

## BOB ICB BOARD MEETING

|                    |                                 |   |   |
|--------------------|---------------------------------|---|---|
| <b>Title</b>       | Performance and Quality Report  |   |   |
| <b>Paper Date:</b> | 24 October 2024                 | <b>Meeting Date:</b>                          | 19 November 2024                            |
| <b>Purpose:</b>    | Discussion                      | <b>Agenda Item:</b>                           | Performance and Quality Report              |
| <b>Author:</b>     | Ben Gattlin Head of Performance | <b>Exec Lead/ Senior Responsible Officer:</b> | Matthew Tait Interim Chief Delivery Officer |

### Executive Summary

The report continues to give a high-level overview of the performance of NHS partners across the Integrated Care System.

The report is focused 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)

Note the report title page states M3 (June 2024) however the data contained within the report is provided as the latest publishable data, in some instances this could be April 2024 or as recent as July 2024.

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. Statistical Process Control (SPC) charts have been introduced into the Performance section of the report for; Planned Care (waiting over 65 weeks for treatment), Cancer (treated within 62 days), Primary Care (GP appointments seen within 14 days of booking), Maternity and Neonatal Care (including smoking at booking and time of delivery, breastfeeding initiation and neonatal deaths)

The report gives a high-level overview of performance for NHS partners across the integrated care system and focuses on five key areas with additional wider performance oversight measures information.

**Urgent and Emergency Care – 4 Hour standard – target 78% by end of March 2025**

- Performance across Buckinghamshire, Oxfordshire, and Berkshire West (BOB) was 74.5% in September higher from 69.4% in August 2024.
- Unvalidated data shows performance has remained static during September.

- All three acute Trusts have ED improvement plans in place to support recovery of all types with delivery overseen at place UEC boards.
- Trusts continue to work with SCAS to reduce ambulance handover delays, moving to an emphasis on reducing any handovers from >60 minutes to >45 minutes.
- Single Point of Access (SPOA) communications agreed to further promote utilisation of the SPOA by healthcare professionals including GPs and SCAS as part of winter preparedness.

**Elective** – Long Waits – target zero over 65 week waits.

- BOB providers reported 1,106 patients waiting longer than 65 weeks at the end of August.
- Ongoing support to support and identify additional capacity for OUH with BHT continuing to provide up to three days per month for OUH Surgeons to use theatre space at the Wycombe Hub- focussing on Urology.

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

- Average waited time to assessment for Autism and Attention Deficit Hyperactivity Disorder (ADHD) for children and young people (CYP) remains challenged. It is currently ranges from 108 weeks for Autism and 104 weeks for ADHD in Berkshire West and Autism and ADHD combined was 83 weeks in Buckinghamshire and 81 weeks for Oxfordshire.
- Two projects developing automated clinical decision-making tool and using AI for Autism and ADHD Assessment is being explored and implemented.

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

- 62-day combined performance in August 2024: no Trust met the 85% national standard although RBH met the interim one at 78.7%
- There has been improvement in performance at all 3 Trusts OUH at 561% up from 55.6%. BHT were at 66.3% up from 65.3%

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

- Percentage of GP appointments seen within two weeks was 83.3% in August, marginally higher from 82.9% in July. 798,000 appointments were booked in August compared to 899,000 in July. The reduction in appointments may be linked to the holiday period and/or GP collective action.
- BOB remains above Southeast and national averages.

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

- The overall BOB ICS footprint in month vacancy rate has fallen in September 2024 by 0.8%. Whilst over the past 12 months it remains on a downward trend, in the current fiscal year it has risen by 0.9% since April 2024.

**Maternity** – target reduction in smoking at booking and time of delivery to less than 5%; increase breastfeeding initiation rates at 80% or more and halve neonatal death rates by 2025.

(from 2010 baseline)

- Both smoking indicators for August have been below the 5% target with 3.3% at the time of booking and 3.5% at the time of delivery and both remain in special cause improving variation.
- Breastfeeding initiation rates continue to show special cause improving variation and is above target with 82% of women and birthing people-initiated breastfeeding in August.
- Neonatal deaths show common cause variation with data falling both above and below the mean. There were 3 still births across BOB in August.

**Quality** – To aim a zero target for Never Events and to monitor the patient safety incident reporting framework (PSIRF) in acute and mental health trusts and CQC updates.

- ED quality visits undertaken in September/October with positive feedback and embedding of PSIRF and escalation processes.
- There were no CQC inspections in September.
- RBH declared a never event that occurred in June 2024 that has not been previously reported and relates to a retained foreign object post procedure.

#### Action Required

The board is asked to note and discuss the contents of the report and mitigating actions in place.

#### Conflicts of Interest:

Conflict noted: conflicted party can participate in discussion and decision

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

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

Performance reviewed 22/10/2024 Population Health and Patient Experience Committee (PHPEC).

# NHS Performance and Quality Report

## M5 - August 2024

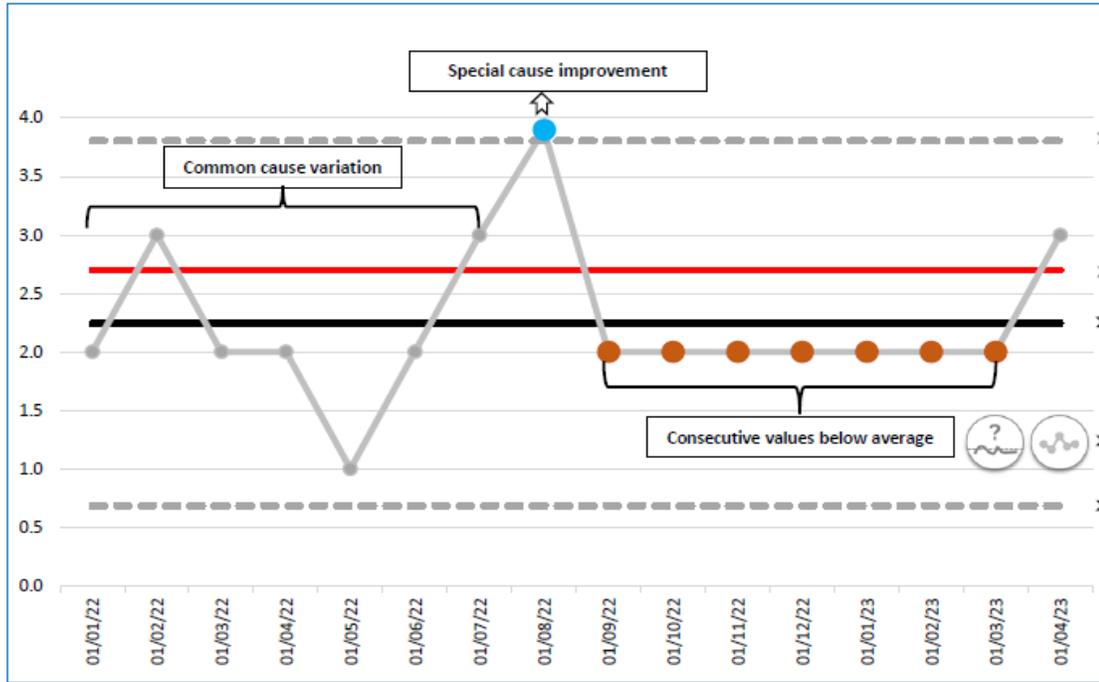
Matthew Tait – Chief Delivery Officer

Rachael Corser – Chief Nursing Officer

Rachael De Caux – Chief Medical Officer



# How to read an 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 - M5 - August 2024

## Access Metrics

| Category               | Metric            | Period | Target | Value | Variance | Assurance |
|------------------------|-------------------|--------|--------|-------|----------|-----------|
| Activity               | RTT 65 Week Waits | Aug 24 |        | 1,106 |          |           |
| <b>GP Appointments</b> |                   |        |        | 83.3% |          |           |

## 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 | Aug 24 | 85.0%  | 64.2% |          |           |

## Learning Disabilities and Autism

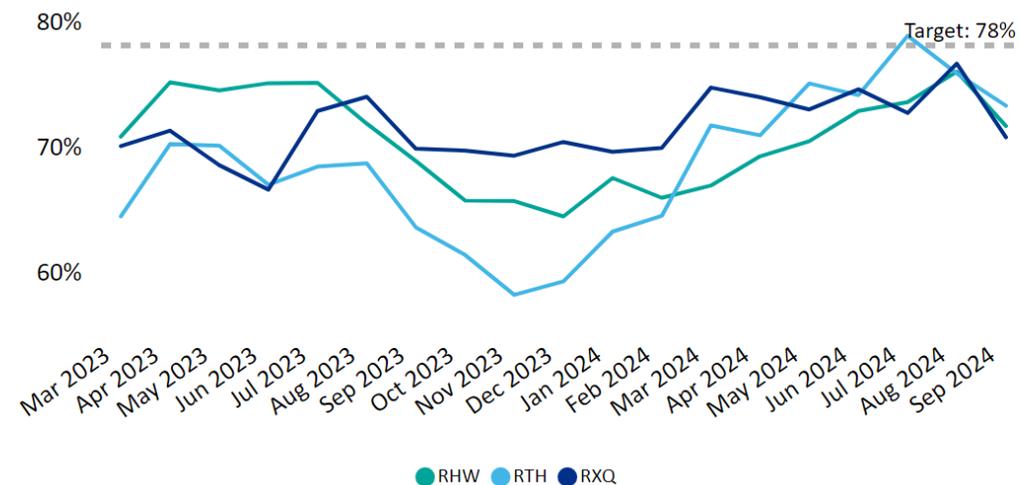
| Category                       | Metric  | Period | Target | Value | Variance | Assurance |
|--------------------------------|---|--------|--------|-------|----------|-----------|
| Learning Disabilities & Autism | Adult inpatients with a learning disability and/or autism per million head of population    | Sep 24 | 30     | 35    |          |           |
|                                | Under 18 inpatients with a learning disability and/or autism per million head of population | Sep 24 | 15     | 21    |          |           |

## Urgent Care Metrics

| Category    | Metric  | Period | Target | Value | Variance | Assurance |
|-------------|---|--------|--------|-------|----------|-----------|
| Urgent Care | Percentage of patients who spent 4 hours or less in A&E | Sep 24 | 78.0%  | 74.5% |          |           |

# 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                                  | 78.0%  | 69.4%     | ⬆️          | 74.5%      | 5.1% |
| RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST             | 78.0%  | 68.8%     | ⬆️          | 71.6%      | 2.8% |
| RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 78.0%  | 63.5%     | ⬆️          | 73.2%      | 9.7% |
| RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST             | 78.0%  | 69.8%     | ⬆️          | 70.7%      | 0.9% |

## Actions

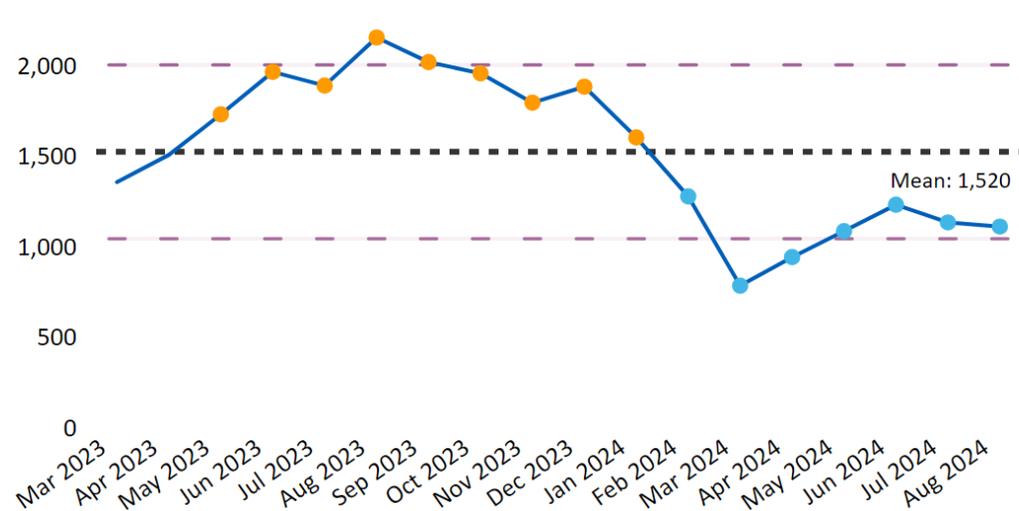
- All three acutes have ED improvement plans in place to support recovery of all types with delivery overseen at place UEC Boards.
- Alternatives to ED continue to be promoted to reduce the pressure on departments, including: Urgent Community Response (UCR), Virtual Wards (VWs), 111, 111 online, and Urgent Care Centres (UCCs/UTCs).
- Single Point of Access (SPOA) communications agreed to further promote utilisation of the SPOA by healthcare professionals including GPs and SCAS as part of winter preparedness
- Trusts continue to work with SCAS to reduce ambulance handover delays, moving to an emphasis on reducing any handovers from >60mins to >45mins.
- The interim Reading ED streaming pathway went live 1st October and work continues to improve utilisation of the available capacity.
- The new Emergency Medical short stay unit at SM is due to open in November in addition to the expansion of the emergency surgical beds capacity to support flow.
- System plan setting out the System Co-ordination Centre and Winter operating arrangements is in place ahead of winter and due to go to the October PHPE Committee

## 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/GP Collective Action and adverse weather conditions
- Staff sickness compounding UEC pressures
- Financial constraints impeding improvement actions/pace of delivery.

# Planned Care

RTT 65 Week Waits



## 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 we are performing?

|  | Target | Prev Month | Performance | Curr Month | Diff |
|--|--------|------------|-------------|------------|------|
| ▲ ICB - ALL PROVIDERS                                  |        | 1,129      | ↓           | 1,106      | -23  |
| RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST             |        | 5          | ↔           | 5          | 0    |
| RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST |        | 1,062      | ↓           | 1,002      | -60  |
| RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST             |        | 77         | ↑           | 78         | 1    |

## Actions

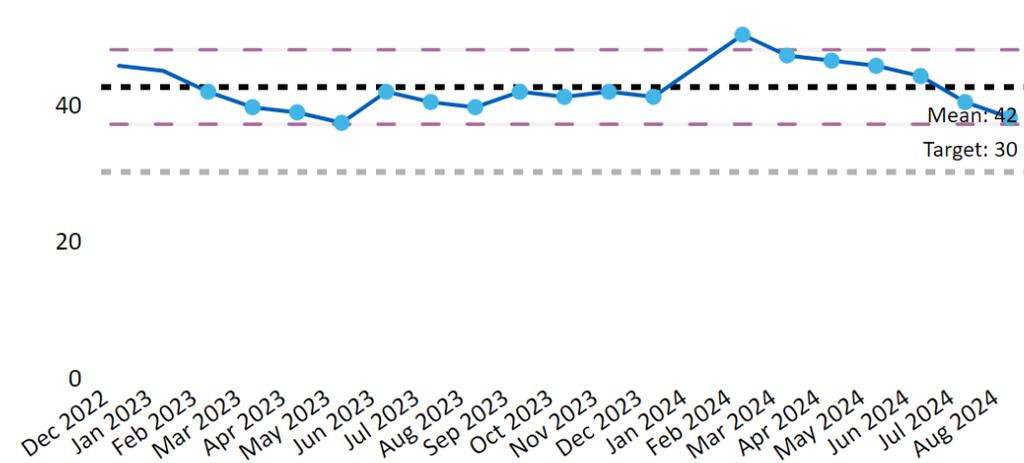
- Incorporating feedback from a recent lessons learned exercise into a refreshed mutual aid strategy for H2.
- Continuing to try and identify additional capacity and support for OUH, in particular for ENT, Urology, Vascular, Orthopaedics and Ophthalmology.
- BHT continuing to provide up to three days per month for OUH surgeons to use theatre space at the Wycombe Hub – focusing on Urology.
- Insourcing for ENT is also having a positive impact on reducing the number of long waits, BHT sharing additional capacity with OUH where possible.

## Risks

- New I&I regime will place additional burden on staff needed to focus on performance issues.
- 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.
- 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



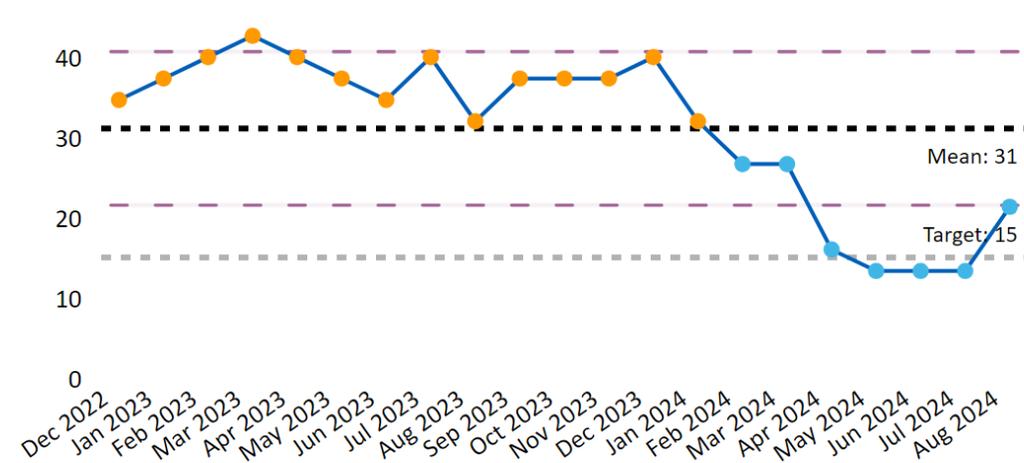
**These metrics measure:**

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     | 40         | ↓           | 38         | -2   |
| Under 18 inpatients with a learning disability and/or autism per million head of population | 15     | 13         | ↑           | 21         | 8    |

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



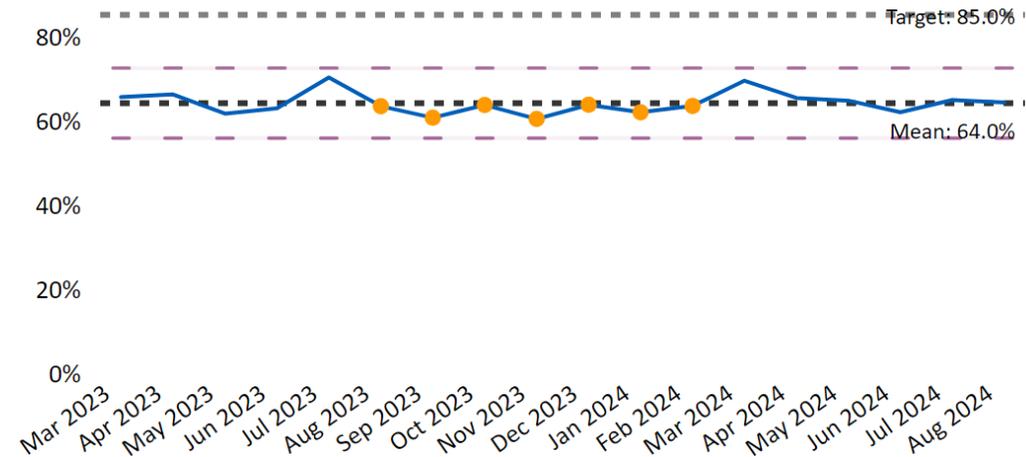
**Actions:**

- New BOB ICB Dynamic Support Register Policy has been approved and implementation in progress. Comparing electronic DSR platforms to improve information sharing between agencies. This will reduce variation across the ICB and will ensure equity of application in preventing admissions.
- The ICB has committed to participate in NHS England Nation Pilot on Commissioner Oversight Visits. The NHSE pilot is to develop a standardised template for use across all Commissioner Oversight Visits in England. We have submitted our response and the research has commenced.
- Draft IFR proposal has been developed and the work on Children's IFR proposal has commenced.
- Key themes have been identified for quality improvement work, e.g. advocacy in CTR or cancer screening of people with LD (LeDeR)
- LeDeR annual report for FY 23/24 in preparation.

**Risks:**

- Improved identification of people diagnosed with Autism is having an impact on increased admissions and caseload in LeDeR, CETR, DSR and keyworkers.
- Increased complexity is leading to high-cost packages of care and placements with specialised providers.

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



**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%  | 64.8%      | ⬇️          | 64.2%      | -0.6% |
| RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST             | 85.0%  | 71.2%      | ⬆️          | 78.7%      | 7.5%  |
| RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 85.0%  | 55.6%      | ⬆️          | 56.1%      | 0.4%  |
| RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST             | 85.0%  | 65.3%      | ⬆️          | 66.3%      | 1.0%  |

**National Planning requirements- Cancer 24/25:**

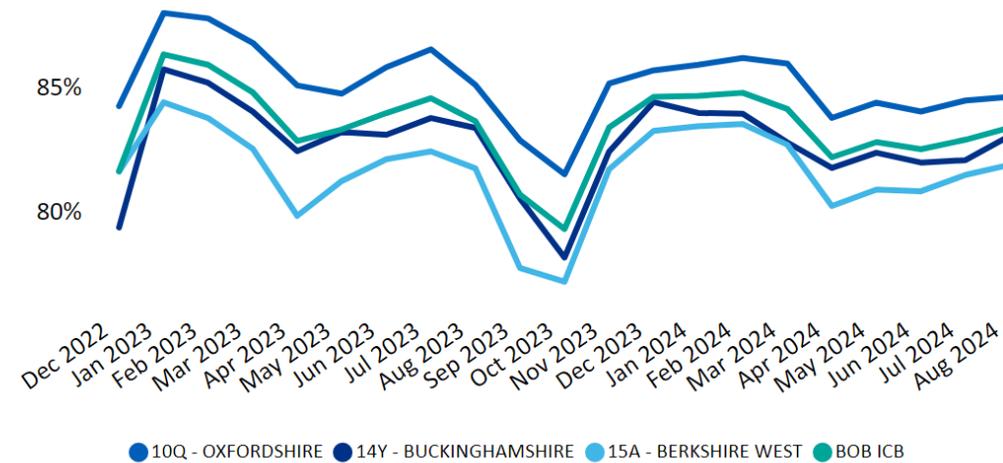
Improve performance against the headline 62-day standard to 70% by March 2025 (noting constitutional standard 85% still in place)

**BOB ICB Performance July 2024 (validated):**

- FDS 28 days to diagnosis; standard is 75.7% and increase on July; the 3 Trusts performance was: BHT 71.68% (a drop), OUH 79%, RBH 74.5%.
- In system providers showed improvement of the 62-day combined performance in August 2024 with RBH meeting the interim 70% at 78.7%, OUH at 56.1% and BHT at 66.3%, despite in system providers all improving, out of System providers performance deteriorated causing an overall ICB deterioration to 64.2%.
- 31-day performance was 86.8% overall (OUH 85.2%, BHT 85.47%, RBH 93.3%)
- OUH – the 4 most challenged pathways impacting their 62-day performance are Gynae (41.7% improved), LGI 44.4% Head and Neck 40.6% and Lung (38.7% improved)
- BHT – the 3 most challenged pathways impacting their 62-day performance are dermatology, Urology and lung. Also challenged are breast, LGI and gynaecology.

# 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               |        | 82.9%      | ↑           | 83.3%      | 0.5% |
| 15A - BERKSHIRE WEST  |        | 81.4%      | ↑           | 81.8%      | 0.4% |
| 14Y - BUCKINGHAMSHIRE |        | 82.0%      | ↑           | 83.0%      | 1.0% |
| 10Q - OXFORDSHIRE     |        | 84.4%      | ↑           | 84.6%      | 0.1% |

## Actions

Further increase in performance observed in M5 across the whole of BOB. Less appointments (-13% change) were booked in M5 which may have contribute to the increase being seen. 798k appointments were booked in M5 compared to 899k in M4 and 825k compared to M5 in 2023 (-3% change). The reduction in appointments may be linked to the holiday period and / or GP collective action.

Improvements in Access continue to be supported through:

- Enabling telephony call back and increasing GP online services.
- National GP patient survey deep dive undertaken. Working group established that agreed to consider additional factors and red flags for GP practices with low performance and assess stability / resilience of the practices so more rounded support can be provided.
- Promoting pharmacy first and improving uptake of oral contraception and hypertension services
- Resilience (no change from M3)
- Practices encouraged to join one of the last two national cohorts of the General Practice Improvement Programme (GPIP).
- Local delivery of the New to General Practice Fellowship scheme with latest cohort starting in September. BOB are currently supporting 87 newly qualified GPs through the programme. Learning from GPs who have recently completed the programme to be shared at the BOB wide information sharing webinar.
- Mobilising primary care strategy
  - BOB wide access and INT delivery groups commencing in October, CVD ongoing.
  - Initial reporting to Primary Care and Community Transformation Group, updating governance to include board groups as well as incorporating data monitoring.
  - Place-based prioritisation of local initiatives and delivery ongoing.

## Risks

- Collective Action by general practice that commenced in August 2024 may be impacting on access, with the 25-patient limit per clinician.
- Demand and Capacity (D&C) tooling & resilience: Data sharing agreement has been signed and completed by BOB ICB and NHSE. Test file of data been produced ready for trial submission. Edenbridge have requested an aggregated dataset and Frimley are now getting the connection established. Following this initial test, Edenbridge will be able to load this data and Frimley will await feedback and further instruction before establishing a more routine method of data transfer. Updated communications to Practices is in development.

## Quality Scorecard

| Metric   | Period   | Target           | BOB ICB | RBFT   | OH    | OUH   | BHFT  | BHT   | SCAS  |
|--|----------|------------------|---------|--------|-------|-------|-------|-------|-------|
| Friends and Family Test Recommend (FFT) recommend - AE             | Aug 2024 | Higher is Better |         | 82.4%  |       | 82.3% |       | 72.6% |       |
| Friends and Family Test Recommend (FFT) recommend - Ambulance      | Aug 2024 | Higher is Better |         |        |       |       |       |       | 91.7% |
| Friends and Family Test Recommend (FFT) recommend - Community      | Aug 2024 | Higher is Better |         |        | 95.4% |       | 96.4% | 88.5% |       |
| Friends and Family Test Recommend (FFT) recommend - Maternity (Q1) | Aug 2024 | Higher is Better |         | 88.2%  |       | 0.0%  |       | 85.7% |       |
| Friends and Family Test Recommend (FFT) recommend - Maternity (Q2) | Aug 2024 | Higher is Better |         | 100.0% |       | 0.0%  |       | 88.9% |       |
| Friends and Family Test Recommend (FFT) recommend - Maternity (Q3) | Aug 2024 | Higher is Better |         | 98.0%  |       | 0.0%  |       | 65.5% |       |
| Friends and Family Test Recommend (FFT) recommend - Maternity (Q4) | Aug 2024 | Higher is Better |         | 60.0%  |       | 0.0%  |       | 92.3% |       |
| Friends and Family Test Recommend (FFT) recommend - MHS            | Aug 2024 | Higher is Better |         |        | 87.5% |       | 86.8% |       |       |
| Friends and Family Test Recommend (FFT) recommend - Outpatient     | Aug 2024 | Higher is Better |         | 95.5%  |       | 94.3% |       | 92.7% |       |
| Friends and Family Test Recommend (FFT) recommend (Inpatient)      | Aug 2024 | Higher is Better |         | 97.2%  |       | 95.0% |       | 90.1% |       |
| Mixed Sex Accommodation Breaches                                   | Aug 2024 | 0                | 147     | 79     | 0     | 95    | 0     | 0     |       |
| Number of PALS enquiries received                                  | Aug 2024 | Lower is Better  | 134     |        |       |       |       |       |       |
| Number of written complaints received                              | Aug 2024 | Lower is Better  | 13      |        |       |       |       |       |       |

## 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?

Maternity FFT results are nationally published, OUH have a local issue with electronic recording and have reverted to paper FFTs, results are not available for processing at this time.

**Quality Scorecard**

| Metric       | Target          | BOB ICB | RBFT   | OUH    | BHT    |
|--------------|-----------------|---------|--------|--------|--------|
| SHMI         | Lower is Better |         | 1.0281 | 0.8654 | 0.8699 |
| Never Events | 0               |         | 1      |        |        |

**These metrics measure:**

1. Never Events our objective is to have 0 never events
2. The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England. The SHMI is not a measure of quality of care and a higher or lower number than expected should not be interpreted as good/poor performance, it should be viewed as a “smoke alarm” which requires further investigation
3. CQC updates
4. Progress with the implementation of the national patient safety strategy

**Actions**

- Improvement collaborative with focus on safer surgery toolkit to be established – ongoing action
- ED quality visit feedback given verbally to Trusts, written summary reports to be provided end of Oct/early November
- Share outcome of colposcopy harm review process at operational quality group when findings reported on.
- Strengthen interface with MH provider collaborative for insights into quality concerns in specialised commissioned services.
- Wound care services to be considered as part of business planning.

**How are we performing?**

RBH declared late a never event that occurred in June 2024 that has not been previously reported on. The case relates to a retained foreign object post procedure. A 73-year-old gentlemen required a percutaneous biliary drainage procedure under interventional radiology – a stiffener device was unintentionally left in situ. An internal investigation is underway.

There were no CQC inspections in month 6. Subsequent inspection has been undertaken at London Street Surgery in October and the report is awaited.

ED quality visits undertaken ( in Sep/Oct) positive feedback includes preparedness for care in pressurised environments , staff wellbeing support, embedding of PSIRF, escalation processes.

Colposcopy access time issues at BHT. Harm review in progress.

Concerns raised about quality of care and culture at Thames House – spec comm. Oversight and monitoring in place by the mental health provider collaborative.

Wound care in Bucks – withdrawal of GP provided services. BHT absorbing the demand but this is not sustainable without funding. Ongoing dialogue between ICB and provider overseen by primary care and delivery at place.

# 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                   | Aug 24 |        | 05:42:00 |          |           |
|                    | Ambulance Handover Delays (>60 Minutes)   | Aug 24 |        | 101      |          |           |
| Urgent Care        | Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts) | Aug 24 |        | 608      |          |           |

## 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   | Aug 24 | 96.0%  | 86.8% |          |           |
|          | Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer | Aug 24 | 85.0%  | 64.2% |          |           |
|          | Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service           | Aug 24 | 90.0%  | 76.9% |          |           |
|          | Cancer 28 days wait (faster diagnosis standard) - Commissioner   | Aug 24 | 75.0%  | 75.7% |          |           |

## Emergency Care Metrics

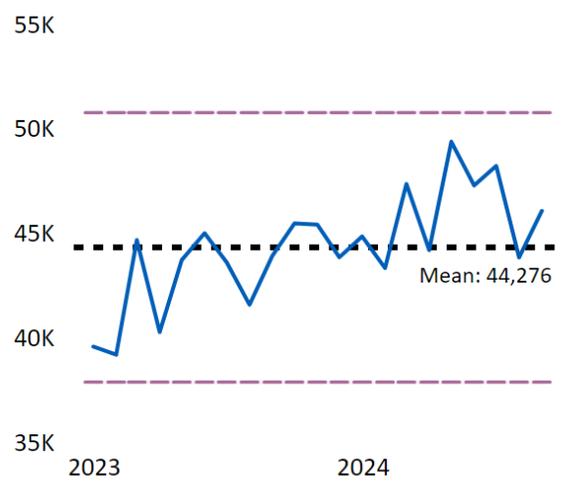
| Category                             | Metric   | Period | Target | Value  | Variance | Assurance |
|--------------------------------------|--|--------|--------|--------|----------|-----------|
| Quality of Care, Access and Outcomes | A&E - percentage of patients managed within 4 hours. | Sep 24 | 95.0%  | 74.4%  |          |           |
| Urgent Care                          | Total A&E Attendances                                | Sep 24 |        | 46,021 |          |           |
|                                      | Over 12 hour waits from DTA to Admission             | Sep 24 |        | 305    |          |           |

## GP Appointments Metrics

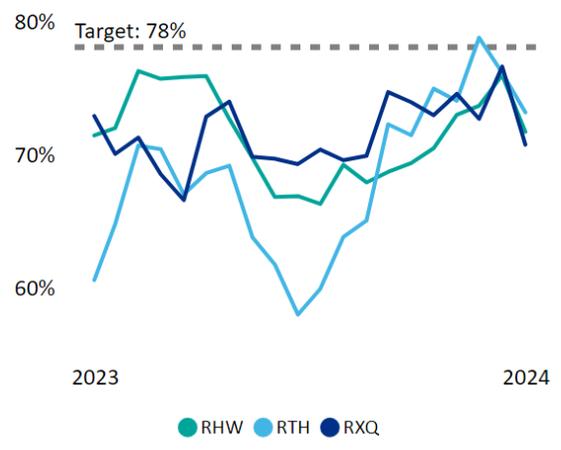
| Category        | Metric   | Period | Target | Value   | Variance | Assurance |
|-----------------|--|--------|--------|---------|----------|-----------|
| GP Appointments | GP Appointments by Month split by modality - Video Conference/Online | Aug 24 |        | 29,452  |          |           |
|                 | GP Appointments by Month split by modality - Unknown                 | Aug 24 |        | 18,213  |          |           |
|                 | GP Appointments by Month split by modality - Telephone               | Aug 24 |        | 260,688 |          |           |
|                 | GP Appointments by Month split by modality - Home Visit              | Aug 24 |        | 10,523  |          |           |
|                 | GP Appointments by Month split by modality - Face-to-Face            | Aug 24 |        | 478,719 |          |           |

# Ambulance and Urgent and Emergency Care

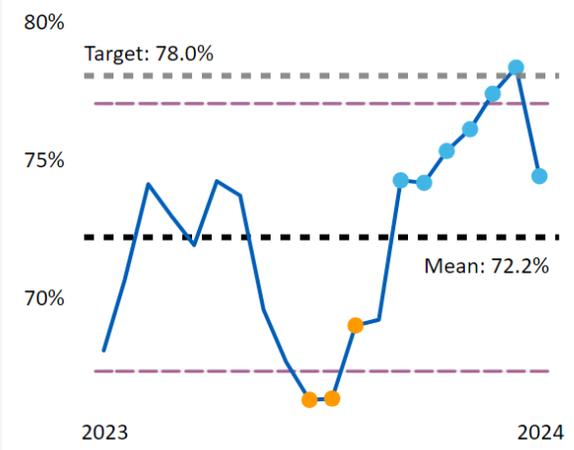
Total A&E Attendances



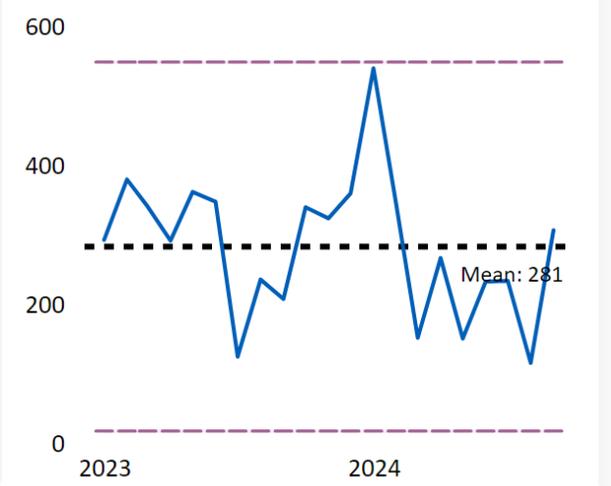
A&E - percentage of patients managed within 4 hours by Provider



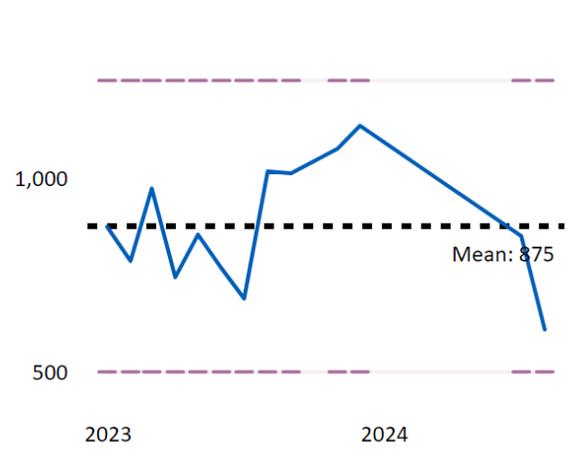
A&E - percentage of patients managed within 4 hours by ICB total



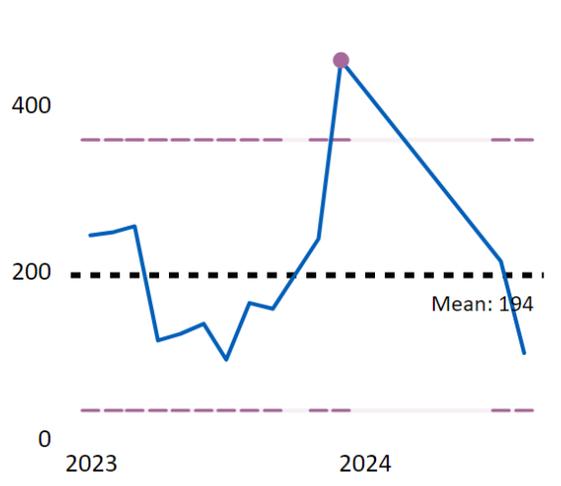
Over 12 hour waits from DTA to Admission



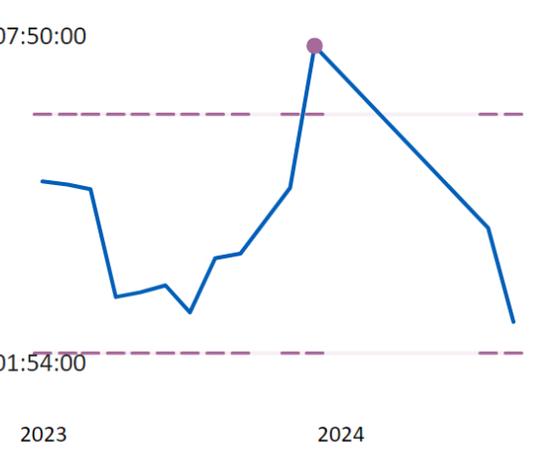
Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts)



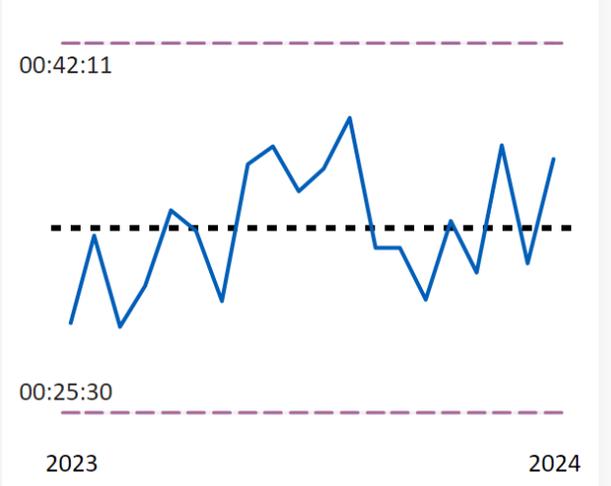
Ambulance Handover Delays (>60 Minutes)



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

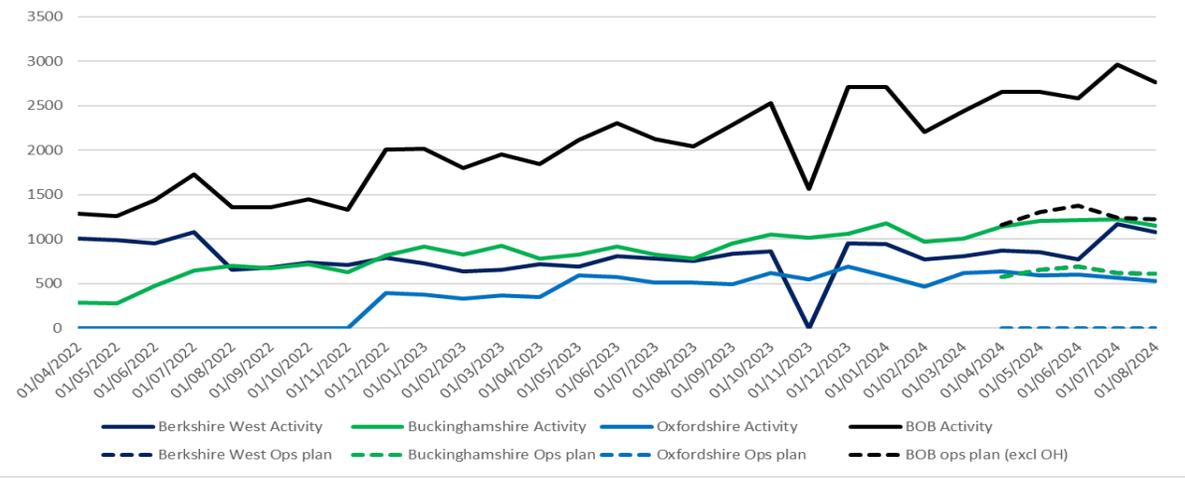


Ambulance Response Times - Mean Category 2

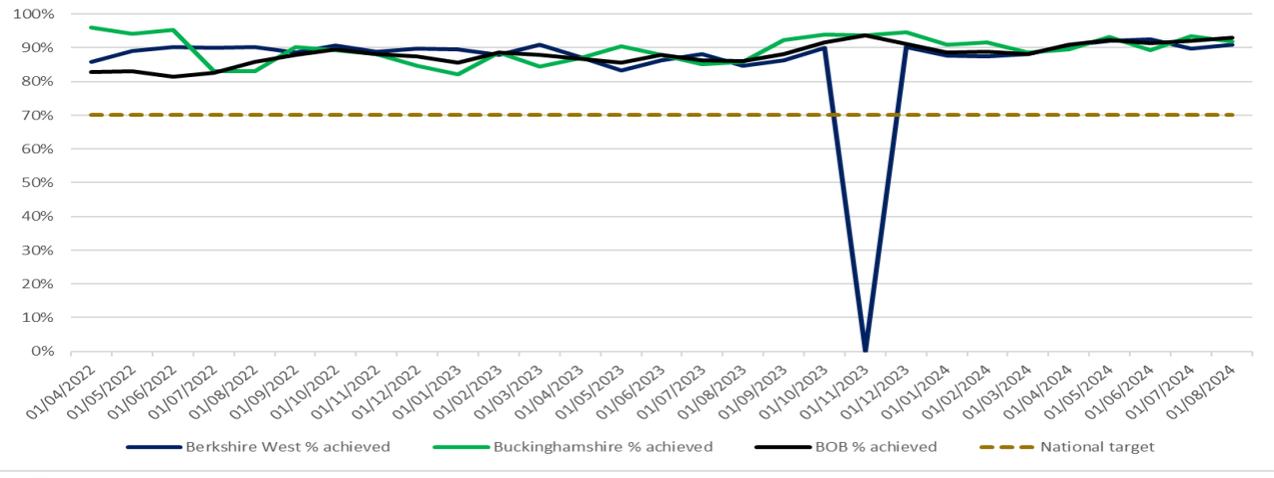


# Urgent Community Response (UCR)

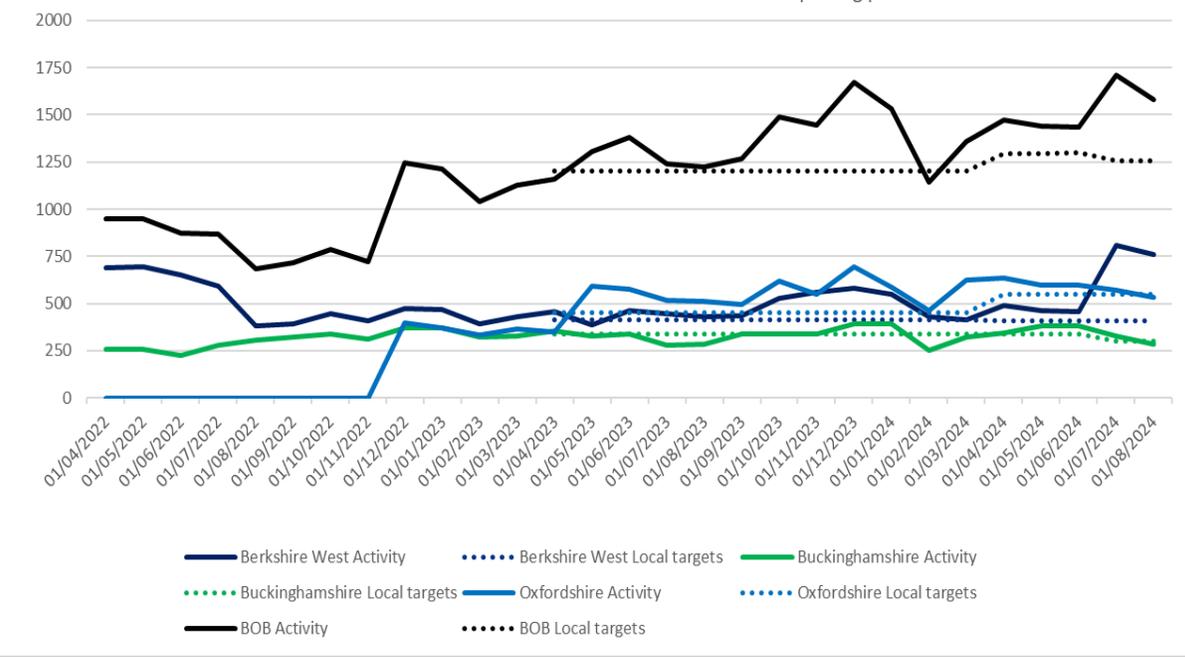
Number of all UCR referrals achieved within the reporting period



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



**This metric measures**  
Meeting the national operational plan metric for 2024/25 which is 'all UCR referrals' trajectory. UCR services accept referrals which referrers deem need an assessment on the same day to avoid ambulance dispatch, conveyance, hospital attendance or admission. The metric provides data on all those seen rather than just those seen for a 2-hour response (previous ops plan metric). The previous 2-hour ops plan metrics are also shown. All UCR referrals target for 2024/25 is 16,004 (submitted ops plan target) and 29,624 (local target).

**How are we performing: N.B. drops in Berks W figures are due to missed submissions**  
BOB have exceeded UCR all referrals and 2-hour targets for Q1 and are currently on track to exceed Q2. BOB continue to exceed the 70% 2-hour standard.

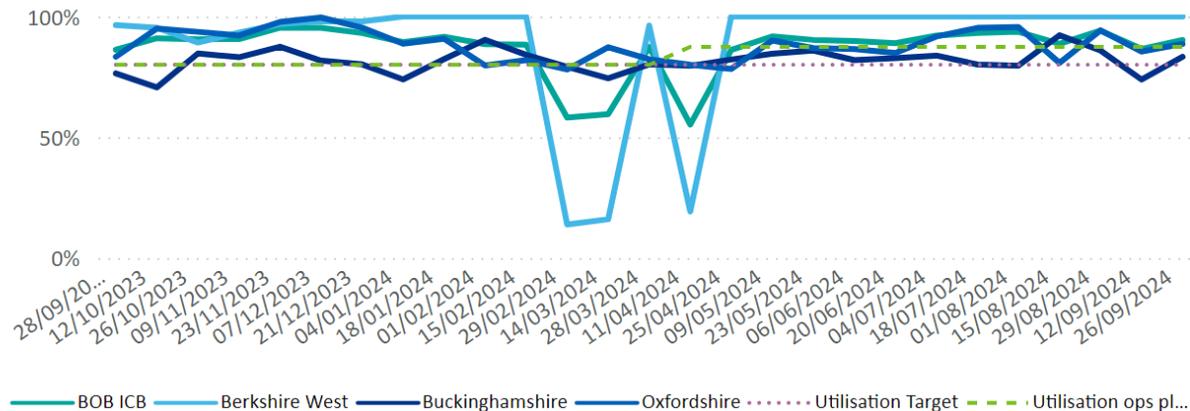
**Actions:**  
Continue to improve urgent care Single Point of Access offers in each place.  
ED missed opportunities audits.  
Action plan monitoring in response to SCAS and Primary Care survey feedback  
Update of comms and training materials to Primary Care SCAS for UCR/H@H/VW  
Ensure all UCR services are attending to non-injurious fallers who requiring lifting from the floor- Berkshire West currently not providing this service.  
Ensure all blocked catheter referrals accepted from 111 without delay

**Risks:**  
Without a fully developed Single Point of Access in place for Urgent Care, ambulances will continue to be dispatched, patients will continue to be conveyed, reach SDEC, ED or to be admitted when they could have been assessed and treated in the community  
There is a risk that more than 150 avoidable ambulance dispatches will take place if we do not ensure all UCR services are able to lift non-injurious fallers from the floor.

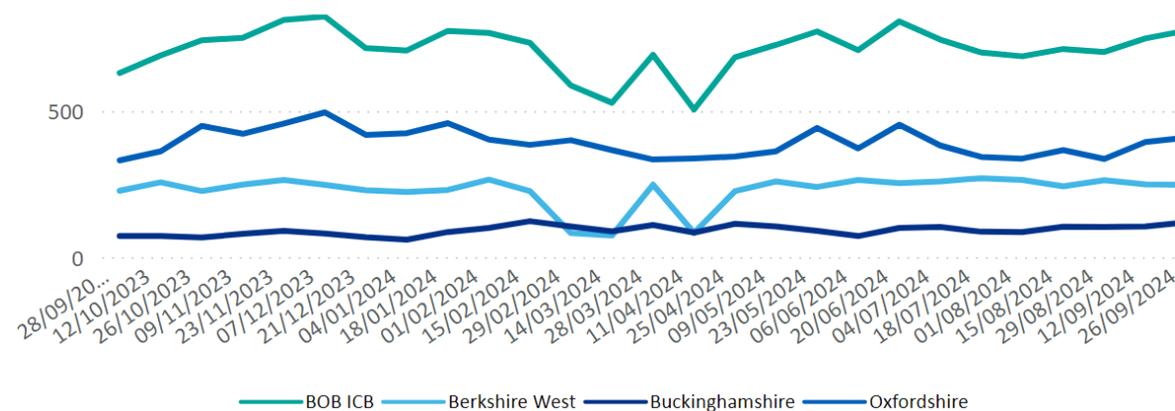
# Hospital at Home (H@H)

These metrics measure: Increase the number of H@H beds available in line with trajectories submitted to NHSE and the utilisation of those beds from 70% to 80% by September 2023.

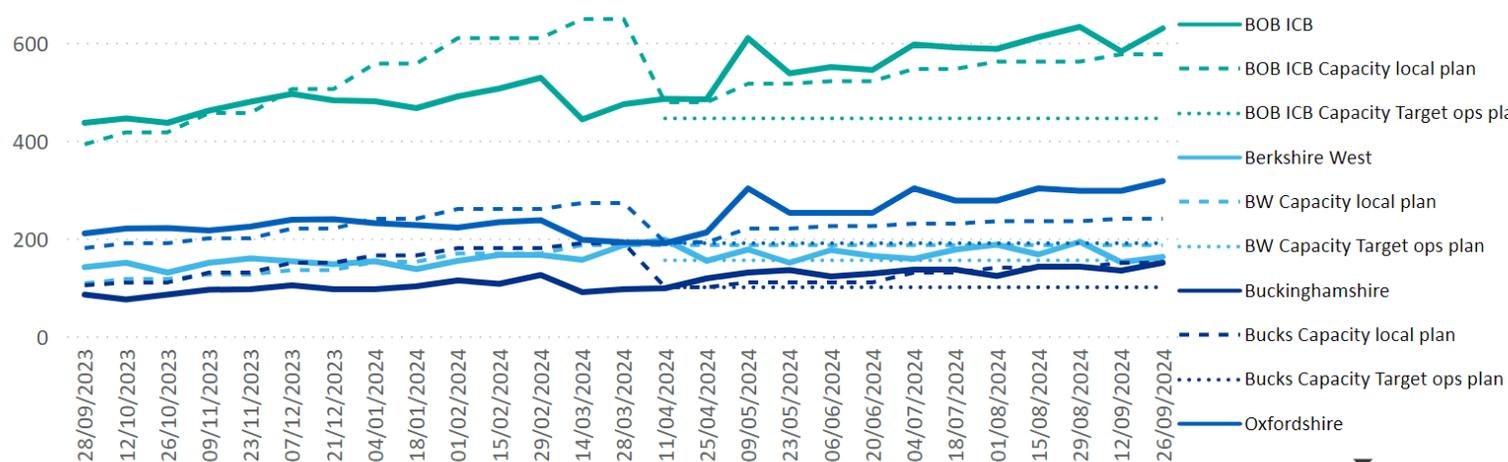
### Utilisation of Hospital at Home (Occupancy/Capacity)



### Hospital at Home Admissions



### Hopital at Home Capacity (Capacity & Capacity Target)



#### Actions:

**Alignment with new national H@H Operating Framework-** increased scrutiny being received from NHSE re: compliance with the framework. Follow up emails to be sent to providers re: gaps. This will also support a consistent service offer across BOB.

**Continue to increase number of beds and patients seen-** developing new pathways and ensuring all relevant activity counted.

**Ethnicity recording and length of stay-** working with providers to reduce unknown/not stated ethnicity codes and 15+ days length of stay.

#### Risks:

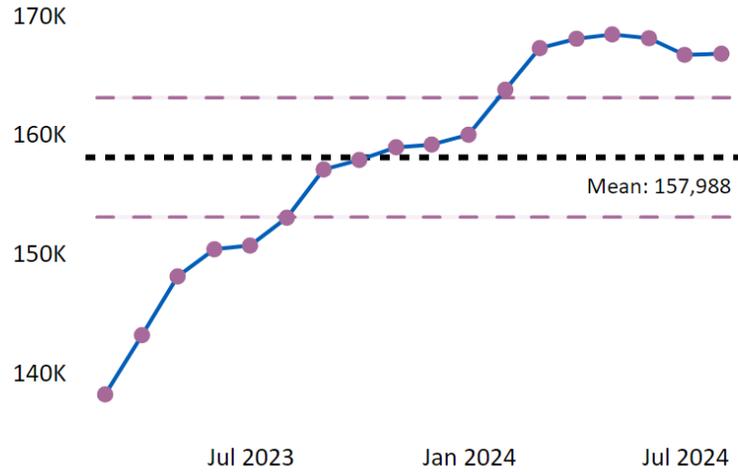
**Quality and safety risks** i) not knowing/able to view on a system if an individual is under the care of a hospital at home service; ii) not being able to view or input into a shared Comprehensive Geriatric Assessment, plan of care or a 'recommended summary plan for emergency care and treatment' (RESPECT) form; iii) not being able to see all diagnostics results, where undertaken by a clinician from another service.

**CYP Hospital at Home service-** unable to deliver a consistent BOB service due to no additional ring-fenced monies. Only Oxfordshire has CYP Hospital at Home at present .

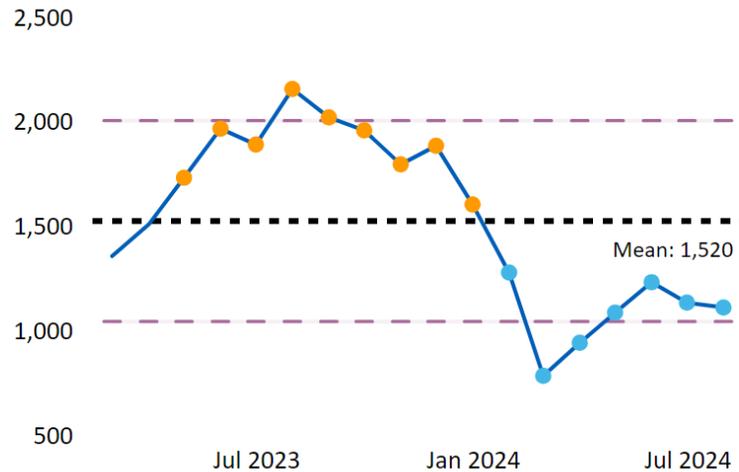
**Duplication and inefficiency-** risk that multiple assessments, plans and visits will continue, which results in confusion for patients, carers and HCPs unless services work together and documents are streamlined.

# Planned Care ICB

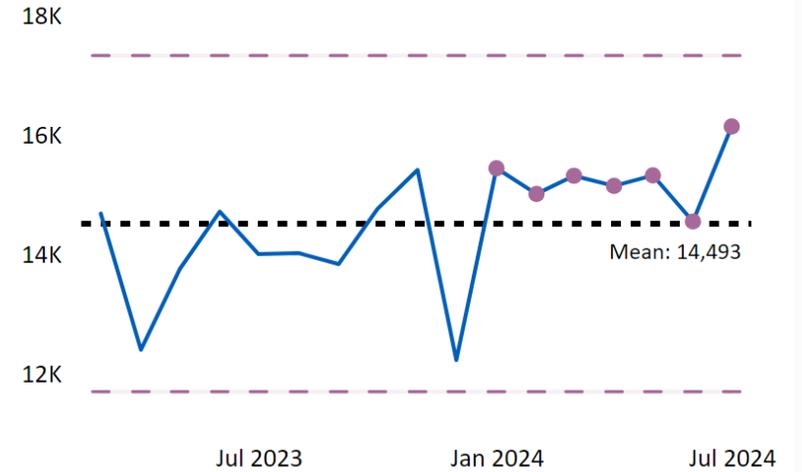
The total number of incomplete RTT pathways



RTT 65 Week Waits



Day Case



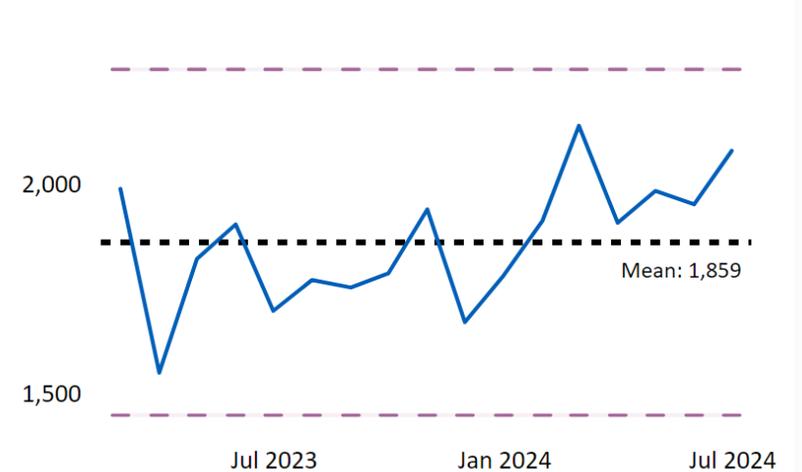
RTT 52 Week Waits



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



Ordinary



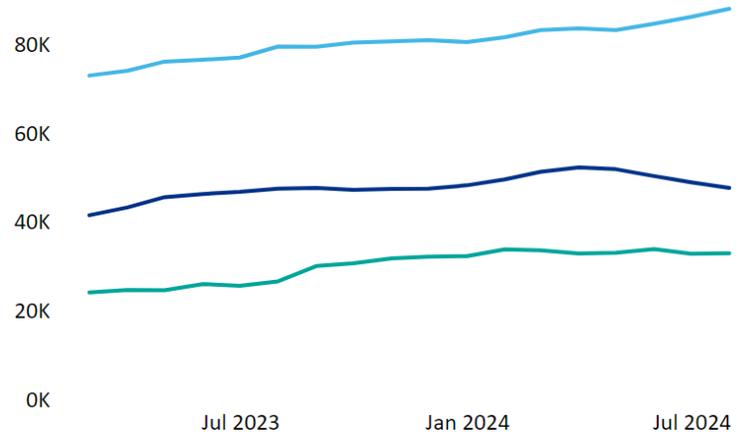
# Planned Care - Provider

RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST

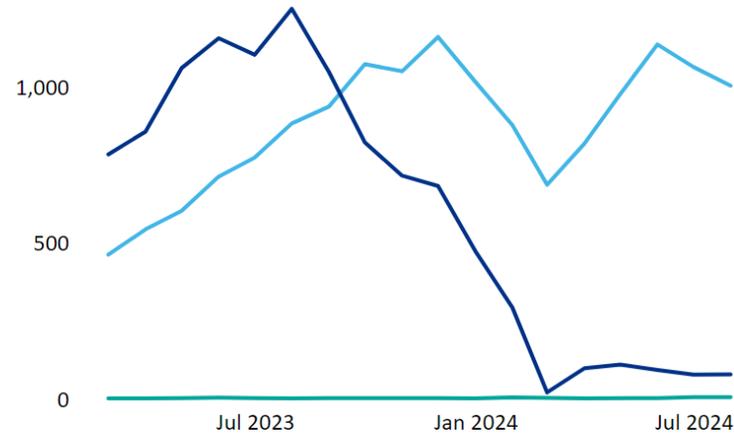
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST

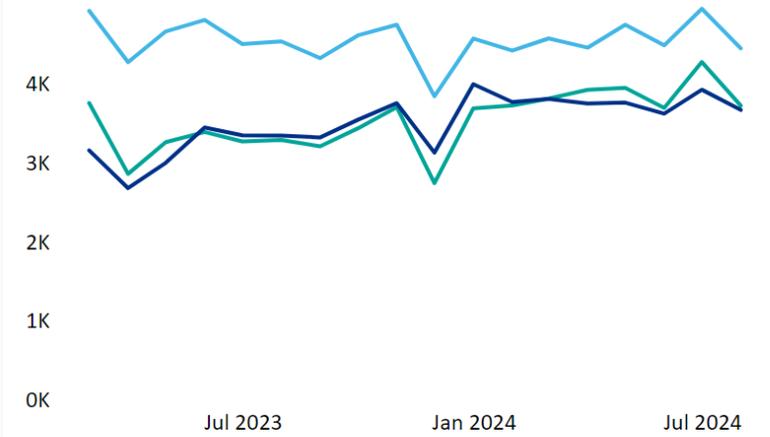
The total number of incomplete RTT pathways



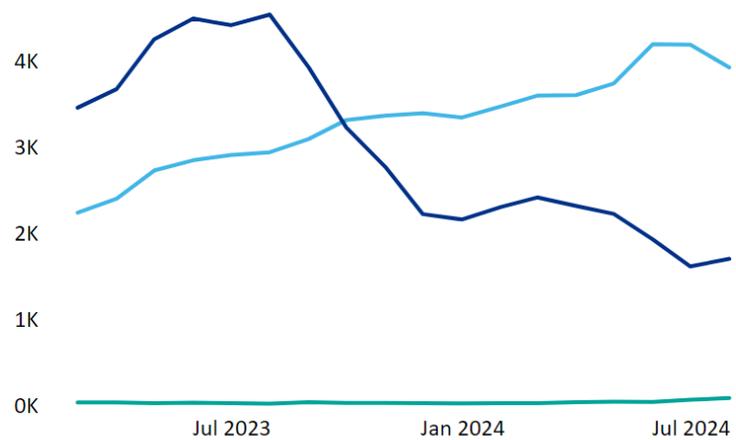
RTT 65 Week Waits



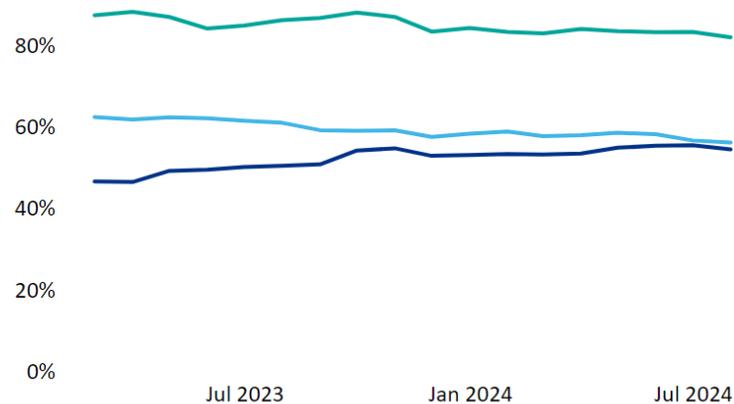
Day Case



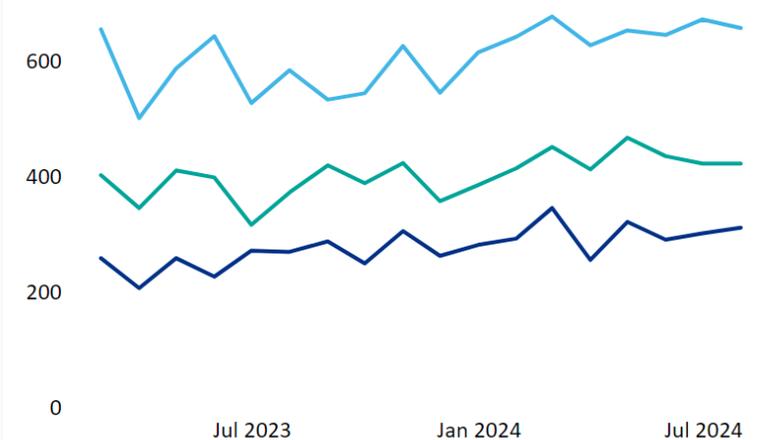
RTT 52 Week Waits



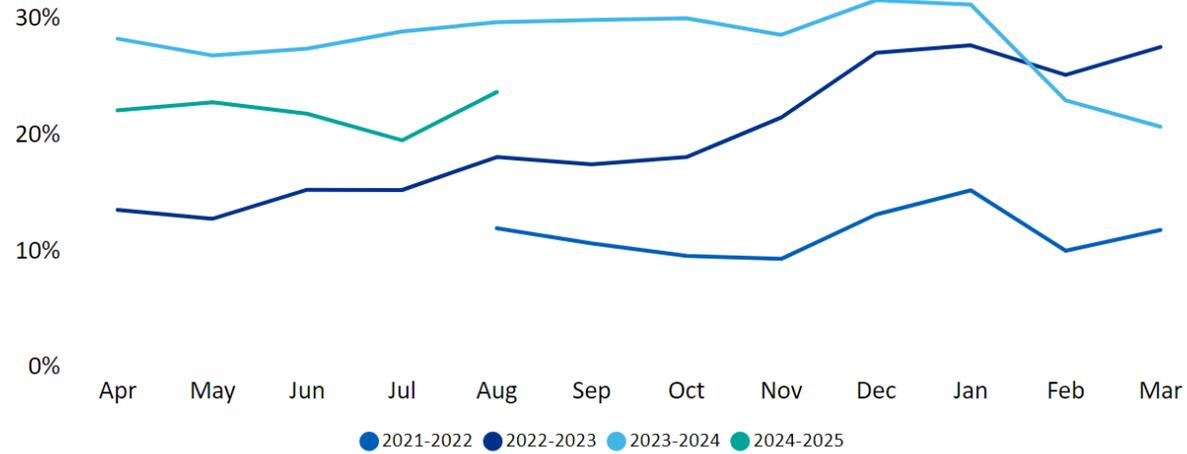
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period



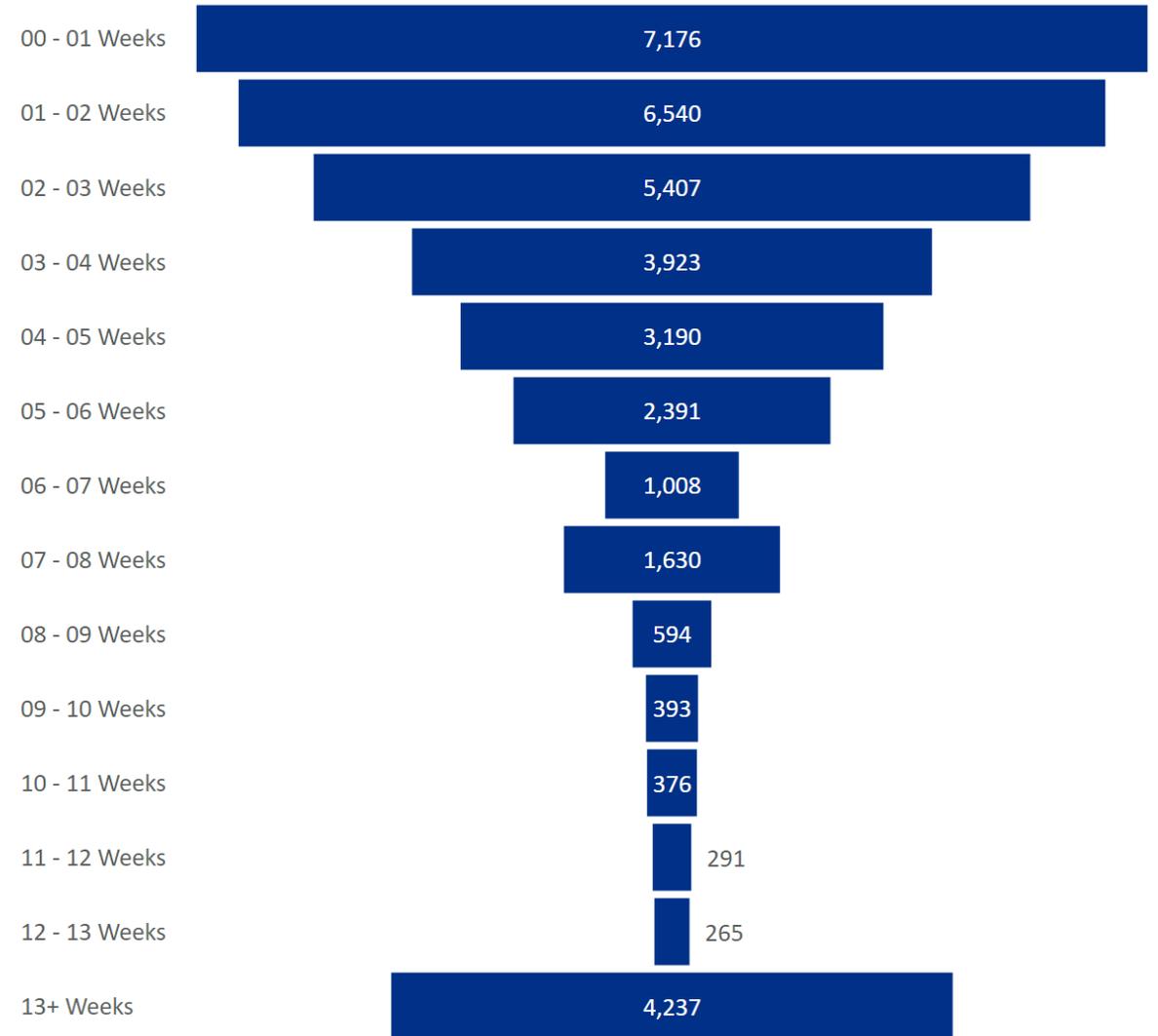
Ordinary



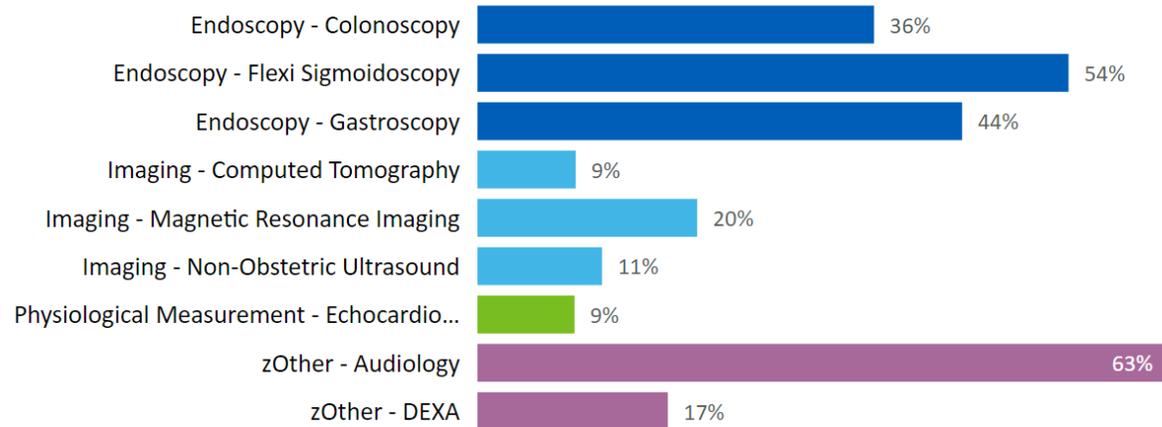
The percentage of patients waiting 6 weeks or more for a diagnostic test



Waiters by week waited



Diagnostic Performance by Test



# Mental Health Scorecard

## Children and Young People Metrics

| Category      | Metric  | Period | Target | Value  | Variance  | Assurance   |
|---------------|---|--------|--------|--------|---|---|
| Mental Health | Children and Young People with an Eating Disorder Urgent cases that wait 1 week or less from referral | Mar 24 | 95.0%  | 71.0%  |  |  |
|               | Children and young people (ages 0-17) mental health services access (number with 1+ contact)          | Feb 23 | 26,531 | 17,195 |  |  |

## 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 | Aug 24 | 0      | 10    |  |  |
|               | Estimated Diagnosis rate for people with dementia  | May 24 | 66.7%  | 62.0% |  |  |

## Talking Therapies Metrics

| Category      | Metric  | Period | Target | Value  | Variance  | Assurance   |
|---------------|---|--------|--------|--------|---|---|
| Mental Health | Talking Therapies: Treated within 6 weeks                   | Aug 24 | 75.0%  | 95.3%  |    |    |
|               | Talking Therapies: Treated within 18 weeks                  | Aug 24 | 95.0%  | 100.0% |    |    |
|               | Talking Therapies: Moving to reliable recovery (national)   | Aug 24 | 50.0%  | 51.4%  |  |  |
|               | Talking Therapies access (total numbers accessing services) | Apr 24 | 3,914  | 5,630  |  |  |

## 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% |  |  |

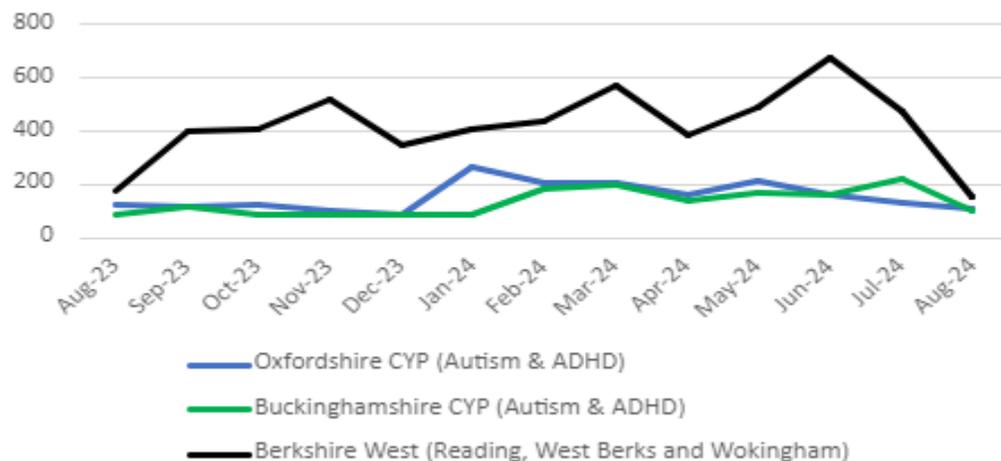
# Autism and ADHD - CYP

\*Data validation and alignment underway figures subject to change

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

|  |                     |
|--|---------------------|
| Oxfordshire CYP (Autism & ADHD)                    | 3,634 (August 2024) |
| Buckinghamshire CYP (Autism & ADHD)                | 3,490 (August 2024) |
| Berkshire West (Reading, West Berks and Wokingham) | 6,788 (August 2024) |

## Number of Referrals Received for CYP



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

|  |                                  |
|--|----------------------------------|
| Oxfordshire CYP (Autism & ADHD)                    | 81 weeks (August 2024)           |
| Buckinghamshire CYP (Autism & ADHD)                | 83 weeks (August 2024)           |
| Berkshire West (Reading, West Berks and Wokingham) | Autism – 108 weeks (August 2024) |
| Berkshire West (Reading, West Berks and Wokingham) | ADHD – 104 weeks (August 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 CYP (children and young people) only. Note tables contain previous months report data due to reporting timelines, chart shows latest referral numbers by Place.

### How are we performing:

- The top table outlines the number of patients currently waiting for an assessment it displays 13,912 on the waiting list across BOB when using end-of August 2024 figures for Buckinghamshire, Oxfordshire and Berkshire West.
- The chart provides an overview of the numbers of referrals received by month from August 2023 to August 2024. A reduction is seen in August 2024 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.

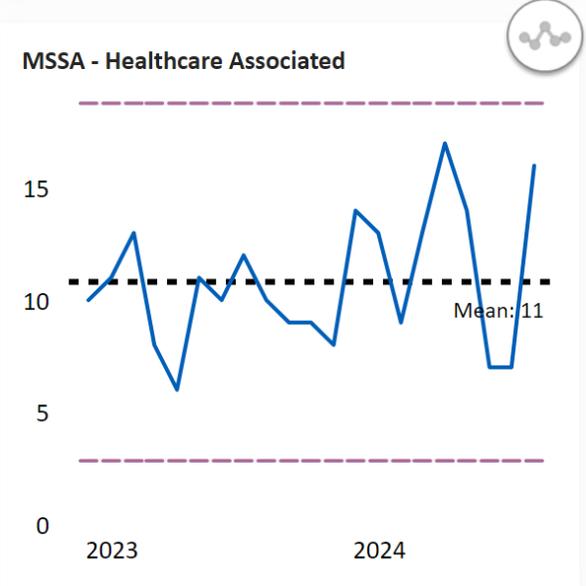
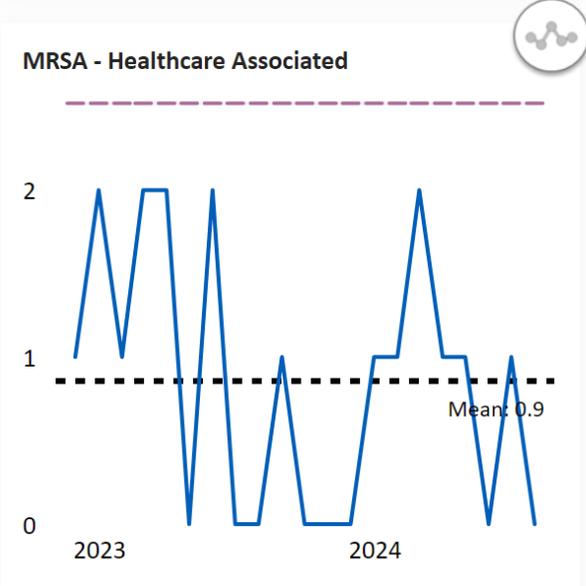
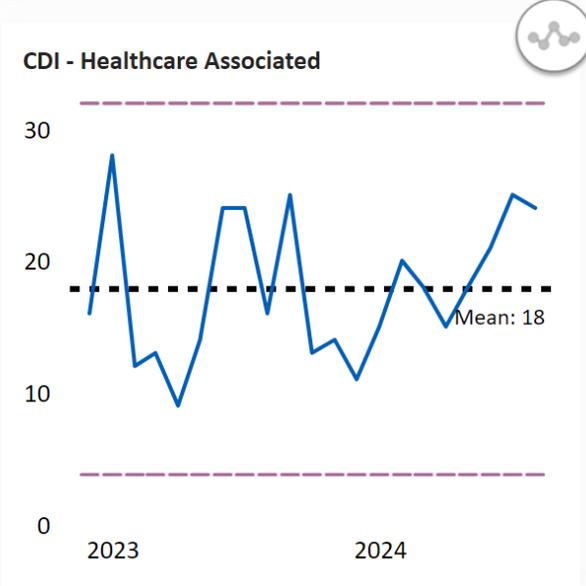
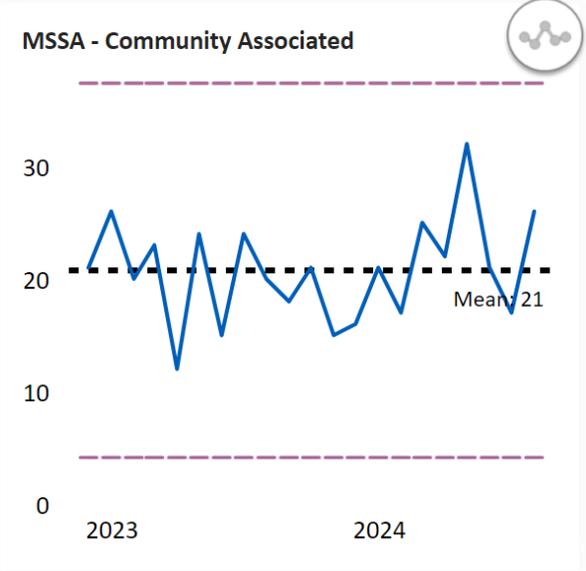
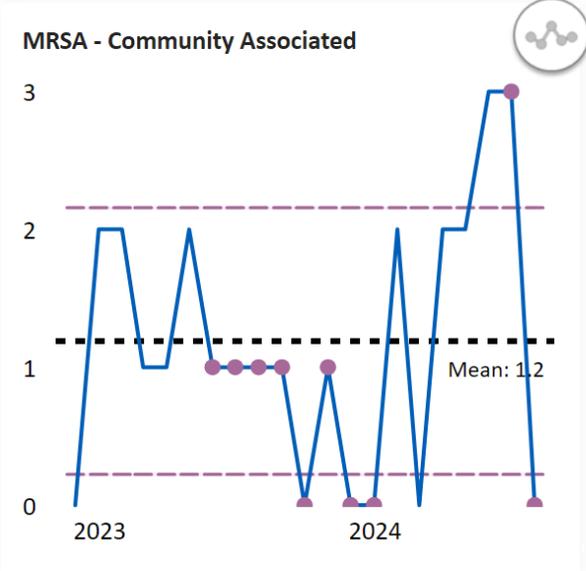
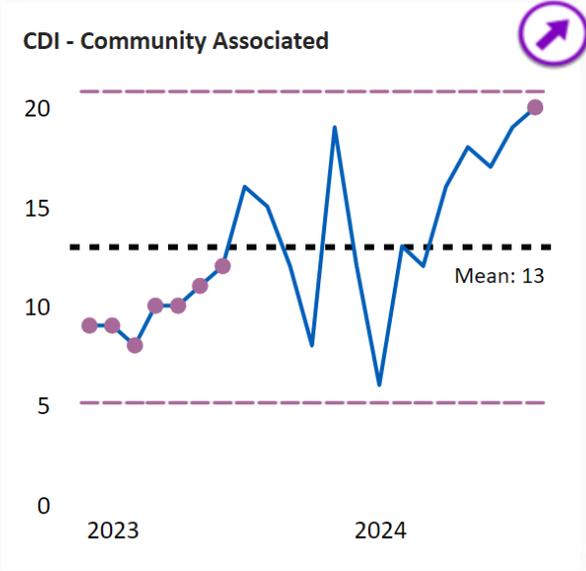
### Actions:

- Partnerships for Inclusion of Neurodiversity in Schools (PINS) one year pilot started in Reading in partnership with Brighter Futures for Children and BHFT. The pilot will focus on early support and intervention for neurodiverse children in the mainstream primary setting. Delivery will commence from November 2024.
- Rollout and expansion from April 2024 of BOB SHaRON (Support Hope and Recovery/Resource Online Network) pilot which provides support whilst waiting.
- SPENCER3D pilot in 20 schools across Berkshire and Bucks to promote informed strengths and needs led support approach.
- Two projects developing automated clinical decision-making tool and using AI for Autism & ADHD Assessment being explored and implemented. Piloting 'request for help' (from Q3 23/24) and 'BOB-NDQ' (from Q3 24/25 - trial with families commenced September 2024). Expanding programme offer to incorporate early years (0-5) delivery.

### Risks:

- Inequality of experience whilst on waiting list – focus of SEND inspections and how CYP waiting are supported as a system.
- Children and Young People, risk to transfer of care to adult services due to services being paused in Oxfordshire and Buckinghamshire.

# Infection Prevention and Control - CDI, MRSA, MSSA



### How are we Performing?

The NHS Standard Contract 2024/25 threshold data, under review to transition to new targets set. The below table provides annual threshold data, key change aggregated at ICB level, rather than Sub-ICB level.

| Case thresholds 2024/25 |        |               |                 |
|-------------------------|--------|---------------|-----------------|
| C. difficile            | E.coli | P. aeruginosa | Klebsiella spp. |
| 365                     | 1,102  | 167           | 353             |

**Clostridioides difficile (CDI):**  
CDI rates continue to rise as per the [national trend](#). August cases reported community onset 28, healthcare onset 25.

There were 0 MRSA bacteraemia's reported, however MSSA numbers have increased, the main cause remains skin and soft tissue.

### Actions & Risks:

IP&C team continue to monitor case rates. BOB remains above trajectory in Q2 across all HCAI reported infections.

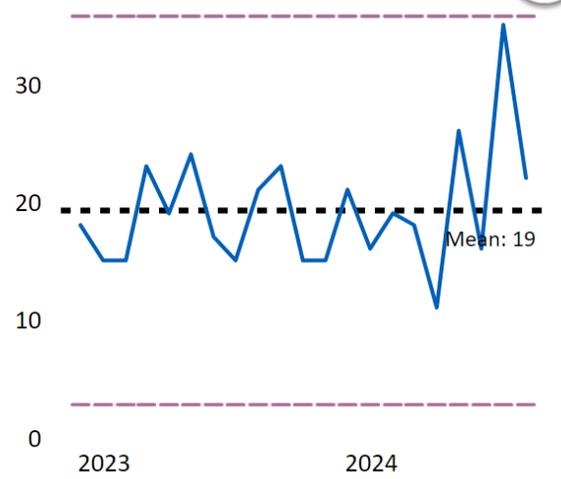
Progressing Microsoft forms C.difficile data collection for community cases 2024/25, analysis of findings for shared learning across primary care via GP Bulletin. Recommendations include the increased risk of CDI when taking antibiotics, BOB wide Antibiotic Patient information leaflet under development.

IP&C have supported primary care with Clade I Mpox guidance pathways and to ensure provision of FFP3 masks, fit testing availability as recommended in National guidance.

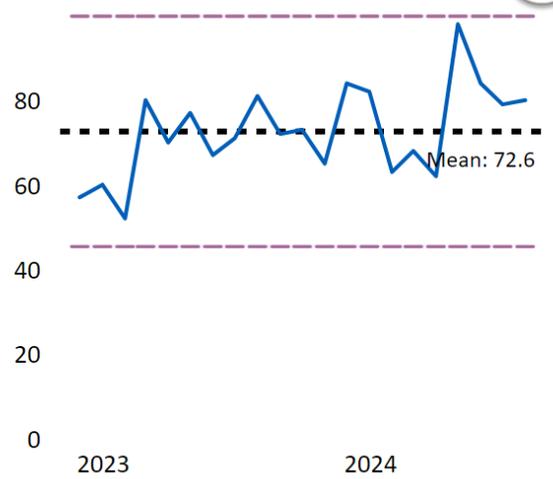
Winter planning adopting a system wide approach for preparedness. In August 7 care homes were supported with IP&C guidance for outbreaks including: Norovirus, Covid, respiratory infections and scabies.

# Infection Prevention and Control - Kleb, E.Coli, Pseud

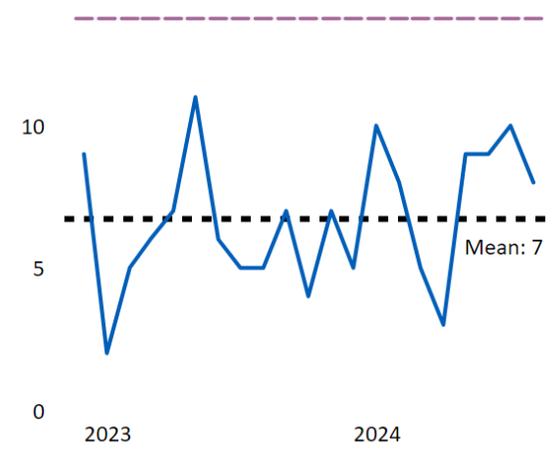
Klebsiella - Community Associated



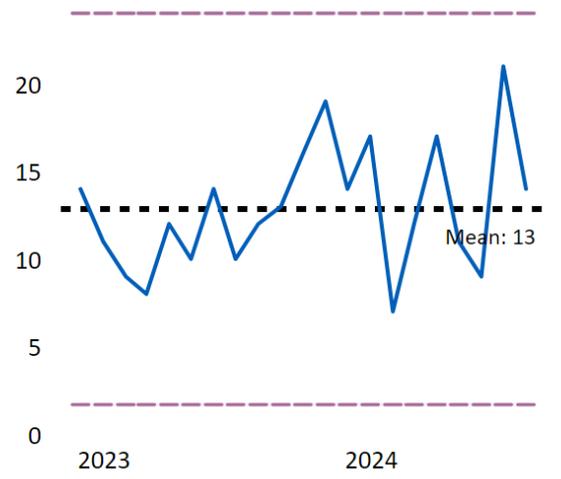
E.Coli - Community Associated



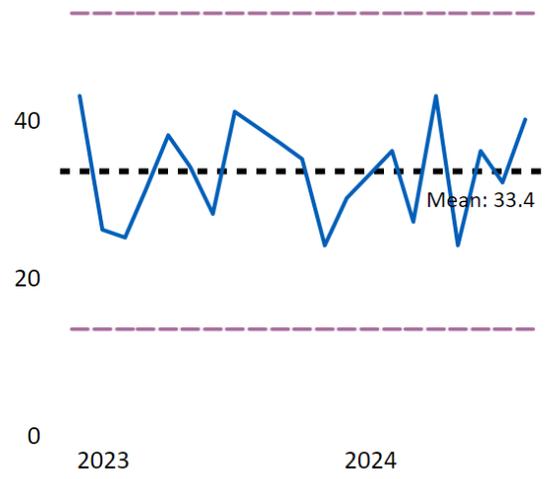
Pseudomonas aeruginosa - Community Associated



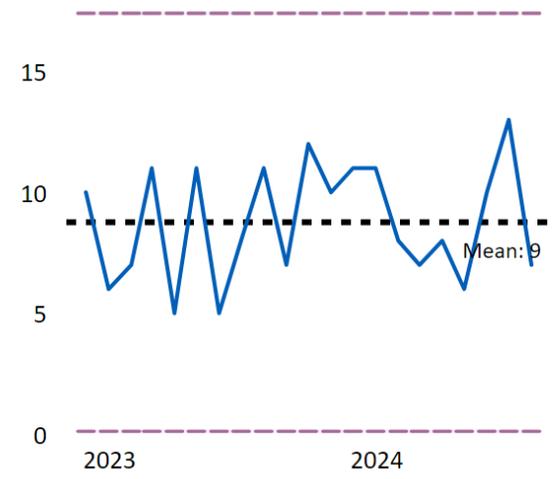
Klebsiella - Healthcare Associated



E.Coli - Healthcare Associated



Pseudomonas aeruginosa - Healthcare Associated



## How are we performing?

August has seen a decrease in the majority of GNBSI, however there is an increasing trend and BOB are above trajectory in Q2 for all 3 Gram negative blood stream infections (GNBSI).

The main source is urinary tract, therefore there is a focus on reducing Catheter associated urinary tract infection (CAUTI) and antimicrobial stewardship to within targets set.

## Actions & Risks:

The BOB Urinary Catheter Passport launch is expected to be available in all areas by early December.

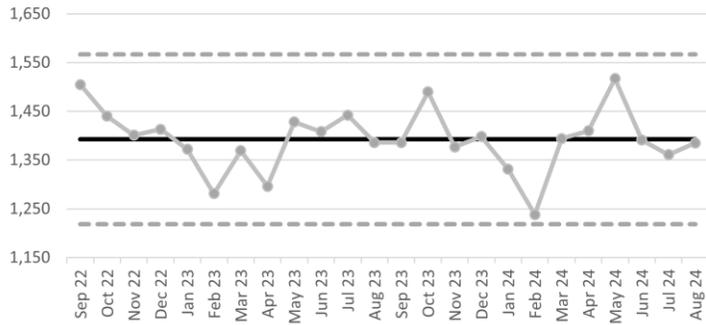
Training and Education programme in place with delivery of Aseptic Non-Touch Technique (ANTT) theory sessions provided to primary care staff, with the aim to improve aseptic technique practice. IPC Education resources developed with a ICB SharePoint site now live and contains bitesize training, webinars and resources for primary care staff.

BOB One Health Anti-Microbial Stewardship group is established, with priorities set to focus on the new UK 5-year action plan and World Antimicrobial Awareness Week in November. Plan to promote AMR and public awareness /engagement to include a competition targeting schools and universities to increase antimicrobial awareness.

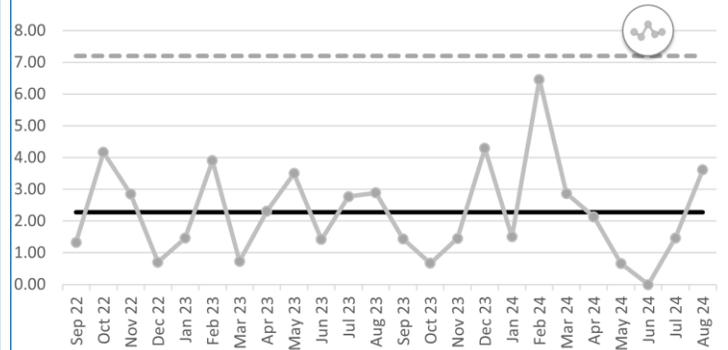
5-year AMR National Action Plan (NAP) mapping exercise progressing, to identify where BOB is currently, identify any gaps, agree key AMS and IPC priorities to focus on 2024/25.

# Maternity and Neonatal

**Total births**



**Neonatal deaths (per 1,000 live births)**



**Total births:** There were 1385 total births across the system in August which is around the average number of births.  
**Breastfeeding initiation:** 82% of women and birthing people initiated breastfeeding in August. This is just above the 80% target for BOB but is not yet special cause improving variation.  
**Caesarean section delivery:** The percentage of births via c-section is at 42% across the system. This is still higher than average and the highest number since December 2023. This is indicator reflects both acuity and workload in each place.

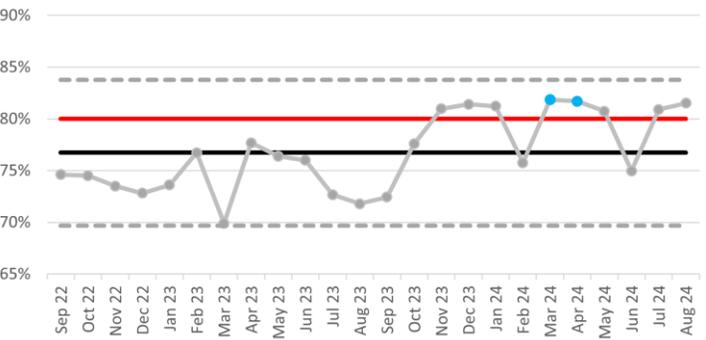
**Neonatal deaths (rate per 1000 births):** 3.61 - there were five neonatal deaths in August.

**Stillbirths (rate per 1000 births):** 2.17 – there were 3 stillbirths across BOB in August.

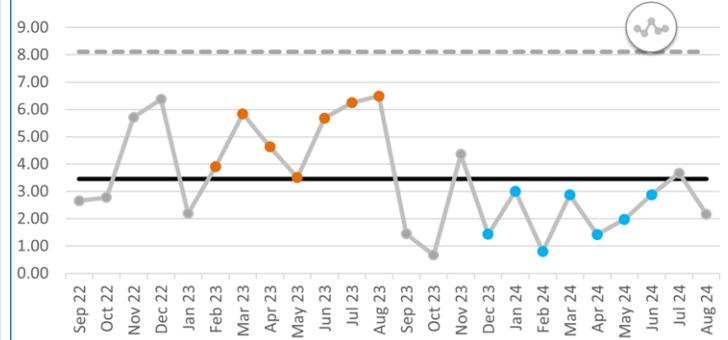
**Smoking at time of booking:** The percentage of women and birthing people smoking at booking is 3.3% which is below the 5% target. This remains special cause improving variation.

**Smoking at time of delivery:** The percentage of women and birthing people smoking at delivery is 3.5% which is below the 5% target. This remains special cause improving variation.

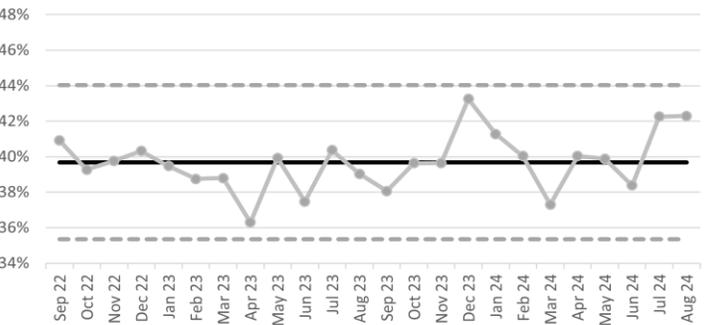
**Breastfeeding initiation**



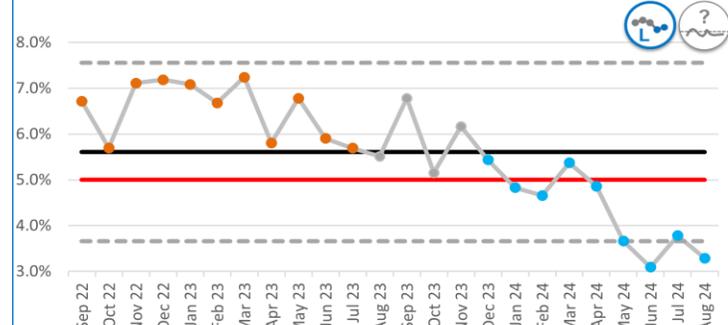
**Stillbirths (per 1,000 births)**



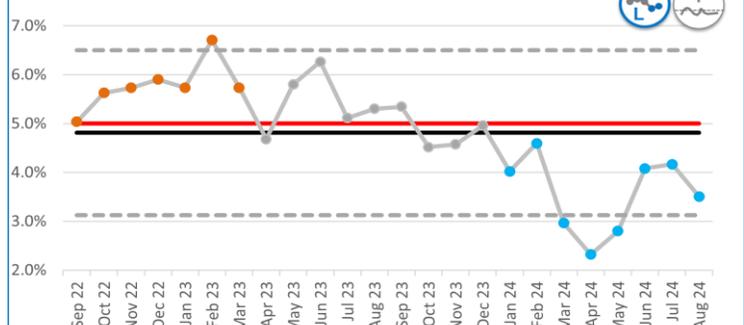
**Caesarean section delivery**



**Smoking disclosed at booking**

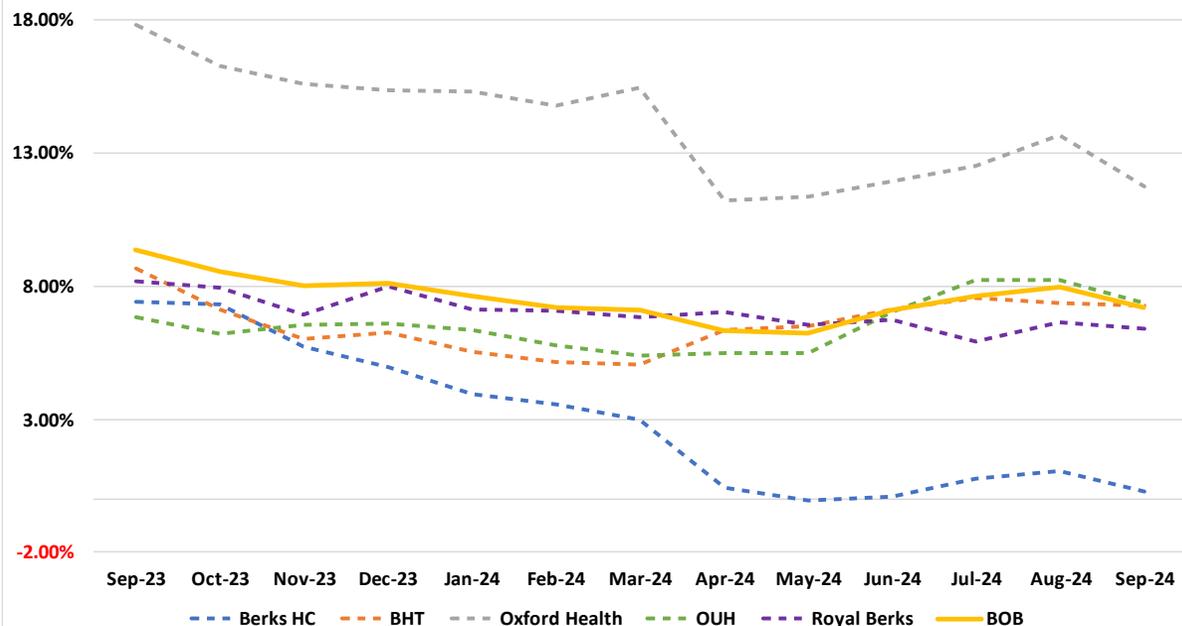


**Smoking disclosed at delivery**



# Workforce – Vacancies

BOB Overall in month Vacancy rates September 2024



Headline Vacancy Rates for BOB ICS Footprint as at August 2024

| Profession   | Vacancy Rate | Change from last month |
|--|--------------|------------------------|
| Medical and Dental   | 3.9%         | -2.3% ↓                |
| - Consultant   | 10.5%        | 0.4% ↑                 |
| - Non-Consultant career grades (excluding trainees)          | 4.3%         | 1.5% ↑                 |
| - Trainees (excluding foundation trainees)                   | -3.1%        | -5.1% ↓                |
| Registered Nursing, Midwifery and Health Visiting Staff      | 8.5%         | 0.0% ↑                 |
| Allied Health Professionals                                  | 6.2%         | 1.8% ↑                 |
| Other Registered Scientific, Therapeutic and Technical Staff | 3.3%         | 0.4% ↑                 |
| Registered Healthcare Scientists                             | 3.0%         | 0.2% ↑                 |
| Support to Clinical Staff                                    | 9.1%         | 1.0% ↑                 |
| Total NHS Infrastructure support                             | 10.4%        | 1.1% ↑                 |

## This metric measures

1. In Month vacancy rate by organisation since the same period last year at September 2024. Source M6 2024-2025 Provider Workforce Returns (PWRS) from the “1.WTE” and “2.KPI” tabs.
2. Headline vacancy rates and change from last month or BOB ICS Footprint at August 2024. Source “Vacancies Dashboard SE” as at August 2024 from the South Data Sharing Platform. This is the most current version available at the report submission deadline..

## How we are performing

- The overall BOB ICS footprint in month vacancy rate has fallen in September 2024 by 0.8%. Whilst over the past 12 months it remains on a downward trend, in the current fiscal year it has risen by 0.9%.
- Looking at the change over the period September 2024-25 all trusts in month vacancy rates are lower than at the start of the period, except for OUH, which has risen by 0.6%.
- In month overall vacancy rates have fallen at all BOB Provider trusts in September 2024. The highest decrease of 1.9% was at OHFT, followed by OUH (0.8%), Berks HC (0.8%) Royal Berks (0.7%) and the lowest was at BHT at 0.1%.
- The BOB ICS Footprint Headline vacancy rates have risen for most staff groups in August 2024 apart from Medical and Dental staff where they have fallen by 2.3% for all Medical and Dental Staff, and 5.1% for Trainees. The largest in month rise in September 2024 was for AHPs with a rise of 1.8%. The highest vacancy rates in August 2024 were for Infrastructure Support (10.5%), Medical Consultants (10.5%) and Registered Nursing, Midwifery and Health Visiting Staff (8.5%).

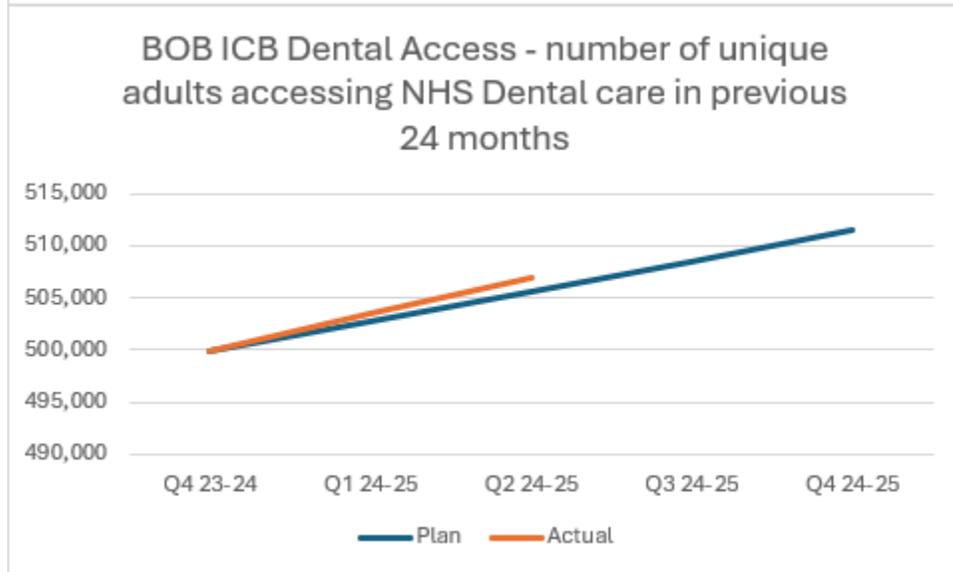
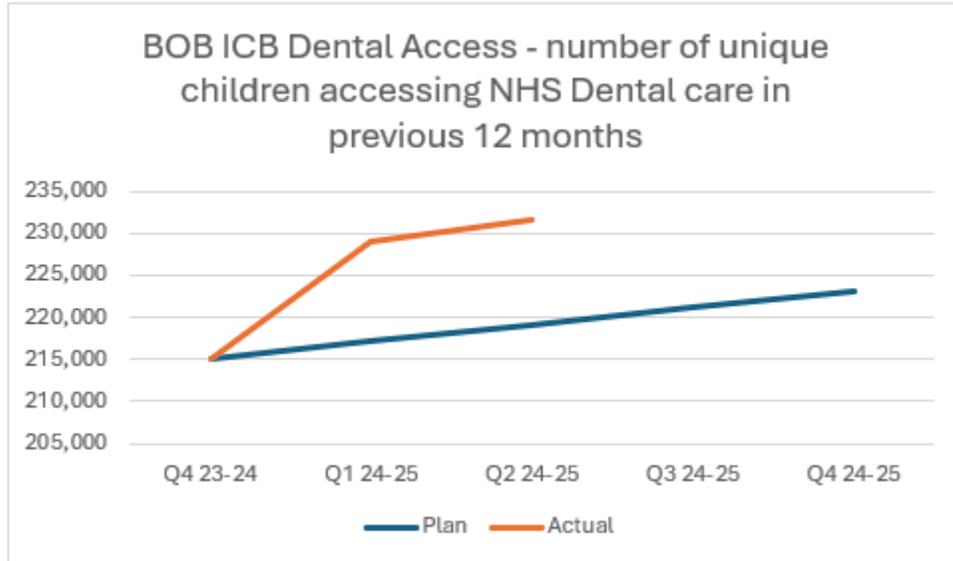
## Actions

- **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. However, these will also need to take account of the need to achieve cost reduction
- CPO organisational oversight and Establishment Control Panels are in operation across the system to consider exceptional requirement to fill vacancies during this period of system recovery.
- Shared learning: There may be benefit in sharing workforce plans and actions across Trusts.

## Risks:

- Vacancies are expected to increase as result of the implementation of additional Workforce Controls to support system recovery. Therefore, vacancy rates remain a risk on the BAF and Trust Risk Registers.
- Increased risk is introduced as we move into winter pressures, caused by the intent to reduce reliance on temporary staffing to make savings on the overall pay bill. The impact will likely result in an increase in leaver rates due to poor morale.

## Dentistry/High Street Dental Services – Access 2024-25



### Delivery against activity plan (M5)

As part of the ICB Operating Plan in 2024-25 there are targets to increase the number of children attending over a 12-month period and adults over 24 months. Whilst the measure of adult access is a long-established metric, the number of children over 12 months was introduced in 2024-25 (changed from a 24-month measure). The number of patients attending in March 2024 was:

- Children 215,154
- Adults 499,902

At the end of September, the ICB was ahead of target with 231,689 unique children attending in the previous 12 months and 506,958 adults attending over the previous 24 months (1,308 patients above target). The ICB is pursuing the following initiatives to support improved access:

- New Patient Premium to incentivise practices to take on new patients
- Minimum Unit of Dental Activity (UDA) price of £28
- 70,000 additional UDAs commissioned from April 2024
- Payment for contract overperformance up to 110%
- Plans to commission a further 88,000 UDAs from 2025-26
- Golden Hellos to support recruitment in areas where this has been a challenge – 13 practices have received approval for payments
- Additional Access sessions for patients needing urgent treatment – 2 practices providing these sessions
- Flexible Commissioning for patients who have struggled to access NHS dental care – 34 practices taking part with 8,755 patients seen in 2024-25
- The provision of time limited financial assistance to practices in line with national guidance issued in October 2023

## 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

| Code | Org     | Org Name  |
|------|---------|---|
| QU9  | BOB ICB | NHS Buckinghamshire, Oxfordshire and Berkshire West ICB |
| RHW  | RBFT    | Royal Berkshire NHS Foundation Trust                    |
| RNU  | OH      | Oxford Health NHS Foundation Trust                      |
| RTH  | OUH     | Oxford University Hospitals NHS Foundation Trust        |
| RWX  | BHFT    | Berkshire Healthcare NHS Foudnation Trust               |
| RXQ  | BHT     | Buckinghamshire Healthcare NHS Trust                    |
| RYE  | SCAS    | South Central Ambulance Service NHS Foundation Trust    |