

## BOB ICB BOARD MEETING

<b>Title</b>	Performance and Quality Report		
<b>Paper Date:</b>	30/12/2024	<b>Meeting Date:</b>	14/01/2025
<b>Purpose:</b>	Assurance	<b>Agenda Item:</b>	12
<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 five key areas 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)

M7 sees the introduction of a benchmarking table for four of the above 5 metrics. The report maintains a glossary and a guide on interpreting SPC charts.

Note the report title page states M7 (October 2024) however the data contained within the report is provided as the latest publishable data, in some instances this could be September 2024 or as recent as November 2024.

The report 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.

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 71.7% in November 2024, an improvement of 5.4% on November 2023.
- Unvalidated data shows performance has deteriorated c.5% through December.
- 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.
- The system winter operating and oversight arrangements have gone live in accordance with the system plan winter plan

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

- BOB providers reported 655 patients waiting longer than 65 weeks at the end of October.
- BHT continuing capacity for OUH surgeons to use theatre space at the Wycombe Hub and some of their insourcing for ENT, which is also having a positive impact on reducing the number of long waits

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

- 62-day combined performance in October 2024: no Trust met the 85% national standard although RBH met the interim one at 74.8%

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

- Percentage of GP appointments seen within two weeks was 76.3% in October, 6.2% lower than September.
- 1.1m appointments were booked in October compared to 863k in September. Increase is likely impact of Autumn flu & COVID vaccine campaigns
- BOB remains above Southeast and national averages.

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

- The overall 12-month rolling turnover rate for the BOB ICS Footprint (NHS Provider Trusts + the ICB) is on a downward trend falling from 10.8% in October 2023, to 10.4% in October 2024, a reduction of 0.4% over the period.

**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)

- 1442 Total births across the System in October 2024, higher than average and higher than October 2022 and October 2023.
- Smoking disclosed at time of booking has moved above 5% for the first time since March 2024
- Smoking at the time of delivery remains under 5%
- Breastfeeding initiation rates continue to show special cause improving variation and is above target with 83% of women and birthing people-initiated breastfeeding in October.
- Neonatal deaths show common cause variation with data falling both above and below the mean. There were 5 still births across BOB in October.

**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.

- CQC visited Oxford Health in November to inspect forensic services. High level feedback was complimentary about the staff, the compassion and the culture.
- CQC visited London Street Surgery in October – report awaited.
- There were no never events declared in October

**Action Required**

The Board is asked to:

- Note the contents of the report.
- Comment on coverage and presentation of the 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 ICB (Integrated Care Board) and system contribute to improvement.

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

Performance reviewed 3/12/2024 Population Health and Patient Experience Committee (PHPEC).

# NHS Performance and Quality Report

## M7 - October 2024

Matthew Tait – Chief Delivery Officer

Rachael Corser – Chief Nursing Officer

Abid Irfan – Interim Chief Medical Officer

# Scorecard - M7 - October 2024

**Benchmark** *where there is an agreed target the colour rating will be based on a pass/fail of that target. If there is no target, the colour rating will be based on comparison to the England figure*

Metric	Period	Target	Berkshire West	Buckingham shire	Oxfordshire	BHT	OUH	RBFT	BOB ICB	South East	England
GP appointments - percentage of regular appointments within 14 days.	Oct 2024		75.3%	75.1%	77.9%				76.3%	73.1%	74.9%
Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer	Oct 2024	85%	72.4%	42.2%	68.9%	41.1%	64.6%	74.4%	61.9%	67%	66.2%
Adult inpatients with a learning disability and/or autism per million head of population	Oct 2024	30							36		42
Under 18 inpatients with a learning disability and/or autism per million head of population	Oct 2024	15							24		18
Percentage of patients who spent 4 hours or less in A&E	Nov 2024	78%				68.1%	68.8%	69.9%	71.5%	74.5%	72.1%

## Planned Care Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Activity	RTT 65 Week Waits	Oct 24	0	655		

## 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	Nov 24	30	38		
	Under 18 inpatients with a learning disability and/or autism per million head of population	Nov 24	15	21		

## 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	Oct 24	85.0%	62.0%		

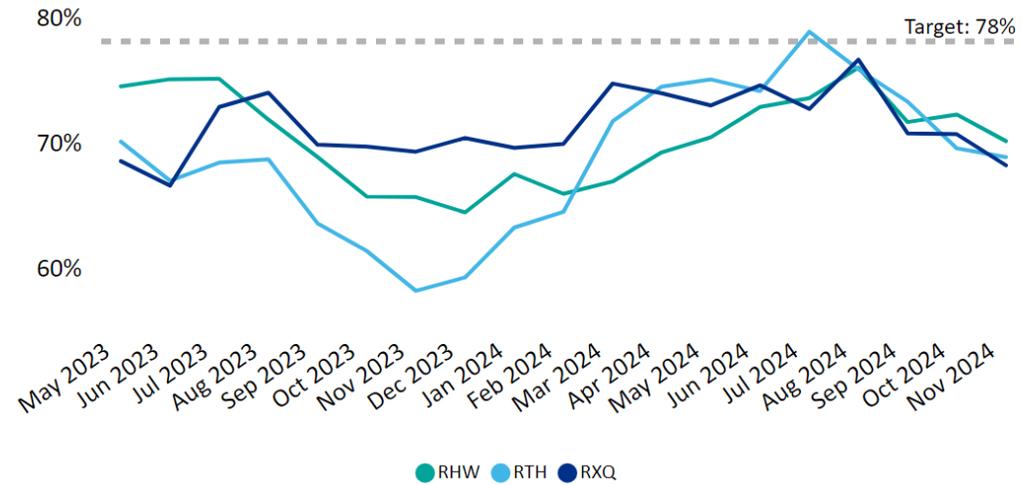
## Urgent Care Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Urgent Care	Percentage of patients who spent 4 hours or less in A&E	Nov 24	78.0%	71.7%		

# Urgent and Emergency Care

Nov 2024

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%	66.3%	⬆️	71.7%	5.4%
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	78.0%	65.6%	⬆️	70.1%	4.5%
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	78.0%	58.1%	⬆️	68.8%	10.7%
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	78.0%	69.2%	⬇️	68.1%	-1.1%

## 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 issued 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. BHT and RBFT have launched this initiative with OUH due to go-live in January
- The system winter operating and oversight arrangements have gone live in accordance with the system plan winter plan

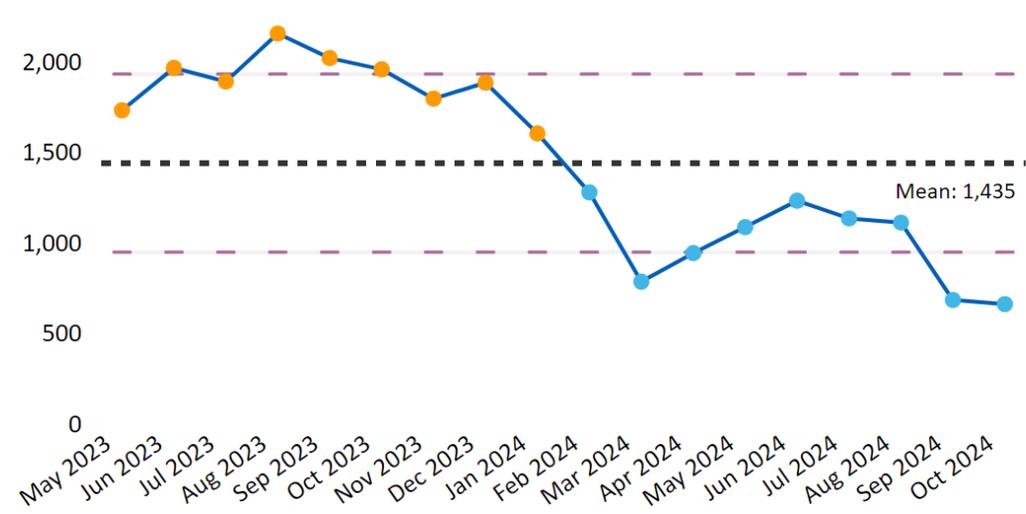
## Risks

- 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

Oct 2024

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.

## How we are performing?

	Target	Prev Month	Performance	Curr Month	Diff
▲ ICB - ALL PROVIDERS	0	678	↓	655	-23
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	0	4	↓	2	-2
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0	677	↓	664	-13
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	0	12	↓	8	-4

## Actions

- OUH have shared a revised plan to reduce long waits with the Tier 1 NHSE team.
- They are due to provide their list of procedures that require mutual aid support with RBFT and BHT for review. A refreshed Mutual Aid Plan is being developed for January to support zero 65week waits across the system by the end of March 2025.
- The Diagnostics group held an endoscopy workshop in December to agree improvement actions for the remainder of the year and into 2025/6. A new programme to free up endoscopy capacity using a nurse-led community service will be developed with support from the Oxford HIN.
- BHT continuing capacity for OUH surgeons to use theatre space at the Wycombe Hub and some of their insourcing for ENT, which is also having a positive impact on reducing the number of long waits.

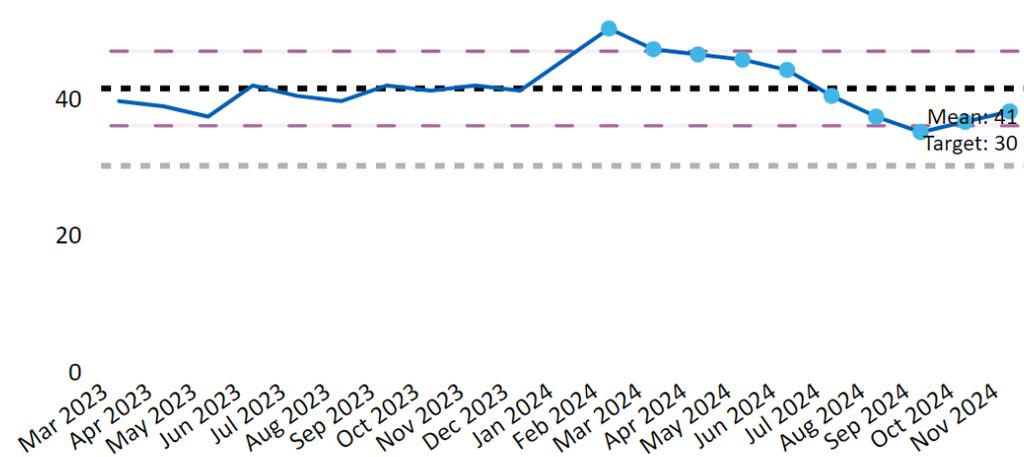
## Risks

- 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

Nov 2024

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



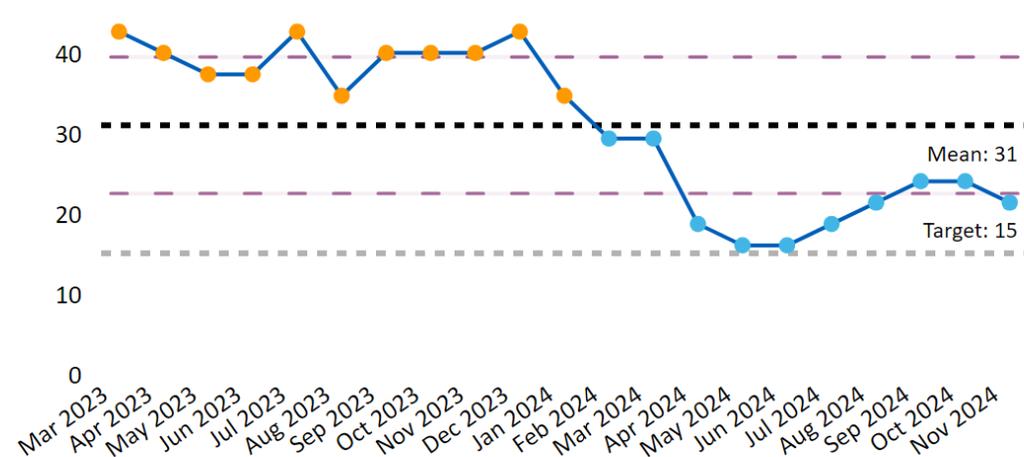
**These metrics measure:**

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?**

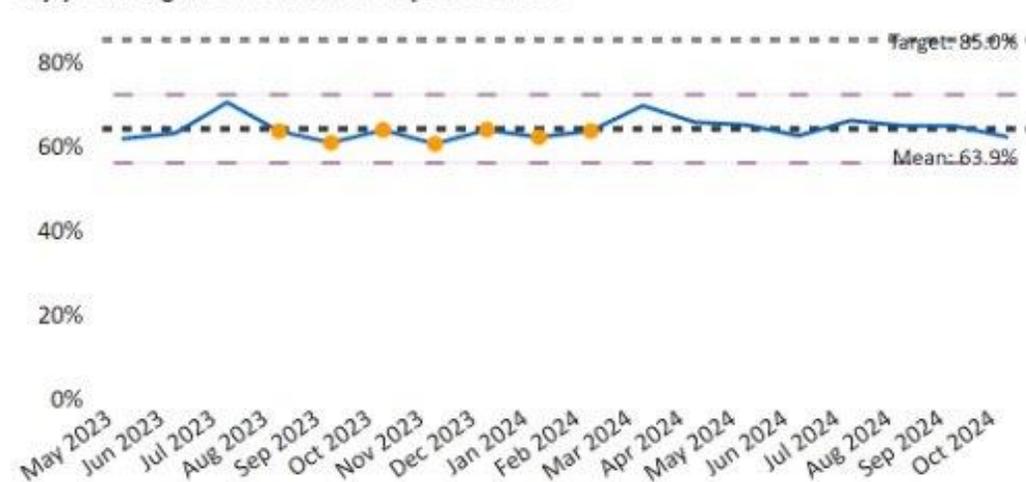
	Target	Prev Month	Performance	Curr Month	Diff
Adult inpatients with a learning disability and/or autism per million head of population	30	36	↑	38	2
Under 18 inpatients with a learning disability and/or autism per million head of population	15	24	↓	21	-3

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



- Actions:** November LD Health Webinar on Sepsis attracted large audience (50+) from system & preparation for next webinar, themed around Safeguarding, is underway. The webinars increase awareness in identifying conditions that are highlighted by LeDeR as common but preventable causes of death in LDA cohort.
- C(E)TR process workshop with commissioners to improve patient experience and standardise practices across BOB ICB. Better CTRs across the system is a key part of reducing the number of LDA inpatients
- Review meetings for root cause analysis of increase in Oxon CYP admissions to allow ICB to understand drivers leading to LDA inpatient admission and identify earlier preventative interventions.
- BOB participating in NHS E National Pilot on Commissioner Oversight Visits to develop standardised NHS template for COVs. This is a key part of standardising and improving oversight of LDA inpatients, ensuring essential information is gathered and allows ICB to assure commissioner choices/decisions.
- Draft Adult IFR proposal developed & work on Children's IFR proposal has been completed & single process in place so BOB S117 cases are assessed with a standard process reducing costs/delays in treatment & improving outcomes
- Key themes identified for quality improvement work, e.g. advocacy/cancer screening of people with LD for better outcomes through more extensive co-production and learning prev examples
- LeDeR annual report for FY 23/24 completed, backlog work cleared, allowing more effective processing and development of strategies to improve the PH of cohort with more detailed HAPs
- Risks:** Improved identification of people diagnosed with Autism is having an impact on increased admissions and caseload in LeDeR, CETR, DSR and keyworkers with currently stretched resources
- 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:

62-day standard - For first definitive treatment of cancer within 2 months of an urgent GP referral for suspected cancer. National guidance for 2024/25: Improve performance against the 62-day standard to 70% by March 2025 (noting constitutional standard of 85% is still in place)

How we are performing?

	Target	Prev Month	Performance	Curr Month	Diff
ICB - ALL PROVIDERS	85.0%	64.6%	🟡	62.0%	-2.6%
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	85.0%	77.1%	🟡	74.8%	-2.3%
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.0%	63.6%	🟡	62.5%	-1.1%
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	85.0%	56.5%	🟡	43.8%	-12.7%

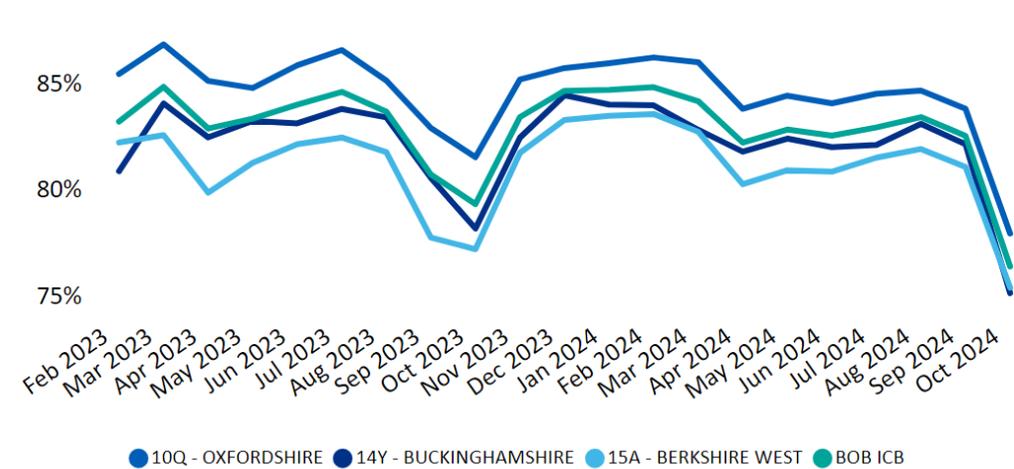
**BOB ICB Performance October 2024 (validated):**

- 28 days to diagnosis (Faster diagnosis standard (FDS)) for BOB was 77.5% showing an increase position from September at 74.5%. 3 Trusts performance was: BHT 74.1% an increase however still not compliant with the national expectation of 77%, OUH 77.4% (an increase), RBH 80.3% (an increase).
- For October, the BOB ICB 62-day combined performance position was 64.2% against the current March 25 70% ambition. In October, RBH reported a position of 76.3% (slight decrease on September position of 78.8%), continuing the trend of the interim compliance of 70% performance. OUH saw a marginal increase to 63.2% compliance against a position of 62.9 in September. BHT reported just under a 10% dip at 49.3% against their 58% position in September.
- OUH – the 4 most challenged pathways impacting their 62-day combined performance are Urology, Lung, Gynae and LGI
- BHT – the 3 most challenged pathways impacting their 62-day combined performance are Skin, Urology and LGI. UGI, H&N and Gynae are also impacting performance.
- RBH – whilst the Trust is currently meeting the interim performance standard, the 62-day combined performance was driven by breaches within all tumour sites with challenged performance within the LGI, Gynae and UGI pathways.

# Primary Care Access

Oct 2024

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		82.5%	↓	76.3%	-6.2%
15A - BERKSHIRE WEST		81.0%	↓	75.3%	-5.7%
14Y - BUCKINGHAMSHIRE		82.1%	↓	75.1%	-7.0%
10Q - OXFORDSHIRE		83.7%	↓	77.9%	-5.9%

## Actions

Decline in 14-day target observed in M7 across the whole of BOB. Contributing factor to decline may be that significantly more appointments were booked in M7, 1.1m appointments compared to 867k in M6 (28.6% increase). Increase is likely impact of Autumn flu & COVID vaccine campaigns. Year on year the M7 position also sees an increase in appointments, 10.2% increase compared to M7 2023 when 1m appointments were booked. Improvements in Access continue to be supported through:

- Digital - Ensuring telephony call back at all practices and full access to online services.
- Monitoring & support - Continued monitoring of patient satisfaction, red flags and low performance in general practice to support in assessment of ongoing practice sustainability and provision of more rounded support.
- Use of community pharmacy - Ongoing promotion of pharmacy first (incl GP referrals) and improving uptake of additional services
- Workforce investment - In the New to general practice fellowship scheme which is now supporting 87 GPs to transition into roles within general practice. Additional facilitated sessions provided to those participating in phase one of GPIIP. Plans to present learning at the BOB Information Sharing Webinar in March.
- Implementation of the Primary Care Strategy (same day access / INTS) with pockets of good practice emerging and an intention to share, adapt and adopt.

## Risks

### Collective Action

- The primary care team continued to meet weekly as the primary care cell which feeds into the BOB IMT for GP collective action. For services that GP practices serve notice on to provide, mitigations have been found or being worked through. The number of practices requesting to go red on the DOS, increased slightly but seems to be back around the 10 figure.

### Demand and Capacity (D&C) tooling & resilience

- Edenbridge have the initial submission and are working on how to incorporate into the dashboard. There are significant challenges the developers are addressing.

# Patient Experience

## Healthwatch reports

### People's experiences of leaving hospital in Oxfordshire.

Many people had a positive experience leaving hospital, and the majority of people felt safe and happy to be home. Key reasons for this noted in the report include:

- The provision of clear information and professional, person-centred support for people before and after discharge
- Most people felt listened to, respected and were actively involved, along with their carers, in care planning
- People experienced a joined up, coordinated approach to their care, noting particularly the input from charities, primary care, care providers and health and social care professionals.

The report also highlights that supporting people to remain at home and in their communities, rather than in hospital, can positively impact health outcomes and wellbeing. We are pleased to report that:

- Our Discharge to Assess (D2A) service is supporting 23% more people to move safely out of hospital compared to last year.
- Since the implementation of D2A, the average length of stay in hospital has reduced from 8 days to 5, meaning people are spending less time in hospital and more time at home. Where people can go home earlier, the risks of staying in hospital relating to deconditioning and future independence are well-attested.
- 73% of people on our reablement pathways reach full independence following discharge from hospital.

Areas for improvement noted in the report:

- Improve the experience of continuity and quality of care
- Clear communication with patients and carers
- Improve support for and identification of unpaid carers
- Continue developing joined up working across the system

## Complaints and PALS enquiries

There have been 11 formal complaints and 279 PALS enquiries in Month 7.

The ADHD and autism pathway including assessment waiting times, treatment and prescribing (shared care protocol) and right to choose continues to be a recurring complaint. A thematic review is being collated and shared at the BOB system quality group in January.

## Maternity

Baby Luna's preterm birth film published online and in national media sharing the experience of parents to an extremely preterm baby who received care on the preterm birth optimisation pathway that has been developed across the BOB system in collaboration with the health innovation network.

<https://www.youtube.com/watch?v=cPtR2qS8D4k>

## Quality Scorecard

Metric	Target	BOB ICB	RBFT	OUH	BHT
SHMI	Lower is Better		1.0205	0.8809	0.8670
Never Events	0	0			

## 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

Paediatric audiology site visits will be undertaken in early 2025.

Await revised SCAS undertakings and CQC reports for Oxford Health forensic services and London Street Surgery.

BHFT and RBFT patient safety quarterly reviews to be undertaken in early 2025.

## How are we performing?

There have been no new never events declared.

CQC visited Oxford Health in November to inspect forensic services. High level feedback was complimentary about the staff, the compassion and the culture. The full report and rating is expected in early February, Alongside the mental health provider collaborative NHSE is supporting quality improvement work in Thames House; ICB safeguarding and quality colleagues are also linked into this.

CQC visited London Street Surgery in October – report awaited.

SCAS 2-year review of undertakings assessed that several of the safety undertakings had been achieved. NHSE are working with the legal team to complete the compliance certificate. Revisions are being made to the well led and governance undertakings to recognise the progress made.

Quarterly patient safety reviews undertaken with OHFT and OUHFT.

OHFT celebrated PSIRF one year anniversary – staff feedback positively reflects the cultural shift to learning, openness and less blame. PSIRF processes well embedded. Emerging issues for focus at next review include access/delayed access to care.

OUHFT have patient safety partners actively involved in PSIRF processes. Staff feel more empowered by the new processes. Emerging themes for future focus include translation services.

# Wider Performance Oversight Measures



# Scorecard - wider performance measures

## Ambulance Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Ambulance Handover	Average Hours Lost on Handover	Oct 24		14:17:00		
	Delays per day at BOB Acute Trusts					
	Ambulance Handover Delays (>60 Minutes)	Oct 24		276		
Urgent Care	Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts)	Oct 24		1,021		

## 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	Oct 24	96.0%	87.4%		
	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer	Oct 24	85.0%	62.0%		
	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	Oct 24	90.0%	59.7%		
	Cancer 28 days wait (faster diagnosis standard) - Commissioner	Oct 24	75.0%	77.5%		

## Emergency Care Metrics

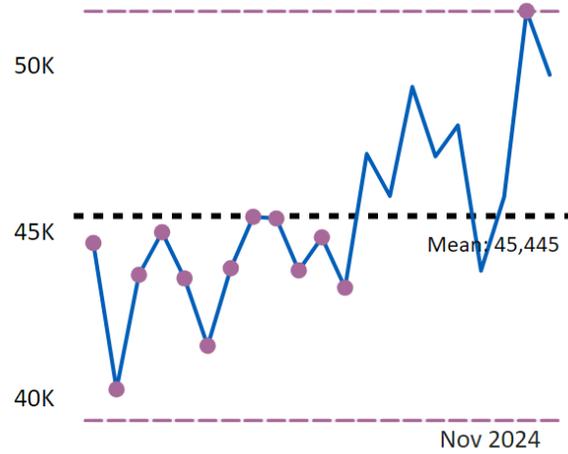
Category	Metric	Period	Target	Value	Variance	Assurance
Quality of Care, Access and Outcomes	A&E - percentage of patients managed within 4 hours.	Nov 24	95.0%	71.5%		
Urgent Care	Total A&E Attendances	Nov 24		49,693		
	Over 12 hour waits from DTA to Admission	Nov 24		265		

## GP Appointments Metrics

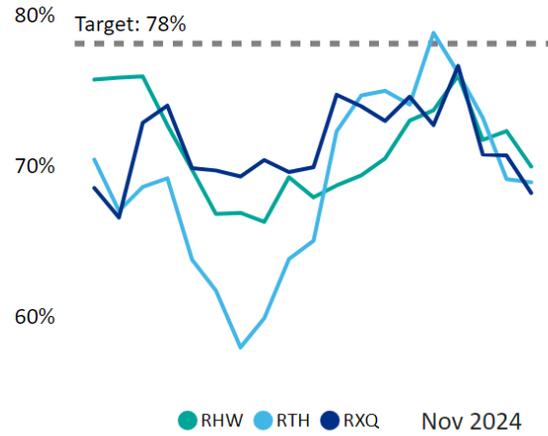
Category	Metric	Period	Target	Value	Variance	Assurance
GP Appointments	GP Appointments by Month split by modality - Video Conference/Online	Oct 24		38,471		
	GP Appointments by Month split by modality - Unknown	Oct 24		15,811		
	GP Appointments by Month split by modality - Telephone	Oct 24		300,692		
	GP Appointments by Month split by modality - Home Visit	Oct 24		13,110		
	GP Appointments by Month split by modality - Face-to-Face	Oct 24		747,848		

# Ambulance and Urgent and Emergency Care

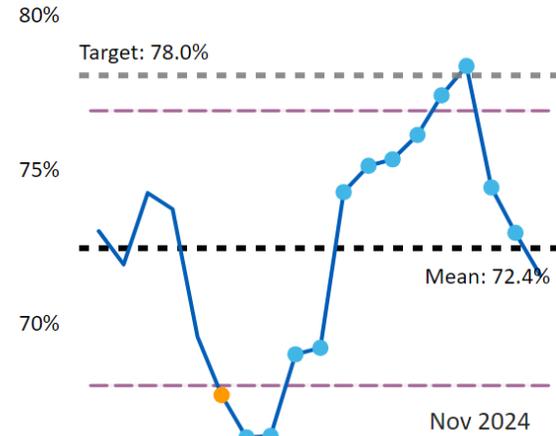
Total A&E Attendances



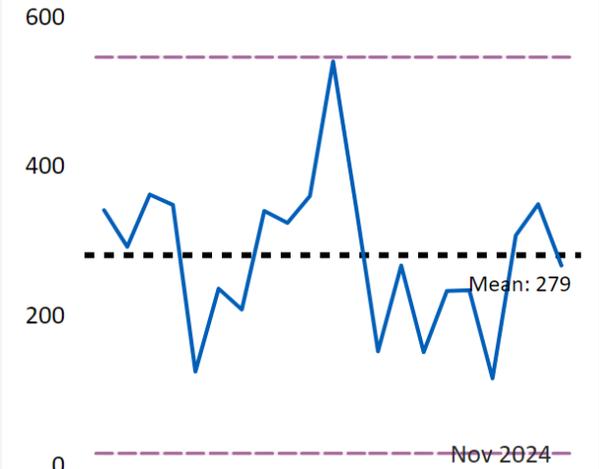
A&E - percentage of patients managed within 4 hours by Provider



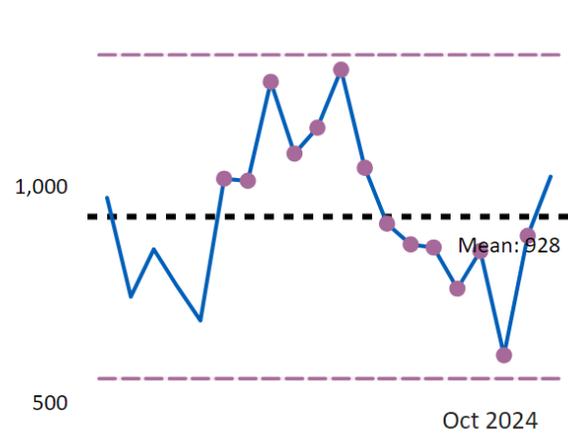
A&E - percentage of patients managed within 4 hours by ICB total



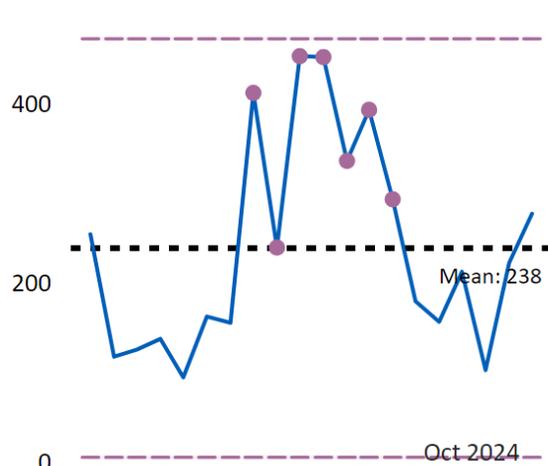
Over 12 hour waits from DTA to Admission



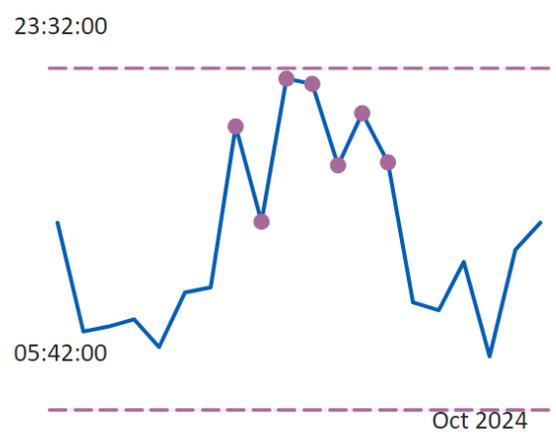
Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts)



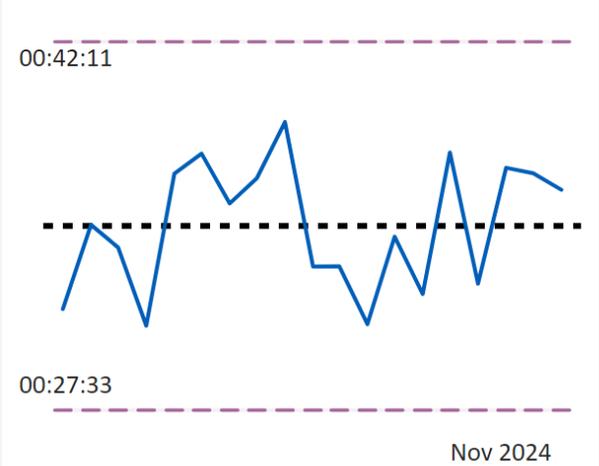
Ambulance Handover Delays (>60 Minutes)



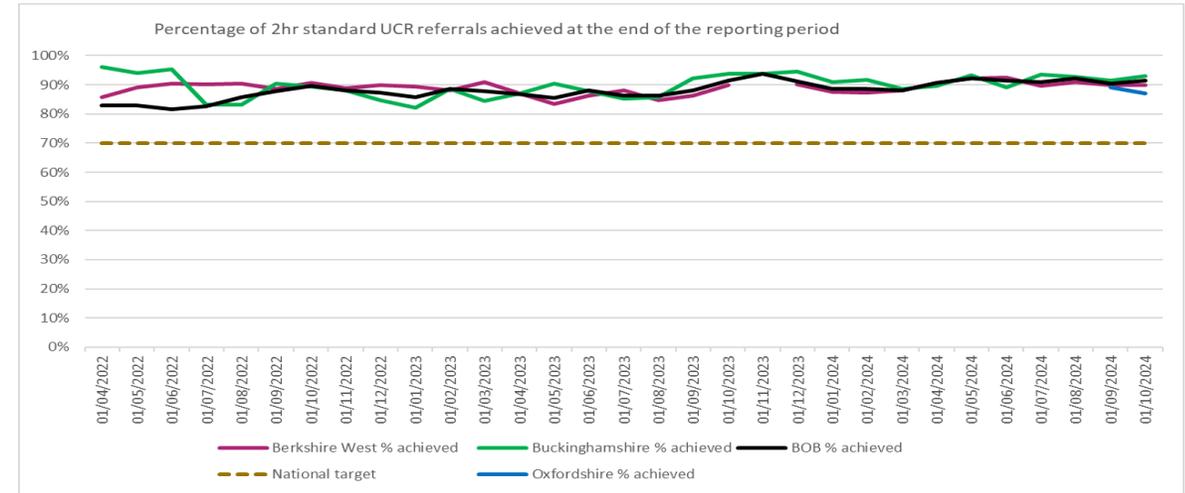
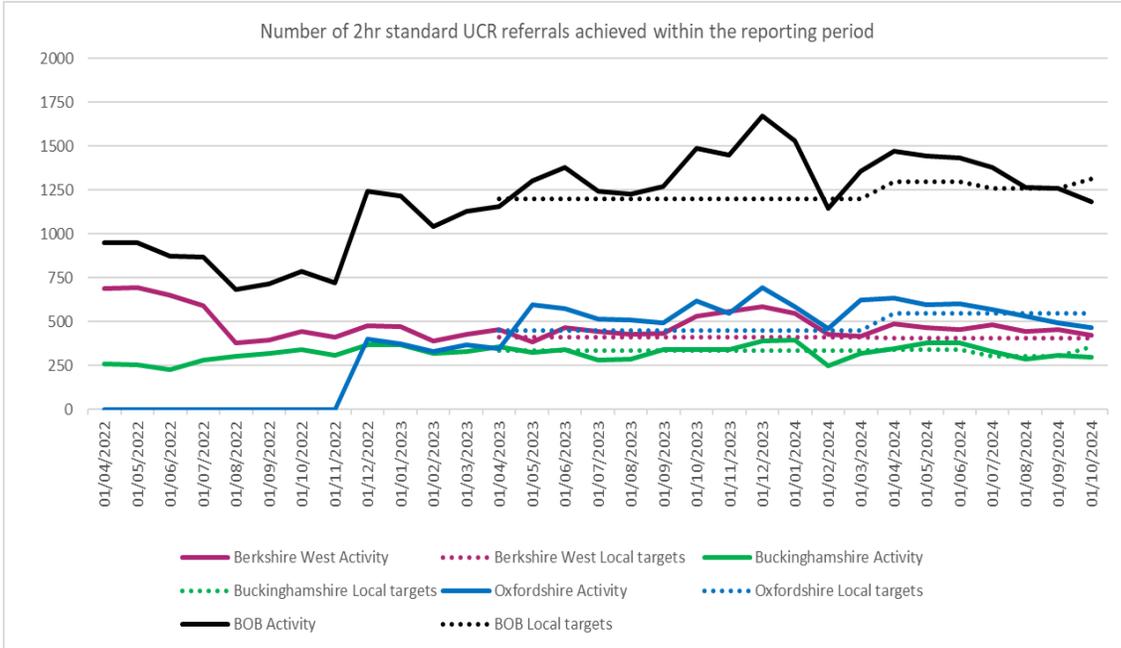
Average Hours Lost on Handover Delays per day at BOB Acute Trusts



Ambulance Response Times - Mean Category 2



# Urgent Community Response (UCR)



## This metric measures

Meeting the 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, increases since July are due to Oxford Health resuming reporting again on CSDS which is more accurate than interim manual data.

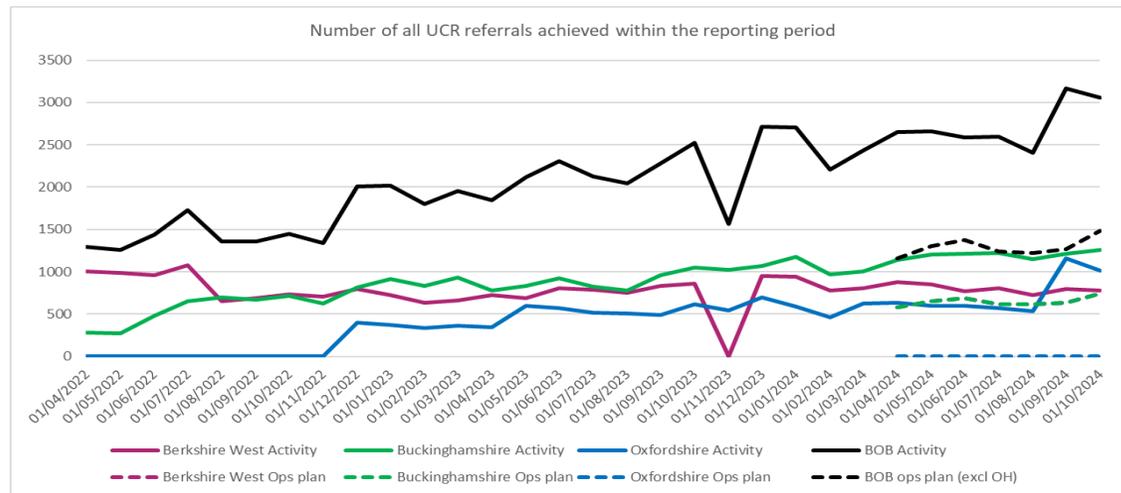
BOB have exceeded UCR all referrals and 2-hour targets for Q1 and Q2 and are currently on track to exceed Q3. BOB continue to exceed the 70% 2-hour standard.

## Actions:

- Continue to improve urgent care Single Point of Access offers in each place, ensure maximise hear and treat and call before convey opportunities.
- ED missed opportunities audits.
- Action plan monitoring in response to SCAS and Primary Care survey feedback
- Update comms to care homes.
- Ensure all UCR services are attending to non-injurious fallers who requiring lifting from the floor- Berkshire W gap
- Improved working with 111 and CAS to identify patients earlier in the pathway which transfer to 999

## Risks:

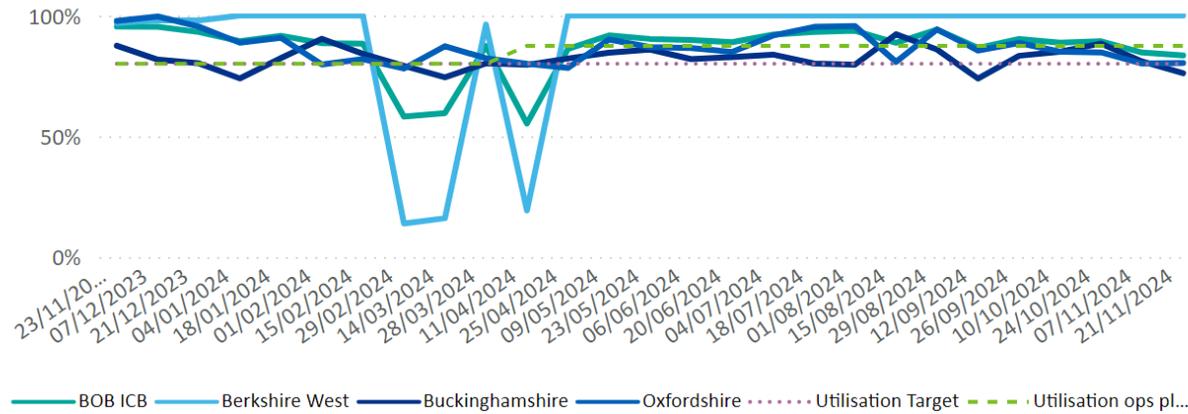
- Without a fully developed Single Point of Access in place for Urgent Care, ambulances will continue to be dispatched, patients will continue to be conveyed, reach SDEC, ED or to be admitted when they could have been assessed and treated in the community
- There is a risk that without a delay to dispatch of cat 3 and 4 ambulances, we will not be able to support all avoidable admissions



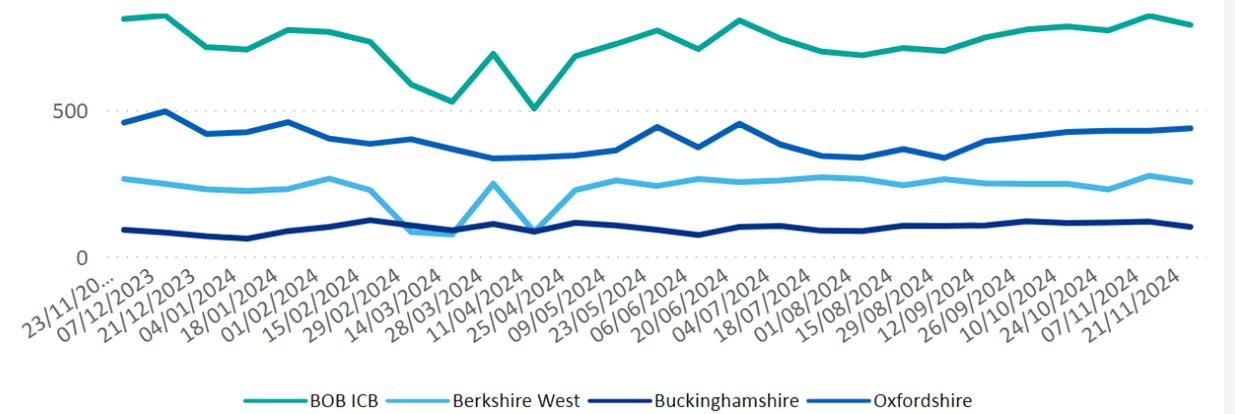
# Hospital at Home

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

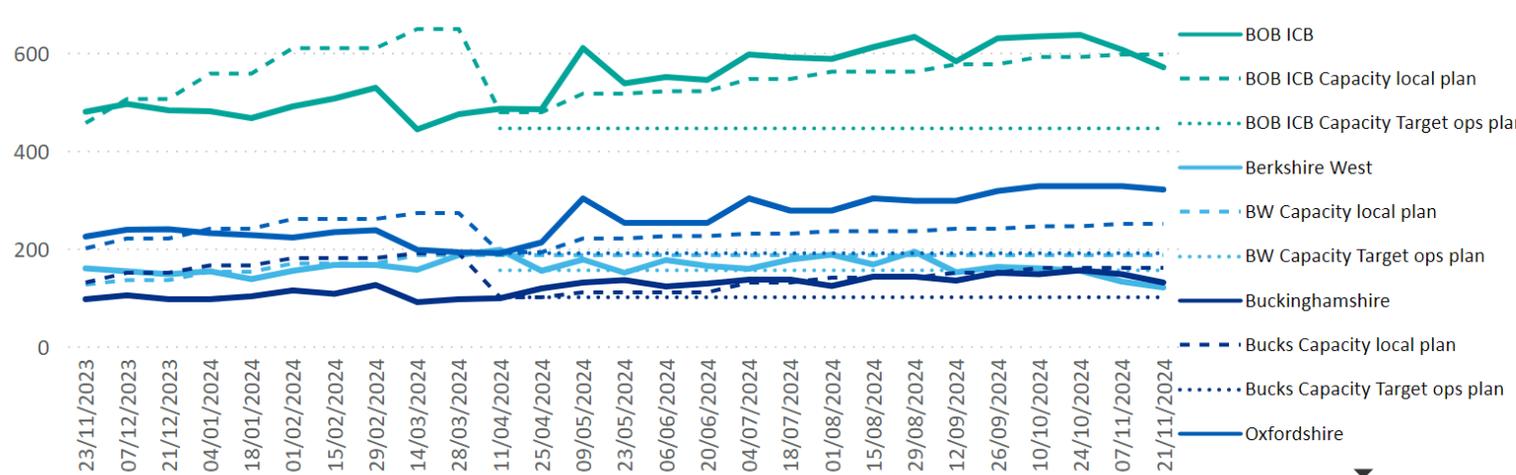
## Utilisation of Hospital at Home (Occupancy/Capacity)



## Hospital at Home Admissions



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



### Actions:

**Continue to promote services to 111, GP's and care homes-** promote as part of Single Point of Access offer to ensure we reduce number of patients being directed to ED and also the number of ambulance incidents and dispatch for cat 3 and 4 patients.

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

**Bucks to increase admissions-** they currently have the lowest rate per 100k pop in BOB.

### Risks:

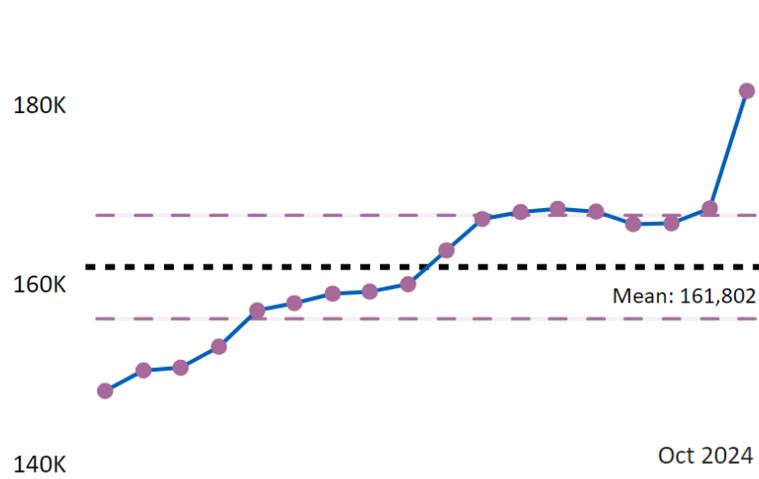
**Quality and safety risks associated with** i) not knowing/able to view on a system if an individual is under the care of a hospital at home service; ii) not being able to view or input into a shared Comprehensive Geriatric Assessment, plan of care or a 'recommended summary plan for emergency care and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

**Children and Young People Hospital at Home service-** risk that we will continue to be unable to deliver a consistent BOB service due to no additional ring-fenced monies..

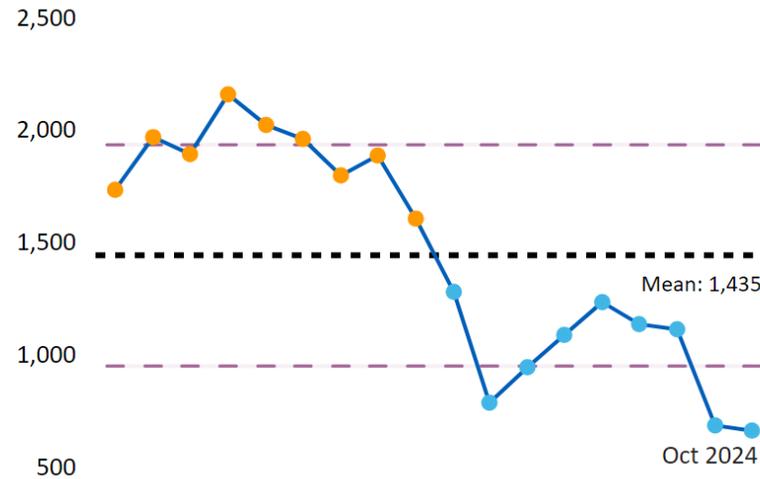
**Duplication and inefficiency-** risk that multiple assessments, plans and visits will continue, which results in confusion for patients, carers and HCPs unless services work together and documents are streamlined.

# Planned Care ICB

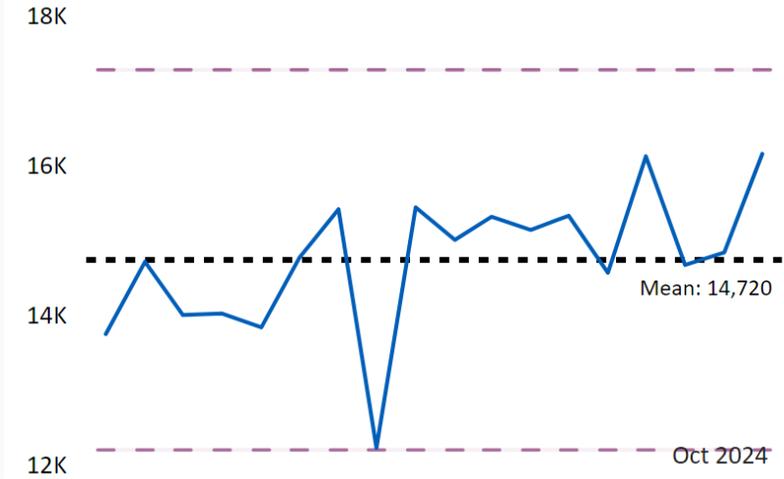
The total number of incomplete RTT pathways



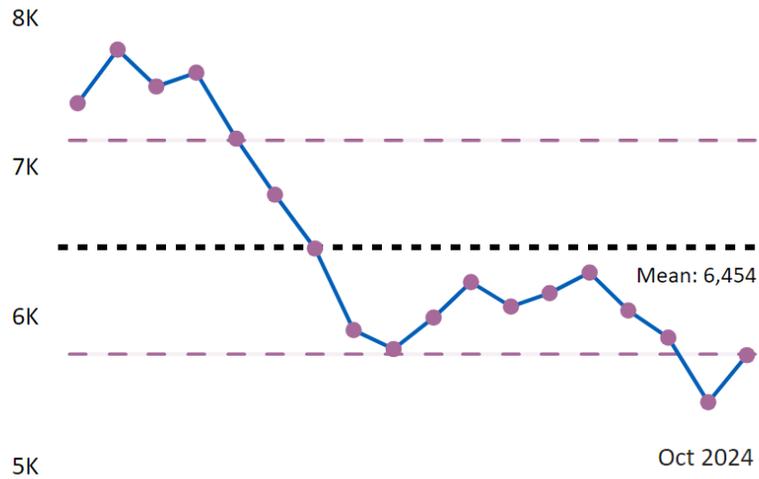
RTT 65 Week Waits



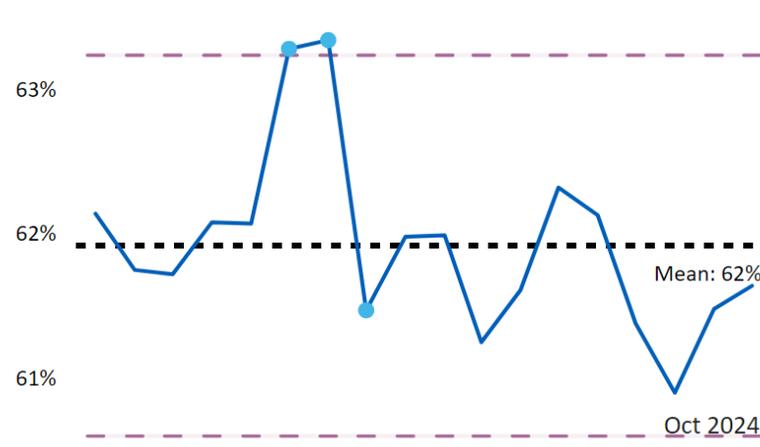
Day Case



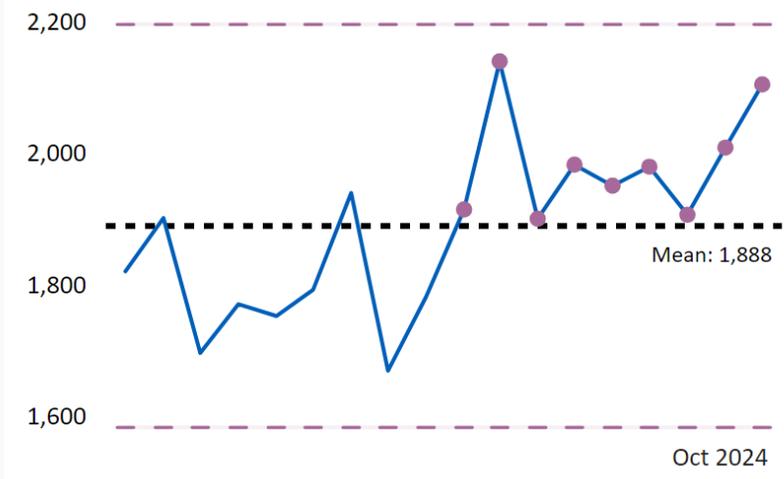
RTT 52 Week Waits



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



Ordinary



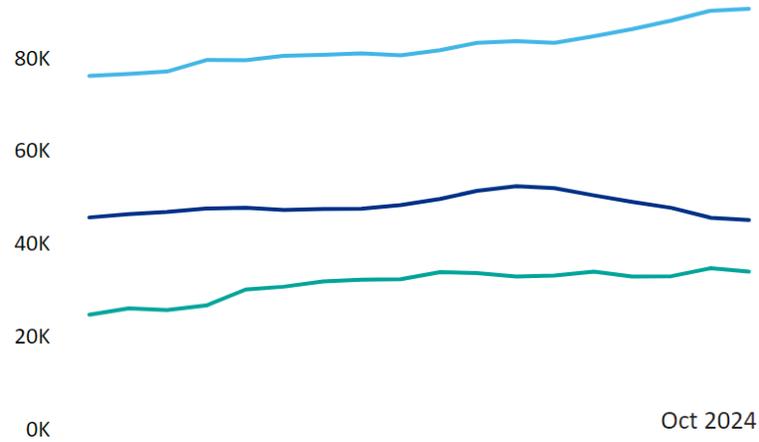
# Planned Care - Provider

RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST

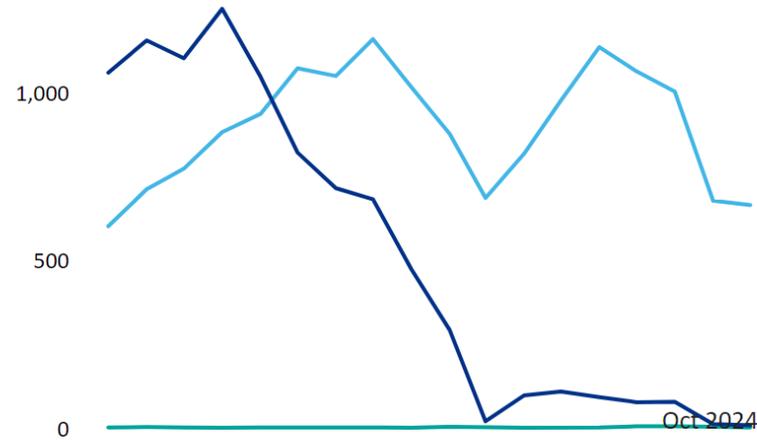
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST

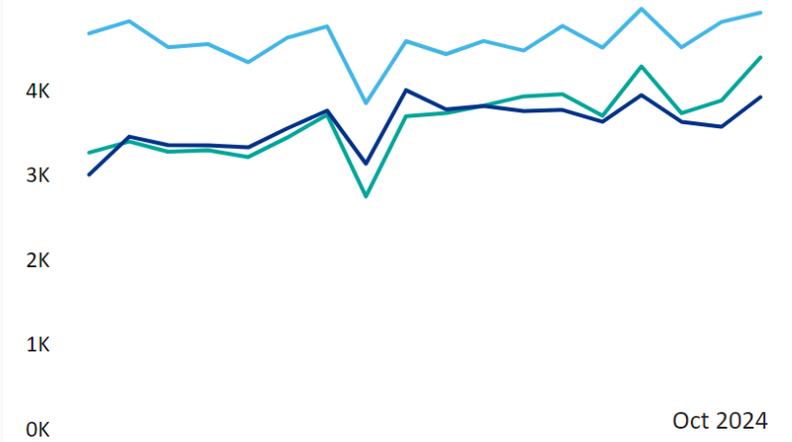
The total number of incomplete RTT pathways



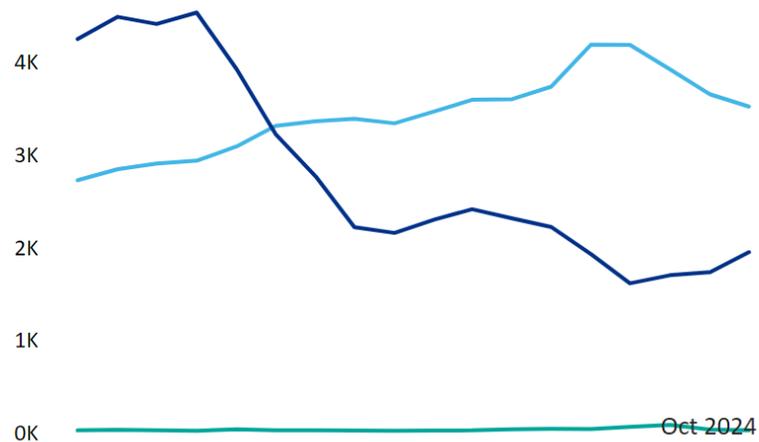
RTT 65 Week Waits



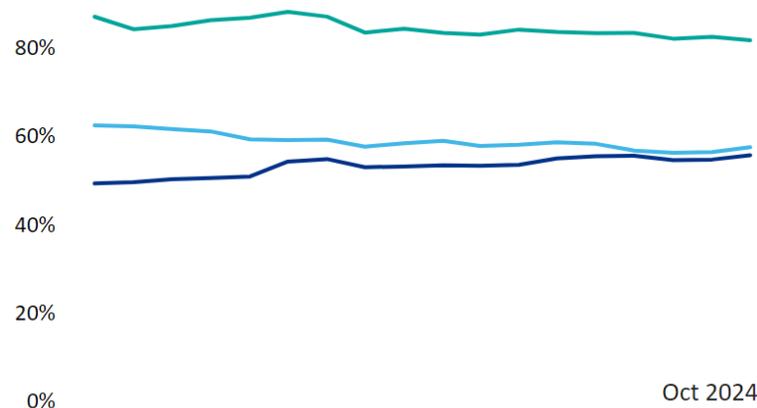
Day Case



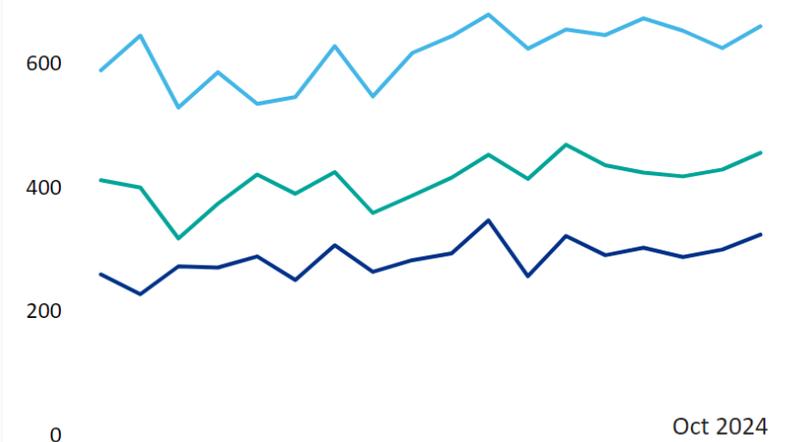
RTT 52 Week Waits



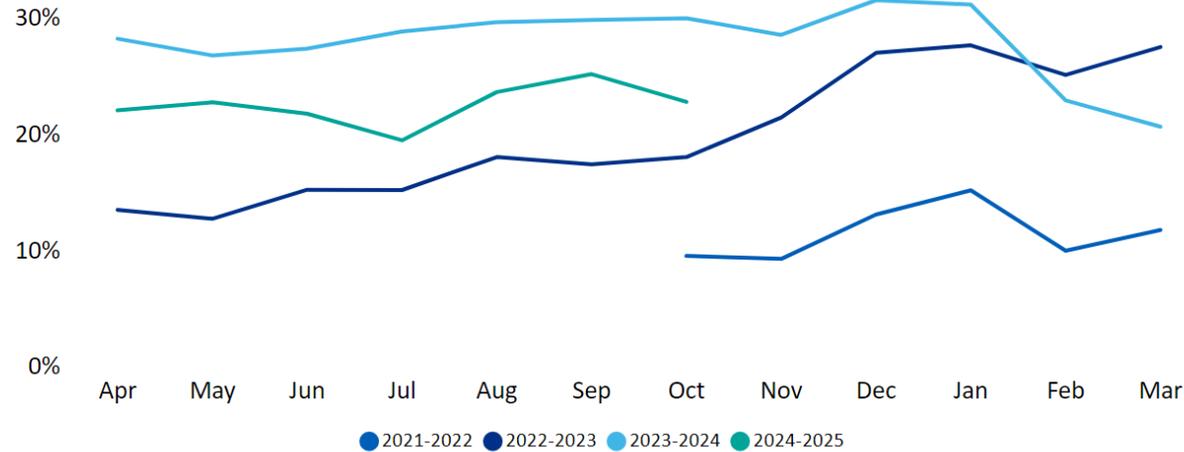
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period



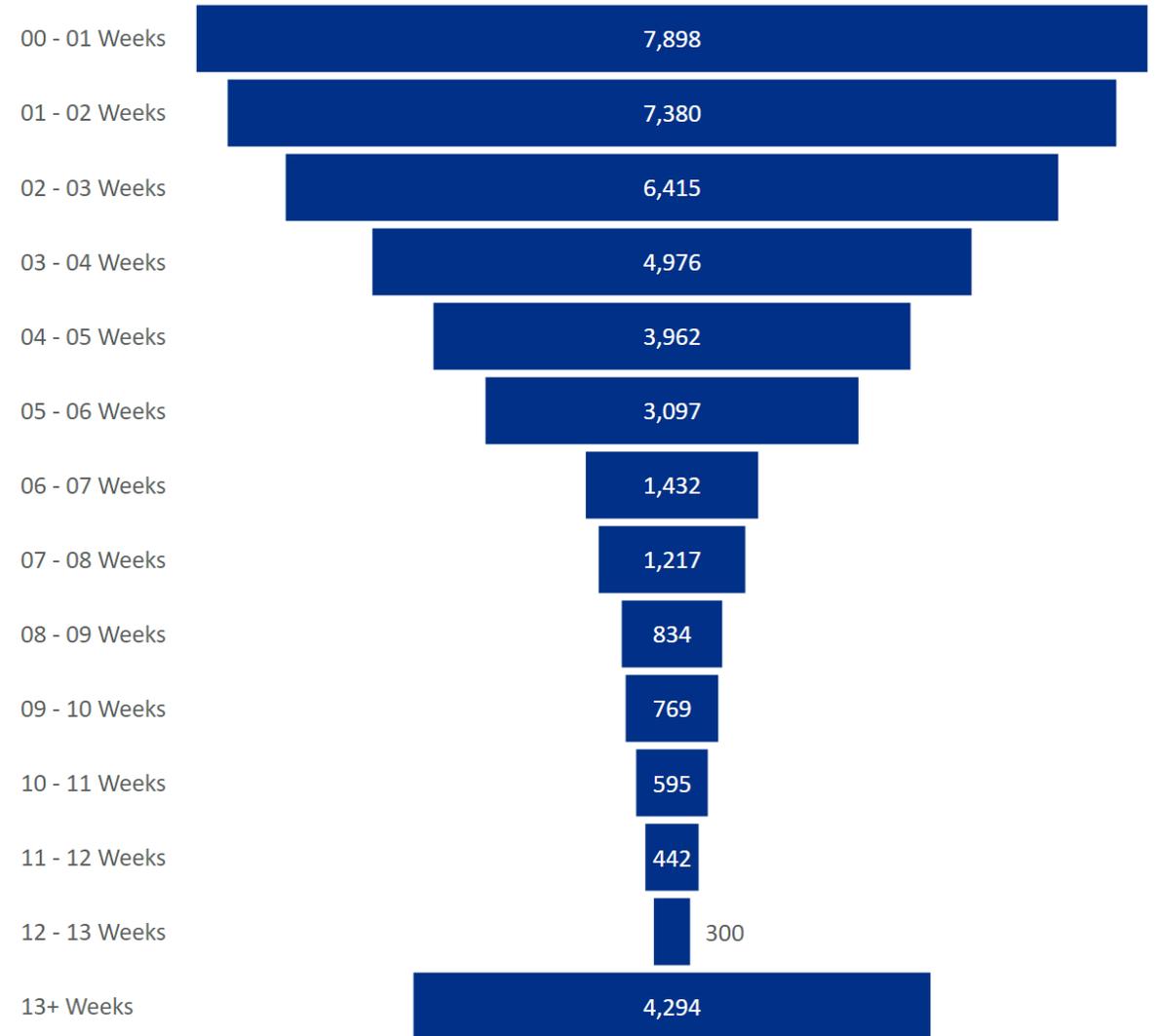
Ordinary



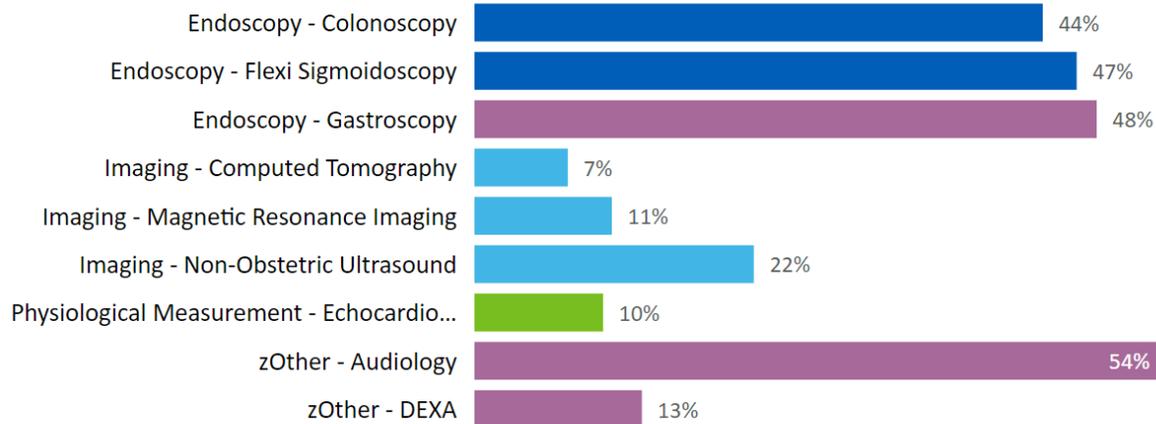
The percentage of patients waiting 6 weeks or more for a diagnostic test



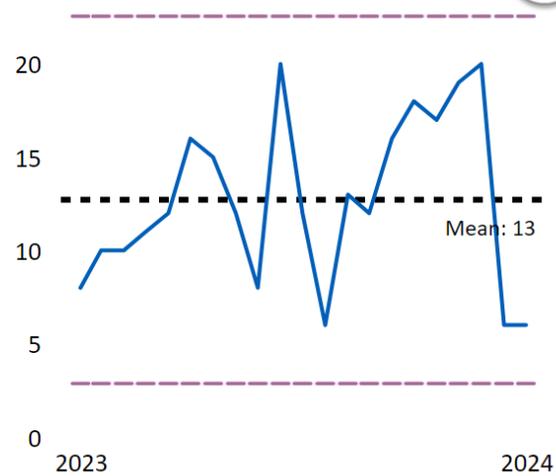
Waiters by week waited



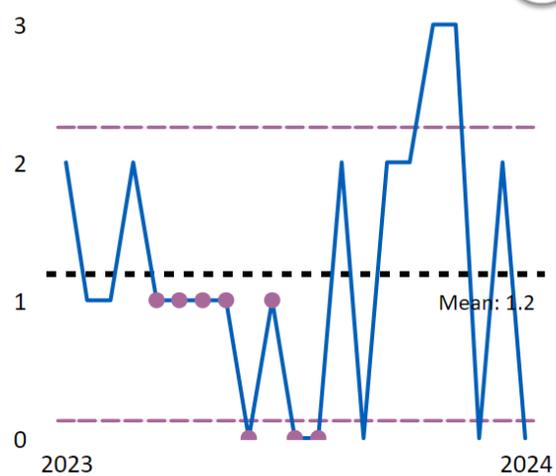
Diagnostic Performance by Test



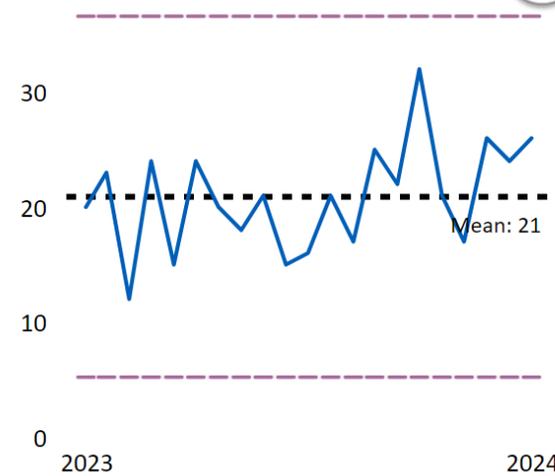
CDI - Community Associated



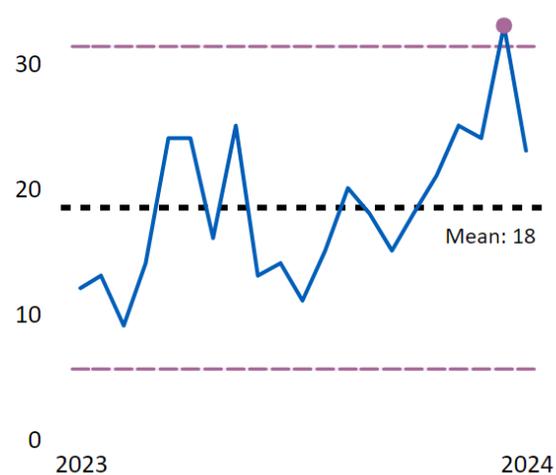
MRSA - Community Associated



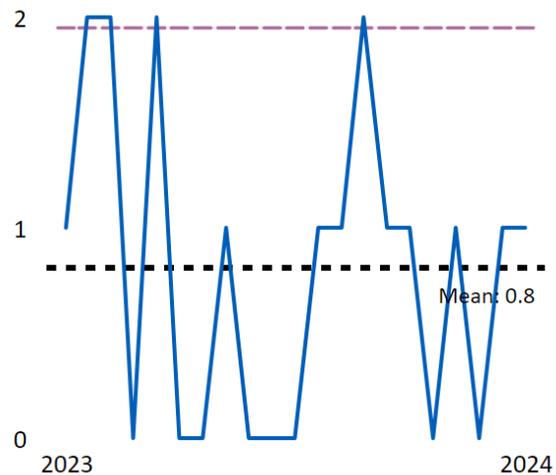
MSSA - Community Associated



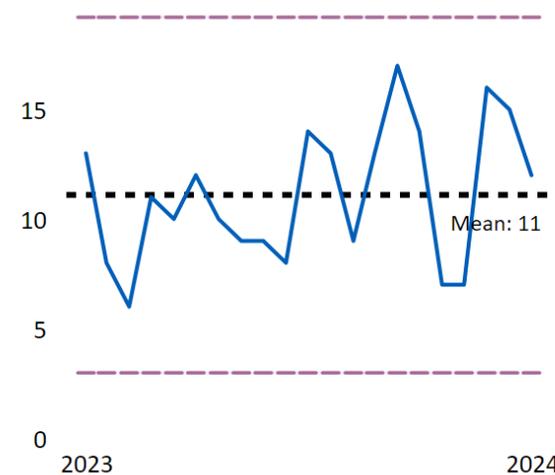
CDI - Healthcare Associated



MRSA - Healthcare Associated



MSSA - Healthcare Associated



### How we are performing

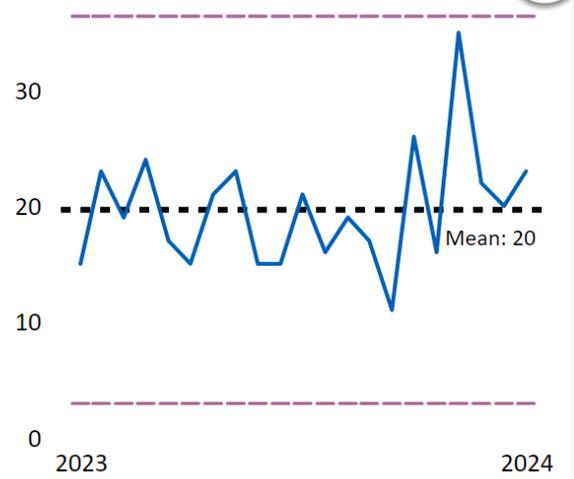
BOB remains marginally above the trajectories set NHS England for mandatory reported infections, as per national trend. October **Clostridioides difficile** infection (CDI) has reduced across all places/categories with exception of an increase of one healthcare associated case in Berkshire West.

**MRSA blood stream infection (BSI)** there was one MRSA bacteraemia in October, a healthcare associated case attributed to Acute Trust, Berkshire West, a cardiac pt repatriated from a London hospital in September. Known MRSA and decolonised on admission. A blood culture taken on during admission was positive MRSA. The medical team suspected line-related bacteraemia, but this was not confirmed. The case was discussed in the Vascular Access MDT meeting for shared learning.

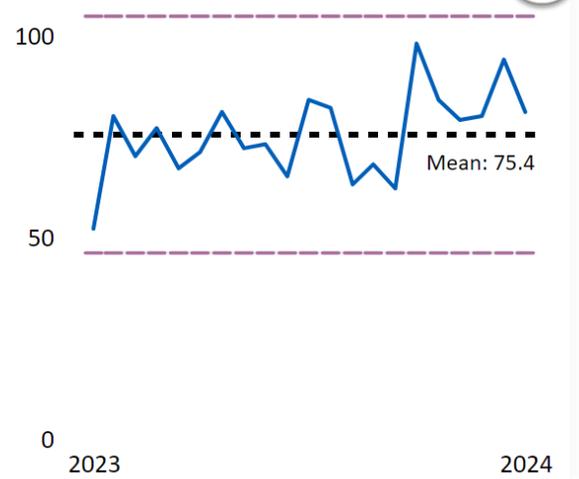
#### Actions & Risks

- Acute Trust, Berkshire West is looking into the methodology to reduce CDI following the PSIRF process.
- Actions following the MRSAB include 1./a focus on IPC standard precautions and ANTT. 2./Prompt MRSA decolonisation – there was a delay in prescription and administration.
- HCID Mpox pathways established in Primary care. Clade I Mpox remains a risk, due to gaps in staff provision of respiratory PPE and fit testing as outlined in National guidance.
- Mpox post exposure vaccination pathway development progressing, in response to exposures outside a hospital setting
- Provision of respiratory PPE for suspected measles remains a risk, due to gaps in staff provision of respiratory PPE and fit testing as outlined in National guidance.
- IPC Education resource primary care leads developed with a plan to launch in Q3 2025.

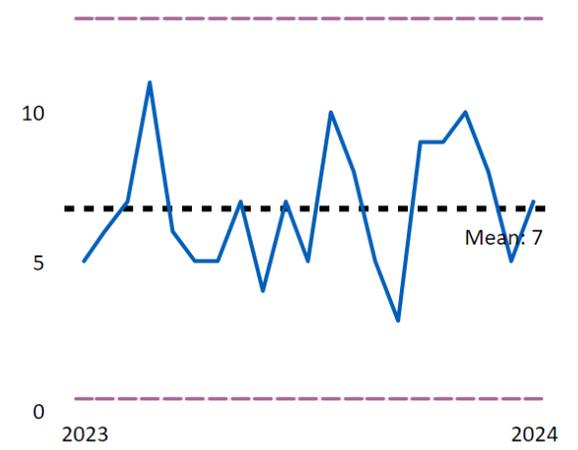
Klebsiella - Community Associated



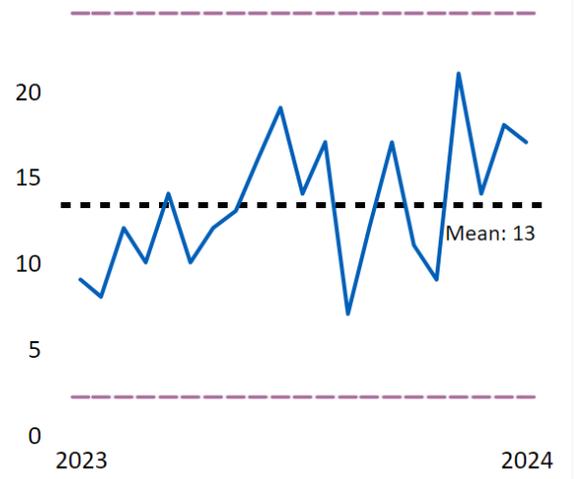
E.Coli - Community Associated



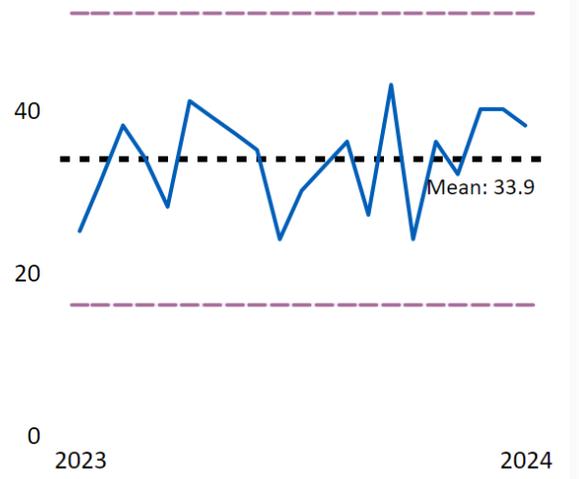
Pseudomonas aeruginosa - Community Associated



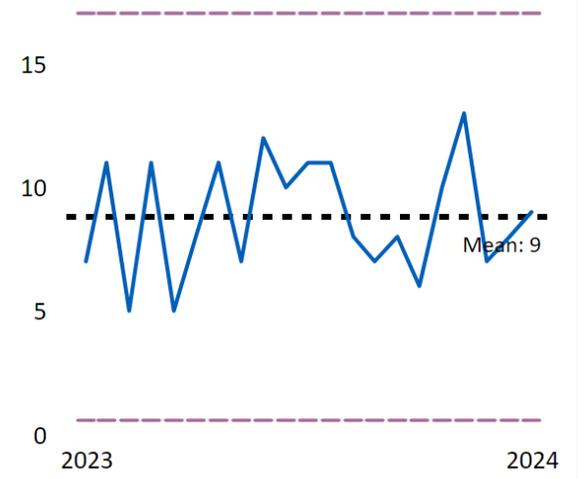
Klebsiella - Healthcare Associated



E.Coli - Healthcare Associated



Pseudomonas aeruginosa - Healthcare Associated



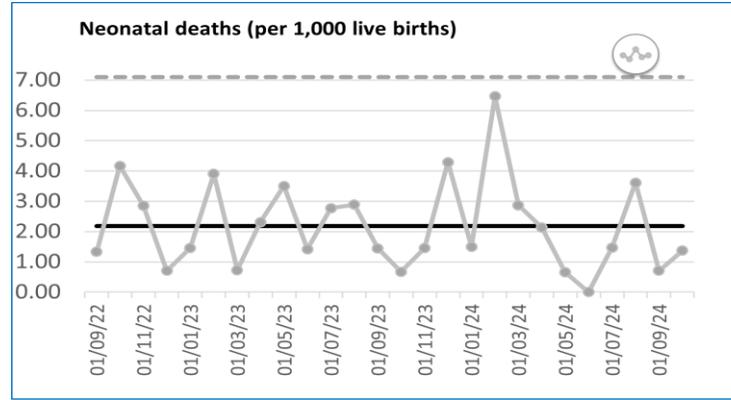
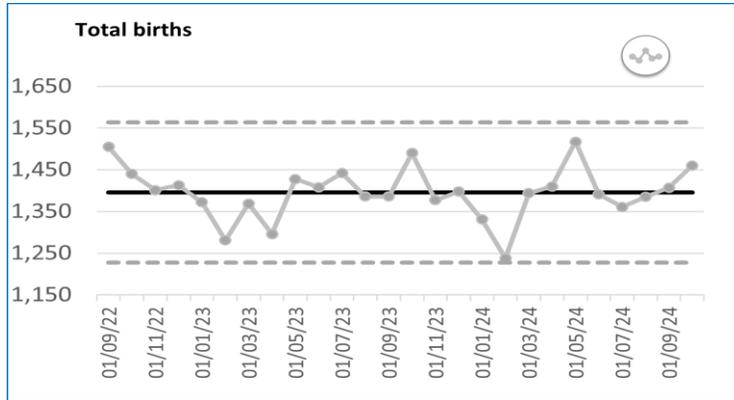
### How are we performing

A marginal reduction in E.coli Blood stream infection (BSI), with a slight increase in Klebsiella from 38 to 40, although the larger portion being in Oxfordshire community cases (13). 62% of these were urinary tract related, but with no risk factors. Pseudomonas BSI have increased in Bucks and Oxon, but decreased in Berkshire West. All reported infections remain above set trajectory. Reporting of Gram negative blood stream infection (GNBSI) sources has further improved this month to 69%, with a reported source which will enable greater thematic analysis.

### Actions & Risks

- The BOB Urinary Catheter Passport is at the printing stage, BOB ICB is reviewing printing options across the system and Frimley ICB.
- The ICB Vaccination SharePoint site is under development to include all vaccination programmes for children and adults, building on the Seasonal vaccination programme, providing guidance to improve conversations to improve vaccine hesitancy and downloadable posters on vaccine campaigns.
- Winter planning resources have been shared with primary care and care homes.
- Flu season has been officially announced by the Minister of Health (03/12/2024) and Care Homes and Primary Care have been updated with service provision of Care Home Flu outbreak processes.
- Scabies outbreaks have been supported across BOB in Care Homes, asylum seeker and Supported living facilities.
- A prophylactic Hepatitis vaccination programme is being supported in a Buckinghamshire Primary School by UKHSA, Buckinghamshire Schools team and ICB, following a positive case identification.

# Maternity and Neonatal



**Total births:** There were 1442 total births across the system in October which is higher than average.

**Breastfeeding initiation:** 83% of women and birthing people-initiated breastfeeding in October. This is above the 80% target for BOB and is special cause improving variation.

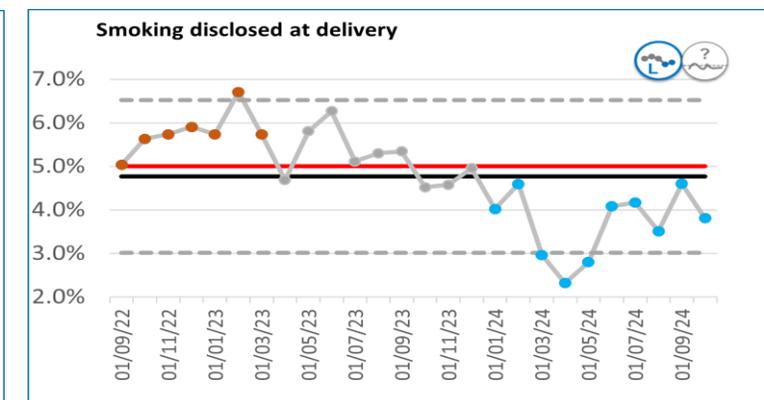
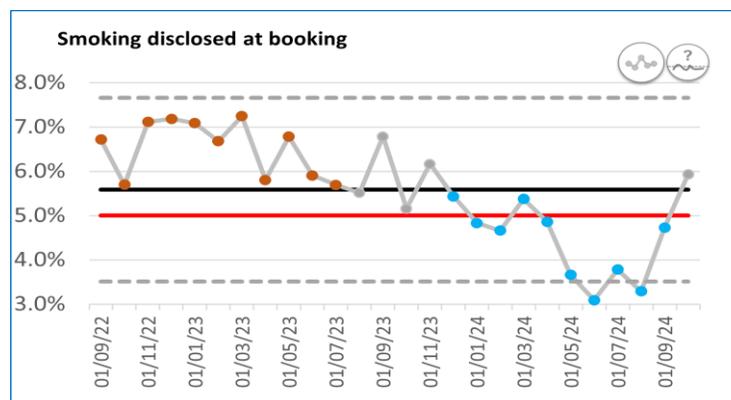
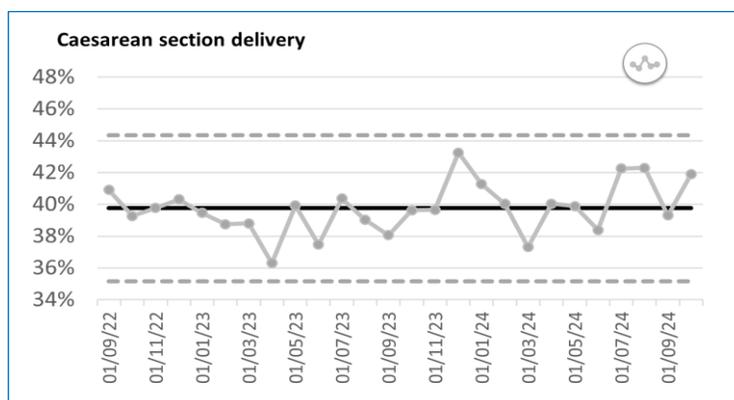
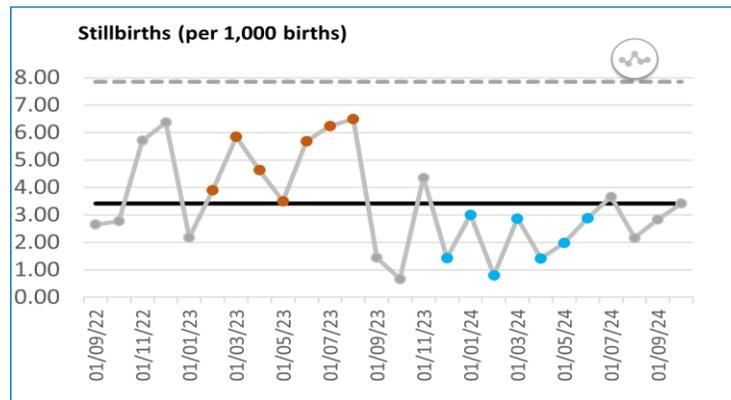
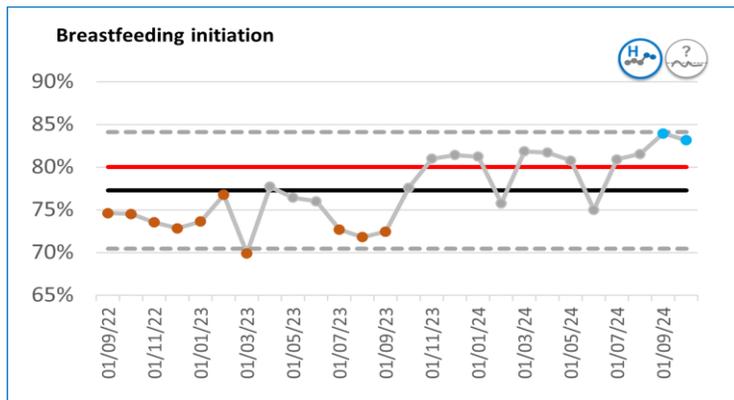
**Caesarean section delivery:** The percentage of births via c-section is at 42% across the system. This is above the mean for October. This indicator reflects both acuity and workload in each place.

**Neonatal deaths (rate per 1000 births):** 1.37 - there were two neonatal deaths in October.

**Stillbirths (rate per 1000 births):** 3.42 – there were five stillbirths across BOB in October.

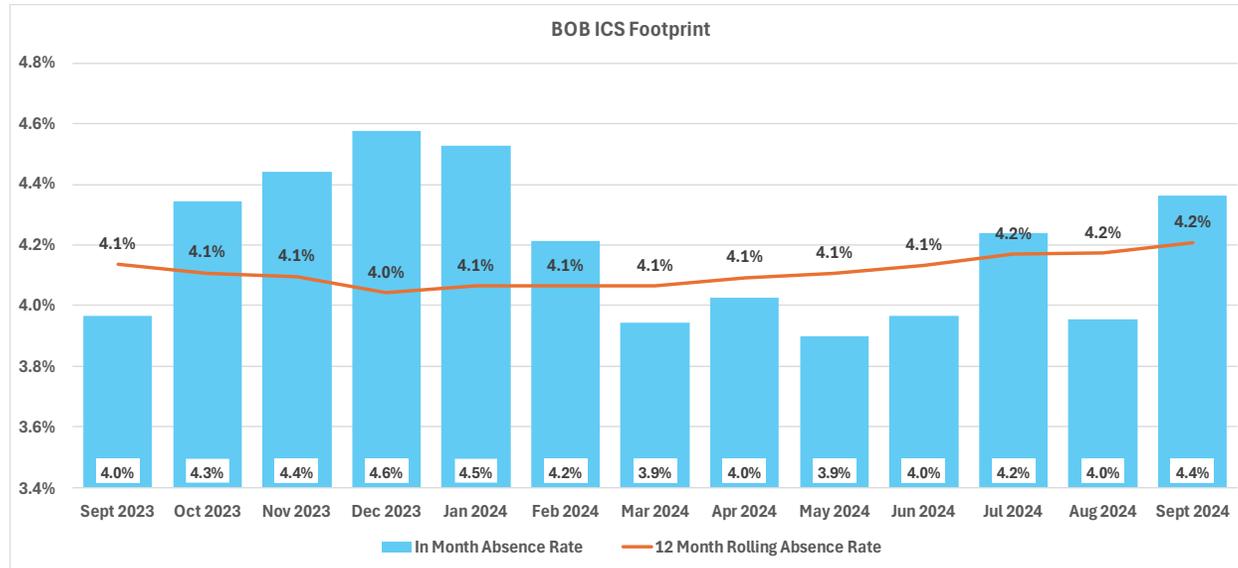
**Smoking at time of booking:** The percentage of women and birthing people smoking at booking is 5.9% which is above the 5% target.

**Smoking at time of delivery:** The percentage of women and birthing people smoking at delivery is 3.8% which is below the 5% target. This remains special cause improving variation.

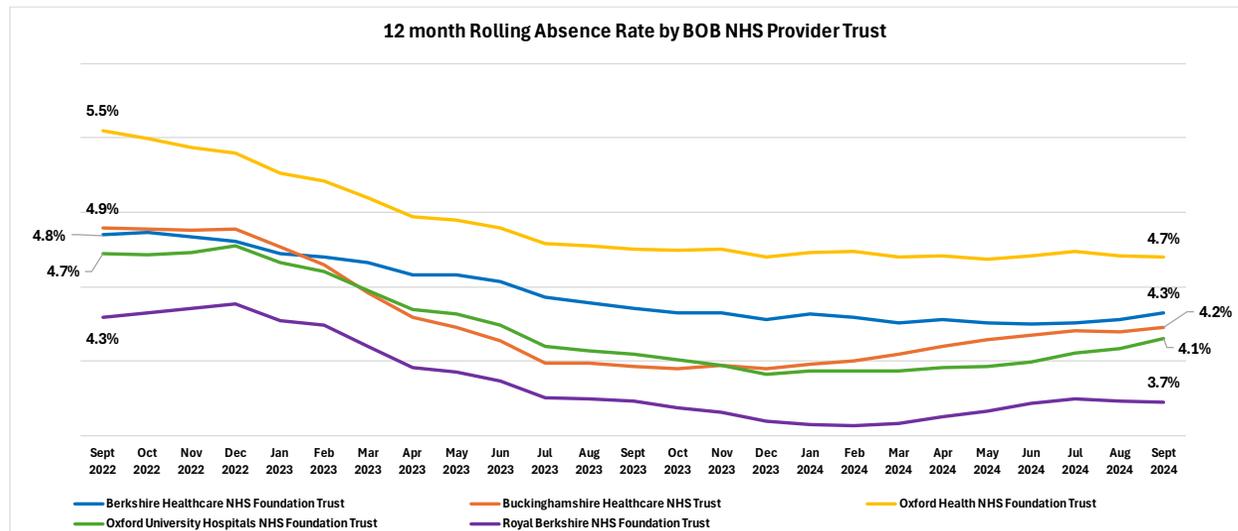


# Workforce - Absence

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



## 12-Month Rolling Absence Rate by Provider Trust



### This metric measures

- 12 month rolling and in month absence rate by system, Sep 23-24– all staff groups.
  - 12 month rolling absence rate Sep 23-24 by NHS Provider Trust - all staff groups
- In-month absence rate is the % absence rate for each month

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

Source SDSP “South East Absence” dashboard as of September 2024. Does not include BOB ICB

### How we are performing

- During the period September 2023 – September 2024, the rolling 12-month absence rate for the system has been relatively stable, varying between 4% to 4.2% during the year. The in-month absence rate for September 2024 (4.4%) is 0.4% higher than September 2023.
- The 12-month rolling absence rate for all individual provider trusts, from September 2022~ September 2024 remains on a downward trend, however it should be noted that some of the data within the earlier 12 month rolling data points will 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

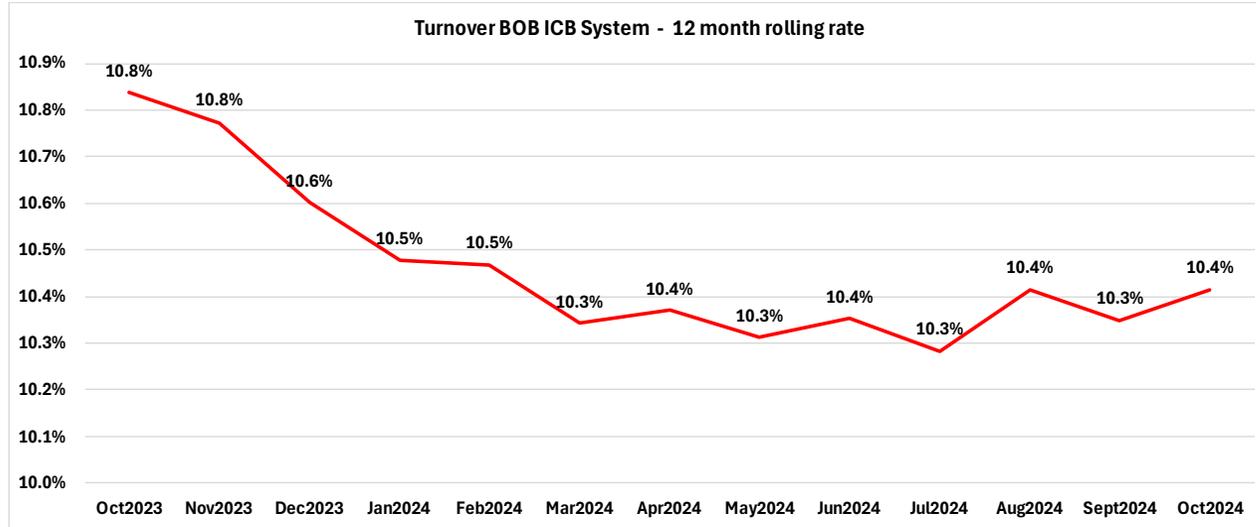
- **Further investigation and discussion:** Absence-The trend for the current year will continue to be monitored given that this measure is subject to significant fluctuations month by month
- **Monitoring:** Agency related absence usage is monitored monthly at the System CPO meeting, at Trust performance 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:

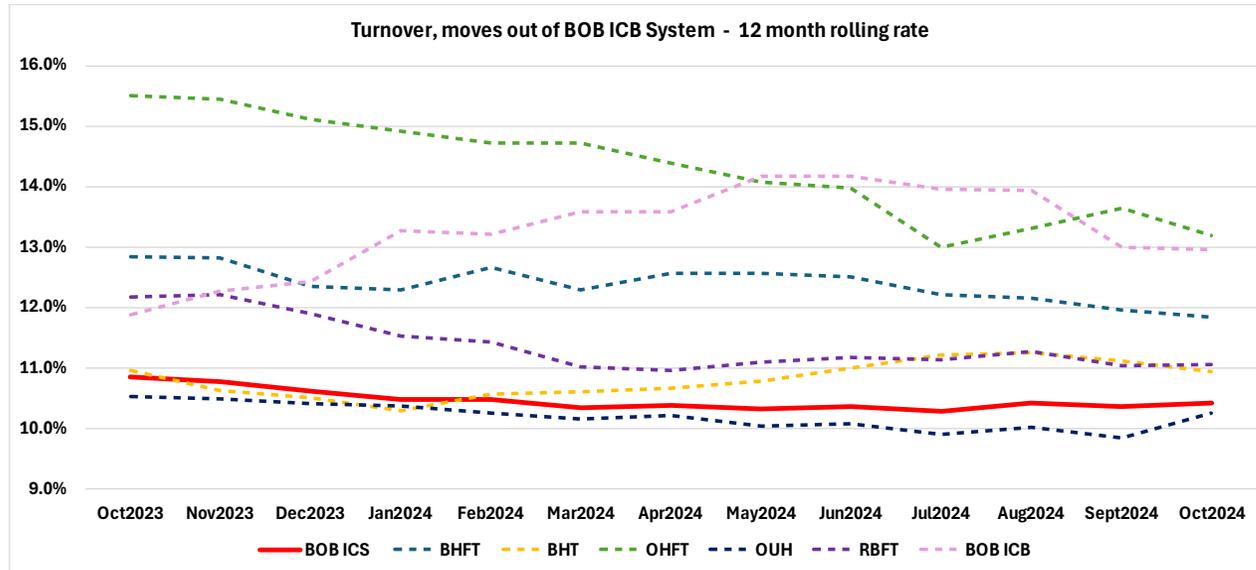
- Absence rates remains a risk on the BAF and Trust Risk Registers for relevant organisations within the System.
- These risks are being mitigated by provider initiatives to promote health and well-being and to target these initiatives to better understand and alleviate the impact of stress for the workforce.

# Workforce - Turnover

## 12 Month Rolling Turnover by System



## 12 Turnover by Organisation



### This metric measures

12 month rolling Turnover by System, with further breakdown by organisation.. Source SDSP “Joiners, Leavers and Turnover Dashboard” as at Oct 2024.

### This data source is usually 1 month behind other SDSP products.

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 overall 12-month rolling turnover rate for the BOB ICS Footprint (NHS Provider Trusts + the ICB) is on a slight downward trend falling from 10.8% in October 2023, to 10.4% in October 2024, a reduction of 0.4% over the period. The ICS 12 month rolling turnover rate for the ICB tends to align closely with OUH, our largest trust.
- Comparing October 2023 to October 2024, the rolling 12-month turnover has fallen at all NHS Provider Trusts, except for BHT, where it is the same. The fall ranges from 2.3% at OHFT, 1.1% at RBFT, 1.0% at BHFT, and 0.3% at OUH. However, the rolling 12-month turnover rate at the ICB has risen over the period to from 11.9% in October 2023 to 13% in October 2024.
- In October 2024, OHFT has the highest 12 month rolling turnover rate of the NHS Provider trusts at 13.2%, followed by BHFT at 11.8%, RBFT at 11% BHT at 10.9% and OUH at 10.3%

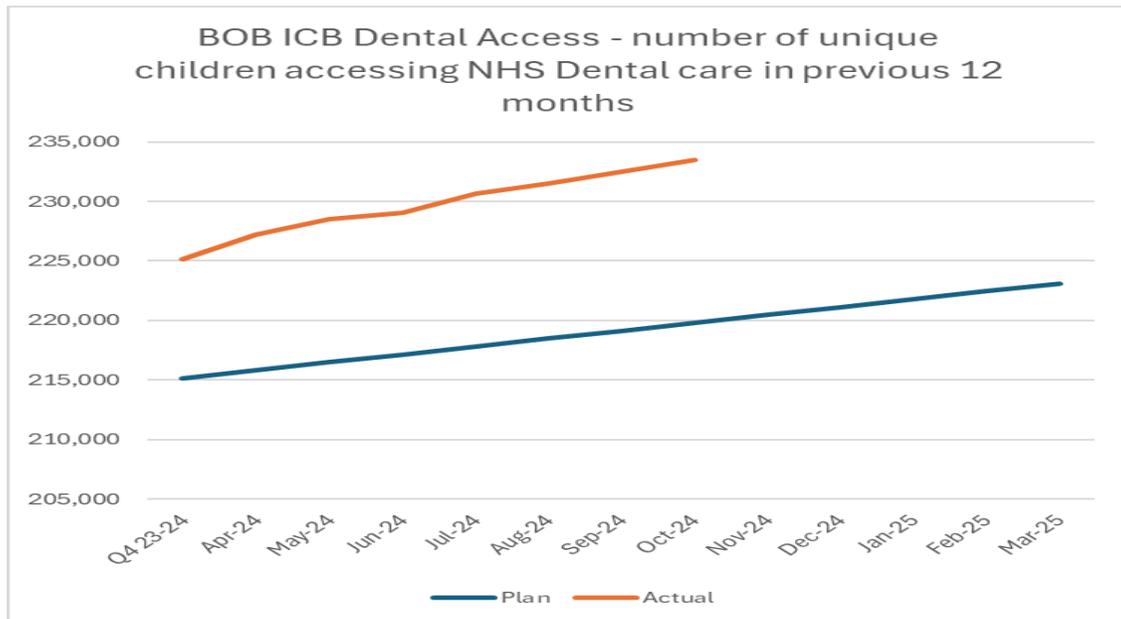
### Actions

- 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. Also, 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.

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



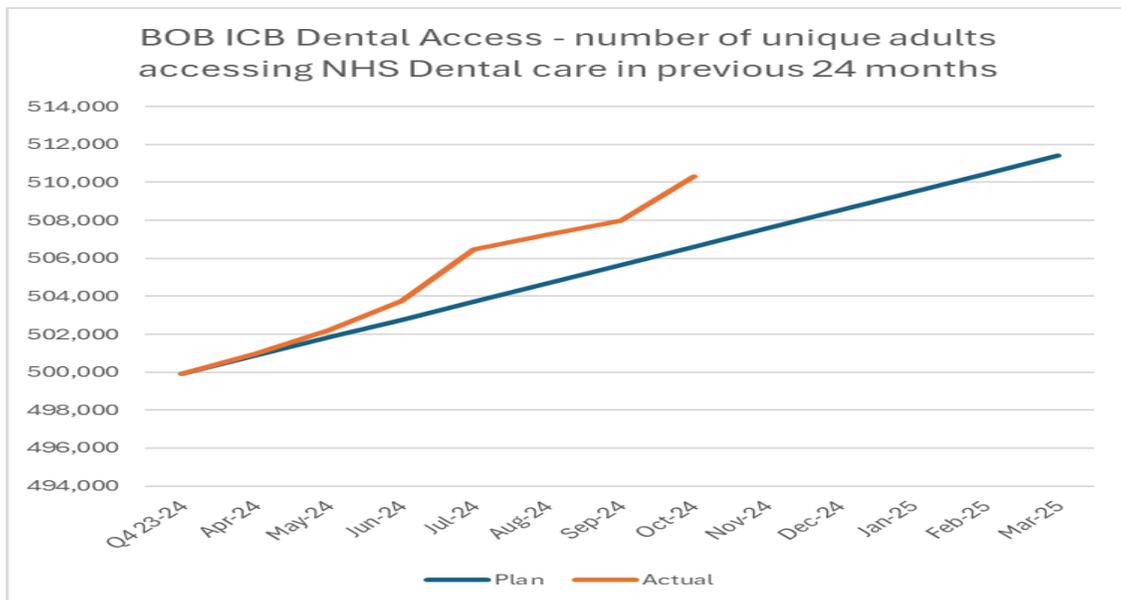
## Delivery against activity plan (M7)

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) with the baseline information presented to the ICB. The advised number of patients attending in March 2024 was:

- Children 215,154
- Adults 499,902

Data seen since then indicates that the number of children being seen was higher than advised.

At the end of October 2024, the ICB was ahead of target with 233,476 unique children attending in the previous 12 months and 510,317 adults attending over the previous 24 months. 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
- Flexible Commissioning for patients who have struggled to access NHS dental care – 34 practices taking part with more than 10,000 patients seen to the end of October 2024
- The provision of time limited financial assistance to practices in line with national guidance issued in October 2023
- The new government has manifesto commitment for an additional 700,000 urgent dental appointments nationally with plans to commence implementation in 2024-25. The ICB is implementing plans to commission additional appointments in the period to 31st March 2025

## 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