

## BOARD MEETING

<b>Title</b>	Performance & Quality Report – Month 7 (October)		
<b>Paper Date:</b>	04 January 2024	<b>Meeting Date:</b>	16 January 2024
<b>Purpose:</b>	Assurance	<b>Agenda Item:</b>	13
<b>Author:</b>	Ben Gattlin, Head of Planning & Performance	<b>Exec Lead/ Senior Responsible Officer:</b>	Matthew Tait, Chief Delivery Officer; Rachael Corser, Chief Nursing Officer; Rachael de Caux, Chief Medical Officer

### Executive Summary

The report focuses in on the following metrics which were agreed as priorities for 2023/24 and includes updates on the broader range of performance and quality metrics overseen by the Integrated Care Board (ICB).

These metrics will be updated as the ICB develops and confirms 2024/25 priorities. Statistical Process Control (SPC) charts have been introduced into the Performance section of the report for; Planned Care (waiting over 65 weeks for treatment), Cancer (treated within 62 days), Primary Care (GP appointments seen within 14 days of booking).

#### **Urgent and Emergency Care – 4 Hour standard – target 75% by end of March 2024**

- Performance across Buckinghamshire, Oxfordshire and Berkshire West (BOB) deteriorated to 64.41% in November from 67.76% in October and remains below national and Southeast average but above last year's performance.
- Unvalidated data shows performance has remained static during December.
- All geographies have system improvement / winter plans in place.
- System discharge and virtual ward performance remains some of the best in the Southeast.

#### **Elective – Long Waits – target zero over 65 week waits by March 2024**

- BOB providers reported 1,893 patients waiting longer than 65 weeks at the end of September.
- Unvalidated data shows improvement during October and November. However, the latest industrial action may impact delivery during December and January.
- Latest estimates suggest BOB may have 500 patients still waiting over 65 weeks as the end of March.

#### **Neurodiversity Waits – target improvement in wait times**

- Average wait time to assessment for Autism and Attention Deficit Hyperactivity Disorder (ADHD) for children and young people (CYP) remains challenged. It is currently ranges from 92 weeks for ADHD in Berkshire West and 102 weeks for Autism and ADHD combined in Buckinghamshire.
- A data quality group has been established across BOB to standardise data collection and reporting. This will give us a more accurate and equitable picture across the BOB providers truly highlighting inequalities in care dependent on geography and allowing the correct interventions in the right place to ensure better outcomes for our population.

#### **Cancer waits – target reduction in patients waiting over 62-days for treatment**

- At the end of October there were 754 patients waiting over 62 days for treatment.
- Oxford University Hospital (OUH) entered Tier 2 (enhanced scrutiny and support from the regional team working closely with the ICB) for cancer at the end of November 2023 the Trust is over 50% away from target (266 vs 171).
- All three Trust are committed to improvement trajectories which should further reduce the patients waiting.

**Primary Care access – target maximise appointments within two weeks**

- Over 1 million GP consultations delivered across BOB in October (highest ever).
- Small deterioration in percentage in October (79.2%) compared to September (80.6%) seen within two weeks.
- BOB remains above Southeast and national averages.

**Workforce – target reduction in vacancies and workforce establishment in line with plans**

- The overall BOB vacancy rate has fallen from 9.4% (September) to 8.6% (October) and is 1% lower than for the same period last year (October 2022).
- Establishment has remained static for Buckinghamshire Healthcare Trust, all other Trusts are showing increases in their establishment except for Oxford Health, decrease of 0.3%.

**Action Required**

The board are asked to:

- Note and discuss the contents of the report and mitigating actions in place

**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:**

Previous reports have been reviewed at the Performance & Assurance Group, Executive Management Committee and Population Health and Patient Experience committee

# NHS Performance and Quality Report

## M7 – October 2023

Matthew Tait – Chief Delivery Officer

Rachael Corser – Chief Nursing Officer

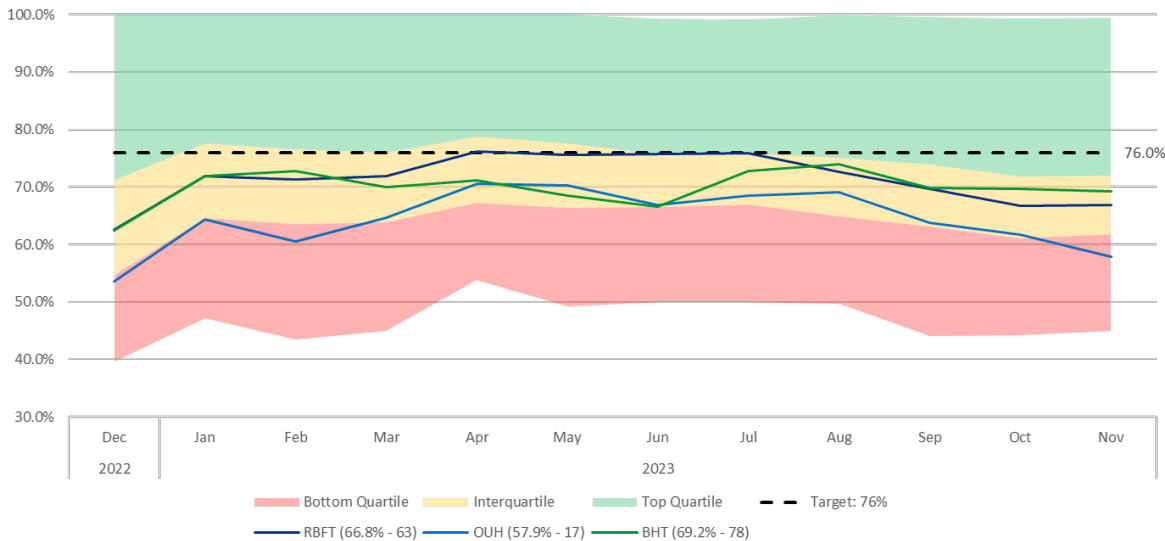
Rachael De Caux – Chief Medical Officer

1. Urgent and Emergency Care (UEC) – 4 Hour standard (Operational Planning by March 2024 minimum standard 76%)
2. Elective – Long Waits and Value Weighted Activity (VWA)
3. Autism and ADHD
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

SRO: Matthew Tait

A&E 4 Hour Performance Benchmarked against NHS Acute Trusts



**This metric measures:**

Our objective is to reduce the number of patients experiencing excess waiting for emergency service. We measure this through the percentage of patients who attend the Emergency Department (ED) and are seen within 4 hours of their arrival. Delivering against this standard requires cooperation across both the hospital and with partners in the wider health and care system. While the constitutional standard remains at 95%, NHSE has set Trusts a Target of consistently seeing 76% of patients within 4 hours by the end of March 2024

**How are we performing:**

**A&E 4 hour:**

- BHT – November All types performance 69.21% marginally down from 69.60% the previous month (October).
- OUH – November All types performance 57.90% down from 61.70% the previous month (October).
- RBFT – November All types performance 66.80%, marginally higher from 66.70% the previous month (October).
- Across England November All types performance was 69.75% down from 70.25% in October. In November, the Southeast was 71.90% down from 73.14% in October.

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:**

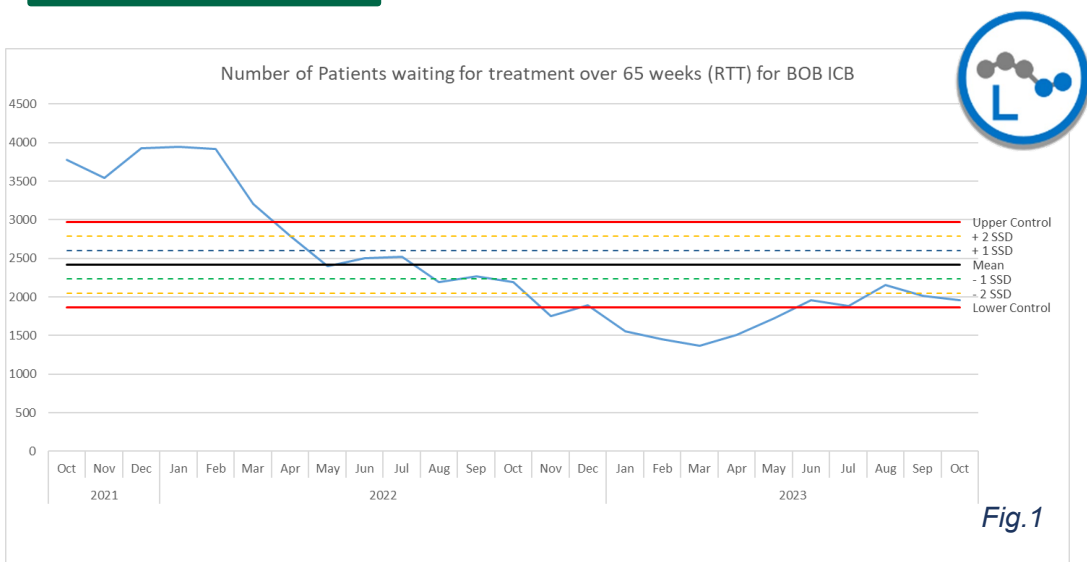
- All three acutes have ED improvement plans in place to support recovery of all types with delivery overseen at place UEC Boards
- Alternatives to ED continue to be promoted to reduce the pressures on departments, including; Urgent Community Response (UCR), Virtual Wards (VWs), 111, 111 online and Urgent Care Centres (UCCs).
- Additional capacity has gone live in accordance with local winter escalation plans, including short stay hub beds in Oxfordshire and 32 beds in Olympic lodge in Buckinghamshire to support discharges and flow
- All three Trusts remain committed to delivering 76% against the 4 hour A&E standard in March
- Discharges remain a key area of concentration – data quality continues to improve; work remains ongoing to ensure compliance with Discharge Ready Date reporting ahead of the March 2024 deadline..
- The ICS went live with the national Operational Pressures Escalation Levels (OPEL) framework on 4 December with all prescribed data feeds flowing in accordance with national requirements,
- Work has completed to support consistency in mental health (MH) OPEL triggers across our two providers – the indicators are going through provider Trust governance structures ahead of formal adoption
- A task group is being established with acute and SCAS leads to share learning and agree any additional actions available to support a reduction in ambulance handover delays – to commence early January

**Risks:**

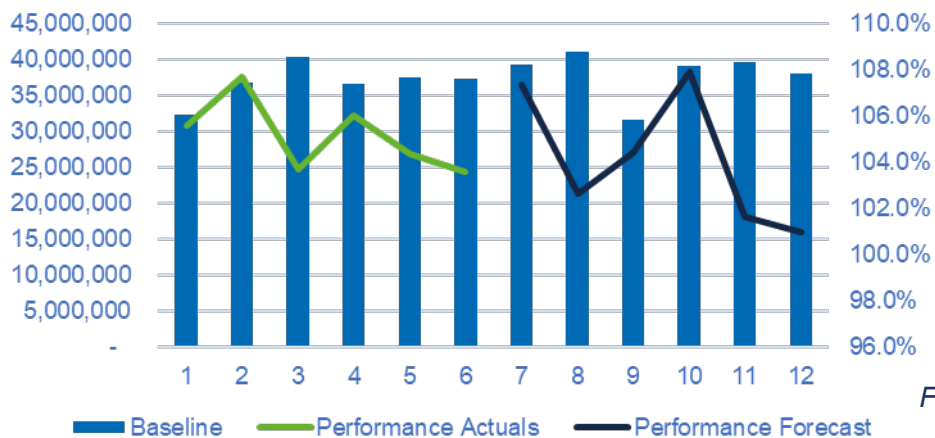
- Unmet demand in primary care/community resulting in higher ED attendances
- Increase in acuity resulting in more complex patients attending ED
- Ongoing disruption to services and demand profiles resulting from Industrial Action and exceptional weather conditions
- Staff sickness compounding UEC pressures

# 2. Planned Care

SRO: Matthew Tait



## VWA M1-6 Actuals 105.5% Year end forecast



4 \*VWA forecast does not include December or January industrial action impact

### 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

- At the end of September 208 patients were waiting over 78 weeks against a target of zero.
- BOB NHS Providers reported 1,893 patients waiting > 65 weeks against an end-September target of no greater than 958. The target is to reduce this to zero by the end of March 2024.
- BOB reported 6,529 patients waiting > 52 weeks against an end-of-October target of no greater than 4,457
- The total number of NHS Provider open pathways was 157,222 against the end of October plan of 134,267.
- Fig.1 Statistical process control (SPC) chart, introduced for the first time here, shows decreasing trajectory which indicates improvement – this is driven by Buckinghamshire Healthcare (BHT) and Royal Berkshire (RBFT), whilst Oxford University Hospitals (OUH) have had 4 consecutive points above the upper control limit indicating concern. Provider specific SPC charts can be found on [page 20](#).
- Fig.2 VWA - National workbook displays BOB at 105.1% YTD (Apr-Sep). The full year submitted plan for BOB is 104.4%.

### Actions:

- Overall focus this month is on minimising the impact of industrial action on planned care activity. Priority is being given to patients who have been waiting more than 65 weeks and for Cancer pathways.
- Transformation programme activities in specialties with longest waits this month include:
  - Agreed plan for joint insourcing in ENT: collating expected demand and capacity across the three trusts.
  - Developed joint high-level plan for Urology that will explore standardising pathways, opportunities for surgical hubs, passporting of workforce across trusts and shared procurement/outsourcing.
  - Agreement to focus on Musculoskeletal (MSK)/Trauma and Orthopaedics in 2024/25 and joint plan being developed.
  - BOB-wide Patient initiated follow-up audit expected to report in January to understand uptake and identify opportunities to reduce follow up outpatient appointments.

### Risks:

- Ongoing risk presented by non-elective pressures and competing demands such as industrial action. This has significantly slowed progress against transformation priorities. This risk is being mitigated through use of additional ICB resources.
- Insufficient capacity and competing pressures on physical resources e.g. Paediatric Intensive Care.

# 3. Autism and ADHD - CYP

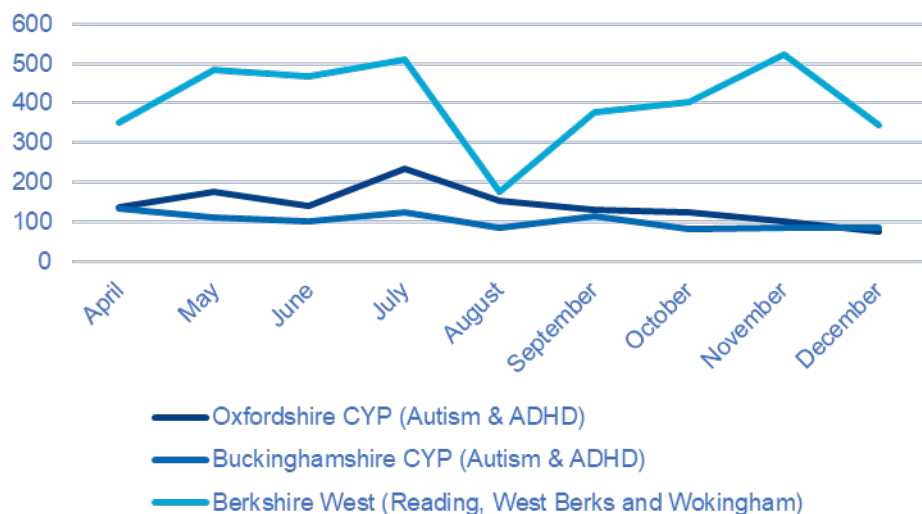
SRO: Rachael Corser

\*Data validation and alignment underway figures subject to change

## Latest number of CYP waiting for assessment (waiting list)

Oxfordshire CYP (Autism & ADHD)	2,923 (Dec 2023)
Buckinghamshire CYP (Autism & ADHD)	2,822 (Nov 2023)
Berkshire West (Reading, West Berks and Wokingham)	5,235 (Nov 2023)

## Number of Referrals Received for CYP



### 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 mean waiting time to assessment. The data here relates to CYP (children and young people) only. Note tables contain previous months report data due to reporting timelines, chart shows latest referral numbers by Place.

### How are we performing:

- The top table outlines the number of patients currently waiting for an assessment it displays 10,980 on the waiting list across BOB when using end of November 2023 figures for Buckinghamshire and Berkshire West and December 2023 figure for Oxfordshire
- The chart provides an overview of the numbers of referrals received by month from April 2023 to December 2023. A reduction is seen in August 2023 as expected due to school summer holidays
- The final table highlights the mean wait time to assessment across BOB. 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.

### Actions:

- A data quality group has been established across BOB to standardise data collection and reporting
- We are engaging in the NHSE regional neuro-diversity work programme which is developing a framework for best practice.
- Business Case under development for a longer-term approach to Autism & ADHD assessment & support.
- Further work to be undertaken to align reporting across Buckinghamshire, Oxfordshire & Berkshire West.
- Continue collecting mean waiting time to assessment monthly, to track improvements & impacts of increasing resource and transformational work.
- Continue rollout and expansion of BOB SHaRON (Support Hope and Recovery/Resource Online Network) pilot which provides support whilst waiting. Go live start of February 2024. In addition, investment proposals being developed using Service Development Funds from LDA to support CYP waiting for assessment.
- SPENCER pilot in 15 schools across Berkshire and Buckinghamshire.
- Exploration of potential project around automated clinical decision-making tool for Autism & ADHD Assessment.
- ICB Expression of Interest made for the Partnerships for Inclusion of Neurodiversity in Schools (PINS) pilot. To commence Jan 2024.

### Risks:

- Inequality of experience whilst on waiting list.
- Non-continuation of funding for SHaRON Pilot after the 2-year period.

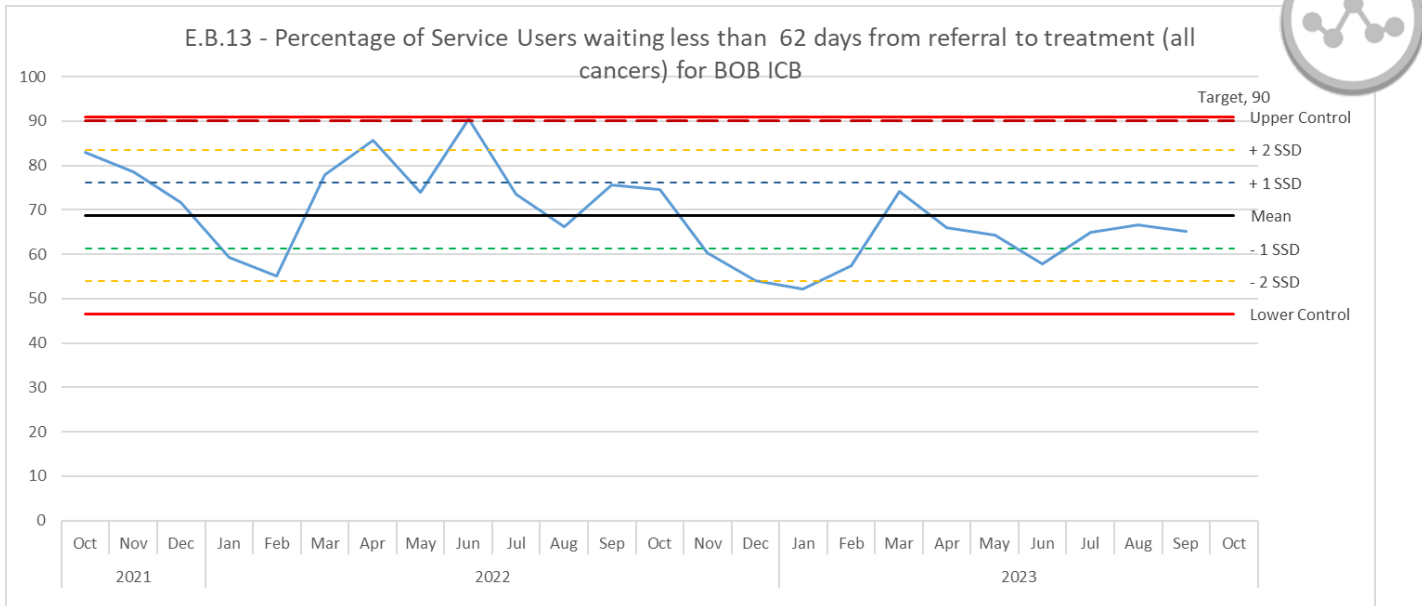
## Average (Mean) waited time to assessment for CYP seen

Oxfordshire CYP (Autism & ADHD)	94 weeks (Dec 2023)
Buckinghamshire CYP (Autism & ADHD)	102 weeks (Dec 2023)
Berkshire West (Reading, West Berks and Wokingham)	Autism – 101 weeks (Nov 2023)
Berkshire West (Reading, West Berks and Wokingham)	ADHD - 92 weeks (Nov 2023)

# 4. Cancer

**SRO: Matthew Tait**

*\*There is a delay processing the Cancer Waiting Times by Trust for October data due to format changes, this is being dealt with as a matter of urgency and will be processed as soon as possible.*



**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). Due to the delay in processing the cancer waiting times data the opportunity has been taken to introduce an SPC chart here. The process control shows common cause variation, although below the mean 5 of the last 6 data points are within 1 standard deviation. This does statistically indicate that BOB providers are unlikely to achieve the national standard at the next data point. Provider specific SPC charts can be found on [page 23](#).

**How are we performing:**

- The percentage of patients meeting the faster diagnosis standard in October across BOB was 74.4%, which is below target and above national and regional averages. BHT (63.4%) did not meet the target standard in October.
- At the end of October there was 754 patients waiting over 62 days for treatment (290 at RBFT, 266 at OUH, 198 at BHT).

**BHT** Skin, urology and lower gastrointestinal 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, thereby 700 theatre lists were lost, 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** Lower Gastrointestinal (LGI), gynaecology and head and neck remain the biggest challenges. Improvements have been seen at the start of the urology pathway however now seeing delays at the end due to 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 new Vitalis clinics to support LGI pathway. Recruitment is one of the biggest problems affecting Cancer backlog.
- OUH – additional flexi-lists to support prostate biopsy and extra CT biopsy slots to support renal pathway. Extensive cancer improvement plan in place.
- Deep dive into suspected cancer appointments and urgent appointments to look at triage and appropriate pathways are being selected.
- BHT – 2 more skin speciality doctors starting in October and November. Extra capacity approved for CT, MRI and radiology for reporting. BHT community skin hub opening Jan 2024
- Alliance - Progression of implementation of Best Practice Timed Pathways (BPTPs) for LGI, Lung, gynaecology, prostate, Head & Neck, Upper Gastrointestinal (UGI) with skin and breast pathways being added to work programme) to support reducing pathway bottlenecks with funding to support migration to BPTPs
- Ongoing TVCA/Trust meetings via various forums to support oversight of issues and required mitigations

**Risks:**

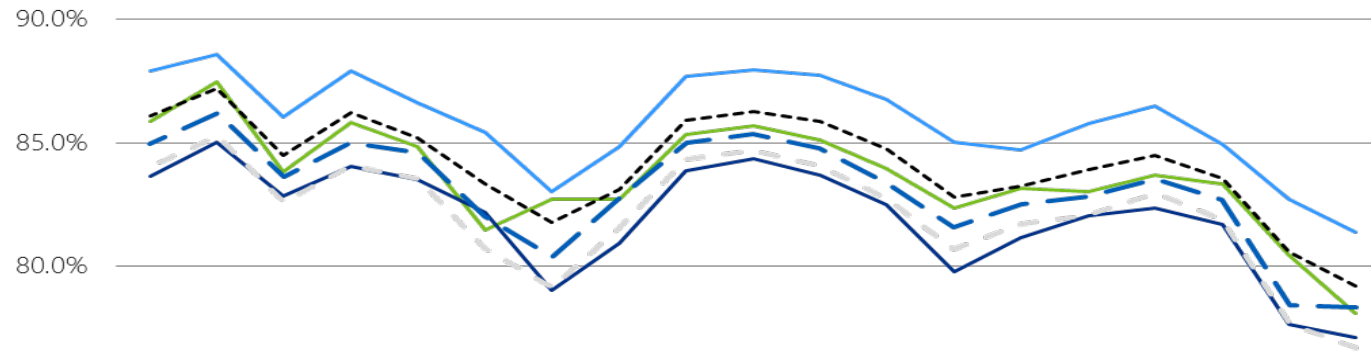
- Increase referral trends continue to be seen
- Diagnostic capacity across all trusts remain, driven by hysteroscopy, MRI and radiology
- Diagnostic and staffing capacity driving some pathway positions across the three trusts
- Workforce challenges also driving the position
- Industrial action impacted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



# 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	Sep	Oct	
	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%	80.5%	78.1%	
Oxfordshire	87.9%	88.6%	86.1%	87.9%	86.6%	85.4%	83.1%	84.8%	87.7%	88.0%	87.7%	86.8%	85.0%	84.7%	85.8%	86.5%	85.0%	82.7%	81.4%	
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%	77.7%	77.1%	
BOB ICB	86.1%	87.2%	84.5%	86.2%	85.2%	83.4%	81.8%	83.1%	85.9%	86.3%	85.9%	84.8%	82.8%	83.3%	83.9%	84.5%	83.6%	80.6%	79.2%	
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%	77.7%	76.7%	
England	85.0%	86.2%	83.7%	85.0%	84.6%	82.0%	80.4%	82.8%	85.0%	85.4%	84.8%	83.4%	81.6%	82.5%	82.9%	83.5%	82.7%	78.5%	78.4%	

**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 October was 79.2%, marginally down from the same period last year (October 2022) when 81.8% of patients were being seen in 14 days.
- For the 14-day metric, BOB continues to track well compared to national (78.5%) and regional peers (77.7%).
- SPC charts on [page 26](#) display the reduction in percentage seen within 14 days however also shows the number seen within 14 days which is the highest ever seen.

**Actions:**

- ICB's approach to the national 'recovery and access to primary care programme management plan' (PCARP) has been defined. Action plan in place to deliver with regular touchpoint meetings scheduled, all action plan workstreams are considered on track.
- 'Practice / PCN capacity & access improvement plans' (CAIP) which aim to improve access and address inappropriate variation are now subject to mid-year review / discussion with the ICB. This is to understand the challenges to delivery and what additional action and support may assist further.
- Principles to target and encourage 'at risk' practices to join the General Practice Improvement Programme (GPIP) have been designed to support those that need it most.

**Risks:**

- Variation in the quality of the data extracted makes interpretation challenging. Better practice mapping of appointments on national General Practice Appointment Data (GPAD) system and introduction of a consistent demand and capacity tool will mitigate this.
- ICB's approach to the national 'recovery and access to primary care programme management plan' and 'practice / PCN capacity & access improvement plans' may not deliver the required change. Strong programme management and governance including a task and finish group, monitoring and intervention and board reporting will mitigate this.

# 6. Workforce - Summary

SRO: Caroline Corrigan

**Summary:** Overall, there has been a positive trend in rates of turnover, vacancies, and absence rates since Month 1, and in relation to this same period last year. Temporary staff usage remains relatively static, although there has been a slight increase in agency usage for some trusts in M7.

Oxford Health remains an outlier in terms of increased establishment, and high vacancy rates. However, in M7 there has been a slight decrease in establishment, and vacancy rates have fallen from their M5 high, although this has been accompanied by an increase in agency staff usage.

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.

## Establishment and Vacancy Rate

### How we are performing

- Since M6, Establishment has remained static for BHT, decreased slightly (-0.2%) for Oxford Health, and increased for RBFT (1.2%), BHFT (1%) and OUH (0.4%).
- The overall BOB vacancy rate has fallen again, from 9.4% (September) to 8.8% (October) and is 1% lower than for the same period last year (October 2022).
- Oxford Health remains an outlier; its vacancy rate (16.3%) is over double that of the next highest trust, RBHT (7.9%). However, except for RBHT, where vacancies have risen by 0.4% the vacancy rate for all BOB trusts has fallen since the August peak.

## Absence

### How we are performing

- There is a lack of a trend in absence at the system level, but when a detailed look is taken, all providers have demonstrated an overall downward trend (improvement) in absence over the last 2 years. Caution is applied given that the trendlines begin at the end of the pandemic. Trends are seasonal, with peaks during the winter months. There has been a 0.4% in month increase in BOB Sickness Absence, from 3.9% in September, to 4.3% in October. This is lower than the rate for October 2022 (4.7%).

## Temporary Staffing

### How we are performing

- Whilst all Trusts showed a decrease in agency staff usage in M6, agency staff usage has risen slightly overall (0.3%) in M7, driven by an increase of 1.3% at Oxford Health, and by slight increases at RBHT (0.2%) and OUH (0.1%).
- Bank staff usage has fallen slightly in M7 overall (0.2%), driven by decreases of 2.5% at RBHT, and 0.2% at OUH.

## Turnover

### How we are performing

- BOB Turnover had risen to a high of 15% in June 2022 but has been on a steady downward trend since then, falling to its current level of 11.2%.
- The individual BOB Trusts display a similar trend.
- Turnover has fallen since mid 2022, for all trusts, although Oxford Health's turnover remains the highest at 15.6%.

# 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
<b>SAFE</b>							
Never events (month)	0	0	0	0	0	0	0
Safety alerts open	0	0	0	0	0	0	0
<b>EFFECTIVE</b>							
SHMI	Lower is better	0.9464	0.9707		0.9703		NA
Readmission rate		5.7%	19.3%	5.7%	3.7%	16.4%	5.0%
<b>CARING</b>							
FFT (Inpatient) recommend	Higher is better. England avg. 94.3%	90.1%	96.3%	NA	99.4%	NA	NA
Written Complaints Rate							

The Quality toolkit has been unavailable since June and an alternative source for the metrics is being sought. SHMI, Readmission Rate are the same as the Novembre Board report. No Never Events have been identified in October across BOB. No national patient safety alerts required response in October. Quality team are working with Bluteq to establish a monthly written complaints report

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)		Nov 23	95%	69.2%	57.9%	66.8%	
	Ambulance Handover Delays (> 30 mins)	S019a	May 23		14.9%	6.1%	11.3%	
Planned Care	Incomplete Pathways over 52 weeks at month end	S009a	Oct 23	Rated against plan	3213	3303	13	
	Incomplete Pathways over 65 weeks at month end	S009a			820	1071	2	
	Incomplete Pathways over 78 weeks at month end	S009a			25	183	0	
Cancer	Percentage meeting faster diagnosis standard	S012a	Oct 23	75%			*	
	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	S010a		93%				
	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer			85%				
	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 Oct 23		5.6%	6.2%	5.2%	5.6%
	Talking Therapies - Moving to Recovery		Oct 23	50%	47.2%	48.1%	50.4%	41.5%
	Dementia Diagnosis Rate		Nov 23	67%	62.0%	58.5%	63.3%	64.3%
	Severe Mental Illness (SMI) 6 Health Checks	S085a	2023/24 Q2	60%	48.9%	49.7%	44.7%	55.1%

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.

Indicators highlighted in blue - Due to an issue with the national cancer performance data, there has been a change to the template which we were not advised of. At current the data is not refreshed for M07 – October 2023.

# Urgent and Emergency Care

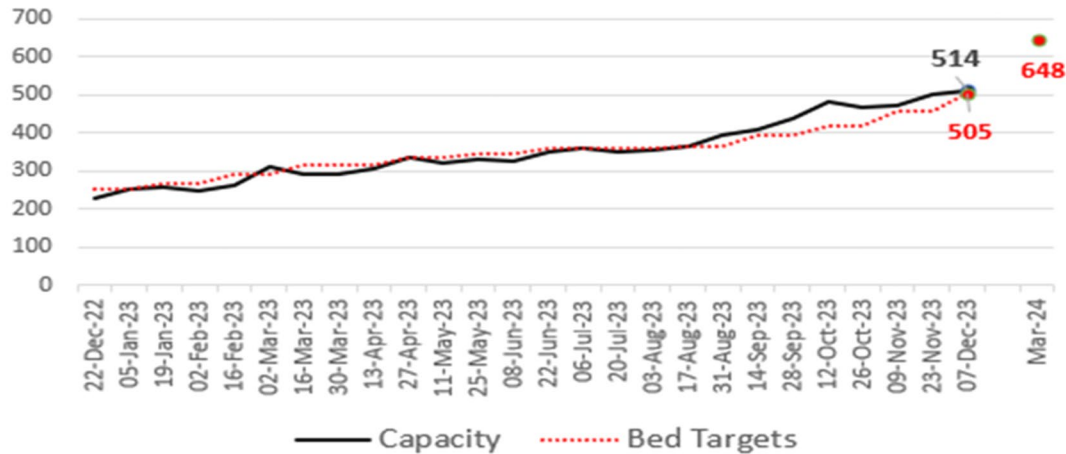
Indicator	OF Flag		Standard	England	South East	BOB Acutes	BHT	OUH	RBFT
A&E Performance (All Types)			95%	69.75% ↓	71.97% ↓	64.41% ↓	69.21% ↓	57.90% ↓	66.80% ↑
A&E Attendances				2,162,122 ↓	322,045 ↓	45,369 ↓	14,429 ↑	16,108 ↑	14,832 ↓
Breaches		Nov 23		654,122 ↓	90,282 ↑	16,147 ↑	4,442 ↑	6,781 ↑	4,924 ↓
Emergency Admissions				545,636 ↓	86,090 ↓	18,026 ↑	6,111 ↑	8,379 ↓	3,536 ↓
Over 12 hour waits from dta to admission			0	42,854 ↓	5,054 ↑	322 ↓	322 ↓	0 →	0 →
Ambulance Handover Delays (>30 Minutes) - unverified data	S019a						14.9% ↑	6.1% ↑	11.3% ↓
Average Hours Lost on Handover Delays per day at BOB Acute Trusts - unverified data		May 23					2:42:58 ↑	1:29:41 ↑	2:56:12 ↓

Ambulance Response Time (hours:minutes)	OF Flag		Standard	England	South East	SCAS
Ambulance Response Times (Category 1 Incidents Mean)	S020a		0:07:00	0:08:32 ↓	0:08:39 ↓	0:08:49 ↓
Ambulance Response Times (Category 1 Incidents 90th Percentile)			0:15:00	0:15:08 ↓	0:15:50 ↓	0:16:06 ↓
Ambulance Response Times (Category 2 Incidents Mean)	S020b		0:18:00	0:38:30 ↓	0:32:49 ↓	0:36:20 ↓
Ambulance Response Times (Category 2 Incidents 90th Percentile)			0:40:00	1:22:07 ↓	1:05:29 ↓	1:10:48 ↓
Ambulance Response Times (Category 3 Incidents Mean)	S020c	Nov 23		2:16:47 ↓	2:28:41 ↓	2:39:38 ↓
Ambulance Response Times (Category 3 Incidents 90th Percentile)			2:00:00	5:25:46 ↓	5:33:12 ↓	5:52:07 ↓
Ambulance Response Times (Category 4 Incidents Mean)	S020d			2:36:40 ↓	2:59:50 ↓	3:15:30 ↓
Ambulance Response Times (Category 4 Incidents 90th Percentile)			3:00:00	6:04:54 ↓	6:35:56 ↓	7:23:21 ↓

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.

# Virtual Wards (VW)

**BOB : Capacity & Bed Targets**



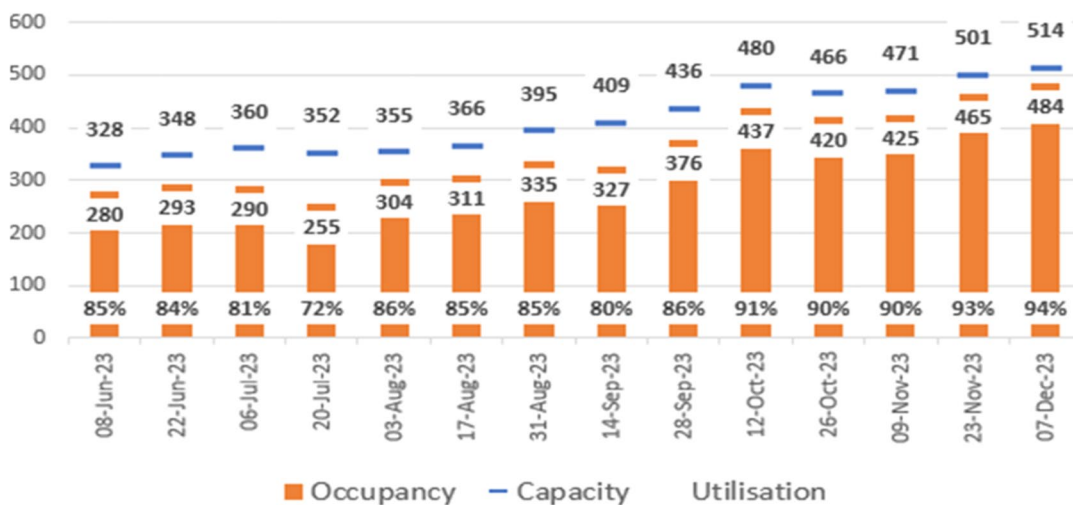
**This metric measures**

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 9 beds on 7 November 2023 (514 beds against a target of 515 beds).
- Utilisation exceeds NHSE target by 14% (94% against a target of 80%)

**BOB : Capacity, Occupancy & Utilisation**



**Actions:**

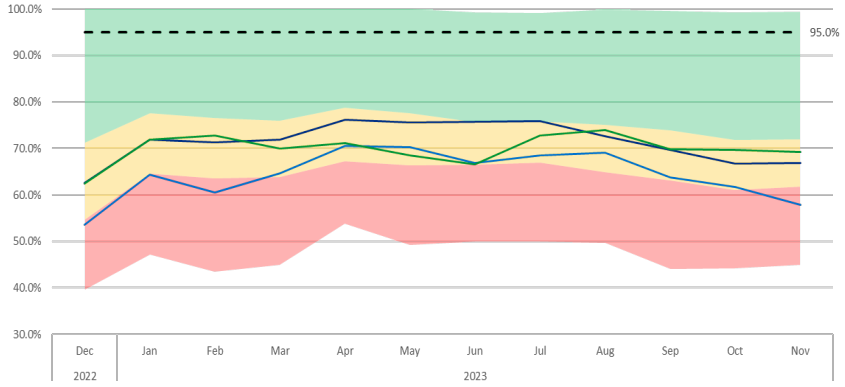
- All providers are working to align fully with the BOB ICS core offer and to develop their services further towards our vision. Service specification is currently being finalised.
- Work ongoing to develop place based Single Points of Access for Urgent Care to support streamlined and rapid access to UCR and VW's.
- Evaluation being delivered by Health Innovation Oxford and Thames Valley to confirm impact.

**Risks:**

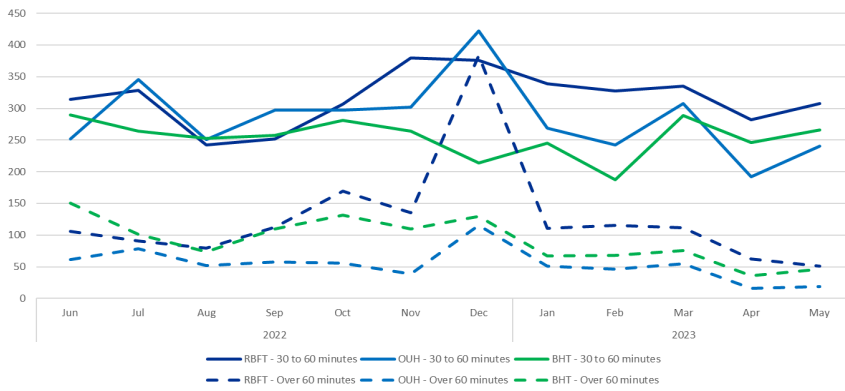
- There is a risk that places will be non-compliant with VW/Hospital at Home provision against the agreed core offer. Gap analysis and actions plans currently being reviewed.
- There is a risk that the providers of VW are not aware the patient is receiving care from another service e.g. hospital at home or UCR service, the VW provider may not be able to view and input into their Comprehensive Geriatric Assessment (CGA) and or plan of care due to lack of visibility of patient records across BOB. This results in duplication and potential clinical risk to patients.
- There is a risk that those currently using remote monitoring to support virtual wards will not be able to continue with the Docobo platform unless funding can be identified.

# Urgent and Emergency Care - Charts

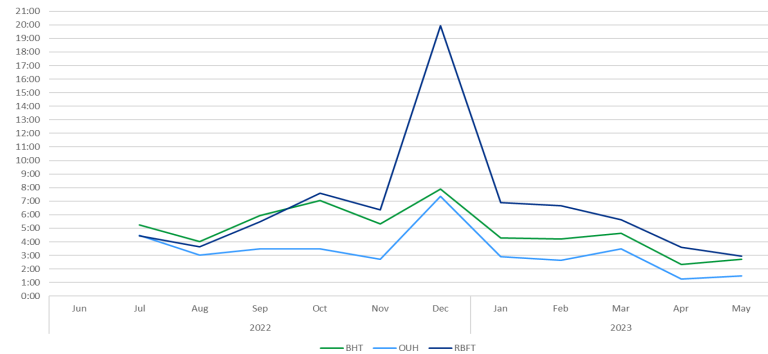
A&E 4 Hour Performance Benchmarked against NHS Acute Trusts



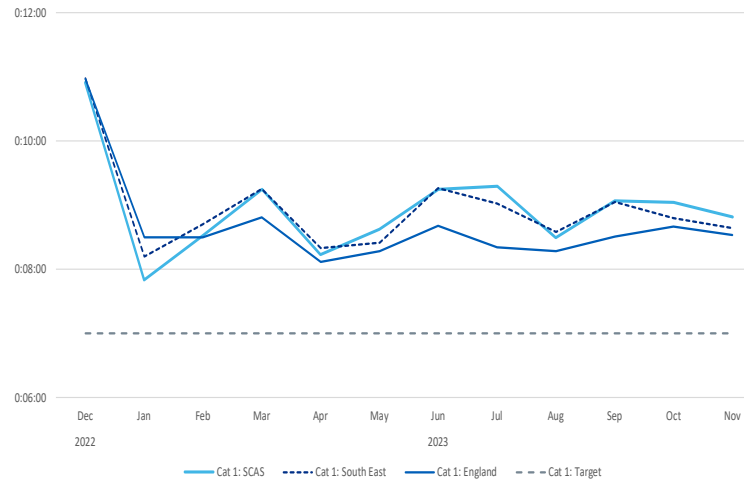
NHS Trusts - Ambulance Handover Delays (Unverified Data)



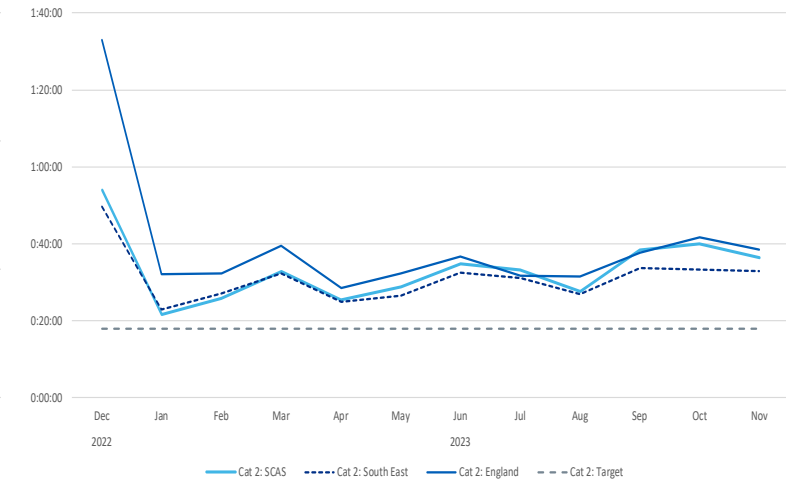
Average Hours Lost on Handover Delays per day at BOB Acute Trusts - (Unverified Data)



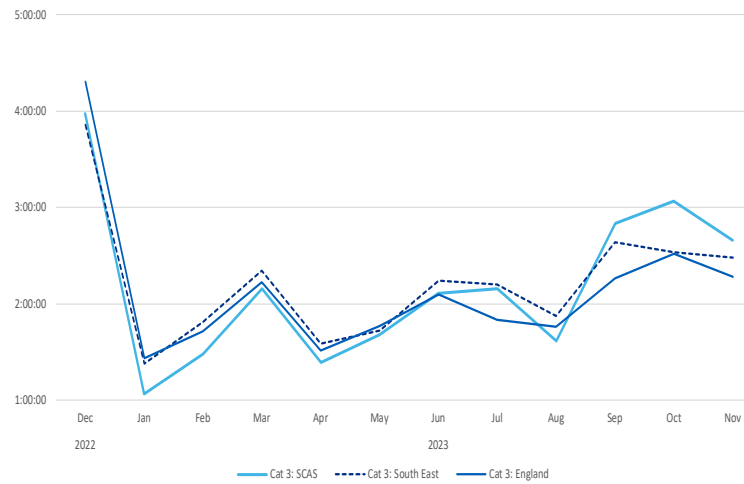
Ambulance Response Times: Category 1 Mean



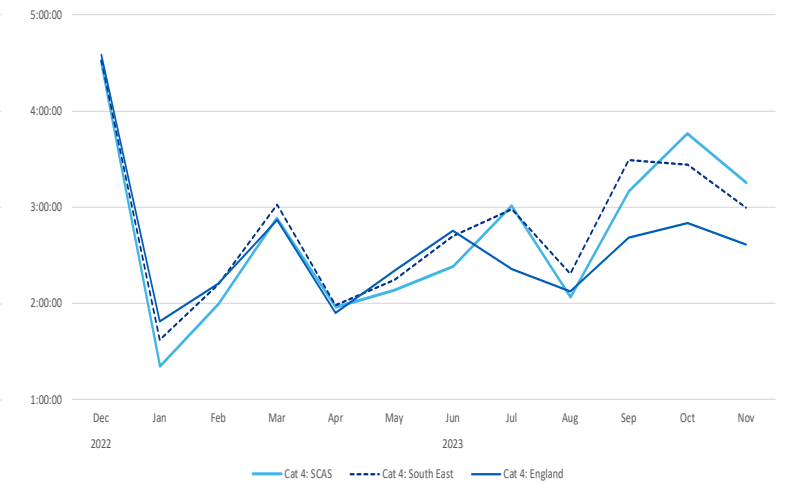
Ambulance Response Times: Category 2 Mean



Ambulance Response Times: Category 3 Mean



Ambulance Response Times: Category 4 Mean

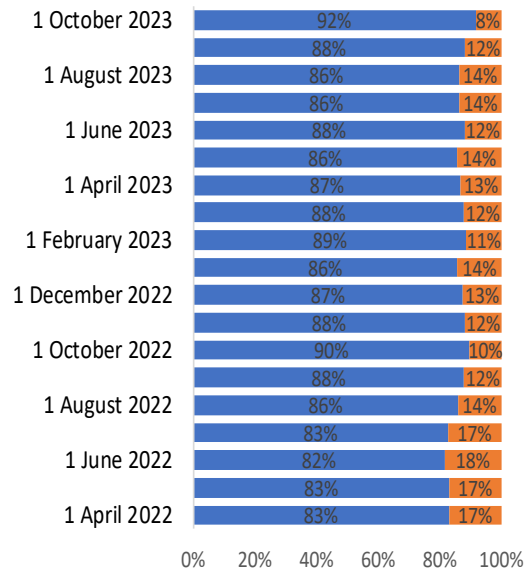




# Urgent Community Response (UCR)

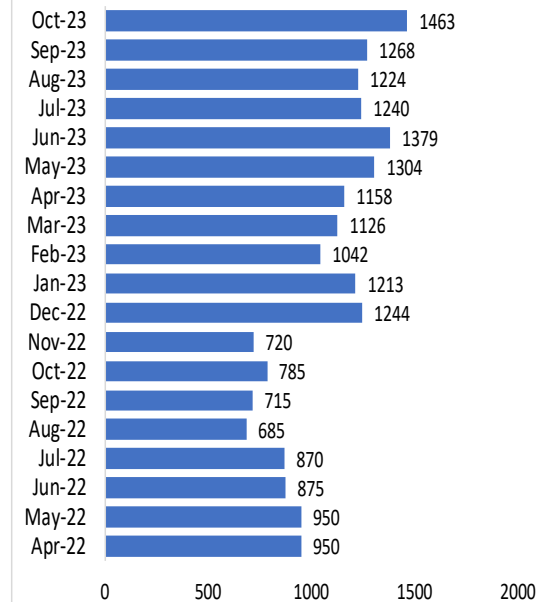
88%

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



1463

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



**UCR key measure**

- Meeting 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:**

- BOB have exceeded UCR trajectories for quarter 1 and 2 and are currently on track to exceed Q3
- BOB continue to exceed the 70% 2-hour standard

**Actions:**

- Deliver missed opportunities audit to understand which patients are still being conveyed or attending emergency departments who could have been seen by UCR
- Review access to and use of Point of Care testing
- Work ongoing to develop place based Single Points of Access for Urgent Care to support streamlined and rapid access to UCR and VW's.

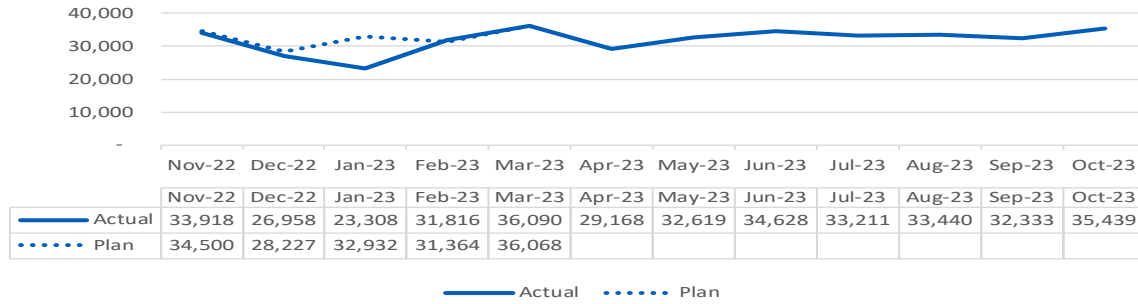
**Risks:**

- Without a streamlined Single Point of Access in place for Urgent Care, patients will continue to reach same day emergency care (SDEC) services or ED when they could have been assessed and treated in the community

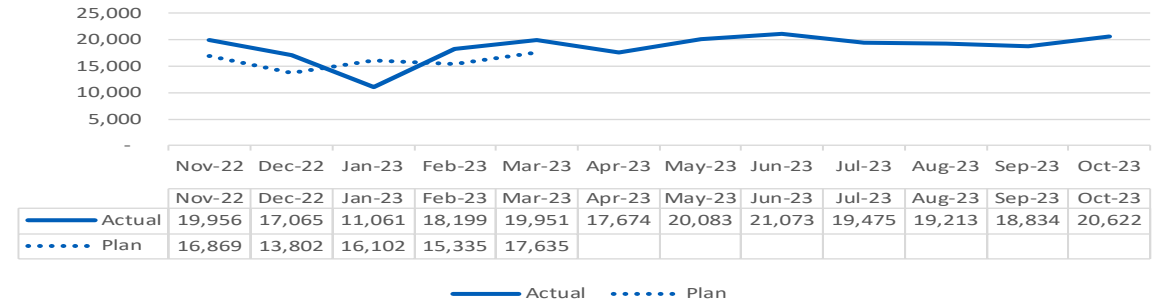
*\*Oxford Health have started to provide the Number of 2hr standard UCR referrals, having not submitted them since July 2022. As a result, the values from December 2022 onwards have increased. Percentage achieved data does not include Oxford Health data. Oxford Health are planning to resume submissions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

# Planned Care

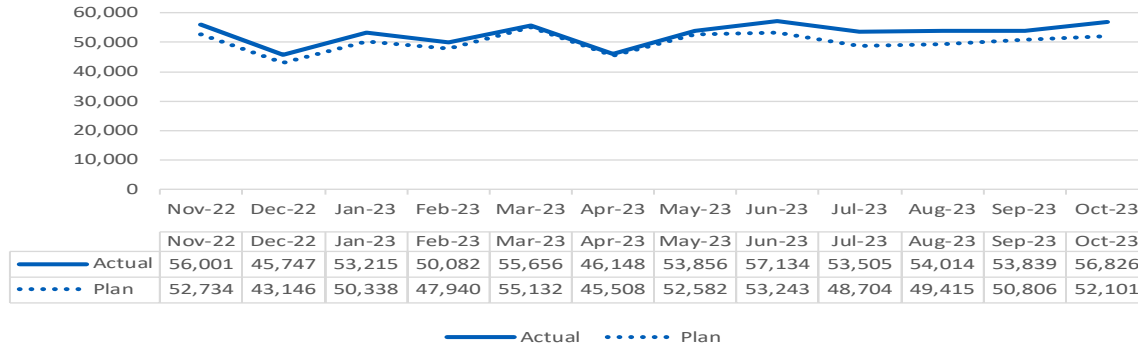
BOB ICB - GP referrals



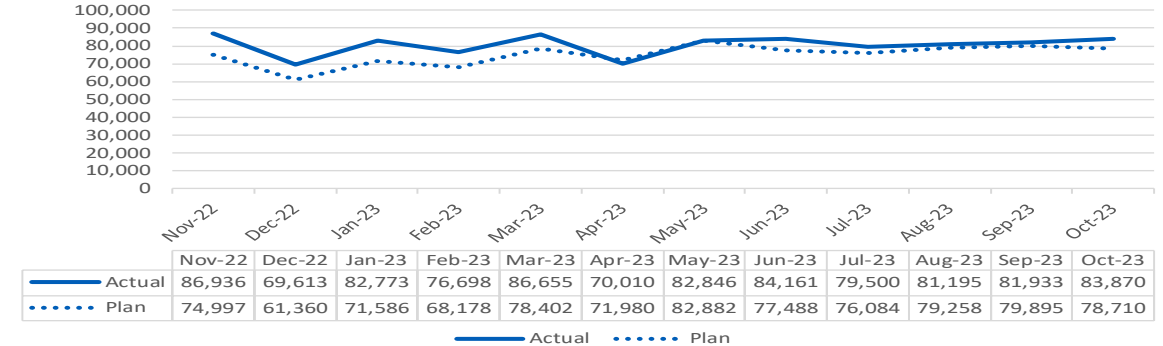
BOB ICB - Other Referrals



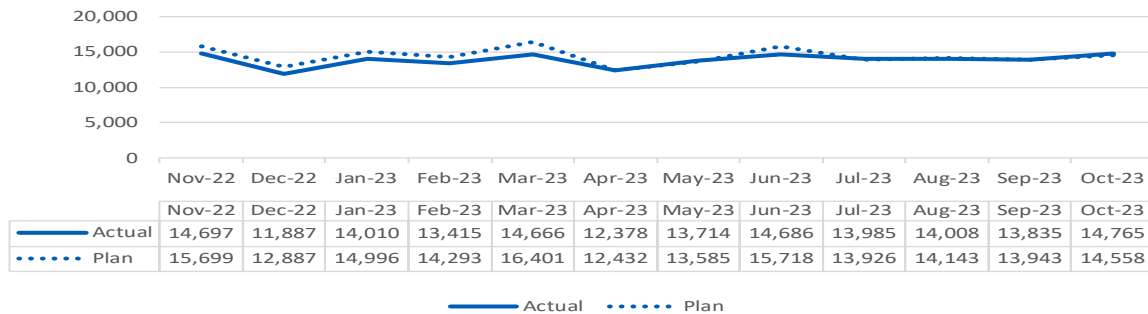
BOB ICB - Consultant-led first outpatient attendances (Spec acute)



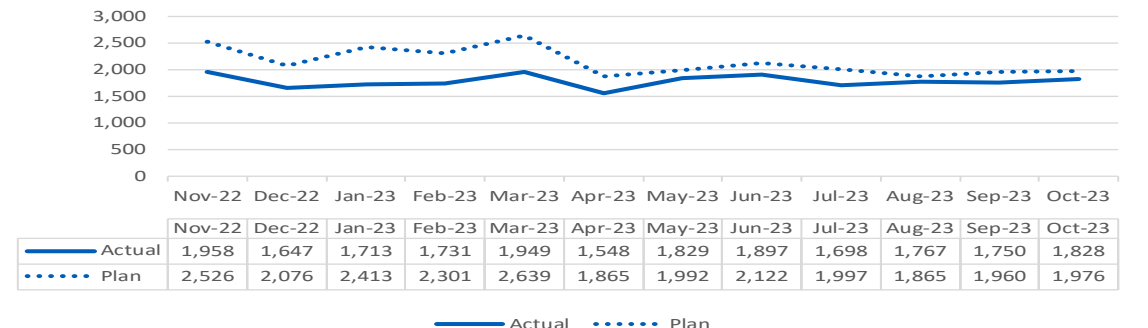
BOB ICB - Consultant-led follow-up outpatient attendances (Spec acute)



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



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



# Planned Care

Indicator	OF Flag	Month	ICB BOB		Sub ICB			NHS Trust OUH		BHT		RBFT	
			Activity	Plan	Bucks Activity	Oxford Activity	Berks W Activity	Activity	Plan	Activity	Plan	Activity	Plan
Incomplete pathways at month end	S008a	Oct 23	157,772	134,267	59,208	63,168	35,396	80,178	83,017	46,952	39,101	30,410	25,000
Incomplete Pathways over 52 weeks at month end	S009a		6,806	4,606	3,742	2,603	461	3,303	1,738	3,213	2,669	13	50
Incomplete Pathways over 65 weeks at month end			1,954	802	938	857	159	1,071	266	820	488	2	10
Incomplete Pathways over 78 weeks at month end	S009a		242		52	145	45	183		25		0	
Total GP Referrals against 2019/20			102.4%		84.8%	118.7%	98.8%	110.8%		75.8%		96.8%	
Total Other Referrals against 2019/20			131.4%		117.1%	120.3%	150.9%	92.2%		87.0%		159.6%	
Total All Referrals against 2019/20			111.5%		94.3%	119.2%	118.1%	103.2%		78.8%		121.2%	
Total First Attendances against 2019/20			108.6%	99.6%	115.5%	114.0%	96.4%	111.2%	106.2%	114.5%	97.2%	97.9%	94.2%
Total Follow-up Attendances against 2019/20	S101		102.8%	96.5%	95.9%	106.9%	105.2%	105.5%	106.8%	90.1%	84.4%	99.1%	97.2%
Total Attendances against 2019/20			105.1%	97.7%	103.2%	109.8%	101.8%	107.5%	106.6%	99.3%	89.2%	98.6%	96.1%
Percent Day Case Admissions against 2019/20			94.2%	92.9%	91.8%	96.9%	93.9%	89.0%	90.4%	86.9%	84.5%	87.3%	92.6%
Percent Ordinary Elective Admissions against 2019/20			75.5%	81.6%	76.1%	65.2%	87.3%	71.9%	81.5%	70.1%	84.4%	74.2%	82.9%
Percent Total Elective Admissions against 2019/20			91.7%	91.4%	89.9%	92.5%	92.9%	85.8%	88.8%	85.3%	84.5%	85.6%	91.4%

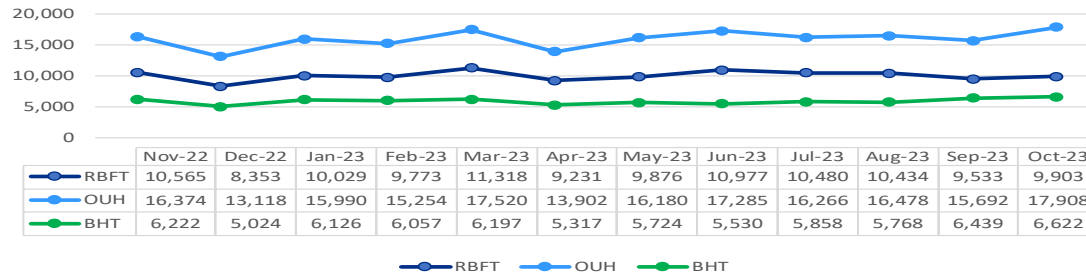
(Includes all APC except Regular Attenders)

Indicator	OF Flag	Month	ICB BOB		Sub ICB			NHS Trust OUH		BHT		Royal Berkshire	
			Activity	2019/20	Bucks Activity	Oxford Activity	Berks West Activity	Activity	2019/20	Activity	2019/20	Activity	2019/20
Proportion of patients discharged to usual place of residence	S105a	Oct 23	91.7%	92.3%	93.4%	90.7%	91.3%	90.5%	92.3%	94.5%	94.7%	92.6%	92.3%

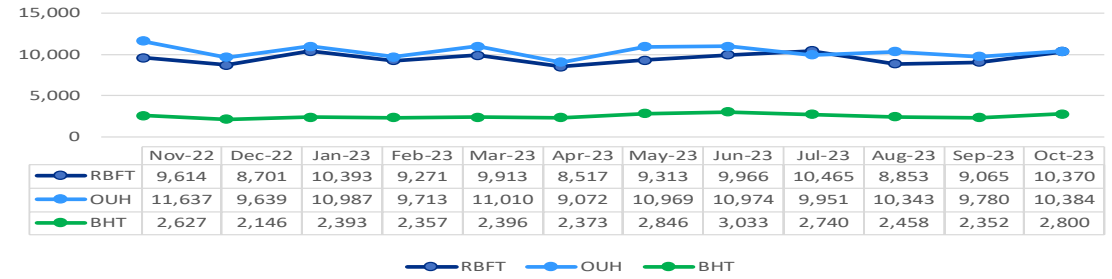
Indicator	OF Flag	Month	ICB BOB		Sub ICB			NHS Trust OUH		BHT		Royal Berkshire	
			Activity	Plan	Bucks Activity	Oxford Activity	Berks West Activity	Activity	Plan	Activity	Plan	Activity	Plan
Diagnostic activity levels – Imaging	S013a	Oct 23	47,687	48,127	16,765	20,948	9,974	23,822	25,567	11,060	12,429	9,614	6,820
Diagnostic activity levels – Physiological Measurement	S013b		3,453	2,421	1,182	1,861	410	2,437	1,893	483	472	254	279
Diagnostic activity levels – Endoscopy	S013c		3,644	3,691	851	2,032	761	1,530	1,540	527	475	625	775
Diagnostic activity levels – CT (Imaging)			19,453	19,477	5,934	8,617	4,902	10,138	11,092	4,669	4,447	4,925	2,635
Diagnostic activity levels – MRI (Imaging)			9,850	10,062	3,737	3,985	2,128	5,128	5,011	2,194	2,550	1,961	1,891
Diagnostic activity levels – Non-Obstetric Ultrasound (Imaging)			18,384	18,588	7,094	8,346	2,944	8,556	9,464	4,197	5,432	2,728	2,294
Diagnostic activity levels – Echocardiography (Physiological Measurement)			3,453	2,421	1,182	1,861	410	2,437	1,893	483	472	254	279
Diagnostic activity levels – Colonoscopy (Endoscopy)			1,700	1,569	342	1,054	304	911	652	194	140	249	279
Diagnostic activity levels – Flexi Sigmoidoscopy (Endoscopy)			294	595	97	72	125	1	273	67	155	110	217
Diagnostic activity levels – Gastroscopy (Endoscopy)			1,650	1,527	412	906	332	618	615	266	180	266	279

# Planned Care

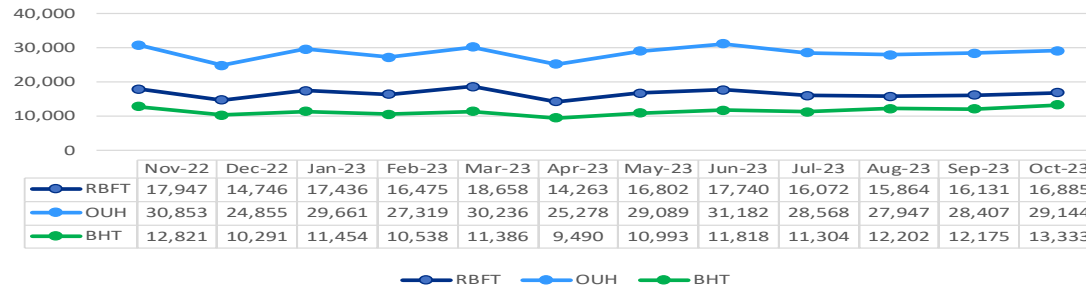
NHS Trusts - GP referrals



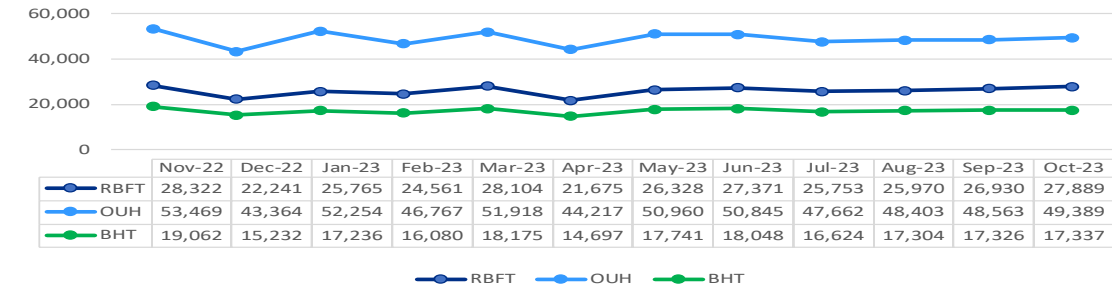
NHS Trusts - Other Referrals



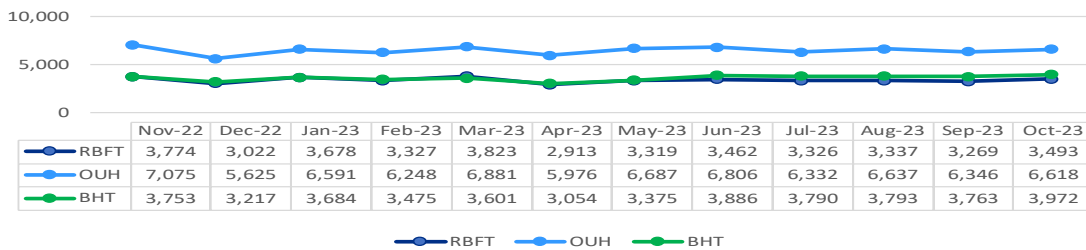
NHS Trusts - Consultant-led first outpatient attendances (Spec acute)



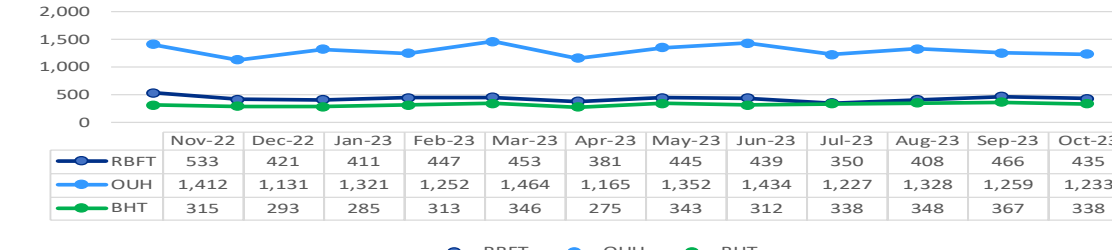
NHS Trusts - Consultant-led follow-up outpatient attendances (Spec acute)



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

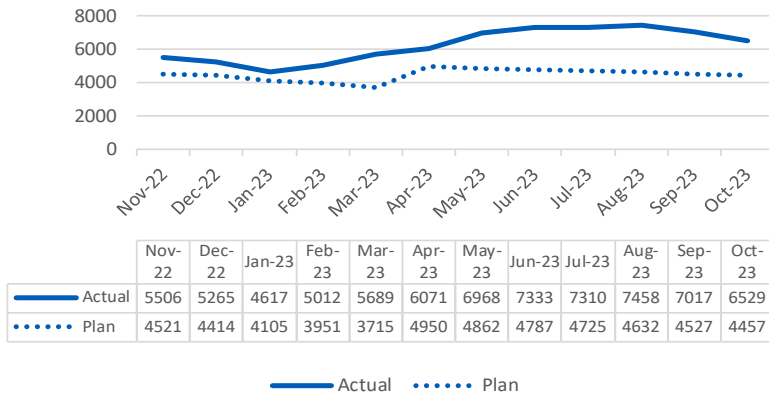


NHS Trusts - Total number of Specific Acute elective ordinary spells in the period

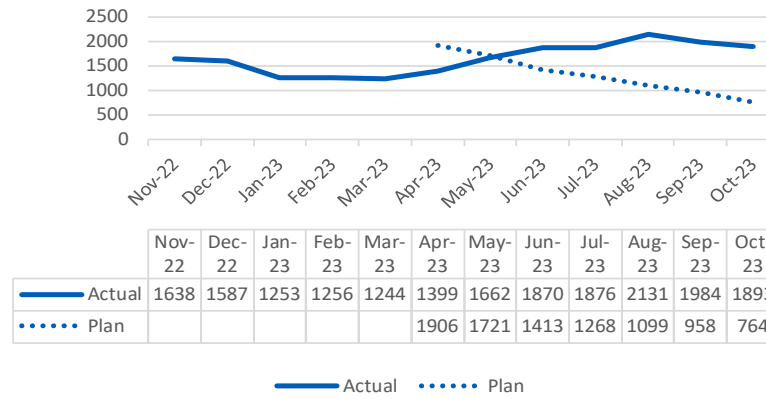


# Planned Care – RTT (Referral To Treatment)

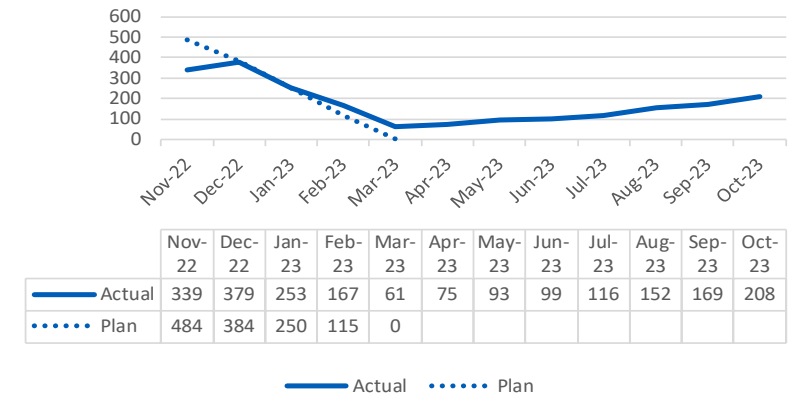
BOB (3 main NHS trusts) - 52 Week Waits



BOB (3 main NHS trusts) - 65 Week Waits

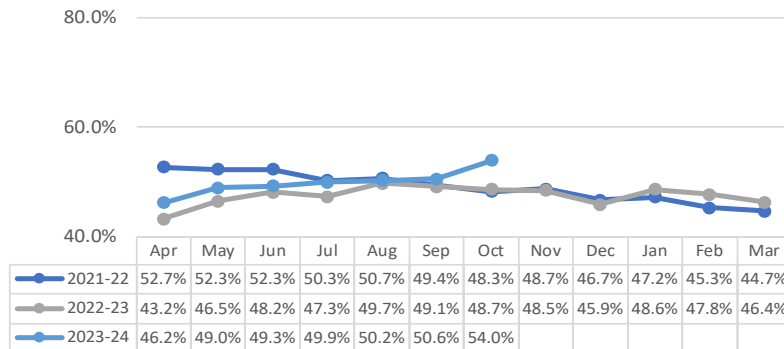


BOB (3 main NHS trusts) - 78 Week Waits

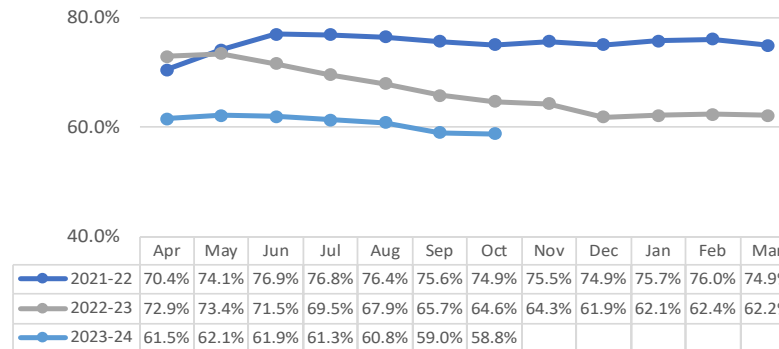


Please note:- The above charts give the combined position for Buckinghamshire Healthcare, Oxford University Hospitals and Royal Berkshire Foundation Trusts (whole provider - all commissioner)

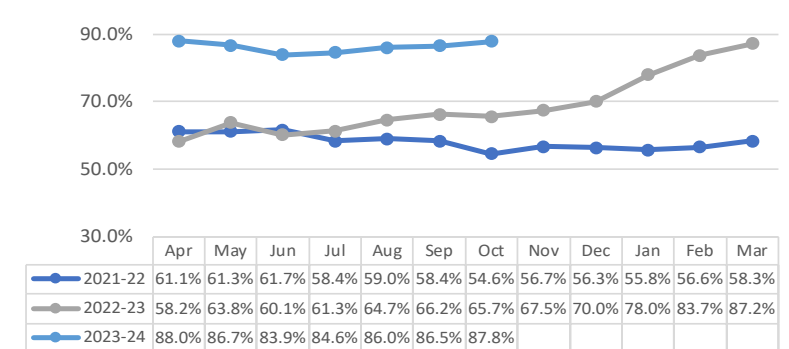
BHT - RTT Incomplete Pathways (% within 18 Weeks)



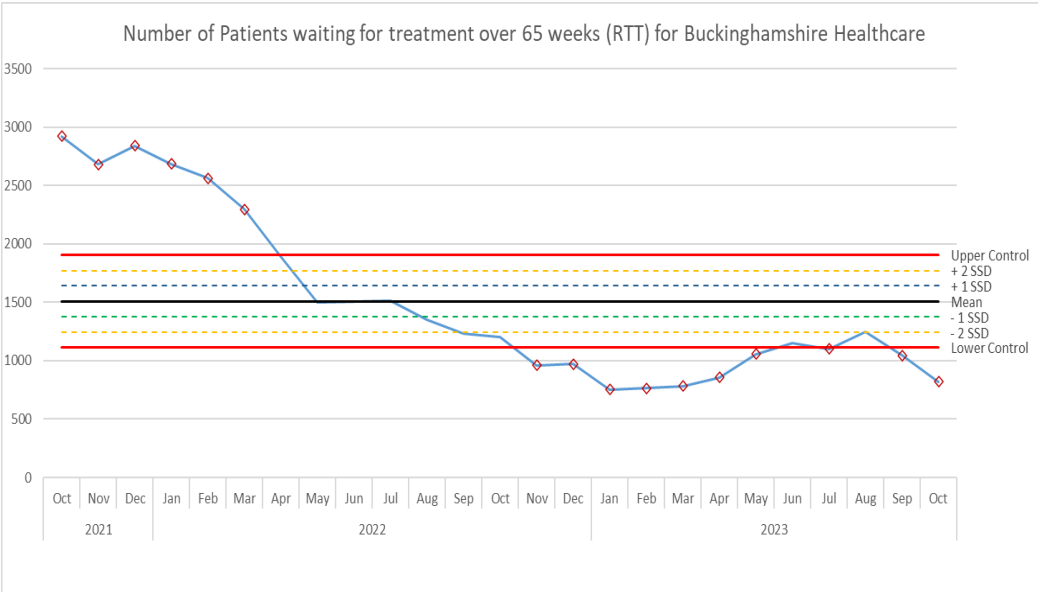
OUHFT - RTT Incomplete Pathways (% within 18 Weeks)



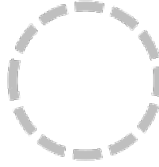
RBFT - RTT Incomplete Pathways (% within 18 Weeks)



# Planned Care – +65 Weeks (SPC)



Assurance Status

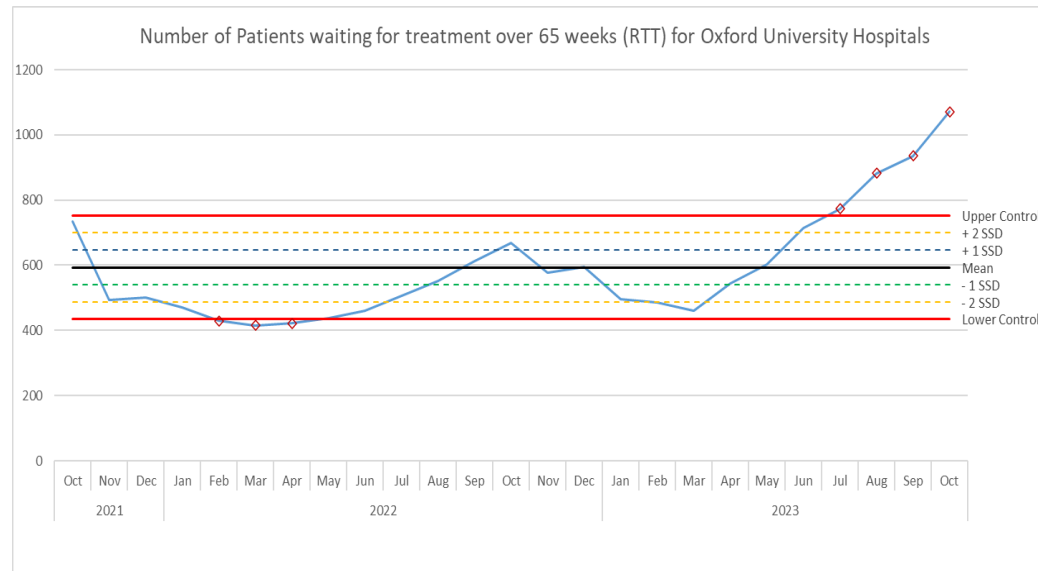


Not possible to comment

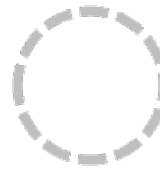
Performance Status



Metric decreasing - indicates improvement



Assurance Status

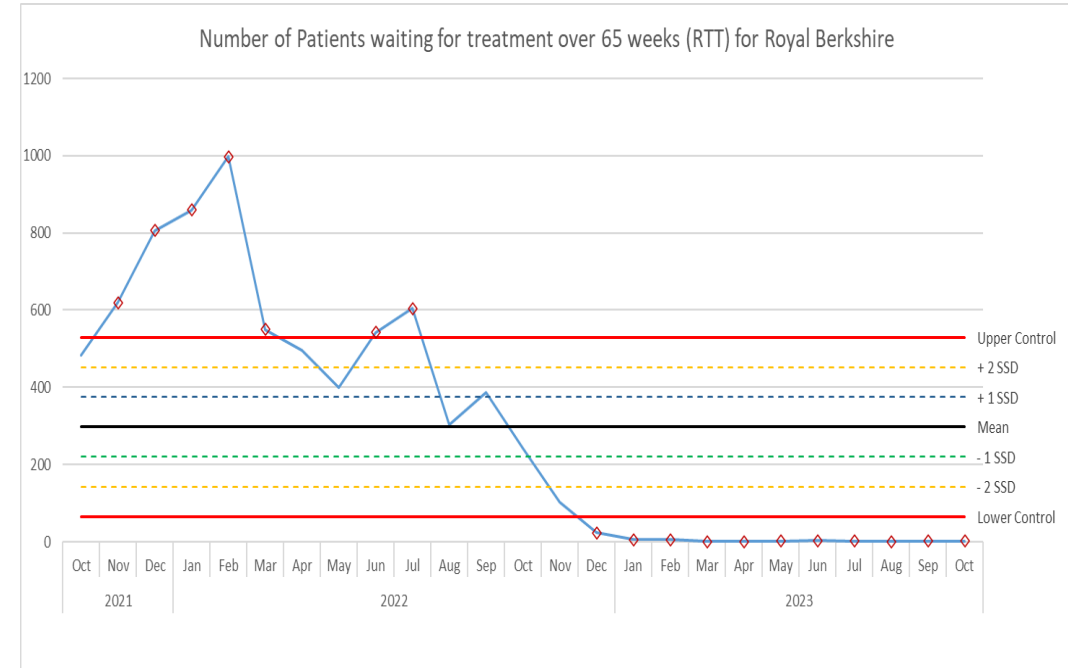


Not possible to comment

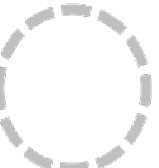
Performance Status



Metric increasing - indicates concern



Assurance Status



Not possible to comment

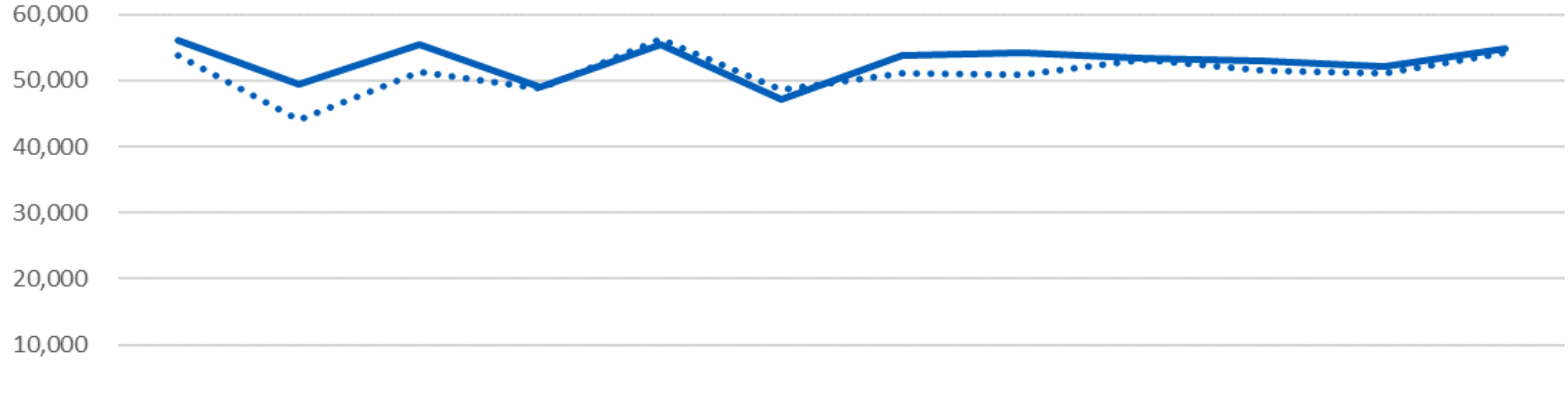
Performance Status



Metric decreasing - indicates improvement

# Overall Diagnostic Tests – Actual v Plan

BOB ICB - Diagnostic Tests



	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
<b>Actual</b>	56,162	49,408	55,438	49,006	55,387	47,266	53,792	54,168	53,298	52,908	52,143	54,784
<b>Plan</b>	53,780	44,001	51,337	48,889	56,223	48,659	51,037	50,914	53,171	51,612	51,128	54,239

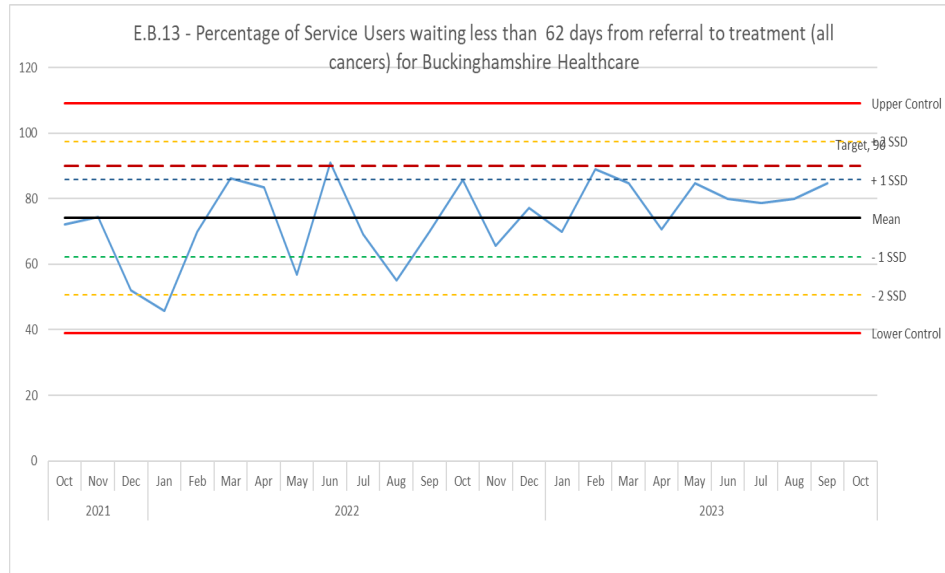
— Actual    ..... Plan

Code	Indicator	OF Flag		Standard	England	South East	BOB Acutes	BHT	OUH	RBFT
E.B.27	Percentage meeting faster diagnosis standard	S012a		75%	69.7% ↓	70.0% ↓	71.8% ↓	55.4% ↓	80.1% ↓	75.2% ↓
E.B.8	Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')			96%	89.7% ↓	89.7% ↓	82.7% ↓	86.6% ↑	75.6% ↓	91.6% ↓
E.B.12	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer			85%	59.3% ↓	63.8% ↓	61.0% ↓	54.9% ↓	64.0% ↓	62.1% ↓
E.B.6	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer			93%	74.0% ↓	79.2% ↓	76.7% ↓	70.6% ↓	79.7% ↓	78.9% ↓
E.B.30	Cancer - urgent referral seen	S010a			257702 ↓	40623 ↓	6762 ↓	2107 ↓	2699 ↓	1956 ↓
E.B.31	Cancer - first treatments	S010b			27453 ↓	4623 ↓	854 ↓	187 ↓	418 ↑	249 ↓
E.B.7	Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected		Sep 23	93%	70.8% ↑	71.0% ↓	97.5% ↑	100.0% →	97.0% ↑	97.9% ↑
E.B.9	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is Surgery			94%	77.6% ↓	77.5% ↓	72.9% ↑	67.3% ↑	66.9% ↓	94.2% ↑
E.B.10	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is an Anti-Cancer Drug Regimen			98%	97.6% ↓	97.2% ↑	97.3% ↓	100.0% ↑	94.9% ↓	100.0% →
E.B.11	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is a Radiotherapy Treatment Course			94%	88.0% ↓	78.7% ↓	93.7% ↓		98.6% ↑	83.2% ↓
E.B.13	Percentage of patients receiving first definitive treatment within 62 days of referral from NHS Screening Service			90%	64.6% ↓	70.2% ↓	65.2% ↓	84.6% ↑	45.8% ↓	86.7% ↑
E.B.14	Percentage of patients receiving first definitive treatment within 62 days of a consultants decision to upgrade their priority status			86%	74.0% ↓	78.2% ↓	76.6% ↓	76.8% ↓	68.3% ↓	80.6% ↓

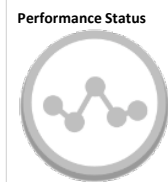
*\*There is a delay processing the Cancer Waiting Times by Trust for October data due to format changes, this is being dealt with as a matter of urgency and will be processed as soon as possible*



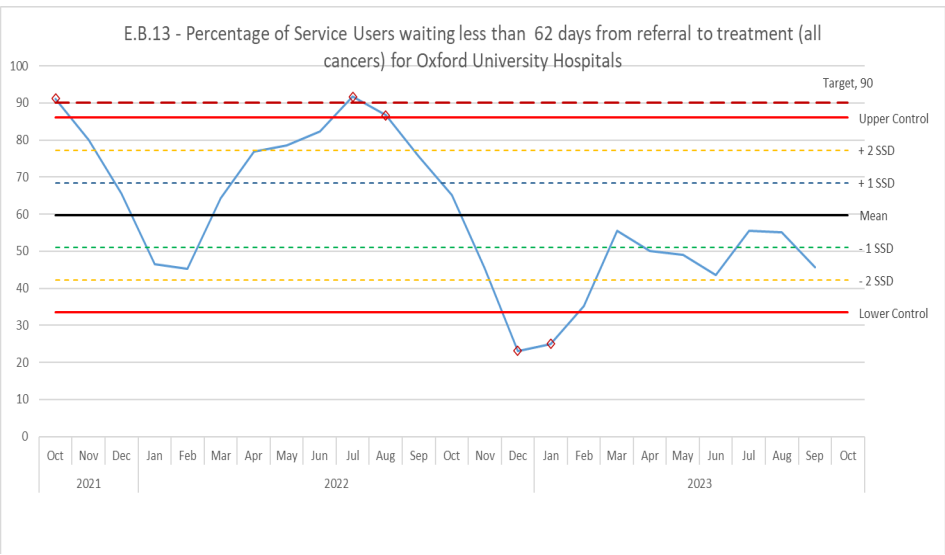
# Cancer - treated within 62 days (SPC)



Hit or miss



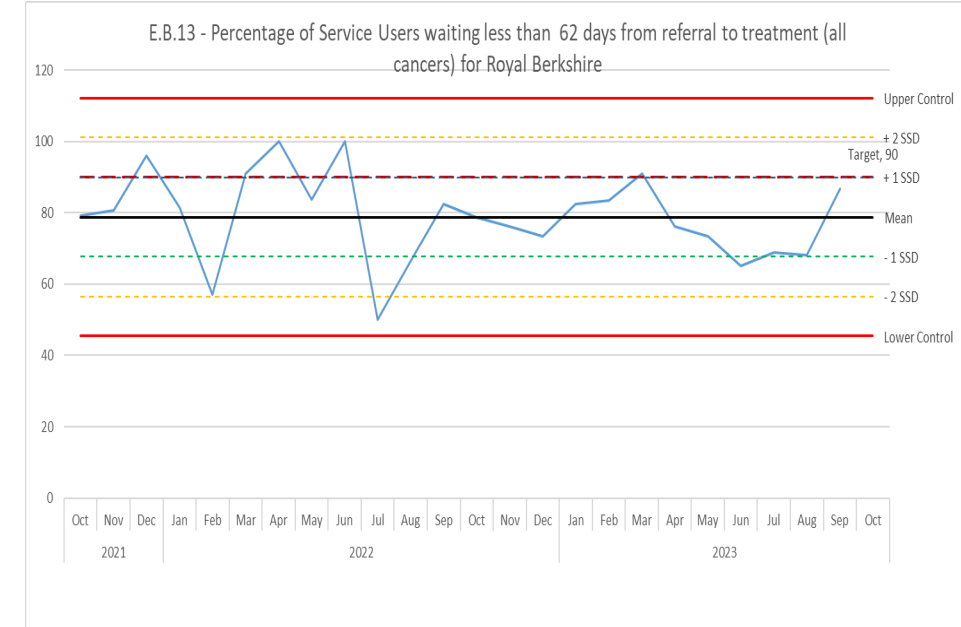
Common cause variation



Metric will fail target



Common cause variation



Hit or miss



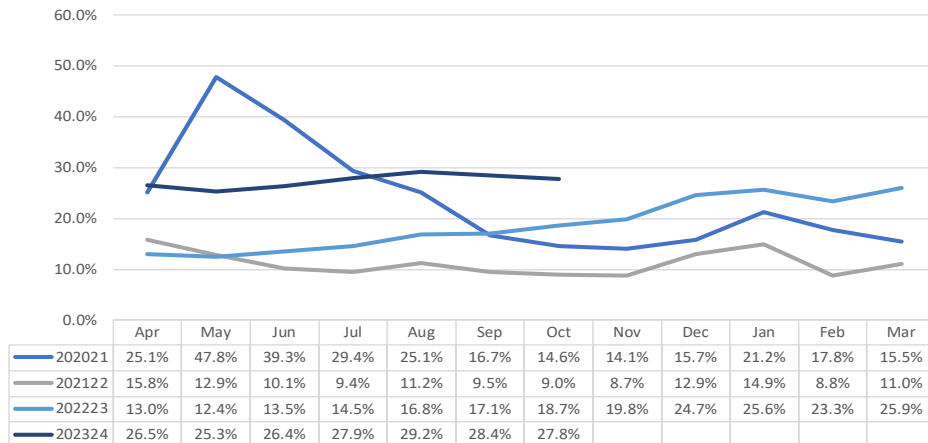
Common cause variation

# Planned care – Diagnostics

Indicator	SOF Flag	Month	ICB BOB Activity		Sub ICB Bucks Activity		NHS Trust OUH Activity		BHT Activity		RBFT Activity		
			Activity	Plan	Activity	Activity	Activity	Plan	Activity	Plan	Activity	Plan	
Percent of Diagnostics Waiting list 6 weeks or more		Oct 23	29.9%	1.0%	39.5%	23.0%	27.3%	22.2%	1.0%	41.0%	1.0%	25.7%	1.0%
Percent of Diagnostic Tests against 2019/20			109.2%		105.6%	112.5%	108.2%	106.1%		100.8%		118.2%	
Percent of Current MRI list waiting 6 weeks or more			30.5%	1.0%	51.0%	10.0%	6.3%	9.8%	1.0%	63.6%	1.0%	0.7%	1.0%
Percent of MRI Tests against 2019/20			111.3%		123.0%	120.9%	84.6%	99.6%		122.7%		92.3%	
Percent of Current CT list waiting 6 weeks or more			13.0%	1.0%	26.6%	1.3%	16.0%	0.4%	1.0%	25.6%	1.0%	14.1%	1.0%
Percent of CT Tests against 2019/20			125.4%		126.8%	113.9%	150.3%	105.2%		132.3%		160.7%	
Percent of Current Non-obstetric Ultrasound list waiting 6 weeks or more			27.6%	1.0%	35.1%	25.3%	17.3%	23.1%	1.0%	16.1%	1.0%	3.5%	1.0%
Percent of Non-obstetric Ultrasound Tests Against 2019/20			98.7%		93.4%	107.3%	90.6%	108.0%		85.0%		107.1%	
Percent of Current Colonoscopy list waiting 6 weeks or more			44.5%	1.0%	39.5%	20.1%	69.8%	19.6%	1.0%	47.1%	1.0%	73.6%	1.0%
Percent of Colonoscopy Tests Against 2019/20			107.4%		118.8%	112.1%	85.6%	123.6%		115.5%		71.1%	
Percent of Current Flexi sigmoidoscopy list waiting 6 weeks or more			53.0%	1.0%	48.1%	32.3%	69.5%	30.6%	1.0%	52.9%	1.0%	74.6%	1.0%
Percent of Flexi sigmoidoscopy Tests Against 2019/20			32.4%		37.3%	18.9%	46.8%	0.3%		29.4%		44.4%	
Percent of Current Gastroscopy list waiting 6 weeks or more			37.5%	1.0%	43.5%	20.1%	53.9%	24.6%	1.0%	51.7%	1.0%	61.1%	1.0%
Percent of Gastroscopy Tests Against 2019/20			103.8%		121.5%	105.6%	84.7%	87.4%		121.5%		83.9%	
Percent of Current Echocardiography list waiting 6 weeks or more			28.3%	1.0%	29.6%	9.2%	56.7%	3.5%	1.0%	12.7%	1.0%	67.2%	1.0%
Percent of Echocardiography Tests Against 2019/20		132.7%		126.3%	139.8%	122.0%	152.7%		86.9%		80.4%		

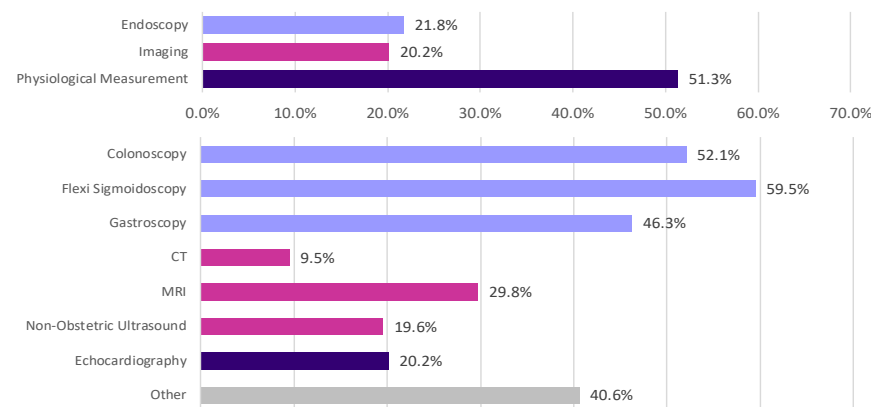
### Diagnostic performance year on year

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

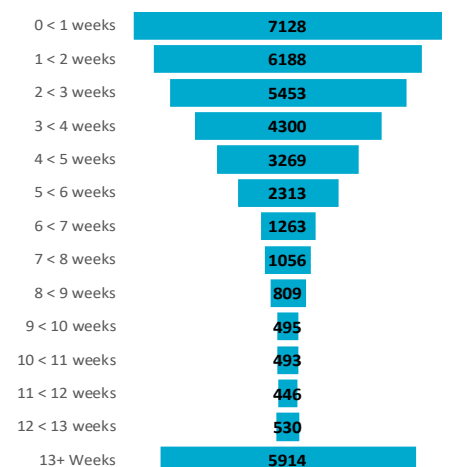


### Latest diagnostics performance by test for October 2023

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

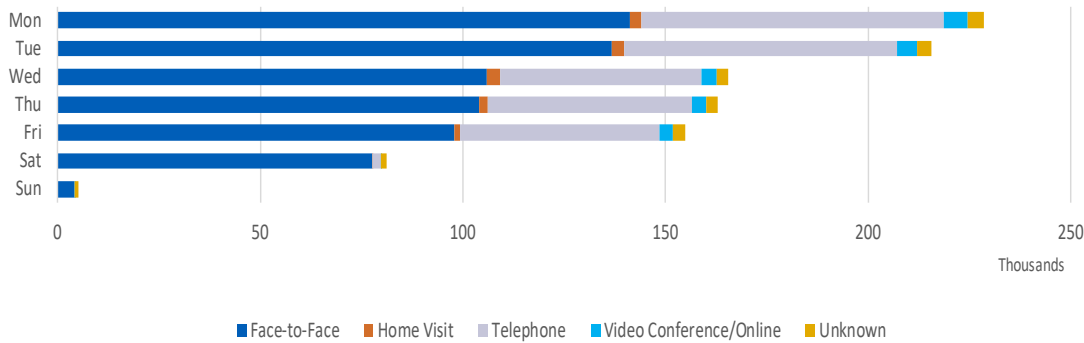


### Waiters by weeks waited for October 2023



# Primary Care - GP

Total Count of Appointments by Weekday for October 2023

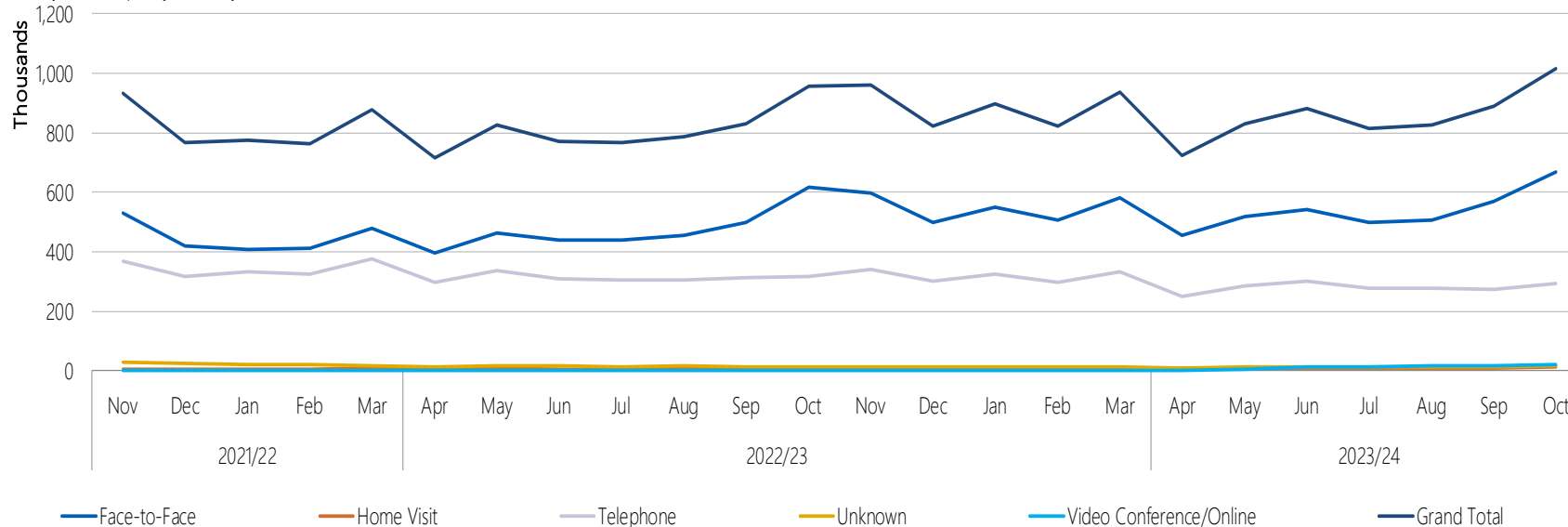


Face to Face	Home Visit	Telephone	Video / Online	Unknown
<b>667K</b>	<b>13K</b>	<b>293K</b>	<b>21K</b>	<b>19K</b>
Appointments for October 23				

- Data shows number of GP practice appointments delivered in Oct 2023, including by mode and weekday
- Trend line shows an increase in appointments with the increase being seen in the main appointment modes, face2face. Comparing to same period in previous years (Oct 2023 to Oct 2022) activity has increased in total by 10.8%. Flu and Covid vaccination programmes likely to be factor in appointment increases being seen.
- There is a continual move to more appointments being delivered face to face. 65.8% of appointments took place face-to-face in Oct 2023 compared to 64.4% Oct 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. Audit of utilisation rates of these appointments is currently taking place.

## Overall Consultation Levels

GP Appointments by Month split by modality



# Primary Care – Appointments within 14 days (SPC)

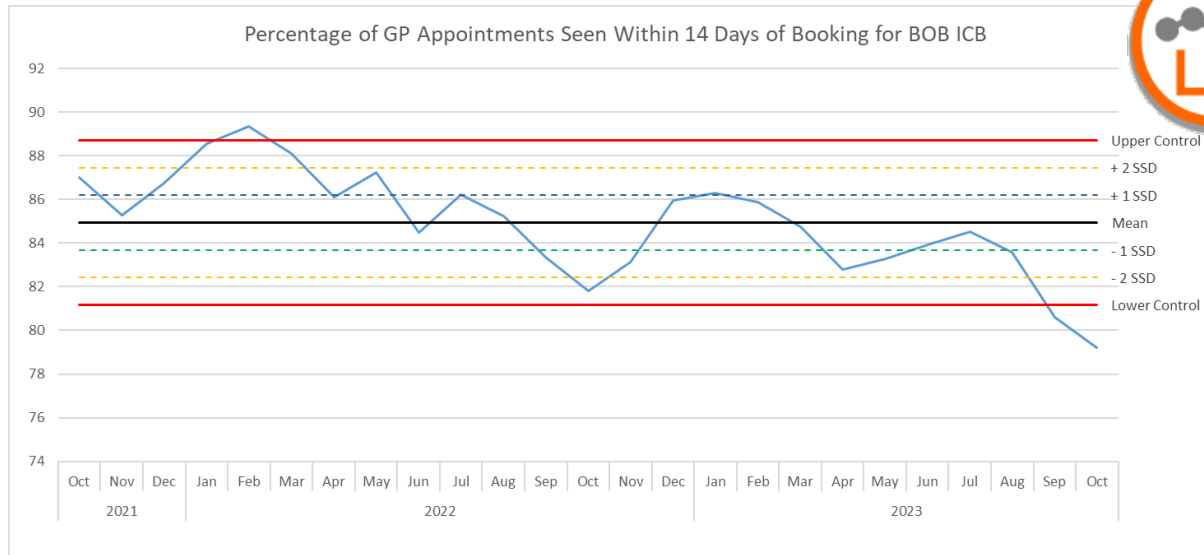


Fig.1

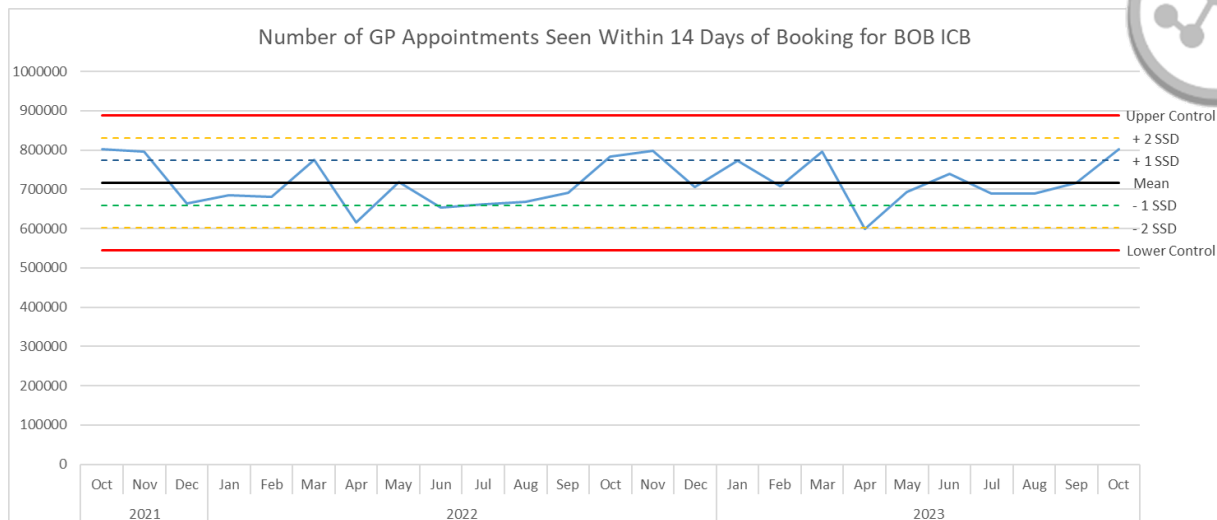


Fig.2

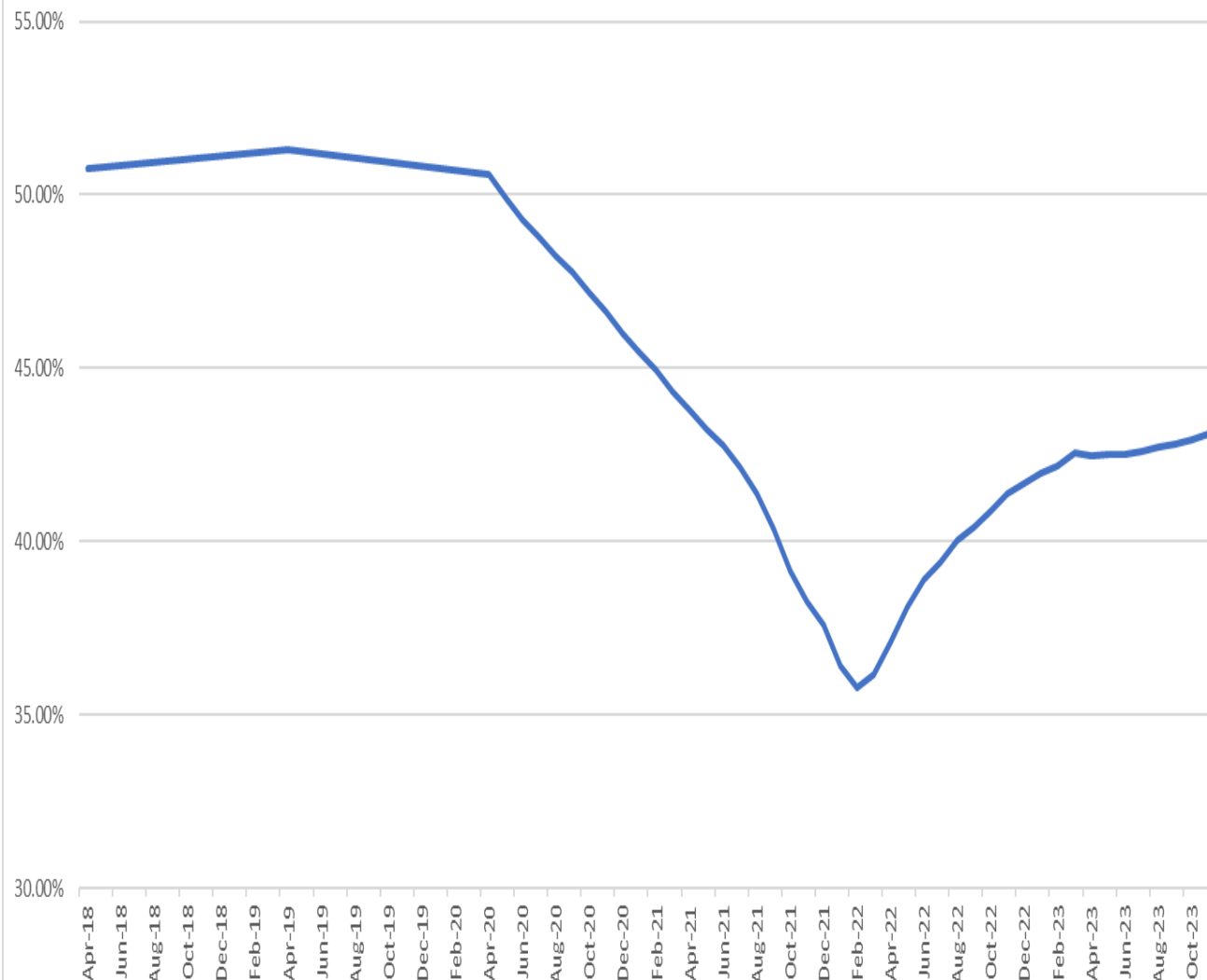
Despite the SPC chart for percentage seen within 14 days (Fig. 1) showing cause for concern this must be taken alongside the number of appointments seen within 14 days (Fig. 1).

BOB delivered over 1 million GP consultations across all modalities in October 2023 this is the highest number of appointments ever delivered in one month. The number seen within 14 days is also the highest it has ever been.

# Pharmacy Optometry and Dentistry (POD)

## High street dental services - access

% population accessing NHS dental services in previous 2 years - BOB ICB



### Delivery against activity plan

Dental Access stands at 43.10% of the BOB population in October 2023; an increase of 10,616 patients (+1.45%) since April 2023.

Access is still impacted by contract hand backs, with a 4.75% 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.

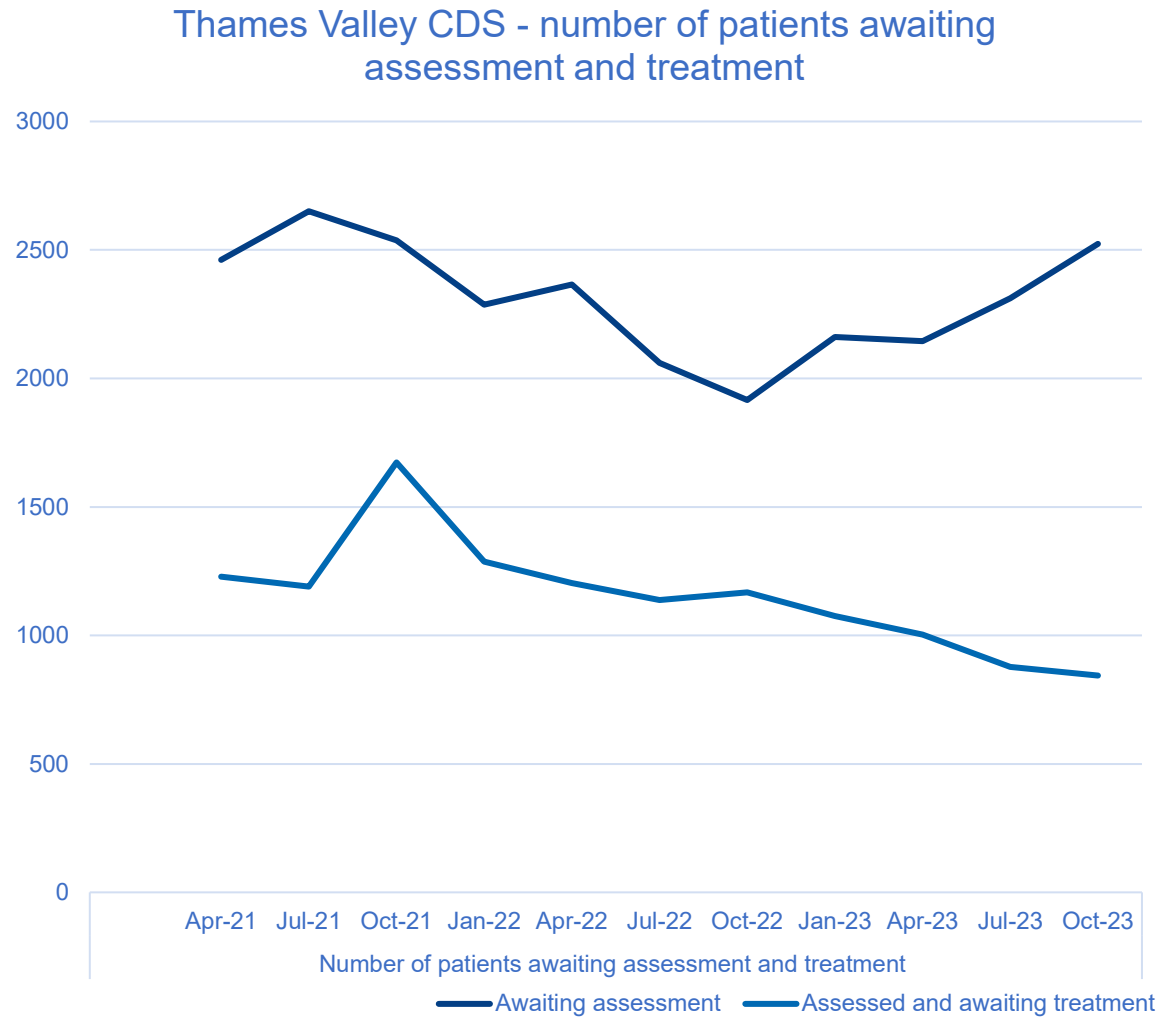
This also means there are on-going challenges for patients who have found it more difficult to access dental care, particularly those who have not attended a local practice in recent years.

### 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 contact 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 or re-commission lost capacity on a recurrent basis from April 2024. Local practices have been approached to formally apply to provide additional activity. 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 November 2023, nearly 1,600 sessions have been provided in 30 practices (out of 203) with nearly 5,500 new patients seen and 7,000 patient attendances in total.

# Community Dental Services (CDS) - access

Number of patients awaiting assessment and 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. However, 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 the Buckinghamshire service; which have also affected Berkshire West in 2023/24. The next survey will take place in January 2024.

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 a service improvement plan which includes possible mobile theatre provision due to on-going challenges with theatre access, particularly in Oxfordshire.

# Community Pharmacy Transformation

## Community Pharmacy Consultation Service (CPCS) (Nov 23 data)

- Three components of the service
  - Urgent medicine supply (US) continues to rise
  - Minor illness advice (MI)
  - GP referral to CPCS service
- 123 (76%) BOB practices are 'Live' and referring their patients to community pharmacists via CPCS, with a further 27 (16%) 'Engaged' with the service and preparing to 'Go Live'
- Across BOB 10,185 referrals have been made since April 2023, which equates to approximately 1,689 hours of saved practice appointment time.
- There was a 33% increase in the number of referrals that were made across BOB in November, higher than the 22% increase seen across the SE region
- BOB continues to have the second highest number of referrals across the SE region, achieving the third highest number of referrals comparative to population (70 per 100k)

## Pharmacy First

From 31 January 2024 (subject to the required IT systems being in place), the service will be subsumed into the new Pharmacy First service (Advanced service).

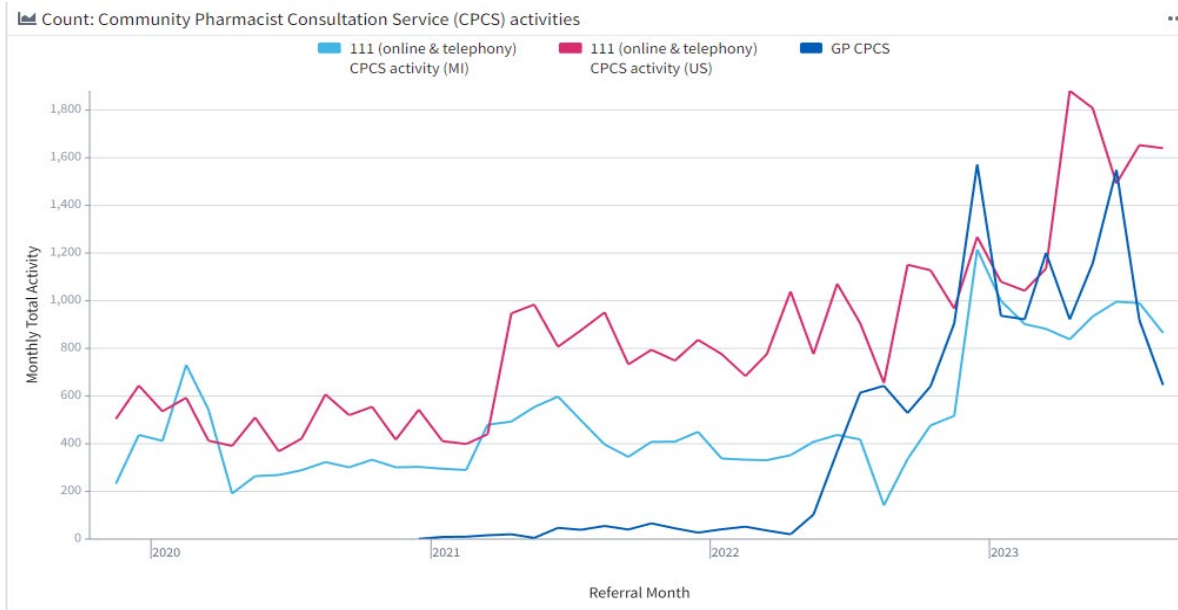
The new Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions:

- sinusitis
- sore throat
- acute otitis media
- infected insect bite
- impetigo
- shingles
- uncomplicated urinary tract infections in women.

Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred by NHS 111, general practices and others.

The service will also incorporate the existing elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances), both following a referral from NHS 111, general practices and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without a referral).

In the clinical pathway consultations with a pharmacist, people with symptoms suggestive of the seven conditions will be provided with advice and will be supplied, where clinically necessary, with a prescription-only treatment under a Patient Group Direction (PGD) or in one pathway, an over-the-counter medicine (supplied under a clinical protocol).



## Direct Optometry Referral:

- As part of Operational Planning 2023/24 ICBs were expected to establish a direct referral process for optometry referral into secondary care services.
- Using the referral IT platform (REGO) all BOB based optometrists can now directly refer routine referrals onto appropriate secondary care providers (referrals have previously been sent for onward referral to the patients GP). This will include border and domiciliary companies who will be added to the system when needed for making referrals to BOB providers.
- 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. The direct referral process for routine referrals was established on 1 December 2023. Development of the system to incorporate “urgent referrals” will be completed by Q4 2023/24.
- Discussions commenced with POD Hub team to align use of REGO as part of ongoing contract requirements. The Planned Care team will be providing a starter pack to the Hub team, for any new contract holders
- > 8,200 referrals have been made using the REGO system, as at 20 December 2023

## Special Schools Service:

- National intent to extend and roll out ‘in school’ eye testing in special schools from April 2024- both residential and day school settings
- Service modelling and discussions with the profession continue
- Update from NHSE National team (November 2023)
  - Evaluation of service proof –of- concept not yet complete
  - Service will be nationally funded
  - Likely to recommend a national procurement approach and fee structure
  - Regulatory changes will be required prior to implementation, these have ministerial backing
  - Ambition of commissioning readiness as of April 2024
  - SE wide procurement group to be established, with x6 ICB representation

## 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, being led by the Planned Care team, that will deliver the ophthalmic priorities of the system Provider Collaborative and replace the original LHEN

Location	% of Optometry practices using direct referral platform (as 20 December 2023)
Buckinghamshire	100%
Oxfordshire	100%
Berkshire West	97%



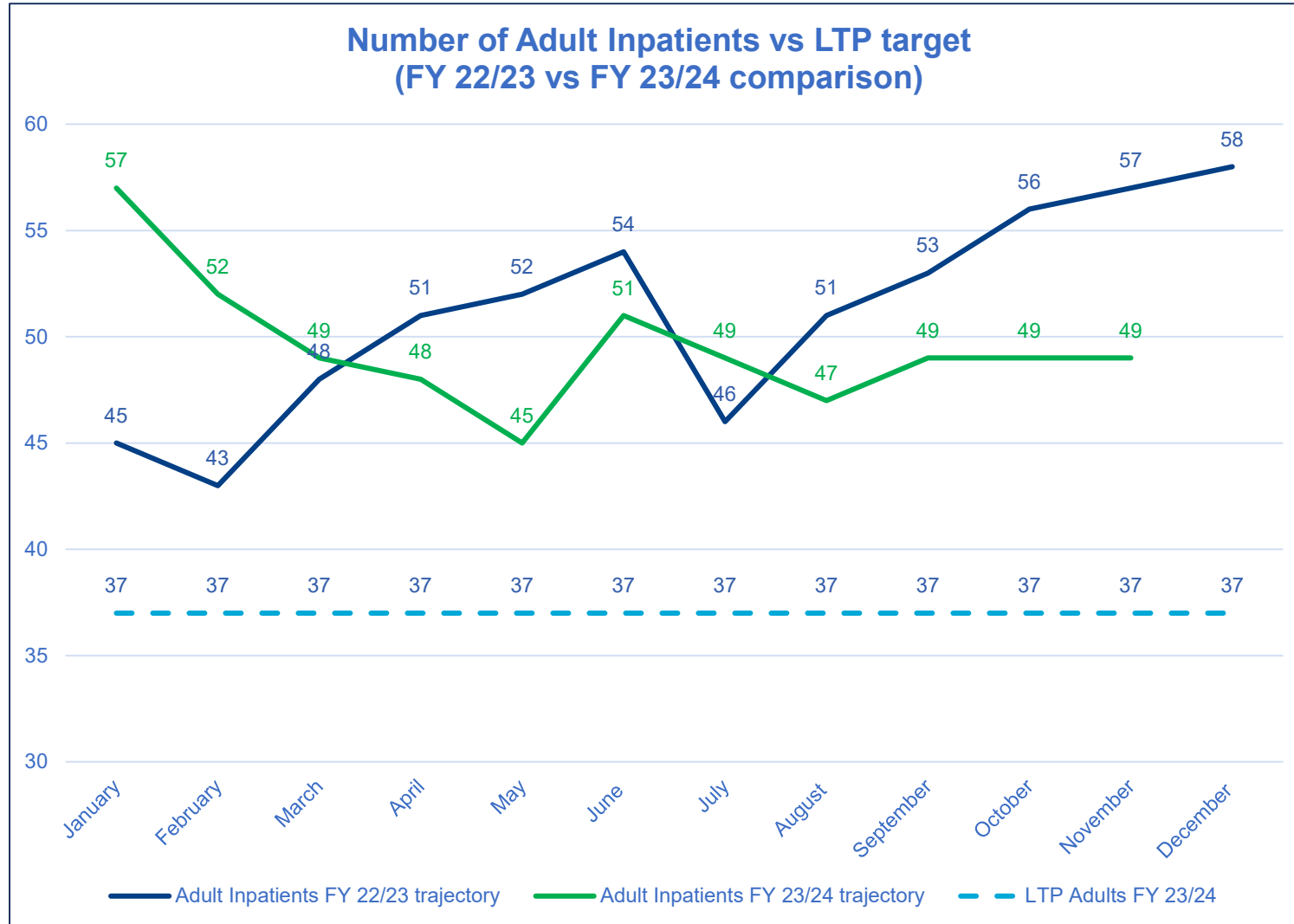
# Mental Health Services

Indicator	OF Flag	Period	Standard	Plan	BOB ICB	Bucks	Oxon	Berks. West	Berkshire Healthcare	Oxford Health
Total access to Talking Therapies services		Rolling 3 months to Oct 23		9490	8555	2695	3195	2665	4870	5865
Talking Therapies - Access Rate			6.25%		5.6%	6.2%	5.2%	5.6%		
Talking Therapies - Moving to Recovery		Oct 23	50%		47.2%	48.1%	50.4%	41.5%	45.0%	51.9%
Talking Therapies - Treated within 6 Week			75%		94.4%	97.5%	98.4%	85.4%	86.8%	98.4%
Talking Therapies - Treated within 18 Week			95%		99.7%	100.0%	99.2%	100.0%	100.0%	100.0%
Dementia Diagnosis Rate		Nov 23	67%	64%	61.96%	58.5%	63.3%	64.3%		
Severe Mental Illness (SMI) 6 Health Checks completed Percent of Register		2023/24 Q2	60%		48.86%	49.7%	44.7%	55.1%		
People with severe mental illness receiving a full annual physical health check and follow up interventions	S085a	2023/24 Q2	100%		75.7%					
Inappropriate adult acute Mental Health Out of Area Placement (OAP) bed days	S086a	Three Months to Sep 23	0		1565	370	550	645	1225	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.

# Learning Disability Programme - Adult Inpatients

SRO: Rachael Corser



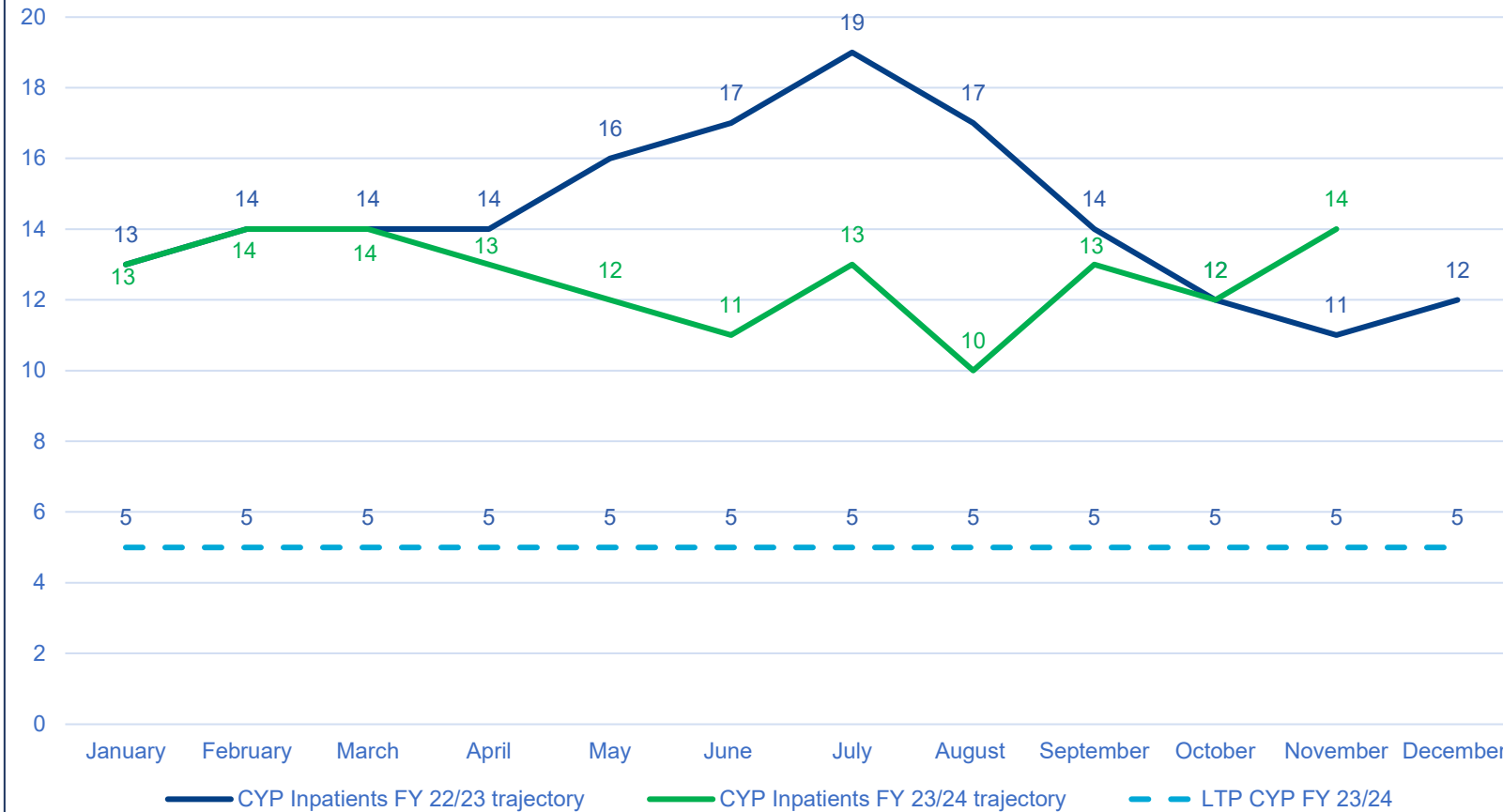
## BOB ICB LDA Adult Inpatients

- The graph portrays the number of Adult inpatients in BOB with a learning disability or autism for 2022/23 and 2023/24 ; and against national ambitions for 2023/24.
- There were 49 adult inpatients recorded in November and 15 of these were Specialist Commissioning inpatients. This is above the NHS SE trajectory target (40 in Q3, 37 by the end of Q4).
- We are in better position with adult inpatients this year (49 in Nov 2023) compared to the last year (57 in Nov 2022)
- There were 17 new admissions of all LDA Adult inpatients in 2023/24 with Autism (11) as the most prevalent condition, followed by Learning disability and Autism dual diagnoses (3); and Learning disability (3).
- The cost of care packages has increased significantly due to complexity of needs of current inpatients, which impacts on our performance.
- Escalation process is in place to unblock issues with Social Care and discharges.

# Learning Disability Programme - CYP Inpatients

SRO: Rachael Corser

**Number of CYP Inpatients vs LTP target  
(FY 22/23 vs FY 23/24 comparison)**

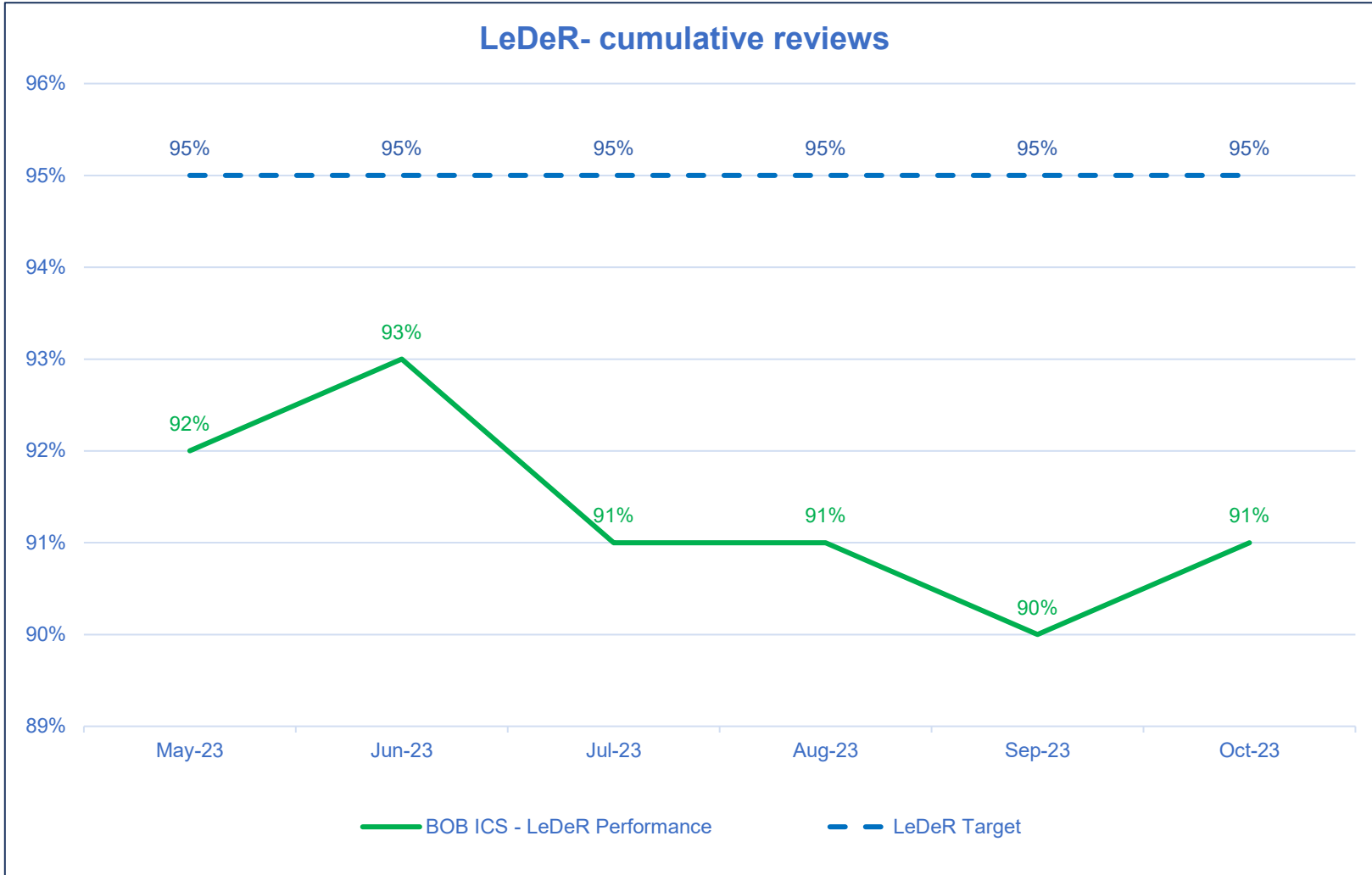


## BOB ICB LDA CYP Inpatients

- The graph portrays the number of CYP inpatients in BOB with a learning disability or autism for 2022/23 and 2023/24 ; and against national ambitions for 2023/24.
- There were 14 CYP inpatients recorded in November 2023, which is above the NHS SE trajectory target (7 in Q3, 5 by the end of Q4)
- We have higher number of CYP inpatients this year (14 in Nov 2023) compared to the last year (11 in Nov 2022)
- There were 14 new admissions of all LDA CYP inpatients in 2023/24 with Autism (12) as the most prevalent condition
- Root cause analysis commenced in December to establish causes of admissions and identify any learning.
- Escalation process in place to unblock issues with discharges.

# Learning Disability Programme- LeDeR

**SRO: Rachael Corser**

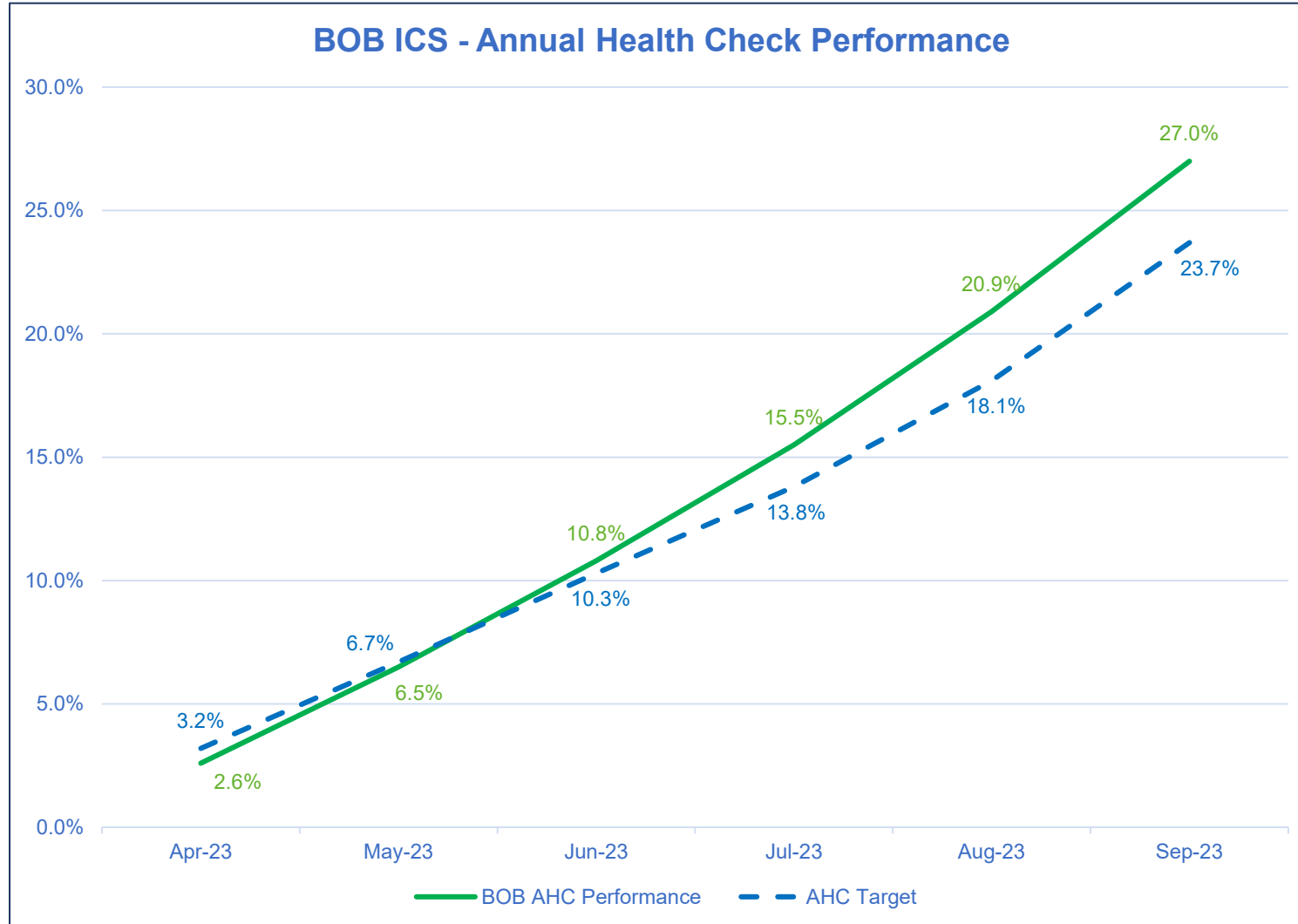


## Learning from Lives and Deaths (LeDeR)

- Work on the LeDeR programme is centered on bringing activity at place (x3) into a single, ICB-wide function. There is currently a backlog of approximately 65 cases awaiting review by the contracted reviewers, caused by the unfilled Local Area Coordinator (LAC) roles and rising demand.
- A recovery plan has been drawn up and Interim LAC cover has been sourced until the start of 2024/25. After that, the LAC role for BOB will be covered by a single, centralized LAC who will pass referred cases to reviewers. A costed proposal has been drawn up for the replacement LAC and is currently being considered.
- To support the transformation process, monthly BOB LeDeR meetings are in place to agree approaches, share best practice and drive change. The ICB is fully engaged with national and regional NHSE teams as well as other ICBs in the region. BOB are currently working with NHSE SE to develop a workshop.
- The final place-based Annual LeDeR Reports have been agreed by SQG. These have highlighted areas of strong performance across the ICB as well as areas for further improvement, including identifying more BAME cases and an increase in early dementia in the LD cohort. From 2023/24 onwards, BOB will submit a single Annual Report to cover the whole ICB and this will be produced by the new LAC post.

# Learning Disability Programme- AHC

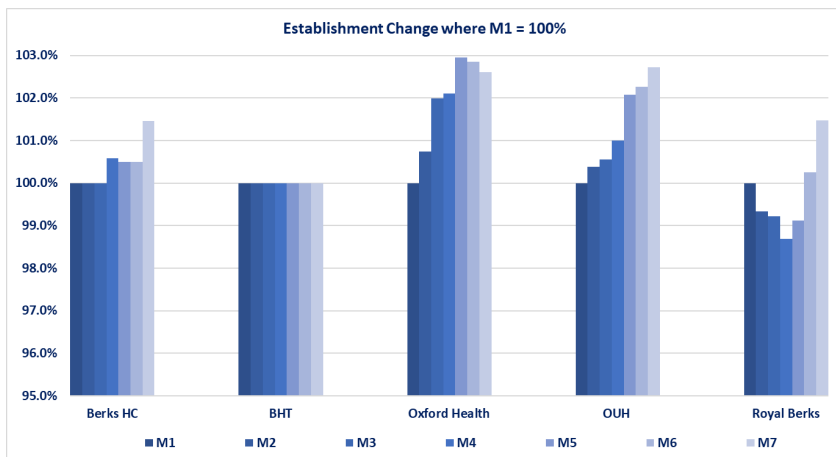
SRO: Rachael Corser



## Annual Health Checks

- The BOB ICB performance in delivering Annual Health Checks (AHCs) is above the national target trajectory: 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.
- To support this strong performance, and reduce health inequalities, BOB is taking part in a National pilot of the Medii app in 9 GP surgeries across the ICB. This is a mobile app that allows LD patients to track their health, encourages healthier lifestyle choices and promotes engagement with AHCs. Results are available to the patient, carers and the GP. GPs are currently selecting and onboarding patients and training of GP staff has started. The pilot will run over the winter, followed by a workshop in 2024 to evaluate the patient experience.
- BOB ICB has supported the development of the All About Health website for LD patients. This is a comprehensive guide to LD health concerns and the resources available both nationally and within the BOB geography. Presented in an Easy Read format, this is a valuable resource for patients and carers, and is hosted and maintained by Oxford Family Support Network, <https://allabouthealth.oxfsn.org.uk/>
- The LD&A team are working with the Primary Care lead to develop a series of bimonthly webinars for GPs around LD specific issues including health inequalities, constipation and early onset dementia

## Establishment % change by Organisation



Est as Change  
From Base Value  
(Base = M1)

Base	M6	M7
Berks HC	100.5%	101.5%
BHT	100.0%	100.0%
Oxford Health	102.9%	102.6%
OUH	102.3%	102.7%
Royal Berks	100.2%	101.5%

### This metric measures

- Percentage change in establishment by organisation since April 2023.
- Vacancy rate by organisation since the same period last year (Oct 2022).

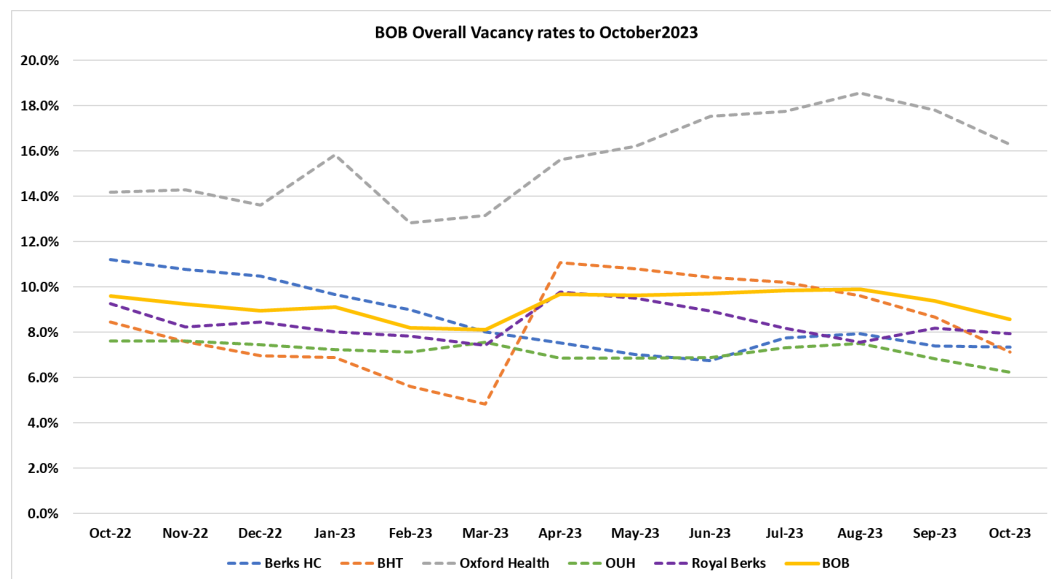
Source SDSP Monthly Excel Data Files “2. Vacancies” file as of October 2023 from the “Assumed Establishment” Tab

Total Funded Establishment for all staff groups. Establishment variation is calculated where M1 = 100% and change is shown as % variance from M1 per Trust.

### How we are performing

- Establishment has remained static for BHT, all other Trusts are showing increases in their establishment with the exception of Oxford Health, decrease of 0.3%.
- The overall BOB vacancy rate has fallen from 9.4% (September) to 8.6% (October) and is 1% lower than for the same period last year (October 2022).
- Trusts have followed this trend and, positively, we see a decrease across all in October including Oxford Health whose rates had steadily increased since March, reaching a peak in August, with a decrease of 1.5% from September to October.

## Vacancy Rate by Organisation



### Actions

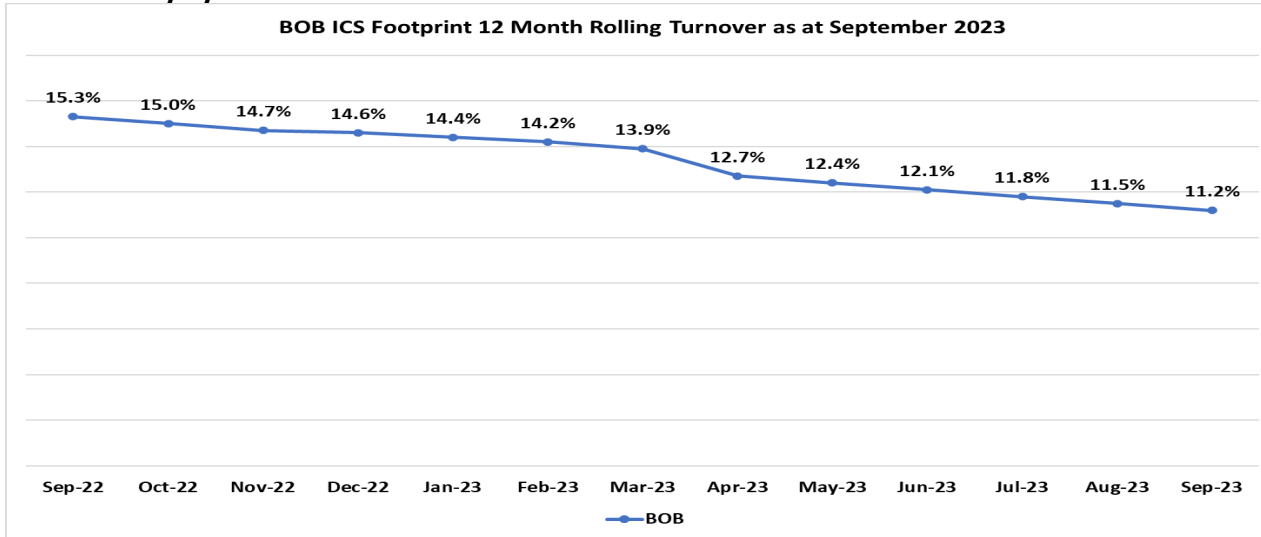
- **Supportive interventions:** There are a number of System People priorities and workstreams which focus on the various factors which impact on vacancy rates: The Health and Well-being workstream focuses on recruitment and retention, health and well-being and cost of living pressures; complemented 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
- **Shared learning:** There may be benefit in sharing workforce plans and actions across Trusts, particularly considering BHT's unchanging establishment.

### Risks:

- Vacancy rates remains a risk on the BAF and Trust Risk Registers.
- These risks are being mitigated by provider initiatives to promote health and well being 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 negative impact this is known to have on retention.

# Workforce - Turnover

## Turnover by System



### This metric measures

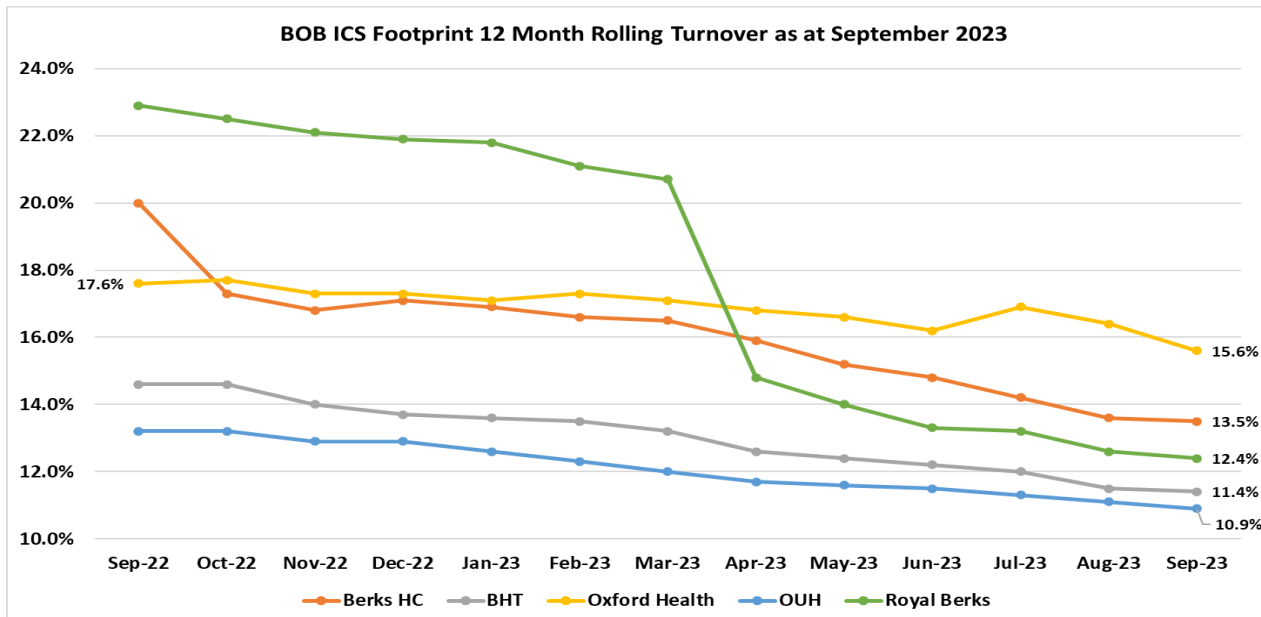
- Turnover by System, with further breakdown by organisation.

Source SDSP "Joiners, Leavers and Turnover Dashboard" as of September 2023. 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 has fallen steadily over the past 12-month period to its current value of 11.2%.
- The individual BOB Trusts display a similar trend.
- Turnover has fallen since mid 2022, for all trusts with all Trusts showing a positive decrease.
- It is positive to see a decline in Oxford Health's Turnover over the past quarter and suggests that the interventions put in place since May 2023 are now having a measurable impact.

## Turnover by Organisation



### Actions

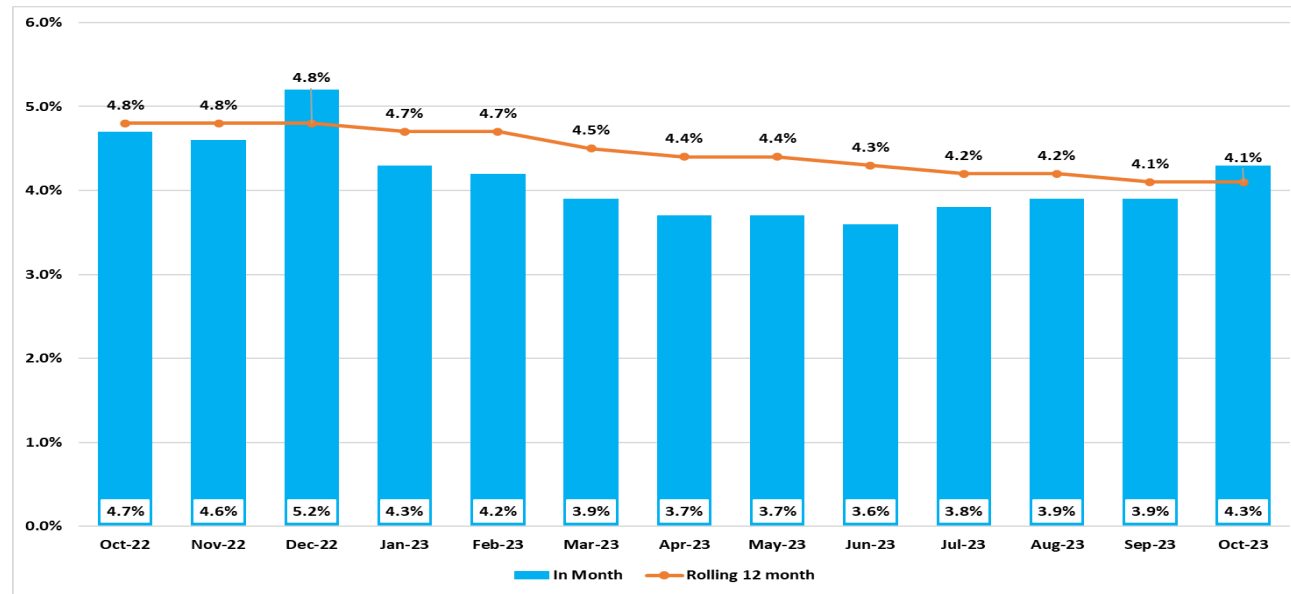
- **Supportive interventions:** A workstream has been set up to identify initiatives to retain staff, specifically focusing on staff health and well-being and financial health (the cost of living). This workstream will start to develop initiatives for Q4 2023/24.
- Localised interventions are continuing 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:

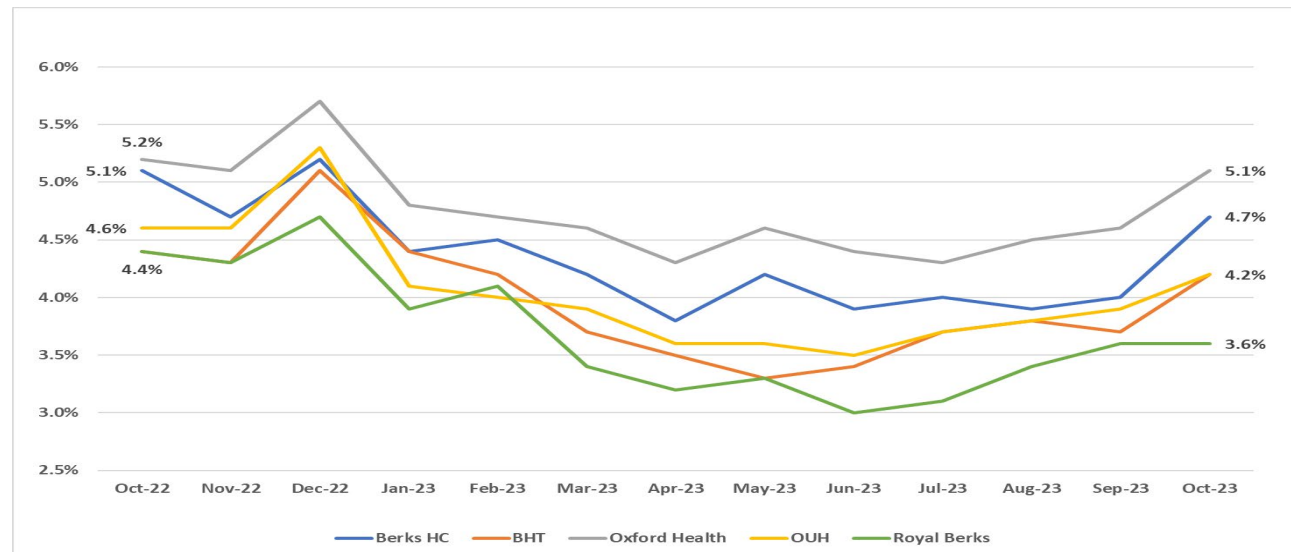
- Turnover remains a risk on the BAF and Trust Risk Registers.
- These risks are being mitigated by provider initiatives to promote health and well-being and to target retention activities for the areas most impacted by high turnover. These initiatives are supported by the System-wide workstreams focusing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

# Workforce - Absence

## Absence Rate by System



## Absence Rate by Provider Trust



### This metric measures

- Absence rate by system, with further breakdown by organisation.

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

### How we are performing

- There is an absence of a trend in absence at the System level, but when a detailed look is taken, all providers have demonstrated an overall downward trend (or improvement) in absence over the last 2 years. Caution is applied given that the trendlines begin at the end of the pandemic. Trends are seasonal, with peaks during the winter months.

### 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 well-being 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.

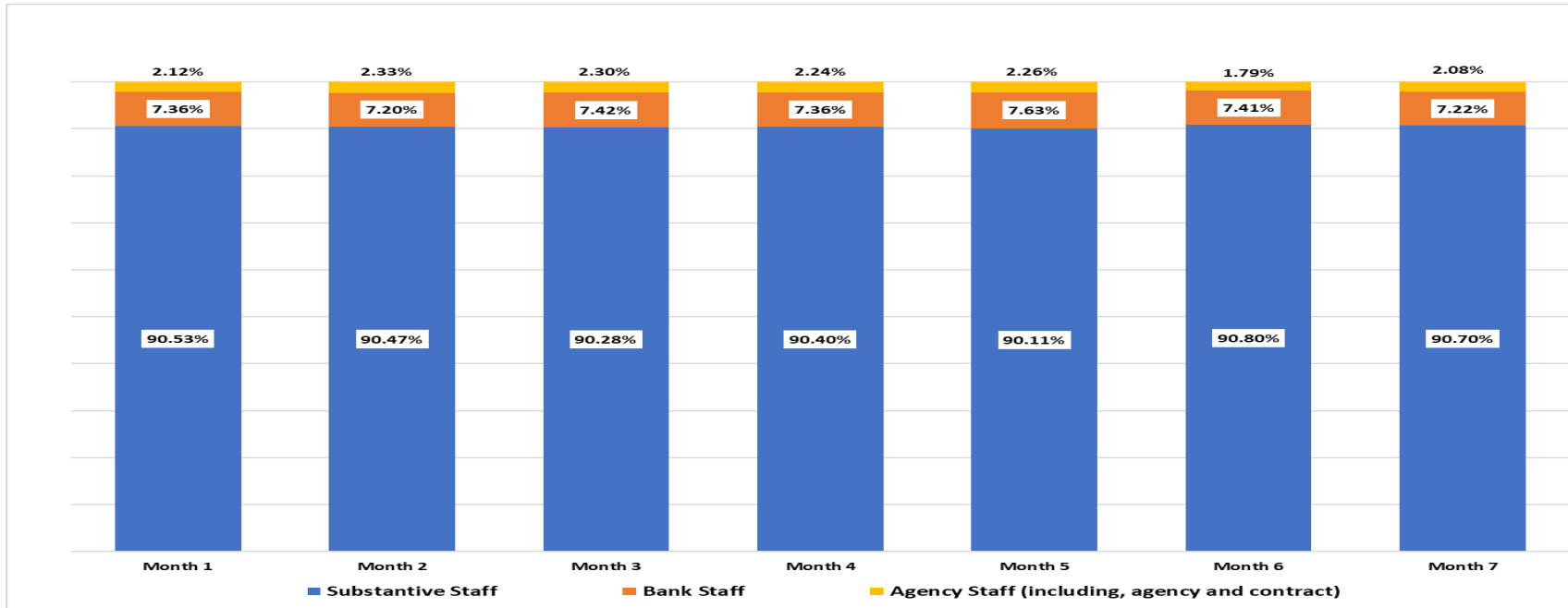
### Risks:

- 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 well-being and to target these initiatives to better understand and alleviate the impact of stress for the workforce.



# Workforce – Temp Staffing

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



### This metric measures

- Temporary v Substantive staff usage by system by % of total establishment (establishment figures in fte are shown below the graph).
- Month 7 Temporary v Substantive staff usage by individual Organisation.

Source PFR Returns for BOB Trusts as at Month 7

## Temporary and Substantive Staff Usage (FTE) by Trust – Month 6

		Month 6	Month 7
Berks HC	Substantive Staff	89.54%	89.10%
	Bank Staff	8.96%	9.40%
	Agency Staff (including, agency and contract)	1.50%	1.49%
BHT	Substantive Staff	90.81%	90.69%
	Bank Staff	7.37%	7.60%
	Agency Staff (including, agency and contract)	1.82%	1.71%
Oxford Health	Substantive Staff	88.82%	86.40%
	Bank Staff	6.99%	8.09%
	Agency Staff (including, agency and contract)	4.20%	5.51%
OUH	Substantive Staff	91.90%	91.98%
	Bank Staff	6.94%	6.75%
	Agency Staff (including, agency and contract)	1.16%	1.27%
Royal Berks	Substantive Staff	91.20%	93.50%
	Bank Staff	7.79%	5.32%
	Agency Staff (including, agency and contract)	1.01%	1.18%

### How we are performing

- For the system, use of bank and agency staff remains relatively static for the months since April 2023. Slight increase in agency usage for OUH, Oxford Health and Royal Berks in M7.

### Actions

- **Supportive interventions:** A workstream is being set up to identify initiatives to build on the existing temporary staffing collaborative. 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.

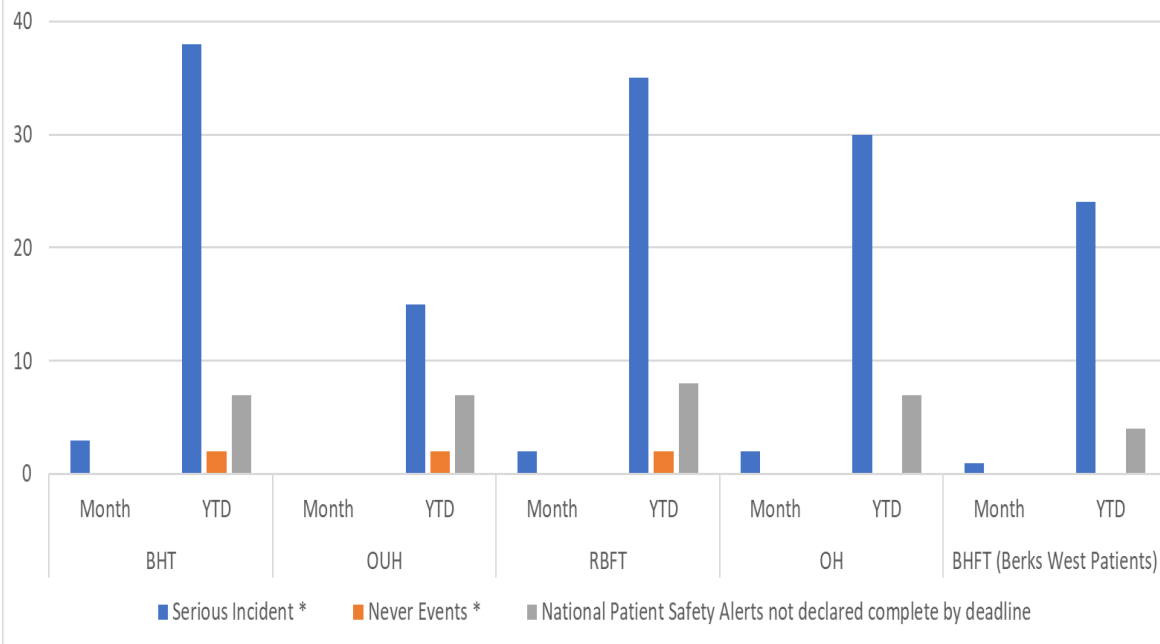
### Risks:

- Use of bank and agency staffing remains a risk on the BAF and Trust Risk Registers.
- 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

# Patient Safety

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



**This metric measures:**

Our objective is to reduce avoidable harm across all our services. The metric we have chosen to assess our progress 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. As providers transition to the Patient Safety Incident Response Framework, Serious Incident reporting will become obsolete.

**How are we performing:**

**OUH** transitioned to the Patient Safety Incident Response Framework; with learning across the organisation shared via an internal safety & learning forum. OUH has improvement workstreams underway reviewing the Cancer MDT processes to ensure they are streamlined, consistent and safe as possible. OUH is also prioritising learning and improving communication pathways, care of vulnerable people and the reporting & endorsement of pathology and imaging reporting. **BHT** has identified safety issues regarding patients awaiting outpatient appointments occasionally becoming lost to follow up, which can lead to delays in care and treatment, which can be harmful in some cases; recent improvement work has been identified to ensure there is strong central oversight and tracking of patients to ensure none are lost to follow up. **SCAS** is undertaking a review of the "end of shift" allocation of paramedics to ensure that it maximises the ability to allocate paramedics near the end of their shift, whilst still protecting staff – this process sometimes prevents an ambulance being allocated in certain cases, which has led to patient harm. A national safety report was released by the Health Services Safety Investigation Body (HSSIB) into Quality & Safety Systems; these systems will be developing and evolving as providers continue their journey to implementation of PSIRF.

Indicator	Period	BHT		OUH		RBFT		OH		BHFT (Berks West Patients)	
		Month	YTD	Month	YTD	Month	YTD	Month	YTD	Month	YTD
		Serious Incident*	3	38	0	15	2	35	2	30	1
Never Events*	0	2	0	2	0	2	0	0	0	0	
National Patient Safety Alerts not declared complete by deadline	0	7	0	7	0	8	0	7	0	4	

**Transition from Serious Incident Framework (SIF) to Patient Safety Incident Response Framework:**

- From the start of October 2023 OUH transitioned away from the SIF to PSIRF. This means they will no longer be declaring Serious Incidents; each Patient Safety Incident will be assessed for the potential for learning and improvement, in line with each provider's Patient Safety Incident Response Plan (PSIRP).
- Oxford Health, BHFT, RBFT, BHT and SCAS are all operating under the SIF during October 2023.

**Actions:**

- Providers working towards implementation of Patient Safety Incident Response Framework

**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.
- Impact of industrial action on patient harm is difficult to quantify, due to the nature of it being difficult to link specific delays with illness progression. Understood that roles are not always clear for staff during industrial action, which can lead to less coordinated care and patient harm.

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

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

### Clostridioides difficile infection (CDI) –

CDI Oct 23	HO	CO	Total	YTD Rate 100k	YTD
Bucks	5	5	10	11.1	61
Oxon	8	2	10	15.3	104
Berks W	0	3	3	15.4	76
BOB	13	10	23	14.0	241

HO = Hospital Acquired

CO = Community Acquired

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

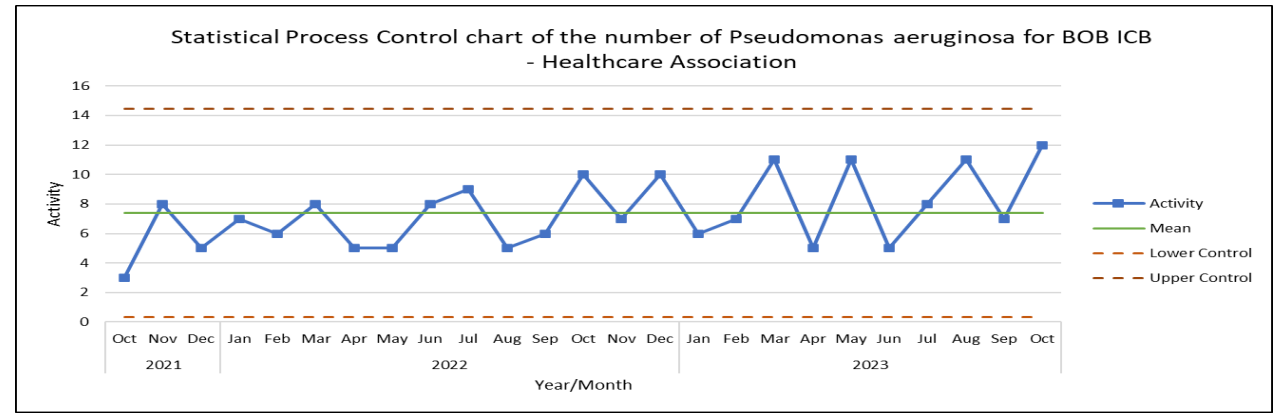
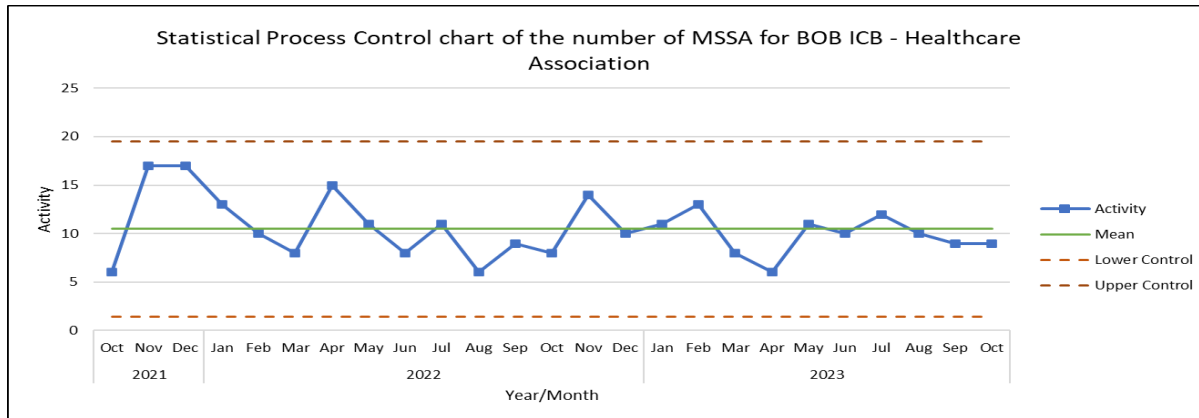
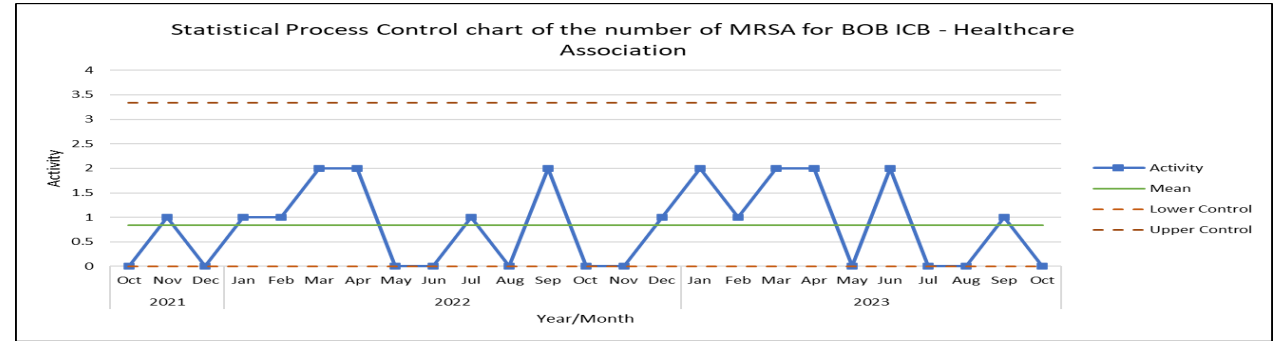
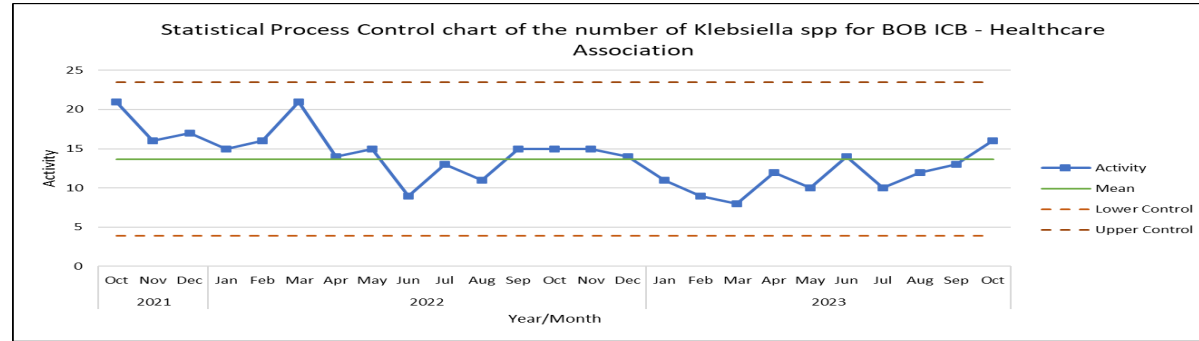
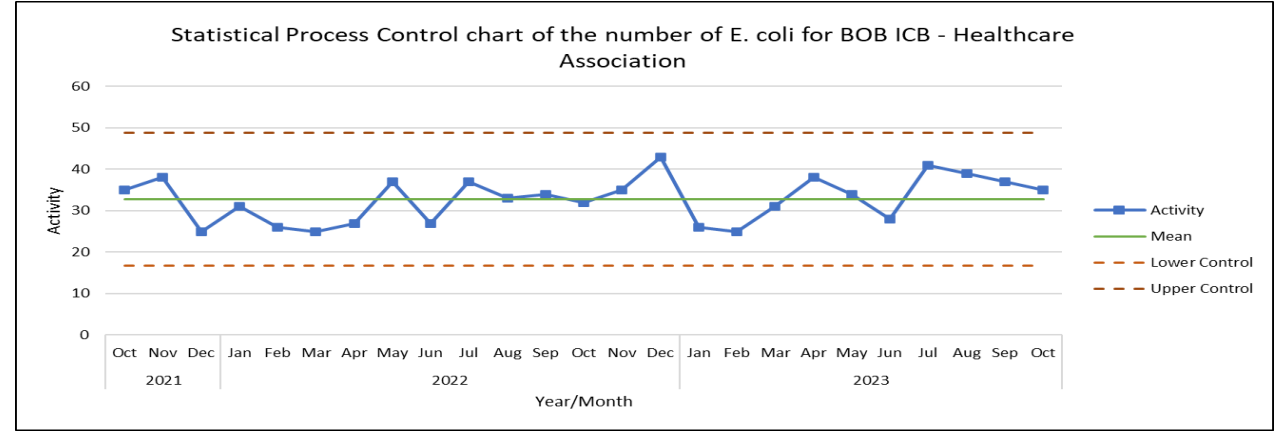
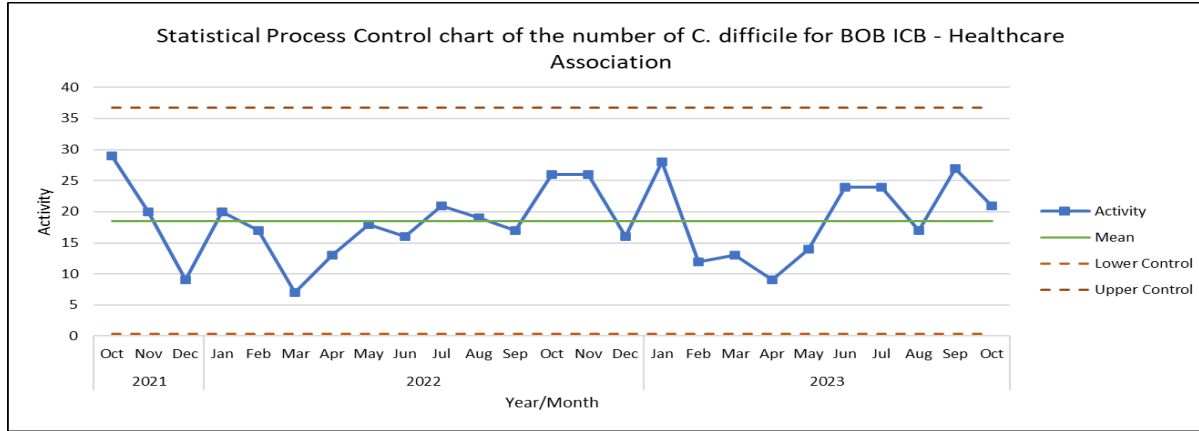
MRSA Oct 23	HO	CO	Total	YTD Rate 100k	YTD
Bucks	0	0	0	0	0
Oxon	0	0	0	1.2	8
Berks W	0	0	0	0.8	4
BOB	0	0	0	0.7	12

**Infection Prevention & Control** The IP&C lead covering Buckinghamshire came into post 2 October and the team is now fully recruited. IP&C team has continued to support primary care during the Autumn/Winter vaccination programmes. NHSE and UKHSA published a joint Urinary Tract Infection (UTI) communications campaign in October, which was shared widely across the ICS. UKHSA led on a SE Flu Fighters exercise to review processes and BOB ICB are working towards a standardised service to cover flu outbreaks in Care Homes (complete). Education forums for primary care focused on a 'Gloves off' campaign to encourage appropriate glove use, improve IP&C practice and to be more sustainable. Education was also provided on 'To Dip or Not to Dip', to reduce unnecessary antibiotic prescribing for UTI's. International IPC week was held 16-20 October, collaboratively celebrating 'fundamentals of infection prevention'. IP&C teams shared a variety of resources and presentations across the ICS.

**CDI** All 3 places in BOB have a reduced number of CDI cases in October compared to September. An issue in the OUH laboratory led to a number of patients (18 October, 3 September) receiving an incorrect diagnosis of C. difficile infection. The issue has been rectified and resulted in duty of candour to those affected. September data has been corrected with UKHSA. All BOB cases continue to be reviewed for compliance with antibiotic prescribing, prior to the infection against guidelines. The repetitive learnings e.g. incorrect use of antibiotics, incorrect sampling, inappropriate patient management in Berks West have been identified and discussed with the relevant teams.

**MRSA** 0 MRSAB reported across BOB in October. Although Buckinghamshire has 0 reported MRSAB from ICB, 2 hospital associated cases assigned to Buckinghamshire Healthcare Trust were reported from patients registered outside of area in Q1. A slight increase of MSSA numbers in October across all 3 places has been noted but remains within control limits as per SPC charts. Berks West identified lessons learnt around non-compliance with MRSA guidelines from MRSA case reviews and discussed findings with the teams. BOB IPC also identified the national MRSA guideline was not clear, discussed with relevant teams to update. Education on wound care and aseptic non touch technique provided to staff across BOB and ongoing support has been arranged.

# Statistical Process Control (SPC) Charts



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

E.coli Oct 23	HO	CO	Tot	YTD rate 100K	YTD
Bucks	15	24	39	44.6	245
Oxon	15	26	41	44.1	300
Berks W	5	23	28	44.2	218
BOB	35	73	108	44.3	763

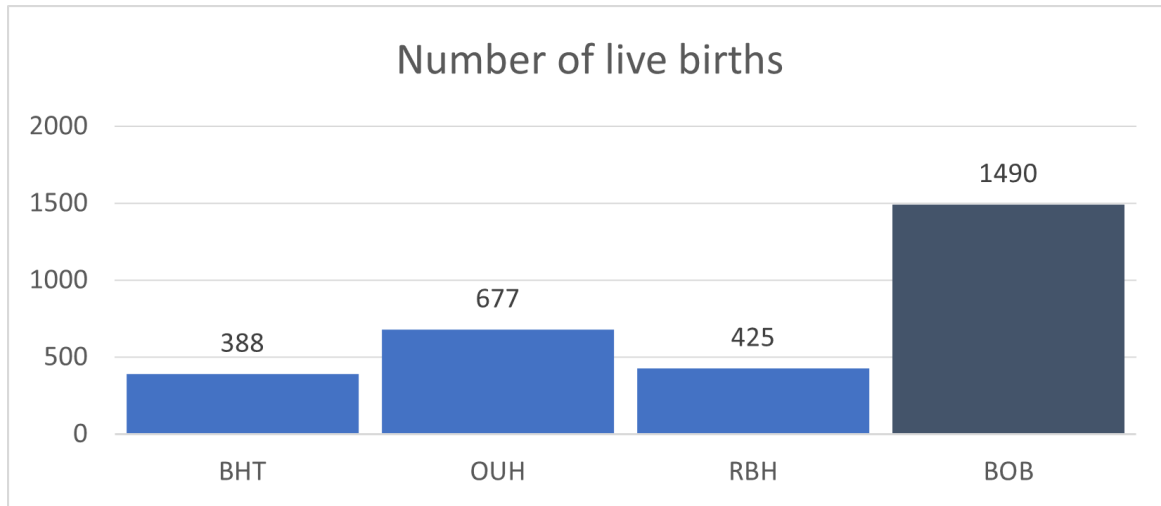
Klebsiella Oct 23	HO	CO	Tot	YTD rate 100K	YTD
Bucks	8	4	12	12.2	67
Oxon	4	5	9	12.5	85
Berks W	4	6	10	14.0	69
BOB	16	15	31	12.8	221

Pseud Oct 23	HO	CO	Tot	YTD rate 100K	YTD
Bucks	4	1	5	6.4	35
Oxon	6	3	9	5.7	39
Berks W	2	0	2	6.1	30
BOB	12	4	16	6.0	104

### Gram-negative bloodstream infections (GNBSI)

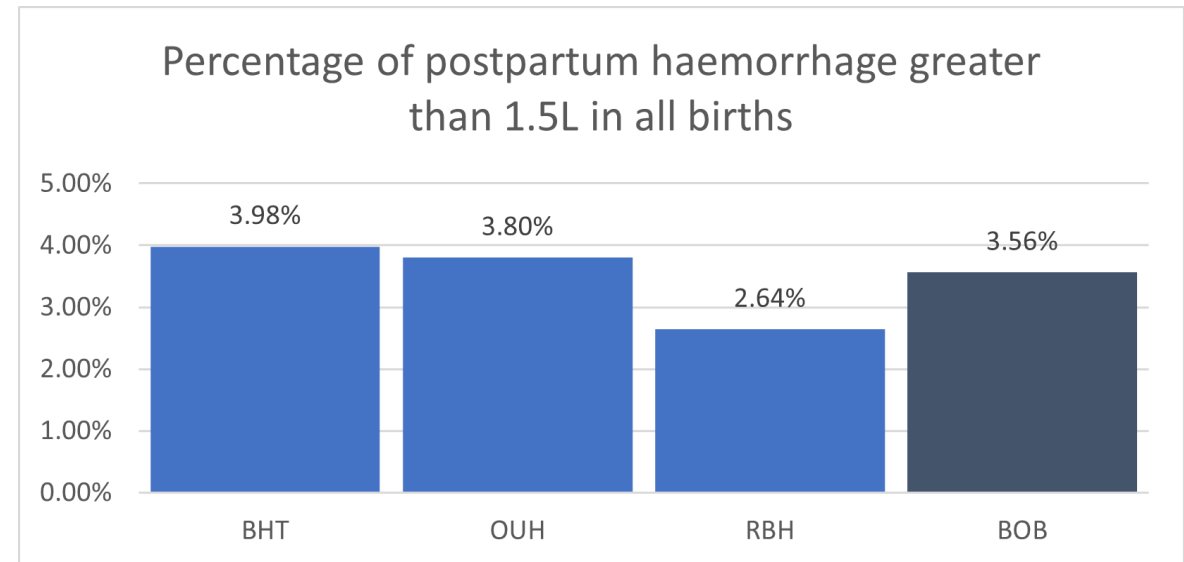
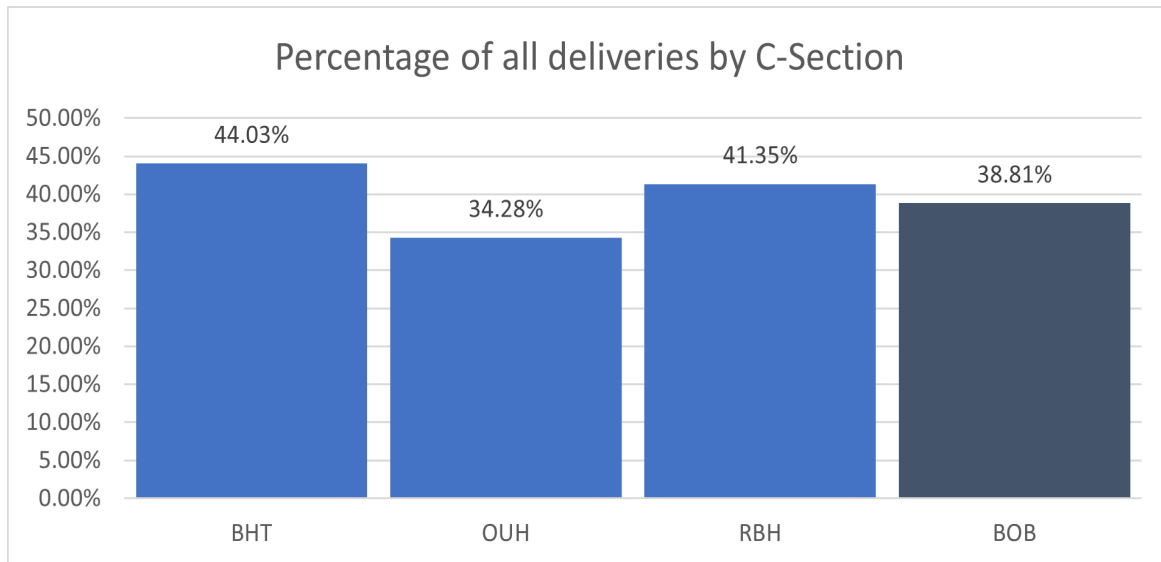
- Healthcare associated E.coli rates have continued to reduce across BOB for the third month, as per the SPC chart. Klebsiella and Pseudomonas aeruginosa have both continued to slightly increase in Oxfordshire and Buckinghamshire and has reduced slightly in Berkshire West. A hydration pilot project continues to be planned in collaboration with Reading local authority.
- There is a strong association between urinary catheterisation, catheter associated urinary tract infection (CAUTI), Antimicrobial stewardship (AMS) and Gram-Negative bloodstream infection (GNBSI). The government have set initiatives to ensure we are actively reducing urinary CAUTIs. A pilot study on urinary catheter management in care homes will be undertaken in BW from Q3 to Q4 to understand gaps for improvement and required IPC support.

# Maternity and Neonatal - October Update

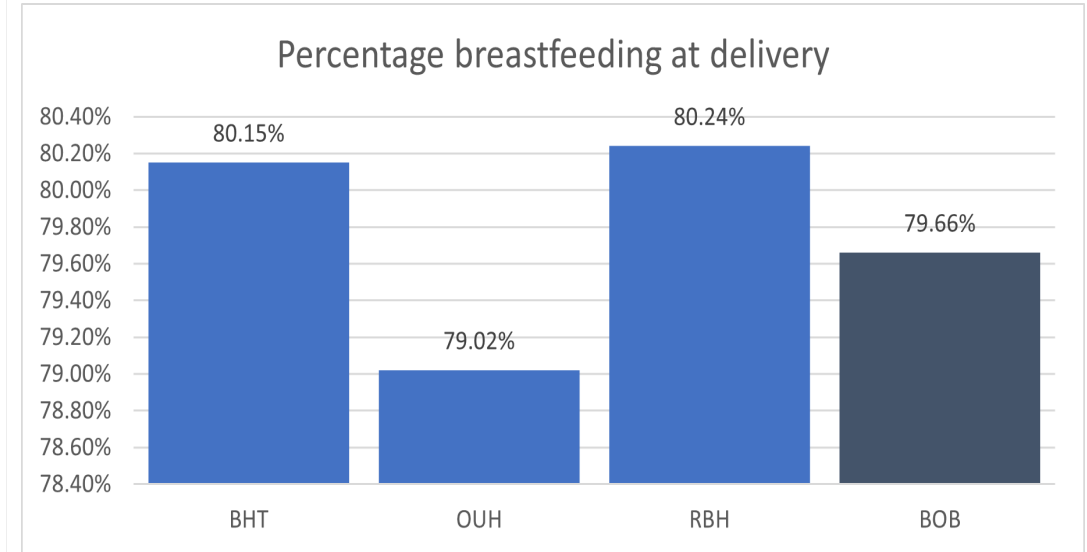
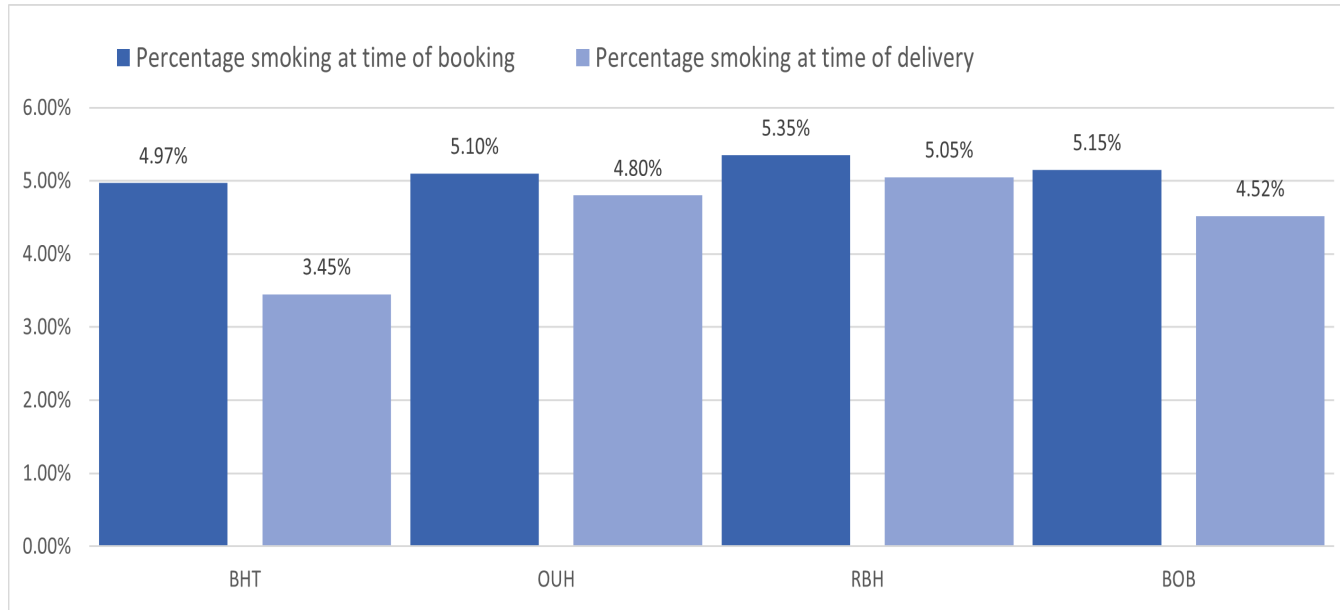


	Number of IOL's	Number of IOL's delayed or red flagged
BHT	98	31
OUH	170	122
RBH	150	41
BOB	418	194

*IOL – Induction of Labour*



# Maternity and Neonatal - October Update



	Smoking at booking number	Smoking at delivery number
BHT	19	13
OUH	28	32
RBH	25	21
BOB	82	66

All three trusts currently report and record data in maternity and neonatal services differently. We are working towards having an agreed set of metrics and measures being recorded consistently across the system in the new year including:

- Induction of Labour delayed or red flagged will be consistent across BOB.

	Number of neonatal deaths
BHT	0
OUH	1
RBH	0
BOB	1



# Internal performance CHC

Indicator	Target	National position 2022/23 Q4	Locality	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
% CHC referrals completed in 28 days	80%	75%	Buckinghamshire	62%	63%	61%	48%	81%	65%	59%	38%	57%	71%	83%	69%	55%
			Oxfordshire	30%	16%	10%	11%	38%	24%	14%	15%	16%	29%	8%	26%	42%
			Berkshire West	79%	80%	85%	55%	98%	88%	86%	92%	95%	94%	91%	94%	94%
% DSTs completed in acute hospitals	Fewer than 15%	3%	Buckinghamshire			0%	0%	4%	0%	0%	0%	3%	0%	7%	4%	4%
			Oxfordshire	0%	0%	0%	0%	0%	2%	0%	3%	6%	9%	3%	3%	0%
			Berkshire West			4%	0%	1%	1%	0%	0%	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%	17%	9%
			Oxfordshire			57%	43%	38%	32%	32%	50%	51%	29%	37%	65%	21%
			Berkshire West	11%	16%	7%	14%	6%	12%	11%	2%	6%	4%	9%	13%	3%

## Buckinghamshire:

28 days - Significant change to bring KPI below national position and below our target. This is related to limited LA availability for DST assessments.

% DSTs in acute – No change and now above the national position but still within the target.

Standard CHC conversion rate – Slight change in percentage and a decrease in last month and remains monitored. No trends have been identified .

## Oxfordshire:

28 days - Significant change to KPI from last month but remains below the national average. 3 FT assessors were moved to the general team while an outside agency cover FTs to help achieve this KPI.

% DST in acute – within target.

Standard CHC conversion rate – Significant change and remains within 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 – Slight change but remains above national average and consistent.

% DST in acute – No change and below the national average but consistent.

Standard CHC conversion Rate – Slight change – The reason for low conversion rate continues to be explored. External scrutiny of DST process indicates that decision making is not unduly strict.

Indicator	Period	Target	BHT	OUH	RBFT	OH	BHFT	BOB
Overall CQC Rating	Dec 23	Good/Outstanding	Good	Requires Improvement	Good	Good	Outstanding	
FFT recommend (Inpatient)	Oct 23							
A&E FFT	Aug 23		89.8%	95.5%	98.3%			77%
Mixed Sex Accommodation (MSA) Breaches	Oct 23	0	0	103	366	0	0	403

## Narrative: MSA

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 this 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

BOB	CQC Rating					
Place	Good	Inadequate	Outstanding	Requires Improvement	Unknown Rating	Grand Total
Berkshire West	97	1	8	16		122
Buckinghamshire	78	2	6	35	2	123
Oxfordshire	104	1	12	11		128
Out of Area*				2		2
Grand Total	279	4	26	64	2	375
*Unknown is due to not yet inspected by CQC						

**Narrative:**

N.B.CQC are currently inspecting settings which present immediate safety risks are triggering inspections, therefore several settings have long-standing ratings which are not a true reflection of current quality standard. The new inspection framework commenced 4 Dec 2023.

- Banbury Heights Nursing Home (Oxon) – Regular Serious Concerns meetings with Oxfordshire County Council regarding traction on Action Plan. All CHC patients moved, however 42 Funded Nursing Care (FNC) residents remain.
- Holly Grange (W Berks) – Review and contingency planning in place for 6 affected residents. No CHC/FNC residents.
- Windsar Care\*(Frimley ICB) – Clinical review of all BOB placed residents with a view to decant following increase in resident safety concerns and management reversion. 30 LA, S.117 and joint funded residents affected.

# Primary Care - Patient Experience

## National GP Patient Survey

- Data below is from National GP Patient Survey published in July 2023.
- Bottom 10 GP practices for the questions, 'overall experience of GP practice', 'ease of getting through to someone at GP practice on the phone', 'overall experience of making an appointment', have been identified. Review of these practice's PCN capacity & access improvements plans have been conducted to assess whether plans likely to result in improvements in patient experience in above areas. Individual discussions with some of the 10 practices have also taken place with local practice actions agreed.
- ICB's approach to the national 'recovering and access to primary care programme management plan' (PCARP) has been defined. Action plan in place to deliver with regular touchpoint meetings scheduled, all action plan workstreams considered on track to deliver.
- Working 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 continues to take place.
- The 2024 GP patient survey will be the start of a new series. Changes have been made to the questions to give a stronger focus to patient experience of modern general practice access.

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		1	41	1
Bucks			45	2
Oxon		1	60	4
BOB		2	146	7

- **London Street Surgery (Berkshire West) rated Requires Improvement:** was previously rated Inadequate. Primary Care continue to engage with the Practice to monitor process on CQC actions.
- **Newbury Street Practice (Oxfordshire) 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.

## 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

## 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

# Statistical Process Control (SPC) Icons

- Within this report SPC charts have been introduced for a small number of indicators
- Below is a description of what each of the SPC icons indicates. For the assurance icons the pass & fail symbols will only be relevant if there is a target related to the SPC where there is no target the 'not possible to comment' symbol will be used. The performance icons should always be relevant. The indicators for performance charts are related to the data points within the chart and additional commentary should be considered.
- Over the coming months more SPC charts will be developed

## Assurance

Metric likely to pass target	Hit or miss	Metric likely to fail target	Not possible to comment

## Performance

Metric increasing - indicates improvement	Common cause variation	Metric decreasing - indicates concern
Metric decreasing - indicates improvement	Common cause variation	Metric increasing - indicates concern