

BOARD MEETING

Title	Performance and Quality Report M3		
Paper Date:	06 September 2024	Meeting Date:	17 September 2024
Purpose:	Assurance	Agenda Item:	11
Author:	Ben Gattlin, Head of Performance	Exec Lead/ Senior Responsible Officer:	Matthew Tait, Chief Delivery Officer

Executive Summary

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

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

The five areas of key focus are:

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

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

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

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

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

Most recent developments have seen the introduction of ‘Hospital at Home’ indicators for which the next step is to develop SPC versions of the charting.

The report now contains updated versions of workforce and payroll costs relating to financial recovery. This data is not sitting within the developed product and is added manually. Workforce and Finance will be added to phase two of the development of the product to create a fully integrated performance report¹

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

Action Required

The board is asked to:

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

¹ Incorporating Operational, Quality, Workforce, Finance performance

Conflicts of Interest:	Conflict noted: conflicted party can participate in discussion and decision.
<p>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.</p>	
Committee Where Last Reviewed:	Performance reviewed 27 August 2024 Population Health and Patient Experience Committee (PHPEC).

NHS Performance and Quality Report

M3 - June 2024

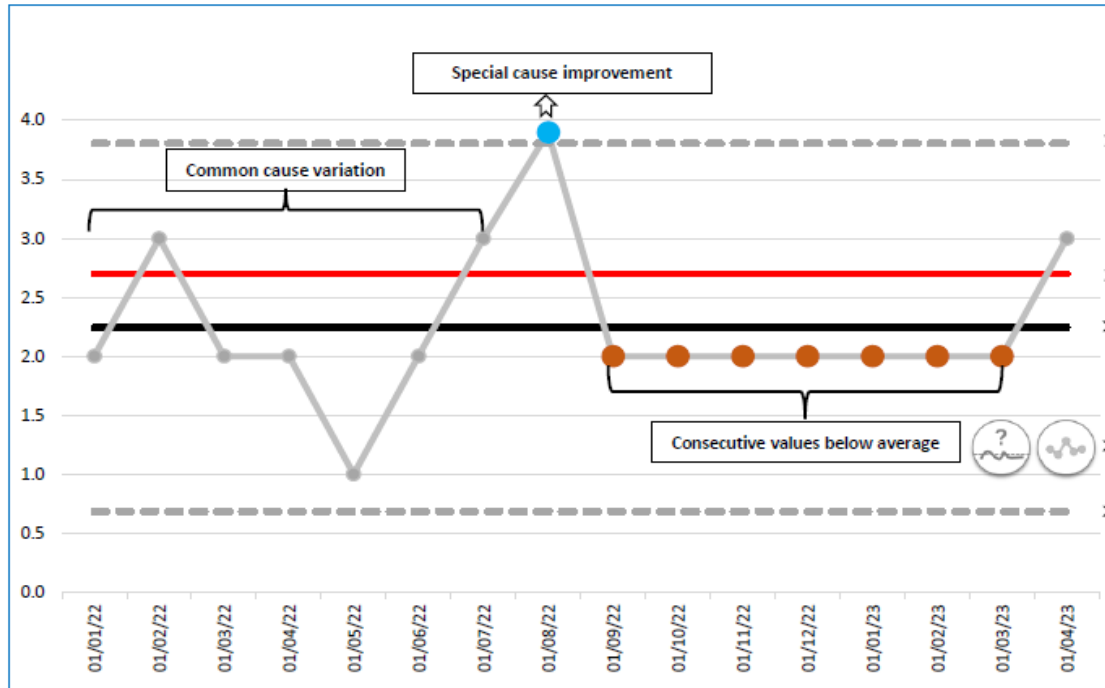
Matthew Tait – Chief Delivery Officer

Rachael Corser – Chief Nursing Officer

Rachael De Caux – Chief Medical Officer



How to read an Statistical Process Control (SPC) chart



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

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

The mean: Average score across the recorded time frame







Assurance & Variation: See below key

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



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

Scorecard - M3 - June 2024





Access Metrics

Category	Metric	Target	Value	Variance	Assurance
Activity	RTT 65 Week Waits		1,227		
GP Appointments			82.2%		
Quality of Care, Access and Outcomes	GP appointments - percentage of regular appointments within 14 days.		82.4%		

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	Jun 24	85.0%	61.9%		

Learning Disabilities and Autism

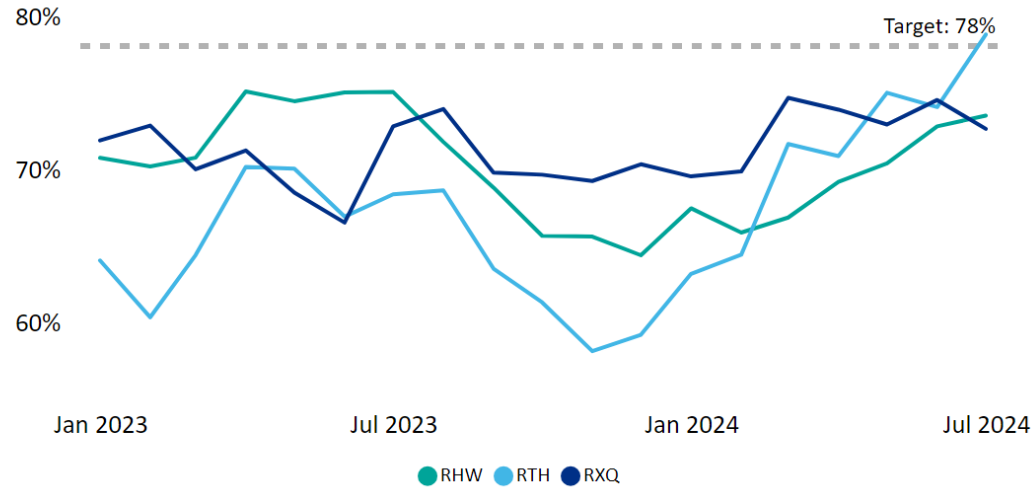
Category	Metric	Period	Target	Value	Variance	Assurance
Learning Disabilities & Autism	Adult inpatients with a learning disability and/or autism per million head of population	Jun 24	30	39		
	Under 18 inpatients with a learning disability and/or autism per million head of population	Jun 24	15	16		

Urgent Care Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Urgent Care	Percentage of patients who spent 4 hours or less in A&E	Jul 24	78.0%	77.3%		

Urgent and Emergency Care

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



This metric measures:

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

How we are performing?

	Target	Prev Year	Performance	Curr Month	Diff
▲ ICB - ALL PROVIDERS	78.0%	74.0%	⬆️	77.3%	3.3%
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	78.0%	75.0%	⬇️	73.5%	-1.5%
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	78.0%	68.3%	⬆️	78.8%	10.4%
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	78.0%	72.8%	⬇️	72.6%	-0.2%

Actions

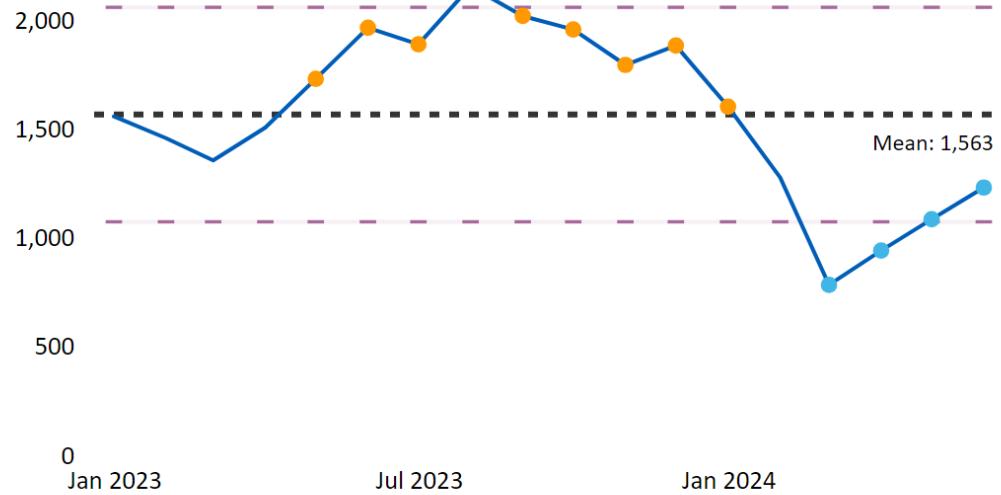
- All three acutes have ED improvement plans in place to support recovery of all types with delivery overseen at place UEC Boards.
- Alternatives to ED continue to be promoted to reduce the pressure on departments, including; Urgent Community Response (UCR), Virtual Wards (VWs), 111, 111 online, and Urgent Care Centres (UCCs/UTCs).
- Single Point of Access (SPOA) working group continues to develop the service and improve awareness and utilisation ahead of winter
- Trusts continue to work with SCAS to reduce ambulance handover delays and excess clear up times to support ambulance Cat 2 response
- Interim UCC model for Reading secured whilst procurement undertaken to support co-located low acuity same day urgent care access at RBFT from Qu1 25/26

Risks

- Unmet demand in primary care/community resulting in higher ED attendance.
- Increase in acuity resulting in more complex patients attending ED
- Ongoing disruption to services and demand profiles resulting from Industrial Action/GP Collective Action and exceptional weather conditions
- Staff sickness compounding UEC pressures
- Financial constraints impeding improvement actions/pace of delivery.

Planned Care

RTT 65 Week Waits



This metric measures:

Our objective is to reduce the number of patients experiencing excess waiting times for elective care as measured by the national Referral to Treatment time (RTT) standards. The target to eliminate all >65-week waits is the end of March 2024.

How we are performing?

	Target	Prev Month	Performance	Curr Month	Diff
▲ ICB - ALL PROVIDERS		1,081	↑	1,227	146
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST			↑	2	2
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST		975	↑	1,134	159
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST		109	↓	92	-17

Actions

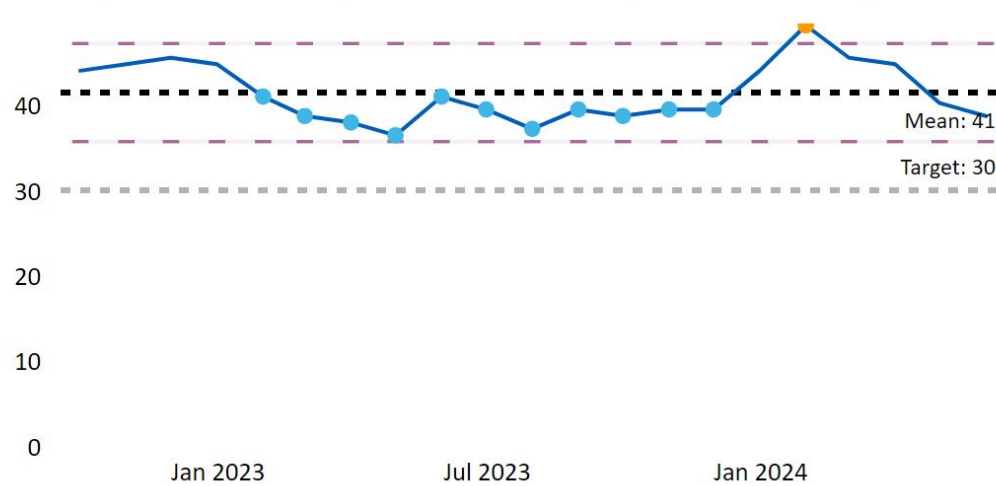
- Elective Care Board has developed a draft plan to recover 18 weeks RTT over the next five years. Focus is on 65WW in the short term but will shift to develop and deliver longer-term sustainable change over time.
- Priority across all three trusts is eliminating long waits by the end of September 2024. Risk that OUH will not hit this target so focused on mutual aid and use of ISPs to provide additional capacity. Seeking regional / national support on Plastic Surgery and Vascular Surgery as there is a lack of capacity within BOB to support.
- ICB Planned Care team is working with primary care to maximise use of capacity in the system at the point of referral e.g. by diverting patients to trusts with shorter waits. Will deliver higher quality of care and relieve some of the pressures on OUH.

Risks

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

Learning Disabilities and Autism

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



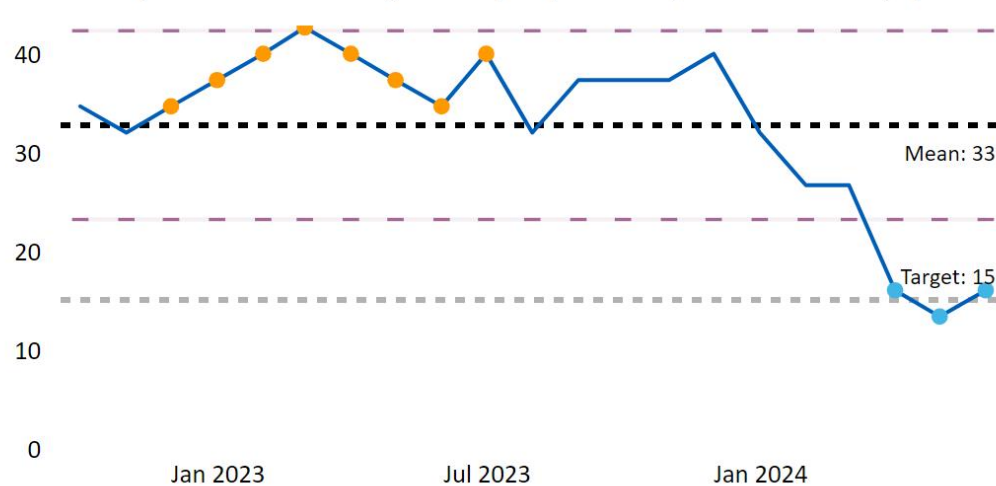
These metrics measure:

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

How we are performing?

	Target	Prev Month	Performance	Curr Month	Diff
Adult inpatients with a learning disability and/or autism per million head of population	30	40	↓	39	-2
Under 18 inpatients with a learning disability and/or autism per million head of population	15	13	↑	16	3

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



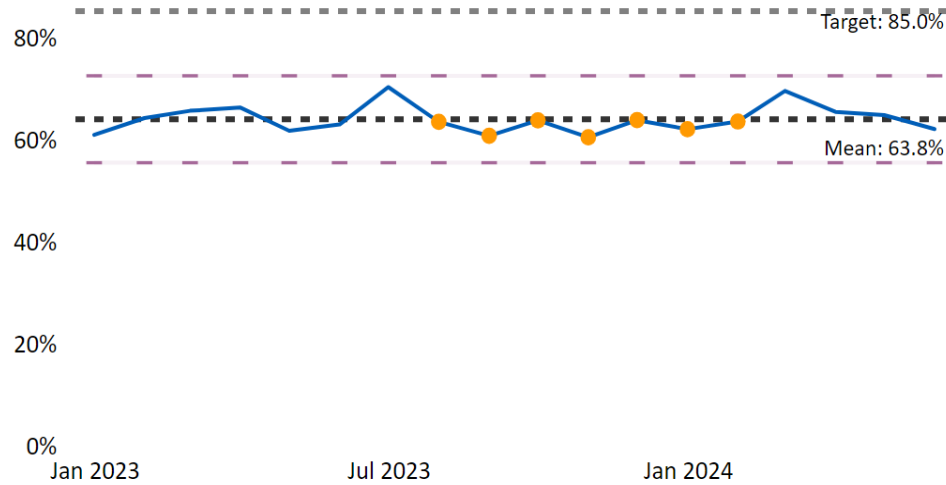
Actions:

- New BOB ICB Dynamic Support Register Policy has been approved and implementation in progress. Comparing electronic DSR platforms to improve information sharing between agencies. This will reduce variation across the ICB and will ensure equity of application in preventing admissions.
- The ICB has committed to participate in NHS England Nation Pilot on Commissioner Oversight Visits. The purpose of Commissioner Oversight Visit is to monitor and improve the inpatient care.
- The BOB Individual Funding Requests panel has been trialled and lessons learned will be used to implement and enhanced IFR policies and process to deal with complex needs cases in LDA/MH/ABI
- CTR and LeDeR Quality & Governance Oversight Panels have been established in June 2024 to align with national policy.
- Key themes have been identified for quality improvement work, e.g. advocacy in CTR or cancer screening of people with LD (LeDeR)
- LeDeR annual report for FY 23/24 in preparation.

Risks:

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

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



This metric measures:

The 62-day referral to treatment standard (85%). Due to the delay in processing the cancer waiting times data the opportunity has been taken to introduce an SPC chart here. The process control shows common cause variation, latest data point is above the mean, 5 of the last 6 data points are within 1 standard deviation. This does statistically indicate that BOB providers are unlikely to achieve the national standard at the next data point.

How we are performing?

	Target	Prev Month	Performance	Curr Month	Diff
▲ ICB - ALL PROVIDERS	85.0%	64.6%	↓	61.9%	-2.7%
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	85.0%	69.4%	↑	72.2%	2.8%
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.0%	59.2%	↓	52.5%	-6.6%
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	85.0%	63.4%	↑	65.0%	1.6%

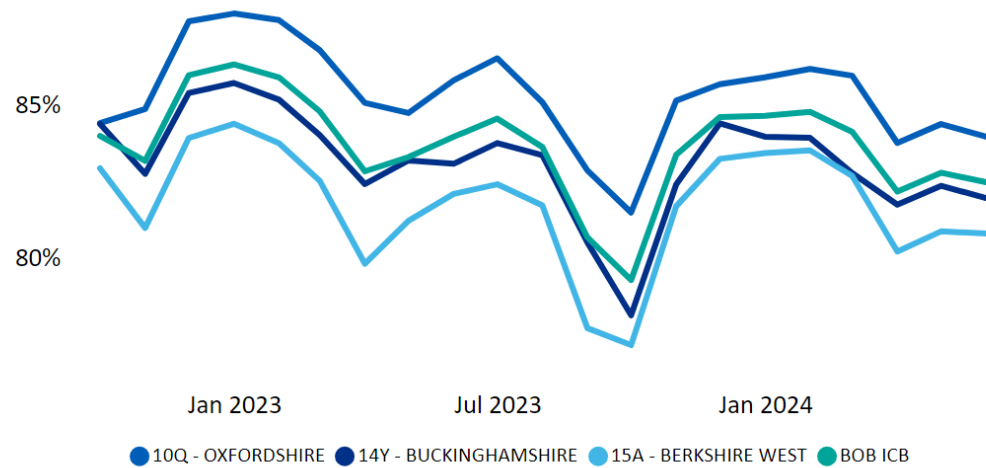
National Planning requirements- Cancer 24/25:

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

• BOB ICB:

- 62-day combined performance in June 2024: 66.1% – ICB 5th in SE.
- 1 provider saw an improvement in performance – RBFT.
- RBFT surpassed National requirement of 70% by March 2025
- OUH and BHT did not meet 70% target, and their performance has worsened from May by 2.4% and 3.6% respectively.
 - OUH – the 3 most challenged pathways impacting their 62-day performance are Gynae (24.3%), Urology (43.3%) and Lung (32.4%)
 - BHT – the 3 most challenged pathways impacting their 62-day performance are UGI (27.3%), Lung (31.0%) and Urology (43.0%). Also to flag, Brain/ CNS and Head & Neck both 0.0%.

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		82.8%	↓	82.4%	-0.3%
15A - BERKSHIRE WEST		80.8%	↓	80.8%	-0.1%
14Y - BUCKINGHAMSHIRE		82.3%	↓	81.9%	-0.4%
10Q - OXFORDSHIRE		84.3%	↓	83.9%	-0.4%

Slight decline in performance observed during M3 across the whole of BOB.

Access

- Continue to support practices / PCNs to achieve their capacity and access improvement payments (CAIP) through enabling telephony call back and increasing GP online services.
- Deep dive on national GP patient survey to be shared with PCNs to inform their actions for CAIP and to be used to help the ICB understand variation further and act.
- Promoting pharmacy first and improving uptake of oral contraception and hypertension services

Resilience

- Practices encouraged to join one of the last two national cohorts of the General Practice Improvement Programme (GPIP).
- Local delivery of the New to General Practice Fellowship programme with a cohort of recently qualified GPs.

Mobilising strategy

- Implementation of governance framework, action planning and reporting mechanism for strategy deliverables including same day access. Delivery groups commence in September.

Risks

- The proposed Collective Action by general practice that commenced in August 2024 looks set to impact predominantly on access, with a 25-patient limit per clinician. A system group is in place to proactively address this challenge and work with system partners to minimise impact on patient care.
- Demand and Capacity (D&C) tooling & resilience: BOB test data is ready to be shared with Edenbridge (Demand and Capacity tool used by GP practices) as part of the move to show ICB level D&C data along with regional peers. Challenges remain however with practices that do not want to engage, and this position is further exacerbated by the collective action in which turning off data sharing is one of the potential actions. The ICB continue to work with the LMC on understanding capacity and demand and still aim to ensure all practices have a tool in place prior to winter. Progress continues to be monitored by region.

Quality Scorecard

Metric	Period	Target	BOB ICB	RBFT	OH	OUH	BHFT	BHT	SCAS
Friends and Family Test Recommend (FFT) recommend - AE	Apr 2024	Higher is Better		82.1%		83.3%		63.0%	
Friends and Family Test Recommend (FFT) recommend - Ambulance	Apr 2024	Higher is Better							80.0%
Friends and Family Test Recommend (FFT) recommend - Community	Apr 2024	Higher is Better					95.8%	90.8%	
Friends and Family Test Recommend (FFT) recommend - Maternity (Q1)	Apr 2024	Higher is Better		100.0%		0.0%		89.8%	
Friends and Family Test Recommend (FFT) recommend - Maternity (Q2)	Apr 2024	Higher is Better		100.0%		0.0%		79.5%	
Friends and Family Test Recommend (FFT) recommend - Maternity (Q3)	Apr 2024	Higher is Better		100.0%		0.0%		71.4%	
Friends and Family Test Recommend (FFT) recommend - Maternity (Q4)	Apr 2024	Higher is Better		0.0%		0.0%		80.0%	
Friends and Family Test Recommend (FFT) recommend - MHS	Apr 2024	Higher is Better					88.1%		
Friends and Family Test Recommend (FFT) recommend - Outpatient	Apr 2024	Higher is Better		95.7%		94.2%		92.2%	
Friends and Family Test Recommend (FFT) recommend (Inpatient)	Apr 2024	Higher is Better		96.2%		95.3%		89.5%	
Mixed Sex Accommodation Breaches	Jun 2024	0	324	271	0	105	0	0	
Number of PALS enquiries received	Apr 2024	Lower is Better	311						
Number of written complaints received	Apr 2024	Lower is Better	14						

Maternity Questions

Q1. How likely are you to recommend our antenatal service to friends and family if they needed similar care or treatment?

Q2. How likely are you to recommend place of birth to friends and family if they needed similar care or treatment?

Q3. How likely are you to recommend our postnatal ward to friends and family if they needed similar care or treatment?

Q4. How likely are you to recommend our postnatal community service to friends and family if they needed similar care or treatment?

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

Quality Scorecard

Metric	Target	BOB ICB	RBFT	OUH	BHT
SHMI	Lower is Better		1.0093	0.8597	0.9015
Never Events	0	2	1	1	

These metrics measure:

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

Actions

- ICB and provider patient safety strategy workshop planned for 8th October with a focus on Board reporting and oversight.
- Board development session on the Patient safety Incident response Framework (PSIRF) and relationship with NHS Impact planned.
- ED quality visits at BHT, RBH and OUH planned for September/October in collaboration with NHSE.

How are we performing?

- There have been 2 never events reported on . One occurred at RBH in November 2023 and one at OUH in December 2023 (confirmed as a never event following investigation). These are to be recorded as 23/24 events.
- RBH - wrong site surgery. A female patient attended for retinal laser treatment to both her eyes. The procedure to her right eye was uneventful, however there was a complication in delivering the laser treatment to the left retina. The laser was inadvertently applied to the left macula (centre of vision). The learning and recommendations have been addressed.
- OUH- wrong site surgery. A male patient attended for removal of a sarcoma on his scalp. Prior to surgery he had a fall which caused an abrasion to his scalp. The healing abrasion was removed rather than the sarcoma. The learning and recommendations have been addressed.
- There have been no new CQC inspections undertaken or reports received.
- Patient Safety Strategy – continued need to appoint patient safety partners and increase staff level 1 patient safety syllabus training (recognising that this is not currently mandatory). Provider trusts continuing to transition positively to PSIRF and BOB system wide PSIRF infrastructure .well established and positively engaged with by system partners.

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	Jun 24		02:53:00		
	Ambulance Handover Delays (>60 Minutes)	Jun 24		155		
Urgent Care	Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts)	Jun 24		762		

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	Jun 24	96.0%	86.5%		
	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer	Jun 24	85.0%	61.9%		
	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	Jun 24	90.0%	71.9%		
	Cancer 28 days wait (faster diagnosis standard) - Commissioner	Jun 24	75.0%	75.0%		

Emergency Care Metrics

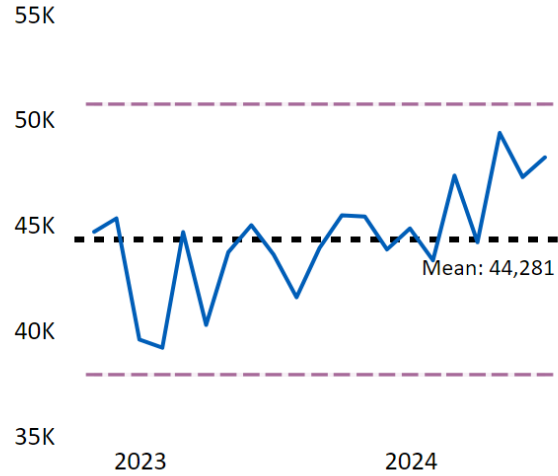
Category	Metric	Period	Target	Value	Variance	Assurance
Quality of Care, Access and Outcomes	A&E - percentage of patients managed within 4 hours.	Jul 24	95.0%	77.4%		
Urgent Care	Total A&E Attendances	Jul 24		48,174		
	Over 12 hour waits from DTA to Admission	Jul 24		232		

GP Appointments Metrics

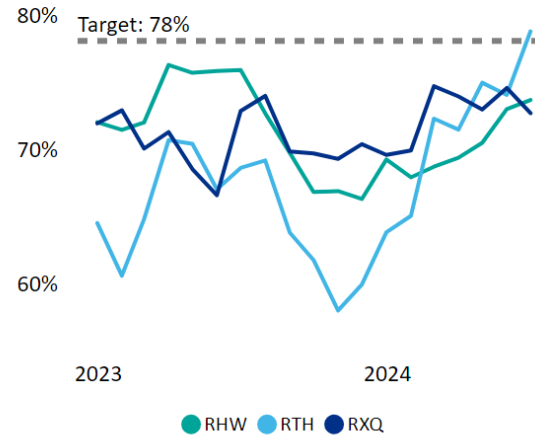
Category	Metric	Period	Target	Value	Variance	Assurance
GP Appointments	GP Appointments by Month split by modality - Video Conference/Online	Jun 24		26,352		
	GP Appointments by Month split by modality - Unknown	Jun 24		19,976		
	GP Appointments by Month split by modality - Telephone	Jun 24		268,269		
	GP Appointments by Month split by modality - Home Visit	Jun 24		10,656		
	GP Appointments by Month split by modality - Face-to-Face	Jun 24		497,518		

Ambulance and Urgent and Emergency Care

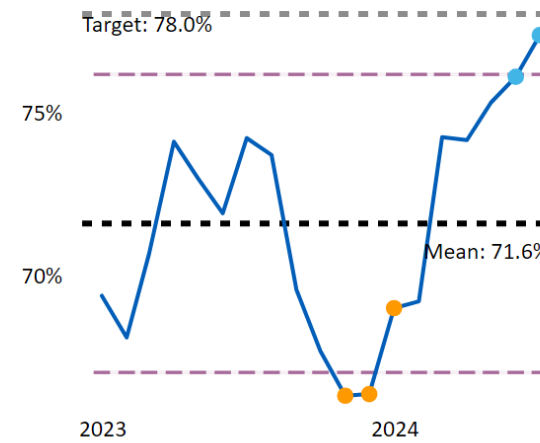
Total A&E Attendances



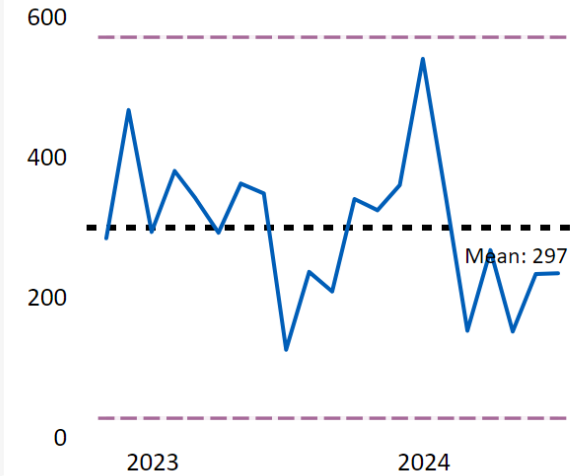
A&E - percentage of patients managed within 4 hours by Provider



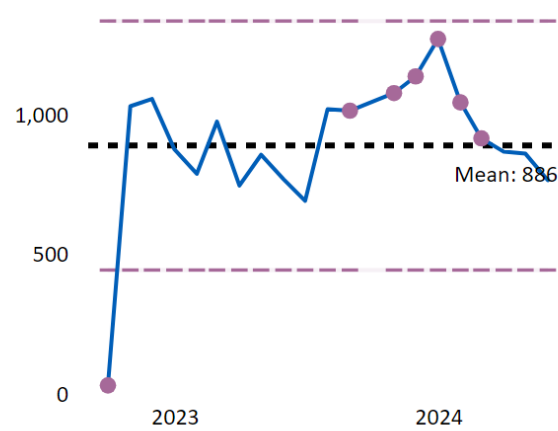
A&E - percentage of patients managed within 4 hours by ICB total



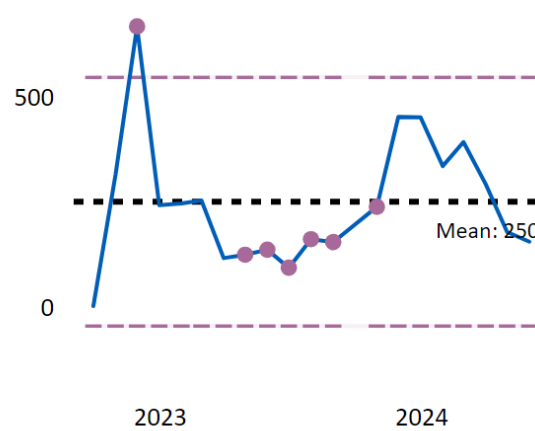
Over 12 hour waits from DTA to Admission



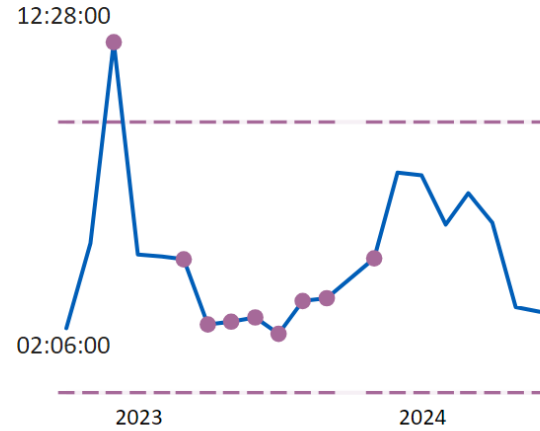
Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts)



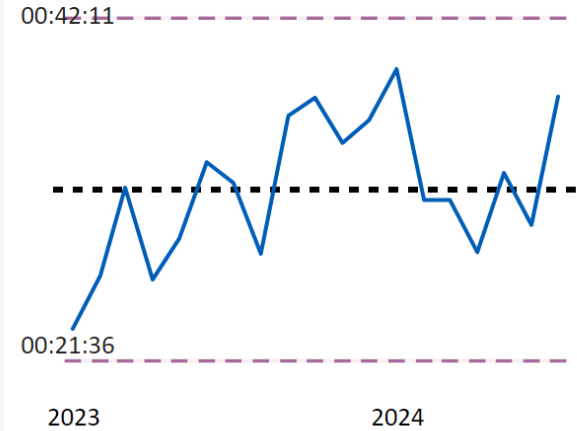
Ambulance Handover Delays (>60 Minutes)



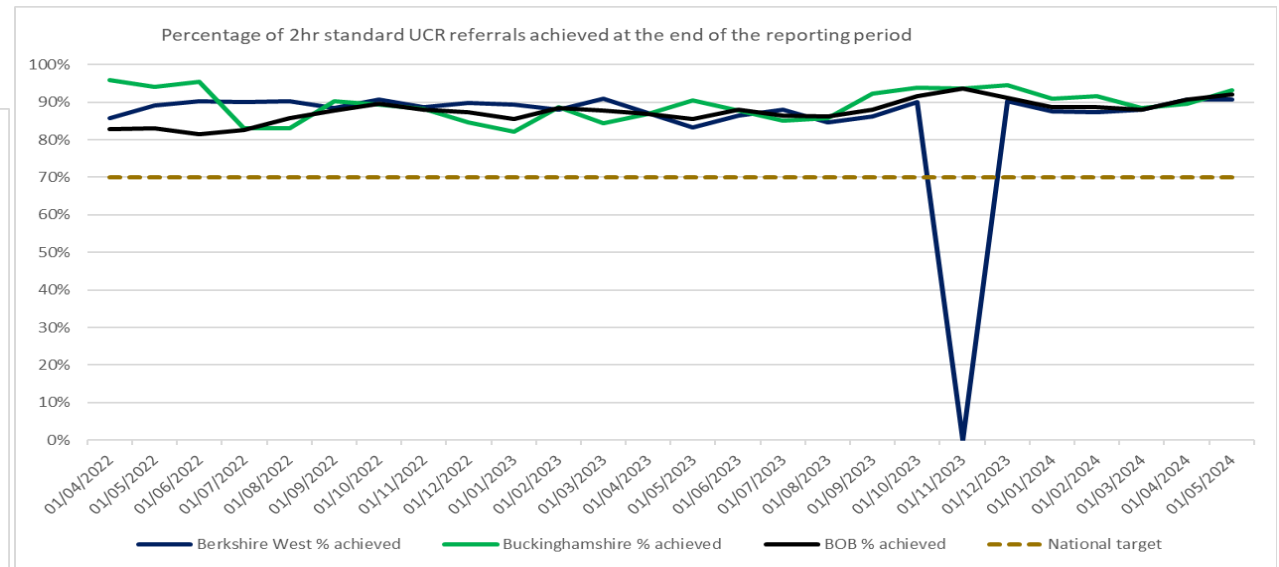
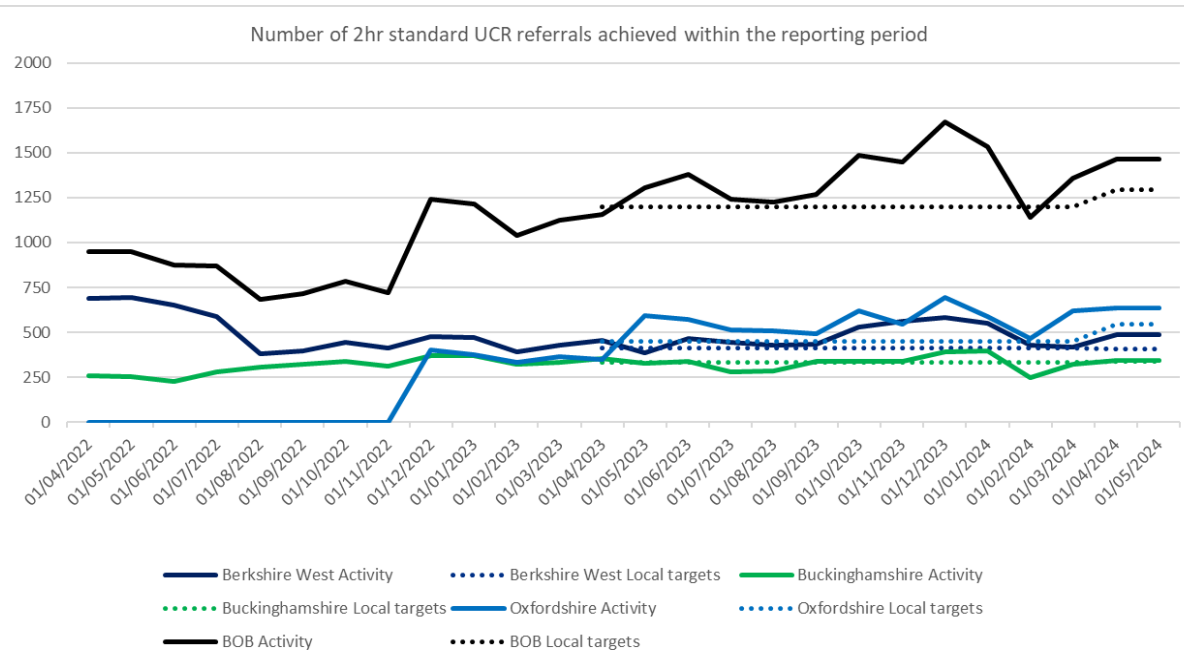
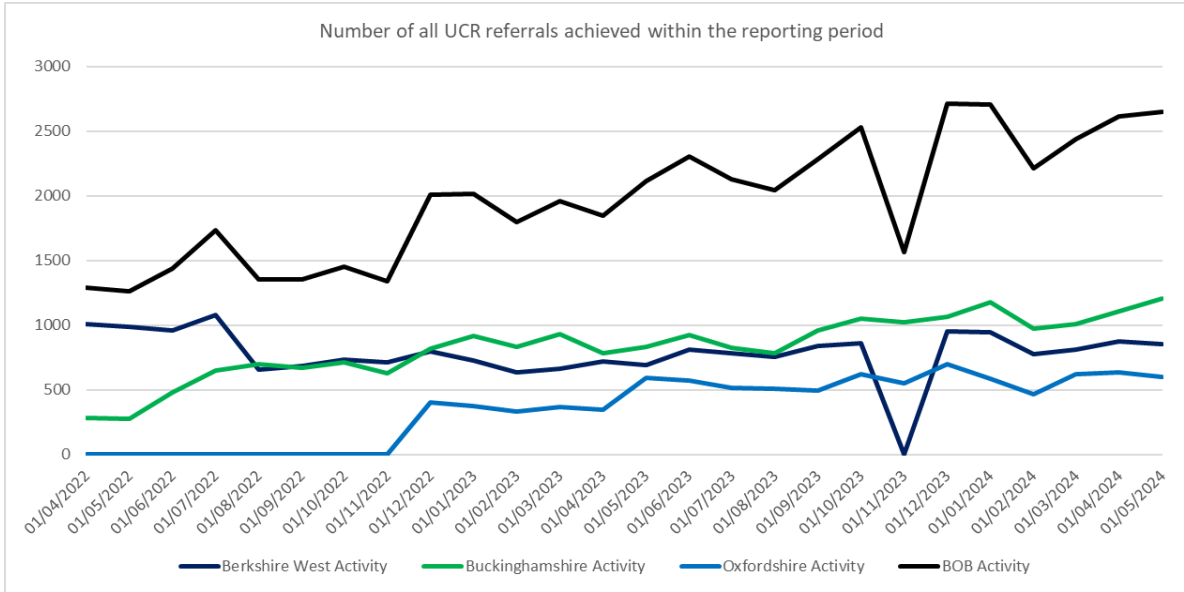
Average Hours Lost on Handover Delays per day at BOB Acute Trusts



Ambulance Response Times - Mean Category 2



Urgent Community Response (UCR)



This metric measures

Meeting the new national ops plan metric for 24/25 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 new metric provides data on all those seen rather than just those seen for a 2-hour response (previous ops plan metric). The previous 2-hour ops plan metrics are also shown. All UCR referrals target for 2024/25 is 16,004 (submitted ops plan target) and 29,624 (local target).

How are we performing: N.B. drops in Berks W figures are due to missed submissions

BOB have exceeded UCR all referrals and 2-hour targets for month 1 and 2 and are currently on track to exceed Q1. BOB continue to exceed the 70% 2-hour standard.

Actions:

- Improved urgent care Single Point of Access offers in each place.
- ED missed opportunities audits.
- Paramedic referral missed opportunity audit underway.
- Action plan monitoring in response to SCAS and Primary Care survey feedback
- Update of information and training materials to SCAS for UCR/H@H/VW
- Ensure all UCR services are attending to non-injurious fallers who requiring lifting from the floor- Oxfordshire and Berkshire West currently not providing this services.

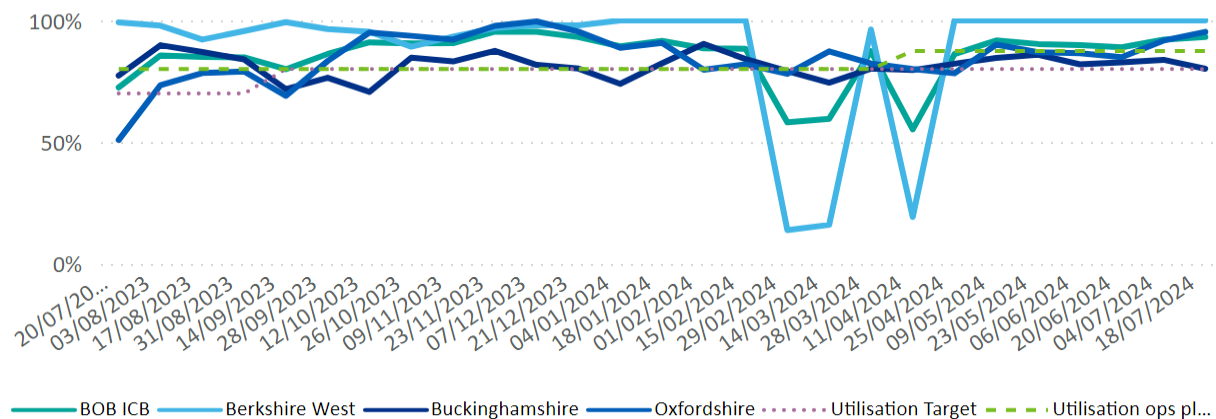
Risks:

- Without a streamlined Single Point of Access in place for Urgent Care, patients will continue to be conveyed, reach SDEC, ED or to be admitted when they could have been assessed and treated in the community
- There is a risk that more than 300 avoidable ambulance dispatches will take place if we do not ensure all UCR services are able to lift non-injurious fallers from the floor.

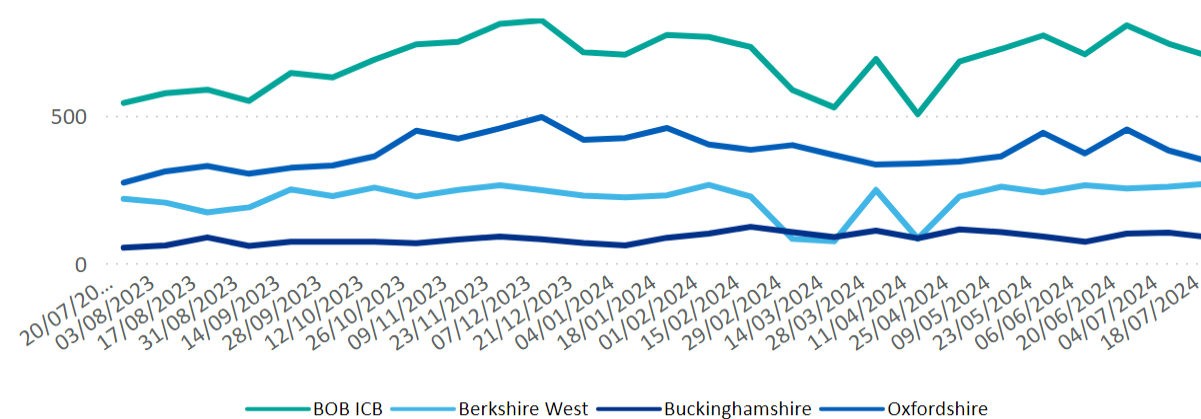
Hospital at Home

These metrics measure: Increase the number of virtual ward beds in line with trajectories submitted to NHSE and maintain or exceed 80% utilisation.

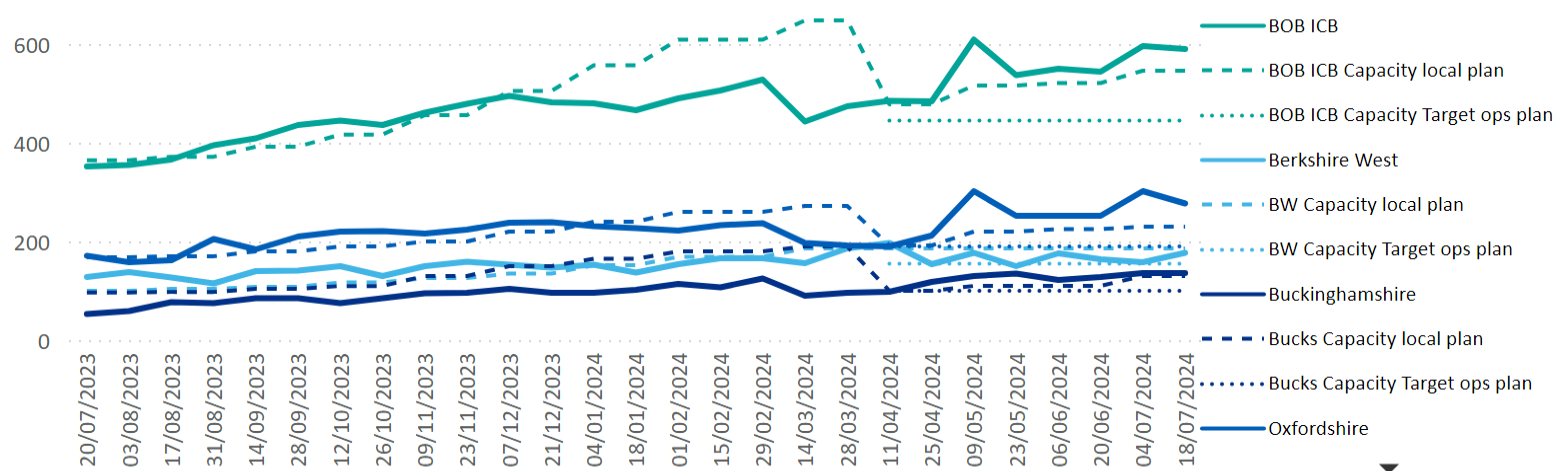
Utilisation of Hospital at Home (Occupancy/Capacity)



Hospital at Home Admissions



Hospital at Home Capacity (Capacity & Capacity Target)



Actions:

Joint project with SCAS colleagues- reviewing referrals to identify opportunities to see patients earlier, update training and information re: UCR/H@H/VW services, updating and ensuring representation on directory of service pages.

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

Consistency- service spec inclusion in contracts, oversight and shared learning meeting taking place quarterly and referral and admission criteria under review.

Improvement plan development- most evaluation publication

Risks:

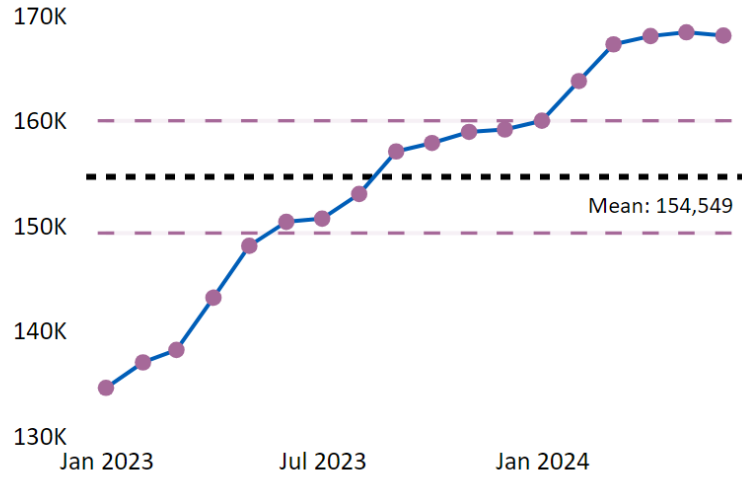
Capacity will not continue to increase due to inability to increase investment.

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

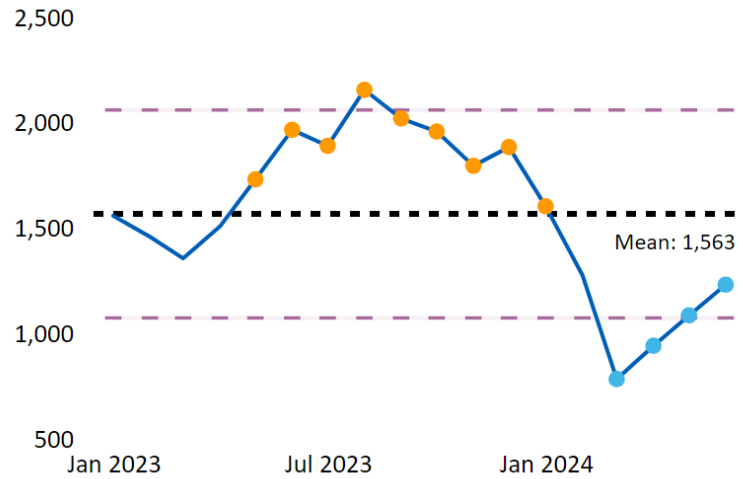
Not fully embedded within discharge processes- due to focus on MOFD and limited understanding of H@H services.

Planned Care ICB

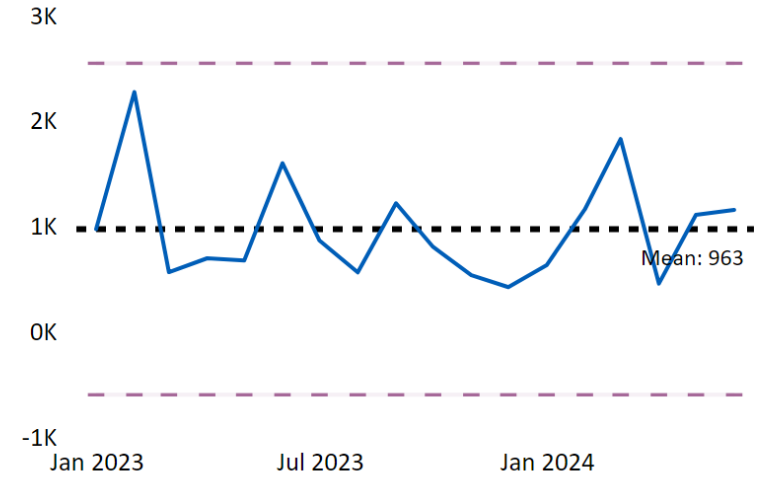
The total number of incomplete RTT pathways



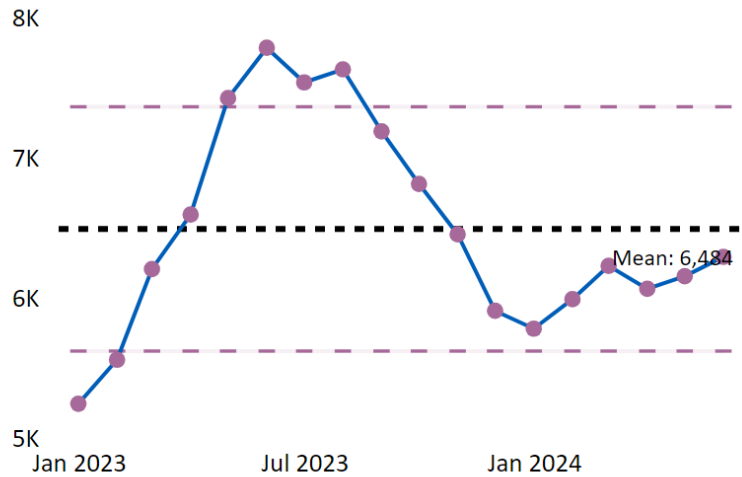
RTT 65 Week Waits



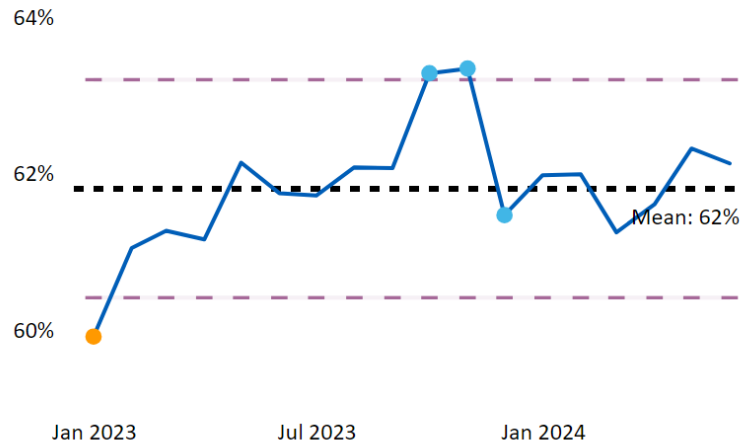
Day Case



RTT 52 Week Waits



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



Ordinary



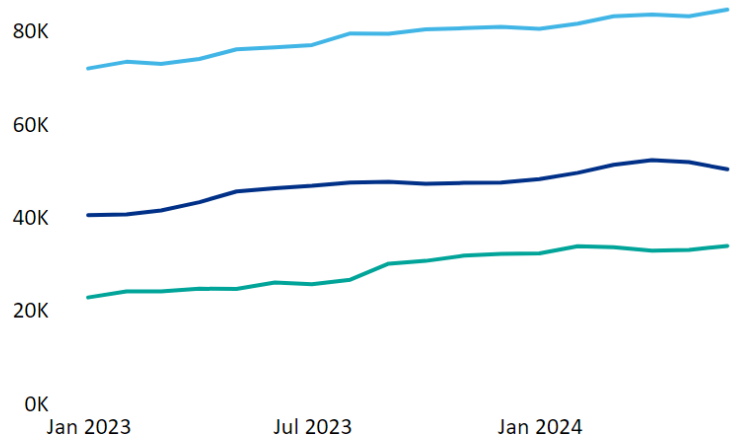
Planned Care - Provider

RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST

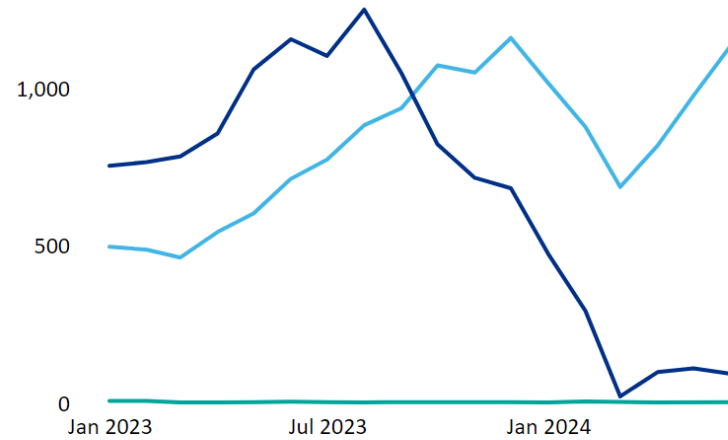
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST

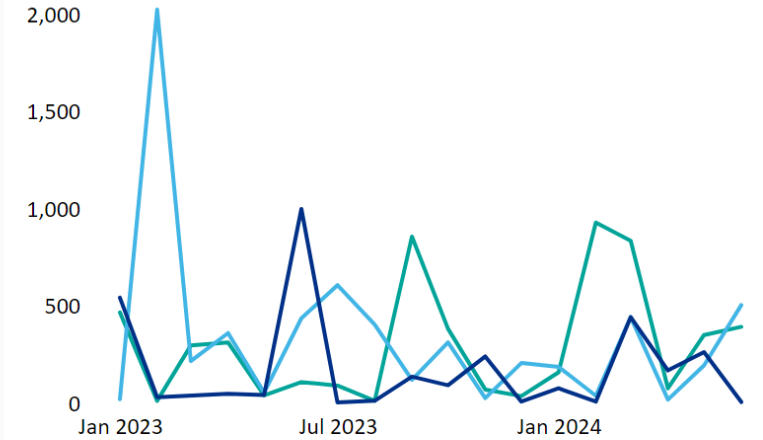
The total number of incomplete RTT pathways



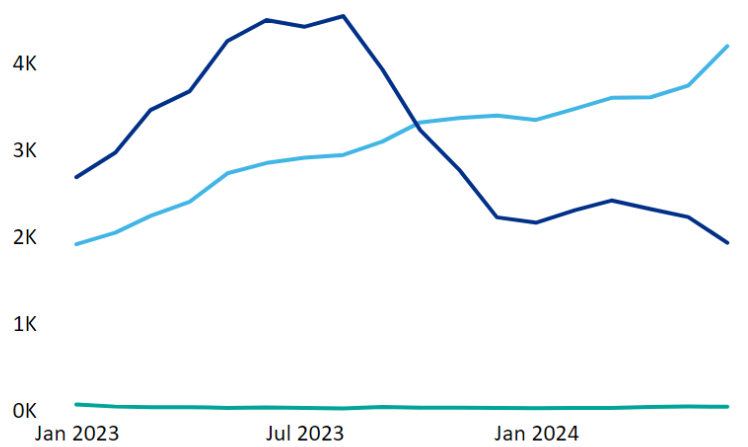
RTT 65 Week Waits



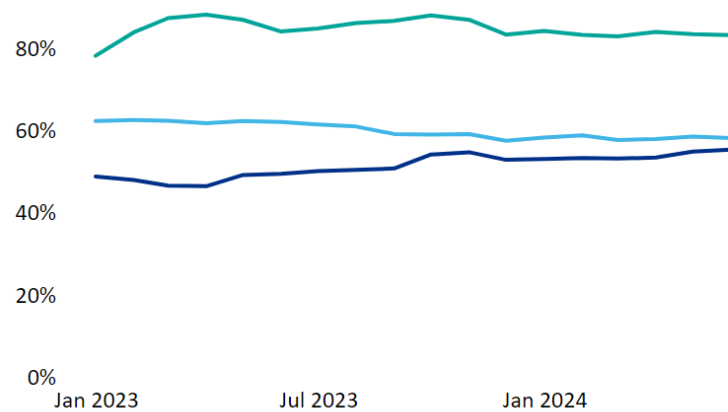
Day Case



RTT 52 Week Waits



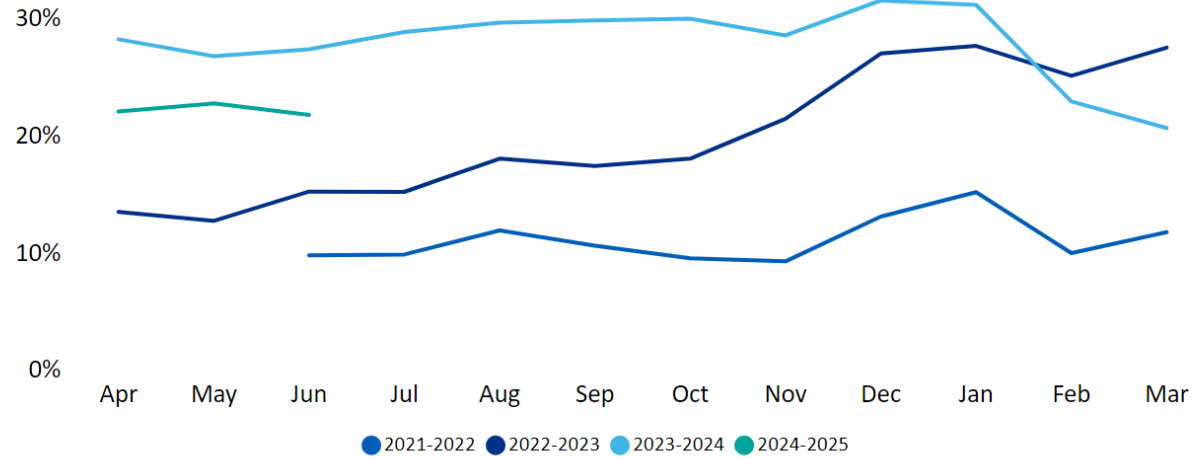
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period



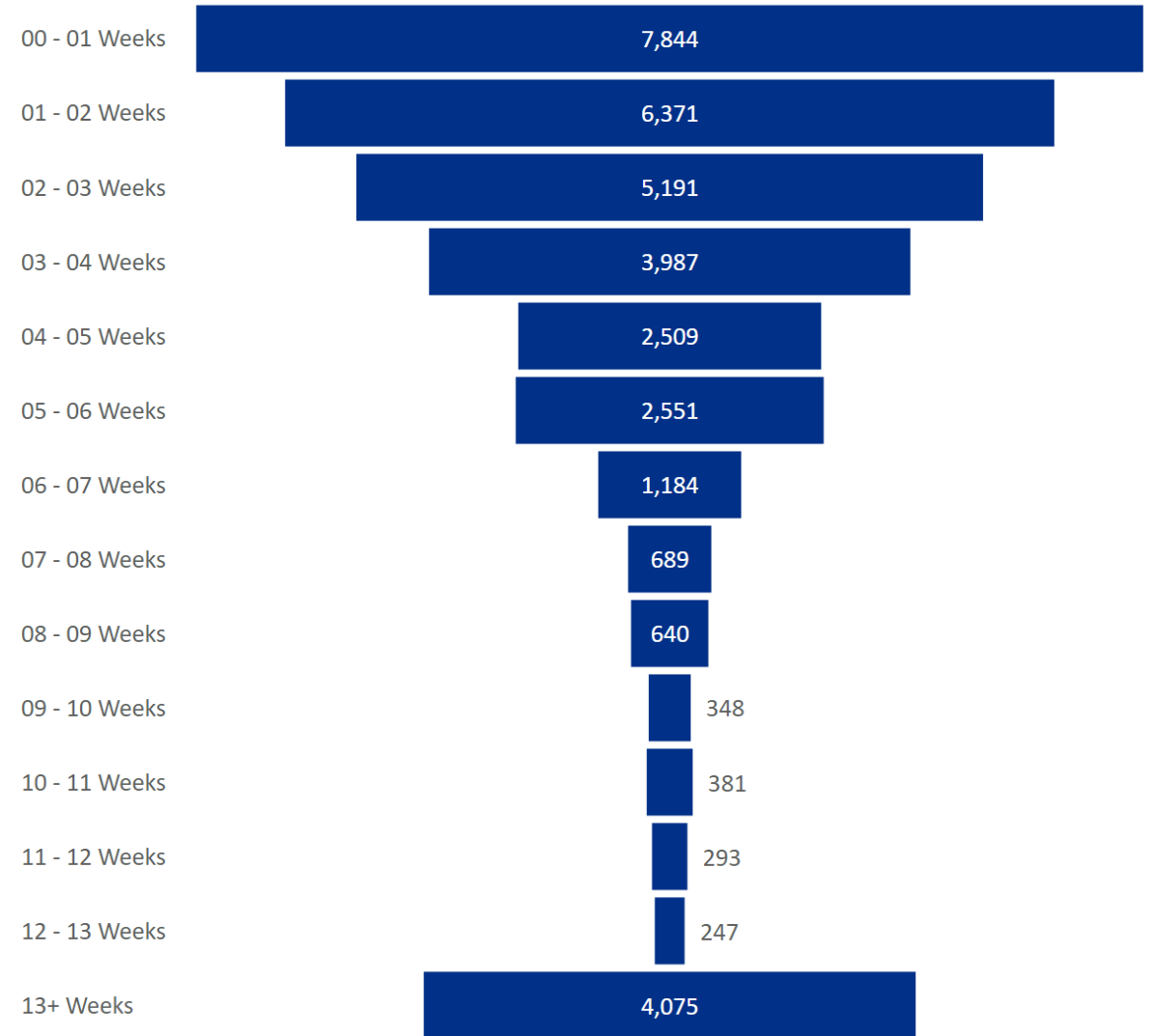
Ordinary



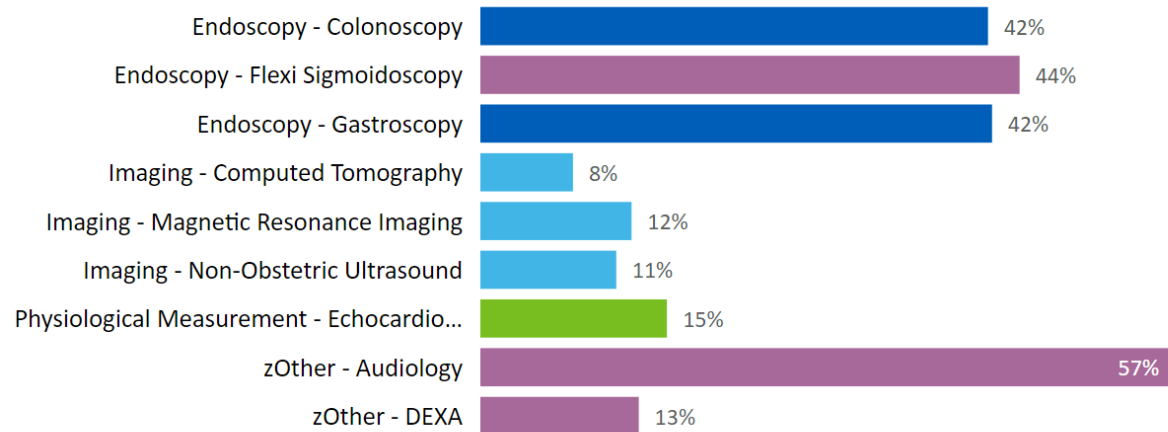
The percentage of patients waiting 6 weeks or more for a diagnostic test



Waiters by week waited









Diagnostic Performance by Test







Mental Health Scorecard









Children and Young People Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Children and Young People with an Eating Disorder Urgent cases that wait 1 week or less from referral	Mar 24	95.0%	71.0%		
	Children and Young People with an Eating Disorder Routine cases that wait 4 weeks or less from referral	Mar 24	95.0%	76.0%		
	Children and young people (ages 0-17) mental health services access (number with 1+ contact)	Mar 24	26,531	20,990		



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	Mar 24	0	1,585		
	Estimated Diagnosis rate for people with dementia	May 24	66.7%	62.0%		

Talking Therapies Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Talking Therapies: Treated within 6 weeks	Jun 24	75.0%	96.8%		
	Talking Therapies: Treated within 18 weeks	Jun 24	95.0%	100.0%		
	Talking Therapies: Moving to reliable recovery (national)	Jun 24	50.0%	49.9%		
	Talking Therapies access (total numbers accessing services)	Apr 24	3,914	5,630		

Severe Mental Illness Metrics

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

Autism and ADHD - CYP

*Data validation and alignment underway figures subject to change

Latest number of CYP waiting for assessment (waiting list)

Oxfordshire CYP (Autism & ADHD)	3,492 (June 2024)
Buckinghamshire CYP (Autism & ADHD)	3,212 (June 2024)
Berkshire West (Reading, West Berks and Wokingham)	6,518 (June 2024)

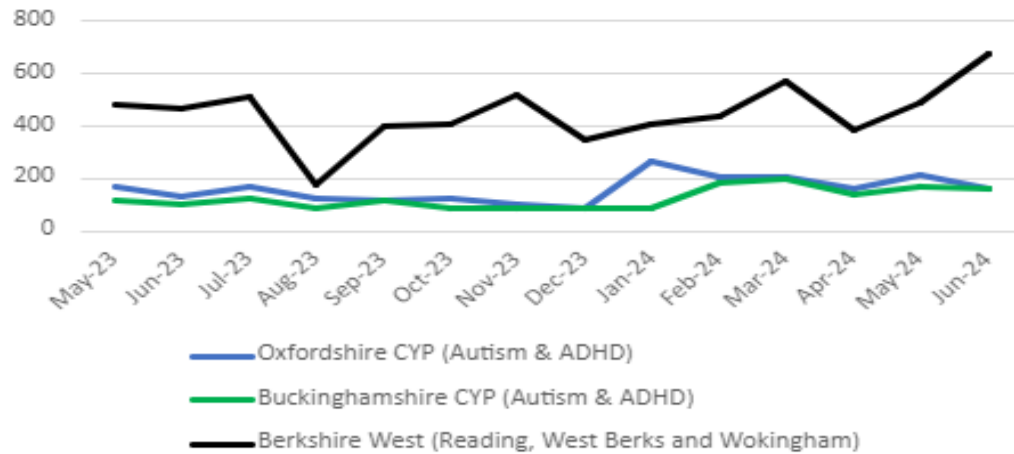
This metric measures

This measure seeks to highlight the number of patients referred for assessment for autism or ADHD. The number of children and young people currently awaiting an assessment and the mean waiting time to assessment. The data here relates to CYP (children and young people) only. Note tables contain previous months report data due to reporting timelines, chart shows latest referral numbers by Place.

How are we performing:

- The top table outlines the number of patients currently waiting for an assessment it displays 13,174 on the waiting list across BOB when using end-of-May 2024 figures for Buckinghamshire, Oxfordshire and Berkshire West.
- The chart provides an overview of the numbers of referrals received by month from May 2023 to May 2024. A reduction is seen in August 2023 as expected due to the school summer holidays
- The final table highlights the mean wait time to assessment across BOB. This metric is of high importance as an indicator of demand and capacity across the System.
- Patient and carer experience here is challenged as it is unclear what level of support is required by individuals on the waiting list, there will be a differential in quality of experience whilst on the waiting list.

Number of Referrals Received for CYP



Actions:

- Partnerships for Inclusion of Neurodiversity in Schools (PINS) pilot started in Reading in partnership with Brighter Futures for Children and BHFT. The pilot will focus on early support and intervention for neurodiverse children in the mainstream primary setting. The one-year pilot will “create environments that better meet neurodiverse children’s needs, ensuring they are able to thrive as part of their wider cohort”. Delivery to commence from October 2024.
- Rollout and expansion from April 2024 of BOB SHaRON (Support Hope and Recovery/Resource Online Network) pilot which provides support whilst waiting.
- SPENCER3D pilot in 20 schools across Berkshire and Bucks to promote informed strengths and needs led support approach.
- Two projects developing automated clinical decision-making tool and using AI for Autism & ADHD Assessment being explored and implemented. Piloting ‘request for help’ (from Q3 23/24) and ‘BOB-NDQ’ (from Q2 24/25 - trial commenced July 2024). Expanding programme offer to incorporate early years (0-5) delivery.

Risks:

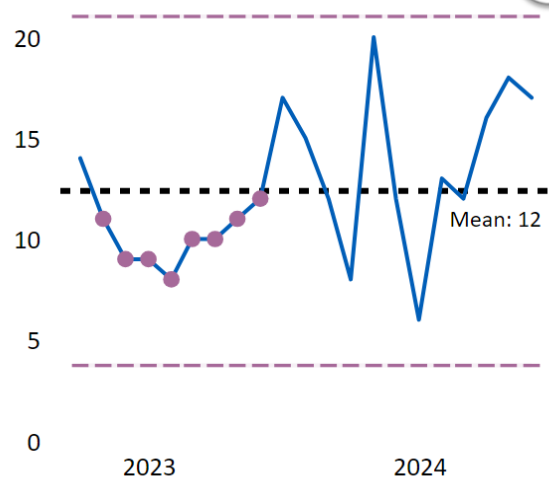
- Inequality of experience whilst on waiting list – focus of SEND inspections and how CYP waiting are supported as a system.
- Children and Young People, risk to transfer of care to adult services due to services being paused in Oxfordshire and Buckinghamshire.

Average (Mean) waited time to assessment for CYP seen

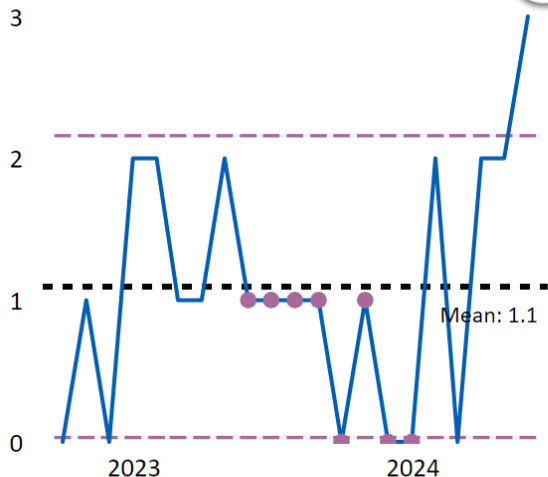
Oxfordshire CYP (Autism & ADHD)	81 weeks (June 2024)
Buckinghamshire CYP (Autism & ADHD)	81 weeks (June 2024)
Berkshire West (Reading, West Berks and Wokingham)	Autism – 102 weeks (June 2024)
Berkshire West (Reading, West Berks and Wokingham)	ADHD – 113 weeks (June 2024)

Infection Prevention and Control - CDI, MRSA, MSSA

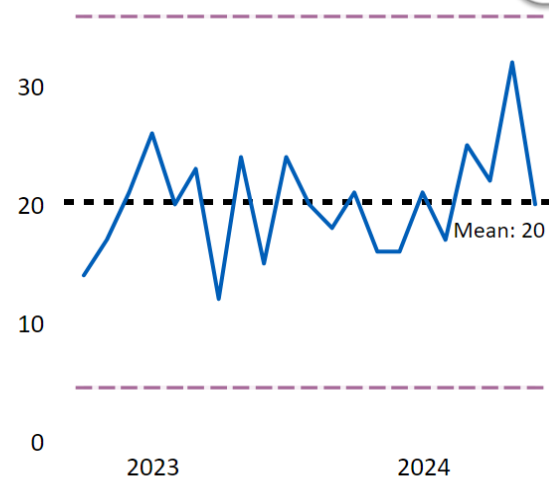
CDI - Community Associated



MRSA - Community Associated



MSSA - Community Associated



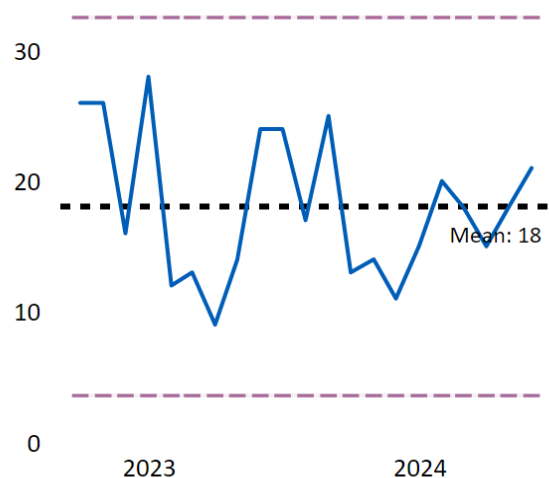
How we are performing:

C. difficile have seen a slight increase in numbers reported in Oxfordshire and Berkshire West compared to May. Patient safety incident response framework (PSIRF) thematic analysis identified no new themes. Focus on ongoing issues related to discharge letters and coding to support primary care compliances.

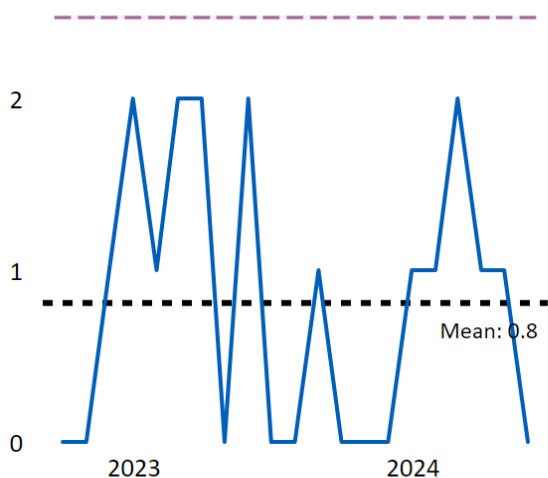
In June, 3 Community associated Methicillin resistant Staphylococcus aureus (MRSA) cases were reported, there were no lapses in care or new shared learning identified following post-infection review.

Methicillin sensitive Staphylococcus aureus (MSSA) rates have shown a slight decrease across all 3 places; majority of which were community-onset. The common sources are; respiratory, bone and joint, skin and soft tissue, septic arthritis, urinary tract infections and invasive device related.

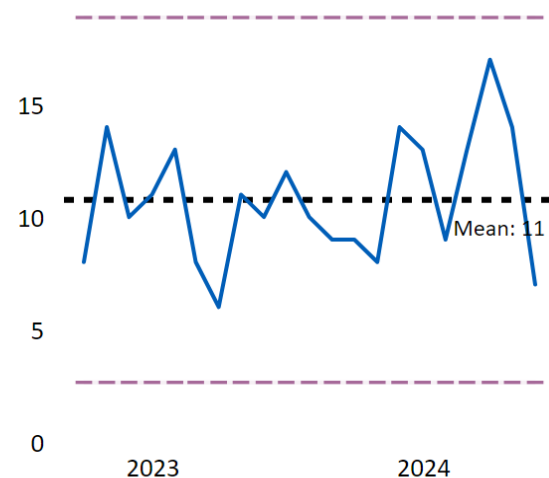
CDI - Healthcare Associated



MRSA - Healthcare Associated



MSSA - Healthcare Associated



Actions & Risks:

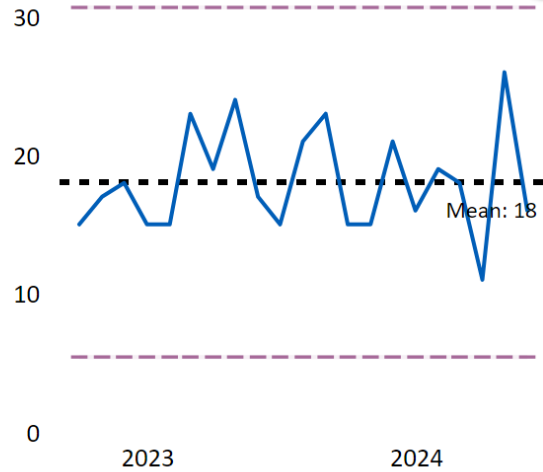
C. difficile- Progressing Microsoft Forms C.difficile data collection for community cases 2024/25, analysis of findings for shared learning across primary care, with a focus on Buckinghamshire and Berkshire West with low responses. Further refinement includes additional question; C.difficile recorded on patient records, for awareness and to improve data flow across BOB.

MRSA - Programme of education and training with a focus on wound care, Aseptic Non-Touch Technique (ANTT), MRSA decolonisation and IPC standard precautions. OUH IPC to consider the indication for MRSA decolonisation as part of pre-op assessment before admission, for elective procedures in the transplant and renal/dialysis departments. Berkshire West to improve MRSA decolonisation compliance and review MRSA screening for homeless patients.

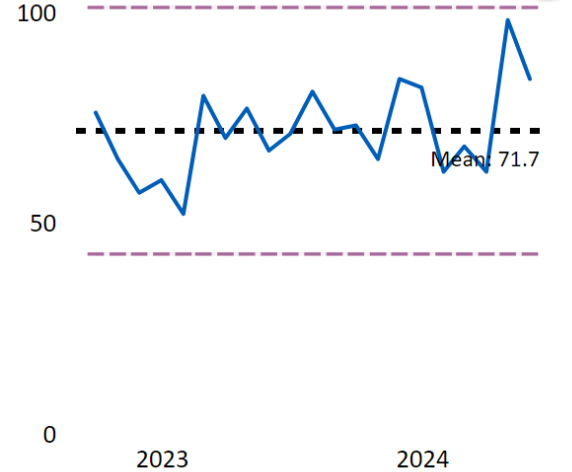
MSSA - The IPC team continues to monitor these figures, although the report did not highlight any trends in MSSA infections

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

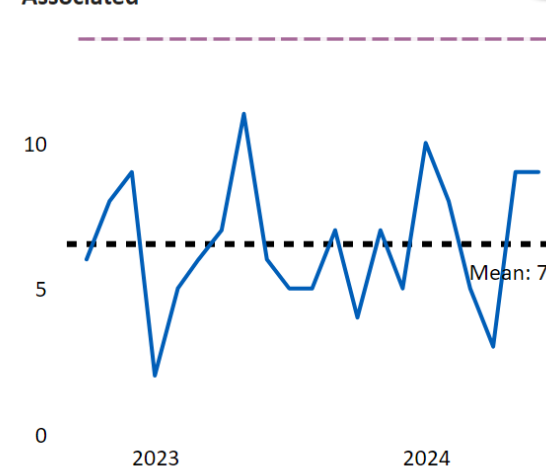
Klebsiella - Community Associated



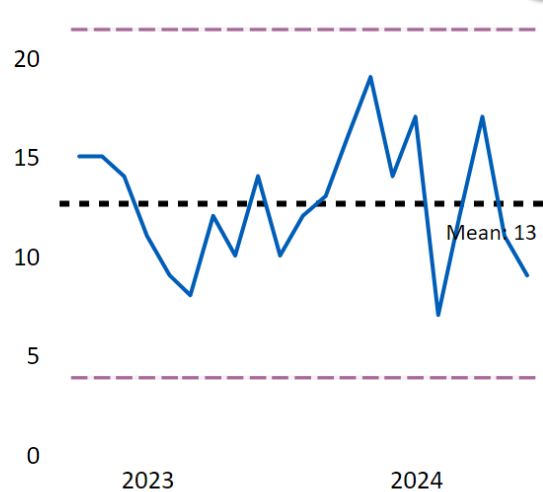
E.Coli - Community Associated



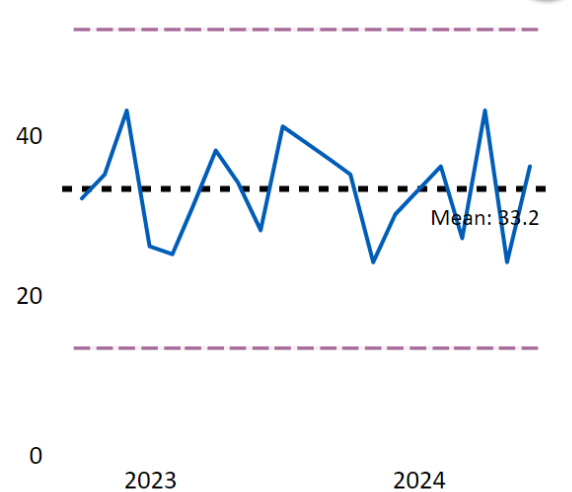
Pseudomonas aeruginosa - Community Associated



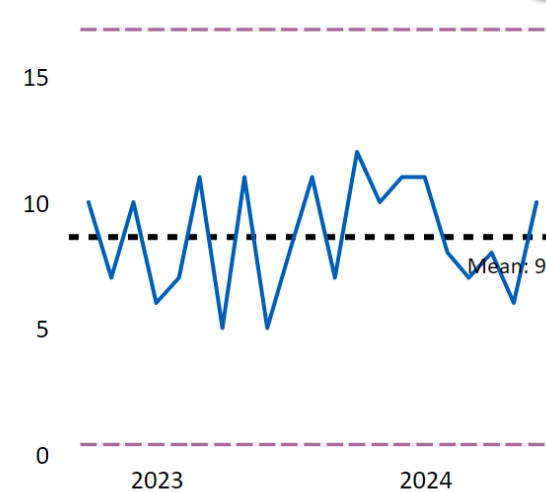
Klebsiella - Healthcare Associated



E.Coli - Healthcare Associated



Pseudomonas aeruginosa - Healthcare Associated



How we are performing:

New targets have been set for healthcare-associated Gram-Negative Bloodstream Infections (GNBSI) in the 5-year national action plan for antimicrobial resistance 2019-2024. [Confronting antimicrobial resistance 2024 to 2029](#)

The new national target by 2029, to prevent any increase in GNBSIs in humans from the 2019 to 2020 financial year baseline.

The main GNBSI themes identified across BOB were Urinary Tract Infections (UTI), hepatobiliary and lower respiratory tract infections. There are a high proportion of community onset GNBSI cases with no reported source, however there is a lack of capacity/resource to review cases to ascertain risk factors.

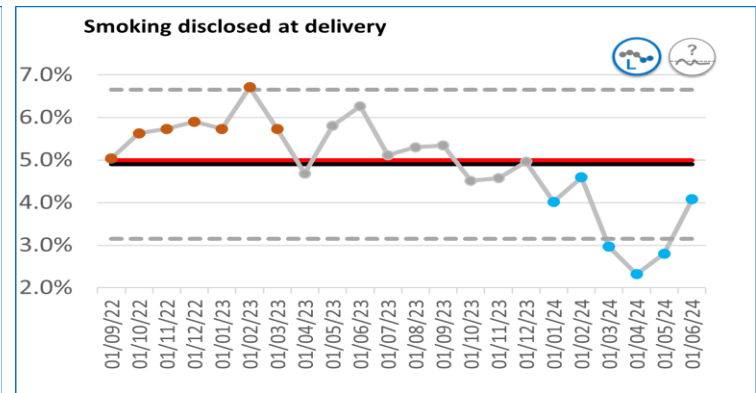
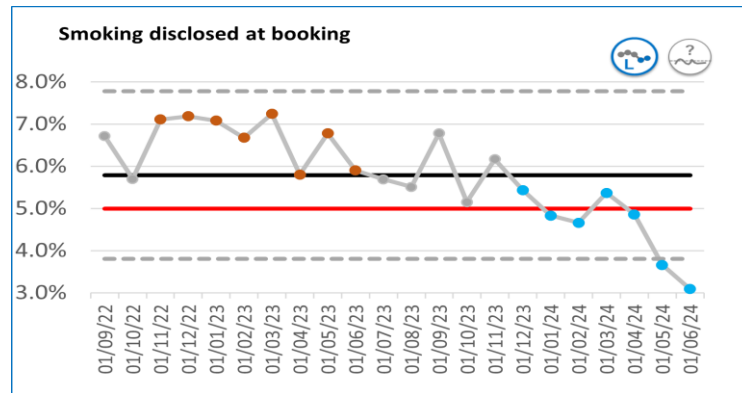
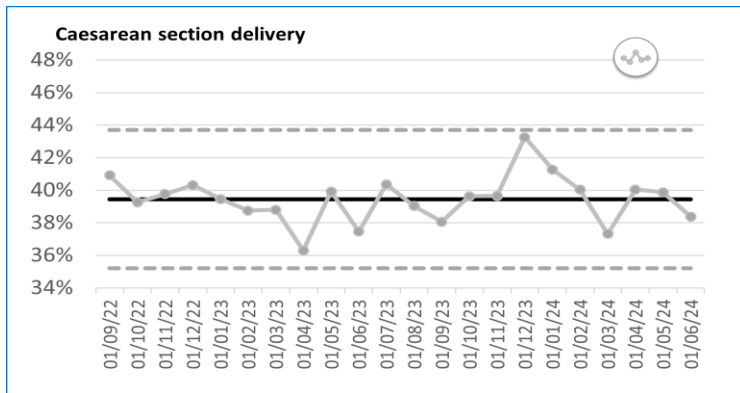
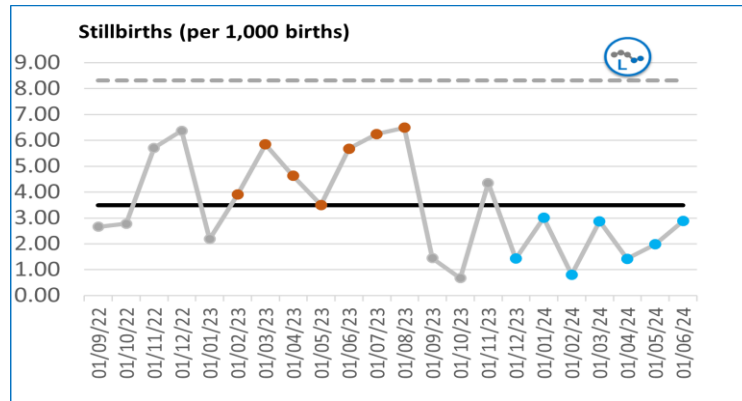
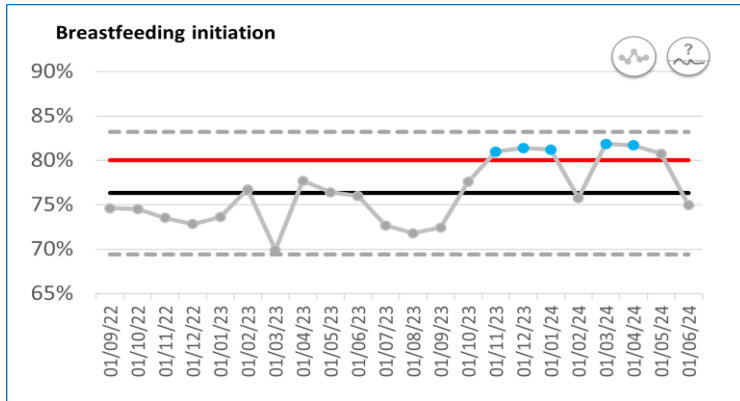
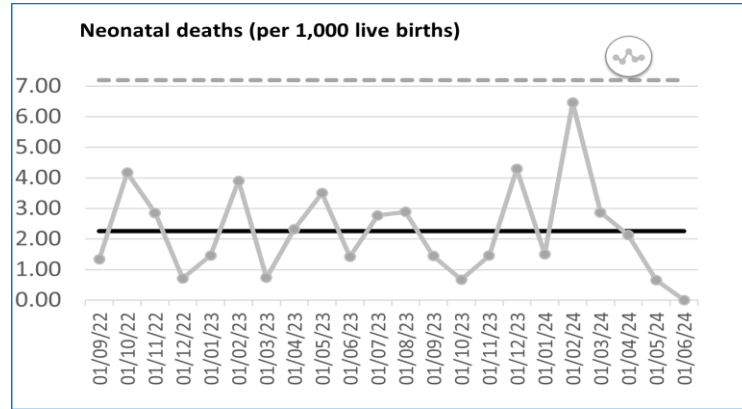
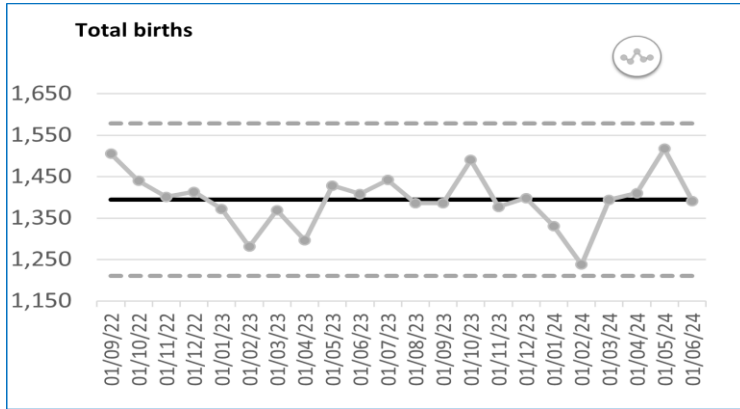
Actions & Risks:

GNBSI -Acute trusts are focusing on improving IPC compliance on wound care, ANTT (Aseptic Non-touch Technique), Antimicrobial Stewardship (AMS), and catheter care, and use of catheter passports. Training for care homes planned in Q2, with a focus on catheter management.

A BOB wide catheter passport is in the final stages of development and has been shared with Frimley ICB with view to adopt. The passport will aim to improve catheter care, decrease length of stay of catheters and reduce Catheter Associated Urinary Tract Infection (CAUTI) and associated GNBSIs.

One Health Antimicrobial Stewardship (AMS) Group established to develop system-wide partnership, to identify and agree priorities aligned with the 5-year national action Plan, with a plan in place in preparation for World antimicrobial resistance awareness week November 2024.

Maternity and Neonatal



Total births: There were 1391 total births across the system in June. This is around the average number of births.

Breastfeeding initiation: 75% of women and birthing people initiated breastfeeding in June. This is below the 80% target for BOB but not a consistent reduction in uptake at present.

Caesarean section delivery: The percentage of births via c-section is at 38% across the system. This is around the mean.

Neonatal deaths (rate per 1000 births): 0 - there were no neonatal deaths in BOB in June.

Stillbirths (rate per 1000 births): 2.88 – this is special cause improving variation and well below the mean for June.

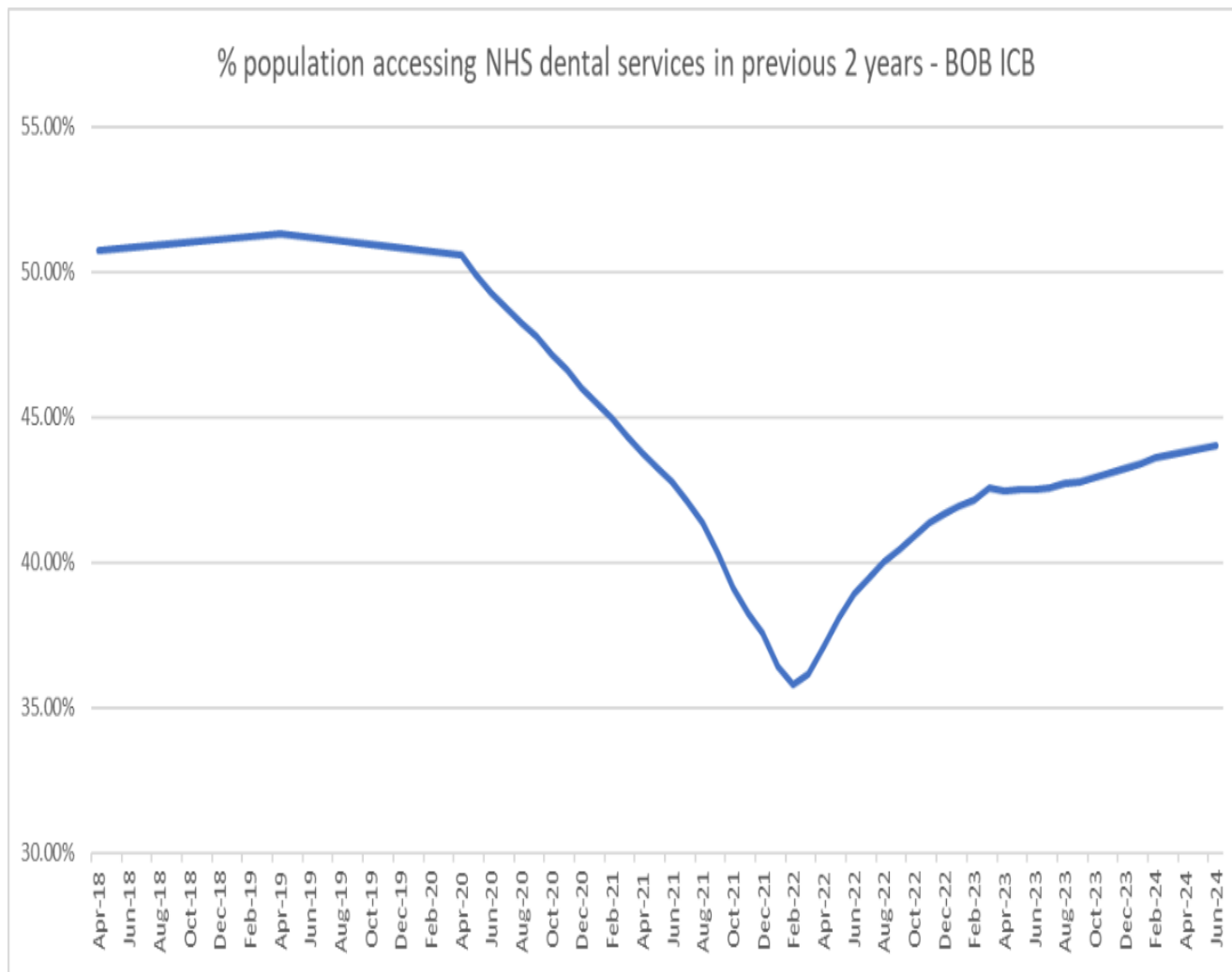
Smoking at time of booking: The percentage of women and birthing people smoking at booking is 3.1% which is below the 5% target. This is special cause improving variation.

Smoking at time of delivery: The percentage of women and birthing people smoking at delivery is 4.1% which is below the 5% target. This is special cause improving variation.

Currently BOB has the lowest smoking rates in the South East.

Dentistry/High Street Dental Services – Access 2024-25

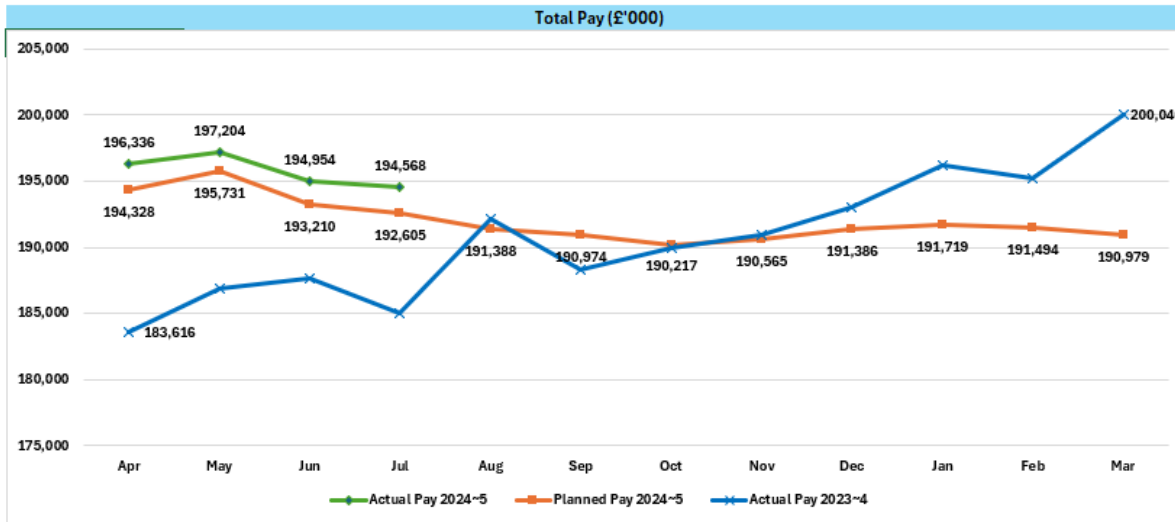
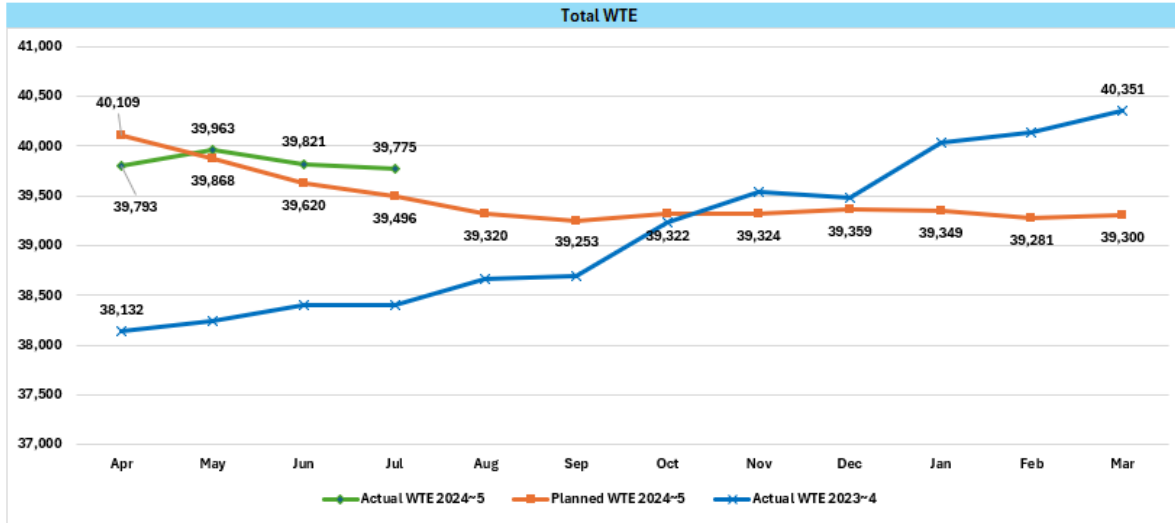
% Patients Accessing NHS Dental Services – June 2024



Delivery against activity plan (Q1 24/25)

- 758,975 unique patients attended an NHS dental practice in the 2 years up to 30th June 2024. This was an increase of 5,572 from the 2-year period ending 31 March 2024
- The additional 68,798 UDAs commissioned by the ICB went live on 1st April 2024.
- The ICB has agreed to pay for contract performance up to 110% in 2024-25 which will increase capacity in-year. 16 practices have advised of plans to overperform providing an additional 27,025 UDAs.
- The Flexible Commissioning scheme provides access for patients who have faced challenges accessing primary care. There are 35 practices taking part in the scheme with 4,000 patients seen in the first quarter.
- During May NHS England issued guidance in relation to the Dental Recruitment Incentive Scheme ('Golden Hello') for 2024-25. The ICB has approved 12 practices to receive support under this scheme; in areas facing the greatest recruitment challenges (Cherwell, Vale of the White Horse and West Oxfordshire)
- The ICB is working on plans to re-commission a further 88,000 UDAs in Oxfordshire to replace activity lost due to contract hand backs and reductions with plans to commence procurement during the autumn.
- The ICB has adopted the approach developed across the South-East to provide financial assistance to practices in line with national guidance issued in October 2023.
- One practice has advised of its intention to cease NHS provision at the end of November 2024. There are plans to replace this activity via the re-commissioning programme.

Financial recovery actions – Workforce WTE and Pay costs for BOB system



Data Sources

Actual 2023-2024 “M03 SE Region Pay & WTE” report
 Plan 2024-2025 Operational planning returns 13 June 2024 (WTE) and PFRs (£,000)
 Actual 2024-2025 PWRs (WTE) and PFRs (£,000)
 Both charts show month on month data.

Workforce and Spend against plan

Both YTD Pay and WTE are above plan as a M4.
 The system is planning for a WTE reduction of 1051WTE and a pay bill reduction of £9061m based on last year. As at M4 workforce numbers and pay bill are above 23-24 values, the plan anticipates that by the end of Q2/ beginning of Q3 the monthly reduction in pay and WTE will result in pay and WTE that are less than last year.

Agency

All providers are spending less than 3.2% of total pay bill on agency costs As a system the YTD agency use is 2.5. this is greater than the YTD plan of 2.2%. BHT and OH YTD agency spend shows a variation from plan, BHT was 1.8 m overspent and OH was 1.2m overspent.

Risks

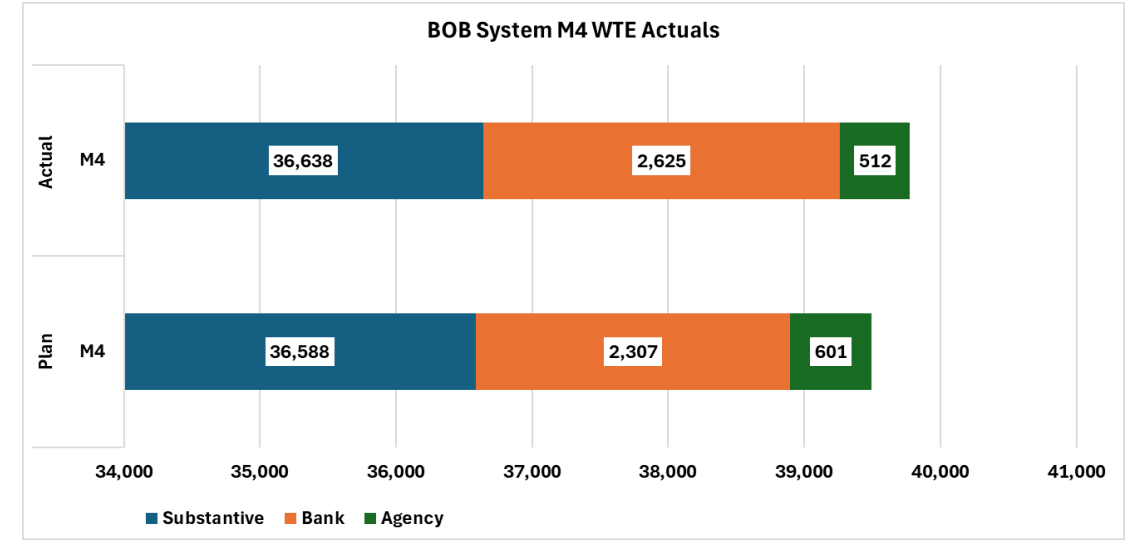
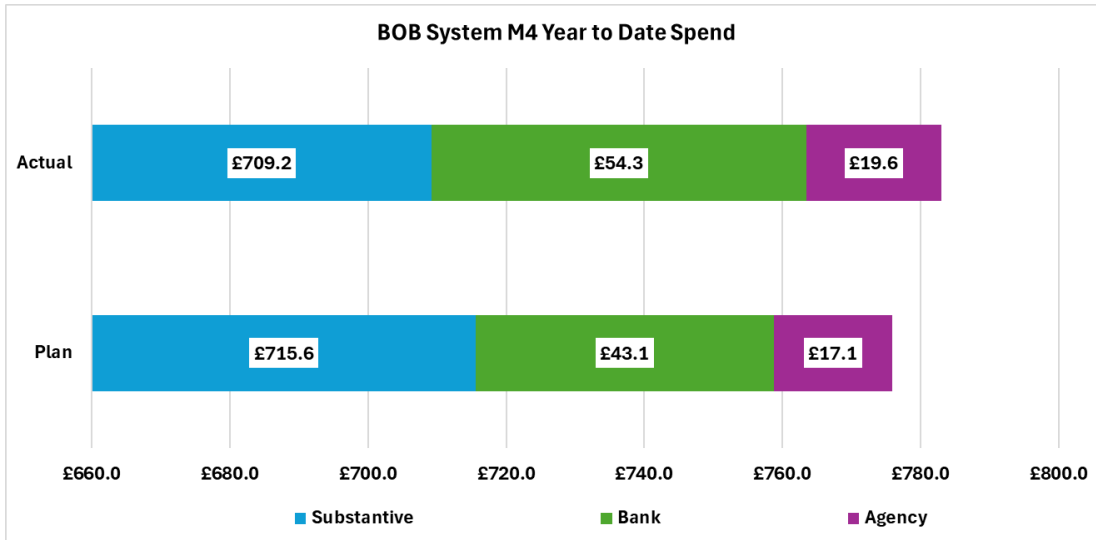
Since plans were submitted a number of risks to realising the full saving have emerged. These include the 5.5% pay rise for the NHS workforce and potential band 2/3 regrading (substantive and band). Work at a system and trust level is taking place to fully understand the impact and develop strategies to mitigate.

Financial recovery actions – BOB system

Workforce and pay position M4 based on PWR and PFR

BOB	WTE					Pay (£m)					
	Plan	Actual	Plan	Plan vs Actual		YTD	YTD	Plan vs Actual		% of Total	% of Total
	M4	M4	M12	(Reduction/Increase)		Plan	Actual	Reduction/Increase		Pay (YTD Plan)	Pay (YTD Actual)
Total	39,496	39,775	39,300	(279)	(0.7%)	£775.9	£783.1	(£7.2)	(0.9%)	100.0%	100.0%
Substantive	36,588	36,638	36,756	(51)	(0.1%)	£715.6	£709.2	£6.5	0.9%	92.2%	90.6%
Bank	2,307	2,625	2,100	(317)	(13.7%)	£43.1	£54.3	(£11.2)	(26.0%)	5.6%	6.9%
Agency	601	512	444	89	14.7%	£17.1	£19.6	(£2.4)	(14.2%)	2.2%	2.5%

Overspends are shown as negative eg (value)



















In month 4 the BOB system is 279 WTE against plan. As a system the YTD spend on pay is £7.2 m above plan. This is mainly due to overspends against plan in the acute providers, the mental health providers are broadly on track. The total overspend in the acute sector is £8.2 m. This is partly offset by underspends in the two mental health providers.

Risks




Trusts have identified industrial action, addressing the activity backlog and recruitment challenges linked to regional skills shortages as key drivers for variation from plan. Plans to mitigate include international recruitment of nurses, development of an ICS wide strategy to recruit and retain the therapy workforce and plans to scale corporate services.

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