

## BOB ICB BOARD MEETING

<b>Title</b>	M1 2023/24 Performance Report		
<b>Paper Date:</b>	6 July 2023	<b>Board Meeting Date:</b>	18 July 2023
<b>Purpose:</b>	Information / Discussion	<b>Agenda Item:</b>	08
<b>Author:</b>	Ben Gattlin, Head of Planning & Performance	<b>Exec Lead/ Senior Responsible Officer:</b>	Matthew Tait, Interim Chief Delivery Officer; Rachael Corser, Chief Nursing Officer and Rachael de Caux, Chief Medical Officer

### Executive Summary

The 2023/24 Performance Report has been refreshed to reflect 2023/24 operational priorities.

The focus of the Elective report was for patients waiting over 78 weeks through 22/23 this has been updated to outline the number of patients waiting over 65-weeks, this will be tracked against the numbers submitted in the 23/24 Operational Plan with an end of March 2024 target position of zero. The elective report also sees the introduction of value weighted activity performance for which the System has a target of achieving 109% of 19/20 (pre-covid) activity across 2023/24.

For mental health, the focus page centres on neurodiversity with out of area patients still reported within the appendix. Neurodiversity measures include the percentage of people on the learning disability register having an annual health check within the last 12 months. BOB has improved exponentially in this measure over the past 12 months and enters the financial year ahead of the national target (75%), reporting 81% in March. The next iteration on the report will bring data on the beginning of the Learning Disability and Autism pathway aiming to highlight the waiting list for diagnosis in BOB.

The rationale for the above KLOEs remains as per the previous report; based on the priorities listed within the ICP strategy, the present operational pressures within the programmes and the national focus outlined within 23/24 planning guidance. The remainder of the performance measures are contained within the appendix.

The updated monthly pack consists of published data (M1 and in some cases M2, including UEC).

Ambulance handover performance remained consistent through May for all providers with a reduction in numbers of handovers taking more than 30 mins and 60 mins respectively 116 over 60-minute breaches vs 114 in April. The average hours lost per day to ambulance handover delays also remained static.

Emergency Department (ED) attendances and emergency admissions increased in line with national and regional numbers. Despite the increases in attends and admissions ED Type-1 4-hour performance BOB maintained the March to April improvement from c.60% in March to over 70% through April (72.7%) continuing through May (71.6%). Patients spending over 12 hours in department was zero at Royal Berkshire Foundation Trust (RBFT), zero at Oxfordshire University Hospitals Foundation Trust (OUH) however Buckinghamshire Healthcare Trust (BHT) remains the most challenged Trust in relation to long waits in ED with 360 patients waiting over 12 hours from decision to admit up from 286 in April.

The number of patients waiting over 62 days on the cancer patient tracking list (PTL) as a percentage of the total waiting fell to under 9% in March through April this trajectory did not continue with 10% of patients waiting over of patients waiting over 62 days at the end of April, the lowest percentage in the 22/23 financial year. The overall number of patients waiting over 62 days for treatment has increased from 600 at the end of March to 697 at the end of April. The

ICB target for March 2024 is to reach pre-pandemic levels of a maximum of 500 at any one time. Through 2023/24 The Performance Team will report on progress against this target. BHT are currently meeting their target whilst OUH and RBFT are over 50% away from their respective targets. The challenges are different with OUH challenged in Urology and RBFT challenged across Gynaecology and Lower Gastrointestinal.

Within Elective the System the system maintained the number of patients waiting over 78 weeks increased from 61 at the end of March to 75 at the end of April. Junior doctor industrial action has had an impact on elective delivery with outpatient clinics and theatre sessions stood down to ensure clinical cover for those most in need. Following achieving the target of zero patients waiting over 78 weeks for elective treatment the attention has turned to reaching the feat for patients waiting over 65 weeks. BOB providers are ahead of plan and have reduced the number waiting over 64 weeks to 1399 at the end of March vs a plan of 1906. The Performance Team will continue to monitor and report on this through 2023/24. All three Trusts forecast achieving the Systems plan and national ambition to reach zero patients waiting over 65 weeks for elective treatment risks to delivery include further industrial action and increased non-elective pressures competing with elective capacity. The total waiting list remains c.140k. This is broadly in line with the submitted operational plan for 2023/24. A further measure introduced by the operational planning guidance for 23/24 is to achieve 109% of 19/20 value weighted elective activity<sup>1</sup> In April BOB achieved 90% of pre-pandemic activity weighted by value however completed 105.2% of the number of pathways completed in April 2019. The BOB Acute Providers agreed at the System Elective Care Board the Q1 focus should be in undertaking as many first outpatient appointments as possible, this is represented with BOB delivering more than 108% first outpatient activity through April compared with April 2019.

BOB did not undertake the number of diagnostic tests planned through April and has seen the proportion of patients on the waiting list waiting over 6 weeks increase from 25.9% to 26.5%. Buckinghamshire Healthcare Trust is the most challenged provider in relation to diagnostic waits particularly in Endoscopy and Magnetic Resonance Imaging (MRI).

The report will continue to be iterated by the Quality and Performance teams through 23/24 to include more detail on performance against plan, enhanced quality measures and the development of health inequalities reporting will shadow the improvements in data quality. In future months where programmes fall into 'Tiering' this will be flagged on the report<sup>2</sup>.

**Action Required**

The board are asked to:

- Note the contents of the report.

**Conflicts of Interest:**

No conflict identified

Not applicable.

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

Population Health & Patient Experience Committee, 26 June 2023

<sup>1</sup> Excluding follow up outpatients without a procedure.

<sup>2</sup> Specific programmes will fall into Tiers relating to their performance against constitutional standards or operational priorities. This will denote the level of oversight required by NHSE



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

# **NHS Performance and Quality Report M1**

Matthew Tait – Chief Delivery Officer

Rachael Corser – Chief Nursing Officer

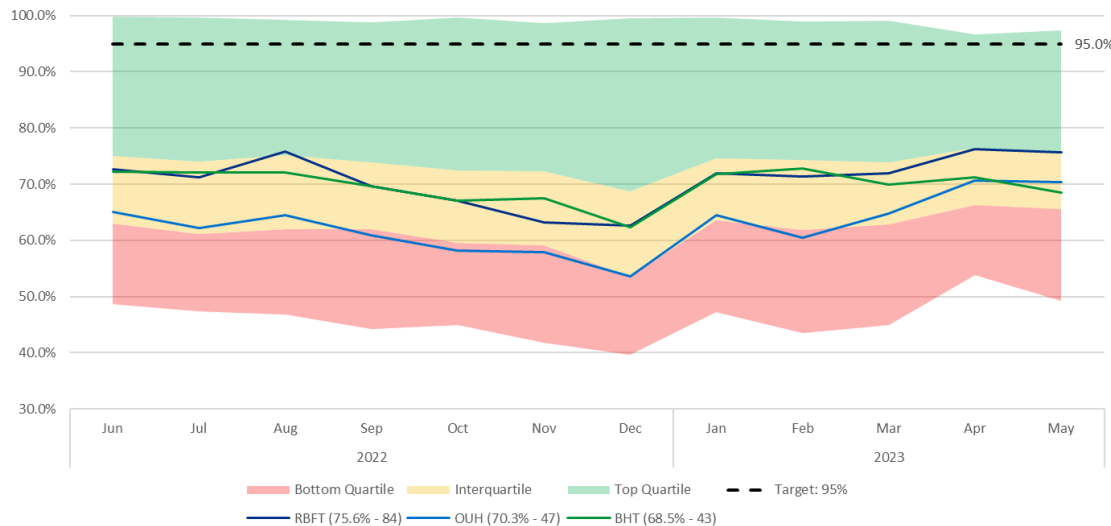
Rachael De Caux – Chief Medical Officer

1. 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 – Neurodiversity
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 across both the hospital and with partners in the wider health and care system.

While the constitutional standard remains at 95%, NHSE has set Trusts a Target of consistently seeing 76% of patients within 4 hours by the end of March 24 and type 1 performance below 60% remains an area of concentration and improvement for NHSE.

**How are we performing:**

- BHT - All types performance 68.45% down from 71.2% the previous month. Type 1 performance 54.5% down from 58.9% the previous month. Whilst there has been a 4.25% reduction in all attendances compared with May last year, type one attendances accounted for 70.2% of all attendances last year, this has increased to 77.1% this year indicating an increase in acuity,
- OUH - All types performance 70.33% down from 70.6% the previous month. Type 1 performance 64.9% is consistent compared to 64.8% the previous month. The Trust's improvement trajectory for M2 was 65% for type 1 performance. There was a 1.7% increase in all attendances compared with M2 2022 and performance is improved against both indicators against the same period last year.
- RBFT - All type performance 75.62% down from 76.2% reported the previous month. Type 1 performance 71.2% slightly down from 71.6% the previous month. Whilst there was a 2.2% increase in A&E attendances when compared to M2 2022, performance is largely consistent with the same period last year.

The ICB has received confirmation from NHSE that the ICS is in Tier 3 for UEC which means oversight and assurance of UEC performance and improvement remains at system level with no support or intervention from SE Region or the National team.

**Actions:**

- All three acutes have ED improvement plans in place to support recovery of all types with a monthly improvement trajectory in place for OUH and one anticipated by the end of June for BHT.
- Fortnightly calls are in place with BHT to support oversight and delivery of the Trust ED improvement plan
- Alternatives to ED continue to be promoted to reduce the pressures on departments, including; Urgent Community Response (UCR), Virtual Wards (VWs), 111, 111 online and Urgent Care Centres.
- System UEC programme stocktake to be presented to the June System UEC Programme Board for endorsement, ensuring alignment and oversight of key priorities as detailed in the NHSE Delivery plan for recovering urgent and emergency care services
- UEC Summit scheduled for 7 July to support Winter Planning and Preparedness, across health, social care and voluntary sector partners. Frimley ICS leads are also invited recognising the patient flows from Buckinghamshire and BHFT as both a Community and Mental Health provider

**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 Buckinghamshire and Berkshire West to support easier navigation of alternative services to ED
  - Primary care CAS in place to manage primary care overflow demand in hours within Buckinghamshire and Berkshire West
  - UCCs/UTCs capacity retained for 2023/24
- Increase in acuity resulting in more complex patients attending ED
- Ongoing disruption to services and demand profiles resulting from Industrial Action and exceptional weather conditions

# 2. Planned Care

SRO: Matthew Tait



BOB (3 main NHS trusts) - 65 Week Waits

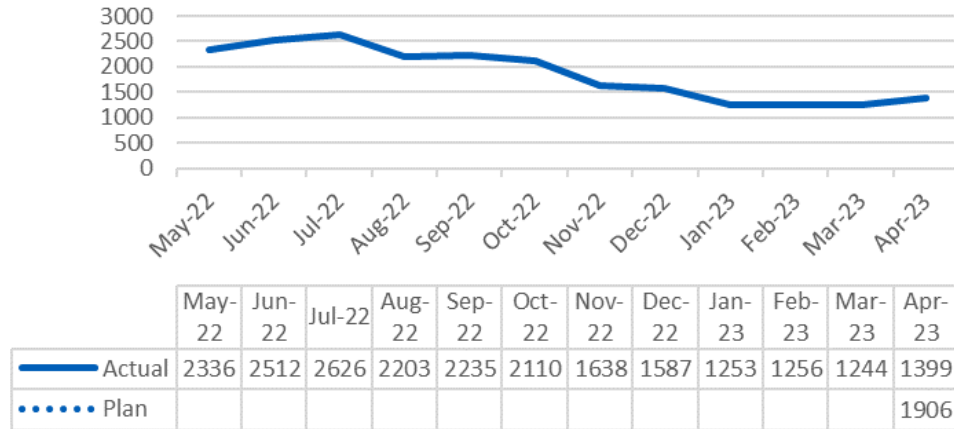


Fig.1

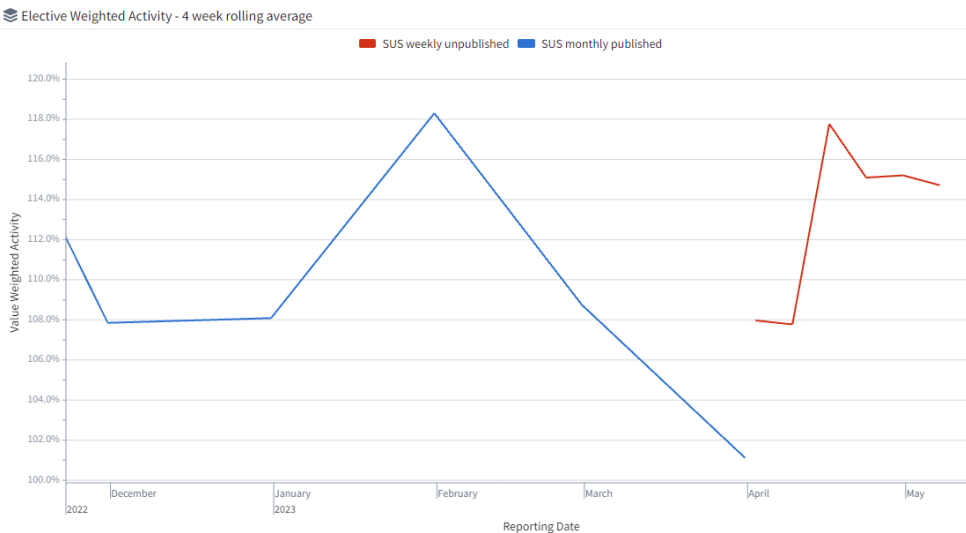


Fig.2

**This metric measures**  
Our objective is to reduce the number of patients experiencing excess waiting times for elective care as measured by the national Referral to Treatment Time standards. The target to eliminate all >65-week waits is the end of March 2024.

**How are we performing:**

- There are five patients reported as waiting >104 weeks at OUH.
- BOB reported 75 patients waiting greater than 78 weeks at the end of April against a target of zero. There were 125 patients waiting >78 week waits on 11 June.
- Current predictions show that there will be 77 patients waiting >78 weeks at the end of June, 33 at the end of July, and 16 at the end of August.
- 49 of the 125 patients waiting greater than 78 weeks did not have booked next event when reported on 11 June.
- BOB NHS Providers reported 1,399 patients waiting > 65 weeks against an end of April plan of 1,906. (Fig.1)
- BOB reported 6,071 patients waiting >52 weeks against an end of April plan of 4,950.
- The total number of NHS Provider open pathways was 153,814 against an end of June 2023 target maximum of 143,253. There are a further 7,708 reported in the Independent Sector
- The Elective care Board made a concerted decision to focus on 1<sup>st</sup> OP appointments in Q1 to both aid delivery of the value weighted target and ensure delivery of the 65-week target by March 2024 the weekly reporting appears to display success with BOB delivering more than 108% VWA based on 1<sup>st</sup> OP through April and above 115% into May (Fig.2)

**Actions:**

- 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
- Continue to protect as much elective capacity as possible using green-pathways and elective hubs
- Specific session on OUH performance in July related to size of current long waiting cohort

**Risks:**

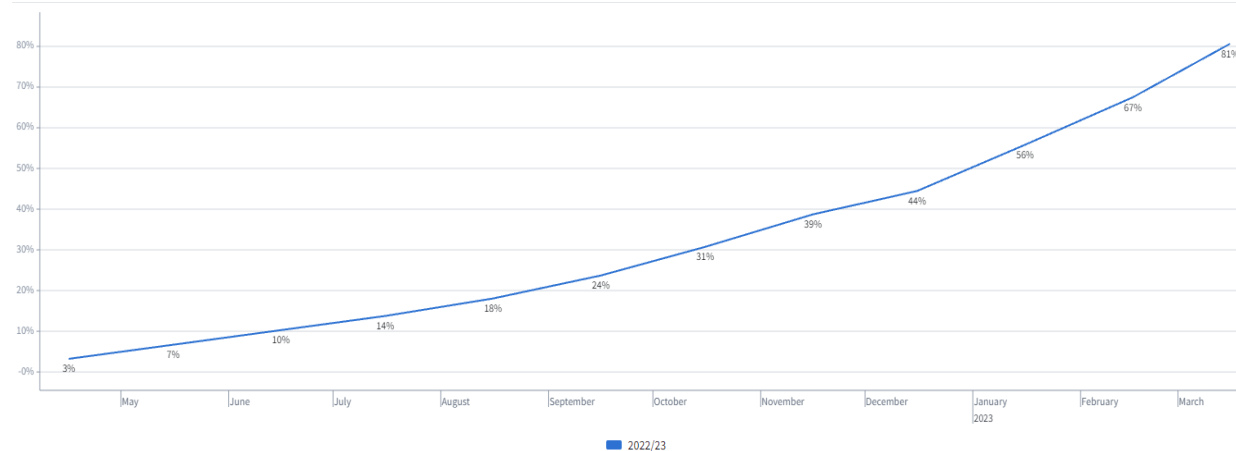
- Ongoing risk presented by non-elective pressures and competing demands e.g. Risk of impact of industrial action
- Insufficient capacity and competing pressures on physical resources e.g. Paediatric Intensive Care
- Insufficient volume of Corneal Graft material being made available by NHSE affecting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

# 3. Mental Health Services – Neurodiversity

SRO: Rachael Corser

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

Proportion of Patients 14+ on the GP Learning Disability Register who have had a Annual Health Check in the Financial Year to Date



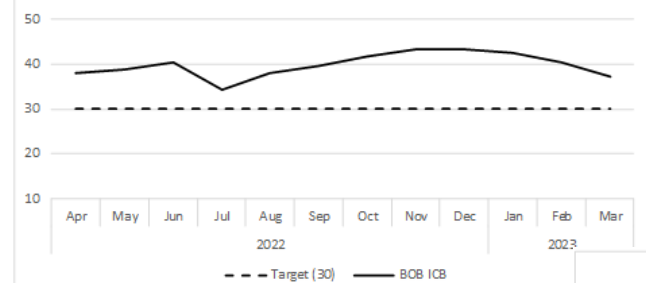
### These metrics measure

Our performance in delivering care to neurodivergent individuals. The National target is that by the end of 2023/24, 75% of people aged 14 or over on the Learning Disability Register will have had an Annual Health Check in the previous 12 months. Also reducing the number of inpatients with a learning disability or autism to under 30 per million for adults and between 12-15 per million for those under 18

### How are we performing:

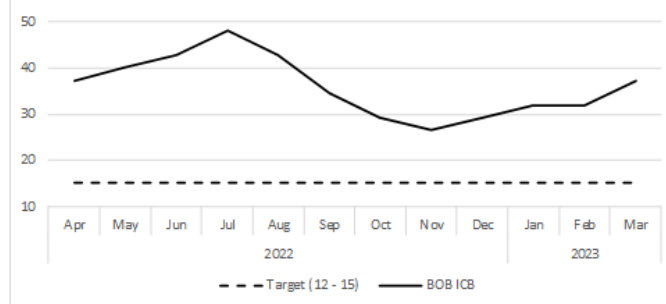
- The graph shows data up to and including M12 from FY 2022/23 and reflects a positive position for BOB having 81% of people over 14 years old on the learning disability register receiving an Annual Health Check.
- The lower graphs portrays the number of inpatients in BOB with a learning disability or autism against national ambitions for 2023/24, BOB performance compares well nationally however is still not achieving the targets set out within the 2023/24 operational planning guidance

S029a Adult inpatients with a learning disability and/or autism per million head of population



Trajectory Target is defined as: 30 per million head of population

S029b Under 18 inpatients with a learning disability and/or autism per million head of population



Trajectory Target is defined as: 12-15 per million head of population

### Actions:

- Engage with stakeholders to redesign current diagnostic pathways
- Review of skill set for staff delivering assessment pathways
- Design profiling pathway
- Develop & Implement profiling pathway pilot
- Produce and agree options paper for redesign of diagnostic pathways
- Develop business case to support redesign of diagnostic pathway

### Risks:

- Slow rate of increasing capacity, delays improvement trajectory of reducing waiting list for diagnosis



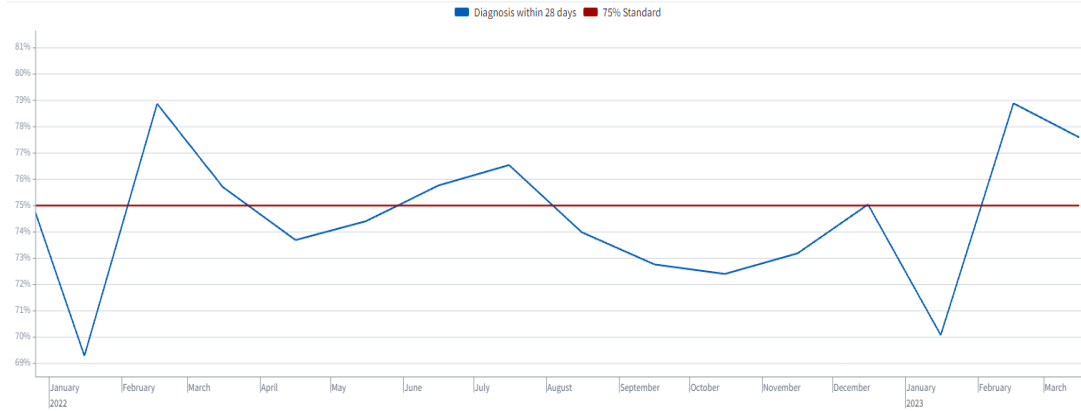
# 4. Cancer

SRO: Matthew Tait

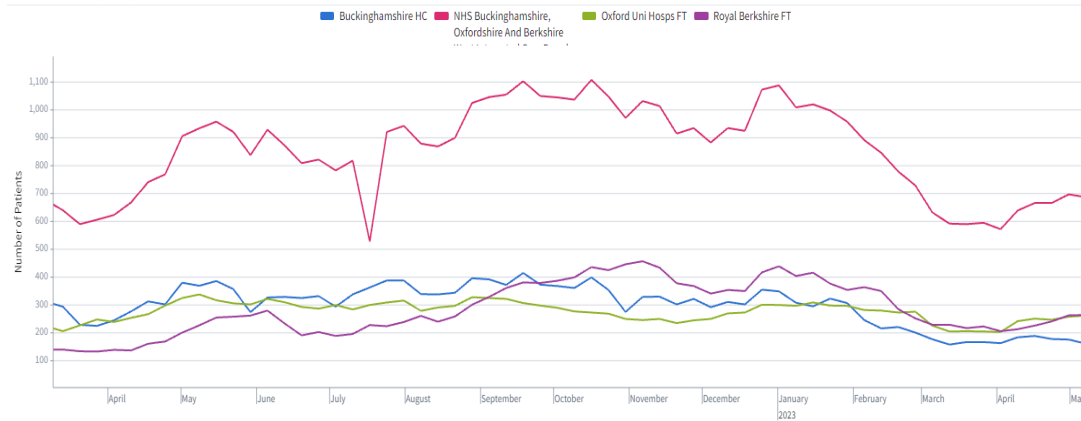


## Buckinghamshire, Oxfordshire and Berkshire West

Percentage of patients diagnosed within 28 days following an urgent referral



62+ Day Backlog By Region



### These metrics measure

The number of patients waiting over 62 days to start their cancer treatment and the proportion of patients diagnosed with cancer within 28 days of referral. Starting cancer treatment earlier increases the chances of better outcomes. We are aiming to reduce the number of patients waiting over 62 days at any one time through 2023/24 to pre-pandemic levels (500) and aiming to diagnose at least 75% of people referred on an urgent cancer pathway within 28 days of referral.

### How are we performing:

- The percentage of patients meeting the faster diagnosis standard in April across BOB was 76.6%, above target and above National and Regional averages (fig. 1) of our acute Trusts BHT (70.4%) did not reach the target standard in April
- The overall waiting list has reduced from over 1,000 in December to under 697 by the end of April, this is 39% away from the pre-pandemic target we have set ourselves to reach by March 2024 (fig. 2) OUH and RBFT are similarly challenged in relation to their distance from target with RBFT c. 68% away and OUH c.71% away

### Update

- For 2023/24 reporting will move into monitoring each providers Cancer 62d backlog numbers and distance from 2023/24 Planning Guidance “fair shares” requirement for March 2024
- The criteria for Tiering which will come into place in mid-May will include Cancer 62d backlog and FDS.

### BHT Key Points

- Urology, Lower Gastrointestinal (LGI) and Head & Neck (H&N) remain biggest challenges. Current position is driven by MRI waits, delays in doctor reviews and patient choice. Hysteroscopy capacity challenges impacting Gynae pathway

### OUH Key points

- Main areas of challenge are Skin, Gynae, Urology and H&N, position driven by pathology turnaround time (TAT) delays, hysteroscopy, CT guided biopsy, and shortage of radiologists respectively. Urology and Gynae also impacted by general capacity challenges.

### RBFT Key points

- Histology delays impacting LGI and Gynae. Complex patients requiring multiple test, surgical capacity and radiology issues also driving challenged with pathway. Urology also experiencing challenges across the pathway.

### Actions:

- RBH - new mobile scanner now live adding extra 3 days of capacity.
- OUH - trialling ring-fenced radiology slots
- BHT - plans in place to run a virtual clinic that review tests and ring patients on the same day.
- Pan Alliance - Progression of implementation of Best Practice Timed Pathways (BTPs, LGI, Lung, Gynae, Prostate, H&N, Upper GI with Skin and Breast pathways being added to work programme ) to support reducing pathway bottlenecks with funding to supporting migration
- Ongoing Thames Valley Cancer Alliance (TVCA)/Trust meetings to support oversight of issues and required mitigations

### Risks:

- Increase referral trends continue to be seen
- Diagnostic capacity across all trusts remain, driven by endoscopy & radiology
- Diagnostic and staffing capacity driving urology position at BHT
- Workforce challenges also driving the position
- Pathology TATs continue to remain challenged



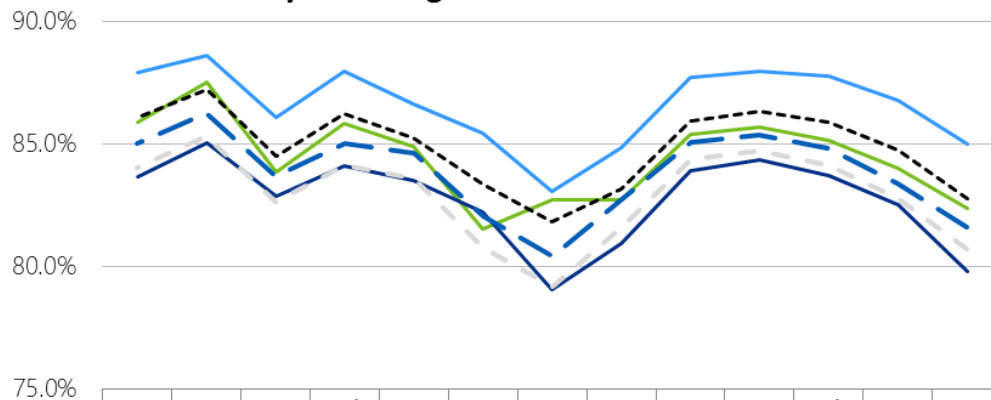
# 5. Primary Care Access

SRO: Rachael De Caux



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

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
	2022/23												2023/24
Buckinghamshire	85.9%	87.5%	83.8%	85.8%	84.9%	81.5%	82.7%	82.7%	85.4%	85.7%	85.1%	84.0%	82.4%
Oxfordshire	87.9%	88.6%	86.1%	87.9%	86.6%	85.4%	83.1%	84.8%	87.7%	88.0%	87.7%	86.8%	85.0%
Berkshire West	83.7%	85.0%	82.9%	84.1%	83.5%	82.2%	79.0%	81.0%	83.9%	84.4%	83.7%	82.5%	79.8%
BOB ICB	86.1%	87.2%	84.5%	86.2%	85.2%	83.4%	81.8%	83.1%	85.9%	86.3%	85.9%	84.8%	82.8%
South East	84.0%	85.3%	82.6%	84.1%	83.6%	80.8%	79.2%	81.6%	84.4%	84.7%	84.1%	82.8%	80.7%
England	85.0%	86.2%	83.7%	85.0%	84.6%	82.0%	80.4%	82.8%	85.0%	85.4%	84.8%	83.4%	81.6%

**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 dropped slightly in the first month of 2023/24 Q1 to 82.8%. In terms of this metric BOB continues to track well compared to national (81.6%) and regional peers (80.7%).
- In addition, total numbers of appointments remain above 2019 pre-pandemic levels with face-to-face tracking above when comparing Apr 2019 to Apr 2023 rates.
- Same day appointments have seen no significant change 45.6% from 45.5% in March.

**Actions:**

- The challenge in BOB is variation across the whole of the geography.
- Development of the ICB's approach to the national 'recovering and access to primary care programme management plan' and 'practice / PCN capacity & access improvement plans' aim to improve the access position and address inappropriate variation. There is also development of the ICB's approach to primary care quality assurance and continued support to practice resilience, linked to the General Practice Improvement Programme (GPIP) which will positively impact the 14-day measure and wider GP practice access.
- There is continued promotion of the roll out of capacity and demand tooling, Apex.
- Full utilisation of alternatives continue to be looked at incl. the Reading Urgent Care Centre, CAS 111 (incl. CAS use of UCC apts.), 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.

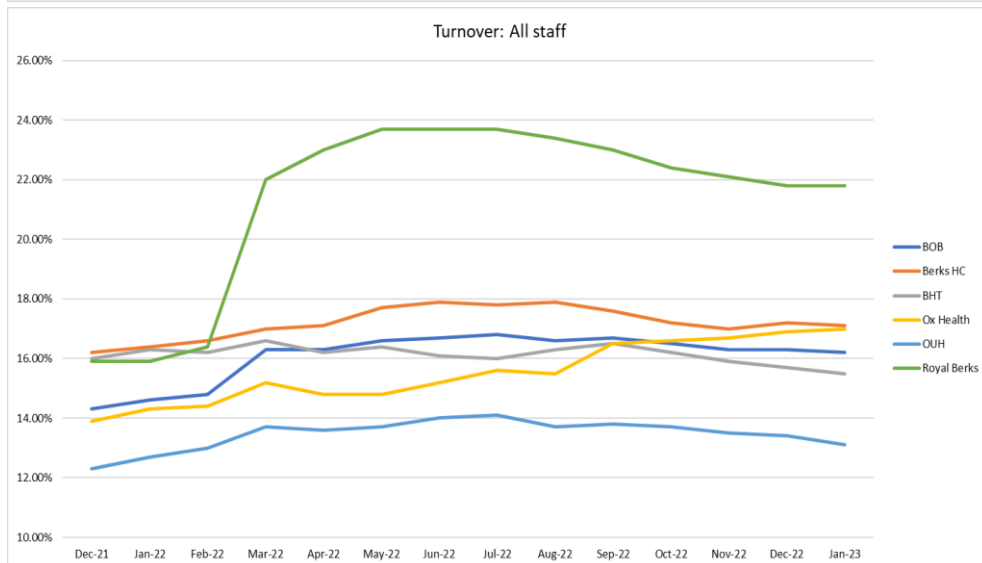
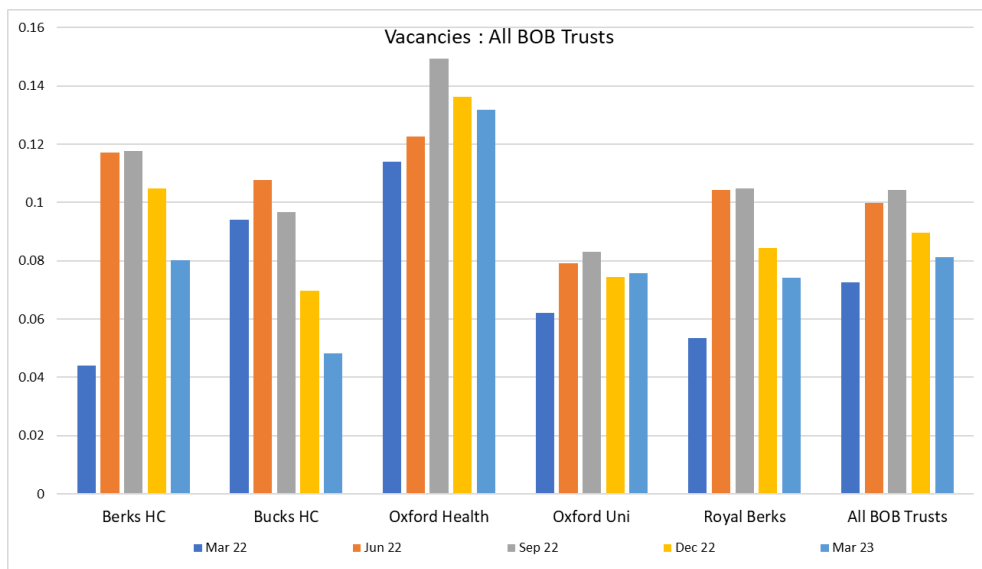
# 6. Workforce

SRO: Karen Beech



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

Due to a misalignment in data release, there is no workforce update for M1



### This metric measures

Number of vacancies across all BOB Trusts.

Turnover rate across all staff groups by Trust, 2-year period. Charts based on most recent NHSE published data.

### How we are performing

**Vacancies:** Our vacancy rate continues to steadily decrease. Vacancies across all staff groups has decreased from 9.1% in Jan 2023 to 8.2% in Feb 2023 and 8.1% in March 2023. This is below the most recently published national average of 8.9% in December. Oxford Health show the highest vacancy rate of 13.2% and BHT the lowest at 4.8%, a considerable drop from 7% in December 2022.

**Turnover:** For the majority of Trusts turnover rates have remained constant over the last quarter. We see a slight decrease in BHT and a steady increase in turnover for Oxford Health.

**South East Performance Scorecard** issued 15 May 2023 showed BOB Trusts with the following ratings:

- BHT: 1/27
- BHFT: 7/27
- OUH: 9/27
- OH: 22/27
- RBHFT: 26/27

### Actions

- **Performance scorecards** for system NHS Provider Trusts are received weekly by the ICB. They are shared with Trust CPOs and, at CPO & Workforce Fortnightly meeting, CPOs update on challenges and achievements. There is an opportunity for all to collaborate and support each other whilst sharing best practice. Performance is also discussed within ICB CPO and Trust CPO 121s.
- Targeted work on **cost of living** underway to understand the true impact of living costs and how these relate to the local health sector labour market and salary structures with the objective of developing a geographically granular picture of factors underpinning living costs, how these vary and impact to inform future planned recruitment and retention interventions.
- Localised interventions at Trust level detailed during previous months' report. Interventions continuing at pace.

### 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



**Buckinghamshire, Oxfordshire  
and Berkshire West**  
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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
<b>SAFE</b>							
Never events	0	2	0	0	0	0	0
Safety alerts open	0	0	0	0	0	0	0
<b>EFFECTIVE</b>							
SHMI	Lower is better	0.9464	0.9707		0.9703		NA
Readmission rate		5.7%	19.3%	5.7%	3.7%	16.4%	5.0%
<b>CARING</b>							
FFT (Inpatient) recommend	Higher is better. England avg 94.3%	89.2%	94.3%	NA	98.5%	NA	NA
Written Complaints Rate		24.99	16.34	10.90	13.36	12.81	15.97

CQC inspection at BHT Stoke Mandeville Paediatric ED on 1/6 and maternity services 12/6 Buckinghamshire Healthcare have declared 2 x new Never Events; these are unrelated. More information on quality metrics provided in the appendix.

# 8. Wider Performance Oversight Measures

# Executive Summary



Buckinghamshire, Oxfordshire  
and Berkshire West  
Integrated Care Board

Executive Summary

	Indicator	OF Flag	Month	Standard	BHT	OUH	RBFT	
UEC	A&E Performance (All Types)		May 23	95%	68.5%	70.3%	75.6%	
	Ambulance Handover Delays (> 30 mins)	S019a	May 23		14.9%	6.1%	11.3%	
Planned Care	Incomplete Pathways over 52 weeks at month end	S009a	Apr 23	Rated against plan	3659	2391	21	
	Incomplete Pathways over 65 weeks at month end	S009a			855	543	1	
	Incomplete Pathways over 78 weeks at month end	S009a			18	57	0	
Cancer	Percentage meeting faster diagnosis standard	S012a	Apr 23	75%	70.4%	82.2%	76.0%	
	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	S010a		93%	88.2%	75.1%	76.0%	
	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer			85%	71.7%	61.4%	64.3%	
	Indicator	OF Flag	Report Period	Standard	BOB ICS (3 CCG)	Bucks	Oxon	Berks W
Mental Health	Talking Therapies - Total Accessing in Period	S081a	Rolling 3 months to Mar 23		5.7%	6.7%	5.9%	4.6%
	Talking Therapies - Moving to Recovery		Mar 23	50%	54.1%	57.5%	58.3%	44.7%
	Dementia Diagnosis Rate		Apr 23	67%	60.2%	56.6%	61.5%	62.7%
	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	S085a		2022/23 Q4	60%	54.9%	59.7%	48.9%

# Urgent and Emergency Care

Urgent And Emergency Care

Indicator	OF Flag		Standard	England	South East	BOB Acutes	BHT	OUH	RBFT
A&E Performance (All Types)			95%	73.96% ↓	78.34% ↓	71.61% ↓	68.45% ↓	70.33% ↓	75.62% ↓
A&E Attendances				2,240,070 ↑	328,345 ↑	43,672 ↑	12,869 ↓	15,624 ↑	15,179 ↑
Breaches				519,768 ↑	63,037 ↑	12,397 ↑	4,060 ↑	4,636 ↑	3,701 ↑
Emergency Admissions		May 23		529,529 ↑	84,300 ↑	16,749 ↑	5,431 ↑	8,114 ↑	3,204 ↑
Over 12 hour waits from dta to admission			0	31,494 ↑	3,035 ↑	360 ↑	360 ↑	0 ↓	0 →
Ambulance Handover Delays (>30 Minutes) - unverified data	S019a						14.9% ↑	6.1% ↑	11.3% ↓
Average Hours Lost on Handover Delays per day at BOB Acute Trusts - unverified data							2:42:58 ↑	1:29:41 ↑	2:56:12 ↓

Ambulance Response Time (hours:minutes)	OF Flag		Standard	England	South East	SCAS
Ambulance Response Times (Category 1 Incidents Mean)	S020a		0:07:00	0:08:17 ↑	0:08:25 ↑	0:08:38 ↑
Ambulance Response Times (Category 1 Incidents 90th Percentile)			0:15:00	0:14:45 ↑	0:15:25 ↑	0:15:45 ↑
Ambulance Response Times (Category 2 Incidents Mean)	S020b		0:18:00	0:32:24 ↑	0:26:31 ↑	0:28:45 ↑
Ambulance Response Times (Category 2 Incidents 90th Percentile)			0:40:00	1:09:45 ↑	0:53:24 ↑	0:57:12 ↑
Ambulance Response Times (Category 3 Incidents Mean)	S020c	May 23		1:46:08 ↑	1:43:18 ↑	1:40:42 ↑
Ambulance Response Times (Category 3 Incidents 90th Percentile)			2:00:00	4:12:34 ↑	3:43:38 ↑	3:39:09 ↑
Ambulance Response Times (Category 4 Incidents Mean)	S020d			2:20:13 ↑	2:14:37 ↑	2:08:26 ↑
Ambulance Response Times (Category 4 Incidents 90th Percentile)			3:00:00	5:35:15 ↑	4:55:59 ↑	4:41:59 ↑

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



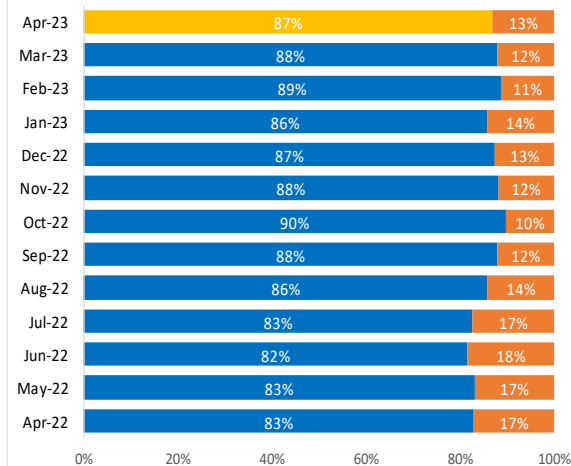
# Urgent Community Response (UCR)



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

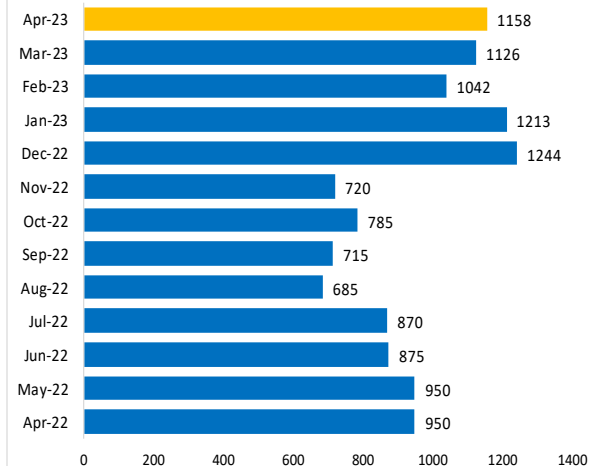
87%

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



1158

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



## 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
- In Quarter 4 2022/23 3,381 patients were seen by BOB UCR services on the two hour pathway.

## Actions:

- Develop consistent Point of Care Testing offer
- Deliver missed opportunities audit to understand which patients are still being conveyed or attending emergency departments who could have been seen by UCR
- Continue impact monitoring

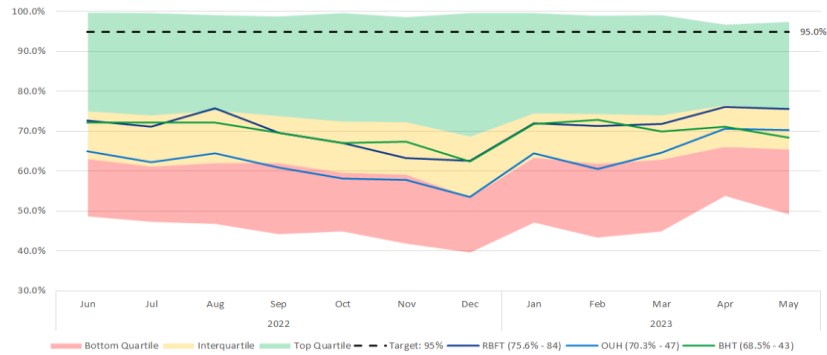
## Risks:

- 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

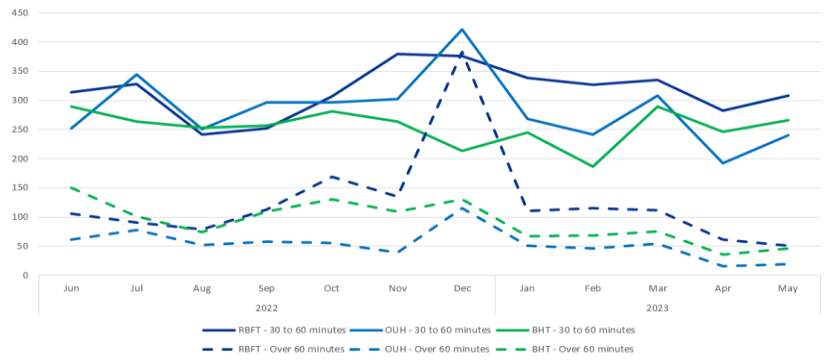
*\*Oxford Health (OH) have now started providing the Number of 2hr standard UCR referrals. As a result, the values from December 2022 onwards have increased. We are anticipating receiving further historical OH data in the future. OH is planning to start using the National Dashboard, however this may not be available for another few months.*

# Urgent and Emergency Care - Charts

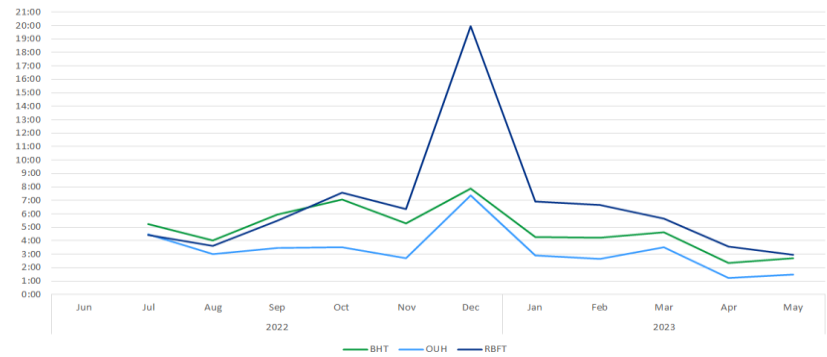
A&E 4 Hour Performance Benchmarked against NHS Acute Trusts



NHS Trusts - Ambulance Handover Delays (Unverified Data)



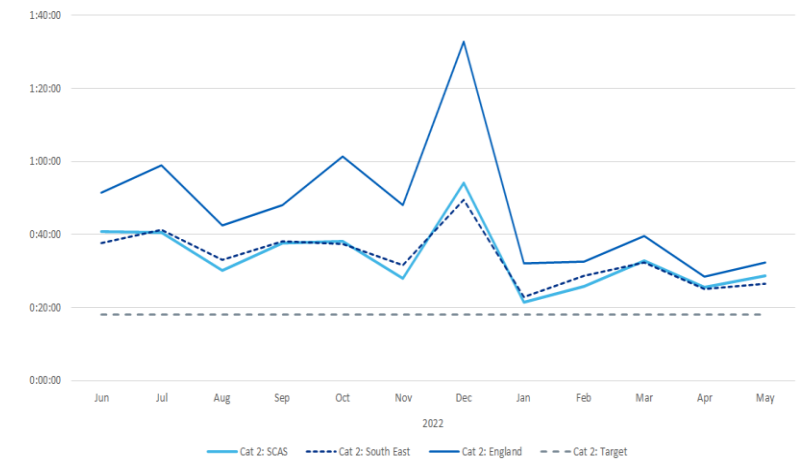
Average Hours Lost on Handover Delays per day at BOB Acute Trusts - (Unverified Data)



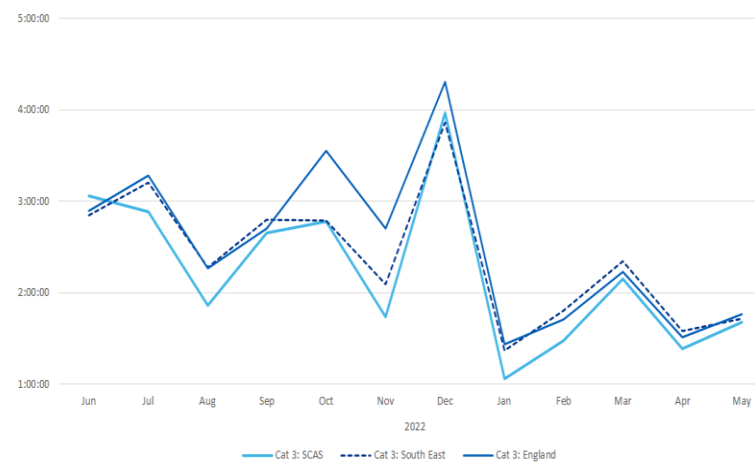
Ambulance Response Times: Category 1 Mean



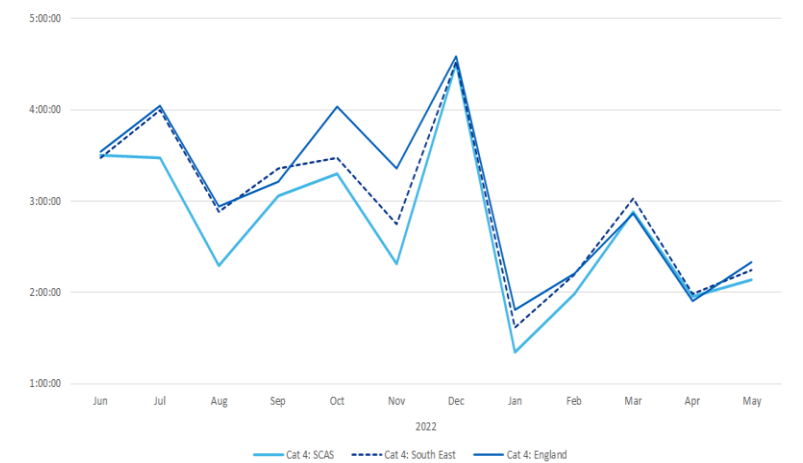
Ambulance Response Times: Category 2 Mean



Ambulance Response Times: Category 3 Mean



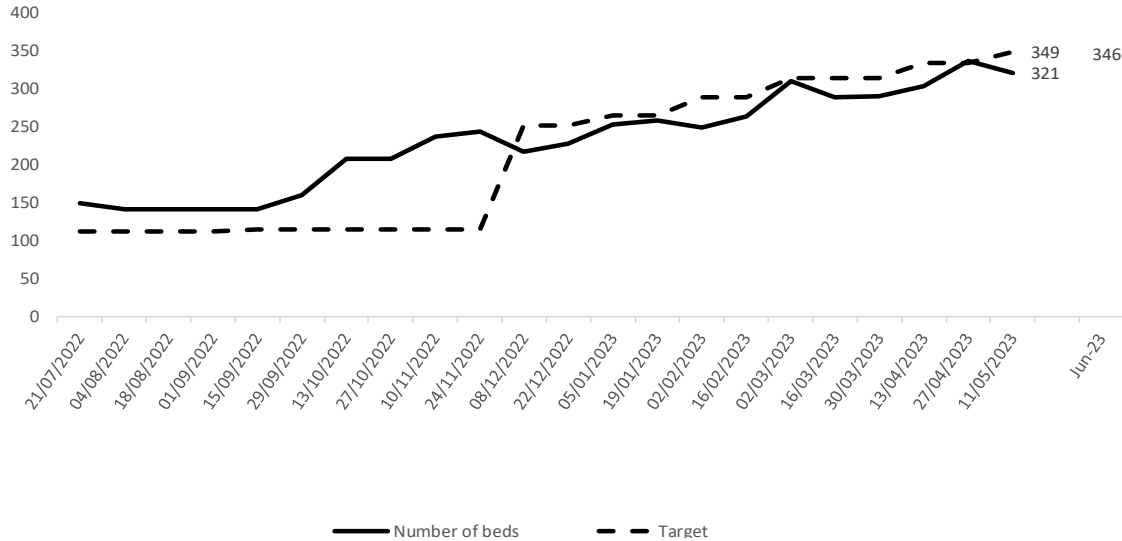
Ambulance Response Times: Category 4 Mean



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)

BOB : Virtual Ward Capacity



**This metric measures**

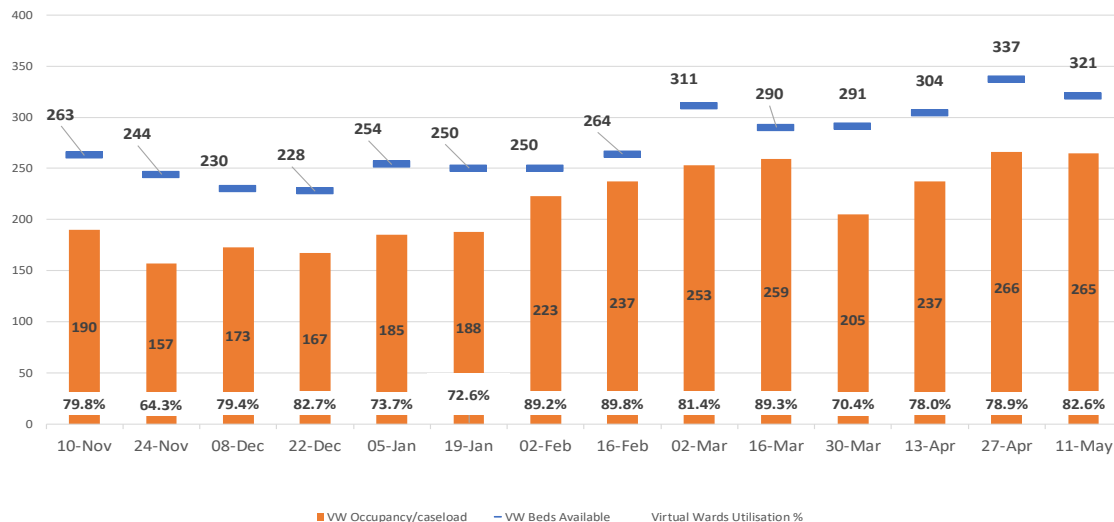
Increase the number of virtual ward beds available in line with trajectories submitted to NHSE and the utilisation of those beds to over 80% by September 2023.

**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

BOB Virtual Wards Number of Beds and Occupancy



**Actions:**

- DRAFT VW vision, core offer and key challenges for prioritisation have been developed at the recent UEC summit and are out for consultation. Due for sign off at VW Programme Board.
- Further funding to be allocated to places in line with expanding their 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

# Planned Care

Indicator	OF Flag	Month	ICB BOB		Sub ICB Bucks		Oxford		Berks W		NHS Trust OUH		BHT		RBFT	
			Activity	Plan	Activity	Activity	Activity	Activity	Activity	Plan	Activity	Plan	Activity	Plan		
Incomplete pathways at month end	S008a	Apr 23	143,057	128,108	53,533	58,469	31,055	73,811	75,042	43,035	40,300	24,430	25,000			
Incomplete Pathways over 52 weeks at month end	S009a		6,587	5,005	4,013	2,048	526	2,391	1,900	3,659	3,000	21	50			
Incomplete Pathways over 65 weeks at month end			1,503	2,001	896	496	111	543	590	855	1,296	1	20			
Incomplete Pathways over 78 weeks at month end	S009a		79		22	48	9	57		18		0				
Total GP Referrals against 2019/20			90.2%		73.3%	104.0%	89.4%	93.9%		65.5%		94.1%				
Total Other Referrals against 2019/20			115.9%		115.3%	87.2%	151.0%	89.7%		89.9%		160.0%				
Total All Referrals against 2019/20			98.4%		85.5%	98.4%	109.6%	92.2%		71.5%		117.3%				
Total First Attendances against 2019/20			96.1%	99.8%	95.5%	97.8%	94.7%	100.4%	133.0%	94.2%	112.4%	97.5%	105.7%			
Total Follow-up Attendances against 2019/20	S101		95.0%	93.6%	94.8%	101.3%	89.4%	102.1%	131.7%	86.2%	107.8%	83.0%	110.1%			
Total Attendances against 2019/20			95.4%	95.9%	95.1%	99.8%	91.3%	101.5%	132.1%	89.3%	109.6%	88.4%	108.4%			
Percent Day Case Admissions against 2019/20			93.5%	92.4%	88.7%	96.9%	95.2%	87.6%	96.9%	77.4%	95.0%	86.6%	101.7%			
Percent Ordinary Elective Admissions against 2019/20			78.2%	84.6%	74.0%	71.1%	92.1%	71.8%	128.5%	59.4%	92.5%	69.3%	84.1%			
Percent Total Elective Admissions against 2019/20			91.4%	91.3%	86.8%	93.2%	94.7%	85.5%	101.2%	75.7%	94.8%	84.3%	99.4%			

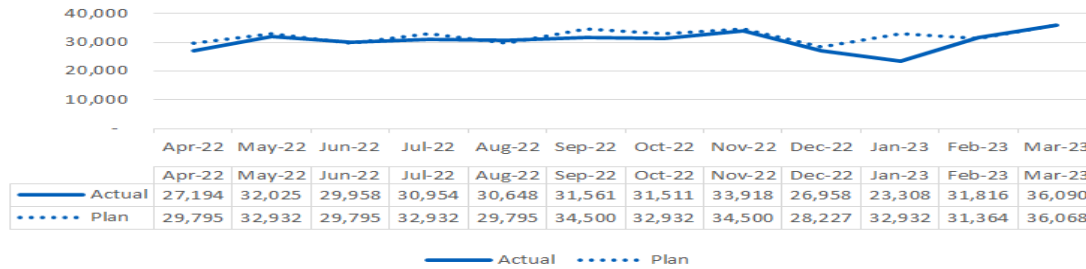
(Includes all APC except Regular Attenders)

Indicator	OF Flag	Month	ICB BOB		Sub ICB Bucks		Oxford		Berks West		NHS Trust OUH		BHT		Royal Berkshire	
			Activity	2019/20	Activity	Activity	Activity	Activity	Activity	2019/20	Activity	2019/20	Activity	2019/20		
Proportion of patients discharged to usual place of residence	S105a	Apr 23	90.9%	92.1%	93.3%	89.8%	89.9%	89.1%	91.3%	94.4%	95.1%	92.4%	92.7%			

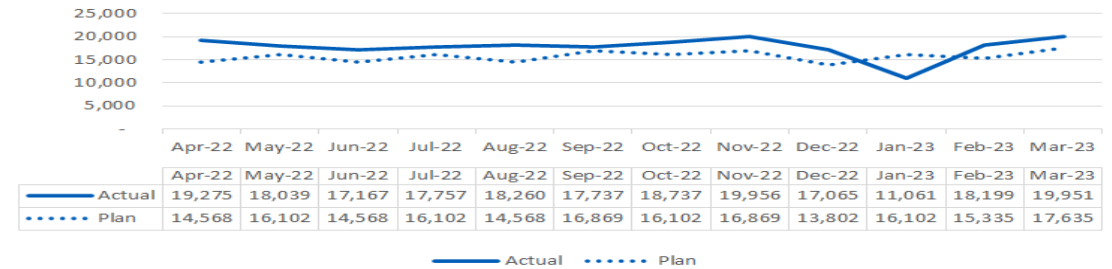
Indicator	OF Flag	Month	ICB BOB		Sub ICB Bucks		Oxford		Berks West		NHS Trust OUH		BHT		Royal Berkshire	
			Activity	Plan	Activity	Activity	Activity	Activity	Activity	Plan	Activity	Plan	Activity	Plan		
Diagnostic activity levels – Imaging	S013a	Apr 23	41,205	43,325	14,789	17,756	8,660	20,834	20,918	9,649	11,236	8,175	6,600			
Diagnostic activity levels – Physiological Measurement	S013b		2,644	2,457	1,029	1,358	257	1,846	1,549	391	464	143	270			
Diagnostic activity levels – Endoscopy	S013c		3,417	2,877	739	1,869	809	1,121	1,259	466	431	728	750			
Diagnostic activity levels – CT (Imaging)			16,590	17,331	5,151	7,500	3,939	9,022	9,075	3,921	4,202	3,809	2,550			
Diagnostic activity levels – MRI (Imaging)			9,341	9,375	3,324	3,646	2,371	4,707	4,100	1,897	1,772	2,248	1,830			
Diagnostic activity levels – Non-Obstetric Ultrasound (Imaging)			15,274	16,619	6,314	6,610	2,350	7,105	7,743	3,831	5,262	2,118	2,220			
Diagnostic activity levels – Echocardiography (Physiological Measurement)			2,644	2,457	1,029	1,358	257	1,846	1,549	391	464	143	270			
Diagnostic activity levels – Colonoscopy (Endoscopy)			1,588	1,093	294	914	380	666	533	188	122	341	270			
Diagnostic activity levels – Flexi Sigmoidoscopy (Endoscopy)			350	411	108	93	149	4	223	75	135	144	210			
Diagnostic activity levels – Gastroscopy (Endoscopy)			1,479	1,373	337	862	280	451	503	203	174	243	270			

# Planned Care

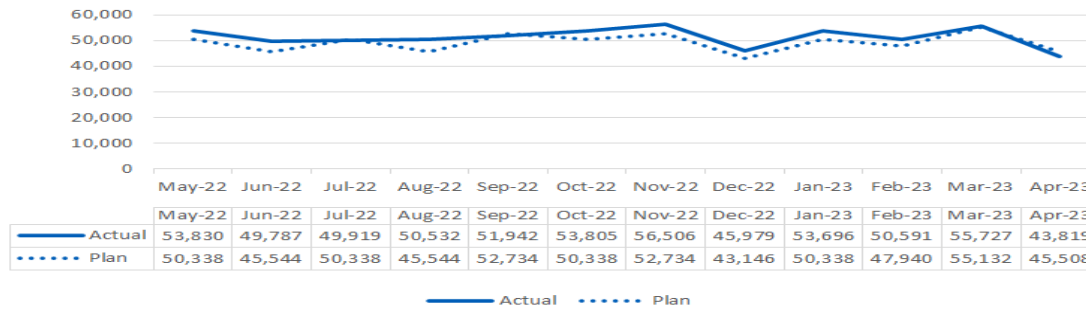
BOB ICB - GP referrals



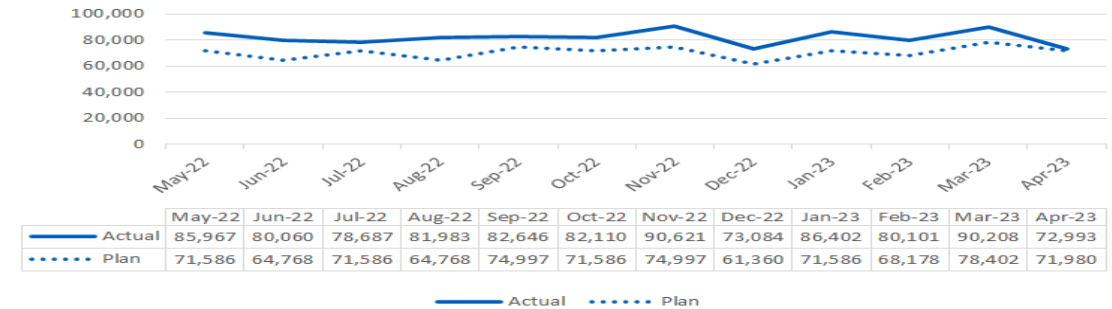
BOB ICB - Other Referrals



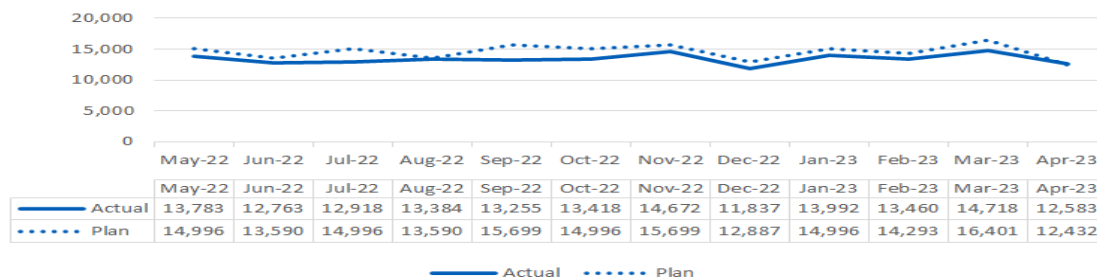
BOB ICB - Consultant-led first outpatient attendances (Spec acute)



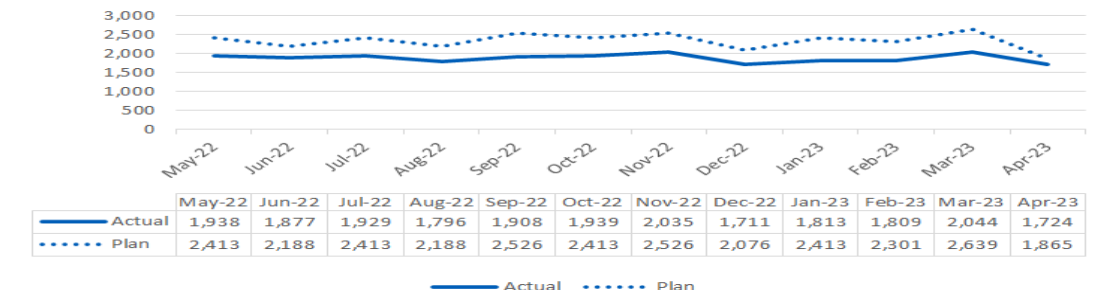
BOB ICB - Consultant-led follow-up outpatient attendances (Spec acute)



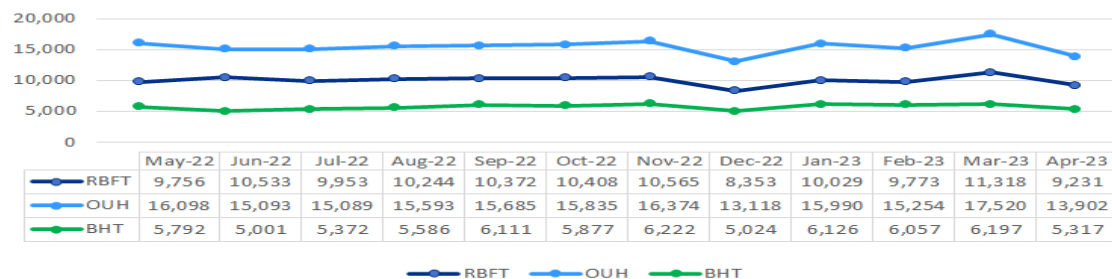
BOB ICB - Total number of Specific Acute elective day case spells in the period



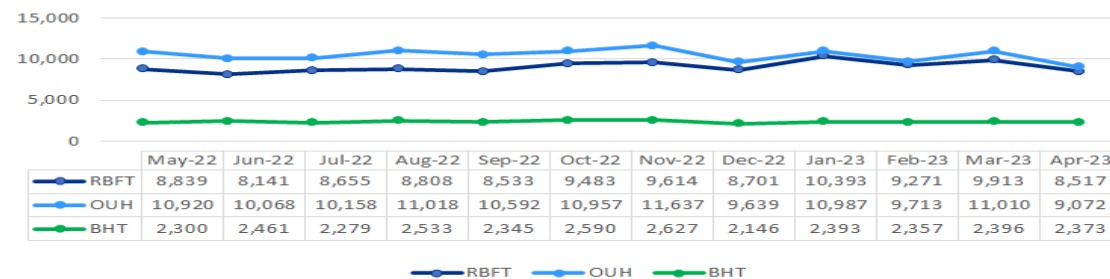
BOB ICB - Total number of Specific Acute elective ordinary spells in the period



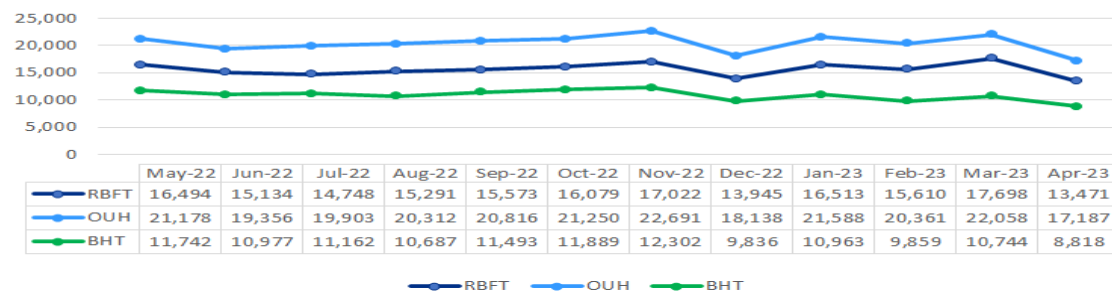
### NHS Trusts - GP referrals



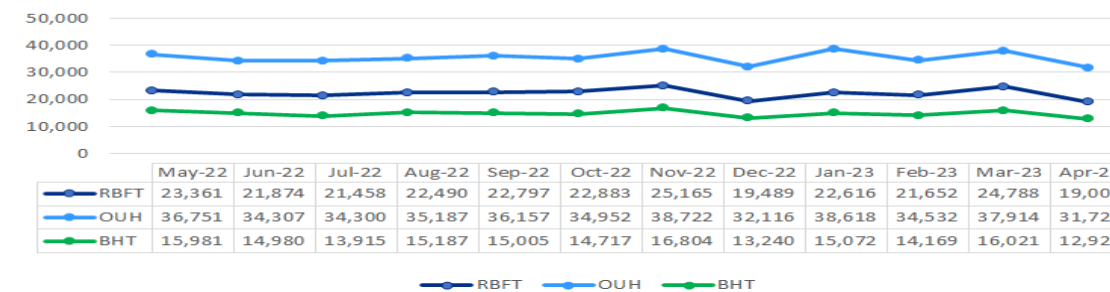
### NHS Trusts - Other Referrals



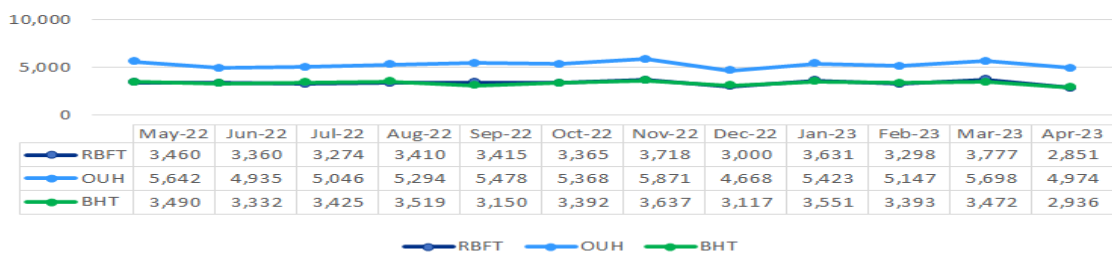
### NHS Trusts - Consultant-led first outpatient attendances (Spec acute)



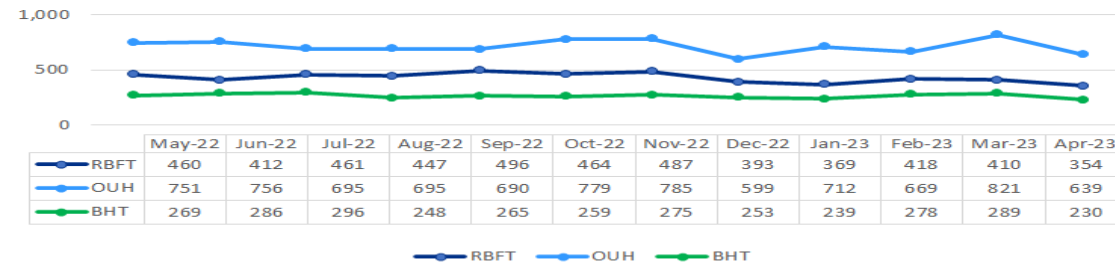
### NHS Trusts - Consultant-led follow-up outpatient attendances (Spec acute)



### 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 – Diagnostics



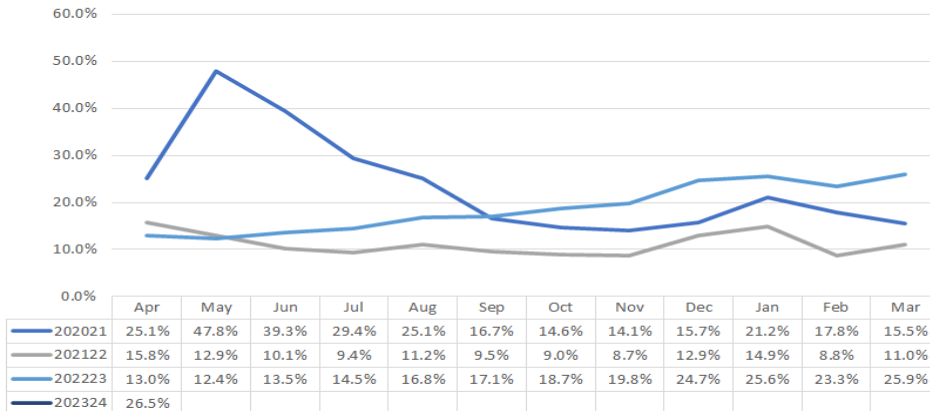
Buckinghamshire, Oxfordshire  
and Berkshire West  
Integrated Care Board

Planned Care - Diagnostic Breakdown

Indicator	SOF Flag	Month	ICB BOB		Sub ICB Bucks		NHS Trust OUH		BHT		RBFT		
			Activity	Plan	Activity	Oxford Activity	Berks W Activity	Activity	Plan	Activity	Plan	Activity	Plan
Percent of Diagnostics Waiting list 6 weeks or more		Apr 23	28.1%	1.0%	44.6%	11.2%	31.4%	10.2%	1.0%	50.2%	1.0%	29.4%	1.0%
Percent of Diagnostic Tests against 2019/20			102.8%		100.3%	104.8%	102.8%	99.7%		93.1%		112.5%	
Percent of Current MRI list waiting 6 weeks or more			29.5%	1.0%	45.8%	6.1%	27.5%	3.3%	1.0%	63.9%	1.0%	28.9%	1.0%
Percent of MRI Tests against 2019/20			113.4%		112.2%	123.1%	102.5%	102.4%		102.3%		115.3%	
Percent of Current CT list waiting 6 weeks or more			15.4%	1.0%	33.0%	2.2%	16.4%	0.6%	1.0%	27.9%	1.0%	16.1%	1.0%
Percent of CT Tests against 2019/20			119.9%		122.2%	112.8%	132.6%	104.1%		117.6%		140.7%	
Percent of Current Non-obstetric Ultrasound list waiting 6 weeks or more			21.2%	1.0%	43.9%	2.5%	21.5%	0.3%	1.0%	42.5%	1.0%	5.5%	1.0%
Percent of Non-obstetric Ultrasound Tests Against 2019/20			86.1%		87.1%	89.9%	75.0%	95.5%		80.1%		84.2%	
Percent of Current Colonoscopy list waiting 6 weeks or more			53.0%	1.0%	67.0%	15.9%	67.1%	6.5%	1.0%	76.8%	1.0%	69.5%	1.0%
Percent of Colonoscopy Tests Against 2019/20			142.0%		161.5%	126.4%	178.4%	112.5%		197.9%		191.6%	
Percent of Current Flexi sigmoidoscopy list waiting 6 weeks or more			59.4%	1.0%	71.9%	23.2%	70.8%	6.3%	1.0%	80.5%	1.0%	74.1%	1.0%
Percent of Flexi sigmoidoscopy Tests Against 2019/20			55.9%		69.2%	35.8%	71.0%	1.7%		61.0%		87.3%	
Percent of Current Gastroscopy list waiting 6 weeks or more			41.1%	1.0%	72.4%	8.7%	45.3%	10.4%	1.0%	87.7%	1.0%	44.3%	1.0%
Percent of Gastroscopy Tests Against 2019/20			102.1%		134.8%	99.3%	84.8%	67.1%		152.6%		120.3%	
Percent of Current Echocardiography list waiting 6 weeks or more			32.6%	1.0%	30.7%	30.6%	45.5%	28.3%	1.0%	15.6%	1.0%	45.6%	1.0%
Percent of Echocardiography Tests Against 2019/20		99.5%		95.1%	108.6%	79.1%	120.0%		68.1%		58.4%		

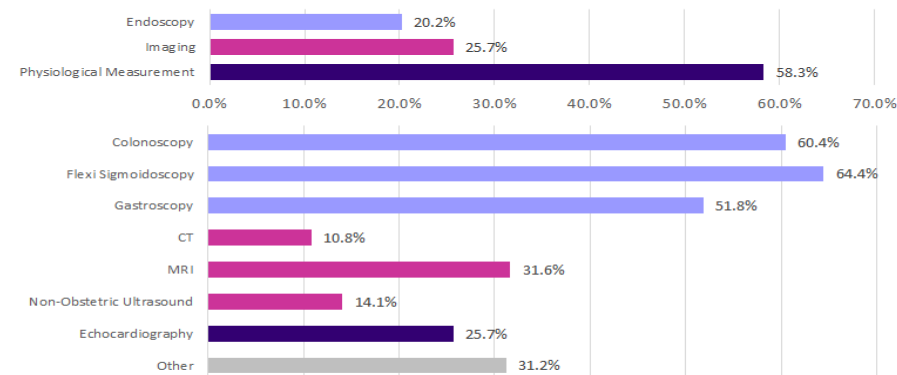
Diagnostic performance year on year

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

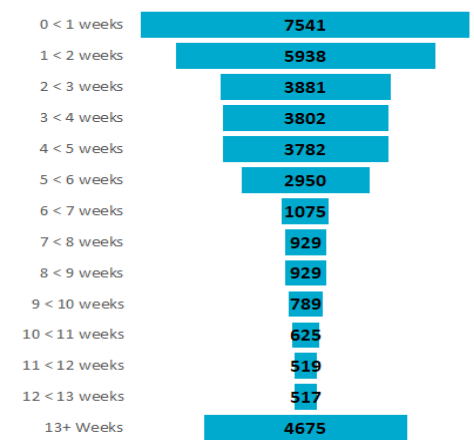


Latest diagnostics performance by test for April 2023

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



Waiters by weeks waited for April 2023





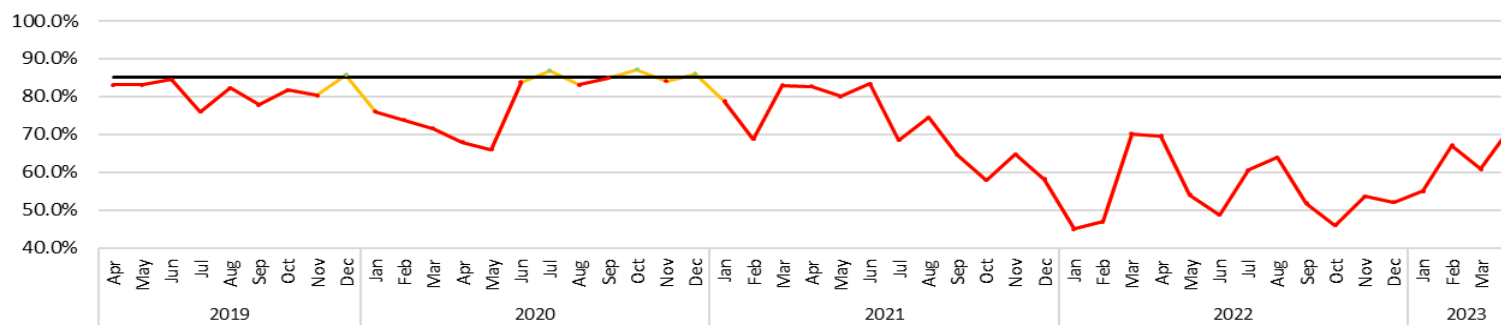
Code	Indicator	OF Flag		Standard	England	South East	BOB Acutes	BHT	OUH	RBFT
E.B.6	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer			93%	77.7% ↓	82.5% ↓	79.2% ↓	88.2% ↓	75.1% ↓	76.0% ↓
E.B.30	Cancer - urgent referral seen	S010a			218060 ↓	34588 ↓	6421 ↓	1909 ↓	2288 ↓	1888 ↓
E.B.31	Cancer - first treatments	S010b			24098 ↓	3973 ↓	746 ↓	200 ↓	365 ↓	202 ↓
E.B.7	Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected			93%	72.2% ↓	78.9% ↓	97.5% ↑		98.3% ↑	96.5% ↓
E.B.27	Percentage meeting faster diagnosis standard	S012a		75%	71.3% ↓	72.7% ↓	76.6% ↓	70.4% ↓	82.2% ↓	76.0% ↑
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')		Apr 23	96%	90.5% ↓	91.3% ↓	87.0% ↓	92.0% ↑	80.5% ↑	92.6% ↓
E.B.9	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is Surgery			94%	76.8% ↓	76.0% ↓	74.1% ↑	55.9% ↑	66.1% ↓	91.7% ↓
E.B.10	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is an Anti-Cancer Drug Regimen			98%	97.4% ↓	97.4% ↓	97.0% ↓	92.6% ↓	98.1% ↓	97.6% ↓
E.B.11	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is a Radiotherapy Treatment Course			94%	86.3% ↓	79.4% ↓	94.8% ↑		95.2% ↑	93.8% ↑
E.B.12	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer			85%	61.0% ↓	66.0% ↓	65.3% ↓	71.7% ↑	61.4% ↑	64.3% ↓
E.B.13	Percentage of patients receiving first definitive treatment within 62 days of referral from NHS Screening Service			90%	67.8% ↓	71.2% ↓	67.3% ↓	70.6% ↓	50.0% ↓	76.2% ↓
E.B.14	Percentage of patients receiving first definitive treatment within 62 days of a consultants decision to upgrade their priority status			86%	74.4% ↓	81.1% ↓	76.6% ↓	68.8% ↓	58.8% ↑	76.9% ↓

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

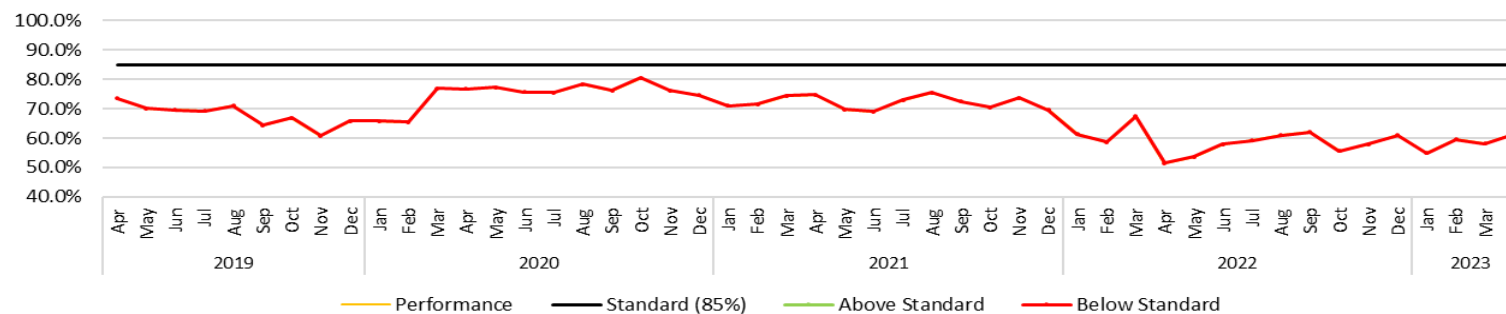
\*No reported data in period

Code	Indicator	OF Flag	Month	England Activity	19/20	South East Activity	19/20	ICB BOB Acutes Activity	19/20	Sub ICB Bucks Activity	19/20	Oxford Activity	19/20	Berks W Activity	19/20	NHS Trust BHT Activity	19/20	OUH Activity	19/20	RBFT Activity	19/20
E.B.31	Cancer - first treatments			24098	23684	3973	3601	746	669	250	191	300	279	196	199	200	139	365	329	202	194
E.B.30	Cancer - urgent referral seen		Apr 23	218060	182581	34588	26715	6421	5029	2099	1462	2527	2019	1795	1548	1909	1265	2288	1778	1888	1544
	Total patients not receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer	S011a						287	279.5	108	81	111	125	73	83	102.5	64	110.5	130.5	74	85

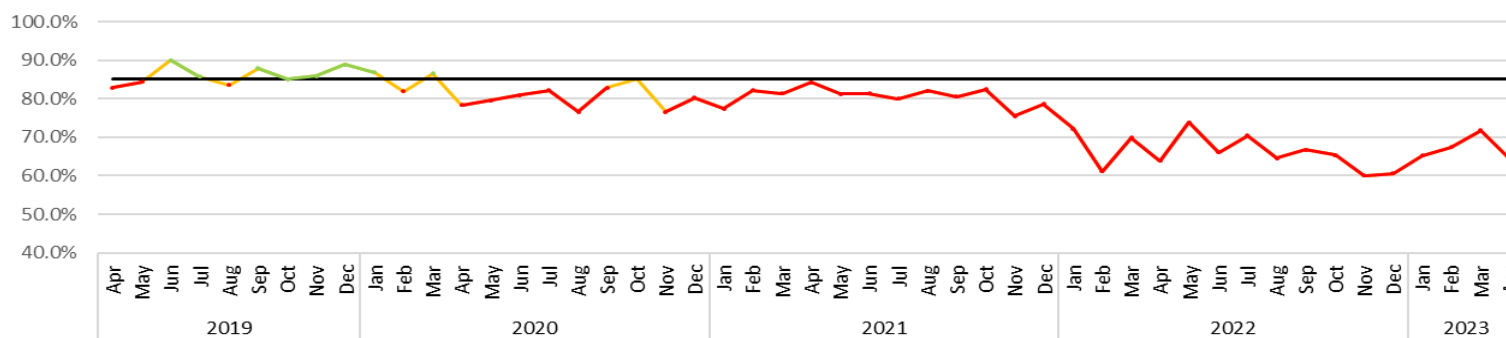
62 Day Standard - Performance (BHT)



62 Day Standard - Performance (OUH)



62 Day Standard - Performance (RBFT)



## Targets Underperforming

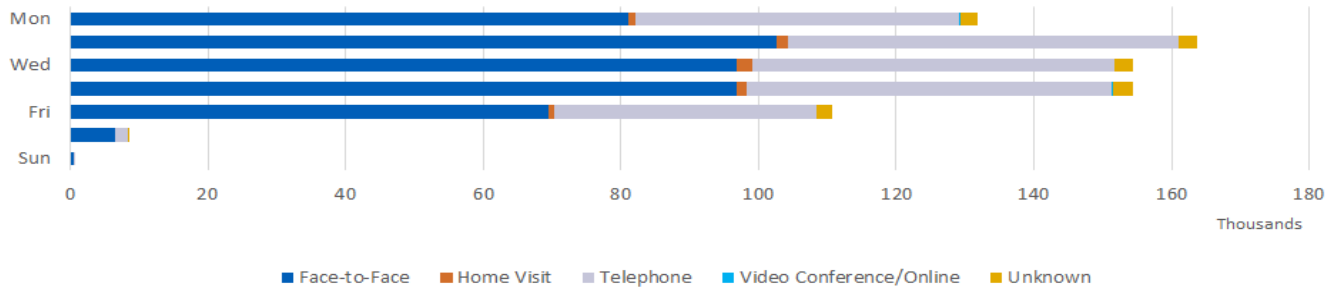
- **2WW standard** (93%) – April saw BOB reporting a position of 79.5%, driven by OUH (75.1%), RBFT (76%) and a deterioration at BHT to 88.2% from last month (95.6%). BOB non-compliant position driven by a number of tumour sites with varying numbers of patients seen, Gynae (58.6%), GI services LGI (66%) and UGI (68.5%), Sarcoma (68.5%), and H&N (72.6%) . Trust level challenges driving non-compliance, for OUH Gynae (16.3%), H&N (65%), Urology (69.7%); RBFTs position driven by LGI (34.9%), Sarcoma (35.7%), and UGI (51%), BHT’s position driven by Skin (70.2%), H&N (80%), and UGI (80.3%).
- **28 day standard** (75%) - BOB reported a position of 76.9% driven by the compliance at OUH (82.2%) and RBFT (76%), with non-compliant position being seen at BHT. BHT reported a position of (70.4%), driven by Urology with 70.5% of patients not receiving a diagnosis within 28 days, accounting for just over 25% of the overall FDS breaches reported for the Trust. LGI also impacting their position with tumour site level breaches (49.2%) accounting for 22.4% of overall FDS breaches.
- **31-day standard** (96%) - Non-compliant BOB position (86.7%) reported in April, with non-compliant positions being seen at RBFT (92.6%), OUH (80.5%) and BHT (92%). At system level, position is driven by Breast (80.7%) and Lung (82.9%). At trust level, BHT position driven by Lung (33.3%) followed by LGI (66.7%). OUH position driven by Breast (53.7%) due to capacity issues, with RBFT's position driven by Breast (90.2%) due to capacity issues.
- **31-day standard surgery** (94%) - System position reported as 74.1%. Trust performance as follows, BHT (55.9%), OUH (66.1%) and RBFT (91.7%). As highlighted driven by treatment capacity across the system.
- **31-day standard radiotherapy** (94%) - System position reported as 94.8% against 94% standard, Trust performance as follows, OUH (95.2%) and RBFT (93.8%).
- **62-day standard** (85%) - Continued non-compliance (65.5%) against the 85% standard remained across BOB for April performance. Trust performance as follows, BHT (71.7%), OUH (61.4%) and RBFT (64.3%). Lung (27.6%) driving the position at system level, however, all tumour sites recorded non-compliance of the standard except Skin (87.7%). BHT position driven by Lung (0%), Lower GI (36.4%), and Urological (53.3%). OUH position driven by Urological (25.8%), Lung (33.3%) Other, inc. Gynae & H&N (55.7%). RBFT position driven by Lung (28.6%) Other including Gynae & H&N (30%) and LGI (47.6%). Ongoing issues impacting performance at present are workforce, diagnostic (endoscopy, ultrasound, PET, MRI and CT) 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, TVCA endoscopy work supporting Trusts, funding to support known challenges and joint system level mitigations where possible
- **62-day screening** (90%) – Number of breaches increased in April. System performance trend is down (66.1%) from March (74.2%). Non-compliance at Trust level, BHT (70.6%), OUH (50%) and RBFT (76.2%)

# Primary Care - GP



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

Total Count of Appointments by Weekday for April 2023

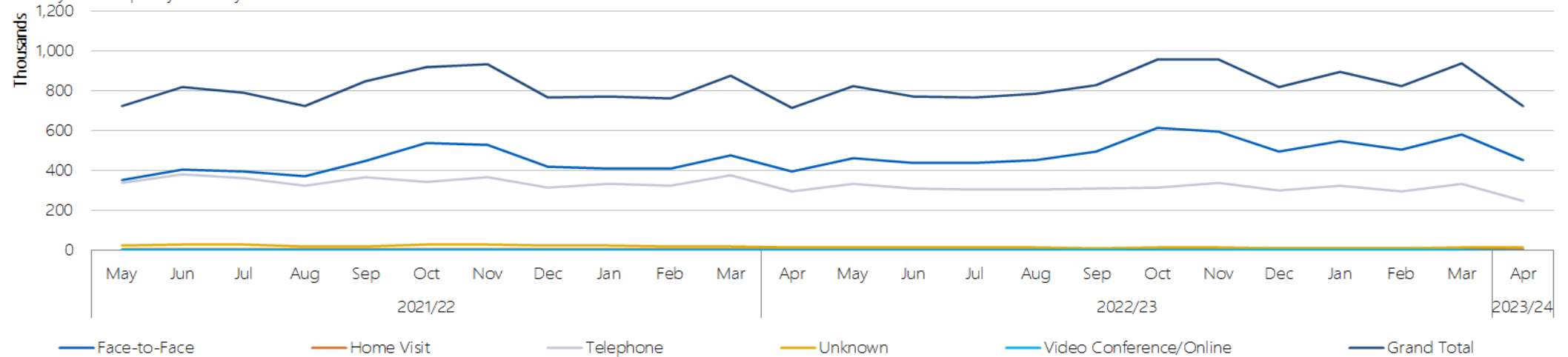


Face to Face	Home Visit	Telephone	Video / Online	Unknown
454K	7,487	249K	260	13K

Appointments for April 23

## Overall Consultation Levels

GP Appointments by Month split by modality



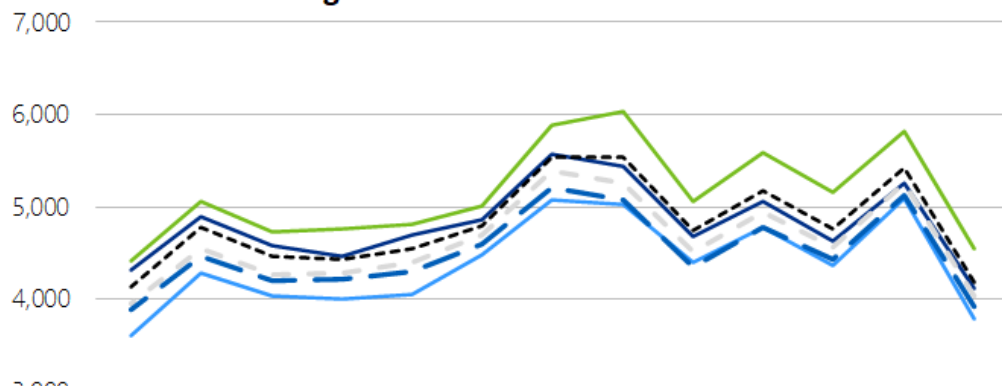


# Primary Care - GP

## Primary Care

Indicator	SOF Flag	Month	England	South East	BOB ICB	Buckinghamshire	Oxfordshire	Berkshire West
Number of general practice appointments per 10,000 weighted patients	SOF 001a	Apr 23	3927	4035	4190	3795	4544	4125
Percentage of General Practice Appointments seen within 14 days of Being Booked			82%	81%	83%	82%	85%	80%

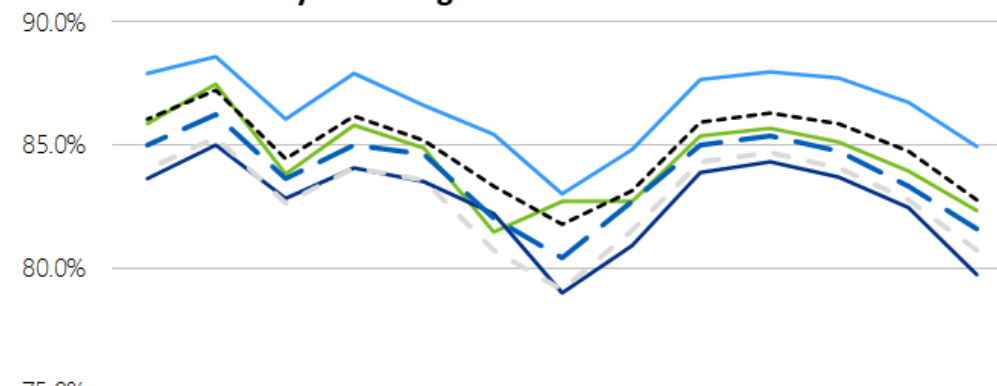
S001a Number of General Practice Appointments per 10,000 Weighted Patients



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
	2022/23												2023/2.

Buckinghamshire	4,423	5,066	4,729	4,764	4,816	5,009	5,893	6,028	5,064	5,588	5,159	5,824	4,544
Oxfordshire	3,607	4,283	4,046	4,000	4,048	4,480	5,074	5,028	4,408	4,776	4,374	5,087	3,795
Berkshire West	4,312	4,895	4,576	4,472	4,700	4,865	5,572	5,440	4,682	5,062	4,639	5,254	4,125
BOB ICB	4,137	4,773	4,473	4,442	4,544	4,803	5,545	5,548	4,750	5,184	4,765	5,430	4,190
South-East Region	3,964	4,547	4,270	4,288	4,397	4,702	5,387	5,261	4,513	4,952	4,570	5,255	4,035
England	3,889	4,471	4,200	4,214	4,307	4,596	5,203	5,080	4,352	4,789	4,434	5,127	3,927

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
	2022/23												2023/2.

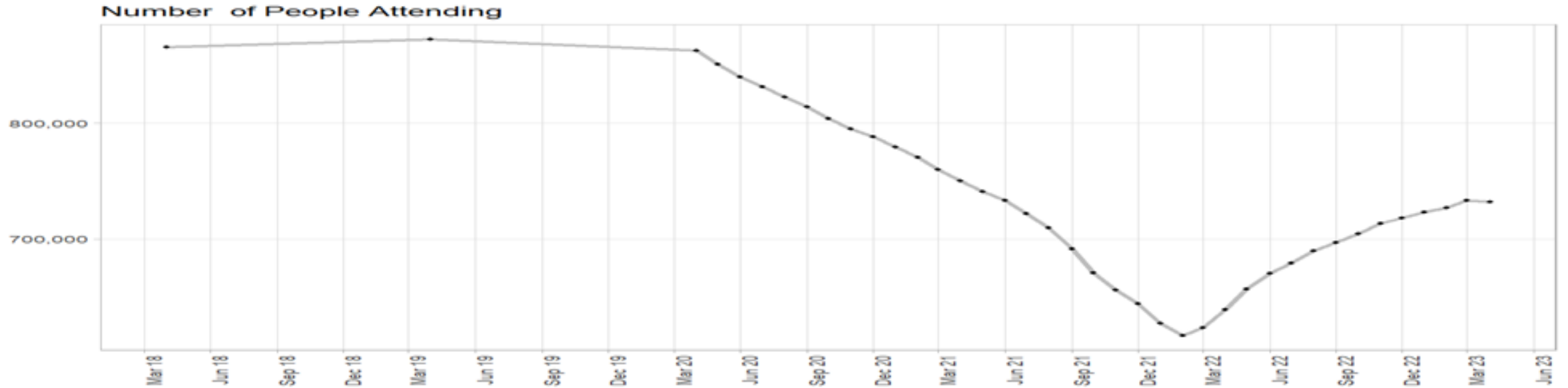
Buckinghamshire	85.9%	87.5%	83.8%	85.8%	84.9%	81.5%	82.7%	82.7%	85.4%	85.7%	85.1%	84.0%	82.4%
Oxfordshire	87.9%	88.6%	86.1%	87.9%	86.6%	85.4%	83.1%	84.8%	87.7%	88.0%	87.7%	86.8%	85.0%
Berkshire West	83.7%	85.0%	82.9%	84.1%	83.5%	82.2%	79.0%	81.0%	83.9%	84.4%	83.7%	82.5%	79.8%
BOB ICB	86.1%	87.2%	84.5%	86.2%	85.2%	83.4%	81.8%	83.1%	85.9%	86.3%	85.9%	84.8%	82.8%
South East	84.0%	85.3%	82.6%	84.1%	83.6%	80.8%	79.2%	81.6%	84.4%	84.7%	84.1%	82.8%	80.7%
England	85.0%	86.2%	83.7%	85.0%	84.6%	82.0%	80.4%	82.8%	85.0%	85.4%	84.8%	83.4%	81.6%

## Other GP Practice performance Measures

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	70.45	56
NELs ACS conditions rate per 1000	7.43	116
A&E attendance rate per 1000	200.09	59
SCAS Category 3 rate per 1000	13.97	154
SCAS Category 4 rate per 1000	0.80	137
Cervical screening 25-49 years (KC53)		79
Cervical screening 50-64 years (KC53)		30

# Primary Care - POD

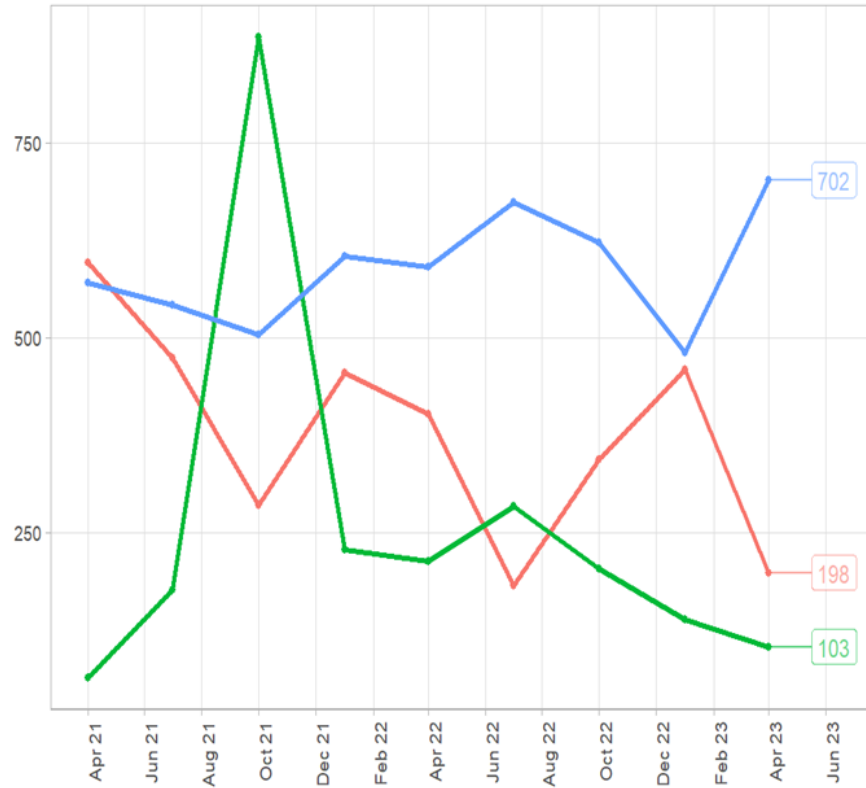
## Dental attendance rates



# Primary Care - POD

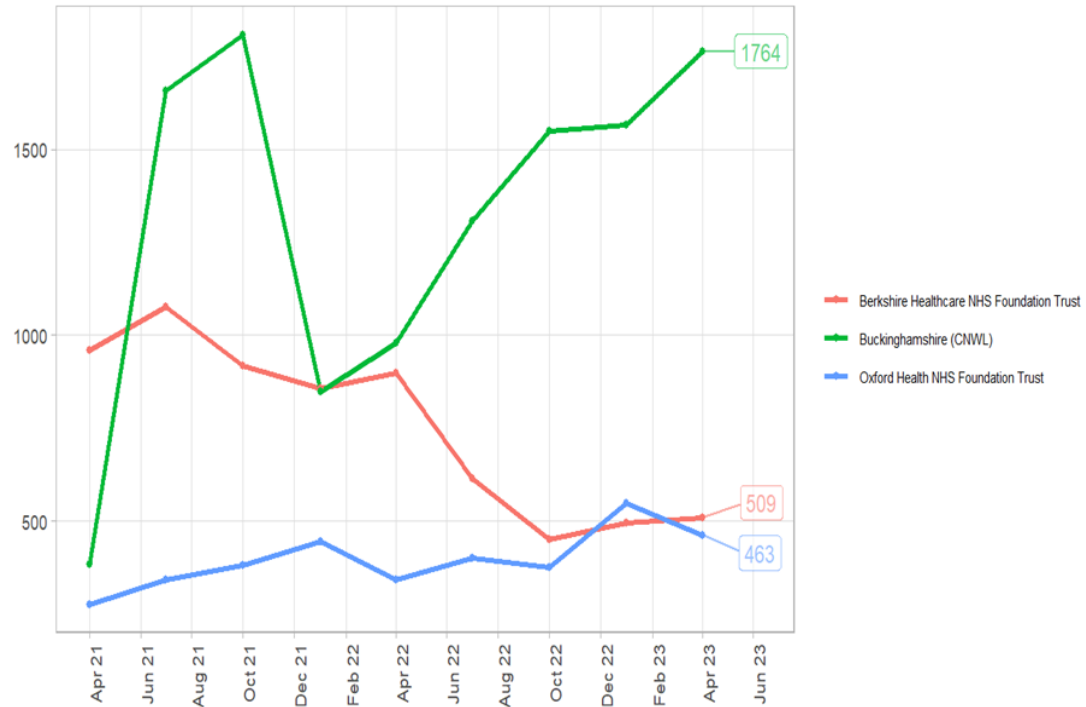
## Dental – numbers waiting assessment

Number of patients assessed and awaiting treatment



Number of patients awaiting assessment

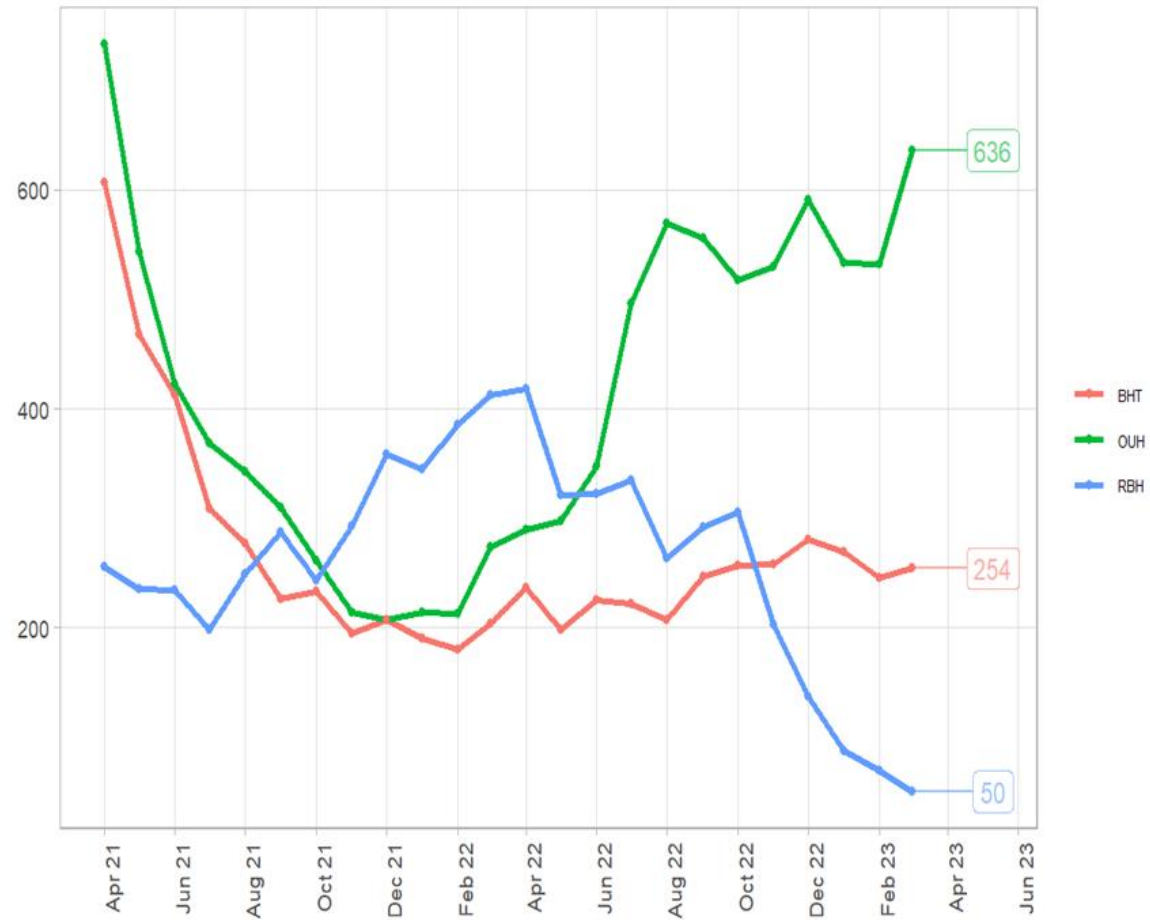
More analysis of counting methods is needed  
Buckinghamshire has had problems with premises and workforce impacting 2022-23.



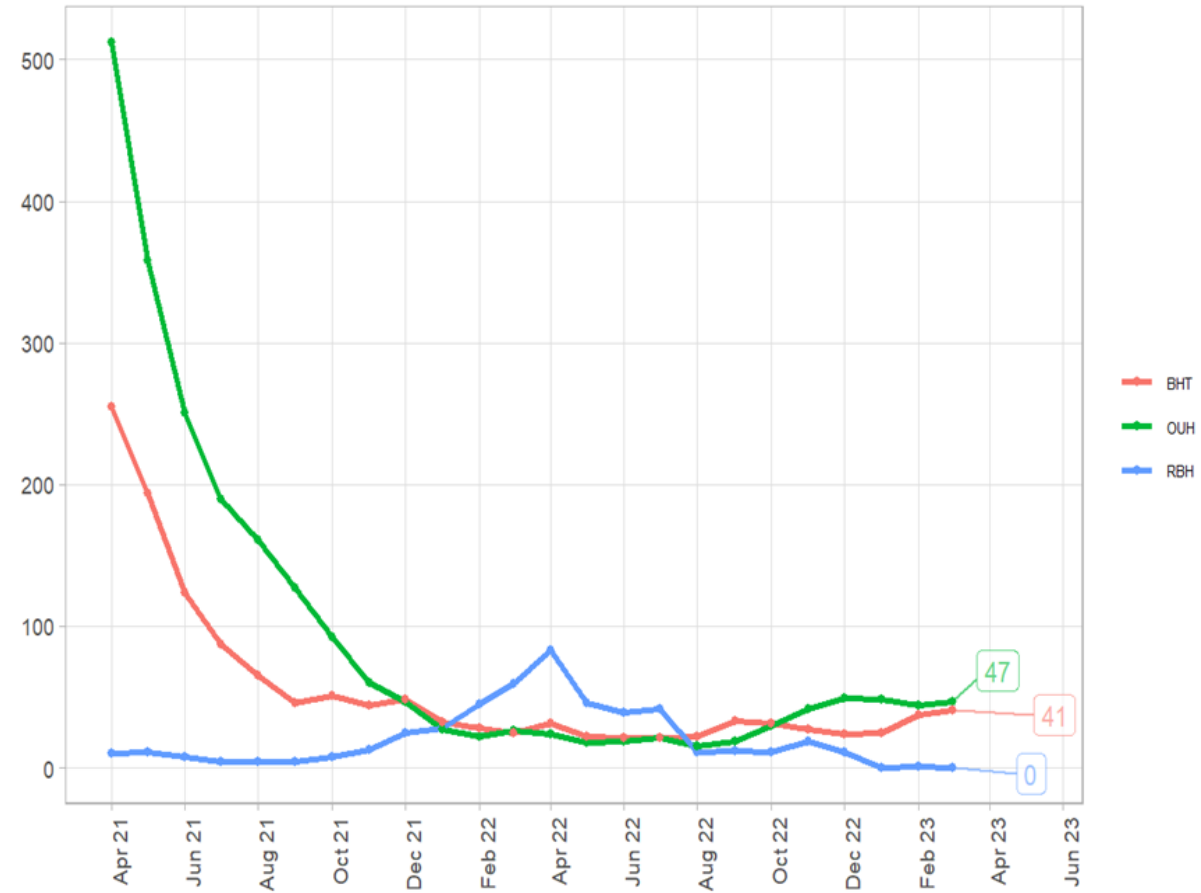
# Primary Care - POD

## Dental – numbers waiting treatment

SCD: Waiting >18 Weeks

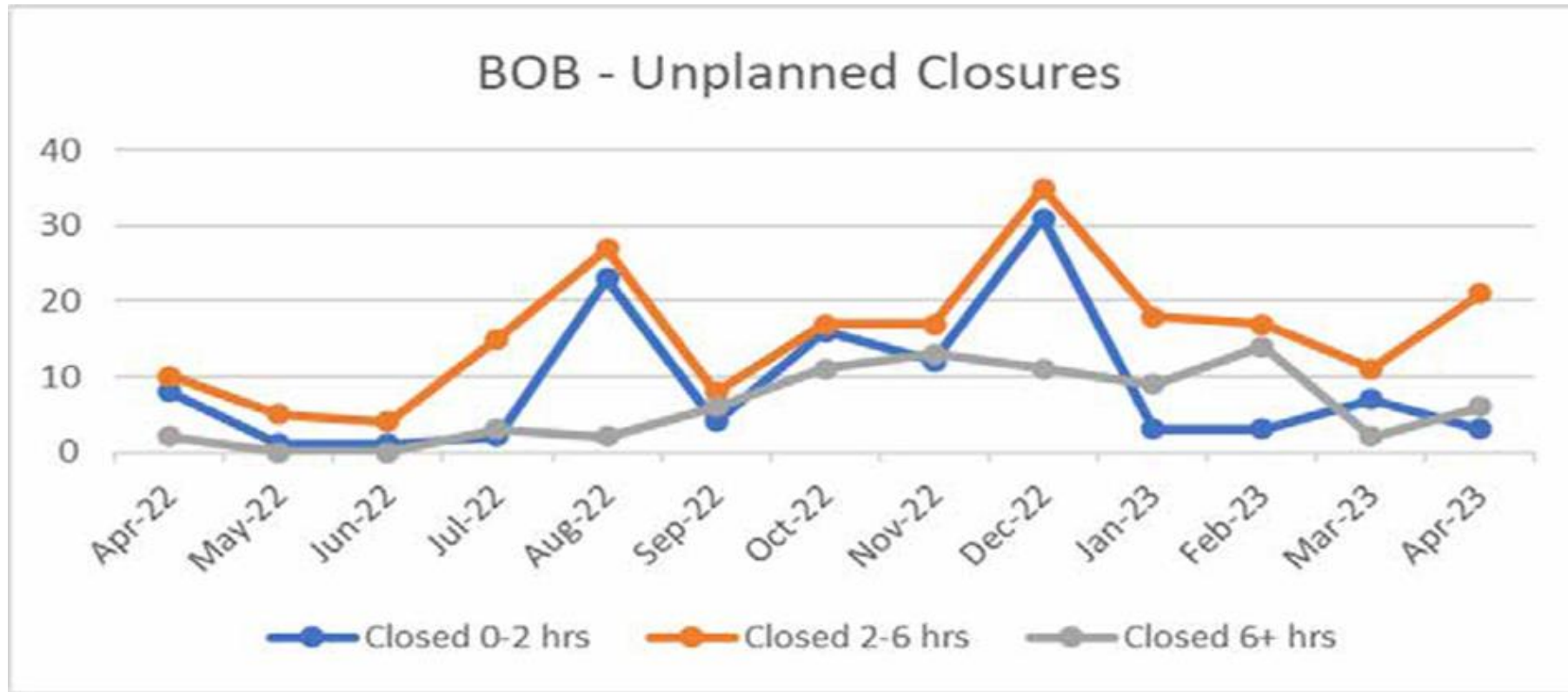


SCD: Waiting >52 Weeks



# Primary Care - POD

Pharmacy – unplanned closures



# Mental Health Services



Buckinghamshire, Oxfordshire  
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Mental Health Services

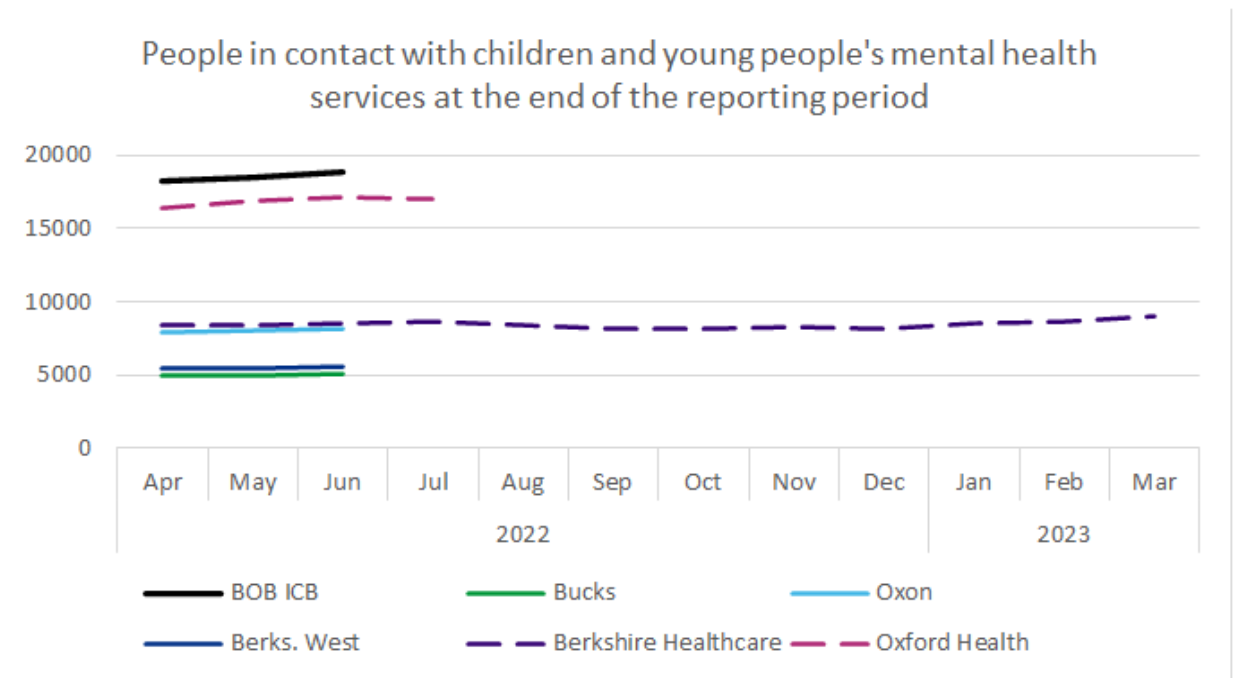
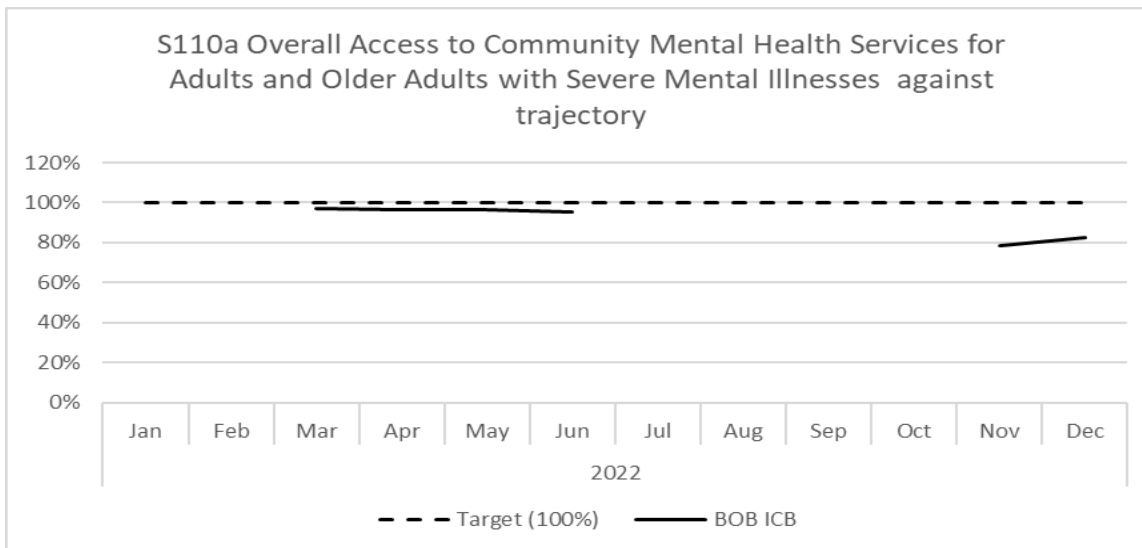
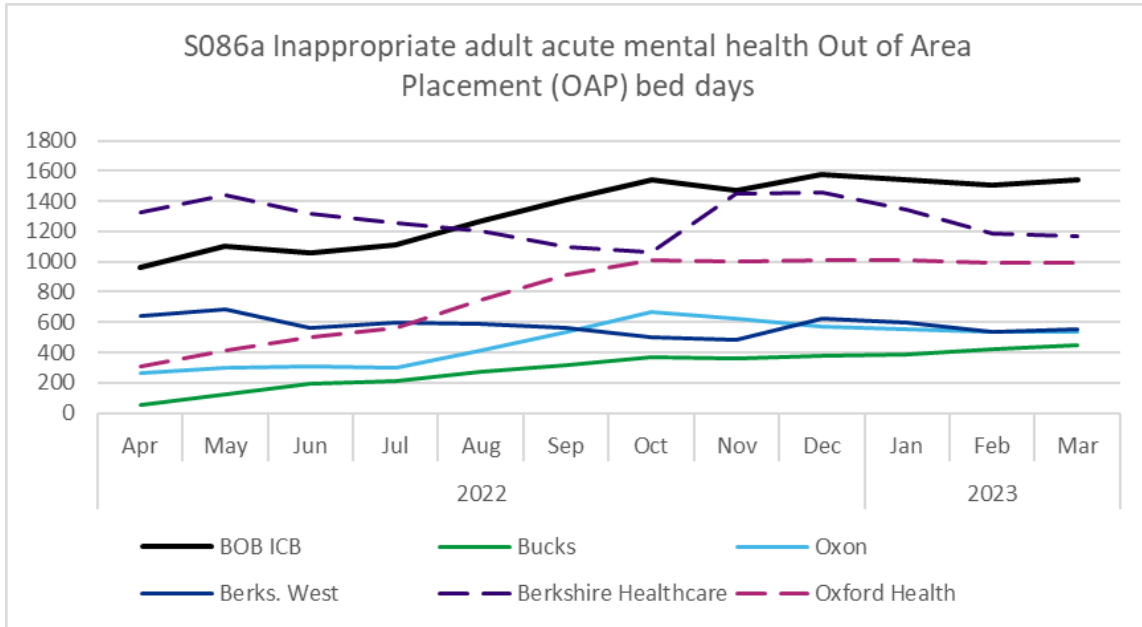
Indicator	OF Flag	Period	Standard	Plan	BOB ICB	Bucks	Oxon	Berks. West	Berkshire Healthcare	Oxford Health
Total access to Talking Therapies services		Rolling 3 months to Mar 23		9490	8685	2915	3600	2170	4095	6505
Talking Therapies - Access Rate			6.25%		5.7%	6.7%	5.9%	4.6%		
Talking Therapies - Moving to Recovery			50%		54.1%	57.5%	58.3%	44.7%	44.6%	58.1%
Talking Therapies - Treated within 6 Week		Mar 23	75%		97.4%	98.7%	99.2%	93.8%	94.4%	98.9%
Talking Therapies - Treated within 18 Week			95%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dementia Diagnosis Rate		Apr 23	67%	64%	60.19%	56.6%	61.5%	62.7%		
Children and Young People (ages 0 - 17) Mental Health Services access (Number with 1+ Contact)	S084a	Jun 22	100%		99.8%					
CYP Eating Disorders - Urgent (1 week) - (quarterly submission)		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) - (quarterly submission)			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 Q4	60%		54.85%	59.7%	48.9%	59.7%		
People with severe mental illness receiving a full annual physical health check and follow up interventions	S085a	2022/23 Q4	100%		91.1%					
Inappropriate adult acute Mental Health Out of Area Placement (OAP) bed days	S086a	Three Months to Mar 23	0		1545	450	540	555	1170	990
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	S110a	Dec 22	100%		82.6%					

Talking Therapies Data is not available at current for July or August - this is an issue in national Data which NHS England have advised they are reviewing as metrics for Access over a rolling 3 month period are not reportable.

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

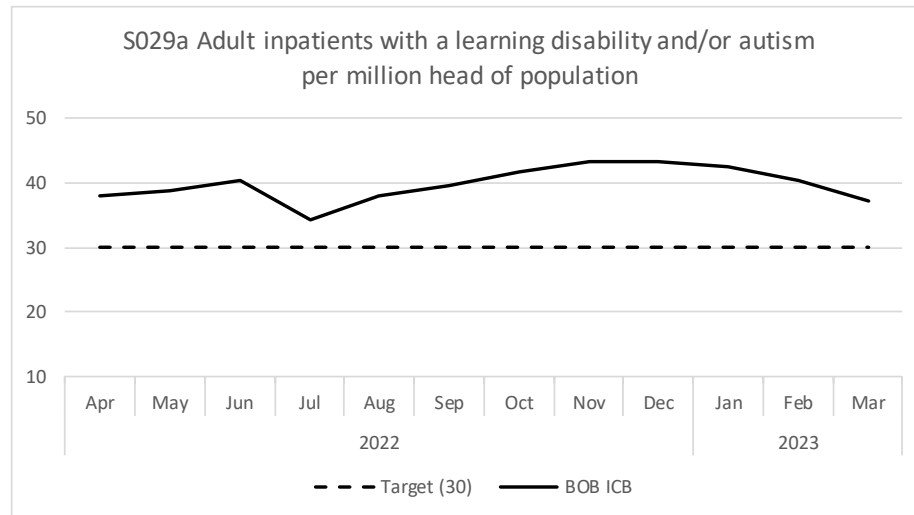


*The ICB and SUB ICB Breakdown has not been available since June 2022. Additionally the latest data available for Oxford Health is for July 2022.*

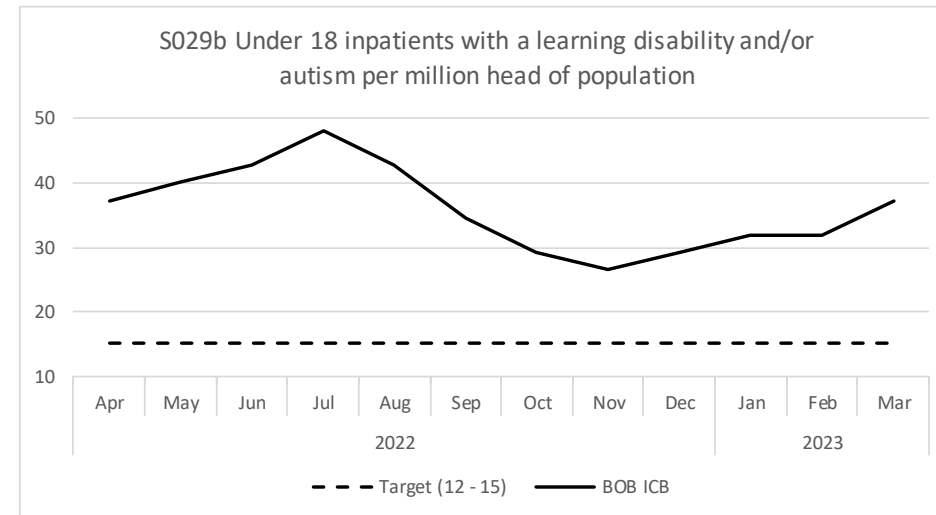
# Learning Disabilities & Autism

Indicator	OF Flag	Period	Standard	BOB ICB
Adult inpatients with a learning disability and/or autism per million head of population	S029a	Rolling 3 months to Mar 23	30	37
Under 18 inpatients with a learning disability and/or autism per million head of population	S029b		15	37

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



Trajectory Target is defined as: 30 per million head of population



Trajectory Target is defined as: 12-15 per million head of population

# 9. Quality Oversight Measures

# Serious Incidents & Never Events

Serious Incidents, Never Events and Patient Safety Alerts - April 2023



**This metric measures:**

Our objective is to reduce avoidable harm across all our services. The metric we have chosen to assess or progress in this measures the number of reported serious incidents across our acute 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:**

There have been no CAS alerts issued in April 2023. Oxford Health have identified safety issues within management of emails into teams to ensure they remain tracked and completed; the trust has also managed to ensure there is no longer a waiting list for care coordinators despite the pressure and demand on the services. With more patients accessing mental health care privately, a recent patient safety incident demonstrated the challenges this presents with coordination of care when a person is also in receipt of NHS care. Buckinghamshire Healthcare have declared 2 x new Never Events; these are unrelated. Oxford University Hospitals closed a Serious Incident relating to false positive Chlamydia results and has identified some improvements to environmental decontamination to prevent a spread – the report highlighted the significant impact of a false positive STI result on relationships and people affected. An incident relating to a safeguarding issue was also presented, with improvements as to how contracted workers DBS status is checked and assured. All providers are working towards the implementation of the new Patient Safety Incident Response Framework (PSIRF) which will have a fundamental change in the way Patient Safety is approached across the entire NHS – this is being supported by a series of BOB-wide workshops.

**Actions:**

- No BOB-wide actions in place as a result of Patient Safety Incidents.
- Implementation of PSIRF continues as planned across the ICB and providers

**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
- Risks are unknown regarding the impact of industrial action – this will be explored and understood further.

Indicator	Period	BHT		OUH		RBFT		OH		BHFT (Berks West Patients)	
		Month	YTD	Month	YTD	Month	YTD	Month	YTD	Month	YTD
Serious Incident *	Apr 23	6	6	2	2	5	5	8	8	2	2
Never Events *	Apr 23	2	2	0	0	0	0	0	0	0	0
National Patient Safety Alerts not declared complete by deadline	Apr 23										

\* BHFT Data for Serious Incidents and Never Events is only for Berkshire West Patients. Due to an issue with the Central Alerting System National Patient Safety Alert Data is not currently available.

# Assurance Report – Infection, Prevention and Control HCAI Data

## Healthcare Associated Infection (HCAI) Data: April 2023

### Clostridioides difficile infection (CDI) –

CDI Apr 23	Healthcare (HOHA, COHA)	Community (COCA, COIA)	Total in month	Rate in month	YTD Total
Bucks	3	3	6	11.2	6
Oxon	12	7	19	27.4	19
Berks W	1	6	7	14.1	7
<b>BOB</b>	<b>16</b>	<b>16</b>	<b>32</b>	<b>18.5</b>	<b>32</b>

### MRSA blood stream infection

MRSA Apr 23	Healthcare (HOHA, COHA)	Community (COCA, COIA)	Total in month	Rate in month	YTD Total
Bucks	0	0	0	0.0	0
Oxon	1	0	1	1.4	1
Berks W	1	2	3	6.0	3
<b>BOB</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>2.3</b>	<b>4</b>

### Infection Prevention & Control

In May, there was successful recruitment to the BOB IP&C Lead, the new starter will commence in September. The initial quarterly IP&C Committee meeting has taken place and ToR drafted. A monthly Sit Rep is proposed. Peer review visit has been requested by BHT in June to support addressing an increase in MRSA in the ICU.

### CDI

Oxfordshire continues to see an increased number of hospital onset CDI in April. There have been 2 areas of increased cases but ribotyping results show there is no evidence of significant transmission as the 3 typed cases were different. Antimicrobial stewardship, IP&C practice and environmental cleaning continue to be monitored. All CDI cases are reviewed for shared learning and action.

### MRSA

One of the community onset MRSA cases in Berkshire West was an error and will be removed from the data base. Both Oxfordshire cases have been investigated and possibly vascular device related. All MRSA cases are reviewed for shared learning and action.

## Assurance Report – Infection, Prevention and Control HCAI Data

E. Coli Apr 23	Healthcare (HOHA, COHA)	Community (COCA, COIA)	Total in month	Rate in month	YTD Total
Bucks	17	23	40	74.4	40
Oxon	13	26	39	56.3	39
Berks W	8	21	29	58.3	29
BOB	38	70	108	62.5	108

### GNBSI (Gram-negative bloodstream infections)

- **E.coli-** Although an increase of E.coli has been seen in BHT, in general, rates remain stable.
- **Klebsiella-** Rates remain stable.
- **Pseudomonas-** Reduction in Bucks has been observed of both hospital and community onset cases.
- **General Overview-** Primary Care UTI prescribing audit is on-going to identify UTI management process for learning and action. Newly established Continence Committee at RBFT to support patient dignity, hydration and reduce risk of GNBSI.

## Patient experience

Indicator	Period	Target	BHT	OUH	RBFT	OH	BHFT	BOB
Overall CQC Rating	Jun 23	Good / Outstandin		Good	Requires Improvement	Good	Good	Outstanding
FFT recommend (Inpatient)	Feb 23			88.8%	95.7%	99.4%		
Written Complaints Rate								
MSA Breaches	Apr 23	0		0	53	177	0	0
Duty of Candour compliance								200

SCW is not currently able to provide data on Duty of Candour compliance. There is a current issue with the NHS Quality Toolkit - this affects Written Complaints Rate. March Friends and Family Data had not been released at time of release.

\*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

We are working with our provider colleagues to arrive at a standardised approach to reporting with an aim to reduce variation, increase consistency and maintain the privacy, dignity and safety of patients. It is recognised that there is some differences in interpretation of the 2019 NHSE guidance. This has been subject to much debate over previous years, however we aim to reach a system consensus on exclusion and inclusion criteria to be consistently applied in line with the recommendations.



# Maternity - LMNS view of the priority concerns/risks

Liz Stead, Head of Maternity Neonatal and Women's Services, Deputy SRO LMNS

## Key messages

- Two trusts within BOB system, BHT and RBFT, are awaiting CQC visit as part of the CQC National Maternity Programme
- LMNS have commissioned a scoping exercise into psychological safety across the system. This will include a gap analysis as well as an opportunity to share ideas of excellence with an anticipated end date of October 2023
- Wycombe Birth Centre proposal to repurpose as a maternity community hub, discussion ongoing with Health and Adult Social Care Select Committee
- Interviews for Digital Analyst for the LMNS are planned as data collection and interrogation remains a system weakness
- Continuing to seek a Lead Primary Health Practitioner with a GP link for the LMNS
- 'Seeking Sanctuary' initiative features as good practice in Single Delivery Plan published by NHSE 30 March 2023

## Emerging Issues

- RBFT Maternity Assessment Unit 24/7 unit has limitations due to their building works, it is not compatible with Birmingham Symptom-specific Obstetric Triage System and resourcing with adequate midwives
- Update on Entonox: OUH have developed a SOP for Entonox, which will be revisited when the new scavenger and 'cracking' system is in place
- All areas are struggling with Elective lower uterine segment section and Induction of Labour (IOL) workload. Various place-based workstreams are reviewing IOL, and BOB LMNS task and finish group created to co-produce communication related to IOL for service users, as this has been cited as an issue within MNVP feedback and CQC national survey
- Psychiatry provision at OUH requires funding to full time and Maternal Mental Health Services funding arrangements requires a sustainable process for service provision

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

- One trust within the LMNS-OUH. Currently in phase 4 of the programme

## QUALITY IMPROVEMENT - LEARNING AND SHARING - best practices, outcomes

- LMNS daily Safety Huddle, great response to this, continues to work really well and is trusts find this beneficial
- Four midwives at BHT: Chris, Winsome, Tracey and Heidi Beddall (Director of Midwifery) have been awarded the Chief Midwifery Officer Silver Award for going above and beyond and demonstrating excellence in their roles supporting women, newborns and families – we are so proud of our colleagues
- OUH & BHT pilot sites for National Modified Early Obstetric Warning System chart and the 'track and trigger' version 2 for neonates. OUH will be involved in the next implementation phase. This is due to piloting a paper version prior to a digital roll-out.
- Phase One of the system – wide Human Factors and investigation training in progress, with phase two starting in June. The training will be evaluated and used as a building block towards the 'Each Baby Counts – Learn and Support' as laid out within the 3 year Single Delivery Plan

## 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. Shared working with Frimley ICB on quality oversight of Windsar Care and 27 Bucks funded residents in CQC rated ‘Inadequate’ nursing homes. CQC re-inspection 5 July, however Bucks has decided to remove all residents following monitoring visits and increasing concerns for resident safety.

Internal performance CHC

Indicator	Target	National position 2022/23 Q4	Locality	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
% CHC referrals completed in 28 days	80%	75%	Buckinghamshire	62%	63%	61%	48%	81%	65%	59%
			Oxfordshire	30%	16%	10%	11%	38%	24%	14%
			Berkshire West	79%	80%	85%	55%	98%	88%	86%
% Decision Support Tools (DST) completed in acute hospitals	Fewer than 15%	3%	Buckinghamshire			0%	0%	4%	0%	0%
			Oxfordshire	0%	0%	0%	0%	0%	2%	0%
			Berkshire West			4%	0%	1%	1%	0%
Standard CHC assessment conversion rate	n/a	21%	Buckinghamshire	17%	15%	13%	24%	41%	24%	10%
			Oxfordshire			57%	43%	38%	32%	32%
			Berkshire West	11%	16%	7%	14%	6%	12%	11%

Buckinghamshire: Deterioration in 28 days position related to limited LA availability for DSTs. Reason for reduction in assessment conversion rate being further explored but may be related to a slight increase in newly eligible FNC.

Oxfordshire: 28-day performance low due to staff leaving and long-term sickness. A new DST process has been introduced which should improve the position.

Berkshire West: 28-day target consistently met. Reason for low conversion rate continues to be explored. External scrutiny of DST process indicates that decision making is not unduly strict.

# Primary Care – Patient Experience



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

- The GP Patient Survey is published annually and as such no new data is available for this report.
- The NHS Friends and Family Test has been reinstated as a contractual requirement for primary care however participation rates remain low. In February, 6 of the 38 practices submitted fewer than 6 responses. This may have been related to technicalities with submission dates and CQRS have since advised that practices can only enter data from the 1st day of the following month to the one they are submitting for.

Month	Practices submitting at least 1 response	Total responses	% rating experience as positive
December:			
BOB	35	5,619	91%
Buckinghamshire	5	911	86%
Oxfordshire	10	2,021	92%
Berkshire West	20	2,687	93%
January:			
BOB	38	11,931	93%
Buckinghamshire	4	2,583	90%
Oxfordshire	11	1,333	95%
Berkshire West	23	8,015	94%
February			
BOB	38	7,226	90%
Buckinghamshire	7	1,375	86%
Oxfordshire	9	1,387	93%
Berkshire West	22	4,464	91%

# Primary Care – Patient Experience cont.

•Concerns and issues raised through PALS and Complaints teams on Q4:

0 formal complaints received by the ICB.

38 GP enquiries:

- 14 access & waiting
- 8 behaviour & attitude of staff
- 7 clinical care
- 9 communications

No themes, figures above includes:-

- 7 regarding patients who were identified as being registered out of catchment area and were asked to register elsewhere. 4 patients were from the same GP surgery
- 2 regarding delayed referrals
- 2 patients were de-registered from their GP Surgery (different GP Surgeries) and contacted PALS to appeal their case.

•Pharmacy, Optometry and Dental patient experience:

Service	Issues raised	Themes	Actions
Pharmacy	Patient access issues	Unplanned closure	SE unplanned closure submit to identify local solution- in progress
Dental	MP and stakeholder concerns	High Street Dental access Urgent care access	Co-produced patient FAQ with Healthwatch Development of Flexible Commissioning Scheme to increase access for most vulnerable groups

# Primary Care - Quality and sustainability

## CQC ratings

PMS	Inadequate	RI	Good	Outstanding
BW		2	41	1
Bucks			46	2
Oxon		1	62	4
<b>BOB</b>		<b>3</b>	<b>149</b>	<b>7</b>

Dental (by exception)	Inadequate	RI	Good	Outstanding
BW	1			

## Provider risks identified with residual rating >9

	Summary of risk (anonymised)	Trend
BW	One – relates to premises and ongoing contractual position	No change
Bucks	None identified at present	
Oxon	Number of practices requesting list closures	No change

# Primary Care – Quality and sustainability cont.

## 5.6 POD Quality dashboard

- Quality baseline framework completed
- Identified gap in regional resource in NHSE team to develop dashboard
- Management of clinical issues prioritised

Service area	Issues identified
Dental	Limited access to high street dental services for LAC & refugees Increasing waits for access and treatment in Community Dental services
Pharmacy	Unplanned Closures Closures of Pharmacies in supermarkets
Optometry	None reported

### Focus Areas:

- Coordination of regional and system resource to focus improving access for vulnerable groups, alongside implementation of BOB Flexible Commissioning Scheme
- Maintain focus on ensuring adequate pharmacy capacity, triangulating conversations and working with LPC to build resilience.
- Increase use and improve data related to Discharge Medicines Service (DMS) to support reduction of readmission and improve medicines optimisation focus on supporting adherence and reducing wastage

### Q4 Activity:

- Community Pharmacy Assurance Framework 2022/23
  - The full CPAF survey closed on 4 December 2022.
  - Visits are now being undertaken for 1% (17) pharmacies of pharmacies across the SE, to date 12 visits have taken place and the remaining 5 have visits scheduled with a completion date of 1 June 2023.

ICB	Total number of pharmacies	Number of pharmacies not completed the screening questionnaire	Number of pharmacies chosen to complete the full questionnaire	Number of pharmacies not completed the full questionnaire	Number of pharmacies not completed the full questionnaire excluding Lloyds pharmacies	Planned number of visits– (non completion questionnaire, highest risk, new pharmacies and some COOs)	Number of visits completed to date as at 22 May 2023
<b>BOB</b>	<b>265</b>	<b>3</b>	<b>33</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>4</b>



## 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