

BOB ICB BOARD MEETING

Title	Month 3 (June) 2023/24 Performance & Quality Report		
Paper Date:	18 August 2023	Meeting Date:	19 September 2023
Purpose:	Assurance	Agenda Item:	11.1
Author:	Ben Gattlin, Head of Planning & Performance	Exec Lead/ Senior Responsible Officer:	Matthew Tait, Chief Delivery Officer; Rachael Corser, Chief Nursing Officer; Rachael de Caux, Chief Medical Officer,

Executive Summary

Continuing the theme of highlighting key performance indicators, the report focuses on the following metrics.

- Urgent & Emergency Care – 4 Hour standard
- Elective – Long Waits
- Learning Disability & Autism
- Cancer – 62 days - % and total number of patients waiting over 62-days.
- Primary care access

The rationale for the above KLOEs (Key Lines of Enquiry) is based on the priorities listed within the Integrated Care strategy, the present operational pressures within the programmes and the national focus outlined within 2023/24 planning guidance. The remainder of the performance measures reside within the 'Wider Performance Oversight Measures' section.

The direction of travel for the report is to continue to include additional comparative data for the metrics above, highlighting any variances across our places and including benchmarking to southeast regional peers and national averages.

The updated monthly pack consists of published data (M3 and in some cases M4, including UEC). Following the post Winter recovery through Q4 for 2022/23 the performance of the three acute providers emergency departments continued to improve through Q1 of 2023/24 with July 4 hour performance the highest for each Trust so far this year.

In line with 4-hour performance improving, ambulance handover performance improved also with 183 hours lost in July due to handover delays vs 229 hours lost in June.

Emergency Department (ED) attendances reduced in BOB in line with the rest of the southeast and England which reported an overall decrease in attendances on the previous month. Conversely emergency admissions increased in line with national and regional numbers. ED Type-1 4-hour performance in July improved to 72.3% from just under 70% in June. None of the acute Trusts met the 76% ED standard in July with Royal Berkshire FT (RBFT) the highest reporting 75.8%. Patients spending over 12 hours in department was zero at RBFT, zero at Oxford University Hospitals (OUH) however Buckinghamshire healthcare (BHT) remains the most challenged Trust in relation to long waits in ED with 123 patients waiting over 12 hours from decision to admit. The Board should note this is a 64% reduction in the number of patients waiting over 12 hours at BHT compared with the previous month.¹

Through 2022/23 the system eliminated long waits at a notable rate, unfortunately the reduction has reversed itself through Q1 2023/24 with more patients now waiting over 65 weeks than on 1 April 2023. Lower levels of elective activity than planned have caused the deteriorating position. Industrial action has been a significant factor in reduced elective activity with 6,069 outpatient appointments and 725 elective spells cancelled & rescheduled.

Within elective the system's providers maintained the number of patients waiting over 78 weeks with only a slight increase from 93 at the end of May to 99 at the end of June against a plan of zero. BOB providers planned for the number of patients waiting over 65 weeks to reduce to zero by March 2024. Over the first quarter unfortunately 65 week waits increased to 1870 at the end

¹ 346 in June

of June against a plan of 1413. The plan from July onward is for a reduction in 65 week waits however unvalidated weekly data displays a continuing increase. 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. All three Trusts continue to forecast achieving the Systems plan and national ambition to reach zero patients waiting over 65 weeks for elective treatment if there is no more industrial action. Risks to delivery include further industrial action² and increased non-elective pressures competing with elective capacity. The total provider waiting list continues to increase (c.148k) with new referrals outstripping completed pathways.

Through the first quarter of the financial year although providers in BOB have delivered more diagnostic tests than planned this has not resulted in an improvement in the percentage of patients waiting over 6 weeks (26.4%). The numbers delivered vs plan are disproportionate with an over delivery of imaging compared with an under delivery in endoscopy. BHT is the most challenged provider in relation to diagnostic waits particularly in Endoscopy and MRI.

The development path for this report over the year has been outlined previously. The measure for inappropriate out of area bed days has been relocated into the wider performance measures section with Learning Disability and Autism measures brought up into the main section. BOB is on a good trajectory to reduce the number of inpatients with learning disability and autism.

BOB consistently reaches the faster diagnosis standard (FDS) 75% ahead of both the Southeast and England. The overall number of patients waiting over 62 days for cancer treatment was 560 at the end of June. The ICB target for March 2024 is to reach pre-pandemic levels of a maximum of 500 at any one time³. As performance against this target improves the performance team will restart reporting on the key pre-pandemic measure of the percentage of patients treated within 62-days of referral. 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.

The next steps in the development of this report are to incorporate value-weighted activity (VWA) related to elective recovery. NHS England have published the first VWA report with the system completing 103.3% VWA through April and May. Our plan across the year is to complete 104.4% VWA vs 2019/20. Indicatively the system's providers have completed more outpatient activity compared with 2019/20 but less so in day case and ordinary elective activity. The ambition to include detail on waiting times for ADHD assessments remains and the Mental health team have made progress data now available in Berkshire West.

Action Required

The board are asked to:

- Note and discuss the contents of the paper

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:

22/08/2023 Population Health and Patient Experience Committee; 30/08/2023 ICB Performance & Assurance Meeting

² BMA have confirmed industrial action will take place: Consultants 19-20 September, Junior doctors 20-22 September then both Consultants and Junior doctors will strike together 2-5 October.

³ 168 at Buckinghamshire Healthcare Trust, 171 at Oxford University Hospitals Foundation Trust, 161 at Royal Berkshire Foundation Trust



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

NHS Performance and Quality Report

M3 – June 2023

Matthew Tait – Chief Delivery Officer

Rachael Corser – Chief Nursing Officer

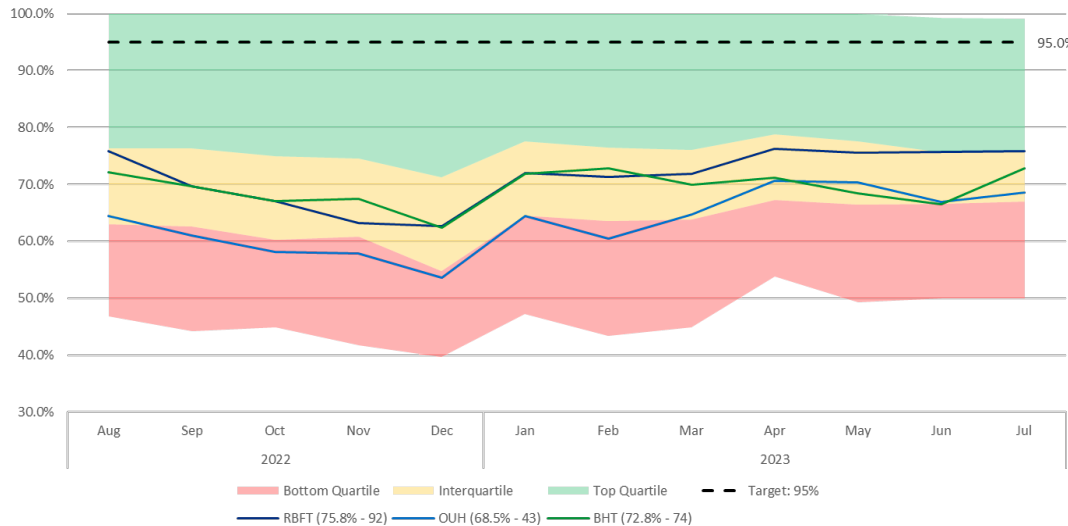
Rachael de Caux – Chief Medical Officer

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. Learning Disability and Autism
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 service. 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 2024

How are we performing:

A&E 4 hour:

- BHT – July All types performance 72.8% up from 66.5% the previous month (June).
- OUH – July All types performance 68.5% up from 66.9% the previous month (June).
- RBFT – July All types performance 75.83%, marginally up from 75.78% the previous month (June).
- Across England July All types performance was 74.6% up from 74% in June. In July the Southeast was 78.9% marginally up from 78.3% in June.

Whilst performance remains challenged against the operating plan requirement, all three Trusts are showing an improvement against performance for the same period last year, despite an increase in ED attendances at all sites. The ICS remains 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:

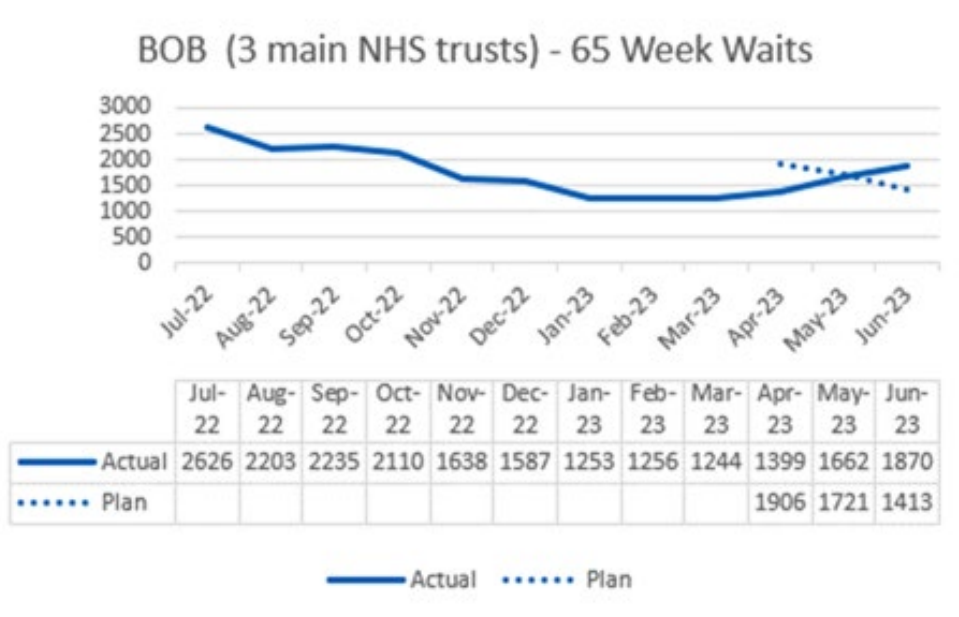
- All three acutes have ED improvement plans in place to support recovery of all types with delivery overseen at place UEC Boards
- Alternatives to ED continue to be promoted to reduce the pressures on departments, including; Urgent Community Response (UCR), Virtual Wards (VWs), 111, 111 online and Urgent Care Centres.
- As part of the UEC System Programme Board stocktake, an Expanding Care Out of Hospital (ECOH) workstream has been agreed to draw together several complementary services, VWs, UCR, High intensity Users/High Frequency Users and Frailty.
- Discharges remain a key area of concentration, with effort concentrated on reducing length of stay and those with not meeting the criteria to reside across all inpatient settings, including community and mental health.
- System Winter plan under development, submission due to NHSE 11 September
- Working with Trusts to mobilise the new national Operational Pressures Escalation Levels (OPEL) framework with local providers ready for December go-live,
- Next UEC Summit scheduled for 13 October to coincide with the relaunch of the ED Network supported by the Academic Health Sciences Network (AHSN). Mental Health will be a key area of concentration for the summit.

Risks:

- Unmet demand in primary care/community resulting in higher ED attendances
- 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



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 (RTT) standards. The target to eliminate all >65-week waits is the end of March 2024.

How are we performing: Data - June.

- At the end of June there were 99 patients waiting over 78 weeks against a target of zero.
- BOB NHS Providers reported 1,870 patients waiting > 65 weeks against an end June target of no greater than 1,413. The target is to reduce this to zero by the end of March 2024.
- BOB reported 7,333 patients waiting > 52 weeks against an end of June target of no greater than 4,787.
- The total number of NHS Provider open pathways was 148,075 against the end of June target of 143,253.

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 aiming to have all risk cohort patients seen by 31 October 2023 with any diagnostics completed.
- Continue to protect as much elective capacity as possible utilising green-pathways and elective hubs
- Each provider is reviewing and updating their plan to reflect the latest operational challenges e.g. Industrial action.
- Continue to progress the focus on Children and Young People
- Develop action plan for the delivery of Mutual Aid/Load Balancing within BOB as well as continue to request assistance nationally from the NHSE Digital Mutual Aid Service (DMAS).
- All Trusts are focussing on validation of their long waiting lists in line with the national ask to validate 90% of patients in above 12 week cohort.

Risks:

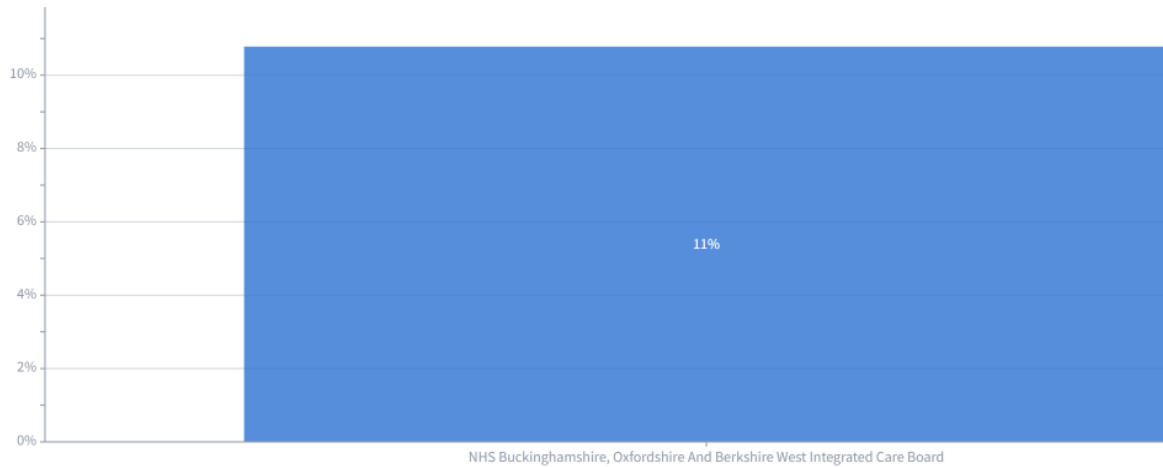
- Ongoing risk presented by non-elective pressures and competing demands such as industrial action
- Insufficient capacity and competing pressures on physical resources e.g. Paediatric Intensive Care
- Previous insufficient volume of Corneal Graft material being made available by NHSE has affected the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

Industrial Action	OP cancellations	EL cancellations
April 4 days BMA – JD 1 day RCN (Sunday)	3,892	427
May 2 Days RCN	36	19
June 3 days BMA - JD	2,141	279

3. Learning Disability & Autism Programme

SRO: Rachael Corser

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 individuals with a learning disability. 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:

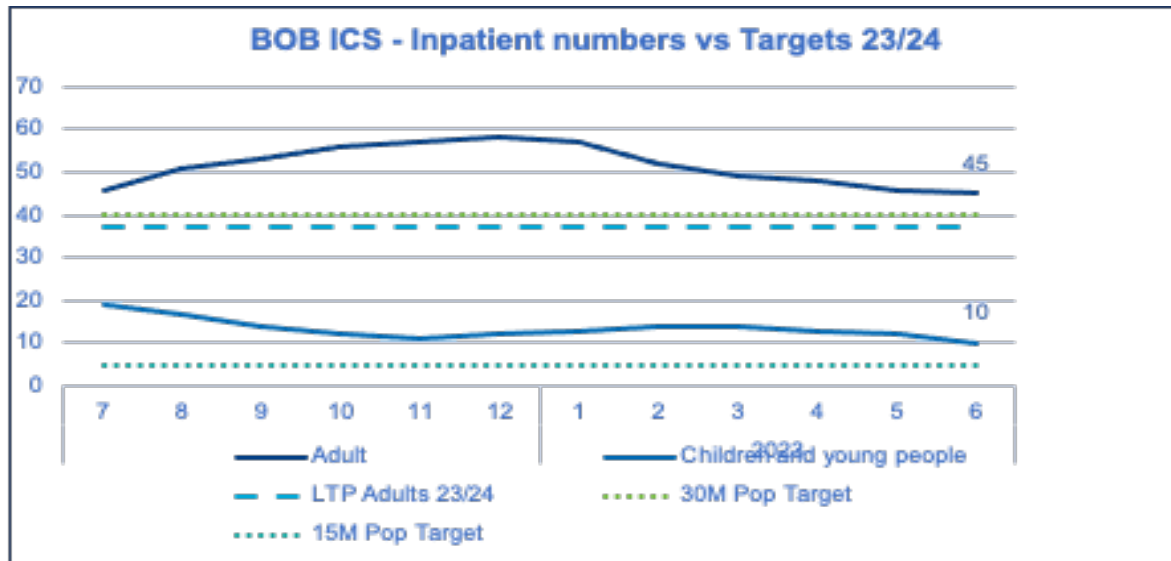
- The upper graph shows the percentage of people over 14 years old on the learning disability register receiving an Annual Health Check completed up to and including M3 for 2023/24 and reflects a positive position for BOB..
- There were 11% of AHC performed by the end of June 2023 vs 10.4% objective in the planned trajectory.
- The lower graph 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 above the targets set out within the 2023/24 operational planning guidance.
- There were 45 Adult Inpatients and 10 CYP inpatients in BOB ICS at the end of June 2023

Actions:

- Weekly adult inpatient review meetings highlight with each “place” queries in inpatient numbers, commissioner oversight visits and delays to Care, Education and Treatment Reviews (CETRs).
- Invested in BOB ICB Discharge co-ordinator roles which are clinical posts – focus on preventing admission and facilitating discharge.
- Invested in Learning Disability and Autism Quality manager role to focus on host commissioner responsibilities, CETR and Dynamic support registers (DSRs), Oversight Board.

Risks:

- Summer holidays can impact on CYP inpatient numbers – benchmarking CTR and DSR to ensure robust processes in place



4. Cancer

SRO: Matthew Tait



Buckinghamshire, Oxfordshire and Berkshire West

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 June across BOB was 77.7%, which is above target and is above National and Regional averages (fig. 1). BHT (70.6%) did not meet the target standard in June.
- The overall waiting list has reduced from over 1,000 in December to under 620 by the end of June, this is 13% away from the pre-pandemic target we have set ourselves to reach by March 2024 (fig. 2). OUH are most challenged in relation to their distance from target at 43.5% 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

- Gynaecology, Head & Neck (H&N) and skin remain biggest challenges. Position driven by limited surgery and clinical capacity. H&N delays patients waiting for outpatient (OPA) or doctor reviews. For Skin, capacity issues with dermatology and plastics

OUH Key points

- Main areas of challenge are Urology, gynaecology and skin, position driven by high numbers of referrals and staffing capacity. Urology challenged with renal surgery backlog; Prostate surgical capacity challenged as well as surgical OPA. Long term sickness of a consultant impacting gynaecology pathway

RBFT Key points

- Lower Gastrointestinal (LGI), gynaecology and urology remain the biggest challenges. Challenges at the start of pathway for LGI and urology. Workforce capacity affecting gynaecology.

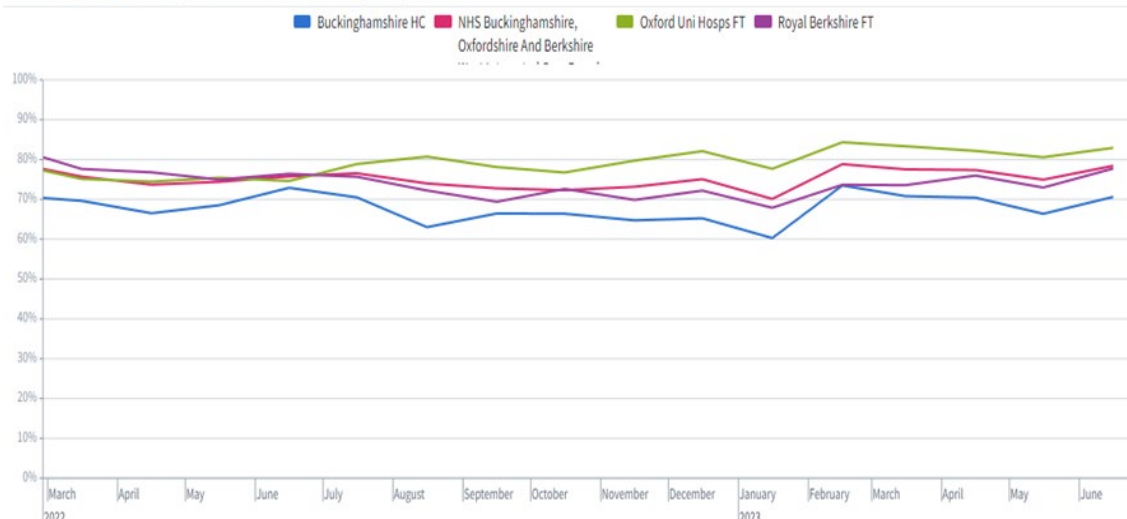
Actions:

- Funding now agreed at Trust level to support delivery of Thames Valley Cancer Alliance (TVCA)/Trust plans
- RBFT – utilisation of Tier 2 funding to support key issues, namely LGI
- OUH – Internal Quality Improvement (QI) teams supporting key programmes of work
- BHT – 2 Skin speciality doctors starting in September. Working to create more surgical lists and clinics for plastics
- Pan Alliance - Progression of implementation of Best Practice Timed Pathways (BPTPs, LGI, Lung, gynaecology, prostate, H&N, Upper Gastrointestinal (UGI) with skin and breast pathways being added to work programme) to support reducing pathway bottlenecks with funding to supporting migration
- Ongoing TVCA/Trust meetings via various fora to support oversight of issues and required mitigations

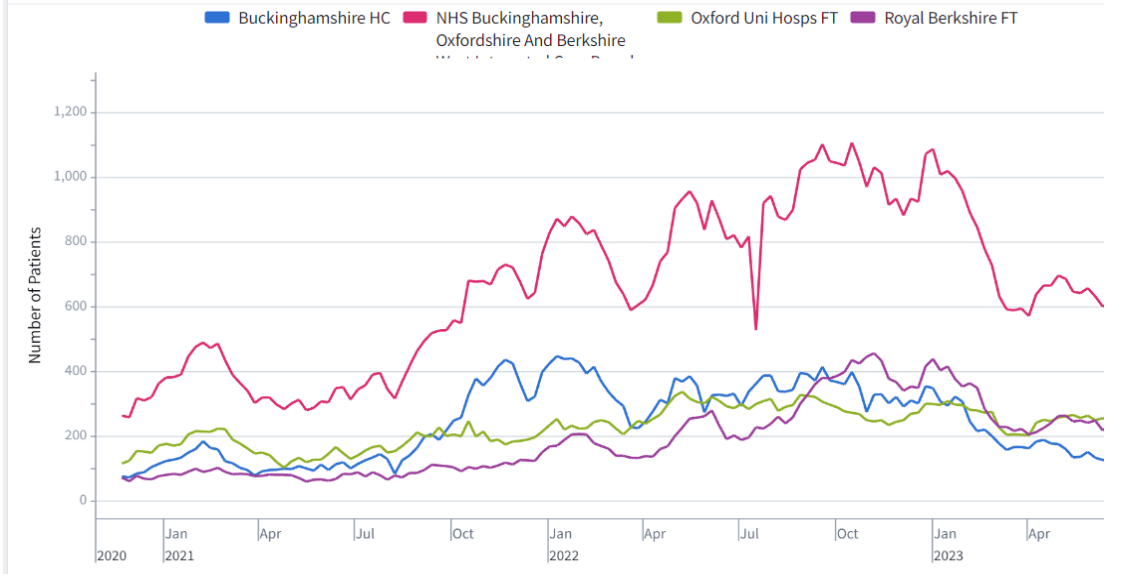
Risks:

- Increase referral trends continue to be seen
- Diagnostic capacity across all trusts remain, driven by hysteroscopy, MRI and radiology
- Diagnostic and staffing capacity driving some pathway position across the three trusts
- Workforce challenges also driving the position
- Industrial action expected to impact all pathways

Percentage of patients diagnosed within 28 days following an urgent referral



62+ Day Backlog By Region



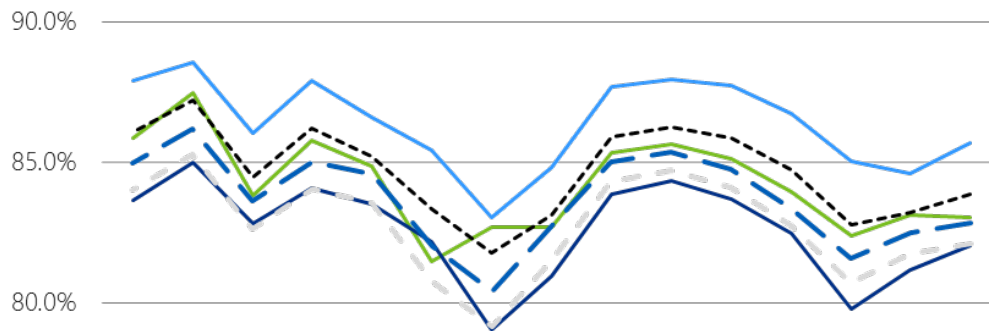
5. Primary Care Access

SRO: Rachael de Caux



**Buckinghamshire, Oxfordshire
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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	May	Jun
	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%	83.2%	83.1%
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%	85.1%	84.6%	85.7%
Berkshire West	83.7%	85.0%	82.9%	84.1%	83.5%	82.2%	79.0%	81.0%	83.9%	84.4%	83.7%	82.5%	79.8%	81.2%	82.1%
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%	83.2%	83.9%
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%	81.8%	82.1%
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%	82.5%	82.9%

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:

- In June 2023, The percentage of general practice appointments seen within 14 days increased to 83.9% but down from the same period the year before (June 2022) when 84.5% of patients were being seen in 14 days.
- In terms of the 14-day metric BOB continues to track well compared to national (82.9%) and regional peers (82.1%).
- Same day appointments: The proportion of same day appointments were slightly down in May 2023 compared to May 2022 with 45.3% of patients being seen on the same day they requested an appointment; the national position is 43.9%.

Actions:

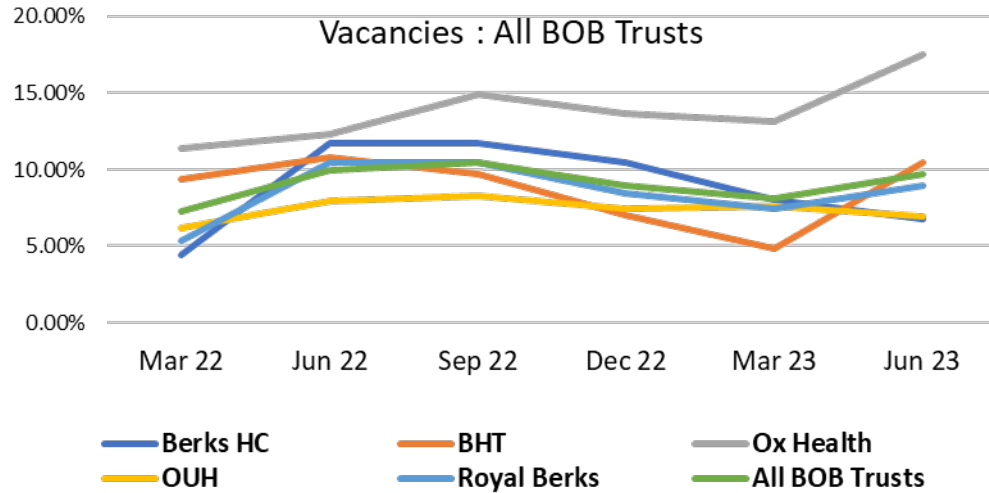
- Variation across BOB geography and impact on inequalities has been looked at. No significant concerns identified.
- 3-year rolling programme of practice visits has been scheduled. Access will be discussed at these visits.
- Development of the ICB's approach to the national 'recovering and access to primary care programme management plan' and 'practice / PCN capacity & access improvement plans' aim to improve access and address inappropriate variation.
- All practices involvement in the General Practice Improvement Programme (GPIP) is expected to have positive impact.
- There is continued promotion of the roll out of capacity and demand tool, Apex.
- Full utilisation of alternatives continue to be looked at incl. the Reading Urgent Care Centre, CAS 111 (incl. CAS use of UCC apts.), Community Pharmacy Consultation Service etc.

Risks:

- Variation in the quality of the data extracted makes interpretation challenging. Introduction of a consistent demand and capacity tool (Apex) will mitigate this.
- ICB's approach to the national 'recovering and access to primary care programme management plan' and 'practice / PCN capacity & access improvement plans' may not deliver required change.

6. Workforce

SRO: Raj Bhamber



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: The June 2023 data shows the vacancy rate has increased through Q1 from 8.1% in March to 9.7% in June - a trend seen in all Providers except for BHFT, showing a decrease from 8.0% to 6.8%. National data is expected on 24 August, so a comparison is not included in this report.

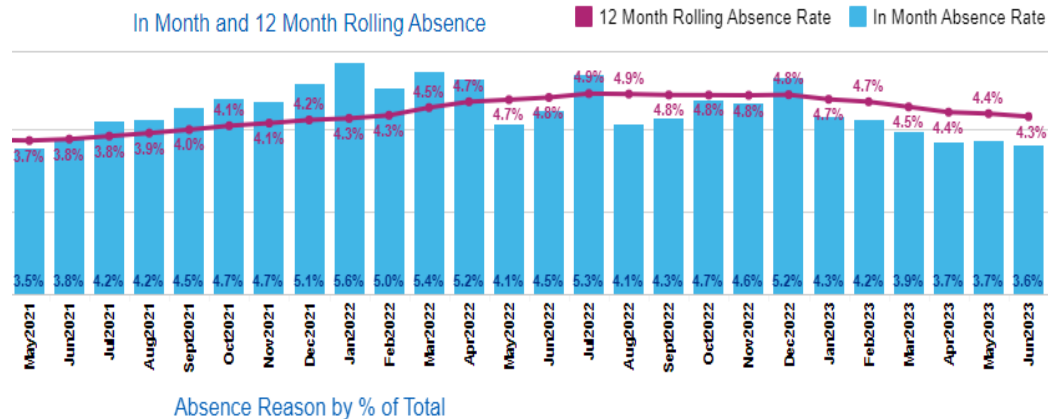
BHT : vacancy rate increasing from 4.8% to 10.4% for the quarter.

OHFT: vacancy rate increasing from 13.2% to 17.5%.

Sickness absence: Slight decrease from 4.4% to 4.3% 12 month rolling absence rate. 23.6% of absences, 8,618 days in the month was lost to anxiety/stress/depression/other psychiatric illnesses.

Absence as at: June 2023

System: Buckinghamshire, Oxfordshire and Berkshire West ICS Organisation: All
Profession: All Profession Detailed: All



Actions

- Performance scorecards for system NHS Providers are received weekly by the ICB. They are shared with Trust Chief People Officer (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 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	1	0	0	0	0
Safety alerts open	0	0	0	0	0	0	0
EFFECTIVE							
Standardised Hospital Mortality Indicator (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%
CARING							
FFT (Inpatient) recommend	Higher is better. England avg. 94.3%	89.2%	94.3%	NA	98.5%	NA	NA
Written Complaints Rate	Data temporarily not available						

The Quality toolkit has been unavailable since June and an alternative source for the metrics is being sought. SHMI, Readmission Rate and Written Complaint Rate is stated from last month's report. A Wrong Implant/Prosthesis Never Event has been reported at OUH in June after an incorrect intra-ocular lens was surgically implanted during cataract surgery.

More information on quality metrics provided in the appendix.

8. Wider Performance Oversight Measures

Executive Summary

Executive Summary

	Indicator	OF Flag	Month	Standard	BHT	OUH	RBFT
UEC	A&E Performance (All Types)		Jul 23	95%	72.8%	68.5%	75.8%
	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	Jun 23	Rated against plan	4479	2836	18
	Incomplete Pathways over 65 weeks at month end	S009a			1154	713	3
	Incomplete Pathways over 78 weeks at month end	S009a			10	89	0
Cancer	Percentage meeting faster diagnosis standard	S012a	Jun 23	75%	70.6%	82.9%	77.7%
	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	S010a		93%	76.5%	79.3%	84.5%
	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer			85%	57.1%	60.2%	70.5%

	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 May 23		5.3%	6.0%	5.3%	4.8%
	Talking Therapies - Moving to Recovery		May 23	50%	49.7%	52.2%	51.2%	44.7%
	Dementia Diagnosis Rate		Jun 23	67%	60.4%	56.4%	61.9%	63.0%
	CYP Eating Disorders - Urgent (1 week)		Rolling 12 months to Mar 23	95%	78.2%	100.0%	42.9%	81.0%
	CYP Eating Disorders - Routine (4 weeks)			95%	52.8%	41.9%	21.9%	83.7%
	Severe Mental Illness (SMI) 6 Health Checks	S085a	2023/24 Q1	60%	49.3%	53.4%	43.8%	54.5%

Indicator highlighted in red - Due to NHSE moving data flows to UDAL and stopping Covid 19 data flows, we no longer have access to this information.

Urgent and Emergency Care



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Urgent And Emergency Care

Indicator	OF Flag		Standard	England	South East	BOB Acutes	BHT	OUH	RBFT
A&E Performance (All Types)			95%	73.99% ↑	77.13% ↑	72.34% ↑	72.77% ↑	68.53% ↑	75.83% ↑
A&E Attendances				2,194,900 ↓	325,209 ↓	43,565 ↓	13,567 ↓	15,134 ↓	14,864 ↓
Breaches		Jul 23		570,926 ↓	74,389 ↓	12,049 ↓	3,694 ↓	4,763 ↓	3,592 ↓
Emergency Admissions				535,166 ↑	87,871 ↑	16,861 ↑	5,784 ↑	7,889 ↓	3,188 ↑
Over 12 hour waits from dta to admission			0	23,934 ↓	2,411 ↓	123 ↓	123 ↓	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		May 23					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	0:08:21 ↓	0:09:02 ↓	0:09:18 ↑
Ambulance Response Times (Category 1 Incidents 90th Percentile)			0:15:00	0:14:59 ↓	0:16:23 ↓	0:16:45 ↑
Ambulance Response Times (Category 2 Incidents Mean)	S020b		0:18:00	0:31:50 ↓	0:31:13 ↓	0:33:10 ↓
Ambulance Response Times (Category 2 Incidents 90th Percentile)			0:40:00	1:07:53 ↓	1:03:33 ↓	1:05:08 ↓
Ambulance Response Times (Category 3 Incidents Mean)	S020c	Jul 23		1:50:09 ↓	2:11:54 ↓	2:09:11 ↑
Ambulance Response Times (Category 3 Incidents 90th Percentile)			2:00:00	4:21:53 ↓	5:00:38 ↓	4:52:37 ↑
Ambulance Response Times (Category 4 Incidents Mean)	S020d			2:21:19 ↓	2:57:43 ↑	3:00:41 ↑
Ambulance Response Times (Category 4 Incidents 90th Percentile)			3:00:00	5:32:05 ↓	6:50:49 ↑	6:53:29 ↑

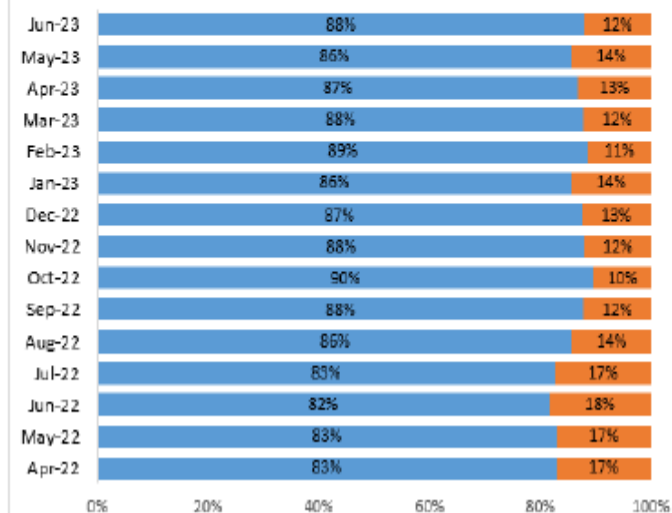
Please note that the arrows in the tables above indicate the numerical change against the previous month and not necessarily the change in performance. Indicators highlighted in red - Due to NHSE moving data flows to UDAL and stopping Covid 19 data flows, we no longer have access to this information.

Urgent Community Response (UCR)

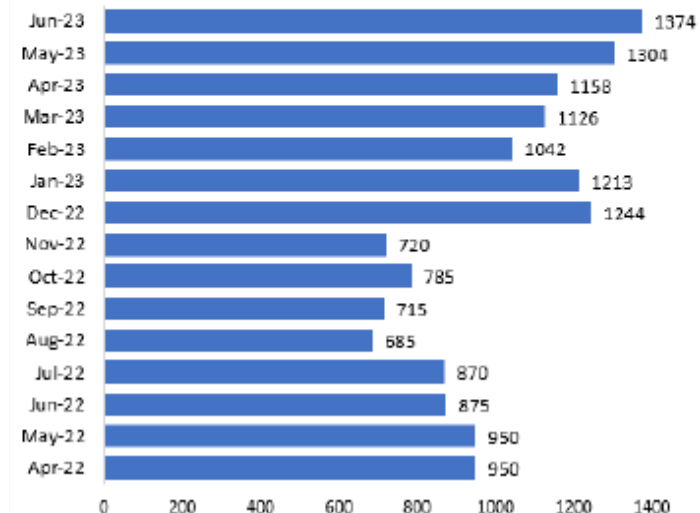
88%

1374

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



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 for 2023/24- 14,416; 3,604 per quarter).
- Consistently meet or exceed the 70% 2-hour UCR standard

How are we performing:

- At M3 (June 2023) – BOB is exceeding the 2-hour First Care Contact trajectory. In months 1 and 2 we were not meeting our target due to significant under-reporting in Oxfordshire. This has now been rectified in part.
- Consistently exceeding 70% 2-hour response time

Actions:

- 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

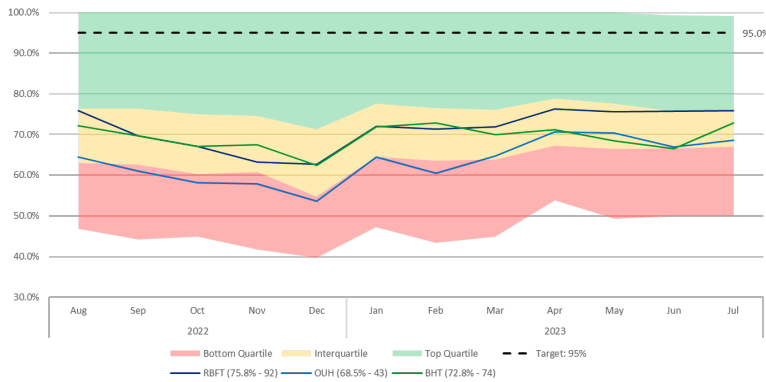
**OHFT have started to provide the Number of 2hr standard UCR referrals, having not submitted them since July 2022. As a result, the values from December 2022 onwards have increased. Percentage achieved data does not include OHFT data OHFT is planning to resume submissions to populate the National Dashboard, at which point their % achieved will be included in the above figures. However this may not be for another few months.*

Urgent and Emergency Care - Charts

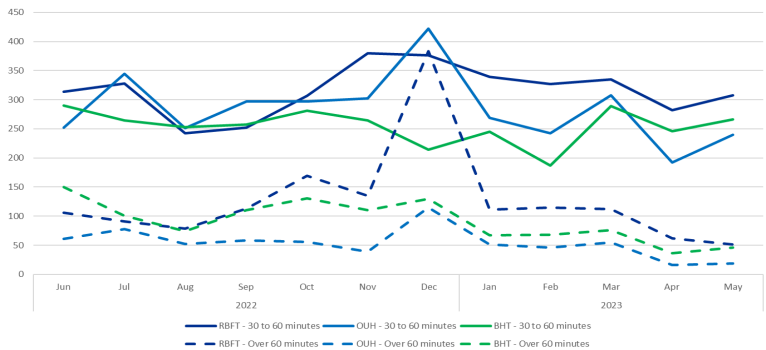


Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

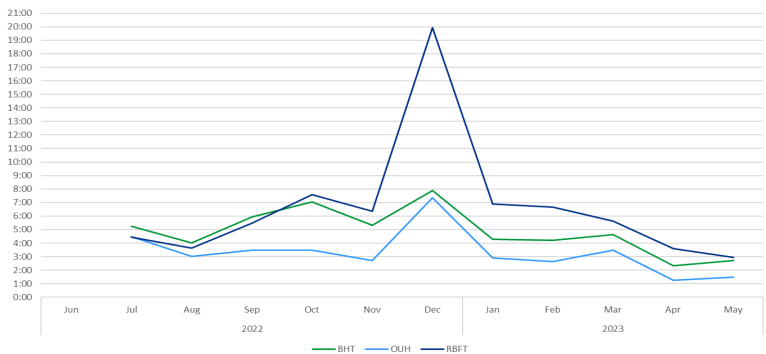
A&E 4 Hour Performance Benchmarked against NHS Acute Trusts



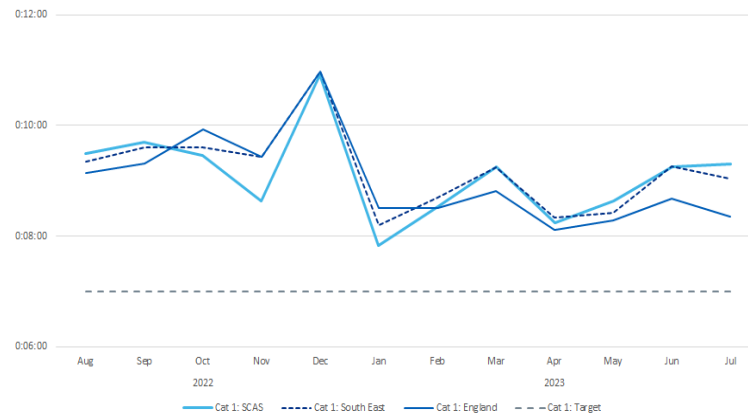
NHS Trusts - Ambulance Handover Delays (Unverified Data)



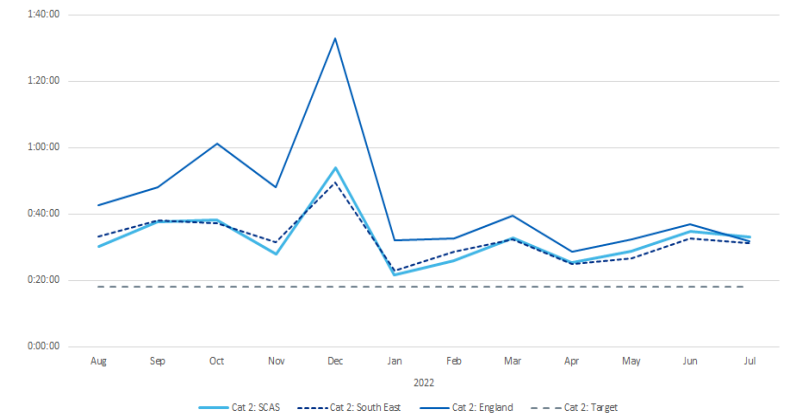
Average Hours Lost on Handover Delays per day at BOB Acute Trusts - (Unverified Data)



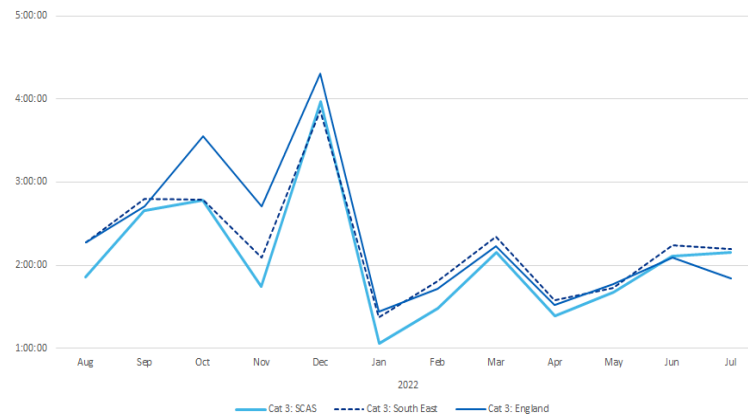
Ambulance Response Times: Category 1 Mean



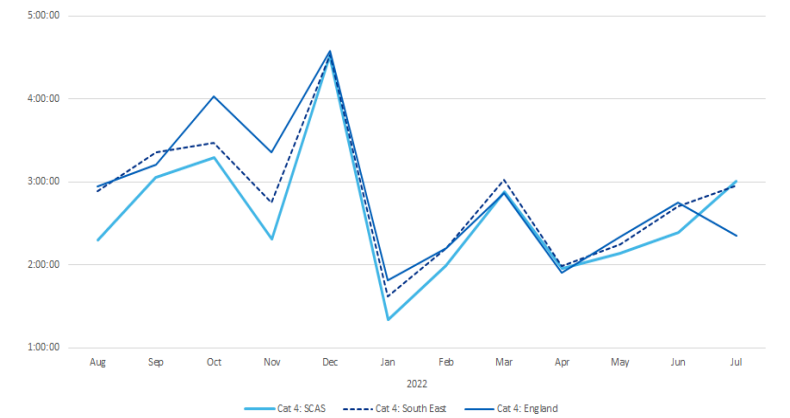
Ambulance Response Times: Category 2 Mean



Ambulance Response Times: Category 3 Mean



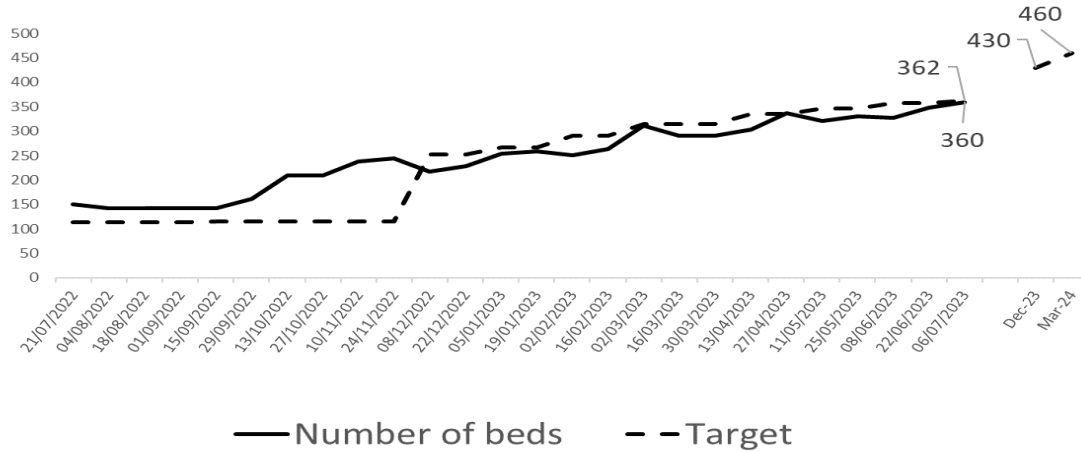
Ambulance Response Times: Category 4 Mean



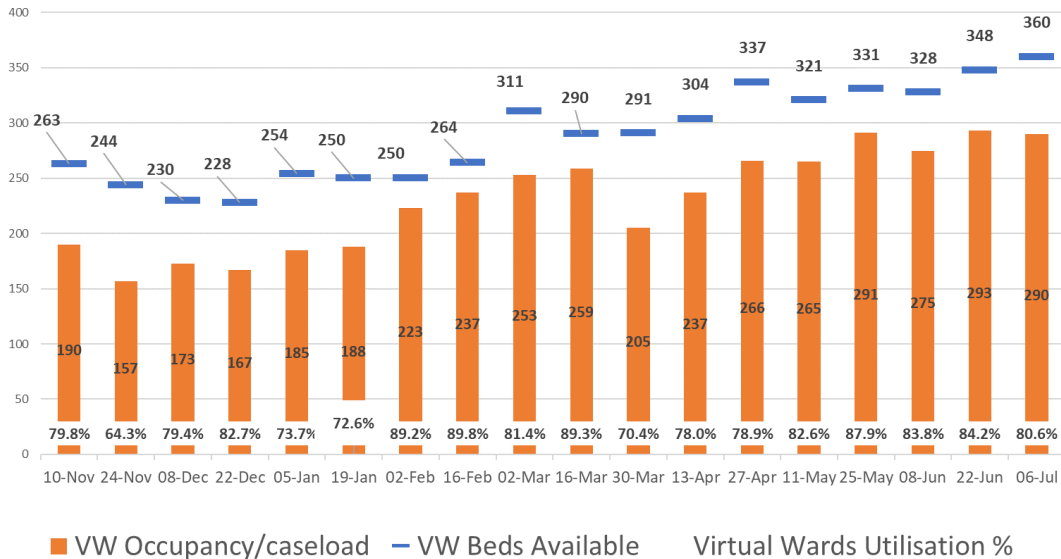
Please note: Due to a data quality issue there is no data for Ambulance Response times for the "England" position in October or November 2022.

Virtual Wards (VW)

BOB : Virtual Ward Capacity



BOB Virtual Wards Number of Beds and Occupancy



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 from 70% to 80% by September 2023.

How are we performing:

- Bed capacity 98% of trajectory
- Utilisation exceeds NHSE target
- VW Admissions are below target

Actions:

- BOB ICS core offer and vision for virtual wards is now agreed. Accompanying programme plan and service specification is under development.
- Evaluation proposal agreed and being delivered by Oxford AHSN to confirm level of impact

Risks:

- There is a risk that ongoing capacity issues in Buckinghamshire and under-reporting in Oxfordshire will impact on our ability to continue to meet our monthly targets if not rectified. The BOB VW Programme Team is currently working with the relevant UEC Leads and service leads to seek further assurance.

Planned Care



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

Planned Care

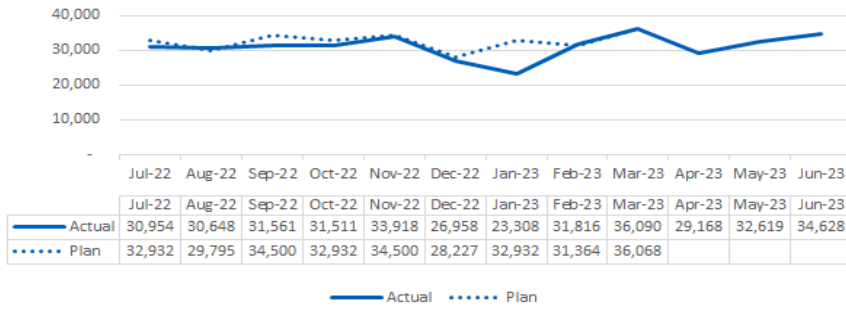
Indicator	OF Flag	Month	ICB BOB		Sub ICB			NHS Trust OUH		BHT		RBFT	
			Activity	Plan	Bucks Activity	Oxford Activity	Berks W Activity	Activity	Plan	Activity	Plan	Activity	Plan
Incomplete pathways at month end	S008a	Jun 23	150,275	130,728	57,582	60,573	32,120	76,280	78,155	46,042	40,098	25,753	25,000
Incomplete Pathways over 52 weeks at month end	S009a		7,777	4,837	4,820	2,363	594	2,836	1,846	4,479	2,891	18	50
Incomplete Pathways over 65 weeks at month end			1,962	1,484	1,227	573	162	713	482	1,154	911	3	20
Incomplete Pathways over 78 weeks at month end	S009a		82		19	59	4	89		10		0	
Total GP Referrals against 2019/20			110.1%		87.0%	129.4%	107.5%	116.6%		75.3%		111.1%	
Total Other Referrals against 2019/20			133.8%		133.3%	101.8%	174.1%	105.2%		117.5%		170.7%	
Total All Referrals against 2019/20			118.0%		101.2%	119.7%	129.9%	111.9%		86.3%		133.2%	
Total First Attendances against 2019/20			120.3%	117.0%	113.4%	129.1%	115.9%	128.7%	119.2%	113.4%	115.7%	118.4%	108.1%
Total Follow-up Attendances against 2019/20	S101		117.5%	108.5%	115.9%	120.4%	116.1%	120.5%	121.5%	109.9%	99.5%	109.4%	108.7%
Total Attendances against 2019/20			118.6%	111.8%	115.0%	124.0%	116.0%	123.5%	120.7%	111.2%	105.5%	112.8%	108.5%
Percent Day Case Admissions against 2019/20		104.1%	111.6%	105.8%	99.7%	108.2%	96.9%	96.4%	92.8%	90.5%	106.2%	114.9%	
Percent Ordinary Elective Admissions against 2019/20		89.0%	94.4%	75.3%	95.9%	96.1%	91.0%	90.3%	64.4%	79.0%	78.9%	85.7%	
Percent Total Elective Admissions against 2019/20		102.0%	109.3%	101.8%	99.2%	106.4%	95.8%	95.3%	89.8%	89.3%	102.2%	110.6%	

(Includes all APC except Regular Attenders)													
Indicator	OF Flag	Month	ICB BOB		Sub ICB			NHS Trust OUH		BHT		Royal Berkshire	
			Activity	2019/20	Bucks Activity	Oxford Activity	Berks West Activity	Activity	2019/20	Activity	2019/20	Activity	2019/20
Proportion of patients discharged to usual place of residence	S105a	Jun 23	91.4%	92.2%	93.4%	90.5%	90.4%	90.2%	92.2%	95.0%	95.4%	92.1%	92.6%

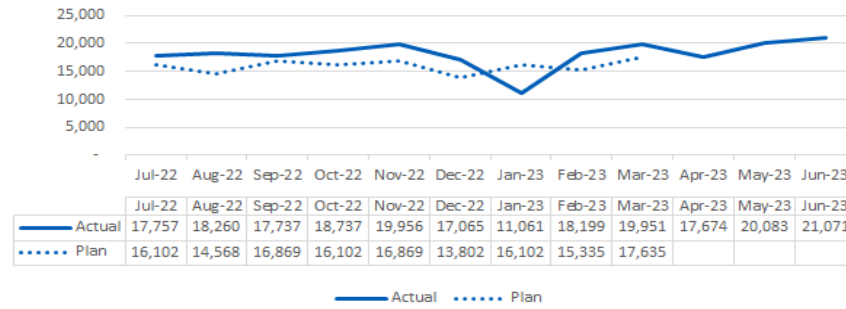
Indicator	OF Flag	Month	ICB BOB		Sub ICB			NHS Trust OUH		BHT		Royal Berkshire	
			Activity	Plan	Bucks Activity	Oxford Activity	Berks West Activity	Activity	Plan	Activity	Plan	Activity	Plan
Diagnostic activity levels – Imaging	S013a	Jun 23	47,125	45,165	16,380	20,551	10,194	23,233	25,567	10,945	11,191	9,888	6,600
Diagnostic activity levels – Physiological Measurement	S013b		3,409	2,483	1,305	1,695	409	2,296	1,893	452	470	238	270
Diagnostic activity levels – Endoscopy	S013c		3,634	3,266	785	2,043	806	1,367	1,540	445	450	744	750
Diagnostic activity levels – CT (Imaging)			18,491	17,713	5,711	8,380	4,400	10,113	11,092	4,434	4,255	4,372	2,550
Diagnostic activity levels – MRI (Imaging)			10,079	9,338	3,454	3,840	2,785	4,830	5,011	2,124	1,810	2,711	1,830
Diagnostic activity levels – Non-Obstetric Ultrasound (Imaging)			18,555	18,114	7,215	8,331	3,009	8,290	9,464	4,387	5,126	2,805	2,220
Diagnostic activity levels – Echocardiography (Physiological Measurement)			3,409	2,483	1,305	1,695	409	2,296	1,893	452	470	238	270
Diagnostic activity levels – Colonoscopy (Endoscopy)			1,623	1,265	299	997	327	807	652	164	135	302	270
Diagnostic activity levels – Flexi Sigmoidoscopy (Endoscopy)			346	511	95	96	155	3	273	58	140	145	210
Diagnostic activity levels – Gastroscopy (Endoscopy)			1,665	1,490	391	950	324	557	615	223	175	297	270

Planned Care

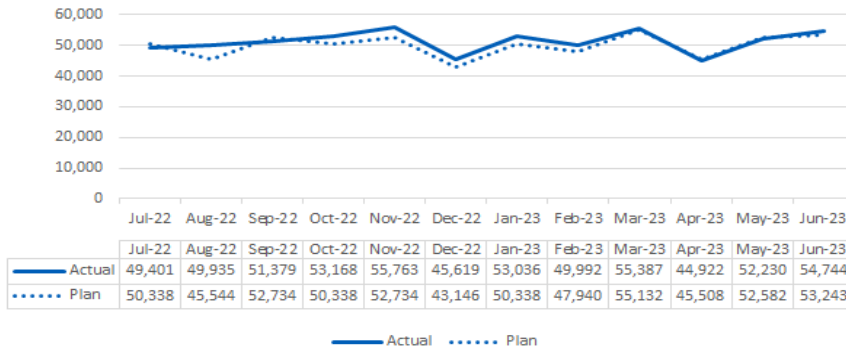
BOB ICB - GP referrals



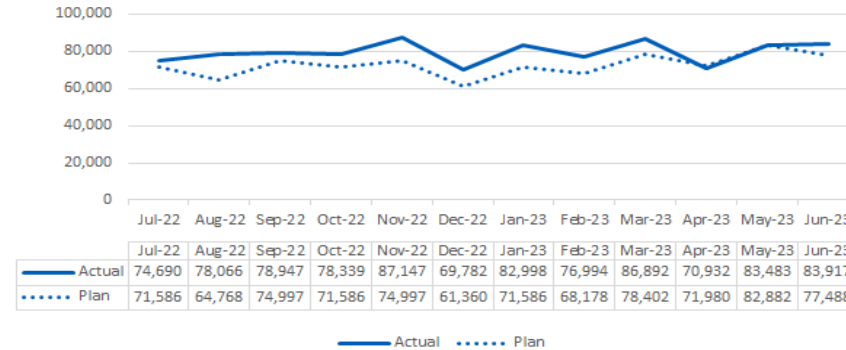
BOB ICB - Other Referrals



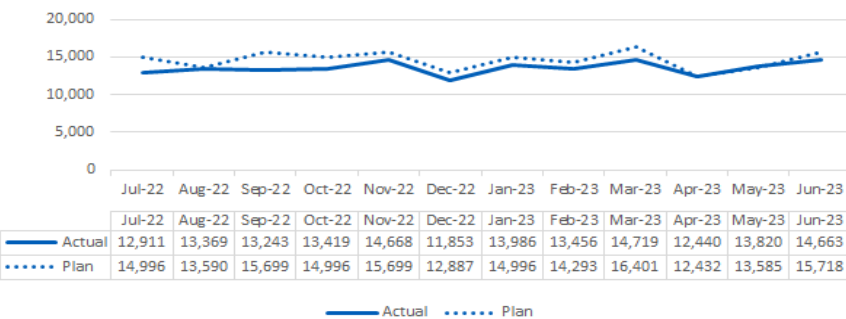
BOB ICB - Consultant-led first outpatient attendances (Spec acute)



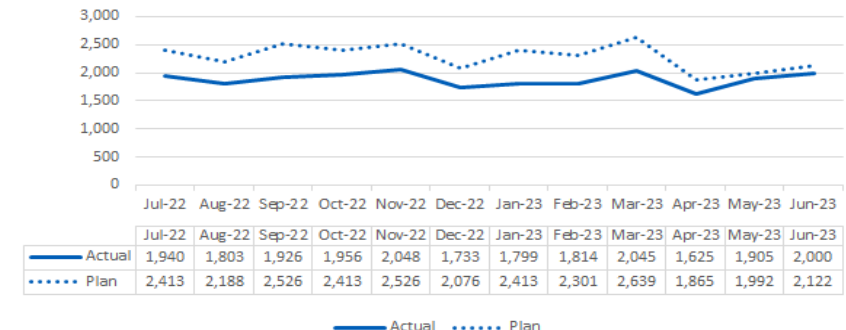
BOB ICB - Consultant-led follow-up outpatient attendances (Spec acute)



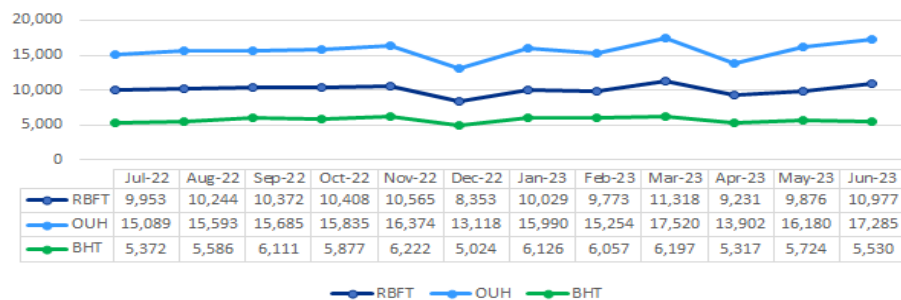
BOB ICB - Total number of Specific Acute elective day case spells in the period



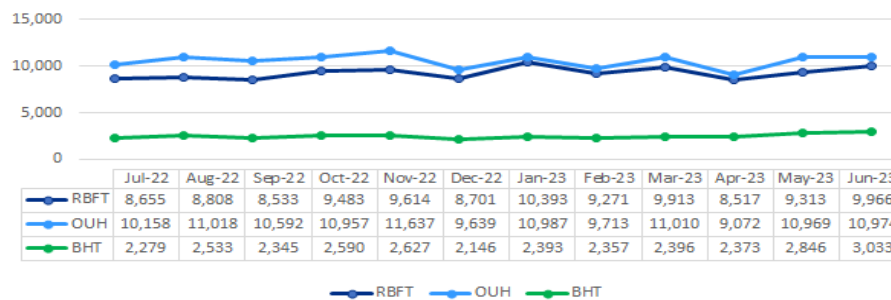
BOB ICB - Total number of Specific Acute elective ordinary spells in the period



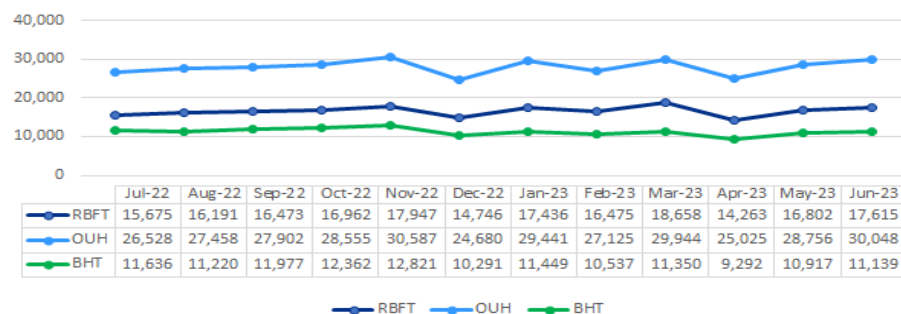
NHS Trusts - GP referrals



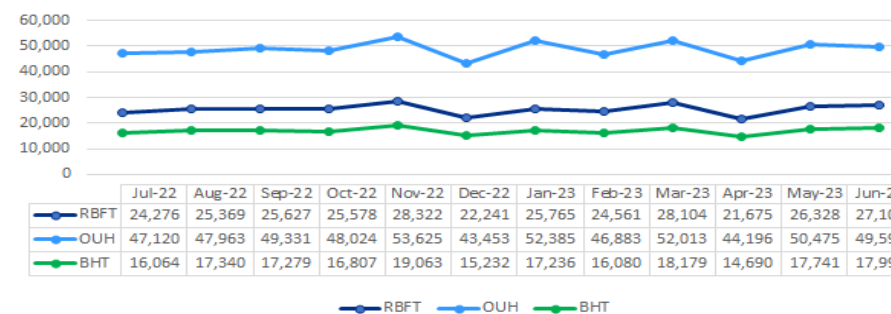
NHS Trusts - Other Referrals



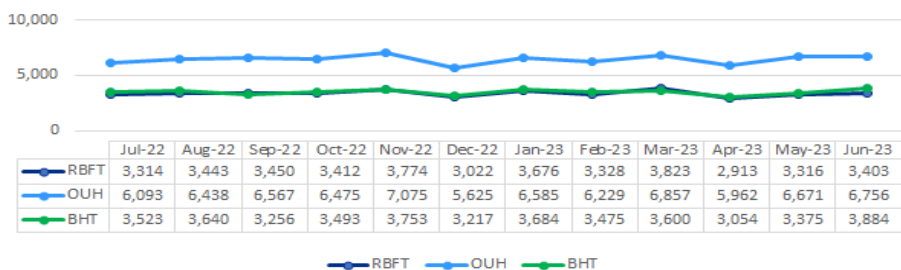
NHS Trusts - Consultant-led first outpatient attendances (Spec acute)



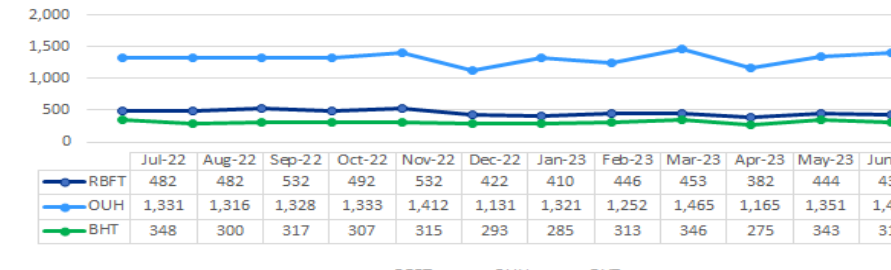
NHS Trusts - Consultant-led follow-up outpatient attendances (Spec acute)



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



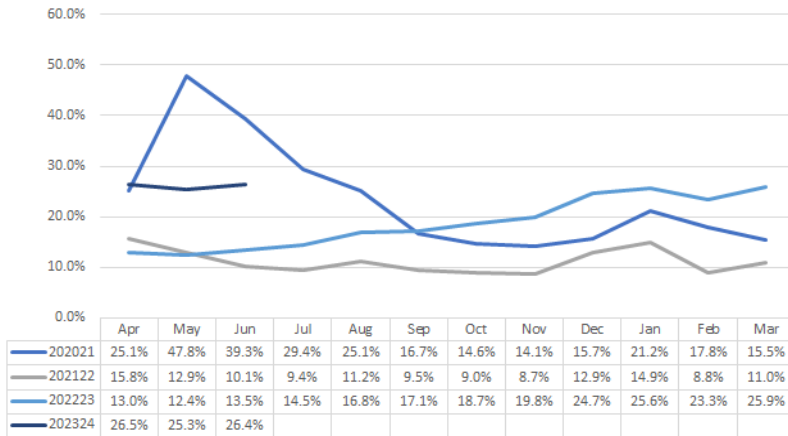
Planned care – Diagnostics

Planned Care - Diagnostic Breakdown

Indicator	SOF Flag	Month	ICB BOB		Sub ICB Bucks		Oxford		Berks W		NHS Trust OUH		BHT		RBFT	
			Activity	Plan	Activity	Activity	Activity	Activity	Plan	Activity	Plan	Activity	Plan			
Percent of Diagnostics Waiting list 6 weeks or more		Jun 23	27.2%	1.0%	39.1%	15.0%	31.2%	14.4%	1.0%	44.5%	1.0%	30.1%	1.0%			
Percent of Diagnostic Tests against 2019/20			117.7%		111.9%	123.9%	115.0%	115.0%	107.7%		132.8%					
Percent of Current MRI list waiting 6 weeks or more			25.8%	1.0%	42.2%	4.9%	20.6%	3.8%	1.0%	60.8%	1.0%	18.6%	1.0%			
Percent of MRI Tests against 2019/20			122.7%		115.1%	137.8%	114.8%	108.6%	121.2%		128.9%					
Percent of Current CT list waiting 6 weeks or more			15.9%	1.0%	27.7%	2.7%	19.4%	0.4%	1.0%	23.3%	1.0%	18.6%	1.0%			
Percent of CT Tests against 2019/20			131.3%		131.5%	124.0%	147.8%	116.8%	131.3%		158.5%					
Percent of Current Non-obstetric Ultrasound list waiting 6 weeks or more			22.6%	1.0%	39.4%	9.6%	20.5%	7.9%	1.0%	38.2%	1.0%	4.0%	1.0%			
Percent of Non-obstetric Ultrasound Tests Against 2019/20			107.7%		99.3%	120.3%	99.3%	118.6%	94.1%		128.9%					
Percent of Current Colonoscopy list waiting 6 weeks or more			51.6%	1.0%	60.9%	16.3%	74.0%	11.5%	1.0%	70.5%	1.0%	78.0%	1.0%			
Percent of Colonoscopy Tests Against 2019/20			125.0%		118.7%	132.6%	111.2%	136.8%	101.9%		105.2%					
Percent of Current Flexi sigmoidoscopy list waiting 6 weeks or more			62.7%	1.0%	67.4%	27.8%	78.6%	11.2%	1.0%	76.4%	1.0%	83.4%	1.0%			
Percent of Flexi sigmoidoscopy Tests Against 2019/20			44.4%		43.8%	38.6%	49.4%	1.3%		32.2%		56.2%				
Percent of Current Gastroscopy list waiting 6 weeks or more			42.6%	1.0%	63.1%	14.2%	58.1%	14.1%	1.0%	72.6%	1.0%	64.4%	1.0%			
Percent of Gastroscopy Tests Against 2019/20			105.2%		128.6%	108.2%	80.8%	79.1%	104.7%		108.8%					
Percent of Current Echocardiography list waiting 6 weeks or more			25.3%	1.0%	20.3%	27.9%	33.0%	26.9%	1.0%	6.2%	1.0%	41.5%	1.0%			
Percent of Echocardiography Tests Against 2019/20			127.6%		126.1%	134.4%	108.8%	142.3%	77.7%		74.8%					

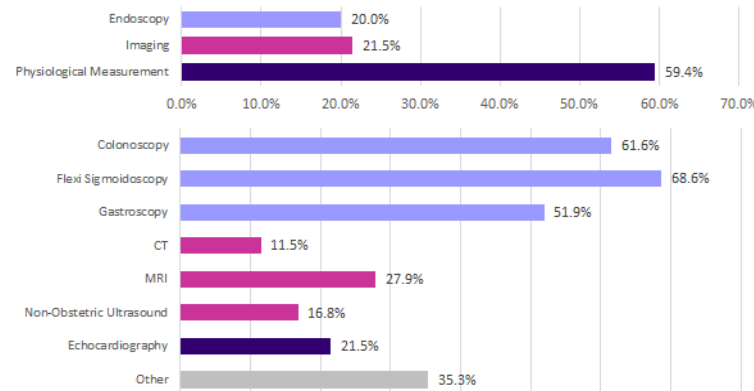
Diagnostic performance year on year

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

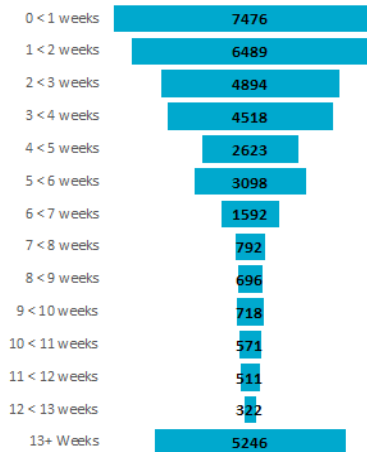


Latest diagnostics performance by test for June 2023

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

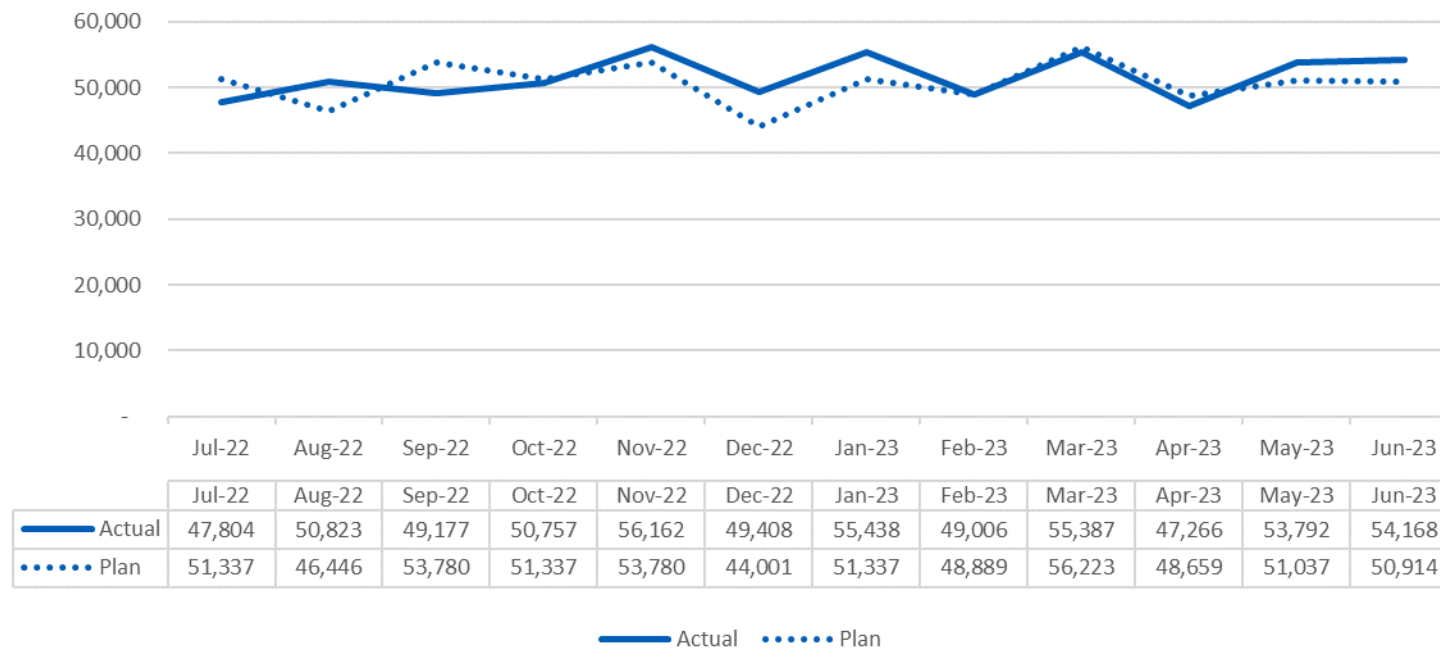


Waiters by weeks waited for June 2023



Overall Diagnostic Tests – Actual v Plan

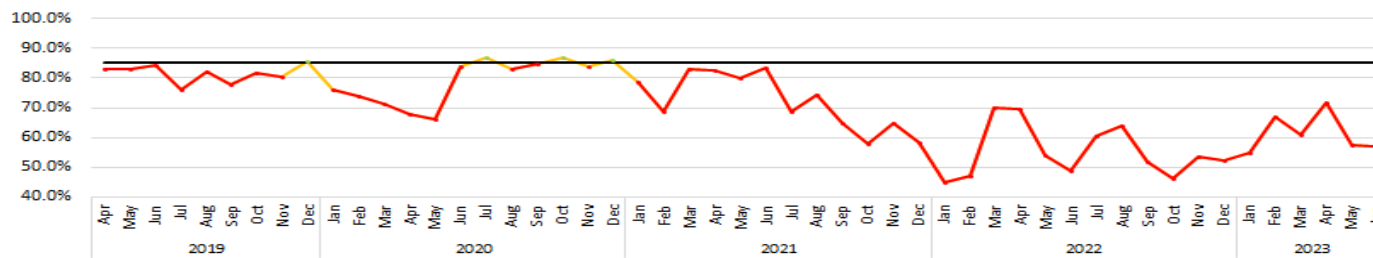
BOB ICB - Diagnostic Tests



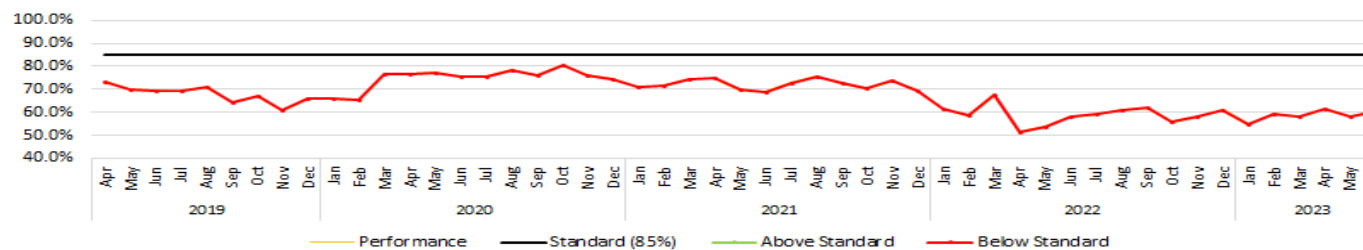
Indicator	OF Flag		Standard	England	South East	BOB Acutes	BHT	OUH	RBFT
Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer			93%	80.4% ↓	84.3% ↓	80.0% ↓	76.5% ↓	79.3% ↓	84.5% ↓
Cancer - urgent referral seen	S010a			259514 ↑	40645 ↑	6731 ↑	2187 ↑	2461 ↑	2083 ↑
Cancer - first treatments	S010b			29407 ↑	5027 ↑	928 ↑	190 ↑	484 ↑	254 ↑
Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected			93%	74.7% ↓	74.6% ↓	98.2% ↓	96.0% ↓	98.2% ↓	98.4% ↑
Percentage meeting faster diagnosis standard	S012a		75%	73.5% ↑	75.5% ↑	77.7% ↑	70.6% ↑	82.9% ↑	77.7% ↑
Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')		Jun 23	96%	91.4% ↑	92.1% ↑	87.6% ↓	86.8% ↓	82.4% ↓	98.0% ↑
Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is Surgery			94%	79.1% ↑	76.8% ↑	75.7% ↑	60.9% ↑	73.7% ↑	95.7% ↑
Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is an Anti-Cancer Drug Regimen			98%	98.0% ↑	97.7% ↑	93.1% ↓	73.6% ↓	98.7% ↓	98.9% ↑
Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is a Radiotherapy Treatment Course			94%	86.6% ↑	80.2% ↑	96.8% ↑		98.5% ↑	92.9% ↑
Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer			85%	59.2% ↑	64.2% ↑	62.3% ↑	57.1% ↓	60.2% ↑	70.5% ↑
Percentage of patients receiving first definitive treatment within 62 days of referral from NHS Screening Service			90%	62.2% ↑	64.6% ↑	57.9% ↓	80.0% ↓	43.6% ↓	65.2% ↓
Percentage of patients receiving first definitive treatment within 62 days of a consultants decision to upgrade their priority status			86%	72.9% ↓	75.4% ↓	74.8% ↓	80.6% ↓	65.5% ↑	75.8% ↓

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

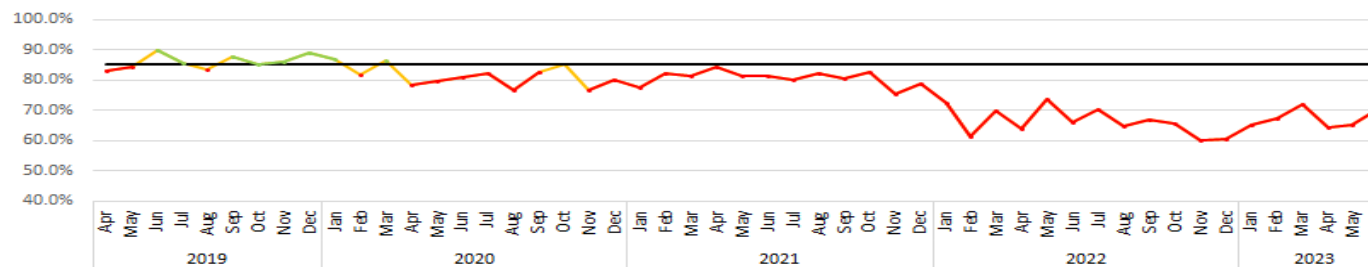
62 Day Standard - Performance (BHT)



62 Day Standard - Performance (OUH)



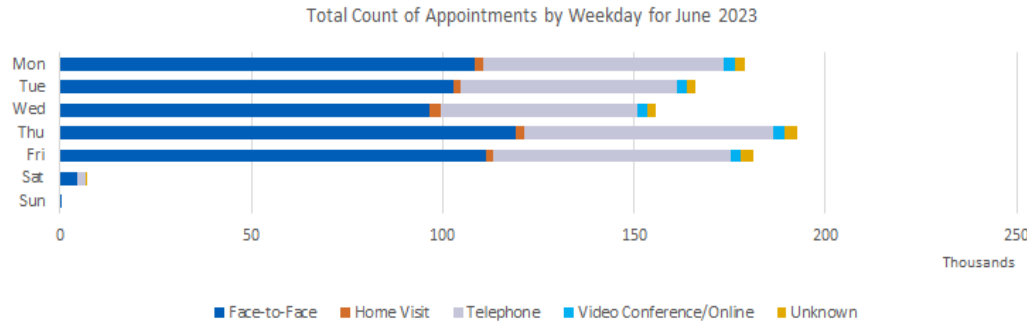
62 Day Standard - Performance (RBFT)



Targets Underperforming

- **2WW standard (93%)** – June saw BOB reporting a position of 80.0%, down from last month's position of 81.6% as all three Trusts saw a decline in performance. BOB non-compliant position driven by several tumour sites with varying numbers of patients seen, gynaecology (61.4%), LGI (70.5%), H&N (73.5%), and skin (75.1%).
- Trust level challenges driving non-compliance; for BHT: Non-Specific Symptoms (NSS) (16.7%), skin (23%), and children's (50%). RBFT's position driven by LGI (36.7%), UGI (50%), and sarcoma (62.5%). OUH's position driven by gynaecology (19.8%), brain (44.4%) and H&N (60.8%).
- **31-day standard (96%)** – Non-compliant BOB position (87.6%) reported in June, down from 88.4% in May. Non-compliant positions being seen at OUH (82.4%) and BHT (86.8%). At system level, position is driven by gynaecology (73%) skin (80.7%) and breast (84.3%). At trust level, BHT position driven by gynaecology (40%) followed by skin (69.8%). OUH position driven by breast (71.7%) followed by skin (73.4%).
- **31-day subsequent treatment standard - surgery (94%)** – System position reported as 75.7%. Trust performance as follows, BHT (60.9%), OUH (73.7%) and RBFT 95.7%). Position driven by surgical capacity across the system.
- **31-day anti-cancer drug standard (94%)** – System position reported as 93.1%, driven by non-compliant position at BHT (73.6%). RBH (98.9%) and OUH (98.7%) were both compliant.
- **62-day standard (85%)** – Continued non-compliance (62.3%) against the 85% standard remained across BOB for June performance. Trust performance as follows, BHT (57.1%), OUH (60.2%) and RBFT (70.5%). Childrens (0%) gynaecology (18.6%) H&N (42.5%) driving the position at system level, however, all tumour sites recorded non-compliance of the standard except skin (93.1%) and testicular (100%). BHT position driven by lung (0%), H&N (14.3%), and gynaecology (25%). OUH position driven by childrens (0%), gynaecology (21.7%) and urological (35.8%). RBFT position driven by gynaecology (0%), LGI (27.6%) and H&N (33.3%). Ongoing issues impacting performance at present are workforce, diagnostic (endoscopy, ultrasound, PET, MRI and CT biopsy) capacity elongating pathways, delays within pathology, patient choice and delayed transfer of care to the Tertiary Centre. Ongoing support via the TVCA with pathway management including planned workshop to support gynaecology pathway at BHT, TVCA endoscopy work supporting Trusts, funding to support known challenges and joint system level mitigations where possible.
- **62-day screening (90%)** – June system performance trend is down (57.9%) from May (64.2%). Non-compliance at Trust level, BHT (80%), OUH (43.6%) and RBFT (65.2%). All three Trusts saw a decline in performance from previous month.
- **62-day consultant upgrades standard (90%)** – System position reported as 74.8%, driven by non-compliant positions at BHT (80.6%), RBH (75.8%) and OUH (65.5%).

Primary Care - GP



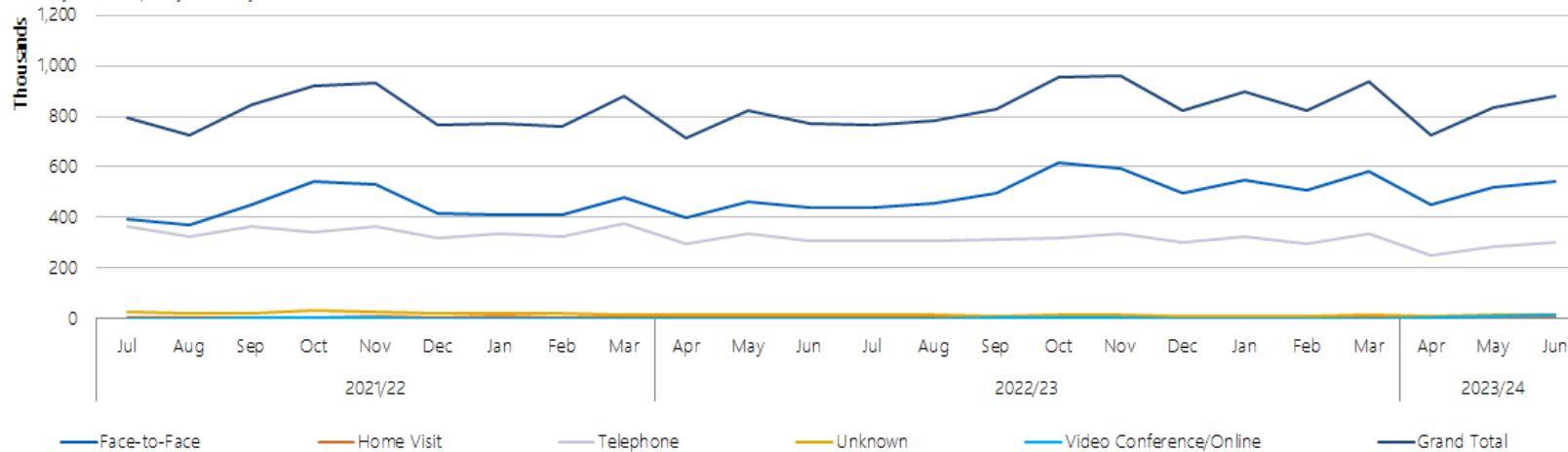
Face to Face	Home Visit	Telephone	Video / Online	Unknown
543K	11K	300K	14K	14K

Appointments for June 23

- Data shows number of GP practice appointments delivered in June 2023, including by mode and weekday
- Trend line shows an increase in appointments with the increase being seen in the main appointment modes, face2face and telephone.
- Comparing to same period in previous years (June 2023 to June 2022) activity has increased in total by 13%.
- There is a continual move to more appointments being delivered face to face. 52.5% of appointments took place face-to-face in June 2023 compared to June 2022. Prior to the pandemic 72.5% of patients were being seen face-to-face.
- All PCNs have enhanced access arrangement in place ensuring appointments are available in the evenings and at weekends.

Overall Consultation Levels

GP Appointments by Month split by modality



Primary Care - GP

Other GP Practice performance Measures

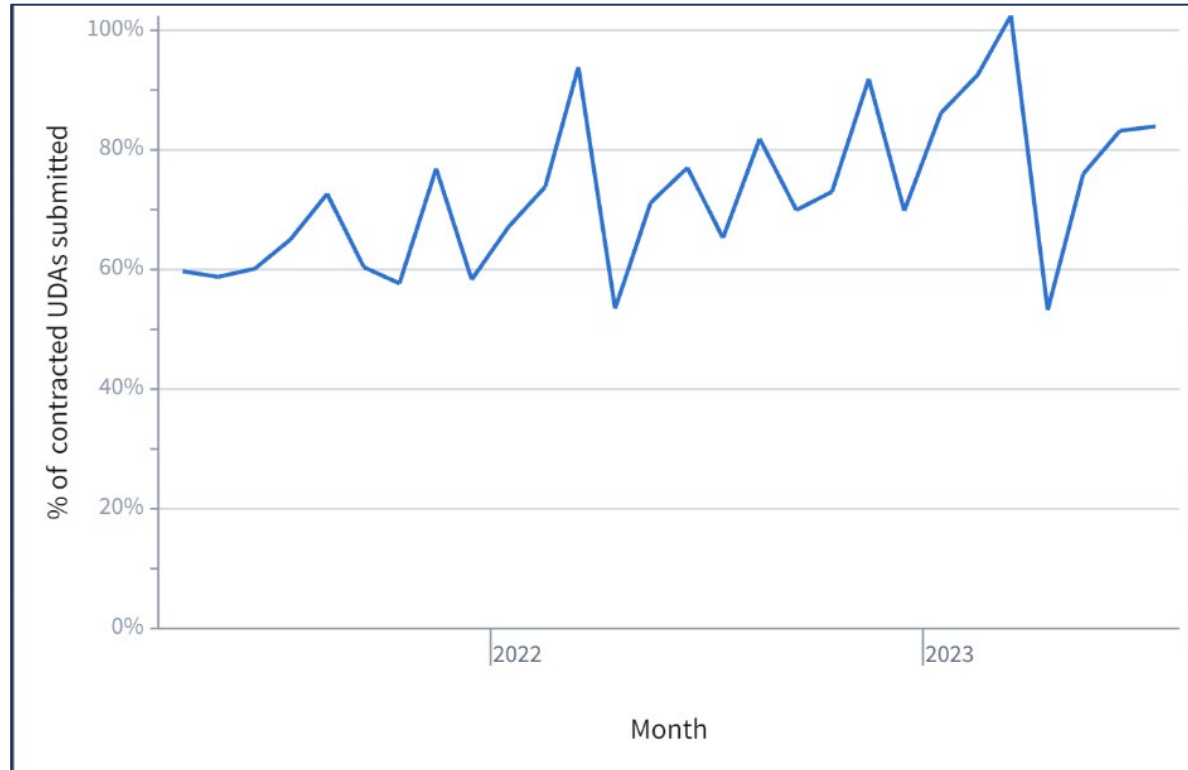
Indicator	BOB average	Red rated practices
QOF overall achievement	92.5%	9
Childhood imms – 8 months (QOF data)	93.1%	0
Childhood imms – 18 months (QOF data – MMR)	93.0%	0
Childhood imms – 5 years (QOF data)	84.1%	20
NELs rate per 1000	70.45	56
NELs ACS conditions rate per 1000	7.43	116
A&E attendance 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

- Table takes non-access performance measures from the ICB's Primary Care Quality Dashboard and gives a snapshot of current dashboard data.
- Work is underway to develop the dashboard and agree how this should be used to drive quality improvement and work to address variation.
- The indicators need careful interpretation, particularly the service utilisation indicators which compare practices to average rates.
- At an individual practice level the dashboard is best viewed in aggregate with a high number of Red KPI ratings suggesting further discussion may be warranted.

Pharmacy Optometry and Dentistry (POD)

High street dental services - access

% commissioned units of dental activity (UDA) delivered across BOB for all Mandatory Dental services (latest data July 2023)



Delivery against activity plan

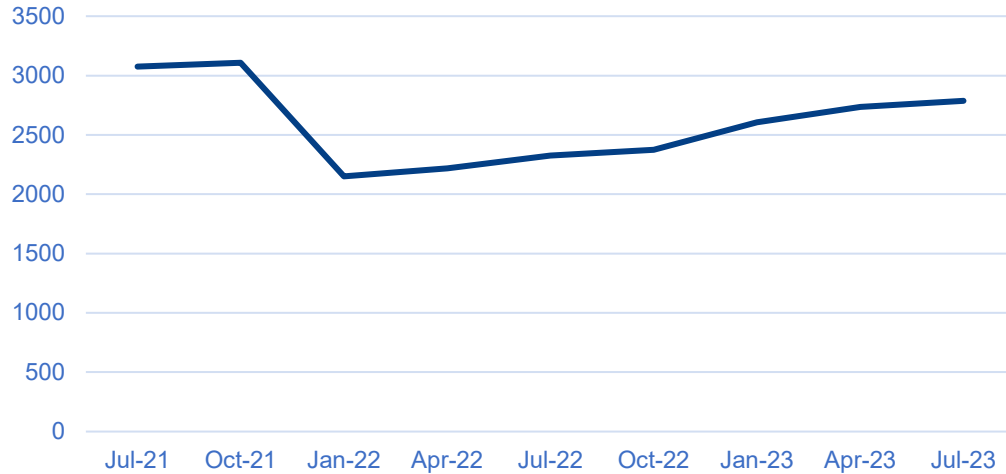
- 2,225,381 UDAs commissioned for 2023/24 with Q1 position at 2,178,234 due to contract hand backs.
- Berkshire West and Buckinghamshire contracts continue to deliver a high % of that commissioned but delivery gaps in Oxfordshire specifically around Vale of White Horse and West Oxfordshire district council boundaries.
- Mitigations in place include
 - Flexible commissioning scheme which commissions additional activity for the most vulnerable populations started in June 2023 with 30 contracts in place. There are more contracts in Oxfordshire (18) than in Buckinghamshire (8) and Berkshire West (4) with early indications suggesting more provision to the most vulnerable ie those in deprived areas, migrant population and those waiting for treatments and good patient stories
 - Mandatory dental services procurement will increase capacity especially in areas where there is identified gaps or significant UDA hand backs
 - Dental dashboard being developed to identify geographical gaps
 - Scoping possibility of a health inclusion bus to offer dental services and vaccination/health advice/health checks

Other work

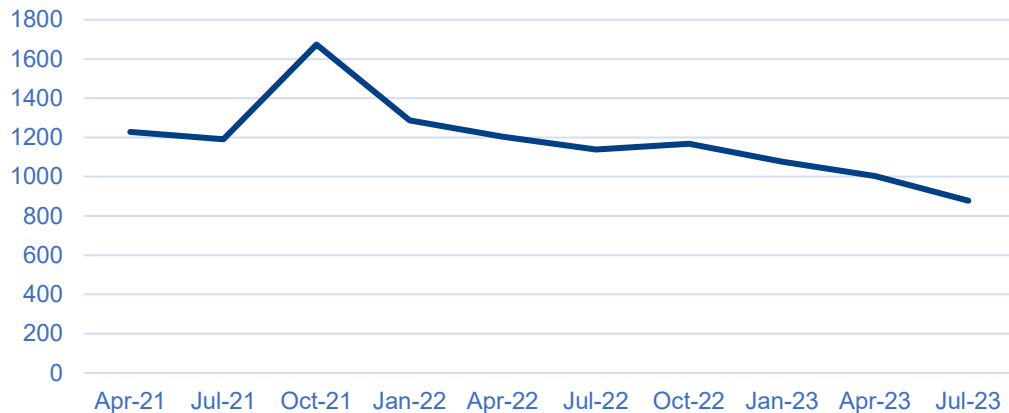
- Number of children waiting for sedation for dental extraction has fallen by 76 from April 2023 and is now 309 with good progress in Berkshire West and Buckinghamshire. In Oxfordshire there is an issue with access to theatre space and so alternative provision is being sought. Reduction in children waiting is an operational plan target
- There are currently no patients waiting more than 78 weeks for acute secondary dental referral with data awaited on 65-week waiters

Community Dental Services (CDS) - access

Number of patients awaiting assessed



Number of patients assessed awaiting treatment



The number of patients waiting assessment continues to rise although once assessed the number of patients awaiting treatment is dropping

Whilst progress has been made in CDS access there is a lack of sustained improvement. This has been driven primarily by: (i) a lack of consistent access to theatre capacity in the Oxford service due to competing service priorities (ii) issues related to estates, delays in senior recruitment and workforce capacity in in the Buckinghamshire service.

Additional funding has been made available to providers to increase capacity, this has not been fully utilised due to issues outside of their direct control.

Despite the challenges, the CDS has supported the assessment of Refugee & Asylum children in an Oxford hotel by undertaking an oral health assessment, providing appropriate advice and referral.

Mitigations:

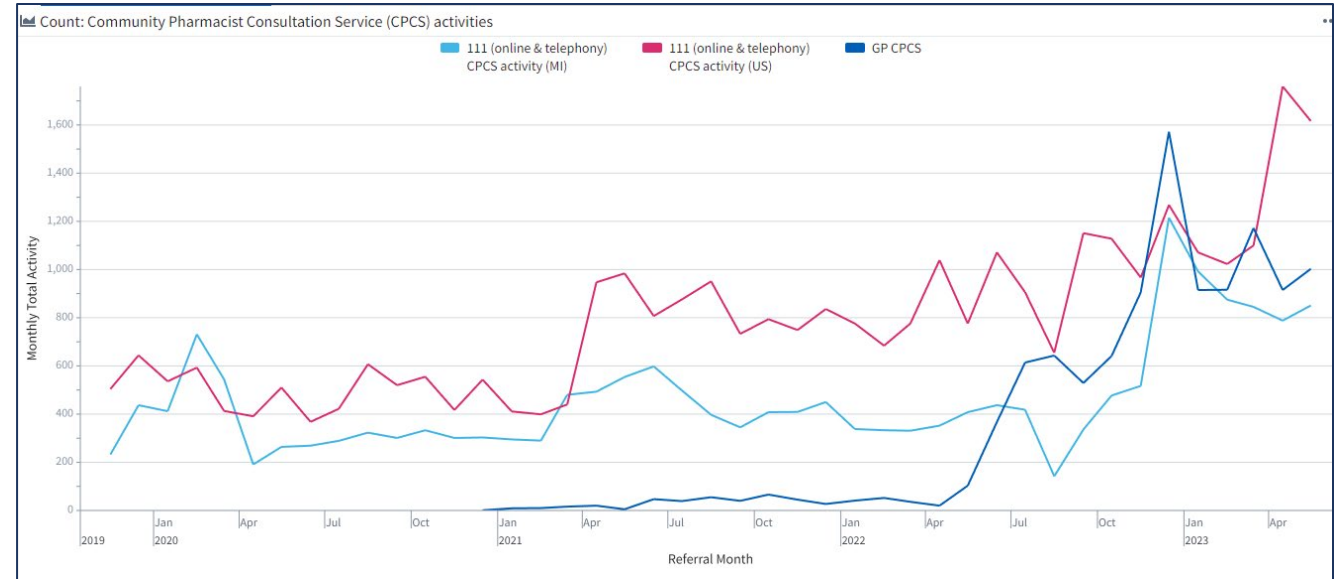
- Establishment of formal collaborative approach to track performance & develop mitigation of service issues to improve performance.
- The 3 CDS place providers have been working collaboratively to optimise capacity, learning and resource. This has now been formalised under Partnership agreement, which is the first such arrangement in the country.

Contractual

- All Pharmacies have returned their Community Pharmacy Assurance Framework which will be considered by the hub team and some pharmacies asked to complete a full questionnaire
- In line with the updated regulations (effective 25 May 2023) 11 pharmacies have had approved their request to reduce the total core opening hours for their 100 hour pharmacy. In most cases this was a reduction in hours from 9pm to midnight so impact on access should be minimal.
- 11 Lloyds community pharmacies in Sainsbury stores closed in Q1. Impact is being monitored but we are starting to see applications for new pharmacies in line with the regulations.
- Unplanned pharmacy closures - Information from June 2023 shows 13 unplanned closures compared to 76 in December 2022. New regulations that came in on 31 July 2023 will mean that this is easier to monitor and inform relevant services

Community Pharmacy transformation

- 76% of pharmacies are delivering a hypertension finding service with over 2,200 opportunistic BP and ABPM checks delivered in April 23
- Work is on going to promote the Discharge Medicines Service which enables Trusts to refer patients who would benefit from extra guidance around medicines from the community pharmacy. Number of referrals for this service continue to drop
- Number of New Medicines Services consultations continue to increase with 5,128 referrals in April 2023 (latest data). The service aims to support people with long term conditions who are newly prescribed a medicines to help improve medicine adherence



MI – 111 referrals to community pharmacies for minor illness

US – 111 referrals to community pharmacy for urgent medicines supply (peak in May due to Bank Holidays)

GP CPCS – referrals to community pharmacies from GPs

The graph shows the increase in activity undertaken by community pharmacies to support the system including referrals from 111 for urgent medicines supply (red line) and minor illness (light blue line). Previously 111 would have referred to general practice but now have a direct to community pharmacy referral in place. This will support the increased demand on general practice

Optometry contracting current position

- Number of BOB ICB contracts; 154
- Number of domiciliary contracts: 40

New contracts awarded (March- May '23)

Location	New in period
Buckinghamshire	1
Oxfordshire	3
Berkshire West	0

Focus on continued contract due diligence underway with particular focus:

- Activity claims
- Compliance against contract

New contract assurance platform has been developed by NHSE & NHSBSA, submission via portal to be implemented from January 2024. In the interim the SE region will use existing assurance process- currently underway.

Focus on provider complaint reporting underway, update to be provided next month.

Transformation Update:

As part of the Operating Plan 2023/24 requirements, the ICB is required to:

By September 2023- implement direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations

With the intent to relieve the burden on general practice, who currently act as onward referrers into acute services.

The ICB are leading implementation of the direct access pathway with relevant stakeholders, which went live on 1 September 2023.

The system Eye Health Network is now in place and meeting on a quarterly basis with active participation from optometry representatives.

Work is ongoing to define the optometry offer to special needs schools across the system, with an intent to implement a consistent offer.

Mental Health Services



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

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 May 23		9490	8430	2690	3280	2460	4585	5945
Talking Therapies - Access Rate			6.25%		5.3%	6.0%	5.3%	4.8%		
Talking Therapies - Moving to Recovery			50%		49.7%	52.2%	51.2%	44.7%	44.6%	58.1%
Talking Therapies - Treated within 6 Week		May 23	75%		97.5%	99.2%	99.2%	93.5%	94.4%	98.9%
Talking Therapies - Treated within 18 Week			95%		99.5%	100.0%	99.2%	99.1%	100.0%	100.0%
Dementia Diagnosis Rate		Jun 23	67%	64%	60.38%	56.4%	61.9%	63.0%		
CYP Eating Disorders - Urgent (1 week) - (quarterly submission)		Rolling 12 months to Mar 23	95%	83%	78.18%	100.0%	42.9%	81.0%	72.5%	80.00%
CYP Eating Disorders - Routine (4 weeks) - (quarterly submission)			95%	63%	52.83%	41.9%	21.9%	83.7%	86.4%	52.54%
Severe Mental Illness (SMI) 6 Health Checks completed Percent of Register		2023/24 Q1	60%		49.34%	53.4%	43.8%	54.5%		
People with severe mental illness receiving a full annual physical health check and follow up interventions	S085a	2023/24 Q1	100%		79.0%					
Inappropriate adult acute Mental Health Out of Area Placement (OAP) bed days	S086a	Three Months to May 23	0		1585	460	550	570	1195	1010
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	S110a	Dec 22	100%		82.6%					

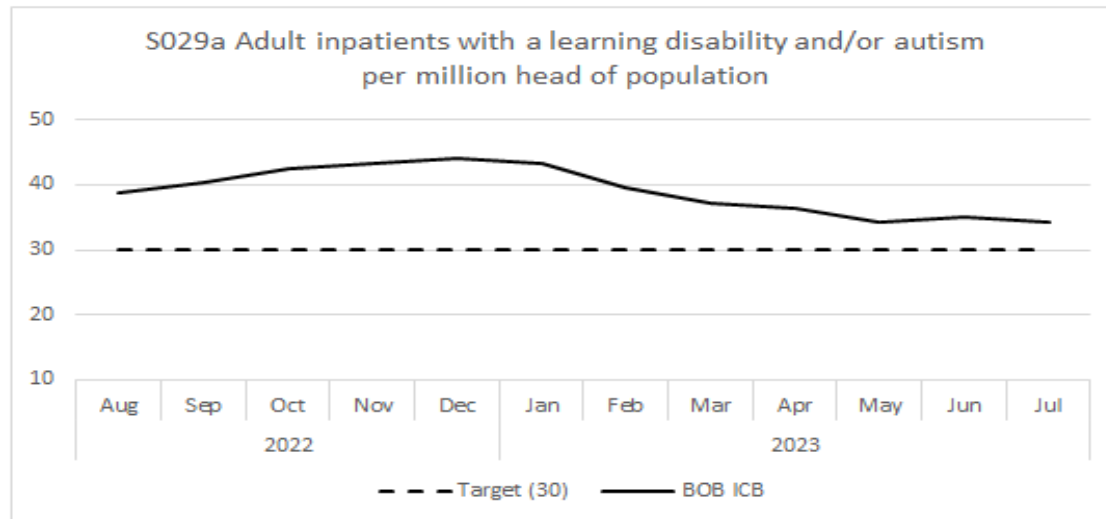
Talking Therapies Data is not available at current for July or August - this is an issue in national Data which NHS England have advised they are reviewing as metrics for Access over a rolling 3 month period are not reportable.

Please Note: The ongoing cyber incident has meant that national level data for CYP ED cannot be considered an accurate reflection of activity. In order to assist users until the cyber incident and its effects are resolved, NHS England has produced national level estimates for Q2 2022-23 and Q3 2022-23, calculated through imputation.

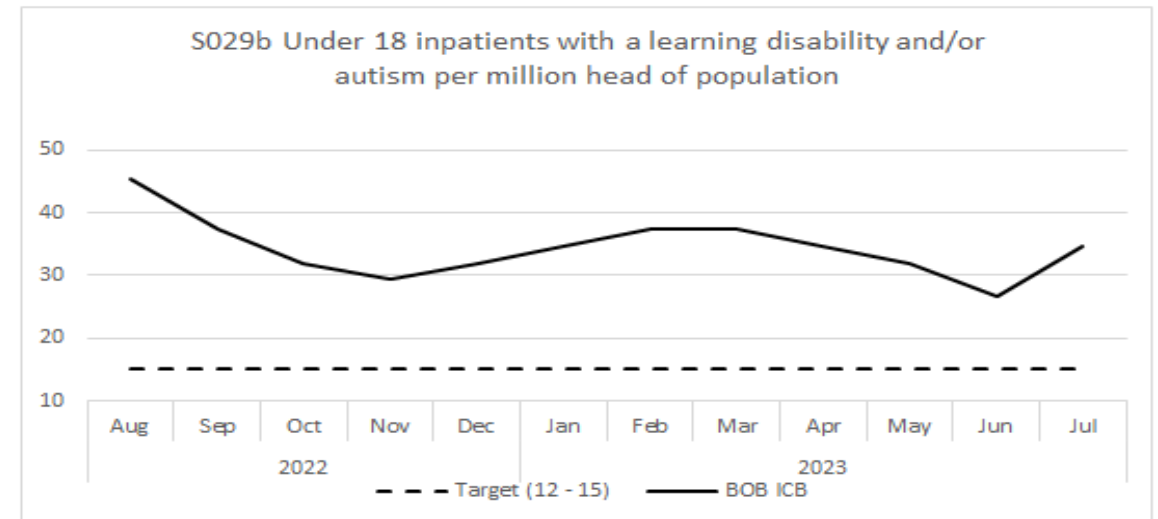
Learning Disabilities & Autism

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 Jul 23	30	34
Under 18 inpatients with a learning disability and/or autism per million head of population	S029b		15	35

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

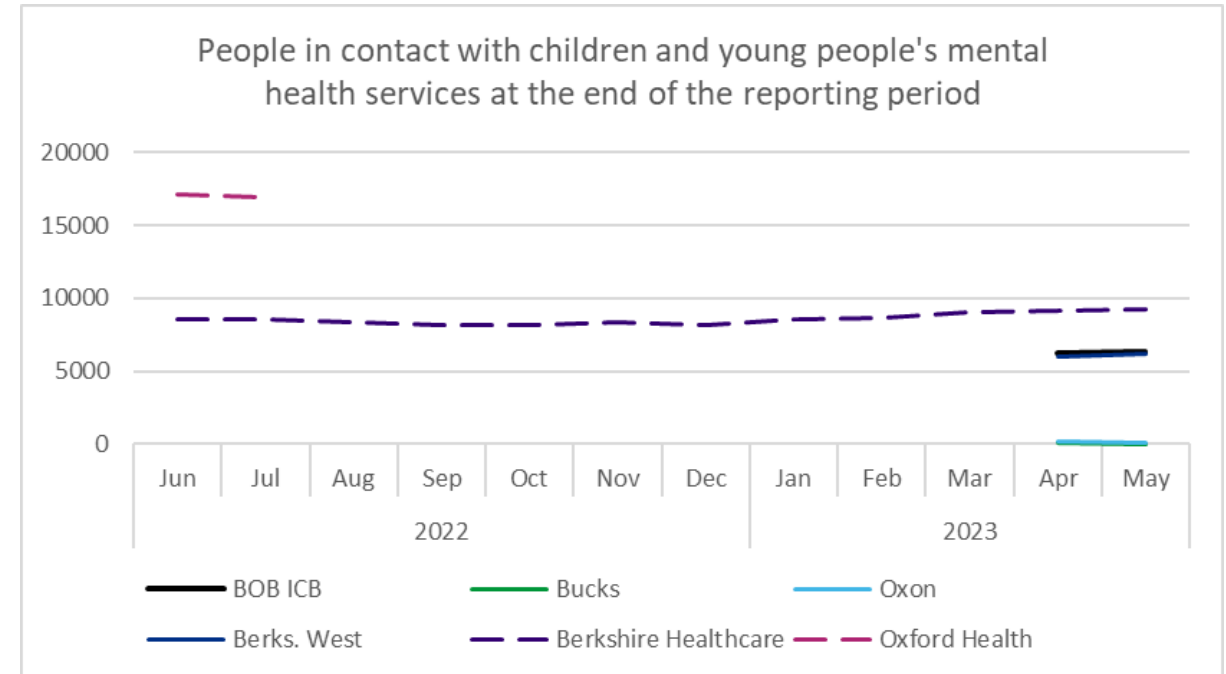
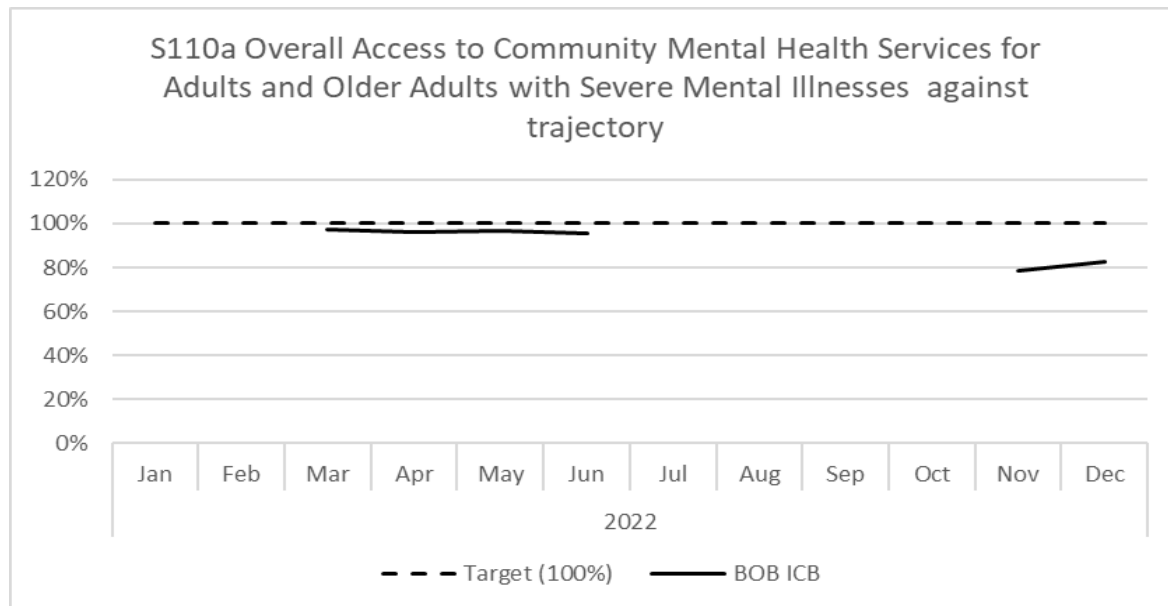
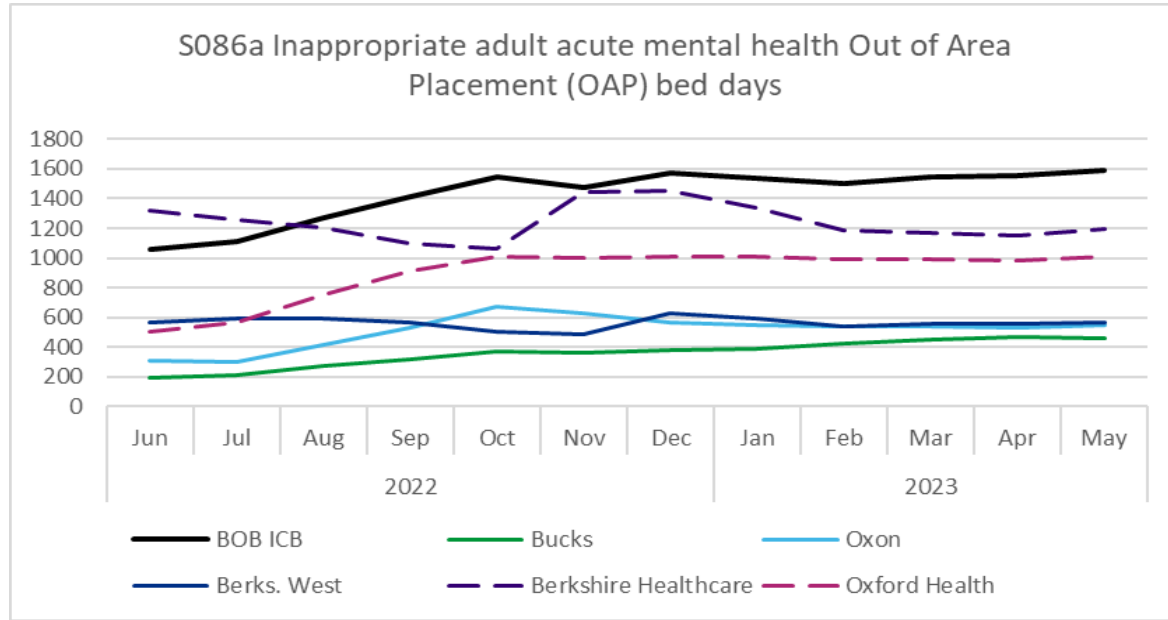


Trajectory Target is defined as: 12-15 per million head of population

Mental Health Services

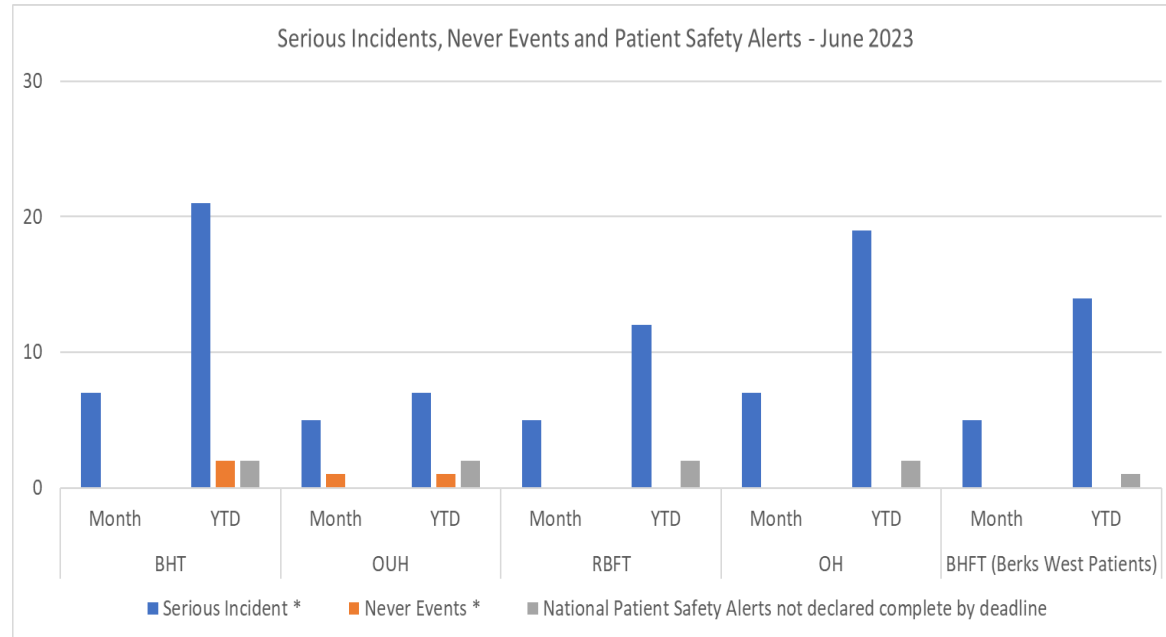


**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board



9. Quality Oversight Measures

Serious Incidents & Never Events



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:

No new CAS alerts were issued in June 2023; a few recent Serious Incidents involving multiple providers/stakeholders have highlighted issues of ownership of care, when multiple stakeholders are involved; as well as digital interoperability and sharing of information. During a recent example we have been able to share findings from patient safety incidents with colleagues driving digital programmes across BOB to inform the development of the programmes. A Wrong Implant/Prosthesis Never Event has been reported at OUH in June after an incorrect intra-ocular lens was surgically implanted during cataract surgery.

A more prevalent theme across all providers concerns language barriers and the use of interpreting services having a negative bearing on a patient's care – this can stem from language services not been accessed at key points, due to perceived barriers in accessing the function, leading to key information not being explored or shared.

Some recent improvement work from RBFT was shared relating to Venous Thromboembolism (VTE) prevention and improvement; a specialist nurse has been appointed to help lead and drive the improvement work, with a significant drive around education, digital support and local champions to drive improved awareness and uptake.

Quality Indicator	Period	BHT		OUH		RBFT		OH		BHFT (Berks West Patients)	
		Month	YTD	Month	YTD	Month	YTD	Month	YTD	Month	YTD
Serious Incident *	Jun 23	7	21	5	7	5	12	7	19	5	14
Never Events *	Jun 23	0	2	1	1	0	0	0	0	0	0
National Patient Safety Alerts not declared complete by deadline	Jun 23	0	2	0	2	0	2	0	2	0	1

Actions:

- No BOB-wide actions in place because of Patient Safety Incidents.
- Following some specific cases, exploring with digital colleagues the opportunity to improve digital information sharing in response to patient safety incidents.

Risks:

- Demand and capacity continues to be the most significant risk to patient safety
- Interfacing challenges between different services and systems is a known factor affecting patient safety incidents – including sharing information and coordinating care effectively.
- Risks are unknown regarding the impact of industrial action – this will be explored and understood further.

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

Healthcare Associated Infection (HCAI) Data: July 2023

Clostridioides difficile infection (CDI) –

CDI Jul 23	HO	CO	Tot	YTD rate 100K pop	YTD
Bucks	2	5	7	5.8	32
Oxon	14	7	21	9.1	62
Berks W	8	10	18	9.7	48
BOB	24	22	46	8.2	142

Methicillin-resistant Staphylococcus aureus (MRSA) blood stream infection

MRSA Jul 23	HO	CO	Tot	YTD rate 100K	YTD
Bucks	0	0	0	0	0
Oxon	0	0	0	0.7	5
Berks W	0	1	1	0.8	4
BOB	0	1	1	0.5	9

Infection Prevention & Control

The ICB IP&C team are working through preparedness for winter, including support to implement the accelerated vaccination programme, commencing 11 September 2023. There has been an unseasonal increase in norovirus outbreaks in acute trusts and Care Homes (CH). Covid outbreaks have also been identified in acute trusts and Care Homes. CH IP&C support is being developed into a standardised approach with an emphasis on staff education. ICB has provided support to a GP practice investigating a significant infective Group-A Strep (iGAS) event, leading to a BOB wide venepuncture practice improvement and a change to the national policy. Two BOB acute trusts are in the process of upgrading their IT platforms for IP&C data. There is a BOB wide focus to raise awareness of appropriate glove use across healthcare to improve IP&C practice and promote a more sustainable healthcare system.

CDI

The false positive CDI results, 60 in Oxfordshire, identified last month from January-July have been removed from UKHSA data records and Duty of Candour carried out. A gap in the treatment pathway, resulting in concerns around the availability of liquid CDI treatment in the community for patients either PEG fed or having difficulty swallowing has been identified. New pathways are being agreed with local pharmacies to improve this for our population. CDI rates continue to be a concern nationally, BOB is not an outlier and efforts continue to reduce numbers. An increase in CDI in an admissions ward in Oxfordshire has been investigated and shown to demonstrate nosocomial transmission.

MRSA

There has been one MRSA in July, a community onset case in Berkshire West. The bacteraemia has been investigated, but a source was not found.

Assurance Report – Infection, Prevention and Control HCAI Data

E.coli Jul 23	HO	CO	Tot	YTD rate 100K	YTD
Bucks	13	17	30	24.5	135
Oxon	17	29	46	24.2	165
Berks W	11	25	36	25.3	125
BOB	41	71	112	24.6	425

Gram-negative bloodstream infections (GNBSI)

- Berkshire West and Oxfordshire have seen slight increases in the majority of GNBSI, whilst Buckinghamshire has seen a reduction. However, BOB continues to benchmark against our peers and is not an outlier in GNBSI.
- The ambition to reduce GNBSI remains a challenge across BOB, with a continued focus from the IP&C team. There is a quality improvement project in place to retrospectively review the Q1 community onset Oxfordshire Klebsiella that have increased significantly. ICB has funded the production of catheter passports and vascular access passports in Berkshire, to support healthcare management of these devices.

Patient Experience

Indicator	Period	Target	BHT	OUH	RBFT	OH	BHFT	BOB
Overall CQC Rating	Aug 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	Jun 23	0	0	72	216	0	0	258
Duty of Candour compliance								

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.

CQC Data Source: <https://www.cqc.org.uk/>

FFT Data Source: <https://www.england.nhs.uk/fft/friends-and-family-test-data/>

Written Complaints Rate: <https://tabanalytics.data.england.nhs.uk/#/site/viewpoint/views/Quality/> (via NHS Applications)

MSA Data Source: <https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/msa-data/>

Narrative: Mixed Sex Accommodation

We are working with our provider colleagues to arrive at a standardised approach to reporting with an aim of ensuring the privacy, dignity and safety of patients and ensuring consistency in the application of the guidance. 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. Visits to the providers are being planned to understand the complexities of estates and ensure consistency of application across BOB

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	May-23	Jun-23	Jul-23
% CHC referrals completed in 28 days	80%	75%	Buckinghamshire	62%	63%	61%	48%	81%	65%	59%	38%	57%	71%
			Oxfordshire	30%	16%	10%	11%	38%	24%	14%	15%	16%	29%
			Berkshire West	79%	80%	85%	55%	98%	88%	86%	92%	95%	94%
% Decision Support Toolkits (DSTs) completed in acute hospitals	Fewer than 15%	3%	Buckinghamshire			0%	0%	4%	0%	0%	0%	3%	0%
			Oxfordshire	0%	0%	0%	0%	0%	2%	0%	3%	6%	9%
			Berkshire West			4%	0%	1%	1%	0%	0%	0%	0%
Standard CHC assessment conversion rate	n/a	21%	Buckinghamshire	17%	15%	13%	24%	41%	24%	10%	15%	17%	6%
			Oxfordshire			57%	43%	38%	32%	32%	50%	51%	29%
			Berkshire West	11%	16%	7%	14%	6%	12%	11%	2%	6%	4%

Buckinghamshire: Improvement in 28 days position. On-going issue related to limited Local Authority availability for Decision Support Toolkits (DSTs). Summer holidays during July and August also impacting. Lower than average conversion rate.

Oxfordshire: Improvement in 28 days position. Hospital assessments have increased. Conversion rate dropping to nearer the national average.

Berkshire West: Above national average for 28 days position and consistently met. Reasons for low conversion rate continue to be explored. External scrutiny of DST process indicates that decision making is not unduly strict.

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:

Windsor Care (Frimley ICB) – Draft CQC report pending. 29 Buckinghamshire residents reviewed with a view to removal following monitoring visits and increasing concerns for resident safety.

Orchard House (Oxfordshire) - Weekly serious concerns meetings following Inadequate CQC rating. 6 residents out of 11 placed being reviewed with a view to removal.

Lakeside (West Berkshire) - CQC report RI. 12 Reading residents being reviewed while the home drafts action plan – subject to regular Provider Concerns meetings along with St Lukes [sister home].

Primary Care - Patient Experience

National GP Patient Survey

- July 2023 National GP Survey results have been published.
- The survey was undertaken in January 2023 and sent to more than 57,000 BOB patients, over 19,200 surveys were returned providing a 34% response rate (but only 1% of our registered list).
- BOB ICB, like other ICBs across the country, has seen a decline in satisfaction in some of the main survey questions (table below). Although the ICB's performance remains comparable with the national position, the best patient satisfaction is seen in questions relating to reception staff and perception of care.

Question	ICB ave.	National ave.
Overall experience of GP practice	73%	71%
Ease of getting through to GP practice on the phone	53%	50%
Helpfulness of receptionist at GP practice	83%	82%
Overall Experience of making an appointment	55%	54%
Given enough time by healthcare professional at last appointment	85%	84%
Listened to by Healthcare professional at last appointment	87%	85%
Treated with care and concern by healthcare professional at last appointment	85%	84%
Mental Health needs recognised or understood by healthcare professional at last appointment	83%	81%
Involved in decision about care and treatment at last appointment	92%	90%
Confidence and trust in healthcare professional at last appointment	94%	93%

- Further analysis of the survey results has been undertaken to identify GP practices where review of performance may be appropriate.
- Like all ICBs, there is a large range between 'best' and 'worst' practices.
- 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' are expected to have a positive impact on improving access and patient experience position and address inappropriate variation.
- HSJ identified BOB in the bottom 10 ICBs in terms of easy access to general practice by phone compared to 2022. This relates to the change in satisfaction rating and BOB remains in the top 15 (out of 42) ICBs for access to general practice by phone.
- We continue to work with practices to improve the use of technology associated with cloud-based telephony such as the call back facility and encourage other ways of contacting general practice through online consultations and use of the NHS app to book appointments, order prescriptions and view results.

GP Practice CQC ratings

	Inadequate	RI	Good	Outstanding
Berkshire West		2	41	1
Buckinghamshire			46	2
Oxfordshire		1	62	4
BOB		3	149	7

Berkshire West practices rated Requires Improvement (RI): One practice rated RI was previously rated inadequate (London Street Surgery). CQC visit held in December 2022 resulted in a rating change. Primary Care and Medicines Optimisation Teams have been engaging with the Practice and will continue to do so to address remaining CQC actions. The other practice (Woosehill Medical Centre) is currently under inspection by the CQC.

Oxfordshire: Newbury Street Practice rated Requires Improvement: CQC reinspected week commencing 12 June 2023 with an improvement to the rating from inadequate to require improvement. Support to the practice is being provided by the primary care team.

Terms

AHC	Annual Health Check
CAS	Clinical Assessment Service
CHC	Continuing Healthcare
CPCS	Community Pharmacy Consultation Service
CETR	Care, Education and Treatment Review
CTR	Criteria to Reside
CYP	Children and Young People
DSRs	Dynamic Support Registers
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 Gastrointestinal
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