

Integrated Performance & Quality Report

Month 11 February 2019

Contents

Introduction and Executive Summary	3-5
Performance Dashboard	6
Quality Premium 2018/19	7-8
Improvement & Assessment Framework	9-12
Programme Overviews	
Planned Care	13-23
Unplanned Care	24-29
Mental Health & Learning Disability	30-32
Continuing Healthcare	33-35
Locality Performance	36-38
Out of Hospital	39
Better Care Fund	40

Quality	
Serious Incidents & Never Events	41-42
Friends and Family Test	43
Infection Control	44
Safeguarding	45
Quality Update	46
Complaints and FOIs	47
Patient Engagement	48-49
Definitions and Acronyms	50-51

Executive Summary

Introduction

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

Quality Premium 2018/19

The CCG continues to achieve two of the three Emergency Demand Indicators, giving £910,908 against the potential £1,821,815 however this is dependent on continued achievement by the end of the financial year. For the Quality Indicators the CCG is currently underachieving the two Constitutional Gateways which is resulting in £0 against the potential £591,185.

Improvement and Assessment Framework

The CCG continues to be rated as Requires Improvement (2017/18). The Q2 2018/19 dashboard is included within the report.

Clinical Priorities Areas - The IAF ratings for 2017/18 were published in January 2019:

- Mental Health – improved to Good
- Dementia – Requires Improvement
- Learning Disability – Requires Improvement
- Cancer – maintained the Good rating
- Diabetes – Requires Improvement
- Maternity – Requires Improvement

Key Performance Standards

Cancer – In February the CCG achieved four out of the eight national indicators with six indicators currently on track to achieve at year end. The main pressures continue to be the 31-day subsequent treatment for cancer - Surgery and the 62-day 1st treatment following urgent GP referral standards, with workforce issues and diagnostic capacity being the main concerns. The CCG is reviewing recovery plans for the six main acute trusts, providing Commissioning input to support best practice pathways in key specialties, introducing new roles to support clinical nurse specialists and developing plans to support patients in a community setting. The CCG has had sixty-seven 104+ day breaches year to date, for which the CCG's cancer clinical lead requests and reviews all root cause analyses (RCAs). To date there have been four breaches deemed to be avoidable, thirty were multifactorial due to a mixture of reasons and twenty three were unavoidable. Currently outstanding are five breaches where RCAs have been requested but not yet received and the CCG is in active engagement with these providers. There have been a further five breaches across the year where an RCA is not applicable.

Executive Summary

Ambulance - Response Programme Indicators

The 7-minute response rate for Category 1 – Life Threatening calls was not achieved for Bedfordshire CCG residents in February with an average of 7 minutes and 5 seconds, which was a deterioration on the January position. EEAST are analysing all Category 1 calls not meeting the standard to ensure full understanding and learning from each incident. Category 2 – Emergency and Category 3 – Urgent standards were also not achieved however the Category 4 – Less Urgent target was. The volume of Category 2 calls and the impact on response times continues to be of concern to Commissioners.

Delays in responding to Health Care Professional calls have recently been highlighted and EEAST is working with the CCG to establish local solutions with initial scoping work now underway. The 111 Clinical Assessment Service went live in January and has been extremely successful in diverting non-emergency calls away from the ambulance service. In addition the Early Intervention Vehicle (EIV) service continues across Bedfordshire for residents aged 60 years plus to enable patients to remain in their own homes.

Care Programme Approach – 7 day follow up following psychiatric inpatient care - In February East London Foundation Trust reported eight breaches of the standard for Bedfordshire patients. Two of these breaches were for patients discharged on CPA and six were for patients who were discharged but not on CPA. This is an improvement on January where there were three CPA breaches reported. ELFT have provided assurance around the follow-up for all patients.

18 Weeks – Referral to Treatment – Incomplete Pathway – There continues to be a focus on reducing the number of patients on a waiting list to deliver the national requirement for a reduction of patients waiting by March 2019 compared to the number waiting at March 2018. As at February the CCG has 28,006 patients waiting against the year end plan of 26,404. There was one 52+ week breach in February at Great Ormond Street Hospital. The Trust have provided assurance that the patient has been regularly reviewed and a full clinical harm review will be completed once surgery has taken place.

Diagnostic tests within 6 weeks: In February the CCG achieved this indicator with 99.45% against the 99% threshold which gives an improving year to date position of 98.52%. There were increases in 6 week waits at Bedford Hospital, Luton and Dunstable and Cambridge Community Services but all other providers have reduced their waiting lists for diagnostic tests. There were three 13+ week breaches in February, two at Milton Keynes and one at East and North Hertfordshire. The CCG continues to request assurance around all extended waits.

Executive Summary

A&E 4 hour wait: In February the CCG underachieved the national threshold with a further deterioration in the year to date position. Bedford Hospital continues to remain under extreme pressure and activity continues to be high, despite the opening of the Urgent Treatment Centre in October. An improving booking in system is in place at Bedford Hospital to ensure patients are streamed to the most appropriate service.

Mixed Sex Accommodation breaches: In February there were 14 MSA breaches which is an increase on the previous month. There were ten breaches at Bedford Hospital and the Trust has confirmed that these all occurred in the critical care unit, however these are classified as 'unjustified' in line with national reporting guidance. The other four breaches were at Royal National Orthopaedic Hospital (two breaches), Oxford University Hospital and University College London Hospital. The CCG has requested a root cause analysis for each of these breaches.

Cancelled Operations not rebooked within 28 days: In Quarter 3 there were eight confirmed breaches for Bedfordshire patients however Cambridge University Hospital has yet to confirm. Of the eight confirmed breaches these were five at Bedford Hospital, two at East and North Hertfordshire and one at Milton Keynes.

Dementia Diagnosis: This indicator continues to be extremely challenging and a recovery plan has been implemented with expected delivery of the national standard by October 2019. A Dementia Board consisting of senior level staff has been convened to monitor the recovery plan. Recommendations have been made following a recent deep-dive and a workshop has been scheduled to discuss how to take these forward. CANTAB mobile is now live across Bedfordshire, giving GPs a tool to carry out dementia assessments in-practice.

MRSA - The CCG had zero cases of MRSA bacteraemia in February giving the CCG a total of 5 year to date.

Measles

There have been 7 confirmed cases of measles in South Bedfordshire, all school-aged children. Vaccinations have been carried out by health visitors in Bedfordshire schools where required. An email has been circulated to all GP practices in Bedfordshire and Luton highlighting the issue and the need to ensure practice staff are vaccinated.

Constitutional & Additional Quality Indicators

Performance Against NHS Constitutional Pledges and Additional Quality Indicators														
KPI Code	BCCG Indicator Level	Plan	Latest Data	Reporting Period	YTD	Trend	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	96.05%	Feb-19	95.43%	**↑	●	●	●	●	●	●	●	●
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	92.11%	Feb-19	94.26%	*↑	●	●	●	●	●	●	●	●
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	98.49%	Feb-19	96.98%	*↑	●	●	●	●	●	●	●	●
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	86.96%	Feb-19	89.89%	*↑	●	●	●	●	●	●	●	●
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	100.00%	Feb-19	99.83%	*↔	●	●	●	●	●	●	●	●
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	98.81%	Feb-19	96.55%	*↑	●	●	●	●	●	●	●	●
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	75.22%	Feb-19	76.93%	*↑	●	●	●	●	●	●	●	●
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	76.47%	Feb-19	90.67%	*↓	●	●	●	●	●	●	●	●
E.B.14	Cancer 62 days - 1st treatment following consultants decision to upgrade		100.00%	Feb-19	93.67%	*↑								
E.B.15	Mean Ambulance Category 1 calls response time (minutes) - BCCG Patients	7:00	7:05	Feb-19	7:13	↓					●	●	●	●
E.B.15.ii	Mean Ambulance Category 2 calls response time (minutes) - BCCG Patients	18:00	25:05	Feb-19	25:40	↑					●	●	●	●
E.B.16	90th Centile Ambulance Category 3 calls response time (minutes) - BCCG Patients	120:00	166:12	Feb-19	149:43	↓					●	●	●	●
E.B.16	90th Centile Ambulance Category 4 calls response time (minutes) - BCCG Patients	180:00	132:45	Feb-19	164:35	↑					●	●	●	●
E.B.S.3	CPA follow up within 7 days of discharge from psychiatric in-patient care	95%	93.80%	Q3 18/19	94.36%	↓	●	●	●	●	●	●	●	●
E.B.1	18 week Referral to Treatment for completed admitted patients	90%	80.27%	Feb-19	81.00%	↓								
E.B.2	18 week Referral to Treatment for completed non admitted patients	95%	90.75%	Feb-19	91.84%	↓								
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	90.44%	Feb-19	90.60%	↑	●	●	●	●	●	●	●	●
E.B.S.4.i	52 week referral for completed admitted pathways	0	2	Feb-19	31	↑								
E.B.S.4.ii	52 week referral for completed non-admitted pathways	0	11	Feb-19	137	↑								
E.B.S.4.iii	52 week referral for incomplete pathways	0	1	Feb-19	30	↓	●	●	●	●	●	●	●	●
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	99%	99.45%	Feb-19	98.52%	↑	●	●	●	●	●	●	●	●
E.B.5	A&E 4 hour wait (7 Providers)	95%	88.86%	Feb-19	91.93%	↓	●	●	●	●	●	●	●	●
E.B.S.1	Mixed-sex accommodation breaches	0	14	Feb-19	165	↓	●	●	●	●	●	●	●	●
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	8	Q3 18/19	30	↑	●	●	●	●	●	●	●	●
E.B.S.5	Trolley waits in A&E over 12 hours	0	0	Feb-19	1	↔	●	●	●	●	●	●	●	●
E.B.S.6	Urgent Operations cancelled for a second time	0	0	Feb-19	0	↔	●	●	●	●	●	●	●	●
E.A.3	IAPT - access rate	15.77%	1.59%	Feb-19	17.01%	↓	●	●	●	●	●	●	●	●
E.A.S.2	IAPT - people who completed treatment and are moving to recovery	50%	52.96%	Feb-19	51.86%	↑	●	●	●	●	●	●	●	●
E.H.1_A1	% people referred to IAPT programme treated within 6 weeks of referral	75%	98.73%	Feb-19	99.20%	↓	●	●	●	●	●	●	●	●
E.H.1_A2	% people referred to IAPT programme treated within 18 weeks of referral	95%	100.00%	Feb-19	99.85%	↔	●	●	●	●	●	●	●	●
E.H.4	Psychosis treated with a NICE approved care package within two weeks of referral	53%	71.43%	Feb-19	79.49%	↓	●	●	●	●	●	●	●	●
E.A.S.1	Estimated diagnosis rate for people with dementia - Primary Care	66.73%	59.19%	Feb-19	59.19%	↑	●	●	●	●	●	●	●	●
E.A.S.4	Number of MRSA incidents	0	0	Feb-19	5	↔	●	●	●	●	●	●	●	●
E.A.S.5	Number of C-Difficile incidents	72	4	Feb-19	50	↑	●	●	●	●	●	●	●	●

Note data is ragged Green if an indicator has been achieved or over-achieved, Amber if it has under-achieved within 5% of the achievement level and Red if it has under-achieved over the 5% threshold. The colour of the arrows relate to the above ragging for the latest reported period. Trend arrows reflect the latest data compared to the previous month/quarter. * Cancer year to date position reflects validated quarterly data for Q1 and Q2 and monthly data thereafter.

2018-19 Quality Premium

Bedfordshire CCG Quality Premium Dashboard									
CCG Quality Premium Total (Potential Funding)		£2,413,000							
CCG Emergency Demand Management Indicators (Potential Funding)		£1,821,815							
CCG Quality Indicators (Potential Funding)		£591,185							
Forecast CCG Quality Premium (iii)		£910,918							
Additions	(Eligible QP funding)			£0					
Deductions	(from Eligible QP funding)			£0					
Quality Premium Indicators 18/19		% of Quality Premium available if Indicator is achieved		Plan	Latest Data	Reporting Period	YTD	Trend	
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 2018/19 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.		Weighting	Value	Eligible					
Emergency Demand Management Indicators - Additions									
Type 1 A&E Attendances		50%	£910,908		133710	10184	Feb-19	121451	↑
Non elective admissions with zero length of stay					18212	1376	Feb-19	15584	↑
Non elective admissions with length of stay of 1 day or more		50%	£910,908		33408	2684	Feb-19	31428	↑
Quality Indicators - Additions		Weighting	Value	Eligible					
Achieve greater than 60% of all cancers that are diagnosed at stages 1 and 2 in the 2018 calendar year		17%	£100,501		>=60%	57.4%	2016		
Overall experience of making a GP appointment - 3% point increase on July 2018 survey result (66.21%)		17%	£100,501		69.21%		Awaiting publication of results in July 2019		
Continuing Healthcare - Part A									
NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (in 80% of cases with a positive NHS CHC Checklist for new referrals)		8.5%	£50,251		>=80%	83.13%	Q3 18/19	77.82%	↑
Continuing Healthcare - Part B									
Less than 15% of all full NHS CHC assessments take place in an acute hospital setting		8.5%	£50,251		<15%	10.00%	Q3 18/19	6.42%	↓
Mental Health - Equity of Access and outcomes into IAPT services - BAME									
Recovery rate of people accessing IAPT services identified as BAME, improvement of at least 5 percentage points or to same level as white British, whichever smaller. 2017/18 provisional outcome 42.55%		17.0%	£100,501		47.55%	41.67%	Q3 18/19	45.90%	↓
Mental Health - Equity of Access and outcomes into IAPT services - Older People									
Proportion of people accessing IAPT services >65 years to increase to at least 70% of the proportion of adults aged 65+ in the local population or by at least 33%, whichever is greater. 2017/18 provisional outcome is 35%.					68.00%	40.52%	Q3 18/19	35.75%	↑
Bloodstream infections - Part A i)									
At least 10% reduction in all E coli BSI reported at CCG level based on 2016 performance data 10% - 14.99% reduction = 20% of weighting - 15% - 19.99% reduction - 25% of weighting - 20%+ reduction = 30% of weighting		5.1% assuming 30%	£30,150		174 - 30% 211 - 15% 223 - 10%	22	Feb-19	269	↓
Bloodstream infections - Part A ii)									
Collection and reporting of core primary care data set for all E coli BSI cases. 100% in Q2 2018/19 (10% weighting) and 50% of all cases in Q3 (5% weighting)		2.55%	£15,075		Assuming 100% in Q2 18/19 & 50% in Q3		Awaiting confirmation of measurement		
Bloodstream infections - Part B									
At least 30% reduction in the number of Tremithoprim items prescribed to patients aged 70 years or greater on baseline data (June15-May16)		3.40%	£20,100		5426	4,200	Jan-19		↑
Bloodstream infections - Part C i)									
Sustained reduction of inappropriate prescribing in primary care, items per STAR-PU must be equal of below England 2013/14 value of 1.161 items per STAR-PU		1.70%	£10,050		<=1.161	0.984	Jan-19		↑
Bloodstream infections - Part C ii)									
Sustained reduction of inappropriate prescribing in primary care, 2018/19 additional reduction in Items/STAR-PU must be equal to or below England 2015/16 mean performance value of 0.965 items per STAR-PU		4.25%	£25,125		<=0.965	0.984	Jan-19		↑
Local Indicators - Additions									
The number of all diabetes patients receiving a foot examination		15%	£88,678		12969	14250	Q3 18/19		↓
The CCG will have its Quality Premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges		% Deductions if indicator is underachieved							
18 week Referral to Treatment - The number of patients on an incomplete pathway not to be higher in March 2019 than March 2018		50% of Eligible Additions			26404	26006	Feb-19		↓
Cancer 62 day first treatment following urgent GP referral to first definitive treatment for cancer		50% of Eligible Additions			85%	75.22%	Feb-19	76.93%	↑

Note: The CCG A&E mapping is based on all providers that see 1% or more of CCG patients. For Bedfordshire these providers are Bedford Hospital, Luton & Dunstable Hospital, Cambridge University Hospital, North West Anglia Trust (Hitchingbrooke), East & North Herts, Milton Keynes and Buckinghamshire.

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

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

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

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

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

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

Quality Indicators – by exception

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

This indicator was achieved in Quarter 3 at 83.13% however year to date performance is under the 80% threshold at 77.82%. Quarter 3 national performance reflects the data available at the time of the national collection. The CHC dashboard included in this report shows the final monthly data. This indicator has been achieved every month since June 2018.

Mental Health – Proportion of 65+ age group accessing IAPT.

The CCG is supporting sustained recovery rates for those patients accessing IAPT services.

Reduction in E-Coli Bloodstream Infections – <223.

The CCG had 22 E-Coli cases in February 2019 which brings the year to date total to 269 cases which is above the year end threshold of 223 cases. This is 60.09 cases per 100,000 population which is below the England average of 71.65 cases per 100,000 population year to date. All cases are reviewed involving all relevant provider organisations and initial review suggests that the majority of cases are people in their own homes (not care homes).

Sustained reduction of inappropriate prescribing in primary care.

The average number of antibiotics prescribed per 1000 patients in January 2019 was 95.81 compared to a national average of 103.25.

The average antimicrobial items per STAR-PU was 0.984, lower than the national average of 1.08 but not quite achieving the stretch target of 0.965 set by NHSE.

The CCG average of Trimethoprim items : nitrofurantoin and pivmecillinam items was 0.23 items compared to a national average of 0.405. The target set by the Medicines Management team is 0.3 items or below which was the average across the CCG in November 2017. This differs from the Quality Premium indicators as it is all prescribing not just those over 70 years old. The CCG plans to undertake targeted education regarding the use of the above medicines in the management of bloodstream infections.

Improvement and Assessment Framework

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

NHS England has a statutory duty to undertake an annual assessment of CCGs and this has been done under the auspices of the Improvement and Assessment Framework (IAF). The overall assessment is derived from CCGs' performance against the IAF indicators, including an assessment of CCG leadership and financial management. Full details of an individual CCG's performance against the framework's indicators are available on the MyNHS website (at <https://www.nhs.uk/mynhs>).

NHS Bedfordshire CCG - IAF Dashboard - Quarter 2 2018/19

Better Health	Period	CCG	Trend	England
102a % 10-11 classified overweight /obese	2014-15 to 2016-17	30.6%	↑	39/195
103a Diabetes patients who achieved NICE targets	2017-18	34.2%	↓	180/195
103b Attendance of structured education course	2017-18 (2016 cohort)	14.2%	↓	39/195
104a Injuries from falls in people 65yrs +	17-18 Q3	2,159	↓	129/195
105b Personal health budgets	18-19 Q2	17.00	↑	101/195
106a Inequality Chronic - ACS & UCSCs	18-19 Q1	2,713	↓	166/195
107a AMR: appropriate prescribing	2018 09	1.015	↓	96/195
107b AMR: Broad spectrum prescribing	2018 09	8.3%	↓	75/195
108a Quality of life of carers	2018	0.56	○	147/195

Sustainability	Period	CCG	Trend	England
141b In-year financial performance	18-19 Q2	Amber	↔	
144a Utilisation of the NHS e-referral service	2018 10	71.8%	↑	153/195
145a Expenditure in areas with identified scope for improvement	18-19 Q2	Amber	↔	

Leadership	Period	CCG	Trend	England
162a Probity and corporate governance	18-19 Q1	Fully compliant	↔	
163a Staff engagement index	2017	3.81	↓	46/189
163b Progress against WRES	2017	0.10	↓	56/189
164a Working relationship effectiveness	2017-18	51.96	↓	188/189
166a CCG compliance with standards of public and patient participation	2017	Amber	○	
165a Quality of CCG leadership	18-19 Q2	Amber	↔	

Key

Worst quartile in England
Best quartile in England
Interquartile range

Trend Arrow s reflect direction of travel since last period

Red Up Arrow - Figure has gone up from previous reported period and this is not the desired direction of travel

Red Down Arrow - Figure has gone down from previous reported period and this is not the desired direction of travel

Green Up Arrow - Figure has gone up from previous reported period and this is the desired direction of travel

Green Down Arrow - Figure has gone down from previous reported period and this is not the desired direction of travel

↔ No change from previous period

○ Direction of travel unable to be calculated

Better Care	Period	CCG	Trend	England
121a High quality care - acute	18-19 Q1	67	↑	11/195
121b High quality care - primary care	18-19 Q1	66	↔	96/195
121c High quality care - adult social care	18-19 Q1	64	↔	14/195
122a Cancers diagnosed at early stage	2016	57.4%	↑	9/195
122b Cancer 62 days of referral to treatment	18-19 Q2	79.1%	↑	105/195
122c One-year survival from all cancers	2015	71.9%	↑	83/195
122d Cancer patient experience	2017	8.7	↑	137/195
123a IAPT recovery rate	18-19 Q2	53.1%	↑	70/195
123b IAPT Access	18-19 Q2	4.7%	↑	55/195
123c EIP 2 week referral	2018 11	84.3%	↑	60/195
123d MH - CYP mental health (not available)				Data not available
123f MH - OAP	18-19 Q2	0	↓	1/195
123e MH - Crisis care and liaison (not available)				
123g MH - Health Check (not available)				Data not available
123h MH - cardio metabolic assessments (not available)				
123i MH - investment standard		Green	○	
123j MH - DQMI (not available)				Data not available
124a LD - reliance on specialist IP care	18-19 Q2	59	↑	119/195
124b LD - annual health check	2017-18	44.4%	↓	151/195
124c Completeness of the GP learning disability register	2017-18	0.42%	↑	136/195
125d Maternal smoking at delivery	18-19 Q2	8.3%	↓	58/195
125a Neonatal mortality and stillbirths	2016	4.7	↓	110/194
125b Experience of maternity services	2017	80.3	○	159/195
125c Choices in maternity services	2017	54.3	○	183/195
126a Dementia diagnosis rate	2018 11	59.5%	↑	182/195
126b Dementia post diagnostic support	2017-18	77.2%	↓	84/195
127b Emergency admissions for UCS conditions	18-19 Q1	2,515	↓	123/195
127c A&E admission, transfer, discharge within 4 hours	2018 12	93.6%	↓	13/195
127e Delayed transfers of care per 100,000 population	2018 11	7.6	↑	63/195
127f Hospital bed use following emerg admission	18-19 Q1	536.0	↑	142/195
105c % of deaths with 3+ emergency admissions in last three months of life	2017	6.96%	↑	166/195
128b Patient experience of GP services	2018	82.0%	○	133/195
128c Primary care access	2018 10	100.0%	↑	1/193
128d Primary care workforce	2018 03	0.99	↑	84/195
128e Primary care transformation investment	18-19 Q2	Green		
129a 18 week RTT	2018 10	90.6%	↑	59/195
130a 7 DS - achievement of standards	2016-17	2	○	
131a % NHS CHC assessments taking place in acute hospital setting	18-19 Q2	2.5%	↓	63/195
132a Sepsis awareness	2017	Amber	○	
133a 6 Week diagnostics	2018 11	1.17%	↓	86/195

Improvement and Assessment Framework Clinical Priority Areas

Mental Health – Rated as Good (2017/18)

Indicator and Score	Progress
IAPT Access 17.01% Recovery 52.96%	Both targets have been achieved to date (19/20)
Early Intervention in Psychosis – 66.7%	Latest data for February shows as over achieving the national threshold of 53%
<18s with diagnosable mental health condition receiving treatment from NHS funded community services 19.66% in Qtr 3 YTD 32% by year end	The CCG remains confident that the 32% will be achieved by the end of 2018/19. Additional winter pressures support has been provided to increase capacity in the crisis team until the end of March to facilitate admission avoidance.
Out of area placement for acute mental health inpatient care transformation	There are 8 non specialist out of area placements as at February all within ELFT services but not placed locally as covered by the contract arrangements with ELFT.
Crisis care and liaison mental health services - Transformation – data not currently published	Bedford Psychiatric Liaison at BHT is core 24 compliant. Provider remodelling is complete. Mental Health Street Triage remains 'Gold' model standard. As part of winter capacity a Mental Health nurse was placed in 111 to manage the increasing mental health crisis calls. This initiative (due to cease in April) is being scoped further to provide ongoing support across the STP. Under the guidance of the Mental Health Crisis Care Concordat a multi-agency Mental Health Crisis Hub is being developed to act as a single point of access for crisis services across Bedfordshire.

Dementia – Rated as Requires Improvement (2017/18)

Indicator and Score	Progress
People 65+ on a GP Dementia Register – 59.19% in February	Recovery action plan in place and projects identified to improve dementia diagnosis rates. A Dementia board consisting of senior level staff has been convened and training for community and GP practice clinical staff is ongoing. CANTAB mobile cognitive testing is now live in all GP practices. Care home project is to be expanded for a further 6 months.
Dementia Care Plan Review in the previous 12 months – 77.2% 2018/19	Dementia patient care plans are reviewed annually at GP practices as part of the Quality Outcomes Framework (QOF) review. A redesign of the dementia template in primary care has also been completed to ensure that GPs across the patch are consistent in their review of patients and are recalling patients every 12 months.

The IAF ratings for 17/18 were published in January 2019. The CCG has retained its rating for Dementia from the 16/17 Assessment as Requires Improvement and Mental Health has improved to Good.

Improvement and Assessment Framework Clinical Priority Areas

Learning Disabilities – Rated as Requires Improvement (2017/18)

Indicator and Score	Progress
LD and/or autism with reliance on specialist inpatient care – Q1 2019/20 47 per million GP registered adult population in the transforming care partnership	Transforming Care Project (TCP) Bedfordshire was above the year end plan of 5 beds with 7 occupied at the end of Q4, and are currently at their trajectory for Q1 2019/2020 with 8 inpatients.
Annual Health Check for people with a Learning Disability – 2017/18 44.4% (national position 51.4%)	GP surgeries that are identified as achieving less than 50% of health checks will be supported by provider Health Facilitation Service who will arrange and carry out health checks. Work to support GPs in achieving 60% in 2019-20 is in place with the aim of increasing yearly to achieve 75%.
GP Learning Disability Register Population – 0.42% (national 0.49%) 2017/18	GP practices that are signed up to the DES will complete audits which will enable them to identify people who have an LD that are not identified on register . There will be questions asked to initiate Practices carrying out an LD screening tool (provided). There is support available for GPs to ensure the people within LD are identified.

Cancer - Rated as Good (2017/18)

Indicator and Score	Progress
1 year survival 71.9% (2015) (Benchmark 72.4%)	On track to deliver Cancer Strategy ambition to reach 75% by 2020
Early Diagnosis – cancers diagnosed at stage 1 and 2 56.83% (2017) – (Benchmark >60%)	The CCG is in the early stages of rolling out a number of new Early Diagnosis initiatives as part of the STP Cancer Transformation Programme.
62 day 1 st treatment following urgent GP referral 75.22% (February) (Benchmark 85%)	This remains a fluid position for the CCG. There is a programme of work in place to move the CCG into a more consistent position. See Cancer section for further detail.
Patient Experience 8.7% (2017) - (Benchmark 8.74%)	Patient Experience is good. The focus for BCCG continues to be on improving experience for patients who are admitted to hospital which appears to be a reoccurring theme in the last 2 annual surveys.

The IAF ratings for 17/18 were published in July 2018. The CCG has retained its Good rating for Cancer from the 16/17 Assessment and Learning Disabilities has been rated as Requires Improvement.

Improvement and Assessment Framework Clinical Priority Areas

Diabetes – Rated as Requires Improvement (2017/18)

Indicator and Score	Progress
People diagnosed with Diabetes who received their three NICE recommended treatment targets – National Diabetes Audit 2017/18 – 34.2% compared to the national average of 38.7%	The CCG has received confirmation of Diabetes Transformation Funding from NHSE for 2019/20. New draft Diabetes Local Commissioned Service (LCS) is ready for sign-off covering Diabetes Audit/Care plans dashboard and Post Gestational Diabetes Management (GDM). BCCG Diabetes Transformation Programme PID 2019/20 updated.
Patients with Diabetes who received structured education in the last 12 months – 14.2% (2016 cohort) compared to the national average of 8.5%.	The number of people with diabetes diagnosed less than a year ago who attend a structured education course is increasing with 501 patients attending in Q3 2018/19.

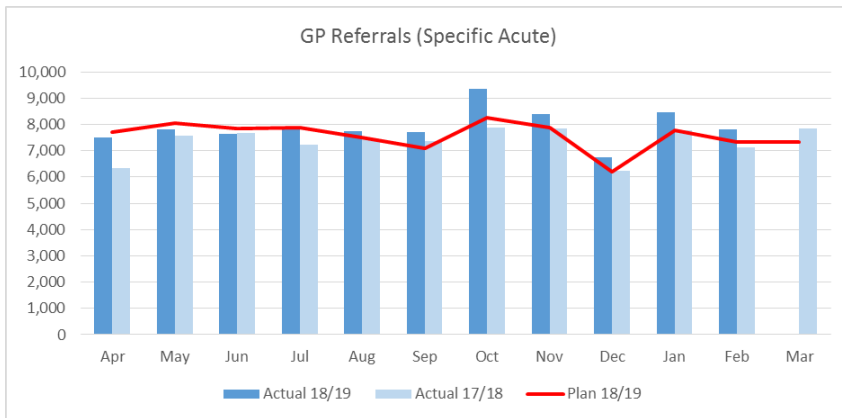
The IAF ratings for 17/18 were published in January 2019. The CCG has retained its Requires Improvement rating for Diabetes from the 16/17 Assessment. There has been a steady improvement in the 3 treatment target since 2014.

Maternity – Rated as Requires Improvement (2017/18)

Indicator and Score	Progress
Rate of stillbirths and neonatal deaths March 2018 ONS publication (data from 2016) stillbirth rate in Bedfordshire CCG is 4.74 per 1000 births giving a national ranking of 109/195. Q3 - BHT - 3.31; L&D - not available at submission	Reporting and review process in place for all stillbirths. Audits to assess ongoing care in relation to stillbirths have taken place at BHT and L&D and submitted to the regional board. These have helped focus targeted quality improvements to become compliant in delivering the stillbirth care bundle. Early access to maternity care for mothers <10 weeks is 82% and BHT needs support from GPs to increase this rate to over 90%. 61% of mothers with Diabetes were known to maternity services within 10 weeks. Over 30% of pregnant women have a BMI of 30+ and this could have significant implications on outcome of pregnancies. Work in progress with key partners.
Smoking at time of Delivery 8.53% Q3 2018/19	BHT has ongoing work with Public Health and additional training for midwives is planned.
Women's experience of Maternity Services 2017 – 80.28 (national average 82.99); Women's choices in Maternity Services 2017 – 54.3 (national average 60.8)	A Maternity Journey Action Group (MJAG) continues to oversee the Maternity Journey. Clinical leads and key programme/project personnel meet on a monthly basis. This is key to delivering on continuity of care, safety, personalised care plans and choice.

The IAF ratings for 17/18 were published in January 2019. The CCG has retained its Requires Improvement ratings for Maternity from the 16/17 Assessment.

Planned Care – Referrals



Performance:

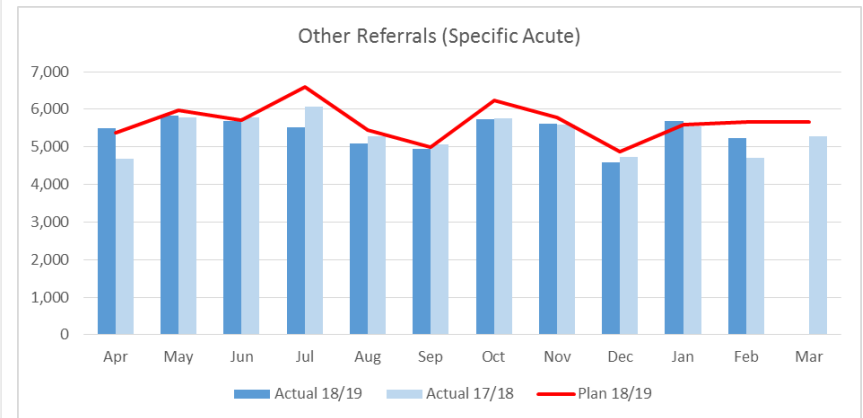
GP Referrals

In February the CCG had 7,823 GP referrals against a plan of 7,318. This is an increase of 678 referrals compared to the same period in 2017/18. Year to date GP referrals currently stands at 87,093 versus 80,491 in 2017/18.

The CCG continues to work with primary care to understand the reason for the ongoing rise in referrals. This may be as a result of a number of recent changes to primary care access which could impact on referral patterns; these include the wider roll out of electronic referral and extended GP access.

Other Referrals

In February the CCG has had 5,224 other referrals against a plan of 5,655. This is an increase of 506 referrals compared to the same period in 2017/18. Year to date other referrals currently stands at 59,417 versus 59,008 in 2017/18.



Continued work programme

Improving uptake of Advice and Guidance (A&G) across GP practices by:

- Improving turnaround time and quality of responses
- Promoting the current offer of A&G across the top 6 trusts utilising the NHS E-Referral System (ERS)
- Providing reassurance that all responses will be actioned in a timely manner

Other demand management tools including clinical triage of referrals at the trust utilising ERS are being explored.

Progress update

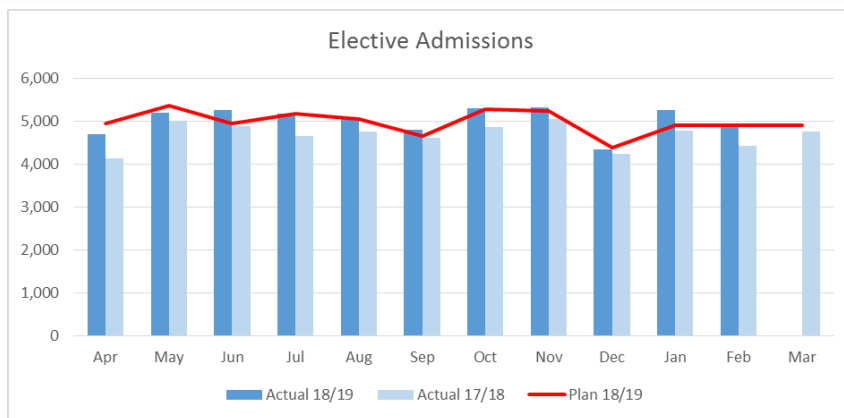
Bedford Hospital has been tasked with sharing feedback on the nature of referrals received for key specialties to confirm that they are firstly appropriate, and/or to identify any pathway gaps.

Additional IT solutions to further support primary care clinicians to fulfil all relevant referral criteria prior to sending the referral are being modelled.

Planned Care – Activity

The charts below show the latest Planned Care activity compared to 2017/18 actuals and include the 2018/19 activity plan. The source is Secondary User Service - SUS data and relates primarily to general and acute activity. The data is likely to change in future reporting due to reconciliation timings.

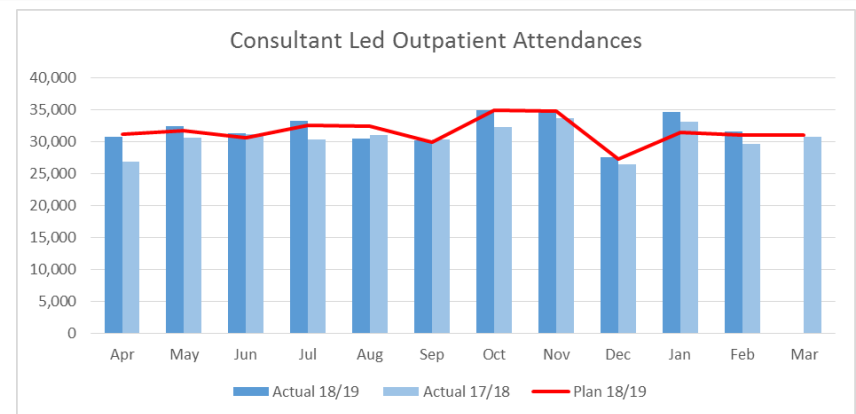
The CCG plan follows specific national planning rules and is therefore not the entirety of the CCG activity.



Elective Admissions – In February the CCG had 4,916 admissions against a plan of 4,904. This is an increase of 487 compared to February last year. Year to date admissions currently stands at 55,426 versus 51,516 in 2017/18.

Ordinary Admissions continue to be well under plan and lower than last year, while Day Case Admissions are over plan by 1095 to date.

Mitigations - The CCG continues to monitor the position, including elective admissions and day case ratios.



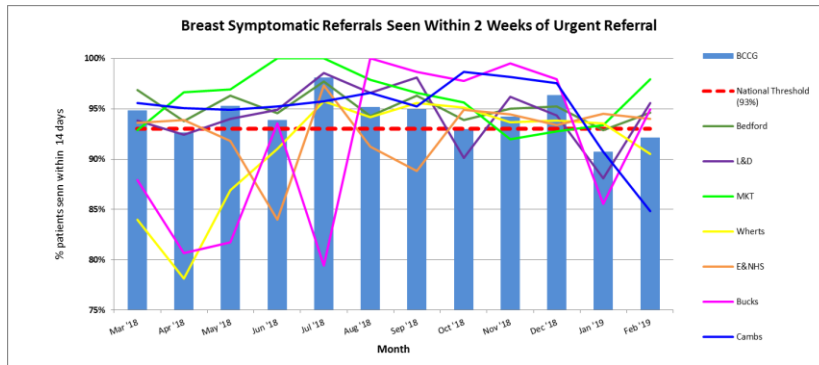
Outpatient Attendances – In February the CCG had 31,517 attendances against a plan of 31,005. This is an increase of 1,843 compared to the same period in 2017/18. Year to date is currently over plan with 352,810 against 348,389.

First Attendances continue to be well under plan but are higher than last year, while Follow Ups have increased on February 2018 and are over plan by 7,509 to date.

Mitigations– A shared approach to managing outpatients has been developed and agreed with Bedford and Luton and Dunstable Hospitals. The Acute Transformation Board is being reinstated and has been renamed the ‘Joint Transformation Board’. The aim is to collaboratively address any areas of concern and identify opportunities to redesign services.

Planned Care - Cancer

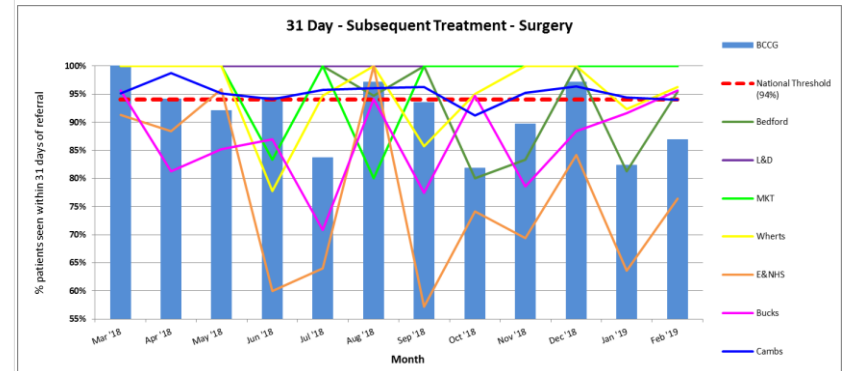
There are 8 national cancer waiting time indicators with nationally set thresholds together with 1 additional indicator - 62 day 1st treatment following a consultant decision to upgrade. There is no national threshold for upgrade however data is available at CCG level and will continue to be included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



Performance

In February the indicator for 2 week wait for breast symptoms underachieved at 92.11% against a threshold of 93%. 76 patients were treated with 6 breaching the threshold. 2 breaches were at Bedford Hospital, 2 at Luton and Dunstable, 1 at Buckinghamshire Healthcare Trust and 1 at a provider outside of the top 6. 4 breaches were due to patient choice, 1 to outpatient capacity issues and 1 to other reasons.

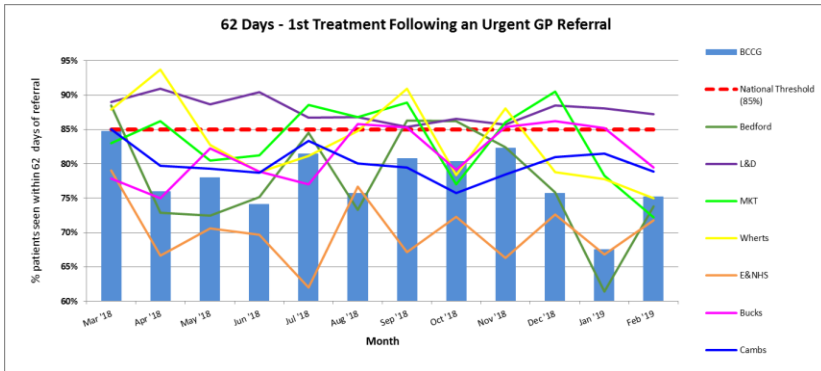
Luton and Dunstable has previously raised a concern around patients rescheduling appointments outside of the 14 day window via the national electronic referral system. Following advice from NHS Improvement patients are being advised not to change their appointments without first talking to their GP.



In February the indicator for 31 day subsequent treatment - surgery underachieved at 86.96% against the national threshold of 94%. There were 46 patients treated of which 6 patients breached the threshold. 2 of the breaches were at East and North Hertfordshire, 2 at Cambridge, 1 at Bedford Hospital and 1 at a provider outside of the top 6.

3 breaches were due to elective capacity issues, 1 to patient choice, 1 patient did not attend and 1 was due to an administrative delay.

Planned Care - Cancer

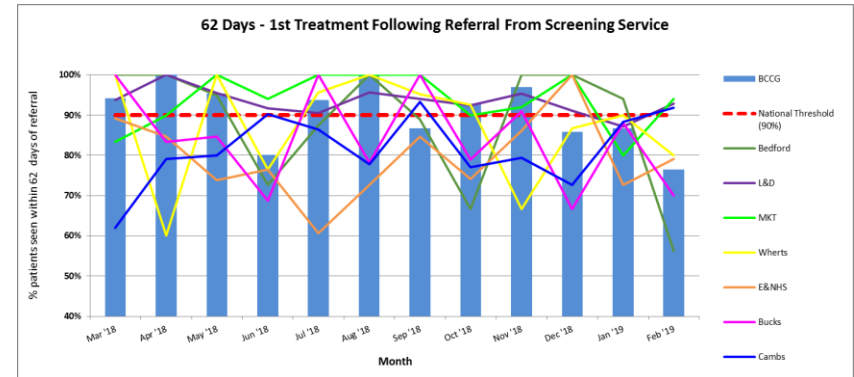


Performance

In February the indicator for 62 day first treatment following an urgent GP referral underachieved at 75.22% against the national threshold of 85%. There were 113 patients treated of which 28 patients breached the threshold. 18.5 of the breaches were at Bedford Hospital, 3 each at Luton & Dunstable and East & North Hertfordshire, 1.5 at Cambridge and 2 at Buckinghamshire.

15 breaches were due to provider delays to diagnostic test or treatment planning, 8 were complex diagnostic pathways, 4 other reasons and 1 was due to administrative delay,

Bedford Hospital is undertaking a validation of all patients on a 62 day pathway to ensure the waiting list is accurate and to support delivery of the standard by June 2019.



In February the indicator for 62 day first treatment following a referral from a screening service underachieved at 76.47% against the national threshold of 90%. There were 17 patients treated of which 4 patients breached the threshold. 3.5 breaches were at Bedford Hospital and 0.5 at Luton & Dunstable. 2 breaches were due to complex diagnostic pathways and 2 were patient choice.

104+ day cancer breaches

There have been sixty seven 104+ day breaches year to date. The CCG cancer clinical lead reviews each root cause analysis (RCA) and to date there have been four breaches deemed as avoidable, thirty were multifactorial due to a mixture of reasons and twenty three were unavoidable. Currently outstanding are the five breaches where RCAs have been requested but not yet received and the CCG is in active engagement with these providers. There were a further five breaches across the year where an RCA is not applicable.

Key Issues

Overall performance against the 62 days standard continues to be a challenge across the Top 6 Acute Trusts. Workforce issues in some Trusts and diagnostic capacity across the board are the main concerns.

Mitigations

- A review of top 6 cancer recovery plans with particular focus on Bedford Hospital's 62 day recovery plan is underway.
- Commissioning input to support Trusts moving to the national best practice pathways for Lung, Prostate and Colorectal cancers is being provided. This will ensure that patients have a diagnosis within 28 days.
- The Cancer Improvement Group is focussing on key specialities Urology (Prostate), Breast and Lung Cancer.

Progress Update

- Bedford Hospital have provided the CCG with a recovery plan to achieve the new 28 day standard and 62 day standard for each of the most challenged specialities. The key enabler is to standardise pathways to ensure that all 2WW referrals have a first outpatient attendance by day 7, and all diagnostics are completed and patients are informed of diagnosis by day 28
- A summary of performance challenges for top 6 providers will be shared at the next Cancer Improvement Group meeting

Service issues - Breast Services at BHT have been experiencing recruitment and retention issues resulting in delays to the 2ww suspected cancer and symptomatic pathways. The Trust have put contingencies in place to recover the waiting list by the end of April. Primary Care has been informed and given weekly updates on the matter.

Cancer Transformation Programme Highlights for BCCG -

FIT Testing in Primary Care was successfully implemented across Bedfordshire in October 2018. Since October 628 FIT tests have been processed of which 97 were positive. A clinical audit is planned to determine how many of the 97 positive tests resulted in early diagnosis of colorectal cancer.

In order to enhance support to patients once they are diagnosed with cancer, the following resources are now being offered

- A 'coping with your diagnosis' workshop was introduced as a result of patient feedback that they needed more holistic information
- A holistic needs assessment, care plan and end of treatment summary for all breast cancer patients
- Open access providing a fast-track back into follow up services for women who were previously discharged from outpatient follow-up but subsequently experience a recurrence of symptoms
- Improved access to cancer rehabilitation (psychological, physical activity and information/support)

The CCG is also introducing new roles to support clinical nurse specialists and developing plans to support patients in a community setting, releasing clinical interventions from acute and shifting to primary care.

Key Issues

Bedfordshire CCG is working to reduce variation in the way that stroke care is provided.

Mitigations

A stroke project has been set up to look specifically at the post-acute inpatient rehabilitation element of the pathway.

Bedfordshire CCG intends to develop a specialised inpatient stroke rehabilitation unit and are exploring options for accommodation.

The proposed unit would utilise the At Home First model and provide 30 virtual beds for patients requiring intermediate care rehabilitation at home, once they are medically fit for discharge.

It would also create capacity for stroke inpatient rehabilitation for intermediate care patients unsuitable for At Home First enabling the CCG to reduce its current stroke rehabilitation spot purchase arrangements, which are currently under discussion with providers.

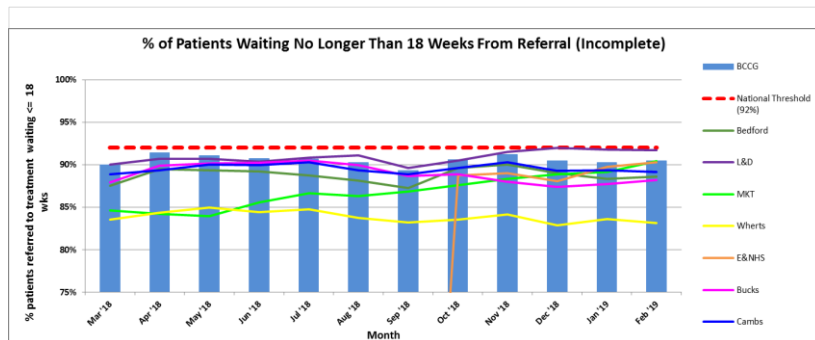
Progress Update

- A stroke steering board has been established which includes senior managers from the CCG, Bedford Hospital and East London Foundation Trust, and work is in progress regarding bed modelling and affordability.
- Discussions are taking place with NHSE regarding the spot purchase placement arrangements.
- A number of meetings have been held with Headway. The CCG has remapped the pathway and is working closely with Bedford Borough Council and Central Bedfordshire Council to identify specific areas of improvement and develop a plan of action including service specification issues. A meeting is being planned for May 2019 in order to progress this work.

Transient Ischemic Attack – TIA

A six month pilot project is underway to support the TIA service. The CCG is currently awaiting update on progress and outcomes to date from Bedford Hospital.

Planned Care – Referral to Treatment



	Performance %	<18 Weeks	> 18 weeks	Total Patients	52 weeks +
Target - 92%					
Cardiology	96.81%	1488	49	1537	0
Cardiothoracic Surgery	100.00%	10	0	10	0
Dermatology	87.17%	1902	280	2182	0
ENT	91.77%	2030	182	2212	0
Gastroenterology	95.16%	1455	74	1529	0
General Medicine	98.10%	412	8	420	0
Geriatric Medicine	98.68%	149	2	151	0
General Surgery	90.11%	1257	138	1395	0
Gynaecology	91.51%	2037	189	2226	0
Neurology	92.21%	758	64	822	0
Neurosurgery	87.56%	176	25	201	0
Ophthalmology	89.80%	3459	393	3852	0
Other	93.21%	5039	367	5406	1
Plastic Surgery	82.48%	753	160	913	0
Rheumatology	96.41%	376	14	390	0
Thoracic Medicine	94.50%	928	54	982	0
Trauma & Orthopaedics	75.61%	1581	510	2091	0
Urology	90.04%	1519	168	1687	0

Performance

In February the CCG underachieved the national 92% target for the incomplete pathway with 90.43% which is a slight improvement on the January position.

The CCG has 2,677 patients on the incomplete pathway who have breached 18+ weeks which is a slight decrease on the January position. Of the 28,006 patients waiting, 11,922 are at Bedford (42.57%) and 6,667 are at Luton & Dunstable (23.81%).

Mitigations

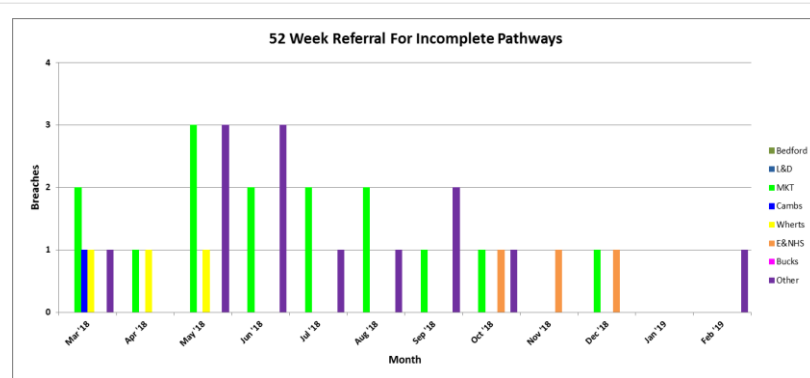
Monitoring of the RTT position continues internally and with Trusts through the monthly contracting process. Commissioners attend Bedford Hospital's Access Board where the RTT performance is discussed and mitigations agreed. Both Bedford and Luton and Dunstable Hospitals have increased their capacity across specialties by introducing some evening/weekend clinics and/or recruiting to consultant/locum posts to reduce backlog.

Progress Update

- 40 and 52 week breaches continue to be challenged at each trust to confirm the status of each patient and confirm treatment dates where applicable.
- BHT are exploring honorary contract arrangements with an out of area consultant to support Trauma & Orthopaedics backlog.
- The Planned Care team continue to develop demand management schemes and seek opportunities to identify live issues at other main acute providers.
- GP practices and patients are encouraged to consider waiting times when selecting available services on NHS E-Referral.
- A meeting has been arranged with Commissioners and Bedford Hospital, chaired by the Head of Elective Care Transformation for NHS England and NHS Improvement, to implement E-Referral Capacity Alerts as a tool for reducing long waits in planned care.

Planned Care – Referral to Treatment

52 Week Breaches



In February there was one 52+ week breach relating to a Bedfordshire CCG patient, at Great Ormond Street Hospital for Children NHS Foundation Trust.

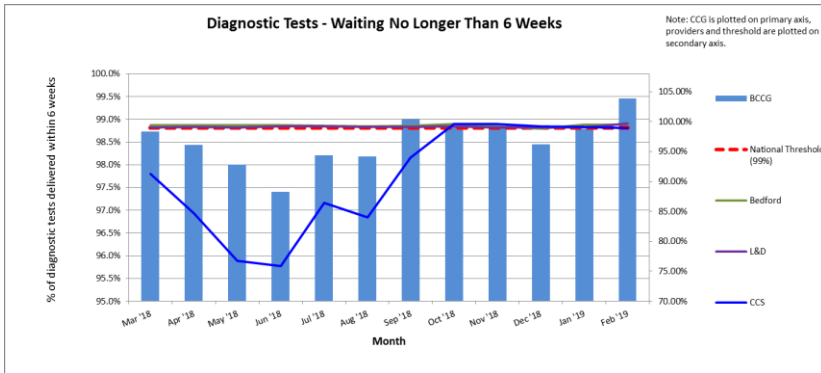
The CCG has written to the Trust for details of the breach and they have confirmed that the patient has a treatment date in April and a Clinical Harm Review is underway but will not be fully complete until surgery takes place. In line with the Trust's access policy the patient has been regularly reviewed and the clinician has confirmed that while the patient still requires the procedure it is not clinically urgent.

The CCG has had a total of 30 breaches year to date with 18 patients affected.

- 13 at Milton Keynes (6 patients)
- 5 at Oxford University hospital (4 patients)
- 3 at Kings College Hospital (1 patient)
- 3 at East and North Hertfordshire (3 patients)
- 2 at West Hertfordshire (1 patient)
- 2 at Imperial (1 patient)
- 1 at Papworth (1 patient)
- 1 at Great Ormond Street Hospital (1 patient)

The CCG writes to each provider where there has been an extended wait to request a clinical harm review. To date there has been one minor harm identified due to prolongation of symptoms.

Planned Care – Diagnostic Waits



Performance

In February the CCG achieved this indicator with 99.45% against the 99% threshold which is an improvement on the January position. There were 8,182 patients on the diagnostic tests pathway with 45 breaching the 6 week threshold. 21 breaches were at Bedford Hospital, 8 at Luton and Dunstable, 7 at East and North Hertfordshire, 2 at Milton Keynes and 7 at providers outside of the top 6.

Of the 45 breaches, 11 were for cystoscopy, 11 were for audiology, 10 were for echocardiography, 5 were for gastroscopy, 4 were for MRI, 3 were for sleep studies and 1 was for urodynamics.

This was 37 breaches under the tolerance for achievement of the national standard.

There were three 13+ week breaches, 2 at Milton Keynes Hospital and 1 at East and North Hertfordshire. The CCG continues to request assurance around reasons for these extended waits.

Key Issues

There have been increases in 6 week waits at Bedford Hospital, Luton & Dunstable and Cambridge Community Services but all other providers have reduced their waiting lists for diagnostic tests.

Mitigations

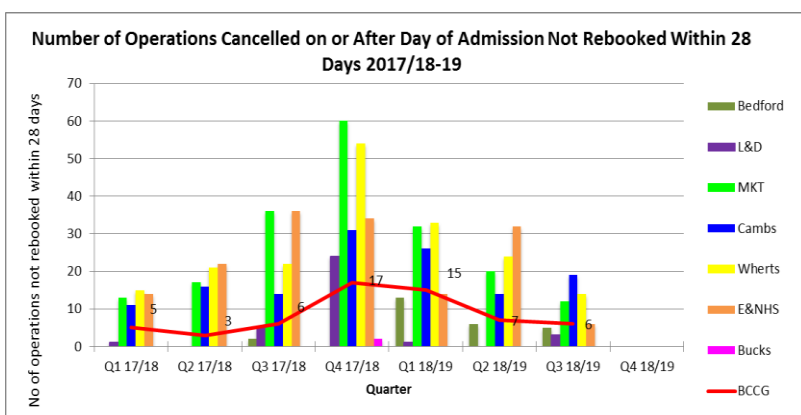
Breaches in 6 week and 13+ week waits for Diagnostics will continue to be monitored and raised at contract review meetings with providers.

Progress Update

The CCG actively monitors the impact of all extended waits on overall performance and there has been an improvement in performance in 6 week waits overall reducing from 91 patients in January to 45 patients in February

The CCG continues to write to all providers where a patient has waited in excess of 13+ weeks in order to identify whether the delay was due to capacity or patient choice.

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



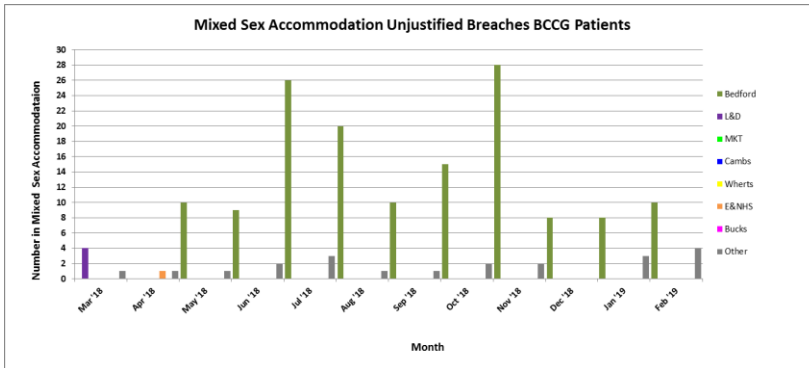
Performance

In Quarter 3 the CCG have had confirmation that there were 8 Bedfordshire patients who had an elective operation cancelled on or after day of admission and not rebooked within 28 days. 5 of these were at Bedford Hospital (3 were due to equipment breakdown and 2 were due to theatre capacity issues), 2 were at East and North Hertfordshire (both due to provider internal delays) and 1 was at Milton Keynes (patient choice).

The CCG is awaiting confirmation from Cambridge as to whether any of the Trust wide breaches relate to Bedfordshire patients.

Provider	Q1 BCCG Breaches	Q2 BCCG Breaches	Q3 BCCG Breaches	Q1 Trust Wide Breaches	Q2 Trust Wide Breaches	Q3 Trust Wide Breaches
Bedford	12	4	5	13	6	5
Buckinghamshire	0	0	0	0	0	0
Cambridge	1	0	TBC	26	14	19
East & North Herts	1	3	2	14	32	6
Luton & Dunstable	0	0	0	1	0	3
Milton Keynes	1	0	1	32	20	12

Planned Care – Mixed Sex Accommodation



Performance

In February there were 14 mixed sex accommodation breaches for Bedfordshire patients. 10 breaches occurred at Bedford Hospital, 2 at Royal National Orthopaedic Hospital, 1 at Oxford University Hospital and 1 at University College London Hospital. The CCG has had a total of 165 year to date.

- 144 of the breaches were at Bedford Hospital
- 6 at Oxford University Hospital
- 5 at Royal National Orthopaedic Hospital
- 4 at University College London Hospital
- 2 at Royal Free London
- 1 at East and North Hertfordshire
- 1 at Imperial College
- 1 at Guy's and St Thomas' Hospital
- 1 at Gloucestershire Hospital

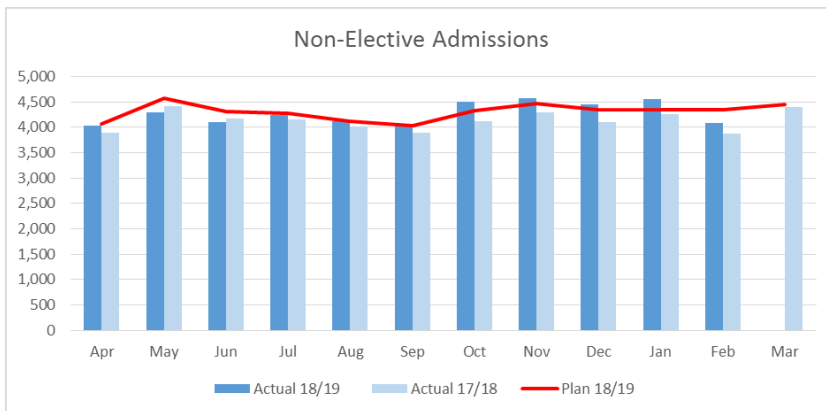
Bedford Hospital has reported that all of the Mixed Sex Accommodation breaches to date have occurred in the critical care unit and are 'unjustified' in line with national reporting guidance. The Trust has confirmed that patients' privacy and dignity was maintained at all times.

The CCG continue to request a root cause analysis from providers for all MSA breaches to understand the reasons for the breach and to obtain assurance around patient privacy and dignity.

Unplanned Care – Activity

The charts below show the latest Unplanned Care activity compared to 2017/18 actuals and include the 2018/19 activity plan. The source is Secondary User Service - SUS data and relates primarily to general and acute activity. The data is likely to change in future reporting due to reconciliation timings.

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

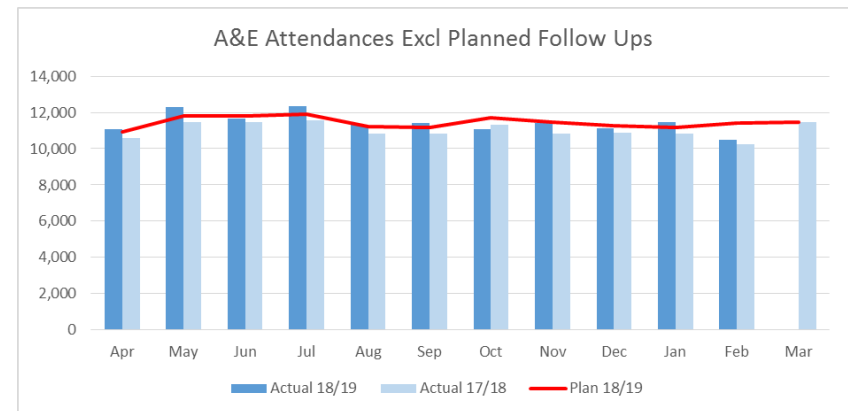


Non-Elective Admissions – In February the CCG had 4,086 non-elective admissions against a plan of 4,339. This is an increase of 217 compared to the same period in 2017/18. Year to date admissions currently stand at 47,031 versus 45,176 in 2017/18.

0 LOS admissions continue to be under plan while 1+ LOS are over plan by 848 year to date.

Mitigations

The CCG is working to promote the Ambulatory Care service to manage zero length stays more efficiently. Additional community bed capacity was put in place to provide additional step-down/rehabilitation over winter.



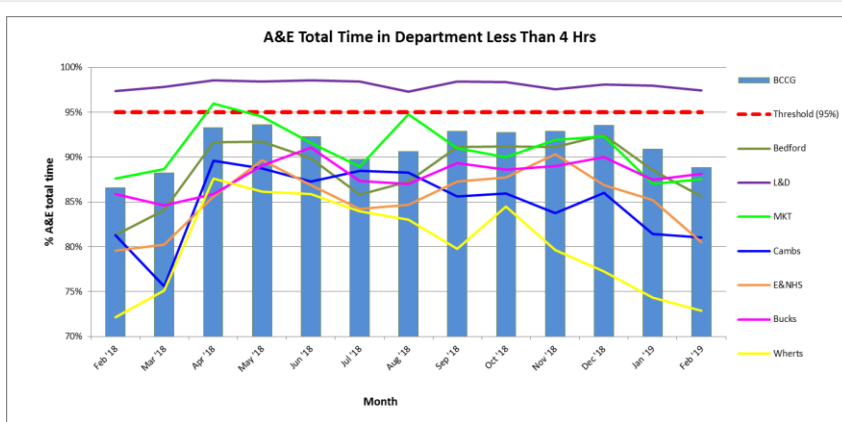
A&E Attendances – In February the CCG had 10,495 attendances against a plan of 11,418. This is an increase of 244 compared to the same period in 2017/18. Year to date attendances currently stands at 125,586 versus 120,827 in 2017/18.

Mitigations

The roll out of direct booking from 111 into GP practices continues and at the end of February 24 practices had gone live.

The 24/7 111 Clinical Advisory Service went live in January and is having a significant impact on diverting patients away from the emergency department and the Ambulance service.

Unplanned Care – Accident and Emergency



Performance

The CCG is measured on performance at the 7 main acute providers. In February the CCG underachieved the 95% national threshold with 88.86% which is a further deterioration on the January position.

Key Issues

Bedford Hospital (BHT) continues to remain under extreme pressure with high activity in A&E. The Trust continues to see increased demand despite the opening of the Urgent Treatment Centre on 1st October which saw a total of 1,479 patients in February, an average of 51 patients per day.

Mitigations

The additional winter beds which were put in place to support the discharge of medically fit patients are due to be decommissioned by the end of May 2019 however this will be done in a phased approach recognising the impact of Easter, bank holidays and approaching school holidays.

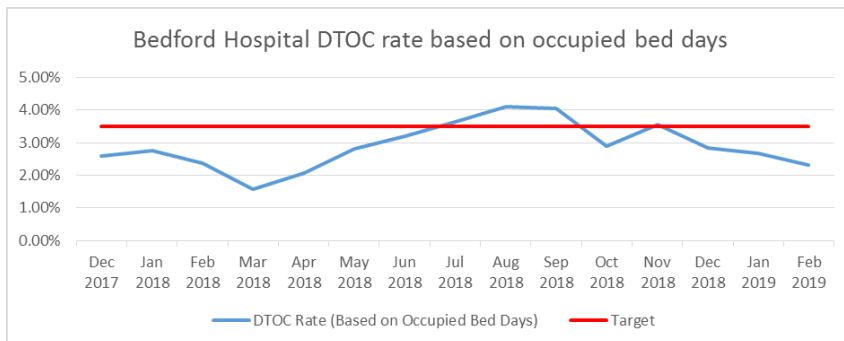
Progress Update

Improved A&E Reception (BHT) - In order to make it clearer for patients to understand where to go for booking the signage at Bedford Hospital has been updated and directs all patients to streaming window one. Following initial triage at the streaming reception desk patients are then directed to the most appropriate service, A&E or Urgent Treatment Centre.

Unplanned Care – Delayed Transfers of Care

The national DTOC target of less than 3.5% of bed days to be attributed to delayed transfers of care with effect from September 2017 has been signed up to within the Better Care Fund (BCF) plans for both local authority partners - Bedford Borough and Central Bedfordshire Councils. The February activity has been calculated using validated delayed days in February but unvalidated occupied bed days until quarterly data is published when the performance data will be refreshed.

Bedford Hospital



Mitigations

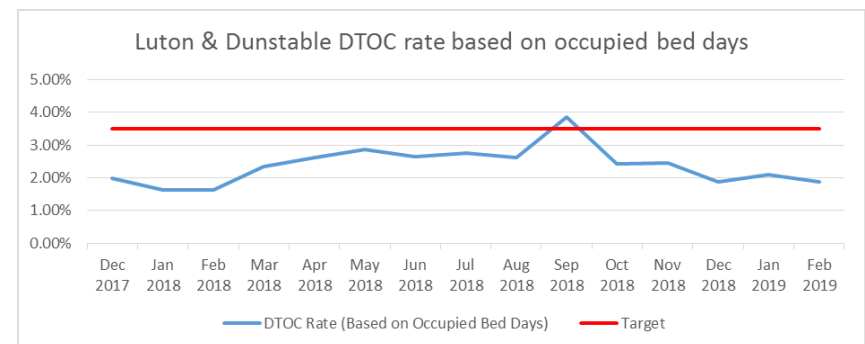
- The CCG continues to work closely with system partners to review the Ready to Transfer call process for safe, effective and timely discharge.
- Ready to Transfer and Length of Stay meetings have been strengthened with more focus on delays following medical optimisation, stranded - 7 days and super stranded - 21 days.
- Work continues to improve the discharge processes with a dedicated work stream in place including discharge processes for multiple pathways e.g. end of life, stroke.
- Increasing out of hospital capacity.

Progress Update

The Quality Improvement Project pilot continues at Bedford Hospital on two 75+ years wards, to identify and address issues within the complex patient pathways. Due to competing demands on the ward there have been challenges however the project team are continuing to work towards achieving the aim and plan to scale up and roll out to other wards in the hospital. The Improvement Leaders Programme course in London has now been completed however support will still continue from the tutor to keep momentum moving forward with achieving the EDD on all wards within the Trust.

The Discharge Operational Leads continue to focus on identifying best practice and increase the efficiency of discharge processes across the system. Work is taking place to agree a Patient Choice Document and a discharge app is currently in development. The next meeting to review actions will take place in May.

Luton & Dunstable Hospital



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

Feb-19	C1 - Life Threatening Average response in 7 minutes			C2 - Emergency Average response in 18 minutes			C3 - Urgent 90% within 120 minutes			C4 - Less Urgent 90% within 180 minutes		
	Activity (No of calls)	Average Response Time (<7min)	90th centile (<15min)	Activity (No of calls)	Average Response Time (<18min)	90th centile (<40min)	Activity (No of calls)	Average Response Time	90th centile (<120min)	Activity (No of calls)	Average Response Time	90th centile (<180min)
NHS Bedfordshire	459	07:05	12:52	2,456	25:05	53:38	685	66:14	166:12	144	54:19	132:45
EEAST Trust Wide	6,609	07:53	14:19	40,467	26:00	53:46	11,076	86:45	211:16	1,798	81:21	205:27

BCCG is part of a consortium of 19 CCGs that contract EEAST to provide ambulance services across East of England.

In October 2017 new national Ambulance Service Standards (ARP - Ambulance Response Programme) for 999 calls were successfully implemented. EEAST are working towards achieving the ARP standards by Q1 2019/20.

Performance - February

- **Category 1 – Life Threatening** - Underachieved and was a worsening position compared to January.
- **Category 2 – Emergency** - Underachieved but an improving position compared to January.
- **Category 3 – Urgent** - Underachieved and was a slightly worse position compared to January.
- **Category 4 – Less Urgent** - Achieved and was an improving position compared to January.

Key Issues - The continuing concern for Commissioners is the volume of Category 2 calls and impact on response times. EEAST has undertaken a 'deep dive' and confirmed that patients have a paramedic on scene within the response time and that the delay is in waiting for a transportable resource to arrive.

Delays in responding to Health Care Professional calls continue to be an issue. EEAST are committed to working with the CCG and partners to establish a local solution and initial scoping is now underway.

Mitigations - EEAST hold monthly locality meetings to work on improving the assurance framework for performance and quality, focussing on reducing the C2 response times. EEAST continue to work with acute trusts to improve handover delays at A&E.

EEAST are undertaking a review of their data to ensure that information collected is used to drive efficiencies. Allocation time of calls is higher in Bedfordshire but travel to scene time is lower compared with other areas. The length of allocation time is being reviewed to understand the delay.

The 111 Clinical Assessment Service went live on 22nd January providing support to the ambulance service by re-validating and diverting calls away from the ambulance service.

See & Treat and Hear & Treat initiatives are in place to support response times for Category 3 and 4. Data for February shows that the Hear & Treat performance for Bedfordshire patients is at 6.8% which is just below the local target of 7%. See & Treat performance is at 32.1% for January against the local target of 35.5%.

Progress Update - EEAST are analysing detailed reporting of Category 1 calls not meeting the standard to ensure full understanding and learning from each incident.

EEAST continues to focus on increasing patient facing staff hours through the recruitment of additional qualified and student paramedics, which is part of a 3 year workforce plan. The number of vacancies for Bedfordshire is lower than other areas.

Unplanned Care – Integrated Urgent Care



Bedfordshire

Clinical Commissioning Group

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

- **24/7 Clinical Advisory Service** – the CAS went live on 22nd January and in its first few months of operation has been extremely successful in diverting non-emergency cases away from the ambulance service and A&E department.
- **Direct Booking into In Hours GP appointments** – Currently live in 31 practices. The majority of the remaining practices have been set up with the service and are in the process of confirming a go live date.
- **Bypass Number for Care Homes into Clinical Navigation** – In February a total of 169 calls were received by the service from 37 nursing and residential homes across Bedfordshire.
- **NHS 111 Online** - went live on the 7th November 2018 and saw a total of 1,306 ‘completed journeys’ in March.
- **100% Record Sharing** - in progress

Bedfordshire and Luton CCGs continue to work with Herts Urgent Care to ensure full compliance with the National Model. The CCG’s Clinical Lead is heading up engagement work with local GPs, to see first hand the progress that has been made in the service along with experiencing the work of the CAS. It is hoped this will encourage more local GPs to work in the service.

Performance

In February the Luton and Bedfordshire IUC service answered a total of 18,165 calls with an average call answering time of 82 seconds against the 60 seconds target.

Luton and Beds Out of Hours							
Performance Metrics	Month	Target		↑↓↔	Jan	Dec	
Home Visits – Urgent visits undertaken within 2 hours	February	95%	94%	↑	86%	79%	
Home Visits – Routine visits undertaken within 6 hours		95%	89%	↓	90%	86%	
Base Face to Face Consultations – Urgent visits undertaken within 2 hours		95%	63%	↓	79%	75%	
Base Face to Face Consultations – Routine visits undertaken within 6 hours		95%	94%	↓	97%	96%	
NQR 9 Urgent 0-30 mins (Telephone)				83%	↓	88%	84%
NQR 9 Less Urgent 0-60 mins (Telephone)				89%	↓	85%	79%
NQR 9 Other 0-120 mins (Telephone)				71%	↓	72%	61%

Out of Hours Service (OOH) - There was an 8% improvement in Urgent home visits in February but all other indicators showed a worsening position than the previous month. Overall activity levels were slightly under forecast although home visits and base appointments were higher than anticipated. This may have been impacted by the 24/7 CAS as some of the previous A&E and 999 dispositions were diverted to out of hours GP appointments.

Mitigation - Work continues to return to the improved performance levels seen in the period prior to December and continued engagement with the workforce.

Progress Update - Several GPs have been inducted into the service and there is a continued push to recruit additional GPs and nurses. Additional training for non-clinical staff and identification of best practice is also underway. As shift fill is much improved across the county, a greater focus is now on the outcomes and productivity of clinicians.

A full audit of the clinical workforce is underway to understand variances in productivity and performance. Initial investigations have been completed and information is currently being collated.

Unplanned Care – Patient Transport Services



Bedfordshire
Clinical Commissioning Group

EEAST PTS Performance Scorecard 2018/19																
Bedfordshire CCG Monthly Summary of Quality Requirements																
No	Description	Target	Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD	
LQR2	Arrival Time for Admission, Day Cases, Out Patient Appointments	90%	Patients shall arrive either on time or up to 60mins before the appointment.	Journeys	1074	1102	1123	1065	1030	1081	1196	1177	1019	1226	1155	12248
				Compliant Journeys	739	714	717	616	571	597	736	777	654	863	817	7801
				Journeys	575	625	635	625	626	613	657	676	747	753	743	7275
LQR3	Arrival Time for Renal Dialysis Clinic	90%	Patients shall arrive either on time or up to 60mins before the appointment.	Compliant Journeys	404	440	424	390	373	371	460	468	511	556	596	4993
				Journeys	578	625	635	625	626	613	657	676	747	753	743	7278
				Compliant Journeys	578	625	635	625	626	613	657	676	747	747	743	7272
LQR3	Arrival Time for Renal Dialysis Clinic	100%	Patients will not miss their dialysis treatment due to patient transport issues (Avoidable Aborts/Cancellations)	Journeys	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%
				Compliant Journeys	895	883	860	835	970	979	1117	1182	1201	1434	1406	11762
				Journeys	1394	1397	1436	1386	1471	1520	1675	1794	1694	1894	1795	17456
LQR4	Collection Time - Day Cases, Outpatients, Transfers, Pre-Planned Discharges and Renal Dialysis Clinic	95%	Patients shall be collected no more than 60 minutes later than the planned pick up time	Compliant Journeys	895	883	860	835	970	979	1117	1182	1201	1434	1406	11762
				Journeys	3	8	12	8	4	11	11	9	6	11	11	94
				Compliant Journeys	1	5	9	3	2	1	5	5	5	10	9	55
LQR5	Collection Time - End of Life Patients are given priority for NEPTS	95%	End of Life patients collected within 60 minutes of being made ready following a minimum 1 hour notice period	Journeys	3	8	12	8	4	11	11	9	6	11	11	94
				Compliant Journeys	1	5	9	5	4	5	8	6	5	10	10	68
				Journeys	33%	63%	75%	38%	50%	9%	45%	56%	83%	91%	82%	59%
LQR5	Collection Time - End of Life Patients are given priority for NEPTS	100%	End of Life patients collected within 90 minutes of being made ready following a minimum 1 hour notice period	Compliant Journeys	3	8	12	8	4	11	11	9	6	11	11	94
				Journeys	1	5	9	5	4	5	8	6	5	10	10	68
				Journeys	33%	63%	75%	63%	100%	45%	73%	67%	83%	91%	91%	72%
LQR6	Collection Time - 'On the day' Discharges	95%	Patients shall be collected within 90 minutes of the patient booked ready time following a minimum of a one hour notice period	Compliant Journeys	200	238	221	244	305	381	424	400	366	404	366	3549
				Journeys	111	145	123	147	214	234	286	301	293	336	320	2510
				Journeys	58%	61%	56%	60%	70%	61%	67%	75%	80%	83%	87%	71%
LQR7	Provider Avoidable Cancelled or Aborted Journeys. (Journeys cancelled by the referrer to be excluded)	5%	No more than 5% of CCG activity lost through Provider cancelled/aborted journeys	Compliant Journeys	5294	5664	5454	5278	5177	5107	5664	5570	5228	5583	5153	59172
				Journeys	37	49	44	49	38	37	60	26	38	54	23	455
				Journeys	0.70%	0.87%	0.81%	0.93%	0.73%	0.72%	1.06%	0.47%	0.73%	0.97%	0.45%	0.77%

The CCG is part of a consortium with EEAST to provide non emergency patient transport across Bedfordshire, Luton and Hertfordshire.

Performance

In February there was a slight improvement across all indicators, except collection times for End of Life patients where 2 patients were not collected within 60 minutes. Complaints have reduced to the lowest level to date with 3 for the CCG in February

Key Issues

The current number of vacancies continues to affect performance. Staffing vacancies remain high across the consortium.

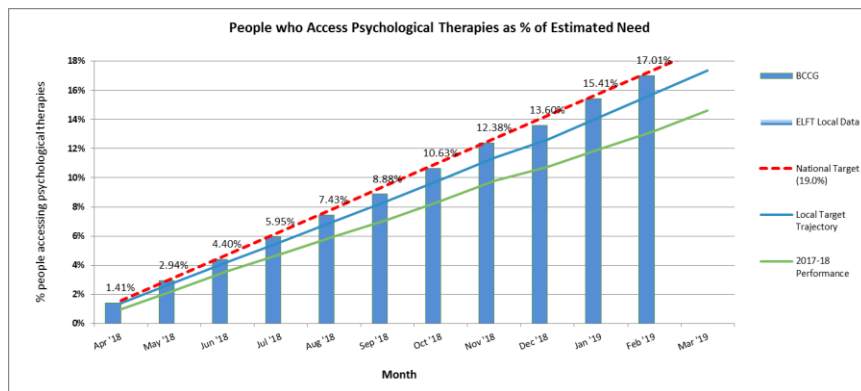
Mitigations

EEAST continue to focus on recruitment. New recruitment initiatives are taking place, such as ambulance service applicants who are deemed more suitable for patient transport are encouraged to apply.

Mental Health – Improving Access to Psychological Therapies (IAPT)

Locally the Access Target for 2018/19 has been set at 17.35% and agreed with NHS England with a run rate of 4.75% in Quarter 4. Due to the previously reported errors in the national data caused through an unsuccessful upload of May activity this report will reflect local datasets from ELFT for the remainder of this financial year.

IAPT Access



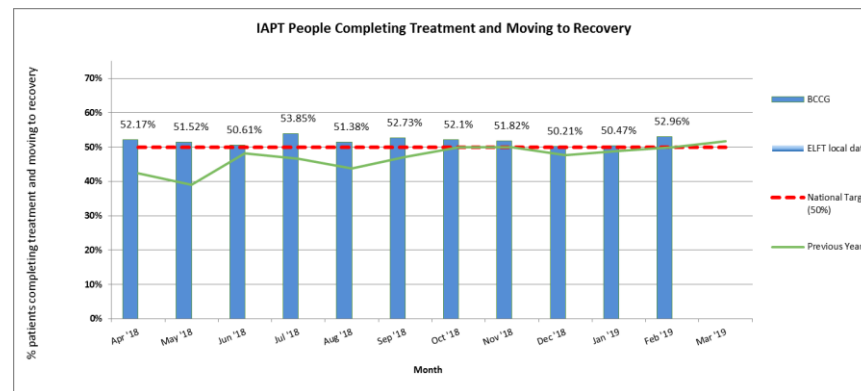
Performance

Local data for February is showing an achievement of 17.01% against the monthly threshold of 15.58%. Year to date performance is 17.01% against a threshold of 15.77%.

Progress Update

A wide programme of work aiming to improve access for people with Long Term Conditions continues, and IAPT therapists are now co-located within a number of services including Pain Management, Diabetes and Chronic Obstructive Pulmonary Disease. An older adults champion is in place and an increase in access for this cohort has been identified. Countywide engagement programmes designed to ensure sustainable referrals levels are also underway.

Moving to Recovery

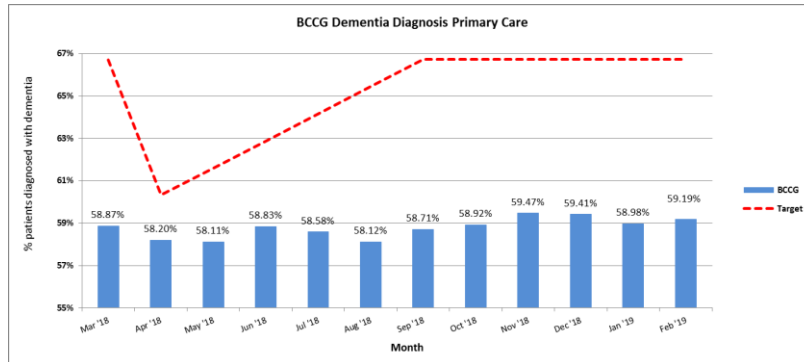


Performance

Local data for February shows the recovery rate at 52.96%. The CCG continues to achieve over and above the national threshold of 50% in this area.

Mental Health – Dementia Diagnosis

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



Performance

In February there were 3078 people aged 65+ with a diagnosis of dementia in Bedfordshire which gives an improving position of 59.19% against the plan of 66.73%.

Key Issues

- There is a need to increase the number of appropriate referrals into the Memory Assessment Service (MAS).
- Delayed recruitment issues are affecting demand and capacity and the start of the care home projects.
- The Continuing Healthcare (CHC) project has begun but has not led to further diagnoses being recorded.
- Delay in MAS referring diagnosed patients back to primary care leading to decreased medical time for first assessment.

Mitigations:

A recovery plan with 8 identified areas of priority has been implemented. A deep dive has taken place and a recommendations report was produced. A workshop will run on 8th May to discuss how some of these can be taken forward.

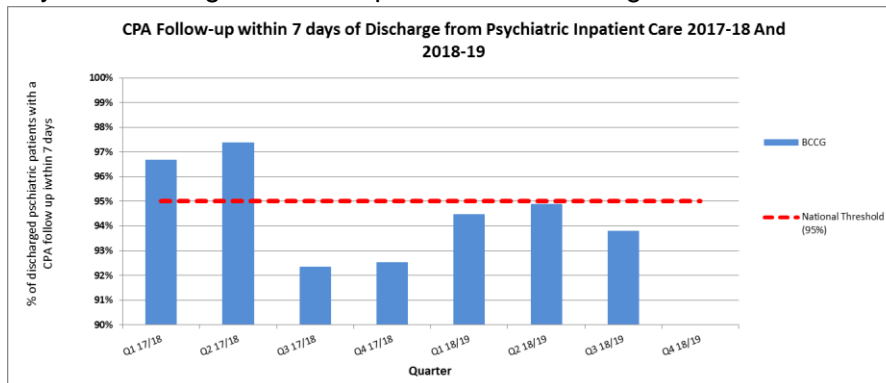
A dementia board consisting of senior level staff has been convened and will monitor the recovery action plan and trajectory. Continuing Healthcare cases, wait times in the MAS, care homes and a GP incentive scheme are areas currently being pursued as well as establishing a plan to refer patients back into primary care. CANTAB mobile has gone live in all GP practices in April 2019, providing GPs with a tool to carry out dementia assessments.

Progress Update

- The care home project has been extended for a further 6 months and 2 additional nurses are now in post to support this.
- Additional clinic time has been allocated to the memory service to help resolve some of the current demand and capacity issues but there have been issues recruiting staff for this. This has now been extended to a 6 month project.
- Clinical lead and MAS to visit the 5 practices with the lowest diagnosis rate.
- The CCG have identified gaps in diagnosis in secondary care. STP lead to facilitate discussions with the hospital.
- Exercise being undertaken by the CCG to ensure that letters from the MAS are being received and recorded by practices.

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

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



Performance

In Quarter 3 the CCG underachieved this indicator with 93.80% against the 95% threshold. There were 242 patients followed up with 15 patients breaching the 7 day threshold 3 of which were on CPA and all were ELFT patients.

- Patient 1 – Patient was seen at home before formal discharge and was seen again on day 12.
- Patient 2 - Patient was discharged to a relative out of the area and the team are still trying to contact the patient.
- Patient 3 – Patient was seen on day 7 but was not recorded correctly on system.

ELFT local data for February shows performance remains under the threshold at 87.50%.

Progress Update:

ELFT have provided detail on all breaches including follow up dates and confirmed that there has been no incidents or safeguarding concerns due to the delay to follow up.

Patients on CPA who have had a formal review within the last 12 months

At the end of Q3 ELFT achieved 94% against a target of 95%, a detailed report has been received from ELFT and this will be discussed at a Task and Finish Group which has been set up to resolve any issues.

Continuing Healthcare

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

BCCG Continuing Healthcare Key Performance Indicators				Qtr 1			Qtr 2			Qtr 3			Qtr 4			2018/19	
KPI			Target / Threshold	Mar-18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average YTD
CHC Quality Premium	1	% eligibility decisions made within 28 days from receipt of Checklist (inc Acute & D2A)	80%	81%	70%	60%	81%	80%	80%	81%	82%	87%	81%	83%	94%		80%
	2	% CHC assessments completed in acute setting for patients on hospital discharge pathway	< 15%	13%	0%	14%	7%	9%	3%	0%	4%	11%	14%	7%	0%		6%
Reviews	3	% of all reviews completed in the month.	80%	60%	87%	66%	96%	97%	83%	78%	58%	55%	61%	55%	64%		73%
Appeals & Disputes	4	Number of local panel appeal decisions that have been upheld/overturned at Independent Review Panel held by NHSE within the quarter		0	0	0	0	0	0	0	0	0	1	0	0	0	1
	5	Number of interagency disputes on eligibility within the quarter		0	0	1	0	0	0	0	0	0	0	0	0	0	1

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

CHC Quality Premium

The CHC Department has achieved the 28 days process Quality Premium since June 2018. The CHC department continues to prioritise the QP however will also need to concentrate on increasing Personal Health Budgets in line with NHSE directions that all new domiciliary care packages will be a default PHB from 1st April 2019.

The Quality Premium data shown on page 7 is measured nationally through the Funded Care Report which is published quarterly and the dashboard above reflects the monthly local reporting. Both sets of data are taken from a live dataset and due to the timing of the extract there will often be small differences.

Discharge to Assess has not been functioning well in the south of the county therefore increased pressure has been experienced by the CHC department and an expectation that the Quality Premium will be breached in March

Reviews

Reviews show a decrease in completion in Quarter 3. The department have analysed outstanding reviews, many of which relate to Funded Nursing Care (new FNC assessor now in induction). A diary audit was completed in January to identify pressures and realign workloads to complete outstanding reviews.

Appeals/Dispute

There are 7 appeal cases that have been to local resolution and 4 of these are waiting for an Independent Review Panel at NHS England.

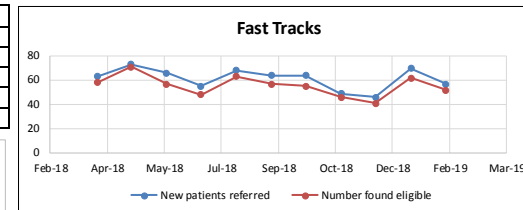
There have been 2 Local Authority dispute cases (since 06/11/18).

Continuing Healthcare

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

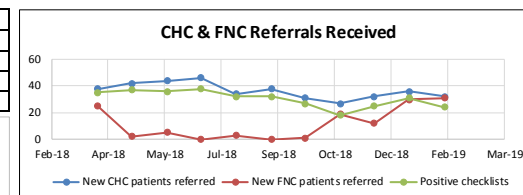
Fast tracks 2018/19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
New patients referred	62	63	73	66	55	68	64	64	49	46	70	57		675
Number found eligible	56	58	71	57	48	63	57	55	46	41	62	52		610
Number RIP / Withdrawn / Gone into Hospice	6	5	1	6	5	4	2	7	3	4	7	4		48
Number not eligible/declined	0	0	1	3	2	1	5	2	0	1	1	1		17
Fast track % conversion rate	90%	100%	99%	95%	96%	99%	92%	97%	100%	98%	99%	98%		90%

For NHSE Benchmarking purposes conversion rate must be over 90%.
Fast track domiciliary care delivery via Sue Ryder fully covering BCCG area (live since 01/03/19)



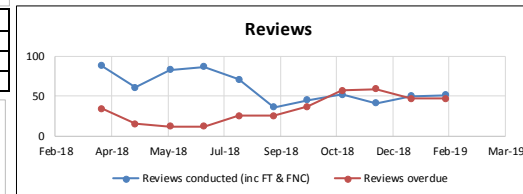
CHC & FNC referrals 2018/19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
New CHC patients referred	44	38	42	44	46	34	38	31	27	32	36	32		400
New FNC patients referred	24	25	2	5	0	3	0	1	19	12	30	31		128
Positive checklists	35	35	37	36	38	32	32	27	18	25	31	24		335
DST's found eligible	5	2	3	5	9	4	1	5	6	1	1	4		41

There has been an increase in completion of checklists due to issues with Discharge to Assess. Further training and development of a Checklist Consideration Protocol and Tool with both councils to ensure that they complete appropriate CHC checklists for individuals who are likely to have a primary health need.
Breakdown of positive checklists February 2019:
BHT x 1. CHC Dept x 4. Community Nurses x 4. ELFT x 1. GP x 1. Nursing Homes x 3. Out of area Hospital x 2. Social Services x 8



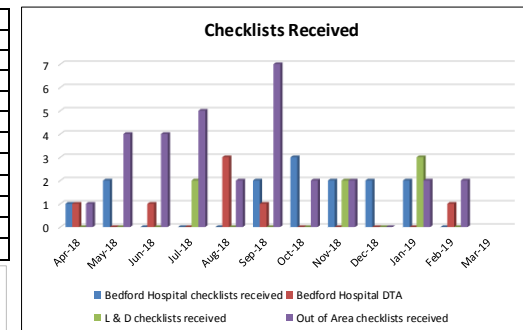
Reviews conducted 2018/19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
Reviews conducted (inc FT & FNC)	72	88	61	83	87	71	36	45	52	41	50	51		665
Reviews overdue	46	34	15	12	12	25	25	37	57	59	47	47		

Breakdown of reviews conducted for February 2019: 28 x CHC, 18 x FNC, 5 x Fast track.
Breakdown of overdue reviews: 36 x CHC, 11 x FNC, 1 x Fast Track.
Breakdown of overdue review dates: July 18 x 2, Aug 18 x 1, Oct 18 x 3, Nov 18 x 8, Dec 18 x 5, Jan 19 x 13, Feb 19 x 15.
Longest overdue = 278 days. Average number of days overdue = 100 days.
The CHC department has x1 CHC assessor vacant post (successful interview 05/03), x1 CHC assessor long term sickness



Acute referrals received 2018/19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
Bedford Hospital checklists received	4	1	2	0	0	0	2	3	2	2	2	0		14
Bedford Hospital DTA	1	1	0	1	0	3	1	0	0	0	0	1		7
L & D checklists received	0	0	0	0	2	0	0	0	2	0	3	0		7
Milton Keynes Hospital	1	1	2	1	0	0	1	0	0	0	0	0		5
Out of Area checklists received	2	1	4	4	5	2	7	2	2	0	2	2		31
Total found eligible	0	0	2	1	1	2	1	1	1	1	0	1		11
Total not eligible / screened out	8	4	6	5	4	2	5	2	2	1	4	0		35
Total RIP/ Funded without prejudice/Pending	0	0	0	0	2	1	2	1	2	0	2	2		12
Total Checklist Withdrawn/Refused		8	4	8	1	2	3	1	1	0	1	0		29
% found eligible	0%	0%	25%	17%	14%	40%	9%	20%	17%	50%	0%	33%		20%
% found not eligible	100%	100%	75%	83%	57%	40%	45%	40%	33%	50%	57%	0%		53%

The CHC department met the Quality Premiums relating to CHC during February however due to increasing pressure from the system in regards to discharge to assess there will be a breach in March



Locality Performance 2018/19



Key: On target Below Target

Measure		KPI / Target	Bedford		Chiltern Vale		Ivel Valley		Leighton Buzzard		West Mid Beds		BCCG		Latest Data		
Preventing Ill Health	1.1	% Flu vaccination uptake - 65 years and over	75%		69%		70%		74%		71%		73%		71%		Jan-19
	1.2	% Flu vaccination uptake - under 65s at risk	55%		45%		47%		50%		45%		47%		46%		Jan-19
	1.3	% Flu vaccination uptake - Pregnant women	55%		50%		44%		54%		44%		55%		50%		Jan-19
	1.4	% Flu vaccination uptake - Children 2 year olds	48%		51%		44%		58%		50%		59%		52%		Jan-19
	1.5	% Flu vaccination uptake - Children 3 year olds	48%		49%		45%		56%		52%		55%		51%		Jan-19
	1.6	% Flu vaccination uptake - Children 4 year olds	65%		62%		61%		77%		73%		74%		68%		Jan-19
	1.7	% Flu vaccination uptake - Carers	55%		33%		39%		40%		25%		36%		35%		Jan-19
	1.8	% Received the Pneumococcal (PPV) vaccine At Any Time - 65 years and over	No Target		68.9%		71.0%		70.0%		59.7%		72.3%		69.0%		Mar-18
	Long Term Condition and Complex Patient Management	2.1	Diabetes NDPP - Number of referrals made to programme	1740		n/a		n/a		n/a		n/a		5634		5634	
2.2		Diabetes NDPP - Number of people on programme	696		n/a		n/a		n/a		n/a		1904		1904		Feb-19
2.3		Diabetes Care Planning - Number of practices signed up	48		n/a		n/a		n/a		n/a		48		48		Q3 2018/19
2.4		Diabetes Care Planning - Quarterly reports on care plans completed	10,000		1095		354		409		348		509		2715		Q3 2018/19
2.5		Cluster MDT Working - Number of practices signed up	48		20		9		8		3		7		47		Q3 2018/19
2.6		Cluster MDT Working - Attendance at cluster MDT meetings	65%		n/a		n/a		n/a		n/a		n/a		67%		Q3 2018/19
2.7		Cluster MDT Working - Number of patients on caseload	400		25		15		20		2		7		69		Q2 2018/19
2.8		Dementia: 65+ estimated diagnosis rate	66.7%		66.74%		59.04%		55.32%		56.12%		49.60%		59.19%		Feb-19
Member Engagement & Organisational Development	3.1	Number of GP members using the extranet facility to access BCCG information - signed up to the extranet (Salaried GPs not included)	70%		81%		94%		70%		100%		96%		83%		Mar-19
	3.2	% Practice attendance at locality board meetings (YTD)	90%		58%		90%		76%		83%		89%		73%		Mar-19
	3.3	% Practice attendance at Members Forum (September 2018)	100%		50%		78%		100%		100%		71%		71%		Sep-18
	3.4	Cummulative Practice Visits (May-November)	100%		100%		100%		89%		100%		100%		98%		Nov-18
	3.5	Locality Primary Care Home Development Plan Sign up	100%		100%		100%		100%		100%		100%		100%		Mar-17
	3.6	Annual Review of Peer Review in Practices (May-November)	100%		100%		100%		89%		100%		100%		98%		Nov-18
Budgetary Management - Activity	4.1	Finance Activity Dashboard - Total A&E Attendances (per 1000 population)	Finance Activity Dashboard Monthly Plan	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Feb-19	
	4.2	Finance Activity Dashboard - Total Emergency Admissions (per 1000 population)	Finance Activity Dashboard Monthly Plan	7.05	7.76	8.90	9.25	7.43	8.25	7.23	7.46	7.27	7.00	7.49	7.97	Feb-19	
	4.3	Finance Activity Dashboard - GP Initiated 1st OP Attendances (per 1000 population)	Finance Activity Dashboard Monthly Plan	17.58	18.34	14.92	16.19	18.00	18.68	18.07	18.88	18.00	18.16	17.31	18.06	Feb-19	
	4.4	Finance Activity Dashboard - Elective Admissions (per 1000 population)	Finance Activity Dashboard Monthly Plan	8.60	9.22	9.79	11.81	10.51	10.71	9.69	8.66	9.66	9.91	9.43	10.01	Feb-19	
Patient & Public Engagement	5.1	Number of locality Patient Network meetings per year - at least 4 a year (YTD)	4		6		6		4		6		4		26		Mar-19
	5.2	Number of Healthier Living Seminars per year - at least 3 a year (YTD)	3		0		1		1		1		1		4		Mar-19
	5.3	No. Patients attending Healthier Living Seminars (YTD)	No Target		0		66		31		40		72		295		Mar-19
Patient Exp	6.1	National GP Patient Survey - GP Access	Practices in national highest decile		70%		67%		67%		58%		64%		67%		Aug-18
	6.2	National GP Patient Survey - Making Appointments	76.8%		75.4%		79.1%		71.7%		74.8%		76.2%		76.2%		Aug-18
	6.3	Friends & Family Test - % recommended	82%		93%		73%		77%		73%		0		79%		Jan-19
	6.4	Friends & Family Test - % not recommended	Increased level of patient participation		12%		7%		10%		27%		0		16%		Jan-19

Locality Performance 2018/19

GP IT / Technology / Digital Maturity	7.1	E-Referrals - uptake of electronic referrals where enabled by secondary care (BCCG target only)	90%	n/a	n/a	n/a	n/a	n/a	73%	Dec-18
	7.2	E-Referrals - no. of eRS first outpatient bookings	No Target	1989	951	1096	643	772	5451	Feb-19
	7.3	E-Referrals - Total e-RS Bookings inc outpatients	No Target	2173	989	1205	696	865	5928	Feb-19
	7.4	Patient Online - uptake of patient use of one or more online service	>=10% contractual target >=30% non contractual target	31%	34%	37%	57%	46%	38%	Feb-19
	7.5	ePS - increased uptake of electronic repeat prescriptions	40%-80%	54%	74%	57%	83%	57%	62%	Jan-19
	7.6	ePS - Continued uptake of electronic repeat dispensing	25% non contractual target	3.70%	10.10%	1.00%	3.20%	2.50%	4.20%	Jan-19
	7.7	Activation of the Enriched Summary Care Record (ESCR) - Number of patients with ESCR uploaded	No Target	5441	2179	1256	974	3738	13588	Nov-18
	7.8	Advice & Guidance - Number of requests which turn into a referral booking request	Not yet available							
	7.9	Advice & Guidance - Response Times	Not yet available							
	7.10	Number of Bedfordshire GP IT Forums a year - at least 3 a year	3	n/a	n/a	n/a	n/a	n/a	3	Jan-19
	7.11	% Practice attendance at Bedfordshire GP IT Forums - YTD	No Target	10%	30%	19%	22%	71%	25%	Jan-19
	7.12	SystemOne Bureau - days worked rolling total	n/a	n/a	n/a	n/a	n/a	n/a	100	Mar-19
	7.13	SystemOne Bureau - requests in progress/completed in month	n/a	n/a	n/a	n/a	n/a	n/a	25	Mar-19
	7.14	Transition from READ to SNOMED CT managed and practices engaged	No Target	Guidance disseminated	Guidance disseminated	Guidance disseminated	Guidance disseminated	Guidance disseminated		Mar-19
	7.15	NHS 111 Direct Booking	100%	55%	67%	86%	67%	29%	56%	Mar-19
Locally Commissioned Services	8.1	Locally Commissioned Services - Practice Offered (Phlebotomy, Anticoagulation, Methotrexate, Sulfasalazine, Diabetes Care Planning, PMS)	48	20	9	9	3	7	48	Mar-19
	8.2	Locally Commissioned Services - Practice Uptake (Avg) (Phlebotomy, Anticoagulation, Methotrexate, Sulfasalazine, Diabetes Care Planning, PMS)	10	18.5	8.7	8.3	3.0	6.8	9.1	Mar-19
	8.3	Locally Commissioned Services - Practice Offered (Acute Treatment Scheme (IV), Practice Matrons (CV), DVT (CV), Homeless LES (BD, LB), Ophthalmology (LB), Wound Care (WMB))	46	20	5	9	3	7	44	Mar-19
	8.4	Locally Commissioned Services - Practice Uptake (Avg) (Acute Treatment Scheme (IV), Practice Matrons (CV), DVT (CV), Homeless LES (BD, LB), Ophthalmology (LB), Wound Care (WMB))	9.2	1	3.5	8	1	6	3.83	Mar-19
Extended Access	9.1	Primary Care Extended Access - Provision of access to pre-bookable and same day appointments in evenings and weekends	100% Not yet available							
Developing Primary Care Home	10.1	% Registered Population covered by network (cluster/neighbourhood)	100%	100%	100%	100%	100%	100%	100%	Feb-19
	10.2	Networks with MOU or formal agreement to collaborate	10	4	2	2	1	1	10	Feb-19
	10.3	Networks actively demonstrating sharing between practices e.g.. Back office - premises, IT solutions	10	4	1	1	1	1	8	Feb-19
	10.4	% of practices that have recruited to new roles: Physicians Associate, Clinical pharmacist, Emergency Care Practitioner, Physiotherapist	tbc	40%	22%	44%	33%	57%	40%	Feb-19
	10.5	Networks with Information Sharing Agreement in place	10	4	2	2	1	1	10	Feb-19
	10.6	No of networks that have completed self-assessment and have developed an iterative PCH plan	10	2	2	2	1	1	8	Feb-19
	10.7	Networks with GP led MDT in operation	10	4	2	2	1	1	10	Feb-19
	10.8	Networks signed up to BLMK incentive scheme	10	4	2	2	1	1	10	Feb-19

Developing Primary Care Home (PCH)

All clusters have a PCH development plan in place and all GP practices have completed and signed an incentive scheme agreement stating that they have understood the definition of PCH and are signed up to the concept. Multi-disciplinary team meetings are in place with engagement from practices. All networks are signed up to the BLMK incentive scheme. Sharing of workforce and IT will develop over the year as PCH development plans are refined and implemented. There are practices within clusters who already share and this will be built on. Work is underway to understand the skill mix in each practice.

Preventing Ill Health

In 2019/20 the Primary Care Commissioning team will have a dedicated person covering flu to:

- Ensure that District Nurses can vaccinate on caseload and the Complex Care team have the right vaccine available
- Work with Public Health and the Communications team on timely information, events and programme support
- Work with Place Based teams on early warning supply issues
- Provide ongoing data support and a presence at the flu operation groups

A PPV coverage survey is to take place to include those vaccinated on or before 31st March 2019.

E-Referrals

A number of practices continue to send paper referrals to providers. Individual conversations will take place with those practices to understand why and how this can be rectified.

NHS 111 Direct Booking

Six more practices went live with 111 Direct booking bringing the total to 31 practices live in Bedfordshire at the beginning of April.

Long Term Condition and Complex Patient Management

- Diabetes - Referrals into the National Diabetes Prevention Programme reached 5634 in February against a target of 1740; 1904 patients have started the programme against a target of 696. The CCG has performed well in Q3 for Diabetes care planning, with 2715 care plans completed against a target of 2500.
- Dementia - CANTAB is an online assessment tool to support GPs, Practice Nurses and HCAs to diagnose dementia. iPads are now available to practices with the software preinstalled. Training for practices was undertaken in March 2019.

Budgetary Management - Activity

Activity for GP initiated 1st Outpatient and Elective Admissions is below or close to plan for all localities. The focus for localities this year is on High Intensity Users (HIUs), identifying and working with those patients who have high A&E attendances, ambulance conveyances or non-elective admissions. GP practices are provided with a list of HIUs to review each month and the data is discussed at monthly Primary Care Network meetings.

Friends and Family Test (FFT)

FFT is not reported for a number of practices due to either no submission being made or data suppression of low response rates. Individual conversations will take place with those practices who would not be recommended by their patients. NHSE is carrying out a project to improve some areas of the FFT with refreshed guidance to be available in Spring 2019.

Out of Hospital Programme

- The additional 33 winter beds commissioned to support discharge of medically fit patients are being withdrawn via a phased programme to be completed at the end of May 2019.
- Meetings continue between CCG Commissioners and Quality Team, the Luton and Dunstable Hospital discharge team, Cambridgeshire Community Services, Central Bedfordshire Council and Continuing Health Care to implement a Discharge to Assess (D2A) pathway at the Trust for Bedfordshire patients.
- The 'Star 6 111' service continues to provide Bedfordshire care homes with direct access to a clinician. Herts Urgent Care (HUC) provides a monthly report to the CCG, monitoring the call volumes and outcomes. In February the service received 169 calls 37 different homes.
- The Whzan pilot continues in 13 care homes and feedback has been very positive. A mid point evaluation was completed at the end of March with findings to be reviewed during April. The pilot is scheduled to conclude at the end of May.
- The Complex Care Team weekend service to 10 Bedford care homes has concluded as planned. From September 2018 to March 2019 a total of 109 non-elective conveyances to A&E and non-elective hospital admissions were avoided at weekends. A CCG-wide complex care service model will be developed and implemented during 2019/20 as part of the ELFT Community Health Services Transformation programme.
- During March the Bedford Hospital Trusted Assessor undertook 68 assessments, all within 24 hours of notification; 53 for Bedford Borough and 15 for Central Bedfordshire. Four assessments were completed at Luton & Dunstable Hospital, all within 24 hours of notification.
- The Early Intervention Vehicle (EIV) service continues across Bedford Borough and Central Bedfordshire for residents aged 60 years plus. From June 2018 to March 2019 the service has received and attended 1190 referrals and enabled 618 (52%) patients to remain in their own homes. Contract negotiations between the CCG, EEAST and ELFT are underway to continue the service in 2019/20.
- The High Intensity User (HIUs) Programme continues. A stakeholder meeting arranged by the CCG to enable a clinical cross partnership review of HIUs attended by Bedford Hospital, EEAST, ELFT Mental Health, HUC and the Bedford multi-disciplinary team was held in March. Clinical representatives from Bedford Hospital's A&E department and HUC will be joining health and social care colleagues at a Bedford multidisciplinary team meeting in April as a test bed for process development and integration, with a further stakeholder meeting scheduled for May. A similar meeting is being planned for colleagues at the Luton & Dunstable Hospital.
- Liaison Psychiatry – Core 24. From July 2018 24/7 psychiatric support has been provided in A&E, AAU and on the wards. A multi-disciplinary team are on site offering assessments and brief interventions to people with mental health needs. 240 patients were seen by the service in February.
- Primary care link workers – There are 9 link workers who operate out of every GP practice in Bedfordshire, offering assessments and brief interventions for people experiencing mental health problems. This resource is supporting patients who would not normally access mental health services and has been well received by both patients and GPs. 432 patients were seen in January by the service (reporting is in arrears).

Better Care Fund



Bedfordshire
Clinical Commissioning Group

Central Bedfordshire 2018/19 Better Care Fund Dashboard

BCF Indicator		Q1 18/19 Plan	Q1 18/19 Actual	Q2 18/19 Plan	Q2 18/19 Actual	Q3 18/19 Plan	Q3 18/19 Actual
HWB Non-Elective Admission Plan* Totals (Rate per 100,000 population)		2,491	2,677.20	2,517	2,860.30	2,519	3,288.40
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	607.0	601.02	613.7	561.70	613.7	609.4
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (Cumulative)	Annual rate	126.6	135.83	253.3	232.28	379.9	312.98
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	90%	96.90%	90%	99.10%	90%	96.2%

Bedford Borough 2018/19 Better Care Fund Dashboard

BCF Indicator		Q1 18/19 Plan	Q1 18/19 Actual	Q2 18/19 Plan	Q2 18/19 Actual	Q3 18/19 Plan	Q3 18/19 Actual
HWB Non-Elective Admission Plan* Totals (Rate per 100,000 population)		2,653.14	2888.55	2,682.57	2,842.69	2,686.68	3,090.82
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	588.42	524.90	594.55	780.48	594.55	587.66
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (Cumulative)	Annual rate	191.56	110.90	383.12	295.75	574.68	430.18
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %		90.70%		94.50%		92.30%

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

Key Issues

Whilst the majority of Better Care Fund projects focused on reducing non elective admissions, reporting still saw high numbers of unplanned admissions. A high proportion of these admissions were for those aged 65 and older and Bedfordshire has seen an increase to that cohort. Without the input of projects supported by BCF, reporting could have potentially been higher so to some extent, it is believed that projects have supported some of the high demand for acute services from further increases.

Mitigating Actions

Working with providers to ensure that reducing admissions remains a priority in particular focusing on the High Intensity User Project to identify cohorts of people who are higher users.

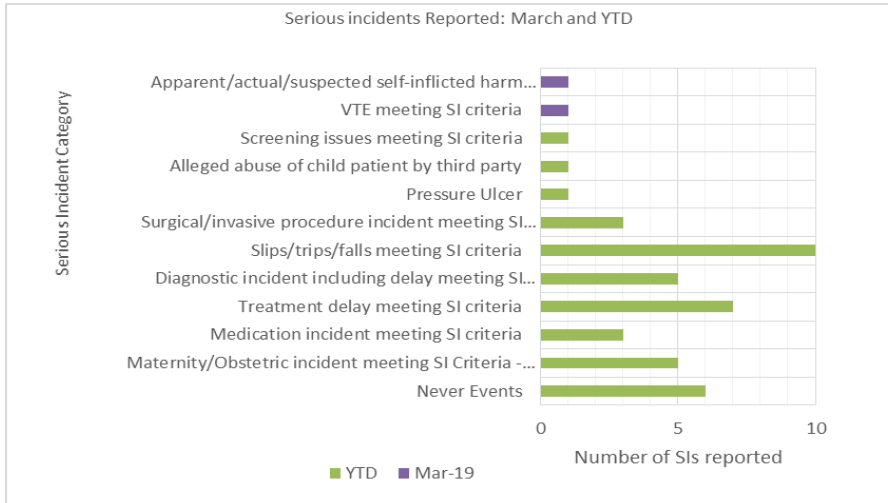
Progress Update

- Long term support to older people met by admission to residential and nursing homes sees a much improved position across Bedfordshire with a reduction in people going into long term care compared to 2017/18.
- The proportion of older people 65 and over who are still at home after 91 days continues to report an improved position below plan across both BBC and CBC.
- Delayed transfers of care also show a position which is below plan both in BBC and CBC areas.

Serious Incidents and Never Events

In March the CCG had 6 Serious Incidents reported giving 125 year to date. There were no Never Events reported in the month giving a total of 9 year to date.

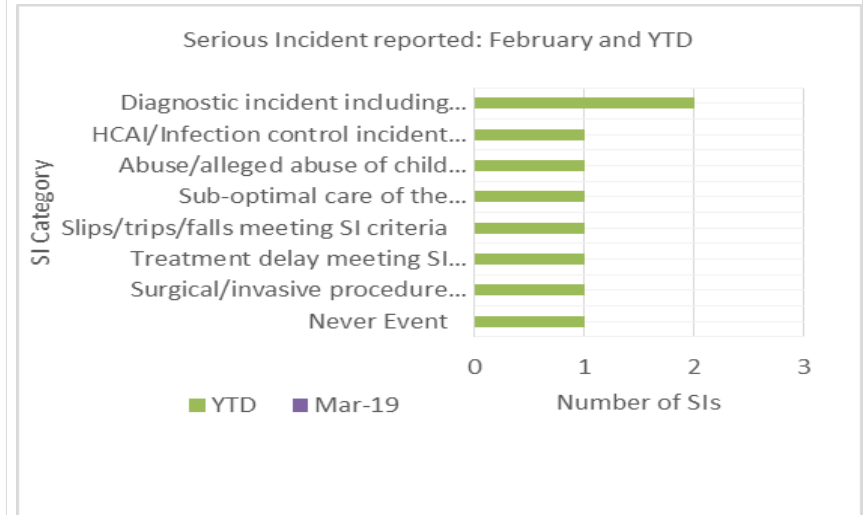
Bedford Hospital



The Trust reported 2 Serious Incidents (SIs) in March giving 38 for the year 2018-19.

No Never Events were reported in March giving 6 year for the year 2018-19.

Luton & Dunstable Hospital



The Trust reported no SIs for Bedfordshire patients in March giving 8 year to date. No Never Events were reported in the month with 1 for the year 2018-19.

Other Providers

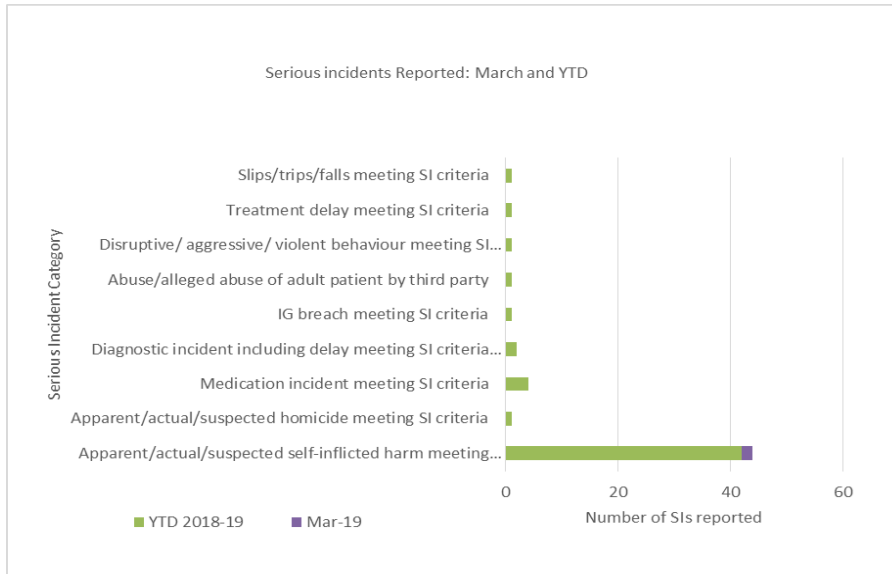
Following 1 reported SI in March there have been 12 Serious Incidents in the year 2018-19 and 2 Never Events.

EEAST

There was 1 SI reported in March giving 7 reported for the year 2018-19.

Serious Incidents

ELFT (Mental Health)



The Trust reported 2 Serious Incidents in March giving 56 for the year 2018-19. There were no Never Events reported in March or for the year 2018-19.

The CCG continues to work closely with ELFT to address particular key areas of service and care delivery including timely CPA reviews and 7 day follow-up post discharge.

ELFT (Community Health Services)

No SIs were reported in March, which gives a total of 4 for the year 2018-19 and no Never Events.

Friends and Family Test – Quarterly Update

Bedford Hospital

Bedford Hospital	Total Responses	Total Eligible	Response Rate	% Recommended	England Response Rate	England % recommended
Quarter 3 18/19						
A&E	1785	9904	18.02%	86.05%	11.90%	86.73%
Inpatients	3647	11993	30.41%	94.82%	24.01%	95.66%
Outpatients	6819	45430	15.01%	93.53%	6.64%	93.93%
Maternity (Birth)	192	192	100.00%	96.88%	20.16%	96.96%

The Trust continue have excellent response rates, and very comparable % recommend rates when compared to the England overall figure. Bedford Hospital continue to monitor on a ward/service level and ensure targeted actions for any underperforming areas.

Luton & Dunstable

Luton & Dunstable	Total Responses	Total Eligible	Response Rate	% Recommended	England Response Rate	England % recommended
Quarter 3 18/19						
A&E	6092	19584	31.11%	98.06%	11.90%	86.73%
Inpatients	5942	16387	36.26%	95.12%	24.01%	95.66%
Outpatients	2964	86380	3.43%	96.76%	6.64%	93.93%
Maternity (Birth)	107	1270	8.43%	100.00%	20.16%	96.96%

Response rates in A&E continue to improve and in Q3 exceeded the England overall figure. The response rate for Out-Patients and Maternity (Birth) are lower than the England overall, but % recommend are comparable with the England overall figure. FFT will continue to be monitored and discussed at Quarterly Trust Quality Meetings.

ELFT (Mental Health)

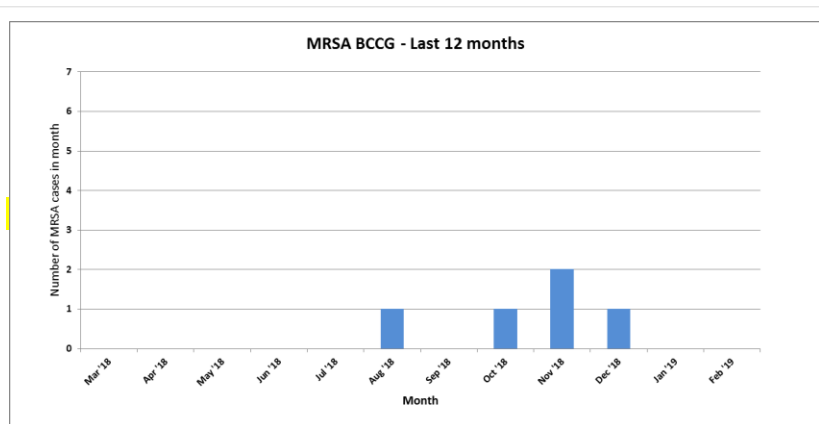
ELFT	Total Responses	Total Eligible	Response Rate	% Recommended	England Response Rate	England % recommended
Quarter 3 18/19						
Mental Health	2014	48614	4.14%	89.18%	3.10%	89.58%

ELFT mental health have a good response rate but the percentage of people who would recommend the service is slightly below the England average.

ELFT Community Services

ELFT	Total Responses	Total Eligible	Response Rate	% Recommended	England Response Rate	England % recommended
Quarter 3 18/19						
Community	7315	86163	8.49%	99.62%	3.44%	95.64%

ELFT Community services continue to perform above the England average, with good response rates and a very high proportion of patients who would recommend their service.

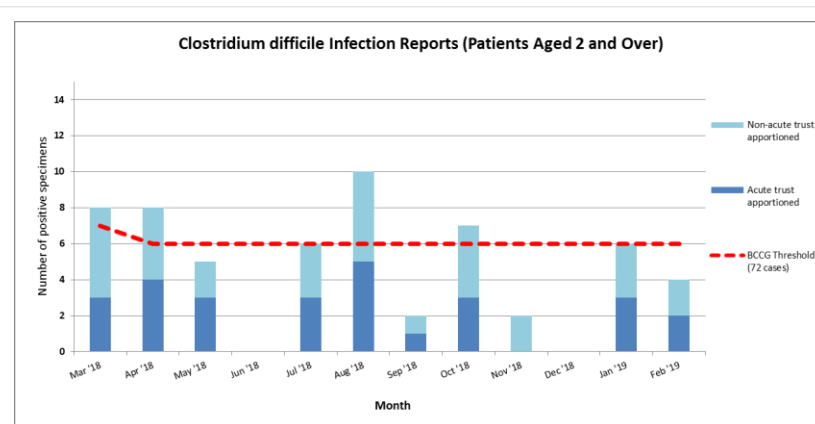


MRSA

There were zero cases of MRSA bacteraemia in February 2019, which gives the CCG a total of 5 cases year to date.

Norovirus

- There was 1 reported outbreak of possible viral gastroenteritis for Luton and Dunstable Hospital in February 2019. There was no organism identified and the affected area was cleaned and reopened appropriately.
- There were 2 care homes in Bedfordshire and Luton affected with suspected norovirus during February 2019 and 3 have been affected in March 2019. There is currently 1 home closed with suspected cases. No organism has been identified for any of these incidents.



C-Diff

In February 2019 there were 4 cases of C-diff for the CCG giving a year to date total to 50 cases, 16 cases below the year to date threshold. Bedford Hospital had zero hospital apportioned cases in February, giving a total of 7 cases year to date against a year end threshold of 9 cases (April 2018 – March 2019). Luton & Dunstable Hospital had zero hospital apportioned cases in February which is 3 cases year to date against the year end threshold of 5 cases (April 2018 – March 2019).

Measles

There have been 7 confirmed cases of measles in South Bedfordshire, all school-aged children. Vaccinations have been carried out by health visitors in Bedfordshire schools where required. An email has been circulated to all GP practices in Bedfordshire and Luton highlighting the issue and the need to ensure practice staff are vaccinated.

Adult Safeguarding

The Domestic Homicide Review (DHR) is ongoing. The panel has reviewed the draft report and are awaiting recommendations. When the report is agreed it will be sent to the Department of Health for sign off prior to publication. Next panel meeting is being held in May 2018.

Bedford

A Serious Adult Review (SAR) is due to take place. The terms of reference for the SAR have been agreed and Bedford Borough Council are in the process of procuring an independent reviewer.

Central Bedfordshire

There is one SAR due to take place in the form of a single agency (Health) learning review. A decision has been made to wait for two related serious incident reviews to be completed prior to agreeing the terms of reference for a SAR.

Children Safeguarding

There is one Serious Case Review ongoing in Bedford Borough and further updates will be provided as the case progresses. A criminal case is underway and a Court hearing has been scheduled for November 2019.

Bedford Borough Local Safeguarding Children Board has commissioned a Thematic Review for 2 separate incidents which involved knife crime. An Independent Review has now been commissioned.

There is one Serious Case Review taking place in Central Bedfordshire. This is a case where significant issues of neglect have been identified. An Independent Overview Author has now been commissioned and the first meeting held to agree Terms of Reference.

Child Death Overview Process (CDOP)

There were three child deaths in Bedfordshire in February 2019. These deaths were expected due to life limiting conditions. These child deaths will be reviewed at a future Child Death Review Panel Meeting.

Child Death Review process continues to be reviewed, in line with both National and Local Drivers.

Quality Update – CQC Updates

Primary Care

From 1st April 2019, the Care Quality Commission (CQC) have made revisions to their inspection processes within primary care in support of the maximum five-year interval for inspections for GP practices that are good or outstanding.

This introduces an annual process to identify practices where the quality of care may have changed significantly since the last rated inspection and is called the annual regulatory review (ARR). The review will cover every location rated good or outstanding overall and will include those that are rated good but have a breach.

The changes and links to full details for the change have been circulated to every GP practice, with support offered from the quality team to practices where required.

Care Homes

Orchard Lodge, a care home with nursing facilities in Leighton Buzzard, was inspected by the CQC in December 2018 and due to a number of failings and areas of concern, was rated as Inadequate and placed in Special Measures. The report was published in February 2019.

Since the inspection there has been considerable support and quality monitoring carried out jointly by Central Bedfordshire Council (CBC) and the CCG Quality team, including in-depth reviews for people living in the home. The reviews have identified areas of improvement and progress and regular dialogue continues with the Provider, CBC and CQC.

The full CQC report is available at <https://www.cqc.org.uk/location/1-112894246>

Complaints and Freedom of Information Requests 2018/19 – Quarterly Update

Bedfordshire Clinical Commissioning Group (BCCG) manages Complaints, Enquiries, Concerns and Freedom of Information Requests received from members of the public and MPs.

	CCG Complaints	Provider Complaints	Concerns	Enquiries	Compliments	Cases closed
Oct 18	0	20	10	67	0	102
Nov 18	2	24	3	62	2	93
Dec 18	0	11	4	45	1	57
Totals	2	55	17	174	3	252

In Qtr 3 there were 2 CCG formal complaints which related to funding and commissioning issues. In Q2 there was 1 complaint to the CCG from the Parliamentary and Health Service Ombudsman (PHSO) which was closed without further action.

There were 55 provider complaints, where appropriate these were signposted to the service provider. There was a significant increase in the number of calls re Circle MSK, this was due to issues with their phone system and staffing. This has been addressed during quality/contract meetings. Particular areas raised for complaints/concerns Q3:

Medicines Management:

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

Individual Funding Requests (IFR) South Central and West

CSU - Enquiries received regarding the IFR process by patients (and clinicians) that are waiting for a decision or their funding has been declined. Patients are unclear of pathway and appeals process. The IFR process is under review.

Continuing Healthcare Funding:

- Arden and GEM – complaints re delays and poor communication with retrospective review process.
- Complaint re Previously Unassessed Periods of Care (PUPoC) eligibility period.
- Compliment received from MP re the Continuing Healthcare team.

Commissioning and Funding:

- IVF enquiries re criteria
- Accessing GP appointments
- Acute beds and winter crisis
- Accessing local phlebotomy services
- Accessing ear wax services

Children's Services

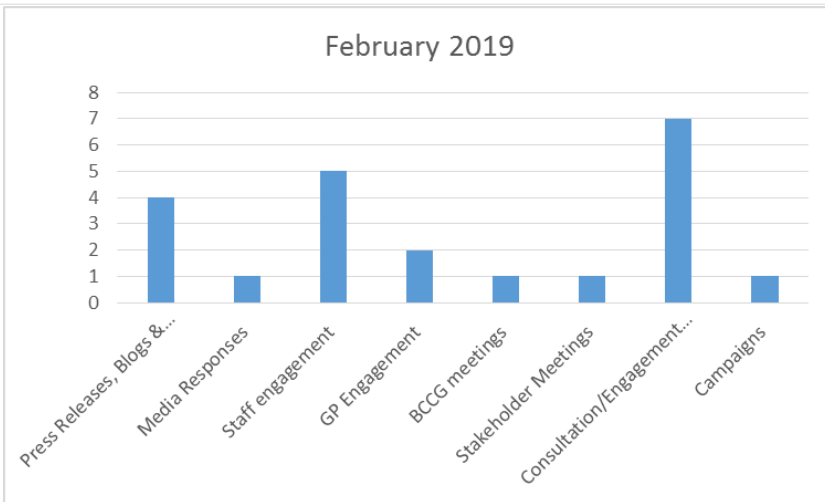
Complaint re forensic Child and Adolescent Mental Health Services (CAMHS) service not being available locally.

The CCG responds to complaints and enquiries as quickly as possible within a 25 working day timescale. Occasionally investigations can take longer than anticipated, if this is the case the complainant is contacted and a timescale extension is agreed. During Q3 18/19 there were 3 response timescale extensions, the enquirer was notified of the delay.

Freedom of Information Requests (FOIs)

A total of 53 FOI requests were received in Qtr 3 2018/19. 55 responses were issued. 1 case breached the 20 working day statutory response timescale due to delay in final sign off and internal response delays.

Patient Engagement



Press Releases:

In February the CCG published three press releases and one blog:

- Important healthcare information on its way
- Video promoting NHS 111 service now online
- Have your baby your way
- Blog: Dr Saleh Ahmed blogs about his experience of travelling to Sierra Leone.

Media Responses: The CCG also responded to a trade press enquiry regarding GP federations and networks.

Staff Engagement

During February a staff meeting was held across the BLMK footprint, where CCG staff were given updates from the Executive team.

Four staff newsletters were released to update staff with information.

GP Engagement

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

BCCG Meetings

The BCCG Patient and Public Engagement Committee was held in February where the public consultation for the Dunstable integrated health and care hub, and engagement activities for the new build primary care facility at Biddenham were discussed.

Stakeholder Meetings

Two stakeholder meetings took place with communications representatives attending both the Bedford Borough and Central Bedfordshire Overview and Scrutiny Meetings.

Campaigns

The CCG produced a video explaining how NHS111 can help guide patients to the most appropriate setting to access healthcare depending on their condition.

Patient Engagement

Social Media

Website

3,992 people viewed the Bedfordshire CCG website in February. Between them, they visited 13,098 pages.

Most viewed page: Dunstable Integrated Health and Care Hub – Public Consultation

Top read news: “Important healthcare information on its way” with **190** views.

Twitter

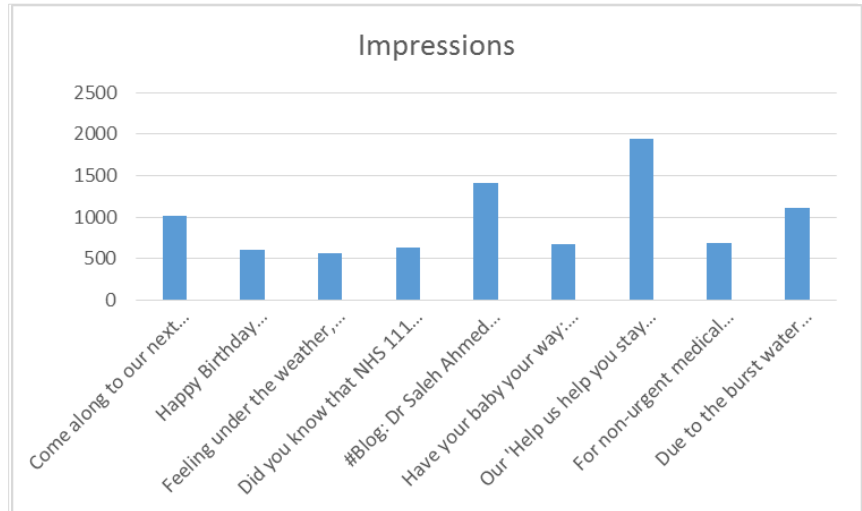
In February the CCG sent out 11 tweets. This translated into 15.5K impressions. The CCG also achieved 28 profile visits, 6 mentions and 27 new followers.

Top Tweet earned 1,800 impressions:

“Our 'Help us help you stay well' leaflet highlights the range of health services available in Bedford Borough and explains how to make the right choice about where to go. The leaflet is available to download on our website here - ow.ly/QaZb30nCcaA”

Top media Tweet earned 1,449 impressions:

2How can NHS 111 help you? Watch our latest video to find out #NHS111 #HelpUsHelpYou”



February 2019 Facebook:

Facebook post reached 6,001 people

Page views: 407

Received 17 page 'likes'

Current BCCG Facebook page 'likes': 1,002

Definitions

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

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

Ambulance - Category 1 - Incidents that are immediately life threatening conditions should receive an emergency response within an average time of 7 minutes.

Ambulance – Category 2 – Emergency calls average response time of 18 minutes.

Ambulance – Category 3 – Urgent calls – 9 out of 10 responses within 120 minutes.

Ambulance – Category 4 – Less Urgent calls – 9 out of 10 responses within 180 minutes.

Dementia Diagnosis – The number of people diagnosed with dementia, expressed as a percentage of the estimated prevalence.

18 Weeks Referral to Treatment – Incomplete pathway - This applies to patients on a non-urgent consultant led pathway setting a maximum time of 18 weeks from the point of initial referral up to the start of any treatment necessary where it is clinically appropriate. Incomplete pathways are those where patients are still waiting for treatment.

Diagnostics – This indicator relates access to 15 key diagnostic tests within 6 weeks.

Cancer 2 Week Wait Following Urgent GP Referral For Suspected Cancer – This relates to all patients that have been urgently referred to an acute trust with *suspected* cancer by their GP having their first outpatient attendance within 14 days.

Cancer 2 Week Wait for Breast Symptoms where cancer was not initially suspected – This relates to all patients that have been urgently referred to an acute trust for evaluation/investigation of symptoms having their 1st outpatient attendance within 14 days.

Cancer 31 day first treatment following a cancer diagnosis – This relates to all patients that receive first definitive treatment within 31 days of receiving a diagnosis for all cancers.

Cancer 31 subsequent cancer treatments – Surgery – This relates to all patients that receive subsequent treatment of surgery within a maximum waiting time of 31 days.

Cancer 31 subsequent cancer treatments – Anti cancer drug regimens – This relates to all patients that receive subsequent/adjuvant treatment of anti-cancer drug regimen within a maximum waiting time of 31 days.

Cancer 31 subsequent cancer treatments – radiotherapy – This indicator relates to all patients that receive subsequent/adjuvant radiotherapy treatment within a maximum waiting time of 31 days including patients with recurrent cancer.

Cancer 62 day first treatment following an urgent GP referral – This relates to all patients who receive first definitive treatment for all cancers within 62 days following an urgent GP referral.

Cancer 62 day first treatment following referral from an NHS cancer screening service – This relates to all patients who receive first definitive treatment for all cancers within 62 days following referral from an NHS cancer screening service.

Glossary

A&E	Accident and Emergency	MRI	Magnetic Resonance Imaging
A&G	Advice & Guidance	MRSA	Methicillin-Resistant Staphylococcus Aureus bacteraemia
AAU	Acute Assessment Unit	MSSA	Methicillin-Sensitive Staphylococcus Aureus bacteraemia
AGM	Annual General Meeting	MSA	Mixed Sex Accommodation
APMS	Alternative Provider Medical Services	MSK	Musculoskeletal
ARP	Ambulance Response Programme	NEPTS	Non Emergency Patient Transport Service
BBC	Bedford Borough Council	NHS	National Health Service
BCCG	Bedfordshire Clinical Commissioning Group	NHSE	NHS England
BCF	Better Care Fund	NHSI	NHS Improvement
BHT	Bedford Hospital Trust	NLRS	National Reporting and Learning System
CAD	Computer Aided Dispatch (ambulance)	NICE	National Institute for Health and Care Excellence
CBC	Central Bedfordshire Council	OOH	Out Of Hours
C-Difficile	Clostridium Difficile	OPEL	Operational Pressures Escalation Levels (Urgent Care)
CHC	Continuing Health Care	PBR	Payment By Results
CPA	Care Programme Approach	PEPS	Partnership for Excellence in Palliative Support
CQC	Care Quality Commission	PHE	Public Health England
CQUIN	Commissioning Quality and Innovation	PMS	Personal Medical Services
CSE	Child Sexual Exploitation	POD	Point Of Delivery
DTOC	Delayed Transfers of Care	PTS	Patient Transport Service
E&NHS	East and North Hertfordshire	RCA	Root Cause Analysis
ECIST	Emergency Care Intensive Support Team	RTT	Referral to Treatment
EEAST	East of England Ambulance Service	SCAS	South Central Ambulance Service
EOL	End of Life	SHMI	Summary Hospital level Mortality Indicator
FFT	Friends and Family Test	SI	Serious Incidents
GP	General Practice	SPoA	Single Point of Access
HALO	Hospital Ambulance Liaison Officer	SSNAP	Sentinel Stroke National Audit Programme
HCAI	Healthcare Associated Infections	STP	Sustainability and Transformation Programme
HUC	Herts Urgent Care	SQPR	Service Quality Performance Report
IAF	Improvement and Assessment Framework	SystemOne	Single shared electronic health record system
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