



**Buckinghamshire, Oxfordshire  
and Berkshire West**  
Integrated Care Board

# NHS Performance and Quality Dashboard

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# Executive Summary (1 of 2)

- **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 the past month in line with other southeast providers
  - Actions
    - Winter plans in place to support pressures including expansion of virtual wards and review of discharge pathways
    - Use of additional demand and capacity funding of £8.1m to support capacity and reduce occupancy levels
- **Elective Care** – Although we continue to have high numbers of patients waiting for elective treatment our total waiting list and the numbers waiting over 52, 72 and 104 weeks respectively are lower than we planned
  - Actions
    - Review of capacity plans and request for mutual aid where appropriate
    - Developing new outpatient models including patient initiated follow ups
- **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%)
  - Actions
    - Review of individual tumour pathways, blockages and detailed review of waiting lists
    - Thames Valley Cancer Alliance clinical advice, support and additional funding
    - Recruitment of additional clinical and support staff

# Executive Summary (2 of 2)

- **Primary Care** – Appointment numbers remain high and above planned levels. Ratio between face to face and telephone/virtual appointments. Severe pressure on access given capacity levels and workforce constraints
  - Actions
    - Progression of recruitment of additional roles
    - Implementation of enhanced access over the winter period
- **Mental Health and Learning disability Services** – remain capacity constrained particularly on workforce with challenges against key waiting times and national targets
  - Actions
    - Regional programme support
    - Investment of ringfenced system development funding
- The number of **COVID positive patients** in in-patient beds reduced during August, increased from the end of September and has subsequently peaked at 230 on the 18th October
  - Actions
    - Continuation of vaccination programme and COVID medicine delivery units

# Executive Summary

	Indicator	Month	Standard	BHT	OUH	RBFT
UEC	A&E Performance (All Types)	Sep 22	95%	69.69%	60.86%	68.38%
Planned Care	Incomplete Pathways over 52 weeks at month end	Aug 22		3712	1454	988
	Incomplete Pathways over 78 weeks at month end			243	208	15
	Incomplete Pathways over 104 weeks at month end			2	20	0
Cancer	Percentage meeting faster diagnosis standard	Aug 22	75%	63.0%	80.7%	72.4%
	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer			93%	78.4%	72.3%
	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer			85%	64.1%	61.1%

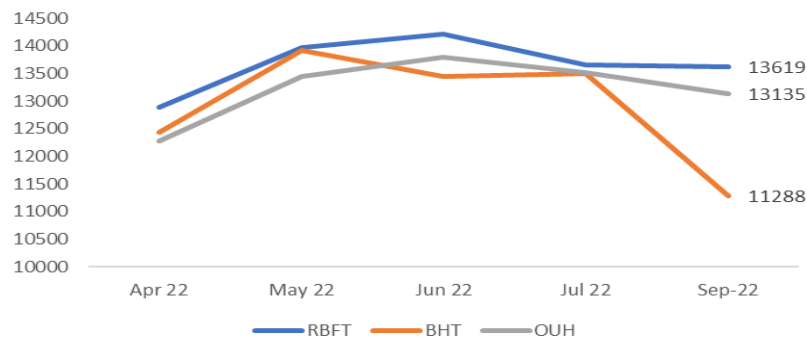
	Indicator	Report Period	Standard	BOB ICS (3 CCG)		Buckinghamshire		Oxfordshire CCG		Berkshire West CCG	
				Period	YTD	Period	YTD	Period	YTD	Period	YTD
Mental Health	IAPT - Total Accessing in Period	2022/23 Q1		8255		2615		3000		2640	
	IAPT - Moving to Recovery	Jun 22	50%	50%	50%	56%	54%	46%	50%	47%	46%
	Dementia Diagnosis Rate	Aug 22	67%	59%		57%		62%		59%	
	CYP Eating Disorders - Urgent (1 week)	Rolling 12 months to Jun 22	95%	57%		73%		33%		58%	
	CYP Eating Disorders - Routine (4 weeks)		95%	34%		30%		22%		71%	
	Severe Mental Illness (SMI) 6 Health Checks	2022/23 Q1		5508		1634		2198		1676	

# Urgent and Emergency Care

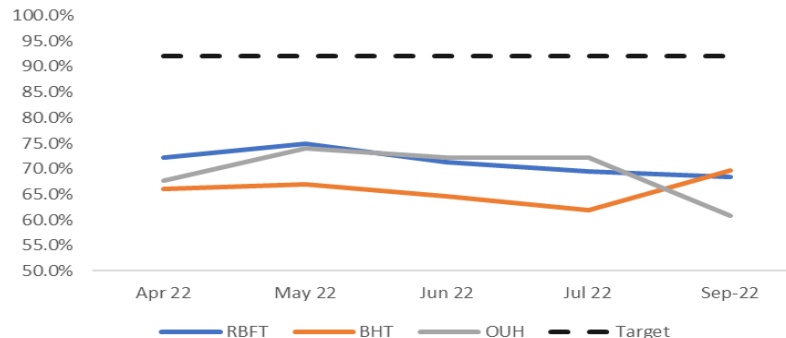
Indicator		Standard	BHT	OUH	RBFT	SCAS (Thames Valley)
A&E Performance (All Types)	Sep 22	95%	69.69%	60.86%	68.38%	
A&E Attendances			11288	13135	13619	
Breaches			3421	5141	4306	
Emergency Admissions			5166	7256	3577	
4-12 hour waits			634	959	489	
Over 12 hour waits		0	0	0	0	
Ambulance Response Times (Category 1 Incidents Mean)	Aug 22	0:07				0:09
Ambulance Response Times (Category 1 Incidents 90th Percentile)		0:15				0:16
Ambulance Response Times (Category 2 Incidents Mean)		0:18				0:23
Ambulance Response Times (Category 2 Incidents 90th Percentile)		0:40				0:46
Ambulance Response Times (Category 3 Incidents Mean)						1:30
Ambulance Response Times (Category 3 Incidents 90th Percentile)		2:00				3:23
Ambulance Response Times (Category 4 Incidents Mean)						1:41
Ambulance Response Times (Category 4 Incidents 90th Percentile)		3:00				3:51
Ambulance Handover Delays (>30 Minutes) - Unvalidated		0				1361
Ambulance Handover delays (>60 Minutes) - Unvalidated		0				347

# Urgent and Emergency Care

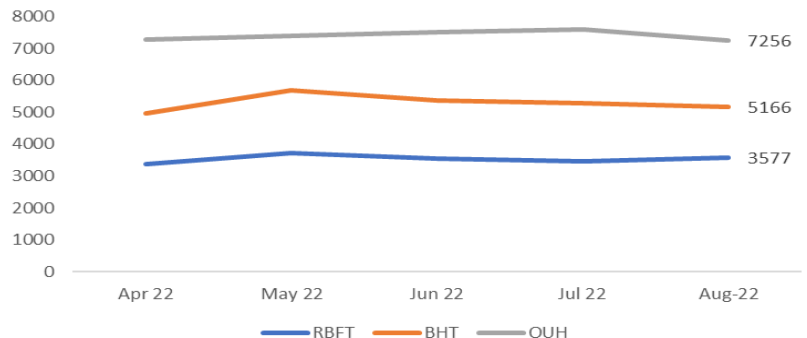
Total A&E Attendances



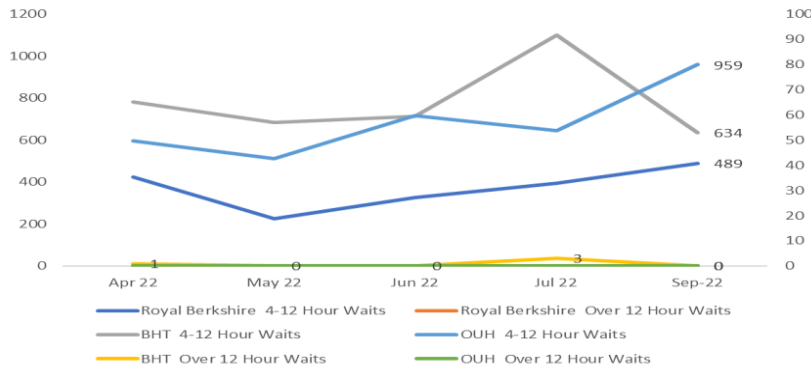
A&E 4-hour Performance (All Types)



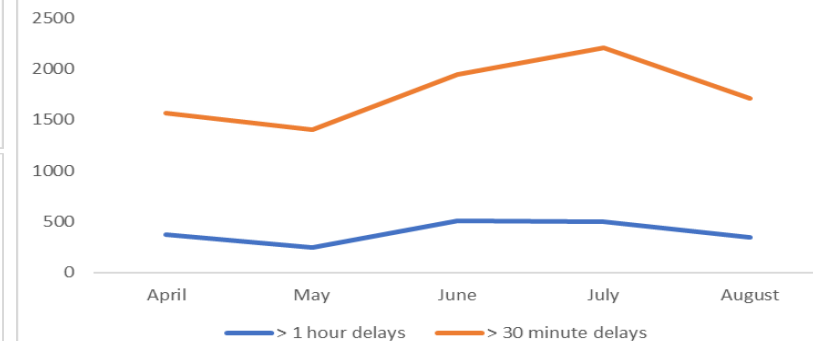
Emergency Admissions



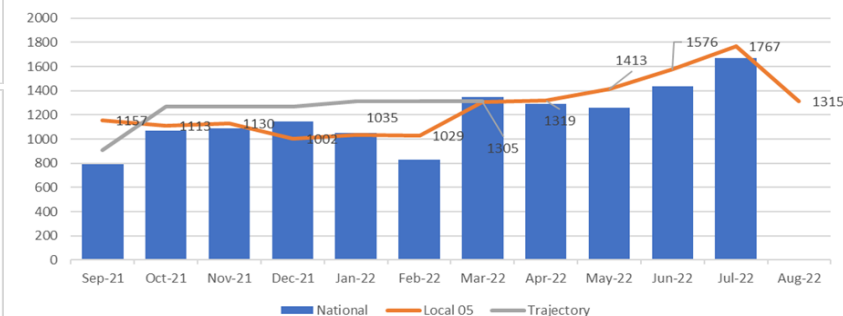
4-12 Hour Waits & Over 12 Hour Waits



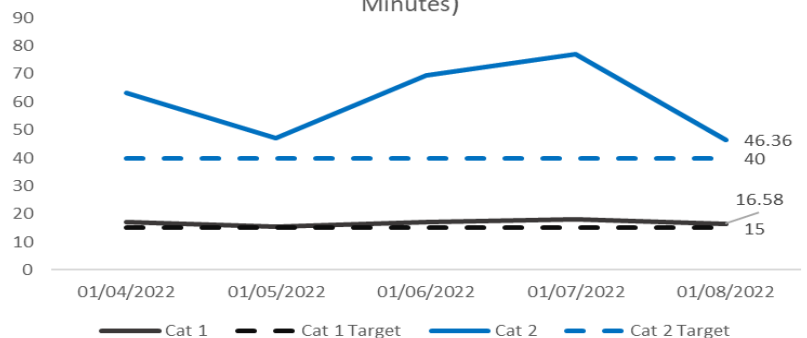
Ambulance Handover Delays



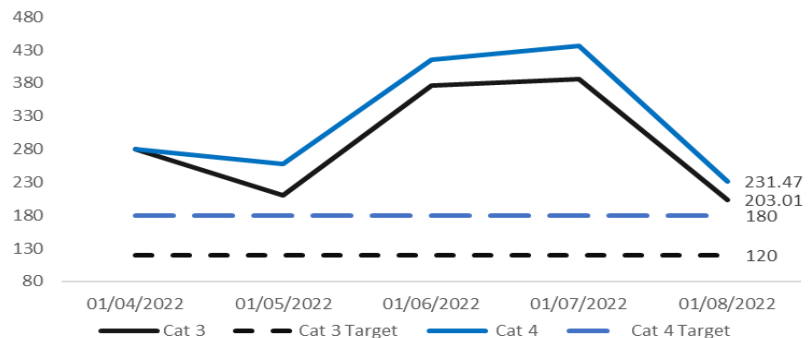
All UCR referrals triaged as needing a response within 2 hours or 24 hours  
(NATIONAL UCR DASHBOARD TITLE: "Total number of 2 hr UCR all referrals received in month")



Cat 1 and Cat 2 90th Percentile Response Time (in Minutes)



Cat 2 and Cat 3 90th Percentile Response Time (in Minutes)



# Urgent and Emergency Care (UEC) (1/2)

## Overview

- In common with NHS Trusts across the region local providers are under significant pressure at the front and back door which is impacting UEC performance.
- The level of occupancy within Trusts for patients who do not meet the national "criteria to reside" definition and cannot be discharged remains high due to workforce constraints across domiciliary care and reablement services. COVID outbreaks also continue to cause capacity, workforce and infection control related constraints
- Activity level and call numbers for both 111 and 999 calls remains high. Performance levels, in particular category 2 response times, are impacted by these high call levels and handover delays
- Urgent Community Response services continue to expand and are becoming more integrated into urgent care pathways and increasing direct referrals from ambulance services. Reporting has been impacted by the advanced outage

## Accident and Emergency 4 hour and Type 1 Performance

- The performance of the BOB system on A&E performance remains comparable with an average of 66% across the Southeast Region
- Oxford Universities Hospitals NHS Foundation Trust (OUH) has experienced a difficult September with average performance continuing to reduce. The Trust has also seen escalation to the highest alert level (Operational pressures escalation level(OPEL) 4). The main drivers of the pressure continue to be the ability to discharge patients
- Royal Berkshire NHS Foundation Trust (RBH) have seen a small reduction in performance but a significant increasing trend of minor attendances
- Buckinghamshire Healthcare NHS Trust (BHT) performance has improved gradually across although reporting has been impacted by the national advanced outage so further validated is taking place

# Urgent and Emergency Care (2/2)



**Buckinghamshire, Oxfordshire  
and Berkshire West**  
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## **Ambulance Handovers delays**

- The number of handover delays has reduced during August and generally the system compare well across the region. However, this remains a key focus area through winter as it has a direct impact on the ability for South Central Ambulance Services(SCAS) to improved category 2 waiting times
- Stoke Mandeville and RBFT remained our most pressured sites in relation to handover delays

## **Discharges**

- The number of patients waiting and ready to be discharged has stayed around 300 across the acute sites during August. This continues to represent a significant percentage of general and acute beds. Levels remains high despite a focus on the 10 high impact changes to improve flow across the system

## **Preparation for Winter**

- BOB ICB and place systems have produced winter plans covering additional capacity and escalation models outlining the key areas of focus
- These include investment of an additional £8.1m that is targeted to support releasing capacity. Including creating transfer of care hubs, neighbourhood team development and additional intermediate care beds



# Planned Care

Indicator	Month	ICB BOB Activity	Plan	Sub ICB Bucks Activity	Oxford Activity	Berks W Activity	NHS Trust OUH Activity	Plan	BHT Activity	Plan	RBFT Activity	Plan
Incomplete pathways at month end		140,121		42,415	53,610	44,096	68,032	58,640	36,771	36,680	42,656	30,000
Incomplete Pathways over 52 weeks at month end		6,421		3,727	1,498	1,196	1,454	980	3,712	3,933	988	500
Incomplete Pathways over 78 weeks at month end		527		283	187	57	208	134	243	699	15	0
Incomplete Pathways over 104 weeks at month end		28		8	15	5	20	0	2	0	0	0
Total GP Referrals against 2019/20	Aug 22	99.9%	97%	71.2%	116.6%	106.5%	104.2%	106%	73.6%	103%	115.2%	112%
Total Other Referrals against 2019/20		118.4%	94%	107.3%	91.9%	162.6%	106.7%	106%	93.4%	116%	175.2%	229%
Total All Referrals against 2019/20		106.1%	96%	82.1%	107.9%	125.5%	105.2%	106%	78.8%	107%	136.9%	154%
Total First Attendances against 2019/20		136.0%	100.7%	101.9%	185.9%	106.3%	203.8%	148.1%	119.8%	122.9%	114.3%	137.2%
Total Follow-up Attendances against 2019/20		105.8%	89.4%	96.6%	113.4%	106.2%	114.3%	148.5%	111.7%	121.9%	108.3%	129.9%
Total Attendances against 2019/20		117.4%	93.8%	98.6%	143.3%	106.2%	147.3%	148.3%	114.9%	122.3%	110.7%	132.8%
Percent Day Case Admissions against 2019/20		91.0%	99.9%	86.5%	91.4%	96.8%	90.1%	132.0%	87.9%	110.9%	101.1%	106.0%
Percent Ordinary Elective Admissions against 2019/20		74.3%	101.1%	57.1%	70.9%	96.6%	79.3%	208.7%	63.9%	120.8%	90.2%	111.0%
Percent Total Elective Admissions against 2019/20		88.7%	100.0%	82.8%	88.6%	96.7%	88.7%	141.9%	85.6%	111.8%	99.7%	106.7%

(Includes all APC except Regular Attenders)												
Indicator	Month	ICB BOB Activity	2019/20	Sub ICB Bucks Activity	Oxford Activity	Berks West Activity	NHS Trust OUH Activity	2019/20	BHT Activity	2019/20	Royal Berkshire Activity	2019/20
Proportion of patients discharged to usual place of residence	Aug 22	91.5%	92.6%	95.2%	90.5%	89.8%	90.3%	91.5%	95.1%	95.4%	91.5%	93.6%

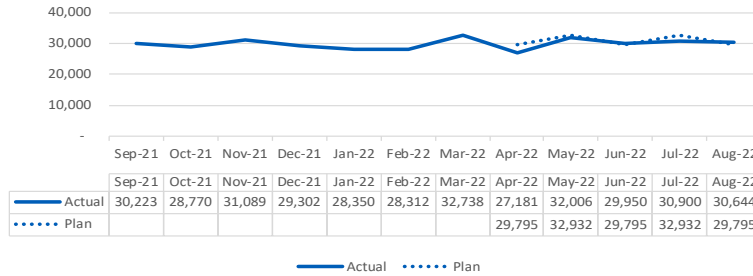
Indicator	Month	ICB BOB Activity	Plan	Sub ICB Bucks Activity	Oxford Activity	Berks West Activity	NHS Trust OUH Activity	Plan	BHT Activity	Plan	Royal Berkshire Activity	Plan
Diagnostic activity levels – Imaging	Aug 22	44,923	40,355	14,952	22,118	7,853	24,805	24,350	14,183	11,969	7,125	6,611
Diagnostic activity levels – Physiological Measurement		2,441	2,645	593	1,446	402	1,957	1,946	362	670	286	219
Diagnostic activity levels – Endoscopy		3,459	3,446	516	2,123	820	1,575	1,634	391	645	800	741
Diagnostic activity levels – CT (Imaging)		19,735	15,007	5,913	10,309	3,513	12,340	10,507	5,513	4,201	3,303	2,400
Diagnostic activity levels – MRI (Imaging)		9,260	8,475	3,423	3,913	1,924	5,039	5,472	3,095	2,172	1,590	1,830
Diagnostic activity levels – Non-Obstetric Ultrasound (Imaging)		15,928	16,873	5,616	7,896	2,416	7,426	8,371	5,575	5,596	2,232	2,381
Diagnostic activity levels – Echocardiography (Physiological Measurement)		2,441	2,645	593	1,446	402	1,957	1,946	362	670	286	219
Diagnostic activity levels – Colonoscopy (Endoscopy)		1,372	1,238	193	825	354	659	661	151	182	350	264
Diagnostic activity levels – Flexi Sigmoidoscopy (Endoscopy)		598	757	73	347	178	299	320	58	202	180	195
Diagnostic activity levels – Gastroscopy (Endoscopy)		1,489	1,451	250	951	288	617	653	182	261	270	282

# Planned Care

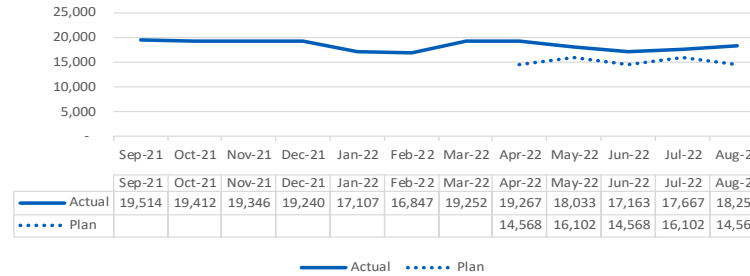


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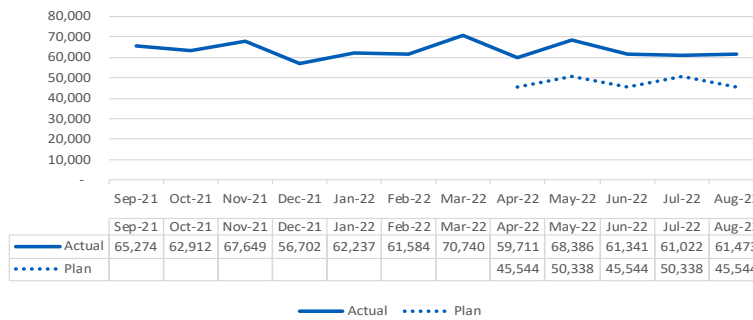
BOB - GP referrals



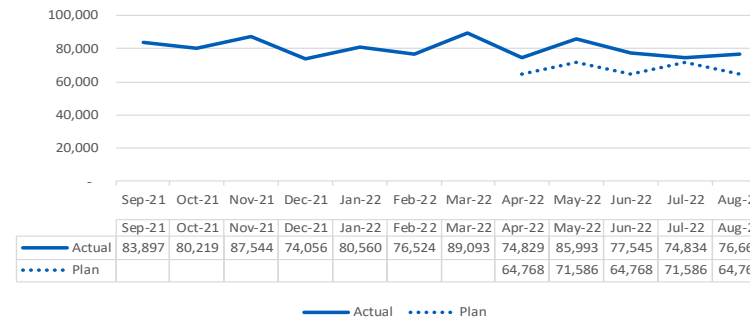
BOB - Other Referrals



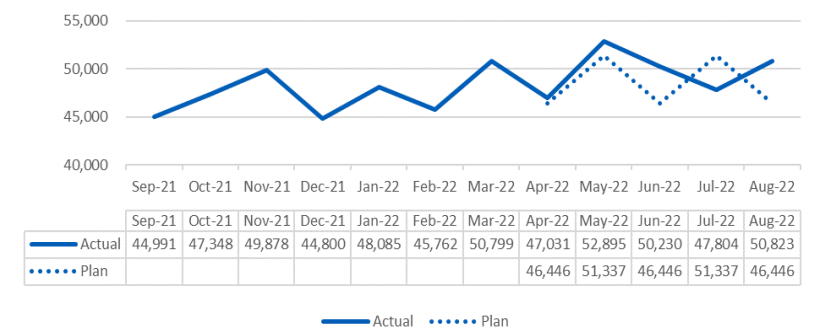
BOB - First Outpatient Attendances



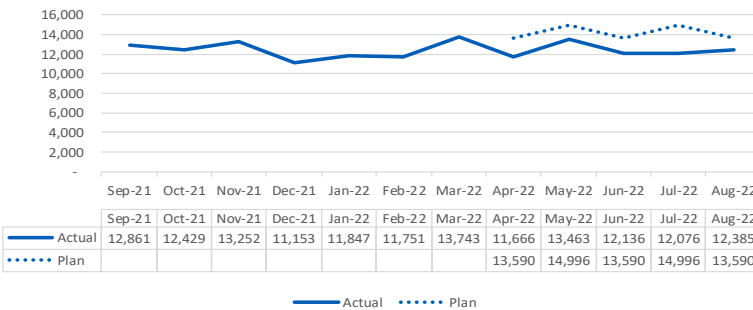
BOB - Follow-up Outpatient Attendances



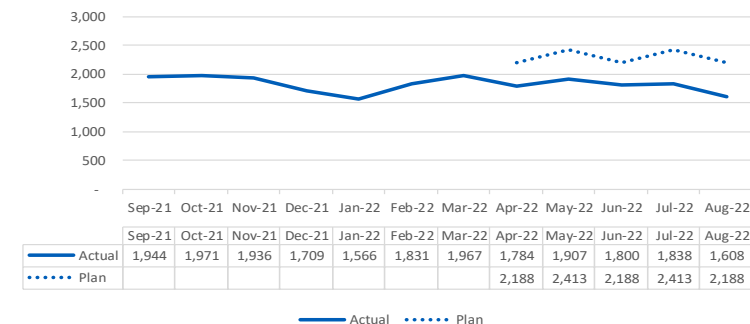
BOB - Diagnostic Tests



BOB - Day Case Elective Spells



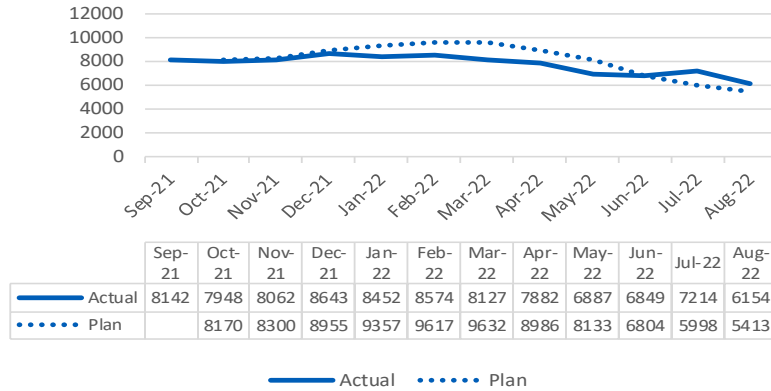
BOB - Ordinary Elective Spells



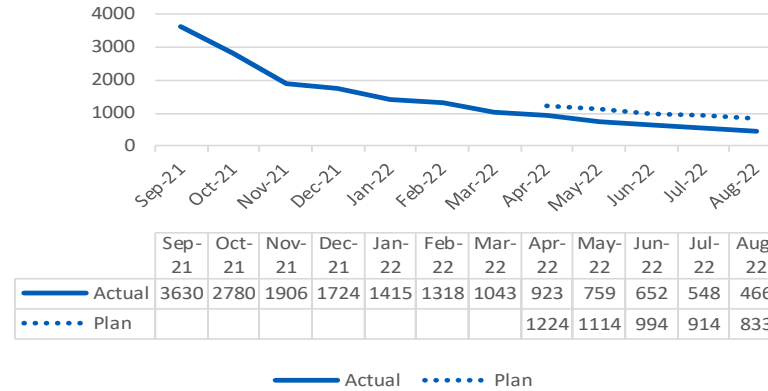
# Planned Care – RTT (Referral to Treatment)

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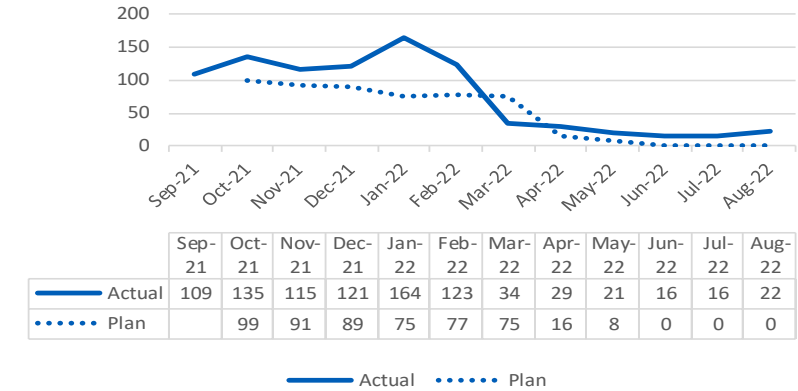
BOB (3 main NHS trusts) - 52 Week Waits



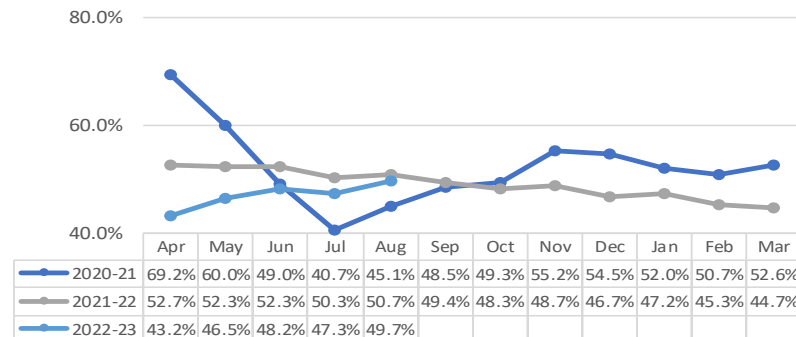
BOB (3 main NHS trusts) - 78 Week Waits



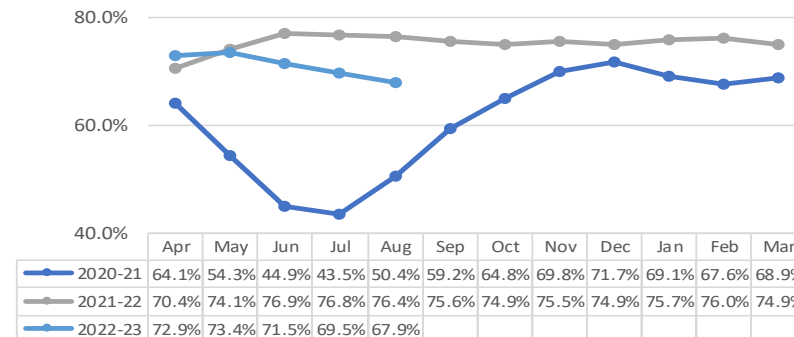
BOB (3 main NHS trusts) - 104 Week Waits



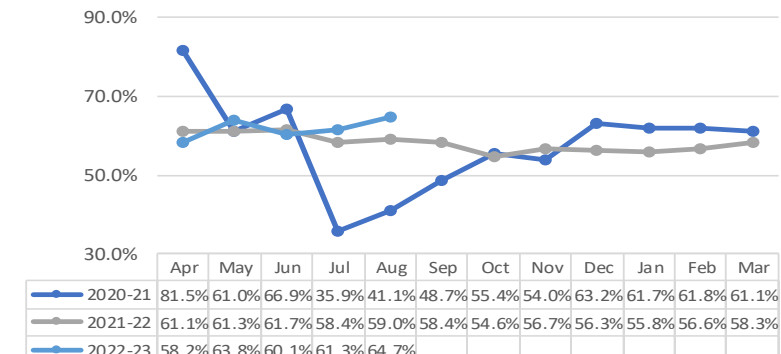
BHT - RTT Incomplete Pathways



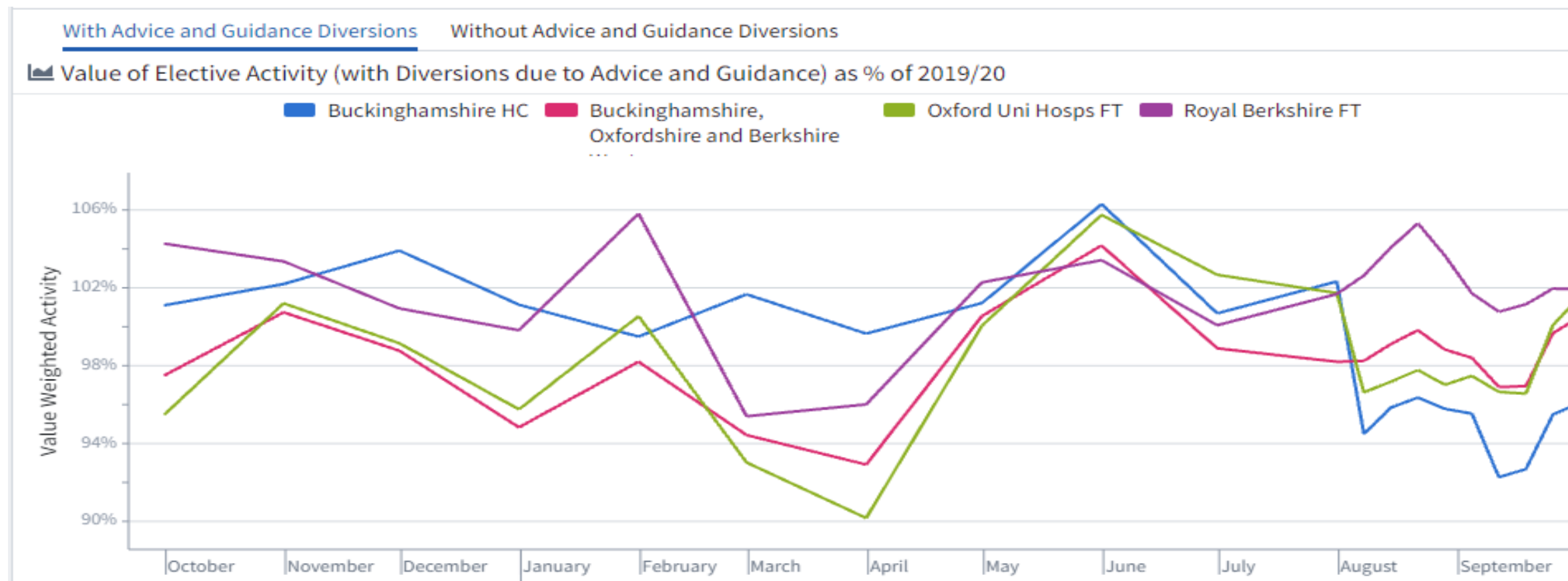
OUHFT - RTT Incomplete Pathways



RBFT - RTT Incomplete Pathways



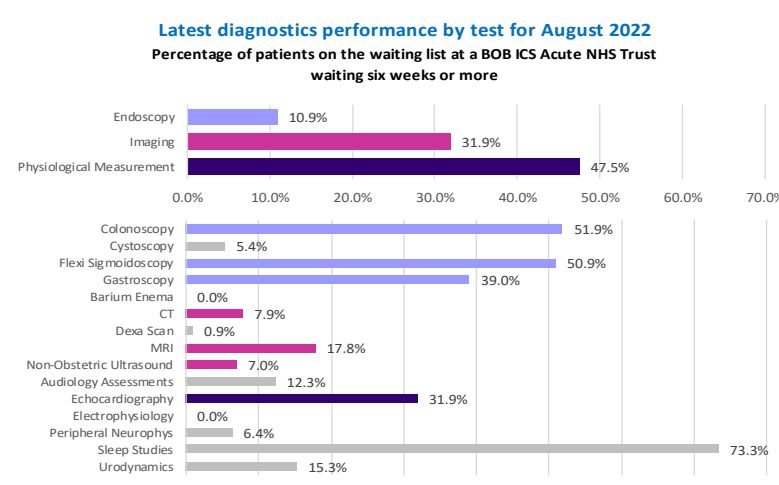
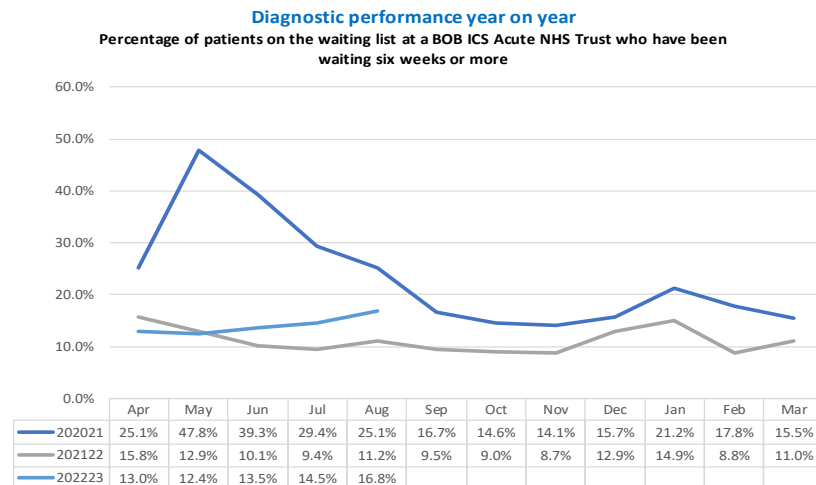
# Planned Care – Value Weighted Activity (VWA)



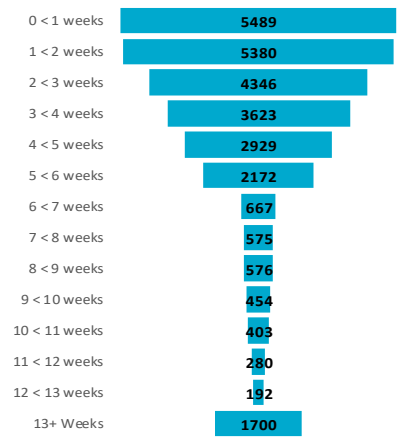
# Planned care – Diagnostics

Buckinghamshire, Oxfordshire  
and Berkshire West

Indicator	Month	ICB BOB		Sub ICB Bucks		NHS Trust OUH		BHT		RBFT						
		Activity	Plan	Activity	Activity	Activity	Activity	Plan	Activity	Plan	Activity	Plan				
Percent of Diagnostics Waiting list 6 weeks or more	Aug 22	<div></div>	17.9%	1.0%	24.7%	7.7%	29.7%	<div></div>	6.2%	1.0%	25.9%	1.0%	28.5%	1.0%		
Percent of Diagnostic Tests against 2019/20		<div></div>	108.3%		100.5%	121.4%	93.2%	113.0%		136.0%		100.0%				
Percent of Current MRI list waiting 6 weeks or more		<div></div>	19.2%	1.0%	21.2%	8.0%	28.5%	<div></div>	7.2%	1.0%	23.1%	1.0%	28.1%	1.0%		
Percent of MRI Tests against 2019/20		<div></div>	107.4%	98.3%	110.1%	135.3%	73.5%	109.0%	118.4%	<div></div>	171.2%	120.1%	71.8%	82.7%		
Percent of Current CT list waiting 6 weeks or more		<div></div>	9.3%	1.0%	18.4%	2.6%	13.3%	<div></div>	1.9%	1.0%	20.9%	1.0%	10.5%	1.0%		
Percent of CT Tests against 2019/20		<div></div>	133.8%	101.7%	130.0%	142.7%	118.1%	<div></div>	133.3%	113.5%	<div></div>	162.8%	124.1%	<div></div>	119.5%	86.9%
Percent of Current Non-obstetric Ultrasound list waiting 6 weeks or more		<div></div>	8.5%	1.0%	13.2%	6.4%	9.8%	<div></div>	5.7%	1.0%	13.2%	1.0%	1.8%	1.0%		
Percent of Non-obstetric Ultrasound Tests Against 2019/20		<div></div>	97.8%	103.6%	89.6%	111.6%	82.0%	104.3%	117.6%	<div></div>	132.1%	132.6%	95.6%	102.0%		
Percent of Current Colonoscopy list waiting 6 weeks or more		<div></div>	43.1%	1.0%	50.6%	17.0%	63.3%	<div></div>	4.7%	1.0%	53.9%	1.0%	67.5%	1.0%		
Percent of Colonoscopy Tests Against 2019/20		<div></div>	97.6%	88.1%	66.1%	96.7%	135.6%	<div></div>	93.7%	94.0%	74.8%	90.1%	<div></div>	138.3%	104.3%	
Percent of Current Flexi sigmoidoscopy list waiting 6 weeks or more		<div></div>	48.1%	1.0%	58.7%	15.3%	64.1%	<div></div>	2.3%	1.0%	60.9%	1.0%	66.6%	1.0%		
Percent of Flexi sigmoidoscopy Tests Against 2019/20		<div></div>	62.0%	78.4%	30.5%	78.0%	63.3%	71.9%	76.9%	27.9%	97.1%	69.8%	75.6%			
Percent of Current Gastroscopy list waiting 6 weeks or more		<div></div>	32.2%	1.0%	58.8%	8.6%	43.8%	<div></div>	1.9%	1.0%	63.6%	1.0%	44.8%	1.0%		
Percent of Gastroscopy Tests Against 2019/20		<div></div>	97.9%	95.4%	76.0%	116.3%	77.0%	92.2%	97.6%	77.1%	110.6%	89.1%	93.1%			
Percent of Current Echocardiography list waiting 6 weeks or more		<div></div>	34.8%	1.0%	45.5%	13.4%	43.8%	<div></div>	11.7%	1.0%	49.0%	1.0%	18.2%	1.0%		
Percent of Echocardiography Tests Against 2019/20		<div></div>	91.6%	99.2%	63.3%	104.0%	118.9%	<div></div>	108.0%	107.4%	66.1%	122.3%	<div></div>	132.4%	101.4%	



**Waiters by weeks waited for August 2022**

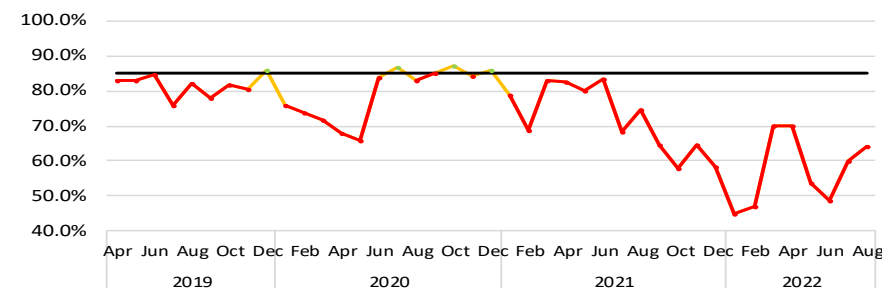


## **Elective Activity**

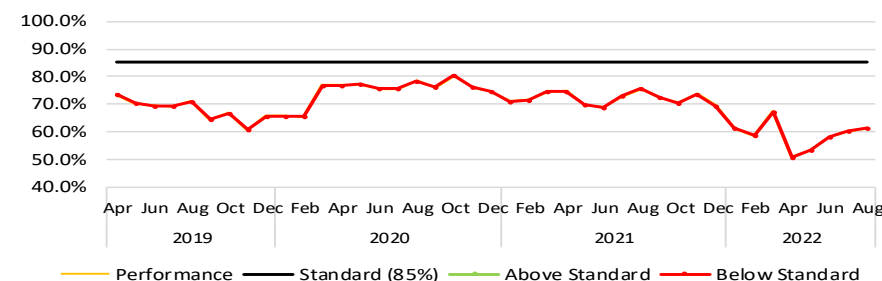
- The system has now cleared all over two year waits except for a small number of complex cases. In addition, BOB providers are ahead plans to remove all waits over 18 months
- OUHFT are not achieving planned reductions but have established additional capacity, requested some mutual aid and updated plans to ensure the removal of all over eighteen months waits by the end of March 2023. The Trust is also working to treat all complex cases presently waiting over two years by the end of November
- Trusts are working together to support mutual aid, where appropriate, through the elective care programme and speciality level task and finish groups
- All acute trusts have been focusing on targeting outpatients waits during September as these represent a significant proportion of long waits
- Overall elective activity levels remain below planned levels in both episodes treated and the financial value weighting of activity
- BOB activity levels for diagnostics compare well against pre pandemic levels and in terms of the percentage of patients waiting over six weeks BOB is the best performing ICB across the Southeast at a level of 16.8%
- Our three community diagnostic centres at Oxford, Amersham and West Berkshire have contributed to this increased activity with both Amersham and West Berkshire performing well above planned levels

Code	Indicator		Standard	BHT	OUH	RBFT
E.B.6	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer		93%	78.4%	72.3%	89.7%
E.B.30	Cancer - urgent referral seen			2307	2379	2220
E.B.31	Cancer - first treatments			230	441	228
E.B.7	Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected		93%	*	5.0%	93.1%
E.B.27	Percentage meeting faster diagnosis standard		75%	63.0%	80.7%	72.4%
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')	Aug 22	96%	80.0%	88.0%	93.0%
E.B.9	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is Surgery		94%	47.8%	73.5%	87.2%
E.B.10	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is an Anti-Cancer Drug Regimen		98%	93.4%	99.3%	98.7%
E.B.11	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is a Radiotherapy Treatment Course		94%	100.0%	98.3%	94.2%
E.B.12	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer		85%	64.1%	61.1%	62.2%
E.B.13	Percentage of patients receiving first definitive treatment within 62 days of referral from NHS Screening Service		90%	55.2%	86.7%	66.7%
E.B.14	Percentage of patients receiving first definitive treatment within 62 days of a consultants decision to upgrade their priority status		86%	82.1%	46.7%	88.1%

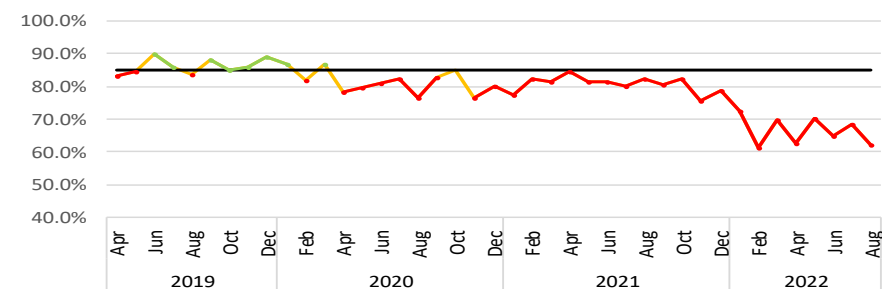
62 Day Standard - Performance (BHT)



62 Day Standard - Performance (OUH)



62 Day Standard - Performance (RBFT)





# Performance – Cancer (1/2)

Five of the twelve cancer performance targets are currently underperforming, with a further five targets at risk , therefore two targets are performing in line with the target set.

## Targets Underperforming

- **2WW standard** (93%) - August saw all three trusts non-compliant driven by breast (44.5%), sarcoma (66% although small numbers), gynaecological (79.4%) as the 3 lowest compliant tumour sites, however, Lower Gastrointestinal (LGI), Children's, Skin, Upper Gastrointestinal (UGI), Urology and Head & Neck also recording non-compliant positions. Thames Valley Cancer Alliance's (TVCA) Faster Diagnosis Programme, will support six (LGI, Lung, Gynaecological, Prostate, Head & Neck & UGI) key tumour sites initially in embedding the key steps to ensure patients can be seen earlier in the front end of the pathway. Work is underway to understand support required to mitigate known front end challenges around capacity
- **31-day standard** (96%) - All Trusts were non-compliant with performance reported BHT (80%), OUH (88%) and RBH (93%). Across BOB, tumour specific compliance was challenged, with all tumour sites reporting non-compliance at varying levels leading to the overall position. Challenges within the system are workforce and treatment capacity impacting the position.
- **31-day standard: surgery** - System position reported as 69.9% against 94% standard, Trust performance as follows, BHT (47.8%), OUH (73.5%) and RBH (87.2%). As highlighted driven by treatment capacity across the system.
- **62-day standard** - Compliance against the 85% standard continues to be challenged across BOB. All Trusts reported positions in the low 60s. LGI and Urology driving the position at system level, however, all tumour sites recorded non-compliance of the standard. BHT saw only their Breast pathway recording a compliant position. For OUH, the Skin reported compliance with RBH seeing both Skin and Breast above the standard. Ongoing issues impacting performance at present are workforce, diagnostic capacity elongating pathways, delays within path, patient choice and delayed transfer of care to the Tertiary Centre. Ongoing support via the TVCA with pathway management, training of cancer admin staff, TVCA endoscopy work supporting Trusts, funding and clinical and nursing engagement to support known challenges and joint system level mitigations where possible
- **62-day screening** - Increase in number of breaches reported in August. System performance reported as 66.2% against 90% standard. Varied compliance at Trust level, BHT (55.2%), OUH (86.7%) and RBH (66.7%).



# Performance – Cancer (2/2)



**Buckinghamshire, Oxfordshire  
and Berkshire West**  
Integrated Care Board

## **Targets at risk:**

- First Treatments - August continues to see an increasing trend of first treatments (31 days). However, there has also been an increasing trend in the number of reported breaches
- 2 Week Wait : Breast - Compliant positions recorded at BHT & RBH, 100% & 99.4% respectively. Ongoing challenges at OUH in relation to compliance due to known staffing challenges within radiology (namely mammographers). Improved position from M4, 13.6% with M5 recording a position of 44.1%.
- Faster diagnostics - OUH reported a compliant position of 80.7% against the 75% standard. BHT and RBH reported non-compliant positions of 63% and 72.4% respectively. BHT's position was mainly driven by Urology (26.1%), LGI (26.1%), Head & Neck (55.3%) and Gynaecological (55.6%) with a number of other tumour sites impacting compliance. RBH's performance was driven by Gynaecological (27%), Lung (41.2%), LGI (48.2%), Urology (50.5%), Haematology (55.6%) and UGI (53.2%). The TVCA Faster Diagnosis Programme will support Trusts in improving compliance of the overall standard as well as improving tumour specific pathway compliance by embedding the Best Practice Timed Pathways (BPTPs) across the system with funding being provided to Trusts to support this.
- 31-day Drug Regime - Only BHT reported a non-compliant position of 93.4% with OUH and RBH compliant at 99.3% and 98.7% respectively against the 98% standard.
- 62-day first definitive treatment: Consultant prioritising - No formal standard at present. Increase in overall upgrade treatments reported alongside greater number of breaches recorded. Work required across all Trusts to ensure upgrade pathway is aligned to national expectations. To be undertaken as part of the Pan Alliance Access Policy following formal release of latest updates to the Cancer Waiting Times (CWT) guidance.

The number of consultations remain above pre-pandemic levels. It is always expected that the number of appointments will fall slightly in August due to holidays and the August Bank Holiday which reduces the number of working days. Face to Face appointments remain the most common appointment type and are shown to increase slightly in August 2022

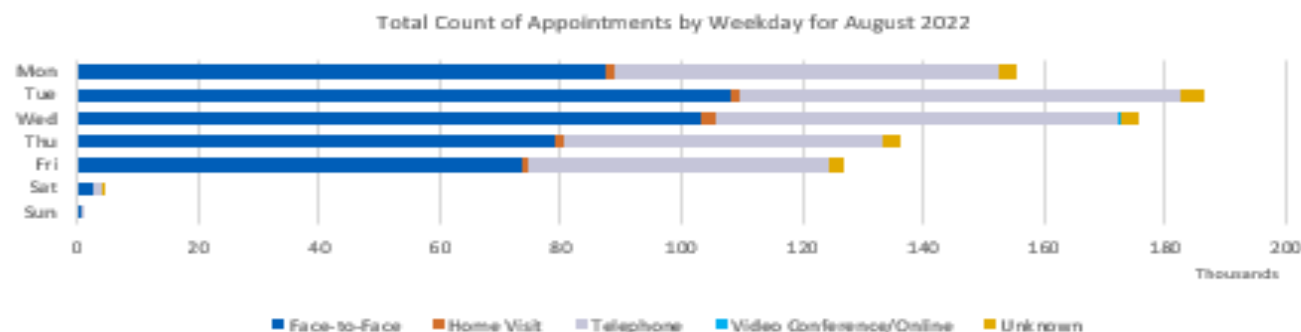
Access remains a key focus for the team with Winter planning including the commissioning of a new Urgent Care Centre in Reading now well underway. Current performance on key workstreams is as follows:

- 46.5% of patients were seen on the same day they requested an appointment in July 2022, 85.2% were seen within 2 weeks.
- 57.9% of appointments took place face-to-face compared to 72.5% prior to the pandemic (noting data quality has improved over time)
- Enhanced Access implementation (target 1<sup>st</sup> October) – all 50 PCN plans signed off, 8 subject to review in 3 months.
- Roll-out of advanced telephony – 88 practices live, further 53 due to go live by March 2023.
- Community pharmacy consultation service referral rates – 98 practices live. Increase from 959 referrals in June to 1144 in August.
- Weekly Sit Rep in place.

We are currently working to respond to NHSE's recent letter on winter access in primary care and to implement the funding arrangements described to secure additional capacity and support providers. Other access workstreams include winter comms, providing additional remote consultation capacity/signposting to national support offers for the most challenged practices, embedding the use of online consultation solutions and building PCNs' and practices' use of Connected Care/Apex data to manage their capacity and demand.

It should be noted that there are no plans to increase capacity in relation to home visits and telephone.

# Primary Care

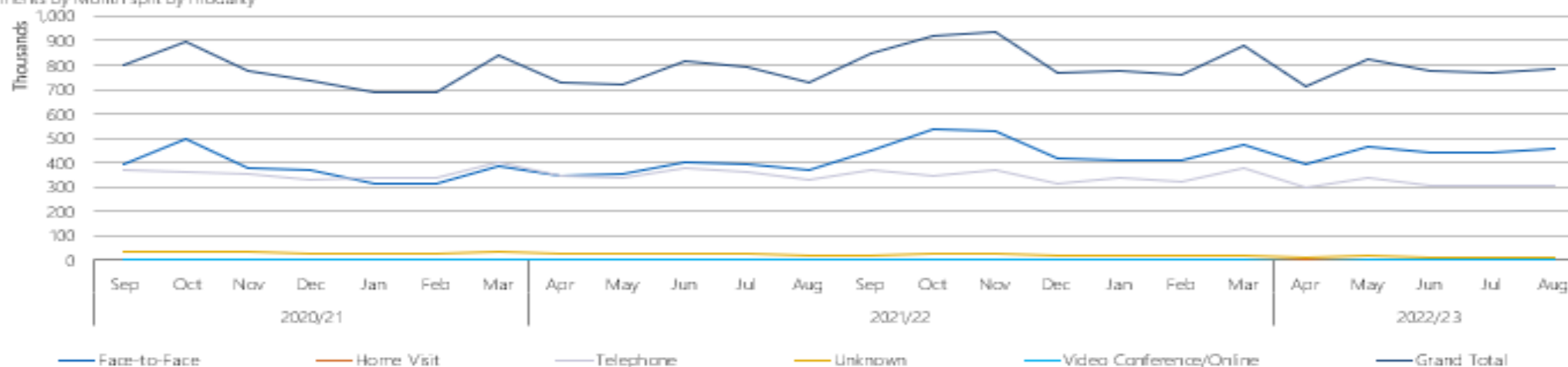


Face to Face	Home Visit	Telephone	Video / Online	Unknown
455K	7,807	307K	513	15K

Appointments for August 22

## Overall Consultation Levels

GP Appointments by Month split by modality



# Mental Health Services



**Buckinghamshire, Oxfordshire  
and Berkshire West**  
Integrated Care Board

Indicator	Period	Standard	BOB ICB			Buckinghamshire CCG		Oxfordshire CCG		Berkshire West CCG	
			Plan	Period	YTD	Period	YTD	Period	YTD	Period	YTD
Total access to IAPT services	2022/23 Q1		9490	8,255		2,615		3,000		2,640	
IAPT - Moving to Recovery		50%		49.59%	50.4%	55.7%	54.2%	45.9%	49.9%	46.5%	46.4%
IAPT - Treated within 6 Week	Jun 22	75%		98.24%	98.0%	98.6%	98.3%	99.3%	99.3%	96.5%	96.1%
IAPT - Treated within 18 Week		95%		100.00%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%
Dementia Diagnosis Rate	Aug 22	67%	64%	59.33%		56.8%		61.7%		58.8%	
Children and Young People (ages 0 - 17) Mental Health Services access (Number with 1+ Contact)	Jun 22			18,835		5,060		8,205		5,570	
CYP Eating Disorders - Urgent (1 week)	Rolling 12 months to Jun 22	95%	83%	56.63%		73.3%		33.3%		58.5%	
CYP Eating Disorders - Routine (4 weeks)		95%	63%	33.98%		30.4%		21.5%		71.1%	
Severe Mental Illness (SMI) 6 Health Checks	2022/23 Q1		6771	5,508		1,634		2,198		1,676	
Inappropriate adult acute Mental Health Out of Area Placement (OAP) bed days	Three Months to May 22			2,820		205		745		1,870	
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	Mar 22			14,215		4,680		6,680		2,865	

## **Total access to Improving Access to Psychological Therapies (IAPT) services Performance**

Remains below plan. Recovery Plan and not on track. Plan includes active marketing (to increase referrals), including outreach to older adults and BAME groups. Some areas also exploring digital access to support those waiting for treatment. As Recovery Plan is not on track, within the Q2 MH Data Collection we have requested programme support from the regional team to: (i) achieve a better understanding of whether the review of the Long-Term Plan (LTP) modified the expectations for IAPT trajectories and when they will be delivered? (ii) to discuss how to ensure that IAPT services have a presence in primary care as we now have new workers embedded in Primary Care as part of the Community Mental Health Fund and are seeing evidence of those suitable for IAPT being routed through these services. Across the region access remains below target.

## **Dementia Diagnosis Rate(DDR) Performance**

Remains below plan. Recovery Plan in place but not on track. Issues with backlogs due to clinics being paused during pandemic and as well as: vacancies; recruitment issues; staff sickness and recording issues within primary care. As Recovery Plan is not on track, within the Q2 MH Data Collection we have requested programme support from the regional team with a full review of the system-wide approach to dementia diagnosis – learning from other systems / tools / approaches etc. Across the region the DDR for M5 was 60.6% which is a slight improvement against the 66.7% target, and thus the objective remains recover to pre-pandemic performance however, as a minimum this has not been achieved to date.

## **Children and Young People (CYP) Eating Disorders - Urgent (1 week) Performance**

Performance remains below plan of 83%. This has been consistently the case. Historical differences in recording locally (and across the ICB) and nationally have led to differences in observed performance. These relate to local rules measuring those patients stopping their waiting time 'clock' in the given reporting month and the national rules look at figures published on a 12-month rolling basis. Plan: Local rules moving to align with national rules in the Autumn. Recovery Plan in place and noted in Q2 MH Data Collection as on track. Of note, across the region the routine waiting time improved for Q1 (77.1% against the 95% target).

## **CYP Eating Disorders - Routine (4 weeks) Performance**

Overall performance remains below plan 63% however Berks West performing above plan at 71.1%. Increase in demand and acuity are noted as factors in addition to vacancies and recruitment difficulties. Ongoing recruitment drives including work with HR around vacancies and exploration with system partners to explore innovations. Demand, capacity and quality review has recently taken place in Bucks. Recovery Plan in place and noted in Q2 MH Data Collection as on track. Across, the region the routine waiting time improved for Q1 (73.8% against the 95% target). Services are keen to utilise SDF for SMI outreach and upon confirmation of release will develop further plans.

## **Severe Mental Illness (SMI) 6 Health Checks Performance**

National data is provided by GP systems looking at whole population. Recovery Plan in place, continuing to focus on data sharing with primary care via Physical Health Leads and progress monitoring. Figures can fluctuate based on the number of new referrals and speed of engagement with patient group. Working with Care Co-ordinators in Community Mental Health Teams to look at data on those over 1 year without a physical health check and offer support to attend GP these. Services are keen to utilise System Development Funding (SDF) for SMI outreach and upon confirmation of release will develop further plans

# Learning Disability and Autism Services



Buckinghamshire, Oxfordshire  
and Berkshire West  
Integrated Care Board

- Annual Health Checks (AHC) Update: 1% below trajectory - remains a solid result for August. 2021/22 catch up project has not created uplift as expected and there is risk to missing the 100% invitation target.
- Adult In-patients - remain low 40s - increase will be seen next month due to late notification from Mental Health wards, known complex community placement breakdown. Four further discharges planned before end Q2. Admission avoidance interventions actively in place.
- Continued system pressures around inpatient activity and focus on length of stay over 5 years. Four with plans to move into community 22/23. Eleven in secure provision.
- Children and Young People (CYP) Inpatients – three discharges in August. All admissions are appropriate to meet the severity and complexity of the young people. Projects with mental health re Tier 4 admission reduction pilot.
- LeDeR - Bucks remain below compliance. South West CSU resource identified to work through backlog with recovery expected by end of year. Mitigation in place through local reviews of all cases.

## Definitions

- **LeDeR (Learning from lives and deaths – People with a learning disability and autism people)** Completion percentage of eligible notifications (> 6-month notification date)
- **Annual Health Checks (AHCs):** Improving the uptake of AHCs in Primary Care for people with a learning disability, so that at by 2023/2024 at least 75% of those eligible (aged 14+) have a health check each year.
- **Adult In-patients:** By 2023/24, no more than 30 adults per million with a learning disability or autism cared for in an inpatient unit. For BOB, that is 40 for the population target, and 37 as a Long Term Plan target
- **CYP In-patients:** By 2023/24, no more than 12-15 children and young people (CYP) per million with a learning disability or autism cared for in an inpatient unit. For BOB, 5 for the population and Long Term Plan target

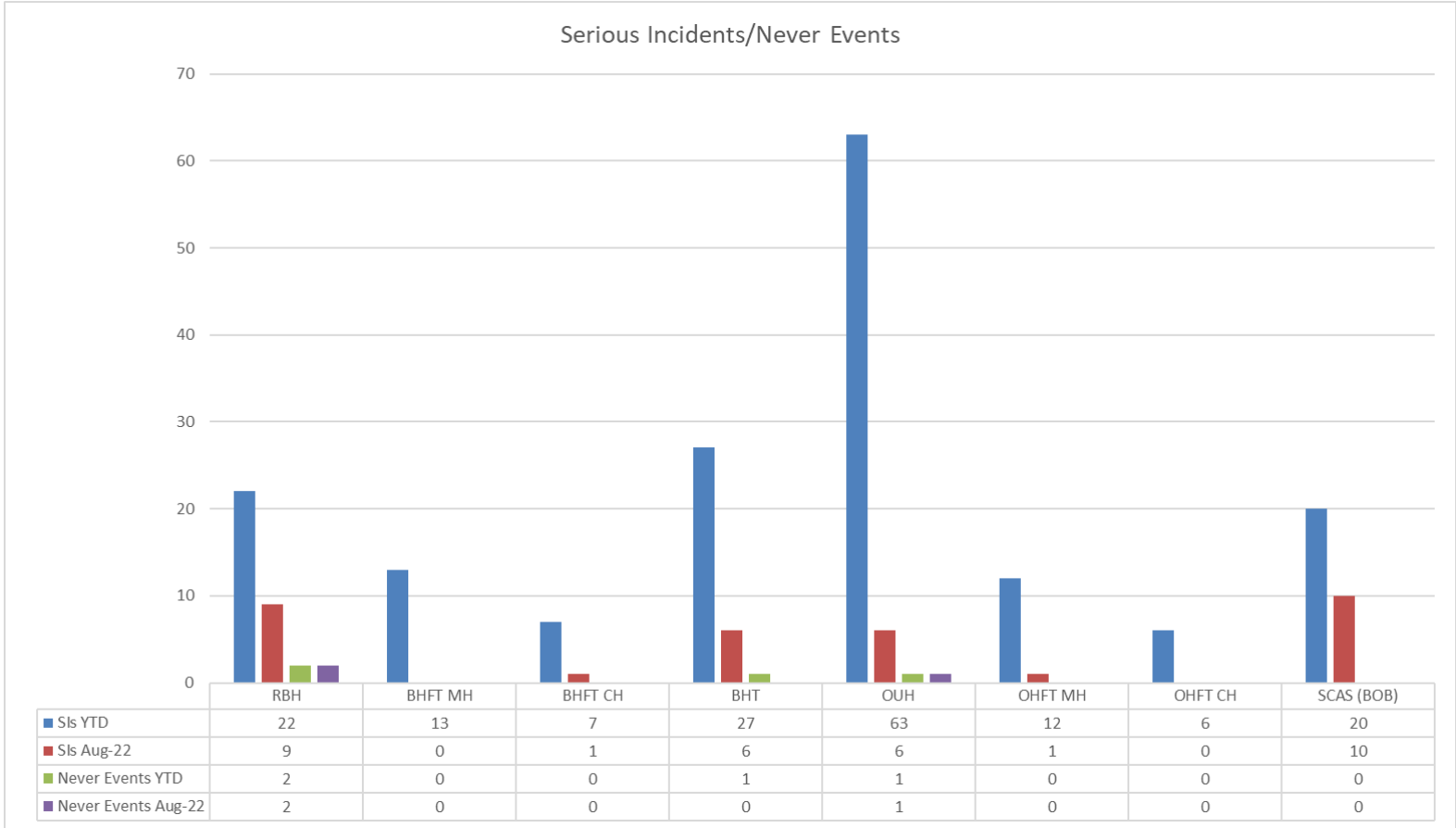
# • Quality and Safety of Mental Health, Learning Disability and Autism Services



**Buckinghamshire, Oxfordshire  
and Berkshire West**  
Integrated Care Board

- NHS BOB is committed to ensuring all our patients who use mental health, learning disability and autism services experience compassionate, safe and therapeutic care.
- Like many, we were saddened and distressed by the recent BBC Panorama documentary which showed patients being abused whilst in the care of an NHS Mental Health Trust in Manchester.
- In response to this programme the National Director for Mental Health Services wrote to every mental health provider requesting that Trust Boards urgently review the safeguarding of care in their organisation and identify any immediate issues requiring action now.
- Areas for Oxfordshire Health NHS Foundation Trust (OHFT) and Berkshire Healthcare NHS Foundation Trust (BHFT) to review include:-
  - Øfreedom to speak up arrangements,
  - Øadvocacy provision,
  - ØComplaints
  - ØCare, Education and Treatment Review, and other feedback on services
- The Trusts have taken an initial and rapid review of assurance against the recommendations through their internal quality processes. Once these reviews have been completed and the outputs shared, the ICB will undertake a deep dive to assure itself. The Chief Nursing Officer will present the findings of the deep dive to the Population Health and Patient Experience Committee in February 2023.

# Quality – Serious Incidents (SIs)



RBH – Royal Berkshire Hospitals NHS Foundation Trust  
 BHFT MH – Berkshire Healthcare Foundation Trust – Mental Health  
 BHFT CH - Berkshire Healthcare Foundation Trust – Community Health  
 BHT – Buckinghamshire Healthcare NHS Trust  
 OUH – Oxford University Hospitals NHS Foundation Trust  
 OHFT MH – Oxfordshire Healthcare NHS Foundation Trust – Mental Health  
 OHFT CH -Oxfordshire Healthcare NHS Foundation Trust – Community Health

YTD – Year To Date

All Serious Incidents are reported as crude numbers and reported by calendar month and full year to date (YTD).

Multi-agency approach to sign off and monitoring of action plans following the reporting of Serious Incidents.

Implementation of the Patient Safety Incident Response Framework (PSIRF) continues across the BOB system.



## **Healthcare Associated Infections and Infection Prevention & Control August update**

The following slides show counts rather than rates, so important to put into context of population sizes.

All Places in BOB Integrated care Board (ICB), review cases at multidisciplinary meetings. Antimicrobial prescribing, preventative measures such as audits and training and appropriate management is reviewed at place across BOB.

The Infection Prevention & Control (IP&C) Leads across BOB have organised quarterly Infection Prevention & Control educational webinars to support practice improvement in Primary care.

# BOB Infection Control Indicator – Secondary Care

Rates according to UK Health security Agency (UKHSA)

Buckinghamshire, Oxfordshire  
and Berkshire West  
Integrated Care Board

August 22	BHT		OUH		RBHT	
Secondary Care (Hospital onset and Community onset healthcare associated)	Month	YTD	Month	YTD	Month	YTD
<i>C.difficile</i>	6	27	10	35	3	25
E.coli	13	60	12	59	8	42
Klebsiella	6	27	4	23	2	14
Pseudomonas	3	12	0	16	0	4
MRSA (Hospital onset)	0	2	0	0	0	1
MSSA (Hospital onset)	0	17	1	20	5	16

According to national reports, a gradual increase in *C.difficile* cases has been observed since the pandemic, in both all reported and hospital cases. Activities to reduce healthcare associated Gram Negative Bloodstream Infections (GNBSI) include device audits, urinary tract antimicrobial monitoring and fast track elective hepatobiliary surgery.

# BOB Infection Control Indicator – Primary Care

Rates according to UK Health Security Agency (UKHSA)

Buckinghamshire, Oxfordshire  
and Berkshire West

Integrated Care Board

August 22	Buckinghamshire		Oxfordshire		Berkshire West	
Primary Care (Community onset and Community onset indeterminate association)	Month	YTD	Month	YTD	Month	YTD
<i>C.difficile</i>	7	28	6	25	7	37
E.coli	26	111	34	114	26	107
Klebsiella	5	32	5	21	8	29
Pseudomonas	3	11	3	10	4	20
MRSA (Community onset)	1	1	1	1	0	0
MSSA (Community onset)	6	32	3	46	3	27

Community onset *Clostridium Difficile* is monitored for any inappropriate prescribing and fed back to GP's for learning. There have been challenges around obtaining Vancomycin and Fidaxomicin from community pharmacies following the change in treatment by the National Institute for health and Care Excellence (NICE) guidance. According to UKHSA, all Gram Negative Blood Stream Infections (GNBSI) and Methicillin Sensitive Staphylococcus (MSSA) are at the same rate or exceeding levels observed since the start of surveillance. A hydration project has been approved across BOB to improve hydration of elderly at home. The majority of E.coli infections are community onset, urinary source without catheter. Education around wound and catheter management in the community has been provided to support a reduction in both GNBSI and Methicillin Resistant staphylococcus (MRSA).