

BOARD MEETING

Title	Performance and Quality Report		
Paper Date:	8 May 2024	Meeting Date:	21 May 2024
Purpose:	Assurance	Agenda Item:	12
Author:	Ben Gattlin, Head of Performance	Exec Lead/ Senior Responsible Officer:	Matthew Tait, Chief Delivery Officer; Rachael Corser, Chief Nursing Officer; Rachael De Caux, Chief Medical Officer

Executive Summary

The report gives a high-level overview of the performance of NHS partners across the Integrated Care System.

The project to refresh the performance and quality report has moved on at pace, a Beta release of the updated report has been released for review and comment. The report automates some processes to provide efficiency whilst enhanced visuals intend to reduce the time taken to interpret the report. It is anticipated that the new version will be completed in time to report on M1 2024/25 (April 2024)

The report focuses on five key areas but also includes additional broader performance information in an appendix.

The five areas of key focus are:

- Urgent and Emergency Care – 4 Hour standard
- Elective – Long Waits
- Learning Disabilities and Autism – Children and Young People (CYP)
- Cancer - 62 days - % and the total number of patients waiting over 62 days.
- Primary care access – (all patients given appointment within 2 weeks)

The rationale for the above is based on the priorities listed within the ICP strategy, the operational pressures within the programmes and the national focus outlined within the 2023/24 planning guidance. The updated monthly pack consists of published data (mostly up to the end of February 2024 with some more up to date).

Emergency Department (ED) 4-hour performance recovered in February and showed a further small improvement in March. Ambulance handover performance has improved slightly during March and Trusts are continuing to work with SCAS to reduce ambulance handover delays to support ambulance Cat 2 response times.

Within elective (planned care) the system reduced the number of patients waiting more than 78 weeks through February starting at 264 and ending with 208. All three Trusts forecast achieving the system's plan and national ambition to reach zero patients waiting over 78 weeks for elective treatment except for a small number of complex patients by the end of March 2024. The total number of NHS Provider open pathways was 163,664 against the end of February plan of 137,629.

Diagnostics performance is challenged across BOB however the percentage of patients waiting over six weeks in February was 19%. That is the lowest percentage since October 2022.

The system has been challenged in cancer 62-day performance for some months. However, the system is now seeing sustained improvement with all BOB Trusts showing consistent reductions in the number of patients waiting over 62 days. An increase in percentage of patients treated within 31 days of a decision to treat and within 62 days of an urgent GP referral for suspected cancer. BOB achieved the faster diagnosis standard in February only Buckinghamshire Healthcare (BHT) missed the 75% target (by 1.1%)

In terms of access to Primary Care appointments, general practice continues to improve the percentage seen within two weeks increasing to 85.9%. The highest percentage since February 2023.

Vacancy rates have fallen at all BOB Provider trusts this month, apart from at Royal Berkshire (RBFT), where they were unchanged. The decreases at the other BOB trusts varied from 0.4% at Berkshire Healthcare (BHFT) and BHT, 0.5% at Oxford Health (OH) to 0.6% at Oxford University Hospitals (OUH).

Action Required

The board is asked to:

- Note the contents of the report and comment on coverage and presentation.

Conflicts of Interest:

Conflict noted: conflicted party can participate in discussion and decision.

This report contains information including the performance of organisations led by members of the Board. The perspective of these members is an important aspect for enable the Board to focus on where the ICB (Integrated Care Board) and system contribute to improvement.

Date/Name of Committee/ Meeting, Where Last Reviewed:

Population Health and Patient Experience Committee and Executive Management Committee review performance at each meeting.

NHS Performance and Quality Report

M11 – February 2024

Matthew Tait – Chief Delivery Officer

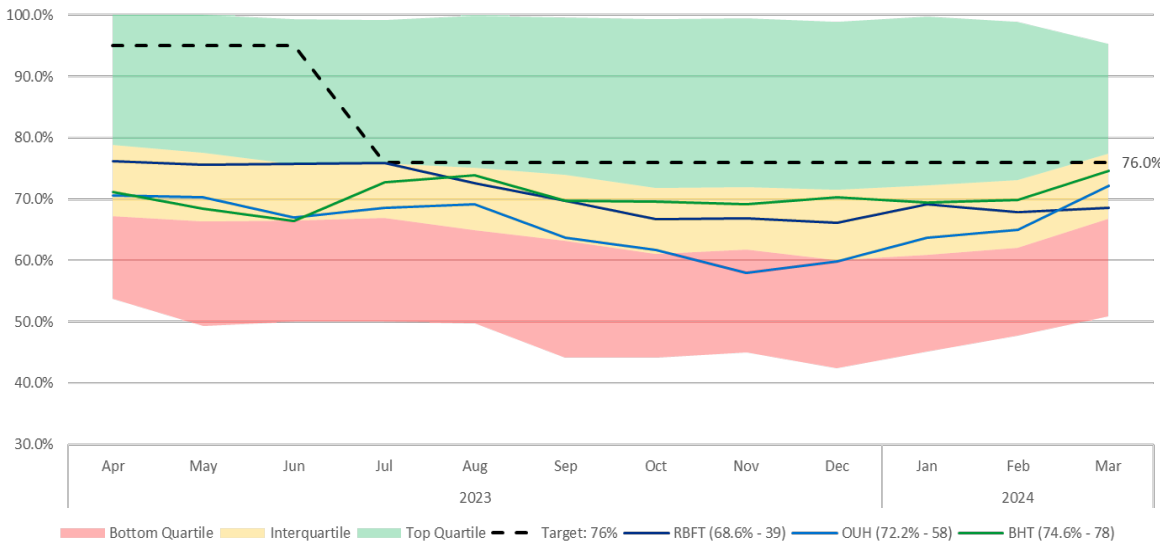
Rachael Corser – Chief Nursing Officer

Rachael De Caux – Chief Medical Officer

1. Urgent and Emergency Care (UEC)

SRO: Matthew Tait

A&E 4 Hour Performance Benchmarked against NHS Acute Trusts



This metric measures:

Our objective is to reduce the number of patients experiencing excess waiting for emergency service. We measure this through the percentage of patients who attend the Emergency Department (ED) and are seen within 4 hours of arrival. Delivering against this standard requires cooperation across both the hospital and with partners in the wider health and care system. While the constitutional standard remains at 95%, NHSE has set Trusts a target of consistently seeing 76% of patients within 4 hours by the end of March 2024

How are we performing:

A&E 4 hour:

- BHT – March All types performance 74.6% high from 69.83% the previous month (February).
- OUH – March All types performance was 72.2% high from 64.96% the previous month (February).
- RBFT – March All types performance 68.6%, high from 67.83% the previous month (February).
- ICB – March All types of performance, including mapped activity, was 74.9% for the system

Whilst performance remains challenged against the operating plan requirement, all three Trusts are showing an improvement against performance for the same period last year, despite an increase in ED attendance at all sites. The ICS remains in Tier 3 for UEC which means oversight and assurance of UEC performance and improvement remains at system level with no support or intervention from SE Region or the National team

Actions:

- All three acutes have ED improvement plans in place to support recovery of all types with delivery overseen at place UEC Boards – recent improvement actions include the start of an acute Single Point of Access (SPOA) at the RBFT to reduce ambulance conveyances and introduction of ED navigators at the OUH (JR)
- Alternatives to ED continue to be promoted to reduce the pressures on departments, including; Urgent Community Response (UCR), Virtual Wards (VWs), 111, 111 online, and Urgent Care Centres (UCCs/UTCs).
- SPOAs are available within each place to aid the timely navigation of clinical referrals for same day/next day services to best meet the need of the patient and to avoid hospital attendance/admission where possible.
- Trusts continue to work with SCAS to reduce ambulance handover delays to support ambulance Cat 2 response times
- Several additional measures were instigated in March to improve performance after a challenging start to the month, including additional primary care clinical assessment service (CAS) capacity, extended hours/capacity in UCC/UTCs, additional rota fill in EDs
- All Trusts redoubled efforts to ensure all breaches were validated

Risks:

- Unmet demand in primary care/community resulting in higher ED attendances
- Increase in acuity resulting in more complex patients attending ED
- Ongoing disruption to services and demand profiles resulting from Industrial Action and exceptional weather conditions
- Staff sickness compounding UEC pressures
- Financial constraints constraining improvement actions/pace of delivery

2. Planned Care

SRO: Matthew Tait

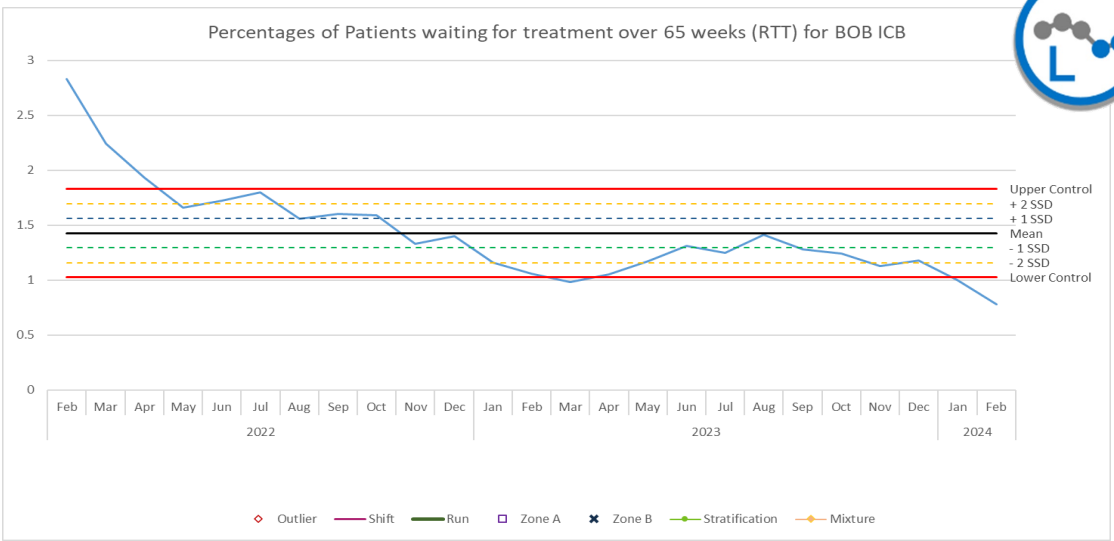


Fig.1

This metric measures
Our objective is to reduce the number of patients experiencing excess waiting times for elective care as measured by the national Referral to Treatment Time (RTT) standards. The target to eliminate all >78-week waits is the end of March 2024.

- How are we performing**
- At the end of February 208 patients were waiting over 78 weeks against a target of zero.
 - BOB NHS Providers reported 1,273 patients waiting > 65 weeks against an end-February target of no greater than 456. The target is to reduce this to zero by the end of August 2024.
 - BOB reported 5,983 patients waiting > 52 weeks against an end-of-February target of no greater than 4,265.
 - The total number of NHS Provider open pathways was 163,664 against the end of February plan of 137,629.
 - Fig.1 Statistical process control (SPC) chart, shows a decreasing trajectory which indicates improvement – this is driven by BHT and RBFT, whilst OUH have had 4 consecutive points above the upper control limit indicating concern. Provider-specific SPC charts can be found on page [19](#).
 - Fig.2 Value Weighted Activity (VWA) - National workbook displays BOB at 106.5% YTD (April-January). The full year submitted plan for BOB was 104.4%. The revised national target is 105%.

VWA M1-10 Actuals
105.4% Year end forecast

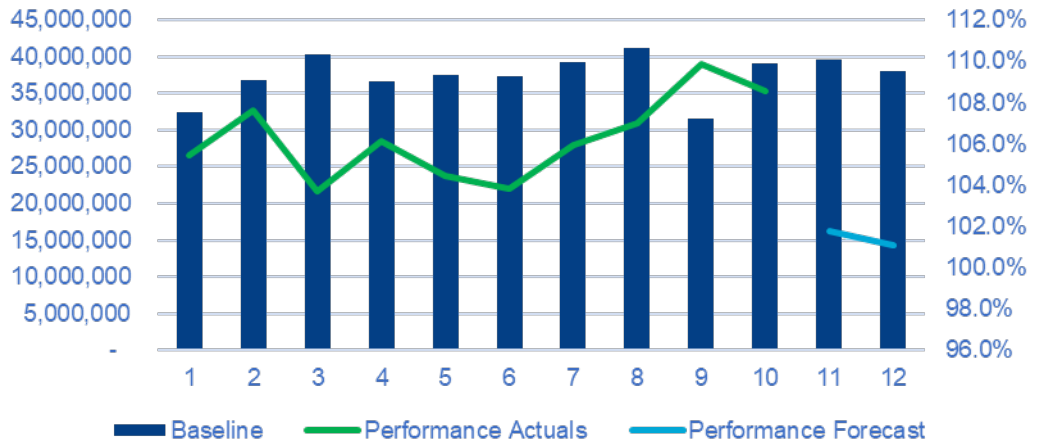


Fig.2

- Actions:**
- Focus over the last month has been on end of year performance – with a particular effort to eliminate as many 78+ week waits as possible.
 - The ICB senior executive team has been meeting weekly with the acute trusts and with the Regional Performance Team to review actions and progress.
 - OUH has made significant steps to reduce the number of patients waiting over 78 weeks by validating patients who have chosen to have their appointment after the end of March (Patient Choice) and working with providers in BOB and across the region to explore mutual aid opportunities.
 - The Elective Care Board has started an end-of-year review process to learn from what has worked in 2023/24 and what could be improved.
 - The diagnostics oversight group is focusing on demand and capacity plans for Endoscopy, Ultrasound, and MRI as key areas of priority for the next year.

- Risks:**
- Ongoing industrial action continues to be a risk to delivery of national targets on elective performance and diagnostics.
 - Patient choice; patients choosing to be seen after 65 weeks/78 weeks.

3 *VWA forecast does not include December or January industrial action impact

3. Autism and ADHD - CYP

SRO: Rachael Corser

*Data validation and alignment underway figures subject to change



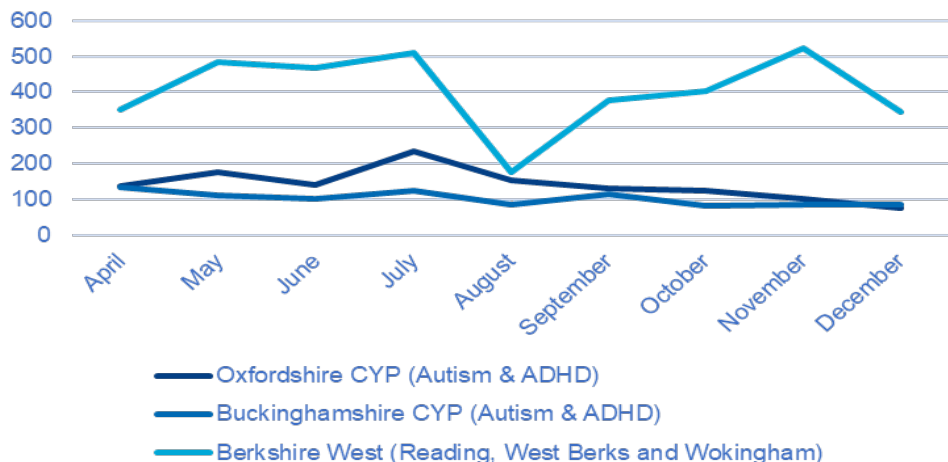
Latest number of CYP waiting for assessment (waiting list)

Oxfordshire CYP (Autism & ADHD)	3,092 (Jan 2024)
Buckinghamshire CYP (Autism & ADHD)	2,878 (Jan 2024)
Berkshire West (Reading, West Berks and Wokingham)	5,399 (Jan 2024)

This metric measures

This measure seeks to highlight the number of patients referred for assessment for autism or ADHD. The number of children and young people currently awaiting an assessment and the mean waiting time to assessment. The data here relates to children and young people (CYP) only. Data is from January due to reporting timelines; chart shows referral numbers by Place.

Number of Referrals Received for CYP



How are we performing:

- The top table outlines the number of patients currently waiting for an assessment it displays 11,369 on the waiting list across BOB when using end-of-January 2024 figures for Buckinghamshire, Oxfordshire and Berkshire West.
- The chart provides an overview of the numbers of referrals received by month from April 2023 to December 2023. A reduction is seen in August 2023 as expected due to the school summer holidays
- The final table highlights the mean wait time to assessment across BOB. This metric is of high importance as an indicator of demand and capacity across the System.
- Patient and carer experience here is challenged as it is unclear what level of support is required by individuals on the waiting list, there will be a differential in quality of experience whilst on the waiting list.

Actions:

- A data quality group is working to standardise data collection and reporting. Continuing to collect mean waiting time to assessment monthly to track improvements & impacts of increasing resource and transformational work.
- Continued engagement in the NHSE regional All Age neuro-diversity work programme, which is developing a framework for best practice for strengths and needs-led support, waiting list prioritisation, and commissioning third party providers .
- Rollout and expansion of BOB SHaRON (Support Hope and Recovery/Resource Online Network) pilot which provides support whilst waiting. Go live date April 2024. In addition, investment proposals being finalised to provide additional capacity in VCSE support for CYP waiting for assessment.
- SPENCER3D pilot in 20 schools across Berkshire and Buckinghamshire to promote informed strengths and needs led support approach.
- Two projects developing automated clinical decision-making tool and using AI for Autism & ADHD Assessment being explored and implemented. Piloting 'request for help' (from Q3 2023/24) and 'BOB-NDQ' (from Q2 2024/25).
- Partnerships for Inclusion of Neurodiversity in Schools (PINS) pilot agreed to start in Reading in partnership with Brighter Futures for Children and BHFT. Developing service model with delivery in schools to commence September 2024.
- Programme Board for Neurodiversity workgroups formalised within BOB ICB arrangements.

Risks:

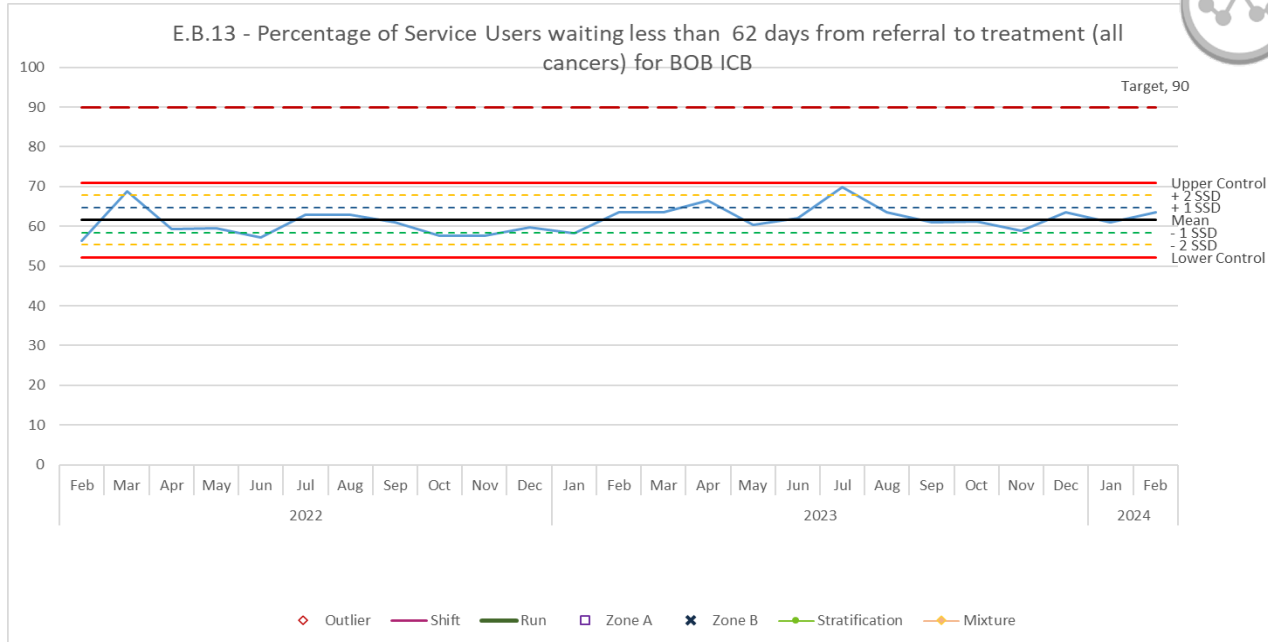
- Inequality of experience whilst on waiting list – focus of SEND inspections and how CYP waiting are supported as a system.
- Non-continuation of funding for SHaRON Pilot after the 2-year period – added to planning funding round.

Average (Mean) waited time to assessment for CYP seen

Oxfordshire CYP (Autism & ADHD)	94 weeks (Jan 2024)
Buckinghamshire CYP (Autism & ADHD)	104 weeks (Jan 2024)
Berkshire West (Reading, West Berks and Wokingham)	Autism – 58 weeks (Jan 2024)
Berkshire West (Reading, West Berks and Wokingham)	ADHD - 57 weeks (Jan 2024)

4. Cancer

SRO: Matthew Tait



These metrics measure
The 62-day referral to treatment standard (85%). We continued to track the number of patients waiting over 62 days at any one time through 2023/24 with the aim of achieving pre-pandemic levels (500). Due to the delay in processing the cancer waiting times data the opportunity has been taken to introduce an SPC chart here. The process control shows common cause variation, latest data point is above the mean 5 of the last 6 data points are within 1 standard deviation. This does statistically indicate that BOB providers are unlikely to achieve the national standard at the next data point. Provider specific SPC charts can be found on page 22.

How are we performing:

- The percentage of patients meeting the faster diagnosis standard in January across BOB was 70.8%, which below the target of 75%.
- BHT 63.88%, RBH 71.76.3% did not meet the target standard. OUH was 75.65%
- At the end of January 657 patients were waiting over 62 days for treatment (286 at RBFT, 215 at OUH, 216 at BHT). This is slightly improved from previous month.

BHT Gynaecology, skin, urology, and lower gastrointestinal remain the biggest challenges. Delays at the start of the skin pathway impacting the position with skin 1/3 of the overall patient tracking list (PTL). Workforce pressures in dermatology. MRI and CT capacity causing issues in urology. Waiting list validation is happening daily by performance manager.

OUH Main areas of challenge are skin, gynaecology, and urology, position driven by high numbers of referrals and staffing capacity affected by more industrial action, which is having the most impact on the 31-day target. Skin delays with pathology reporting times, surgical capacity, and difficulties in recruitment. Increased gynaecology referrals caused delays at the front of the pathway and long-term sickness of 2 consultants causing the biggest impact. Appointed locum gynaecology consultant. Diagnostic reporting delays increasing.

RBFT Lower Gastrointestinal (LGI), gynaecology, skin (plastics) and head and neck remain the biggest challenges. Improvements have been seen at the start of the urology pathway however now seeing delays at the end due to surgical capacity issues due to the industrial action and annual leave. Major capacity issues with hysteroscopies for gynaecology pathway, 4+ weeks wait. Impact of reduced RATE card

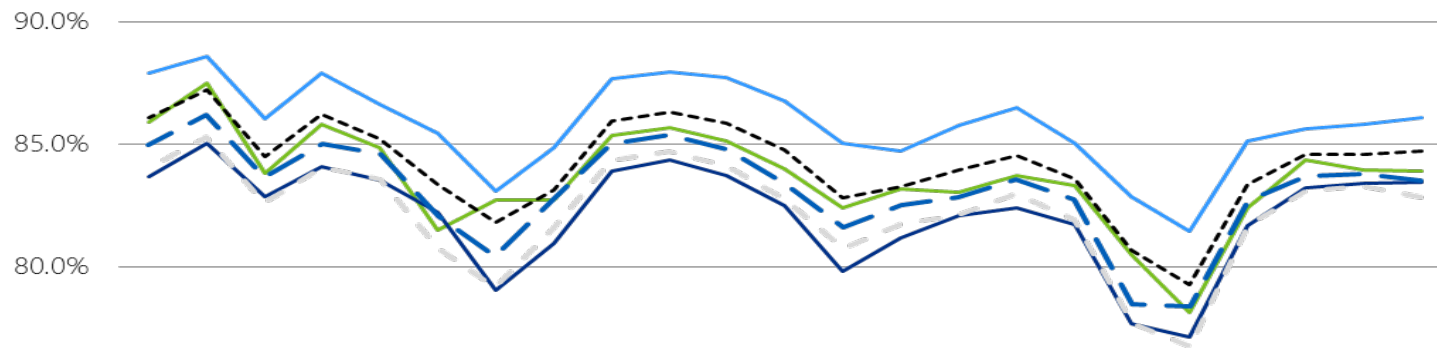
- Actions:**
- RBFT** – Super Saturday clinics set up. Straight to test pathways for GI, Urology, Lung and Breast. 1 Stop outpatient appointment for skin. Fifth endoscopy room being built
 - OUH** – additional flexi-lists to support prostate biopsy and extra CT biopsy slots to support renal pathway. Extensive cancer improvement plan in place. Inter provider transfers are proving challenging so a new pathway is being developed. Benign capacity transferred to cancer until end of M12. Waiting list validation is happening daily by performance manager. Deep dive into suspected cancer appointments and urgent appointments to look at triage and getting the appropriate pathways first time, this work is now with LMC for approval.
 - BHT** – 2 more skin speciality doctors starting. Extra capacity approved for CT, MRI and radiology for reporting. Waiting list validation is happening daily by performance manager.
 - Ongoing TVCA/Trust meetings via various forums to support oversight of issues and required mitigations.

- Risks:**
- Increase referral trends continue to be seen
 - Diagnostic capacity across all trusts remain, driven by hysteroscopy, MRI and radiology
 - Diagnostic and staffing capacity driving some pathway positions across the three trusts
 - Workforce challenges also driving the position
 - Targeted Lung Health Checks (TLHC) funding unresolved.
 - Alliance - Is challenged at the moment with long term sickness and a high vacancy rate.

5. Primary Care Access

SRO: Rachael De Caux

Percentage of General Practice Appointments seen within 14 days of Being Booked



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
	2022/23												2023/24											
Buckinghamshire	85.9	87.5	83.8	85.8	84.9	81.5	82.7	82.7	85.4	85.7	85.1	84.0	82.4	83.2	83.1	83.7	83.3	80.5	78.1	82.4	84.4	83.9	83.9	
Oxfordshire	87.9	88.6	86.1	87.9	86.6	85.4	83.1	84.8	87.7	88.0	87.7	86.8	85.0	84.7	85.8	86.5	85.1	82.8	81.5	85.1	85.7	85.8	86.1	
Berkshire West	83.7	85.0	82.9	84.1	83.5	82.2	79.0	81.0	83.9	84.4	83.7	82.5	79.8	81.2	82.1	82.4	81.7	77.7	77.1	81.7	83.2	83.4	83.4	
BOB ICB	86.1	87.2	84.5	86.2	85.2	83.4	81.8	83.1	85.9	86.3	85.9	84.8	82.8	83.3	83.9	84.5	83.6	80.6	79.2	83.3	84.6	84.6	84.7	
South East	84.0	85.3	82.6	84.1	83.6	80.7	79.2	81.6	84.3	84.7	84.1	82.8	80.7	81.7	82.1	83.0	81.9	77.7	76.7	81.7	83.1	83.3	82.8	
England	85.0	86.2	83.7	85.0	84.6	82.0	80.4	82.8	85.0	85.4	84.8	83.4	81.6	82.5	82.9	83.5	82.7	78.4	78.4	82.7	83.7	83.8	83.5	

This metric measures

Our objective is to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or the next day according to clinical need.

How are we performing:

- The percentage of general practice appointments seen within 14 days during February 2024 was 84.7%. This is marginally lower than the same period last year (February 2023) when 85.9% of patients were being seen within 14 days.
- For the 14-day metric, BOB continues to track well compared to national (83.5%) and regional peers (82.8%).
- BOB decline in performance seen during September / October improved further in February.
- SPC charts on page 25 show an upward trend in the percentage seen within 14 days however a reduction in the total number seen within 14 days. This is due to February having fewer working days than March.

Actions:

- 2 practices have been asked to respond on their access position and responses are awaited, 1 practice's review had been deferred due to CQC but this has now been concluded.
- ICB's approach to the national 'Primary Care Access & Recovery Plan' (PCARP) for 2024/25 is being defined. It is intended for there to be monthly performance reports to monitor progress.
- Mid-year Capacity and Access Improvement Plan (CAIP) reviews were completed with varying levels of progress with delivery. Final templates have now been issued with the majority returned. Templates will be reviewed to identify PCNs that are able to share best practice and others that require ongoing support'.
- Principles to target and encourage 'at risk' practices to join the General Practice Improvement Programme (GPIP) have been designed to support those that need it most.
- Draft primary care strategy has an access focus and new ways of working outlined are intended to help manage increases in demand. Initial workshop on new ways of working held with final strategy to be published in May 2024.

Risks:

- Variation in the quality of the data extracted makes interpretation challenging. Better practice mapping of appointments on national General Practice Appointment Data (GPAD) system and introduction of a consistent demand and capacity tool will mitigate this. Some appointment routes, such as PushDoctor are not mapped and therefore not counted. The BOB Primary Care and Digital teams continue to work on enabling capacity and demand tools to be embedded in general practice. It is recognised that for the medium term this will not take the shape of a single tool for all with full functionality. We aim to ensure all practices have a tool in place prior to winter 2024 and progress continues to be monitored by region.
- The delivery scope of the PCARP and CAIP is wide requiring the support of system partners. Strong programme management and governance, monitoring and intervention and board reporting will support delivery of the change required.

Workforce - Summary: April 2024 (M11 data)

SRO: Caroline Corrigan

Summary: Please see the 4 individual data slides in this pack which are listed below for more detailed information.

OH remains an outlier in terms of high vacancy rates and high turnover rates, although both have been on a downward trend in recent months. Its funded establishment has been on an upward trend this year, although it fell slightly in M11. However, its turnover shows a steady downward trend over the past 12 months.

In 2023/24, temporary staff usage as a % of total workforce FTE, is consistently lower for BOB than for the Southeast. In M11 BOB has 90.6% WTE substantive, 0.72% higher than the Southeast. BOB has slightly lower agency usage than the Southeast.

More detail is provided on each metric in the pack, alongside key actions and risk mitigations. There are also emerging system-wide workstreams to tackle the underlying challenges to performance on these metrics. Work needs to be undertaken to ensure workforce growth is funded and we increase workforce controls to enable financial sustainability.

Establishment and Vacancy Rate

How we are performing

- Change in funded establishment has varied across the 5 trusts this month, ranging from a decrease of 0.1% at OH to an increase of 0.3% at RBFT.
- OUH has the highest % of establishment growth since M1 at 4.1%, and establishment has grown throughout 2023/24.
- The overall BOB vacancy has fallen by 0.4% in M11 and remains on a downward trend.
- OH's vacancy rate remains an outlier, as it is significantly higher than any of the other BOB trusts, at 14.8%. However, it continues to fall in M11
- Vacancy rates have fallen at all trusts except RBFT in M11, ranging from -0.04% to -0.06%.

Absence

How we are performing

- The rolling 12-month absence rate for the system is on an improving downward trend since February 2023, the rolling 12-month trend is 0.6% lower in February 2024 than it was in February 2023.
- The system's in-month absence rate has fallen by 0.3% to 4.2% in February 2024. This is the same as the in-month absence rate in February 2023.
- In February 2024, the in-month absence rate for RBFT has risen slightly. For the other 4 BOB trusts the in-month absence rates have fallen, by -0.4% at BHT, OH, and OUH, and by -0.8% at BHFT.

Turnover

How we are performing (N.B. SDSP Turnover data is supplied > 1 month in arrears)

- The turnover for the BOB ICS footprint has fallen steadily over the past 12-month period from 14.4% in January 2023, to its current value of 10.5%, a fall of 3.9%.
- The individual BOB Trusts display a similar downward trend over the same period.
- BOB ICB's turnover rate has risen since October 23 and is 13.5% in January 2024
- OH's turnover remains the highest value for a BOB trust, at 14.9% in January 2024, however it remains on a steady downward trend.
- OUH has the lowest turnover rate for an individual BOB trust, having a turnover rate of 10.4% in January 2024

Workforce Composition – Substantive, Bank and Agency usage

How we are performing

- Overall staffing composition for the Southeast compared to BOB is broadly similar, although BOB has a slightly higher % of substantive staff, and slightly lower reliance on temporary staffing over 2023/24. In M11 BOB has 90.6% WTE substantive staff, 0.7% higher than the Southeast. BOB has slightly lower agency usage than the Southeast.
- Comparing M11 to M10, temporary staffing usage for BOB overall (sum of NHS Provider trusts) has fallen by just under 0.5%, with a corresponding rise in substantive staff.
- Bank usage has fallen for all BOB Trusts in M11, whilst agency usage has remained stable at BHFT, RBFT and OUH, risen slightly for BHT (0.2%) and fallen slightly for OH (0.1%).

7. Quality

SRO: Rachael Corser

Indicator	Target	BHT	OUH	OH	RBFT	BHFT	BOB
CQC rating (April 24)	Good/ Outstanding	Good	Requires improvement	Good	Good	Outstanding	NA
Oversight Framework support category	<2	3	2	2	2	1	2
SAFE							
Never events (February)	0	0	0	0	1	0	0
Safety alerts open	0	0	0	0	0	0	0
EFFECTIVE							
Summary Hospital Mortality Indicator	Lower is better	0.9464	0.9707		0.9703		NA
CARING							
Inpatient Friends and Family Test (FTT) recommend (February 24)	Higher is better. England avg. 94.3%	90.3%	94.4%		96.1%	NA	NA
A&E FFT		64.9%	80.5%		79.5%		
Mixed Sex Accommodation (MSA) Breaches		0	90	0	326	0	380

8. Wider Performance Oversight Measures

Executive Summary

	Indicator	OF Flag	Month	Standard	BHT	OUH	RBFT	
UEC	A&E Performance (All Types)		Mar 24	95%	74.6%	72.2%	68.6%	
Planned Care	Incomplete Pathways over 52 weeks at month end	S009a	Feb 24	Rated against plan	2290	3460	11	
	Incomplete Pathways over 65 weeks at month end	S009a			292	876	4	
	Incomplete Pathways over 78 weeks at month end	S009a			11	197	0	
Cancer	Percentage meeting faster diagnosis standard	S012a	Feb 24	75%	73.9%	81.2%	76.4%	
	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer			85%	57.1%	64.1%	68.9%	
	Indicator	OF Flag	Report Period	Standard	BOB ICB	Bucks	Oxon	Berks W
Mental Health	Talking Therapies - Total Accessing in Period	S081a	Rolling 3 months to Feb 24		5.8%	6.3%	5.6%	5.5%
	Talking Therapies - Moving to Recovery		Feb 24	50%	50.3%	51.4%	54.0%	43.2%
	Dementia Diagnosis Rate		Feb 24	67%	61.9%	58.2%	63.1%	64.4%
	Severe Mental Illness (SMI) 6 Health Checks	S085a	2023/24 Q3	60%	51.8%	51.6%	47.9%	58.8%

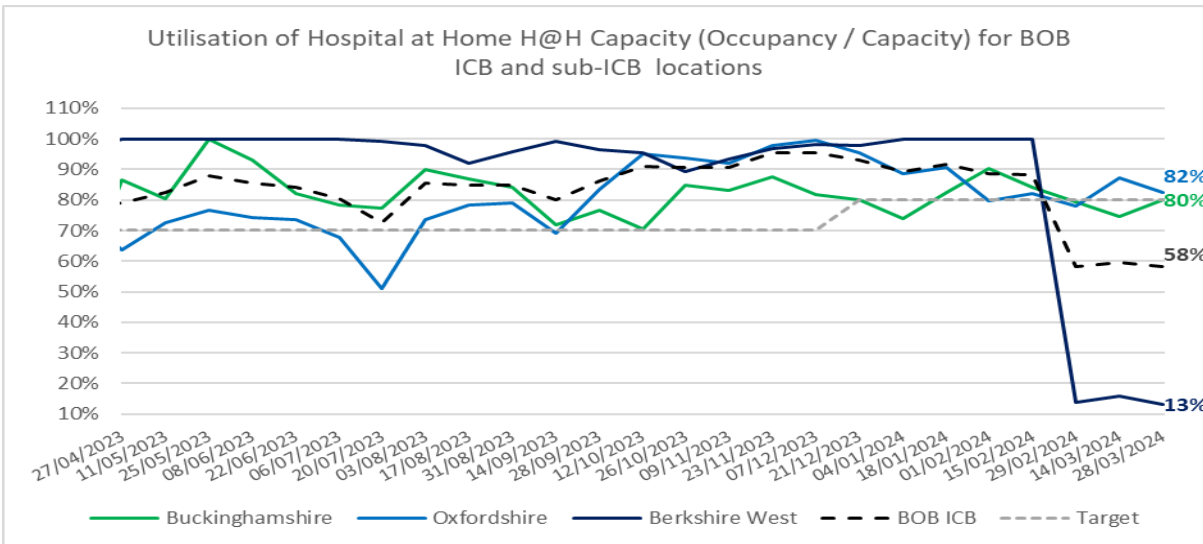
Urgent and Emergency Care

Indicator	OF Flag		Standard	England	South East	BOB Acutes	BHT	OUH	RBFT
A&E Performance (All Types)		Mar 24	95%	74.21% ↑	77.13% ↑	71.81% ↑	74.62% ↑	72.20% ↑	68.62% ↑
A&E Attendances				2,352,113 ↑	357,740 ↑	47,312 ↑	15,435 ↑	16,241 ↑	15,636 ↑
Breaches				606,679 ↓	81,817 ↓	13,338 ↓	3,917 ↓	4,515 ↓	4,906 ↑
Emergency Admissions				567,174 ↑	89,640 ↑	19,174 ↑	6,661 ↑	9,062 ↑	3,451 ↑
Over 12 hour waits from dta to admission				0	42,968 ↓	4,477 ↓	150 ↓	149 ↓	1 →

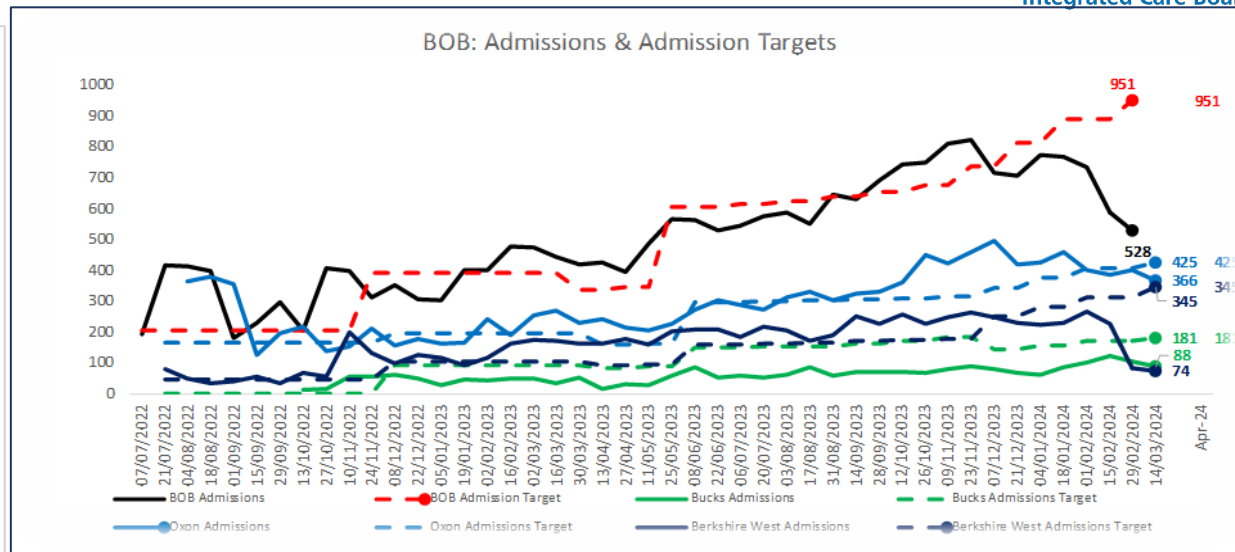
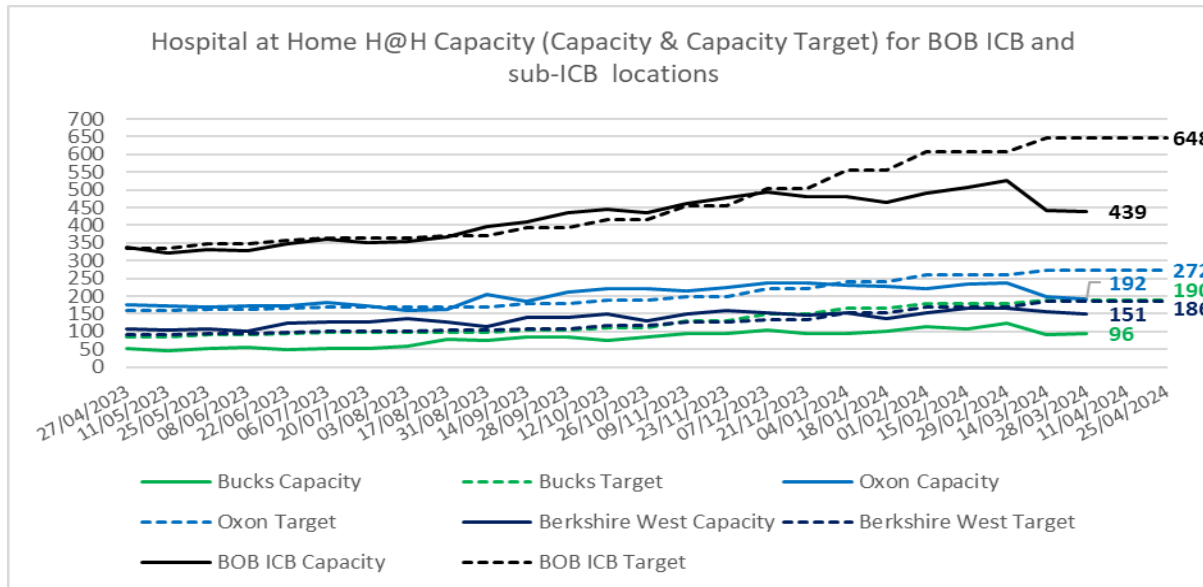
Ambulance Response Time (hours:minutes)	OF Flag		Standard	England	South East	SCAS	
Ambulance Response Times (Category 1 Incidents Mean)	S020a	Mar 24	0:07:00	0:08:20 ↓	0:08:30 →	0:08:38 ↓	
Ambulance Response Times (Category 1 Incidents 90th Percentile)			0:15:00	0:14:48 ↓	0:15:34 ↑	0:15:36 ↓	
Ambulance Response Times (Category 2 Incidents Mean)	S020b		0:18:00	0:33:50 ↓	0:28:47 ↑	0:31:49 ↑	
Ambulance Response Times (Category 2 Incidents 90th Percentile)			0:40:00	1:11:51 ↓	0:57:17 ↑	1:02:30 ↑	
Ambulance Response Times (Category 3 Incidents Mean)	S020c				2:03:47 ↓	2:15:13 ↑	2:42:05 ↑
Ambulance Response Times (Category 3 Incidents 90th Percentile)				2:00:00	4:52:42 ↑	5:05:10 ↑	6:12:13 ↑
Ambulance Response Times (Category 4 Incidents Mean)	S020d				2:29:48 ↓	2:58:04 ↑	3:29:03 ↑
Ambulance Response Times (Category 4 Incidents 90th Percentile)				3:00:00	6:02:39 ↑	6:55:01 ↑	8:22:27 ↑

Please note that the arrows in the tables above indicate the numerical change against the previous month and not necessarily the change in performance.

Virtual Wards(VW)/Hospital at Home



Please note: - Royal Berkshire Foundation Trust submissions are outstanding for 29th February 2024, 14th March 2024, 28th March 2024.



This metric measures

Increase the number of virtual ward beds to 460 beds (NHSE target). Achieve 80% utilisation.

How are we performing: (reduction in Berkshire West figures are due to missed submissions)

- We believe that we are continuing to exceed the 80% occupancy target. However, due to missed submissions by one of our providers we are unable to verify this.
- BOB ICB did not reach the nationally monitored bed capacity target by end of March 2024 (21 beds below target) or the stretch capacity target set locally (129 beds below target).

Actions:

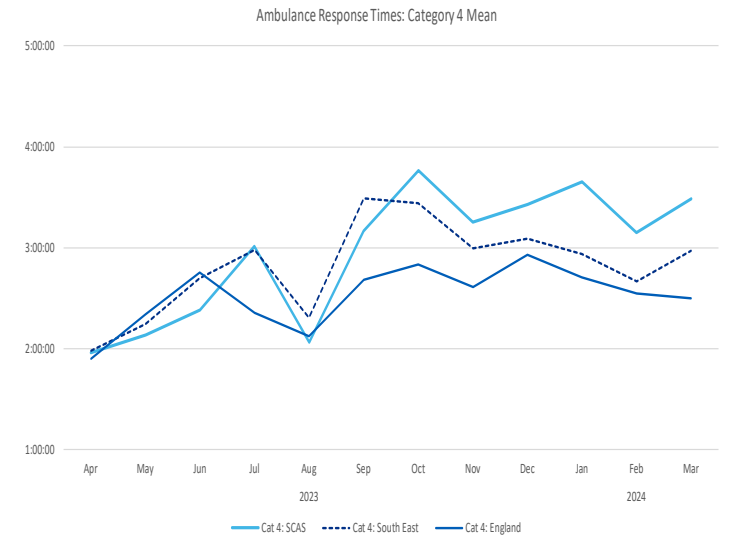
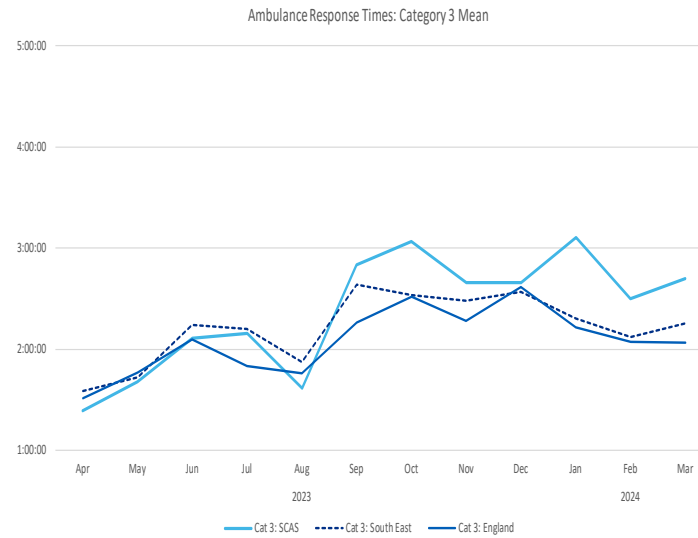
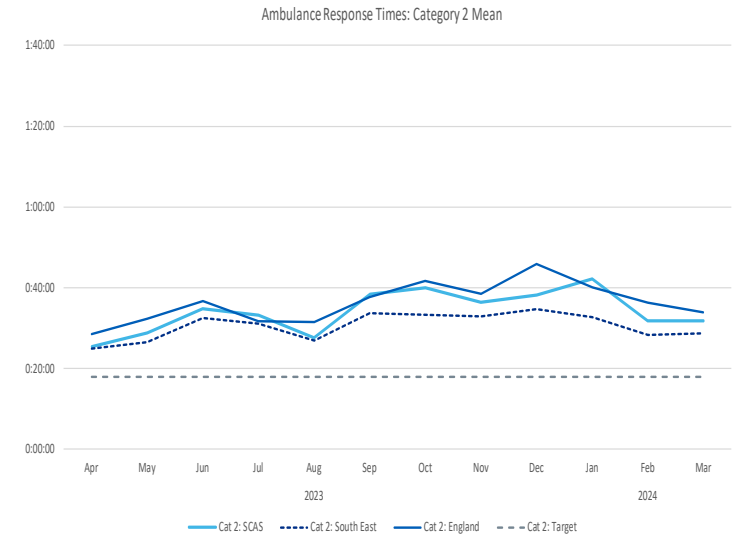
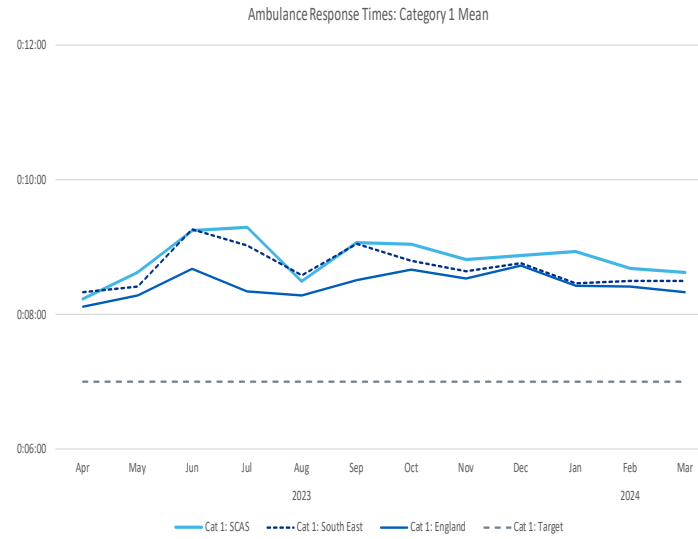
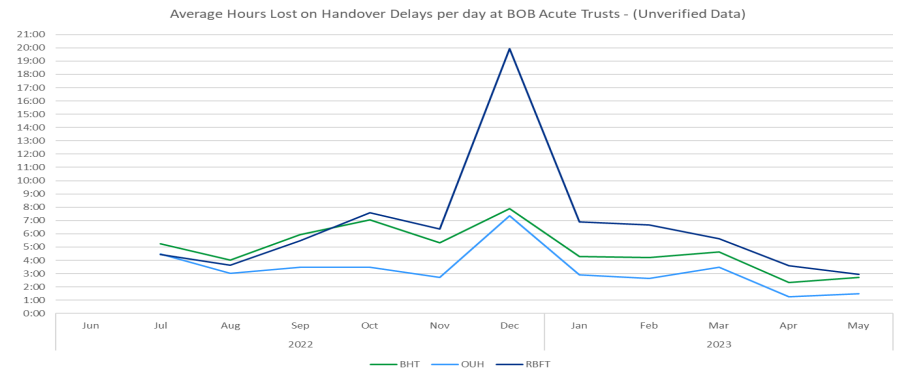
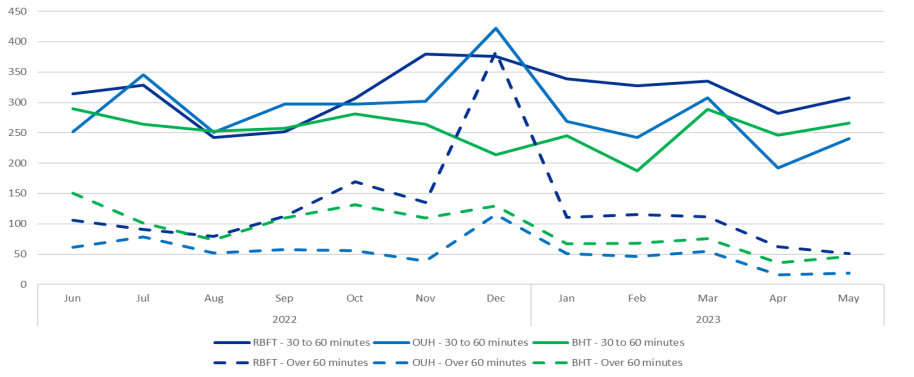
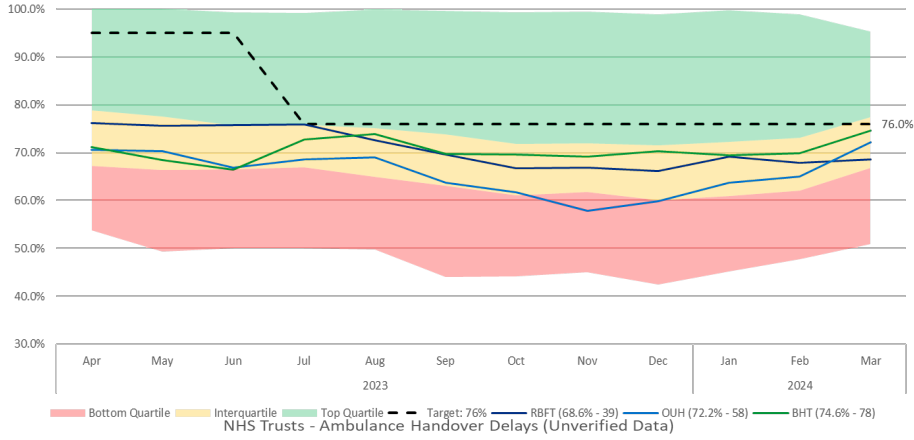
- Buckinghamshire**- New pathways, recruit to increase caseloads and single point of access development.
- Berkshire West** - Ensure RBFT have suitable cover to ensure all date submissions made.
- Oxfordshire**- single operating model alignment across OUH/OH; boost medical cover.

Risks:

- There are quality and safety risks associated with i) not knowing/being able to view on a system, if an individual is currently under the care of a hospital at home service particularly for GPs; ii) not being able to view or input into a shared Comprehensive Geriatric Assessment, plan of care or a 'recommended summary plan for emergency care and treatment' (RESPECT) form; iii) not being able to see diagnostics results, where undertaken by a clinician from another service.

Urgent and Emergency Care - Charts

A&E 4 Hour Performance Benchmarked against NHS Acute Trusts

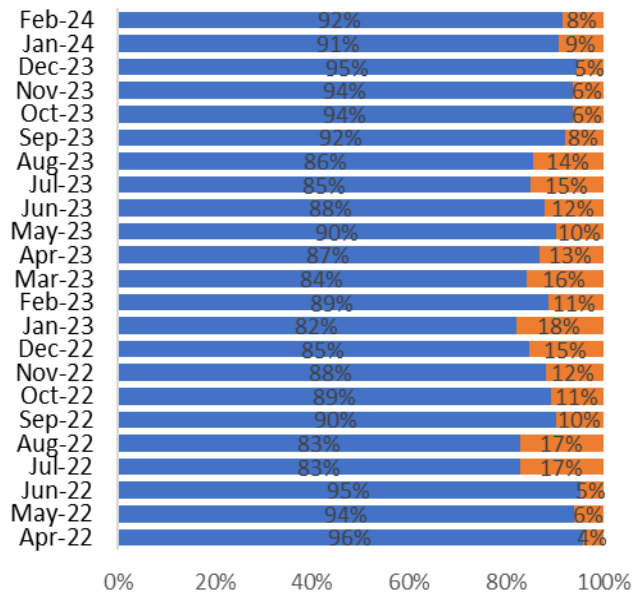


Urgent Community Response (UCR)

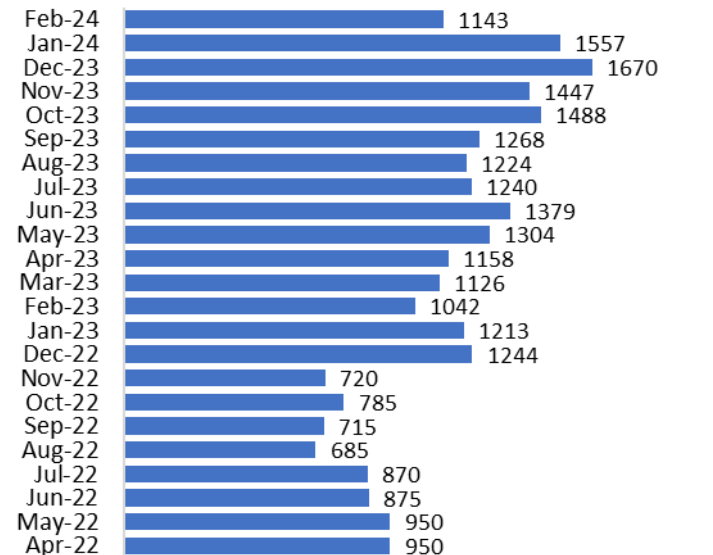
92%

1143

Percentage of 2hr standard UCR referrals achieved at the end of the reporting period



Number of 2hr standard UCR referrals achieved within the reporting period



UCR key measure

- Meeting UCR 2-hour First Care Contact trajectory. Numbers seen on the 2-hour pathway (target for 2023/24 - 14,416; 3,604 per quarter).
- Consistently meet or exceed the 70% 2-hour UCR standard

How are we performing:

- BOB have exceeded UCR trajectories for quarter 1, 2 and 3 and are currently on track to exceed Q4. We have surpassed our annual target.
- BOB continue to exceed the 70% 2-hour standard

Actions:

- Deliver missed opportunities audit to understand which patients are still being conveyed or attending EDs who could have been seen by UCR. Work with SCAS to ensure patients are referred prior to ambulance conveyance. Develop place based Single Points of Access for Urgent Care to support streamlined and rapid access to UCR and VW's.
- Berkshire West to increase capacity.

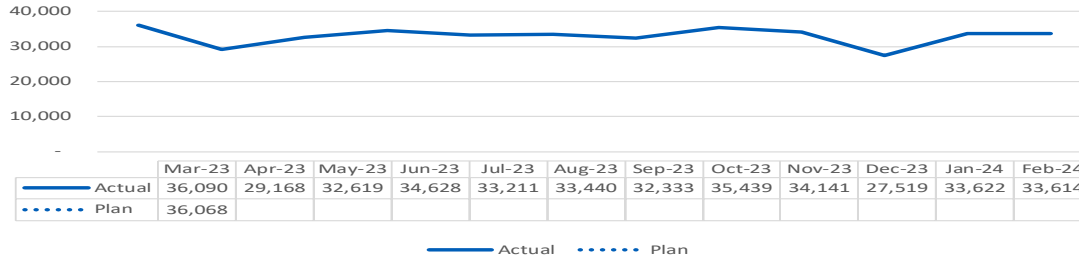
Risks:

- Without a streamlined Single Point of Access in place for Urgent Care, patients will continue to reach SDEC or ED when they could have been assessed and treated in the community.

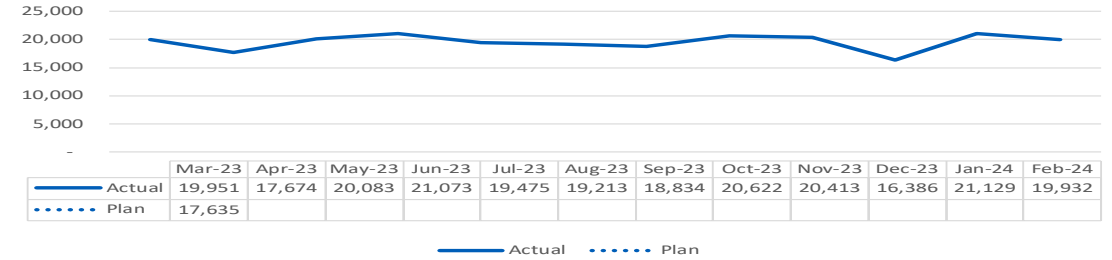
**Oxford Health have started to provide the Number of 2hr standard UCR referrals, having not submitted them since July 2022. As a result, the values from December 2022 onwards have increased. Percentage achieved data does not include Oxford Health data. Oxford Health are planning to resume submissions to populate the National Dashboard, at which point their % achieved will be included in the above figures, this may not be for another few months.*

Planned Care

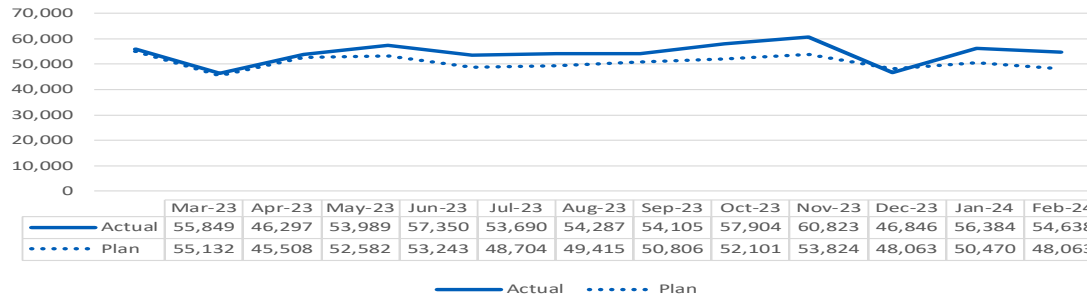
BOB ICB - GP referrals



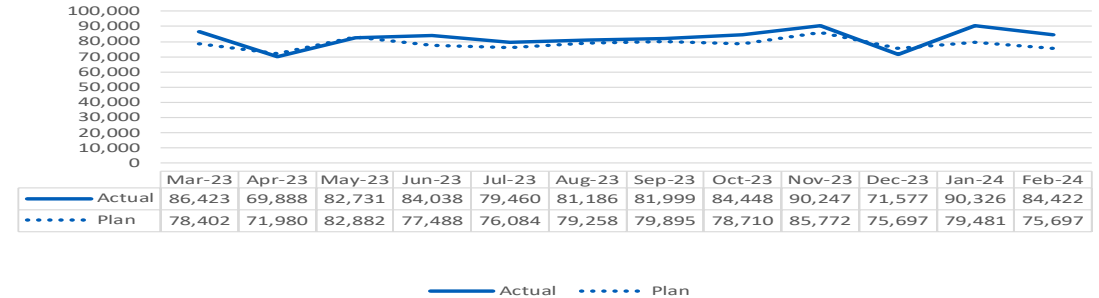
BOB ICB - Other Referrals



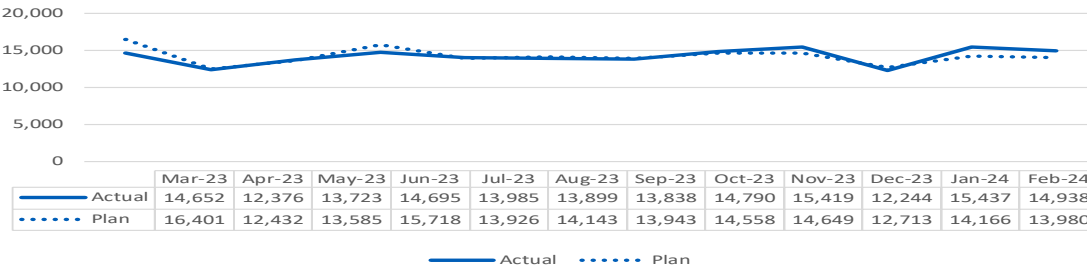
BOB ICB - Consultant-led first outpatient attendances (Spec acute)



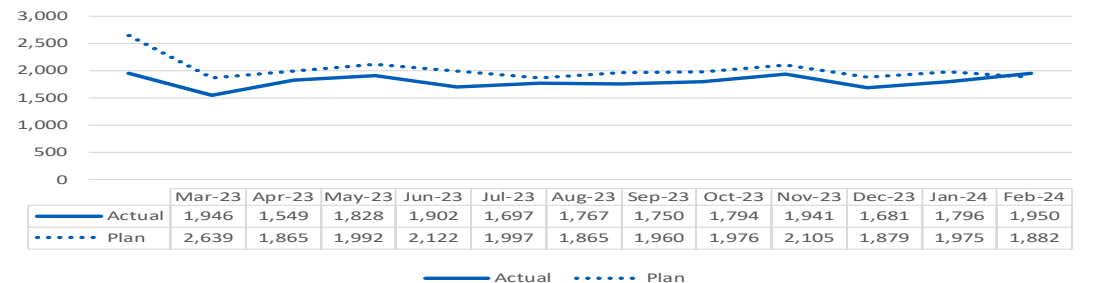
BOB ICB - Consultant-led follow-up outpatient attendances (Spec acute)



BOB ICB - Total number of Specific Acute elective day case spells in the period



BOB ICB - Total number of Specific Acute elective ordinary spells in the period



Planned Care

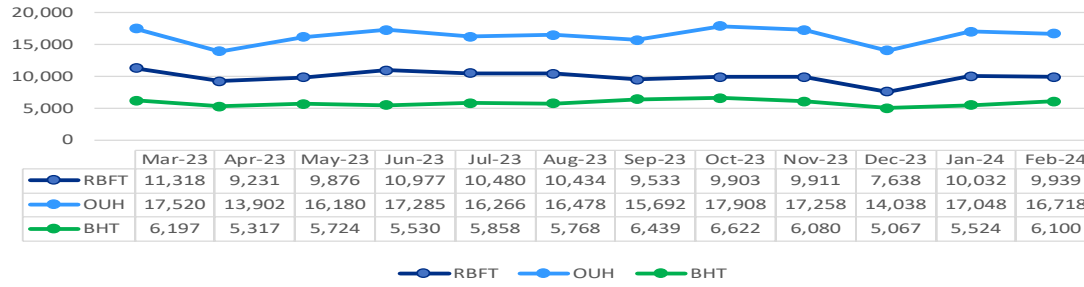
Indicator	OF Flag	Month	ICB BOB		Sub ICB Bucks Activity	Oxford Activity	Berks W Activity	NHS Trust OUH		BHT		RBFT	
			Activity	Plan				Activity	Plan	Activity	Plan	Activity	Plan
Incomplete pathways at month end	S008a	Feb 24	163,664	137,629	61,384	64,217	38,063	81,390	88,122	49,336	38,020	33,565	25,000
Incomplete Pathways over 52 weeks at month end	S009a		5,983	4,265	2,860	2,721	402	3,460	1,630	2,290	2,497	11	50
Incomplete Pathways over 65 weeks at month end			1,273	147	465	724	84	876	50	292	90	4	0
Incomplete Pathways over 78 weeks at month end	S009a		208		37	165	6	197		11		0	
Total GP Referrals against 2019/20			110.5%		92.6%	125.6%	107.6%	118.4%		86.0%		104.2%	
Total Other Referrals against 2019/20			139.8%		126.6%	120.2%	166.0%	95.5%		97.2%		164.0%	
Total All Referrals against 2019/20			119.9%		103.2%	124.1%	129.0%	108.8%		89.2%		127.2%	
Total First Attendances against 2019/20			118.6%	104.3%	125.7%	120.1%	110.7%	116.6%	114.6%	120.8%	113.3%	109.3%	100.9%
Total Follow-up Attendances against 2019/20	S101		118.3%	106.0%	115.2%	122.5%	116.6%	120.7%	115.5%	112.4%	101.7%	111.2%	103.3%
Total Attendances against 2019/20			118.4%	105.3%	119.1%	121.5%	114.3%	119.2%	115.2%	115.6%	106.2%	110.5%	102.4%
Percent Day Case Admissions against 2019/20			105.9%	99.1%	110.1%	97.2%	112.5%	89.0%	90.9%	105.3%	94.5%	111.5%	105.1%
Percent Ordinary Elective Admissions against 2019/20			82.3%	79.4%	89.4%	78.9%	79.3%	85.2%	80.5%	86.5%	92.6%	74.1%	74.0%
Percent Total Elective Admissions against 2019/20			102.5%	96.3%	107.5%	94.5%	107.0%	88.3%	88.9%	103.4%	94.3%	105.8%	100.3%

(Includes all APC except Regular Attenders)													
Indicator	OF Flag	Month	ICB BOB		Sub ICB Bucks Activity	Oxford Activity	Berks West Activity	NHS Trust OUH		BHT		Royal Berkshire	
			Activity	2019/20				Activity	2019/20	Activity	2019/20	Activity	2019/20
Proportion of patients discharged to usual place of residence	S105a	Feb 24	91.9%	92.4%	92.3%	91.8%	91.5%	91.2%	92.0%	93.5%	95.1%	93.0%	92.7%

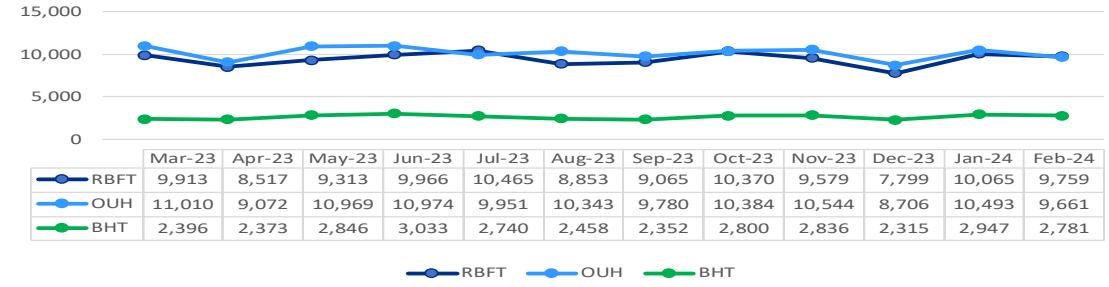
Indicator	OF Flag	Month	ICB BOB		Sub ICB Bucks Activity	Oxford Activity	Berks West Activity	NHS Trust OUH		BHT		Royal Berkshire	
			Activity	Plan				Activity	Plan	Activity	Plan	Activity	Plan
Diagnostic activity levels – Imaging	S013a	Feb 24	48,033	44,556	17,047	20,937	10,049	23,445	24,406	11,539	11,497	9,397	6,160
Diagnostic activity levels – Physiological Measurement	S013b		3,350	2,624	1,173	1,643	534	2,190	1,807	348	470	333	252
Diagnostic activity levels – Endoscopy	S013c		3,597	3,722	1,051	1,863	683	1,443	1,469	726	446	572	700
Diagnostic activity levels – CT (Imaging)			18,397	17,985	5,641	8,211	4,545	9,704	10,588	4,271	4,254	4,418	2,380
Diagnostic activity levels – MRI (Imaging)			10,819	9,423	4,116	4,040	2,663	5,255	4,784	2,865	2,550	2,392	1,708
Diagnostic activity levels – Non-Obstetric Ultrasound (Imaging)			18,817	17,148	7,290	8,686	2,841	8,486	9,034	4,403	4,693	2,587	2,072
Diagnostic activity levels – Echocardiography (Physiological Measurement)			3,350	2,624	1,173	1,643	534	2,190	1,807	348	470	333	252
Diagnostic activity levels – Colonoscopy (Endoscopy)			1,679	1,447	396	988	295	848	622	261	120	231	252
Diagnostic activity levels – Flexi Sigmoidoscopy (Endoscopy)			362	608	150	79	133	0	260	105	144	124	196
Diagnostic activity levels – Gastroscopy (Endoscopy)			1,556	1,667	505	796	255	595	587	360	182	217	252

Planned Care

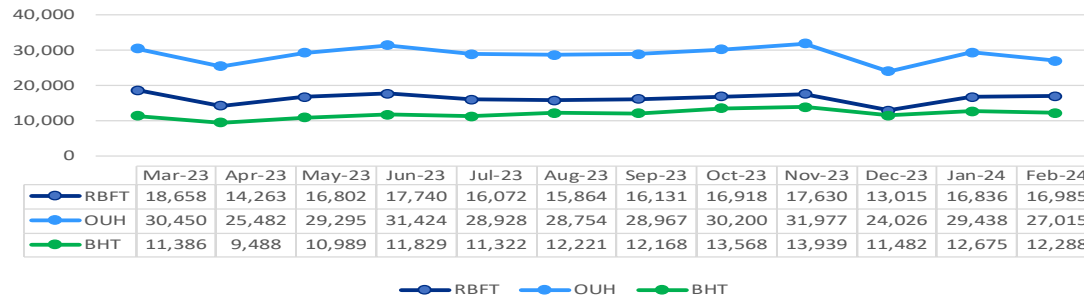
NHS Trusts - GP referrals



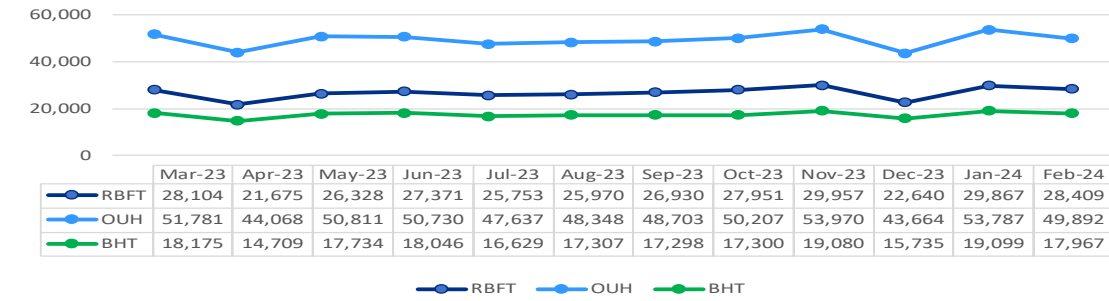
NHS Trusts - Other Referrals



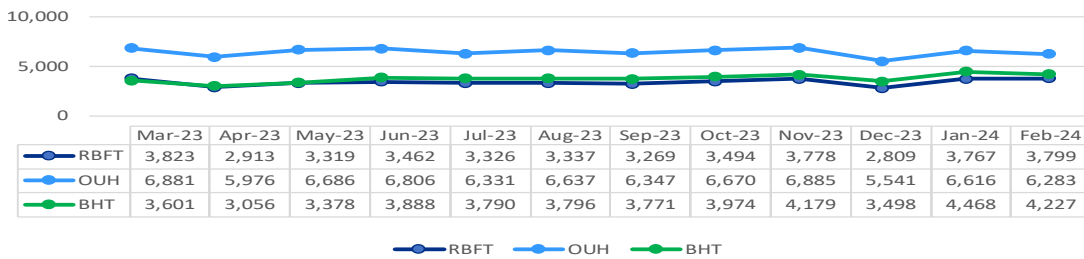
NHS Trusts - Consultant-led first outpatient attendances (Spec acute)



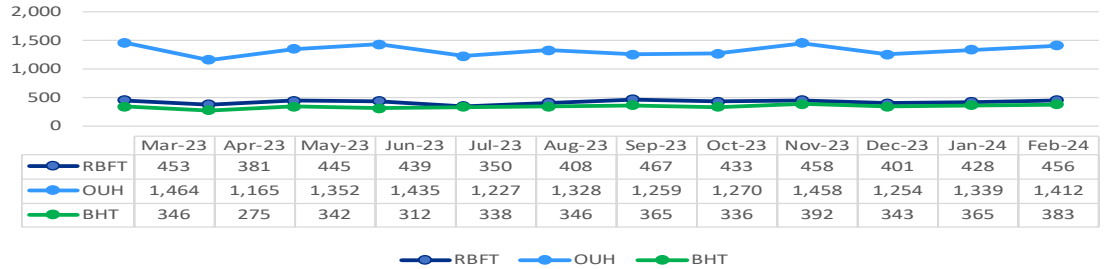
NHS Trusts - Consultant-led follow-up outpatient attendances (Spec acute)



NHS Trusts - Total number of Specific Acute elective day case spells in the period

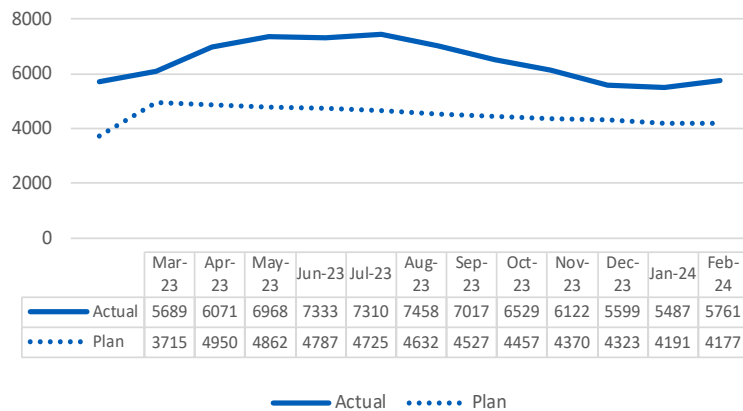


NHS Trusts - Total number of Specific Acute elective ordinary spells in the period

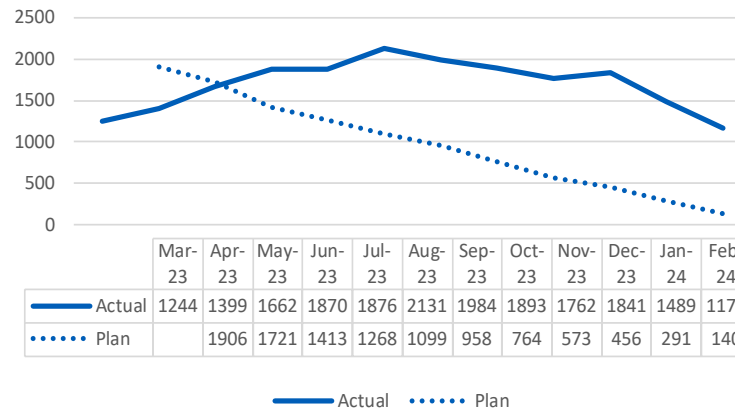


Planned Care – RTT (Referral To Treatment)

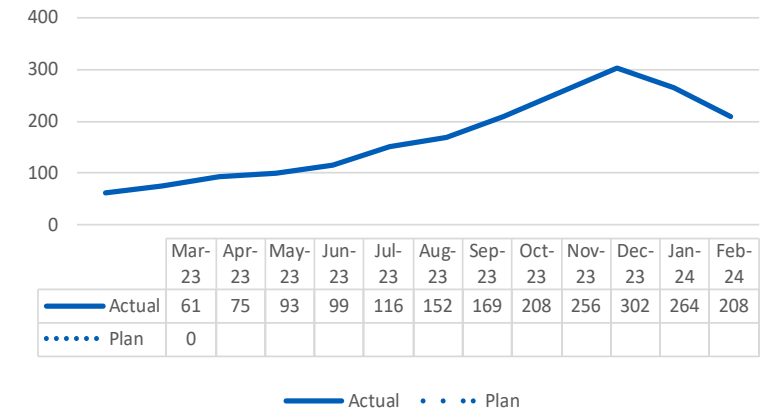
BOB (3 main NHS trusts) - 52 Week Waits



BOB (3 main NHS trusts) - 65 Week Waits

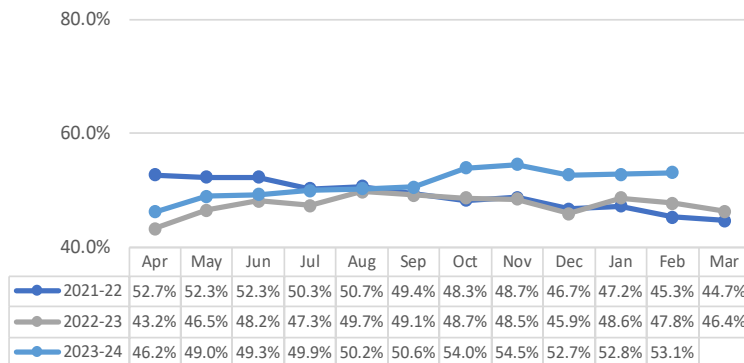


BOB (3 main NHS trusts) - 78 Week Waits

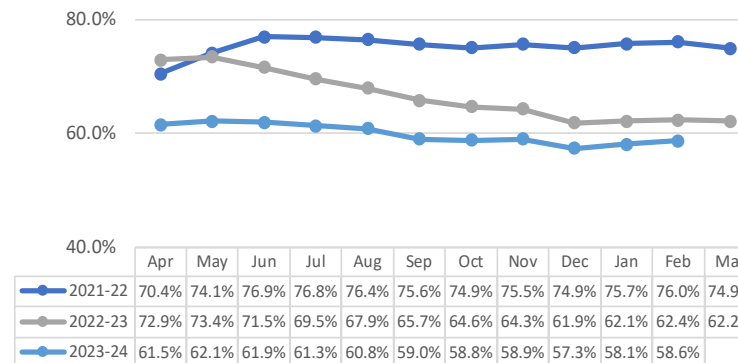


Please note:- The above charts give the combined position for Buckinghamshire Healthcare, Oxford University Hospitals and Royal Berkshire Foundation Trusts (whole provider - all commissioner)

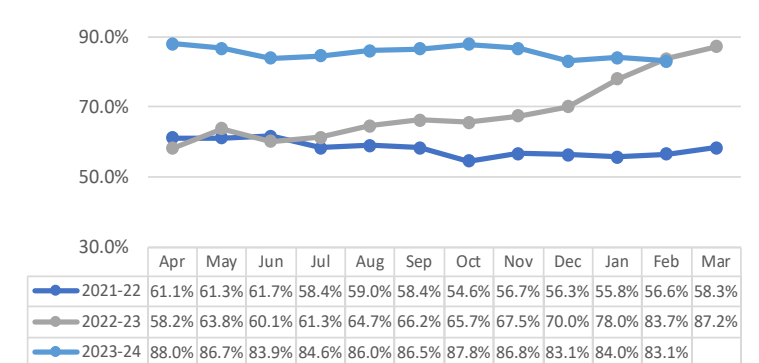
BHT - RTT Incomplete Pathways (% within 18 Weeks)



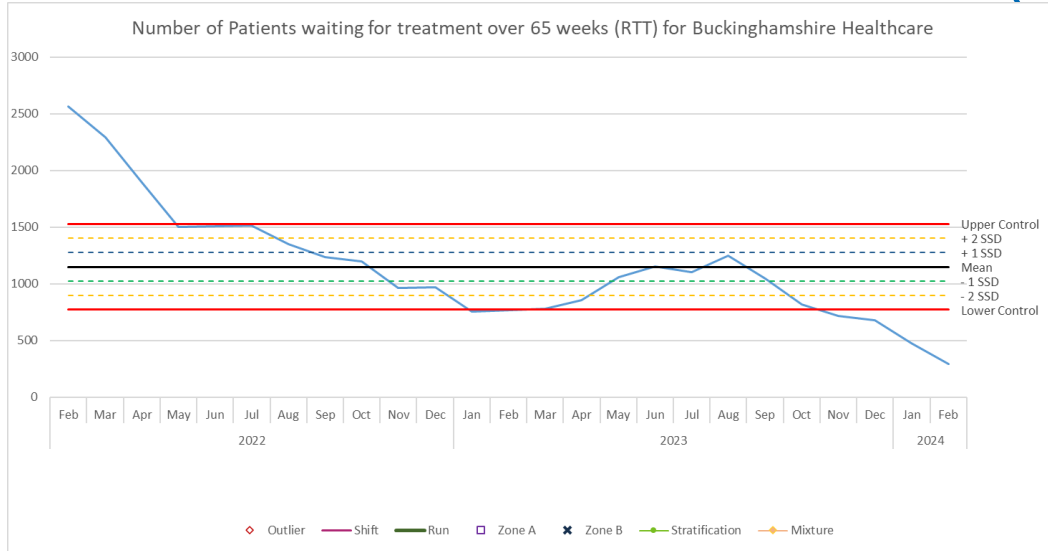
OUHFT - RTT Incomplete Pathways (% within 18 Weeks)



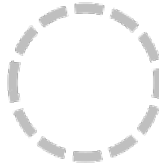
RBFT - RTT Incomplete Pathways (% within 18 Weeks)



Planned Care – +65 Weeks (SPC)



Assurance Status

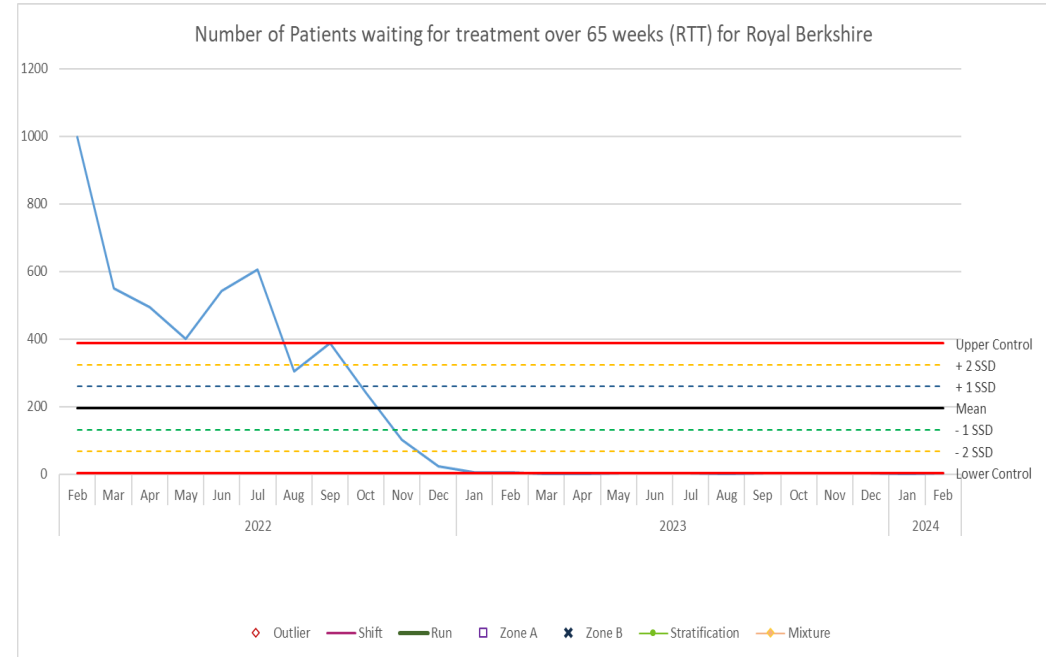


Not possible to comment

Performance Status



Metric decreasing - indicates improvement



Assurance Status

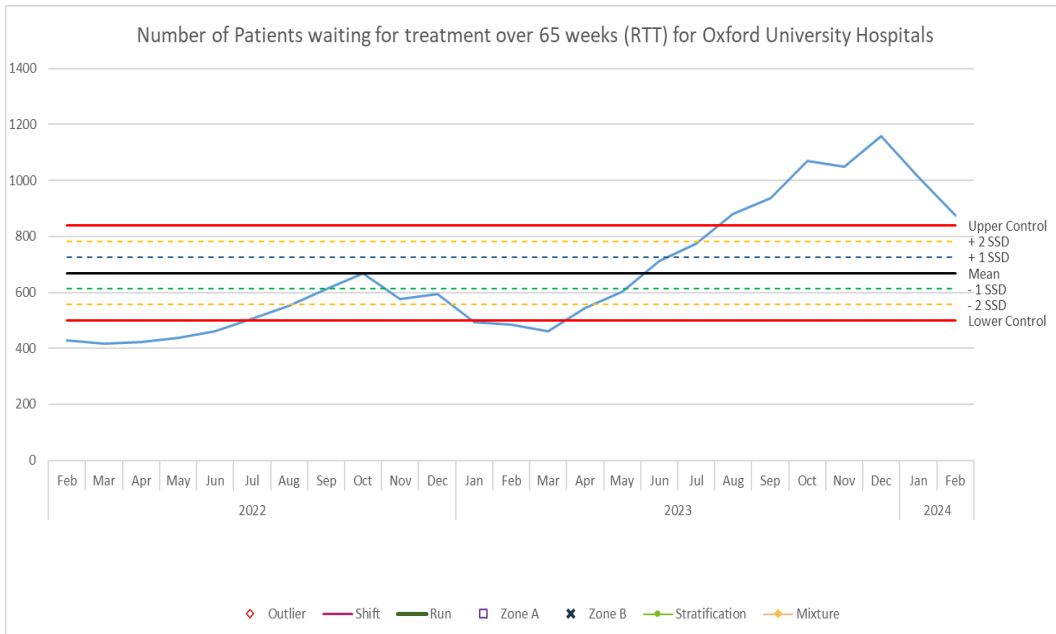


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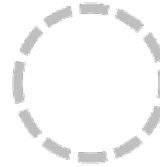
Performance Status



Metric decreasing - indicates improvement



Assurance Status



Not possible to comment

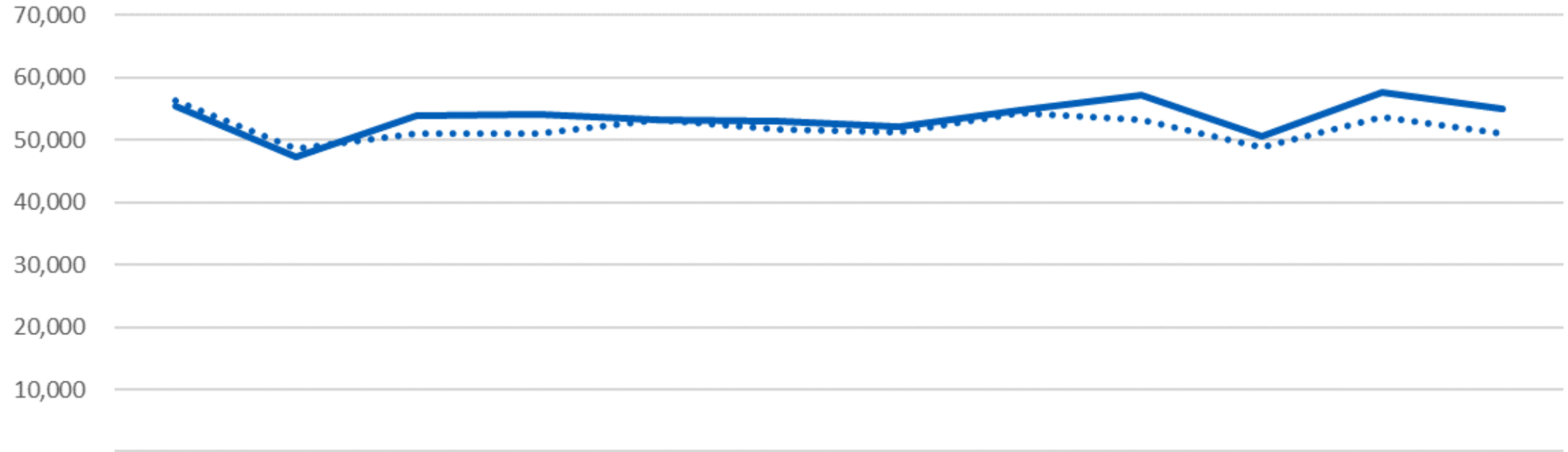
Performance Status



Metric increasing - indicates concern

Overall Diagnostic Tests – Actual v Plan

BOB ICB - Diagnostic Tests

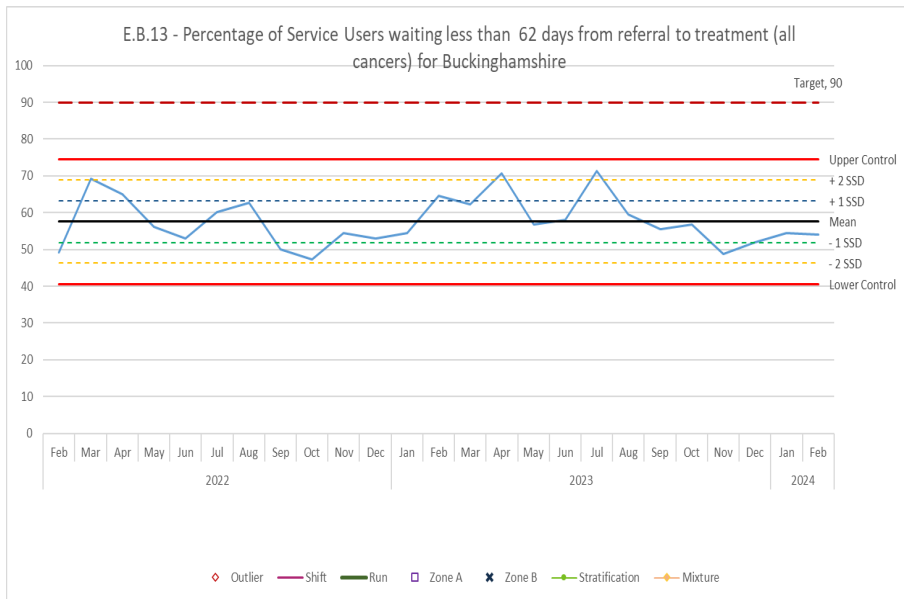


	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Actual	55,387	47,266	53,792	54,168	53,298	52,908	52,143	54,784	57,095	50,604	57,594	54,980
Plan	56,223	48,659	51,037	50,914	53,171	51,612	51,128	54,239	53,107	48,822	53,653	50,902

Actual Plan

Code	Indicator	OF Flag		Standard	England	South East	BOB Acutes	BHT	OUH	RBFT
E.B.27	Percentage meeting faster diagnosis standard	S012a		75%	78.1% ↑	78.7% ↑	77.5% ↑	73.9% ↑	81.2% ↑	76.4% ↑
E.B.8	Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')			96%	91.4% ↑	91.4% ↑	86.5% ↑	84.5% ↑	84.0% ↑	92.0% ↑
E.B.12	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer			85%	58.3% ↑	64.7% ↑	63.5% ↑	57.1% ↑	64.1% ↑	68.9% ↑
E.B.30	Cancer - urgent referral seen	S010a			0 →	0 →	0 →	0 →	0 →	0 →
E.B.31	Cancer - first treatments	S010b			28774 ↓	4660 ↓	882 ↓	193 ↓	425 ↓	264 ↑
			Feb 24							
E.B.9	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is Surgery			94%	79.3% ↑	81.3% ↑	75.1% ↑	76.1% ↑	70.3% ↑	84.7% ↑
E.B.10	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is an Anti-Cancer Drug Regimen			98%	98.4% ↑	97.7% ↑	92.2% ↑	100.0% ↑	90.8% ↑	93.5% ↓
E.B.11	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is a Radiotherapy Treatment Course			94%	89.7% ↑	83.3% ↑	96.3% ↑	100.0% →	98.9% ↑	90.1% ↑
E.B.13	Percentage of patients receiving first definitive treatment within 62 days of referral from NHS Screening Service			90%	60.7% ↓	61.6% ↓	67.5% ↓	76.2% ↓	73.7% ↑	50.0% ↓
E.B.14	Percentage of patients receiving first definitive treatment within 62 days of a consultants decision to upgrade their priority status			86%	75.7% ↑	78.2% ↓	72.4% ↑	84.4% ↑	64.8% ↑	79.8% ↑

Cancer - treated within 62 days (SPC)



Assurance Status

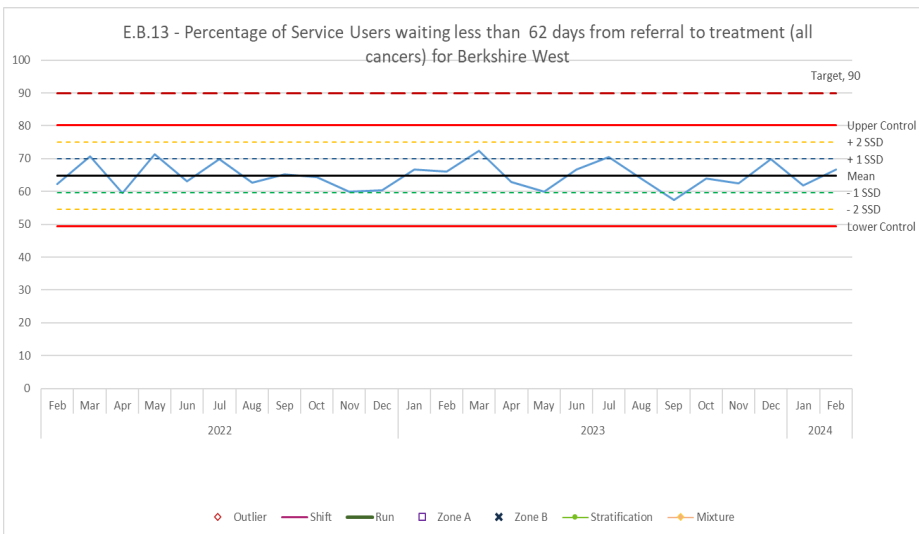


Hit or miss

Performance Status



Common cause variation



Assurance Status

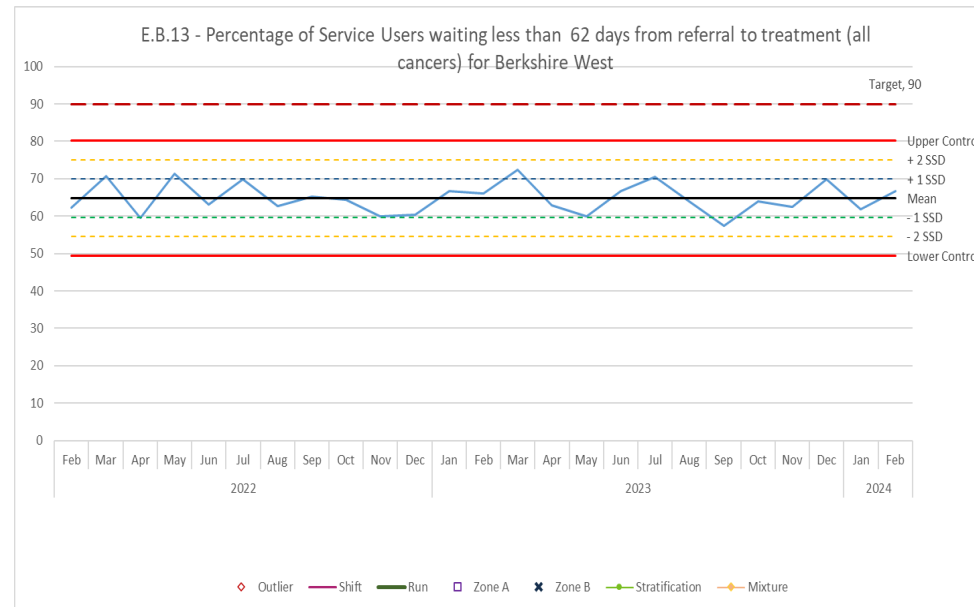


Metric will fail target

Performance Status



Common cause variation



Assurance Status



Hit or miss

Performance Status



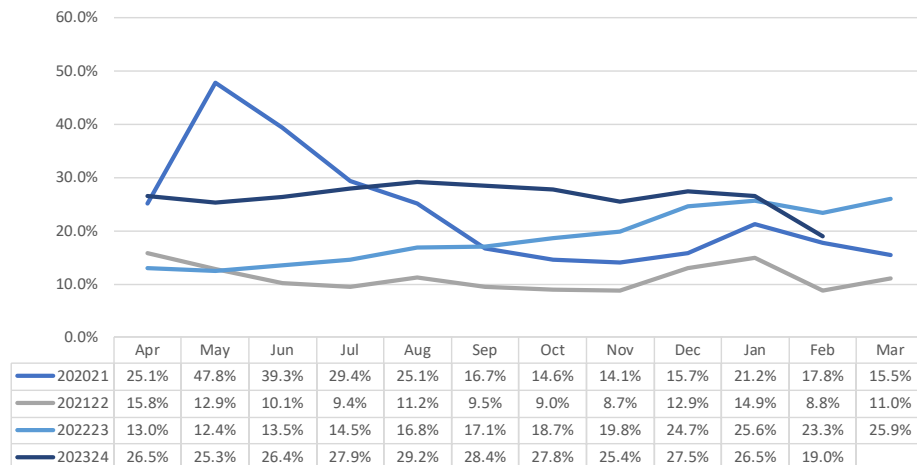
Common cause variation

Planned care – Diagnostics

Indicator	SOF Flag	Month	ICB BOB Activity		Sub ICB Activity			NHS Trust OUH Activity		BHT Activity		RBFT Activity	
			Activity	Plan	Bucks Activity	Oxford Activity	Berks W Activity	Activity	Plan	Activity	Plan	Activity	Plan
Percent of Diagnostics Waiting list 6 weeks or more		Feb 24	22.8%	1.0%	29.4%	19.3%	20.7%	17.3%	1.0%	23.0%	1.0%	20.1%	1.0%
Percent of Diagnostic Tests against 2019/20			119.5%		120.0%	118.8%	120.1%	111.3%		117.0%		130.8%	
Percent of Current MRI list waiting 6 weeks or more			21.0%	1.0%	36.1%	13.0%	7.8%	12.3%	1.0%	37.4%	1.0%	5.3%	1.0%
Percent of MRI Tests against 2019/20			130.4%		133.5%	136.5%	118.1%	109.0%		158.7%		129.3%	
Percent of Current CT list waiting 6 weeks or more			7.6%	1.0%	19.0%	0.8%	2.5%	0.1%	1.0%	21.0%	1.0%	0.4%	1.0%
Percent of CT Tests against 2019/20			128.5%		128.6%	116.2%	158.5%	107.8%		126.5%		165.0%	
Percent of Current Non-obstetric Ultrasound list waiting 6 weeks or more			19.3%	1.0%	25.5%	18.4%	8.9%	13.5%	1.0%	6.0%	1.0%	3.1%	1.0%
Percent of Non-obstetric Ultrasound Tests Against 2019/20			115.6%		111.2%	125.6%	101.5%	127.6%		103.2%		119.1%	
Percent of Current Colonoscopy list waiting 6 weeks or more			37.5%	1.0%	34.9%	20.5%	58.5%	19.4%	1.0%	40.2%	1.0%	63.0%	1.0%
Percent of Colonoscopy Tests Against 2019/20			115.6%		165.7%	108.9%	96.4%	113.4%		178.8%		76.7%	
Percent of Current Flexi sigmoidoscopy list waiting 6 weeks or more			49.4%	1.0%	48.2%	27.4%	66.0%	21.2%	1.0%	54.0%	1.0%	67.6%	1.0%
Percent of Flexi sigmoidoscopy Tests Against 2019/20			40.1%		84.7%	18.5%	44.6%	0.0%		83.3%		50.6%	
Percent of Current Gastroscopy list waiting 6 weeks or more			38.1%	1.0%	39.4%	22.2%	63.4%	27.8%	1.0%	43.5%	1.0%	70.4%	1.0%
Percent of Gastroscopy Tests Against 2019/20			90.0%		132.2%	86.5%	59.9%	81.6%		127.7%		70.7%	
Percent of Current Echocardiography list waiting 6 weeks or more			20.0%	1.0%	19.6%	10.7%	34.8%	6.7%	1.0%	6.3%	1.0%	43.7%	1.0%
Percent of Echocardiography Tests Against 2019/20			120.2%		130.8%	115.7%	113.6%	130.7%		65.4%		97.7%	

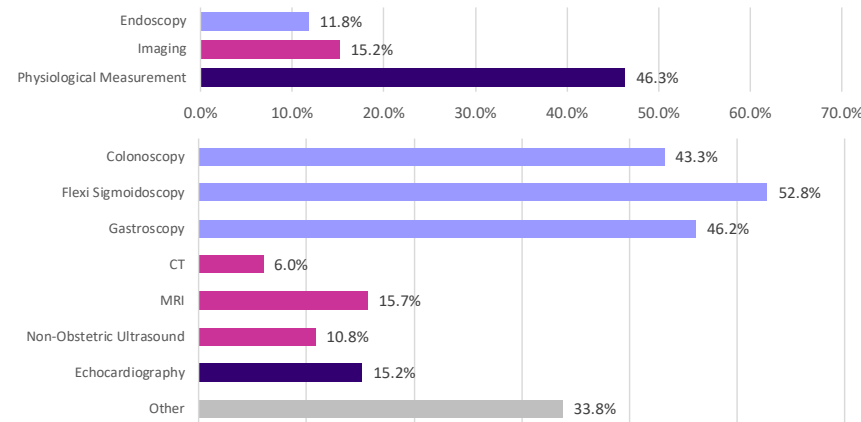
Diagnostic performance year on year

Percentage of patients on the waiting list at a BOB ICS Acute NHS Trust who have been waiting six weeks or more

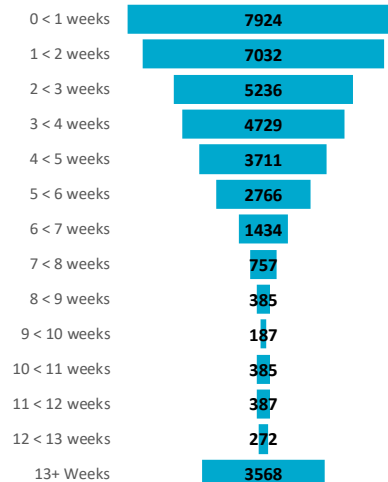


Latest diagnostics performance by test for February 2024

Percentage of patients on the waiting list at a BOB ICS Acute NHS Trust waiting six weeks or more

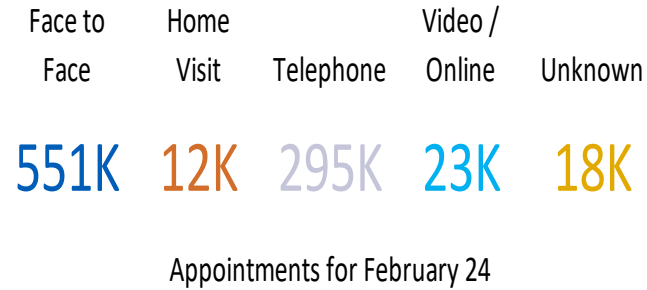
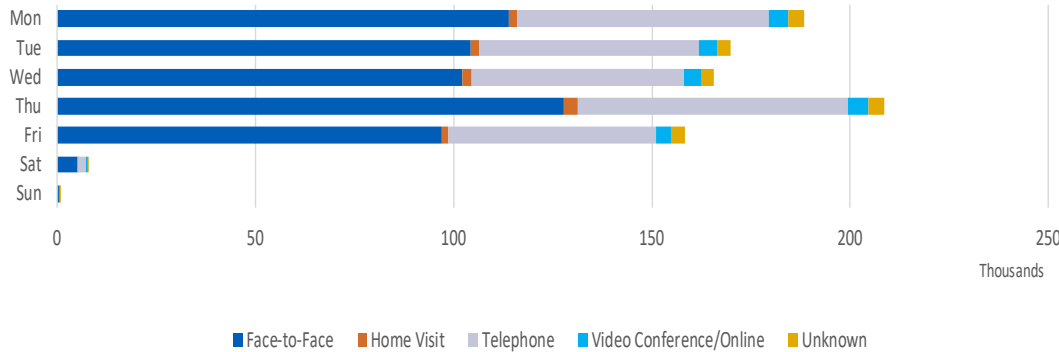


Waiters by weeks waited for February 2024



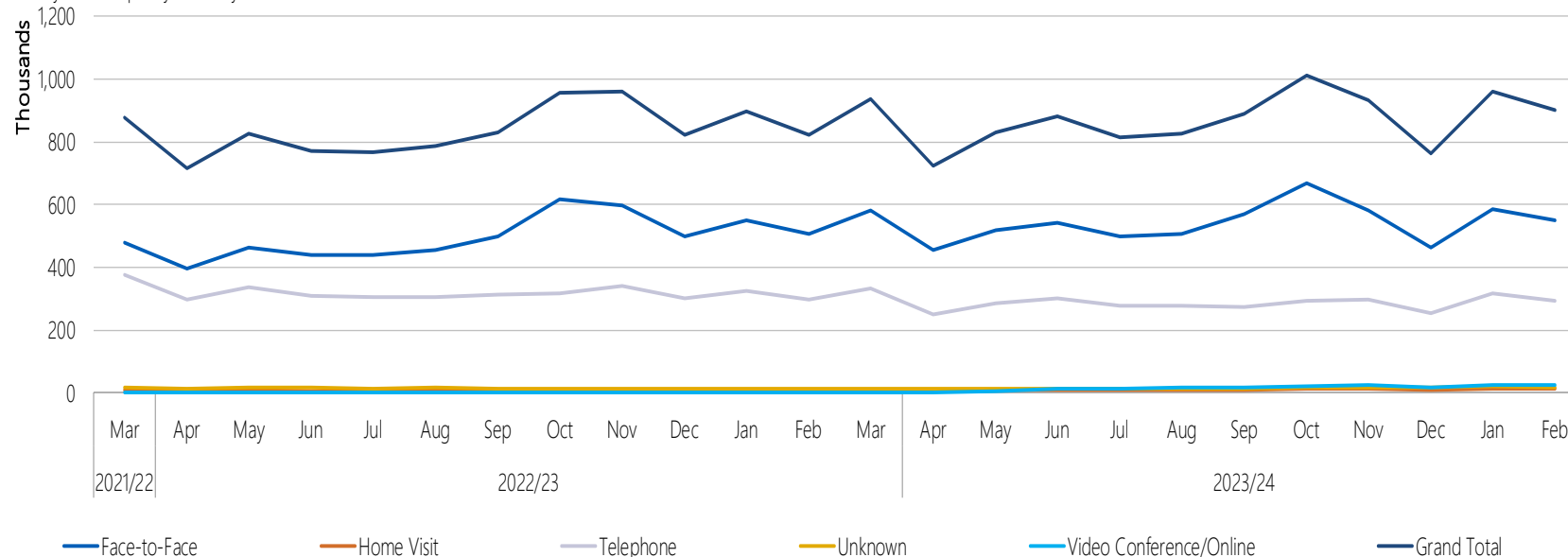
Primary Care - GP

Total Count of Appointments by Weekday for February 2024



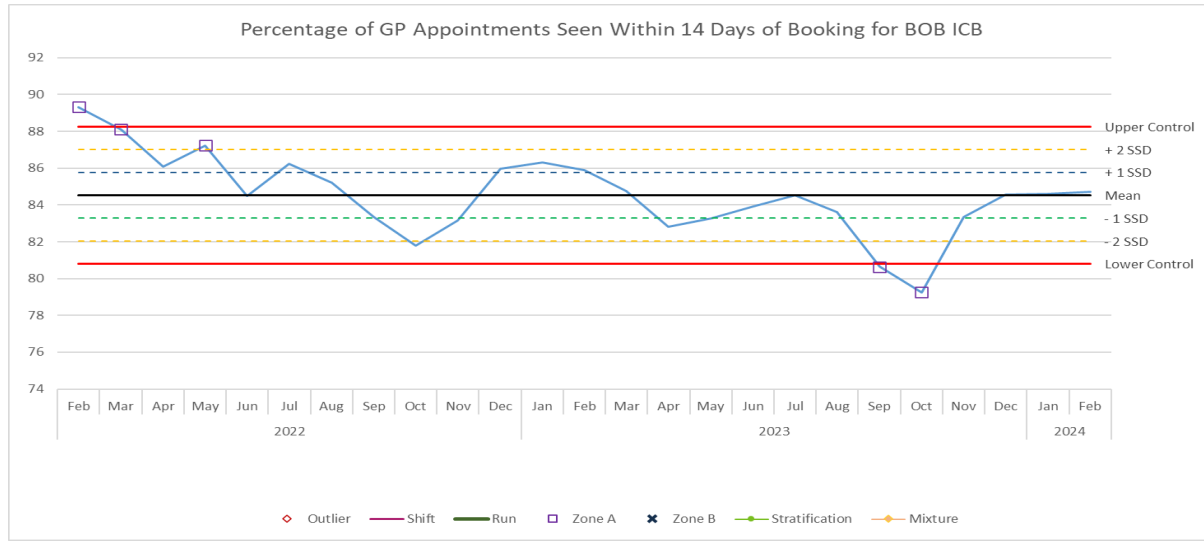
Overall Consultation Levels

GP Appointments by Month split by modality



- Data shows the total number of GP practice appointments delivered in February 2024, including by weekday and the 2-year trend in mode.
- The trend line shows an increase in overall appointments since December 2023.
- 9.1% more appointments in February 2024 compared to February 2023.
- There is a very gradual move to more appointments being delivered face to face. 61.25% of appointments took place face-to-face in Feb 2024 compared to 60.97% Jan 2024.
- Prior to the pandemic 72.5% of patients were being seen face-to-face. Given new ways of working the pre-pandemic proportion of face-to-face may not be returned to.
- All PCNs have enhanced access arrangements in place ensuring appointments are available in the evenings and at weekends. Audit of utilisation rates conducted in October 2023 showed that more appointments are being used (3,047 clinical hours, compared to 1,853 commissioned across BOB).

Primary Care – Appointments within 14 days (SPC)



The SPC chart for the percentage seen within 14 days (Fig. 1) shows an upward trend.
The total number of appointments seen within 14 days (Fig. 2) is showing a value of 782,994 for Feb 2024.

Fig.1

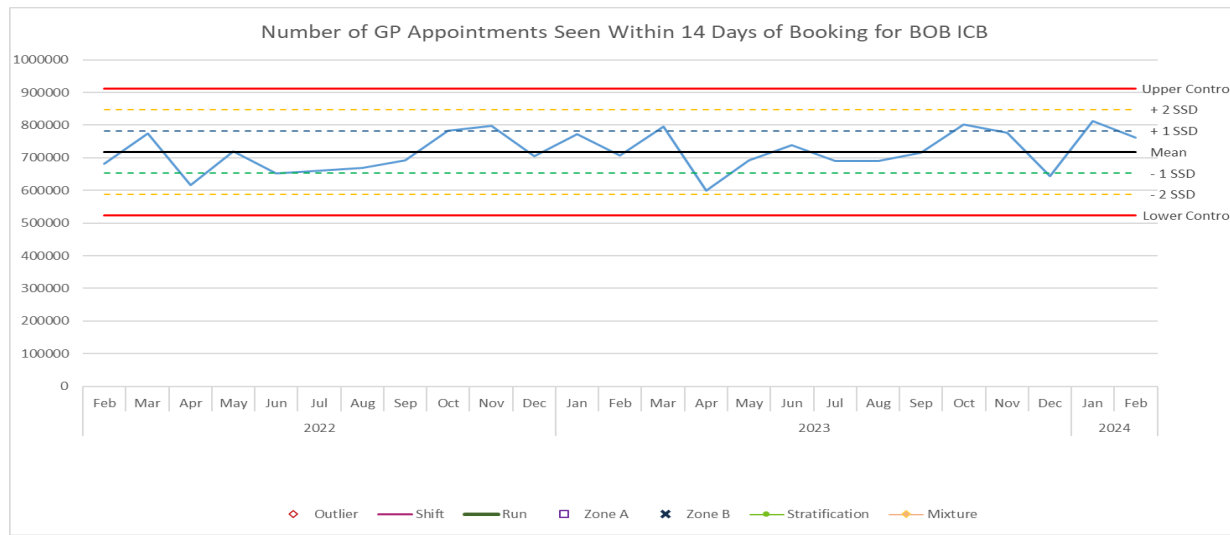
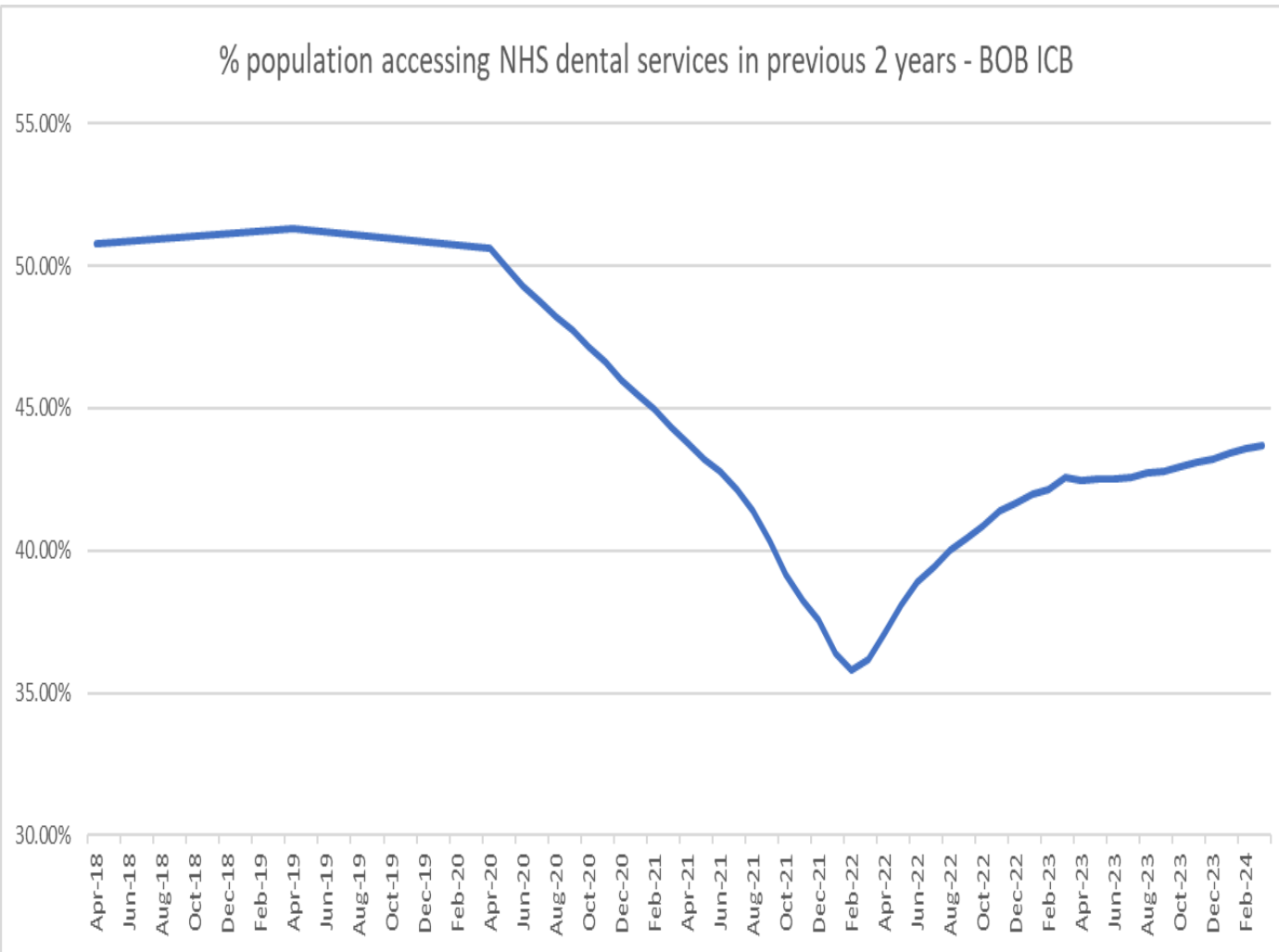


Fig.2

Pharmacy. Optometry and Dentistry (POD)

High street dental services – Access 2023/24

% Patients Accessing NHS Dental Services – March 2024



Delivery against activity plan

Dental access stands at 43.71% of the BOB population in March 2024; with 753,403 patients attending a dental practice in the previous 2 years

There are ongoing challenges for patients who have found it more difficult to access dental care, particularly those who have not attended a local practice in recent years.

Mitigations in place include:

- Two practices are providing Additional Access sessions to support patients with urgent treatment needs
- Dental practices advised of ICB approval for them to be paid for up to 110% of contract performance for the period to 31 March 2024. 26 practices have advised of plans to deliver up to 110%
- The Flexible commissioning pilot commenced in June 2023 and provides access for the most vulnerable patients with 33 practices taking part in the scheme. In the period to March 2024, 3,081 sessions have been provided with 10,491 new patients seen and 14,521 patient attendances in total.
- The flexible commissioning service has been evaluated with high levels of patient and provider satisfaction reported The ICB has agreed to extend the service into 2024/25. 34 practices have signed up to take part.

High Street Dental Services – Recovery Plans

Number of UDAs to be re-commissioned to replace activity handed back

Health system	Number of UDAs with signed Contract Variations	Locations
Buckinghamshire	19,555	Haddenham, Aylesbury, Denham, High Wycombe, Chalfont St Peter
Oxfordshire	18,896	Thame, Henley, Oxford, Witney, Bloxham, Banbury
Berkshire West	30,347	Reading, Wokingham, Woodley, Twyford, Thatcham, Newbury
Total BOB	68,798	

Since April 2021, 17 dental practices have handed back their contracts and 7 have reduced their NHS commitment. This has resulted in the loss of 108,872 UDAs (c.4.75% of capacity). The ICB is following a 2-stage process to replace lost activity. The first stage was completed in February 2024. Local practices were invited to apply to provide additional UDAs from 1 April 2024. 26 practices have submitted successful applications to provide an additional 68,798 UDAs. The table details the number per health system in BOB.

The practices have been advised of the outcome of their applications with formal contract offers made during March.

There are still gaps in provision, particularly in Oxfordshire. The second stage will be formal open market procurement.

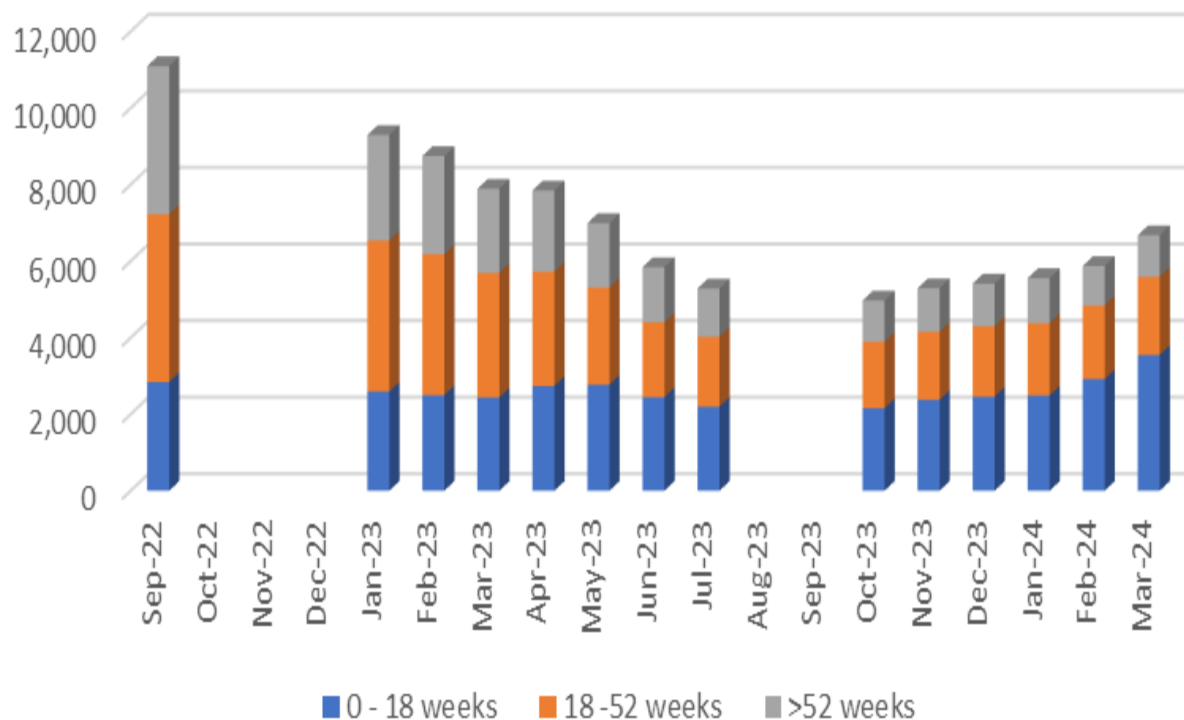
The ICB is also investigating other interim solutions whilst the second stage is completed.

In February 2024 there was a national announcement about changes to the NHS Dental contract to help address access challenges with the following changes being introduced from March/April 2024

- A new patient premium to encourage practices to take on new patients for the period March 2024 to March 2025
- An increase in the minimum UDA price from £23 to £28

Tier 2 Oral Surgery services

Thames Valley - tier 2 Oral Surgery - number of patients awaiting treatment (BOB)



Backlog recovery

About 14,000 referrals per annum are made to Oral Surgery services in BOB. Of these about 5,000 (38%) go to tier 3 services in hospital and 9,000 (62%) to tier 2 community-based services. Services are provided from sites in each of the 3 counties in BOB.

Waiting list backlogs built up because of the pandemic, with over 11,000 patients awaiting treatment in September 2022. Of these 8,252 patients had been waiting for more than 18 weeks.

Restoration and Reset monies have been invested to address the backlogs. The waiting list in March 2024 stands at 6,676 waiting treatment with 3,126 waiting more than 18 weeks. Whilst this remains a significant reduction compared to September 2022; it is an increase of 313 compared to October 2023.

The commissioner meets with the provider monthly to track progress on contract delivery and waiting times. This includes consideration of the impact of the 2022 NHS contract changes on claiming of more UDAs for more complex cases.

As part of the agreement to extend the contracts for this service to 31 March 2025 it has also been agreed that the Restoration and Reset monies should be built into recurrent baselines.

Community Pharmacy Transformation

Pharmacy First

97% of BOB Pharmacies have signed up to deliver Pharmacy First which went live 31 January 2024. A few small Distance Selling Pharmacies have declined provision, but all others have been followed up to ensure the sign-up deadline is not missed. BOB currently has the highest % sign up across the SE region.

The new Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions:

- sinusitis
- sore throat
- acute otitis media
- infected insect bite
- impetigo
- shingles
- uncomplicated urinary tract infections in women.

Functional digital for Pharmacy First is not yet in place but is being rolled out nationally and BOB is waiting to learn when it will reach BOB.

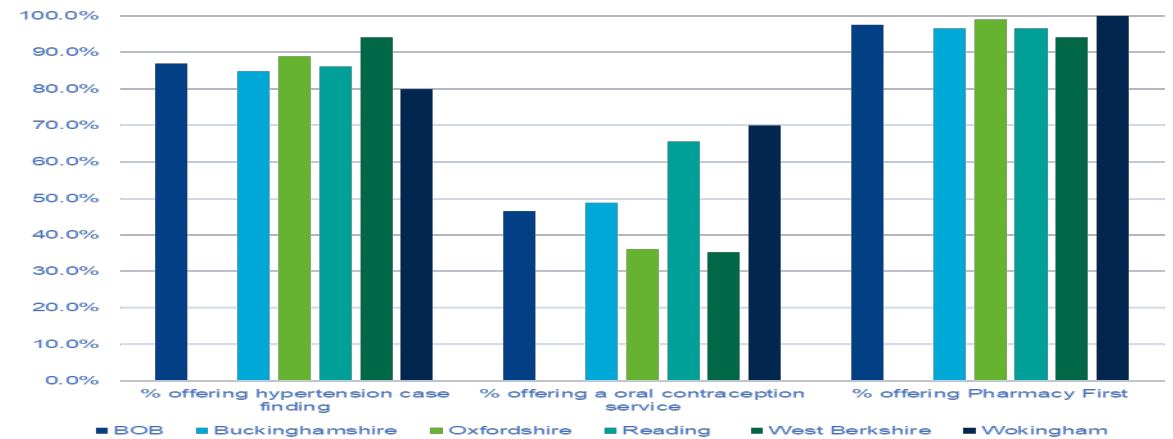
Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred by NHS 111, general practices, and others.

The service will also incorporate the existing elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances), both following a referral from NHS 111, general practices, and other authorised healthcare providers (patients are not able to present to the pharmacy without a referral).

National media campaign was launched on 19 January 2024

There has been a relaunch of the Hypertension case finding and oral contraception service.

% Community Pharmacy offering services in each HWB area



Community Pharmacy Consultation Service (January 2024 data)

- Three components of the service
 - Urgent medicine supply (US) continues to rise
 - Minor illness advice (MI)
 - GP referral to CPCS service
- 126 (78%) BOB practices are 'Live' and referring their patients to community pharmacists via CPCS,
- Across BOB 23,624 referrals have been made since April 2023, which equates to approximately 2,111 hours of saved general practice appointment time.
- There was a 15% decrease in the number of referrals that were made across BOB in January
- BOB continues to have the second highest number of referrals across the SE region, achieving the third highest number of referrals comparative to population (76 per 100k)
- From 31 January 2024, CPCS has been part of the Pharmacy First scheme and will no longer be reported separately

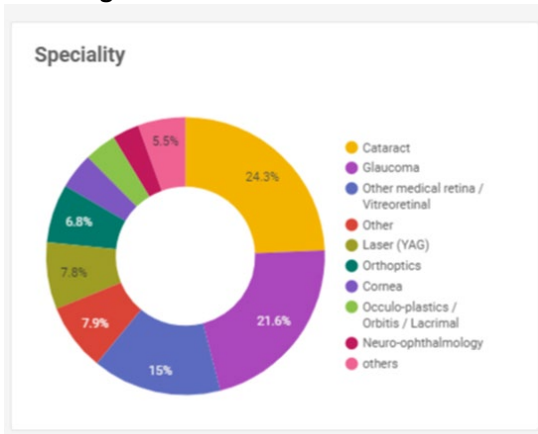
Optometry Services

Direct Optometry Referral:

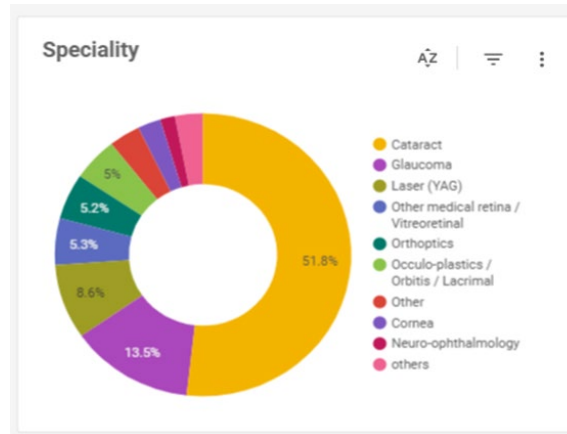
2023/24 Operating Target: *By September 2023 systems are asked to put in place-direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations*

- Implementation of the optometry to secondary care direct referral process continues.
 - The routine referral pathway is well established.
 - Implementation of the urgent referral pathway is underway. The variation of acute IT infrastructure has resulted in delay in confirming a 'go live' date whilst ensuring safe and efficient processes are in place. It is anticipated that the urgent referral pathways will be in place by Summer 2024.
 - The ICB are working with the Frimley Hub team to embed the REGO electronic referral process as standard at point of issue of future General Optometry Service (GOS) contracts
 - The implementation process has identified opportunities to enhance/standardise referral pathways across the system. These work is being led by the BOB System Ophthalmology Steering Group.
- The next stage development will be implementation of a SPOA for management of cataract referrals, using the Ufonia Dora platform (clinical voice assistant). This will provide enhanced patient choice to include both shared decision making and choice of patient location for surgery, by contacting patients ICB wide at point of referral, linked to the REGO electronic platform.
- The goal will be to deliver scalable patient choice, advanced screening of referrals for suitability to High Volume Low Complexity (HVLC) settings and collect pre-assessment information to streamline referrals- increasing visibility of referrals by the ICB and optimising patient choice.

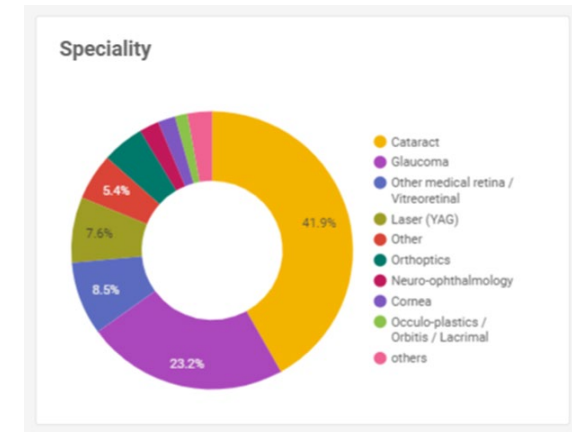
Buckinghamshire



Oxfordshire



Berkshire West



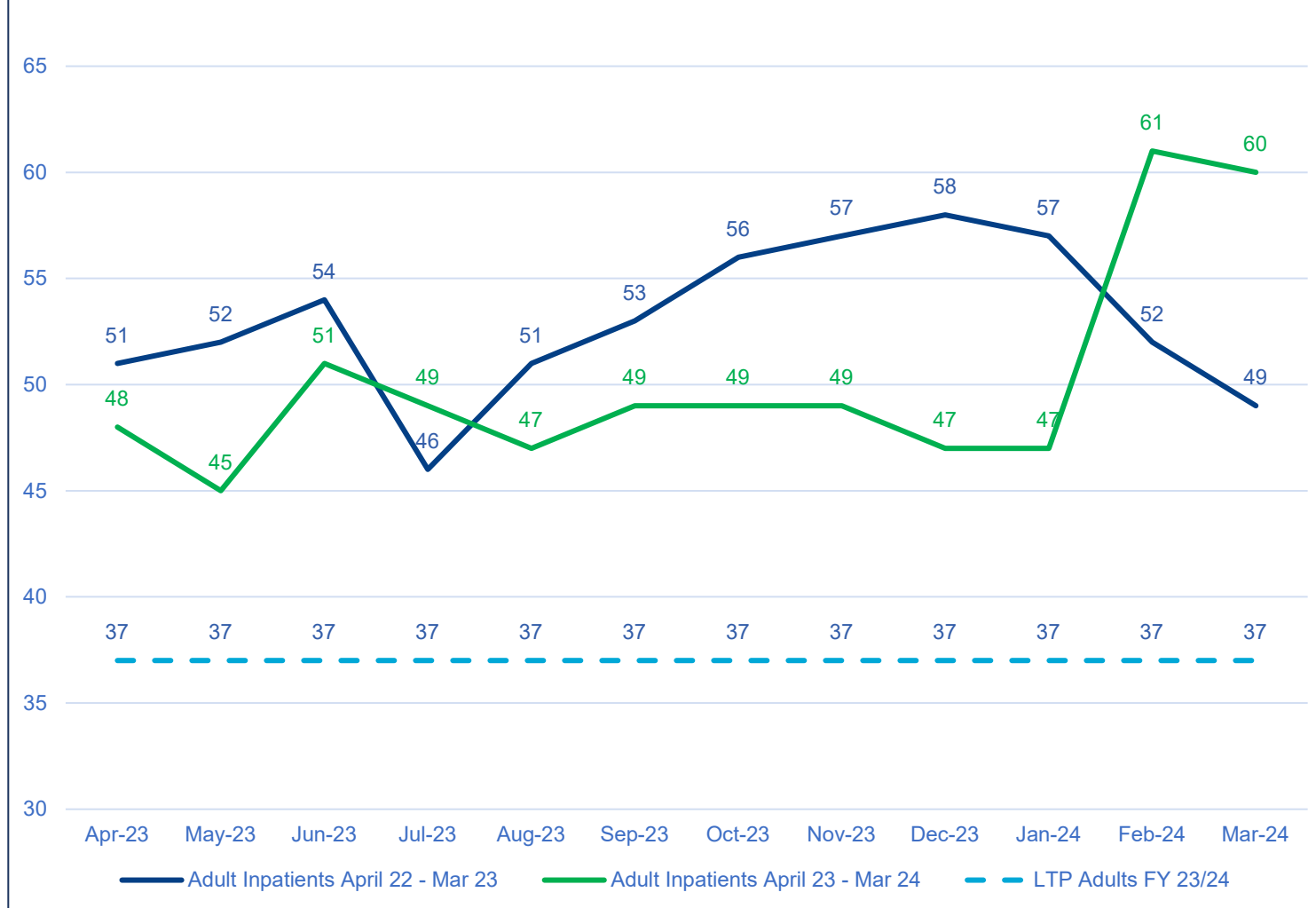
Mental Health Services

Indicator	OF Flag	Period	Standard	Plan	BOB ICB	Bucks	Oxon	Berks. West	Berkshire Healthcare	Oxford Health
Total access to Talking Therapies services		Rolling 3 months to Feb 24		9490	8800	2745	3420	2635	4825	6140
Talking Therapies - Access Rate			6.25%		5.8%	6.3%	5.6%	5.5%		
Talking Therapies - Moving to Recovery		Feb 24	50%		50.3%	51.4%	54.0%	43.2%	46.3%	51.0%
Talking Therapies - Treated within 6 Week			75%		96.5%	97.5%	100.0%	90.1%	88.4%	98.7%
Talking Therapies - Treated within 18 Week			95%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dementia Diagnosis Rate		Feb 24	67%	64%	61.88%	58.2%	63.1%	64.4%		
Severe Mental Illness (SMI) 6 Health Checks completed Percent of Register		2023/24 Q3	60%		51.76%	51.6%	47.9%	58.8%		
People with severe mental illness receiving a full annual physical health check and follow up interventions	S085a	2023/24 Q3	100%		77.7%					
Inappropriate adult acute Mental Health Out of Area Placement (OAP) bed days	S086a	Three Months to Jan 24	0		1915	370	550	990	1715	1010
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	S110a	Dec 22	100%		82.6%					

Learning Disability Programme - Adult Inpatients

SRO: Rachael Corser

Number of Adult Inpatients vs Long Term Plan (LTP) target

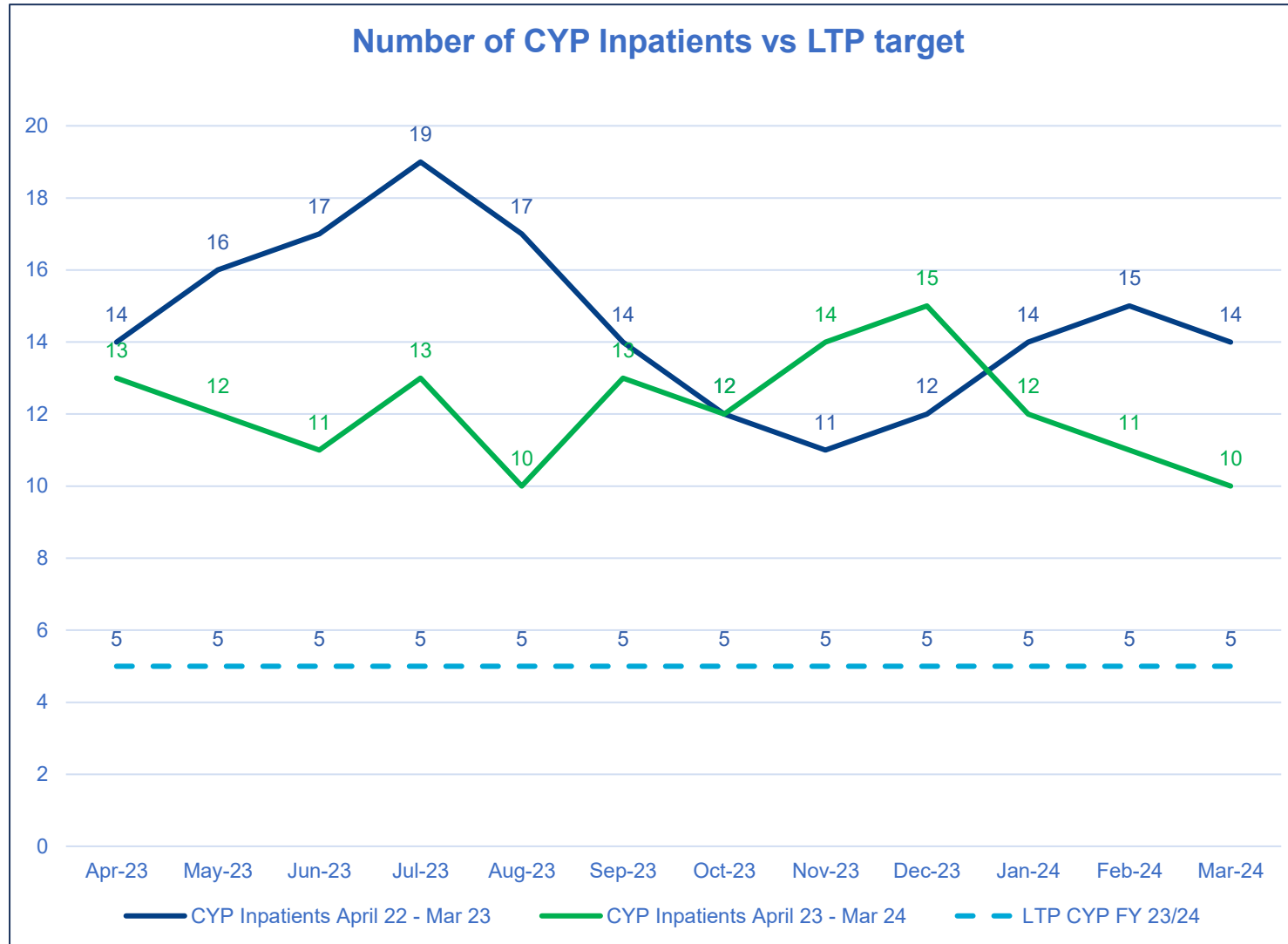


Learning disability or autism Adult Inpatients

- The graph portrays the number of adult inpatients in BOB with a learning disability or autism (LDA) in the last two years; and against the national ambition for 2023/24.
- There were 60 adult inpatients recorded in March and 16 of these were Specialist Commissioning inpatients. This is above the NHS SE trajectory target (37 by the end of Q4).
- Significant rise in February, which can only partially be explained by data recording error, and it needs further investigation.
- Root cause analysis is underway to understand the increase in numbers.
- There were 44 new admissions of all LDA Adult inpatients in 2023/24 with Autism (35) as the most prevalent condition, followed by Learning disability (5); and Learning disability and Autism dual diagnoses (4).
- 19 admissions in Q4
18 were people with Autistic Spectrum Disorder
1 person with a Learning Disability
- The focus of inpatient review meetings has been reviewed in March with inpatients now assessed for priority and action-based discussions.

Learning Disability Programme - CYP Inpatients

SRO: Rachael Corser



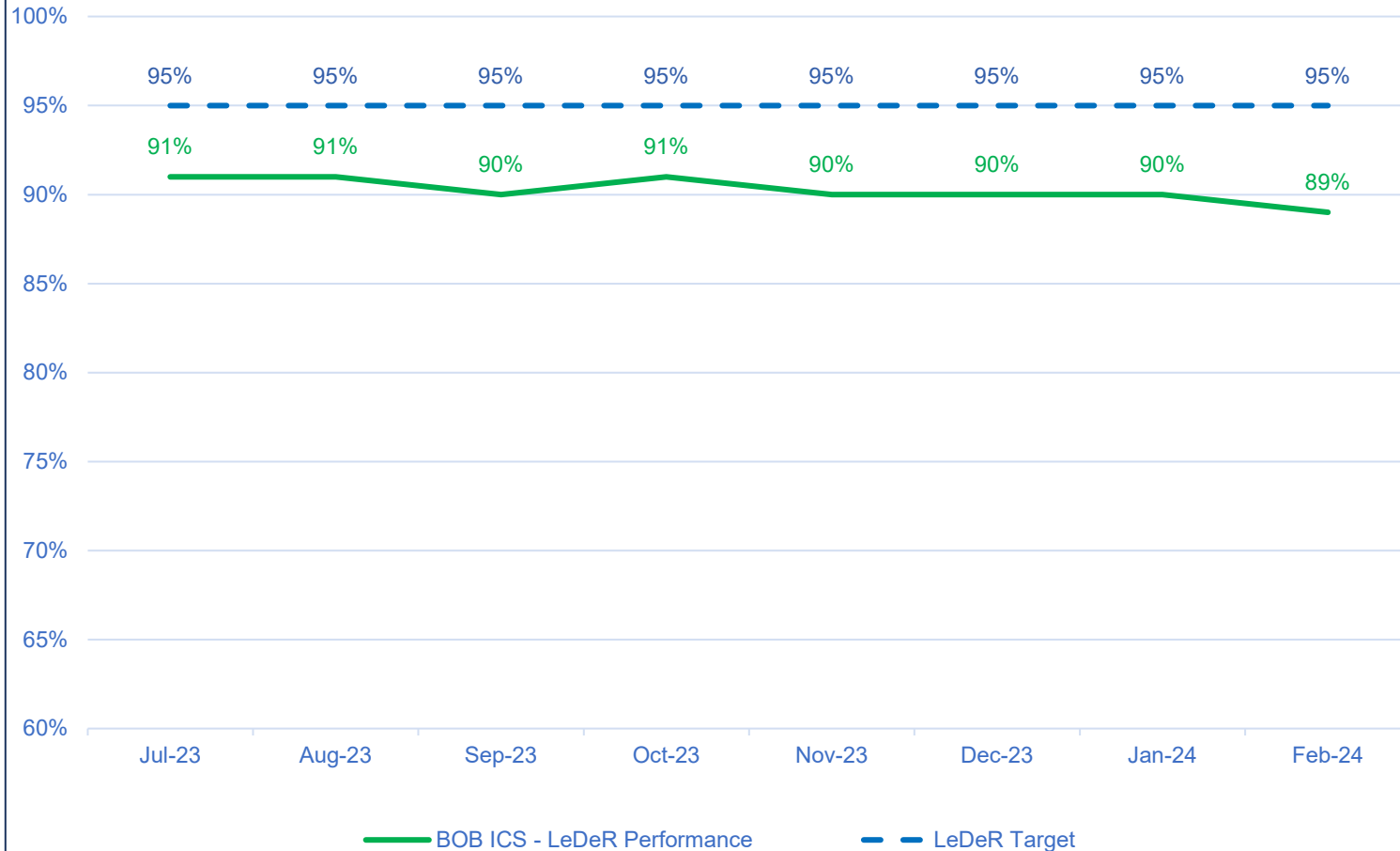
LDA CYP Inpatients

- The graph portrays the number of CYP inpatients in BOB with a learning disability or autism in the last two years; and against the national ambition for 2023/24.
- There were 10 CYP inpatients recorded in March 2024, which is above the NHS SE trajectory target (5 by the end of Q4)
- We have a lower number of CYP inpatients this year (10 in March 2024) compared to the last year (14 in March 2023)
- There were 24 new admissions of all LDA CYP inpatients in 2023/24 with Autism (22) as the most prevalent condition
- Root cause analysis of CYP admissions was completed in March 2024 and results were shared with LDA Board
- Transformation programme underway to share best practice and standardise practice across BOB in management of Dynamic Support Registers (DSRs) and Care (Education) and Treatment Reviews (CETRs) and quality assurance programmes. Includes joint training across BOB to be delivered with NHSE Regional Team.
- The focus of inpatient review meetings has been reviewed in March with inpatients now assessed for priority and action-based discussions.

Learning Disability Programme- LeDeR

SRO: Rachael Corser

LeDeR- cumulative reviews



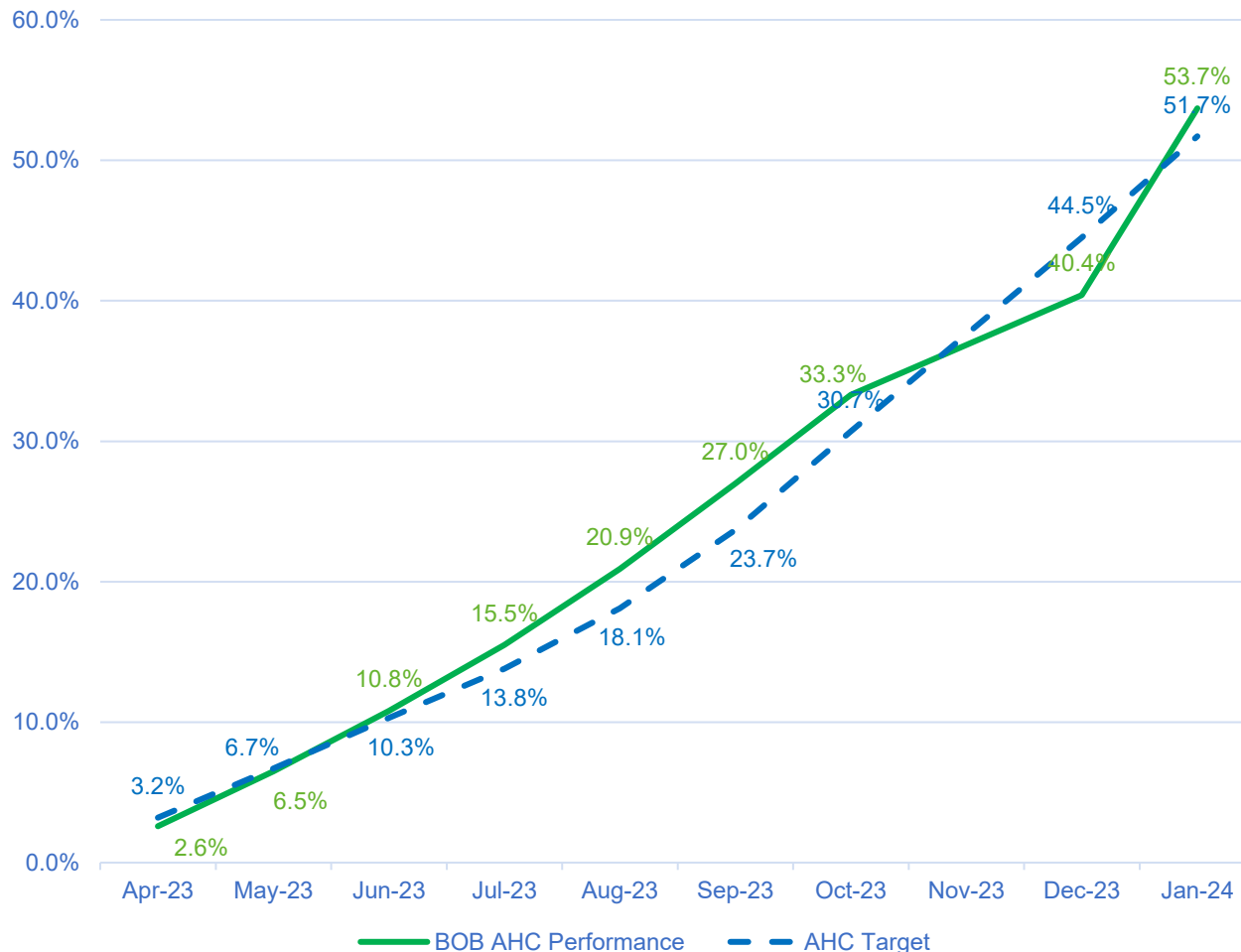
Learning from Lives and Deaths (LeDeR)

- Work on the LeDeR programme is focused on transitioning to a single, ICB-wide function.
- A recovery plan has been implemented and a BOB Local Area Coordinator is in post. Work has begun on reducing the backlog while current reviews are being treated as a separate workstream to maintain KPI integrity.
- Current Backlog has been reduced by **30%** (April 2024).
- LeDeR Quality and Governance panels will commence in May 2024 and will feed back to Place based steering groups for implementation.
- Monthly BOB LeDeR operational meetings are in place. The ICB is fully engaged with national and regional NHSE teams as well as other ICBs in the region.
- Learnings from Annual Reports form the basis for bimonthly LD Health webinars on LD specific issues including health inequalities, constipation and early onset dementia, the most recent at the start of April.
- Contract monitoring meetings have resumed with SCW CSU; the estimated cost for LeDeR review services for 2024/25 is currently under negotiation.

Learning Disability Programme- AHC

SRO: Rachael Corser

BOB ICS - Annual Health Check Performance

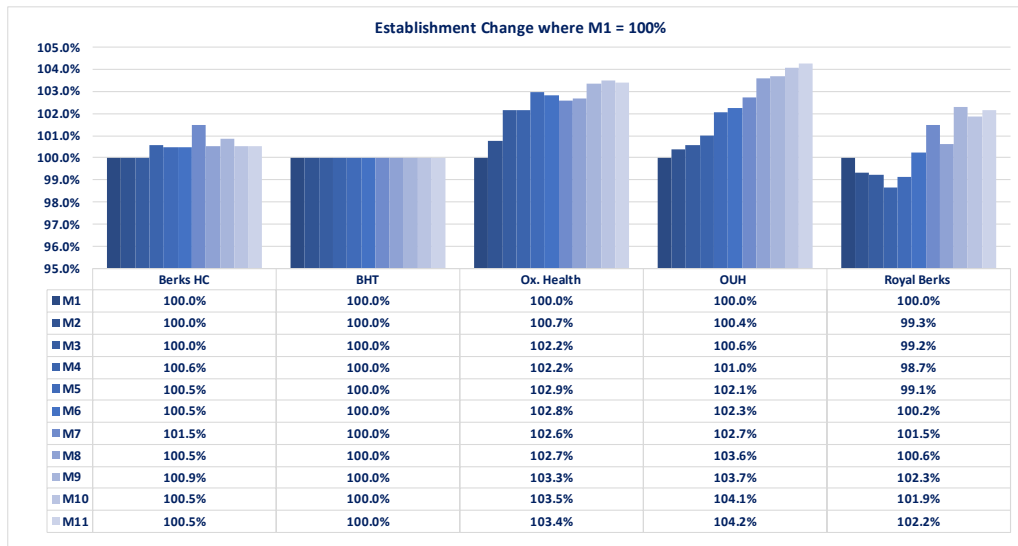


Annual Health Checks (AHCs)

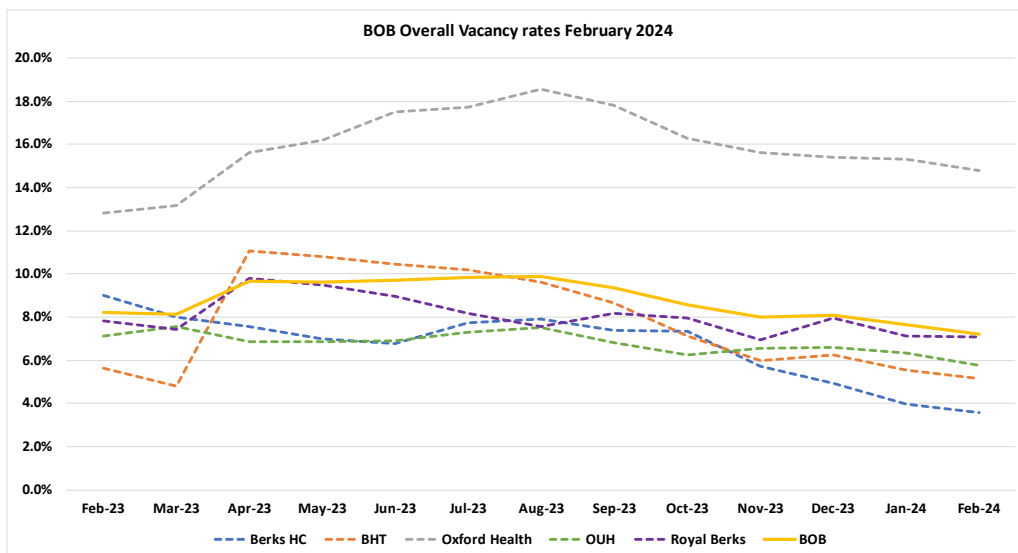
- The national refresh of the SNOMED codes has adversely impacted on the LD database and created data issues affecting the reporting of completed AHCs and payment for GPs but is now resolved. Impact is being evaluated.
- The BOB performance in delivering AHCs in January 2024 is **53.1%**, which is **above the trajectory target- 51.7%**.
- BOB is taking part in a national pilot of the Medii app in 9 GP surgeries. The app allows LD patients to track their health, encourages healthier lifestyle choices, and promotes engagement with AHCs. Results are available to the patient, carers, and GPs. The objective is that this will help reduce inequalities for these individuals. The pilot runs over the winter with an evaluation of patients' experience in Spring 2024. BOB were issued a further 20 licenses by NHSE in January 2024 to meet demand. We are now into the evaluation stage before a decision on further commissioning
- BOB ICB has supported the development of the All About Health website for LD patients. Presented in an Easy Read format, this is a valuable resource for patients and carers, and is hosted and maintained by Oxford Family Support Network, <https://allabouthealth.oxfsn.org.uk/>
- The LD&A team worked with the ICB LDA Clinical Lead to develop a series of bi-monthly webinars for GPs around LD-specific issues including health inequalities, constipation, and early onset dementia. The most recent was held on the 4 April with the focus on Ethnically diverse communities.

Workforce – Establishment Vacancies

Establishment % change by Organisation



Vacancy Rate by Organisation



This metric measures

- Percentage change in establishment by organisation since April 2023.
- Vacancy rate by organisation since the same period last year as of February 2024.

Source M11 Provider Workforce Returns (PWRs) from the “1.WTE” and “2.KPI” tabs.2022-23. Total Funded Establishment is for all staff groups. Establishment variation is calculated where M1 = 100% and change is shown as % variance from M1 per Trust. No data is available for BOB ICB.

How we are performing

- In M11 establishment change has varied from a 0.1% decrease for Oxford Health, to an 0.3% increase at RBFT.
- OUH has the highest % change in Establishment over the whole period at 4.2%, and establishment has grown at OUH every month.
- The overall BOB ICS footprint vacancy rate has decreased by 0.4% in M11 and remains on a downward trend in 2023/24.
- Vacancy rates have fallen at all BOB Provider trusts this month, apart from at RBFT, where they were unchanged. The decreases at the other BOB trusts varied from 0.4% at BHFT and BHT, 0.5% at OH to 0.6% at OUH.

Actions

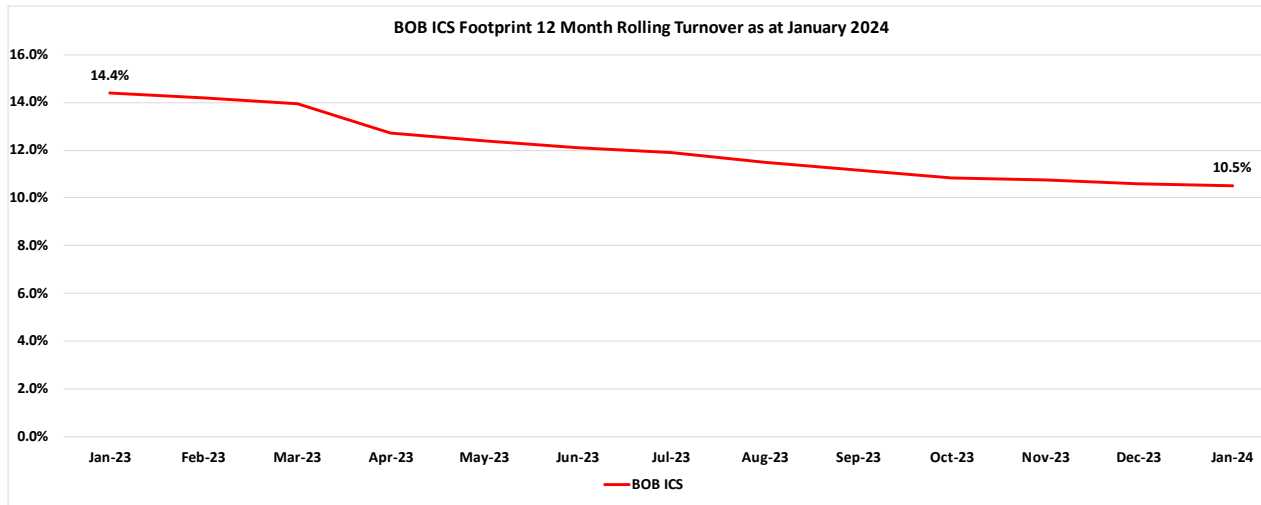
- **Supportive interventions:** There are several System People priorities and workstreams which focus on the various factors which impact on vacancy rates: The Health and Well-being workstream focuses on recruitment and retention, health and well-being and cost of living pressures; complemented by Leadership, Education and Training and the Temporary Staffing workstreams. However, these will also need to take account of the need to achieve cost reduction
- Localised interventions are continuing at pace and are being aligned to the System People workstreams. However, these will also need to take account
- **Shared learning:** There may be benefit in sharing workforce plans and actions across Trusts.

Risks:

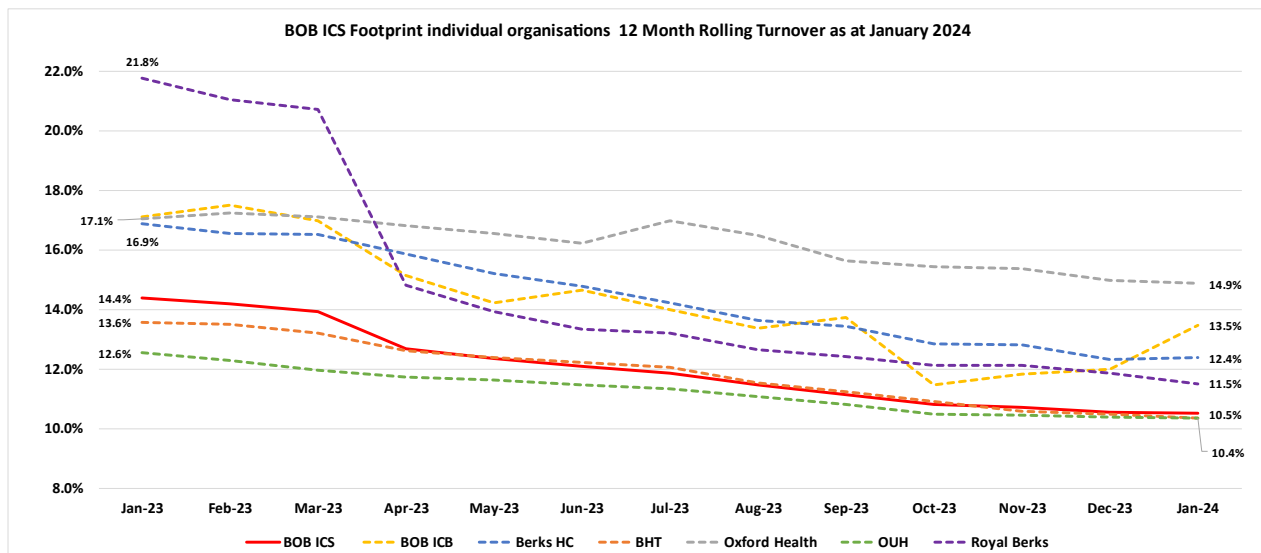
- Vacancy rates remains a risk on the BAF and Trust Risk Registers.
- These risks are being mitigated by provider initiatives to promote health and well being and to target recruitment and retention activities for the areas most impacted by high turnover, and the trend is starting to move in the right direction.

Workforce - Turnover

Turnover by System



Turnover by Organisation



This metric measures

!2 month rolling Turnover by System, with further breakdown by organisation.. Source SDSP "Joiners, Leavers and Turnover Dashboard" as at January 2024.

This data source is usually 1 month behind other SDSP products.

This rate includes all staff except for doctors in training. These staff are traditionally excluded from turnover calculations, as normal staff movement, due to the rotational nature of their posts, distorts turnover data.

How we are performing

- The 12-month rolling turnover rate for the BOB ICS Footprint has fallen steadily over the past 12-month period from 14.4% in January 2024, to its current value of 10.5%, a fall of 3.9%.
- Turnover for all organisations within the BOB ICS Footprint has been on an overall downward trend since mid 2022. However, the monthly 12 month rolling turnover rate at the ICB has risen since October 2023, standing at 13.5% in M10.
- During the latest reporting month, the 12-month rolling turnover rate has risen at BOB ICB (1.5%), remained static at BHFT and OUH, fallen slightly (0.1%) for the overall BOB ICS system, as well as for BHT and OH. RBFT has fallen by 0.3%.
- Turnover at RBFT, appears to have fallen steeply over the past 12 months. However closer examination of the data suggests that this trend may not be due to a substantial reduction of the number of staff leaving per month, but rather a steady increase in the WTE of the overall workforce during the period.

Actions

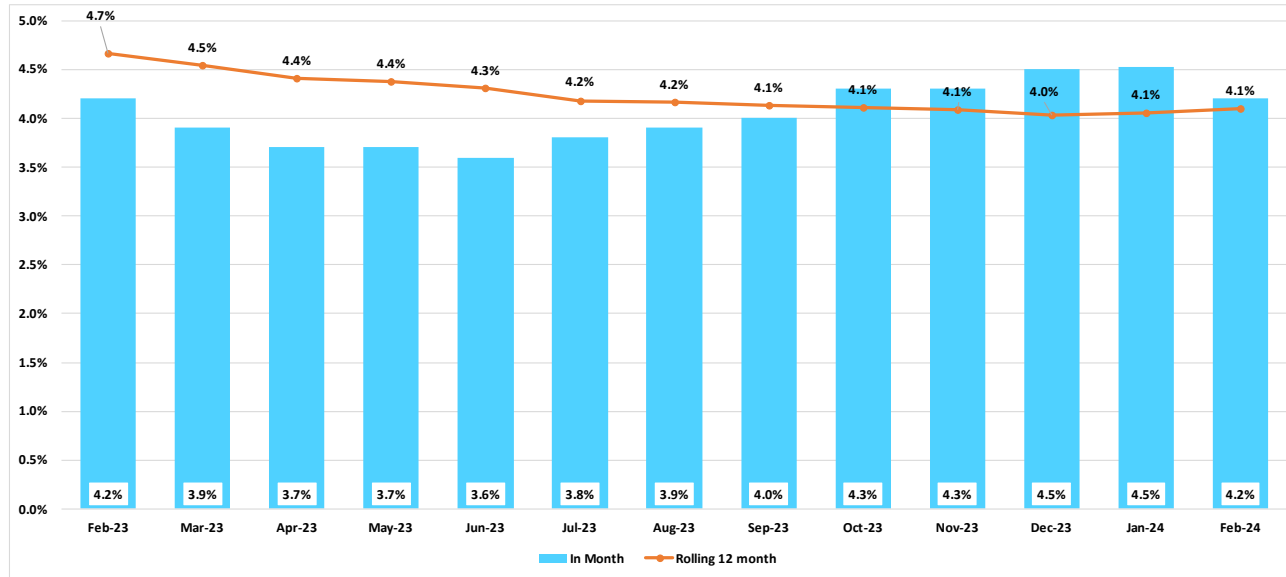
- **Supportive interventions:** A workstream has been set up to identify initiatives to retain staff, specifically focusing on staff health and well-being and financial health (the cost of living). This workstream will start to develop initiatives for Q2 2024/25.
- Localised interventions are continuing at pace; A retention team has been put in place in OH since May 2023 and support has been provided which is specific to areas with high turnover.

Risks:

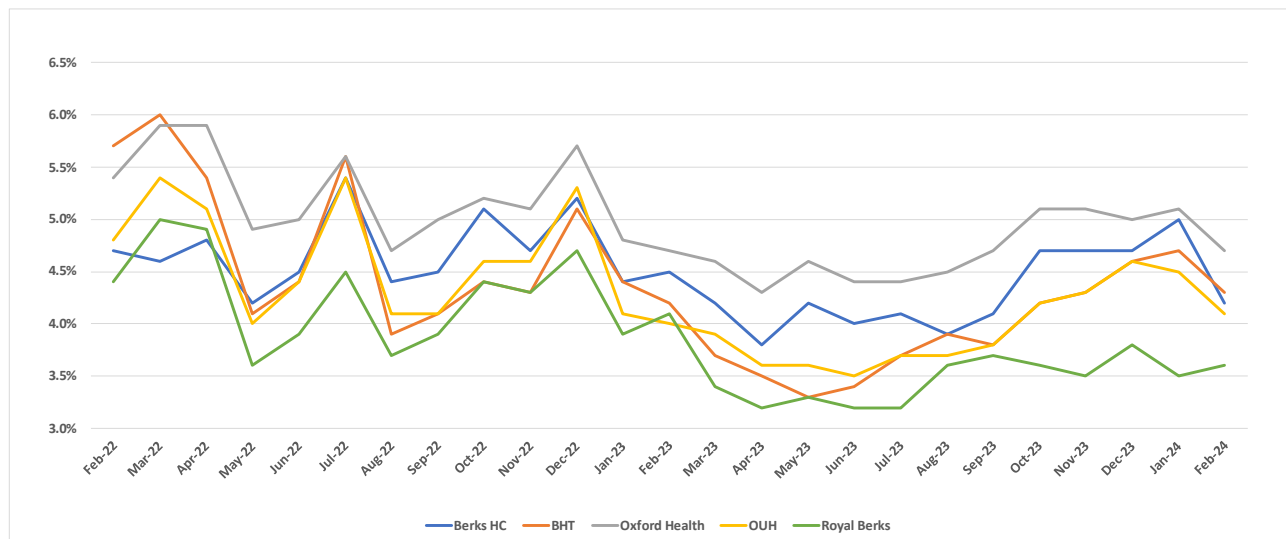
- Turnover remains a risk on the BAF and Trust Risk Registers.
- These risks are being mitigated by provider initiatives to promote health and well-being and to target retention activities for the areas most impacted by high turnover. These initiatives are supported by the System-wide workstreams focusing on retention, and the Winter plan initiatives.

Workforce - Absence

12 month rolling Absence Rate and in-month Absence rate for BOB ICS footprint



In-Month Absence Rate by Provider Trust



This metric measures

- 12 month rolling and in month absence rate by system, all staff groups
- In-month absence by Trust, all staff groups

In-month absence rate is the % absence rate for each month
 12 month rolling absence rate – each monthly data point is the average % absence rate for the previous 12 months e.g. Dec 23 is the average of absence rates for Jan-Dec 2023
 Source SDSP “South East Absence” dashboard as of February 2024.

How we are performing

- The rolling 12-month absence rate for the system is on an improving downward trend between February 2023 and February 2024, with the 12-month rolling absence rate 0.6% lower in February 2024, compared to February 2023. The in-month absence rate is the same (4.2%) in February 2024, as in February 2023.
- The in-month absence rate for all individual provider trusts, from February 2022~2024, has been on an overall downward trend. This should be treated with caution, as the trendlines begin within the COVID-19 pandemic. Trends are seasonal, with peaks during the winter months. There was also a spike in absence rates during July 2022, with several possible contributory factors, for example the increase in positive COVID-19 tests in the Southeast and nationally during July and August, and the first Level 4 Heat-Health Alert (HHA), as well as long period of Level 3 HHAs during the summer.

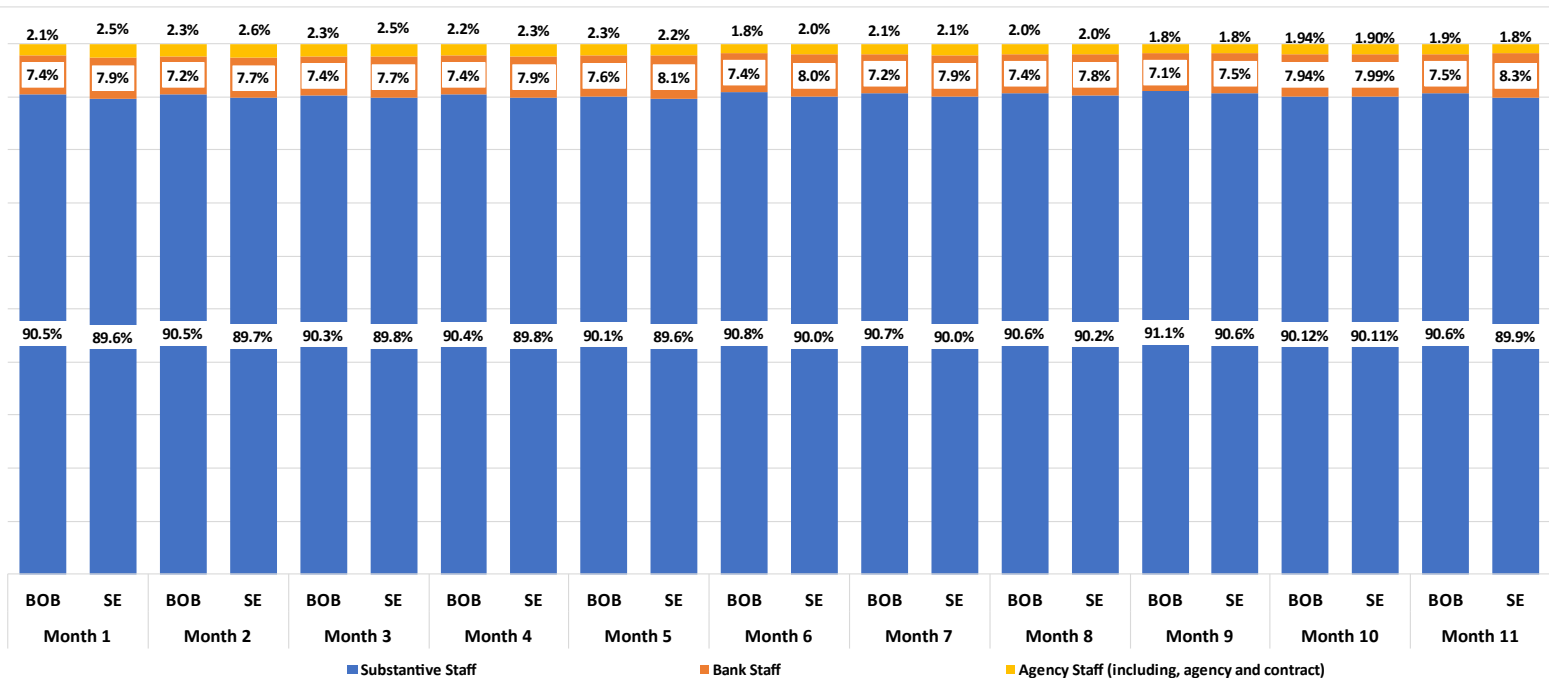
Actions

- **Further investigation and discussion:** The trend for the current year will continue to be monitored given that this measure is subject to significant fluctuations month by month, the improved absence rate is driven seasonally as the 2022/23 winter months fall away.
- **Supportive interventions:** The workstream focusing on staff health and well-being and financial health will also specifically focus on addressing sickness absence.

Risks:

- Absence rates remains a risk on the BAF and Trust Risk Registers for organisations within the system.
- These risks are being mitigated by provider initiatives to promote health and well-being and to target these initiatives to better understand and alleviate the impact of stress for the workforce.

Workforce Composition



Temporary and Substantive Staff Usage (% Total FTE) by System compared to SE, Month 1 – 11

This metric measures

- Temporary v Substantive staff usage by system by % of total FTE staffing. This compares workforce composition of BOB ICS Footprint (sum of NHS Provider Organisations within BOB) to the workforce composition of the Southeast (sum of all NHS Provider Organisations within Southeast).
- Month 11 Temporary v Substantive staff usage by individual BOB NHS Provider Organisation, compared to Month 10. Values are subject to rounding

Source M11 Southeast Region - Pay and WTE report
Provider Workforce Returns (PWRs)

Temporary and Substantive Staff Usage (FTE) by Trust

		M10	M11	CHG
Berks HC	Substantive Staff	87.2%	89.4%	2.3%
	Bank Staff	11.4%	9.1%	-2.3%
	Agency Staff (including, agency and contract)	1.4%	1.4%	0.0%
BHT	Substantive Staff	91.1%	91.4%	0.3%
	Bank Staff	7.6%	7.2%	-0.4%
	Agency Staff (including, agency and contract)	1.3%	1.5%	0.1%
Oxford Health	Substantive Staff	86.5%	86.9%	0.4%
	Bank Staff	8.1%	7.8%	-0.3%
	Agency Staff (including, agency and contract)	5.4%	5.3%	-0.1%
OUH	Substantive Staff	91.3%	91.4%	0.1%
	Bank Staff	7.5%	7.4%	-0.1%
	Agency Staff (including, agency and contract)	1.2%	1.2%	0.0%
Royal Berks	Substantive Staff	92.6%	92.7%	0.2%
	Bank Staff	6.4%	6.2%	-0.2%
	Agency Staff (including, agency and contract)	1.0%	1.0%	-0.0%

How we are performing

- Overall staffing composition for the SE compared to BOB is broadly similar, although BOB has a slightly higher % of substantive staff, and slightly lower reliance on temporary staffing over the fiscal year. In M11 BOB has 90.6% WTE substantive, 0.72% higher than the Southeast. BOB has slightly lower agency usage than the Southeast
- Overall temporary staff usage for all BOB trusts has fallen by -0.5%, with a corresponding increase in substantive staff.
- Bank usage has fallen for all BOB Trusts in M11, ranging from -0.1% (OUH) to -2.3% (BHFT).
- In M11 agency usage has remained stable at BHFT, RBFT and OUH, risen slightly for BHT (0.2%) and fallen slightly for OH (-0.1%).

Actions

- **Supportive interventions:** A workstream is being set up to identify initiatives to build on the existing temporary staffing collaborative. Initiatives are being evaluated to identify where these can have further effect across the System.
- Local plans remain in place to continue to monitor and respond to this situation.

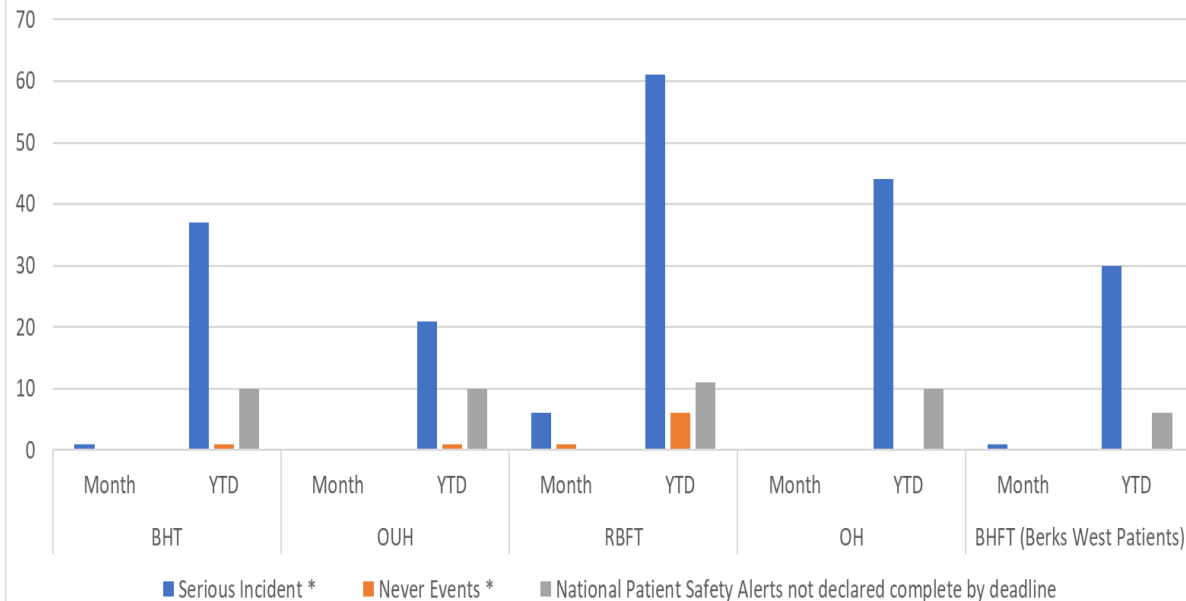
Risks:

- Use of bank and agency staffing remains a risk on the BAF and Trust Risk Registers.
- Local mitigations to reduce impact of high vacancy rates and high agency use include induction for agency staff to enable familiarisation with ways of working, clear handovers and where feasible, management of beds enabling number of beds open being flexed according to staff availability.

9. Quality Oversight Measures

Patient Safety

Serious Incidents, Never Events and Patient Safety Alerts - February 2024



Quality Indicator	Period	BHT		OUH		RBFT		OH		BHFT (Berks West Patients)	
		Month	YTD	Month	YTD	Month	YTD	Month	YTD	Month	YTD
Serious Incident *	Feb 24	1	37	0	21	6	61	0	44	1	30
Never Events *	Feb 24	0	1	0	1	1	6	0	0	0	0
National Patient Safety Alerts not declared complete by deadline	Feb 24	0	10	0	10	0	11	0	10	0	6

Transition from Serious Incident Framework (SIF) to Patient Safety Incident Response Framework (PSIRF):

- In January 2024 BHFT transitioned to PSIRF, joining OH & OUH who transitioned in December and October 2023, respectively. BHT, RBFT & SCAS are all due to transition in April 2024.
- Once a provider has transitioned, they will no longer be declaring Serious Incidents; each Patient Safety Incident will be assessed for the potential for learning and improvement, in line with each provider's Patient Safety Incident Response Plan (PSIRP).

This metric measures:

Our objective is to reduce avoidable harm across all our services. The definition of a Serious Incident allows for subjectivity. Low reporting does not necessarily mean no harm and may be indicative of the reporting culture instead. As providers transition to the Patient Safety Incident Response Framework, Serious Incident reporting will become obsolete.

How are we performing:

The NHS Staff Survey results were published on 7 March. Safety culture metrics across BOB ICS are broadly average.

Key headlines:

- BHFT continue to score extremely well in most metrics reflecting a Patient Safety Culture.
- RBFT continue to have a positive patient safety culture
- Morale is the least well-scored safety culture metric from BOB providers
- All providers are above average for raising concerns

At the March BOB Patient Safety & Improvement Forum, a discussion was held regarding deterioration/sepsis based on learning from patient safety incidents; collectively all providers agreed they would support improvement work at a system-level regarding deterioration/sepsis; simultaneously it has been indicated that deterioration is going to be included in the Health Innovation specification for the coming year as a funded piece of work, in addition to the national introduction of Martha's Rule

Actions:

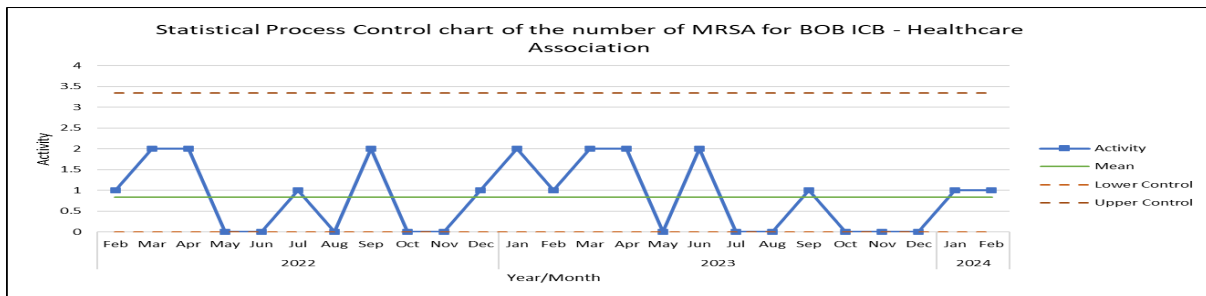
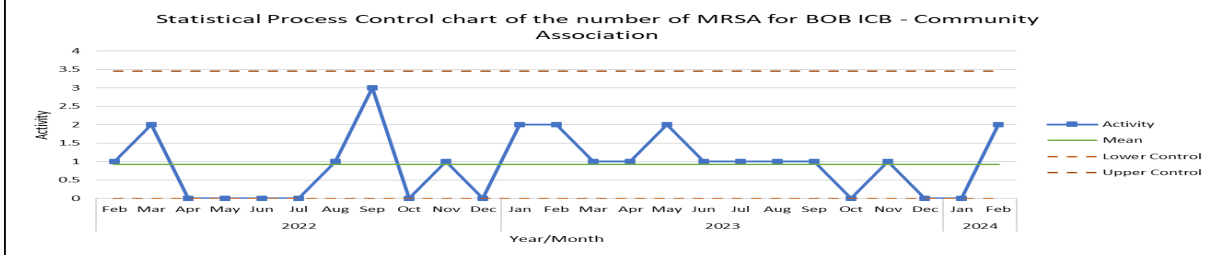
- Providers working towards implementation of PSIRF
- System working towards implementation of the national patient safety alert regarding Valproate
- System working towards implementation of the Medicines and Healthcare products Regulatory Agency bed rails alert
- Implementation of PSIRF has been included in contracts for 2024/25 in line with NHS standard

Risks:

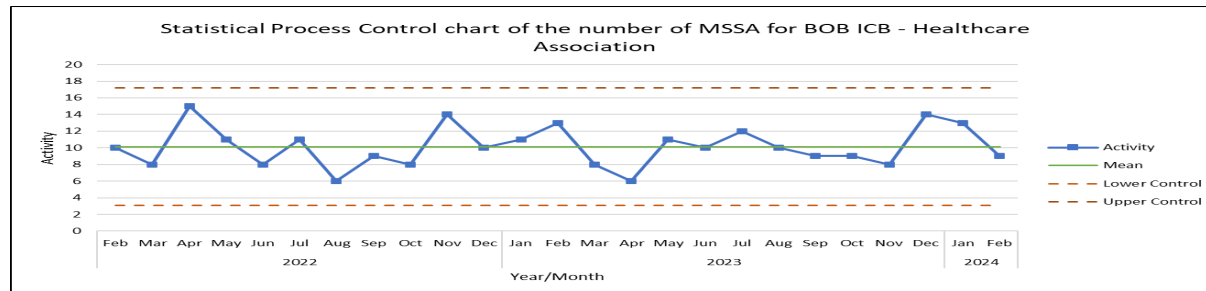
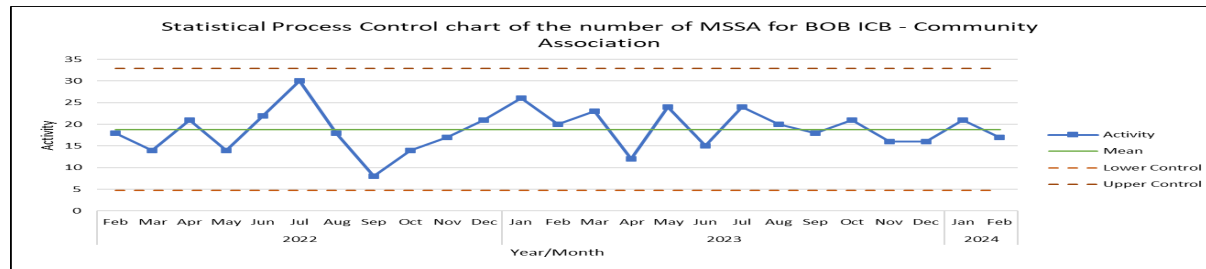
- Risk that in the transition to PSIRF that key quality and safety assurance may be missed; this is being reviewed and mitigated by a supportive oversight approach to encourage sharing of patient safety incidents and challenges.
- Demand and capacity pressures continue to have a significant effect on patient care, including patients being lost to follow up, or experiencing delays in timely care.
- The regulatory changes to Valproate highlight potential risks to patient safety; in both being prescribed Valproate, but also in having sub-optimised epilepsy prevention.

Statistical Process Control (SPC) Charts Staphylococcus

Methicillin Resistant Staphylococcus Aureus (MRSA)



Meticillin Sensitive Staphylococcus Aureus (MSSA)



Infection Prevention and Control Overview and key risks:

- ICB continues to monitor and support in risk reduction in relation to measles resurgence, communicating risks to stakeholders.
- Outbreak preparedness document, system wide reviewed.
- In February 9 care homes across BOB were supported with outbreak management including; influenza, COVID-19, norovirus, scabies.
- Pathways improved for managing influenza outbreaks in care homes across BOB, to reduce avoidable admissions to acute Trusts.
- The One-Health Antimicrobial Stewardship (AMS) Group inaugural meeting was held in March, supported by stakeholders across the ICS.
- Screening and Immunisation Oversight Board convened to support NHSE Immunisation Programme delegation.

Staphylococcus Aureus

MRSA: Following investigation, of the 3 cases reported in February 2 were community and 1 healthcare associated case. Although 0 MRSA bacteraemia were reported in Berkshire West there is a plan in place to continue to focus on good IPC practice i.e. Aseptic Non-Touch Technique (ANTT), wound care management, AMS.

MSSA: A total of 26 MSSA bacteraemia cases were reported in BOB in February; 17 community associated and 9 healthcare. Trends are monitored across all NHS trusts and ICB. There is a slightly increasing trend in total cases in Buckinghamshire and Oxfordshire, reduction plans include a review of care/management of invasive vascular lines at the acute trust in May. Main sources remain skin and soft tissue in line with national findings.

Actions

- A vascular line management audit is planned in Oxfordshire acute trust in response to the increased number of healthcare associated line related MSSA Bloodstream infections.
- ANTT theory webinars have continued weekly for all primary care staff, that will allow Primary Care staff to apply standardised Aseptic Technique to improve patient safety and reduce the risk of Healthcare Associated Infections.
- Development of Primary Care IPC leads induction pack.

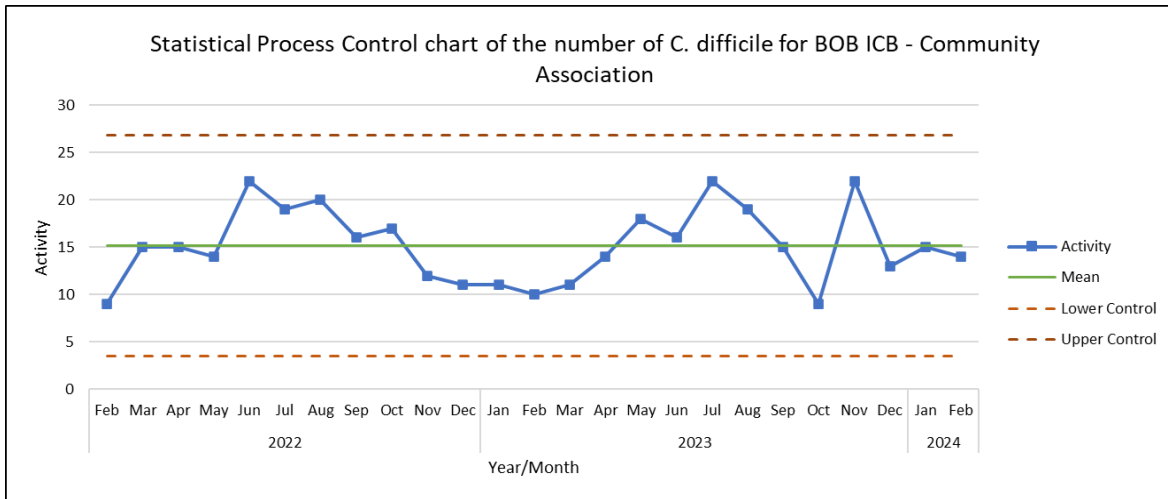
Risks:

- BOB has a total of 17 MRSA bacteraemia cases to date against a zero national target, 10 of which were community associated
- There has been an increase in reported Norovirus outbreaks across Care Homes and NHS trusts in February, which aligns to the national picture.

Statistical Process Control (SPC) Charts C. difficile (CDI)

CDI

Community

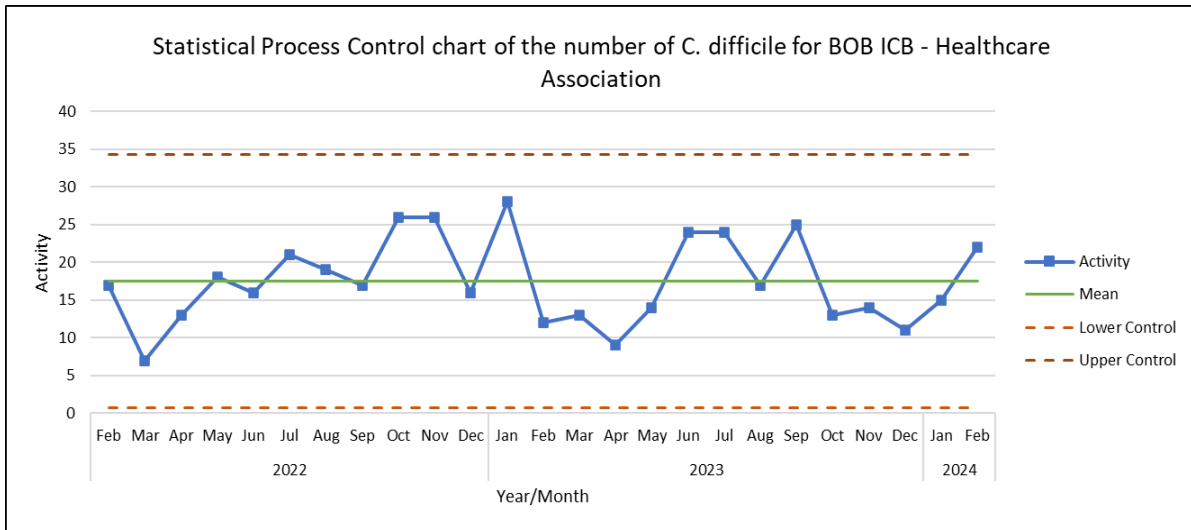


This metric measures:
These charts provide data over a 12-month period on Community Associated and Healthcare Associated cases of Clostridioides difficile infections (CDIs) in BOB.

How are we performing:
All three place in BOB are likely to exceed the NHS England threshold by the end of March 2024.

There were a total of 34 cases of CDI in BOB in February; 14 community associated and 20 healthcare associated. Berkshire West numbers reduced in February, Oxfordshire slightly increased, Buckinghamshire hospital onset increased from 1 case in January to 9 cases, the reason for the increase in cases is unknown.

Healthcare



Actions:

- Learning from a national 'Combatting C.difficile' conference shared across stakeholders
- A review of CDI information from the GP MS Forms data gathering tool has shown 12/14 responses from Oxfordshire and 4/8 responses from Buckinghamshire which is an increase in responses compared to email correspondence prior to the pilot. The data will be analysed when the pilot is complete.
- One-Health Antimicrobial Stewardship (AMS) Group for BOB ICS commenced in March 2024, with the aspiration to be an exemplar system in AMS, the overarching goal of containing, controlling, and mitigating the development and spread of antimicrobial resistance. Learning from other ICBs, who have successfully initiated similar stakeholder meetings will be explored.

Risks:

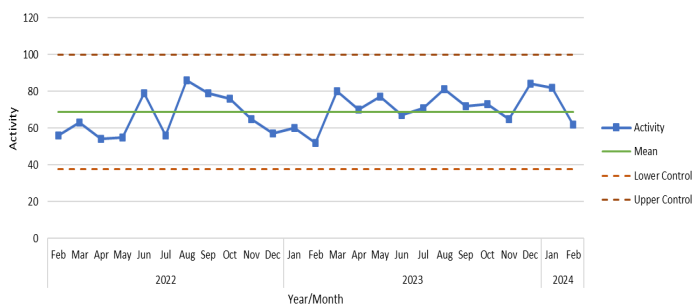
- BOB has exceeded the NHS England set trajectory in all three places for CDI, although small margins by 2 cases in Buckinghamshire and Berkshire West.

Statistical Process Control (SPC) Charts Gram Negative Bloodstream infections (GNBSI)

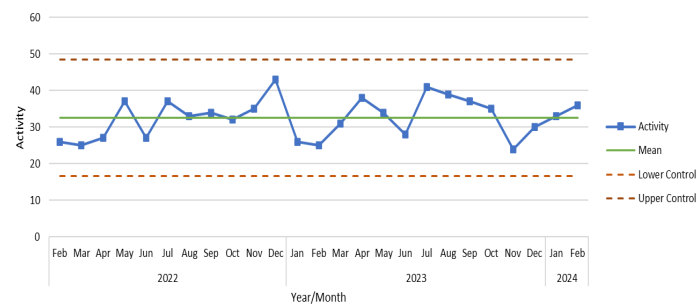
Community

Healthcare

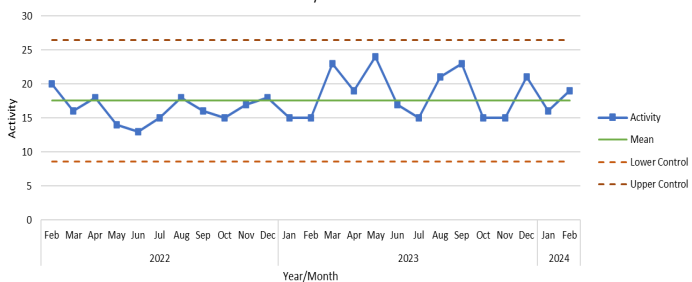
Statistical Process Control chart of the number of E. coli for BOB ICB - Community Association



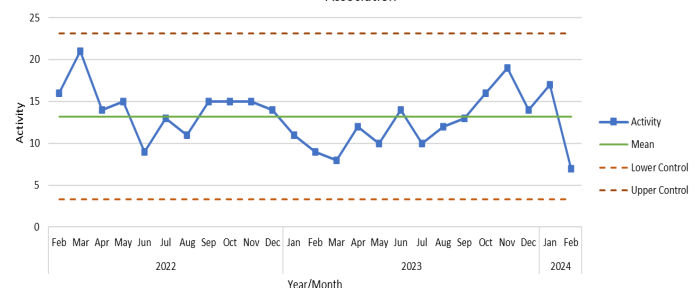
Statistical Process Control chart of the number of E. coli for BOB ICB - Healthcare Association



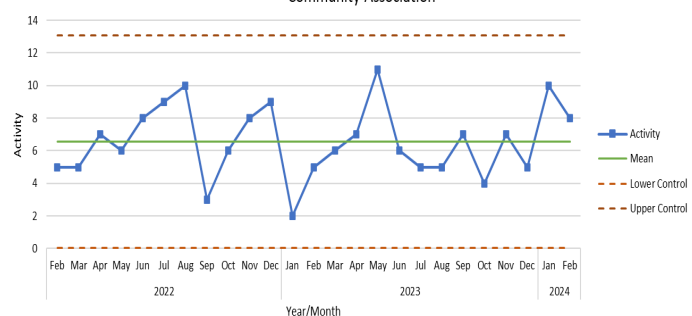
Statistical Process Control chart of the number of Klebsiella spp for BOB ICB - Community Association



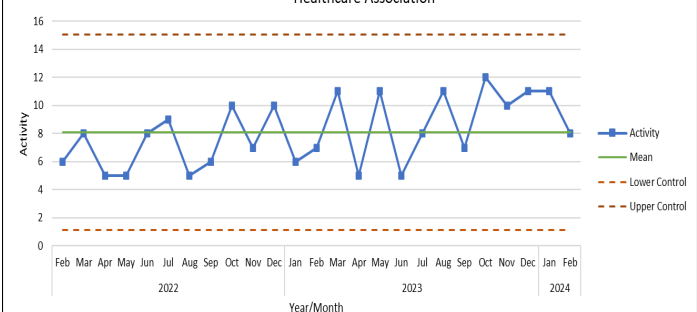
Statistical Process Control chart of the number of Klebsiella spp for BOB ICB - Healthcare Association



Statistical Process Control chart of the number of Pseudomonas aeruginosa for BOB ICB - Community Association



Statistical Process Control chart of the number of Pseudomonas aeruginosa for BOB ICB - Healthcare Association



This metric measures: National ambition to reduce healthcare associated Gram-negative bloodstream infections (GNBSI) by 50% by 2023/24. These charts provide data over a 12-month period on Community Associated and Healthcare Associated cases of GNBSIs.

How are we performing:

BOB is above trajectory across all GNBSI thresholds set by NHSE for 2023/24, therefore likely to exceed the NHS England set trajectory by the end of March 2024, for all 3 places for all 3 GNBSI.

E Coli: In February BOB reported a total of 99 cases. Buckinghamshire and Berkshire West have both reduced numbers of cases in February, whilst Oxon has increased slightly.

Klebsiella spp: In February BOB reported a total of 26 cases. Oxfordshire and Berkshire West have reduced numbers, Buckinghamshire has increased from 4 cases in January to 12 cases in February, of those 10 were community onset. There were no common themes identified.

Pseudomonas aeruginosa: In February BOB reported a total of 16 cases. Buckinghamshire slightly increased in February, whilst Oxfordshire and Berkshire West has reduced.

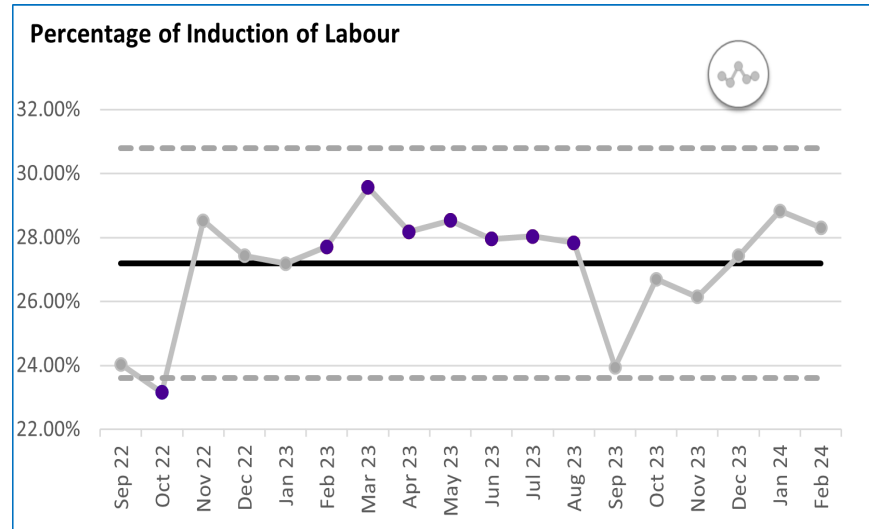
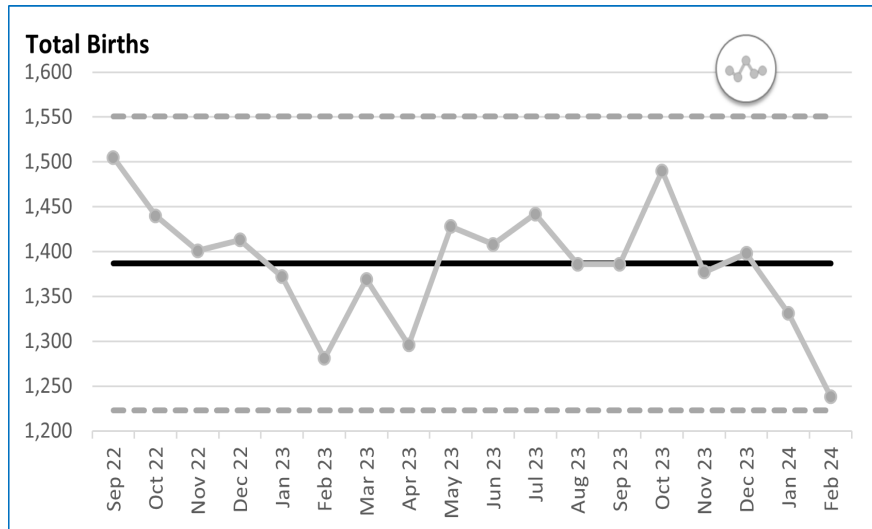
Actions:

- BOB wide catheter passport in the final stages of review with the ambition to improve catheter care, decrease length of stay of catheters and reduce catheter associated urinary tract infections and associated GNBSIs
- BOB IPC team aim to implement a hydration project to apply quality improvement methodology to improve understanding/awareness of hydration benefits and dehydration risks for people aged 65+ in their own homes. Project delayed due to requirement for ethics approval.
- ANTT theory training has taken place in February, that will allow Primary Care staff to apply standardised Aseptic Technique to improve patient safety and reduce the risk of Healthcare Associated Infections.

Risks:

- BOB is likely to exceed the NHS England set trajectory by the end of March 2024 across all 3 GNBSI
- A high proportion of GNBSIs have no reported source, making data analysis flow difficult for themes, to target appropriate education/interventions for system wide quality improvement.

Maternity and Neonatal - February Update



All three trusts continue to report and record data differently across BOB. A set of metrics has been agreed in the LMNS and is in its final stages of agreement with the trusts.

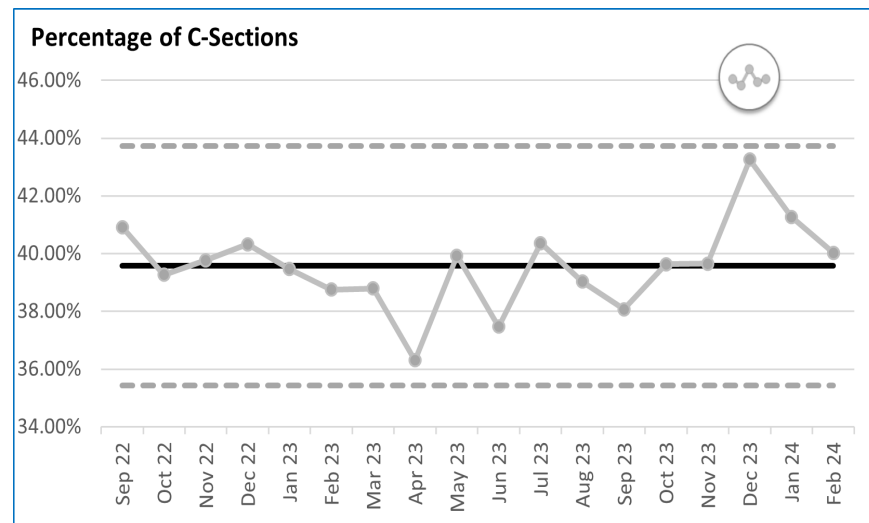
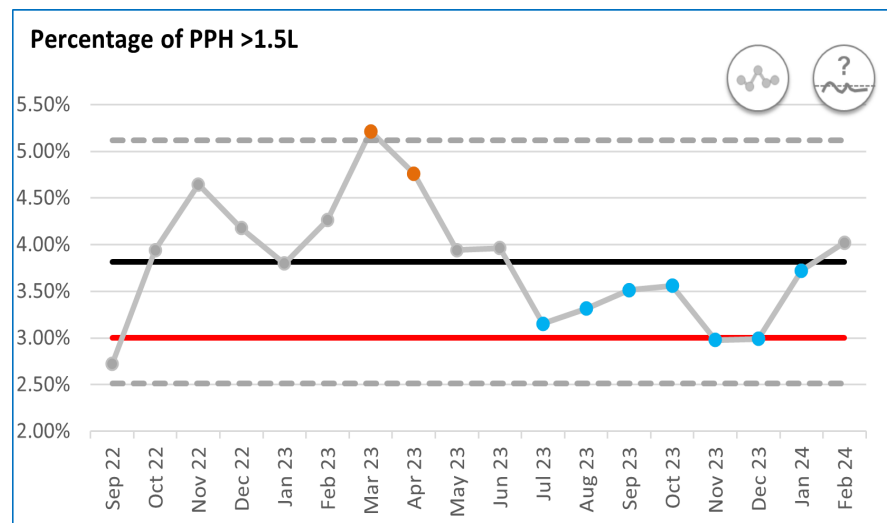
Total Births

The number of births are lower than average for the last three months and are the lowest for the last year. This metric gives an indication of workload across the system.

All trusts are not yet reporting percentage of induction of labour the same – RBH exclude elective c-sections from this number.

The percentage of post-partum haemorrhage more than 1.5L

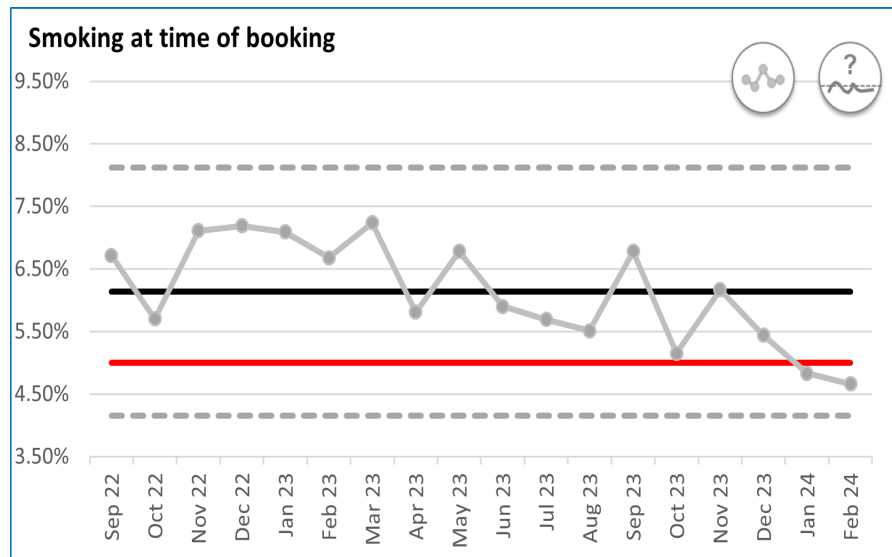
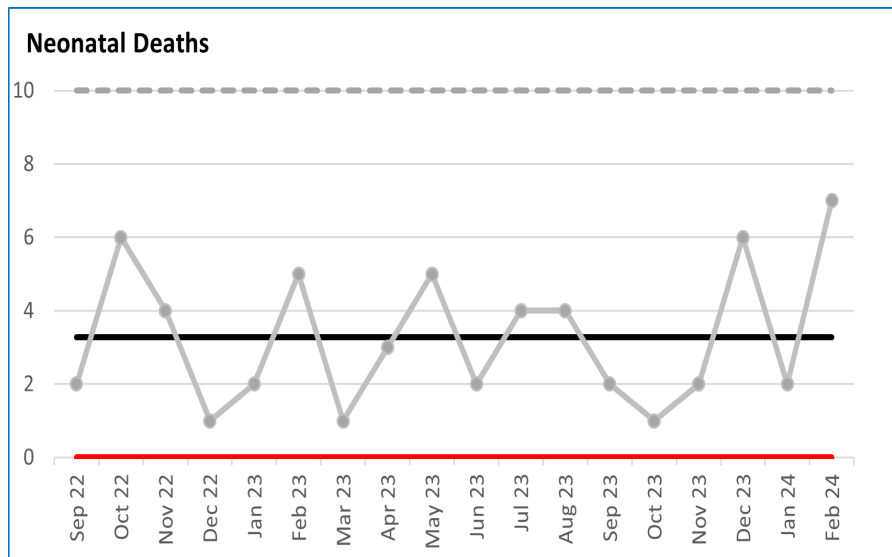
This was a special cause improving metric but sits above the mean this month. This means it is no longer special cause improving but this is not a significant change.



Percentage of induction of labour and total c-sections

These two indicators have common cause variation. An upward trend in these indicators is neither an improvement or concern but more an indication of workload. Both remain higher than the mean for the last three months.

Maternity and Neonatal – February Update

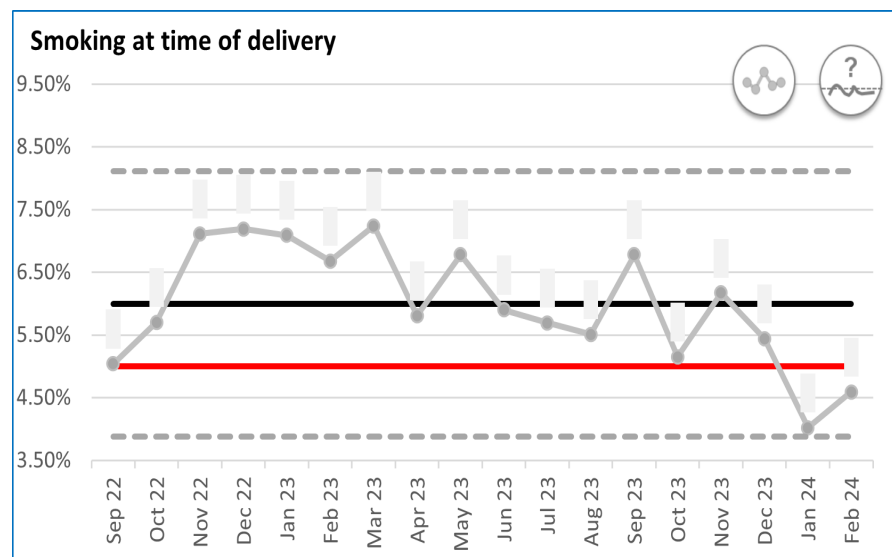
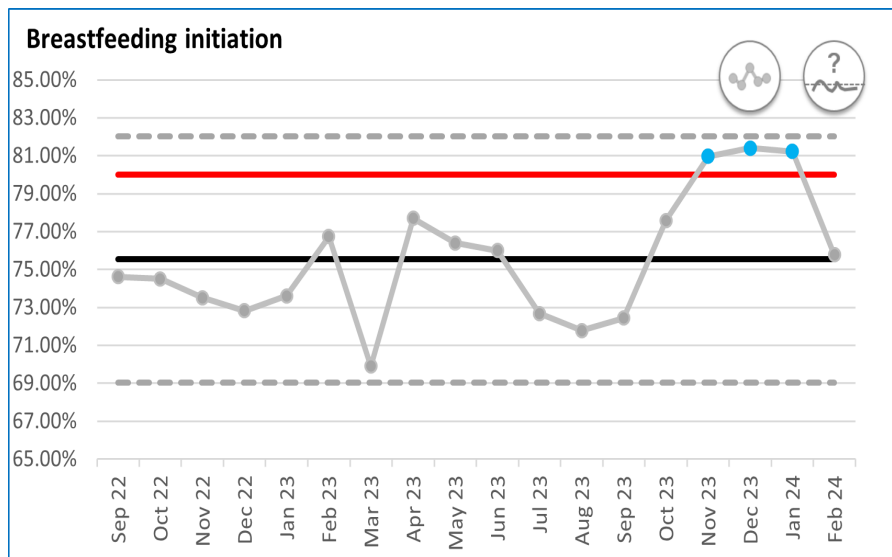


Neonatal deaths

This indicator shows common cause variation but is the highest number of deaths this year. The rate of neonatal deaths at OUH is affected by being a tertiary centre and Level 3 Neonatal intensive care unit as they care for the sickest and most premature babies from across Thames Valley.

Breastfeeding Initiation

This indicator is now showing common cause variation. The percentage is sitting just above the mean for February meaning more work needs to be done across the system to achieve the target of 80%.



Smoking at booking and delivery

Both these indicators show common cause variation, and both fall below the 5% target for February 2024. The number of women or birthing people smoking at delivery compared to booking is usually lower, as seen this month. This is an area for improvement across BOB to achieve national targets.

All trusts are not yet reporting breastfeeding initiation the same – this will be rectified in April 2024.

Internal performance CHC

Indicator	Target	National position 2022/23 Q4	Locality	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
% CHC referrals completed in 28 days	80%	75%	Buckinghamshire	62%	63%	61%	48%	81%	65%	59%	38%	57%	71%	83%	69%	55%	40%	42%	45%	31%
			Oxfordshire	30%	16%	10%	11%	38%	24%	14%	15%	16%	29%	8%	26%	42%	61%	46%	44%	35%
			Berkshire West	79%	80%	85%	55%	98%	88%	86%	92%	95%	94%	91%	94%	97%	97%	90%	100%	93%
% DSTs completed in acute hospitals	Fewer than 15%	3%	Buckinghamshire			0%	0%	4%	0%	0%	0%	3%	0%	7%	4%	4%	0%	0%	10%	3%
			Oxfordshire	0%	0%	0%	0%	0%	2%	0%	3%	6%	9%	3%	3%	0%	8%	7%	4%	7%
			Berkshire West			4%	0%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%	3%	8%	0%
Standard CHC assessment conversion rate	n/a	21%	Buckinghamshire	17%	15%	13%	24%	41%	24%	10%	15%	17%	6%	19%	17%	9%	4%	10%	11%	9%
			Oxfordshire			57%	43%	38%	32%	32%	50%	51%	29%	37%	65%	21%	31%	32%	24%	21%
			Berkshire West	11%	16%	7%	14%	6%	12%	11%	2%	6%	4%	9%	13%	3%	12%	16%	10%	8%

Buckinghamshire:

28 days – Significant decrease KPI remains below the national position and below the target. This is related to limited Local Authority (LA) availability for DST assessments. This has been escalated to the ICB Executive Team and on-going discussions are taking place with the LA. This has also been reported to NHSE.

% DSTs in acute – Decrease in KPI percentage moved to being on track with the national position and within target.

Standard CHC conversion rate – Slight decrease from last month and KPI remains below the national position. No trends have been identified.

Oxfordshire:

28 days – Decrease to KPI remains below the national position and below the target.

% DST in acute – Slight increase and moves to above the national position but below the target.

Standard CHC conversion rate – Slight decrease to KPI and remains on track with the national position. Work continues to reduce the conversion rate below the national average with some BOB wide training taking place to ensure Oxfordshire maintain the same threshold as the other CHC departments. All checklists and assessments are subject to a two-level ratification process.

Berkshire West:

28 days – Decrease to KPI remains above the national position and above the target.

% DST in acute – No change to KPI and remains below the national position.

Standard CHC conversion rate – Slight decrease to KPI and remains below the national position. The reason for low conversion rate continues to be explored. External scrutiny of DST process indicates that decision making is not unduly strict.

Residential and Nursing Home CQC ratings

BOB	CQC Rating					
Place	Good	Inadequate	Outstanding	Requires Improvement	Unknown Rating	Grand Total
Berkshire West	97	1	8	16		122
Buckinghamshire	78	2	6	35	2	123
Oxfordshire	104	1	12	11		128
Out of Area*				2		2
Grand Total	279	4	26	64	2	375

*Unknown is due to not yet inspected by CQC

CQC are currently inspecting settings which present immediate safety risks; therefore several settings have long-standing ratings which are not a true reflection of current quality standard. The new inspection framework commenced 4 December 2023.

- Dimensions (Oxfordshire)- Regular Serious Concerns meetings with Oxfordshire County Council regarding traction on Action Plan (1 resident supported by ICB funding)
- Alma Barn (Oxfordshire) – Regular Serious Concerns meetings with Oxfordshire County Council regarding traction on Action Plan. (7 residents supported by ICB funding)
- Austen House (West Berkshire) – Regular Serious Concerns meetings regarding traction on Action Plan (6 residents supported by ICB funding).

Primary Care - Patient Experience

National GP Patient Survey

- Following the publication of the July 2023 National GP Survey results below, work continues to:
- Identify GP practices where the review of performance may be appropriate – outside of the ‘Practice / PCN capacity & access improvement plans’ which aim to improve access and address inappropriate variation, reviews have been conducted of the 10 lowest performing practices in the 3 main survey questions. One practice has since merged with another practice within its PCN increasing access for patients and providing resilience.
- Development of the ICB’s 2024/25 approach to the national 'recovering and access to primary care programme management plan' and 'practice / PCN capacity & access improvement plans’ will continue to have a positive impact on improving access and patient experience position and address inappropriate variation.
- Work with practices to improve the use of technology associated with cloud-based telephony such as the callback facility and encourage other ways of contacting general practice through online consultations and use of the NHS app to book appointments, order prescriptions, and view results.
- The 2024 GP patient survey will be the start of a new series. Changes have been made to the questions to give a stronger focus to the patient experience of modern general practice access.

Question	ICB average	National average
Overall experience of GP practice	73%	71%
Ease of getting through to GP practice on the phone	53%	50%
Helpfulness of receptionist at GP practice	83%	82%
Overall Experience of making an appointment	55%	54%
Given enough time by healthcare professional at last appointment	85%	84%
Listened to by Healthcare professional at last appointment	87%	85%
Treated with care and concern by healthcare professional at last appointment	85%	84%
Mental Health needs recognised or understood by healthcare professional at last appointment	83%	81%
Involved in decision about care and treatment at last appointment	92%	90%
Confidence and trust in healthcare professional at last appointment	94%	93%

Primary Care - Quality

GP Practice CQC ratings

	Inadequate	RI	Good	Outstanding
BW	0	1	40	1
Bucks	0	0	45	2
Oxon	0	1	59	4
BOB	0	2	144	7

- **Berkshire West practice rated Requires Improvement:** Performance & Engagement Meetings continue to take place with the Practice, the next meeting scheduled for 24 April 2024.
- **Newbury Street:** Have been reinspected at the beginning of 2024 with improvements still needed. Support continues to be provided from quality and primary care team.
- **CQC:** Ability to Access GP services is a high priority for the CQC. Responsiveness reviews are therefore taking place. 2 Berkshire West practices have continued to be rated 'good' as a result of a responsiveness review.

Glossary

Terms

AHC	Annual Health Check
CAS	Clinical Assessment Service
CHC	Continuing Healthcare
CPCS	Community Pharmacy Consultation Service
C(E)TR	Care Education and Treatment Review
CTR	Criteria to Reside
CYP	Children and Young People
DSR	Dynamic Support Register
DSTs	Decision Support Tool
DTA	Decision to Admit
ED	Emergency Department
ICB	Integrated Care Board
LeDeR	Learning from lives and deaths – people with learning disabilities and autistic people
LGI	Lower Gastrointestinal
LTP	Long Term Plan
MMR	Measles, Mumps, and Rubella
NEL	Non-Elective
OAP	Out of Area Patient
PTL	Patient Tracking List
QOF	Quality Outcomes Framework
TAT	Turnaround Time
UCC	Urgent Care Centre
UCR	Urgent Community Response
UEC	Urgent and Emergency care
UTC	Urgent Treatment Centre
VW	Virtual Ward

Organisations

BOB	Buckinghamshire, Oxfordshire & Berkshire West
BHFT	Berkshire Healthcare NHS Foundation Trust
BHT	Buckinghamshire Healthcare NHS Trust
LMNS	Local Maternity & Neonatal System
NHSE	National Health Service England
OUH	Oxford University Hospitals NHS Foundation Trust
OH	Oxford Health NHS Foundation Trust
RBFT	Royal Berkshire NHS Foundation Trust

Statistical Process Control (SPC) Icons

- Within this report SPC charts have been introduced for a small number of indicators
- Below is a description of what each of the SPC icons indicates. For the assurance icons the pass & fail symbols will only be relevant if there is a target related to the SPC where there is no target the 'not possible to comment' symbol will be used. The performance icons should always be relevant. The indicators for performance charts are related to the data points within the chart and additional commentary should be considered.
- Over the coming months more SPC charts will be developed

Assurance

Metric likely to pass target	Hit or miss	Metric likely to fail target	Not possible to comment

Performance

Metric increasing - indicates improvement	Common cause variation	Metric decreasing - indicates concern
Metric decreasing - indicates improvement	Common cause variation	Metric increasing - indicates concern