

Integrated Performance & Quality Report

Month 3 June 2019

(for Governing Body)

Contents

Introduction	
Key Issues	3-4
Performance Dashboard	5-6
Planned Care	
Cancer	7-8
Referral to Treatment	9-10
Integrated Urgent Care	11-13

Mental Health	14
Quality & Safety	15-18
Acute Providers	19-20
Community & Mental Health	21
Definitions	22

Key Issues

Issue	Mitigation
<p>Cancer</p> <p>In June the CCG underachieved against 6 of the 8 national cancer standards.</p> <p>The main areas of concern continue to be:</p> <ul style="list-style-type: none"> • 62 day standard for 1st treatment following a GP referral due to delays at Bedford Hospital around histopathology for skin and prostate cancer. • 2 week wait standards due to capacity in radiology at Bedford Hospital which is effecting a number of specialties, particularly breast, skin and gynaecology. <p>Specialist Commissioning are undertaking a review of services at Mount Vernon Cancer Network in partnership with East and North Herts NHS Trust who run the service. This could impact patients in South Bedfordshire.</p>	<p>62 Day 1st Treatment - Recovery plan is in place and there has been some improvements however BHT will continue to be impacted until capacity issues are resolved. Increased capacity with private provider should improve the position however there is a longer term plan around digital histopathology. There continues to be delays with complex specialties and work is underway around NHSE best practice focusing on prostate, bowel, lung and Upper GI.</p> <p>2 Week Wait - There is a recovery plan in place to track key actions and the July position is showing improvements. Ongoing discussions with L&D to operate a shared service in the future to provide stability. This includes recruitment of a shared consultant radiologist post and the L&D training up a member of BHT team. Job description awaiting Royal College approval before it can be advertised.</p> <p>Mount Vernon Radiotherapy Review - A discussion paper will be presented to the Executive Committee in September to agree the response to the options appraisal.</p>
<p>18 Weeks RTT</p> <p>Dermatology and Trauma and Orthopaedics continue to be the biggest risks due to high volumes of patients and waiting times. Monitoring of outpatient activity is showing an increase in Gynaecology and Urology. Waiting list position 30292 (July) which is a further deterioration.</p> <p>There have been two 52+ week breaches reported to date; one at Oxford on the Gynaecology pathway and one at East and North Hertfordshire on the other pathway.</p>	<p>The CCG is working with local acute providers to identify recovery actions. A new contract model has been agreed with Bedford for dermatology and the Trust will be mobilising telederm service to stabilise and improve capacity.</p> <p>Bedford Hospital is working with Luton & Dunstable around additional capacity support.</p> <p>Clinical Harm Review for the Oxford breach with no harm identified. Main reason for the breach was patient initiated cancellations. Breach at ENH now confirmed as a validation error.</p>

Key Issues

Issue	Mitigation
<p>A&E 4 Hour Wait In June the CCG achieved 90.18% against the constitutional target of 95%. At Bedford Hospital the main reasons have been patient flow together with staffing pressure.</p>	<p>Recruitment for doctors in A&E at BHT is ongoing with one new consultant due to start in September. A clinical assessment looking at whether patients could access alternative service to avoid attendance is taking place until the end of September.</p>
<p>Dementia Diagnosis Performance for June continues to show improvement and is currently at 61.3% and latest national reporting shows a further improvement to 62.6% in July.</p>	<p>Recovery action plan in place in order to support achievement against the national standard of 66.7% by October.</p>
<p>CPA – 7 Day Follow Up In Q1 there were 19 breaches of the 7 day follow up reported nationally, 16 of which were at East London Foundation Trust.</p>	<p>Following further data validation, ELFT have confirmed that there have been 15 breaches of the standard in Q1.</p> <p>ELFT continue to report nationally on both CPA and Non CPA discharges. The Trust has an action plan in place to achieve compliance with the 95% standard and this is monitored at the monthly contract meeting.</p>
<p>Clostridioides Difficile In June 2019 there were a total of 8 cases of C-diff for the CCG, 3 more than the monthly threshold. The CCG has had 24 cases to date which is 9 more than the year to date threshold.</p>	<p>All cases are reviewed by the relevant providers. 5 cases were hospital acquired and 19 were community acquired.</p>
<p>Serious Incidents & Never Events In June there were 16 serious incidents reported one of which has been defined as a Never Event at Cambridge University Hospital and was a retained guide wire.</p>	<p>All SIs are accompanied with detailed learning/action plans which the CCG monitors on a regular basis.</p>

NHS Constitutional Pledges



Bedfordshire
Clinical Commissioning Group

Performance Against NHS Constitutional Pledges and Additional Quality Indicators																	
KPI Code	BCCG Indicator Level	Plan	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	2019/20 YTD	Trend
E.B.6	Cancer 2 week waits following urgent GP referral for suspected cancer	93%	95.51%	96.50%	95.44%	94.47%	94.98%	96.03%	96.20%	94.77%	96.05%	95.23%	86.41%	92.26%	85.37%	88.03%	*↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	93.86%	98.11%	95.16%	94.92%	93.10%	93.27%	96.34%	90.70%	92.11%	96.74%	61.54%	86.59%	51.35%	66.80%	*↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	97.33%	96.64%	98.38%	96.83%	97.25%	96.77%	97.58%	96.65%	98.50%	98.56%	97.83%	96.72%	94.84%	96.57%	*↓
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	94.44%	83.72%	97.22%	93.55%	81.82%	89.66%	97.14%	82.86%	86.96%	94.87%	85.37%	94.12%	89.19%	89.92%	*↓
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.67%	100.00%	100.00%	100.00%	97.50%	98.11%	100.00%	98.44%	**↑
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	96.61%	96.92%	93.42%	96.88%	93.33%	97.67%	98.78%	97.30%	98.81%	98.63%	98.46%	93.98%	96.30%	96.07%	**↑
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	73.24%	81.45%	75.71%	81.13%	81.31%	82.31%	75.23%	67.48%	75.44%	76.85%	83.33%	74.32%	77.00%	77.62%	**↑
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	80.00%	93.75%	100.00%	86.67%	92.86%	96.97%	85.71%	86.67%	76.47%	100.00%	91.67%	94.12%	88.89%	92.11%	*↓
E.B.14	Cancer 62 days - 1st treatment following consultants decision to upgrade		100.00%	85.71%	85.71%	100.00%	81.82%	100.00%	100.00%	90.91%	100.00%	91.67%	64.29%	87.50%	50.00%	69.23%	*↓
E.B.15	Mean Ambulance Category 1 calls response time (minutes) - BCCG Patients	7:00	7:40	7:57	6:53	7:06	7:09	7:23	6:28	6:52	7:05	06:49	7:07	6:58	7:27	7:11	↓
E.B.15.ii	Mean Ambulance Category 2 calls response time (minutes) - BCCG Patients	18:00	28:16	26:57	25:43	26:32	27:18	25:09	22:40	26:50	25:05	26:30	27:39	26:42	25:09	26:30	↑
E.B.16	90th Centile Ambulance Category 3 calls response time (minutes) - BCCG Patients	120:00	166:56	156:17	132:17	164:35	162:18	136:45	144:37	166:10	166:12	178:37	186:54	173:52	184:15	180:16	↓
E.B.16	90th Centile Ambulance Category 4 calls response time (minutes) - BCCG Patients	180:00	191:58	214:25	168:01	172:31	209:48	158:06	152:39	137:02	132:45	192:10	164:27	169:52	194:48	170:12	↓
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	90.74%	90.66%	90.27%	89.33%	90.62%	91.22%	90.50%	90.24%	90.44%	90.84%	90.70%	90.12%	89.98%	90.26%	↓
E.B.S.4.iii	52 week referral for incomplete pathways	0	5	3	3	3	3	1	2	0	1	1	0	1	1	2	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	<1%	2.60%	1.80%	1.82%	1.01%	1.19%	1.17%	1.56%	1.23%	0.55%	0.78%	0.97%	0.97%	0.97%	0.97%	↔
E.B.5	A&E 4 hour wait (6 Providers)	95%	92.31%	89.76%	90.60%	92.86%	92.74%	92.92%	93.57%	90.90%	88.86%	88.10%	87.11%	88.34%	90.18%	88.55%	↑
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	15			7			6			6			3	3	↑

- 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. On 22nd May 2019 fourteen trusts, including Luton and Dunstable Hospital and Cambridge University Hospitals NHS Trusts, began field testing new emergency care performance standards and as a result these providers are not required to report against the 4 hour wait target. The data shown reflects the impact of the field testing from May 19 onwards and is based on 6 providers and assumes 100% achievement at Cambridge and Luton & Dunstable Trusts in line with national guidance.
- 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.
- Due to constraints within the national reporting timetable the Cancer monthly activity reflects validated data up to March 2019; April onwards shows the latest un-validated position which is due to be refreshed in October.

National Standards & Quality Indicators



Bedfordshire
Clinical Commissioning Group

Performance Against NHS Constitutional Pledges and Additional Quality Indicators																	
KPI Code	BCCG Indicator Level	Plan	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	2019/20 YTD	Trend
E.B.S.1	Mixed-sex accommodation breaches	0	11	29	21	11	17	30	8	11	14	11	30	26	21	77	↑
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%			92.46%	92.46%	↑
E.B.S.5	Trolley waits in A&E over 12 hours	0	0	0	0	0	1	0	0	0	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	4.75%	1.46%	1.55%	1.47%	1.41%	1.71%	1.74%	1.22%	1.82%	1.59%	1.58%	1.65%	1.76%	1.62%	5.03%	↓
E.A.S.2	IAPT - people who completed treatment and are moving to recovery	50%	50.61%	53.85%	51.38%	52.73%	52.10%	51.82%	50.21%	50.47%	52.96%	53.27%	50.30%	52.11%	50.44%	50.94%	↓
E.H.1_A1	% people referred to IAPT programme treated within 6 weeks of referral	75%	98.41%	98.56%	98.58%	99.37%	98.94%	100.00%	99.71%	98.73%	99.70%	99.46%	99.73%	99.73%	100.00%	99.73%	↑
E.H.1_A2	% people referred to IAPT programme treated within 18 weeks of referral	95%	100.00%	99.74%	99.64%	100.00%	99.69%	99.73%	100.00%	100.00%	100.00%	99.70%	99.73%	100.00%	100.00%	99.91%	↔
E.H.4	Psychosis treated with a NICE approved care package within two weeks of referral	56%	83.33%	87.50%	85.71%	100.00%	83.33%	90.91%	60.00%	80.00%	71.43%	75.00%	66.67%	92.31%	71.43%	80.77%	↓
E.A.S.1	Estimated diagnosis rate for people with dementia - Primary Care	59.2%	58.83%	58.58%	58.12%	58.71%	58.92%	59.47%	59.41%	58.98%	59.19%	59.70%	59.81%	60.30%	61.27%	61.27%	↑
E.A.S.4	Number of MRSA incidents	0	0	0	1	0	1	2	1	0	0	0	0	0	0	0	↔
E.A.S.5	Number of C-Difficile incidents	54	0	6	10	2	7	2	0	6	4	5	8	8	8	24	↔

- 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.

Cancer



Measure	Period	Target	Latest Data	Trend	YTD
2 Week Wait - Urgent GP Referral	M3 2019/20	93.00%	85.37%	↓	88.03%
2 Week Wait - Breast Symptomatic	M3 2019/20	93.00%	51.35%	↓	66.80%
31 Day First Treatment	M3 2019/20	96.00%	94.84%	↓	96.57%
31 Day subsequent treatment - Surgery	M3 2019/20	94.00%	89.19%	↓	89.92%
62 Day First Treatment - GP Referral	M3 2019/20	85.00%	77.00%	↑	77.62%
62 Day First Treatment - Screening Service	M3 2019/20	90.00%	88.89%	↓	92.11%

Issue	Mitigation
<p>In June the CCG underachieved against 6 of the 8 national standards, the same as the previous month.</p> <p>The main area of concern continues to be the achievement of the 62 day standard for 1st treatment following a GP Referral. In June 100 patients were treated on a 62 day standard pathway, with 23 breaches.</p> <p>June performance at Bedford Hospital (BHT) remains a challenge particularly with histopathology reporting which has had a significant impact on the diagnostic pathway.</p>	<p>62 Day 1st Treatment from a GP Referral</p> <p>The histopathology issue at BHT is improving in some specialities as BHT have increased their outsourcing providers as part of their recovery plan. Delays still continue with complex specialties such as skin and urology – these results are still taking up to 4 weeks to report. A meeting took place to explore digital histopathology but this is a longer term plan and will not solve the immediate issue.</p>
<p>Mount Vernon Cancer Centre Review</p> <p>Specialist Commissioning are undertaking a review of services at Mount Vernon Cancer Network in partnership with East and North Herts NHS Trust who run the service. Public engagement started in July with venues covering the CCG patient population in Stevenage and Luton.</p>	<p>A clinical advisory panel has been established and has reviewed a list of options for the service. The options have the potential to impact on treatment options and access for our population. A discussion paper will be presented to the Executive Committee in September to agree the response to the options appraisal.</p>

Issue	Mitigation
<p>2 week wait pathway</p> <p>June performance has been impacted as a result of ongoing capacity issues at Bedford Hospital and a number of specialties have been affected – particularly breast, skin and gynaecology. There is a recovery plan in place to track key actions and the July position is showing improvements.</p> <p>In June there were 1531 patients treated on a 2 week wait suspected cancer pathway with 224 breaches, 191 of which were at Bedford Hospital. For the 2 week breast symptomatic pathway 74 patients were treated with 36 breaches, 31 of which were at Bedford Hospital.</p> <p>We have been notified that one breach had been incorrectly assigned to BCCG in June. This breach was at North West Anglia Trust.</p>	<p>Contingencies are in place at Bedford Hospital to recover the waiting list for suspected breast cancer. The Trust has recruited a locum radiology consultant who has committed to support the Trust’s medium term mitigation. A job description for a joint post with Luton & Dunstable has been agreed in principle pending Royal College of Radiology approval. As part of the mitigation cover arrangements are being provided by Luton & Dunstable during core hours. A joint CCG/BHT plan to recover the standard by July 2019 has been shared with NHSE and NHSI. Current performance is showing waiting times within the expected range to meet the 2 week wait standard however performance is unlikely to be within the national standard before July/August.</p> <p>Risk registers will be updated to reflect improvements but should remain a risk until joint post have been secured.</p>

Referral to Treatment – Incomplete Pathway

Measure	Period	Target	Latest Data	Trend	YTD
18 Week Waits	M3 2019/20	92.00%	89.98%	↓	90.26%
Waiting Lists	M3 2019/20	26874	30219	↑	30219

Issue				Mitigation
	% in 18 weeks	Total Patients	No. over 18 weeks	
Dermatology	84.30%	2261	355	<p>Monitoring of the RTT position continues internally and the CCG is working with local acute providers to identify recovery actions through the monthly contracting process and attendance at Trust meetings. In August a formal request has been made to providers seeking further assurance on recovery and forecast trajectories.</p> <p>Dermatology and T&O remain the most challenged specialties in terms of volumes and capacity. Increasing demand in T&O continues to be an issue nationally and this is reflected across top 6 providers.</p> <p>At Bedford a recovery plan and project group have been established to fast track initiatives for improving the Dermatology position. As a result Bedford is due to launch tele dermatology in September as part of their community offer. The Trust is also continuing to run additional clinics on Saturdays to address the backlog and to provide an interim solution to increasing capacity.</p> <p>BHT are engaging with the Luton and Dunstable and a private provider to transfer T&O patients on a continued treatment pathway.</p> <p>Neurology performance dipped from 92.82% in May to 90.43% in June due to consultant vacancy at BHT. Locums are in post, however annual leave coverage has presented an issue.</p>
General Surgery	89.80%	1333	136	
Neurology	90.43%	1149	110	
Neurosurgery	88.67%	150	17	
Plastic Surgery	81.27%	977	183	
Trauma & Orthopaedics	75.67%	2302	560	
Urology	89.38%	1798	191	
<p>Performance overall deteriorated in June with 3029 patients waiting over 18 weeks – an increase of 42 against May. There were slight improvements in General Surgery (1.43%) and Neurosurgery (0.03%) but the remaining specialties highlighted above showed a worsening position.</p>				
<p>Summary of 18 Week Breaches by Specialty Dermatology – 355 breaches, 304 at Bedford (BHT). General Surgery – 136 breaches the majority of which are at BHT (30), East and North Herts (ENH) (21) and Luton and Dunstable (L&D) (47). Neurology – 110 breaches the majority of which are at BHT (59) and L&D (33). Neurosurgery – 17 breaches, 16 are at Cambridge. Plastic Surgery – 183 breaches of which 157 are at BHT. Trauma & Orthopaedics (T&O) – 560 breaches the majority of which are BHT (375), ENH (40) and L&D (53). Urology – 191 breaches the majority of which are at BHT (62) and L&D (64).</p>				

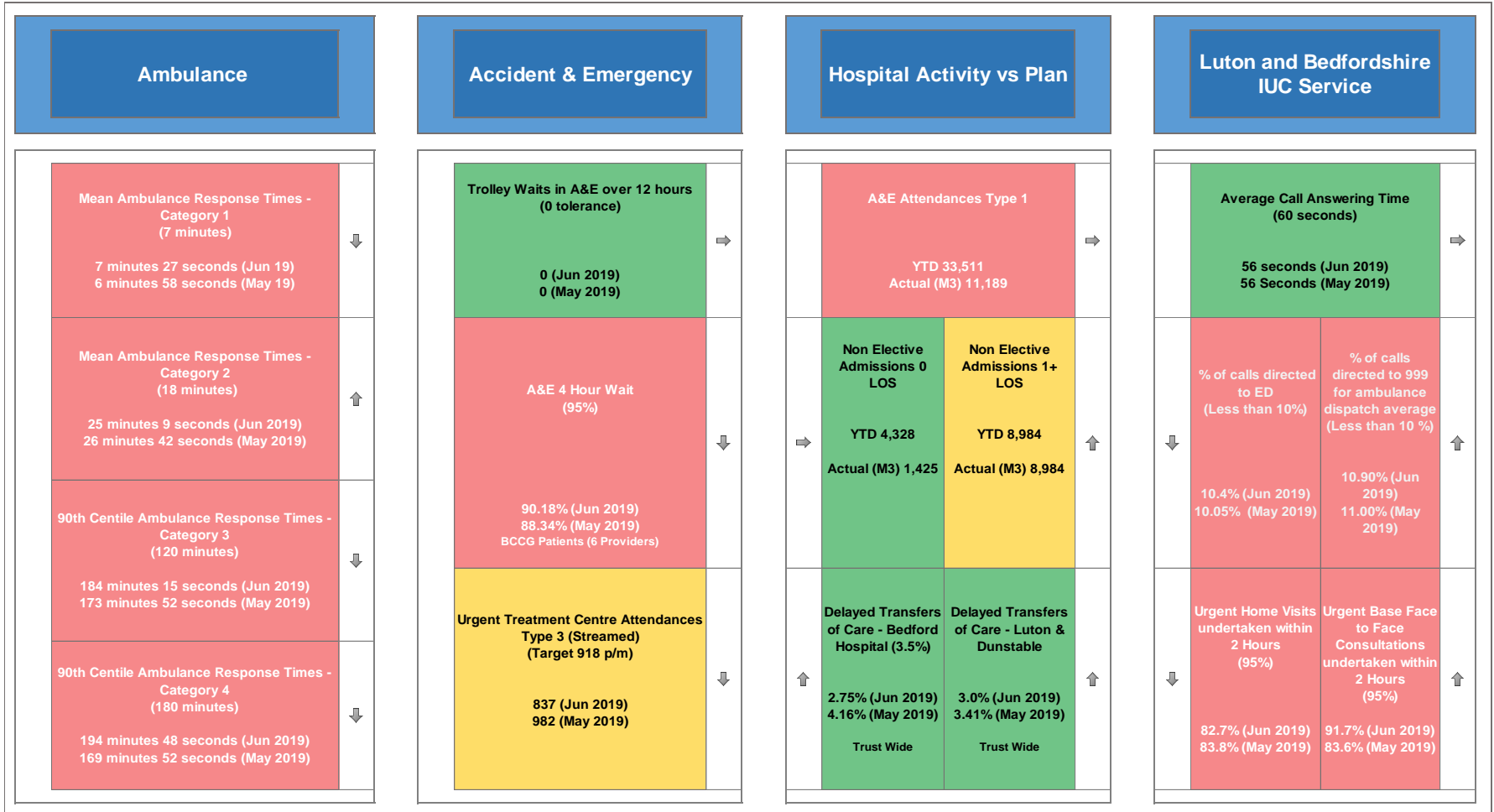
Referral to Treatment – 52+ Week Breach



Measure	Period	Target	Latest Data	Trend	YTD
52 Week Waits	M3 2019/20	0	1	↔	2

Issue	Mitigation
<p>In 2019/20 there have been two 52+ week breaches reported for Bedfordshire CCG.</p> <p>One breach at Oxford reported in May on the Gynaecology pathway is confirmed as a real breach.</p> <p>There was a further breach reported in June at East and North Hertfordshire (ENH) and this was not a genuine breach.</p>	<p>A Clinical Harm Review for the Oxford breach has been received confirming no harm identified.</p> <p>ENH reported twenty-one 52+ week waits in June 1 of which was a Bedfordshire patient. This breach has been followed up with the Trust who have subsequently confirmed that the patient's clock had been incorrectly reopened on the Trust's system leading to an error in their reporting.</p>

Integrated Urgent Care Dashboard (BCCG Patients) June 2019



Issue	Mitigation
<p>Ambulance Response Times</p> <p>None of the four response time indicators were met by East of England Ambulance Service Trust (EEAST) for Bedfordshire patients in June. Both Category 1 and Category 4 are now underachieving. Whilst Category 2 remains under threshold there has been an slight improvement in response times.</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>Accident & Emergency</p> <p>In June the CCG achieved 90.18% 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&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"> • Recruitment for doctors in A&E at Bedford Hospital (BHT) is ongoing – one new consultant has been recruited already and is due to start in September. • An external review by the Oakwood Group commenced in August. This review will cover demand and capacity together with system processes. • A clinical assessment is currently underway led by the CCG Clinical Lead with commissioning support. This is due to run for 8 weeks and will cover a total of 10 days in BHT over weekdays, evenings and weekends in all areas of the hospital. The focus will be on whether patients could have accessed alternative services to avoid attendance and whether patients could be discharged earlier.

Issue	Mitigation
<p>Non Elective Admissions 1+ LoS</p> <p>The dominating over performance is now in Cardiology where the plan is over performing by 164 attendances costing £321k. The activity driving the spells appears to be unspecified chest pain.</p> <p>Same day emergency care is not currently available at Bedford Hospital 7 days a week. The volume of non-elective admissions is greater than capacity allows, creating issues with flow into hospital inpatient beds. This often requires additional contingency areas being opened, which in turn causes risk with clinical staffing being stretched to cover multiple areas with minimum resource available.</p>	<p>The Trust are to implement Same Day Emergency Care 12 hours a day, 7 days a week with robust GP liaison support.</p> <p>The CCG GP Clinical Lead is to be based in the Hospital for two weeks to support clinical decision making and observe/resolve admission and discharge issues.</p> <p>Active recruitment of a System Resilience Lead supporting the co-located discharge team, by providing greater co-ordination of services and working towards a more integrated processes.</p> <p>Daily review of plans for all medically optimised patients continues and daily reviews of delayed transfers of care are in place.</p> <p>Long stay meetings have been implemented to review all patients with a length of stay over 21 days.</p> <p>Further development of the frailty pathway in terms of Out of Hospital Care to enable early supported discharge.</p>
<p>Integrated Urgent Care Service – Luton and Bedfordshire</p> <p>There was a slight improvement in calls directed to 999 for ambulance dispatch in June but remains higher than the <10% target at 10.9% Calls directed to ED deteriorated in June to 10.4% against the <10% target.</p> <p>Urgent home visits undertaken within 2 hours deteriorated in June, while urgent base face to face consultations improved but remains under the 95% target.</p>	<p>Calls - Staffing levels continue to be an issue with additional pressure from changes to working patterns within the Clinical Advisory team. Recruitment is ongoing and one new Clinical Advisor is in post and will be fully trained by the end of September.</p> <p>Visits - 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>Herts Urgent Care continue to reserve slots for the Clinical Advisory Service (CAS) clinicians to book urgent patient in, to ensure targets are met.</p>


Measure	Period	Target	Latest Data	Trend	YTD
CPA - 7 day Follow-Up	Q1 2019/20	95.00%	92.46%	↑	92.46%
Dementia Diagnosis Rate	M3 2019/20	66.70%	61.27%	↑	61.27%

Issue	Mitigation
<p>CPA – 7 day follow up</p> <p>In Q1 there were 19 breaches of the 7 day follow up standard reported nationally of which 16 were at ELFT. The remaining 3 breaches were at Essex Partnership Trust, Central and North West London and Midlands Partnership Trust.</p> <p>ELFT continue to 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.</p> <p>Of the 16 breaches at ELFT 7 were patients discharged on CPA.</p>	<p>ELFT continue to provide details on all breaches including where patients have been successfully followed up after the 7 day threshold, or have disengaged with the service. The provider has confirmed that there has been no incidents or safeguarding concerns due to the delay to follow up.</p> <p>Following further data validation, ELFT have confirmed that there have been 15 breaches of the standard in Q1.</p> <p>ELFT have provided an action plan to achieve compliance against the current 7 day target which is monitored at monthly contract meetings.</p>
<p>Dementia Diagnosis</p> <p>At the end of June 2019 there were 3232 people aged 65+ with a diagnosis of dementia giving an improving position of 61.30%.</p> <ul style="list-style-type: none"> • Lack of appropriate referrals into the Memory Assessment Service (MAS) from the South Beds area • Delays in recruitment which has delayed the start of the care home projects and the demand and capacity project. • Lack of diagnosing outside the memory clinic • New Cantab technology for carrying out dementia assessments is not being used by all practices. 	<p>Recovery Action Plan is in place and 4 task and finish groups have been set up to deliver the deep dive recommendations. The dementia board continue to 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. Additional resource has also been identified within the MAS and a clinical director has been appointed to oversee diagnosis in memory clinics. All of these schemes are contributing to the increase in diagnosis rates.</p>

Measure	Period	Target	Latest Data	Trend	YTD
Serious Incidents	M3 2019/20	0	16	↓	32
Never Events	M3 2019/20	0	1	↓	2
Cancelled Ops	Q1 2019/20	0	5	↑	5
Mixed Sex Accommodation	M3 2019/20	0	21	↑	77
Infection Control					
MRSA	M3 2019/20	0	0	↔	0
C-Difficile	M3 2019/20	54	8	↔	24
VTE					
Bedford Hospital					
VTE Risk Assessments	M3 2019/20	95.00%	97.45%	↓	97.54%
Luton & Dunstable Hospital					
VTE Risk Assessments	M3 2019/20	95.00%	98.90%	↓	99.33%

Issue	Mitigation
<p>Serious Incidents & Never Events In June there were 16 serious incidents reported one of which has been defined as a Never Event. Of the serious incidents, 6 were at Bedford Hospital, 5 at ELFT Mental Health, 2 at ELFT Community, 1 at East of England Ambulance Service and 2 at other providers. Year to date there have been 32 serious incidents reported, 2 of which have been defined as Never Events.</p> <p>One Never Event reported in April was at Ramsay Pinehill and was wrong site surgery. The second Never Event was reported in June at Cambridge University Hospital and was a retained guide wire.</p>	<p>All SIs are accompanied with detailed learning/action plans which the CCG monitors on a regular basis.</p>
<p>Cancelled Operations not rebooked within 28 days In Q4 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, 1 at East & North Hertfordshire and 1 at Milton Keynes.</p> <p>In Q1 the CCG have received confirmation that there were 5 Bedfordshire patients who had an elective operation cancelled on or after the day of admission and not rebooked within 28 days, 3 of which were at Bedford Hospital, 1 at the Luton & Dunstable and 1 at Cambridge.</p>	<p>Through the contract monitoring process, the CCG contacts providers to request the reason for each breach and confirmation that all cancelled operations have been rebooked. For the breaches at Bedford Hospital and Luton & Dunstable both trusts have confirmed that these patients have all been treated. Cambridge Hospital has confirmed that the patient has had their treatment date rebooked in September.</p>

Issue	Mitigation																																																				
<p>Mixed Sex Accommodation</p> <p>In June there were 21 mixed sex accommodation breaches for Bedfordshire patients, 19 of which were at Bedford Hospital, 1 at Royal Free and 1 at Imperial College.</p> <p>There have been 77 breaches to date of which 70 were at Bedford Hospital.</p>	<p>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.</p> <p>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.</p> <p>For the London providers, Royal Free and Imperial have both provided a copy of their privacy and dignity policies.</p>																																																				
<p>Infection Control</p> <p>C-diff - In June 2019 there were a total of 8 cases of C-diff for the CCG, 3 more than the monthly threshold. 1 case at Addenbrookes was hospital onset hospital apportioned (HOHA), 2 cases at Luton and Dunstable Hospital were community onset healthcare associated (COHA), 3 cases were community onset indeterminate association (COIA) and 2 were non acute community onset community apportioned (COCA) cases. The CCG is 9 cases over the year to date threshold of 15.</p> <p>Norovirus - There was 1 care home in Bedfordshire and Luton affected with suspected norovirus during June 2019, and 1 in July. No organism has been identified for any of these incidents.</p>	<p>C-Diff - All cases are under review by the relevant providers.</p> <div data-bbox="937 818 1831 1163" data-label="Figure"> <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>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>6</td><td>2</td><td>8</td></tr> <tr><td>May '19</td><td>3</td><td>5</td><td>8</td></tr> <tr><td>Jun '19</td><td>3</td><td>5</td><td>8</td></tr> </tbody> </table> </div> <p>Norovirus - Public Health England liaise with and advise all care homes in outbreak situations.</p>	Month	Acute trust apportioned	Non-acute trust apportioned	Total	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	6	2	8	May '19	3	5	8	Jun '19	3	5	8
Month	Acute trust apportioned	Non-acute trust apportioned	Total																																																		
Jul '18	3	3	6																																																		
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Issue	Mitigation
<p>Safeguarding</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.</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) related to self-neglect is ongoing within Central Bedfordshire, and will involve an independent author and panel over the coming months.</p>	<p>The SCR reports for both cases are expected to be available for publication in the autumn. The court case for the death of a baby is scheduled to take place in the autumn and is likely to receive national media interest.</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>East of England Ambulance Service Trust Care Quality Commission (CQC) Inspection – July 2019</p> <p>Overall Rating – Requires Improvement</p>  <p>CQC's overall rating of the trust stayed the same as the previous inspection in 2018.</p> <p>Ratings for services Overall – Requires Improvement</p> <ul style="list-style-type: none"> • Emergency and Urgent Care – Requires Improvement • Patient Transport Services – Requires Improvement • Emergency Operations Centre – Good • Resilience – Good 	<p>CQC will check that the trust takes the necessary action to improve its services and will continue to monitor the safety and quality of services through the continuing relationship with the trust and their regular inspections.</p> <p>The findings of this report will be discussed and actions monitored via a number of routes;</p> <p>Emergency Ambulance Service - Performance and Quality Review Meeting (PQRM) and local Sector Meetings</p> <p>Patient Transport Services – Contract Review Meeting (CRM) and Quarterly Quality Meeting</p> <p>Full Report available at: https://www.cqc.org.uk/provider/RYC</p>

Acute Providers



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%	Jun-19	78.27%	83.31%	↓	78.23%	83.38%	↓	93.67%	93.57%	↑	94.57%	93.88%	↑
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Jun-19	11.43%	35.19%	↓	11.11%	34.19%	↓	87.50%	91.01%	↓	86.54%	92.00%	↓
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Jun-19	95.65%	96.69%	↓	95.70%	96.74%	↓	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Jun-19	81.82%	87.04%	↓	81.82%	85.71%	↓	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Jun-19	100.00%	95.56%	↑	100.00%	95.56%	↑	100.00%	100.00%	↔	100.00%	100.00%	↔
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Jun-19	NP	NP		NP	NP		NP	NP		NP	NP	
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Jun-19	NP	NP		78.95%	75.86%	↑	NP	NP		86.21%	86.10%	↑
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Jun-19	NP	NP		85.71%	86.84%	↓	NP	NP		100.00%	98.56%	↔
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Jun-19	89.10%	89.43%	↓	88.74%	89.10%	↓	92.68%	93.23%	↓	91.14%	91.32%	↓
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Jun-19	0	0	↔	0	0	↔	0	0	↔	0	0	↔
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	1%	Jun-19	0.95%	0.75%	↓	0.93%	0.75%	↓	0.86%	0.62%	↓	0.80%	0.67%	↓
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Jun-19	N/A	N/A		84.75%	82.78%	↑	N/A	N/A		N/A	N/A	↔
E.B.S.1	Mixed-sex accommodation breaches	0	Jun-19	19	70	↓	23	74	↓	0	0	↔	2	4	↔
E.B.S.2	Cancelled operations on or after day of admission and not offered another date within 28 days	0	Q1 19/20	0	0	↑	3	3	↑	0	0	↔	1	1	↑
E.B.S.6	Urgent Operations cancelled for a second time	0	Jun-19	0	0	↔	0	0	↔	0	0	↔	0	0	↔

Areas for escalation to contract meetings: BHT – Discharge summaries and TIA

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					
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%	Jun-19	98.46%	95.38%	↑	96.66%	96.05%	↑	94.79%	95.42%	↑	91.59%	94.10%	↓
E.B.7	Cancer 2 week waits - Breast Symptomatic where cancer not initially suspected	93%	Jun-19	100.00%	95.65%	↑	93.39%	91.32%	↑	71.43%	87.50%	↓	97.60%	96.12%	↑
E.B.8	Cancer 31 day - 1st definitive treatment from diagnosis	96%	Jun-19	76.92%	83.67%	↓	91.90%	93.47%	↓	87.50%	95.83%	↓	96.61%	97.67%	↓
E.B.9	Cancer 31 day - Subsequent treatment for cancer - Surgery	94%	Jun-19	50.00%	55.56%	↔	78.95%	85.39%	↓	NP	100.00%		100.00%	100.00%	↔
E.B.10	Cancer 31 day - Subsequent treatment for cancer - Drugs	98%	Jun-19	100.00%	100.00%	↔	99.29%	98.36%	↑	100.00%	100.00%	↔	98.08%	99.25%	↓
E.B.11	Cancer 31 day - Subsequent treatment - Radiotherapy	94%	Jun-19	100.00%	97.10%	↑	98.86%	97.98%	↑	75.00%	71.43%	↑	89.66%	90.79%	↑
E.B.12	Cancer 62 days - 1st treatment following an urgent GP referral	85%	Jun-19	NP	NP		75.58%	77.17%	↑	NP	NP		76.98%	82.85%	↓
E.B.13	Cancer 62 days - 1st treatment following referral from Screening Service	90%	Jun-19	NP	NP		63.64%	83.10%	↓	NP	NP		87.50%	86.67%	↓
E.B.3	18 week Referral to Treatment - Incomplete pathway	92%	Jun-19	87.41%	87.82%	↑	85.08%	85.60%	↑	92.06%	91.36%	↑	89.19%	89.78%	↓
E.B.S.4.iii	52 week Referral for incomplete pathways	0	Jun-19	1	1	↓	21	30	↓	0	0	↔	1	1	↓
E.B.4	Diagnostic tests - % of patients waiting 6 wks or more	1%	Jun-19	0.44%	1.12%	↑	0.38%	1.01%	↑	3.25%	2.86%	↓	0.83%	0.80%	↑
E.B.5	A&E total time in department - less than 4 hours (Trust Wide)	95%	Jun-19	N/A	N/A		84.55%	82.25%	↑	N/A	N/A		92.90%	93.10%	↓
E.B.S.1	Mixed-sex accommodation breaches	0	Jun-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 within 28 days	0	Q1 19/20	0	0	↑	7	7	↑	0	0	↑	11	11	↑
E.B.S.6	Urgent Operations cancelled for a second time	0	Jun-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%	94.52%	92.93%	94.59%	93.90%	93.90%
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%	91.67%	71.43%	80.00%	80.00%
Patients on CPA who have had a formal review within the last 12 months	95%	93.58%	95.52%	95.58%	95.58%	95.58%
% of placed out of area patients with a named coordinator	100%	100.00%	100.00%	100.00%	100.00%	100.00%
SPOA Emergency referrals received and attended to within 24 hours	100%	100.00%	100.00%	100.00%	100.00%	100.00%
% of CYP with a diagnosable mental health condition receiving treatment from an NHS funded community mental health service (this indicator includes CHUMS and Kooth data)	6%	6.51%	10.53%	14.81%	14.81%	14.81%
% of CYP ED cases that start treatment within 4 weeks of referral	95%		Quarterly		87.50%	87.50%
% of CYP urgent ED cases that start treatment within 7 days of referral	95%		Quarterly		100.00%	100.00%
% discharge summaries following inpatient/daycase care and A&E attendance issued to general practice within 24 hours	100%		Quarterly		70.16%	70.16%
% of clinic letters following outpatient attendance issued to general practice within 7 calendar days	100%		Quarterly		53.30%	53.30%

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%	99.60%	99.63%	99.49%	99.49%
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral (non-consultant)	92%	97.24%	98.62%	98.01%	98.37%	98.37%
Percentage of stroke survivors who are supported by a rehabilitation team (6-8 weeks)	100%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of letters sent to the GP following children and young people Speech and Language first (new) clinic attendance within 7 ordinary days	100%	97.53%	100.00%	98.92%	98.79%	98.79%
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%	100.00%	95.89%	98.21%	98.21%
Percentage of carers identified and offered a referral for a carers assessment	90%	97.37%	90.24%	100.00%	95.33%	95.33%
Percentage of people whose ESD treatment programme started within 1 working day of discharge from hospital	95%	89.47%	100.00%	100.00%	97.06%	97.06%
Percentage of children in and out of area receiving an initial health review within 20 working days of becoming a LAC	95%	100.00%	94.12%	40.00%	82.50%	82.50%
Percentage of children placed in and out of area receiving a review health assessment within 40 days from receipt of referral.	95%	97.22%	82.35%	92.59%	90.72%	90.72%
Evidence that all young people leaving care receive a relevant health passport	100%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of children receiving a children's wheelchair within 18 weeks	100%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of children and young people on the caseload receiving an epilepsy management plan in the community	95%	91.00%	95.00%	94.79%	93.80%	93.80%

Areas of escalation to contract meetings – discharge letters and LAC health reviews.

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.