Agenda Item 10: Item 10(a)

Meeting: Buckinghamshire, Oxfordshire, and Berkshire West CCGs (BOB) Governing Bodies Meetings in Common (in public)

Date of Meeting	10th June 2020
Title of Paper	Integrated Quality and Performance Report (IQPR – M12)
Lead Directors	Debbie Simmons and Phil Orwin
Author(s)	Matthew Tait - Deputy ICS lead BOB Charlotte Adamson - Performance Manager Ashmita Chandra – Head of Performance
Paper Type	Discussing / Noting / Information
Action Required	The Governing Body Members are asked to note current performance against constitutional standards.

Executive Summary

The report represents the continued development of quality and performance reporting across the three Clinical Commissioning Groups within the BOB Integrated Care System. Elements specific to quality are included in the appendices and will continued to be developed as we are expecting a regional dashboard to highlight key areas to review on a regular basis. Key elements of the report include:

- Delivery of a number of constitutional targets remains difficult given the impact of the pandemic and waiting lists will take a significant time to reduce given the backlog of demand
- Across the BOBISC we are seeing significant increases in elective activity as the number of hospital admissions related to the pandemic continues to reduce.
- Vaccination rollout continues with good coverage across priority groups
- Cancer 2 week wait referral numbers have return to the historical level since early March 2021 with almost all tumour sites at or above baseline
- CAMHS waiting times remain an areas of concern and have been identified as an integrated care system wide service priority

1. Introduction

NHS services in BOB have faced unprecedented pressures over the course of the pandemic and responded to a dramatic increase in demand on Primary, Community and Acute services as well as delivering the biggest vaccination programme in history.

The BOB system made excellent progress in re-establishing most services and activity levels after the first wave although inevitably waiting lists numbers increased and the delivery of a number of performance standards was impacted. These challenges further increased through the second wave and we know need to start working towards a more stable position and addressing some of the waiting times highlighted. Whilst we were in the response phase for the second wave the NHS nationally was asked to prioritise COVID response, delivery of the vaccination programme and ensuring that patients with life threatening or urgent clinical needs were treated. This inevitably has led to increased waiting times for more routine services. Throughout the pandemic our providers have had a clear focus on minimising clinical harm and making decisions based on clinical prioritisation. We are now starting to see significant increases in activity as the numbers of admissions relating to COVID reduce.

2. Incident Management & Vaccination Program

COVID admissions and COVID occupancy continue to decline and remain below the national average. The number of COVID patients in critical care is minimal and remains significantly below national average for occupancy. Surge capacity is no longer utilised.

The ICS continue to access a modelling group with WSP (Whole System Partnership Ltd) working across the SE who are looking to advise on any 3rd wave. The most recent modelling shows a lower wave that is further out than previously forecast. This version adds assumptions in from mixing as lockdown is released plus a fall in vaccine effectiveness after first dose to consider variants e.g. Indian variant.

In scoping the HDU/ICU COVID+ capacity needed going forward the ICS are currently exploring a BOB wide reservist model to support the staffing requirements. This will look to keep those previously redeployed to ICU engaged with regular training, occasional shifts etc so that they are better equipped and ready to mobilise if/when required.

In preparation for a 3rd wave there is significant focus on overall resilience, mutual aid and evidence-based planning/decision making on incident management whilst at the same time also on business as usual, with particular emphasis on organisational and system recovery.

Across BOB, out of a priority target group of 1,528,870 individuals 972,752 have received their first dose (63.63%) and 527,977 their second dose (34.53%).

Progress has been made in all age groups, however, this various slightly by place.

In comparison to the national average, the overall effort around our different ethnicty groups, in particular the increased uptake amongst Black Caribbeans should be noted. However, recently ethnicity uptake by place highlighted that some areas have fallen behind the national average. This has been picked up by the BOB Vaccination Inequality Group.

The COVID vaccine acceleration of the 2nd dose AZ from 12 to 8 weeks identified around 260,000 individuals who will require their appointment brought forward. This means the next few weeks require joint effort to deliver on the revised target set by the government.

Projection of volumes over the summer and planning for phase 3 i.e. COVID boosters, Flu and Children is underway. This includes a review of the original vaccination programme model, impact of the surge demand, potential Covid booster, flu, and the implications on PCNs, mitigating actions and next steps.

We are awaiting national and regional planning assumptions and scenarios such as (a) both vaccines given together; (b) as per 2020 vaccines delivered 7 days apart and (c) the impact of childhood immunisations where the secondary school aged cohort receiving the COVID vaccine would also receive the flu vaccine. In addition, it is expected that the new Pfizer booster will not be ready until January/February 2022

3. Quality

Within each place based partnership there are identified forums for discussion and scrutiny of learning of all declared Serious Incidents. The table in appendix four details the number of Serious Incidents declared in month by NHS provider organisations.

To note within the month of March RBFT declared one Never Event pertaining to a retained foreign object post procedure, actions and mitigations have been assured within the aforementioned panel.

Within each place base partnership there is interface with mortality groups at the relevant providers where assurance is sought in line with the implementation of the medical examiner role and wider action being taken where there are fluctuations noted. The RBFT states the national Summary Hospital-level Indicator (SHMI) has increased slightly from the previous month but remains as expected. A detailed review of the Trust's position has been undertaken highlighting a number of data and process issues, looking at capacity (especially in the emergency pathways), the management of patient safety and also flagging areas of clinical concern. An action plan has been developed and is being monitored with assurance through the ICP Quality committee.

HCAI's are discussed within the local Health Economy meetings, identifying areas for further investigation for learning and mitigation in both provider organisations and primary care. Infection Prevention Control support has also been provided in other care settings such as Care homes and Quarantine hotels. As a result of the pandemic, local placed based areas are evaluating priorities for IPC accounting for future Covid surges and a review of activities undertaken.

3.1 Ockendon Review

The Ockenden initial report was an independent review of a series of serious cases involving preventable stillbirths, neonatal deaths, cases of brain damage around birth, and maternal deaths and injury at the Shrewsbury and Telford Hospital NHS Trust. The initial report was released in Dec 2020 and requested all trusts, local maternity neonatal systems, regional and national teams to implement a series of local immediate and essential actions in order to improve safety in maternity services across England.

Since the review was released, the function of LMNS has been reviewed to include surveillance as one of its core functions alongside its existing role in transformation of maternity services. The BOB LMNS has committed to the following:

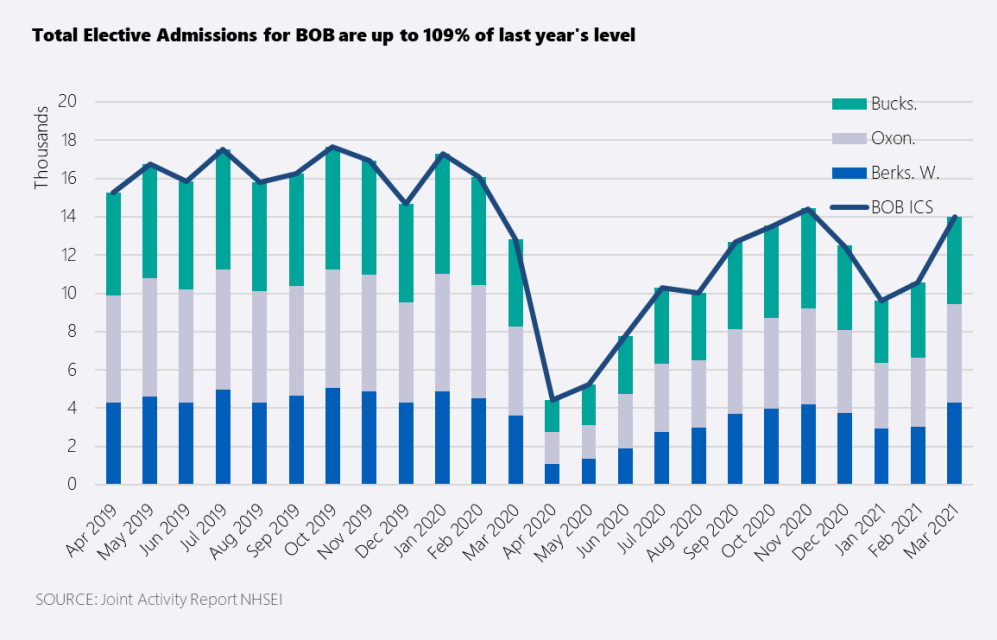
- Oversight of maternity Serious Incidents for all 3 trusts on a monthly basis ensuring information and learning is shared in a structured and systematic way and turning this learning into service improvement. In addition to this the LMNS works to ensure there are shared solutions where there are themes for improvement
- Overseeing local trusts action to implement the seven immediate and essential actions from the Ockenden report.
- Ensuring action is taken to improve the culture of maternity and neonatal services as a building block for safe, personal, and more equitable care. This is being done through reviewing the LMNS vision and engaging with safety culture programmes for maternity and neonatal leaders.
- Co designing and implementing a vision for local maternity and neonatal services with local women through Maternity Voices Partnerships. This are done via the LMNS board, local maternity steering groups and across the LMNS workstream meetings
- Working with ICSs to have a formal structured and systematic oversight of how their LMNS' delivers its function (as the maternity surveillance and transformation wing of the ICS). LMNS' to be included in the ICS governance arrangements for this year going forward
- Working with Frimley LMNS as a buddy for peer review and support

The Ockenden actions are a part of operational priorities for local maternity systems for 21/22.

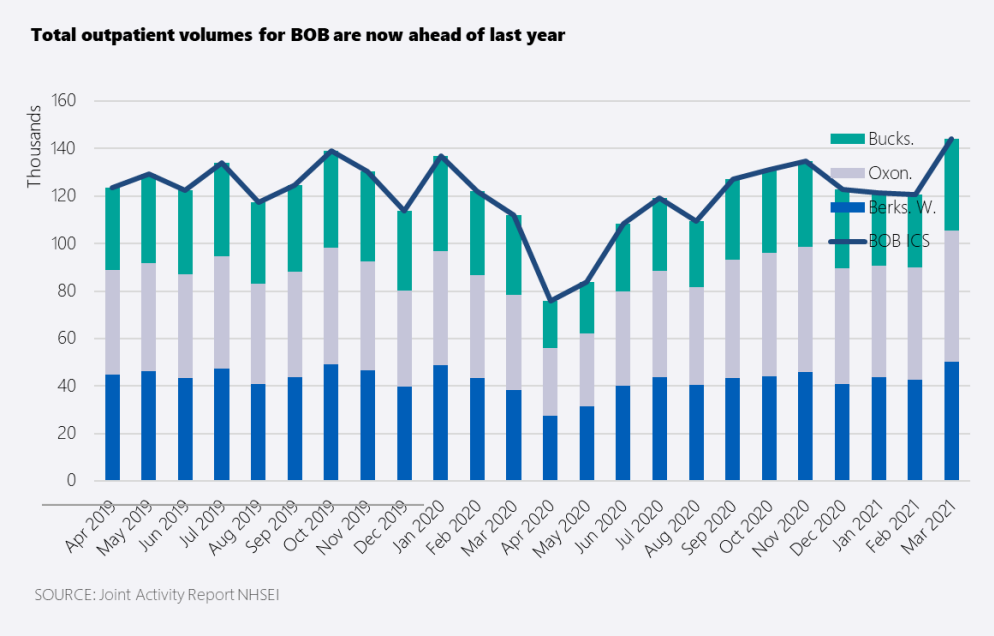
4. Constitution Targets and Priorities for Recovery

4.1 Elective Care

Up to the end of March elective in-patients, across all the ICS providers, had achieved 109% of the level the previous year and day cases 111%. It should be recognised that the activity levels in March 2020 were low due to the impact of the first wave of COVID-19.



First outpatient attendances recovered to 129%.



Despite these efforts 12,599 patients were waiting over 52 weeks as at the end of March. The continued increase in the number of long waiting patients is a result of system capacity restrictions within the providers. Available system capacity is prioritised for cancer and urgent patients (classified as a priority in line with national surgical prioritisation) with routine elective procedures being limited to enable this.

The recovery statistics relate to trajectories that were produced prior to the third wave of COVID, and assumed that elective activity would recover to meet pre-Covid levels. While it is useful to show the CCG current activity compared to historic levels, this data should not be a performance tool to evaluate whether the CCG is meeting NHSE targets, as these expectations have been removed.

CCG's and providers are currently producing refreshed trajectories with NHS planning guidance and baseline thresholds have been set from 70% in April of the 2019 activity levels, rising to 85% from July. The latest data shows that the system achieved over 90% of the baseline activity in April 21. Independent providers will continue to be utilised to support activity levels through errs, Insourcing and sub-contracted Trust activity.

Community services across the system continue to provide additional capacity to support the acute providers.

Elective Care key actions and next steps:

- A Planned Care Recovery Plan has been agreed with seven SROs assigned to lead collaborative programmes across the system. These focus on three key specialties where there are the highest numbers of patients waiting and will work towards single operating models, levelling up on productivity and will be a priority focus for the other programmes designed to ensure equity of access to services.
- Monitor the volume of long waiting patients in conjunction with the risk of clinical harm
- Patients waiting will continue to be regularly reviewed against the risk of clinical harm and are prioritised for treatment accordingly.
- Patients continuing to choose to delay their treatment will be contacted and assessed against the impact of health inequalities influencing their decision.
- Continue to work with any trusts that have referral restriction in place to ensure equity of access

4.2 Independent Sector

The finance and contractual responsibility of the Independent Sector Providers moved back to CCGs from 1st April 2021 as the national contract ended on the 31st March 2021.

Twelve month contracts have been established between providers and commissioners or as NHS provider sub contracts. The value of these contracts have been based on 2019/20 outturn for activity and guaranteed CCG funding (in line with NHS confirmation). Additional activity is also be sourced from providers through sub contracts between NHS Trusts and ISPs.

For the purposes of planning, 70% levels (against 19/20) were commissioned in April in anticipation of transition. Commissioned capacity from May onwards is at 100% of 19/20 with equivalent levels and case mix.

This does not include additional subcontracted activity being developed between Trusts at present. This will be captured within Trust submitted levels.

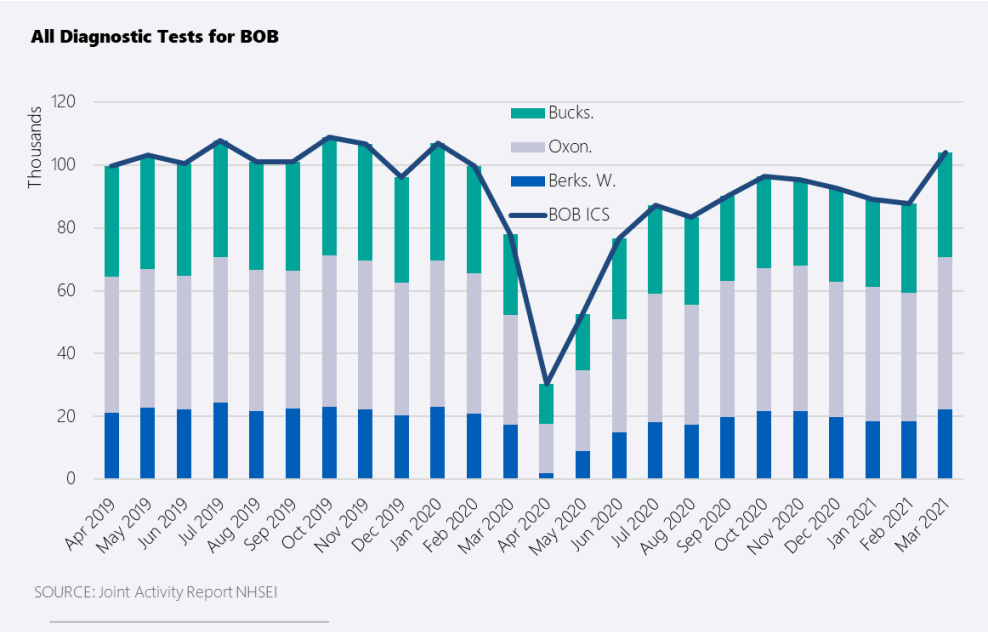
The ISP share of Elective and Outpatient activity within the ICS at present stands at:
Outpatients First Attendances: 2-3% -
Outpatients Follow up Attendances: 2-4%

Elective Day Case: 10%
Elective Inpatient: 10%

Key actions and next steps:

- Current levels of activity are under plan. To mitigate this, the CCGs are developing comms to practices encouraging referrals and increased utilisation of the Independent Sector.
- Inter provider transfers from all NHS sites to ISPs (RBFT, OUH, BHT) have seen lower levels of uptake than anticipated. Providers are working with teams to identify and support patients being transferred but this continues to be a challenge. Work is underway to support Trusts in transferring patients and motivating through local governance and senior leadership.

4.3 Diagnostics



Access to all diagnostic services across the system is being prioritised in line with the national surgical prioritisation guidance, as with all elective procedures. Across the system diagnostics tests are at 80% compared with 2019/2020 and imaging recovery continues to progress and the TV cancer alliance is working with the endoscopy leads to improve the challenges with endoscopy. The number for March 2020 is likely to be understated due to data submission issues at RBFT which has meant averages have been used. Total waits over 6 weeks for endoscopy are starting to show an improving position from March 21.

Some of the actions that have been taken to support diagnostics delivery have included:

- Additional MRI and X-ray capacity at Independent providers is being utilised to support the demand at the acute providers

- Replacement programme of the MRI scanner at Stoke Mandeville Hospital. Mobile scanners are currently based at Wycombe and OUH during the COVID period.
- All providers are experiencing high staff vacancy rates within diagnostics especially radiographers
- Due to capacity issues in CT it is difficult to achieve normal patient flow across all providers. Activity is currently being carried out at additional temporary mobile scanners in some areas preventing waiting lists developing.
- Waiting times in ultra-sound services across the system are increasing due to staffing issues and to manage this services are being delivered by independent providers. Additional resource is provided by agency staff where available.

The ICS diagnostics work programme has identified the requirements for the development of the services in line with the national Richard Review and a system strategy is currently in development

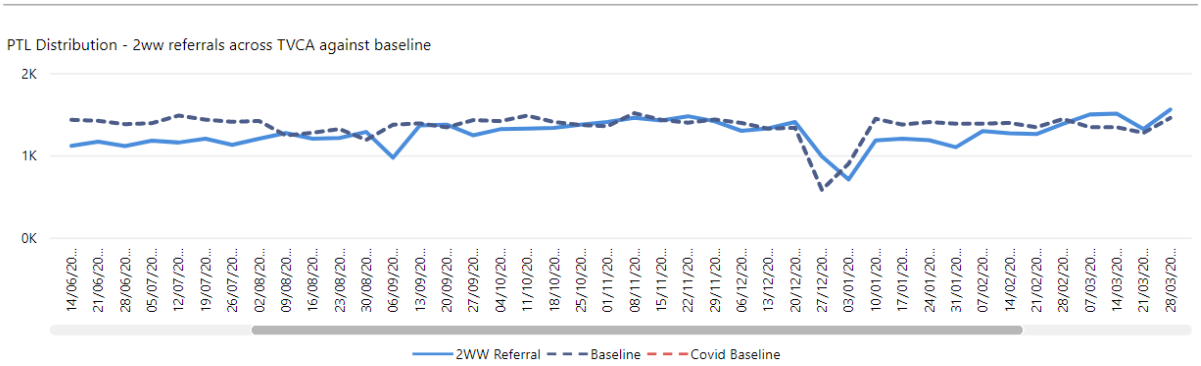
Diagnostics key actions and next steps:

- Development of strategic plan to incorporate the proposals of the Richard Review in line with national guidance.
- Considering community diagnostics hubs options to increase capacity.
- Working to develop networks to strengthen collaboration across the ICS.

4.4 Cancer Waiting Times

Two Week Waits

The recovery of cancer services continues following the covid-19 pandemic. Trusts have continued to work together to ensure patients are prioritised according to the agreed prioritisation framework with additional significant focus on reassuring all patients to attend appointments to ensure cancer diagnosis and treatment can be delivered in a timely way.



SOURCE: TVCA Data Hub

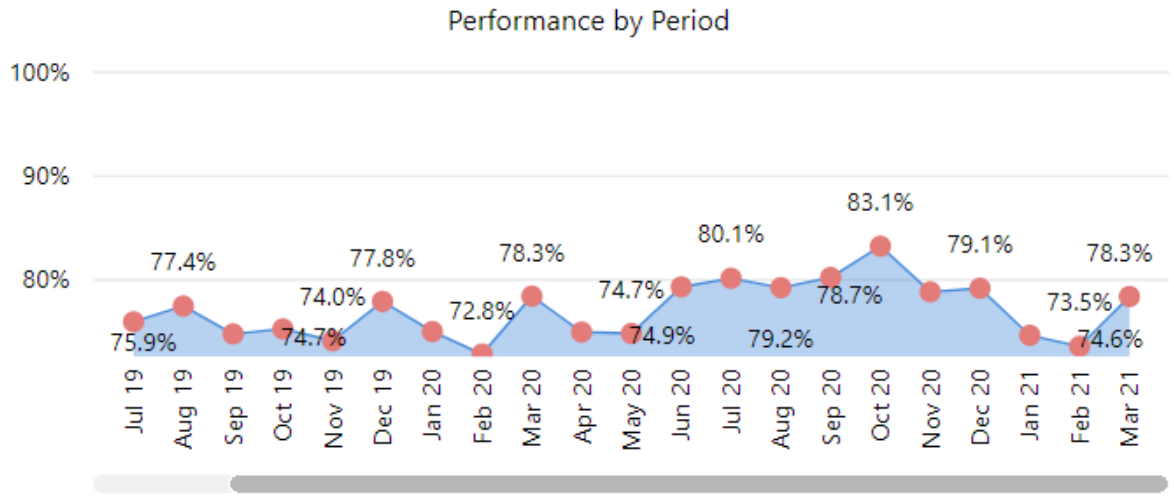
There has been a return to baseline for the 2 week wait referral numbers since early March 2021 with almost all tumour sites at or above baseline. The exception to this remains the Lung pathway which has very recently returned to pre pandemic levels, but it is too early to say this is sustained. Ongoing public awareness campaigns both nationally and locally, alongside ongoing GP education focused on referring patients

with lung cancer symptoms as well as widespread placement of lung awareness banners in vaccination centres have enabled the pathway recover to baseline in March. Concern remains that due to depressed referral numbers in December and January there are patients who are yet to come forward so focus will remain on this pathway to enable full recovery.

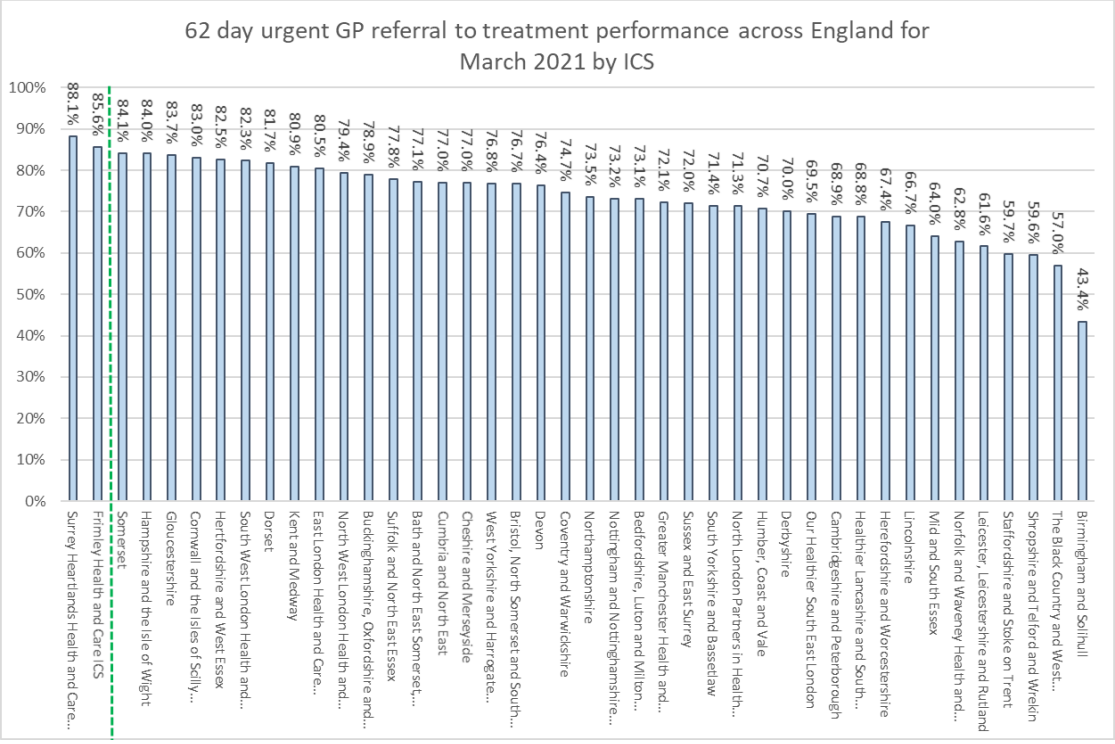
Conversely the breast 2WW pathway has experienced significantly over baseline demand with an average of 20% more patients being referred compared to 2019 pre pandemic levels. The Thames Valley cancer alliance has run widespread education events focused on the importance of breast examination and optimal referral practise, alongside developing better advice and guidance channels back to primary care to help support the demand within secondary care.

Ongoing improved utilization of FIT testing in primary care is continuing to support the lower GI pathway, this will remain a focus to ensure we can demonstrate uptake across all of primary care across BOB.

62 day wait



The 62-day pathway continues to be a key focus to ensure patients receive timely access to treatment. Whilst for BOB this is not currently a compliant position it is on an upward trajectory from February 74.6% to 78.3% in March 2021.



The graph above indicates BOB is positioned 13th of 42 ICS systems. A key focus in delivering the 62-day pathway is ensuring a diagnosis within 28 days which will is a nationally reported cancer standard from June. Shadow reporting currently indicates a compliant position of 83.3%. This standard will be an ongoing focus for the alliance and ICS and will be further supported by the roll out of Rapid Diagnostic services for the lung and colorectal pathways across all of BOB during 2021/22.

Cancer key actions and next steps:

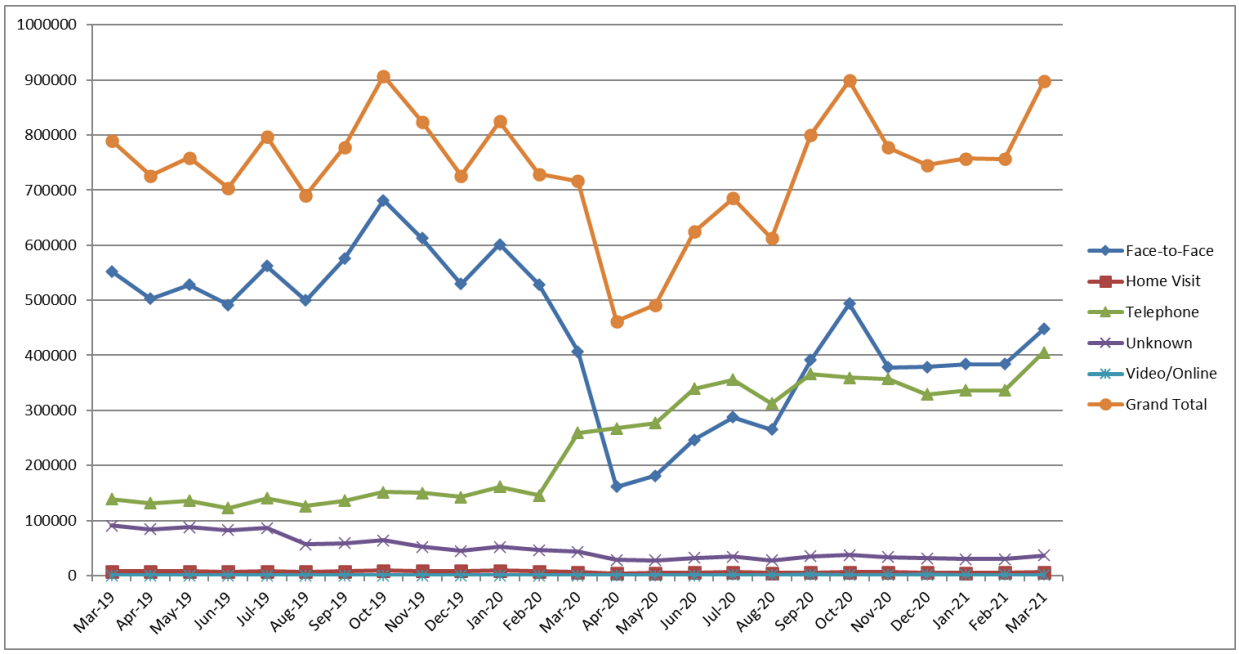
The cancer alliance is working closely with BOB ICS to finalise the system recovery plan for cancer which is focused on:

1) Addressing the shortfall in treatment in 2021
2) Achieving sustainable operational performance for all cancer standards
3) Rolling out rapid diagnostic services for lung and colorectal cancers
4) Ensuring access to personalised care interventions for 6 cancer tumour sites
5) Supporting the Oxford University Hospital Trust with specific actions on 2 week wait pressures and screening

5.0 Primary Care

Activity levels in Primary Care remain high. The most recent NHS Digital activity information continues to demonstrate that pre pandemic levels of activity have been sustained across BOB (and all 3 places) since September 2020.

The general practice appointment data shows a marked increase in appointments in March. The graph below shows the increase in both face to face and telephone appointments. This data does not include the appointments for the delivery of the vaccination programme.



BOB ICS General Practice Appointments by mode March 2021[1]

This data from NHS Digital is in line with reports from practices that the levels of patient contact are at overwhelming levels in some places. Work is underway to support greater levels of proactive and informative communications to try to ease the burden of queries that could be answered in other ways. There is a recognition that practices have been getting high volumes of calls in relation to the ongoing vaccination programme.

Work is under way to better support patient expectations and practices continue to operate within infection prevention and control guideline. This will include setting out the range of different appointment types including telephone appointments and face to face. The total triage approach is likely to remain we will need to work together with practices to ensure that members of the public understand the new ways of work and the benefits that it can bring.

There have been small numbers of reports that patients are not being able to access face to face appointments. These have been followed up.

6.0 Urgent and Emergency Care

A&E performance against the national standard has improved as compared to previous months across all providers in the ICS when compared to January and February. The number of patients attending A&E departments in the ICS has

[1] https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice

increased and is at 88% of pre-pandemic levels. No patients have waited 12 hours from the decision to admit to reaching a bed across all Emergency Departments in the ICS.

Provider	Performance	Total Attendances	Attendances Over 4 Hours	Emergency Admissions	4-12 Hour Waits*	Over 12 Hour
Oxford University Hospitals NHS Foundation	88.22%	11,720	1,381	7,553	285	0
Royal Berkshire NHS Foundation Trust	88.84%	11,098	1,238	3,527	77	0
Buckinghamshire Healthcare NHS Trust	82.69%	9,879	1,710	4,820	539	0

RBFT: RBFT performance was at 88.9% with attendances to ED rapidly increasing at the trust especially the paediatric unit. There was a reduction in the number of COVID patients in the hospital. The A&E department capital works is expected to be completed by April. There has been an improvement compared to Jan 21 for handovers within15minutes of arrival. Improving from 34% to 43%. Clearance of elective backlog is underway. There has been a reported increase in ED with blood clot concerns following a vaccination as a result of news / media.

OUH: Regular and consistent use of ED huddles were introduced 24/7 to maintain patient flow and reduce long waits. The SOP for ambulance handovers was reviewed and updated with further escalation to reduce ambulance handover delays. The virtual head injury pathway was implemented to reduce unnecessary ED presentations for those who contacted NHS 111. Children's Clinical Decision Unit is now open 24 hours a day to improve the pathway from GP's and 999 crews.

BHT: The Trust performance remains below the national target. The total attendances and the emergency admissions continue rise with non Covid-19 type illnesses. Enhanced system-wide work is in place to ensure that the use of ED alternatives are maximized so that ED remains accessible to patients who need to be seen and treated in an Acute setting.
Bucks system is noted as a place of interest for LLOS over 21 days. To support a reduction, 3 times weekly meetings are set up with whole system engagement - clinical, commissioning and ASC. These started on 19th April and have reduced the number of LLOS patients from 62 to 46. An internal target has been set to achieve a number of 25 for over 21 day LLOS on SMH site by 31/05. The system is focussed on achieving this target.
Bucks remains as an area of focus for ambulance handovers and patients spending over 12 hrs in ED. System-wide support continues to enable improvements in the handover processes and ensure enhanced liaison between the teams. As a result, the percentage of 15 minute handovers has improved from 64% to 70%. The aim is to ensure that at least 75% of all handovers are completed within 15 minutes by the end of this month. Similarly, overall daily handover delays have seen an improvement from 280 mins to 138 min and the next step is to ensure that these remain below 120 min daily. To improve the handover process and help direct suitable patients to alternative

settings such as SDEC, Bucks CCG has recently agreed funding for a HALO position at front end ED at Stoke Mandeville Hospital.
There is a national drive to ensure that patients spend no longer than 12 hrs in ED. Bucks have achieved a significant reduction in figures and mitigations have been identified to ensure that there is collective system effort to bring these to zero by the end of this month.

Ambulance (999): SCAS have maintained good performance through Q4 and reported at the BOB Urgent and Emergency Care Programme Board that they are consistently the second best performing ambulance trust nationally. Hear and treat and see and treat rates have been good supporting a non-conveyance rate of approximately 50%. Handover delays remain challenged in Q4.

111: SCAS have been part of national contingency arrangements during much of the pandemic response so it is difficult to comment on performance. The referral rate onto 999 has been particularly high with over 15% of callers receiving a 999 disposition during January. The referral rate to ED has stayed steadier and was maintained at fewer than 6% during January for the contract.
The CCGs has funded an additional GP to work in the Clinical Assessment Service to support validation of 999 and ED dispositions until the end of March. Call abandonment rates were also running high at around 10% during Jan and Feb but recent daily data shows a marked improvement as the SCAS service returns to a more normal service.
Bucks were an early implementer of 111 First which has been successfully implemented and from 1st February there are now 48 ED appointment slots which 111 can book directly into.

7.0 Mental Health

- **IAPT:** All three CCGs haven't achieved the access standard for 2021-22. A recovery plan for Berkshire West CCG is in place to mitigate this as Berkshire West CCG was achieving the standard prior to the pandemic. For both Buckinghamshire and Oxfordshire CCG, the commissioned IAPT services have been below the national standard in 2020-21. Plans are in place to mitigate this by additional investment through the Mental Health Investment Standard for both CCGs.

- **Dementia:** Significant reduction in diagnosis rate in 2020-21 as compared to previous years across all CCGs. This was due to the closure / pause on memory clinics and reduction in number of patients seen in practices as a result of the pandemic. Online clinics have been set up as part of the digital offer across the three CCGs; however there has been limited uptake owing to the nature of patients referred into these clinics. The plan across all three CCGs is to recover performance by the end of 2021-22. This involves setting up digital memory clinics, review access in buildings, recruitment of additional staff, and support to primary care for patients discharged from memory clinics.

- **Severe Mental Illness Health Checks:** Performance was challenged across all three CCGs in 2020-21. Berkshire West CCG saw an improvement in this year's performance (32.6%) compared to the previous year although significantly behind

the national target of 60%. Buckinghamshire and Oxfordshire CCG performance was at 16.3% and 17% respectively. A key factor in the reduced performance across the CCGs was the pandemic as primary care has been adversely affected by impact of covid with primary focus on vaccination programme through the second half of the year. To improve performance in the 2021-22, monthly reports are shared across the PCNs to identify areas with capacity constraints across BOB. SMI health checks are also incentivised through QOF payments as of April 2021 which will also have a positive impact on performance / reporting.

- **CAMHS:** All three CCGs have achieved the access standard for 2021-22. Waiting times to access interventions and support is an area of concern and is closely monitored at has been identified as a service priority across the ICS. Additional investment in CAMHS planned through MHIS and service development transformation funding.

- **CYP ED:**

Indicator	CCG	Standard	Q1	Q2	Q3	Q4
CYP ED Urgent	Berkshire West CCG	95%	80.80%	86.20%	80.60%	80.00%
	Buckinghamshire CCG		80.00%	76.90%	80.00%	87.50%
	Oxfordshire CCG		77.80%	100.00%	100.00%	100.00%
CYP ED Routine	Berkshire West CCG	95%	86.30%	92.20%	93.10%	93.90%
	Buckinghamshire CCG		86.70%	90.10%	82.20%	66.40%
	Oxfordshire CCG		74.60%	80.50%	71.50%	57.70%

Oxfordshire and Buckinghamshire CCG:
Oxforshire CCG has achieved the urgent standard (seen within 1 week) in the last three quarters of 2020-21. Performance against the national standard for routine referrals was significantly challenged in Q4. Buckinghamshire CCG's performance against routine referrals deteriorated in Q4.
Additional investment through 20/21 and planned for 21/22 through MHIS. Remedial measures through 20/21 included redeployment of staff. Recovery is anticipated in 2021-22. Locum staff recruitment have now been recruited to support recovery.

Berkshire West CCG: The CCG saw an improvement in waiting time responses when compared to previous year even against the context of COVID impact on the service. Routine performance has significantly improved as compared to Q1. Service has already prioritised the urgent and escalating cases, deploying nurse and assistant psych time from winter and discharge funding (continuing into 21/22) to offer more home meal support (offering at least 2 interventions a week). In addition, this would enable higher support to the Acute ward. Service continues to invest in the novel SHARON platform for online support.
An assessment on the SE review on CYPED was carried out by BHFT and work is underway to remodel capacity requirements to meet increasing demand with the help of the CREST tool by the end of June.
Work started on improving the acute and primary care workforce understanding of need to identify as early as possible – BEAT providing the training offer. System

has agreed to fund an Acute MH CYP role that will support workforce in wards and improve safe and timely discharge of CYP MH cases, many that are ED – recruitment in process.
Berkshire ED service has begun implementing the FREED model.

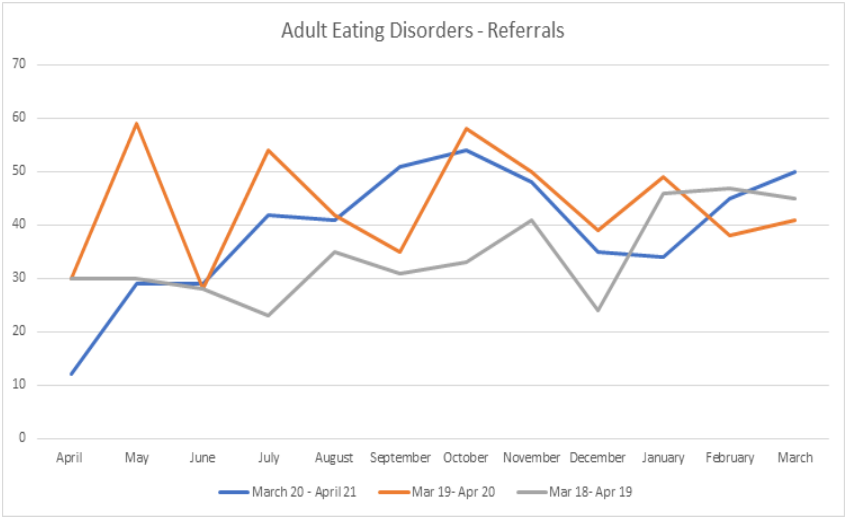
- **Learning Disabilities:**

  Berkshire West CCG: Currently 9 CCG and 5 NHS E funded patients end of March 2021. The CCG had planned to discharge 4 patients out of hospital at the end of quarter 4 2020/21, however these were not achieved due to unavoidable factors.
  Buckinghamshire CCG: Currently 9 CCG and 5 NHS E funded patients end of March 2021. 20/21 saw a small spike to adult inpatients including a delay due to COVID of 2 discharges, taking the numbers above projected trajectories. Three ASD admissions over Xmas period also led to an increase in inpatient numbers.
  Oxfordshire CCG: There were 11 CCG funded adult inpatients and 5 NHSE funded CYP inpatients at the end of March 2021. Key worker pilot has been mobilised and meeting all milestones for the CCG.

  Work needs to be done across the system to prevent admission for the ASD pathway in community.

Adult Eating Disorders (Oxfordshire):

Year	Referrals	Wait referral to Assessment (weeks)	Still waiting	Longest wait in weeks
20/21	470	2.57	34	13.7
19/20	523	7.57	33	73.57
18/19	413	9.14	1	123
17/18	406	8.14	0	0



The AED Service is only prioritising urgent and emergency referrals at present. During 2020 - The service has seen increasing demand and complexity of referrals, significant recruitment and retention challenges. A Considerable recruitment drive has taken place and the current position with staffing is 13.68 WTE in post with plan for 17 WTE.

The patients on the waiting list are actively monitored until formal treatment starts. Regular update meetings with CCG GP lead CD, OHFT and PCNs and LMC. All patients waiting for treatment are contacted every six weeks for a check-in and offered self-help guidance. Daily advice line is also open to GPs. A High-risk clinic is available for complex patients as is the option of online therapy.

Gaining support from adult colleagues to use therapists time offering therapy to patients on the waiting list.

In-house training and national training is available to staff. In 21/22 - FREED model for 17.5-21 year olds and CBTE model will be used. Tier 4 OHFT led provider collaborative service to start by Oct 2021. CMHF will support preventative approach and needs of AED as an area of focus. Long term established links with the Oxford University also provides an opportunity for building on CBTE, QI and innovation.

Appendix I: Performance Statistics

	Month	Standard	BOB Performance Month	BOB Performance YTD	Bucks CCG Performance Month	Bucks CCG Performance YTD	Oxford CCG Performance Month	Oxford CCG Performance YTD	Berks West CCG Performance Month	Berks West CCG Performance YTD	OUH Performance Month	OUH Performance YTD	BHT Performance Month	BHT Performance YTD	Royal Berkshire Performance Month	Royal Berkshire Performance YTD
Cancer																
2 Week Waits	Mar 21	**93%**	90%	88%	97%	95%	77%	77%	96%	94%	73%	75%	99%	96%	97%	94%
2 WW Breast		**93%**	74%	61%	100%	85%	48%	30%	99%	96%	44%	25%	100%	84%	99%	97%
31D 1st Treatment		**96%**	96%	96%	97%	96%	96%	96%	94%	95%	95%	95%	98%	96%	95%	95%
31D Sub - Drug		**98%**	99%	99%	98%	99%	100%	99%	99%	100%	99%	99%	100%	99%	99%	100%
31D Sub -Radio		**94%**	95%	95%	100%	98%	96%	97%	86%	90%	96%	98%	100%	100%	88%	89%
31D Sub - Surgery		**94%**	92%	91%	97%	92%	86%	90%	93%	90%	89%	90%	100%	90%	93%	88%
62D Urgent Referral		**85%**	79%	80%	80%	79%	78%	80%	80%	80%	75%	76%	83%	81%	81%	80%
62D Screening		**90%**	90%	82%	91%	90%	100%	83%	78%	74%	97%	82%	100%	92%	83%	75%
62D Upgrade		**86%**	82%	82%	88%	85%	67%	68%	60%	84%	50%	63%	89%	85%	33%	79%
RTT - Incomplete																
RTT <18 wk waits	Mar 21	**92%**	62%		56%		66%		64%		69%		53%		61%	
RTT > 52 Week			12,599		6,106		4,075		2,418		4,934		5,433		2,794	
Diagnostics																
< 6 weeks	Mar 21	**>1%**	15%	24%	29%	28%	9%	23%	6%	22%	8%	21%	40%	33%	4%	20%
A&E																
< 4 Hour Waits	Apr 21	**95%**	87%	87%							85%	85%	82%	82%	89%	89%
Mental Health - IAPT																
Access*	Feb-21	****5.87%**	5.19%		5.44%		5.03%		5.17%							
Moving to Recovery		**50%**	54%	55%	57%	58%	53%	52%	53%	55%						
6 Week Wait		**75%**	98%	97%	99%	97%	99%	98%	97%	96%						
18 Week Wait		**95%**	100%	100%	100%	100%	100%	100%	100%	100%						
Dementia																
Dementia Diagnosis Rate	Mar 21	**67%**	59%		57%		61%		58%							
Children and Adolescent Mental Health Services																
Number Accessing in Period	Feb 21		13720		3815		6390		3515							
C&YP Eating Disorders																
Urgent (1 week)	Q4	**95%**		84%		88%		100%		80%						
Routine (4 weeks)		**95%**		65%		66%		58%		94%						

**Access = Performance (entering treatment)*

***Standard = monthly target*

	Month	Standard	BOB Performance Quarter	Bucks CCG Performance Quarter	Oxford CCG Performance Quarter	Berks West CCG Performance Quarter
Learning Disabilities						
Mortality Reviews (LeDeR)	Q2 20/21			75% to 100%	75% to 100%	25% to <50%
Severe Mental Illness (SMI) 6 health checks	Q4 20/21	60%	20%	16%	16%	33%
LD Inpatients CCG funded	Q4 20/21	<>12*	22.77	18.96	12.05	40.01
LD Inpatients NHS funded	Q4 20/21	<>12*	22.77	18.96	24.11	26.67

** rate per 1000000*

			TV North Cluster		Bucks CCG		Oxford CCG		Berks West CCG	
	Month	Standard	Month	Q4	Month	Q4	Month	Q4	Month	Q4
Ambulance Response Times										
Cat 1 - Mean	Mar 21	7 mins	00:06:13	00:06:22	00:06:27	00:06:35	00:06:33	00:06:47	00:05:59	00:05:54
Cat 1 - 90th Percentile		15 mins	00:11:27	00:11:48	00:12:05	00:12:44	00:13:06	00:13:36	00:10:41	00:10:24
Cat 2 - Mean		18 mins	00:14:21	00:17:53	00:14:53	00:20:21	00:14:32	00:16:02	00:13:51	00:16:01
Cat 2 - 90th Percentile		40 mins	00:27:39	00:35:31	00:28:15	00:40:41	00:27:13	00:30:29	00:26:51	00:31:11
Cat 3 - 90th Percentile		120 mins	01:55:19	02:20:58	02:00:53	02:32:26	01:38:01	01:52:50	01:55:56	02:19:02
Cat 4 - 90th Percentile		180 mins	02:40:24	02:44:04	03:09:50	03:06:34	02:20:56	02:21:46	02:30:37	02:37:23

Thames Valley North figures include: Oxfordshire, Buckinghamshire, Milton Keynes, Berkshire West and Berkshire East CCGs

Appendix II: Recovery Statistics

	Month	Phase 3 Target	BOB In Month Activity	BOB In Month Plan	Bucks CCG In Month Activity	Bucks CCG In Month Plan	Oxford CCG In Month Activity	Oxford CCG In Month Plan	Berks West CCG In Month Activity	Berks West CCG In Month Plan	OUH In Month Activity	OUH In Month Plan	BHT In Month Activity	BHT In Month Plan	Royal Berkshire In Month Activity	Royal Berkshire In Month Plan
Elective Indicators																
Incomplete pathways at month end Against Last Year	Mar 21		109,962	92,237	37,357	31,688	31,746	28,861	40,859	31,688	29,548	41,231	30,261	33,033	43,394	30,000
Incomplete Pathways over 52 weeks at month end against last year			12,188	5,395	5,997	3,203	3,845	2,110	2,346	82	3,777	3,000	5,670	3,160	2,752	0
Total GP Referrals Against Last Year			114%	136%	116%	111%	123%	141%	100%	153%	105%	112%	95%	139%	89%	135%
Total Other Referrals Against Last Year			176%	131%	136%	115%	152%	185%	219%	100%	77%	123%	98%	517%	219%	112%
Total All Referrals Against Last Year			134%	134%	122%	112%	131%	152%	147%	132%	94%	116%	96%	243%	144%	125%
Total First Attendances against last year		**100%**	143%	114%	117%	104%	165%	116%	141%	120%	176%	136%	115%	102%	148%	147%
Total Follow-up Attendances against last year		**100%**	120%	115%	114%	124%	121%	109%	126%	113%	120%	138%	111%	158%	126%	167%
Total Attendances against last Year		**100%**	129%	114%	115%	116%	138%	112%	131%	115%	140%	137%	112%	136%	135%	159%
Percent Day Case Admissions Against Last Year		**100%**	111%	137%	104%	143%	111%	159%	122%	101%	104%	151%	92%	132%	127%	118%
Percent Ordinary Elective Admissions Against Last Year		**100%**	95%	134%	73%	146%	103%	151%	109%	101%	85%	234%	70%	88%	116%	127%
Percent Total Elective Admissions Against Last Year		**100%**	109%	137%	100%	144%	110%	158%	120%	101%	101%	162%	90%	129%	126%	119%

In the Above table In-Month Activity is RAG rated based on the In-Month Plan. Metrics achieving In-Month Plan are green, Metrics within 3% of In-Month Plan are Amber, Metrics outside of this are red. Please see Metrics List for detail.

		Target	BOB In Month Activity	BOB In Month YTD	Bucks CCG In Month Activity	Bucks CCG In Month YTD	Oxford CCG In Month Activity	Oxford CCG In Month YTD	Berks West CCG In Month Activity	Berks West CCG In Month YTD
Primary Care Indicators										
% GP appointments compared to same month in previous year	Mar 21	**100%**	122%	91%	114%	87%	127%	92%	125%	93%

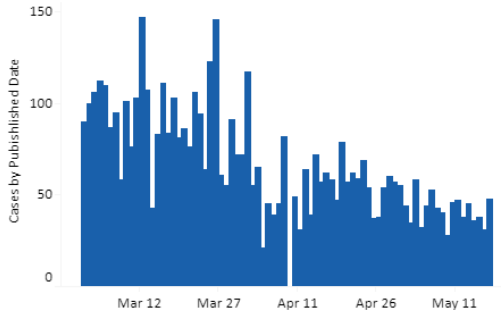
	Month		BOB In Month Activity	BOB In Month Plan	Bucks CCG In Month Activity	Bucks CCG In Month Plan	Oxford CCG In Month Activity	Oxford CCG In Month Plan	Berks West CCG In Month Activity	Berks West CCG In Month Plan	OUH In Month Activity	OUH In Month Plan	BHT In Month Activity	BHT In Month Plan	Royal Berkshire In Month Activity	Royal Berkshire In Month Plan
Diagnostic Indicators																
Percent of Diagnostics Waiting list 6 weeks or more	Mar 21		15%	4%	29%	4%	9%	4%	6%	7%	8%	4%	40%	3%	4%	0%
Percent of Diagnostic Tests Against Last Year			67%	100%	65%	100%	70%	100%	64%	100%	63%	100%	54%	100%	66%	100%
Percent of Current MRI list waiting 6 weeks or more			12%	3%	7%	2%	18%	2%	2%	7%	18%	4%	1%	3%	0%	0%
Percent of MRI Tests Against Last Year			65%	60%	62%	54%	76%	70%	55%	56%	60%	78%	58%	66%	54%	53%
Percent of Current CT list waiting 6 weeks or more			2%	2%	6%	3%	0%	1%	2%	8%	1%	1%	0%	7%	0%	0%
Percent of CT Tests Against Last Year			76%	66%	79%	72%	77%	67%	67%	57%	70%	65%	66%	75%	68%	59%

In the Above table In-Month Activity is RAG rated based on the In-Month Plan. Metrics achieving In-Month Plan are green, Metrics within 3% of In-Month Plan are Amber, Metrics outside of this are red. Please see Metrics List for detail.

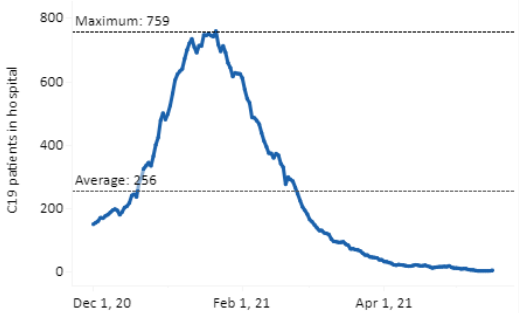
The Royal Berkshire Hospital submitted no Diagnostic Test Data in March 2020, for this reason a proportion (determined using an average of significant NHS providers) of the average for April to February has been applied.

Appendix III: Quality Indicators

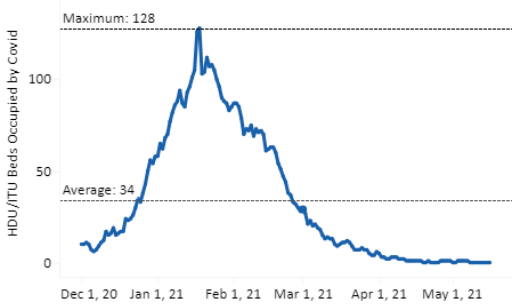
Cases: Cases by published date (STP/UTLA/LTLA)



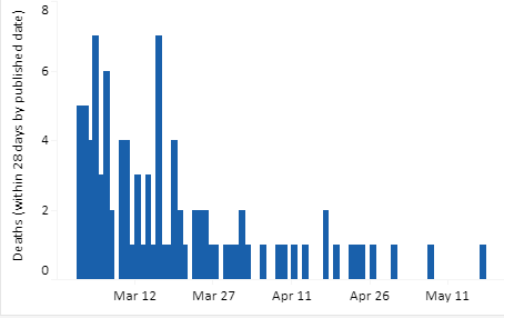
Covid-19 Admissions: Total Covid-19 Patients in Hospital



Covid-19 Admissions: Total Covid-19 Patients in HDU/ITU



Deaths by published date (STP/UTLA/LTLA)



Summary of Covid-19 Vaccination Compared to BOB Average Census Date:- 10/05/2021

	Total Patients Vaccinated				Variance against BOB			Patients with one dose				Variance against BOB			Patients with two doses				Variance against BOB		
	Berks W	Bucks	Oxon	BOB	Berks W	Bucks	Oxon	Berks W	Bucks	Oxon	BOB	Berks W	Bucks	Oxon	Berks W	Bucks	Oxon	BOB	Berks W	Bucks	Oxon
18 to 19	10.5%	12.0%	9.0%	10.1%	0.3%	1.9%	-1.2%	7.1%	8.1%	6.0%	6.8%	0.3%	1.3%	-0.8%	3.4%	4.0%	3.0%	3.3%	0.1%	0.6%	-0.4%
20 to 29	15.9%	18.7%	15.7%	16.5%	-0.6%	2.2%	-0.8%	9.4%	10.4%	8.5%	9.2%	0.2%	1.2%	-0.8%	6.5%	8.3%	7.3%	7.3%	-0.8%	1.0%	0.0%
30 to 39	20.7%	25.7%	21.8%	22.5%	-1.8%	3.2%	-0.7%	13.5%	15.5%	12.5%	13.6%	-0.1%	1.8%	-1.1%	7.2%	10.2%	9.3%	8.9%	-1.7%	1.3%	0.4%
40 to 49	59.8%	68.2%	68.7%	65.8%	-6.0%	2.4%	2.8%	49.9%	54.3%	56.5%	53.8%	-3.9%	0.5%	2.7%	9.9%	13.9%	12.1%	12.0%	-2.1%	1.9%	0.2%
50 to 59	87.0%	89.2%	88.5%	88.3%	-1.3%	0.9%	0.2%	70.5%	68.4%	71.6%	70.3%	0.2%	-1.9%	1.3%	16.6%	20.8%	17.0%	18.1%	-1.5%	2.7%	-1.1%
60 to 69	91.6%	92.8%	92.2%	92.3%	-0.6%	0.6%	0.0%	55.1%	45.3%	51.3%	50.3%	4.7%	-5.0%	0.9%	36.6%	47.5%	40.9%	41.9%	-5.4%	5.6%	-1.0%
70 to 79	95.8%	96.1%	96.0%	96.0%	-0.2%	0.1%	0.0%	4.9%	4.6%	3.8%	4.4%	0.5%	0.2%	-0.5%	90.9%	91.5%	92.1%	91.6%	-0.7%	-0.1%	0.5%
80 to 89	96.9%	96.9%	97.4%	97.1%	-0.2%	-0.2%	0.3%	3.1%	4.2%	2.5%	3.3%	-0.1%	1.0%	-0.7%	93.8%	92.6%	94.8%	93.8%	0.0%	-1.2%	1.0%
90+	96.6%	96.0%	97.2%	96.6%	-0.1%	-0.7%	0.6%	5.4%	7.4%	3.9%	5.4%	0.0%	2.0%	-1.5%	91.2%	88.6%	93.3%	91.2%	0.0%	-2.6%	2.1%
Overall	57.1%	65.1%	58.7%	60.1%	-3.0%	4.9%	-1.4%	32.6%	33.4%	31.5%	32.4%	0.2%	1.0%	-0.9%	24.4%	31.6%	27.2%	27.7%	-3.3%	3.9%	-0.6%

Summary of Covid-19 Vaccination Compared to National Position - Ethnicity Census Date:- 10/05/2021

	Aged 50 up - Received at least one dose of vaccine					Variance against national			
	National	BOB	Berks W	Bucks	Oxon	BOB	Berks W	Bucks	Oxon
British and Mixed British	93.7%	95.9%	95.6%	96.1%	96.0%	2.2%	1.9%	2.4%	2.3%
White Other	80.8%	83.4%	87.1%	82.1%	81.0%	2.6%	6.3%	1.3%	0.2%
Black African	71.2%	69.3%	66.6%	74.4%	68.7%	-1.9%	-4.6%	3.2%	-2.5%
Black Caribbean	66.8%	75.1%	74.2%	74.8%	77.0%	8.3%	7.4%	8.0%	10.2%
Bangladeshi	86.9%	87.4%	87.9%	91.9%	85.0%	0.5%	1.0%	5.0%	-1.9%
Pakistani	78.4%	79.6%	77.6%	82.4%	75.5%	1.2%	-0.8%	4.0%	-2.9%

RAG
Greater than 0%
Between 0% & -5%
Greater than -5%

Local figures based on census of 10th May - National 12th April - now based on patients aged 50+

Appendix IV: Quality Indicators

		BOB		Bucks CCG		Oxford CCG		Berks West CCG	
Indicators	**Month**	**Month**	**YTD**	**Month**	**YTD**	**Month**	**YTD**	**Month**	**YTD**
Clostridioides difficile (C. difficile)	March 21	34	339	6	94	14	145	14	100
E. coli		94	1085	31	365	38	379	25	341
Klebsiella spp		30	332	12	118	8	120	10	94
MRSA		3	18	0	2	2	11	1	5
MSSA		36	388	11	114	11	146	14	128
Pseudomonas aeruginosa		11	156	7	44	4	63	0	49

		OUH		BHT		Royal Berkshire	
Indicators	**Month**	**Observed**	**Confidence Interval**	**Observed**	**Confidence Interval**	**Observed**	**Confidence Interval**
HSMR	Feb 20 – Jan 21	92.3	88-96.7	102.5	96-109.4	102.9	97.1-109

		OUH		BHT		Royal Berkshire		Oxford Health		BHFT		SCAS	
Indicators	**Month**	**Month**		**Month**	**YTD**	**Month**	**YTD**	**Month**	**YTD**	**Month**	**YTD**	**Month**	**YTD**
Serious Incidents	March 21	11	82	7	76	13	92	10	89	9	81	0	15
Never Events		0	2	0	2	1	5	0	0	0	0	0	0
12 Hour Trolley Waits	March 21	0	1	0	69	0	0						