

## BOB ICB BOARD MEETING

<b>Title</b>	Performance and Quality Report		
<b>Paper Date:</b>	26/06/2025	<b>Meeting Date:</b>	08/07/2025
<b>Purpose:</b>	Information / Discussion / Assurance	<b>Agenda Item:</b>	09 - Performance and Quality Report
<b>Author:</b>	Ben Gattlin Assoc. Dir. of Performance	<b>Exec Lead/ Senior Responsible Officer:</b>	Matthew Tait Interim Chief Delivery Officer
<b>Executive Summary</b>			
<p>The May Board paper outlined the intention to refresh the Performance &amp; Quality report in-line with the Elective Reform paper and the 2025/26 Operational Planning Guidance. Unfortunately, that has not been possible in-time for M1 report. The ambition to refresh the report is still live and will be achieved for the next Board meeting. New metrics will be introduced, some existing ones removed, and the report will feature redesigned graphics and a revised structure.</p> <p>The current report continues to give a high-level overview of the performance of the ICB and NHS partners across the Integrated Care System.</p> <p>The report maintains focus 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"> <li>• Urgent and Emergency Care – 4 Hour standard</li> <li>• Elective – Long Waits</li> <li>• Learning Disabilities and Autism – Children and Young People (CYP)</li> <li>• Cancer - 62 days - % and the total number of patients waiting over 62 days.</li> <li>• Primary care access – (all patients given appointment within 2 weeks)</li> </ul> <p>Note the report title page states M1 (April 2025) however the data contained within the report is provided as the latest publishable data, in some instances this could be December 2024 or as recent as May 2025.</p> <p>The report gives a high-level overview of performance for NHS partners across the integrated care system and focuses on five key areas with additional wider performance oversight measures information.</p> <p><b>Urgent and Emergency Care – 4 Hour standard – target 78% by end of March 2026</b></p> <ul style="list-style-type: none"> <li>• Performance across Buckinghamshire, Oxfordshire, and Berkshire West (BOB) was 77% in May 2025, an improvement of 1.8% on May 2024.</li> <li>• 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).</li> </ul>			

- 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 operational planning target for 2025/26 remains at 78% for 4-hour performance but a further ambition of a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25. This will be included in the refreshed report.

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

- BOB providers reported 173 patients waiting longer than 65 weeks at the end of April 2025.
- A validation 'Sprint' exercise has commenced to support cleansing of waiting lists to improve reporting accuracy – further validation sprint exercise confirmed by NHSE for Q2.
- The focus for 2025/26 will be to improve the percentage of patients waiting no longer than 18 weeks for treatment whilst reducing the proportion of people waiting over 52 weeks to less than 1% of the total waiting list. This will be included in the refreshed report.

**Learning Disabilities and Autism** – 2025/26 target; reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction.

- BOB traditionally performs well for this metric, previously rated against a per million of population basis<sup>1</sup>.
- Note the executive summary page still displays the 2024/25 targets and per million calculations however the focused page has been updated and displays actual figures against our quarterly plan.
- BOB appears on track to meet Q1 expectations, this will be reported once June data is available.

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

- 62-day combined performance in April 2025, 65.4% which is short of the new target; to improve performance against the headline 62-day cancer standard to 75% by March 2026.
- Performance of Faster Diagnosis Standard (FDS) 77.5% in April. This is also short of the updated 2025/26 target; Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026.

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

- Percentage of GP appointments seen within two weeks was 86.9% in April a 1.5% reduction compared with the previous month (March 2025).
- 849K appointments took place in M1 3.6% fewer when compared to the previous M1 period. This reflects the impact of Easter.
- The operational planning guidance for 2025/26 places more emphasis on patient satisfaction. This will be measured by the ONS Health Insights Survey

<sup>1</sup> 30 per million for adults and 15 per million for children

and when available published in the new version of the performance and quality report.

**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)

- There were 1349 total births across the system in April which is average.
- Smoking disclosed at time of booking and smoking at the time of delivery both remain under 5%
- Breastfeeding initiation rates continue above the mean of last two years
- Neonatal deaths show common cause variation with data falling both above and below the mean. There were 0 still births across BOB in April.

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

- The ICB awaits learning from never event patient safety incident investigation at BHT
- Following maternity insight visits the ICB is awaiting reports.
- Ongoing support to trusts with paediatric audiology visit recommendations

#### 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 26/06/2025. System Productivity Committee.

# NHS Performance and Quality Report

## M1 - April 2025

Matthew Tait – Chief Delivery Officer






















Rachael Corser – Chief Nursing Officer

Ben Riley – Chief Medical Officer







# Scorecard - M1 - April 2025





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

Metric	Period	Target	Berkshire West	Buckinghamshire	Oxfordshire	BHT	OUH	RBFT	BOB ICB	South East	England
A&E attendances – Total number of attendances at A&E departments	May 2025					 77.6%	 75.8%	 71.2%	 77.7%	 77.5%	 75.4%
Cancer Referral/Upgrade to First Treatment Standard (62-day standard) - Commissioner	Apr 2025	85%	 73.2%	 65.5%	 60.0%	 64.7%	 56.4%	 75.5%	 65.4%	 72.5%	 71.7%
GP appointments - percentage of regular appointments within 14 days.	Apr 2025		 87.3%	 85.4%	 87.7%				 86.9%	 86.4%	 87.7%

### Planned Care Metrics



Category	Metric	Period	Target	Value	Variance	Assurance
Activity	RTT 65 Week Waits	Apr 25	0	173		
Quality of Care, Access and Outcomes	GP appointments - percentage of regular appointments within 14 days.	Apr 25		86.9%		

### 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	Feb 25	30	40.2		
	Under 18 inpatients with a learning disability and/or autism per million head of population	Feb 25	15	13.3		

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

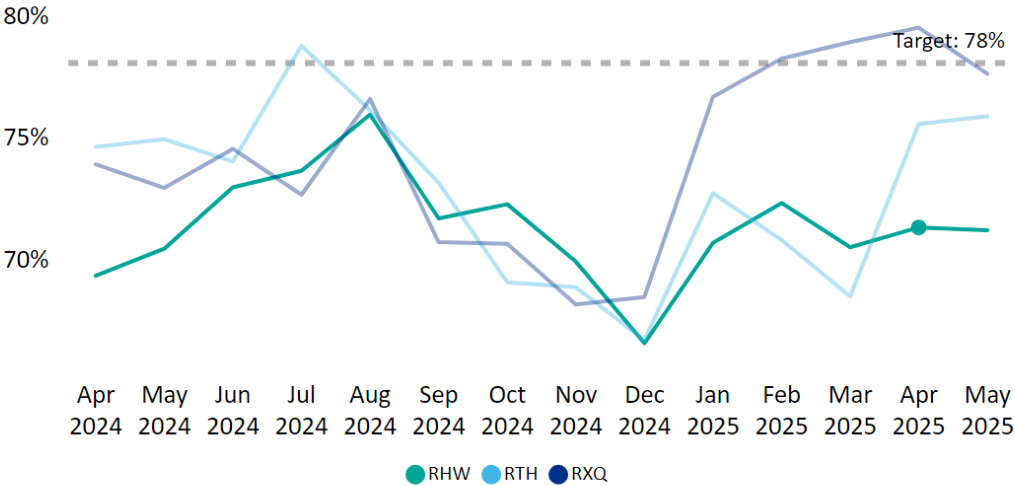
### Cancer Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Cancer	Cancer Referral/Upgrade to First Treatment Standard (62-day standard) - Commissioner	Apr 25	85.0%	65.4%		

### Urgent Care Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Urgent Care	Percentage of patients who spent 4 hours or less in A&E	May 25	78.0%	77.0%		

A&E attendances – Total number of attendances at A&E departments



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%	77.6%	⬇️	77.0%	-0.6%
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	78.0%	71.3%	⬇️	71.2%	-0.1%
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	78.0%	75.5%	⬆️	75.8%	0.3%
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	78.0%	79.5%	⬇️	77.6%	-1.9%

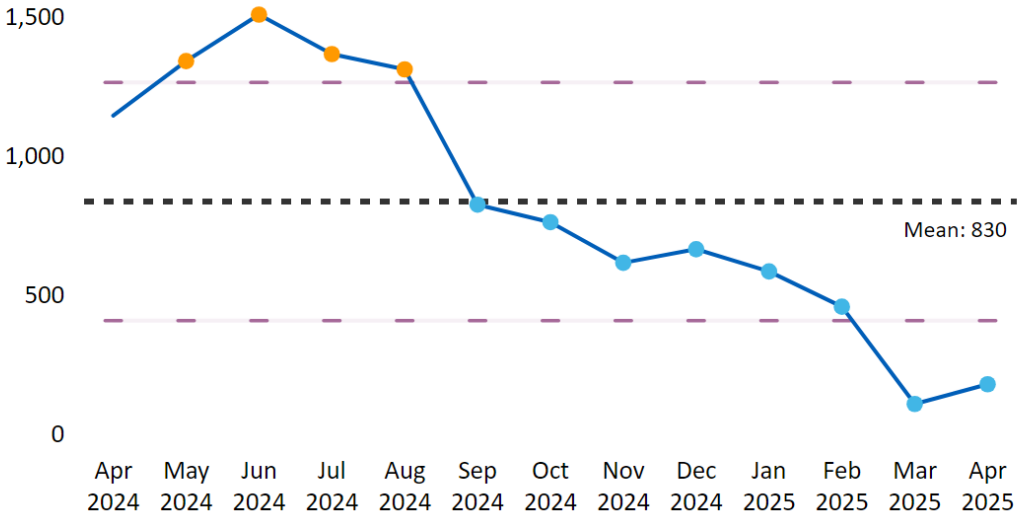
Actions

- All three acutes have ED improvement plans in place to support recovery of all types with delivery overseen at place UEC Boards.
- Alternatives to ED continue to be promoted to reduce the pressure on departments, including; Urgent Community Response (UCR), Virtual Wards (VWs), 111, 111 online, and Urgent Care Centres (UCCs/UTCs/MIUs).
- System Single Point of Access (SPOA) group continues to work with partners to promote and increase utilisation to reduce ambulance conveyances where clinically appropriate
- Teams continue to drive down delayed discharges/nCtR through the Transfer of Care Hubs
- Work instigated to review Paediatric ED performance and potential improvement opportunities
- Baseline assessment being undertaken against the UEC Care Plan 2025/26 published 6th June.
- Scoping work underway for Winter preparedness

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.

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	102	⬆️	173	71
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	0	1	⬆️	4	3
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0	63	⬆️	115	52
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	0	1	⬆️	1	0

Actions

- The Acute Provider Collaborative (APC) continues to work with the ICB to minimise the volume of 65wk breaches and reduce the overall waiting list size
- Validation sprint has commenced to support cleansing of waiting lists to improve reporting accuracy – further validation sprint exercise confirmed by NHSE for Qu2
- Work is underway within the APC to agree load balancing initiatives to better align demand with capacity within challenged specialties e.g. urology and plastics
- An ICB led Advice and Guidance Working Group has been established to support delivery of the A&G framework requirements published by NHSE

Risks

- Displacement of elective activity resulting from 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
- Industrial Action



## Operational Planning 25/26

Patients on Extended S17 leave have been excluded from the Inpatient numbers from Nov-24 as per National new methodology for official inpatient count.

VES... ▾

### Autistic Adults by month



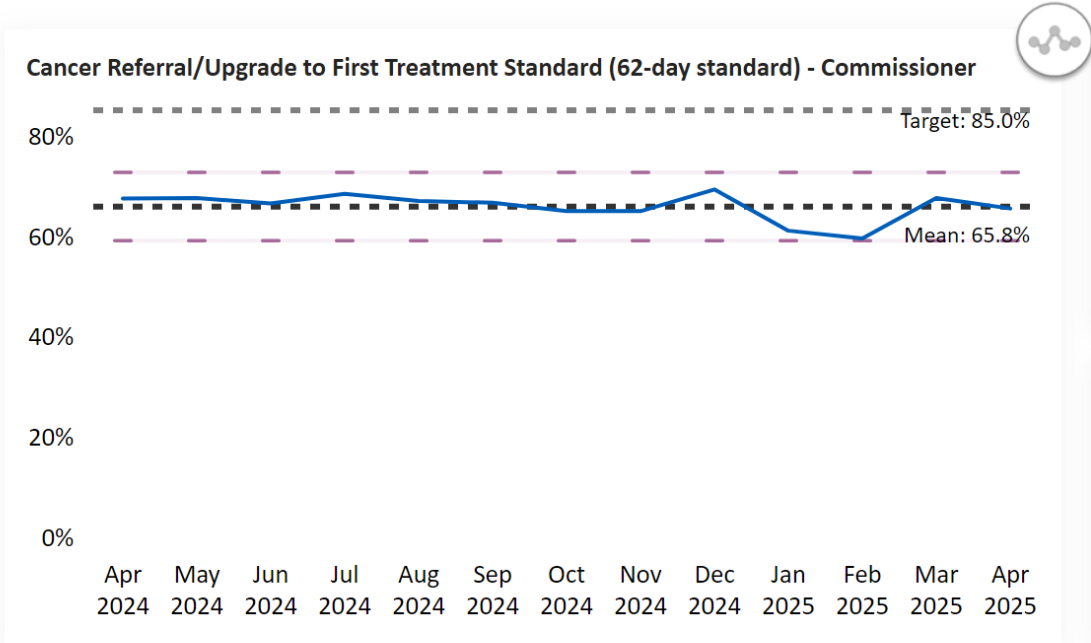
### Adults with Learning disabilities by month



### Children and Young people inpatients by month







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%	67.5%	⬇️	65.4%	-2.1%
RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	85.0%	78.6%	⬇️	76.2%	-2.4%
RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	85.0%	59.3%	⬇️	54.4%	-4.9%
RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	85.0%	58.3%	⬆️	69.3%	10.9%

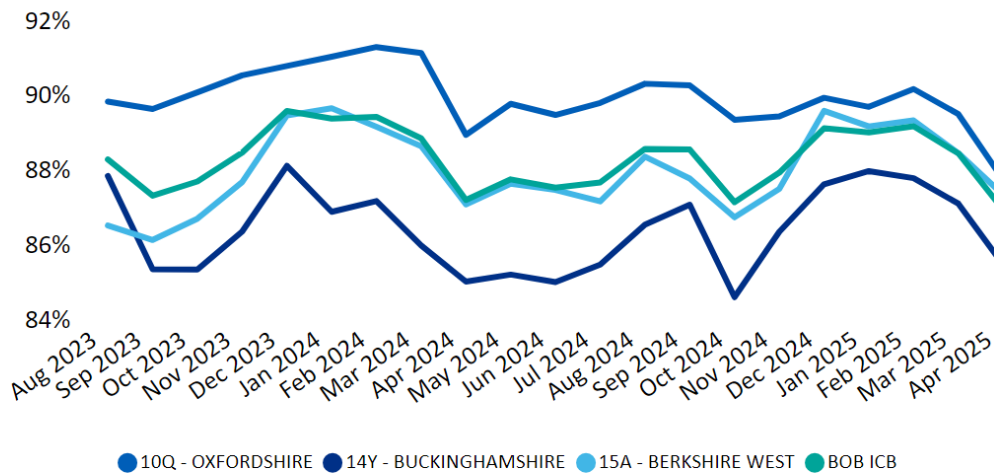
BOB ICB Performance April 2025 (validated):

- 28-day FDS compliance for April 25, reported a position of 77.5%, a marginal dip from March's position of 79.6%. OUH (76.2%) and RBH (78.1%) saw marginal decreases from the previous month however BHT (79.6%) saw a slight increase. All 3 Trusts were non-compliant with the 25/26 National target of 80%.
- The 31-day combined position reported for April 2025 was 82.2%, down 5% in relation to March's position. The Trust driving this position is OUH (74.2%) which has seen its position drop by 6.7% compared to March 25. RBH (87.3%) and BHT (83.3%) have also seen decreases compared to March by 3.8% and 1.2%, respectively.
- At Trust level, BHT's position of 69.3% was driven by delays in urology, LGI and Skin pathways. Issues persist at the end of the urology pathway due to theatre capacity and doctor availability. LGI capacity challenges in endoscopy remain CTVC reporting times are a bottle neck for the pathway but improving with frequent escalation. 'MOPs Super Week' planned to target the skin backlog, aiming to clear 100 in a week. Impact analysis on 62-day performance shared with COO.
- OUH's position of 54.4% was driven by lung, gynae and urology. On the lung pathway, extra theatre lists are being repurposed from vascular, currently an additional 2 lists per month, hoping to increase. Capacity issues remain with gynae outpatient and inpatient hysteroscopy. A new hysteroscopy kit is being trialled currently to improve efficiency of outpatient hysteroscopy and gynae lists agreed over run each day to allow extra capacity. For urology, issues with MRI reporting- due to staff shortages, extra clinics being run in urology to catch up. Pathology currently being outsourced. All urology pathways picking up weekend operating lists and extra capacity.
- RBH's position of 76.2% was driven by gynae, LGI and UGI. There has been an increase in referral volumes particularly for gynae, LGI breast and skin. Pathology team invited to recent Gynae meetings due to delays identified in that pathway. They are now forming a dedicated CAG to address wider performance issues. Starting a full end-to-end review of LGI pathway with a focus on impact of nurse triage, surgical capacity, and demand.

# Primary Care Access

Apr 2025

Percentage of GP Appointments seen within 14 days of being booked



## These metrics measure:

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

## How we are performing?

	Target	Prev Month	Performance	Curr Month	Diff
BOB ICB		88.4%	⬇️	86.9%	-1.5%
15A - BERKSHIRE WEST		88.4%	⬇️	87.3%	-1.1%
14Y - BUCKINGHAMSHIRE		87.1%	⬇️	85.4%	-1.6%
10Q - OXFORDSHIRE		89.5%	⬇️	87.7%	-1.8%

## Actions

Decrease in 14-day target observed in M1 across the whole of BOB. Circa 849K appointments took place in M1 3.6% fewer when compared to the previous M1 period. This reflects the impact of Easter. Addressing improvements in Access continue to be supported through:

- Digital: ICB continues to support the core digital tools required for general practice access.
- Monitoring & support: Monitoring of practice performance being conducted through evaluation of indicators in the Primary Care Quality Dashboard and 3-year rolling programme of practice visits with 60% of visits having been conducted.
- Pharmacy First – Community Pharmacy delivered 13,722 appointments for clinical consultations for seven conditions, blood pressure monitoring and pharmacy contraception service core component of Modern General Practice releasing GP time.
- Workforce Investment: continue to provide new to General Practice fellowship programme to 76 GPs. Community of Practice for personalised care roles relaunched. CPD funding for 2025/26 identified. Establishing process for funding to reach eligible staff to support Practice needs and ICB strategic priorities.
- Planning & Primary Care Strategy: The team has been focused on developing further the plan to achieve the operating plan commitments for primary care. This will include aligning our dashboard with that regionally and the FDP and taking forward modern general practice actions with our contracting, commissioning and transformation teams.

## Risks

### Collective Action

BOB ICB has one current area of local action whereby primary care has served notice. This is in relation to community appliance prescribing and this is being managed by the relevant ICB team with guidance from the primary care team.

Quality Scorecard

Metric	Target	BOB ICB	RBFT	OUH	BHT
SHMI	Lower is Better		1.0484	0.9054	0.8411
Never Events	0				

Actions

- Await learning from never event patient safety incident investigation at BHT
- Awaiting maternity insight visit reports.
- Ongoing support to trusts with paediatric audiology visit recommendations.
- ICB quality visit to St Andrews and review of 3 patients from BOB

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

How are we performing?

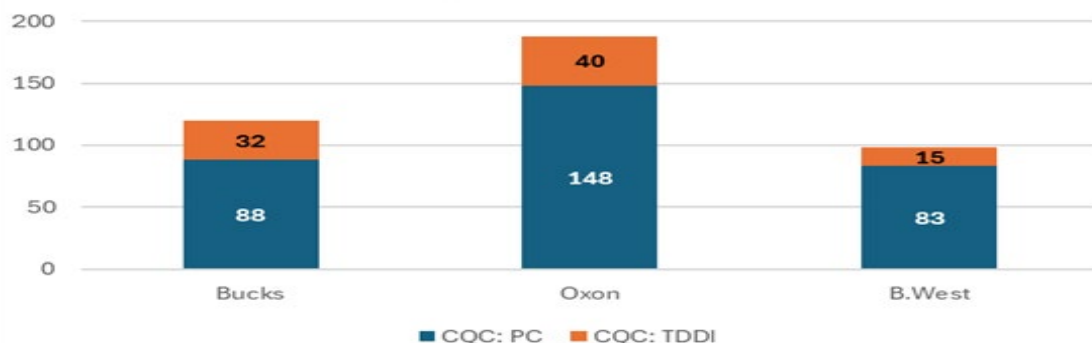
- Never Event declared at BHT : The incident involves a patient who underwent a cardiac catheterisation lab procedure on 5 June 2025. During the procedure, the wrong sequence of stents was used, resulting in the implantation of a stent different from the one intended by the operator. Consequently, this incident is classified as a Never Event, under the category of Wrong implant/prosthesis.
- Maternity OUH – Maternity safety support programme continues.
- Maternity insights visit to RBH undertaken, awaiting feedback letter
- CQC inspection of forensic services at OH - overall rating GOOD, all 5 domains rated GOOD
- CQC issued a notice of proposal (NoP) to impose conditions on St Andrews' Healthcare registration due to a failure in:
- Workforce competency (e.g. BSL-trained staff, dementia, autism, DBT care)
  - Inconsistent application of care models (Kitwood’s dementia care)
  - Unsafe environments and infection prevention failures
  - Inadequate risk management for dehydration and malnutrition
  - Serious safeguarding concerns and use of blanket restrictions
  - Inaccurate incident reporting and lack of oversight
  - Widespread failure to meet person-centred care principles

# All Age Complex and Continuing Care Quality Assurance and Contracts

## Emerging Quality themes

- Legal challenge from an Oxfordshire domiciliary care provider due to notice served by ICB following local authority serving no fault notice in line with their contract.
- Lack of BOB ICB overarching process regarding provider failure or suspension for AACCC commissioned provider.
- Oxfordshire S75 does not delegate quality assurance or contracting to Oxfordshire County Council.
- Legal advice sought confirmed that BOB ICB should currently make its own decision regarding serving notice to AACCC provider.
- Whilst BOB ICB can use local authority intelligence, there needs to be a formal mechanism to agree internally when BOB ICB serves notice to a provider on grounds of quality assurance concerns.
- There is a gap in quality assurance of complex providers (e.g. TDDI) who the local authority does not commission with, and therefore local authority led quality assurance reviews are not completed.
- Historical issue of Oxfordshire place team not issuing Individual Placement Agreements.
- No NHS standard contracts in place for domiciliary providers spot purchased by AACCC.

Total AACCC domiciliary care provider open by  
type and place



## Update on Quality improvement projects

- AACCC audit of all providers completed Q4 2024/25, provider directory now in place.
  - Provider Assurance Criteria (PAC) process in place for new providers.
  - Quality Assurance manager and Head of AACCC Commissioning drafting BOB ICB AACCC provider failure and suspension overarching policy.
  - Oxfordshire S75 deep dive meeting planned Q2 2025/26 to work through issues including quality assurance.
  - Report detailing AACCC providers, where gaps in quality assurance on AACCC spot purchased and complex (TDDI) providers, have been identified.
- 
- Patient safe and well checks are completed when provider failure or suspensions are in place. Patient feedback is included in review of suspensions.
  - In the case of the legal challenge, lack of an overarching process for provider failure or suspension led to a decision that upon further review has been revoked. This has led to 4 patients transferring from a provider where notice have been served by AACCC.
  - Whilst there has been no gap in care, the decision did impact patients directly.

There are 406 open domiciliary care providers commissioned by AACCC. There are differing arrangements at each place regarding quality assurance and contract monitoring:

**Bucks:** all QA and contracts within S75, therefore BCC provider failure process followed, **Risk** Complex domiciliary care (lot 2) spot purchased by AACCC directly.

**Oxford:** **Risk** all domiciliary care is spot purchased and S75 states QA and contract monitoring is ICB responsibility.

**Berks West:** **Risk** all domiciliary care is spot purchased, no S75 or MOU in place for suspensions or provider failure with local authorities.

# 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	Apr 25		06:44:00		
	Ambulance Handover Delays (>60 Minutes)	Apr 25		95		
Urgent Care	Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts)	Apr 25		840		

## 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	Apr 25	96.0%	83.7%		
	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer	Apr 25	85.0%	62.6%		
	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	Apr 25	90.0%	68.8%		
	Cancer 28 days wait (faster diagnosis standard) - Commissioner	Apr 25	75.0%	77.5%		

## Emergency Care Metrics

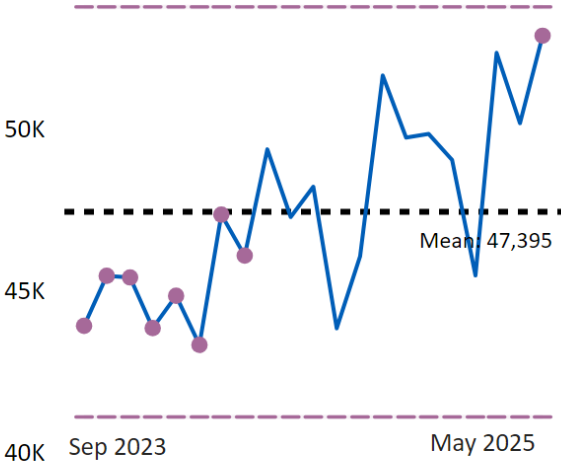
Category	Metric	Period	Target	Value	Variance	Assurance
Urgent Care	Total A&E Attendances	May 25		52,842		
	Percentage of patients who spent 4 hours or less in A&E	May 25	78.0%	77.0%		
	Over 12 hour waits from DTA to Admission	May 25		283		

## GP Appointments Metrics

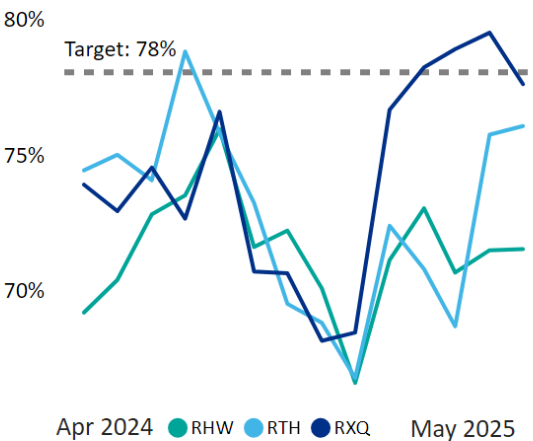
Category	Metric	Period	Target	Value	Variance	Assurance
GP Appointments	GP Appointments by Month split by modality - Video Conference/Online	Apr 25		43,635		
	GP Appointments by Month split by modality - Unknown	Apr 25		14,092		
	GP Appointments by Month split by modality - Telephone	Apr 25		269,053		
	GP Appointments by Month split by modality - Home Visit	Apr 25		10,670		
	GP Appointments by Month split by modality - Face-to-Face	Apr 25		511,856		

# Ambulance and Urgent and Emergency Care

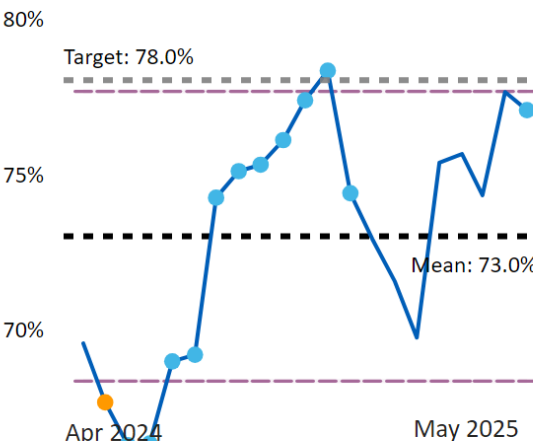
Total A&E Attendances



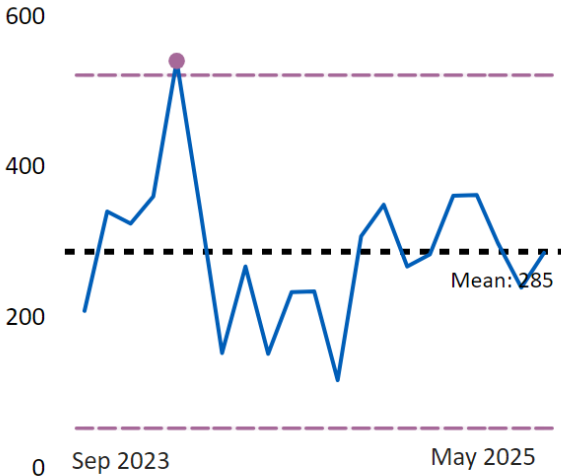
Percentage of patients who spent 4 hours or less in A&E



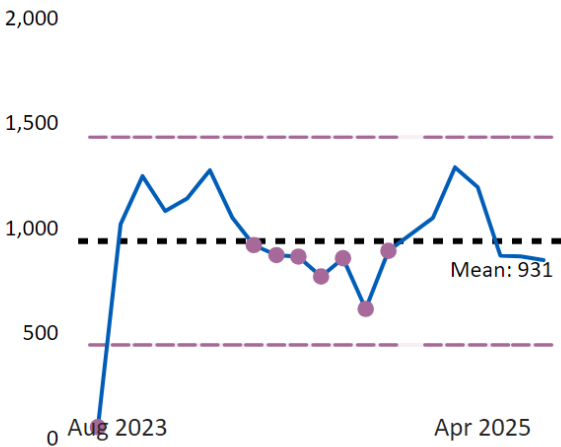
Percentage of patients who spent 4 hours or less in A&E



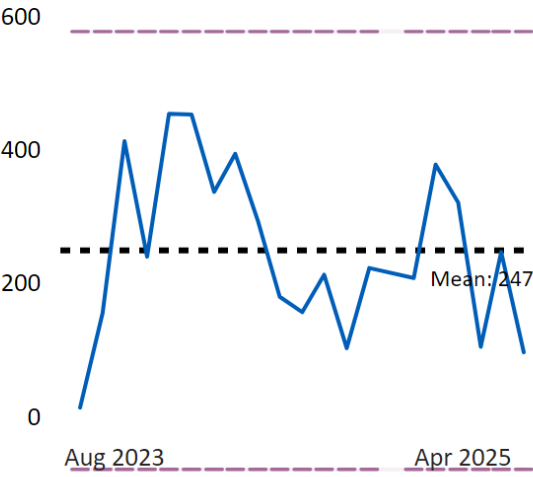
Over 12 hour waits from DTA to Admission



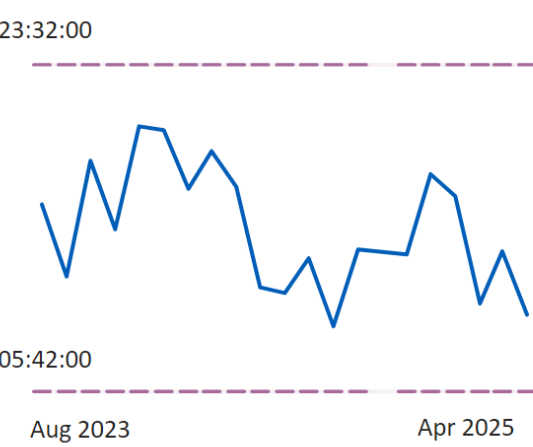
Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts)



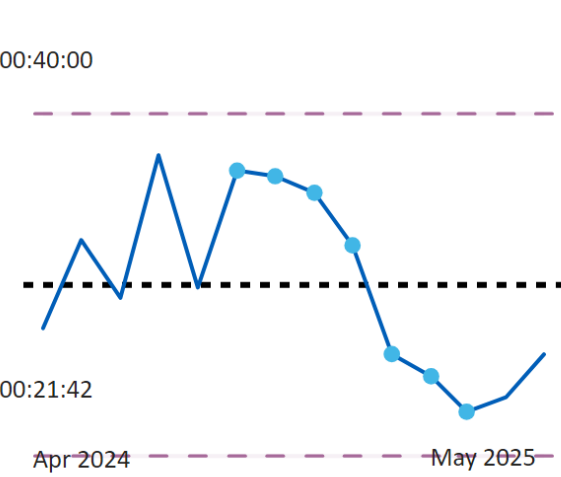
Ambulance Handover Delays (>60 Minutes)



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



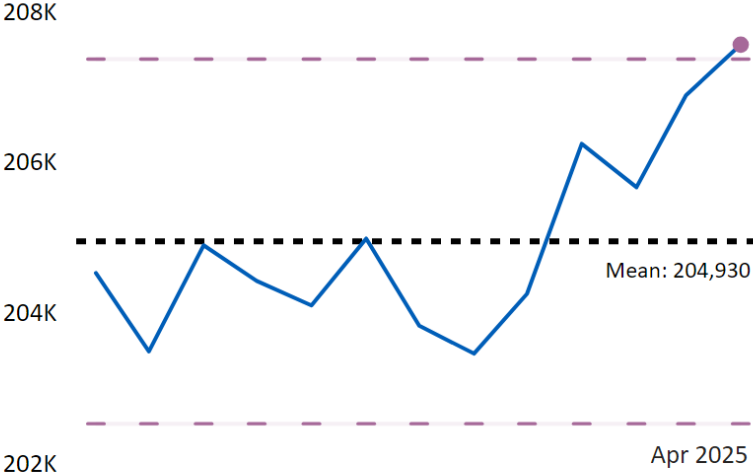
Ambulance Response Times - Mean Category 2



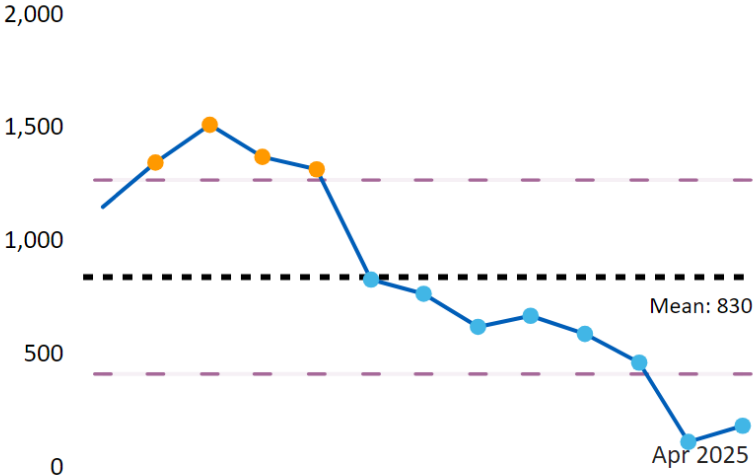


# Planned Care ICB

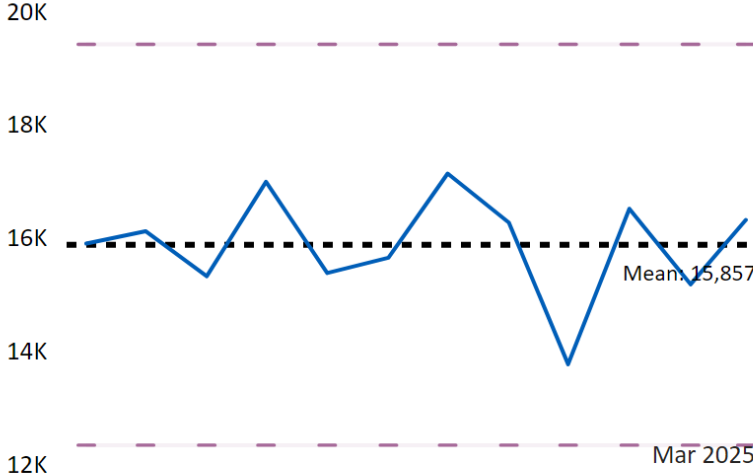
The total number of incomplete RTT pathways



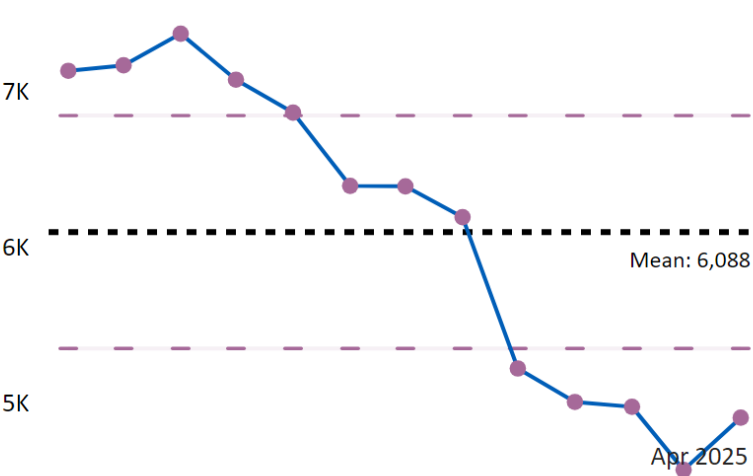
RTT 65 Week Waits



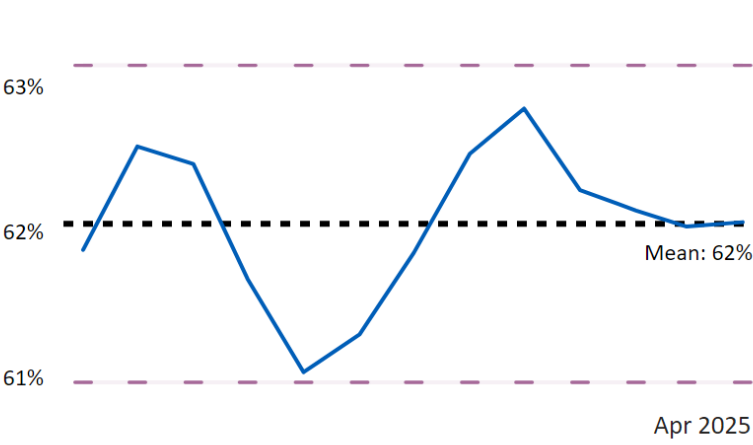
Day Case



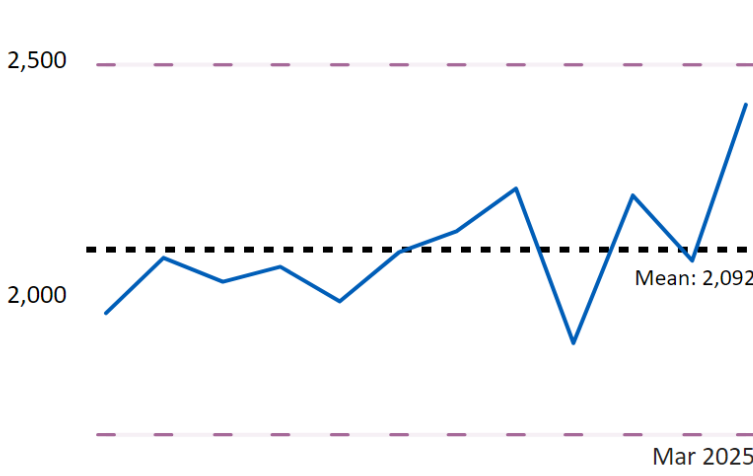
RTT 52 Week Waits



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

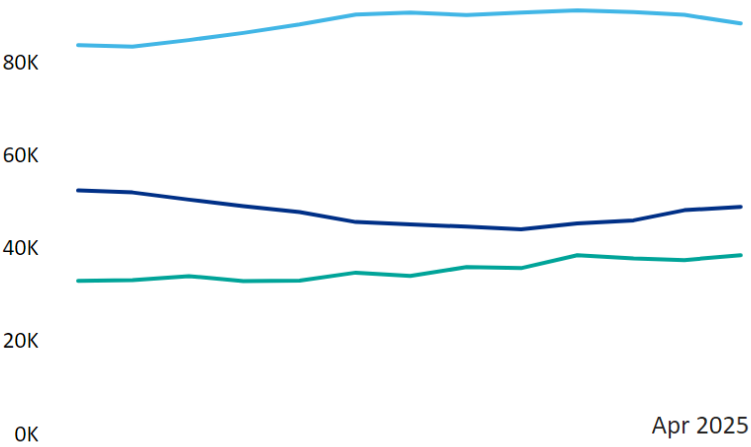
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RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

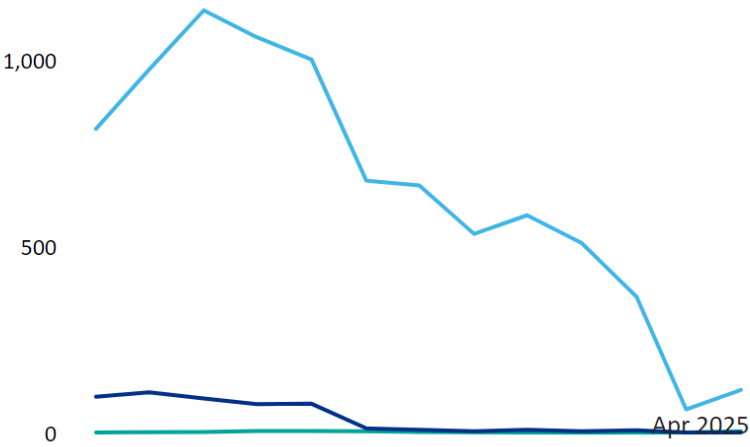
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RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST

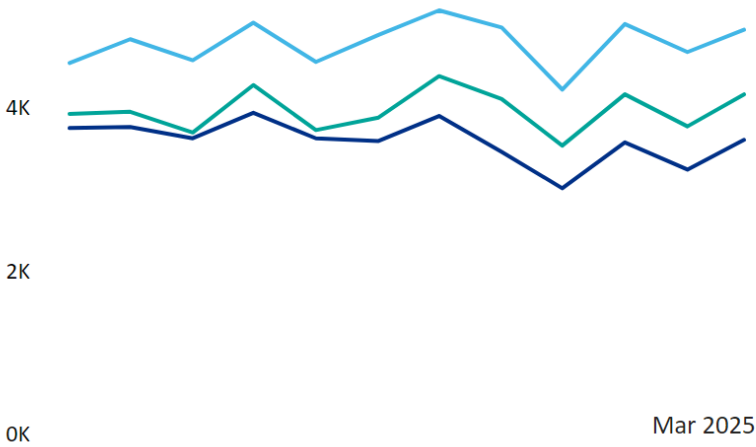
The total number of incomplete RTT pathways



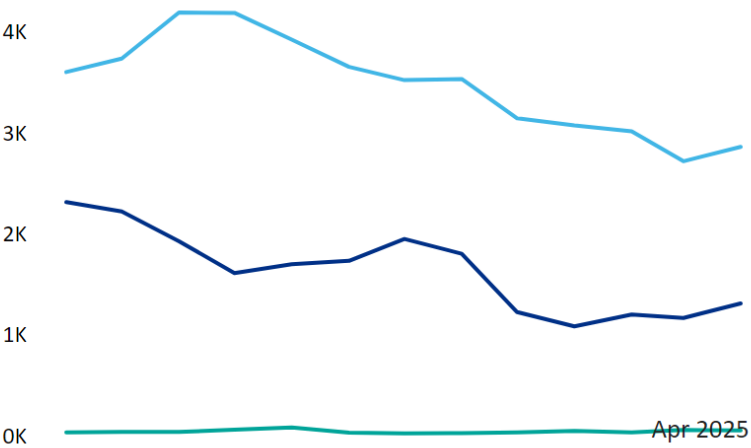
RTT 65 Week Waits



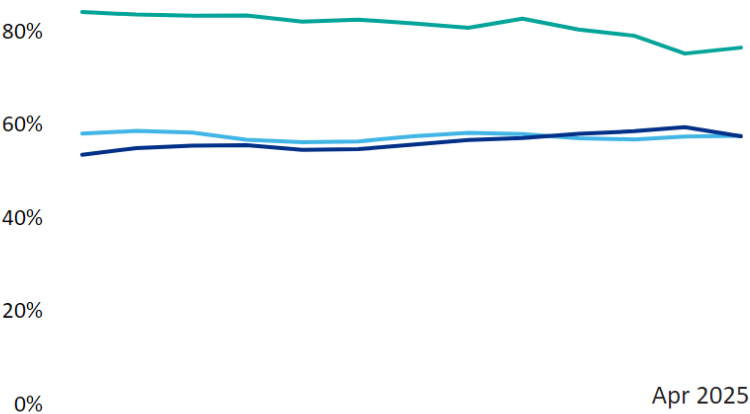
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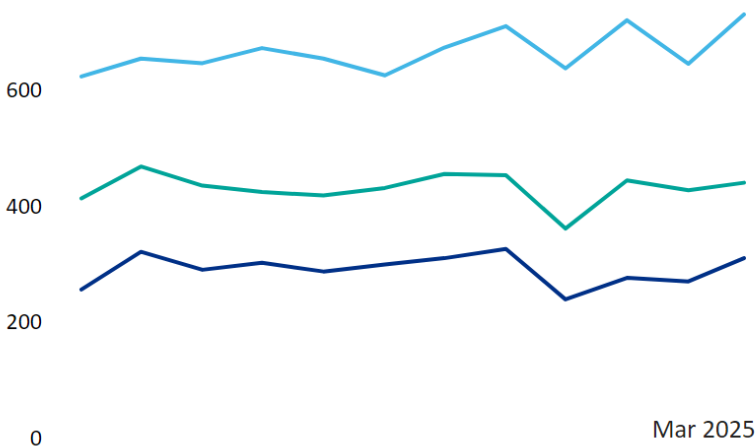
RTT 52 Week Waits



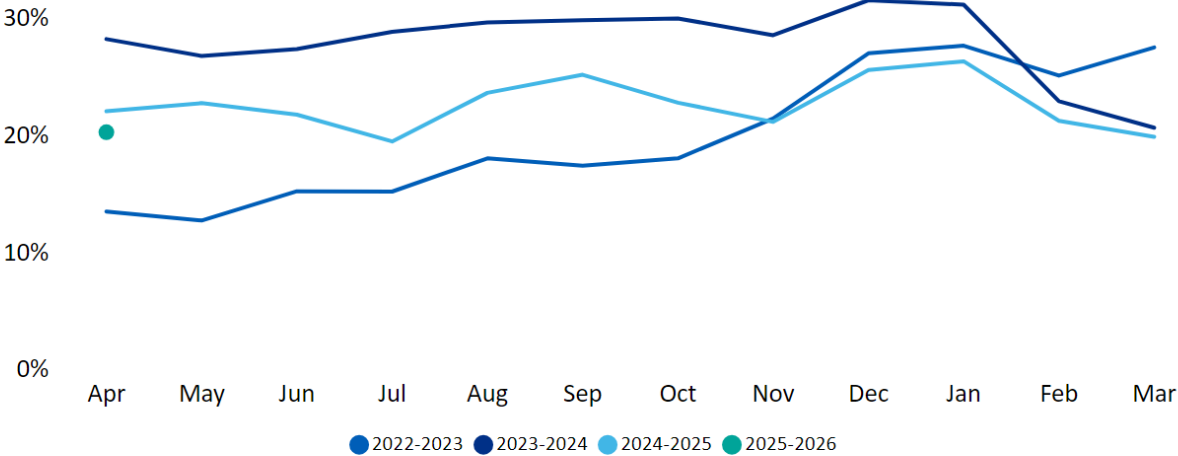
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period



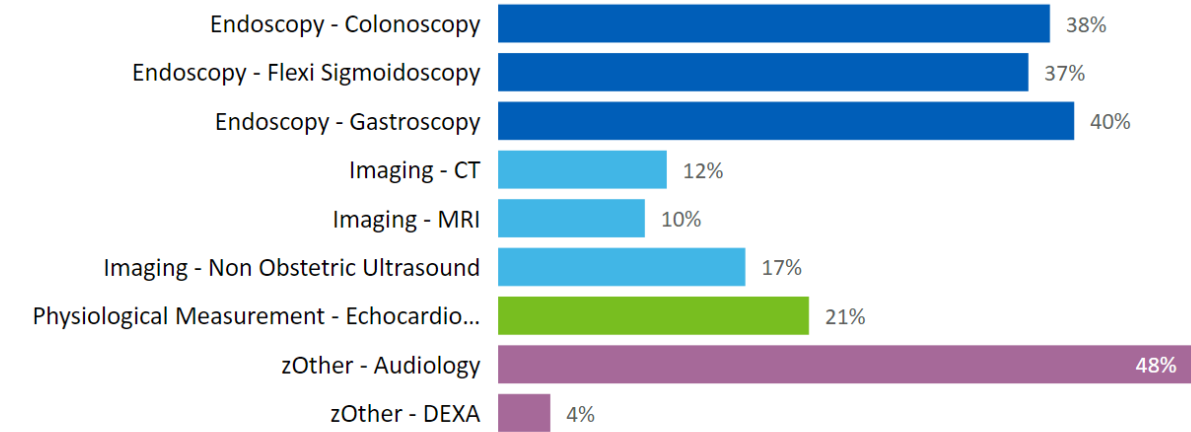
Ordinary



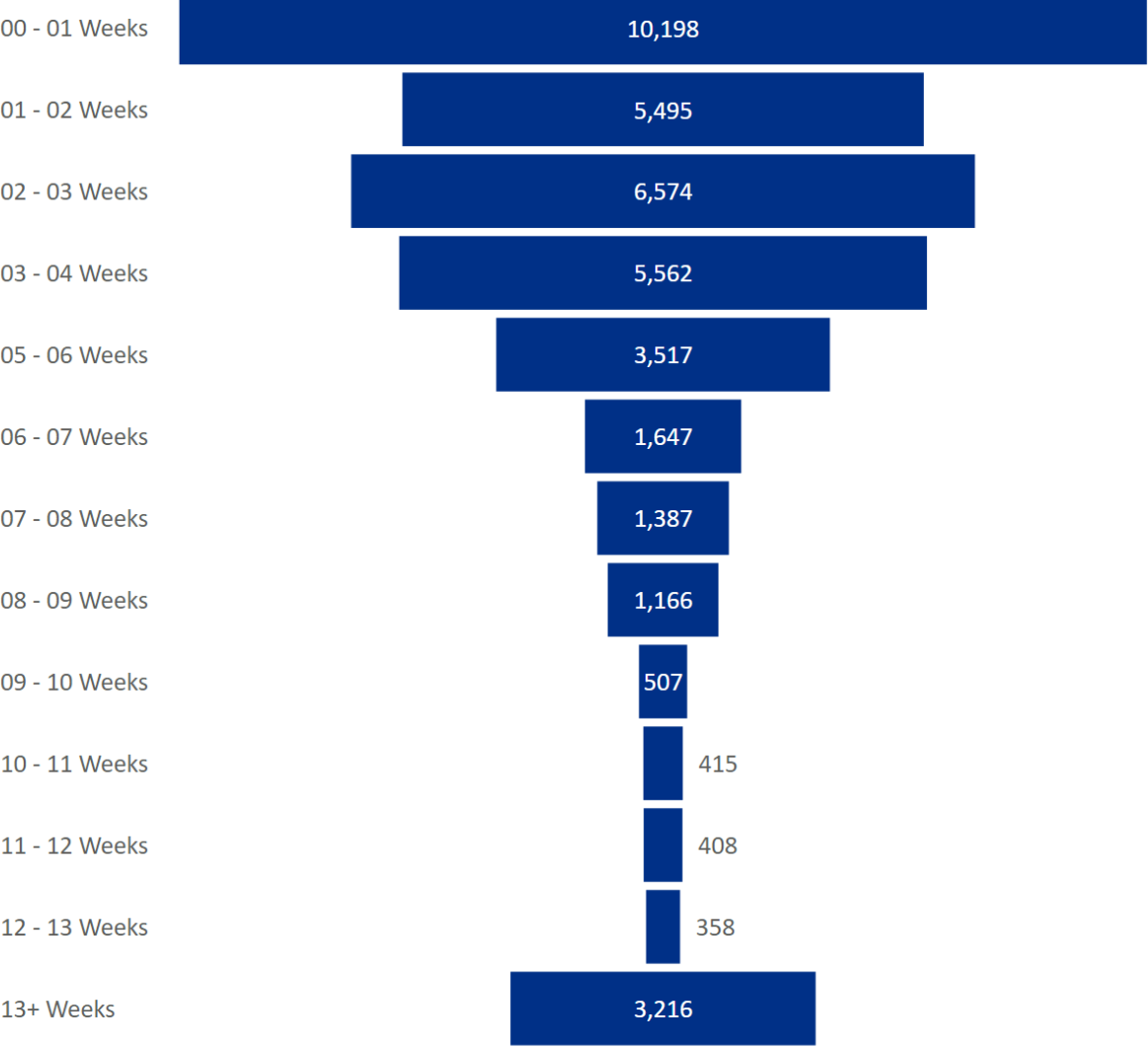
The percentage of patients waiting 6 weeks or more for a diagnostic test



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 (ages 0-17) mental health services access (number with 1+ contact)	Feb 25	26,531	24,990		



## Dementia and Out of Area Placement (OAP) Metrics

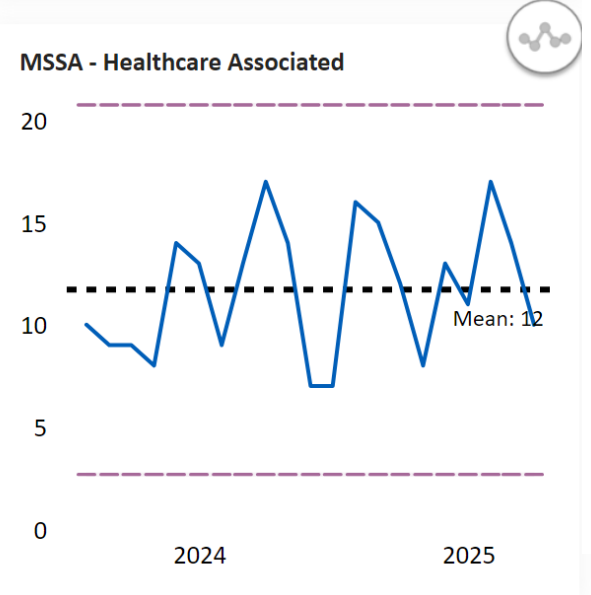
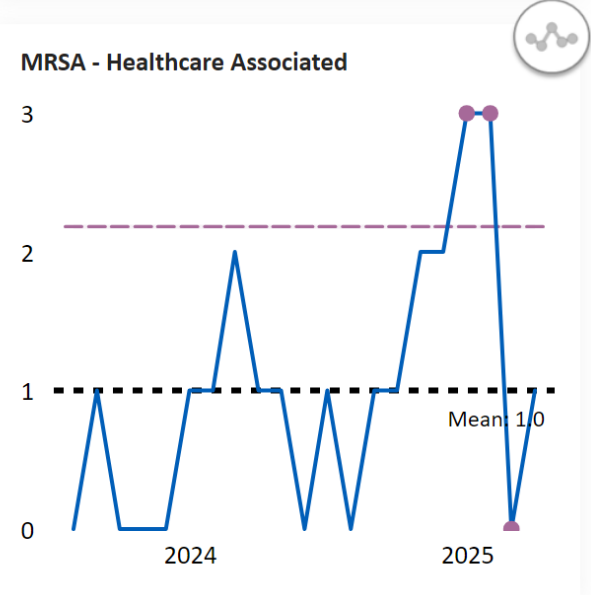
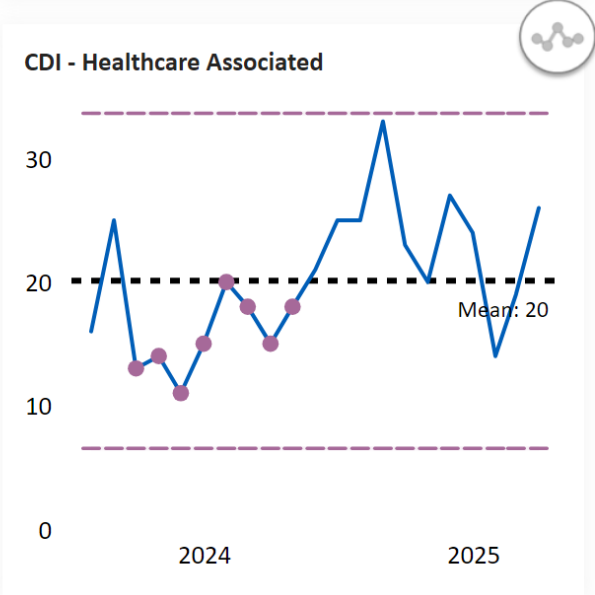
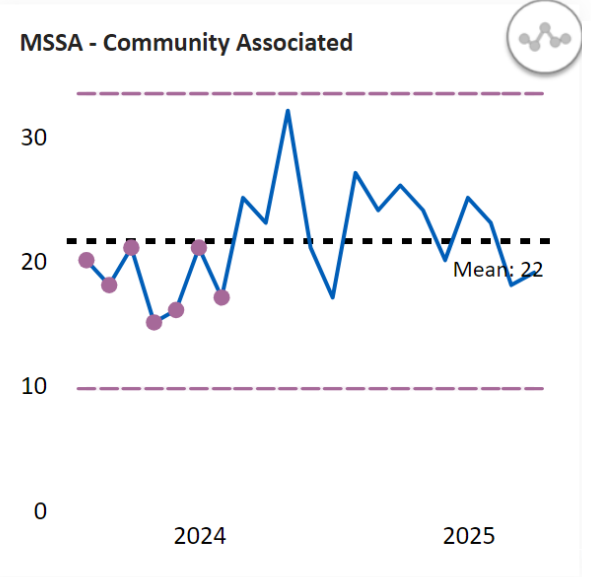
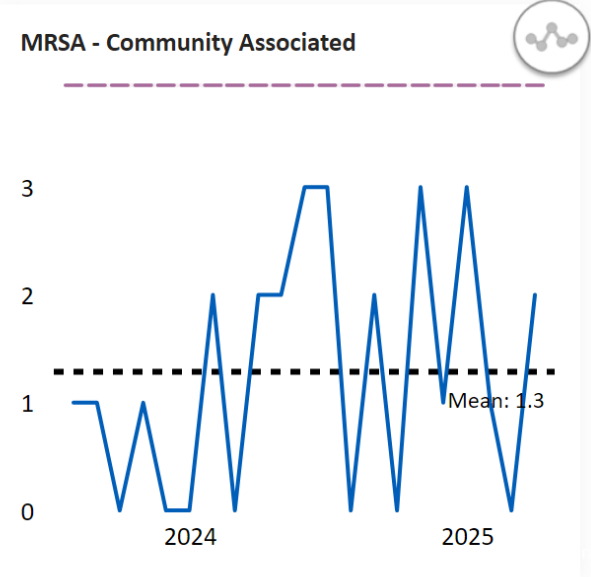
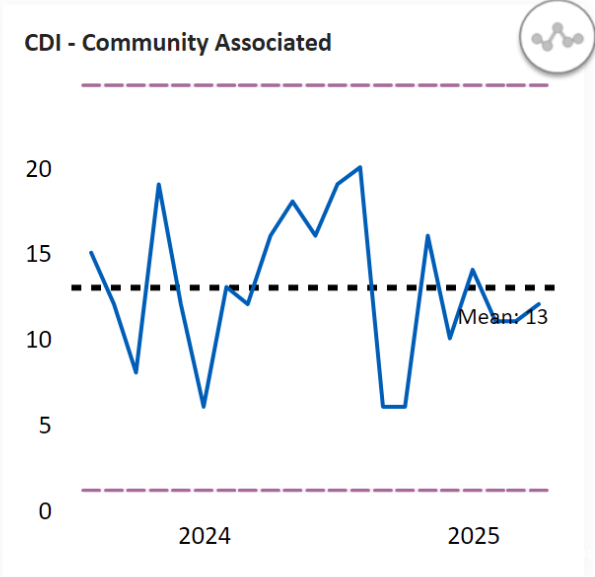
Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (internal or external) - Commissioner	Apr 25	0	15		
	Estimated Diagnosis rate for people with dementia	May 25	66.7%	62.0%		

## Talking Therapies Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Talking Therapies: Treated within 6 weeks	Apr 25	75.0%	97.4%		
	Talking Therapies: Treated within 18 weeks	Apr 25	95.0%	99.7%		
	Talking Therapies: Moving to reliable recovery (national)	Apr 25	50.0%	49.9%		
	Talking Therapies access (total numbers accessing services)	Apr 25	3,914	2,745		

## 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%		

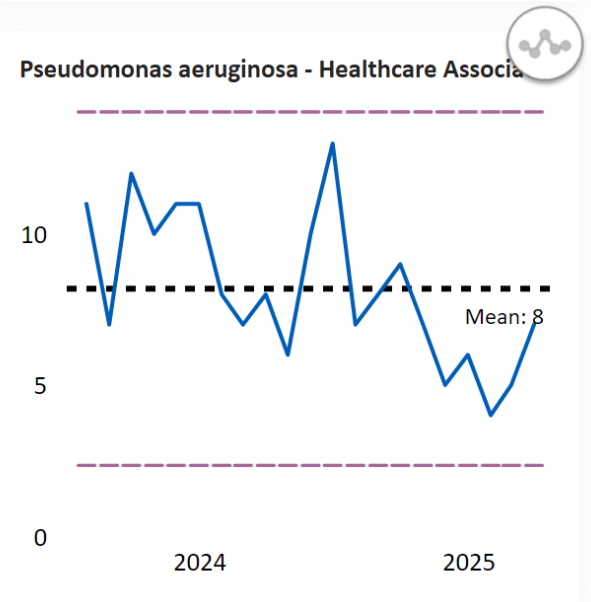
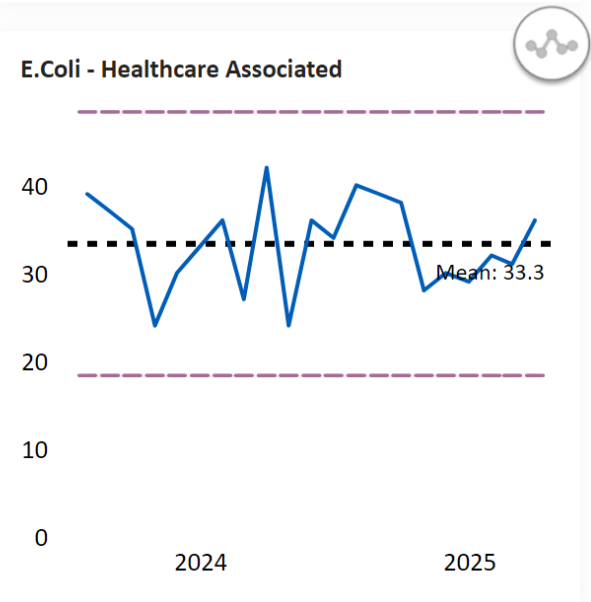
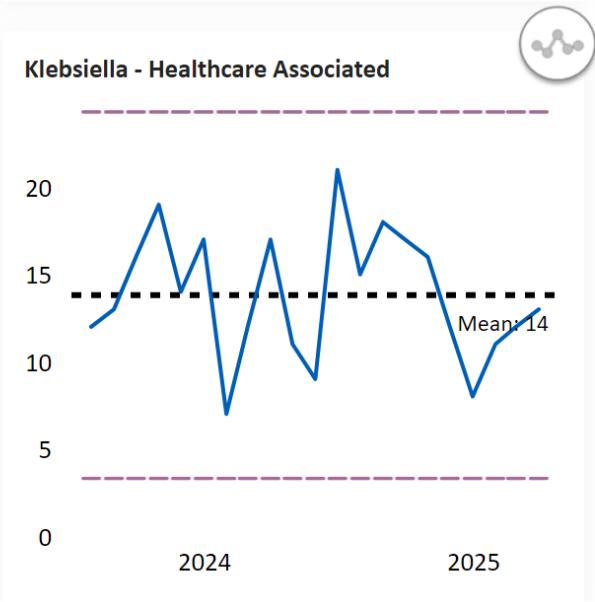
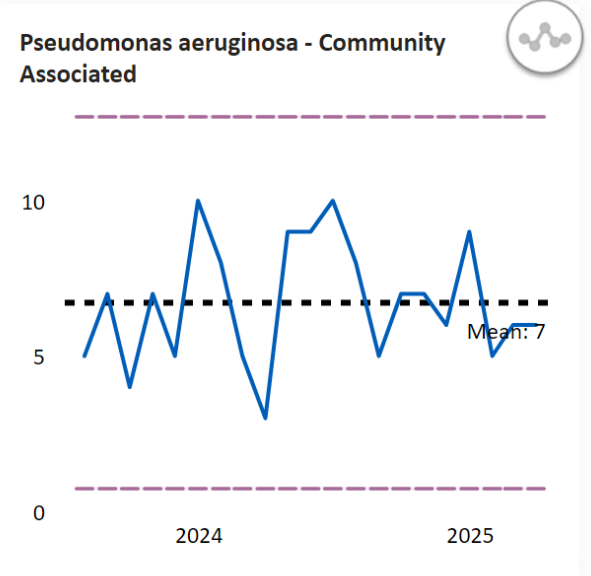
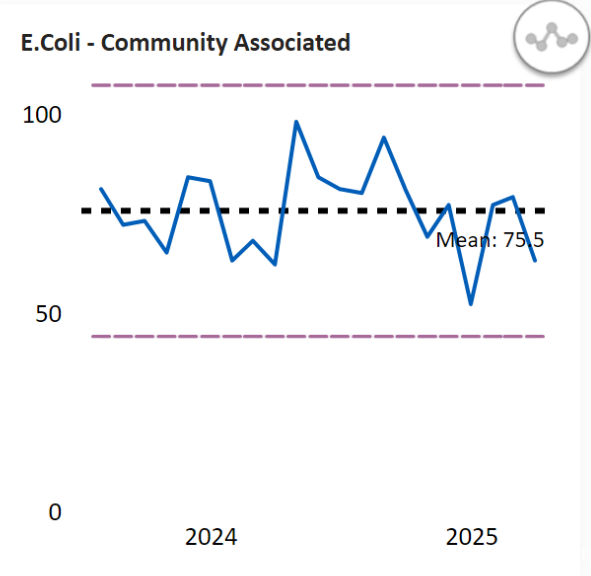
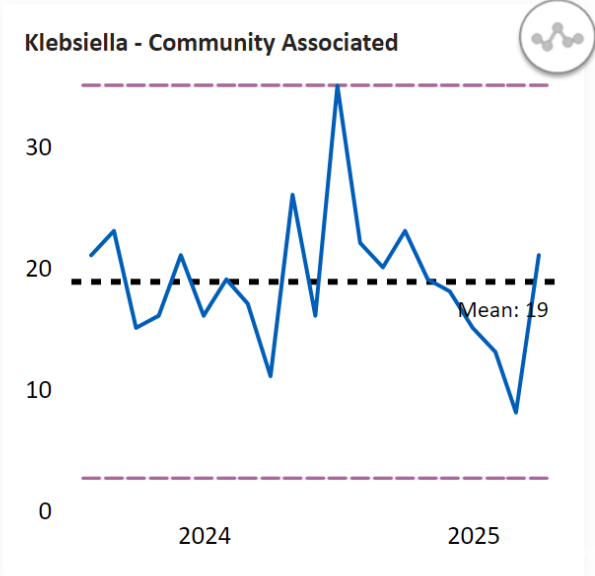


## How we are performing

The NHS Standard Contract 2025/26 Trust and ICB thresholds for CDI and GNBSI now published. In addition to Trust thresholds, publication of thresholds at sub-ICB level are included (previously published at ICB level). Thresholds for 2025/26 CDI cases ; Buckinghamshire 103, Oxfordshire 159, Berkshire West 112. Healthcare-associated infections (HCIs) remain a significant challenge across NHS England, with evidence pointing to multifaceted drivers behind the rising incidence of GNBSIs, other resistant infections, and antimicrobial resistance (AMR). Contributing factors include variations in antimicrobial stewardship (AMS), diagnostic practices, and application of infection prevention and control (IPC) measures. MRSA remains as zero tolerance, there is no set threshold for MSSA. Bucks is under trajectory for CDI in April, Oxon and Berks are over trajectory. In April , 3 MRSA bacteraemia's reported in Berkshire West, 2 samples from the same patient, one on admission as a community sample, the second during their admission as a hospital sample, risk factors include IVDU. The 3rd sample, although community onset has some healthcare learning opportunities from the investigation.

## Actions & Risks

The Covid 19 Spring booster campaign commenced 1st April and ran until June 17th and BOB has achieved a 61.5% uptake in eligible cohorts. The April MRSAB investigations have resulted in a review of community Podiatry and TVN team practice, findings awaited. A revised Community CDI analysis has been produced for 2025/26 and includes a simplified risk factor question and more details on the treatment of CDI. An abstract of this project has been submitted for the Infection Prevention Society (IPS) annual conference



**How are we performing**

The NHS Standard Contract 2025/26 thresholds for GNBSI has been published and as CDI is divided into sub-ICB level. Bucks threshold for E.coli 378, Oxon 475, Berks 349, Kleb (108, 147, 94) respectively, P. aeruginosa (48, 76, 36) respectively. Bucks and Oxon have exceeded the E.coli threshold in April, Berks has reached the set threshold. Bucks has exceeded Klebsiella threshold, Oxon and Berks have reached this for April. Bucks and Berks have exceeded the P.aeruginosa threshold, Oxon remains within it.

**Actions & Risks**

Care Home outbreaks have reduced from 15 in March to 8 in April. There has been a concern raised regarding IP&C practice in Care Homes and Domiciliary care including hand hygiene and use of personal protective equipment (PPE). A quick reference guide has been co-created as an education and training resource between ICB and the Social care provider Connect 2 Flexicare and shared across BOB Care Homes and Domiciliary care providers.

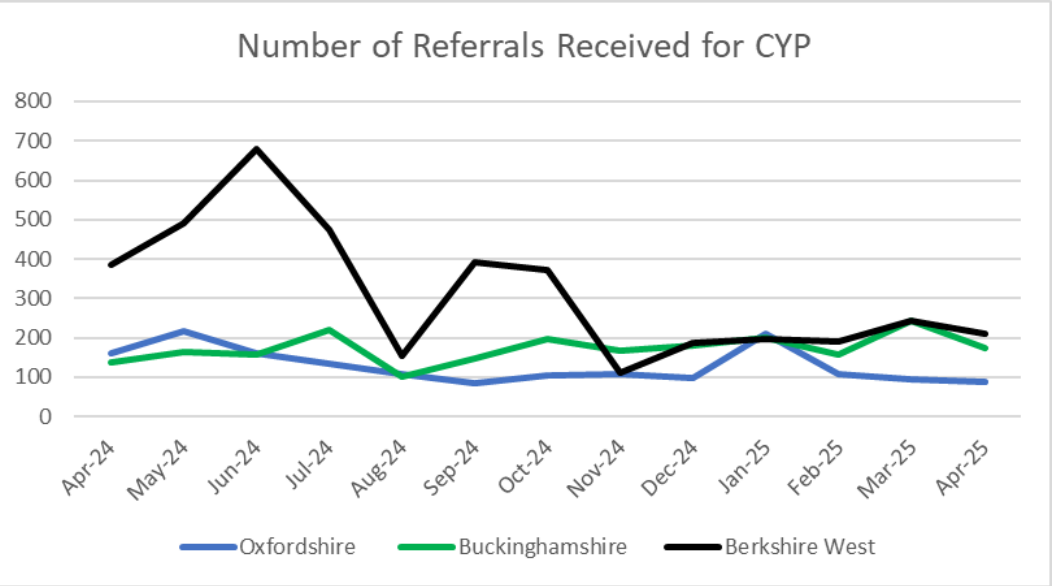
The Royal National Orthopaedic Hospital and TB GIRFT project have co-produced a TB Stakeholder Implementation Summary report following release of the National report, based on 18 categories of recommendations. The 3 TB teams and ICB are meeting to align a BOB response.

A case of Diphtheria was identified in a Berkshire West GP practice, from a patient's chronic wound resulting from scoliosis surgery. Both the patient and the 2 household contacts are fully vaccinated against Diphtheria and have no symptoms. The patient's previous occupation involved dog handling and there are a number of pets living at home. The patient and contacts have been provided with prophylactic antibiotics and advised of symptoms to be aware of. The healthcare staff risk assessed, but were wearing appropriate PPE, therefore with this good practice no further precautions were required.

# 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)	4356 (Apr 2025)
Buckinghamshire CYP (Autism & ADHD)	3531 (Apr 2025)
Berkshire West (Reading, West Berks and Wokingham)	7388 (Apr 2025)



Average (Mean) waiting time to assessment for CYP seen	
Oxfordshire CYP (Autism & ADHD)	95 weeks (Apr 2025)
Buckinghamshire CYP (Autism & ADHD)	79 weeks (Apr 2025)
Berkshire West (Reading, West Berks and Wokingham)	Autism – 66 weeks (APR 2025)
Berkshire West (Reading, West Berks and Wokingham)	ADHD – 69 weeks (Apr 2025)

### This metric measures

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

### How are we performing:

- The top table outlines the number of patients currently waiting for an assessment it displays 15,453 on the waiting list across BOB when using end-of-February 2025 figures for Buckinghamshire, Oxfordshire and Berkshire West.
- The chart provides an overview of the numbers of referrals received by month over the past 12 months.
- The final table highlights the mean wait time to assessment across BOB. This metric is of high importance as an indicator of demand and capacity across the System.
- Patient and carer experience here is challenged as it is unclear what level of support is required by individuals on the waiting list, there will be a differential in quality of experience whilst on the waiting list.

### Actions:

- Partnerships for Inclusion of Neurodiversity in Schools (PINS) Pilot funding extended into 25/26 for further 30 primary schools (Wokingham) and embed support for 40 schools (Reading). Delivery planning taking place.
- Area Partnerships across Berkshire have employed additional support to establish a needs led approach for CYP using profile tools in education settings. To meet the needs of neurodivergent CYP early on and reduce reliance on formal diagnosis before support is put in place. First steering group meeting set for May and workshops with schools and Parent Carers Forums scheduled for June.
- Rollout and expansion from April 2024 of BOB SHaRON Online Network pilot which provides support whilst waiting. 2631 new members from launch as of April 2025. Evaluation of support taking place in May 2025.
- SPENCER3D pilot in 20 schools across Berkshire and Bucks to promote informed strengths and needs led support.
- Two projects developing automated clinical decision-making tool and using AI for Autism & ADHD Assessment being explored and implemented. Piloting 'request for help' (from Q3 23/24) and 'BOB-NDQ' (from Q3 24/25 - trial with families commenced September 2024). Expanding programme offer to incorporate early years (0-5) delivery.
- Scoping of support offer for families, children and young people while waiting for assessment taking place.
- Adult ADHD transformation programme task and finish group established (transition risk for CYP).

### Risks:

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



# Patient Experience

Healthwatch Report Just Listen to Me – Using Women’s Health Services in Oxfordshire report and recommendations received and responded to.

The ICB welcomed the insights from women and people to enhance the quality and accessibility of women’s health services. It was positive to hear of good experiences particularly when care was centred around women and people’s needs, and they were treated holistically rather than for individual symptoms.

Key themes:

Listening and involving patients

Information and communication

Tackling barriers and improving quality of care

The ICB have completed a number of involvement engagement activities since January 2025 when the Involvement and Insight team was formed and continue to recruit population members into our Your Voices website and develop relationships with local communities.

The ICB has developed Your Voices pages for Patient Participation Groups within BOB to enable sharing and learning of good practice across BOB and continue to conduct involvement activities. Currently working to a combination of reactive/proactive responses and have supported a number of projects within the ICB and or with partners.

BOB ICS providers and patient experience group representatives have collaborated to produce an Antibiotic patient information leaflet (PIL).

## Complaints and PALS enquiries- April 2025

**232 cases received, a marginal 3% increase on the previous month:**

11 Formal ICB Complaints

8 POD complaints

19 MP Letters

24 POD PALS contacts

170 ICB PALS contacts.

**Themes:** 69 ICB PALS contacts are specifically regarding Choice and Flexibility of access for services including house bound vaccines, ADHD pathways, dental services and fertility services.

- Improvement collaborative with focus on safer surgery toolkit remains to be established , priority of this work is increasing given another two never events related to retained foreign object. Capacity in patient safety lead role /quality team is impacting progress. This risk is identified in the SOM RAID log.
- ADHD pathway review
- Develop strategic response group with named Trust SRO's for paediatric audiology look back and recall.
- Await SCAS undertakings review report.

# Maternity and Neonatal

April 2025

**Total births:** There were 1349 total births across the system in April which is about average.

**Breastfeeding initiation:** 84% of women and birthing people-initiated breastfeeding in April. This is above the 80% target for BOB above target after falling below for 2nd consecutive month.

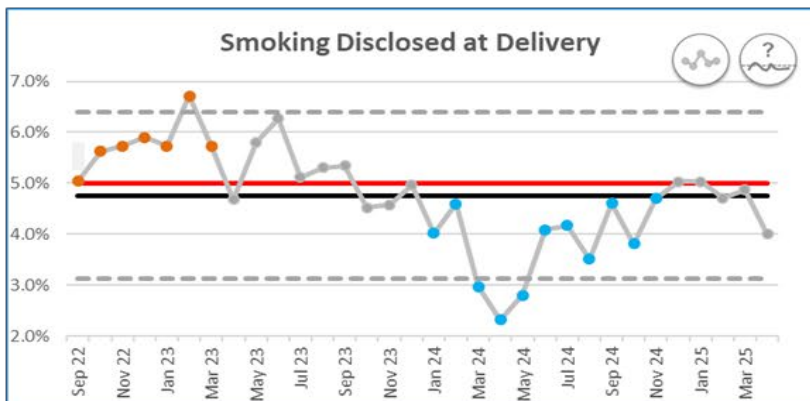
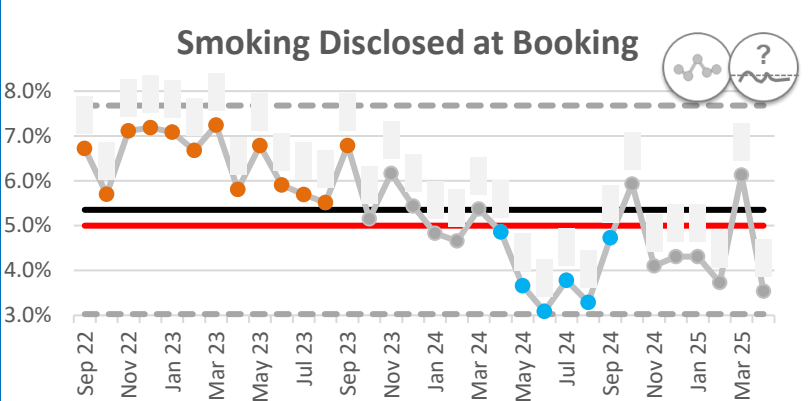
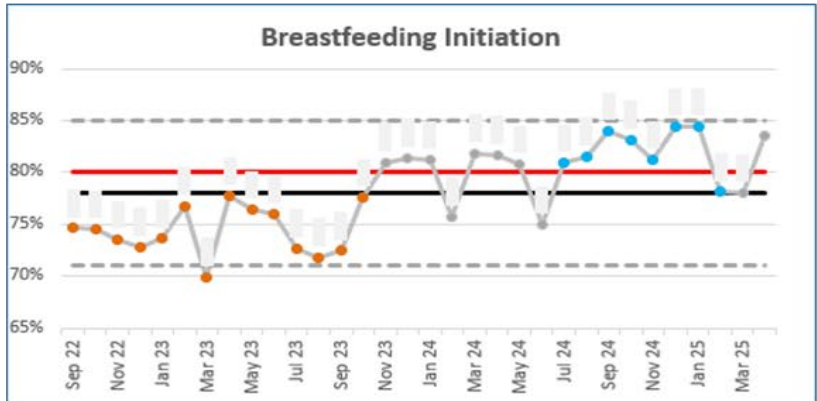
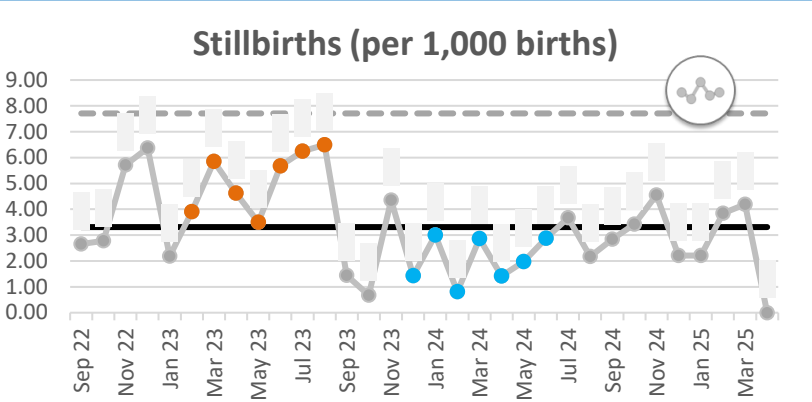
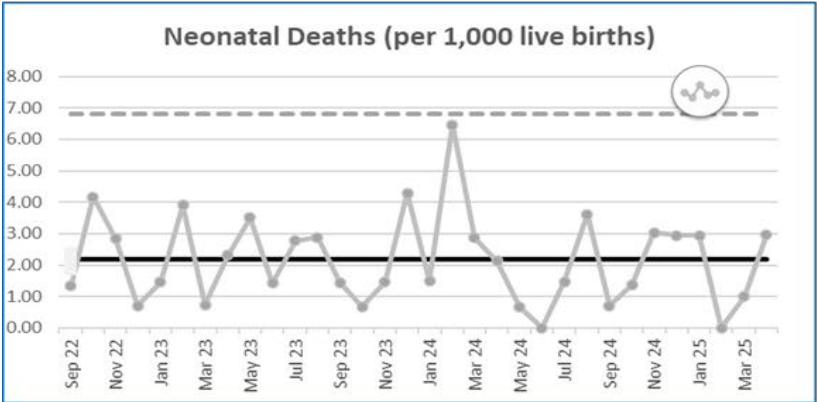
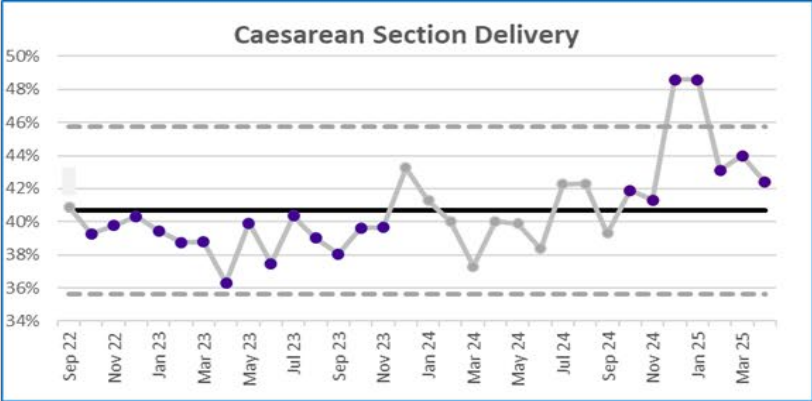
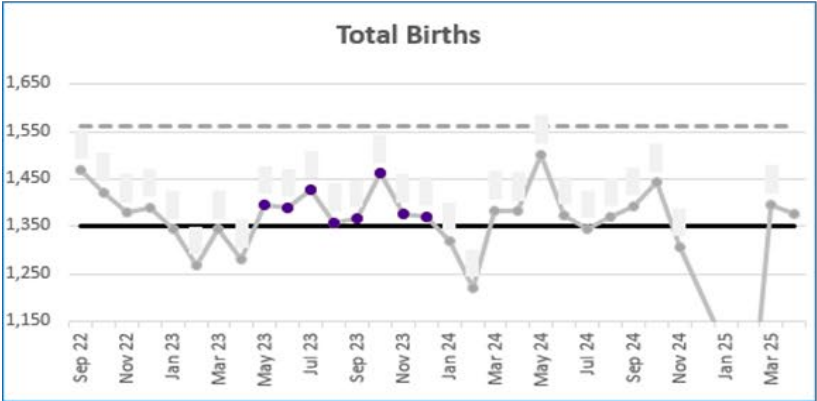
**Caesarean section delivery:** The percentage of births via c-section is 42% across the system. This has fallen from Feb. This indicator reflects both acuity and workload in each place.

**Neonatal deaths (rate per 1000 births):** 2.95 - there was 4 neonatal deaths in April which is within common cause variation.

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

**Smoking at time of booking:** The percentage of women and birthing people smoking at booking remains below the 5% target.

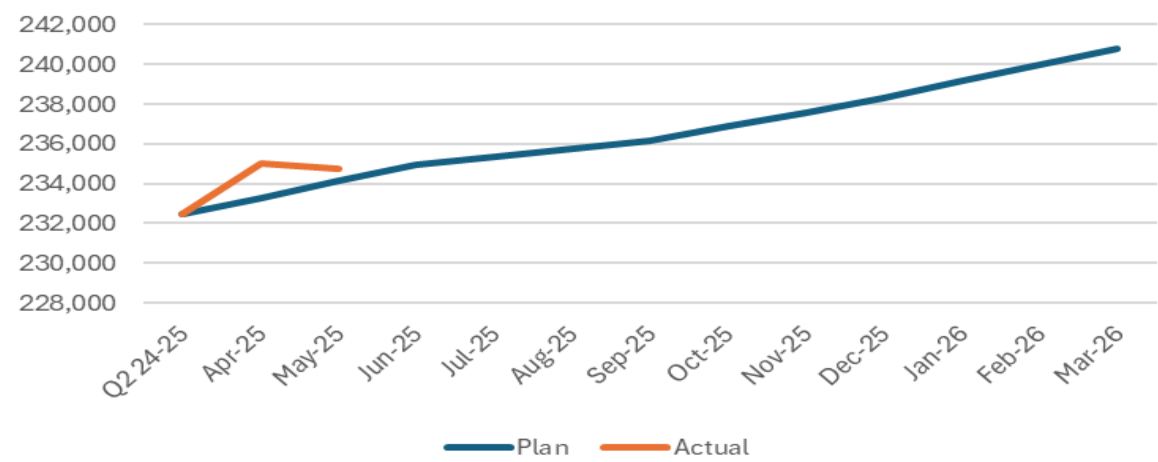
**Smoking at time of delivery:** The percentage of women and birthing people smoking at delivery remains just below the 5% target.



# Dentistry/High Street Dental Services – Access 2025-26

May 25

BOB ICB - number of unique children attending dental practices over 12 month period 2025-26



## Delivery against activity plan (M2)

As part of the ICB Operating Plan in 2025-26 there are targets to increase the number of children attending over a 12-month period and adults over 24 months. The baseline figures for the numbers are based on Q2 2024-25

- Children 232,487
- Adults 508,290

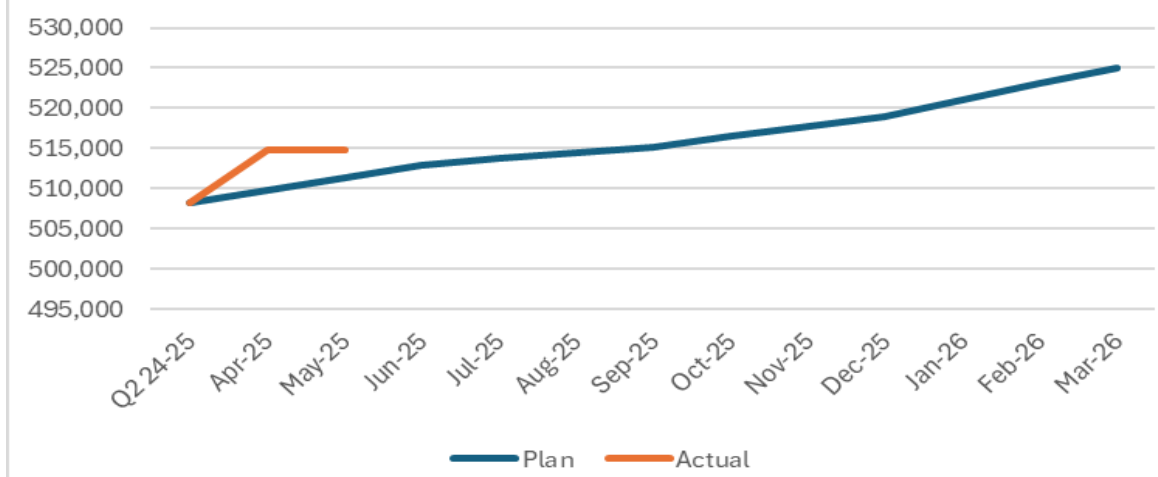
The targets for 2025-26 are:

- Children 240,805
- Adults 525,011

At the end of May , the ICB was ahead of target. The ICB is pursuing the following initiatives to support improved access:

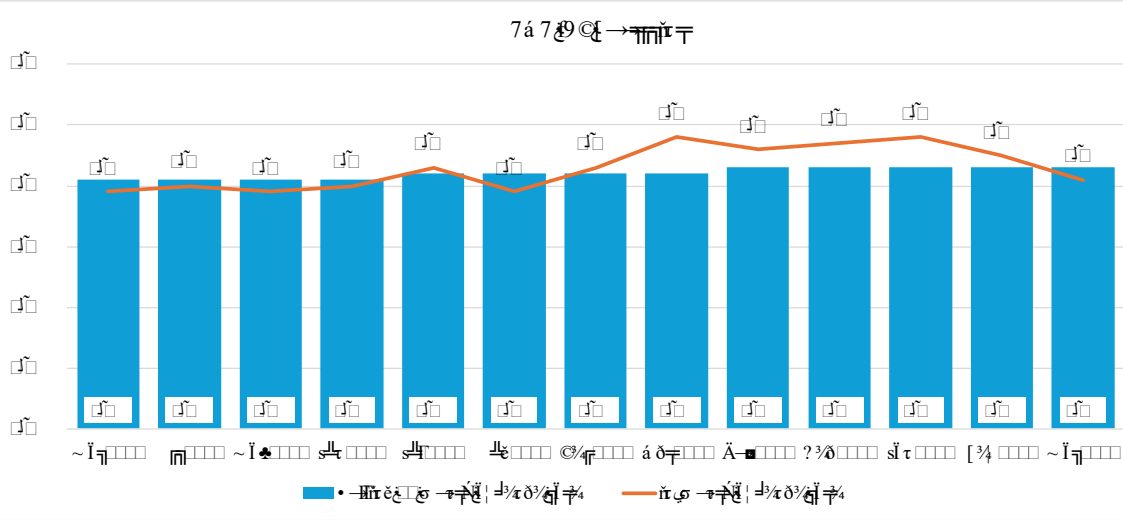
- Minimum Unit of Dental Activity (UDA) price of £28
- 70,000 additional UDAs commissioned from April 2024
- Payment for contract overperformance up to 110%
- Plans to commission a further 88,000 UDAs from 2025-26 with the additional activity to be commissioned from October 2025. The Contract Award Recommendation Report for 5 new practices has been approved with Preferred Bidders advised. Mobilisation commenced in May.
- Flexible Commissioning for patients who have struggled to access NHS dental care – 37 practices taking part in the scheme will continue in 2025-26
- In response to the new government manifesto commitment to commission an additional 700,000 urgent dental appointments nationally, practices started to provide these appointments from January. The ICB target of 15,454 Urgent and Unscheduled Dental Care appointments in 2025-26 with 36 practices providing additional appointments.

BOB ICB - number of unique adults attending dental practices over 24 months 2025-26



# Workforce - Absence

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



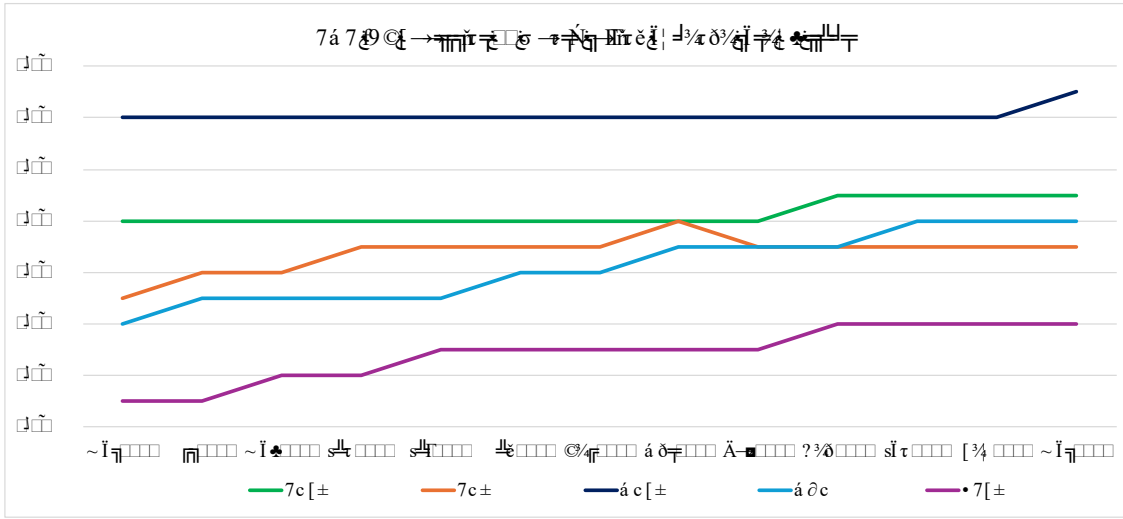
## This metric measures

- 12 month rolling and in month absence rate by system, March 2024 – March 2025 all staff groups.
  - 12 month rolling absence rate Mar 2024 – 2025 by NHS Provider Trust - all staff groups
- In-month absence rate is the % absence rate for each month  
12 month rolling absence rate – each monthly data point is the average % absence rate for the previous 12 months e.g. Dec 23 is the average of absence rates for Jan -Dec 2023  
Source SDSP “South East Absence” dashboard as of March 2025 Does not include BOB ICB

## How we are performing

- The average sickness rate in the BOB system is lower than the SE regional average
- During the period March 2024 – March 2025, the rolling 12-month absence rate for the system has been relatively stable, varying between 4.1% to 4.3% during the year. The in-month absence rate for March 2025 (4.1%) is 0.2% higher than March 2024
- 12-month absence rates at NHS Provider Trusts have risen very slightly over the period Mar 2024 – Mar 2025, with rises ranging from 0.1% (BHFT and OHFT) to 0.4% at OUH.
- Trusts providing mental health services tend to have higher rates of sickness absence, due to such factors as higher risk of violence and aggression from service users and dealing regularly with emotionally intense situations such as severe mental health crises, self-harm and suicide.

12-Month Rolling Absence Rate by Provider Trust



## Actions

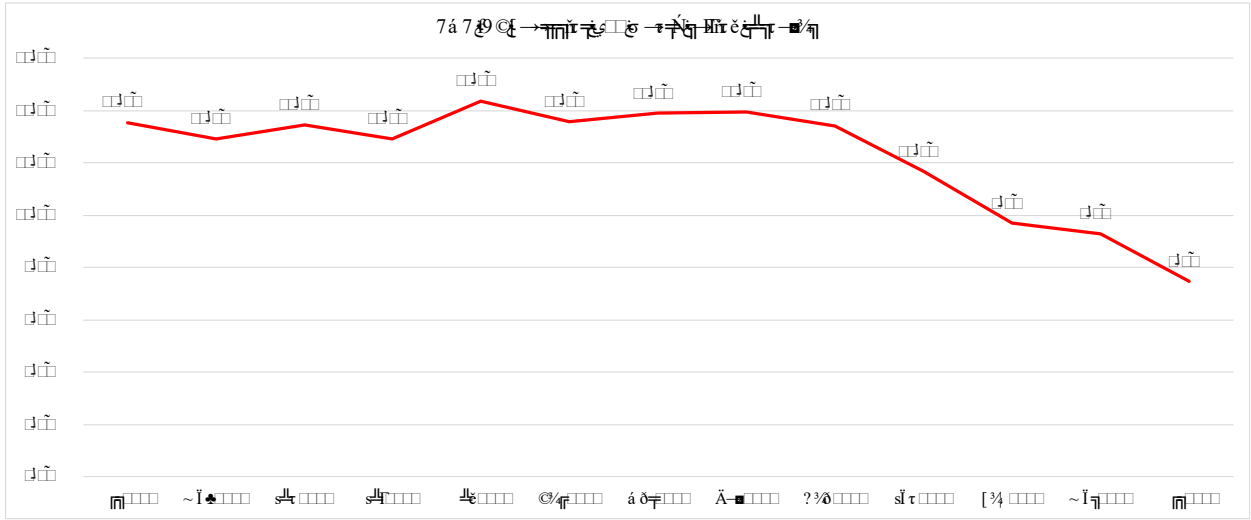
- The sickness absence trends for each trust will now form a key part of the metrics that are reviewed at the regular trust bilateral meetings. These meetings review workforce, finance and activity metrics and agree key actions required to address any deteriorating trends.

## Risks:

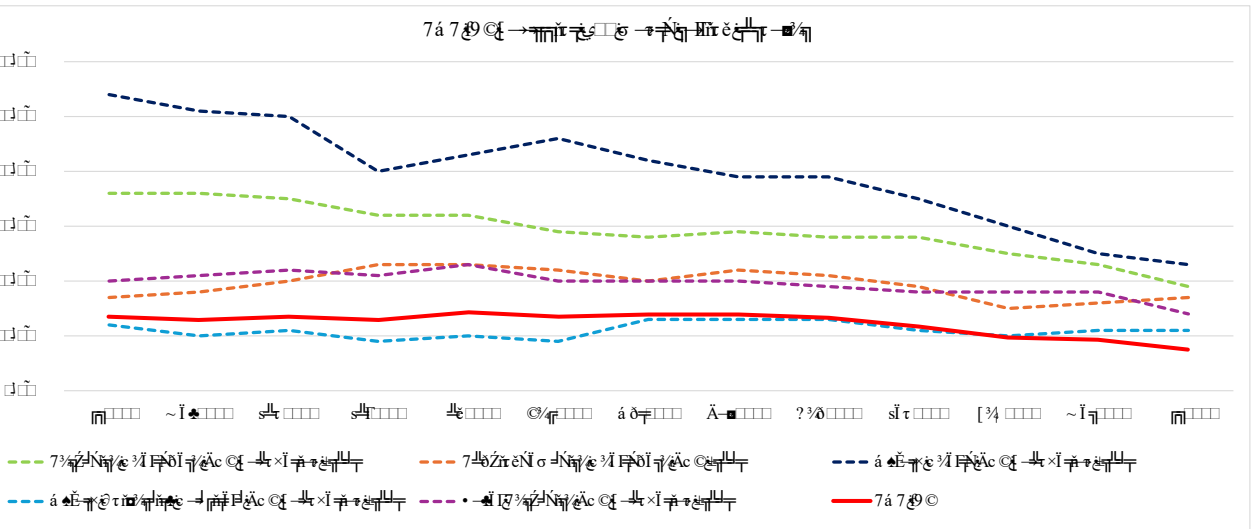
- Absence rates remain a risk on the BAF and Trust Risk Registers for relevant organisations within the System.
- These risks are being mitigated by provider initiatives to promote health and well-being and to target these initiatives to better understand and alleviate the impact of stress for the workforce.

# Workforce - Turnover

12 Month Rolling Turnover by System



12 Turnover by Organisation



## This metric measures

12 month rolling Turnover by System, with further breakdown by organisation..  
Source SDSP “Joiners, Leavers and Turnover Dashboard” as at April 2025

This rate includes all staff except for doctors in training. These staff are traditionally excluded from turnover calculations, as normal staff movement, due to the rotational nature of their posts, distorts turnover data.

## How we are performing

- The overall 12-month rolling turnover rate for the BOB ICS Footprint (NHS Provider Trusts) is on a downward trend falling from 10.35% in April 2024 to 9.75% in April 2025, a fall of 0.61% over the period.
- The ICS 12 month rolling turnover rate tends to align closely with OUH, our largest trust.
- Comparing April 2024 to April 2025, the rolling 12-month turnover rate has fallen at all NHS Provider Trusts apart from BHT where it has remained the same. The fall ranges from 3.10% at OHFT, 1.7% at BHFT, 0.6% at RBFT, and 0.1% at OUH.
- In April 2025, OHFT has the highest 12 month rolling turnover rate of the NHS Provider trusts at 11.3%, followed by BHFT at 10.9%, BHT at 10.7%, RBFT at 10.4% and OUH at 10.1%

## Actions

The turnover trends for each trust will now form a key part of the metrics that are reviewed at the regular trust bilateral meetings. These meetings review workforce, finance and activity metrics and agree key actions required to address any deteriorating trends.





## Supportive interventions





The ICS has created a network of retention and people promise leads across the system to share good practice and effective strategies. All trusts are now well established in their retention programmes, so the lead is stepping back from this work.

## Risks:

- Turnover remains a risk on the BAF and Trust Risk Registers.
- These risks are being mitigated by provider initiatives to promote health and well-being and to target retention activities for the areas most impacted by high turnover.

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