

# Integrated Performance & Quality Report

Month 1 April 2019

# Contents

|                                    |       |
|------------------------------------|-------|
| <b>Introduction</b>                |       |
| Key Issues                         | 2-5   |
| Performance Dashboard              | 6-7   |
| Quality Premium                    | 8     |
| Improvement & Assessment Framework | 9     |
|                                    |       |
| <b>Planned Care</b>                |       |
| Cancer                             | 10-11 |
| Referral to Treatment              | 12    |
|                                    |       |
|                                    |       |

|                               |       |
|-------------------------------|-------|
| <b>Integrated Urgent Care</b> | 13-15 |
|                               |       |
| <b>Mental Health</b>          | 16    |
|                               |       |
| <b>Quality and Safety</b>     | 17-20 |
|                               |       |
|                               |       |
| <b>Provider Dashboards</b>    | 21-23 |
|                               |       |
| Definitions                   | 24    |
|                               |       |

# Key Issues

| Issue   | Implications  | Mitigation  |
|---|---|---|
| <p><b>Changes to national reporting A&amp;E 4 hour wait</b><br/>On 22nd May 2019 fourteen trusts began field testing new A&amp;E performance standards. As a result these providers are not required to submit national data. report the number of attendances over 4hrs from May 2019.</p> | <p>Of the fourteen Trusts there are 3 in the East of England region; Cambridge University Hospitals Luton and Dunstable University Hospital and West Suffolk.</p> | <p>Bedfordshire CCG 4 hour wait standard is mapped to 6 providers which include Cambridge and Luton &amp; Dunstable and therefore estimated activity performance will be included in future reporting.</p> <p>Monitoring and support of providers will continue as part of on-going safety and performance oversight.</p>   |
| <p><b>Changes to national reporting Cancer – 62 day pathway – Inter Provider Transfers</b><br/>Changes to the way that breaches are allocated across providers has meant that for April it has not been possible to identify the % achievement for BCCG patients by provider.</p>           | <p>Once the national reporting becomes available this will provide greater transparency on where delays are being experienced in the pathway.</p>                 | <p>The CCG has reviewed the data locally and it appears that there were 16 breaches in April with 9 at Bedford Hospital, 2 at Cambridge, 2 at Northampton, 1 each at Buckinghamshire and Oxford and 0.5 at Luton &amp; Dunstable and East and North Hertfordshire.</p> <p>An Inter-Trust Transfer Policy has been signed up to by EoE providers. The policy sets out the expectations for providers when making a tertiary referral to minimise the occurrence of breaches as a result of late referrals.</p> |

# Key Issues

| Issue   | Implications  | Mitigation  |
|---|---|---|
| <p><b>Cancer 2 week wait pathway</b><br/>The CCG did not achieve either of the 2ww cancer standards in April due to workforce challenges within the breast radiology service at BHT. The Trust has not been able to run daily one-stop clinics as a result.</p>   | <p>It has been confirmed that during April and May performance will be impacted. This has meant that whilst patients are booked into a clinics some women are waiting longer than 14 days for a first outpatient attendance.</p>  | <p>Contingencies are in place to ensure suitable interim cover is in place. The CCG is closely monitoring waiting times to ensure these do not increase further. There are now weekly calls being set up with NHSE and NHSI to provide strategic support.</p> |
| <p><b>18 Weeks Referral to Treatment</b><br/>Dermatology at Bedford Hospital continues to be the biggest risk to Trust achievement due to high volumes of patients and waiting times.</p>   | <p>Underachievement against the national standard with patients waiting longer for treatment and potential 52+ week breaches. In May the CCG has been advised of a 52+ week breach at Oxford on the Gynaecology pathway.</p>  | <p>Monitoring continues monthly and issues discussed with providers at contract review meetings. Bedford has a monthly project group in place to fast-track initiatives in dermatology.</p>   |
| <p><b>Integrated Urgent Care</b><br/>In April the CCG achieved 87.11% against the constitutional target of 95% of patients discharged, admitted or transferred within four hours of arrival. At Bedford Hospital the main reasons have been patient flow together with staffing pressure. Non elective activity was significantly over plan in April. Patients arriving at A&amp;E are often already in crisis and requiring admission.</p> | <p>A&amp;E staff have higher volume of patients in the department than expected requiring higher level of medical responsibility.</p> <p>The volume of required non elective admissions has exceeded capacity creating issues with flow into hospital inpatient beds, requiring additional contingency areas to be opened. This in turn causes a risk with clinical staffing being stretched to cover multiple areas with minimum resource available.</p> | <p>A system demand and capacity plan has been developed and partner organisations are putting together their plans to mitigate identified capacity gaps.</p>  |

# Key Issues

| Issue  | Implications  | Mitigation   |
|--|---|--|
| <p><b>CPA 7 day follow up following discharge from an inpatient unit.</b><br/>In Quarter 4 the CCG had 20 breaches, 6 of which were patients discharged on CPA and all were at East London Foundation Trust.</p>   | <p>Links into suicide prevention work.</p>  | <p>ELFT have provided an action plan to achieve compliance against the current 7 day target. In addition, a national suicide prevention CQUIN scheme to achieve 90% of adult mental health inpatients receiving a follow up within 72 hrs of discharge, is being rolled out in 2019/20.</p>                            |
| <p><b>Dementia Diagnosis</b><br/>At the end of April 2019 there were 3130 people aged 65+ with a diagnosis of dementia in Bedfordshire which gives an improving position of 59.8%. This is an achievement against the Month 1 plan. Data just published for May is showing a further improvement to 60.30%.</p>  | <p>Non diagnosed dementia prevents patients accessing post diagnosis support.</p> | <p>Recovery action plan in place in order to support achievement against the national standard by October.</p>   |
| <p><b>Quality and Safety</b><br/><b>Mixed Sex Accommodation</b><br/>In April there were 30 mixed sex accommodation breaches 26 of which were at Bedford Hospital.</p> <p><b>Infection Control - C-diff</b><br/>In April 2019 there were a total of 8 cases of C-diff for the CCG which is 2 cases above the threshold. 3 cases were hospital apportioned and 5 were community apportioned.</p> | <p>Implications around patient privacy and dignity.</p>                           | <p>Trust confirmed that all of the MSA breaches 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.</p> <p>All C-Diff cases are under review by the relevant provider.</p> |

# NHS Constitutional Pledges



**Bedfordshire**  
Clinical Commissioning Group

| KPI Code    | BCCG Indicator Level  | Plan   | Apr '18 | May '18 | Jun '18 | Jul '18 | Aug '18 | Sep '18 | Oct '18 | Nov '18 | Dec '18 | Jan '19 | Feb '19 | Mar '19 | Apr '19 | 2019/20 YTD | Trend |
|-------------|---|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-------------|-------|
| E.B.6       | Cancer 2 week waits following urgent GP referral for suspected cancer                         | 93%    | 94.08%  | 95.54%  | 95.52%  | 96.50%  | 95.45%  | 94.54%  | 95.04%  | 96.03%  | 96.20%  | 94.71%  | 96.05%  | 95.23%  | 86.41%  | 86.41%      | *↓    |
| E.B.7       | Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected                 | 93%    | 92.59%  | 95.28%  | 93.86%  | 98.10%  | 95.16%  | 94.92%  | 92.94%  | 94.17%  | 96.34%  | 90.70%  | 92.11%  | 96.77%  | 61.54%  | 61.54%      | *↓    |
| E.B.8       | Cancer 31 day - 1st definitive treatment from diagnosis                                       | 96%    | 94.71%  | 96.52%  | 97.30%  | 96.61%  | 98.38%  | 96.76%  | 96.76%  | 96.75%  | 97.55%  | 96.64%  | 98.49%  | 98.55%  | 97.83%  | 97.83%      | *↓    |
| E.B.9       | Cancer 31 day - Subsequent treatment for cancer - Surgery                                     | 94%    | 94.29%  | 92.11%  | 94.44%  | 83.72%  | 97.14%  | 93.55%  | 81.82%  | 89.66%  | 97.14%  | 82.35%  | 86.96%  | 94.87%  | 85.37%  | 85.37%      | *↓    |
| E.B.10      | Cancer 31 day - Subsequent treatment for cancer - Drugs                                       | 98%    | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 97.56%  | 100.00% | 100.00% | 100.00% | 97.50%  | 97.50%      | *↓    |
| E.B.11      | Cancer 31 day - Subsequent treatment - Radiotherapy   | 94%    | 94.20%  | 98.51%  | 96.61%  | 96.30%  | 93.33%  | 96.61%  | 93.33%  | 97.65%  | 98.78%  | 97.30%  | 98.81%  | 98.63%  | 98.46%  | 98.46%      | *↓    |
| E.B.12      | Cancer 62 days - 1st treatment following an urgent GP referral                                | 85%    | 76.00%  | 77.98%  | 74.10%  | 81.45%  | 75.71%  | 80.77%  | 80.37%  | 82.31%  | 75.70%  | 67.48%  | 75.22%  | 77.57%  | 83.33%  | 83.33%      | **↑   |
| E.B.13      | Cancer 62 days - 1st treatment following referral from Screening Service                      | 90%    | 100.00% | 95.24%  | 80.00%  | 93.75%  | 100.00% | 86.67%  | 92.86%  | 96.97%  | 85.71%  | 86.67%  | 76.47%  | 100.00% | 91.67%  | 91.67%      | *↓    |
| E.B.14      | Cancer 62 days - 1st treatment following consultants decision to upgrade                      |        | 100.00% | 100.00% | 100.00% | 85.71%  | 85.71%  | 100.00% | 81.82%  | 100.00% | 100.00% | 90.91%  | 100.00% | 91.67%  | 64.29%  | 64.29%      | *↓    |
| E.B.15      | Mean Ambulance Category 1 calls response time (minutes) - BCCG Patients                       | 7:00   | 7:04    | 7:42    | 7:40    | 7:57    | 6:53    | 7:06    | 7:09    | 7:23    | 6:28    | 6:52    | 7:05    | 06:49   | 7:07    | 7:07        | ↓     |
| E.B.15.ii   | Mean Ambulance Category 2 calls response time (minutes) - BCCG Patients                       | 18:00  | 22:28   | 25:31   | 28:16   | 26:57   | 25:43   | 26:32   | 27:18   | 25:09   | 22:40   | 26:50   | 25:05   | 26:30   | 27:39   | 27:39       | ↓     |
| E.B.16      | 90th Centile Ambulance Category 3 calls response time (minutes) - BCCG Patients               | 120:00 | 117:16  | 137:36  | 166:56  | 156:17  | 132:17  | 164:35  | 162:18  | 136:45  | 144:37  | 166:10  | 166:12  | 178:37  | 186:54  | 186:54      | ↓     |
| E.B.16      | 90th Centile Ambulance Category 4 calls response time (minutes) - BCCG Patients               | 180:00 | 150:58  | 144:24  | 191:58  | 214:25  | 168:01  | 172:31  | 209:48  | 158:06  | 152:39  | 137:02  | 132:45  | 192:10  | 164:27  | 164:27      | ↑     |
| E.B.3       | 18 week Referral to Treatment - Incomplete pathway  | 92%    | 91.41%  | 91.06%  | 90.74%  | 90.66%  | 90.27%  | 89.33%  | 90.62%  | 91.22%  | 90.50%  | 90.24%  | 90.44%  | 90.84%  | 90.70%  | 90.70%      | ↓     |
| E.B.S.4.iii | 52 week referral for incomplete pathways  | 0      | 2       | 7       | 5       | 3       | 3       | 3       | 3       | 1       | 2       | 0       | 1       | 1       | 0       | 0           | ↑     |
| E.B.4       | Diagnostic tests - % of patients waiting 6 wks or more  | <1%    | 1.62%   | 2.00%   | 2.60%   | 1.80%   | 1.82%   | 1.01%   | 1.19%   | 1.17%   | 1.56%   | 1.23%   | 0.55%   | 0.78%   | 0.97%   | 0.97%       | ↓     |
| E.B.5       | A&E 4 hour wait (7 Providers)   | 95%    | 93.32%  | 93.62%  | 92.31%  | 89.76%  | 90.60%  | 92.86%  | 92.74%  | 92.92%  | 93.57%  | 90.90%  | 88.86%  | 88.10%  | 87.11%  | 87.11%      | ↓     |
| E.B.S.2     | Cancelled operations on or after day of admission and not offered another date within 28 days | 0      |         |         | 15      |         |         | 7       |         |         | 9       |         |         | 6       |         |             | ↑     |

## Notes:

- Data is ragged Green if an indicator has been achieved or over-achieved, Amber if it has under-achieved within the agreed tolerance of the achievement level and Red if it has under-achieved over the agreed threshold.
- Trend arrows reflect the latest data compared to the previous month/quarter.
- Cancer monthly activity reflects validated data up to September and October to March shows the unvalidated position which will be refreshed in June and will be updated in the next report.
- A&E 4 hour wait for BCCG is produced using a mapping across multiple providers where they see more than 1% of the CCGs patients.

# National Standards & Quality Indicators



**Bedfordshire**  
Clinical Commissioning Group

| KPI Code | BCCG Indicator Level   | Plan  | Apr '18 | May '18 | Jun '18 | Jul '18 | Aug '18 | Sep '18 | Oct '18 | Nov '18 | Dec '18 | Jan '19 | Feb '19 | Mar '19 | Apr '19 | 2019/20 YTD | Trend |
|----------|--|-------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-------------|-------|
| E.B.S.1  | Mixed-sex accommodation breaches   | 0     | 2       | 11      | 11      | 29      | 21      | 11      | 17      | 30      | 8       | 11      | 14      | 11      | 30      | 30          | ↓     |
| E.B.S.3  | CPA follow up within 7 days of discharge from psychiatric in-patient care        | 95%   |         |         | 94.47%  |         |         | 94.88%  |         |         | 93.80%  |         |         | 90.74%  |         |             | ↓     |
| E.B.S.5  | Trolley waits in A&E over 12 hours   | 0     | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 1       | 0       | 0       | 0       | 0       | 0       | 0           | ↔     |
| E.B.S.6  | Urgent Operations cancelled for a second time                                    | 0     | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0           | ↔     |
| E.A.3    | IAPT - access rate   | 1.59% | 1.41%   | 1.52%   | 1.46%   | 1.55%   | 1.47%   | 1.41%   | 1.71%   | 1.74%   | 1.22%   | 1.82%   | 1.59%   | 1.58%   | 1.65%   | 1.65%       | ↑     |
| E.A.S.2  | IAPT - people who completed treatment and are moving to recovery                 | 50%   | 52.17%  | 51.52%  | 50.61%  | 53.85%  | 51.38%  | 52.73%  | 52.10%  | 51.82%  | 50.21%  | 50.47%  | 52.96%  | 53.27%  | 50.30%  | 50.30%      | ↓     |
| E.H1_A1  | % people referred to IAPT programme treated within 6 weeks of referral           | 75%   | 98.86%  | 99.30%  | 100.00% | 98.41%  | 98.56%  | 98.58%  | 99.37%  | 98.94%  | 100.00% | 99.71%  | 98.73%  | 99.70%  | 99.46%  | 99.46%      | ↓     |
| E.H1_A2  | % people referred to IAPT programme treated within 18 weeks of referral          | 95%   | 99.62%  | 99.65%  | 100.00% | 99.74%  | 99.64%  | 100.00% | 99.69%  | 99.73%  | 100.00% | 100.00% | 100.00% | 99.70%  | 99.73%  | 99.73%      | ↑     |
| E.H.4    | Psychosis treated with a NICE approved care package within two weeks of referral | 56%   | 50.00%  | 66.67%  | 83.33%  | 87.50%  | 85.71%  | 100.00% | 83.33%  | 90.91%  | 60.00%  | 80.00%  | 71.43%  | 75.00%  | 66.67%  | 66.67%      | ↓     |
| E.A.S.1  | Estimated diagnosis rate for people with dementia - Primary Care                 | 59.1% | 58.20%  | 58.11%  | 58.83%  | 58.58%  | 58.12%  | 58.71%  | 58.92%  | 59.47%  | 59.41%  | 58.98%  | 59.19%  | 59.70%  | 59.81%  | 59.81%      | ↑     |
| E.A.S.4  | Number of MRSA incidents   | 0     | 0       | 0       | 0       | 0       | 1       | 0       | 1       | 2       | 1       | 0       | 0       | 0       | 0       | 0           | ↔     |
| E.A.S.5  | Number of C-Difficile incidents  | 54    | 8       | 5       | 0       | 6       | 10      | 2       | 7       | 2       | 0       | 6       | 4       | 5       | 8       | 8           | ↓     |

## Notes:

- Data is ragged Green if an indicator has been achieved or over-achieved, Amber if it has under-achieved within the agreed tolerance of the achievement level and Red if it has under-achieved over the agreed threshold.
- Trend arrows reflect the latest data compared to the previous month/quarter.
- IAPT data for 2018/19 reflects local activity due to errors in the national data caused through an unsuccessful upload of May activity which impacted on the whole year. For in year reporting 2019/20 activity will reflect local data which will be validated following the release of the monthly national activity due to a significant lag in national reporting.

# 2018-19 Quality Premium



Bedfordshire

Clinical Commissioning Group

The final position for 2018/19 shows an achievement of £910,908

| Quality Premium Indicators 18/19   |
|--|
| 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. |
| <b>Emergency Demand Management Indicators - Additions</b>  |
| Type 1 A&E Attendances   |
| Non elective admissions with zero length of stay   |
| Non elective admissions with length of stay of 1 day or more   |
| <b>Quality Indicators - Additions</b>  |
| Achieve greater than 60% of all cancers that are diagnosed at stages 1 and 2 in the 2018 calendar year   |
| Overall experience of making a GP appointment - 3% point increase on July 2018 survey result (66.21%)  |
| <b>Continuing Healthcare - Part A:</b> NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (in 80% of cases with a positive NHS CHC Checklist for new referrals)  |
| <b>Continuing Healthcare - Part B:</b> Less than 15% of all full NHS CHC assessments take place in an acute hospital setting   |
| <b>Mental Health - Equity of Access and outcomes into IAPT services - BAME:</b> Recovery rate of people accessing IAPT services identified as BAME, improvement of at least 5 percentage points or to same level as white British, whichever smaller. 2017/18 provisional outturn 42.55%   |
| <b>Mental Health - Equity of Access and outcomes into IAPT services - Older People:</b> Proportion of people accessing IAPT services >65 years to increase to at least 70% of the proportion of adults aged 65+ in the local population or by at least 33%, whichever is greater. 2017/18 provisional outturn is 35%.  |
| <b>Bloodstream infections - Part A i):</b> At least 10% reduction in all E coli BSI reported at CCG level based on 2016 performance data   |
| <b>Bloodstream infections - Part A ii):</b> Collection and reporting of core primary care data set for all E coli BSI cases.   |
| <b>Bloodstream infections - Part B:</b> At least 30% reduction in the number of Tremithoprim items prescribed to patients aged 70 years or greater on baseline data (June15-May16)   |
| <b>Bloodstream infections - Part C i):</b> Sustained reduction of inappropriate prescribing in primary care, items per STAR-PU must be equal of below England 2013/14 value of 1.161 items per STAR-PU   |
| <b>Bloodstream infections - Part C ii):</b> Sustained reduction of inappropriate prescribing in primary care, 2018/19 additional reduction in Items/STAR-PU must be equal to or below England 2015/16 mean performance value of 0.965 items per STAR-PU  |
| <b>Local Indicators - Additions</b>  |
| The number of all diabetes patients receiving a foot examination   |
| <b>The CCG will have its Quality Premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges</b>  |
| 18 week Referral to Treatment - The number of patients on an incomplete pathway not to be higher in March 2019 than March 2018   |
| Cancer 62 day first treatment following urgent GP referral to first definitive treatment for cancer  |

| Plan                                   | Latest Data                                  | Reporting Period | YTD    | Trend |
|--|--|------------------|--------|-------|
| 133710                                 | 11471  | Mar-19           | 132937 | ↑     |
| 18212                                  | 1453   | Mar-19           | 17163  | ↑     |
| 33408                                  | 2997   | Mar-19           | 34845  | ↑     |
| >=60%                                  | 57.4%  | 2016             |        |       |
| 69.21%                                 | Awaiting publication of results in July 2019 |                  |        |       |
| >=80%                                  | 82.50%                                       | Q4 18/19         | 78.90% | ↓     |
| <15%                                   | 4.17%  | Q4 18/19         | 6.02%  | ↑     |
| 47.55%                                 | 39.13%                                       | Q4 18/19         | 44.05% | ↓     |
| 68.00%                                 | 32.99%                                       | Q4 18/19         | 34.97% | ↓     |
| 174 - 30% ; 211 - 15% ; 223 - 10%      | 21   | Mar-19           | 290    | ↑     |
| Assuming 100% in Q2 18/19 & 50 & in Q3 | Awaiting confirmation of measurement         |                  |        |       |
| 5426                                   | 4,143  | Mar-19           |        | ↑     |
| <=1.161                                | 0.962  | Mar-19           |        | ↑     |
| <=0.965                                | 0.962  | Mar-19           |        | ↑     |
| Plan                                   | Latest Data                                  | Reporting Period | YTD    | Trend |
| 17292                                  | 18886  | Q4 18/19         |        | ↑     |
| Plan                                   | Latest Data                                  | Reporting Period | YTD    | Trend |
| 26404                                  | 28498  | Mar-19           |        | ↓     |
| 85%                                    | 77.57%                                       | Mar-19           | 76.98% | ↑     |

## Notes:

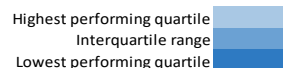
Gateways - As in previous years the QP payment is subject to the following quality and financial gateways and NHS England reserves the right not to make a payment for failures against these gateways. Finance Gateway: The CCG must operate in a manner that is consistent with Managing Public Money and must 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

# Improvement and Assessment Framework

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>).

| Clinical Area                | 2016/17              | 2017/18              |
|------------------------------|----------------------|----------------------|
| <b>Overall</b>               | Requires Improvement | Requires Improvement |
| <b>Cancer</b>                | Good                 | Good                 |
| <b>Dementia</b>              | Requires Improvement | Requires Improvement |
| <b>Learning Disabilities</b> | not published        | Requires Improvement |
| <b>Maternity</b>             | Requires Improvement | Requires Improvement |
| <b>Mental Health</b>         | Requires Improvement | Good                 |
| <b>Diabetes</b>              | Requires Improvement | Requires Improvement |

NHS Bedfordshire CCG - IAF Dashboard  
 Quarter 3 2018/19  
 2017/18 Year End Rating - Requires Improvement



| Better Health                                    | Period                | CCG   | Trend | Peers   | England |
|--|-----------------------|-------|-------|---------|---------|
| 102a % 10-11 classified overweight /obese        | 2014-15 to 2016-17    | 30.6% | ↑     | 39/195  | 33.9%   |
| 103a Diabetes patients who achieved NICE targets | 2017-18               | 34.2% | ↓     | 180/195 | 38.7%   |
| 103b Attendance of structured education course   | 2017-18 (2016 cohort) | 14.2% | ↑     | 39/195  | 8.5%    |
| 104a Injuries from falls in people 65yrs +       | 18-19 Q3              | 2,126 | ↑     | 116/195 | 2,051   |
| 105b Personal health budgets                     | 18-19 Q3              | 39    | ↑     | 63/195  | 60      |
| 106a Inequality Chronic - ACS & UCSCs            | 18-19 Q2              | 2,851 | ↑     | 167/195 | 2,109   |
| 107a AMR: appropriate prescribing                | 2018 12               | 0.995 | ↓     | 94/195  | 0.977   |
| 107b AMR: Broad spectrum prescribing             | 2018 12               | 8.5%  | ↑     | 82/195  | 8.7%    |
| 108a Quality of life of carers                   | 2018                  | 0.6   | x     | 147/195 | 0.6     |
| Sustainability                                   | Period                | CCG   | Trend | Peers   | England |
| 141b In-year financial performance               | 18-19 Q3              | Amber | +     | 70/195  |         |
| 144a Utilisation of the NHS e-referral service   | 2018 12               | 99.8% | x     | 121/195 | 99.6%   |
| Leadership                                       | Period                | CCG   | Trend | Peers   | England |
| 162a Probity and corporate governance            | 18-19 Q3              |       | x     | 1/195   |         |
| 163a Staff engagement index                      | 2017                  | 3.81  | ↓     | 46/195  | 3.78    |
| 163b Progress against WRES                       | 2017                  | 0.10  | ↓     | 56/195  | 0.13    |
| 164a Working relationship effectiveness          | 2017-18               | 51.96 | ↓     | 188/195 |         |
| 166a CCG compliance with standards of public and | 2017                  | Amber | x     | 98/195  |         |
| 165a Quality of CCG leadership                   | 18-19 Q3              | Amber | +     | 104/195 |         |

Trend Arrows reflect direction of travel since last period

- ↑ Figure has gone up from previous reported period and this is not the desired direction of travel
- ↓ Figure has gone down from previous reported period and this is not the desired direction of travel
- ↔ Figure has gone up from previous reported period and this is the desired direction of travel

| Better Care  | Period   | CCG    | Trend | Peers   | England |
|--|----------|--------|-------|---------|---------|
| 121a High quality care - acute   | 18-19 Q3 | 67     | x     | 13/195  |         |
| 121b High quality care - primary care                                      | 18-19 Q3 | 65     | x     | 142/195 |         |
| 121c High quality care - adult social care                                 | 18-19 Q3 | 63     | x     | 63/195  |         |
| 122a Cancers diagnosed at early stage                                      | 2017     |        | x     | 1/195   |         |
| 122b Cancer 62 days of referral to treatment                               | 18-19 Q3 | 79.65% | ↑     | 106/195 | 79.46%  |
| 122c One-year survival from all cancers                                    | 2016     | 72.30% | ↑     | 96/195  | 72.80%  |
| 122d Cancer patient experience   | 2017     | 8.7    | ↑     | 137/195 |         |
| 123a IAPT recovery rate  | 18-19 Q3 | 50.59% | ↓     | 120/195 | 51.75%  |
| 123b IAPT Access   | 18-19 Q3 | 4.68%  | +     | 77/195  | 4.48%   |
| 123c EIP 2 week referral   | 2019 02  | 79.76% | +     | 91/195  | 75.87%  |
| 123f MH - OAP  | 18-19 Q3 | 0      | +     | 1/195   | 123     |
| 123e MH - Crisis care and liaison  | 2017-18  | 25.00% | x     | 81/195  |         |
| 124a LD - reliance on specialist IP care                                   | 18-19 Q3 | 59     | +     | 116/195 |         |
| 124b LD - annual health check  | 2017-18  | 44.41% | ↓     | 151/195 | 51.35%  |
| 124c Completeness of the GP learning disability register                   | 2017-18  | 0.42%  | ↑     | 136/195 | 0.49%   |
| 125d Maternal smoking at delivery  | 18-19 Q3 | 8.53%  | ↑     | 63/195  | 10.54%  |
| 125a Neonatal mortality and stillbirths                                    | 2016     | 4.7    | ↓     | 110/195 |         |
| 125b Experience of maternity services                                      | 2018     | 82.5   | ↑     | 97/195  | 82.7    |
| 125c Choices in maternity services   | 2018     | 57.6   | ↑     | 146/195 | 60.4    |
| 126a Dementia diagnosis rate   | 2019 02  | 59.19% | ↑     | 181/195 | 67.88%  |
| 126b Dementia post diagnostic support                                      | 2017-18  | 77.16% | ↓     | 126/195 | 77.50%  |
| 127b Emergency admissions for UCS conditions                               | 18-19 Q2 | 2,535  | ↑     | 120/195 | 2,409   |
| 127c A&E admission, transfer, discharge within 4 hours                     | 2019 03  | 88.11% | ↓     | 62/195  | 86.60%  |
| 127e Delayed transfers of care per 100,000 population                      | 2019 02  | 5.2    | ↓     | 29/195  | 10.3    |
| 127f Hospital bed use following emerg admission                            | 18-19 Q2 | 539.6  | ↑     | 150/195 | 498.9   |
| 105c % of deaths with 3+ emergency admissions in last three months of life | 2017     | 6.96%  | ↑     | 167/195 | 5.37%   |
| 128b Patient experience of GP services                                     | 2018     | 82.00% | x     | 133/195 | 83.76%  |
| 128c Primary care access   | 2019 02  | 83.00% | +     | 191/195 |         |
| 128d Primary care workforce  | 2018 09  | 0.97   | ↓     | 121/195 | 1.05    |
| 129a 18 week RTT   | 2019 02  | 90.44% | ↑     | 59/195  | 86.97%  |
| 130a 7 DS - achievement of standards                                       | 2016-17  | 2      | x     | 56/195  |         |
| 131a % NHS CHC assessments taking place in acute hospital setting          | 18-19 Q3 | 10.00% | ↑     | 123/195 | 9.23%   |
| 132a Sepsis awareness  | 2017     | Amber  | x     | 43/195  |         |

- ↓ Figure has gone up from previous reported period and this is not the desired direction of travel
- +

- x No change from previous period
- x No data

| Measure                               | Period     | Target | Latest Data | Trend | YTD    |
|---------------------------------------|------------|--------|-------------|-------|--------|
| 2 Week Wait - Urgent GP Referral      | M1 2019/20 | 93.00% | 86.41%      | ↓     | 86.41% |
| 2 Week Wait - Breast Symptomatic      | M1 2019/20 | 93.00% | 61.54%      | ↓     | 61.54% |
| 31 Day subsequent treatment - Surgery | M1 2019/20 | 94.00% | 85.37%      | ↓     | 85.37% |
| 31 Day subsequent treatment - Drugs   | M1 2019/20 | 98.00% | 97.50%      | ↓     | 97.50% |
| 62 Day First Treatment - GP Referral  | M1 2019/20 | 85.00% | 83.33%      | ↑     | 83.33% |

| Issue   | Mitigation  |
|---|---|
| <p>In April the CCG saw a deterioration in cancer standards overall with 5 of the 8 national standards underachieved.</p> <p>The main areas of concern continues to be the achievement of the 62 day standard for 1<sup>st</sup> treatment following a GP Referral. Overall performance continues to be a challenge across the top 6 acute trusts with workforce issues and diagnostic capacity the main concerns.</p> <p>In April the CCG also underachieved against both of the 2 week wait standards. This is primarily due to staffing issues at Bedford Hospital and is specifically impacts suspected breast cancer and breast symptomatic where cancer is not suspected.</p> | <p><b>62 Day 1<sup>st</sup> Treatment from a GP Referral</b></p> <p>The review of top 6 provider recovery plans has been undertaken and as a result the cancer strategy will be to focus on Bedford, Cambridge (Addenbrookes) and East and North Hertfordshire (Lister) performance to bring the CCG position back in line with the standard.</p> <p>All 3 Trusts are implementing the NHS Plan and 2019/20 planning guidance to implement the national best practice pathways for lung, prostate and colorectal cancer. This will ensure that patients have a diagnosis within 28 days for these specialities.</p> <p>The CCG placed based strategy will focus on improving referral quality, performance and outcomes in the key specialities of urology (prostate), breast and lung as agreed by the Cancer Improvement Group.</p> |

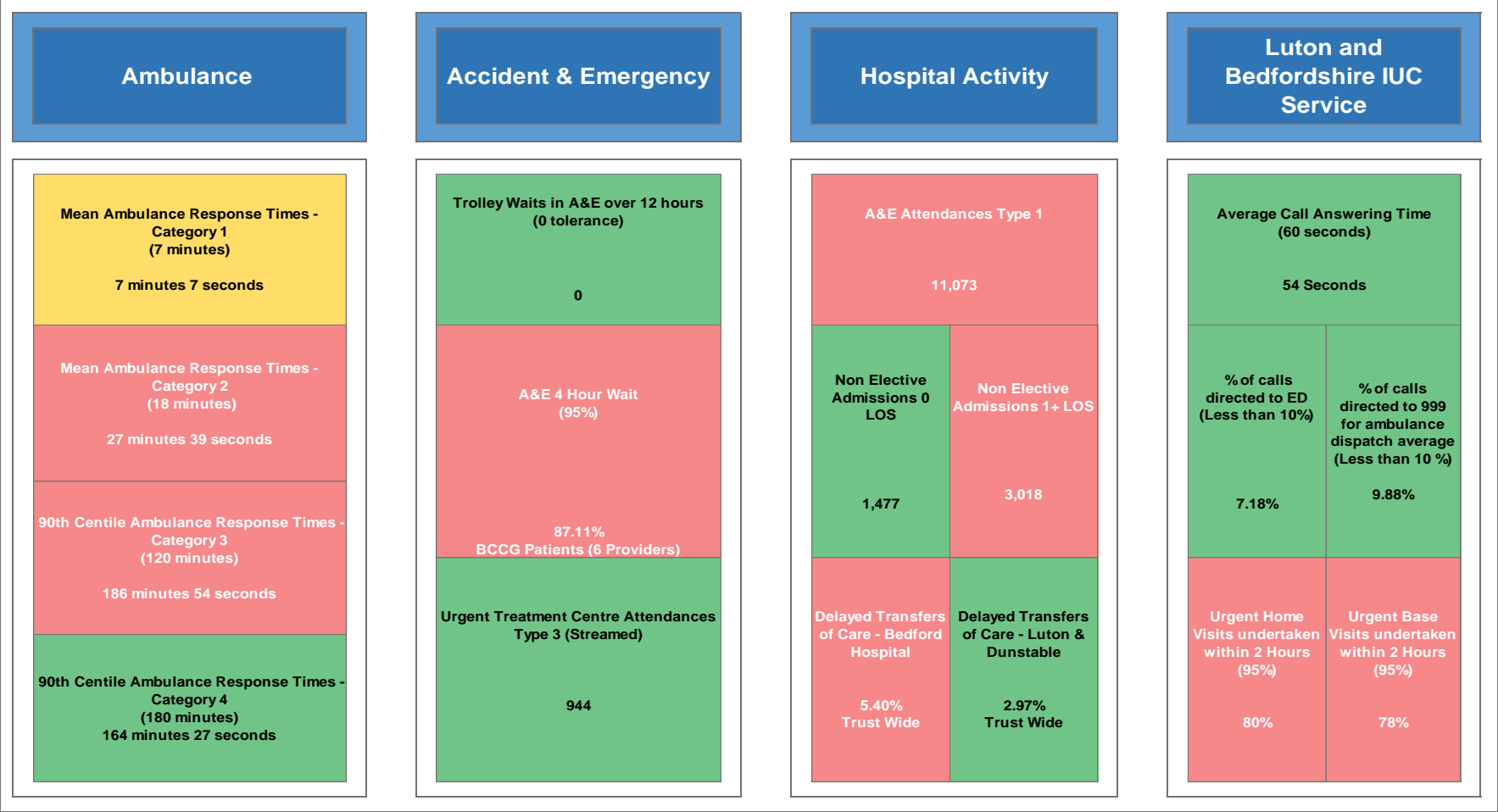
| Issue  | Mitigation   |
|--|--|
| <p><b>2 week wait pathway</b><br/>Breast Services at Bedford Hospital have been experiencing recruitment and retention issues resulting in delays to the 2 week wait suspected cancer and symptomatic pathways.</p> <p>During April and May performance will be impacted. This has meant that whilst patients are booked into a clinic some patients are waiting longer than 14 days for a first outpatient attendance.</p>  | <p>Contingencies are in place to ensure suitable interim cover including specialist support from the L&amp;D Breast Screening unit staff.</p> <p>The CCG is closely monitoring waiting times to ensure these do not increase further.</p> <p>There are now weekly calls in place with NHSE and NHSI to provide strategic support.</p>  |
| <p><b>Cancer Commissioning Update</b><br/><b>Modernising Radiotherapy Services</b><br/>Following the consultation on Radiotherapy services across England in 2018, a new radiotherapy service specification was recently published by NHSE.</p> <p>The consultation outcome changed the formation of old Radiotherapy Networks which now means for Bedfordshire some services have changed pathways. Specialist Commissioning are reviewing the impact of the changes on the CCG population.</p> | <p>Specialist Commissioning have not yet set out their timetable but the CCG is listed as a key stakeholder and will be kept informed on progress. In the meantime the CCG is trying to identify the number of patients affected and forms part of the discussion at the newly formed Cancer Strategy Group. Once the CCG has an understanding of the implications, if any, for the Bedfordshire patient population a more detailed paper will be shared with the BLMK Executive Team and other BCCG Committees.</p> |

# Referral to Treatment – Incomplete Pathway

| Measure       | Period     | Target | Latest Data | Trend | YTD    |
|---------------|------------|--------|-------------|-------|--------|
| 18 Week Waits | M1 2019/20 | 92.00% | 90.70%      | ↓     | 90.70% |
| Waiting Lists | M1 2019/20 | 26874  | 29089       | ↓     | 29089  |

| Issue   |               |                |            | Mitigation   |
|---|---------------|----------------|------------|--|
|   | % in 18 weeks | Total Patients | > 18 weeks | <p>Monitoring of the RTT position continues internally and with all providers through the monthly contracting process.</p> <p>At Bedford Hospital (BHT) dermatology is currently the single greatest specialty risk due to high volumes of patients and increasing waiting times. A monthly project group in place to fast track some of the initiatives required to improve the RTT position.</p> <p>A request has been made to Luton &amp; Dunstable to share RTT issues for BCCG patients.</p>  |
| Dermatology   | 86.13%        | 2206           | 306        |  |
| General Surgery   | 90.44%        | 1297           | 124        |  |
| Neurosurgery  | 90.00%        | 170            | 17         |  |
| Plastic Surgery   | 81.43%        | 937            | 174        |  |
| Trauma & Orthopaedics   | 77.51%        | 2143           | 482        |  |
| Urology   | 90.43%        | 1776           | 170        |  |
| <p>Performance deteriorated in April with 2706 patients waiting over 18 weeks.</p>  |               |                |            | <ul style="list-style-type: none"> <li>• Dermatology/plastic surgery - Capacity and demand mapping has been completed, a recovery plan and a project group have been established to fast track some of the initiatives required to improve the RTT position. The Trust is planning to launch tele-dermatology from August as a core part of their community offer. BHT delivered one of three 'super Saturdays' on 1st June in order to address the backlog, which is planned to be repeated on 29th June and 27th July. The 'super Saturdays' aim to provide an interim solution to increasing BHT Dermatology capacity.</li> <li>• Urology has been affected by the increase in cancer 2 week wait referral and the development of the 28 day cancer pathways is expected to free up capacity. The CCG is working with GP colleagues to develop primary care pathways.</li> <li>• T&amp;O continues to be an issue for BHT with challenges around theatre capacity. The Trust is reviewing the waiting list and engaging alternative providers to offer patient choice.</li> </ul> |
| <p>Dermatology – of the 306 patients waiting longer than 18 weeks 257 of these are at Bedford Hospital.<br/>                     General Surgery – There is no particular Trust contributing to the breaches as they are spread across top 6 provider and others.<br/>                     Neurosurgery – These are small numbers and 16 of the 17 breaches are at Cambridge.<br/>                     Plastic Surgery – Of the 174 breaches there were 156 at Bedford Hospital.<br/>                     Trauma and Orthopaedics – Of the 482 breaches there are 328 at Bedford Hospital.<br/>                     Urology – Of the 170 breaches there were 117 across Bedford and Luton and Dunstable Hospital.</p> |               |                |            |  |

## Integrated Urgent Care Dashboard (BCCG Patients) April 2019



| Issue  | Mitigation   |
|--|--|
| <p><b>Ambulance Response Times</b></p> <p>Category 2 response time (Mean) continues to be above the 18 minute threshold at 27 minutes 39 seconds. Category 3 response time (90<sup>th</sup> centile) also continues to be above the 120 minute threshold at 186 minutes 54 seconds.</p>  | <p>The CCG is working in collaboration with the East of England Ambulance Service via the local Ambulance Sub Group meetings to review response times and look at utilisation of alternative clinical pathways to improve performance.</p>   |
| <p><b>Accident &amp; Emergency</b></p> <p>In April the CCG achieved 87.11% against the constitutional target of 95% of patients discharged, admitted or transferred within four hours of arrival. At Bedford Hospital the main reasons have been patient flow together with staffing pressure.</p> <p>A&amp;E staff have higher volume of patients in the department than expected requiring higher level of medical responsibility.</p> | <ul style="list-style-type: none"> <li>• System Assessment Days have been held with Bedford to review non elective admissions. A system demand and capacity plan has been developed and partner organisations are putting together their plans to mitigate identified capacity gaps.</li> <li>• An external review of system demand and capacity along with appropriate pathways of care to enable timely discharge of complex and frail patients is being commissioned.</li> <li>• The CCG GP Clinical Lead will be based in the Trust for two weeks to support clinical decision making and observe / resolve admission and discharge issues.</li> </ul> |
| <p><b>Hospital Activity</b></p> <p>Non elective 1+ length of stay activity was significantly over plan in April. Patients arriving at A&amp;E are often already in crisis and requiring admission. The volume of non elective admissions has exceeded capacity creating issues with flow into hospital inpatient beds, requiring additional contingency areas to be opened.</p>  | <ul style="list-style-type: none"> <li>• Ambulance conveyance audit to be reviewed to establish local solution to inappropriate conveyances, GP Heralded Delays and lateness of arrival at BHT.</li> <li>• The BLMK System Resilience Lead is supporting the co-located discharge team by providing greater co-ordination of services and working towards a more integrated process.</li> <li>• The Trust has implemented a frailty pathway in May and this is being further developed to enable early supported discharge.</li> </ul>   |

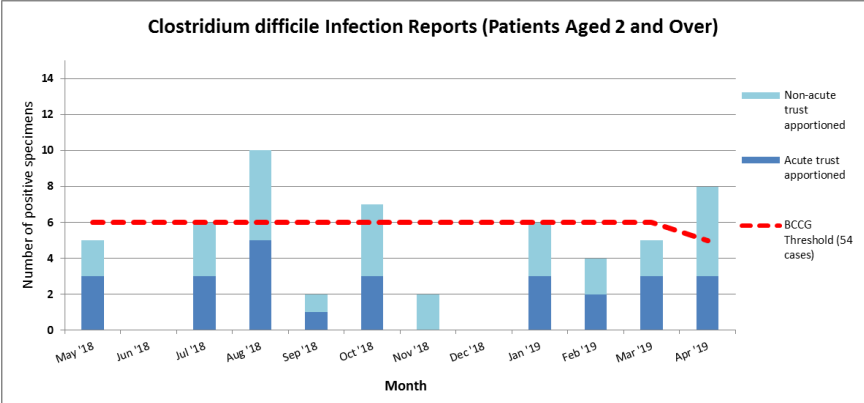
| Issue   | Mitigation  |
|---|---|
| <p><b>Delayed Transfers of Care (DToC) – Bedford Hospital</b></p> <p>The Bedfordshire system was under considerable pressure during April and into May due to the Easter holidays and May bank Holiday. During this time there were also staffing issues which may have resulted in possible over reporting of the DToC's for April, however the expectation is that these will remain as high due to pressures seen in system wide capacity during that month. The Trust has reported 5.4% DTOCs compared to the national threshold of &lt;3.5%.</p> | <p>The BLMK System Resilience Lead started working at Bedford Hospital in May to support the Integrated Discharge Team. A detailed review of the discharge tracker was undertaken and due to daily management and challenge performance for May has been achieved. A detailed validation review of the DToCs reported in April is currently underway for system sign off and will then be resubmitted nationally.</p>   |
| <p><b>Integrated Urgent Care Service – Luton and Bedfordshire</b></p> <p>Urgent base and home visits completed within 2 hours fell below the 95% target in April.</p>   | <p>All patients whose home visit falls outside of the 2hr target are called to check that the patient is aware of when the visit will take place and to check that the patients condition has not worsened.</p> <p>The main focus of the recently introduced Clinical Advisory Service (CAS) is to validate Ambulance and A&amp;E dispositions from NHS111 this has resulted in more patients being diverted away from these services however they still require a face to face appointment with a clinician. This has meant more patients being seen by the out of hours service, putting pressure on the 2hr target for urgent appointments. Herts Urgent Care are now reserving slots for the CAS clinicians to book urgent patients into to ensure targets are met.</p> |

| Measure                 | Period     | Target | Latest Data | Trend | YTD    |
|-------------------------|------------|--------|-------------|-------|--------|
| CPA - 7 day Follow-Up   | Q4 2018/19 | 95.00% | 90.74%      | ↓     | 93.50% |
| Dementia Diagnosis Rate | M1 2019/20 | 66.70% | 59.81%      | ↑     | 59.81% |

| Issue   | Mitigation   |
|---|--|
| <p><b>CPA – 7 day follow up</b><br/>ELFT report nationally on all patients followed up after an inpatient stay rather than just those discharged on CPA. Patients will only be discharged on CPA (Care Programme Approach) if they have more complex mental health needs.<br/>In Quarter 4 the CCG had 20 breaches, 6 of which were patients discharged on CPA and all were at East London Foundation Trust.</p>  | <p>ELFT provide details on all breaches and have confirmed that there has been no incidents or safeguarding concerns due to the delay to follow up.</p> <p>ELFT have provided an action plan to achieve compliance against the current 7 day target. In addition, a national suicide prevention CQUIN scheme to achieve 90% of adult mental health inpatients receiving a follow up within 72 hrs of discharge, is being rolled out in 2019/20 which should see all providers reporting all discharges regardless of CPA status, in line with ELFT’s current reporting method.</p>   |
| <p><b>Dementia</b><br/>At the end of April 2019 there were 3130 people aged 65+ with a diagnosis of dementia in Bedfordshire which gives an improving position of 59.81%. This is an achievement against the Month 1 plan of 59.1%. Data just published for May is showing a further improvement to 60.30%.</p> <p>Lack of appropriate referrals into the Memory Assessment Service (MAS) and delays in the MAS referring diagnosed patients back to primary care.</p> <p>Delays in recruitment which has delayed the start of the care home projects and the demand and capacity project.</p> <p>Lack of diagnosing outside the memory clinic.</p> | <p>A review of the Deep Dive recommendations has taken place and a new recovery action plan is in place. The dementia board consisting of senior level staff will monitor the recovery action plan and trajectory. Demand and capacity 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 and supporting low performing practices.</p> <p>A new memory assessment tool designed to improve dementia diagnosis is being introduced into GP practices. CANTAB Mobile will be used to assess older patients who are concerned about their memory or have an increased risk of dementia. This will allow clinicians to differentiate between minor cognitive impairment that can suggest the onset of dementia and other causes of memory loss such as depression.</p> |

| Measure   | Period     | Target  | Latest Data | Trend | YTD     |
|---|------------|---------|-------------|-------|---------|
| Serious Incidents   | M1 2019/20 | 0       | 8           | ↓     | 8       |
| Never Events  | M1 2019/20 | 0       | 0           | ↔     | 0       |
| Cancelled Ops   | Q4 2018/19 | 0       | 6           | ↑     | 37      |
| Mixed Sex Accommodation                                   | M1 2019/20 | 0       | 30          | ↓     | 30      |
| <b>Infection Control</b>                                  |            |         |             |       |         |
| MRSA  | M1 2019/20 | 0       | 0           | ↔     | 0       |
| C-Difficile   | M1 2019/20 | 54      | 8           | ↓     | 8       |
| <b>VTE</b>  |            |         |             |       |         |
| <b>Bedford Hospital</b>                                   |            |         |             |       |         |
| VTE Risk Assessments                                      | M1 2019/20 | 95.00%  | 98.00%      | ↓     | 98.00%  |
| Patients at risk of VTE receiving appropriate prophylaxis | M1 2019/20 | 100.00% | N/A         | -     | N/A     |
| <b>Luton &amp; Dunstable Hospital</b>                     |            |         |             |       |         |
| VTE Risk Assessments                                      | M1 2019/20 | 95.00%  | 99.60%      | ↑     | 99.60%  |
| Patients at risk of VTE receiving appropriate prophylaxis | M1 2019/20 | 100.00% | 100.00%     | ↔     | 100.00% |

| Issue  | Mitigation  |                  |                  |                  |                  |                  |         |    |   |   |   |                 |   |   |   |   |           |   |   |   |   |                    |   |   |   |   |                   |   |   |   |   |               |   |   |   |   |
|--|---|------------------|------------------|------------------|------------------|------------------|---------|----|---|---|---|-----------------|---|---|---|---|-----------|---|---|---|---|--------------------|---|---|---|---|-------------------|---|---|---|---|---------------|---|---|---|---|
| <p><b>Serious Incidents &amp; Never Events</b><br/>In April there were 8 serious incidents reported and 0 Never Events. Of the serious incidents, 2 were at Bedford Hospital, 3 at ELFT Mental Health, 1 at ELFT Community and 2 at other providers.</p>   | <p>All Serious Incidents are accompanied with detailed learning/action plan. The CCG monitors delivery of action plans with providers on a regular basis.</p>   |                  |                  |                  |                  |                  |         |    |   |   |   |                 |   |   |   |   |           |   |   |   |   |                    |   |   |   |   |                   |   |   |   |   |               |   |   |   |   |
| <p><b>Cancelled Operations not rebooked within 28 days</b><br/>In Quarter 4 the CCG have had confirmation that there were 6 Bedfordshire patients who had an elective operation cancelled on or after day of admission and not rebooked within 28 days 4 of which were at Bedford Hospital (3 due to capacity issues and 1 equipment issue), 1 at Milton Keynes due to capacity and 1 at East and North Herts also due to capacity. This gives a year end position on 37 breaches.</p> | <table border="1" data-bbox="937 578 1835 882"> <thead> <tr> <th>Provider</th> <th>Q1 BCCG Breaches</th> <th>Q2 BCCG Breaches</th> <th>Q3 BCCG Breaches</th> <th>Q4 BCCG Breaches</th> </tr> </thead> <tbody> <tr> <td>Bedford</td> <td>12</td> <td>4</td> <td>5</td> <td>4</td> </tr> <tr> <td>Buckinghamshire</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Cambridge</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>East &amp; North Herts</td> <td>1</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>Luton &amp; Dunstable</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Milton Keynes</td> <td>1</td> <td>0</td> <td>1</td> <td>1</td> </tr> </tbody> </table> <p>Each quarter the CCG reviews the national report which identifies provider level breaches of the 28 day standard. The CCG writes to the top 6 providers where there have been breaches to request detail on numbers of Bedfordshire CCG patients affected together with the reason for the breach.</p> | Provider         | Q1 BCCG Breaches | Q2 BCCG Breaches | Q3 BCCG Breaches | Q4 BCCG Breaches | Bedford | 12 | 4 | 5 | 4 | Buckinghamshire | 0 | 0 | 0 | 0 | Cambridge | 1 | 0 | 1 | 0 | East & North Herts | 1 | 3 | 2 | 1 | Luton & Dunstable | 0 | 0 | 0 | 0 | Milton Keynes | 1 | 0 | 1 | 1 |
| Provider   | Q1 BCCG Breaches  | Q2 BCCG Breaches | Q3 BCCG Breaches | Q4 BCCG Breaches |                  |                  |         |    |   |   |   |                 |   |   |   |   |           |   |   |   |   |                    |   |   |   |   |                   |   |   |   |   |               |   |   |   |   |
| Bedford  | 12  | 4                | 5                | 4                |                  |                  |         |    |   |   |   |                 |   |   |   |   |           |   |   |   |   |                    |   |   |   |   |                   |   |   |   |   |               |   |   |   |   |
| Buckinghamshire  | 0   | 0                | 0                | 0                |                  |                  |         |    |   |   |   |                 |   |   |   |   |           |   |   |   |   |                    |   |   |   |   |                   |   |   |   |   |               |   |   |   |   |
| Cambridge  | 1   | 0                | 1                | 0                |                  |                  |         |    |   |   |   |                 |   |   |   |   |           |   |   |   |   |                    |   |   |   |   |                   |   |   |   |   |               |   |   |   |   |
| East & North Herts   | 1   | 3                | 2                | 1                |                  |                  |         |    |   |   |   |                 |   |   |   |   |           |   |   |   |   |                    |   |   |   |   |                   |   |   |   |   |               |   |   |   |   |
| Luton & Dunstable  | 0   | 0                | 0                | 0                |                  |                  |         |    |   |   |   |                 |   |   |   |   |           |   |   |   |   |                    |   |   |   |   |                   |   |   |   |   |               |   |   |   |   |
| Milton Keynes  | 1   | 0                | 1                | 1                |                  |                  |         |    |   |   |   |                 |   |   |   |   |           |   |   |   |   |                    |   |   |   |   |                   |   |   |   |   |               |   |   |   |   |

| Issue  | Mitigation   |                             |                         |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |
|--|--|-----------------------------|-------------------------|-----------------------------|-------|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|----|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|
| <p><b>Mixed Sex Accommodation</b></p> <p>In April there were 30 mixed sex accommodation breaches for Bedfordshire patients. 26 of the breaches occurred at Bedford Hospital, 2 at London North West, 1 at UCLH and 1 at Sandwell and West Birmingham.</p>  | <p>The CCG continues to request a root cause analysis from providers for all MSA breaches to understand the reasons for the breach and assurance around patient privacy and dignity.</p> <p>Bedford Hospital has reported that all of the Mixed Sex Accommodation breaches in April 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.</p>  |                             |                         |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |
| <p><b>Infection Control</b></p> <p><b>C-diff</b></p> <p>In April 2019 there were a total of 8 cases of C-diff for the CCG which is 2 cases above the threshold. 3 cases were hospital apportioned and 5 were community apportioned.</p> <p><b>Measles</b></p> <p>PHE have declared this outbreak over.</p> <p><b>Norovirus</b></p> <p>There were 4 care homes in Bedfordshire and Luton affected with suspected norovirus during April 2019 and 1 has been affected in May 2019. No organism has been identified for any of these incidents.</p> | <p><b>C-diff</b></p> <p>All cases are under review by the relevant provider.</p>  <table border="1"> <caption>Clostridium difficile Infection Reports (Patients Aged 2 and Over)</caption> <thead> <tr> <th>Month</th> <th>Acute trust apportioned</th> <th>Non-acute trust apportioned</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>May '18</td><td>3</td><td>2</td><td>5</td></tr> <tr><td>Jun '18</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jul '18</td><td>3</td><td>3</td><td>6</td></tr> <tr><td>Aug '18</td><td>5</td><td>5</td><td>10</td></tr> <tr><td>Sep '18</td><td>1</td><td>1</td><td>2</td></tr> <tr><td>Oct '18</td><td>3</td><td>4</td><td>7</td></tr> <tr><td>Nov '18</td><td>0</td><td>2</td><td>2</td></tr> <tr><td>Dec '18</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jan '19</td><td>3</td><td>3</td><td>6</td></tr> <tr><td>Feb '19</td><td>2</td><td>2</td><td>4</td></tr> <tr><td>Mar '19</td><td>3</td><td>2</td><td>5</td></tr> <tr><td>Apr '19</td><td>3</td><td>5</td><td>8</td></tr> </tbody> </table> | Month                       | Acute trust apportioned | Non-acute trust apportioned | Total | May '18 | 3 | 2 | 5 | Jun '18 | 0 | 0 | 0 | Jul '18 | 3 | 3 | 6 | Aug '18 | 5 | 5 | 10 | Sep '18 | 1 | 1 | 2 | Oct '18 | 3 | 4 | 7 | Nov '18 | 0 | 2 | 2 | Dec '18 | 0 | 0 | 0 | Jan '19 | 3 | 3 | 6 | Feb '19 | 2 | 2 | 4 | Mar '19 | 3 | 2 | 5 | Apr '19 | 3 | 5 | 8 |
| Month  | Acute trust apportioned  | Non-acute trust apportioned | Total                   |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |
| May '18  | 3  | 2                           | 5                       |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |
| Jun '18  | 0  | 0                           | 0                       |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |
| Jul '18  | 3  | 3                           | 6                       |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |
| Aug '18  | 5  | 5                           | 10                      |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |
| Sep '18  | 1  | 1                           | 2                       |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |
| Oct '18  | 3  | 4                           | 7                       |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |
| Nov '18  | 0  | 2                           | 2                       |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |
| Dec '18  | 0  | 0                           | 0                       |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |
| Jan '19  | 3  | 3                           | 6                       |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |
| Feb '19  | 2  | 2                           | 4                       |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |
| Mar '19  | 3  | 2                           | 5                       |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |
| Apr '19  | 3  | 5                           | 8                       |                             |       |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |

| Issue   | Mitigation   |
|---|--|
| <p><b>Safeguarding</b></p> <p>Currently there are two Serious Case Reviews (SCRs) in progress, one related to a case of neglect, and one the death of a baby whilst in the care of parents. The court case for this is imminent and likely to receive national media interest following court.</p> <p>One Domestic Homicide Review has been completed within Central Bedfordshire and the final report pending sign off by the Home Office before publication, it is likely to be 3-6 months before it is published.</p> <p>One Serious Adult Review (SAR) has just commenced within Central Bedfordshire related to self-neglect, which will involve an independent author and panel over the coming months.</p> | <p>Learning from reviews will be shared once reports have been completed and published. Clear action plans will be put in place for the services involved.</p> |
| <p><b>VTE – Patients at risk of VTE receiving appropriate prophylaxis</b></p> <p>Bedford Hospital are unable to report on this indicator due to issues with the reporting tool.</p>   | <p>This has been raised with the supplier who are working on a solution.</p>   |

# Acute Providers



**Bedfordshire**  
Clinical Commissioning Group

## Bedford Hospital and Luton & Dunstable Hospital

| Performance against NHS Constitutional Pledges & other quality indicators |   |      |                  | Bedford Hospital |        |       |             |        |       | Luton & Dunstable |         |       |             |         |       |
|---|---|------|------------------|------------------|--------|-------|-------------|--------|-------|-------------------|---------|-------|-------------|---------|-------|
| KPI Code  | Indicator   | Plan | Reporting Period | BCCG Patients    |        |       | Trust Wide  |        |       | BCCG Patients     |         |       | Trust Wide  |         |       |
|   |   |      |                  | Latest Data      | YTD*   | Trend | Latest Data | YTD*   | Trend | Latest Data       | YTD*    | Trend | Latest Data | YTD*    | Trend |
| E.B.6   | Cancer 2 week waits following urgent GP referral for suspected cancer                         | 93%  | Apr-19           | 80.29%           | 80.29% | ↓     | 80.28%      | 80.28% | ↓     | 93.93%            | 93.93%  | ↓     | 93.80%      | 93.80%  | ↓     |
| E.B.7   | Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected                 | 93%  | Apr-19           | 11.43%           | 11.43% | ↓     | 9.76%       | 9.76%  | ↓     | 91.18%            | 91.18%  | ↓     | 91.86%      | 91.86%  | ↓     |
| E.B.8   | Cancer 31 day - 1st definitive treatment from diagnosis                                       | 96%  | Apr-19           | 98.84%           | 98.84% | ↓     | 98.85%      | 98.85% | ↓     | 100.00%           | 100.00% | ↔     | 100.00%     | 100.00% | ↔     |
| E.B.9   | Cancer 31 day - Subsequent treatment for cancer - Surgery                                     | 94%  | Apr-19           | 75.00%           | 75.00% | ↓     | 70.59%      | 70.59% | ↓     | 100.00%           | 100.00% | ↔     | 100.00%     | 100.00% | ↔     |
| E.B.10  | Cancer 31 day - Subsequent treatment for cancer - Drugs                                       | 98%  | Apr-19           | 92.86%           | 92.86% | ↓     | 92.86%      | 92.86% | ↓     | 100.00%           | 100.00% | ↔     | 100.00%     | 100.00% | ↔     |
| E.B.11  | Cancer 31 day - Subsequent treatment - Radiotherapy   | 94%  | Apr-19           | NP               | NP     |       | NP          | NP     |       | NP                | NP      |       | NP          | NP      |       |
| E.B.12  | Cancer 62 days - 1st treatment following an urgent GP referral                                | 85%  | Apr-19           | N/A              | N/A    |       | 83.64%      | 83.64% | ↑     | N/A               | N/A     |       | 87.16%      | 87.16%  | ↓     |
| E.B.13  | Cancer 62 days - 1st treatment following referral from Screening Service                      | 90%  | Apr-19           | N/A              | N/A    |       | 83.33%      | 83.33% | ↓     | N/A               | N/A     |       | 96.23%      | 96.23%  | ↓     |
| E.B.3   | 18 week Referral to Treatment - Incomplete pathway  | 92%  | Apr-19           | 89.59%           | 89.59% | ↑     | 89.35%      | 89.35% | ↑     | 93.50%            | 93.50%  | ↓     | 91.24%      | 91.24%  | ↓     |
| E.B.S.4.ii  | 52 week Referral for incomplete pathways  | 0    | Apr-19           | 0                | 0      | ↔     | 0           | 0      | ↔     | 0                 | 0       | ↔     | 0           | 0       | ↔     |
| E.B.4   | Diagnostic tests - % of patients waiting 6 wks or more  | 1%   | Apr-19           | 0.63%            | 0.63%  | ↓     | 0.62%       | 0.62%  | ↓     | 0.44%             | 0.44%   | ↑     | 0.61%       | 0.61%   | ↑     |
| E.B.5   | A&E total time in department - less than 4 hours (Trust Wide)                                 | 95%  | Apr-19           | N/A              | N/A    |       | 81.71%      | 81.71% | ↓     | N/A               | N/A     |       | 97.42%      | 97.42%  | ↓     |
| E.B.S.1   | Mixed-sex accommodation breaches  | 0    | Apr-19           | 26               | 26     | ↓     | 26          | 26     | ↓     | 0                 | 0       | ↔     | 2           | 2       | ↓     |
| E.B.S.2   | Cancelled operations on or after day of admission and not offered another date within 28 days | 0    | Q4 18/19         | 4                | 25     | ↑     | 5           | 29     | ↔     | 0                 | 0       | ↔     | 4           | 8       | ↓     |
| E.B.S.6   | Urgent Operations cancelled for a second time   | 0    | Apr-19           | 0                | 0      | ↔     | 0           | 0      | ↔     | 0                 | 0       | ↔     | 0           | 0       | ↔     |

# Acute Providers



**Bedfordshire**  
Clinical Commissioning Group

## East & North Herts and Milton Keynes Hospital

| Performance against NHS Constitutional Pledges & other quality indicators |  |      |                  | East & North Herts |         |       |             |        |       | Milton Keynes |         |       |             |         |       |
|---|--|------|------------------|--------------------|---------|-------|-------------|--------|-------|---------------|---------|-------|-------------|---------|-------|
|   |  |      |                  | BCCG Patients      |         |       | Trust Wide  |        |       | BCCG Patients |         |       | Trust Wide  |         |       |
| KPI Code  | Indicator  | Plan | Reporting Period | Latest Data        | YTD*    | Trend | Latest Data | YTD*   | Trend | Latest Data   | YTD*    | Trend | Latest Data | YTD*    | Trend |
| E.B.6   | Cancer 2 week w aits follow ing urgent GP referral for suspected cancer                        | 93%  | Apr-19           | 94.41%             | 94.41%  | ↓     | 95.94%      | 95.94% | ↓     | 97.00%        | 97.00%  | ↑     | 96.10%      | 96.10%  | ↑     |
| E.B.7   | Cancer 2 week w aits - Breast Symptomatic w here cancer not initially suspected                | 93%  | Apr-19           | 100.00%            | 100.00% | ↑     | 88.68%      | 88.68% | ↓     | 90.91%        | 90.91%  | ↓     | 93.07%      | 93.07%  | ↓     |
| E.B.8   | Cancer 31 day - 1st definitive treatment from diagnosis  | 96%  | Apr-19           | 86.67%             | 86.67%  | ↓     | 93.52%      | 93.52% | ↓     | 100.00%       | 100.00% | ↔     | 97.53%      | 97.53%  | ↓     |
| E.B.9   | Cancer 31 day - Subsequent treatment for cancer - Surgery                                      | 94%  | Apr-19           | 100.00%            | 100.00% | ↔     | 96.77%      | 96.77% | ↑     | 90.91%        | 90.91%  |       | 100.00%     | 100.00% | ↔     |
| E.B.10  | Cancer 31 day - Subsequent treatment for cancer - Drugs  | 98%  | Apr-19           | 100.00%            | 100.00% | ↔     | 98.19%      | 98.19% | ↓     | 100.00%       | 100.00% | ↔     | 100.00%     | 100.00% | ↔     |
| E.B.11  | Cancer 31 day - Subsequent treatment - Radiotherapy  | 94%  | Apr-19           | 95.65%             | 95.65%  | ↓     | 96.90%      | 96.90% | ↑     | 100.00%       | 100.00% | ↔     | 100.00%     | 100.00% | ↑     |
| E.B.12  | Cancer 62 days - 1st treatment follow ing an urgent GP referral                                | 85%  | Apr-19           | N/A                | N/A     |       | 80.25%      | 80.25% | ↑     | N/A           | N/A     |       | 85.87%      | 85.87%  | ↓     |
| E.B.13  | Cancer 62 days - 1st treatment follow ing referral from Screening Service                      | 90%  | Apr-19           | N/A                | N/A     |       | 81.82%      | 81.82% | ↓     | N/A           | N/A     |       | 66.67%      | 66.67%  | ↓     |
| E.B.3   | 18 week Referral to Treatment - Incomplete pathw ay  | 92%  | Apr-19           | 88.10%             | 88.10%  | ↓     | 88.10%      | 88.10% | ↓     | 91.12%        | 91.12%  | ↓     | 90.87%      | 90.87%  | ↓     |
| E.B.S.4.ii  | 52 week Referral for incomplete pathw ays  | 0    | Apr-19           | 0                  | 0       | ↔     | 4           | 4      | ↓     | 0             | 0       | ↔     | 0           | 0       | ↔     |
| E.B.4   | Diagnostic tests - % of patients w aiting 6 w ks or more                                       | 1%   | Apr-19           | 1.76%              | 1.76%   | ↑     | 1.59%       | 1.59%  | ↑     | 2.13%         | 2.13%   | ↑     | 0.59%       | 0.59%   | ↓     |
| E.B.5   | A&E total time in department - less than 4 hours (Trust Wide)                                  | 95%  | Apr-19           | N/A                | N/A     |       | 80.54%      | 80.54% | ↓     | N/A           | N/A     |       | 93.44%      | 93.44%  | ↑     |
| E.B.S.1   | Mixed-sex accommodation breaches   | 0    | Apr-19           | 0                  | 0       | ↔     | 0           | 0      | ↔     | 0             | 0       | ↔     | 0           | 0       | ↔     |
| E.B.S.2   | Cancelled operations on or after day of admission and not offered another date w ithin 28 days | 0    | Q4 18/19         | 1                  | 7       | ↑     | 27          | 79     | ↓     | 1             | 3       | ↔     | 19          | 83      | ↓     |
| E.B.S.6   | Urgent Operations cancelled for a second time  | 0    | Apr-19           | 0                  | 0       | ↔     | 0           | 0      | ↔     | 0             | 0       | ↔     | 0           | 0       | ↔     |

## ELFT Mental Health

| Operational Standards   | Threshold 2019/20 | Apr                         | May | Jun | Qtr. 1 | Year to Date |
|---|-------------------|-----------------------------|-----|-----|--------|--------------|
| Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care.                | 95%               | 94.44%                      |     |     |        | 94.44%       |
| Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (All ages) | 56%               | 66.67%                      |     |     |        | 66.67%       |
| Patients on CPA who have had a formal review within the last 12 months  | 95%               | 93.58%                      |     |     |        | 93.58%       |
| % of placed out of area patients with a named coordinator   | 100%              | 100.00%                     |     |     |        | 100.00%      |
| SPOA Emergency referrals received and attended to within 24 hours   | 100%              | 100.00%                     |     |     |        | 100.00%      |
| % of CYP with a diagnosable mental health condition receiving treatment from an NHS funded community mental health service  | 34% by end Q4     | Moving to monthly reporting |     |     |        |              |
| % of CYP ED cases that start treatment within 4 weeks of referral   | 95%               | Moving to monthly reporting |     |     |        |              |
| % of CYP urgent ED cases that start treatment within 7 days of referral   | 95%               | Moving to monthly reporting |     |     |        |              |
| % discharge summaries following inpatient/daycase care and A&E attendance issued to general practice within 24 hours  | 100%              | Quarterly                   |     |     |        |              |
| % of clinic letters following outpatient attendance issued to general practice within 7 calendar days   | 100%              | Quarterly                   |     |     |        |              |

## ELFT Community Services

| Operational Standards  | Threshold 2019/20 | Apr            | May | Jun | Qtr. 1 | YTD     |
|--|-------------------|----------------|-----|-----|--------|---------|
| Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral (only Community Paediatrics) | 92%               | 99.26%         |     |     |        | 99.26%  |
| Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral (non-consultant)             | 92%               | 98.49%         |     |     |        | 98.49%  |
| Percentage of stroke survivors who are supported by a rehabilitation team (6-8 weeks)  | 100%              | 100.00%        |     |     |        | 100.00% |
| Percentage of letters sent to the GP following children and young people Speech and Language first (new) clinic attendance within 7 ordinary days        | 100%              | 97.53%         |     |     |        | 97.53%  |
| Percentage of discharge letters sent to the GP following children and young people Speech and Language final clinic attendance within 7 ordinary days.   | 100%              | 98.72%         |     |     |        | 98.72%  |
| Percentage of carers identified and offered a referral for a carers assessment   | 90%               | 97.37%         |     |     |        | 97.37%  |
| Percentage of people whose ESD treatment programme started within 1 working day of discharge from hospital   | 95%               | 89.47%         |     |     |        | 89.47%  |
| Percentage of children in and out of area receiving an initial health review within 20 working days of becoming a LAC                                    | 95%               | 100.00%        |     |     |        | 100.00% |
| Percentage of children placed in and out of area receiving a review health assessment within 40 days from receipt of referral.                           | 95%               | 97.22%         |     |     |        | 97.22%  |
| Evidence that all young people leaving care receive a relevant health passport   | 100%              | 100.00%        |     |     |        | 100.00% |
| Percentage of children receiving a children's wheelchair within 18 weeks   | 100%              | 100.00%        |     |     |        | 100.00% |
| Percentage of children with SEN able to access speech and language therapy   | 100%              | In development |     |     |        |         |
| Percentage of children and young people on the caseload receiving an epilepsy management plan in the community   | 95%               | 91.00%         |     |     |        | 91.00%  |

**Ambulance - Cat 1** - Immediately life threatening conditions emergency response within an average time of 7 minutes.

**Ambulance - Cat 2** – Emergency calls average response time of 18 minutes.

**Ambulance - Cat 3** – Urgent calls – 9 out of 10 responses within 120 minutes.

**Ambulance - Cat 4** – Less Urgent calls – 9 out of 10 responses within 180 minutes.

**CPA follow up within 7 days of discharge from psychiatric in-patient care** - people under adult mental illness specialties on CPA followed up (face to face contact or by phone discussion) within 7 days of discharge from psychiatric in-patient care.

**Dementia Diagnosis** – Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations.

**18 Weeks Referral to Treatment – Incomplete pathway** - Patients on a non-urgent consultant led pathway setting a maximum time of 18 weeks from the point of 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** – Access to 15 key diagnostic tests within 6 weeks.

**Cancer 2 Week Wait Following Urgent GP Referral For Suspected Cancer** – Patients seen within two weeks of an urgent GP referral for suspected cancer

**Cancer 2 Week Wait for Breast Symptoms where cancer was not initially suspected** – Patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected

**Cancer 31 day first treatment following a cancer diagnosis** – Patients that receive first definitive treatment within 31 days of receiving a diagnosis for all cancers.

**Cancer 31 subsequent cancer treatments – Surgery** – Patients that receive subsequent treatment of surgery within a maximum waiting time of 31 days.

**Cancer 31 subsequent cancer treatments – Anti cancer drug regimens** – 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** – 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** – 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** – Patients who receive first definitive treatment for all cancers within 62 days following referral from an NHS cancer screening service.

**52+ Week RTT waits** - The number of incomplete Referral to Treatment (RTT) pathways (patients yet to start treatment) of 52 weeks or more.

**A&E waiting times – total time in the A&E department** - Percentage of patients who spent 4 hours or less in A&E.

**Mixed-sex accommodation breaches** - The total occurrences of unjustified mixing in relation to sleeping accommodation.

**Cancelled operations on or after day of admission and not offered another date within 28 days** - Number of patients not treated within 28 days of last minute elective cancellation.

**Trolley waits in A&E over 12 hours** - Total number of patients who have waited over 12 hours in A&E from decision to admit to admission

**Urgent Operations cancelled for a second time** – The number of Urgent Operations Cancelled for the 2nd or more time

**Psychosis treated with a NICE approved care package within two weeks of referral** - People experiencing first episode psychosis or ARMS (at risk mental state) that wait 2 weeks or less to start a NICE recommended package of care.

**IAPT Access Rate** - Proportion of people that enter treatment against the level of need in the general population

**IAPT - people who completed treatment and are moving to recovery** – Proportion of people who complete treatment who are moving to recovery.

**IAPT waiting times** - People that wait 6 weeks or less from referral to entering a course of IAPT treatment and people that wait 18 weeks or less from referral to entering a course of IAPT treatment.

**Improve access rate to Children and Young People's (CYM) Mental Health Services (CYPMH)** - Number of individual CYM under 18 receiving treatment by NHS funded community services as a proportion of those with a diagnosable mental health condition.

**Waiting times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services** - Proportion of CYP with an Eating Disorder (urgent cases) that wait one week or less from referral to start of NICE-approved treatment and proportion of CYP with an Eating Disorder (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment.