

BOB ICB BOARD MEETING

Title	Performance and Quality Report – February (M11)		
Paper Date:	3 May 2023	Meeting Date:	16 May 2023
Purpose:	Assurance	Agenda Item:	08
Author:	Ben Gattlin, Head of Performance	Exec Lead/ Senior Responsible Officer:	Matthew Tait Interim Chief Delivery Officer, Rachael Corser Chief Nursing Officer and Rachael de Caux, Chief Medical Officer

Executive Summary

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

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

The five areas of key focus are:

- Urgent and Emergency Care – 4 Hour standard
- Elective – Long Waits
- Mental Health – Out of Area placements
- Cancer - 62 days - % and total number of patients waiting over 62-days.
- Primary care access – (all patients given appointment within 2 weeks)

The rationale for the above is based on the priorities in the ICP strategy, the present operational pressures in the programmes and the national focus outlined in 2022/23 planning guidance.

The updated monthly pack consists of published data (mostly to the end of February 2023 with some more up to date). The recovery from the extreme winter pressures during December is seen across all areas.

Ambulance handover performance has improved over the past few months. From the 7-day average at the end of December of c.45 hrs per day the system has recovered to pre-winter numbers of c.15 hours per day through March. The system providers also compare well regionally in relation to hours lost through ambulance handover delays. Unvalidated data through April appears to continue the improving trend with exceptions across the Southeast driven by industrial action and high volume of arrivals in short spaces of time.

Emergency Department (ED) 4-hour performance continues to recover. After falling regularly to under 60% through December, the three acute Trusts have been consistently performing over 70% for all types of performance through March. Patients spending more than 12 hours in ED also shifted from an end of December position of over 100 to c.70 per day through March and dropping further to under 50 per day over the past few weeks across the four EDs. This is in line with the national and regional pattern.

In elective (planned care) the system maintained the number of patients waiting more than 78 weeks below plan through December which was impressive in the face of extreme winter pressures, increased ED attendances, increased non-elective admissions and higher staff absences. However, the financial year end position for patients waiting over 78-weeks was 62 against a planned target of 0. The figure consisted of 15 patient choice, 25 complex, 21 corneal transplant (driven by national supply shortages) and only one due to capacity issues. All three Trusts forecast achieving the system's plan and national ambition to reach

zero patients waiting over 65 weeks for elective treatment in March 2024 and the focus of 'long waits' reporting will move to >65 weeks.

At the end of February 32,146 patients were waiting for a diagnostic test across the three Acute Trusts, with 23.3% currently waiting more than six weeks which is a smaller proportion than reported in January (25.6%). Magnetic Resonance Imaging continues to be highest volume with the highest number of patients waiting more than six weeks, while endoscopy remains extremely challenged.

Across the ICB in the three months to January 23, there were 1,540 Out of Area Placement (OAPs) bed days. This was 1,575 in the two months to December 2022. These figures are against an ambition of zero. In some cases, an out of area placement may be a patient's preferred option (this may be due to family circumstances, patient choice, admissions for staff members etc.)

The system has been challenged in **cancer 62-day performance** for some months. However, the February position has vastly improved to under 10% of patients waiting longer than 62 days compared with more than 16% at the beginning of January.

The percentage of general practice appointments seen within 14 days has been maintained at over 85% during winter 22/23. This has been supported by additional commissioned activity to meet the ongoing demand which remains high. In terms of this metric, BOB continues to track well (85.8%) compared to national (84.8%) and regional peers (84.1%).

A summary of workforce has been included in the report, displaying a key operational planning measure of limiting spend on agency staff to under 3.7% of total wage bill. The system reported 5.3% spend on agency in the latest reporting period.

The report continues to develop with additional Quality metrics added together with with a summary slide. Highlights include zero 'Never Events' reported in February across any providers, a reduction in mixed sex accommodation breaches and improvement in the percentage of Continuing Health Care referrals completed within 28 days. The next steps in developing the quality report include the introduction of statistical process control (SPC) charts to highlight areas of exception more clearly.

Action Required

The board are asked to:

- Note the contents of the report.

Conflicts of Interest:

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

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

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

Population Health and Patient Experience Committee,
25 April 2023

NHS Performance and Quality Report Month 11 (February / March for Urgent Care)

Matthew Tait – Chief Delivery Officer

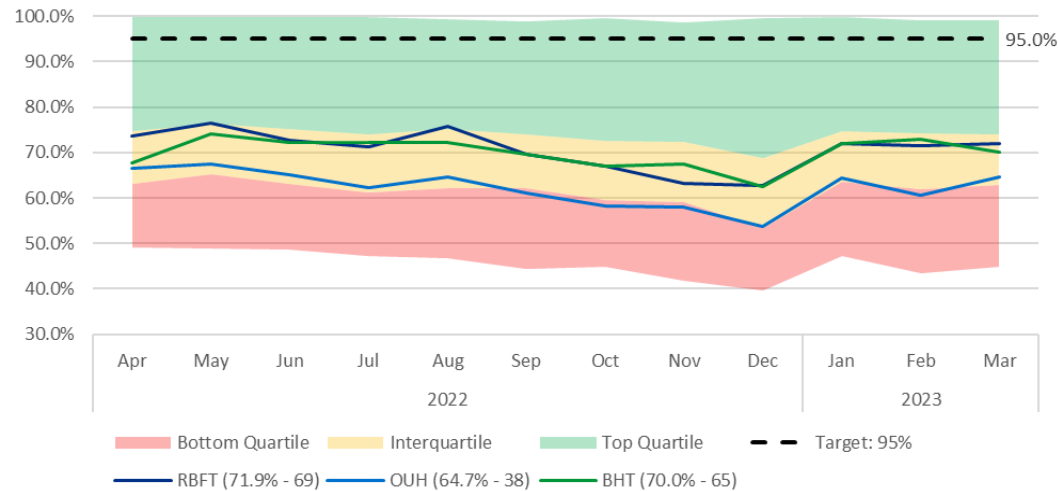
Rachael Corser – Chief Nursing Officer

1. Urgent and Emergency Care (UEC) – 4 Hour standard (Operational Planning by March 2024 minimum standard 76%)
2. Elective – Long Waits (Operational Planning by March 2024 reach 0 patients waiting over 65 weeks)
3. Mental Health – Out of Area Placement (OAP)
4. Cancer - 62 days - % and total number of patients waiting over 62-days
5. Primary care access – (Operational Planning - All patients given appointment within 2 weeks)
6. Workforce
7. Quality Summary
8. Wider Performance Measures
9. Quality Measures

1. Urgent and Emergency Care - Charts

SRO: Matthew Tait

A&E 4 Hour Performance Benchmarked against NHS Acute Trusts



This metric measures:

Our objective is to reduce the number of patients experiencing excess waiting for emergency services. We measure this through the percentage of patients who attend the Emergency Department (ED) and are seen within 4 hours of their arrival. Delivering against this standard requires cooperation within the hospital and with partners in the wider health and care system.

While the constitutional standard remains at 95%, NHSE has set Trusts a Target of consistently seeing 76% of patients within 4 hours by the end of March 2024 and type 1 performance below 60% remains an area of concentration and improvement for NHSE.

How are we performing:

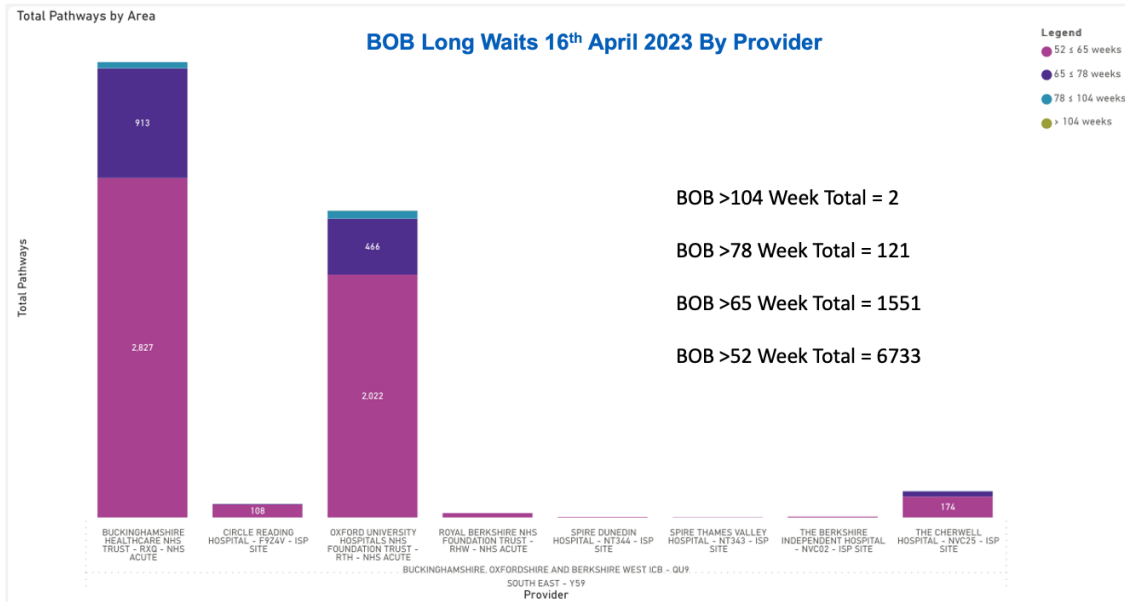
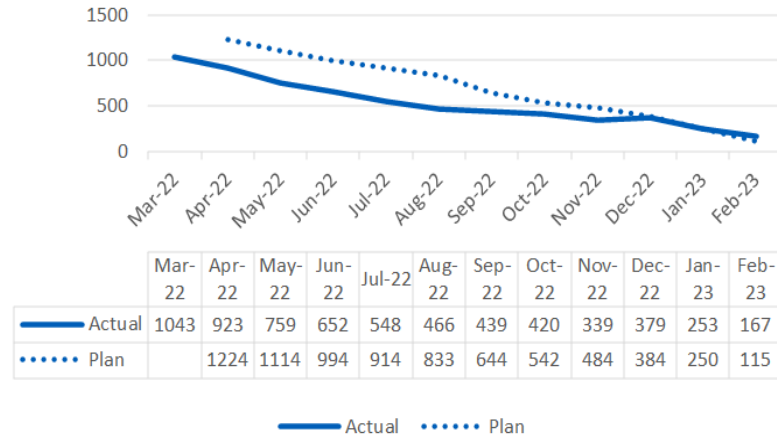
- **BHT** - All types performance 70% down from 72.8% the previous month. Type 1 performance 58% down from 61.3% the previous month
- **OUH** - All types performance 64.7% up from 60.5% the previous month. Type 1 performance 57.7% up from 53.3% the previous month
- **RBFT** - All type performance 71.9% up from 71.4% reported the previous month. Type 1 performance 66.2% up from 65.7% the previous month

Actions:

- All three acutes have ED improvement plans in place to support recovery of all types and type 1 performance. OUH anticipate delivery of 60% for type 1 attendances by the end of March with BHT anticipating sustained improvement against the 4hr standard and wider UEC measures by May.
- Over 130 delegates attended the UEC summit held with health partners on 29 March to reset the importance of the 4hr standard and actions available to improve flow through ED – action plans resulting at Trust level to address productivity and efficiency within the ED and to support escalation during periods of surge. These will be progressed by Trusts and place-based A&E delivery boards with progress reports to the system UEC programme board
- Alternatives to ED continue to be promoted to reduce the pressures on departments, including; Urgent Community Response (UCR), Virtual Wards (VW), 111 and Urgent Care Centres (UCC), particularly during periods of Industrial Action
- VWs and UCR are extending their scope to manage and support increased acuity within the community

Risks:

- Unmet demand in primary care/community resulting in higher ED attendances
 - Promotion of 111, Virtual Wards, UCR and UCCs actively pursued through place architecture
 - Increased capacity of VW and UCR to support a reduction in ambulance conveyances and extending their scope to manage and support increased acuity within the community
 - Single Points of Access are being progressed in Bucks and Berks West to support easier navigation of alternative services to ED
 - Primary care Clinical Advisory Service (CAS) in place to manage primary care overflow demand in hours within Bucks and Berks W
 - UCCs/Urgent Treatment Centres (UTC) capacity retained for 23/24
- Increase in acuity resulting in more complex patients attending ED
- Ongoing disruption to services and demand profiles resulting from Industrial Action



Our objective is to reduce the number of patients experiencing excess waiting times for elective care as measured by the national Referral to Treatment Time standards. Nationally there is an expectation that we would eradicate >78wk waits by end March 2023 and >65 week waits by March 2024.

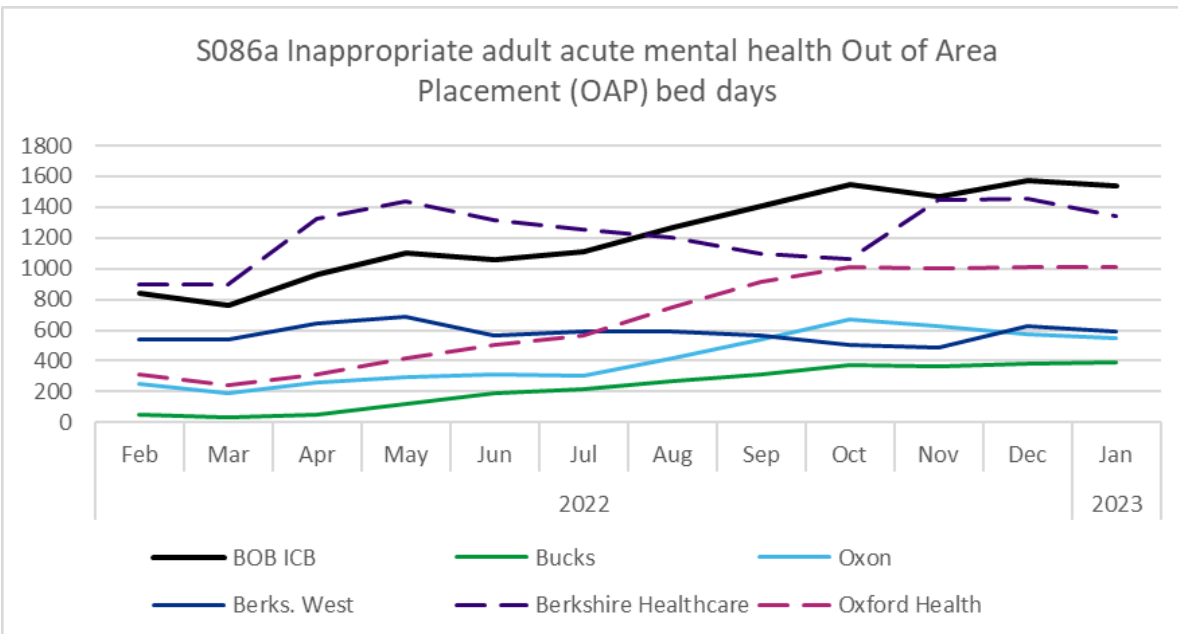
- There are two patients reported as waiting >104 weeks at OUH.
- On the 16th April BOB reported 121 >78 week waits. The target maximum was to reach zero by the end of March 2023.
- 54 of the patients waiting greater than 78 weeks did not have booked next event when reported on the 16 April.
- BOB NHS Providers reported 1,551 > 65 week waits. The target is to reduce this to zero by the end of March 2024.
- BOB reported 6,733 > 52 week waits. The planned target was to have no greater than 3,715 by the 31 March 2023.
- The total number of NHS Provider open pathways was 144,693 against the end of March 2023 target maximum of 116,426. There are a further 8,637 reported in the Independent Sector

- Continue to monitor performance through the Elective Care Board and programme workstreams
- Each provider contributing to the plan to focus on first outpatient appointments in Q1 2023/24
- BOB providers submitted schemes to the SE Region 'Focus on Diagnostics Month (and beyond)' which commenced in March.
- Continue to protect as much elective capacity as possible through the use of green-pathways and elective hubs

- Ongoing risk presented by non-elective pressures and competing demands e.g. risk of impact of industrial action
- Insufficient capacity and competing pressures on physical resources e.g. Paediatric Intensive Care
- Insufficient volume of Corneal Graft material being made available by NHSE affecting very long waiting patients i.e. >104s

3. Mental Health Services

SRO: Rachael Corser



This metric measures

An inappropriate out of area placement (OAP) for acute mental health in-patient care is defined as when a person with assessed acute mental health needs who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of their usual local network of services. This means an inpatient unit that does not usually admit people living in the catchment of the person's local community mental health service, and where the person cannot be visited regularly by their care co-ordinator to ensure continuity of care and effective discharge planning. We are working to eliminate inappropriate out of area placements altogether

How are we performing:

Across the ICB in the 3 months to Jan 2023, there were 1,540 Out of Area Placement (OAPs) bed days across the ICB. This was 1,575 within the 2 months to December 2022. These figures are against an ambition of zero. In some cases, an out of area placement may be a patients preferred option (this may be due to family circumstances, patient choice, admissions for staff members etc.)

Buckinghamshire: there has continued to be significant pressure for adult female bed requests. Despite prompt discharge, it has been challenging to meet demand with the usual capacity. There continue to be significant challenges in finding placements for older adults this is impacting on discharge and bed capacity.

Oxfordshire: as with Buckinghamshire the past few months have been challenging with significant demand on female beds, leading to an increased number of OAPs.

Berk West: continued significant demand for acute beds which have resulted in the use of inappropriate OAPs.

Actions:

- We are continuing to develop Safe Havens, Crisis Alternative and promote access to NHS 111 services for our patients.
- We are retaining our ongoing focus on patient flow – via the 100-day discharge challenge.
- Continued actions from Oxfordshire Patient flow team, enabling a clear focus on flow both in and out of the inpatient settings and significant oversight of patients in OAPS leading to reduced length of stay.

Risks:

- Quality and continuity of care: as a mitigation our care co-ordinators / key workers continue to maintain regular contact with staff providing support to in-patients placed out of area. This assists with tracking progress and planning timely discharge. Contact with patients, carers / supporters and the nearest relatives is also maintained as expert partners in care which is key to discharge planning.
- Performance: not meeting the target of 0. Please see actions to mitigate.

4. Cancer

SRO: Matthew Tait

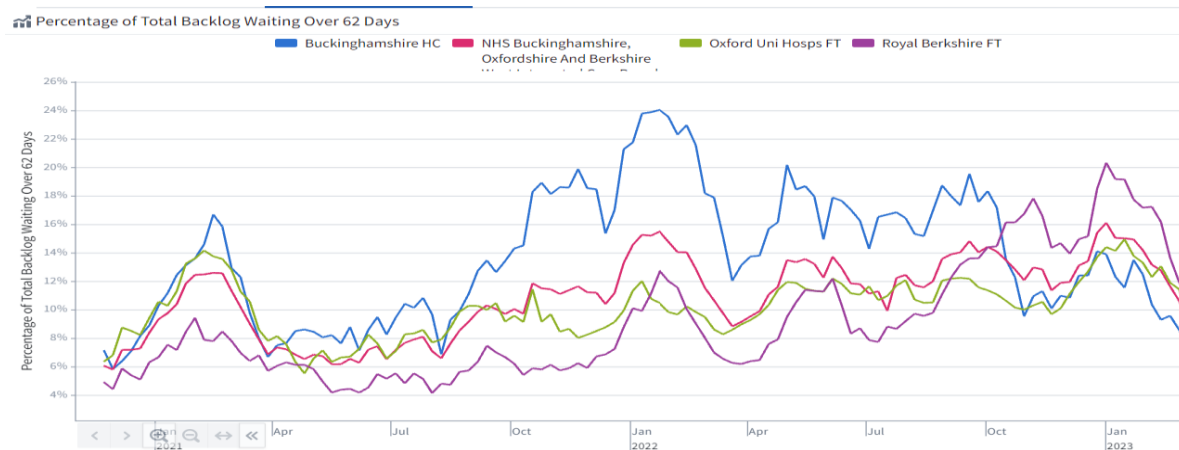


Fig. 1

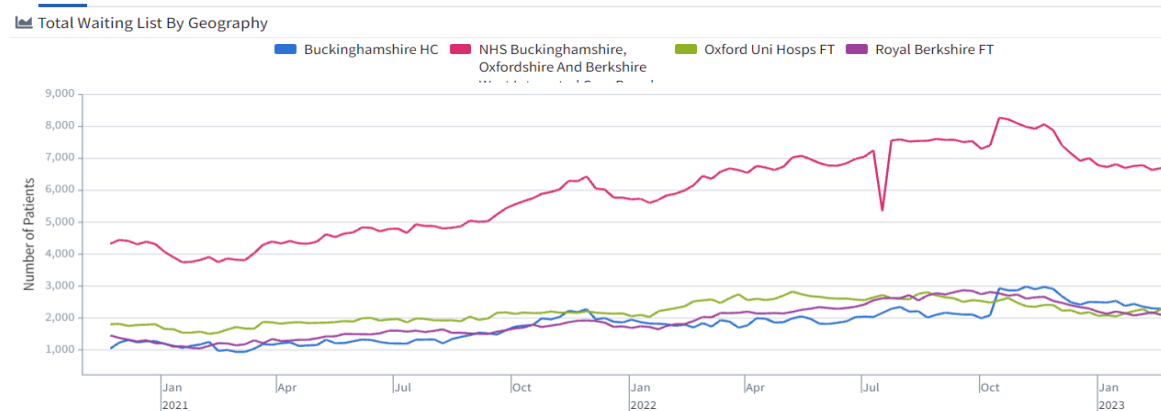


Fig. 2

This metric measures

The 62 day pathway is a national guideline for clinicians, other health professionals and administrative staff to ensure individuals are seen and treated within a set time. Starting cancer treatment earlier increases the chances of better outcomes. We are aiming to reduce the number of patients waiting over 62 days through 2023/24

How are we performing:

- The number of patients waiting over 62 days on the cancer PTL as a percentage of the total waiting fell through January (fig. 1)
- The overall waiting list has reduced by around 1,000 over the past few months, though it is significantly higher than the same period last year (fig. 2)
- BOB are still tracking above plan to recover the cancer backlog position; an improving position has been observed over recent months.

BHT Key Points

- Working towards 178 patients end of March and presently on trajectory present position 176 (7.8%), Urology / Lower Gastro intestinal (LGI) / Head and Neck – biggest challenges

OUH Key points

- Revised position expected to land 231 at the end of March (277 (9.1%) latest numbers)
- Three most challenged Urology / Gynae / Skin

RBFT Key points

- Endoscopy capacity driving challenges in LGI, Gynae diagnostic capacity remains challenged also, with Urology also contributing to position
- Histopathology turnaround time (TATs) remain challenged, with mitigations of outsourcing in place and recruitment campaign continues

Actions:

- Each Trust provided with £250k to support recovery, to be directed towards waiting list initiatives and Independent Sector capacity where required
- Ongoing TVCA/Trust meetings to support oversight of issues and required mitigations

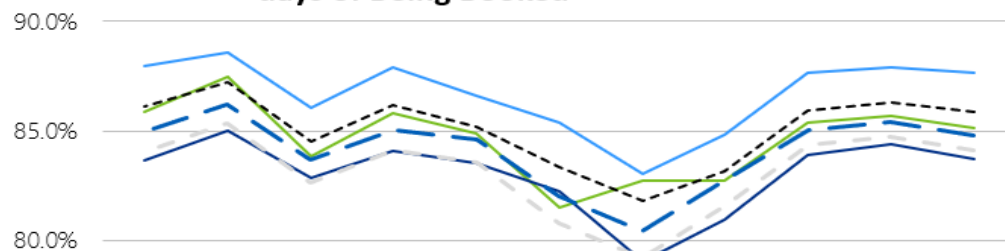
Risks:

- Increase referral trends continue
- Diagnostic capacity across all three trusts
- Diagnostic capacity driving urology position at BHT
- Issues around surgical capacity affecting all tumour sites at OUH

5. Primary Care Access

SRO: Rachael De Caux

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
	2022/23										
Buckinghamshire	85.9%	87.5%	83.8%	85.8%	84.9%	81.5%	82.7%	82.7%	85.4%	85.7%	85.1%
Oxfordshire	87.9%	88.6%	86.1%	87.9%	86.6%	85.4%	83.0%	84.8%	87.7%	87.9%	87.7%
Berkshire West	83.7%	85.0%	82.9%	84.1%	83.5%	82.2%	79.0%	81.0%	83.9%	84.4%	83.7%
BOB ICB	86.1%	87.2%	84.5%	86.2%	85.2%	83.3%	81.8%	83.1%	85.9%	86.3%	85.8%
South East	84.0%	85.3%	82.6%	84.1%	83.6%	80.8%	79.2%	81.6%	84.4%	84.7%	84.1%
England	85.0%	86.2%	83.7%	85.0%	84.6%	82.0%	80.4%	82.8%	85.0%	85.4%	84.8%

This metric measures

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

How are we performing:

- The percentage of general practice appointments seen within 14 days has been maintained at over 85% during winter 2022/23. This has been supported by additional commissioned activity to meet the ongoing demand which remains high. In terms of this metric BOB continues to track well (85.8%) compared to national (84.8%) and regional peers (84.1%).
- Total numbers of appointments are above 2019 pre-pandemic levels with face-to-face tracking slightly below expected and telephone consultations making up the shortfall.
- Same day appointments however have dropped to 46.3% from 50.6% in January which is perhaps unsurprising after the discontinuation of the winter interventions in relation to capacity.
- Looking at access in the round it is worth noting that friends and family responses more than doubled from Dec to Jan and over 90% were positive.
- Additional capacity commissioned from primary care during the Junior Doctors Strikes appeared to be effective in supporting the system pressures.

Actions:

- The challenge in BOB is variation across the whole of the geography and over the coming months there will be work to identify specific outliers and work with them as per the 2023/24 contractual arrangements with capacity and access plans and targeted support.
- Continued promotion of the roll out of capacity and demand tooling, Apex.
- As per last month full utilisation of alternatives needs to be understood further incl. the Reading Urgent Care Centre, CAS 111, Community Pharmacy Consultation Service (CPCS) etc

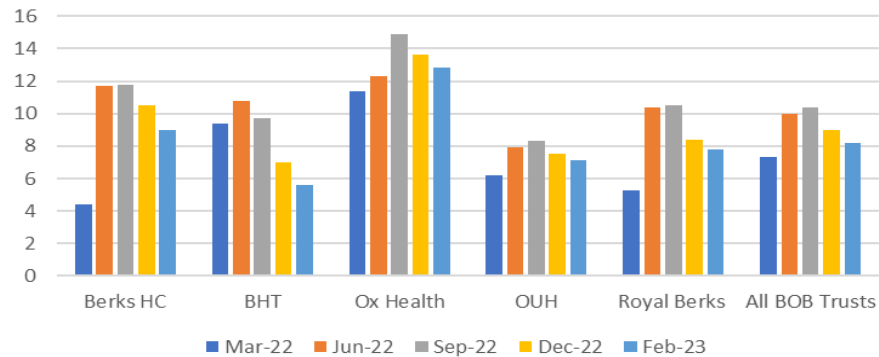
Risks:

- Good progress made in trying to understand the data dependencies and understanding performance, but further refinement required.
- Variation in the quality of the data extracted makes interpretation challenging. Introduction of a consistent demand and capacity tool (Apex) will mitigate this.
- Continued support post March for the Apex contract is unknown as the digital team evaluate current tools and contracts.
- Further industrial action will put pressure on all services and access to care

6. Workforce

SRO: Karen Beech

Vacancies: All BOB Trusts



This metric measures

Number of vacancies across all BOB Trusts.

Temporary staffing expenditure as % of pay bill. 2023/24 NHSEI National Target is 3.7% or below for Agency Expenditure

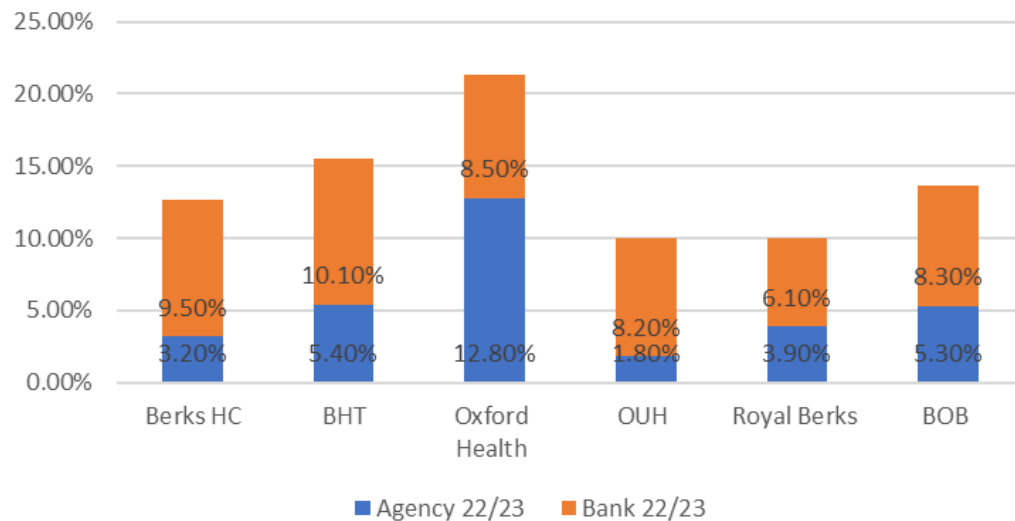
How we are performing

Vacancies: Our vacancy rate across all staff groups has decreased from 9.1% in January 2023 to 8.2% in February 2023. This is below the most recently published national average of 8.9% in December. Registered Nursing vacancies remain unchanged at 11.5% - the highest in our staff groups and we see an increase in vacancies for Registered AHPs from 10.4%, January 2023, to 11%, February 2023.

Temporary Staffing Expenditure: Berkshire and OUH are below target. Oxford Health significantly above target.

Turnover: As at the time of this report, turnover figures for February had not been released.

Temporary Staffing Expenditure as % of Pay Bill



Actions

Recruitment and Retention:

OUH: Virtual recruitment events planned. Drive for local community recruitment and apprenticeships & 'Stay' questionnaires and succession planning.

RBFT: Investment in additional resources to support recruitment and retention. Reviewing HCA assessments and exploring uniform recruitment. Planning social media campaign on healthcare / support worker recruitment.

BHT: Work on flexible retirement, pension seminars, 'retire and return'.

OH: 'Retire and Return', focus on onboarding, career conversations.

Temporary Staffing Expenditure:

Temporary Staffing Programme Board set up to oversee workstream. Planning discussions ongoing.

Risks:

- Quality and continuity of care. Increased cost of interim bank or agency staff to cover vacancies. It costs £12K to replace 1 fully-trained nurse (NHS SBS). On average 1 agency nurse costs £100K per annum with an average of £46 difference in hourly pay between one agency nurse and one NHS nurse. Reduction in productivity while a new recruit gets accustomed to a role. Increased absence of colleagues who become overstretched and overworked. Falling levels of motivation and lack of engagement. Increased turnover.

7. Quality

SRO: Rachael Corser

Indicator	Target	BHT	OUHFT	OHFT	RBFT	BHFT	BOB
CQC rating	Good/outstanding	good	Requires improvement	Good	good	outstanding	NA
Oversight Framework support category	<2	3	2	2	2	1	2
SAFE							
Never events	0	0	0	0	0	0	0
Safety alerts open	0	0	0	0	0	0	0
EFFECTIVE							
SHMI		0.9464	0.9707		0.9703		NA
Readmission rate		5.7%	19.3%	5.7%	3.7%	16.4%	5.0%
CARING							
FFT (Inpatient) recommend	England avg 94.3%	89.2%	94.3%		98.5%		
Written Complaints Rate		24.99	16.34	10.90	13.36	12.81	15.97

First presentation of overarching slide with overview of the CQC and SOF ratings of all organisations across the system and 2 metrics from each of the quality domains; safe, effective and caring. More detail presented in annex. Further development of the slide will continue for next month's pack.

8. Wider Performance Oversight Measures

Executive Summary

	Indicator	Month	Standard	BHT	OUH	RBFT
UEC	A&E Performance (All Types)	Mar 23	95%	70.0%	64.7%	71.9%
	Ambulance Handover Delays (> 30 mins)	Mar 23		17.8%	8.7%	14.7%
Planned Care	Incomplete Pathways over 52 weeks at month end	Feb 23	Rated against plan	2953	2032	27
	Incomplete Pathways over 65 weeks at month end			764	486	6
	Incomplete Pathways over 78 weeks at month end			55	112	0
Cancer	Percentage meeting faster diagnosis standard	Feb 23	75%	73.4%	84.2%	73.9%
	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer		93%	95.3%	84.4%	94.1%
	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer		85%	67.1%	59.5%	67.4%

	Indicator	Report Period	Standard	BOB ICS (3 CCG)	Bucks	Oxon	Berks W
Mental Health	Talking Therapies - Total Accessing in Period	Rolling 3 months to Jan 23		5.5%	6.2%	5.3%	5.1%
	Talking Therapies - Moving to Recovery	Jan 23	50%	49.9%	53.8%	49.3%	46.4%
	Dementia Diagnosis Rate	Feb 23	67%	59.7%	56.2%	61.2%	61.5%
	CYP Eating Disorders - Urgent (1 week)	Rolling 12 months to Dec 22	95%	68.7%	70.0%	28.6%	74.0%
	CYP Eating Disorders - Routine (4 weeks)		95%	41.0%	33.3%	15.8%	77.9%
	Severe Mental Illness (SMI) 6 Health Checks	2022/23 Q3	60%	43.4%	44.0%	40.2%	48.1%

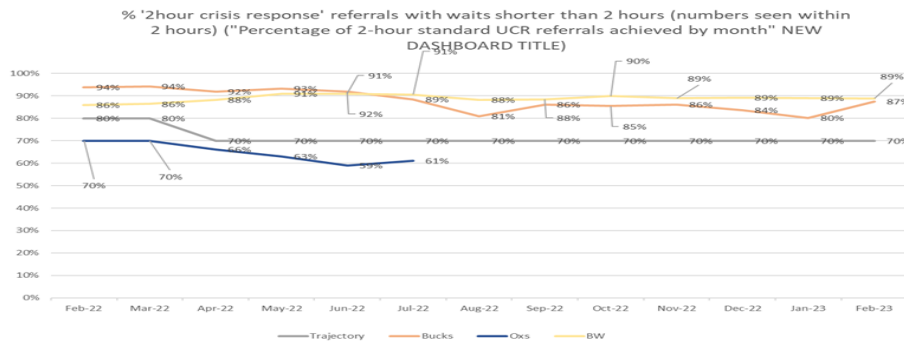
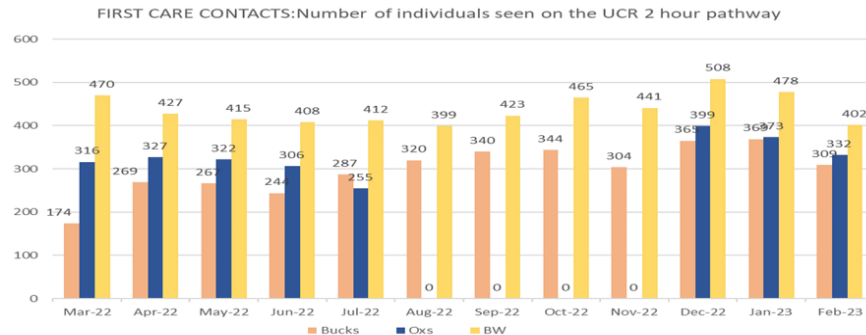
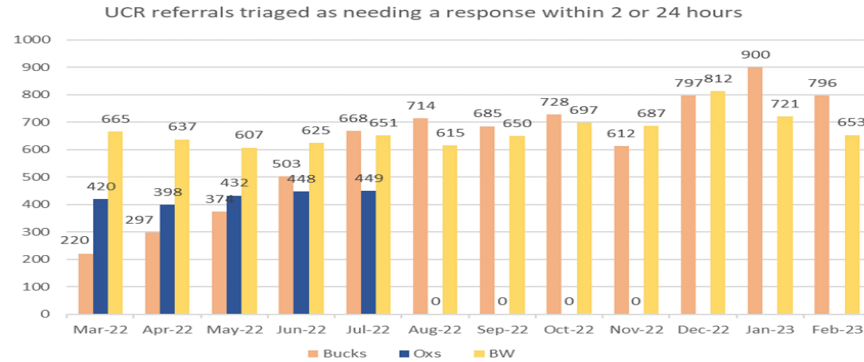
Urgent and Emergency Care

Indicator		Standard	England	South East	BOB Acutes	BHT	OUH	RBFT
A&E Performance (All Types)	Mar 23	95%	71.50% ↓	75.87% ↑	68.88% ↑	69.97% ↓	64.71% ↑	71.92% ↑
A&E Attendances			2,163,709 ↑	320,680 ↑	44,627 ↑	14,437 ↑	14,937 ↑	15,253 ↑
Breaches			550,567 ↑	68,636 ↑	13,890 ↑	4,336 ↑	5,271 ↓	4,283 ↑
Emergency Admissions			532,031 ↑	85,502 ↑	16,763 ↑	5,365 ↑	8,105 ↑	3,293 ↑
Over 12 hour waits from dta to admission		0	39,671 ↑	3,827 ↑	339 ↓	339 ↓	0 ↓	0 →
Ambulance Handover Delays (>30 Minutes)						17.8% ↑	8.7% ↑	14.7% ↓
Average Hours Lost on Handover Delays per day at BOB Acute Trusts						4:38:28 ↑	3:29:33 ↑	5:38:43 ↓

Ambulance Response Time (hours:minutes)		Standard	England	South East	SCAS
Ambulance Response Times (Category 1 Incidents Mean)	Mar 23	0:07:00	0:08:49 ↑	0:09:15 ↑	0:09:15 ↑
Ambulance Response Times (Category 1 Incidents 90th Percentile)		0:15:00	0:15:38 ↑	0:16:47 ↑	0:16:46 ↑
Ambulance Response Times (Category 2 Incidents Mean)		0:18:00	0:39:33 ↑	0:32:16 ↑	0:32:47 ↑
Ambulance Response Times (Category 2 Incidents 90th Percentile)		0:40:00	1:26:15 ↑	1:05:22 ↑	1:05:17 ↑
Ambulance Response Times (Category 3 Incidents Mean)			2:13:40 ↑	2:20:31 ↑	2:09:26 ↑
Ambulance Response Times (Category 3 Incidents 90th Percentile)		2:00:00	5:21:12 ↑	5:14:33 ↑	4:46:15 ↑
Ambulance Response Times (Category 4 Incidents Mean)			2:51:47 ↑	3:01:40 ↑	2:53:15 ↑
Ambulance Response Times (Category 4 Incidents 90th Percentile)		3:00:00	6:54:22 ↑	7:03:30 ↑	6:45:06 ↑

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

Urgent Community Response (UCR)



Oxford Health are now able to report individuals seen on two hour pathway but not total referral numbers or % seen in 2 hours, until the new EPR system has further embedded. Estimated date tbc

UCR key measure

- Meeting Urgent Community Response (UCR) 2 hour First Care Contact trajectory. Numbers seen on the 2 hour pathway (target was 11,314).
- Consistently meet or exceed the 70% 2-hour UCR standard

How are we performing:

- Trajectory for 2022/23 exceeded
- Consistently exceeding 70% 2-hour response time
- Between December and February BOB UCR services saw more than 3,500 patients on the 2 hour pathway.

Actions:

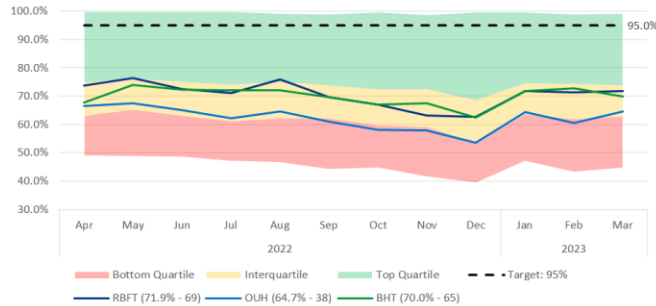
- UEC System Board confirming key priorities for 2023/24. Likely to include: 1) Consistent Point of Care Testing offer; 2) Missed Opportunities audit and improvement cycle and 3) Continued impact monitoring.

Risks:

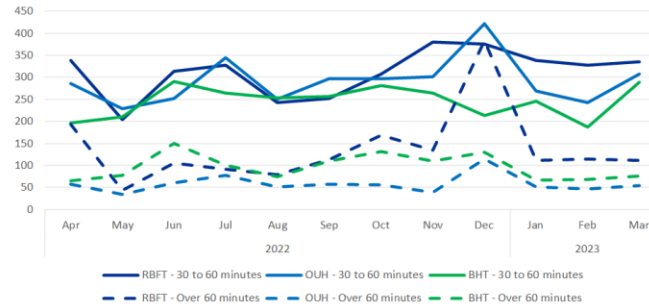
- There is a risk that patients will continue to attend ED departments and that ambulances will continue to be dispatched to patients who could have been seen by UCR, continuing to place pressure on the system.
- There is a risk that UCR service remains inconsistent for referrers and patients in each place e.g. impacting who can receive a Point of Care testing response at home through UCR

Urgent and Emergency Care - Charts

A&E 4 Hour Performance Benchmarked against NHS Acute Trusts

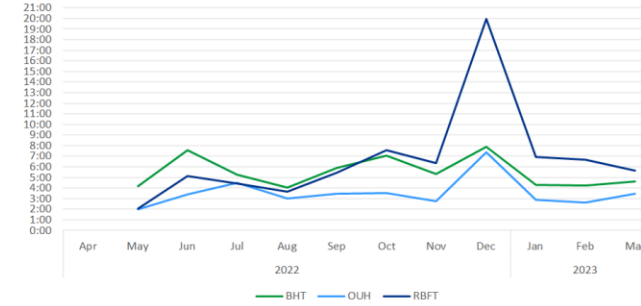


NHS Trusts - Ambulance Handover Delays

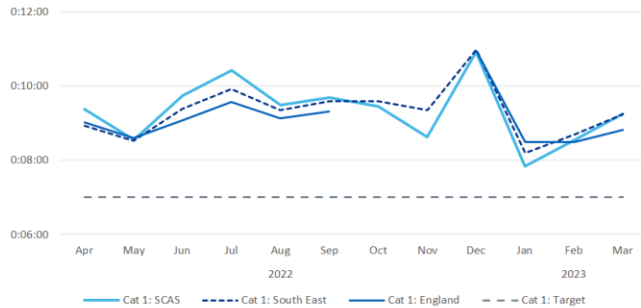


There has been an interruption of reporting with regard OUH ambulance handover delays. This has been raised with the provider.

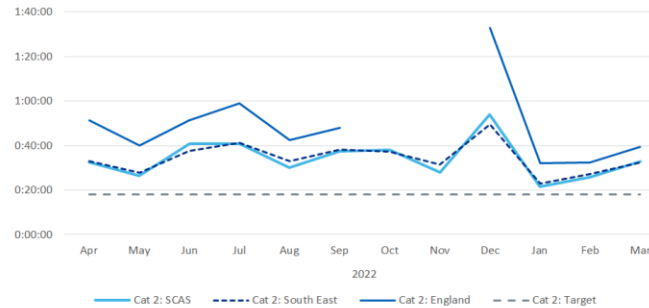
Average Hours Lost on Handover Delays per day at BOB Acute Trusts



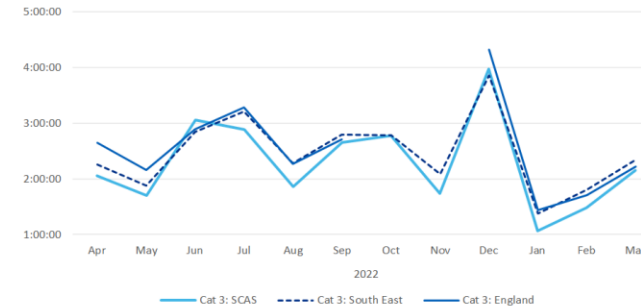
Ambulance Response Times: Category 1 Mean



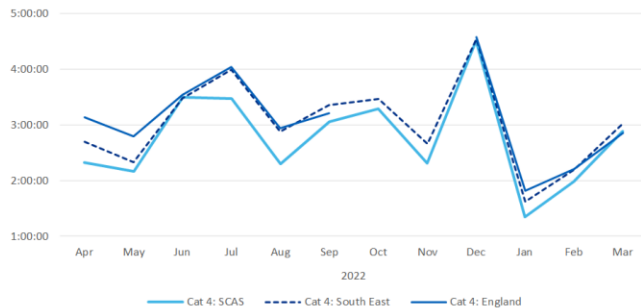
Ambulance Response Times: Category 2 Mean



Ambulance Response Times: Category 3 Mean



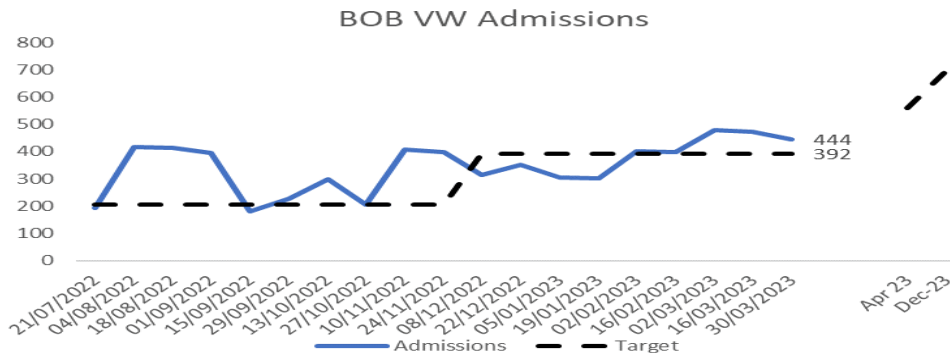
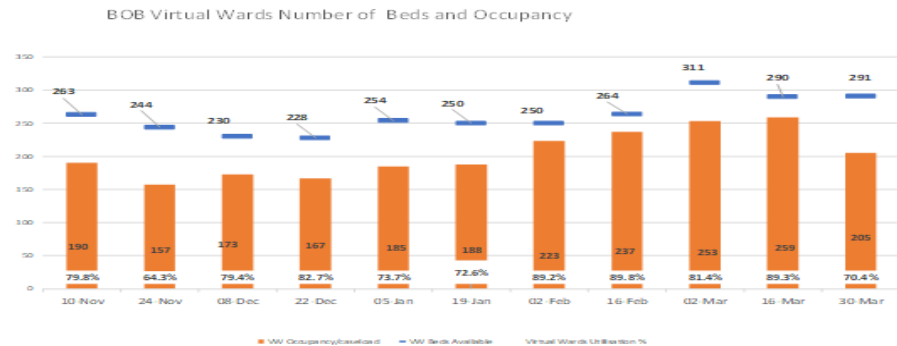
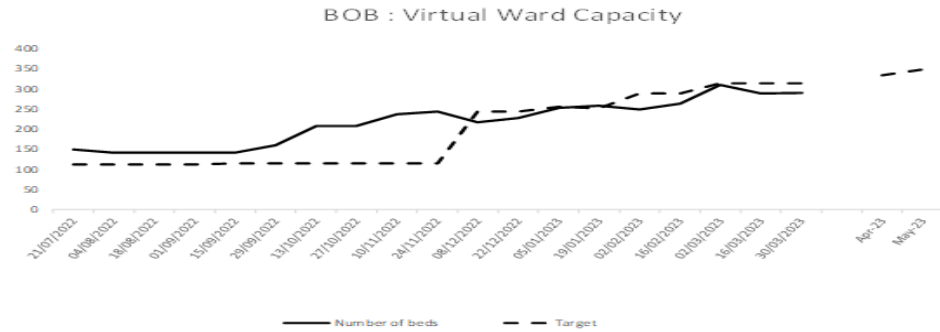
Ambulance Response Times: Category 4 Mean



Please note: Due to a data quality issue there is no data for Ambulance Response times for the "England" position in October or November 2022

Virtual Wards (VW)

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



Oxford Health are only reporting capacity, occupancy and utilisation figures. They are not yet supplying admissions data. Estimated date tbc

This metric measures

Increase the number of virtual ward beds available in line with trajectories submitted to NHSE and the utilisation of those beds to over 80% by September 2023.
Increasing number of admissions in line with trajectories submitted to NHSE.

How are we performing:

- Bed capacity is currently slightly below target
- Utilisation is in line with NHSE target
- VW Admissions are over target

Full VW Programme progress updates are provided to UEC Programme Board monthly

Actions:

- Draft VW vision, core offer and key challenges for prioritisation have been developed at the recent UEC summit and are out engagement. Due for sign off at VW Programme Board.
- Further funding to be allocated to places in line with expanding VW offer in line with above.
- Evaluation proposal undergoing refinement
- Developing Single Point of Access in each place and consistent, high quality out of hours offer

Criteria to Reside (CTR) – Acute

All values below for the latest day - 16 April 2023*

*The time series show a wider range of dates with each week starting on a Monday. To change the start date for the time series use this filter →

Period - time series

Last 5 weeks

All patients

Patients who meet the criteria to reside
1,496

Patients who **no longer** meet the criteria to reside
394

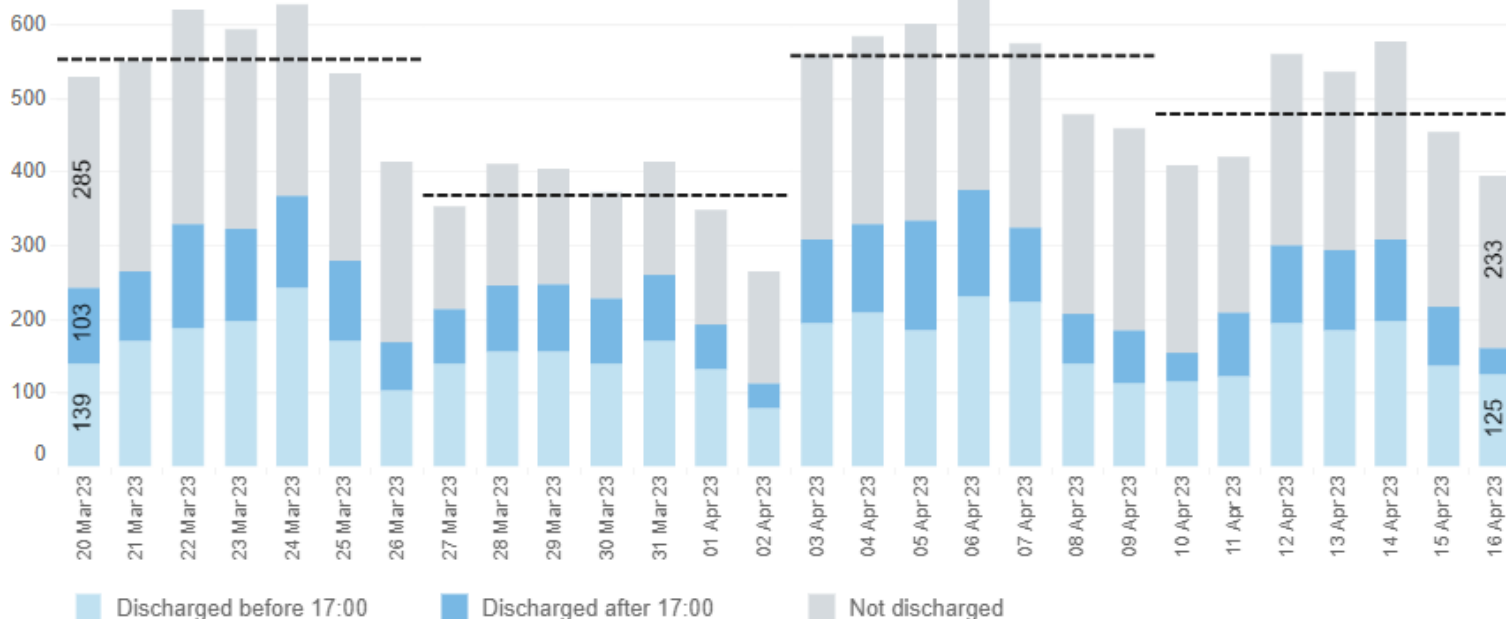
Patients discharged by 17:00
125
32%

Patients discharged **after** 17:00
36
9%

Patients **not** discharged
233
59%

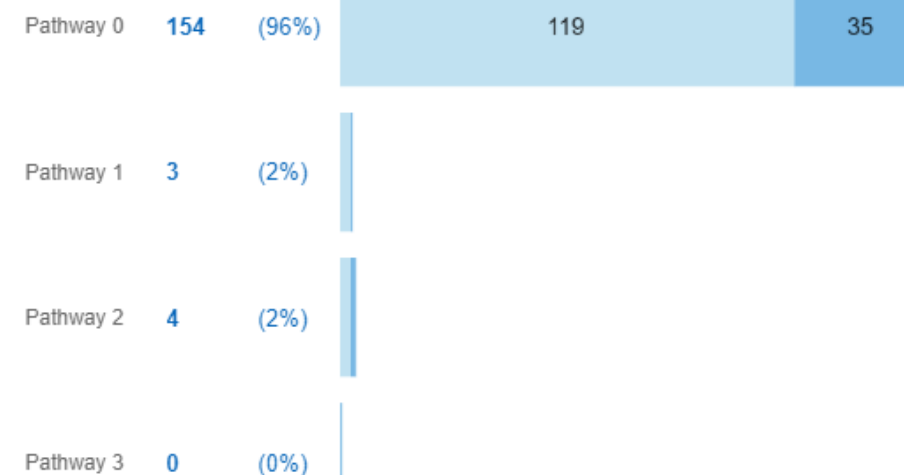
All patients who **no longer** meet the criteria to reside

Total



Discharge pathways

Click the + button to expand into detailed pathways



Criteria to Reside (CTR) – Community

Buckinghamshire, Oxfordshire
and Berkshire West

All values below for the latest day - 16 April 2023*
 *The time series show a wider range of dates with each week starting on a Monday. To change the start date for the time series use this filter →

Period - time series

Last 5 weeks

All patients - Community Discharge

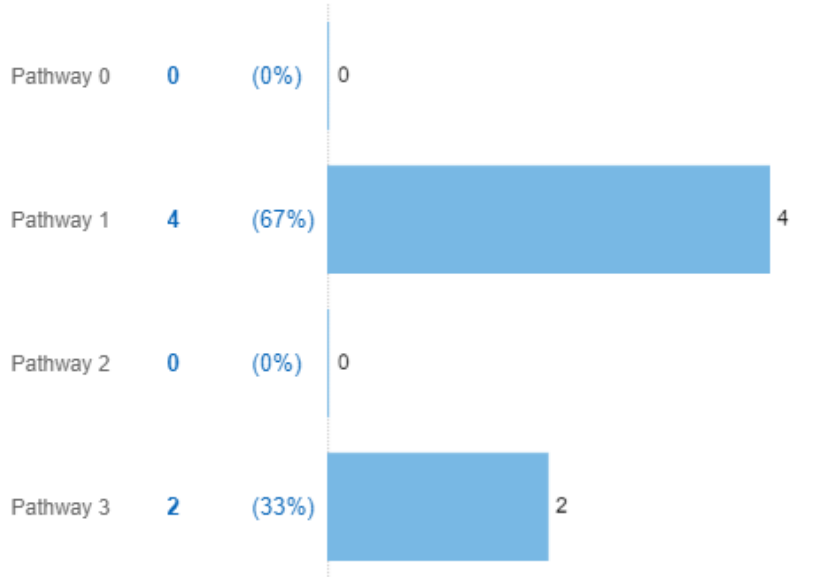
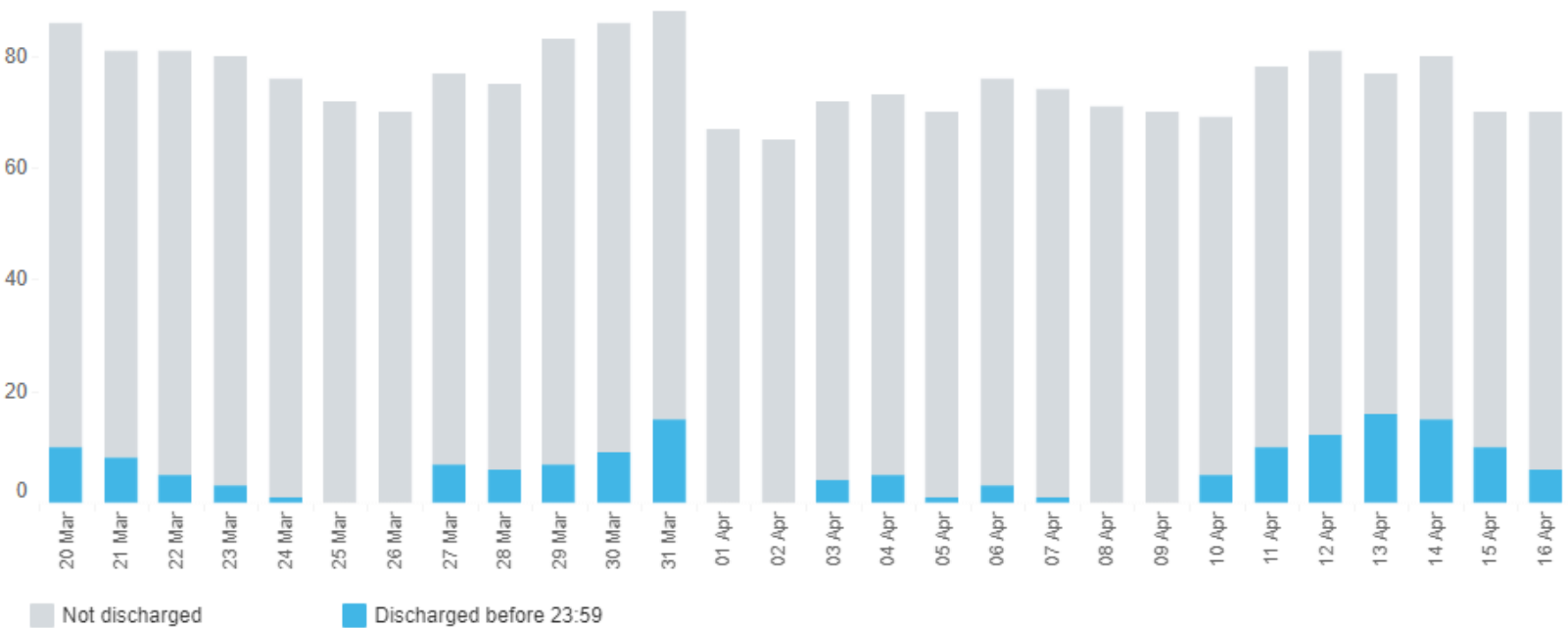
Patients who meet the criteria to reside 178	Patients who no longer meet the criteria to reside 70	Patients discharged by 23:59 6 9%	Patients not discharged 64 91%
--	--	---	---

All patients who **no longer** meet the criteria to reside
 To view time series data before 17 Oct 22, please select from drop down list >>

After 17 Oct 2022

Total

Community discharge pathways
 Click the + button to expand into detailed pathways



Planned Care

Indicator	Month	BOB Activity	Plan	Bucks Activity	Oxford Activity	Berks W Activity	OxH Activity	Plan	BHT Activity	Plan	RBFT Activity	Plan
Incomplete pathways at month end	Feb 23	136,903		50,674	56,037	30,192	73,201	56,011	40,425	35,800	23,853	26,500
Incomplete Pathways over 52 weeks at month end		5,551		3,312	1,763	476	2,032	954	2,953	2,897	27	100
Incomplete Pathways over 65 weeks at month end		1,454		853	448	153	486		764		6	
Incomplete Pathways over 78 weeks at month end		188		76	88	24	112	25	55	90	0	0
Total GP Referrals against 2019/20		104.6%	103%	90.6%	114.8%	104.3%	108.0%	102%	85.4%	109%	102.5%	105%
Total Other Referrals against 2019/20		127.7%	108%	110.1%	113.7%	152.2%	96.0%	97%	82.4%	112%	155.8%	193%
Total All Referrals against 2019/20		112.0%	105%	96.6%	114.5%	121.9%	103.0%	100%	84.5%	110%	123.0%	139%
Total First Attendances against 2019/20		105.5%	106.2%	100.8%	107.5%	107.1%	111.9%	143.7%	101.6%	117.1%	104.3%	123.4%
Total Follow-up Attendances against 2019/20		107.0%	95.7%	106.4%	111.1%	103.7%	111.7%	138.0%	101.1%	123.8%	93.6%	116.5%
Total Attendances against 2019/20		106.4%	99.7%	104.3%	109.6%	104.9%	111.8%	140.1%	101.3%	121.0%	97.8%	119.2%
Percent Day Case Admissions against 2019/20		94.3%	104.2%	94.0%	92.3%	97.3%	83.7%	117.1%	86.7%	114.5%	96.5%	102.1%
Percent Ordinary Elective Admissions against 2019/20		75.3%	97.9%	73.6%	72.4%	80.5%	63.8%	165.8%	70.8%	127.2%	73.4%	94.4%
Percent Total Elective Admissions against 2019/20		91.5%	103.2%	91.4%	89.4%	94.5%	80.9%	124.0%	85.3%	115.7%	93.1%	101.0%

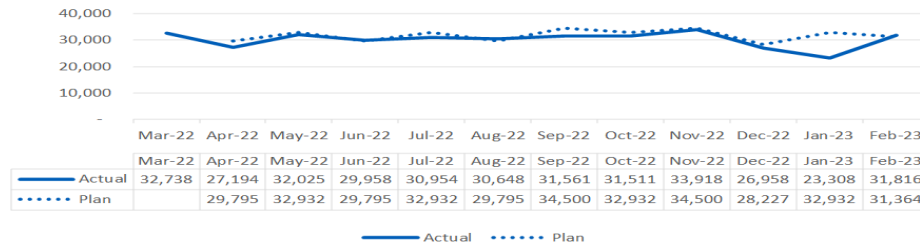
(Includes all APC except Regular Attenders)												
Indicator	Month	ICB BOB Activity	2019/20	Sub ICB Bucks Activity	Oxford Activity	Berks West Activity	NHS Trust OUH Activity	2019/20	BHT Activity	2019/20	Royal Berkshire Activity	2019/20
Proportion of patients discharged to usual place of residence	Feb 23	91.1%	92.4%	94.0%	89.8%	90.5%	89.5%	92.0%	94.0%	95.1%	92.5%	92.7%

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	Feb 23	42,511	42,479	14,117	19,641	8,753	21,827	22,136	9,527	11,969	8,418	6,661
Diagnostic activity levels – Physiological Measurement		2,789	2,785	1,010	1,489	290	1,952	1,930	386	670	170	219
Diagnostic activity levels – Endoscopy		3,706	3,625	719	2,162	825	1,431	1,486	454	645	759	741
Diagnostic activity levels – CT (Imaging)		16,760	15,797	5,212	7,600	3,948	9,063	9,552	4,099	4,201	3,876	2,400
Diagnostic activity levels – MRI (Imaging)		8,970	8,921	3,104	3,667	2,199	4,618	4,974	1,883	2,172	2,087	1,860
Diagnostic activity levels – Non-Obstetric Ultrasound (Imaging)		16,781	17,761	5,801	8,374	2,606	8,146	7,610	3,545	5,596	2,455	2,401
Diagnostic activity levels – Echocardiography (Physiological Measurement)		2,789	2,785	1,010	1,489	290	1,952	1,930	386	670	170	219
Diagnostic activity levels – Colonoscopy (Endoscopy)		1,415	1,303	220	871	324	637	601	134	182	286	264
Diagnostic activity levels – Flexi Sigmoidoscopy (Endoscopy)		574	796	124	294	156	244	291	78	202	142	195
Diagnostic activity levels – Gastroscopy (Endoscopy)		1,717	1,526	375	997	345	550	594	242	261	331	282

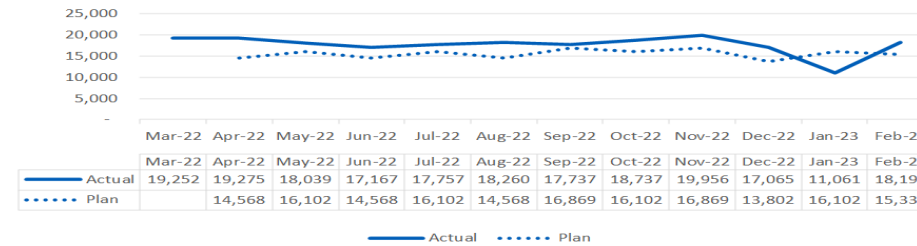
Planned Care

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

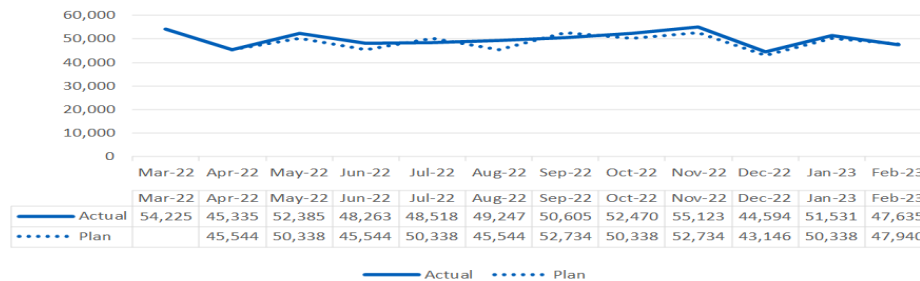
BOB ICB - GP referrals



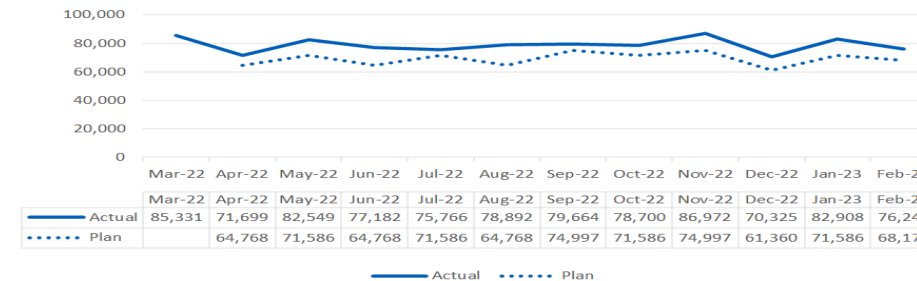
BOB ICB - Other Referrals



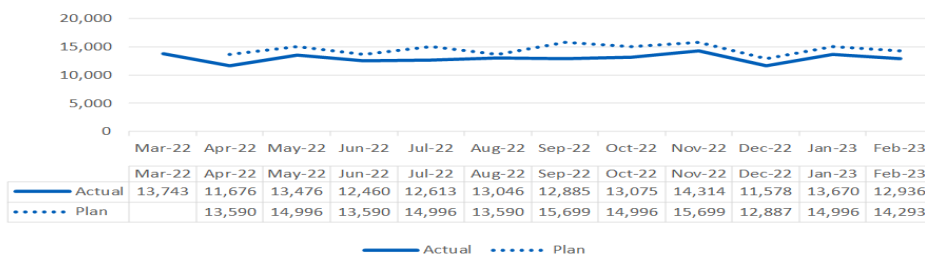
BOB ICB - Consultant-led first outpatient attendances (Spec acute)



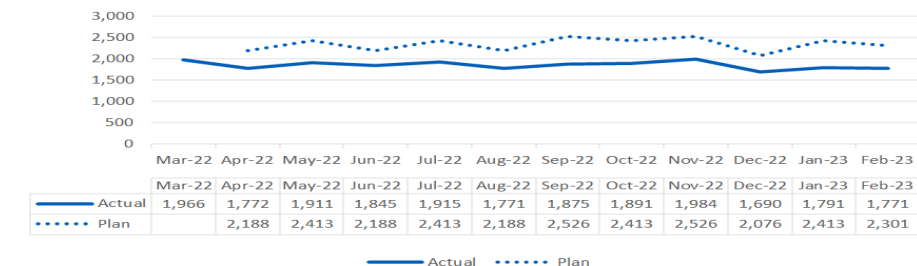
BOB ICB - Consultant-led follow-up outpatient attendances (Spec acute)



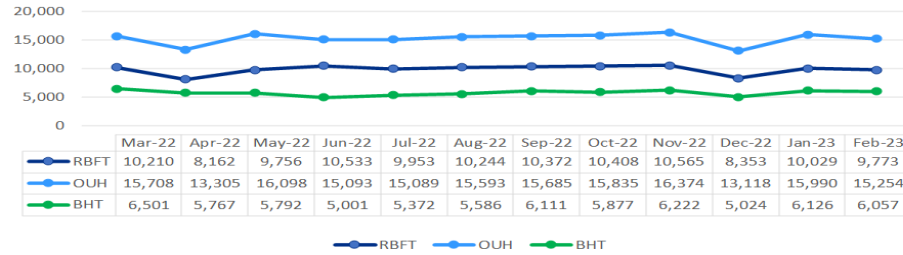
BOB ICB - Total number of Specific Acute elective day case spells in the period



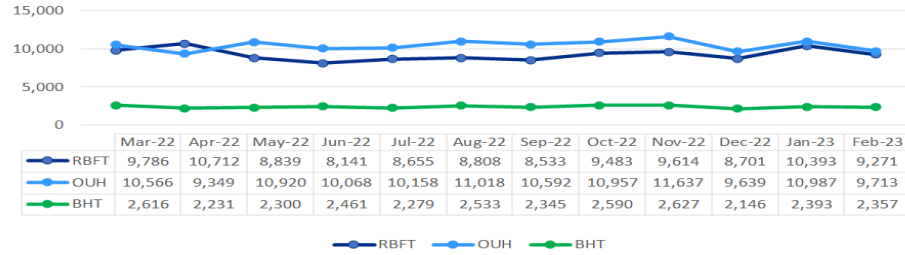
BOB ICB - Total number of Specific Acute elective ordinary spells in the period



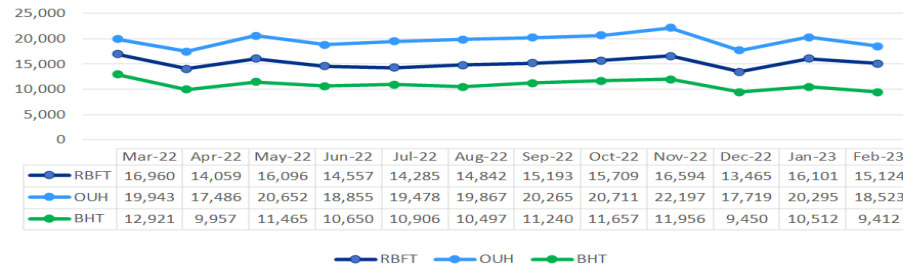
NHS Trusts - GP referrals



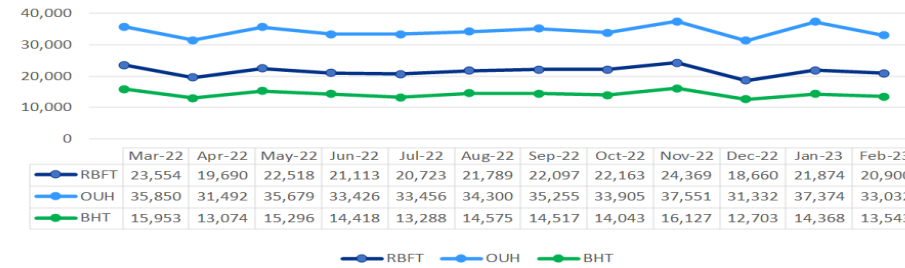
NHS Trusts - Other Referrals



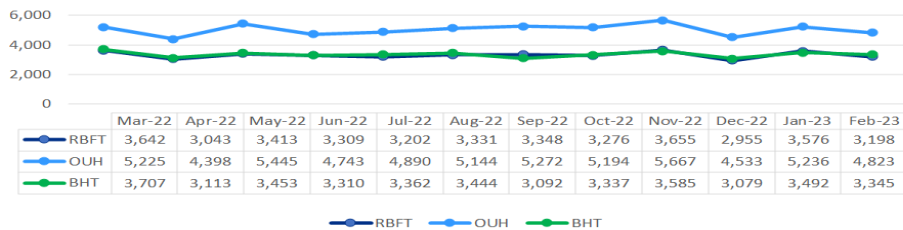
NHS Trusts - Consultant-led first outpatient attendances (Spec acute)



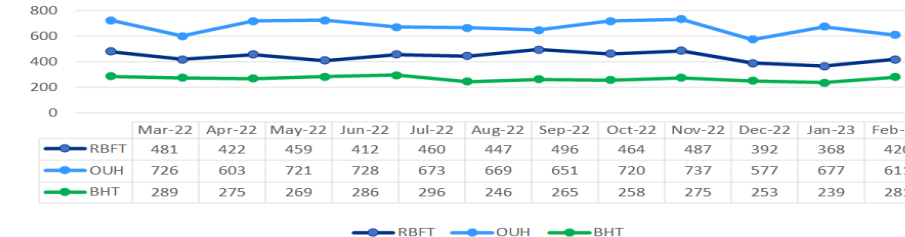
NHS Trusts - Consultant-led follow-up outpatient attendances (Spec acute)



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



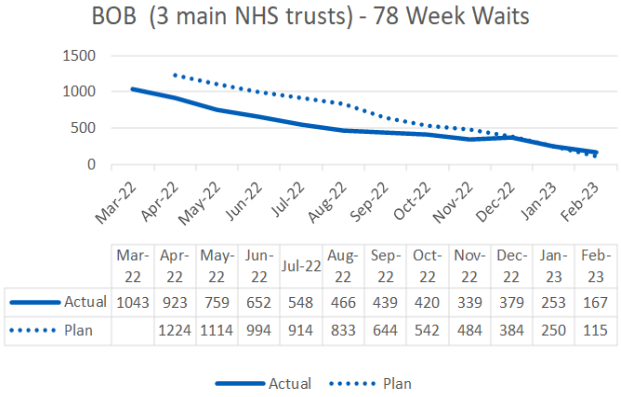
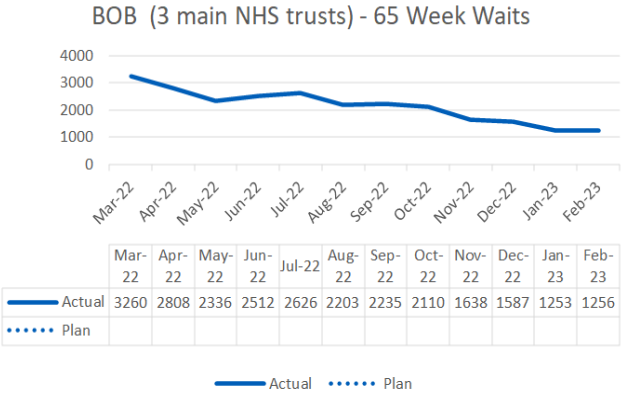
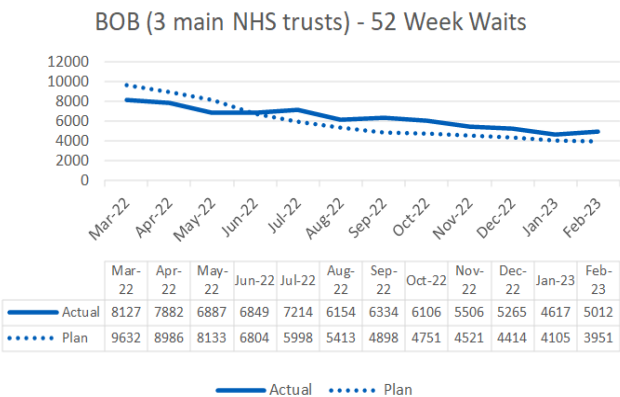
NHS Trusts - Total number of Specific Acute elective ordinary spells in the period



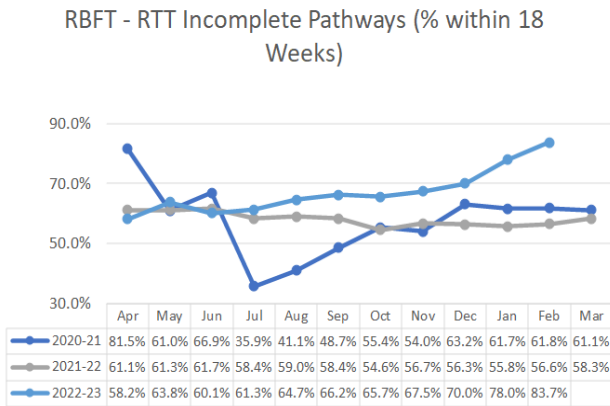
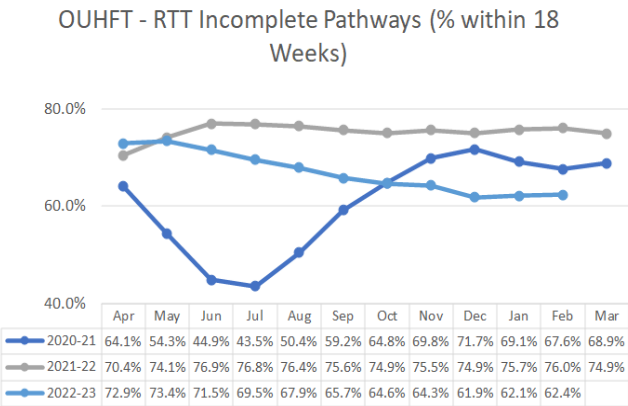
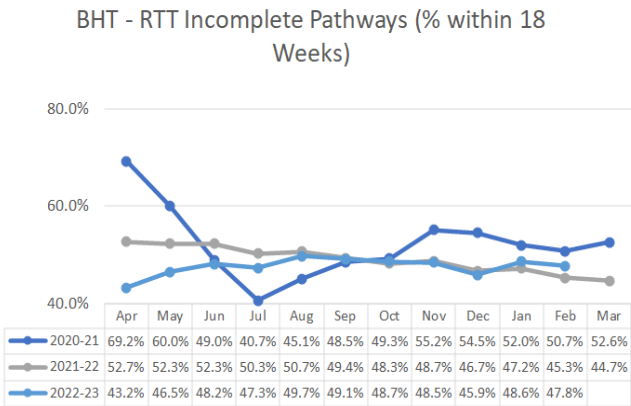
Planned Care – RTT (Referral to Treatment)



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board



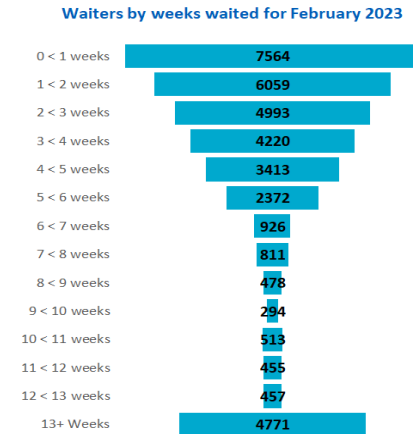
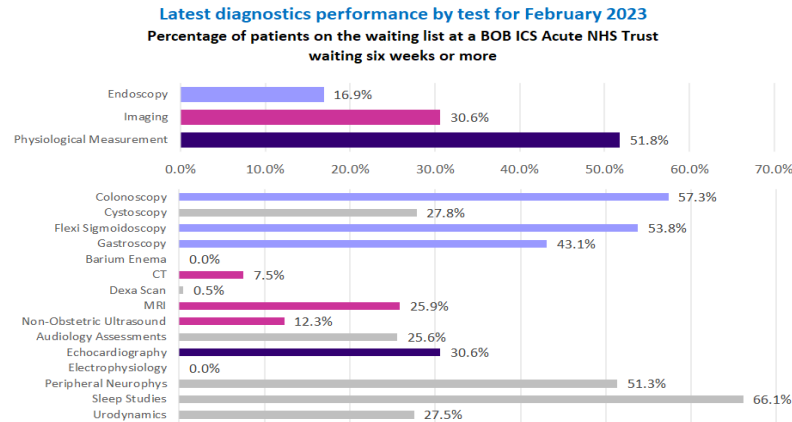
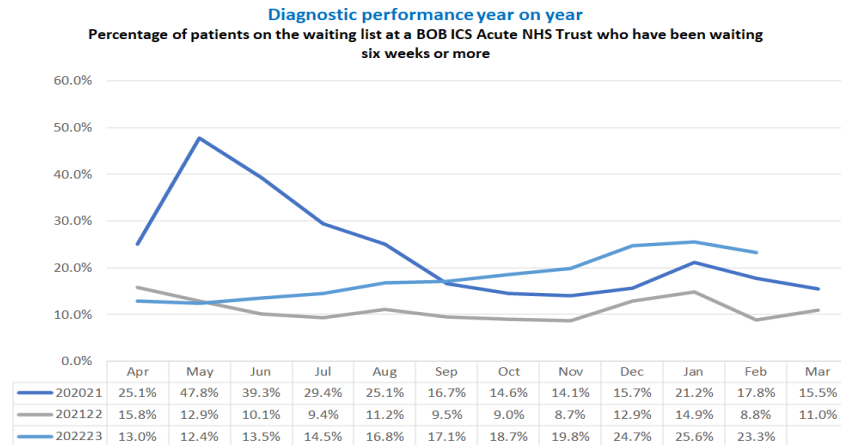
Please note:- The above charts give the combined position for Buckinghamshire Healthcare, Oxford University Hospitals and Royal Berkshire Foundation Trusts (whole provider - all commissioner)



Planned care – Diagnostics

Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

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	Plan
Percent of Diagnostics Waiting list 6 weeks or more		Feb 23	25.0%	1.0%	38.7%	10.5%	26.0%	10.3%	1.0%	41.6%	1.0%	24.3%	1.0%
Percent of Diagnostic Tests against 2019/20			106.0%		100.1%	111.4%	104.1%	102.8%		98.9%		116.1%	
Percent of Current MRI list waiting 6 weeks or more			24.0%	1.0%	41.7%	3.9%	18.0%	3.5%	1.0%	58.3%	1.0%	18.2%	1.0%
Percent of MRI Tests against 2019/20			108.1%	107.5%	100.7%	123.9%	97.6%	95.7%	103.1%	104.3%	120.3%	112.8%	100.5%
Percent of Current CT list waiting 6 weeks or more			13.0%	1.0%	30.4%	0.8%	9.4%	0.3%	1.0%	23.3%	1.0%	7.2%	1.0%
Percent of CT Tests against 2019/20			117.1%	110.3%	118.8%	107.6%	137.7%	100.7%	106.1%	121.4%	124.4%	144.8%	89.7%
Percent of Current Non-obstetric Ultrasound list waiting 6 weeks or more			18.6%	1.0%	36.2%	1.7%	17.3%	0.1%	1.0%	33.9%	1.0%	4.7%	1.0%
Percent of Non-obstetric Ultrasound Tests Against 2019/20			103.1%	109.2%	88.5%	121.1%	93.1%	122.5%	114.4%	83.1%	131.2%	113.0%	110.5%
Percent of Current Colonoscopy list waiting 6 weeks or more			49.3%	1.0%	59.4%	16.7%	64.2%	3.2%	1.0%	64.7%	1.0%	68.3%	1.0%
Percent of Colonoscopy Tests Against 2019/20			97.5%	89.7%	92.1%	96.0%	105.9%	85.2%	80.3%	91.8%	124.7%	95.0%	87.7%
Percent of Current Flexi sigmoidoscopy list waiting 6 weeks or more			50.4%	1.0%	59.9%	17.1%	60.9%	1.4%	1.0%	67.7%	1.0%	62.8%	1.0%
Percent of Flexi sigmoidoscopy Tests Against 2019/20			63.6%	88.2%	70.1%	68.9%	52.3%	63.0%	75.2%	61.9%	160.3%	58.0%	79.6%
Percent of Current Gastroscopy list waiting 6 weeks or more			35.0%	1.0%	57.0%	6.8%	45.9%	4.9%	1.0%	65.0%	1.0%	47.7%	1.0%
Percent of Gastroscopy Tests Against 2019/20			99.4%	88.3%	98.2%	108.4%	81.0%	75.4%	81.5%	85.8%	92.6%	107.8%	91.9%
Percent of Current Echocardiography list waiting 6 weeks or more			37.0%	1.0%	38.6%	35.6%	33.4%	31.9%	1.0%	29.1%	1.0%	32.1%	1.0%
Percent of Echocardiography Tests Against 2019/20			100.1%	99.9%	112.6%	104.9%	61.7%	116.5%	115.2%	72.6%	125.9%	49.9%	64.2%

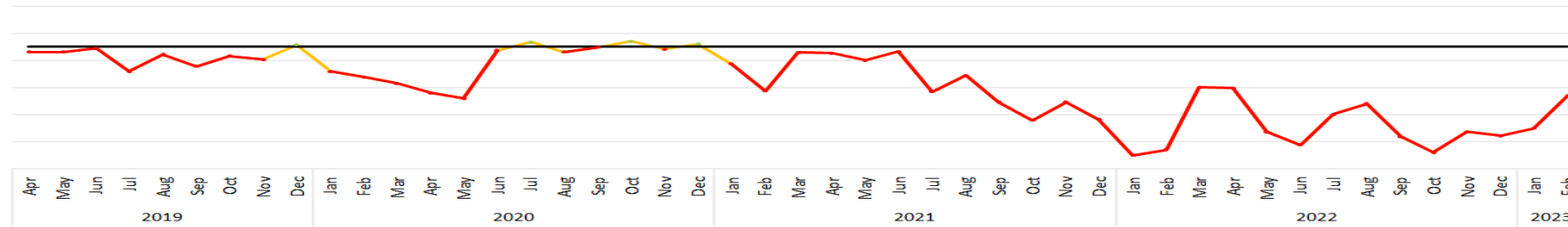


Code	Indicator		Standard	England	South East	BOB Acutes	BHT	OUH	RBFT
E.B.6	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer		93%	86.1% ↑	89.0% ↑	89.8% ↑	95.3% ↓	84.4% ↑	94.1% ↑
E.B.30	Cancer - urgent referral seen			229721 ↑	36131 ↑	6748 ↑	1981 ↓	2401 ↑	1902 ↑
E.B.31	Cancer - first treatments			25718 ↓	4183 ↓	794 ↓	172 ↓	410 ↓	222 ↑
E.B.7	Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected		93%	78.9% ↑	83.3% ↑	96.6% ↓		95.3% ↓	100.0% ↑
E.B.27	Percentage meeting faster diagnosis standard		75%	75.0% ↑	76.1% ↑	78.3% ↑	73.4% ↑	84.2% ↑	73.9% ↑
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')	Feb 23	96%	92.0% ↑	92.1% ↑	88.5% ↑	87.8% ↑	82.7% ↑	97.3% ↑
E.B.9	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is Surgery		94%	78.7% ↑	76.9% ↓	75.1% ↑	55.4% ↑	69.2% ↓	94.4% ↑
E.B.10	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is an Anti-Cancer Drug Regimen		98%	98.0% ↑	99.0% ↑	99.7% ↑	100.0% ↑	99.5% ↑	98.9% ↓
E.B.11	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is a Radiotherapy Treatment Course		94%	89.3% ↑	82.5% ↑	94.9% ↑	100.0% ↓	95.4% ↑	94.8% ↑
E.B.12	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer		85%	58.2% ↑	64.2% ↑	63.9% ↑	67.1% ↑	59.5% ↑	67.4% ↑
E.B.13	Percentage of patients receiving first definitive treatment within 62 days of referral from NHS Screening Service		90%	63.9% ↑	62.5% ↓	58.1% ↑	88.9% ↑	35.3% ↑	83.3% ↑
E.B.14	Percentage of patients receiving first definitive treatment within 62 days of a consultants decision to upgrade their priority status		86%	73.6% ↑	78.9% ↑	86.0% ↑	95.2% ↑	54.2% ↑	89.1% ↑

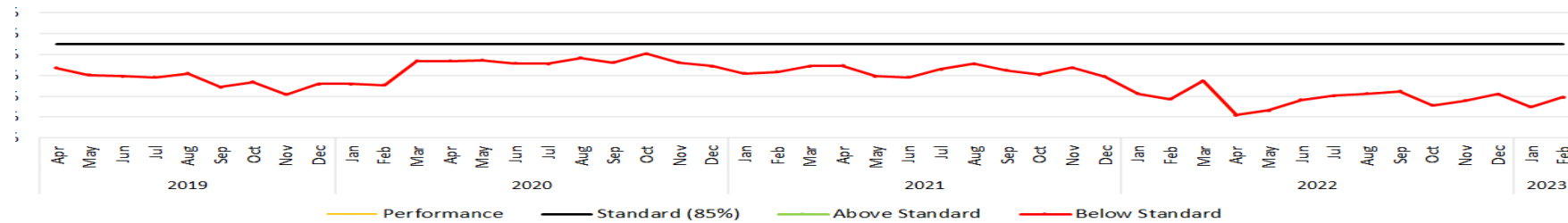
Please note that the arrows in the tables above indicate the numerical change against the previous month and not necessarily the change in performance.

* No reported data in period

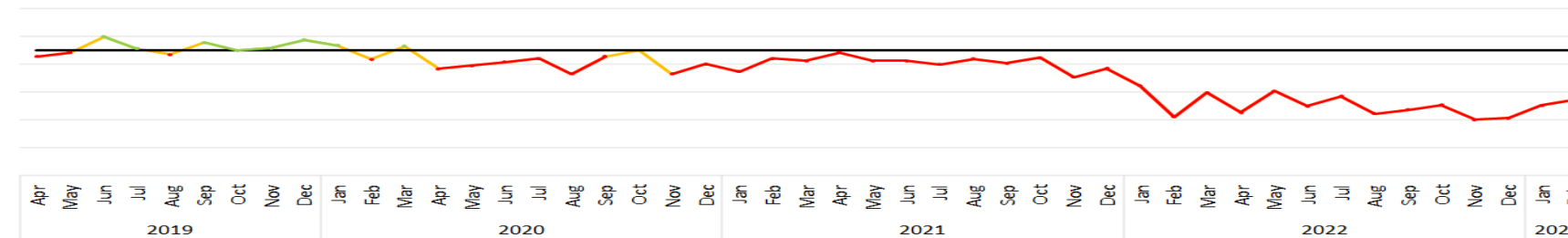
Standard - Performance (BHT)



y Standard - Performance (OUH)



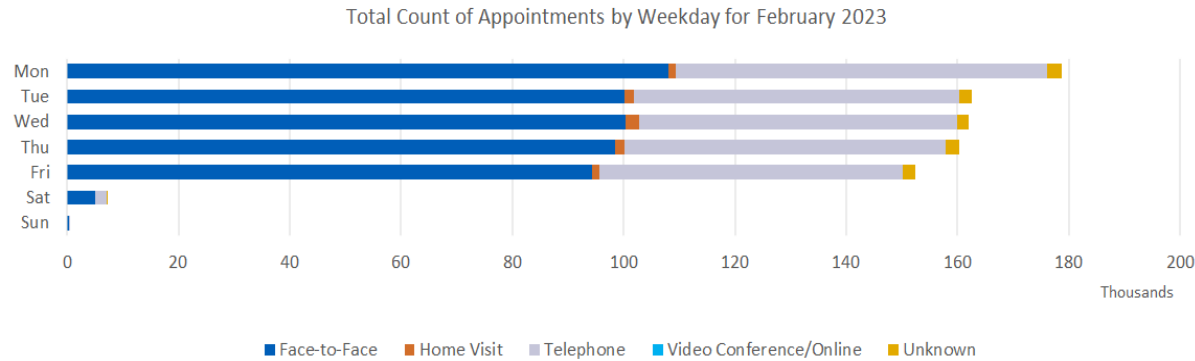
y Standard - Performance (RBFT)



Targets Underperforming

- **2WW standard** (93%) – February saw BHT (95.3%) and RBFT (94.1%) compliant, and OUH (84.4%) non-compliant, OUH position driven by Gynae (50.7%), sarcoma (53.3% although small numbers) and children's (57.1%)
- **31-day standard** (96%) - RBFT only Trust compliant with (97.3%). BHT (87.8%) and OUH (82.7%) increased by 10% compared to previous month but still non-compliant. Across BOB, tumour specific compliance was challenged, with all tumour sites reporting non-compliance at varying levels leading to the overall position.
- **31-day standard: surgery** - System position reported as 69.9% against 94% standard, Trust performance as follows, BHT (55.4%), OUH (69.2%) and RBFT (94.4%). As highlighted driven by treatment capacity across the system.
- **62-day standard** - Compliance against the 85% standard continues to be challenged across BOB. Trust performance as follows, BHT (67.1%), OUH (59.5%) and RBFT (67.4%). Lung and Urology driving the position at system level, however, all tumour sites recorded non-compliance of the standard except skin (89.2%). BHT and RBFT breast and skin pathways recording a compliant position. For OUH only skin reported compliance. 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. TVCA continue to work with both Primary and Secondary care in improving FIT uptake to reduce delays within LGI pathway. Use of Teledermatology also a key for TVCA to support appropriate referrals into Secondary Care in turn reducing challenges in skin pathway. Additional £250k provided to each Trust to support reducing backlog and improve recovery of positions and cancer performance.
- **62-day screening** – Number of breaches fell but remains high. System performance reported as 58.1% against 90% standard. Varied compliance at Trust level, BHT (88.9%), OUH (35.3%) and RBFT (83.3%).

Primary Care

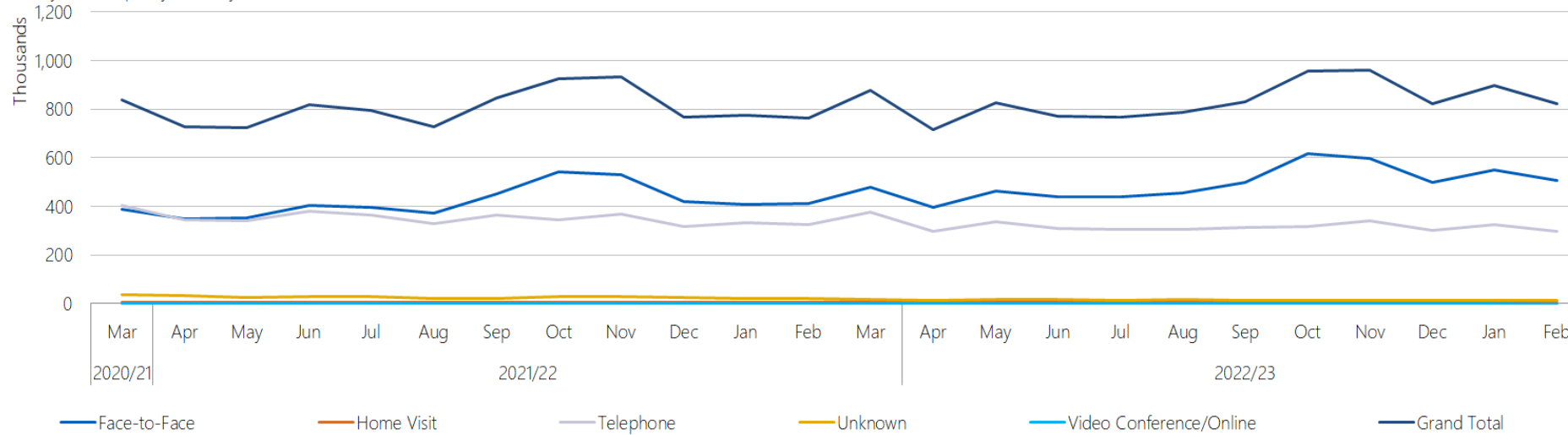


Face to Face	Home Visit	Telephone	Video / Online	Unknown
507K	8,514	297K	390	11K

Appointments for February 23

Overall Consultation Levels

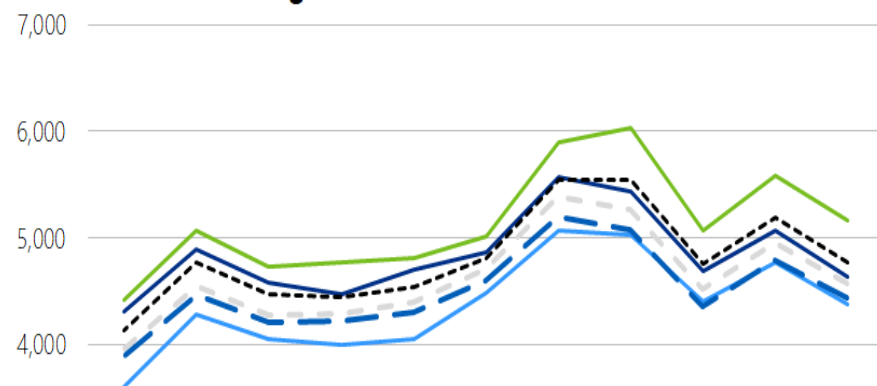
GP Appointments by Month split by modality



Primary Care

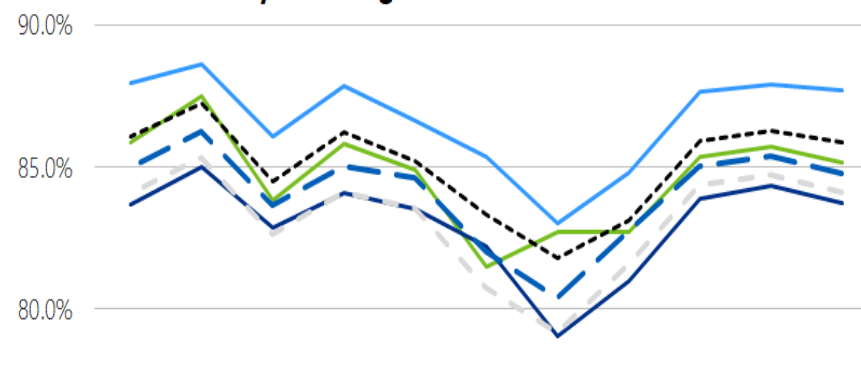
Primary Care								
Indicator		Month	England	South East	BOB ICB	Buckinghamshire	Oxfordshire	Berkshire West
Number of general practice appointments per 10,000 weighted patients		Feb 23	4432	4569	4766	4374	5163	4639
Percentage of General Practice Appointments seen within 14 days of Being Booked			85%	84%	86%	85%	88%	84%

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
2022/23											
Buckinghamshire	4,423	5,065	4,728	4,768	4,817	5,013	5,895	6,031	5,067	5,592	5,163
Oxfordshire	3,607	4,283	4,046	4,000	4,048	4,480	5,074	5,028	4,408	4,776	4,374
Berkshire West	4,312	4,895	4,576	4,472	4,700	4,865	5,572	5,440	4,682	5,062	4,639
BOB ICB	4,137	4,773	4,472	4,444	4,544	4,805	5,546	5,549	4,751	5,185	4,766
South-East Region	3,964	4,547	4,270	4,289	4,398	4,703	5,387	5,262	4,513	4,953	4,569
England	3,889	4,471	4,200	4,214	4,306	4,595	5,202	5,079	4,351	4,788	4,432

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
2022/23											
Buckinghamshire	85.9%	87.5%	83.8%	85.8%	84.9%	81.5%	82.7%	82.7%	85.4%	85.7%	85.1%
Oxfordshire	87.9%	88.6%	86.1%	87.9%	86.6%	85.4%	83.0%	84.8%	87.7%	87.9%	87.7%
Berkshire West	83.7%	85.0%	82.9%	84.1%	83.5%	82.2%	79.0%	81.0%	83.9%	84.4%	83.7%
BOB ICB	86.1%	87.2%	84.5%	86.2%	85.2%	83.3%	81.8%	83.1%	85.9%	86.3%	85.8%
South East	84.0%	85.3%	82.6%	84.1%	83.6%	80.8%	79.2%	81.6%	84.4%	84.7%	84.1%
England	85.0%	86.2%	83.7%	85.0%	84.6%	82.0%	80.4%	82.8%	85.0%	85.4%	84.8%

Care Quality Commission Ratings

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

PMS	Inadequate	RI	Good	Outstanding
BW		2	41	1
Bucks			46	2
Oxon		1	62	4
BOB		3	149	7
Dental (by exception)	Inadequate	RI	Good	Outstanding
BW	1			

Practice KPIs

Indicator	BOB average	Red rated practices
QOF overall achievement	92.5%	9
Childhood imms – 8 months (QOF data)	93.1%	0
Childhood imms – 18 months (QOF data – MMR)	93.0%	0
Childhood imms – 5 years (QOF data)	84.1%	20
NELs rate per 1000	36.61	52
NELs ACS conditions rate per 1000	4.67	59
A&E attendance rate per 1000	144.59	29
SCAS Category 3 rate per 1000	13.95	69 – high variance
SCAS Category 4 rate per 1000	1.18	75 – high variance
Cervical screening 25-49 years (KC53)		70
Cervical screening 50-64 years (KC53)		23

PCN KPIs — In development, note many of the Investment & Impact Fund (IIF) indicators had no baseline and next year these will be reduced substantially

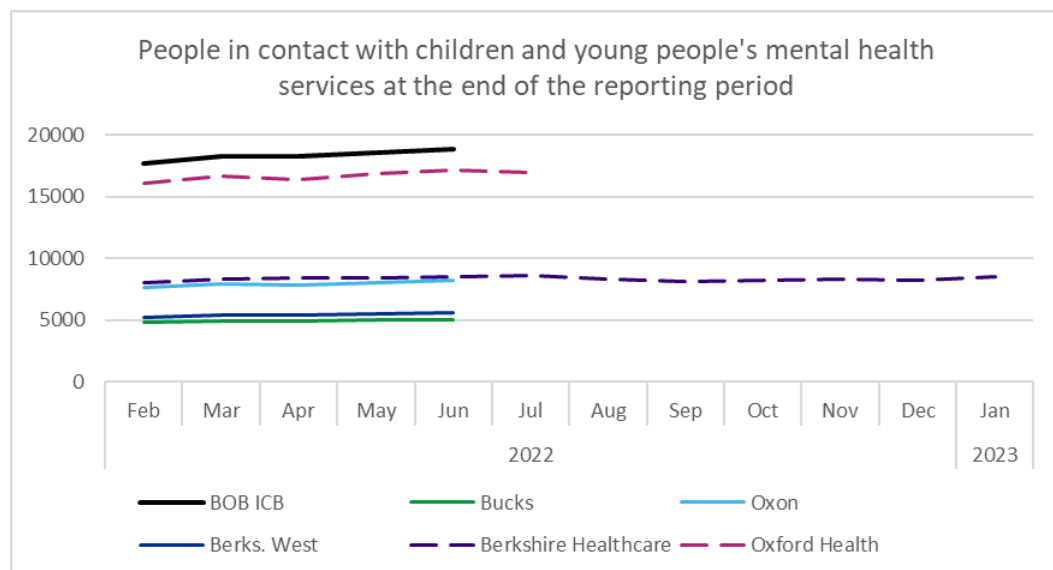
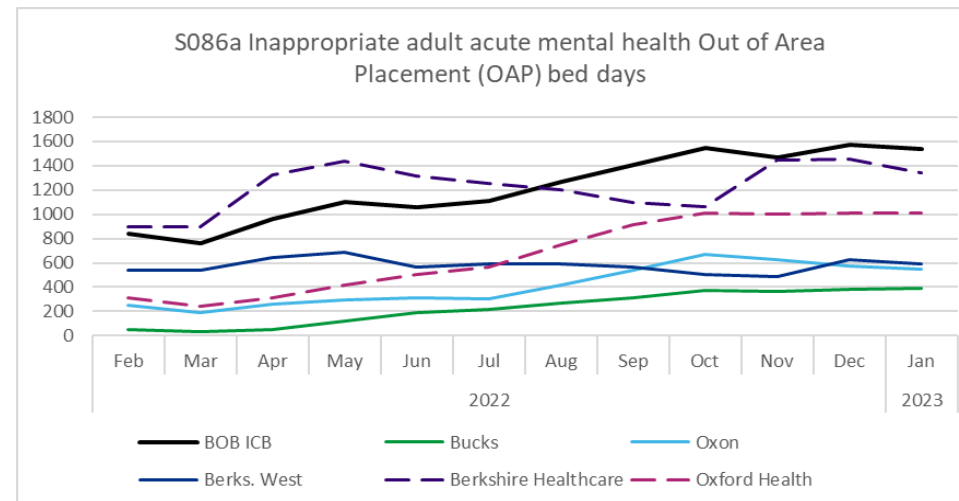
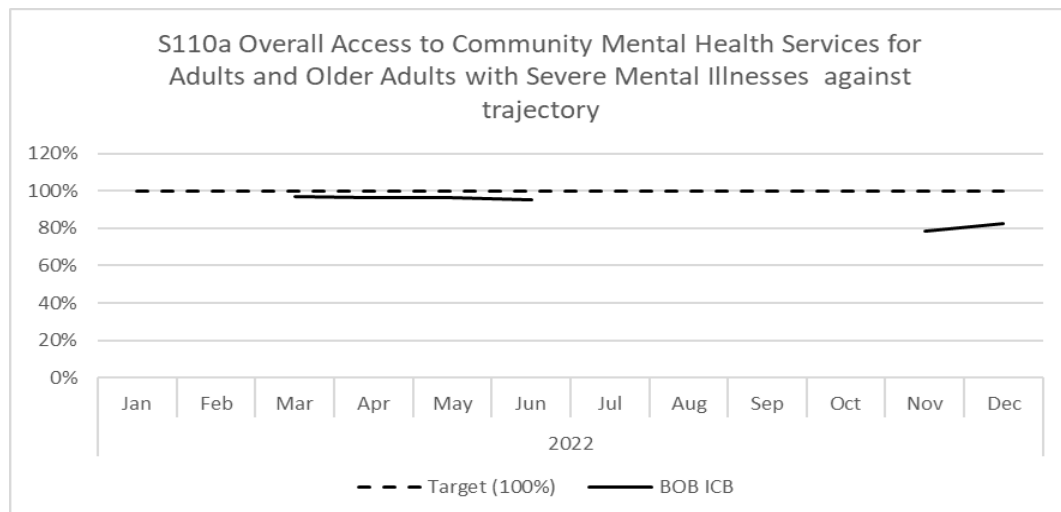
Mental Health Services

Indicator	Period	Standard	Plan	BOB ICB	Bucks	Oxon	Berks. West	Berkshire Healthcare	Oxford Health
Total access to Talking Therapies services	Rolling 3 months to Jan 23		9490	8310	2685	3225	2400	4555	5890
Talking Therapies - Access Rate		6.25%		5.5%	6.2%	5.3%	5.1%		
Talking Therapies - Moving to Recovery		50%		49.9%	53.8%	49.3%	46.4%	47.2%	50.9%
Talking Therapies - Treated within 6 Week	Jan 23	75%		97.5%	98.4%	99.3%	94.5%	93.4%	98.3%
Talking Therapies - Treated within 18 Week		95%		99.5%	100.0%	99.3%	99.2%	100.0%	100.0%
Dementia Diagnosis Rate	Feb 23	67%	64%	59.66%	56.2%	61.2%	61.5%		
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 Dec 22	95%	83%	68.66%	70.0%	28.6%	74.0%	68.9%	67.86%
CYP Eating Disorders - Routine (4 weeks)		95%	63%	40.99%	33.3%	15.8%	77.9%	78.6%	44.56%
Severe Mental Illness (SMI) 6 Health Checks completed Percent of Register	2022/23 Q3	60%		43.42%	44.0%	40.2%	48.1%		
People with severe mental illness receiving a full annual physical health check and follow up interventions	2022/23 Q3	100%		72.3%					
Inappropriate adult acute Mental Health Out of Area Placement (OAP) bed days	Three Months to Jan 23	0		1540	390	550	595	1340	1010
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	Dec 22	100%		82.6%					

Please Note. In order to assist users until the cyber incident and its effects are resolved, NHS England has produced national level data for CYP Eating Disorders this should be considered an estimate for Q2 2022-23 and Q3 2022-23, as calculated through imputation.

Mental Health Services

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



The ICB and SUB ICB Breakdown has not been available since June 2022. Additionally the latest data available for Oxford Health is for July 2022.

Learning Disability and Autism Services

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

Definitions

- LeDeR (Learning from lives and deaths – People with a learning disability and/or autism) 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 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

How are we performing:

LeDeR

- 90% of eligible notification have been completed in March, which is below 95% target
- Performance stable over the last quarter (89-90%) with improvement needed in Buckinghamshire, where only 77% of notification have been completed in March 2023 compared to 95% completed in Oxfordshire and 93% in Berkshire West

90%	89%	90%	90%
Dec-22	Jan-23	Feb-23	Mar-23

Actions: LeDeR

- Move to (BOB wide) LeDeR review system and process

How are we performing:

Annual Health Checks

- 67.5% of AHC performed in in Feb 2023, which is above the trajectory based on last year's performance (64.5% in 2022)
- We are expecting to reach the target of 75% at the end of March
- Reports extracted from EMIS show very good performance in both Oxfordshire (81.5%) and Buckinghamshire (79.7%) in March

38.7%	44.5%	55.8%	67.5%
Nov-22	Dec-22	Jan-23	Feb-23

Actions: Annual Health Checks

- the most up to date information shows that BOB is ahead of trajectory in February 2023

How are we performing:

Adult In-patients

- 49 adult in-patients recorded in March, which is above the trajectory (37 in Q4)
- Good progress was achieved in the last quarter, when trend has been reversed and numbers started decreasing (from 56 in January 22 to 49 in March), which gives us more confidence to reach the Long Term Plan target this year.

56	56	53	49
Dec- 22	Jan- 23	Feb-23	March-23

Actions: Adult In-patients

- Recovery Action Plan in place building on existing good practice and strengthening governance, oversight and resources

How are we performing:

CYP In-patients

- 14 CYP in-patients recorded in March, which is above the trajectory (8 in Q4)
- The number of CYP inpatients has increased in the last quarter (from 11 in Dec 22 to 14 in March 23)

11	12	12	14
Dec- 22	Jan- 23	Feb-23	March-23

Actions: CYP In-patients

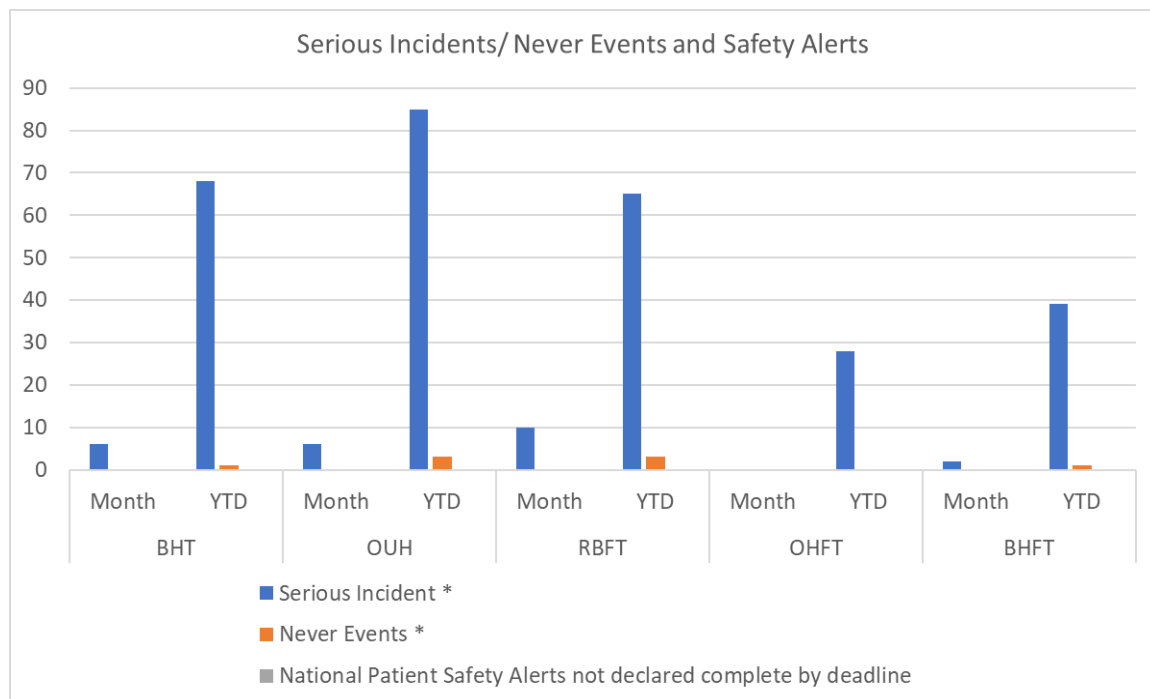
- Recovery Action Plan in place building on existing good practice and strengthening governance, oversight and resources

Risks:

- the high number of adult and children and young people's in patients' admissions, the long length of stay and delayed discharges
- the lower than expected LeDeR performance in Buckinghamshire
- number of people without a pre / post Care, Treatment and Review (CTR) or a Care, Education, Treatment and Review (CeTR)

9. Quality Oversight Measures

Serious Incidents & Never Events



Quality										
Indicator	BHT Month	YTD	OUH Month	YTD	RBFT Month	YTD	OHFT Month	YTD	BHFT Month	YTD
Serious Incident *	6	68	6	85	10	65	0	28	2	39
Never Events *	0	1	0	3	0	3	0	0	0	1
National Patient Safety Alerts not declared complete by deadline	0	0	0	0	0	0	0	0	0	0

* The Serious Incident and Never Events YTD figures for BHT are for April, May, June, August - December 2022 and January - February 2023. The outstanding data for Royal Berkshire has been received, the data is complete for April - February 2023.
The latest National Patient Safety Alerts not declared data is for January 2023.

This metric measures:

Our objective is reduce avoidable harm across all our services. The metric we have chosen to assess progress measures the number of reported serious incidents across our Trusts. The definition of a Serious Incident allows for subjectivity. Low reporting does not necessarily mean no harm, and may be indicative of the reporting culture instead.

How are we performing:

Serious Incidents (SIs) closed by Oxford Health indicated challenges in waiting times to access services, as well as risk formulation – a recent Health Safety Investigation Board (HSIB) report recommended that grading of risk of suicidal ideation should no longer be considered, instead with focus on effective safety planning. A handful of recent mental health SIs have also referenced some potential care challenges within private external organisations, outside of the NHS where patients may be placed. No Never Events were reported in February 2023 in any provider. Several SIs from BHT have been closed in February, reflecting clinical deterioration from an abdominal aortic aneurysm (AAA), delayed follow up in Ophthalmology and demand and capacity challenges. New Serious Incidents have identified delays in patient care, in both planned and emergency settings. Following an increase in Pressure Ulcer SIs, Sue Ryder will be pulling together an Overarching Pressure Ulcer Action Plan which will be shared with the BOB ICB Berks West Place based Quality team.

Actions:

- HSIB recommendations shared with Mental Health providers.
- Several local actions specific to individual patient safety incidents.

Risks:

- Demand and capacity continues to be the most significant risk to patient safety
- There remain residual delays associated with COVID-19, leading to patients being lost to follow up, or experiencing delays in care

Assurance Report – Infection, Prevention and Control (IP&C) HCAI Data

Healthcare Associated Infection (HCAI) Data: March 2023

Clostridioides difficile infection (CDI) –

Q4 CDI	Hosp onset	Com onset	Total Count	Q4 Rate	Total YTD
Bucks	10	12	22	4.0	120
Oxon	40	21	61	9.0	187
Berks West	18	10	28	5.7	122
BOB	68	43	111	6.4	429

MRSA blood stream infection

Q4 MRSA	Hosp onset	Comm onset	Total	YTD Total	Q4 Rate	Total rate
Bucks	3	1	4	7	0.7	1.3
Oxon	1	2	3	9	0.4	1.3
Berks W	1	2	3	5	0.6	1.0
BOB	5	5	10	21	0.6	1.2

Infection Prevention & Control BOB IP&C Forum Group set up since March 2023 for all ICS IP&C leads to discuss issues across BOB and contribute towards the joint Forward Plan. A quarterly committee meeting has also been agreed.

National guidance has been released (1 April) on reduced COVID-19 testing requirements.

CDI

Oxon hospital onset cases have increased. There have been 2 areas of increased cases due to transmission, a period of Increased Incidence has been declared, a weekly outbreak meeting and action plan is in place. Increased CDI rate for community and hospital onsets in BW has been discussed with stakeholders. Staff training and education for CDI management identified and in place. RBFT to highlight CDI issue at patient safety meeting.

MRSA

One Oxon hospital onset case is subject to a Serious Infection review, as caused by a healthcare associated pressure ulcer. BW identified avoidable cases due to MRSA decolonisation compliance. RBFT to monitor and audit this practice from April and feedback to the team.

Assurance Report – Infection, Prevention and Control HCAI Data

Q4 Ecoli	Hosp onset	Comm onset	Q4 Total	Q4 Rate	YTD Total	Q4 Kleb	Hosp onset	Comm onset	Q4 Total	Q4 Rate	YTD Total	Q4 Pseud	Hosp onset	Comm onset	Q4 Total	Q4 Rate	YTD Total
Bucks	19	60	79	14.4	371	Bucks	12	19	31	5.6	136	Bucks	10	4	14	2.5	59
Oxon	28	79	107	15.7	440	Oxon	11	22	33	4.8	118	Oxon	7	5	12	1.8	62
Berks W	35	51	86	17.5	373	Berks W	5	12	17	3.5	93	Berks W	7	4	11	2.2	47
BOB	82	190	272	15.8	1184	BOB	28	53	81	4.7	347	BOB	24	13	37	2.1	168

GNBSI (Gram-negative bloodstream infections)

By exception

- **E.coli**- Majority (72%) of ECBSI remains community onset with 38% recorded as a urinary source, although only 10% of which had a urinary catheter is a risk factor. Majority of BW's cases are from community, action plans focuses on UTI management by GP and continue with UTI education by IPC lead and UTI audit by Meds Op team. RBFT relaunched catheter passport and urged community to support this.
- **Klebsiella**-Oxon identified that there is an increasing number of community onset Klebsiella BSI with hepatobiliary source.
- **Pseudomonas**- Bucks higher rate of hospital onset has been noted, accounting for 10 cases, only 2 of these were reported from Bucks Healthcare, 8 from acute trusts elsewhere from Bucks registered patients.
- **General Overview**- The Meds Optimisation team is presenting findings from the UTI prescribing audit in Primary care to the IP&C Primary Care webinar in May.

Patient experience

Indicator	Target	BHT	OUHFT	OHFT	RBFT	BHFT
CQC Caring rating	Outstanding	Outstanding	Good	Good	Good	Good
FFT recommend (Inpatient)		89.2%	94.3%		98.5%	
Written Complaints Rate*		24.99	16.34	10.90	13.36	12.81
MSA breaches**	0	0	64	0	390	0

*The Written Complaint Rate is the rate of written complaints per 1,000 Full time Equivalent staff. This uses the Hospital and Community Health Services workforce Full Time Equivalent data for each provider

**February 2023

Narrative: Mixed Sex Accommodation (MSA)

RBFT have confirmed the accuracy of their reporting and have also provided an internal update to the Board Quality Committee. The rationale for the breaches is to reduce risk or crowding in the Emergency Department. It is to note that subsequently, the RBFT has amongst the lowest 12 hour waits in ED in England most recent data available. MSA breaches are stated as one of the consequences to maintain patient flow and safety in the department. Therefore, Acute Medical Unit (AMU) MSA breaches account for the majority in most cases. The additional breaches, are largely, but not exclusively, related to COVID-19 or other IPC outbreaks i.e. MSA breaches to keep urgent surgical wards open and maintain surgical activity e.g. within T&O.

BHT have confirmed most of the breaches occur in the Emergency department and Intensive Care Unit which are exempt (Acceptable Justification).

The Trust inpatient wards have toileting facilities inside the bays which complies with the provision for same sex accommodations. Where patients have been cared for in ward corridors, privacy screens for dignity are provided. Patients within corridors utilise the toilets of same sex inside the bay if they are able to mobilise or transfer, if not then patients are supported into alternative areas.

Maternity - LMNS view of the priority concerns/risks

Buckinghamshire, Oxfordshire
and Berkshire West

Key messages

- Long issue with sound proofing in the Bereavement area at RBFT. Funds have been raised to support an estate improvement project. This is a frequently raised issue with feedback from Bereaved women/birth people and their families
- All trusts in the system are keen to support Peridash, however, they are requesting for clarification on use to the LMNS, launch date and SOnET, as push back from teams regarding the completion of two dashboards daily.

Emerging Issues

- PSIRF preparation and planning at different stages across the trusts within the system, this means the moving forward within the LMNS will need to be a staged process
- RBFT anxious as HFHT are in consultation regarding a temporary redesignation of in-utero activity between 27 to 30 week gestation babies, until they become a single site for safety, this will be reviewed annually. There could a small number of women who live in the North Basingstoke area, who may choose to transfer to Reading. IUT would only occur with women to be transferred to nearest LNU or NICU with a staffed open maternity bed and neonatal cot.

Trusts on the Maternity Safety Support Programme and progress (if relevant)

- One trust within the LMNS-OUH.
- Currently in phase 4 of the programme. A paper was presented to TME on the 12 January. To date achieved 48% of the IBEX GALE recommendations have been achieved. There are 48% of the recommendations in progress. A marketing and communications manager started in post beginning of February.

QUALITY IMPROVEMENT - LEARNING AND SHARING - best practices, outcomes

- RBFT have commenced BSOTS for their triage in January 2023, this was a response to several related triage adverse incidents
- LMNS have commenced in January 2023 a daily Safety Huddle, great response to this, looking to widen the attendance to our neighbouring LMNS's-thank you to SHIP for the initiative
- Michelle East from BHT has created a Podcast related to her Mat Neo SIP work called 'Preterm Birth Optimisation' available on Spotify for service users and professions and other streaming channels
- OUH Maternity are a pilot site for a wound surveillance app
- QIP-OUH related to continuous glucose monitoring and gestational diabetes to reduce number of capillary blood samples required, esp. in PN period
- OUH & BHT pilot sites for National MEOWS chart and the 'track and trigger' version 2 for neonates. OUH will be involved in the next implementation phase

Nursing Homes CQC ratings

BOB	CQC Rating					
Place	Good	Inadequate	Outstanding	Requires Improvement	Unknown Rating	Grand Total
Berkshire West	37	1	5	7		50
Buckinghamshire	80	6	5	26	3	120
Oxfordshire	81		13	7		101
Out of Area					1	1
Grand Total	198	7	23	40	4	272
*Unknown is due to not yet inspected by CQC						

Exception report:

Joint working and support with local authorities for nursing homes – ICB restructure will support greater focus on quality assurance of nursing homes across the system, with opportunity for sharing learning and expertise.

Internal performance CHC

Indicator	Target	National position 2022/23 Q3	Locality	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
% CHC referrals completed in 28 days	80%	75%	Buckinghamshire	62%	63%	61%	48%	81%	
			Oxfordshire	30%	16%	10%	11%	38%	
			Berkshire West	79%	80%	85%	55%	98%	
% DSTs completed in acute hospitals	Fewer than 15%	3%	Buckinghamshire			0%	0%	4%	
			Oxfordshire	0%	0%	0%	0%	0%	
			Berkshire West			4%	0%	1%	
Standard CHC assessment conversion rate	n/a	23%	Buckinghamshire	17%	15%	13%	24%	41%	
			Oxfordshire			57%	43%	38%	
			Berkshire West	11%	16%	7%	14%	6%	

Performance Against the 28 days target has improved in all three localities from January to February 2023, ongoing achievement of the target is dependent on workforce sustainability being achieved.

The number of Decision Support Tool (DST) completed in acute continues to be well below target in all areas.

Standard CHC assessment conversion rates have remained lower than the national position in Berkshire West whilst Buckinghamshire joined Oxfordshire in February with a higher rate of conversion than the national average.

Terms

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

Organisations

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