

Partnership Board

15 September 2020

Supporting information

- Draft Performance Dashboard
- Finance update
- Workstream update – to follow



Meeting title	Partnership Board	Date: 15 September 2020
Report title:	BLMK ICS Performance Pack	Agenda item:
SRO:	Name: Richard Carr	Title: SRO BLMK ICS
Report Author:	Name: Alison Joyner, BLMK CCGs	Title: AD Performance Management

Document summary	<p>This dashboard provides a snapshot of performance across BLMK system. It highlights the current impact of the Covid-19 pandemic across BLMK and the ongoing effect at Month 3 when measured against routine national indicators.</p> <p>Please note that this is an initial attempt to construct a BLMK system-wide report and it is expected it will be developed and refined in the coming months. Partner feedback is welcomed to support this process.</p>			
Ask of the CEO Group	To note the information presented within this initial Dashboard and to discuss the best way to further refine/expand it so it can assist with the onward development of the ICS and its work.			
Potential Risks and Issues				
Purpose <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	To note <input type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	To note			
Document history				
Appendices	Attached – Performance Data Dashboard June 2020 (M3)			

Performance Data Dashboard

June 2020 (M3)

Chief Executives Group – 10th September 2020



Executive Summary (1)



This dashboard provides a snapshot of performance across BLMK system. It highlights the current impact of the Covid-19 pandemic across BLMK and the ongoing effect at Month 3 when measured against routine national indicators. This is an initial attempt to construct a BLMK system-wide report and it is expected it will be developed and refined in the coming months. *(Please note that there continues to be a number of provider returns that have been suspended. As these returns come back on line they will be included within the report.)*

To view the data from the hyperlinks please open the PPT in slideshow mode.



[Covid - Confirmed Cases/ Deaths – Pillar 1 and 2](#) (slide no. 7)

As at 16th August there have been 5,318 cases which is 1.93% of total England cases. 82.58% of BLMK total is in Bedfordshire and Luton. As at 7th August deaths stood at 862 (16.49% of confirmed cases). This is above the England death rate of 15.53%. Bedford and Luton account for 76.9% of total cumulative deaths. The total number of deaths recorded from all causes in 2020 up to 7th August is 5,346 which is 24.12% higher than the average for the same period from the previous 5 years of 4,307.

[Cancer](#) (slide no. 8)

Performance has been adversely impacted by reduced capacity and this is likely to continue over the coming months. The impact of Covid-19 on cancer services has meant that in BLMK there are increasing numbers of patients waiting for screening, cancer diagnosis and some waits for treatment.

The Phase 3 Recovery plan requires the system to respond to the 3 key objectives set out at the start of recovery and restoration:

- Restoring urgent 2 week wait referrals to pre-pandemic levels – completed. Two-week wait referrals have increased across all trusts in
- BLMK, from around 500 in the baseline week of week ending 1st March to 654 in the week ending 2nd August.
- Taking immediate action to reduce the number of longer waiters, starting with those waiting over 104 days – in progress.
- Ensuring that we have sufficient diagnostic and treatment capacity in place to meet demand through the autumn – in progress.



Executive Summary (2)



To view the data from the hyperlinks please open the PPT in slideshow mode.

[18 Week Referral to Treatment](#) (slide no. 8)

The Covid-19 pandemic negatively impacted on the delivery of elective care services from April onwards. Social distancing, infection rates, isolation, patient choice, PPE requirements, the cancellation of routine elective care and the restrictions set out in national guidelines were all contributing factors. Referral pathways are open but referral numbers continue to be below pre-Covid levels but are on an upward trend.

Phase 3 of the NHS response to Covid-19 has set out the requirements to restore services to the following levels:

- 90% of last year's activity for both overnight electives and for outpatient/day case procedures in October
- 100% of last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September

Independent sector capacity continues to support recovery although activity is limited. A recovery programme of work continues including measures such as expanded advice and guidance provision, reducing the need for face to face activity where possible and the scoping of patient initiated follow ups has commenced. All providers continue to prioritise treatments for those patients with the most urgent clinical need, however it is acknowledged this clinical prioritisation impacts on performance indicators as patients are not always booked in chronological order; thus impacting 52 week waiters. This position is likely to continue over the coming months.

[Diagnostics](#) (slide no. 8)

Improvements continue across BLMK with performance now standing at 34% against a national ambition of less than 1% of patients on a diagnostic tests pathway waiting more than 6 weeks. Phase 3 of the NHS recovery response to Covid-19 sets out the requirements to restore 100% of last year's levels of MRI/CT and endoscopy procedures by October. CT, ultrasound and MRI activity remains below last year's levels but are on an upward trend across BLMK.

[Urgent and Emergency Care – Ambulance Response Times](#) (slide no. 8)

East of England Ambulance Services NHS Trust (EEAST), which provides ambulance services in Bedfordshire and Luton, experienced a peak at the end of March 2020 followed by a very brief drop during the Covid-19 pandemic but has now returned to previously forecasted levels, with some occasions increasing into Covid forecast. South Central Ambulance Service (SCAS), which provides ambulance services in Milton Keynes, have maintained good performance.



Executive Summary (3)



To view the data from the hyperlinks please open the PPT in slideshow mode.

[Urgent and Emergency Care – 4 hour Wait Times](#) (slide no. 10)

The Covid-19 pandemic has led to a drop in A&E attendances across BLMK, however each department has remained open with capacity and resources to treat emergency patients; each A&E department transformed their footprint to accommodate the new patient pathway (red and green) which gives further assurance that the department is doing everything to deliver effective and safe care. Urgent Treatment Centres similarly managed the new pathways without compromise to patients. In June 2020, A&E attendances across BLMK were 11.07% higher compared to May with Bedfordshire Hospitals seeing the biggest increase of 12.07%. Overall there has been a small increase in attendances, although this is still below the daily average pre-Covid.

[Dementia](#) (slide no. 9) - All three CCGs have been impacted by Covid and the suspension of Memory Assessment Services, although Luton has maintained the target. However, in Bedfordshire, urgent referrals are now being seen by the memory service and a combination of face to face and digital assessments are being undertaken.

[IAPT](#) (slide no. 9) - All IAPT services have seen lower levels of activity during the Covid-19 period and referrals dropped by over 50% of the expected amount during April and May, but have since returned to just under usual levels in June and July; this is a National issue. Providers are operating remote treatment, including digital offers and webinars with current patient lists. As part of the Covid-19 response all services are offering support to NHS and care staff and service capacity is available in order to meet the commissioned activity levels.

[Health checks for people with serious mental illness \(SMI\)](#) (slide no. 9) - The lack of face to face appointments in primary care has impacted health checks and a BLMK commissioning sub-group has been set up to focus on improving targets and work with place based clinical leads.

[Annual health checks for people with learning disabilities](#) (slide no. 9) - The ability to undertake checks has been impacted by Covid, with no face to face appointments in primary care. Work is due to commence to raise the profile and ability to complete annual health checks with LD patients virtually and how to complete the physical aspects of the check



Executive Summary (4)



To view the data from the hyperlinks please open the PPT in slideshow mode.

[Maternity, Children & Young People](#) (slide no. 9)

For perinatal mental health, since Covid, we have an increased demand on services and we know that women are more unwell by the time they reach us. We are working on this from a number of angles including GP training, information for families and the public and in bidding for new maternal mental health resources from the national mental health transformation programme.

Children's mental health and emotional wellbeing is always a priority but even more so in the context of Covid. We have seen an increase in the numbers of children and young people experiencing crisis especially those with an eating disorder. The children's mental health steering group is an inclusive meeting with representation from providers, commissioners and the Council for Voluntary Services (CVS) and is working through the priorities to:

- Clarify and communicate local support pathways for mental health in time for exam results and children returning to school
- Enhance crisis services and move these away from A&E, including 24/7 crisis lines
- Enhancing schools support and confidence in managing mental health issues
- Improving eating disorders services

[Activity Overview](#) (slide no. 11) - In June there has been an improvement across all Points of Delivery, however they remain significantly below the same period last year. GP referrals have increased and were 42.6% below the same period last year compared to 60.8% in Month 2.

[Appointments in GP](#) (slide no. 11) Appointments per 1,000 GP registered populations have increased in June across BLMK (343) showing progression towards the same levels as June 19 (388). DNA rates in BLMK have dropped to their lowest rate for 12 months to 2.30%; demonstrating the effectiveness of the non-face to face options and triaging in place. Proportion of appointments with a BLMK GP remains steady at 55%, as multidisciplinary teams work within Primary Care to support patients; the proportion of face to face appointments also remains steady at 50% for the third month running. BLMK total, GP, face to face online and same day appointments mirror the England average figures in M3.



Executive Summary (5)

To view the data from the hyperlinks please open the PPT in slideshow mode.

[Community - Bedfordshire CCG \(slide no. 12\)](#) - Local reporting from ELFT/CCS continues to show an under performance for Non consultant led overall including community paediatric. There has been an improvement in the % of letters sent to the GP following speech and language clinic attendance for children. Children wheelchairs has also underperformed however this is low numbers (3). Due to suspension of exception reporting it is not currently possible to provide a recovery narrative.

[Community - Luton CCG \(slide no. 13\)](#) - All community measures are underperforming in May. Due to suspension of reporting exception narrative is not provided this month.

[Community - Milton Keynes CCG \(slide no. 13\)](#) - Looked after children underperformance due to an out of area patient and two DNA's, both being followed up by provider. District Nursing underperformance due to incorrect priority status recording on SystmOne. Work in progress to resolve issues.

[Definitions](#) (Slide 14) – This slide contains definitions for all measures and acronyms used within this report.

Data Notes:

- Data is ragged Green if an indicator has been achieved or over-achieved, Amber if it has under-achieved within the agreed tolerance threshold and Red if it has under-achieved below the tolerance threshold. The 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 September 2019; October onwards shows the latest un-validated position.
- Where no patients have been seen/treated during the reporting month, this is shown by “NP”
- Data is sourced from national statistics published by NHS England, NHS Improvement and NHS Digital, unless otherwise specified as local data.
- Due to the Covid-19 pandemic and the need to release capacity across the NHS to support the response, NHS England has suspended the collection and publication of some official statistics for data due to be submitted between 1 April and 30 June 2020. These indicators are greyed out in the dashboards and the report shows the last known position.
- Development work looking to standardise Community Measures is on-going.
- Data around Delayed transfers of care (DToC) is also being sourced locally due to national suspension.



Covid 19 Dashboard



The dashboard below shows the cumulative number of Covid 19 cases across the four BLMK local authorities up to 16th August, swabbing tests carried out across the four BLMK local authorities up to 14th August, and the number of deaths from all causes and from Covid 19 in all settings up to 7th August 2020 (latest available data). The five year average all cause mortality figures have been included as a comparator.

Cases data is sourced from the Public Health England Coronavirus (COVID 19) in the UK dashboard published daily by Gov.UK (<https://coronavirus.data.gov.uk/>) and includes Pillar 1 and Pillar 2 cases.

Deaths data is sourced from the Office for National Statistics published weekly (<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard>). Swabbing tests data is sourced from the Public Health England East of England COVID 19 Dashboard and is not for onward sharing beyond that required for the purposes of operational management.

The 5-year average all cause mortality data is sourced from the Office for National Statistics and gives the average number of deaths by week across 2015 to 2019 (<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/11622fiveyearaverageweeklydeathsbyplaceofdeathenglandandwalesdeathsoccurringbetween2015and2019>)

Measure	Period	Bedford			Central Bedfordshire			Luton			Milton Keynes			BLMK		
		2020	5-year Average	% Variance	2020	5-year Average	% Variance	2020	5-year Average	% Variance	2020	5-year Average	% Variance	2020	5-year Average	% Variance
Covid-19 Cases	16-Aug	1,397			1,316			1,679			926			5,318		
Hospital Deaths (All Causes)	07-Aug	503	432	+16.44%	751	632	+18.75%	566	464	+22.04%	612	561	+9.17%	2,432	2,089	+16.43%
Hospital Deaths (Covid-19)	07-Aug	144			207			182			110			643		
Care Home Deaths (All Causes)	07-Aug	285	221	+29.19%	383	263	+45.52%	223	183	+21.99%	342	208	+64.27%	1,233	875	+40.95%
Care Home Deaths (Covid-19)	07-Aug	21			53			12			77			163		
Other Place of Death (All Causes)	07-Aug	335	280	+19.64%	543	432	+25.75%	389	284	+36.78%	414	347	+19.17%	1,681	1,344	+25.11%
Other Place of Death (Covid-19)	07-Aug	9			16			19			12			56		
Covid-19 Swabbing Tests	14-Aug	19,263			31,688			34,484			27,700			113,135		



Key Performance and Quality Indicators (1)



Measure	Threshold	Latest Data	Bedfordshire CCG	Trend	2020/21 YTD	Luton CCG	Trend	2020/21 YTD	Milton Keynes CCG	Trend	2020/21 YTD	BLMK	Trend	2020/21 YTD
Cancer Waiting Times - 2 Week Wait	93.00%	Jun-20	95.07%	↓	●	95.24%	↑	●	80.82%	↓	●	91.15%	↓	●
Cancer Waiting Times - 2 Week Wait (Breast Symptoms)	93.00%	Jun-20	94.59%	↓	●	95.83%	↓	●	41.38%	↓	●	77.78%	↓	●
Cancer Waiting Times - 28 Days Faster Diagnosis Standard		Jun-20	73.19%	↑		71.92%	↑		79.43%	↓		75.13%	↓	
Cancer Waiting Times - 31 Day First Treatment	96.00%	Jun-20	96.62%	↑	●	97.14%	↓	●	96.15%	↑	●	96.52%	↑	●
Cancer Waiting Times - 31 Day Surgery	94.00%	Jun-20	87.10%	↓	●	80.00%	↓	●	86.67%	↓	●	85.71%	↓	●
Cancer Waiting Times - 31 Day Drugs	98.00%	Jun-20	100.00%	↔	●	100.00%	↔	●	100.00%	↔	●	100.00%	↔	●
Cancer Waiting Times - 31 Day Radiotherapy	94.00%	Jun-20	96.83%	↑	●	100.00%	↑	●	100.00%	↔	●	98.13%	↑	●
Cancer Waiting Times - 62 Day GP Referral	85.00%	Jun-20	75.51%	↓	●	80.95%	↑	●	78.00%	↑	●	76.92%	↑	●
Cancer Waiting Times - 62 Day Screening	90.00%	Jun-20	NP		●	NP		●	0.00%	↔	●	0.00%	↔	●
Cancer Waiting Times - 62 Day Upgrade	90.00%	Jun-20	100.00%	↑	●	100.00%	↔	●	100.00%	↑	●	100.00%	↑	●
RTT Incomplete Pathway - Waiting Lists	N/A	Jun-20	30,248	↑		12,995	↑		22,164	↑		65,407	↑	
RTT Incomplete Pathway - 18 Weeks	92.00%	Jun-20	56.87%	↓	●	65.56%	↓	●	50.26%	↓	●	56.35%	↓	●
RTT Incomplete Pathway - 52 Week Waits	0	Jun-20	258	↓	●	45	↓	●	103	↓	●	406	↓	●
Diagnostic Test Waiting Times	1.00%	Jun-20	37.60%	↑	●	41.33%	↑	●	19.23%	↑	●	34.08%	↑	●
Mixed Sex Accommodation Breaches	0	Feb-20	15	↓		0	↔		7	↓		22	↓	
C-difficile Infections	NA	Jun-20	2	↑		0	↑		4	↓		6	↑	
MRSA Infections	0	Jun-20	1	↓	●	0	↔	●	0	↔	●	1	↓	●
Ambulance Response Times - Category 1 - Mean (Local Data - EEAST - Bedfordshire & Luton; SCAS - Milton Keynes)	7:00	Jun-20	5:45	↓	●	4:38	↓	●	5:58	↓	●	5:28	↓	●
Ambulance Response Times - Category 1T - 90th Centile (Local Data - EEAST - Bedfordshire & Luton; SCAS - Milton Keynes)	30:00	Jun-20	13:30	↑	●	10:10	↑	●	15:11	↓	●	12:57	↓	●
Ambulance Response Times - Category 2 - Mean (Local Data - EEAST - Bedfordshire & Luton; SCAS - Milton Keynes)	18:00	Jun-20	14:18	↓	●	12:42	↓	●	11:17	↓	●	13:04	↓	●



Key Performance and Quality Indicators (2)

Measure	Threshold	Latest Data	Bedfordshire CCG	Trend	2020/21 YTD	Luton CCG	Trend	2020/21 YTD	Milton Keynes CCG	Trend	2020/21 YTD	BLMK	Trend	2020/21 YTD
Estimated Diagnosis rate for people with dementia	66.70%	Jun-20	59.80%	↓	●	68.71%	↑	●	64.99%	↓	●	62.69%	↓	●
IAPT Access (Year to date)	3.66%	May-20	1.66%	↑	●	1.05%	↑	●	1.85%	↑	●	1.54%	↑	●
IAPT Recovery Rate	50.00%	May-20	48.00%	↓	●	51.22%	↓	●	51.35%	↑	●	49.67%	↓	●
IAPT Waiting Times - 6 weeks	75.00%	May-20	98.75%	↓	●	100.00%	↔	●	94.87%	↓	●	98.13%	↓	●
IAPT Waiting Times - 18 weeks	95.00%	May-20	98.75%	↓	●	100.00%	↔	●	97.44%	↓	●	98.75%	↓	●
IAPT in-treatment pathway waits	10.00%	May-20	26.83%	↓	●	2.94%	↑	●	50.00%	↑	●	29.65%	↓	●
Early Intervention in Psychosis - 1st Treatment within 2 weeks (Rolling 3 months)	56.00%	May-20	85.00%	↓	●	64.00%	↓	●	86.00%	↓	●	78.33%	↑	●
SMI Physical Health Checks (Rolling 12 months)	60.00%	Q1-2020-21	19.86%	↓	●	22.68%	↓	●	22.29%	↓	●	21.30%	↓	●
Learning Disabilities Health Checks	22.50%	Q4 2019-20	23.30%	↑	●	9.70%	↑	●	9.70%	↑	●	19.23%	↑	●
CPA 7-day Follow Ups	95.00%	Q3 2019-20	90.55%	↓		96.75%	↑		96.43%	↑		93.12%	↑	
Children and Young People's Mental Health Services Access (Rolling 12 months)	34.00%	May-20	53.52%	↓	●	39.84%	↑	●	47.97%	↑	●	48.25%	↑	●
Perinatal mental health services - Access (Rolling 12 months)	7.10%	May-20	4.89%	↑	●	2.36%	↑	●	12.55%	↓	●	6.39%	↓	●
CYP Eating Disorders - Urgent (Rolling 12 months)	95.00%	Q1 2020-21	100.00%	↔	●	100.00%	↑	●	60.00%	↓	●	91.30%	↑	●
CYP Eating Disorders - Routine (Rolling 12 months)	95.00%	Q1 2020-21	85.88%	↓	●	72.73%	↓	●	61.36%	↓	●	76.54%	↓	●
Children's Wheelchairs	92.00%	Q3 2019-20	96.67%	↓		96.15%	↓		84.00%	↓		92.59%	↓	



Acute Providers Dashboard

All patients Trust-wide

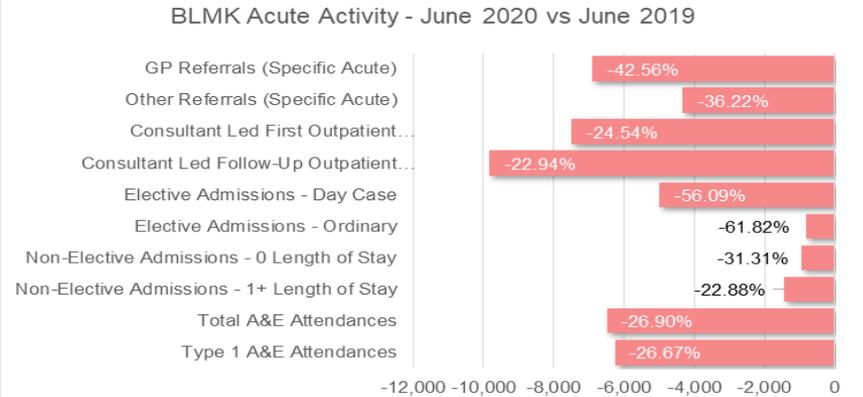
Measure	Threshold	Latest Data	Bedfordshire Hospitals	Trend	2020/21 YTD	Milton Keynes Hospital	Trend	2020/21 YTD
Cancer Waiting Times - 2 Week Wait	93.00%	Jun-20	95.57%	↓	●	80.96%	↓	●
Cancer Waiting Times - 2 Week Wait (Breast Symptoms)	93.00%	Jun-20	96.49%	↓	●	43.90%	↓	●
Cancer Waiting Times - 31 Day First Treatment	96.00%	Jun-20	98.51%	↑	●	98.11%	↑	●
Cancer Waiting Times - 31 Day Surgery	94.00%	Jun-20	86.96%	↑	●	90.91%	↑	●
Cancer Waiting Times - 31 Day Drugs	98.00%	Jun-20	100.00%	↔	●	100.00%	↔	●
Cancer Waiting Times - 31 Day Radiotherapy	94.00%	Jun-20	NP			NP		
Cancer Waiting Times - 62 Day GP Referral	85.00%	Jun-20	76.92%	↓	●	81.25%	↑	●
Cancer Waiting Times - 62 Day Screening	90.00%	Jun-20	NP		●	0.00%	↔	●
Cancer Waiting Times - 62 Day Upgrade	90.00%	Jun-20	100.00%	↔	●	66.67%	↑	●
RTT Incomplete Pathway - 18 Weeks	92.00%	Jun-20	61.16%	↓	●	46.71%	↓	●
RTT Incomplete Pathway - 52 Week Waits	0	Jun-20	281	↓	●	93	↓	●
Diagnostic Test Waiting Times	1.00%	Jun-20	32.21%	↑	●	19.40%	↑	●
A&E 4hr Waits	95.00%	Jun-20	Not Reporting			98.81%	↓	●
12hr Trolley Waits	0	Jun-20	0	↔	●	0	↔	●
Mixed Sex Accommodation Breaches	0	Feb-20	17	↓		0	↔	
Cancelled Ops not rebooked within 28 Days	0	Q3 2019-20	12	↓		8	↑	
Urgent Operations cancelled for a second time	0	Feb-20	0	↔		0	↔	
C-difficile Infections	N/A	Jun-20	1	↑		4	↓	
VTE Risk Assessment	95.00%	Dec-19	97.85%	↑		96.86%	↓	



Activity Overview

The tables and chart below show Activity by POD in month 3 and the variance to the same time last year.

BLMK Acute Activity - June 2020 vs June 2019				
	Jun-19	Jun-20	Variance	% Variance
GP Referrals (Specific Acute)	16230	9322	-6908	-42.56%
Other Referrals (Specific Acute)	11948	7620	-4328	-36.22%
Consultant Led First Outpatient Appointments	30575	23072	-7503	-24.54%
Consultant Led Follow-Up Outpatient Appointments	42799	32979	-9820	-22.94%
Elective Admissions - Day Case	8885	3901	-4984	-56.09%
Elective Admissions - Ordinary	1328	507	-821	-61.82%
Non-Elective Admissions - 0 Length of Stay	2980	2047	-933	-31.31%
Non-Elective Admissions - 1+ Length of Stay	6273	4838	-1435	-22.88%
Total A&E Attendances	24122	17634	-6488	-26.90%
Type 1 A&E Attendances	23480	17218	-6262	-26.67%



Appointments in General Practice

Measure	England	Latest Data	Bedfordshire CCG	Trend	2020/21 YTD	Luton CCG	Trend	2020/21 YTD	Milton Keynes CCG	Trend	2020/21 YTD	BLMK	Trend	2020/21 YTD
Appointments per 1,000 GP Registered Practice Populations	342	Jun-20	368	↑	960	314	↑	826	324	↑	853	343	↑	898
DNA - Proportion of Appointments with a known attendance status	3.02%	Jun-20	2.03%	↑	2.35%	3.05%	↓	3.25%	2.21%	↓	2.55%	2.30%	↑	2.60%
Proportion of appointments with a GP	55.03%	Jun-20	55.53%	↑	53.67%	59.75%	↓	61.47%	47.09%	↓	50.07%	54.69%	↓	55.46%
Proportion of appointments delivered Face to Face	49.30%	Jun-20	64.53%	↓	66.01%	59.34%	↑	58.77%	62.10%	↑	62.05%	50.13%	↓	50.15%
Proportion of appointments delivered via Telephone	49.73%	Jun-20	34.11%	↑	32.54%	40.64%	↓	41.18%	37.60%	↓	37.72%	48.87%	↑	48.87%
Proportion of appointments delivered via Video/Online	0.30%	Jun-20	0.78%	↓	0.85%	0.01%	↑	0.02%	0.25%	↑	0.14%	0.34%	↑	0.32%
Proportion of Same Day Appointments	57.39%	Jun-20	57.10%	↓	59.26%	62.42%	↓	65.55%	52.37%	↓	54.54%	57.40%	↓	60.70%

Activity data - taken from the NHSE/I Joint Activity Report published monthly on Future NHS. Acute activity is based on historic SUS+ data and reflects general and acute activity only. Referrals activity is based on provider activity returns (MAR).

Appointments in GP - The outbreak of Coronavirus (COVID-19) has led to changes in the business processes within General Practices and subsequently within the Appointments in General Practice dataset published by NHS Digital. Practices are now likely to be operating very differently in response to the pandemic and consequently may be recording encounters and interactions in different ways. These changes may result in an under-recording of the activity taking place in practices. This is potentially giving a false picture of overall activity and workload in general practice. NHS England have issued some guidance to allow more accurate capture of GP data, and further technical advice and guidance will be issued during the year to support practices with configuring appointment books and applying a set of new, standardised national categories for appointment types.



Please note: Work is underway to explore what level of local community indicators exist/are available to help develop a consistent dashboard. Currently the level and availability of local indicators is variable – but an illustration is shown in the next 2 slides. Feedback would be welcomed on how to develop this further.

Operational Standards	Threshold 2020/21	Apr	May	Jun	Q1	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%	84.77%	81.94%	77.29%	81.46%	81.46%
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral (non-consultant)	92%	91.40%	90.31%	82.69%	87.88%	87.88%
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%	100.00%	94.44%	97.92%	97.46%	97.46%
Percentage of discharge letters sent to the GP following children and young people Speech and Language final clinic attendance within 7 ordinary days.	100%	90.91%	97.50%	98.75%	96.34%	96.34%
Percentage of carers identified and offered a referral for a carers assessment	90%	100.00%	100.00%	91.43%	96.05%	96.05%
Percentage of people whose ESD treatment programme started within 1 working day of discharge from hospital	95%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of children in and out of area receiving an initial health review within 20 working days of becoming a LAC	95%	70.00%	91.67%	100.00%	84.78%	84.78%
Percentage of children placed in and out of area receiving a review health assessment within 40 days from receipt of referral.	95%	88.10%	91.11%	97.96%	92.65%	92.65%
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%	83.33%	100.00%	77.78%	86.36%	86.36%
Percentage of children and young people on the caseload receiving an epilepsy management plan in the community	95%	97.87%	100.00%	100.00%	99.31%	99.31%



Community – Luton CCG

Operational Standards	Threshold 2020/21	Apr	May	Jun	YTD
Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral (Consultant led)	92%	61.70%	51.90%	32.60%	49.62%
Paediatric Audiology	0%	24.60%	26.10%	25.00%	25.25%
Number of Personalised Care Plans (PCPs) completed	90 19/20 baseline	1	0	TBC	1
Number of patients who have had an in-depth medication review completed	827 19/20 baseline	4	0	TBC	4
All Looked After Children (LAC) will have an children in and out of area will receive an initial health review within the statutory period	100%	100.00%	91.70%	TBC	95.20%
Number of rapid intervention referrals that required: Collaborativeservice response	2 19/20 baseline	0	1	TBC	1
Number of rapid intervention referrals that required: Single service response	2036 (169 pm) 19/20 baseline	139	180	TBC	319
LTC Patients at discharge who can successfully self manage	68%	61.00%	90.40%	TBC	77.40%

Community – Milton Keynes CCG

Operational Standards	Threshold 2020/21	Apr	May	Jun	YTD
Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral (Consultant led - Community Paediatrics)	92%	NA	93.60%	94.80%	NA
All Looked After Children (LAC) in and out of area receiving an initial health review within 20 working days	85%	100.00%	89.50%	84.00%	97.10%
District Nursing Routine Referrals Seen Within 48hrs	95%	NA	82.10%	86.60%	NA
Rapid Response Urgent Priority referral seen within 2 hours of triage	90%	NA	93.30%	92.70%	NA



Ambulance - Cat 1 - Immediately life threatening conditions emergency response within an average time of 7 minutes counted at time of first responder

Ambulance – Cat 1T – As above however this is counted at time of emergency transfer vehicle arrival

Ambulance – IFT – Inter Facility Transfer - Emergency transfers prioritised on the basis of the treatment or intervention the patient requires or is highly likely to require when they arrive at their destination, not the patient's diagnosis.

Ambulance - Cat 2 – Emergency calls average response time of 18 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/adjunct treatment of anti-cancer drug regimen within a maximum waiting time of 31 days.

Cancer 31 subsequent cancer treatments – radiotherapy – Patients that receive subsequent/adjunct 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 (CYP MH) - 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.

Bedfordshire, Luton and Milton Keynes (BLMK)

Partnership Board September 2020

Finance Update



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- The BLMK ICS financial grouping comprises the 3 CCG's , Milton Keynes University Hospital, Bedfordshire Hospitals Foundation Trust and 50% of Cambridge Community Services – CNWL and ELFT report into other host ICS/STP's.
- In response to COVID-19, a temporary financial regime was put in the place to cover the period April 2020 to July 2020. **This approach has been extended for months 5 & 6.**
- The principle of this approach is that during this period, CCG's and providers are expected to breakeven on an in-year basis. To achieve this:
 - CCG allocations will be non-recurrently adjusted for M1 to M6;
 - Providers monthly reported positions are topped up or “trued up” (if surplus) on a monthly basis to achieve break-even.



BLMK ICS Finance Update: CCG Position



CCGs	BCCG	LCCG	MKCCG	Totals
	Actuals	Actuals	Actuals	Actuals
	£m	£m	£m	£m
Income	238.1	119.8	133.6	491.4
Expenditure	(256.9)	(122.1)	(136.7)	(515.6)
Surplus/(Deficit)	(18.8)	(2.3)	(3.1)	(24.2)

The three CCGs report a combined year-to-date **£24m deficit** to plan.

- CCGs are monitored against the adjusted allocation position. Actual expenditure is reviewed on a monthly basis and a retrospective non-recurrent adjustment will be actioned for reasonable variances between actual expenditure and the expected monthly expenditure (including direct Covid related expenditure).
- There are errors in the calculation of the nationally modelled expenditure, most notably for Bedfordshire CCG; CCGs have engaged regulators to set out the issues with the expectation that these concerns will be addressed.
- At the time of Month 4 reporting, retrospective adjustments to allocations had been confirmed by NHS England for YTD M3 only. In late August BLMK CCGs have received notification from NHSE/I that additional ‘top-up’ allocations for M1-4 are to be provided to balance CCGs to breakeven for the period.



BLMK ICS Finance Update: Providers Position



Providers	BHFT	MKUFT	CCS (50%)	Totals
	Actuals	Actuals	Actuals	Actuals
	£m	£m	£m	£m
Income	191.4	74.8	24.9	291.1
Operating Expenditure & Finance Cost	(208.5)	(94.2)	(24.5)	327.2
Position Before Central Adjustments	(17.1)	(19.4)	0.4	36.1
Top-up Income (true-up)	17.0	19.4	(0.4)	36.0
Surplus/(Deficit)	(0.1)	0.0	(0.0)	-0.1

- Acute providers have required additional top-up income principally to compensate for loss of income from other sources (e.g. parking income) and additional costs as a direct result of Covid.
- CCS had a reduction of income to reduce surplus to break-even



- The current financial regime has been extended for Months 5 & 6.
- The intention is to move towards a revised financial framework for the latter part of 2020/21, once this has been finalised with Government. The key elements of this are:
 - Systems will receive agreed funding envelopes. The intention is that systems will be issued with funding envelopes comprising funding for NHS providers equivalent in nature to the current block and prospective top-up payments and a system-wide Covid funding envelope. There will no longer be a retrospective top-up/true-up mechanism.
 - Providers and CCGs must achieve financial balance within these envelopes. However, whilst systems will be expected to breakeven, organisations within them will be permitted by mutual agreement across their system to deliver surplus and deficit positions.
 - NHS Commissioners and NHS providers will continue to operate with a nationally calculated block contract arrangement.
 - A cap and collar type arrangement will be in place to incentivise providers to increase activity to facilitate recovery; and
 - Costs of testing and PPE will continue to be borne centrally for trusts and general practices funded by DHSC who continue to lead these functions for the health and social care sectors.
- Nationally an additional £3 billion of NHS revenue funding will be used for ongoing independent sector capacity, Nightingale hospitals and support to quickly and safely discharge patients from NHS hospitals.
- The Mental Health Investment Standard (MHIS) remains a key target and CCGs should plan to increase investment in line with allocation increases.

Phase 3 Financial Projections

- The East Region requested the submission of draft Phase 3 financial plans on the 3 September.

BLMK NHS organisations have prepared and submitted draft financial projections for Months 5-12 in response to this request – these projections are currently based on limited supporting technical guidance and therefore unpinned by a number of local assumptions. The output of this process is set out in the following slides; additional submissions will be required throughout September.



Phase 3 Draft Finance Submission: Summary (1)



- Current draft Financial Projections for the remainder of the year show a **£36.9m forecast deficit** across the ICS in Months 5-12 (*CCS is not reported in BLMK but in C&P STP at this point*). Organisations have assumed that deficits in Months 5 & 6 have been eliminated through top-up funding in line with the M1-4 process.

	CCG Totals	NHS Acute Provider Totals	ICS Totals
Income/Allocation	993,363	613,450	1,606,813
Expenditure	(993,303)	(650,411)	(1,643,714)
Totals	60	(36,961)	(36,901)

- Forecasts have been constructed with limited supporting information from regulators and therefore current outputs are heavily caveated.
- A detailed list of forecast assumptions supports the finance submission to Region. Key points are:
 - CCG allocations - Region have issued notional allocations to be used in this submission - more detail is required
 - The impact of IS activity within scope of the national NHS agreement with the Independent Sector is excluded from CCG expenditure figures
 - CCGs have assumed that the Hospital Discharge Programme will cease in line the guidance
 - The expected impact of 111 First is excluded from modelling
 - Medical Staffing pay award – is not assumed to funded from CCG notional allocations – it is assumed additional allocation will follow
 - CCG forecast expenditure is assumed to be compliant with MHIS
 - Block payments to NHS organisation and calculated by NHSE/I nationally will continue in line with M1-4 arrangements
 - All organisations have made an assessment of the Covid expenditure for the remaining part of the year
 - Trust top-ups and reimbursement for Covid expenditure forecast to continue at broadly similar levels to M1-3
 - Trusts have modelled the impact of Phase 3 plans on expenditure

