

MEETING:	Governing Body	AGENDA ITEM:	9
DATE:	11 th October 2018		
TITLE:	Quality and Performance Report		
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LEAD DIRECTOR:	Karen West and Debbie Richards		

Reason for presenting this paper:	
For Action	
For Approval	
For Decision	
For Assurance	
For Information	✓
For Ratification	✓

Summary of Purpose and Scope of Report:

<p>The purpose of this report is to highlight quality and performance exceptions, and provide assurance on the actions being taken to address the issues and risks identified. A revised Quality & Performance Report will be developed for 2018/19 to reflect the CCG merger and new Operating Guidance. This will be available from Month 3. The following exceptions against constitutional and key performance standards should be noted:-</p> <ul style="list-style-type: none"> • Cancer • RTT performance • A & E 4 hour wait • Ambulance Response Programme <p>The following quality exceptions/highlights should be noted:-</p> <ul style="list-style-type: none"> • Safeguarding Children • Safeguarding Adults • Frimley Health CQC Inspection
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Authority to make a decision – process and/or commissioning (if relevant)

N/A paper for information and assurance, not decision

Conflicts of Interest: (please tick accordingly)

No conflict identified	✓
Conflict noted, conflicted party can participate in discussion and decision (see below)	
Conflict noted, conflicted party can participate in discussion but not decision (see below)	
Conflict noted, conflicted party can remain but not participate in discussion (see below)	
Conflicted party is excluded from discussion (see below)	
Governance assurance (see below)	

N/A

Strategic aims supported by this paper (please tick)

Better Health in Bucks – to commission high quality services that are safe, accessible to all and achieve good patient outcomes for all	✓
Better Care for Bucks – to commission personalised, high value integrated care in the right place at the right time	
Better Care for Bucks – to ensure local people and stakeholders have a greater influence on the services we commission	
Sustainability within Bucks – to contribute to the delivery of a financially sustainable health and care economy that achieves value for money and encourages innovation	
Leadership across Bucks – to promote equity as an employer and as clinical commissioners	

Governance requirements: (Please tick each box as is relevant to the paper)

Governance Element	Y	N	N/A	Comments/Summary
Patient & Public Involvement			✓	
Equality			✓	
Quality	✓			This report covers the three domains of quality (patient safety, clinical effectiveness/patient experience)
Privacy			✓	
Financial		✓		
Risks		✓		Risks are captured in a Quality and performance risk register that is part of the overall risk reporting and are reviewed by the Quality and Performance committee.
Statutory/Legal	✓			Delivery of constitutional standards for performance and quality
Prior consideration Committees /Forums/Groups	✓			Executive Committee
Membership Involvement			✓	

Supporting Papers:

None.

NHS Buckinghamshire CCG

*‘Everyone working together so that the people of
Buckinghamshire have happy and healthy lives’*

Quality and Performance Report

September 2018



BUCKINGHAMSHIRE CCG

2018-19	National Standard	*NHS E agreed Bucks CCG trajectory	Report Month	Report Period Actual	Year to Date	Commentary		
INDICATOR								
Referral to Treatment				CCG				
RTT Admitted % within 18 weeks	No standard		July	70.76%	71.12%			
RTT Non-Admitted % within 18 weeks				91.77%	91.52%			
RTT Incomplete % within 18 weeks				92%	*90.4%	90.47%	90.12%	
RTT Incomplete 52+ week waits				0	4	19	50	OUH x 11/ West Herts x 4/ MKUH x 3/ Royal Free London x 1
Diagnostic test waiting times								
Diagnostics % waiting over 6 weeks	1%	1%	July	0.68%	0.66%			
Cancer patients								
Cancer - 2 week wait	93%		July	94.5%	94.5%			
Cancer - Breast symptoms 2 week wait	93%			84.1%	85.1%	37 out of 44 patients seen within target		
Cancer - 31 day first definitive treatment	96%			93.7%	96.0%	238 out of 254 patients seen within target		
Cancer - 31 day subsequent treatment - surgery	94%			88.2%	88.5%	30 out of 34 patients seen within target		
Cancer - 31 day subsequent treatment - drug	98%			98.7%	99.7%			
Cancer - 31 day subsequent treatment - radiotherapy	94%			98.1%	96.1%			
Cancer - 62 day - Urgent GP Referral to 1st Definitive Treatment	85%			77.2%	78.7%	98 out of 127 patients seen within target		
Cancer - 62 day - Screening	90%			100.0%	88.0%			

Please note: RAG rating for all Monthly standards will be against NHS E agreed local trajectory if included/YTD RAG rating is against National Standard.

2018-19	National Standard	*NHS E agreed Bucks CCG trajectory	Report Month	Report Period Actual	Year to Date	Commentary
INDICATOR						
Mental Health				CCG		
CPA - Followed -up within 7 days of discharge (Qtrly)	95%		Q1 18/19	95.2%	95.2%	
CPA - Followed -up within 7 days of discharge (mth) Adult	95%		Aug	95.0%	96.1%	
CPA - Followed -up within 7 days of discharge (mth) Older Adult	95%			100.0%	96.8%	
CPA - Documented Risk Assessment (Adult)	95%			90.0%	96.0%	
CPA - Documented Risk Assessment (Older Adult)	95%			100.0%	100.0%	
CPA - Crisis Contingency Plan (Adult)	95%			95.0%	95.9%	
CPA - Crisis Contingency Plan (Older Adult)	95%			96.4%	96.8%	
Mental Health - Improving Access to Psychological Therapy (IAPT)						
Access: The proportion of people with depression/anxiety that have entered psychological therapies.	19.5%	*Q2 19.25%	Aug	16.8%	18.6%	Please note that for both Access and Recovery published monthly data is provisional and is subject to refresh the following month
Recovery: Proportion of people with depression/anxiety completing treatment and moving to recovery	53%			59.5%	60.7%	
People that wait 6 weeks or less from referral to entering IAPT	75%			98.2%	99.1%	
People that wait 18 weeks or less from referral to entering IAPT	95%			99.6%	99.9%	
Transforming Care						
Adult Patients in secure hospitals (via NHS Specialist Commissioning Services)			Aug	3		
CAMHS Patients in secure hospitals (via NHS Specialist Commissioning Services)				3		
Current Inpatients - Specialist Hospital (Learning Disability - Dove Ward)			Aug	0		
Current Inpatients - Specialist Hospital (No Learning Disability)				0		
Current Inpatients - Out of Area LD Specialist hospitals.				4		
Current Inpatients - Out of Area Mental Health Specialist hospital				1		
Learning Disability Health Checks						
Proportion of people on the GP Learning Disability Register that have received an annual health check during the year	75% by 2020	*65%	Aug	10.8%	10.8%	Target to be achieved by year-end.
Dementia Diagnosis						
Dementia Diagnosis Rate	66.7%	*67.4%	July	64.7%		
Please note: RAG rating for all Monthly standards will be against NHS E agreed local trajectory if included/YTD RAG rating is against National Standard.						

2018-19	National Standard	*NHS E agreed Bucks CCG trajectory	Report Month	Report Period Actual	Q1 2018/19	Commentary
Category A Ambulance Calls				CCG		
Category 1 - Life-threatening injuries and illness (MEAN)	7 Minutes		July	0:07:32	0:07:31	
Category 1 - Life-threatening injuries and illness (90th PERCENTILE)	15 Minutes			0:14:25	0:14:23	
Category 2 - Emergency calls e.g. Stroke patients (MEAN)	18 Minutes			0:16:21	0:15:10	
Category 2 - Emergency calls e.g. Stroke patients (90th PERCENTILE)	40 Minutes			0:31:24	0:28:37	
Category 3 - Urgent calls (90th PERCENTILE)	120 Minutes			2:06:59	1:51:37	
Category 4 - Less Urgent calls (90th PERCENTILE)	180 Minutes			3:49:06	2:42:50	
2018-19	Standard	**Provider Local Standard	Report Month	Report Period Actual	Year to Date	Commentary
INDICATOR				Provider		
A&E 4 Hour Wait						
NHS England	95.0%		Aug	89.7%	89.7%	Performance in August at both BHT and OUH was below NHS England average.
Buckinghamshire Healthcare Trust		**90.29%		87.0%	88.1%	
Milton Keynes University Hospital		**91.70%		94.8%	93.1%	
Oxford University Hospital				87.0%	88.3%	
Frimley Health				90.1%	89.3%	
INDICATOR	National Standard	*NHS E agreed Bucks CCG trajectory	Report Month	Report Period Actual	Year to Date	Commentary
Delayed Transfer of Care				CCG		
Rate of Days Delayed Transfers of Care per 100,000	856.6		Q1 18/19	1229.5		
Continuing Healthcare						
Percentage of CHC assessments within 28 days	80%		July	36%		
Reduction in CHC assessments in Acute hospitals	<15%		July	28%		
Mixed Sex Accommodation						
Breaches of Mixed sex accommodation	0		July	20	95	Frimley Health x 13/OUH x 7
Infection Control						
Incidence of healthcare associated infection - MRSA	0 (Year)	0	Aug	0	0	
Incidence of healthcare associated infection - C.Difficile	108 (Year)	*9		10	39	
Electronic Referral System (ERS)						
NHS e-Referral Service (eRS) for all consultant led first outpatient referrals.			June	66%		The estimated usage for July is 75%
Please note: RAG rating for all Monthly standards will be against NHS E agreed local trajectory if included/YTD RAG rating is against National Standard.						

2018-19						
Other National Expectatons	National Standard	*NHS E agreed Bucks CCG trajectory	Report Month	Report Period Actual	Year to Date	Commentary
Mental Health				CCG		
Early Intervention in Psychosis - Psychosis treated with a NICE approved care package within two weeks of referral	53%	*77.3%	Aug	50%	93%	
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.						
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.						
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.						
Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 1 week (Urgent).	95%	*Q1 - 100%	Q1 18/19	80%	80%	
Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4 weeks (Routine).	95%	*Q1 - 73.7%	Q1 18/19	69.69%	69.69%	
Primary Care						
Extended access (evening and weekends) at GP services						
Personal Health Budgets						
Rate of Personal Health Budgets per 100,000 GP registered population						
Wheelchair						
Children Waiting more than 18 Weeks for a Wheelchair	100%		Q1 18/19	7	7	
Learning Disabilities/Autism Care - Reliance on Inpatient Care for People with LD or Autism						
Learning Disability Inpatient Rate per Million GP Registered Population - CCG						
Learning Disability Inpatient Rate per Million GP Registered Population - NHS E						
Learning Disability Inpatient Rate per Million GP Registered Population - Joint						
Length of stay of 5 years and over						
Learning Disability Inpatient Rate per Million GP Registered Population - CCG						
Learning Disability Inpatient Rate per Million GP Registered Population - NHS E						
Learning Disability Inpatient Rate per Million GP Registered Population - Joint						
Please note: for all above tables the following applies.						
*NHS E agreed Buckinghamshire CCG trajectories may vary month to month						
** NHS E agreed specific Provider trajectories may vary month to month						
Please note: RAG rating for all Monthly standards will be against NHS E agreed local trajectory if included/YTD RAG rating is against National Standard.						

BUCKINGHAMSHIRE CCG

Glossary of data sources

INDICATOR	Data Source
Referral to Treatment	NHS Digital via TIBCO managed File Transfer
RTT Incomplete 52+ week waits	Appropriate Trust via CSU Contract leads
Diagnostic test waiting times (DM01)	NHS Digital via TIBCO managed File Transfer
Cancer Wait Times (CWT)	NHS Digital (Strategic Data Collection Service (SDCS))
Mental Health - CPA (monthly)	Oxford Mental Health
Mental Health - Improving Access to Psychological Therapy (IAPT)	
Mental Health - CPA(Quarterly)	NHS Digital via TIBCO managed File Transfer
Transforming Care	CCG lead
Learning Disability Health Checks	CCG lead
Dementia Diagnosis	NHS Digital
Category A Ambulance Calls	South Central Ambulance Service (SCAS)
A&E 4 Hour Wait	NHS England
Buckinghamshire Healthcare Trust	Trust
Delayed Transfer of Care	NHS England
Rate of Days Delayed Transfers of Care per 100,000	
Continuing Healthcare	CCG lead
Mixed Sex Accommodation	NHS Digital via TIBCO managed File Transfer
Infection Control	Public Health England - HCAI Data Capture System (DCS)
Children/Young Persons Eating Disorder (CypEd)	NHS Digital via TIBCO managed File Transfer

Indicator		Provider	Frequency	Threshold	Current Period	Current Value	Trend	Comment
STROKE								STROKE
%	pts spent >90% of time SU	BHT	M	90%	Jul-18	96%		55 of 57 patients spent 90% of their time on SU
		OUHFT	M	85%	Jul-18	98%		45 of 47 patients spent 90% of their time on SU
		MKFT	M	80%	Jul-18	90%		21 of 23 patients spent 90% of their time on SU
%	pts admitted to SU <4hrs	BHT	M	95%	Jul-18	96%		54 of 56 patients were admitted within 4 hours
		OUHFT	M	85%	Jul-18	87%		39 of 45 patients were admitted within 4 hours
		MKFT	M	65%	Jul-18	70%		16 of 23 patients were admitted within 4 hours
	Thrombolysis Stroke - (door to needle) <60 minutes	BHT	M	80%	Jul-18	78%		6 of 6 patients received Thrombolysis within 60 minutes
MATERNITY								MATERNITY
%	C-Section Rate - Combined	BHT	M	26.5%	Jul-18	30.9%		No April/May/June/July Data Submitted - Trust is experiencing severe data extraction issues as have moved to a new system East Berkshire CCG have not released Maternity data for M03 for FHFT
		MKFT	M	26%	Mar-18	26.0%		
		HWPB	M	26%	Jun-18	27.0%		
%	C-Section Rate - Emergency	BHT	M	-	Jul-18	19.0%		No April/May/June/July Data Submitted - Trust is experiencing severe data extraction issues as have moved to a new system East Berkshire CCG have not released Maternity data for M03 for FHFT
		MKFT	M	-	Mar-18	15.0%		
		HWPB	M	-	Jun-18	14.3%		
%	C-Section Rate - Elective	BHT	M	-	Jul-18	11.8%		No April/May/June/July Data Submitted - Trust is experiencing severe data extraction issues as have moved to a new system East Berkshire CCG have not released Maternity data for M03 for FHFT
		MKFT	M	-	Mar-18	11.0%		
		HWPB	M	-	Jun-18	12.7%		

INDICATOR		PROVIDER	FREQUENCY	THRESHOLD	CURRENT PERIOD	CURRENT VALUE	TREND	COMMENT
SAFETY THERMOMETER							SAFETY THERMOMETER	
All SIs logged	BHT	M	-	Aug-18	8			
	OHFT	M	-	Aug-18	1			
	FPH	M	-	Aug-18	0			
	HWPH	M	-	Aug-18	0			
	OUHFT	M	-	Aug-18	7			
All Never Events Logged	BHT	M	0	Aug-18	0			
	OHFT	M	0	Aug-18	0			
	FPH	M	0	Aug-18	0			
	HWPH	M	0	Aug-18	0			
	OUHFT	M	0	Aug-18	0			
NEW Harm Free Care - % of patients with no harm	BHT	M	-	Aug-18	97.3%		There is no data release for May from MKFT due to data collection issues	
	OHFT	M	-	Aug-18	98.3%			
	FPH	M	-	Aug-18	97.8%			
	MKFT	M	-	Aug-18	99.2%			
New Pressure Ulcers - % of patients with NEW Pressure Ulcers	BHT	M	-	Aug-18	1.0%		There is no data release for May from MKFT due to data collection issues	
	OHFT	M	-	Aug-18	0.9%			
	FPH	M	-	Aug-18	1.0%			
	MKFT	M	-	Jul-18	0.5%			
WORKFORCE							WORKFORCE	
Sickness (This figure is reported month in arrears)	BHT	MiA	3.5%	Jun-18	3.3%		The general decrease has been experienced across all directorates. However, June has seen an increase in the Older Peoples Directorate in the Mental Health Inpatient and Urgent Care Services.	
	OHFT	MiA	3.5%	Jun-18	3.8%			
Vacancy Rate	BHT	M	-	Jul-18	15.5%			
	OHFT	M	-	Jun-18	13.9%			
Statutory Training	BHT	Q	85%	Jul-18	89%		Training levels are being monitored closely via CQRM	

Indicator		Provider	Frequency	Threshold	Current Period	Current Value	Trend	Comment
Complaints								Complaints
Total Number of Complaints Received	BHT	M	-	Jul-18	51			
	HWPB	M	-	Jul-18	44			
	Ouhft	M	-	Jul-18	93			
Complaints responded to within Trust Policy (reported Month In Arrears)	BHT	MiA	85%	Jun-18	87%			
	HWPB	MiA	70%	Jun-18	56%			
Friends and Family Test In Patients % Recommended	BHT	M	-	Jul-18	94%			
	FHFT	M	-	Jul-18	98%			
	Ouhft	M	-	Jul-18	96%			
	MKft	M	-	Jul-18	96%			
Friends and Family Test In Patients % Response Rate	BHT	M	-	Jul-18	27%			
	FHFT	M	-	Jul-18	36%			
	Ouhft	M	-	Jul-18	19%			
	MKft	M	-	Jul-18	19%			
Friends and Family Test A&E % Recommended	BHT	M	-	Jul-18	84%			
	FHFT	M	-	Jul-18	95%			
	Ouhft	M	-	Jul-18	87%			
	MKft	M	-	Jul-18	56%			
Friends and Family Test A&E % Response Rate	BHT	M	-	Jul-18	13%		No explanation for the spike in response rate has been received from East Berkshire CCG - it is likely a data collection issue.	
	FHFT	M	-	Jul-18	15%			
	Ouhft	M	-	Jul-18	23%			
	MKft	M	-	Jul-18	1%			
Friends and Family Test % Recommended	OHFT		-	Jul-18	91%			
	National Average		-	Jul-18	89%			
Friends and Family Test % Response Rate	OHFT		-	Jul-18	9%			
	National Average		-	Jul-18	3%			

Report Highlights

Performance		Page
Cancer:	Two week Wait – Breast 31 Day – First Treatment 31 Day – Subsequent Treatment - Surgery 64 Day – Urgent GP referral to first definitive treatment	11-14
RTT:	Incomplete – percentage seen within 18 weeks Incomplete – 52+ week waiters	15-17
A&E: 4 hour waits	Buckinghamshire Healthcare Trust	19-20
SCAS:	Ambulance Response Programme (Buckinghamshire CCG) Category 1 – Mean (7 minutes) Category 3 – 90 th Percentile (120 minutes) Category 4 – 90 th percentile (180 minutes)	22-23
Quality		
Safeguarding	Safeguarding Adults Safeguarding Children Looked After Children	33-35 36 37
Frimley Health FT	CQC Inspection – Theatres Action Plan (HWPH)	38 10

Cancer (All Wait Times)

TWO WEEK WAITS

Situation:
Maximum 14 day wait – Breast Symptoms

93% target
 Actual: 84.1% **not achieved**

2018-19	Standard	Report Month	Month Actual	YTD
Cancer - Two week Breast				
Total Patients Treated	93%	July	44	275
Number of patients treated after 14 days			37	234
Performance			84.1%	85.1%

31 DAY WAITS

Situation:
Maximum 31 day wait – First Treatment

96% Target
 Actual: 93.7% **not achieved**

Maximum 31 day wait – Subsequent Treatment - Surgery

94% Target
 Actual: 88.2% **not achieved**

2018-19	Standard	Report Month	Month Actual	YTD
Cancer - 31 day First Treatment				
Total Patients Treated	96%	July	254	915
Number of patients treated after 31 days			16	37
Performance			93.7%	96.0%
Cancer - 31 day Subsequent Treatment - SURGERY				
Total Patients Treated	94%	July	34	130
Number of patients treated after 31 days			4	15
Performance			88.2%	88.50%

62 DAY WAITS

Situation:
Maximum 62 day wait – GP Referral to First Treatment

85% target
 Actual: 77.2% **not achieved**

2018-19	Standard	Report Month	Month Actual	YTD
Cancer - 62 day Urgent GP referral to 1st Definitive Treatment				
Total Patients Treated	85%	July	127	428
Number of patients treated after 62 days			98	337
Performance			77.2%	78.7%

Cancer

Overview:

62 day standard - July performance was below that expected, however, this has been a trend observed across the TV region with all systems deteriorating in performance. The award of the full allocation of Thames Valley Cancer Alliance (TVCA) funding relies on the region achieving the 62 day standard, in line with the MOU. As a result of current performance, it is anticipated that 92.5% of the available funds (approximately £790k) will be received. Progress and performance is being monitored by TVCA / NHSE as well as CCG governance.

It should be noted, that significant improvement is predicted in August with performance exceeding 80%.

Performance continues to be monitored through monthly assurance meetings (for performance and projects), as well as weekly APMG meeting attendance.

The work programmes, underway as part of the strategy and delivery of the TVCA MOU, will deliver sustained achievement of the 62 day standard. This is being implemented to recover performance (with short term investment), as well as redesign of systems / services to provide long term sustained solutions.

Cancer - 2 Week and 31 Day Waits

Assessment:

- **2 WW Breast (84.1% vs 93% target)** – 7 patients were not seen within the standard; 4 - patient choice; 2 - patients being too ill to attend; 1 - breached following being referred in through the incorrect route and then did not attend. Processes are being reviewed to avoid this reoccurring.
- **31 Day First Treatment (93.7% vs 96% targets)** – 16 patients (out of 254) were not seen within the standard; 12 - at BHT across a range of specialties and relate to patient choice and not being fit for treatment (due to illness). Of the 12, 7 breaches relate to urology, which continues to be a service under great pressure and undergoing significant change, also experiencing a similar mixture of breach reasons out of the providers control. Performance in urology is expected to improve in Q3 as a result of embedded developments. The remaining 4 Bucks CCG patients are receiving treatment at other providers and will have been identified to the appropriate lead commissioner. The national data source does not allow Bucks CCG to identify the location of these patients, which has been raised as a concern and have been informed that this will be corrected for the data published in October.
- **31 Day Subsequent Treatment – Surgery (88.2% vs 94% target)** - 4 patients. The small number of patient breaches impact performance. Analysis has identified patient choice being the main factor in July, being the start of the holiday period.

Cancer - 62 Day Waits

Assessment:

- **62 Day Standard – 77.2% vs 85% target**, 98 of 127 patients seen within 62 days. BHT has implemented systems to achieve sustainable improvement, including actively preventing breaches by monitoring patients in pathways at 40 days. This improvement is expected to be reflected in the October performance. Current breaching patients are actively managed through daily and weekly reviews until appropriately treated.
- **Capacity** issues in breast, urology and diagnostics have caused significant pressures. Recruitment to substantive posts continues, reducing locum cover. Demand is being reviewed as part of the a new “vague symptoms” service to ensure improved management of demand and capacity. Oncology capacity is currently under pressure with a business case requesting additional capacity through an additional locum.
 - **Diagnostic services** have experienced a high level of demand for gastro since May. TVCA money has funded additional capacity to achieve the 6 weeks wait national standard . The Trust is monitoring this activity and will share progress and impact. These processes are now starting to improve productivity with patients now being seen and prepared within 37 days (instead of traditional 43 days). This service is being targeted to make further improvements and reductions in waiting times.
 - **Urology** resource and demand issues remain a local and national pressure, impacting on RTT and cancer performance. BHT have recruited two consultants, and are reviewing current pathways which is supported by two visits from NHS Improvement. The resulting report will be shared with the CCG when available and is expected to complement the work planned through the pathway efficiency programme (under the TVCA MOU work stream).
 - **Patient choice** (pathway delays as a result of patient timeliness in their decision making regarding treatment) continues to impact on performance for screening and treatment pathways. Work continues with BHT to ensure appropriate protocols are utilised to mobilise these patients appropriately.
 - **Patient Complexity** - where other illnesses, multiple tumours or further diagnostics cause delays within the patient pathway, these will continue to be managed on an individual patient level.
 - **3 tertiary breaches** - Coordination of tertiary referrals has improved significantly with MDT resource in place. 3 breaches occurred for tertiary referrals to Oxford, whilst the coordinator was on leave. The CCG are working with providers to ensure there is continuity during such periods.
 - **Other Providers** – Operational challenges at OUH continues to impact performance, particularly in gynaecology and head and neck, monitored regularly by OCCG. OUH is under greater performance pressure than the Bucks system, which is continually monitored through performance colleagues. This is expected to gain traction following NHSI support to OUH .

Recommendations and Recovery action plan for all cancer targets, can be seen on page 14

Recommendation(s)/Recovery Trajectory:

The Commissioning Team continue to challenge BHT and other providers to improve performance, develop sustainable solutions and agree action plans.

Delivery of the standard is anticipated for October 2018 (Q3). Due to performance reporting, this data will not be available until December, but will continue to be closely monitored in the meantime.

TVCA funding will be used for new initiatives, already in progress, focusing on:

- Increasing screening and early detection (working with a group of practices and communities to target improvement) – via QIS scheme
- Improved diagnostics (capacity and flow through pathways) – via BHT Vague Symptoms Clinic
- Improved pathways and efficiency - e.g. new lung pathway and urology
- Supporting people living with and beyond cancer (LWBC)

Delivery of these schemes will directly impact performance and result in **sustained achievement of the 62 day standard.**

Further detailed planning is required for the Vague symptoms work and has been requested from BHT

Further detailed planning is required for the Pathway Redesign work has also been requested from BHT. However, it is noted that NHSI has supported BHT in progressing development of Urology services.

Learning – as well as using TVCA supported developments, we are now looking at Kingstone where their performance is seen as one of the best in the country. BHT will be aiming to learn and translate good practice locally.

Lung Pathway – has been redesigned to improve diagnostics and patients being seen as quickly as possible. Following months of development, this is now in place and resulting in 2ww standard for this service achieve 100% and improvement on the 62 day standard also.

104 Day Breaches

There were 8 104 day breaches in July; 3 tertiary referrals, with the remainder split across different services in BHT. Clinical harm reviews are being undertaken to learn from these and will be reviewed by quality colleagues.

It should also be noted, these breaches are patients that have been in the system for some time and are part of the recovery process. They began breaching before the new proactive monitoring process was in place. There are expected to be more until this backlog is cleared, which we anticipate being completed by October 2018.

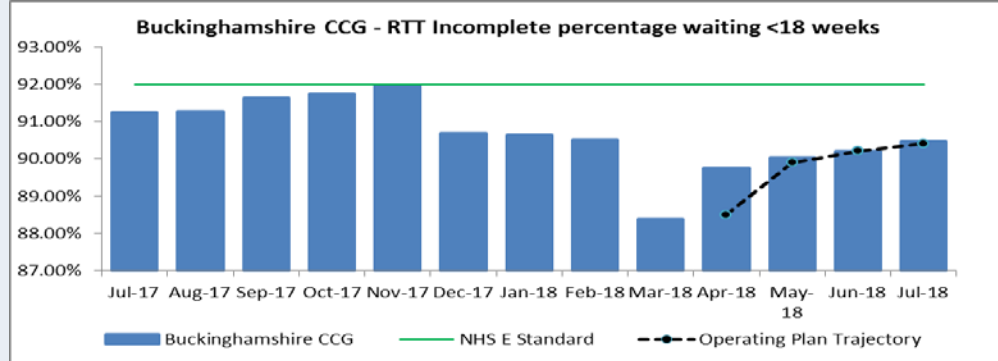
RTT – Incomplete pathways (patients to start treatment within a maximum of 18 weeks)

Situation: July

National Target: 92% Actual: 90.47% **not achieved**

Operating Plan trajectory: 90.40% **achieved**

2018-19	National Standard	NHS E agreed Bucks CCG Trajectory	Report Month	Report Period Actual	Year to Date
Referral to Treatment					
Incomplete % waiting < 18 weeks (All Providers)					
Buckinghamshire CCG	92%	90.4%	July	90.47%	90.12%
Local Provider performance by CCG					
Buckinghamshire Healthcare NHS Trust	92%		July	90.70%	90.40%
Oxford University Hospitals NHS FT				82.12%	82.08%
Milton Keynes University Hospital NHS FT				89.91%	88.95%
Frimley Health NHS FT				92.92%	92.81%
RAG rating: CCG (monthly) rated against NHSE agreed local trajectory/YTD is rated against National target					



Background:

The Operating Plan trajectory was achieved, whilst the national target was not met. Focus remains on reducing the 18 week backlog at all providers, and the continual increase of the waiting list size at BHT. Gynaecology remains an issue at OUH.

Assessment:

BHT continues to address the concerns about the quality of the data being collected, undertaking the deep dive focused on patients waiting 12-18 weeks in ENT and General Surgery.

Recommendation(s)/Recovery Trajectory:

BHT recognise the importance of delivering elective care performance and activity along side emergency and finance, for which the scrutiny is at Board level. The Trust continue to work in conjunction with the CCG to manage performance standards. The Trust are committed to maintaining the zero 52 week wait and continue to monitor the 40+ week waiters, by speciality and pathway on a weekly basis. In addition, alternative capacity has been sourced to manage demand and ensure that patients are treated effectively.

Both OUH and BHT have implemented Remedial Action Plans (RAP) in conjunction with the lead CCGs, which are being monitored at Executive levels

RTT: Incomplete pathways - Over 52 week waiters

Situation: July - **19** over 52 week Incomplete pathways waiters, **0** occurred at BHT

Buckinghamshire CCG - Over 52 week waiters					
Provider	Specialty	Apr	May	Jun	Jul
MILTON KEYNES HOSPITAL	Trauma & Orthopaedics	3	2	2	3
OXFORD UNIVERSITY HOSPITALS	Gynaecology	3	7	9	11
ROYAL FREE LONDON	General Surgery	0	0	1	1
WEST HERTFORDSHIRE HOSPITALS	Rheumatology	1	1	0	0
	Trauma & Orthopaedics	0	0	2	2
	Ophthalmology	0	0	0	1
	Other	0	0	0	1
Total Breaches		9	10	14	19

Background:

- **Oxford University Hospitals Trust - 11 breaches** in Gynaecology. The CCG continues to work with OCCG and OUH regarding the progression of the long waiters.
- Patient 1: Gynaecology - Awaiting TCI
- Patient 2: Gynaecology – Patient cancelled TCI as wishes to discuss options. Follow-up booked 20/08/18
- Patient 3: Gynaecology – TCI 18/09/2018
- Patient 4: Gynaecology – Awaiting POA and TCI
- Patient 5: Gynaecology – POA 15/08/2018 and TCI 14/09/2018
- Patient 6: Gynaecology – O/P 23/08/2018
- Patient 7: Gynaecology – Patient cancelled TCI, awaiting new date.
- Patient 8: Gynaecology – Clock stopped 15/08/2018
- Patient 9: Gynaecology – O/P booked 28/02/2018
- Patient 10: Gynaecology – Urodynamics 14/09/2018
- Patient 11: Gynaecology – TCI 30/7/2018 cancelled, no available anaesthetist. Awaiting re-book.

RTT: Incomplete pathways - Over 52 week waiters

Background:

- **Milton Keynes University Hospital** - **3** breaches in 'Trauma & Orthopaedics'.
Patient 1: No TCI date.
Patient 2: TCI 25/07/2018.
Patient 3: No TCI date.
- **West Hertfordshire Hospitals NHS Trust** - **4** breaches, 2 in 'Trauma & Orthopaedics'; 1 in 'Ophthalmology' and 1 in 'Other'.
CCG awaiting response from the Trust to ensure that a treatment date has been allocated.
- **Royal Free London NHS Foundation Trust** - **1** breach in 'General Surgery'.
CCG are awaiting response from the Trust to ensure that a treatment date has been allocated, as no TCI date allocated as at 27/7.

The CCG requests Clinical harm reviews for all breaches to ascertain the occurrence of any clinical harm as a result and the assurance for long waiters.

Actions: Oxford University Hospital Trust.

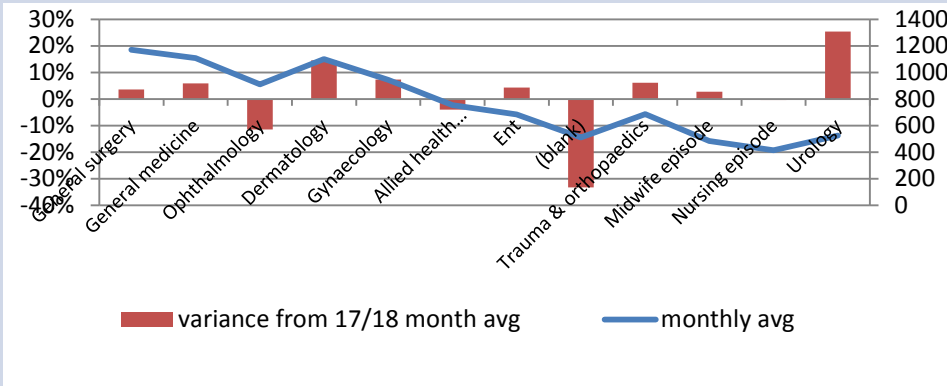
Overall approach is to :

- Outsource activity elsewhere.
- Capacity alerts have been put on Gynaecology to advise that referrals are sent elsewhere with suggested alternatives that have capacity – to slow down the work coming in and joining the waiting list.
- Opening up theatres on Churchill site.

Referrals (GP)

Situation:

July 2018 - GP referrals were about 1% higher (11,376) compared to the monthly Average for 17/18 (11,254)



Background:

BHT and other providers should see 0% growth in referrals from GPs

Assessment:

GP Referrals - pressures in Dermatology (+13%), Gynaecology (+8%) and Urology (+22%)

GP referrals are being maintained below the 11.5k per month average, however, referrals from all sources are up on the monthly average from 17/18. – this was mainly from C2C

Recommendation(s)/Recovery Trajectory:

There are plans for improved management of elective care in Wexham facing practices; however the overall plans around GP elective referrals carry over from 17/18. These are:

- Planned care monitoring and review of all pathways involving intermediate triage (will include Ophthalmology, Gynaecology and ENT)
- Advice and Guidance usage promotion with all practices (includes CVD, Haematology, Dermatology and Pain and this list is being increased by BHT from 1st July to cover Urology, Neurology and ENT, usage of this service is monitored on a regular basis)
- Greater use of ERS and structured pathways by all practices, with 100% requirement to BHT from 25th July
- Sharing of clinical expertise across GP networks and Localities, creating greater emphasis on performance
- Review and close management of Referral Levels and elective care spend by practices and localities
- Greater control of First to Follow up ratios and C2C referrals through contract management

A&E – Four Hour Waits

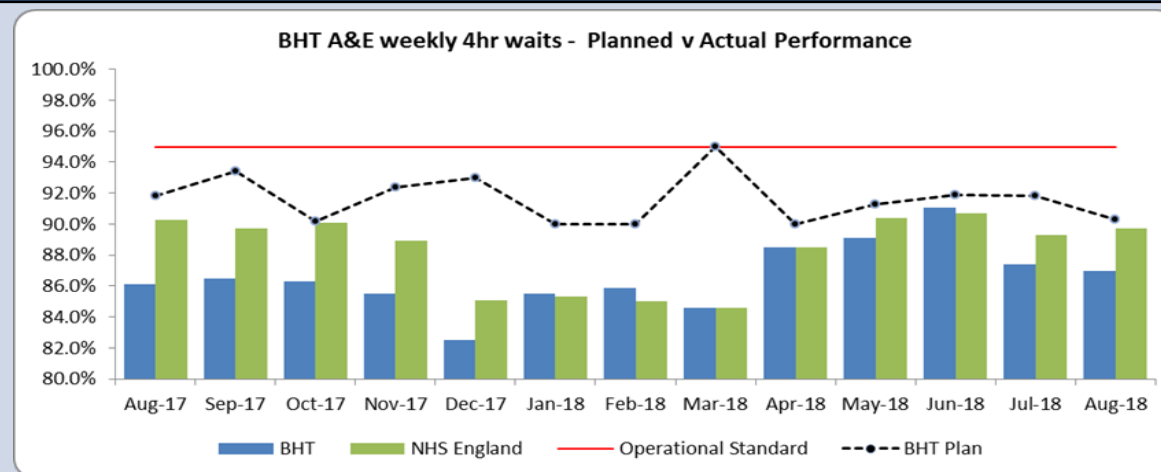
Situation:

Measure of the time that patients wait within an A&E department (or Minor Illness/Injuries Unit) before being admitted, treated & discharged or transferred to another hospital. National target of 95%.

August:

- BHT – Actual: 87.0% **not achieved**
- MKUFT – Actual: 94.8% **not achieved**
- OUH – Actual: 87.0% **not achieved**
- Frimley – Actual: 90.1% **not achieved**

BHT A&E Operating Plan trajectory of 90.29% for August was **not achieved**.



Buckinghamshire Healthcare Trust

Background:

The achievement of 87.0% in August was a 0.37% reduction in performance compared to the 87.37% achieved in July 2018. 87.0% represents an adverse position against the 90.29% August 2018 trajectory.

Assessment:

The position of 'Transfer of Care' waits remained below target in August; a multidisciplinary action squad has been established to support improvement via daily rounds challenging discharge plans. In mid-August, demand on services continued to increase across the whole CCG system. The Care-Fully programme continues to assist in reducing discharge delays via systemic improvements to trust flow policies.

Highlights & Achievements in August 2018:

- The 'RAT' (Rapid Access & Treatment) model and Ambulance Handover process is regarded as an exemplar, continuing to be so even at times of high pressure across the rest of the system. Ambulance handover delays continue to reduce. Ambulance arrivals from SCAS on average have reduced from an average of 72 to 65 per day, often lower.
- Care-Fully Programme to be aligned and integrated as part of an overarching Urgent Care ICS Programme of work incorporating all aspects and system projects to help support deliver of 4 hour standard with a tight focus on ICS system-working to improve patient flow

Recommendation(s)/Recovery Trajectory:

- Implementation of the #AcuteCareHub initiative including trial of 'medical take' going directly to Acute Medical Unit, which is on-going and improving
- Continued work with Paediatrics to enable more conditions to be seen through GP Streaming

Actions & key areas of focus for August/September 2018:

Key areas of focus for the coming month include:

- Fill-rate of shifts – Improving the filling of the nursing and medical rota's across the Emergency Department, Urgent Care and the wider Trust, including for GP streaming, which was challenging through July and August.
- SAFER initiatives for improving patient ownership of Length of Stay and increasing mobilisation. Also a focus, in partnership with NHS Improvement (NHSI), on over 21 day length of stay patient flow.
- BHT teams are working closely with the wider ICS to ensure a 'joined-up' approach to urgent care transformation which utilises internal work streams and clinical engagement with wider system strategy.
- Ambulance journeys, decreasing through better pathway design, from an average of 72 per day (Q4 2017-18) to an average of 63 per day in Q1 2018-19.
- Rota's realigned for coming months.
- Work on-going: recruitment to existing and new alternative roles.

GP Service:

- Service now embedded at SMH, seeing an average of 45-50 patients each day during June
- Fill-rate of shifts stabilising at about 80% with unfilled shifts occurring on evenings and weekends
- Appropriate paediatric patients now seen by GP service (average of 8 per day in June)
- Recruitment remains challenging, though most GP's work via internal staff bank - experiencing difficulties in filling weekend shifts

GP Triage

Situation: July

Accepted percentage rate: **68.75%** , a **2.74% increase** over the previous month.

CCG	Last Month			Current Month			Difference
	GP Triage Attempted	GP Triage Accepted	Proportion	GP Triage Attempted	GP Triage Accepted	Proportion	
Buckinghamshire CCG	462	305	66.01%	416	286	68.75%	2.74%

Background:

The definitions of the GP Triage measures are as follows:

- GP Triage Attempted is the number of times SCAS has tried to contact the GP
- GP Triage Accepted is the number of times a GP accepted the clinical responsibility for the SCAS patient

Assessment:

- Bucks position (GP triaged accepted) increased in the month of July, mainly due to the Chiltern area reporting 74% accepted (the second highest in Thames Valley).
- The CCG recognises that work needs to be re-energised particularly in Aylesbury Vale area to support the increase in GP triage utilisation.
- The clinical director for unplanned care and SCAS lead will work with localities and practices to ensure messages continue to be conveyed and understand how this can be effectively managed.
- Further areas for proposed improvements are discussed, agreed and monitored at the A&E Delivery Board.

Recommendation(s)/Recovery Trajectory:

- The practice level detail is shared at locality meetings to increase awareness of performance achievement
- SCAS provide performance updates to the A&E delivery Board

SCAS - Ambulance Response Programme (ARP)

Situation: July 2018

Category 1

Buckinghamshire CCG

- 7 minute response 'mean' target Actual: 7.32 **not achieved**

Category 3

Buckinghamshire CCG

- 120 minute '90th percentile' target Actual: 2:06:59 **not achieved**

Thames Valley

- 120 minute '90th percentile' target Actual: 2:00:35 **not achieved**

Category 4

Buckinghamshire CCG

- 180 minute '90th percentile' target Actual: 3:49:06 **not achieved**

Month: July 2018						
Category	Cat 1		Cat 2		Cat 3	Cat 4
Target	7 minutes	15 minutes	18 minutes	40 minutes	2 Hrs	3 Hrs
	Mean	90th Percentile	Mean	90th Percentile	90th Percentile	90th Percentile
Buckinghamshire CCG	0:07:32	0:14:25	0:16:21	0:31:24	2:06:59	3:49:06
SCAS - Thames Valley	0:06:55	0:12:38	0:15:22	0:29:58	2:00:35	2:55:29

Background:

Ambulance Response Performance is reported against the Ambulance Response Programme (ARP) targets. Definition of these categories/targets:

Category 1 – Life Threatening - These should be responded to in a **mean time of seven minutes** and 90th percentile time of 15 minutes.

Category 2 – Emergency - These should be responded to in a **mean time of 18 minutes** and 90th percentile time of 40 minutes.

Category 3 – Urgent - These types of calls should be responded to at least 9 out of 10 times before 120 minutes.

Category 4 – Non Urgent - These less urgent calls should be responded to at least 9 out of 10 times before 180 minutes.

Assessment:

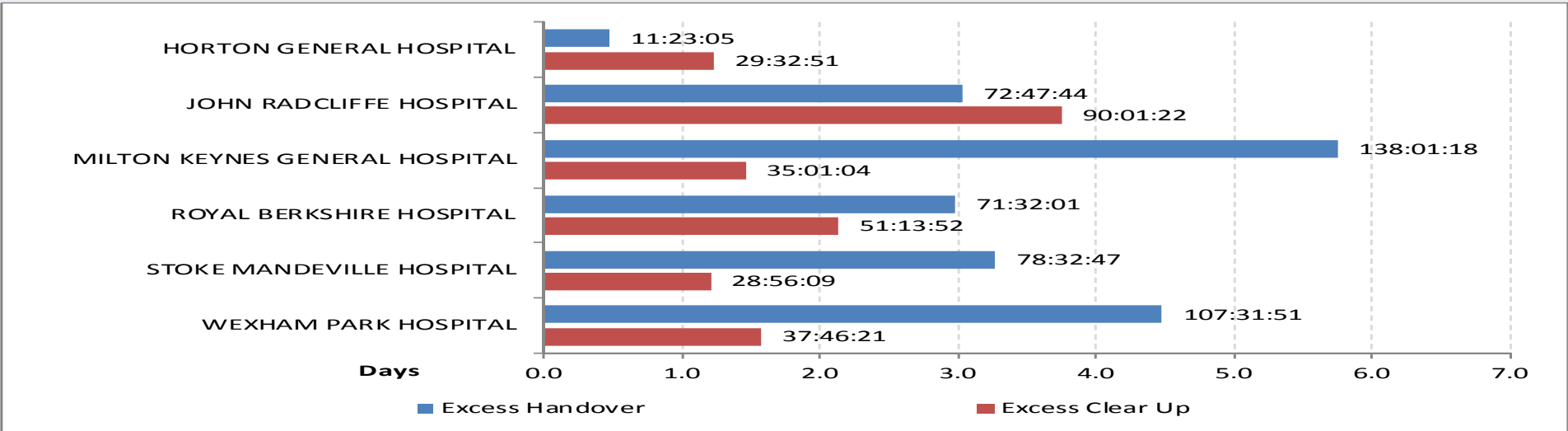
- At Thames Valley contract level SCAS have achieved all targets for Cat 1, 2 and 4. Category 3 target was missed by 35 seconds.
- At CCG level Bucks failed the 7 minute mean (32 seconds) and CAT 3 and CAT 4 targets. The CAT 4 target was missed due to a small number of long wait patients, therefore impacting on the overall percentage achievement.
- At contract level Activity for the month was 0.3% below last year and 2.5% below 18/19 plan. This was partly driven by 111 CAT 3&4 validation.
- Handover delays reporting at SMH remain relatively positive (SMH now being identified as an exemplar) following successful implementation of the new Rapid Assessment & Treatment (RAT) service at SMH.

Issues:

- Recruitment remains challenging in Emergency Operations Centres. Workforce position improving in year, but still behind plan
- High acuity conveyed patients stayed in line whilst there were large reduction in lower acuity activity and Hear & Treat (H&T).
- Frontline workforce starting position lower than forecast, with recruitment below plan – creating pressure, therefore increasing private provider provision for remainder of year.

Recommendation(s)/Recovery Trajectory:

- SCAS continue to focus on Cat 1 mean performance and how best to optimise fleet mix to support continual achievement of this target. For Bucks, an understanding of issues relating to long wait patients (through CQRM) as this impacted on CAT 4 performance in July.
- Continued focus on channel shift of Cat 3 and Cat 4 conveyance. UEC funded projects to help support this through a SCAS led falls service and greater support in the IUC to help reduce potential call outs and admissions.
- Remedial Action Plans: Stroke: No actions pending, above trajectory for last three months.
- Mental Health: aware of rising demand, with services focusing on review, development and exploration of support from the Thames Valley Integrated Urgent Care service (TVIUC).
- Handover delays continue to be stable - and BHT are not currently regarded as an outlier in this area. July figures are reported below.



The New Integrated Urgent Care Service - SCAS

Situation:

Calls answered within 60 seconds : Target: 95%

Actual: 78.66% **not achieved**

Call abandonment: Target <3.5%

Actual: 2.48% **achieved**

		July-18	YTD
Name	Threshold		
Abandoned calls	<3.5%	2.48%	2.19%
Call waiting time	>=95%	78.66%	82.71%
Transfer to 999	< 10%	10.06%	9.50%
Attend Accident and Emergency Department Type 1 & 2	<5%	6.93%	7.45%

Background:

SCAS are working to a Call Answer and Warm Transfer performance action plan. The recovery trajectory is currently in dispute following a revision which predicted recovery in October 2018. The Integrated Urgent Care service in Buckinghamshire received 13,016 calls in July; there was under performance of 1110 calls against the July Plan for Buckinghamshire and 966 under plan at TV contract level.

Assessment:

Main issues include higher than planned demand, changing peaks of when the calls come in plus staff sickness, recruitment and retention.

There is on-going work to try to improve staffing, such as the appointment of Welfare Officers and Quality Assurance Coaches, as well as reviewing the recruitment model. Sickness levels are down to 6.3%, most likely due to the service provided by the Welfare Officers. There have been 12 people recruited to the Service Advisor (Band 2) role (6 for TV and 6 for SHIP) these part time roles allow those that do not complete the Pathways training successfully to remain within the organisation, with opportunities for career progression.

The dual role with PTS is also being implemented as a pilot and is being reviewed with the 999 service.

A remedial action plan is in place with the Trust however, this is being reviewed with commissioners to establish a more effective and realistic approach.

The revalidation of ED calls has now gone live, in July 53% of calls were revalidated resulting in a 64% outcome change.

111 Online was launched on 31st July.

Recommendation(s):

SCAS has consistently failed to meet targets since the service commenced. For performance during the period 05/09/17 – 31/12/17 a penalty notice was issued to the amount of £57,775. For Q2 a second penalty notice has been issued to the amount of £48,950.81 (this is a capped amount in accordance with the terms of the contract).

Under the terms of the contract any penalties incurred within Year 1 – 2 will be reinvested.

Delayed Transfers of Care (DToC)

Situation:

DToC rate has remained stable with improved minor reductions; daily average delays reducing by 6.3 from previous month. Reductions at Milton Keynes, OUH and delays classified as others (i.e. London hospitals etc.) were reported.

Provider	2017/18									2018/19			
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	512	431	410	559	366	382	439	459	405	673	786	643	676
FRIMLEY HEALTH NHS FOUNDATION TRUST	602	637	508	384	380	409	477	326	583	412	724	529	583
MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	184	161	141	209	241	178	245	257	204	259	179	140	60
OXFORD HEALTH NHS FOUNDATION TRUST	154	107	121	70	119	121	149	111	160	117	72	98	115
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	115	63	144	79	36	78	180	64	82	56	136	68	57
OTHERS	146	180	209	92	75	124	113	44	60	50	72	115	63
Total	1713	1579	1533	1393	1217	1292	1603	1261	1494	1567	1969	1593	1554

Background:

DToC continues to be a key focus for BHT and for Bucks patients within neighbouring trusts. The monitoring of DToC is managed on a daily basis at BHT and Frimley; with updated lists circulated daily. DToC is a key aspect of the 8 High impact change programme of work and an key element of the 7 Urgent & Emergency Care (UEC) domains within Hospital to home.

Assessment:

- There was a minor reduction of DToC in the month of July. Bucks LA overall daily average is 50.1 (down from 56.4 in June).
- BHT as a provider (all CCG's) has a rate of 4.7, a 0.1 increase from the previous month.

Recommendation(s)/Recovery Trajectory:

Actions:

- Establishment of frailty bays at SMH to increase capacity.
- UEC funded project (an MDT action squad) is currently being developed to help support a reduction in long stay patients and DToCs.
- Funding for Red Cross to help support the process of patient re-settlement and repatriation to home
- Daily 09:00 medically fit call with ASC at SMH to discuss all patients on the medically fit list. On a weekly basis this will then be followed by the daily system call to help expedite patients from partners on the system call.
- Buckinghamshire County Council to lead a system wide D2A Business As Usual model which is currently being developed by system partners to ensure opportunities within the Better Care Fund (BCF) are maximised and aimed at reducing excess bed days, Long stay patients, DToCs and to ensure that patients are supported through 'home first' principles.
- DTOC escalation framework has been presented to ICET also routed through the system wide A&E delivery group and board. This process will support timely discharge and escalation as appropriate.
- NHSI are currently providing support to BHT wards about processes and improving pathways internally to maximise discharge options.
- BHT are also working to ensure the choice policy is robustly implemented.

The three high impact changes as agreed with Director of ASC and CCG are:

- Introduction of Action Squad, supported by BHT, Community Services and ASC reviewing patients over 21 days on a daily basis
- Weekly Escalation Call with CNO. COO, Director ASC, CCG – a review of the Top10 longest stay patients across the Trust
- A review of the Choice Policy and introduction of electronic record to monitor use, followed by refresher training for all staff

Continuing Healthcare

Situation:

80% of Continuing Health Care assessments completed within 28 days of checklist being accepted.

July – Actual: 36% **not achieved**

Percentage of CHC assessments within 28 days				
	2018/19			
<i>Target 80%</i>	April	May	June	July
Buckinghamshire CCG	47%	45%	42%	36%

Situation:

Less than 15% of full NHS Continuing Health Care assessments to take place in an acute hospital setting by March 2018.

July– Actual : 28% **not achieved**

Reduction in CHC assessments carried out in Acute hospitals				
	2018/19			
<i>Target <15%</i>	April	May	June	July
Buckinghamshire CCG	32%	28%	26%	28%

Background:

NHS Continuing Healthcare ("fully funded NHS care") is care outside of hospital that is arranged and funded by the NHS. A national framework mandates the process to be followed to identify whether a person meets the threshold for NHS CHC funding, or are the responsibility of the Local Authority or are self-funders.

Assessment:

- Current performance has been adversely impacted by no longer being able to access “discharge to assess” beds in care homes, due to decommissioning of the service in April following the winter period, which enabled patients to move out of hospital while receiving rehabilitation.
- The CHC service will be placing a Nurse Assessor at Stoke Mandeville Hospital to provide support ensuring that checklists are completed and DSTs are of a high quality. BHT have welcomed this support. This measure was initially implemented for the month of August 2018 but has now been extended to stay in place until the end of December 2018
- A number of practical operational changes, such as the introduction of visual management, have been made within the CHC service that are aimed at increasing compliance with the 28 day target.

Recommendation(s)/Recovery Trajectory

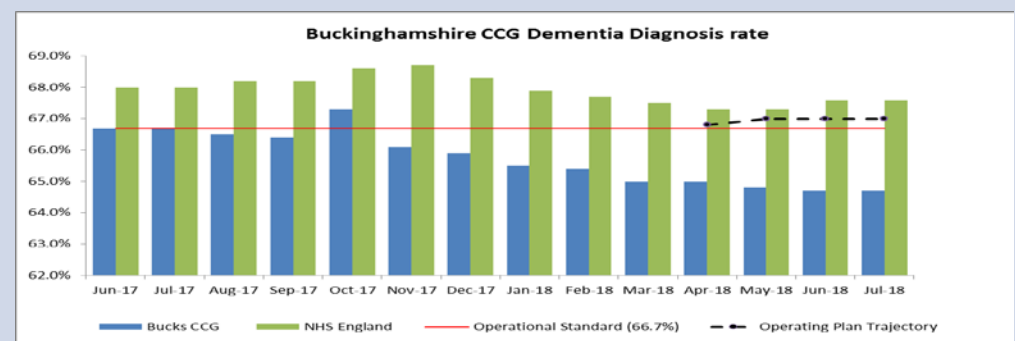
- Performance for the ‘reduction in CHC assessments carried out in acute hospitals’ dipped in July following improvement during Q1. It is anticipated that the introduction of the Nurse Assessor at Stoke Mandeville Hospital will have a positive impact on this measure from August 2018 onwards.
- Performance recovery of the 28 day standard is being targeted for Q4 2018/19 with performance continuing to improve in July 2018.

Dementia Diagnosis Rate (DDR)

Situation: July

National Target: 66.7% Actual: 64.7% **not achieved**
Buckinghamshire CCG Local Trajectory 67% **not achieved**
Buckinghamshire, Oxfordshire and Berkshire STP Actual: 66.2% **not achieved**

The CCG continue to review the DDR in Bucks, which remains below target and appears to have plateaued, although slight improvement this month.



Background:

The national target is for two thirds of people with dementia to be formally diagnosed. The Dementia 65+ estimated diagnosis rate indicator tracks this ambition by comparing the number of people thought to have dementia with the number of people diagnosed with dementia, aged 65 and over.

Assessment:

- Primary care referrals continue to be high to Memory Clinic
- OHFT - Clinics in South Bucks are struggling with the demand and capacity, exacerbated by workforce shortage issues in this area of the county.
- BHT - national data highlights that they are not performing screening on elderly patients (as should now part of the contract following the retirement of the 16/17 CQUIN)

Recommendation(s)/Recovery Trajectory:

The three pronged approach to address the plateaued DDR in Bucks:

1. Ensuring a timely diagnosis from GP referrals to memory clinics assessment. (within 6 weeks)
2. Continuing with the Care Home screening /diagnosis (70% of patients in Care homes have dementia)
3. Focus BHT attention to memory screening in their elderly patients with unplanned admissions (25% of patients in acute hospitals have dementia)

Other actions include:

- Meetings with OHFT to explore variation and capacity in memory clinics as well as workforce. Recovery plan in place. Assessment opportunity's to be increased.
- Dementia continues to be a scheme in PCDS supported by monthly practice level data.
- MMS having screened Chiltern Care Homes and have start screening care homes in Aylesbury Vale commencing with the largest nursing homes with block contracts with the Council.
- Workshop planned with OHFT to map out post diagnostic services available for patients in Bucks and identify gaps.
- Implementation of the delirium pathway in BHT to reinforce cognitive screening in the over 75s.

Mixed Sex Accommodation

20 Mixed Sex Accommodation breaches were reported for the CCG in July

- 13 at Frimley Health NHS Foundation Trust (Wexham Park Hospital) and 7 at Oxford University Hospital (Churchill Hospital x 3 & John Radcliffe x 4).

Buckinghamshire CCG					
Mixed Sex Accommodation	Apr-18	May-18	Jun-18	Jul-18	Total
Number of breaches	21	29	25	20	95

Frimley Health - The lead commissioner has indicated that the majority of breaches occur on the Day Surgery Units and that the situation will continue until the completion of the necessary building works scheduled for completion in the autumn.

MRSA

Situation: As at 17th September - No MRSA cases were attributed to the CCG in August.

Buckinghamshire CCG						
MRSA (2018-19)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Total
Assigned to CCG	0	0	0	0	0	0

C. Difficile

Situation: As at 17th September - Buckinghamshire CCG was one case **above** the monthly trajectory in August.

Buckinghamshire CCG						
C.Difficile (2018-19)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Total
All cases	10	7	7	5	10	39
Monthly limit	9	9	9	9	9	45
Cumulative Status	-6					

Mental Health – Care Programme Approach (CPA)

Situation:

Patients on CPA to have a documented risk assessment - Adults

Target: 95% Actual : 90% **not achieved**

CPA: 95% of all patients on CPA have a documented risk assessment.

2018-19		Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD
Adult MH	<i>Numerator</i>	40	40	37	39	36	192
Bucks CCG	<i>Denominator</i>	40	40	40	40	40	200
	Percentage	100.0%	100.0%	92.5%	97.5%	90.0%	96.0%

Situation:

IAPT Access: Proportion of people with depression / anxiety (as per national public health data) that have entered psychological therapies.

National target: 19.5% by Q4

Local stretch target for Q2 (19.25%): Month Actual: 16.8% **not achieved**

YTD Actual: 18.6% **not achieved**

IAPT: Access - proportion of people with depression/anxiety that have entered psychological therapies.(target 19.5% by Q4)

2018-19		Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD
Target		Q1 19.125%			Q2 19.25%		
Bucks CCG	<i>Numerator</i>	756	641	606	748	608	3359
	<i>Denominator</i>	3613	3613	3613	3613	3613	18065
	Percentage	20.9%	17.7%	16.8%	20.7%	16.8%	18.6%

Background/ Recommendations/Recovery Actions:

Actions to improve performance are being scoped with OH and will be reflected in future reports.

Learning Disabilities Annual Health Checks (AHC) Proportion of people with a learning disability on the GP register receiving an annual health check

Situation:

- Buckinghamshire CCG local target for 2018/19 is 65%.
- At the end of August EMIS data showed that Buckinghamshire CCG had achieved 10.8%.

Please note: Historic trends show that more patients have health checks towards the end of the financial year and as such performance increases considerably later in the year. There is also large variations between practices.

Background:

- This indicator measures the proportion of people on the GP Learning Disability Register that have received an annual health check during the year, measured as a percentage of the CCG registered learning disability population.
-
- The national target for 2020 is 75%, Buckinghamshire CCG target for 2017/18 was 55% and as a whole achieved 55.25% AHC
- Buckinghamshire CCG local target for 2018/19 is 65%.

Assessment:

Recommendation(s)/Recovery Trajectory:

Actions currently being taken to improve performance include:-

- Practice training
- Community specialist LD support
- Regular bulletin of information
- Links with Business Support Managers
- AHC dashboard for practices and CCG to monitor progress against targets
- Reminders to GPs that there is an incentive scheme in place to support increased numbers of AHCs being completed
- Buckinghamshire CCG and Buckinghamshire County Council held a health and wellbeing event on 13th September to raise awareness about health checks and all the support available locally. The event was really well attended by exhibitors , people with a learning disability and/or autism and carers. Comms report to follow shortly.

Transforming Care

The national Transforming Care Programme (TCP) (Building the Right Support) aims to improve services for people **with learning disabilities and/or autism (including those without a learning disability), who display behaviour that challenges, including those with a mental health conditions.**

Monthly reporting to NHSE is through HSCIC and is used to monitor inpatient flow of this cohort. Inpatients that are included in the monitoring/reporting meet the definition above and are **adults and children.**

The planning assumptions made by the NHSE and by which Buckinghamshire TCP is measured are:

- 10-15 inpatients per million population in clinical commissioning group (CCG) commissioned beds (such as assessment and treatment units),
- 20-25 inpatients per million population in NHS England-commissioned beds (such as low, medium or high-secure services).

Buckinghamshire Transforming Care Programme cohort, as at 10th September, is currently:

0 patient in Dove Ward, LD specialist hospital

4 patients out of area, LD specialist hospital (Forensic locked rehab)

1 patient out of area, MH specialist hospital

There are currently **six patients** placed via NHSE Specialised Commissioning Services in secure hospitals.

These six patients comprise:

- 3 adult patients in secure hospitals
- 3 Child Adolescent Mental Health (CAMHS) patients in secure hospitals

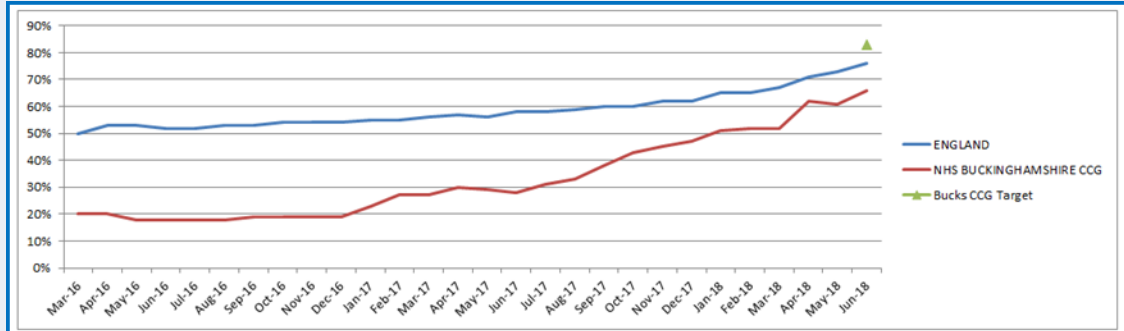
Buckinghamshire Transforming Care Programme	April	May	June	July	August
Current inpatients	6	6	5	5	5
Patients placed via NHSE Specialist Commissioning Services (secure hospitals)	5	5	6	5	6

Electronic Referral System (ERS) Programme

Situation:

June 2018 - Buckinghamshire CCG Actual: 66% usage (ranking 128th out of the 207 CCGs).

The estimated usage for July is 75%.



Buckinghamshire CCG		June
E-Referral Coverage	Trajectory	83%
	Actual	66%

Background:

- It is a national requirement to move to the full use of the NHS e-Referral Service (eRS) for all consultant led first outpatient referrals.
- From 1st October 2018 providers will not be paid for activity which results from referrals if the referral has not been made through eRS and will have the right to return such referrals to GPs.

Assessment:

- The reporting capability of eRS has not been explored
- Currently no reports are produced from the eRS to monitor referrals by GP Practice and speciality

Recommendations:

- To explore and develop an appropriate set of reports from which to monitor referrals to assist the management of demand and levels of referrals

Safeguarding Adults (1)

Situation:

- Safeguarding Adult Lead and Large Scale Enquiry Lead have commenced the first joint visit as part of a preventative measure to support providers where there are concerns before a Large Scale Enquiry is launched.

Background:

- Following an ongoing Large Scale Enquiry (LSE) which was launched in January 2018 where the Safeguarding adult lead has continued to support the enquiry led by the Local Authority (LA). This was a multi-agency enquiry in line with LSE protocol where the nursing home in question was under scrutiny and placements were suspended.

Assessment:

- The enquiry is still ongoing in a monitoring capacity.

Recommendation(s):

The enquiry is still ongoing, however, learning has already been identified:

- To include a traffic light system into the LSE protocol to highlight concerns at an earlier point.
- LSE policy to be integrated into the Multi Agency Safeguarding Hub (MASH) operation principles and the protocol to be managed by the LA, rather than the Safeguarding board.
- LSE enquiry lead and safeguarding adult lead to conduct monitoring visits to providers where there are concerns, to highlight support that is needed.
- The LSE policy has been integrated into the MASH operating principles and is out for comment.

Safeguarding Adults (2)

Situation:

- Introduction of Persons in Positions of Trust Policy (PIPOT)

Background:

- It is a requirement of the Care Act 2014 Statutory Guidance that Safeguarding Adults Boards establish and agree a framework and process for any organisation to respond to allegations against anyone who works, (in either a paid or an unpaid capacity,) with adults with care and support needs.
- It was identified, through the sub group of the Safeguarding Adult board, that a protocol required devising

Assessment:

- The policy has been ratified and circulated to all agencies as well as placed on the Adult Board website.

Recommendation(s):

Each member agency of the Safeguarding Adult Board have been asked to describe to the Board how they have promoted the policy within their agency.

For the CCG the following actions have been taken:

- Policy sent to all GP practices.
- Uploaded to CCG members page on intranet.
- Safeguarding Adult Lead has requested feedback from all practices as to how they have disseminated and promoted the policy , which will be shared with the Adult Board.

Safeguarding Adults (3)

Situation:

- BCC received funding from the Police Crime Commissioner to aid the promotion for PREVENT within the county.

Background:

- The CCGs Adult safeguarding Lead is involved in the Prevent Network, representing the health sector on the Channel Panel.
- The Buckinghamshire PREVENT Network has formed a Task and Finish Group to explore how best to allocation the spending of the funding and how to communicate the PREVENT message.

Assessment:

The group decided that the funding will be used to purchase posters and banners aimed to inform both professionals and the public.

Recommendation(s):

It was recommended that the materials aimed at professionals and the public will need to be designed with slight differences .

Designs for both have been received, with the task and finish group receiving feedback for the most popular design that will be used.

The programme is due for county wide roll out in September, including the use of social media platforms where it will be a uniform message.

Safeguarding Children

Situation:

- Child Protection Information Sharing Service (CPIS) requires full implementation within BHT
- A Serious Case Review (SCR) of a Looked After Child has begun.
- A Serious Incident (SI) review is underway at BHT regarding the death of a Buckinghamshire child. Interim measures are in place to ensure the repeat of this type of incident
- Updated Working Together to Safeguard Children 2018 (WTSC) recently published with a briefing sent to all GP practices. Providers have been asked to evidence assurance that updates have been disseminated

Background:

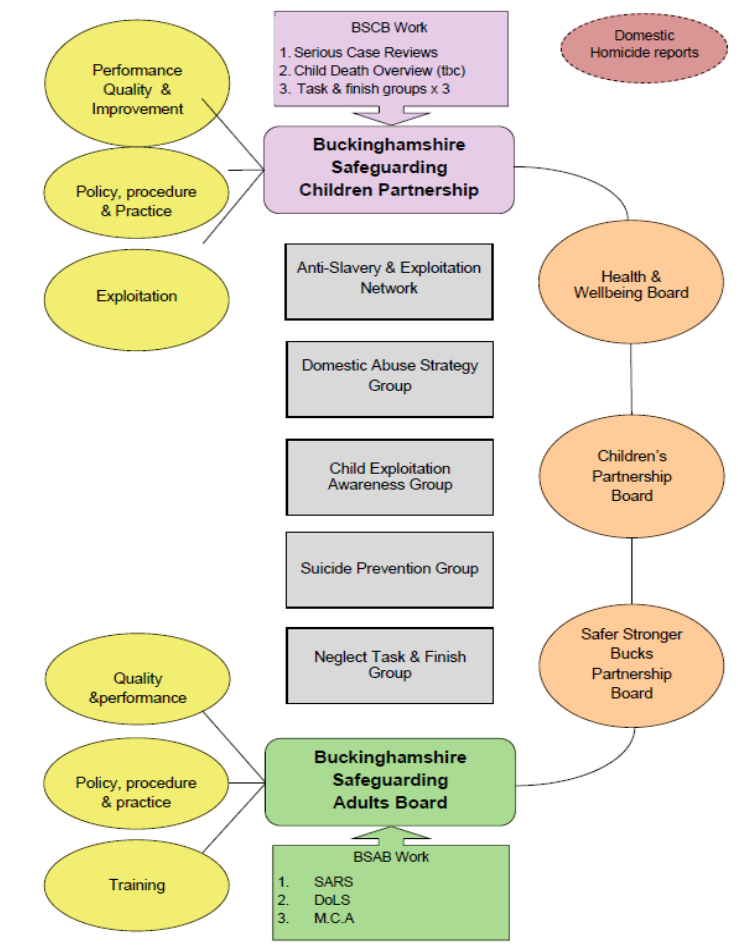
- National imperative to implement the above system, being part of the Standard NHS Acute Contract. Currently working in A&E, but requires all relevant staff in the maternity and emergency eye clinic to be trained.
- FGM information sharing system to be implemented – progress being monitored
- 14/52 baby suffered injuries whilst in the LAC system. Police are involved and the case continues to be investigated. (SCR, as above)
- Update guidance published detailing changes to the structure of the Local Safeguarding Children Board. The three statutory partners are Local Authority (LA), Police and CCG. As equal partners there are potential financial implications for the CCG. Historically, the LA, as lead agency, were the major financial contributor to the Board. Transition plans progressing

Assessment:

- Provider organisations require an understanding of the recently published Working together to Safeguard Children (WTSC) document to remain compliant with statutory guidance.
- Child Protection Information Sharing project (CPIS) needs to be fully implemented in BHT unscheduled settings i.e. maternity, emergency eye and dental areas to be compliant with the NHS Standard Contract
- Female Genital Mutilation (FGM) Implementation Strategy must be implemented

Recommendation(s):

- Monitor implementation and updated trajectory requested
- Await recommendation from SCR report (approx 6 month timeframe for completion subject to criminal proceedings)
- Improved governance and oversight in addition to commitment to ensure that the CCG is compliant with statutory obligations
- CCG is continually sighted on developments



Safeguarding Children – Looked After Children (LAC)

Situation:

The LAC service in Bucks continues to struggle to provide timely review health assessments to LAC within Buckingham. This is partly due to relevant information not being received from the Local Authority (LA) in a timely manner. A meeting was held with the LA to consider what improvements can be made to the current system to facilitate health assessments taking place within statutory timescales.

Background:

- BHT provide the LAC health service and in order to undertake timely health assessments the Trust rely on social care to provide supplementary information for these assessments.
- Historically, access to this information has been difficult. Recent guidance identifies unwarranted variations across the country in relation to timeliness and quality.
- NHSE has issued standard templates to guide and use in LAC services.
- BHT and the CCG work closely with the Local Authority to address the effectiveness of the current systems and aim to devise more efficient systems to provide an improved service delivery for LAC as a whole.

Assessment:

- The risk to LAC and the CCG is that the identified most vulnerable children are not receiving timely health assessments.
- The Corporate Parenting Panel are robustly challenging the improvement for the LAC service, on a bi-monthly basis. Meetings have taken place with social care to look at the current systems and how these could be improved to comply with national guidance.
- Due to current performance, this has been flagged as Red on the Local Safeguarding Children's Board's (LSCB) risk register.

Recommendation(s):

- LAC service specification is being reviewed to identify improved outcomes for all LAC, whether placed within Bucks or out of the area
- New job description for Named Nurse for LAC
- Review of Designated Doctor role and job description
- Report to Corporate Parenting Panel for challenge and scrutiny
- Remain as Red on RAG rating at LSCB until September 2018 when status will be reviewed

Frimley Health NHS Foundation Trust

Situation: **CQC Inspection Theatres Action Plan** (HWPH)

Background:

Frimley and Wexham Have recently been visited by CQC unannounced. Inspectors looked at the Never Events and learning. Inspectors were satisfied learning disseminated and updating WHO checklist, minutes of all governance sessions.

However CQC raised a number of issues:

- WPH Theatres Pharmacy was left ajar due to ineffective closing mechanism
- Medication left drawn up and unattended for the next case in Anaesthetic Room
- Haz Tabs were not secured safely in line with COSHH risk assessment
- WPH Theatres Scope Room was left ajar due to ineffective closing mechanism
- Ineffective Theatre Security
- Potential for the wrong patient being brought to Theatre due to cross –site inconsistency in process for sending for patient for Theatre
- Potential to select the incorrect prosthesis if multiple kit taken into the Theatre environment
- Theatre blood fridge temperature not checked for 3 days
- Ensure clear process for tracking of instrumentation and prosthesis
- Ensure that stop to block sign are in place in all anaesthetic rooms in WXP

Assessment:

The Action plan and assurance was given at the FHFT SI Panel meeting by the Head of Nursing and the Clinical Director of the division that the actions have all been implemented and that monitoring for compliance is in place. (Document available on request)

Recommendation(s): N/A