

Cover Sheet

Trust Board Meeting in Public: Wednesday 13 November 2024

TB2024.99

Title: NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB)
Integrated Care Board – Annual Report 2023-2024

Status: For Information

History: n/a

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Confidential: No

Key Purpose: Strategy

NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board – Annual Report 2023-2024

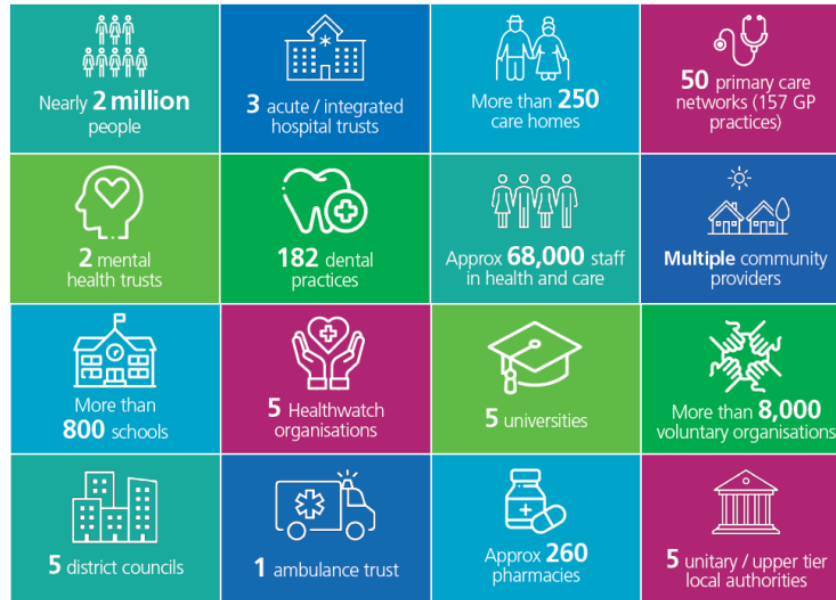
1. Purpose

- 1.1. This paper, for information, acknowledges the publication of the NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) Annual Report in July 2024 and highlights the role of OUH, as one of the three acute providers, within the integrated care system.

2. Background

- 2.1. The BOB ICB is in its second year as an organisation; it was formally established as a new statutory body on 1 July 2022, replacing the three clinical commissioning groups across the area. The ICB has the statutory responsibility to plan, buy and oversee health services for around 1.8 million people from a range of NHS, voluntary, charitable, community and private sector providers. The ICB continues to lead the development of the BOB Integrated Care System (ICS) to remove traditional barriers between services so people can access the support and care they need from NHS and wider care services when they need them.
- 2.2. The BOB Integrated Care Partnership (ICP) is the statutory committee between the ICB and the five local authorities across BOB. It also has members which includes all local NHS organisations and primary care providers (GPs, dentists, pharmacists and optometrists), public health, Healthwatch, voluntary and community groups, as well as Oxford Academic Health Science Network. The role of the ICP is to develop and agree an integrated care strategy and to encourage all partners to work together to deliver it.
- 2.3. The integrated care system is situated in the heart of the Thames Valley; much of the area is rural with more densely populated areas round towns and cities including, High Wycombe, Aylesbury Oxford and Reading. Partner NHS provider Trusts include:
 - Buckinghamshire Healthcare NHS Trust (BHT)
 - Berkshire Healthcare NHS Foundation Trust (BHFT)
 - Oxford University Hospitals NHS FT (OUH)
 - Oxford Health NHS FT (OHFT)
 - South Central Ambulance Service NHS FT (SCAS)

- 2.4. In addition to these organisations the ICB works closely with primary care providers (GPs, pharmacists, optometrists and dentists) which directly provide health and care services, has links with schools, universities, businesses and research partners working in health or care. There are more than 8,000 registered charities in the ICS geography and there may be as many as 5,000 more informal community groups.



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3. OUH within the Integrated Care System

- 3.1. The Trust is a key partner and significant part of the BOB ICS and as such contributes to a number of the areas within the Annual Report through shaping the long-term strategy to contributing to core NHS performance standards.
- 3.2. Highlighted below are some of the key areas in which the organisation shapes, leads and contributes to wider ICS outcome and performance.

Improving Delivery of Elective Care

- 3.3. The elective care programme at Oxford University Hospitals (OUH) aims to improve patient care and reduce waiting times. Within this programme, OUH works collaboratively with system partners to safely achieve this through the provision of capacity and administer the Elective Recovery Fund (ERF) programme, which provides additional targeted support to reduce waiting times and backlogs for elective procedures.
- 3.4. The above has enabled partnerships with Independent Sector Providers as well as local schemes to increase capacity and support patient engagement. Examples of this include:

- Arrangements in place with Independent Sector Providers for Orthopaedic services, and at The Portland and Royal National Orthopaedic Hospital for Spinal services.
- Transfers of patients within the 'outpatient pathway stage' willing to travel to BOB partners for Gynaecology, Urology & ENT services. & ENT services.
- Patient Engagement Validation to contact booked patients to offer earlier dates within system providers.
- Regional support and Mutual Aid within Region is also being planned for Plastic services.

3.5. It is clear there is much more to do to improve waiting times for our patients and this continues to be a key priority for the current year 2024/25.

Urgent and Emergency Care

3.6. OUH, together with system partners, have led a successful improvement programme in 2024/25 and achieved significant improvement in 4-hour performance. OUH and system-based activities within the overarching programme have incorporated admission avoidance and out of hospital services as well as increasing the capacity of specific parts of our service within the Emergency Department.

3.7. Admission avoidance and out of hospital initiatives incorporate the following initiatives developed in partnership within the ICS:

- Hospital at Home, which provides hospital-level care to patients in their own homes, offering an alternative to traditional hospital admission.
- Frailty pathway services, providing targeted care for older patients who are more vulnerable to inpatient harms such as falls, medication issues, and hospital-acquired infections.
- Discharge to assess services, which have continued to support more patients by streamlining the discharge process. By assessing patients' care needs after they have been discharged from hospital rather than before hospital stays are reduced and is promotes appropriate care for patients in their own homes or alternative suitable settings.
- Same Day Emergency care, which provides rapid assessment, diagnosis, and treatment for patients without the need for an overnight hospital stay. This includes the ED Observation and Review Unit has positively impacted patient experience and performance, with full benefits expected upon complete staffing.

- Mental health pathway, in collaboration with Oxford Health the pathway aims to address the high number of mental health presentations and the associated longer lengths of stay for these patients. This is part of a broader Quality Improvement (QI) focus across the Trust and Oxford Health.
- 3.8. The OUH continues to be an active member of the Urgent and Emergency Care (UEC) Board to shape a coordinated approach to managing urgent and emergency care services across the region.
- 3.9. Within the OUH, the updated Urgent and Emergency Care Quality Improvement Programme 2024/25 has been approved by Trustwide Urgent Care Group and Trust Management Executive (TME). Five key national priorities have been agreed, with the Senior Decision Maker and Rapid Assessment & Treatment / Children's Urgent Care Pathway priorities commencing in October.

Health Inequalities & Partnerships

- 3.10. Working in partnership at Place and System level for the benefit of our patients and populations, with effective collaboration to reduce health inequalities and fulfil our role as an Anchor Institution, is one of our six strategic objectives.
- 3.11. We have key partnerships with health, social care and voluntary sector organisations across not only the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) geography but also regional and national clinical networks for specialist services.
- 3.12. The Trust works closely with a variety of partners to care for our patients, support our people and make wide scale changes for our patients and populations.
- 3.13. Our involvement in the BOB ICS is primarily through provider collaboratives and our Place-Based Partnership. Provider Collaboratives support joint working between NHS providers to plan, deliver and transform services, and in doing so, deliver greater collective value for the patients and communities they serve.
- 3.14. OUH works closely with Oxford Health NHS Foundation Trust (OH) as part of the Oxfordshire NHS Provider Collaborative for Integrated Care. This collaboration initially focuses on urgent care in the home and the community. We have also formed an acute provider collaborative with Royal Berkshire Hospitals NHS Foundation Trust and Buckinghamshire Healthcare NHS Trust. This collaboration focuses on elective care.
- 3.15. The Trust plays a role in Oxfordshire's Place-Based Partnership, the local Health and Wellbeing Board and its sub-group Oxfordshire Prevention and

Health Inequalities Forum. The Place Based Partnership played an increasingly important role during 2023/24 in co-ordinating the delivery of urgent care in Oxfordshire.

Quality Improvement

- 3.16. OUH continues to position itself as a key partner with the ICB and regional provider organisations, actively sharing quality improvement (QI) learning and resources through formal and informal channels. Together, we are all working to embed quality improvement at the core of delivering high-quality, safe care across our communities.
- 3.17. As part of the OUH Integrated Improvement Programme, the QI team has been supporting focused improvement on both Cancer and Urgent and emergency care. Within these programmes OUH has linked and worked at a system level with partners to cross organisationally map and deliver improvement across the whole patient journey. In particular 23/24 one of our QI Fellows worked closely with colleagues from OH to understand and improve patient experience for mental health patients accessing care through OUH emergency department at the John Radcliffe Hospital.
- 3.18. In 2023/24, the BOB QI Network, with OUH as a key partner, continued to serve as a vital forum for exploring system priorities and sharing insights. This collaboration led to the inaugural BOB QI Improvement Festival. The working group, chaired by OUH, guided the planning and delivery of a week-long series of webinars and in-person events in November 2023. These sessions, open to all regional colleagues, highlighted projects from various organisations with a focus on health inequalities and sustainability.
- 3.19. OUH remains a vital contributor to the ICB Quality, Service Improvement, and Redesign (QSIR) Faculty, supporting the development and delivery of quality improvement initiatives across the region.
- 3.20. In 2023/24, the QSIR faculty successfully planned and delivered three cohorts of the five-day QSIR Practitioner program, which included participants from various ICB organisations. A total of 100 colleagues from OUH, BHT, ICB, BCC, and SCAS enrolled in the program, with 67% completing all five days and presenting project outcomes at the graduation.
- 3.21. OUH has been a trailblazer in adopting the new Patient Safety and Incident Reporting Framework (PSIRF), becoming one of the first organisations in the region to transition. OUH actively collaborates with ICB colleagues to share insights from both the successes and challenges of this implementation. Within OUH, the patient safety and QI teams have

been diligently supporting the integration of patient safety improvements and Quality Improvement (QI) into the Trust's response framework.

4. BOB ICB Annual Report

4.1. The Annual Report can be found on the BOB ICB [website](#) It provides a review and analysis of performance and accountability, as well as the required Corporate Governance statements and Remuneration and Staffing information.

5. Conclusion

5.1. Annual report is a comprehensive review of performance of ICB over 2023/24 which reflects the contribution of all its members, including OUH, in the delivery of NHS care.

6. Recommendations

6.1. The Trust Board is asked to note the publication of the 2023-24 NHS BOB ICB Annual Report and note the related partnership work undertaken within OUH for information.