

BOARD MEETING

Date of Meeting: 17 January 2023	Agenda item: 08
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Title of Paper: Performance and Quality Dashboard
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Paper is for: (Please ✓)	Discussion		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 published¹ 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, flu and respiratory infections.

Urgent and Emergency Care – the pathway remains extremely pressured, and we have seen further deterioration in performance against the A&E four-hour standard during November. We have seen some improvement in handover delays during November but these at consistently high levels. System partners continued to focus on supporting discharges and alternative to admission to Emergency Departments to reduce the pressure on the system.

The number of COVID positive patients peaked at 289 on 24 December which was the highest level since 22 July and was accompanied by an increase in flu and respiratory illnesses which has led to several infection control issues and capacity reductions.

Elective Care – Although winter pressures are presenting a challenge to elective delivery, the system remains on track to have treated all patients waiting over two years by the end of December and is currently ahead of trajectory against the plan to have treated all patients waiting over 18-months by the end of March 2023.

Cancer Care– This is a significant 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.12% end Oct 2022)

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

Primary Care – Appointment numbers remain high and above planned levels. At 5,546 per 10k this is the highest in the SE. Access remains a key focus for the team with Winter planning.

The summary metrics 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.

¹ 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

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: Population Health and Patient Experience 5 January 2023

Authors: Ben Gattlin Head of Planning and Performance and Matthew Tait, Interim Chief Delivery Officer

Executive Lead/Senior Responsible Officer: Matthew Tait, Interim Chief Delivery Officer

Date of Paper: 06 January 2023

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

NHS Performance and Quality Dashboard

January ICB Board

Matthew Tait – Chief Delivery Officer

Rachael Corser – Chief Nursing Officer

Published data: Validated data for Elective Care is October 2022 – For some elements of Urgent Care pathways more public data is available and referred to where appropriate

Executive Summary (1 of 3)

Urgent and Emergency Care – the pathway remains extremely pressured, and we have seen further deterioration in performance against the A&E four-hour standard during November. We have seen some improvement in handover delays during November but these at consistently high levels. System partners continued to focus on supporting discharges and alternative to admission to Emergency Departments to reduce the pressure on the system.

The number of COVID positive patients peaked at 289 on 24 December which was the highest level since 22 July and was accompanied by an increase in flu and respiratory illnesses which has led to a number of infection control issues and capacity reductions.

- Key actions:
 - Investment in further discharge initiatives included additional bedded capacity
 - Additional capacity in urgent care centres and investment in additional primary care capacity including out of hours services

Elective Care – Although winter pressures are presenting a challenge to elective delivery, the system remains on track to have treated all patients waiting over two years by the end of December and is currently ahead of trajectory against the plan to have treated all patients waiting over 18-months by the end of March 2023.

- Key Actions
 - Adhere to the BOB Principles for Maintaining Elective Activity During Winter pressures document following agreed clinical prioritisation processes and maximising use of Mutual Aid, utilising green pathways including outpatients, diagnostics and the Independent Sector

Executive Summary (2 of 3)

Cancer Care— This is a significant 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.12% end Oct 2022)

- Actions
 - Focus is on high volume tumour sites, lower gastrointestinal (LGI), upper gastrointestinal (UGI), Skin, Urology and Gynaecology to ensure where appropriate best practice timed pathways are implemented, baselining pathways is helping to identify individual local challenges. All improvements to the pathways are agreed via the CAG tumour group, led by a Consultant from one of the providers. Further investment in terms of nursing resource is in the process of being allocated to each CAG to strengthen the team and improve outputs and increase the speed of delivery.
 - Thames Valley Cancer Alliance have identified and recruited clinical subject matter expertise for each workstream, offering greater access in the system on best practice care models, clinical and technical cancer advice and support. Additional funding, approx over £3 m has been allocated into the system in 2022/23 to support innovation and improvement of various pathways.
 - Work is ongoing with recruitment of additional clinical and support staff, with Health Education England, across the system, especially looking at new ways of working eg; PA, Nurse Dermatology Surgeon

Executive Summary (3 of 3)

Primary Care – Appointment numbers remain high and above planned levels. At 5,546 per 10k this is the highest in the SE. **Access** remains a key focus for the team with Winter planning

- Actions
 - The opening of a new Urgent Care Centre in Reading in early December.
 - Roll-out of advanced telephony – 110 practices live, further 36 due to go live by March 2023

Mental Health and Learning disability Services – although under 18s with a learning disability or autism in MH beds halved from 20 in July to 10 in October, the number of adults has remained at 55. Capacity remains constrained. Access rate for IAPT services remains good, BOB ICB in highest performing quartile of ICBs (Sep 22)

- Actions
 - Regional programme support
 - Investment of ringfenced system development funding

Executive Summary

	Indicator`	Month	Standard	BHT	OUH	RBFT
UEC	A&E Performance (All Types)	Nov 22	95%	67.4%	57.9%	63.2%
	Ambulance Handover Delays (> 30 mins)	Nov 22		22.1%	11.4%	26.5%
Planned Care	Incomplete Pathways over 52 weeks at month end	Oct 22	Rated against plan	3554	1676	876
	Incomplete Pathways over 78 weeks at month end			160	249	11
	Incomplete Pathways over 104 weeks at month end			1	18	0
Cancer	Percentage meeting faster diagnosis standard	Oct 22	75%	66.5%	76.6%	73.1%
	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer		93%	83.9%	77.4%	86.3%
	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer		85%	46.0%	55.7%	65.4%

	Indicator	Report Period	Standard	BOB ICS Period	Bucks Period	Oxon Period	Berks W Period
Mental Health	IAPT - Total Accessing in Period	Rolling 3 months to Jun 22		8255	2615	3000	2640
	IAPT - Moving to Recovery	Jan 00	50%	49.6%	55.7%	45.9%	46.5%
	Dementia Diagnosis Rate	Sep 22	67%	59.7%	57.3%	62.0%	59.0%
	CYP Eating Disorders - Urgent (1 week)	Rolling 12 months to Sep 22	95%	56.6%	73.3%	33.3%	58.5%
	CYP Eating Disorders - Routine (4 weeks)		95%	34.0%	30.4%	21.5%	71.1%
	Severe Mental Illness (SMI) 6 Health Checks	2022/23 Q2		68.3%			

Urgent and Emergency Care



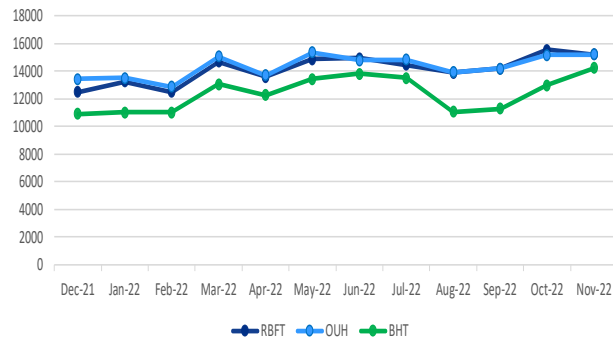
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Integrated Care Board

Indicator		Standard	BHT	OUH	RBFT
A&E Performance (All Types)	Nov 22	95%	67.42%	57.91%	63.23%
A&E Attendances			14234	15213	15196
Breaches			4637	6403	5587
Emergency Admissions			5407	7762	3627
Over 12 hour waits from dta to admission		0	281	1	0
Ambulance Handover Delays (>30 Minutes)			15.0%	8.4%	13.5%
Average Hours Lost on Handover Delays per day at BOB Acute Trusts			5:18	2:43	6:22

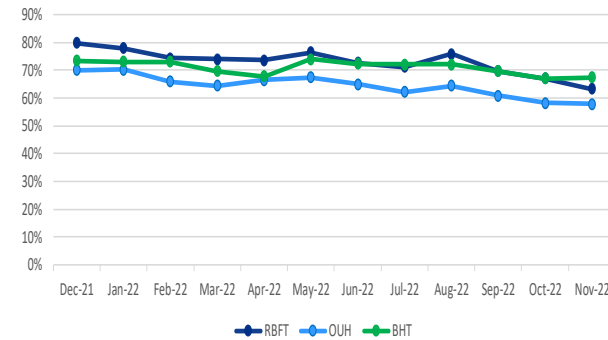
Ambulance Response Time (hours:minutes)		Standard	SCAS
Ambulance Response Times (Category 1 Incidents Mean)	Nov 22	0:07	0:08
Ambulance Response Times (Category 1 Incidents 90th Percentile)		0:15	0:15
Ambulance Response Times (Category 2 Incidents Mean)		0:18	0:28
Ambulance Response Times (Category 2 Incidents 90th Percentile)		0:40	0:54
Ambulance Response Times (Category 3 Incidents Mean)			1:44
Ambulance Response Times (Category 3 Incidents 90th Percentile)		2:00	3:51
Ambulance Response Times (Category 4 Incidents Mean)			2:18
Ambulance Response Times (Category 4 Incidents 90th Percentile)		3:00	5:15

Urgent and Emergency Care - Charts

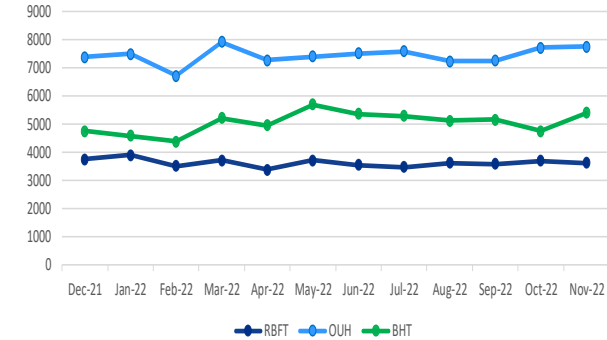
NHS Trusts - A&E Total Attendances



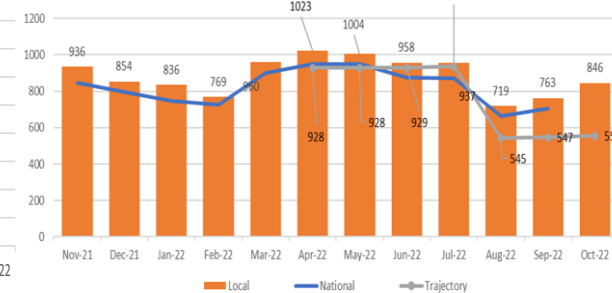
NHS Trusts - A&E 4-hour Performance (All Types)



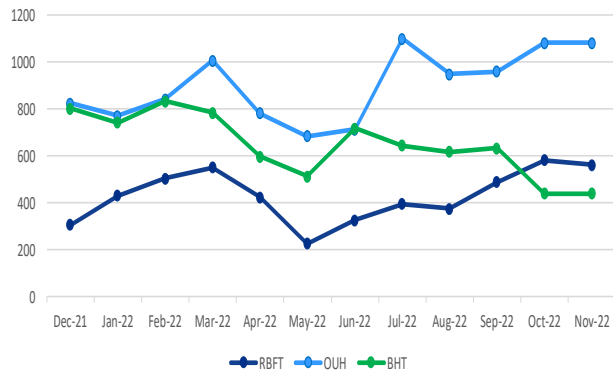
NHS Trusts - Emergency Admissions



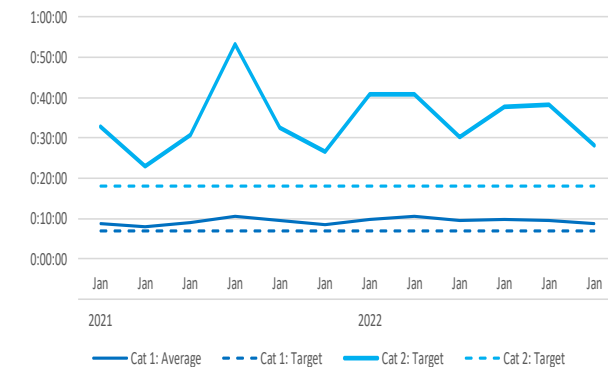
FIRST CARE CONTACTS: All individuals seen on the UCR 2 hour pathway only (NATIONAL UCR DASHBOARD TITLE: "no. of 2hr standard UCR referrals received within the month")



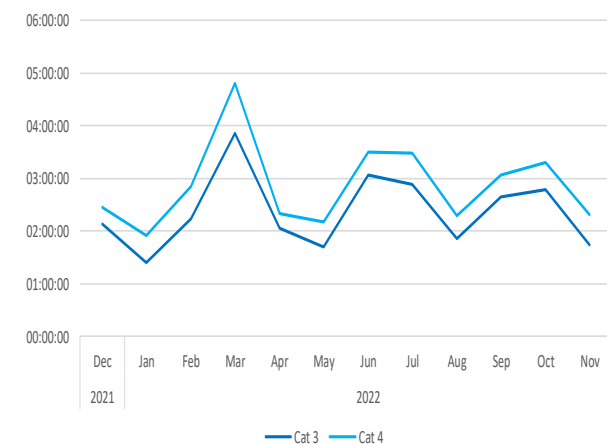
NHS Trusts - A&E 4-12 Hour Waits



Ambulance Response Times (Cat 1 & 2) SCAS
(Average and Target)



Ambulance Response Times (Cat 3 & 4)



There is no data for Oxford Health until the new EPR system is implemented. Estimated date January 2023

NHS Trusts - Ambulance Handover Delays



Average Hours Lost on Handover Delays per day at BOB Acute Trusts



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

In common with Trusts and systems within the Southeast Region, UEC providers across all care settings remain under significant pressure. Pressures have recently been compounded by paediatric presentations related to Strep A concerns, continuation of COVID cases and seasonal Flu and other respiratory infections.

Accident and Emergency 4 hour and Type 1 Performance

BOB delivered 63.8% against the 4hr standard in November, a deterioration against the 65% reported for October. The regional position for Type 1 performance deteriorated from October to November. BOB was the 3rd best performing of the 6 Integrated Care Systems in the South-East (1st 73%, 6th 60%) against the 4-hour standard

Ambulance Handovers delays

The number of handover delays remains an area of priority recognising the direct impact on the ability for South Central Ambulance Services (SCAS) to improve category 2 waiting times Stoke Mandeville and RBFT remained our most pressured sites in relation to handover delays. During November there has been an in-month improvement in the percentage of >60mins handover delays reported for BHT (4.6%) and RBFT (3.4%).

Ambulance Performance

Ambulance Response Times South Central Ambulance Trust November

- Category 1 ICB performance of 9.42, against a national average of 9.19, ranking 7 /11 National Ambulance Trusts
- Category 2 ICB performance of 37.35, against a national average of 47.95, ranking 2/11 National Ambulance Trusts
- Category 3 ICB performance of 2.39.06, against a national average of 2.42.26, ranking 5/11 National Ambulance Trusts
- Category 4 ICB performance of 3.03.15, against a national average of 3.12.32, ranking 5/11 National Ambulance Trusts

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

Actions and Interventions

As part of the ***demand and capacity bids***, 32 beds are now open at Olympic Lodge in Bucks and there is good utilisation and flow through the unit. The primary care Clinical Assessment Service (CAS) is being rolled out across Bucks with other places due to come online over the coming weeks. Early indications show approximately 60% of calls do not require onward referral to primary care.

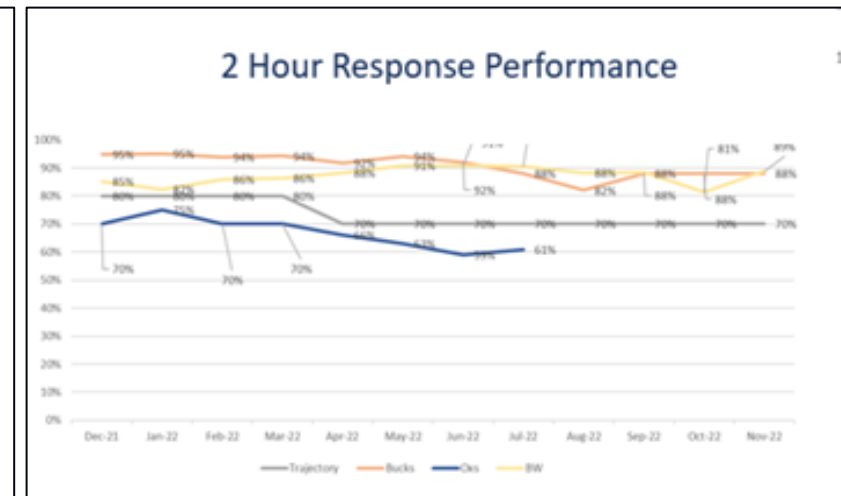
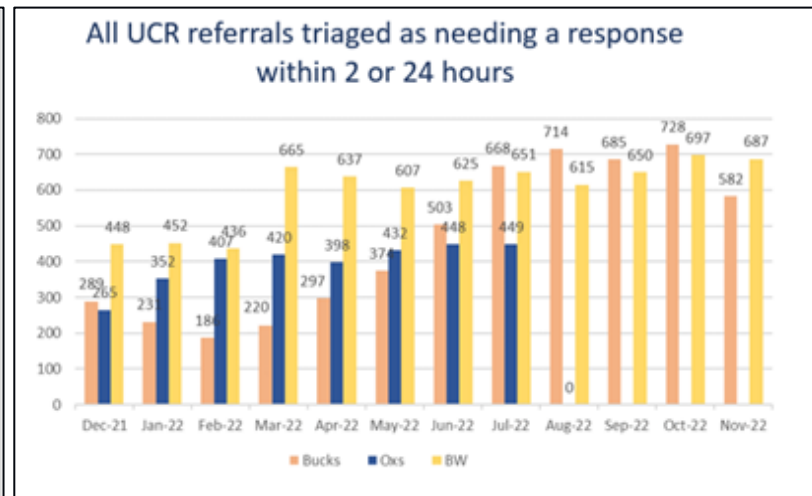
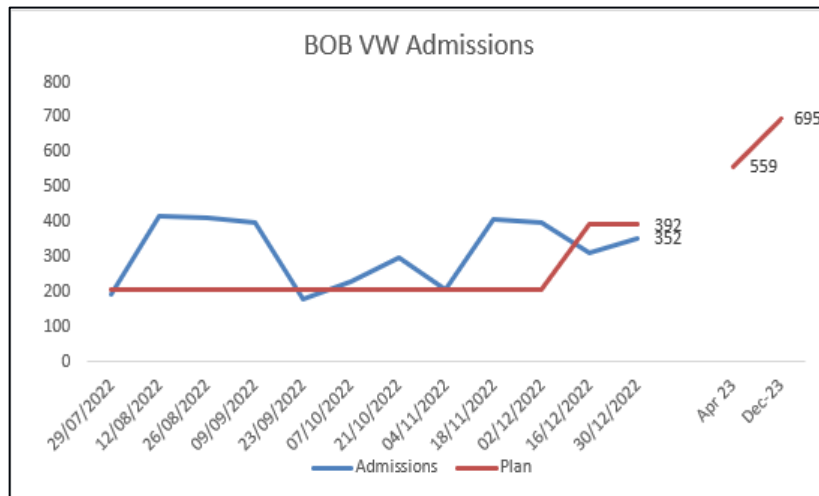
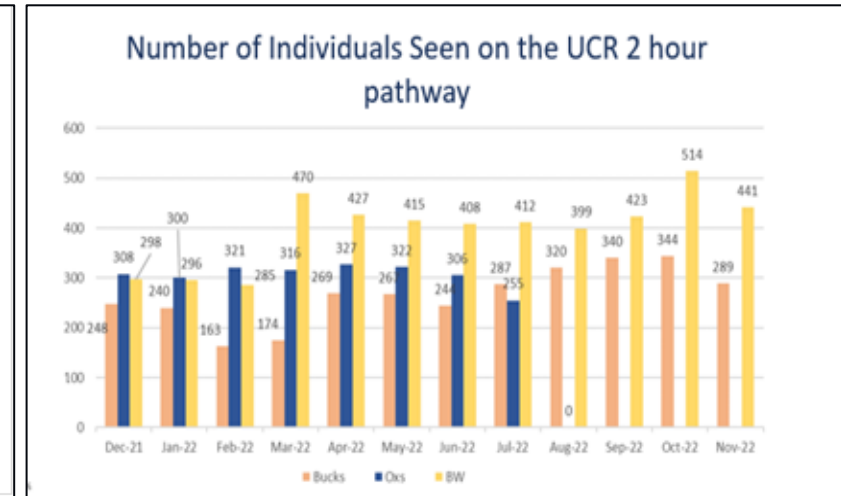
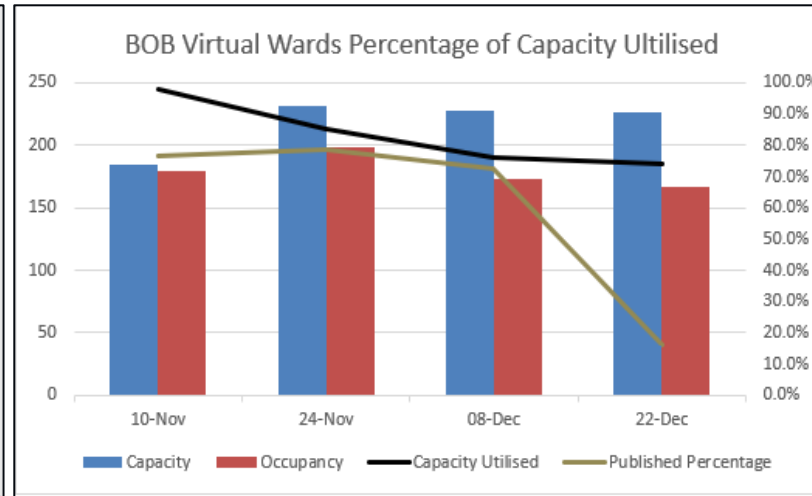
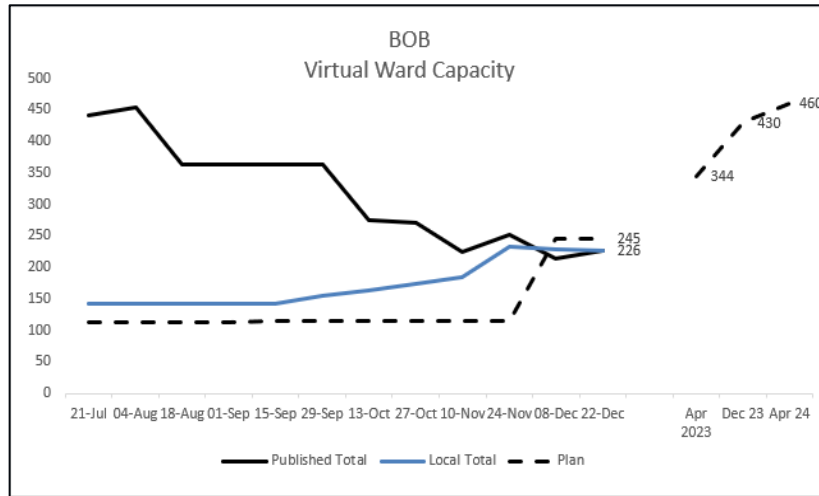
Aligned with the principles of Acute Respiratory Infection (ARI) Hubs, place UEC leads are working with place partners to explore additional capacity options, linked with existing care pathways to meet current demand using the £1.1m announced for BOB. Work continues to further expand Virtual Wards capacity with Paediatrics now being eligible for inclusion. Trajectories have been set to reach 28 beds per 100k pop by December 2023 and local teams are exploring how this could be increased.

The **Reading Urgent Care Centre** opened 5th December with a capacity to offer 100 appointments a day and work continues to ensure the capacity available is used to optimal effect with direct booking from RBFT Emergency Department being explored.

Discharges - Following announcement of the additional funding available to systems to support additional discharge capacity, with tranche 1 expected to provide an additional 80 beds and 90 care packages per week supporting approximately 150 discharges.

Trusts continue to work with SCAS to mitigate handover delays through the provision of queue nurses and instigation of Hospital Ambulance Liaison Officers where required, the opening up of additional capacity and ensuring senior decision making are available.

Virtual Wards (VW) and Urgent Community Response (UCR)



There is no data for Oxford Health until the new EPR system is implemented. Estimated date January 2023

Virtual Wards (VW) and Urgent Community Response (UCR)



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Virtual Wards

BOB VW bed capacity by end of December 2022 was 237 beds, just short of our target of 252. The shortfall was due to recruitment issues in Royal Berkshire Hospitals. We have been informed of recruitment issues across all Virtual Wards which is impacting the ability to further increase our VW capacity.

Our VW providers submit data to NHS Foundry every two weeks which informs national and regional NHSE reports. We have averaged 75% occupancy in December, however data quality issues e.g. late submissions due to operational pressures and inability to report Oxford Health data, mean that BOB ICS's VW capacity and occupancy looks comparatively and erroneously low on these reports compared to other providers across the South East. We have now instigated daily local reporting via our UEC sitrep to support better oversight and implemented a new system for entering Foundry data at an earlier time point to mitigate any issues.

We were due to increase our VW bed capacity further to 335 beds by April 2023, but due to system pressures, we are now aiming to increase this to 402 beds by end of March 2023.

As part of our Enhanced Operating Response to the system OPEL 4 status a Virtual Ward Cell, chaired by Ross Fullerton, Exec Lead for Virtual Wards, is now meeting twice weekly. Key focus includes maximising current VW bed utilisation routinely to 90% and above and expanding capacity by 50 VW beds per month in Quarter 4. All Virtual Ward providers are being offered any support they need to support increases to their capacity and utilisation.

Urgent Community Response

BOB ICS continues to exceed UCR operational targets, i.e. numbers of individuals seen on the two hour pathway and number of those seen within two hours. We are still currently unable to report Oxford Health data into the national UCR dashboard, but are now receiving data through our updated UEC daily sitrep report. Once this is in place benchmarking against National and Regional performance will be included

Key actions upcoming for UCR programme:

- Streamlining single points of access at place
- Further developing Point of Care testing capability
- Further increasing referrals from care homes
- Further increasing referrals from SCAS and 111

The ability to discharge patients from acute and community settings continues to be one of the systems major challenges and is the focus of key workstreams across the BOB Integrated care system. We continue to focus on best practice initiatives including working to increase discharges over the weekend, setting up transfer of care hubs and investing in additional capacity.

At the end of October 13.4% of the occupied beds in BOB were taken by patients who did not meet the criteria to reside in an acute setting. The SE Region overall had 16.4% of the occupied beds taken by patients who did not meet the criteria to reside. Nationally the figure was even higher with 18.6% taken by patients who did not meet the criteria to reside. In October BHT had the highest proportion of beds occupied by patients who did not meet the criteria to reside (21.5%), higher than the national average.

The picture across the country appears to improve towards the end of November, with a smaller number of patients not meeting the criteria to reside and not discharged alongside higher bed occupancy. Resulting in 0.5% improvement nationally, a 0.2% improvement across the SE and despite already performing better than the Regional and National average, a 2% improvement across BOB. Although having more occupied beds all three acute providers in BOB had a lower percentage of beds occupied by patients who did not meet the criteria to reside. BHT improved to 14.9% which although remaining the highest in BOB was lower than both the Regional and National average.

The additional pressure on emergency pathways as a result of flu, COVID and respiratory infections over the Christmas and New Year period will required even more focus on discharge and flow for the final quarter of 2022/23.

Planned Care

Indicator	Month	ICB BOB		Sub ICB Bucks Activity	Oxford Activity	Berks W Activity	NHS Trust OUH		BHT Activity	Plan	RBFT	
		Activity	Plan				Activity	Plan			Activity	Plan
Incomplete pathways at month end	Oct 22	138,400		43,122	53,658	41,620	69,759	58,588	37,278	36,660	40,059	28,000
Incomplete Pathways over 52 weeks at month end		6,571		3,617	1,799	1,155	1,676	972	3,554	3,529	876	250
Incomplete Pathways over 78 weeks at month end		402		170	195	37	249	54	160	488	11	0
Incomplete Pathways over 104 weeks at month end		19		1	14	4	18	0	1	0	0	0
Total GP Referrals against 2019/20		91.1%	95%	65.6%	105.2%	98.1%	98.0%	94%	67.2%	89%	101.8%	98%
Total Other Referrals against 2019/20		119.4%	103%	100.1%	109.5%	141.4%	97.3%	97%	80.4%	98%	145.9%	177%
Total All Referrals against 2019/20		99.9%	98%	75.7%	106.4%	114.1%	97.7%	95%	70.8%	91%	118.9%	129%
Total First Attendances against 2019/20		100.4%	98.7%	104.8%	102.3%	94.8%	104.9%	133.4%	109.2%	103.4%	97.1%	117.9%
Total Follow-up Attendances against 2019/20		94.8%	87.3%	92.5%	97.9%	93.9%	99.4%	128.7%	86.3%	106.7%	88.9%	112.7%
Total Attendances against 2019/20		97.0%	91.7%	97.1%	99.7%	94.2%	101.4%	130.4%	95.4%	105.4%	92.1%	114.8%
Percent Day Case Admissions against 2019/20		85.7%	98.4%	82.3%	89.5%	85.6%	86.0%	117.5%	76.6%	100.9%	83.5%	91.8%
Percent Ordinary Elective Admissions against 2019/20		79.9%	101.3%	71.6%	79.6%	88.9%	73.4%	170.2%	63.6%	122.6%	81.9%	99.3%
Percent Total Elective Admissions against 2019/20		84.9%	98.8%	81.0%	88.1%	86.1%	84.2%	124.9%	75.5%	102.8%	83.3%	92.7%

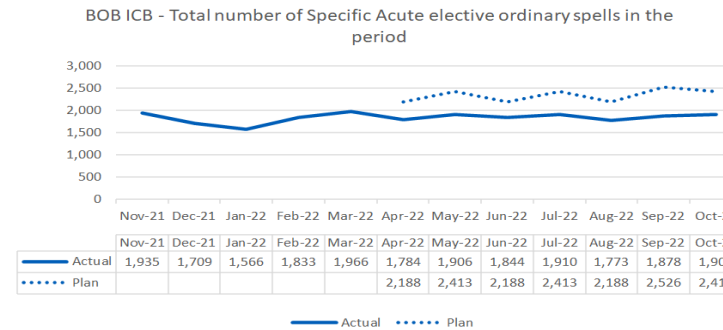
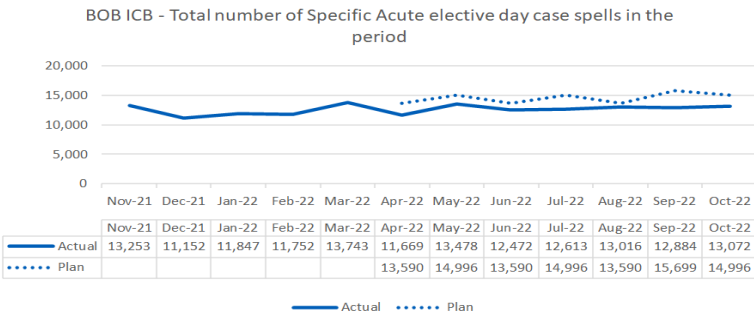
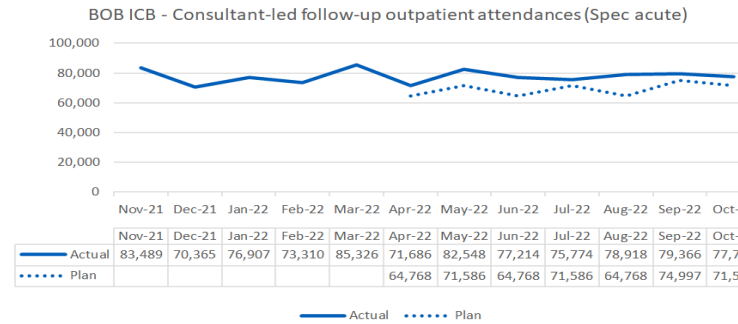
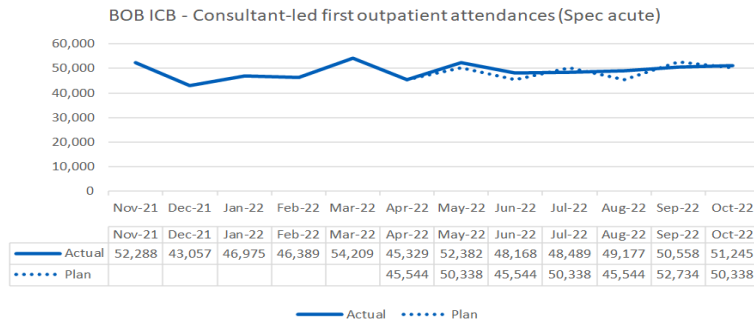
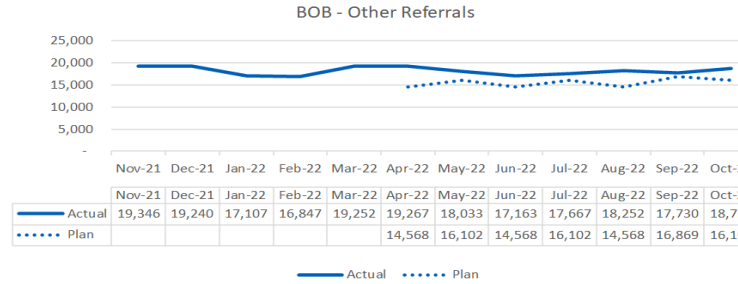
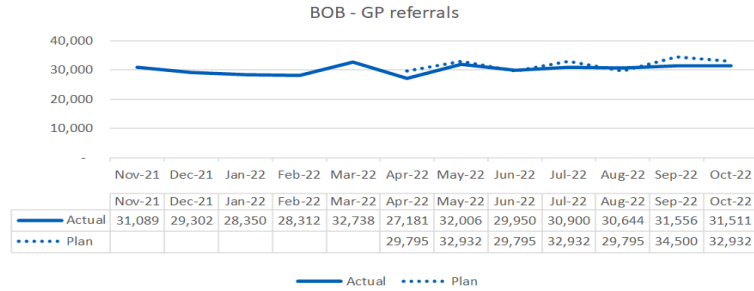
(Includes all APC except Regular Attenders)												
Indicator	Month	ICB BOB		Sub ICB Bucks Activity	Oxford Activity	Berks West Activity	NHS Trust OUH		BHT Activity	2019/20	Royal Berkshire	
		Activity	2019/20				Activity	2019/20			Activity	2019/20
Proportion of patients discharged to usual place of residence	Oct 22	91.5%	92.3%	94.9%	90.7%	90.0%	90.5%	92.3%	94.6%	94.7%	91.1%	92.3%

Indicator	Month	ICB BOB		Sub ICB Bucks Activity	Oxford Activity	Berks West Activity	NHS Trust OUH		BHT Activity	Plan	Royal Berkshire	
		Activity	Plan				Activity	Plan			Activity	Plan
Diagnostic activity levels – Imaging	Oct 22	44,642	44,604	13,619	21,603	9,420	25,319	23,244	9,748	11,969	9,108	6,661
Diagnostic activity levels – Physiological Measurement		2,908	2,925	1,004	1,496	408	2,000	1,857	463	670	310	219
Diagnostic activity levels – Endoscopy		3,207	3,808	425	1,929	853	1,229	1,561	317	645	810	741
Diagnostic activity levels – CT (Imaging)		19,594	16,587	5,022	10,253	4,319	12,317	10,030	4,386	4,201	4,267	2,400
Diagnostic activity levels – MRI (Imaging)		9,614	9,367	3,030	4,203	2,381	5,546	5,223	1,621	2,172	2,183	1,860
Diagnostic activity levels – Non-Obstetric Ultrasound (Imaging)		15,434	18,650	5,567	7,147	2,720	7,456	7,991	3,741	5,596	2,658	2,401
Diagnostic activity levels – Echocardiography (Physiological Measurement)		2,908	2,925	1,004	1,496	408	2,000	1,857	463	670	310	219
Diagnostic activity levels – Colonoscopy (Endoscopy)		1,410	1,368	176	854	380	533	631	139	182	345	264
Diagnostic activity levels – Flexi Sigmoidoscopy (Endoscopy)		468	837	54	282	132	212	306	37	202	126	195
Diagnostic activity levels – Gastroscopy (Endoscopy)		1,329	1,603	195	793	341	484	624	141	261	339	282

Planned Care



Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

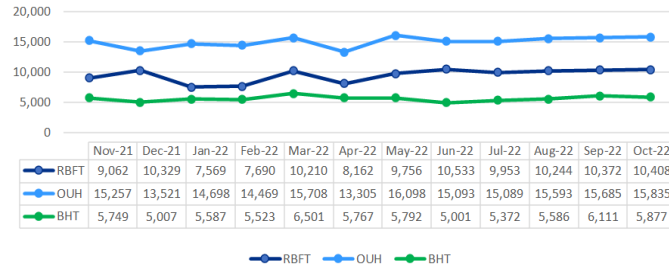


Planned Care

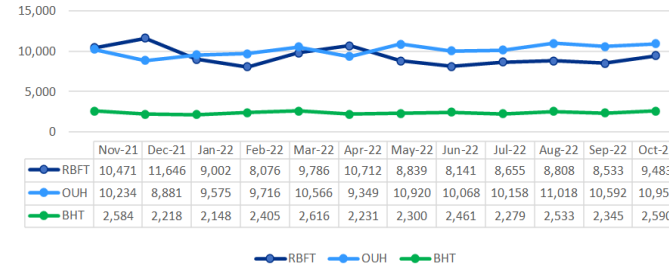


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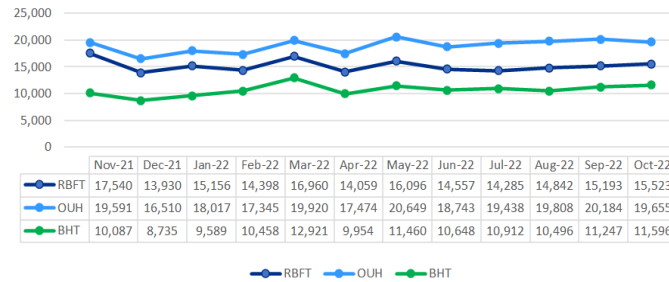
NHS Trusts - GP referrals



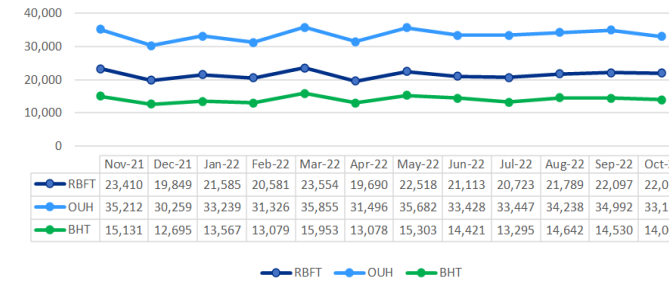
NHS Trusts - Other Referrals



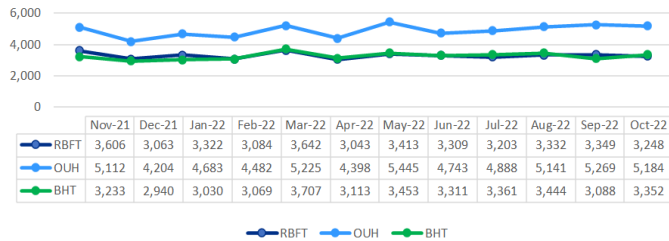
NHS Trusts - Consultant-led first outpatient attendances (Spec acute)



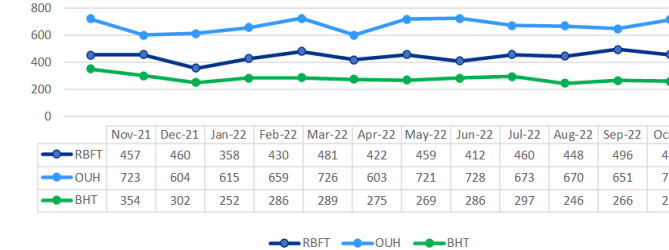
NHS Trusts - Consultant-led follow-up outpatient attendances (Spec acute)



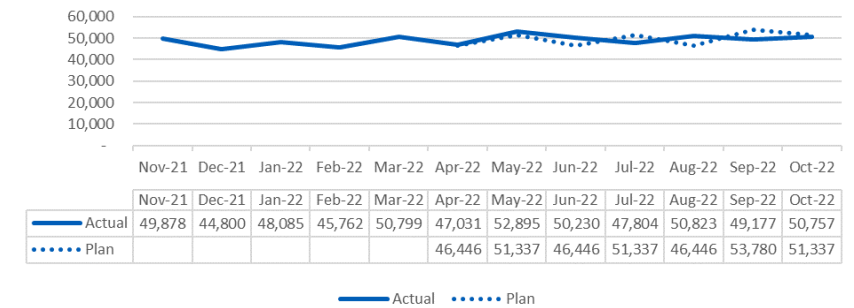
NHS Trusts - Total number of Specific Acute elective day case spells in the period



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

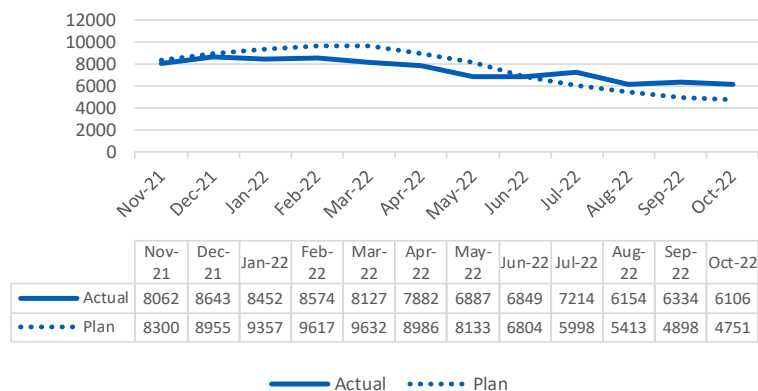


BOB - Diagnostic Tests

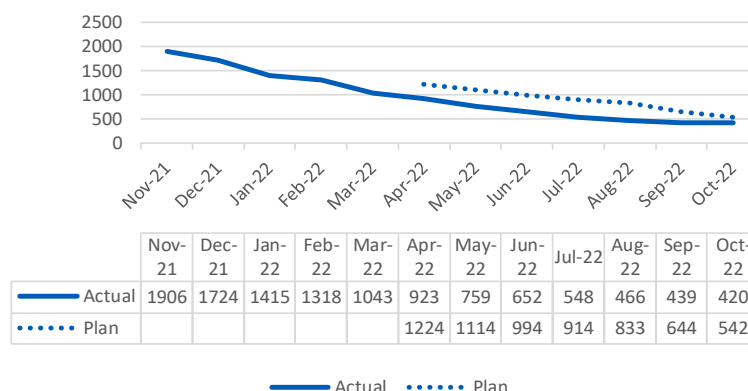


Planned Care – RTT (Referral to Treatment)

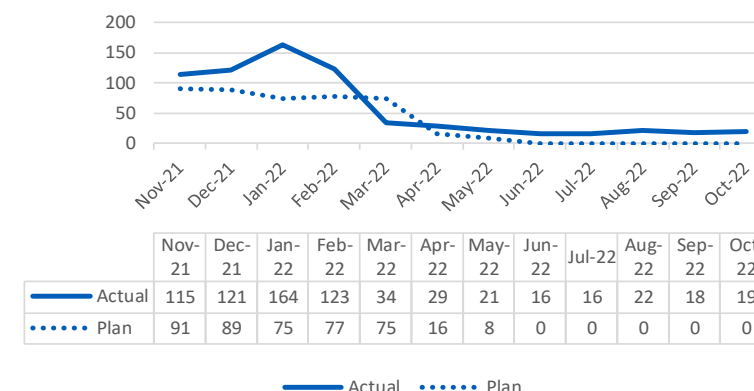
BOB (3 main NHS trusts) - 52 Week Waits



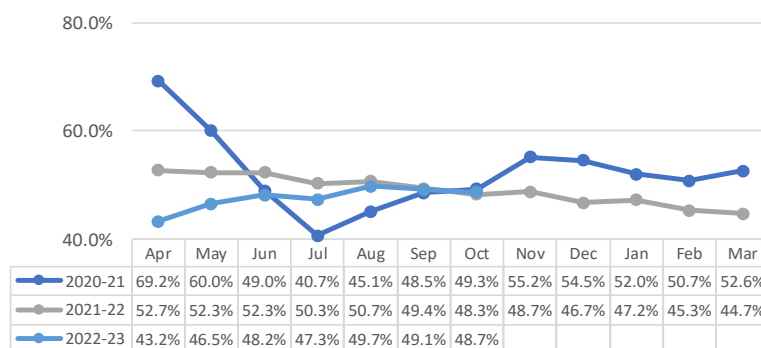
BOB (3 main NHS trusts) - 78 Week Waits



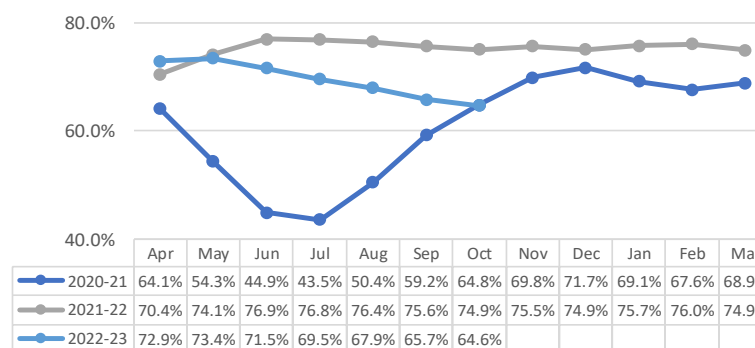
BOB (3 main NHS trusts) - 104 Week Waits



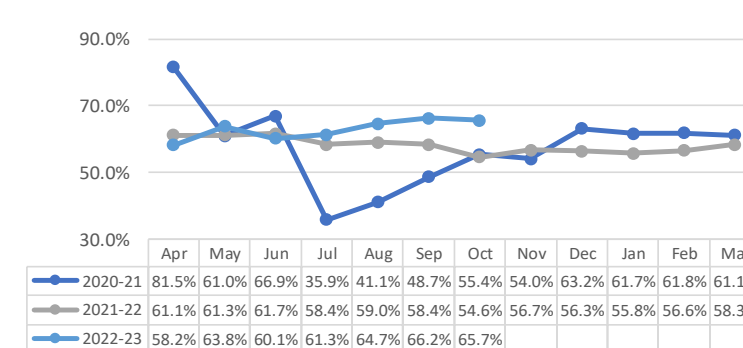
BHT - RTT Incomplete Pathways (% within 18 Weeks)



OUHFT - RTT Incomplete Pathways (% within 18 Weeks)



RBFT - RTT Incomplete Pathways (% within 18 Weeks)

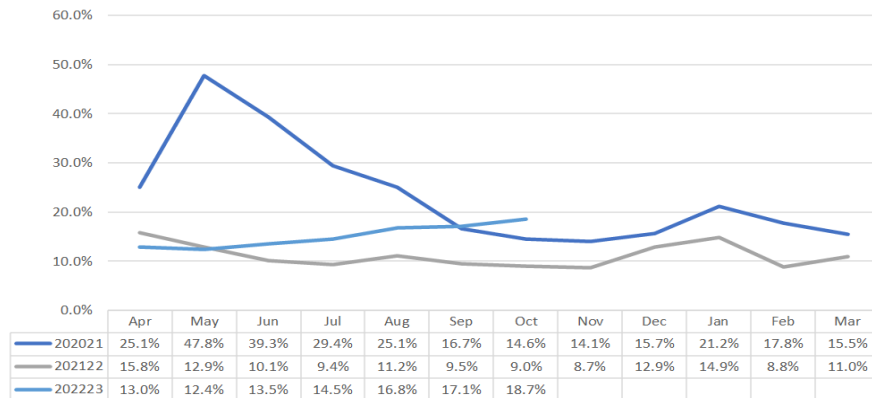


Planned care – Diagnostics

Indicator	SOF Flag	Month	ICB BOB Activity	Plan	Sub ICB Bucks Activity	Oxford Activity	Berks W Activity	NHS Trust OUH Activity	Plan	BHT Activity	Plan	RBFT Activity
Percent of Diagnostics Waiting list 6 weeks or more		Oct 22	17.9%	1.0%	24.0%	9.3%	26.0%	9.6%	1.0%	27.8%	1.0%	25.6%
Percent of Diagnostic Tests against 2019/20			100.8%		85.6%	111.6%	103.1%	107.2%		89.5%		114.7%
Percent of Current MRI list waiting 6 weeks or more			20.8%	1.0%	28.9%	8.3%	22.9%	7.4%	1.0%	39.5%	1.0%	23.6%
Percent of MRI Tests against 2019/20			108.7%	105.9%	99.8%	127.5%	94.7%	107.8%	101.5%	90.7%	121.5%	102.7%
Percent of Current CT list waiting 6 weeks or more			9.9%	1.0%	20.7%	2.3%	9.5%	1.5%	1.0%	22.4%	1.0%	7.6%
Percent of CT Tests against 2019/20			126.3%	107.0%	107.3%	135.5%	132.4%	127.8%	104.1%	124.3%	119.0%	139.3%
Percent of Current Non-obstetric Ultrasound list waiting 6 weeks or more			7.1%	1.0%	9.8%	5.3%	9.9%	5.3%	1.0%	12.1%	1.0%	5.5%
Percent of Non-obstetric Ultrasound Tests Against 2019/20			82.9%	100.2%	73.3%	91.9%	83.7%	94.1%	100.9%	75.8%	113.3%	104.4%
Percent of Current Colonoscopy list waiting 6 weeks or more			45.3%	1.0%	54.3%	17.1%	61.4%	4.2%	1.0%	58.3%	1.0%	65.7%
Percent of Colonoscopy Tests Against 2019/20			89.1%	86.4%	61.1%	90.9%	107.0%	72.3%	85.6%	82.7%	108.3%	98.6%
Percent of Current Flexi sigmoidoscopy list waiting 6 weeks or more			54.1%	1.0%	51.4%	24.1%	74.1%	5.4%	1.0%	58.0%	1.0%	76.5%
Percent of Flexi sigmoidoscopy Tests Against 2019/20			51.5%	92.2%	20.8%	74.0%	49.4%	58.7%	84.8%	16.2%	88.6%	50.8%
Percent of Current Gastroscopy list waiting 6 weeks or more			32.5%	1.0%	59.1%	7.2%	47.5%	6.9%	1.0%	67.9%	1.0%	48.9%
Percent of Gastroscopy Tests Against 2019/20			83.6%	100.9%	57.5%	92.4%	87.0%	68.5%	88.3%	64.4%	119.2%	106.9%
Percent of Current Echocardiography list waiting 6 weeks or more			24.5%	1.0%	24.7%	23.2%	27.3%	20.2%	1.0%	26.1%	1.0%	5.2%
Percent of Echocardiography Tests Against 2019/20			111.7%	112.4%	107.3%	112.4%	121.4%	125.3%	116.4%	83.3%	120.5%	98.1%

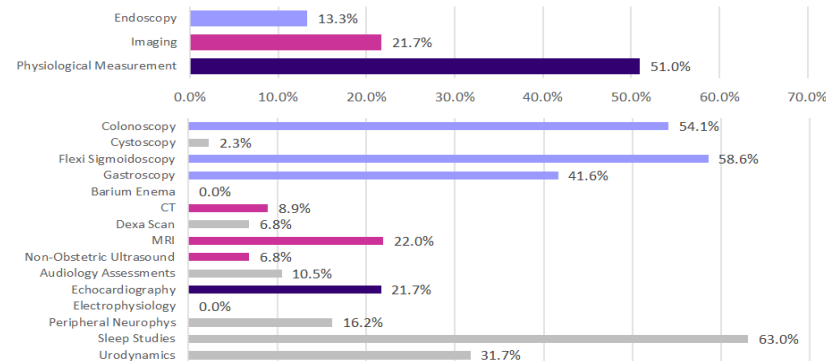
Diagnostic performance year on year

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

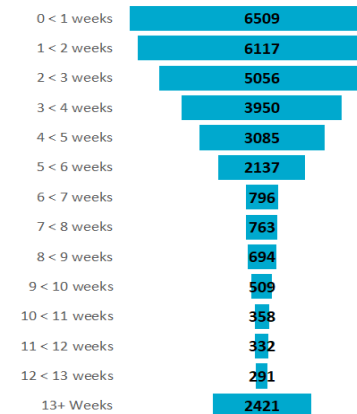


Latest diagnostics performance by test for October 2022

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



Waiters by weeks waited for October



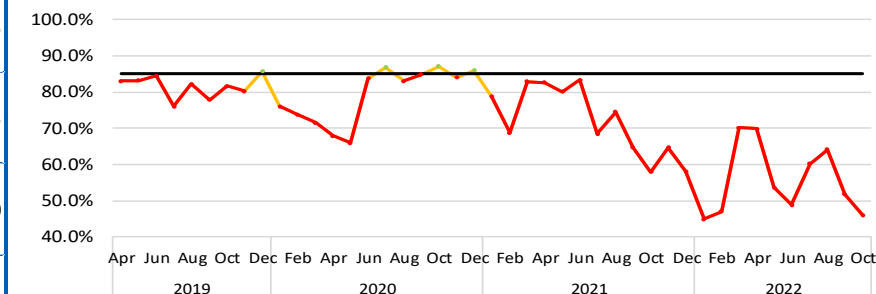
BOB is continuing a positive downward trend in the reduction of the volume of the longest waiting patients and is on track to have treated all patients waiting over two years by the end of December. Although there is some variation across providers, as a system, BOB is ahead of its end of December 2022 plan to treat all patients waiting over 18 months with a trajectory to achieve zero waits in this cohort to meet the end of March 2023 requirement.

- Overall elective activity remains below planned levels in both episodes treated and the financial value weighting of activity.
- BOB activity levels for diagnostics continue to compare favourably against pre-pandemic levels although are lower than the target to achieve 120% of activity in these services compared to 2019/20.
- The three community diagnostic centres at Oxford, Amersham and West Berkshire continue to contribute to increased diagnostic activity with both Amersham and West Berkshire performing above planned levels.
- Although winter pressures present a risk to the delivery of elective care and the ability to maintain planned performance trajectories, BOB has an agreed set of Principles for Maintaining Elective Activity During Winter pressures with agreed system wide clinical prioritisation processes, maximising the use of mutual aid and utilisation of green pathways including outpatients, diagnostics and the Independent Sector.
- In October 2023/24 there were 249,416 diagnostic appointments, an increase from 243,529 in October 2022/23 the previous year, the ICB ranked 18/42 of all ICSs nationally for diagnostics activity
- In terms of Referral to Treatment total patients waiting over 52 weeks the ICB providers had 6,103 a reduction from 8,411 in September 2021, ranking 16/42 nationally
- Total elective activity compared to our 2019/20 baseline was at 98.2% in October with the ICB ranking 25 out of 42 ICB nationally

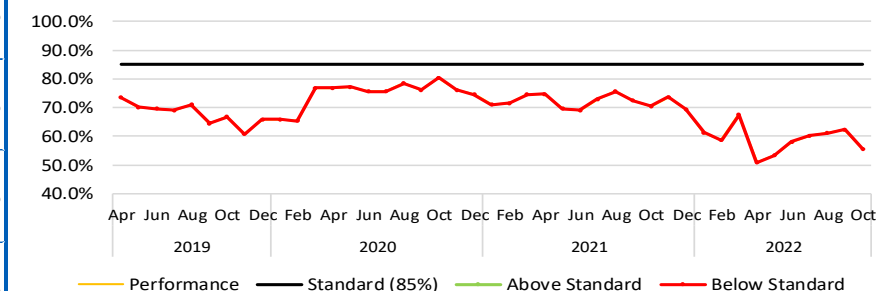
Trusts continue to support each other with their requests for mutual aid where appropriate, through the elective care programme and speciality level task and finish groups. All acute trusts continue to focus on the benefits of targeting outpatients building on the programme drive during 'Super-September' as this area of service delivery represents approximately 80% of the long waits for the system. Although these initiatives are ongoing, Super-September has helped to re-focus and positive trends are being noted. A full 'lessons learned' paper is due in January.

Code	Indicator		Standard	BHT	OUP	RBFT
E.B.6	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer		93%	83.9%	77.4%	86.3%
E.B.30	Cancer - urgent referral seen			2110	2471	2123
E.B.31	Cancer - first treatments			164	448	200
E.B.7	Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected		93%	*	48.6%	100.0%
E.B.27	Percentage meeting faster diagnosis standard		75%	66.5%	76.6%	73.1%
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')	Oct 22	96%	78.0%	87.3%	97.0%
E.B.9	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is Surgery		94%	61.8%	81.1%	88.1%
E.B.10	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is an Anti-Cancer Drug Regimen		98%	92.9%	99.0%	100.0%
E.B.11	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is a Radiotherapy Treatment Course		94%	100.0%	97.6%	89.6%
E.B.12	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer		85%	46.0%	55.7%	65.4%
E.B.13	Percentage of patients receiving first definitive treatment within 62 days of referral from NHS Screening Service		90%	85.7%	65.2%	78.6%
E.B.14	Percentage of patients receiving first definitive treatment within 62 days of a consultants decision to upgrade their priority status		86%	84.2%	44.4%	75.0%

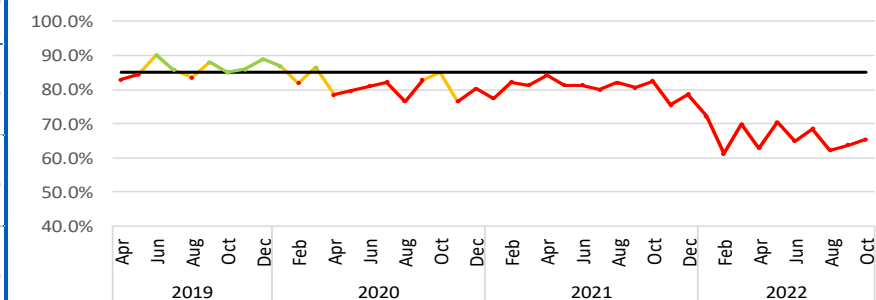
62 Day Standard - Performance (BHT)



62 Day Standard - Performance (OUP)



62 Day Standard - Performance (RBFT)



- **2WW standard** (93%) - Performance in October was 82.3%, this was an increase from September (76.6%), and above the national average (77.8%). All three trusts non-compliant, which was driven by Sarcoma (58.7% although small numbers), Gynaecological (63.4%) and Children's (76.7%) as the 3 lowest compliant tumour sites. However, Lower Gastrointestinal (LGI), Brain, Breast, 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%) - October saw performance decrease 1.5% from September. RBH was the only Trust compliant on this standard at 97%, BHT (78%) and OUH (87.3%). Across BOB, tumour specific compliance was challenged, with access to diagnostics or theatres delaying treatment. Challenges within the system are workforce, especially around pathology and radiology and treatment capacity impacting the position.
- **31-day standard: surgery** (94%) - System position reported as 78.9% which is a decrease of 2.7% from September. Driven by treatment capacity across the system
- **62-day standard** (85%) - Performance in October was 55.9%, this was a reduction from September (60.2%), and below the national average (60.3%). Compliance against the standard continues to be challenged across BOB. All Trusts reported non-compliant positions with BHT being the worst (BHT 46%, OUH 55.7% RBH 63.7%). Lung and Urology are 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 also seeing Skin above the standard. Ongoing issues impacting performance at present are workforce, diagnostic capacity elongating pathways, delays within pathway, 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** (90%) - . All providers are non-compliant in this standard, BHT and RBH improved on September performance, but OUH deteriorated. System performance reported as 74.5%. Varied compliance at Trust level, BHT (85.7%), OUH (65.2%) and RBH (78.6%).

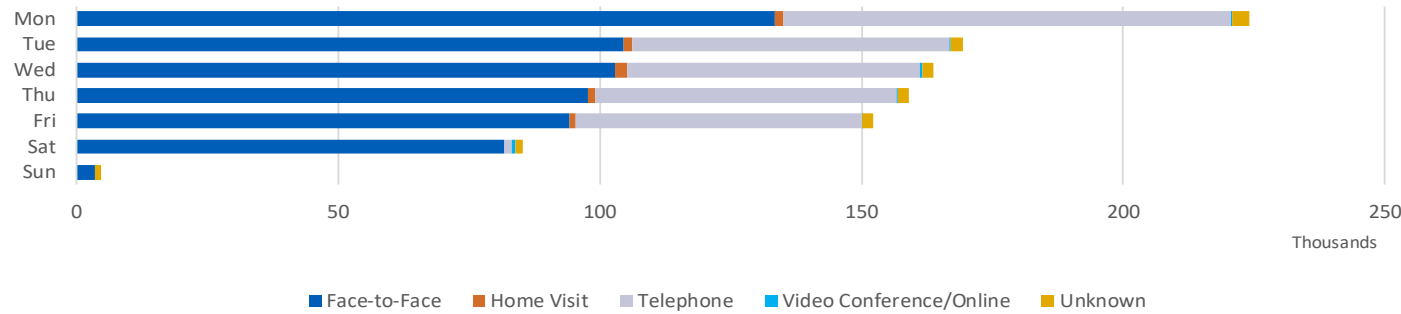
- **First Treatments** - October has seen a decrease of first treatments (31 days) from M6 to M7. However, there has also been a slight increase in the number of reported breaches.
- **2 Week Wait: Breast** (93%). - : There has been an increase of 20.8% between September and October but performance remains below the target of 93%. Note there is no BHT data for this metric, there is a data error for Breast in October for BHT, and only RBH is compliant. Ongoing challenges at OUH in relation to compliance due to known staffing challenges within radiology (mammographers). Improved position from M6, 9.6% with M5 recording a position of 48.6%.
- **Faster diagnosis 28 days** (75%) - October saw a slight increase of 0.9% from the level in September but compliance against the target remains challenged. OUH reported a compliant position of 76.6% against the 75% standard. BHT and RBH reported non-compliant positions of 66.5% and 73.1% respectively. BHT's position was mainly driven by LGI (23.8%), Urology (35.5%), UGI (43.6%), Head & Neck (59.4%) and Haematological (60%) with a number of other tumour sites impacting compliance. RBH's performance was driven by Lung (0%), Gynaecological (45.9%), LGI (46.9%), Children's (53.8%), Urology (55.7%), and Haematological (58.8%). 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** (98%) – Only BHT reported a non-compliant position of 92.9% against this standard with OUH and RBH compliant at 99% and 100% respectively against the 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)
- **Oversight Framework Indicators**
- Total patients treated for Cancer compared to the same month in 2019/20 - October performance was at 110% and the ICB was ranked 17 of 42 ICB geographies nationally
- Percentage of patients on waiting list waiting over 62 days-. October performance was 12%, compared to 10.3% nationally and the ICB ranked 29/42
- Percentage of patients meeting the faster Cancer Diagnosis- October performance was 72.3%, compared to 68.6% nationally and the ICB ranked 15/42

Primary Care



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

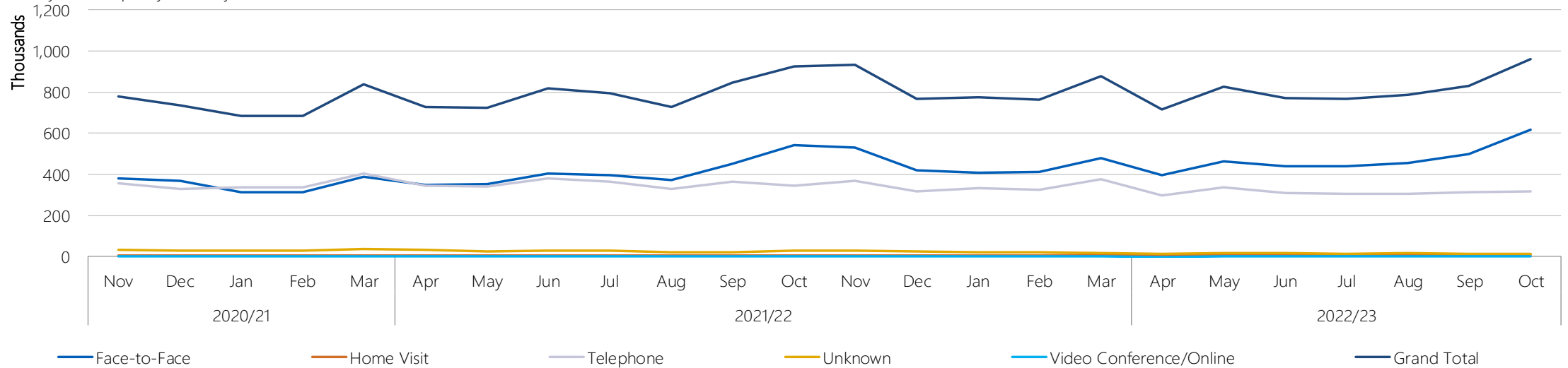
Total Count of Appointments by Weekday for October 2022



Face to Face	Home Visit	Telephone	Video / Online	Unknown
617K	8,411	316K	1,426	15K
Appointments for October 22				

Overall Consultation Levels

GP Appointments by Month split by modality

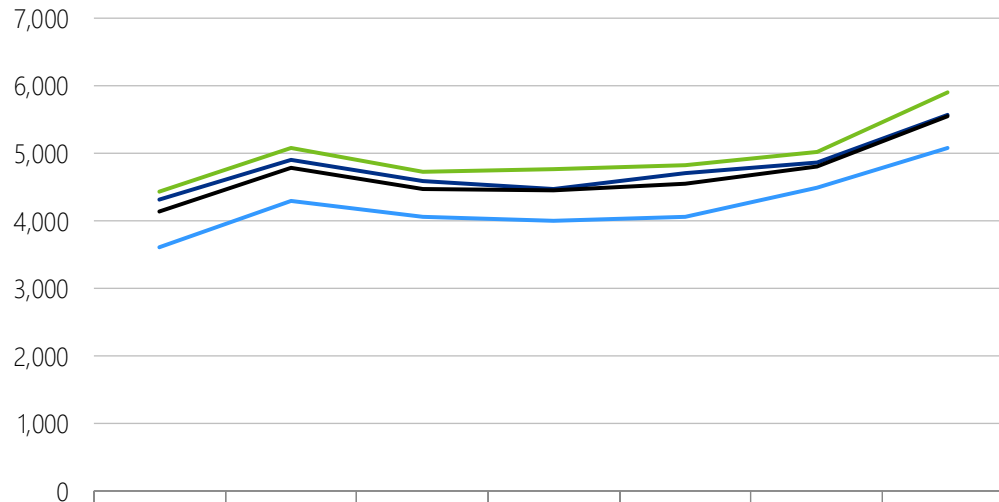


Primary Care

Primary Care

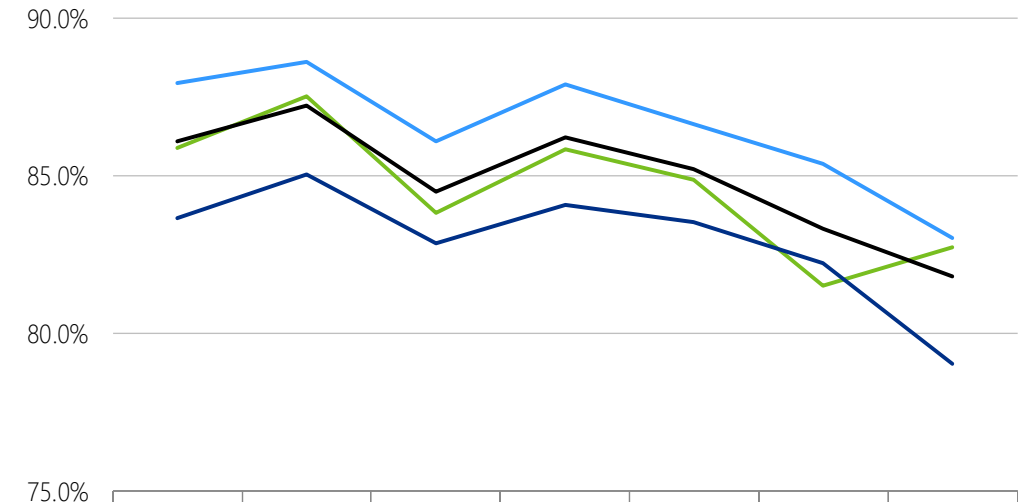
Indicator	SOF Flag	Month	BOB	Buckinghamshire	Oxfordshire	Berkshire West
Number of general practice appointments per 10,000 weighted patients	SOF 001a	Oct 22	5547	5073	5897	5571
Percentage of General Practice Appointments seen within 14 days of Being Booked			82%	83%	83%	79%

S001a Number of General Practice Appointments per 10,000 Weighted Patients



	Apr	May	Jun	Jul	Aug	Sep	Oct
2022/23							
Buckinghamshire	4,423	5,065	4,728	4,768	4,817	5,013	5,897
Oxfordshire	3,606	4,283	4,046	4,000	4,048	4,480	5,073
Berkshire West	4,312	4,895	4,576	4,472	4,699	4,865	5,571
BOB	4,137	4,773	4,472	4,444	4,544	4,804	5,547

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



	Apr	May	Jun	Jul	Aug	Sep	Oct
2022/23							
Buckinghamshire	85.9%	87.5%	83.8%	85.8%	84.9%	81.5%	82.7%
Oxfordshire	87.9%	88.6%	86.1%	87.9%	86.6%	85.4%	83.0%
Berkshire West	83.7%	85.0%	82.9%	84.1%	83.5%	82.2%	79.0%
BOB	86.1%	87.2%	84.5%	86.2%	85.2%	83.3%	81.8%

The number of consultations remain above pre-pandemic levels. The number of appointments were expected to increase in October due to the start of the Flu campaign. Face to Face appointments remain the most common appointment type and are shown to increase in October 2022

- Access remains a key focus for the team with Winter planning including the opening of a new Urgent Care Centre in Reading in early December. Current performance on key workstreams is as follows:
 - 40.6% of patients were seen on the same day they requested an appointment in October 2022 (slightly less than previous months due to booking for flu vaccination) , 81.8% were seen within 2 weeks.
 - 71.3% of appointments took place face-to-face compared to 72.5% prior to the pandemic (noting data quality has improved over time)
 - Enhanced Access was implemented on 1 October with all 50 PCNs now providing services into the evenings and on Saturdays. Initially these appointments have focused on the roll out of the Autumn COVID and flu vaccination programmes
 - Roll-out of advanced telephony – 110 practices live, further 36 due to go live by March 2023.
 - Community pharmacy consultation service referral rates – 105 practices live (October 2022) . 5133 referrals have been made to the scheme which equates to approximately 856 hours of saved practice appointment time. Weekly Sit Rep in place.
- In October the number of GP Appointments per 100,000 weighted at BOB level was 5201.66, which is the same as the national average, with the ICB ranking 14/42
- In October GP activity levels were at 98.3% of 2019/20 baseline, compared to a national average of 101.2%

We are currently working to increase capacity in general practice following the increased demand on the NHS and primary care. This includes up to an additional 2000 sessions of clinical time in general practice and additional capacity via the acute respiratory infection 'hubs'. Other access workstreams include winter communications, 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.

Mental Health Services



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

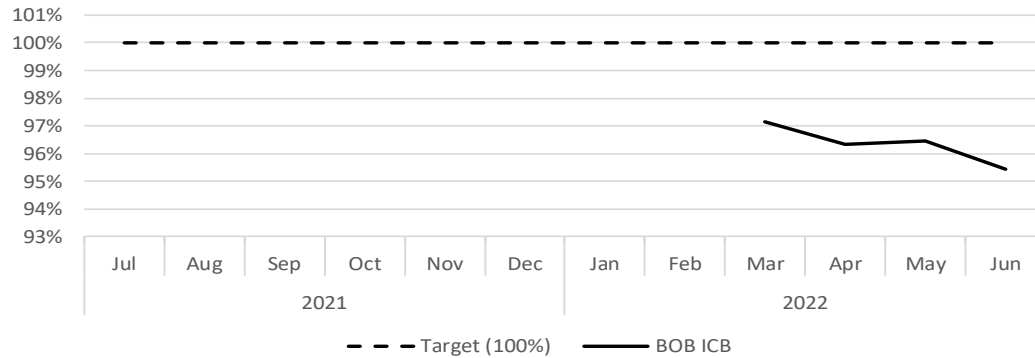
Indicator	Period	Standard	Plan	BOB ICB	Bucks	Oxon	Berks. West	Berkshire Healthcare	Oxford Health
Total access to IAPT services	Rolling 3 months to Jun 22		9490	8,255	2,615	3,000	2,640	4,705	5,570
IAPT - Access Rate		6.25%		5.42%	6.00%	4.90%	5.56%		
IAPT - Moving to Recovery	Jun 22	50%		49.6%	55.7%	45.9%	46.5%	46.9%	51.3%
IAPT - Treated within 6 Week		75%		98.2%	98.6%	99.3%	96.5%	94.9%	99.3%
IAPT - Treated within 18 Week		95%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dementia Diagnosis Rate	Sep 22	67%	64%	59.67%	57.3%	62.0%	59.0%		
Children and Young People (ages 0 - 17) Mental Health Services access (Number with 1+ Contact)	Jun 22	100%		99.8%					
CYP Eating Disorders - Urgent (1 week)	Rolling 12 months to Sep 22	95%	83%	56.63%	73.3%	33.3%	58.5%	58.6%	67.2%
CYP Eating Disorders - Routine (4 weeks)		95%	63%	33.98%	30.4%	21.5%	71.1%	71.5%	44.3%
Severe Mental Illness (SMI) 6 Health Checks completed Percent of Register	2022/23 Q2	60%		41.39%	40.2%	38.0%	48.7%		
People with severe mental illness receiving a full annual physical health check and follow up interventions	2022/23 Q2	100%		68.3%					
Inappropriate adult acute Mental Health Out of Area Placement (OAP) bed days	Three Months to Jan 00	0		1410	315	535	565	1095	910
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	May 22	100%		95.4%					

Where indicators are a rate (percent or otherwise) organisations are rated against the known standard

There are significant Data Quality issues for a number of Mental Health providers following cyber security breaches in key software. Performance data from Oxford Health, MHS provider for both the Buckinghamshire and Oxfordshire places, is significantly affected and figures may be inaccurately reported or absent until service is restored after January 2023.

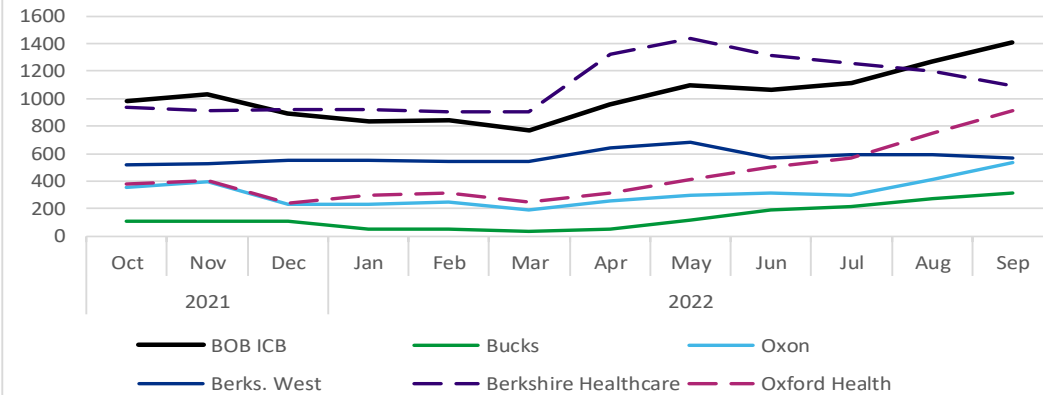
Mental Health Services

S110a Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses against trajectory

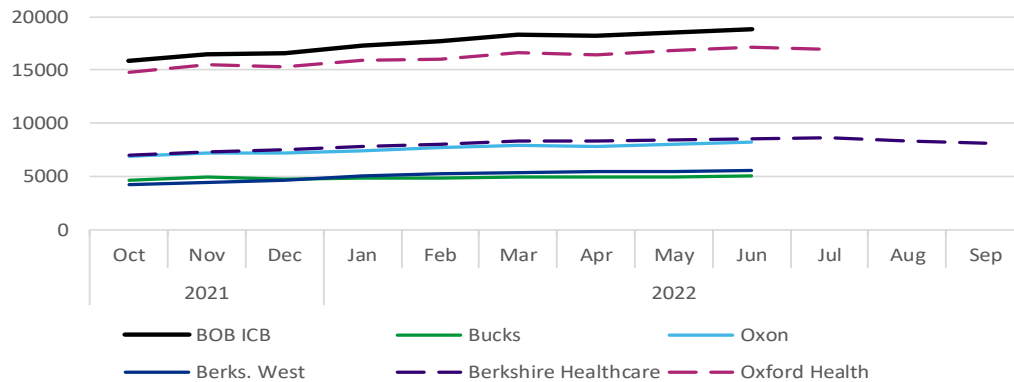


Trajectory denominator is defined as: LTP indicative trajectory (weighted share of national LTP ambition 2022/23)

S086a Inappropriate adult acute mental health Out of Area Placement (OAP) bed days



People in contact with children and young people's mental health services at the end of the reporting period



The ICB and SUB ICB Breakdown has not been available since June june data. Additionally Oxford Health does not have included figures for August and September data.

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

- The total access rate, 8,225 remains below the plan of 9,490 and access rate 5.44% is below the standard of 6.25%. Across the region access remains below target. Our recovery plan is still not on track.
- BOB Access rate when compared to 2019/20 is 74.1%, above the national average of 66.7%, with a ranking of 10/42
- The plan continues to include active marketing (to increase referrals), including outreach to older adults and BAME groups. Some areas are also looking at digital access to support waiters. Programme support requested from the regional team to and we will review our request as part of the Q3 MH Data Collection return to the regional team.

Dementia Diagnosis Rate (DDR) Performance

- Remains below plan as 59.7% for the period. Recovery plan in place but not on track. The issues with backlogs remain (clinic pauses during pandemic) and as well as: vacancies; recruitment issues; staff sickness and recording issues within primary care. In September the regional DDR shows little marked variance to the previous month: with an increase of 0.2% to 60.8%, 1.5% below the National Average of 62.1%.
- The ICB performance of 59.7% is below the National Average of 62.1% and the regional average of 60.8%
- The National Target remains 66.7%, with the need to consider alternative and additional ways to diagnose. There are changes to the way DDR figures are collected and NHS Digital (NHSD) pausing the publication of data for October to December 2022. In respect of the request for programme support from the regional team they have now informed us that SWC CSU have secured funding to deliver a support programme across the Southeast and Southwest regions along the dementia pathway and we are making contact to establish more information on this and how to access the support.

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

- Performance remains below plan - 83% against 95%. . We have previously noted 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.

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

- The ICB performance of 83% is higher than the regional 77.1%. A national comparison isn't available for Q2 due to Trust cyber attacks
- Recovery plan in place.

CYP Eating Disorders - Routine (4 weeks) Performance

- Performance remains below plan – 33.98% against 63%, however there are differences between Oxford Health and Berkshire Healthcare, with Berkshire performing above plan at 71.1%. Increase in demand and acuity continues to be noted as factors in addition to vacancies and recruitment difficulties, with ongoing recruitment drives including work with HR around vacancies and exploration with system partners to explore further options.
- The ICB performance of 33.9% is below the regional average of 73.8%. National comparison isn't available for Q2
- Demand, capacity and quality review has recently taken place in Buckinghamshire, and we will update further on this for the January report. Recovery Plan in place.

Severe Mental Illness (SMI) 6 Health Checks Performance

- This remains at 41.39% against the 60% standard. Regionally checks are above the operational plans, but below the national target. Figures can fluctuate based on the number of new referrals and speed of engagement with patient group.
- The ICB have completed 29,403 Health Checks in Q2 2022/23 a large increase when compared with 16,278 Q2 in 2021/22
- Recovery Plan in place with continuation of focus on data sharing with primary care via Physical Health Leads and progress monitoring. There are weekly data reviews to ensure checks are offered; physical health awareness sessions have been offered to several CMHTS and EIP teams and in some areas, Point of Care testing machines are being used to improve patient experience and minimise the number of appointments needed by patients.

Learning Disability and Autism Services



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

- Annual Health Checks (AHC) Update: 30.7% achievement in October which is just above trajectory.
 - In Q2 the ICB performed at 23.7% compared to 27.9% nationally and ranked 32/42
- Adult In-patients – over trajectory by 16 people. As predicted, we have seen an increase due to late notification from Mental Health wards, known complex community placement breakdown. Admission avoidance interventions actively in place. 4 discharges achieved as planned in November and 3 new admissions, all appropriate
- Q2 the ICB had 42 Annual Health checks per 1,000,000 compared to 39 nationally and ranked 20/42
- Continued system pressures around inpatient activity and focus on length of stay over 5 years. Four with plans to move into community 2022/23. 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.. Ahead of Q3 trajectory and on track for Q4 trajectory
- 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

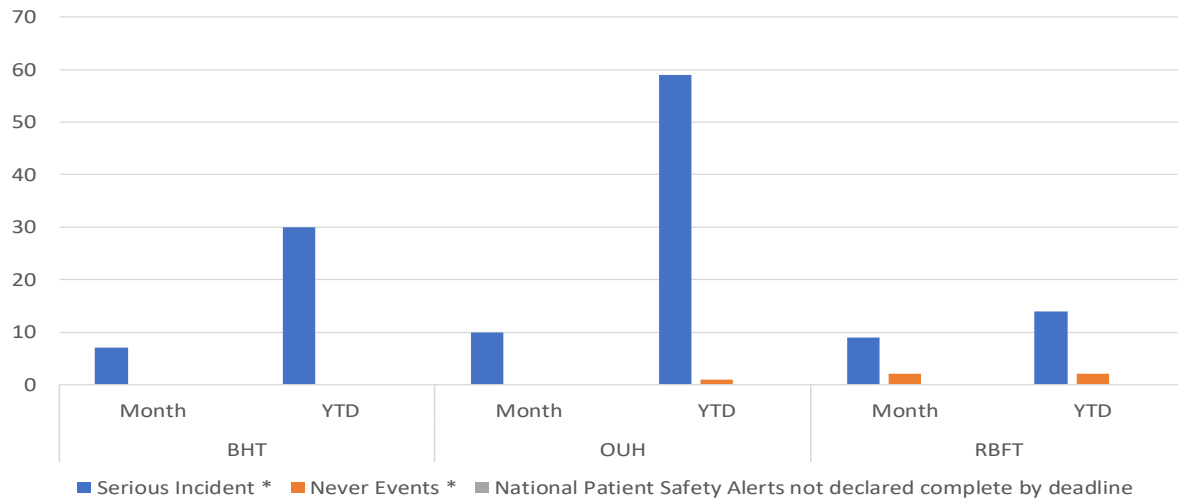
LeDeR (Learning from lives and deaths – People with a learning disability and autism people) Completion percentage of eligible notifications (> 6-month notification date)

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.

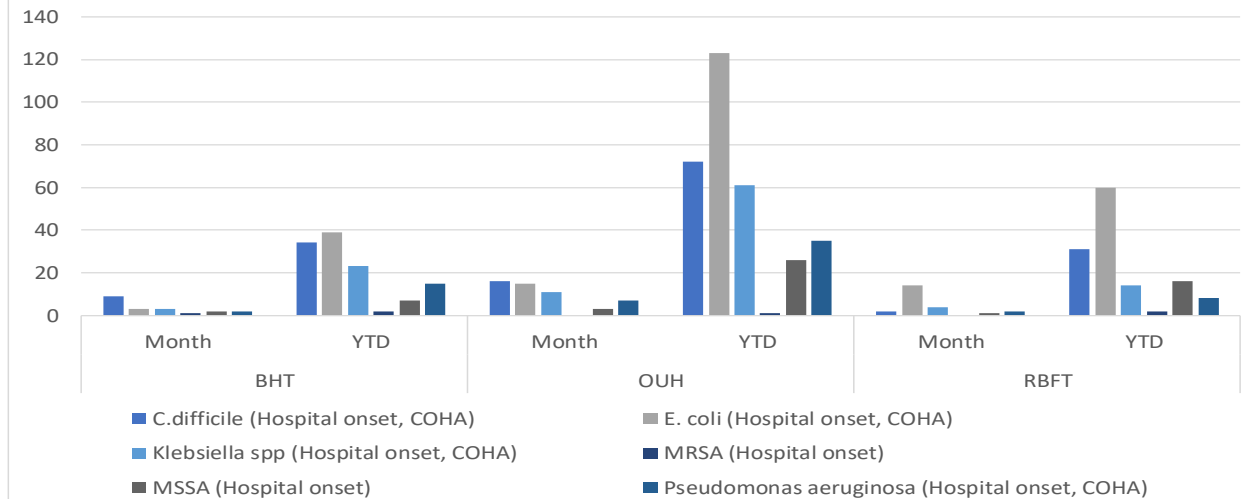
Adult In-patients: By 2023/24, no more than 30 adults per million with a learning disability or autism cared for in an inpatient unit. For BOB, that is 40 for the population target, and 37 as a Lon Term Plan target

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

Serious Incidents/ Never Events and Safety Alerts



Infection Control



Quality Indicator	BHT		OUH		RBFT	
	Month	YTD	Month	YTD	Month	YTD
Serious Incident *	7	30	10	59	9	14
Never Events *	0	0	0	1	2	2
National Patient Safety Alerts not declared complete by deadline	0	0	0	0	0	0

* The Serious Incident and Never Events YTD figures for BHT are for April, May, June, August, September and October 2022. The data for Royal Berkshire are for April, May, June and August 2022. The latest National Patient Safety Alerts not declared data is for November 2022.

BHT – Types of SI – October 2022	
Disruptive/ aggressive/ violent behaviour meeting SI criteria	1
Maternity/Obstetric incident meeting SI criteria: baby only	1
Sub-optimal care of the deteriorating patient meeting SI criteria	2
Treatment delay meeting SI criteria	3

Infection Control						
Indicator	BHT		OUH		RBFT	
	Month	YTD	Month	YTD	Month	YTD
C.difficile (Hospital onset, COHA)	9	34	16	72	2	31
E. coli (Hospital onset, COHA)	3	39	15	123	14	60
Klebsiella spp (Hospital onset, COHA)	3	23	11	61	4	14
MRSA (Hospital onset)	1	2	0	1	0	2
MSSA (Hospital onset)	2	7	3	26	1	16
Pseudomonas aeruginosa (Hospital onset, COHA)	2	15	7	35	2	8

Healthcare Associated Infections and Infection Prevention & Control

The 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.

- MRSA (BOB Providers) M9 8 patients locally, with 280 nationally, the ICB ranked 31/42
- C:Difficile is comparably performing well in the top decile, ranked 4/42
- Antimicrobial Resilience Total Prescribing in Primary Care is ranked 7/42
- Antimicrobial Resilience Broad Spectrum Prescribing in Primary Care ranked 33/42