



Agenda Item: 9

<p>Governing Body <i>held in public</i></p>	<p>Report Date of Meeting: 25th January 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	Maria Laffan – Associate Director of Nursing and Quality  Caroline Kurzeja – Director of Strategy and Transformation 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 – 20/12/2017 Integrated Commissioning and Quality Committee – 20/12/2017		
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 6 (September). The report provides an update on the CCGs performance and quality of services and links to the strategic objectives identified below.		

Integrated Performance & Quality Report

December 2017

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Performance Headlines

CONSTITUTIONAL AND ADDITIONAL QUALITY INDICATORS ACHIEVED IN REPORTING PERIOD

Cancer 2 week wait following an urgent GP Referral for suspected cancer	95.35% in Qtr 2 – national threshold 93%
Cancer 2 week wait – breast symptomatic where cancer not initially suspected.	97.33% in Qtr 2 – national threshold 93%
Cancer 31 day 1 st definitive treatment from diagnosis	97.33% in Qtr 2 – national threshold 96%
Cancer 31 day subsequent treatment for cancer – surgery	98.94% in Qtr 2 – national threshold 94%
Cancer 31 day subsequent treatment for cancer – drugs	100% in Qtr 2 – national threshold 98%
Cancer 31 Day Subsequent Treatment for Radiotherapy	96.71% in Qtr 2 - national threshold 94%
Cancer 62 day 1 st treatment following a referral from an NHS Screening Service	95.65% in Qtr 2 – national threshold 90%
CPA follow up within 7 days of discharge from psychiatric inpatient care	97.37% in Qtr 2 – national threshold 95%
18 Weeks Referral to Treatment – incomplete pathways	92.30% in September – national threshold 92%
Urgent Operations Cancelled for a 2 nd time	0 in September – national threshold 0
% of people referred to IAPT programme treated within 6 weeks of referral	100% in July – national threshold 75%
% of people referred to IAPT programme treated within 18 weeks of referral	100% in July – national threshold 95%

IMPROVEMENTS IN PERFORMANCE: August to September 2017

Cancer 62 day 1st treatment following an urgent GP referral	Qtr 2 performance has marginally underachieved at 84.96% against the national threshold of 85%.	Bedford Hospital has an Action Plan in place. East and North Hertfordshire continues to impact Bedfordshire patients. An action plan is in place and performance is on an upward trajectory.
Ambulance - Red 1 response in 8 minutes – BCCG patients	Performance improved in September to 72.31% from 71.22% in August.	National threshold 75%
Mixed Sex Accommodation Breaches	1 breach in August at University College London	0 in September – national threshold 0
Cancelled Operations on/after day of admission not offered another date within 28 days	Performance improved in Qtr 2 with 2 breaches compared to 5 in Qtr 1.	National threshold 0
IAPT – Moving to Recovery – local data	Performance improved in September to 47.69% from 43.85% in August	National threshold 50%. The Trust has submitted a revised action plan to deliver the national standard of 50%.

DETERIORATION IN PERFORMANCE: August to September 2017

<p>Ambulance Response Times</p>	<p>CCG performance has deteriorated in September.</p> <ul style="list-style-type: none"> • Red 2 – 8 minutes 58.07% compared to 60.82% in August • Red 1 & 2 – 19 minutes 89.4% compared to 92.58% in August 	<p>EEAST has now commenced reporting against the new Ambulance Response Programme and feedback from the Trust was than this has commenced well. Calls are now categorised:</p> <ul style="list-style-type: none"> • Category 1 – Life threatening • Category 2 – Emergency • Category 3 – Urgent • Category 4 – Less Urgent <p>Data to support the revised model of ambulance response will need to be developed and a rational timeline for reporting is currently being agreed with the Co-Ordinating Commissioner.</p>
<p>18 Weeks RTT including 52+ breaches</p>	<p>The CCG achieved aggregate performance in September however there continues to be specialties that are under the national threshold of 92%.</p> <p>Note RTT data for September does not include East and North Hertfordshire due to the implementation of their new PAS system (Lorenzo) resulting in a number of areas where the Trust are unable to report their current position and where national reporting has been affected.</p> <p>3 x 52 Week Breaches - 1 at Oxford University Hospital and 1 at Imperial College London both of which were patients previously reported for August. The 3rd breach was at Pinehill and this is now confirmed as a data error and therefore not a real breach.</p>	<p>Main areas of pressure for specialty compliance are at Bedford Hospital and continue to be in Ophthalmology together with the impact of the transfer of Community Dermatology Service which is also affecting Plastic Surgery and OMF. The Trust has a plan in place however this is unlikely to achieve aggregate performance until end March 2018. The plan for Ophthalmology is now expected to be compliant in January 2018.</p>

Diagnostics 6 week wait	<p>Performance deteriorated in September to 94.72% from 95.92% in August against the 99% threshold. This is due to under performance at Cambridge Community Services and Luton & Dunstable.</p> <p>Note: CCG has raised a concern with Bedford Hospital around completeness of national data reporting. The Trust intention is to provide more accurate reporting in October. It is not yet clear what impact this will have on the CCG.</p>	<p>A remedial action plan is in place with CCS however the trajectory for recovery has moved from mid-November to mid-December.</p> <p>Luton & Dunstable main pressure is staffing issues in endoscopy. Weekend slots have been put in place.</p>
A&E 4 Hour wait	Performance further deteriorated in September to 93.22% from 94.06% in August.	<p>There are 2 data concerns which are currently effecting the CCG position.</p> <p>Bedford Hospital - incorrect reporting of national data which is currently being resubmitted via the national reporting system.</p> <p>East & North Herts – Non submission of data for September due to the implementation of a new data system (NerveCentre).</p>
Dementia Diagnosis Rates	Performance deteriorated in September to 58.22% compared to 58.59% in August.	<p>NHSE have requested a revised trajectory for compliance against the national threshold of 66.7%. Work has been undertaken to ensure that the letters coming out of the Memory Assessment Service (MAS) are correctly coded and that primary care are coding these accurately on the register. So far 66 additional patients have been added.</p>
IAPT – Access	Access cumulative position for September is 7.12% against the agreed threshold of 7.25%. This is local data due to the lag in national data availability.	ELFT have recruited 2 additional team leaders of which one is specifically focussing on group work which should improve the access rates.
Clostridium Difficile	Performance deteriorated in September with 9 cases compared to 7 in August.	5 of the cases were non-acute apportioned and 4 were acute apportioned (2 at Bedford Hospital, 1 at Cambridge and 1 at North Bristol NHS Trust).

SUGGESTED ISSUES FOR DISCUSSION:

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

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

East London Foundation Trust Mental Health Inpatient Services – Ash & Willow and Townsend Court

Ashton Lodge, a 54 bedded home providing care for people with dementia and long term conditions - embargo in place to prevent any new admissions at present due to the concerns raised by CQC who have assessed the home as inadequate.

East & North Hertfordshire performance/data reporting

Ambulance commencement of Ambulance Response Programme and current risks to reporting

Continuing Health Care KPIs

Patient Transport Service

East & North Hertfordshire Trust - Cancer

Month: SEP
 Year: 2017-18
 Trust: EAST AND NORTH HERTFORDSHIRE NHS TRUST

	Patients	Breaches	Performance	Target
E.B.6 : Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	957	26	97.28%	93%
E.B.7 : Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected.	126	11	91.27%	93%
E.B.8 : Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')	212	13	93.87%	96%
E.B.9 : Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is Surgery	38	3	92.11%	94%
E.B.10 : Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen	134	6	95.52%	98%
E.B.11 : Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Radiotherapy Treatment Course	269	31	88.48%	94%
E.B.12 : Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	101	26.5	73.76%	85%
E.B.13 : Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	9	0.5	94.44%	90%
E.B.14 : Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	6	2	66.67%	86%

In Q2 East and North Hertfordshire continues to underachieve against the national cancer indicators and there is a recovery plan in place. Performance is on an upward trajectory and the waiting list profile has more patients waiting in the earlier part of the pathway, therefore suggesting that the Trusts waiting list profile has progressed to a more sustainable position.

The Trust has identified the following key actions:

- Additional MRI and CT capacity
- Additional diagnostic reporting capacity
- Developed, implemented new PTL with conditioning to RAG rate patients against national standards
- Restructure of internal cancer tracking staff – micro management of every single patient on the pathway
- Mount Vernon cancer tracking team now moved into portfolio of operational performance director to ensure consistency of approach across the trust
- National breach allocation policy fully implemented
- Forward forecasting of performance
- Introduction of best practice cancer PTL management, tumour site pre meets, trust level PTL review, plus high level access meeting. All three occur every week
- Tracking at tumour site level waiting list profile
- Review of MDT efficiencies under way, some immediate 'Hawthorne' effect
- Interim Cancer Divisional Director and Interim Cancer Turnaround Manager commenced Monday 25th September
- Substantive Cancer and Performance Data Manager commenced in November.

East & North Hertfordshire Trust

The Trust implemented their new Electronic Patient Record System (Lorenzo) and their new A&E system (NerveCentre) in September 2017. As a result of this, there are currently a number of areas where the Trust are unable to report their current position, and where national reporting has been affected.

The majority of these difficulties relate to data quality challenges and the training around real time inputting of information.

18 Weeks Referral to Treatment (RTT)

The Trust was not able to report the RTT position for September 2017, and has had agreement to suspend national reporting for this month. The Trust had 32,000 records that needed to be validated before having a validated RTT position that can be used for performance purposes. The Trust has confirmed that it will be uploading a position for October 2017, but this will be based only on those records that have been validated – a position that they have agreed with Regulators. The Trust has given assurance that all patients can be tracked and are visible within the new systems, but it is the format of this information that is challenging currently, alongside the validation.

Diagnostics

The Trust were also unable to report diagnostic waits in September and are working towards being able to report in October.

A&E

The Trust was not in a position to report for September and normal reporting is due to resume for October. The reporting position is under constant review and regular discussions are taking place with East & North CCG, the Trust and regulators.

Performance Summary: Constitutional and Additional Quality Indicators 2017/18

Performance Against NHS Constitutional Pledges														
KPI Code	BCCG Indicator Level	Plan	Latest Data	Reporting Period	YTD	Trend	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	95.35%	Q2 17/18	95.40%	*↓	●	●	●	●	●	●		
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	97.33%	Q2 17/18	96.70%	*↑	●	●	●	●	●	●		
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	97.33%	Q2 17/18	97.25%	*↑	●	●	●	●	●	●		
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	98.94%	Q2 17/18	97.70%	*↑	●	●	●	●	●	●		
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	100.00%	Q2 17/18	100.00%	*↔	●	●	●	●	●	●		
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	96.71%	Q2 17/18	95.09%	*↑	●	●	●	●	●	●		
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	84.96%	Q2 17/18	83.56%	*↑	●	●	●	●	●	●		
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	95.65%	Q2 17/18	96.00%	*↓	●	●	●	●	●	●		
E.B.14	Cancer 62 days - 1st treatment following consultants decision to upgrade		92.86%	Q2 17/18	76.92%	*↑								
E.B.15.i	Ambulance Category A - Red 1 (immediate life threatening and most time critical) response arriving within 8 mins - commissioner	75%	72.31%	Sep-17	73.41%	↑	●	●	●	●	●	●		
E.B.15.ii	Ambulance Category A - Red 2 (life threatening and less time critical than Red 1) response arriving within 8 mins - commissioner	75%	58.07%	Sep-17	62.50%	↓	●	●	●	●	●	●		
E.B.16	Ambulance Category A ambulance arrival within 19 mins - commissioner	95%	89.40%	Sep-17	92.58%	↓	●	●	●	●	●	●		
E.B.S.3	CPA follow up within 7 days of discharge from psychiatric in-patient care	95%	97.37%	Q2 17/18	97.01%	↑	●	●	●	●	●	●		
E.B.1	18 week Referral to Treatment for completed admitted patients	90%	83.83%	Sep-17	83.52%	↓								
E.B.2	18 week Referral to Treatment for completed non admitted patients	95%	93.23%	Sep-17	91.76%	↑								
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	92.30%	Sep-17	92.41%	↑	●	●	●	●	●	●		
E.B.S.4.i	52 week referral for completed admitted pathways	0	1	Sep-17	10	↑								
E.B.S.4.ii	52 week referral for completed non-admitted pathways	0	5	Sep-17	133	↑								
E.B.S.4.iii	52 week referral for incomplete pathways	0	3	Sep-17	12	↓	●	●	●	●	●	●		
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	94.72%	Sep-17	97.31%	↓	●	●	●	●	●	●		
E.B.5	A&E 4 hour wait (7 Providers)	95%	93.22%	Sep-17	94.64%	↓	●	●	●	●	●	●		
E.B.S.1	Mixed-sex accommodation breaches	0	0	Sep-17	1	↑	●	●	●	●	●	●		
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	2	Q2 17/18	7	↑	●	●	●	●	●	●		
E.B.S.6	Urgent Operations cancelled for a second time	0	0	Sep-17	0	↔	●	●	●	●	●	●		

Additional Quality Indicators														
KPI Code	Indicators	Plan	Latest Data	Reporting Period	YTD	Trend	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
E.A.3	IAPT - access rate	15.45%	1.17%	Jul-17	4.75%	↓	●	●	●	●	●	●		
E.A.S.2	IAPT - people who completed treatment and are moving to recovery	50%	46.55%	Jul-17	43.86%	↓	●	●	●	●	●	●		
E.H.1_A1	% people referred to IAPT programme treated within 6 weeks of referral	75%	100.00%	Jul-17	98.02%	↑	●	●	●	●	●	●		
E.H.1_A2	% people referred to IAPT programme treated within 18 weeks of referral	95%	100.00%	Jul-17	100.00%	↔	●	●	●	●	●	●		
E.A.S.1	Estimated diagnosis rate for people with dementia - Primary Care	67%	58.22%	Sep-17	58.22%	↓	●	●	●	●	●	●		
E.A.S.4	Number of MRSA incidents	0	0	Sep-17	2	↑	●	●	●	●	●	●		
E.A.S.5	Number of C-Difficile incidents	73	9	Sep-17	45	↓	●	●	●	●	●	●		

Notes: Trend arrows reflect the latest data compared to the previous month/quarter

* Cancer year to date position shows published, validated quarterly data.

2017-18 Quality Premium

Bedfordshire CCG Quality Premium Dashboard

CCG Quality Premium (Potential Funding)

£2,249,500

Forecast CCG Quality Premium (iii)

£365,169

Additions

(Eligible QP funding)

£547,753

Deductions

(from Eligible QP funding)

£182,584

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

Quality Premium Indicators 17/18	% of Quality Premium available if Indicator is achieved		
	Weighting	Value	Eligible
Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012), NHS England has the power to make payments to CCGs to reflect the quality of services that they commission, the associated health outcomes and reductions in inequalities. The Quality Premium for 2016/17 will be based on the measures outlined below and cover a combination of national and local priorities agreed in partnership with both Health and Wellbeing Boards.			
National Indicators - Additions			
New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	17%	£382,415	
Overall experience of making a GP appointment - Improvement on July 2017 survey result (75.83%)	17%	£382,415	
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%	£191,208	
Continuing Healthcare - Part B			
Less than 15% of all full NHS CHC assessments take place in an acute hospital setting	8.5%	£191,208	
Mental Health - Equity of Access and outcomes into IAPT services - BAME			
Recovery rate of people accessing IAPT services identified as BAME, improvement of at least 5 percentage points or to same level as white British, whichever smaller	17.0%	£382,415	
Mental Health - Equity of Access and outcomes into IAPT services - Older People			
Proportion of people accessing IAPT services >65 years to increase to at least 50% of the proportion of adults aged 65+ in the local population or by at least 33%, whichever is greater.			
Bloodstream infections - Part A i)			
At least 10% reduction in all E coli BSI reported at CCG level based on 2016 performance data	6.0%	£133,845	
Bloodstream infections - Part A ii)			
Collection and reporting of core primary care data set for all E coli BSI in Q2 2017/18	1.7%	£38,242	
Bloodstream infections - Part B i)			
At least 10% reduction in the Trimethoprim:Nitrofurantoin prescribing ratio based on CCG baseline data (June15-May16) for 2017/18	3.8%	£86,043	£86,043
Bloodstream infections - Part B ii)			
At least 10% reduction in the number of Trimethoprim items prescribed to patients aged 70 years or greater on baseline data (June15-May16)	3.8%	£86,043	£86,043
Bloodstream infections - Part C			
Sustained reduction of inappropriate prescribing in primary care, items per STAR-PU must be equal of below 0.161 items per STAR-PU	1.7%	£38,242	£38,242
Local Indicators - Additions			
Right Care - Gastrointestinal			
Rate of Gastroscopies per 100,000 age-sex weighted population (<40)	15%	£337,425	£337,425
5% reduction in the number of elective gastroscopies in 2017/18 for age 19-39 years compared to 2016/17			
The CCG will have its Quality Premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges	% Deductions if indicator is underachieved		
18 week Referral to Treatment - Incomplete pathway *	25% of Eligible Additions		£0
A&E 4 hour wait (7 Providers) *	25% of Eligible Additions		-£182,584
Cancer 2 week waits following urgent GP referral for suspected cancer *	25% of Eligible Additions		£0

Plan	Latest Data	Trend	Reporting Period	YTD
60.00%	56.30%		2015	
75.83%	72.83%		Jul-17	
>=80%	60%	↓	Q2 17/18	
<15%	47%	↑	Q2 17/18	
45.07%	42.16%	↑	Sep-17	40.97%
11.05%	8.38%	↓	Sep-17	8.60%
223	17	↑	Sep-17	142
Awaiting confirmation of measurement				
0.624	0.491	↑	Aug-17	
6,977	6,404	↑	Aug-17	
<=1.161	1.067	↔	Aug-17	
Plan	Latest Data	Trend	Reporting Period	YTD
681	40	↑	Sep-17	320
Plan	Latest Data	Trend	Reporting Period	YTD
92%	92.30%	↑	Sep-17	92.41%
95%	93.22%	↓	Sep-17	94.64%
93%	95.35%	↓	Q2 17/18	95.40%

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

Quality Premium 2017/18

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

NHS Continuing Healthcare Part A - NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (in 80% of cases with a positive NHS CHC Checklist for new referrals). Q2 data shows this indicator is not being achieved. The 28 day process has seen an increase to 69% in September following work within the team to increase efficiency and report timeframes appropriately. KPI's are monitored monthly with weekly locality meetings to monitor assessor workload/output.

NHS Continuing Healthcare - Part B – Less than 15% of all full NHS CHC assessments take place in an acute hospital setting – Q2 data shows this indicator is not being achieved. The discharge to assess implementation date is planned for 1/11/17, CHC Checklist is to be removed from BHT/L&D Hospitals however the Checklist will still be completed within out of area acute Trusts.

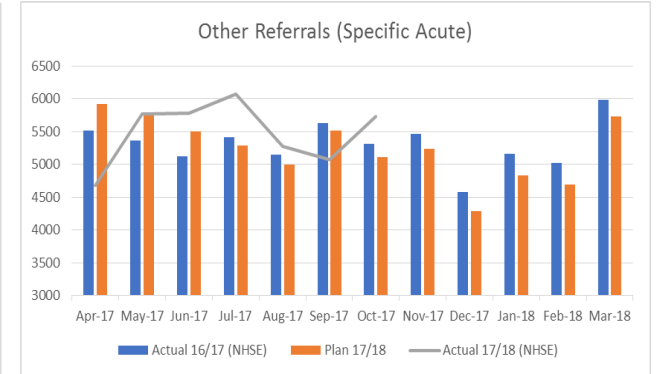
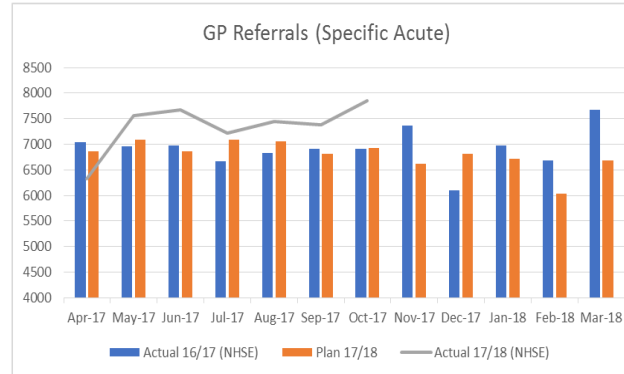
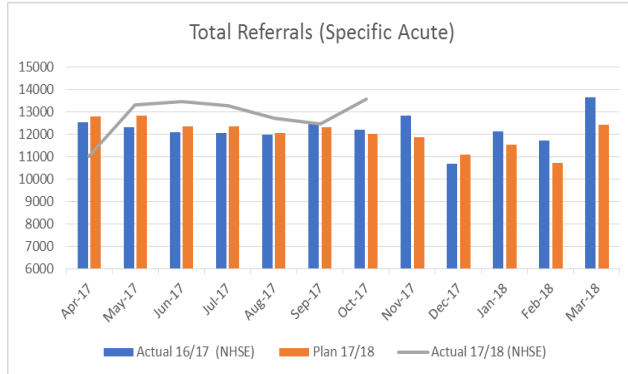
Mental Health – Equity of Access and outcomes into IAPT services – BAME – Recovery rate of people accessing IAPT services identified as BAME, improvement of least 5% points or to the same level as white British, whichever is smaller. Performance of this indicator is monitored at the monthly Wellbeing Service Contract meeting. In order to deliver against this indicator the CCG was required to agree investment monies and this has not been approved.

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

Bloodstream Infections - Part A (i) – At least 10% reduction in all E coli BSI reported at CCG level based on 2016 performance data. Threshold for 2017 is 223 or less. September performance is above the YTD plan of 109 cases at 142 cases. The CCG are working with care homes around reduction of UTI's and promoting good hydration via the 'food first initiative'. Benchmarking shows the CCG has the third lowest number of cases in the East of England and is below the England total year to date.

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

Bedfordshire CCG Activity – Referrals



Referral data is sourced from the national Monthly Activity Return (MAR) which is submitted by providers. This data is split into GP and Other Referrals (other referrals are those not generated from a GP for example referrals from an A&E department, specialist nurses, national screening programme and referrals between Consultants)

The MAR data reports on the number of referrals each month that are classified as Specific Acute. This means that referrals for the specialties of obstetrics, learning disabilities, adult mental illness, child and adolescent psychiatry, forensic psychiatry, psychotherapy and old age psychiatry are not included

GP Referrals

In 2016/17 there was a total of 83,076 GP referrals. As at month 7 (October) 2017/18 the CCG has had 51,469 referrals. This is an increase of 6.60% year to date compared to the same period in 2016/17. The main reason for the increase in referrals is due to the transfer of Community Dermatology services from Optum to Bedford Hospital (GP referrals to a Community service are not included in the national return). In real terms excluding the

additional dermatology referrals there has been an increase of 3.78% (based on an additional 476 referrals).

There has also been a rise in 2 week wait suspected cancer referrals of 6.99% compared to the same period in 2016/17. This is in line with National Institute for Health and Care Excellence (NICE) guidance to support the earlier detection of cancer.

Other Referrals

In 2016/17 there was a total of 63,743 other referrals. As at month 7 (October) 2017/18 the CCG has had 38,400 referrals. This is an increase of 2.35% compared to the same period in 2016/17 and is due in part to the transfer of referrals from Community Dermatology to Bedford Hospital which are counted as 'other' referrals.

Note: due to data reporting issues at East and North Hertfordshire an estimate of 565 GP Referrals and 322 Other Referrals have been included for September

Referrals Analysis by Specialty

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

	TOTAL YTD 2016/2017	Total YTD 2017/18	Change 2016/17 V 2017/18 YTD to M7				% Change 2016/17 V 2017/18 YTD to M7			
	Total	Total	GP	C2C	Other	Total	GP	C2C	Other	Total
GENERAL SURGERY	2,077	2,236	-56	82	133	159	-3.72%	21.75%	68.91%	7.66%
UROLOGY	2,992	3,320	172	49	107	328	7.29%	15.03%	35.08%	10.96%
BREAST SURGERY	2,765	2,827	69	14	-21	62	2.76%	12.50%	-14.00%	2.24%
COLORECTAL SURGERY	1,743	1,924	175	-8	14	181	11.44%	-5.80%	18.67%	10.38%
VASCULAR SURGERY	741	881	80	21	39	140	12.68%	35.59%	76.47%	18.89%
TRAUMA & ORTHOPAEDICS	12,846	15,221	2,402	-305	278	2,375	40.36%	-36.18%	4.59%	18.49%
ENT	5,202	5,321	25	-94	188	119	0.62%	-18.01%	28.57%	2.29%
OPHTHALMOLOGY	9,193	9,878	390	181	114	685	10.66%	20.97%	2.44%	7.45%
PLASTIC SURGERY	1,572	2,299	126	5	596	727	15.33%	1.85%	124.17%	46.25%
ANAESTHETICS	464	509	-10	-26	81	45	-6.29%	-25.00%	40.30%	9.70%
PAIN MANAGEMENT	626	741	26	27	62	115	7.10%	17.09%	60.78%	18.37%
GENERAL MEDICINE	1,645	1,240	-304	34	-135	-405	-35.39%	26.56%	-20.52%	-24.62%
GASTROENTEROLOGY	1,979	2,360	230	15	136	381	15.81%	5.58%	53.33%	19.25%
ENDOCRINOLOGY	349	468	111	-1	9	119	32.36%	-50.00%	225.00%	34.10%
CLINICAL HAEMATOLOGY	847	1,031	130	48	6	184	23.42%	21.92%	8.22%	21.72%
CLINICAL PHYSIOLOGY	576	732	61	92	3	156	42.96%	31.29%	2.14%	27.08%
HEPATOLOGY	350	346	0	22	-26	-4	0.00%	44.00%	-36.62%	-1.14%
DIABETIC MEDICINE	664	916	239	1	12	252	62.08%	0.42%	27.91%	37.95%
CARDIOLOGY	5,880	8,161	801	932	548	2,281	26.00%	72.14%	36.36%	38.79%
DERMATOLOGY	2,139	3,413	578	60	636	1,274	38.95%	39.47%	126.44%	59.56%
RESPIRATORY	2,724	3,967	457	618	168	1,243	34.70%	60.35%	43.86%	45.63%
NEPHROLOGY	292	320	44	24	-40	28	25.58%	48.98%	-56.34%	9.59%
NEUROLOGY	2,513	2,601	99	2	-13	88	6.89%	0.26%	-4.29%	3.50%
RHEUMATOLOGY	1,083	1,090	16	-14	5	7	4.98%	-11.57%	0.78%	0.65%
PAEDIATRICS	4,464	6,614	1,783	73	294	2,150	60.89%	14.15%	28.82%	48.16%
GERIATRIC MEDICINE	883	816	-75	-4	12	-67	-10.50%	-14.29%	8.51%	-7.59%
GYNAECOLOGY	6,911	7,584	635	-23	61	673	13.05%	-4.29%	4.04%	9.74%
GYNAECOLOGICAL ONCOLOGY	203	276	32	36	5	73	20.78%	75.00%	500.00%	35.96%
PHYSIOTHERAPY	550	1,090	119	306	115	540	74.38%	110.07%	102.68%	98.18%
OCCUPATIONAL THERAPY	337	405	31	27	10	68	60.78%	11.69%	18.18%	20.18%
DIETETICS	956	1,442	198	266	22	486	51.03%	50.67%	51.16%	50.84%
ORTHOTICS	347	503	75	52	29	156	42.86%	35.86%	107.41%	44.96%
DIAGNOSTIC IMAGING	6,774	7,485	-147	1,475	-617	711	-7.30%	49.68%	-34.47%	10.50%
AUDIOLOGY	1,555	2,640	444	59	582	1,085	62.27%	58.42%	78.54%	69.77%
OTHER	1,222	1,345	112	104	-93	123	28.79%	36.36%	-17.00%	10.07%
	85,464	102,002	9,068	4,150	3,320	16,538	18.95%	29.55%	14.08%	19.35%

CCG Improvement and Assessment Framework (IAF)

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

For 2016/17 NHS England introduced a new CCG Improvement and Assessment Framework. The framework is intended as a focal point for joint work and support between NHS England and CCGs, and was developed with input from NHS Clinical Commissioners, CCGs, patient groups and charities. It draws together the NHS Constitution, performance and finance metrics and transformational challenges and will play an important part in the delivery of the [Five Year Forward View](#).

The CCG IAF comprises of 60 indicators selected to track and assess variation across 29 policy areas covering performance, delivery, outcomes, finance and leadership.

There was a recognition that further development of data flows and indicator methodologies may be required during 2016/17 and at the end of the year there were data limitations for four of the indicators resulting in the final IAF assessment being calculated across 56 of the 60 indicators.

A dashboard showing the final data for 2016/17 against the 56 indicators has been included and 2017/18 data will be updated on a quarterly basis as it becomes available.

The table above confirms the CCG overall IAF rating for 2016/17 as 'REQUIRES IMPROVEMENT' which is an improvement on the 'Inadequate' rating for 2015/16.

The 2016/17 annual assessments have been published on the CCG Improvement and Assessment page of the NHS England Website and have also been published on the MyNHS section of the NHS Choices website.

Clinical Priority Areas

The Government mandate to the NHS also commits to separate assessments of CCGs in each of the following clinical priority areas;

Cancer;
Dementia;
Diabetes;
Learning disabilities;
Maternity;
Mental Health.

Independent panels are in place for each of the clinical areas who have agreed approaches to combining the individual metrics to reach an overall rating for each priority area on the following four point scale;

- Outstanding,
- Good,
- Requires Improvement
- Inadequate.

Ratings for 2016/17 have been released for the following 3 clinical areas and the dashboard provided shows a comparison against the baseline year 2015/16.

Dementia - REQUIRES IMPROVEMENT

Consists of 2 indicators and both have improved compared to the baseline data for 2015/16. Each indicator is assigned a band based on performance against national ambition for diagnosis rate and improvement on 2014/15 quartiles for care plan review. The overall rating is based on the CCG band for each indicator.

Dementia Diagnosis Rate	Band 3 (Above 56.7% and below or equal to 66.7%)
Dementia Care plan review	Band 2 (Above 77.6% and below or equal to 79.4%)

Cancer – GOOD

Consists of 4 indicators of which 2 have improved, 1 has slightly deteriorated but remains above the national mean and 1 is measured on a different methodology to 2015/16 and therefore cannot be compared. Each indicator has been given a score and the mean score have been used to derive the rating for each CCG.

Diagnosis at early stage	Score 2 (Significantly above the national benchmark)
Urgent GP referral to treatment within 62 days	Score 0.75 (Below the national standard but not significantly)
1 Year Survival	Score 1 (Not significantly above or below the national benchmark)
Patient Experience	Score 1 (Not significantly above or below the national benchmark)

Mental Health - REQUIRES IMPROVEMENT

Each CCG is assigned one of four ratings based on performance against 5 indicators. Each indicator is given a score of between 0 and 2 based on compliance with expected levels of performance.

IAPT and EIP have been scored based on performance against national standards. A mean score has been taken across the 5 indicators to assign the rating for each CCG.

Psychological therapies recovery rate (IAPT)	Score 0.75 (Below the national standard but not significantly)
Early Intervention in psychosis (EIP)	Score 2 (Significantly above national standard)
Children & Young People mental health services transformation	Score 1 (Equal to or above 50% and below 90%)
Crisis Care and Liaison mental health services transformation	Score 1 (Equal to or above 50% and below 90%)
Out of area placement inpatient care transformation	Score 1 (Equal to or above 50% and below 90%)

2016/17 CCG IAF Rating

NHS Bedfordshire CCG

Requires Improvement

Better Health		Period	CCG	Peers	England	Trend
R	101a n/d	Maternal smoking at delivery 16-17 Q3	7.5%	↓ 2/11	56/209	
R	102a n/d	% 10-11 classified overweight 12/13 to 14/15	30.3%	↓ 5/11	42/209	
R	103a n/d	Patients who achieved NICE t 2015-16	36.3%	↑ 9/11	171/209	
R	103b n/d	Attendance of structured edu 2014	13.6%	↓ 2/11	33/209	
R	104a n/d	Injuries from falls in people 6 16-17 Q3	2,095	↓ 7/11	138/209	
R	105a n/a	Utilisation of the NHS e-referr 2017 Q3	24.3%	↑ 10/11		
R	105b n/a	Personal health budgets 16-17 Q4	11	↑ 5/11	105/209	
R	105c n/a	% of deaths in hospital 16-17 Q2	47.5%	↑ 4/11	110/209	
	105d n/d	LTC feeling supported 2016 Q3	66.5%	↑ 5/11	53/209	
R	106a n/d	Inequality Chronic - ACS 16-17 Q3	952	↑ 9/11	117/209	
R	106b x	Inequality - UCS 16-17 Q3	2,211	↑ 10/11	140/209	
R	107a x	AMR: appropriate prescribing 2017 Q2	1.10	↓ 4/11	106/209	
R	107b x	AMR: Broad spectrum prescri 2017 Q2	8.9%	↓ 4/11	111/209	
	108a n/a	Quality of life of carers 2016 Q3	0.82	↑ 2/11	34/209	

Sustainability		Period	CCG	Peers	England	Trend
R	141a n/a	Financial plan 2016	Red	○ 9/11	141/209	
R	141b n/a	In-year financial performance 16-17 Q4	Red	↔ 10/11	141/209	
R	142a n/a	Improvement area: Outcomes 16-17 Q3		↔ 1/11	1/209	
R	142b n/a	Improvement area: Expenditu 16-17 Q3		↔ 1/11	1/209	
R	143a n/a	New models of care 16-17 Q4	N	○		
R	144a n/a	Local digital roadmap in place 16-17 Q4	Y	○		
R	144b n/a	Digital interactions 16-17 Q4	51.2%	○ 10/11	199/209	
R	145a n/a	SEP in place 2016-17	Y	○		

Well Led		Period	CCG	Peers	England	Trend
R	161a n/a	STP 2016-17	Green	○ 1/11	1/209	
R	162a n/a	Probity and corporate govern: 16-17 Q4	Fully Compliant	↔ 1/11	1/209	
R	163a n/a	Staff engagement index 2016	3.85	↓ 2/11	26/209	
R	163b n/a	Progress against WRES 2016	0.16	○ 11/11	173/209	
R	164a n/a	Working relationship effective 16-17	60.19	↑ 7/11	185/209	
R	165a n/a	Quality of CCG leadership 16-17 Q4	Amber	↔ 6/11	108/209	

Key

	Worst quartile in England		Best quartile in England
	Interquartile range		

Better Care		Period	CCG	Peers	England	Trend
R	121a n/a	High quality care - acute 16-17 Q4	64	↑ 1/11	22/209	
R	121b n/a	High quality care - primary cai 16-17 Q4	66	○ 3/11	70/209	
R	121c n/a	High quality care - adult social 16-17 Q4	62	○ 3/11	48/209	
R	122a n/d	Cancers diagnosed at early sta 2015	56.3%	↓ 3/11	19/209	
R	122b x	Cancer 62 days of referral to t 16-17 Q4	81.1%	↑ 4/11	108/209	
R	122c n/d	One-year survival from all can 2014	69.8%	↑ 10/11	106/209	
	122d n/d	Cancer patient experience 2015	8.7	○ 4/11	107/209	
R	123a x	IAPT recovery rate 2017 Q1	43.3%	↓ 9/11	179/209	
R	123b ✓	EIP 2 week referral 2017 Q3	79.7%	↑ 5/11	76/209	
R	123c n/a	MH - CYP mental health 16-17 Q4	85%	↔ 3/11	74/209	
R	123d n/a	MH - Crisis care and liaison 16-17 Q4	55.0%	↓ 10/11	169/209	
R	123e n/a	MH - OAP 16-17 Q4	87.5%	↔ 9/11	116/209	
R	124a n/d	LD - reliance on specialist IP ce 16-17 Q4	38	↑ 3/11	21/209	
	124b n/d	LD - annual health check 2015-16	41.1%	○ 2/11	74/209	
R	125a n/d	Neonatal mortality and stillbii 2015	7.1	↑ 8/11	120/209	
	125b n/a	Experience of maternity servic 2015	77.9	○ 10/11	145/209	
	125c n/a	Choices in maternity services 2015	62.4	○ 9/11	165/209	
R	126a n/a	Dementia diagnosis rate 2017 Q3	61.2%	↑ 8/11	175/209	
	126b n/d	Dementia post diagnostic sup 2015-16	79.3%	↑ 5/11	89/209	
R	127a n/a	Delivery of an integrated urge 2017 Q1	5	↑ 3/11	65/209	
R	127b n/d	Emergency admissions for UC 16-17 Q3	2,464	↑ 10/11	115/209	
R	127c x	A&E admission, transfer, disc 2017 Q3	95.0%	↑ 1/11	29/209	
R	127e n/d	Delayed transfers of care per : 2017 Q3	8.6	↓ 2/11	55/209	
R	127f n/d	Hospital bed use following em 16-17 Q3	534.9	↑ 8/11	143/209	
R	128a n/d	Management of LTCs 16-17 Q3	854	↓ 9/11	90/209	
R	128b n/d	Patient experience of GP servi 2016 Q3	85.9%	↓ 5/11	99/209	
R	128c n/a	Primary care access 2017 Q3	0.0%	↔ 6/11	115/209	
R	128d n/d	Primary care workforce 2016 Q9	1.04	↑ 4/11	66/209	
R	129a ✓	18 week RTT 2017 Q3	92.4%	↑ 5/11	86/209	
R	130a n/a	7 DS - achievement of standar 2016-17	0.0%	○ 1/11		
R	131a n/a	People eligible for standard NI 16-17 Q3	53.7	↑ 2/11	69/209	

2016/17 CCG IAF Clinical Priority Area Ratings

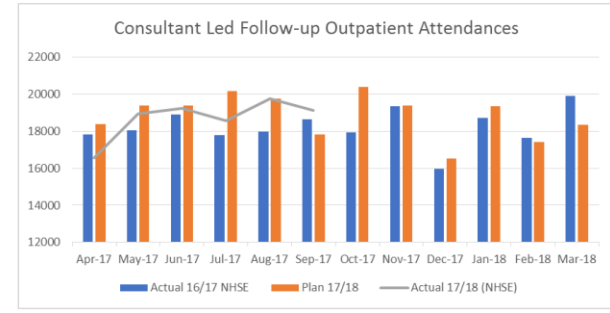
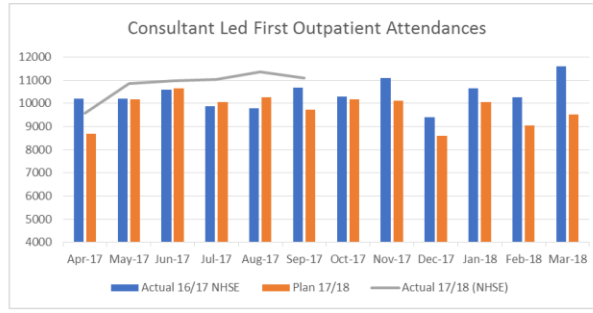
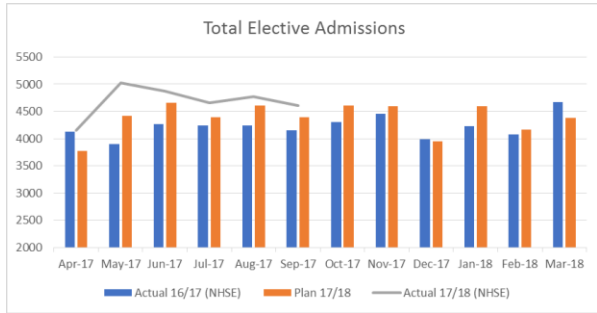
Bedfordshire CCG Improvement & Assessment Framework - Clinical Priority Areas - 2016/17

Priority	Indicator	2015/16 Baseline				2016/17				
		Period	BCCG	National	Assessment	Period	BCCG	National	Assessment	
Dementia	126a	People 65+ on the GP dementia register calculated as a proportion of the GP registered population	Mar-16	59.00%	67.5%	NEEDS IMPROVEMENT	Mar-17	61.20%	67.60%	REQUIRES IMPROVEMENT
	126b	People diagnosed with dementia whose care plan has been reviewed in a face to face review in the preceding 12	2014/15	77.50%	N/A		2015/16	79.30%	N/A	
Cancer	122a	New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	2014	58.50%	50.40%	NEEDS IMPROVEMENT	2015	56.30%	52.40%	GOOD
	122b	People with an urgent GP referral having first definitive treatment for cancer within 62 days of referral	2015/16	77.70%	82.09%		2016/17	81.70%	82.01%	
	122c	Adults diagnosed with any type of cancer in a year who are still alive one year after diagnosis	2013	68.90%	69.60%		2014	69.80%	70.40%	
	122d	Responses which were positive to the question 'Overall, how would you rate your care?' - National Cancer Patient Experience Survey	Change in methodology for 2016/17				2015	8.68	8.68	
Mental Health	123a	People accessing Psychological Therapies who are clinically assessed as moving to recovery following discharge - national threshold 50%		51.50%	N/A	PERFORMING WELL	Nov 16- Jan 17	43.30%	N/A	REQUIRES IMPROVEMENT
	123b	People with first episode of psychosis starting treatment with a NICE-recommended package of care and treated within 2 weeks of referral - national threshold 50%		85.70%	N/A		Apr 16-Mar 17	79.70%	N/A	
	123c	Children and Young People's mental health services transformation	Transformational standards not included in overall assessment				Q4 16/17	85.00%	N/A	
	123d	Crisis care and liaison mental health services transformation					Q4 16/17	55.00%		
	123e	Out of area placement for acute mental health inpatient care transformation					Q4 16/17	87.50%		

Programme Overview

Planned Care

Bedfordshire CCG Activity – Planned



Elective Admissions - In 2016/17 there was a total of 50,653 admissions. As at month 6 (September) the CCG has had 28,100 admissions. This is an increase of 12.72% compared to the same period in 2016/17.

Consultant Led Outpatient 1st Attendances - In 2016/17 there was a total of 124,617 attendances. As at month 6 (September) the CCG has had 64,890 attendances. This is an increase of 5.78% compared to the same period in 2016/17.

Consultant Led Outpatient follow up Attendances - In 2016/17 there was a total of 218,632 attendances. As at month 6 (September) the CCG has had 112,171 attendances. This is an increase of 2.76% compared to the same period in 2016/17.

The main causes of the over performance are:

Gastroenterology - 7 GP Practices have had a significant increase in outpatient attendances for Gastroenterology at Bedford Hospital. A number of actions have been put in place including primary care clinical education sessions and the launch of disease specific pathways.

Urology - increase in outpatient follow-up and procedure activity at Bedford Hospital. Drivers of this increase includes improving early detection and increasing referrals for cancer diagnostics due to poor one year survival rates. Whilst there are no individual practices driving this increase, the increase is more prevalent in two localities. Advice & Guidance for Urology has been implemented since October 2017.

Ophthalmology - increase in activity at Bedford Hospital due to clearance of Referral to Treatment backlog as part of the locally agreed recovery trajectory for Ophthalmology.

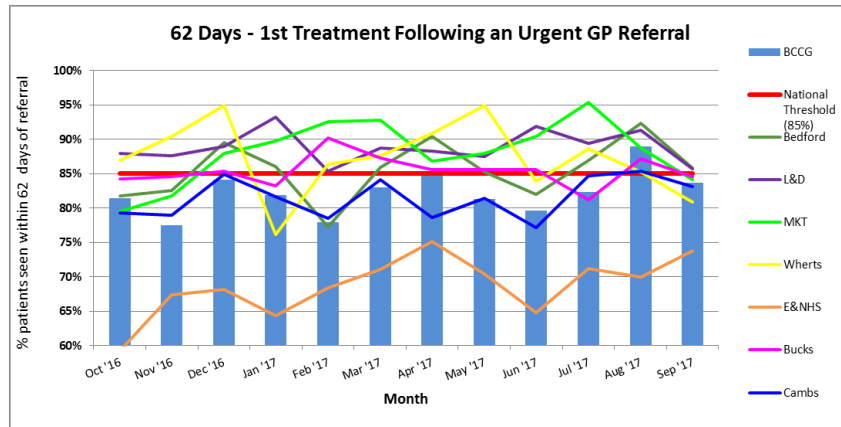
Dermatology & Plastic Surgery - increase in GP referred activity at Bedford Hospital due to contract expiry of the out of hospital provider for Community Dermatology and transfer to Bedford Hospital.

Advice and guidance for all specialties is now live.

Cancer Waiting Times

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

In Quarter 2 the CCG achieved 7 of the 8 key national cancer indicators. The 62 day standard for 1st treatment following an urgent GP referral underachieved with 84.96% against the 85% threshold. The 62 day first treatment following referral from an NHS Screening Service which underachieved in August has recovered in September and for Quarter 2.



Of the 339 patients seen on the pathway 51 breached the threshold. 21 of the breaches were at Bedford Hospital, 10.5 at East & North Herts, 8.5 at Luton & Dunstable, 5 at Cambridge, 3 at Buckinghamshire, 2 at Milton Keynes, 1 at Peterborough and Stamford (half breaches are due to shared breaches between

Trusts). 15 of the breaches were complex cases, 19 due to late referrals, 3 Provider delays, 6 patient choice and 8 capacity issues.

Bedford Hospital have achieved the national threshold of 85% in Quarter 2 however East and North Hertfordshire continue to underachieve and have a recovery plan in place. Performance is on an upward trajectory and the waiting list profile has more patients waiting in the earlier part of the pathway, therefore suggesting that ENHT's cancer waiting list profile has progressed to a more sustainable position.

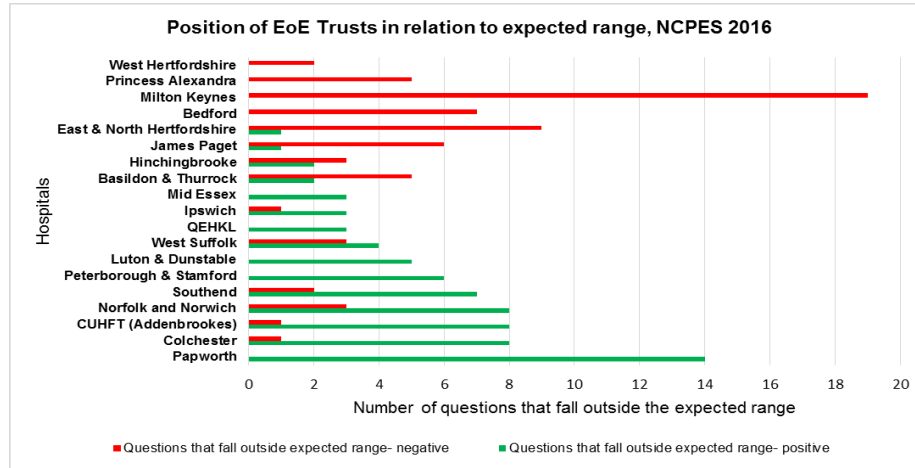
Reporting and Review of Long Waiting Patients

There were 4 104+ day breaches in September giving a total of 17 in Quarter 2. 2 of the September breaches were at Bedford Hospital, 1 on the Upper GI pathway and 1 on the lung pathway (treatment started day 119 and 111) and 2 at Luton & Dunstable, 1 on the Urology pathway and 1 on the lung pathway (treatment started on day 118 and 199).

All long waits continue to be reviewed by the CCG clinical lead who confirms that there is now improved root cause analysis across the patch with better clinical ownership at Trusts and good personal engagement. At least 30% of the unavoidable delays are due to very complex care for example patients with rare tumors and unusual presentations, co morbidities or inter current life events.

The CCG is seeing more patients treated albeit late who would previously be seen as untreatable. Of those where delay might have been avoided some changes have already been put in place by the time the case is reviewed and others are "one-off".

Cancer Patient Experience – 2016 results



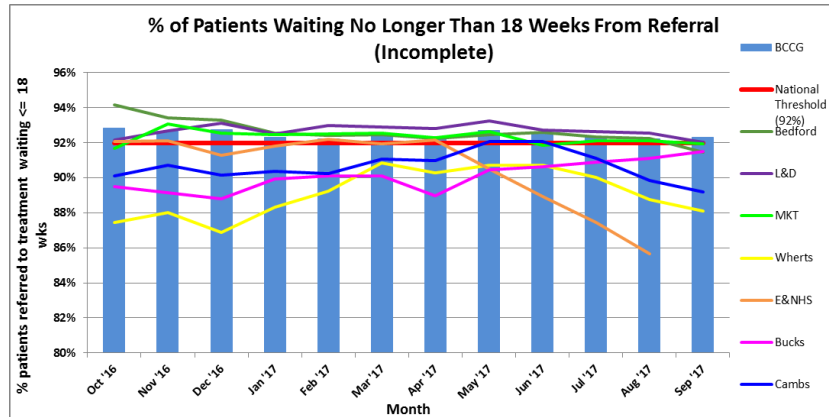
The National Cancer Patient Experience Survey 2016 is the sixth iteration of the survey first undertaken in 2010. It has been designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients. The survey was commissioned and managed by NHS England and overseen by a national Cancer Patient Experience Advisory Group.

The sample for the survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2016.

Of the main East of England providers Luton & Dunstable is the only Trust to maintain a positive patient survey result in 2016. Bedford, Milton Keynes and East and North Herts Trust all require improvement some more than others.

Key clinicians and managers at Bedford Hospital have developed an action plan focusing on the areas in the survey that are below the expected range, with the main focus on providing patient/carer information. The CCG Quality team are monitoring this through Quality meetings with the Trust.

Elective Waiting Times (18 Weeks RTT)



In September the CCG achieved the national threshold for the incomplete pathway with 92.30% which is a slight improvement on the August position. There were 6 specialties which underachieved; Ophthalmology (87.92%), Trauma and Orthopaedics (88.72%), Thoracic Medicine (90.87%), General Surgery (90.34%), Plastic Surgery (82.69%) and Rheumatology (85.96%).

The CCG has 1974 patients on the incomplete pathway who have breached 18+ weeks (2142 breaches in August). (Number of 18+ week breaches in brackets); Bedford (1022), Luton & Dunstable (387), Milton Keynes (86), Buckinghamshire (98), Cambridge (169) and other acute providers (212).

Luton & Dunstable achieved at an aggregate level for BCCG patients however 6 specialties were underachieved (number of breaches in brackets): Urology (54), Trauma & Orthopaedics (33), General Surgery (42) and Gynaecology (44), ENT (52) and Ophthalmology (51).

Bedford Hospital also achieved at an aggregate level for BCCG patients however 4 specialties were underachieved: Plastic Surgery (109), Thoracic Medicine (66), Rheumatology (75) and Ophthalmology (289).

Main areas of pressure at Bedford Hospital continue to be in Ophthalmology together with the impact of the transfer of Community Dermatology Service. The Trust have flagged a risk to the 92% compliance from October onwards coming back within 92% by the end of March 2018. It is not yet clear what the impact of this will be on the CCG aggregate performance. A Recovery action plan is in place as follows:

- Plastic Surgery – Dermatology backlog is impacting on the demand for Plastic consultants' capacity, the estimated time for recovery has been established as 6 months (Oct-Mar 2018)
- Oral Maxillo Facial – A recovery trajectory has been developed to see/treat patients waiting 18+ weeks. Additional weekend locum consultant capacity in place for 3 months and the Trust is looking to secure further clinics over the next 6 months.
- Dermatology – Review and sourcing of acute capacity is ongoing with extra capacity in place for October. Community clinics are in place. Trajectory in place to meet specialty compliance by June 2018. There is a review underway of all 18 week breaches and so far one has been identified as 'known harm'. Duty of Candour has been conducted for all patients and there are currently a further 5 patients who require clinical harm review and this will be concluded in January due to Bedford Hospital consultant availability.
- Ophthalmology – Performance has dipped slightly from August and the Trust have rebased their trajectory to meet 92% by January 2018.

Elective Waiting Times (RTT 52+ Week Breaches)

52+ Week Breaches

The CCG has had 12 breaches year to date (7 patients affected) 2 at Great Ormond Street (1 patient), 2 at Cambridge (1 patient), 1 at Luton & Dunstable, 1 at Moorfields, 3 at Imperial College London (ICL) (1 patient), 2 at Oxford University Hospital (1 patient) and 1 at Pinehill Hospital.

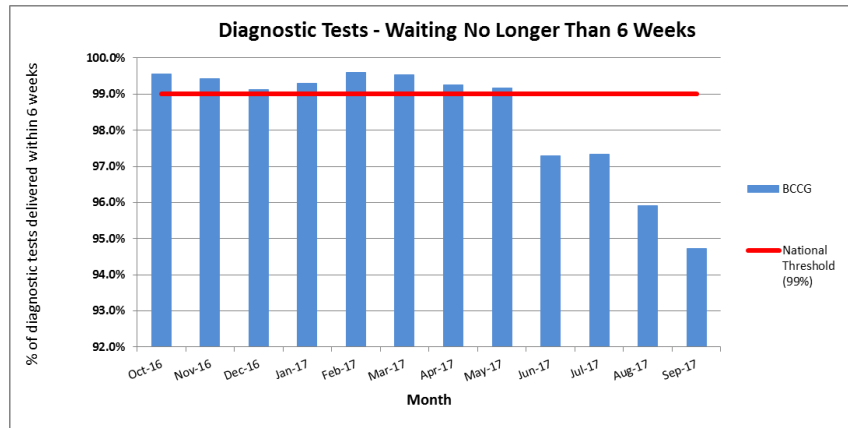
The 3 52+ week breaches in September were as follows:
The first breach was at Imperial College London on the Plastic Surgery Incomplete Pathway which is the same patient who breached in July and August. The patient was booked for treatment in September.

The second breach was at Oxford on the 'Other' pathway. The patient was offered a date for treatment in August but requested a delay to the date. The patient is booked for 16th November 2017.

The third breach was at Pinehill Hospital on the Trauma and Orthopaedic Pathway. This breach has been discussed with Circle who confirm that it is not a real breach but has arisen due to a data error.

Previously reported dermatology 52+ week breaches have all undergone clinical harm review with no harm identified.

Elective Waiting Times – Diagnostics – Tests within 6 Weeks



In September the CCG underachieved this indicator with 94.72% against the 99% threshold. There were 6493 patients on the diagnostic tests pathway with 343 breaching the 6 week threshold.

East & North Herts have been unable to submit September figures due to implementation of their new patient records system. The Trust are working towards reporting of October figures. E&NH CCG is liaising closely with the Trust in case this position changes.

223 of the breaches were at Cambridgeshire Community Services and all of these were Paediatric Audiology tests. Cambridgeshire Community Services (CCS) have provided a remedial action plan and recovery is now expected in mid-December.

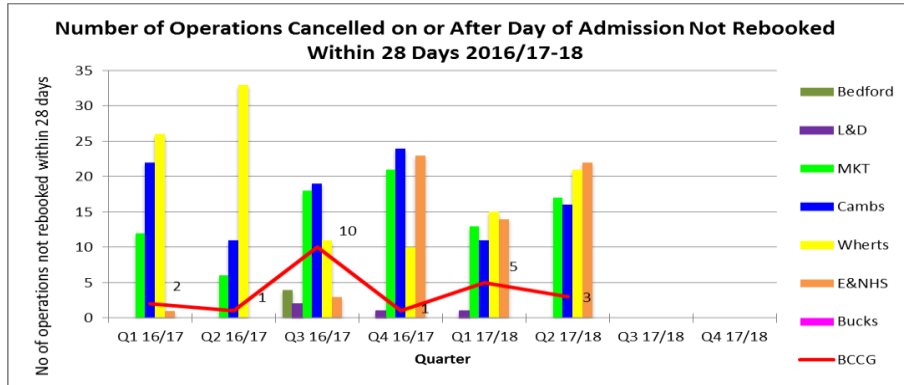
The Trust has had significant workforce challenges over the last three months and steps have been taken to recruit to their vacant audiologist posts. The challenge in recruiting audiologists is shared by neighbouring providers. CCS are monitoring the situation daily and mitigating clinical risk through thorough triage of all referrals and taking these additional actions:

- Working with agencies to identify suitable locums
- Use of agency locum in place
- Direct contact with Universities delivering BSC Audiology Degree to encourage soon to be graduates to consider applying for advertised post.
- Appropriate use of skill mix- Audiology Support Workers to allow more clinic capacity.
- Communication Plan in place including supporting staff to manage parent/ carer anxiety when child not seen within expected time frame and communicating with stakeholders.

79 of the breaches were at Luton & Dunstable Hospital and the Trust underachieved against the national threshold trust wide. The Trust have advised that the issue relate primarily to staffing issues, particularly recruiting and retaining Nurse Endoscopy Practitioners. The Trust have brought forward the commissioning of an additional room and are putting on weekend availability.

Bedford Hospital have achieved the 6 week indicator however the CCG has raised an issue with the Trust around incomplete submission of national diagnostic data. This is being reviewed by the Trust and an update will be provided in the next report.

Cancelled Operations not rebooked within 28 Days

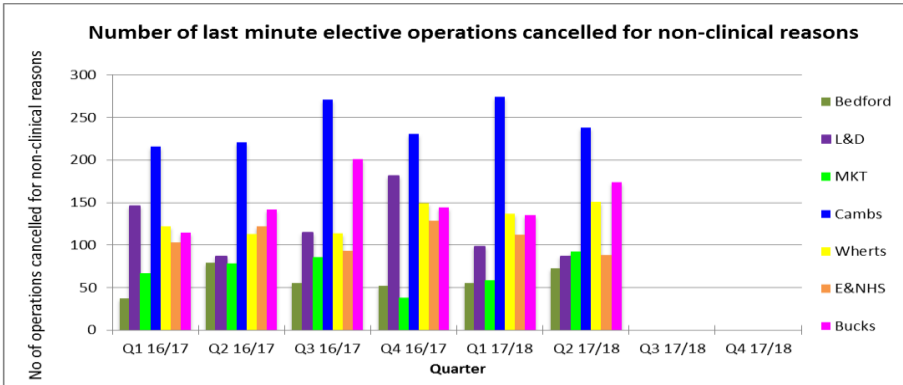


In Quarter 1 the CCG has had confirmation that there had been 5 patients who had their elective operations cancelled on or after day of admission and not rebooked within 28 days, 3 at Milton Keynes and 2 at Cambridge.

Of the 3 breaches at Milton Keynes, 2 were due to the Consultant being sick and the patients refusing dates that were offered within 28 days and 1 was due to equipment failure on the day and the patient declining dates within the 28 days.

The 2 breaches at Cambridge were due to theatre capacity. Patient One was on the Ophthalmology pathway and has now been treated. Patient Two is on the Interventional Radiology pathway and is still waiting to be treated as they have chosen to delay the procedure.

Cambridge do not undertake individual root cause analysis however all breaches are reviewed at weekly meetings to ensure patients are rebooked within the standard wherever possible.



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

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

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

Provider	Q1	Q2	Q1 Trust Wide Breaches	Q2 Trust Wide Breaches
Bedford	0	0	0	0
Buckinghamshire	0	0	0	0
Cambridge	2	2	11	16
East & North Herts	0	1	14	22
Luton & Dunstable	0	0	1	0
Milton Keynes	3	0	13	17
West Hertfordshire	0	0	15	21

Stroke

The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in England, Wales and Northern Ireland. The SSNAP Clinical Audit is continuous, longitudinal audit which measures the processes of care provided to stroke patients in England, Wales, and Northern Ireland up to 6 months post stroke admission. SSNAP reports each reporting period so that timely information on stroke care is made available for clinicians, commissioners, patients and the public. Over 90% of expected stroke cases are now submitted to SSNAP making the results meaningful and robust.

SSNAP DATASETS

The data is available to view in different ways split by patient centred and/or team centred and covered the first 72 hours and then post 72 hours to discharge.

Patient Centred 72 hr results - This section shows the patient centred results for the first 72 hours of care for patients who arrived at hospital (or had their stroke in hospital) in the time period that this report covers. Patient centred 72h results are attributed to any acute teams who treated the patient at any point.

Patient centred post-72h results - This section shows the patient centred results for the care between 72 hours and discharge from inpatient care. It is attributed to all inpatient teams which treated the patient at any point in their care. This means that a team which only treated the patient during the first 72h will still have the results for this patient's care between 72 hours and discharge from inpatient care.

The aim is to encourage an open dialogue between teams treating patients along a care pathway and that teams treating the patient initially reflect on the continuing care they receive, as this will also impact upon the initial team's longer term outcome results. The patient centred post-72h results are based on records locked* to discharge for patients who were discharged from inpatient care in the time period that this report covers.

National Clinical Results – April to July 2017

The CCG has achieved an overall SSNAP level B, which indicates that our patients are receiving good quality stroke service.

Luton & Dunstable and Bedford Hospital have both shown and overall improvement of SSNAP level B and Level C respectively. However, the CCG recognises areas that need improvement and is continuously working with the Acute Trusts to improve on such areas such as:

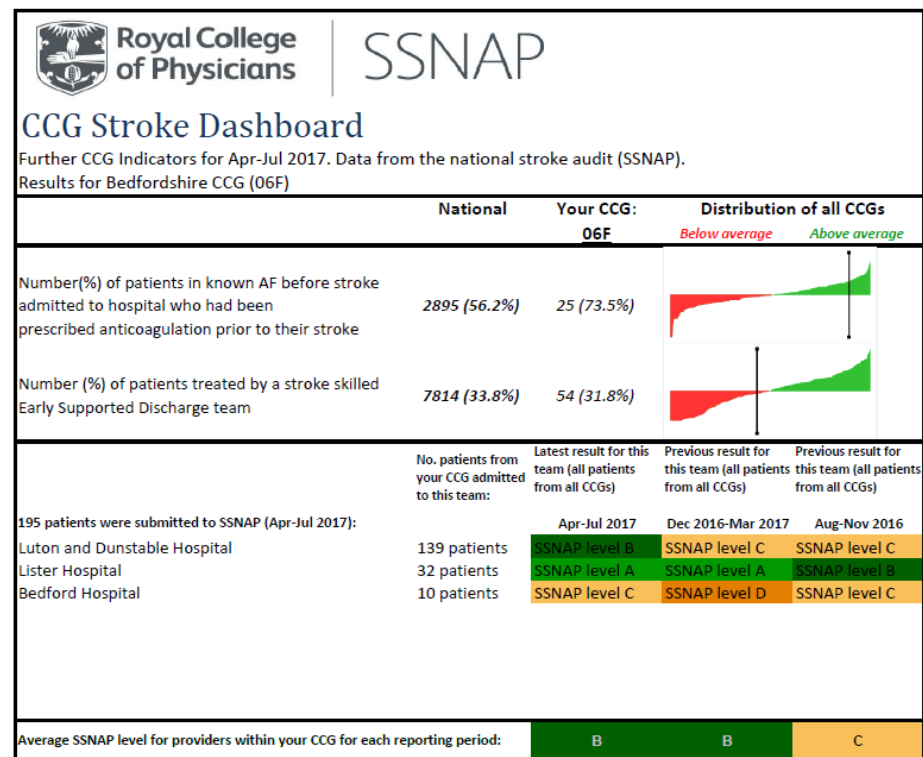
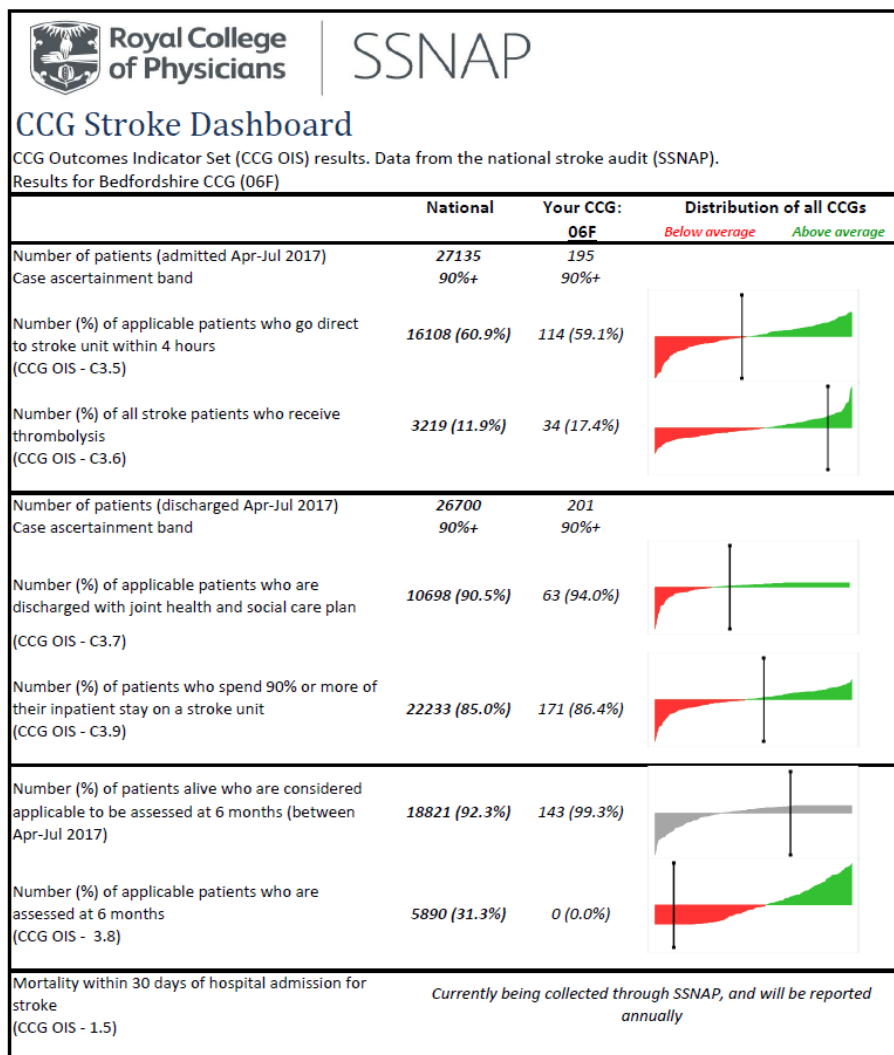
- Admission to a Hyper Acute Stroke Unit (HASU)
- Swallow screen within 4 hrs
- Further streamlining of the pathway between emergency call 999 to treatment.
- Recruitment of Speech and Language Therapy at Luton & Dunstable should show an improvement from that domain in the next SSNAP level reporting.

Low risk TIA performance at Bedford Hospital remains below threshold the CCG are raising this via contractual and quality routes.

National Clinical Results – April to July 2017

SSNAP Scoring Summary:	<i>Team type</i>	<i>Routinely admitting team</i>	<i>Routinely admitting team</i>	<i>Non-routinely admitting acute team</i>
	SCN	East of England SCN	East of England SCN	East of England SCN
	Trust	East and North Hertfordshire NHS Trust	Luton and Dunstable University Hospital NHS Foundation Trust	Bedford Hospital NHS Trust
	Team	Lister Hospital	Luton and Dunstable Hospital	Bedford Hospital
	SSNAP level	A	B	C
	SSNAP score	87	74	63.7
	<i>Case ascertainment band</i>	A	A	A
	<i>Audit compliance band</i>	A	A	A
	Combined Total Key Indicator level	A	B	C
	Combined Total Key Indicator score	87	74	63.7
<i>Number of records completed:</i>	<i>Team-centred post-72h all teams cohort</i>	242	297	61
Patient-centred KI levels:				
Patient-centred Domain levels:	1) Scanning	A	A	A
	2) Stroke unit	C	D	D
	3) Thrombolysis	C	B	B
	4) Specialist Assessments	A	B	C
	5) Occupational therapy	A	A	D
	6) Physiotherapy	A	B	B
	7) Speech and Language therapy	A	D	E
	8) MDT working	B	C	C
	9) Standards by discharge	B	B	C
	10) Discharge processes	A	B	A
Patient-centred KI level	Patient-centred Total KI level	A	B	C
	Patient-centred Total KI score	88	74	64
Patient-centred SSNAP level	Patient-centred SSNAP level (after adjustments)	A	B	C
	Patient-centred SSNAP score	88	74	64

CCG Stroke Dashboard – April – July 2017



Patient Transport Services (PTS)

Private Ambulance Service Ltd (PAS) who provide patient transport services gave formal notification to the Consortia that they had been served a winding up petition by Her Majesty's Revenue and Customs (HMRC). Administrators were appointed on 2nd October 2017 and the contract has been terminated.

East of England Ambulance Service (EEAST) stepped in on an emergency basis pending procurement and potential contract negotiation. EEAST only agreed to undertake the emergency cover on the basis that a longer term contract (not caretaker) was issued for all 4 CCGs affected by the collapse of PAS (East and North Hertfordshire CCG, Herts Valley CCG, Luton CCG and Bedfordshire CCG).

A new contract is being agreed with EEAST following a Voluntary Ex-Ante Transparency notice (VEAT) being issued to halt the current procurement.

A contract across the 4 CCGs has been drawn up for a Term of 2+1 years

The contract details are near completion and finances have been agreed. The consortium are awaiting a robust mobilisation plan from EEAST before a contract can be signed.

The current provision is suffering under the strain of pressures increasing at the Trusts. The CCG is still supporting EEAST with additional vehicles and driver support in place at the Trusts on a weekly basis supporting the core PTS.

In addition, a bid for Winter Resilience monies has been put in for additional vehicles to support discharges from the Trusts until March 2019.

There have been increasing level of concerns being raised by Acute Providers regarding arrival and collection of patients. As a result of this the Quality Team have undertaken a visit to ascertain the current level of patient experience and this reinforced that there are delays. However the CCG Complaints Team are only aware of 2 complaints and 1 compliment regarding the current service and 1 SI related to NEPTS

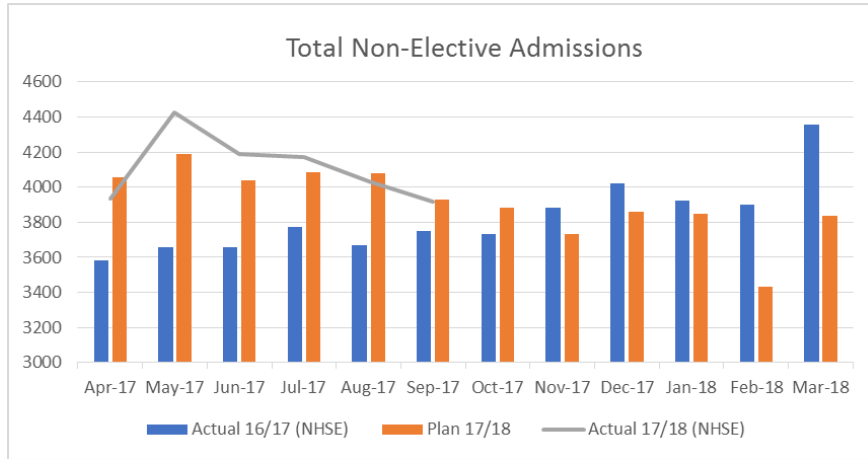
At the moment, until the contract is signed, EEAST are still running an 'emergency cover' service, then after the contract is signed a mobilisation period will be required.

The Lead CCG for the Consortium is in the process of arranging a meeting with EEAST to address some of the issues being experienced in the service.

Programme Overview

Unplanned Care

Bedfordshire CCG Activity - Unplanned

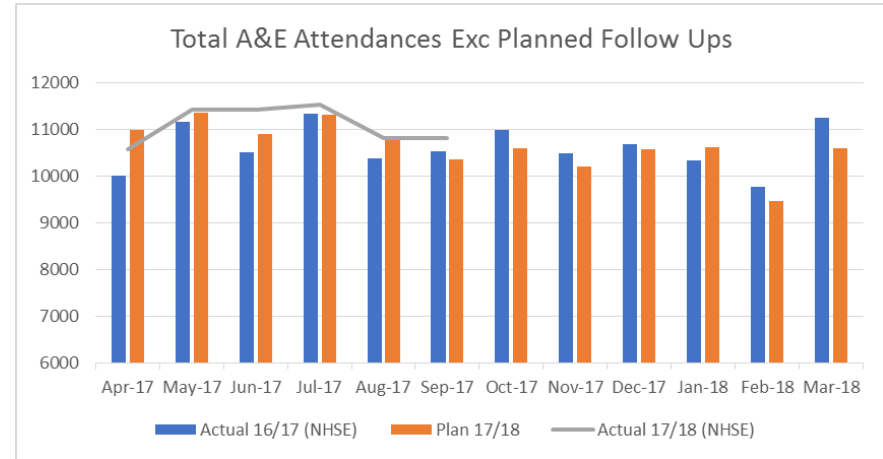


Non Elective Admissions

In 2016/17 there was a total of 45,897 admissions. As at month 6 (September) the CCG has had 24,671 admissions. This is an increase of 11.68% compared to the same period in 2016/17.

Non Elective Admissions is a key focus for the CCG and a number of schemes are being progressed to reduce the number of emergency admissions. In particular these are in General Surgery, General Medicine and Geriatric Medicine.

The CCG have liaised with primary care to ensure GPs are aware of the Ambulatory Emergency Care pathway that may prevent avoidable admissions. Furthermore, there are on-going discussions with the ambulance trust to review and improve the number of patients under Hear and Treat, as well as See and Treat schemes.

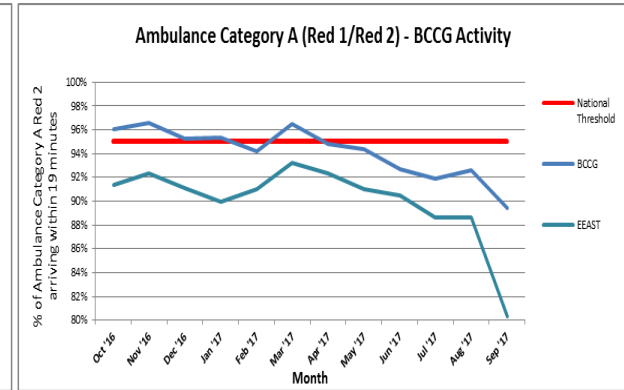
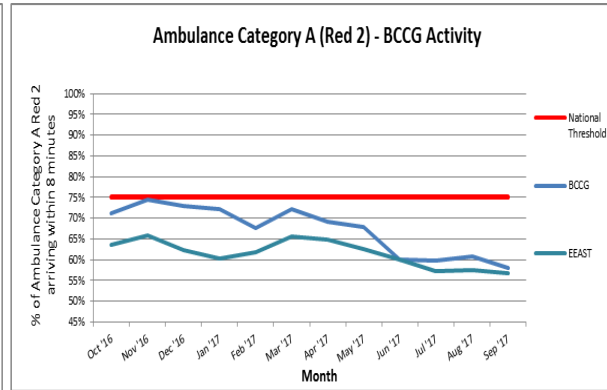
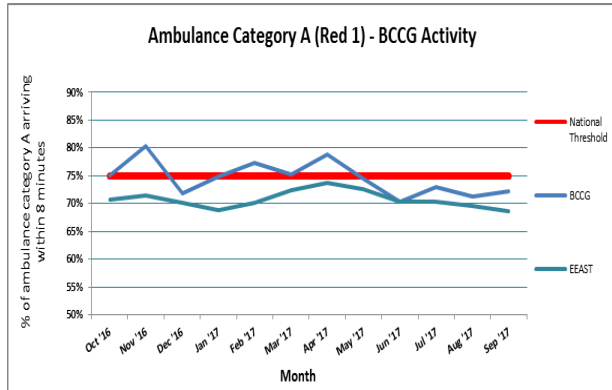


A&E Attendances

In 2016/17 there was a total of 127,349 attendances. As at month 6 (September) the CCG has had 66,547 attendances. This is an increase of 4.17% compared to 2016/17.

The A&E Delivery Board has commenced work on the 7 Urgent and Emergency Care Priorities which should support a reduction in A&E attendances. Furthermore the CCG has worked closely with Bedford Hospital to review and implement early hospital discharge planning and monitoring of patient flow. The Discharge to Assess scheme commenced in November 2017.

East of England Ambulance Service Trust (EEAST)



In September the CCG and EEAST (East of England Ambulance Service) Trust wide underachieved against all 3 response time indicators. Number in brackets relate to responses.

Category A Red 1 8 minutes – The CCG underachieved this indicator with 72.31% against the 75% threshold. There were 130 responses of which 94 arrived within 8 minutes. There was a 6.47% decrease in activity (9) with a 5.05% decrease (5) in the achievement of the 8 minute threshold.

Category A Red 2 8 minutes – The CCG underachieved this indicator with 58.07% against the 75% threshold. There were 1996 responses of which 1159 arrived within 8 minutes. There was a 0.91% increase in activity (18) with a 3.9% (44) decrease in the achievement of the 8 minute threshold.

Category A 19 minutes – The CCG underachieved this indicator with 89.40% against the 95% threshold. There were 2123 responses (1898 arrived within 19 minutes). There was a 0.33% increase in activity (7) with a 3.11% (61) decrease in the achievement of the threshold.

Ambulance Response Programme (ARP)

On 13th July 2017 NHS England announced new Ambulance Service Standards for the ambulance service which apply to all 999 calls for the first time. This is designed to increase the call handling time to enable improved identification of caller needs. This in turn will determine the most appropriate response time for ambulance dispatch based on needs.

EEAST commenced reporting against ARP on 18th October and feedback from EEAST was that the ARP commenced well.

Calls are now categorised from Category 1 to 4.

Due to the difference in reporting requirements, EEAST informed the CCG that data to support the revised model of ambulance response will need to be developed. The CCG has liaised with the co-ordinating commissioners to understand a rational timeline for future reporting.

A visit by the CCG Contracts and Quality teams was undertaken on 20th November. Due to the changes in the call categorisation (which are nationally set) the C2 category now contains a wider set of patients. EEAST have processes in place to prioritise this group but a follow up visit is planned for early in the New Year in order to observe this in practice.

Ambulance Quality Indicators – Trust Wide

ACQI	Target 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Avg YTD
ROSC at hospital (overall)	27.0%	28.8% 75/260	29.4% 78/265	25.5% 65/255	34.6% 92/266	35.4% 103/291	30.7%
ROSC at hospital (Utstein)	53.0%	59.3% 16/27	54.5% 12/22	66.7% 14/21	71.4% 25/35	57.5% 23/40	61.9%
Survival to discharge (overall)	7.0%	9.1% 23/252	6.6% 17/257	8.7% 21/241	13.1% 33/252	11.5% 32/279	9.8%
Survival to discharge (Utstein)	27.0%	32.0% 8/25	18.2% 4/22	42.1% 8/19	45.2% 14/31	27.0% 10/37	32.9%
PPCI <150**	95.0%	93.0%	92.6%	90.3%	86.7%	92.6%	91.0%
STEMI Care Bundle	86.0%	91.6% 131/143	93.4% 141/151	91.7% 110/120	90.6% 135/149	87.1% 122/140	90.9%
Stroke HASU <60	56.0%	52.2% 152/291	50.8% 180/354	49.3% 171/347	49.6% 184/371	51.9% 200/385	50.8%
Stroke Care Bundle	98.0%	99.3%	99.8%	100%	100%	99.6%	99.7%

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

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

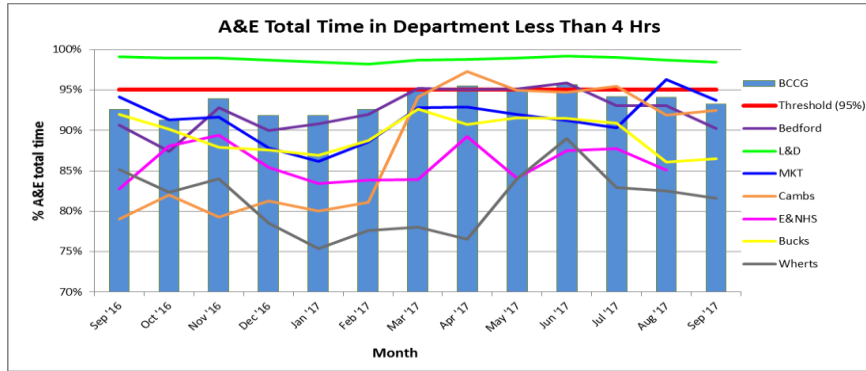
The Ambulance Response programme (ARP) should impact on the RRV issue, and EEAST are working with local teams regarding on scene times. It is also possible that this measure will change as part of revised KPI's for the new ARP requirements. The CCG continues to monitor performance and any impact of the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

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

Serious Incidents

EEAST had recently completed a deep dive of SIs occurring across the whole of their area of service provision. Falls (from stretchers etc) was identified as a concern but this had not been experienced by any Bedfordshire patients. There were no identified areas of concern for Bedfordshire patients.

Accident & Emergency



The CCG is measured on performance at the 7 main acute providers. Bedford Hospital performance for August has been incorrectly reported at 93.05% instead of 95.44%. The Trust has resubmitted August data however this is not yet calculated in the national data.

In September the CCG underachieved the 95% national threshold with 93.22% however due to the implementation of their new A&E system (NerveCentre) it has not been possible for the Trust to report their current position and national reporting has been affected. The majority of these difficulties relate to data quality challenges and the training around real time inputting of information.

The Urgent Primary Care Streaming service went live on 9th September 2017 and will stream those patients presenting at the front door of A&E with an urgent need to the on-site Cauldwell Medical Centre GP Practice, in order to reduce the rising number of inappropriate attendances at the Bedford Hospital Emergency Department. The number of patients streamed has improved in November but is still below the benchmark of 20 patients per day.

BCCG is supporting Virgin Care and BHT to finalise a Standard Operational Procedure in order to improve the appropriate streaming of patients from A&E to the Urgent Primary Care service. Clinical review discussions will continue fortnightly.

There are plans in place to have an Urgent Treatment Centre to be located on the Bedford Hospital site in 2018. A report was submitted to the CCG Clinical Reference Group in early November for review.

BCCG has been invited to a Luton system assessment day in December. The purpose of this is to be involved in the overall system resilience which will be fed into the Luton A&E delivery board.

Emergency Department Survey 2016

Results of the Care Quality Commission were published in October 2017 which focussed on the experiences of people, aged 16 years+ who attended A&E during September 2016. None of the CCG top 6 local Acute Trusts were identified as outliers in the CQC Report

The Survey cover 9 domains and identified if patient experience is better or worse or about the same compared across Trusts;

- Arrival at the Emergency Department
- Waiting Times
- Doctors and Nurses
- Care and Treatment
- Tests
- Hospital environment and facilities
- Leaving the Emergency Department
- Respect and Dignity
- Experience Overall

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

Hertfordshire Urgent Care (HUC)

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

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

The expectation had been that HUC would be achieving this target from service commencement on 30/3/17. However delivery month on month has been lower than expected with the exception of June performance at 30.8%.

The IUC service has faced difficulties in sufficiently filling the clinical rota most noticeably at weekends, which may in turn have impacted on attendances at A&E departments.

A revised clinical model, which will increase clinical staffing levels and in turn should improve delivery against this indicator was launched on 9th October 2017.

HUC Performance for most KPIs for the 111 element of service provision are continuing to improve reaching all targets on weekdays and with an improved performance at weekends. Service provision in Out of Hours face to face assessments and home visits continue to require focus.

A 'perfect weekend' date has been set for 8th- 10th December. This will test capacity with participation from GPs. This date has been communicated to GPs.

An independent review was commissioned by BCCG and LCCG to understand some of the concerns that had been raised. The report provided an opportunity to work with the provider to discuss and develop a clear action plan to deliver improvements.

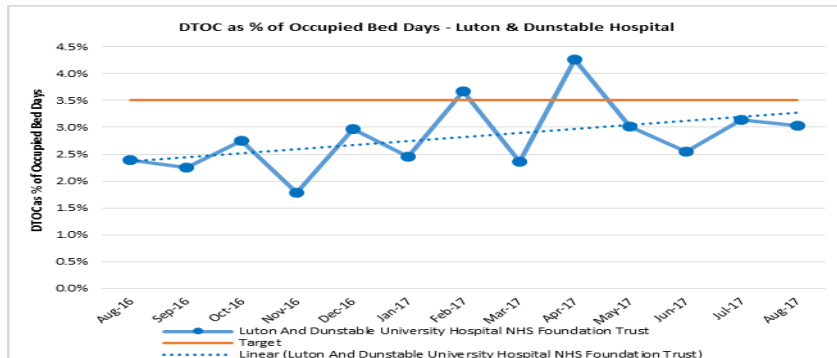
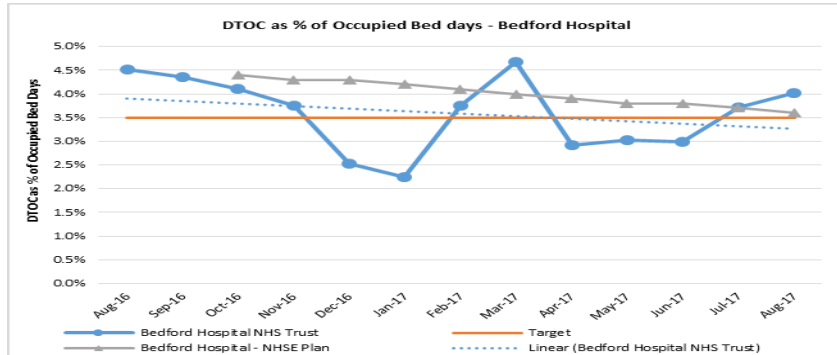
Two weekly escalation meetings with NHS England have now ceased and a national peer review is due to take place on 13th December.

In addition a collective approach to quality meetings has progressed to move to quality reporting across the patch with a clear reflection to delivery in key commissioned areas. The first meeting of this group was held on 20/9/17.

Contract meetings are ongoing however full monthly Performance reporting is not yet forthcoming, although daily data is being provided. Specific KPI's and remedial action plan are being monitored and early indications show improvement in the majority of areas. Regular meeting are held to discuss performance and actions to be taken.

The final contract has been sent to HUC for approval and a signature date is being proposed for mid December.

Delayed Transfers of Care (DTOC)



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

The charts demonstrate that Luton & Dunstable hospital achieved the 3.5% target for the last four months, Bedford Hospital is showing an upward trend in DTOC and have not achieved the target for July (3.7%) and August (4.1%).

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

The following work is in progress to reduce DTOC:

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

Significant working with partner organisations to agree a service specification and implementation of pathways for the Discharge to Assess model which goes live in November 2017. This will include removing 85% of CHC checklists from the acute. This work is supported by the Discharge CQUIN supporting proactive and safe discharge, ensuring a greater proportion of people return to their usual place of residence on discharge from hospital. The discharge to assess model is supported by the commissioning of 15 additional intermediate care beds, available from November 2017 to March 2018 which are managed by BHT which is supported by additional funding to provide therapy into the 15 beds. Funding was also provided to BHT to increase their discharge planners to support the implementation of this model and these new staff commenced in October.

At Bedford Hospital the most significant issues creating DTOCs in August were waiting for a care package and waiting for further non-acute care. Waiting for a care package increased significantly from 50 days in July to 148 days in August 2017. The Discharge to Assess model will reduce these delays by providing a health and social care integrated discharge pathway to home or to a community bed for patients that cannot safely go home.

Programme Overview

Mental Health and Learning Disabilities

Mental Health – Quality Update

CQC visited both Ash and Townsend Court over 8th and 9th November. BCCG are awaiting action plan from East London Foundation Trust for these units, however the headlines were around physical health monitoring and calibration of equipment.

The CCG Associate Director of Nursing & Quality and the commissioner for MH and the clinical lead for MH also conducted quality visits at both units on the 16th November. The visits have highlighted incidents and reporting areas of concerns for Illicit Drug uses and access for Informal service users at male units and increasing admissions in young females.

During November CCG Quality / Commissioner / GP lead visited mental health inpatient wards. Patients reported feeling involved in their care and that staff were visible and approachable. Staff present reported that they were aware of how to report safeguarding concerns. There was evidence of health and wellbeing promotion to staff on the wards. The main challenge for the ward is the number of incidents being reported via the Trust Datix system which relate to self harm.

Quality visits were also carried out on the child and adolescent mental health single point of access, where the changing of referral pathways was able to be observed and discussion regarding the most appropriate treatment for children and young people including signposting onto other services where appropriate. The benefit of having the single point of access has meant that the duplication in referrals to more than one service has been reduced, and following assessments staff are able to escalate to different services swiftly rather than waiting for a new referral to be made.

Staff from commissioning, communications, Quality and our GP clinical lead met with the lead nurse for psychiatric liaison to talk through the changes to the service since parity of esteem investment was made and staff numbers increased in September 2017. This investment has meant that psychiatric liaison is available within Bedford Hospital every

day from 9 am to midnight. After 5 p.m. Monday to Friday and at weekends this is a senior nurse led service with medical support from the out of hour's psychiatrist. The team links closely with the A&E Liaison Team from the Crisis Resolution and Home Treatment Team (CRHT). The psychiatric liaison team, out of hours will see all service user over 16. One of the challenges facing the team is carrying out assessments in an appropriate room, as often due to accommodation they have to carry out assessments in the relative's room in A&E.

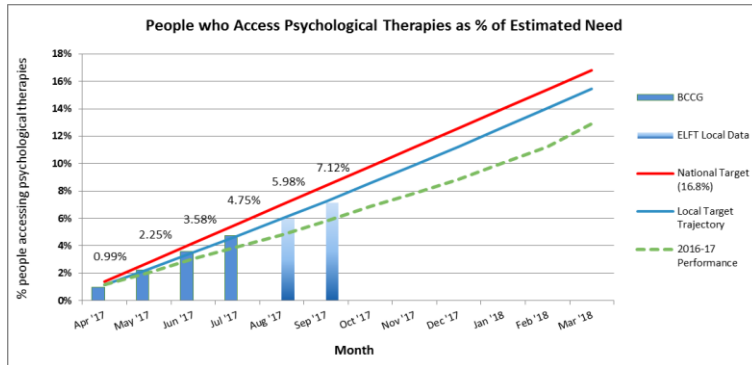
Child and adolescent mental health team (CAMH) held their quarterly team away half day to learn from serious incidents. This is an opportunity for the teams to consider the learning that has come out from the incidents and alter their practice in line with this. This quarter's focus was on learning from "suicide".

ELFT have completed their review of community mental health and assertive outreach teams and have a revised structure in place. This has meant there are now 3 community mental health teams covering Bedford, with assertive outreach incorporated into the community mental health team. New primary care link workers are also now in place and should provide a closer link to primary care, and step up and step down for patients.

The LeDER (Learning Disabilities mortality review) programme is now live across Bedfordshire. The reviews will feed into the STP wide Transforming Care Partnership Board.

IAPT – Access and Recovery Rates

IAPT Access

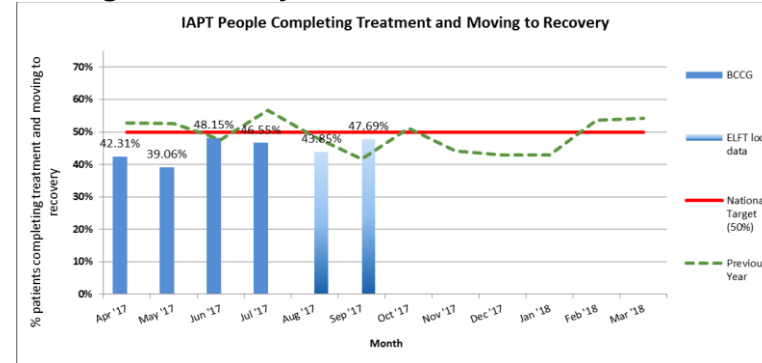


In 2017/18 the national threshold rose from 15% to 16.8% and following discussion with East London Foundation Trust (ELFT) the current plan has been set to achieve 15.45% and monthly thresholds have been agreed. Latest local data for September is showing 1.14% giving a year to date position of 7.12% against the agreed threshold of 7.25%.

The CCG is supporting IAPT access delivery by:

- The Wellbeing Service with support from CCG Commissioners continue to promote the service across the County working with our Acute Hospitals, Community Services, Local Authorities and Voluntary Sector Services.
- ELFT have met with the current Diabetes Service to promote referrals to psychological therapies.
- An event has been held at Bedford Hospital including Community Teams to promote the service and agree pathways into therapies.
- ELFT have recruited 2 additional Team Leaders with one specifically focussing on Group Work.

Moving to Recovery

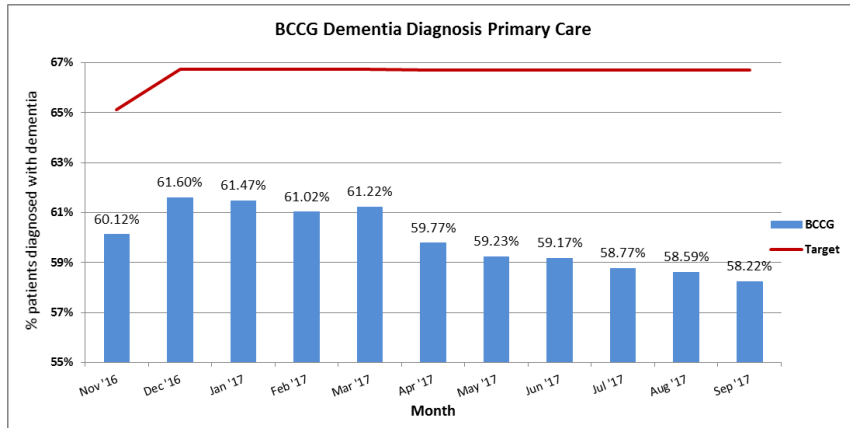


The recovery rate has improved to 47.69% against the 50% threshold in September.

The Trust have submitted a revised action plan to deliver 50% in Quarter 3 and 4.

- Case Management is now being closely monitored and Team Leaders are reporting weekly to the Service Clinical Lead on all unrecovered cases nearing recovery.
- All Clinicians are being monitored in Supervision to ensure adherence to the DNA/Cancellation Policy.
- The Service will continue to work with GPs and other professionals to promote all the interventions available, not just individual therapy.

Dementia Diagnosis



In September there were 2921 patients aged 65+ with a diagnosis for dementia. This number is a decrease of 12 patients from August and the GP registered population increased to 5017 from 5006 in August which gives a worsening position of 58.22% against the 66.72% threshold. Work has been undertaken to ensure that the letters coming out of the Memory Assessment Service (MAS) are correctly coded and that primary care are coding these accurately on the register. Details of potential patients who may not have been coded as having a dementia were sent to practices and so far 66 additional people have been added to the register.

GP site visits to the lowest referring practices continue and discussions have taken place regarding clinical coding, GPs diagnosing, issues with the Memory Assessment Service (MAS), post diagnostic support, further support required for staff, referrals forms and correct procedure.

The shared care protocol has been discussed and agreed at the Joint Prescribing Committee held on 6th December.

The CCG has researched a screening tool for healthcare professionals to identify the earliest signs of clinically relevant memory impairment and to differentiate this from depression. The CCG has identified 2 pilot sites and one site has now received training and are now using the screening tool and the second practice have set up a training webinar.

NHSE has agreed to support a local GP event with Professor Alistair Burns who is the national Clinical Director for Dementia as the guest speaker. The main areas for discussion is GP and Care Home diagnosis.

The CCG are also proposing a review of those patients registered for Continuing Healthcare funding to identify people with an undiagnosed dementia.

The waiting lists at each memory assessment services are being reviewed to identify ways that the mental health provider can work within primary care to diagnose people with dementia. A project group has been established and met in Nov to look into the redesign of the older peoples mental health services in general. Dementia services forms a part of this and the importance of increasing the diagnosis rates, reducing wait times and patient choice in terms of the clinic they visit was discussed. The next meeting will take place in January whilst a literature research and modelling work takes place.

A number of referrals are being made to the memory assessment service where they could have been diagnosed in the hospital setting. Clinician to clinician discussion have taken place with the liaison psychiatry service and further discussions will take place with the neurologist and the geriatricians to ensure those that can be diagnosed in the hospital are diagnosed there. This is being led by the CCG GP clinical lead.

Continuing Healthcare (CHC) Key Performance Indicators

A set of KPIs that accurately reflect the performance of the team have now been agreed and included in the 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			2017/18
KPI			Target / Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average YTD
CHC Quality Premium	1	% eligibility decisions made within 28 days from receipt of Checklist (inc Acute & D2A)	80%	52%	30%	71%	66%	61%	69%							56%
	2	% CHC assessments completed in acute setting for patients on hospital discharge pathway	< 15%	44%	28%	48%	68%	48%	31%							45%
Reviews	3	% of all reviews completed that are undertaken in the month in which they are due		52%	92%	57%	60%	72%	70%							67%
Appeals & Disputes	4	Number of local panel appeal decisions that have been overturned at Independent Review Panel held by NHSE within the quarter		0	0	0	0	0	0							0
	5	Number of interagency disputes on eligibility within the quarter		0	0	1	0	0	0							1

CHC Quality Premium

28 day process continues to gradually increase. KPI's monitored monthly with weekly locality meetings to monitor assessor workload/ouput., performance management of staff with diary audit D2A implemented 1/11/17, CHC Checklist to be removed from BHT/L&D Hospitals, Checklist will still be completed within out of area acutes.

Reviews

Further review work relating to the cases not completed within the KPI time frame. During a deep dive of out of date reviews most seem to have been completed within the time frame however completion not uploaded to the data system, further work on going

Appeals/Dispute

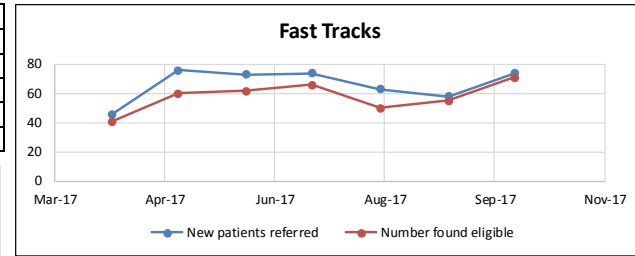
There have not been any overturned cases by the Independent Review Panel (NHSE) which shows the BCCG CHC process/decision making is robust. Clinical staff are expected to observe NHSE Independent Review Panel. as part of their development The leadership team support the IRP process by panel members up to twice a year. Operational and high level meetings with BBC/CBC to support the joint dispute policy, this has reduced use of arbitration. Current discussion with STP partners to support dispute across the area rather than the use of arbitration

Continuing Healthcare (CHC)

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

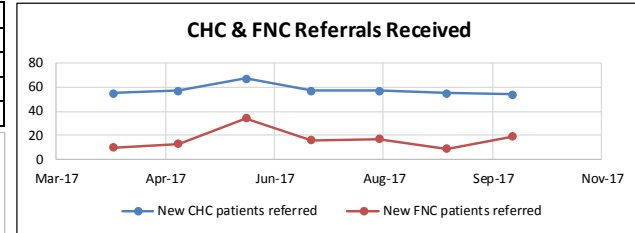
Fast tracks 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	YTD
New patients referred	46	76	73	74	63	58	74	464
Number found eligible	41	60	62	66	50	55	71	405
Number RIP / Withdrawn	5	16	11	8	12	3	3	58
Number not eligible	0	0	0	0	1	0	0	1
Fast track % conversion rate	89%	79%	85%	89%	79%	95%	96%	87%

For NHSE Benchmarking purposes conversion rate must be over 90%
 Number of cases RIP prior to care commencing, increasing issues proccurring both domiciliary care and care home.
 Fast Track Domiciliary care to move to PEPS palliative care workers delayed, plan to commence Jan 2018



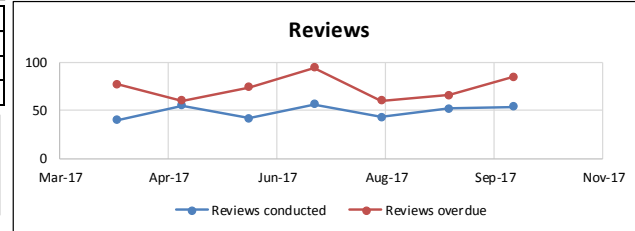
CHC & FNC referrals 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	YTD
New CHC patients referred	55	57	67	57	57	55	54	402
New FNC patients referred	10	13	34	16	17	9	19	118
Positive checklists	41	34	48	50	45	41	43	302
DST's found eligible	9	7	7	6	7	5	6	47

Referral spike in June however rate of eligibility static
 With removal of CHC checklists from BHT/L&D Hospitals by 1 November will reduce inappropriate checklist completion
 Extra pressures on workload: care home serious concerns/closure/DoLs applications and case management are effecting efficiency of 28 day process/completion of FNC referrals/D2A



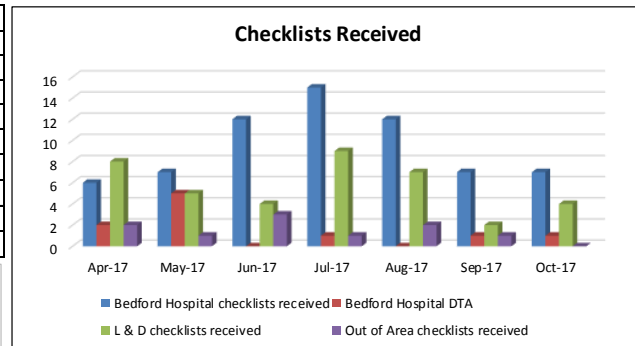
Reviews conducted 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	YTD
Reviews conducted	40	55	42	56	43	52	54	342
Reviews overdue	77	60	74	94	60	66	85	516

Monthly audit of KPI's by CHC Leads has revealed a lack of efficiency in reporting completion of reviews.
 Leads are monitoring weekly, working with admin team to increase efficiencies around booking appointments, managing data
 Performance management, diary audit being completed throughout November. During data review reviews are being completed within the time frame however not uploaded onto data provider promptly



Acute Checklists received 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	YTD
Bedford Hospital checklists received	6	7	12	15	12	7	7	66
Bedford Hospital DTA	2	5	0	1	0	1	1	10
L & D checklists received	8	5	4	9	7	2	4	39
Milton Keynes Hospital	0	0	1	0	2	1	0	4
Out of Area checklists received	2	1	3	1	2	1	0	10
Total found eligible	5	2	5	4	7	1	4	28
Total not eligible	13	16	15	22	17	11	8	102
% found eligible	28%	11%	25%	15%	30%	8%	33%	22%
% found not eligible	72%	89%	75%	85%	74%	92%	67%	79%

D2A went live 1 November for BHT/L&D Hospitals



Programme Overview

Primary Care

Locality Commissioning

Locality Commissioning Plan Performance Indicators

Reporting Period : April - September 2017 (M6 dashboard)

Reporting Period:	Bedford		Chiltern Vale		Ivel Valley		Leighton Buzzard		West Mid Beds		Notes
Oct-17	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
Engagement											
Locality Board Meeting attendance (April - Sept)	90%	70%	90%	87%	90%	70%	90%	94%	90%	89%	Bedford has a number of practices working
Members Forum Attendance (Sept & March)											
Practice Assurance Visits (April - Aug)	70%	75%	70%	70%	70%	65%	70%	100%	70%	60%	Visits Commenced in June
Cumulative Practice Visits (April -March)	100%	100%	100%	100%	100%	89%	100%	100%	100%	100%	
Locality 2 year plan sign up	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Locality / Cluster transformation plan sign up	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Locality Dashboard (Activity - Month 6)	Bedford			Chiltern Vale			Ivel Valley			Leighton Buzzard			WMB			CCG			Notes	
(based on DSR attendances per 000)	Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual	Annual Plan	YTD Plan	YTD Actual		
Total A&E Attendances	271.65	146.04	154.14	255.76	138.06	147.78	219.37	120.49	125.87	224.5	119.02	127.6	201.52	109.38	115.53			123.75	126.20	Practice level drill down is being undertaken, with practices being asked to review specific areas and report back to locality boards on outcomes
Total Emergency Admissions	104.46	51.03	55.08	109.34	52.99	55.96	92.23	46.53	46.56	95.71	45.56	52.79	89.96	42.98	46.00			39.44	42.30	
GP initiated 1st OP attendances	129.12	72.46	79.45	123.37	70.89	63.18	151.78	81.95	86.5	153.1	85.65	86.29	134.38	73.28	78.07			69.50	72.43	
Elective Admissions	106.82	54.97	56.66	105.83	54.97	58.82	98.04	49.84	56.51	103.49	51.93	54.53	103.33	52.28	55.20			46.28	48.90	

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

Patient Experience

	CCG	England
National GP Patient Survey	%	%
Average of 4 elements of access to Primary Care	78.3	76.7
Average of 6 elements of quality of GP appointment	81.8	83.8
Average of 6 elements of quality of Nurse appointment	80.3	76.7

Friends and Family Test

% recommend	89	89
% not recommended	5	6

Programme Overview

Out of Hospital

Out of Hospital Programme - Update

An Out of Hospital Programme has been established to deliver the elements of the Out of Hospital Strategy that are **not in scope** of other programmes. The following will be in sight of but out of scope of the Out of Hospital Programme:

- Planned Care
- Unplanned Care
- GP Forward View
- Mental Health and Learning Disability
- Children's services.

In scope of the Out of Hospital Programme are:

- Transformation of Community Health Services
- Local Authority Better Care Fund projects
- End of Life Care
- Falls
- Care Homes
- Other projects that aim to manage transitions in and out of acute hospitals including:
 - Discharge to Assess
 - Early discharge planning
 - Systems to monitor patient flow
 - Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sectors
 - Hospital@Home
 - Seven-day services
 - Trusted assessors
 - Focus on choice
 - Enhanced care in care homes

- Introduction and development of additional and enhanced community roles:
 - Community Geriatricians
 - Care Home Pharmacist
 - Advanced Nurse Practitioners (ANP) and ANP Assistants
 - Physiotherapists and Occupational Therapists
 - Care Navigators

BCCG are developing the Out of Hospital programme with partner organisations; Bedford Hospital, Luton & Dunstable Hospital, Bedford Borough Council (BBC) and Central Bedfordshire Council (CBC), Essex Partnership University Trust, and the new community health services provider when appointed. The programme will be monitored by BBC and CBC Transformation Boards.

The in scope activities of the Out of Hospital Programme commenced in 2017/18 and will continue to be developed and implemented during 2018/19 to achieve national and local NHS outcomes.

Metrics, data and key performance indicators are being established to manage and monitor achievements and required return on investment as work stream activity within the programme progress.

Better Care Fund

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

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

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

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

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

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

Dashboards are being developed to track progress against the quarterly milestones for Bedford Borough and Central Bedfordshire BCF indicators and will be included in future reports as data becomes available.

Provider Updates

Bedford Hospital

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%	Q2 17/18	95.07%	95.24%	↓	95.06%	95.23%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Q2 17/18	97.22%	97.20%	↑	97.58%	97.44%	↑
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Q2 17/18	98.57%	98.70%	↓	98.64%	98.78%	↓
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Q2 17/18	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Q2 17/18	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Q2 17/18	NP	NP	↔	NP	NP	↔
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Q2 17/18	88.14%	86.73%	↑	88%	87%	↑
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Q2 17/18	90.48%	94.59%	↓	90.48%	94.59%	↓
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Sep-17	92.64%	92.86%	↓	91.47%	92.22%	↓
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Sep-17	0	0	↔	0	0	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Sep-17	99.32%	99.56%	↓	99.34%	99.58%	↓
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Oct-17	N/A	N/A		92.50%	93.57%	↑
E.B.S.1	Mixed-sex accommodation breaches	0	Sep-17	0	0	↔	0	0	↔
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q2 17/18	0	0	↔	0	0	↔
E.B.S.6	Urgent Operations cancelled for a second time	0	Sep-17	0	0	↔	0	0	↔

Contracting – Bedford Hospital

Diagnostic Tests 6 week wait reporting

On 25th of October, the CCG issued a performance notice to the Trust for incomplete reporting against the national Diagnostic Test return. The CCG and Trust met on Monday 20th November and discussed in detail the progress on the validation of the waiting list and the development of the remedial action plan. The recovery plan is due to be received in December.

A&E and In-Patient Discharge Letters

On 21 September 2017 the CCG issued a performance notice to the Trust in relation to the timeliness and quality of discharge letters. This was followed up with a Contract Management Meeting on the 5th October 2017 to discuss a remedial action plan, including trajectories to achieve the contractual standards. The initial Remedial Action Plan was received from the Trust on 16th October and is subject to review and scrutiny in the monthly Contract and Quality Group (CQG) meetings. There will be some short/mid-term process changes but longer term an IT solution will be required.

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

Patient Experience (Quarterly reporting)

Patient Experience – Friends and Family Test (Q1)

Bedford Hospital	Apr-17		May-17		Jun-17	
	Response Rate	% Recommend	Response Rate	% Recommend	Response Rate	% Recommend
A&E FFT	19.64%	87.92%	17.08%	85.55%	18.95%	87.48%
Birth FFT	52.05%	97.37%	50.00%	100.00%	N/A	N/A
Inpatients FFT	31.80%	92.33%	30.42%	93.12%	28.26%	94.88%
Outpatient FFT	15.33%	93.78%	17.65%	93.13%	15.81%	93.73%

Bedford Hospital have been consistently above the national average for response rates, apart from a slight dip in the in-patients response rate for July, although this was only 0.26% lower.

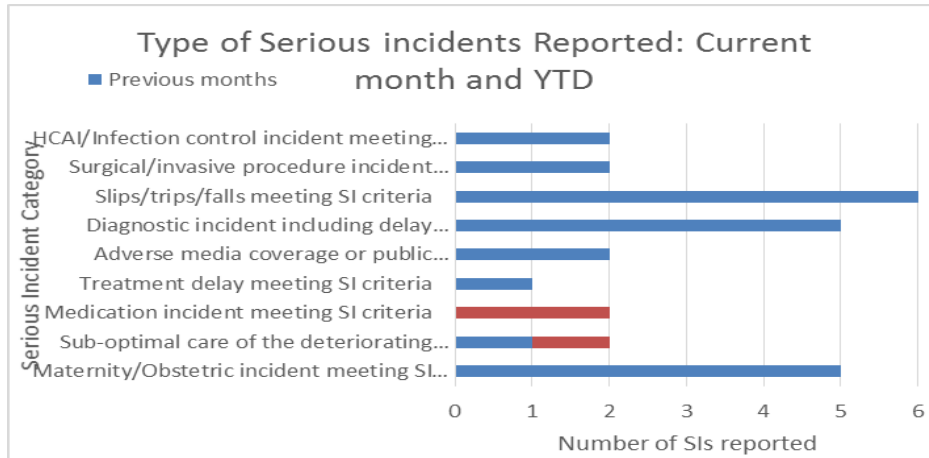
In-Patient % recommend scores are lower than national average. The Trust have identified a Quality Account ambition for 2017/18 to improve patient experience performance, measured by the Trusts patients' survey, so that patients will recommend Bedford hospital to their friends and family, and report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

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

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

Serious Incidents

Serious Incidents



The Trust reported 3 Serious Incidents (SI) in November categorised in the chart above. No Never Events (NE) were reported in November, with a year to date position of 1 Never Event.

The Trust together with the CCG had identified a number of diagnostic incidents, which involved the Radiology Department.

Work is being undertaken by the Trust to investigate further, reporting back to the Quality Team by end December 2017. A Radiology visit by Quality Team will take place early in the New Year.

The number of Maternity SIs was raised with BHT and subsequently the Trust completed a thematic review and as a result the maternity service escalation policy is out for review and comment and there is a Peer review and record keeping audit underway (completion Jan 18).

Moorfields at Bedford have reported on 2 SIs and an action plan is in place. The CCG are seeking assurance from Bedford Hospital (as commissioner) that they are assured from the actions taken that issues are resolved.

Optum have recently reported on a clinical harm review of 9 52 week breaches in Community Dermatology which reported 'No harm' for all 9 cases.

Luton & Dunstable Foundation Trust

Performance against NHS Constitutional Pledges & other quality indicators				Luton & Dunstable					
KPI Code	Indicator	Plan	Reporting Period	BCCG Patients			Trust Wide		
				Latest Data	YTD*	Trend	Latest Data	YTD*	Trend
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	Q2 17/18	95.85%	95.59%	↑	95.61%	95.49%	↑
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Q2 17/18	98.97%	98.61%	↑	97.67%	97.20%	↑
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Q2 17/18	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Q2 17/18	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Q2 17/18	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Q2 17/18	NP	NP	↔	100.00%	100.00%	
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Q2 17/18	90.17%	89.47%	↑	89.03%	89.23%	↓
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Q2 17/18	98.28%	97.96%	↑	96.15%	97.08%	↓
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Sep-17	93.25%	93.23%	↓	92.04%	92.65%	↓
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Sep-17	0	1	↔	0	1	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	Sep-17	94.19%	97.68%	↓	94.72%	98.75%	↓
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Oct-17	N/A	N/A		98.56%	98.80%	↑
E.B.S.1	Mixed-sex accommodation breaches	0	Sep-17	0	0	↔	0	0	↔
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q2 17/18	0	0	↔	0	0	↑
E.B.S.6	Urgent Operations cancelled for a second time	0	Sep-17	0	0	↔	0	0	↔

Patient Experience (Quarterly reporting) & Serious Incidents

Patient Experience – Friends and Family Test (Q1)

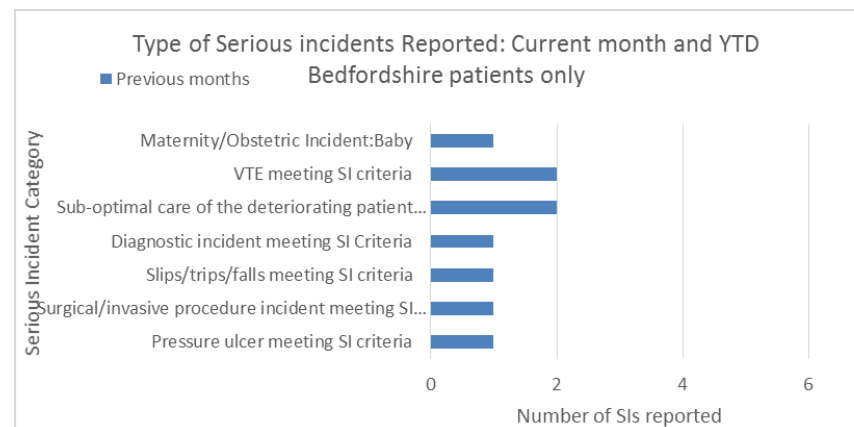
Luton & Dunstable	Apr-17		May-17		Jun-17	
	Response Rate	% Recommend	Response Rate	% Recommend	Response Rate	% Recommend
A&E FFT	1.80%	97.37%	5.13%	99.72%	3.50%	95.78%
Birth FFT	8.09%	93.94%	12.85%	96.00%	6.01%	96.30%
Inpatients FFT	20.89%	95.94%	24.05%	96.19%	17.88%	97.39%
Outpatient FFT	5.89%	94.76%	6.96%	96.16%	6.88%	96.22%

Response rates for all areas, except out-patients, are consistently lower than the national average. The Trust have identified a Quality Account ambition for 2017/18 to improve experience of care through feedback from, and engagement with, people who use their services.

Volunteers are visiting the wards to collect information from patients in an effort to increase response rates. The Trust are exploring why the impact on response rates in maternity following the introduction of FFT Champions during the second half of last year has not been sustained, and actions being taken to increase A&E response rates in the absence of an immediate IT based solution was requested at the Q1 Quality Meeting on 7th September.

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

Serious Incidents



The Trust reported no incidents for Bedfordshire patients in November, and 9 incidents year to date. No Never Events were reported for Bedfordshire patients with 1 Never Event year to date.

The CCG Quality Team are sighted on the overall themes and trends emerging from SIs at the Luton & Dunstable Hospital via the monthly incident reports provided via the Quarterly Quality Meetings.

A recent analysis of National Reporting and Learning System (NRLS) data for April 16 to September 16 and October 16 to March 17 indicates the Trust are one of the lowest incident reporters for the Acute Hospital (non-specialist) Division. As high levels of reporting are indicative of a better and more effective safety culture, the current level of incident reporting will be discussed with the Trust as a priority.

East London Foundation Trust

Operational Standards	Threshold 2017/18	Apr	May	Jun	Qtr. 1	July	Aug	Sep	Qtr. 2	Oct	Year to Date
Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care	95%	93.3%	100.0%	100.0%	98.7%	95.7%	100.0%	100.0%	97.3%	96.7%	96.9%
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (age range 14 - 35)	50%	87.5%	100.0%	100.0%	94.7%	100.0%	83.3%	83.3%	88.9%	100.0%	92.9%
Early Intervention in Psychosis programmes for those aged over 35 : the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	50%	40.0%	100.0%	100.0%	70.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%
Waiting time for Mental Health Assessments from referral to crisis team (Started within 4 hrs. unless patient not physically capable.)	100%	98.53%	97.71%	90.98%	95.18%	100.00%	93.24%	93.43%	95.50%	88.43%	94.40%
All adult inpatient admissions to have been gate kept by crisis resolution/ home treatment team immediately prior to admission	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Patients on CPA who have had a formal review within the last 12 months	95%	95.3%	95.3%	95.3%	95.3%	95.8%	95.2%	95.3%	95.3%	95.7%	95.7%
% of people aged 18-69 in contact with adult mental health services in stable accommodation	TBC	86%	85%	81%	81%	77%	75%	74%	79%	79%	79%
% 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%	1.00%	100.00%
% of DNA of booked appointments		6.7%	6.2%	6.1%	6.3%	5.1%	6.8%	7.6%	6.5%	5.5%	6.2%
SPOA Emergency referrals received and attended to within 24 hours	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.2%	99.3%
The number of new children and young people aged under 18 receiving treatment from NHS funded community services in the reporting period			Quarterly		data unavailable		Quarterly		data unavailable	Quarterly	0
% of children and young people aged under 18 with a diagnosable mental health condition receiving treatment by NHS funded community services in the reporting period	12.9%		Quarterly		data unavailable		Quarterly		data unavailable	Quarterly	0%
Total number of individual children and young people aged under 18 receiving treatment by NHS funded community services in the reporting period			Quarterly		data unavailable		Quarterly		data unavailable	Quarterly	0
Total number of individual children and young people aged under 18 with a diagnosable mental health condition			Quarterly		data unavailable		Quarterly		data unavailable	Quarterly	0
% of CYP ED cases that start treatment within 4 weeks of referral	75%		Quarterly		66.7%		Quarterly		83.30%	Quarterly	73.33%
% of CYP urgent ED cases that start treatment within 7 days of referral	67%		Quarterly		100.0%		Quarterly		55.60%	Quarterly	55.60%

Patient Experience (Quarterly reporting) & Serious Incidents

Patient Experience – Friends and Family Test (Q2)

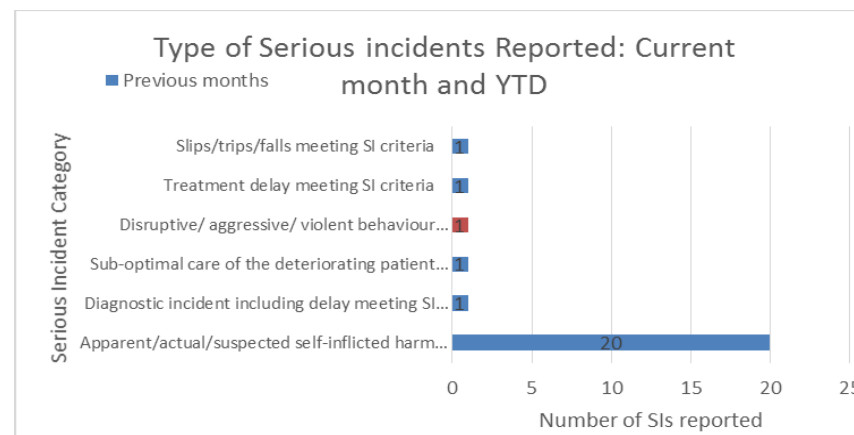
ELFT by Service Category	Jul-17		Aug-17		Sep-17	
	Total Responses	% Recommended	Total Responses	% Recommended	Total Responses	% Recommended
Acute Services	263	87.07%	194	89.69%	261	83.14%
Child & Adolescent Mental Health Services	201	87.06%	234	88.03%	169	91.12%
Mental Health Other	13	100.00%	24	100.00%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

ELFT Friends and family test responses are in line with those received nationally and are slightly above the national figure for those who would recommend the service to others.

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

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

Serious Incidents



The Trust reported 1 Serious Incident in November 2017 and no Never Events.

The CCG met with ELFT at the bi-monthly SI meeting in October. The meeting covered the need for timely evidencing of completed action plans and joint discussions on the quality of the service and care provisions identified in SI reports. The Trust provided an update on the operational changes that had been undertaken to safely manage patients and the closer working with the Drug and Alcohol service to support patients with dual diagnosis. A further quality visit was undertaken by the CCG to follow up on these discussions.

Essex Partnership University Trust

Operational Standards	Reporting Frequency	Threshold 2017/18	Apr	May	Jun	Qtr 1	July	Aug	Sep	Qtr 2	Oct	Year to Date
Percentage of non-admitted Service Users starting treatment within a maximum of 18 weeks from Referral (only Community Paediatrics)	Monthly	95%	92.98%	98.55%	100.00%	97.37%	100.00%	98.59%	97.06%	98.31%	98.31%	97.89%
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral (only Community Paediatrics)	Monthly	92%	98.89%	99.38%	99.41%	99.22%	98.94%	98.82%	99.26%	98.99%	98.47%	99.03%
Percentage of non-admitted Service Users starting treatment within a maximum of 18 weeks from Referral (non-consultant)	Monthly	95%	98.73%	98.70%	97.86%	98.41%	98.65%	98.47%	98.25%	98.45%	98.75%	98.48%
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral (non-consultant)	Monthly	92%	98.31%	97.98%	98.72%	98.33%	98.87%	98.53%	98.47%	98.63%	98.24%	98.44%
Percentage of stroke survivors who are supported by a rehabilitation team (6-8 weeks)	Monthly	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of eligible stroke survivors screened	Monthly	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of eligible stroke survivors accepted into ESD service	Monthly	40%	85.00%	83.33%	80.95%	83.05%	90.91%	95.00%	94.44%	93.33%	100.00%	89.47%
Percentage of patients whose treatment programme started within 1 working day of discharge from hospital	Monthly	95%	94.12%	100.00%	94.74%	96.00%	100.00%	100.00%	93.33%	98.00%	100.00%	97.37%
Percentage of patients offered at least 45 minutes of each relevant stroke rehabilitation therapy for a minimum of 5 days per week to people who have the ability to participate and where functional goals can be achieved	Monthly	95%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of Outpatient letters sent to the GP following Speech and Language first outpatient attendance within 5 operational days.	Monthly	95%	100%	97.8%	98.2%	98.78%	97.83%	96.88%	94.37%	96.48%	94.39%	97.28%
Percentage of Outpatient letters sent to the GP following Speech and Language final outpatient attendance within 5 operational days.	Monthly	95%	98.6%	98.7%	79.7%	92.44%	98.82%	97.27%	100.00%	98.65%	100.00%	96.69%
Percentage of Outpatient letters sent to the GP following first OT outpatient attendance within 5 operational days.	Monthly	95%	100%	89.5%	89.2%	93.04%	97.62%	100.00%	100.00%	99.32%	97.14%	96.64%
Percentage of Outpatient letters sent to the GP following final OT outpatient attendance within 5 operational days.	Monthly	95%	93.5%	98.1%	95.0%	95.57%	100.00%	100.00%	100.00%	100.00%	100.00%	98.20%
Percentage of Outpatient letters sent to the GP following First Children's outpatient attendance within 5 operational days.	Monthly	95%	100%	100%	97.9%	99.14%	97.73%	98.33%	100.00%	98.63%	95.52%	98.18%
Percentage of Outpatient letters sent to the GP following final Children's outpatient attendance within 5 operational days.	Monthly	95%	96.7%	97.7%	93.2%	95.45%	97.44%	95.52%	96.30%	96.25%	93.62%	95.58%
Number of complaints (not ragged)	Monthly	0	1	5	3	9	3	3	2	8	0	17
Percentage of carers identified and offered a referral for a carers assessment	Monthly	90%	95.56%	98.86%	100.00%	97.80%	95.12%	100.00%	100.00%	98.86%	100.00%	98.44%
Percentage of patients who expressed a preference for place of death as part of Advanced Care Plan who died in their place of preference	Monthly	74%	93.94%	92.86%	85.29%	90.83%	94.64%	91.30%	88.37%	91.72%	82.76%	90.46%
Percentage of palliative care patients with an Advanced Care Plan	Monthly	74%	76.47%	72.73%	77.78%	75.44%	72.73%	80.00%	91.67%	81.58%	92.86%	79.82%
Percentage SALT discharged paediatric patients with a TOM agreement score of 3	Monthly	85%	16.67%	46.88%	95.65%	49.41%	80.77%	95.45%	94.34%	91.87%	95.35%	78.09%
Speech and Language therapy: Family focused outcome measure to demonstrate satisfaction with the service to be used at first and final appointment with outcome scores expected to be 3 in 85% or more cases	Monthly	85%	20.00%	53.13%	91.30%	51.76%	73.08%	90.91%	94.34%	88.62%	95.35%	77.29%
Percentage of OT discharged paediatric patients with an (AUS)TOM agreement score of 3	Monthly	85%	96.55%	90.57%	100.00%	95.20%	87.50%	86.54%	86.67%	86.90%	94.00%	91.25%
Percentage of LAC placed in area that have had an initial health assessment carried out within 20 working days from the child becoming a LAC	Monthly	95%	57.14%	100.00%	60.00%	68.89%	88.89%	100.00%	100.00%	96.88%	100.00%	84.21%
Percentage of LAC placed in area that declined an initial health assessment within 20 working days from the child becoming a LAC	Monthly		14.29%	0.00%	5.00%	6.67%	11.11%	0.00%	0.00%	3.13%	0.00%	4.21%
Percentage of LAC placed in area, or within one hour travel time, that have had a review health assessment within 40 days from receipt of referral.	Monthly	95%	84.62%	81.82%	100.00%	87.50%	72.97%	84.38%	70.37%	74.80%	88.46%	80.28%
Percentage of LAC placed in area that declined an initial health assessment within 40 working days of referral	Monthly		3.85%	0.00%	0.00%	1.56%	0.00%	6.25%	5.56%	4.07%	0.00%	2.82%
Number of avoidable pressure ulcers grade 3 & 4	Monthly	0	0	0	0	0	0	0	1	1	0	1
Percentage of inpatients VTE risk assessed	Monthly	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of inpatients with VTE risk receiving appropriate prophylaxis	Monthly	95%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of inpatients who have had a falls risk assessment and appropriate action plan	Monthly	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Number of patients admitted to an inpatient unit			21	21	30	72	18	30				120
Safety alerts implemented within identified timescales	Monthly	100%	100.00%	zero incidence	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of relevant staff who have had a Disclosure and Barring Service (DBS) Check	Monthly	100%	n/a	100.00%	99.37%	99.67%	98.34%	98.98%	99.75%	99.03%	99.52%	99.30%
Percentage of staff working with children who have had an enhanced DBS Check	Monthly	100%	n/a	100.00%	100.00%	100.00%	100.00%	99.76%	100.00%	99.92%	100.00%	99.96%
Number of medication errors (not ragged)	Monthly	Number	14	9	3	26	9	7	2	18	26	70
Percentage of children who receive their wheelchair within 18 weeks	Monthly	92%	100.00%	100.00%	94.74%	98.18%	100.00%	92.31%	76.47%	90.20%	100.00%	95.04%

Performance

Looked after Children (LAC) Assessments within 40 days deteriorated in September due to a variety of reasons including staff sickness, capacity and late referrals from the Local Authorities.

A Contract Performance Notice has been issued and a Remedial Action plan will be agreed by 11th December. October performance has already improved to 88.46%.

EPUT were asked to escalate delays with Bedford Borough Council at a senior level and an escalation letter was sent by EPUT in August.

SALT assessments underachieved against the 85% threshold in April and May. An action plan is in place and performance is now over 90%.

Disclosure and Barring Service (DBS) remains slightly under the 100% threshold due to 2 staff on long term sick.

New Continuing Health Care training target is reporting a significant under performance against the 75% threshold however the package being delivered will be reviewed in line with new Discharge to assess initiatives.

Patient Experience – Friends and Family Test (Q2)

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

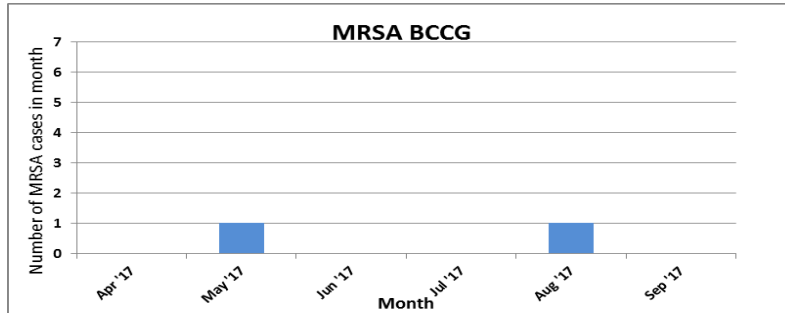
EPUT continue to report that over 90% of patients who complete the friends and family test would recommend their services. Whilst the number of questionnaires returned for inpatients is lower this quarter, the number recommending the service have increased to above 90% for two of the months, with too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

Serious Incidents

The Trust had no Serious Incidents in November 2017 and no Never Events.

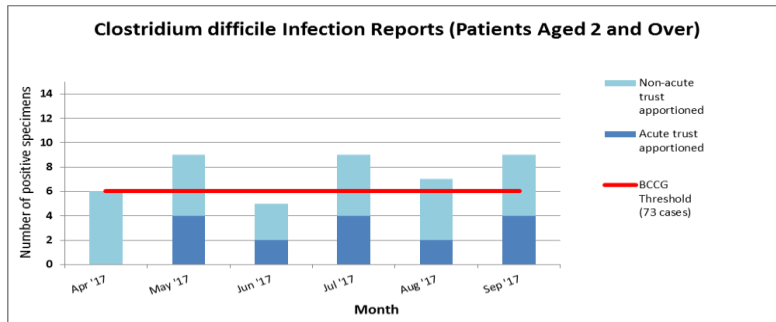
Infection Control & Mortality Rates

MRSA



Year to date the CCG has had two cases of MRSA reported. One case in May at Watford General Hospital and one case in August at Cambridge University Hospital. Both cases were assigned to third party following a full post infection review. All cases of MRSA bacteraemia are finally assigned following a full post infection review and if no lapse in care is identified the CCG can request that the case is assigned to third party. The case remains on the CCG figures for the year but is apportioned to third party – no lapse in care.

C-Diff



In September there were 9 cases of C-Diff reported against the threshold of 6 for the month. 5 of the cases were non-acute apportioned and 4 were acute apportioned (2 at Bedford Hospital, 1 at Cambridge and 1 at North Bristol NHS Trust).

Benchmarking within the East of England shows that BCCG is currently 3rd lowest in the East of England and below the England total year to date. Bedford Hospital has had 5 cases year to date against a year end ceiling of 10 and Luton & Dunstable have had 7 cases year to date against a year end ceiling of 6.

E-Coli

Enhanced mandatory surveillance for *E. coli* bacteraemia was commenced in June 2011 and from April 2017 the Quality Premium requires the CCG to show a 10% reduction of cases based on the 2016-17 number of cases. This is a total reduction of 25 cases for the year. There were a total of 17 cases reported for CCG patients in September 2017 meaning the CCG continues to be above the year to date ceiling of 18 cases per month with 142 cases against a year to date ceiling of 109 cases.

Mortality Rates (Quarterly update)

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

Care Homes

Ashton Lodge, a 54 bedded care home with nursing in Dunstable, providing care for people with dementia and long term conditions, was inspected by CQC in August 2017 and the report was published on the 14th October 2017.

A number of concerns were identified in all areas with safe, effective and caring rated as 'Requires Improvement' and responsive and well-led rated as 'Inadequate', and as such has been rated overall by CQC as 'Inadequate'.

The home is being closely monitored by Central Bedfordshire Council and an embargo is in place to prevent any new admissions at present due to these concerns.

Workforce Statistics – Mandatory Training – November 2017

	Staff Count	Equality & Diversity	Fire Safety	Conflict Resolution	Health & Safety	Safeguarding Children	Safeguarding Adults	Risk Management	Sustainability	Manual Handling	Information Governance	Fraud & Bribery Awareness	Expected Compliance	Actual Compliance	Percentage
BCCG Exec	10	7	5	3	7	6	7	7	5	5	3	5	99	60	60.60%
Bedford Locality	6	5	6	6	5	6	6	5	6	6	4	3	66	58	87.87%
CHC	29	26	28	29	29	28	29	29	29	29	29	27	319	312	97.80%
Commissioning & Performance	21	18	18	19	19	18	19	19	18	18	18	18	231	202	87.44%
Communications	9	9	9	9	9	9	9	9	9	9	9	9	99	99	100.00%
Contracts	8	7	6	7	5	7	7	8	8	7	8	7	88	77	87.50%
Corporate	6	1	5	5	3	4	4	5	6	5	4	4	66	46	69.69%
Finance	20	18	15	17	15	15	16	17	15	16	16	15	220	175	79.54%
Governing Body	6	6	5	4	5	5	4	3	4	4	3	0	49	43	87.75%
Localities Team	16	12	13	15	14	13	12	15	14	13	13	15	176	149	84.65%
Meds Management	20	18	17	19	14	19	18	17	17	17	12	14	220	182	82.72%
Quality	21	21	19	19	19	20	21	20	20	21	20	18	229	218	95.19%
Strategy and Transformation	9	8	6	7	6	8	8	6	7	6	6	6	99	75	75.75%
Grand Total	181	156	152	159	150	158	160	160	158	156	145	141	1961	1696	
Compliance by Training		89.53%	91.07%	96.34%	86.63%	91.28%	92.44%	94.08%	91.67%	91.12%	85.47%	87.79%			

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

Communications – Complaints and Freedom of Information Requests – Quarterly reporting

Complaints, Enquiries, MP Enquiries and FOIs

Bedfordshire Clinical Commissioning Group manages Complaints, Enquiries, Concerns and Freedom of Information Requests received from members of the public and MPs. In January 2017, it also extended this service to provide the same support for Luton CCG.

In Quarter 2 a total of 328 new cases were logged. New complaints received for each quarter remain steady and average at around 20, MP enquiries 10 per quarter and FOIs 75 for each quarter. There was a reduction in enquiries received for Q2 compared to Q1.

	Complaints	Enquiries	MP Enquiries	FOI	Totals
Quarter 1	23	378	10	75	486
Quarter 2	22	224	7	75	328

The majority of complaints handled by the CCG, relate to commissioning and funding decisions, this includes Continuing Healthcare (CHC) and Individual Funding Requests (IFR). In line with best practice, BCCG encourages complaints to be handled by the organisation providing the service.

Patient Ambulance Service providing the non-emergency patient service (NEPTS) once again dominated enquiries and complaints and these were signposted to the provider. Following the closure of PAS there has been minimal enquiries received regarding the new provider East of England Ambulance Service (EEAST).

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

Q1 complaints and MP enquiry case closures = **24**
Q2 complaints and MP enquiry case closures = **27**

Q2 BCCG enquiries – top 5 issues

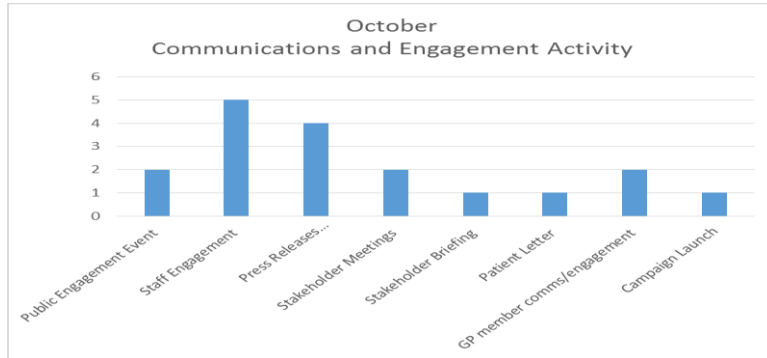
1. 55 PAS
2. 28 primary care - signposting
3. 16 over the counter meds management
4. 12 CHC
5. 8 Circle MSK

Freedom of Information Requests (FOIs)

The Freedom of Information Act came in effect in 2000 and gives members of the public the right to access recorded information held by public sector organisations. Requests must be in writing and organisations must respond within 20 working days. Some sensitive information is not available to the public and there is a cap of £450 to extract the information.

	Apr	May	Jun	Jul	Aug	Sep	
FOI new cases	27	23	25	27	27	21	17 cases open
Closed	6	19	18	43	15	28	

Communications – Patient Engagement



Public Engagement Events

During October, the communications and engagement team undertook two public engagement activities. One was to be in attendance at the Central Bedfordshire Festival for Older People where services provided by BCCG were on display and staff available to talk to the patients attending the event to provide advice and guidance. The team also attended a drop-in session for patients registered at Clapham Road surgery to reassure them of the plans underway due to their current providers handing back the contract to provide their GP service.

Staff engagement

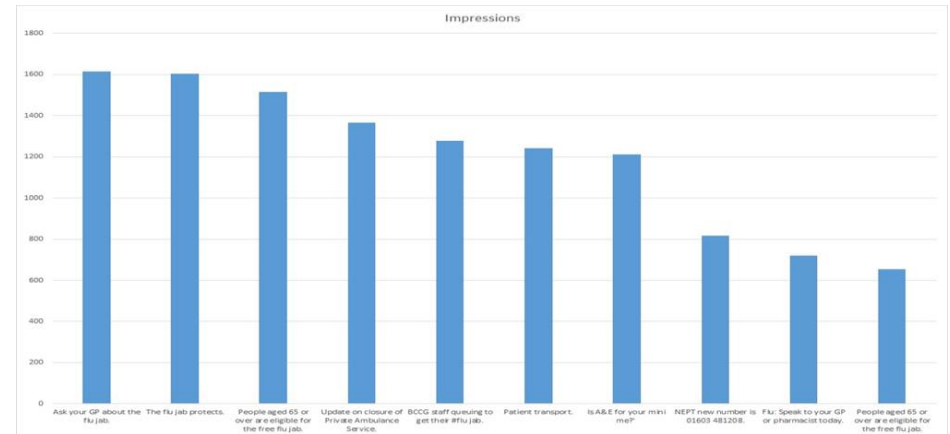
There were five staff engagement opportunities when staff were invited to 2 staff meetings to receive a corporate update from the Accountable Officer and Board. The Staff Involvement Group also ran a staff Health and Wellbeing fayre where staff were given the opportunity to talk to a range of healthcare professionals and a local pharmacy were available to administer the flu jab. There was also a Staff Involvement Group meeting and a second opportunity for staff to obtain their flu jabs. October was also the month that BCCG held their AGM and Members Forum.

Press Releases - BCCG released four press releases: to promote the new minor eye conditions service, to promote the launch of our new campaign #IsAandEformyminime, a Governing Body press release and 'your first aid kit for under £6' to promote self-care.

Stakeholder meetings - BCCG held or attended 2 stakeholder meetings, both of which were in relation to the CHS procurement moderation sessions and involved patients and key stakeholders.

Social Media - Website - 3,802 people viewed the BCCG website in October 2017. Between them, they visited 13,430 pages. The page providing information regarding the new Minor Eye Conditions Service was most popular webpage with 668 view

Twitter - In October 2017, BCCG sent out 41 tweets. This translated into 34K impressions (as detailed below). BCCG also achieved 1,319 profile visits, 66 mentions and 37 new followers. The top tweet earned 1,570 impressions: Flu can become very serious for people with long term health conditions. Ask your GP about the flu jab today.



Definitions and Acronyms

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

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

Category A (Red 1) 8 Minute Response Time - Incidents that are immediately life threatening conditions should receive an emergency response within 8 minutes.

Category A (Red 2) 8 Minute Response Time - Incidents which may be life-threatening conditions but less time-critical should receive an emergency response within 8 minutes.

Category A (Red 1 and 2) 19 Minute Transportation Time - Immediately life-threatening incidents should receive an ambulance response at scene within 19 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.

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.

A&E	Accident and Emergency	MASH	Multi Agency Safeguarding Hub
AAU	Acute Assessment Unit	MRI	Magnetic Resonance Imaging
AGM	Annual General Meeting	MRSA	Methicillin-Resistant Staphylococcus Aureus bacteraemia
APMS	Alternative Provider Medical Services	MSSA	Methicillin-Sensitive Staphylococcus Aureus bacteraemia
BBC	Bedford Borough Council	MSA	Mixed Sex Accommodation
BCCG	Bedfordshire Clinical Commissioning Group	MSK	Musculoskeletal
BCF	Better Care Fund	NHS	National Health Service
BEDOC	Bedford On Call	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)
CHAT	Comprehensive Health Assessment Tool	PBR	Payment By Results
CHC	Continuing Health Care	PEPS	Partnership for Excellence in Palliative Support
CPA	Care Programme Approach	PHE	Public Health England
CQC	Care Quality Commission	PMS	Personal Medical Services
CQUIN	Commissioning Quality and Innovation	POD	Point Of Delivery
CSE	Child Sexual Exploitation	PTS	Patient Transport Service
DTOC	Delayed Transfers of Care	RCA	Root Cause Analysis
E&NHS	East & North Hertfordshire	RTT	Referral to Treatment
ECIST	Emergency Care Intensive Support Team	SCAS	South Central Ambulance Service
EEAST	East of England Ambulance Service	SCP	Serious Concerns Process
EOL	End of Life	SEPT	South Essex Partnership Trust
FFT	Friends and Family Test	SHMI	Summary Hospital level Mortality Indicator
GP	General Practice	SI	Serious Incidents
GSF	Gold Standards Framework	SPoA	Single Point of Access
HALO	Hospital Ambulance Liaison Officer	SSNAP	Sentinel Stroke National Audit Programme
HCAI	Healthcare Associated Infections	STF	Sustainability and Transformation Fund
HUC	Hertfordshire Urgent Care	SQPR	Service Quality Performance Report
IAPT	Improving Access to Psychological Therapies	T&O	Trauma & Orthopaedics
L&D	Luton and Dunstable Hospital	TDA	Trust Development Agency
LA	Local Authority	TIA	Transient Ischemic Attack
LCCG	Luton Clinical Commissioning Group	VTE	Venous Thromboembolism
LSCB	Local Safeguarding Children Board		