

BOB ICB BOARD MEETING

Title	Performance and Quality Report		
Paper Date:	28/04/2025	Meeting Date:	13/05/2025
Purpose:	Information / Discussion / Assurance	Agenda Item:	09
Author:	Ben Gattlin Assoc. Dir. of Performance	Exec Lead/ Senior Responsible Officer:	Matthew Tait Interim Chief Delivery Officer
Executive Summary			
<p>The report continues to give a high-level overview of the performance of NHS partners across the Integrated Care System.</p> <p>The report is focused on five key areas and continues to provide broader performance information.</p> <p>The five areas of key focus are:</p> <ul style="list-style-type: none"> • 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) <p>Note the report title page states M11 (February 2025) however the data contained within the report is provided as the latest publishable data, in some instances this could be December 2024 or as recent as March 2025.</p> <p>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.</p> <p>Urgent and Emergency Care – 4 Hour standard – target 78% by end of March 2025</p> <ul style="list-style-type: none"> • Performance across Buckinghamshire, Oxfordshire, and Berkshire West (BOB) was 74.7% in March 2025, an improvement of 1% on March 2024. • 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/MIUs). • 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. <p>Elective – Long Waits – target zero over 65 week waits.</p> <ul style="list-style-type: none"> • BOB providers reported 372 patients waiting longer than 65 weeks at the end of February. 			

- Work is underway within the APC to agree load balancing initiatives to better align demand with capacity within challenged specialties e.g. urology and plastics

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

- 62-day combined performance in February 2025: no Trust met the 85%
- Performance of Faster Diagnosis Standard (FDS) continues to exceed target (80.9% in February)

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

- Percentage of GP appointments seen within two weeks was 78.3% in February, 1.7% lower than January.
- 873k appointments were booked in February 2025 compared to 899k in February 2024. Although less overall, this is more appointments per working day than previous year.
- Pharmacy First – Community Pharmacy delivered 120,295 clinical pathway/blood pressure monitoring/ oral contraception consultations between April 2024 and February 2025 support GP workload.

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)

- 1298 total births across the system in February which is lower than average.
- Smoking disclosed at time of booking has moved below 4%
- Smoking at the time of delivery remains under 5%
- Breastfeeding initiation rates continue to show special cause improving variation.
- Neonatal deaths show common cause variation with data falling both above and below the mean. There were 0 still births across BOB in February.

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

- Continue close monitoring of antenatal screening incident, learning response and actions taken.
- Development of action plans in response to JTAI inspection when report available
- ICB to work with Trusts on annual submission of quality accounts.

Report Refresh

The Performance & Quality Report plays a vital role in providing assurance to the ICB Board and partners about how well services are performing against required standards. It tracks performance over time, highlights emerging risks, and outlines the key actions being taken to address them.

Following the publication of the Elective Reform paper and the 2025/26 Operational Planning Guidance, the Performance & Quality Report will be updated to reflect these

changes. New metrics will be introduced, some existing ones removed, and the report will feature redesigned graphics and a revised structure.

A successful refresh project was undertaken a year ago, the scope was larger involving a completely new data infrastructure and production process. This years' refresh will not require the same level of change. The report is currently hosted on Power BI, automatically refreshed and then sent to department heads for completion, this method is to continue.

The majority of M1 data will be published 12 June 2025. The aim is to have first cut of the updated report available for July 2025 Board.

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 24/04/2025. System Productivity Committee.

NHS Performance and Quality Report

M11 - February 2025

Matthew Tait – Chief Delivery Officer

Rachael Corser – Chief Nursing Officer

Ben Riley – Chief Medical Officer



Scorecard - M11 - February 2025

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
▲ Cancer Referral/Upgrade to First Treatment Standard (62-day standard) - Commissioner	Feb 2025	85%	● 65.4%	● 55.%	● 59.%	● 54.5%	● 55.%	● 66.7%	● 59.2%	● 68.9%	● 69.3%
GP appointments - percentage of regular appointments within 14 days.	Feb 2025		● 83.8%	● 84.2%	● 84.7%				● 84.3%	● 82.%	● 82.8%
Adult inpatients with a learning disability and/or autism per million head of population	Mar 2025	30									● 41
Under 18 inpatients with a learning disability and/or autism per million head of population	Mar 2025	15									● 19
Percentage of patients who spent 4 hours or less in A&E	Mar 2025	78%				● 78.9%	● 68.4%	● 70.5%	● 74.3%	● 76.6%	● 75.%

Planned Care Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Activity	RTT 65 Week Waits	Feb 25	0	372	●	● F
Quality of Care, Access and Outcomes	GP appointments - percentage of regular appointments within 14 days.	Feb 25		78.3%	●	●

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	Feb 25	30	40	●	● F
	Under 18 inpatients with a learning disability and/or autism per million head of population	Feb 25	15	13	●	● P

The LDA data is no longer supplied to SCW by NHS E via excel. We are investigating a new Power BI product and hope to amend the source to this.

Cancer Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
▲ Cancer	Cancer Referral/Upgrade to First Treatment Standard (62-day standard) - Commissioner	Feb 25	85.0%	59.2%		● F

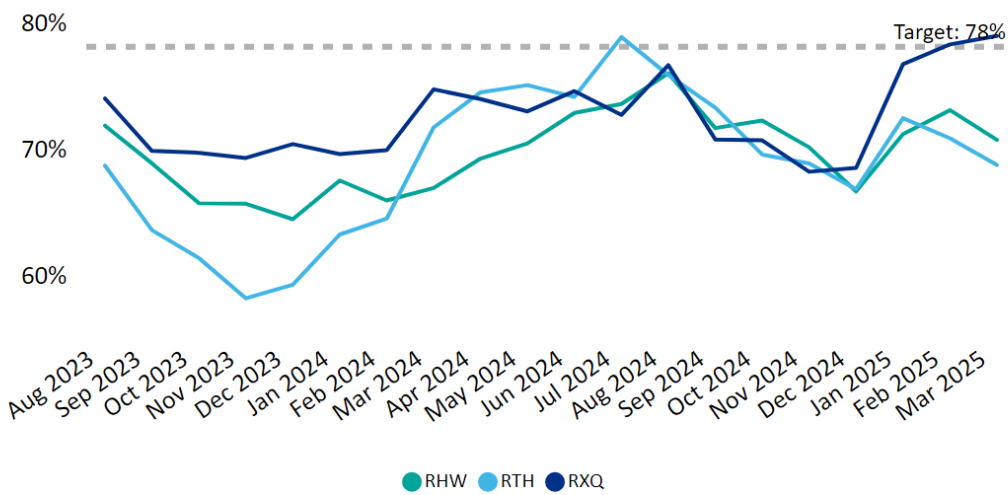
Urgent Care Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Urgent Care	Percentage of patients who spent 4 hours or less in A&E	Mar 25	78.0%	74.7%	●	● F

Urgent and Emergency Care

Mar 2025

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%	73.7%	⬆️	74.7%	1.0%
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	78.0%	66.8%	⬆️	70.6%	3.8%
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	78.0%	71.6%	⬇️	68.7%	-3.0%
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	78.0%	74.6%	⬆️	78.9%	4.2%

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/MIUs).
- System Single Point of Access (SPOA) group continues to work with partners to promote and increase utilisation to reduce ambulance conveyances where clinically appropriate
- Teams continue to drive down delayed discharges/nCtR through the Transfer of Care Hubs
- MADE events held and additional actions mobilised (including additional staffing) to support improvement in month to the March/year end position.
- The new Non-Emergency Patient Transport Service (NEPTS) went live 1st April and now includes NEPTS crews to support overnight discharges for eligible patients from Emergency Departments. Go-live went well with arrangements in place to ensure prompt escalation and resolution of issues as they occurred

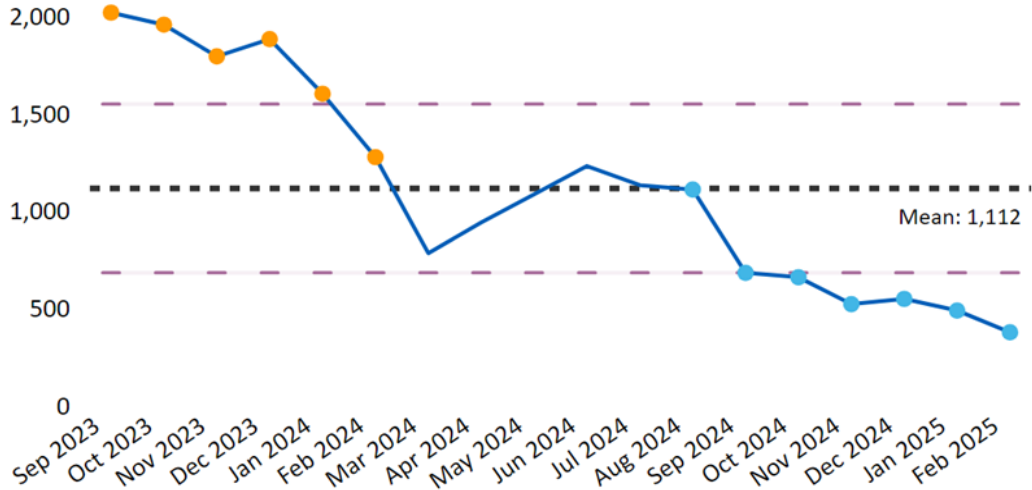
Risks

- 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, adverse weather conditions and winter viruses e.g. Flu, Covid, RSV, Norovirus
- Staff sickness compounding UEC pressures
- Financial constraints impeding improvement actions/pace of delivery.

Planned Care

Feb 2025

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	0	484	↓	372	-112
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	0		⏸		
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0	509	↓	365	-144
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	0	4	↑	7	3

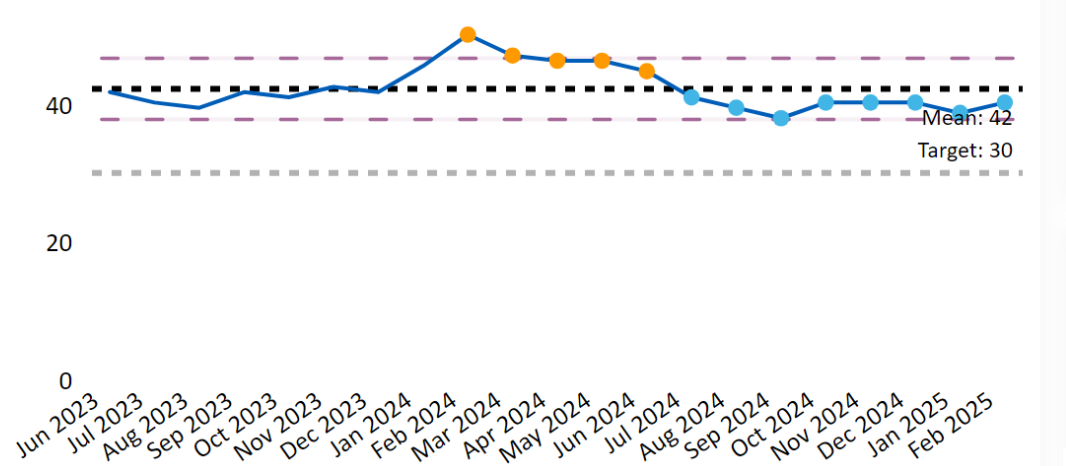
Actions

- The Acute Provider Collaborative (APC) has worked with the ICB to minimise the volume of 65wk breaches forecast at year end for OUH.
- OUH remains in Tier one for planned care with fortnightly oversight meetings in place led by NHSE
- Work is underway within the APC to agree load balancing initiatives to better align demand with capacity within challenged specialties e.g. urology and plastics

Risks

- New I&I regime will place additional burden on staff needed to focus on performance issues.
- The management and administrative resource available to support the facilitation and delivery of mutual aid.
- Displacement of elective activity resulting from seasonal peaks in UEC demand
- Staff sickness
- Longer term actions on workforce and capacity (e.g. in theatres) will take time to have an impact.
- Patients choosing to stay with their local provider despite offers of quicker treatment at other sites resulting in slower recovery of waiting times

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.

The LDA data is no longer supplied to SCW by NHS E via excel. We are investigating a new Power BI product and hope to amend the source to this.

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	39	⬆️	40	2
Under 18 inpatients with a learning disability and/or autism per million head of population	15	16	⬇️	13	-3

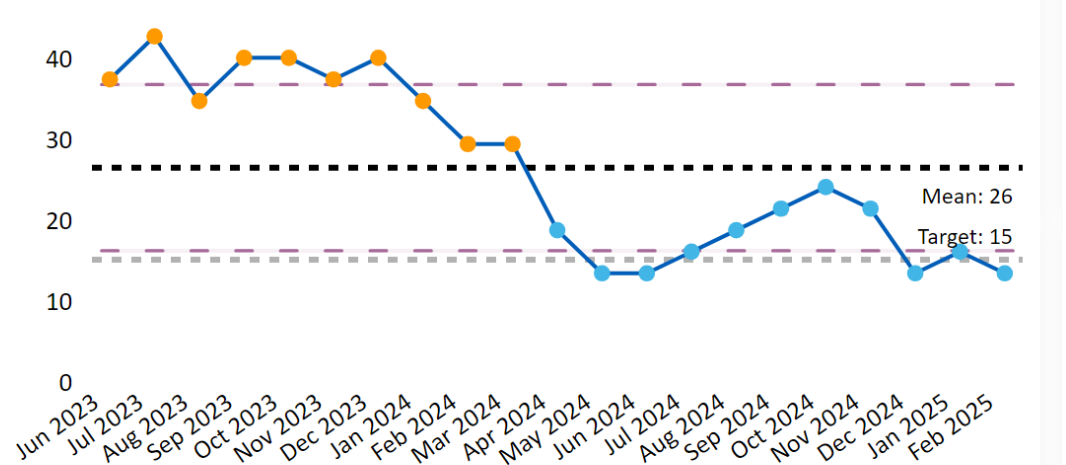
Actions

- Draft C(E)TR policy in development with commissioners and providers, on track for final policy by end April 2025.
- Recruitment ON HOLD for LeDeR reviewers, but interim cover has been arranged with CSU
- ADHD Programme Steering Group implemented, and governance defined. Workstreams initiated April
- Scoping of PH Medii app for pilot with advocacy groups across BOB ON HOLD
- LeDeR reviewer staff transferred to BOB and BAU should restart April/May. Current backlog 130 reviews
- The proposal on LDA Programme for FY 25/26, which includes 9 workstreams and 33 projects, was presented to LDA board in March.
- Healthcare passport project focused on reasonable adjustment has commenced in March and meetings with wider group of stakeholders from RBH, OUH, BHT planned in April and May
- Analysis of Length of Stay for current inpatients has been completed and presented to the LDA Board in March
- LDA Housing Task and Finish Group has been established and first meeting held on 9th of April
- Successful Transition to Adulthood Community of Practice event – 13 March 2025

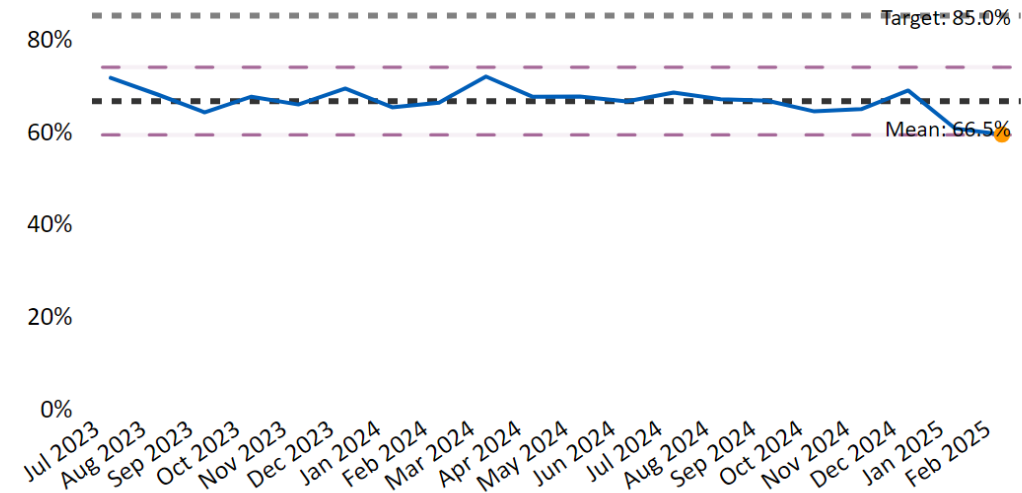
Risks:

- NHS & ICB Restructure: uncertainty about the future model
- Uncertainty around future funding allocations (digital)
- Lack of accommodation and secure step-down placements and suitable providers for the discharge of complex patients
- Unidentified high cost, high complexity patients in out of area placements requiring expensive care packages
- Process for Harm reviews will be integrated for patients with delayed discharge and/or long length of stay in Q1 FY 24-25

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



Cancer Referral/Upgrade to First Treatment Standard (62-day standard) - Commissioner



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%	60.5%	⬇️	59.2%	-1.3%
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	85.0%	68.6%	⬇️	66.7%	-1.9%
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.0%	56.5%	⬇️	55.0%	-1.4%
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	85.0%	52.6%	⬆️	54.5%	1.9%

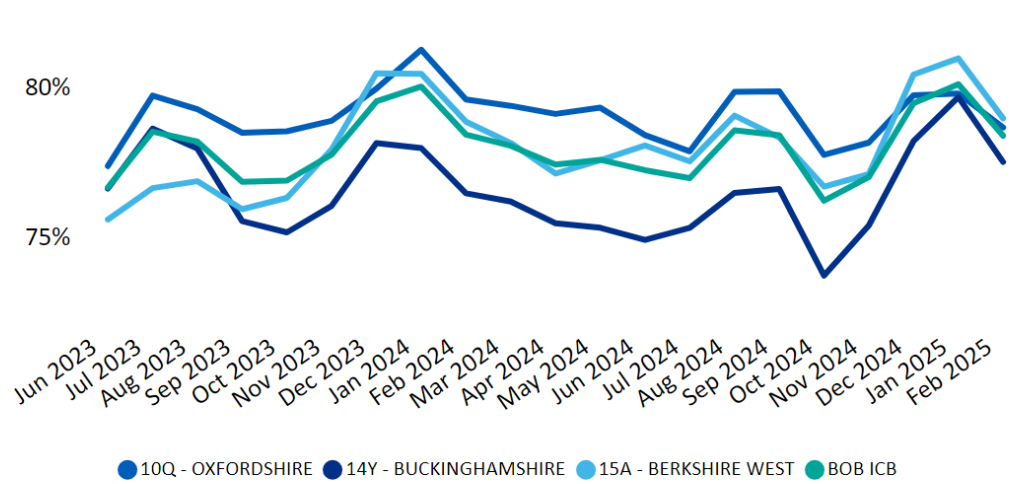
BOB ICB Performance February 2025 (validated):

- 28-day FDS compliance for February 25, reported a position of 80.9%, an increase from January's position of 74.1%. Improved performance at Provider level with BHT's position increasing to 79.6% and are now meeting the 75% standard alongside RBH (83.6%) and OUH (79.2%).
- The 62-day combined position reported February 25, 59.2% was **-1.3%** down in relation to January's reported position. All Providers reported positions below 70%, however, driven by BHT and OUH who reported positions of below 60%.
 - BHT's position of 54.5% continued to be driven by delays to diagnostics, elective capacity and some complex pathways, with Skin, Urology and LGI driving the position. Continued work to review pathways with TVCA currently supporting with agreed on site presence to understand key issues and support driving required improvements. Weekly meetings in place between TVCA and Trust Director level input.
 - Surgical capacity continued to be a large contributor to OUH's non-compliance reported at 55% with Urology (prostate) Breast and Lung pathways driving the impact on compliance as reported in January. Additional capacity at the Horton now in place to support Breast treatment capacity via overruns and additional juniors in theatres. Extra weekend lists for both Renal and Prostate surgery also being undertaken to support current backlog of patients on the Urology pathway, on the back of increasing levels of referrals into the service. Continued focus on these pathways to ensure ongoing mitigations.
 - RBH's position was 66.7% and the three main tumour sites impacting the pathway were Gynae, Urology and LGI. LGI pathway challenges driven by delays due to long surgical appointments prior to surgery due to current vacancy within the team, however a new surgeon in post in April, taking on an additional list to support current surgical capacity. Ongoing work within Gynae which is an area of focus due to a high number of treatments and breaches. Urology challenged with capacity across the pathway including surgical capacity, ongoing review of key pathway challenges to support improvements. Staffing capacity pressures in radiology affecting pathways.

Primary Care Access

Feb 2025

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		80.1%	⬇️	78.3%	-1.7%
15A - BERKSHIRE WEST		80.9%	⬇️	78.9%	-2.0%
14Y - BUCKINGHAMSHIRE		79.6%	⬇️	77.5%	-2.2%
10Q - OXFORDSHIRE		79.8%	⬇️	78.6%	-1.1%

Actions

- Decrease in 14-day target observed in M11 across the whole of BOB. A decrease in total appointments was also seen in M11, 873k appointments compared to 975k in M10 (-0.10% decrease). The decrease follows a seasonal trend. Year on year the M11 position saw a slight decrease in appointments, -0.03% less compared to M11 2024 when 899k appointments were booked. Addressing improvements in Access continue to be supported through:
- Digital: ICB continues to support the core digital tools required for general practice access.
 - Monitoring & support: Monitoring of practice performance being conducted through evaluation of indicators in the Primary Care Quality Dashboard and 3-year rolling programme of practice visits with 51% of visits having been conducted.
 - Pharmacy First – Community Pharmacy delivered 120,295 clinical pathway/blood pressure monitoring/ oral contraception consultations between April 2024 and February 2025 support GP workload
 - Workforce Investment: continue to support delivery of local New to General Practice Fellowship programme. The flexible pool offer continues to perform well with nursing numbers continuing to grow and regularly providing locum sessions to practice. PCNs spent 95% of ARRS budgets for 24/25.
 - Primary care Strategy: The opportunity is being taken for the strategy delivery programme to be reviewed and aligned with the recent national focus on neighbourhoods, of which modern general practice, integrated neighbourhood teams, and PHM are within the current strategy delivery.

Risks

Collective Action

Although there has been a written commitment from the Government to negotiate a new substantive GP contract within this Parliament thereby ceasing formal BMA collective action, primary care still being advised to serve notice on areas of work that are considered unfunded. This will be managed by the Primary care team and relevant ICB teams.

Demand and Capacity (D&C) Tooling & Resilience

Edenbridge have the initial data submission and are working on how to incorporate into the SE Regional dashboard as per expectation. There are significant challenges that the developers are addressing which are not unique to BOB ICB.

Quality Scorecard

Metric	Target	BOB ICB	RBFT	OUH	BHT
SHMI	Lower is Better		1.0367	0.9045	0.8630
Never Events	0				

These metrics measure:

Never Events our objective is to have 0 never events

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

CQC updates

Progress with the implementation of the national patient safety strategy

Actions

- Further escalation of SARC concerns if further issues arise.
- Continue close monitoring of antenatal screening incident , learning response and actions taken.
- Development of action plans in response to JTAI inspection when report available
- Continue to await CQC reports for Oxford Health forensic services and London Street Surgery.
- Ongoing support to OUH and BHT with paediatric audiology visit recommendations. RBFT paediatric audiology visit 12th May 2025.
- Rapid quality review of maternity at OUH planned for 28th April in conjunction with regional maternity insights visit.
- Work with Trusts on annual submission of quality accounts.

How are we performing?

BHT declared a never event – wrong implant ophthalmology. The error was recognised and corrected, therefore a near miss but the incident did not meet the exclusion criteria. A Patient Safety Incident Investigation is underway.

Sexual Assault Referral centre - Recommissioning by NHSE Specialist Commissioning has resulted in changes in teams and gaps in Child Protection skills and pathways that connect with partnerships. The newly commissioned service is affecting the pathway for children, including the concern that children will not have child protection medicals and CP reports will not be provided or shared in all situations. Escalations to region have been made.

JTAI inspection undertaken in Reading - full report embargoed until early May.

RBFT antenatal and newborn screening - Review continues into antenatal screening incidents identified in February 2025. Look back to November has identified 43 instances of missed nuchal screening with a further 5 suspected. Screening capacity increased through agency. Pathway and demand and capacity improvements underway. Processes being put in place to identify unexpected outcomes at birth. 2-3 weekly meetings with Trust and NHSE continue.

Continuing Healthcare - Performance against national quality standards

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Indicator	Target	National position 2024/25	Locality	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
% CHC referrals completed in 28 days	80%	75%	Buckinghamshire	59%	38%	57%	71%	83%	69%	55%	40%	42%	45%	31%	33%	38%	32%	42%	42%	60%	59%	66%	72%	80%	76%	68%
			Oxfordshire	14%	15%	16%	29%	8%	26%	42%	61%	46%	44%	35%	14%	11%	20%	26%	24%	18%	27%	35%	56%	56%	79%	50%
			Berkshire West	86%	92%	95%	94%	91%	94%	97%	97%	90%	100%	93%	94%	91%	79%	83%	78%	81%	83%	79%	86%	41%	85%	72%
% DSTs completed in acute hospitals	Fewer than 15%	3%	Buckinghamshire	0%	0%	3%	0%	7%	4%	4%	0%	0%	10%	3%	5%	4%	6%	0%	0%	0%	0%	0%	0%	0%	0%	0%
			Oxfordshire	0%	3%	6%	9%	3%	3%	0%	8%	7%	4%	7%	4%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%
			Berkshire West	0%	0%	0%	0%	0%	0%	0%	3%	8%	0%	0%	0%	5%	0%	0%	0%	0%	4%	0%	0%	2%	0%	0%
Standard CHC assessment conversion rate	n/a	21%	Buckinghamshire	10%	15%	17%	6%	19%	17%	9%	4%	10%	11%	9%	25%	9%	8%	11%	7%	13%	10%	6%	10%	3%	13%	15%
			Oxfordshire	32%	50%	51%	29%	37%	65%	21%	31%	32%	24%	21%	18%	29%	16%	12%	7%	21%	23%	18%	15%	16%	50%	20%
			Berkshire West	11%	2%	6%	4%	9%	13%	3%	12%	16%	10%	8%	6%	21%	14%	8%	33%	40%	17%	14%	17%	29%	36%	21%

Buckinghamshire:

28 days – a further decrease in quality standard dipping below national benchmark, delays attributed to social worker availability to undertaken multi-disciplinary assessments this has been escalated to Strategic partnership Board for wider discussion with the Director of Social Care for Bucks LA.

% DSTs in acute – No change the quality standard remains below the national position.

Standard CHC conversion rate – Increase from last month but remains on the national position.

Oxfordshire

28 days – decrease in performance and below national benchmark, staff sickness and vacancies have had an impact on ability to maintain last month's position, recruitment drive in place. Increase in the number of positive checklists requiring full MDT assessment.

% DST in acute – No change the quality standard remains below the national position.

Standard CHC conversion rate – Conversation rate has now evened out following a review and alignment of process for checklist referral. .

Berkshire West:

28 days – a decrease in achievement of the quality standard due to staff sickness and vacancies.

% DST in acute – remains below the national position and below the target.

Standard CHC conversion Rate – levelling out of the quality Stanard brining in line with the national quality standard.

Project work is on-going to develop a standard operating procedure for all 3 place-based teams, the team have recently completed an internal audit which will give recommendations to the audit committee in May 2025 setting out the requirements for future delivery of the service.

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	Feb 25		07:44:00		
	Ambulance Handover Delays (>60 Minutes)	Feb 25		103		
Urgent Care	Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts)	Feb 25		862		

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	Feb 25	96.0%	87.1%		
	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer	Feb 25	85.0%	59.3%		
	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	Feb 25	90.0%	47.3%		
	Cancer 28 days wait (faster diagnosis standard) - Commissioner	Feb 25	75.0%	80.9%		

Emergency Care Metrics

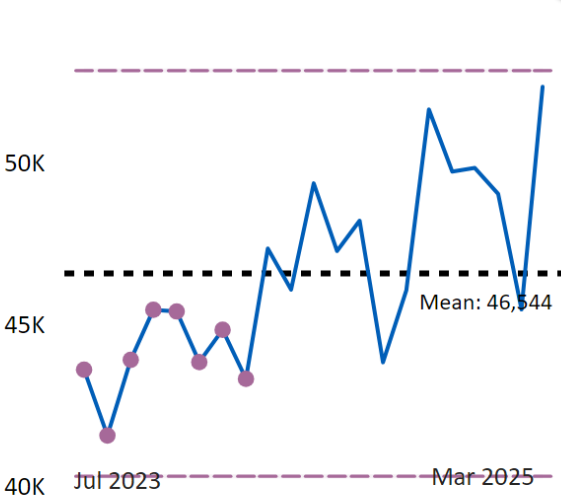
Category	Metric	Period	Target	Value	Variance	Assurance
Quality of Care, Access and Outcomes	A&E - percentage of patients managed within 4 hours.	Mar 25	95.0%	74.3%		
Urgent Care	Total A&E Attendances	Mar 25		52,312		
	Over 12 hour waits from DTA to Admission	Mar 25		296		

GP Appointments Metrics

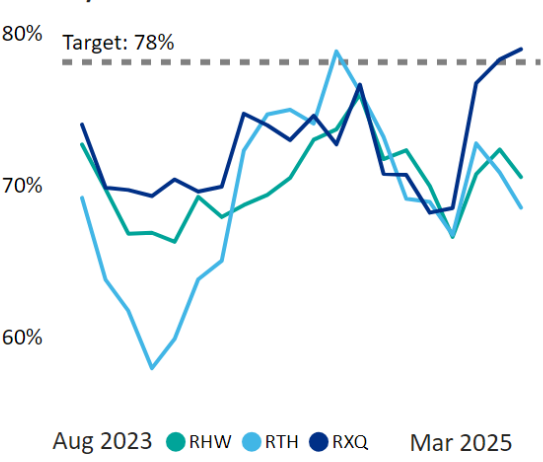
Category	Metric	Period	Target	Value	Variance	Assurance
GP Appointments	GP Appointments by Month split by modality - Video Conference/Online	Feb 25		43,626		
	GP Appointments by Month split by modality - Unknown	Feb 25		15,362		
	GP Appointments by Month split by modality - Telephone	Feb 25		282,814		
	GP Appointments by Month split by modality - Home Visit	Feb 25		10,238		
	GP Appointments by Month split by modality - Face-to-Face	Feb 25		521,183		

Ambulance and Urgent and Emergency Care

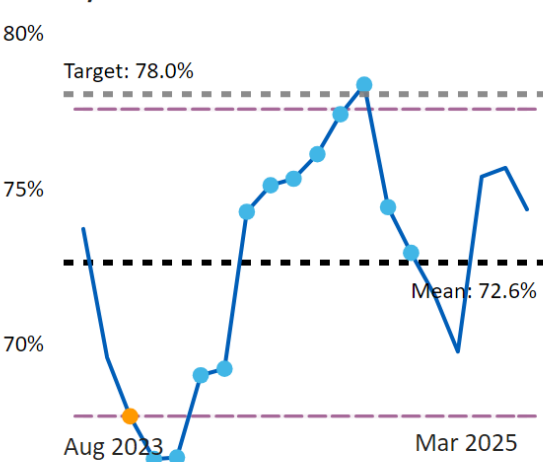
Total A&E Attendances



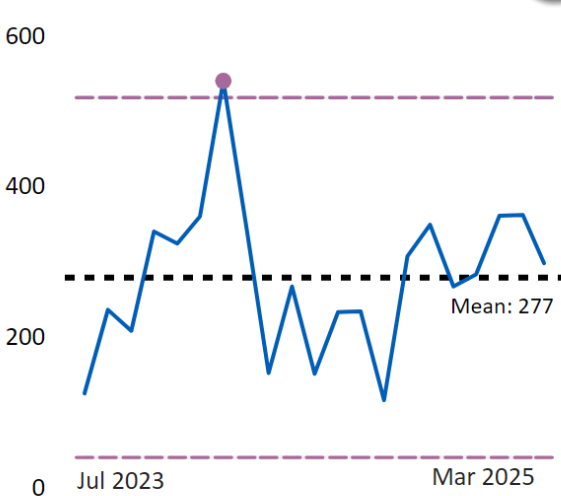
A&E - percentage of patients managed within 4 hours by Provider



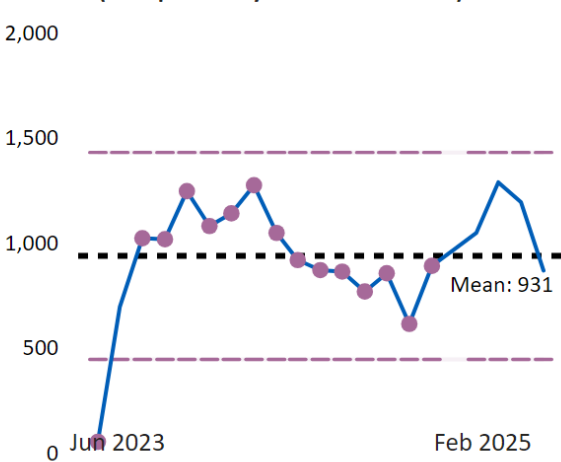
A&E - percentage of patients managed within 4 hours by ICB total



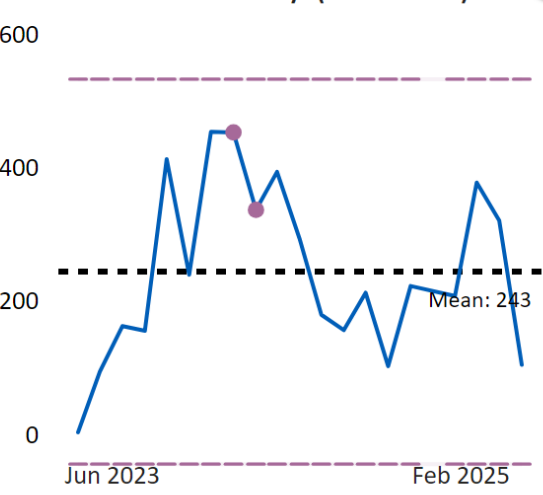
Over 12 hour waits from DTA to Admission



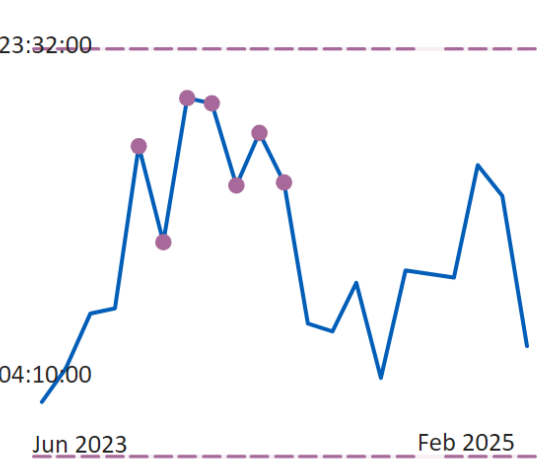
Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts)



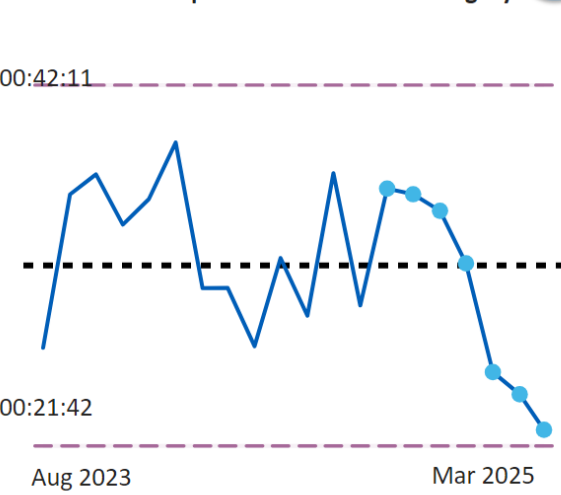
Ambulance Handover Delays (>60 Minutes)



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

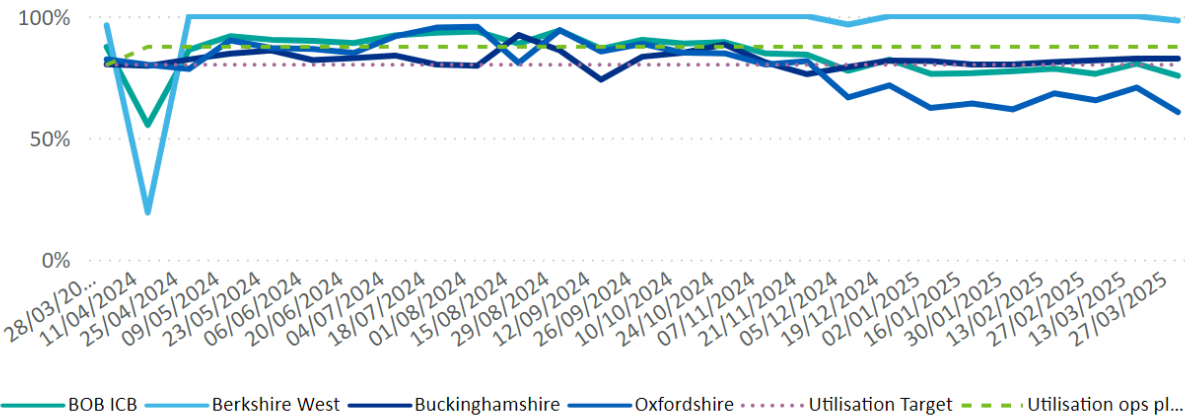


Ambulance Response Times - Mean Category 2

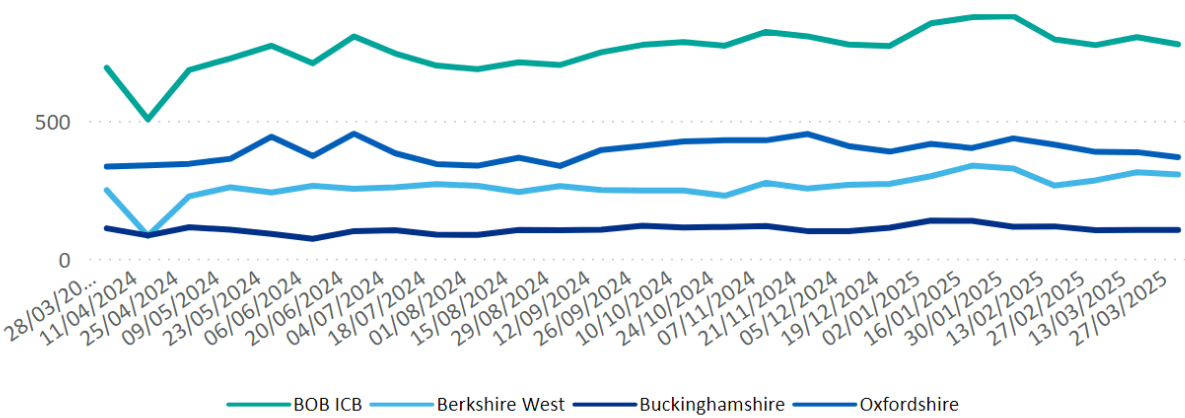


These metrics measure: Increase the capacity available in line with trajectories submitted to NHSE and the utilisation of those beds from 70% to 80% by September 2023.

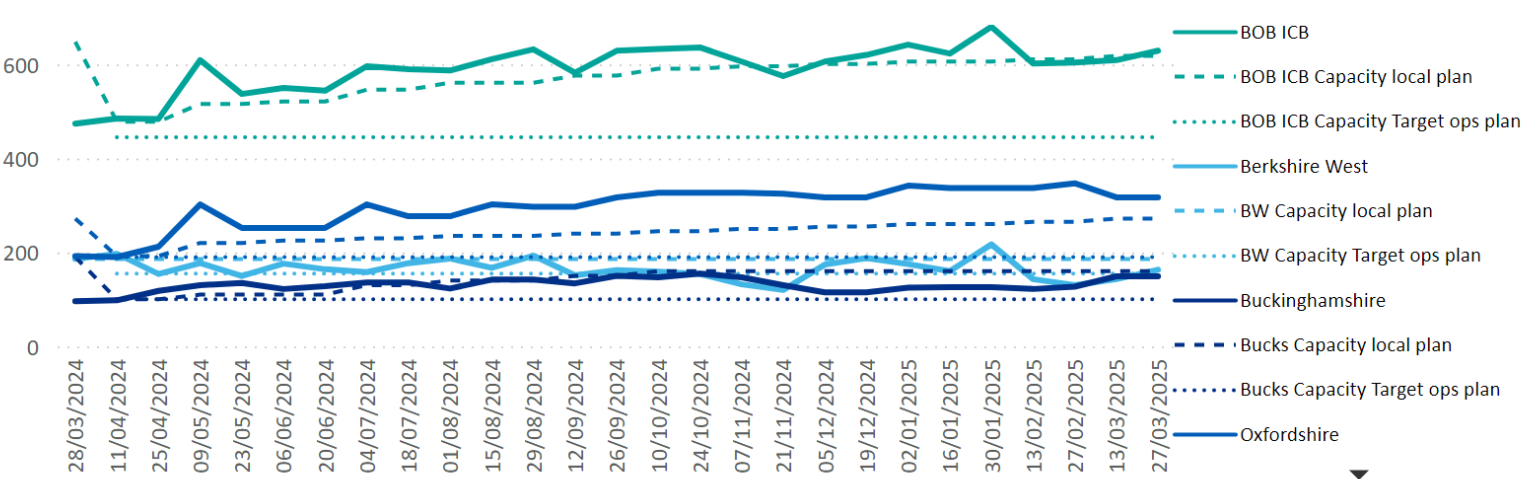
Utilisation of Hospital at Home (Occupancy/Capacity)



Hospital at Home Admissions



Hopital at Home Capacity (Capacity & Capacity Target)



Actions:

Continue to promote services to 111, GP's and care homes - as part of Single Point of Access offer to ensure we reduce number of patients being directed to ED, 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.

Risks:

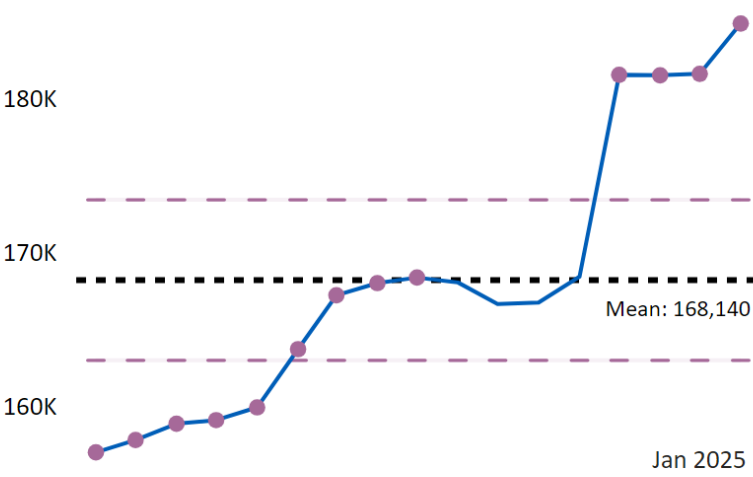
Quality and safety risks associated with i) not knowing/able to view on a system if an individual is under the care of a hospital at home service; ii) not being able input into a shared Comprehensive Geriatric Assessment, plan of care or a 'recommended summary plan for emergency care and treatment' (RESPECT)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

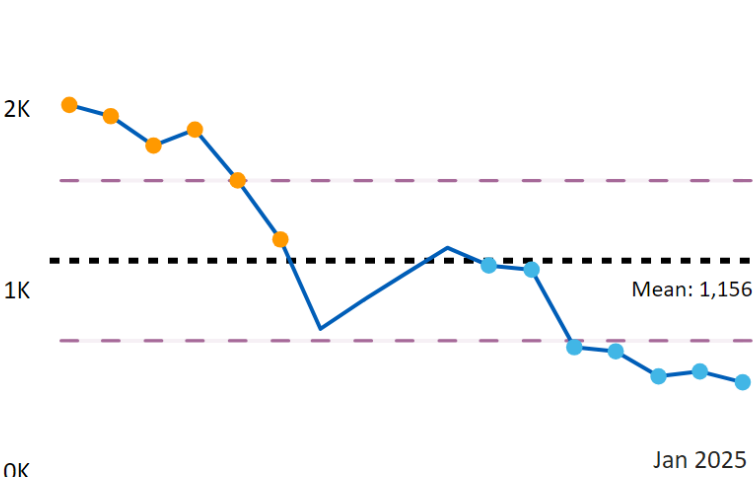
Duplication and inefficiency- risk that multiple assessments, plans and visits will continue, which results in confusion for patients, carers and HCPs unless services work together and documents are streamlined.

Planned Care ICB

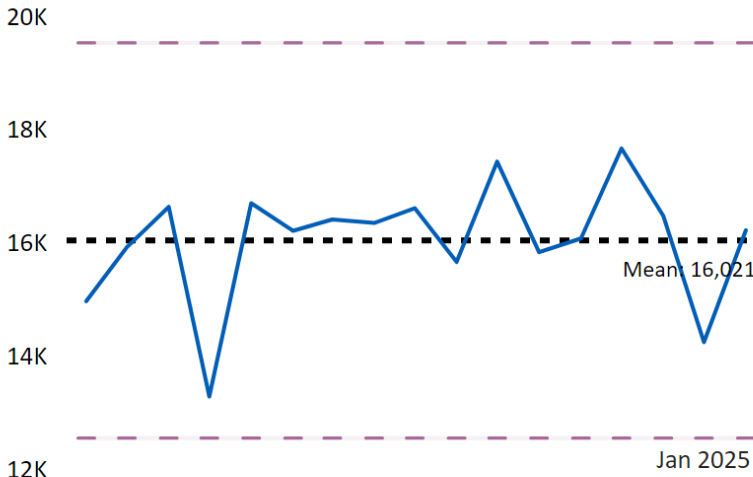
The total number of incomplete RTT pathways



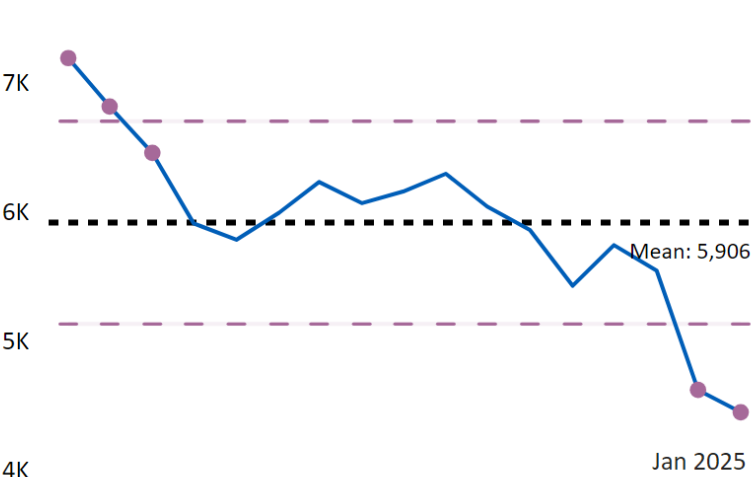
RTT 65 Week Waits



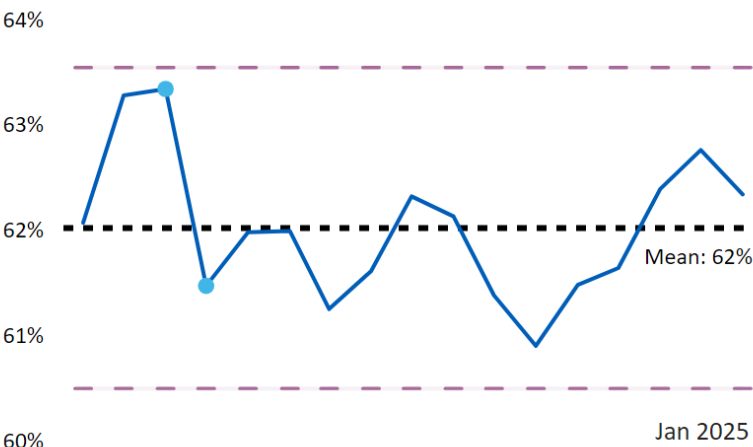
Day Case



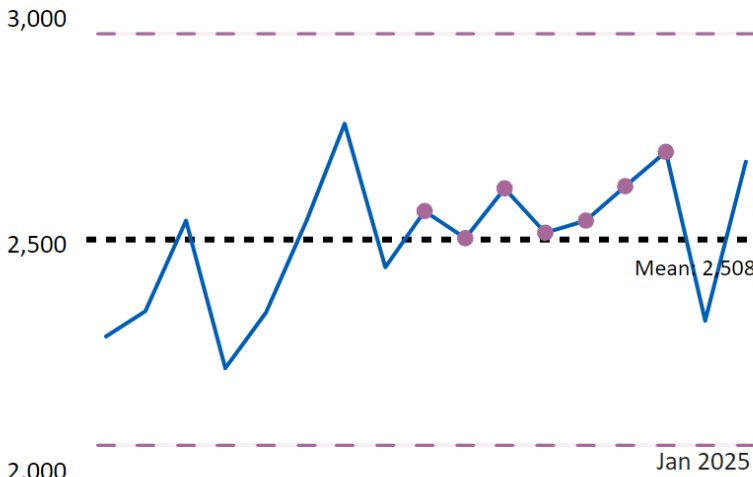
RTT 52 Week Waits



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

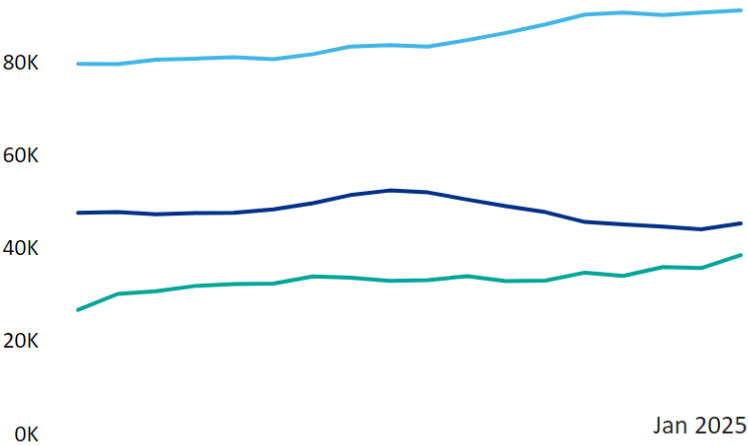
✓

RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

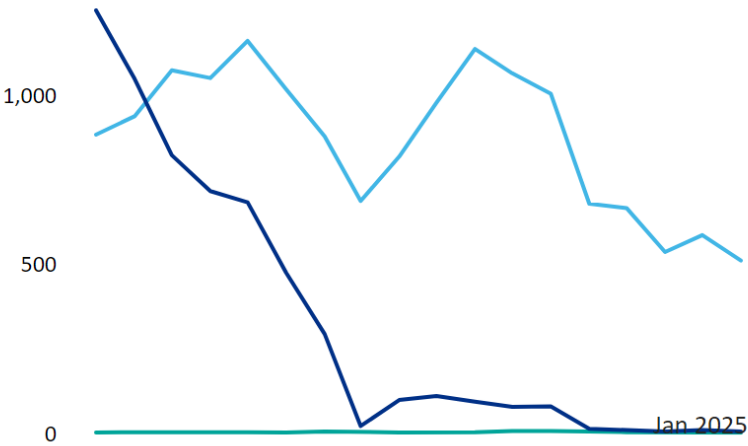
✓

RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST

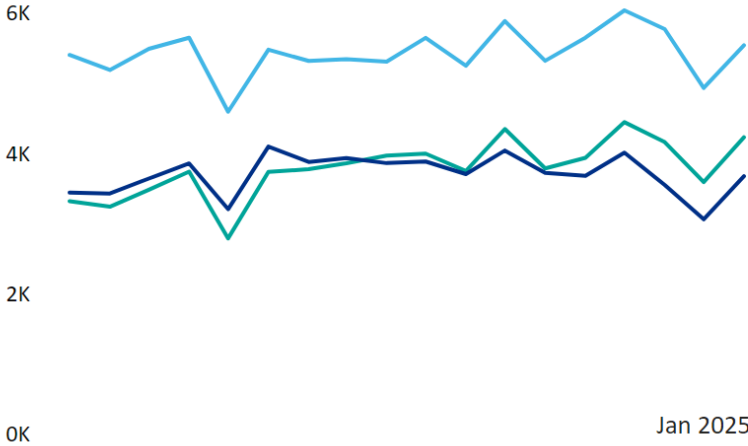
The total number of incomplete RTT pathways



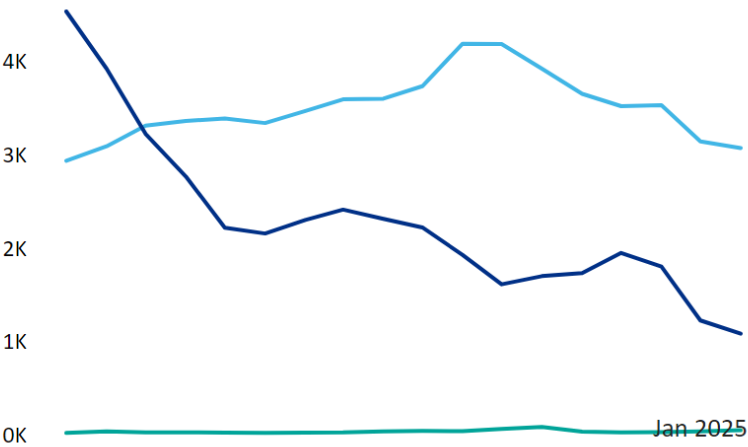
RTT 65 Week Waits



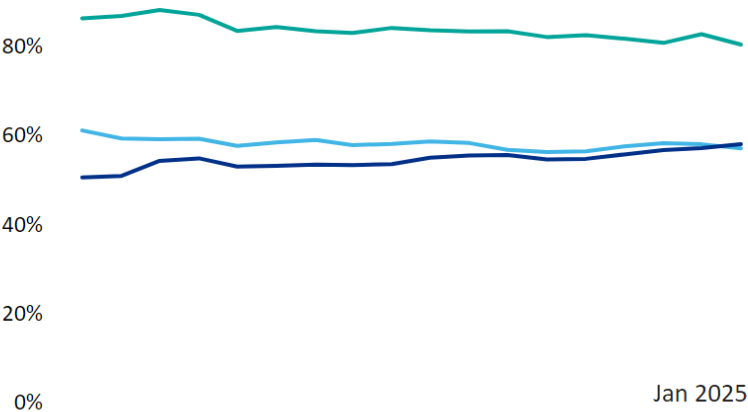
Day Case



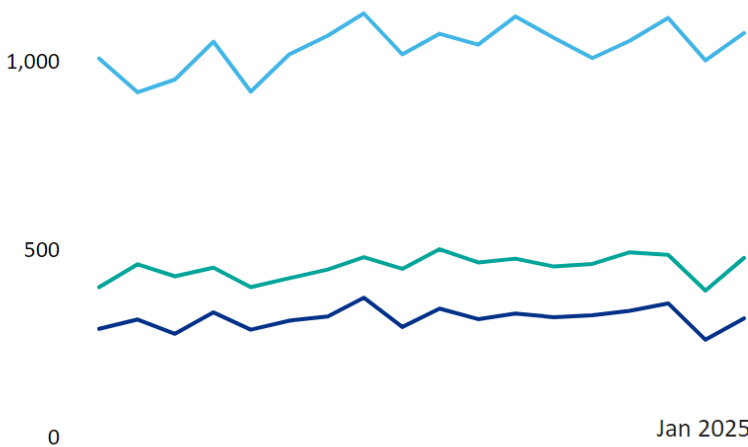
RTT 52 Week Waits



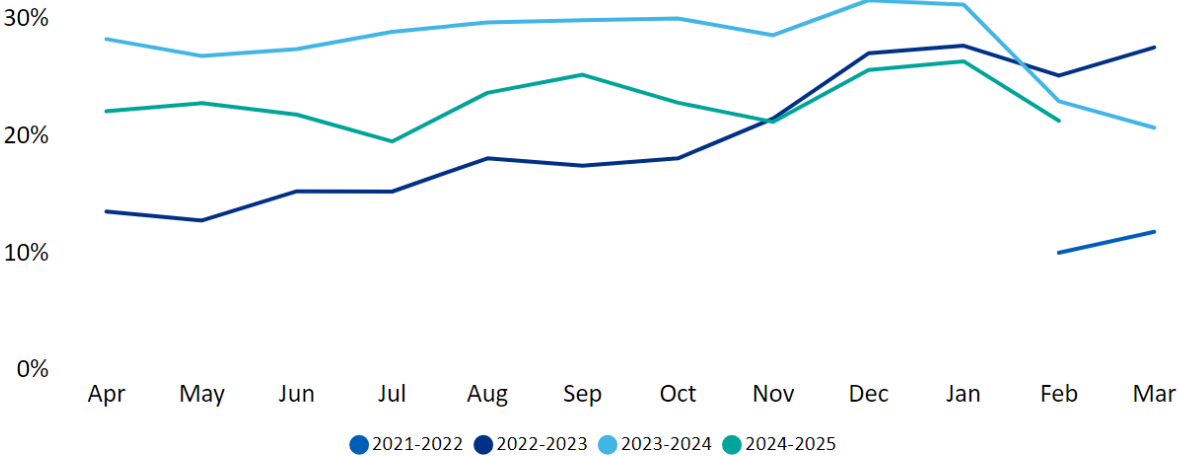
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period



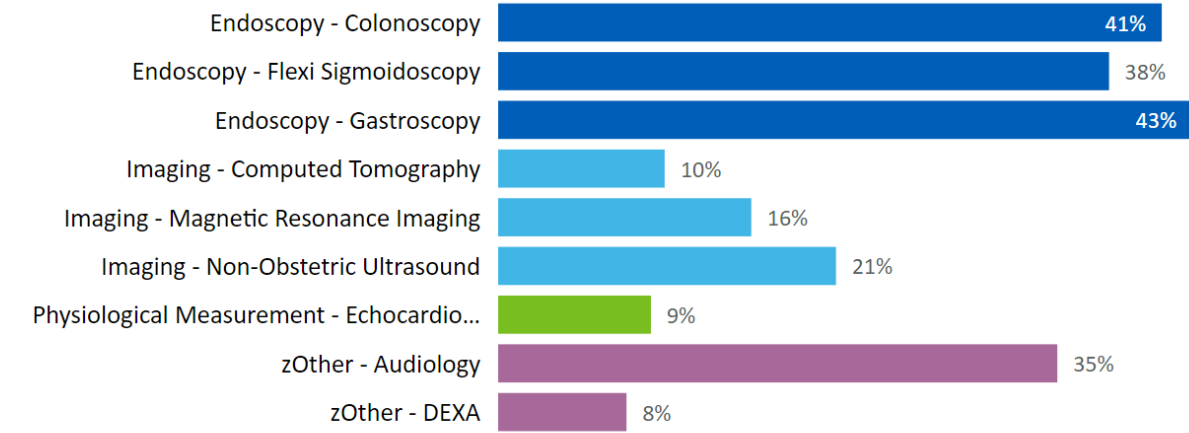
Ordinary



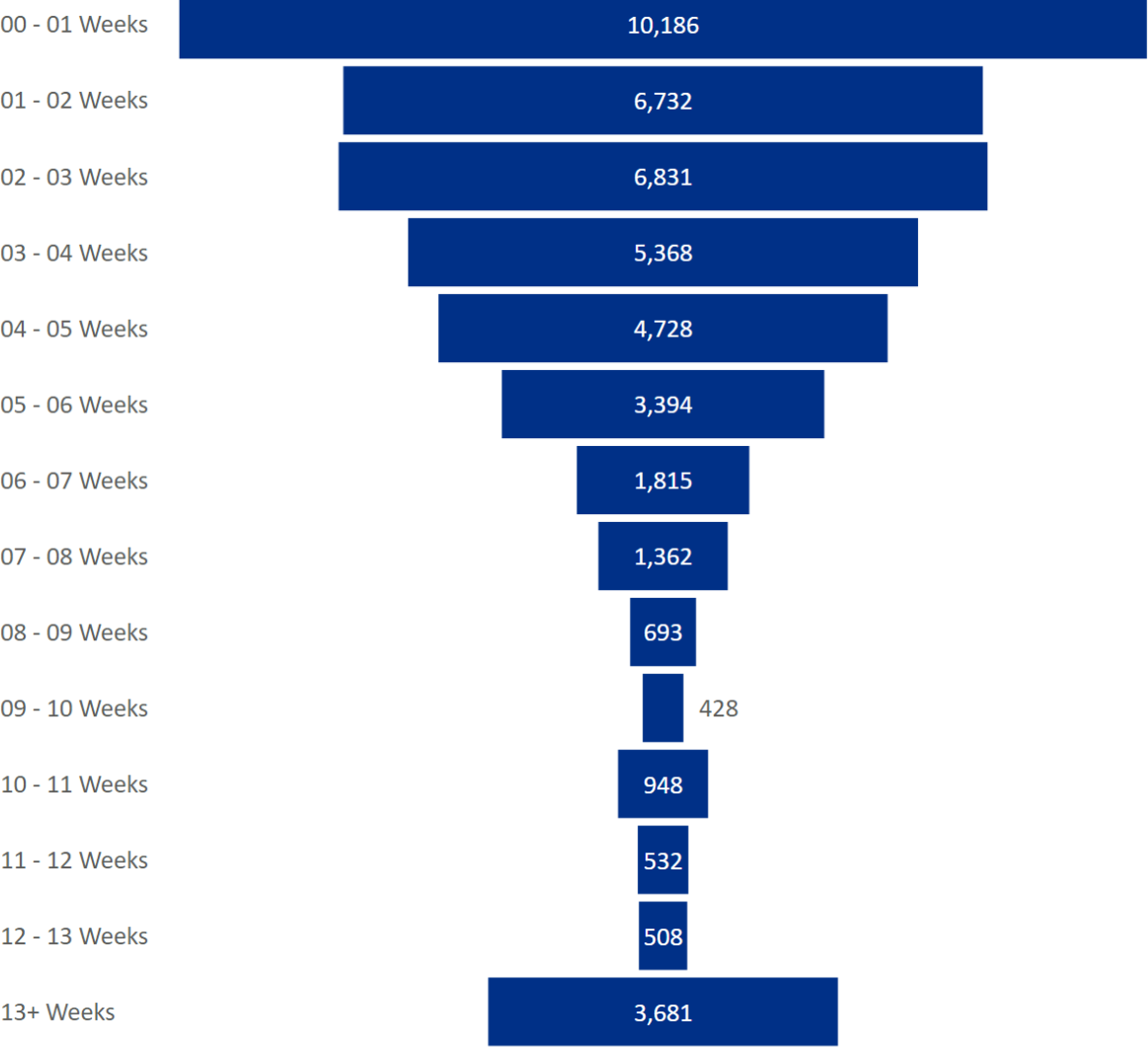
The percentage of patients waiting 6 weeks or more for a diagnostic test



Diagnostic Performance by Test









Waiters by week waited







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	Jan 25	95.0%	65.0%		
	Children and Young People with an Eating Disorder Routine cases that wait 4 weeks or less from referral	Jan 25	95.0%	94.0%		
	Children and young people (ages 0-17) mental health services access (number with 1+ contact)	Jan 25	26,531	24,330		



Dementia and Out of Area Placement (OAP) Metrics

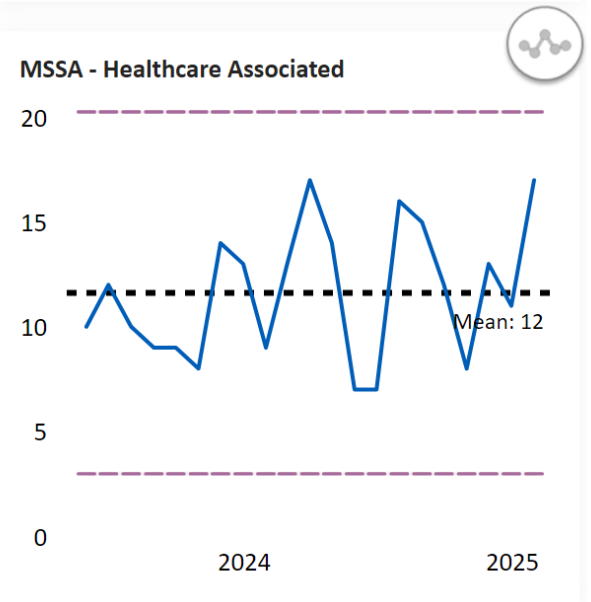
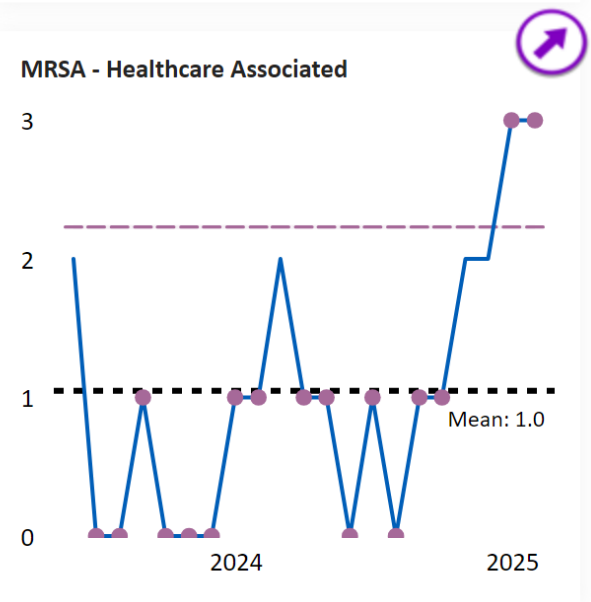
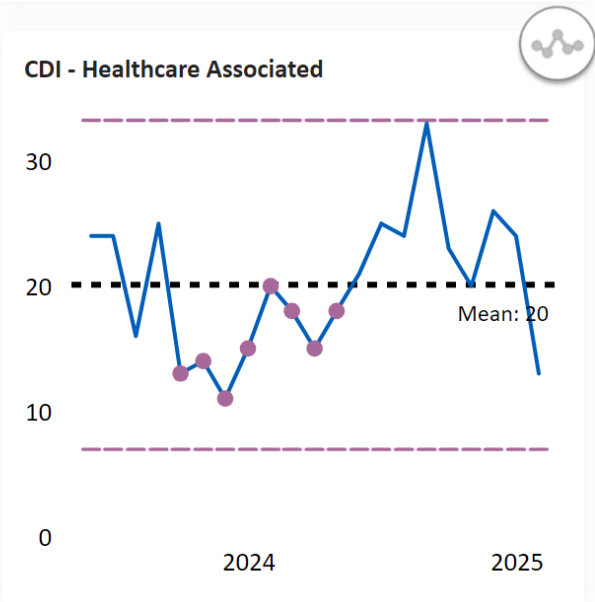
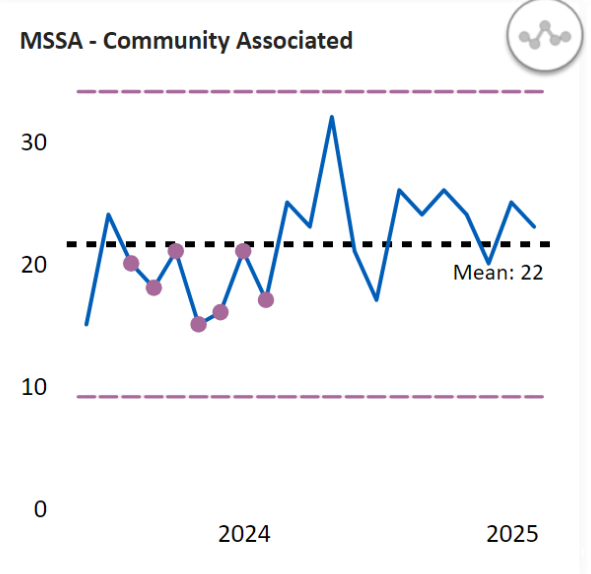
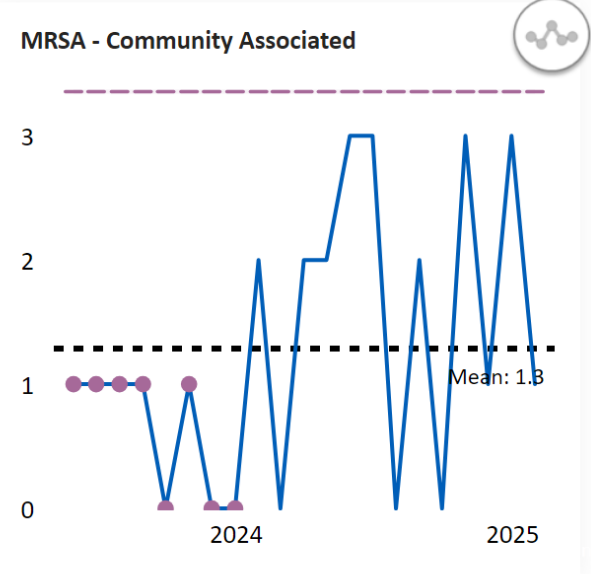
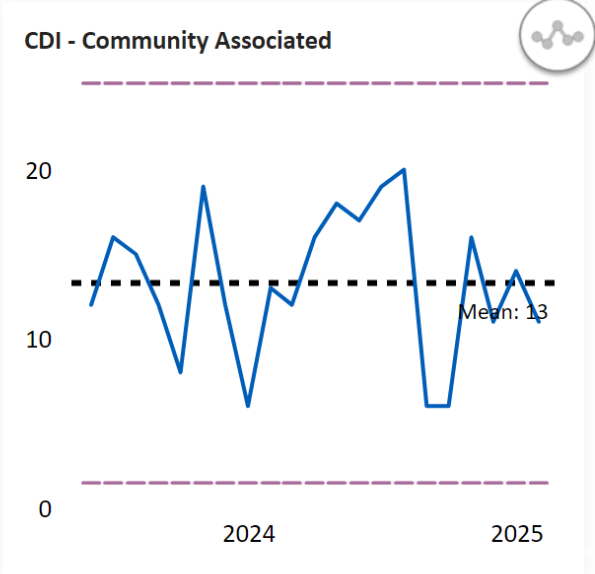
Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (internal or external) - Commissioner	Jan 25	0	15		
	Estimated Diagnosis rate for people with dementia	Jan 25	66.7%	61.9%		

Talking Therapies Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Talking Therapies: Treated within 6 weeks	Feb 25	75.0%	98.2%		
	Talking Therapies: Treated within 18 weeks	Feb 25	95.0%	100.0%		
	Talking Therapies: Moving to reliable recovery (national)	Feb 25	50.0%	53.4%		
	Talking Therapies access (total numbers accessing services)	Apr 24	3,914	2,815		

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%		



How we are performing

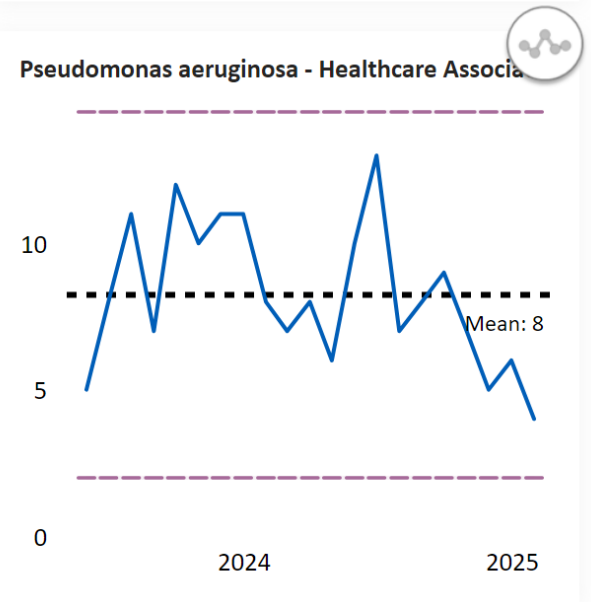
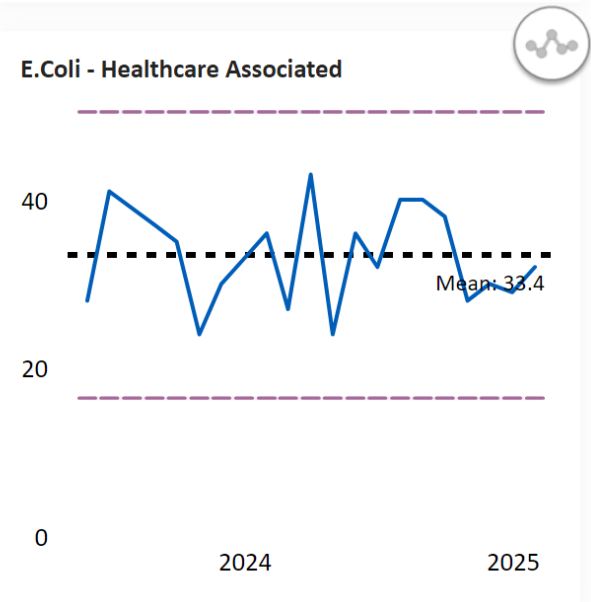
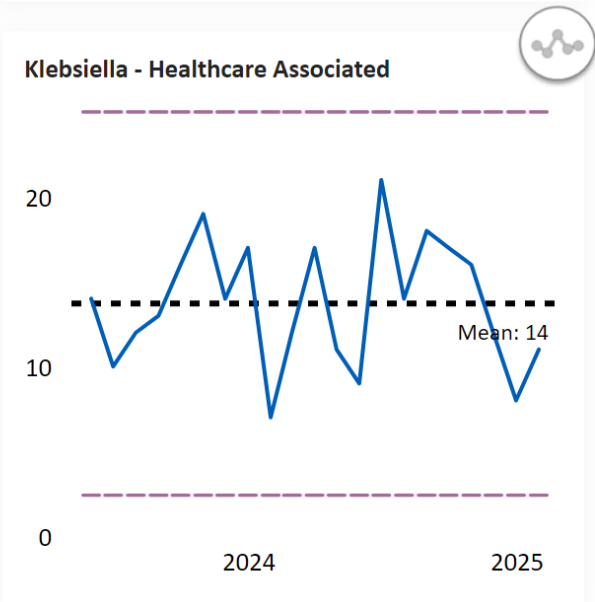
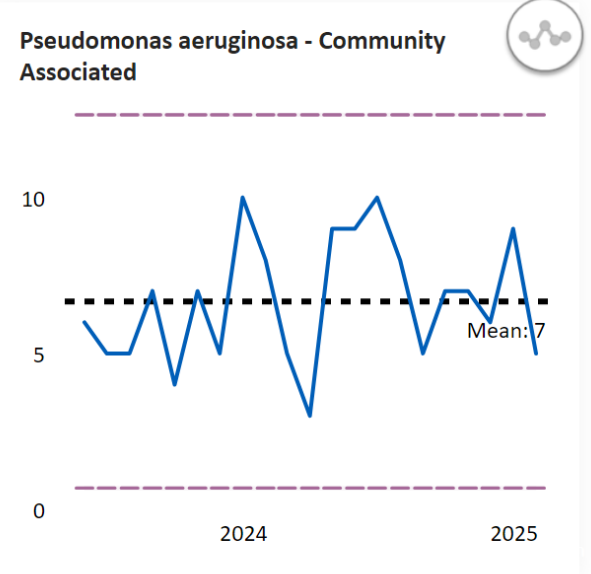
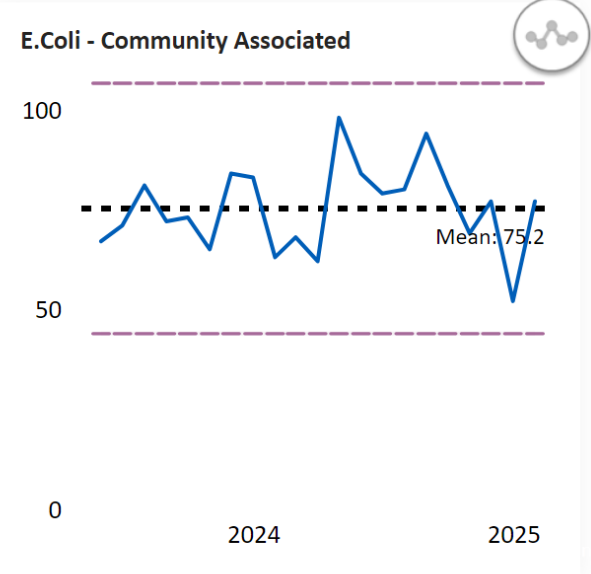
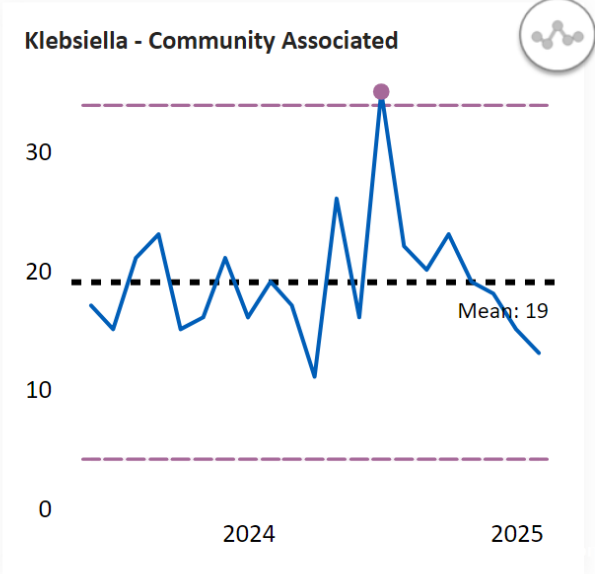
BOB remains above trajectories set by NHS England for mandatory reported infections, in line with the National trend. In February, both hospital and community associated Clostridioides difficile infection (CDI) reduced. [Nationally](#), CDI cases reported a decrease of 7.6% when compared with the same month of the previous year. In February, there were 4 Methicillin resistant Staphylococcus aureus (MRSA) bacteraemia's reported against zero tolerance, compared to 6 in January. Three healthcare associated attributed to Oxfordshire (1) and Buckinghamshire (2) of those cases; 1 Central venous catheter (CVC) related, 1 skin and soft tissue and 1 'other' (PICC or urinary catheter). No learning is known. One community associated case, attributed to Berkshire West was respiratory related. UKHSA reported a decrease of 4.8% when compared with the same month of the previous year [nationally](#).

Actions & Risks

The BOB One Health AMS group continues to progress development of BOB wide Antibiotic Patient information leaflet, to increase patient awareness of Antimicrobial resistance and C.diff, includes a digital option QR code linking to information on AMR. There has been a 78% response rate (35/45) for Q4 Community CDI analysis. There will be a Q4 Community CDI Analysis report released for the IPCC and issued in the GP Bulletin for feedback.

An in-depth [SEIP's](#) review of Community MRSAB cases 2024/25 has been carried out, the key findings were compounded by variations in the available investigative information, this made it difficult to establish trends and themes, 29% (10/35) of likely sources were Skin and soft tissue, 14% (5/35) were line related and 17% were non-UK residents or in temporary accommodation.

It would be beneficial if UKHSA Data capture system (DCS) was completed in more detail, it is recognised data entry is time consuming, with limited administrative capacity. It is hoped the revised UKHSA DCS will alleviate this.



How are we performing

There was a decrease in Pseudomonas and a further decrease in Klebsiella community onset blood stream infection in February, and a slight increase in E.coli in February, although BOB remains above trajectory in all Gram-Negative Blood Stream infection (GNBSI). [Nationally](#), E.coli BSI rates decreased 4.2% when compared with the same month of the previous year, Klebsiella a decrease of 0.3% and pseudomonas a decrease of 25.4%. Reported known sources of GNBSI remain predominately urinary tract infections.

Actions & Risks

The National 'Hydrate to Feel Great toolkit' launch in primary care, with the aim to increase hydration of over 65 year old patients living at home to reduce UTI's, antibiotic prescribing and generally improve patient health. Plan in place to introduce to all GP practices across BOB via the GP Bulletin, GP webinar and deliveries of Hydration Plans and posters to GP practices.

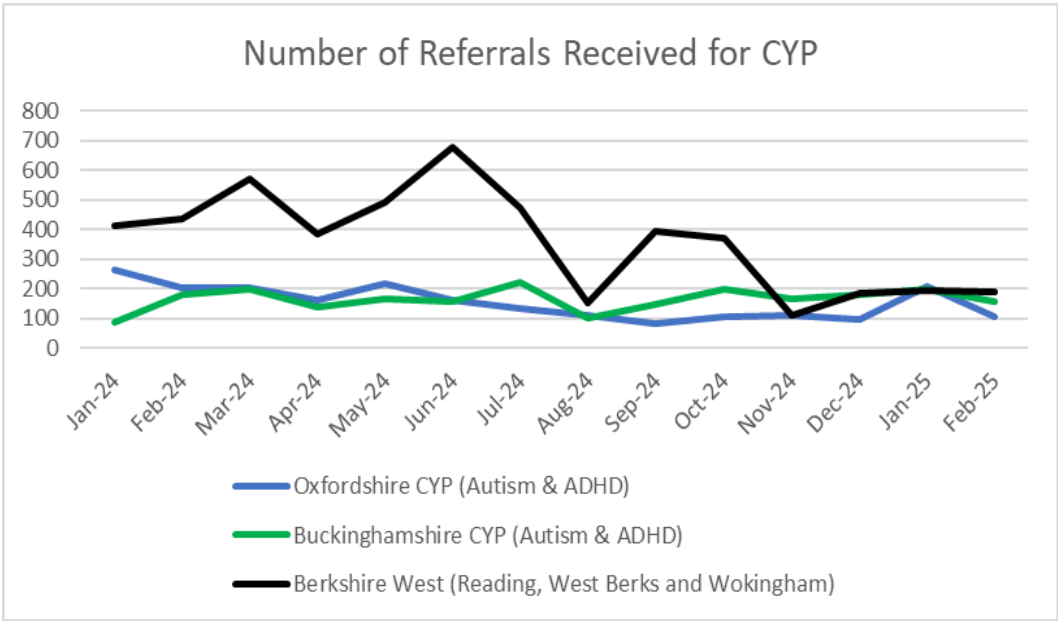
Care Home outbreaks have much reduced, there were 15 outbreaks reported in February compared to 38 in January 10 D&V/Norovirus, 2 flu, 1 respiratory, 1 Covid and 1 scabies. Flu, Norovirus and Covid activity continues to decrease, although outbreaks in hospitals continue to impact on closed beds/wards during February.

In February, the IP&C team have supported CPE and iGAS outbreak meetings, an increased incidence of pseudomonas and a C.diff death investigation led by acute trusts. The investigative team agreed that CDI was probably contributory to the death, although not the outright cause and the Care Home is provided with CDI management guidance. Support continues for Tuberculosis (TB) screening events across Buckinghamshire and Oxfordshire.

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)	4242 (Feb 2025)
Buckinghamshire CYP (Autism & ADHD)	3546 (Feb 2025)
Berkshire West (Reading, West Berks and Wokingham)	7425 (Feb 2025)



Average (Mean) waiting time to assessment for CYP seen	
Oxfordshire CYP (Autism & ADHD)	96 weeks (Feb 2025)
Buckinghamshire CYP (Autism & ADHD)	83 weeks (Feb 2025)
Berkshire West (Reading, West Berks and Wokingham)	Autism – 64 weeks (Feb 2025)
Berkshire West (Reading, West Berks and Wokingham)	ADHD – 68 weeks (Feb 2025)

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 15,213 on the waiting list across BOB when using end-of-February 2025 figures for Buckinghamshire, Oxfordshire and Berkshire West.
- The chart provides an overview of the numbers of referrals received by month from January 2024 to February 2025.
- 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) Pilot funding extended into 25/26 for further 30 primary schools (Wokingham) and embed support for 40 schools (Reading). Delivery planning taking place.
- Area Partnerships across Berkshire have employed additional support to establish a needs led approach for CYP using profile tools in education settings. To meet the needs of neurodivergent CYP early on and reduce reliance on formal diagnosis before support is put in place. First steering group meeting set for May and workshops with schools and Parent Carers Forums scheduled for June.
- Rollout and expansion from April 2024 of BOB SHaRON Online Network pilot which provides support whilst waiting. 1486 new members from launch as at Dec 2024. Evaluation of support outcomes to take place.
- SPENCER3D pilot in 20 schools across Berkshire and Bucks to promote informed strengths and needs led support.
- 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.
- Scoping of support offer for families, children and young people while waiting for assessment taking place.
- Adult ADHD transformation programme task and finish group established (transition risk for CYP).

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.

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

Patient Experience

Healthwatch – Navigating urgent and emergency care services in Oxfordshire

This report summarises the results of a Healthwatch Oxfordshire study to listen to people’s experiences of navigating urgent and emergency care (UEC) services in Oxfordshire.

The recommendations are being reviewed and an ICB response prepared. These will be spotlighted in a future performance and quality report.

Antimicrobial Resistance

A pilot patient survey focused on patient’s understanding of antibiotics and antimicrobial resistance was conducted across BOB .

The aim was to pilot the survey towards 50 members of the public; however, 65 responses were received. The survey included various topics and was distributed on wards at Stoke Mandeville Hospital, outpatient pharmacies, GP surgeries and a dental surgery. The QR code was made accessible to the public.

84% agreed infections are becoming difficult to treat.

79% agreed taking antibiotics unnecessarily is not effective

86% thought vaccines were a safe and effective option to prevent infections

This helps inform our approach to antimicrobial and vaccination campaigns.

Musculo-Skeletal pathway

This pathway is currently delivered in 3 separate place based models. Pathway improvement work is underway to develop a single point of access, reduce inequity, improve triage of referrals, enhance integration with independent providers, enable a more personalised approach. Service users will be engaged with to co -produce the improvements.

Complaints and PALS enquiries- February 2025

61 - Complaints received

140 - PALS received

201 - Total received

Top five categories for the month:

85 – GP Primary Care

21 – Mental Health Services

20 – Dental Services

17 – Acute services

12 – CHC

GP Primary care – issues raised are mostly regarding quality of clinical care and access and waiting times

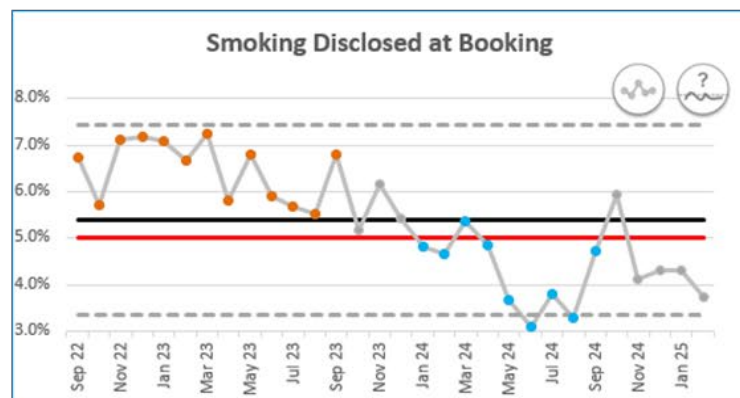
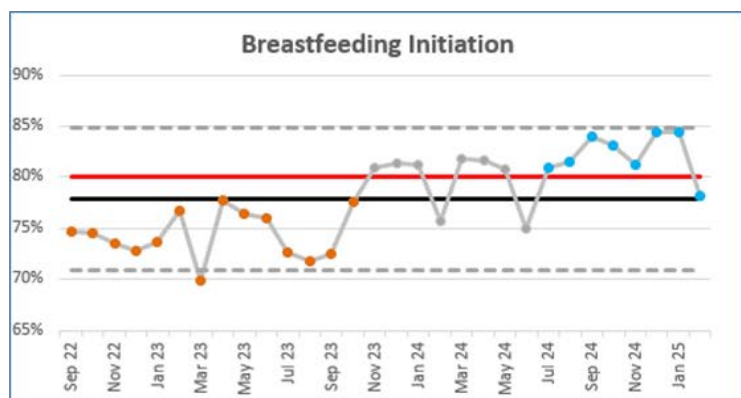
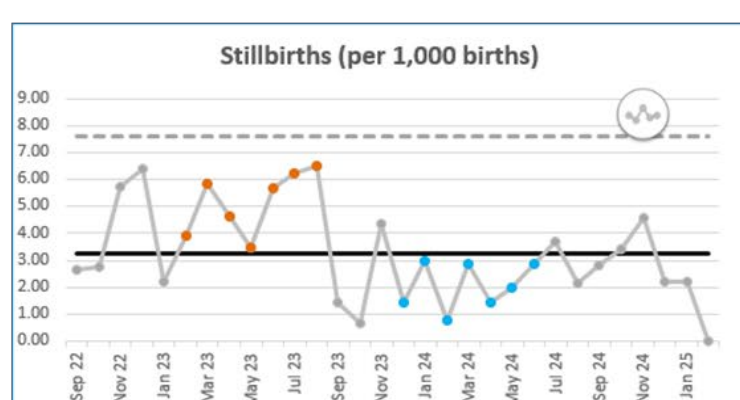
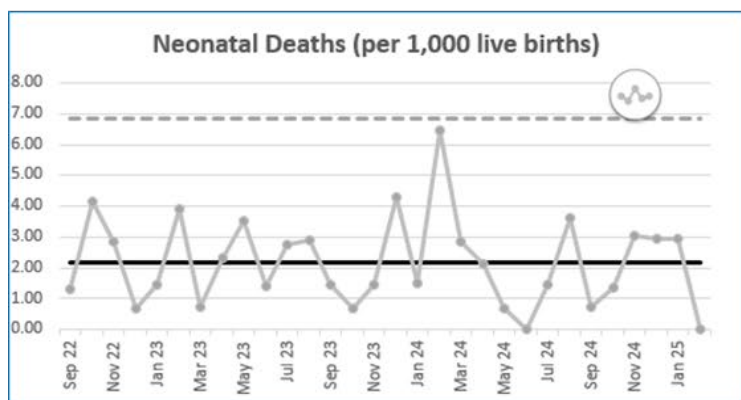
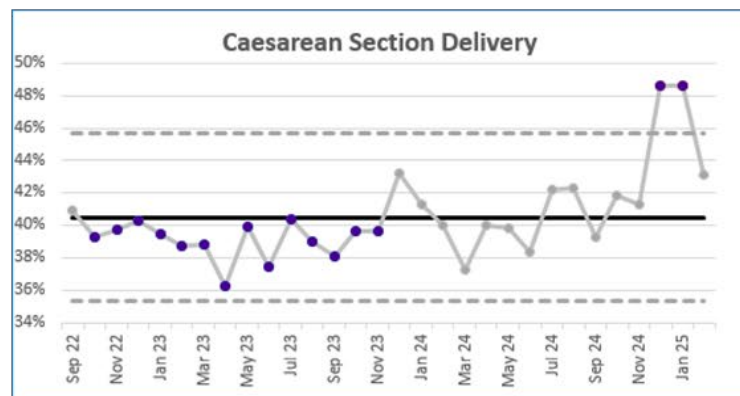
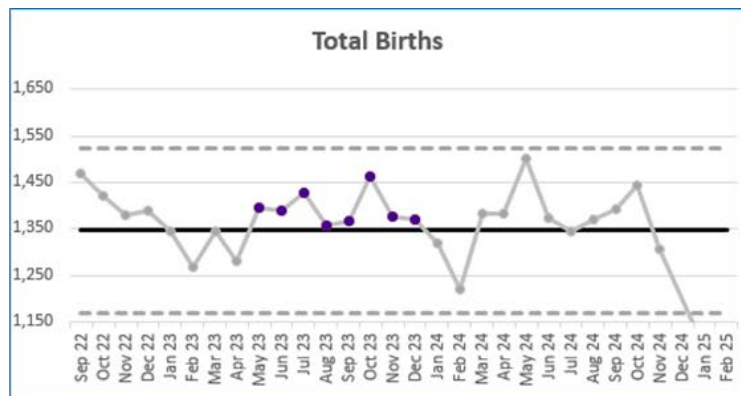
Mental Health Services – issues raised are regarding access to services and waiting times

Dental Services - issues raised are regarding access to services and waiting times

Acute Services - issues raised are mostly regarding quality of clinical care and access and waiting times

CHC – issues raised are mostly regarding communication

Maternity and Neonatal



Total births: There were 1298 total births across the system in February which is lower than average.

Breastfeeding initiation: 78% of women and birthing people-initiated breastfeeding in February. This is below the 80% target for BOB.

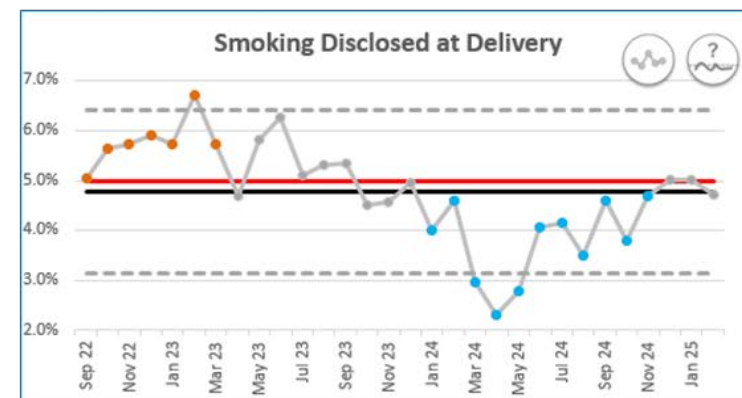
Caesarean section delivery: The percentage of births via c-section is at 43% across the system. This is above the mean for February. This indicator reflects both acuity and workload in each place.

Neonatal deaths (rate per 1000 births): 0 - there were 0 neonatal deaths in February.

Stillbirths (rate per 1000 births): 0 – there were 0 stillbirths across BOB in February.

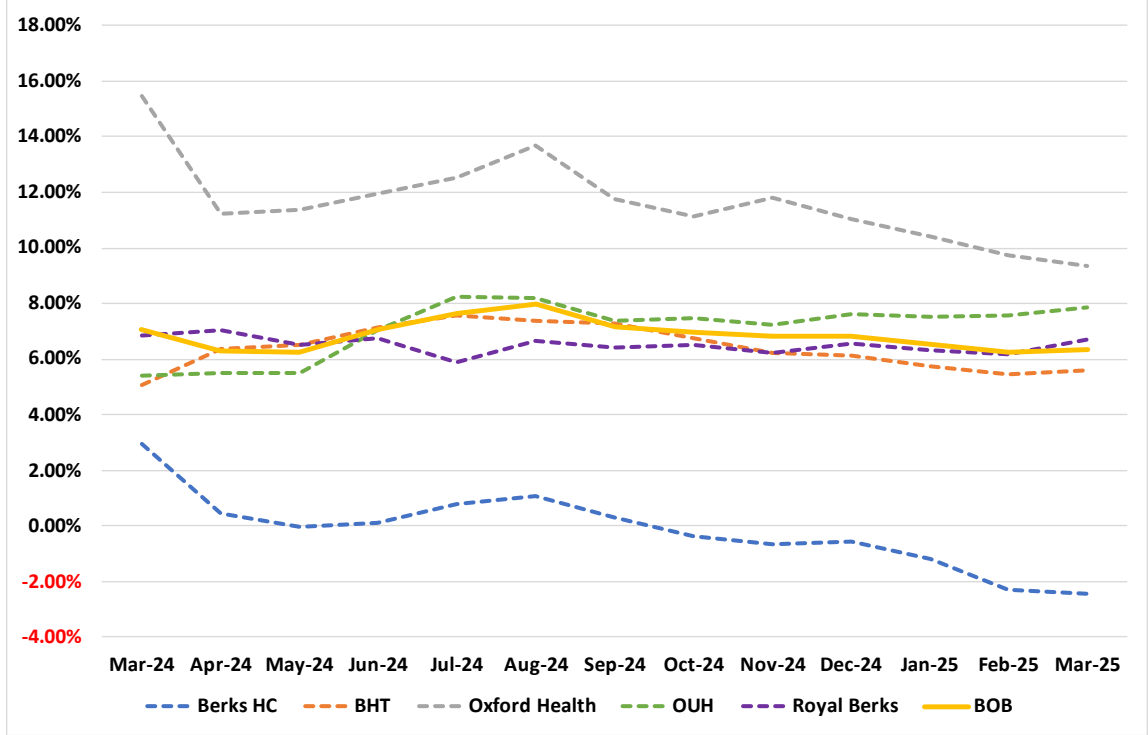
Smoking at time of booking: The percentage of women and birthing people smoking at booking is 3.7% which is below the 5% target.

Smoking at time of delivery: The percentage of women and birthing people smoking at delivery is 4.7% which is below the 5% target. This remains special cause improving variation.



Workforce – Vacancies

BOB Overall in month Vacancy rates March 25



Headline Vacancy Rates for BOB ICS Footprint as at February 2025

Profession	Vacancy Rate	Change from last month
Medical and Dental	3.9%	-0.7% ↓
- Consultant	7.5%	0.2% ↑
- Non-Consultant career grades (excluding trainees)	2.8%	-0.5% ↓
- Trainees (excluding foundation trainees)	71.0%	-1.6% ↓
Registered Nursing, Midwifery and Health Visiting Staff	5.5%	-0.3% ↓
Allied Health Professionals	4.6%	0.0% →
Other Registered Scientific, Therapeutic and Technical Staff	10.0%	7.9% ↑
Registered Healthcare Scientists	3.6%	0.7% ↑
Support to Clinical Staff	7.4%	-0.8% ↓
Total NHS Infrastructure support	7.7%	-1.4% ↓

This metric measures

1. In-month vacancy rate by organisation since the same period last year as at March 2025. Source M12 2024-2025 Provider Workforce Returns (PWRS) from the “1.WTE” and “2.KPI” tabs.
2. Headline vacancy rates and change from last month for NHS Provider Trusts within BOB ICS Footprint as at February 2025. Source “Vacancies Dashboard SE” as at February 2025 from the South Data Sharing Platform. This is the most current version available at the report submission deadline.

How we are performing

- Comparing March 2024 with March 2025, the in-month vacancy rate for BOB remains on a slight downward trend, and over that period 3/5 trusts vacancy rates have fallen, BHFT (5.43%), OHFT (6.11%), and RBFT (0.15%). OUH has risen by 2.44% over the same period, and BHT by 0.56%.
- In month, vacancy rates for BOB trusts have fallen at BHFT by 0.15%, and OHFT by 0.35%. They have risen at BHT (0.14%), OUH (0.29%) and RBFT (0.52%).
- BOB ICS Footprint Headline vacancy rates have fallen for most staff groups in February 2025. There was a significant rise in vacancies for Other ST&T staff this month, up 7.9% to 10%, this is driven by a large increase in the in-month vacancy rate at OHFT. There was a slight rise for Consultants (0.2%) and Healthcare Scientists (0.7%).
- The largest fall for in-month vacancy rates was for M&D Trainees at 1.6%
- Data trends for major staff groups are on the following slide.

Risks:

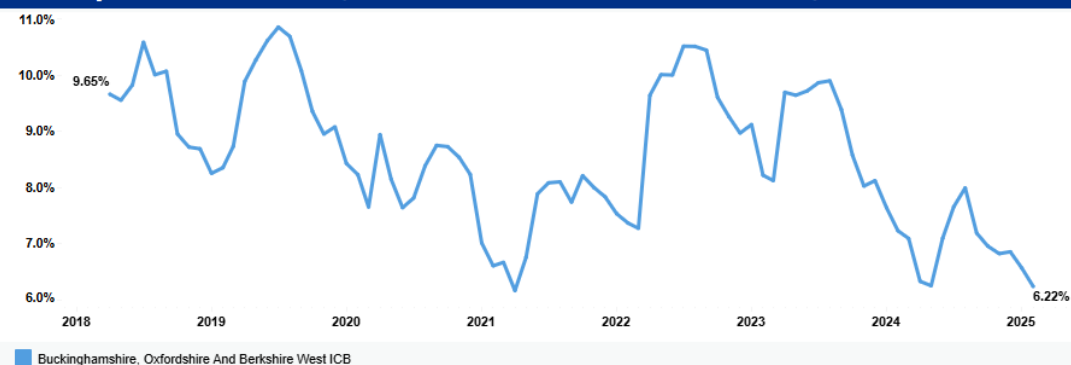
- Vacancies are expected to increase as a result of the implementation of additional Workforce Controls to support system recovery. Therefore, vacancy rates remain a risk on the BAF and Trust Risk Registers.
- System wide focus on reducing Corporate pay costs may mean the impact of fewer staff in these roles increases workload for those remaining, therefore we may see an uptick in sickness absence and turnover as a result.
- Similarly, wide scale organizational change to deliver Financial Plan may also adversely affect other workforce KPIs.

Actions

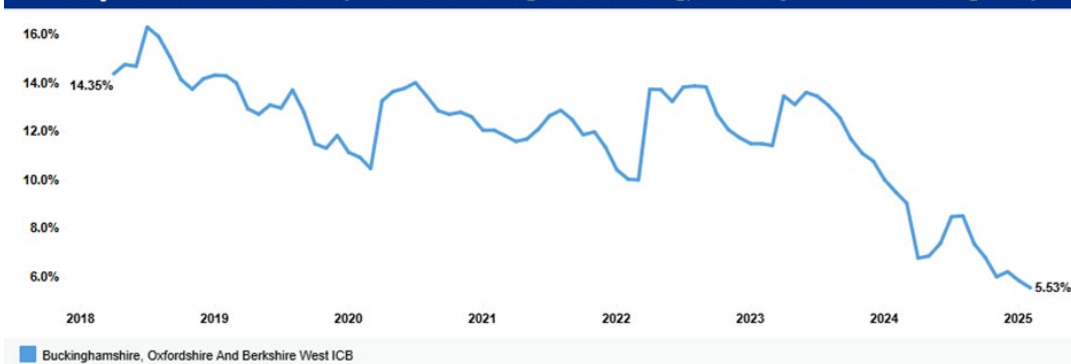
- Vacancy Control Panel's are in operation across the system to scrutinise requests to fill vacancies, particularly Corporate roles. Providers have been notified by NHSE of their Corporate pay costs reduction targets, and these will be monitored by NHSE on a monthly basis.
- Workforce Plan oversight and assurance continues for 25/26 via the Bilateral meetings and SRTB meetings, ensuring any adverse Vacancy trends are highlighted promptly.

Workforce – Vacancies trend for major staff groups

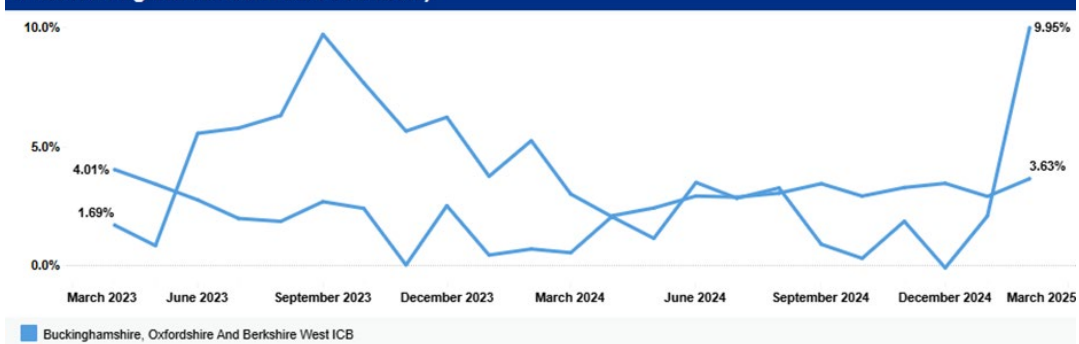
Vacancy Trend - ICB Position (WTE0130-In Month Overall Staff Vacancies WTE)



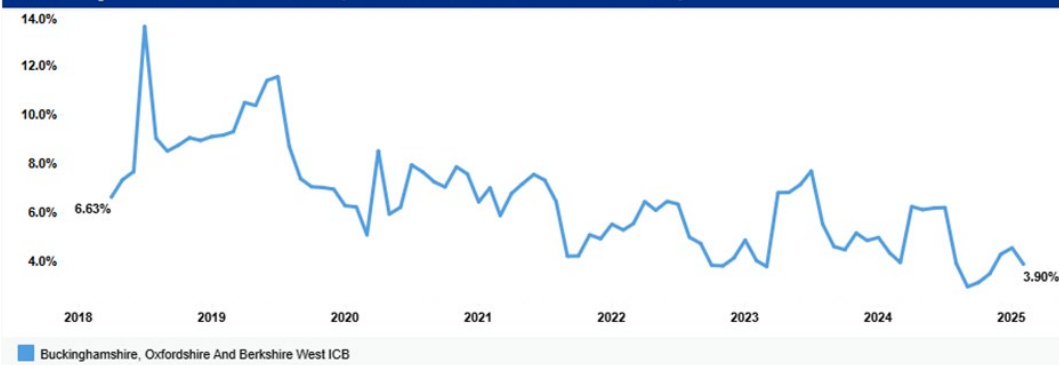
Vacancy Trend - ICB Position (WTE0170-Total Registered Nursing, Midwifery and Health Visiting Staff)



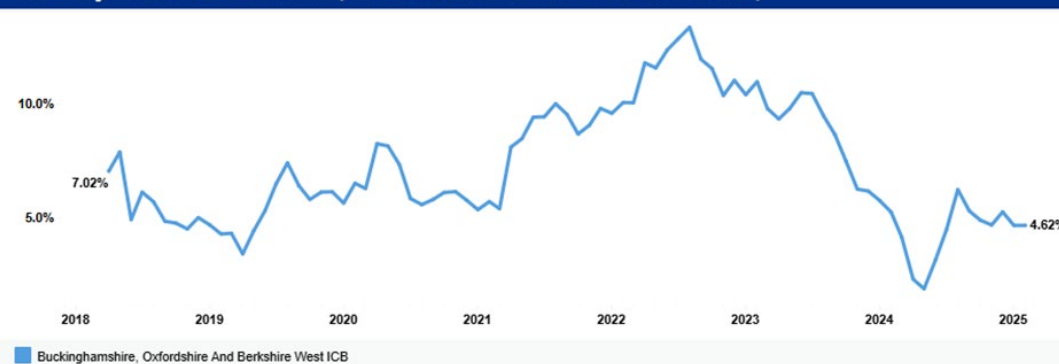
Vacancy Trend - ICB Position (WTE0430-Other Registered Scientific, Therapeutic and Technical Staff & WTE0490-Registered health care scientists)



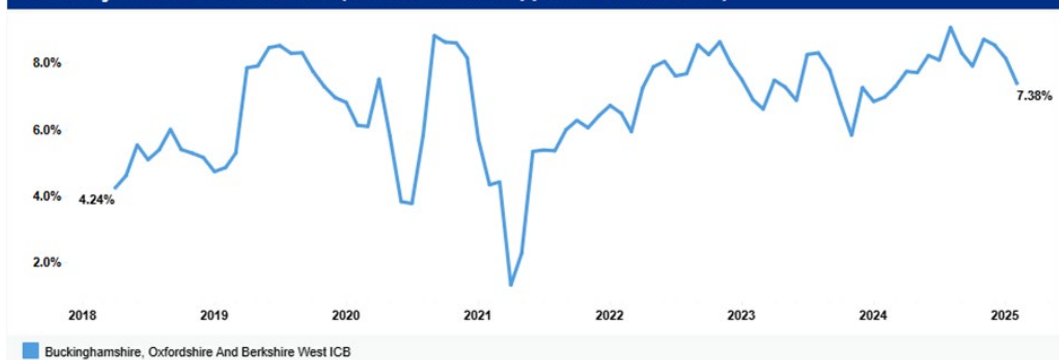
Vacancy Trend - ICB Position (WTE0690-Total Medical and Dental)



Vacancy Trend - ICB Position (WTE0290-Total Allied Health Professionals)

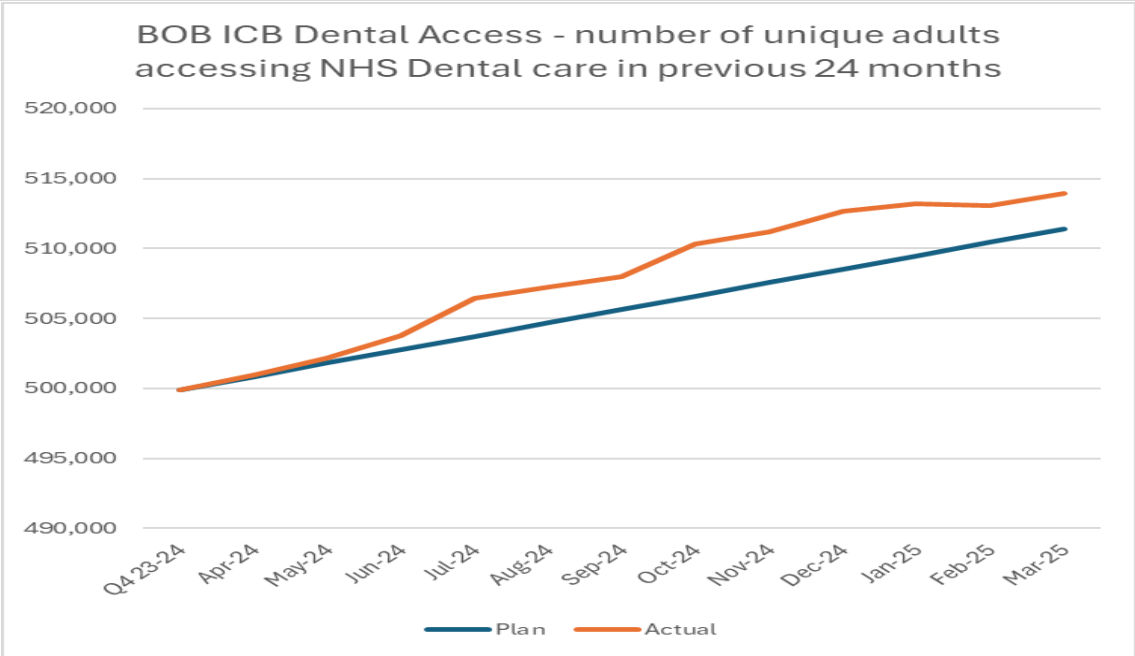
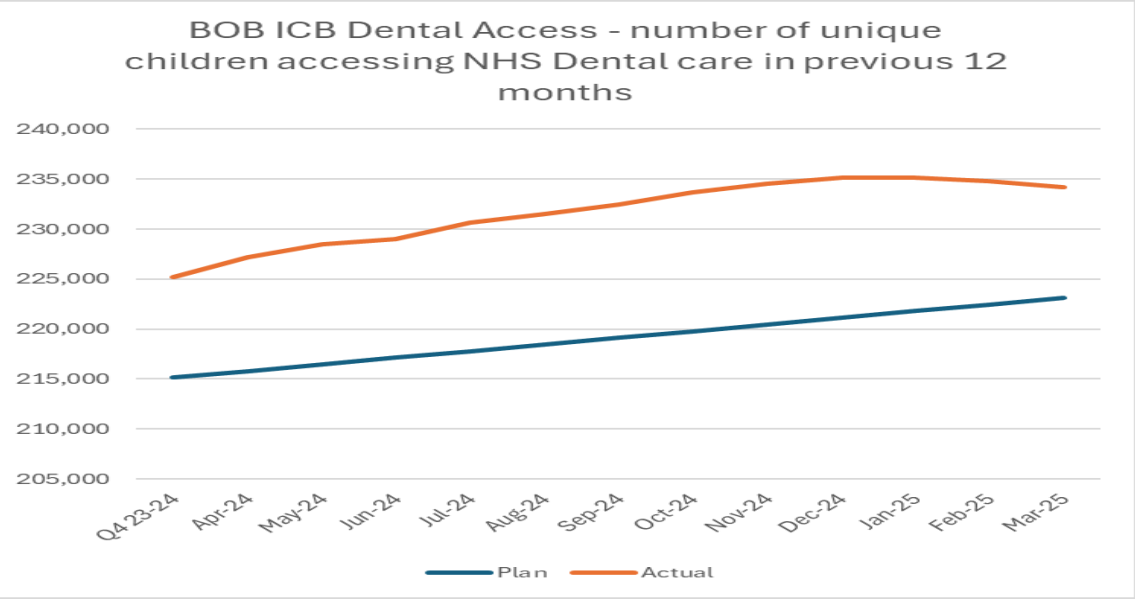


Vacancy Trend - ICB Position (WTE0580-Total Support to Clinical Staff)



Dentistry/High Street Dental Services – Access 2024-25

Mar 25



Delivery against activity plan (M11)

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 March , the ICB was ahead of target with 234,180 unique children attending in the previous 12 months and 513,951 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 (ends March 25)
- 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 with the additional activity to be commissioned from October 2025. The Contract Award Recommendation Report for 5 new practices has been approved with Preferred Bidders advised. Mobilisation is planned to commence in May.
- Golden Hellos to support recruitment in areas where this has been a challenge – 12 practices have received approval for payments; 2 have reported on planned appointments.
- Flexible Commissioning for patients who have struggled to access NHS dental care – 34 practices taking part with more than 18,000 patients seen to the end of March 2025. The scheme will continue in 2025-26 with 38 practices taking part.
- In response to the new government manifesto commitment to commission an additional 700,000 urgent dental appointments nationally, practices started to provide these appointments from January. This is now part of the Operating Plan for 2025-26 with an ICB target of 15,454 Urgent and Unscheduled Dental Care appointments in 2025-26. Arrangements have been established for 2025-26 with communication with key stakeholders

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