

BOARD MEETING

Title	Performance and Quality Report		
Paper Date:	02 July 2024	Meeting Date:	16 July 2024
Purpose:	Assurance	Agenda Item:	12
Author:	Ben Gattlin, Head of Performance	Exec Lead/ Senior Responsible Officer:	Matthew Tait, Chief Delivery Officer; Rachael Corser, Chief Nursing Officer; Rachael De Caux, Chief Medical Officer

Executive Summary

A refreshed Performance and Quality report is introduced this month. The report continues to give a high-level overview of the performance of NHS partners across the Integrated Care System.

‘Project Refresh’ has been live for 6 months. Key drivers behind the requirement to update the report were to:

- Improve the time to interpret for users.
- Reduce resource requirement in preparation of the report.
- Reduce the length of the report – most survey responses requested a report between 11-20 pages.
- Introduce statistical process control charts (SPC) as standard and where appropriate.

The report maintains focus on the same five key areas as the previous version and continues to provide broader performance information.

The five areas of key focus are:

- Urgent and Emergency Care – 4 Hour standard
- Elective – Long Waits
- Learning Disabilities and Autism – Children and Young People (CYP)
- Cancer - 62 days - % and the total number of patients waiting over 62 days.
- Primary care access – (all patients given appointment within 2 weeks)

To test the effectiveness of the changes to the report the summary of performance fluctuations will not be included on this cover sheet, as these are clearly visible within the report. Note the report title page states M1 (April 2024) however the data contained within the report is provided as the latest publishable data, in some instances this could be February 2024 or as recent as May 2024.

The report now includes two scorecards to enable an ‘at a glance’ view. These include SPC icons to display recent variation and whether this is a good or bad thing along with a pass or fail icon where there are targets to achieve. The SPC icon set is aligned to the icons used as standard by NHSE.

In reducing the length of the report, a considerable number of pages have been removed, this has been done with consideration of the role the ICB Committees take in receiving more detailed assurance from the various portfolios; the development of the provider collaboratives in reviewing elective and mental health activity and performance respectively and the role NHSE continues to play in oversight of Integrated Care Systems.

Despite remaining within the report, the refresh project at this stage, has not included autism and ADHD assessment waiting times, Urgent Community Response (UCR), maternity, high street dental or workforce. This is due to the way the data is captured and processed. All items are contained within the project development log and will be refreshed over the coming months.

The report maintains a glossary and a guide on interpreting SPC charts.

Outside the content of the report, it should be noted that the time taken to prepare this report will vastly reduce with an expected 19.5 hours of analyst time per month saved due to the dataset now sitting in Power BI¹. Moving to Power BI is a modernisation of the way we manipulate data. The datasets will be refreshed automatically without much manual intervention. As more datasets are connected the time saved will increase. Power BI dashboards are more visually appealing, interactive and customizable than those in Excel.

Action Required

The board is asked to:

- Note the contents of the report.
- Comment on coverage and presentation of the refreshed report

Conflicts of Interest:

Conflict noted: conflicted party can participate in discussion and decision

This report contains information including the performance of organisations led by members of the Board. The perspective of these members is an important aspect for enable the Board to focus on where the Integrated Care Board and system contribute to improvement.

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

Performance reviewed 25 June 2024 Population Health and Patient Experience Committee (PHPEC).

¹ Power BI is a technology-driven business intelligence tool provided by Microsoft for analysing and visualizing raw data to present actionable information

NHS Performance and Quality Report

M1 - April 2024

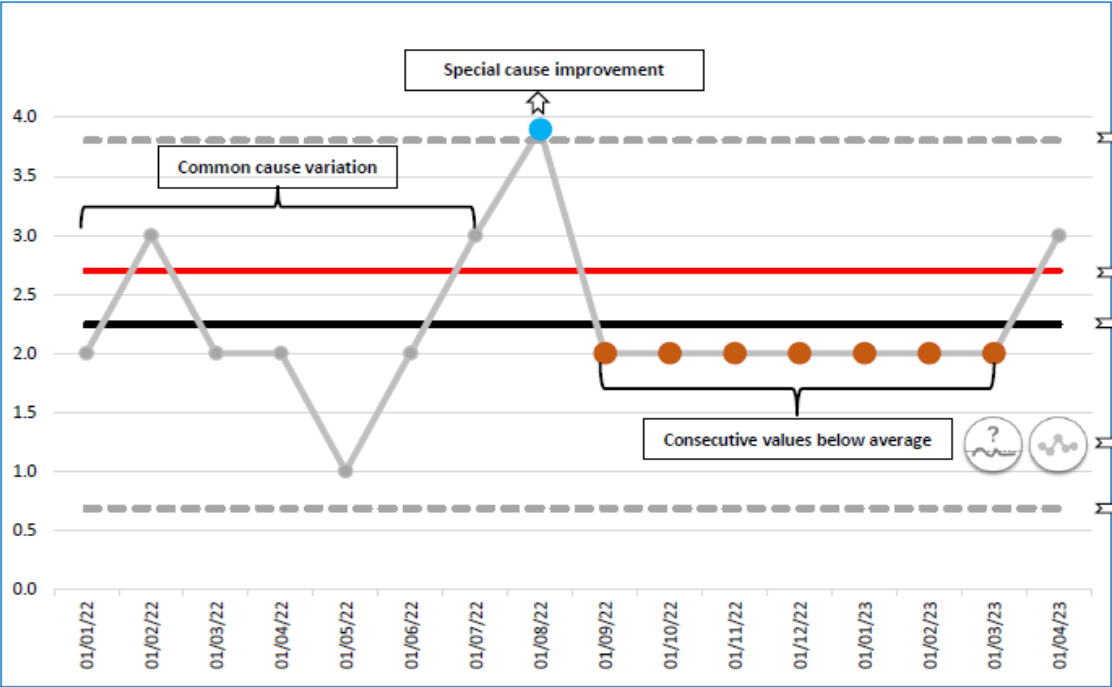
Matthew Tait – Chief Delivery Officer

Rachael Corser – Chief Nursing Officer

Rachael De Caux – Chief Medical Officer



How to read a Statistical Process Control (SPC) chart



Upper control limit: Any data point above this line is an extreme value not expected within the normal variation

The target: An achievable target should be set within the control limits

The mean: Average score across the recorded time frame





Assurance & Variation: See below key

Lower control limit: Any data point below this line is an extreme value not expected within the normal variation



Variation			Assurance			
Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Common cause with no significant changes	Metric has (F)ailed to meet the target for the last 6 (or more) data points.	Metric has (P)assed the target for the last 6 (or more) data points.	Inconsistent performance against target	

Scorecard - M1 - April 2024





Access Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Activity	RTT 65 Week Waits	Apr 24		937		
Quality of Care, Access and Outcomes	GP appointments - percentage of regular appointments within 14 days.	May 24		82.8%		

Cancer Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Cancer	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer	Apr 24	85.0%	65.0%		

Learning Disabilities and Autism

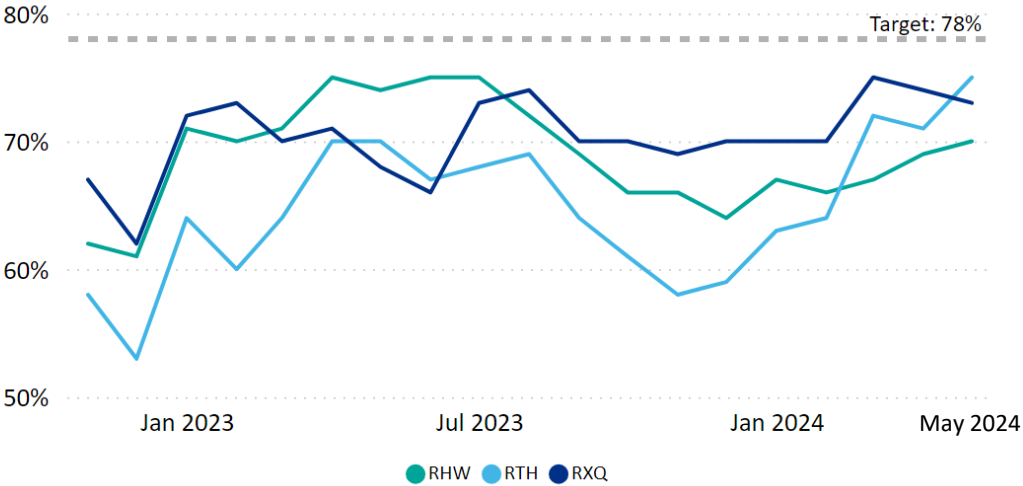
Category	Metric	Period	Target	Value	Variance	Assurance
Learning Disabilities & Autism	Adult inpatients with a learning disability and/or autism per million head of population	May 24	30	40		
	Under 18 inpatients with a learning disability and/or autism per million head of population	May 24	15	13		

Urgent Care Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Urgent Care	Percentage of patients who spent 4 hours or less in A&E	May 24	78.0%	75.0%		

Urgent and Emergency Care

Percentage of patients who spent 4 hours or less in A&E



This metric measures:

Our objective is to reduce the number of patients experiencing excess waiting for emergency service. We measure this through the percentage of patients who attend the Emergency Department (ED) and are seen within 4 hours of their arrival. Delivering against this standard requires cooperation across both the hospital and with partners in the wider health and care system. While the constitutional standard remains at 95%, NHS England has set Trusts a Target of consistently seeing 78% of patients within 4 hours by the end of March 2025.

How we are performing?

	Target	Prev Year	Performance	Curr Month	Diff
ICB - ALL PROVIDERS	95.0%	73.0%	⬆️	75.0%	2.0%
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	95.0%	74.0%	⬇️	70.0%	-4.0%
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	95.0%	70.0%	⬆️	75.0%	5.0%
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	95.0%	68.0%	⬆️	73.0%	5.0%

Actions

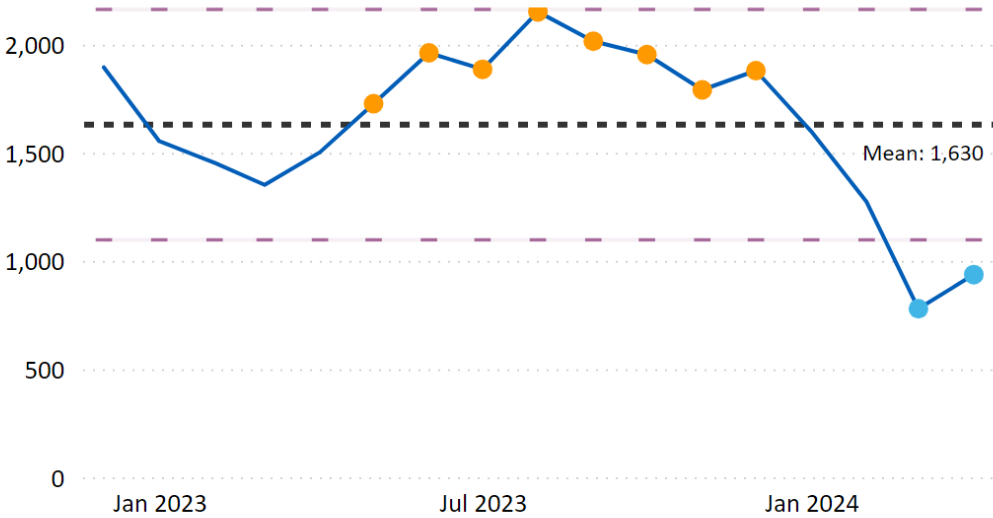
- All three acutes have ED improvement plans in place to support recovery of all types with delivery overseen at place UEC Boards.
- Alternatives to ED continue to be promoted to reduce the pressure on departments, including; Urgent Community Response (UCR), Virtual Wards (VWs), 111, 111 online, and Urgent Care Centres (UCCs/UTCs).
- Single Points of Access (SPOA) are available within each place to aid the timely navigation of clinical referrals for same day/next day services to best meet the need of the patient and to avoid hospital attendance/admission where possible - development work in train with SCAS and providers to improve the offer and utilisation.
- Trusts continue to work with South Central Ambulance Service (SCAS) to reduce ambulance handover delays to support ambulance Cat 2 response times
- With the agreement of NHSE, Horton UCC activity numbers are now included in the Oxford University Hospitals (OUH) A&E data returns to provide a more accurate presentation of all types of activity delivered on the site.

Risks

- Unmet demand in primary care/community resulting in higher ED attendance.
- 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
- Financial constraints impeding improvement actions/pace of delivery.

Planned Care

RTT 65 Week Waits



This metric measures:

The Number of patients experiencing excess waiting times for elective care as measured by the national referral to treatment RTT waiting times standards. The target is to eliminate all >65 week waits by the end of September 2024

How we are performing?

	Target	Prev Month	Performance	Curr Month	Diff
▲ ICB - ALL PROVIDERS		779	↑	937	158
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST			↑	1	1
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST		685	↑	816	131
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST		20	↑	97	77

Actions

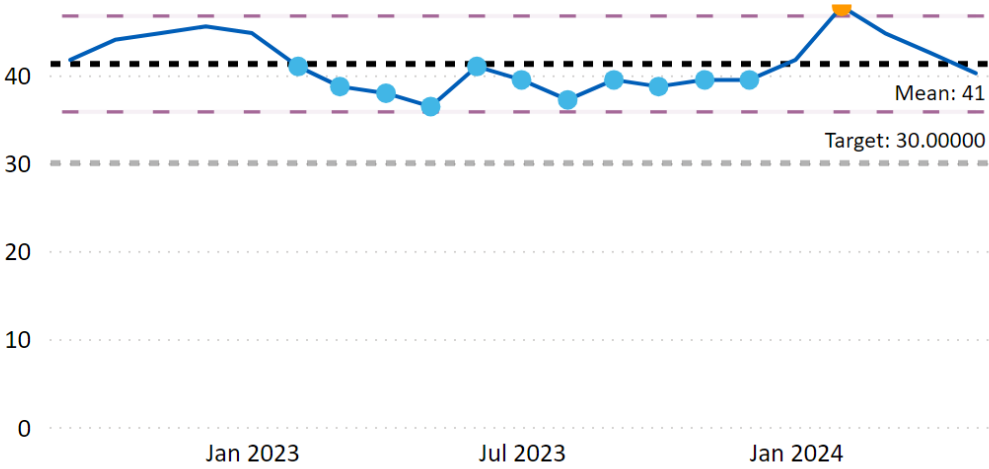
- Focusing on eliminating 78WW and 65WW by the end of September 2024 through mutual aid and increased use of insourcing / outsourcing for most challenged specialties: ENT, orthopaedics, ophthalmology (corneal grafts) and urology.
- Requesting support from SE Region on Plastic Surgery as limited capacity within the ICB to be able to support.
- Buckinghamshire Healthcare’s (BHT) Community Diagnostic Centre (CDC) new MRI is due to go live from September, funding has been recommitted to the mobile MRI to support activity until then.

Risks

- It takes a significant amount of time and capacity from trusts and ICB teams to support mutual aid - need to focus on shifting patients at the front end of the pathway before they become long waits.
- Industrial Action planned for last week of June will have impact on elective activity and long waits.
- Longer term actions on workforce and capacity (e.g. in theatres) will take time to have an impact.

Learning Disabilities and Autism

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



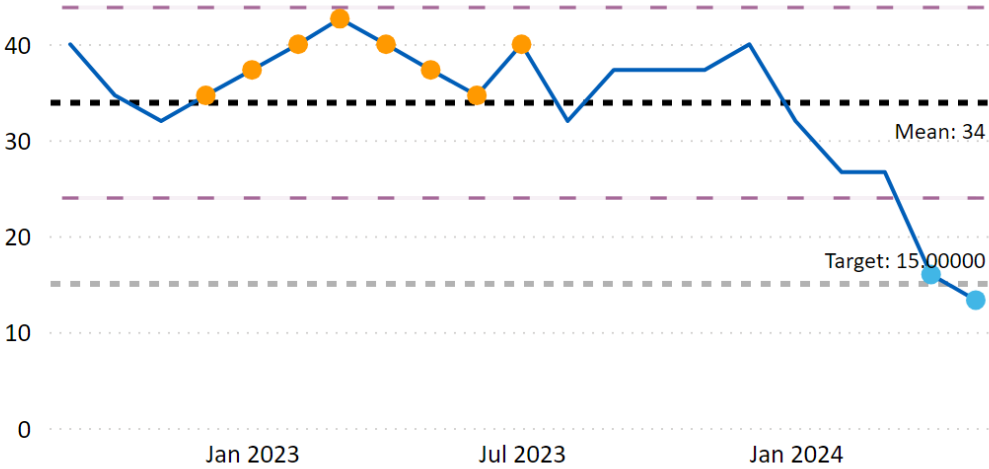
These metrics measure:

These measures show the number of Adult and Under 18 inpatients in BOB with a learning disability or autism per million head of population.

How we are performing?

	Target	Prev Month	Performance	Curr Month	Diff
Adult inpatients with a learning disability and/or autism per million head of population	30	43	⬇️	40	-2
Under 18 inpatients with a learning disability and/or autism per million head of population	15	16	⬇️	13	-3

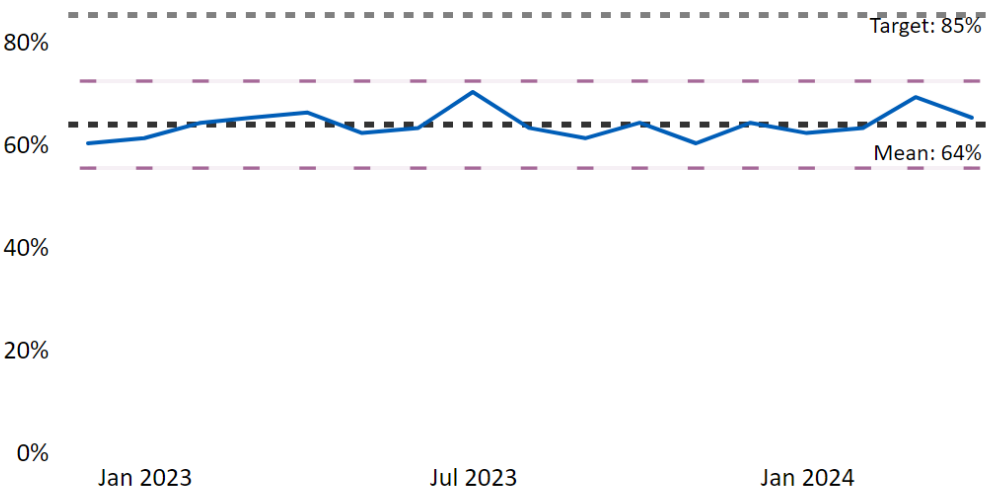
Under 18 inpatients with a learning disability and/or autism per million head of population



Actions

- The focus of inpatient review meetings was revised in March with all inpatients now assessed for priority and action-based discussions.
- Dynamic Support Register (DSR) & Care and Treatment Reviews (CTR) Implementation group commenced work on BOB DSR & CTR policy. This will reduce variation across the ICB and will ensure equity of application in preventing admissions.
- Complex case are being escalated to BOB Learning Disabilities and Autism (LDA) Programme Oversight Board, which is now fully established and meeting regularly.
- CTR Quality & Governance Oversight Panel introduced in June 2024 assures the quality and provide oversight for the CTR process and share learning.
- High level Housing needs analysis was completed in March 2024 with aim to share the results with LDA Programme Oversight Board for further comments and actions.

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



Actions

- RBFT** – Super Saturday clinics set up. Straight to test pathways for gastrointestinal (GI), urology, lung and breast tumour sites. 1 Stop clinics for skin being tested. Additional endoscopy room being built. General appointments replaced by cancer referral slots. Dermatology locum post to be advertised. Hysteroscopy capacity the biggest blocker.
- OUH** – Demand and capacity studies completed for all tumour sites, 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. Waiting list validation is happening daily by performance manager. Referral guidance being looked at by task and finish group, this work is now with Local Medical Council (LMC) for approval.
- BHT** – 2 additional skin speciality doctors starting, additional ringfenced capacity approved for CT, MRI and radiology for reporting. Waiting list validation is happening daily by performance manager. Mobile MRI scanner in place at Stoke Mandeville Hospital (SMH).
- Ongoing TVCA/Trust meetings via various forums to support oversight of issues and required mitigations.

This metric measures:

The 62-day referral to treatment standard (85%). 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.

How we are performing?

	Target	Prev Month	Performance	Curr Month	Diff
ICB - ALL PROVIDERS	85.0%	69.0%	⬇️	65.0%	-4.0%
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	85.0%	75.0%	⬇️	66.0%	-9.0%
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.0%	64.0%	⬇️	60.0%	-4.0%
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	85.0%	68.0%	⬇️	68.0%	0.0%

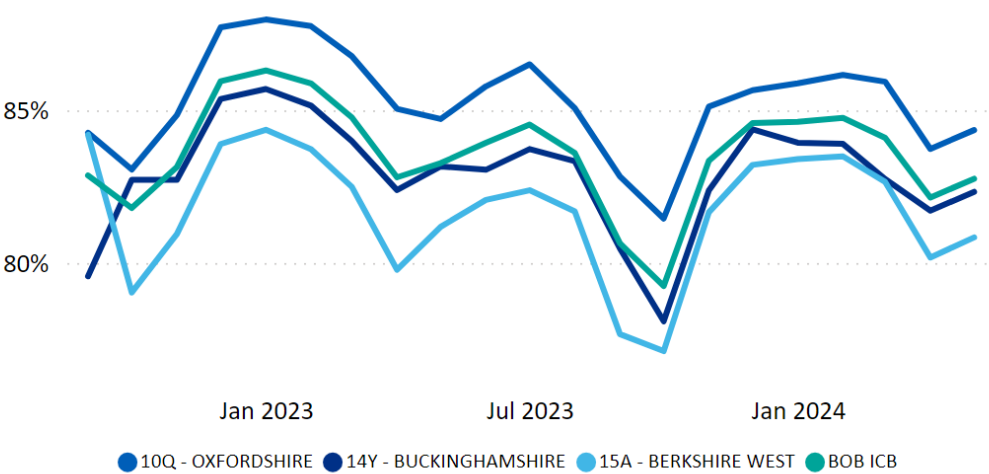
Risks

- BHT** Gynaecology, skin, urology, remain the biggest challenges. Delays at the start of the skin pathway impacting the position with skin accounting for a third of the overall PTL. Workforce pressures in dermatology. MRI and CT capacity reporting causing issues in urology. MyoSure¹ capacity for Gynaecology reliant on purchase of more equipment.
- OUH** Main areas of challenge are skin, gynaecology, and urology, position driven by high numbers of referrals and staffing capacity. 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** Skin, Lower Gastrointestinal (LGI), gynaecology, skin (plastics) 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 workforce challenges and annual leave. Major capacity issues with hysteroscopies for gynaecology pathway, 4+ weeks wait. Plastic service level agreement from OUH is not being used due to staffing at OUH.

¹The MyoSure tissue removal procedure is a hysteroscopic treatment that targets and removes uterine tissue, including fibroids and polyps

Primary Care Access

Percentage of GP Appointments seen within 14 days of being booked



These metrics measure:

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 we are performing?

	Target	Prev Month	Performance	Curr Month	Diff
BOB ICB		82.1%	⬆️	82.8%	0.6%
15A - BERKSHIRE WEST		80.2%	⬆️	80.8%	0.7%
14Y - BUCKINGHAMSHIRE		81.7%	⬆️	82.3%	0.6%
10Q - OXFORDSHIRE		83.7%	⬆️	84.3%	0.6%

Actions

- ICB's approach to the national 'Primary Care Access & Recovery Plan' (PCARP) for 2024/25 has been agreed and monthly monitoring is taking place across all deliverables and the subsequent impact on 14 days.
- 2024/25 Capacity and Access Improvement Plan (CAIP) declaration template for PCNs has been finalised and circulated for completion, with review at year end.
- Practices that the ICB considers may benefit from participation in the 2024/25 General Practice Improvement Programme (GPIP) are being proactively approached and supported to apply, It has also been made a prerequisite to any contractual or financial support from the ICB.
- Primary care strategy has an access focus and new ways of working outlined are intended to help manage increases in demand.

Risks

- Variation in the quality of the data extracted makes interpretation challenging. Better practice mapping of appointments on the national General Practice Appointment Data (GPAD) system and introduction of a consistent demand and capacity tool will mitigate this. Some appointment routes, such as PushDoctor are not mapped and therefore not counted. The BOB Primary Care and Digital teams continue to work on enabling capacity and demand tools to be embedded in general practice. It is recognised that for the medium term this will not take the shape of a single tool for all with full functionality. We aim to ensure all practices have a tool in place prior to winter and progress continues to be monitored.
- Making month-on-month comparisons may show different trends compared to looking at performance over a 12-month period that adjusts for seasonal factors.
- The delivery scope of the PCARP and CAIP is wide requiring the support of system partners. Strong programme management and governance, monitoring and intervention and board reporting will support delivery of the change required.

Quality Scorecard

Metric	Period	Target	BOB ICB	RBFT	OH	OUH	BHFT	BHT	SCAS
Friends and Family Test Recommend (FFT) recommend - AE	Apr 2024	Higher is Better		82.1%		83.3%		63.0%	
Friends and Family Test Recommend (FFT) recommend - Ambulance	Apr 2024	Higher is Better							80.0%
Friends and Family Test Recommend (FFT) recommend - Community	Apr 2024	Higher is Better					95.8%	90.8%	
Friends and Family Test Recommend (FFT) recommend - Maternity (Q1)	Apr 2024	Higher is Better		100.0%		0.0%		89.8%	
Friends and Family Test Recommend (FFT) recommend - Maternity (Q2)	Apr 2024	Higher is Better		100.0%		0.0%		79.5%	
Friends and Family Test Recommend (FFT) recommend - Maternity (Q3)	Apr 2024	Higher is Better		100.0%		0.0%		71.4%	
Friends and Family Test Recommend (FFT) recommend - Maternity (Q4)	Apr 2024	Higher is Better		0.0%		0.0%		80.0%	
Friends and Family Test Recommend (FFT) recommend - MHS	Apr 2024	Higher is Better					88.1%		
Friends and Family Test Recommend (FFT) recommend - Outpatient	Apr 2024	Higher is Better		95.7%		94.2%		92.2%	
Friends and Family Test Recommend (FFT) recommend (Inpatient)	Apr 2024	Higher is Better		96.2%		95.3%		89.5%	
Mixed Sex Accommodation Breaches	Apr 2024	0	406	362	0	72	0	0	

Maternity Questions

- Q1. How likely are you to recommend our antenatal service to friends and family if they needed similar care or treatment?
- Q2. How likely are you to recommend place of birth to friends and family if they needed similar care or treatment?
- Q3. How likely are you to recommend our postnatal ward to friends and family if they needed similar care or treatment?
- Q4. How likely are you to recommend our postnatal community service to friends and family if they needed similar care or treatment?

RBFT and OUH Maternity FFT results are nationally published, but data is being investigated locally due to 100% and 0% being highly unlikely

Wider Performance Oversight Measures



Scorecard - wider performance measures

Ambulance Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Ambulance Handover	Average Hours Lost on Handover Delays per day at BOB Acute Trusts	May 24		03:03:00		
	Ambulance Handover Delays (>60 Minutes)	May 24		178		
Urgent Care	Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts)	May 24		857		

Cancer Care Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Cancer	Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	Apr 24	96.0%	83.0%		
	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer	Apr 24	85.0%	65.0%		
	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	Apr 24	90.0%	70.0%		
	Cancer 28 days wait (faster diagnosis standard) - Commissioner	Apr 24	75.0%	72.0%		

Emergency Care Metrics

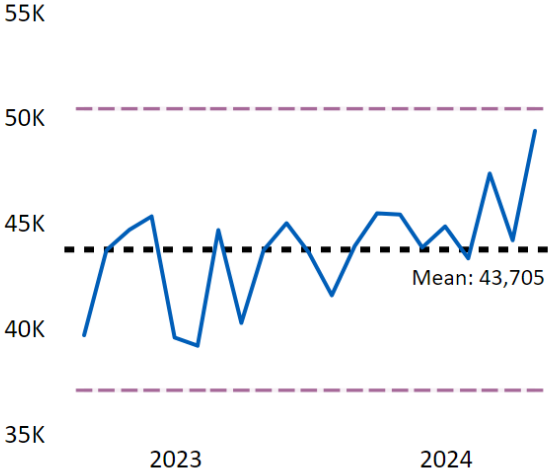
Category	Metric	Period	Target	Value	Variance	Assurance
Quality Of Care, Access And Outcomes	A&E - percentage of patients managed within 4 hours.	May 24	95.0%	75.0%		
Urgent Care	Total A&E Attendances	May 24		49,331		
	Over 12 hour waits from DTA to Admission	May 24		149		

GP Appointments Metrics

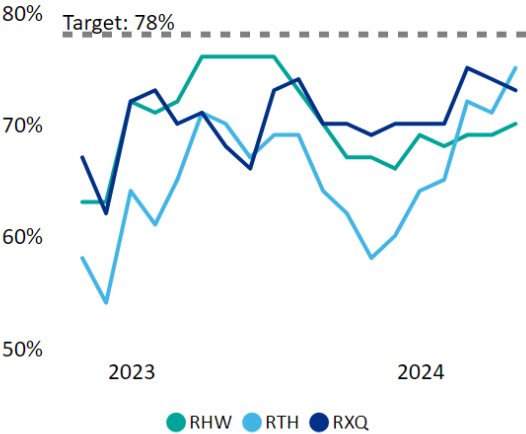
Category	Metric	Period	Target	Value	Variance	Assurance
Gp Appointments	GP Appointments by Month split by modality - Video Conference/Online	Apr 24		27,931		
	GP Appointments by Month split by modality - Unknown	Apr 24		18,498		
	GP Appointments by Month split by modality - Telephone	Apr 24		284,570		
	GP Appointments by Month split by modality - Home Visit	Apr 24		11,102		
	GP Appointments by Month split by modality - Face-to-Face	Apr 24		536,638		

Ambulance and Urgent and Emergency Care

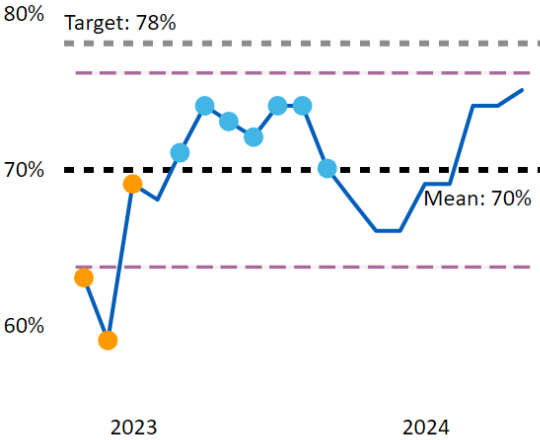
Total A&E Attendances



A&E - percentage of patients managed within 4 hours by Provider



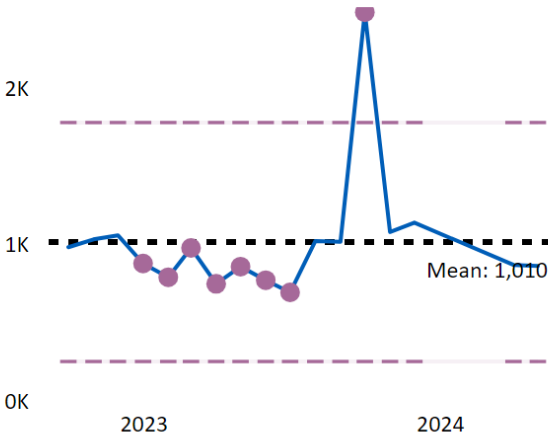
A&E - percentage of patients managed within 4 hours by ICB total



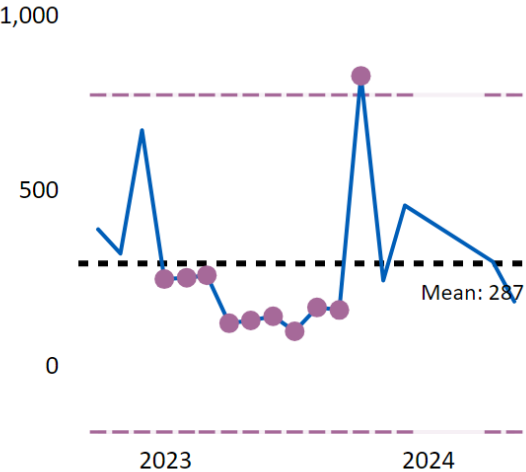
Over 12 hour waits from DTA to Admission



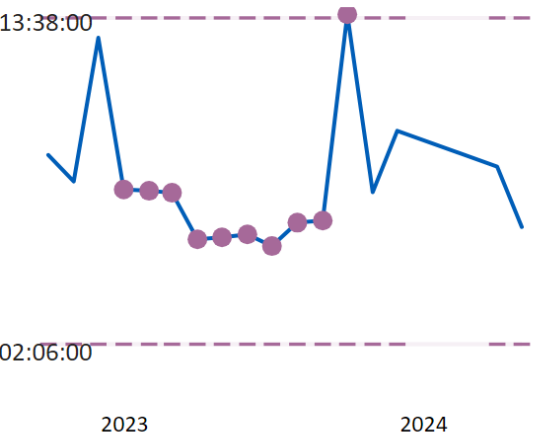
Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts)



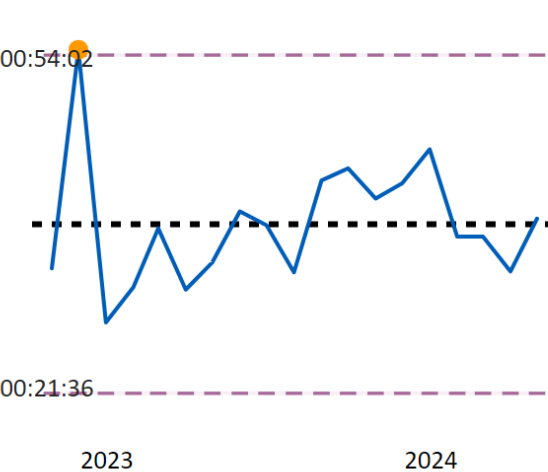
Ambulance Handover Delays (>60 Minutes)



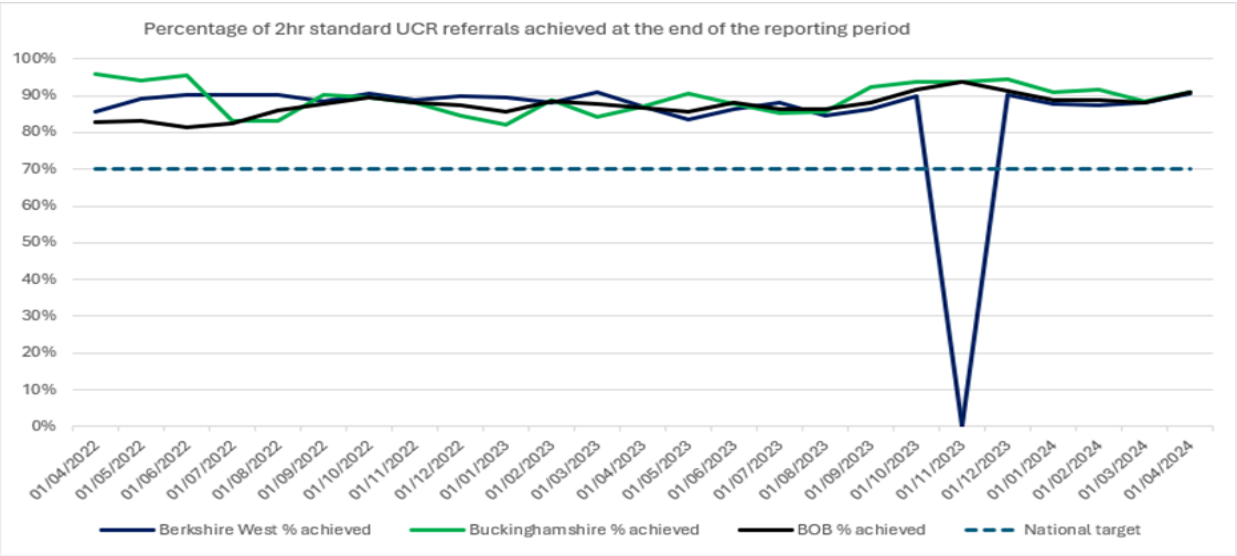
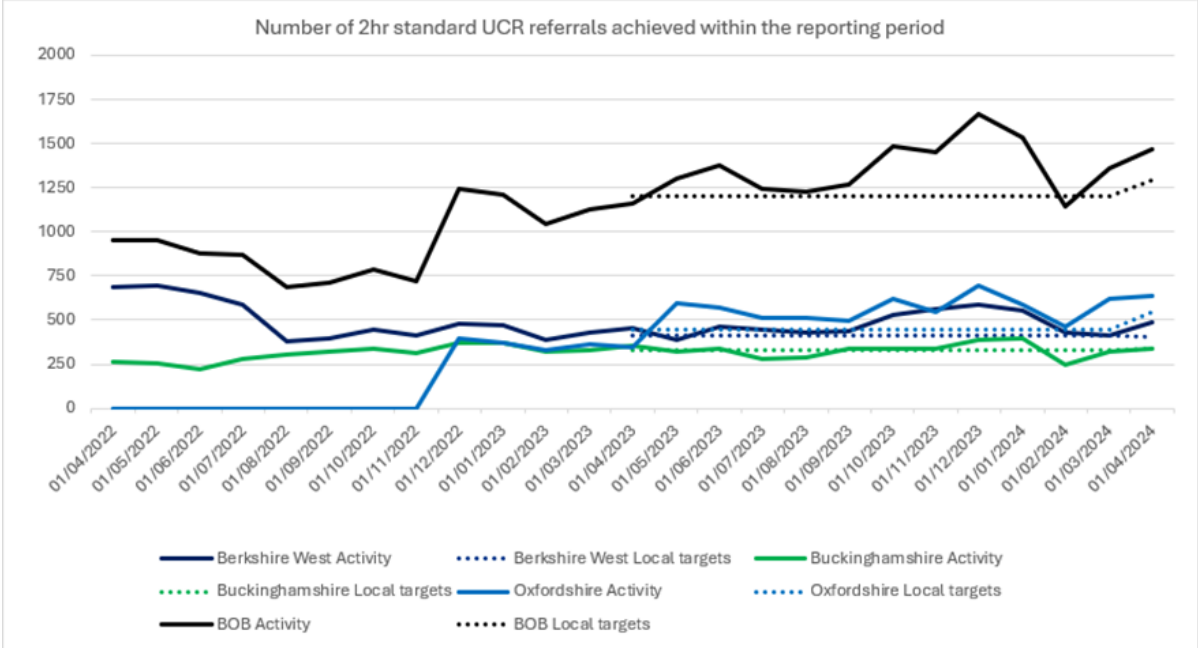
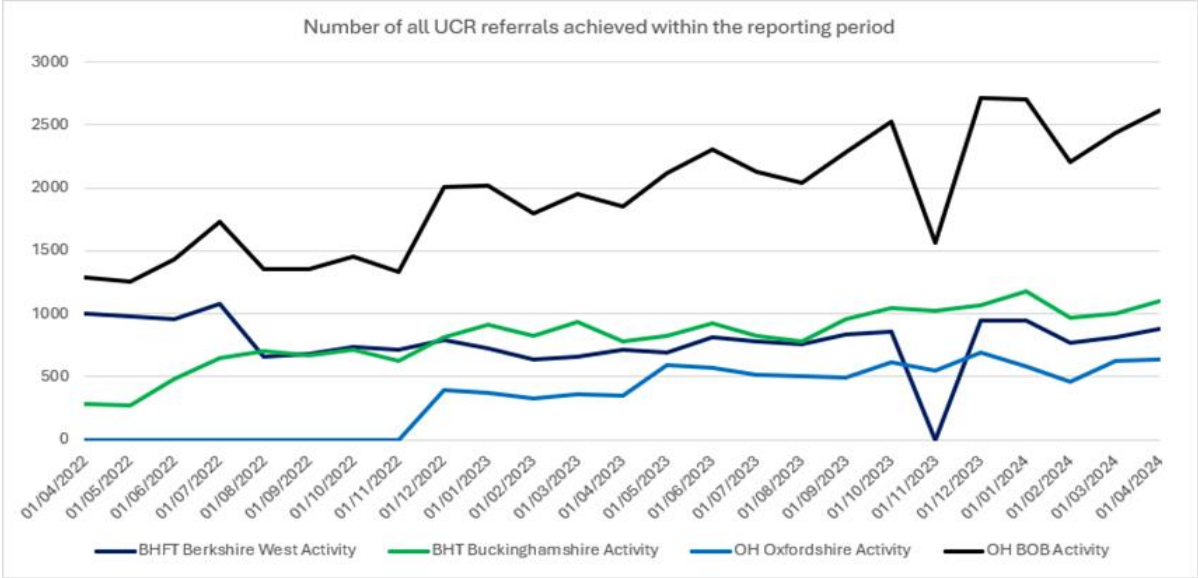
Average Hours Lost on Handover Delays per day at BOB Acute Trusts



Ambulance Response Times - Mean Category 2



Urgent Community Response (UCR)



This metric measures

Meeting the new national metric for 2024/25 which is 'all UCR referrals' trajectory. UCR services accept urgent community referrals which referrers deem in need of an assessment on the same day to avoid hospital. The new metric provides data on all those seen rather than just those seen for a 2-hour response (previous metric).

How are we performing: (note drops in Berkshire West figures are due to missed submissions)

BOB have exceeded UCR all referrals' trajectories for month 1 and are currently on track to exceed quarter 1. BOB continue 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 otherwise have been seen by UCR. Point of Care Testing (POCT) review. Develop place based Single Points of Access for Urgent Care to support streamlined and rapid access to UCR and Hospital at Home.

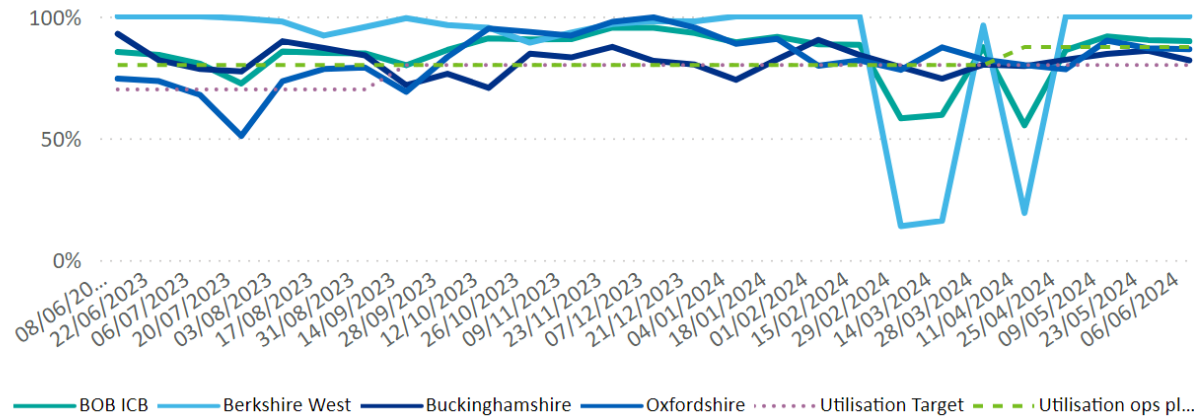
Risks:

Without a streamlined Single Point of Access (SPoA) 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

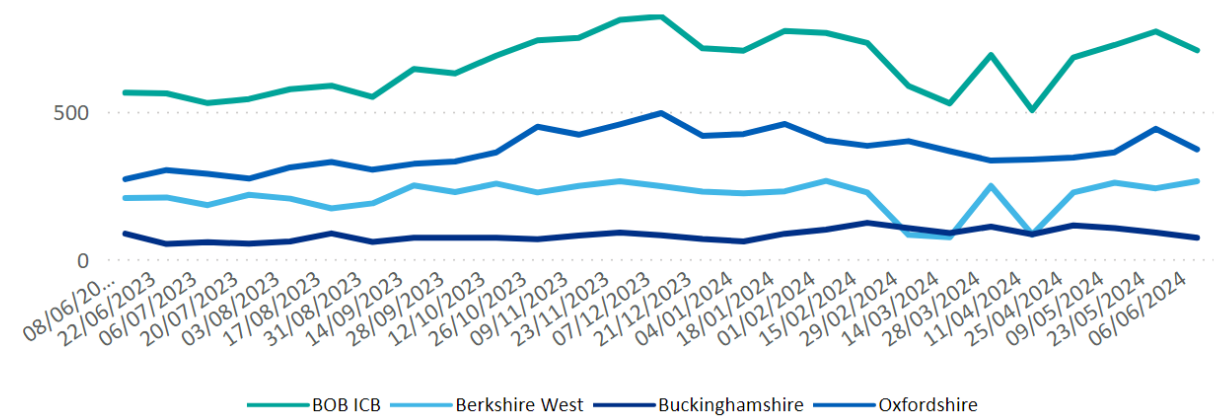
Hospital at Home

These metrics measure: The capacity of virtual wards in BOB compared with national target and our more ambitious local plans. National target is to consistently achieve 80% utilisation of virtual ward beds. We are currently achieving 90% bed utilisation which is exceeding our ops plan and national target, exceeding both our ops plan and local stretch capacity target bed capacity target by 92 beds and 21 beds respectively.

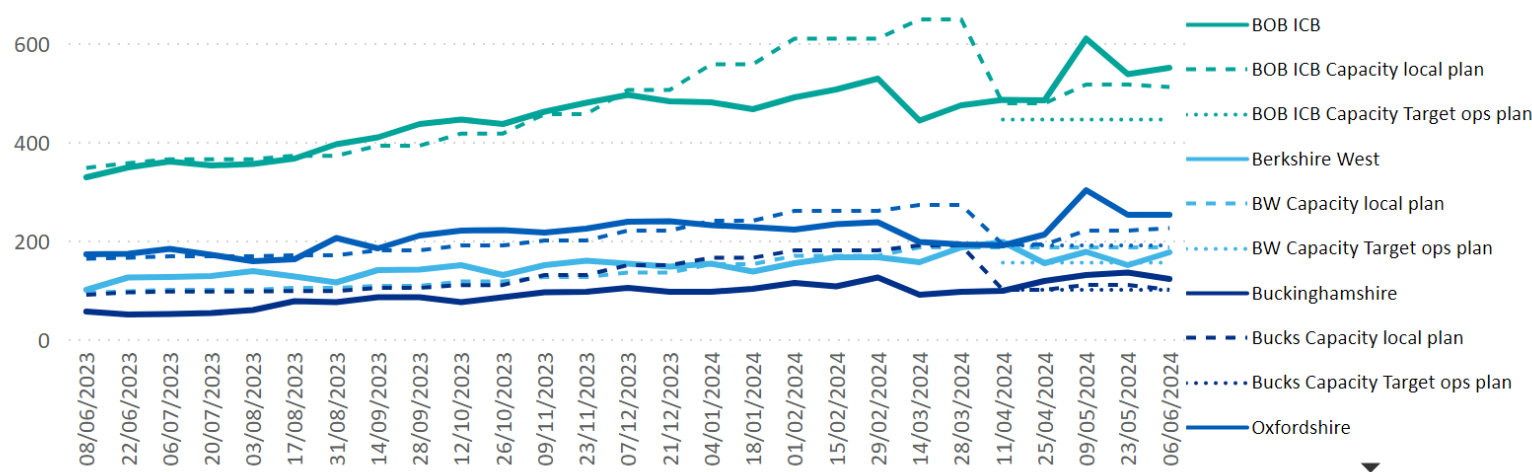
Utilisation of Hospital at Home (Occupancy/Capacity)



Hospital at Home Admissions



Hopital at Home Capacity (Capacity & Capacity Target)



Actions:

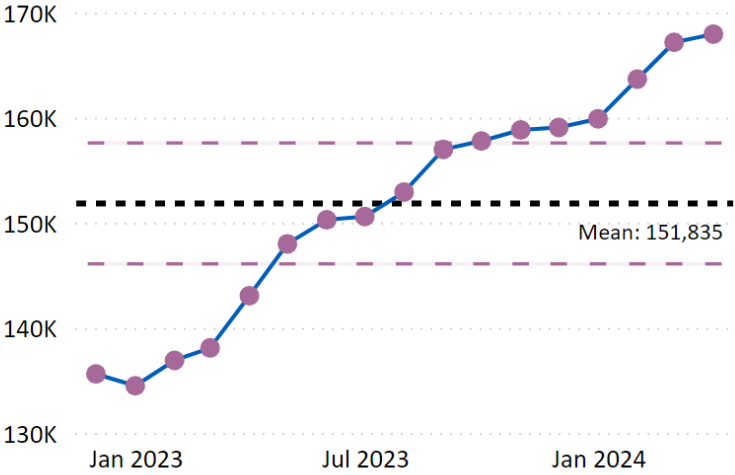
- **Bucks-** New pathway development, boost frailty hospital at home capacity, recruitment to increase caseloads on existing pathways and SPOA development.
- **Berks W-** Addressing capacity issues in BHFT services and more joint use of resource to support patients in the home. Palliative service development.
- **Oxfordshire-** Further work required to streamline processes across OUH and OHFT and develop SPOA for urgent care.

Risks:

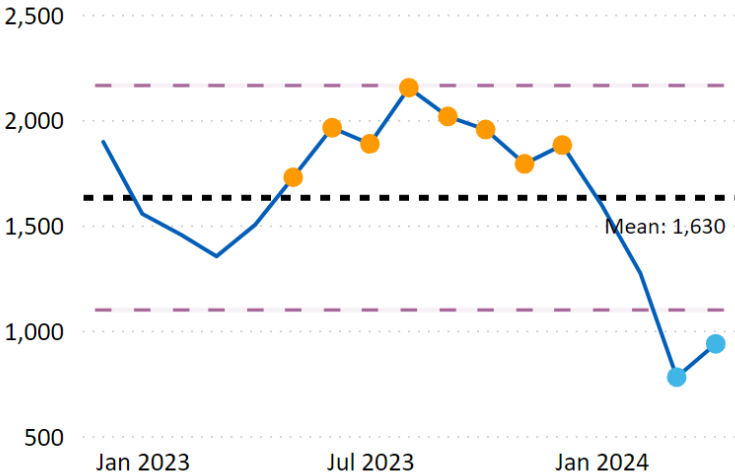
- There is a risk that capacity will not continue to increase due to inability to increase investment.
- There are quality and safety risks associated with i) not knowing/being able to view on a system, if an individual is currently under the care of a hospital at home service particularly for GPs; ii) 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.

Planned Care ICB

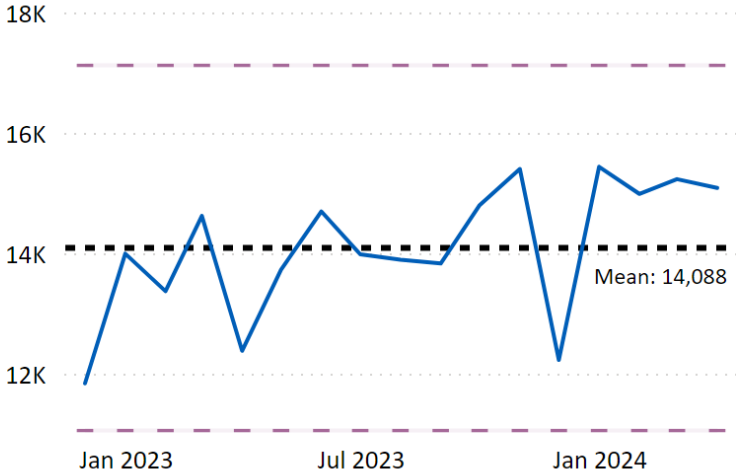
The total number of incomplete RTT pathways



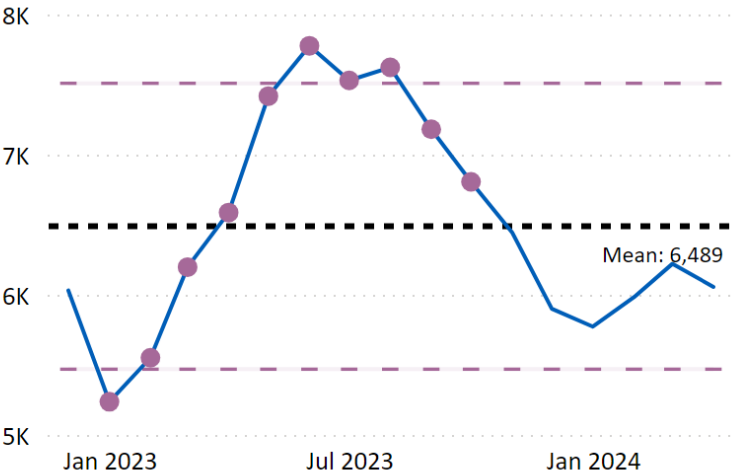
RTT 65 Week Waits



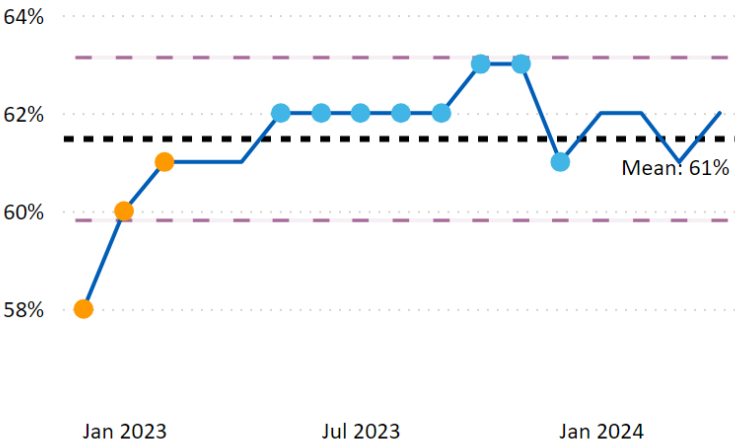
Day Case



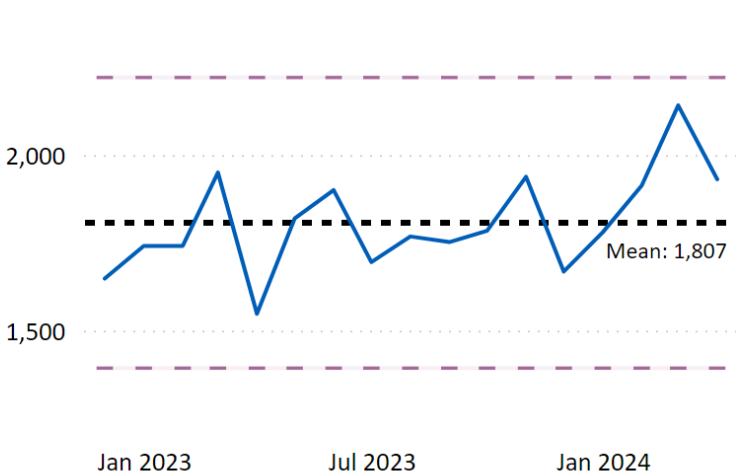
RTT 52 Week Waits



Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period



Ordinary



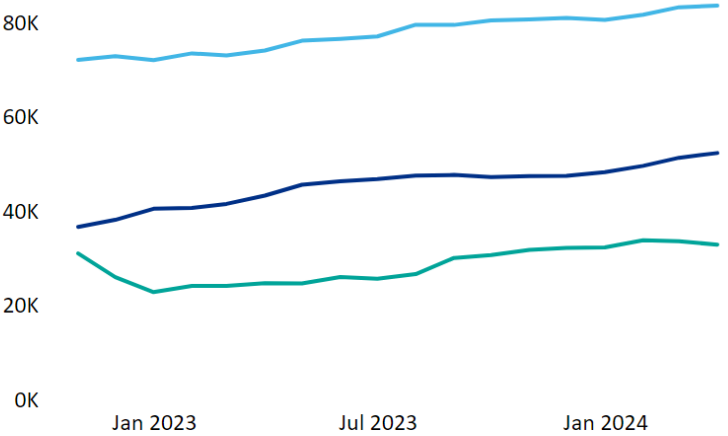
Planned Care - Provider

RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST

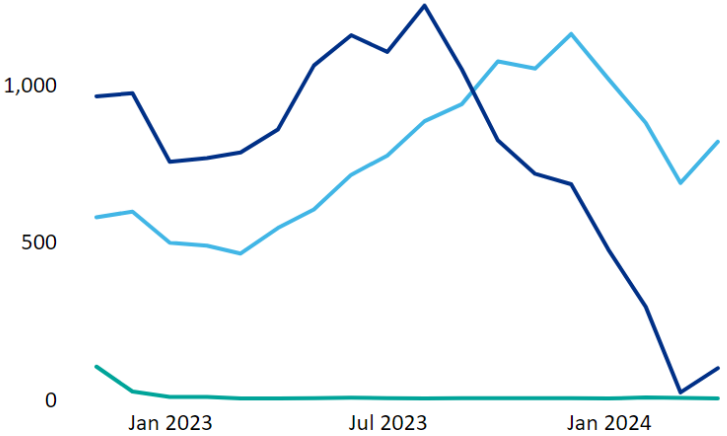
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST

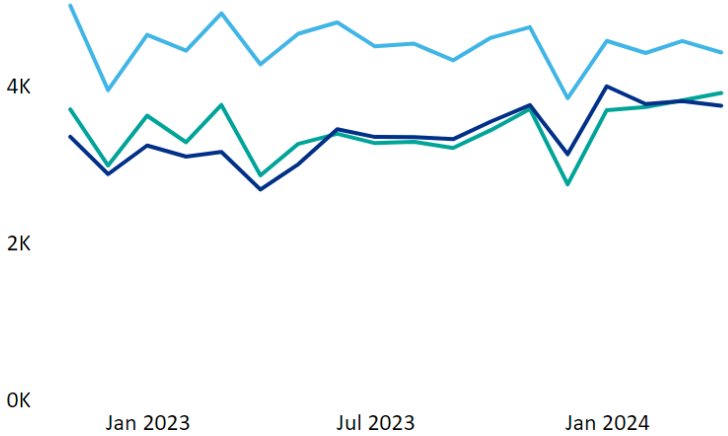
The total number of incomplete RTT pathways



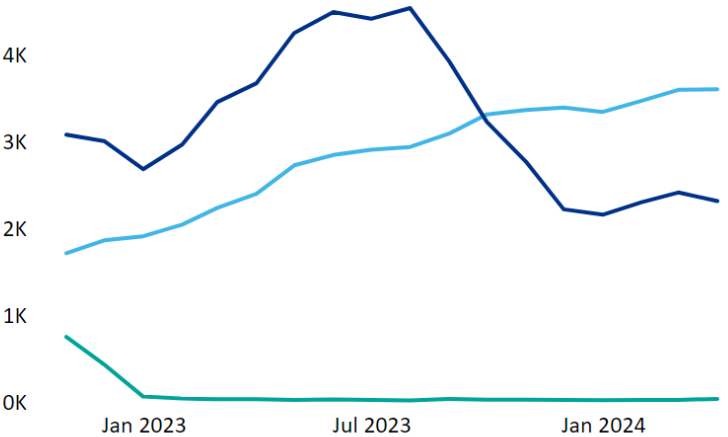
RTT 65 Week Waits



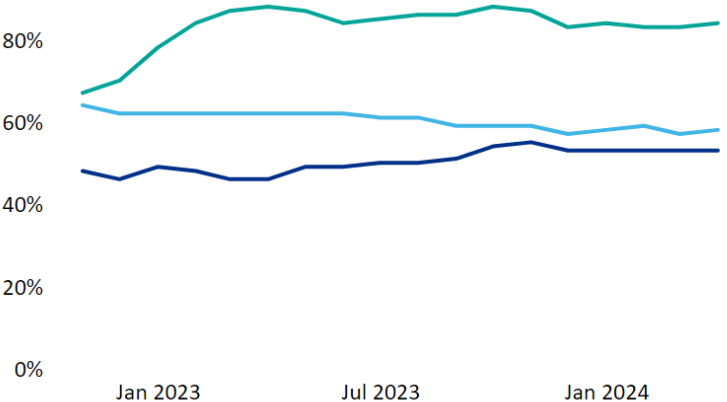
Day Case



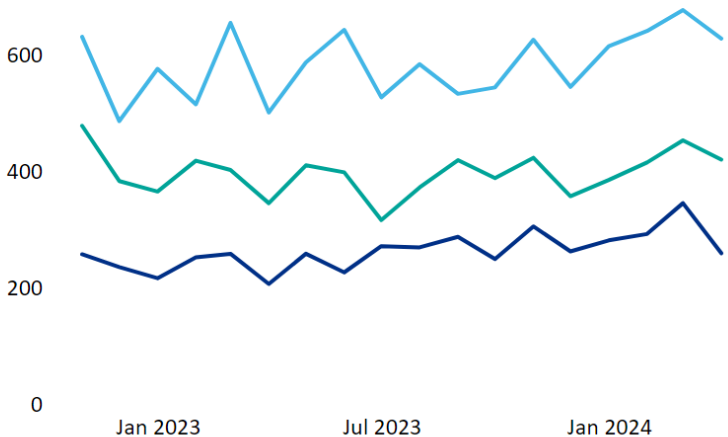
RTT 52 Week Waits



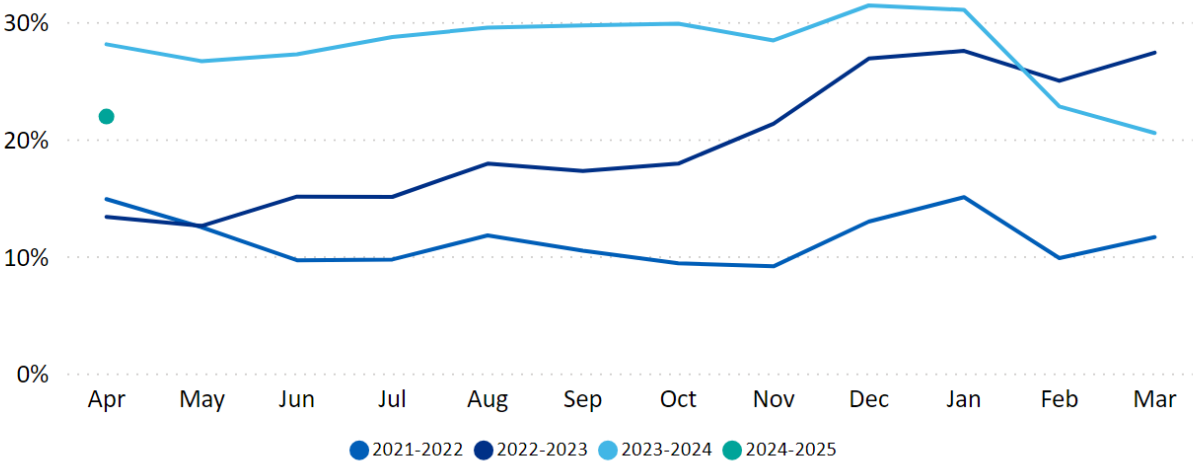
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period



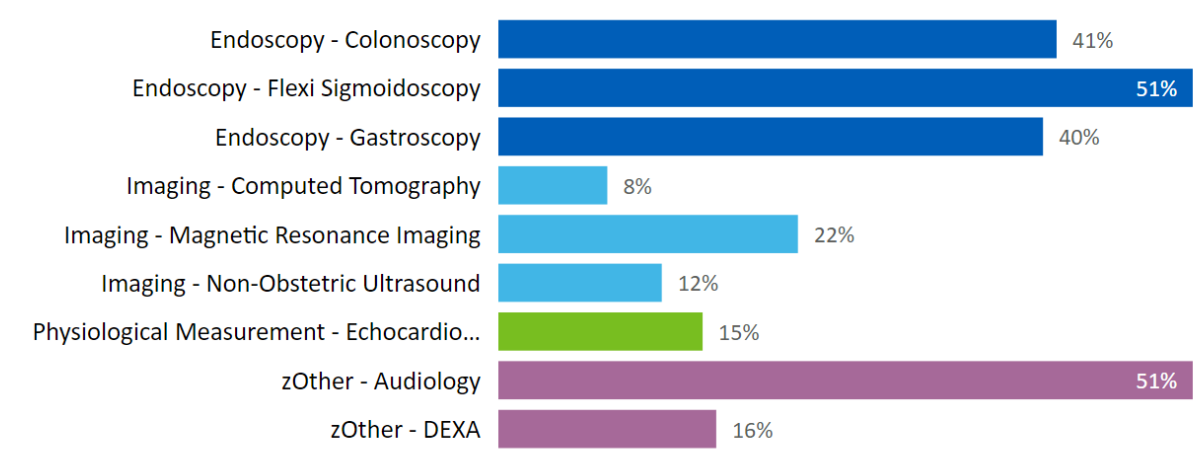
Ordinary



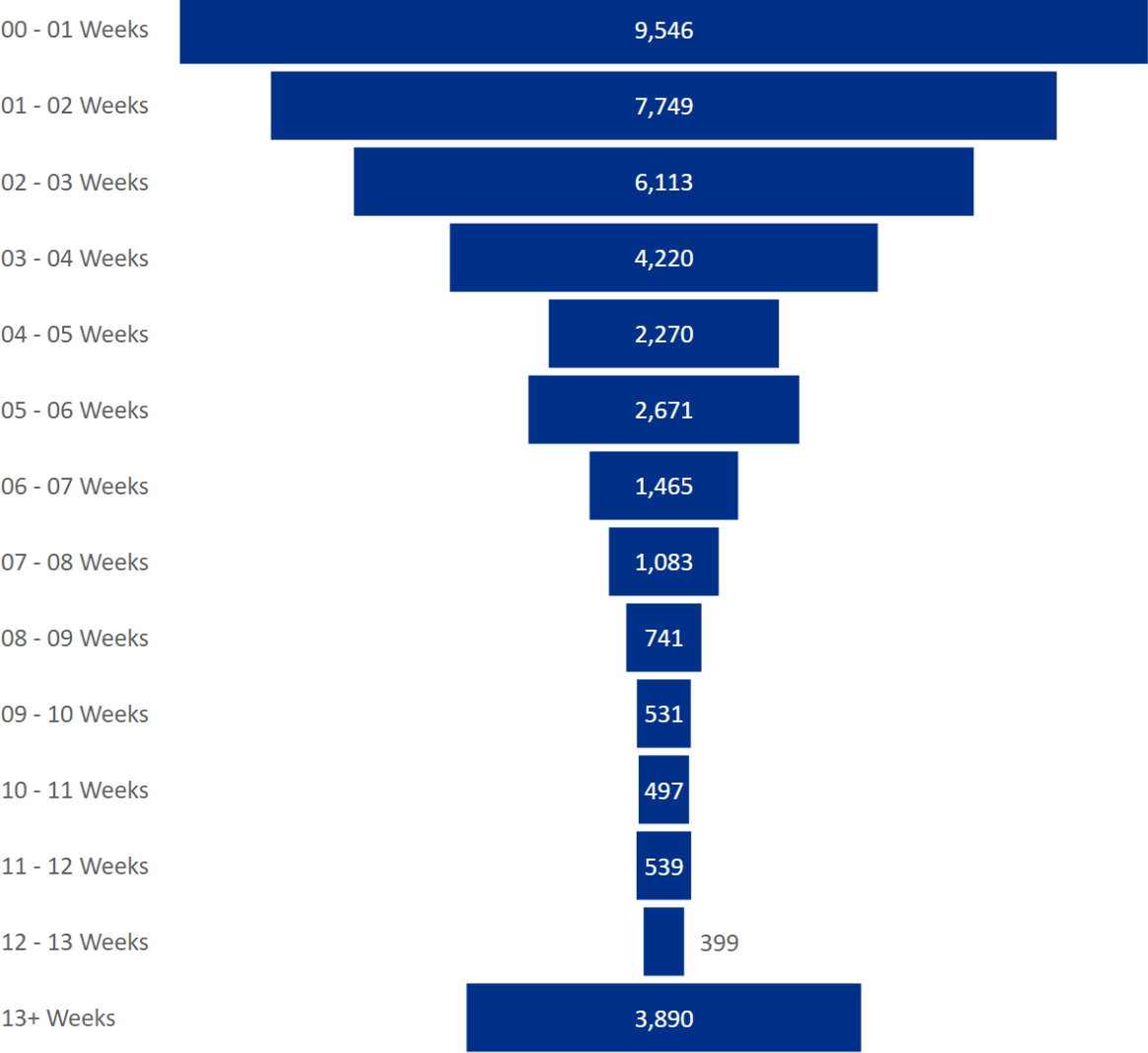
The percentage of patients waiting 6 weeks or more for a diagnostic test



Diagnostic Performance by Test (percentage of patients waiting 6 weeks or more)



Waiters by week waited



Mental Health Scorecard

Children and Young People Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Waiting times for Routine Referrals to Children and Young People Eating Disorder Services	Feb 24	95.0%	83.0%		
	CYPED Urgent cases that wait 1 week or less from referral	Feb 24	95.0%	0.0%		
	Children and young people (ages 0-17) mental health services access (number with 1+ contact)	Feb 24	26,531	20,535		

Dementia and Out of Area Placement (OAP) Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (internal or external) - Commissioner	Jan 24	0	1,915		
	Estimated Diagnosis rate for people with dementia	Mar 24	66.7%	62.2%		

Talking Therapies Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Talking Therapies: Treated within 6 weeks	Apr 24	75.0%	97.0%		
	Talking Therapies: Treated within 18 weeks	Apr 24	95.0%	100.0%		
	Talking Therapies: Moving to reliable recovery (national)	Apr 24	50.0%	50.0%		
	Talking Therapies access (total numbers accessing services)	Feb 24	3,914	3,260		

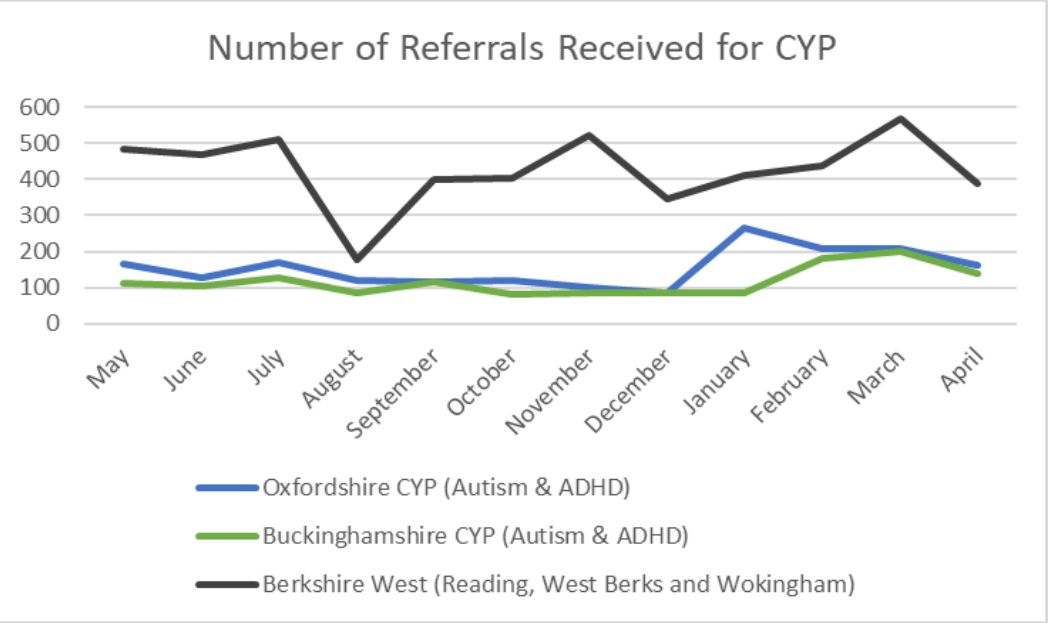
Severe Mental Illness Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	People with severe mental illness receiving a full annual physical health check and follow up interventions	Mar 24	60.0%	67.8%		

Autism and ADHD - CYP

*Data validation and alignment underway figures subject to change

Latest number of CYP waiting for assessment (waiting list)	
Oxfordshire CYP (Autism & ADHD)	3,539 (April2024)
Buckinghamshire CYP (Autism & ADHD)	3,103 (April 2024)
Berkshire West (Reading, West Berks and Wokingham)	6,150 (April 2024)



Average (Mean) waited time to assessment for CYP seen	
Oxfordshire CYP (Autism & ADHD)	80 weeks (April 2024)
Buckinghamshire CYP (Autism & ADHD)	77 weeks (April 2024)
Berkshire West (Reading, West Berks and Wokingham)	Autism – 105 weeks (April 2024)
Berkshire West (Reading, West Berks and Wokingham)	ADHD – 112 weeks (April 2024)

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 12,792 on the waiting list across BOB when using end-of-April 2024 figures.
- The chart provides an overview of the numbers of referrals received by month from May 2023 to April 2024. 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:

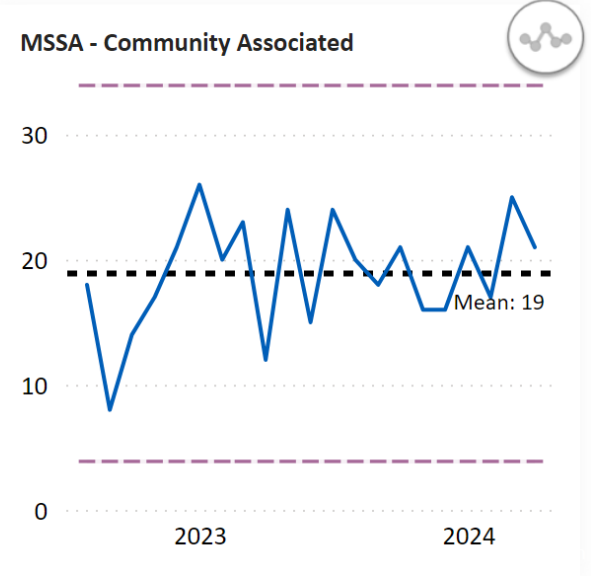
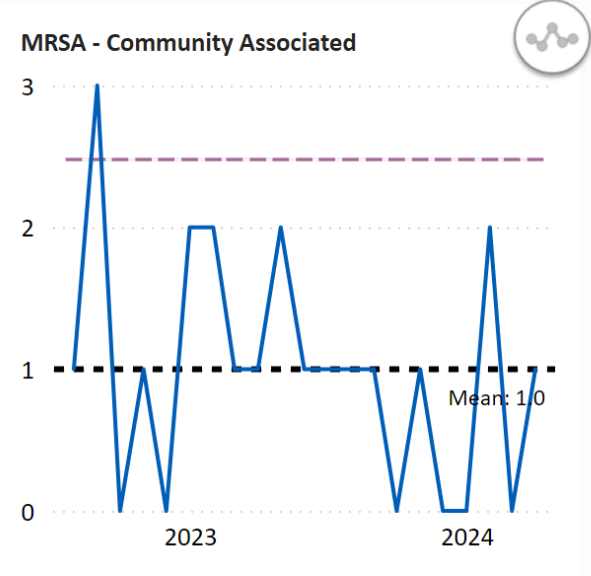
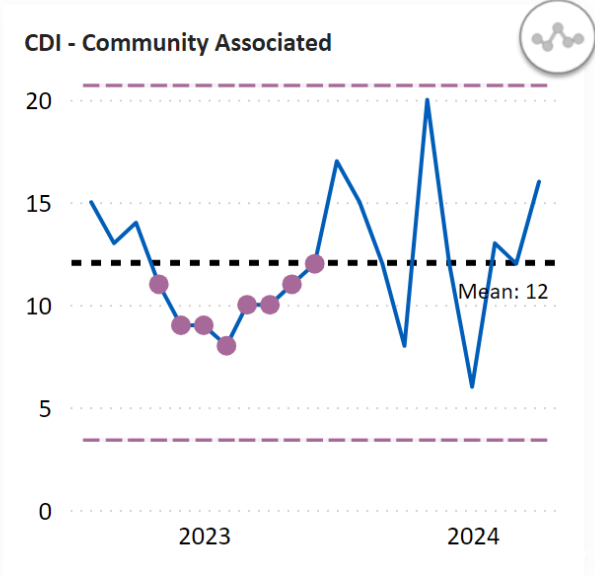
- A data quality group established across BOB to standardise data collection and reporting. Further work ongoing to align reporting across BOB. Continuing to collect mean waiting time to assessment monthly to track improvements & impacts of increasing resource and transformational work.
- Continued engagement in the NHSE regional All Age neuro-diversity work programme. This is developing a framework for best practice for strengths and needs-led support, waiting list prioritisation, and commissioning third party providers .
- Rollout and expansion from April 2024 of BOB SHaRON (Support Hope and Recovery/Resource Online Network) pilot which provides support whilst waiting. In addition, investment proposals being finalised to provide additional capacity in VCSE support for CYP waiting for assessment.
- SPENCER3D pilot in 20 schools across Berkshire and Buckinghamshire to promote informed strengths and needs led support approach.
- Two projects developing automated clinical decision-making tool and using artificial intelligence (AI) for Autism & ADHD Assessment being explored and implemented. Piloting ‘request for help’ from Q3 2023/24 and ‘BOB-NDQ’ (neurodevelopmental questionnaire) from Q2 2024/25.
- Partnerships for Inclusion of Neurodiversity in Schools (PINS) pilot started in Reading in partnership with Brighter Futures for Children and BHFT.
- Programme Board for Neurodiversity workgroups formalised within BOB ICB arrangements.

Risks:

- Inequality of experience whilst on waiting list – focus of Special educational needs and disabilities (SEND) inspections and how CYP waiting are supported as a system.
- Non-continuation of funding for SHaRON Pilot after the 2-year pilot period – added to planning funding round.

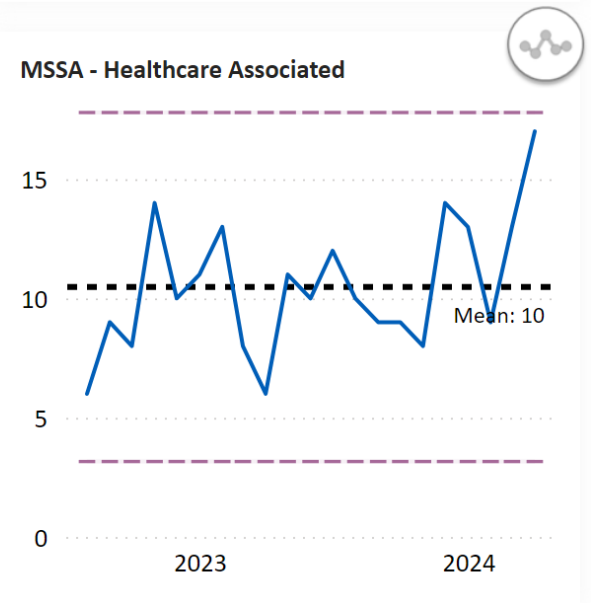
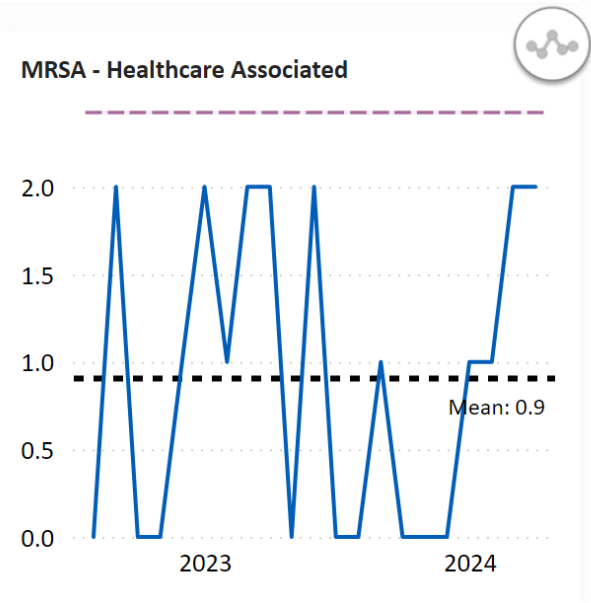
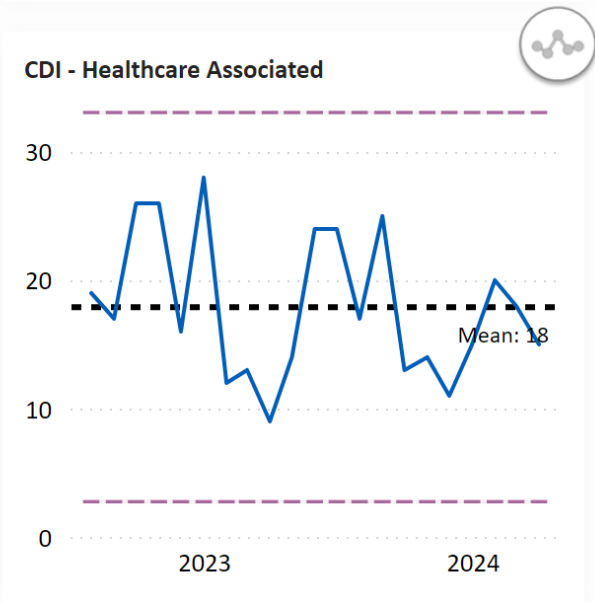
¹SPENCER3D is a web-based application for the assessment, intervention and management of mental health, developmental and learning difficulties in primary and secondary schools.

Infection Control - CDI, MRSA, MSSA



How we are performing:

NHS England threshold data 2024/25, date for publication unconfirmed.
C.difficile numbers remain stable in April.
MRSA, two community onset cases reported (one erroneously reported as Healthcare Onset Healthcare Associated HOHA) and 1 hospital case against a zero tolerance. Learning from the cases has been shared
MSSA rates are noted to be gradually increasing across all 3 places, no common themes have been identified.

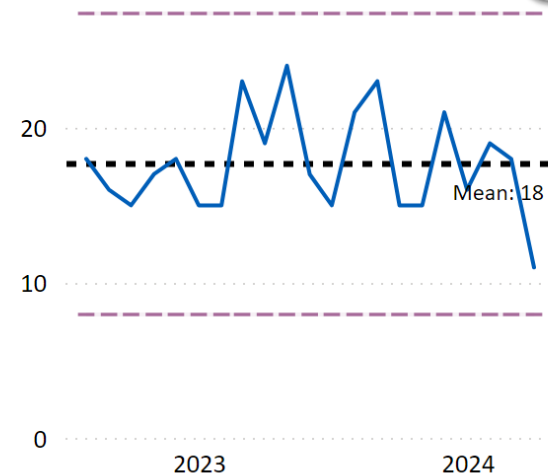


Actions & Risks:

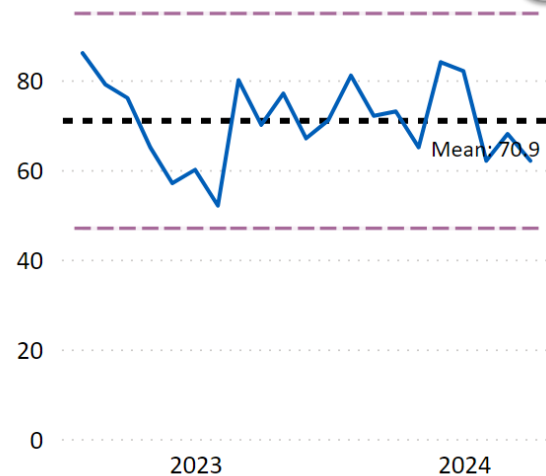
C.difficile- A successful pilot project in Q4 2023/24 to collect CDI data for community cases, will continue in 2024/25. With analysis of findings for shared learning across primary care.
MRSA - The IPC team continue to provide education and training on wound care, Aseptic Non touch technique (ANTT), and IPC standard precautions.
MSSA - OUH are conducting audits of vascular access lines, to monitor compliance with guidelines following an overall increase in line related Blood stream infections.

Infection Control - Kleb, E.Coli, Pseud

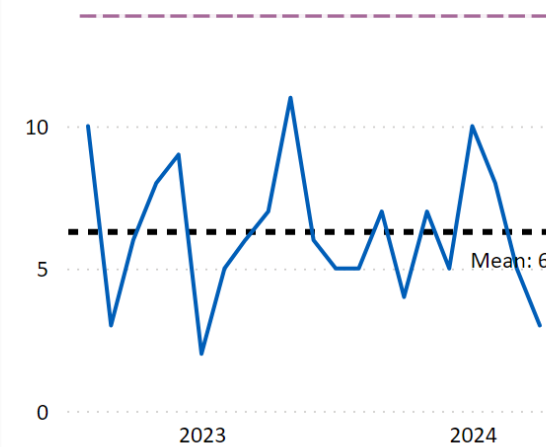
Klebsiella - Community Associated



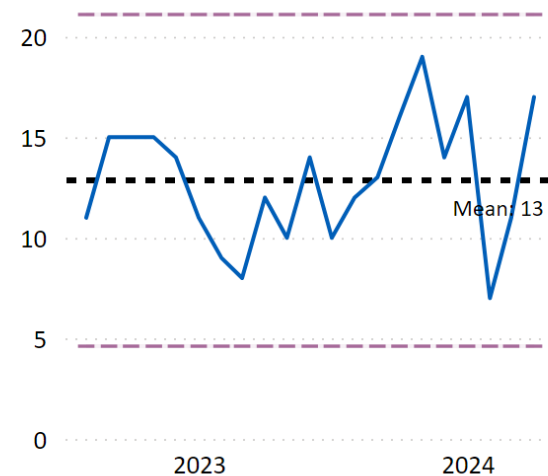
E.Coli - Community Associated



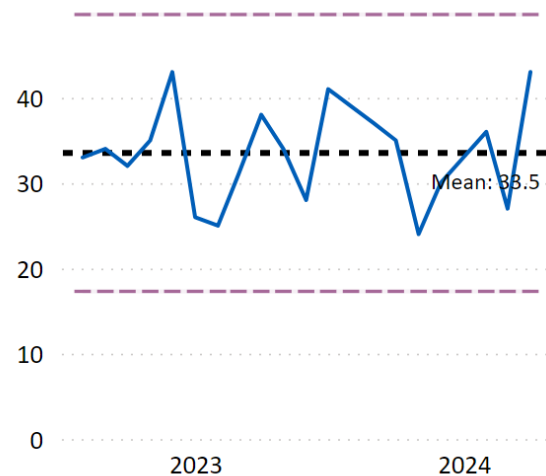
Pseudomonas aeruginosa - Community Associated



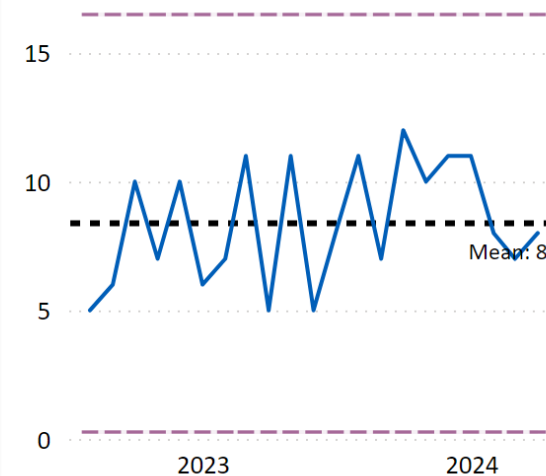
Klebsiella - Healthcare Associated



E.Coli - Healthcare Associated



Pseudomonas aeruginosa - Healthcare Associated



How we are performing:

A reduction in April of Kleb, E.coli and Pseud community onset reported gram-negative bloodstream infections (GNBSI). Whilst all GNBSI healthcare associated infections have increased.

Actions and Risks:

Themes identified are lack of ongoing catheter care in the community, lack of continued adherence to catheter passports. A system wide catheter passport has been developed for use across BOB and Frimley ICB.

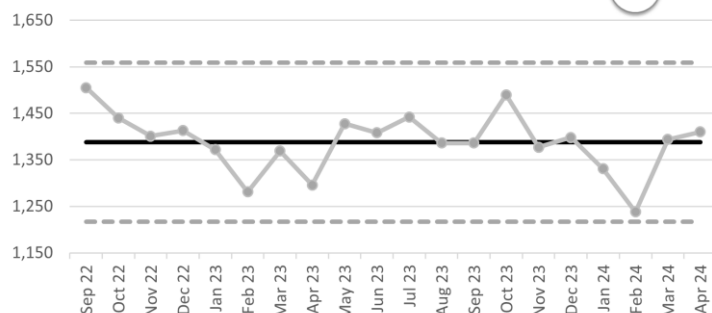
With the aim to improve catheter care, decrease the length of stay of catheters and reduce catheter-associated urinary tract infections and associated GNBSIs.

Acute trusts are focusing on improving IPC compliance on wound care, ANTT, Antimicrobial stewardship (AMS), and catheter care, and use of catheter passports.

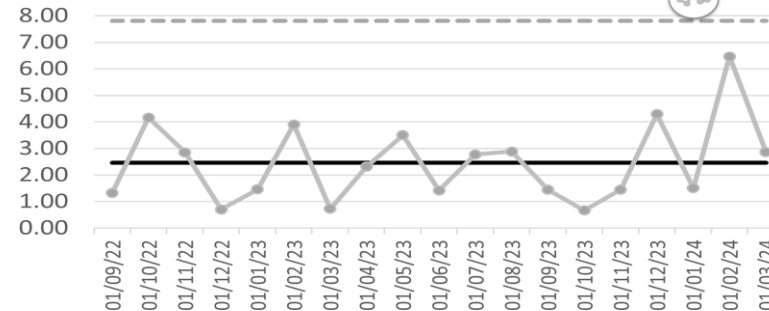
New targets have been set for healthcare-associated GNBSI in the 5-year national action plan for antimicrobial resistance 2019-2024. [Confronting antimicrobial resistance 2024 to 2029 - GOV.UK \(www.gov.uk\)](#). The new national target is that by 2029, to prevent any increase in GNBSIs in humans from the 2019 to 2020 financial year baseline.

Maternity and Neonatal - April Update

Total births



Neonatal deaths (per 1,000 live births)



Total births: There were 1,410 total births across the system in April. This is around the mean births.

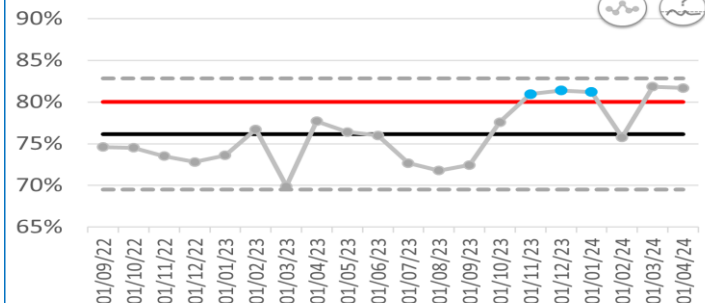
Breastfeeding initiation: 82% of women and birthing people-initiated breastfeeding in April. This is above the 80% target.

Caesarean section delivery: The percentage of births via c-section is at 40% across the system. This is an indication of acuity and workload.

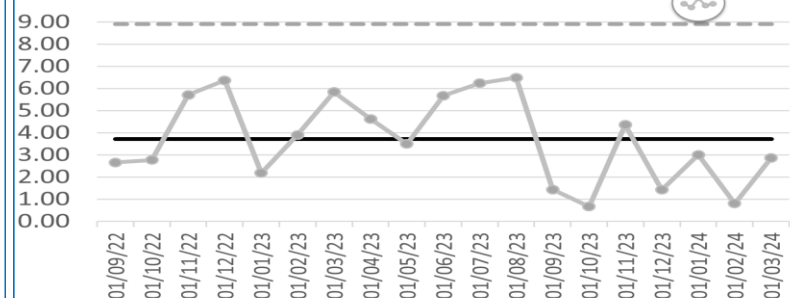
Neonatal deaths (per 1000 live births): 2.87

Stillbirths (per 1000 births): 2.87

Breastfeeding initiation



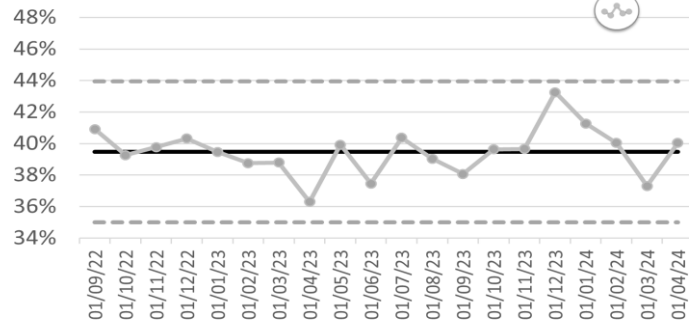
Stillbirths (per 1,000 births)



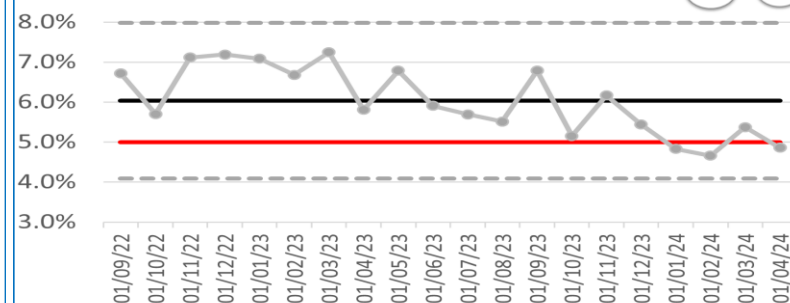
Smoking at time of booking: The percentage of women and birthing people smoking at booking is 4.9% which is below the 5% target.

Smoking at time of delivery: The percentage of women and birthing people smoking at delivery is 2.3% and showing special cause improving variation.

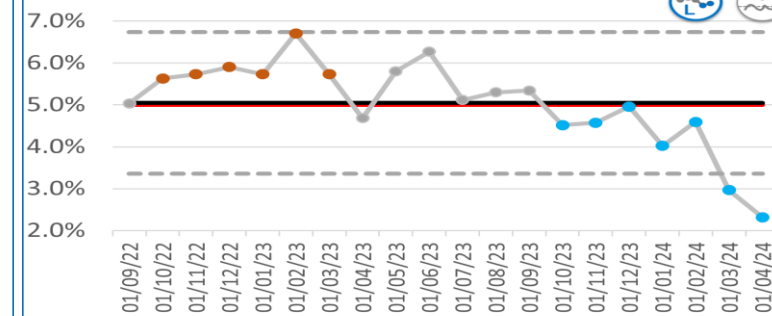
Caesarean section delivery



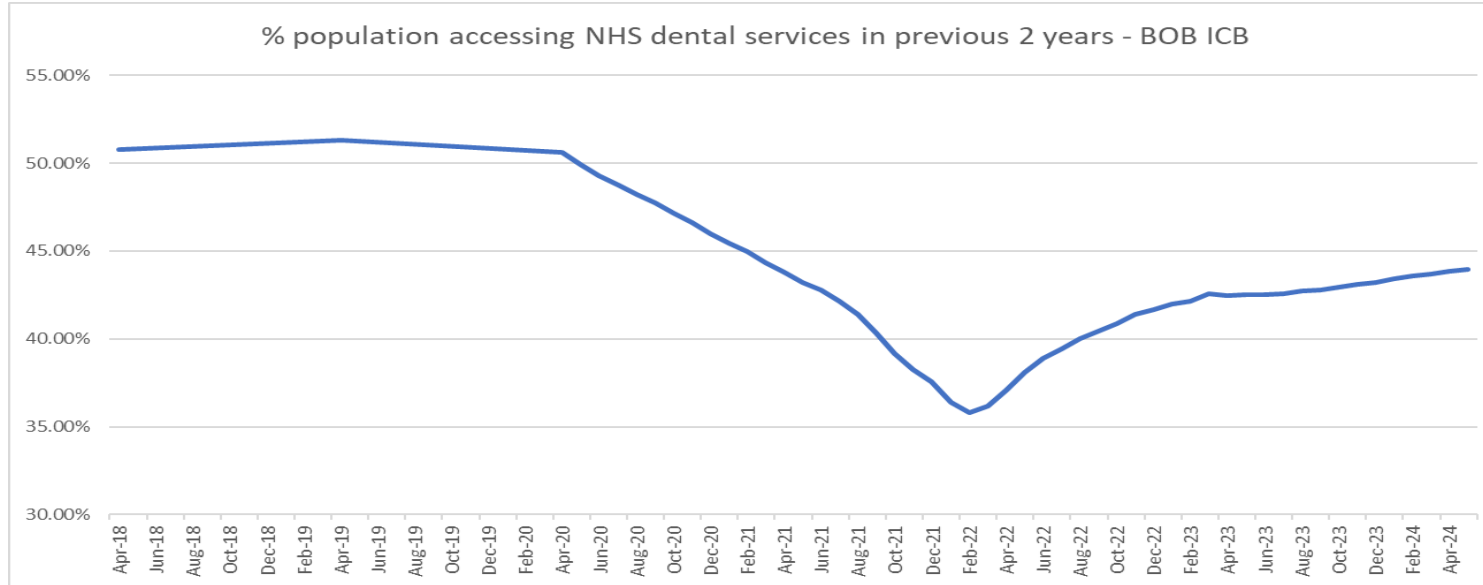
Smoking disclosed at booking



Smoking disclosed at delivery



Dentistry/High Street Dental Services – Access 2024/25



Delivery against activity plan

757,087 unique patients attended an NHS dental practice in the 2 years up to 31 May 2024. This was an increase of 24,309 from the 2-year period ending 31 May 2023.

An additional 68,798 units of dental activity (UDAs) commissioned by the ICB went live on 1 April 2024.

The ICB has agreed to pay for contract performance up to 110% in 2024/25 which will increase capacity in-year. 16 practices have advised of plans to overperform providing an additional 27,025 UDAs.

The ICB agreed to continue the Flexible Commissioning scheme into 2024/25. This service is designed to provide access for patients who have faced challenges accessing primary care. There are 35 practices taking part in the scheme.

During May NHS England issued guidance in relation to the Dental Recruitment Incentive Scheme ('Golden Hello') for 2024/25. The ICB has submitted a proposal in respect of services that have faced the greatest workforce challenges.

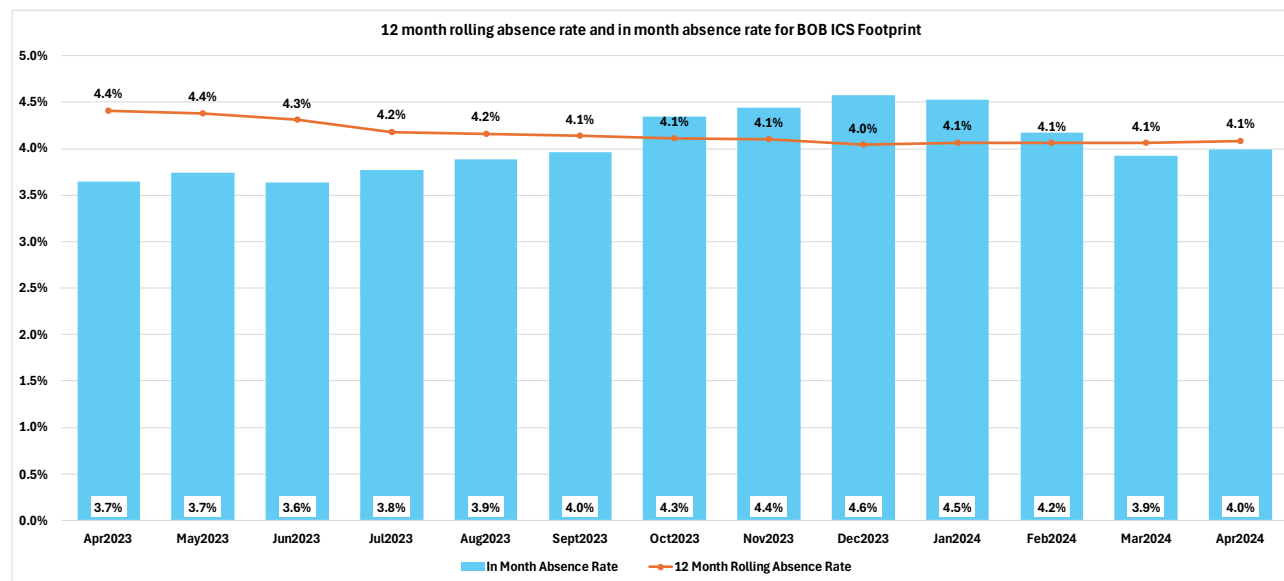
The ICB is working on plans to re-commission a further 82,000 UDAs in Oxfordshire to replace activity lost due to contract hand backs and reductions.

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

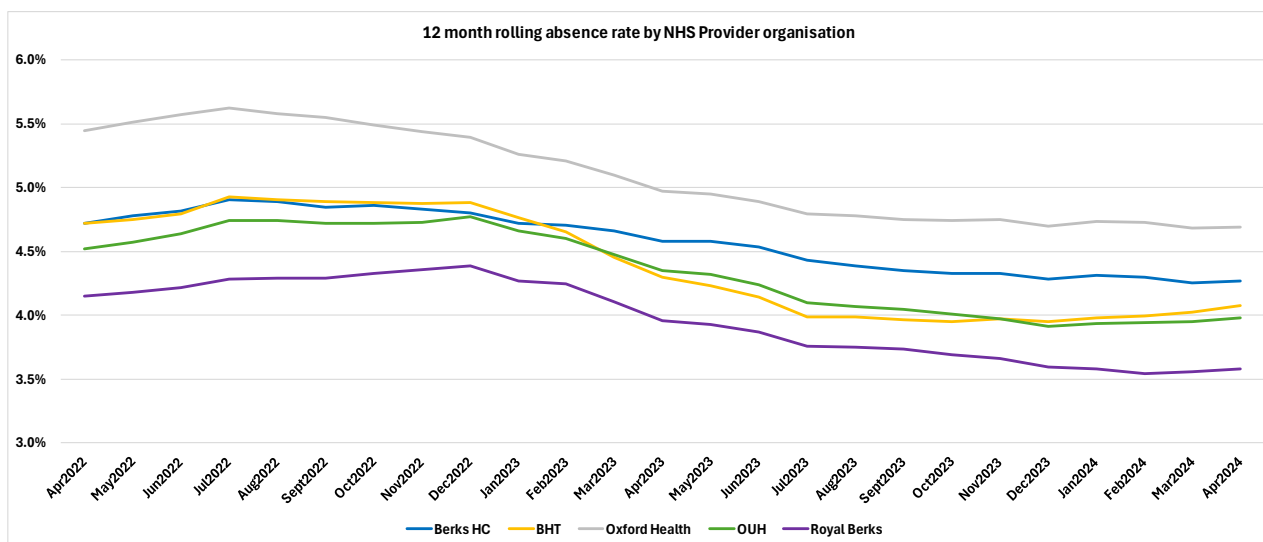
Health system	Number of UDAs with signed Contract Variations	Locations
Buckinghamshire	19,555	Haddenham, Aylesbury, Denham, High Wycombe, Chalfont St Peter
Oxfordshire	18,896	Thame, Henley, Oxford, Witney, Bloxham, Banbury
Berkshire West	30,347	Reading, Wokingham, Woodley, Twyford, Thatcham, Newbury
Total BOB	68,798	

Workforce - Absence

12 month rolling Absence Rate and in-month Absence rate for BOB ICS footprint



In-Month Absence Rate by Provider Trust



This metric measures

- 12 month rolling and in month absence rate by system, April 2023 to April 2024
- 12 month rolling absence rate by NHS Provider Trust

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 2023 is the average of absence rates for January-December 2023

How we are performing

- During the period April 2023 – April 2024, the rolling 12-month absence rate for the system is on a downward trend. In April 2024, the rolling 12-month absence rate is 4.1%, which is 0.3% lower than in April 2023.
- The 12-month rolling absence rate for all individual provider trusts, from April 2022-2024. has been on a downward trend, however it should be noted that some of the earlier 12 month rolling data points fall within the COVID pandemic period, so higher sickness rates would be expected. Trusts providing mental health services tend to have higher rates of sickness absence, due to such factors as higher risk of violence and aggression from service users and dealing regularly with emotionally intense situations such as severe mental health crises, self-harm and suicide.

Actions

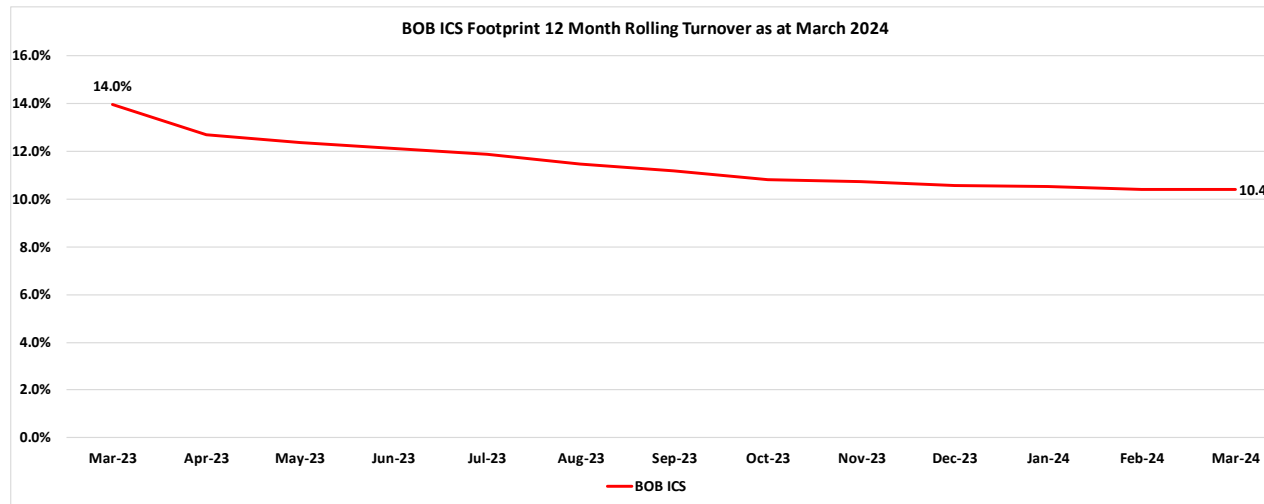
- **Further investigation and discussion:** Absence-The trend for the current year will continue to be monitored given that this measure is subject to significant fluctuations month by month
- **Monitoring:** Agency related absence usage is monitored monthly at the System Chief People Officer meeting, at Trust performance reviews and system operating meetings.
- **Supportive interventions:** The workstream focusing on staff health and well-being and financial health will also specifically focus on addressing sickness absence.

Risks:

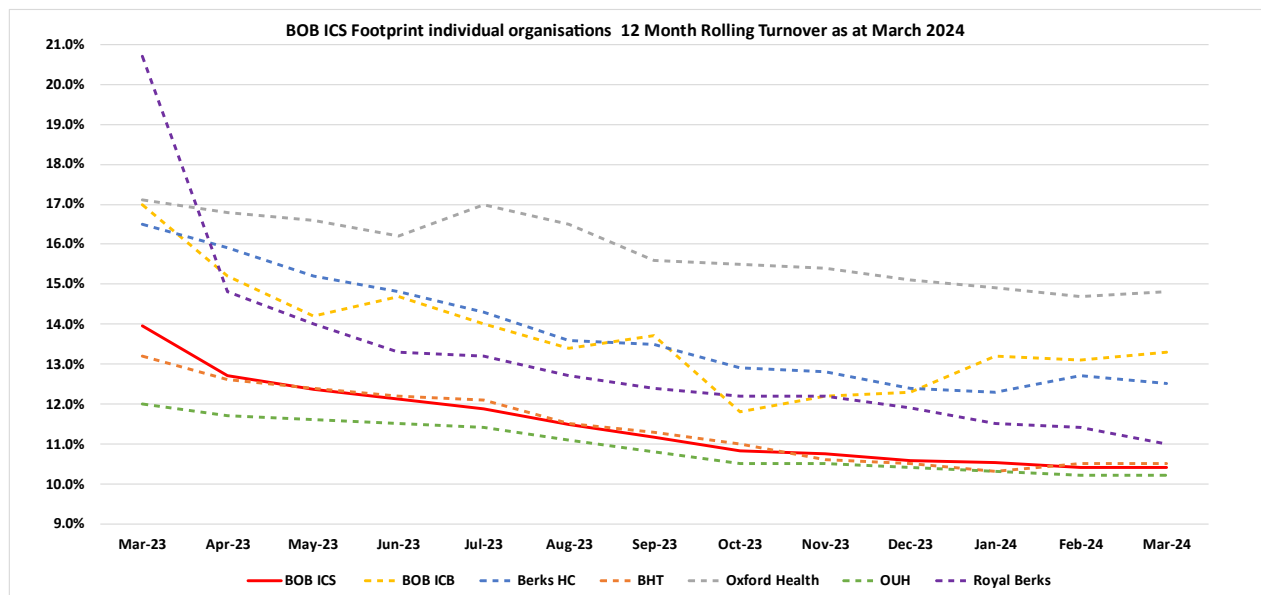
- Absence rates remains a risk on the BAF and Trust Risk Registers for relevant organisations within the System.
- These risks are being mitigated by provider initiatives to promote health and well-being and to target these initiatives to better understand and alleviate the impact of stress for the workforce.

Workforce - Turnover

Turnover by System



Turnover by Organisation



This metric measures

- 12 month rolling Turnover by System, with further breakdown by organisation..
- 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

- The 12-month rolling turnover rate for the BOB ICS Footprint is on a downward trend falling from 14% in March 23, to 10.4% in March 2024, a reduction of 3.6%.
- Rolling 12-month Turnover for all NHS Trusts within the BOB ICS Footprint has been on a downward trend since March 2023. However, the rate at the ICB has risen since October 2023 and currently stands at 13.3%, an increase of 0.2% from the previous month
- During the latest reporting month (March 24), the 12-month rolling turnover rate has risen at slightly at Oxford Health (0.1%), remained static at BHT and OUH, and has fallen at BHFT (0.2%) and RBFT (0.4%).
- Turnover at RBFT, appears to have fallen steeply at the beginning of the period. 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.













Actions





- Supportive interventions:** The retention workstream has developed a retention lead role which will go across Frimley/BOB and be part of the NHSE People Directorate. A retention leads network has been established across BOB and Frimley. Localised interventions are also continuing at pace; A retention team has been put in place in Oxford Health since May 2023 and support has been provided which is specific to areas with high turnover. We have two 'People Promise Exemplar' sites to drive forward initiatives.

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.

Glossary

Icon	Description
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.
	Special cause variation of a CONCERNING nature where the measure is significantly HIGHER.
	Special cause variation of a CONCERNING nature where the measure is significantly LOWER.
	Common cause variation, NO SIGNIFICANT CHANGE.
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
	Low is good - Performance is declining
	Low is good - Performance is improving
	High is good - Performance is declining
	High is good - Performance is improving
	Performance has not changed

Icon	Description
	This process is capable and will consistently PASS the target if nothing changes.
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.
	This process is not capable and will consistently FAIL to meet the target.
	This metric currently has no performance target set

SPC chart data points


- Special cause - concern
- Special cause - improvement
- Special cause - neither



Infection Prevention and Control

Long name
Clostridioides difficile (C. difficile) infections
Escherichia coli (E.coli) bacteraemia
Klebsiella species (Klebsiella spp.) bacteraemia
Methicillin resistant Staphylococcus aureus (MRSA) bacteraemia
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemia
Pseudomonas aeruginosa (P. aeruginosa) bacteraemia

Organisation Codes

Org	Org Name
	
Oxfordshire	Oxfordshire sub-ICB
Buckinghamshire	Buckinghamshire sub-ICB
Berkshire West	Berkshire West sub-ICB
BOB ICB	NHS Buckinghamshire, Oxfordshire and Berkshire West ICB
RBFT	Royal Berkshire NHS Foundation Trust
OH	Oxford Health NHS Foundation Trust
OUH	Oxford University Hospitals NHS Foundation Trust
BHFT	Berkshire Healthcare NHS Foudnation Trust
BHT	Buckinghamshire Healthcare NHS Trust
SCAS	South Central Ambulance Service NHS Foundation Trust