

BOARD MEETING

Title	M4 Financial review/Finance recovery plan		
Paper Date:	18 August 2025	Board Meeting Date:	09 September 2025
Purpose:	Discussion	Agenda Item:	07
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Executive Summary

Executive Summary

M04 Financial position BOB ICB & ICS

Paper to brief the committee on the financial position of the ICB and wider system (M04)

- The overall BOB System is reporting a YTD favourable position to plan. This however is in part due to mitigations planned for later in the year being brought forward to mitigate pressures from industrial action (IA) in late July.
- Direct costs of IA included in M04 position were estimated to be circa £1.1m (£0.3m Bucks Healthcare, £0.4m Oxford University Hospitals, £0.4m Royal Berkshire). The impact of lost activity/income or any premium costs of re-providing for lost activity are not included in the M4 position as data is yet to be validated and quantified.
- At M04, the overall ICB position is breakeven YTD and FOT. With Mental Health and acute contract over activity being mitigated.

Action Required

The board are asked to note the final ICB and System position (M4)

Conflicts of Interest:

No conflict identified

- *Provide details of any known relevant direct, indirect or potential conflicts of interest, and how these have been/are to be managed in the meeting, for voting members and/or standing invitees*
 - *Provide supporting details (the same as above) for discussions, decisions and recommendations in the lead up to the decision required from this paper. (E.g., including clinical engagement, bidders for and staff involved in procurements which leads to contract award)*
 - *If not required, state 'Not applicable'*
- If unclear, please consult the Governance Team*

Date/Name of Committee/ Meeting, Where Last Reviewed:

SPC on 28 August 2025
Formal EMT on 1 September 2025

BOB ICB Finance Report

Month 04 - 2025/26

BOB system summary position M04

**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

Surplus / (Deficit) - Adjusted Financial Position Organisation	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Forecast Variance	Annual Plan Income/ Allocation
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Berkshire Healthcare NHS Foundation Trust	1.0	1.0	0.0	1.7	1.7	0.0	(396.1)
Buckinghamshire Healthcare NHS Trust	(5.0)	(4.9)	0.1	(0.8)	(0.8)	0.0	(687.2)
Oxford Health NHS Foundation Trust	1.3	1.3	0.0	4.8	4.8	0.0	(706.7)
Oxford University Hospitals NHS Foundation Trust	(9.5)	(9.2)	0.3	2.0	2.0	0.0	(1,722.3)
Royal Berkshire NHS Foundation Trust	(8.8)	(8.8)	0.0	(7.8)	(7.8)	0.0	(663.2)
TOTAL In-System Providers Surplus/ (Deficit)	(21.1)	(20.7)	0.4	(0.2)	(0.1)	0.0	
Buckinghamshire, Oxfordshire And Berkshire West ICB	(13.7)	(13.7)	(0.0)	0.2	0.1	(0.0)	(4,457.9)
BOB ICS Surplus/ (Deficit)	(34.7)	(34.4)	0.4	(0.0)	(0.0)	(0.0)	

* The column figures represent each individual organisations income so BOB's £4,458 would include an element of the provider's income.

The overall BOB System is reporting a YTD favourable position to plan. This however is in part due to mitigations planned for later in the year being brought forward to mitigate pressures from industrial action (IA) in late July. Direct costs of IA included in M04 position were estimated to be circa £1.1m (£0.3m Bucks Healthcare, £0.4m Oxford University Hospitals, £0.4m Royal Berkshire). The impact of lost activity/income or any premium costs of re-providing for lost activity are not included in the M4 position as data is yet to be validated and quantified.

Various regular/monthly system meetings including SRTB, Bilaterals, CFO and Deputies meetings are taking place with regular monitoring to agree action plans with particular focus on efficiencies to identify schemes from opportunities to be developed and reduce risk.

OUPH are reporting a £9.2m deficit YTD which is a £0.3m surplus to plan. The YTD underspend is in part due to a one-off benefit in month from a PFR insurance rebate.

BHT are reporting a YTD £0.1m favourable to plan with income mitigating pay and non pay pressures.

ICB Finances

ICB Overall position M04

Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

BOB ICB OVERALL by Service Line M4	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'m	£'m	£'m	£'m	£'m	£'m
Acute	678.9	685.4	(6.5)	2,010.2	2,020.6	(10.4)
Community Health Services	138.0	138.0	0.0	415.8	418.0	(2.1)
Continuing Care	75.1	75.4	(0.3)	224.9	224.9	(0.0)
Mental Health	136.7	139.7	(2.9)	408.9	416.6	(7.7)
Other Programme	5.1	(5.4)	10.5	57.8	35.6	22.2
Primary Care	15.6	15.0	0.6	47.8	49.4	(1.6)
Prescribing, Central Drugs and Oxygen	98.3	99.8	(1.5)	289.6	290.0	(0.4)
Delegated Specialised Commissioning	154.3	154.3	(0.0)	477.1	477.1	0.0
Pharmacy, Optometry and Dentistry (POD)	49.8	49.8	0.0	151.4	151.4	0.0
Delegated Co-Commissioning	130.8	130.8	0.0	391.1	391.1	0.0
Total Programme Commissioned Costs	1,482.6	1,482.6	(0.0)	4,474.6	4,474.6	0.0
Admin Costs	8.9	8.9	0.0	26.8	26.8	(0.0)
Total before ICB Surplus/(Deficit)	1,491.4	1,491.4	(0.0)	4,501.5	4,501.5	0.0
ICB Surplus / (Deficit)			0.0	0.2	0.2	(0.0)
Total after Surplus/ (Deficit)	1,477.8	1,477.8	0.0	4,501.6	4,501.6	0.0

At M04, the overall ICB position is breakeven YTD and FOT.

With the majority of the contracts agreed with providers, the budgets therefore are now amended in the ledger. Cost pressures coming through at M04 are being investigated through data validation and the challenge process, with CIPs expected to be on target at year-end. For CIP schemes where planned dates have slipped due to contract finalisation, there will either be accelerations or mitigations found to ensure the ICB delivers the planned target. *Please refer to CIP slide for more details.*

The main drivers of the movement in ICB's M04 FOT are:

- **Acute (adverse £10.4m)** – due to Frimley Health NHS FT, Circle and Ramsay over performance
- **Community (adverse £2.1m)** - due to Physio and Endoscopy over performance (£1.2m) and Equipment (£1.9m) due to the national change in provider (NRS to Millbrook) resulting in additional non-recurrent set up costs and additional on-going costs
- **Mental Health & LD (adverse £7.7m)** - due to Sec.117, ADHD and LD & Autism spend increase against budget. A deep dive exercise is being carried out to ascertain the drivers.

ICB Acute M04

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Acute M4 25/26	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'m	£'m	£'m	£'m	£'m	£'m
NHS providers	598.3	601.4	(3.1)	1,775.5	1,780.7	(5.1)
Independent Sector Providers with Contract	22.3	25.2	(2.9)	60.0	64.6	(4.5)
Discharge to assess cost	0.6	0.6	(0.0)	1.8	1.8	0.0
Equipment- Diabetic Pump	0.8	0.8	(0.0)	2.3	2.3	0.0
Urgent Care	1.5	1.7	(0.2)	4.5	4.5	0.0
London Providers	11.8	12.2	(0.4)	35.4	36.5	(1.1)
Voluntary Sector Grants	0.1	0.1	0.0	0.3	0.3	0.0
Winter Resilience costs	0.1	0.1	0.0	0.2	0.2	0.0
Acute LVA	4.0	4.0	0.0	12.0	12.0	0.0
Acute NCA	2.9	2.7	0.2	8.6	7.9	0.7
Ambulance Services	30.6	30.6	0.0	91.7	91.7	0.0
Patient Transport	5.9	6.0	(0.1)	17.8	18.1	(0.3)
Grand Total	678.9	685.4	(6.5)	2,010.2	2,020.6	(10.4)

Key reasons for variance	Acute M4 £m	Acute M3 £m	Improve/ (Worsened)
Key Pressures:			
Drugs *	(0.2)	0.5	(0.7)
Devices**	0.0	(0.2)	0.2
Unbundled Radiology***	(0.8)	(0.3)	(0.5)
Other Trust / IS variances	0.0	0.0	0.0
CIP unallocated	0.0	0.0	0.0
Diabetic Pumps	0.0	0.0	0.0
Total Pressures	(1.0)	0.0	(1.0)
Key Mitigations:			
Contract finalisation provision	0.0	0.0	0.0
Other (PTS, non-ERF NCA)	0.0	0.0	0.0
Total Mitigations	0.0	0.0	0.0
Variance	(1.0)	0.0	(1.0)

In Month 4, the ICB received three month's worth of provider activity data. Currently, Indicative Activity Plans for Bucks Health Trust have been agreed and is forecasting £200k pressure relating to variable activity with Royal Berks and Oxford University IAPs are being finalised.

NHS Provider variances: YTD variance overspend of £3.1m, and a forecasted pressure of £5.1m. The pressure is primarily due to a forecasted pressure of £3.2m in Frimley Health NHS FT for increased elective activity, £0.8m Unbundled radiology and unachieved CIPs of £1.7m relating to schemes for PLCVs, Devices, and challenges.

Independent Providers: Main forecasted variances to plan relate to £5m cost pressure in Circle, relating to increased prices for T&O and significant increases in elective activity this year in Chiltern and Reading sites. Ramsey is reporting £2.7m forecasted overspend on elective and Foscot is reporting £1.6m overspend against plan, driven by increased activity across various services, and increased costs included Q1 IPT charges. These cost pressures have been offset by a favourable variance across the three main Ophthalmology providers Spamedica, Newmedica and Community Health Eyecare where elective activity levels continue to track below plan, reflecting a downward trajectory, reducing the overall forecasted overspend to £4.5m.

Any overperformance identified to date is to be addressed by working closely with providers to review performance, develop activity management plans, and agree targeted actions that support delivery of the system financial plan.

ICB Acute M04 – key provider information

**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

The tables below highlights the variance performance of the three in-system (and out of system) Acute Trusts in BOB ICS for the key variable elements of the contract:

Analysis of Other Elective variance M4	High Cost Drugs	High Cost Devices	Unbundled Radiology / Nuclear Medicine	Total
	£m	£m	£m	£m
Buckinghamshire Healthcare NHST	2.3	(0.0)	2.9	5.2
Oxford University Hospitals NHSFT	(2.7)	0.0	(3.0)	(5.7)
Royal Berkshire NHSFT	0.0	0.1	0.0	0.1
In System NHS Acute Providers Other Elective Variance	(0.4)	0.1	(0.1)	(0.5)
Out of System NHS Acute Providers Other Elective Variance	0.2	(0.0)	(0.7)	(0.5)
All NHS Acute Providers Other Elective Variance	(0.2)	0.0	(0.8)	(1.0)
High Cost Drug & Device Reserve - revision of forecast and offset of spend				
All NHS Acute Providers Other Elective Variance	(0.2)	0.0	(0.8)	(1.0)

Other Elective (Includes HCDD): A forecast net overspend of £0.4m is reported across in-system NHS providers. OUH is projecting an overspend of £2.7m against plan, which is largely offset by a £2.3m underspend at BHT. The overall HCD position is further improved by a £0.2m underspend in out-of-system NHS providers, while RBFT has been reported at breakeven in Month 4 due to unreliable data submissions. For unbundled radiology and nuclear medicine, Month 4 shows a forecast net pressure of £0.8m across BOB, the majority of which relates to out-of-system providers. OUH is projecting an overspend of £3.0m, partly balanced by a £2.9m underspend at BHT based on Month 3 data returns.

In-System NHS Providers: At Month 4, cost pressures across other elective variables are being monitored against agreed or draft Indicative Activity Plans (IAPs) and could be subject to change for IAPS that are currently in draft. Buckinghamshire Healthcare NHS Trust (BHT) has an agreed IAP, while Royal Berkshire NHS Foundation Trust (RBFT) is operating under a near-final draft. Variances for in-system providers are currently driven by BHT and RBFT, with Oxford University Hospitals NHS Foundation Trust (OUH) reported at plan values pending IAP agreement.

Out-of-System NHS Providers: A £0.2m underspend on High-Cost Drugs is forecast, primarily due to a £0.226m underspend at Guy's and St Thomas' NHS Foundation Trust. The main driver of cost pressure relates to unbundled radiology, totalling £0.7m, with significant variances observed at Frimley Health, Milton Keynes University Hospital, and Guy's and St Thomas.

ICB Community M04

Community Health Services M4 25/26	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'m	£'m	£'m	£'m	£'m	£'m
NHS provider	90.4	90.4	0.0	271.1	271.1	0.0
BCF S75	26.1	26.1	(0.0)	79.6	79.7	(0.1)
Palliative care	2.0	1.9	0.0	6.0	6.0	0.0
Intermediate care	3.1	3.0	0.0	9.2	9.1	0.1
Child & Young Persons, TOP	2.0	1.8	0.2	5.9	5.3	0.6
Endoscopy, Ultrasound, Audiology, Physio	5.1	5.3	(0.3)	15.2	16.4	(1.2)
Non CHC NCA-Interim Health Fund	0.8	0.7	0.1	2.4	2.2	0.2
Comm-Health Inequalities	1.6	1.6	0.0	4.9	4.8	0.1
Comm-Long Term Conditions (LTC)	1.4	1.3	0.0	4.1	4.0	0.2
Community Equipment	5.7	5.8	(0.1)	17.5	19.4	(1.9)
Total	138.0	138.0	0.0	415.8	418.0	(2.1)
<i>Prior Month</i>	<i>103.8</i>	<i>103.8</i>	<i>0.1</i>	<i>418.2</i>	<i>418.1</i>	<i>0.1</i>

- **NHS Providers:** Contracts have been agreed and budgets and payments amended to agree to the contract values.
- **BCF S75:** The procurement of the new model for Short Stay Hub Beds in Oxfordshire is complete meeting the CIP target of £0.831m. The remaining CIP of £0.598m (£0.066m YTD) is on target to be fully met. Work is on going to identify BCF specific budgets and ensure these are correctly coded in the ledger.
- **Child & Young Persons, TOP:** The FOT of £0.6m underspend for Marie Stopes contract is a straight-line extrapolation of the YTD spend which is lower than budget.
- **Endoscopy, Ultrasound, Audiology, Physio:** The FOT of £1.2m overspend is due to activity levels being greater than budget for Inhealth Endoscopy £0.3m, Berkshire West Endoscopy £0.1m, Specsavers audiology £0.2m, and Physiotherapy AQP's £0.6m.
- **Non-CHC NCA-Interim Health Fund:** The Broadcare FOT continues to report an underspend, £1.3m at Month 4. There is uncertainty about whether this level of underspend will continue as one or two new expensive packages could result in a significant increase in costs. The reported FOT underspend at M4 is the YTD actual spend plus budget for the remainder of the year. In previous months the reported FOT was breakeven.
- **Equipment:** The current equipment provider NRS ceased operating as at the end of July. A contract has been agreed with an alternative provider Millbrook and this ensures continuation of the service. The FOT £1.9m overspend includes £1.0m non-recurrent set up costs as a result of changing provider and the remaining £0.9m is due to on-going increased costs. YTD CIP savings of £0.476m were achieved as at Month 3 and no further savings have been reported in Month 4. The full year CIP saving of target of £1.0m remains as being forecast to be achieved as new CIP schemes will need to be identified, however this will need to be revisited for Month 5 when more is known about the situation with the new provider.

ICB Mental Health, Learning Disability & Autism M04

By Place: NHS	YTD Budget £m	YTD Actual £m	YTD Variance £m	Annual Budget £m	Forecast £m	Variance £m
Buckinghamshire	21.4	21.3	0.1	64.1	64.1	0.0
Oxfordshire	45.1	44.9	0.2	135.3	135.2	0.0
Berkshire West	32.2	32.1	0.1	96.5	96.3	0.2
Corporate	2.8	3.1	(0.2)	8.5	8.5	0.0
LVAs	0.6	0.6	0.0	1.9	1.9	0.0
SDF	8.8	8.9	(0.1)	26.5	26.5	0.0
Total	110.9	110.9	0.1	332.8	332.5	0.2
By Place: Non-NHS	YTD Budget £m	YTD Actual £m	Variance £m	FOT Budget £m	FOT Actual £m	Variance £m
Buckinghamshire	9.2	8.2	1.0	27.6	25.0	2.6
Oxfordshire	4.2	6.0	(1.8)	12.7	19.6	(6.9)
Berkshire West	9.7	12.3	(2.6)	29.0	35.1	(6.1)
Corporate	0.7	0.4	0.2	1.5	(0.5)	2.0
SDF	2.0	1.8	0.2	5.4	4.9	0.5
Total	25.8	28.7	(3.0)	76.2	84.1	(7.9)
Total All	136.7	139.7	(2.9)	408.9	416.6	(7.7)
Prior Month	102.4	103.9	(1.6)	409.0	415.2	(6.2)

By Service	YTD Budget £m	YTD Actual £m	YTD Variance £m	Annual Budget £m	Forecast £m	Variance £m
LVAs & NCAs (NHS/Non-NHS)	0.9	0.8	0.0	2.6	2.7	(0.0)
CAMHS / ED	12.7	12.7	0.0	38.2	38.2	0.0
S117, individual MH/LDA	93.4	94.5	(1.1)	280.1	279.4	0.7
Right to Choose	1.7	3.3	(1.5)	4.7	12.3	(7.5)
Perinatal	1.3	1.3	0.0	4.0	4.0	0.0
Talking Therapies	9.6	9.5	0.0	28.7	28.7	0.0
Ward Liaison	1.1	1.1	0.0	3.4	3.4	0.0
EIP	1.3	1.3	0.0	4.0	4.0	0.0
Crisis	2.8	2.8	0.0	8.4	8.3	0.1
SDF	10.8	10.8	0.0	31.8	31.3	0.5
Neuro, Staffing, Legal, Other	0.9	1.5	(0.5)	2.9	4.4	(1.5)
Total	136.7	139.7	(2.9)	408.9	416.6	(7.7)
Prior Month	102.4	103.9	(1.6)	409.0	415.2	(6.2)

At M04, YTD was £2.9m worse than plan, driven by Sec.117 pressures, especially with Oxford County Council (OCC).

- **NHS** provider spend (mainly OHFT and BHFT) is on plan.
- Bucks deteriorated by £0.5m and Berks West improved by £0.3m. OCC deteriorated by £1.1m.
- MH Community, Housing and Dementia packages report a combined forecast underspend of £0.7m
- ADHD, Right to Choose and LSD activity has increased significantly year-on-year with more providers delivering assessments.
- The position includes CIP target of £0.5m Right to Choose, £1.5m Sec.117 packages of care and stretch target of £3m.
- The Mental Health Provider Collaborative are also tasked with delivering a further saving of £5m against the system target of £24m.
- There is a deep dive exercise carried out between M04 and M05 to validate the forecast outturn based on the year-to-date activity.

ICB Prescribing M04

GP Prescribing M4 25/26	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'m	£'m	£'m	£'m	£'m	£'m
GP Prescribing	95.7	95.7	0.0	287.2	287.1	0.1
CIP	(3.7)	(2.4)	(1.3)	(16.4)	(16.4)	0.0
Drugs Met Centrally	3.0	3.0	(0.0)	8.9	9.0	(0.1)
Oxygen	0.6	0.6	(0.0)	1.8	1.9	(0.1)
GP Incentive Schemes	0.6	0.6	(0.0)	1.8	1.9	(0.1)
Dressing Products	1.9	1.9	(0.1)	5.6	5.8	(0.2)
Prescribing Decision software	0.2	0.2	(0.0)	0.6	0.7	(0.0)
Total	98.3	99.8	(1.5)	289.6	290.0	(0.4)
<i>Prior Month</i>	<i>73.9</i>	<i>74.0</i>	<i>(0.1)</i>	<i>289.6</i>	<i>290.0</i>	<i>(0.4)</i>

M04 position includes April and May data. As of July, the Prescribing forecast outturn indicates an overspent of £435k with YTD overspent of £1.5m, most of which related to CIP.

The Prescribing forecast is based on 2024/25 actual data with an adjusted growth rate of 4.3% applied, reflecting trends observed in the past six months. Cost pressures from NICE TA have also been factored in, particularly weight loss medication Tirzepatide and treatments of type 2 diabetes drugs, including Dapagliflozin and Empagliflozin. ADHD prescribing under the right to choose pathway continues to present a significant financial pressure. Last year alone added circa £1m cost pressure with similar risk levels expected to persist this year.

The forecast assumptions include a 4% growth in Central Drugs since 2023/24, and GP Incentives projections based on 2024/25 data assuming a 95% payouts. Dressing forecast has risen by £187k, with a monthly movement of £306k, attributed to an 11% growth. The Oxygen forecast is calculated using the average cost for the period April to June.

While Category M remains the largest contributor, No Cheaper Stock Obtainable (NCSO) pressures are substantial adding £540k to the YTD position representing unavoidable overspend due to supply shortages and price hikes. Monthly NCSO costs rose slightly from £266k in April to £274k in May, indicating sustained pressure month on month.

It must be noted that the achievement of the full £16.4m CIP is currently risk rated, with the £7.5m stretch target requiring resource investment to realise. At month 4 the expectation is to make up the slippage to date and the team are exploring additional opportunities as mitigations to ensure full delivery.

ICB Primary Care & Pharmacy, Optometry, Dental (POD) M04

Primary Care M4 25/26	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'m	£'m	£'m	£'m	£'m	£'m
GP LCS	3.8	3.8	0.0	12.2	15.2	(3.0)
PC Investment	1.5	1.5	0.0	4.7	4.7	0.0
GPIT/Digital	2.7	2.5	0.2	8.2	8.0	0.2
PC Transformation	1.5	1.5	0.0	4.4	4.4	0.0
Primary Care Programme Admin	0.5	0.4	0.1	1.5	1.3	0.2
Medicines Management	0.9	0.6	0.3	2.8	1.8	1.0
Out of Hours	4.6	4.6	0.0	13.8	13.8	0.0
GP Delegated	130.7	130.7	0.0	391.1	391.1	0.0
POD Delegated	49.8	49.8	0.0	151.4	151.4	0.0
Total	196.0	195.4	0.6	590.1	591.7	(1.6)
<i>Prior Month</i>	<i>145.0</i>	<i>144.6</i>	<i>0.4</i>	<i>579.6</i>	<i>578.5</i>	<i>1.1</i>

The YTD Actual month 4 position for Primary Care shows a total £0.6m underspend across all budgets, reflecting current savings from staff vacancies.

The forecast outturn is reporting a £1.6m overspend due to: GP LCS showing an adverse variance of £3.0m as a result of CIP slippage and Medicines Management showing a favourable variance of £1.0m due to pay savings from vacancies.

Prior year accruals from 2024/25 are being monitored with actual spend being recorded to determine whether any benefits can be realised in the 2025/26 year. The majority of these accruals brought forward are part of the GP Delegated and POD Delegated budgets, the gross total of these being £23m.

The POD Delegated budget for 2025/26 held a total reserve/contingency of £11.4m, of which £9.2m related to dental services and £2.2m related to general expenses. The ICB has now reallocated £8.2m to primary dental services (via various schemes), £0.5m to pharmacy services and £0.7m to ophthalmic services. An additional reserves amount was identified from within the recent funding for the agreed pharmacy contract for 2025/26 and so this currently leaves a reserve/contingency amount of £2.4m to be utilised by year-end.

The CIP target of £4.4m is under pinned by numerous identified savings schemes such as GP premises rates rebates (£1.5m), pharmacy quality scheme (£1.0m), patient list cleaning (£0.1m) and PPV (£0.2m). As highlighted above, this target is risk rated with opportunities within the POD accruals brought forward from 2024/25 identified to mitigate the position.

ICB All Age Continuing Care (AACCC) M04

Continuing Healthcare FOT M4 25/26	Annual Budget £'m	Forecast Outturn £'m	Forecast Variance £'m
Bucks	77.5	75.5	2.0
Oxon	105.5	105.1	0.5
Berkshire West	45.0	48.4	(3.4)
Uplift, not allocated	1.1	1.1	0.0
Anticipated CIP delivery (not on Broadcare)	(9.0)	(9.0)	0.0
Stretch target CIP	(5.0)	(5.0)	0.0
CHAS	9.3	8.7	0.6
Provision impact	0.4	0.0	0.4
Total	224.9	224.9	(0.0)
Prior Month	224.4	226.8	(2.4)

CHAS M4 25/26	Annual Budget £'m	Forecast Outturn £'m	Forecast Variance £'m
Depreciation	0.0	0.1	(0.1)
Interest on lease liabilities	0.0	0.0	0.0
Establishment, licences	0.2	0.3	(0.1)
Legal fees	0.1	0.2	(0.1)
Salaries and wages	7.6	5.0	2.6
Agency	0.0	2.2	(2.2)
Other professional	0.7	0.5	0.3
Supplies & services	0.7	0.5	0.2
Education & training	0.0	0.0	0.0
Total	9.3	8.7	0.6
Prior Month	9.3	9.0	0.3

CHC Budget and spend is split into 2 main areas. Packages of Care (PoC), driven by the Broadcare database and Continuing Healthcare Assessment & Support (CHAS), of which 85% of the budget is allocated to pay (substantive and agency).

The forecast outturn position at M04 is break-even, a favourable movement of £2.4m from the overspend reported at M03.

Although most of the original CIP target of £9m is forecast to be achieved, most of the benefit is already within the Broadcare Packages of Care figures. The £5m stretch target is now forecast to be achieved and although plans are not yet fully developed, it is likely to focus on DHTs and areas where invoicing and commissioning processes could be improved.

Cost pressures have been identified across all three places and the AACCC team are in the process of reviewing activity by line to identify reasons and mitigations. The existing pressure of £4.6m has been recorded in risks at present, rather than within the position, allowing for further investigation. The risk register also records some potential opportunities e.g. use of uncommitted growth and uplifts budgets. The AACCC team are committed to deliver within £224m full year budget, with the caveat that the specifics of the £5m stretch may not be achieved in totality. Overall net cases decreased by 41 (increase of 63 in M03).

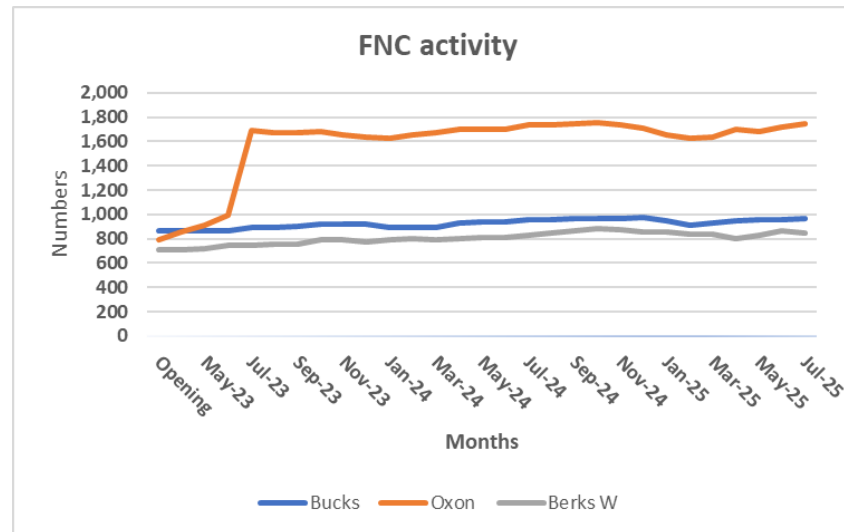
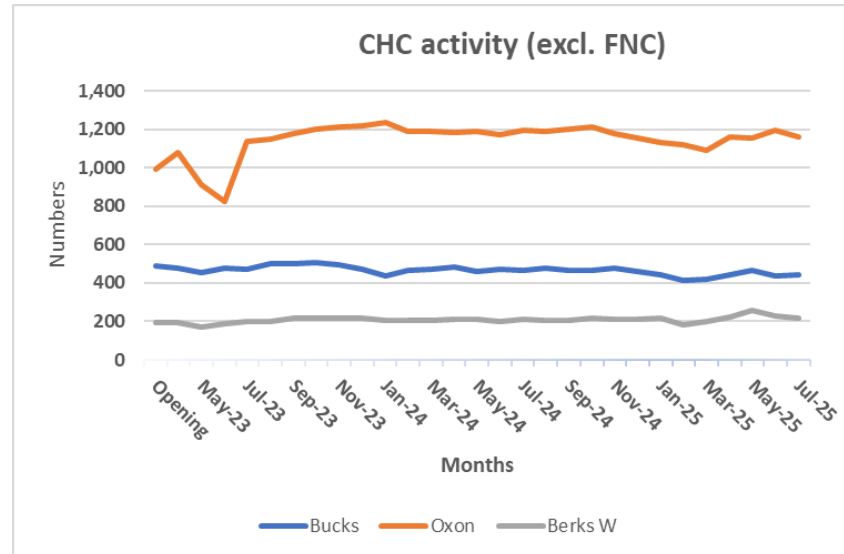
Continuing Healthcare Assessment and Support (CHAS):

This relates to the non-packages of care spend and is reporting a forecast outturn underspend of £0.6m (£0.3m underspend M03). Points to note include;

- Depreciation is for the capitalised lease costs of Saffron House as per IFRS16.
- Pay costs are showing an underspend, now recruiting to the new structure where appropriate and approved.
- Agency costs are set to decrease over the year as substantive posts are filled. Work is ongoing to move agency staff onto new contracts with NHSP at lower rates.
- Pay (Salaries and wages) is forecasting an underspend.
- Other professional is for DOLS (Deprivation of Liberty Safeguards) costs.
- Supplies and services includes the costs for the CHF and PHB SLA in Oxon and the brokerage team in Bucks. It also includes the costs of the Arden Gem contract which is ending in August 2025.

ICB AACCC Activity M04

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board



Movt M03 to M04 activity	Bucks	Oxon	BW	Total
B/fwd cases, analysis below:				
B/fwd cases still ongoing				
PoC unchanged	1,290	2,685	968	4,943
PoC increases	14	55	8	77
PoC decreases	14	115	5	134
B/fwd cases now ended				
Cases ended RIP	67	33	71	171
Cases ended other	11	34	40	85
Cases ended RIP & other	(78)	(67)	(111)	(256)
New cases	76	45	67	188
Restarts	9	4	14	27
Total current month ongoing	1,403	2,901	1,062	5,366

Per the table above, overall activity from M03 to M04 is showing 215 new and restarted cases (391 M03) with 256 cases ended (328 M03), made up of RIPs with some invalid cases. The net movement between M03 and M04 is a decrease of 41 cases (increase of 63 M03). The table also shows 77 on going packages having increases to their costs (102 M03) whilst 134 had a decrease (40 M03).

The graphics on the left show CHC activity (excluding FNC) and FNC activity only, from March 2023 to date for the 3 places. There have been fluctuations in the Oxon data as a result of the introduction of the Broadcare database and work to validate the data. There is a more recent increase in cases in Oxfordshire which does not appear replicated in Bucks/Berks. This has been suggested to be due to increasing population growth in Oxfordshire cf. Bucks and Berks W.

The table below shows costs per head of population at M04.

Costs & popn M04	Bucks	Oxon	BW	Uplift/CIP	Care costs	CHAS	Total
FOT costs per Broadcare £	75,532,057	105,062,403	48,445,330	-12,866,649	216,173,141	8,713,569	224,886,710
Popn	590,858	818,924	585,283		1,995,065		1,995,065
Cost per head £	128	128	83		108		113
Cost per 50k/popn £	6,391,727	6,414,661	4,138,624		5,417,697		5,636,075

ICB Staff WTEs M04

ICB Staff WTEs M04	2025/26 Pay Budget			2025/26 Permanent staff in post M04			2024/25 WTE Variances post M04			OPWs inc. Agency		
Directorate	Running costs	Programme	Total	Running costs	Programme	Total	Running costs	Programme	Total	Running costs	Programme	Total
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Corporate/Senior Leadership Team	9.4	0.0	9.4	8.0	0.0	8.0	(1.4)	0.0	(1.4)	0.0	0.0	0.0
Medical	14.0	87.7	101.7	11.5	65.0	76.5	(2.5)	(22.7)	(25.2)	0.0	3.4	3.4
Delivery Performance & Oversight	35.3	53.1	88.4	25.7	43.0	68.7	(9.6)	(10.1)	(19.7)	1.0	2.0	3.0
Nursing	24.0	191.0	215.0	21.3	114.0	135.3	(2.7)	(77.0)	(79.7)	0.0	33.3	33.3
Finance & Contracting	77.0	0.0	77.0	57.1	1.0	58.1	(20.0)	1.0	(19.0)	2.8	0.0	2.8
People	13.0		13.0	4.7		4.7	(8.3)	0.0	(8.3)	4.0	0.0	4.0
Strategy Digital & Transformation	50.9	35.1	86.0	37.0	26.6	63.6	(13.9)	(8.5)	(22.4)	0.2	0.0	0.2
Total	223.5	366.9	590.5	165.2	249.6	414.8	(58.3)	(117.4)	(175.7)	8.0	38.7	46.7

Per the table above, overall actual Staff in Posts at M04 is showing 175 WTE less than plan across both running cost and programme budgets. This is mainly due to vacancies across Nursing, Medical, Delivery and Finance directorates.

The work to ensure that all staff are correctly assigned across directorates and the relevant income streams are assigned is in the main complete.

MEMO M4 ESR and Payroll data:

Funded WTE	590
Permanent WTE on payroll	405
Off Payroll Workers WTE	45
Headcount on payroll	487

ICB Staff Costs M04

ICB Staff Costs YTD M04	2025/26 Pay Budget			2025/26 Permanent staff in post M04			2024/25 £ Variances post M04			OPWs inc Agency		
Directorate	Running costs	Programme	Total	Running costs	Programme	Total	Running costs	Programme	Total	Running costs	Programme	Total
	£m's	£m's	£m's	£m's	£m's	£m's	£m's	£m's	£m's	£m's	£m's	£m's
Corporate/Senior Leadership Team	0.6	0.0	0.6	0.6	0.0	0.6	0.0	0.0	0.0	0.00	0.00	0.00
Medical	0.5	1.7	2.2	0.4	1.6	2.0	(0.1)	(0.1)	(0.2)	0.00	0.10	0.10
Delivery Performance & Oversight	1.1	0.6	1.7	0.8	1.2	2.0	(0.2)	0.6	0.3	0.03	0.14	0.17
Nursing	0.6	3.3	3.9	0.6	2.2	2.8	0.0	(1.1)	(1.1)	0.00	0.78	0.78
Finance & Contracting	1.8	0.0	1.8	1.4	0.0	1.4	(0.4)	0.0	(0.4)	0.24	0.00	0.24
People	0.4	0.0	0.4	0.2	0.0	0.2	(0.2)	0.0	(0.2)	0.11	0.00	0.11
Strategy Digital & Transformation	1.4	1.1	2.5	1.0	0.8	1.8	(0.4)	(0.3)	(0.7)	0.01	0.00	0.01
Uplift	0.0	0.0	0.0	0.0	0.2	0.2	0.0	0.2	0.2	0.00	0.00	0.00
Total	6.4	6.7	13.1	5.0	6.0	11.1	(1.4)	(0.8)	(2.2)	0.39	1.02	1.41

The underspend is indicative of the on-going vacancies as a result of the recruitment freeze, the £2.2m variance does not include any costs of filling vacancies with agency staff or secondments and any off-payroll workers . These costs have been shown at the side of the table.

Some programme areas on the ledger need adjusting to reflect actual staff activity, so forecasts are not yet accurate. One such area is CHC where there are a large number of vacancies some of which are being filled by agency staff, but the FOT has been put into the ledger as breakeven.

ICB Running Costs M04 YTD Actuals

	25/26 YTD M4 Actual Spend £m	25/26 M4 Budget Spend £m
Running Costs Non Pay Subjective Grouping		
Administration & Business Support	0.1	-1.2
Chair & Non Exec	0.1	0.2
Primary Care Support	0.0	0.0
Communications and PR	0.3	0.8
Contract Management	1.8	5.6
Corporate Costs & Services	0.1	0.5
Corporate Governance	0.4	1.2
Estates & Facilities	0.3	1.0
Finance	2.0	5.8
General Reserves Admin	0.0	0.2
Human Resources	0.7	1.6
Medical Directorate	0.5	1.5
Nursing Directorate	0.2	0.5
Operations Management	1.0	3.4
Quality Assurance	0.4	1.5
Strategy & Development	0.5	2.4
Executive Management Team	0.6	1.8
Totals	8.9	26.8

Running Costs now exclude the Primary Care team which has been moved to Programme.

Current CSU spend within the ICB is still in discussion so costs may change. Spend to date are accruals based on the Q1 invoice received for some services and the 2024/25 SLA values for others.

	25/26 YTD M4 Actual Spend £m	25/26 M4 Budget Spend £m
Running Costs Non Pay Subjective Grouping		
Estates and Facilities Costs	0.3	0.8
Audit Fees	0.2	0.5
Other Non-Pay Staff Related Costs (incl. Clinical Leads)	0.2	0.6
Computers and Telecoms	0.1	0.2
CSU	2.7	6.7
Consultancy, Professional and Legal Fees	0.2	0.1
Recruitment fees	0.0	0.0
Apprentice Levy	0.0	0.1
Other	(0.1)	(1.0)
Totals	3.5	8.1

Only depreciation value of most leases is included within below due to many being capitalised leases.

	25/26 YTD M4 Actual Spend £m	25/26 M4 Budget Spend £m
Running Costs Estate Grouping		
Bath Road	0.20	0.75
Unipart	0.05	0.08
Amersham	0.04	0.12
WBCH PALs Office	0.00	0.00
Study Centre - Aylesbury	0.01	0.00
IT Assets Depreciation	0.01	0.04
Totals	0.30	0.95

Month 4 CIP Summary by Scheme



Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Current Position (M4)

Delivery to M4 is £15.6m against a plan of £19.2m giving a shortfall to plan of £3.5m This is largely due to stretch CIP’s being phased too early in the year. The year end forecast for CIP delivery has been retained on plan but there are considerable risks against that particularly around the identification and delivery of the Prescribing and Primary Care stretch targets. However, the red rated schemes have reduced in the month by £3.7m and now represent 12.6% of the total plan, and are detailed in the following slide

Current material risks include

- Primary Care Prescribing stretch targets are largely identified but will need ICB investment and close engagement with and from GPs. An investment paper needs to be collated to fully assess these schemes viability.
- Delays in implementation timelines for the Procedures of Limited Clinical Value (PLCV) scheme and the lack of engagement from BHT are putting that scheme at risk.
- The Community Equipment scheme has been downgraded to high risk following the insolvency of a material supplier. The impact of this risk will be fully assessed in M5.
- Needing to keep identifying and developing new opportunities to mitigate any slippage in existing schemes.

As mitigation, in M4 we have implemented a more robust implementation monitoring process for existing schemes to ensure delivery to plan and manage the risk of slippage.

Scheme	Executive Lead	Risk Rating	Plan to M4 £'000	Actual to M4 £'000	Variance to M4 £'000	Forecast Month 5 to Month 12 £'000	Total Year end Forecast £'000
Clear backlog review cases CHC and Fast Track	Sarah Bellars	Low	£615	£1,027	(£412)	£993	£2,020
Purchasing CHC funded nursing homes through joint OCC framework	Sarah Bellars	Low	£148	£148	£0	£296	£444
Review Database and follow up cases for RC and dispute transfers.	Sarah Bellars	Low	£1,996	£1,268	£728	£4,366	£5,634
Market management tool / framework for Complex Dom Care	Sarah Bellars	Medium	£0	£0	£0	£110	£110
Review finance process for PHB and reclaim unspent funds	Sarah Bellars	Medium	£42	£80	(£38)	£75	£155
Rollout mechanical reposition pilot to other place bases, and CHC	Sarah Bellars	Medium	£22	£6	£16	£194	£200
Undertake clinical review of all interim funded cases	Sarah Bellars	Medium	£28	£433	(£405)	(£183)	£250
Implementation of a single, ICB wide CYPCC, funding framework	Sarah Bellars	High	£0	£0	£0	£150	£150
Opportunities/ Stretch savings - AACCH stretch CIP	Sarah Bellars	Low	£1,668		£1,668	£5,000	£5,000
Contract Challenges	Matthew Tait	Low	£0		£0	£600	£600
Opportunities/ Stretch savings - Elective IAPs stretch CIP	Matthew Tait	Low	£1,942	£1,942	£0	£3,058	£5,000
CMDU (Covid Medicines Delivery Unit)	Matthew Tait	Low	£166	£166	£0	£334	£500
Opportunities/ Stretch savings - IAP Management	Matthew Tait	Medium	£1,000	£1,000	£0	£4,000	£5,000
High Cost Devices	Matthew Tait	Medium	£0	£0	£0	£500	£500
Equipment Services	Matthew Tait	Low	£476	£476	£0	£0	£476
Use of BCF uplifts to fund suitable ICB budgets	Matthew Tait	Low	£66	£66	£0	£532	£598
Oxfordshire Short Stay Hub Beds	Matthew Tait	Low	£831	£831	£0	£0	£831
Equipment Services (NRS)	Matthew Tait	High	£21		£21	£524	£524
S117 Reviews in Berkshire West	Matthew Tait	Medium	£433	£481	(£48)	£1,019	£1,500
Restriction on RTC	Matthew Tait	High	£0		£0	£500	£500
Stretch savings - Transformation fund release	Matthew Tait	Low	£668	£668	£0	£1,332	£2,000
Stretch savings - Acute Bucks Release balance of UTC budget.	Alastair Groom	Low	£300	£300	£0	£0	£300
Stretch savings - Estates stretch CIP	Alastair Groom	High	£100	£0	£100	£300	£300
Stretch savings - Corporate stretch CIP	Alastair Groom	Low	£332	£332	£0	£668	£1,000
Stretch savings - Other SDF general	Alastair Groom	Low	£540	£405	£135	£1,209	£1,614
CSU Contract Reduction	Alastair Groom	Low	£498	£498	£0	£1,002	£1,500
Opportunities/ Stretch savings - Health Inequalities	Ben Riley	Low	£164	£164	£0	£336	£500
Procedures of Limited Clinical Value (PLCV)	Ben Riley	High	£38		£38	£1,000	£1,000
Biosimilar Switches (ustekinumab, adalimumab, etanercept)	Ben Riley	Low	£1,360	£1,360	£0	£6,640	£8,000
Business Rates Review	Ben Riley	Medium	£780	£368	£412	£412	£780
Business Rates Review	Ben Riley	Medium	£0		£0	£600	£600
Opportunities/ Stretch savings - Medical stretch CIP	Ben Riley	Low	£1,000	£1,000	£0	£2,000	£3,000
Rebates	Ben Riley	Low	£500	£484	£16	£1,516	£2,000
Scriptswitch (PQS is one mechanism that feeds into this)	Ben Riley	Low	£900	£1,006	(£106)	£1,694	£2,700
Prescribing Stretch - Off Patent	Ben Riley	Low	£1,000	£654	£346	£596	£1,250
Prescribing Stretch - Incentivised Switches	Ben Riley	Low	£0	£0	£0	£950	£950
Oxygen Rx VAT rebate	Ben Riley	Low	£0	£0	£0	£1,500	£1,500
Prescribing Stretch	Ben Riley	Low		£37	(£37)	(£37)	£0
Dietetic Saving Schemes	Ben Riley	Medium	£80	£15	£65	£385	£400
Outlying prescribing	Ben Riley	Medium	£0	£90	(£90)	£610	£700
Waste Reduction (inc overprescribing/ de-prescribing/ polypharmacy)	Ben Riley	Medium	£0	£37	(£37)	£63	£100
Woundcare - development of a best value formulary.	Ben Riley	Medium	£40		£40	£500	£500
Prescribing Stretch - Waste Stretch	Ben Riley	Medium	£0	£0	£0	£200	£200
Stoma and Catheter Saving Scheme - centralised service	Ben Riley	High	£200	£17	£183	£983	£1,000
Prescribing Stretch - Stopping Branded Prescribing	Ben Riley	High	£0	£0	£0	£2,500	£2,500
Prescribing Stretch - Stopping Gluten Free Prescribing	Ben Riley	High	£0	£0	£0	£210	£210
Prescribing Stretch - Cows Milk Protein Allergy	Ben Riley	High	£0	£0	£0	£350	£350
Prescribing Stretch - Over the Counter Prescribing (OTC) /Self Care	Ben Riley	High	£40	£18	£23	£163	£180
Prescribing Stretch - Low Priority Prescribing	Ben Riley	High	£40	£25	£15	£135	£160
Prescribing Stretch	Ben Riley	High	£920		£920	£1,700	£1,700
9 Schemes re CSU delivery	Hannah Iqbal	Low	£233	£233	£0	£480	£713
			£19,187	£15,634	£3,553	£52,065	£67,699

Risk Rating	Plan to M4 £'000	Actual to M4 £'000	Variance to M4 £'000	Forecast M5 to M12 £'000	Full Year Forecast £'000
Low	15,403	13,064	2,339	35,100	48,130
Medium	2,425	2,510	- 85	8,483	10,995
High	1,359	60	1,300	8,482	8,574
Total	19,187	15,634	3,553	52,065	67,699

Details of Schemes Rated High Risk



Buckinghamshire, Oxfordshire
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Scheme	Executive Lead	Risk Rating Reported at Month	Plan to M4 £'000	Actual to M4 £'000	Variance to M4 £'000	FOT £'000	Comment
Implementation of a single, ICB wide CYPCC, sliding scale funding framework	Sarah Bellars	High	0	0	0	150	Scheme still in development stage. Detailed project plan with milestones have been requested which will inform timelines for delivery of expected
Equipment Services (NRS)	Matthew Tait	High	21		21	524	Risk changed from low to high due to a nationwide issue relating to community equipment supplier - Delivery line split with YTD achievement rated low risk and the remainder of delivery rated high risk
Restriction on RTC	Matthew Tait	High	0		0	500	Project at development stage. Due to procurement timelines It was highlighted that the likelihood of any savings being achieved in 2025/26 is low. Potential savings on the procurement will be in 2026/27 .
Opportunities/ Stretch savings - Estates stretch CIP	Alastair Groom	High	100	0	100	300	Value from exiting Wokingham Hospital lodge has reduced. Activity on Amersham and Bath Road progressing but unlikely to have 25/26 benefit. Three new voids from OH has increased pressure. At the moment unlikely to have 25/26 benefit.
Procedures of Limited Clinical Value (PLCV)	Ben Riley	High	38		38	1,000	Plans still in development stage, likelihood of delivering expected savings in 2025/26 low. VM to provide PMO support to team to help move scheme along. Forecast will be reviewed once detailed plan including milestones and savings assumptions have been developed.
Stoma and Catheter Saving Scheme - centralised service	Ben Riley	High	200	17	183	1,000	Scheme rated High risk due to delay in implementation of plans, Project CIP will be delayed due to project rollout. Earliest plan is 1st Oct 2025 so savings won't be realised til Jan 2026 at the earliest. Project lead working with various
Prescribing Stretch - Stopping Branded Prescribing	Ben Riley	High	0	0	0	2,500	Investment required for resources support to practices
Prescribing Stretch - Stopping Gluten Free Prescribing	Ben Riley	High	0	0	0	210	Investment required for resources support to practices
Prescribing Stretch - Cows Milk Protein Allergy	Ben Riley	High	0	0	0	350	Investment required for resources support to practices
Prescribing Stretch - Over the Counter Prescribing (OTC) /Self Care	Ben Riley	High	40	18	23	180	Savings delivery dependent on primary care engagement. Communication campaign also required for key messaging to patients
Prescribing Stretch - Low Priority Prescribing	Ben Riley	High	40	25	15	160	Savings delivery dependent on primary care engagement. Communication campaign also required for key messaging to patients
Prescribing Stretch	Ben Riley	High	920		920	1,700	Unidentified - Potential scheme for dietetics with business case of potential savings of circa £1m needing investment
	Total		1,359	60	1,300	8,574	

System savings target £24m – M04

Savings target phasing:

Project Title	Development and Delivery Status	Risk Rating	April	May	June	July	August	September	October	November	December	January	February	March	TOTAL
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
System Acute CIP - CMDU	Fully Developed	Low	175	175	175										526
System Acute CIP- High Cost Drugs	Plans in Progress	Medium	706	706	706	706	706	706	706	706	706	706	706	706	8,474
System Acute CIP - Plans in Progress	Opportunity	High	69	68	68	561	560	560	1,194	1,194	1,194	1,511	1,510	1,510	10,000
System Mental Health CIP - Plans in Progress	Opportunity	High	250	250	250	333	333	333	500	500	500	583	583	583	5,000
			1,200	1,200	1,200	1,600	1,600	1,600	2,400	2,400	2,400	2,800	2,800	2,800	24,000
FOT			1,200	1,200	1,200	1,600	706	706	2,400	2,400	2,400	2,800	2,800	4,587	24,000

Clawback by organisation in M04:

SUMMARY

	OUH	BHT	RBFT	OH	BHFT	ICB	FULL YEAR TOTAL @ M04
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Gross Clawback - Q1	(4,700.0)	(3,200.0)	(3,200.0)	(1,800.0)	(1,800.0)	(9,300.0)	(24,000.0)
Total Achieved	440.8	300.2	300.2	0.0	0.0	741.0	1,782.1
Net Clawback	(4,259.2)	(2,899.9)	(2,899.9)	(1,800.0)	(1,800.0)	(8,559.0)	(22,217.9)

Q1 Clawback @ M04

	OUH	BHT	RBFT	OH	BHFT	ICB	Q1 TOTAL
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Gross Clawback - Q1	(705.0)	(480.0)	(480.0)	(270.0)	(270.0)	(1,395.0)	(3,600.0)
M04 Achievement:							
System Acute CIP - CMDU	0.0	0.0	0.0	0.0	0.0	526.0	526.0
System Acute CIP - HCD	440.8	300.2	300.2	0.0	0.0	215.0	1,256.1
System Acute CIP - Plans in Progress	0.0	0.0	0.0	0.0	0.0	0.0	0.0
System MH/LD CIP - Sec.117	0.0	0.0	0.0	0.0	0.0	0.0	0.0
System MH/LD CIP - Plans in Progress	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total M04 Achievement:	440.8	300.2	300.2	0.0	0.0	741.0	1,782.1
M04 Net Clawback	(264.2)	(179.9)	(179.9)	(270.0)	(270.0)	(654.0)	(1,817.9)

Position at M04:

A risk share has been agreed to deliver recurrent savings to mitigate the £24m allocated to the in-system acute providers at the planning stage.

At M04 potential schemes have been identified with an estimated value of up to £20.5m. The above table highlights the risk rating and status of the identified schemes and the phased target each month.

At Q1 a potential £1.8m has been delivered against the target £3.6m, with a total clawback of £1.8m to offset the Q1 shortfall.

Work continues to develop the schemes, including formalising the governance and reporting arrangements to track delivery through the year. This will include confirmation of the process and timing of clawbacks to be triggered if required, to secure delivery of the financial plan.

ICB Other Financial Statements – Balance Sheet M04

**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

Statement of financial position as at:	As at 31 March 25	As at 30 June 25	Movement	As at 31 July 25
31 July 2025	£m	£m	£m	£m
Non current assets	1.6	1.4	(0.1)	1.4
Total non current assets	1.6	1.4	(0.1)	1.4
NHS receivables - revenue	1.2	1.0	(0.2)	0.8
NHS prepayments and accrued income	1.7	1.3	0.2	1.6
Non-NHS receivables - revenue	2.1	1.1	0.2	1.3
Non-NHS prepayments and accrued income	3.9	11.1	1.2	12.3
Other receivables	25.9	6.6	(0.3)	6.3
Total trade and other	34.7	21.2	1.1	22.2
Cash	1.0	22.3	(12.1)	10.2
Total current assets	37.3	44.8	(11.1)	33.8
NHS payables - revenue	(11.9)	(24.8)	0.8	(24.0)
NHS accruals and deferred income	(29.6)	(14.3)	(1.0)	(15.3)
Non-NHS payables - revenue	(33.5)	(8.5)	0.3	(8.1)
Non-NHS payables - capital	(0.1)	(0.1)	0.0	(0.1)
Non-NHS accruals and deferred income	(103.8)	(123.6)	(3.1)	(126.7)
Other payables	(55.2)	(53.0)	6.2	(46.7)
Borrowings	0.0	(2.5)	2.5	0.0
Provisions	(3.2)	(2.5)	0.0	(2.5)
Total current liabilities	(237.3)	(229.2)	5.7	(223.5)
Total non current liabilities	(0.6)	(1.3)	0.1	(1.2)
Total assets employed	(200.6)	(185.6)	(5.4)	(191.0)
General fund	(200.6)	(185.6)	(5.4)	(191.0)
Total taxpayers equity	(200.6)	(185.6)	(5.4)	(191.0)

The statement of financial position summarises the assets and liabilities of the ICB at a point in time.

- Receivables have increased by £1.08m and now stand at £22.24m.
- Cash ledger balance at 31 July stands at £10.16m
- Current liabilities have decreased by £5.67m and now stand at £223.50m.
- The net result is an increase in total taxpayers equity of £5.36m.

ICB Other Financial Statements Receivables and Cash M04

Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

Receivables

Aged receivables	NHS receivables		Non NHS receivables		Total	
	Value (£m)	No	Value (£m)	No	Value (£m)	No
Less than 31 days (not due)	0.75	6	0.66	11	1.41	17
Between 31 - 60 days	0.00	0	0.09	1	0.09	1
Between 61 - 90 days	0.00	0	0.00	0	0.00	0
Greater than 90 days	0.06	2	0.53	8	0.59	10
Total	0.81	8	1.29	20	2.10	28

At the end of month, BOB ICB had 2 NHS and 8 non NHS overdue invoices over 90 days.

Non NHS over 90 days debts amounts are being proactively chased, and outstanding salary overpayment, efforts to recover amount is being progressed via legal route.

Cash drawings

Main cash drawdown to date	Prescribing to date	Total cash drawings to date	Current allocation	Drawings to date as a % of allocation
£m	£m	£m	£m	%
1,376.37	124.67	1,501.05	4,500.24	33.4%

- The ICB processed a cash drawdown of £338.30m in July resulting in a total annual figure of £1,376.37m.
- The drawings against prescribing stand at £124.67m (including £24.77m dental). The cash drawn down to date is £1,501.05m which represent 33.4% utilisation against annual cash allocation limit of £4,500.24m.
- At the end of the month the ICB had £10.16m cash at bank which represents 3.00% of cash drawn down for the month.
- A small number of large value invoices were not validated and approved for payment within the period.
- The ICB has not achieved NHSE cash at bank target which should be no greater than 1.25% of cash drawn down for the month.

ICB Other Financial Statements – Payables M04

**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

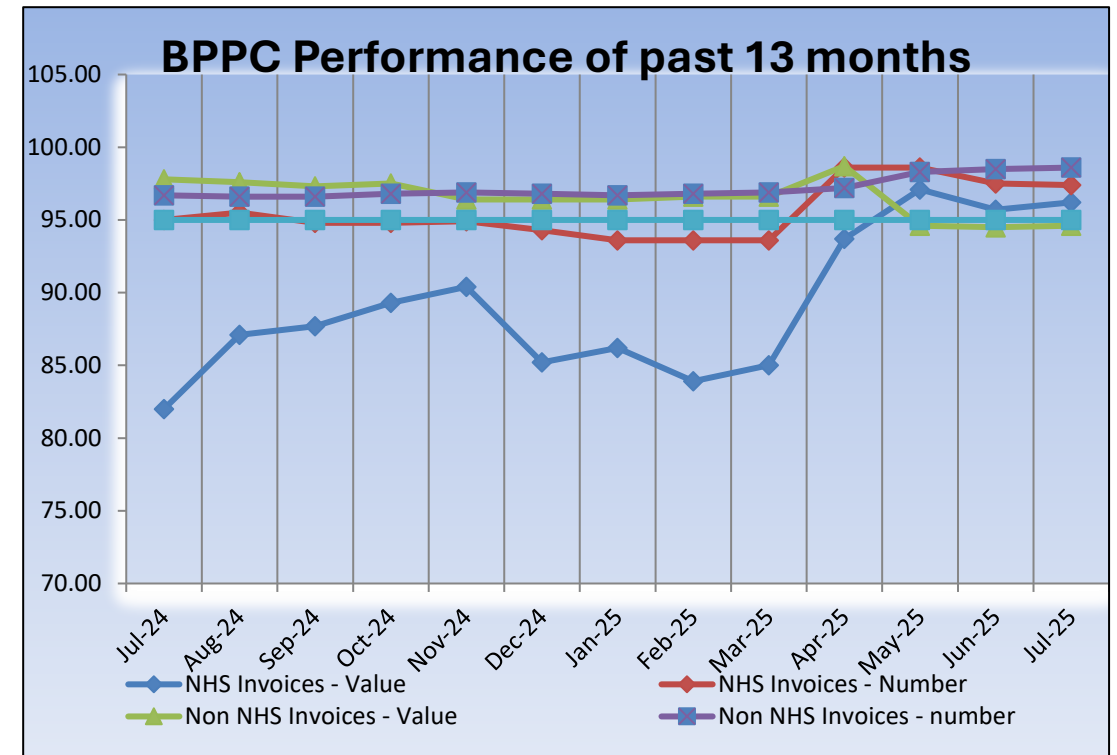
Aged payables - value	Not Due	Overdue	Overdue	Overdue	Overdue	Total
	£m	1-30 days £m	31-60 days £m	61-90 days £m	90+ days £m	
At 31 May	12.85	9.40	4.29	3.39	16.74	46.67
At 30 June	14.54	4.45	3.77	3.52	15.63	41.91
At 31 July	13.85	9.17	1.82	4.59	17.72	47.14
Aged payables - volume	Nos	Nos	Nos	Nos	Nos	Total Nos
At 31 May	1,414	467	304	159	913	3,257
At 30 June	1,385	407	257	268	966	3,283
At 31 July	1,444	531	262	178	1,067	3,482

The value of NHS invoices has been significantly reduced with the introduction of block payments, which are not invoiced, and therefore not included in the figures above.

The Better payment practice code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The target for achievement is 95%. The ICB is achieving its target of paying NHS invoices by volume and value.

Better payment practice code - payment within 30 days (cumulative ytd)	NHS invoices		Non NHS invoices		Total	
	Value of invoice £m	Number	Value of invoices £m	Number	Value of invoice £m	Number
Total invoices paid	8.41	311	154.14	16,567	162.55	16,878
Total invoices paid within 30 days	8.10	303	145.84	16,327	153.94	16,630
% Paid within 30 days	96.2%	97.4%	94.6%	98.6%	94.7%	98.5%
Rating	Green	Green	Amber	Green	Amber	Green

95% or more
75% to 95%
Less than 75%



Provider Finances

Berkshire Healthcare FT provider summary

**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

BHFT are reporting on plan YTD.

- Pay costs are under plan by £1.3m, mostly relating to substantive staff.
- Efficiencies are also on plan although the split has shifted towards more non-recurrent schemes. 100% of schemes are classed as fully developed with only 19% high risk (77% classed as low risk).

Income and Expenditure	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	(34.0)	(33.5)	(0.5)	(133.0)	(133.2)	0.2	(398.7)	(398.7)	(0.0)
Workforce pay cost	27.0	26.5	0.5	104.7	103.5	1.3	314.9	312.9	2.0
Non-pay cost	6.7	6.6	0.0	26.7	28.0	(1.3)	80.3	82.1	(1.9)
Non operating Items	0.2	0.1	0.0	0.6	0.8	(0.1)	1.9	1.9	(0.1)
Surplus/(deficit)	0.2	0.2	(0.0)	1.0	1.0	0.0	1.7	1.7	0.0
As % of income	0.5%	0.5%	(0.0%)	0.8%	0.8%	0.0%	0.4%	0.4%	0.0%

Efficiencies	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	0.7	0.5	(0.2)	2.7	1.9	(0.7)	8.0	5.5	(2.5)
Non-Pay	0.1	0.1	(0.1)	0.6	0.3	(0.3)	1.7	1.2	(0.5)
Income	0.2	(0.4)	(0.6)	0.6	0.1	(0.6)	1.9	0.2	(1.8)
Total Recurrent	1.0	0.1	(0.8)	3.9	2.2	(1.6)	11.6	6.8	(4.7)
Pay	0.2	0.3	0.0	0.9	1.0	0.1	2.8	3.4	0.6
Non-Pay	0.3	0.5	0.2	1.0	2.0	1.0	3.1	5.5	2.4
Income	0.0	0.6	0.6	0.0	0.6	0.6	0.0	1.8	1.8
Total Non-Recurrent	0.5	1.3	0.8	2.0	3.6	1.6	5.9	10.6	4.7
Total Efficiencies	1.5	1.5	0.0	5.8	5.8	0.0	17.5	17.5	(0.0)

Workforce pay costs	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Substantive	25.0	24.6	0.4	96.8	95.6	1.1	291.0	289.5	1.5
Bank	1.5	1.4	0.2	6.1	5.5	0.6	18.5	16.5	2.0
Agency	0.4	0.5	(0.2)	1.4	1.9	(0.5)	4.2	5.7	(1.5)
All other Pay	0.1	0.1	0.0	0.4	0.4	0.0	1.2	1.2	0.0
Total workforce pay cost	27.0	26.5	0.5	104.7	103.5	1.3	314.9	312.9	2.0

Workforce WTE	M04		
	Plan	Actual	Variance
Substantive WTE	5,008.6	4,838.5	170.0
Bank WTE	319.8	292.1	27.8
Agency WTE	32.8	33.2	(0.4)
Total workforce WTE	5,361.1	5,163.7	197.4

Bucks Healthcare provider summary

**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

BHT are reporting £0.1m favourable to plan YTD.

- YTD pay costs are £3.3m adverse to plan (a significant deterioration from £1.5m adverse to plan at M3).
- £0.3m of the adverse pay variance is due to Industrial Action (IA) during M4. This has been mitigated by the early release of balance sheet flexibilities planned for later in the year; this creates a financial pressure in H2. The remaining YTD adverse pay variance has been offset by income £3.8m above plan.
- Efficiencies are £0.1m ahead of plan YTD. There is underachievement of pay efficiencies in line with the overall pay position, mitigated by overachievement on non-recurrent non-pay schemes. £22.1m (58%) of efficiency forecast is classed as fully developed (£25.6m at M3). £6.0m (16%) is classed as high risk

Income and Expenditure	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	(58.2)	(61.9)	3.7	(228.9)	(232.7)	3.8	(691.1)	(690.6)	(0.5)
Workforce pay cost	35.6	37.3	(1.8)	141.0	144.3	(3.3)	415.4	415.4	0.0
Non-pay cost	21.7	23.8	(2.1)	87.5	88.5	(1.0)	260.0	260.3	(0.3)
Non operating Items	1.4	1.1	0.2	5.5	4.9	0.6	16.5	15.7	0.8
Surplus/(deficit)	(0.4)	(0.3)	0.1	(5.0)	(4.9)	0.1	(0.8)	(0.8)	0.0
As % of income	(0.7%)	(0.5%)	0.1%	(2.2%)	(2.1%)	0.0%	(0.1%)	(0.1%)	0.0%

Efficiencies	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	0.9	0.6	(0.3)	2.8	1.7	(1.1)	11.3	10.9	(0.4)
Non-Pay	0.8	0.5	(0.3)	2.2	2.0	(0.2)	9.1	9.6	0.5
Income	0.1	0.1	0.0	0.2	0.2	(0.0)	0.9	0.8	(0.1)
Total Recurrent	1.8	1.2	(0.6)	5.2	3.8	(1.3)	21.3	21.3	0.0
Pay	1.0	(0.4)	(1.4)	2.9	0.6	(2.3)	11.9	9.2	(2.7)
Non-Pay	0.4	(1.4)	(1.8)	1.2	0.8	(0.4)	4.8	2.6	(2.2)
Income	0.0	4.0	4.0	0.0	4.1	4.1	0.0	4.9	4.9
Total Non-Recurrent	1.4	2.2	0.8	4.1	5.5	1.4	16.7	16.7	0.0
Total Efficiencies	3.2	3.4	0.2	9.3	9.4	0.1	37.9	37.9	0.0

Workforce pay costs	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Substantive	32.8	34.3	(1.5)	129.6	133.3	(3.6)	381.9	381.9	0.0
Bank	2.4	2.7	(0.2)	9.9	9.6	0.2	29.1	29.1	0.0
Agency	0.4	0.4	(0.0)	1.5	1.4	0.1	4.4	4.4	0.0
All other Pay	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total workforce pay cost	35.6	37.3	(1.8)	141.0	144.3	(3.3)	415.4	415.4	0.0

Workforce WTE	M04		
	Plan	Actual	Variance
Substantive WTE	6,379.7	6,386.1	(6.4)
Bank WTE	421.4	399.1	22.3
Agency WTE	43.8	49.3	(5.5)
Total workforce WTE	6,844.8	6,834.5	10.3

Oxford Health FT provider summary

**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

OHFT are reporting a £9k surplus to plan YTD.

- Pay costs are £2.5m over plan YTD offset by non-pay and income favourable to plan. The misalignment between £ and WTE is due to plan £ being set too low and not including the full cost of posts funded through MHIS and SDF as well as increases in R&D and Education and Training Income. Internal budgets within OH have been adjusted to reflect this and pay costs are underspent to internal budgets.
- Efficiencies are on plan YTD. £31.4m (87%) of schemes are classed as fully developed . £2.4m (7%) is classed as high risk.

Income and Expenditure	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	(60.0)	(60.6)	0.6	(236.7)	(237.1)	0.4	(710.0)	(709.1)	(0.9)
Workforce pay cost	35.6	36.8	(1.2)	140.0	142.5	(2.5)	418.8	429.9	(11.1)
Non-pay cost	24.1	23.5	0.5	95.8	93.8	2.0	287.2	275.7	11.6
Non operating Items	(0.0)	(0.0)	0.0	(0.4)	(0.5)	0.1	(0.8)	(1.2)	0.4
Surplus/(deficit)	0.4	0.3	(0.0)	1.3	1.3	0.0	4.8	4.8	0.0
As % of income	0.6%	0.6%	(0.1%)	0.5%	0.5%	0.0%	0.7%	0.7%	0.0%

Efficiencies	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	0.6	1.7	1.2	1.8	3.6	1.8	9.0	9.8	0.8
Non-Pay	0.4	0.3	(0.0)	1.4	1.4	(0.0)	4.8	4.4	(0.4)
Income	0.0	0.0	0.0	0.1	0.1	0.0	0.4	0.4	0.0
Total Recurrent	1.0	2.1	1.1	3.3	5.1	1.8	14.2	14.6	0.4
Pay	1.7	0.8	(0.9)	6.6	5.0	(1.5)	18.3	19.6	1.3
Non-Pay	0.3	0.1	(0.2)	0.4	0.1	(0.3)	3.5	1.8	(1.7)
Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Non-Recurrent	2.0	0.9	(1.1)	6.9	5.1	(1.8)	21.8	21.4	(0.4)
Total Efficiencies	3.0	3.0	(0.0)	10.2	10.2	(0.0)	36.0	36.0	0.0

Workforce pay costs	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Substantive	30.9	32.3	(1.4)	121.8	125.6	(3.8)	364.7	378.1	(13.4)
Bank	3.3	3.1	0.2	12.8	12.0	0.8	38.8	36.3	2.5
Agency	1.5	1.4	0.1	6.2	5.6	0.6	17.6	17.6	0.0
All other Pay	(0.2)	(0.1)	(0.1)	(0.8)	(0.7)	(0.1)	(2.3)	(2.1)	(0.2)
Total workforce pay cost	35.6	36.8	(1.2)	140.0	142.5	(2.5)	418.8	429.9	(11.1)

Workforce WTE	M04		
	Plan	Actual	Variance
Substantive WTE	6,668.3	6,664.3	4.0
Bank WTE	655.2	598.2	56.9
Agency WTE	185.4	155.8	29.7
Total workforce WTE	7,508.9	7,418.3	90.6

Oxford University Hospitals FT provider summary

**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

OUH are reporting a £9.2m deficit YTD which is a £0.3m surplus to plan.

- The YTD underspend is in part due to a one-off benefit in month from a PFR insurance rebate.
- YTD pay costs are £1.2m favourable to plan (£0.7m favourable to plan at M3). £0.4m of direct pay costs relating to the Industrial Action in July are included in the YTD pay costs and have been mitigated by other pay costs below plan. The activity and income impact of the IA will be confirmed by the trust during M5
- Non-Pay costs are £11.6m over plan YTD but offset by Income (£9.3m) and pay (£1.2m) favourable to plan.
- Efficiencies are £0.3m favourable to plan YTD (£2.2m behind plan at M3). OUH are reporting £10.7m overachievement in FOT against efficiency schemes. This is due to non-cash releasing efficiencies now being included (as per PFR changes by NHSE). £60.9m of CIP schemes categorised as fully developed (£45.3m at M3). £36.0m (33%) are classified as high risk £37.5m at M3).

Income and Expenditure	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	(146.0)	(148.7)	2.7	(576.0)	(585.4)	9.3	(1,730.8)	(1,735.2)	4.4
Workforce pay cost	85.4	85.0	0.5	337.1	335.9	1.2	989.1	989.1	0.0
Non-pay cost	57.8	61.8	(4.0)	233.0	244.6	(11.6)	691.1	696.5	(5.5)
Non operating Items	3.9	2.9	1.0	15.5	14.1	1.4	48.6	47.6	1.1
Surplus/(deficit)	(1.2)	(1.0)	0.2	(9.5)	(9.2)	0.3	2.0	2.0	0.0

As % of income	(0.8%)	(0.6%)	0.1%	(1.6%)	(1.6%)	0.0%	0.1%	0.1%	0.0%
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Efficiencies	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	2.3	0.9	(1.4)	5.5	5.2	(0.2)	38.5	39.9	1.4
Non-Pay	1.5	2.8	1.3	6.0	5.9	(0.1)	18.0	22.4	4.4
Income	0.3	2.4	2.1	1.2	2.8	1.5	3.7	12.0	8.3
Total Recurrent	4.1	6.1	2.0	12.7	13.9	1.2	60.2	74.3	14.1
Pay	0.6	1.4	0.8	2.5	3.9	1.4	7.5	5.3	(2.2)
Non-Pay	1.9	0.8	(1.1)	7.4	5.4	(2.1)	22.3	26.2	3.9
Income	0.4	1.2	0.8	2.1	1.9	(0.3)	9.1	4.0	(5.1)
Total Non-Recurrent	2.8	3.3	0.5	12.1	11.2	(0.9)	38.9	35.5	(3.4)
Total Efficiencies	7.0	9.4	2.5	24.7	25.0	0.3	99.0	109.7	10.7

Workforce pay costs	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Substantive	81.1	80.8	0.3	319.5	319.6	(0.1)	938.5	938.5	0.0
Bank	3.7	3.7	0.0	14.7	13.8	1.0	42.7	42.7	0.0
Agency	0.3	0.3	0.1	1.6	1.3	0.3	4.3	4.3	0.0
All other Pay	0.3	0.3	0.0	1.2	1.2	0.0	3.7	3.7	0.0
Total workforce pay cost	85.4	85.0	0.5	337.1	335.9	1.2	989.1	989.1	0.0

Workforce WTE	M04		
	Plan	Actual	Variance
Substantive WTE	13,978.6	13,802.6	176.0
Bank WTE	644.0	579.9	64.1
Agency WTE	35.0	32.7	2.3
Total workforce WTE	14,657.6	14,415.2	242.4

Royal Berkshire FT provider summary

**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

RBFT are reporting an £8.8m deficit YTD which is on plan.

- YTD pay costs are £2.0m adverse to plan (a significant deterioration from £0.8m adverse to plan at M3). The pay variance is largely driven by higher rates being paid for clinical sessions in order that activity targets are met. £0.4m of the adverse pay variance is due to Industrial Action (IA) during M4. This has been mitigated by the early release of balance sheet flexibilities planned for later in the year; this creates a financial pressure in H2. The remaining YTD adverse pay variance has been offset by income £2.3m above plan.
- CIP delivery is £3.0m favourable to plan (£2.2m at M3). £33.1m (82%) of CIP schemes are categorised as fully developed at M4. £17.2m (42%) of CIPs are classified as high risk of delivery.

Income and Expenditure	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	(56.5)	(57.8)	1.4	(220.8)	(223.1)	2.3	(667.3)	(667.3)	0.0
Workforce pay cost	34.6	35.9	(1.2)	137.3	139.3	(2.0)	409.2	409.2	0.0
Non-pay cost	22.0	22.2	(0.2)	89.3	89.6	(0.3)	256.5	256.5	0.0
Non operating Items	0.8	0.8	(0.0)	3.1	3.1	(0.0)	9.4	9.4	0.0
Surplus/(deficit)	(1.0)	(1.0)	(0.0)	(8.8)	(8.8)	0.0	(7.8)	(7.8)	0.0
As % of income	(1.7%)	(1.7%)	(0.0%)	(4.0%)	(4.0%)	0.0%	(1.2%)	(1.2%)	0.0%

Efficiencies	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	0.5	(0.4)	(0.8)	2.0	0.3	(1.7)	15.5	1.9	(13.6)
Non-Pay	0.5	2.8	2.2	2.0	5.1	3.0	10.2	21.3	11.2
Income	0.1	(0.0)	(0.1)	0.5	0.1	(0.4)	1.2	0.6	(0.6)
Total Recurrent	1.1	2.3	1.3	4.5	5.5	1.0	26.8	23.8	(3.0)
Pay	0.2	1.2	1.0	0.7	2.9	2.2	1.6	8.4	6.8
Non-Pay	0.3	(1.3)	(1.5)	1.0	0.5	(0.5)	7.8	2.5	(5.3)
Income	0.3	0.3	0.0	0.7	1.0	0.3	4.4	6.0	1.6
Total Non-Recurrent	0.7	0.2	(0.5)	2.4	4.4	2.0	13.8	16.8	3.0
Total Efficiencies	1.8	2.6	0.8	6.8	9.8	3.0	40.6	40.6	0.0

Workforce pay costs	M04			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Substantive	32.9	34.4	(1.5)	130.4	133.0	(2.6)	388.5	388.5	0.0
Bank	1.6	1.3	0.2	6.2	5.7	0.5	18.7	18.7	0.0
Agency	0.2	0.1	0.0	0.7	0.6	0.1	2.0	2.0	0.0
All other Pay	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total workforce pay cost	34.6	35.9	(1.2)	137.3	139.3	(2.0)	409.2	409.2	0.0

Workforce WTE	M04		
	Plan	Actual	Variance
Substantive WTE	5,897.2	5,960.9	(63.7)
Bank WTE	318.0	296.1	21.9
Agency WTE	20.9	12.1	8.8
Total workforce WTE	6,236.1	6,269.1	(33.0)

ICS Capital 2025/26 M04

Capital M4 2025/26	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'m	£'m	£'m	£'m	£'m	£'m
Operational Capital (BAU)	17.2	8.4	8.7	74.3	73.5	0.9
IFRS16	8.5	9.3	(0.8)	48.8	51.6	(2.9)
National Programmes - Estates Safety Fund	5.3	2.7	2.6	37.1	37.1	0.0
National Programmes - Constitutional Standards	1.2	0.0	1.1	39.6	27.6	12.0
Primary Care Utilisation Fund	0.7	0.0	0.7	2.8	2.8	0.0
PFI Capital Charges	3.5	3.5	0.0	10.6	10.6	0.0
Other	3.4	1.2	2.2	13.3	14.3	(1.0)
BOB ICS TOTAL	39.8	25.2	14.7	226.5	217.5	9.0
ICS CDEL total	36.9	24.1	12.8	216.3	207.3	9.0
Berkshire Healthcare NHS Foundation Trust	3.7	1.7	1.9	22.4	22.4	0.0
Buckinghamshire Healthcare NHS Trust	7.4	6.5	1.0	66.6	57.0	9.5
Oxford Health NHS Foundation Trust	5.5	1.6	3.9	20.9	20.9	0.0
Oxford University Hospitals NHS Foundation Trust	12.1	9.9	2.2	62.7	62.7	0.0
Royal Berkshire NHS Foundation Trust	6.2	4.3	1.9	37.4	37.9	(0.5)
BOB ICB	1.9	0.0	1.9	6.2	6.2	0.0
ICS Non-CDEL total	3.0	1.1	1.8	10.2	10.2	(0.0)

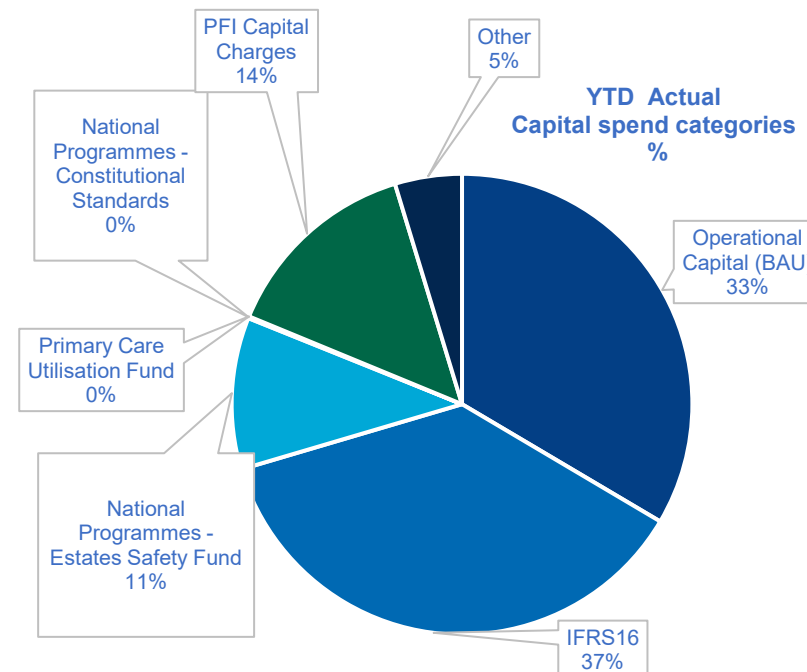
Gross Capital values: Owned (all funding sources), IFRS16 and PFI/ IFRIC 12 assets

At M04 System gross capital spend was £14.7m worse than plan due to profiling at the planning stage, of which:

- £8.7m of the operational capital schemes underspend relates to BHT (£1.6m), OHFT (£4.2m), RBFT (£2.0) and others (£0.9m)
- £0.8m of the IFRS16 overspend relates to RBFT with nothing planned but spend of £1.8 YTD and National Programmes are circa £2.8m due to planning profile

The full year forecast outturn is an underspend of £9.0m on approved plans and allocations. There is a £12m underspend on the Endoscopy Project at BHT which is set to be completed over two financial years. Therefore, the allocation underspend against this project will be removed from 2025/26 and transferred to 2026/27 – thereby eliminating the in-year variance. There is a further adjustment expected by BHT on their prior year UEC allocation of £2.m which is included in the in-year FOT.

IFRS 16 is forecasted to be £2.9 overspend. This relates to RBFT and OUH and is included in the £9m underspend as other operational capital has been adjusted to spend within allocation.



BOB ICS key capital priorities are:

- BOB ICS Estates and Capital Workstream (BAU)
- National Programme Estates Safety Fund (CIR)
- National Programme Constitutional Standards
- Primary Care IT
- Primary Care Utilisation Fund

Source: Provider PFR (per PFR tab 16)

Glossary of Terms



Term	Explanation
AACCC	All Age Complex and Continuing Care (see CHC below)
ALOS	Average Length of stay
API	Aligned Payment and Incentive - Payment mechanism covering almost all NHS provider activity and comprises fixed and variable elements. Almost all elective activity, and all activity which forms part of the ERF, is included in the variable element and is paid for using NHS Payment Scheme unit prices.
ARRS	Additional Roles Reimbursement Scheme for Primary care. NHS E reimburse costs of additional roles such as Pharmacists, Paramedics, MH workers retrospectively i.e. after the additional costs have been incurred.
BOB	Buckinghamshire, Oxfordshire and Berkshire West
Break even	Where actual costs are the same as planned
Capital	Property, plant or equipment held for use in delivering services that are expected to be used for more than one financial year
Category M drugs	Multiple source and widely available generic drugs
CIP	Cost Improvement Plans - schemes designed to save money without impacting on services and patient safety.
CHC	Continuing Healthcare - free social care for people with long term complex health needs that is funded solely by the NHS
Deficit	Expenditure in excess of resources
ERF	Elective Recovery Funding - to support the NHS in its endeavour to increase its elective activity, which are the non-emergency procedures that have been scheduled in advance.
Fast-Track	NHS Continuing Healthcare Fast-Track pathway for those where health is deteriorating quickly or nearing the end of life
FNC	Funded Nursing Care - for people not eligible for CHC but assessed as requiring nursing care in a care home. NHS pay a contribution towards the cost of registered nursing care.
FOT/Forecast	Forecast Outturn - forecast spend at end of the financial year
ICB	Integrated Care Board
ICS	Integrated Care System - consists of ICB and provider organisations in Buckinghamshire, Oxfordshire and Berkshire West.
Mitigations	Actions taken/to be taken to reduce impact of risks
NCA	Non-contracted activity
NCSO	"No cheaper stock obtainable" - generic drug not available at tariff price, higher cost items need to be used
Overspend/Adverse	Actual costs are more than planned
POD services	Pharmacy, Ophthalmology and Dental services delegated to ICBs from NHS E regional teams from 2022-23
Under spend/Favourable	Actual costs are less than planned
Variance	Difference between actual expenditure and plan
YTD	Year to date

BOB ICB BOARD MEETING

Title	Performance and Quality Report		
Paper Date:	1 September 2025	Meeting Date:	9 September 2025
Purpose:	Information / Discussion / Assurance	Agenda Item:	Performance and Quality Report
Author:	Ben Gattlin Assoc. Dir. of Performance	Exec Lead/ Senior Responsible Officer:	Matthew Tait Chief Delivery Officer
Executive Summary			
<p>As established in the previous board, the M3 report has been refreshed in line with 2025/26 update core metrics. SPC is not available for all data points while historic data is established, and plans numbers are finalised.</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"> • Urgent and Emergency Care – 4 Hour standard • Elective – Waiting times • Learning Disabilities and Autism – Reduction on impatient reliance for LDA. • Cancer - 62 days - % of patients treated within 62 days. • Primary care access <p>Note the report title page states M3 (June 2025) however the data contained within the report is provided as the latest publishable data, in some instances this could be February 2025 or as recent as July 2025.</p> <p>The report gives a high-level overview of performance for NHS partners across the integrated care system and focuses on five key areas with additional wider performance oversight measures information.</p> <p>Urgent and Emergency Care – 4 Hour standard – target 78% by end of March 2026</p> <ul style="list-style-type: none"> • Performance across Buckinghamshire, Oxfordshire, and Berkshire West (BOB) was 81% in July 2025, an improvement of 3.6% on July 2024. • Alternatives to ED continue to be promoted to reduce the pressure on departments, including Urgent Community Response (UCR), Virtual Wards (VWs), 111, 111 online, and Urgent Care Centres (UCCs/UTCs/MIUs). • 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 ahead of Winter.
- Baseline assessment undertaken against the UEC Care Plan 2025/26. published 6th June and captured within Winter plans as appropriate.
- ICB and Trust Winter plans in development in accordance with the NHSE prescribed Board Assurance Statements requirement for 25/26.

Elective – Long Waits – target zero over 52 week waits.

- BOB providers reported 64% of patients seen within 18 weeks in BOB which is slightly above the plan level
- The Acute Provider Collaborative (APC) continues to work with the ICB to minimise the volume of 52wk breaches and reduce the overall waiting list size.
- The second validation sprint exercise in underway to support cleansing of waiting lists to improve reporting accuracy.
- Work continues within the APC to agree load balancing initiatives to better align demand with capacity within challenged specialties e.g. urology and plastics.
- Trusts worked to minimise the impact of Industrial Action on planned care pathways.

Learning Disabilities and Autism – 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 basis¹.
- 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 is showing a reduction in inpatient numbers in these categories against last year's position.

Cancer waits – target; percentage of patients treated for cancer within 62 days of referral (62-day standard)

- 62-day combined performance in June 2025, 66.4% which is below new target; to improve performance against the headline 62-day cancer standard to 75% by March 2026. This demonstrates a 6.3% improvement in performance from the previous month although regional oversight and support continues
- Performance of Faster Diagnosis Standard (FDS) 78.6% in June represents consistent strong performance and is above plan at this stage

Primary Care access – Target; patient satisfaction on ease of obtaining an appointment.

- A small increase has been seen in the number of GPs working in BOB, recruitment and retention remains a priority.
- Patient satisfaction is high across BOB.

¹ 30 per million for adults and 15 per million for children

- 889K appointments took place in M3, an increase on the previous reporting period.

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 1433 total births across the system in June which is above average.
- Smoking disclosed at time of booking was 3.77% in June target whilst smoking at the time of delivery was 4.76%. Both are within the target range.
- Breastfeeding initiation rates remain above the mean of last two years.
- Neonatal deaths show common cause variation with data falling both above and below the mean. There were 1.3² still births across BOB in June 2025.

Quality – Target; 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
- ICB to reach out to Trusts via Deputy Chief Nurses to revisit the plan to establish a system wide improvement collaborative with a focus on safer surgery/invasive procedures.
- Continue to await RBFT maternity insights visit report. Was due 16th August but not available yet.

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.

² Rate per 1000 births

NHS Performance and Quality Report

M3 - June 2025







Matthew Tait – Chief Delivery Officer


Sarah Bellars – Chief Nursing Officer











Ben Riley – Chief Medical Officer











Scorecard - M3 - June 2025

		Period	Target	Value	Assurance	Variance
Urgent Care	Ambulance Response Times - Mean Category 2	Jun 25	00:30:00	00:32:32		
	Percentage of attendances in A&E over 12 hours	Jul 25	6.5%	4.1%		
	Percentage of patients who spent 4 hours or less in A&E	Jul 25	78.0%	81.0%		

		Period	Target	Value	Assurance	Variance
Cancer	Cancer 28 days wait (faster diagnosis standard) - Commissioner	Jun 25	80.0%	78.6%		
	Cancer Referral/Upgrade to First Treatment Standard (62-day standard) - Commissioner	Jun 25	75.0%	66.4%		
	Percentage of people treated beginning first or subsequent treatment of cancer within 31 days of receiving a decision to treat/earliest clinically appropriate date	Jun 25		86.8%		

		Period	Target	Value	Assurance	Variance
Planned Care	Percentage of incomplete pathways waiting more than 52 weeks	May 25	1.0%	2.4%		
	Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period	Jun 25	92.0%	64.0%		
	RTT waiting list - The total number of incomplete RTT pathways	Jun 25		184,775		
	The percentage of patients waiting 6 weeks or more for a diagnostic test	May 25	1.0%	19.0%		
	Time to first appointment, waiting for first event and those waiting less than 18 weeks	Jun 25		65.6%		

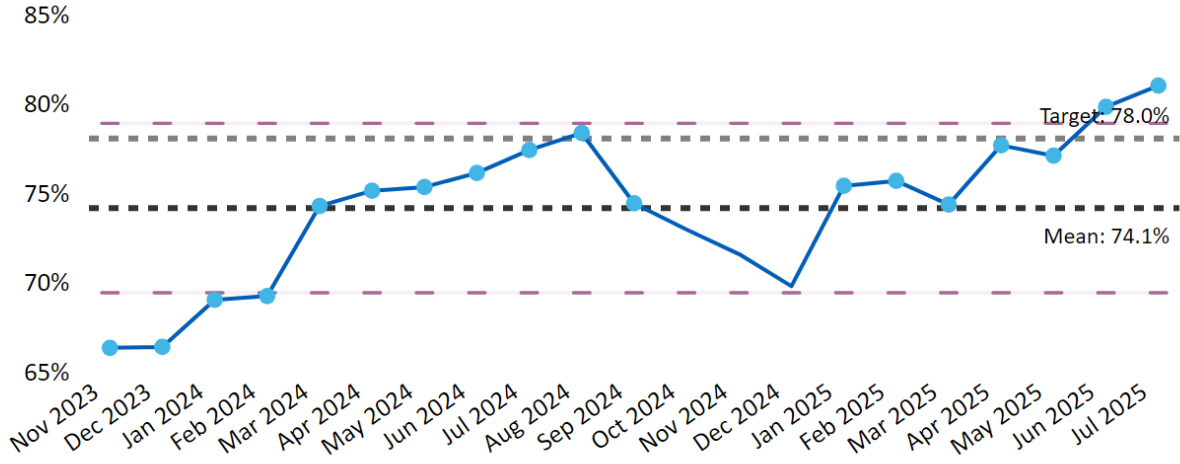
		Period	Target	Value	Assurance	Variance
Mental Health	Average length of stay for Adult Acute Beds	Jun 25		48.2		
	Improve access rate to Children and Young People's Mental Health Services	May 25	26,531	26,040		
	Improve patient flow and work towards eliminating inappropriate out of area placements	May 25		15		
	Individual Placement Support access	May 25		1,405		

Primary Care

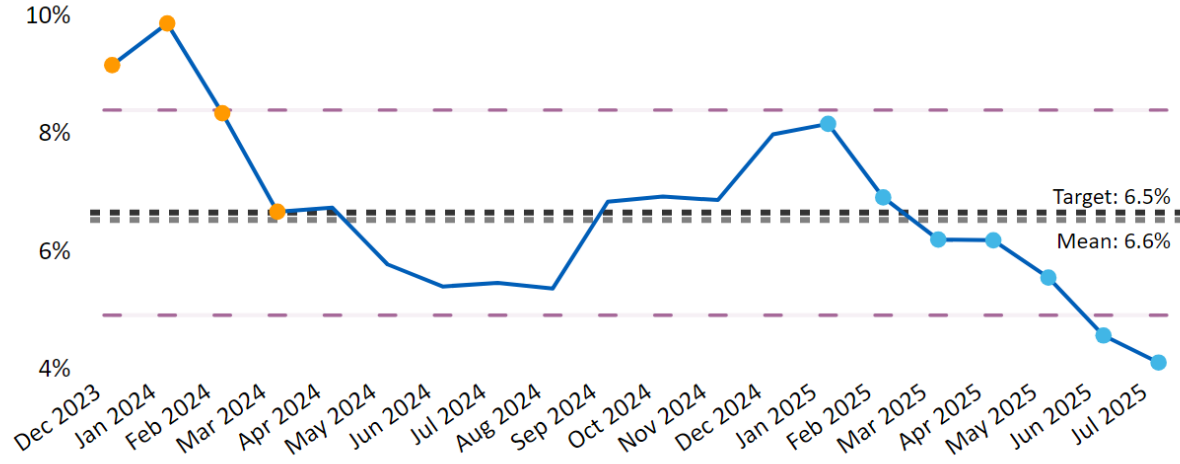
			Target	Curr Month	Plan	Variance (Actual - Plan)	Performance vs Plan	Curr Month Prev Year	Variance (Curr Month - Prev Year)	Performance
Appointments in general practice	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025		889,640	885,531	4,109	⬆️	822,534	67,106	⬆️
Friends and Family Test Recommend (FFT) recommend - GP Practices	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	May 2025		93.4%				91.1%	2.3%	⬆️
Friends and Family Test Recommend (FFT) recommend - GP Practices - Berkshire West	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	May 2025		93.3%				91.2%	2.1%	⬆️
Friends and Family Test Recommend (FFT) recommend - GP Practices - Buckinghamshire	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	May 2025		94.0%				91.5%	2.5%	⬆️
Friends and Family Test Recommend (FFT) recommend - GP Practices - Oxfordshire	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	May 2025		93.2%				90.6%	2.6%	⬆️
GP Appointments by Month split by modality - Face-to-Face	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025		532,722				497,291	35,431	⬆️
GP Appointments by Month split by modality - Home Visit	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025		10,411				10,656	-245	⬇️
GP Appointments by Month split by modality - Telephone	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025		284,193				268,269	15,924	⬆️
GP Appointments by Month split by modality - Unknown	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025		15,276				19,973	-4,697	⬇️
GP Appointments by Month split by modality - Video Conference/Online	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025		47,038				26,331	20,707	⬆️
No. GPs per 1000 population	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025		55				54	1	⬆️
No. GPs per 1000 population - Berkshire West	15A - WEST BERKSHIRE	Jun 2025		47				46	1	⬆️
No. GPs per 1000 population - Buckinghamshire	14Y - BUCKINGHAMSHIRE	Jun 2025		56				53	3	⬆️
No. GPs per 1000 population - Oxfordshire	10Q - OXFORDSHIRE	Jun 2025		60				60	1	⬆️
Percentage of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Mar 2025	45.0%	59.2%				57.7%	2.9%	⬆️

Urgent and Emergency Care

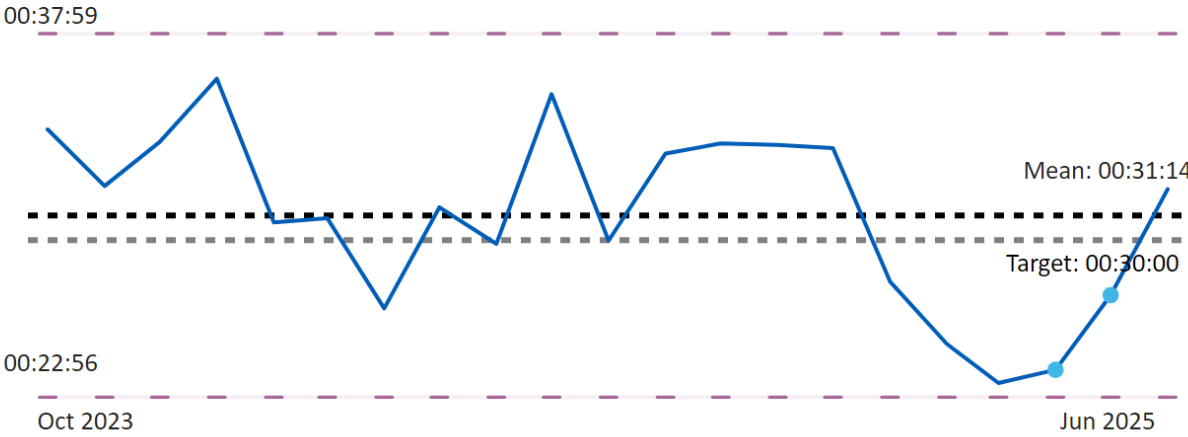
Percentage of patients who spent 4 hours or less in A&E



Percentage of attendances in A&E over 12 hours



Ambulance Response Times - Mean Category 2



Actions and risks

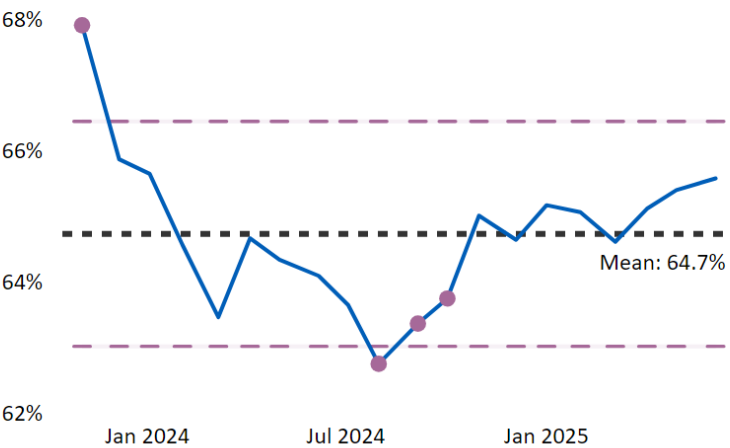
- All three acutes have ED improvement plans in place to support recovery of all types with delivery overseen at place UEC Boards.
- Alternatives to ED continue to be promoted to reduce the pressure on departments, including; Urgent Community Response (UCR), Virtual Wards (VWs), 111, 111 online, and 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 ahead of Winter
- Baseline assessment undertaken against the UEC Care Plan 2025/26 published 6th June and captured within Winter plans as appropriate.
- ICB and Trust Winter plans in development in accordance with the NHSE prescribed Board Assurance Statements requirement for 25/26
- Threat of further industrial action – well developed and proven plans in place to mitigate impact

Urgent and Emergency Care

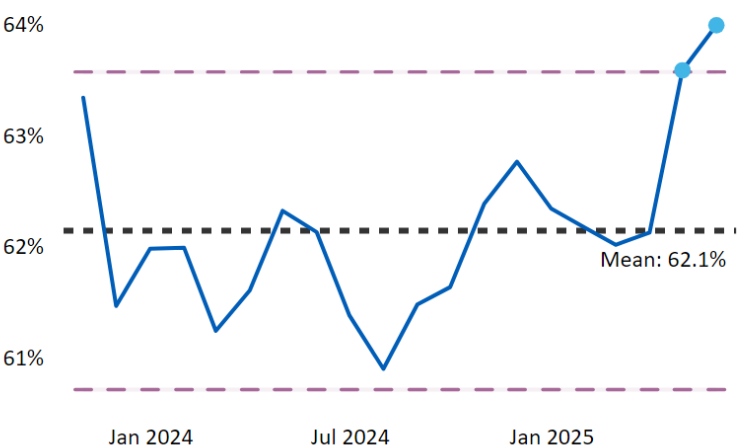
			Target	Curr Month	Variance (Actual - Plan)	Performance vs Plan	Curr Month Prev Year	Variance (Curr Month - Prev Year)	Performance
Ambulance Response Times - Mean Category 2	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025	00:30:00	00:32:32			00:29:49	00:02:43	⬆️
	RYE - SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST	Jul 2025	00:30:00	00:35:03			00:40:00	00:04:57	⬇️
Friends and Family Test Recommend (FFT) recommend - AE	RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	May 2025		81.3%			83.3%	-2.0%	⬇️
	RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	May 2025		81.4%			82.1%	-0.8%	⬇️
	RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	May 2025		68.8%			66.1%	2.8%	⬆️
Friends and Family Test Recommend (FFT) recommend - Ambulance	RYE - SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST	May 2025		0.0%			83.3%	-83.3%	⬇️
Percentage of attendances in A&E over 12 hours	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jul 2025	6.5%	4.1%			5.4%	-1.4%	⬇️
	RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	Jul 2025	5.0%	2.8%	1.5%	⬆️	3.7%	-1.0%	⬇️
	RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Jul 2025	4.6%	0.7%	-3.7%	⬇️	3.0%	-2.3%	⬇️
	RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	Jul 2025	7.3%	7.0%	0.4%	⬆️	7.1%	-0.1%	⬇️
Percentage of patients who spent 4 hours or less in A&E	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jul 2025	78.0%	81.0%			77.4%	3.6%	⬆️
	RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	Jul 2025	78.0%	78.1%	7.5%	⬆️	73.6%	4.5%	⬆️
	RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Jul 2025	78.0%	82.1%	6.2%	⬆️	78.7%	3.4%	⬆️
	RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	Jul 2025	78.0%	78.2%	-2.2%	⬆️	72.6%	5.6%	⬆️

Planned Care

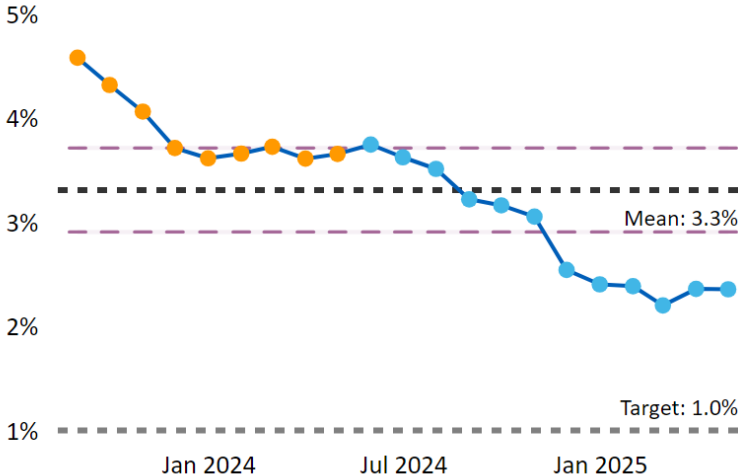
Time to first appointment, waiting for first event and those waiting less than 18 weeks



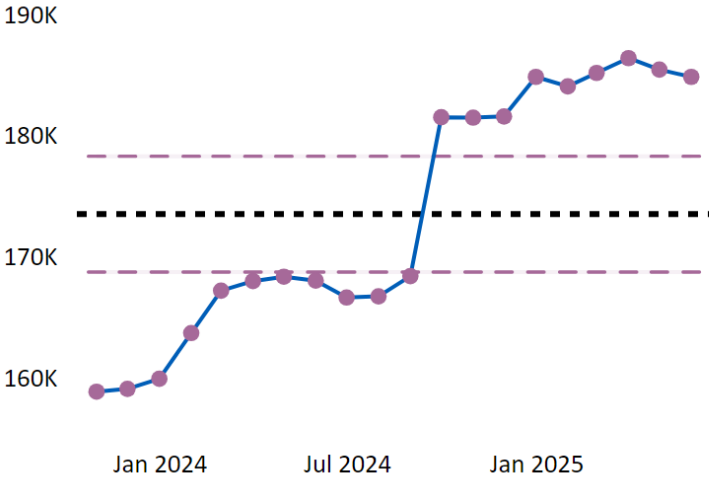
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period



Percentage of incomplete pathways waiting more than 52 weeks



RTT waiting list - The total number of incomplete RTT pathways



Actions

- The Acute Provider Collaborative (APC) continues to work with the ICB to minimise the volume of 52wk breaches and reduce the overall waiting list size
- The second validation sprint exercise in underway to support cleansing of waiting lists to improve reporting accuracy
- Work continues within the APC to agree load balancing initiatives to better align demand with capacity within challenged specialties e.g. urology and plastics
- Mitigating actions undertaken to minimise the impact of Industrial Action on planned care pathways

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

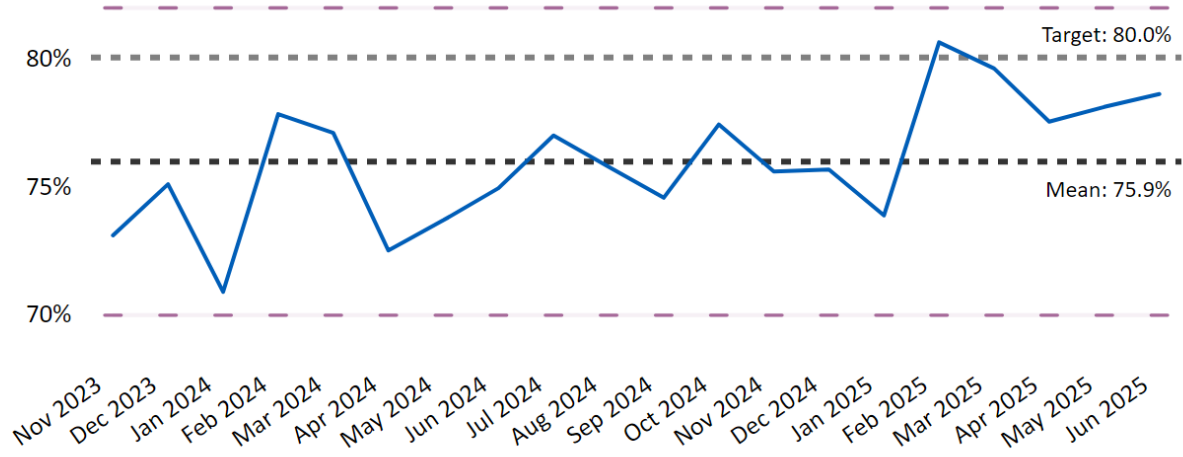
Planned Care

			Target	Curr Month	Plan	Variance (Actual - Plan)	Performance vs Plan	Curr Month Prev Year	Variance (Curr Month - Prev Year)	Performance
Percentage of incomplete pathways waiting more than 52 weeks	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	May 2025	1.0%	2.4%	2.4%	-0.1%	⬇️	3.7%	-1.3%	⬇️
	RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	May 2025	1.0%	0.1%	0.1%	0.0%	⬇️	0.1%	0.0%	⬇️
	RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	May 2025	1.0%	3.3%	3.6%	-0.3%	⬇️	4.5%	-1.2%	⬇️
	RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	May 2025	1.0%	2.7%	2.8%	-0.1%	⬇️	4.3%	-1.6%	⬇️
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025	92.0%	64.0%	63.1%	0.9%	⬆️	62.1%	1.9%	⬆️
	RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	Jun 2025	92.0%	79.9%	80.0%	-0.1%	⬇️	83.0%	-3.1%	⬇️
	RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Jun 2025	92.0%	59.0%	58.5%	0.5%	⬆️	58.0%	1.0%	⬆️
	RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	Jun 2025	92.0%	58.0%	60.5%	-2.5%	⬇️	55.2%	2.9%	⬆️
RTT waiting list - The total number of incomplete RTT pathways	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025		184,775	177,926	6,849	⬆️	167,986	16,789	⬆️
	RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	Jun 2025		36,524	36,500	24	⬆️	33,633	2,891	⬆️
	RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Jun 2025		86,825	88,923	-2,098	⬇️	84,287	2,538	⬆️
	RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	Jun 2025		49,406	44,800	4,606	⬆️	50,088	-682	⬇️
Time to first appointment, waiting for first event and those waiting less than 18 weeks	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025		65.6%					65.6%	⬆️
	RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	Jun 2025		77.9%				82.5%	-4.7%	⬇️
	RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Jun 2025		65.6%				63.8%	1.8%	⬆️
	RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	Jun 2025		53.9%				54.5%	-0.6%	⬇️

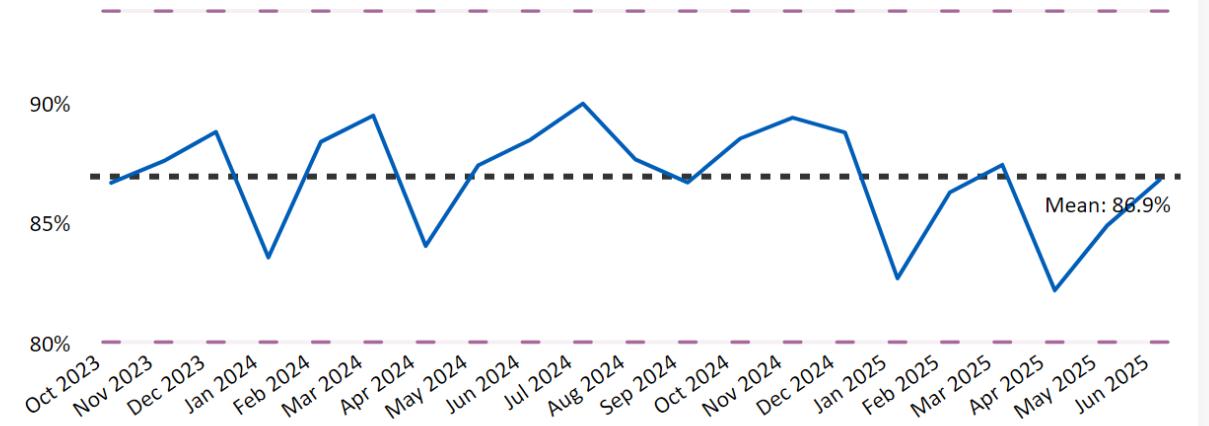
Planned Care

			Target	Curr Month	Plan	Variance (Actual - Plan)	Performance vs Plan	Curr Month Prev Year	Variance (Curr Month - Prev Year)	Performance
Cancelled Operations	RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	Mar 2025		100				68	32	⬆️
	RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Mar 2025		85				80	5	⬆️
	RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	Mar 2025		94				96	-2	⬇️
Friends and Family Test Recommend (FFT) recommend - Inpatient	RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	May 2025		95.6%				95.8%	-0.3%	⬇️
	RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	May 2025		95.4%				95.4%	0.0%	⬇️
	RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	May 2025		89.2%				89.6%	-0.4%	⬇️
Friends and Family Test Recommend (FFT) recommend - Outpatient	RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	May 2025		94.8%				95.6%	-0.8%	⬇️
	RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	May 2025		93.8%				93.7%	0.1%	⬆️
	RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	May 2025		93.0%				92.5%	0.5%	⬆️
Mixed Sex Accommodation Breaches	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	May 2025		280				410	-130	⬇️
	RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	May 2025		187				343	-156	⬇️
	RNU - OXFORD HEALTH NHS FOUNDATION TRUST	May 2025		0				0	0	
	RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	May 2025		94				93	1	⬆️
	RWX - BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	May 2025		0				0	0	
	RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	May 2025		0				0	0	
Proportion of discharges from adult acute beds eligible for 72 hour follow up - followed up in the reporting period	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	May 2025		541				298	243	⬆️

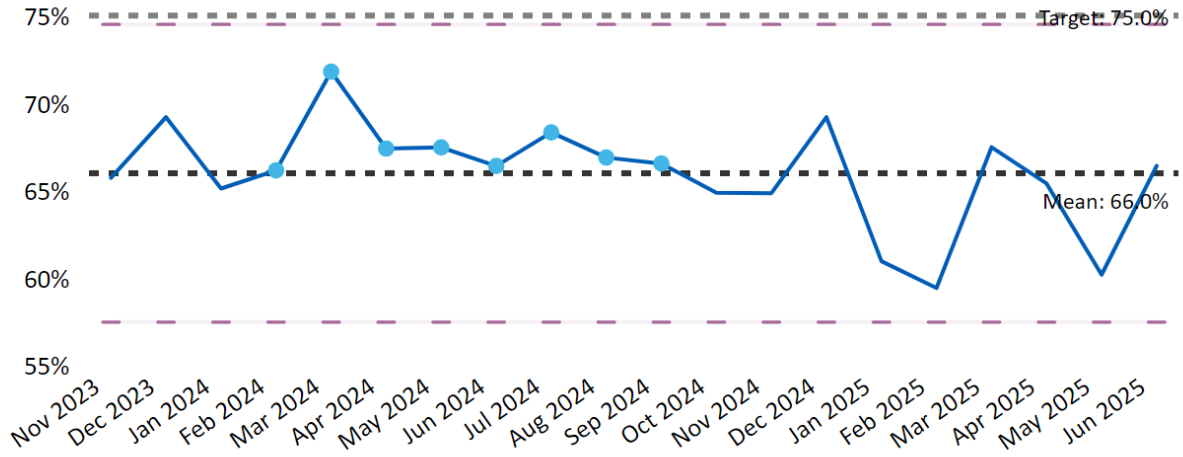
Cancer 28 days wait (faster diagnosis standard)



Percentage of people treated beginning first or subsequent treatment of cancer within 31 days of receiving decision to treat/earliest clinically appropriate date



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



Actions and risks

- 28-Day FDS:** 78.6% (up 0.5% vs May).
- OUH 77% (up 0.4%), BHT 80% (up 1.2%), RBH 78.9% down 0.6%).
- 31-Day Combined:** 86.9% (up 2% vs May).
- OUH 80.4% (up 2.9%), RBH 93.3% (up 4.2%), BHT 80.8% (down 4.6%).
- 62-Day Combined:** 66.4% (up 6.2% vs May).
- OUH 61.8% (up 10.3%), RBH 70.2% (up 1.5%), BHT 67% (up 3.3%).
- BHT’s position driven by LGI, Gynae and Lung. Endoscopy and theatre delays to be supported with additional funding from TVCA
- OUH’s position driven by Gynae, H&N and Lung. Long endoscopy waits and admin teams under pressure due to long term sickness and vacancies. Recruitment for nurse navigator ongoing
- RBH’s position driven by Gynae, LGI and Urology. Recruitment underway in radiotherapy but new staff will require 6-8 weeks induction. New CAG meetings set up for Radiology and Pathology alongside tumour site CAGs

			Target	Curr Month	Plan	Variance (Actual - Plan)	Performance vs Plan	Curr Month Prev Year	Variance (Curr Month - Prev Year)	Performance
Cancer 28 days wait (faster diagnosis standard)	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025	80.0%	78.6%	74.6%	3.9%	⬆️	74.9%	3.7%	⬆️
	RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	Jun 2025	80.0%	78.9%	75.0%	3.9%	⬆️	64.6%	14.3%	⬆️
	RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Jun 2025	80.0%	77.0%	77.6%	-0.6%	⬆️	81.1%	-4.1%	⬆️
	RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	Jun 2025	80.0%	80.0%	75.0%	5.0%	⬆️	76.9%	3.1%	⬆️
Cancer Referral/Upgrade to First Treatment Standard (62-day standard)	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025	75.0%	66.4%	68.7%	-2.3%	⬆️	66.4%	0.0%	
	RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	Jun 2025	75.0%	70.4%	72.2%	-1.8%	⬆️	72.4%	-2.0%	⬆️
	RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Jun 2025	75.0%	61.8%	60.6%	1.1%	⬆️	59.9%	1.8%	⬆️
	RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	Jun 2025	75.0%	62.4%	63.1%	-0.6%	⬆️	61.3%	1.2%	⬆️
Percentage of people treated beginning first or subsequent treatment of cancer within 31 days of receiving a decision to treat/earliest clinically appropriate date	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025		86.8%	87.2%	-0.4%	⬆️	88.5%	-1.7%	⬆️
	RHW - ROYAL BERKSHIRE NHS FOUNDATION TRUST	May 2025		89.1%	93.1%	-4.0%	⬆️	90.7%	-1.6%	⬆️
	RTH - OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	May 2025		77.5%	80.5%	-2.9%	⬆️	84.9%	-7.4%	⬆️
	RXQ - BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	May 2025		85.2%	84.2%	1.1%	⬆️	83.9%	1.4%	⬆️

Quality Scorecard

Metric	Period	Target	BOB ICB	RBFT	OH	OUH	BHFT	BHT
Friends and Family Test Recommend (FFT) recommend - Community	Jun 2025	Higher is Better			94.9%		95.8%	92.5%
Friends and Family Test Recommend (FFT) recommend - Dental	Jun 2025	Higher is Better	97.8%					
Friends and Family Test Recommend (FFT) recommend - Maternity (Q1)	Jun 2025	Higher is Better		90.9%		89.4%		88.3%
Friends and Family Test Recommend (FFT) recommend - Maternity (Q2)	Jun 2025	Higher is Better		100.0%		93.8%		90.9%
Friends and Family Test Recommend (FFT) recommend - Maternity (Q3)	Jun 2025	Higher is Better		96.9%		82.6%		84.4%
Friends and Family Test Recommend (FFT) recommend - Maternity (Q4)	Jun 2025	Higher is Better		0.0%		0.0%		91.7%

Maternity Questions

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

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

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

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

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

Quality Scorecard

Metric	Target	BOB ICB	RBFT	OUH	BHT
SHMI	Lower is Better		1.0764	0.8943	0.8051
Never Events	0	0			

These metrics measure:

Never Events our objective is to have 0 never events

The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England. The SHMI is not a measure of quality of care and a higher or lower number than expected should not be interpreted as good/poor performance, it should be viewed as a “smoke alarm” which requires further investigation

CQC updates

Progress with the implementation of the national patient safety strategy

Actions

- Await learning from never event patient safety incident investigation at BHT and any CQC follow up.
- ICB to reach out to Trusts via Deputy Chief Nurses to revisit the plan to establish a system wide improvement collaborative with a focus on safer surgery/invasive procedures.
- Continue to await RBFT maternity insights visit report. Was due 16th August but not available yet.

How are we performing?

There has been 1 Never Event declared by BHT.

Date of incident: 25 April 2025

Date reported: 22 June 2025

The incident relates to a 35-year-old patient who underwent Surgical Management of Miscarriage on 25 April 2025.

On 21 June 2025, the patient re-presented to hospital having self-expelled a retained surgical swab vaginally.

Clinical photographs taken at the time has confirmed the item was a theatre swab with a visible radio-opaque marker.

This incident meets the criteria for a Never Event under the category retained foreign object post procedure.

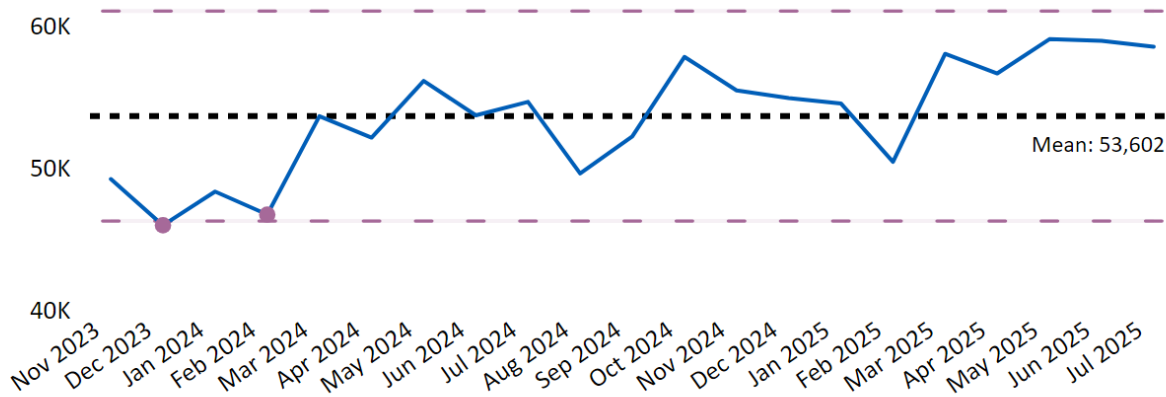
CQC Improvement Notice served to RBFT on 25/07/25 in relation to nuclear medicine services and the Ionising Radiation (Medical Exposure) Regulations 2017, Regulation 6 Employer’s duties: establishment of general procedures, protocols and quality assurance programmes

Wider Performance Oversight Measures

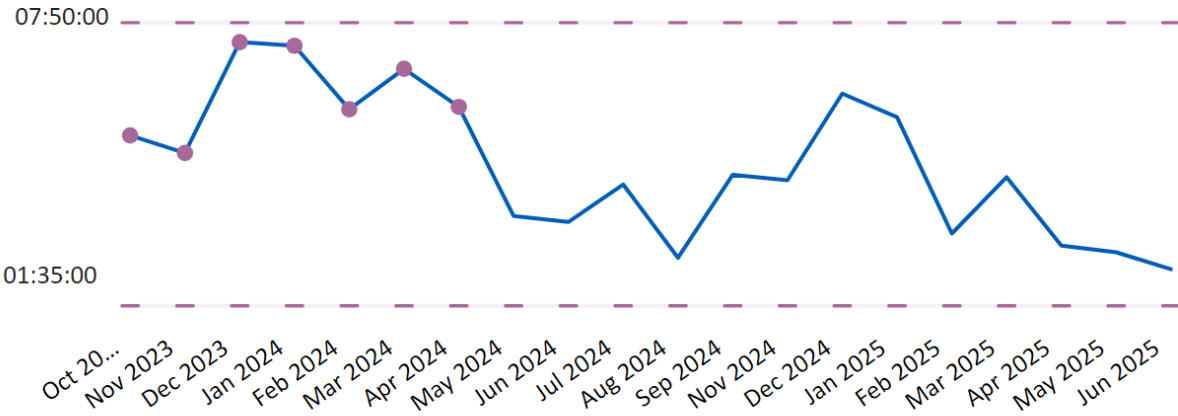


Ambulance and Urgent and Emergency Care

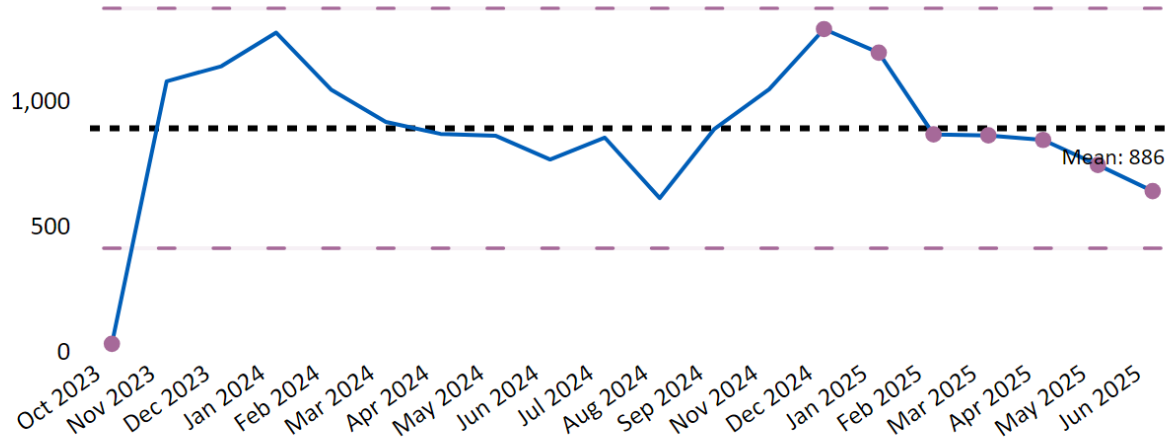
Total A&E Attendances



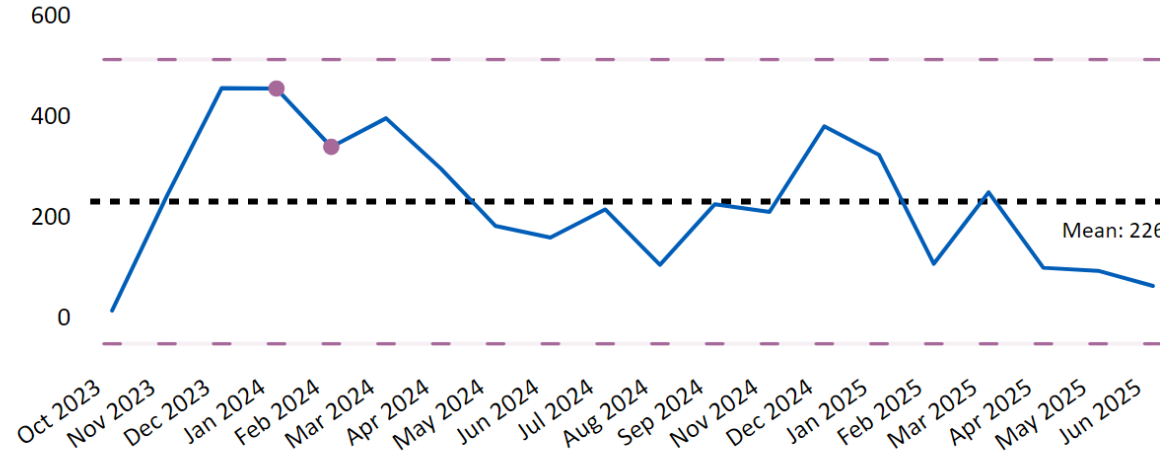
Average Hours Lost on Handover Delays per day at BOB Acute Trusts



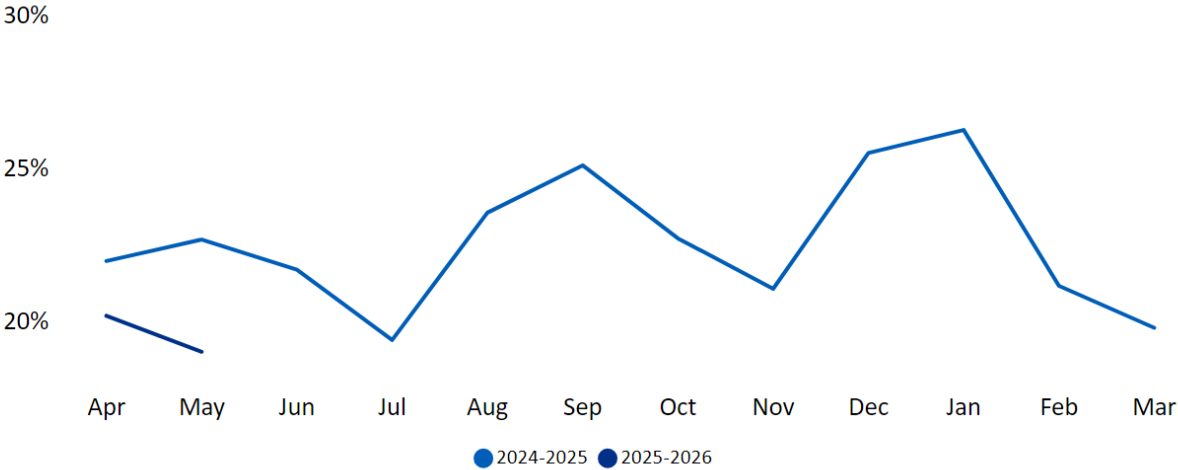
Ambulance Handover Delays greater than 30 minutes (as reported by NHS Acute Trusts)



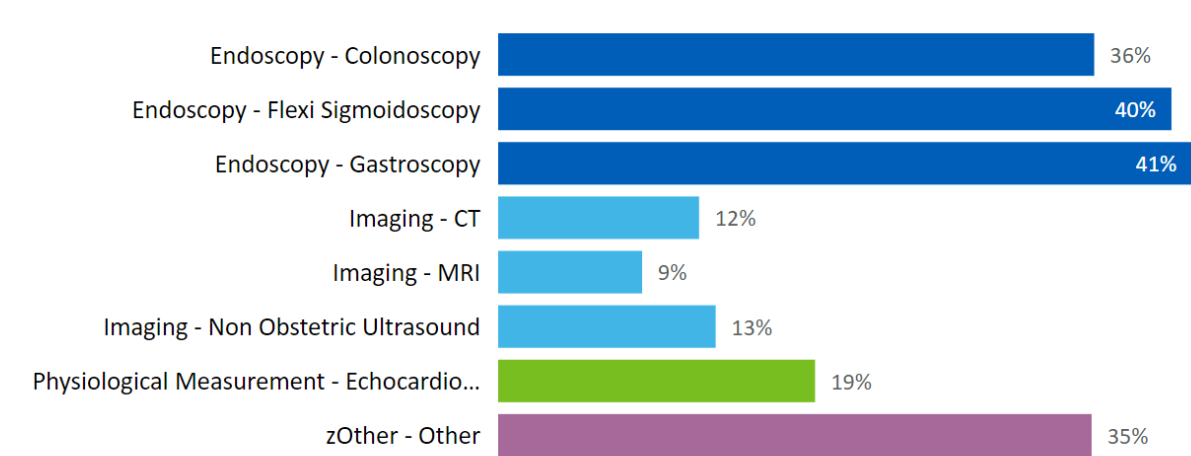
Ambulance Handover Delays (>60 Minutes)



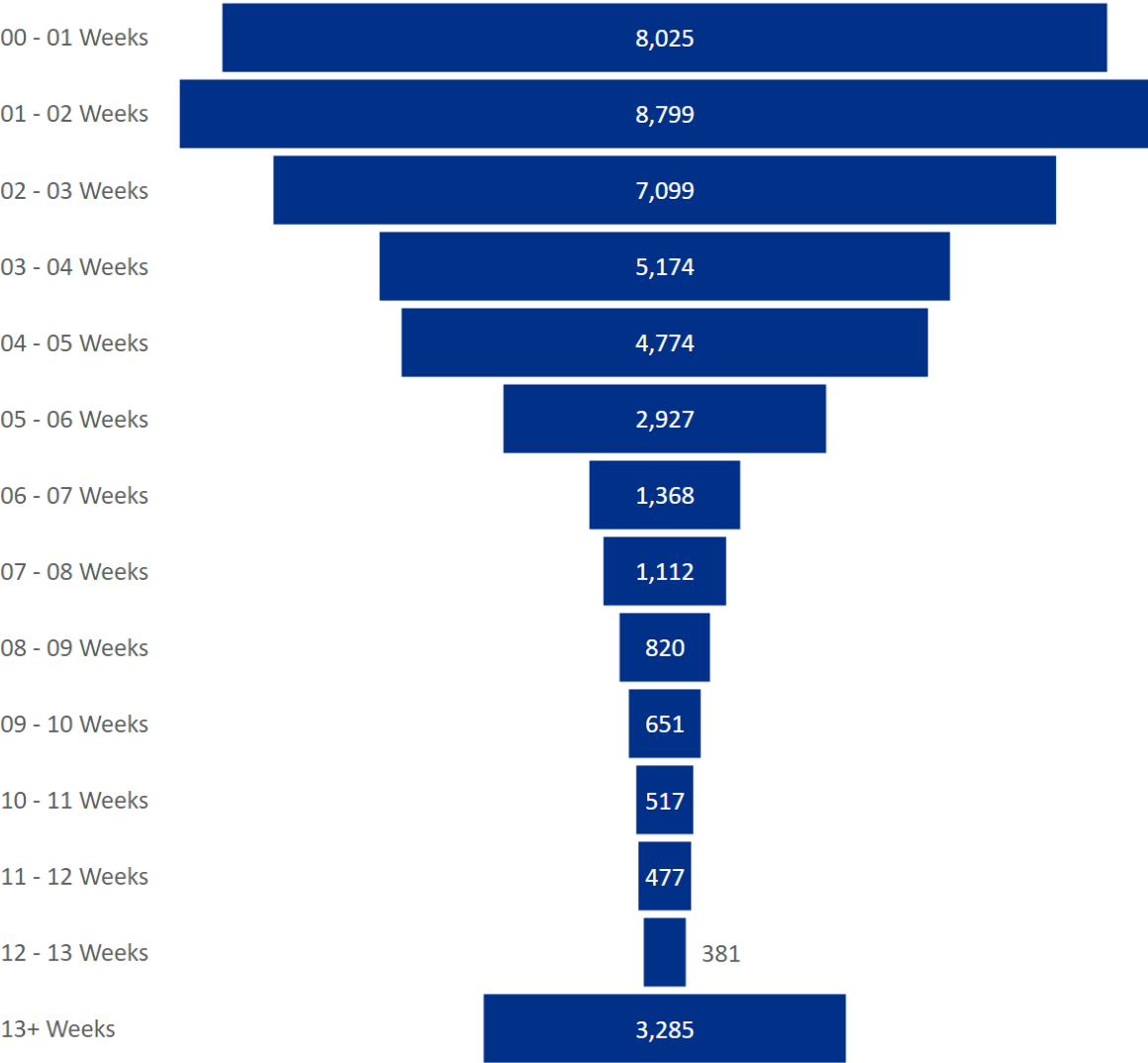
The percentage of patients waiting 6 weeks or more for a diagnostic test



Diagnostic Performance by Test



Waiters by week waited
























Mental Health Scorecard

			Target	Curr Month	Plan	Variance (Actual - Plan)	Performance vs Plan	Curr Month Prev Year	Variance (Curr Month - Prev Year)	Performance
Average length of stay for Adult Acute Beds	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025		48	49	-1	⬇️	56	-8	⬇️
Early Intervention Psychosis (EIP) – Proportion entering treatment waiting 2 weeks or less	RNU - OXFORD HEALTH NHS FOUNDATION TRUST	May 2025	60.0%	79.0%				54.0%	25.0%	⬆️
	RWX - BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	May 2025	60.0%	89.0%				0.0%	89.0%	⬆️
Estimated Diagnosis rate for people with dementia	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Jun 2025	66.7%	62.1%				62.2%	-0.1%	⬇️
Friends and Family Test Recommend (FFT) recommend - MHS	RNU - OXFORD HEALTH NHS FOUNDATION TRUST	May 2025		85.6%					85.6%	⬆️
	RWX - BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	May 2025		88.5%				85.4%	3.1%	⬆️
Improve access rate to Children and Young People’s Mental Health Services	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	May 2025	26,531	26,040				22,395	3,645	⬆️
Improve patient flow and work towards eliminating inappropriate out of area placements	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	May 2025		15	4	11	⬆️	15	0	
Individual Placement Support access	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	May 2025		1,405	1,031	374	⬆️	850	555	⬆️
Number of women accessing specialist perinatal mental health services	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	May 2025		1,580	1,379	201	⬆️	1,335	245	⬆️
Talking Therapies access (total numbers accessing services)	QU9 - BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	May 2025	3,914	2,490				2,680	-190	⬇️

Better Care Fund (BCF)

			Target	Curr Month	Plan	Variance (Actual - Plan)	Performance vs Plan	Curr Month Prev Year	Variance (Curr Month - Prev Year)	Performance
BUCKINGHAMSHIRE	Average length of delay (days) by discharge pathway - Care Home	May 2025		18				9	9	⬆️
	Average length of delay (days) by discharge pathway - Other	May 2025		4				2	2	⬆️
	Average length of delay (days) by discharge pathway - Usual place of residence	May 2025		1				1	0	⬆️
	Emergency hospital admissions due to falls in people over 65 (Quarterly)	Apr 2025		399				643	-244	⬆️
	Hospital discharges to usual place of residence (Quarterly)	Apr 2025		93.2%				93.5%	-0.3%	⬆️
	Percentage of patients discharged on discharge ready date	May 2025		87.7%				88.4%	-0.7%	⬆️
	Unplanned hospital admissions for chronic ambulatory care sensitive conditions (Quarterly)	Apr 2025		628				1,123	-495	⬆️
OXFORDSHIRE	Average length of delay (days) by discharge pathway - Care Home	May 2025		9				10	-2	⬆️
	Average length of delay (days) by discharge pathway - Other	May 2025		3				2	1	⬆️
	Average length of delay (days) by discharge pathway - Usual place of residence	May 2025		0				0	0	⬆️
	Emergency hospital admissions due to falls in people over 65 (Quarterly)	Apr 2025		545				715	-170	⬆️
	Hospital discharges to usual place of residence (Quarterly)	Apr 2025		92.2%				92.3%	-0.1%	⬆️
	Percentage of patients discharged on discharge ready date	May 2025		87.1%				89.5%	-2.4%	⬆️
	Unplanned hospital admissions for chronic ambulatory care sensitive conditions (Quarterly)	Apr 2025		949				1,534	-585	⬆️

Better Care Fund (BCF)

			Target	Curr Month	Plan	Variance (Actual - Plan)	Performance vs Plan	Curr Month Prev Year	Variance (Curr Month - Prev Year)	Performance
READING	Average length of delay (days) by discharge pathway - Care Home	May 2025		4				3	0	
	Average length of delay (days) by discharge pathway - Other	May 2025		3				3	0	
	Average length of delay (days) by discharge pathway - Usual place of residence	May 2025		1				1	0	
	Emergency hospital admissions due to falls in people over 65 (Quarterly)	Apr 2025		57				105	-48	
	Hospital discharges to usual place of residence (Quarterly)	Apr 2025		91.7%				92.3%	-0.6%	
	Percentage of patients discharged on discharge ready date	May 2025		77.7%				86.1%	-8.4%	
	Unplanned hospital admissions for chronic ambulatory care sensitive conditions (Quarterly)	Apr 2025		127				345	-218	
WEST BERKSHIRE	Average length of delay (days) by discharge pathway - Care Home	May 2025		5				9	-4	
	Average length of delay (days) by discharge pathway - Other	May 2025		5				3	2	
	Average length of delay (days) by discharge pathway - Usual place of residence	May 2025		1				1	0	
	Emergency hospital admissions due to falls in people over 65 (Quarterly)	Apr 2025		92				131	-39	
	Hospital discharges to usual place of residence (Quarterly)	Apr 2025		88.7%				89.9%	-1.2%	
	Percentage of patients discharged on discharge ready date	May 2025		78.1%				83.5%	-5.4%	
	Unplanned hospital admissions for chronic ambulatory care sensitive conditions (Quarterly)	Apr 2025		164				310	-146	
WOKINGHAM	Average length of delay (days) by discharge pathway - Care Home	May 2025		6				6	0	
	Average length of delay (days) by discharge pathway - Other	May 2025		2				5	-4	
	Average length of delay (days) by discharge pathway - Usual place of residence	May 2025		1				1	0	
	Emergency hospital admissions due to falls in people over 65 (Quarterly)	Apr 2025		81				135	-54	
	Hospital discharges to usual place of residence (Quarterly)	Apr 2025		92.3%				92.5%	-0.2%	
	Percentage of patients discharged on discharge ready date	May 2025		76.9%				81.0%	-4.1%	
	Unplanned hospital admissions for chronic ambulatory care sensitive conditions (Quarterly)	Apr 2025		133				251	-118	

Autistic Adults by month



Adults with Learning disabilities by month

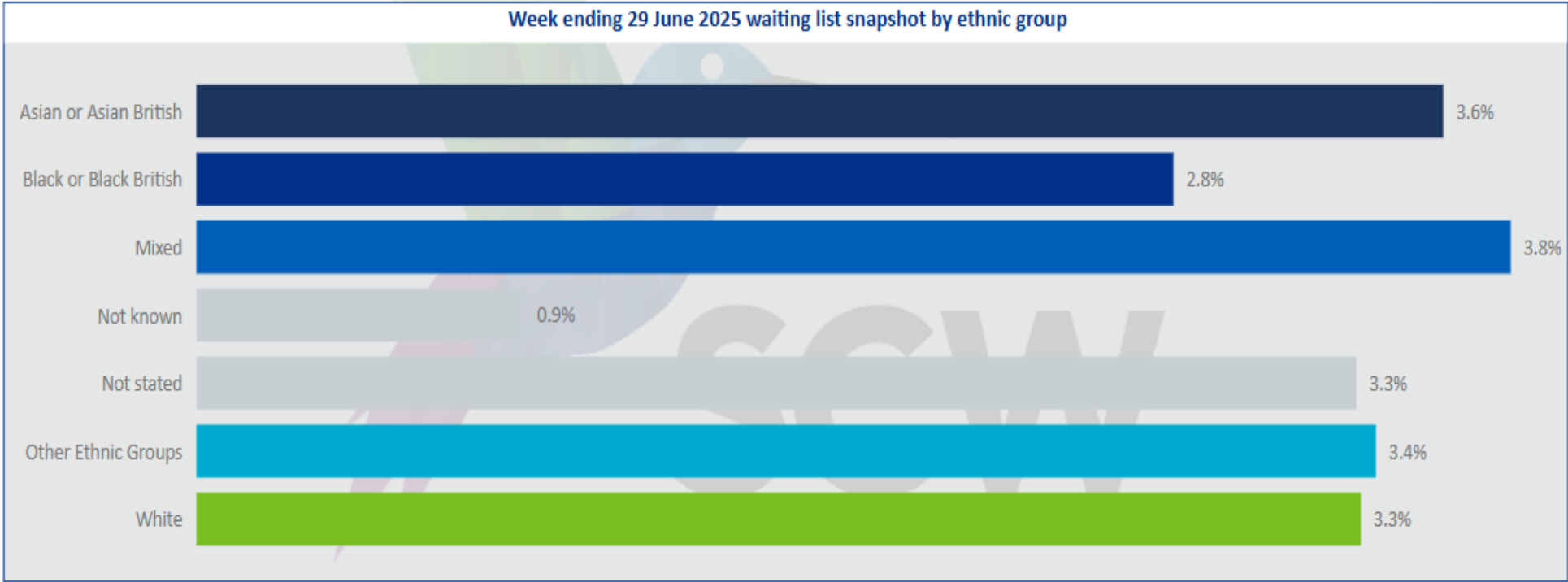


Children and Young people inpatients by month

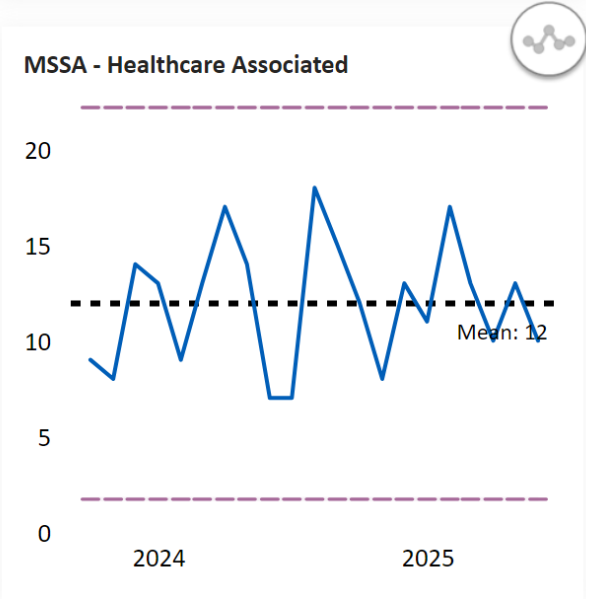
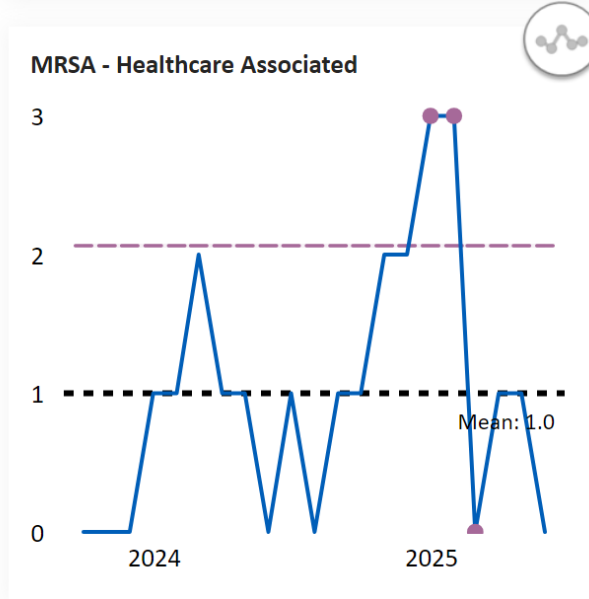
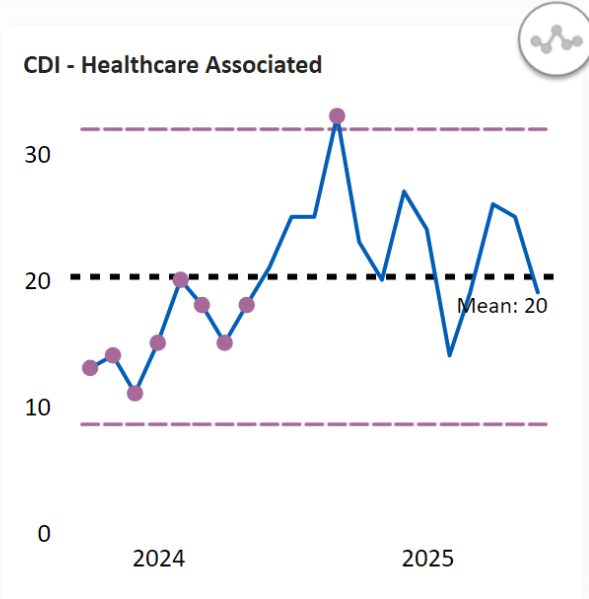
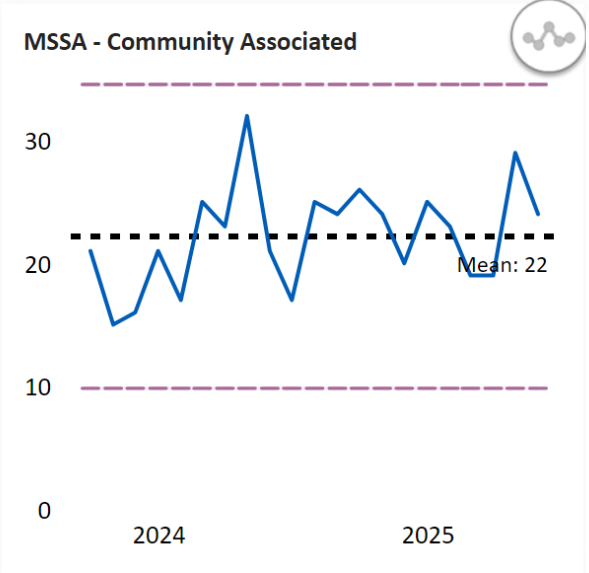
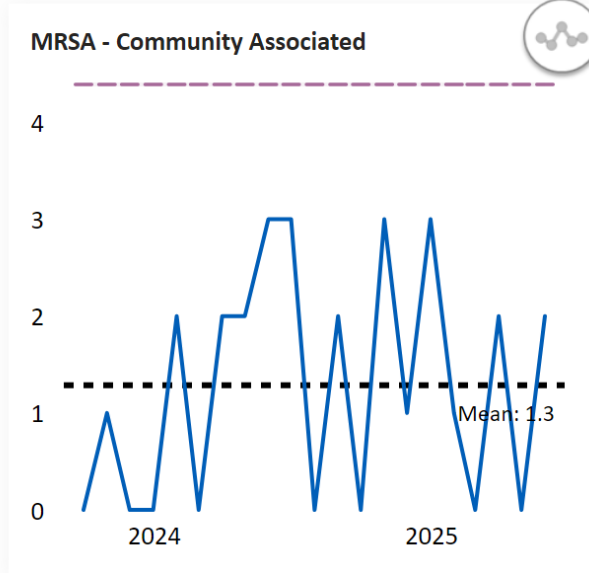
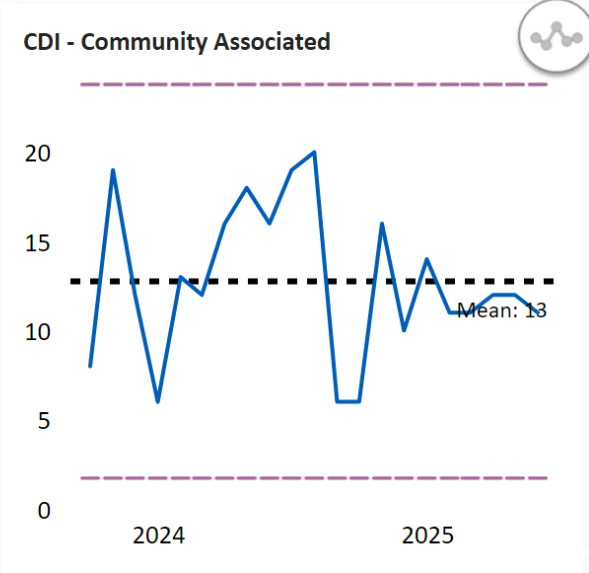


[Link to SCW Health Inequalities dashboard](#)

This month’s highlighted Health Inequalities metric is ethnic breakdown of patients waiting longer than 52 weeks by percentage of total wait list.

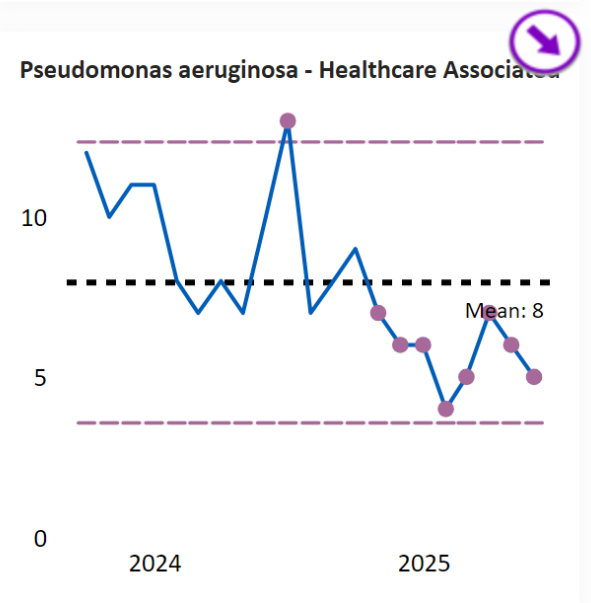
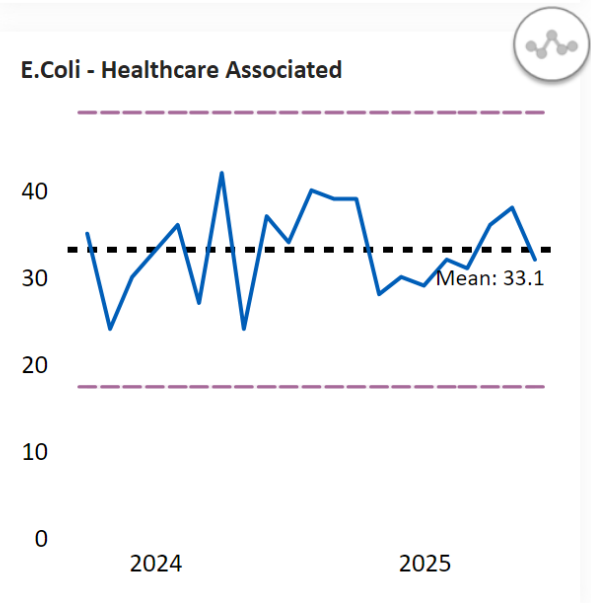
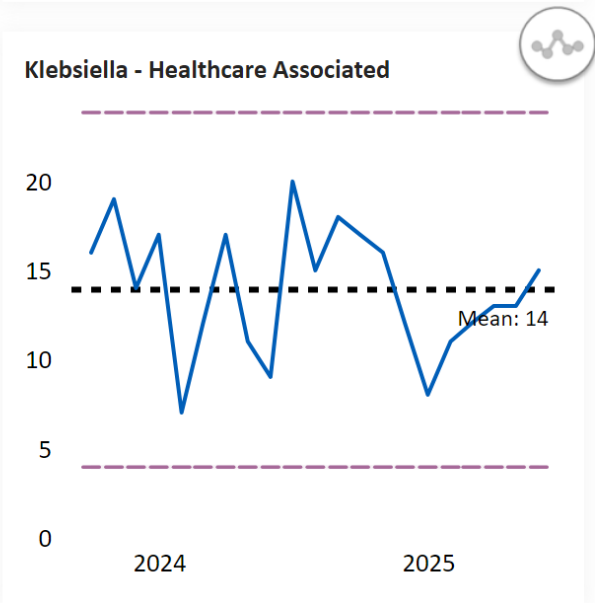
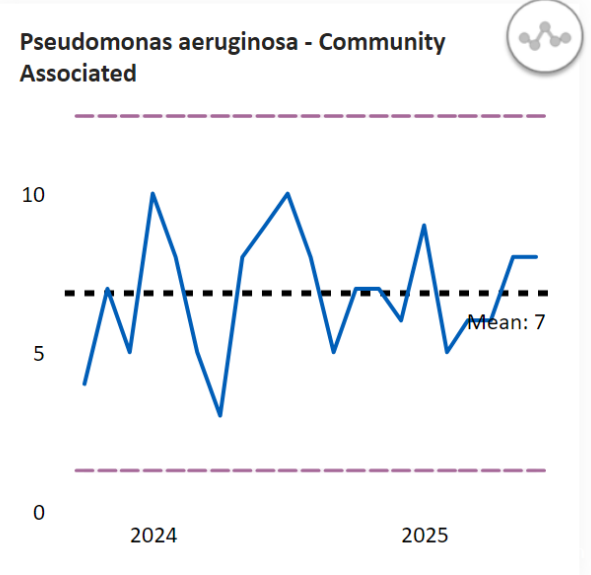
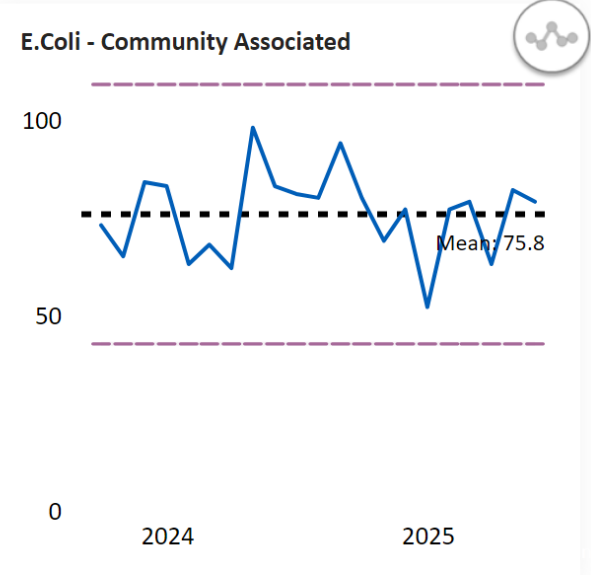
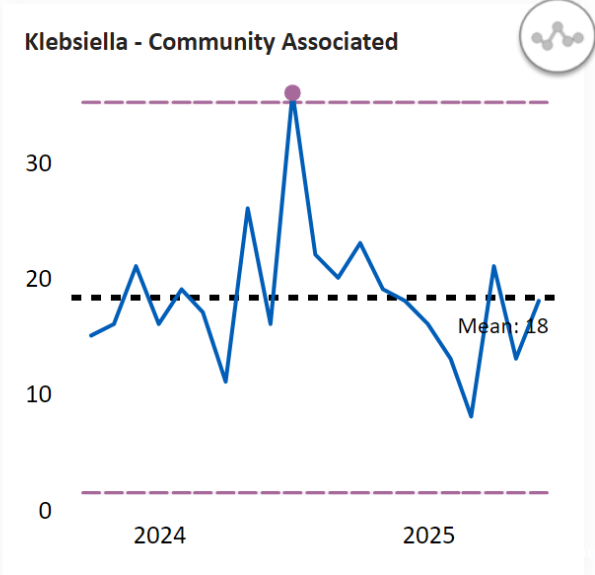


This chart shows the selected waiting list metric for the month selected at the top of this page, broken down by ethnic group. The percentage shown indicates the percentage of waiters in the selected metric (e.g. patients waiting longer than 52 weeks, as a percentage of all waiters in that demographic group).



How we are performing
Q1 June CDI cases reduced from 39 in May to 34 in June. Healthcare associated reduced from 25 to 19, whilst community CDI cases marginally increased by from 14 to 15. OUH have cited their CDI reduction as correlating with a steady reduction in antibiotic prescribing and improved cleaning scores. There has been two community MRSA bacteraemia reported in June, both in Berkshire West of which One Skin/Soft tissue source with chronic leg ulcers, the second Osteomyelitis with no prior GP input. MSSA bacteraemia decreased from 42 in May to 34 in June. The majority, 53% of cases have no known source, 31% of known sources was Skin/Soft tissue infection.

Actions & Risks
An operational planning day was held to review current Vaccination and IP&C issues and challenges, to prepare a forward plan in line with the ICB model blueprint and NHS 10-year plan.
BOB ICB continues to collaborate with NHS England and SE regional stakeholders on Flu vaccination for frontline healthcare staff programme 2025/26. Overall, there is a good level of assurance across the system, with mitigations in place where lower levels of assurance has been identified.
GPs were alerted to the importance of Penicillin Allergy De-labelling (PADL) of registered patients, 6% of patients in primary care and 10-20% in hospital are labelled as penicillin allergic. 90% are not allergic when formally assessed. A Penicillin allergy alert can compromise optimal antibiotic prescribing increasing the risk of AMR and CDI. Discussion underway with Acute Trusts to strengthen PADL data flows-patient medical records within primary care.



How are we performing

Q1 June Klebsiella bloodstream infection (BSI) has increased from 26 in May to 34 in June, 19 community and 15 healthcare. 38% (8) of known sources were Hepatobiliary, 33% urinary tract infection. E.coli has decreased from 121 in May to 111 in June, 71% are community associated. Pseudomonas remains stable, reducing marginally from 14 to 13 in June, healthcare numbers show a steady reduction, 6 to 5 in June, although number are small.

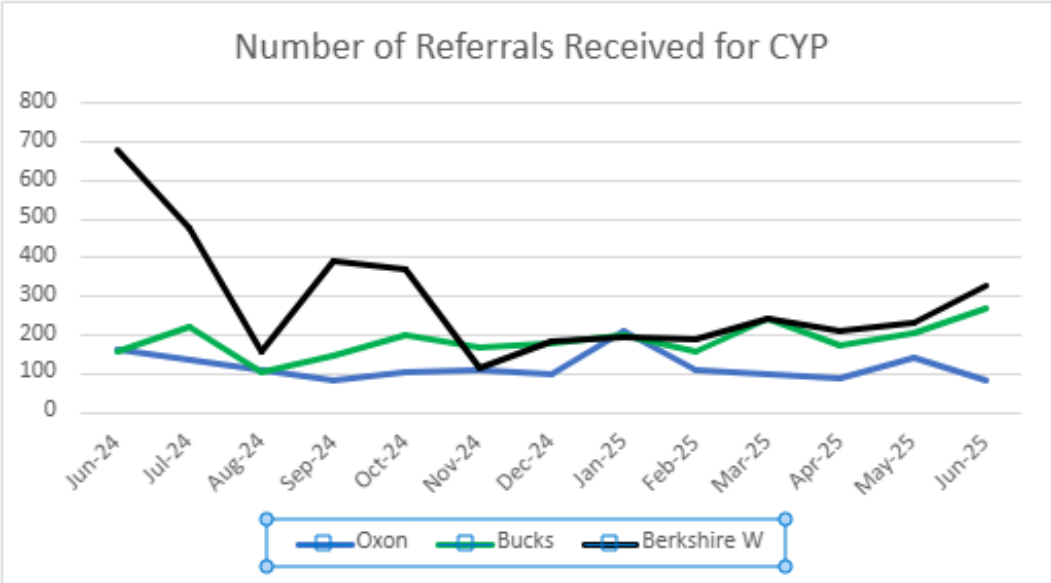
Actions & Risks

Care Home outbreaks have reduced from 12 in May to 7 in June, of which; 1 respiratory, 1 Covid- 19, 4 Norovirus/D&V and one scabies. Care home stakeholders are actively preparing for the upcoming winter season by developing a comprehensive package of resources including; outbreak checklist and flowchart. These resources are designed to help mitigate risks and enable a prompt, co-ordinated response in the event of an outbreak. Public awareness has risen recently around the risk of rabies after the death of a UK tourist whilst abroad from an animal bite. Awareness has been raised in Primary Care, and a pathway for Rabies post exposure treatment/vaccination is in draft. GP's were alerted to the changes to the routine childhood immunisation programme from 1 July 2025, with a suite of resources available to support healthcare professionals.

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)	4630 (Jun 2025)
Buckinghamshire CYP (Autism & ADHD)	3558 (Jun 2025)
Berkshire West (Reading, West Berks and Wokingham)	7315 (Jun 2025)



Average (Mean) waiting time to assessment for CYP seen	
Oxfordshire CYP (Autism & ADHD)	100 weeks (Jun 2025)
Buckinghamshire CYP (Autism & ADHD)	78 weeks (Jun 2025)
Berkshire West (Reading, West Berks and Wokingham)	Autism – 68 weeks (Jun 2025)
Berkshire West (Reading, West Berks and Wokingham)	ADHD – 73 weeks (Jun 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 15,503 on the waiting list across BOB when using end-of-June 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:

- We have now agreed the proposed model of delivery for PINS with BHFT in Wokingham, and the delivery of learning walks will be starting in the end of September/beginning of October.
- Videos from the first year of delivery of PINS in Reading have been finalized, and they will be presented to SENCOs, school and parent carers on the 30th of September
- 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.
- 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.
- Berkshire wide Neurodivergence event with over 180 attendees was held on 27th of June. The aim was to agree the preferred model for neurodivergent and strength oblique tool.

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

Complaints and PALS June 2025

- 225 new cases received, in line with the previous month:
- 19 formal ICB complaints, 7 POD complaints, 21 MP letters, 35 POD pals, 143 pals contacts.

Themes: PALS contacts received overall dropped slightly to 178, from 197 last month, although we are seeing an increasing number of enquiries regarding eligibility for weight loss injections.

Formal complaint themes included ADHD assessments, CHC eligibility, Right to Choose pathway, Care provided by GP practice.

Healthwatch Report update : Empowering young women: improving sexual health awareness and services across Reading and Wokingham Boroughs

The ICB provided a response to Healthwatch thanking them for this report and the insights from these young women and people across the borough in raising awareness of the issues faced by them around their experiences of relationships and sexual education, and in accessing sexual health services to help understand the gaps and challenges that young people face in looking after their sexual health and wellbeing.

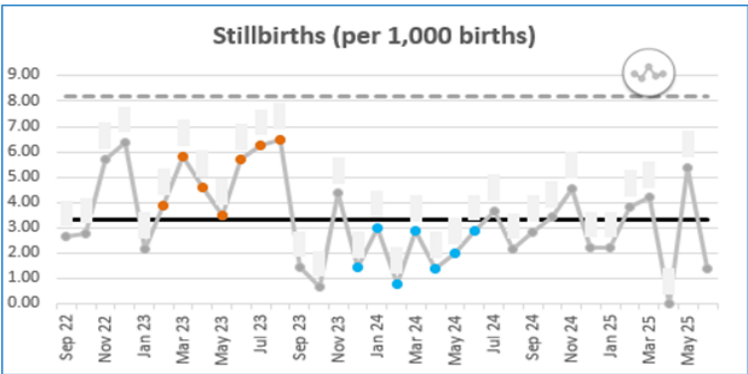
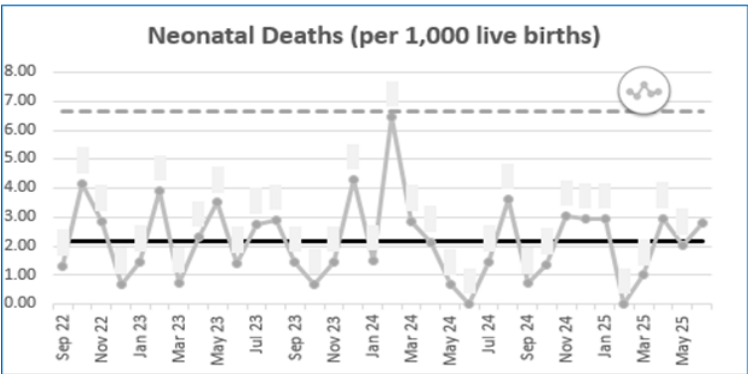
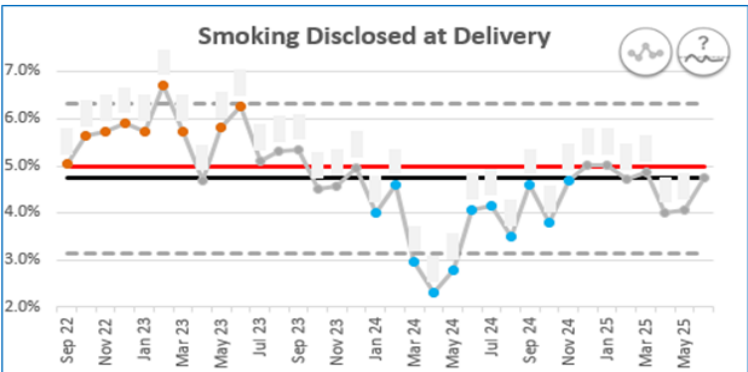
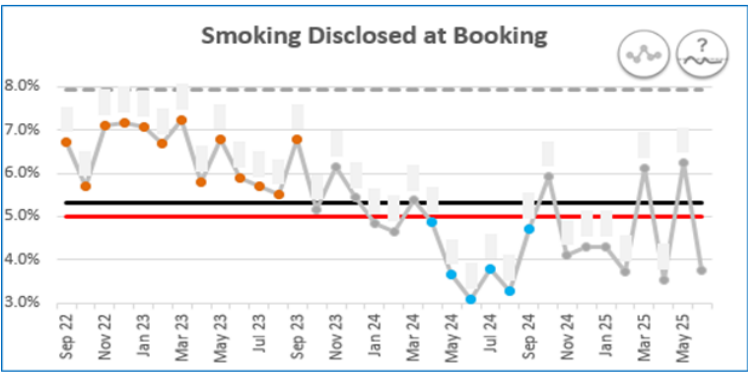
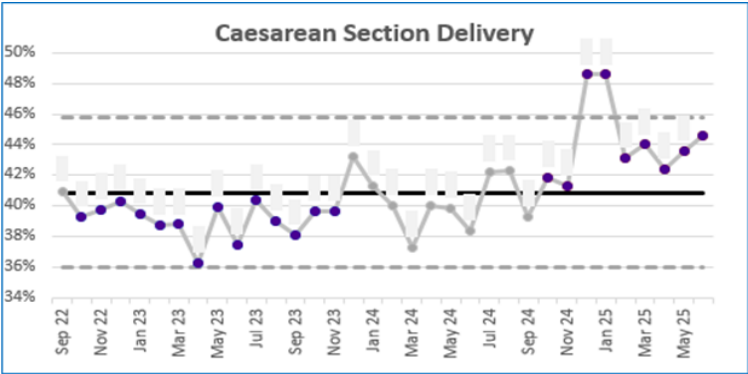
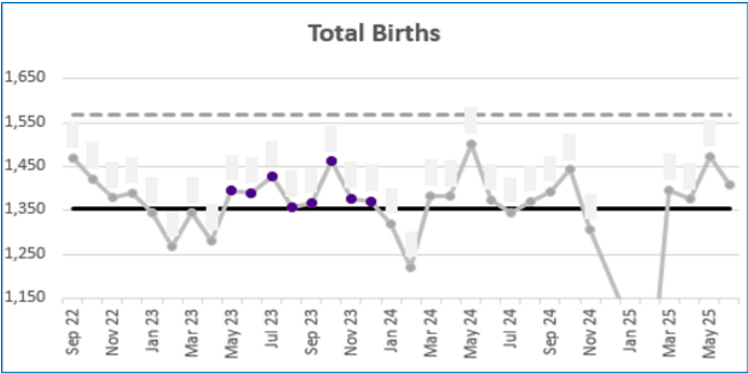
It is a timely report given the government has just published updated guidance on the provision of relationships and sex education (RSE) and health education for schools (published 15th July 2025), which is expected to be implemented in Sept 2026. This guidance for schools sets out the statutory legal duties of all schools and replaces previous DfE guidance but also supports other guidance produced in the interim period such as mental health in schools, sexual violence and sexual harassment in schools among others.

It is positive that most young people who fed into the report had received sex education and found it useful, but disappointing and concerning that young people are still reporting issues around the lack of inclusivity in RSE and health education , (especially in LGBTQ+ population), consent, and access issues.

The complex challenges young people face today, mean a personalised, inclusive approach to RSE and health education will be more meaningful. Key drivers for improving education and accessibility will require collaboration, between education, public health and local authority commissioned sexual health teams.

Maternity and Neonatal

June 2025



Total births: There were 1433 total births across the system in June which is about average.

Breastfeeding initiation: 80.88% of women and birthing people-initiated breastfeeding in June. This is above the 80% target for BOB above target.

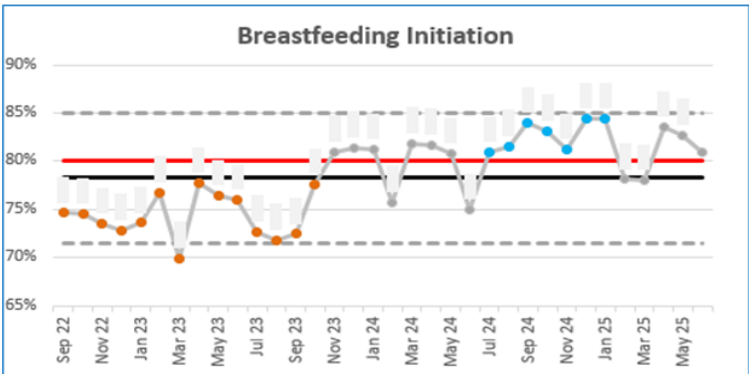
Caesarean section delivery: The percentage of births via c-section is 44.6% across the system. This indicator reflects both acuity and workload in each place.

Neonatal deaths (rate per 1000 births): 2.7 - there was 4 neonatal deaths in June which is within common cause variation.

Stillbirths (rate per 1000 births): there were 1.3 stillbirths across BOB in June. These will be reviewed in line with Trust perinatal mortality review processes.

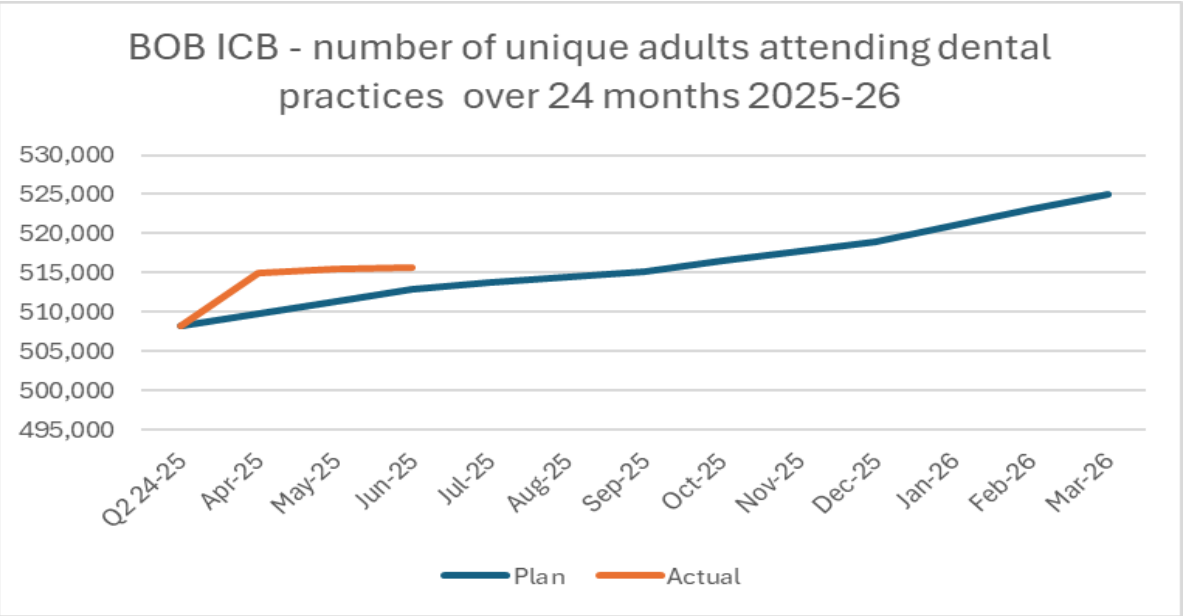
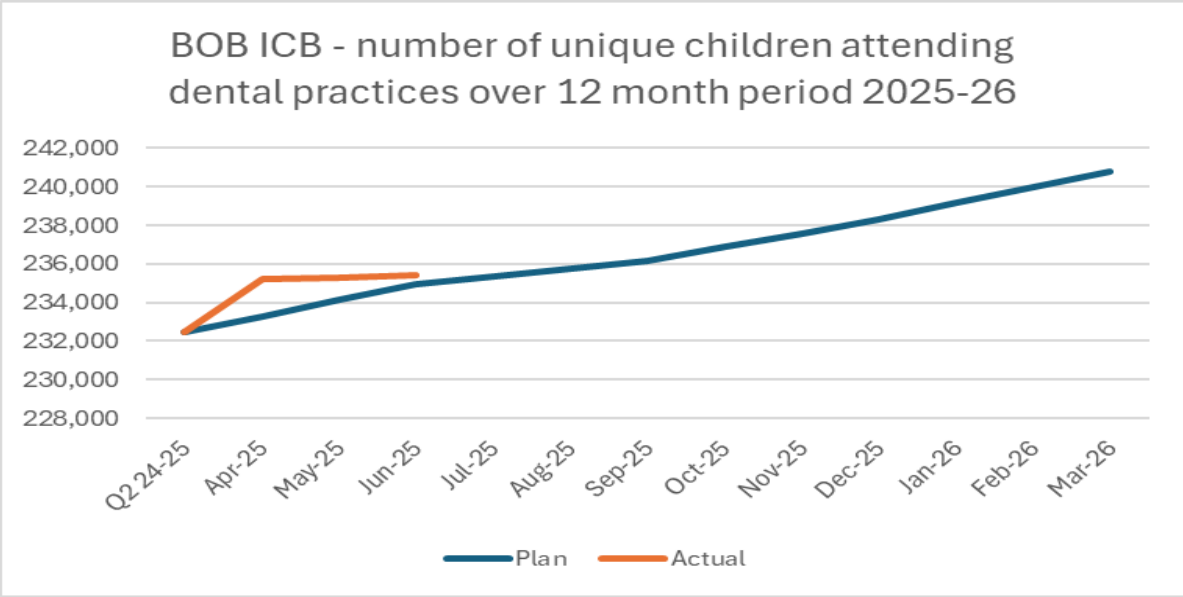
Smoking at time of booking: The percentage of women and birthing people smoking at booking was 3.77% in June is below the 5% target.

Smoking at time of delivery: The percentage of women and birthing people smoking at delivery was 4.76% in June and remains just below the 5% target.



Dentistry/High Street Dental Services – Access 2025-26

June 25



Delivery against activity plan (M3)

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

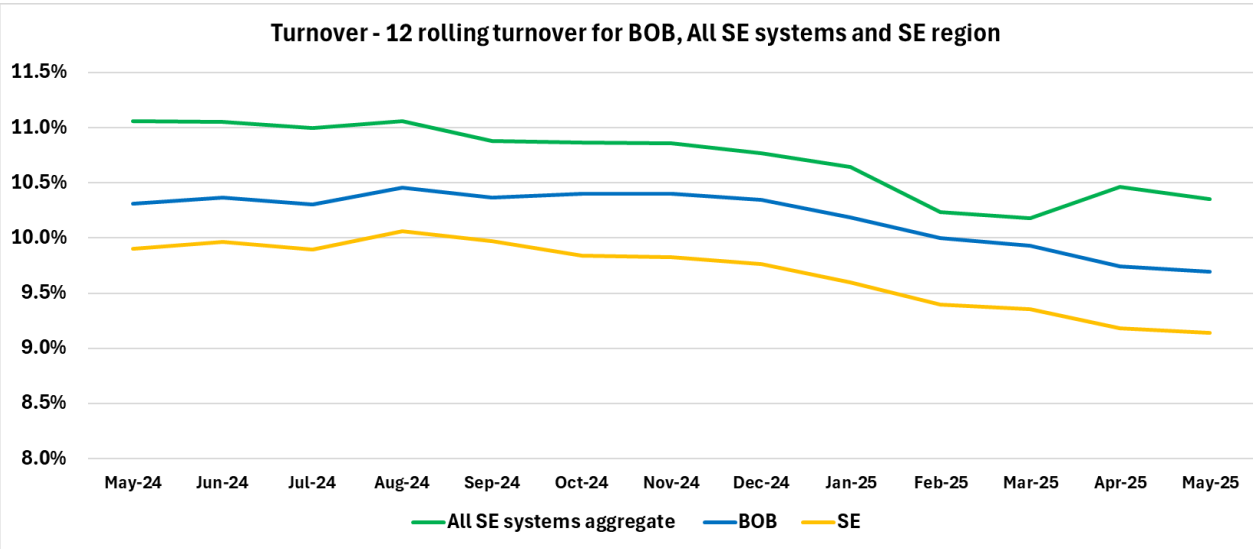
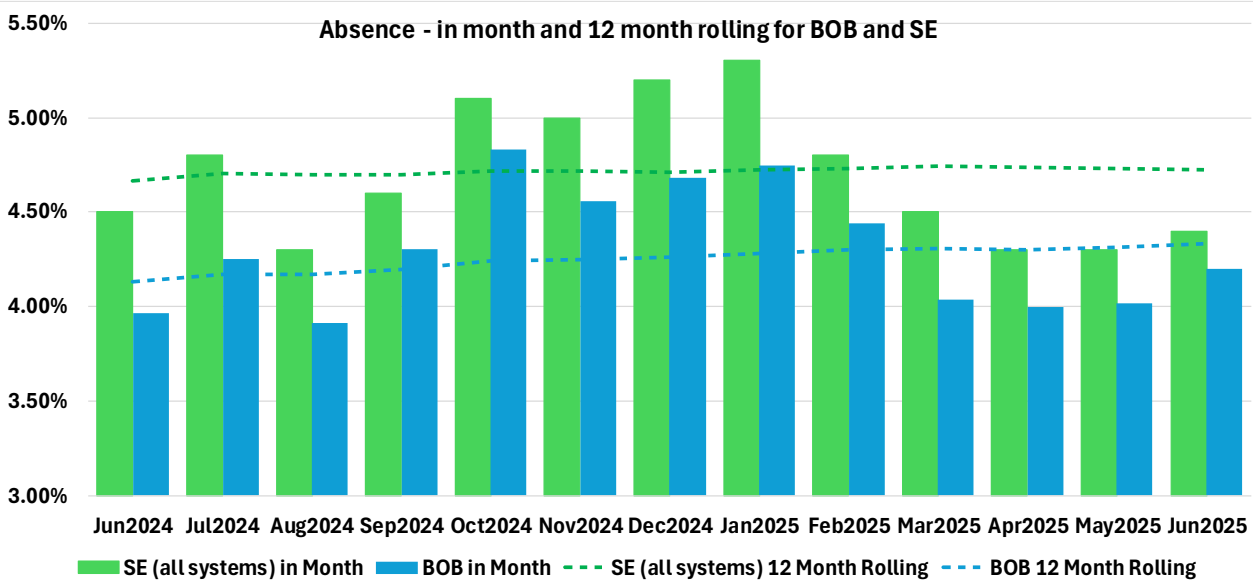
The targets for 2025-26 are:

- Children 240,805
- Adults 525,011

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

- 70,000 additional UDAs commissioned from April 2024
- Payment for contract overperformance up to 110% approved for 2025-26. 62 practices have advised of plans to overperform.
- Plans to commission a further 88,000 UDAs from 2025-26 with the additional activity to be commissioned from the autumn of 2025. The Contract Award Recommendation Report for 5 new practices has been approved with Preferred Bidders advised. Mobilisation commenced in May. The first practice is due to open in September.
- Flexible Commissioning for patients who have struggled to access NHS dental care – 40 practices taking part in the scheme . The practices saw 5,001 new patients to end of June with a total of 6,941 attendances
- 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. By the end of June they had provided 2,842 urgent appointments with a total of 24,595 appointments delivered against a target of 110,458 for the year.

Workforce – BOB ICS Absence and Turnover



How are we performing?

Absence

Over the period April 2024 - April 2025, BOB's 12 month rolling absence rate was consistently below the rate for the SE systems, by approximately 0.5%. The in-month absence rate was also consistently lower than the SE. Both the BOB and 12 month rolling absence rate has risen very slightly over the same period.

Turnover

The rolling 12-month turnover rate has fallen slightly for BOB, the SE, and the SE overall, over the period May 2024 – May 2025, by between 0.6 - 0.8%. Over the same period, BOB's 12 month rolling turnover rate was consistently below the aggregate rate for the combined SE systems, averaging 0.5% lower across the period.

Actions

Absence .

There continues to be a focus on sickness absence as a key factor in workforce productivity. Providers have submitted 12-month sickness absence targets as part of their 2025/26 operational workforce plans, alignment to these targets are monitored via the monthly bilateral meetings. NHS E also reviews trust and system rates to identify outliers for interventions. The workstream focusing on staff health and well-being and financial health will also specifically focus on addressing sickness absence

Turnover

Trusts are now well established in their retention programmes following the creation of a network of retention and People Promise leads across the system to share good practice and strategies. We have two People Promise Exemplar sites to drive forward initiatives

Risks:

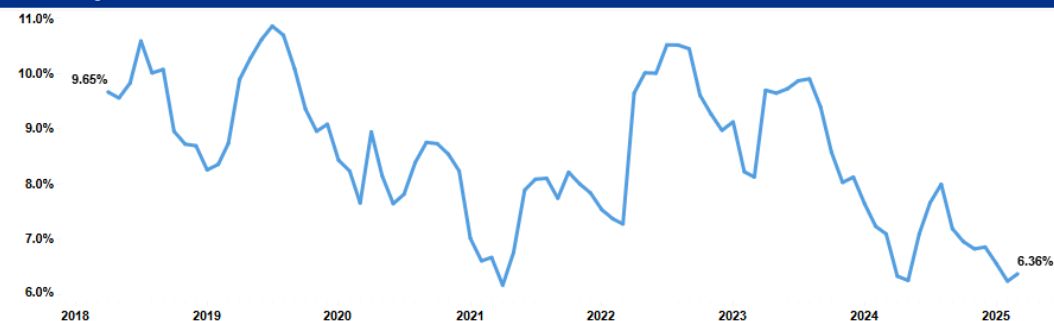
- Absence and turnover remain a risk on the BAF and Trust Risk Registers for relevant organisations within the System.
- These risks are being mitigated by provider initiatives to promote health and well-being, to better understand and alleviate the impact of stress for the workforce. and to target retention activities for the areas most impacted by high turnover. These initiatives are supported by system wide workstreams

Source Absence: SDSP “South East Absence” dashboard as of June 2025. **Turnover:** SDSP “Joiners, Leavers and Turnover Dashboard” May 2025

“SE” Turnover measures the % of leavers who leave the region, and this will usually be lower than the leavers for individual ICBs as it ignores movement between systems in same region. “All SE systems aggregate” is the aggregate turnover rate of all the individual SE systems. ICBs are included in both Absence and Turnover rates.

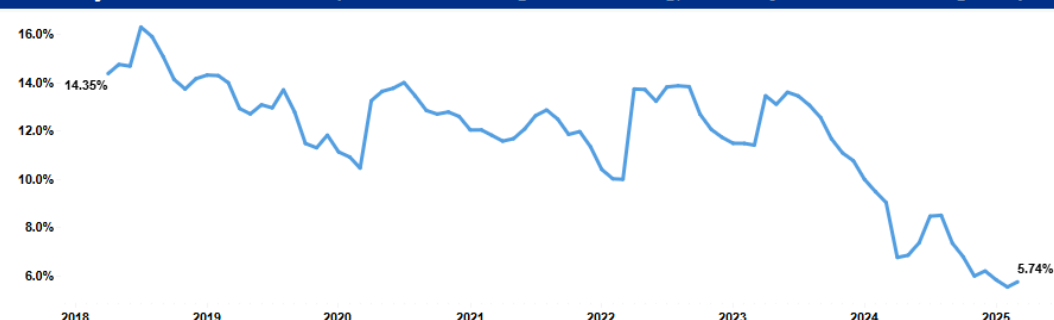
Workforce – Vacancies trend for major staff groups

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



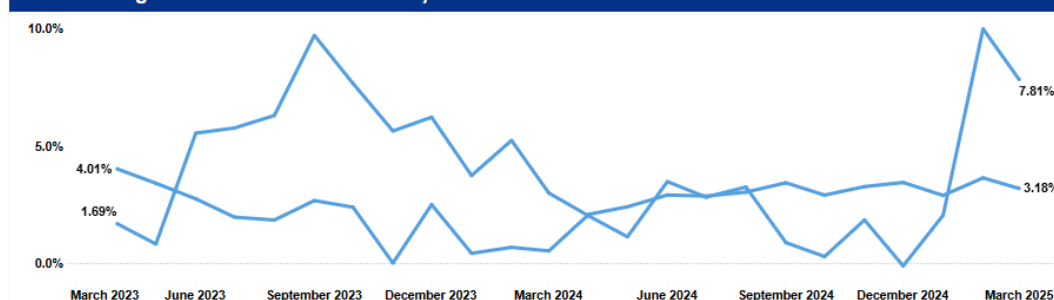
Buckinghamshire, Oxfordshire And Berkshire West ICB

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



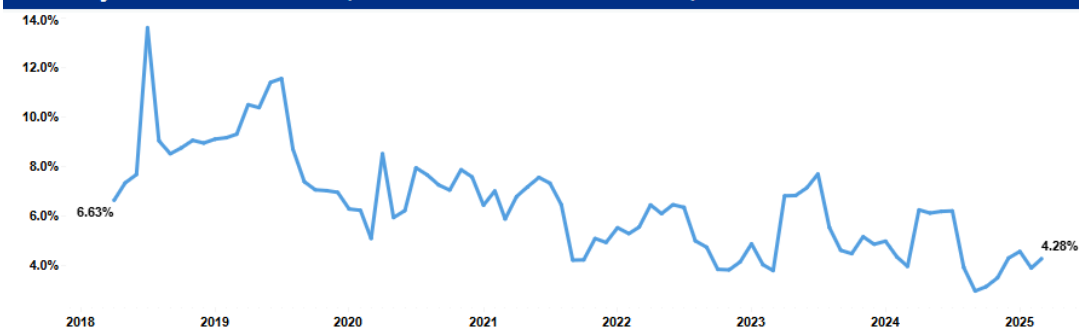
Buckinghamshire, Oxfordshire And Berkshire West ICB

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



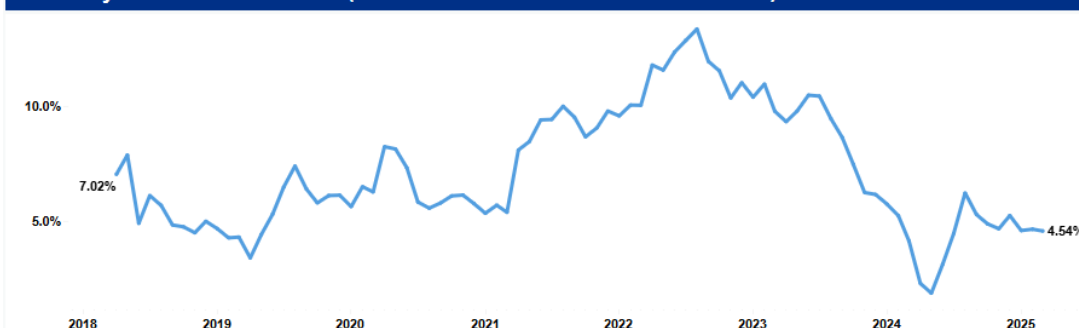
Buckinghamshire, Oxfordshire And Berkshire West ICB

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



Buckinghamshire, Oxfordshire And Berkshire West ICB

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



Buckinghamshire, Oxfordshire And Berkshire West ICB

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



Buckinghamshire, Oxfordshire And Berkshire West ICB

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
Cancelled Operations
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
Mixed Sex Accommodation Breaches
Pseudomonas aeruginosa (P. aeruginosa) bacteraemia

Organisation Codes

Code	Org	Org Name
10Q	Oxfordshire	Oxfordshire sub-ICB
14Y	Buckinghamshire	Buckinghamshire sub-ICB
15A	Berkshire West	Berkshire West sub-ICB
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