

BOB ICB BOARD MEETING

Title	Performance and Quality Report		
Paper Date:	28 February 2025	Meeting Date:	11 March 2025
Purpose:	Information / Discussion / Assurance	Agenda Item:	13
Author:	Ben Gattlin Head 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 M9 (December 2024) however the data contained within the report is provided as the latest publishable data, in some instances this could be November 2024 or as recent as January 2025.</p> <p>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.</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 75.6% in January 2025, an improvement of 7.1% on January 2024. • Alternatives to Emergency Department (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.
- The system winter operating arrangements continue to run in accordance with the system winter plan.

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

- BOB providers reported 544 patients waiting longer than 65 weeks at the end of December.
- The APC is accelerating plans to introduce a High-Volume Low Complexity (HVLC) hub to better utilise system capacity, better align demand and support sustainable 18-week recovery – starting with ENT, Urology and Gynae and having already gone live with a single point of access for Ophthalmology (cataracts).

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

- 62-day combined performance in December 2024: no Trust met the 85% national standard although RBH met the interim target at 77.7%
- Notably OUH improved cancer performance by 7.5% to 64.2%

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

- Percentage of GP appointments seen within two weeks was 79.4% in December, 2.5% higher than November.
- 827k appointments were booked in December compared to 928k in November.
- BOB remains above Southeast and national averages.

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)

- 1357 Total births across the System in December 2024, lower than average
- Smoking disclosed at time of booking has moved back below 5% following the spike seen in October 2024
- Smoking at the time of delivery remains under 5%
- Breastfeeding initiation rates continue to show special cause improving variation and is above target with 83% of women and birthing people-initiated breastfeeding in December 2024.
- Neonatal deaths show common cause variation with data falling both above and below the mean. There were 3 still births across BOB in October.

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

- Regional maternity insight visits to BHT, RBH, OUH planned for March and April
- CQC visited London Street Surgery in October – continue to await report.

- There was one never event declared by BHT in January 2025

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 25 February 2025 Population Health and Patient Experience Committee (PHPEC).

NHS Performance and Quality Report

M9 - December 2024

Matthew Tait – Chief Delivery Officer


























Rachael Corser – Chief Nursing Officer

Ben Riley – Chief Medical Officer




Scorecard - M9 - December 2024



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

Metric	Period	Target	Berkshire West	Buckingham shire	Oxfordshire	BHT	OUH	RBFT	BOB ICB	South East	England
GP appointments - percentage of regular appointments within 14 days.	Dec 2024		 84.3%	 83.9%	 84.1%				 84.1%	 81.5%	 82.7%
Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer	Dec 2024	85%	 73.5%	 54.2%	 68.2%	 52.6%	 63.4%	 74.7%	 66.2%	 69%	 69%
Adult inpatients with a learning disability and/or autism per million head of population	Dec 2024	30							 37		 42
Under 18 inpatients with a learning disability and/or autism per million head of population	Dec 2024	15							 13		 18
Percentage of patients who spent 4 hours or less in A&E	Jan 2025	78%				 76.6%	 72.7%	 70.6%	 75.3%	 76%	 73%



Planned Care Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Activity	RTT 65 Week Waits	Dec 24	0	544		



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	Dec 24	30	37		
	Under 18 inpatients with a learning disability and/or autism per million head of population	Dec 24	15	13		

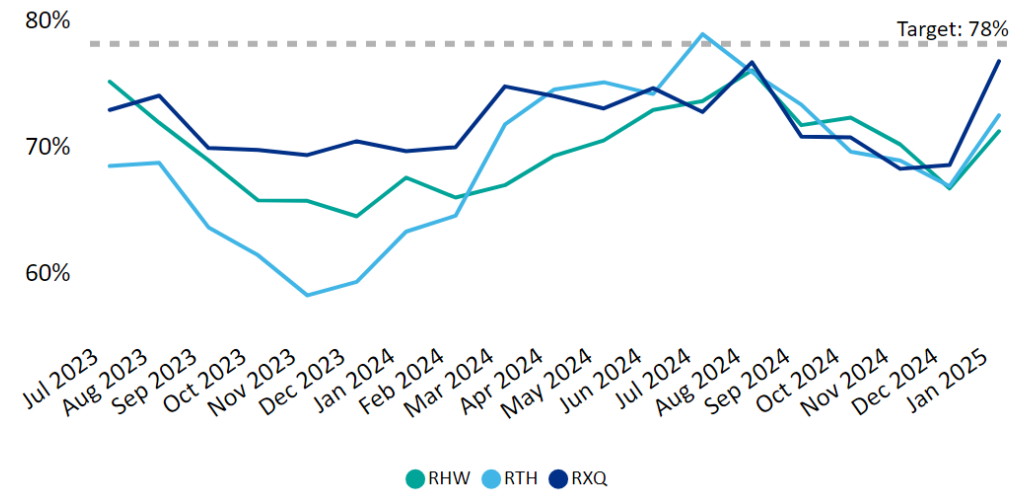
Cancer Metrics

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	Dec 24	85.0%	66.2%		

Urgent Care Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Urgent Care	Percentage of patients who spent 4 hours or less in A&E	Jan 25	78.0%	75.6%		

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%	68.4%	⬆️	75.6%	7.1%
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	78.0%	67.4%	⬆️	71.1%	3.7%
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	78.0%	63.2%	⬆️	72.4%	9.2%
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	78.0%	69.5%	⬆️	76.6%	7.1%

Actions

- All three acutes have ED improvement plans in place to support recovery of all types with delivery overseen at place UEC Boards.
- Alternatives to ED continue to be promoted to reduce the pressure on departments, including; Urgent Community Response (UCR), Virtual Wards (VWs), 111, 111 online, and Urgent Care Centres (UCCs/UTCs/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
- The 45minute Release to Respond (R2R) handover policy is now live across all BOB sites
- The system winter operating arrangements continue to run in accordance with the system winter plan

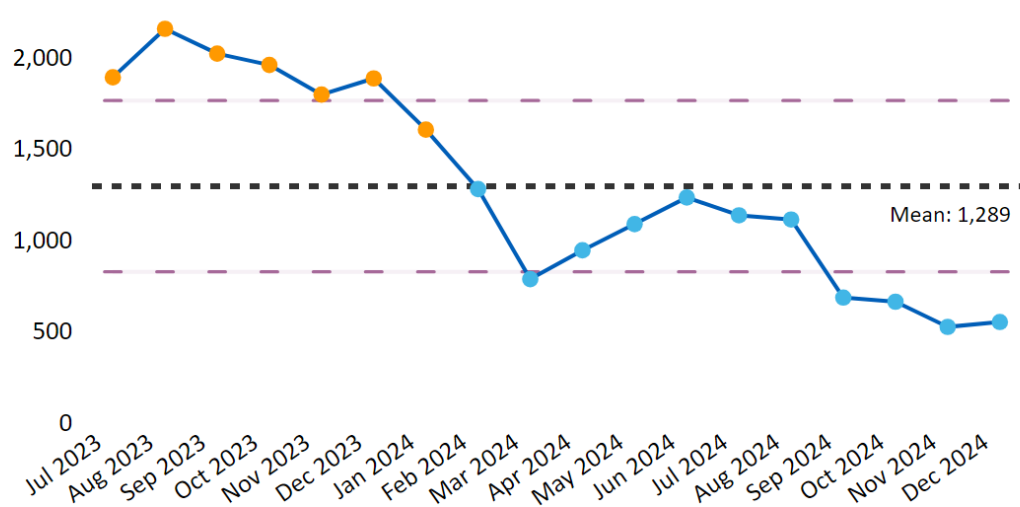
Risks

- Unmet demand in primary care/community resulting in higher ED attendances
- Increase in acuity resulting in more complex patients attending ED
- Ongoing disruption to services and demand profiles resulting from Industrial Action/GP Collective Action, 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

Dec 2024

RTT 65 Week Waits



This metric measures:

Our objective is to reduce the number of patients experiencing excess waiting times for elective care as measured by the national Referral to Treatment time (RTT) standards. 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	517	↑	544	27
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	0		↑	1	1
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0	446	↑	480	34
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	0	4	↑	8	4

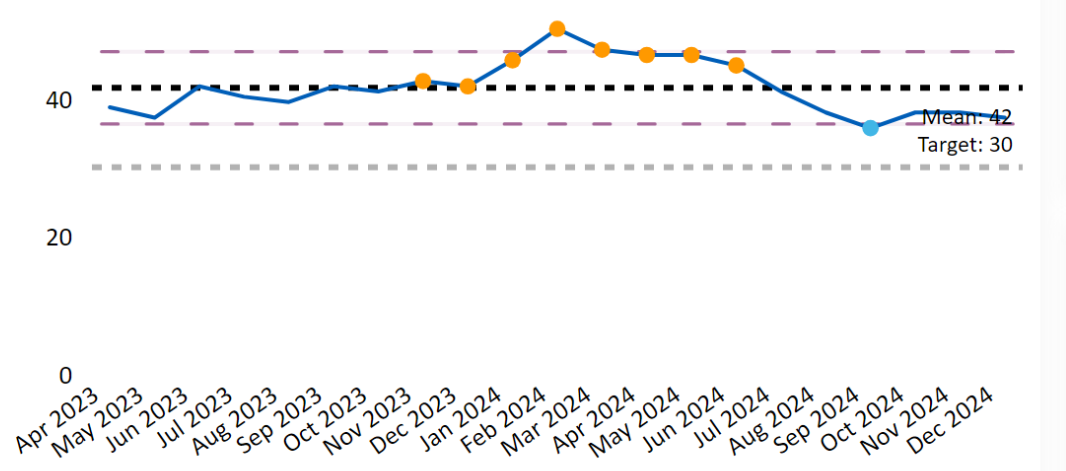
Actions

- The Acute Provider Collaborative (APC) continues to work with the ICB to minimise the volume of 65wk breaches forecast at year end for OUH. This includes BHT providing OUH with theatre space at the Wycombe Hub.
- The OUH continues to progress a number of internal actions to reduce long waiters, including increased productivity, insourcing and outsourcing.
- OUH remains in Tier one for planned care with fortnightly oversight meetings in place led by NHSE
- The APC is accelerating plans to introduce a High Volume Low Complexity (HVLC) hub to better utilise system capacity, better align demand and support sustainable 18wk recovery – starting with ENT, Urology and Gynae and having already gone live with a single point of access for Ophthalmology (cataracts)

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



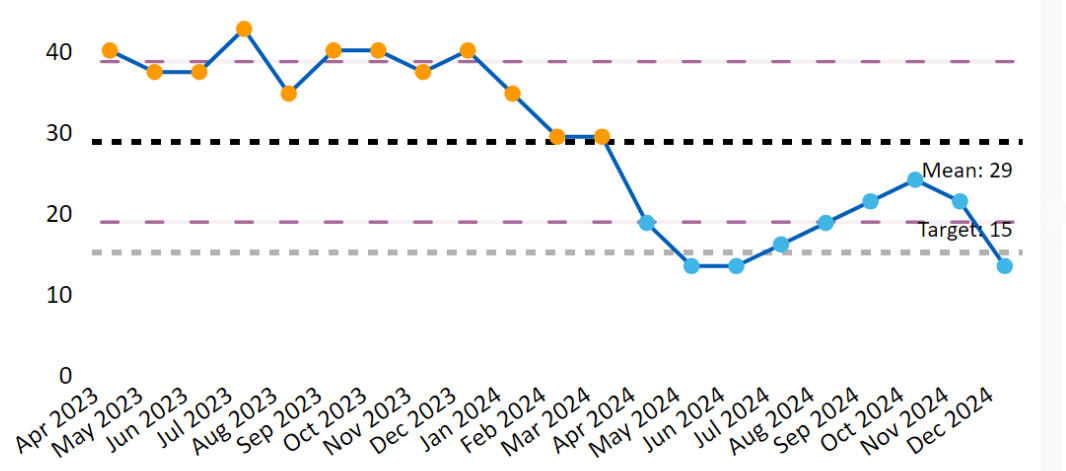
These metrics measure:

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

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	38	↓	37	-1
Under 18 inpatients with a learning disability and/or autism per million head of population	15	21	↓	13	-8

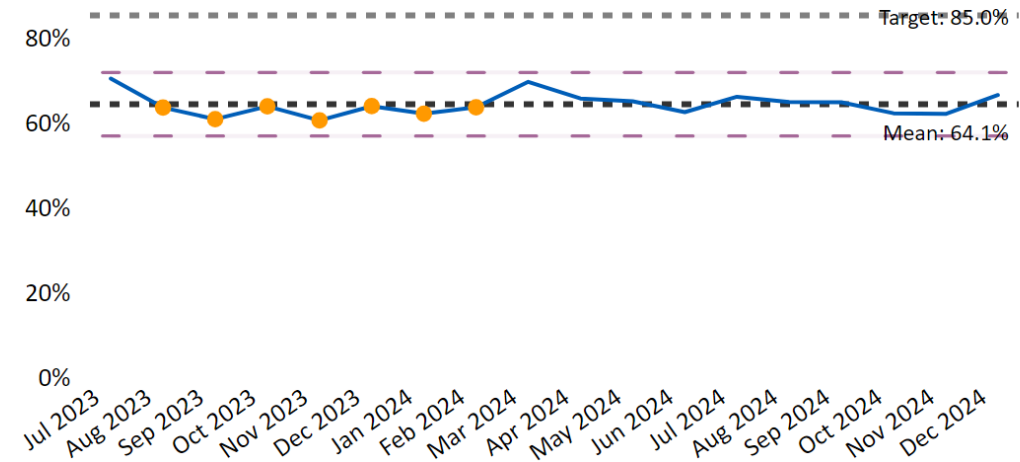
Under 18 inpatients with a learning disability and/or autism per million head of population



Actions

- Draft C(E)TR policy in development with commissioners and providers
 - Recruitment continued for LeDeR reviewers
 - ADHD Programme Steering Group implemented and workstreams identified
 - Reasonable Adjustment in Dentistry article submitted to British Journal of Special Care Dentistry for peer review and potential publication
 - Pilot of sensory kits within SCAS for autistic patients
 - Scoping of PH Medii app for pilot with advocacy groups across BOB
 - LeDeR reviewer staff transferred to BOB and BAU should restart at end February
 - Commenced data analysis of DNAs across the system and exploring opportunities to reduce some of the factors by implementing reasonable adjustments
 - Data analysis of OAP and Delayed discharges completed to support the work with housing providers
- Risks:**
- 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

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%	61.8%	⬆️	66.2%	4.4%
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	85.0%	75.4%	⬆️	77.7%	2.3%
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.0%	56.7%	⬆️	64.2%	7.5%
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	85.0%	61.2%	⬇️	54.4%	-6.9%

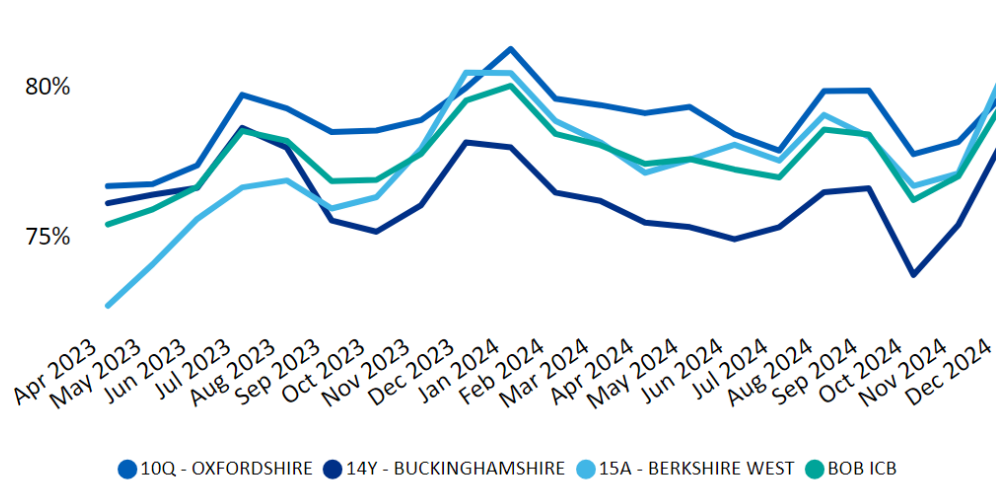
BOB ICB Performance December 2024 (validated):

- 28-day Faster Diagnosis Standard (FDS) for BOB was 75.4% in December, showing a fractional drop against the position from November at 75.5%. Performance at trust level showed BHT at 66.6%, a decline on previous month and remains the only non-compliant provider against the national expectation of 77%. OUH showed a small increase to 77% and RBH also increased their position to 81.4%.
- The BOB ICB 62-day combined performance position was 68.8%, up from 64.7 in the previous month. In December, RBH reported a position of 77% (significant increase on November position of 70.7%), continuing the trend of the interim compliance of 70% performance. OUH saw an improvement to 62.8% compliance against a position of 59.6% in November. BHT reported and increase to 61.2% against their 58.6% position in September. **Combined performance differs from the table above as the table above only includes GP referrals whereas this bullet point includes referrals from screening services and other consultants.*
- OUH – the 3 most challenged pathways impacting their 62-day combined performance are Lung, Gynae and LGI.
- BHT – the 3 most challenged pathways impacting their 62-day combined performance are Gynae, LGI and Lung
- RBH – the 4 most challenged pathways impacting their 62-day combined performance are UGI, H&N, Gynae and LGI

Primary Care Access

Dec 2024

Percentage of GP Appointments seen within 14 days of being booked



These metrics measure:

Our objective is to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or the next day according to clinical need.

How we are performing?

	Target	Prev Month	Performance	Curr Month	Diff
BOB ICB		77.0%	↑	79.4%	2.5%
15A - BERKSHIRE WEST		77.1%	↑	80.4%	3.3%
14Y - BUCKINGHAMSHIRE		75.4%	↑	78.2%	2.8%
10Q - OXFORDSHIRE		78.1%	↑	79.7%	1.6%

Actions

- Increase in 14-day target observed in M9 across the whole of BOB. Contributing factor to increase may be that less appointments were booked in M9, 827k appointments compared to 928k in M8 (0.1% decrease). Decrease is likely impact of slowing of Autumn flu & COVID vaccine campaigns. Year on year the M9 position saw an increase in appointments, 0.1% more compared to M9 2023 when 762k appointments were booked. Improvements in Access continue to be supported through:
- Digital - Ensuring telephony call back at all practices and full access to online services.
 - Monitoring & support - Continued monitoring of patient satisfaction, red flags and low performance in general practice to support in assessment of ongoing practice sustainability and provision of more rounded support. Active programme of practice visits taking place.
 - Use of community pharmacy - Ongoing promotion of Pharmacy First including the use of community pharmacy oral contraceptive services
 - Workforce Investment: New to General Practice Fellowship programme continues to support newly qualified GPs as they transition into substantive roles. The Flexible Pool supports around 1,100 locum sessions monthly with the nursing numbers steadily growing. CPD offer to eligible practice staff.
 - Primary care Strategy – with regards to primary care access, INTs and CVD prevention, priorities for 25/26 are being developed in consultation with Place teams. Report to the Primary and Community Transformation Group to be published in February.

Risks

Collective Action

- Bi-weekly monitoring of the impact of collective action takes place via the primary care cell. The number of practices requesting to go red on the DoS remains at approximately 15 per day (10% of total). This is monitored to understand any trends and how geographies are affected. For services that practice service notice on mitigations have been found or are currently being worked through.

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		1.0152	0.8986	0.8586
Never Events	0	1			

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

- ICB quality dashboard under review – plan to have developed for 25/26
- Quality requirements in contracts being confirmed, including quality schedules for independent providers.
- Continue to await CQC reports for Oxford Health forensic services and London Street Surgery.
- ICB to lead multi agency patient safety investigation following unexpected death of patient under care of BHFT.
- Support to OUH and BHT with paediatric audiology visit recommendations
- Regional maternity insight visits to BHT, RBH, OUH planned for March and April. OUH likely to step of maternity safety support offer into enhanced oversight – regional framework devised for ICB's to use.

How are we performing?







- There was 1 never event declared by BHT in January 2025. A patient undergoing cataract surgery received the wrong intraocular lens due to a mix-up between the two biometry datasets. The error was identified immediately after surgery, and the patient was returned to the theatre for corrective intervention. No physical harm was reported.
- There were no new CQC reports received, or inspections undertaken. SEND thematic review of children not in school in progress Feb 25 and JTAI in Reading announced.
- BHT patient safety summit held in Feb 2025 – good progress with implementation of PSIRF has been achieved.
- Safety concerns regarding paediatric audiology at BHT identified at QA visit Feb 2025 – Trust being advised of required actions
- Paediatric spinal surgery stepped down from enhanced oversight Feb 2025
- NUPAS declared a patient safety incident – haemorrhage following termination of pregnancy requiring secondary care. NUPAS will share the learning with the ICB

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	Dec 24		19:16:00		
	Ambulance Handover Delays (>60 Minutes)	Dec 24		376		
Urgent Care	Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts)	Dec 24		1,282		











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	Dec 24	96.0%	90.0%		
	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer	Dec 24	85.0%	66.2%		
	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	Dec 24	90.0%	68.8%		
	Cancer 28 days wait (faster diagnosis standard) - Commissioner	Dec 24	75.0%	75.4%		

Emergency Care Metrics

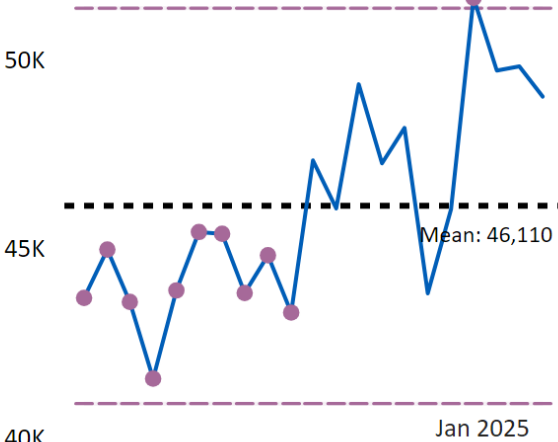
Category	Metric	Period	Target	Value	Variance	Assurance
Quality of Care, Access and Outcomes	A&E - percentage of patients managed within 4 hours.	Jan 25	95.0%	75.4%		
Urgent Care	Total A&E Attendances	Jan 25		49,005		
	Over 12 hour waits from DTA to Admission	Jan 25		359		

GP Appointments Metrics

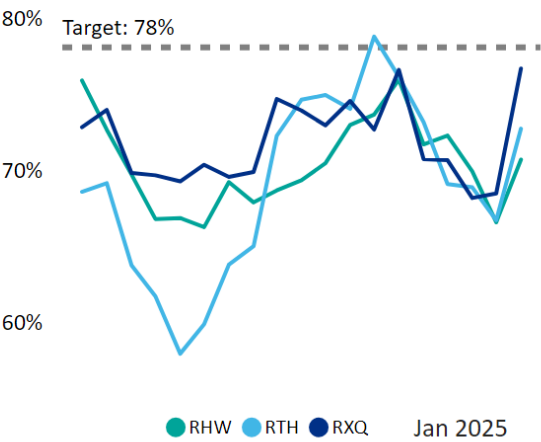
Category	Metric	Period	Target	Value	Variance	Assurance
GP Appointments	GP Appointments by Month split by modality - Video Conference/Online	Dec 24		35,432		
	GP Appointments by Month split by modality - Unknown	Dec 24		15,809		
	GP Appointments by Month split by modality - Telephone	Dec 24		265,096		
	GP Appointments by Month split by modality - Home Visit	Dec 24		9,933		
	GP Appointments by Month split by modality - Face-to-Face	Dec 24		500,560		

Ambulance and Urgent and Emergency Care

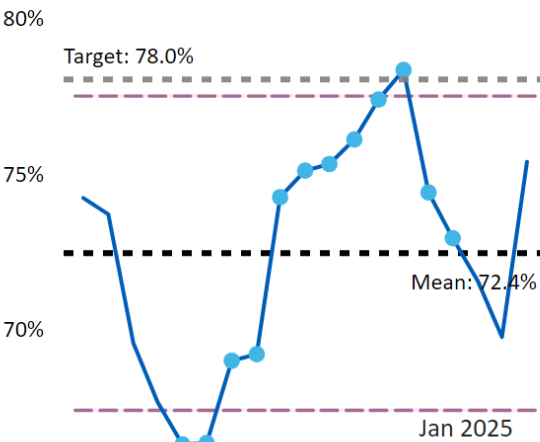
Total A&E Attendances



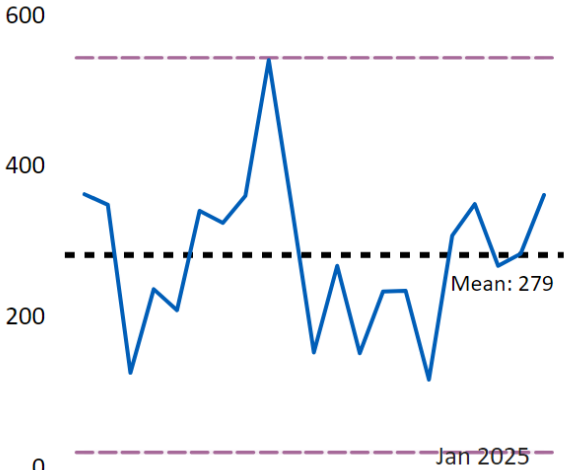
A&E - percentage of patients managed within 4 hours by Provider



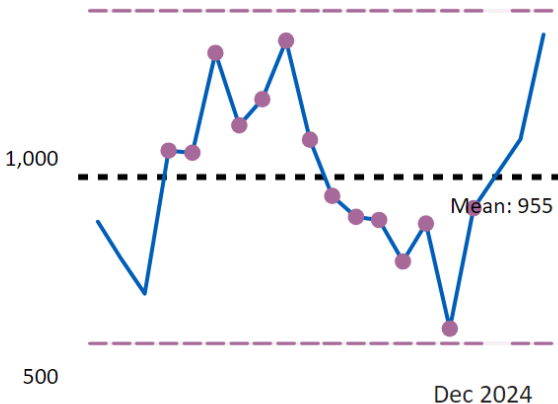
A&E - percentage of patients managed within 4 hours by ICB total



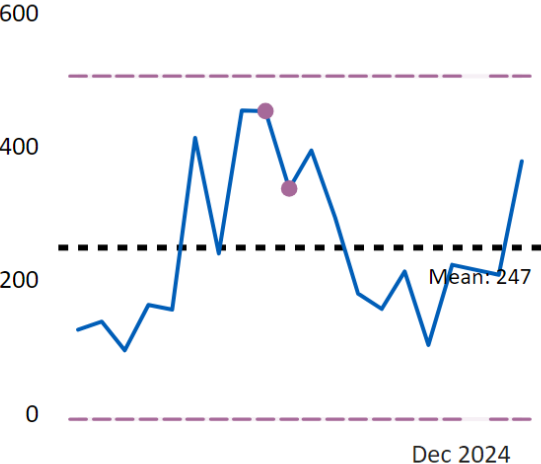
Over 12 hour waits from DTA to Admission



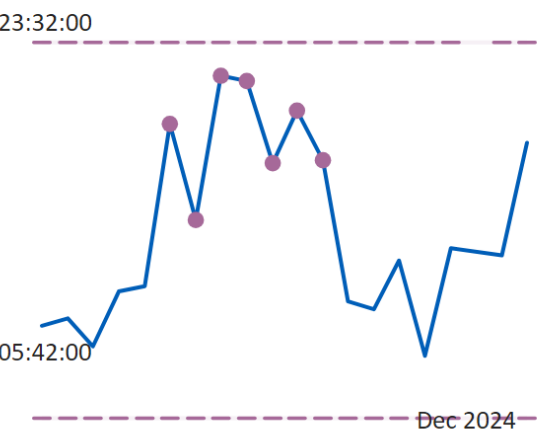
Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts)



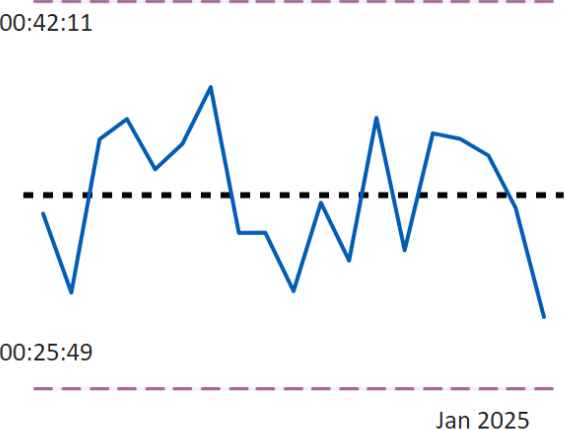
Ambulance Handover Delays (>60 Minutes)



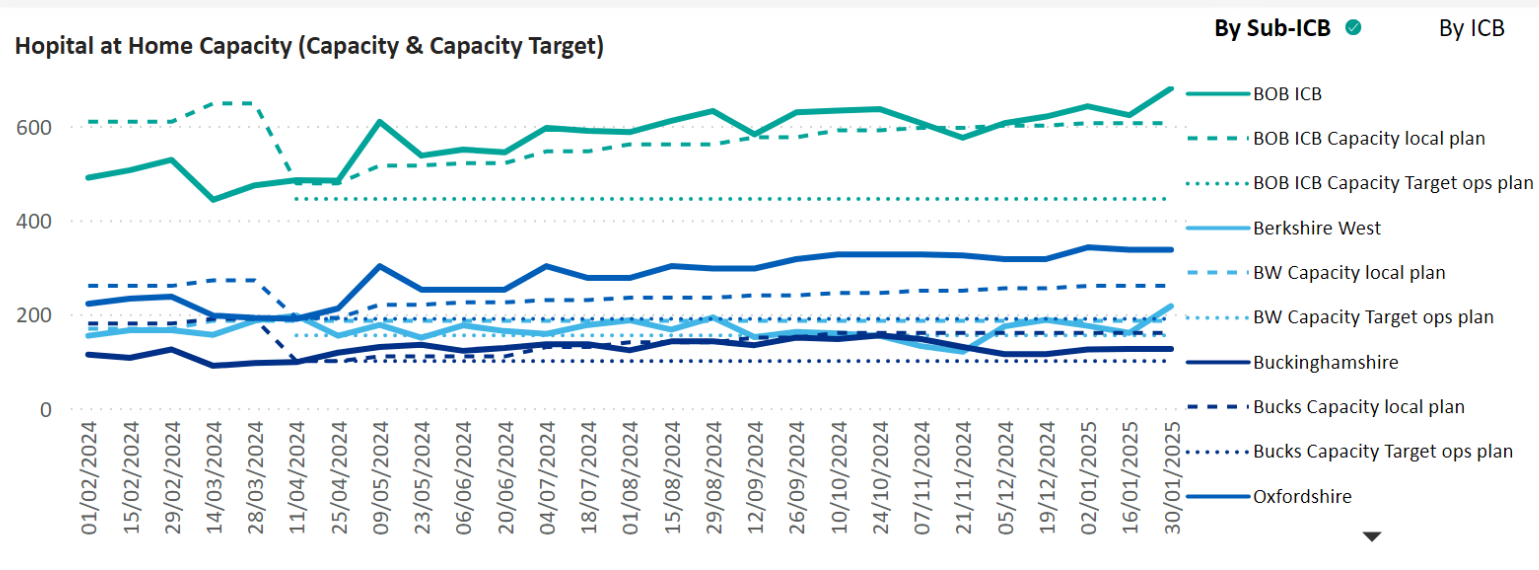
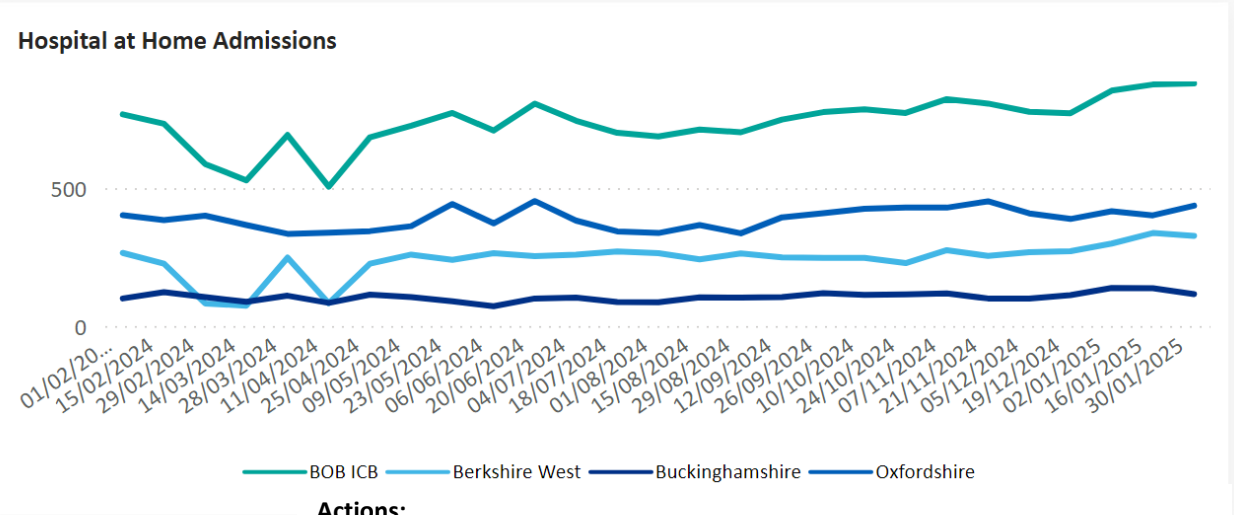
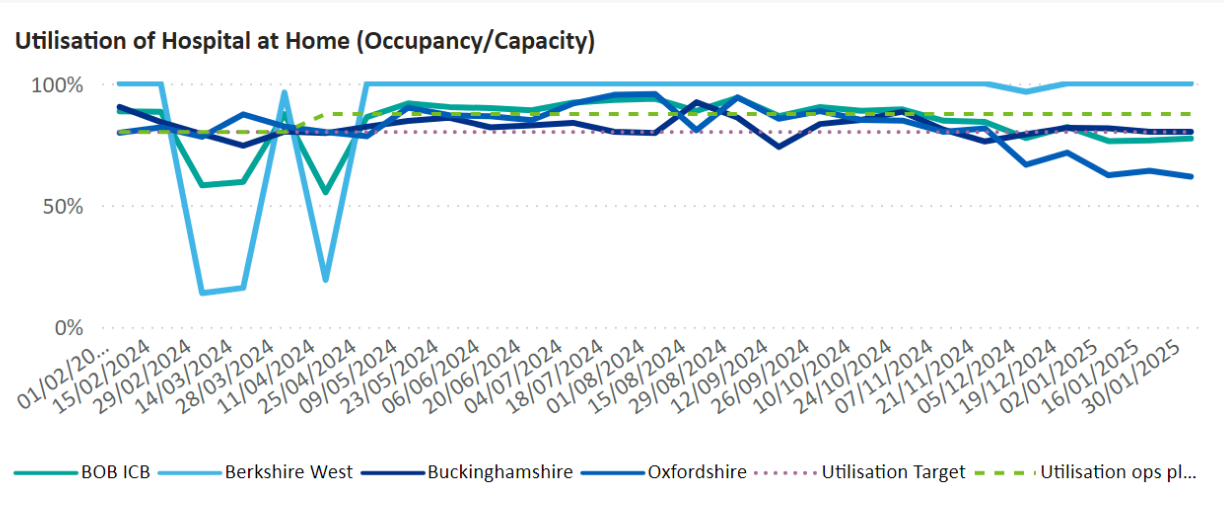
Average Hours Lost on Handover Delays per day at BOB Acute Trusts



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.

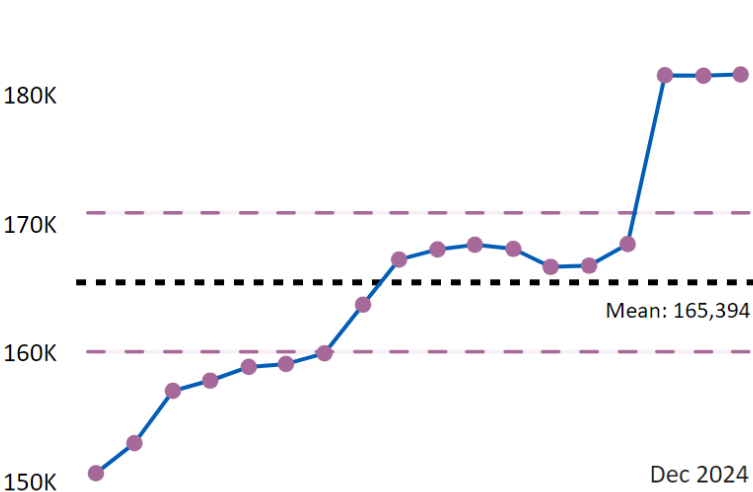


Actions:
Continue to promote services to 111, GP's and care homes - as part of Single Point of Access offer to ensure we reduce number of patients being directed to ED, also the number of ambulance incidents and dispatch for cat 3 and 4 patients.
Ethnicity recording and length of stay- working with providers to reduce unknown/not stated ethnicity codes and 15+ days length of stay.

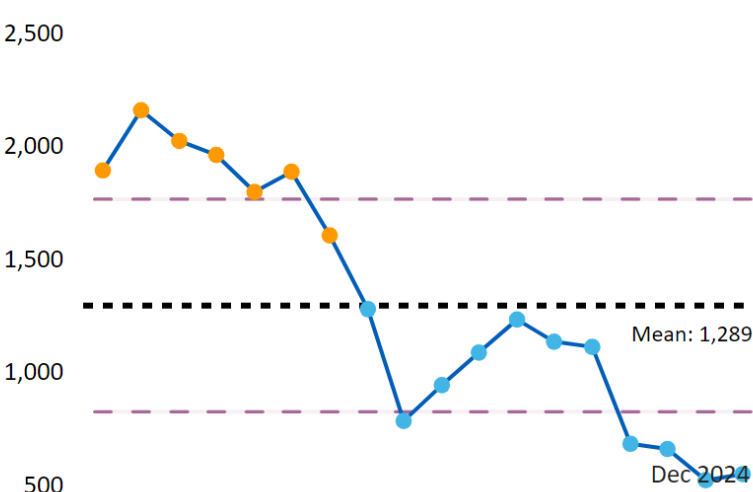
Risks:
Quality and safety risks associated with i) not knowing/able to view on a system if an individual is under the care of a hospital at home service; ii) not being able input into a shared Comprehensive Geriatric Assessment, plan of care or a 'recommended summary plan for emergency care and treatment' (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

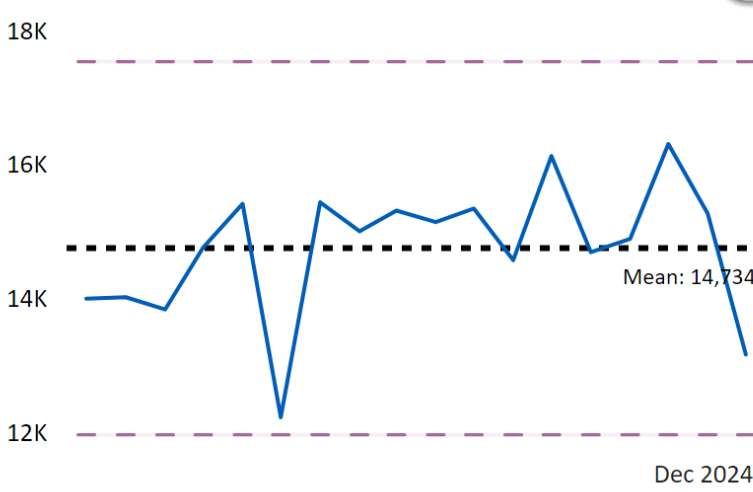
The total number of incomplete RTT pathways



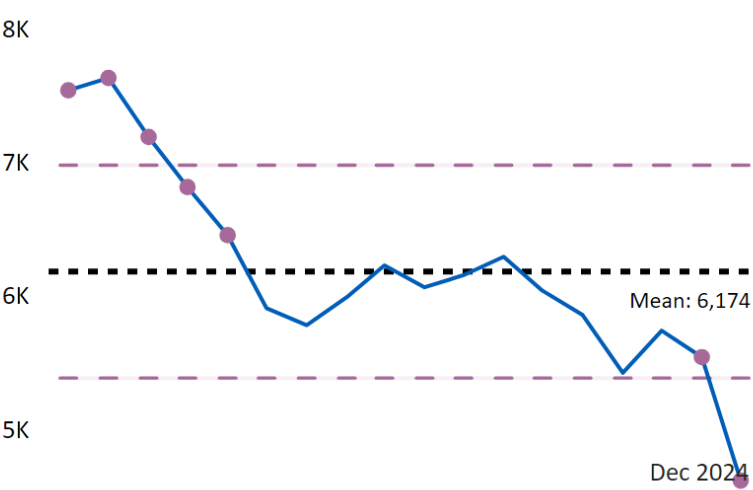
RTT 65 Week Waits



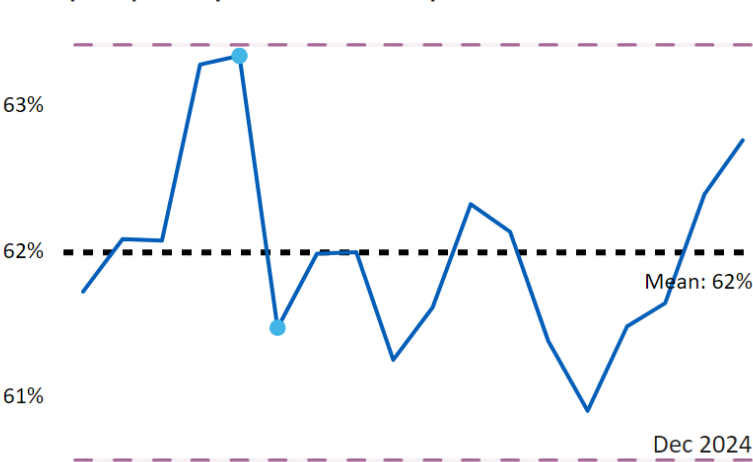
Day Case



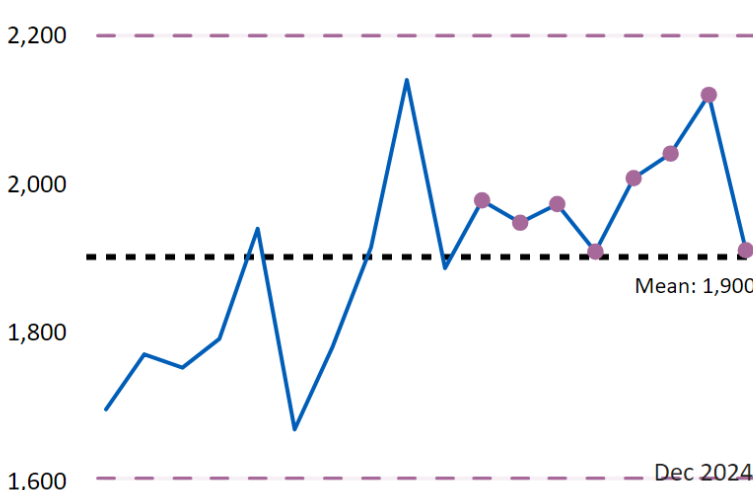
RTT 52 Week Waits




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





Ordinary



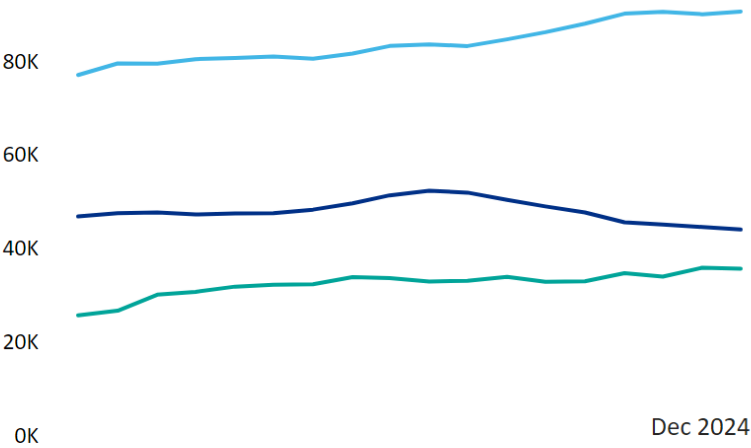
Planned Care - Provider

 RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST

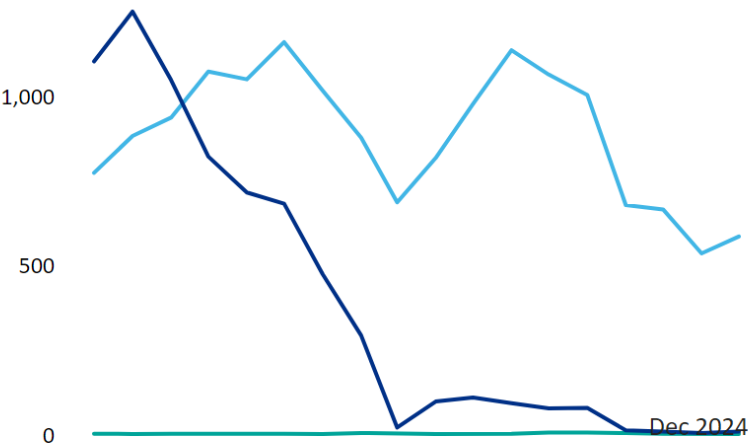
 RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

 RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST

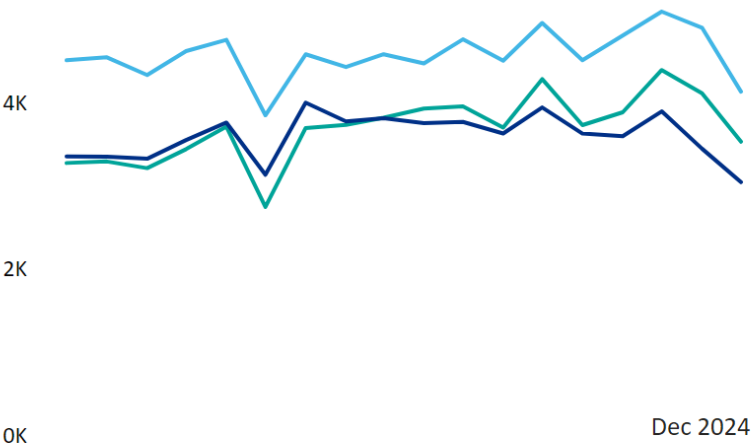
The total number of incomplete RTT pathways



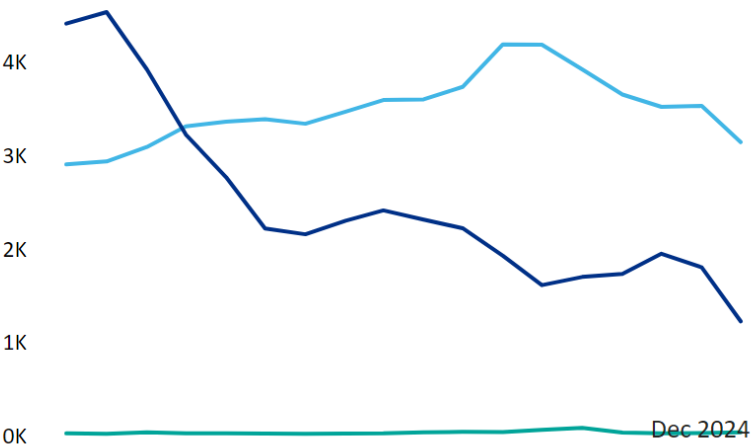
RTT 65 Week Waits



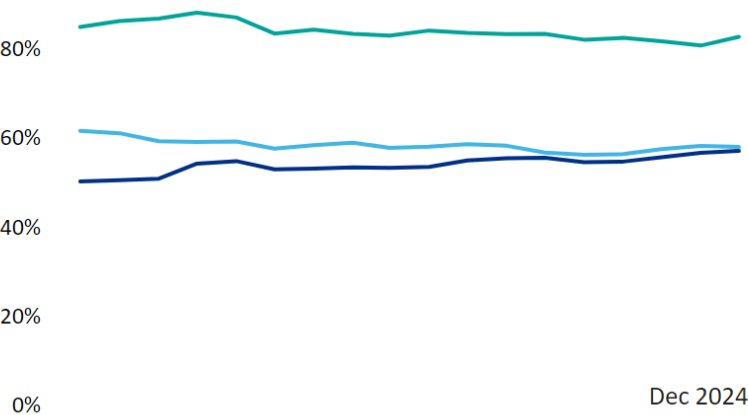
Day Case



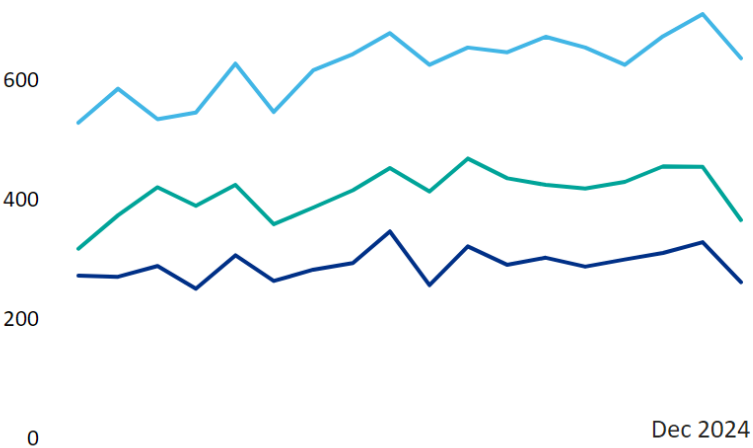
RTT 52 Week Waits



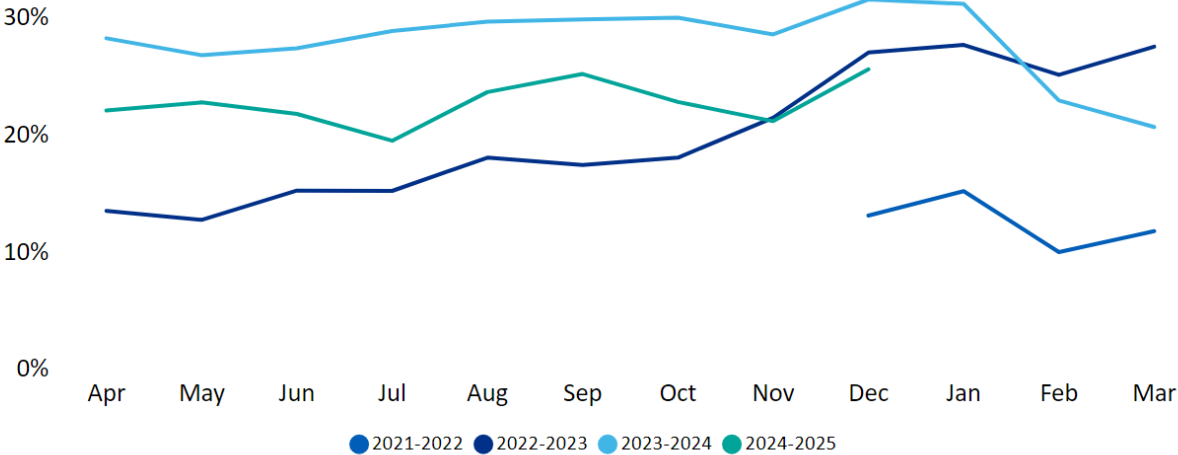
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period



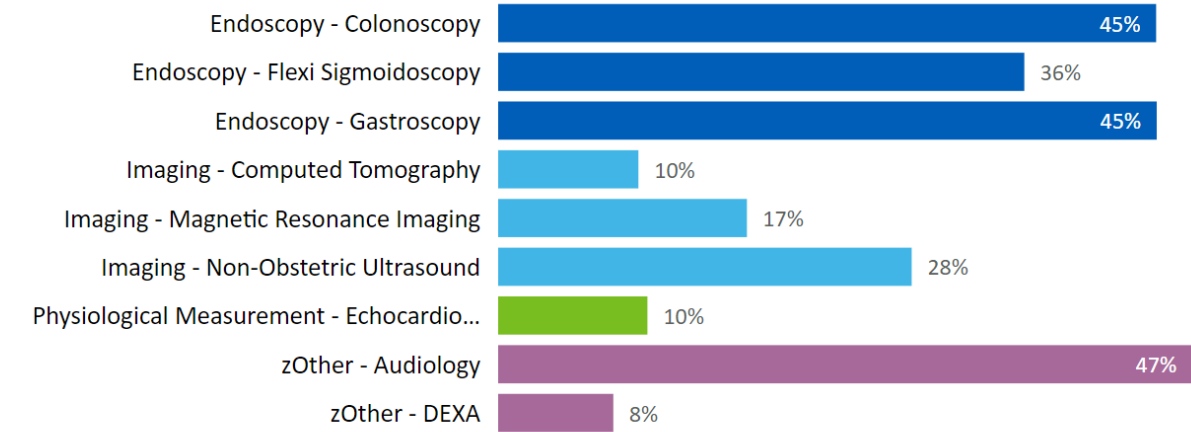
Ordinary



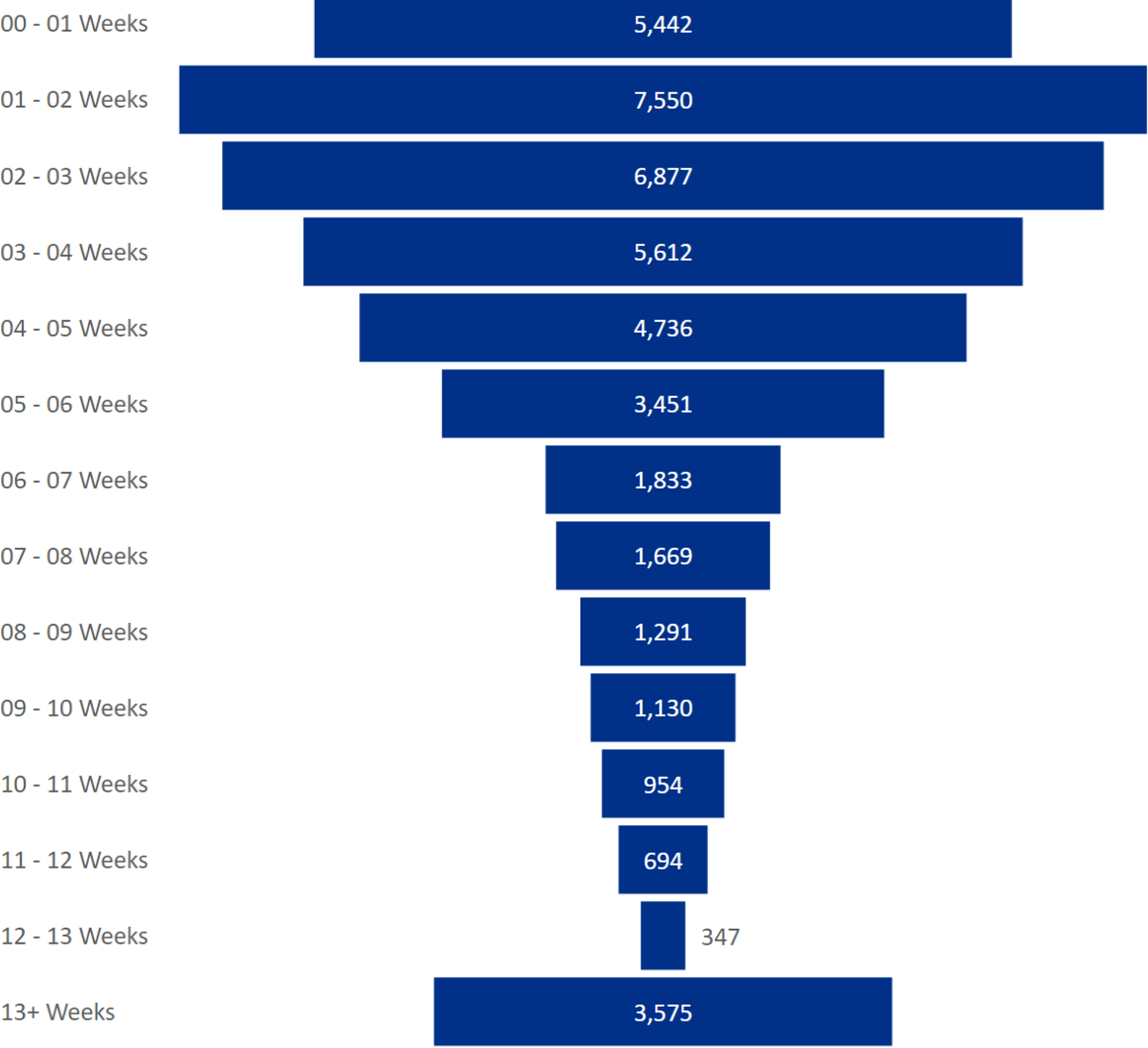
The percentage of patients waiting 6 weeks or more for a diagnostic test



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	Nov 24	95.0%	100.0%		
	Children and Young People with an Eating Disorder Routine cases that wait 4 weeks or less from referral	Nov 24	95.0%	90.0%		
	Children and young people (ages 0-17) mental health services access (number with 1+ contact)	Nov 24	26,531	24,205		



Dementia and Out of Area Placement (OAP) Metrics

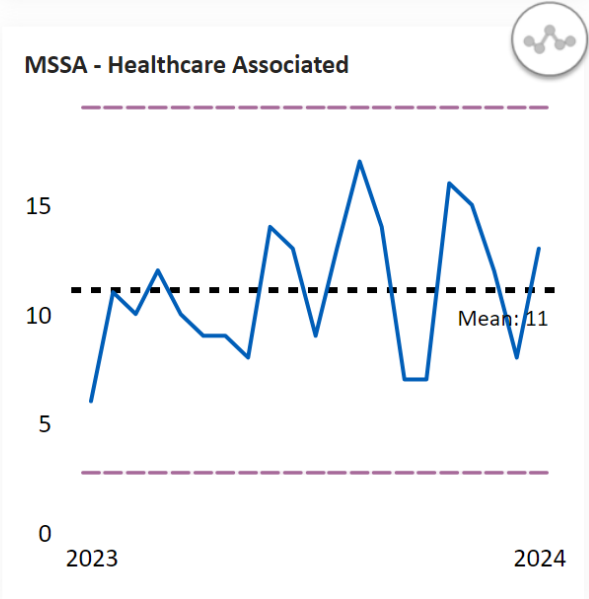
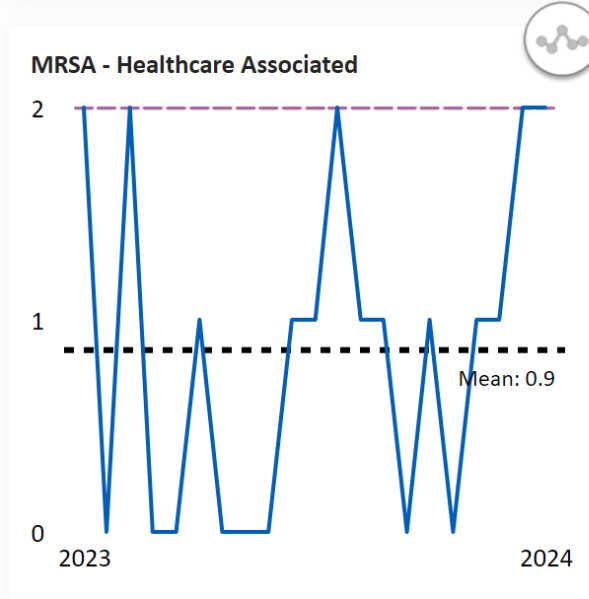
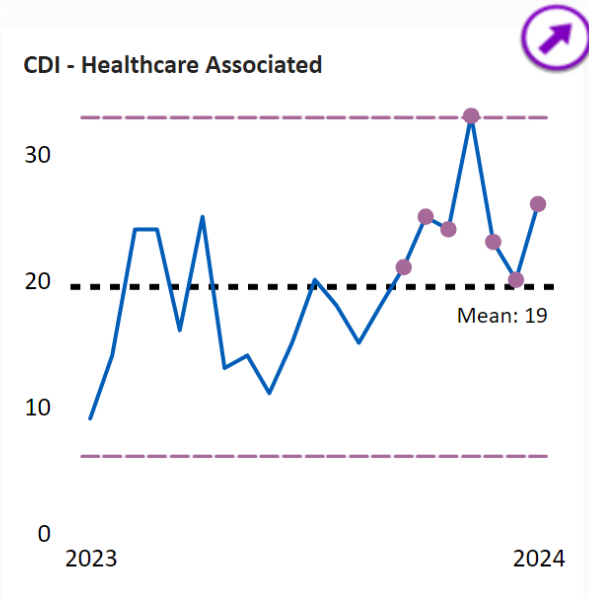
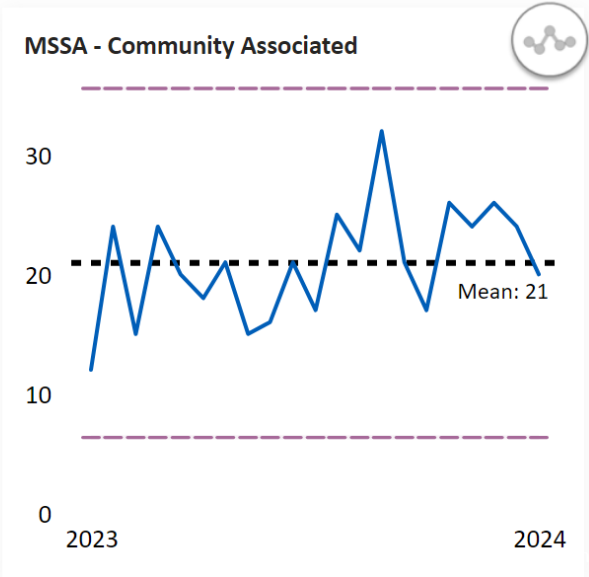
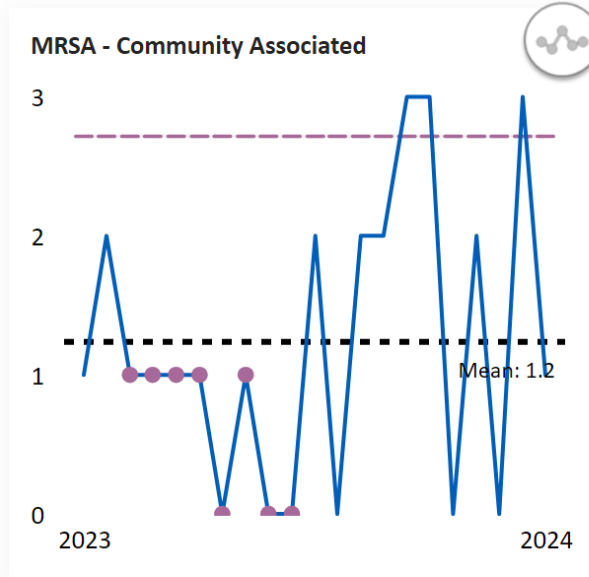
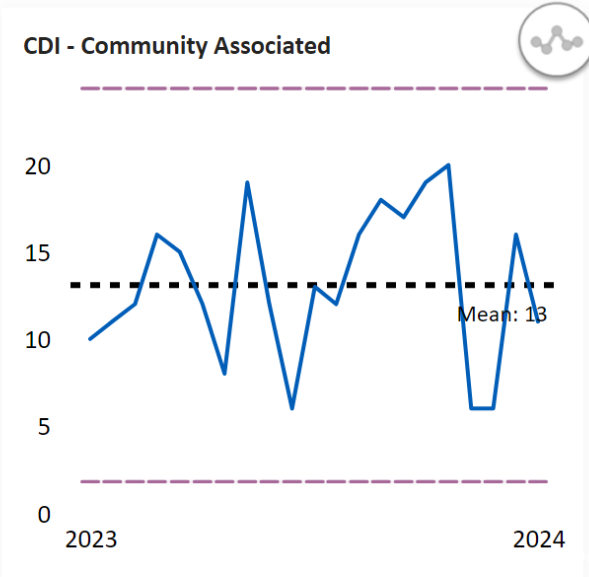
Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (internal or external) - Commissioner	Nov 24	0	20		
	Estimated Diagnosis rate for people with dementia	Dec 24	66.7%	62.3%		

Talking Therapies Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Talking Therapies: Treated within 6 weeks	Dec 24	75.0%	97.4%		
	Talking Therapies: Treated within 18 weeks	Dec 24	95.0%	99.7%		
	Talking Therapies: Moving to reliable recovery (national)	Dec 24	50.0%	50.5%		

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. December Clostridioides difficile infection (CDI) has seen a slight reduction in overall cases, however healthcare associated cases continue to increase.

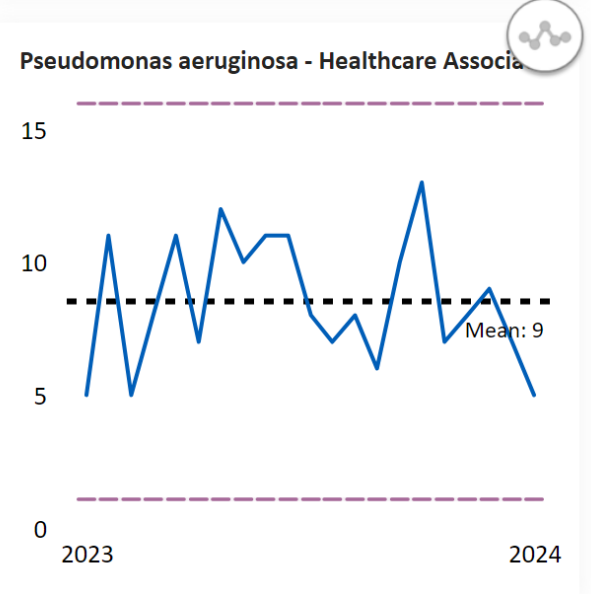
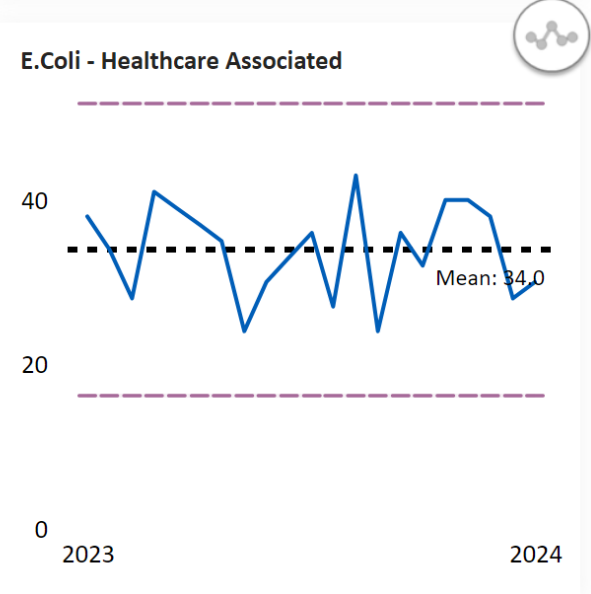
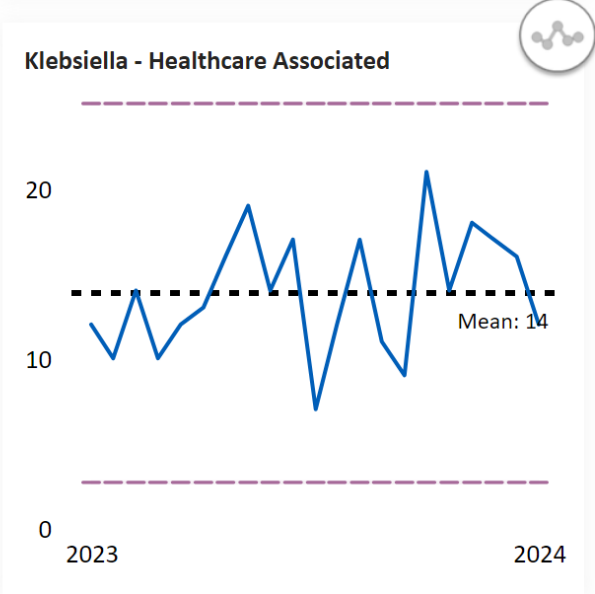
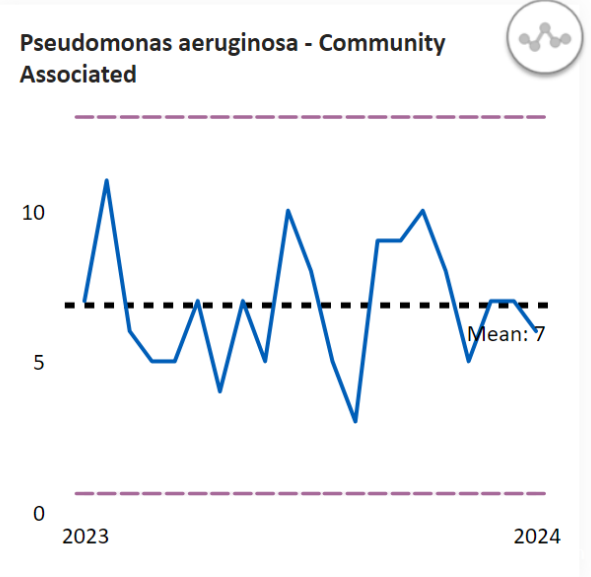
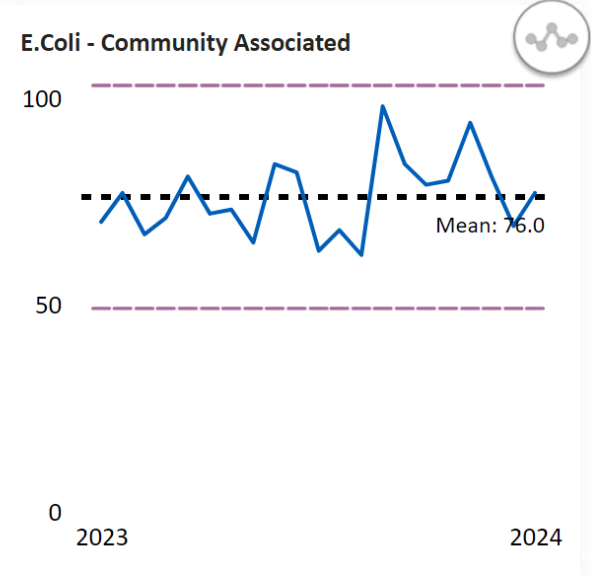
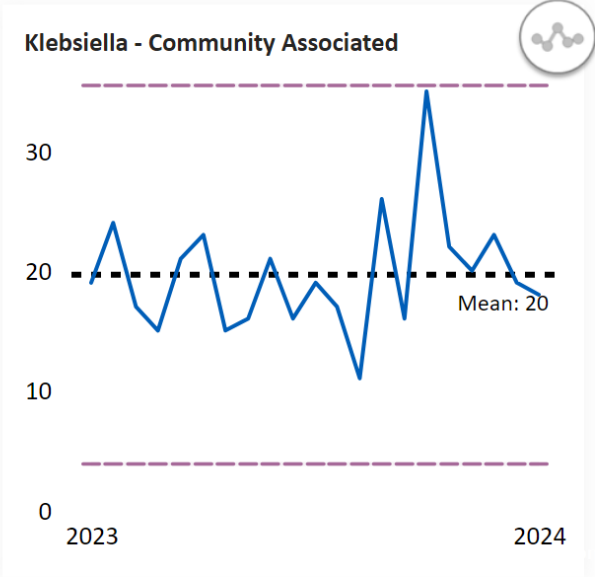
MRSA blood stream infection (BSI) in December a total of 3 Methicillin resistant Staphylococcus aureus (MRSA) bacteraemia's reported in Oxfordshire; of those 2 healthcare associated GPs and 1 community associated. On further review, a blood sample taken on day 2, therefore likely community associated with discitis as a likely source. The second, most likely portal of entry, long-standing leg and heel ulcers. The community onset source was respiratory infection. All cases have been reviewed for shared learning.

Actions & Risks

There has been a good response from GPs for completion of the MS Forms-Community CDI cases, with a high uptake 74% of completion. The project is likely to have contributed to raising GP awareness of CDI and was well received when presented at the SE IP&C Network meeting.

There has been an increase in community onset MRSA Bacteraemia noted a total of 16 in Q1-Q3, compared to 8 for the same period in 2023/24, therefore a collective investigation into community MRSA is planned. This will be challenged with the reduced capacity of the IP&C team, transitioning to new ways of working following the change in structure.

There were 15 outbreaks reported in Care Homes across BOB in December; 11 respiratory or flu related, 1 covid and 3 D&V/Norovirus.



How are we performing

There was a slight increase in E.coli blood stream infection in December, a reduction in Klebsiella and Pseudomonas, although BOB remains above trajectory in all Gram Negative Blood Stream infection (GNBSI). There is a downward trend of both hospital and community associated E.coli and pseudomonas and a stable number of Klebsiella cases in Q1-Q3. Reported known sources of GNBSI remain predominately urinary tract infections.

Actions & Risks

The Urinary Catheter passport implementation across the system, including Frimley ICB, after an initial delay due to logistics around provision of hard copies, has been agreed and shared with providers and requested to order directly with a company supporting the passport launch.

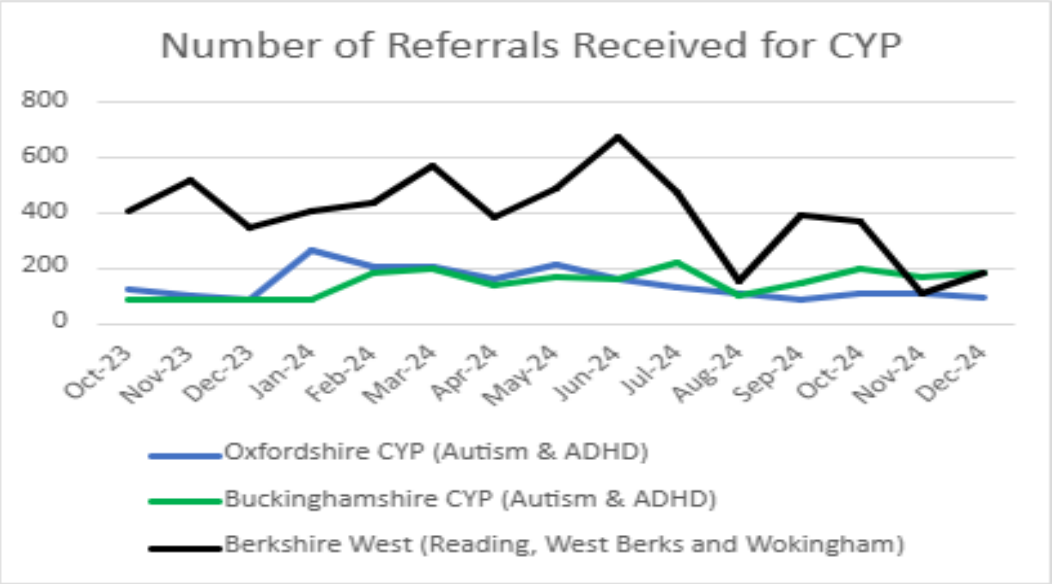
Winter pressures has been impacted predominantly by Flu, Norovirus and RSV, however less COVID 19 has been seen. A process for provision of Antivirals for the management of Flu care home outbreaks, strengthened the outbreak response.

In December IP&C team have supported primary care with prophylactic Hep A vaccinations in response to an increased incidence in school settings in Buckinghamshire. With a Tuberculosis (TB) screening exercise in Oxford following a workplace exposure and subsequent number of positive results. Any positive results are managed under the care and treatment of the TB teams.

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)	3,631 (December 2024)
Buckinghamshire CYP (Autism & ADHD)	3,633 (December 2024)
Berkshire West (Reading, West Berks and Wokingham)	7,668 (December 2024)



Average (Mean) waiting time to assessment for CYP seen	
Oxfordshire CYP (Autism & ADHD)	94 weeks (December 2024)
Buckinghamshire CYP (Autism & ADHD)	85 weeks (December 2024)
Berkshire West (Reading, West Berks and Wokingham)	Autism – 61 weeks (December 2024)
Berkshire West (Reading, West Berks and Wokingham)	ADHD – 65 weeks (December 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 14,932 on the waiting list across BOB when using end-of-December 2024 figures for Buckinghamshire, Oxfordshire and Berkshire West.
- The chart provides an overview of the numbers of referrals received by month from October 2023 to December 2024. A reduction is seen in August 2024 as expected due to the school summer holidays
- The final table highlights the mean wait time to assessment across BOB. This metric is of high importance as an indicator of demand and capacity across the System.
- Patient and carer experience here is challenged as it is unclear what level of support is required by individuals on the waiting list, there will be a differential in quality of experience whilst on the waiting list.

Actions:

- Partnerships for Inclusion of Neurodiversity in Schools (PINS) Pilot funding extended into 25/26 for further 30 primary schools and embed support for 40 schools supported in Reading. Delivery planning taking place.
- Rollout and expansion from April 2024 of BOB SHaRON (Support Hope and Recovery/Resource Online Network) pilot which provides support whilst waiting. 1486 new members from launch as at September 2024.
- SPENCER3D pilot in 20 schools across Berkshire and Bucks to promote informed strengths and needs led support approach.
- Two projects developing automated clinical decision-making tool and using AI for Autism & ADHD Assessment being explored and implemented. Piloting 'request for help' (from Q3 23/24) and 'BOB-NDQ' (from Q3 24/25 - trial with families commenced September 2024). Expanding programme offer to incorporate early years (0-5) delivery.
- 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

Spotlight – Healthwatch – Language Matters

In September, **Healthwatch organised a 'Thinking Together' event** in Reading, convening statutory and community organisations to gather insights on relevant experiences of interpreter and translation service. Participants shared insights on improving services and recommendations were made regarding:

Accessibility

IT system coding

‘Access to interpreters' services’ card

Information and awareness

Co-production: NHS, Local Authority, and Voluntary and Community sector

Cultural sensitivity and people’s rights

Inclusive language to change the narrative

A response is due March 17th

Spotlight – OUH maternity

Oxfordshire HOSC made recommendations to improve patient experience

To ensure that maternity staff receive ongoing training around improving maternity services. It is recommended that staff are also trained in patient-centred care.

To develop a maternity trauma care pathway for ongoing support for mothers (and their partners) to include those who have experienced difficult births, complications, premature babies, and still births and bereavement. It is recommended that this is undertaken in co-production with voluntary organisations that work with families experiencing trauma and who include experts with lived experience.

To ensure that coproduction remains at the heart of the design as well as the improvements of maternity services.

For there to be clear communication with patients, including in indigenous languages for those who may not be fluent in English.

A response assuring address of the recommendations and provision currently in place has been provided.

Complaints and PALS enquiries

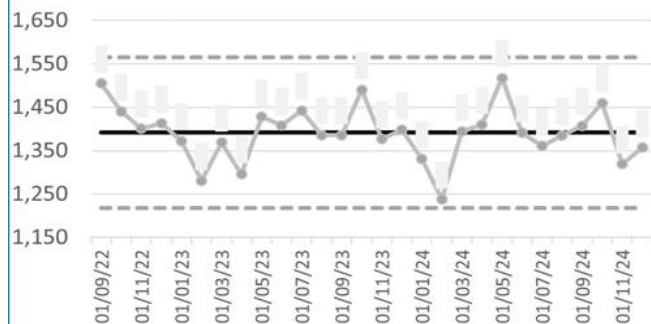
There have been 29 formal complaints and 154 PALS enquiries in Month 9. This is a reduction compared to month 8.

The ADHD and autism pathway including assessment waiting times, treatment and prescribing (shared care protocol) and right to choose continues to be a recurring complaint and enquiry. The responses are being reviewed as part of the task and finish group addressing the pathway challenges. An update on progress by the task and finish group has been requested for system quality group in June.

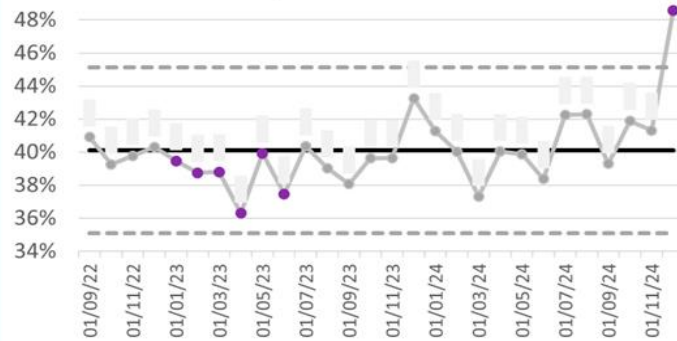
POD complaints delegation from the South East complaints hub in progress – transfer date 1st April.

Maternity and Neonatal

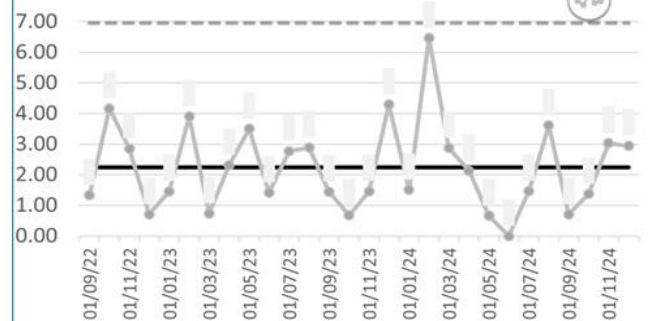
Total births



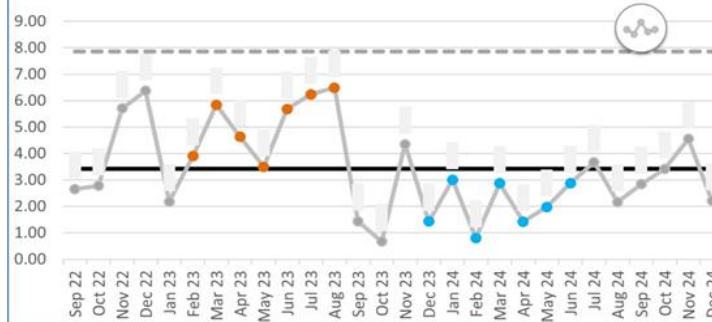
Caesarean section delivery



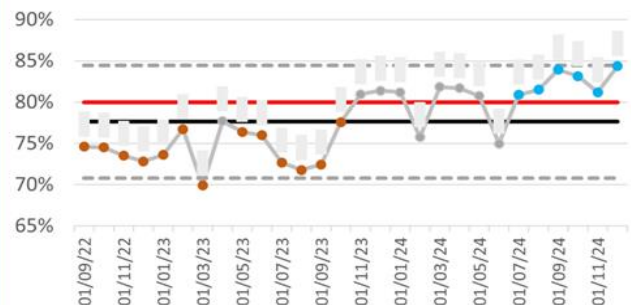
Neonatal deaths (per 1,000 live births)



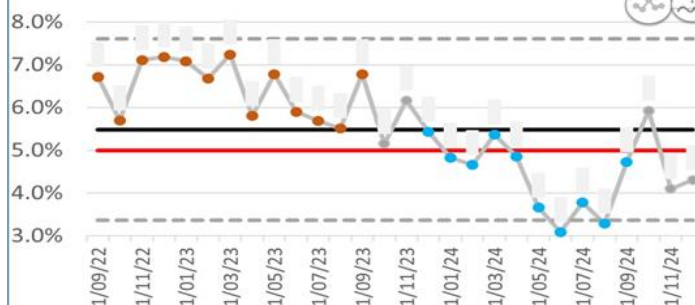
Stillbirths (per 1,000 births)



Breastfeeding initiation



Smoking disclosed at booking



Total births: There were 1357 total births across the system in December which is lower than average.

Breastfeeding initiation: 84% of women and birthing people-initiated breastfeeding in December. This is above the 80% target for BOB.

Caesarean section delivery: The percentage of births via c-section is at 49% across the system. This is above the mean for December. This indicator reflects both acuity and workload in each place.

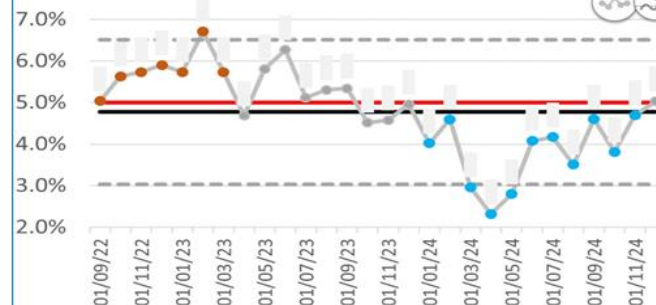
Neonatal deaths (rate per 1000 births): 2.94 - there were 4 neonatal deaths in December.

Stillbirths (rate per 1000 births): 2.21 – there were 3 stillbirths across BOB in December.

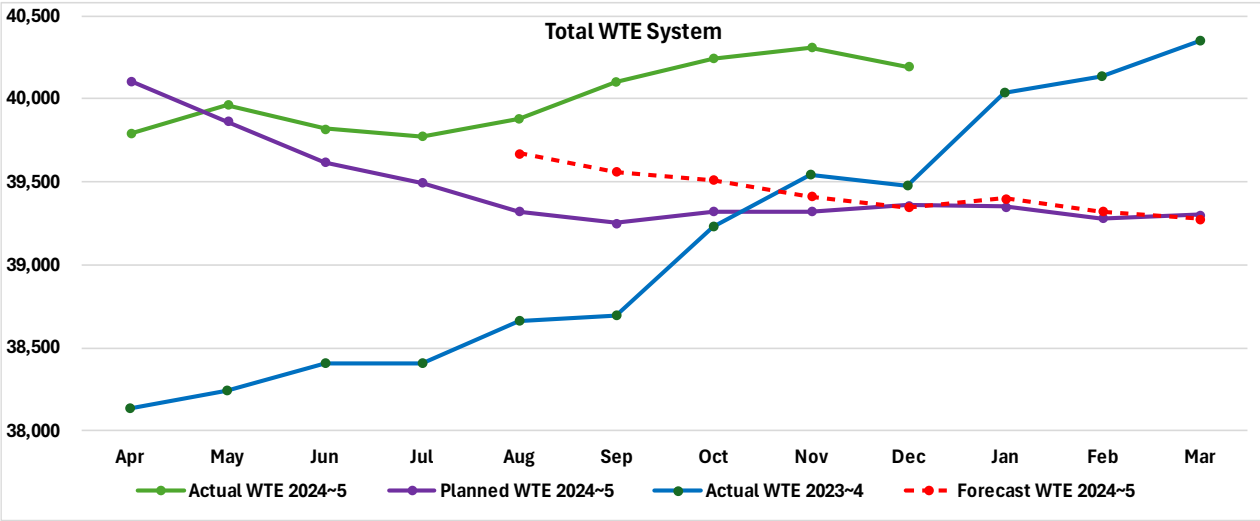
Smoking at time of booking: The percentage of women and birthing people smoking at booking is 4.3% which is below the 5% target.

Smoking at time of delivery: The percentage of women and birthing people smoking at delivery is 5.03% which is above the 5% target. This remains special cause improving variation.

Smoking disclosed at delivery



Workforce – Total Staff WTE and Pay Costs BOB ICS Footprint (NHS Provider Trusts)



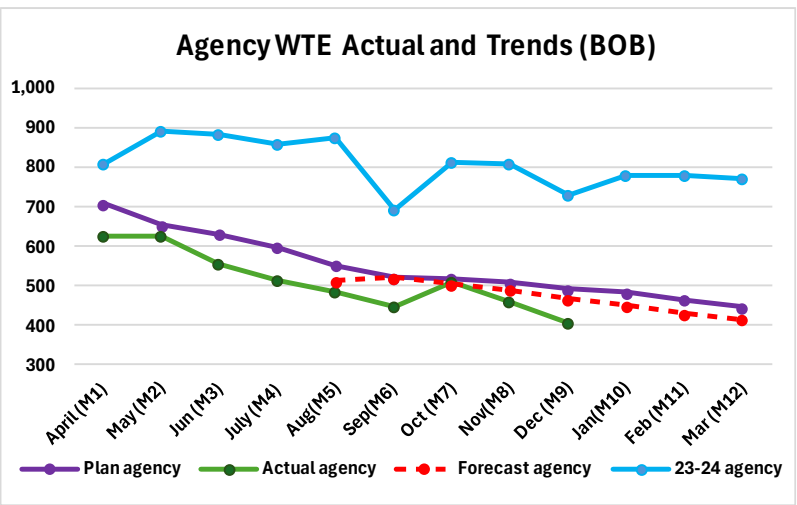
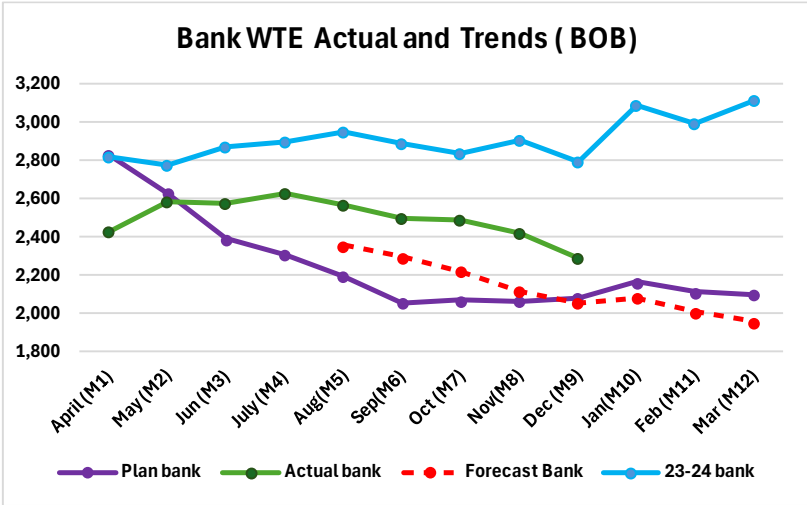
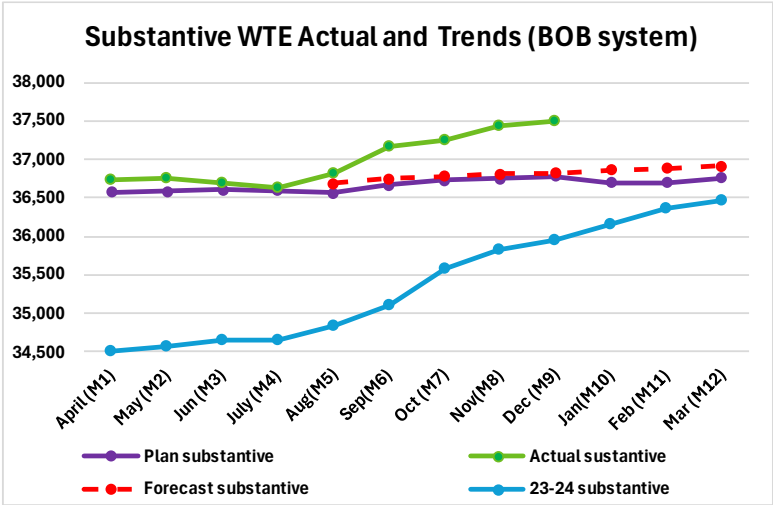
Summary of M9 position

Total M9 WTE is 835 (2.1%) above plan. This is a slight decrease of 151 WTE from M8. Trusts report that it has been possible to offset some of the additional workforce costs against additional income generated.

Core reasons for variation from plan

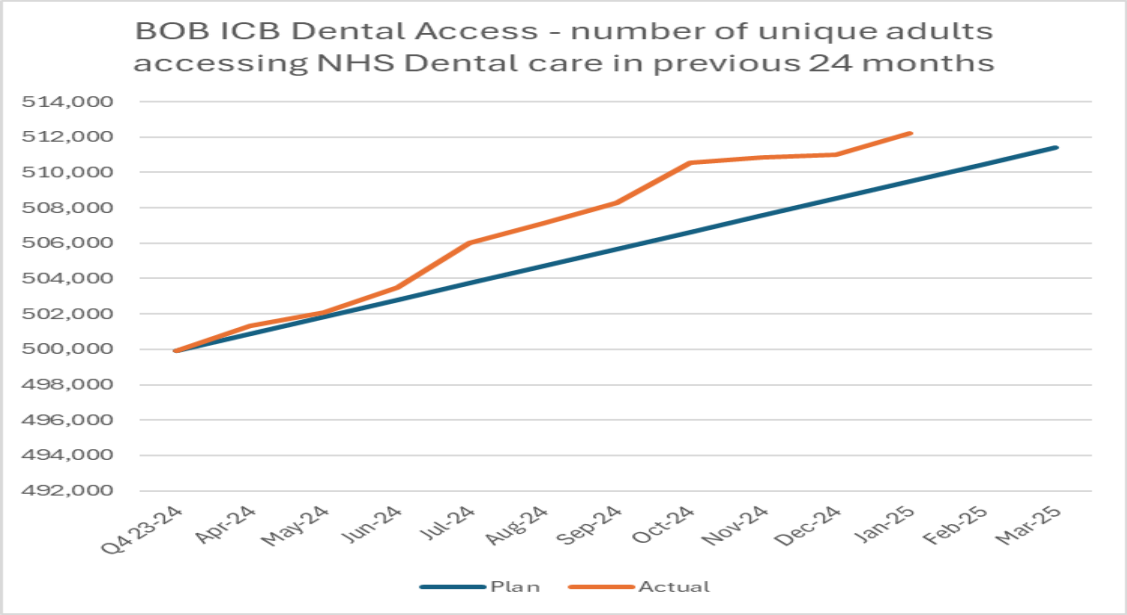
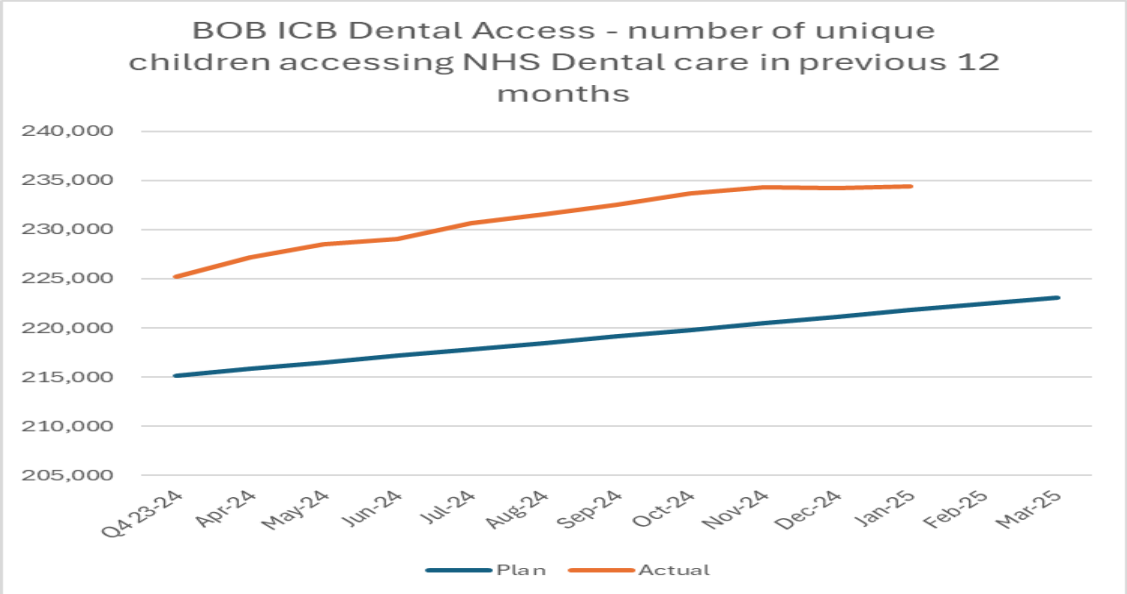
The WTE increases are mainly driven by substantive and Bank use. Increased resident doctors/trainees also continue to be a key driver of substantive workforce use.

Increased Bank use is mainly in response to increased clinical demand including ERF and winter pressures.. Higher Bank use is also a result of continued movement away from Agency cover, bringing a positive financial impact as a result.



Dentistry/High Street Dental Services – Access 2024-25

Jan 25



Delivery against activity plan (M10)

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 January , the ICB was ahead of target with 234,392 unique children attending in the previous 12 months and 512,006 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 is due to be approved in February.
- 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 nearly 15,000 patients seen to the end of January 2025.
- In response to the new government manifesto commitment to commission an additional 700,000 urgent dental appointments nationally, practices started to provide additional urgent appointments from 6th January. This is now part of the Operating Plan for 2025-26 and plans are being developed to commission additional appointments from April 2025 until it is incorporated into national contract.

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