# BOARD MEETING

| Title | Performance & Quality Report – Month 5 (August) | | |
|---|---|---|---|
| **Paper Date:** | 07 November 2023 | **Meeting Date:** | 21 November 2023 |
| **Purpose:** | Assurance | **Agenda Item:** | 13 |
| **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 in on the following metrics.

- UEC – 4 Hour standard
- Elective – Long Waits
- Neurodiversity
- Cancer – Number of patients waiting over 62-days
- Primary care access
- Workforce – Vacancies & absence

The above key lines of enquiry (KLOEs) are based on the priorities listed within the Integrated Care Partnership (ICP) strategy, the present operational pressures within the programmes and the national focus outlined within 2023/24 planning guidance. The report now sees a Quality Summary in the main report. The remainder of the performance measures reside within the 'Wider Performance Oversight Measures' section, which now includes information for pharmacy, optometry and dentistry (POD) services. The 'Quality Oversight Measures' section has undergone significant development with the inclusion of statistical process control (SPC) charts related to infection prevention control along with additional Maternity and neonatal detail. Workforce has now been included in the report however as this report is being developed additional data related to whole time equivalents (WTEs) vs Plan is being finalised. Neurodiversity indicators, specifically; attention deficit hyperactivity disorder (ADHD) / autism spectrum disorders (ASD) waiting times have now been included albeit with caveats related to the data capture and differential across our providers. The previous reports had referenced value weighted activity (VWA) but did not include published performance whilst the national calculations were being finalised. The methodology has been applied correctly to the reporting to enable the inclusion of VWA performance.

Through September, emergency department (ED) attendances increased in Buckinghamshire, Oxfordshire and Berkshire West (BOB) in line with the rest of the southeast and England which reported an overall increase in attendances on the previous month. Emergency admissions also increased in BOB however this was not the case across the rest of the southeast. ED All Types 4-hour performance deteriorated in September to 67.6% from 71.8% in August. None of the acute Trusts met the 76% ED standard in September with both Berkshire Healthcare (BHT) and Royal Berkshire (RBFT) reporting just under 70%. Patients spending over 12 hours in department was zero at RBFT, zero at Oxford University Hospitals (OUH) with BHT remaining the most challenged Trust in relation to long waits in ED with 206 patients waiting over 12 hours from decision to admit, this was a 12% reduction on the previous month.

Ambulance handover performance in September mirrored the previous month with 291 hours lost in September vs 293 hours lost in August. South Central Ambulance Service (SCAS) continue to be challenged in the ability to achieve the standard of 18-minute category 2 response time, the mean through September was over 38 mins, an 11-minute increase on the average through August.

As reported at the last Board meeting cancer waiting times standards have been simplified reporting with the reduction of 10 different standards to three.

- Faster Diagnosis Standard: a diagnosis or ruling out of cancer within 28 days of referral (set at 75%)
- 31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients (set at 96%)
- 62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade (set at 85%)

The changes took effect from 1 October but the charts to display these measures have been included in this report. BOB consistently reaches the faster diagnosis standard (FDS) 75% ahead of both the Southeast and England. BHT were the only provider to fall short in September, by c.10%. Despite this BHT do have the lowest number of patients waiting over 62 days on their patient tracking list (PTL) by volume and by percentage of list. In August, BHT treated 56% of patients within 62 days vs 76.1% in July whilst OUH and RBFT treated 64.7% and 70.7% respectively. The challenges are different with OUH challenged in Urology and RBFT challenged across Gynaecology and Lower Gastrointestinal.

Within Elective BOB providers planned for the number of patients waiting over 65 weeks to reduce to zero by March 2024. The acute providers started the year with 1,399 patients waiting over 65 weeks at the end of April; after four consecutive increases the number waiting at the end of August is 2,131 against a plan of 10,99. The plan from September 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 had previously continued to forecast achieving the system's plan and national ambition to reach zero patients waiting over 65 weeks for elective treatment if there is no more industrial action. That key risk to delivery has now crystalised with both consultants and junior doctors taking strike action at the beginning of October. The second risk related to increased non-elective pressures competing with elective capacity will become more likely as seasonal pressures build. The total provider waiting list continues to increase (c.153k end of August) with new referrals outstripping completed pathways.

NHS England have published months 1-4 of the VWA report with the system completing 102.5% VWA through April-July. Our plan across the year was to complete 104.4% VWA vs 2019/20. Indicatively our providers have completed more outpatient activity compared with 2019/20 but fewer day cases and ordinary elective activity. Industrial action has been a causal factor in reduced elective activity with 6,069 outpatient appointments & 725 elective spells cancelled & rescheduled in Q1.

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 (29.2%). 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.

Following a review of the report at the Population Health and Patient Experience Committee in October a refresh of the report content and presentation has been requested. The goal is to produce a quality and performance report more closely linked with the Integrated Care Board's (ICB) strategic priorities and reflecting the four key aims of ICSs: improve outcomes in health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money; and help the NHS support broader social economic development. The ICB Performance and Quality teams will collaborate to generate a project scope within the next month, this will not only include resource required for the refresh project itself but the resource requirement to enable a sustainable change to be carried into business as usual (BAU). The teams would like to request that a member of the Board sponsor the 'report refresh' project.

| **Action Required** |
|---|
| The board are asked to: |
| • Note and discuss the contents of the paper. |
| • Provide a Board member to sponsor the Performance and Quality report development project. |

| **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 and system contribute to improvement. ||

| **Date/Name of Committee/ Meeting, Where Last Reviewed:** | Population Health and Patient Experience Committee, 24 October 2023 |
|---|---|

# NHS Performance and Quality Report M5 – August 2023

Matthew Tait – Chief Delivery Officer

Rachael Corser – Chief Nursing Officer

Rachael de Caux – Chief Medical Officer

# Contents

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
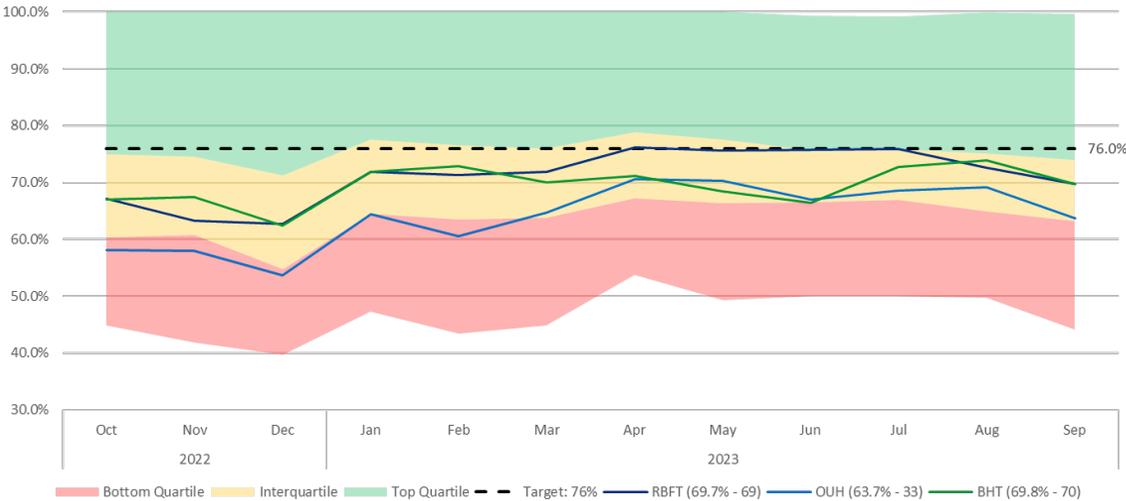
Legend: Bottom Quartile · Interquartile · Top Quartile · Target: 76% · RBFT (69.7% - 69) · OUH (63.7% - 33) · BHT (69.8% - 70)

**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 – September All types performance 69.80% down from 73.90% the previous month (August).
- OUH – September All types performance 63.70% down from 69.09% the previous month (August).
- RBFT – September All types performance 69.70%, down from 72.60% the previous month (August).
- Across England August All types performance was 71.64% down from 72.98% in July. In August the Southeast was 74.81% down from 76.03% in July.

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 attendance 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 (UCCs).
- The Expanding Care Outside of Hospital (ExCOH) workstream and supporting programme board has been established to draw together several complementary services, Virtual Wards, Urgent Community Response, High intensity Users/High Frequency Users and Frailty.
- Discharges remain a key area of focus, with effort concentrated on reducing length of stay those not meeting the criteria to reside across all inpatient settings, including community and mental health.
- System Winter plan submitted to NHSE who have confirmed no further assurances are required from the system
- Work with acute Trusts to mobilise the new national Operational Pressures Escalation Levels (OPEL) framework remains underway to support 4 December go-live,
- The third BOB ICS UEC Summit was held 13tOctober, coinciding with the relaunch of the ED Network supported by the Health Innovation Network (previously Academic Health Sciences Network). Circa 100 people attended, the agenda included presentations from all our mental health and community providers about same day services for their Trusts; Thames Valley Police presented on the work they are doing to support rollout of Right Care, Right Person; place leads provided as summary of their local winter plans and the ICB set out the system oversight and escalation arrangements for the winter period
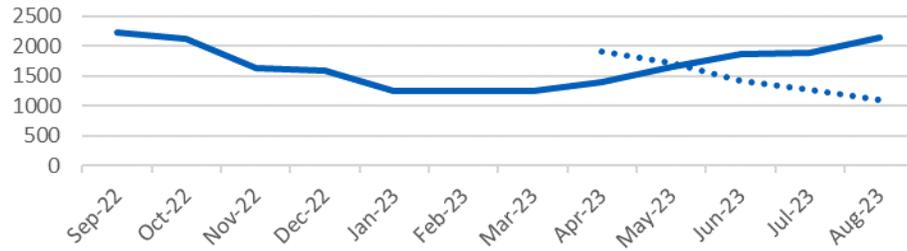
**Risks:**
- Unmet demand in primary care/community resulting in higher ED attendances
- Increase in acuity resulting in more complex patients attending ED
- Ongoing disruption to services and demand profiles resulting from Industrial Action and exceptional weather conditions
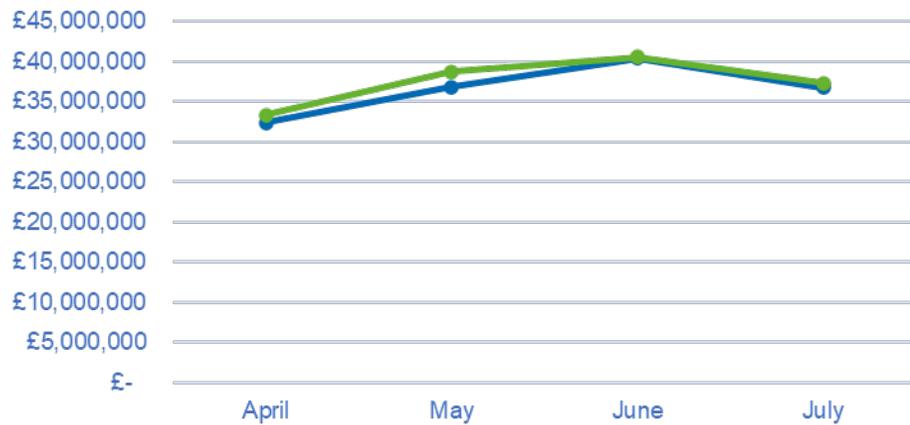
# 2. Planned Care

**SRO:** Matthew Tait

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

## BOB (3 main NHS trusts) - 65 Week Waits



| | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 2235 | 2110 | 1638 | 1587 | 1253 | 1256 | 1244 | 1399 | 1662 | 1870 | 1876 | 2131 |
| Plan | | | | | | | | 1906 | 1721 | 1413 | 1268 | 1099 |

— Actual ····· Plan

## Value Weighted Activity Performance



— Baselines - Value weighted activity from 2019/20   — Actuals

**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 - August**.
- At the end of August there were 152 patients waiting over 78 weeks against a target of zero.
- BOB NHS Providers reported 2,131 patients waiting > 65 weeks against an end August target of no greater than 1,099. The target is to reduce this to zero by the end of March 2024.
- BOB reported 7,458 patients waiting > 52 weeks against an end of August target of no greater than 4,632.
- The total number of NHS Provider open pathways was 152,917against the end of August target of 132,963..
- Value Weighted Activity - National workbook displays BOB at 102.5% YTD (Apr-Jul). The full year submitted plan for BOB is 104.4%.

**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) and Patient initiated Mutual Aid Service (PIDMAS)
- 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
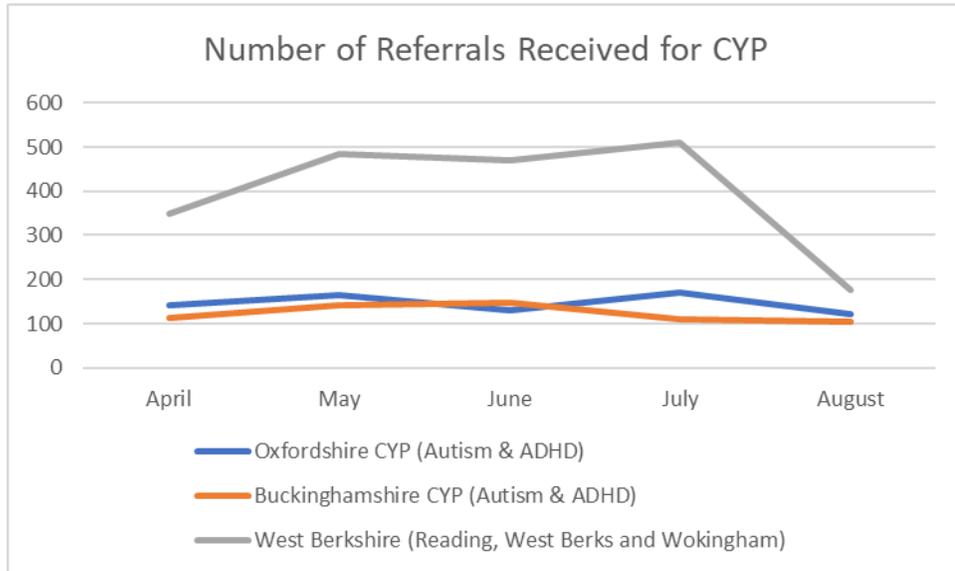
**SRO: Rachael Corser**    *Data validation and alignment underway figures subject to change

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

### Number of CYP waiting for assessment (waiting list) as of the end of October

| | Awaiting Validation** |
|---|---|
| Oxfordshire CYP (Autism & ADHD) | |
| Buckinghamshire CYP (Autism & ADHD) | 2822 |
| Berkshire West (Reading, West Berks and Wokingham) | 5174 |

**Number of Referrals Received for CYP**

*Line chart showing number of referrals received by month from April to August for:*
- Oxfordshire CYP (Autism & ADHD)
- Buckinghamshire CYP (Autism & ADHD)
- West Berkshire (Reading, West Berks and Wokingham)

*West Berkshire: ~350 (April), ~485 (May), ~470 (June), ~510 (July), ~180 (August). Oxfordshire and Buckinghamshire hover around 100–175.*

### Average (Mean) waiting time to assessment for CYP on the waiting list in weeks as of the end of October

| | |
|---|---|
| Oxfordshire CYP (Autism & ADHD) | Awaiting Validation** |
| Buckinghamshire CYP (Autism & ADHD) | 103 |
| Berkshire West (Reading, West Berks and Wokingham) | Autism – 53.6 weeks |
| Berkshire West (Reading, West Berks and Wokingham) | ADHD - 53 weeks |

**This metric measures**
This measure seeks to highlight the number of patients referred for assessment for autism or ADHD. The number of children and young people currently awaiting an assessment and the waiting time to assessment. This is the first iteration of the slide for the purposes of this report. The data here relates to children and young people (CYP) only.

**How are we performing:**
- The top table outlines the number of patients currently waiting for an assessment it displays 7,996 on the waiting list across Buckinghamshire and Berkshire West at the end of October 2023.
- The chart provides an overview of the numbers of referrals received by month from April 2023 to August 2023. A reduction is seen in August 2023 as expected due to school summer holidays
- The final table highlights the mean waiting time to assessment across BOB. N.B. The large differential is due to differing methods of calculation where Buckinghamshire record the time spent on the waiting list for those that are seen within the month, the Berkshire West calculation is based on the mean time spent on the list for patients still on the list at the end of the month. This metric is of high importance as an indicator of demand and capacity across the System.
- Patient and carer experience here is challenged as it is unclear what level of support is required by individuals on the waiting list, there will be a differential in quality of experience whilst on the waiting list.
- **Due to the manual capture of Oxfordshire data whilst recovery from the cyber incident continues it takes longer to validate the figures provided.

**Actions:**
- Further work to be undertaken to align reporting across Buckinghamshire, Oxfordshire and Berkshire West, including introduction of data for adults.
- Continue collecting mean waiting time to assessment monthly, to track improvements and impacts of increasing resource and transformational work.
- Continue rollout and expansion of BOB Support Hope and Recovery/Resource Online Network (SHaRON) pilot which provides support whilst waiting. 33% of project plan completed.
- Funding applications underway for SPENCER[1] Pilot, research pilot in collaboration with Reading University. Aim to create a profiling tool for CYP to identify needs and improve targeted support in schools.

**Risks:**
- Inequality of experience whilst on waiting list
- Non-continuation of funding for SHaRON Pilot
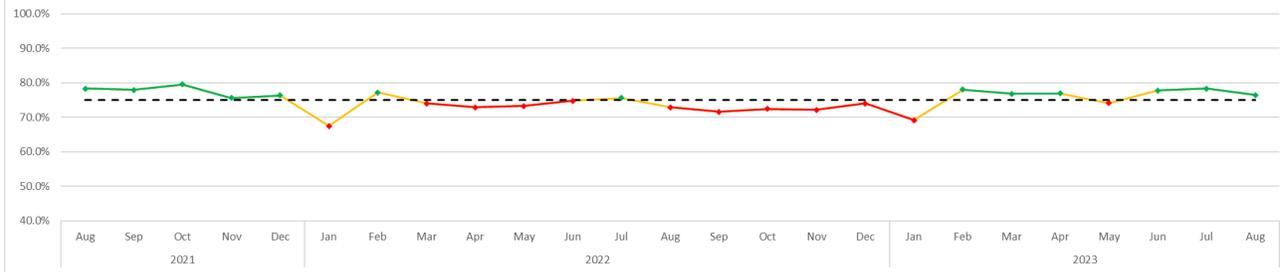- Funding applications for SPENCER Pilot being unsuccessful

[1]SPENCER is a web-based application for the assessment, intervention and management of mental health, developmental and learning difficulties in primary and secondary schools.

# 4. Cancer

**SRO:** Matthew Tait

Percentage meeting faster diagnosis standard - BOB Acute Providers



Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') - BOB Acute Providers



Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer - BOB Acute Providers



**These metrics measure**
The 28-day Faster Diagnosis Standard (75%), One headline 31-day decision to treat to treatment standard (96%), One headline 62-day referral to treatment standard (85%).
We will continue to track the number of patients waiting over 62 days at any one time through 2023/24 with the aim of achieving pre-pandemic levels (500).

**How are we performing:**
- The percentage of patients meeting the faster diagnosis standard in August across BOB was 78.2%, which is above target and is above National and Regional averages. BHT (65.0%) did not meet the target standard in August
- At the end of August, the waiting list over 62 days was 690 with RBFT at 251, OUH at 280 and BHT at 159. OUH increasing by c.60 from end of July whilst RBFT and BHT saw small reductions

**BHT** Skin, urology and lower gastrointestinal (LGI) remain biggest challenges. Delays at the start of the skin pathway impacting the position with skin 1/3 of the overall PTL. Workforce pressures in dermatology. MRI and CT capacity causing issues in urology.

**OUH** Main areas of challenge are skin, gynaecology and urology, position driven by high numbers of referrals and staffing capacity affected by industrial action and annual leave. Skin delays with pathology reporting times, difficulties in recruitment. Increased gynaecology referrals causing delays at the front of the pathway and long-term sickness of 2 consultants causing biggest impact. Appointed locum gynaecology consultant.

**RBFT** LGI, gynaecology and head and neck (H&N) remain the biggest challenges. LGI continues to be challenged due to loss of capacity. Improvements seen at the start of the urology pathway however now seeing delays at the end with surgical capacity issues due to the industrial action and annual leave. Major capacity issues with hysteroscopies for gynaecology pathway, 4+ weeks wait.

**Actions:**
- RBFT – set up of new Vitalis clinics to support LGI pathway
- OUH – additional flexi-lists to support prostate biopsy and extra CT biopsy slots to support renal pathway
- BHT – 2 more skin speciality doctors starting in October and November. Extra capacity approved for CT, MRI and radiology for reporting.
- 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 forums 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
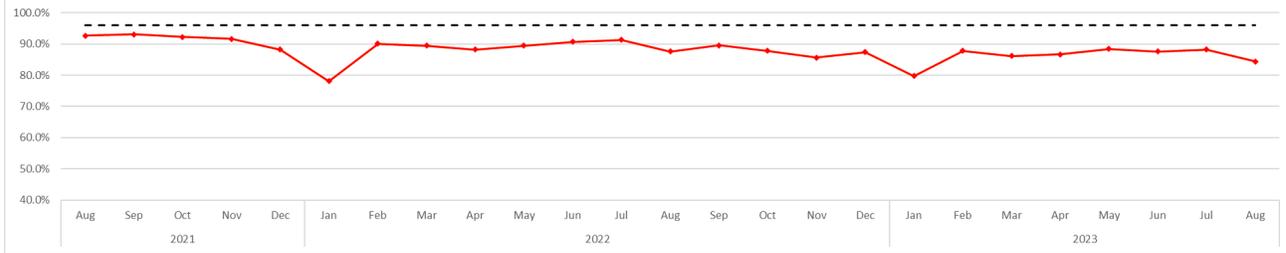
# 5. Primary Care Access

**SRO:** Rachael De Caux

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



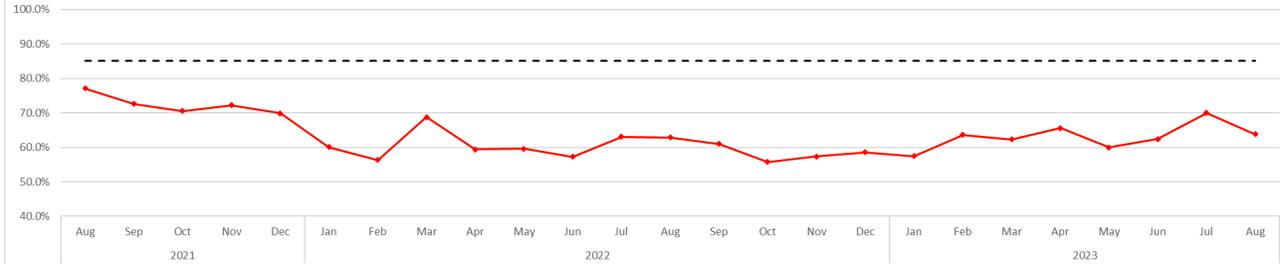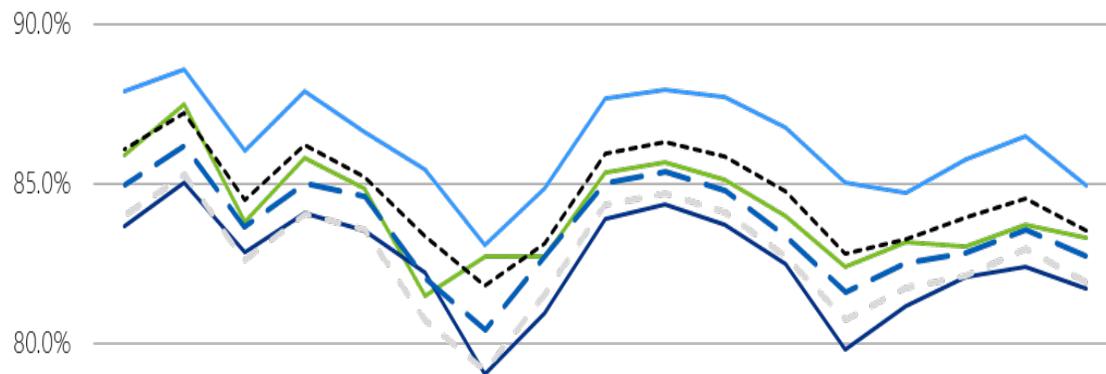| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 2022/23 | | | | | | | | 2023/24 | | | | |
| Buckinghamshire | 85.9% | 87.5% | 83.8% | 85.8% | 84.9% | 81.5% | 82.7% | 82.7% | 85.4% | 85.7% | 85.1% | 84.0% | 82.4% | 83.2% | 83.1% | 83.7% | 83.3% |
| 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% | 84.7% | 85.8% | 86.5% | 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% | 81.2% | 82.1% | 82.4% | 81.7% |
| 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% | 83.3% | 83.9% | 84.5% | 83.6% |
| South East | 84.0% | 85.3% | 82.6% | 84.1% | 83.6% | 80.7% | 79.2% | 81.6% | 84.3% | 84.7% | 84.1% | 82.8% | 80.7% | 81.7% | 82.1% | 83.0% | 81.9% |
| 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% | 83.5% | 82.7% |

### 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 in August was 83.6% down from the same period last year (Aug 2022) when 85.2% of patients were being seen in 14 days.
- In terms of the 14-day metric BOB continues to track well compared to national (82.7%) and regional peers (81.9%).
- Same day appointments: The proportion of same day appointments were down in Aug 2023 compared to Aug 2022 with 45.2% of patients being seen on the same day they requested an appointment compared to 46.5%; national position for Aug 2023 is 43.7%.

### Actions:
- The correlation between practice deprivation and access has been looked at and there is no statistically significant variation.
- A 3-year rolling programme of practice visits has been scheduled, prioritising those with whom we have concern. Access will be a determinant of prioritisation and will be discussed at visits.
- Further development of the ICB's approach and action plans to the national 'recovering access to primary care programme management plan' (PCARP) and 'practice / PCN capacity & access improvement plans' (CAIP) which aim to improve access and address inappropriate variation.
- Active targeting and encouragement of 'at risk' practices to join the General Practice Improvement Programme (GPIP) designed to support change.
- Full utilisation of alternatives to general practice in the event of surge or as a failsafe continue to be looked at incl. Reading Urgent Care Centre, CAS, 111, CPCS etc.

### Risks:
- Variation in the quality of the data extracted makes interpretation challenging. Introduction of a consistent demand and capacity tool will mitigate this.
- ICB's approach to the national 'recovering access to primary care programme management plan' and 'practice / PCN capacity & access improvement plans' may not deliver required change, strong programme management and governance incl board reports will mitigate this.

# 6. Workforce - Summary: October 2023 report

SRO:

**Summary**: Overall, there has been a positive trend in rates of turnover, vacancies, absence rates and use of temporary and staff usage since Month 1, and in relation to this same period last year.

However, there are some outlier organisations such as Oxford Health where increased establishment since April 2023 correlates with rising turnover, increased vacancies and use of agency/bank. More detail is provided on each metric in the pack, alongside key actions and risk mitigations, and there is an awareness of the additional pressures that the winter season will present for providers.

There are also emerging system-wide workstreams to tackle the underlying challenges underpinning performance on these metrics.

## Turnover by Organisation

**How we are performing**
- BOB Turnover had risen to a high of 14% in June 2022 but has fallen steadily since then to its current value of 11.5%.
- The individual BOB Trusts display a similar trend.
- Turnover has fallen since mid 2022, for all trusts, although Oxford Health's turnover has risen since May 2023.

## Absence Rate by Organisation and reason for absence as % of Total

**How we are performing**
- We do not have a trend in absence rate at the System level, but when a detailed look is taken at each organisation's position, all providers have demonstrated an overall downward trend (or improvement) in absence over the last 2 years, but caution is applied given that the trendlines begin at the end of the pandemic. Trends are seasonal, with peaks during the winter months.
- The main reasons for absence were anxiety, stress or depression (22.5%), followed by musculoskeletal problems (excluding back problems) which constitutes 10.6% of all absence.

## Vacancy rate by Organisation

**How we are performing**
- Establishment has remained static or increased slightly for all providers, with the exception of Royal Berkshire which has seen a 1.3% decrease and Oxford Health which has seen a 2% increase since Month 1.
- The overall BOB vacancy rate has risen slightly from 9.7% to 9.9% during the current fiscal year but remains lower than for the same period last year (Aug 22).
- Individual organisations have broadly followed this trend with Oxford Health being an outlier - vacancies have risen steadily since March 2023 and have almost reached 18% by July 2023.

## Temporary and Substantive Staff Usage (FTE) by Organisation – Month 5

**How we are performing**
- For the System, use of bank and agency staff remains relatively static for the months since April 2023.
- Oxford Health is an outlier for Month 5 with the use of agency staff at 6.2%, mirroring the increase in establishment and vacancy rates.

# 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 (month) | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Safety alerts open | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **EFFECTIVE** | | | | | | | |
| Standardised Hospital Mortality Index (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% | 90.1% | 96.3% | NA | 99.4% | 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 site surgery Never Event has been reported at RBFT in August after a fluoroscopic joint injection was administered into the incorrect site. A learning response is being undertaken by RBFT to learn from this.
More information on quality metrics provided in the appendix.

# 8. Wider Performance Oversight Measures

# Executive Summary

| | Indicator | OF Flag | Month | Standard | BHT | OUH | RBFT |
|---|---|---|---|---|---|---|---|
| **UEC** | A&E Performance (All Types) | | Sep 23 | 95% | 69.8% | 63.7% | 69.7% |
| | 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 | Aug 23 | Rated against plan | 4525 | 2926 | 7 |
| | Incomplete Pathways over 65 weeks at month end | S009a | | | 1248 | 882 | 1 |
| | Incomplete Pathways over 78 weeks at month end | S009a | | | 30 | 122 | 0 |
| **Cancer** | Percentage meeting faster diagnosis standard | S012a | Aug 23 | 75% | 64.4% | 81.2% | 80.0% |
| | Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer | S010a | | 93% | 74.2% | 81.1% | 79.2% |
| | Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer | | | 85% | 56.0% | 64.7% | 70.7% |

| | Indicator | OF Flag | Report Period | Standard | BOB ICB | Bucks | Oxon | Berks W |
|---|---|---|---|---|---|---|---|---|
| **Mental Health** | Talking Therapies - Total Accessing in Period | S081a | Rolling 3 months to Jul 23 | | 5.7% | 6.4% | 5.1% | 5.9% |
| | Talking Therapies - Moving to Recovery | | Jul 23 | 50% | 50.3% | 51.4% | 51.3% | 47.7% |
| | Dementia Diagnosis Rate | | Aug 23 | 67% | 61.2% | 57.3% | 62.6% | 64.1% |
| | 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

| Indicator | OF Flag | | Standard | England | | South East | | BOB Acutes | | BHT | | OUH | | RBFT | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A&E Performance (All Types) | | | 95% | 71.64% | ↓ | 74.81% | ↓ | 67.63% | ↓ | 69.76% | ↓ | 63.71% | ↓ | 69.66% | ↓ |
| A&E Attendances | | | | 2,165,741 | ↑ | 324,193 | ↑ | 43,871 | ↑ | 14,095 | ↑ | 15,170 | ↑ | 14,606 | ↑ |
| Breaches | | Sep 23 | | 614,284 | ↑ | 81,660 | ↑ | 14,199 | ↑ | 4,263 | ↑ | 5,505 | ↑ | 4,431 | ↑ |
| Emergency Admissions | | | | 522,041 | ↓ | 83,255 | ↓ | 17,067 | ↑ | 5,657 | ↑ | 8,117 | ↑ | 3,293 | ↑ |
| Over 12 hour waits from dta to admission | | | 0 | 33,107 | ↑ | 3,105 | ↑ | 206 | ↓ | 206 | ↓ | 0 | → | 0 | → |
| Ambulance Handover Delays (>30 Minutes) - unverified data | S019a | May 23 | | | | | | | | 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 | 0:08:31 | ↑ | 0:09:03 | ↑ | 0:09:04 | ↑ |
| Ambulance Response Times (Category 1 Incidents 90th Percentile) | | | 0:15:00 | 0:15:07 | ↑ | 0:16:31 | ↑ | 0:16:28 | ↑ |
| Ambulance Response Times (Category 2 Incidents Mean) | S020b | | 0:18:00 | 0:37:38 | ↑ | 0:33:47 | ↑ | 0:38:29 | ↑ |
| Ambulance Response Times (Category 2 Incidents 90th Percentile) | | Sep 23 | 0:40:00 | 1:21:04 | ↑ | 1:07:09 | ↑ | 1:15:19 | ↑ |
| Ambulance Response Times (Category 3 Incidents Mean) | S020c | | | 2:15:59 | ↑ | 2:38:26 | ↑ | 2:49:57 | ↑ |
| Ambulance Response Times (Category 3 Incidents 90th Percentile) | | | 2:00:00 | 5:26:59 | ↑ | 5:57:09 | ↑ | 6:19:24 | ↑ |
| Ambulance Response Times (Category 4 Incidents Mean) | S020d | | | 2:41:00 | ↑ | 3:29:14 | ↑ | 3:10:09 | ↑ |
| Ambulance Response Times (Category 4 Incidents 90th Percentile) | | | 3:00:00 | 6:25:35 | ↑ | 8:21:05 | ↑ | 7:36:59 | ↑ |

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

# Urgent and Emergency Care - Charts

A&E 4 Hour Performance Benchmarked against NHS Acute Trusts



Ambulance Response Times: Category 1 Mean



Ambulance Response Times: Category 2 Mean
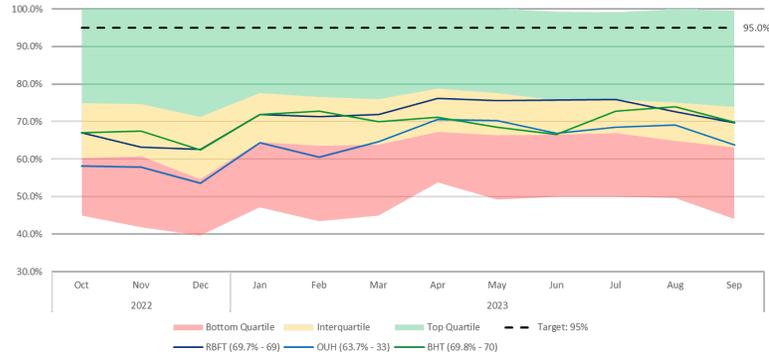


NHS Trusts - Ambulance Handover Delays (Unverified Data)
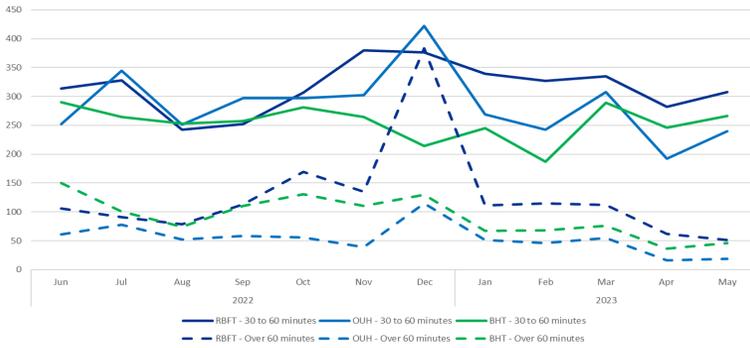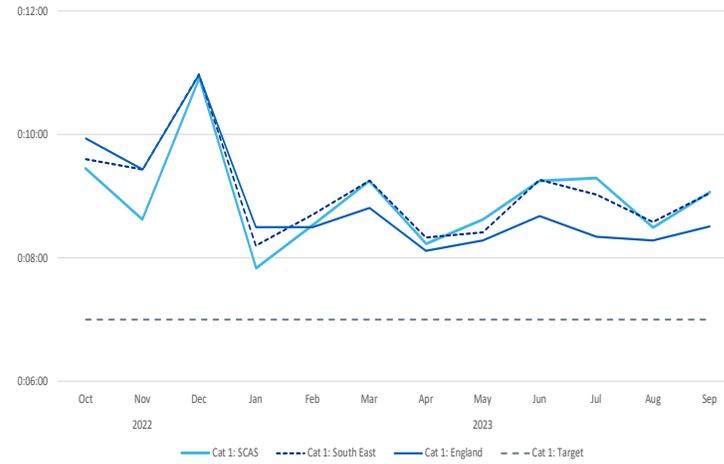


Ambulance Response Times: Category 3 Mean



Ambulance Response Times: Category 4 Mean



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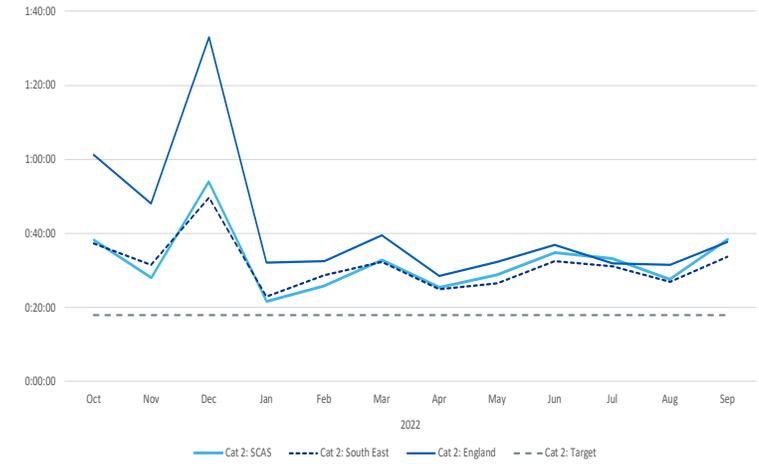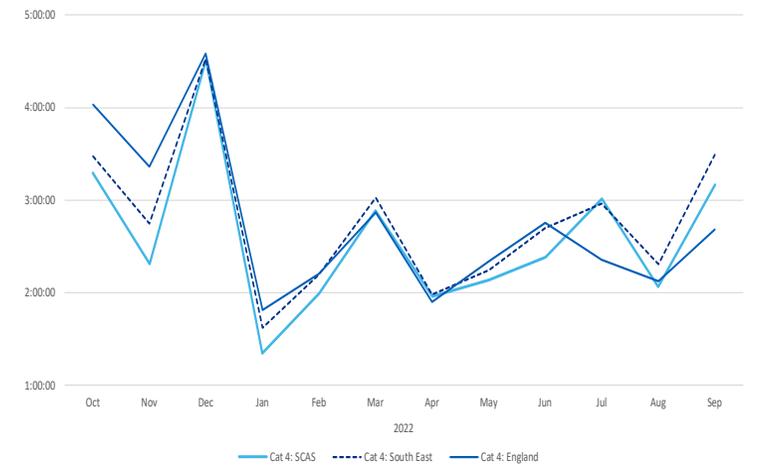
# Virtual Wards (VW)

BOB : Capacity & Bed Targets
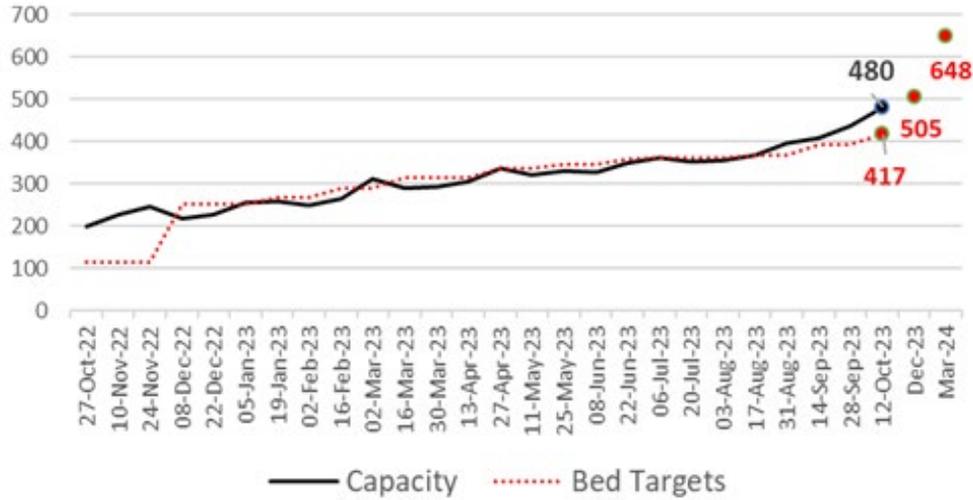


BOB : Capacity, Occupancy & Utilisation
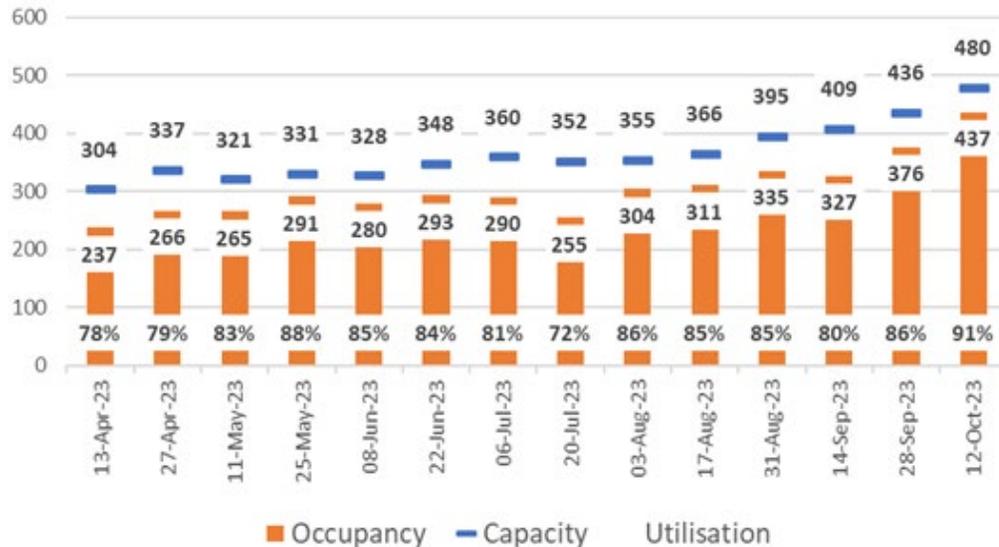
*Oxford Health are only reporting capacity, occupancy and utilisation figures. They are not yet supplying admissions data. Estimated date tbc*

**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:**
- Exceeding bed capacity trajectory by 63 beds
- Utilisation exceeds NHSE target by 11%

**Actions:**
- BOB ICS core offer and vision for virtual wards is now agreed. Accompanying programme plan and service specification under development. All providers are working to align fully with the BOB ICS core offer and to develop their services further towards our vision.
- Evaluation proposal agreed and being delivered by Oxford Health Innovation Network to confirm level of impact

**Risks:**
- There is a risk that communication between teams and referrers is compromised by inability to see a shared care record or plan.

# Urgent Community Response (UCR)

## 86%

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

| Month | Achieved | Remaining |
|-------|----------|-----------|
| Aug-23 | 86% | 14% |
| Jul-23 | 86% | 14% |
| Jun-23 | 88% | 12% |
| May-23 | 87% | 13% |
| Apr-23 | 87% | 13% |
| Mar-23 | 87% | 13% |
| Feb-23 | 89% | 11% |
| Jan-23 | 85% | 15% |
| Dec-22 | 87% | 13% |
| Nov-22 | 88% | 12% |
| Oct-22 | 90% | 10% |
| Sep-22 | 89% | 11% |
| Aug-22 | 85% | 15% |
| Jul-22 | 83% | 17% |
| Jun-22 | 84% | 16% |
| May-22 | 85% | 15% |
| Apr-22 | 86% | 14% |

## 1309

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

| Month | Number |
|-------|--------|
| Aug-23 | 1309 |
| Jul-23 | 1235 |
| Jun-23 | 1374 |
| May-23 | 1304 |
| Apr-23 | 1158 |
| Mar-23 | 1126 |
| Feb-23 | 1042 |
| Jan-23 | 1213 |
| Dec-22 | 1244 |
| Nov-22 | 720 |
| Oct-22 | 785 |
| Sep-22 | 715 |
| Aug-22 | 685 |
| Jul-22 | 870 |
| Jun-22 | 875 |
| May-22 | 950 |
| Apr-22 | 950 |

*Oxford Health (OH) 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 OH data OH 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.*

**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:**
- M5 – BOB is exceeding the 2-hour First Care Contact trajectory.
- 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

# Planned Care

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

| Indicator | OF Flag | Month | ICB BOB Activity | Plan | Sub ICB Bucks Activity | Oxford Activity | Berks W Activity | NHS Trust OUH Activity | Plan | BHT Activity | Plan | RBFT Activity | Plan |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Incomplete pathways at month end | S008a | | 152,917 | 132,963 | 58,887 | 61,797 | 32,233 | 79,275 | 80,849 | 47,250 | 39,799 | 26,371 | 25,000 |
| Incomplete Pathways over 52 weeks at month end | S009a | | 7,623 | 4,721 | 4,871 | 2,261 | 491 | 2,926 | 1,792 | 4,525 | 2,790 | 7 | 50 |
| Incomplete Pathways over 65 weeks at month end | | | 2,152 | 1,154 | 1,321 | 689 | 142 | 882 | 374 | 1,248 | 710 | 1 | 15 |
| Incomplete Pathways over 78 weeks at month end | S009a | | 143 | | 40 | 92 | 11 | 122 | | 30 | | 0 | |
| Total GP Referrals against 2019/20 | | | 109.0% | | 85.9% | 128.4% | 106.9% | 110.1% | | 76.0% | | 117.3% | |
| Total Other Referrals against 2019/20 | | | 124.6% | | 118.4% | 101.1% | 161.0% | 100.2% | | 90.7% | | 176.1% | |
| Total All Referrals against 2019/20 | | Aug 23 | 114.2% | | 95.8% | 118.7% | 125.2% | 106.1% | | 79.9% | | 138.6% | |
| Total First Attendances against 2019/20 | | | 120.1% | 113.2% | 125.7% | 122.2% | 112.5% | 118.1% | 122.8% | 126.0% | 117.5% | 117.0% | 116.3% |
| Total Follow-up Attendances against 2019/20 | S101 | | 118.1% | 116.5% | 112.1% | 123.2% | 118.2% | 118.0% | 124.6% | 110.2% | 102.7% | 112.9% | 116.7% |
| Total Attendances against 2019/20 | | | 118.9% | 115.2% | 117.1% | 122.8% | 116.0% | 118.0% | 124.0% | 116.1% | 108.3% | 114.4% | 116.6% |
| Percent Day Case Admissions against 2019/20 | | | 101.1% | 101.0% | 102.6% | 96.6% | 105.3% | 96.1% | 97.8% | 91.6% | 96.8% | 98.7% | 106.8% |
| Percent Ordinary Elective Admissions against 2019/20 | | | 84.4% | 84.5% | 80.6% | 87.6% | 84.5% | 82.6% | 88.9% | 74.7% | 81.5% | 78.2% | 88.1% |
| Percent Total Elective Admissions against 2019/20 | | | 98.8% | 98.8% | 99.9% | 95.4% | 102.1% | 93.6% | 96.2% | 89.9% | 95.3% | 96.0% | 104.3% |

(Includes all APC except Regular Attenders)

| Indicator | OF Flag | Month | ICB BOB Activity | 2019/20 | Sub ICB Bucks Activity | Oxford Activity | Berks West Activity | NHS Trust OUH Activity | 2019/20 | BHT Activity | 2019/20 | Royal Berkshire Activity | 2019/20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Proportion of patients discharged to usual place of residence | S105a | Aug 23 | 91.9% | 92.6% | 93.9% | 91.1% | 90.9% | 91.2% | 91.5% | 94.6% | 95.4% | 92.2% | 93.6% |

| Indicator | OF Flag | Month | ICB BOB Activity | Plan | Sub ICB Bucks Activity | Oxford Activity | Berks West Activity | NHS Trust OUH Activity | Plan | BHT Activity | Plan | Royal Berkshire Activity | Plan |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Diagnostic activity levels – Imaging | S013a | | 45,945 | 45,707 | 16,011 | 20,019 | 9,915 | 22,744 | 25,567 | 10,460 | 11,427 | 9,731 | 6,820 |
| Diagnostic activity levels – Physiological Measurement | S013b | | 3,423 | 2,495 | 1,306 | 1,721 | 396 | 2,359 | 1,893 | 528 | 465 | 238 | 279 |
| Diagnostic activity levels – Endoscopy | S013c | | 3,540 | 3,410 | 705 | 1,985 | 850 | 1,508 | 1,540 | 395 | 462 | 774 | 775 |
| Diagnostic activity levels – CT (Imaging) | | | 18,356 | 18,493 | 5,679 | 8,152 | 4,525 | 9,732 | 11,092 | 4,399 | 4,266 | 4,667 | 2,635 |
| Diagnostic activity levels – MRI (Imaging) | | | 10,222 | 9,789 | 3,596 | 3,973 | 2,653 | 5,018 | 5,011 | 1,959 | 2,520 | 2,525 | 1,891 |
| Diagnostic activity levels – Non-Obstetric Ultrasound (Imaging) | | Aug 23 | 17,367 | 17,425 | 6,736 | 7,894 | 2,737 | 7,994 | 9,464 | 4,102 | 4,641 | 2,539 | 2,294 |
| Diagnostic activity levels – Echocardiography (Physiological Measurement) | | | 3,423 | 2,495 | 1,306 | 1,721 | 396 | 2,359 | 1,893 | 528 | 465 | 238 | 279 |
| Diagnostic activity levels – Colonoscopy (Endoscopy) | | | 1,655 | 1,366 | 263 | 1,043 | 349 | 915 | 652 | 129 | 138 | 311 | 279 |
| Diagnostic activity levels – Flexi Sigmoidoscopy (Endoscopy) | | | 325 | 626 | 96 | 70 | 159 | 2 | 273 | 55 | 144 | 151 | 217 |
| Diagnostic activity levels – Gastroscopy (Endoscopy) | | | 1,560 | 1,418 | 346 | 872 | 342 | 591 | 615 | 211 | 180 | 312 | 279 |

Planned Care

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# Planned Care

## BOB ICB - GP referrals

| | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 31,561 | 31,511 | 33,918 | 26,958 | 23,308 | 31,816 | 36,090 | 29,168 | 32,619 | 34,628 | 33,211 | 33,440 |
| Plan | 34,500 | 32,932 | 34,500 | 28,227 | 32,932 | 31,364 | 36,068 | | | | | |

## BOB ICB - Other Referrals

| | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 17,737 | 18,737 | 19,956 | 17,065 | 11,061 | 18,199 | 19,951 | 17,674 | 20,083 | 21,073 | 19,475 | 19,213 |
| Plan | 16,869 | 16,102 | 16,869 | 13,802 | 16,102 | 15,335 | 17,635 | | | | | |

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

| | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 51,431 | 53,221 | 55,898 | 45,655 | 53,116 | 50,122 | 55,558 | 45,367 | 52,731 | 56,030 | 52,301 | 52,430 |
| Plan | 52,734 | 50,338 | 52,734 | 43,146 | 50,338 | 47,940 | 55,132 | 45,508 | 52,582 | 53,243 | 48,704 | 49,415 |

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

| | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 78,952 | 78,354 | 87,134 | 69,742 | 82,991 | 77,051 | 86,905 | 70,425 | 83,431 | 84,627 | 79,686 | 80,361 |
| Plan | 74,997 | 71,586 | 74,997 | 61,360 | 71,586 | 68,178 | 78,402 | 71,980 | 82,882 | 77,488 | 76,084 | 79,258 |

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

| | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 13,271 | 13,438 | 14,687 | 11,879 | 14,004 | 13,504 | 14,765 | 12,460 | 13,802 | 14,790 | 14,121 | 14,150 |
| Plan | 15,699 | 14,996 | 15,699 | 12,887 | 14,996 | 14,293 | 16,401 | 12,432 | 13,585 | 15,718 | 13,926 | 14,143 |

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

| | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 1,912 | 1,950 | 2,041 | 1,728 | 1,799 | 1,803 | 2,031 | 1,618 | 1,907 | 1,984 | 1,780 | 1,863 |
| Plan | 2,526 | 2,413 | 2,526 | 2,076 | 2,413 | 2,301 | 2,639 | 1,865 | 1,992 | 2,122 | 1,997 | 1,865 |

# Planned Care

## NHS Trusts - GP referrals

|  | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RBFT | 10,372 | 10,408 | 10,565 | 8,353 | 10,029 | 9,773 | 11,318 | 9,231 | 9,876 | 10,977 | 10,480 | 10,434 |
| OUH | 15,685 | 15,835 | 16,374 | 13,118 | 15,990 | 15,254 | 17,520 | 13,902 | 16,180 | 17,285 | 16,266 | 16,478 |
| BHT | 6,111 | 5,877 | 6,222 | 5,024 | 6,126 | 6,057 | 6,197 | 5,317 | 5,724 | 5,530 | 5,858 | 5,768 |

## NHS Trusts - Other Referrals

|  | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RBFT | 8,533 | 9,483 | 9,614 | 8,701 | 10,393 | 9,271 | 9,913 | 8,517 | 9,313 | 9,966 | 10,465 | 8,853 |
| OUH | 10,592 | 10,957 | 11,637 | 9,639 | 10,987 | 9,713 | 11,010 | 9,072 | 10,969 | 10,974 | 9,951 | 10,343 |
| BHT | 2,345 | 2,590 | 2,627 | 2,146 | 2,393 | 2,357 | 2,396 | 2,373 | 2,846 | 3,033 | 2,740 | 2,458 |

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

|  | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RBFT | 16,473 | 16,962 | 17,947 | 14,746 | 17,436 | 16,475 | 18,658 | 14,263 | 16,802 | 17,740 | 16,072 | 15,849 |
| OUH | 27,971 | 28,626 | 30,716 | 24,756 | 29,535 | 27,212 | 30,097 | 25,143 | 28,977 | 30,824 | 27,839 | 26,762 |
| BHT | 11,979 | 12,376 | 12,821 | 10,291 | 11,454 | 10,538 | 11,386 | 9,384 | 10,964 | 11,618 | 11,020 | 11,991 |

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

|  | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RBFT | 25,627 | 25,578 | 28,322 | 22,241 | 25,765 | 24,561 | 28,104 | 21,675 | 26,328 | 27,371 | 25,753 | 25,847 |
| OUH | 49,291 | 47,987 | 53,565 | 43,441 | 52,362 | 46,846 | 52,023 | 44,272 | 50,990 | 50,912 | 47,515 | 47,340 |
| BHT | 17,279 | 16,808 | 19,062 | 15,232 | 17,236 | 16,080 | 18,175 | 14,686 | 17,731 | 17,967 | 16,593 | 17,283 |

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

|  | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RBFT | 3,450 | 3,412 | 3,774 | 3,022 | 3,678 | 3,328 | 3,823 | 2,913 | 3,319 | 3,461 | 3,325 | 3,333 |
| OUH | 6,567 | 6,475 | 7,075 | 5,625 | 6,585 | 6,229 | 6,856 | 5,962 | 6,673 | 6,789 | 6,322 | 6,604 |
| BHT | 3,256 | 3,493 | 3,753 | 3,217 | 3,684 | 3,475 | 3,601 | 3,054 | 3,375 | 3,885 | 3,790 | 3,795 |

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

|  | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RBFT | 533 | 492 | 533 | 422 | 411 | 447 | 453 | 381 | 445 | 439 | 351 | 406 |
| OUH | 1,328 | 1,333 | 1,412 | 1,131 | 1,321 | 1,252 | 1,464 | 1,165 | 1,351 | 1,434 | 1,226 | 1,298 |
| BHT | 317 | 307 | 315 | 293 | 285 | 313 | 346 | 275 | 343 | 312 | 338 | 348 |

# Planned Care – RTT (Referral to Treatment)

**Planned RTT - Provider**

## BOB (3 main NHS trusts) - 52 Week Waits

| | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 6334 | 6106 | 5506 | 5265 | 4617 | 5012 | 5689 | 6071 | 6968 | 7333 | 7310 | 7458 |
| Plan | 4898 | 4751 | 4521 | 4414 | 4105 | 3951 | 3715 | 4950 | 4862 | 4787 | 4725 | 4632 |

## BOB (3 main NHS trusts) - 65 Week Waits

| | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 2235 | 2110 | 1638 | 1587 | 1253 | 1256 | 1244 | 1399 | 1662 | 1870 | 1876 | 2131 |
| Plan | | | | | | | | 1906 | 1721 | 1413 | 1268 | 1099 |
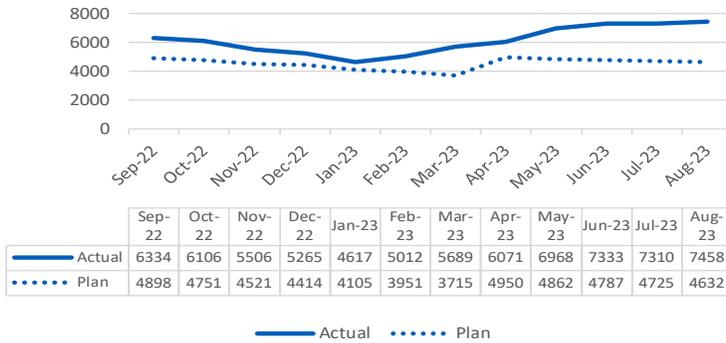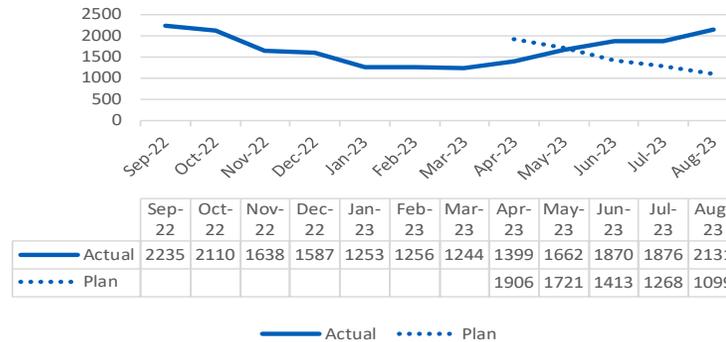
## BOB (3 main NHS trusts) - 78 Week Waits

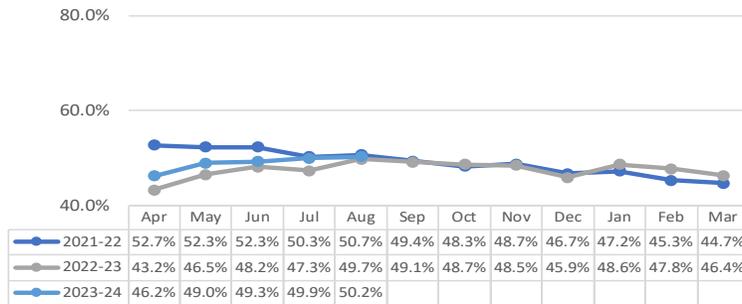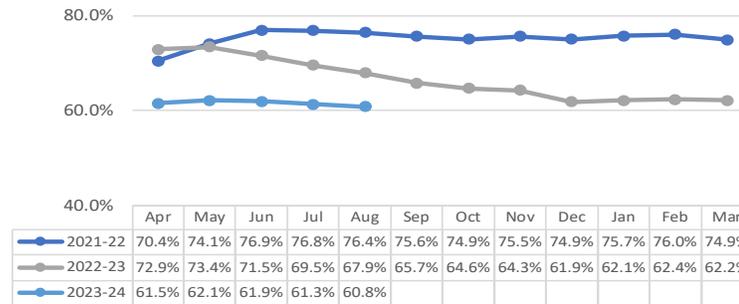| | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 439 | 420 | 339 | 379 | 253 | 167 | 61 | 75 | 93 | 99 | 116 | 152 |
| Plan | 644 | 542 | 484 | 384 | 250 | 115 | 0 | | | | | |
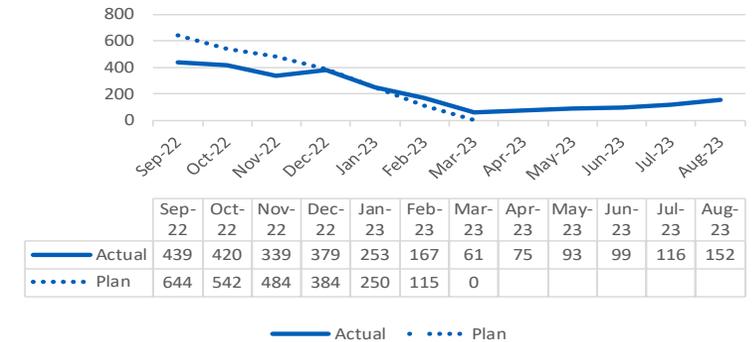
*Please note:- The above charts give the combined position for Buckinghamshire Healthcare, Oxford University Hospitals and Royal Berkshire Foundation Trusts (whole provider - all commissioner)*
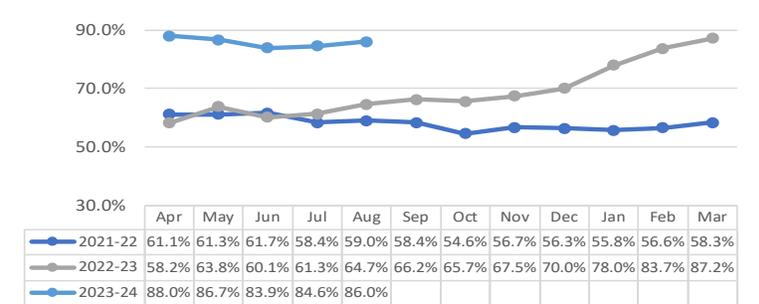
## BHT - RTT Incomplete Pathways (% within 18 Weeks)

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 52.7% | 52.3% | 52.3% | 50.3% | 50.7% | 49.4% | 48.3% | 48.7% | 46.7% | 47.2% | 45.3% | 44.7% |
| 2022-23 | 43.2% | 46.5% | 48.2% | 47.3% | 49.7% | 49.1% | 48.7% | 48.5% | 45.9% | 48.6% | 47.8% | 46.4% |
| 2023-24 | 46.2% | 49.0% | 49.3% | 49.9% | 50.2% | | | | | | | |

## OUHFT - RTT Incomplete Pathways (% within 18 Weeks)

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 70.4% | 74.1% | 76.9% | 76.8% | 76.4% | 75.6% | 74.9% | 75.5% | 74.9% | 75.7% | 76.0% | 74.9% |
| 2022-23 | 72.9% | 73.4% | 71.5% | 69.5% | 67.9% | 65.7% | 64.6% | 64.3% | 61.9% | 62.1% | 62.4% | 62.2% |
| 2023-24 | 61.5% | 62.1% | 61.9% | 61.3% | 60.8% | | | | | | | |

## RBFT - RTT Incomplete Pathways (% within 18 Weeks)

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021-22 | 61.1% | 61.3% | 61.7% | 58.4% | 59.0% | 58.4% | 54.6% | 56.7% | 56.3% | 55.8% | 56.6% | 58.3% |
| 2022-23 | 58.2% | 63.8% | 60.1% | 61.3% | 64.7% | 66.2% | 65.7% | 67.5% | 70.0% | 78.0% | 83.7% | 87.2% |
| 2023-24 | 88.0% | 86.7% | 83.9% | 84.6% | 86.0% | | | | | | | |

# Overall Diagnostic Tests – Actual v Plan

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

## BOB ICB - Diagnostic Tests
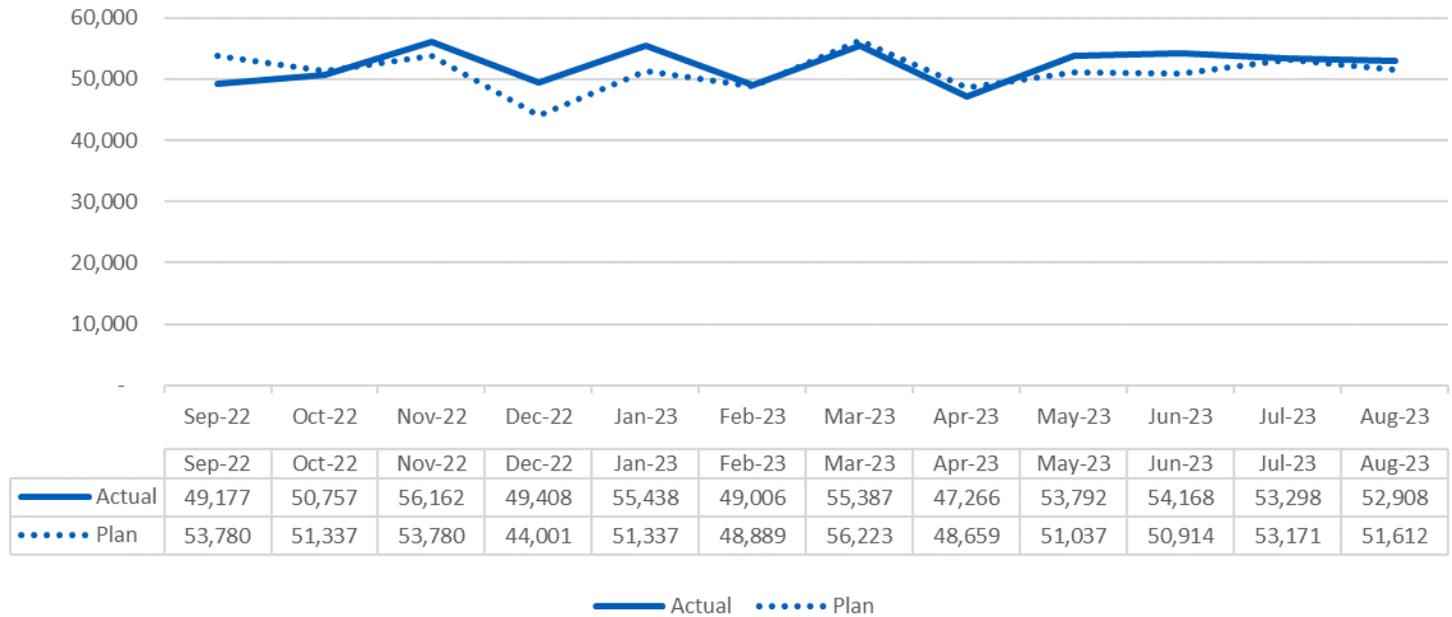


|  | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual | 49,177 | 50,757 | 56,162 | 49,408 | 55,438 | 49,006 | 55,387 | 47,266 | 53,792 | 54,168 | 53,298 | 52,908 |
| Plan | 53,780 | 51,337 | 53,780 | 44,001 | 51,337 | 48,889 | 56,223 | 48,659 | 51,037 | 50,914 | 53,171 | 51,612 |

# Planned care – Diagnostics

**Planned Care - Diagnostic Breakdown**

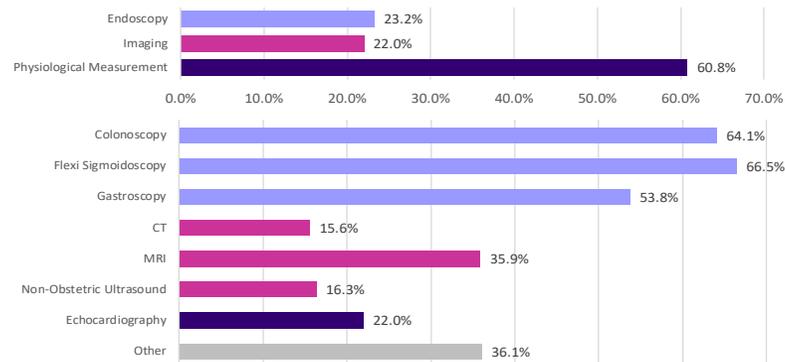| Indicator | SOF Flag | Month | ICB BOB Activity | Plan | Sub ICB Bucks Activity | Oxford Activity | Berks W Activity | NHS Trust OUH Activity | Plan | BHT Activity | Plan | RBFT Activity | Plan |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Percent of Diagnostics Waiting list 6 weeks or more | | | 29.5% | 1.0% | 39.4% | 18.7% | 35.8% | 18.9% | 1.0% | 44.8% | 1.0% | 35.3% | 1.0% |
| Percent of Diagnostic Tests against 2019/20 | | | 114.0% | | 112.4% | 115.2% | 113.9% | 107.5% | | 104.3% | | 129.3% | |
| Percent of Current MRI list waiting 6 weeks or more | | | 33.2% | 1.0% | 50.0% | 10.8% | 22.2% | 10.6% | 1.0% | 66.8% | 1.0% | 19.5% | 1.0% |
| Percent of MRI Tests against 2019/20 | | | 118.6% | | 115.7% | 137.4% | 101.3% | 108.6% | | 108.4% | | 114.0% | |
| Percent of Current CT list waiting 6 weeks or more | | | 20.5% | 1.0% | 33.0% | 2.8% | 27.3% | 0.4% | 1.0% | 29.7% | 1.0% | 28.5% | 1.0% |
| Percent of CT Tests against 2019/20 | | | 124.5% | | 124.8% | 112.8% | 152.2% | 105.2% | | 129.9% | | 168.9% | |
| Percent of Current Non-obstetric Ultrasound list waiting 6 weeks or more | | Aug 23 | 21.8% | 1.0% | 31.6% | 15.1% | 21.7% | 15.5% | 1.0% | 23.9% | 1.0% | 6.1% | 1.0% |
| Percent of Non-obstetric Ultrasound Tests Against 2019/20 | | | 106.6% | | 107.5% | 111.5% | 92.8% | 112.3% | | 97.2% | | 108.7% | |
| Percent of Current Colonoscopy list waiting 6 weeks or more | | | 53.8% | 1.0% | 57.1% | 23.7% | 74.2% | 21.7% | 1.0% | 66.9% | 1.0% | 80.2% | 1.0% |
| Percent of Colonoscopy Tests Against 2019/20 | | | 117.7% | | 90.1% | 122.3% | 133.7% | 130.2% | | 63.9% | | 122.9% | |
| Percent of Current Flexi sigmoidoscopy list waiting 6 weeks or more | | | 59.1% | 1.0% | 62.0% | 29.1% | 76.6% | 20.2% | 1.0% | 71.2% | 1.0% | 82.6% | 1.0% |
| Percent of Flexi sigmoidoscopy Tests Against 2019/20 | | | 33.7% | | 40.2% | 15.7% | 56.6% | 0.5% | | 26.4% | | 58.5% | |
| Percent of Current Gastroscopy list waiting 6 weeks or more | | | 43.9% | 1.0% | 59.4% | 19.4% | 64.7% | 24.7% | 1.0% | 69.7% | 1.0% | 68.6% | 1.0% |
| Percent of Gastroscopy Tests Against 2019/20 | | | 102.6% | | 105.2% | 106.6% | 91.4% | 88.3% | | 89.4% | | 103.0% | |
| Percent of Current Echocardiography list waiting 6 weeks or more | | | 28.2% | 1.0% | 29.5% | 22.7% | 35.7% | 19.6% | 1.0% | 19.0% | 1.0% | 39.5% | 1.0% |
| Percent of Echocardiography Tests Against 2019/20 | | | 128.4% | | 139.4% | 123.8% | 117.2% | 130.2% | | 96.4% | | 110.2% | |

### 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**

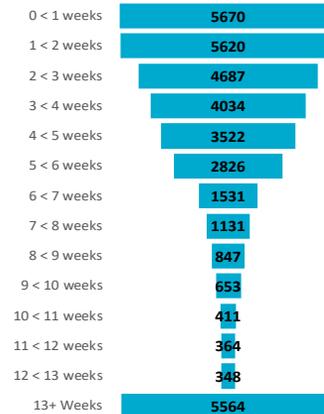| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 202021 | 25.1% | 47.8% | 39.3% | 29.4% | 25.1% | 16.7% | 14.6% | 14.1% | 15.7% | 21.2% | 17.8% | 15.5% |
| 202122 | 15.8% | 12.9% | 10.1% | 9.4% | 11.2% | 9.5% | 9.0% | 8.7% | 12.9% | 14.9% | 8.8% | 11.0% |
| 202223 | 13.0% | 12.4% | 13.5% | 14.5% | 16.8% | 17.1% | 18.7% | 19.8% | 24.7% | 25.6% | 23.3% | 25.9% |
| 202324 | 26.5% | 25.3% | 26.4% | 27.9% | 29.2% | | | | | | | |
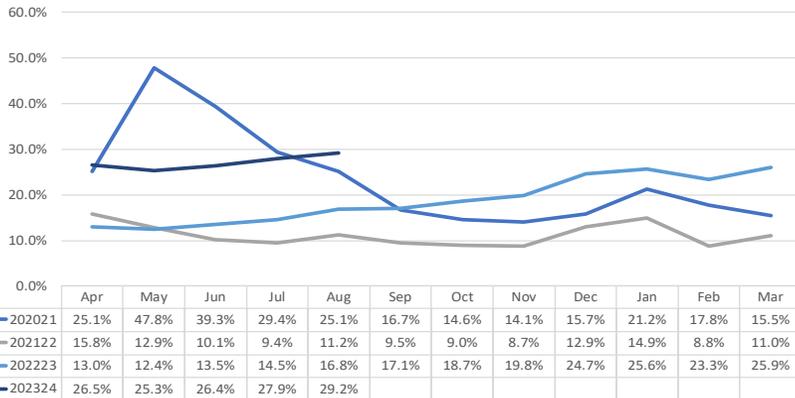
### Latest diagnostics performance by test for August 2023
**Percentage of patients on the waiting list at a BOB ICS Acute NHS Trust waiting six weeks or more**
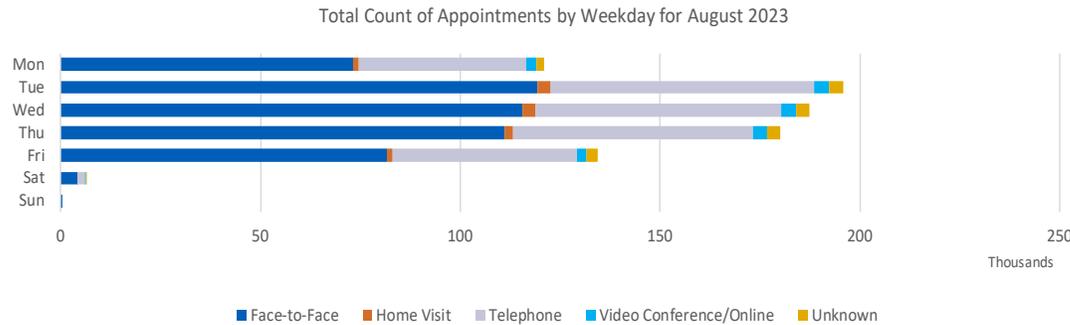
| Test | Percentage |
|---|---|
| Endoscopy | 23.2% |
| Imaging | 22.0% |
| Physiological Measurement | 60.8% |
| Colonoscopy | 64.1% |
| Flexi Sigmoidoscopy | 66.5% |
| Gastroscopy | 53.8% |
| CT | 15.6% |
| MRI | 35.9% |
| Non-Obstetric Ultrasound | 16.3% |
| Echocardiography | 22.0% |
| Other | 36.1% |

### Waiters by weeks waited for August 2023

| Weeks waited | Count |
|---|---|
| 0 < 1 weeks | 5670 |
| 1 < 2 weeks | 5620 |
| 2 < 3 weeks | 4687 |
| 3 < 4 weeks | 4034 |
| 4 < 5 weeks | 3522 |
| 5 < 6 weeks | 2826 |
| 6 < 7 weeks | 1531 |
| 7 < 8 weeks | 1131 |
| 8 < 9 weeks | 847 |
| 9 < 10 weeks | 653 |
| 10 < 11 weeks | 411 |
| 11 < 12 weeks | 364 |
| 12 < 13 weeks | 348 |
| 13+ Weeks | 5564 |

# Cancer

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

| Indicator | OF Flag | | Standard | England | | South East | | BOB Acutes | | BHT | | OUH | | RBFT | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Percentage meeting faster diagnosis standard | S012a | | 75% | 71.6% | ↓ | 72.8% | ↓ | 76.5% | ↓ | 64.4% | ↓ | 81.2% | ↓ | 80.0% | ↑ |
| Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') | | | 96% | 91.0% | ↓ | 91.4% | ↓ | 84.4% | ↓ | 81.7% | ↓ | 79.5% | ↓ | 94.3% | ↓ |
| Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer | | | 85% | 62.8% | ↑ | 67.8% | ↓ | 63.8% | ↓ | 56.0% | ↓ | 64.7% | ↑ | 70.7% | ↓ |
| Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer | | | 93% | 74.8% | ↓ | 80.4% | ↓ | 78.4% | ↑ | 74.2% | ↑ | 81.1% | ↑ | 79.2% | ↑ |
| Cancer - urgent referral seen | S010a | | | 267555 | ↑ | 42139 | ↑ | 7238 | ↑ | 2188 | ↓ | 2788 | ↑ | 2262 | ↑ |
| Cancer - first treatments | S010b | | | 28363 | ↑ | 4691 | ↑ | 885 | ↑ | 218 | ↑ | 404 | ↓ | 263 | ↑ |
| Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected | | Aug 23 | 93% | 70.3% | ↓ | 72.0% | ↓ | 96.3% | ↓ | 100.0% | → | 96.4% | ↓ | 95.2% | ↓ |
| Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is Surgery | | | 94% | 77.8% | ↓ | 77.6% | ↓ | 71.4% | ↓ | 59.3% | ↓ | 72.1% | ↓ | 83.3% | ↓ |
| Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is an Anti-Cancer Drug Regimen | | | 98% | 97.7% | ↓ | 97.1% | ↓ | 97.5% | ↓ | 93.6% | ↓ | 97.7% | ↑ | 100.0% | → |
| Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is a Radiotherapy Treatment Course | | | 94% | 88.4% | ↑ | 80.3% | ↑ | 96.0% | ↓ | | | 97.4% | ↓ | 92.9% | ↓ |
| Percentage of patients receiving first definitive treatment within 62 days of referral from NHS Screening Service | | | 90% | 65.1% | ↑ | 71.0% | ↓ | 66.7% | ↑ | 80.0% | ↑ | 55.0% | ↓ | 68.0% | ↓ |
| Percentage of patients receiving first definitive treatment within 62 days of a consultants decision to upgrade their priority status | | | 86% | 74.5% | ↑ | 80.2% | ↑ | 79.8% | ↑ | 84.2% | ↓ | 68.8% | ↑ | 80.8% | ↓ |

# Primary Care - GP

## Total Count of Appointments by Weekday for August 2023



Legend: Face-to-Face, Home Visit, Telephone, Video Conference/Online, Unknown

| Face to Face | Home Visit | Telephone | Video / Online | Unknown |
|---|---|---|---|---|
| 506K | 11K | 277K | 16K | 15K |

Appointments for August 23

## Overall Consultation Levels
GP Appointments by Month split by modality



Legend: Face-to-Face, Home Visit, Telephone, Unknown, Video Conference/Online, Grand Total
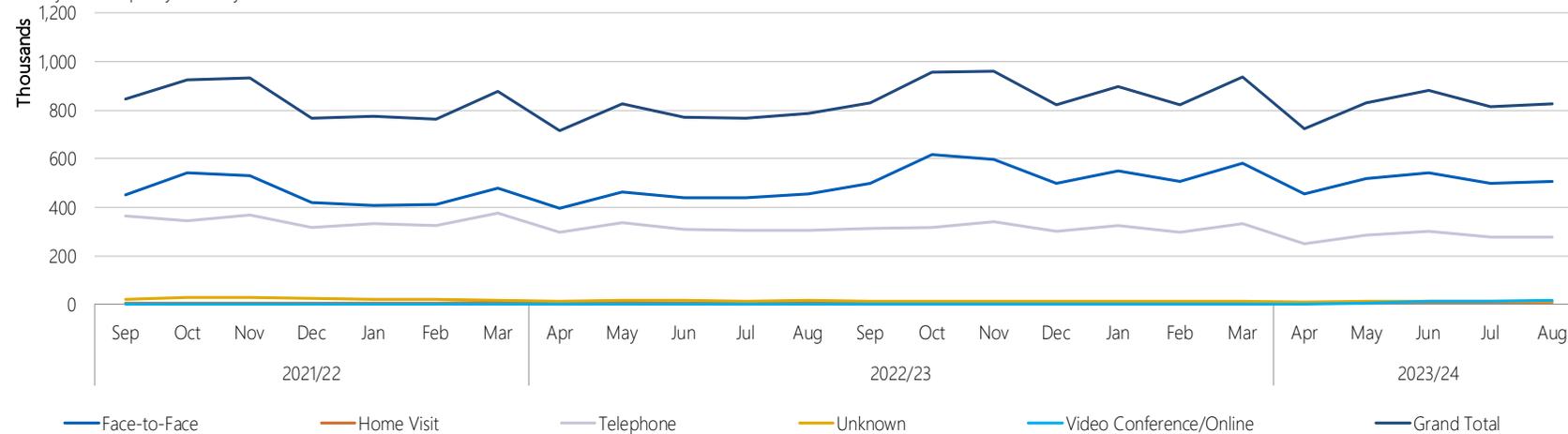
- Data shows number of GP practice appointments delivered in Aug 2023, including by mode and weekday
- Trend line shows an increase in appointments with the increase being seen in the main appointment modes, face2face and telephone.
- Comparing to same period in previous years (Aug 2023 to Aug 2022) activity has increased in total by 10.5%.
- There is a continual move to more appointments being delivered face to face. 61.26% of appointments took place face-to-face in Aug 2023 compared to 57.9% Aug 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.

# Pharmacy Optometry and Dentistry (POD)
## High street dental services - access

## % patients accessing NHS Dental Services in 2 years to October 2023



% population accessing NHS dental services in previous 2 years - BOB ICB
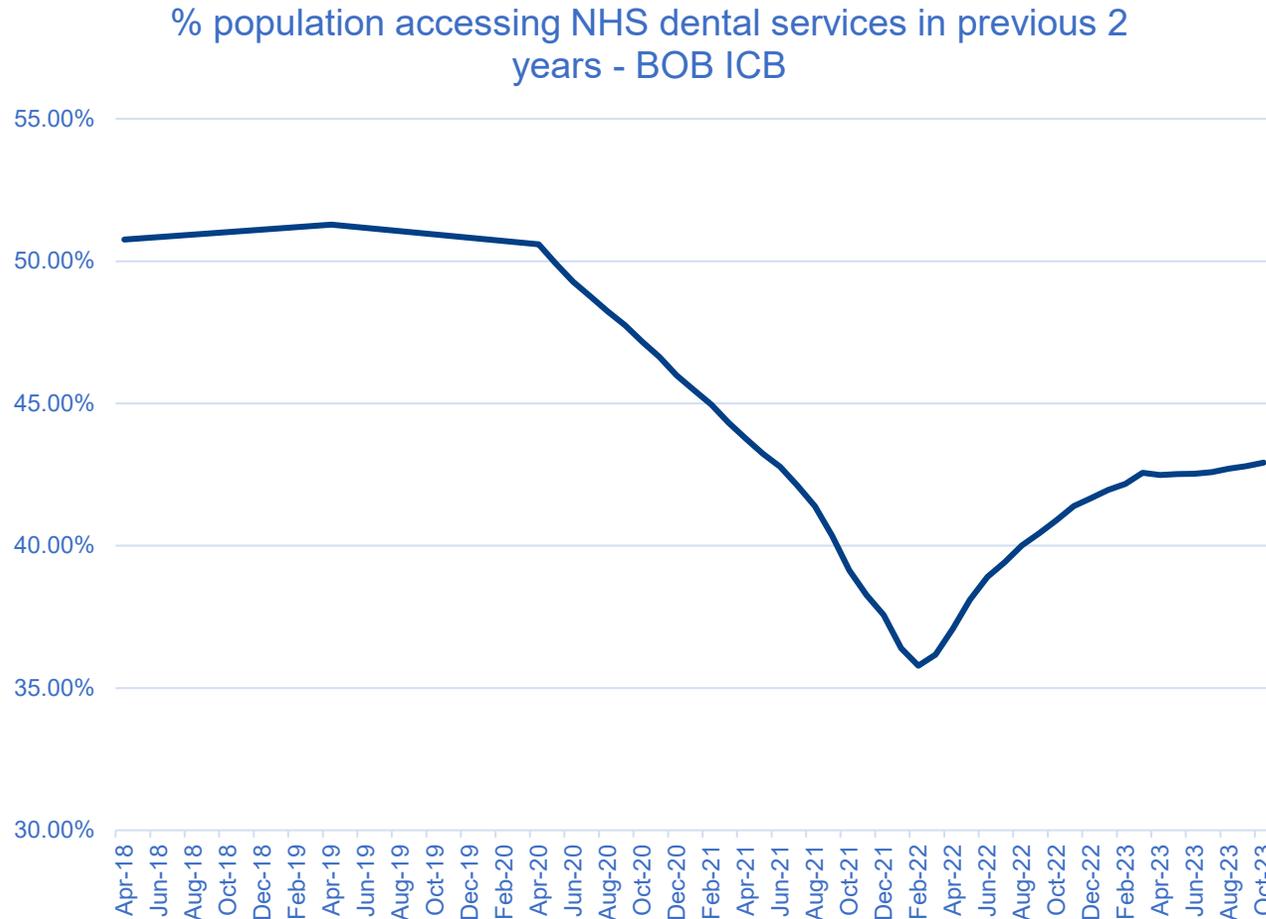
**Delivery against activity plan**

Dental Access stands at 42.92% of the BOB population in October 2023; an increase of 6,242 patients (+0.85%) since April 2023.

Access is still impacted by contract hand backs, with a 4% reduction in the levels of activity commissioned since 2021. This has impacted the ICB plan to commission 2,225,381 units of dental activity (UDA) in 2023/24 with Q2 position at 2,071,437. The most significant impact of lost capacity has been in Oxfordshire. Activity levels are recovering in Buckinghamshire and Berkshire West.

This also means there are on-going challenges for patients who have found it more difficult to access dental care, particularly those who have not attended a local practice in recent years.

Mitigations in place include:

➢ Temporary UDAs offered to practices in areas where contracts have been handed back for the period to 31 March 2024.
➢ Dental practices advised of ICB approval for them to be paid for up to 110% of contract performance for the period to 31 March 2024. Practices have been approached to advise whether they plan to overperform.
➢ Plans to re-commission lost activity on a recurrent basis from April 2024. Local practices have been approached to ascertain interest in providing additional activity. This includes consideration of innovative approaches to re-commissioning.
➢ Additional Access sessions to support patients in accessing urgent dental care (2 practices involved in the scheme)
➢ The Flexible commissioning scheme which commissions activity for the most vulnerable populations started in June 2023 with 30 contracts in place. In the period to October 2023, over 1,200 sessions in 30 practices (out of 203) with nearly 4,500 new patients seen and 5,500 patient attendances in total.

# Community Dental Services (CDS) - access

Number of patients awaiting assessed

### Thames Valley CDS - number of patients awaiting assessment and treatment



Number of patients awaiting assessment and treatment

— Awaiting assessment — Assessed and awaiting treatment
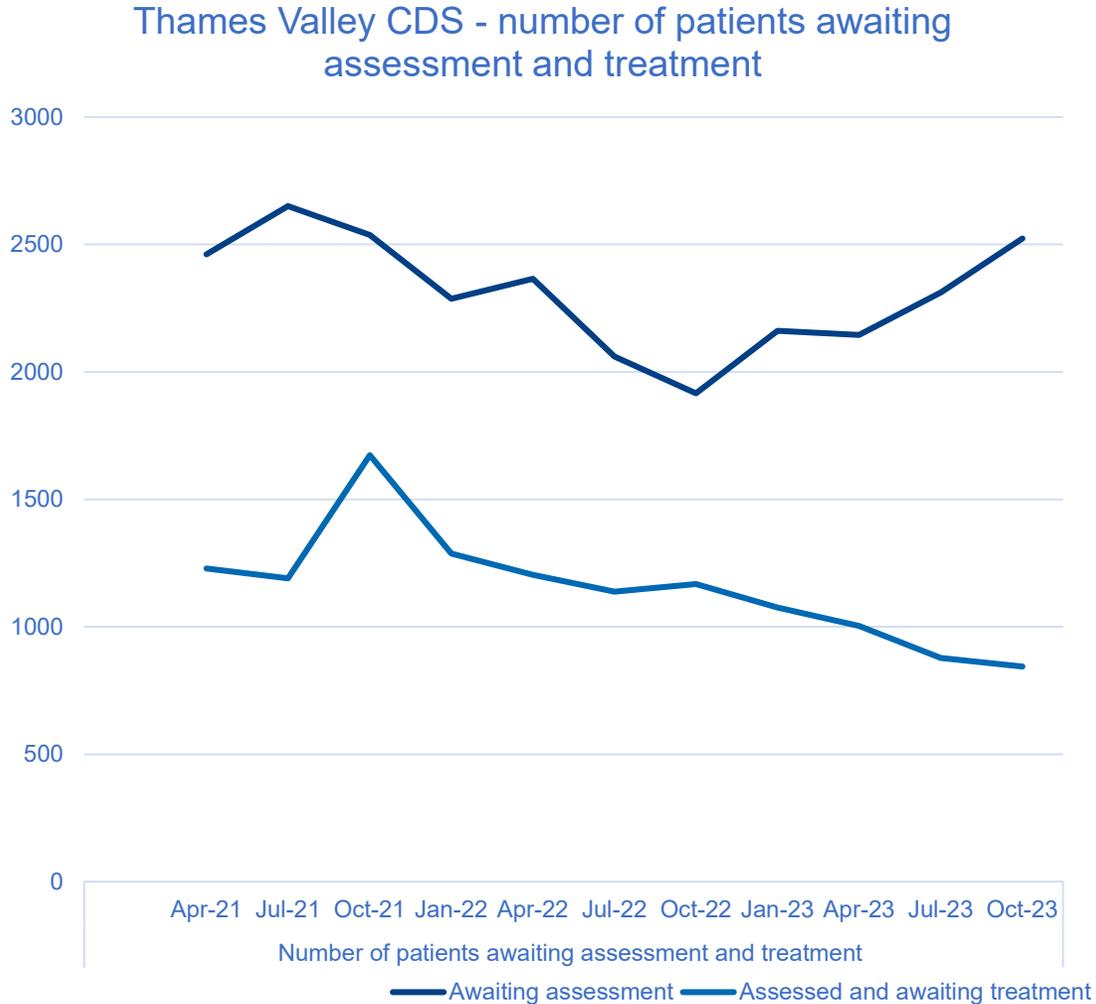
There are on-going capacity challenges for the Community Dental Service (CDS) providers in BOB. The number of patients waiting assessment continues to rise but number awaiting treatment following assessment is falling.

Additional monies have been invested with the providers, which helped reduce the number of long waiters particularly in Berkshire West in 2022/23. There is a lack of sustained improvement. This has been driven primarily by: (i) a lack of consistent access to theatre capacity in the Oxfordshire service due to competing service priorities (ii) issues related to estates, delays in senior recruitment and workforce capacity in in the Buckinghamshire service; which have also affected Berkshire West in 2023/24.

Mitigations:
➢ Establishment of formal CDS collaborative approach to track performance and develop mitigation of service issues to improve performance.
➢ The commissioner is working with the CDS collaborative on possible mobile theatre provision due to on-going challenges with theatre access, particularly in Oxfordshire.

# Community Pharmacy

NHS England has delegated to Integrated Care Boards (ICBs) the monitoring of:
- The provision of essential and advanced services
- Pharmacy contractors' compliance, using the Community Pharmacy Assurance Framework (CPAF) with the terms of the community pharmacy contractual framework (CPCF)

Arrangements for monitoring locally commissioned services are set out in local contracts or service level agreements.

**The process**
Pharmacies must complete the CPAF every year. This is a demonstration of compliance with the community pharmacy contract.
The process includes a short questionnaire, consisting of 10 questions. Information collected from this questionnaire helps to identify whether a pharmacy needs visiting.
If a pharmacy is considered for a visit, the full, comprehensive CPAF pre-visit questionnaire will be initiated. This is the second part of the process.

## Community Pharmacy Assurance framework 22/23

| ICB | Pharmacies chosen for full questionnaire | Visits | Number of actions combined |
|---|---|---|---|
| BOB | 33 | 4 | 37 |

## CPAF visits  23/24 - Outcomes and themes

| ICB | Pharmacy | No of actions | Actions status |
|---|---|---|---|
| BOB | 1 | 11 | Complete/compliant |
| BOB | 2 | 7 | Mostly complete/compliant additional information requested |
| BOB | 3 | 15 | Complete/compliant |
| BOB | 4 | 4 | Mostly complete and compliant, one final access in progress re consultation room and wheelchair access |

## Community Pharmacy Assurance Framework  23/24 screening questionnaire

| ICB | CPAF completions | Not completed | Total no of community pharmacy contracts | % of completions per ICB |
|---|---|---|---|---|
| BOB | 241 | 16 | 257 | 94% |
| Frimley | 120 | 12 | 132 | 91% |
| HIOW | 282 | 15 | 297 | 95% |
| Kent & Medway | 301 | 14 | 315 | 96% |
| Surrey Heartlands | 152 | 18 | 170 | 89% |
| Sussex | 275 | 26 | 301 | 91% |
| **Totals SE wide** | **1371** | **101** | **1472** | **93%** |

# Community Pharmacy Transformation

**NHS**

**Buckinghamshire, Oxfordshire and Berkshire West**

**Integrated Care Board**

## Community Pharmacy Blood Pressure Service

- The NHS Community Pharmacy Blood Pressure Check Service supports risk identification and prevention of cardiovascular disease (CVD)
- A community pharmacist will opportunistically measure the blood pressure of consenting adults who come into the pharmacy, by offering anyone a free blood pressure check who:
- Appears to be over the age of 40
- Has not previously been identified as having hypertension or a related condition; and
- Has not had their blood pressure measured by a health professional within the previous six months
- In addition, General Practice can refer patients to a participating community pharmacy for a clinic blood pressure reading or for 24-hour ambulatory blood pressure monitoring.

## Community Pharmacy Consultation Service (CPCS)

- 122 (76%) BOB practices are 'Live' and referring their patients to community pharmacists via CPCS, with a further 27 (17%) 'Engaged' with the service and preparing to 'Go Live'
- Across BOB 7,767 referrals have been made since April 2023, which equates to approximately 1,295 hours of saved practice appointment time
- There was a 5% increase in the number of referrals that were made across BOB in September, with BOB the only ICB to see an increase
- BOB again had the second highest number of referrals across the Southeast Region, achieving the third highest number of referrals comparative to population (50 per 100k)
- Process in place to drive down number of unopened CPCS referrals. Escalation process agreed.

📈 All ages: Number of opportunistic patients following blood pressure checks
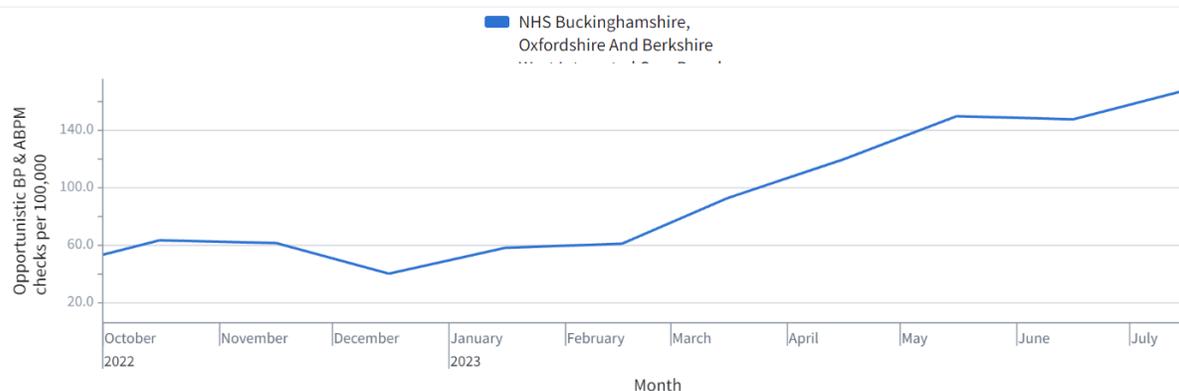
📈 Count: Community Pharmacist Consultation Service (CPCS) activities
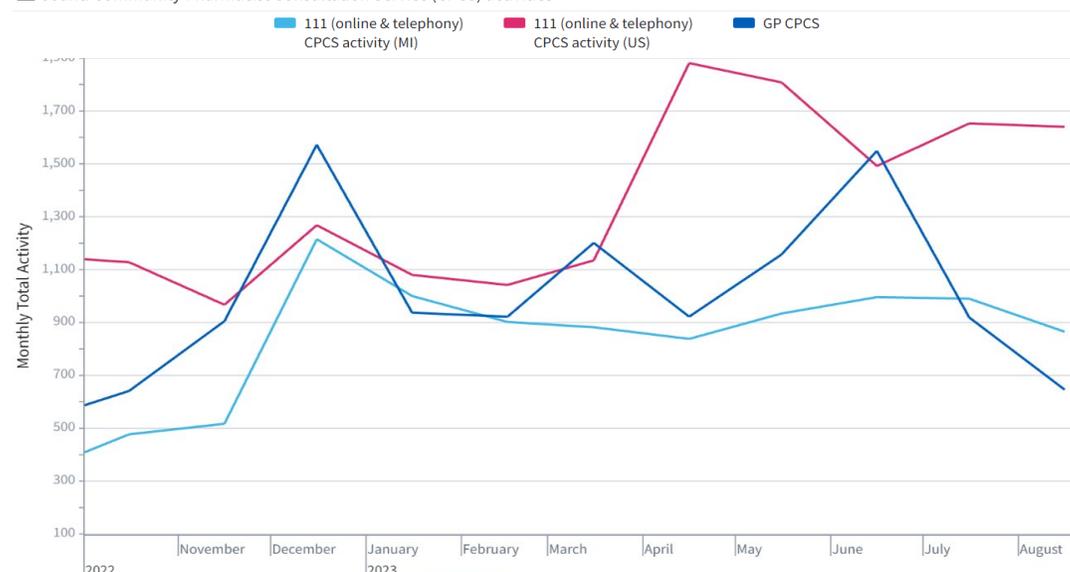
# Optometry Services

**Optometry contracting current position:**

**New contracts awarded June-September 2023**

| Location | New in period | Total number of contracts | Additional (Domiciliary Only) |
|---|---|---|---|
| Buckinghamshire | 1 | | |
| Oxfordshire | 5 | 155 | 52 |
| Berkshire West | o | | |

**Special Schools Service:**
- National intent to extend and roll out 'in school' eye testing in special schools (residential and day) from April 2024.
- Service modelling and discussions with the profession continue
- Final evaluation paper expected in November 2023 with anticipated ICB implementation requirement. Discussion with POD Hub team will be required following clarity re national requirements

**Local Health Eye Network (LHEN):**
- The LHEN continues to mature, bringing together providers across the system, with an aim to identify priority work programmes that will optimise capacity and develop an integrated care pathway
- The program is aligned to the newly forming Ophthalmology Steering group, that will deliver the ophthalmic priorities of the system Provider Collaborative

**Direct Optometry Referral:**
- As part of Operational Planning 2023/24 ICBs are expected to establish a direct referral process for optometry referral into secondary care services.
- Using the referral IT platform (REGO) optometrists now have the ability to directly refer routine referrals to appropriate secondary care providers, that had previously been sent for onward referral to the patients GP.
- Establishing the referral pathway has been complex due to the range of stakeholders and variation of IT infrastructure, which has resulted in a phased implementation. It is anticipated that the direct referral process for routine referrals will be fully established by 1 December 2023.
- There has been generally positive feedback about use of system, with requests from providers to increase the scope of referral pathways, the next phase will be to implement an urgent referral pathway.
- Discussions commenced with POD Hub team to align use of REGO as part of ongoing contract requirements.

| Location | % of Optometry practices using direct referral platform |
|---|---|
| Buckinghamshire | 86% |
| Oxfordshire | 77% |
| Berkshire West | 66% |

# Mental Health Services

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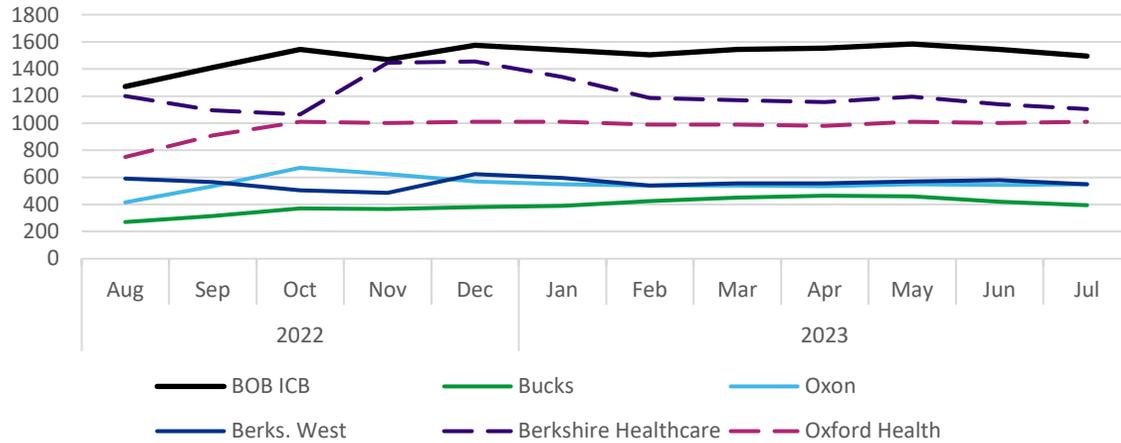**Integrated Care Board**

| 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 Jul 23 | | 9490 | 8705 | 2785 | 3140 | 2780 | 5280 | 5890 |
| Talking Therapies - Access Rate | | | 6.25% | | 5.7% | 6.4% | 5.1% | 5.9% | | |
| Talking Therapies - Moving to Recovery | | | 50% | | 50.3% | 51.4% | 51.3% | 47.7% | 41.6% | 51.6% |
| Talking Therapies - Treated within 6 Week | | Jul 23 | 75% | | 96.4% | 99.1% | 99.2% | 89.8% | 92.2% | 98.9% |
| Talking Therapies - Treated within 18 Week | | | 95% | | 99.7% | 99.1% | 100.0% | 100.0% | 99.5% | 100.0% |
| Dementia Diagnosis Rate | | Aug 23 | 67% | 64% | 61.24% | 57.3% | 62.6% | 64.1% | | |
| **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% | | 76.4% | | | | | |
| Inappropriate adult acute Mental Health Out of Area Placement (OAP) bed days | S086a | Three Months to Jul 23 | 0 | | 1495 | 395 | 550 | 550 | 1105 | 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.**

# Mental Health Services

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



Legend: BOB ICB, Bucks, Oxon, Berks. West, Berkshire Healthcare, Oxford Health

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



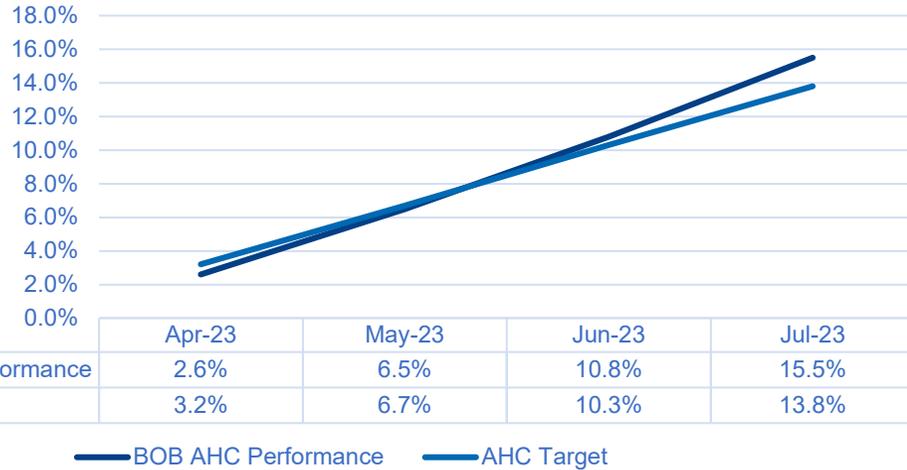Legend: BOB ICB, Bucks, Oxon, Berks. West, Berkshire Healthcare, Oxford Health

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



Legend: Target (100%), BOB ICB
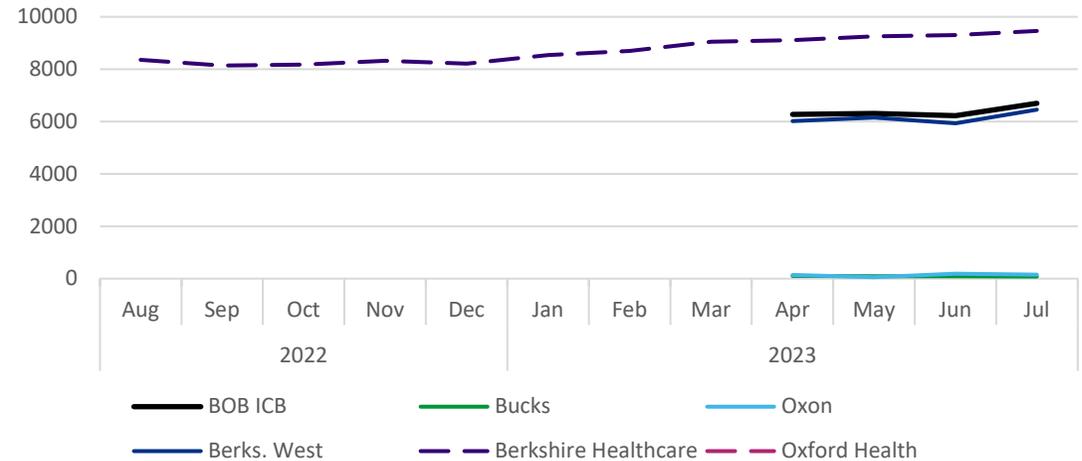
# Learning Disability Programme

**SRO: Rachael Corser**

## BOB ICS- Annual Health Check Performance



|  | Apr-23 | May-23 | Jun-23 | Jul-23 |
|---|---|---|---|---|
| BOB AHC Performance | 2.6% | 6.5% | 10.8% | 15.5% |
| AHC Target | 3.2% | 6.7% | 10.3% | 13.8% |

— BOB AHC Performance  — AHC Target

## BOB ICS - Inpatient numbers vs Targets 23/24



— Adult    — Children and young people
– – LTP Adults 23/24    ····· 30M Pop Target
····· 15M Pop Target

*LTP = Long Term Plan.*

### 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 M4 for 2023/24 and reflects a positive position for BOB..
- There were 15.5% of AHC performed by the end of July 2023 vs 13.8% 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 49 Adult and 13 CYP inpatients at the end of September 2023.

### Actions:

- Weekly 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 Learning Disability and Autism Quality manager role to focus on host commissioner responsibilities, CETR and Dynamic support registers (DSRs), Oversight Board.
- AHC Digital App pilot launching in Q3 to addresses health inequalities
- Housing market development work to improve housing options for people with complex needs has started, NHS SE LDA team providing expert advice.

### Risks:

- Review of BOB ICB Discharge co-ordinator roles underway to address recruitment challenges– focus on preventing admission and facilitating discharge.

# Learning Disability - Current Performance

**How are we performing:**

**Learning from Lives and Deaths (LeDeR)**
- 91% of eligible notification have been completed in August, which is below 95% target
- 2% percent drop in performance in July was caused by a delay with a single case
- 3% difference in performance between the highest performing (92% in Berkshire West) and the lowest performing (89% in Buckinghamshire) place.

**How are we performing:**

**Annual Health Checks**
- 15.5% of AHC performed in July 2023, which is above the trajectory based on last year's performance (13.8% in 2022).
- AHC completion at the end of the 2022/23 was 80.7%, which was well over the national target set at 75%.

**How are we performing:**

**Adult Inpatients**
- 49 adult inpatients recorded in September, which is above the NHS SE trajectory target (47 in Q2)
- Good progress was achieved from 56 in January 2023 to 46 in August 2023
- We are in better position with adult inpatients this year (49 in Sept 2023) compared to the last year (53 in Sept 2022), but further improvement is needed.

**How are we performing:**

**CYP Inpatients**
- 13 CYP inpatients recorded in September, which is above the NHS SE trajectory target (8 in Q2)
- The number of CYP inpatients has decreased from 14 in February 2023 to 13 in September.
- We are in better position with CYP inpatients this year (13 in Sept 2023) compared to the last year (14 in Sept 2022), but further improvement is needed to meet the target.

| 93% | 91% | 91% |
|-----|-----|-----|
| Jun-23 | Jul-23 | Aug-23 |

| 6.5% | 10.8% | 15.5% |
|------|-------|-------|
| May-23 | Jun-23 | Jul-23 |

| 45 | 46 | 49 |
|----|----|----|
| Jul-23 | Aug-23 | Sep-23 |

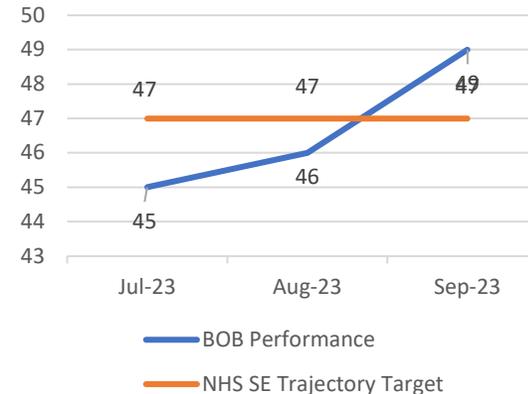| 13 | 10 | 13 |
|----|----|----|
| Jul-23 | Aug-23 | Sep-23 |

### LeDeR
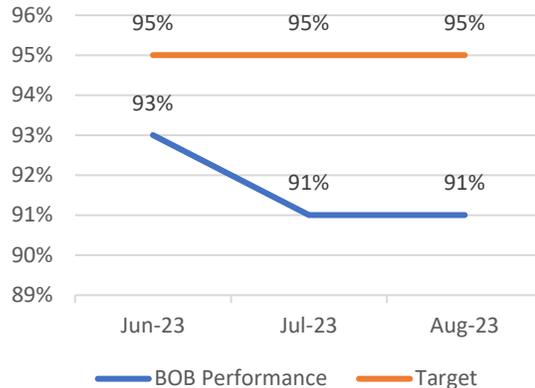

### Annual Health Checks
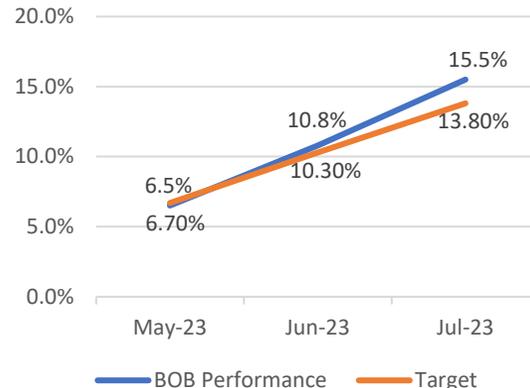

### Adult Inpatients


### CYP Inpatients
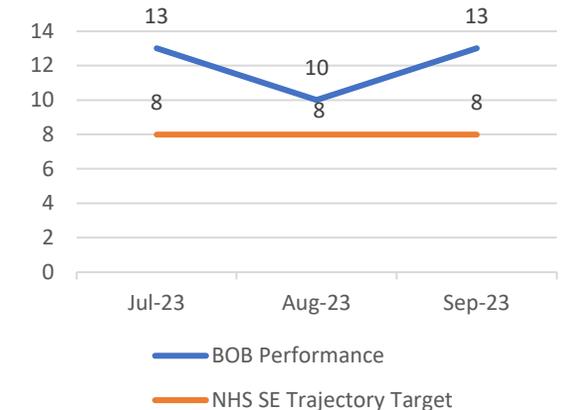
# Workforce - Turnover: October 2023 report

**Turnover by System**



12 Month Rolling Turnover by System as at: June 2023
System: Buckinghamshire, Oxfordshire and Berkshire West ICS Organisation: All
Staff Group: All Profession: All Profession (Detailed): All

**Turnover by Organisation**



12 Month Rolling Turnover by Organisation as at: June 2023
System: Buckinghamshire, Oxfordshire and Berkshire West ICS Organisation: Berkshire Healthcare NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Foundation Trust and 2 more
Staff Group: All Profession: All Profession (Detailed): All

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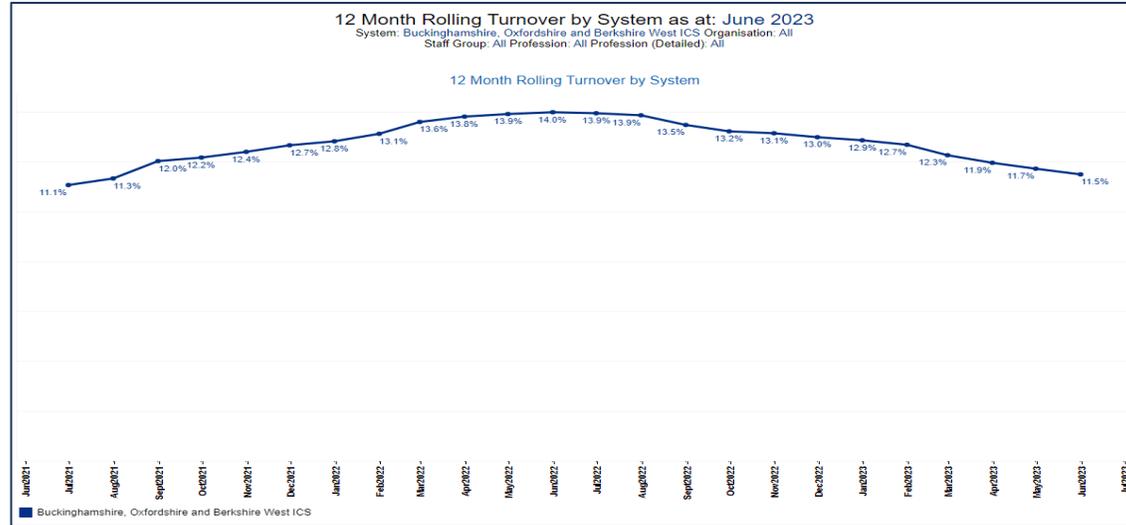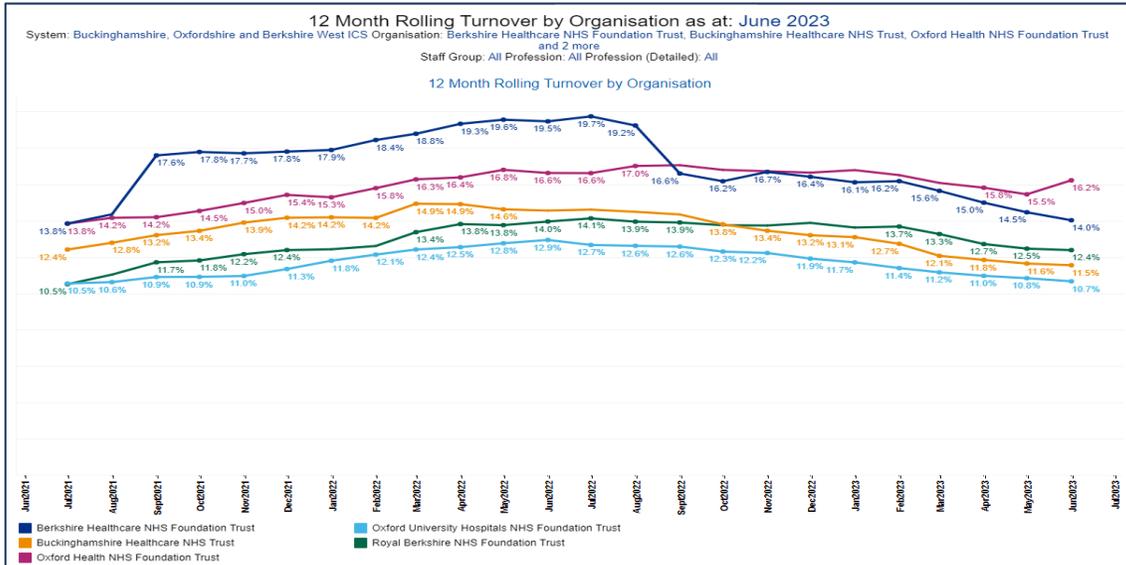
**This metric measures**
- Turnover by System, with further breakdown by Organisation.

Source SDSP "Joiners, Leavers and Turnover Dashboard" as of June 2023 (latest available data) Includes all staff except for doctors in training , who are traditionally excluded from turnover calculations, as the rotational nature of their posts distorts turnover data.

**How we are performing**
- BOB Turnover had risen to a high of 14% in June 2022 but has fallen steadily since then to its current value of 11.5%.
- The individual BOB Trusts display a similar trend.
- Turnover has fallen since mid 2022, for all trusts, although Oxford Health's turnover has risen since May 2023 (currently 16.2%).

**Actions**
- **Further investigation and discussion:** The rise in Oxford Health's turnover rate warrants further investigation and discussion, however interventions have been put in place since May 2023 so it is anticipated that these should start to have an impact in coming months.
- **Supportive interventions:** System CPOs agreed in September 2023, to set up a workstream to identify initiatives to retain staff, specifically focusing on staff health and wellbeing and financial health (the cost of living). This workstream is currently being set up and will start to develop initiatives for Q4 2023/24.
- Localised interventions are continuing at pace; A retention team has been put in place in Oxford Health since May 2023 and support has been provided which is specific to areas with high turnover.

**Risks:**
- Turnover remains a risk on the BAF and Trust Risk Registers for organisations within the system.
- These risks are being mitigated by provider initiatives to promote health and wellbeing and to target retention activities for the areas most impacted by high turnover. These initiatives are supported by the System-wide workstreams focusing on retention, and the Winter plan initiatives.

# Workforce - Vacancies: October 2023 report

**Establishment % change by Organisation**



**Funded Establishment**

| Org Name | M1 | M2 | M3 | M4 |
|---|---|---|---|---|
| Berks HC | 4,601 | 4,601 | 4,601 | 4,628 |
| BHT | 6,676 | 6,676 | 6,676 | 6,676 |
| Ox. Health | 6,669 | 6,718 | 6,802 | 6,809 |
| OUH | 14,022 | 14,075 | 14,099 | 14,161 |
| Royal Berks | 6,237 | 6,195 | 6,188 | 6,155 |

**% Change (where M1 = 100%)**

| Org Name | M1 | M2 | M3 | M4 |
|---|---|---|---|---|
| Berks HC | 100.0% | 100.0% | 100.0% | 100.6% |
| BHT | 100.0% | 100.0% | 100.0% | 100.0% |
| Ox. Health | 100.0% | 100.7% | 102.0% | 102.1% |
| OUH | 100.0% | 100.4% | 100.5% | 101.0% |
| Royal Berks | 100.0% | 99.3% | 99.2% | 98.7% |
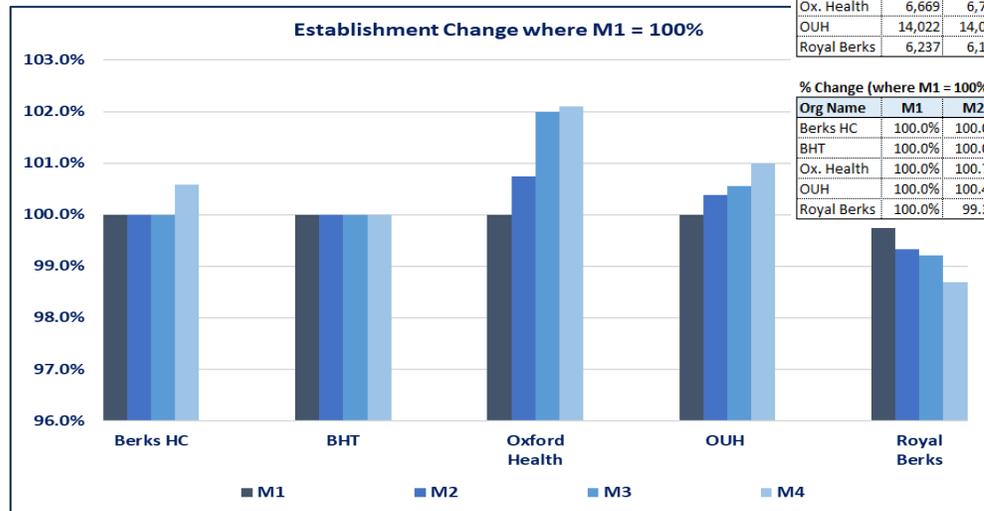
**Vacancy Rate by Organisation**
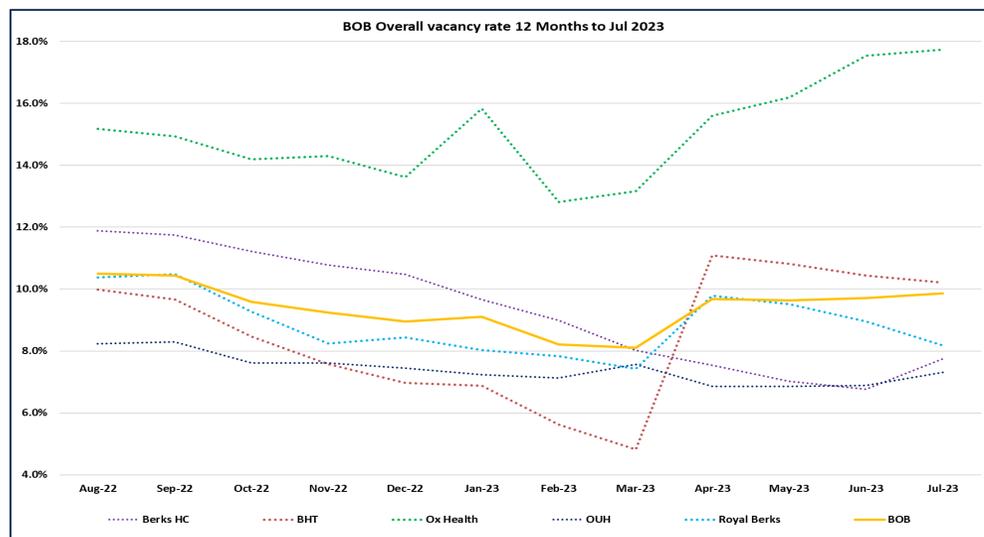


## This metric measures
- Percentage change in establishment by Organisation since April 2023.
- Vacancy rate by Organisation since the same period last year (August 2022).

Source SDSP Monthly Excel Data Files "2. Vacancies" file as of July 2023 from the "Assumed Establishment" Tab
Total Funded Establishment for all staff groups. Establishment variation is calculated where M1 = 100% and change is shown relative to this.

## How we are performing
- Establishment has remained static or increased slightly for all providers, except for Royal Berkshire which has seen a 1.3% decrease and Oxford Health which has seen a c.2% increase since Month 1.
- The Overall BOB vacancy rate has risen slightly from 9.7% to 9.9% since Month 1 but remains lower than for the same period last year (August 2022).
- Individual organisations have broadly followed this trend with Oxford Health being an outlier - vacancies have risen steadily since March 2023 and almost reached 18% by July 2023.

## Actions
- **Further investigation and discussion:** The rise in Oxford Health's vacancy rate and the possible relationship with the increase in establishment warrants further investigation and discussion, and an update will be reported next month. **Supportive interventions:** There are a few System People priorities and workstreams which focus on the various factors which impact on vacancy rates: The Health and Wellbeing workstream focusses on recruitment and retention, health and wellbeing and cost of living pressures; complemented by Leadership, Education and Training and the Temporary Staffing workstreams.
- Localised interventions are continuing at pace and are being aligned to the system People workstreams
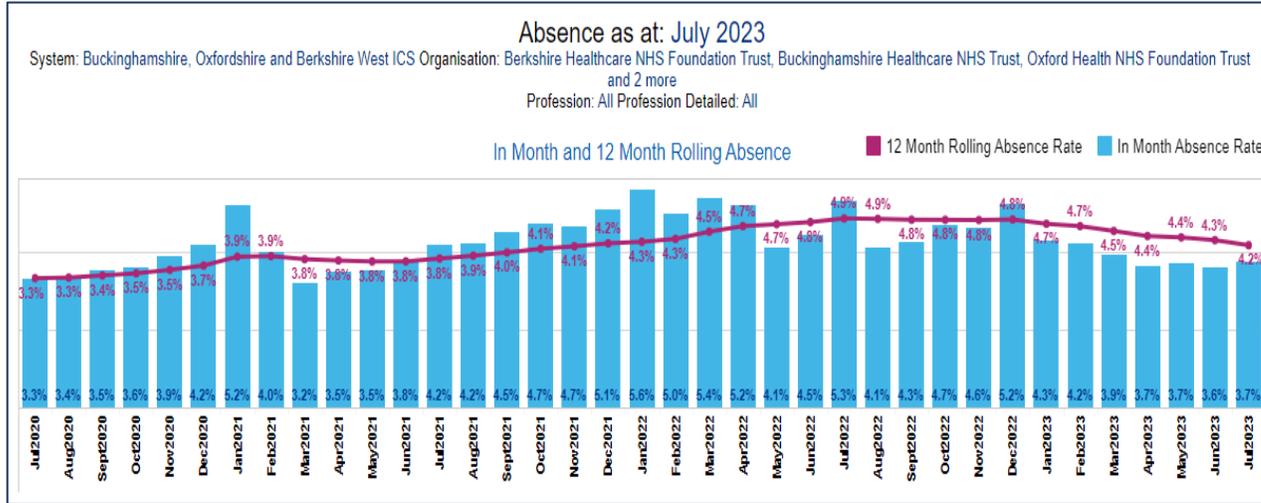
## Risks:
- Vacancy rates remains a risk on the BAF and Trust Risk Registers for organisations within the system.
- These risks are being mitigated by provider initiatives to promote health and wellbeing and to target recruitment and retention activities for the areas most impacted by high turnover, and the trend is starting move in the right direction but Trusts are mindful of the upcoming winter season and the impact this is known to have on retention.

# Workforce - Absence: October 2023 report

**Absence Rate by System**



Absence as at: July 2023

System: Buckinghamshire, Oxfordshire and Berkshire West ICS Organisation: Berkshire Healthcare NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Foundation Trust and 2 more
Profession: All Profession Detailed: All

In Month and 12 Month Rolling Absence

■ 12 Month Rolling Absence Rate  ■ In Month Absence Rate

**Absence Rate by Organisation and reason for absence as % of Total**



Absence Rate by Organisation

## This metric measures
- Absence rate by System, with further breakdown by Organisation.

Source SDSP "South East Absence JUL2023" Dashboard as of July 2023. Total Sickness Absence for all Staff Groups

## How we are performing
- We do not have consolidated trend in absence at the system level, but when a detailed look is taken at each organisation's position, all providers have demonstrated an overall downward trend (or improvement) in absence over the last 2 years, but caution is applied given that the trendlines begin at the end of the pandemic. Trends are seasonal, with peaks during the winter months.
- The main reason for absence was anxiety, stress or depression (22.5%), followed by musculoskeletal problems (excluding back problems) which constitutes 10.6% of all absence.
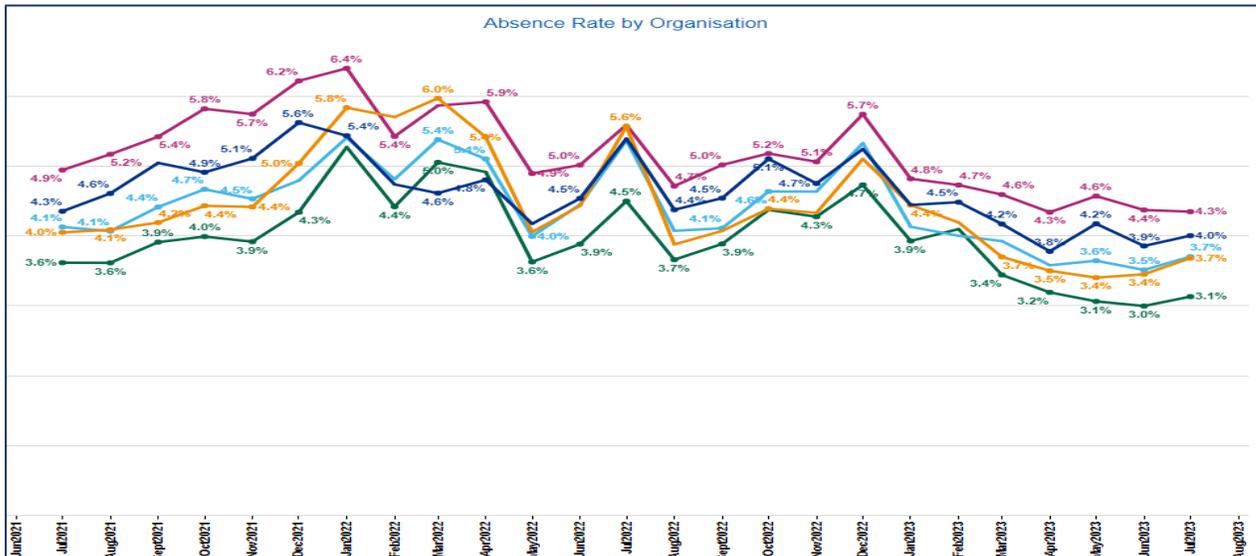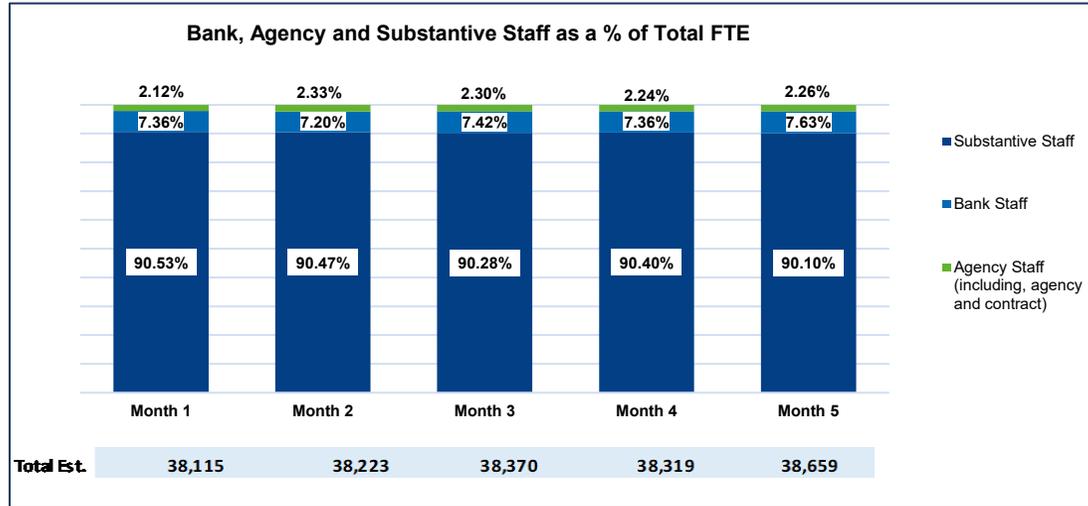
## Actions
- **Further investigation and discussion:** The trend for the current year will continue to be monitored given that this measure is subject to significant fluctuations month by month, and as we are moving into the winter period where organisations generally experience greater levels of absence.
- **Supportive interventions:** The workstream focusing on staff health and wellbeing and financial health will also specifically focus on addressing sickness absence.
- All organisations have had their winter plans reviewed at a regional level and providers are revisiting their winter plans, and the workforce elements of these plans, in response to the feedback received from the region.
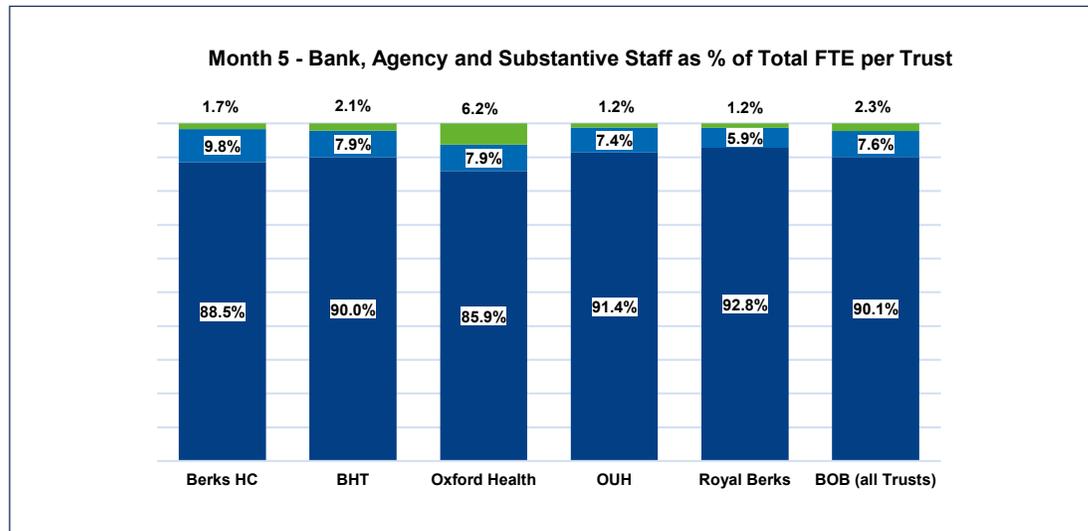
## Risks:
- Absence rates remains a risk on the BAF and Trust Risk Registers for organisations within the System.
- These risks are being mitigated by provider initiatives to promote health and wellbeing and to target these initiatives to better understand and alleviate the impact of stress for the workforce.

**Temporary and Substantive Staff Usage (FTE) by System**

### Bank, Agency and Substantive Staff as a % of Total FTE

| | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 |
|---|---|---|---|---|---|
| Agency Staff | 2.12% | 2.33% | 2.30% | 2.24% | 2.26% |
| Bank Staff | 7.36% | 7.20% | 7.42% | 7.36% | 7.63% |
| Substantive Staff | 90.53% | 90.47% | 90.28% | 90.40% | 90.10% |
| **Total Est.** | **38,115** | **38,223** | **38,370** | **38,319** | **38,659** |

Legend:
- Substantive Staff
- Bank Staff
- Agency Staff (including, agency and contract)

**Temporary and Substantive Staff Usage (FTE) by Organisation – Month 5**

### Month 5 - Bank, Agency and Substantive Staff as % of Total FTE per Trust

| | Berks HC | BHT | Oxford Health | OUH | Royal Berks | BOB (all Trusts) |
|---|---|---|---|---|---|---|
| Agency | 1.7% | 2.1% | 6.2% | 1.2% | 1.2% | 2.3% |
| Bank | 9.8% | 7.9% | 7.9% | 7.4% | 5.9% | 7.6% |
| Substantive | 88.5% | 90.0% | 85.9% | 91.4% | 92.8% | 90.1% |

### This metric measures
- Temporary v Substantive staff usage by system by % of total establishment (establishment figures in fte are shown below the graph).
- Month 5 Temporary v Substantive staff usage by individual organisation.

Source PFR Returns for BOB Trusts as at Month 5

### How we are performing
- For the system, use of bank and agency staff remains relatively static for the months since April 2023.
- Oxford Health is an outlier for Month 5 with the use of agency staff at 6.2%, mirroring the increase in establishment and vacancy rates (seen on previous slides).

### Actions
- **Further investigation and discussion:** As an outlier, the use of agency staff for Oxford Health warrants continued review over the coming months.
- **Supportive interventions:** System CPOs agreed to set up a workstream to identify initiatives to build on the existing temporary staffing collaborative. This workstream is in train and initiatives are being evaluated to identify where these can have further effect across the system.
- Local plans remain in place to continue to monitor and respond to this situation.
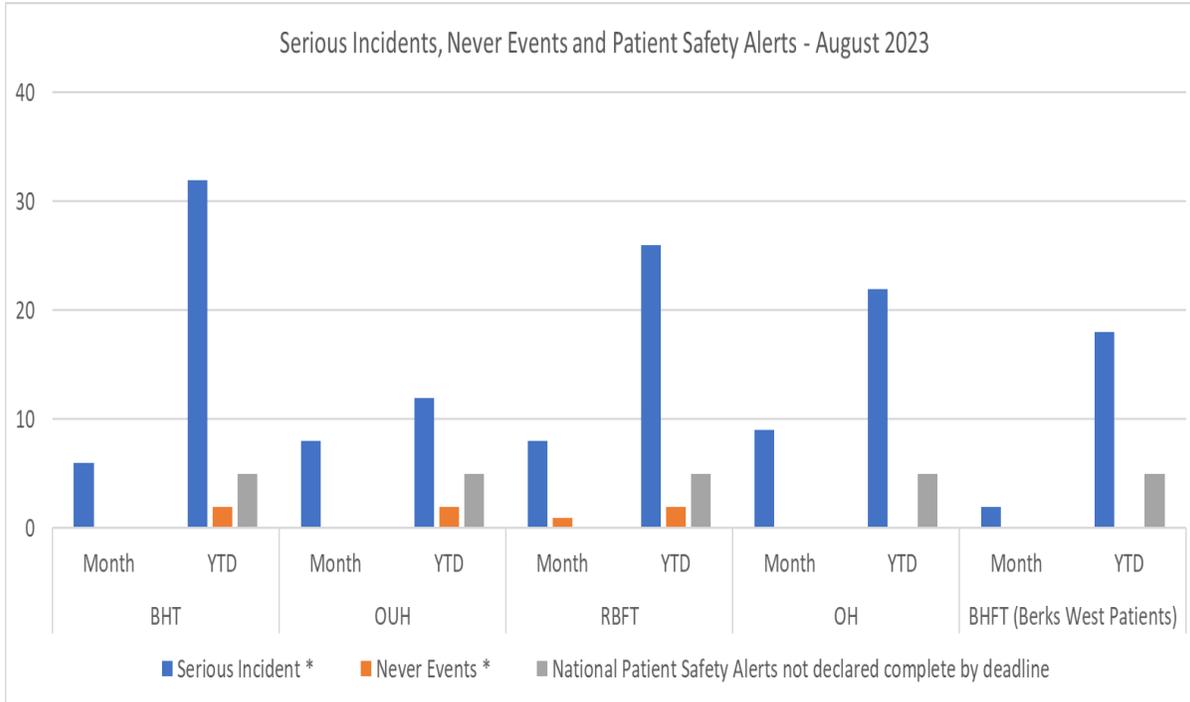
### Risks:
- Use of bank and agency staffing remains a risk on the BAF and Trust Risk Registers for organisations within the System.
- Local mitigations to reduce impact of high vacancy rates and high agency use include induction for agency staff to enable familiarisation with ways of working, clear handovers and where feasible, management of beds enabling number of beds open being flexed according to staff availability.

# 9. Quality Oversight Measures

# Serious Incidents & Never Events

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

Legend: ■ Serious Incident * ■ Never Events * ■ National Patient Safety Alerts not declared complete by deadline

| Quality | | BHT | | OUH | | RBFT | | OH | | BHFT (Berks West Patients) | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Indicator | Period | Month | YTD | Month | YTD | Month | YTD | Month | YTD | Month | YTD |
| Serious Incident * | Aug 23 | 6 | 32 | 8 | 12 | 8 | 26 | 9 | 22 | 2 | 18 |
| Never Events * | Aug 23 | 0 | 2 | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 0 |
| National Patient Safety Alerts not declared complete by deadline | Aug 23 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 5 |

**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 National Patient Safety Alerts required response in August; although an alert was issued regarding the risk of entrapment in bed rails requiring action from providers by March 2024. Royal Berkshire Hospitals identified gaps in documentation of care associated in the care of patients who developed pressure ulcers. Learning was shared from a Never Event relating to a "Wrong Site Surgery" with an injection into the wrong eye; WHO checklist compliance was a factor in this case. A venous thromboembolism (VTE) case has led to changes in the induction of surgical trainees and the implementation of VTE champions to improve compliance with assessment. Surveillance of waiting lists and identification of patient harm has led to failsafe officers being implemented to ensure patients are not missed from waiting lists and receive care in a timely manner. Berkshire Healthcare (BHFT) shared observation of a trend of patients presenting with co-existing mental health and drug & alcohol usage issues, which has previously led to sub-optimal care as patients can "fall between services"; this has led to the implementation of a Drug & Alcohol Coordinator in BHFT to improve the care for patients requiring access to both services. South Central Ambulance Service (SCAS) identified incidents of patient harm related to care and treatment delays, much of this associated with demand and capacity challenges; SCAS are undertaking some improvement work on their "end of shift" allocations, which has sometimes led to potentially appropriate resource not being allocated to 999 calls.

**Actions:**
- Improvement work outlined above by providers in response to Patient Safety Incidents
- Providers working towards implementation of Patient Safety Incident Response Framework (PSIRF)

**Risks:**
- Risk that in the transition to PSIRF that key quality and safety assurance may be missed; this is being reviewed and mitigated by a supportive oversight approach to encourage sharing of patient safety incidents and challenges.
- Demand and capacity pressures continue to have a significant effect on patient care, including patients being lost to follow up, or experiencing delays in timely care.

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

**Clostridioides difficile infection (CDI)** –

| CDI Sep 23 | HO | CO | Tot | YTD rate 100k | YTD |
|---|---|---|---|---|---|
| Bucks | 10 | 3 | 13 | 9.3 | 51 |
| Oxon | 13 | 7 | 20 | 14.0 | 96 |
| Berks W | 4 | 5 | 9 | 14.8 | 73 |
| BOB | 27 | 15 | 42 | 12.8 | 220 |

**Methicillin-resistant Staphylococcus aureus (MRSA) blood stream infection**

| MRSA Sep 23 | HO | CO | Tot | YTD rate 100K | YTD |
|---|---|---|---|---|---|
| Bucks | 0 | 0 | 0 | 0 | 0 |
| Oxon | 1 | 1 | 2 | 1.2 | 8 |
| Berks W | 0 | 0 | 0 | 0.8 | 4 |
| BOB | 1 | 1 | 2 | 0.7 | 12 |

### Infection Prevention & Control

Care Quality Commission (CQC) have conducted inspections in BW GP surgeries in August/September; the discussion concerned cleanliness, hand hygiene sinks and hard flooring within the clinical rooms. IP&C support has been offered to all Care Homes across BOB and IP&C place-based leads are attending the newly formed place-based monthly Care Home Forum meetings, training/education, and site visits if required for an outbreak or investigation, to standardise support across BOB. There have been some concerns in primary care around the increase in bedbug infestations in patient homes where patients are required to visit the practice, guidance has been provided. BOB wide standardisation of tuberculosis (TB) and Latent TB infection (LTBI) services is being discussed in collaboration with TB teams and the Thames Valley TB Network. Sporadic cases across BOB are managed.

### CDI

Nationally there has been an over 50% rise in hospital onset C. difficile cases in April- June 2023 compared with the same quarter pre-pandemic in 2019. There have been no trends or themes identified in Oxfordshire. Berkshire West had 5 CDI investigations and identified lapse in care from 4 cases as inappropriate sampling, inappropriate management of C.diff and AMS (antimicrobial stewardship) and delay in isolation. Learning was identified in one unavoidable case in Buckinghamshire regarding the knowledge required for the appropriate management a C. Diff colonised patient. Please see slide 42 – SPC Chart.

### MRSA

The Berkshire West MRSA total for the year has gone from 5 to 4, one was removed due to an incorrect sample. Berkshire West investigated and shared learnings of the community-onset MRSA case (identified in July) with the relevant team. The infection source was most likely skin and soft tissue and urinary tract infection (UTI). Oxfordshire have investigated the 2 MRSAB and not found any healthcare lapses in care, however, due to the number of skin and soft tissue source MRSAB in Berkshire West and Oxfordshire, a deep dive is planned using the System Engineering Imitative for Patient Safety (SEIPS) framework. Please see slide 42 – SPC Chart.

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

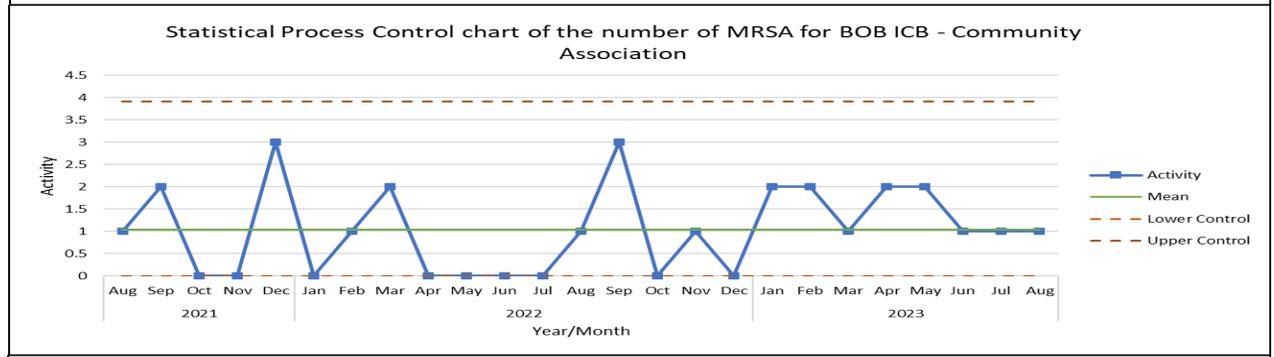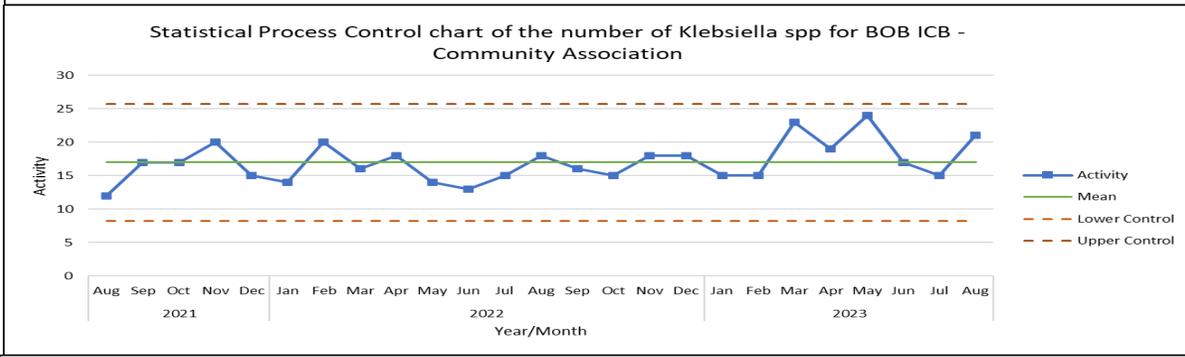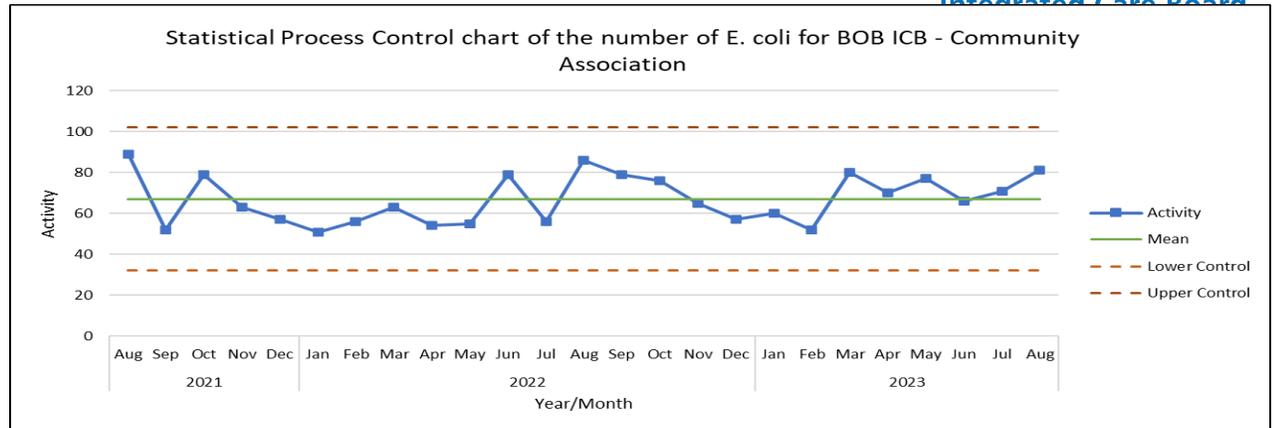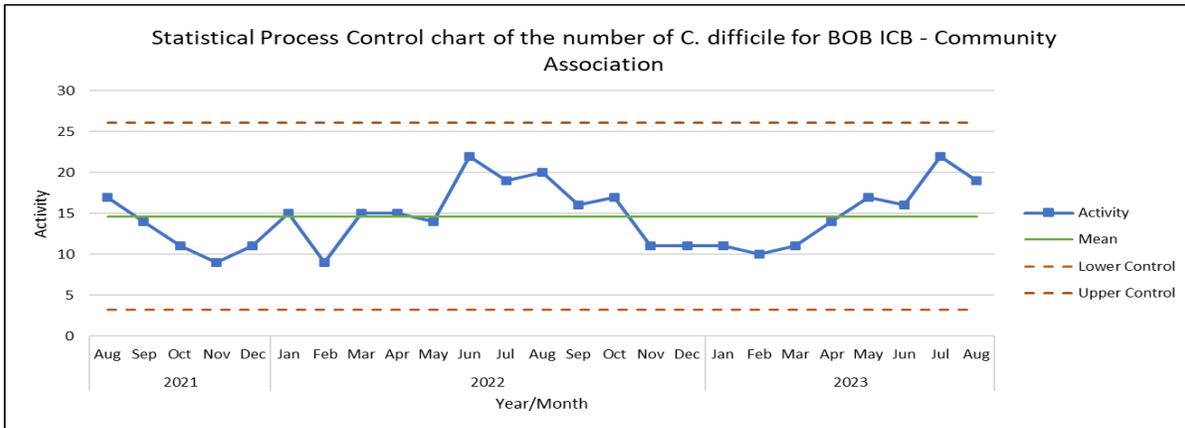| E.coli Sep 23 | HO | CO | Tot | YTD rate 100K | YTD |
|---|---|---|---|---|---|
| Bucks | 12 | 27 | 39 | 37.5 | 206 |
| Oxon | 15 | 27 | 42 | 38.2 | 260 |
| Berks W | 11 | 18 | 29 | 38.6 | 190 |
| BOB | 38 | 72 | 110 | 38.1 | 656 |

### GNBSI (Gram-negative bloodstream infections)

- Berkshire West IPCC group investigated GNBSIs and identified that upper UTI, lower UTI and hepatobiliary were the primary sources of E.coli, Klebsiella, and Pseudomonas Bacteraemia. Action plans are to improve UTI and CAUTIs (catheter associated urinary tract infection management and AMS. This includes a training "to dip or not to dip" that will be delivered to care homes and primary care to raise awareness among staff and a hydration project in the Reading area. A pilot study of CAUTI in the care home will be conducted from November-January for further actions. Please see slide 42 – SPC Charts.
- Planning for a hydration project is underway to target over 65s living at home within Berkshire West. The aim is to reduce Urinary Tract Infections and subsequently GNBSIs that result from urinary tract infections.
- The ambition to reduce GNBSI remains a challenge across BOB, with a continued focus from the IP&C team. A quality improvement project conducted in Oxfordshire to retrospectively review the Q1 community onset Oxfordshire Klebsiella BSI that had increased significantly, found no common themes and few opportunities for healthcare interaction that could have altered the outcome. Community onset Klebsiella BSI have since returned to expected rates.

# Statistical Process Control (SPC) Charts

Statistical Process Control chart of the number of C. difficile for BOB ICB - Community Association



Statistical Process Control chart of the number of E. coli for BOB ICB - Community Association



Statistical Process Control chart of the number of Klebsiella spp for BOB ICB - Community Association



Statistical Process Control chart of the number of MRSA for BOB ICB - Community Association



Statistical Process Control chart of the number of MSSA for BOB ICB - Community Association



Statistical Process Control chart of the number of Pseudomonas aeruginosa for BOB ICB - Community Association

# Maternity and Neonatal - August Update



**Number of live births**
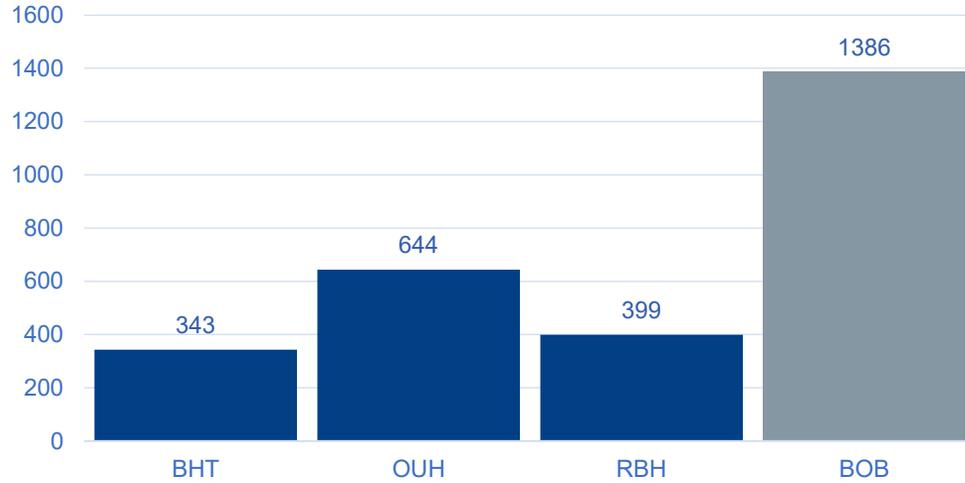
| Place | Number of neonatal deaths |
|-------|---------------------------|
| BHT | 0 |
| OUH | 2 |
| RBH | 2 |
| BOB | 4 |

Number and percentage of postpartum haemorrhage greater than 1.5l in all births
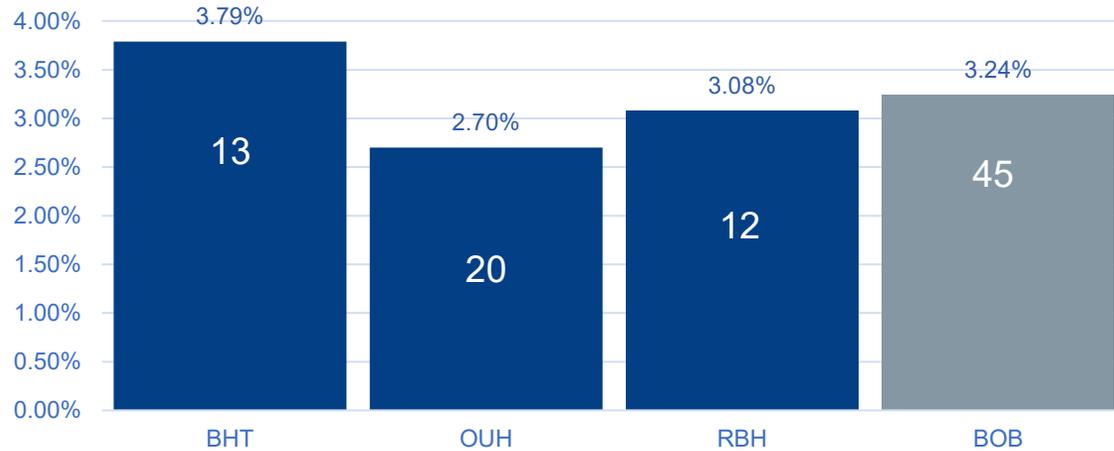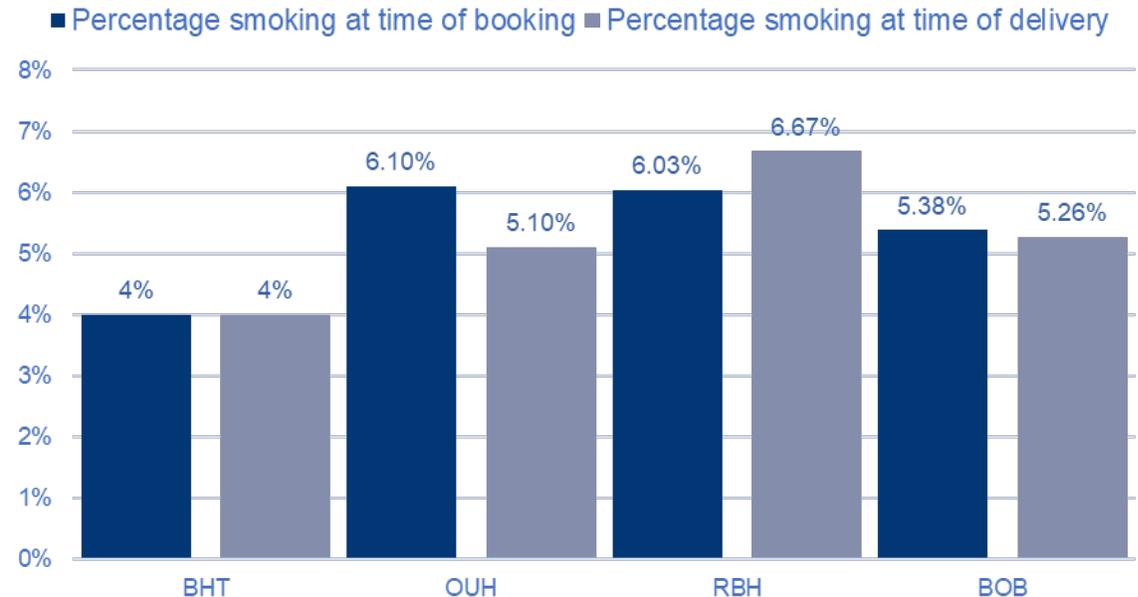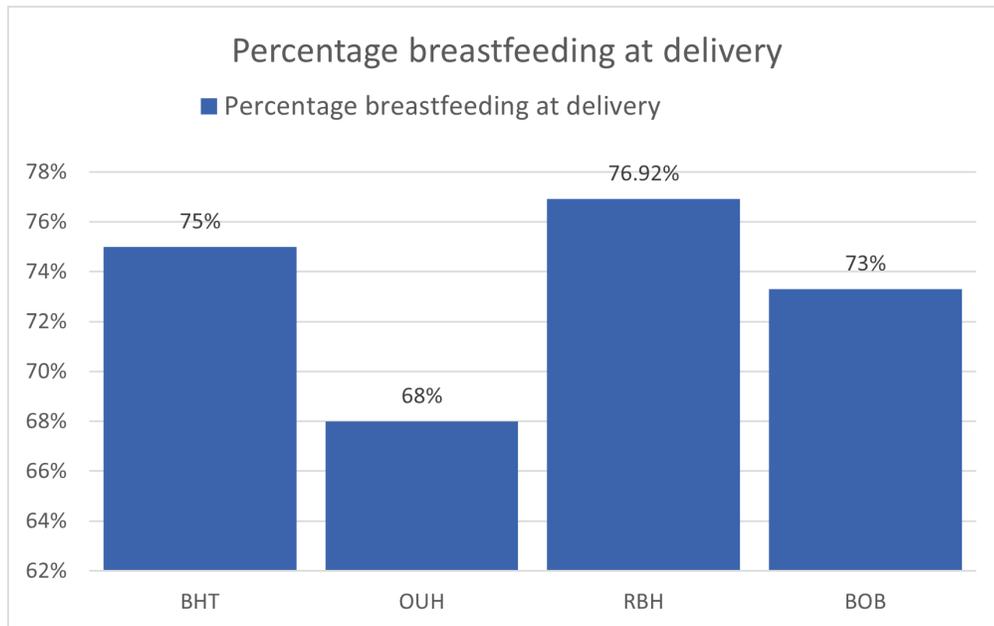
Number of deliveries by C-Section
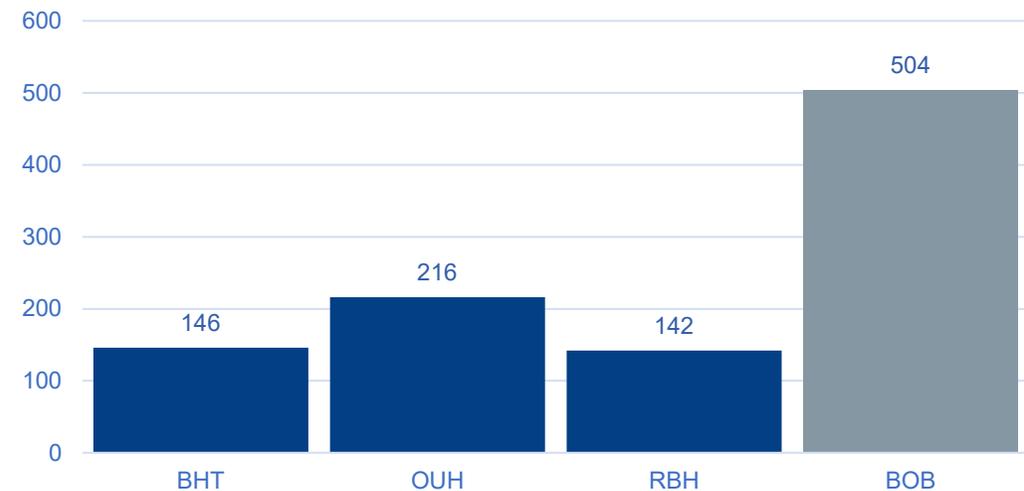
# Maternity and Neonatal - August Update

All three trusts currently have different ways to report and record data. We are working towards aligning our reporting to make all data available and consistent.

- Breastfeeding
  - % Breastfeeding at delivery
  - % Breastfeeding at discharge from midwifery services
- Induction of labour (IOL, expected from 1 Jan 2024)
  - Delayed or red flagged

| | Number of IOL's | Number of IOL's delayed or red flagged |
|---|---|---|
| BHT | 109 | 12 |
| OUH | 147 | 120 |
| RBH | 155 | 20 |
| **BOB** | **411** | **152** |

*IOL – Induction of Labour*

### Percentage breastfeeding at delivery

■ Percentage breastfeeding at delivery

- BHT: 75%
- OUH: 68%
- RBH: 76.92%
- BOB: 73%

■ Percentage smoking at time of booking  ■ Percentage smoking at time of delivery

| | Percentage smoking at time of booking | Percentage smoking at time of delivery |
|---|---|---|
| BHT | 4% | 4% |
| OUH | 6.10% | 5.10% |
| RBH | 6.03% | 6.67% |
| BOB | 5.38% | 5.26% |

# Internal performance CHC

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

| 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 | Aug-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| % CHC referrals completed in 28 days | 80% | 75% | Buckinghamshire | 62% | 63% | 61% | 48% | 81% | 65% | 59% | 38% | 57% | 71% | 83% |
| | | | Oxfordshire | 30% | 16% | 10% | 11% | 38% | 24% | 14% | 15% | 16% | 29% | 8% |
| | | | Berkshire West | 79% | 80% | 85% | 55% | 98% | 88% | 86% | 92% | 95% | 94% | 91% |
| % Decision Support Tools (DSTs) completed in acute hospitals | Fewer than 15% | 3% | Buckinghamshire | | | 0% | 0% | 4% | 0% | 0% | 0% | 3% | 0% | 7% |
| | | | Oxfordshire | 0% | 0% | 0% | 0% | 0% | 2% | 0% | 3% | 6% | 9% | 3% |
| | | | Berkshire West | | | 4% | 0% | 1% | 1% | 0% | 0% | 0% | 0% | 0% |
| Standard CHC assessment conversion rate | n/a | 21% | Buckinghamshire | 17% | 15% | 13% | 24% | 41% | 24% | 10% | 15% | 17% | 6% | 19% |
| | | | Oxfordshire | | | 57% | 43% | 38% | 32% | 32% | 50% | 51% | 29% | 37% |
| | | | Berkshire West | 11% | 16% | 7% | 14% | 6% | 12% | 11% | 2% | 6% | 4% | 9% |

**Buckinghamshire:**
28 days - Significant change to bring KPI within the national average. We still have an on-going issue related to limited LA availability for DST assessments.
% DSTs in acute – within the target. Standard CHC conversion rate – Change in rate and an increase in last month and remains monitored. Below the national position.

**Oxfordshire:**
28 days - Significant reduction and below the national average. Pressure from completing backlog of Fast Track (FT) 3 month reviews for CIP project, however, for July, August September we will have moved our 3 FT assessors over to the general team while an outside agency cover our FTs, to help achieve this KPI, but this not impact on performance until September. % DST in acute – within target. Standard CHC conversion rate – Change in rate and remains over the national position. Efforts have been made at Checklist stage whereby there is a 2-staged check to ensure only appropriate referrals are put through to full assessment. It has been observed that cases being referred in are growing in complexity.

**Berkshire West:**
28 days – No significant change above national average and consistently met. Reason for low conversion rate continue to be explored. External scrutiny of DST process indicates that decision making is not unduly strict.
% DST in acute – change in rate and below the national average but consistent. Standard CHC conversion rate –change in rate and a slight increase in last month but remains consistent. Below the national position.

# Patient Experience

| Indicator | Period | Target | | BHT | OUH | RBFT | OH | BHFT | BOB |
|-----------|--------|--------|---|-----|-----|------|-----|------|-----|
| Overall CQC Rating | Oct 23 | Good/Outstanding | | Good | Requires Improvement | Good | Good | Outstanding | |
| FFT recommend (Inpatient) | Aug 23 | | | 90% | 96% | 99% | | | 95% |
| A&E FFT | Aug 23 | | | 73% | 84% | 85% | | | 83% |
| Mixed Sex Accommodation MSA) Breaches | Aug 23 | 0 | | 0 | 90 | 349 | 0 | 0 | 439 |

## 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. There are differences in interpretation of the 2019 NHSE guidance and his has been subject to much debate. 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

# Residential and Nursing Home CQC ratings

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

| BOB | CQC Rating | | | | | |
|---|---|---|---|---|---|---|
| Place | Good | Inadequate | Outstanding | Requires Improvement | Unknown Rating | Grand Total |
| Berkshire West | 99 | 3 | 8 | 13 | | 123 |
| Buckinghamshire | 76 | 4 | 6 | 36 | | 122 |
| Oxfordshire | 104 | 2 | 12 | 11 | | 129 |
| Out of Area* | | | | 2 | | 2 |
| Grand Total | 279 | 9 | 26 | 62 | | 376 |
| | | | | | | |

*Unknown is due to not yet inspected by CQC

**Exception report:**
- Buckinghasmhire: Chilterns Manor - closed following Inadequate rating. Other inadequate settings awaiting reinspection following local MDT support.
- Oxfordshire: Orchard House and John Masefield - Weekly serious concerns meetings with little traction on action plan following Inadequate CQC ratings. Residents being reviewed with a view to removal.
- West Berkshire: Lakeside - 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].
- Windsar Care *(Frimley ICB) – CQC as RI on both homes but still significant concerns from LA's around management and resident safety.

# Primary Care - Patient Experience

## National GP Patient Survey

- Following publication of July 2023 National GP Survey results below, work continues to:

- Identify GP practices where review of performance may be appropriate.

- Development of the ICB's approach to the national 'recovery and access to primary care programme management plan' and 'practice / PCN capacity & access improvement plans' to have a positive impact on improving access and patients experience position and address inappropriate variation.

- 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.

| 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% |

# Primary Care - Quality

## GP Practice CQC ratings

| | Inadequate | RI | Good | Outstanding |
|---|---|---|---|---|
| BW | | 2 | 41 | 1 |
| Bucks | | | 46 | 2 |
| Oxon | | 1 | 62 | 4 |
| BOB | | 3 | 149 | 7 |

- **Berkshire West**: 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.  Woosehill Medical Centre was previously rated Requires Improvement but following a recent CQC visit is now rated Good.

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

# Glossary

## 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 Gastrointestinal |
| LTP | Long Term Plan |
| 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 |

**NHS**

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

## 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 |