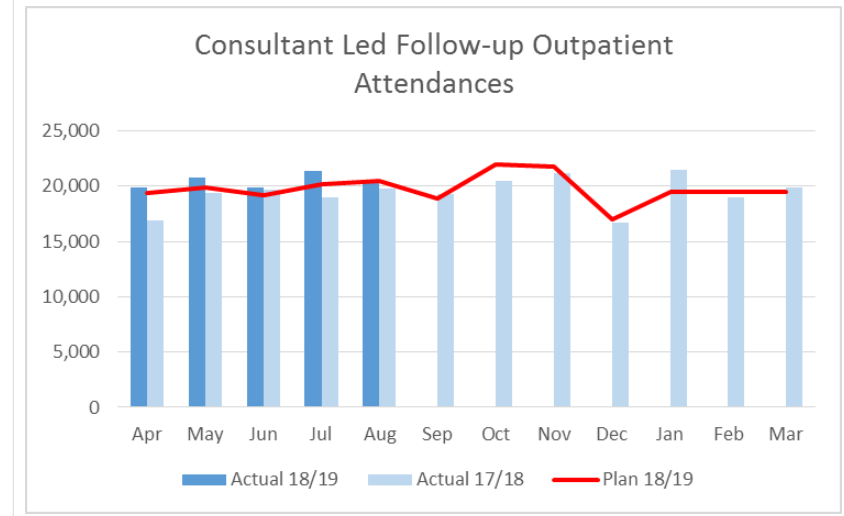
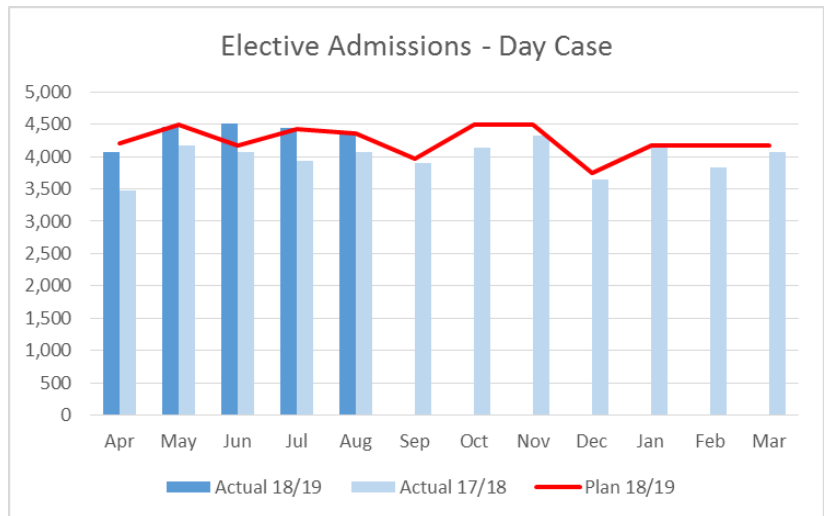
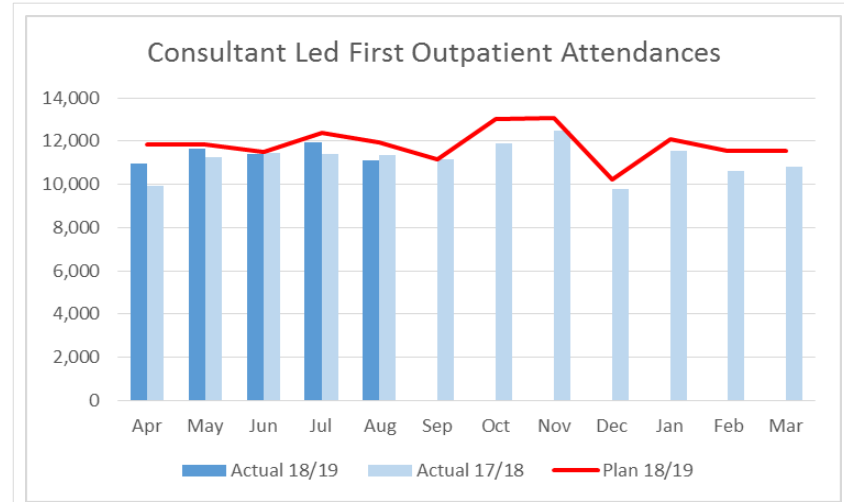
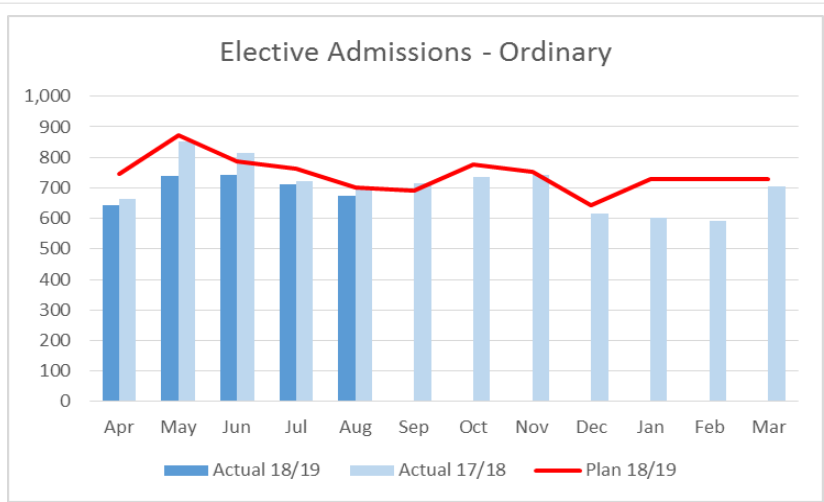
- 1) Resolving the provision of A&G to Milton Keynes facing practices
- 2) Improving turnaround time of A&G at BHT for key specialities. By expanding the current offer of A&G across primary care GPs will gain reassurance that all responses will be actioned in a timely manner and will be more likely to make better use of the tool.

Progress update

BHT are in the process of recruiting a Band 8a post to enhance delivery of A&G across key specialities. Progress against this action will be monitored through the Acute Transformation Programme.

The team are exploring options for implementing a Decision Support Tool across Bedfordshire practices.

Planned Care – Activity



Performance

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 data is likely to change in future reporting due to reconciliation timings. The CCG plan follows specific national planning rules and is not therefore not the entirety of the CCG activity.

Elective Ordinary Admissions – In August the CCG had 674 admissions against a plan of 701. This is a reduction of 260 compared to the M5 year to date position in 2017/18. Year to date remains under plan (358) with 3511.

Elective Day Case Admissions – In August the CCG had 4,376 admissions against the plan of 4,363. This is an increase of 2149 admissions compared to the M5 year to date position in 2017/18. Year to date continues to be over plan (222) with 21,884

1st Outpatient Attendances – In August the CCG had 11,107 attendances against the plan of 11,956. This is an increase of 1523 attendances compared to the M5 year to date position in 2017/18. Year to date remains under plan (2564) with 57,021.

Follow Up Outpatient Attendances – In August the CCG had 20,557 attendances against the plan of 20,513. This is an increase of 7704 attendances compared to M5 year to date 2017/18. Year to date continues to be over plan (3367) with 102,511.

Key Issues

The variation continues between elective admissions and day case. This requires analysis to further understand root cause of any under/over performance. Overall elective admissions are under plan and Outpatients are over plan.

Mitigations

The Acute Transformation Board between the CCG and BHT continues to meet with the aim to address areas of concern jointly and align work plans where appropriate.

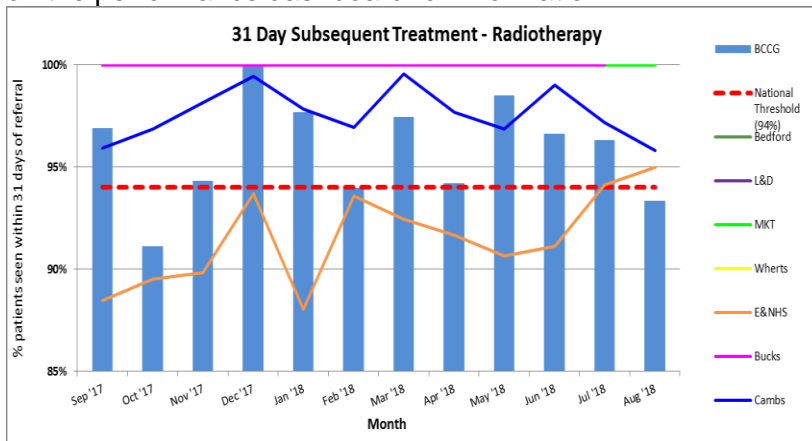
Developing a multi-disciplinary approach to root cause analysis internally across teams.

Progress Update

The team are formalising the monitoring process of elective activity and performance and have been invited to attend the BHT Access Board to gain a better understanding of local challenges. Co-ordination of other Trust reports is required as a next step.

Planned Care - Cancer

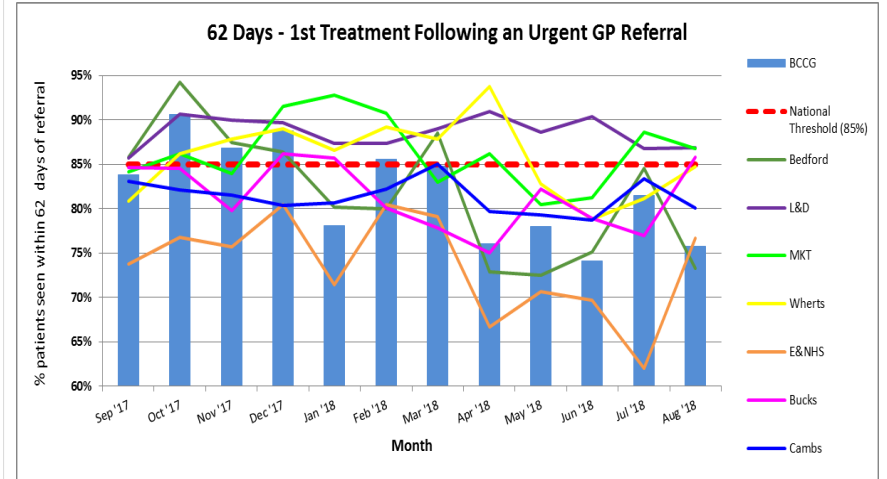
There are 8 national cancer waiting time indicators with nationally set thresholds together with 1 additional indicator - 62 day 1st treatment following a consultant decision to upgrade. There is no national threshold for upgrade however data is available at CCG level and will continue to be included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



Performance:

In August the 31 day subsequent treatment for radiotherapy underachieved at 93.33% against the national threshold of 94%. There were 75 patients treated of which 5 patients breached the threshold. All 5 breaches were at Cambridge.

4 of the breaches were patient choice and 1 was due to medical reasons.



In August the 62 day 1st treatment following an urgent GP referral underachieved at 75.71% against the national threshold of 85%. There were 140 patients treated of which 34 patients breached the threshold. 19.5 of the breaches were at Bedford Hospital, 5.5 at Luton & Dunstable, 4 at Cambridge, 1.5 at East and North Hertfordshire, 1 at Milton Keynes and 2.5 at providers outside of the top 6.

19 of the breaches were provider delays for diagnostic delay or treatment planning, 5 were complex pathways. 5 were 'other' reasons, 4 were patient choice and 1 was due to medical reasons.

Key Issues

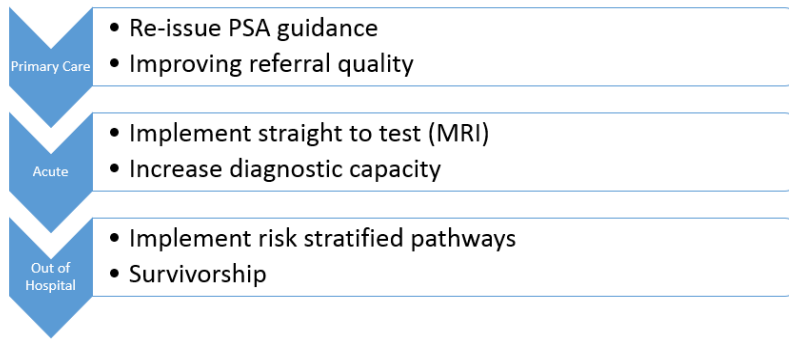
Cancer services are monitored across all providers. The issues set out below describe the current issues for commissioners.

Overall performance against the 62 days standard is challenging for local cancer units. The urology issues however remains the CCG's biggest challenge. The increase in urology 2ww is not isolated to Bedfordshire and has been seen right across the country.

Mitigations

BCCG Cancer Improvement Group continues to monitor performance at speciality level across all Trusts. In terms of Urology the group have agreed the following plan.

BCCG agreed pathway improvements



Progress Update

Urology issues - The urology consultant at BHT has agreed to develop guidelines for primary care. Once agreed by the project group the guidelines will be shared with CCG Clinical Reference Group for approval.

Other areas of cancer commissioning

The 2017 National Patient Experience Survey results were published in October 2018. The CCG retained a good overall score of 8.7 out of 10. Luton & Dunstable Hospital received one of the highest scores in the country with 8.9.

The Cancer Transformation Programme is moving into mobilisation phase with two projects launched in October as planned.

- FIT testing in Primary Care begins roll out across STP in October with all practices able to request test from the 3 hospital pathology laboratories
- The first of 6 navigator roles have been recruited in order to support the NHS Planning guidance for Breast Cancer pathway which will ensure that all breast cancer patient have a care plan in place and a supported self-management plan in place (known as stratified follow up).

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.

Mitigations

The business case is developed and approved by the Financial Recovery Board. The intention is to streamline the stroke pathway to commission a co-located Hyper acute/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, staff mix and numbers for the rehabilitation unit have been developed and architect drawings are in progress.

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 to a number of reasons. The challenges to delivery of the thrombolysis within one hour target that were encountered during January to March 2018, Speech and Language Therapy performance due to staff absence, as well as a deterioration in time on the stroke unit as a result of winter bed pressures. L&D has an action plan including an escalation process and improvement has been seen in the following areas;

- Domain 1: Scanning – scan times have both improved
- Domain 2: Stroke unit - improvement in the 4 hour target however; there was also a reduction in the number of patients who had 90% of their stay on the stroke unit. The pathway from A&E to stroke unit is being revised and any breach has to be reported

- Domain 3: Thrombolysis – however there is fluctuation within this domain
- Domain 4 &5: Specialist assessments & Occupational therapy
- Domain 7: Speech and Language therapy
- Domain 8: MDT working

Domains 6: Physiotherapy shows an increase number of stroke patients requiring physiotherapy and staff vacancy which has now been filled (late July/August). Speech and Language Therapy vacancy has also been filled.

Transient Ischemic Attack (TIA)

Meetings are ongoing with Bedford Hospital and Luton and Dunstable around 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 three month pilot project new nursing role has been launched to support the TIA service and went live on 6th June and has now been extended another 3 months until December. Further improvement seen in performance below;

Low risk patients referred into TIA clinic – 65.7% of patients treated within 7 days of onset (23/35)

High risk patients referred into TIA clinic – 75% of patients seen within 24 hours of onset (3/4)

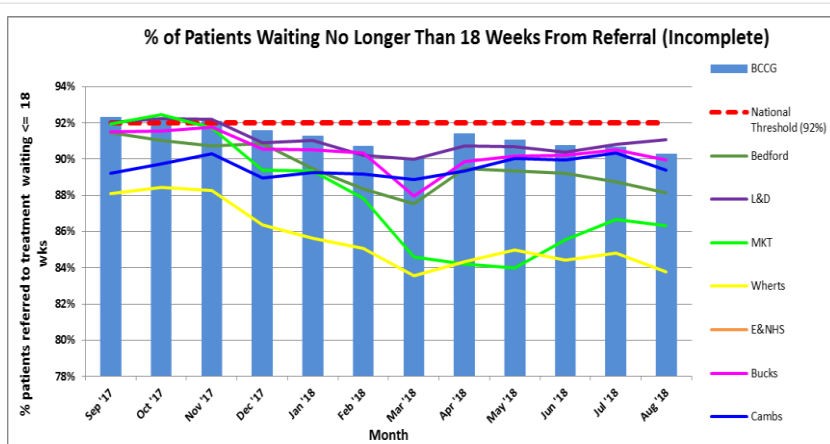
Early Supported Discharge (ESD)

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.

Planned Care – Referral to Treatment



Performance:

In August 2018 the CCG underachieved the national 92% target for the incomplete pathway with 90.27% which is a deterioration on the July position. The CCG has 2354 patients on the incomplete pathway who have breached 18+ weeks which is an increase on the July position of 2286. Of the 24,200 patients waiting, 11,751 are at Bedford (48.56%) and 6068 are at Luton & Dunstable (25.07%)

Key Issues

RTT performance continues to be affected by the lost elective capacity following winter pressures, in addition to unforeseen consultant absence across some specialties in month.

Mitigations

Monitoring of RTT position continues internally and with Trusts through monthly contracting process. 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. Planned Care team to continue to develop demand management schemes and seek opportunities to identify live issues at other main acute providers.

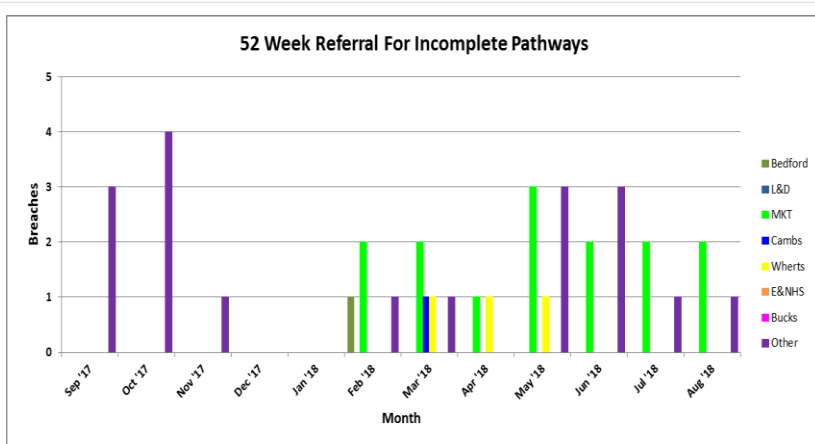
Progress Update

Planned Care team have been invited to attend monthly Access and Performance Board meetings at BHT to discuss current RTT issues at specialty level.

Neurology referrals are being returned to primary care with epilepsy management plans where appropriate.

	Performance %	<18 Weeks	> 18 weeks	Total Patients	52 weeks +
Target - 92%					
Cardiology	95.24%	1261	63	1324	0
Cardiothoracic Surgery	71.43%	5	2	7	0
Dermatology	92.22%	1316	111	1427	0
ENT	90.38%	1926	205	2131	0
Gastroenterology	97.82%	1303	29	1332	0
General Medicine	98.91%	272	3	275	0
Geriatric Medicine	98.53%	134	2	136	0
General Surgery	85.31%	912	157	1069	0
Gynaecology	92.38%	1686	139	1825	0
Neurology	88.33%	840	111	951	0
Neurosurgery	90.29%	186	20	206	0
Ophthalmology	87.87%	2882	398	3280	0
Other	92.70%	4802	378	5180	0
Plastic Surgery	86.33%	562	89	651	0
Rheumatology	99.00%	199	2	201	0
Thoracic Medicine	97.00%	776	24	800	0
Trauma & Orthopaedics	76.47%	1485	457	1942	3
Urology	88.79%	1299	164	1463	0

Planned Care – 52+ Week Breaches



Performance:

The CCG has had 3 52+ week breaches in August which are the same breaches that were reported in July. The breaches were as follows:

- 2 x Trauma & Orthopaedics at Milton Keynes University Hospital Trust
- 1 x Trauma & Orthopaedics at Kings College Hospital

Key Issues:

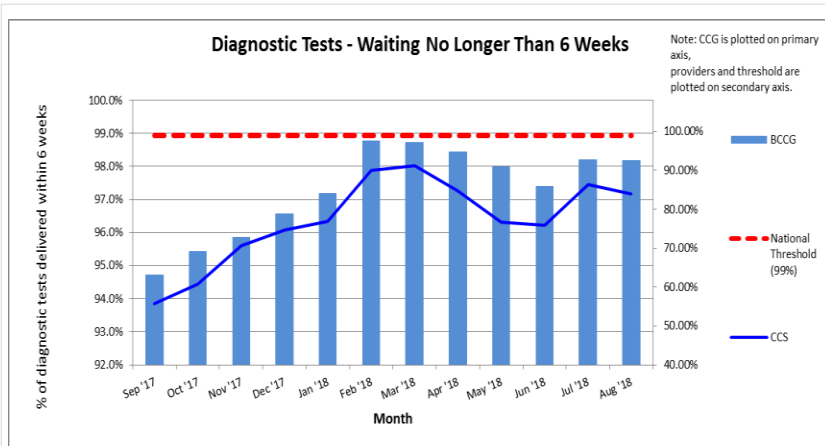
Kings College Hospital – The patient was treated on 25th September 2018. Delay was due to capacity issues at the Trust. The Trust have confirmed the patient did not suffer any clinical harm.

Milton Keynes – Patient 1 – delay due to patient choice and the Trust has confirmed that this patient has now been seen. Patient 2 – the patient has agreed to receive treatment at BMI Saxon.

Mitigations:

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

Planned Care – Diagnostic Waits



Performance:

In August the CCG underachieved this indicator with 98.18% against the 99% threshold which is a deterioration on the July position. There were 6482 patients on the diagnostic tests pathway with 118 breaching the 6 week threshold. 67 breaches were at Cambridge Community Services, 27 at Bedford Hospital, 10 at Luton & Dunstable, 3 at Milton Keynes, 3 at Cambridge and 8 at other providers.

This was 53 breaches over the tolerance for achievement of the national standard.

There were 2 13+ week breaches. 1 at Bedford Hospital and 1 at University Hospital London. The CCG continues to request assurance around clinical harm due to any extended wait.

Key Issues

The biggest issue has been in paediatric audiology diagnostic assessments which are provided by Cambridge Community Services. The lack of compliance is due to the availability of locum Audiologists, staff sickness / leave and suitability of ongoing use of premises. These ongoing workforce challenges are in line with the national and local experience for recruiting Audiologists and this is impacting the 6 week referral to diagnostic test indicator.

There was a significant spike of referrals in July to the highest level since 2015 due to a peak in referrals at the end of the school year. However the waiting list as at September 2018 had decreased significantly due to the additional clinical resource.

Mitigations

CCS have provided a remedial action plan and a revised recovery trajectory for recovery by mid October.

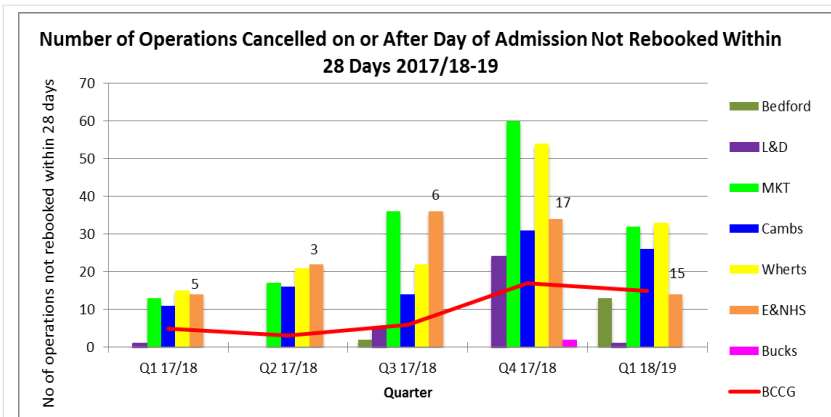
Progress Update

All available clinic sites are in use with daily monitoring of activity v resources. weekend working in place and suitable agency locums have been identified.

Referrals continue to be assessed clinically to prioritise high risk children and skills are prioritised to ensure right clinician right child.

Salary enhancements continue to be in place to support recruitment to permanent posts.

Planned Care – Cancelled Operations not rebooked within 28 days – Quarterly Update



Performance:

In Quarter 1 the CCG has had confirmation that there has been 15 patient who had their elective operations cancelled on or after day of admission and not rebooked within 28 days.

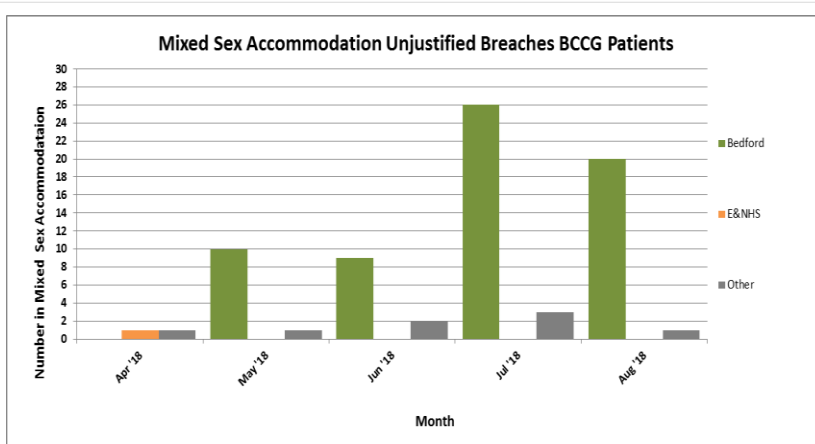
These cancellations were as follows:

Bedford Hospital where there were 8 breaches due to consultant capacity and 4 due to administrative errors. The Trust has reviewed the process for rebooking patients.

There was also 1 each at Milton Keynes Hospital, East and North Hertfordshire and Cambridge and these were all due to capacity.

Provider	Q1 BCCG Breaches	Q1 Trust Wide Breaches
Bedford	12	13
Buckinghamshire	0	0
Cambridge	1	26
East & North Herts	1	14
Luton & Dunstable	0	1
Milton Keynes	1	32

Planned Care – Mixed Sex Accommodation



Performance:

In August there were 21 mixed sex accommodation breaches giving a year to date total of 74. 20 of these breaches were at Bedford Hospital and 1 at Royal Free Foundation Trust.

65 of the breaches were at Bedford Hospital
3 at University College London Hospital
1 at Royal National Orthopaedic Hospital
1 at East and North Hertfordshire
1 at Imperial College
1 at Gloucestershire Hospital
1 at Oxford University Hospital
1 at Royal Free London

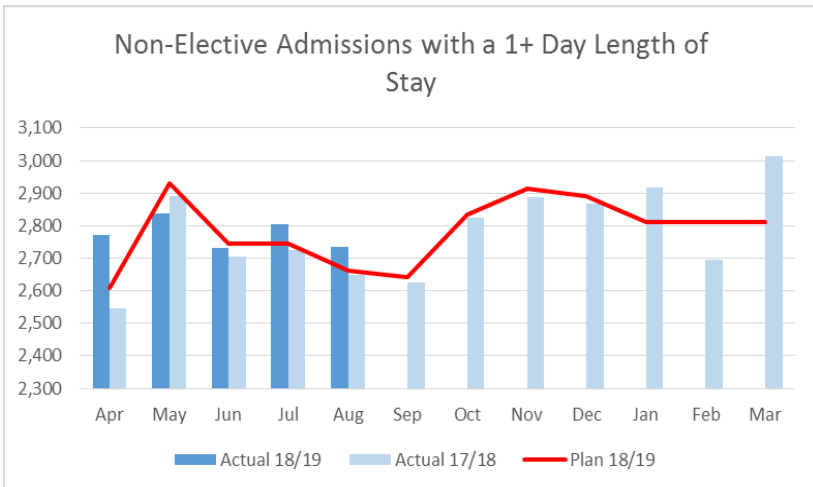
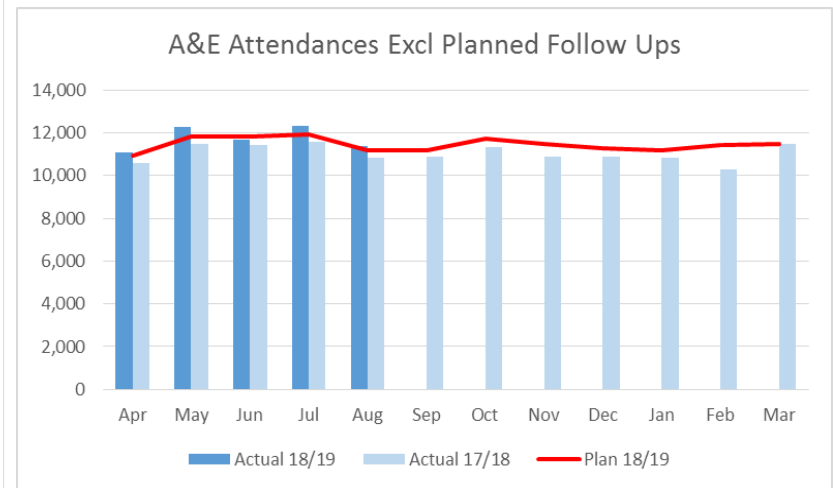
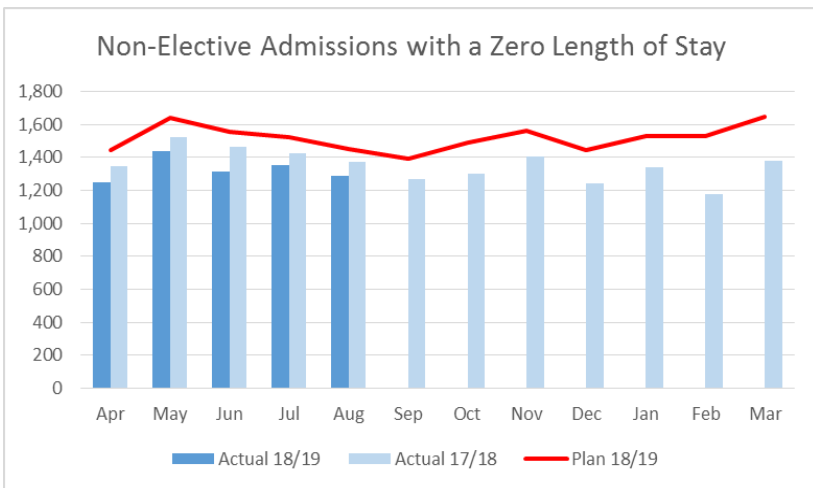
Bedford Hospital has reported that all of the Mixed Sex Accommodation breaches to date have occurred in the critical care unit and are 'unjustified' in line with national reporting guidance.

These breaches have been discussed with the Trust who have confirmed that they occurred because there has not been an appropriate bed (as determined by clinical need) into which to discharge the patient.

The Trust has also confirmed that Root Cause Analysis has been completed for all breaches in line with current processes.

The CCG has written to Royal Free requesting further detail on the reason for the breach.

Unplanned Care – Activity



Unplanned Care – Activity

Performance

The charts on the previous slide 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 data is likely to change in future reporting due to reconciliation timings. The CCG plan follows specific national planning rules and is not therefore not the entirety of the CCG activity.

Non – Elective Admissions – 0 length of stay – In August the CCG had 1,290 admissions against a plan of 1,451. This is a reduction of 475 admissions compared to M5 year to date in 2017/18. Year to date remains under plan (972) with 6,647.

Non – Elective Admissions – 1+ length of stay – In August the CCG had 2,735 admissions against a plan of 2,663. This is an increase of 355 admissions compared to M5 year to date in 2017/18. Year to date remains over plan (183) with 13,878.

A&E Attendances – In August the CCG had 11,361 attendances against a plan of 11,198. This is an increase of 2813 attendances compared to M5 year to date in 2017/18. Year to date remains over plan (966) with 58,664.

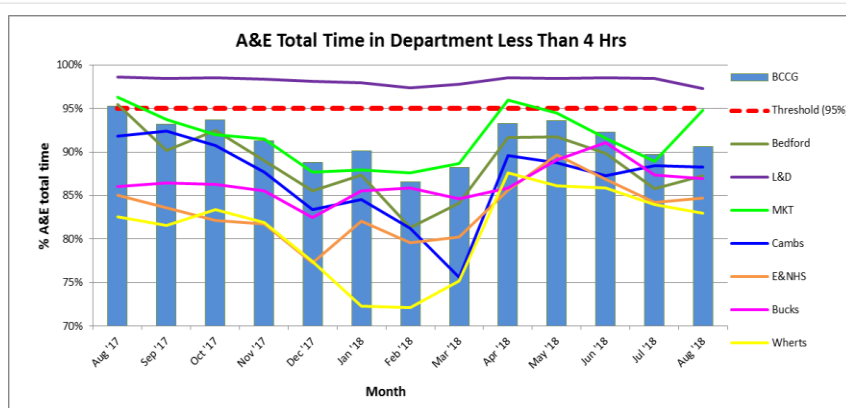
Type 1 A&E Attendances – In August the CCG had 10,883 attendance against a plan of 10,747 attendances. Year to date remains over plan (2551) with 56,762.

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; Urgent Treatment Centre; Early Intervention Vehicle (EiV); Ambulatory Emergency Care and Extended GP Access.

Progress Update

- **Hear and Treat** - preventing A&E attendance and possible admission. Treated 295 patients in August 18/19 compared to 403 in the same period 17/18
- **See & Treat** - preventing A&E attendance and possible admission. Treated 1,293 patients in August 18/19 compared to 1,338 in the same period 17/18
- **Direct GP booking** by Herts Urgent Care is being rolled out to all GP practices as part of the national mandate for integrated urgent care, to be in place by March 2019. Currently 11 Bedfordshire practices are live with 111 direct booking.
- **Urgent Treatment Centre** opened on the 1st October 2018 and has seen 367 patients in its first 10 days (71 of which were directed via 111)
- **Early Intervention Vehicle (EiV)** - The second EIV commenced from 1st September. From 13th June to 31st July, the first EIV received and attended 167 referrals from the 999 ambulance call centre, of which 88 patients were able to remain in their own home and not be conveyed to hospital.
- **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 Access** is expected to have an impact on NEL admissions. The extended access service is now live in all Bedfordshire localities.

Unplanned Care – Accident and Emergency



Performance

The CCG is measured on performance at the 7 main acute providers. In August the CCG underachieved the 95% national threshold with 90.60% which is an improvement on the July position. A deep dive into data for Bedford Hospital has shown:

- The Trust remains under extreme pressure
- A&E Activity has increased significantly in recent months
- Worst A&E performance for Qtr.1 in the last 3 years
- 98% bed utilisation since Qtr. 2 2017/18
- 6% of patients are long stay patients utilising 33% of bed space at the Trust in 2017/18
- Deterioration in Delayed Transfer of Care (DTC) 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 on 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.

The Summit 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 the 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 the discharge processes with a view to identifying issues and rapidly instigate change. The ambition is to reduce DToCs 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.

The Urgent Treatment Centre opened on the 1st of October with the aim of diverting patients away from A&E.

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 identified the additional requirements as follows:

- 24/7 Clinical Advisory Service – in and out of hours
- Direct Booking into In Hours GP appointments
- 100% Record Sharing
- Bypass Number for Care Homes into Clinical Navigation
- NHS 111 Online

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

A Risk review meeting took place on the 27th July chaired by the NHSE Director of Nursing. 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.

A robust and thorough stakeholder risk assessment was then 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.

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 around the development of clinical leadership of Integrated Urgent Care (IUC) in Bedfordshire. IUC is on the members forum for discussion on progress, performance and clinical engagement.

Herts Urgent Care - Out of Hours

Luton and Beds Out of Hours						
Performance Metrics	Month	Target		▲/▼	Jul	Jun
Home Visits – Urgent visits undertaken within 2 hours	August	95%	85%	2.8%	82%	90%
Home Visits – Routine visits undertaken within 6 hours		95%	91%	-0.6%	91%	94%
Base Face to Face Consultations – Urgent visits undertaken within 2 hours		95%	78%	-17.6%	93%	93%
Base Face to Face Consultations – Routine visits undertaken within 6 hours		95%	98%	▼	98%	97%
NQR 9 Urgent 0-30 mins (Telephone)			86%	▼	88%	84%
NQR 9 Less Urgent 0-60 mins (Telephone)			90%	▲	86%	83%
NQR 9 Other 0-120 mins (Telephone)			83%	▲	73%	79%

Out of hours performance has dipped this month particularly within urgent home visits. This is due to reduced shift fill as colleagues take their annual summer holiday and a 2.5% increase in overall activity.

Work continues to improve shift fill, with a number of new GPs inducted to the service in the last quarter and continued engagement with the workforce. Currently the service is on target to achieve 90% or above across all indicators in September and HUC expect this to improve moving forward with the additional benefit of the winter indemnity scheme coming back on line.

Unplanned Care – Herts Urgent Care (HUC)

Performance Metrics	Month	Target	Current month	↑/↓	Jul	Jun
% abandoned calls after 30 seconds	August	<5%	10.4%	↑	10.0%	7.9%
Average time to call answer		60 secs	100	↓	102	76
% Ambulance dispatches		<10%	13.2%	↓	12.9%	12.7%
% of calls to speak to a Clinician		40%	51%	↑	48%	49%
% of calls to have a clinical assessment		50%	63%	↑	60%	62%
Number of calls triaged over a month (Redwood)			12683	↓	13764	13304
Calls closed as self-care	August		2086	↓	2374	2131
% Calls closed as self-care		16%	17%	↓	17%	16%
Number of Ambulance dispatches		1360	↓	1458	1366	
Call Back Rates - % of call backs made within 10 minutes		85%	75%	↑	73%	65%
Warm Transfer to clinical advisory service - %		95%	72%	↓	74%	70%
Re-contacts			22	↑	15	12
Directory of Service Opened			7743	↓	8432	8191
Directory of Services: no service available other than ED(ED catch-all)			0	↑	0	0

Key Issues - Sickness absence in the call centre has again been high this month 8.6% for Health Advisors. The revised number of vacancies in call centre for Health Advisors is 9 wte, with 15 x headcount needed to cover this shortfall.

Mitigations - There are on-going interviews for Health Adviser vacancies and a formal and informal sickness process is in place to manage attendance. A number of actions detailed below have been taken to address staffing challenges and HUC expect to start seeing a positive effect from these changes in the coming weeks;

- Full rota review for activity levels undertaken
- Staff consultation to change rota patterns completed
- GHH now open between 0700-2300 hours, 7 days a week, resulting in increased hour rota patterns
- Relief element built into patterns to give more flexibility in planning for annual leave / short notice absence
- Remaining vacancies much more attractive 28 hour contract offer with blend of weekday, evenings and weekend shifts

Progress Update - 2x new advance nurse practitioners recruited in March were inducted during April and are working in the Out of Hours environment to support GP workforce

Performance – 111 calls to 999 (HUC Performance Report and NHS Statistics)

Key Issues - Vacancies in call centre impacting on weekend performance and overall monthly average. Continued high sickness levels within Health Adviser cohort further impacting on performance, particularly on weekends.

Mitigations - Ongoing interviews for Health Adviser vacancies. Formal and informal sickness process in place to manage attendance.

Progress Update - Four candidates offered a post commenced on the course in September and have now passed their training.

Performance – Calls referred to have a clinical assessment (HUC Performance Report)

The target for the percentage of callers referred to a clinician had changed from >30% to >50% from March 2018.

Currently HUC only have an Out of Hours clinical advisory service, however, in line with the National Specification for Integrated Urgent Care there will be a 24/7 CAS in place by March 2019 which will improve this percentage further.

Unplanned Care – East of England Ambulance Service Trust (EEAST)



Bedfordshire
Clinical Commissioning Group

Aug-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	453	06:53	12:38	2,396	25:43	54:08	898	57:22	132:17	172	68:16	168:01
EEAST Trust Wide	6,341	08:10	14:59	38,810	24:53	52:03	13,104	76:44	184:20	2,389	87:09	216:41

BCCG is part of a consortium of 19 CCGs that contract EEAST to provide ambulance services across East Anglia. This is led by the Suffolk CCGs.

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

As part of contract mediation in 2017/18 NHS England and NHS Improvement commissioned an Independent Service Review (ISR) to be undertaken of EEAST. The aim was for the ISR to support EEAST to achieve the ARP standards. The ISR identified a significant increase in, and reconfiguration of, staffing and fleet resources as current resources are inadequate to meet the ARP standards.

EEAST are working toward achieving the ARP standards by Q1 2019/20. This involves the recruitment of more paramedics, which is challenging as there is a national shortage and the London Ambulance Service (LAS) is a considerable draw for those paramedics in the home counties. EEAST are also expanding the fleet of DSAs (Double Staffed Ambulances) compared to RRV (Rapid Response Vehicles).

Performance - Category 1

August has seen an improvement in the Category 1 high acuity call performance with BCCG below the 7 minute target for the first time. The main focus of EEAST has been to achieve the performance for Category 1 as specified by the Independent Service Review. BCCG was the 5th best performing within the consortium (7th in July) and is the best performing non-urban CCG. The average activity of the better performing CCGs was 253 calls compared to BCCGs activity of 453. Category 1 performance against the 90th centile was 8th best across the consortium and was within the 15min threshold at 12:38 (better than last month).

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. Overall demand is less than this time last year however the higher acuity calls (Category 1 and 2) are now significantly greater than the lower acuity calls & 35.58% greater than this time last year. In August Category 1 and 2 were 70.66% of all incidents (YTD).

Unplanned Care – East of England Ambulance Service Trust

Mitigations

EEAST is presently working with the national team to address the 'severity type' of calls being grouped under Category 2 and calls can now be re-triaged, allowing better use of resources (resources will still be sent but can be stood down).

EEAST will send resources to Category 2 calls (e.g. rapid response vehicle) but this will not necessarily "stop the clock", but is to ensure clinical safety.

EEAST are focusing on achieving the required amount of patient facing staff hours in order to achieve the ARP standards. This is through the recruitment of additional paramedics both qualified paramedics and student paramedics (EEAST have a 3 year workforce plan); a changes in staff rosters; use of overtime; robust management of paramedic sickness and use of private ambulance services (PAS).

Progress Update

The Consortium has signed a six-year contract with EEAST providing them with the security to implement the findings of the Independent Service Review.

Clinical Commissioning Groups are currently working on reducing demand, by planning changes to improve 111 and work with GPs and nurses in primary care to find better solutions, such as BCCG's commissioning of 2 x Emergency Intervention Vehicles.

An internal Category 2 improvement plan has been developed.

EEAST are increasing the number of double staffed ambulances versus the number of cars to improve Category 1 and 2 performance.

Work is underway with the Emergency Operation Centre regarding the type of resources to be sent to emergency calls (with the aim of sending the appropriate resource first time).

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	Avg YTD
ROSC at hospital (overall)	27.0%	32.5% 98/302	32.3% 95/294	32.4% 85/262	30.6% 74/242	32.0%
ROSC at hospital (Utstein)	53.0%	62.8% 27/43	55.3% 21/38	59.4% 19/32	65.4% 17/26	60.7%
Survival to discharge (overall)	7.0%	11.3% 34/301	11.2% 33/294	10% 26/260	14.9% 36/242	11.9%
Survival to discharge (Utstein)	27.0%	42.9% 18/42	42.1% 16/38	28.1% 9/32	42.3% 11/26	38.9%
PPCI <150**	95.0%	75%	82.1%	80%	84.2%	80%
STEMI Care Bundle	86.0%	93.8% 137/146	92.8% 155/167	92.6% 138/149	91.0% 121/133	92.6%
Stroke HASU <60	56.0%	48.2% 68/141	39.4% 108/274	39.9% 138/346	41.4% 140/338	42.2%
Stroke Care Bundle	98.0%	98.4% 182/185	99% 500/505	99.6% 720/723	99.1% 753/760	99%

PPCI <150

It should be noted that this is not a standalone target for ambulance services and this will not be achieved for some patients due to availability and siting of centres.

Mitigations

The Ambulance Response Programme Review was published in late September 2018. This recommends revision of the Clinical Quality Indicators (CQIs) for Stroke, heart attack (STEMI) and out of hospital cardiac arrest (OHCA) to monitor patient care across the full clinical pathway. Work will be phased.

Stroke 60 Quality Indicator

July performance for Bedfordshire CCG is 35%

Mitigations

The Trust continue to work on time on scene and implementation of the ISR recommendations.

EEAST presented the outcome of their 'deep dive' into the extent of deviation from the 60 minute target at the September Locality Meeting. They provided assurance that in the majority of cases that failed to reach the 60 minute threshold missed the target by a maximum of 10 minutes. 2 cases were longer than this but were due to patient complexity/clinical issues.

This should not impact on the Hyper Acute Stroke Units (HASU) ability to meet the 4 hour thrombolysis target for eligible patients and the CCG has not received any direct feedback from Luton and Dunstable Hospital HASU that this is impacting on patient outcomes.

Unplanned Care – Patient Transport Services

EEAST PTS Performance Scorecard 2018/19													
Bedfordshire CCG Monthly Summary of Quality Requirements													
No	Description	Target	Threshold	Apr	May	Jun	Jul	Aug	YTD				
				Journeys	1074	1102	1123	1065	1030				
				Compliant Journeys	739	714	717	616	571	% change on previous period			
LQR2	Arrival Time for Admission, Day Cases, Out Patient Appointments	90%	Patients shall arrive either on time or up to 60mins before the appointment.	69%	65%	64%	58%	55%	62%	-3%	↓		
				Journeys	575	625	635	625	626				
				Compliant Journeys	404	440	424	390	373				
LQR3	Arrival Time for Renal Dialysis Clinic	90%	Patients shall arrive either on time or up to 60mins before the appointment.	70%	70%	67%	62%	60%	66%	-2%	↓		
						Journeys	578	625	635	625	626		
						Compliant Journeys	578	625	635	625	626		
		100%	Patients will not miss their dialysis treatment due to patient transport issues (Avoidable Abort/Cancelleds)	100%	100%	100%	100%	100%	100%	0%	↔		
				Journeys	1394	1397	1436	1386	1471				
				Compliant Journeys	895	883	860	835	970				
LQR4	Collection Time - Day Cases, Outpatients, Transfers, Pre-Planned Discharges and Renal Dialysis Clinic	95%	Patients shall be collected no more than 60 minutes later than the planned pick up time	64%	63%	60%	60%	66%	63%	6%	↑		
				Journeys	3	8	12	8	4				
				Compliant Journeys	1	5	9	3	2				
LQR5	Collection Time - End of Life Patients are given priority for NEPTS	95%	End of Life patients collected within 60 minutes of being made ready following a minimum 1 hour notice period	33%	63%	75%	38%	50%	52%	12%	↑		
						Journeys	3	8	12	8	4		
						Compliant Journeys	1	5	9	5	4		
		100%	End of Life patients collected within 90 minutes of being made ready following a minimum 1 hour notice period	33%	63%	75%	63%	100%	67%	37%	↑		
				Journeys	200	238	221	244	305				
				Compliant Journeys	111	143	123	113	163				
LQR6	Collection Time - 'On the day' Discharges	95%	Patients shall be collected within 90 minutes of the patient booked ready time following a minimum of a one hour notice period	55%	60%	56%	46%	53%	54%	7%	↑		
				Journeys	5474	5512	5545	5278	5177				
				Compliant Journeys	366	478	475	470	38				
LQR7	Provider Avoidable Cancelled or Aborted Journeys. (Journeys cancelled by the referrer to be excluded)	5%	No more than 5% of CCG activity lost through Provider cancelled/aborted journeys	6.69%	8.67%	8.57%	8.90%	0.73%	6.71%	8.17%	↑		

Full mobilisation of the contract (signed on 1st January 2018) was expected from the end of May 2018 however a significant number of driver vacancies have impacted this. Two discharge vehicles have been commissioned by the CCG due to reports from the Trust regarding failed discharges. Activity Query Notice has been issued to EEAST in relation to failure to provide key activity data.

Key Issues

The continuing concern for commissioners is the ongoing recruitment to vacant posts to deliver the full contract. Staffing vacancies remain high with 16 wte patient driver vacancies with a priority to support renal patients. Compliance against the Local Quality Requirements (LQR) remains an issue, however there has been a slight improvement.

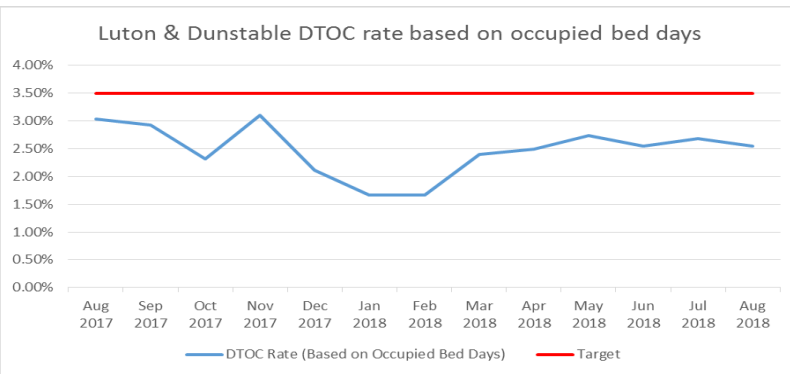
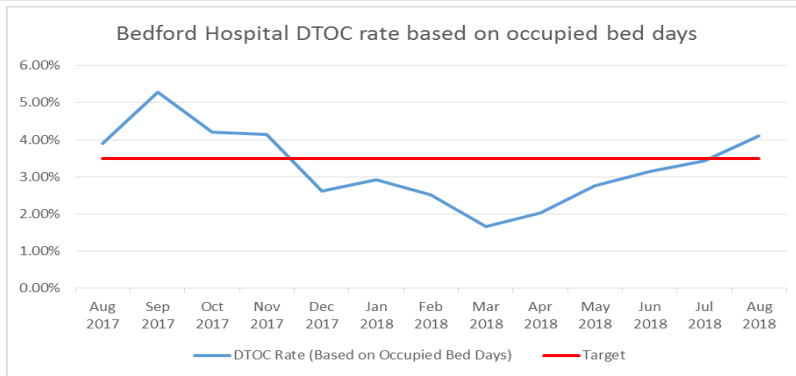
Mitigations

Recruitment to the driver vacancies is ongoing and the CCG continues to monitor this situation on a monthly basis. Achievement of performance against the LQRs remains dependent on the success of the recruitment.

Progress Update

The call handling report states a 99% achievement against a target of 95% in August for patient line calls answered within 5 minutes. The Healthcare Professional line calls answered within 2 minutes achieved 96% against a 95% target.

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 Bedford Hospital (BHT) underachieved the <3.5% target with 4.11% and Luton & Dunstable Hospital (L&D) achieved in August with 2.55%.

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.
- Ready to Transfer and Length of Stay meetings have been strengthened with more focus on stranded and super stranded patients. Super stranded numbers are reducing. Medical Director and Clinical Directors review of super stranded has been implemented.
- Work is underway to improve the discharging processes with a dedicated work stream in place in preparation for Winter.
- Best practice visit to the L&D has taken place and work is underway to embed suitable processes into BHT
- Reviewing and updating the discharge processes for multiple pathways e.g. end of life, stroke.

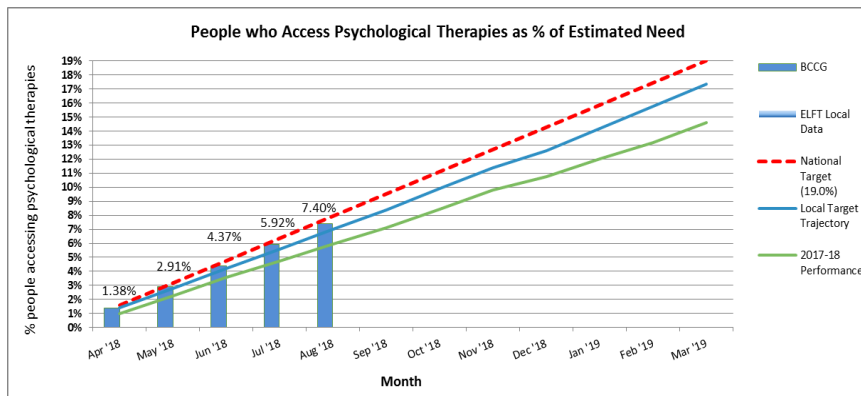
Progress Update

A Quality Improvement Project Group has been established and meets fortnightly 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. The aims of this group is to ensure an accurate Estimated Discharge Date is in place across the whole trust. This is currently being piloted on two wards.

Discharge Operational Leads Group has been established and meets fortnightly. An action plan has been developed and is being updated following these meetings.

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.



NHS Digital have written to ELFT and the CCG apologising for reporting errors in the national data which was caused through the unsuccessful upload of the May activity due to a provider coding issues. NHS Digital have confirmed that this data issue cannot be rectified for 2018/19 and will have an impact on the nationally reported data sets for access rates in May 2018 and waiting and recovery times for the next few months.

ELFT continue to provide local datasets which are reflected in this report.

Performance

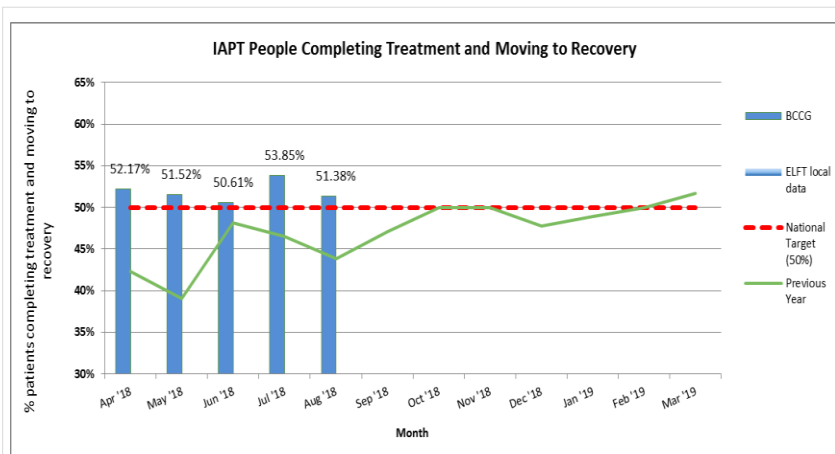
Latest local data for August is showing an achievement of 1.47% against the monthly threshold of 1.4%. Year to date performance is 7.4% against a threshold of 7%.

Progress Update:

It is expected that two thirds of the increase in access for 2018/19 will come from patients with long term conditions (LTC) and medically unexplained symptoms and therefore the implementation of an IAPT-LTC Service is a priority for 2018/19 and is progressing well.

- Diabetes and Respiratory Services – LTC Groups now in place across the County. Diabetes ‘Champions’ working with the Service to increase engagement.
- Workshop organised by BCCG Physical Health & Mental Health Commissioners for 25/10/18 with Bedford Hospital Diabetes & COPD staff, Community Services and IAPT to discuss expansion of integration and increasing access.
- Living Well with Long Term Conditions Groups now being delivered.
- Therapists now integrated within community services and primary care settings with physical healthcare.
- Revised IAPT GP Referral Template uploaded to SystemOne to incorporate LTC recognition.
- New post recruited to, ‘Long Term Conditions Team Leader’, start date 19/11/2018 – will oversee IAPT-LTC implementation.
- Extensive marketing campaign launched.

Mental Health – IAPT - Moving to Recovery



Performance:

Local data for August shows the recovery rate at 51.38% which is an achievement against the national threshold of 50%.

The Recovery Rate has over performed in the first 5 months of 2018/19.

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.

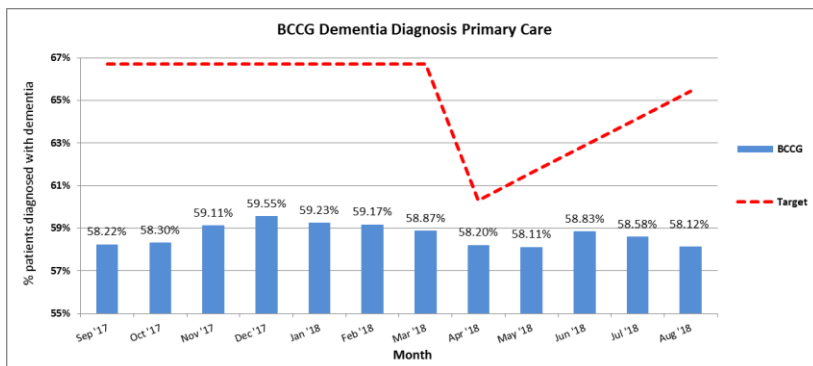
Progress Update

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 Qtr 4 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.



In August there were 2984 patients aged 65+ with a diagnosis of dementia which gives a worsening position of 58.12% against the plan of 65.44%. To achieve the 66.7% target by September a further 446 people would need to be diagnosed assuming a prevalence rate of 5143. On average the Memory Assessment Service (MAS) diagnose 28 patients per month. This target cannot be achieved by memory clinic diagnoses alone.

Key Issues:

The ability to increase number of patient going through the system to meet the % diagnosis rates within timescales. Delay in recruiting permanent medical staff into the service. Lack of diagnosis in the acute/community setting and IG issues delaying the Continuing Healthcare (CHC) project.

Mitigations:

The CCG have identified gaps in diagnosis in secondary care (neurology/geriatrics). GP clinical lead engaging with relevant service managers to discuss diagnosis in a hospital setting.

Communication to primary care regarding MAS attendance at flu clinics to talk to people about their memory. 3 practices have so far taken up this offer.

Pursuing possibility of using digitisation monies to roll out CANTAB mobile in primary care.

MAS staff meeting with primary care to offer support around suggested actions included on the GP crib sheet.

Training event with Professor Alistair Burns is taking place on 27th November for GPs and community professionals to aid diagnosis outside of the memory clinic.

MAS to work out of GP practices particularly those furthest from their target ambition. This is being supported by NHSE.

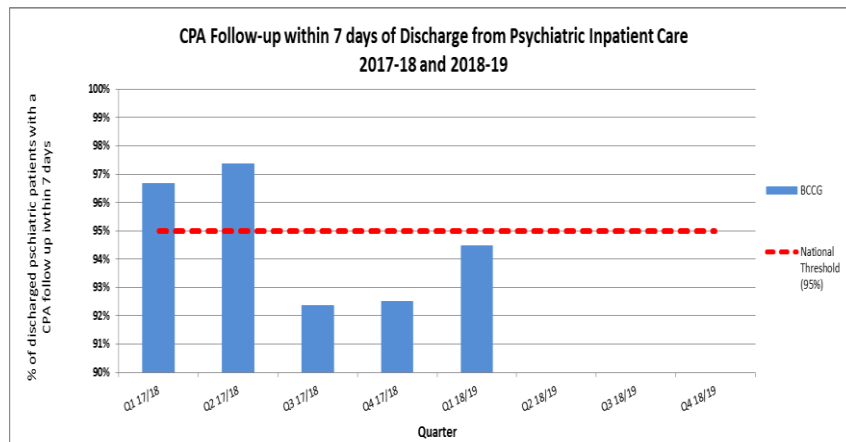
Recovery plan with 8 identified areas of priority to be written up and implemented.

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 MAS attendance at flu clinics. There is also the opportunity to use Personal Medical Services (PMS) monies to incentivise GPs for 2019/20. This is being pursued.

Mental Health – Care Programme Approach (CPA) – Quarterly Update

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



Performance:

In Quarter 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. Latest data for August is showing underachievement at 94.59% with 4 breaches of which 2 were patients on CPA, 1 was non CPA and the other is awaiting confirmation on CPA status.

Key Issues:

Of the 6 CPA breaches ELFT have confirmed that patients 1-3 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

Patient 2 – followed up on Day 3

Patient 3 – followed up on Day 5

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.

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%	80%	80%								74%	
	2	% CHC assessments completed in acute setting for patients on hospital discharge pathway	< 15%	13%	0%	14%	7%	9%	3%								7%	
Reviews	3	% of all reviews completed in the month.	80%	60%	87%	66%	96%	97%	83%								86%	
Appeals & Disputes	4	Number of local panel appeal decisions that have been overturned at Independent Review Panel held by NHSE within the quarter		0	0	0	0	0	0								0	
	5	Number of interagency disputes on eligibility within the quarter		0	0	1	0	0	0								1	

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

CHC Quality Premium

The CHC Department has achieved the 28 days process Quality Premium since June, even during staff shortages. The CHC department continues to prioritise the Quality Premium however will also need to concentrate on increasing Personal Health Budgets in line with NHSE directions that all new domiciliary care packages will be a default PHB by 1 April.

Due to the implementation D2A for Bedford and Luton & Dunstable Hospitals CHC Checklists no longer completed in these hospitals, outlying hospitals continue to CHC assess from within the acute, continue to work with Commissioning Directorate to increase D2A capacity to cover all BCCG residents

Reviews

Following increased efficiency in managing reviews the department is now achieving over the KPI

Appeals/Dispute

BCCG CHC department have not had a case overturned at NHSE independent review panel (IRP) for a number of years.

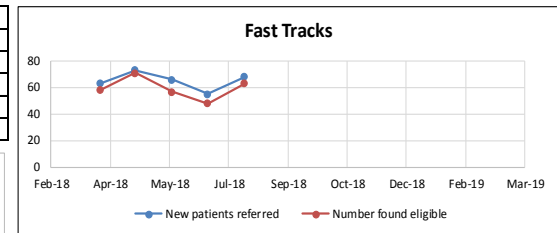
There are no current local authority disputes

Continuing Healthcare

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

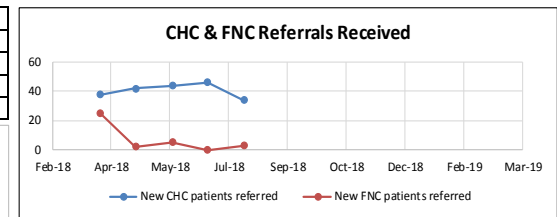
Fast tracks 2018/19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
New patients referred	62	63	73	66	55	68								325
Number found eligible	56	58	71	57	48	63								297
Number RIP / Withdrawn	6	5	1	6	5	4								21
Number not eligible/declined	0	0	1	3	2	1								7
Fast track % conversion rate	90%	100%	99%	95%	96%	99%								91%

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



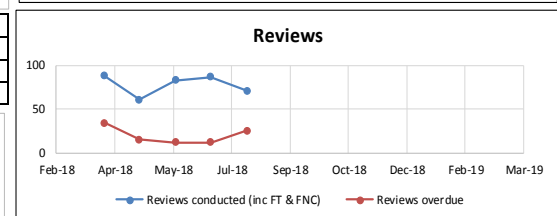
CHC & FNC referrals 2018/19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
New CHC patients referred	44	38	42	44	46	34								204
New FNC patients referred	24	25	2	5	0	3								35
Positive checklists	35	35	37	36	38	32								178
DSTs found eligible	5	2	3	5	9	4								23

The CHC referrals remain stable, FNC has decreased since April. This is likely to increase as we move into winter. 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



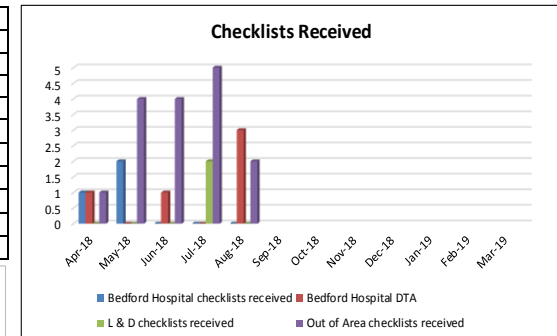
Reviews conducted 2018/19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
Reviews conducted (inc FT & FNC)	72	88	61	83	87	71								390
Reviews overdue	46	34	15	12	12	25								

Breakdown of reviews conducted for August 2018: 35 x CHC, 27 x FNC, 9 x Fast track.
 Breakdown of overdue reviews: May x 2, June x 1, July x 8, Aug x 14.
 Longest overdue = 127 days. Average number of days overdue = 66 days.
 Reduction in reviews in August due to staff shortages however remain within KPI target. Some long standing out of date cases relating to clinicians not completing documentation to confirm the review has been completed.



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	0	0								3
Bedford Hospital DTA	1	1	0	1	0	3								5
L & D checklists received	0	0	0	0	2	0								2
Milton Keynes Hospital	1	1	2	1	0	0								4
Out of Area checklists received	2	1	4	4	5	2								16
Total found eligible	0	0	2	1	1	2								6
Total not eligible / screened out	8	4	6	5	4	2								21
Total RIP/ Funded without prejudice	0	0	0	0	2	1								3
% found eligible	0%	0%	25%	17%	14%	40%								19%
% found not eligible	100%	100%	75%	83%	57%	40%								71%

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



Locality Performance 2018/19



Bedfordshire
Clinical Commissioning Group

Measure		KPI / Target	Bedford	Chiltern Vale	Ivel Valley	Leighton Buzzard	West Mid Beds	BCCG	
Preventing Ill Health	1.1 % Flu vaccination uptake - 65 years and over	75%	72%	72%	75%	73.60%	74.53%	73.19%	
	1.2 % Flu vaccination uptake - under 65s at risk	55%	14%	14%	18%	17.09%	16.93%	15.63%	
	1.3 % Flu vaccination uptake - Pregnant women	55%	52%	49%	54%	58.23%	55.85%	52.79%	
	1.4 % Flu vaccination uptake - Children 2 year olds	40%	48%	39%	55%	55%	55%	50%	
	1.5 % Flu vaccination uptake - Children 3 year olds	40%	47%	40%	56%	53%	58%	50%	
	1.6 % Flu vaccination uptake - Children 4 year olds	40%	62%	58%	72%	70%	74%	66%	
	1.7 % Flu vaccination uptake - Carers	55%	40%	35%	49%	40%	43%	41%	
	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%	
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	940	n/a	n/a	n/a	n/a	n/a	4087	
	2.2 Diabetes NDPP - Number of people on programme	376	n/a	n/a	n/a	n/a	n/a	1012	
	2.3 Diabetes Care Planning - Number of practices signed up	48	n/a	n/a	n/a	n/a	n/a	43	
	2.4 Diabetes Care Planning - Quarterly reports on care plans completed	10,000	943	534	253	128	134	1992	
	2.5 Cluster MDT Working - Number of practices signed up	48	18	9	6	3	7	43	
	2.6 Cluster MDT Working - Attendance at cluster MDT meetings	tbc	n/a	n/a	n/a	n/a	n/a	n/a	
	2.7 Cluster MDT Working - Number of patients on caseload	tbc	0	0	0	0	0	0	
Objective Narrative			Quarter 2 figures not yet available						
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%	
	3.2 % Practice attendance at locality board meetings (YTD)	90%	59%	91%	84%	73%	83%	74%	
	3.3 % Practice attendance at Members Forums	100%	45%	44%	67%	100%	71%	56%	
	3.4 Cumulative Practice Visits (May-September)	100%	80%	100%	89%	67%	100%	88%	
	3.5 Locality Primary Care Home Development Plan Sign up	100%	100%	100%	100%	100%	100%	100%	
	3.6 Annual Review of Peer Review in Practices (May-Oct)	100%	80%	100%	89%	67%	100%	88%	
Objective Narrative			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 22.20 Actual 26.04	Plan 24.04 Actual 24.15	Plan 20.36 Actual 22.64	Plan 21.34 Actual 20.62	Plan 19.70 Actual 19.72	Plan 21.74 Actual 23.55	
	4.2 Finance Activity Dashboard - Total Emergency Admissions (per 1000 population)	Finance Activity Dashboard Monthly Plan	7.48 8.00	9.45 8.79	7.29 8.12	8.14 7.27	7.76 6.95	7.88 7.93	
	4.3 Finance Activity Dashboard - GP Initiated 1st OP Attendances (per 1000 population)	Finance Activity Dashboard Monthly Plan	18.61 4.06	16.02 14.07	19.72 12.08	23.48 19.24	20.12 9.49	19.07 9.71	
	4.4 Finance Activity Dashboard - Elective Admissions (per 1000 population)	Finance Activity Dashboard Monthly Plan	9.85 10.09	10.38 10.80	11.32 11.51	10.30 10.16	10.24 10.72	10.33 10.59	
	Objective Narrative			4.3: In M05 2018/19 Bedford Hospital failed to submit outpatient data to SUS in time which has skewed the figures this month					
Patient & Public Engagement	5.1 Number of Locality Patient Network meetings (YTD)	4	3	3	2	3	2	13	
	5.2 Number of Healthier Living Seminars per year - (YTD)	3	0	1	1	1	1	4	
	5.3 No. Patients attending Healthier Living Seminars (YTD)	No Target	0	66	31	40	72	295	
Objective Narrative			5.2 / 5.3: No Health Seminars in 2018/19 due to GDPR		5.2 / 5.3: 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 - GP Access	Practices in national highest decile	70%	67%	67%	58%	64%	67%	
	6.2 National GP Patient Survey - Making Appointments	Increased level of patient participation	76.8%	75.4%	79.1%	71.7%	74.8%	76.2%	
	6.3 Friends & Family Test - % recommended		87%	98%	99%	90%	93%	86%	
	6.4 Friends & Family Test - % not recommended		5%	2%	14%	3%	7%	6%	
	Objective Narrative			6.1: Rothsay Surgery in top 10% (97%, 1st) within Central Midlands. Clapham Road (52%, joint 45th) and Village Medical Centre (51%, joint 46th) in bottom 10% within Central Midlands.		6.1: No practices in top 10% within Central Midlands. West Street (56%, joint 41st) and Wheatfield (38%, joint 59th) within Central Midlands.		6.1: No practices in top 10% within Central Midlands. Leighton Road (52%, joint 45th) in bottom 10% within Central Midlands.	
				6.2: Goldington Avenue (91%, joint 5th), Linden Road (89%, joint 7th) and Rothsay Surgery (88%, joint 8th) in top 10% within Central Midlands within Central Midlands. Caludwell Medical Centre (68%, joint 28th) in bottom 10% within Central Midlands		6.2: Eastgate (86%, joint 10th) in top 10% within Central Midlands. West Street (69%, joint 27th) and Wheatfield (59%, joint 37th) in bottom 10% within Central Midlands.		6.2: No practices in top or bottom 10% within Central Midlands.	
			6.5: Practices identified as: Putnoe Medical Centre (2%), Caudwell Medical Centre (16%), Ashburnham Road (18%)		6.5: Practice identified as Toddington (20%)		6.5: Practice identified as: Basset Road (4%)		
			6.4 / 6.5: No data for Goldington Medical Practice, Pembley, Queens Park, Cater Street, 12 Goldington Road, De Parys, Priory, Great Barford and The Village Medical Centre. Data suppressed due to small numbers for Sharnbrook, King Street, Wootton, Harrold, London Road, St Johns and Goldington Avenue		6.4 / 6.5: No data for Kingsbury Court, Kirby Road, Caddington, Houghton Regis and Priory Gardens. Data suppressed due to small numbers for West Street and Eastgate		6.4 / 6.5: No data for Greensands Potton, Larksfield, Bedford and Sandy Health Centre. Data suppressed due to small numbers for Lower Standon, Shannon Court and Arlesley		
					6.5: Practices identified as: Ivel Medical Centre (13%) and Saffron (14%)		6.5: Practice identified as: Salisbury House		
							6.4 / 6.5: No data for Oliver Street and data suppressed due to small numbers for Dr Hughes & Partners and Houghton Close		

Locality Performance 2018/19



	Measure	KPI / Target	Bedford	Chiltern Vale	Ivel Valley	Leighton Buzzard	West Mid Beds	BCCG	Latest Data	
GP IT / Technology / Digital Maturity	7.1 E-Referrals - uptake of electronic referrals where enabled by secondary care (BCCG target only)	90%	n/a	n/a	n/a	n/a	n/a	71%	Jul-18	
	7.2 E-Referrals - no. of eRS first outpatient bookings	No Target	1869	834	1289	529	879	5400	Jul-18	
	7.3 E-Referrals - Total e-RS Bookings inc outpatients	No Target	2079	861	1415	573	969	5897	Jul-18	
	7.4 Patient Online - uptake of patient use of one or more online service	20%	21%	31%	34%	34%	55%	43%	33%	Jun-18
	7.5 ePS - increased uptake of electronic repeat prescriptions	40%-80%	53%	71%	43%	83%	51%	57%	Jul-18	
	7.6 ePS - Continued uptake of electronic repeat dispensing	25%	2.40%	7.30%	0.30%	2.20%	1.20%	2.60%	Jul-18	
	7.7 Activation of the Enriched Summary Care Record (ESCR) - Number of patients with ESCR uploaded	No Target	2420	1220	903	238	240	5021	Dec-17	
	7.8 Advice & Guidance - Number of requests which turn into a referral booking request	Not yet available								
	7.9 Advice & Guidance - Response Times	Not yet available								
	7.10 Number of Bedfordshire GP IT Forums a year - at least 3 a year	3	n/a	n/a	n/a	n/a	n/a	n/a	3	Jul-18
	7.11 Practice attendance at Bedfordshire GP IT Forums - YTD	No Target	2	2	1	0	3	8	Jul-18	
	7.12 SystemOne Bureau - days worked rolling total	n/a	n/a	n/a	n/a	n/a	n/a	84	Sep-18	
	7.13 SystemOne Bureau - requests in progress/completed in month	n/a	n/a	n/a	n/a	n/a	n/a	20	Sep-18	
	7.14 Transition from READ to SNOMED CT managed and practices engaged	No Target	Guidance disseminated via GP IT Newsletter	Guidance disseminated via GP IT Newsletter	Guidance disseminated via GP IT Newsletter	Guidance disseminated via GP IT Newsletter	Guidance disseminated via GP IT Newsletter	Guidance disseminated via GP IT Newsletter	Guidance disseminated via	Sep-18
	7.15 NHS 111 Direct Booking	100%	5%	11%	33%	67%	0%	15%	Jul-18	
		7.4: Practices under 30% non contractual target but above 10% identified as London Road, Queens Park, Sharnbrook, Putnoe, Cauldwell, King Street, Linden Road, Rothsay, 12 Goldington Road, The Village and Shortstown. There is no data for Cater Street	7.4: Practices under 30% non contractual target but above 10% identified as Wheatfield, Houghton Regis, Kingsbury, Kirby and Eastgate	7.4 Practices under 30% non contractual target but above 10% identified as Potton, Shannon Court, Lower Stondon and Arlesley	7.5: Practices not yet live identified as Greensands (Potton), Ivel Medical Centre (planned live date 01/10/18) and Dr Collins & Partners	7.4 Practices under 30% non contractual target but above 10% identified as Cranfield				
Locally Commissioned Services	8.1 Locally Commissioned Services - Practice Offered (Phlebotomy, Anticoagulation, Methotrexate, Sulfasalazine, Diabetes)	48	20	9	9	3	7	48	Jun-18	
	8.2 Locally Commissioned Services - Practice Uptake (Avg) (Phlebotomy, Anticoagulation, Methotrexate, Sulfasalazine, Diabetes)	10	18.5	8.7	8.3	3.0	6.8	9.1	Jun-18	
	8.3 Locally Commissioned Services - Practice Offered (Acute Treatment Scheme (IV), Practice Matrons (CV), DVT (CV), Homeless LES (BD, LB), Ophthalmology (LB), Wound Care (WMB))	46	20	5	9	3	7	44	Jun-18	
	8.4 Locally Commissioned Services - Practice Uptake (Avg) (Acute Treatment Scheme (IV), Practice Matrons (CV), DVT (CV), Homeless LES (BD, LB), Ophthalmology (LB), Wound Care (WMB))	9.2	1	3.5	8	1	6	3.83	Jun-18	
Objective Narrative			8.2: Not all practices take up offer. 8.4: Not all practices take up offer							
Extended Access	9.1 Primary Care Extended Access - Provision of access to pre-bookable and same day appointments in evenings and weekends	100% Not yet available								
	Objective Narrative			9.1 Available October 2018						
Developing Primary Care Home	10.1 % Registered Population covered by network (cluster/neighbourhood)	100%	100%	100%	100%	100%	100%	100%	Jul-18	
	10.2 Networks with MOU or formal agreement to collaborate	10	4	2	2	1	1	10	Jul-18	
	10.3 Networks actively demonstrating sharing between practices e.g. Back office - premises, IT solutions	10	3	1	1	1	1	7	Jul-18	
	10.4 % of practices that have recruited to new roles: Physicians Associate, Clinical pharmacist, Emergency Care Practitioner, Physiotherapist	tbc	40%	22%	44%	33%	57%	40%	Jul-18	
	10.5 Networks with Information Sharing Agreement in place	10	2	1	1	0	1	5	Jul-18	
	10.6 No of networks that have completed self-assessment and have developed an iterative PCH plan	10	2	2	2	1	1	8	Jul-18	
	10.7 Networks with GP led MDT in operation	10	4	2	2	1	1	10	Jul-18	
	10.8 Networks signed up to BLMK incentive scheme	10	4	2	2	1	1	10	Jul-18	

Locality Performance 2018/19

Preventing Ill Health

Flu planning is underway with practices and pharmacies data collection will begin in October.

Long Term Condition and Complex Patient Management

Diabetes - Referral target for 18/19 = 940, current number of referrals = 1337. Since April there have been 624 people who have started the programme. For the remaining patients these have either declined, in process, on the waiting list or provider has been unable to contact them. Digital offer coming on-stream for those who decline the face to face programme.

Cluster MDT Working

This is well-embedded with clusters now with only 1 practice opting out. Numbers of patients will be reported at the end of Quarter 2 once all data is submitted.

Member Engagement and Organisational Development

The Locality Boards and Members event took place in September.

Budgetary Management - Activity

Activity for GP initiated 1st Outpatient and Elective Admissions is below or close to plan for all Localities. The focus this year is on identifying and working with those patients who have a higher A&E, Ambulance or non-elective admissions. Work is ongoing with the CSU and Data Services (DSCRO) to enable practices to have patient identifiers to enable them to undertake the audit and review.

Patient and Public Engagement

Due to the implementation of GDPR (data protection) and concerns raised on the use of patient data to target invites to the Healthier Living Seminars localities have not been able to proceed with planned events. Further advice has been sought from IG leads and it is hoped to be able to recommence these events in the New Year.

Patient Experience

National GP Patient Survey - Results for the survey from Jan - Mar 18 have now been published, however the questions have changed and further guidance is awaited on the new formula to enable this data to be refreshed.

Friends and Family

This is not reported for a number of practices due to either no submission being made by the practice or the data being suppressed due to small response rate.

GP IT / Technology / Digital Maturity

- e-Referrals - Delivery of this is to be 100% by October 2018. Practices are being supported with this change.
- IT Forum - An unexpected road closure resulted in lower attendance than usual.
- NHS 111 Direct Booking - This is currently being piloted in some practices and plans are in place to expand this to all practices by April 2019.

Extended Access - This will be reported from October 2018 onwards

Out of Hospital Programme

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, particular focus on frail and elderly patients over 65 years of age residing in Care/Nursing/Residential and their own homes.

The OOH Programme Team are working closely with ELFT colleagues to confirm transformation priorities for years one and two that form part of the Service Development Improvement Plan. Monthly meetings are scheduled to monitor progress against the plan.

From 1st September two Early Intervention Vehicles are in place and staffed by paramedics from EEAST and Health Professionals from ELFT. EIV1 has been in operation since mid June 2018 and in the first 3.5 months received and attended 243 referrals of which 132 hospital attendances/admissions were avoided. EIV2 has been in place since beginning of September and received and attended 63 referrals of which 32 hospital attendances/admissions were avoided, both vehicles attaining on average a 54% non conveyance rate.

The Complex Care Team weekend pilot commenced on 1st September for a further seven months with 10 named care homes within Bedford. During the first month of operation 13 hospital attendances/admissions were avoided.

The CCG are working with Primary Care colleagues and partner organisations to explore and develop further options and links to deliver the High Intensity User Programme to support users and reduce their reliance on emergency services. A revised process to enable a smoother transfer of patient data to GP surgeries is being tested and is expected to be rolled out across Bedfordshire in October.

Trusted Assessors continue to work with Bedfordshire care homes, Bedford Hospital and Luton and Dunstable Hospital to provide support to BCCG patients being discharged from hospital to a care home. In September 41 assessments were completed at Bedford Hospital, all within 24 hours of notification. There were 13 assessments completed at Luton & Dunstable and again all within 24 hours of notification.

An End of Life Improvement Group has been established with the first meeting scheduled for October.

Feedback and data from the 6 monthly follow up appointments from the GP Offer scheme, undertaken during March and April 2018 is expected to be available at the end of October.

The Out of Hours 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 Bedfordshire, Luton and Milton Keynes (BLMK) initiative to connect Nursing and Residential Homes to NHS Mail and clinical record systems over the next 18 months and introduction of a remote monitoring/telemedicine tool.

Out of Hospital Programme

The Red Bag scheme across Bedfordshire has been operational since May. Feedback from a recent partner survey issued by BCCG has highlighted a requirement for some further engagement within hospital departments regarding the scheme, and further review of paperwork accompanying the resident into hospital in terms of what and how it is utilised to inform and support patient care.

Service reviews of the Tissue Viability Nursing service, the Fracture Liaison Pathway and Falls Service, and Phlebotomy Service are in development with providers with the aim to enhance and improve service provision.

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 Multi Disciplinary Team meetings within Bedford and Ivel Valley.

An improved and more streamlined Single Point of Access live from October 2018.

The Liaison Psychiatry Core 24 service continues to provide Multi Disciplinary team support in A&E and on the wards 24 hours a day, seven days a week; able to offer assessments and brief interventions to people with mental health needs.

Nine Primary Care link workers are 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.

Better Care Fund – Quarterly Update



Central Bedfordshire 2018/19 Better Care Fund Dashboard											
BCF Indicator		Q1 18/19 Plan	Q1 18/19 Actual	Q2 18/19 Plan	Q2 18/19 Actual	Q3 18/19 Plan	Q3 18/19 Actual	Q4 18/19 Plan	Q4 18/19 Actual	18/19 Total Plan	18/19 Year End Actual
HWB Non-Elective Admission Plan* Totals		7,108	7,640	7,184		7,190		7,033		28,515	
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	607.0	601.02	613.7		613.7		592.3			
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		134.97 (65 admissions)							259 admissions	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %		91.23%							90.3%	
Bedford Borough 2018/19 Better Care Fund Dashboard											
BCF Indicator		Q1 18/19 Plan	Q1 18/19 Actual	Q2 18/19 Plan	Q2 18/19 Actual	Q3 18/19 Plan	Q3 18/19 Actual	Q4 18/19 Plan	Q4 18/19 Actual	18/19 Total Plan	18/19 Year End Actual
HWB Non-Elective Admission Plan* Totals		4,508	2888.55 (4908 admissions)	4,558		4,565		4,465		18,096	
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	769	524.9 (686 delayed days)	777		777		761		3084 delayed days	
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		110.9 (33 admissions)							227 admissions	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %		90.70%							85.0%	

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

The 18/19 Q1 report sees 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

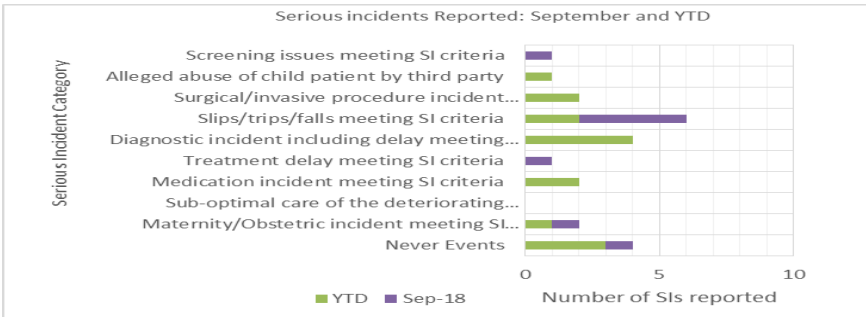
Working with providers to ensure focus on reducing admissions to hospital. The High Intensity User Project to identify cohorts of people who are higher users is established.

Progress Update

- An improvement across Bedfordshire for 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 with a reduction in people going into long term care.
- The proportion of older people 65 and over who are still at home after 91 days sees an improvement across both BBC and CBC areas.

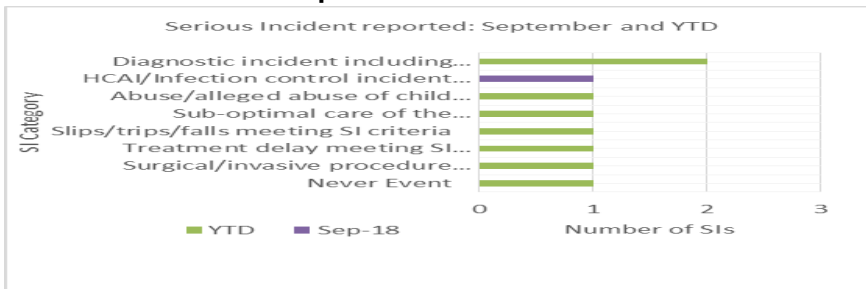
Serious Incidents

Bedford Hospital



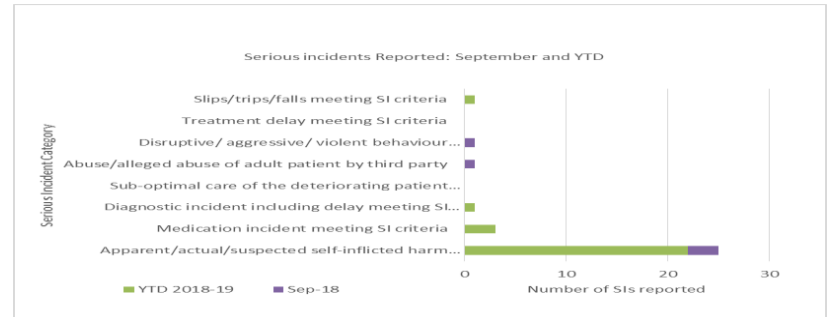
The Trust reported 7 Serious Incidents (SIs) in September giving 19 year to date. There was one Never Event (NE) giving a total of 4 year to date. The Trust has continued to update the CCG with the work of the NE Task & Finish Group and Theatres Safety Group. The Trust have simplified the reporting of incidents which will either be designated as Datix, fully managed or an SI. This may result in a greater number of SIs being reported but should not be taken as an indication of an increase in clinical harm.

Luton & Dunstable Hospital



The Trust reported 1 SI for a Bedfordshire patients in September giving 8 year to date. No Never Events were reported in the month with 1 year to date.

ELFT (Mental Health)



The Trust reported 5 SIs during September giving 32 year to date. There were no Never Events in September or Year to date.

At the Quarter 1 Quality meeting the Trust presented a thematic review of unexpected deaths from April to July 18. The CCG continues to work closely with ELFT to address particular key areas of service and care delivery including physical health, ward discharges and 7 day follow-up post discharge.

The ELFT Medical Director (Bedfordshire) will attend the Integrated Commissioning & Quality Committee meeting in October to address the Committee's questions arising from recent SI Reports.

ELFT (Community Health Services)

No SIs were reported in September, with a total of 1 Year to date. There have been no Never Events reported.

Friends and Family Test – Quarterly Update

Bedford Hospital

Bedford Hospital	Total Responses	Total Eligible	Response Rate	% Recommended	% Not Recommended	England Response Rate	England % recommended
Quarter 1 18/19							
A&E	2198	11162	19.69%	84.76%	9.6%	12.7%	87.1%
Inpatients	4139	13889	29.80%	94.30%	5.0%	25.2%	95.9%
Outpatients	7119	43622	16.30%	93.40%	6.0%	6.7%	93.8%
Maternity (Birth)	225	225	100.00%	96.00%	2.2%	21.1%	96.8%

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

Luton & Dunstable

Luton & Dunstable	Total Responses	Total Eligible	Response Rate	% Recommended	% Not Recommended	England Response Rate	England % recommended
Quarter 1 18/19							
A&E	2139	20382	10.49%	90.98%	0.4%	12.7%	87.1%
Inpatients	6109	18287	33.41%	95.79%	3.5%	25.2%	95.9%
Outpatients	4269	86123	5.00%	95.50%	3.1%	6.7%	93.8%
Maternity (Birth)	282	1189	23.72%	92.20%	5.3%	21.1%	96.8%

There has been a significant improvement in the A&E response rates following the issue of a Contract Performance Notice. This has been due to the implementation of electronic input via ipad. Issues around data protection for a new texting service are being resolved. FFT will continue to be monitored and discussed at Quarterly Trust Quality Meetings.

ELFT (Mental Health)

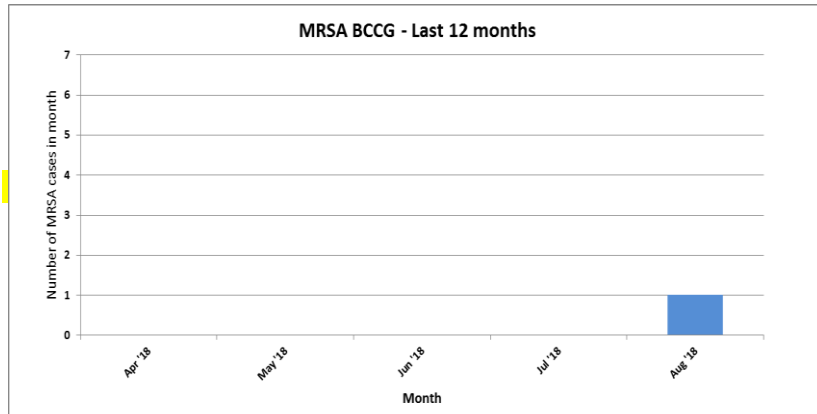
ELFT	Total Responses	Total Eligible	Response Rate	% Recommended	% Not Recommended	England Response Rate	England % recommended
Quarter 1 18/19							
Mental Health	2025	47408	4.30%	90.20%	6.0%	3.0%	88.9%

ELFT Mental health services performed above the England overall for Q1.

ELFT Community Services

ELFT	Total Responses	Total Eligible	Response Rate	% Recommended	% Not Recommended	England Response Rate	England % recommended
Quarter 1 18/19							
Community	10955	76627	14.30%	99.30%	0.4%	3.9%	95.5%

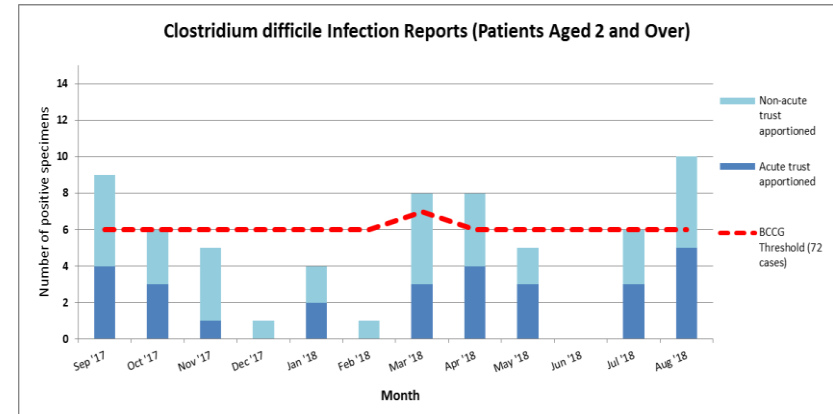
This is the first quarter that ELFT are reporting Community figures since taking over the contract in April 2018. Performance for Q1 is above the England overall for both response rate and recommended rate.



MRSA

The CCG had 1 case of MRSA bacteraemia in August 2018 giving 1 case year to date.

This case is apportioned to Luton and Dunstable Hospital. A full review has been undertaken which has identified that the MRSA protocol for screening was not followed in this case. It has therefore been declared as a serious incident and a final report is pending.



C-Diff

In August 2018 there were 10 cases of C-diff for BCCG giving a year to date total to 29 cases (1 case below the year to date threshold against the year end threshold of 72. Out of the 20 CCGs in the East of England, BCCG is second lowest with 6.48 cases per 100,000 population and is below the England total for the year to August 2018.

Bedford Hospital had 4 hospital apportioned cases in August 2018 giving a total of 6 cases year to date against a year end threshold of 9 cases (April 2018 – March 2019). The August cases were all different wards and there is not considered to be a link between any of them. The CCG Infection Control Nurse is in the process of setting up a clinical meeting with the Trust to discuss these cases in more detail.

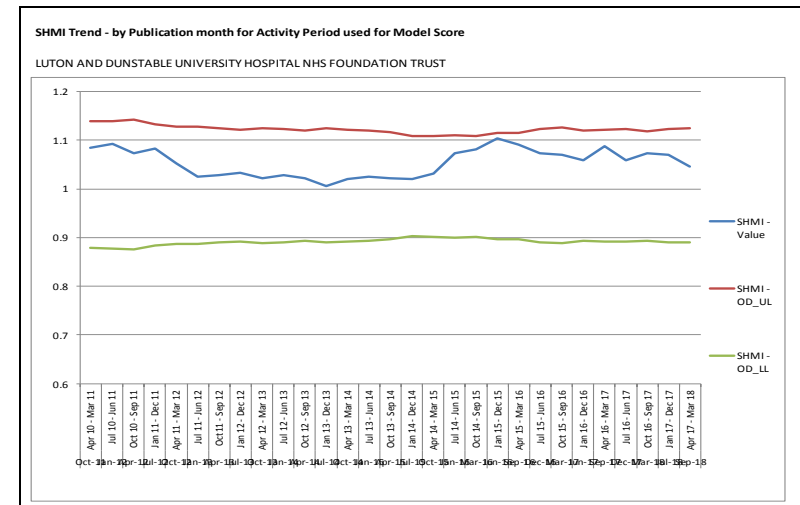
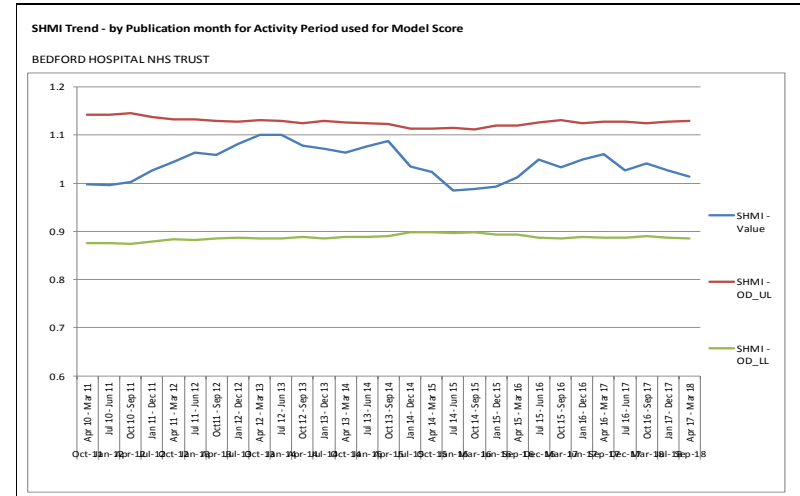
Luton & Dunstable Hospital had zero hospital apportioned cases in August 2018 giving 1 case year to date against the year end threshold of 5 cases (April 2018 – March 2019).

Mortality Rates – Quarterly Update

Mortality Rates

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 April 17 – March 18 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 first panel meeting has taken place. Further updates will be provided as the DHR progresses.

Children Safeguarding

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

The CCG is currently involved in a multi agency deep dive into a child death. The young person was from Surrey and was a looked after child placed in Bedford at the time of death.

Child Death Overview Panel (CDOP)

There have been 5 child deaths in Bedfordshire in August 2018. Two of these were unexpected.

Bedford Borough

Three deaths, one of these was unexpected. The unexpected death is under Coroners investigation.

Central Bedfordshire

Two deaths, one of these was unexpected.

All unexpected deaths have a rapid response review within 48 hours. There are no safeguarding concerns and none of these cases have been referred for SCR or SI's.

There were 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 (BCCG) manages Complaints, Enquiries, Concerns and Freedom of Information Requests received from members of the public and MPs.

	CCG Complaints	Provider Complaints	Concerns	Enquiries	Compliments	Cases closed
July 18	1 (PHSO)	13	1	95	0	91
Aug 18	1	6	5	86	2	91
Sept 18	2	11	2	46	1	69
Totals	4	30	8	227	3	251

In Qtr 2 there were 3 CCG formal complaints which related to funding and commissioning issues. There was also 1 complaint to the CCG from the Parliamentary and Health Service Ombudsman (PHSO). This complaint is currently open.

There were 30 provider complaints which were signposted to the relevant organisation where this was appropriate to do so. The CCG have regular quality meetings with provider organisations, during which complaints and concerns form part of the discussions to ensure service improvement.

Particular areas raised for Q2:

Medicines Management:

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

Individual Funding Requests South Central and West CSU

Concerns received about the IFR process by patients waiting for a decision or their funding had been declined. Patients are unclear of pathway and appeals process. This has been raised with the CCG IFR lead. IFR process is under review.

Continuing Healthcare Funding: Arden and GEM – retrospective review process, complaints received regarding delays and poor communication. This has been raised with the CHC lead.

Commissioning and Funding:

- IVF enquiries re criteria
- Putnoe Walk-in Centre

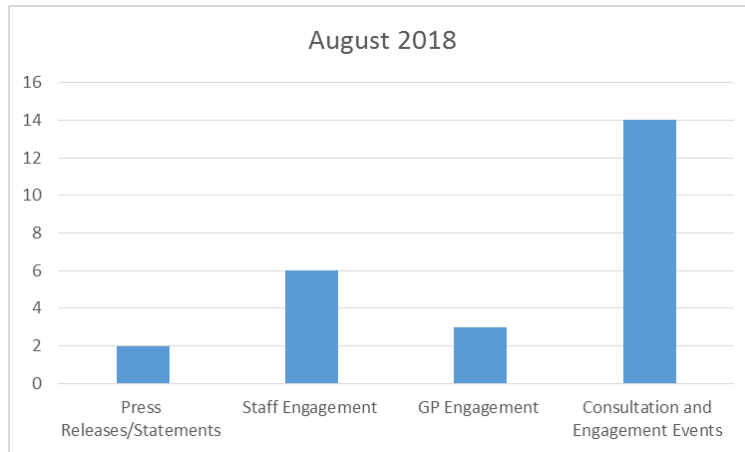
Childrens Services

Extended delay in assessment for ADHD. CCG liaised with ELFT to resolve this.

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 Q2 there were no response timescale extensions.

Freedom of Information Requests (FOIs)

A total of 80 FOI requests were received in Qtr 2 2018/19. 77 responses were issued. There were 4 cases which breached the 20 working day statutory response timescale due to delay in final sign off and internal response delays.



Press Releases and statements:

In the month of August, BCCG published 1 press release and 1 media statement.

- The press release was promoting the public meeting arranged as part of the Putnoe Walk in Centre consultation.
- The media statement was sent out a few days later when the decision was made to close the consultation early.

Staff Engagement

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

Four staff newsletters were released to update staff with information.

A Staff Involvement Group (SIG) was held with staff representatives.

GP Engagement

Three GP newsletters were published in August to update GP members with relevant information.

Consultation and Engagement Events

BCCG undertook fourteen consultation and engagement events during the month of August, when attending various stakeholder groups in order to promote and engage on the Putnoe Walk-in Centre consultation. This included attending some existing groups such as Breathe Easy and Parkinson's Support Group and also some more general engagement activities, like visiting food banks and supermarkets.

Patient Engagement

Social Media

Website

3,301 people viewed the BCCG website in August 2018. Between them, they visited 10,452 pages. The most popular news story was the statement on the Putnoe Walk-in Centre consultation with 334 views. The top read page was for Putnoe Walk-in Centre Consultation with 663 views

Twitter

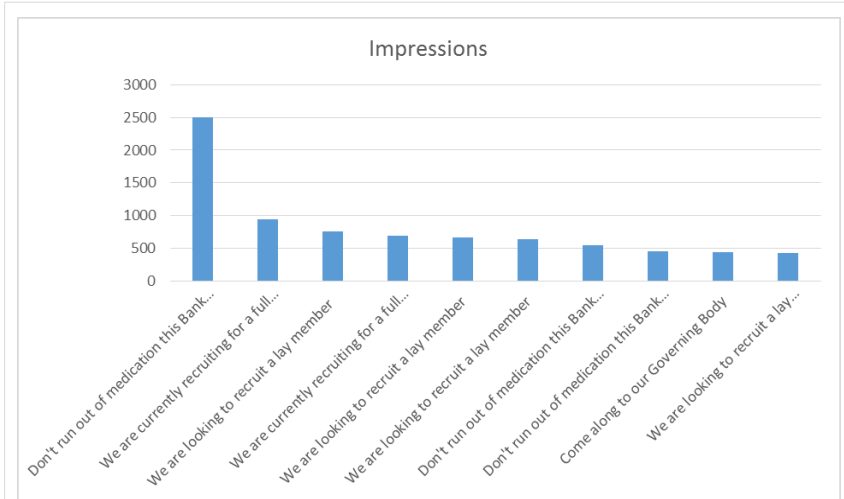
In August 2018, BCCG sent out 54 tweets. This translated into 48K impressions. BCCG also achieved 1,110 profile visits, 73 mentions and 11 new followers.

Top Tweet earned 3,738 impressions:

‘Please like and share our animation for the consultation on Putnoe Walk-in Centre’

Top media Tweet earned 2,391 impressions:

‘Don’t run out of medication this Bank Holiday. Your local pharmacies are open with shorter opening times.’



August 2018 Facebook:

Facebook post reached 10,874 people

Received 8 page 'likes'

Current BCCG Facebook page 'likes': 695

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

A&E	Accident and Emergency	MRI	Magnetic Resonance Imaging
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

Month 7 2018/19 October 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	Others	EEAST
E.B.3	RTT Incomplete <18 weeks	Monthly	Aug-18	92%	90.27%	↓	90.22%	92.58%	N/A	85.52%	90.63%	87.67%			
E.B.S.4.iii	RTT Incomplete >52+ wks	Monthly	Aug-18	0	3	↔	0	0	N/A	2	0	0		1	
E.B.4	Diagnostic Tests <6 weeks	Monthly	Aug-18	99%	98.18%	↓	99.24%	99.24%	N/A	98.97%	100.00%	98.77%			
E.B.6-E.B.13	Cancer Standards (8)	Monthly	Aug-18	Standards Met	6/8	↔	7/8	8/8	6/8	6/8	6/8	5/8			
E.B.15	Mean Ambulance Category 1 calls response time (minutes) - BCCG Patients	Monthly	Aug-18	7:00	6:53	↑	N/A	N/A	N/A	N/A	N/A	N/A			8:10
E.B.15.ii	Mean Ambulance Category 2 calls response time (minutes) - BCCG Patients	Monthly	Aug-18	18:00	25:43	↑	N/A	N/A	N/A	N/A	N/A	N/A			24:53
E.B.16	90th Centile Ambulance Category 3 calls response time (minutes) - BCCG Patients	Monthly	Aug-18	120:00	132:17	↑	N/A	N/A	N/A	N/A	N/A	N/A			184:20
E.B.16	90th Centile Ambulance Category 4 calls response time (minutes) - BCCG Patients	Monthly	Aug-18	180:00	168:01	↑	N/A	N/A	N/A	N/A	N/A	N/A			216:41
E.B.5	A&E 4 hour wait	Monthly	Aug-18	95%	90.60%	↑	87.26%	97.29%	84.71%	94.78%	86.99%	88.25%			
E.B.S.2	Cancelled Ops not rebooked in 28 days	Quarterly	Q1 18/19	0	15	↑	12	0	1	1	0	1			
E.B.S.1	Mixed Sex Accommodation Breaches	Monthly	Aug-18	0	21	↑	20	0	0	0	0	0	0	1	
E.A.S.4	MRSA	Year to Date	Aug-18	0	1	↓	0	1	0	0	0	0	0	0	
E.A.S.5	C Diff	Year to Date	Aug-18	30	29	↓	6	0	3	0	0	4	0	16	
AQ.8	VTE Risk Assessment (Trust Wide)	Quarterly	Q1 18/19	95%			97.61%	99.07%	96.81%	75.84%	95.97%	96.37%			
E.A.3	IAPT Access Rate	Year to Date	Aug-18	17.35% year end	7.40%	↓							7.40%		
E.A.S.2	IAPT Recovery Rate	Monthly	Aug-18	50%	51.38%	↓							51.38%		
E.H.1_A1	IAPT treatment <6 wks	Monthly	Aug-18	75%	98.56%	↑							98.56%		
E.H.1_A2	IAPT treatment <18 wks	Monthly	Aug-18	95%	99.64%	↓							99.64%		
E.H.4	Psychosis treated with a NICE approved care package within two weeks of referral	Monthly	Aug-18	53%	85.71%	↓									
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	Aug-18	65.4%	58.12%	↓									

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%	Aug-18	95.52%	95.59%	↓	95.52%	95.27%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Aug-18	93.33%	94.92%	↓	94.29%	95.04%	↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Aug-18	98.23%	97.07%	↑	98.23%	96.59%	↑
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Aug-18	94.44%	98.68%	↓	94.74%	100.00%	↓
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Aug-18	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Aug-18	NP	100.00%	↔	NP	100.00%	↔
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Aug-18	73.29%	75.58%	↓	73.29%	73.77%	↓
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Aug-18	100.00%	91.07%	↑	100.00%	90.70%	↑
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Aug-18	90.22%	91.38%	↓	88.14%	89.00%	↓
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Aug-18	0	0	↔	0	0	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Aug-18	99.24%	99.36%	↓	99.25%	99.38%	↓
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Aug-18	N/A	N/A		87.26%	89.26%	↑
E.B.S.1	Mixed-sex accommodation breaches	0	Aug-18	20	65	↑	23	69	↑
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q1 18/19	12	12	↓	13	13	↓
E.B.S.6	Urgent Operations cancelled for a second time	0	Aug-18	0	0	↔	0	0	↔

A&E 4 hour wait – A&E 4 hour performance improved in August to 87.26%. The Urgent Treatment Centre opened on the 1st of October.

18 Weeks RTT – Performance deteriorated to 88.14% in August. Trajectory for compliance targeted for Q3. Trust has identified the following key areas of risk; Oral Maxillo Facial continues to hold the highest proportion of backlog patients however referrals seem to have levelled and are in line with last August; consultant gaps due to sickness in T&O and General Surgery; volume of urology cancer referrals impacting the post winter RTT recovery plan due to the need for additional theatre capacity to manage template biopsies and Dermatology follow up patients.

Cancer – 62 day first treatment following an urgent GP appointment underachieved at 73.29% (threshold 85%). Urology continues to be the specialty under most significant pressure. Trust has identified the following key areas of risk; inability to meet the national times pathways (action plan in place to improve performance); high level of patient choice delays; complexity of cancer diagnosis requiring multiple investigations and volatility of urology referrals. The urology consultant at the Trust has agreed to develop guidelines for primary care. Once agreed by the project group the guidelines will be shared with the CCG Clinical Reference Group for approval.

Discharge letters and summaries – A Contract Performance Notice remains in place and a response has been received from the Trust which is being reviewed by the CCG Quality Team and Contracts Team.

Cancelled Ops – In Q1 were 12 breaches for Bedfordshire patients. 8 breaches due to consultant capacity and 4 due to administrative errors. The Trust has reviewed the administrative process for rebooking patients.

Mixed Sex Accommodation (MSA) breaches – There were 23 mixed sex accommodation breaches in August of which 20 were Bedfordshire patients. The Trust has reported that all of the breaches to date have occurred in the critical care unit and are ‘unjustified’ in line with national reporting guidance and have occurred due to unavailability of an appropriate bed (as determined by clinical need) into which to discharge the patient.

Clostridium Difficile – The trust reported 4 hospital apportioned cases in August 2018 giving a total of 6 cases year to date against a year end threshold of 9 cases for April 2018 – March 2019 . The August cases were all different wards and there is not considered to be a link between any of them. The CCG Infection Control Nurse is in the process of setting up a clinical meeting with the Trust to discuss these cases in more detail.

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%	Aug-18	95.74%	96.40%	↓	95.99%	96.37%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Aug-18	100.00%	96.86%	↔	96.61%	93.75%	↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Aug-18	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Aug-18	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Aug-18	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Aug-18	NP	NP	↔	NP	NP	↔
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Aug-18	85.14%	87.27%	↓	86.84%	89.61%	↑
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Aug-18	100.00%	94.85%	↑	95.65%	95.58%	↑
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Aug-18	92.58%	92.03%	↑	91.10%	90.75%	↑
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Aug-18	0	0	↔	0	0	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Aug-18	99.24%	99.07%	↓	99.16%	99.15%	↓
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Aug-18	N/A	N/A		97.29%	98.27%	↓
E.B.S.1	Mixed-sex accommodation breaches	0	Aug-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	Aug-18	0	0	↔	0	0	↔

Contract Performance Notice – Friends and Family Test and Discharge Summaries. There is a remedial action plan in place with the Trust which is monitored at the Contract Review Meeting each month and is also discussed on the monthly quality and performance call. The Trust are making good progress against the plan and Friends and Family Test performance has improved significantly. In patient discharge summary performance has also improved slightly.

18 Weeks RTT – August performance has seen an improvement to 91.10%. The Trust are expected to be compliant by the end of September. Issues around theatre shutdowns, patients not accepting outsourced referrals and emergency surgery pressures are contributing to non-compliance of the standard.

MRSA – 1 in August for a Bedfordshire Patient. A full review has been undertaken which has identified that the MRSA protocol for screening was not followed in this case. It has therefore been declared as a serious incident and a final report is pending.

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%	Aug-18	98.44%	93.83%	↑	95.15%	90.96%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Aug-18	100.00%	89.13%	↑	91.23%	89.83%	↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Aug-18	90.48%	85.19%	↑	90.71%	94.57%	↓
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Aug-18	100.00%	50.00%	↑	100.00%	84.62%	↑
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Aug-18	100.00%	100.00%	↔	98.26%	98.97%	↓
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Aug-18	100.00%	95.24%	↑	95.00%	91.12%	↑
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Aug-18	82.35%	73.39%	↑	76.69%	69.32%	↑
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Aug-18	100.00%	100.00%	↔	72.73%	77.36%	↑
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Aug-18	N/A	N/A		N/A	N/A	
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Aug-18	N/A	N/A		N/A	N/A	
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Aug-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%	Aug-18	N/A	N/A		84.71%	86.24%	↑
E.B.S.1	Mixed-sex accommodation breaches	0	Aug-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	1	1	↑	14	14	↑
E.B.S.6	Urgent Operations cancelled for a second time	0	Aug-18	0	0	↔	0	0	↔

RTT / Diagnostics - The Trust had significant issues due to the implementation of Lorenzo and following review by NHS Interim Management and Support the Trust has agreement to suspend national reporting of 18 weeks RTT and Diagnostics. **Reporting is due to recommence in November 2018 (reporting October 2018 performance) and this remains on track.**

Cancer Open Performance Notice – A recovery trajectory is in place with expected compliance by December.

Cancelled operations not rebooked in 28 days - In Q1 the Trust had 14 breaches of which 1 was for a Bedfordshire patient due to capacity issues at the Trust.

A&E – There is a remedial action plan in place which is being refreshed and will be discussed at the next Contract Review Meeting.

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%	Aug-18	97.94%	98.30%	↓	97.14%	97.76%	↑	78.05%	90.61%	↓	93.16%	93.85%	↓	92.68%	88.33%	↑	94.12%	88.02%	↑
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Aug-18	87.50%	94.87%	↓	97.87%	97.81%	↓	NP	100.00%		100.00%	84.95%	↑	100.00%	94.12%	↔	96.58%	95.07%	↑
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Aug-18	100.00%	100.00%	↔	97.92%	99.67%	↓	100.00%	93.75%	↑	98.25%	97.78%	↑	100.00%	98.29%	↔	98.87%	97.73%	↓
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Aug-18	NP	100.00%	↔	80.00%	93.75%	↓	100.00%	100.00%	↔	94.12%	84.85%	↑	100.00%	89.19%	↑	96.05%	95.91%	↑
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Aug-18	100.00%	100.00%	↔	100.00%	100.00%	↔	NP	100.00%		100.00%	100.00%	↑	100.00%	100.00%	↔	100.00%	99.31%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Aug-18	100.00%	100.00%		100.00%	100.00%	↔	NP	NP	↔	NP	NP		89.80%	95.65%	↓	95.81%	97.82%	↓
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Aug-18	80.00%	81.40%	↓	86.79%	82.79%	↓	60.00%	85.00%	↓	85.78%	78.63%	↑	60.00%	58.54%	↓	80.08%	79.11%	↓
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Aug-18	100.00%	NP		100.00%	94.34%	↔	NP	NP	↔	78.26%	78.05%	↓	NP	100.00%	↔	77.78%	82.31%	↓
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Aug-18	85.52%	85.41%	↑	86.34%	85.33%	↓	90.63%	89.35%	↓	89.96%	90.15%	↓	87.67%	87.84%	↓	89.37%	89.81%	↓
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Aug-18	2	10	↔	21	110	↓	0	0	↔	0	0	↔	0	0	↔	1	12	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Aug-18	98.97%	98.55%	↓	99.52%	98.88%	↑	100.00%	100.00%	↔	100.00%	99.59%	↑	98.77%	98.67%	↓	98.74%	98.40%	↓
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Aug-18	N/A	N/A		94.78%	93.08%	↑	N/A	N/A		86.99%	88.11%	↓	N/A	N/A		88.25%	88.45%	↓
E.B.S.1	Mixed-sex accommodation breaches	0	Aug-18	0	0	↔	0	0	↔	0	0	↔	0	0	↔	0	0	↔	0	9	↑
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	↑	1	1	↑	26	26	↑
E.B.S.6	Urgent Operations cancelled for a second time	0	Aug-18	0	0	↔	0	0	↔	0	0	↔	0	0	↔	0	0	↔	0	0	↔

Other Providers

Milton Keynes

- **RTT** performance deteriorated to 86.3% in August 2018. Patient flow continued to be a challenge for the Trust due to capacity issues. There has been a decrease in the overall waiting list however the number of patients waiting more than 18 weeks remained consistent with July 2018 resulting in a decrease in performance. RTT performance is proactively managed through both divisional and Trust-wide weekly RTT performance meetings which includes executive presence.
- **A&E** - performance improved significantly to 94.8% from 88.9% in July 2018 which compares favourably to the Trust's NHS Improvement trajectory (91.7%). Efforts on freeing up capacity to improve patient flow and handovers has remained a focus throughout the month. Although this resulted in an improvement in performance, there were other patient flow challenges which had an adverse impact on flow through A&E and performance fell just short of the 95% national target.
- **Cancelled operations not rebooked in 28 days** - In Q1 the Trust had 32 breaches of which 1 was for a Bedfordshire patient due to capacity issues at the Trust.

Buckinghamshire

- **RTT** – The Trust have submitted a trajectory to NHS Improvement for 2018/19 to meet the latest NHS guidance and this has been signed off by commissioners. The trajectory shows the Trust will not be compliant with RTT (92% incomplete standard) in 2018/19 however the waiting list size will be lower than March 2018 and performance is currently on track for delivery.
- **Cancer** - capacity in Urology, Lung and Histopathology has proven challenging which has resulted in a deterioration in the 62 days performance over recent months. A recovery trajectory is in place.
- **A&E** performance deteriorated in August to 86.99%. Key areas of focus include working with NHSI to develop a work stream for improvement of patient flow, and exploring options around the delivery of GP streaming in conjunction with the GP out of Hours Service.

Cambridge

- **RTT** performance deteriorated to 89.37% in August however compliance is expected by the end of October.
- **Cancer 62 day** - Improvement Plan is being monitored through the Operational Taskforce fortnightly. The backlog of patients over 62 days has been reducing since July and recovery expected in September.
- **Cancelled operations not rebooked in 28 days** - In Q1 the Trust had 26 breaches of which 1 was for a Bedfordshire patient due to capacity issues at the Trust.

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%	100.00%	94.59%											94.79%
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%	87.50%	85.71%											75.68%
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%	100.00%	100.00%											100.00%
Patients on CPA who have had a formal review within the last 12 months	95%	98.60%	95.87%	95.95%	95.95%	94.37%	96.67%											96.67%
% of placed out of area patients with a named coordinator	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%											100.00%
SPOA Emergency referrals received and attended to within 24 hours	100%	95.50%	100.00%	100.00%	98.33%	100.00%	100.00%											98.72%
% 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 Care Programme Approach (CPA) who were followed up within 7 days of discharge from psychiatric in-patient – Since January 2018 ELFT have been reporting the figures for all patients followed up after an inpatient stay rather than just those on CPA. Patients will only be discharged on CPA if they have more complex mental health needs.

In August 2018 there were 4 service users that were not followed up within 7 days of discharge.

Patient 1 – Non-CPA service user - Team was not able to make telephone contact however they were able to speak to a relative on day 7.

Patient 2 - Service user absconded in late June and the missing person protocol was followed and staff continue to liaise with the missing persons team. With the agreement of the CMHT manager the service user was discharged in early August.

Patient 3 - CPA service user. Contact made on day 9.

Patient 4 - CPA service user discharged in their absence (informal patient) following refusal to return to the ward. Numerous attempts were made to make contact which was achieved on day 11.

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%	95.28%	95.54%							
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%	96.31%	96.98%							
Percentage of stroke survivors who are supported by a rehabilitation team (6-8 weeks)	100%	100.00%	100.00%	100.00%	100.00%	100.00%							
Percentage of Outpatient letters sent to the GP following Speech and Language first outpatient attendance within 5 operational days.	95%	98.00%	98.90%	97.00%	93.94%	90.70%							
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%	100.00%	100.00%							
Percentage of carers identified and offered a referral for a carers assessment	90%	100.00%	95.00%	92.00%	90.00%	95.00%							
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%	87.56%	85.71%							
Percentage of palliative care patients with an Advanced Care Plan	95%	83.33%	100.00%	94.74%	100.00%	90.91%							
Percentage of LAC placed in area that have had an initial health assessment carried out within 20 working days from the child becoming a LAC	95%	85.71%	100.00%	84.21%	93.00%	84.62%							
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%	85.71%	86.36%							
Percentage of children who receive their wheelchair within 18 weeks	92%	80.00%	82.35%	72.70%	86.67%	100.00%							

Outpatient Letters – There were 43 first attendances in August. 37 of the letters were sent to the GP in 7 days, the remaining 4 were not sent within 7 days due to capacity issues within the team. The CCG have asked ELFT to confirm when the letters were sent.

Advance Care Plans – There were 6 patients who did not die in their place of preference and ELFT have provided reasons for these.

Looked after Children (LAC) Initial Health Assessment waiting times – There were two late assessments which were both at the request of the fosters carers with the social workers knowledge.

Looked after Children – review health assessment in 40 days - Children not brought to appointments scheduled within 40 day. Two breaches were due to foster carers delaying assessment due to family holiday and 1 was due to capacity within the Specialist School Nurse Team.

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%	61.34%	61.24%							
	Percentage of Service Users waiting less than 6 weeks from Referral for a diagnostic test	99%	%	84.70%	76.70%	76.90%	86.40%	84.00%							
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	0	0							
BCCG	Zero tolerance RTT waits over 52 weeks for incomplete pathways	0	Number	0	0	0	0	0							
All	All children between the ages of 0-4 seen by CCS staff have their eligibility for Healthy Start Vitamins determined and a voucher form provided if they are not on the programme	50%	%	88.40%	91.30%	92.70%	94.50%	87.20%							
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%	99.50%	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%	98.40%	97.6%							
LCCG & BCCG	Percentage of GP letters following 1st outpatient (community paediatric) attendance sent within 5 working days.	90%	%	66.67%	47.10%	68.42%	67.74%	71.93%							
LCCG & BCCG	Percentage of follow-up reports sent (6 weeks in arrears)	95%	%	92.31%	90.91%	92.94%	88.06%	92.51%							
All	All complaints to be reviewed and acted upon in line with Department of Health requirements	100%	Number	4 (100%)	3 (100%)	3 (100%)	0	1 (100%)							
All	No service user will acquire an MRSA Bacteraemia	0	Number	0	0	0	0	0							
All	No service user will acquire a Clostridium Difficile infection	0	Number	0	0	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%	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%	100.00%	100.00%							
All	All serious incident action plans are implemented and completed	100%	%	100.00%	100.00%	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%	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%	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%	100.00%	100.00%							
All	National Safety Alerts actioned within identified time scales	100%	%	100.00%	100.00%	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%	100.00%	100.00%							
All	Provider will report to commissioner any CQC or HSE compliance actions	100%	%	100.00%	100.00%	100.00%	100.00%	100.00%							
All	Provider to respond, via an action plan if required, following a Quality Visit Report from the CCG with 10 day of receipt of the report or an alternative agreed timeframe	100%	%	100.00%	100.00%	100.00%	100.00%	100.00%							

RTT 18 Weeks – For BCCG patients in August there were 178 patients waiting of which 69 patients have waited in excess of 18 weeks giving performance of 61.24%. This is due to the community paediatric service which is a well established occurrence. CCS are working with all partners to address this issue and have submitted an initial plan of how they will use new investment in the service to address this issue. The service has been working through a back log of children who had been overdue for medical review and these have all now been seen.

Percentage of service users on Incomplete non-emergency pathway – In August the waiting breaches was due to staffing issues within the team.

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 premises. The Trust has supplied a revised recovery trajectory and performance continues to be expected to return to compliance in mid October.

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.