

NHS Buckinghamshire CCG

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

Quality and Performance 2018-19 Year-End & Month 1 Report

May 2019



2018-19 YEAR-END PERFORMANCE REPORT

Indicators not achieved at Year-End			
Indicator	Target	Position Summary	Page
Cancer Page 5	31 Day - Subsequent Treatment - Surgery 62 Day – Urgent GP referral to 1 st treatment 62 Day – Screening Service	91.8% 80.5% 85.7%	14-15
RTT Page 5	Incomplete – percentage seen within 18 weeks Incomplete – 52+ week waiters	The CCG faced numerous challenges mainly demand and capacity issues in a range of specialties including T&O and Ophthalmology. The CCG invested in additional capacity to support the increasing demand at BHT. The implementation of ERS increased the volume of duplicate patients on the internal system contributed to the achievement of achieving 88.8% narrowly missing the 92% target. BHT had zero 52 week waiters all year	16-17
GP Referrals	No increase in the number of referrals made by GPs to acute providers	February (local data) : 4.2% lower (12,014 per 1000 in 18/19) compared to 17/18 (12,537 per 1000). Pressures in Cardiology (up 19.7% compared with 17/18), Gastroenterology (up 30.3% compared with 17/18) and Urology (up 18.6% compared with 17/18) GP referrals are being maintained below the 1.1k per 1000 per month average. Referrals from all sources - reduction in monthly average compared to 17/18. (-8.4%).	18
Mental Health Page 6	CPA – Risk Assessment	The documented risk assessment denominator is based on a monthly audit of a random 40 cases from caseload. Through the year 456 risk assessments out of 482 were undertaken, 2 further assessments were required for the standard to be achieved.	19
A&E 4 hour waits Page 7	95% of patients to be seen within 4 hrs of arrival	Local Providers failed to achieve the National target. BHT 88.34% OUH 87.19% Frimley Health 87.16% MKUFT 91.48% April Achievement: BHT 89.73% OUH 84.73% Frimley Health 79.57% MKUFT 93.44%	20-21 36-37
Delayed Transfers of Care (DToC) Page 7	Rate of days of delayed transfers of care	The Bucks system did not meet meeting the agreed daily delay target and despite the improved performance compared to 17/18, the number of delayed patients remains higher than the overall NHSE ambition of 4.5%	22
GP Triage	SCAS crews attempt to hand over the care of the patient to their GP surgery to manage, resulting in the potential avoidance of an A&E attendance and non-elective admission.	85% achieved 1% higher than in 2017/18	23

Indicators not achieved at Year-End (continued)			
Indicator	Target	Position Summary	Page
SCAS Page 7	CCG Category 1 – Mean (7 minutes) Category 3 – 90 th Percentile (120 minutes) Category 4 – 90 th Percentile (180 minutes) Thames Valley Category 3 – 90 th Percentile (120 minutes)	SCAS achieved 5 out of 6 primary targets at Thames Valley contract level. 3 out of 6 primary targets were achieved for Bucks at CCG level. Work continues to overcome challenges, which include staffing levels, workforce attrition and recruitment, south of county response impacting by high handover delays at Wexham	24-25
NHS 111	Calls answered within 60 seconds : Target: 95%	85.29% - Not achieved and being addressed at Thames Valley level	26
Continuing Health Care Page 7	Assessments within 28 days Reduction of CHC assessments in acute hospitals	Performance against the 28 day target has increased to 55% in March but the year average remained below target at 43% . Performance against the assessments in acute hospital target improved to 18% in March but the yearly average remained above target at 25%	27
Dementia Diagnosis Rate Page 6	Two thirds of people with dementia to be formally diagnosed. (66.7%)	Bucks, Oxfordshire and West Berks (BOB) STP narrowly achieved the national target with Year-End performance at 66.8%, however the CCG underachieved with performance at 64.6%.	28
E-Referrals Page 8	100% National requirement to move to the full use of the NHS e-Referral Service (eRS) for all consultant led first outpatient referrals.	86% N.B. Recent usage numbers to be challenged because validated data from local providers indicates a 98%+ compliance rate	29
CYP: Eating Disorders Page 6	Threshold for ‘Routine Referral to assessment within 4 weeks’ is 95%	84%. Target was missed due to small numbers of referrals	30
LAC (Looked After Children)	100% All Health Summaries 100% IHAs 100% RHAs	Current compliance: All Health Summaries 100% Current compliance IHA’s 75% (latest figures) Current compliance RHA’s : In County 50% - Out of County 43%	31
Learning Disability Health Checks Page 6	65% of people over 14 years old with a learning disability on the GP register should receive an Annual Health Check	2018/19 - 51.7% not achieved, a deterioration compared with 17/18.	32
Out of Area Placements Page 6	Achieve improvement trajectory with ambition of zero OAPs by 2020	Performance significantly worse than improvement trajectory. Daily monitoring in place to repatriate OAPs; plan to prioritise Crisis Resolution & Home Treatment in 2019/20 as an alternative to in-patient care	33
Mixed Sex Accommodation Page 7	Zero patients	The majority of breaches were reported at Frimley Health followed by OUH. Frimley - breaches are likely to occur until building works are completed in early 2019. No breaches were reported at Buckinghamshire Healthcare Trust.	34
Safeguarding Adults Large Scale Enquiry	N/A	Following a fire within a supported living service which resulted in the death of a vulnerable adult with care and support needs a Large Scale Enquiry has commenced	36

BUCKINGHAMSHIRE CCG Year-End Performance 2018/19

INDICATOR	Standard	Local Trajectory	Joint CCGs 17/18	Bucks CCG 18/19	Performance Comparison
Referral to Treatment					
RTT Admitted % within 18 weeks	No national		72.71%	70.99%	↓
RTT Non-Admitted % within 18 weeks	Standard		90.80%	90.59%	↓
RTT Incomplete % within 18 weeks	92%	91%	90.89%	89.06%	↓
RTT Incomplete 52+ week waits	0	35	74	120	↓
Diagnostic test waiting times					
Diagnostics % waiting over 6 weeks	<1%		0.53%	0.82%	↓
Cancer patients					
Cancer - 2 week wait	93%		95.1%	94.9%	↓
Cancer - Breast symptoms 2 week wait	93%		94.0%	94.1%	↑
Cancer - 31 day first definitive treatment	96%		97.8%	96.5%	↓
Cancer - 31 day subsequent treatment - surgery	94%		97.4%	91.8%	↓
Cancer - 31 day subsequent treatment - drug	98%		99.4%	99.7%	↑
Cancer - 31 day subsequent treatment - radiotherapy	94%		96.0%	96.7%	↑
Cancer - 62 day - Urgent GP Referral to 1st Definitive Treatment	85%		83.2%	80.5%	↓
Cancer - 62 day - Screening	90%		92.0%	85.7%	↓

BUCKINGHAMSHIRE CCG Year-End Performance 2018/19

INDICATOR	Standard	Local Trajectory	Joint CCGs 17/18	Bucks CCG 18/19	Performance Comparison
Mental Health					
CPA - Followed -up within 7 days of discharge (Qtrly)	95%		96.6%	97.4%	↑
CPA - Followed -up within 7 days of discharge (mth) Adult	95%		96.1%	97.1%	↑
CPA - Followed -up within 7 days of discharge (mth) Older Adult			100.0%	98.9%	↓
CPA - Documented Risk Assessment (Adult)	95%		95.9%	94.6%	↓
CPA - Documented Risk Assessment (Older Adult)			96.3%	100.0%	↑
CPA - Crisis Contingency Plan (Adult)	95%		94.4%	95.6%	↑
CPA - Crisis Contingency Plan (Older Adult)			98.0%	97.7%	↓
Mental Health - Improving Access to Psychological Therapy (IAPT)					
Access: The proportion of people with depression/anxiety that have entered psychological therapies.	18% (by Q4)		18.9%	20.0%	↑
Recovery: Proportion of people with depression/anxiety completing treatment and moving to recovery	53%		58.1%	59.5%	↑
People that wait 6 weeks or less from referral to entering IAPT	75%		98.8%	99.1%	↑
People that wait 18 weeks or less from referral to entering IAPT	95%		99.8%	99.9%	↑
Early Intervention in Psychosis - Psychosis treated with a NICE approved care package within two weeks of referral	53%	77%	93.3%	87.5%	↓
Children and Young persons Eating Disorder Services					
Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Care pathways completed Within 1 week (Urgent)	95%		Not Recorded	100.0%	
Waiting Times for Routine Referrals to CYP Eating Disorder Services - Care pathways completed Within 4 weeks (Routine).	95%		Not Recorded	84.0%	
Transforming Care					
Patients placed via Specialist Commissioning Services (secure hospitals)			5 (March 18)	8 (March 19)	
Learning Disability Health Checks					
Proportion of people on the GP Learning Disability Register that have received an annual health check during the year	55%	65%	56.9%	51.7%	↓
Dementia Diagnosis					
Dementia Diagnosis Rate	66.7%		65.0%	64.6%	↓

BUCKINGHAMSHIRE CCG Year-End Performance 2018/19

INDICATOR	Standard	Local Trajectory	Joint CCGs 17/18	Bucks CCG 18/19	Performance Comparison
Ambulance Response Programme					
Category 1 - (Life-threatening injuries and illness) - (Mean)	7 Minutes		<i>Ambulance response categories revised for 18/19 and cannot be compared to 17/18</i>	7:46:00	
Category 1 - (Life-threatening injuries and illness) - (90th percentile)	15 Minutes			14:42:00	
Category 2 - (Emergency calls e.g. Stroke patients) (Mean)	18 Minutes			17:29:00	
Category 2 - (Emergency calls e.g. Stroke patients) (90th percentile)	40 Minutes			33:46:00	
Category 3 - (Urgent Calls) (90th percentile)	120 Minutes			2:11:44	
Category 4 - (Less Urgent Calls) (90th percentile)	180 Minutes			3:06:00	
INDICATOR	Standard	Local Trajectory	Trust 17/18	Trust 18/19	Performance Comparison
A&E 4 Hour Wait					
Buckinghamshire Healthcare Trust	95%	95.02%	87.3%	88.3%	↑
Oxford University Hospital			82.8%	87.2%	↑
Frimley Health			89.0%	87.2%	↓
Milton Keynes University Hospital		92.50%	91.0%	91.5%	↑
INDICATOR	Standard	Local Trajectory	Joint CCGs 17/18	Bucks CCG 18/19	Performance Comparison
Delayed Transfer of Care					
Rate of Days Delayed Transfers of Care per 100,000	723.9 (Q4)		1044.7	877.9	↑
Continuing Healthcare					
Percentage of CHC assessments within 28 days	80%			43%	
Reduction in CHC assessments in Acute hospitals	<15% (by Q4)			25%	
Mixed Sex Accommodation					
Breaches of Mixed sex accommodation	0		21	325	↓
Infection Control					
Incidence of healthcare associated infection - MRSA	0 (Year)		0	0	↔
Incidence of healthcare associated infection - C.Difficile	108 (Year)		135 (110)	102(108)	↑

BUCKINGHAMSHIRE CCG Year-End Performance 2018/19

INDICATOR	Standard	Local Trajectory	Joint CCGs 17/18	Bucks CCG 18/19	Performance Comparison
Electronic Referral Systems (ERS)					
NHS e-Referral Service (eRS) for all consultant led first outpatient referrals.	100%		52%	86%	↑
VTE (Venous Thromboembolism)				YTD at Q3	
Buckinghamshire Healthcare Trust	95%		95.6%	95.4%	↓
Oxford University Hospital			97.3%	97.4%	↑
Frimley Health			97.0%	96.9%	↓
Milton Keynes University Hospital			81.3%	85.2%	↑
Wheelchair					
Children, whose episode of care was closed, who waited more than 18 Weeks for a Wheelchair			1.60%	8.50%	Breach in early year, now resolved and not expected to happen in 19/20

Wheelchair Service – Over performed in Q1, but stabilised throughout Q2- 4. No issues expected in 2019-20

KEY to Performance Comparison	
↑	Target achieved and improved performance on previous year
↓	Target achieved but decrease in performance on previous year
↔	Target achieved similar performance to previous year
↑	Target not achieved but improved performance on previous year
↓	Target not achieved and decrease in performance on previous year
↔	Target achieved similar performance to previous year
↑	No National target but improved performance on previous year
↓	No National target but decrease in performance on previous year
↔	No National target and similar performance to previous year

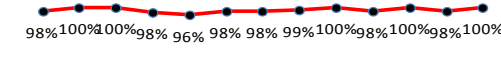
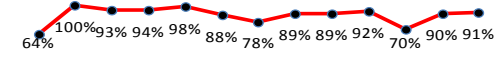
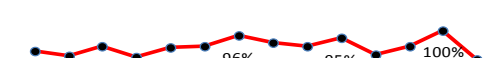
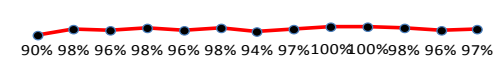


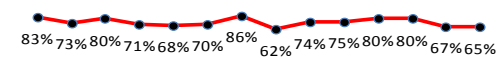
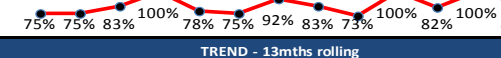
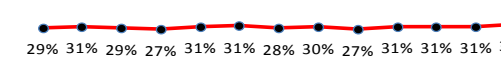
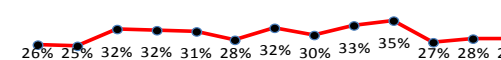
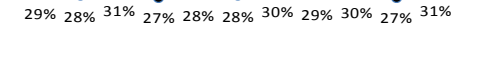
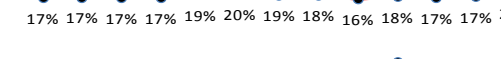
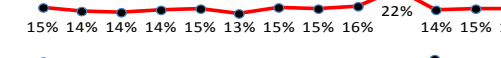


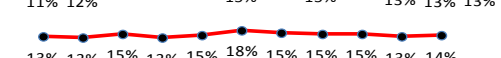
2019/20 Performance tables

2019/20	Standard	Lead CCG Operational Plan	Report Month	Report Period Actual	Year to Date	Commentary
INDICATOR						
A&E 4 Hour Wait				Provider		
NHS England	95.0%		Apr	85.13%	85.13%	Of the local Providers both BHT and Milton Keynes were above the NHS England average performance in April.
Buckinghamshire Healthcare Trust				89.73%	89.73%	
Milton Keynes University Hospital				93.44%	93.44%	
Oxford University Hospital				84.73%	84.73%	
Frimley Health				79.57%	79.57%	

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 - 13mths rolling	COMMENT
STROKE								STROKE
	% pts spent >90% of time SU	BHT	M	90%	Mar-19	100%		66 of 66 patients spent 90% of their time on SU
		OUHFT	M	85%	Mar-19	91%		40 of 44 patients spent 90% of their time on SU
		MKFT	M	80%	Mar-19	82%		14 of 17 patients spent 90% of their time on SU
	% pts admitted to SU <4hrs	BHT	M	95%	Mar-19	97%		65 of 67 patients were admitted within 4 hours
		OUHFT	M	85%	Mar-19	70%		31 of 44 patients were admitted within 4 hours Stroke Unit at full capacity Poor Stroke Nurse coverage at night to facilitate pathway Delayed investigations in ED due to high number of attendances At HGH no capacity as no ring fenced stroke beds as they are part of a medical ward
		MKFT	M	65%	Mar-19	65%		11 of 17 patients were admitted within 4 hours
	Thrombolysis Stroke - (door to needle) <60 minutes	BHT	M	80%	Mar-19	88%		7 of 8 patients received Thrombolysis within 60 minutes
MATERNITY								MATERNITY
	C-Section Rate - Combined	BHT	M	26.5%	Mar-19	33.3%		Although BHT are breaching their threshold for C-Section, they are not considered an outlier either nationally or locally when the national picture is taken into account
		MKFT	M	26%	Mar-19	27.9%		
		HWPH	M	26%	Jan-19	31.1%		There is no M11 data available from East Berkshire for Maternity
	C-Section Rate - Emergency	BHT	M	-	Mar-19	20.3%		
		MKFT	M	-	Mar-19	14.9%		
		HWPH	M	-	Jan-19	17.0%		There is no M11/12 data available from East Berkshire for Maternity
	C-Section Rate - Elective	BHT	M	-	Mar-19	13.0%		
		MKFT	M	-	Mar-19	13.0%		
		HWPH	M	-	Jan-19	14.1%		There is no M11/12 data available from East Berkshire for Maternity

INDICATOR	PROVIDER	FREQUENCY	THRESHOLD	CURRENT PERIOD	CURRENT VALUE	TREND - 13mths rolling	COMMENT
SAFETY THERMOMETER							
All SIs logged	BHT	M	-	Mar-19	10		
	OHFT	M	-	Mar-19	2		
	FPH	M	-	Mar-19	0		
	HWPH	M	-	Mar-19	0		
	OUHFT	M	-	Mar-19	9		
All Never Events Logged	BHT	M	0	Mar-19	0		
	OHFT	M	0	Mar-19	0		
	FPH	M	0	Mar-19	0		
	HWPH	M	0	Mar-19	0		
	OUHFT	M	0	Mar-19	0		
NEW Harm Free Care - % of patients with no NEW harm	BHT	M	-	Apr-19	98.0%		No data has been collected for MKFT in April 2019
	OUHFT	M	-	Apr-19	98.1%		
	FHFT	M	-	Apr-19	98.7%		
	MKFT	M	-	Apr-19	99.4%		
New Pressure Ulcers - % of patients with NEW Pressure Ulcers	BHT	M	-	Apr-19	0.9%		No data has been collected for MKFT in April 2019
	OUHFT	M	-	Apr-19	1.4%		
	FHFT	M	-	Apr-19	0.2%		
	MKFT	M	-	Apr-19	0.2%		
WORKFORCE							
Sickness (This figure is reported month in arrears)	BHT	MiA	3.5%	Feb-19	4.0%		
	OHFT	MiA	3.5%	Feb-19	4.5%		
Vacancy Rate	BHT	M	-	Feb-19	11.3%		
	OHFT	M	-	Feb-19	11.4%		
Statutory Training	BHT	Q	85%	Mar-19	91%		

INDICATOR		PROVIDER	FREQUENCY	THRESHOLD	CURRENT PERIOD	CURRENT VALUE	TREND - 13mths rolling	COMMENT
COMPLAINTS								COMPLAINTS
Total Number of Complaints Received	BHT	M	-	Feb-19	59		No M12 data submitted by the Trust, this is being followed up by the CCG	
	HWPH	M	-	Feb-19	39			
	OUHFT	M	-	Mar-19	103			
	BHT	MiA	85%	Jan-19	89%		No M12 data submitted by the Trust, this is being followed up by the CCG	
	HWPH	MiA	70%	Jan-19	88%			
Friends and Family Test In Patients % Recommended	BHT	M	-	Mar-19	96%			
	FHFT	M	-	Mar-19	98%			
	OUHFT	M	-	Mar-19	96%			
	MKFT	M	-	Mar-19	96%			
Friends and Family Test In Patients % Response Rate	BHT	M	-	Mar-19	22%			
	FHFT	M	-	Mar-19	25%			
	OUHFT	M	-	Mar-19	18%			
	MKFT	M	-	Mar-19	19%			
Friends and Family Test A&E % Recommended	BHT	M	-	Mar-19	86%			
	FHFT	M	-	Mar-19	93%			
	OUHFT	M	-	Mar-19	88%			
	MKFT	M	-	Mar-19	88%			
Friends and Family Test A&E % Response Rate	BHT	M	-	Mar-19	37%			
	FHFT	M	-	Mar-19	7%			
	OUHFT	M	-	Mar-19	20%			
	MKFT	M	-	Mar-19	7%			
Friends and Family Test Mental Health % Recommended	OHFT		-	Mar-19	92%			
	National Average		-	Mar-19	90%			
Friends and Family Test Mental Health % Response Rate	OHFT		-	Mar-19	9%			
	National Average		-	Mar-19	3%			

• Three constitutional standards were not met at year end:

31 Day Subsequent Treatment – Surgery

The 96% target was **not achieved** with performance at 91.8%.
The standard was not achieved in 3 out of 4 quarters of 2018/19.

Buckinghamshire CCG					
31 Day Subsequent Treatment (Surgery)	Q1	Q2	Q3	Q4	Year-End
Total Treated	98	106	123	149	476
Number of breaches	11	12	12	4	39
Total treated within 31 days	87	94	111	145	437
Performance - Quarter	88.8%	88.7%	90.2%	97.3%	91.8%
Target	94%				

62 Day Waits – Urgent GP Referral

The 85% target was **not achieved** with performance at 80.5%.
The standard was not achieved across all 4 quarters of 2018/19.

Buckinghamshire CCG					
62 Day Standard (GP Referral to First Treatment)	Q1	Q2	Q3	Q4	Year-End
Total Treated	297	341	328	346	1312
Number of breaches	62	64	63	67	256
Total treated within 62 days	235	277	265	279	1056
Performance - Quarter	79.1%	81.2%	80.8%	80.6%	80.5%
Target	85%				

62 Day Waits - Screening

The 90% target was **not achieved** with performance at 85.7%. The standard was not achieved in 3 out of 4 quarters of 2018/19.

Buckinghamshire CCG					
62 Day Standard - Screening	Q1	Q2	Q3	Q4	Year-End
Total Treated	48	64	37	54	203
Number of breaches	9	5	7	8	29
Total treated within 62 days	39	59	30	46	174
Performance - Quarter	81.3%	92.2%	81.1%	85.2%	85.7%
Target	90%				

Overview: Performance during Q1 to Q4 significantly improved in 2018/19 significantly, facilitated through the system-wide delivery of the Thames Valley Cancer Alliance (TVCA) Memorandum of Understanding (MOU). This focused resources on improving the diagnostics and treatment pathways. Most notably, BHT delivered the 62 day Referral Standard 5 out of the last 8 months.

The programme of work focused on the following key work-streams:

- Improve screening and diagnosis
- Improved diagnostics (via a Vague Symptoms Clinic, planned for implementation in 19/20)
- Pathway Transformation
- Living with and Beyond Cancer (electronic HNAs and risk stratified pathways)

Assessment: Performance significantly improved during 2018/19 and remains on course to sustainably improve during 2019/20 as the programme of work continues and embeds. Key work-streams started during Q2 and correlates with performance improvement.

Performance was challenged for the key standards: 31 day surgery, 62 day referral and 62 day screening.

Review of performance is governed through an ICS board and support by representatives from CCG, BHT, MacMillan and Public Health. This is further supported by the strategy group, meeting quarterly, to review progress of this, as well as other regional activity that contributes to the delivery of the Buckinghamshire Cancer Strategy, complementing the TVCA MOU.

Themes of performance and escalation of pressures is facilitated through this group to support system wide response to improving under performance (in quality and service provision).

31 day Treatment

- Due to the small numbers of patients on these pathways, any breach adversely affected performance. Ongoing review in year, identified only a small number of themes that have contributed to this performance. One area relates to issues in skin and plastics where the interface between these services is complex and challenged. This was not an area of focus of TVCA work, but as a local system issue being looked at clinically to improve.

62 day Referral

- Although performance was challenged, the volume of treatments increased. Review of breaches identified large number of breaches for patients on tertiary pathways. A large contributor has been pathways into Oxford, which are significantly challenged and being supported by NHSI to improve. Complexity of patients, such as multiple tumours, comorbidities and changing pathways due to the nature of their cancer and diagnostics also causes unavoidable delay. The system partners are challenging themselves to identify opportunities to better support these patients whilst redesigning pathways and avoid breaches.
- Patient choice continues to be a challenge to all providers and systems.

62 day Screening

- Due to the small numbers of patients on these pathways, any breach adversely affects performance. A review of breaches during the year highlighted significant challenge to our system in relation to capacity in endoscopy services due to growing demand as well as limitations in ability to see patients locally due to a lack of local equipment (e.g. MRI) resulting in patients going to Northwick Park and experiencing delays. A business case was approved to procure and install a new MRI machine in Bucks – removing the need for some patients to go to Northwick Park.
- Endoscopy services are under review by service leads to identify opportunities for improvement in flow as well as to understand the full context of future capability and demand.

Recommendation(s)/Recovery Trajectory:

Delivery of the MOU programme of work will continue in 19/20 to improve performance across all performance metrics, with the programme focused on particular pathways to ensure it is managed in a targeted way that ensures delivery. To support this the actions include::

31 day Treatment

- Clinical review of skin and plastics is underway and requires support to progress. This is underway and necessary for the local system, but beyond the scope of the current TVCA MOU programme.

62 day Referral

- Further integrated work with other systems is required to support and better understand flows / issues in tertiary centres.
- Continued delivery of MOU work will build on successful pathway redesign in Lung and Urology. 2019/20 will focus on Upper GI and Lower GI, as well as completing elements of Lung and Urology.

62 day Screening

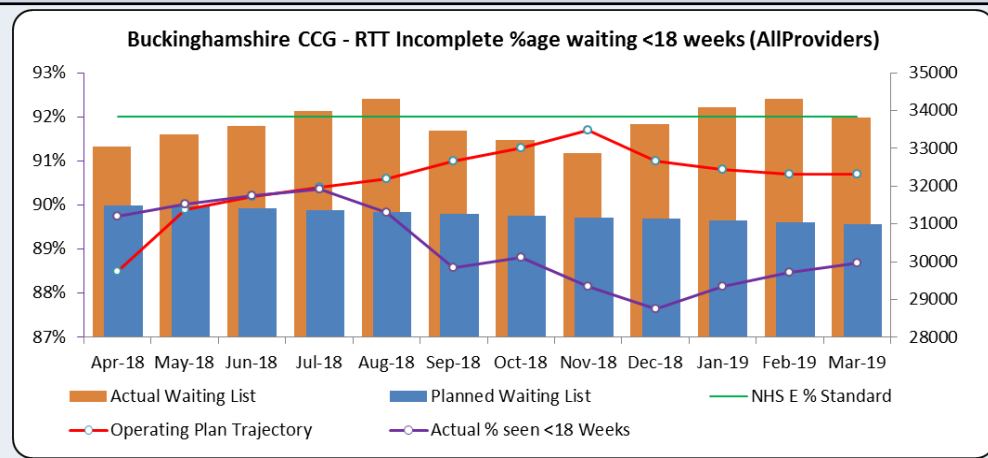
- Delivery and installation of a new MRI machine is required. This is currently expected to be in place Summer / August, but is at risk of delay as no order has yet been placed or detailed design scheme procured.
- Support to Endoscopy has been and is likely to remain high risk locally and support to services, once opportunities have been developed, will be required to mitigate current demand and growth.
- Collaborative work is underway to understand patient flows through pathways and identification of opportunities to improve coordination and reduce / alert breaches through new reporting and digital solutions to support clinicians and as well as oversight of services. Furthermore, site visits are being planned to understand operational flows and support challenges.
- Work on pathway reviews and establishing the vague symptoms clinic is in progress (but experiencing a delay due to capacity), contributing to the sustained performance of the 62 day standard as well as support the emerging 28 day standard. These programmes are a significant piece of work and will take time to implement and embed. These will be monitored directly by TVCA.
- Work with primary care is also ongoing through the QIS scheme which is supporting practices in areas of need and hosting community event(s) to engage with communities better to improve screening uptake and early diagnosis.

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

Situation: Year-End Performance – 89.06%

National Target: 92% **not achieved** Operating Plan trajectory: 91% **not achieved**

Year-End Performance 2018/19				
INDICATOR	Standard	Bucks CCG Operational Plan	Joint CCGs 17/18	Bucks CCG 18/19
Referral to Treatment				
RTT Incomplete % within 18 weeks (All Providers)	92%	91%	90.89%	89.06%
Provider performance by CCG				
Buckinghamshire Healthcare Trust	92%		90.93%	89.15%
Oxford University Hospital			85.16%	81.02%
Milton Keynes University FT			91.57%	90.15%
Frimley			93.01%	92.22%



Background:

- Neither the Operating Plan trajectory or national target were met at year end.
- There is a requirement that the size of the waiting list at 31st March 2019 is the same as it was at 31st March 2018, which was achieved by BHT, but not as a whole CCG across all providers

Assessment:

The CCG faced numerous challenges regarding RTT mainly demand and capacity issues in a range of specialties including T&O and Ophthalmology. The CCG invested in additional capacity to support the increasing demand at BHT and will continue to work with the Trust to identify and implement solutions. The implementation of ERS increased the volume of duplicate patients on the internal system, which required time consuming manual validation and contributed to the achievement of achieving 88.8% narrowly missing the 92% RTT target.

Recommendation(s)/Recovery Trajectory:

- BHT will continue to monitor long waiting patients on a weekly/daily basis, focusing on limiting breaches of the 40+ and 45+ week waiters in all specialties.
- Providers will continue to validate the patients waiting and treating the long waiters to reduce and maintain the waiting list sizes.
- Providers will be developing specialty trajectories for 19/20 from the overall trajectory by which to monitor performance, which will be closely monitored by the CCG

RTT: Incomplete pathways - Over 52 week waiters

Situation: No over 52 week waiters were reported by Buckinghamshire Healthcare Trust for the CCG during 2018/19

- There were a total of 120 breaches during 18/19 against the agreed trajectory of 39
- The majority of the breaches occurred at OUH
- The specialty with the highest number of breaches was gynaecology at OUH
- There were zero breaches in March across all providers

Provider	Specialty	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	Trauma & Orthopaedics	3	2	2	3	2	2	1	1	0	0	0	0
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Gynaecology	3	7	9	11	12	14	9	6	4	1	0	0
	Other	0	0	0	0	0	0	1	0	0	0	1	0
	Plastic Surgery	0	0	0	0	0	0	0	0	0	0	1	0
	Urology	0	0	0	0	0	0	1	1	1	0	0	0
ROYAL FREE LONDON NHS FOUNDATION TRUST	General Surgery	0	0	1	1	0	0	0	0	0	0	0	0
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	Ophthalmology	0	0	0	1	1	1	1	0	0	0	0	0
	Other	0	0	0	1	1	1	1	0	0	0	0	0
	Rheumatology	1	1	0	0	0	0	0	0	0	0	0	0
	Trauma & Orthopaedics	0	0	2	2	0	0	0	0	0	0	0	0
	Urology	0	0	0	0	0	0	0	0	0	1	1	0
WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	Trauma & Orthopaedics	0	0	0	0	0	0	0	0	0	1	1	0
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	General Surgery	0	0	0	0	1	1	0	0	0	0	0	0
Total	All Specialties	7	10	14	19	17	19	14	8	5	3	4	0
NHSE agreed CCG trajectory	All Specialties	3	4	4	4	5	5	4	4	3	2	1	0

- Capacity issues and patient choice were a challenge for all providers
- No clinical harm was identified or reported for the long waiters

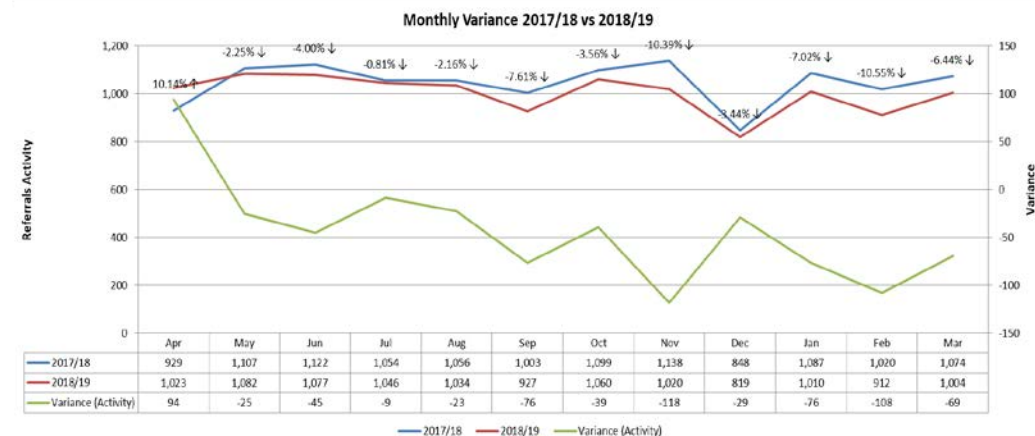
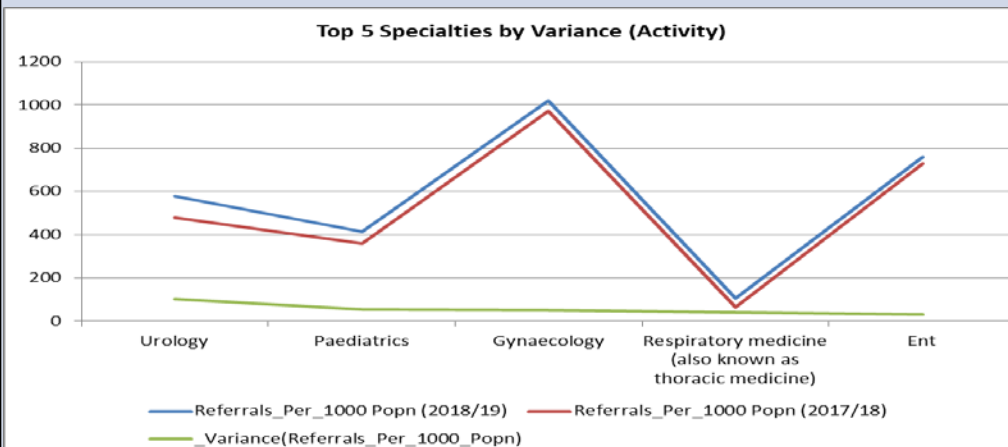
Actions:

- Providers will ensure that long waiting patients are contacted to ensure that a treatment date is allocated
- BHT continue to flag potential breaches and track the patients to ensure that they attend as planned to avoid breaching

Referrals (GP)

Situation: (N.B this report does not include referrals to London, Blakelands, Spire, Care UK)

February 2019 - GP referrals were about 4.2% lower (12,014 per 1000 in 18/19) compared to 17/18 (12,537 per 1000)



Background:

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

Assessment:

GP Referrals - pressures in Cardiology (up 19.7% compared with 17/18), Gastroenterology (up 30.3% compared with 17/18) and Urology (up 18.6% compared with 17/18) GP referrals are being maintained below the 1.1k per 1000 per month average, however, referrals from all sources are also at a lower monthly average from 17/18. (-8.4%).

Recommendation(s)/Recovery Trajectory:

The overall plans to reduce GP elective referrals were carried over from 17/18, however, the CCG has plans for the improved management of elective care in Frimley Health facing practices.

Actions include:

- Planned care monitoring and review of all pathways involving intermediate triage (will include Ophthalmology, Gynaecology and ENT)
- GP/Localities Reporting packs now in place with review at Clinical Leads Meetings and then update and actions at locality meetings
- Advice and Guidance usage promotion with all practices (includes CVD, Haematology, Dermatology and Pain and this list is now covers from July Urology, Neurology and ENT, usage of this service is monitored on a regular basis)
- 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.
- It has been identified that data received from Luton & Dunstable and Royal Berks is incomplete and work is in progress to correct this

Mental Health – CPA Risk Assessment

Situation: Target 95%. Performance at Year-End 94.6% not achieved

456 risk assessments out of 482 were undertaken, 2 further assessments were required to show the standard as achieved.

Target 95%	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Numerator	40	40	37	39	36	38	36	38	39	38	37	38
Denominator	40	40	40	40	40	40	40	40	42	40	40	40
Performance	100.0%	100.0%	92.5%	97.5%	90.0%	95.0%	90.0%	95.0%	92.9%	95.0%	92.5%	95.0%

Background: 95% of all patients on Care Programme Approach (CPA) have a documented risk assessment

Assessment:

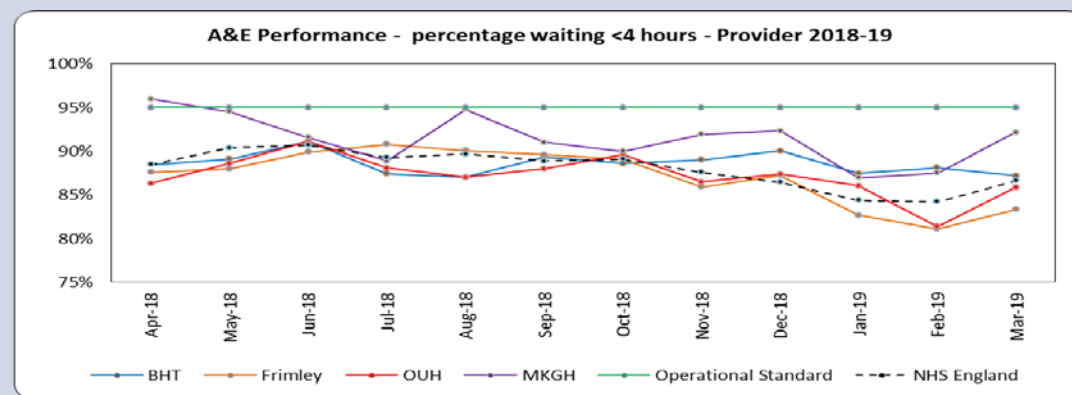
- The documented risk assessment denominator is based on a monthly audit of a random 40 cases from caseload. The trust are at present working towards being able to report on the entire caseload to provide a more robust picture. This action has been raised and documented at contract review meetings (CRM)
- In months where performance was reported below standard the outstanding risk assessments had been completed, but not uploaded to care notes as the patients were new to the service and therefore did not pull through in the initial report. An example being February where 37 out of 40 assessments were reported giving performance at 93%. This situation was reported in narrative presented at the monthly CRM.
- This indicator will continue to be reviewed in context and monitored at CRM on a monthly basis, if there are concerns an action plan will be requested from the trust.

A&E – Four Hour Waits - Performance at Year-End

Situation: National target of 95%.

Measure of the time that patients wait within an A&E department or other urgent care units (eg UTC) before being admitted, treated & discharged or transferred to another hospital.

A&E 4hr Wait	OPERATIONAL STANDARD	NHS agreed local Trajectory	Joint CCGs	Bucks CCG
Provider			17/18	18/19
NHS England	95%		88.40%	88.00%
Buckinghamshire Healthcare NHS Trust		95.02%	87.30%	88.30%
Milton Keynes University Hospital		92.50%	91.00%	91.50%
Oxford University Hospital			82.80%	87.20%
Frimley Health			89.00%	87.20%
Monthly actual RAG rated against Lead CCG Operational Plan if available/YTD against NHS E				



Buckinghamshire Healthcare Trust - Background: 88.34% is an adverse position against the Year-End local trajectory of 95.02%, but better than NHS England average and BHT last year

Key Areas of Focus in 2018/19 and Looking Forward

- Rapid turnaround at the front door to ensure early identification of patient flow within ED, utilising GP Streaming
- ICS Winter Director post established to lead system response, which includes weekly forward look meetings with all system partners where periods of pressure are predicted and additional mitigating actions agreed
- AECU project – plan to utilise St Joseph’s for planned patients in order to increase activity in AECU and in reach into ED
- Effective use of ‘Consultant Connect’ to offer advice & guidance and assist GPs to optimise the streaming of patients to appropriate services
- Mental Health Audits have assisted in helping patients with MH needs in ED
- Establish the ‘Eliminating Corridor Care’ programme, progressing within the Trust
- Embed learning from Fabulous fortnight – programme extended to BHT community services, with regular events with a cycle of learning each time
- Maintain safe care and reduce footfall at the ED by providing alternative OOH services through Ambulance redirection also general communications nationally of alternative service provision i.e. Pharmacy and use of 111 service
- ICS Weekly Look Forward meeting involving system partners has been successfully implemented, and continues to provide a system focus on key elements to support improved planning, gap analysis and planning arrangements for the next 10 days
- Urgent Care Dashboard developing to give all appropriate partners up to date information for reaction and planning
- MADE events progressing monthly at Trust site, supported by colleagues system-wide
- Provide resilience in Doctors & Nurse staffing rota’s aligned to activity to meet demands
- Initiatives to reduce the length of stay of patients particularly those greater than 21 days is continuing to progress having been successful in the past year

GP Streaming: Although fill rate of shifts has continued to be challenged throughout the year, the GP Streaming service continues to be extremely effective at redirecting patients, drawing a significant number of patients away from ED

Delayed Transfers of Care (DToC)

Situation:

5% deterioration compared to the previous month, with a **-15%** reduction in delays at BHT specifically

DTOC split by NHS/ Social Care/ Joint actual days delayed

YEAR	Month	Plan				Actual			
		2018-19 Plan	NHS	Social Care	Joint	ALL	NHS	Social Care	Joint
2018-19	APR	954	747	203	4	1567	1305	260	2
2018-19	MAY	986	772	210	4	1969	1574	391	4
2018-19	JUN	954	747	203	4	1593	1246	328	19
	Q1	2894	2267	615	12	5129	4125	979	25
2018-19	JUL	986	772	210	4	1554	1307	247	0
2018-19	AUG	986	772	210	4	1245	957	282	6
2018-19	SEP	954	747	203	4	1806	1459	345	2
	Q2	2926	2292	622	12	4605	3723	874	8
2018-19	OCT	986	772	210	4	1464	1087	377	0
2018-19	NOV	954	747	203	4	1241	912	235	94
2018-19	DEC	986	772	210	4	964	759	119	86
	Q3	2926	2292	622	12	3669	2758	731	180
2018-19	JAN	986	772	210	4	1204	942	194	68
2018-19	FEB	890	698	189	4	1188	989	151	48
2018-19	MAR	986	772	210	4	1295	982	198	115
	Q4	2862	2242	608	12	3687	2913	543	231

Total number of Delayed Transfers of Care (days) within the Financial Year

Provider	2017/18	2018/19	Comparison 2018/19 to 2017/18
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	5651	7341	1690
FRIMLEY HEALTH NHS FOUNDATION TRUST	5535	5446	-89
MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	2240	1618	-622
OXFORD HEALTH NHS FOUNDATION TRUST	1312	1065	-247
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1079	757	-322
OTHERS	1248	863	-385
Total	17065	17090	25

Delayed Transfers of Care (DToC)

Background:

- DToC continued to be an area of focus for BHT and Bucks patients at neighbouring trusts, particularly Frimley Health.
- DToC monitoring at BHT, Milton Keynes, Oxford University Hospital Trust and Frimley Health was managed on a daily basis.
- DToC is a key aspect of the 8 High Impact Change programme of work and the 7 Urgent & Emergency Care (UEC) domains within Hospital to Home.
- Reducing the number of DToCs improves patient flow, creates capacity and reduces length of stay in the hospital.
- The ICS/CCG has worked with our providers in developing multiple approaches to strengthening our plans for DToC management

Assessment:

The Bucks system did not meet meeting the agreed daily delay target and despite the improved performance, the number of delayed patients remains higher than the NHSE requirements . Key actions are identified below to support recovery.

Recommendation(s)/Recovery Trajectory:

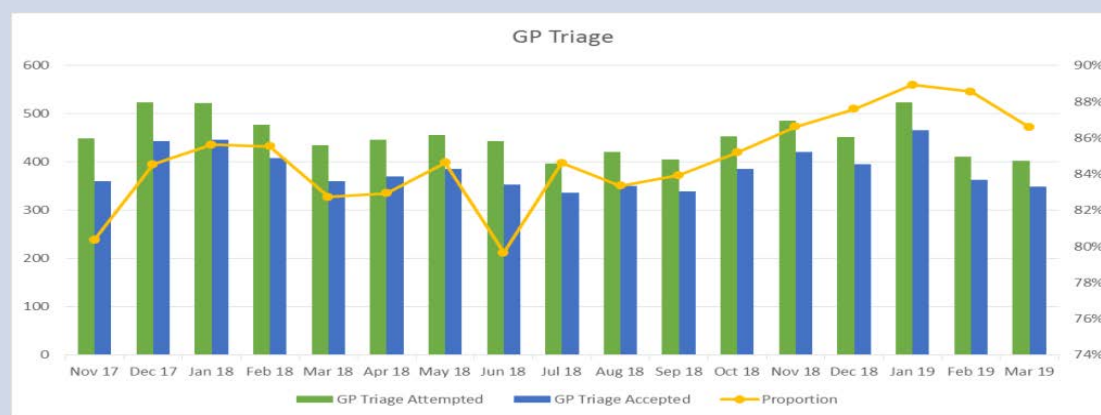
- Urgent Care & Winter Director in post , continuing to provide director led support and escalation where appropriate
- Multi Agency Discharge Events (MADE) have been planned to take place on a monthly basis . This will support collective drive and ownership support improved patient flow across the system. The exercise focuses on:
 - Recognising and unblocking delays
 - Supporting improved patient flow across the system
 - Challenge, improve and simplify complex discharge processes

- Community Hospitals now have in place a Length-of-Stay review weekly involving all partners including ICS, CCG, ASC and BHT
- Daily 09:00 call with partners to discuss all patients on the medically fit list, which includes CCG presence. Plans to incorporate other out of area providers
- Local DToC (and stranded and long stay patients) escalation process in place
- BHT refocus to ensure the choice policy is robustly implemented
- Weekly Escalation Call to review the top 20 longest stay patients across the Trust, with senior system leaders
- Pro-active engagement in out of area efforts (particularly Frimley) to support a reduction in delays for Bucks patients in over the border hospitals

Situation: Year-End

Accepted percentage rate 2018-19: 85%.

Nov 2017 - Mar 2018			2018-19			
GP Triage Attempted	GP Triage Accepted	Proportion	GP Triage Attempted	GP Triage Accepted	Proportion	Difference
2402	2014	84%	5285	4506	85%	+1%



Background:

SCAS crews attempt to hand over the care of the patient to their GP surgery to manage, resulting in the potential avoidance of an A&E attendance and non-elective admission.

The definitions of the GP Triage measures are as follows:

- GP Triage Attempted – A GP Triage attempt occurs when operational crew attempt to contact a GP or another service, to discuss patient’s care.
- GP Triage Accepted – A GP Triage is considered accepted if the operational crew successfully manage to speak to the GP or other service contacted. This can happen at the time of the call, or via call back by the GP or service contacted while the operational crew are still with the patient.

Assessment:

- BHT Clinical Director for unplanned care and SCAS lead continue to work with localities and GP practices to ensure messages continue to be conveyed and identified how this can be effectively managed
- Further areas for proposed improvements to be identified, agreed and monitored through the A&E Delivery Board at which there is a monthly update provided by SCAS
- An improvement in the number of GP Triage attempts where the call was accepted by the service contacted (i.e. GP, OOH, 111 , mobile directory) continues within Thames Valley as a whole
- Despite a small decrease in accepted GP triage attempts in March, the situation remained an improvement on last year with a trend of proportion of calls accepted improving over the year, and continued improvement in those patients treated at home

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: Year End

Buckinghamshire CCG
Category 1 - 7 minute 'mean'.
 The standard was **not achieved** with an year-end average response time of 7:46. The standard was not achieved in all 4 quarters.
Category 3 -120 minute '90th percentile'.
 The standard was **not achieved** with an year-end average response time of 2:11:44 with the standard being missed in 3 quarters.
Category 4 -180 minute '90th percentile'.
 The standard was **not achieved** with an year-end average response time of 2:11:44 with the standard being missed in 3 quarters.

SCAS – Thames Valley
Category 3 -120 minute '90th percentile'.
 The standard was not achieved with an year-end average response time of 2:01:24 with the standard being missed in 3 quarters.

	SCAS ARP	Standard	Q1	Q2	Q3	Q4
Buckinghamshire CCG	Cat 1 response	<i>Mean (7 minutes)</i>	00:07:31	00:07:49	00:07:50	00:07:53
Buckinghamshire CCG	Cat 3 response	<i>90th Percentile (120 minutes)</i>	01:51:37	02:10:10	02:18:36	02:26:34
Buckinghamshire CCG	Cat 4 response	<i>90th Percentile (180 minutes)</i>	02:42:50	03:11:07	03:11:52	03:18:11
Thames Valley (North Cluster)	Cat 3 response	<i>90th Percentile (120 minutes)</i>	01:46:43	02:00:06	02:06:12	02:12:37

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.

SCAS - Ambulance Response Programme (ARP)

Assessment:

- Bucks failed 5 primary targets:
 - Both CAT 1 targets
 - CAT 2 (18 minute 'mean')
 - Cat 3 '90th Percentile
 - Cat 4 '90th Percentile' targets at CCG level
- Resourcing was challenged due to vacancy factor and high sickness rate
- SCAS-BHT Standard Operating Procedure for handover delays a major success of the year, with outstanding improvement in handover performance
- ARP successfully introduced and working well, with improved outcomes for patients
- Reductions in CAT 3 and CAT 4 conveyances to SMH reported and alternatives in the community are signposted as appropriate, in line with the wider work to establish channel shift from the ED's to alternatives in the community
- Hear and Treat continued to improve
- Improvements continued in GP Triage by crews at the scene
- Improved frailty pathway

Issues:

- Demand was the key challenge for the year
- Performance against the 999 targets was below plan due higher demand than forecasted, combined with workforce attrition, shortfall in resourcing levels and low levels of recruitment
- Sickness rate was high, but in line with previous year
- Developing alternative pathways – transformation team set up for high impact would be and what are best accessible in each of the health systems
- Long waits deterioration, but no safety concerns noted for very long waiters
- Two of the private providers utilised by SCAS were withdrawn from the market causing some issues in shift filling

Recommendation(s)/Recovery Trajectory:

- Exploring workforce opportunities in linking with universities for HCP fast track courses/programme and support backfill in areas such as Buckinghamshire
- SCAS continue to focus on Cat 1 mean performance and optimising the fleet mix to support continual achievement of this target.
- Continued focus on channel shift of Cat 3 and Cat 4 conveyance, with Emergency Department alternatives being agreed by a working group, including Wycombe UTC, CAT services in Marlow and Thame and the MUDAS service in Wycombe Hospital.
- Audits remain in place and planned for Spring/Summer 2019 for Bucks and Wexham
- SCAS continue to focus on reducing the length of call by the call handlers
- Work continues with the 999 and PTS to scope out dual roles within SCAS. however, there are a number of issues around the HR and operational solutions required in order to move these pieces of forward.
- Handover delays continue to be monitored as a priority. SMH handover delays were the lowest compared with other major acute hospitals in the region.

NHS 111 - Integrated Urgent Care Service - SCAS

Situation:

Calls answered within 60 seconds : Target: 95%
 Actual: 85.29% **not achieved**
 Call abandonment: Target <3.5%
 Actual: 1.48% **achieved.**

		March-19
Name	Threshold	Thames Valley
Abandoned calls	<3.5%	1.48%
Call waiting time	>=95%	85.29%
Transfer to 999	< 10%	13.05%
Transfer to 999 (Cat 1 & 2)	-	6.83%
Transfer to 999 (Cat 3 & 4)	-	6.22%
Attend Accident and Emergency Department Type 1 & 2	<5%	5.94%

Background:

Direct booking into UTC worked well this year and Bucks is ahead of national targets by having some direct booking into Primary Care in-hours
 Increasing use of NHS 111 as a 'clinical assessment service' with over 50% of calls clinically reviewed
 19/20 will see Bucks enter full 'phase three' of 111 Online allowing our patients improved community access to services, clinical call backs, and booking OOHs calls
 There was over performance of 4.3% at TV contract level compared to modelled activity in March
 The Integrated Urgent Care service in Buckinghamshire received 13,931 calls in March which was 17% over performance for Buckinghamshire

Assessment:

Roster fill hours was short against the short term forecast for February and March
 On average around 300 to 350 hours short every week
 Poor uptake in bank and over time hours for some weeks, especially weekends
 Sickness 10.06% in Jan, 7.81% in Feb & 6.11% in March

remedial action plan is in place to improve performance against calls answered in 60 seconds; this is updated and reviewed monthly. March performance has improved significantly compared to February and this upward trend appears to have continued in to the new financial year. SCAS is confident that the trajectory will continue to rise and recovery will be achieved in 2019.

Recommendation(s):

Conduit being managed at CRM over short fall in contracted hours
 Further recruitment drive is on going with weekly conference calls, recruiting full and part time staff
 Telephony and Adastra firmly in place with PHL, staff will be taking calls from 1 June
 Welfare officer in place to support staff
 From 2 February funding has been allocated for an additional two clinicians to cover evenings and weekends Monday to Thursday 4pm to midnight, and weekends 8am till 5pm.

Continuing Healthcare

Situation:
80% of Continuing Health Care assessments completed within 28 days of checklist being accepted.
 March
 Actual : 55% **not achieved** but best performance of the year

Percentage of CHC assessments within 28 days												
2018/19												
Target 80%	April	May	June	July	August	September	October	November	December	January	February	March
Buckinghamshire CCG	47%	45%	42%	44%	44%	45%	42%	42%	40%	26%	47%	55%

Situation:
Less than 15% of full NHS Continuing Health Care assessments to take place in an acute hospital setting by March 2018.
 March
 Actual : 18% **not achieved** but best performance of the year

CHC assessments carried out in Acute hospitals												
2018/19												
Target <15%	April	May	June	July	August	September	October	November	December	January	February	March
Buckinghamshire CCG	32%	28%	26%	26%	26%	26%	24%	24%	25%	24%	23%	18%

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:

- Performance against the 28 day target increased in March to 55% , **with a yearly average of 43%.**
- March 2019 saw the highest total number of DSTs completed in a single month (58) and also the highest number completed within 28 days (32)
- Performance against the assessments in acute hospital target improved in March to 18% , **with a yearly average of 25%**

Recommendation(s)/Recovery Trajectory

- A system wide CHC Transformation Board is holding the inaugural meeting on 16th May 2019 and is to meet monthly thereafter. The propose of the this board is to drive forward a range of strategic improvements schemes aimed at improving the quality and sustainability of CHC across Buckinghamshire.
- Part of the focus of this board will be on schemes aimed at improving performance against the 28 day and DST in acute targets. Namely these are the delivery of improvements following the June and July 28 day NHSE SIP Team facilitated LEAN workshops. Achieving a shared understanding of FNC across Health and Social Care is a key work stream to enable further improvement against the DST in acute target. Delivering of this work stream is target for Q2 2019/20.

Dementia Diagnosis Rate (DDR)

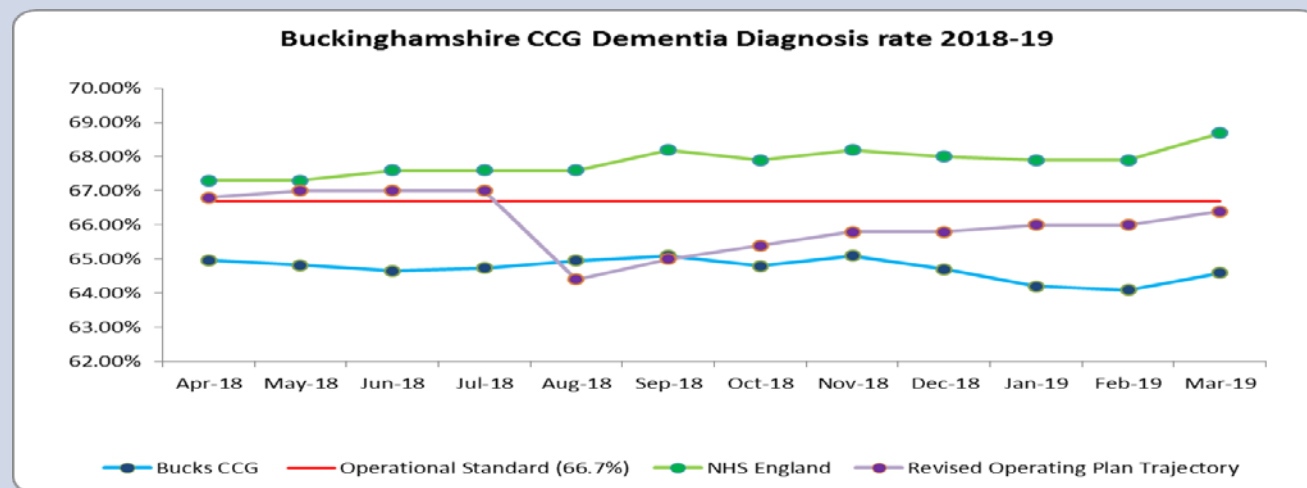
Situation: March 2019 (Year-End)

National Target: 66.7%

Buckinghamshire CCG Actual: 64.6% **not achieved**

Buckinghamshire CCG revised Local Trajectory 66.4%
not achieved

Bucks, Oxfordshire and Berkshire STP Actual: 66.8%
Achieved



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:

- Year end performance was 64.6% which is a slight reduction when compared to year-end 17/18 (65%)
- Reinstated Dementia Strategy Group has focussed attention and renewed momentum.
- Access rates to OHFT Memory clinics have increased to 90%.
- Revised pathways from BHT inpatients into OHFT memory clinics.
- Continued work with BHT to review primary care pathways.
- Continues work with BHT to optimise expertise of BHT dementia lead.
- MSS have delivered targeted screening of people living in care homes.
- Corrective action plan to have an impact on county wide performance.
- Dementia strategy plan developed based on feedback from people living with dementia, carers and partners.

Recommendation(s)/Recovery Trajectory:

- Work with OHFT to maintain consistent memory clinic performance.
- Work with MSS to improve access to screening services in primary care.
- Planned targeted screening by MSS across the provider sector.
- Service development and improvement plan has been developed for the MSS.
- Improvement to pathway following diagnosis, giving assurance of care and support.

Electronic Referral System (ERS) Programme

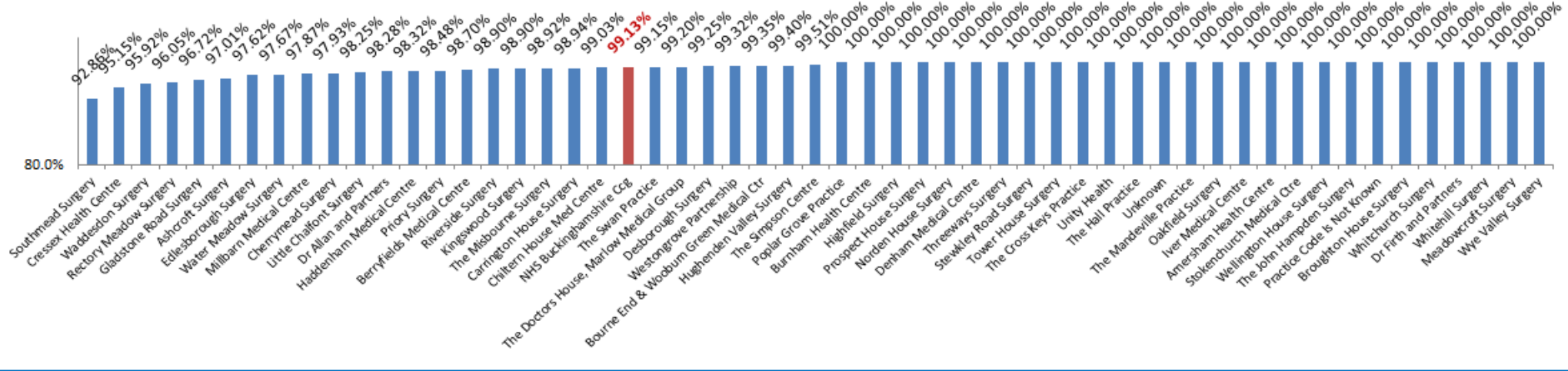
Situation:

March 2019 - Buckinghamshire CCG Actual: 86% usage.
 N.B. Recent usage numbers to be challenged because validated data from local providers indicates a 98%+ compliance rate.

Buckinghamshire CCG		Mar-19
e-RS Coverage	Trajectory	100%
	Actual (BHT)	99.1%

BHT - % of In-Scope* Referrals Submitted via NHS e-Referrals Service - Bucks CCG Practices - March 2019

(* First appointment to consultant-led services in an acute setting)



Background:

- 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. (Exceptions apply)

Assessment:

- Validated referral data from **BHT** for end-March represents a significant majority of all Bucks referrals and shows an achievement of **99.1%**
- Bucks CCG e-RS lead contacted practices with compliance below 100% to resolve any issues and identify training needs
- Frimley Health – compliance data is unavailable although the trust has not reported any issues of e-RS non-compliance to the CCG e-RS Lead
- Regular communications were e-mailed to GPs and e-RS administrators in primary care to re-iterate best-practice guidance and inform users of system pathways and processes

Recommendations:

- Reporting potential has been investigated and currently it is not possible to use the data for reporting purposes due to the format and accuracy of the data available

Eating Disorders - Children & Young People

Situation: Year-End

Percentage of Routine Referrals assessed within 4 week – performance **84%**. (small number of patient breaches greatly reduce percentage achieved)

Background and Objective:

Threshold for 'Routine Referral to assessment within 4 weeks' is 95%

Assessment:

- 84% YTD - under performance against routine referral KPI
- A high volume of referrals in Q1 2018/19, affected performance for the remainder of the financial year despite the four week target consistently being met since August 2018.
- Apart from Q1 referral numbers to the service have been low, subsequently if one referral is not assessed within the timeframe this can significantly effects performance

Routine Referral to Assessment within 4 weeks			
Quarter 18/19	Performance	Number of referrals seen within timeframe	Total number of referrals
Q1	82%	26	32
Q2	95%	9	10
Q3	100%	1	1
Q4	100%	1	1

Routine Referral to Assessment within 4 weeks by month	
Month	Performance
May	67%
June	89%
July	91%
Aug 2018 - Mar 2019	100%

Recommendation(s)/Recovery Trajectory:

1. Review activity across financial year to identify trends
2. Contractual performance to continue to be monitored on a monthly basis
3. Work with provider to build resilience where required

Safeguarding Children – Looked After Children (LAC)

Situation:

The LAC service in Bucks continues to work to improve the timely review health assessments to LAC within Buckinghamshire. A number of meetings were held with the LA and health partners to consider what improvements can be made to the current system to facilitate health assessments taking place within statutory timescales.

Current compliance: All Health Summaries 100%

Current compliance IHA's 75% (latest figures)

Current compliance RHA's : In County 50% - Out of County 43%

Background:

- 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.
- Process mapping exercise undertaken
- Escalation pathways in final draft stage
- New SOP's in final draft
- Strengths and Difficulties Questionnaire workshop planned for 15/05/19

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.
- There is a recovery plan in place and this is being monitored via 2 weekly data submission by BHT, the operational LAC meeting and separately by the monthly performance meeting.

Recommendation(s):

- Continue the separate operational and performance meetings and detailed monitoring of the trajectory plan
- Report to Corporate Parenting Panel for challenge and scrutiny

Learning Disabilities Annual Health Checks (AHC)

Situation:

- Indicator measures the proportion of people over 14 years old with a learning disability on the GP register receiving an Annual Health Check
- Buckinghamshire CCG local target for 2018/19 is **65%**.
- EMIS data showed that Buckinghamshire CCG had achieved **51.7%** in **2018/19** (number of people 14+ that have an annual health check compared to the number of people 14+ registered on the LD register). However this is inline with the national average.

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 variation in performance 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.
- 2020 - National target = 75%
Against which 2017/18 Buckinghamshire CCG local target = 55%, with achievement of **55.25%**
2018/19 Buckinghamshire CCG local target = 65% (people aged 14+) with achievement of **51.7%**

The local target is used as a proxy to measure performance for the Operating plan measure for AHCs delivered by GPs for patients on the LD Register (total population) (Trajectory: Q1 = 0%, Q2 = 18.9%, Q3 = 28.3% , Q4 = 61.3%)

Assessment:

Recommendation(s)/Recovery Trajectory:

Actions taken to improve performance include:-

- AHC dashboard for practices and CCG to monitor progress against targets
- Reminders to GPs of the incentive scheme in place to support increased numbers of AHCs being completed
- A further event is being planned later in 2019 to promote health and wellbeing. Task and finishing group will be meeting on the 22nd May.
- Action Plan has been developed to increase uptake for AHC for 2019/20. The focus is on 4 key areas. Actions includes promoting the GP toolkit, CLDT to provide greater support to GP surgeries in the delivery of AHC and to make reasonable adjustments to facilitate the delivery of the checks. Performance will continue to be tracked by the Staying Healthy Work Group
- Also improving Quality of Annual Health Checks, in particular focussing on Flu vaccination uptake, Cancer screening, Health action plan and sexual history

Transforming Care – Out of Area Placements

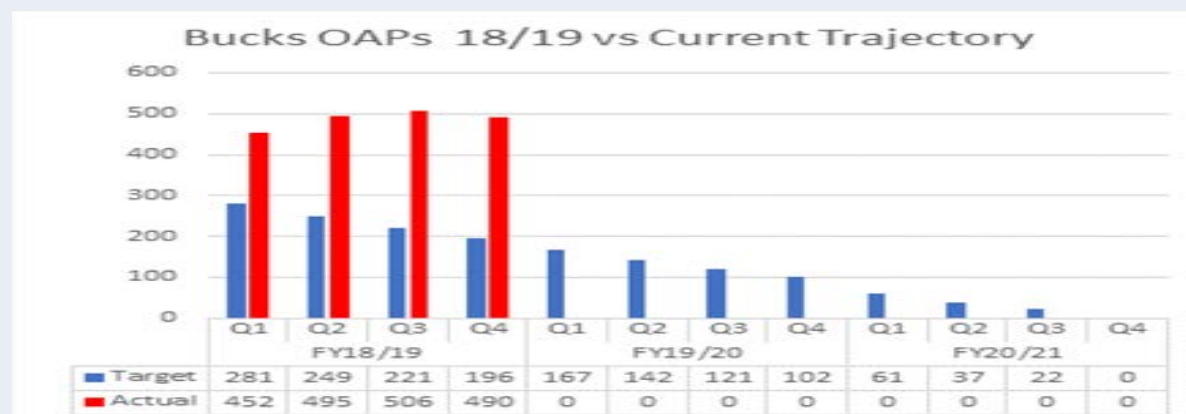
The National Transforming Care Programme (TCP) (Building the Right Support) aims to improve services for people **with learning disabilities and/or autism (including those without a learning disability), who display behaviour that challenges, including those with a mental health conditions.**

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 CCG – Year to Date position (Learning Disability & Mental Health)



Buckinghamshire Transforming Care Programme cohort is currently: March 19

- 4 patient in Dove Ward, LD specialist hospital
- 3 patients out of area, LD specialist hospital (Forensic locked rehab)
- 1 patient out of area, MH specialist hospital
- 1 patient, local MH hospital

Specialised Commissioning placements:

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

These patients comprise:

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

Planned changes: there has been 1 discharge and 2 admissions

Issues: There are current blockages to discharge due to dispute over funding/responsible commissioners, these blockages have been escalated.

Mixed Sex Accommodation - Breaches

Buckinghamshire CCG patients.

Standard: 0

Mixed Sex Accommodation	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Frimley Health	19	27	21	13	53	46	16	11	17	11	10	3
OUH	0	0	3	9	2	0	18	13	4	2	10	5
The Hillingdon	0	0	0	0	1	0	0	0	0	1	0	0
Royal Berkshire	2	1	0	0	0	0	0	0	1	0	0	0
University College London	0	1	0	0	0	0	0	0	0	0	0	0
North West London	0	0	1	0	0	0	0	0	1	0	0	0
The Royal National Orthopaedic	0	0	0	0	0	1	0	0	0	0	0	0
Imperial College	0	0	0	0	0	0	0	1	0	1	0	0
Total	21	29	25	22	56	47	34	25	23	15	20	8

Frimley Health - 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.

No Mixed Sex Accommodation breaches were reported at Buckinghamshire Healthcare Trust in 2018/19.

Quality Oversight Arrangements

Situation:

Buckinghamshire Healthcare NHS Trust:

Dementia Screening meeting planned between dementia screening lead and CCG colleagues 21st May 2019.

Visit completed within A & E to observe cultural behaviours towards Mental Health Patients based on feedback from patients and or advocates, feedback provided to advocates and BHT open to advocates attending internal training to support improvements.

Oxford Health NHS Foundation Trust:

Looking into responsiveness of OHFT services (MH) with the voluntary sector, due to feedback suggesting this could be improved. To be discussed at next OHFT Internal Clinical Quality meeting in May 2019.

Care Quality Commission Inspection of Buckinghamshire Healthcare Trust and FedBucks:

The CQC inspection of BHT's was completed on the 26th March, the draft report for factual accuracy is expected by the end of May 2019.

FedBucks:

The CQC inspection of FedBucks was completed week commencing 25th March, they are expecting to receive their draft report week commencing 27th May.

Safeguarding Adults

Situation:

The CCG's Safeguarding Adult lead is participating in a Large Scale Enquiry with multi-agency involvement.

Background:

Following a fire within a supported living service which resulted in the death of a vulnerable adult with care and support needs a Large Scale Enquiry has commenced. To run concurrently with this there will be a Safeguarding Adult Review to potentially Identify any multi agency learning. This incident has also been reported as a Serious Incident by OHFT.

Assessment:

To date, a meeting has been held to establish the facts around the incident. TVP are conducting their own investigations. Other service users have been moved from the service and are deemed to be safe.

Large Scale Enquiry meetings will be 4 weekly at present.

Recommendation(s):

CCG to continue to support the enquiry to ensure good communication from out of county CCGs.

Safeguarding Adults

Situation:

Safeguarding concerns raised regarding a nursing home in Buckinghamshire, from several sources which prompted a CQC inspection of the home.

CQC have now rated the service inadequate overall which has prompted the request for the deregistration of the current manager. The previous manager tendered their resignation and an interim manager is now in place with interviews commencing for a permanent manager. The service is closed to new admissions.

Background:

Safeguarding concerns raised which resulted in the necessity for a joined visit between CCG safeguarding and the Local Authority.

Assessment:

It is felt at this point that the residents are safe and the immediate actions taken within the service are adequate.

Recommendations:

The service is submitting an action plan fortnightly which is correlated against breaches in the CQC regulations. This is being followed up and monitored by multi agency 4 weekly meetings.

Appendix 1

PERFORMANCE REPORT 2019/20 Month 1

Complete Month 1 performance will follow in the June report

A&E – Four Hour Waits

Situation:

Measure of the time that patients wait within an A&E department or other urgent care units (eg UTC) before being admitted, treated & discharged or transferred to another hospital.

National target of 95%.

April:

- **BHT** Actual: **89.73%** **not achieved**
- **MKUFT** Actual: **93.44%** **not achieved**
- **OUH** Actual: **84.73%** **not achieved**
- **Frimley** Actual: **79.57%** **not achieved**

BHT and Milton Keynes University Hospital were above the NHS England average performance.

A&E 4hr Wait	OPERATIONAL STANDARD	REPORT MONTH	MONTH ACTUAL	YTD
Provider	Provider Performance			
NHS England	95%	Apr-19	85.13%	85.13%
Buckinghamshire Healthcare NHS Trust			89.73%	89.73%
Milton Keynes University Hospital			93.44%	93.44%
Oxford University Hospital			84.73%	84.73%
Frimley Health			79.57%	79.57%

Buckinghamshire Healthcare Trust

Background:

- 89.73% achievement in April, a 2.56% increase compared to the 87.17% achieved in March.

Assessment:

April Highlights:

- In April, type 1 4hr performance remained stable at approximately 79% with all type 89.73%.
- The best days performance on 21/04/2019 was of 98.78%.
- Performance on 3 days was above the national standard (95%).
- The daily average seen through GP steaming was 43 patients, a decrease from 45 in March.

Recovery actions & key areas of focus for May 2019:

- Weekly forward look meetings with all system partners where periods of pressure are predicted and additional mitigating actions agreed.
- Improved escalation pathways for cross border patients

Recommendation(s)/Recovery Trajectory:

Key areas of focus for the coming months include:

- Rapid turnaround at the front door to ensure early identification of patient flow within ED
 - AECU project – plan to utilise St Joseph’s for planned patients in order to increase activity in AECU and in reach into ED
 - Effective use of ‘Consultant Connect’ to offer advice & guidance and assist General Practitioners in optimising the streaming of patients to appropriate services’
 - Establish a breach tolerance trajectory to allow teams the visibility to ensure all are aware of the maximum number of 4 hour breaches on a day by day basis to aim for in order to meet the >90% target
 - Mental Health Audit – Escalation & Action working group – National recording of stranded MH patients. To assist with patients of MH disposition
 - Firmly establish the “Elimination of Corridor Care” programme progressing within the Trust
 - Embed learning from Fabulous Fortnight exercise - expanded now to Fabulous Fortnight in the community arm of BHT, and scheduled for repeating alongside successful Multi Agency Discharge Events taking place monthly supported by system colleagues
 - Maintain safe care and reduce footfall at the Emergency Department by providing alternative OOH services through Ambulance redirection also general communications nationally of alternative service provision i.e. Pharmacy and use of 111 service
 - ICS Weekly Look Forward meeting involving system partners continues to provide a system focus on key elements to support improved planning, gap analysis and planning arrangements for the next 10 days
- Initiatives around reducing the length of stay of patients particularly those greater than 21 days is continuing to progress

GP Service:

- Fill-rate of shifts have proved challenged and unfilled shifts occurring on evenings and weekends being the key risk
- Recruitment remains challenging, though most GP’s work via internal staff bank - experiencing difficulties in filling all weekend shifts regularly.