

## **BOARD MEETING**

| Date of Meeting: 15 November 2022                 | Agenda item: 08 |
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|   |                 |
| Title of Paper: Performance and Quality Dashboard |                 |
|   |                 |

| Paper is for: (Please ✓) Discus | sion Decision | Information | ✓ |  |
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## **Executive Summary and Implications**

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) has responsibility for monitoring, reviewing, and improving performance.

The Performance and Quality Dashboard contains published<sup>1</sup> key performance metrics and narrative to complement the data.

The report summarises the severe pressure on services as the system recovers from the broader impact of the pandemic. Performance is affected by physical capacity constraints, workforce shortages and the continuing level of COVID positive cases.

**Urgent and Emergency Care** – Increased pressure seen at the front door with higher attendances than the same period last year and more arrivals via ambulance. Type 1 Accident and Emergency performance has averaged around 60% over past month in line with other Southeast providers.

**Elective Care** – Although we continue to have high numbers of patients waiting for elective/planned treatment, our total waiting list and the numbers waiting over 52, 72 and 104 weeks respectively are lower than expected.

**Cancer Care**— This is the biggest area of concern within BOB. Across the Southeast we have the highest number of patients waiting over 62 days (>1000) for treatment as well as the highest proportion of patients on our waiting list waiting over 62 days (c.14%).

**Mental Health and Learning Disability Services** – are not achieving national targets against waiting times particularly due to workforce shortages.

**Primary Care** – Appointment numbers remain higher than expected than while also maintaining the ratio between face-to-face and telephone/virtual appointments. There is severe pressure on access due to demand and workforce shortages.

The number of COVID positive inpatients reduced during August but increased from the end of September and peaked at 230 on the 18 October.

<sup>&</sup>lt;sup>1</sup> The majority of data pertains to August 2022 with exceptions, UEC data September 2022 and Mental Health data which is Q1 (reported quarterly). The time period for metric reporting is contained within the report

The summary metric used to report to the Integrated Care Board will continue to be developed in line with the national oversight framework, local priorities, and the development of more integrated reporting across health and social care.

Validated August data was released nationally on 13 October. This represents a six-week validation period prior to the date being prepared and processed for this report. Weekly data and daily data is available for operational purposes but is subject to COPI (control of patient information) notices.

## **Action Required**

The Board is asked to;

- note the report and the challenges facing the system
- provide feedback on how this can be improved for future reporting.

**Date and Name of Committee at which Paper Reviewed:** ICB Executive 31 October 2022 and will be at Population Health and Patient Experience 29 November 2022

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Date of Paper: 24 October 2022

## Conflicts of Interest

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.

| No conflict identified   |  |
|--|--|
| Conflict noted: conflicted party can participate in discussion and decision            |  |
| Conflict noted, conflicted party can participate in discussion but not decision        |  |
| Conflict noted, conflicted party can remain but not participate in discussion          |  |
| Conflict noted, supported paper withheld from conflicted party e.g., pecuniary benefit |  |
| Conflicted party is excluded from discussion   |  |