

BOARD MEETING

Title	Performance & Quality Report – Month 9 (December)		
Paper Date:	5 March 2024	Meeting Date:	19 March 2024
Purpose:	Assurance	Agenda Item:	13
Author:	Ben Gattlin, Head of Planning & Performance	Exec Lead/ Senior Responsible Officer:	Matthew Tait, Chief Delivery Officer; Rachael Corser, Chief Nursing Officer; Rachael de Caux, Chief Medical Officer

Executive Summary

The report focuses 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.

Urgent and Emergency Care – 4 Hour standard – target 76% by end of March 2024

- Performance across Buckinghamshire, Oxfordshire, Berkshire (BOB) marginally deteriorated to 69.5% in January from 70.3% in December and remains below national and Southeast average but above last year's performance.
- Unvalidated data shows performance has remained static during February.
- All geographies have system improvement / winter plans in place.
- System discharge and virtual ward performance remains some of the best in the Southeast.
- There is a national focus on delivery of 76% for March. To demonstrate improvement the ICB team have been working with providers to update plans to deliver this and put in place increased assurance mechanisms.

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

- BOB providers reported 1,880 patients waiting longer than 65 weeks at the of December.
- Industrial action in January and February has impacted delivery. Despite this, unvalidated data shows 1,380 patients waiting over 65 weeks at the end of February. Just 300 over plan (2023/24 plan assumed no industrial action).
- Latest estimates suggest BOB may have 500 patients still waiting over 65 weeks at the end of March.
- Given industrial action the national focus for the end of March is removing all 78-week waiters. The latest forecasts are that the BOB system may have 41 at this point (excluding patient choice) although work continues to reduce these.

Neurodiversity Waits – target improvement in wait times.

- Data not updated in this report, related to the ongoing work by the recently established data quality group set up to standardise data collection and reporting.
- Average wait time to assessment for Autism and attention deficit hyperactivity disorder (ADHD) for children and young people (CYP) remains challenged. Between 92 weeks for ADHD in Berkshire West and 102 weeks for Autism and ADHD combined in Buckinghamshire.

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

- At the end of December there was 657 patients waiting over 62 days for treatment
- Oxford University Hospitals (OUH) entered Tier 2 for cancer at the end of November 2023 with the Trust over 50% away from target (266 vs 171). At the end of December there were 215 patients waiting over 62 days for cancer treatment just 26% away from target.

- Recent industrial action has caused delays in cancer pathways. All three Trust are committed to improvement trajectories which should further reduce the numbers of patients waiting.

Primary Care access- *target maximise appointments within two weeks.*

- December 2023 was the third straight month seeing an improvement in performance 84.6% vs 79.2% in October.
- 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 increased by 0.1% in M9 but remains on a downward trend since April 2023.
- Establishment has remained static for Buckinghamshire Healthcare Trust; all other Trusts are showing increases in their establishment.

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 to 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

M9 – December 2023

Matthew Tait – Chief Delivery Officer

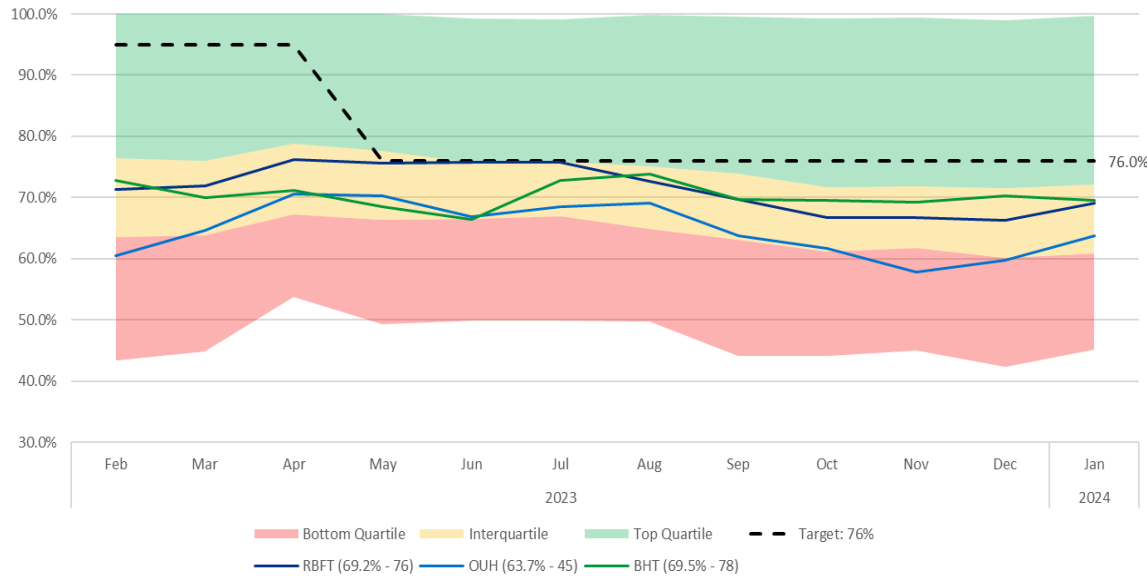
Rachael Corser – Chief Nursing Officer

Rachael De Caux – Chief Medical Officer

1. Urgent and Emergency Care (UEC)

SRO: Matthew Tait

A&E 4 Hour Performance Benchmarked against NHS Acute Trusts



This metric measures:

Our objective is to reduce the number of patients experiencing excess waiting for emergency services. We measure this through the percentage of patients who attend the Emergency Department (ED) and are seen within 4 hours of 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:

- Buckinghamshire Healthcare (BHT) – January All types performance 69.50% marginally down from 70.30% the previous month (December).
- Oxford University Hospitals (OUH) – January All types performance was 63.74% high from 59.83% the previous month (December).
- Royal Berkshire (RBFT) – January All types performance 69.16%, remained almost the same as 69.21% the previous month (December).
- Across England January All type's performance was 70.28% marginally higher than 69.44% in December. In December, the Southeast was 72.90% marginally higher than 72.38% in December.

Whilst performance remains challenged against the operating plan requirement, all three Trusts are showing an improvement against performance for the same period last year, despite an increase in ED attendances at all sites. The ICS remains in Tier 3 for UEC which means oversight and assurance of UEC performance and improvement remains at system level with no support or intervention from SE Region or the National team.

Actions:

- All three acutes have ED improvement plans in place to support recovery of all types with delivery overseen at place UEC Boards
- Alternatives to ED continue to be promoted to reduce the pressures on departments, including; Urgent Community Response (UCR), Virtual Wards (VWs), 111, 111 online and Urgent Care Centres (UCCs/UTCs).
- Whilst all three Trusts remain committed to delivering 76% against the 4 hour A&E standard in March, this is looking increasingly challenging given current demand combined with Industrial Action, however Trusts continue to make progress against their improvement plans and exploring additional actions available to support 76% delivery at year end including; commencement of the ED navigator role at the OUH exploration of providing both minor injuries and minor illnesses services at the RBFT Minor Injury Unit and community in-reach to ED at BHT.
- 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..
- An ambulance handovers workshop will be convened with SCAS and acute partners to ensure clarity on the improvement actions available to support timely handovers and consequently Cat 2 performance
- Additional Primary Care and UCC capacity is being sought to mitigate the impact of Industrial Action

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

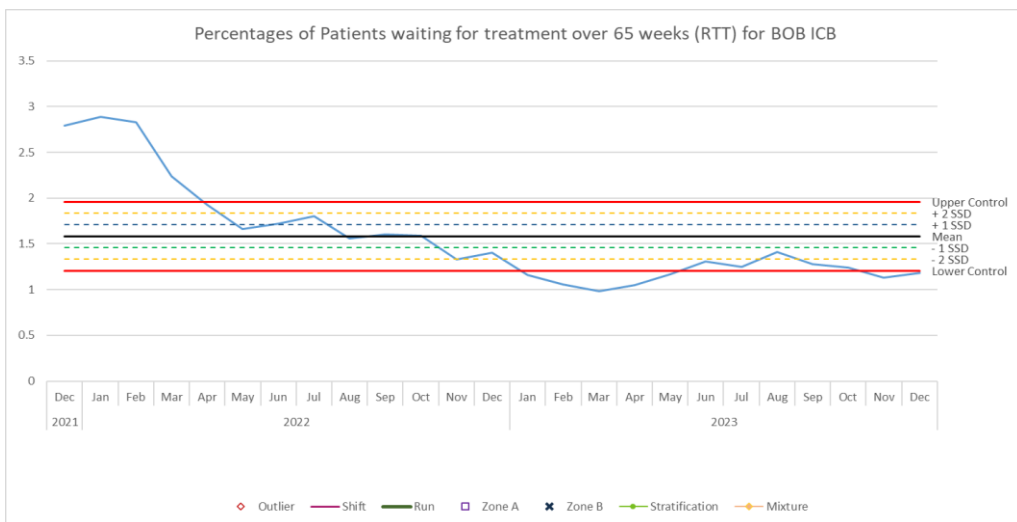


Fig.1

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 December 302 patients were waiting over 78 weeks against a target of zero.
- BOB NHS Providers reported 1,841 patients waiting > 65 weeks against an end-December target of no greater than 456. The target is to reduce this to zero by the end of March 2024.
- BOB reported 5,599 patients waiting > 52 weeks against an end-of-December target of no greater than 4,323.
- The total number of NHS Provider open pathways was 159,062 against the end of December plan of 135,880.
- Fig.1 Statistical process control (SPC) chart, introduced last month shows a decreasing trajectory which indicates improvement – this is driven by BHT and RBFT, whilst OUH have had 4 consecutive points above the upper control limit indicating concern. Provider-specific SPC charts can be found on page 19.
- Fig.2 Value Weighted Activity (VWA) - National workbook displays BOB at 105% YTD (Apr-Nov). The full year submitted plan for BOB was 104.4%.

VWA M1-8 Actuals 105.7% Year end forecast

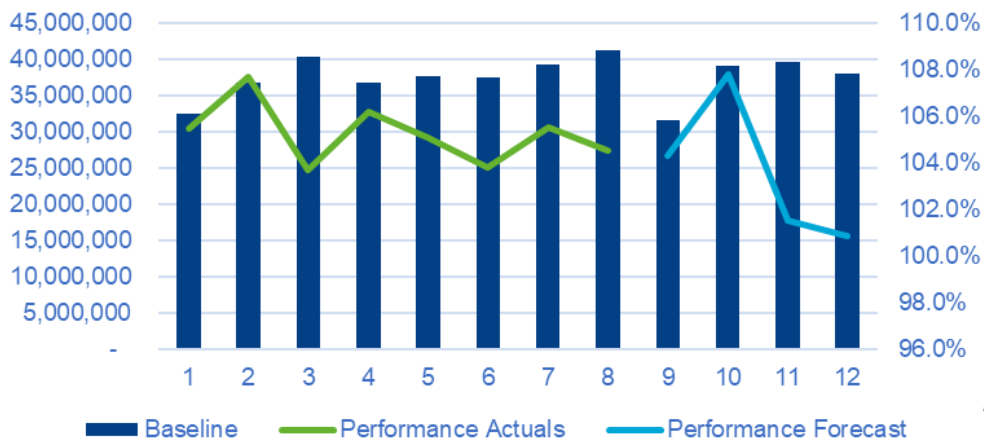


Fig.2

Actions:

- Revised diagnostics strategy agreed at the Oversight Group and presented to the Elective Care Board for review. Focus in 2024/25 will be on Endoscopy, MRI and Non-Obstetric Ultrasound where there are challenges across the system
- Finalising bids for the 2024/25 Community Diagnostic Centre Pathway Development Fund.
- Patient-initiated follow up for outpatient appointments has increased by 1.3% thanks to work of the outpatient transformation group.
- "E-meet and greet" planning to go live for cataract referrals in March-24. It is a digital tool to automate patient communication through the referral process, improving patient engagement and experience.
- RBFT trialling new app to improve the triage process – starting with Cardiology and Dermatology.
- Elective Care Board focused on operational planning for 2024/25 and provider trajectories to get to 65 weeks by expected deadline of September 2024.

Risks:

- Ongoing industrial action continues to be a risk to delivery of national targets on elective performance and diagnostics.
- Patient choice; patients choosing to be seen after 65 weeks/78 weeks.

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

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)	3,060 (Dec 2023)
Buckinghamshire CYP (Autism & ADHD)	2,923 (Dec 2023)
Berkshire West (Reading, West Berks and Wokingham)	5,089 (Dec 2023)

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 children and young people (CYP) only.

How are we performing:

- The top table outlines the number of patients currently waiting for an assessment it displays 11,072 on the waiting list across BOB when using end-of-December 2023 figures for Buckinghamshire, Oxfordshire and Berkshire West.
- 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 the 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.

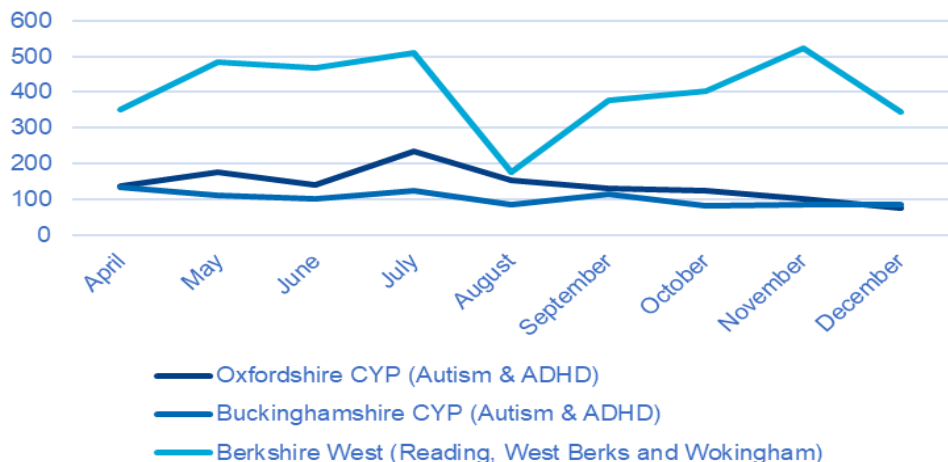
Actions:

- A data quality group has been established across BOB to standardise data collection and reporting
- We are continuing to engage in the NHSE regional All Age neuro-diversity work programme which is developing a framework for best practice for strengths and needs-led support, waiting list prioritisation and commissioning third party providers .
- Further work ongoing to align reporting across Buckinghamshire, Oxfordshire & Berkshire West.
- Continue to collect mean waiting time to assessment monthly, to track improvements & impacts of increasing resource and transformational work.
- Rollout and expansion of BOB Support Hope and Recovery/Resource Online Network (SHaRON) pilot which provides support whilst waiting. Go live date April 2024. In addition, investment proposals being developed using Service Development Funds to support CYP waiting for assessment.
- SPENCER3D pilot in 20 schools across Berkshire and Buckinghamshire to promote informed strengths and needs lead support approach.
- 2 projects developing automated clinical decision-making tool and using AI for Autism & ADHD Assessment being explored and implemented.
- Partnerships for Inclusion of Neurodiversity in Schools (PINS) pilot agreed to begin in Reading in partnership with Brighter Futures for Children and Berkshire Healthcare (BHFT). Developing service model with delivery in schools to commence September 2024.
- Programme Board for Neurodiversity workgroups being formalised within BOB ICB arrangements.

Risks:

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

Number of Referrals Received for CYP

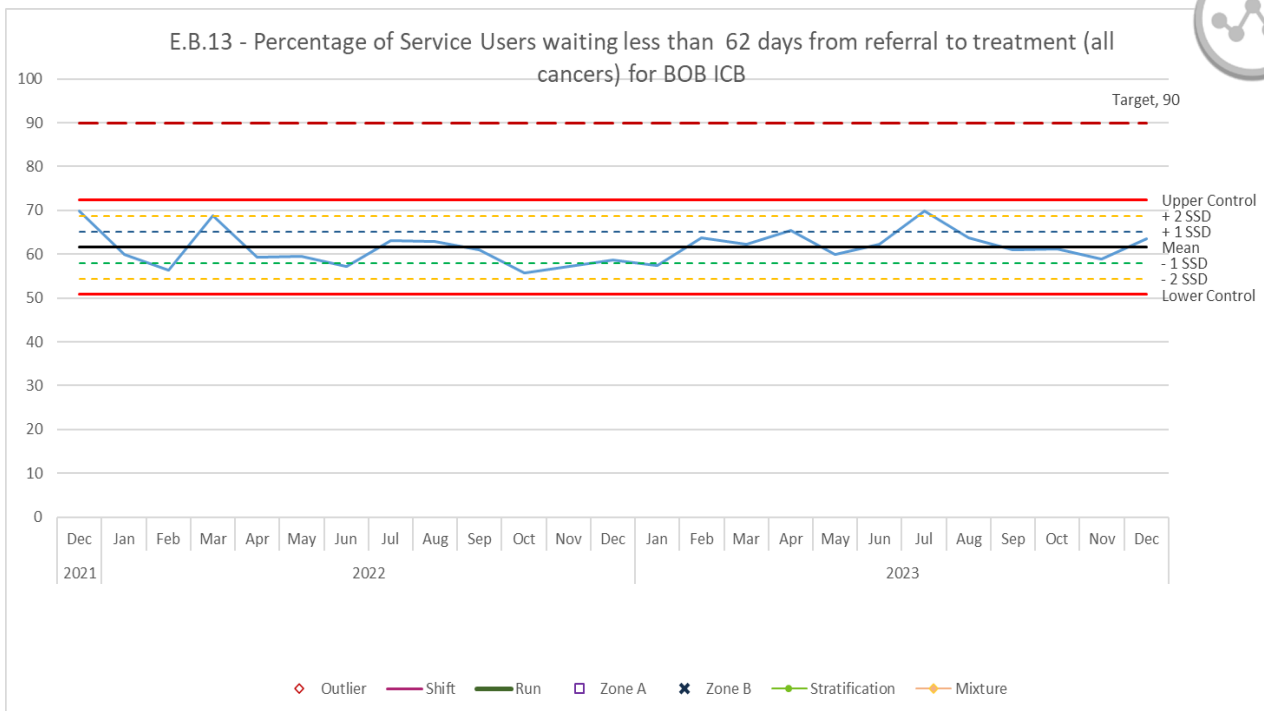


Average (Mean) waited time to assessment for CYP seen

Oxfordshire CYP (Autism & ADHD)	94 weeks (Dec 2023)
Buckinghamshire CYP (Autism & ADHD)	102 weeks (Dec 2023)
Berkshire West (Reading, West Berks and Wokingham)	Autism – 93 weeks (Dec 2023)
Berkshire West (Reading, West Berks and Wokingham)	ADHD - 92 weeks (Dec 2023)

4. Cancer

SRO: Matthew Tait



These metrics measure

The 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, latest data point is above 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 22.

How are we performing:

- The percentage of patients meeting the faster diagnosis standard in December across BOB was 75%, which is on the target and above national and regional averages.
- BHT (71.6%) did not meet the target standard in December. OUH was 76.6% RBH 77.3%
- At the end of December 657 patients were waiting over 62 days for treatment (286 at RBFT, 215 at OUH, 216 at BHT). This is slightly improved from previous month.

BHT Skin, urology, and lower gastrointestinal (LGI) remain the biggest challenges. Delays at the start of the skin pathway impact the position with skin 1/3 of the overall patient tracking list (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 more industrial action, which is having the most impact on the 31-day target. Skin delays with pathology reporting times, surgical capacity, and difficulties in recruitment. Increased gynaecology referrals caused delays at the front of the pathway and long-term sickness of 2 consultants causing the biggest impact. Appointed locum gynaecology consultant. Diagnostic reporting delays increasing

RBFT 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. Impact of reduced RATE card

Actions:

- RBFT – Super Saturday clinics set up. Straight to test pathways for GI, Urology, Lung and Breast. 1 Stop outpatient appointment for skin. Fifth endoscopy room being built
- OUH – additional flexi-lists to support prostate biopsy and extra CT biopsy slots to support renal pathway. Extensive cancer improvement plan in place. Inter provider transfers are proving challenging so a new pathway is being developed. Benign capacity transferred to cancer until end of M12.
- OUH Deep dive into suspected cancer appointments and urgent appointments to look at triage and getting the appropriate pathways first time, this work is now with Local Medical Committee for approval.
- BHT – 2 more skin speciality doctors starting. Extra capacity approved for CT, MRI and radiology for reporting.
- Ongoing Thames Valley Cancer Alliance/Trust meetings via various forums to support oversight of issues and required mitigations

Risks:

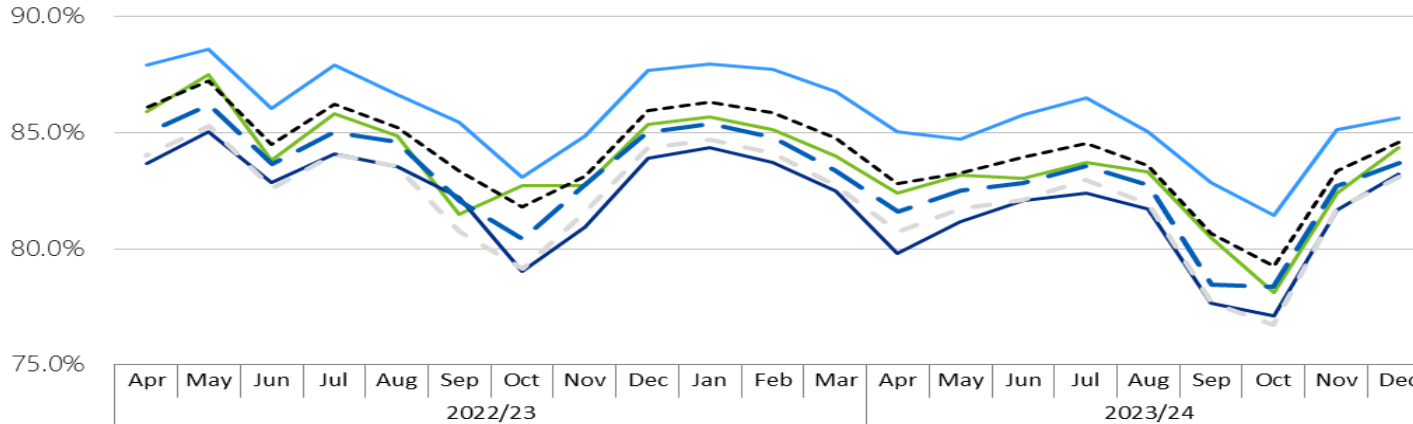
- Increase referral trends continue to be seen
- Diagnostic capacity across all trusts remain, driven by hysteroscopy, MRI and radiology
- Diagnostic and staffing capacity driving some pathway positions across the three trusts
- Workforce challenges also driving the position
- Industrial action impacted all pathways
- Targeted lung health checks (TLHC) funding unresolved.
- Cancer Alliance capacity is challenged now with long term sickness and a high vacancy rate.

5. Primary Care Access

SRO: Rachael De Caux



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



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 the next day according to clinical need.

How are we performing:

- The percentage of general practice appointments seen within 14 days during December 2023 was 84.6%. This is marginally lower than the same period last year (December 2022) when 85.9% of patients were being seen within 14 days.
- For the 14-day metric, BOB continues to track well compared to national (83.7%) and regional peers (83.1%). A Berkshire West decline in performance seen during September / October improved in December but a review is being conducted to understand this better.
- SPC charts on page 25 show a downward trend in the percentage seen within 14 days however additional analysis also shows the total number seen within 14 days to be at its highest.

Actions:

- Review being conducted into Berkshire West practices 14-day target position. Two practices initially have been asked to respond on their access position. One practice being supported with mapping of appointments on General Practice Appointment Data (GPAD).
- ICB's approach to the national 'Primary Care Access & Recovery Plan' (PCARP) has been defined. An action plan is in place to deliver with regular touchpoint meetings scheduled, all workstreams are considered on track and a comms strategy is being worked-up to support awareness of new approaches to improving access.
- '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.
- Draft primary care strategy has an access focus and new ways of working outlined are intended to help manage increases in demand. Engagement on strategy currently taking place.

Risks:

- Variation in the quality of the data extracted makes interpretation challenging. Better practice mapping of appointments on national GPAD system and introduction of a consistent demand and capacity tool will mitigate this. The BOB Primary Care and Digital teams are currently proactively working with region to ensure that an appropriate tool is in place by end March 2024.
- 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: Please see the individual data slides [\(36-39\)](#) in this pack for more detailed information.

Whilst Oxford Health remains an outlier in terms of high vacancy rates, its establishment growth appears to have stabilised, its turnover shows a steady downward trend over the past 12 months, and its temporary staff usage has fallen slightly in M9.

Temporary staff usage as a % of total workforce FTE, is consistently lower for BOB than for the SE overall.

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

- In M9 Funded Establishment increased for all BOB Provider trusts except for BHT, increases . Ranging from 0.1 – 1.7%
- OUH now has the highest % of establishment growth since M1 at 3.7%
- The overall BOB vacancy has risen slightly in M9, but the overall downward trend continues.
- Oxford Health's (OHFT) vacancy rate remains an outlier, as it is significantly higher than any of the other BOB trusts. However, it continues to fall in M9.
- Vacancy rates rose very slightly at OUH, and BHT, and by 1% at RBFT.

Absence

How we are performing

- The rolling 12-month absence rate for the system is on a downward trend and is 0.8% lower in December 2023 than in December 2022.
- The system's in-month absence rate has risen by 0.2% to 4.5% in December 2023. This is 0.7% lower than the in-month rate for December 2022.
- For individual provider trusts, the in-month absence rate has been on an overall downward trend in the period December 2021 – December 2023. However, rates rose slightly for all trusts except OHFT in December.2023.

Workforce Composition – Substantive, Bank and Agency usage

How we are performing

- Overall staffing composition for the SE compared to BOB is broadly similar, although BOB has a slightly higher % of substantive workforce, and slightly lower reliance on temporary staffing.
- Temporary staffing usage for BOB overall (sum of NHS Provider trusts) has fallen by 0.5% in M9.
- Agency usage has fallen slightly for all BOB trusts in M9.
- Bank staff usage in M9 has risen slightly for BHFT and has fallen slightly for the other 4 trusts.

Turnover

How we are performing

- BOB Turnover has fallen steadily over the past 12-month period from 14.7% in November 2023, to its current value of 10.8%, a fall of 3.9%.
- The individual BOB Trusts display a similar downward trend over the same period.
- OHFT's turnover remains the highest value for a BOB trust, at 15.4% in November 2023, however it remains on a steady downward trend. OUH has the lowest turnover rate for an individual BOB trust, having a turnover rate of 10.5% as at November 2023.

Please note – Turnover data is usually 1 month behind other data sources

7. Quality

SRO: Rachael Corser

Indicator	Target	BHT	OUH	OH	RBFT	BHFT	BOB
CQC rating	Good/ outstanding	Good	Requires improvement	Good	Good	Outstanding	NA
Oversight Framework support category	<2	3	2	2	2	1	2
SAFE							
Never events (month)	0	0	0	0	1	0	1
Safety alerts open	0	0	0	0	0	0	0
EFFECTIVE							
SHMI	Lower is better	0.9464	0.9707		0.9703		NA
CARING							
FFT (Inpatient) recommend	Higher is better. England avg. 94.3%	90.1%	96.3%	NA	99.4%	NA	NA
A&E FFT		62%	80%	81%			77%
Mixed Sex Accommodation (MSA) Breaches		0	74	256	0	0	309

8. Wider Performance Oversight Measures

Executive Summary

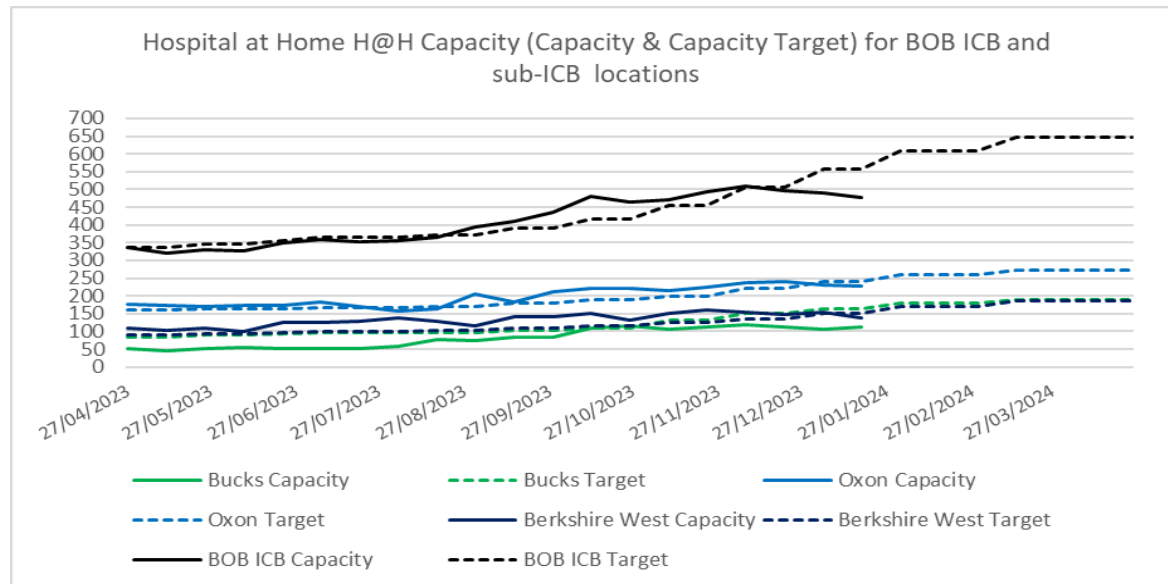
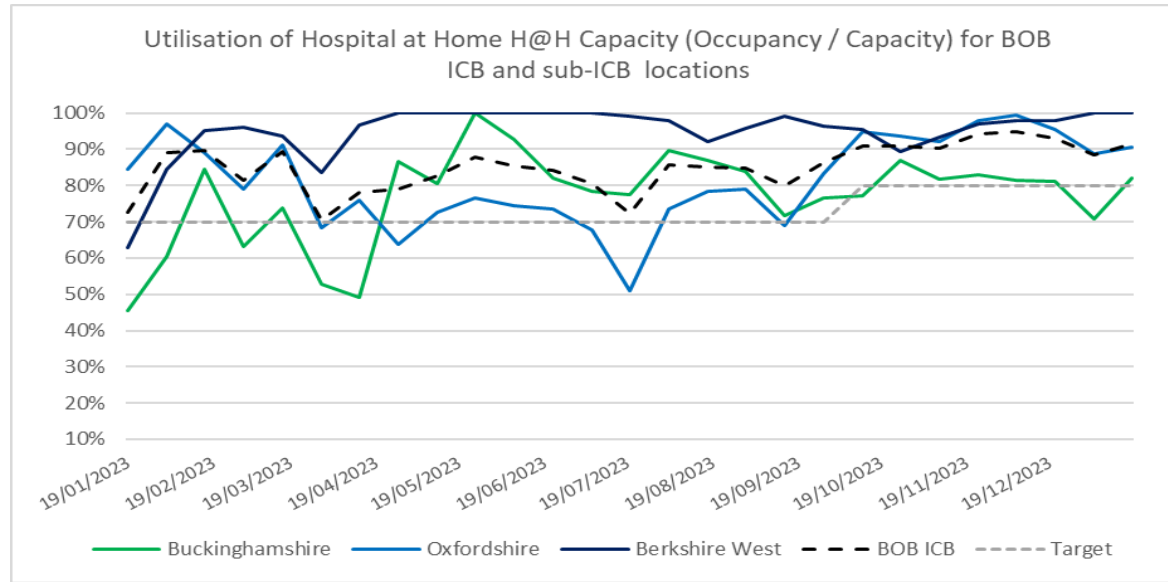
		OF Flag	Month	Standard	BHT	OUH	RBFT	
UEC	A&E Performance (All Types)		Jan 24	95%	69.5%	63.7%	69.2%	
	Incomplete Pathways over 52 weeks at month end	S009a	Dec 23	Rated against plan	2207	3381	11	
Incomplete Pathways over 65 weeks at month end	S009a	681			1158	2		
Incomplete Pathways over 78 weeks at month end	S009a	30			272	0		
Cancer	Percentage meeting faster diagnosis standard	S012a	Dec 23	75%	71.6%	76.6%	77.3%	
	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer			85%	51.7%	65.2%	71.9%	
	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 Dec 23		5.4%	6.0%	5.1%	5.2%
	Talking Therapies - Moving to Recovery		Dec 23	50%	50.2%	52.6%	49.5%	48.0%
	Dementia Diagnosis Rate		Dec 23	67%	62.0%	58.8%	62.9%	64.4%
	Severe Mental Illness (SMI) 6 Health Checks	S085a	2023/24 Q3	60%	51.8%	51.6%	47.9%	58.8%

Urgent and Emergency Care

Indicator	OF Flag		Standard	England	South East	BOB Acutes	BHT	OUH	RBFT
A&E Performance (All Types)			95%	70.28% ↑	72.90% ↑	67.39% ↑	69.50% ↓	63.74% ↑	69.16% ↑
A&E Attendances				2,225,035 ↑	330,935 ↑	44,801 ↑	14,628 ↑	15,599 ↑	14,574 ↑
Breaches		Jan 24		661,243 ↓	89,677 ↓	14,611 ↓	4,461 ↑	5,656 ↓	4,494 ↓
Emergency Admissions				556,258 ↑	85,884 ↑	18,582 ↑	6,129 ↑	8,974 ↑	3,479 ↑
Over 12 hour waits from dta to admission			0	54,308 ↑	5,964 ↑	538 ↑	538 ↑	0 →	0 →

Ambulance Response Time (hours:minutes)	OF Flag		Standard	England	South East	SCAS
Ambulance Response Times (Category 1 Incidents Mean)	S020a		0:07:00	0:08:26 ↓	0:08:28 ↓	0:08:56 ↑
Ambulance Response Times (Category 1 Incidents 90th Percentile)			0:15:00	0:14:59 ↓	0:15:23 ↓	0:16:11 ↑
Ambulance Response Times (Category 2 Incidents Mean)	S020b		0:18:00	0:40:06 ↓	0:32:42 ↓	0:42:11 ↑
Ambulance Response Times (Category 2 Incidents 90th Percentile)			0:40:00	1:27:27 ↓	1:06:14 ↓	1:25:59 ↑
Ambulance Response Times (Category 3 Incidents Mean)	S020c	Jan 24		2:12:48 ↓	2:18:12 ↓	3:06:19 ↑
Ambulance Response Times (Category 3 Incidents 90th Percentile)			2:00:00	5:17:19 ↓	5:16:40 ↓	7:27:09 ↑
Ambulance Response Times (Category 4 Incidents Mean)	S020d			2:42:39 ↓	2:56:11 ↓	3:39:23 ↑
Ambulance Response Times (Category 4 Incidents 90th Percentile)			3:00:00	6:37:26 ↓	6:49:48 ↓	8:41:37 ↓

Virtual Wards(VW)/Hospital at Home



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:

- BOB ICB has exceeded the 80% occupancy since the beginning of August 2023. Most recent data indicates 88% occupancy.
- BOB ICB are significantly below the bed capacity target we set locally (109 beds fewer). All areas are below target, Buckinghamshire most significantly (56 fewer beds than planned), followed by Oxfordshire (38 fewer), followed by Berkshire West (15 fewer).

Actions:

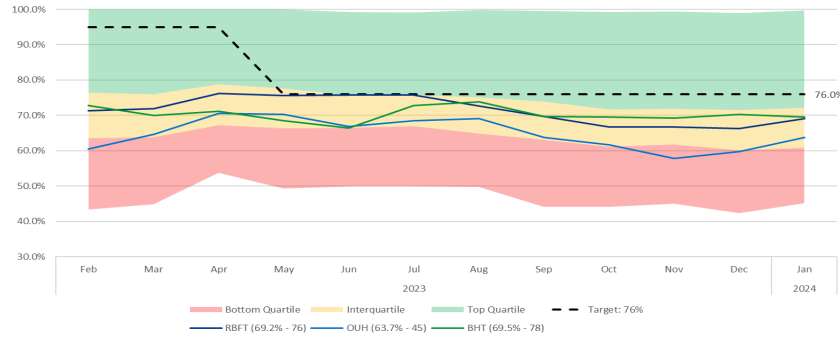
- **Buckinghamshire-** New pathway development, recruitment to increase caseloads on existing pathways, integration of existing pathways and single point of access (SPoA) development.
- **Berkshire West** - citing higher acuity, so unable to see as many individuals at any one time. Palliative end of life pathway development and increased frailty capacity.
- **Oxfordshire-** citing higher acuity and so unable to see as many individuals at any one time. Admissions into beds remain high in Oxfordshire as focus moves to increasing numbers of patients by reducing length of stay. Quality Improvement team supporting alignment of processes to increase productivity further to single operating model implementation between OUH and OHFT.

Risks:

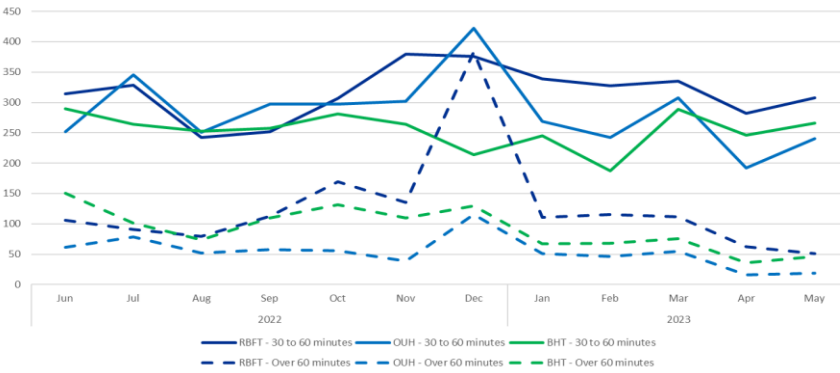
- There is a risk of non-compliance against the core offer by the end of March 2024– eg consistency, at home provision, expected bed numbers and access to all referrers through single point of access.
- There are quality and safety risks associated with i) not being able to see if an individual is currently under the care of a hospital at home service; ii) not being able to view or input into a shared Comprehensive Geriatric Assessment, plan of care or a 'recommended summary plan for emergency care and treatment' (RESPECT) form; iii) not being able to see diagnostics results, where undertaken by a clinician from another service.

Urgent and Emergency Care - Charts

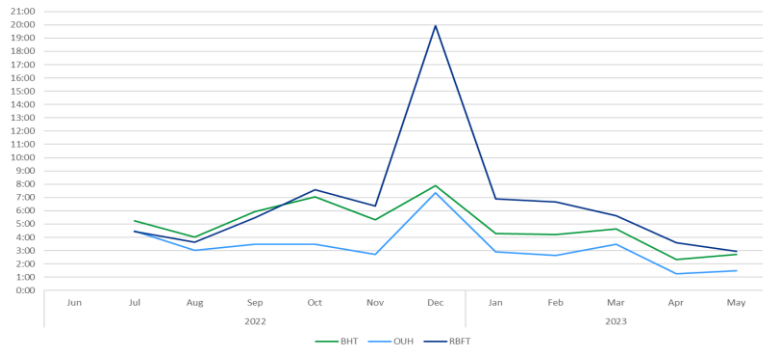
A&E 4 Hour Performance Benchmarked against NHS Acute Trusts



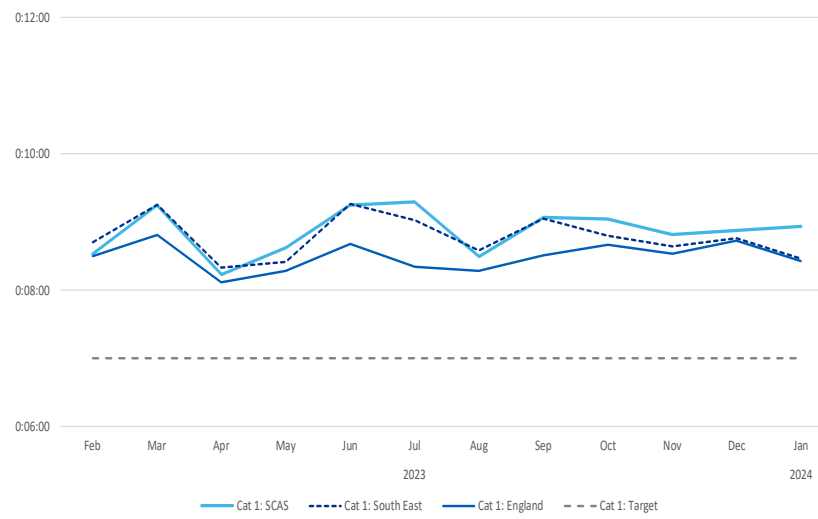
NHS Trusts - Ambulance Handover Delays (Unverified Data)



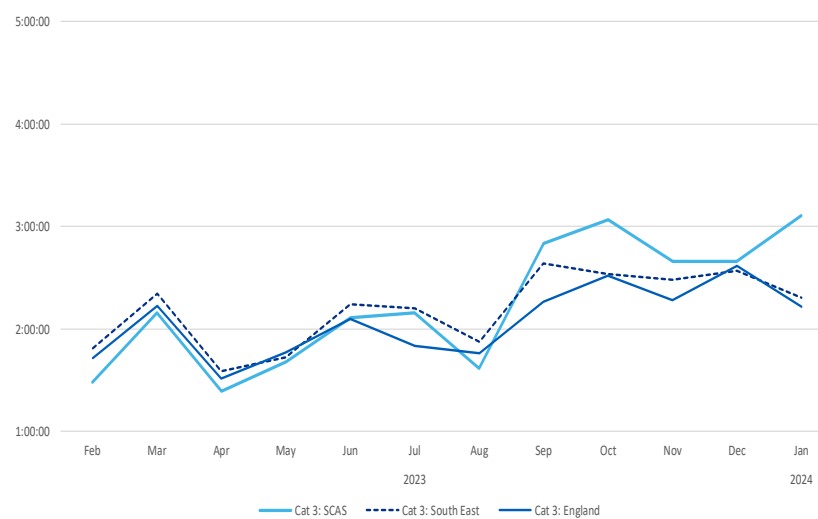
Average Hours Lost on Handover Delays per day at BOB Acute Trusts - (Unverified Data)



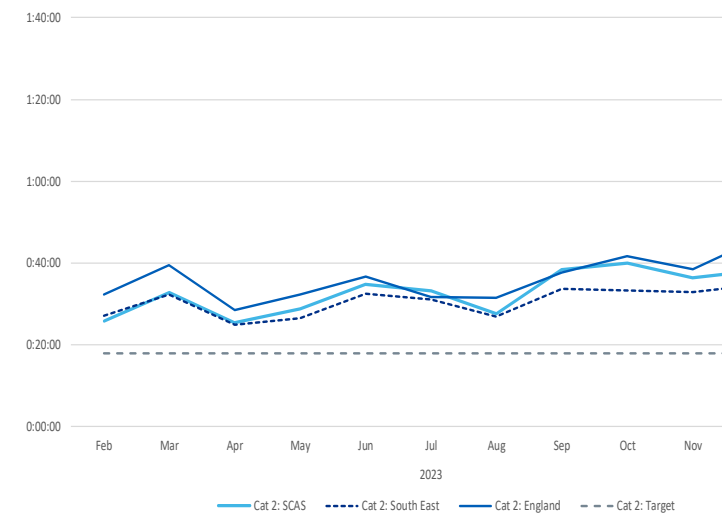
Ambulance Response Times: Category 1 Mean



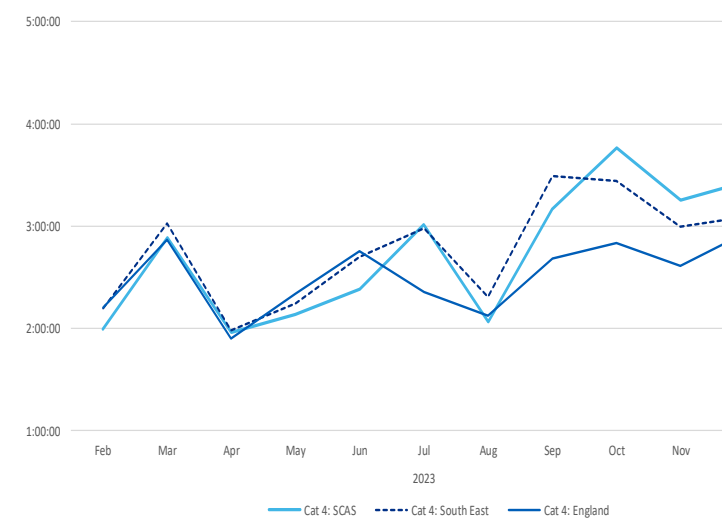
Ambulance Response Times: Category 3 Mean



Ambulance Response Times: Category 2 Mean



Ambulance Response Times: Category 4 Mean

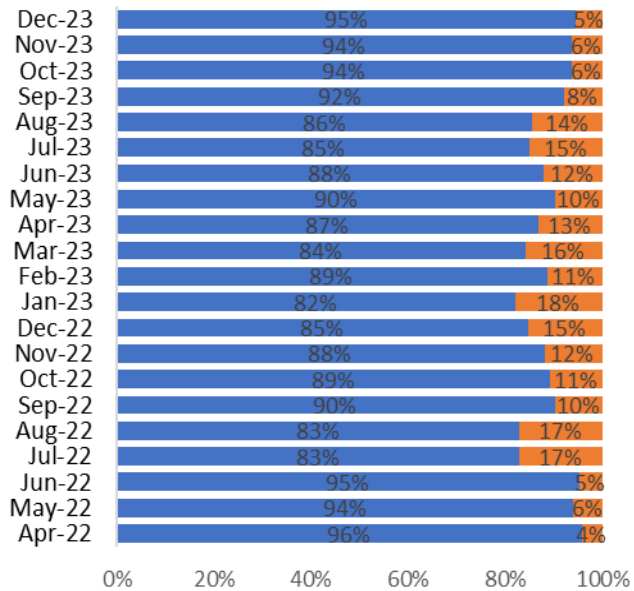


Urgent Community Response (UCR)

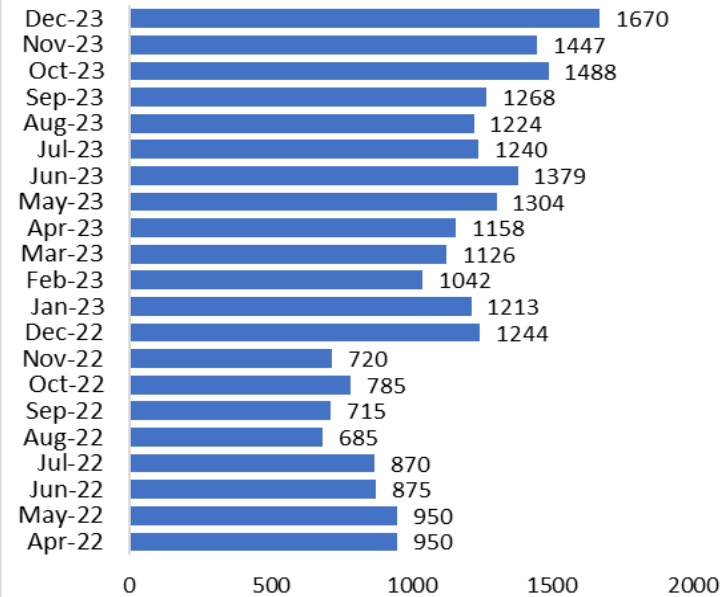
95%

1,670

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



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



UCR key measure

- Meeting 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 has exceeded UCR trajectories for quarters 1, 2 and 3 and is currently on track to exceed Q4. BOB continues to exceed the 70% 2-hour standard

Actions:

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

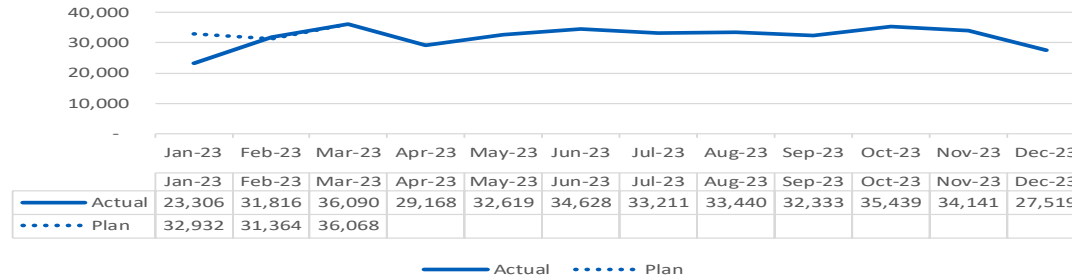
Risks:

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

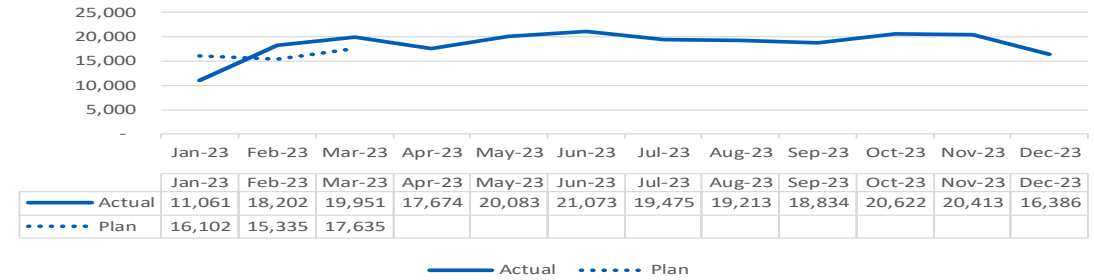
**Oxford Health have started to provide the Number of 2hr standard UCR referrals, having not submitted them since July 2022. As a result, the values from December 2022 onwards have increased. Percentage achieved data does not include Oxford Health data. Oxford Health are planning to resume submissions 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

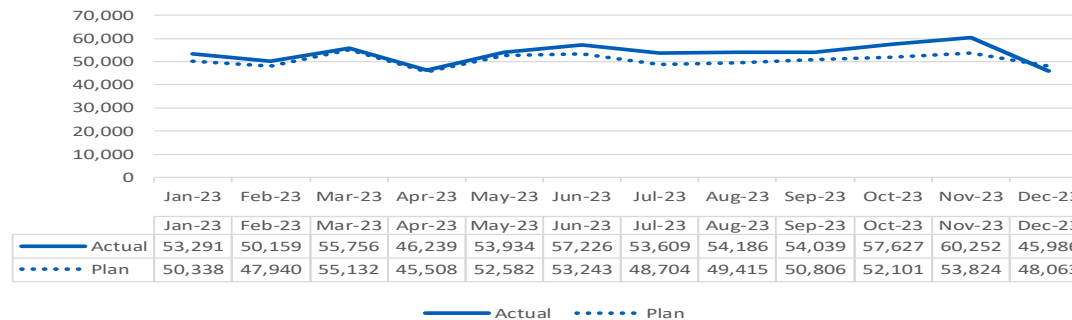
BOB ICB - GP referrals



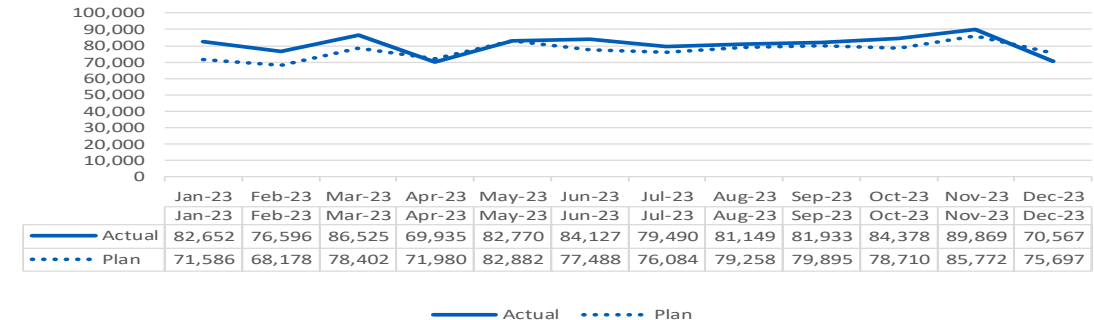
BOB ICB - Other Referrals



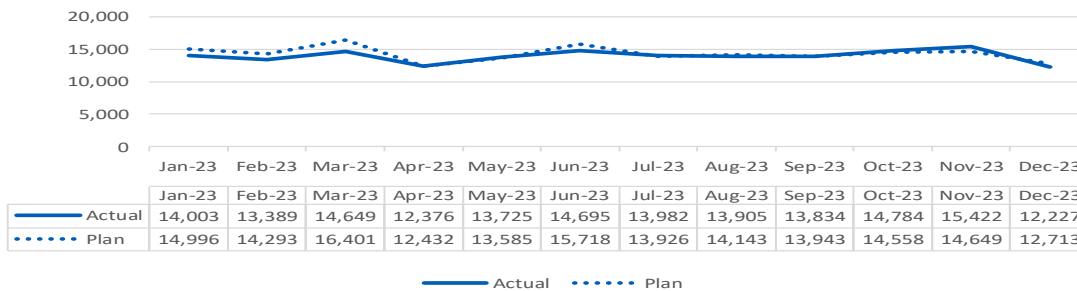
BOB ICB - Consultant-led first outpatient attendances (Spec acute)



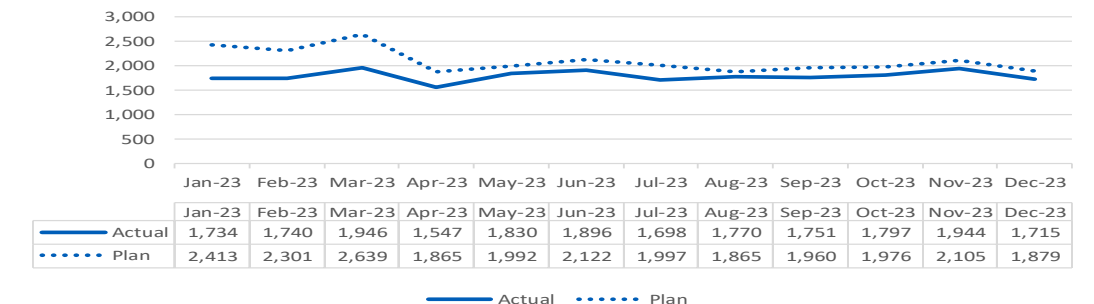
BOB ICB - Consultant-led follow-up outpatient attendances (Spec acute)



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

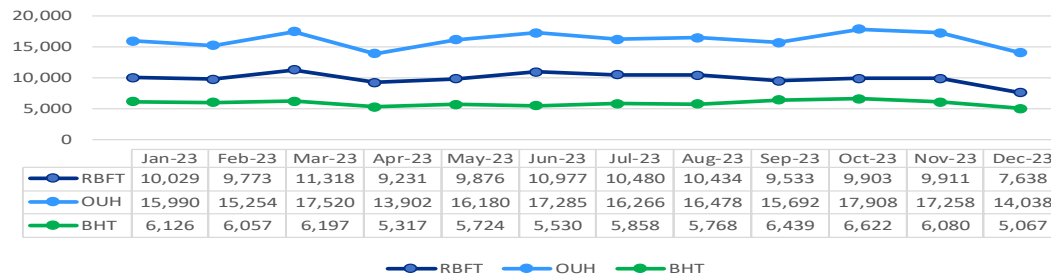
Indicator	OF Flag	Month	ICB BOB		Sub ICB			NHS Trust OUH		BHT		RBFT	
			Activity	Plan	Bucks Activity	Oxford Activity	Berks W Activity	Activity	Plan	Activity	Plan	Activity	Plan
Incomplete pathways at month end	S008a	Dec 23	159,062	135,880	59,118	63,037	36,907	80,723	84,979	47,235	38,650	31,938	25,000
Incomplete Pathways over 52 weeks at month end	S009a		5,900	4,516	2,785	2,699	416	3,381	1,684	2,207	2,589	11	50
Incomplete Pathways over 65 weeks at month end			1,880	479	831	945	104	1,158	158	681	288	2	10
Incomplete Pathways over 78 weeks at month end	S009a		304		66	219	19	272		30		0	
Total GP Referrals against 2019/20			99.6%		84.0%	114.5%	94.8%	109.2%		74.5%		92.2%	
Total Other Referrals against 2019/20			118.4%		108.0%	110.7%	131.9%	92.4%		82.5%		130.7%	
Total All Referrals against 2019/20			105.9%		91.9%	113.4%	109.5%	102.1%		76.9%		108.3%	
Total First Attendances against 2019/20			109.5%	114.4%	120.8%	111.9%	96.5%	107.7%	112.5%	122.5%	113.6%	94.5%	107.4%
Total Follow-up Attendances against 2019/20	S101		105.3%	112.9%	101.7%	109.8%	104.0%	108.8%	110.0%	100.4%	102.7%	96.1%	108.1%
Total Attendances against 2019/20			106.9%	113.5%	108.6%	110.6%	101.1%	108.5%	110.9%	108.7%	106.8%	95.5%	107.8%
Percent Day Case Admissions against 2019/20			93.9%	97.7%	101.0%	93.2%	86.3%	88.7%	93.2%	96.0%	97.6%	79.9%	86.1%
Percent Ordinary Elective Admissions against 2019/20			87.8%	96.2%	84.3%	81.6%	98.8%	90.8%	88.8%	86.0%	87.5%	86.1%	91.6%
Percent Total Elective Admissions against 2019/20			93.1%	97.5%	98.9%	91.7%	88.0%	89.1%	92.4%	95.0%	96.6%	80.6%	86.7%

(Includes all APC except Regular Attenders)

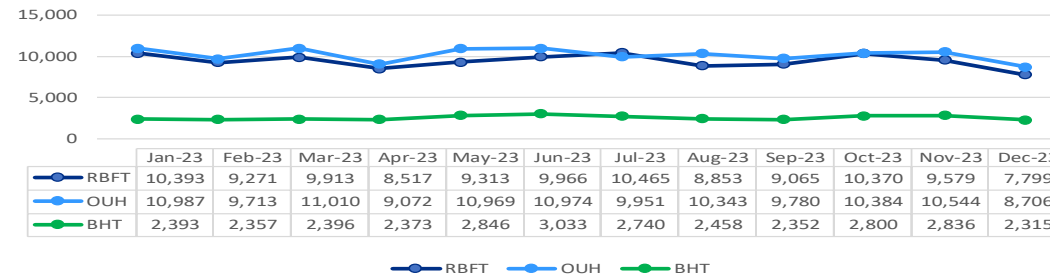
Indicator	OF Flag	Month	ICB BOB		Sub ICB			NHS Trust OUH		BHT		Royal Berkshire	
			Activity	2019/20	Bucks Activity	Oxford Activity	Berks West Activity	Activity	2019/20	Activity	2019/20	Activity	2019/20
Proportion of patients discharged to usual place of residence	S105a	Dec 23	91.1%	91.8%	93.5%	90.3%	89.9%	90.2%	91.9%	94.5%	94.9%	91.2%	92.5%

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	Dec 23	44,407	43,268	15,899	19,393	9,115	21,876	22,081	10,710	11,593	8,659	6,820
Diagnostic activity levels – Physiological Measurement	S013b		2,927	2,397	1,023	1,537	367	2,022	1,635	317	428	260	279
Diagnostic activity levels – Endoscopy	S013c		3,270	3,157	897	1,650	723	1,317	1,330	575	382	629	775
Diagnostic activity levels – CT (Imaging)			18,136	18,100	5,520	8,153	4,463	9,554	9,579	4,212	4,292	4,447	2,635
Diagnostic activity levels – MRI (Imaging)			10,103	8,910	4,021	3,809	2,273	4,833	4,328	2,770	2,535	2,059	1,891
Diagnostic activity levels – Non-Obstetric Ultrasound (Imaging)			16,168	16,258	6,358	7,431	2,379	7,489	8,174	3,728	4,766	2,153	2,294
Diagnostic activity levels – Echocardiography (Physiological Measurement)			2,927	2,397	1,023	1,537	367	2,022	1,635	317	428	260	279
Diagnostic activity levels – Colonoscopy (Endoscopy)			1,491	1,238	361	835	295	773	563	207	97	253	279
Diagnostic activity levels – Flexi Sigmoidoscopy (Endoscopy)			278	576	107	61	110	1	236	67	130	100	217
Diagnostic activity levels – Gastroscopy (Endoscopy)			1,501	1,343	429	754	318	543	531	301	155	276	279

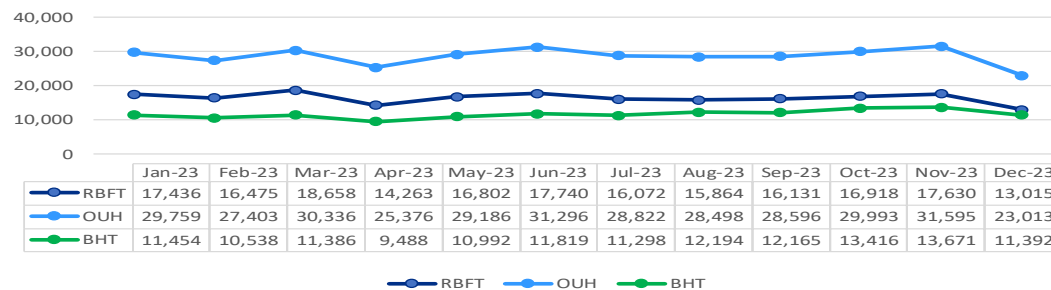
NHS Trusts - GP referrals



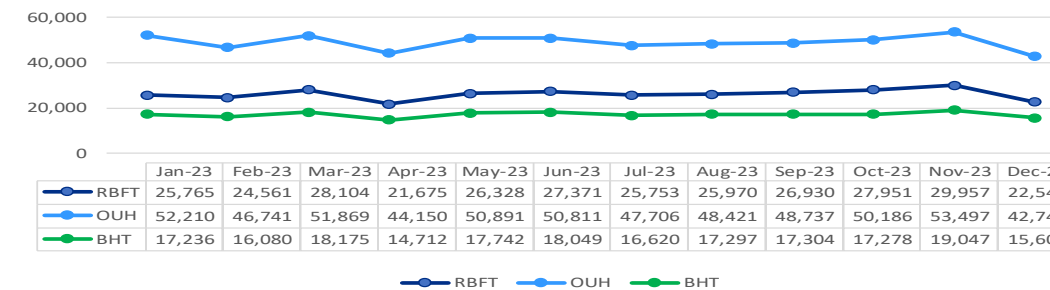
NHS Trusts - Other Referrals



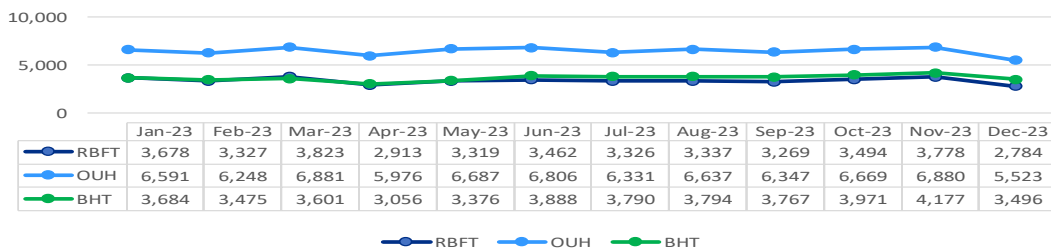
NHS Trusts - Consultant-led first outpatient attendances (Spec acute)



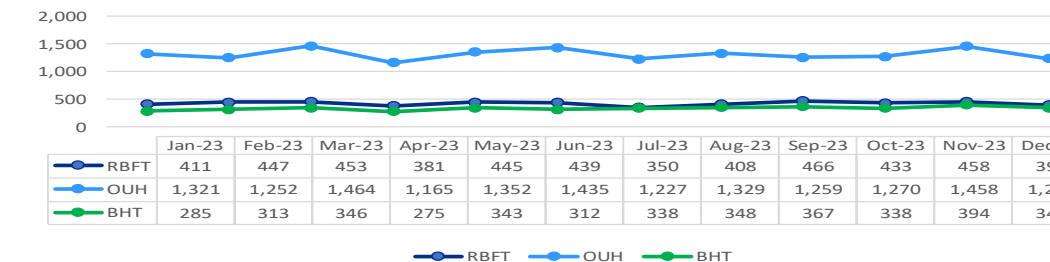
NHS Trusts - Consultant-led follow-up outpatient attendances (Spec acute)



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

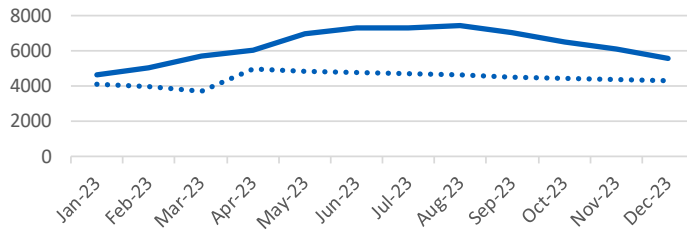


NHS Trusts - Total number of Specific Acute elective ordinary spells in the period



Planned Care – RTT (Referral To Treatment)

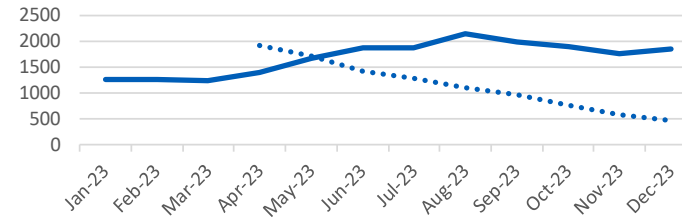
BOB (3 main NHS trusts) - 52 Week Waits



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Actual	4617	5012	5689	6071	6968	7333	7310	7458	7017	6529	6122	5599
Plan	4105	3951	3715	4950	4862	4787	4725	4632	4527	4457	4370	4323

— Actual Plan

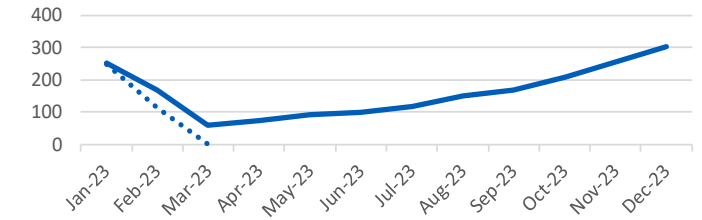
BOB (3 main NHS trusts) - 65 Week Waits



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Actual	1253	1256	1244	1399	1662	1870	1876	2131	1984	1893	1762	1841
Plan				1906	1721	1413	1268	1099	958	764	573	456

— Actual Plan

BOB (3 main NHS trusts) - 78 Week Waits

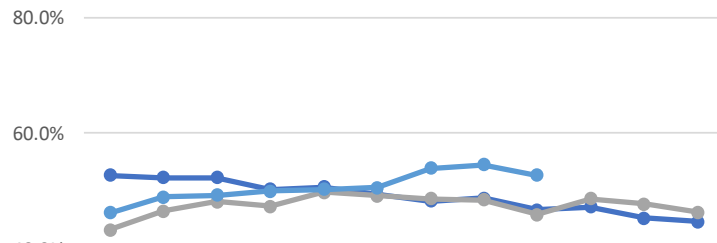


	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Actual	253	167	61	75	93	99	116	152	169	208	256	302
Plan	250	115	0									

— Actual Plan

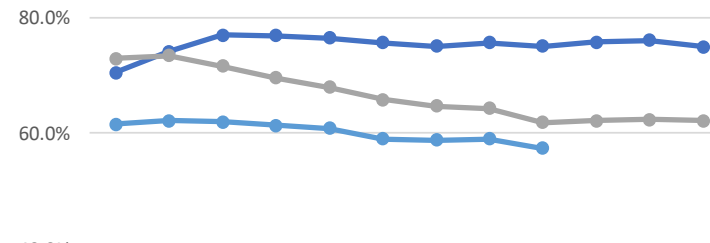
Please note:- The above charts give the combined position for Buckinghamshire Healthcare, Oxford University Hospitals and Royal Berkshire Foundation Trusts (whole provider - all commissioner)

BHT - RTT Incomplete Pathways (% within 18 Weeks)



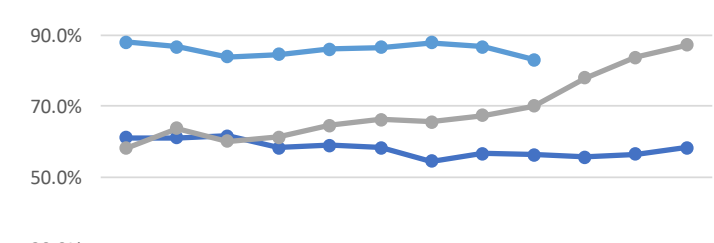
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	52.7%	52.3%	52.3%	50.3%	50.7%	49.4%	48.3%	48.7%	46.7%	47.2%	45.3%	44.7%
2022-23	43.2%	46.5%	48.2%	47.3%	49.7%	49.1%	48.7%	48.5%	45.9%	48.6%	47.8%	46.4%
2023-24	46.2%	49.0%	49.3%	49.9%	50.2%	50.6%	54.0%	54.5%	52.7%			

OUHFT - RTT Incomplete Pathways (% within 18 Weeks)



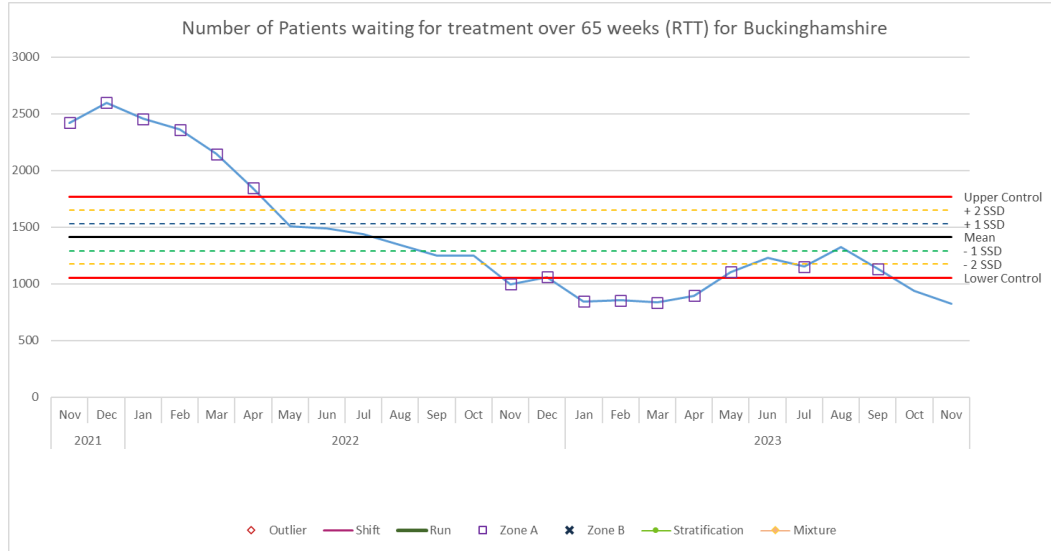
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	70.4%	74.1%	76.9%	76.8%	76.4%	75.6%	74.9%	75.5%	74.9%	75.7%	76.0%	74.9%
2022-23	72.9%	73.4%	71.5%	69.5%	67.9%	65.7%	64.6%	64.3%	61.9%	62.1%	62.4%	62.2%
2023-24	61.5%	62.1%	61.9%	61.3%	60.8%	59.0%	58.8%	58.9%	57.3%			

RBFT - RTT Incomplete Pathways (% within 18 Weeks)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	61.1%	61.3%	61.7%	58.4%	59.0%	58.4%	54.6%	56.7%	56.3%	55.8%	56.6%	58.3%
2022-23	58.2%	63.8%	60.1%	61.3%	64.7%	66.2%	65.7%	67.5%	70.0%	78.0%	83.7%	87.2%
2023-24	88.0%	86.7%	83.9%	84.6%	86.0%	86.5%	87.8%	86.8%	83.1%			

Planned Care – +65 Weeks (SPC)



Assurance Status

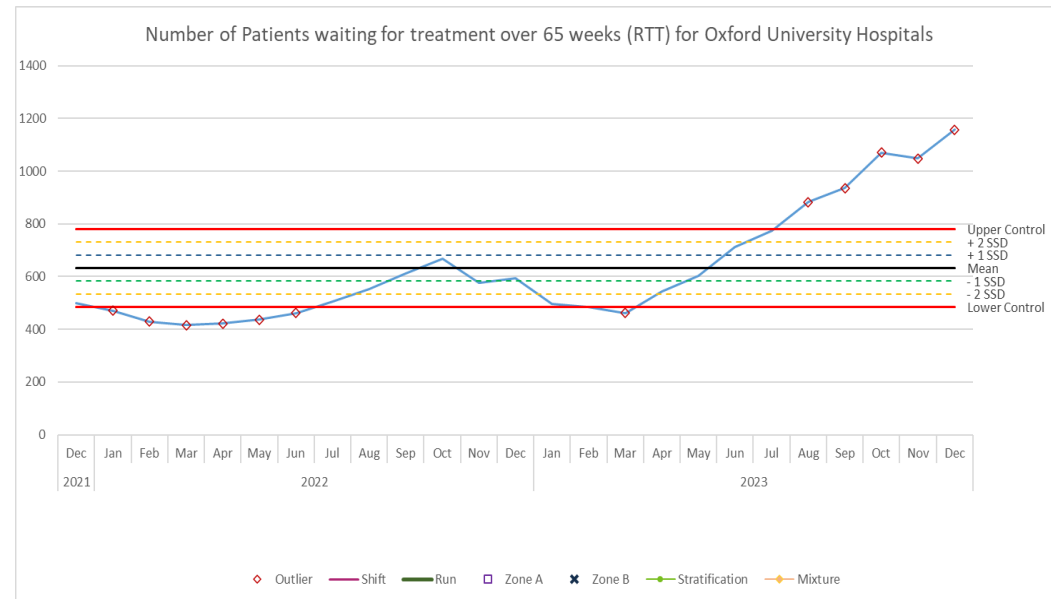


Not possible to comment

Performance Status



Metric decreasing - indicates improvement



Assurance Status

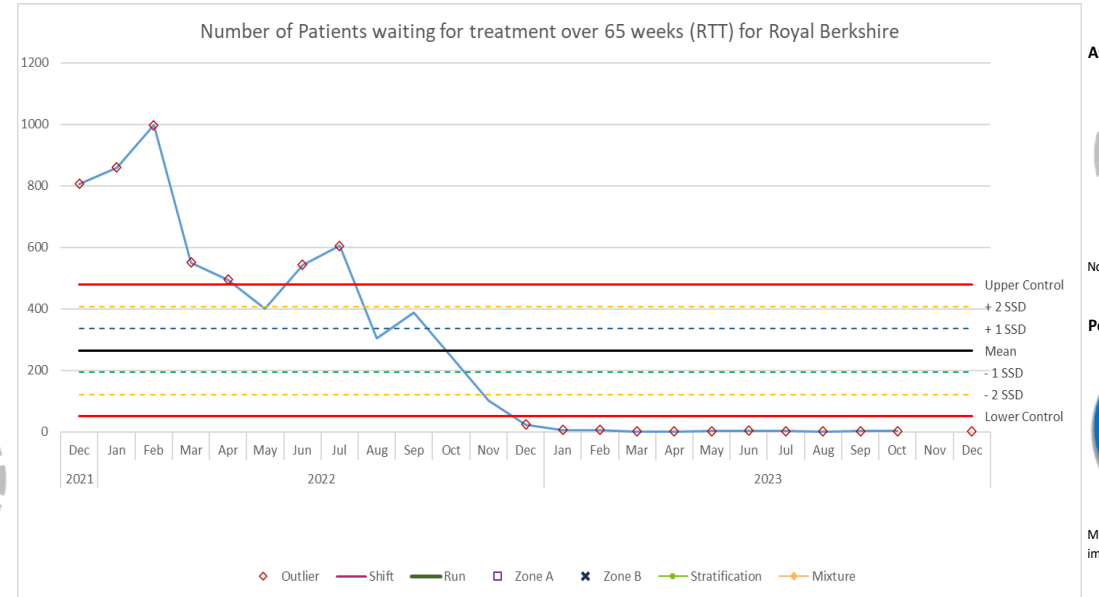


Not possible to comment

Performance Status



Metric increasing - indicates concern



Assurance Status



Not possible to comment

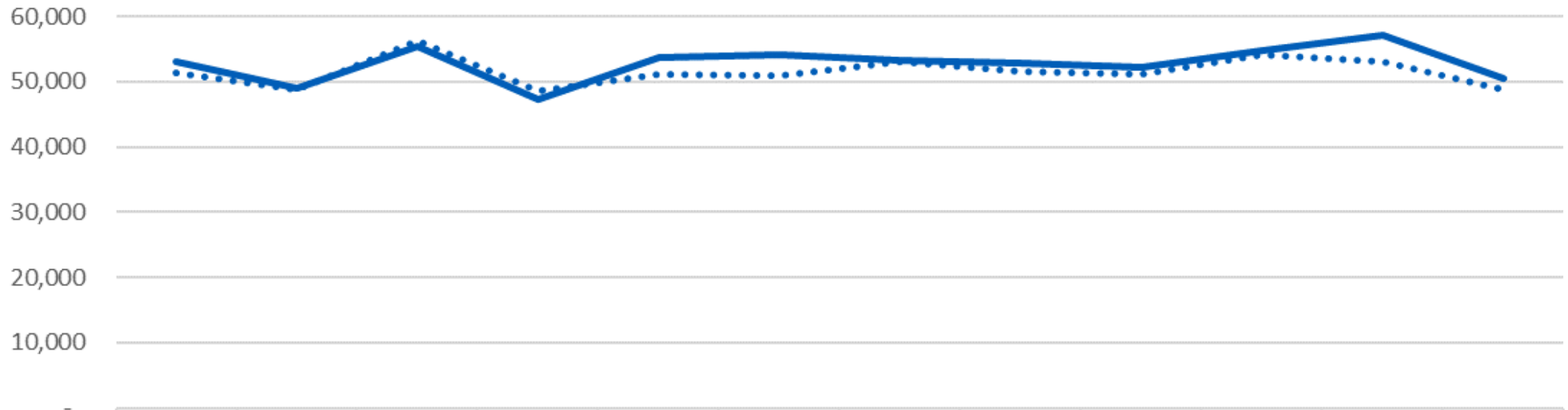
Performance Status



Metric decreasing - indicates improvement

Overall Diagnostic Tests – Actual v Plan

BOB ICB - Diagnostic Tests



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Actual	53,166	49,006	55,387	47,266	53,792	54,168	53,298	52,908	52,143	54,784	57,095	50,604
Plan	51,337	48,889	56,223	48,659	51,037	50,914	53,171	51,612	51,128	54,239	53,107	48,822

— Actual Plan

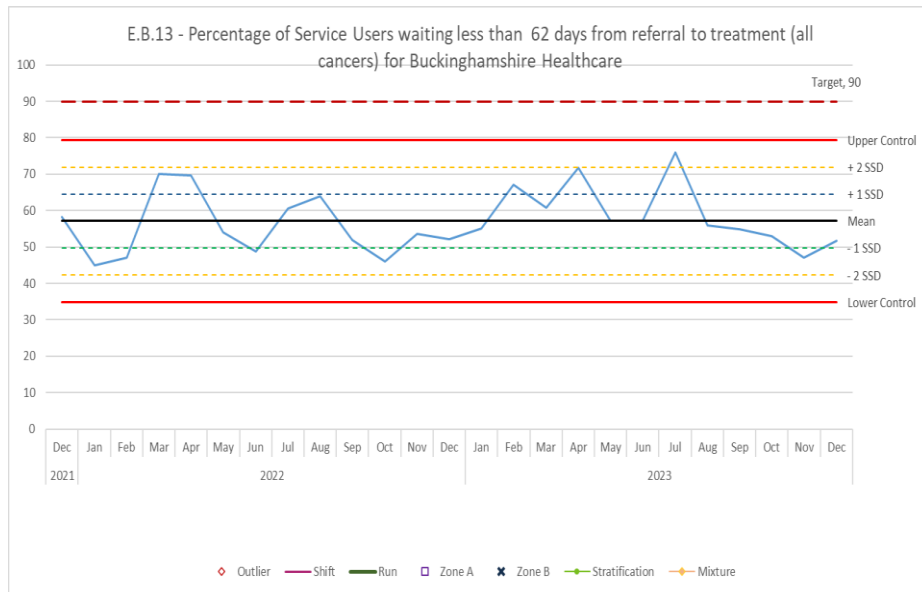
Code	Indicator	OF Flag		Standard	England	South East	BOB Acutes	BHT	OUH	RBFT
E.B.27	Percentage meeting faster diagnosis standard	S012a		75%	74.2% ↑	75.5% ↑	75.3% ↑	71.6% ↑	76.6% ↓	77.3% ↑
E.B.8	Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')			96%	91.6% ↑	92.3% ↑	88.3% ↑	86.6% ↓	84.8% ↑	96.3% ↑
E.B.12	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer			85%	59.9% ↑	66.2% ↑	63.6% ↑	51.7% ↑	65.2% ↑	71.9% ↑
E.B.30	Cancer - urgent referral seen	S010a			0 →	0 →	0 →	0 →	0 →	0 →
E.B.31	Cancer - first treatments	S010b			26012 ↓	4324 ↓	809 ↓	164 ↓	429 ↓	216 ↓
E.B.9	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is Surgery		Dec 23	94%	80.0% ↑	83.6% ↑	74.8% ↑	72.9% ↑	74.2% ↑	78.6% ↓
E.B.10	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is an Anti-Cancer Drug Regimen			98%	98.3% ↑	97.2% ↓	88.7% ↓	87.0% ↓	84.3% ↓	98.5% ↑
E.B.11	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is a Radiotherapy Treatment Course			94%	89.0% ↑	84.3% ↑	91.6% ↓		93.7% ↓	86.7% ↓
E.B.13	Percentage of patients receiving first definitive treatment within 62 days of referral from NHS Screening Service			90%	68.5% ↑	75.9% ↑	78.0% ↑	84.8% ↑	60.9% ↓	88.7% ↑
E.B.14	Percentage of patients receiving first definitive treatment within 62 days of a consultants decision to upgrade their priority status			86%	78.6% ↑	83.6% ↑	75.5% ↑	85.3% ↑	65.8% ↓	84.3% ↑

Following the publication of guidance from NHS England that focusses on 3 of the above metrics these have been moved to the top of the table and highlighted for clarity.

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

The following metrics have been hidden, as there are no longer published E.B.6 and E.B.7.

Cancer - treated within 62 days (SPC)



Assurance Status

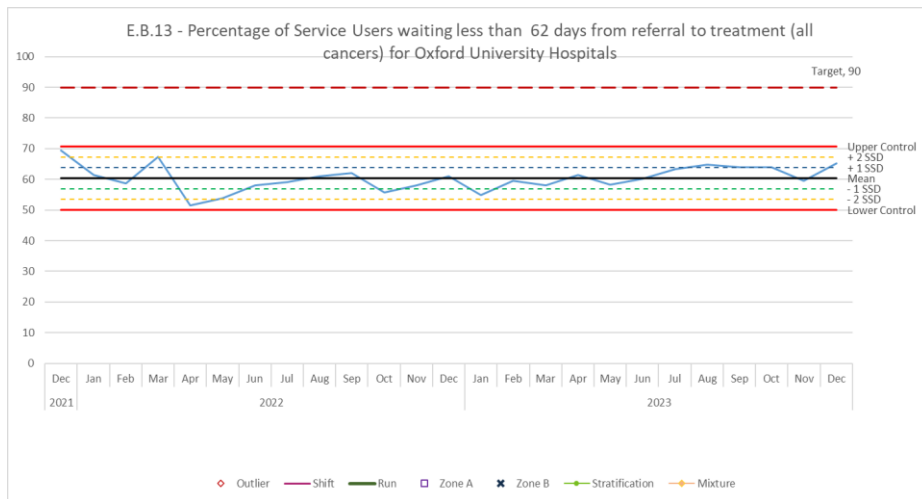


Hit or miss

Performance Status



Common cause variation



Assurance Status

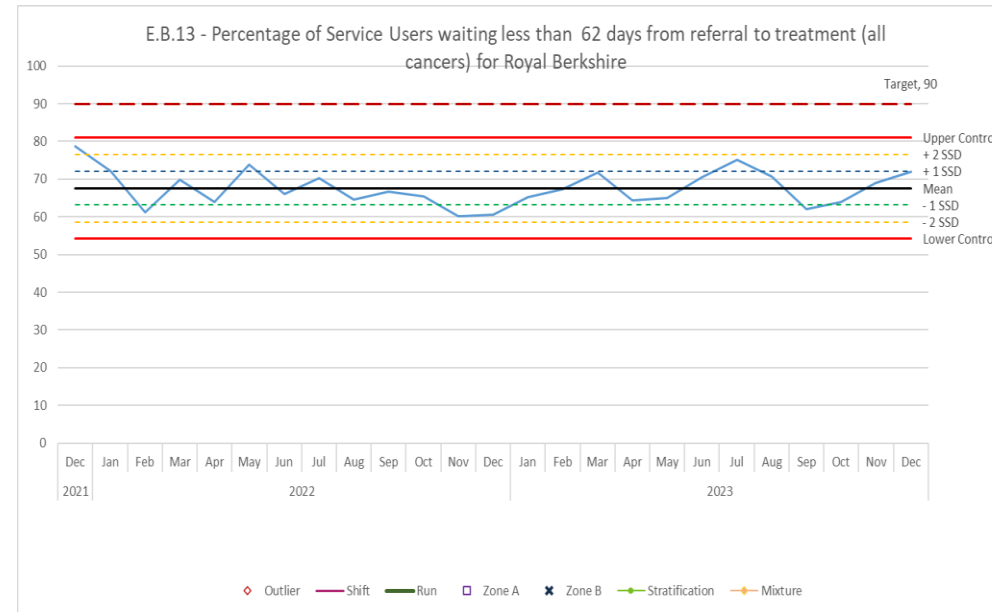


Metric will fail target

Performance Status



Common cause variation



Assurance Status



Hit or miss

Performance Status



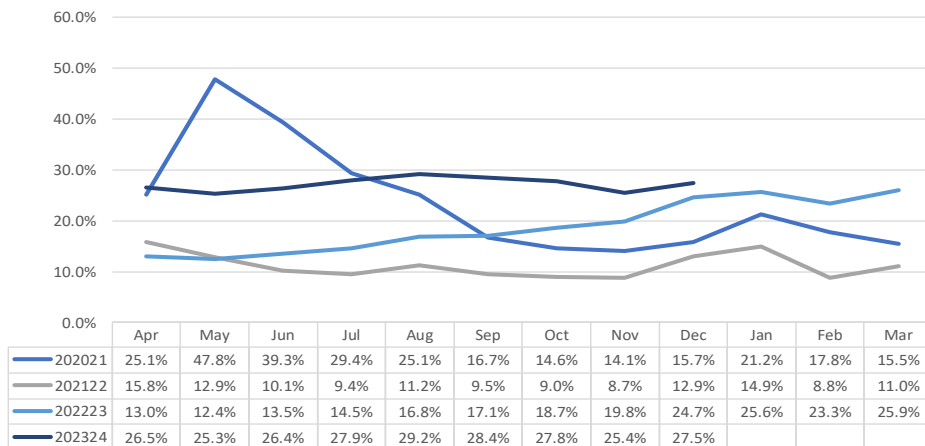
Common cause variation

Planned care – Diagnostics

Indicator	SOF Flag	Month	ICB BOB		Sub ICB		NHS Trust		BHT		RBFT			
			Activity	Plan	Bucks Activity	Oxford Activity	Berks W Activity	OUH Activity	Plan	Activity	Plan	Activity	Plan	
Percent of Diagnostics Waiting list 6 weeks or more		Dec 23	31.4%	1.0%	40.8%	26.0%	27.0%	23.5%	1.0%	38.5%	1.0%	25.6%	1.0%	
Percent of Diagnostic Tests against 2019/20			113.5%		112.5%	116.6%	109.1%	108.1%	107.5%		119.7%			
Percent of Current MRI list waiting 6 weeks or more			30.4%	1.0%	51.5%	14.7%	8.3%	13.7%	1.0%	62.5%	1.0%	3.6%	1.0%	
Percent of MRI Tests against 2019/20			128.9%		141.5%	134.0%	105.4%	105.3%	171.8%		114.8%			
Percent of Current CT list waiting 6 weeks or more			10.7%	1.0%	24.9%	0.8%	7.5%	0.1%	1.0%	26.5%	1.0%	3.6%	1.0%	
Percent of CT Tests against 2019/20			125.7%		121.1%	117.6%	151.7%	109.2%	123.7%		163.4%			
Percent of Current Non-obstetric Ultrasound list waiting 6 weeks or more			29.8%	1.0%	38.7%	28.4%	13.1%	24.7%	1.0%	16.1%	1.0%	3.0%	1.0%	
Percent of Non-obstetric Ultrasound Tests Against 2019/20			102.4%		99.6%	115.0%	80.6%	112.9%	86.0%		95.1%			
Percent of Current Colonoscopy list waiting 6 weeks or more			45.5%	1.0%	42.2%	27.8%	62.5%	33.9%	1.0%	46.1%	1.0%	66.1%	1.0%	
Percent of Colonoscopy Tests Against 2019/20			121.3%		175.2%	117.9%	93.7%	133.5%	166.9%		80.8%			
Percent of Current Flexi sigmoidoscopy list waiting 6 weeks or more			56.5%	1.0%	55.3%	35.1%	71.8%	28.1%	1.0%	60.6%	1.0%	76.2%	1.0%	
Percent of Flexi sigmoidoscopy Tests Against 2019/20			32.3%		55.2%	15.8%	39.3%	0.3%	38.7%		42.7%			
Percent of Current Gastroscopy list waiting 6 weeks or more			39.5%	1.0%	36.8%	26.7%	59.9%	33.4%	1.0%	38.5%	1.0%	64.8%	1.0%	
Percent of Gastroscopy Tests Against 2019/20			110.0%		154.9%	98.6%	98.8%	93.3%	149.8%		112.7%			
Percent of Current Echocardiography list waiting 6 weeks or more			25.8%	1.0%	26.4%	11.0%	49.2%	5.0%	1.0%	9.2%	1.0%	62.4%	1.0%	
Percent of Echocardiography Tests Against 2019/20			116.8%		108.0%	117.7%	144.5%	125.4%	57.5%		133.3%			

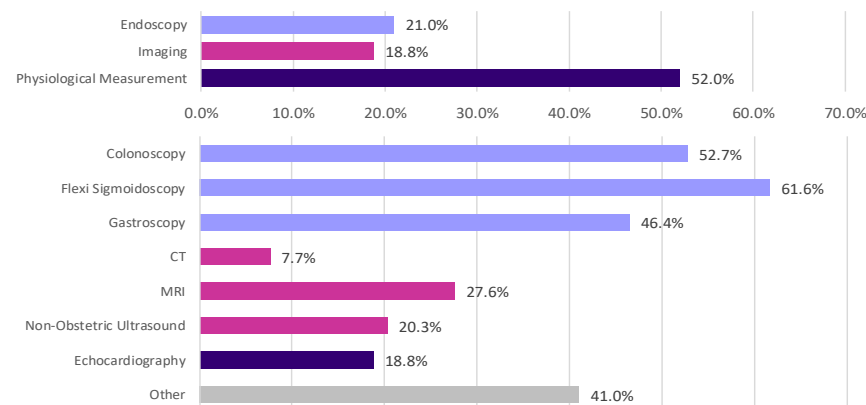
Diagnostic performance year on year

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

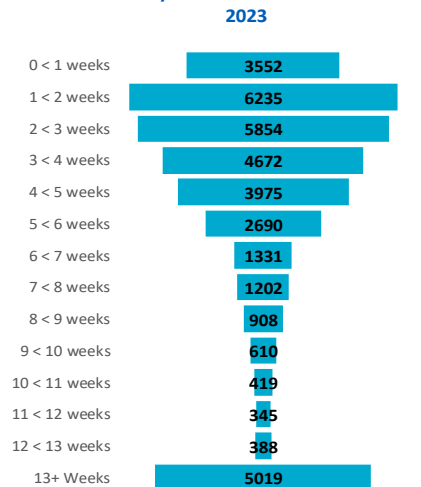


Latest diagnostics performance by test for December 2023

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

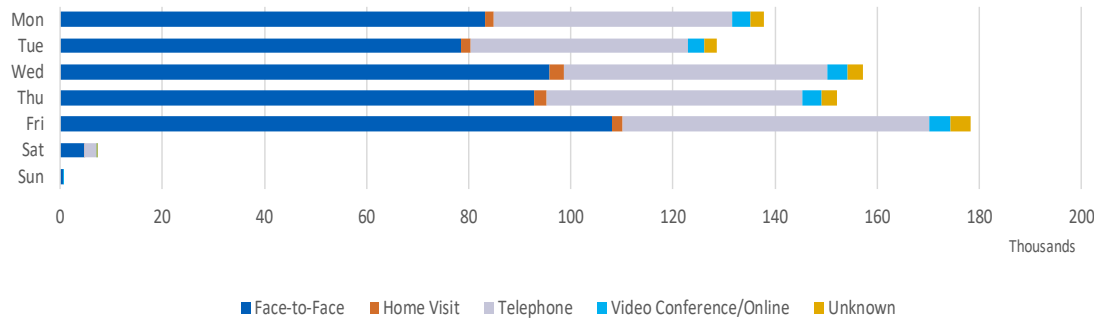


Writers by weeks waited for December 2023



Primary Care - GP

Total Count of Appointments by Weekday for December 2023

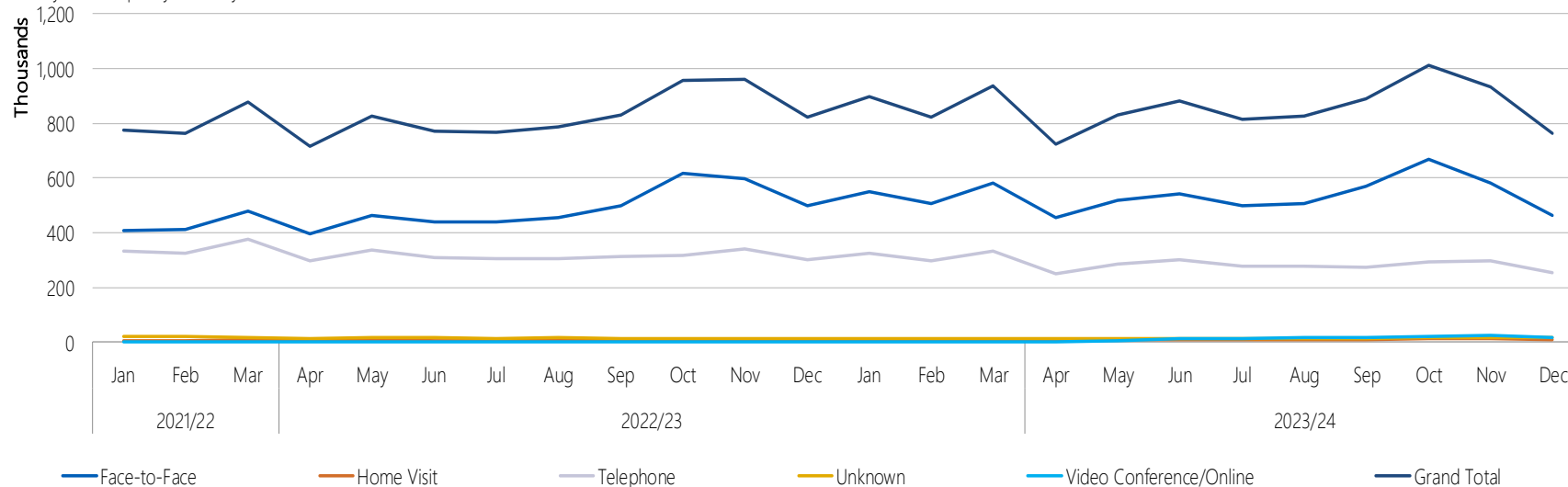


Face to Face	Home Visit	Telephone	Video / Online	Unknown
464K	11K	254K	19K	15K
Appointments for December 23				

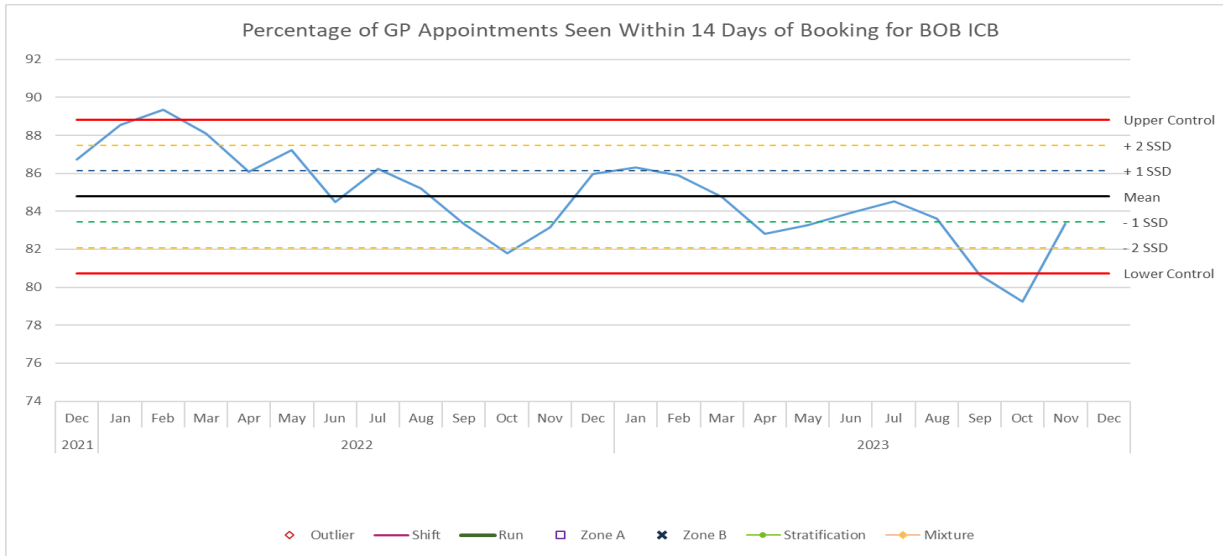
- Data shows the total number of GP practice appointments delivered in Dec 2023, including by weekday and the 2-year trend in mode.
- The trend line shows a decrease in overall appointments between October and December 2023.
- 7% fewer appointments in December 2023 compared to December 2022.
- There is a very gradual move to more appointments being delivered face to face. 60.8% of appointments took place face-to-face in December 2023 compared to 60.6% December 2022. Prior to the pandemic 72.5% of patients were being seen face-to-face. Given new ways of working the pre-pandemic proportion of face-to-face may not be returned to.
- All PCNs have enhanced access arrangements in place ensuring appointments are available in the evenings and at weekends. Audit of utilisation rates conducted in October 2023 showed that more appointments are being used (3,047 clinical hours, compared to 1,853 commissioned across BOB).

Overall Consultation Levels

GP Appointments by Month split by modality



Primary Care – Appointments within 14 days (SPC)



Despite the SPC chart for percentage seen within 14 days (Fig. 1) showing a downward trend and therefore a possible cause for concern (highlighted by the icon) this must be taken alongside the total number of appointments seen within 14 days (Fig. 2) which is consistently tracking above 700,000 rather than below.

The special cause is produced by the October % dip under lower control limit, October saw the highest number of GP appointments ever. The percentage in December jumped back to within 1 standard deviation from the mean.

Fig.1

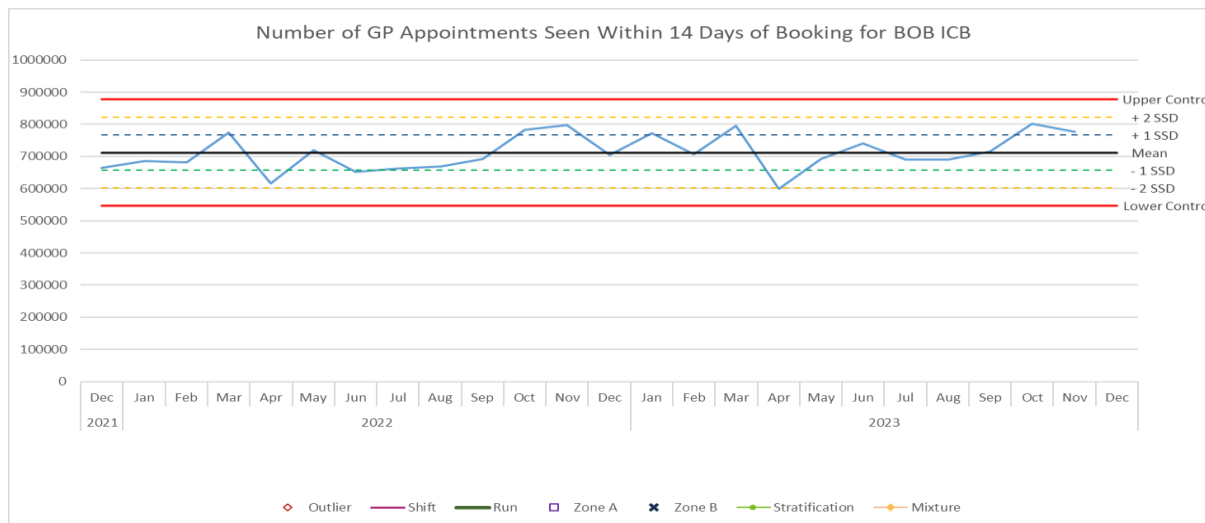
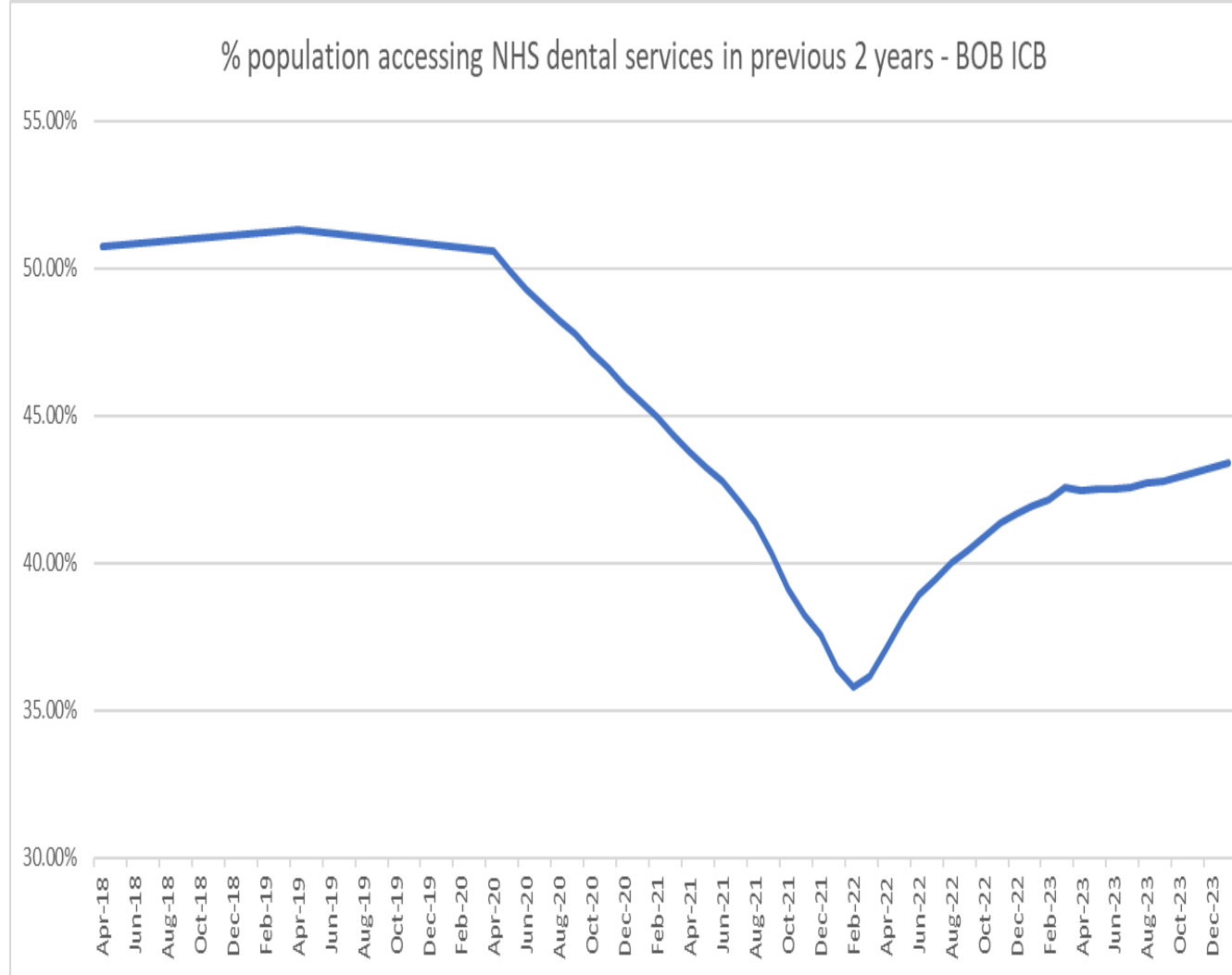


Fig.2

Pharmacy. Optometry and Dentistry (POD)

High street dental services – Access 2023-24

% Patients Accessing NHS Dental Services - 2-year trend January 2024



Delivery against activity plan

Dental access stands at 43.42% of the BOB population in January 2024; an increase of 14,794 patients (+2.02%) since the end of 2022/23.

There are ongoing 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 units of dental activity (UDAs) offered to practices in areas where contracts have been handed back for the period to 31 March 2024.
- Two practices are providing Additional Access sessions to support patients with urgent treatment needs
- Dental practices advised of ICB approval for them to be paid for up to 110% of contract performance for the period to 31 March 2024. Practices have been approached to advise whether they plan to overperform. 26 practices have advised of such plans.
- The Flexible commissioning pilot provides access for the most vulnerable patients with 33 practices taking part in the scheme. In the period to January 2024, over 2,200 sessions have been provided with 7,500 new patients seen and 10,200 patient attendances in total. The service has been evaluated with high levels of patient and provider satisfaction reported
- The ICB has agreed to extend the service into 2024/25

High Street Dental Services – Recovery Plans

Number of UDAs to be re-commissioned to replace activity handed back

Health system	Number of UDAs approved	Locations
Buckinghamshire	18,055	Haddenham, Aylesbury, Denham, High Wycombe, Chalfont St Peter
Oxfordshire	18,896	Thame, Henley, Oxford, Witney, Bloxham, Banbury
Berkshire West	32,097	Reading, Wokingham, Woodley, Twyford, Thatcham, Newbury
Total BOB	69,048	

Since April 2021, 17 dental practices have handed back their contracts and 7 have reduced their NHS commitment. This has resulted in the loss of 105,566 UDAs (c.4.75% of capacity). The ICB is following a 2-stage process to replace lost activity. The first stage has been completed in February 2024. Local practices were invited to apply to provide additional UDAs from 1 April 2024. 26 practices have submitted successful applications to provide an additional 69,048 UDAs. The table details the number per health system in BOB.

The practices have been advised of the outcome of their applications with formal contract offers to be made during March.

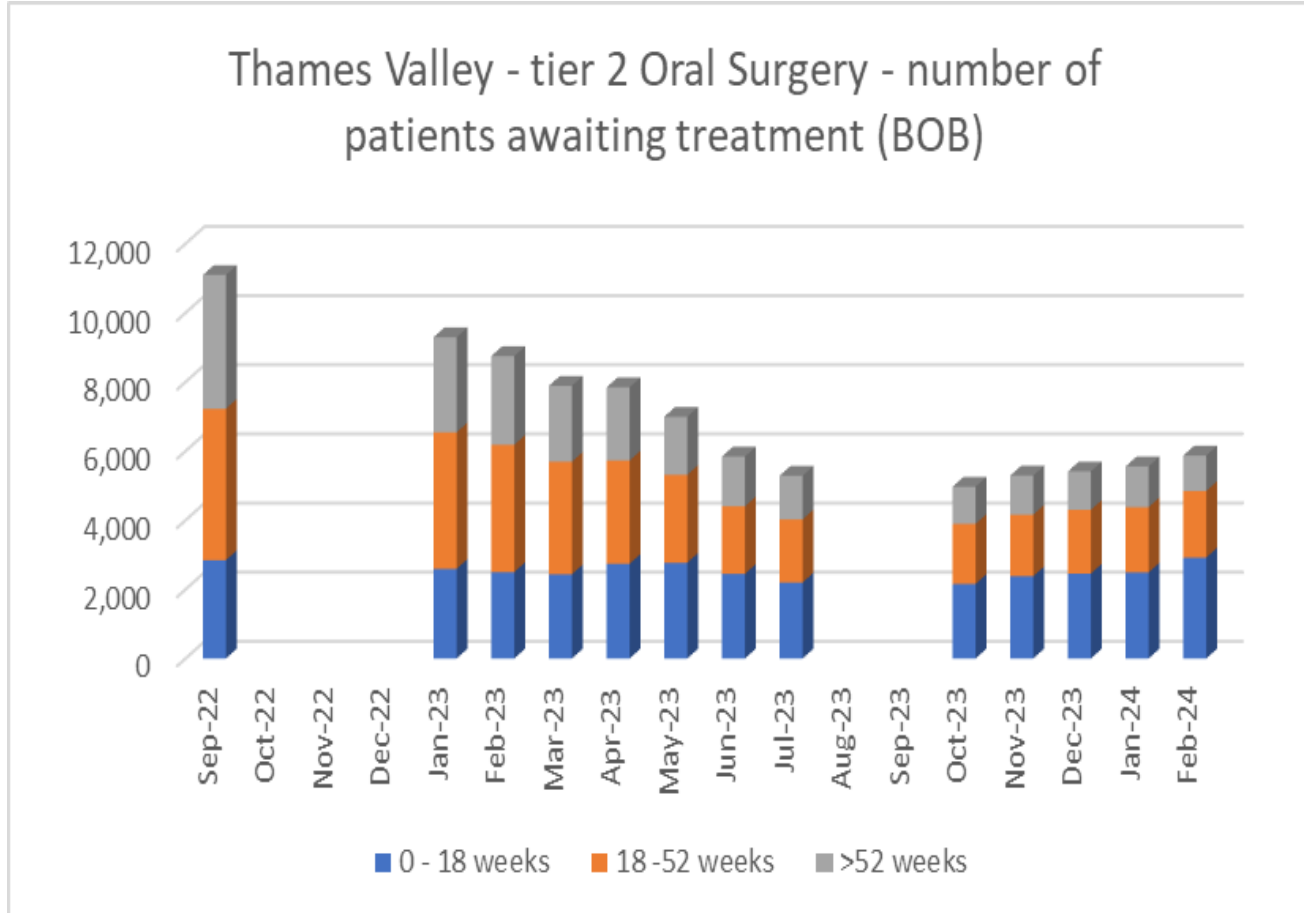
There are still gaps in provision, particularly in Oxfordshire. The second stage will be formal open market procurement.

The ICB is also investigating other interim solutions whilst the second stage is completed.

In February 2024 there was a national announcement about changes to the NHS Dental contract to help address access challenges. These included:

- A new patient premium to encourage practices to take on new patients for the period March 2024 to March 2025
- An increase in the minimum UDA price from £23 to £28
- Incentives for Dentists to work in more geographically remote areas
- Dental Vans for areas with the greatest access challenges
- The implementation of a national 'Smile for Life' programme to increase provision of oral health promotion and prevention services for children.

Tier 2 Oral Surgery services



Backlog recovery

About 13,000 referrals per annum are made to Oral Surgery services in BOB. Of these about 5,000 (38%) go to tier 3 services in hospital and 9,000 (62%) to tier 2 community-based services. Services are provided from sites in each of the three counties in BOB.

Waiting list backlogs built up because of the pandemic, with over 11,000 patients awaiting treatment in September 2022. Of these 8,252 patients have been waiting for more than 18 weeks.

Restoration and Reset monies have been invested to address the backlogs. The waiting list for treatment in February 2024 stands at 5,871. This is an increase of 316 compared to January 2024. There has been a growth of 431 in the number waiting less than 18 weeks. The number waiting more than 18 weeks has fallen by 115 from 3,067 to 2,952.

As part of the agreement to extend the contracts for this service to 31 March 2025 it has also been agreed that the Restoration and Reset monies should be built into recurrent baselines.

Community Pharmacy Transformation

Pharmacy First

97% of BOB Pharmacies have signed up to deliver Pharmacy First which went live 31 January 2024. A few small Distance Selling Pharmacies have declined provision, but all others have been followed up to ensure the sign-up deadline is not missed. BOB currently has the highest % sign up across the SE region.

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.

Whilst the full digital functionality is not yet in place, processes used for Community Pharmacy Consultation Service (CPCS) are currently being used. The national expectation is that this will be in place by the end of March 2024.

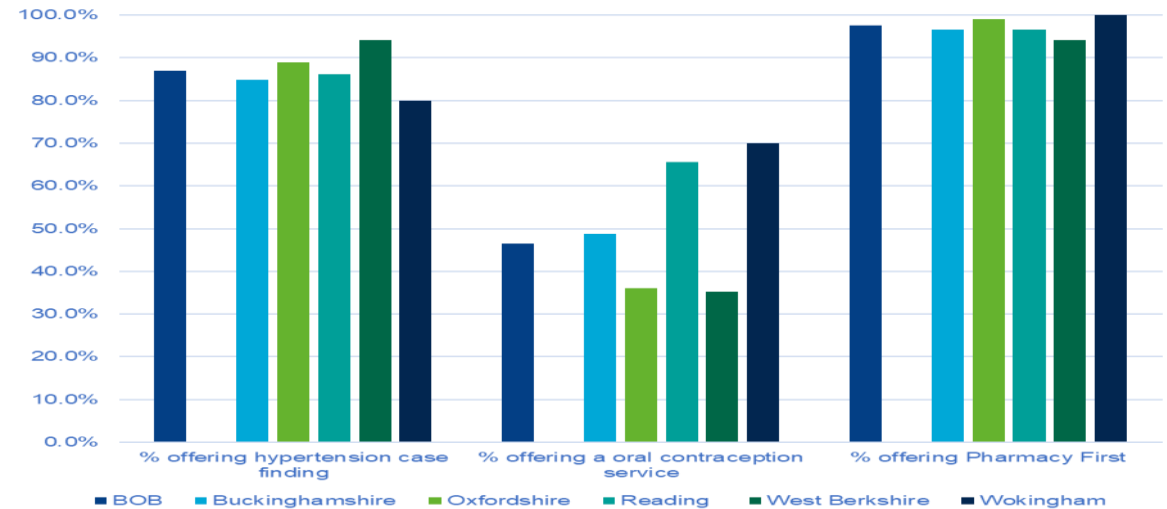
Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred by NHS 111, general practices, and others.

The service will 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).

The first release of data, on the number of Pharmacy First referrals and claims, is expected imminently. National media campaign was launched on 19 January 2024

There has been a relaunch of the Hypertension case finding and oral contraception service.

% Community Pharmacy offering services in each HWB area



Community Pharmacy Consultation Service (January 23 data)

- Three components of the service
 - Urgent medicine supply (US) continues to rise
 - Minor illness advice (MI)
 - GP referral to CPCS service
- 126 (78%) BOB practices are 'Live' and referring their patients to community pharmacists via CPCS,
- Across BOB 23,624 referrals have been made since April 2023, which equates to approximately 2,111 hours of saved general practice appointment time.
- There was a 15% decrease in the number of referrals that were made across BOB in January
- BOB continues to have the second highest number of referrals across the SE region, achieving the third highest number of referrals comparative to population (76 per 100k)
- From 31 January, CPCS will be part of the Pharmacy First scheme and will no longer be reported separately

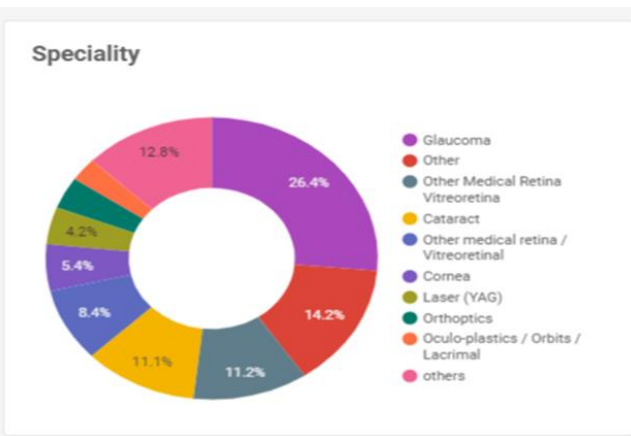
Optometry Services

Direct Optometry Referral:

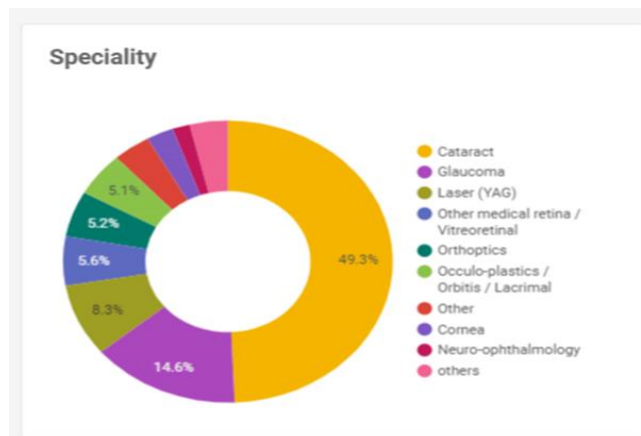
2023/24 Operating Target: *By September 2023 systems are asked to put in place direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations*

- Implementation of the optometry to secondary care direct referral process continues.
 - The routine referral pathway is well established.
 - Implementation of the urgent referral pathway is underway. The variation of acute IT infrastructure has resulted in delay in confirming a 'go live' date whilst ensuring safe and efficient processes are in place. It is anticipated that the urgent referral pathways will be in place by March 2024.
 - The ICB are working with the Frimley Hub team to embed the REGO electronic referral process as standard at point of issue of future General Optometry Service (GOS) contracts
 - The implementation process has identified opportunities to enhance/standardise referral pathways across the system. These work is being led by the BOB System Ophthalmology Steering Group.
- The next stage development will be implementation of a Single Point of Access for management of cataract referrals, using the Ufonia Dora platform (clinical voice assistant). This will provide enhanced patient choice to include both shared decision making and choice of patient location for surgery, by contacting patients at point of referral, linked to the REGO electronic platform.
- The goal will be to deliver scalable patient choice, advanced screening of referrals for suitability to high value low complexity (HVLC) settings and collect pre-assessment information to streamline referrals- increasing visibility of referrals by the ICB and optimising patient choice.

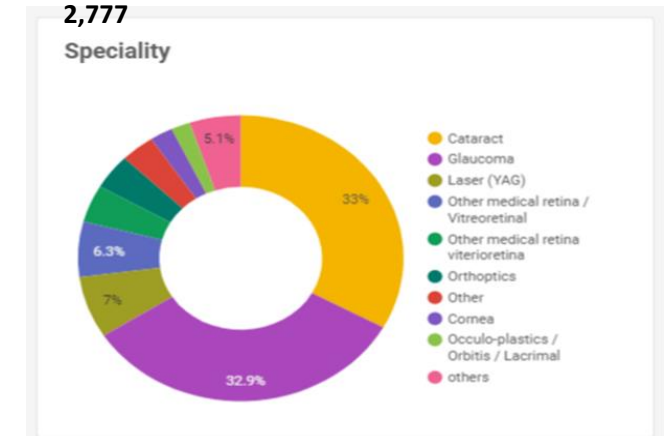
Buckinghamshire total number of referrals 3,958



Oxfordshire total number of referrals 4,843



Berkshire West total number of referrals 2,777



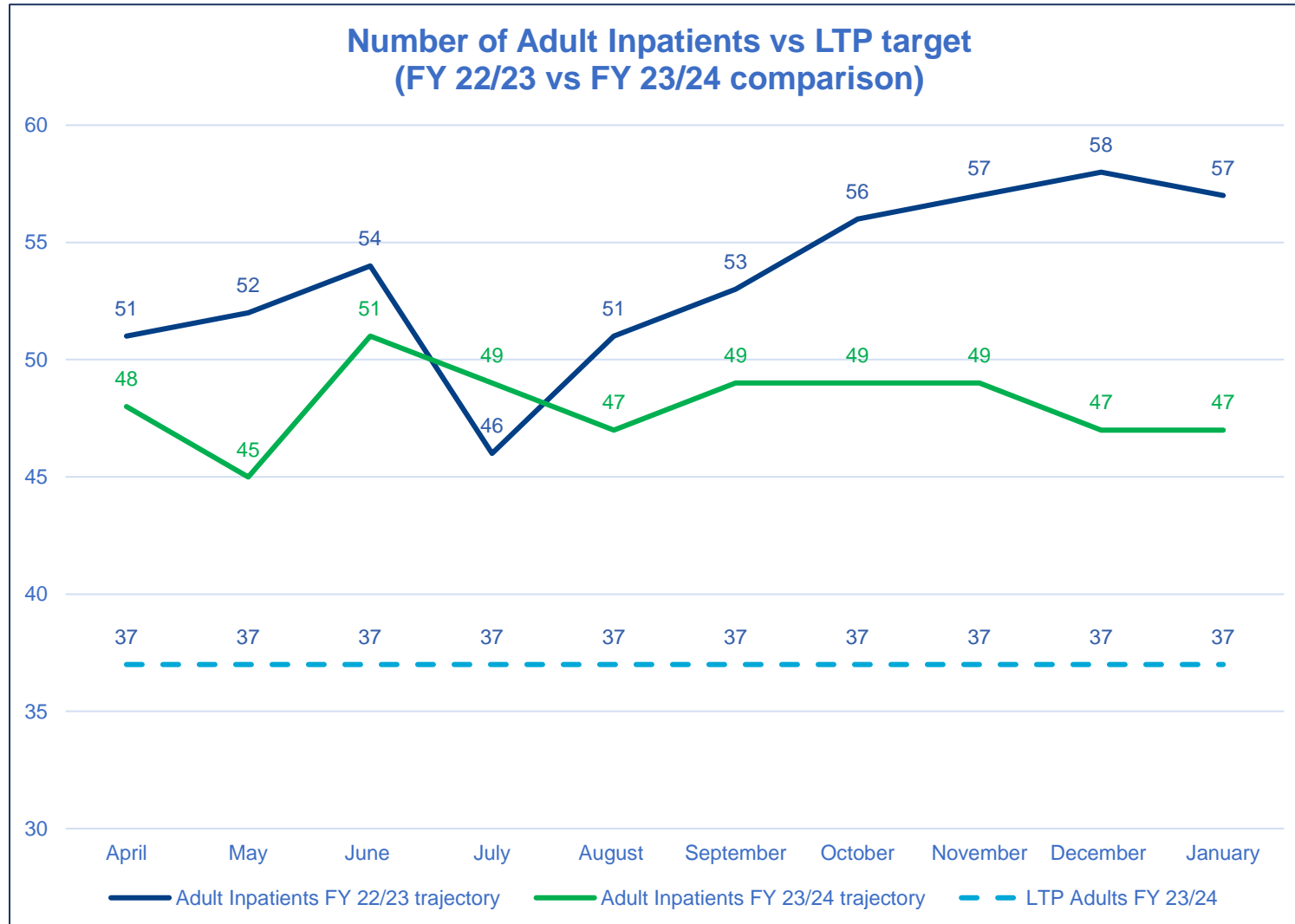
Mental Health Services



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 Dec 23		9490	8210	2615	3105	2490	4565	5680
Talking Therapies - Access Rate			6.25%		5.4%	6.0%	5.1%	5.2%		
Talking Therapies - Moving to Recovery		Dec 23	50%		50.2%	52.6%	49.5%	48.0%	46.3%	51.0%
Talking Therapies - Treated within 6 Week			75%		95.4%	98.1%	99.1%	86.9%	88.4%	98.7%
Talking Therapies - Treated within 18 Week			95%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dementia Diagnosis Rate		Dec 23	67%	64%	61.96%	58.8%	62.9%	64.4%		
Severe Mental Illness (SMI) 6 Health Checks completed Percent of Register		2023/24 Q3	60%		51.76%	51.6%	47.9%	58.8%		
People with severe mental illness receiving a full annual physical health check and follow up interventions	S085a	2023/24 Q3	100%		77.7%					
Inappropriate adult acute Mental Health Out of Area Placement (OAP) bed days	S086a	Three Months to Nov 23	0		1955	365	545	1045	1945	1000
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	S110a	Dec 22	100%		82.6%					

Learning Disability Programme - Adult Inpatients

SRO: Rachael Corser

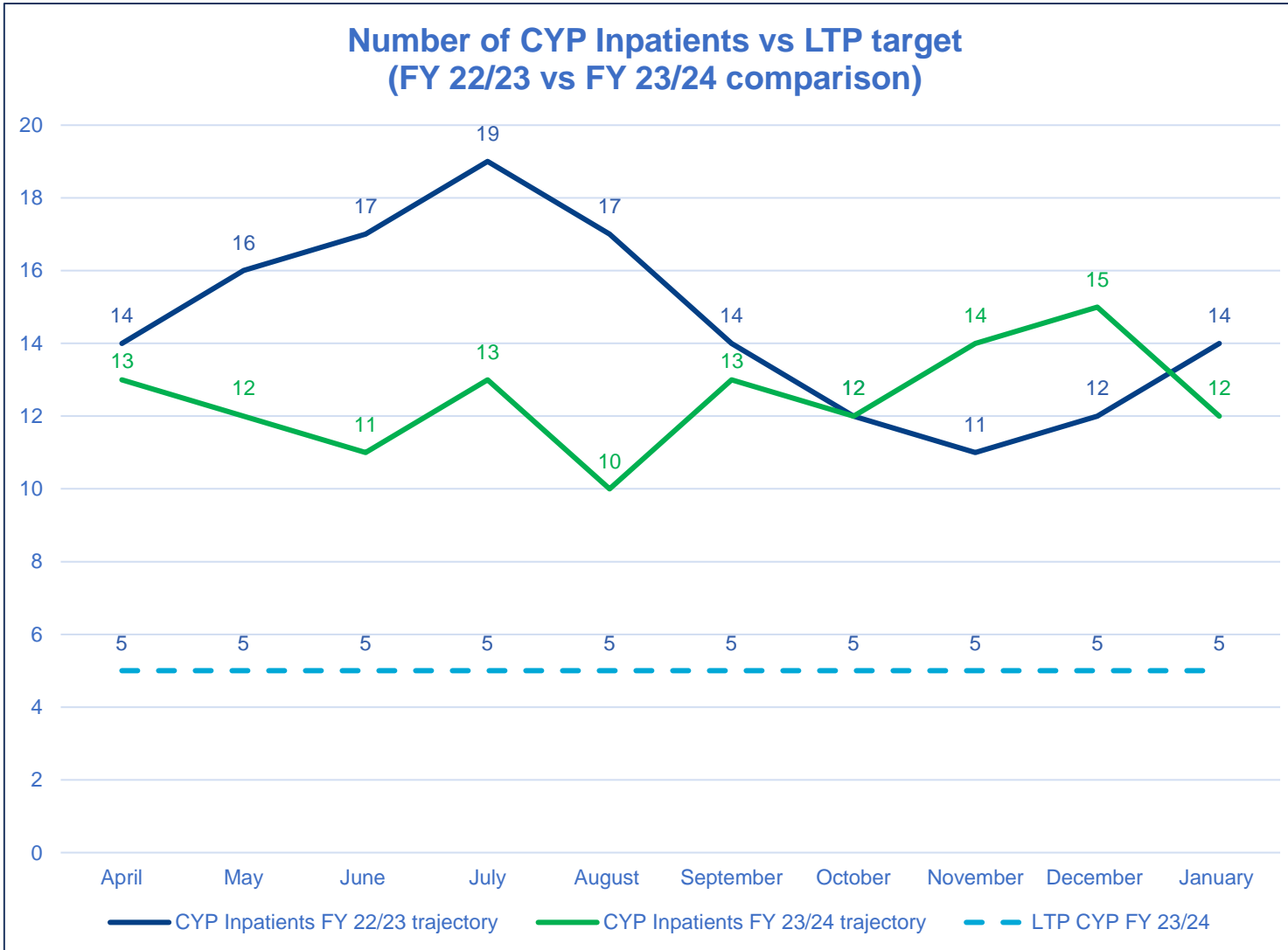


BOB ICB LDA Adult Inpatients

- The graph shows the number of Adult inpatients in BOB with a learning disability or autism for 2022/23 and 2023/24 ; and against the national ambition for 2023/24.
- There were 47 adult inpatients recorded in January and 16 of these were Specialist Commissioning inpatients. This is above the NHS SE trajectory target (37 by the end of Q4).
- We are in an improved position with adult inpatients this year (47 in January 2024) compared to the last year (57 in January 2023)
- There were 24 new admissions of all LDA Adult inpatients in 2023/24 with Autism (16) as the most prevalent condition, followed by Learning disability and Autism dual diagnoses (4); and Learning disability (4).
- Transformation programme underway to share best practice and standardise practice across BOB in the management of Dynamic Support Registers (DSRs) and Care (Education) and Treatment Reviews (CETRs) and quality assurance programmes. This includes joint training session to be delivered in Q2 2024/25 across the ICB to be delivered with NHSE Regional Team.

Learning Disability Programme - CYP Inpatients

SRO: Rachael Corser



BOB ICB LDA CYP Inpatients

- The graph shows 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 12 CYP inpatients recorded in January 2024, which is above the NHS SE trajectory target (5 by the end of Q4)
- We have a lower number of CYP inpatients this year (12 in January 2024) compared to the last year (14 in January 2023)
- There were 19 new admissions of all LDA CYP inpatients in 2023/24 with Autism (17) as the most prevalent condition
- Root cause analysis commenced in December to establish causes of admissions and identify any learning.
- Transformation programme underway to share best practice and standardise practice across BOB in management of DSRs and CETR and quality assurance programmes. This includes a joint training session to be delivered in Q2 2024/25 across the ICB to be delivered with NHSE Regional Team.

Learning Disability Programme- LeDeR

SRO: Rachael Corser



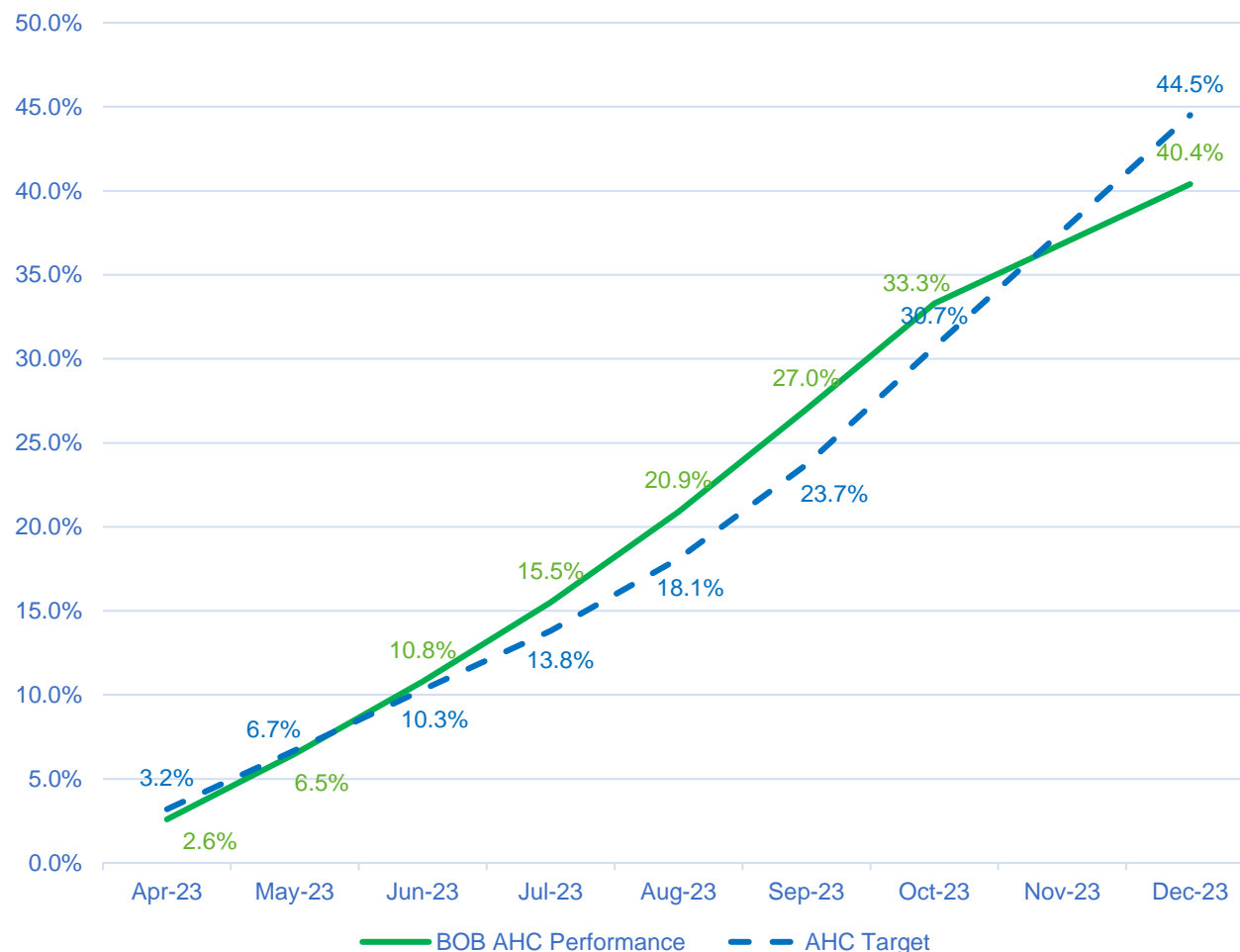
Learning from Lives and Deaths (LeDeR)

- Work on the LeDeR programme is focused on transitioning to a single, ICB-wide function. There is currently a backlog of approximately 70 cases caused by the unfilled Local Area Coordinator (LAC) roles and rising demand.
- A recovery plan has been implemented and a BOB LAC is now in post. Work has begun on reducing the backlog while current reviews are being treated as a separate BAU workstream to maintain KPI integrity. The QA oversight panel will commence in Q1 2024/25. Monthly BOB LeDeR operational meetings are in place. The ICB is fully engaged with national and regional NHSE teams as well as other ICBs in the region.
- The final place-based Annual LeDeR Reports have been agreed by SQG. They 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.
- The learning from the Annual Reports form the basis for bimonthly LD Health webinars around LD specific issues including health inequalities, constipation and early onset dementia. The first was held 1 February 2024. The learning that needs to inform commissioning and delivery of services will be shared by the BOB ICB Oversight Panel with place-based commissioning teams.

Learning Disability Programme- AHC

SRO: Rachael Corser

BOB ICS - Annual Health Check Performance

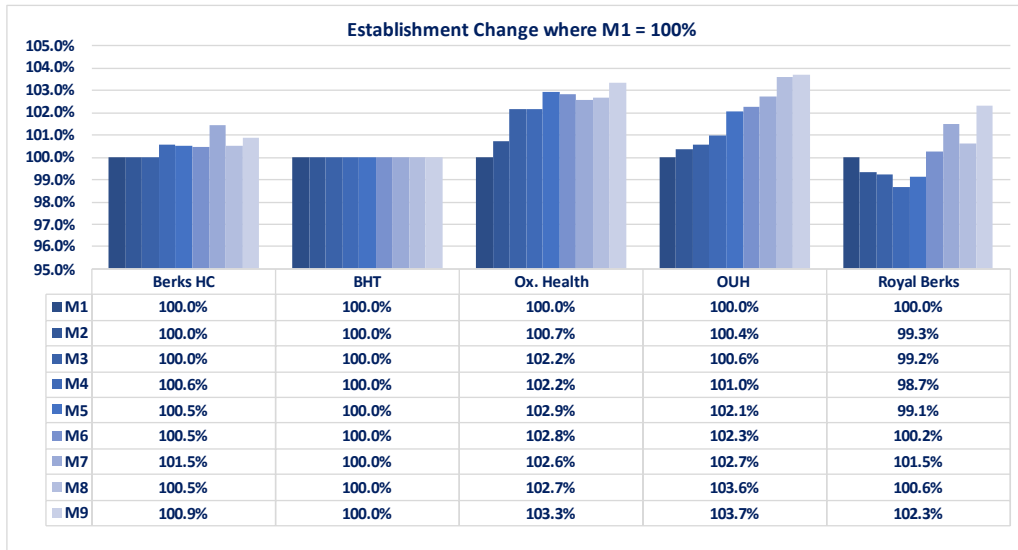


Annual Health Checks

- The national refresh of the SNOMED codes has adversely impacted on the LD database and created data issues affecting the reporting of completed annual health checks (AHCs) and payment for GPs. The date for rectifying this is unknown.
- This has impacted BOB performance delivering AHCs (40.4% December 2023) against the trajectory target- 44.5%.
- Actual delivery in December 2023 increased by 385 cases compared to December 2022. However national NHSE work on patient records has created a 4.5% inflation in the number of patients on the LD register. This has created a risk around meeting AHC targets and GP payments. Work is underway to rectify the issue, but not yet resolved- no timescale currently.
- To reduce health inequalities, BOB is taking part in a national pilot of the Medii app in 9 GP surgeries. The app allows LD patients to track their health, encourages healthier lifestyle choices, and promotes engagement with AHCs. Results are available to the patient, carers, and GPs. The pilot runs over the winter with an evaluation of patients' experience in Spring 2024. BOB were issued a further 20 licenses by NHSE in January 24 to meet demand.
- BOB ICB has supported the development of the All About Health website for LD patients. 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 worked with the ICB LDA Clinical Lead to develop a series of bi-monthly webinars for GPs around LD-specific issues including health inequalities, constipation, and early onset dementia. They started 1 February 2024 with good system uptake.

Workforce - Vacancies

Establishment % change by Organisation



This metric measures

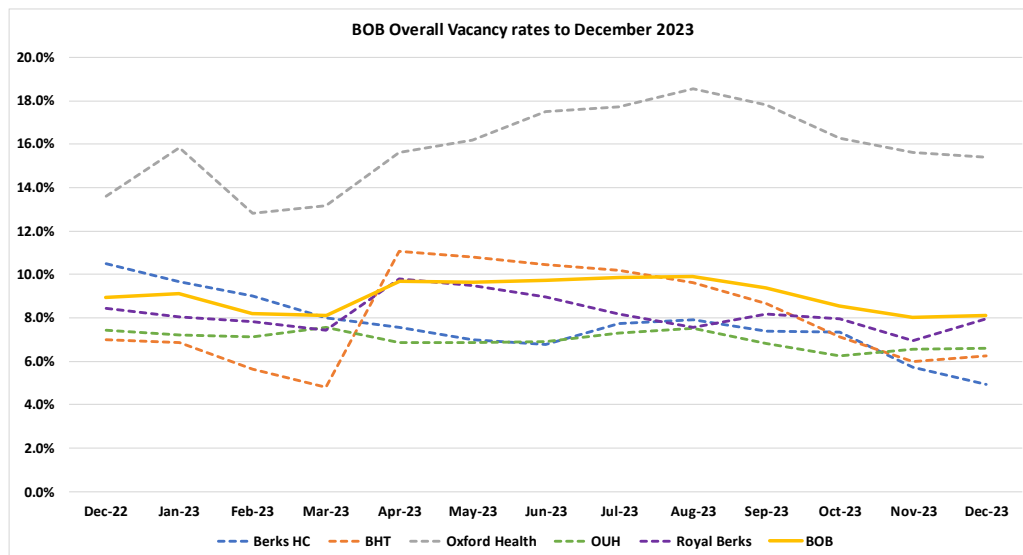
- Percentage change in establishment by organisation since April 2023.
- Vacancy rate by organisation since the same period last year as of December 2023.

Source M9 Provider Workforce Returns (PWRS) from the "1.WTE" and "2.KPI" tabs.
2022/23 Vacancy data from SDSP Monthly Excel Data Files "2. Vacancies" file.
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

- Apart from BHT, which has remained static, in M9 establishment has increased from M8 for all BOB Trusts, ranging from a 0.1% increase for OUH, to a 1.7% increase for Royal Berks.
- OUH has the highest % change in establishment over the whole period at 3.7%.
- The overall BOB ICS footprint vacancy rate has increased by 0.1% in M9 but remains on a downwards trend in the current fiscal year.
- Vacancy rates have fallen at BHFT (-0.8%) and OHFT (-0.2%), risen very slightly at OUH (0.04%), BHT (0.25%) and by 1% at RBFT.

Vacancy Rate by Organisation



Actions

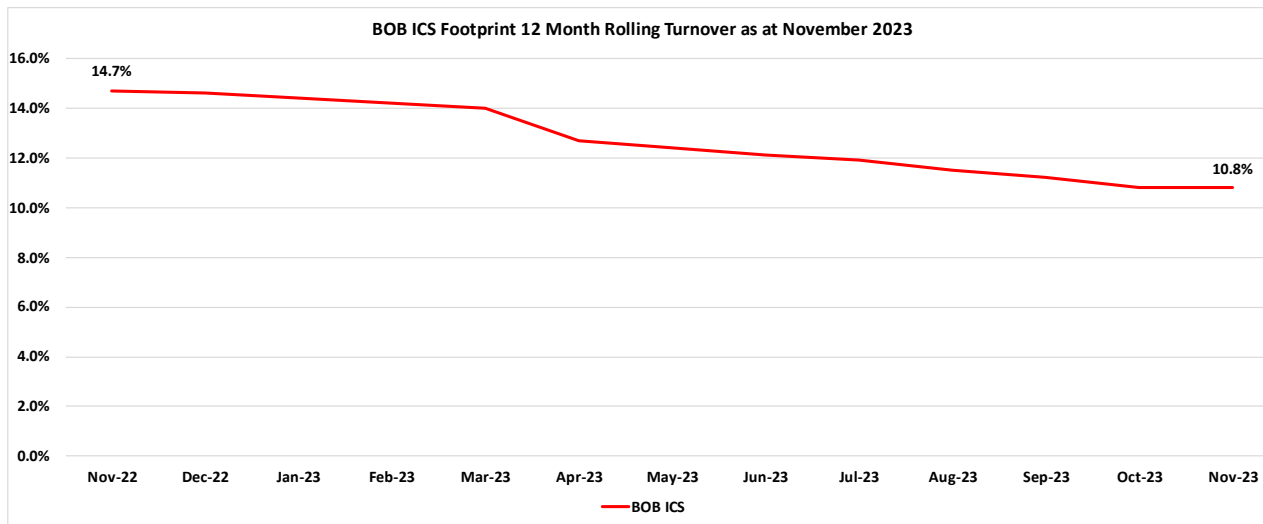
- **Supportive interventions:** There are several System People priorities and workstreams which focus on the various factors which impact on vacancy rates: The Health and Well-being workstream focuses on recruitment and retention, health and well-being and cost of living pressures; complemented by Leadership, 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:** 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

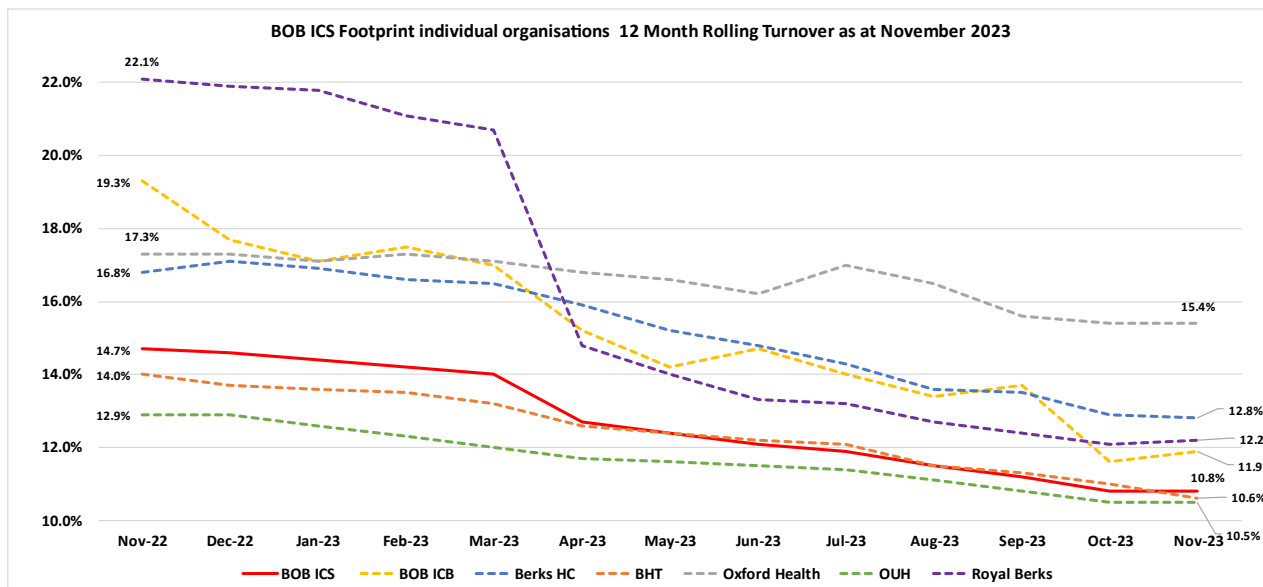
- Turnover by System, with further breakdown by organisation. Source SDSP “Joiners, Leavers and Turnover Dashboard” as of November 2023.

This rate includes all staff except for doctors in training. These staff are traditionally excluded from turnover calculations, as normal staff movement, due to the rotational nature of their posts, distorts turnover data.

How we are performing

- BOB Turnover has fallen steadily over the past 12-month period from 14.7% in November 2023, to its current value of 10.8%, a fall of 3.9%.
- Turnover for all organisations within the BOB ICS Footprint, including the ICB, has been on a downward trend since mid 2022.
- During the latest reporting month (October – November 2023), the 12-month rolling turnover rate has risen at BOB ICB (0.3%) and at RBFT (0.1%), remained static for the BOB ICS system, OUH and OHFT and fallen at BHFT (-0.1%), and BHT (-0.4%).
- Turnover at RBFT, appears to have fallen steeply over the past 12 months. However closer examination of the data suggests that this trend may not be due to a substantial reduction of the number of staff leaving per month, but rather a steady increase in the WTE of the overall workforce during the period.

Turnover by Organisation



Actions

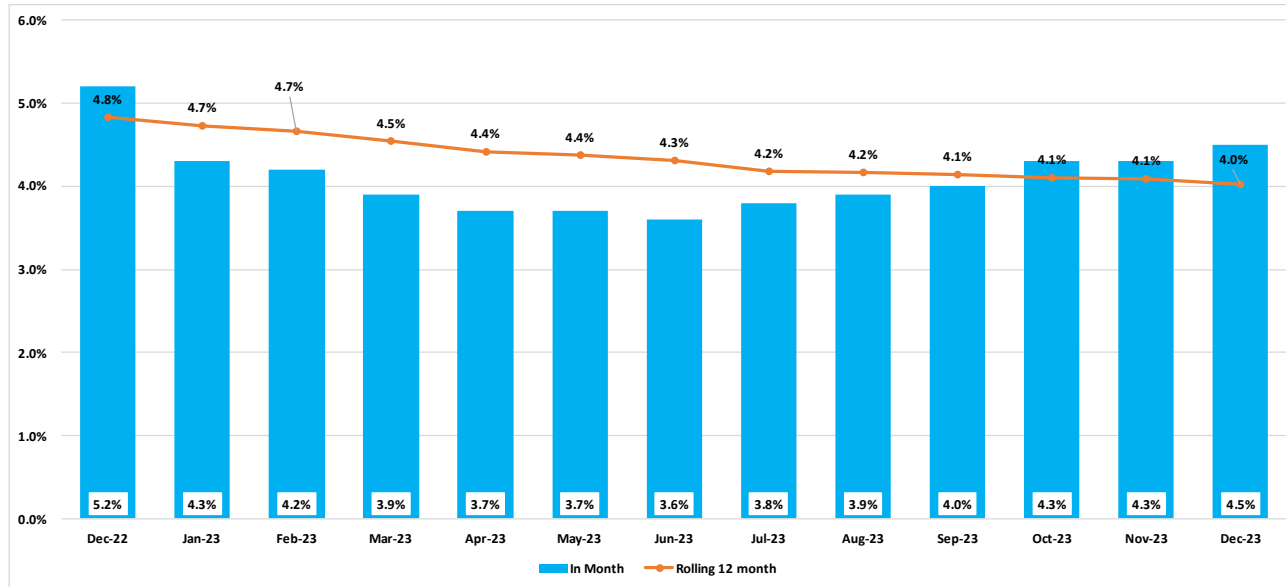
- **Supportive interventions:** A workstream has been set up to identify initiatives to retain staff, specifically focusing on staff health and well-being and financial health (the cost of living). This workstream will start to develop initiatives for Q4 2023/24.
- Localised interventions are continuing at pace; A retention team has been put in place in OHFT since May 2023 and support has been provided which is specific to areas with high turnover.

Risks:

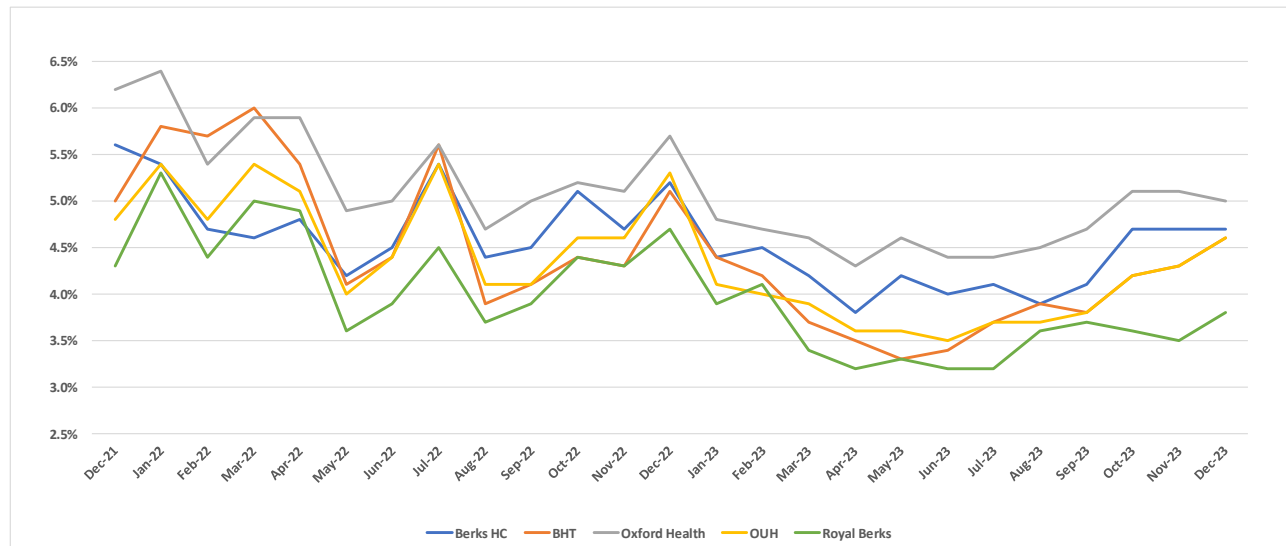
- Turnover remains a risk on the BAF and Trust Risk Registers.
- These risks are being mitigated by provider initiatives to promote health and well-being and to target retention activities for the areas most impacted by high turnover. These initiatives are supported by the System-wide workstreams focusing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

Workforce - Absence

Absence Rate by System



In-Month Absence Rate by Provider Trust



This metric measures

- 12 month rolling and in month absence rate by system, December 2022-2023 – all staff groups
- In-month absence by organisation December 2021-2023 all staff groups

In-month absence rate is the % absence rate for each month

12 month rolling absence rate – each monthly data point is the average % absence rate for the previous 12 months e.g. December 23 is the average of absence rates for January-December 2023

Source SDSP “South East Absence DEC 2023” dashboard as of December 2023.

How we are performing

- The rolling 12-month absence rate for the system is on a downward trend and is 0.8% lower in December 2023, then in December 2022.
- The in-month absence rate for all individual provider trusts, from December 2021 to 2023. has been on an overall downward trend. This should be treated with caution, as the trendlines begin at the end of the pandemic. Trends are seasonal, with peaks during the winter months. There was also a spike in absence rates during July 2022, with several possible contributory factors, for example the increase in positive COVID-19 tests in the Southeast and nationally during July and August, and the first Level 4 Heat-Health Alert (HHA), as well as long period of Level 3 HHAs during the summer.

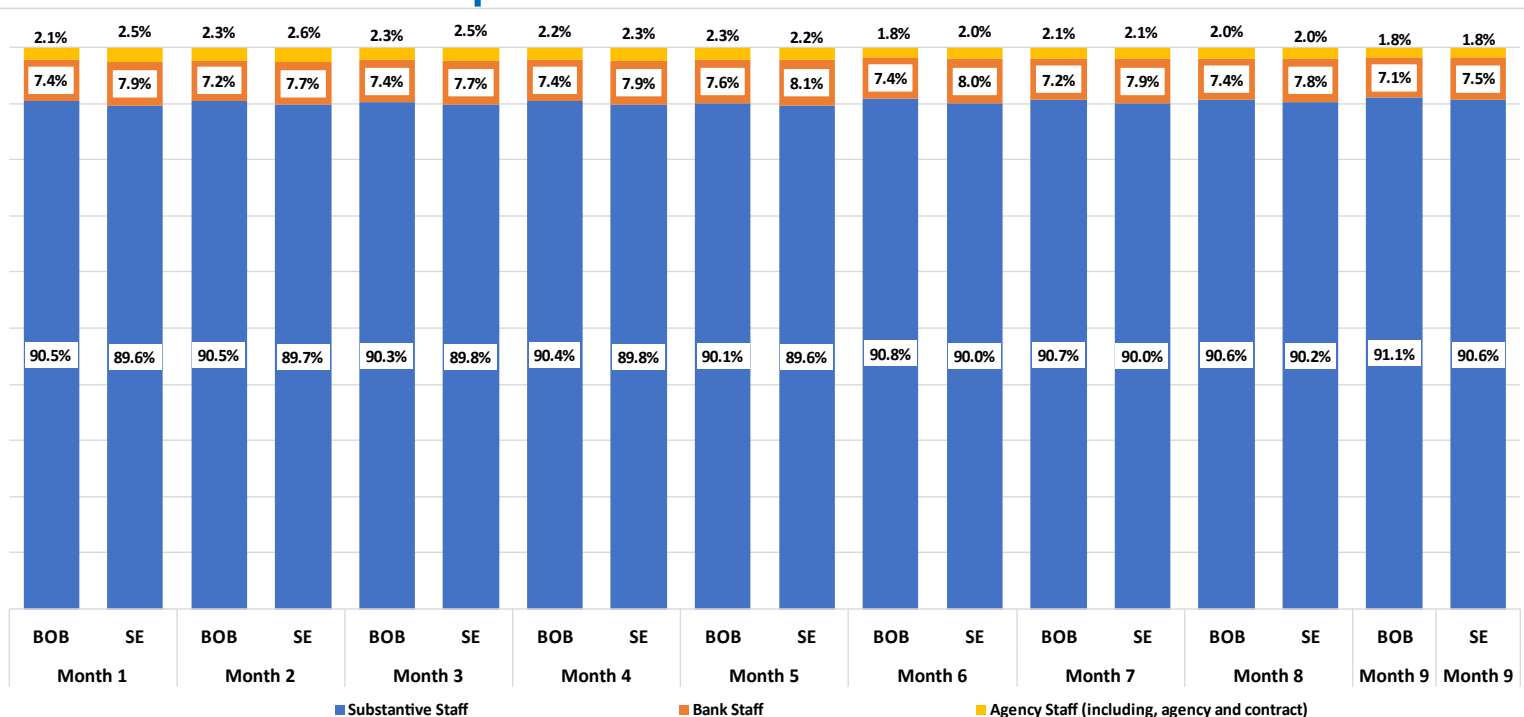
Actions

- **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 move through 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 Composition



Temporary and Substantive Staff Usage (% Total FTE) by System compared to SE, Month 1 – 9

This metric measures

- Temporary v Substantive staff usage by system by % of total FTE staffing. This compares workforce composition of BOB ICS Footprint (sum of NHS Provider Organisations within BOB) to the workforce composition of the SE (sum of all NHS Provider Organisations within SE).
- Month 9 Temporary v Substantive staff usage by individual BOB NHS Provider Organisation, compared to Month 8.

Source M09 South East Region - Pay and WTE report
Provider Workforce Returns (PWRs)

Temporary and Substantive Staff Usage (FTE) by Trust – Month 9

		Month 8	Month 9
Berks HC	Substantive Staff	88.7%	88.6%
	Bank Staff	9.8%	10.0%
	Agency Staff (including, agency and contract)	1.5%	1.4%
BHT	Substantive Staff	90.8%	91.8%
	Bank Staff	7.5%	6.7%
	Agency Staff (including, agency and contract)	1.7%	1.4%
Oxford Health	Substantive Staff	86.8%	87.1%
	Bank Staff	8.0%	7.7%
	Agency Staff (including, agency and contract)	5.3%	5.2%
OUH	Substantive Staff	91.9%	92.2%
	Bank Staff	6.8%	6.8%
	Agency Staff (including, agency and contract)	1.3%	1.0%
Royal Berks	Substantive Staff	93.0%	93.9%
	Bank Staff	5.8%	5.1%
	Agency Staff (including, agency and contract)	1.2%	1.0%

How we are performing

- Overall staffing composition for the SE compared to BOB is broadly similar, although BOB has a slightly higher % of substantive staff, and slightly lower reliance on temporary staffing over the fiscal year. In M9 BOB has a slightly higher proportion of substantive staff, a slightly lower proportion of bank staff, and similar agency staff usage.
- For BOB, in M9 temporary staff usage has fallen by 0.5%, 0.3% for bank, and 0.2% for agency usage.
- Looking at the individual Trusts in M9 compared to M8, agency usage has fallen slightly for all BOB trusts. Bank usage has risen slightly for BHFT, and fallen slightly for BHT (-0.8%), OH (-0.3%), OUH (-0.1%) and RBFT (-0.7%).

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.

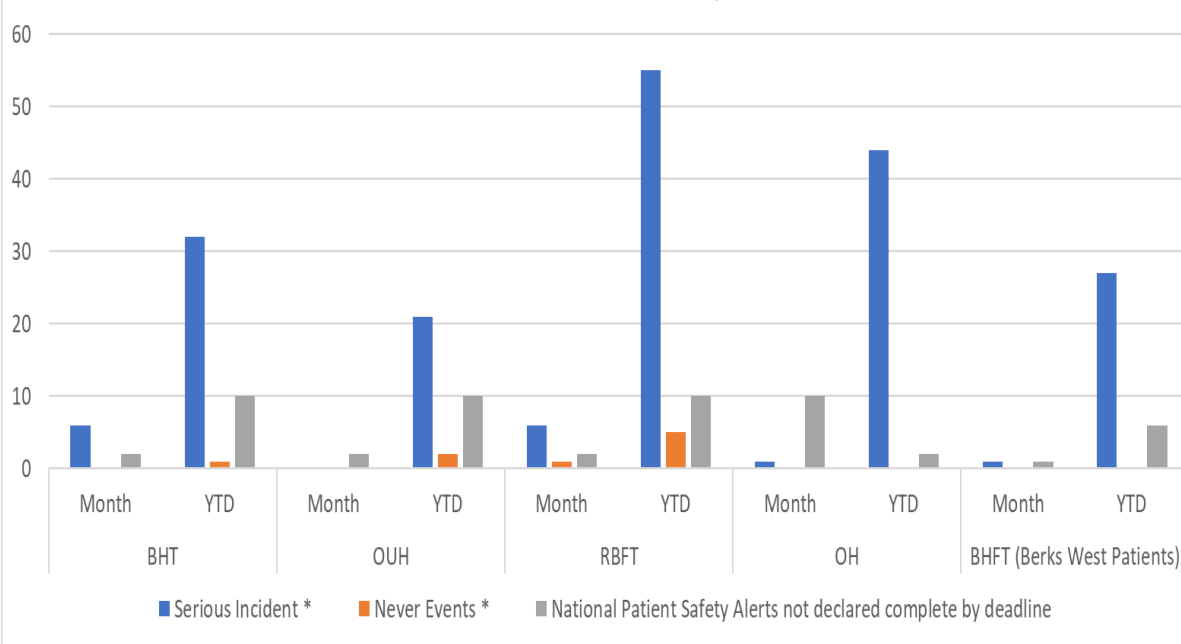
Risks:

- 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 - December 2023



This metric measures:

Our objective is to reduce avoidable harm across all our services. 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:

In line with the requirements of the National Patient Safety Alert (NPSA) regarding the prescription of Valproate, a plan coordinated with local providers has been developed; the ICB has also met with colleagues from the charity Sudden Unexpected Death in Epilepsy (SUDEP) Action, to hear directly from those affected by the changes to ensure this is managed safely.

Providers shared Patient Safety Incidents relating to the application of Police welfare checks following the Right Care Right Place programme; examples of this have been shared with the working group involving Health & Police.

ICB has reviewed a handful of Patient Safety Incidents looking at how patient care can be made safer when multiple organisations are involved in patient care under Urgent Care pathways.

Buckinghamshire Healthcare demonstrated some recent learning from Patient Safety Incidents with trust-wide improvement work relating to the tracking of patient care pathways to ensure patients progress with the care they need.

Actions:

- Providers working towards implementation of Patient Safety Incident Response Framework
- Integrated Care System working towards implementation of the NPSA regarding Valproate

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. Roles are not always clear for staff during industrial action, which can lead to less coordinated care and patient harm.
- The regulatory changes to Valproate highlight potential risks to patient safety; in both being prescribed Valproate, but also in having sub-optimised epilepsy prevention.

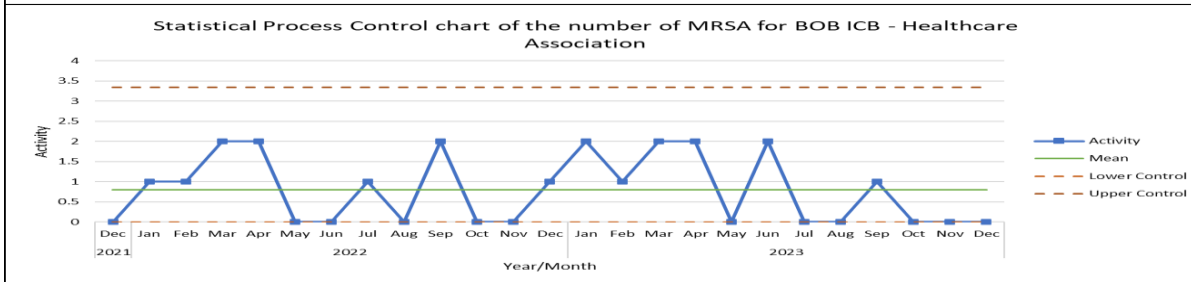
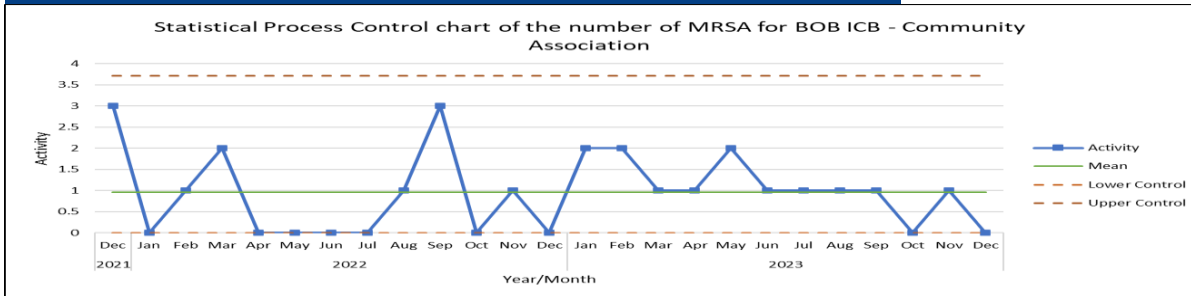
Indicator	Period	BHT		OUH		RBFT		OH		BHFT (Berks West Patients)	
		Month	YTD	Month	YTD	Month	YTD	Month	YTD	Month	YTD
Serious Incident *	Dec 23	6	32	0	21	6	55	1	44	1	27
Never Events *	Dec 23	0	1	0	2	1	5	0	0	0	0
National Patient Safety Alerts not declared complete by deadline	Dec 23	2	10	2	10	2	10	10	10	2	6

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

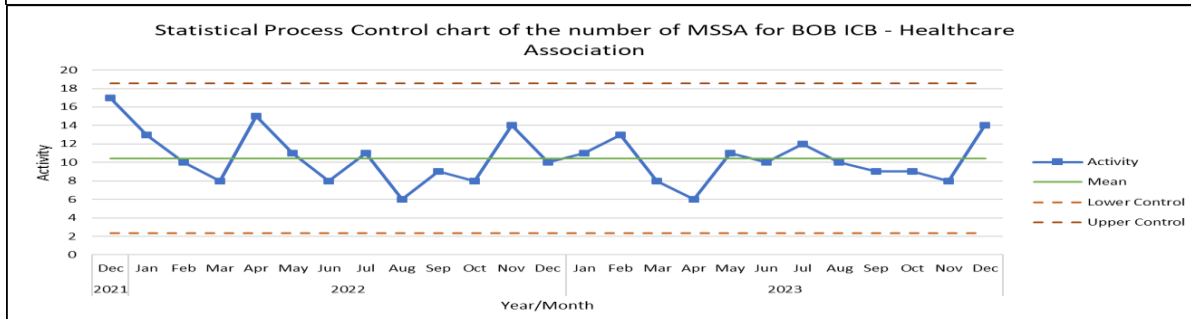
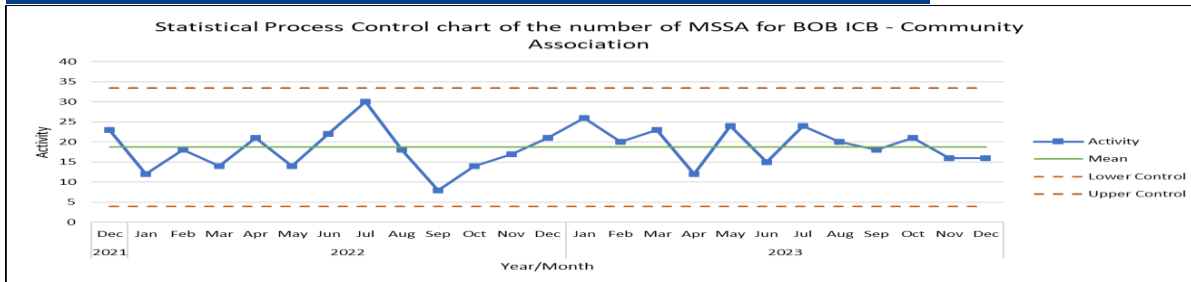
- In December 2023 OHFT began operating under PSIRF; BHFT commence under PSIRF from January 2024. OUH transitioned away from the SIF to PSIRF in October 2023. RBFT, BHT and SCAS are all operating under the SIF during December 2023.
- Once a provider has transitioned, they will no longer be declaring 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).

Statistical Process Control (SPC) Charts Staphylococcus

Meticillin Resistant Staphylococcus Aureus (MRSA)



Meticillin Sensitive Staphylococcus Aureus (MSSA)



Infection Prevention and Control Overview and key risks:

- There are increasing concerns regarding the resurgence of measles, due to sub-optimal uptake of Measles Mumps and Rubella (MMR) vaccine in London. This risk has been highlighted to GP practices, with an increase in communication to stakeholders across the system
- Emergence of a new strain of Clostridioides difficile ribotype (955), key message for prescribers to align with Antibiotic stewardship and South-Central Antimicrobial Network (SCAN) guidance.
- An increase Respiratory syncytial virus (RSV) cases across BOB which increased winter pressures on the acute trusts
- In December 10 care homes across BOB were supported with outbreak management (including influenza, COVID-19, norovirus, scabies)

Staphylococcus

How are we performing:

MRSA: There were 0 cases of MRSA bacteraemia reported in December.

MSSA: A total of 30 cases of MSSA bacteraemia were reported in BOB in December; 16 community associated and 14 healthcare associated, of those cases by place:

- 8 cases in Buckinghamshire; 5 community associated and 3 healthcare associated. Buckinghamshire is seeing a decreasing trend in total cases over a 12-month period.
- 13 cases in Oxfordshire; 6 community associated and 7 healthcare associated. Oxfordshire is seeing an increasing trend in total cases over a 12-month period.
- 9 cases in Berkshire West; 5 community associated and 4 healthcare associated. Berkshire West are seeing a decreasing trend in total cases over a 12-month period.

Main source reported across BOB were skin and soft tissue in line with national findings. 43% cases had no source reported.

Actions:

- Webinars were held in February for care homes on MRSA decolonisation protocols and consequences of non-compliance
- SCAN guidance is under review to clarify decolonisation protocols for primary care
- Plan to hold MRSA webinar for primary care IPC leads once SCAN guidance is updated

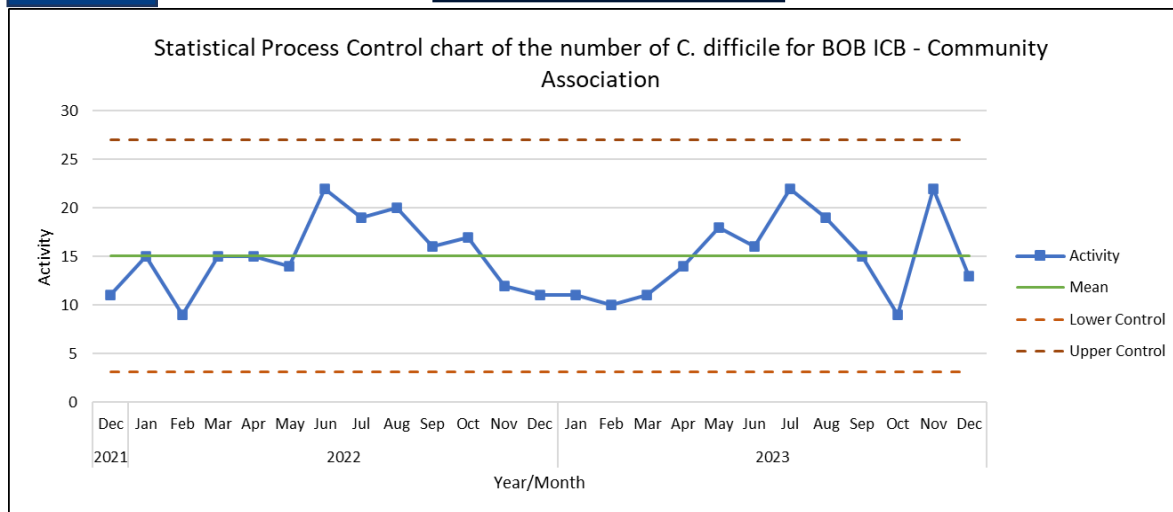
Risks:

- Although there have been 0 cases of MRSA in December, BOB has a total of 13 cases to date against a zero National target
- 4 reported sources of MSSA across BOB were line or intravascular device related
- Current SCAN guidance available to Primary Care is unclear regarding decolonisation treatment, especially in children

Statistical Process Control (SPC) Charts C. difficile (CDI)

CDI

Community



This metric measures:

These charts provide data over a 12-month period on Community Associated and Healthcare Associated cases of Clostridioides difficile (CDI) infections in BOB.

How are we performing:

There were a total of 24 cases of CDI in BOB in December; 13 community associated and 11 healthcare associated, of those cases by place:

- 11 cases in Buckinghamshire; 6 community associated, and 5 healthcare associated. Buckinghamshire is seeing an increasing trend in total cases over a 12-month period.
- 7 cases in Oxfordshire; 4 community associated, and 3 healthcare associated. Oxfordshire is seeing a decreasing trend in total cases over a 12-month period.
- 6 cases in Berkshire West; 3 community associated, and 3 healthcare associated. Berkshire West are seeing a static trend in total cases over a 12-month period.

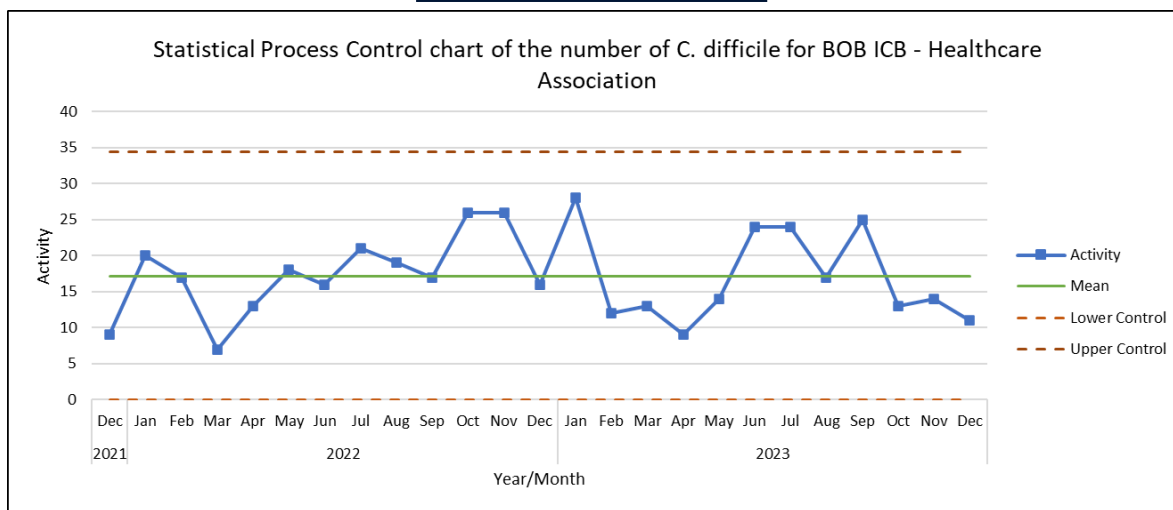
Actions:

- Review of CDI information gathering tool in primary care to improve data collection, for identification of themes and history of any healthcare interactions leading up to the CDI result. Data gathering will utilise MS Forms to gather maximum data with minimal input from GPs This will allow for more accurate analysis to enable the IPC team to provide targeted education within BOB.
- A care home educational webinar covering CDI and Norovirus: infections and outbreak management was delivered by the BOB IPC team in December.
- One-Health Antimicrobial Stewardship Group for BOB ICS will commence in March 2024, with the aspiration to be an exemplar system in Antimicrobial Stewardship (AMS), the overarching goal of containing, controlling, and mitigating the development and spread of antimicrobial resistance (AMR). The aim of this group is to establish a system-wide partnership for the BOB ICS to identify priorities, share examples of best practice, and provide collaborative suggestions to drive improvement for all aspects of AMS using a One-Health approach.

Risks:

- BOB currently sits above the NHS England set trajectory in all areas to meet the target thresholds, currently at a total of 305 cases in December above the set trajectory of 288 cases to fall within target.
- Buckinghamshire is seeing an increasing trend over a 12-month period.
- UKHSA is investigating a newly evolving ribotype (955) which has emerged in England over the last 2 years (total 48 cases). This new ribotype is concerning, as it has caused 2 large hospital clusters, appears to transmit readily and may present with severe disease or as a recurrence and has caused significant mortality.

Healthcare



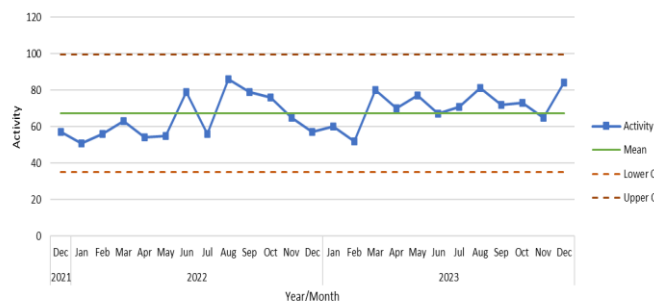
Statistical Process Control (SPC) Charts

Gram Negative Bloodstream infections (GNBSI)

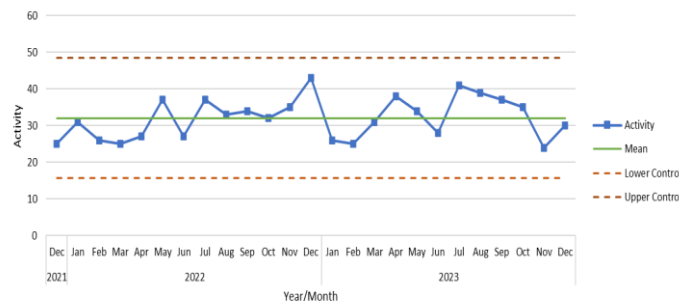
Community

Healthcare

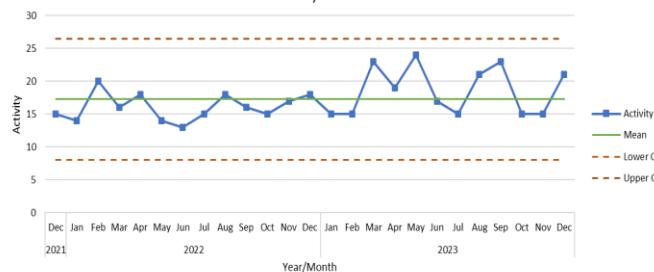
Statistical Process Control chart of the number of E. coli for BOB ICB - Community Association



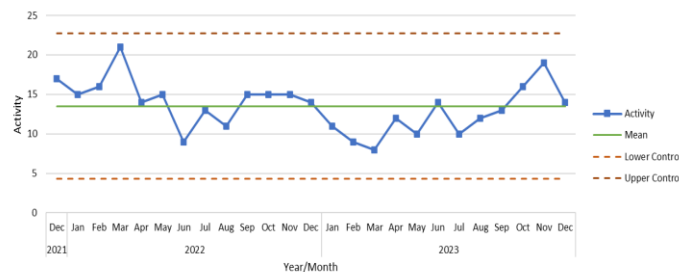
Statistical Process Control chart of the number of E. coli for BOB ICB - Healthcare Association



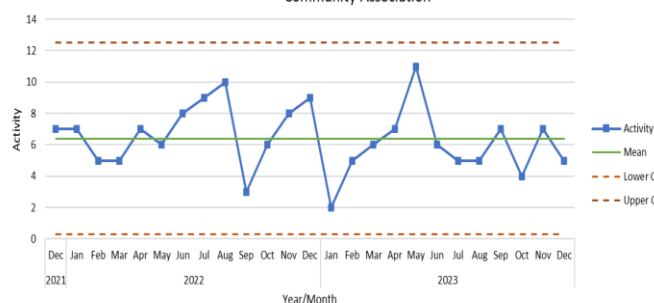
Statistical Process Control chart of the number of Klebsiella spp for BOB ICB - Community Association



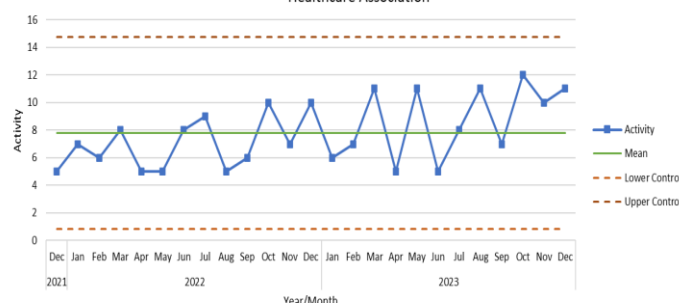
Statistical Process Control chart of the number of Klebsiella spp for BOB ICB - Healthcare Association



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



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



This metric measures: National ambition to reduce healthcare associated Gram-negative bloodstream infections (BSIs) by 50% by 2023/24. These charts provide data over a 12-month period on Community Associated and Healthcare Associated cases of GNBSIs.

How are we performing: BOB currently sits above trajectory to meet thresholds set by NHSE for *Klebsiella* spp. and *Escherichia Coli* Bloodstream Infections and exceeded the 2023/24 threshold for *Pseudomonas aeruginosa*.

E Coli: All areas in BOB ICB are seeing an increasing trend in E.coli BSIs, over a 12-month period. In December Buckinghamshire saw a total of 32 cases, Oxfordshire a total of 53 cases and Berkshire West 38 cases. All areas saw an increase in cases compared to the previous month.

Klebsiella spp: There is a decreasing trend in cases in Buckinghamshire over a 12-month period although a large spike of cases in December; 15 total cases. Oxfordshire and Berkshire West have seen a slight increasing trend in cases over a 12-month period and both areas saw a total of 10 cases in December.

Pseudomonas aeruginosa: Buckinghamshire has shown a static trend in cases over a 12-month period, with 4 cases in December. Oxfordshire had 9 cases and is seeing an increasing trend, whereas Berkshire West is seeing a decreasing trend with 3 cases in December.

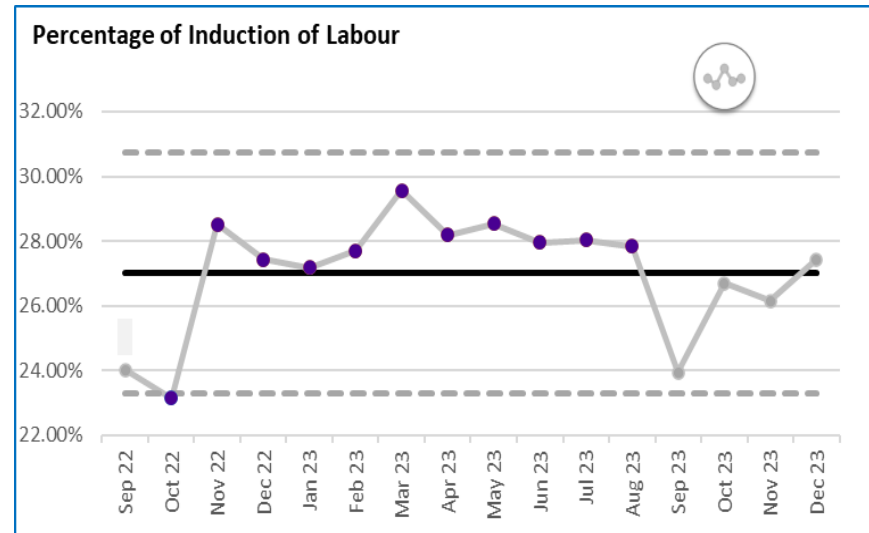
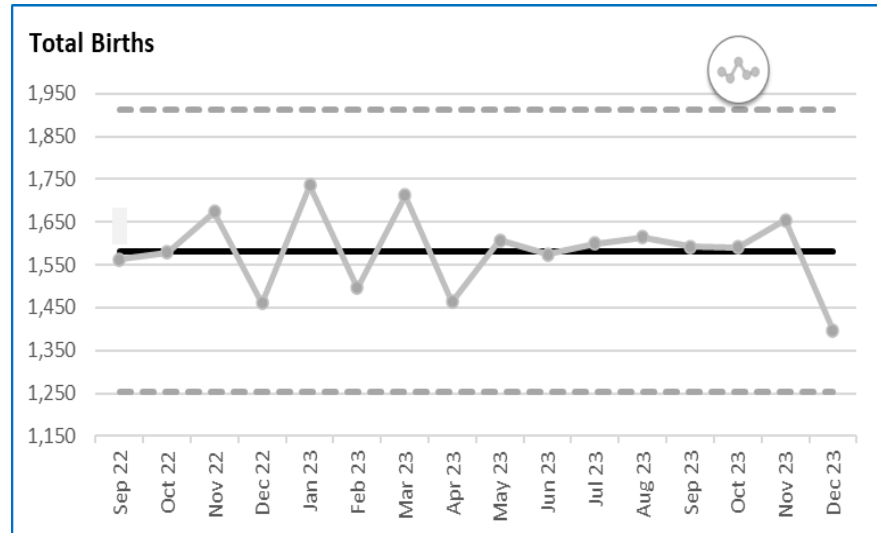
Actions:

- A GNBSI reduction plan focuses on urinary catheter management and improving hydration.
- Planning in place to implement a BOB wide catheter passport, which will aim to improve catheter care, decrease length of stay of catheters and reduce catheter associated urinary tract infections and associated GNBSIs with continued monitoring for themes.
- BOB IPC team aim to implement a hydration project to apply quality improvement methodology to improve understanding/awareness of hydration benefits and dehydration risks for people aged 65+ in their own homes. A pilot study will be undertaken in Reading, Berkshire West, a proposal is under review by the R&D team.
- Aseptic non-touch technique (ANTT) train the trainer session in Jan that will allow Primary Care staff to become competent to train colleagues in a standardised Aseptic Technique that will improve patient safety and reduce the risk of Healthcare Associated Infections.

Risks:

- BOB ICB is unlikely to meet thresholds set by NHSE for E Coli or Klebsiella spp GNBSIs and has not met the set threshold target for *Pseudomonas aeruginosa*.
- A high proportion of GNBSIs had no reported source, making it difficult to analyse themes to target appropriate education and interventions.

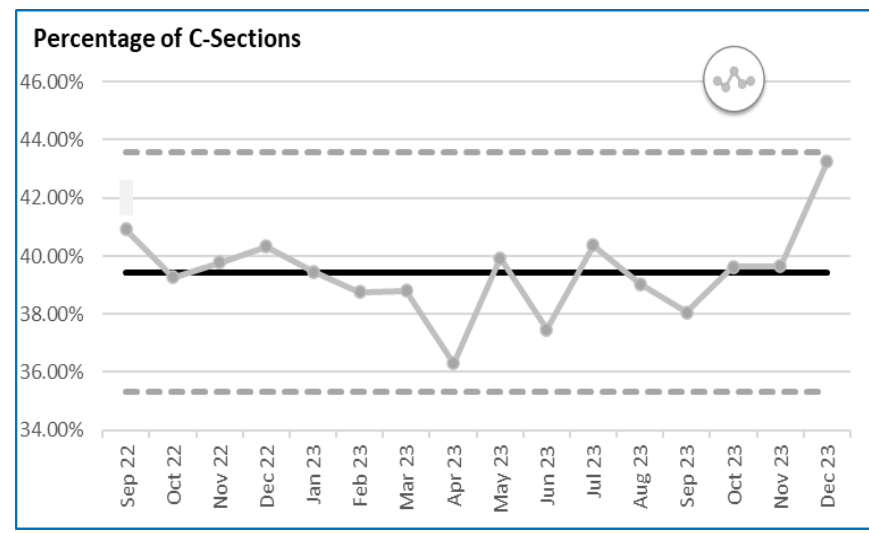
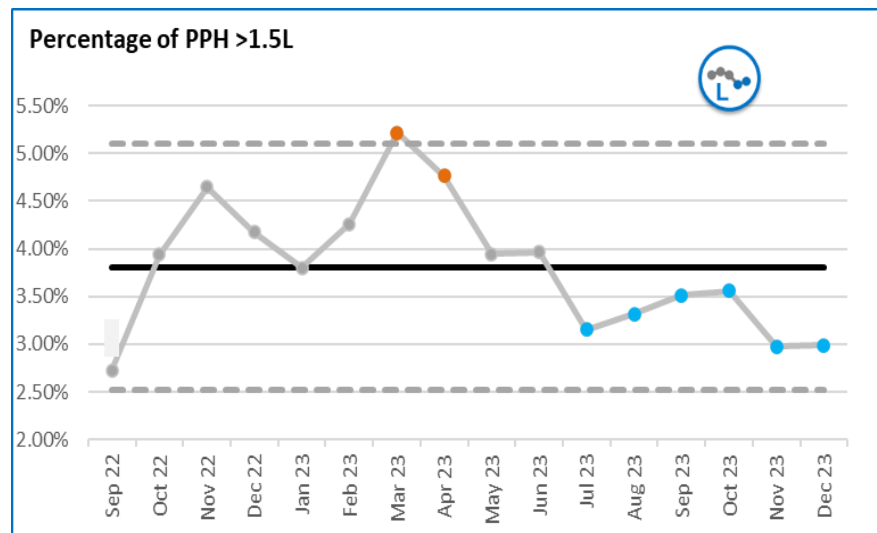
Maternity and Neonatal - December Update



All three trusts continue to report and record data differently across BOB. A set of metrics has been agreed in the LMNS and will be presented to the trusts next month.

The percentage of post-partum haemorrhage more than 1.5L

This is improving special cause variation across BOB. Recent learning from several cases at OUH showed the importance of calculating shock index and calculation of Modified Early Obstetric Warning Score (MEOW'S) chart with appropriate escalation to improve this.



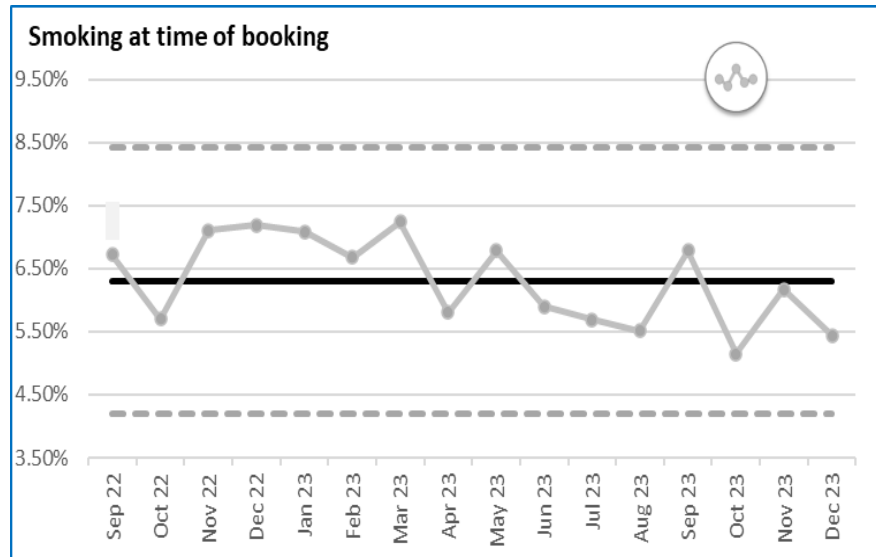
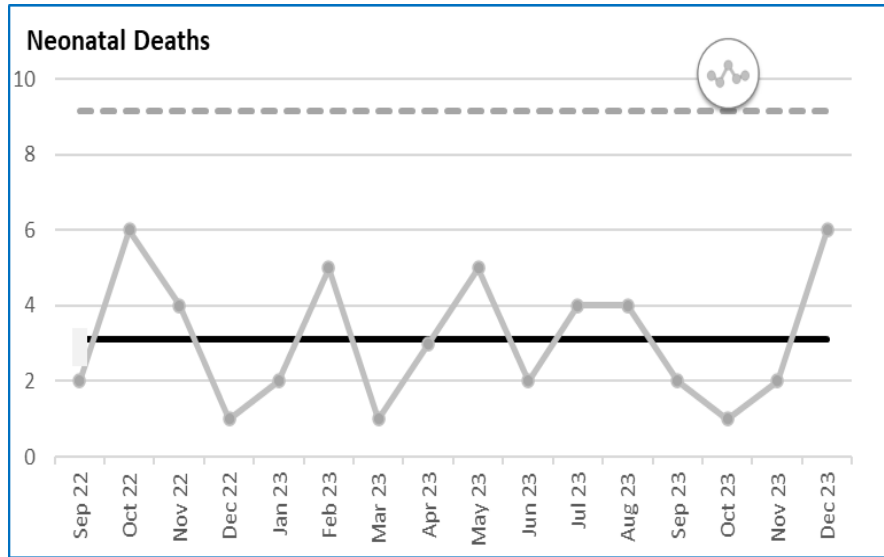
All trusts are not yet reporting percentage of induction of labour the same – RBH exclude elective c-sections from this number.

Percentage of induction of labour and total c-sections

These two indicators have common cause variation. An upward trend in these indicators is neither an improvement or concern. Both these indicators do however give an indication of workload across the system.

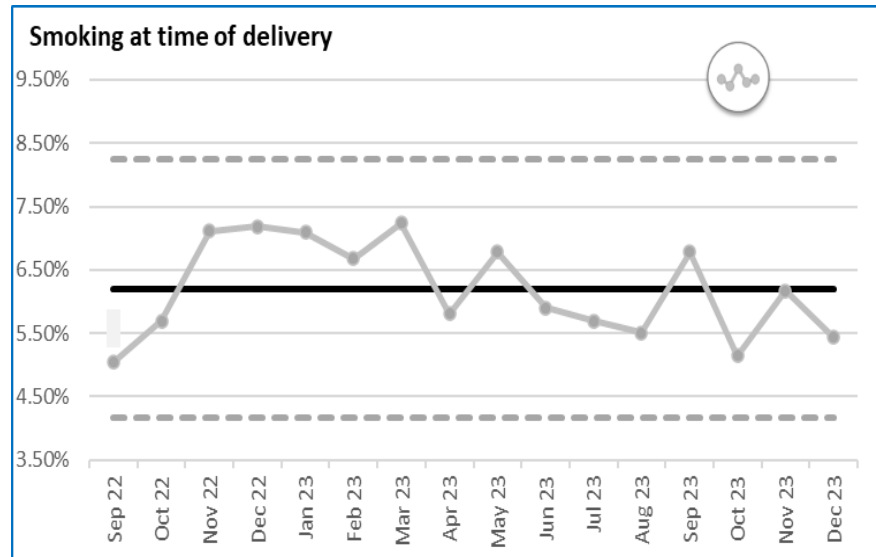
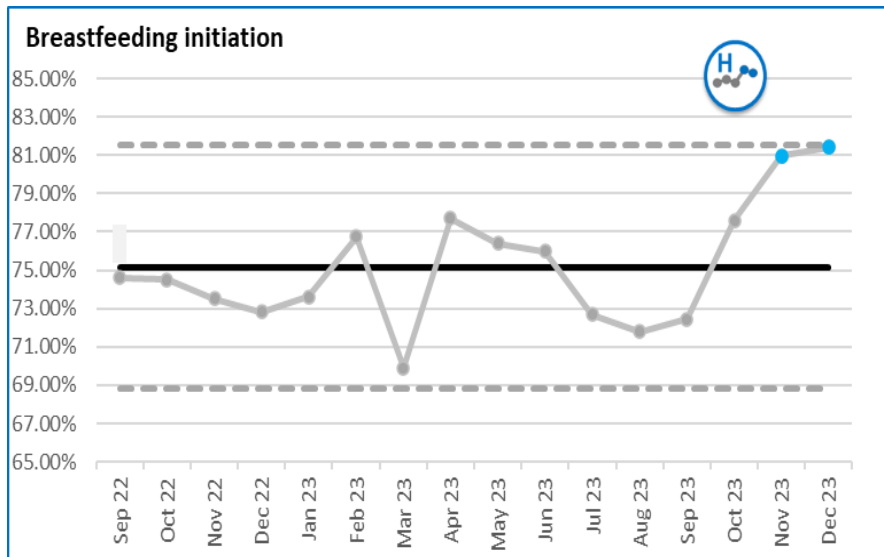
PPH – Post-partum Haemorrhage of more than 1.5L

Maternity and Neonatal - December Update



Neonatal deaths

This indicator shows common cause variation, with most neonatal deaths occurring in OUH. This is affected by OUH being a tertiary level 3 neonatal unit. RBFT's last death was in August and BHT's last death was in May.



Breastfeeding Initiation

Breastfeeding initiation rates are showing special cause improving variation. Work has been done in all three trusts with the infant feeding team to try and improve this measure.

Smoking at booking and delivery

Both these indicators show common cause variation and usually the number of women or birthing people smoking at delivery compared to booking is reduced. This is an area for improvement across BOB to achieve national targets.

All trusts are not yet reporting breastfeeding initiation the same – this will be rectified on April 24'.

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	Nov-23	Dec-23	Jan-24
% CHC referrals completed in 28 days	80%	75%	Buckinghamshire	62%	63%	61%	48%	81%	65%	59%	38%	57%	71%	83%	69%	55%	40%	42%	45%
			Oxfordshire	30%	16%	10%	11%	38%	24%	14%	15%	16%	29%	8%	26%	42%	61%	46%	44%
			Berkshire West	79%	80%	85%	55%	98%	88%	86%	92%	95%	94%	91%	94%	97%	97%	90%	100%
% DSTs completed in acute hospitals	Fewer than 15%	3%	Buckinghamshire			0%	0%	4%	0%	0%	0%	3%	0%	7%	4%	4%	0%	0%	10%
			Oxfordshire	0%	0%	0%	0%	0%	2%	0%	3%	6%	9%	3%	3%	0%	8%	7%	4%
			Berkshire West			4%	0%	1%	1%	0%	0%	0%	0%	0%	0%	0%	3%	8%	0%
Standard CHC assessment conversion rate	n/a	21%	Buckinghamshire	17%	15%	13%	24%	41%	24%	10%	15%	17%	6%	19%	17%	9%	4%	10%	11%
			Oxfordshire			57%	43%	38%	32%	32%	50%	51%	29%	37%	65%	21%	31%	32%	24%
			Berkshire West	11%	16%	7%	14%	6%	12%	11%	2%	6%	4%	9%	13%	3%	12%	16%	10%

Buckinghamshire:

28 days – Slight increase but KPI remains below the national position and below the target. This is related to limited LA availability for DST assessments. On-going discussions are taking place.

% DSTs in acute – Increase in KPI percentage above the national position but within target.

Standard CHC conversion rate – Slight increase from last month and KPI remains below the national position. KPI remains to be monitored. No trends have been identified.

Oxfordshire:

28 days - Slight decrease to KPI remains below the national average.

% DST in acute – Slight decrease and remains above the national position but within the target of fewer than 15%.

Standard CHC conversion rate – Slight decrease to KPI and remains above the national position. Work continues to ensure the conversion rate moves towards the national average with BOB wide training taking place to ensure Oxford maintain the same threshold as the other CHC departments. All checklists and assessments are subject to a two-level ratification process.

Berkshire West:

28 days – Increase to KPI and showing that all cases were completed within 28 days. KPI remains above national position and the target.

% DST in acute – Decrease to no assessments being completed in the acute. KPI is now below the national position but above the target.

Standard CHC conversion Rate – Slight decrease to KPI and remains below the national position. The reason for low conversion rate continues to be explored through an external audit conducted by NHSE SE Region. External scrutiny of DST process indicates that decision making is not unduly strict.

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:

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

- Alma Barn (Oxfordshire) – Regular Serious Concerns meetings with Oxfordshire County Council regarding traction on Action Plan. (10 residents supported by ICB funding)
- Austen House (West Berkshire) – Regular Serious Concerns meetings regarding traction on Action Plan (6 CHC residents).
- Windsar Care*(Frimley ICB) – Continuing serious concerns and lack of engagement by Provider. Decant commenced of 23 LA, S.117 and joint funded residents back to Bucks.

Primary Care - Patient Experience

National GP Patient Survey

- Following the publication of the July 2023 National GP Survey results below, work continues to:
- Identify GP practices where the review of performance may be appropriate – outside of the ‘Practice / PCN capacity & access improvement plans’ which aim to improve access and address inappropriate variation, 3 further practice reviews have been conducted of the 10 lowest performing practices with 1 further review taking place.
- Development of the ICB's approach to the national 'recovering and access to primary care programme management plan' and 'practice / PCN capacity & access improvement plans' to have a positive impact on improving access and patient experience position and address inappropriate variation.
- Work with practices to improve the use of technology associated with cloud-based telephony such as the callback 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.
- 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 the 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	0	1	40	1
Bucks	0	0	45	2
Oxon	0	1	60	4
BOB	0	2	145	7

- **Berkshire West practices rated Requires Improvement:** One practice rated RI was previously rated inadequate (London Street Surgery). Primary Care and Medicines Optimisation Teams have been engaging with the Practice and will continue to do so to address remaining CQC actions; last meeting with practice held on 13 December 2023 and next meeting scheduled for 20 March 2024.
- **Newbury Street Practice rated Requires Improvement:** CQC reinspected week commencing 12 June 2023 with an improvement to the rating from inadequate to requires improvement. Support to the practice is being provided by the primary care team. A further visit from CQC team is expected imminently.
- **CQC:** Ability to Access GP services is a high priority for the CQC. Consideration is being given to using the results of the GP Patient Survey as criteria to Inspect previously rated 'Good' Practices with a view to making changes to the Practice rating.

Glossary

Terms

AHC	Annual Health Check
CAS	Clinical Assessment Service
CHC	Continuing Healthcare
CPCS	Community Pharmacy Consultation Service
C(E)TR	Care Education and Treatment Review
CTR	Criteria to Reside
CYP	Children and Young People
DSR	Dynamic Support Register
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