Bristol, North Somerset and South Gloucestershire Integrated Care Board

Meeting of ICB Board

Date: Thursday 6th October 2022
Time: 10.30am
Location: Engineers House, The Promenade, Clifton Down, Clifton, Bristol BS8 3NB

Agenda Number :	6.1
Title:	Winter Assurance Framework 2022/23
Purpose: Decision	
Key Points for Discussion:	

This paper incorporates the Winter Assurance Framework, Proposed escalation framework and the performance report and current progress on the Operational Plan.

The winter resilience letter was published on 12th August 2022 and asks Integrated Care Boards to develop a plan to deliver additional capacity across the Integrated Care System to ensure that services can deliver within what is expected to be a very challenging winter.

The assurance framework shows the actions across the system to support the delivery of additional capacity in both Health and Social Care for Winter 2022/23.

The winter resilience letter confirms that with the creation of statutory Integrated Care Boards, NHS England will work through the Integrated Care Board to develop, sign off and monitor delivery of both the commitments in the 2022/23 operational plan, and the winter resilience plan.

NHS England have identified additional revenue and capital funding to support the delivery of the Winter Resilience plan. BNSSG ICB has received virtually all of the funding that it requested as part of demand and capacity submission on 22.7.2022, and confirmed on the 31.08.2022.

Recommendations:	1) To NOTE the NHS England letter on Winter Resilience 2) To Approve the Winter Assurance Framework and the system wide plans to deliver additional capacity and the proposed escalation framework. 3) To Note the operational plan performance report and the performance report

Previously Considered By and feedback :	ICS Chief Operating Officers Group Winter Planning Session ICS Joint Chief Operating Officers Group & Finance Directors
Management of Declared Interest:	Declarations of interest stated in meeting and recorded in Committee minutes.
Risk and Assurance:	ICB needs to develop a comprehensive winter resilience plan that builds on the delivery of the 22/23 operational plan commitments. The ICS has significant challenges in delivering the 22/23 operational plan and is experiencing significant constraints in recruiting and retaining workforce.
Financial / Resource Implications:	BNSSG ICB has received an additional non-recurrent allocation of £14.196M Revenue and £4.539M Capital, to deliver additional capacity in the system that is equivalent to 490 General & Acute Adult hospital beds.
Legal, Policy and Regulatory Requirements:	NHS England are expecting to monitor the delivery of the winter resilience plan via the Board Assurance framework, which will incorporate the System Oversight Framework requirements.
How does this reduce Health Inequalities:	In developing the winter resilience plan each plan will consider how it can reduce health inequalities in the design of the service.
How does this impact on Equality & diversity	Equality Impact Assessments are undertaken for key changes in the plan.
Patient and Public Involvement:	Patient and Public Involvement was not sought specifically in the development of this plan.
Communications and Engagement:	The delivery of the Operational Plan and the winter resilience plan, will be routinely monitored through the ICB Board and via the Board Assurance Framework. A specific public winter communications plan is also in development.
Author(s):	Greg Penlington, Head of Performance Improvement - Urgent Care Caroline Dawe, Deputy Director of Commissioning - Performance
Sponsoring Director / Clinical Lead / Lay Member:	Lisa Manson, Director of Performance and Delivery

Agenda item: 6.1
Report title: Winter Assurance Framework

1. Executive Summary

This paper builds on the operational plan for 2022/23 and the commitments that the Integrated Care System made in its submission to support its delivery, in the development of the initial submission of the winter resilience plan.

NHS England published on the 12 August 2022 "Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter", which is attached as Appendix 1. This outlines the requirement of the Integrated Care System to develop additional capacity systemwide, and how the Integrated Care Board will be held to account by NHS England via a Board Assurance Framework

There is a national expectation that the NHS needs to increase its General and Acute bed or bed equivalent base by 7,000 for the winter of 2022/23. For BNSSG Integrated Care System this equates to 490 beds.

The letter outlines and pull togethers the requirements of Integrated Care Systems to do the following :

- Deliver the commitments and plans outlined in the Operational Plans
- To build on the improvements generated by the 100 day challenge in The development of this capacity
- To deliver services based on best practice – e.g. ECIST & GIRFT
- To deliver additional capacity to manage the anticipated winter pressures
- To develop a board assurance framework which is monitored and signed off by the Integrated Care Board.

Following the submission of the 2022/23 operational plan, BNSSG Integrated Care System were asked in July 2022 to submit a proposal to increase the capacity of the submission to meet the capacity challenges in the system. Following the publication of the Winter Resilience letter, NHS England have released to the Integrated Care Board an additional £14.2 M of revenue and budget 4.539M of capital to deliver this capacity increase. This is in line with the submission in July 2022.

The first step of the development of the winter resilience plan has been testing with partners across the system the deliverability of the additional bed proposals that were submitted in July 2022.

The bed proposals are outlined in the table below, and build on the system operational plan submission.

Scheme	Organisation	Bed Impact	Delivery Date	Risks to delivery
Hospital Flow Improvements	NBT	11		
Hospital Flow Improvements	UHBW	13		
Maintaining Additional Care Home Beds	ICB	142	1.10.2022	Achieving reasonable LOS
Virtual Ward	Sirona	116	1.12.2022	Medical Staff capacity
Cardiac and Medical SDEC	UHBW	14	1.10.2022	Medical Staffing
Surgical SDEC	UHBW	3	1.12.2022	Surgical Staffing
Level 6 Ward	NBT	35	1.12.2022	
SDEC	NBT	16	1.12.2022	Medical Staffing
Total		**350**		

The Operational plan submitted in June has already assumed the bed benefit generated by the implementation from October of the Discharge to Assess Business Case, and the delivery of the stroke reconfiguration from November 2022.

The combined workforce impact of these schemes will be tested through September, but individual organisations have workforce plans for these schemes.

Avon and Wiltshire Mental Health Partnership have identified additional schemes which will support urgent care flow and will have an indirect benefit to general and acute bed and bed equivalent. These schemes are:

- Community Integrated Mental & Physical Health Response:
    - Mental Health Ambulances
    - VCSE/AWP Mobile Response Pods
    - Paramedic working alongside mental health desk supporting 999/111
    - System High Intensity user Lead
    - Mobile one medic/AMHP S136 assessment service
    - VCSE/AWP – Joint response supporting The Sanctuary and links into crisis pathway
    - Location Integrated Mental & Physical Health Response:

The intention is that these schemes would both be piloted through the Winter 22/23 in order to test effectiveness.

Key Risks to delivery

The additional schemes and actions that have been developed deliver the planned extra beds, or bed equivalents, that are needed across the system. The winter planning group tested different scenarios to test the beds numbers. The scenario modelling identified that there are potential bed deficits in some scenarios on the UHBW sites, and mitigations are being developed.

The most significant bed equivalents that support the winter plan are the two system business cases which were approved with recurrent investment in 2022/23, namely Discharge to Assess and Stroke reconfiguration. Both of these schemes were focussed on improving patient care, and improving flow through the system. The benefit of both of these schemes were assumed in the operational plan that that was submitted in June 2022.

In the Discharge to Assess business case, the general and acute bed benefit that has been built into the plan from October 2022 is 132 beds. The business case was developed by all system partners, and recurrent investment was made in all areas. The successful delivery of the business case is dependent on the following:

- Increasing P1 capacity to achieve 70% of complex discharges on a P1 pathway and the associated recruitment.
- Achieving Length of stay targets of
    - P1 = 10 days
    - P2 = 21 days
    - P3 =28 days

In order for patients to be discharged into the most appropriate setting, we need all partners in the Integrated Care System to deliver the actions agreed in the business case or appropriate mitigations.

The system Stroke Reconfiguration has an assumed bed benefit of 11 beds from November 2022 but is experiencing work force challenges in establishing the HASU & ASU. The programme team are working on addressing the medical cover at South Bristol Community Hospital to support the delivery of the assumed bed benefit.

When combined with the 350 beds detailed above, D2A and stroke aim to deliver a total of 494 beds, which exceeds the required number of 450 beds of bed equivalents.

Next Steps

The Integrated Care System is developing a daily dashboard to support the monitoring of the 6 key metrics identified in the NHS England Winter Resilience letter and demonstrate delivery against these:

- 111 call abandonment.
- Mean 999 call answering times.- (Trust level)
- Category 2 ambulance response times. – (ICB level)
- Average hours lost to ambulance handover delays per day.
- Adult general and acute type 1 bed occupancy (adjusted for void beds).
- Percentage of beds occupied by patients who no longer meet the criteria to reside.

The Winter Assurance Framework and its supporting metrics will be monitored weekly at ICS level to support delivery of the actions, and issues and barriers escalated to ICS Directors to address and unblock. Progress against delivery will be reported to the ICB Board monthly and will include the NHS System Oversight Framework Metrics.

It is intended that the Winter Assurance framework is a dynamic tool to support delivery and it is expected that further actions to improve bed or bed equivalents and delivery of the 6 key metrics with be developed over the course of the 2022/23

A further NHS England Winter Resilience Letter is expected at the beginning of October, with an additional set of 15 actions, which will be built into the Winter Assurance Framework.

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BNSSG Winter Resilience Framework

30th September 2022

National approach

- Winter plan is the next phase of the System Operational Plan for 2022/23
- The financial allocation for the South West is double per head of population compared to other regions
- The financial allocation for BNSSG ICB is in line with the Demand and Capacity Submission 22.7.22
- The intention that NHS England will only work through ICB
- A Board Assurance Framework is being developed which NHS E will monitor ICB delivery through
- Trajectories of the 6 key metrics will be monitored weekly
- The core metric for scheme delivery is Bed or Bed equivalent
- Target number of additional beds or bed equivalent is 490
- Assurance of wider winter initiatives is still required e.g. general practice access; CYP initiatives

1) 111 call abandonment.
2) Mean 999 call answering times.
3) Category 2 ambulance response times.
4) Average hours lost to ambulance handover delays per day.
5) Adult general and acute type 1 bed occupancy (adjusted for void beds).
6) Percentage of beds occupied by patients who no longer meet the criteria to reside.

	NBT	UHBW	System
Regional analysis of bed gap	159	173	331
Technical adjustments	50	19	69
Existing mitigations	74	78	152
Adjusted gap 1 *(a - (b+c))*	35	76	111
Further mitigations identified	184	147	331
Adjusted gap 2	-149	-71	-220

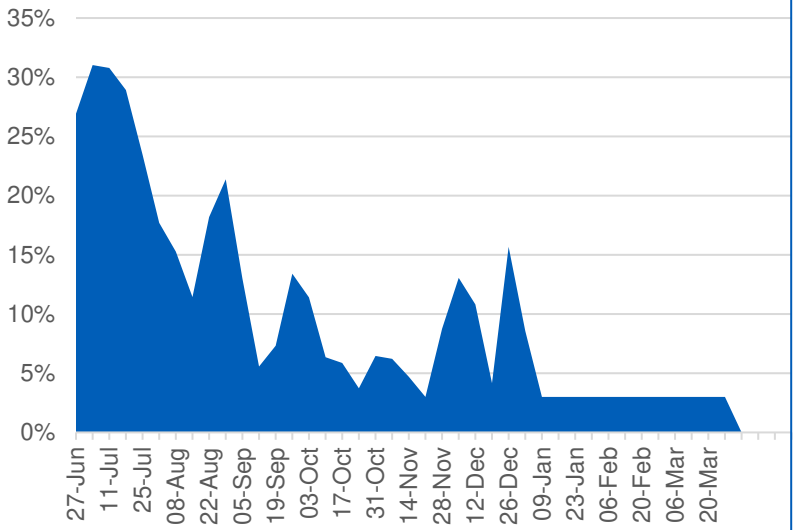
Initial Content of the winter plan

Ref.	Content	Key contributing plan	Responsible group	Programme Director
	Winter performance trajectories and associated plans			
P1	111 call abandonment.	Severnside/ PPG RAP	Severnside ICQPM	Deb Lowndes
P2	Mean 999 call answering times.	SWAST EOC plan	SWAST AJCC	Jess Cunningham
P3	Category 2 ambulance response times.	*As P4 below*	*As P4 below*	*As P4 below*
P4	Average hours lost to ambulance handover delays per day	BNSSG Handovers Improvement Plan	BNSSG Handovers Improvement Group	Greg Penlington
P5	Adult general and acute type 1 bed occupancy (adjusted for void beds).	100 day challenge plan	Enabling Discharge	Lucy Parsons & Rob Presland
P6	Percentage of beds occupied by patients who no longer meet the criteria to reside.	D2A Business Case	D2A Board	Rosanna James
	Winter schemes - within operational plan: ***to include beds delivered and financial tracking***			
B1	D2A - community beds (142)		*As P6 above*	*As P6 above*
B2	Virtual wards		HT@H Planning Group	Rebecca Dunn
B3	Acute flow initiatives		*As P5 above*	*As P5 above*
B4	UHBW - SDEC expansion		TBD by respective DCOO	Lucy Parsons
B5	NBT additional ward L6		TBD by respective DCOO	Rob Presland
B6	NBT - SDEC expansion		TBD by respective DCOO	Rob Presland
B7	Integrated MH Emergency Service		MH WSOG	Sarah Branton
B8	D2A business case delivery (132)		*As P6 above*	*As P6 above*
B9	Stroke programme delivery		Stroke Programme Board	Rebecca Dunn
	Wider winter schemes			
S1	OPEL 4+ action card incl. IPC		Winter Delivery Group	Greg Penlington
S2	CYP winter plan		CYP Urgent Care Group	Laura Westaway
S3	Primary care winter plan		GPCB Urgent Care Network	Jim Hodgson
S4	MH winter plan incl CAMHS		MH WSOG	Sarah Branton
S5	Immunisations plan		TBC	Debbie Campbell
S6	Adult social care plans		Commissioning Arrangements	Julie Kell
S7	Elective Recovery Plan		Elective Recovery Operational Group	Caroline Dawe
S8	Winter comms plan		Strategic Communications Group	Dom Moody
S9	Flu plan		BNSSG Flu Planning Group	Debbie Campbell
S10	System UEC transformation plans		UECC Steering Group	Kate Lavington
S11	Community pharmacy		ICB Meds Op Team	Debbie Campbell

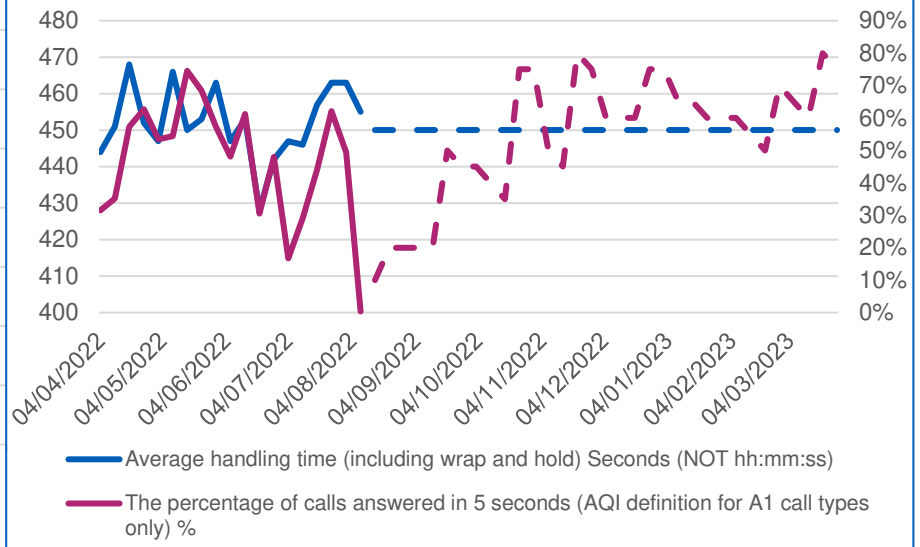
Forecasts for the ‘winter six’ metrics

NCTR trajectory in development

BNSSG 111 - Projected Abandoned %



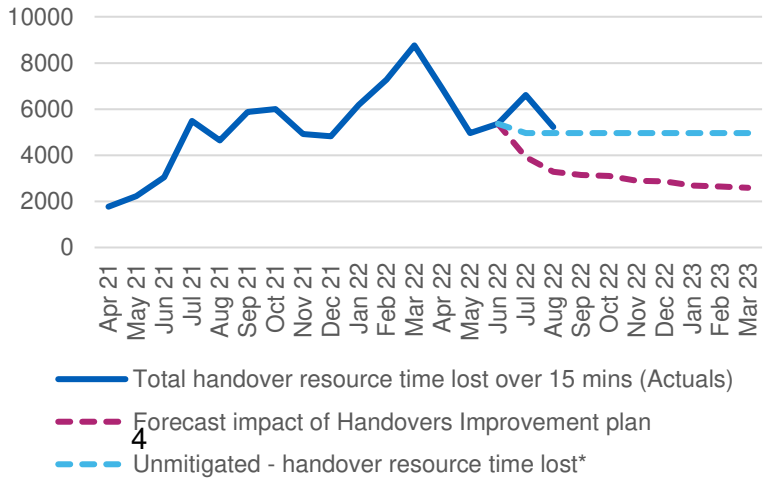
SW-wide mean 999 total call handling time



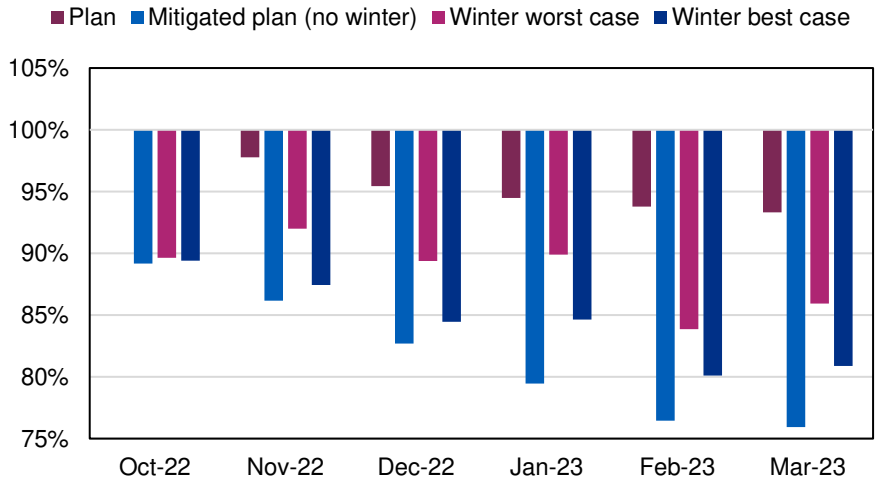
BNSSG Category 2 ambulance response times

Reporting Area - BNSSG	C2	
	Mean	90th
Q2	0:36:03	1:17:58
Q3	0:26:06	0:53:50
Q4	0:23:44	0:48:13

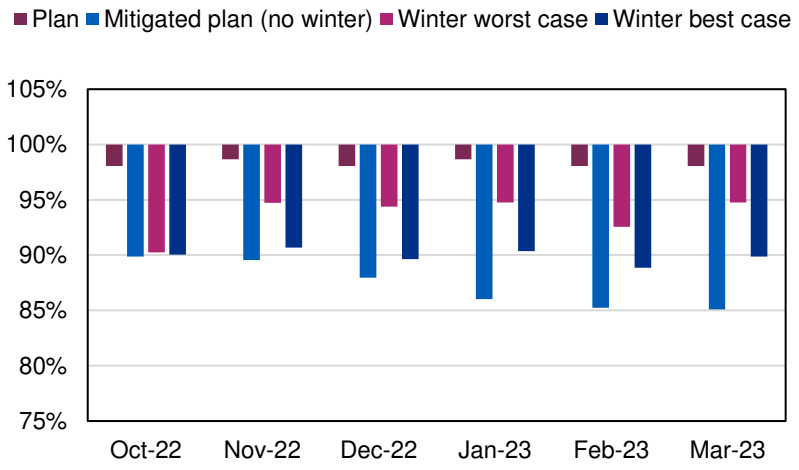
BNSSG ambulance handover delays forecast



NBT – G&A bed occupancy forecast



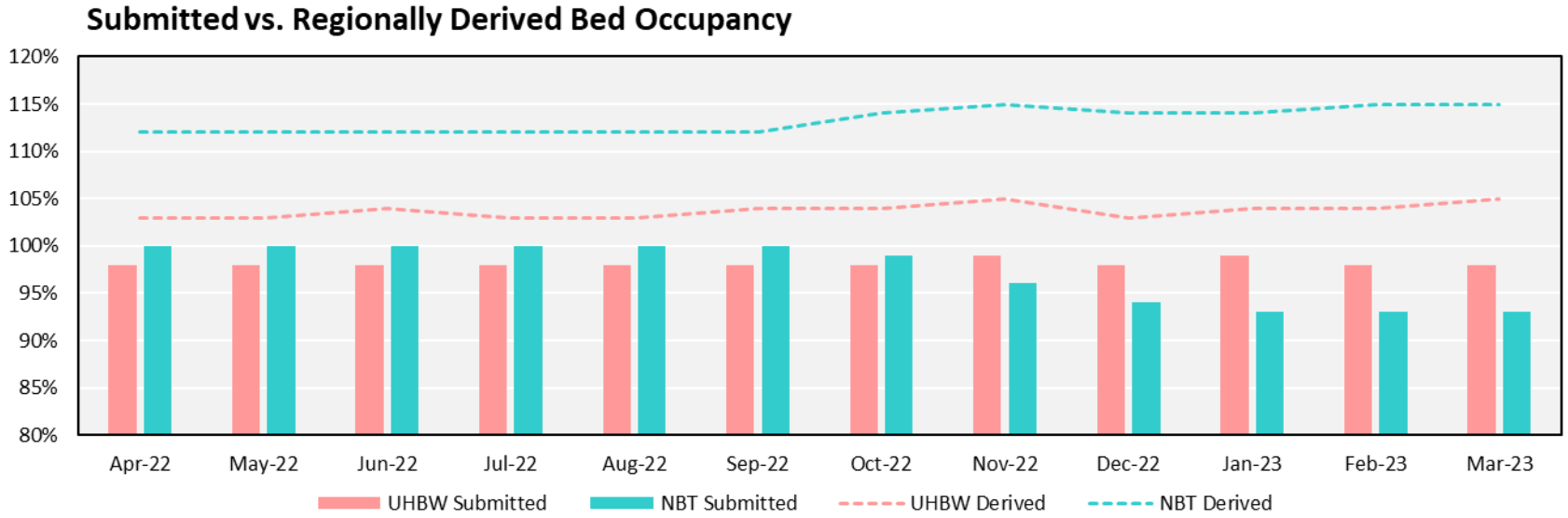
UHBW – G&A bed occupancy forecast



Schemes within our Operational Plan submission Sept. 22

Related Trust	Scheme details	Strategic Objectives (that scheme relates to)	Action (that scheme relates to)	Scheme Cost £000k's	Sept	Oct	Nov	Dec	Jan	Feb	Mar
UHBW and NBT	**D2A/Community beds**	To provide contingency to the D2A programme which takes effect from October 22 including the decommissioning of spot purchase beds.	To renew contracts by end September to continue current provision	4,359	142	142	142	142	142	142	142
UHBW and NBT	**HT@Home /Virtual Wards**	To support roll out of 'home first' culture, reducing dependency on beds in hospitals or care homes.	50 VW beds by June 2022 - achieved; 165 VW beds by December 2022 - on track; 165 VW beds by March 2023 - on track (Equivalent to 116 G&A beds due to increased longer LOS in VW.)	3,412	70	100	130	165	165	165	165
UHBW and NBT	**Acute Efficiency/LOS improvement**	Pump priming of clinical leadership and improvement roles to allow faster role out of best practice flow methodologies impacting on LOS.	End Sep recruitment of staff or backfill of staff into improvement and clinical leadership roles	699	2	2	6	10	16	20	24
UHBW	**SDEC expansion UHBW -cardiology, medicine and surgical**	Expansion of SDEC in cardiology, medicine and surgical to reduce admissions into beds and reduce numbers in ED	Clincial Model in place. Secondment of staff to run pilot; backfill of staff through recruitment	2037	0	0	0	17	17	17	17
NBT	**NBT ward L6**	Provides additional beds within the acute Trust as winter mitigation; further contingency to D2A implementation	Conversion of office space. Recruitment of staff through Agency, secondment and bank	4100	0	0	0	12	33	33	33
NBT	**SDEC expansion NBT**	Expansion of SDEC provision across both Surgical SDEC and Medical SDEC. This is aligned to national and regional priorities and a key lever in reducing ED pressure and admissions. Redirection of 25 patients a day from ED to SDEC.	Mixture of recruitment, seconding existing staff and backfilling their roles. Some staffing through bank/agency may be required to accelerate delivery. A pharmacist has already been identified and domestic resource can be reallocated from within current resource and backfilled.	1654	0	0	4	8	16	16	16
UHBW	**UHBW additional laparoscopic equipment SBCH and replacement ENT surgical items for FESS**	Greater efficiency and turnaround of patients resulting in more daycase activity, reducing LOS and impact on beds as well as more flex in booking	Purchase of equipment		0	0	0	0	0	0	0
AWP	**Integrated MH Emergency Service**	Reduce unnecessary acute Trust admissions/LOS through delivery of an enhanced and integrated model of service under the integrated access hub (999 and 111 mental health services). Enhanced and integrated community response - to support individual to remain well in their communities; Integrated mental and physical response - supporting individuals with alternative location response and pathways	Whole system approach with support from SWASFT/AWP/NBT & BRI Psychiatric Liaison/BrisDoc/Avon and Somerset constabulary/Second Step and St Mungo's. Procurement of vehicle in 6w and will test proof of concept for MH ambulances; model designed around 'lift and shift' approach of existing staff and appearling rosters to incentivise overtime/bank for fast mobilisation in line with NR funding.	1026	0	0	15	15	15	15	15
NBT	**Escalation beds**	1. Presentational/technical changes between Apr and Jun Op Plan	Technical adjustment - planning returns do not include escalation beds as they are not part of core G&A stock, however, the use of these beds explain some of the difference between the plan and sitrep figures. Note that we do not plan to access the same level of escalation capacity throughout the year as we did in May 2022, given the need to protect and increase elective capacity	821	50	50	50	50	50	50	50
UHBW	**Escalation beds**	1. Presentational/technical changes between Apr and Jun Op Plan	As above.	0	19	19	19	19	19	19	19
NBT	**D2A plan**	2. System Transformation added in Jun Op Plan	Existing mitigations - these mitigations are already assumed within trust plans, but as mitigations only and thus will not be factored into the bed deficit calculation. Mitigations include our D2A programme, Stroke Programme, HT@Home	0	21	27	33	40	48	56	74
UHBW	**D2A plan**	2. System Transformation added in Jun Op Plan	As above.	0	11	15	19	22	26	31	34
UHBW	**D2A plan**	2. System Transformation added in Jun Op Plan	As above.	0	8	10	13	16	18	21	25
UHBW	**Stroke programme - impact of NS community team and SARU.**	2. System Transformation added in Jun Op Plan	As above.	0	1	2	2	6	9	11	11
TBC	**Other - D2A reconciliation**	2. System Transformation added in Jun Op Plan	As above.	0	2	2	4	4	6	8	8

Regional bed modelling, Known mitigations, & Further mitigations



	NBT	UHBW	System	Notes
a Regional analysis of bed gap	159	173	331	*Multiply plan EL + NEL admission volumes by average LOS only*
b Technical adjustments	50	19	69	*Escalation capacity that is not recorded within core bed stock, but does mitigate*
c Existing mitigations	74	78	152	*Impacts of D2A, Stroke, H@H already factored in as mitigations to trust plans*
d Adjusted gap 1 ***(a - (b+c))***	35	76	111	*Regional gap of 331 minus technical and existing mitigations*
e Further mitigations identified	184	147	331	*Mitigations submitted to region, inc. virtual ward, NBT level 6, community beds*
f Adjusted gap 2	-149	-71	-220	

Total 552 beds saved through technical, existing, and new mitigations creates a system bed surplus of 220 based on operational plan activity submissions and basic regional bed modelling

How does the bed requirement change if we experience a 'bad winter'?

				Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Surplus / Deficit	Plan (region)		UHBW	-194	-171	-179	-192	-195
			NBT	-184	-161	-166	-169	-174
			System	-378	-332	-345	-361	-369
	Mitigations (all)		UHBW	244	244	244	244	244
			NBT	308	308	308	308	308
			System	552	552	552	552	552
	Plan post mitigation		UHBW	50	73	65	52	49
			NBT	124	147	142	139	134
			System	174	220	207	191	183
	Scenario 1 with mitigations		UHBW	-12	-5	-44	-39	-72
			NBT	64	76	28	55	21
			System	51	71	-16	16	-52
	Scenario 2 with mitigations		UHBW	23	32	-44	-39	-72
			NBT	98	110	28	55	21
			System	121	142	-16	16	-52
	Scenario 3 with mitigations		UHBW	19	35	11	7	-11
			NBT	95	112	86	97	78
			System	114	147	96	104	66
	Scenario 4 with mitigations		UHBW	36	53	11	7	-11
			NBT	111	128	86	97	78
			System	148	181	96	104	66

The base position is the bed deficit described by the regional analysis

The mitigations achieve a 552 bed saving is realised in full (NB – assumed impact from Nov-22 for modelling purposes)

Each scenario shows the revised bed position based on the additional beds required and includes the benefits of the mitigations.

In the operational planning scenario (which assumes no additional impact beyond 5% covid) – there is a bed surplus post mitigation at both trusts throughout the period

In scenario 1 – the worst case scenario – NBT have a moderate surplus, whilst UHBW have a moderate deficit

In Scenario 4 – the best case winter scenario – there is only a deficit at UHBW during March-23

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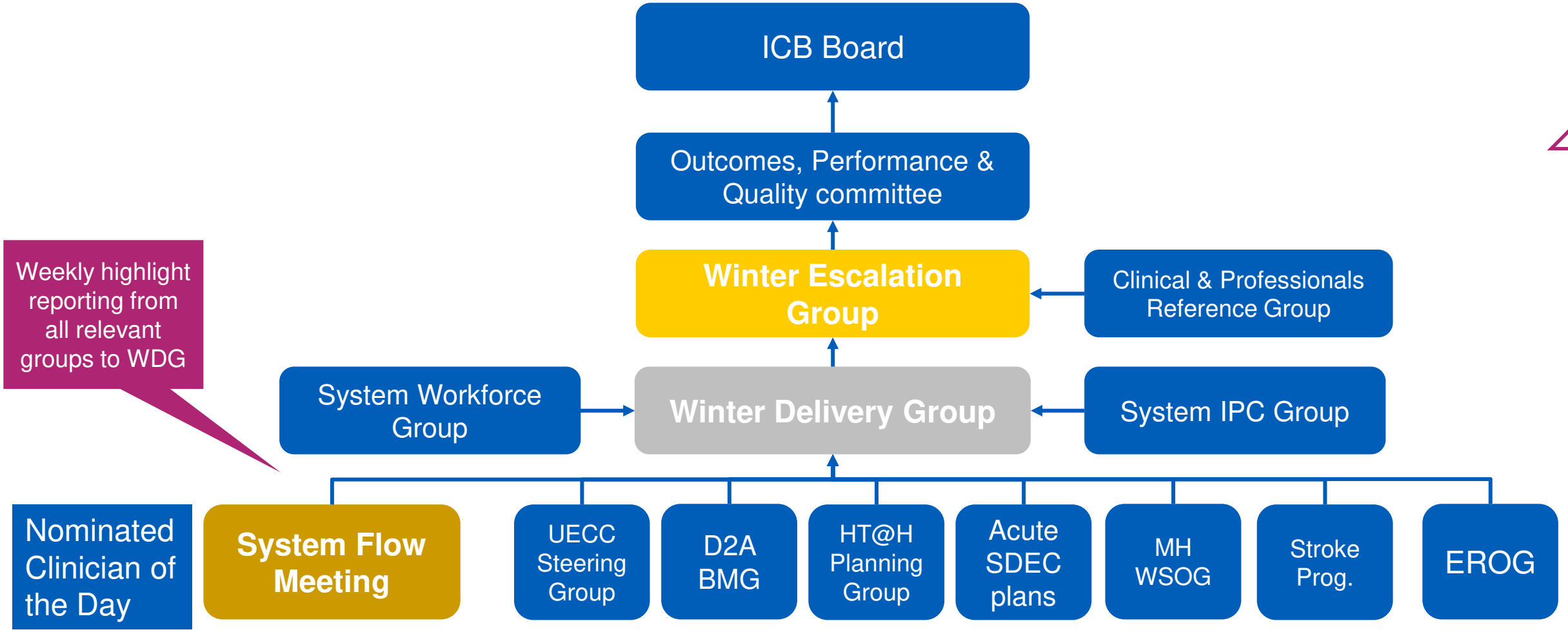
How we will coordinate and oversee delivery

Winter escalation framework

BNSSG Winter Escalation Framework



BNSSG Winter Escalation Framework

Group	Members	Summary	Chair	Frequency	Replaces
Integrated Care Board	All CE's ICB INEDS ICB Executive	Oversight of the 6 Key Metrics	Jeff Farrar	Monthly	
ICS Chief Executive	All ICS	To be a point of escalation for the System	Shane Devlin	As Required	
Winter Escalation Group	COO's & DAS's Open invite for CMO/CNO/CFO* HRDs*	Escalation channel for deviations from Winter Plan that require executive input.	Lisa Manson	Weekly	COO's
Winter Delivery Group	Deputy COO's & Deputy DAS's	Oversight of all contributing programmes to Winter Plan – monitoring and mitigations	Caroline Dawe	Weekly	TBC
System Flow Meeting	Site Managers/ Operational leads/ key programme leads	Data driven focus on daily metrics that influence Winter Plan e.g. referrals to virtual wards; supported by targeted Action Card	Greg Penlington	Daily @ 11	Daily system call – and focus on verbal sitreps

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Winter six metrics: benchmarking and trajectories

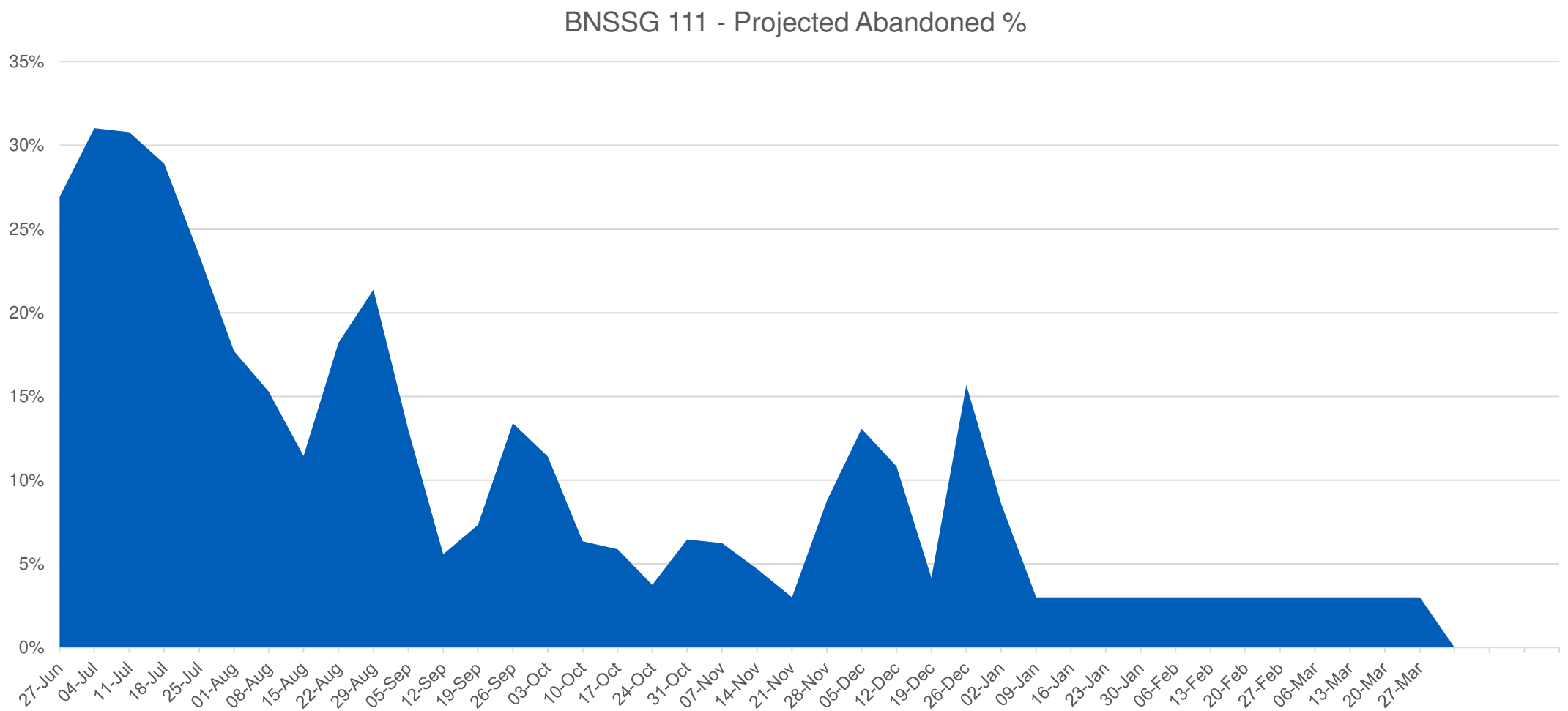
1) 111 Call Abandonment – how we compare

Source: NHS 111 Dashboard – July 2022

	Number of calls abandoned	Number of answered calls	Percentage
England	286,184	1,474,047	**16.3%**

North East and Yorkshire	48,265	209,230	**18.7%**
North West	37,359	149,169	**20.0%**
Midlands	15,243	316,303	**4.6%**
East of England	33,277	181,191	**15.5%**
London	65,029	248,862	**20.7%**
South East	55,694	229,429	**19.5%**
South West	31,317	139,863	**18.3%**
Bristol, North Somerset & South Gloucestershire (BRISDOC)	8,658	21,829	**28.4%**

1) 111 Call Abandonment Trajectory

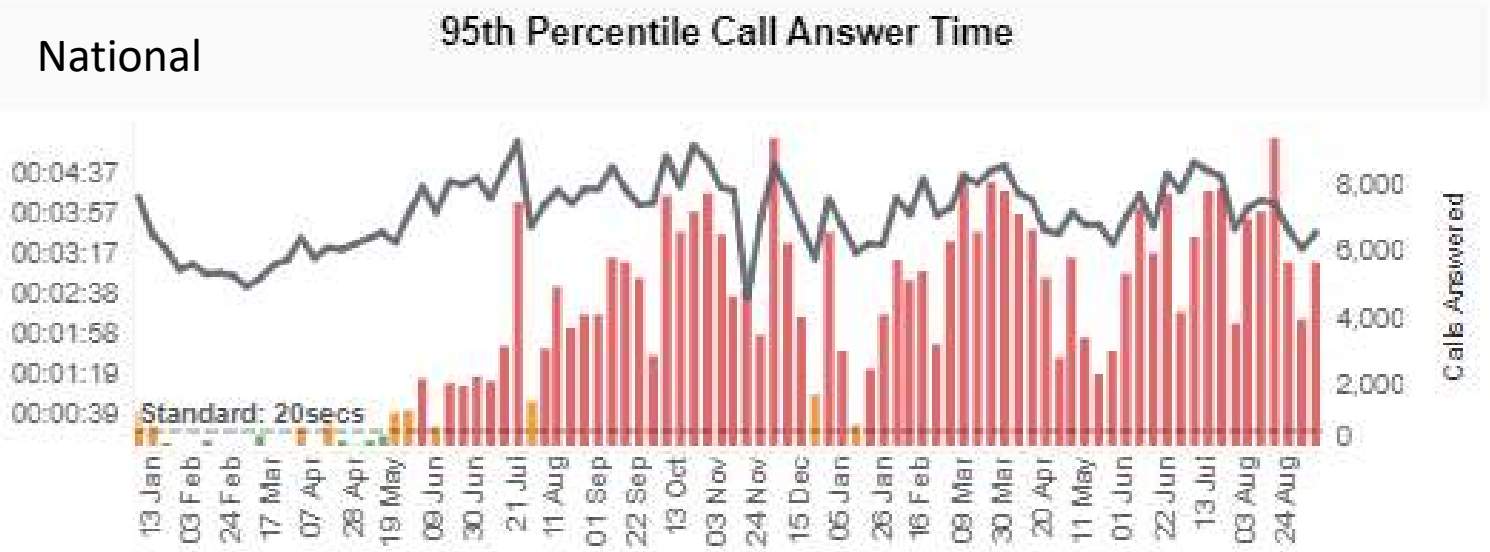


Source: Severnside PPG RAP August 2022

Shaping better health

2) Mean 999 call answering times – how we compare

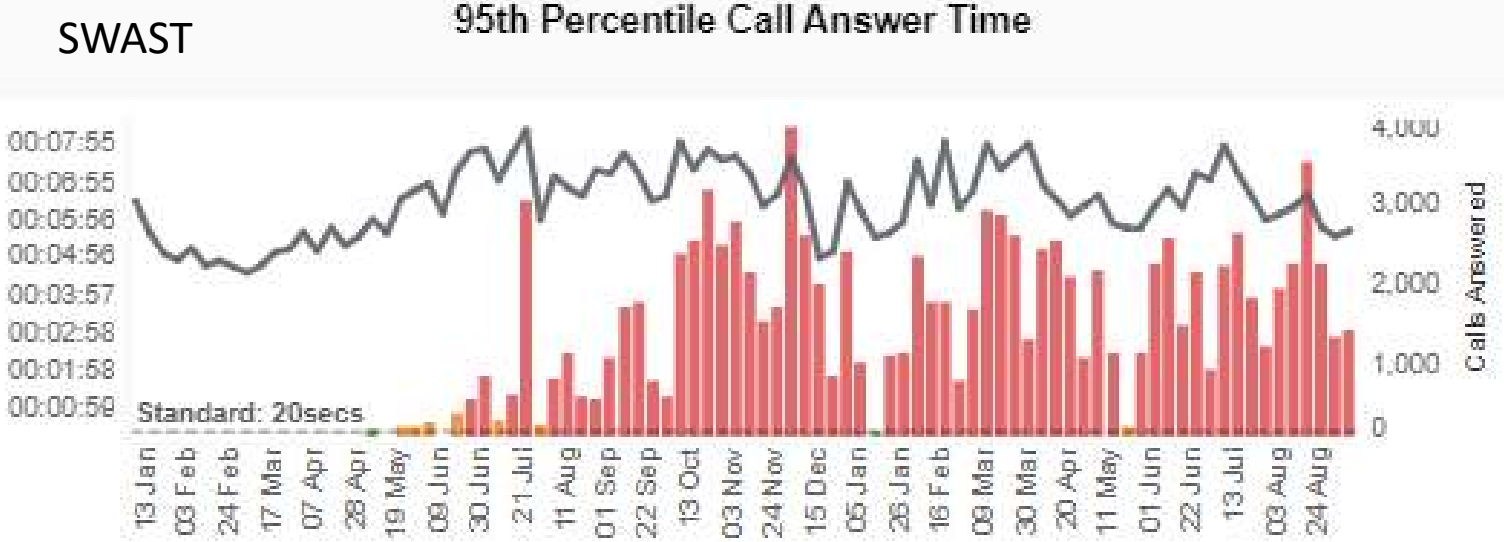
National



RED = 95th percentile call answer time

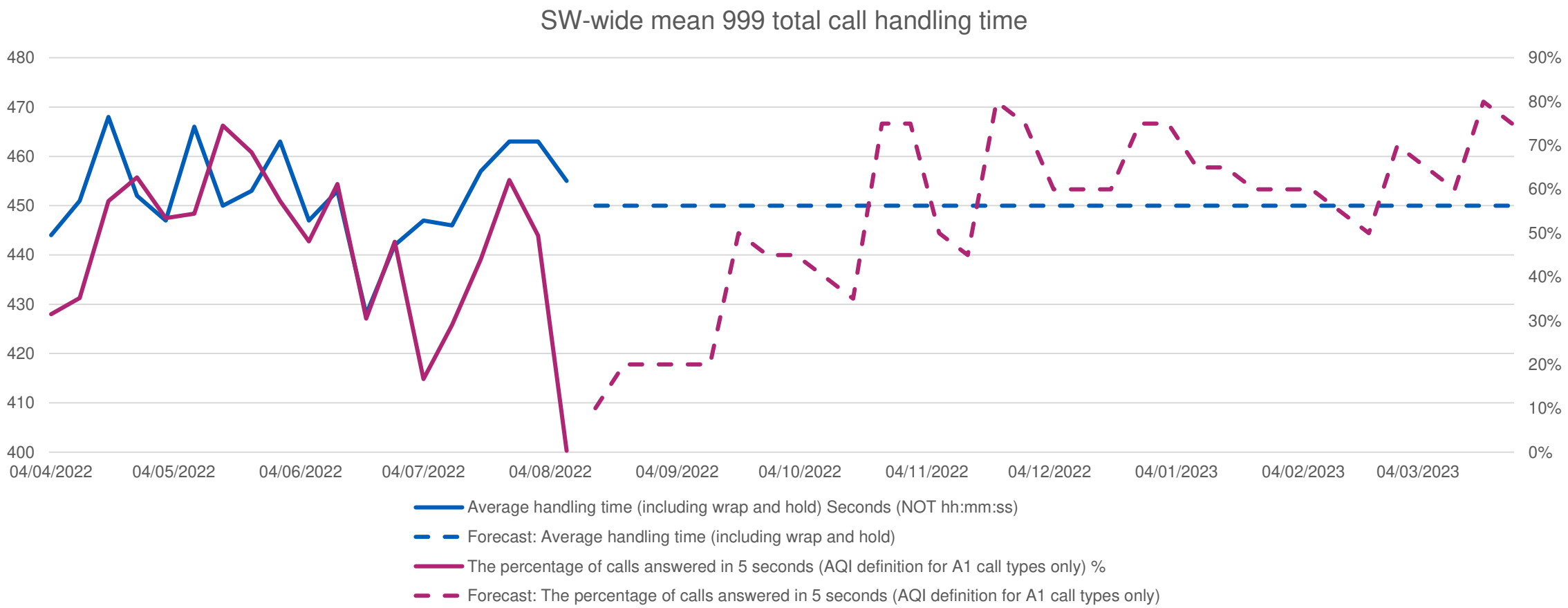
GREY = Call volumes

SWAST



2) Mean 999 call answering times (SW-wide) - trajectory

NB below graph speaks to total handling time not answering time.



Source: SWAST: Appendix 1 - NHSEI Return w/c 15 August 2022

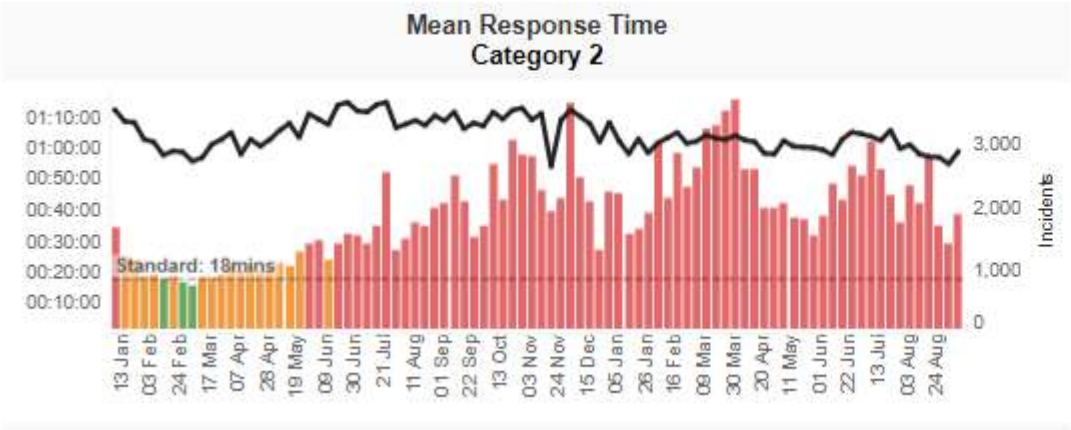
Shaping better health

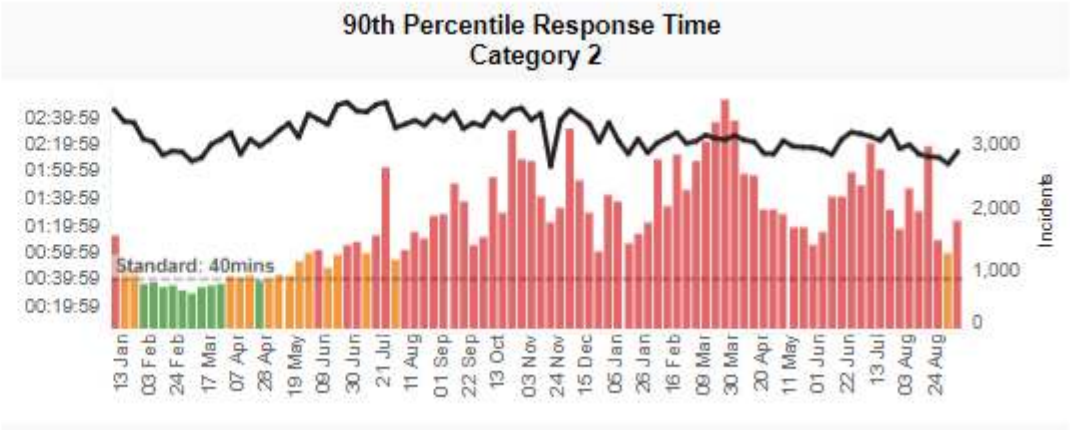
Category 2 ambulance response times

Category 2 Responses (approx.)	Nationally	SWASFT (all)
Mean Response Time	1 hr	1 hr 30 mins
90th Percentile Response Time	2hr 20 mins	3 hr 30 mins

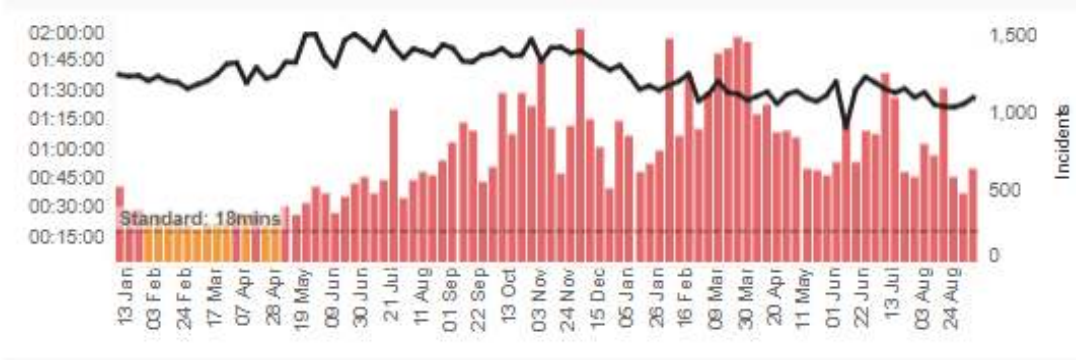
BLACK = incident volumes
BARS = response times

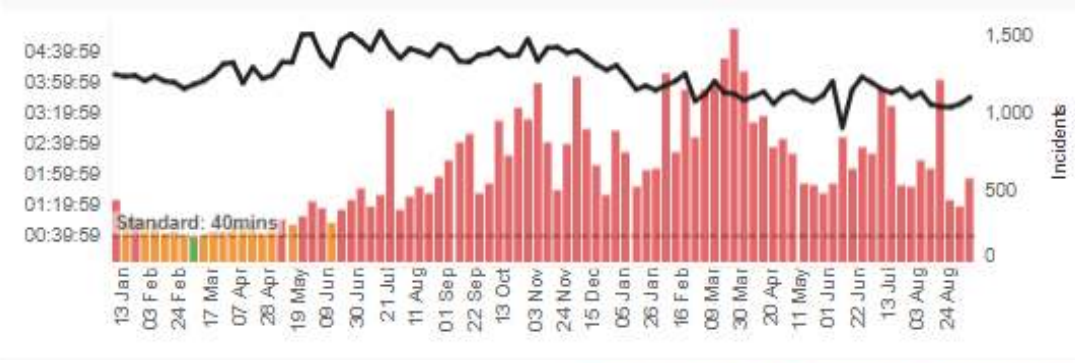
National





SWAST

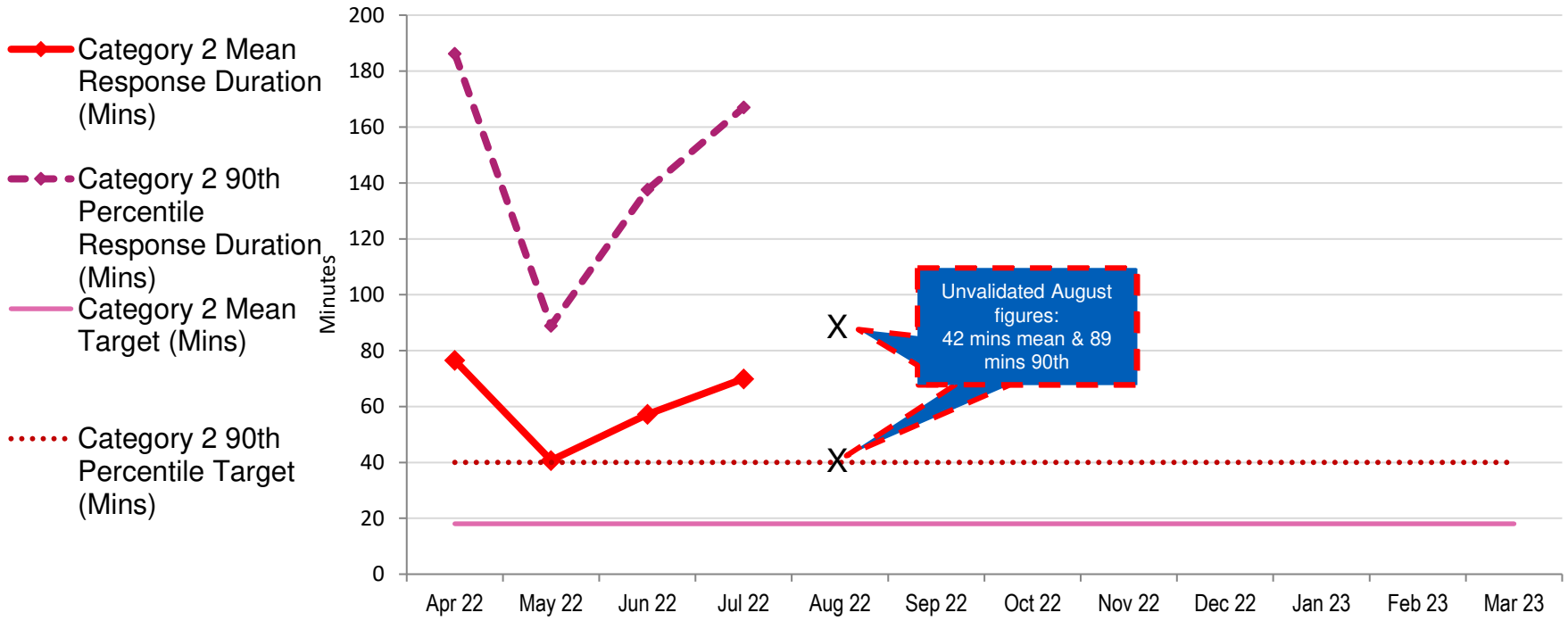




3) BNSSG Category 2 Performance trajectory

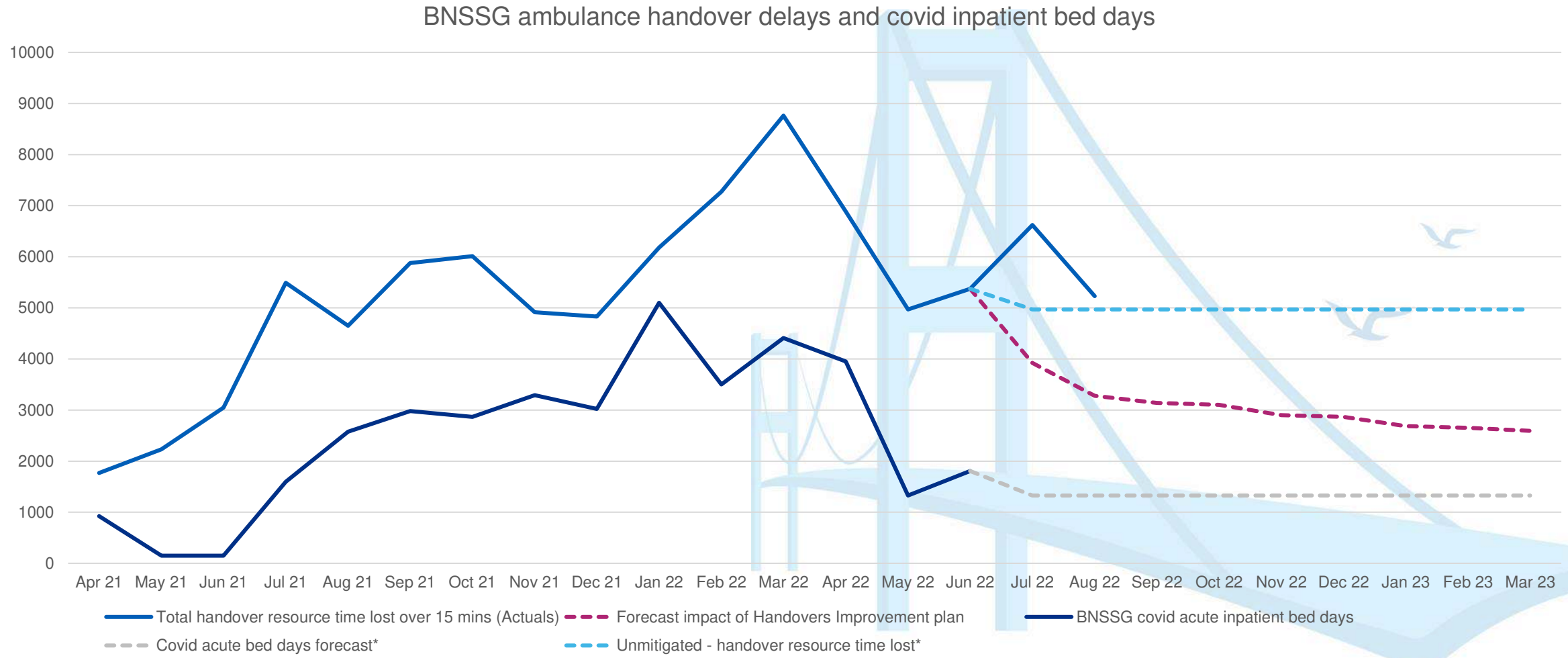
Reporting Area - BNSSG	C2	
	Mean	90th
Q2	0:36:03	1:17:58
Q3	0:26:06	0:53:50
Q4	0:23:44	0:48:13

NB All are subject to increase once aligned to latest handover trajectory



Source: SWAST M032 & D040; Return by email from SWAST

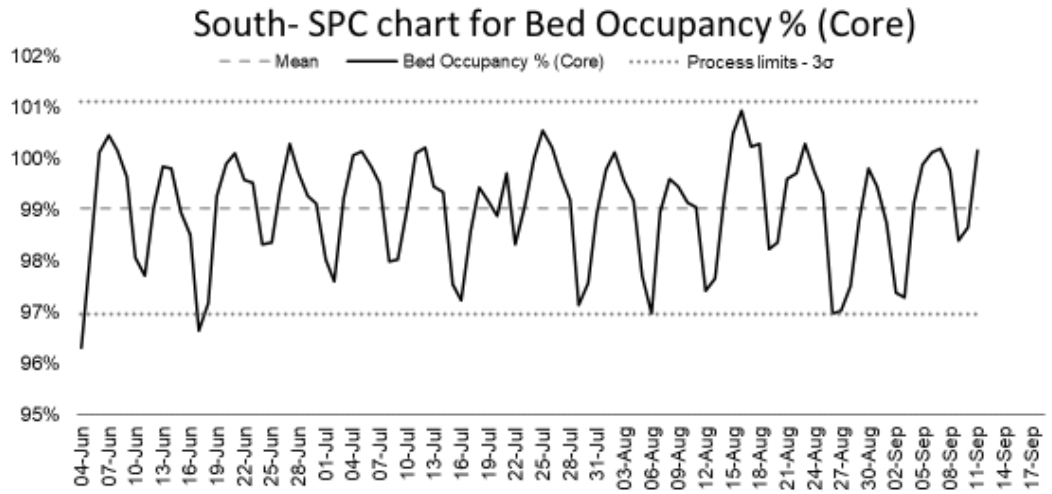
4) Ambulance handover delays trajectory

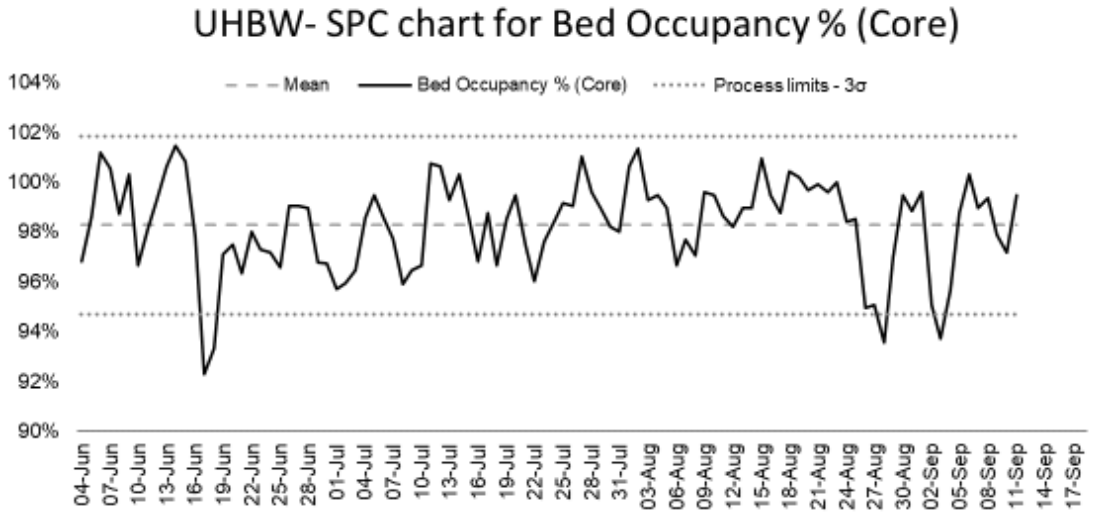


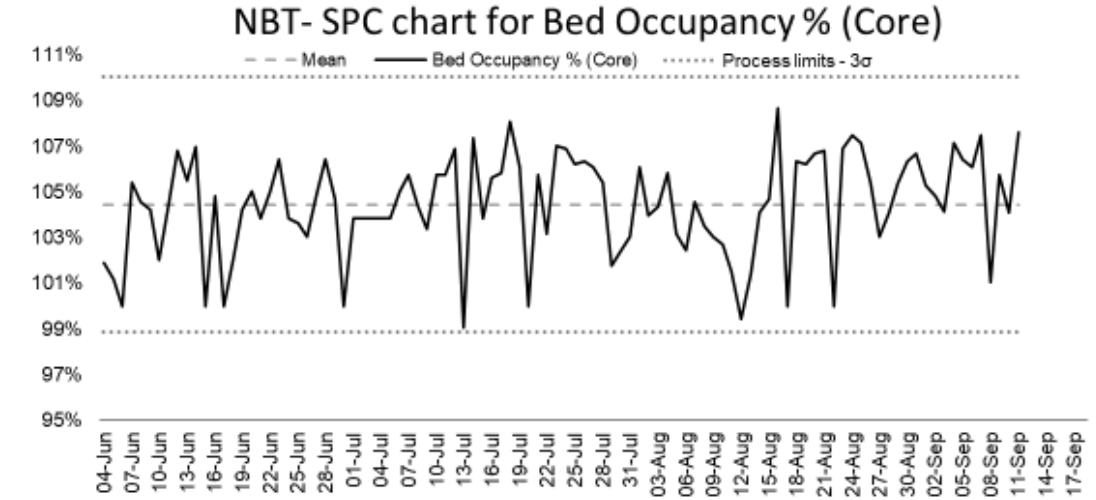
Source: SWAST M032 & BNSSG Handovers Improvement Plan

5) Adult G&A bed occupancy – how we compare

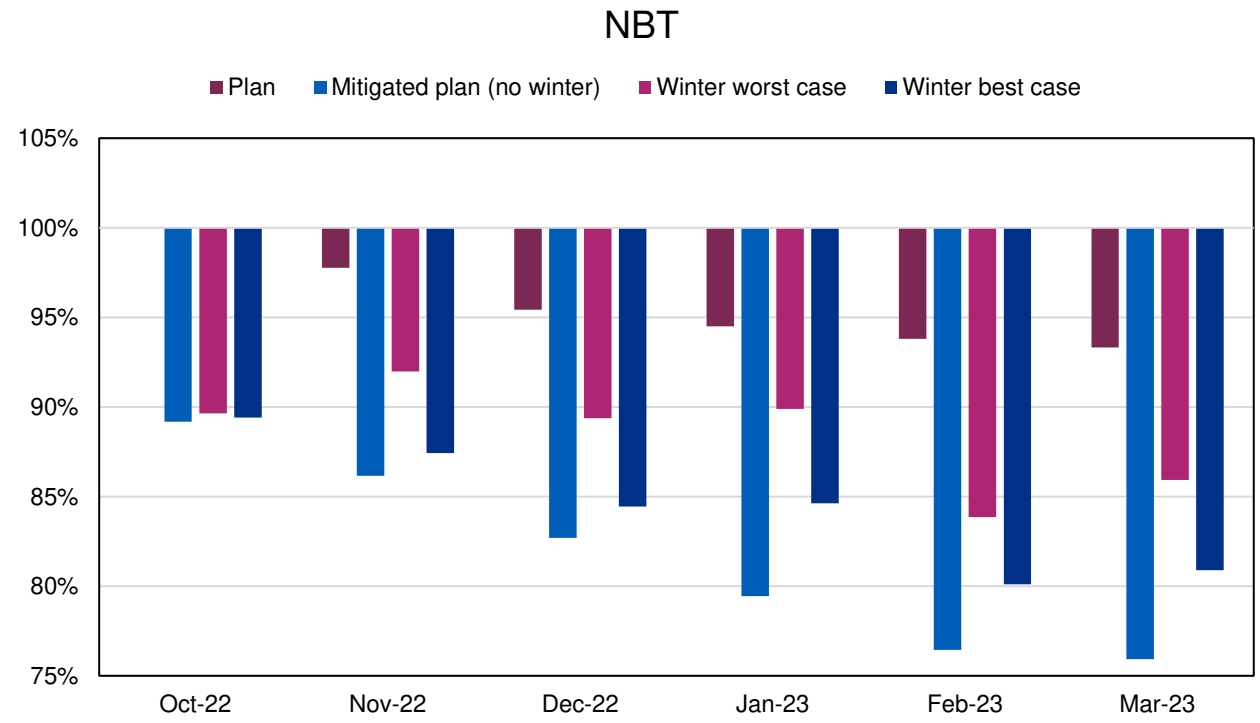
AE sitrep – extractions from ECIST dashboard, note difference in scales

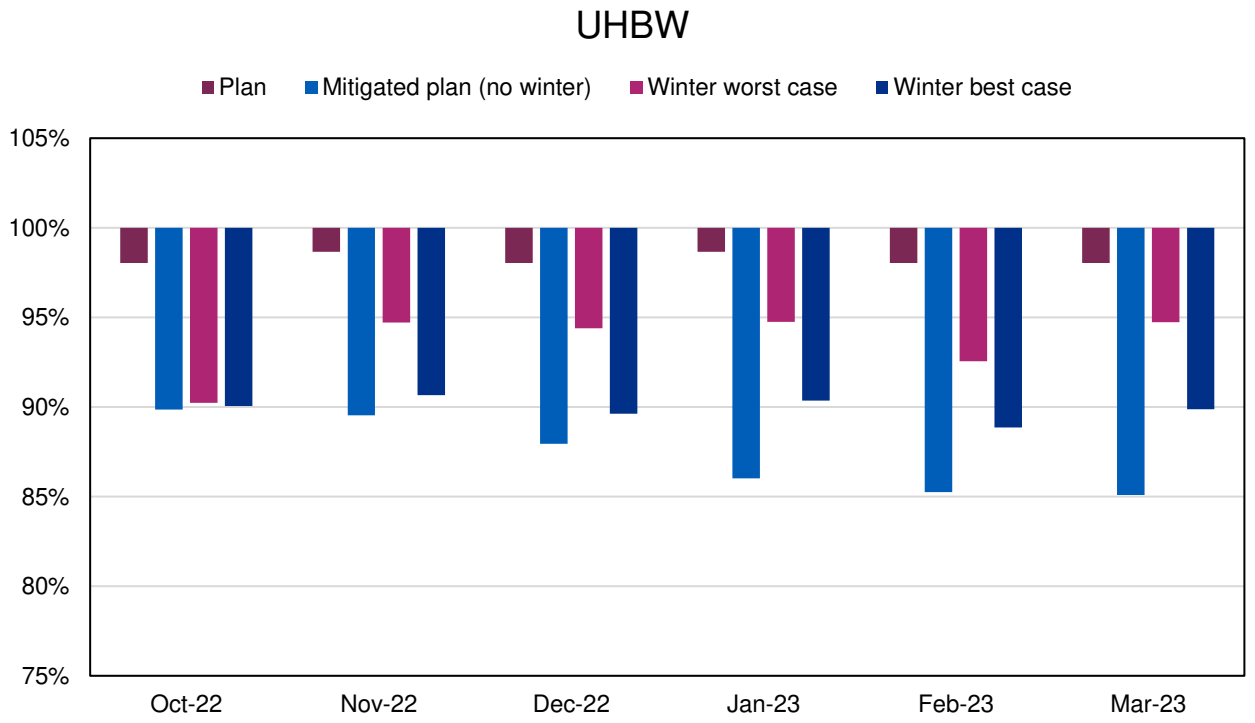






5) G&A bed occupancy





6) Acute NCTR – how we compare

Ref	Trust Name	% beds occupied by patients NOT meeting criteria to reside	Number of patients NOT meeting criteria to reside
1	Royal United Hospitals Bath NHS Foundation Trust	42.5%	226
2	Yeovil District Hospital NHS Foundation Trust	41.5%	144
3	Buckinghamshire Healthcare NHS Trust	40.5%	179
4	North Bristol NHS Trust	40.4%	365
5	Royal Surrey County Hospital NHS Foundation Trust	39.3%	106
6	Royal Cornwall Hospitals NHS Trust	37.4%	231
7	Great Western Hospitals NHS Foundation Trust	36.9%	198
8	University Hospitals Dorset NHS Foundation Trust	36.8%	363
9	Isle of Wight NHS Trust	36.3%	92
10	Dorset County Hospital NHS Foundation Trust	36.2%	122
11	Gloucestershire Hospitals NHS Foundation Trust	34.4%	286
12	Royal Berkshire NHS Foundation Trust	33.5%	184
13	University Hospitals Bristol and Weston NHS Foundation Trust	32.1%	302
14	East Kent Hospitals University NHS Foundation Trust	31.1%	314
15	Salisbury NHS Foundation Trust	30.8%	134

Source: ECIST South dashboard, using Aesitrep submissions.

6) NCTR – developing a trajectory

Further work is required to establish acute data feeds of delay reasons for NCTR patients with monthly totals of in-month bed days, and marry with operating plan and additional mitigations to produce a trajectory.

Assurance Framework: Introduction

- The Assurance Framework in its entirety is designed to be a helpful tool to support ICBs in their responsibilities to both support and hold the system to account on committed deliverables. We have a unique opportunity to co-design how we evolve this assurance mechanism in a way that it brings the NHS together with a strong sense of responsibility and accountability. ICBs are asked to consider during their September Boards what their trajectories should be against the key metrics identified in the plan. These will be used to monitor progress and delivery in collaboration with the NHSE regional teams, performance against key metrics; sample **Scorecard** and indicative **Dashboard** included.

- **(1) Demand and Capacity Assurance:** NHS England has committed to fund system demand and capacity plans to enhance bed capacity across the country. ICBs and NHSE regional teams are asked to work collaboratively develop a mechanism for monitoring the delivery of your agreed additional capacity plans. We anticipate a first return of the agreed monitoring mechanism for the agreed capacity (by region) and progress to date by **31 August**. The assurance mechanism agreed must have an agreed set of definitions and thresholds to allow for an aggregated view nationally and by region whilst highlighting any areas of concern, remedial action and escalation required.

- **(2) UEC Action Plan 2022-23:** The Assurance Framework includes a **Tracker** that identifies the actions that are directly deliverable by ICBs and Providers. The first return will be due **w/c 26 September** and **monthly thereafter**; **Week 4**.

- **(3) Operational Self-Assessment Good Practice Checklist:** The Operational Self Assessment Checklist is being published as part of the System Letter and the wider Assurance Framework due to be released on **12 August**. NHSE regional teams are asked to work with ICBs to collate returns to inform an aggregated return – with any escalation required - by **w/c 26 September.** Themes and gaps will be aggregated by the national UEC team by **the 1st week in October** and used to inform the development of future support offers. ICBs however, should use this tool as appropriate to assure themselves of their system's operational good practice and progress on areas where gaps have been identified.

- **(4) Good Practice Checklist:** The Assurance Framework also includes a 'Library' of good practice in the system that can support you where areas of concerns are identified.

Lastly, we want to assure you this is the start of a collaborative mechanism that is intended to assure and actively help manage all parts of the system. NHSE will continue to work with you in the co-design and collectively using this as the vehicle to deliver a great service to our patients.

Qualitative Collection

Revenue

																Trajectory (av. beds per day over month) additional beds over plan							Trajectory (cost)							Actuals(av. beds per day over month) additional beds over plan							Actuals(cost)						
ICB Name	Related Trust	Strategic Objectives (that scheme relates to)	Scheme number	Scheme details	Go Live Date	Scheme End Date	Action (that scheme relates to)	Status	RAG	Risks	Controls in Place	Escalation To (NHSE regional or national team)	Countable in a beds currency? (Y/N)	If yes, what is the Currency (G&A beds/Virtual wards/other countable beds)	Scheme Cost £000k's	If no, give details of why	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Sept	Oct	Nov	Dec	Jan	Feb	Mar
BNSSG ICB		To provide contingency to the D2A programme which takes effect from October 22 including the decommissioning of spot purchase beds.	Scheme 1	D2A/Community beds	01.09.22	31.03.23	To renew contracts by end September to continue current provision		G	D2A implementation to reduce need for beds within system by end of March.	D2A programme team, governance; links to wider initiatives e.g. 100d challenge		Y	Other	4,359		142	142	142	142	142	142	142	623	623	623	623	623	623	623																			
BNSSG ICB	UHBW and NBT	To support roll out of `home first' culture, reducing dependency on beds in hospitals or care homes.	Scheme 2	HT&Home/Virtual Wards	01.06.22	31.03.22	50 VW beds by June 2022 - achieved; 165 VW beds by December 2022 - on track; 165 VW beds by March 2023 - on track		G	Recruitment of staff in community; making full use of VW - understanding across system by clinical teams.	Clinical groups working together across pathways, real time information to support greater usage		Y	Virtual Ward	3,412	Equivalent to 116 G&A beds due to increased longer LOS in VW.	70	100	130	165	165	165	165	249	355	462	586	586	586	586																			
BNSSG ICB	UHBW and NBT	Pump priming of clinical leadership and improvement roles to allow faster role out of best practice flow methodologies impacting on LOS.	Scheme 3	Acute Efficiency/LOS improvement	01.10.22	31.03.22	End Sep recruitment of staff or backfill of staff into improvement and clinical leadership roles		G	Being able to backfill staff	Use of bank, agency, overtime		Y	G&A	699	UHBW 384 NBT 315 The reduction in occupied beddays through improved length of stay is likely to occur across a large number of wards and therefore it is unlikely we will be able to plan to keep specific beds available for other purposes. What the reduction in bed days and improved morning discharges will impact is improved flow through the hospital and a reduced requirement for the use of escalation spaces.	2	2	6	10	16	20	24	100	100	100	100	100	100	100																			
BNSSG ICB	UHBW	Expansion of SDEC in cardiology, medicine and surgical to reduce admissions into beds and reduce numbers in ED	Scheme 4	SDEC expansion UHBW - cardiology, medicine and surgical	01.12.22	31.03.22	Clincial Model in place. Secondment of staff to run pilot, backfill of staff through recruitment		G	Being able to backfill staff	Use of bank, agency, overtime		Y	G&A	2037		0	0	0	17	17	17	17	291	291	291	291	291	291	291																			
BNSSG ICB	NBT	Provides additional beds within the acute Trust as winter mitigation; further contingency to D2A implementation	Scheme 5	NBT ward L6	01.12.22	31.03.22	Conversion of office space. Recruitment of staff through Agency, secondment and bank		G	Recruitment of staff through agency, secondment and bank	NBT workforce operational plan on target, nurse international recruitment		Y	G&A	4100		0	0	0	12	33	33	33	586	586	586	586	586	586	586																			
BNSSG ICB	NBT	Expansion of SDEC provision across both Surgical SDEC and Medical SDEC. This is aligned to national and regional priorities and a key lever in reducing ED pressure and admissions. Redirection of 25 patients a day from ED to SDEC.	Scheme 7	SDEC expansion NBT	01.11.22	31.03.22	Mixture of recruitment, seconding existing staff and backfilling their roles. Sharing staff through bank/agency may be required to accelerate delivery. A pharmacist has already been identified and domestic resource can be reallocated from within current resource and backfilled.		G	Being able to backfill staff	Use of bank, agency, overtime		Y	G&A	1654	The reduction in occupied beddays through improved length of stay is likely to occur across a large number of wards and therefore it is unlikely we will be able to plan to keep specific beds available for other purposes. What the reduction in bed days and improved morning discharges will impact is improved flow through the hospital and a reduced requirement for the use of escalation spaces.	0	0	4	8	16	16	16	236	236	236	236	236	236	236																			
BNSSG ICB	UHBW	Greater efficiency and turnaround of patients resulting in more daycase activity, reducing LOS and impact on beds as well as more flex in booking	Scheme 8	UHBW additional laparascopic equipment SBCH and replacement ENT surgical items for FESS	01.12.22	31.03.22	Purchase of equipment		G				N				0	0	0	0	0	0	0	0	0	0	0	0	0	0																			
BNSSG ICB	AWP	Reduce unnecessary acute Trust admissions/LOS through delivery of an enhanced and integrated model to service under the integrated access hub (999 and 111 mental health services). Enhanced and integrated community response - to support individual to remain well in their communities; Integrated mental and physical resopnse - supporting individuals with alternative location response and pathways	Scheme 9	Integrated MH Emergency Service	01.11.22	31.03.22	Whole system approach with support from SWASFT/AWP/NBT & BRI Psychiatric Liaison/BrisDoc/Avon and Somerset constabulary/Second Step and St Mungo's. Procurement of vehicle in 6w and will test proof of concept for MH ambulances; model designed around 1/8 and shift approach of existing staff and appearling rosters to incentivise overtime/bank for fast mobilisation in line with NR funding.		G	Being able to backfill staff	Use of bank, agency, overtime		Y	G&A	1026		0	0	15	15	15	15	15	1.6	8	203	203	203	203	203																			
BNSSG ICB	NBT	1, Presentational/technical changes between Apr and Jun Op Plan		Escalation beds	01.09.22	31.03.22	Technical adjustment - planning returns do not include escalation beds as they are not part of core G&A stock, however, the use of these beds explain some of the difference between the plan and s/rep figures. Note that we do not plan to access the same level of escalation capacity throughout the year as we did in May 2022, given the need to protect and increase elective capacity.		G	Recruitment of staff through agency, secondment and bank	Use of bank, agency, overtime		Y	G&A	821		50	50	50	50	50	50	50	117	117	117	117	117	117	117																			
BNSSG ICB	UHBW	1, Presentational/technical changes between Apr and Jun Op Plan		Escalation beds	01.09.22	31.03.22	Technical adjustment - planning returns do not include escalation beds as they are not part of core G&A stock, however, the use of these beds explain some of the difference between the plan and s/rep figures. Note that we do not plan to access the same level of escalation capacity throughout the year as we did in May 2022, given the need to protect and increase elective capacity.		G	Recruitment of staff through agency, secondment and bank	Use of bank, agency, overtime		Y	G&A	0		19	19	19	19	19	19	19	0	0	0	0	0	0	0																			
BNSSG ICB	NBT	2, System Transformation added in Jun Op Plan		D2A plan	01.09.22	31.03.22	Existing mitigations - these mitigations are already assumed within trust plans, but as mitigations only and thus will not be factored into the bed deficit calculation. Mitigations include our D2A programme, Stroke Programme, HT@Home		G				Y	Other	0		21	27	33	40	48	56	74	0	0	0	0	0	0	0															
BNSSG ICB	UHBW	2, System Transformation added in Jun Op Plan		D2A plan	01.09.22	31.03.22	Existing mitigations - these mitigations are already assumed within trust plans, but as mitigations only and thus will not be factored into the bed deficit calculation. Mitigations include our D2A programme, Stroke Programme, HT@Home		G				Y	Other	0		11	15	19	22	26	31	34	0	0	0	0	0	0	0															
BNSSG ICB	UHBW	2, System Transformation added in Jun Op Plan		D2A plan	01.09.22	31.03.22	Existing mitigations - these mitigations are already assumed within trust plans, but as mitigations only and thus will not be factored into the bed deficit calculation. Mitigations include our D2A programme, Stroke Programme, HT@Home		G				Y	Other	0		8	10	13	16	18	21	25	0	0	0	0	0	0	0															
BNSSG ICB	UHBW	2, System Transformation added in Jun Op Plan		Stroke programme - impact of NS community team and SARU	01.09.22	31.03.22	Existing mitigations - these mitigations are already assumed within trust plans, but as mitigations only and thus will not be factored into the bed deficit calculation. Mitigations include our D2A programme, Stroke Programme, HT@Home		G				Y	G&A	0		1	2	2	6	9	11	11	0	0	0	0	0	0	0															
BNSSG ICB	TBC	2, System Transformation added in Jun Op Plan		Other - D2A reconciliation	01.09.22	31.03.22	Existing mitigations - these mitigations are already assumed within trust plans, but as mitigations only		G				Y	Other	0		2	2	4	4	6	8	8	0	0	0	0	0	0	0															

UEC ACTION PLAN

RP#	Strategic Objective	Action	Deadline	Implementation Status	Risks	Gaps	Controls In Place	Deadline	Escalation To (NHSE regional or national team)
1.1	**Aligning Demand & Capacity**	**1.1 Ensure sufficient capacity to meet expected demand for this winter**							
1.1.1	Aligning Demand & Capacity	Open additional beds across England, to match the additional capacity identified by ICSs to be able to deliver against expected winter demand. This should create the equivalent of 7000 additional general and acute beds, through a mix of new physical beds, scaling up virtual wards, and improvements in discharge and flow.	Jul-22	Partially implemented (What is the status, actions, timeframe, risks?)	Slippage in recruitment to D2A capacity. Slippage in recruitment to virtual ward capacity.	None - schemes over-address the calculated bed gap by delivering 584 beds. See Tab 1.	Plan as per BNSSG Operational Plan submission of Assurance of 7th September which detailed schemes to fill calculated bed gap in the system. Key schemes are SDEC expansions, community virtual ward expansion, and right-sizing of D2A pathway capacity. Delivery will be assured via a new Winter Escalation Framework including daily system flow meetings and weekly DCOO (Silver) level group which will oversee delivery of the beds and bed equivalents.	Schemes ramp up from September to March.	
1.4	**Aligning Demand & Capacity**	**1.4 Managing demand and aligning capacity**							
1.4.1	Aligning Demand & Capacity	UTC provision operating at top of specification with capacity matched to local demand.	Oct-22	Partially implemented (What is the status, actions, timeframe, risks?)	Challenges recruiting to UTC establishment. Digital maturity for ECDS capture.	ECDS data capture.	ECDS rollout not scheduled until early 2023 due to Adastra outage and completion of new Sirona digital strategy.	Jan-23	
1.4.2	Aligning Demand & Capacity	Ensure all Emergency Departments have appropriate streaming services in place to redirect all appropriate patients to Type 3 services.	Sep-22	Fully implemented (What evidence supports this?)		ED redirection to general practice (albeit not a Type 3 service).	All EDs have well-established SOPs in place streaming nurse redirection to MIUs, UTCs and community pharmacy. This was established at the start of covid. There are ongoing discussions with general practice about streaming to 111 landing slots in practices. The ED Streaming Tool has been piloted at WGH but paused due to low levels of redirection driven by the nature of NHS Pathways and in light of the GP issue above. A MH ED is also being trialled as part of Winter 22/23, combined with the MH Ambulance it is expected to give a G & A bed benefit.		
1.4.3	Aligning Demand & Capacity	Increase the provision of High Intensity Use services (HIU) of approx. 50% of A&E departments having access to services	TBC	Fully implemented (What evidence supports this?)			HIU teams in place at both acute trusts.		
1.5	**Aligning Demand & Capacity**	**1.5 Community health care at home services**							
1.5.1	Aligning Demand & Capacity	Urgent Community Response – increase 2-hour UCR provision by maximising referrals from the ambulance service and other appropriate providers, with the ambition of at least 70% of 2-hour UCR demand to be seen within two hours in each ICB.	Dec-22	Partially implemented (What is the status, actions, timeframe, risks?)	Demand and capacity may not be sufficient - issues with the provision of data undermine the ability to review this effectively.	The lack of provision of more detailed service data beyond the two national metrics stymies the ability to review the service fully and recommend improvements.	Merger of 3 x EMIS instances in Sirona from Sept-Oct will address gap in data provision. New falls traffic light tool will promote referrals to UCR from care providers (instead of 999) - currently this pathway is not utilised in Bristol and S.Glos. Move to warm transfer of HCP callers to the responsible ACP aims to improve ED and ambulance utilisation of UCR.	Nov-22	
1.5.2	Aligning Demand & Capacity	Rapidly scale virtual wards to support patients who would otherwise be in a hospital bed to receive acute care at home –with a focus on ARI and frailty.	Dec-22	Partially implemented (What is the status, actions, timeframe, risks?)	Recruitment to additional roles.		Business case for recurrent service has been developed and will create more certainty in workforce and aid recruitment.	All pathways are live; increase in provision ramping up to March 2023.	
1.6	**Aligning Demand & Capacity**	**1.6 Primary Care**							
1.6.1	Aligning Demand & Capacity	ICB to actively engage and support General Practices and Community Pharmacies with seasonal preparedness and operational delivery.	Dec-22	Fully implemented (What evidence supports this?)	As not all flu vaccines have been delivered risk there may be a delay to delivery and risk that patients may choose not to be vaccinated.	Risks: funding to deliver winter plans, staff shortages, staff sickness due to projected covid and flu levels, competing demands of vaccination programmes and backlog recovery and improving access and seasonal escalation. MH Training through colocation and integrated work, rather than a dedicated training package.	ICB has carried out an evaluation of last year's Winter Access Fund schemes with recommendations for schemes for this winter. Evaluation included a survey to general practice to seek feedback on schemes. Primary Care representatives attended the recent BNSSG System Winter Planning event and our General Practice Collaborative has an urgent care sub group who are developing responses to winter planning. Primary care have ordered flu vaccines and vaccination sites have commenced vaccination with Flu and covid where appropriate. Community pharmacies support flu and covid vaccination programme. National and local comms to patients to encourage vaccination. Currently not aware of any major delays.	Dec-22	
1.6.2	Aligning Demand & Capacity	ICBs to complete system framework for supporting General Practice to rapidly prioritise practical interventions to improve patient experience of access and staff workload locally and engage in national process to secure potential funding for technology/estates solutions	Dec-22	Partially implemented (What is the status, actions, timeframe, risks?)			BNSSG has put in place the Access, Resilience and Quality (ARQ) programme. The programme provides individualised, holistic support to practices that find themselves facing significant challenges. The ARQ programme provides support to stabilise, improve and set a continues improvement trajectory. The programme is lead by BNSSG ICB and delivered in collaboration with the local GP federation One Care. The ARQ programme supports practices in BNSSG that find themselves facing significant challenges. The aims of the ARQ programme include improving access and the programme supports practices to review and optimise workforce including roles, recruitment, retention and skill matrices. In addition the ARQ team has developed and released toolkits for all practices in BNSSG to us in order to review and optimise demand, access, capacity and workforce. The team is also going to shortly be providing workshops in order to support practices to implement the toolkits. BNSSG has an escalation framework in place for general practice and systematic reporting of general practice escalation level and seasonal pressure through the system EPRR management and metallic structures in place. Practices under significant strain due to escalation receive support from the ARQ programme team.	Dec-22	
1.6.3	Aligning Demand & Capacity	Consider and support PCNs working with each other and other providers to develop collaborative models to manage specific winter pressures (for example oximetry monitoring for COVID; winter hubs; community and VCS led support for vulnerable)	Dec-22	Partially implemented (What is the status, actions, timeframe, risks?)	If high levels of covid and flu develop this may affect workforce capacity to deliver the programme		Work taking place across six localities in BNSSG to support community and PCN plans to reduce admissions and support safe and timely discharge through engagement with communities and VCSE partners. Supporting PCNs to work together to deliver the Enhanced Access programme and same day appointments at evenings and on Saturdays. PCNs working closely together to deliver the covid booster programme prioritising those most at risk initially such as the housebound and care homes. Oximetry at home model and Virtual wards model lead by Community provider. Ageing Well focus on delivery of Enhanced Health in Care Homes and Anticipatory Care and, importantly work to identify those at greater risk of admittance or who are reliant on unplanned care. Vaccines offered to staff, front line healthcare workers vaccinated early and collaboration agreements in place.	Dec-22	
1.6.5	Aligning Demand & Capacity	ICBs to offer intensive hands-on quality improvement support to practices working in the most challenging circumstances (such as areas of high deprivation, areas with highest need or workforce challenges) via the national 'Accelerate' support programme available to 400 practices for 22/23 alongside addressing barriers outside the scope of the support	Oct-22	Fully implemented (What evidence supports this?)			BNSSG has put in place the Access, Resilience and Quality (ARQ) programme. The programme provides individualised, holistic support to practices that find themselves facing significant challenges. The ARQ programme provides support to stabilise, improve and set a continues improvement trajectory. The programme is lead by BNSSG ICB and delivered in collaboration with the local GP federation One Care. The aims of the ARQ support programme are to: •Improve access for patients including additional appointment availability •Increase practice resilience •Improve clinical quality of care received by patients •Embed a culture of continuous improvement The ARQ programme is aligned with the Accelerate programme including supporting practices facing significant challenges to implement and fully embed the actions which practices have identified through the Accelerate modules and continuously improving.	Oct-22	
1.6.6	Aligning Demand & Capacity	Technology and Telephony to digitally enable Primary Care - **Cloud Based Telephony in General Practice:** Expand number of practices on cloud-based telephony, supporting transition from analogue to cloud-based through expanded scope and pace of current pilots in advance of the national cloud based telephony framework going live in April 2023. **Business Intelligence tools roll out to General Practice:** Expand availability of Business Intelligence tools (to understand demand and capacity). Provide support to build capability to use them for improvement Use of a **unified directory of services** across ICS to direct patients to the right services and communicate clearly on primary care pathways and processes	Oct-22	Partially implemented (What is the status, actions, timeframe, risks?)	Resource required to project managed cloud based telephony solution around BNSSG practices. Risk of practices procuring different systems with delay to national procurement. Risk to ICB budgets if required to pick up contract costs.		**Cloud Based Telephony in General Practice**: Approximately 80% of practices are using cloud based telephony. Has been difficult to progress this as national timescales have changed and difficult for practices to take out short term contracts ahead of national framework. **Business Intelligence tools**: BNSSG has a general practice intelligence dashboard (GPID) that has been developed in partnership with clinicians and practice managers to help practices make informed decisions based on activity and performance data. The dashboard provides a detailed breakdown of patient demand and practice activity and is supported by regular webinars and demonstrations. ICB Primary Care Outcome and Activity Group sets out general practice activity and workforce plan with the input of clinicians, practice managers and system partners. A monthly monitoring report is provided to the group to help practices and system partners understand the actual activity and workforce comparing to the plan. This promotes open discussions regarding operation pressure, resource limitation and possible ways to build capacity. **Directory of Service**: Local directory of services (MiDOS) in place, recent comms campaign ' your GP surgery team cares for you'.	Dec-22	
1.6.7	Aligning Demand & Capacity	Promote use of the following community pharmacy services the expansion of CPCS to divert demand away from general practice into community pharmacies aligned to metrics outlined in the Primary Care Investment and Impact Fund the Discharge Medicines Service to community pharmacies to help prevent readmissions to hospital	Oct-22	Partially implemented (What is the status, actions, timeframe, risks?)	Patients presenting with a condition outside PGD which then would be re-referred or escalated to another service. Minimal risk - finding new patients who otherwise potentially otherwise not aware of		The expansion of CPCS in emergencies departments and urgent treatment centres for minor illnesses The expansion of PGDs to divert demand away from general practice into community pharmacies. Hypertension service being offered in community pharmacy (case finding and taking GP referrals) to increase GP appointment capacity Community pharmacist assessment and potentially see patient earlier correctly sign post	Oct-22	
1.8	**Aligning Demand & Capacity**	**1.8 Elective Recovery**							
1.8.1	Aligning Demand & Capacity	Maintaining and increasing elective capacity to eliminate waits of over 18 months by April 2023, except for patients who choose to wait longer or require alternative plans due to clinical complexity.	Apr-23	Partially implemented (What is the status, actions, timeframe, risks?)	Challenging winter/ re-surge of COVID cases impacting IP beds and workforce. Workforce challenges impacting capacity. IS not delivering as planned in IAPs. Impeded flow/discharge and high rates of NC2R. Mutual Aid remains unsuccessful. A residual cohort of patients, identified as suitable for MA remain that have declined transfer of care to another Provider.	Complex cohort remain with the Trusts who are not suitable for transfer of care elsewhere/have been rejected from elsewhere because receiving Provider deemed them 'complex' - i.e. not complex proc but complex patient. Mutual Aid has not been very successful to date. Paediatric cases have been challenging to secure MA for. The capacity and inclusion criteria in the IS does not match the residual risk 78+ww need that exists - so while capacity exists, it is not the right capacity to support >78ww clearance.	Robust proactive focus from Trusts booking and tracking the >78ww risk cohort. Weekly scrutiny at System and Tier levels. Re-worked trajectories in progress. Continue to pursue Mutual Aid via system, Region and National processes. Maintaining and increasing where opportunities arise, capacity with the IS. Protection of green capacity as far as possible, workforce focus on recruitment and retention. Pathways reviews to identify improvement opportunities. Development of single PTLs in development to support wait list management according to capacity.	Remains as per National Ambition for 22/23 elective delivery	
1.8.3	Aligning Demand & Capacity	Reduce the number of people waiting more than 62 days from an urgent cancer referral back to pre pandemic levels by March 2023.	Mar-23	Partially implemented (What is the status, actions, timeframe, risks?)	The system has seen a deteriorating position of the >62d backlog since the beginning of 22/23 driven by critical staff shortages in key roles, exacerbated by significant impact of COVID sickness causing a significant imbalance between demand and capacity for several specialities. Backlogs have accrued across several pathways that have impacted this metric. The primary RISK is that the workforce challenges persist and demand continues to outstrip capacity. This is likely reflecting the national shortages in key roles. Reliance in locums for delivery is an inherent risk in the recovery plans. WLI's are a core feature of recovery activity, but rely on the good will of an already stretched substantive workforce.	Workforce gaps across most services and lack of resilience. Currently mutual aid is not easily secured.	Robust patient tracking and harm reviews. Weekly scrutiny at the system and Tier meetings. Re-worked recovery action plans at the speciality level at both Trusts completed in Sept and in implementation. NBT have had on going support from the Region Team with recovery plan re-work and have an ECIST visit scheduled for Oct. Additional capacity is procured to support in some specialisms.	Remains as per National Ambition for 22/23	
1.8.5	Aligning Demand & Capacity	Ensure fair recovery of elective services through use of data on health inequalities, children and young people and other population factors	Jul-22	Partially implemented (What is the status, actions, timeframe, risks?)		This work in on going. As required by the National Ambition an EQIA was conducted on the elective recovery plan for 22/23 and completed in June 2022. This work highlighted a number of recommendations for further work and investigation that are now being addressed. There were, as expected, gaps in knowledge and these are being identified and addressed as we progress.	A System wide group for health inequalities in elective recovery has been established and meets fortnightly to progress this agenda. This is in addition to a longer established health inequalities group focussed on cancer. The work has a strong data element, led by the BI lead for elective recovery across the System. EIA's are routinely conducted on new plans, projects and initiatives. Engagement with the community is being strengthened and a proactive partnership with CAffi Health is helping drive this. As a system we have identified priority areas.		
1.10	**Aligning Demand & Capacity**	**1.10 Diagnostics**							
1.10.1	Aligning Demand & Capacity	Maximise activity being delivered by Community Diagnostic Centres as set out in their plans, and increase provision of direct access to testing in primary care.	Mar-23	Will not be implemented (What are the reasons for this, how will the risks be managed?)		The CDC is currently at business case stage - This will not be delivering in 22/23.	Despite the CDC not being in place, there HAS been work across the system increasing provision of direct access to testing in primary care.	CDC process ongoing	
2.1	**Discharge**	**2.1 Building on best practice**							
2.1.1	Discharge	Implement the 10 best practice interventions identified in the first phase of the Health and Social Care Discharge Taskforce via the '100-day challenge' to reduce variation	Winter 2022	Partially implemented (What is the status, actions, timeframe, risks?)	1) Workforce continues to be significant pressure for all system partners 2) No single system data tool leading to potential data quality issues 3) System change process' eating into the 100 day challenge and not all delivered within the timeframe but working towards 4) Further escalation of covid / flu / winter planning conflicts 5) Occurring as moving to an ICB framework 6) Working across 3 health boards with significant demographic variance (priorities)	Data quality alignment, whole system reporting	Weekly Partner Exec meeting chaired by System Chief Operating Officer Weekly NCTR performance meeting reviewing the following indicators : 1)NCTR weekly trend analysis by acute trust of NCTR to include breakdown by responsibility 2)Number of PO discharges weekly targets 3)Number of discharges by 12 noon by trust 4)Number of patients with NCTR in the community impacting flow into P1 Mature D2A programme in place which overlaps in many areas	Early October	
2.1.3	Discharge	Continue and expand use of small, one-off Personal Health Budgets (PHBs) to facilitate early discharges	Ongoing	Partially implemented (What is the status, actions, timeframe, risks?)	Currently only funded to Dec22 pending evaluation.		Discharge Support Grant implemented as a pilot providing up to £1200 to support early discharge with broad scope. Further scope to expand this to include Micro providers / PAs being explored. Early reporting indicates significant bed day saving at reduced cost and higher degree of patient satisfaction.		
2.2	**Discharge**	**2.2 Increase capacity on discharge pathways**							
2.2.1	Discharge	Increase capacity of pathway one discharge teams to match demand and supply for this winter	Sep-22	Partially implemented (What is the status, actions, timeframe, risks?)	1) significant workforce challenges across the system 2) P1 slippage 3 months: Underperformance of Sirona P1 recruitment trajectory plus community NC2R impact on P1 caseload (W/k ending 25/8 121 pts with NC2R in P1 caseload, an 128% increase on September 2021).		Monitored through the D2A programme board 1) Care navigation posts across all 3 LAs to increase acute use of P0 resources (South Glos posts recruited, Bristol and North Somerset recruiting 2) In-reach Social Workers supporting MDT discussions and complex discharge planning		
2.2.2	Discharge	Reduce length of stay in community rehab wards/units and bed days lost for each delayed discharge in every community rehabilitation ward/unit and shift from bedded to home models of rehab for lower acuity people.	Oct-22	Partially implemented (What is the status, actions, timeframe, risks?)	1) Significant workforce pressures across all partners compounded by seasonality / agency reliance	Early insights and feedback 1)Poor communication with families – significant opportunity to improve "managing expectations" 2)Current is on focus on forms and processes, not people and their needs 3)Work to do to address a "HomeFirst Culture" and change the language we use 4)Appropriate prescription of care 5)Workforce retention	Monitored through the D2A Programme Board 1)Headline from P3 audits - up to 38% of the current P3 waiting list could be treated in a home first setting with wrap around support, narrows to 10% when based on existing resources. 2) P1 Integration plans for Sirona rehabilitation and LA reablement services (Pending D2A Board approval) Shared reablement/rehabilitation offer in each LA area with collaborative health and social care hubs that can create multi-disciplinary support packages for people to go home for rehab and reablement, drawing on all available health, social care and VCSE resources to meet their needs at home. 3)Increased investment in TEC (processes and capacity) to increase independence and investment in acoustic monitoring systems for care homes 4) Invest in/review reablement services and increase integration between Sirona and LA reablement		
2.2.3	Discharge	Monitor P0 discharges at weekend to maintain flow 7 days a week.	Ongoing	Partially implemented (What is the status, actions, timeframe, risks?)	1)P0 Pathway Navigation roles delayed by 2-4 months due to financial and recruitment challenges.		Monitored trough the 100 day challenge NCTR weekly meetings 1) Care navigation posts across all 3 LAs to increase acute use of P0 resources (South Glos posts recruited, Bristol and North Somerset recruiting 2) In-reach Social Workers supporting MDT discussions and complex discharge planning		
3.4	**Improvements in Ambulance service performance**	**3.4 Ambulance Fleet**							
3.4.1 (a)	Improvements in Ambulance service performance	Increase the utilisation of rapid response vehicles	Aug-22	Fully implemented (What evidence supports this?)	The risk is significantly reduced as our operating model has minimal RRV provision (6 across the South West) as we have moved to a prominently DCA model in line with the rest of the UK. The % of DCAs in the Fleet is 98%. This is in line with ARP standards roll out.	NA - Informed by ORH modelling our 6 RRVs are located in densely populated areas with high category 1 activity.	The Trust has EOC and dispatch procedures in place in relation to the deployment of RRVs - SOP 001	Complete	
3.4.1(b)	Improvements in Ambulance service performance	Model optimal fleet requirements and implement in line with identified need	Nov-22	Fully implemented (What evidence supports this?)	Delay in provision of new/replacement vehicles	For the Long term - Interim financial regime has resulted in significant non-recurrent income which reduces the Trust's ability to commit to long term implementation of both establishment and fleet requirements Long term lack of available capital reduces the Trust's ability to increase fleet. SWASFT needs to have a longer term plan in order to be able to stand capacity up.	The Trust has implemented a review of its Fleet and Equipment Department to ensure we are able to maximise the availability of our emergency vehicles and equipment; supporting our people to maintain and supply fleet vehicles and equipment to our front line. We have contracted with private providers to maximise agency capacity. SWASFT have now maximised resources for 22/23	The new vehicles this year have been delayed due to COVID but are now received. They need to be converted so the roll out will take us through to March 23	
3.6	**Improvements in Ambulance service performance**	**3.6 Improve the ambulance response to mental health**							
3.6.1	Improvements in Ambulance service performance	All ICBs to use Long Term Plan ambulance and mental health funding in full to: •Deploy mental health professionals in 999 emergency operation centres (EOCs) and clinical assessment services (CAS) •Enable a joint on-scene response to mental health patients •Provide mental health education and training to the ambulance workforce	Mar-24	Fully implemented (What evidence supports this?)	Prioritisation and availability of funding from MHIS for ambulance specific requirements,	Work is ongoing with systems to implement the MHIS Ambulance specific requirements. To date MH Clinicians in the EOC has been delivered. BNSSG has a joint on scene response to MH Patients via a RRV and is piloting a MH ambulance for winter 22/23, discussions are ongoing in other areas about pilots. Submission made in relation to capital and revenue funding for the specialised MH ambulances. No specific progress on additional MH Education and training for the ambulance workforce, above the core MH training provided by SWASFT. MH Training through colocation and integrated work, rather than a dedicated training package.	Ambulance Service MH Lead now in place to engage with MH providers and systems to take forward this work. Ongoing conversations as Commissioning Meetings around access to MHIS funding		
3.6.1(a)	Improvements in Ambulance service performance	Increase the use of specialist vehicles to support mental health	Nov-22	Partially implemented (What is the status, actions, timeframe, risks?)	National funding is oversubscribed Lead in time for procurement of specialised vehicles is circa 12 months from start of procurement In relation to Pilots - having both Fleet and staffing availability to support pilots alongside core frontline response requirements.	Submission made in relation to capital and revenue funding for the specialised MH ambulances.	One existing joint response model (RRV) in BNSSG and discussions on pilots occurring in other systems. For winter 22/23 a RRV will be available to support MH patients alongside an ambulance. There is also a dedicated phone line for the police to obtain rapid MH advice.	2023/24	
4.5	**Improving NHS 111 performance**	**4.5 Improve the ambulance response to mental health**							
4.5.1	Improving NHS 111 performance	All ICBs to profile and update details of 24/7 urgent mental health helplines on the local Directory of Services (DOS)	Nov-22	Partially implemented (What is the status, actions, timeframe, risks?)		A small number of conditions related to Drug and Alcohol Services still remain to be profiled.	DOS team working with providers of those services to complete final profiling for signing off at the DOS Board.	Nov-22	
4.5.2	Improving NHS 111 performance	ICBs to update details of the 24/7 urgent mental health helplines for patients experiencing a mental health crisis and ensure these services are promoted	Nov-22	Partially implemented (What is the status, actions, timeframe, risks?)		Decision planned for end of Oct between AWP, SWASFT, and 111 provider to agree level of promotion desired over winter to increase awareness in line with capacity.	There are currently 24/7 phone lines - for CAMHS/Adult MH and for the police to access MH advice.		
5.1	**Avoiding admission and alternative 'in hospital' pathways to Improve Flow**	**5.1 Increase the number and breadth of services profiled on the DoS**							
5.1.3	Avoiding admission and alternative 'in hospital' pathways to Improve Flow	Increase number and breadth of services profiled on the Directory of Services to ensure only patients with an emergency need are directed to A&E	Oct-22	Partially implemented (What is the status, actions, timeframe, risks?)		Some referral pathways need further development before referrals can be made via the DOS.	Direct access pathway to medicine in place at BRI. Reviews at WGH and NBT to determine move away from ED model for expected medical patients including SDEC.	Dec-22	NHSE Regional
5.2	**Avoiding admission and alternative 'in hospital' pathways to Improve Flow**	**5.2 Standardise appropriate alternatives to inpatient care to avoid admissions and reduce pressure on beds**							
5.2.2	Avoiding admission and alternative 'in hospital' pathways to Improve Flow	Improve the provision of the Acute Frailty service, including the delivery of thorough assessments from multidisciplinary teams	Nov-22	Partially implemented (What is the status, actions, timeframe, risks?)	Recruitment to additional roles.		AFS or Geriatric Emergency Medicine Service is in place at all three acute sites. BRI and WGH plans are in place to expand hours of operation. NBT: Acute frailty service in place > 70 hours over 7 days	Mar-22	
5.2.3	Avoiding admission and alternative 'in hospital' pathways to Improve Flow	Review non-emergency patient transport services so that patients not requiring an overnight hospital stay can be taken home when ready.	Oct-22	Fully implemented (What evidence supports this?)		Review undertaken but risk that the local provider, Ezec has resourcing challenges.	Bristol Ambulance is providing contingency to Ezec, especially for on the day and discharge activity to maintain flow.	Oct-22	
5.3	**Avoiding admission and alternative 'in hospital' pathways to Improve Flow**	**5.3 Standardise specialist input and subsequent management at the earliest appropriate point in the patient's journey**							
5.3.1	Avoiding admission and alternative 'in hospital' pathways to Improve Flow	Speciality in reach within 60 minutes of referral from an emergency portal for the main admitting medical specialities (Cardiology, Respiratory and Care of the Elderly) Delivery of care within speciality where appropriate through provision of direct speciality admission	Nov-22	Partially implemented (What is the status, actions, timeframe, risks?)	Resource within specialties as well as ringfencing of beds within specialty wards; different arrangements according to site for UHBW - heart and childrens hospitals	Resource to balance across urgent and elective care pressures.	Direct GP admissions to medicine in place at BRI and under review at NBT following changes to their SDEC estates and establishment. WGH to implement as part of winter plan.		
5.3.2	Avoiding admission and alternative 'in hospital' pathways to Improve Flow	7-day provision of services which support acute care	Jan-23	Partially implemented (What is the status, actions, timeframe, risks?)	Ability to recruit to outstanding roles.	Flow initiatives in place at all three acute sites, however staffing gaps remain at weekends especially in integrated discharge teams, pharmacy and some therapy roles.	Oversight of flow initiates by dedicated '100 day challenge' board with escalation to the Winter Delivery Group (DCOOs). Proposed use of winter funding to support temporary roles.		
5.4	**Avoiding admission and alternative 'in hospital' pathways to Improve Flow**	**5.4 Out of hospital services**							
5.4.1	Avoiding admission and alternative 'in hospital' pathways to Improve Flow	Implement out of hospital home based pathways, including virtual wards, to improve flow by reducing hospital attendances. Reduce unnecessary attendances for patients with mild illness through revised NHS@home pathways that incorporate broader acute respiratory infections.	Nov-22	Fully implemented (What evidence supports this?)	Risk would be if number exceeded the current providers capacity. AMR risk		Outpatient Parenteral Antimicrobial Therapy (OPAT service) to reduce hospital admissions or length of stay is in place. Local guidance in place, local pharmacist and microbiologist involved in referrals. Virtual wards in place for covid, respiratory, heart failure and frailty - see Tab 1.		
6.2	**Preparing for new COVID-19 variants/respiratory challenges**	**6.2 Infection Prevention and Control**							

6.2.1	Preparing for new COVID-19 variants/respiratory challenges	Implement UKHSA's IPC advice in a proportionate way and develop strategies to minimise the impact of 'void' beds.	Dec-22	Fully implemented (What evidence supports this?)	Risk would be if number of outbreaks exceeded the current providers capacity Risk resistance with antibiotic therapy if not needed		BNSSG hierarchy of IPC actions was developed during covid to allow a risk-based consideration of IPC actions versus the risks they create to system flow and the related patient harm this creates in extremis (e.g. excessive ambulance queueing). Service in place to offer assessment and prescribing of antivirals in a timely way should there be an influenza outbreak COVID Medicine Delivery Unit (CMDU) service established to treat those the NHS considers at highest risk of developing severe COVID-19 Reviewing rescue packs for COPD patients with regards to Patient information leaflet being devised and patient communications. Monitoring flu levels and proactive action taken if needed. Monitoring covid levels and proactive action taken if needed		
7.2	**Workforce**	**7.2 Recruitment and retention**								
7.2.1	Workforce	Implement recruitment and retention plans which include: •Staff sharing arrangements and maximising collaboratives banks •Embed reservist model in each ICS to increase capacity and capability to respond to surge and major incidents •Develop and launch managing attendance challenge toolkit •Utilise international support for UEC recovery, identifying shortages of key roles and skills and targeting recruitment as such. •Ensure plans to maximise the use of the national protocol and reduce the pull-on registered healthcare professionals to deliver this autumn's COVID-19 and flu vaccination programme.	Dec-22	Partially implemented (What is the status, actions, timeframe, risks?)	Workforce recruitment vs operating plan is below target. Turnover rates have increased across all providers. Resourcing challenges within ICB People Teams. Agency spend reduction is off target	Reservist plans requrie a refresh.	Each provider is reviewing workforce resourcing and retention plans. Weekly meeting of workforce operational cell. Primary care bank commenced. Proud to care phase 2 lauched to support resourcing in social care, Community provider launced extensive resourcing campaigns including national careers events, all to support discharge and flow. Increased international recruitment in NBT and collaborative AHP international recruitment started. 2 x new starters in ICB in mid and late October that will support this work.		
7.3	**Workforce**	**7.3 Utilisation of VCS and Volunteers**								
7.3.1	Workforce	Develop roles for volunteers that reduce pressure on services and improve patient experience, such as community first responders and support in discharge.	Oct-22	Partially implemented (What is the status, actions, timeframe, risks?)	To secure funding for the Discharge support grant and Micro Providers moving past Dec 22, evidence needs to be collated that supports ICB objectives. Early indications are DSG is saving many bed days at little cost. PAs yet to be formalised / implemented		1) Early implementation of pilot to implement micro providers (PAs) in conjunction with the 2) Discharge Support Grant pilot currently approved till December 2022. 3) Red cross embedded with each acute hospital and engaged in discharge planning and fulfilling many bridging roles till full POC can be implemented.		
8.2	**Improved data and performance management**	**8.2 Ensure real-time system monitoring**								
8.2.1	Improved data and performance management	Work with cross-system partners to put provisions in place to monitor data and pressures across the system and patient pathway, including primary care, acute and mental health services, and workforce pressures	-	Partially implemented (What is the status, actions, timeframe, risks?)	Provision of data from providers may be slowed by digital and/or BI resource available.	Live dashboard in place for system incorporating ED and ambulance data. Community, mental health and primary care data is outstanding	Exec-sponsored development programme in place since summer 2022: Care Traffic Coordination. Development resource from UHBW secured. Procurement live for external provision of a dashboard and further development resource.		
9.2	**Communications**	**9.2 Campaigns**								
9.2.1	Communications	Deliver the 'Help Us, Help You' NHS 111 and GP Access campaigns; to increase the number of people using NHS 111 when they have an urgent, but non-life-threatening medical need and of people using online access routes to contact their practice. ICBs to deliver local campaigns including messaging on triage, prioritisation and MDTs/ARRS staff	Feb-23	Partially implemented (What is the status, actions, timeframe, risks?)	Delays in receiving national 111 collateral. Mitigation: use existing 111 campaign materials/local assets.	None identified	Progress managed via system winter comms group reporting into system strategic comms group and winter planning groups. Participation in national winter comms groups (eg Marketing Reference Group) and SW regional comms leads group to ensure alignment with national messaging.	Ongoing	

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Performance & Activity Report

September 2022

Created by

Gary Dawes

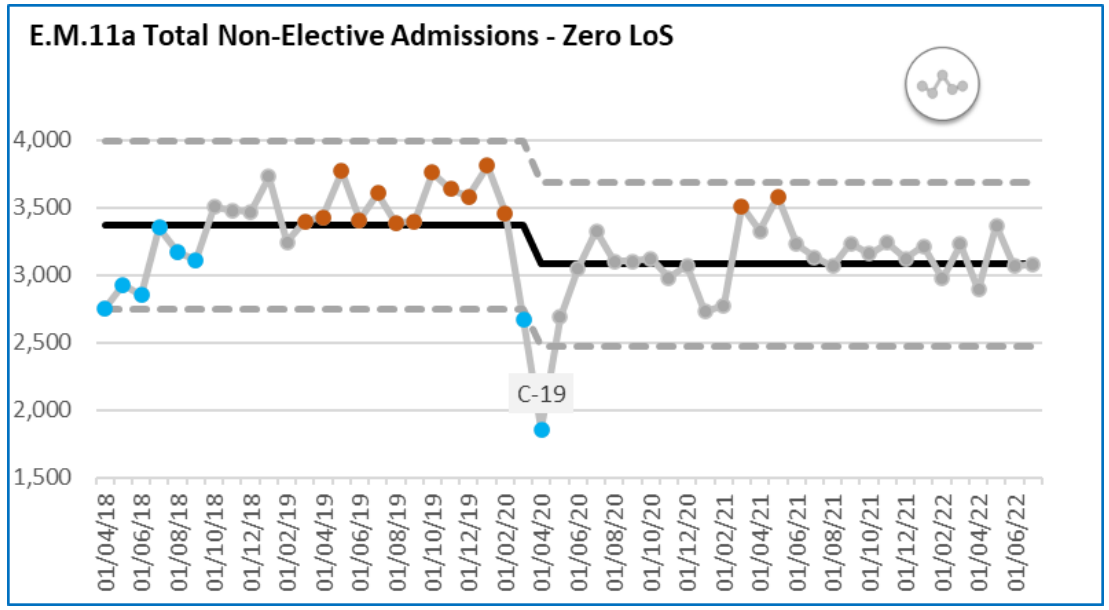
BI Performance Team

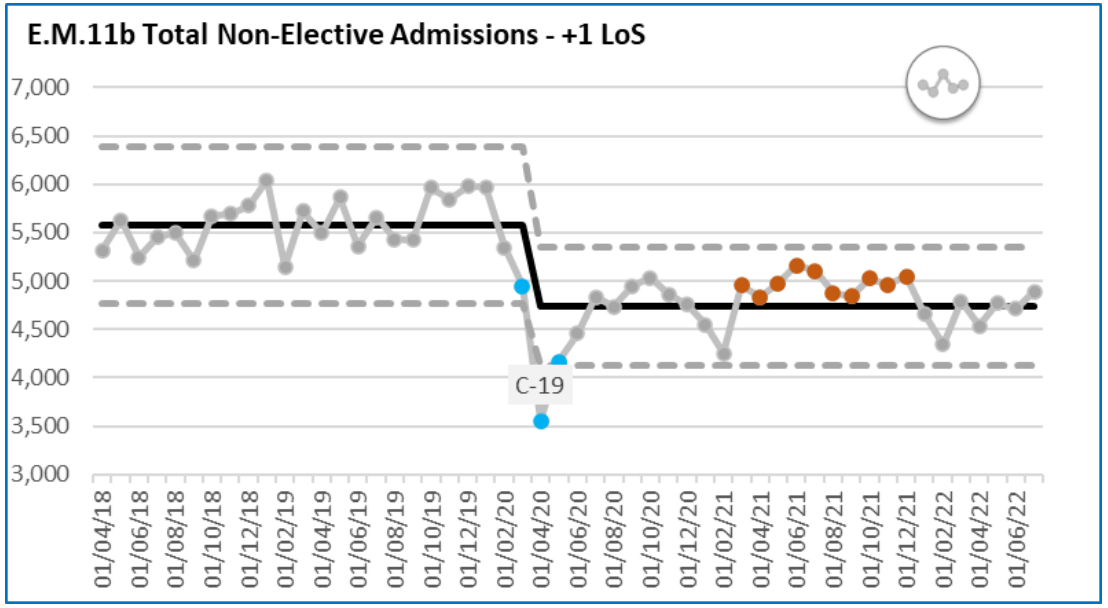
Contents

1.1 Executive Summary – Headlines

- Overall, BNSSG Trusts' 4hr A&E performance improved from 57.1% to 61.8% in August and is better than the national average for Type 1 EDs of 58%. NHSEI Support to BNSSG via UEC collaborative with whole system diagnostics, dynamic modelling and NHS111 first and an ambulance handover improvement plan focused on demand management, process improvement, improving flow and reverse queueing capacity.
- For planned admissions, the total waiting list size for the BNSSG population worsened from 80,749 to 85,759 in July. BNSSG performance of 65.7% was ranked 9th out of 42 ICB's nationally and ranked 2nd out of 6 ICB's in the South West (same as in May).
- The number of BNSSG patients waiting 52 weeks or more for planned treatment increased from 4,763 to 5,134 in July – 6% of the total waiting list. The number increased at both NBT and UHBW. The BNSSG position is driven mainly by waits at NBT (2,384) and UHBW (2,077), with the remaining 673 breaches split across 46 other providers. Focused work to facilitate elective recovery ambitions continue to be implemented.
- The number of BNSSG patients waiting over 78 weeks decreased from 744 to 671 in July. The number decreased at both NBT and UHBW. The BNSSG position is driven mainly by waits at NBT (348) and UHBW (226). The remaining 97 breaches are split across 21 other providers, with the majority at Sirona (21), Spire Bristol (16), Nuffield Health Bristol (15), Emersons Green (11) and Sulis Hospital (9).
- The number of BNSSG patients waiting over 104 weeks decreased from 69 to 51 in July. The number decreased at both NBT and UHBW. The BNSSG position continues to be driven mainly by waits at NBT (25) and UHBW (18). The remaining 8 breaches are split across 3 other providers – Sirona (6), Sulis Hospital (1) and Spire Bristol (1).
- 2 week wait cancer performance worsened in July to 44.2% for the BNSSG population. Performance worsened at UHBW, but improved at NBT. The 93% national standard has not been achieved at population level since June 2020.
- 28 day faster diagnosis standard for BNSSG cancer patients worsened in July to 61% for the BNSSG population. Performance worsened at both NBT and UHBW. The 75% national standard has not been achieved at population level since reporting started in April 2021.
- 62 day referral to treatment time for BNSSG cancer patients improved in July to 56.9%. Performance worsened at NBT but improved at UHBW. The 85% national standard has not been achieved at population level since April 2019.
- For the year to date in July, there were reductions in activity across all areas compared to the same period in 19/20. From June to July, all activity increased except completed non-admitted RTT pathways and consultant led first and follow up outpatient attendances.

2.1 Activity – April 2017 to July 2022

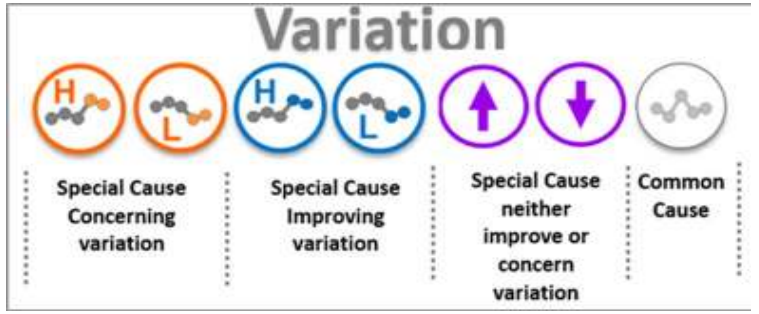




Statistical Process Control (SPC) activity charts

- The SPC charts display monthly data (solid grey line) from April 2018 to July 2022.
- The black line represents the monthly average (mean).
- The grey dotted lines are process limits. These are derived from the monthly data and represent variation in the data. If nothing changes, 95% of all future data points will occur between these two limits. This is normal or common cause variation.
- Data prior to April 2020 is used as the baseline position to set the upper and lower process limits pre-Covid-19.
- These limits have then been re-calculated from April 2020 (C-19 label), the first full month following the initial lockdown on 23rd March, to show the impact of Covid-19 on the data.
- A run of 6 points up or down, or 6 points either side of the average, suggest that a change in the process has occurred.

Key to Statistical Process Control (SPC) chart icons



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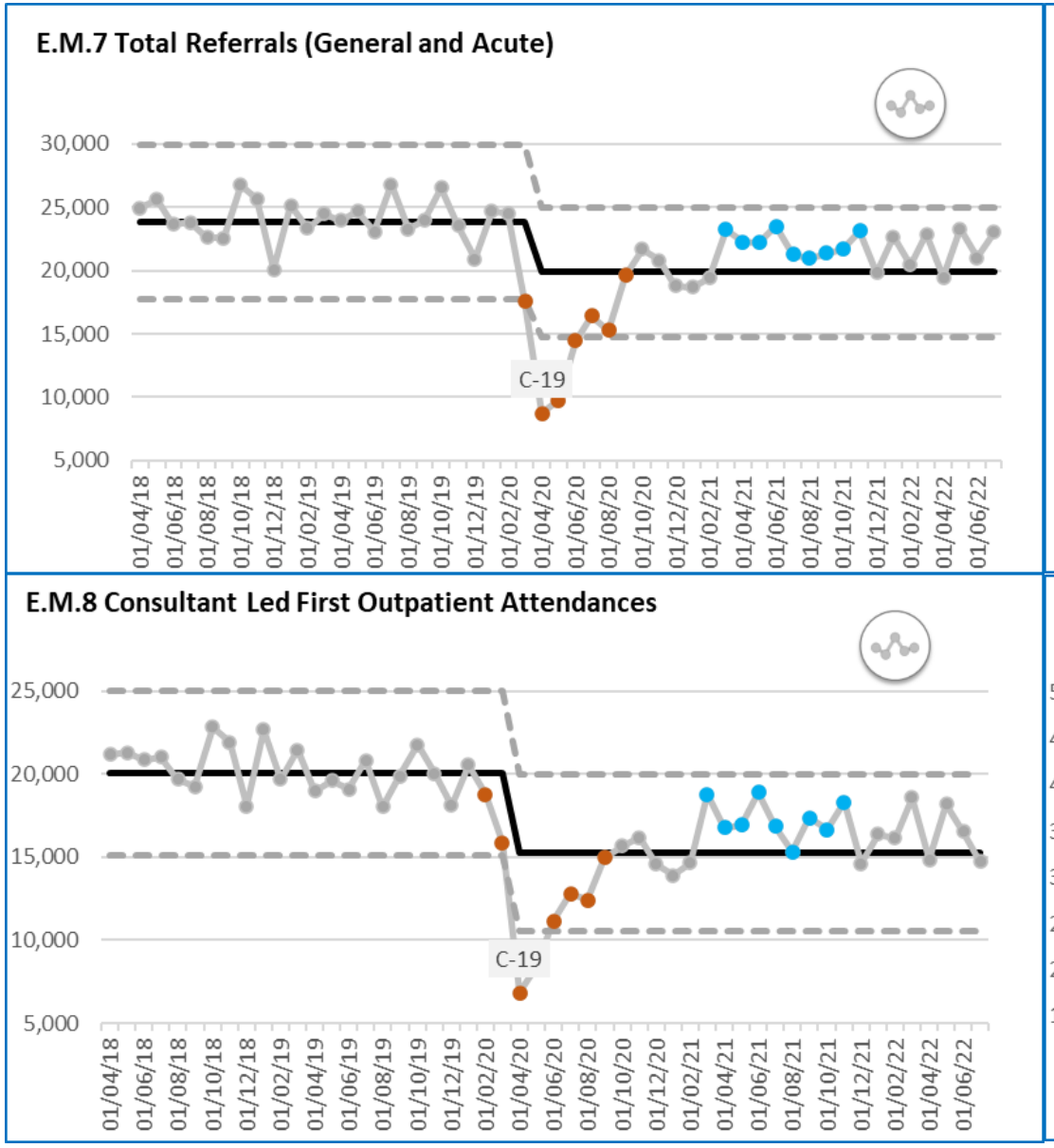
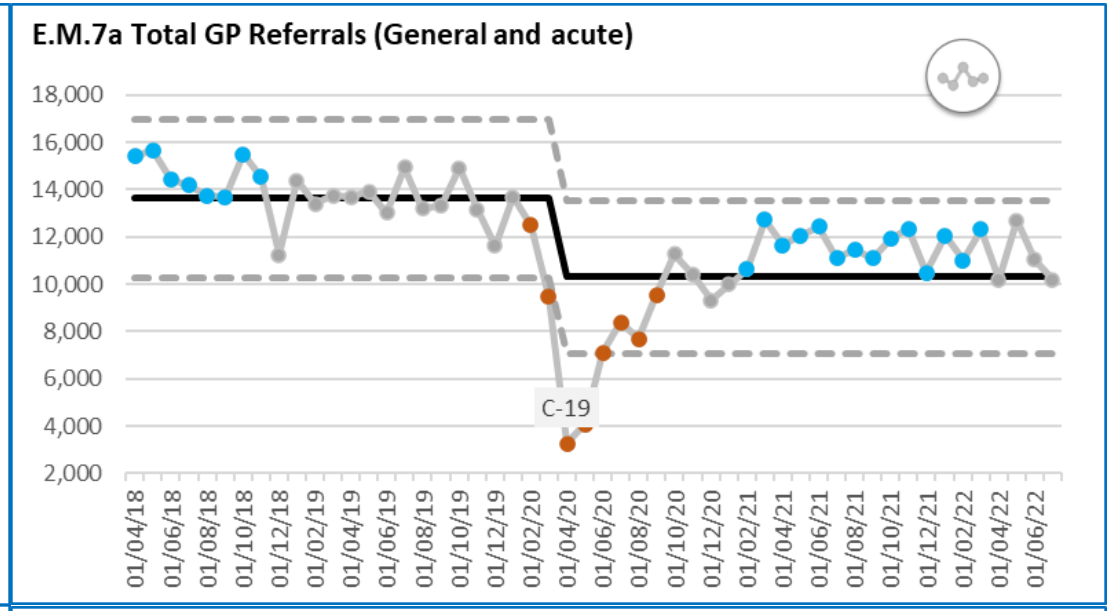
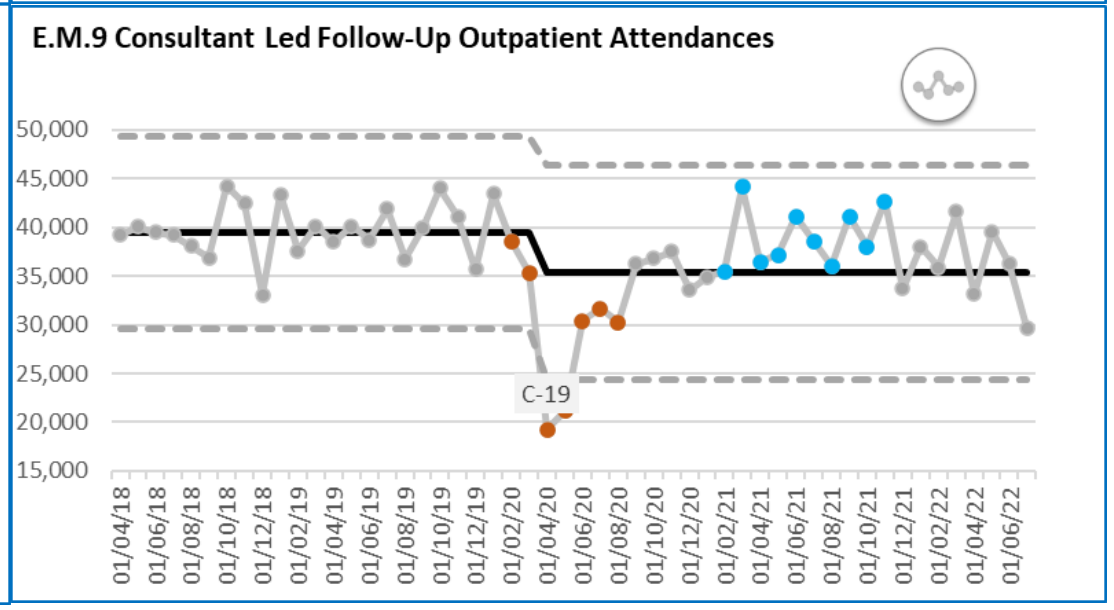
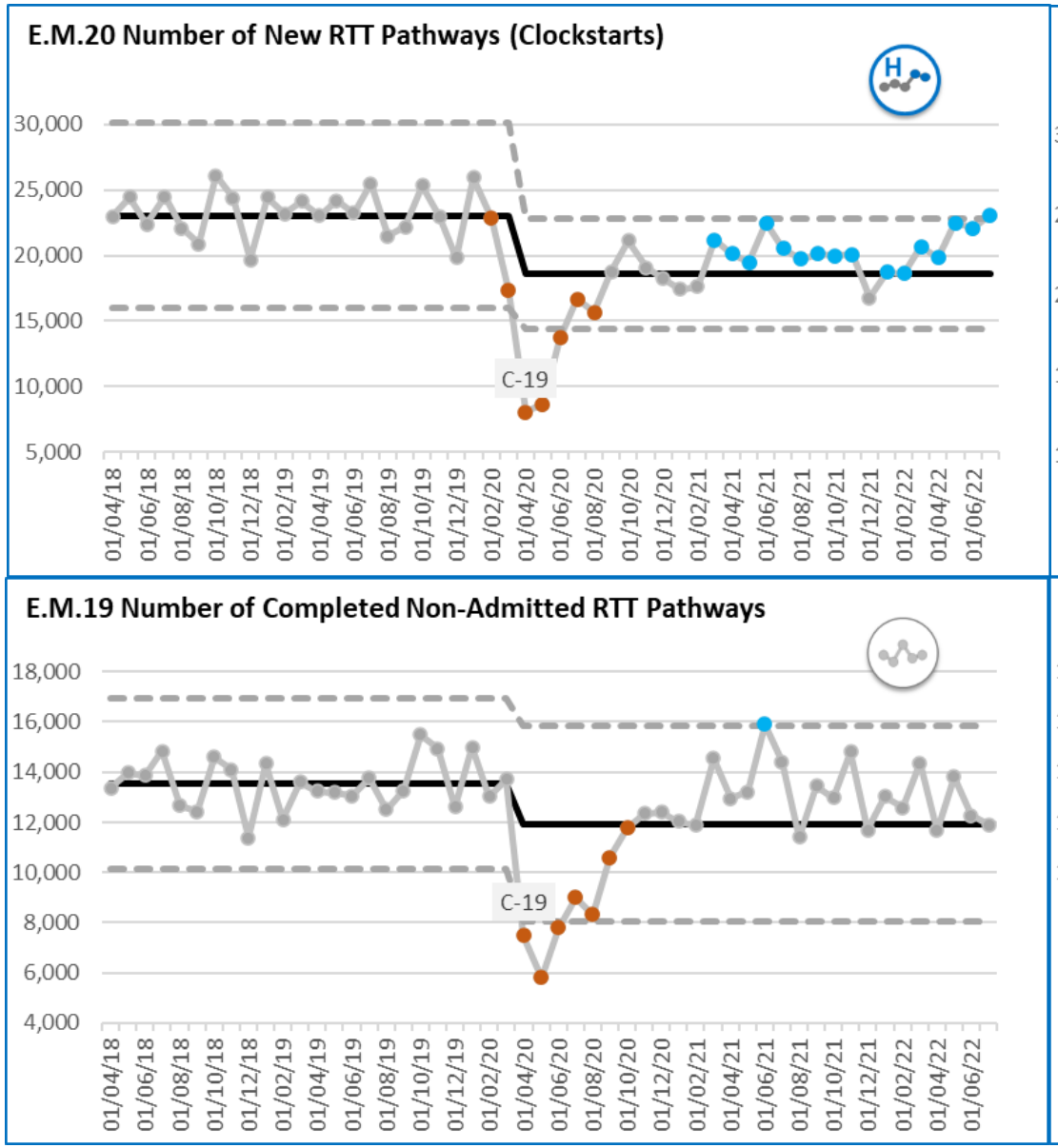
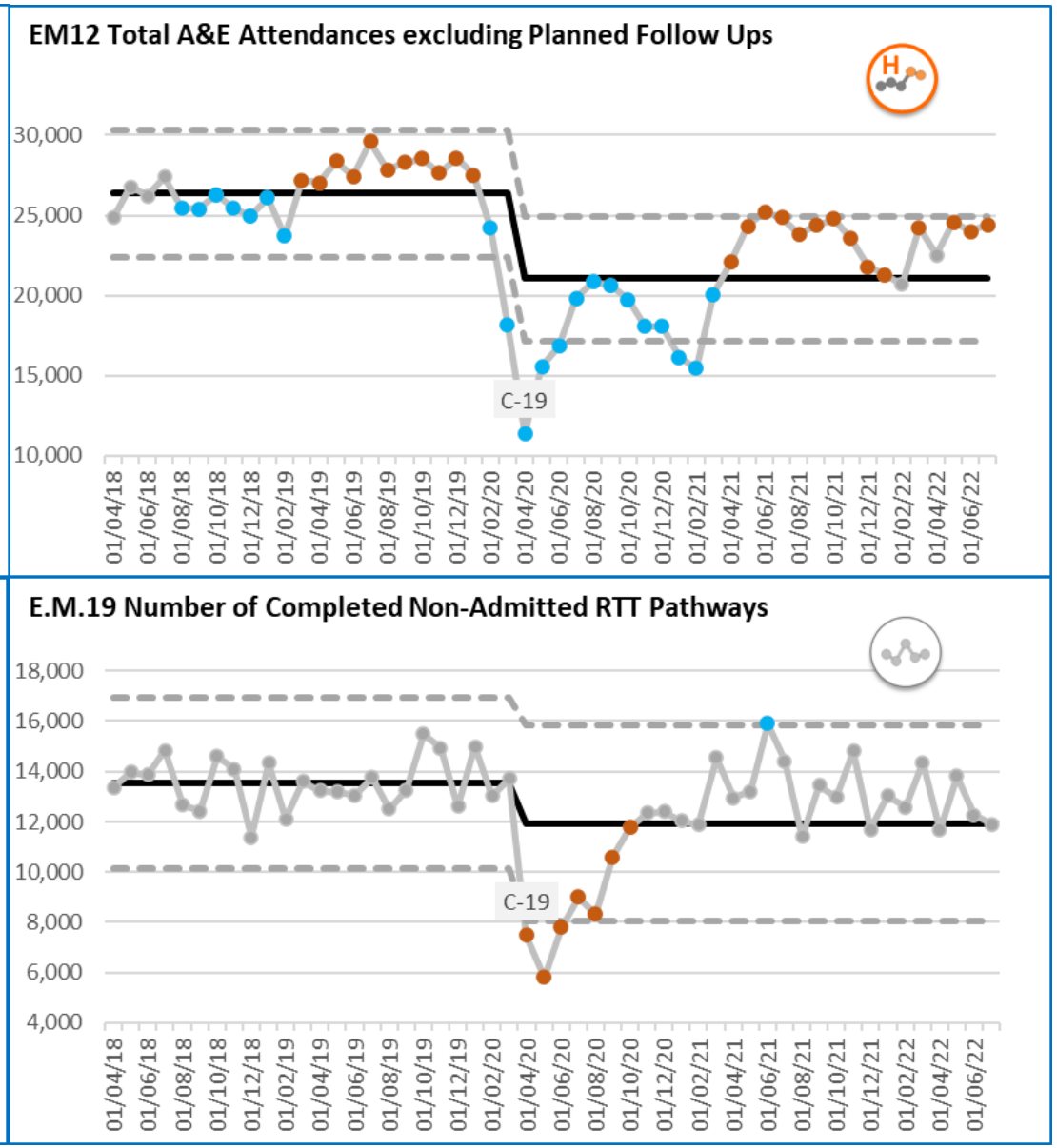




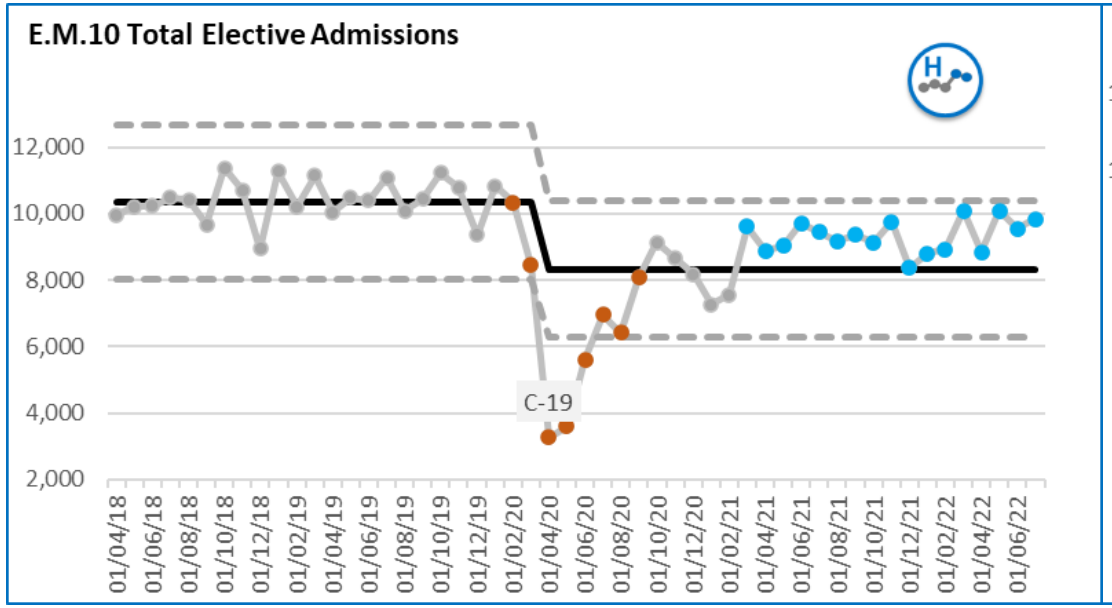


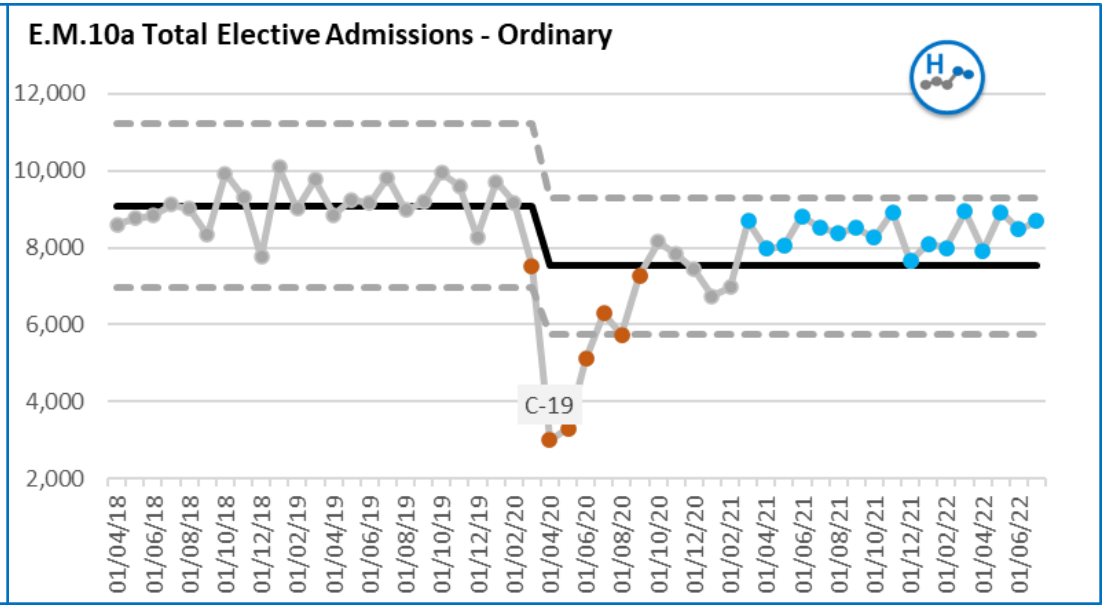
2.1 Activity – April 2018 to July 2022

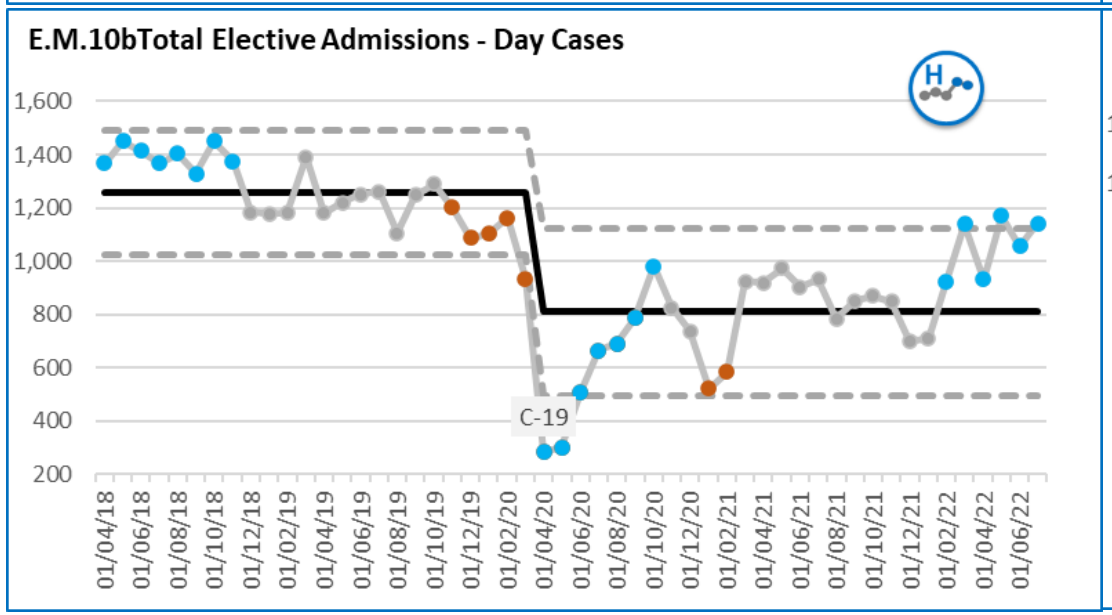


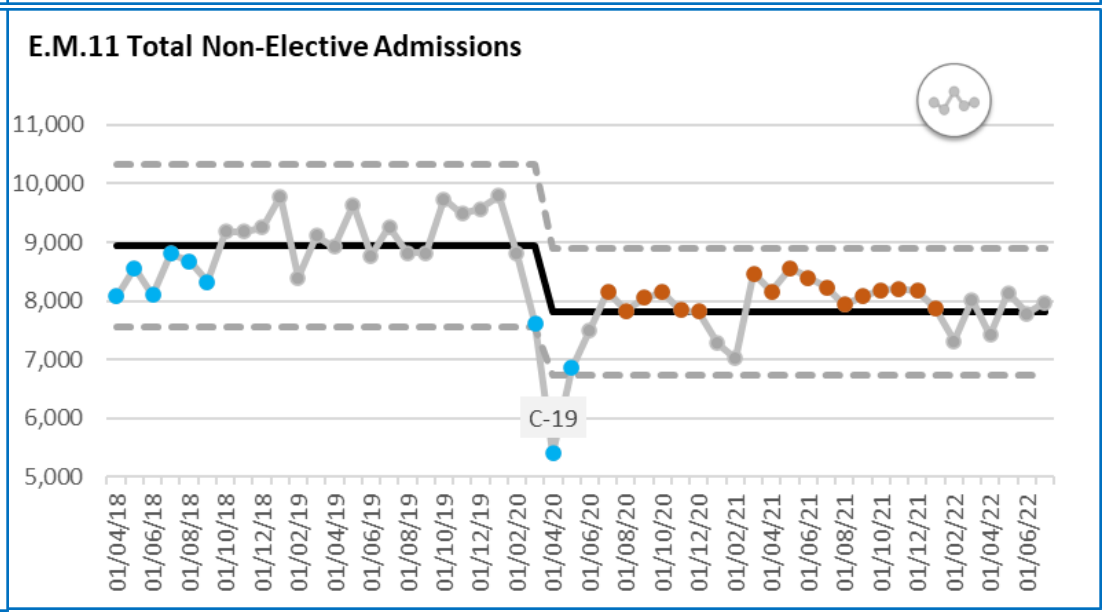


2.1 Activity – April 2018 to July 2022









2 Activity – BNSSG ICB Position at M4, July 22/23 YTD

The position is outlined for the year to data at month 4 22/23, against the same period in 19/20 to highlight the comparison of the current position with the pre-Covid position.

- For the year to date in July, there were reductions in activity across all areas compared to the same period in 19/20. From June to July, all activity increased except completed non-admitted RTT pathways and consultant led first and follow up outpatient attendances.
- Total referrals are 8.92% lower than the same period in 19/20. GP referrals are 18.2% lower than in 19/20.
- First outpatient appointments are 18.07% lower than in 19/20. Follow up appointments are 12.91% lower than in 19/20.
- Total A&E attendances are 15.07% lower than in 19/20, with 16,945 fewer attendances (averaging 139 fewer attendances per day).
- Total non-elective admissions are 14.43% lower than in 19/20. The +1 day lengths of stay (LoS) are 15.49% lower, whilst zero day stays are 12.75% lower.
- Total elective admissions are 8.78% lower than in 19/20. Day Case admissions are 8.28% lower, whilst Ordinary admissions are 12.5% lower.

	Monthly volumes / variance				Year to date volumes / variance			
Activity	Jul-19	Jul-22	Variance	Jul-22 as a % of Jul-19	Jul-19	Jul-22	Variance	Jul-22 as a % of Jul-19
Total Elective Admissions - Day Cases	9,821	8,691	-1,130	88%	37,076	34,005	-3,071	92%
Total Elective Admissions - Ordinary	1,261	1,141	-120	90%	4,913	4,299	-614	88%
Total Non-Elective Admissions - 0 LoS	3,610	3,080	-530	85%	14,225	12,411	-1,814	87%
Total Non-Elective Admissions - +1 LoS	5,656	4,891	-765	86%	22,374	18,908	-3,466	85%
Total A&E Attendances excluding Planned Follow Ups	29,628	24,409	-5,219	82%	112,468	95,523	-16,945	85%
Number of Completed Admitted RTT Pathways	6,194	3,604	-2,590	58%	23,626	13,791	-9,835	58%
Number of Completed Non-Admitted RTT Pathways	13,768	11,911	-1,857	87%	53,257	49,658	-3,599	93%
Number of New RTT Pathways (Clockstarts)	25,477	23,086	-2,391	91%	95,876	87,471	-8,405	91%
Total Referrals (General and Acute)	26,826	25,968	-858	97%	98,542	89,751	-8,791	91%
Total GP Referrals (General and Acute)	14,944	11,523	-3,421	77%	55,550	45,438	-10,112	82%
Consultant Led First Outpatient Attendances	20,840	14,725	-6,115	71%	78,522	64,336	-14,186	82%
Consultant Led Follow-Up Outpatient Attendances	41,882	29,723	-12,159	71%	159,245	138,688	-20,557	87%
Total Elective Admissions	11,082	9,832	-1,250	89%	41,989	38,304	-3,685	91%
Total Non-Elective Admissions	9,266	7,971	-1,295	86%	36,599	31,319	-5,280	86%

Latest monthly and year to date comparisons to 19/20

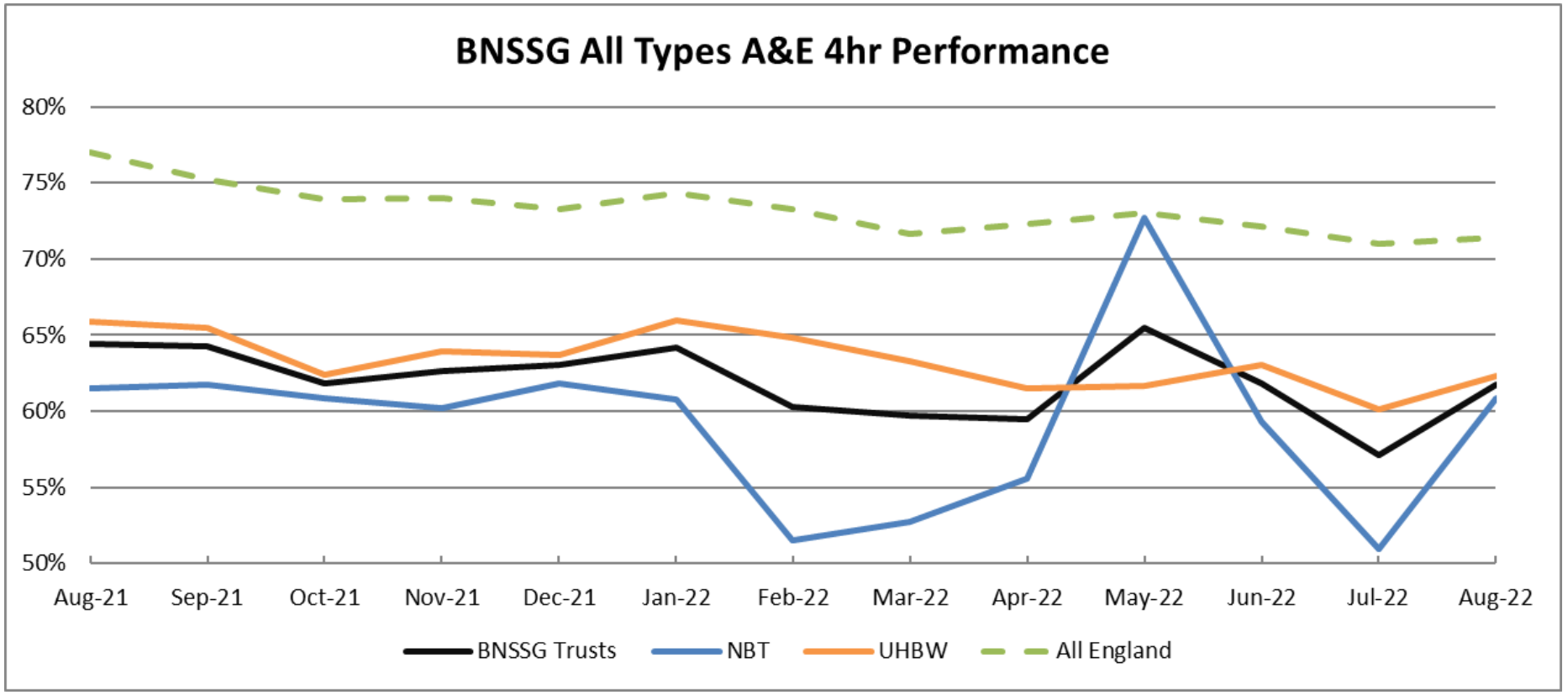
This table shows the actual variance for each metric comparing the latest month and year to date positions as a proportion of the same periods in 19/20.

3.1 Urgent Care – Overall Summary

Drivers	Improvement Needs	Improvement actions

Demand from ED ambulance conveyances, major acuity attendances and non-elective admissions remains below 2019/20 levels. The drivers behind performance challenges relate to:
 	
• Persistence of a very high number of No Criteria to Reside (NC2R) patients in acute beds effectively reduced the overall acute bed base and limits flow. In mid September NC2R patients accounted for 39% of NBT and 33% of UHBW General & Acute beds.
 	
• Numbers of acute Pathway 0 (i.e. non-complex) discharges at weekends were below agreed standards at both UHBW and NBT. At the end of June, BRI and WGH reached weekend discharges rates of 52% and 34% of weekday rates respectively, against a target of 80%. NBT achieved 48.1% in the last week of July.
 	
• Discharges before noon were 16.1% in the last week of July at NBT, below the agreed standard of 33%; UHBW achieved 34.6% at end of June.
 	
• A national cyber incident at Advanced Healthcare led to outage in the Adastra clinical systems at Severnside (face to face and CAS) and Sirona's UTC from 4th August with some functionality returning at Severnside in the middle of September.
 	
• Significant staffing pressures in the 111 health advisor team (PPG) resulting from national contingency pressures on the Severnside/PPG service driven by virtual call centre consolidation in other parts of England, addition of new demand nationally to PPG from new contracts, and increased staffing absence.
	• Discharge to Assess (D2A) Pathways activity remains below required levels (see Integrated Care Performance Report).
	
	• Ambulance handover delays worsened in August at BRI but improved at NBT and WGH:
	  • NBT total time lost over 15 minutes improved from 2,872 to 1,349 hours.
	  • BRI total time lost over 15 minutes worsened from 2,952 to 3,372 hours.
	  • WGH total time lost over 15 minutes improved from 1,220 to 863 hours.
	
	• Handover delays continued to impact ambulance response times, including Cat 1 and Cat 2 performance which both improved in August to mean 09m:30s (against a 7 minute standard) and 42m (against an 18 minute standard) respectively, continuing to exceed standards with onward impact on quality / outcomes.
	
	• 12hr DTA breaches improved from 1,182 to 815 in August, this includes a large proportion in WGH due to bedding of patients overnight in ED to manage the take.
	
	• 111 validation of 999 outcomes improved in July to 44% but remained below the 50% standard; ETC validations remained very low at 13% due to staffing pressures. These factors also saw persistently high mean call answering times in July.
		• D2A business case delivery and LGA peer review report and subsequent development of an action plan (or incorporation into existing plans).
		
		• Ambulance handover improvement plan focussed on ED-SWAST interface. Main actions focus on demand management, process improvement and reverse queueing capacity.
		• NBT sharing learning with UHBW nursing and ops teams regarding ED 'push' model and other actions which have reduced NBT handover delays.
		
		• Performance notice and remedial action plan in place with Severnside/PPG, forecast to recover Abandonment Rate <10% from second week of Sept 2022. Actions include:
		  • Greater overtime rates
		  • Recruitment and retention incentives and benefits inc. offering term time contracts
		  • Increased training places, throughput and number of trainers
		  • Increased targeted advertising of roles and streamlined recruitment process
		  • Investigating support for call answering.
		
		• BNSSG UEC Collaborative merged with the UEC Steering Group to expand the remit to cover hospital flow.
		
		• Ongoing UEC Collaborative transformation programme. Prevention of Admission work now prioritised and brought together in new 'Specialised Networked Care Node'. Remote assessment transformation refocussed onto higher acuity patients and support to SWAST for CAT3_4 demand. Ongoing Community Emergency Medicine Pilot with ED consultant supporting SWAST crew. Piloting of 'warm transfer' of HCP calls to Sirona SPA to support rapid response from UCR teams. Piloting falls traffic light tool to promote UCR for falls and reduce avoidable 999 activity.
		
		• NHSEI Support to BNSSG (IUEC team) via UEC collaborative with whole system diagnostics, dynamic modelling and NHS111 first.
		
		• UHBW (Every Minute Matters) and NBT initiatives are in place to increase weekend and pre-noon discharges.

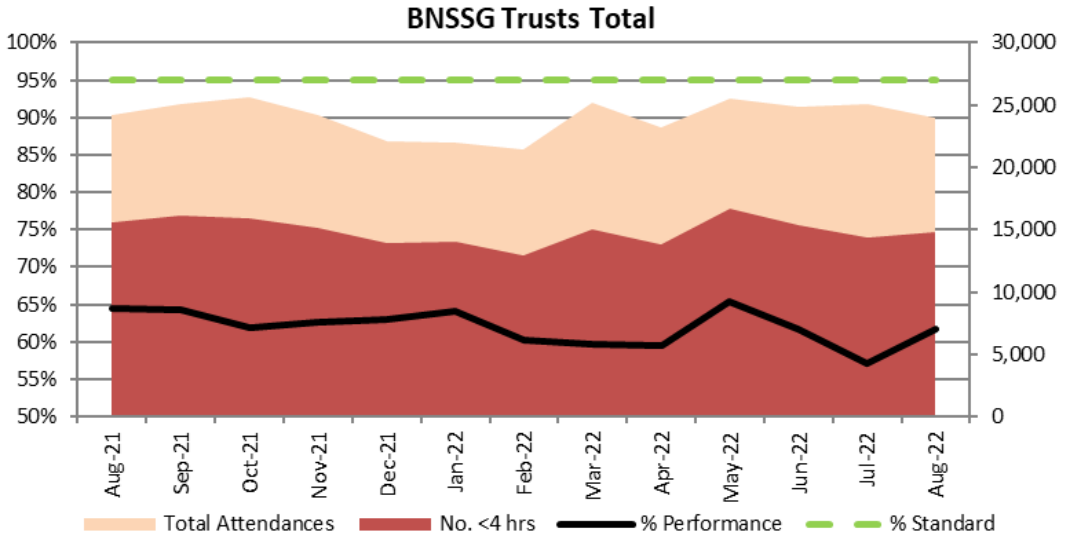
3.1 Urgent Care – BNSSG A&E 4hr Performance (All Types)



	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
BNSSG Trusts	64.39%	64.22%	61.86%	62.65%	63.04%	64.19%	60.27%	59.73%	59.46%	65.46%	61.80%	57.10%	61.78%
NBT	61.47%	61.75%	60.82%	60.17%	61.80%	60.78%	51.53%	52.74%	55.54%	72.71%	59.32%	50.99%	60.83%
UHBW	65.91%	65.47%	62.38%	63.90%	63.69%	66.01%	64.83%	63.26%	61.51%	61.69%	63.04%	60.15%	62.31%
All England	77.01%	75.19%	73.90%	74.01%	73.26%	74.35%	73.28%	71.62%	72.26%	73.04%	72.11%	71.03%	71.44%

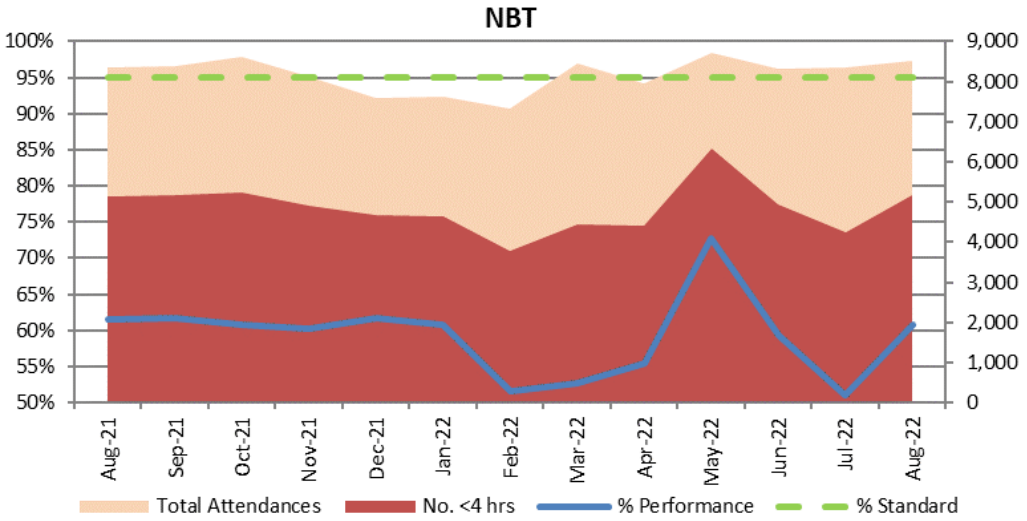
All types A&E performance for BNSSG and All England.

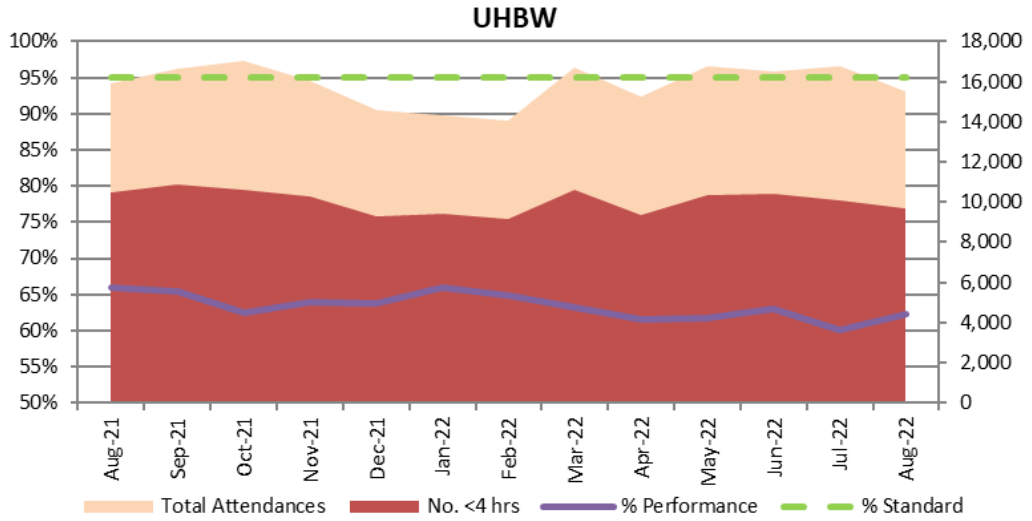
3.1 Urgent Care – A&E 4hr Waits – Trust Level – August



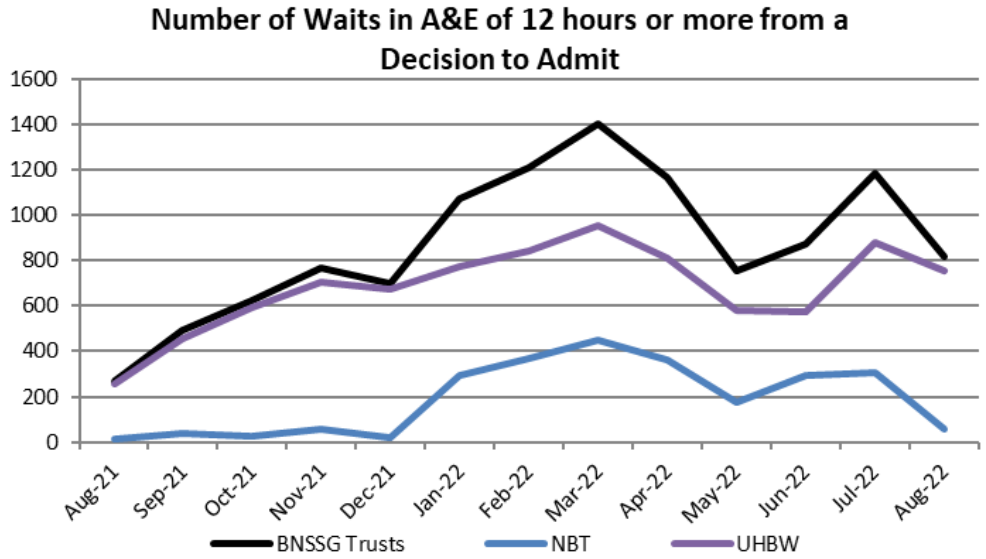
4hr waits Trust level

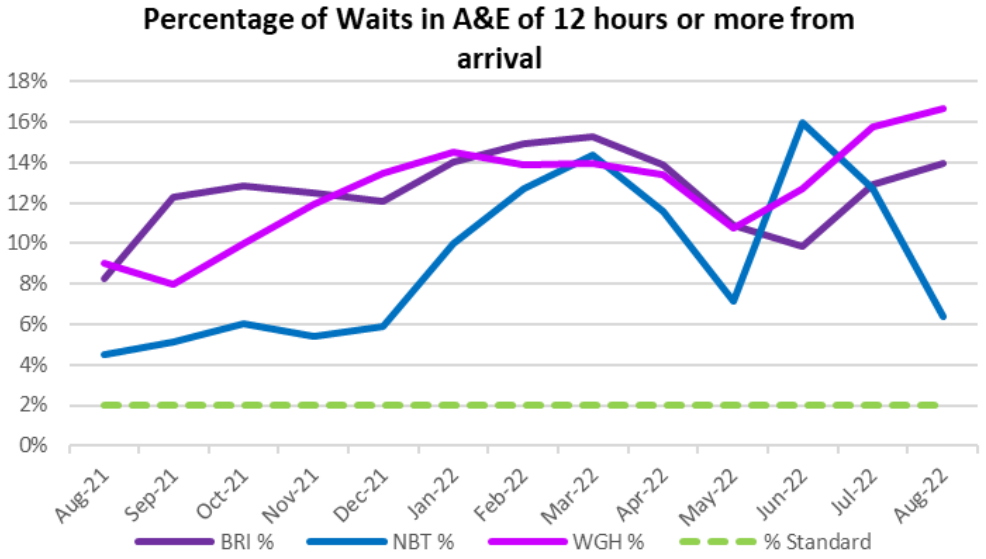
- Overall performance for BNSSG Trusts improved from 57.1% to 61.8% and is better than the national average for Type 1 EDs (58%).
- NBT performance improved from 51% to 60.8%.
- UHBW improved from 60.1% to 62.3%. See slide 12 for a breakdown of UHBW performance by site up to July.
- Attendances in August were higher at NBT but lower at UHBW compared to July and compared to same period in 19/20.
- All continue to fail the 95% national standard.
- All performed worse than the same period in 19/20.





3.1 Urgent Care – A&E 12 hour Waits – August





>12hr Trolley Waits

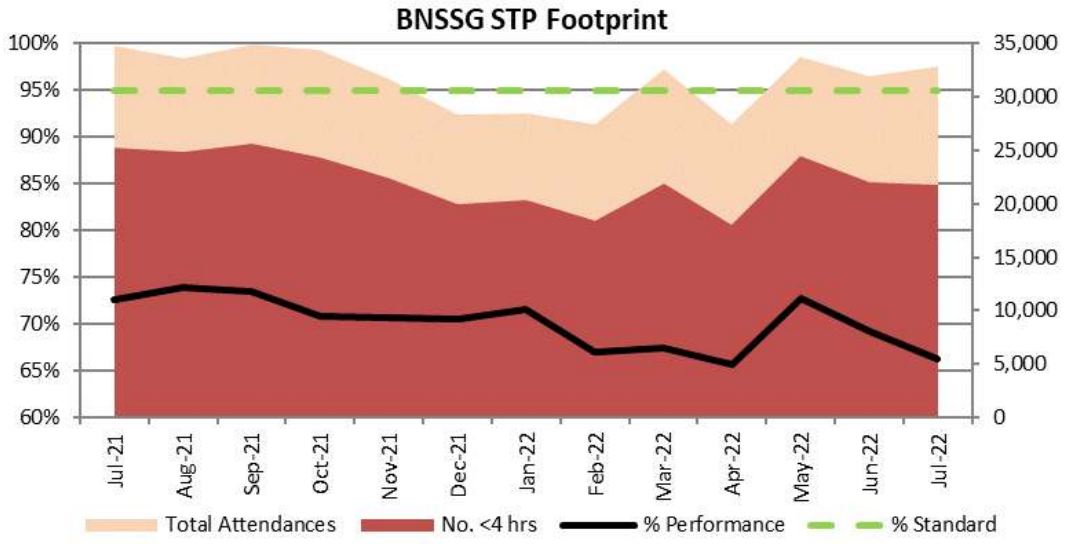
- Overall, at both BNSSG Trusts, there were 815 breaches August, better than the 1,182 breaches in July but worse than the same period in 19/20 (804 breaches).
- NBT reported 57 breaches in August, better than the 304 breaches in July but worse than the same period of 19/20 (zero breaches).
- UHBW reported 758 breaches in August, better than the 878 breaches in July but worse than the same period in 19/20 (11 breaches).

% >12hr waits from arrival (new measure)

- No more than 2% of patients must wait over 12 hours from the point of arrival in A&E to discharge, admission or transfer.
- This is part of the clinically-led review of urgent and emergency care standards and forms part of the national quality requirements in the NHS Standard Contract for 2022/23.
- NBT improved from 12.7% (996) to 6.4% (355) in August.
- UHBW (BRI) worsened from 12.9% (809) to 13.9% (555) in August.
- UHBW (WGH) worsened from 15.7% (644) to 16.6% (401) in August.
- The 2% standard has not been achieved at any site since May 2021.

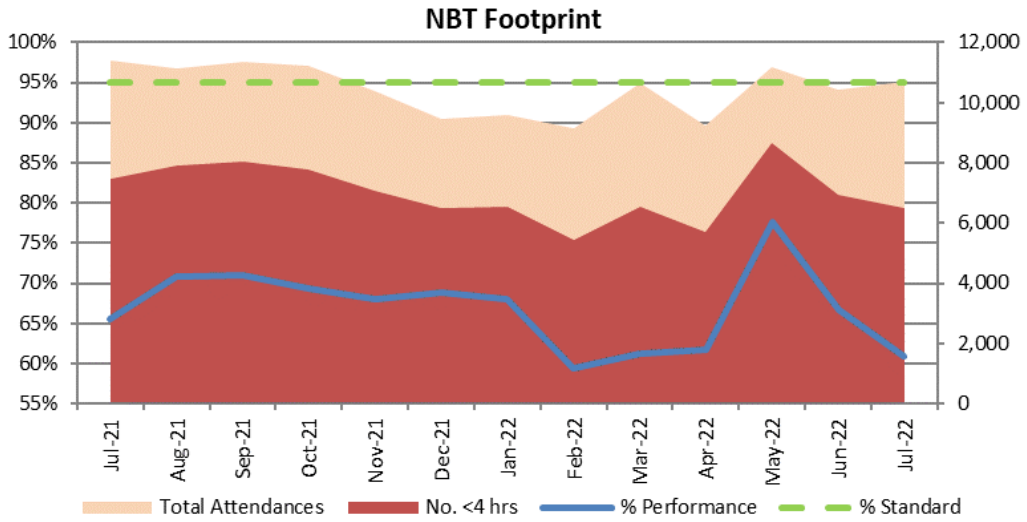
Please note: Data for the latest month is provisional and subject to change.

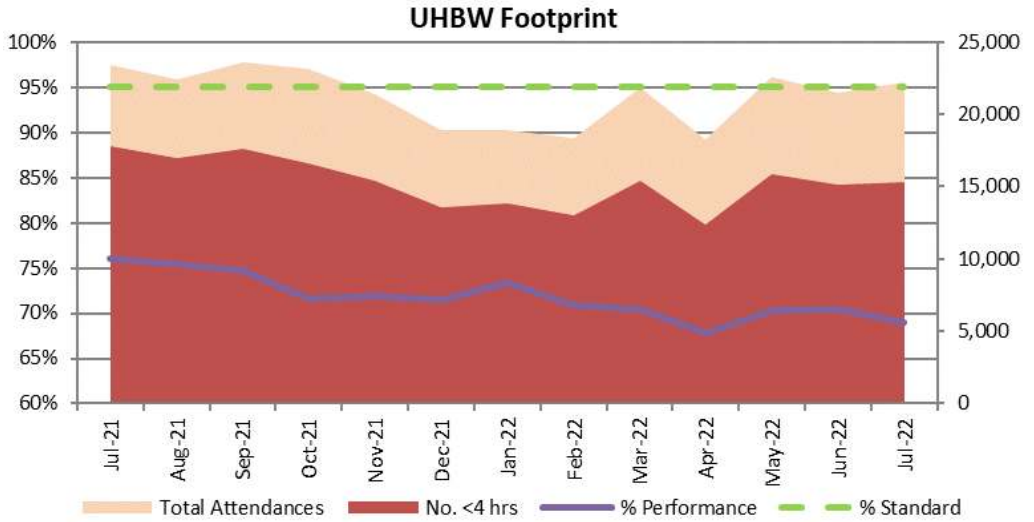
3.1 Urgent Care – A&E 4hr Waits – Footprint Level – July (as reported last month)



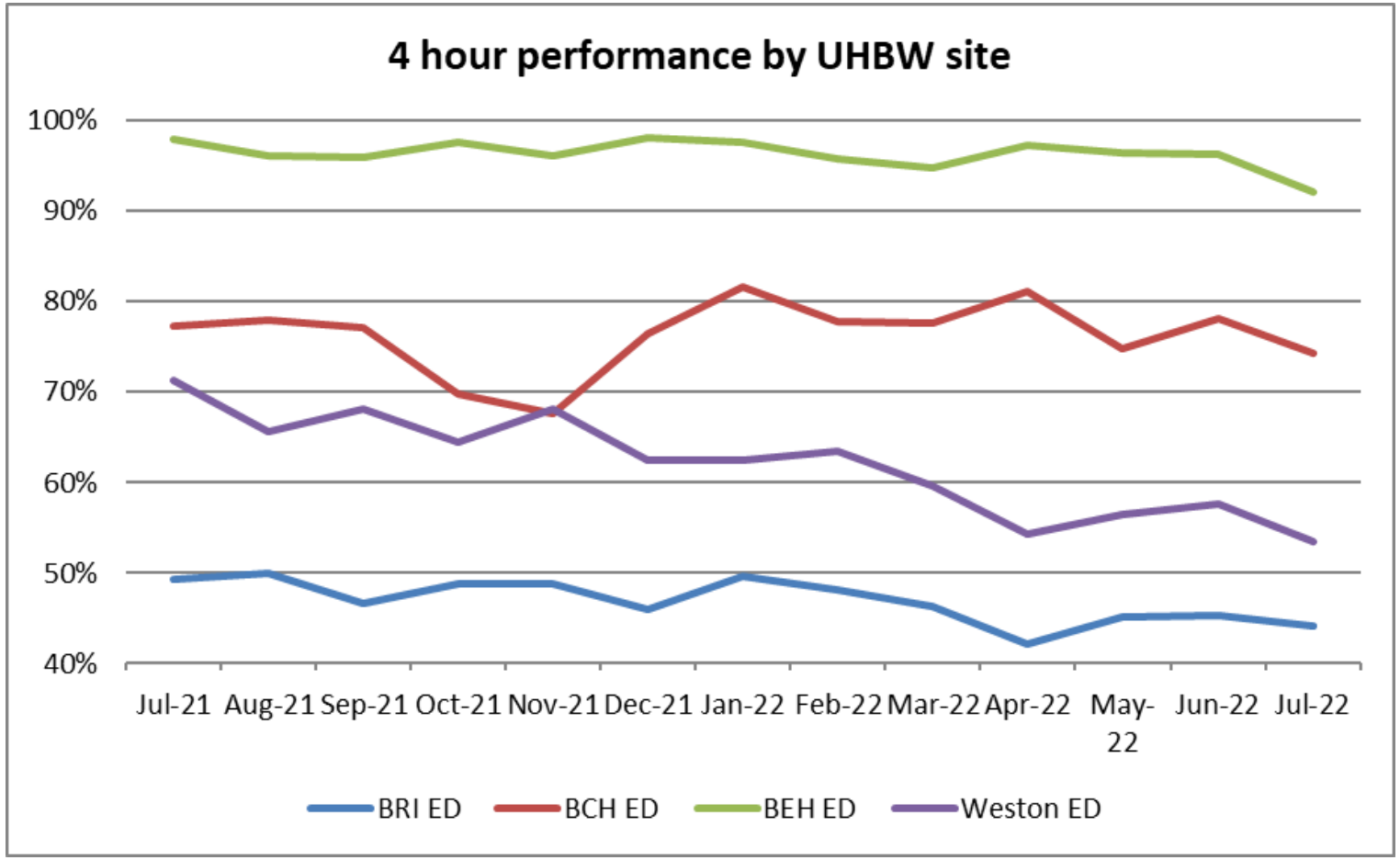
4hr waits Footprint level

- Please note: The additional activity for the footprint level data was not published for August. This slide is as reported last month.
- BNSSG STP Footprint (all types) performance worsened from 69.2% to 66.3% in July and is worse than the 71% national average.
- BNSSG is ranked 34th out of 42 STPs nationally (down from 28th last month) and 6th out of 7 STPs in the South West (down from 4th last month).
- NBT Footprint performance worsened from 66.6% to 60.8%.
- UHBW Footprint performance worsened from 70.5% to 69%.
- Attendances were higher at STP, NBT and UHBW footprint in July compared to June but all were lower compared to the same period in 19/20.
- All failed the 95% national standard.
- All performed worse than the same period in 19/20.





3.1 Urgent Care – UHBW A&E Performance by Site – July



UHBW 4 Hour Performance by site	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
BRI ED	49.3%	50.0%	46.6%	48.9%	48.8%	46.0%	49.6%	48.1%	46.3%	42.2%	45.1%	45.3%	44.1%
BCH ED	77.3%	78.0%	77.1%	69.8%	67.7%	76.4%	81.6%	77.8%	77.7%	81.1%	74.8%	78.2%	74.3%
BEH ED	98.0%	96.1%	95.9%	97.6%	96.1%	98.1%	97.6%	95.8%	94.8%	97.2%	96.5%	96.3%	92.1%
Weston ED	71.3%	65.6%	68.1%	64.4%	68.2%	62.4%	62.4%	63.4%	59.6%	54.3%	56.5%	57.7%	53.6%

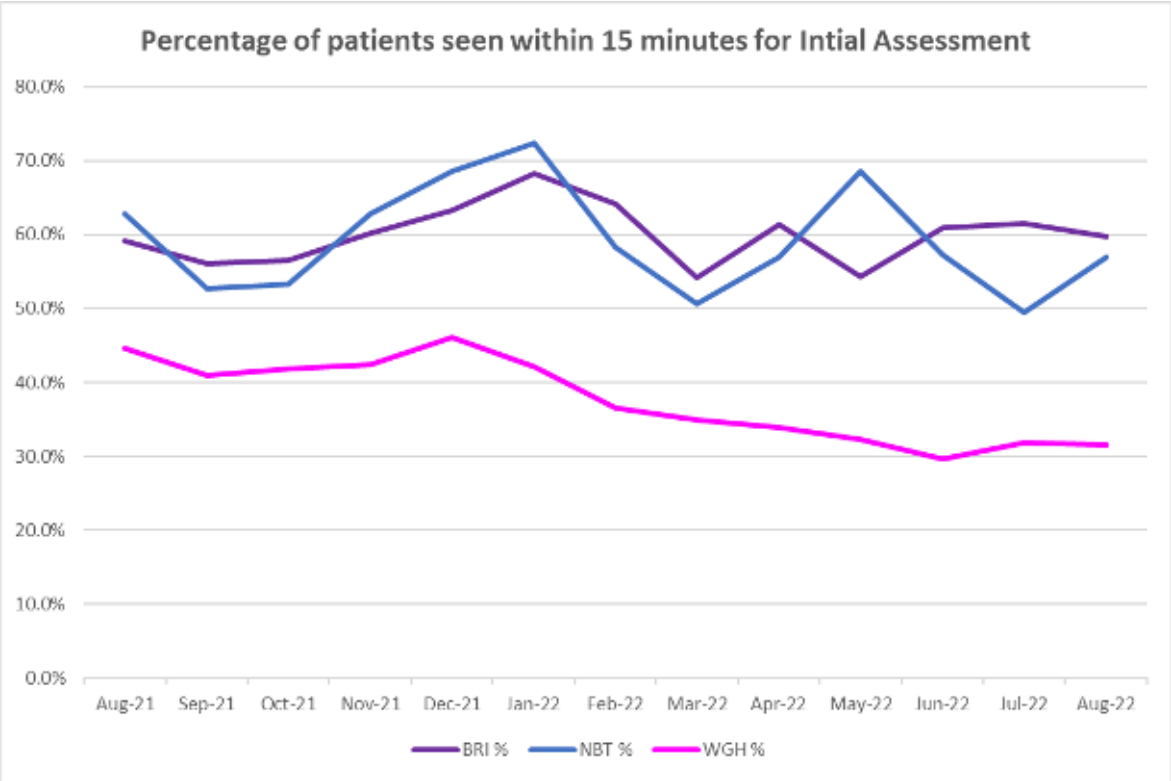
3.1 Urgent Care – Clinical Review of Standards (CRS) measure set

Theme	Ref	Indicator	Reporting level	Standard	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Pre hospital	1	Response times for ambulances (Category 2 Response time – 90th centile)	BNSSG ICB	0:40:00	1:55:00	3:00:12	3:59:06	3:36:36	3:47:36	2:38:24	4:06:36	5:01:42	3:06:18	1:28:54	2:17:36	2:47:00	1:29:18
	2	Reducing avoidable trips (conveyance rates) to Emergency Departments by 999 ambulances	BNSSG ICB	TBC	39.6%	36.8%	35.6%	39.3%	39.6%	42.0%	37.8%	34.2%	37.7%	42.1%	40.0%	38.2%	42.2%
	3	Proportion of contacts via NHS 111 that receive clinical input	BNSSG ICB	50%	56.9%	54.9%	54.8%	55.1%	56.9%	59.6%	53.6%	50.4%	50.0%	48.5%	48.4%	48.8%	
A&E	4	Percentage of Ambulance Handovers within 15 minutes	BNSSG Trusts	65%	27.5%	25.4%	22.5%	23.6%	20.7%	19.4%	18.4%	16.9%	18.1%	22.6%	21.7%	15.9%	18.6%
	5	Time to Initial Assessment – percentage within 15 minutes	BNSSG Trusts	TBC	See slide 15 for details												
	6	Average (mean) time in Department – non-admitted patients	BNSSG patients	TBC	See slide 16 for details												
Hospital	7	Hospital Average (mean) time in Department – admitted patients	BNSSG patients	TBC	See slide 16 for details												
	8	Clinically Ready to Proceed – time from 'ready,' to leaving ED	BNSSG patients	TBC	Awaiting further details												
Whole System	9	Patients spending more than 12 hours from Arrival in A&E	BNSSG Trusts	2%	See slide 11 for details												
	10	Critical Time Standards (still in development)	TBC	TBC	Awaiting further details - measure still in development												

Please note:

- See detailed slides for measures 5, 6, 7 and 9.
- This table represents the set of measures from the clinical review of access standards for urgent and emergency care.
- Further details for 2 of the measures, including the technical definitions, are still to be published.

3.1 Urgent Care – Time to Initial Assessment – percentage within 15 minutes – August



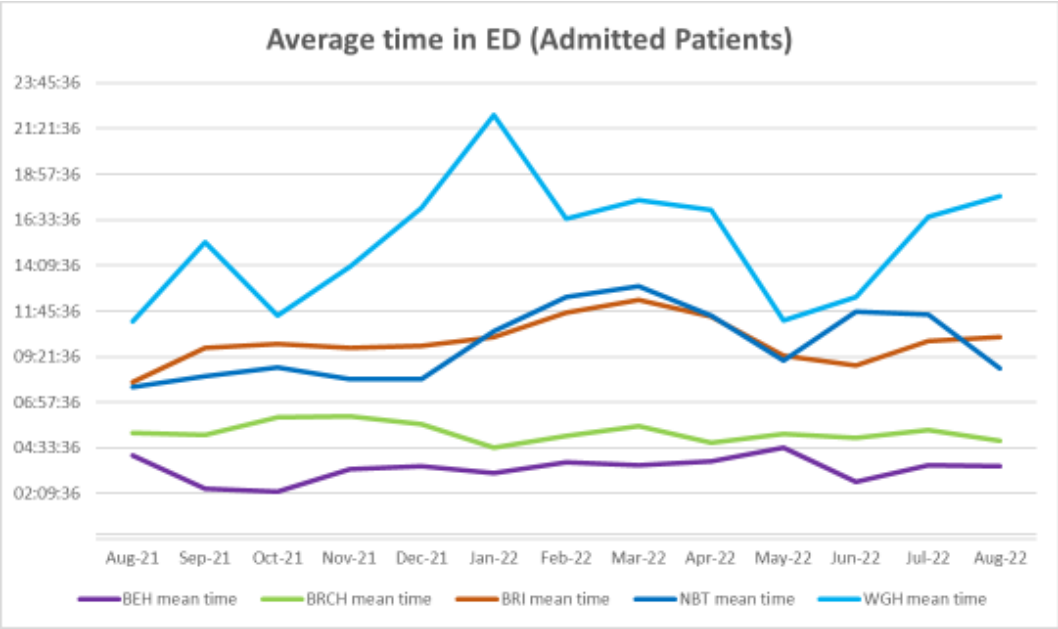
Percentage of patients with an initial assessment within 15 minutes of arrival at A&E

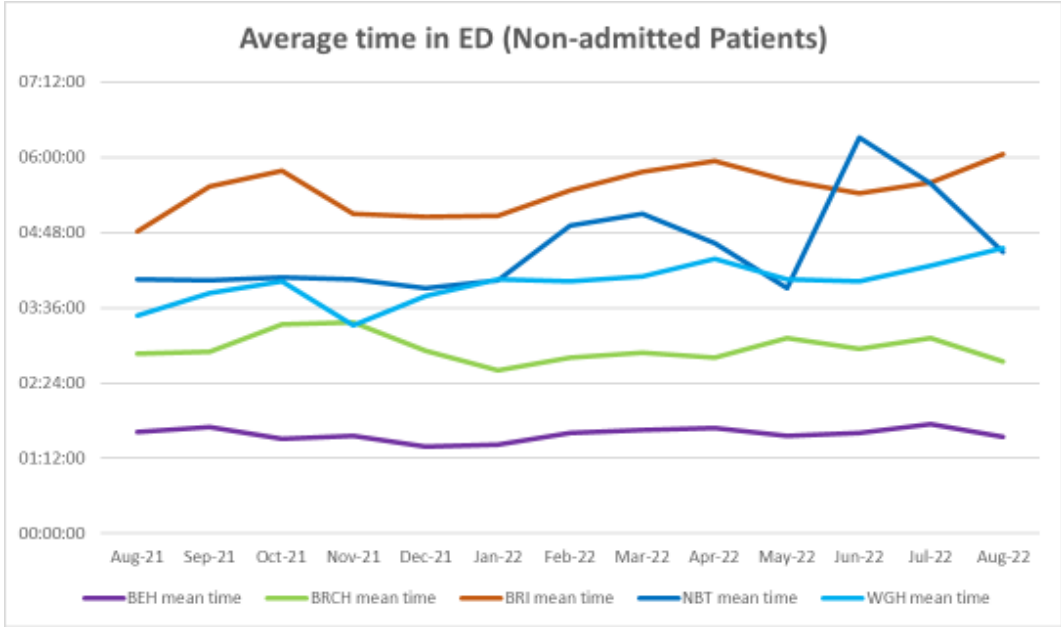
- NBT improved from 49.5% (3,456) to 57% (2,943) in August.
- BRI worsened from 61.5% (3,673) to 59.7% (2,278) in August.
- Weston worsened from 31.8% (1,232) to 31.6% (732) in August.

Please note: Data for the latest month is provisional and subject to change.

Data source: ECDS – using Clinical Review of Standards guidance

3.1 Urgent Care – Average Time in ED for Admitted and Non-admitted Patients – August





Average Time in ED – Admitted Patients

- NBT improved from 11 hours 35 minutes to 8 hours 46 minutes.
- BRI worsened from 10 hours 11 minutes to 10 hours 24 minutes.
- Weston worsened from 16 hours 43 minutes to 17 hours 88 minutes.

Please note: Data for the latest month is provisional and subject to change.

Average Time in ED – Non-admitted Patients

- NBT improved from 5 hours 35 minutes to 4 hours 29 minutes.
- BRI worsened from 5 hours 36 minutes to 6 hours 03 minutes.
- Weston worsened from 4 hours 16 minutes to 4 hours 33 minutes

Please note: Data for the latest month is provisional and subject to change.

Data source: ECDS – using Clinical Review of Standards guidance

3.1 Urgent Care – A&E Attendances compared to Plan

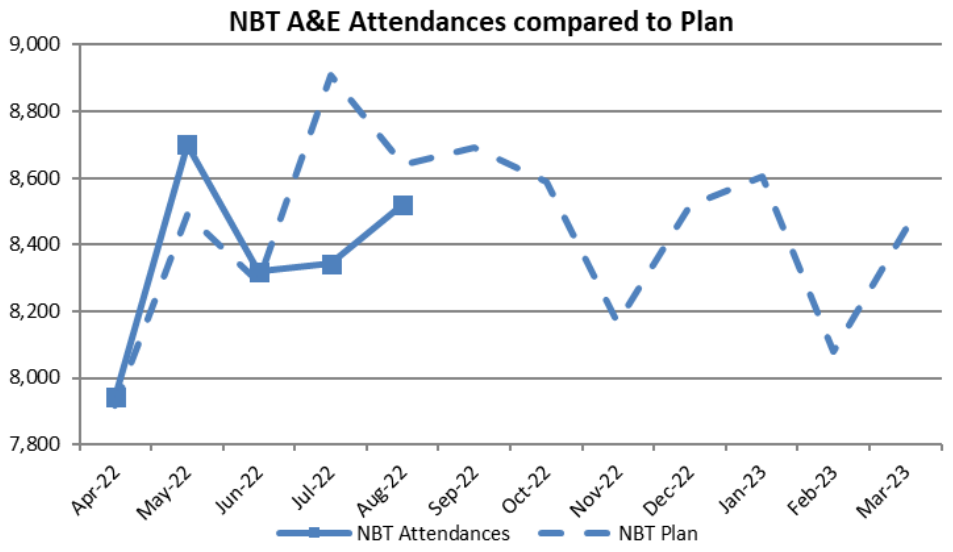
A&E Trajectories

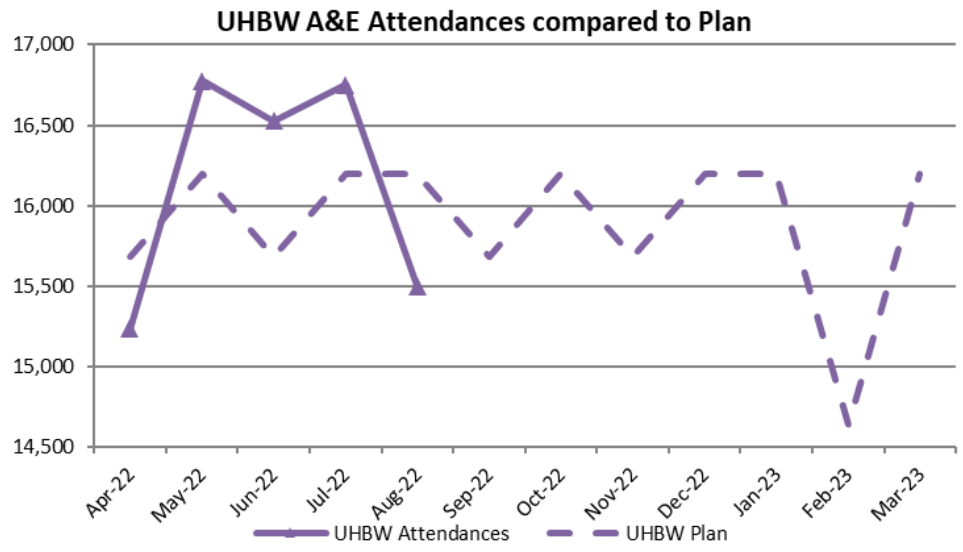
- This slide shows the number of A&E attendances at total provider level for NBT and UHBW compared to the 22/23 Operational Plan.

		22/23 Operational Plan											
	A&E Attendances	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NBT	**Type 1&2**	7,942	8,700	8,319	8,343	8,521							
	Plan	7,919	8,492	8,290	8,908	8,639	8,692	8,587	8,168	8,516	8,603	8,078	8,445
UHBW	**Type 1&2**	15,235	16,778	16,528	16,751	15,500							
	Plan	15,680	16,202	15,680	16,202	16,202	15,680	16,202	15,680	16,202	16,202	14,634	16,202

Worse than Plan

Better than Plan





3.1 Urgent Care – ED Redirections & 111 Pod Referrals (Weekly)

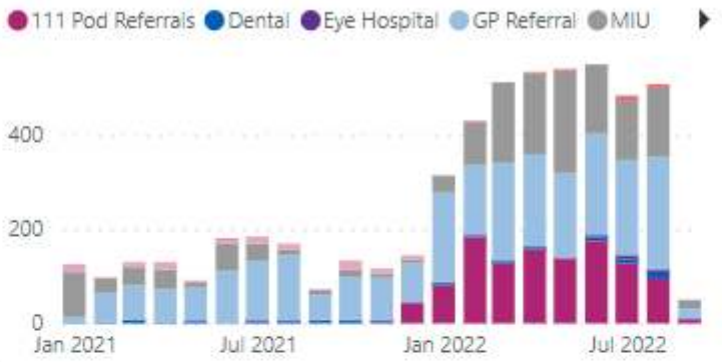
BRI

Group	Rolling Avg
Dental	7
Eye Hospital	11
GP Referral	19
MIU	17
Pharmacy	14
UTC	191

Group	Jul-22
Dental	15
Eye Hospital	24
GP Referral	79
MIU	7
Pharmacy	22
UTC	186

Group	Comparison	Comparison %
Dental	3	21% ↑
Eye Hospital	13	116% ↑
GP Referral	60	306% ↑
MIU	-10	-59% ↓
Pharmacy	6	38% ↑
UTC	-21	-10% ↓

Southmead



Group	Rolling Avg
111 Pod Referrals	129
Dental	6
Eye Hospital	3
GP Referral	150
MIU	87
Other	9
Pharmacy	4

Group	Jul-22
111 Pod Referrals	127
Dental	9
Eye Hospital	9
GP Referral	202
MIU	127
Pharmacy	10

Group	Comparison	Comparison %
111 Pod Referrals	-2	-1% ↓
Dental	3	61% ↑
Eye Hospital	6	173% ↑
GP Referral	52	35% ↑
MIU	40	46% ↑
Pharmacy	6	181% ↑

Weston

Group	Rolling Avg
Dental	3
Eye Hospital	4
GP Referral	32
MIU	102
Other	3
Pharmacy	2
UTC	2

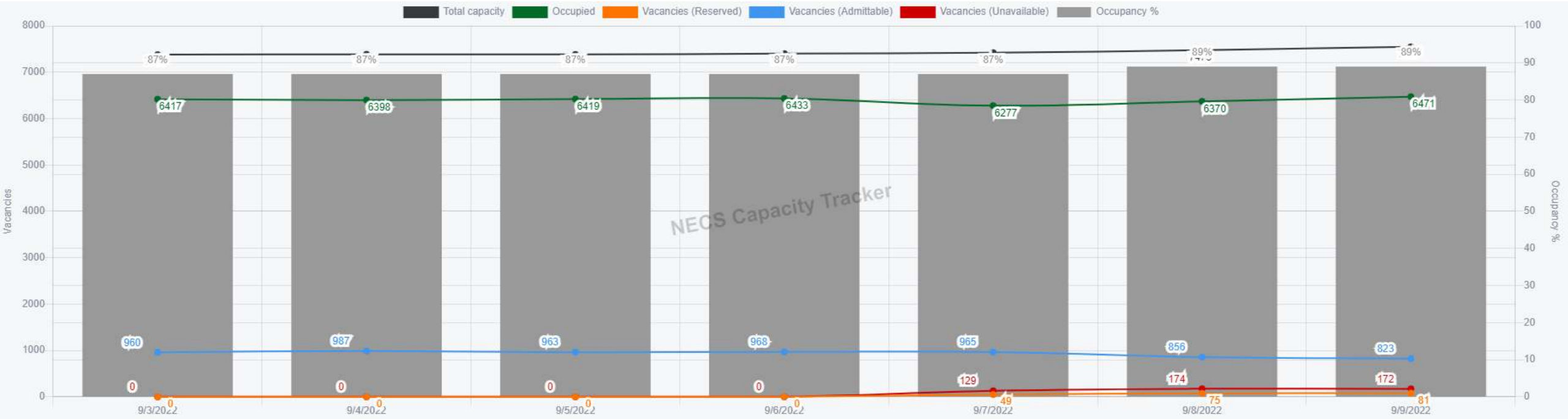
Group	Jul-22
Dental	3
Eye Hospital	3
GP Referral	19
MIU	53
UTC	3

Group	Comparison	Comparison %
Dental	0	13% ↑
Eye Hospital	-1	-27% ↓
GP Referral	-13	-41% ↓
MIU	-49	-48% ↓
UTC	1	50% ↑

The above is based on weekly data from 2nd January 2021 to 4th September 2022.

Data source: NECS Capacity Tracker

3.1 Urgent Care – Care Homes Occupancy Report – up to 9th Sep 22



NHS Region	Maximum Capacity	Vacancies (Total)	Vacancies (Admittable)	Vacancies (Unavailable)	Vacancies (Reserved)	Occupied	Admittable %	Unavailable %	Reserved %	Occupied %
South West (274 / 274 / 276)	7547	1076	823	172	81	6471	11%	2%	1%	86%
General Residential	1752	343	297	29	17	1409	17%	2%	1%	80%
General Nursing	1893	271	187	60	24	1622	10%	3%	1%	86%
Dementia Residential	1560	221	169	45	7	1339	11%	3%	0%	86%
Dementia Nursing	1179	144	86	30	28	1035	7%	3%	2%	88%
Learning Disability Residential	593	65	56	5	4	528	9%	1%	1%	89%
Mental Health Residential	281	22	19	3	0	259	7%	1%		92%
Mental Health Nursing	166	8	8	0	0	158	5%			95%
Transitional	3	1	1	0	0	2	33%			67%
Learning Disability Nursing	74	1	0	0	1	73			1%	99%
YPD - Young Physically Disabled	22	0	0	0	0	22				100%
Community Care	24	0	0	0	0	24				100%

3.1 Urgent Care – Urgent and Emergency Care Pressures (BNSSG)

111

- **111 calls received were up 35% in July 22** compared to July 19
- **Calls answered as a percentage of those received fell by 21% points in July 22** compared to July 19

Ambulance

- Compared to July 19 during July 22 **total A&E calls taken by SWAST decreased by 4.5%**
- **Total Ambulance Incidents fell by 2% in August 22** compared to August 19
- **Ambulances Conveyed to ED fell by 7% in August 22** compared to August 19
- **Cat 1 mean response time deteriorated from 6m12s in August 19 to 9m30s in August 22**

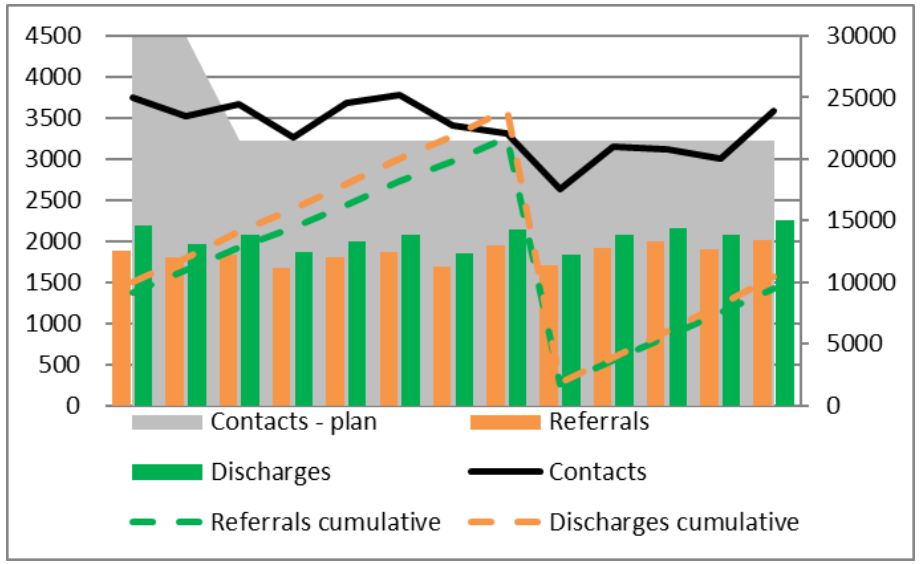
EDs

- Total ED attendances for **August** were lower than 19/20 levels
- **Type 1 ED Activity is above pre-pandemic levels**
- **A&E performance has dropped** 22.5% points on 19/20 levels
- **Emergency admissions via A&E are 6.5% lower** than 19/20 levels

3.1 Urgent Care – Sirona activity

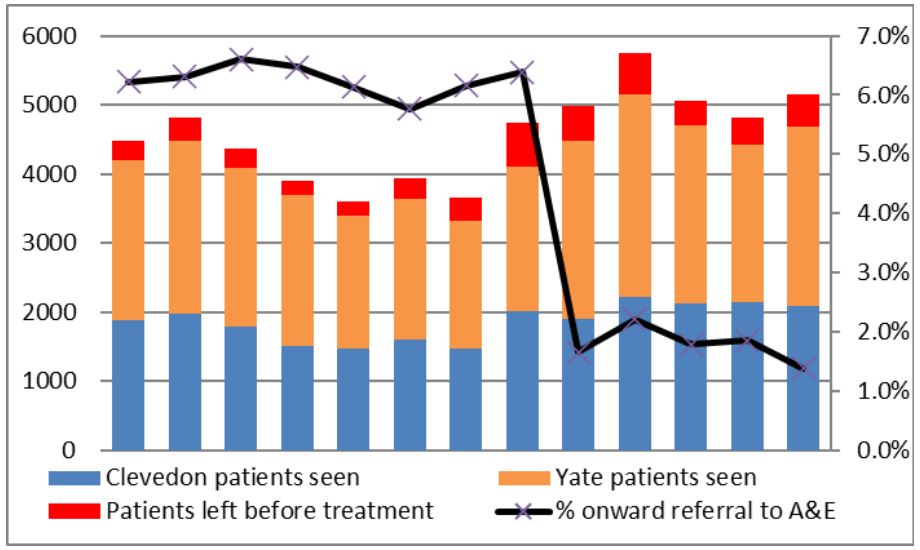
Rapid Response – August

- Sirona referrals, discharges and contacts increased in August compared to July.



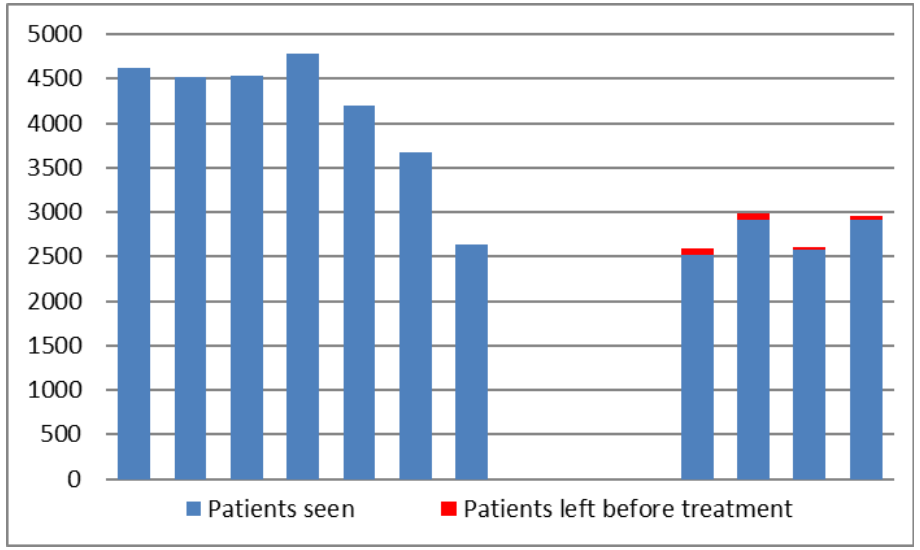
MIU attendances - August

- MIU patients seen decreased at Clevedon but increased at Yate in August compared to July.
- The number of patients leaving before treatment decreased from 1.9% to 1.4%.

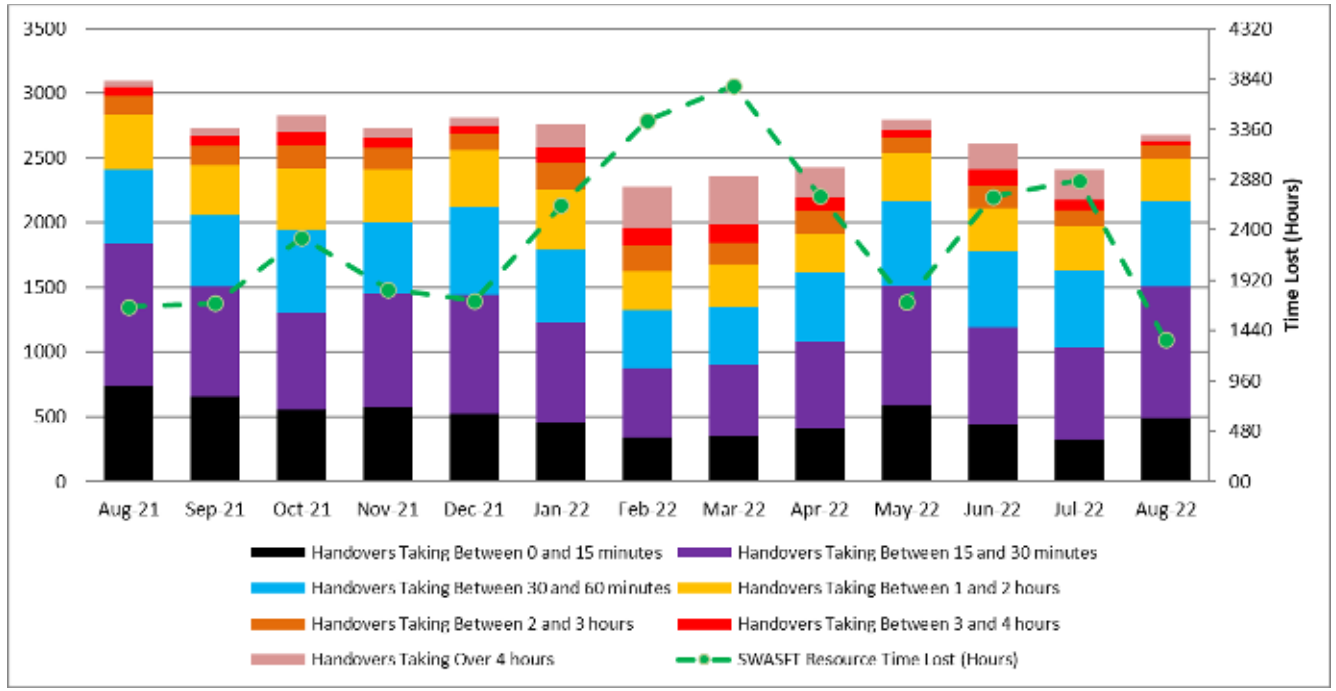


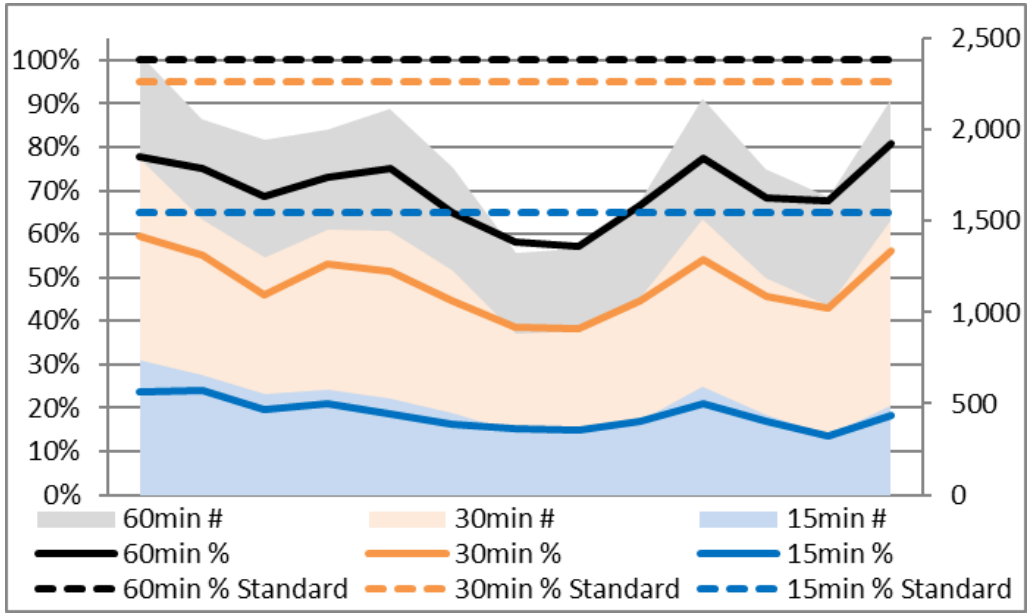
UTC attendances – July (as reported last month)

- UTC attendances increased in July compared to June.
- The number of patients leaving before treatment increased.
- August data is not yet available.
- Data for Jan-Mar is missing due to a change in data source.



3.1 Urgent Care – Ambulance Handovers – NBT – August





Ambulance handovers & Time lost – July to August

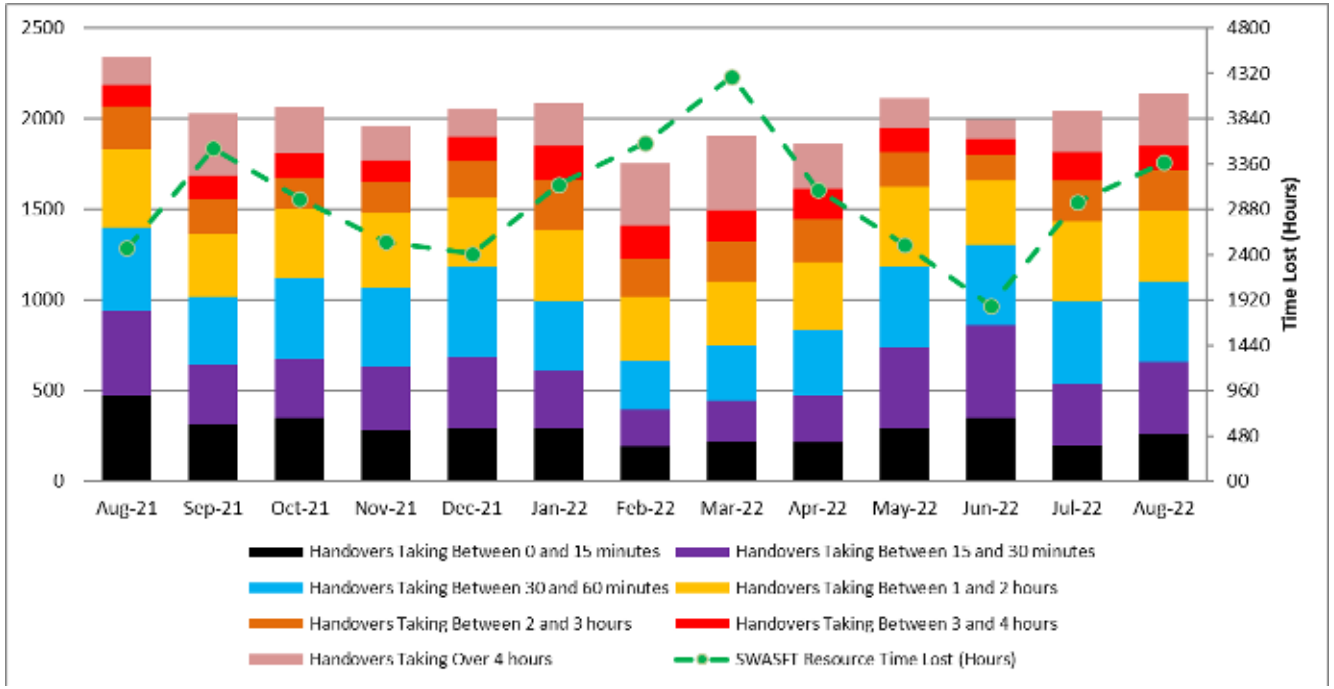
- Total number of handovers over 15 minutes worsened from 2,078 to 2,190. This is worse than the same period in 19/20 (814).
- Total number of handovers worsened from 2,407 to 2,678. This is similar to the same period in 19/20 (2,676).
- The total time lost improved from 2,872 hours to 1,349 hours. This is worse than the same period in 19/20 (105 hours).
- The longest individual handover in August was 8h19m38s.

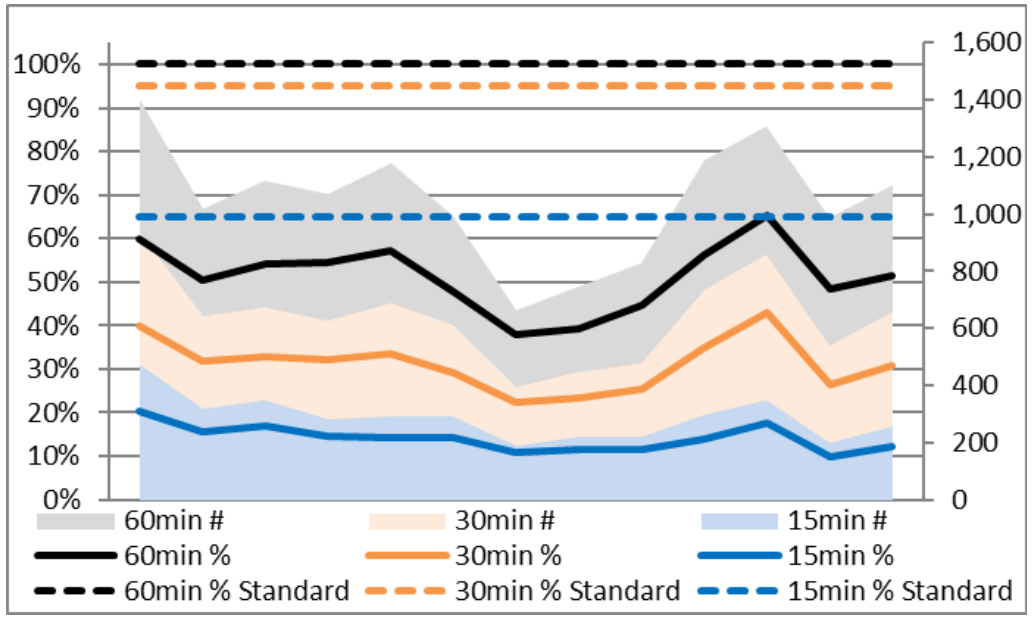
Ambulance handover Standards – July to August

- % within 15 minutes improved from 13.6% to 18.2% but failed the 65% standard.
- % within 30 minutes improved from 42.9% to 56.2% but failed the 95% standard.
- % within 60 minutes improved from 67.8% to 68.9% but failed the 100% standard.
- Performance against all 3 standards was worse than the same period in 19/20.

Data source: M032 - SWASFT A&E Monthly Commissioners Report

3.1 Urgent Care – Ambulance Handovers – BRI – August





Ambulance handovers & Time lost – July to August

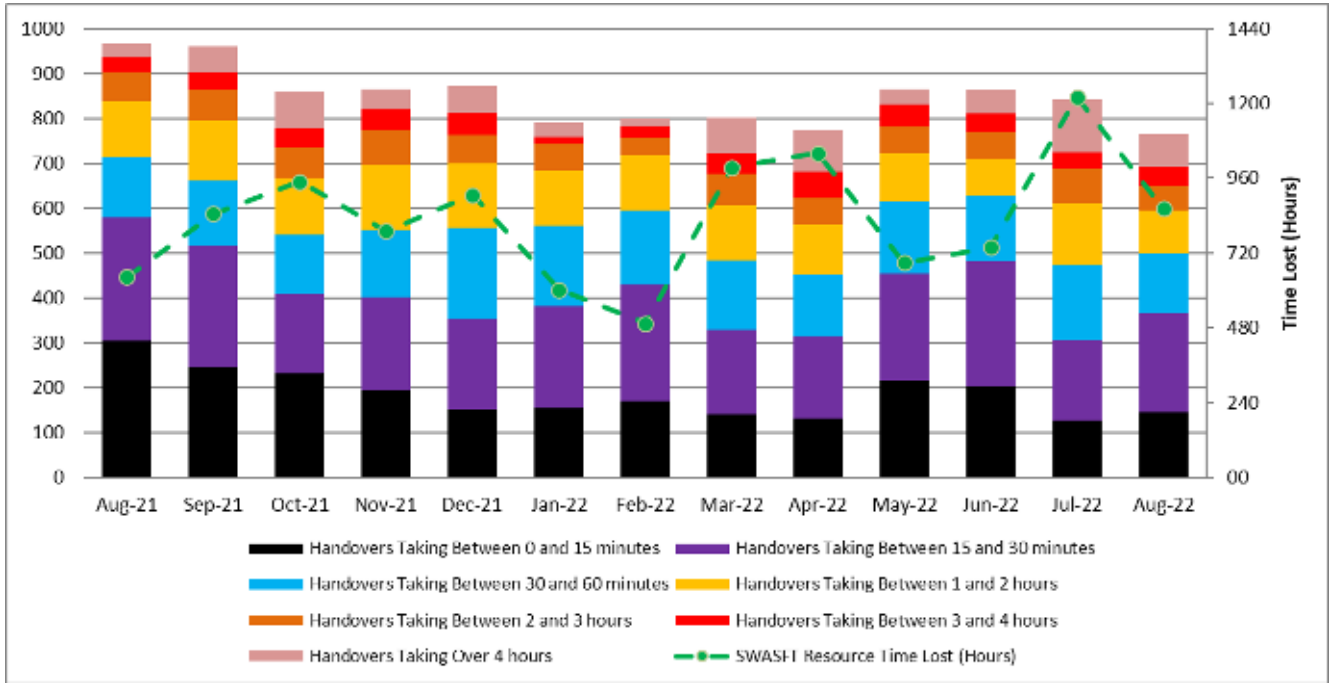
- Total number of handovers over 15 minutes worsened from 1,845 to 1,883. This is worse than the same period in 19/20 (544).
- Total number of handovers worsened from 2,043 to 2,241. This is better than the same period in 19/20 (2,251).
- The total time lost worsened from 2,952 hours to 3,372 hours. This is worse than the same period in 19/20 (68 hours).
- The longest individual handover in July was 16h52m18s.

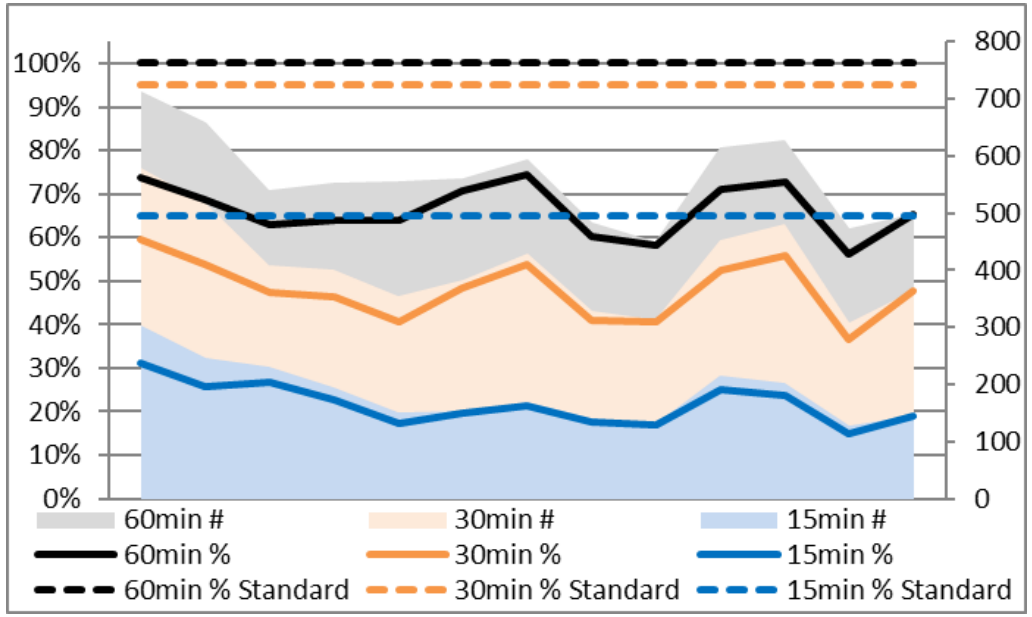
Ambulance handover Standards – July to August

- % within 15 minutes improved from 9.7% to 12.1% but failed the 65% standard.
- % within 30 minutes improved from 26.3% to 30.8% but failed the 95% standard.
- % within 60 minutes improved from 48.3% to 51.4% but failed the 100% standard.
- Performance against all 3 standards was worse than the same period in 19/20.

Data source: M032 - SWASFT A&E Monthly Commissioners Report

3.1 Urgent Care – Ambulance Handovers – WGH – August





Ambulance handovers & Time lost – July to August

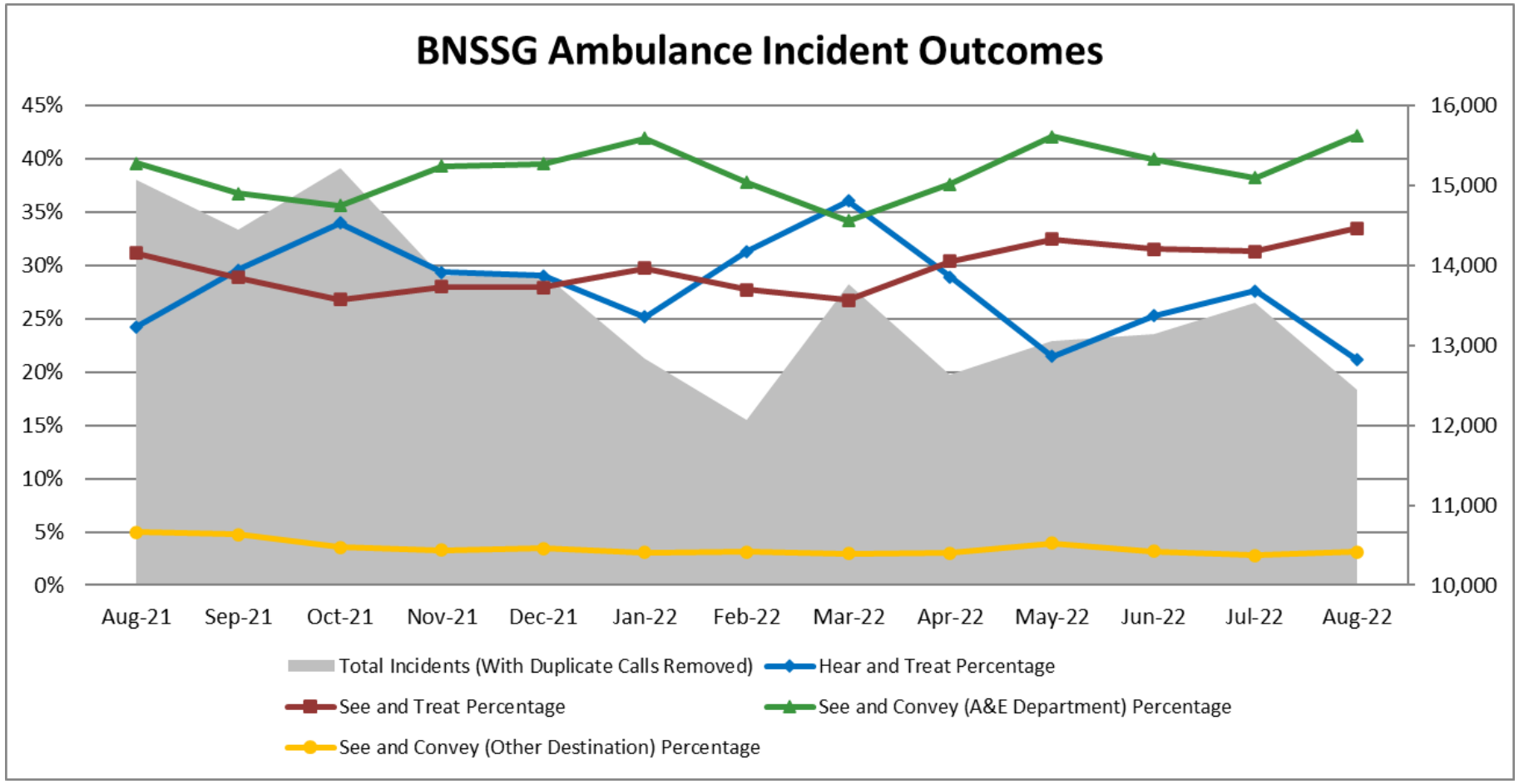
- Total number of handovers over 15 minutes improved from 716 to 620. This is worse than the same period in 19/20 (328).
- Total number of handovers improved from 843 to 766. This is better than the same period in 19/20 (1,019).
- The total time lost improved from 1,220 hours to 863 hours. This is worse than the same period in 19/20 (58 hours).
- The longest individual handover in July was 10h42m19s.

Ambulance handover Standards – July to August

- % within 15 minutes improved from 15.1% to 19.1% but failed the 65% standard.
- % within 30 minutes improved from 36.1% to 47.7% but failed the 95% standard.
- % within 60 minutes improved from 56.1% to 65.3% but failed the 100% standard.
- Performance against all 3 standards was worse than the same period in 19/20.

Data source: M032 - SWASFT A&E Monthly Commissioners Report

3.1 Urgent Care – SWASFT Incident Outcomes – BNSSG ICB – August



Ambulance Incident Outcomes – July to August

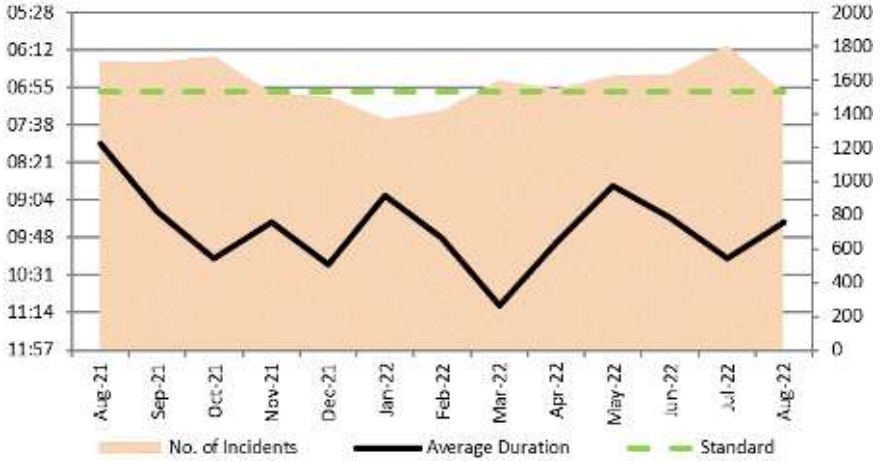
- Hear and Treat percentage decreased from 27.6% to 21.2%. This is better than the same period in 19/20 (12.2%).
- See and Treat percentage increased from 31.3% to 31.5%. This is worse than the same period in 19/20 (32.3%).
- See and Convey (A&E Department) percentage increased from 38.2% to 42.2%. This is better than the same period in 19/20 (49.2%).
- See and Convey (Other Destination) percentage increased from 2.8% to 3.1%. This is better than the same period in 19/20 (6.2%).

Data source: M032 - SWASFT A&E Monthly Commissioners Report

3.1 Urgent Care – SWASFT Response Times – August

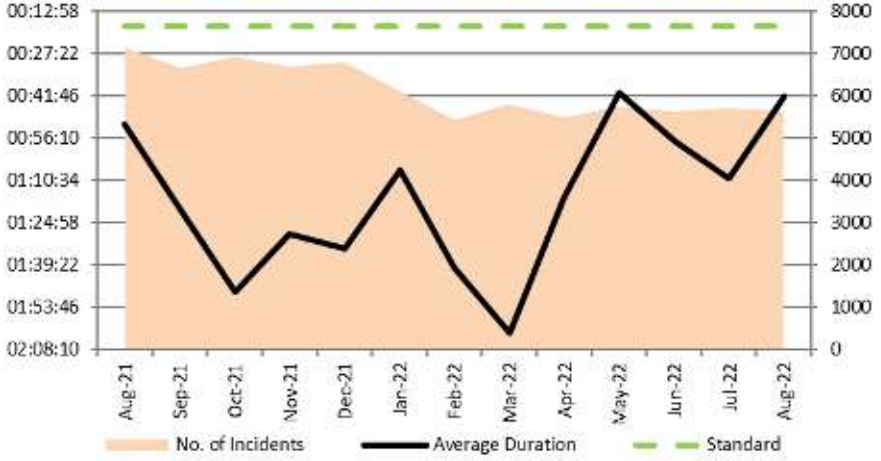
Category 1 Average Duration (min:sec)

BNSSG average response time improved to 9m30s. The 7 min standard was last achieved in May 2021. This is worse than the same period in 19/20 (6m12s).



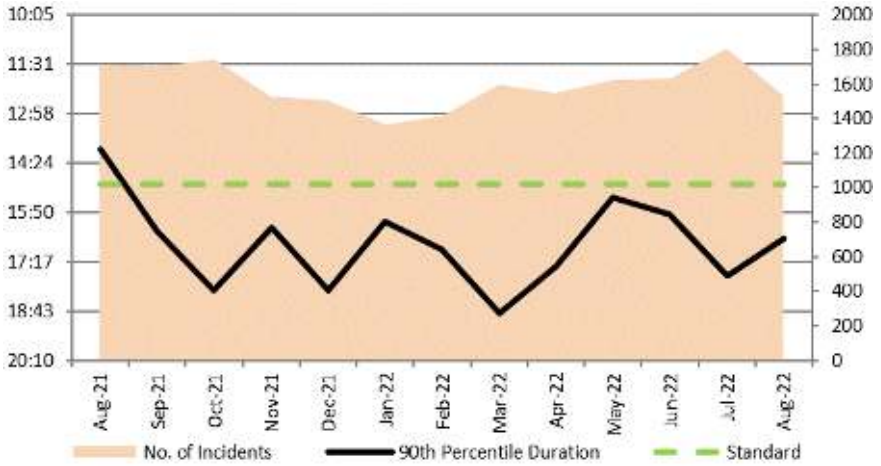
Category 2 Average Duration (hr:min:sec)

BNSSG average response time improved to 42m00s. The 18 min standard was last achieved in July 2020. This is worse than the same period in 19/20 (24m24s).



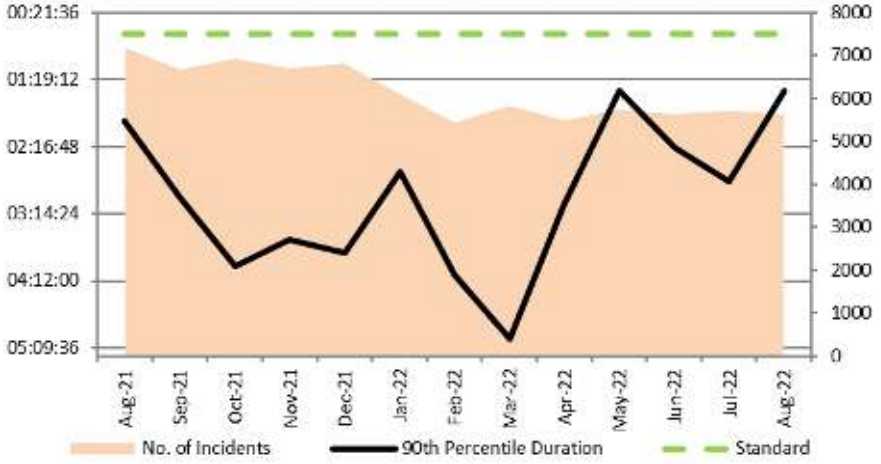
Category 1 90th Percentile Duration (min:sec)

BNSSG performance improved with 90% responded to in 16m36s. The 15 min standard was last achieved in August 2021. This is worse than the same period in 19/20 (10m18s).



Category 2 90th Percentile Duration (hr:min:sec)

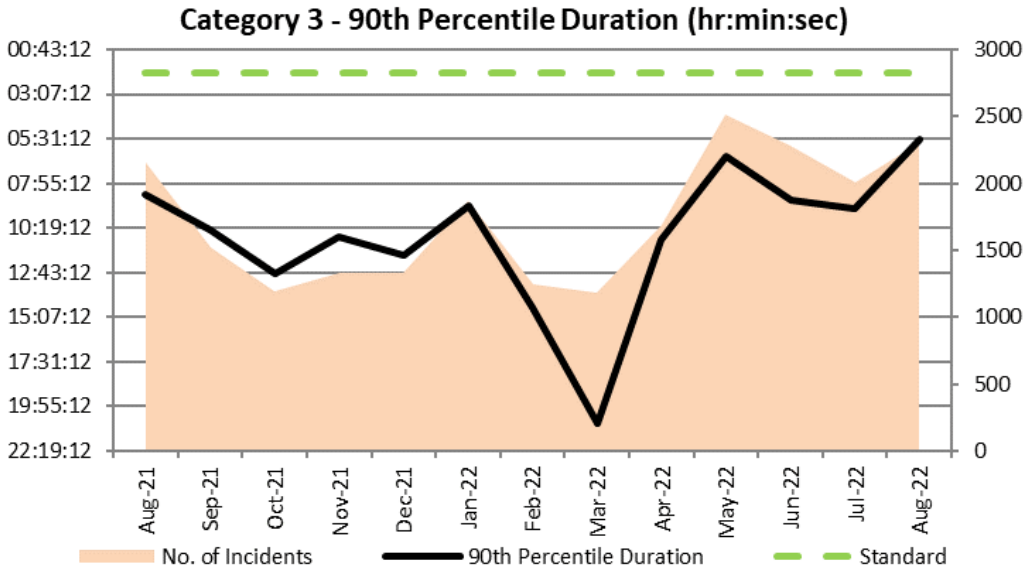
BNSSG performance improved with 90% responded to in 1h29m18s. The 40 min standard was last achieved in August 2020. This is worse than the same period in 19/20 (50m48s).



3.1 Urgent Care – SWASFT Response Times – August

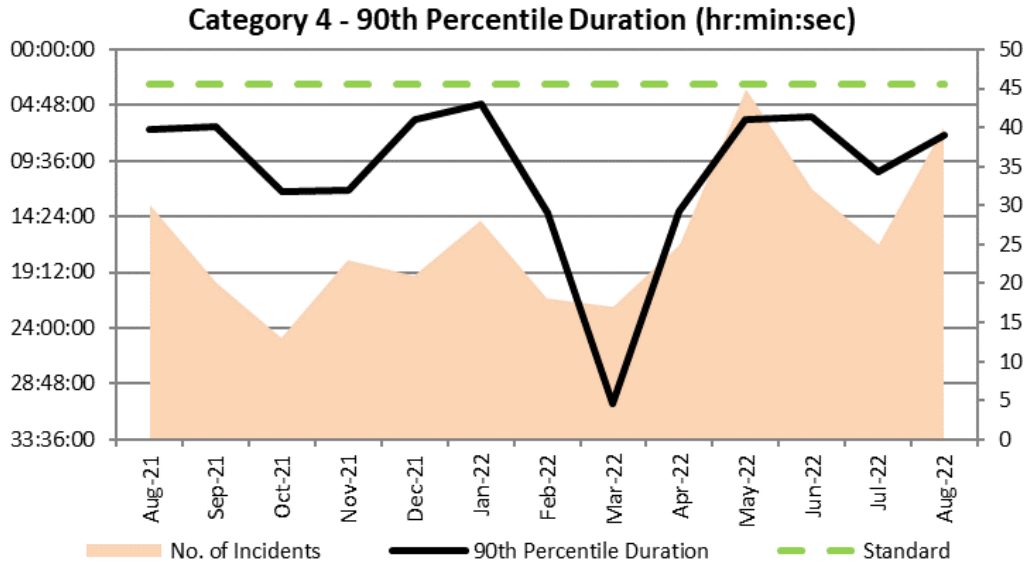
Category 3 90th Percentile Duration (hr:min:sec)

BNSSG performance improve in August with 90% responded to in 5h32m06s. The 2 hour standard has not been achieved since July 2020. This is worse than the same period in 19/20 (2h38m18s).



Category 4 90th Percentile Duration (hr:min:sec)

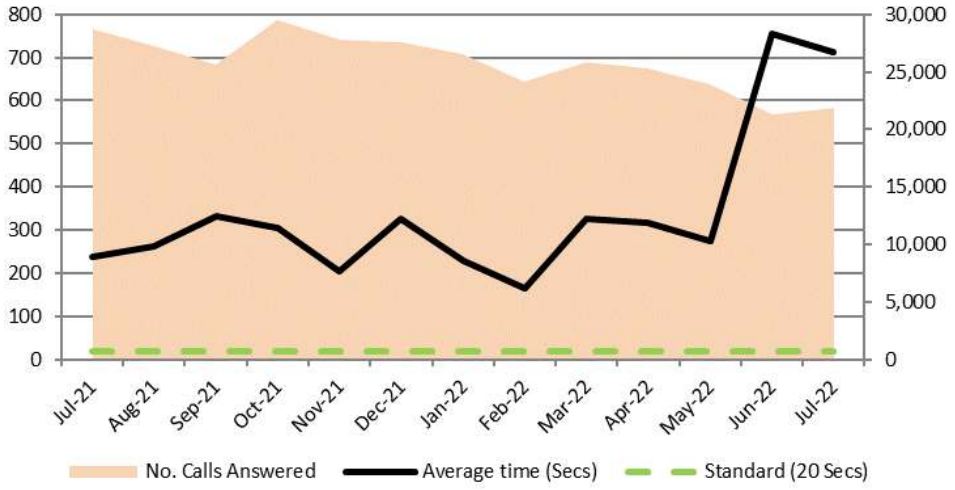
BNSSG performance improved in August with 90% responded to in 7h20m18s. The 3 hour standard has not been achieved since June 2020. This is worse than the same period in 19/20 (2h38m24s)



3.1 Urgent Care – SevernSide IUC – July

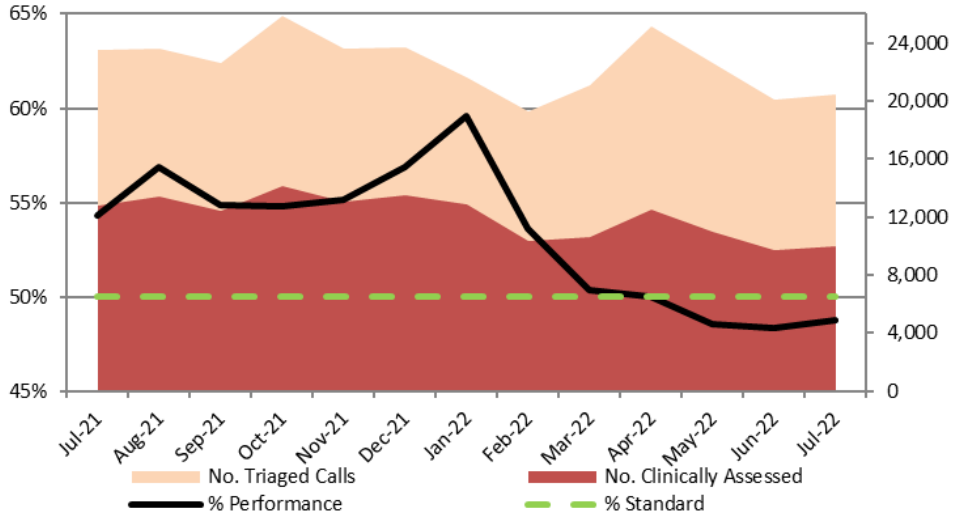
Average speed to answer calls

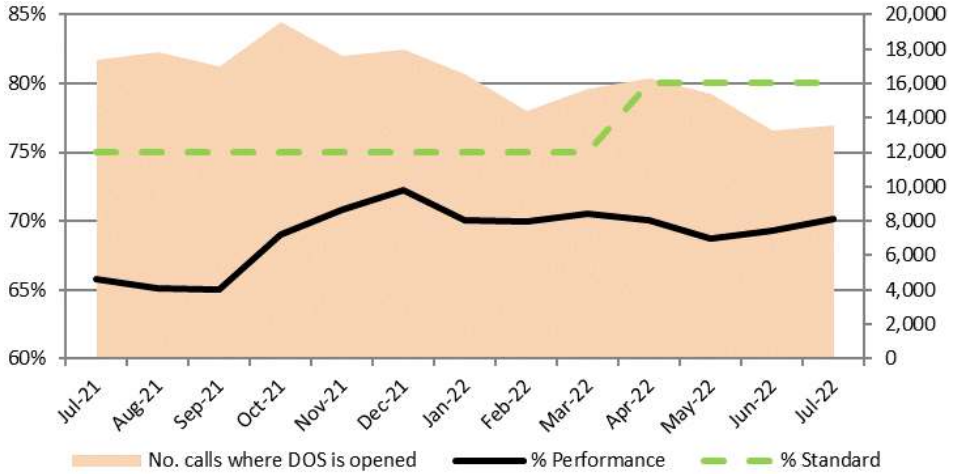
- BNSSG performance improved from 756 seconds to 713 seconds.
- The 20 second standard has yet to be achieved.
- BNSSG performance is worse than the England average (34s) and the South West average (111s).



% of triaged calls assessed by a clinician or Clinical Advisor

- BNSSG performance improved slightly from 48.39% to 48.78% but continues to fail the 50% standard.
- This continues to be better than the England average (44.74%) but worse than the SW average (55.67%) and the same period in 19/20 (54.04%).

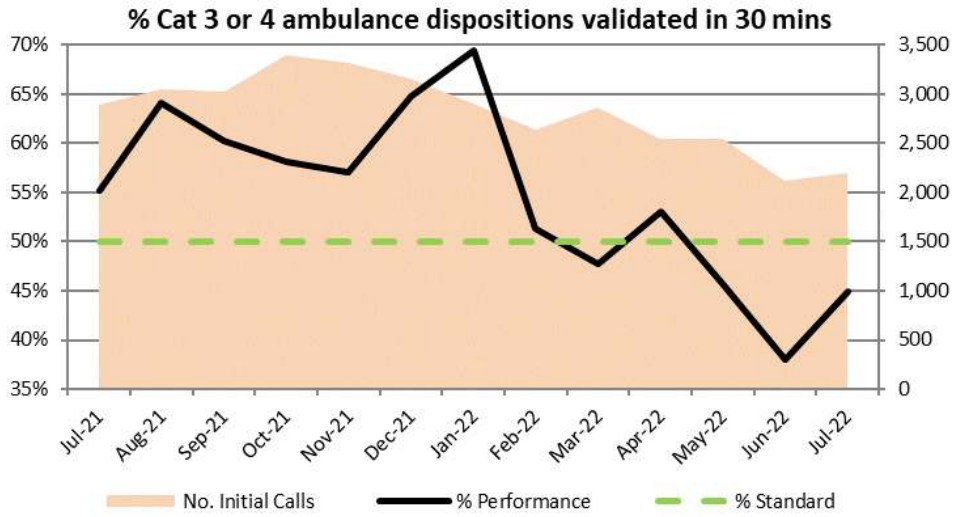




% of callers allocated the first service offered by Directory of Services (DOS)

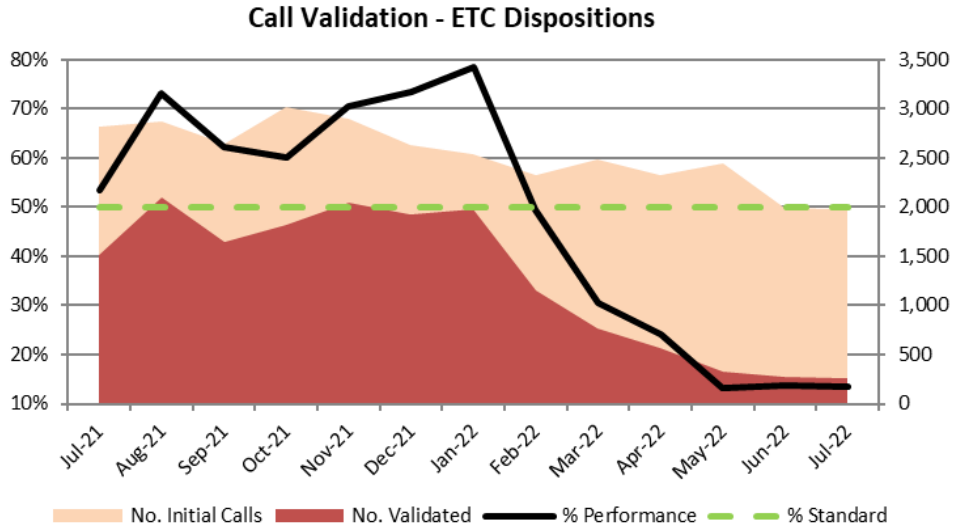
- BNSSG performance improved slightly from 69.25% to 70.17%.
- The 80% standard continues to be failed.
- However, this continues to be better than the England average (68.85%) and the SW average (54.15%).

3.1 Urgent Care – SevernSide IUC – July



<u>% of calls initially given a Category 3 or 4 Ambulance Disposition validated within 30 minutes</u>

- BNSSG performance improved from 38.01% to 44.99% in July.
- The 50% standard was not achieved.
- This is better than the England average (40.24%) but worse than the SW average (49.82%).



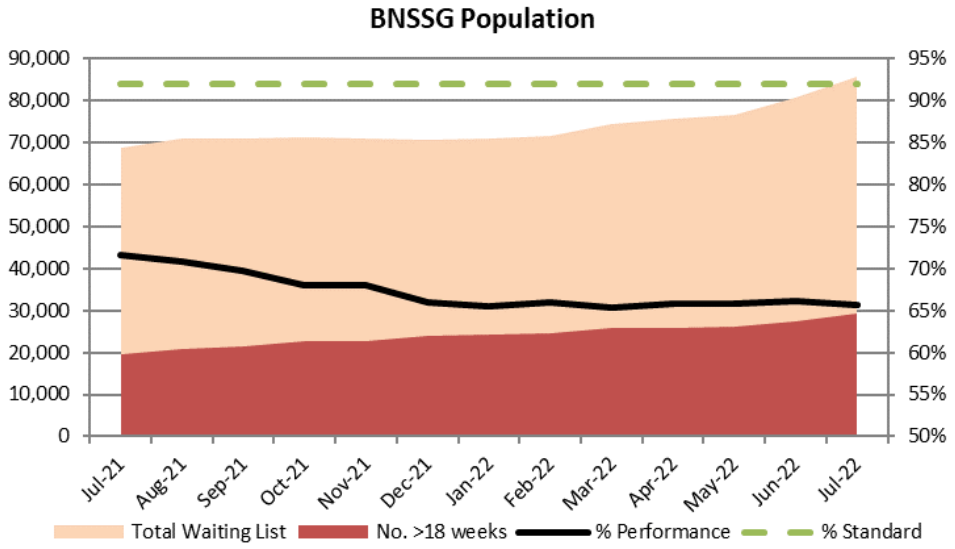
<u>% of calls initially given an ETC disposition validated</u>

- BNSSG performance worsened slightly from 13.78% to 13.41%.
- The 50% standard continues to be failed.
- This is worse than the England average (41.31%) and the SW average (57.6%).
- This is worse than the same period in 19/20 (20.84%).

3.2 Planned Care – Drivers and Priority Actions

	Top Improvement Drivers: Sept	Priority actions: September - October 2022
RTT	**1. 104ww clearance** – aim for zero capacity breaches by end Sept (Complex/choice clearance drive by end Sept). **2. 78ww operational plan trajectory maintenance** **3. Expansion of capacity** to support delivery. **4.** Develop **opportunities for a collaborative system approach to drive improvement** in challenged pathways.	• (1) Weekly scrutiny and detailed returns to Region/National team on 104ww breaches/breach risks. Daily tracking and brokering of mutual aid by Trusts and via Region mutual aid process. Review of all 104ww choice. Focus shifting to 78ww clearance - Trusts revising trajectories with improved year end position. Mutual Aid for 78ww and Non-Admitted pathways being explored with Region. • (1&2) Revision of Access Policy to be concluded and published by end September. • (3) Deliver weekend working, WLI's and extended working days to increase capacity/ activity delivery. • (3) Progress capacity opportunities with existing and new ISP for long waiters and HVLC directed at source. • (4) Progress system collaboration for future of Derm and ENT pathways; Region drive behind skin pathways improvement gaining momentum – System engaging.
Diagnostics	**5.** Diagnostic **workforce capacity pressures** across system. **6. Progress against regional ambitions** - to reduce to zero people waiting >26weeks & no more than 25% of people waiting >6 weeks by 31/03/23. Endoscopy performance (DM01) triggered Regional visit in Sept. **7. Increase capacity (immediate/backlogs & sustained /future need)** - National visit highlighted need to focus on capacity (inc. whole pathways). Demand outstripping capacity, backlogs persist across all high volume modalities, especially Echo, Endoscopy. Demand modelling has identified need for sustained additional capacity.	• (5) Deep dive into key workforce challenges - scope and map current mitigations (successes, challenges and learning) and utilise workforce transformation expertise to identify alternative solutions. • (5) Progress at pace via Task and Finish Group implementation of a proof of concept project with local ISP to expedite training lists for endoscopists – collaborative partnership between ICB, NHSE, InHealth, HEE, NBT and UHBW. • (6) Improve data quality within WLMDS. • (6) Preparation for Regional visit – Endoscopy focus - in October (date tbc). • (6&7) Expanding endoscopy capacity – with current IS providers and at additional sites; Developing EOI/BC for capital allocation. • (6&7) Increase system echo capacity – including exploration of further opportunities for overseas recruitment. • (6&7) WLIS /weekend working. • (7) CDC business case progression (NHS and NHS/IS partnership options).
Outpatients	**8. Reducing, validating and prioritising** patients on outpatient waiting lists. **9. Halting growth / reducing the volume of overdue follow ups.** **10**. Increasing availability and utilisation of **advice and guidance.**	• (8) Super September planning - accelerate current Outpatient care initiatives (>78ww focus) as per locally identified priorities; Technical/administrative/clinical validation (78ww+) to identify suitable for MA and/ or virtual consultation; Options appraisal for validation activity (immediate and longer term) in development. • (9) Planning for follow up reductions; Pathway attention / system approach – e.g. ENT pathways, physio services; PIFU roll out to all specialities where clinically appropriate; Direct patients to PIFU pathway where appropriate. • (10.) Standardising processes to ensure consistent provision of A&G across all major specialties via eRS; A&G development - various including conversion to referral pilot (paed and rheumatology); progressing towards go-live for endocrinology and exploring derm development.
Cancer	**11. Workforce capacity pressures.** **12. Max backlog position (**63+day recovery metric) deteriorating since Q1 – now Tier 1. **13. Pathways of challenge** –l (including focus on capacity/demand modelling, workforce, access to Diagnostics, referral management, space).	• (11) Rapid HR recruitment and retention plan deployed at NBT; UHBW locum recruitment underway; Plans focused on increasing core substantive WTE and appropriate skill mixing. • (12) Increasing capacity through WLI's, recruitment (substantive & locum). • (12) Cleansing of PTL DQ issues and extensive validation of the backlog. • (13) Trusts have re-worked recovery plans at speciality level – including confirmed SWAG funding allocations to support recovery – implementation commenced; Close working with Regional Cancer Team in support of pathway and demand and capacity planning. IST visit at NBT postponed from 19/9/22 to Oct (date tbc); Planning underway for Tumour Site specific pathway improvements; Skin pathways mapping and review to identify opportunities for improvement, coordinated by ICB & driven by clinical design group (including A&G/AI/Telederm); working with Somerset to improve their derm patient pathways into UHBW; FIT Pathway & Colorectal 28 days Pathway focus – including application of new BSG Guidance and seeking additional IS capacity to support 2ww demand.

3.2 Planned Care – RTT Incomplete Pathway – July

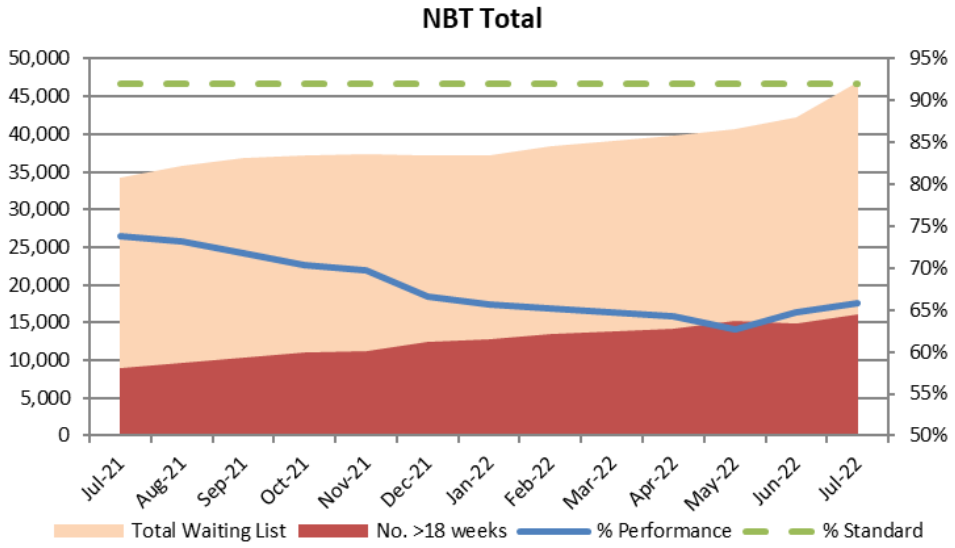


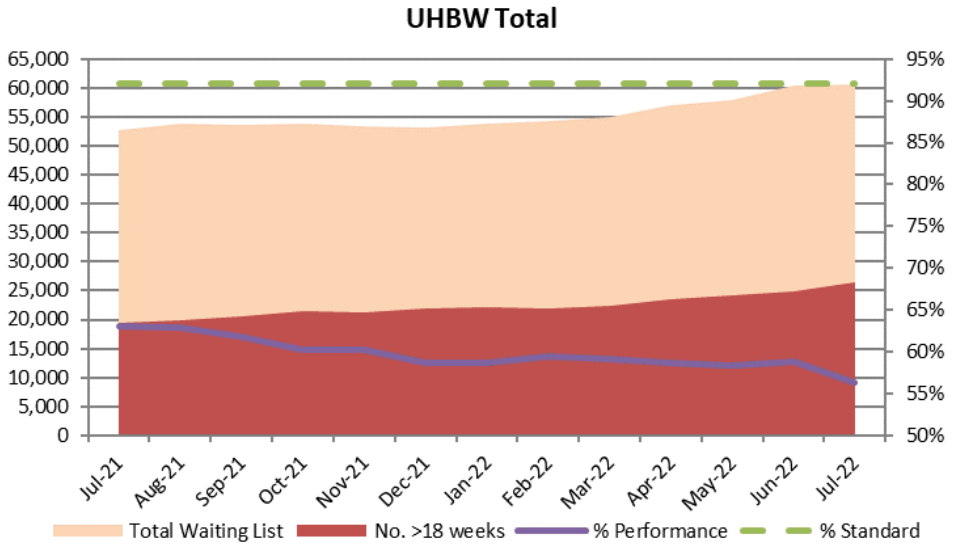
RTT 18ww Performance

- Performance at BNSSG population worsened slightly from 66.2% to 65.7% in July.
- NBT performance improved from 64.8% to 65.8%.
- UHBW performance worsened from 58.8% to 56.4%.
- All failed the 92% national standard and performed worse than the same period in 19/20.

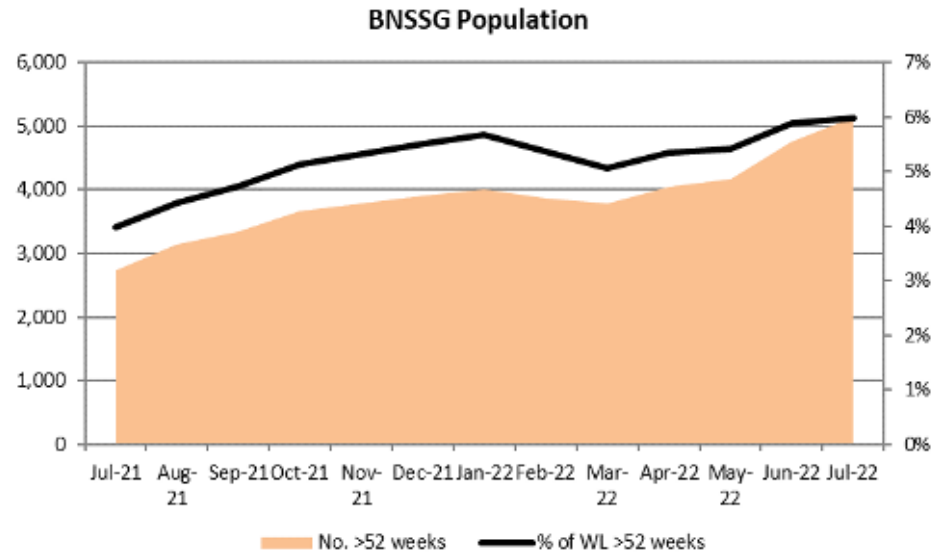
RTT Waiting List

- The total waiting lists at BNSSG population level, NBT & UHBW all worsened, and all were worse than the same period in 19/20.





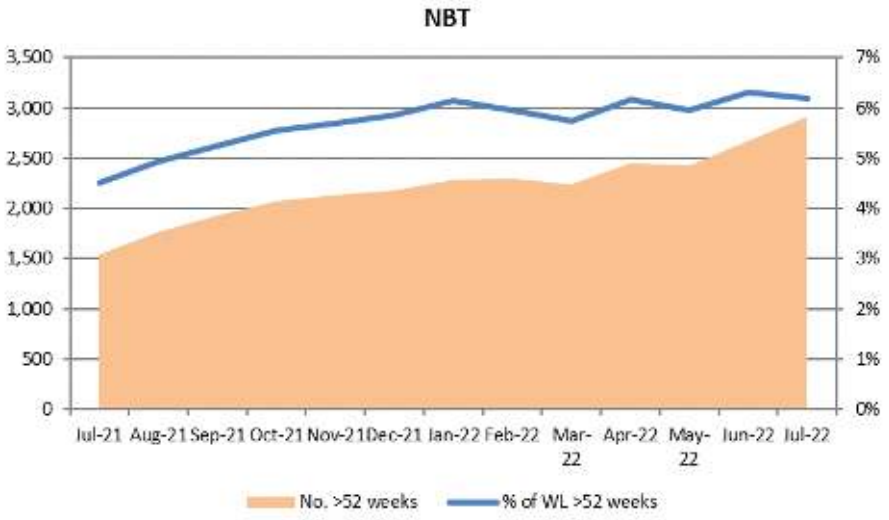
3.2 Planned Care – RTT Incomplete 52ww – July

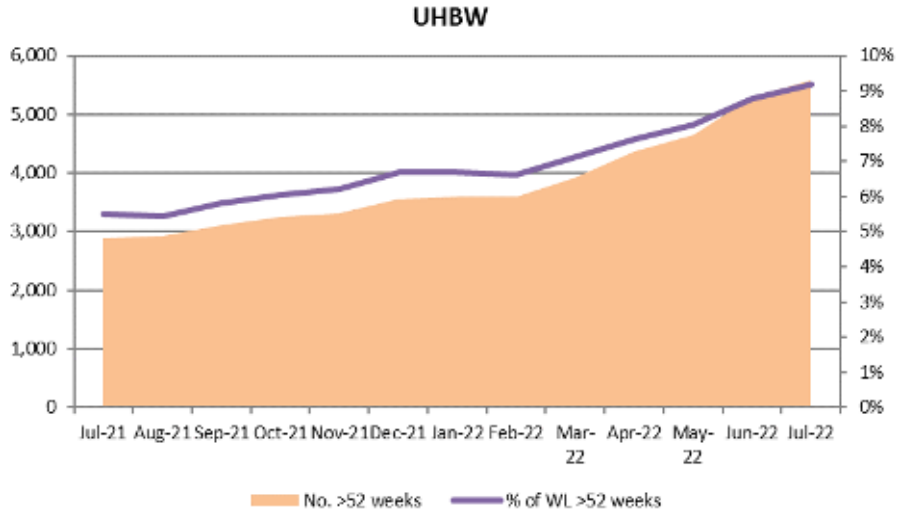


		Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
RTT WL	BNSSG	68,886	70,942	70,914	71,292	71,134	70,653	70,869	71,772	74,505	75,720	76,803	80,749	85,720
	NBT	34,315	35,794	36,787	37,268	37,297	37,264	37,210	38,498	39,101	39,819	40,634	42,326	46,991
	UHBW	52,718	53,855	53,697	53,743	53,328	53,253	53,909	54,305	55,021	57,019	57,940	60,404	60,738
No. >52 weeks	BNSSG	2,750	3,138	3,353	3,664	3,791	3,902	4,020	3,864	3,779	4,052	4,164	4,764	5,134
	NBT	1,544	1,770	1,933	2,068	2,128	2,182	2,284	2,296	2,242	2,454	2,424	2,675	2,914
	UHBW	2,893	2,925	3,110	3,248	3,318	3,558	3,599	3,604	3,920	4,362	4,654	5,298	5,591
% of WL >52 weeks	BNSSG	3.99%	4.42%	4.73%	5.14%	5.33%	5.52%	5.67%	5.38%	5.07%	5.35%	5.42%	5.90%	5.99%
	NBT	4.50%	4.94%	5.25%	5.55%	5.71%	5.86%	6.14%	5.96%	5.73%	6.16%	5.97%	6.32%	6.20%
	UHBW	5.49%	5.43%	5.79%	6.04%	6.22%	6.68%	6.68%	6.64%	7.12%	7.65%	8.03%	8.77%	9.21%

Better than previous month

Worse than previous month





52 week waiters and 52 week waiters as a percentage of the total waiting list

- BNSSG population level worsened from 4,764 to 5,134 (6% of the total waiting list).
- NBT worsened from 2,675 to 2,914 (6.2% of the total waiting list).
- UHBW worsened from 5,298 to 5,591 (9.2% of the total waiting list).

3.2 Planned Care – RTT long waiters – UHBW – July

Long waiters

Treatment Function	40-51 wks	Over 52 wks	Total
Cardiology	195	109	304
Cardiothoracic Surgery	6	13	19
Dermatology	87	36	123
ENT	411	1226	1637
Gastroenterology	202	201	403
General Medicine	1	3	4
General Surgery	17	7	24
Geriatric Medicine	2	1	3
Gynaecology	122	34	156
Neurology	64	78	142
Ophthalmology	275	250	525
Oral Surgery	1080	815	1895
Other	1986	2270	4256
Rheumatology	77	159	236
Thoracic Medicine	118	213	331
Trauma & Orthopaedics	104	176	280
	4747	5591	10338

The table above shows the total number of patients at UHBW waiting between 40-51 and >52 weeks on an incomplete pathway for each RTT specialty.

'Other' breakdown (UHBW-Bristol only)

Please note: At the time of reporting, July data had not been provided for "Other" breakdown for UHBW-Bristol.

- This table provides a breakdown of the number of patients waiting 41-51 weeks and >52ww reported under the Other specialty at UHBW-Bristol only.

Please note: Data for UHBW-Weston is not currently available for the 'other' breakdown.

3.2 Planned Care – RTT long waiters – NBT – July

The table below show the total number of patients at NBT waiting between 40-51 and >52 weeks on an incomplete pathway for each RTT specialty.

Long waiters

Treatment Function	40-51 wks	Over 52 wks	Total
Cardiology	96	0	96
Cardiothoracic Surgery	0	0	0
Dermatology	71	16	87
Gastroenterology	15	10	25
General Medicine	0	0	0
General Surgery	106	250	356
Geriatric Medicine	0	0	0
Gynaecology	374	305	679
Neurology	212	65	277
Neurosurgery	82	102	184
Other	876	868	1744
Plastic Surgery	316	197	513
Rheumatology	5	0	5
Thoracic Medicine	0	0	0
Trauma & Orthopaedics	545	856	1401
Urology	329	245	574
	3027	2914	5941

This table provides a breakdown of the number of patients waiting 41-51 weeks and >52ww reported under the Other specialty at NBT.

'Other' breakdown

Description	40-51 wks	Over 52 wks
Adult Mental Illness	10	0
Allergy Service	311	326
Colorectal Surgery	108	103
Diabetic Medicine	14	1
Endocrinology	154	22
Hepatology	3	0
Interventional Radiology	0	2
Upper Gastrointestinal Surgery	220	387
Vascular Surgery	56	27
Grand Total	**876**	**868**

3.2 Planned Care – RTT Incomplete 52ww – BNSSG – July

- The number of BNSSG patients waiting 52 weeks or longer in July increased by 7.7% (371) compared to the previous month.
- Patients waiting 52 weeks or longer make up 6% of the total waiting list for BNSSG patients (up from 5.9% on the previous month).
- The table below shows a breakdown by provider of the BNSSG patients waiting 52 weeks or longer in July, compared to the previous month.

	>52 weeks	
Providers with BNSSG patients >52ww	June	July
NBT	1995	2384
UHBW	2081	2077
Spire Bristol	140	150
Sirona	147	148
Practice Plus - Emersons Green	103	119
Royal United Hospitals Bath	71	76
Nuffield Health Bristol	78	55
Sulis Hospital Bath	41	28
Newmedica - Bristol	14	13
Royal Devon and Exeter	9	11
Newmedica Aztec West	9	8
Somerset	8	7
University Hospitals Birmingham	7	5
Gloucestershire Hospitals	3	4
Imperial College Healthcare	5	4
Somerset Surgical Services	3	3
University Hospitals Dorset	4	3
Barts Health	2	2
Countess Of Chester Hospital	1	2
Norfolk and Norwich University Hospitals	1	2
Practice Plus - Shepton Mallet	1	2
Salisbury	2	2
University College London Hospitals	3	2
University Hospital Southampton	1	2
University Hospitals Of Leicester	2	2
Airedale	1	1
Buckinghamshire Healthcare	1	1

	>52 weeks	
Providers with BNSSG patients >52ww	June	July
Cambridge University Hospitals	1	1
East Kent Hospitals University	0	1
Hampshire Hospitals	2	1
King's College Hospital	1	1
Lewisham and Greenwich	2	1
Liverpool University Hospitals	0	1
London North West University Healthcare	2	1
Oxford University Hospitals	0	1
Robert Jones & Agnes Hunt Orthopaedic Hospital	1	1
Royal Free London	2	1
Royal Wolverhampton	1	1
Sandwell and West Birmingham Hospitals	0	1
Spamedica Bristol	1	1
Stockport	1	1
Torbay and South Devon	3	1
University Hospitals Of North Midlands	1	1
West Hertfordshire Teaching Hospitals	0	1
Worcestershire Acute Hospitals	3	1
Wrightington, Wigan and Leigh	0	1
Wye Valley	0	1
Yeovil District Hospital	2	1
Calderdale and Huddersfield	1	0
Dorset County Hospital	1	0
Frimley Health	1	0
Great Weston Hospitals	2	0
University Hospitals Sussex	1	0
West Suffolk	1	0
Total	**4763**	**5134**

3.2 Planned Care – RTT Incomplete 78ww & 104ww – BNSSG – July

	>78 weeks		>104 weeks	
Providers with BNSSG patients >78ww and 104ww	**June**	**July**	**June**	**July**
NBT	347	348	25	25
UHBW	242	226	30	18
Sirona	71	21	5	6
Spire Bristol	25	16	2	1
Nuffield Health Bristol	11	15		
Practice Plus - Emersons Green	9	11		
Sulis Hospital Bath	10	9	4	1
Royal Devon and Exeter	2	4		
Royal United Hospitals Bath	3	4		
Newmedica - Bristol	1	3		
Newmedica Aztec West	3	2		
Barts Health	1	1		
Countess Of Chester Hospital	1	1		
London North West University Healthcare	1	1		
Somerset	1	1		
Torbay and South Devon	2	1		
University Hospital Southampton	1	1		
University Hospitals Birmingham	3	1		
University Hospitals Of Leicester	1	1		
University Hospitals Of North Midlands	0	1		
Worcestershire Acute Hospitals	3	1		
Wrightington, Wigan and Leigh	0	1		
Yeovil District Hospital	2	1	1	
Great Weston Hospitals	1	0		
Royal Free London	1	0	1	
Somerset Surgical Services	2	0	1	
Total	**744**	**671**	**69**	**51**

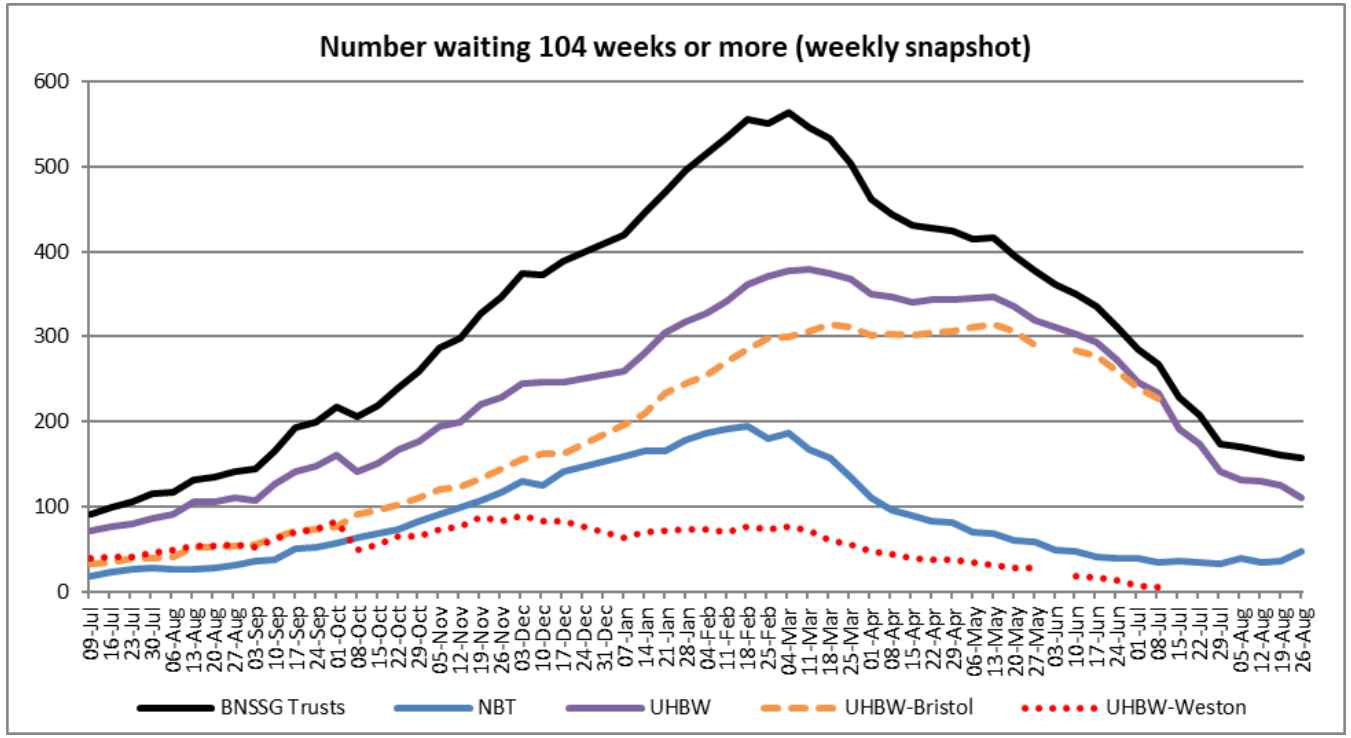
- This table shows a breakdown by provider of the BNSSG patients waiting 78 weeks or longer and 104 weeks or longer in July, compared to the previous month.
- The number of BNSSG patients waiting 78 weeks or longer in July decreased by 9.8% (73) compared to the previous month.
- The number of BNSSG patients waiting 104 weeks or longer in July decreased by 26% (18) compared to the previous month.

3.2 Planned Care – RTT 104 week waits (w/e 26th August 2022)

104+ week waits

- This shows the total number of patients at NBT and UHBW waiting 104 weeks or more.

- In the latest week (week ending 26th August), compared to the previous week, the number of patients waiting 104 weeks or more at:
  - BNSSG trusts decreased from 161 to 157.
  - NBT increased from 36 to 47.
  - UHBW decreased from 125 to 110.



Please note:

- This data represents a weekly snapshot taken from the weekly regional submission provided by the two trusts.
- Data from 15th July has been taken from the NHSEI's national WLMDS Dashboard.
- There was no submission for the last two weeks in December (w/e 24th and 31st).
- This data is **unvalidated and subject to change** and may not represent the final validated position at month end.

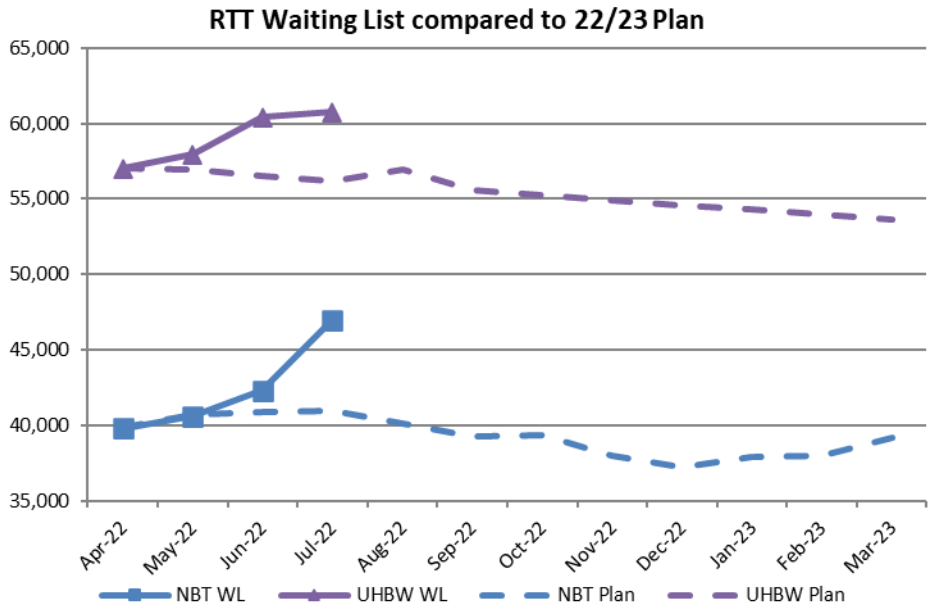
3.2 Planned Care – RTT Incomplete Waits compared to Plan – Total WL & 52ww

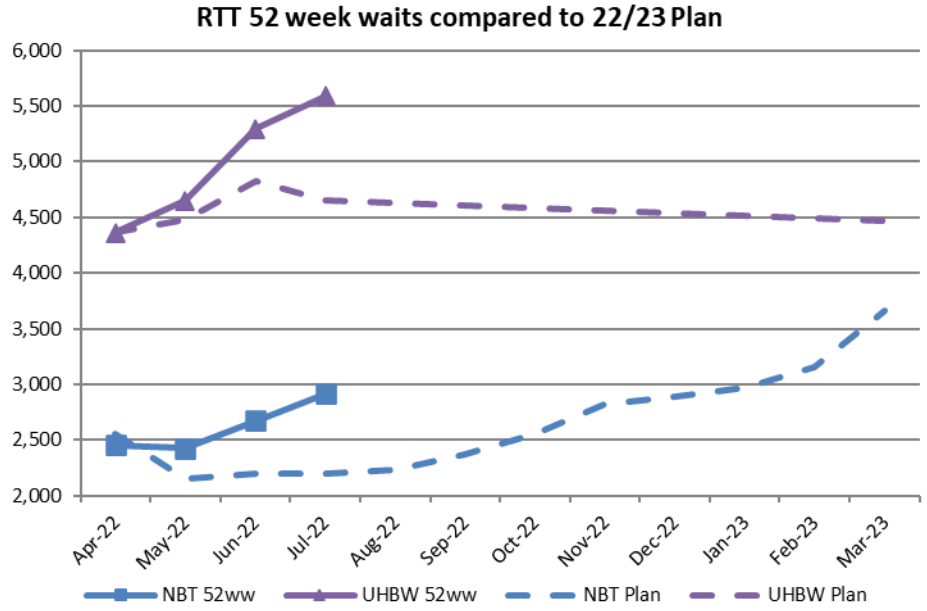
RTT Incomplete waits compared to plan
This slide shows the total waiting list and the number of patients waiting 52 weeks or more at total provider level for NBT and UHBW compared to the 22/23 Operational Plan.

		22/23 Operational Plan											
E.B.3a	RTT Waiting List	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NBT	Total Waiting List	39,819	40,634	42,326	46,991								
	Plan	39,865	40,755	40,881	41,023	40,105	39,255	39,389	37,977	37,231	37,959	38,024	39,224
UHBW	Total Waiting List	57,019	57,940	60,404	60,738								
	Plan	57,019	56,948	56,560	56,206	56,912	55,581	55,249	54,883	54,600	54,295	54,002	53,649

E.B.18	RTT 52+ week waits	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NBT	52ww	2,454	2,424	2,675	2,914								
	Plan	2,561	2,158	2,201	2,200	2,239	2,372	2,559	2,816	2,892	2,973	3,160	3,660
UHBW	52ww	4,362	4,654	5,298	5,591								
	Plan	4,362	4,478	4,829	4,652	4,631	4,608	4,585	4,559	4,539	4,518	4,497	4,472

Worse than Plan
Better than Plan





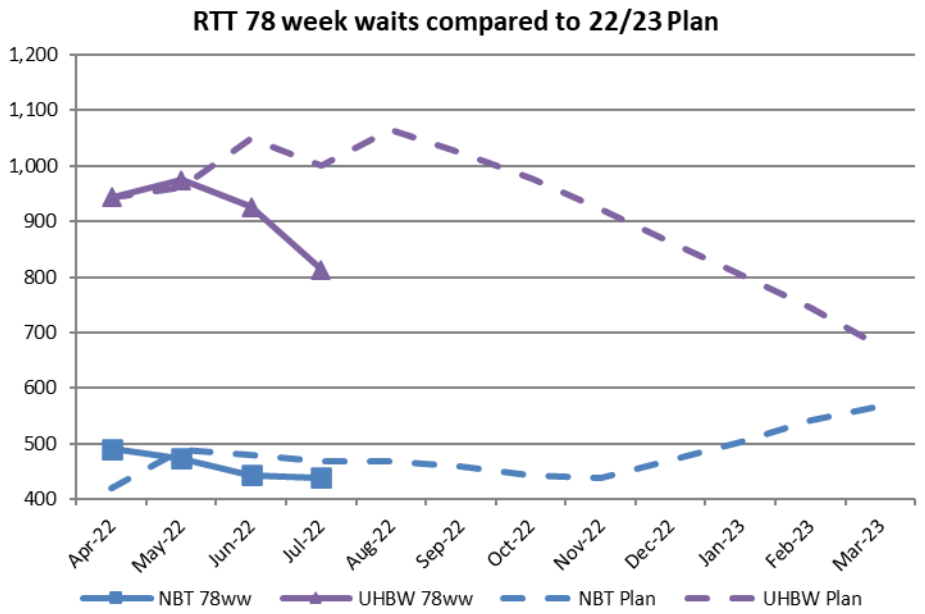
3.2 Planned Care – RTT Incomplete Waits compared to Plan – 78ww & 104ww

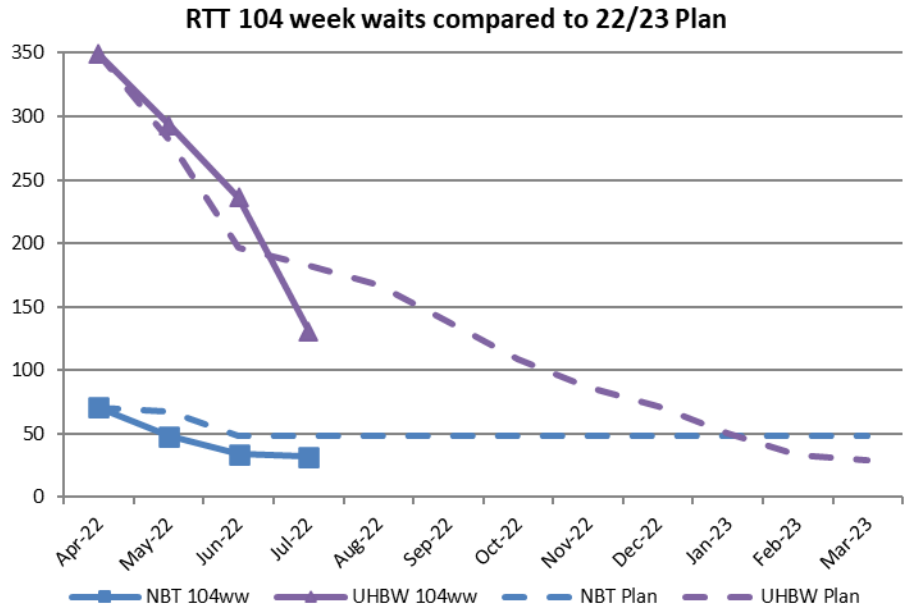
RTT Incomplete waits compared to plan
This slide shows the number of patients waiting 78 weeks or more and 104 weeks or more at total provider level for NBT and UHBW compared to the 22/23 Operational Plan.

		22/23 Operational Plan											
E.B.21	RTT 78+ week waits	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NBT	78ww	491	473	443	439								
	Plan	420	489	479	469	469	458	443	438	470	502	542	568
UHBW	78ww	944	975	926	813								
	Plan	944	961	1,050	1,002	1,066	1,025	977	922	863	805	745	675

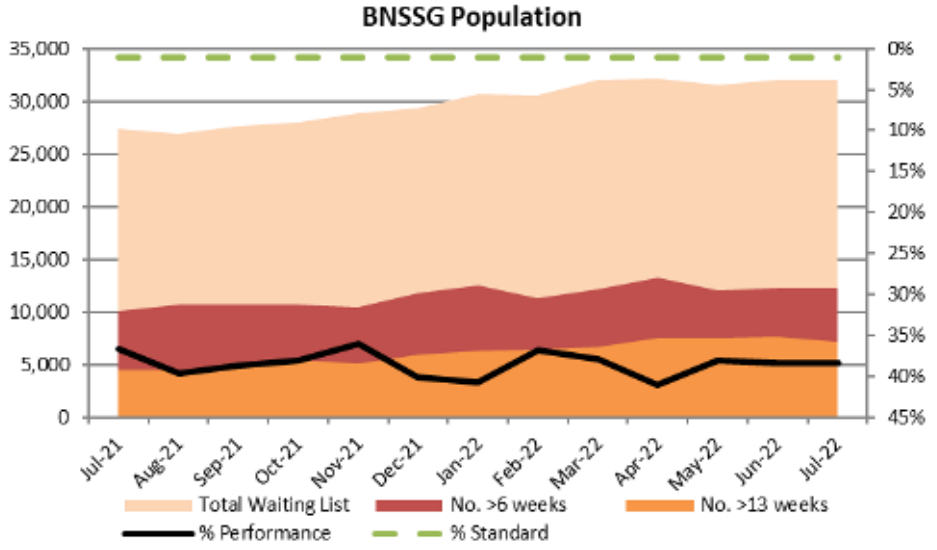
E.B.19	RTT 104+ week waits	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NBT	104ww	71	48	34	32								
	Plan	71	68	48	48	48	48	48	48	48	48	48	48
UHBW	104ww	349	293	236	131								
	Plan	349	281	197	182	167	138	109	87	72	50	33	29

Worse than Plan
Better than Plan





3.2 Planned Care – Diagnostics – July



Diagnostics performance - % waiting 6 weeks or more

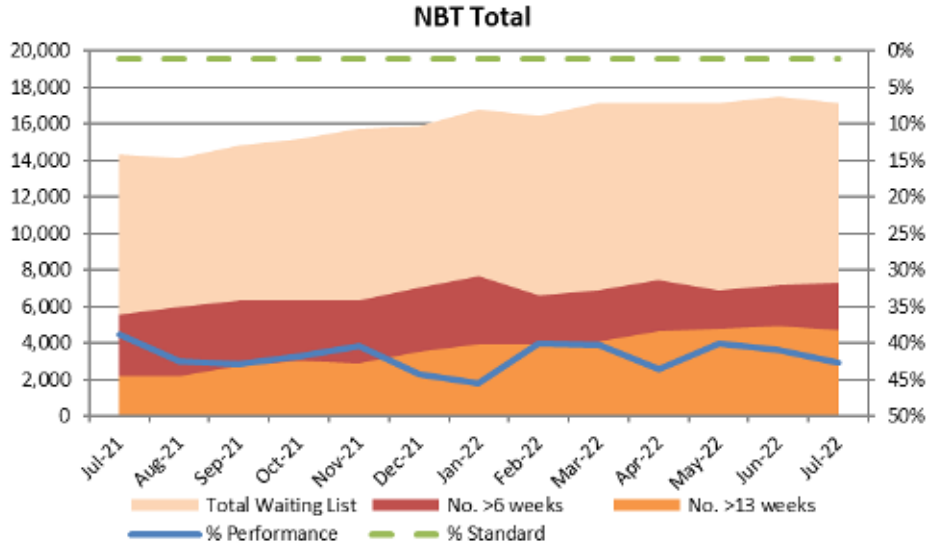
- Performance at BNSSG population level remained at 38.4% in July.
- NBT worsened from 41% to 42.8%.
- UHBW improved from 38.8% to 36.6%.
- All continue to fail the 1% national standard and performed worse than the same period in 19/20.

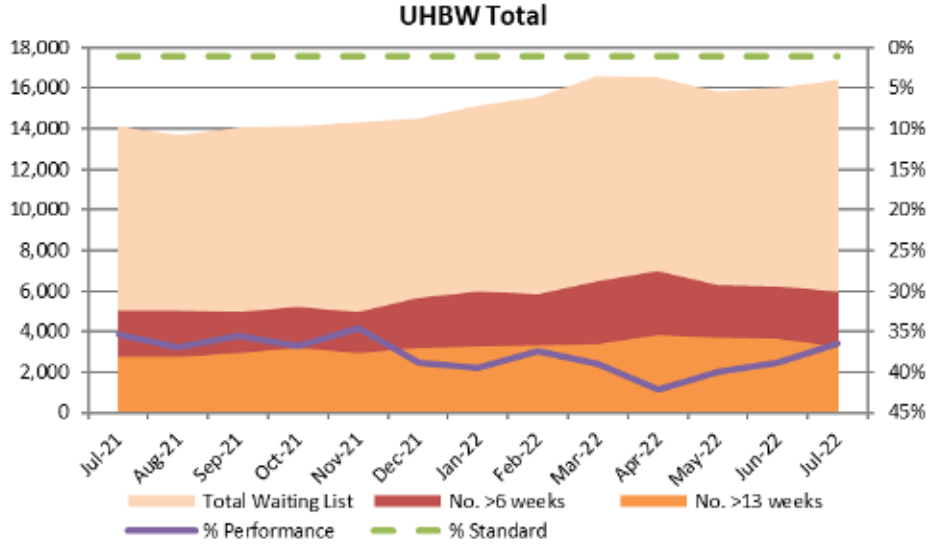
Diagnostics waiting list

- The waiting list for BNSSG population level and UHBW worsened but NBT improved. All were worse than the same period in 19/20.

Diagnostics number waiting > 6 week and >13 weeks

- The number waiting more than 6 weeks and 13 weeks improved at BNSSG level and at UHBW from June to July. However, at NBT the number waiting more than 6 weeks got worse, but improved for those waiting more than 13 weeks.





3.2 Planned Care – Diagnostics – key issues / mitigations – July

Key Drivers (Total Trust)

This table shows the distribution of breaches by test type for July.

Criteria: More than 5 breaches AND performance > 1%

Provider	Diagnostic Tests	Waiting List	No. Under 6 weeks	No. Breaches	% of Provider Breaches	Performance %
NBT	ECHOCARDIOGRAPHY	4460	954	3506	47.49%	**78.61%**
	COLONOSCOPY	1549	488	1061	14.37%	**68.50%**
	NON_OBSTETRIC_ULTRASOUND	4587	3593	994	13.46%	**21.67%**
	GASTROSCOPY	1275	324	951	12.88%	**74.59%**
	FLEXI_SIGMOIDOSCOPY	534	192	342	4.63%	**64.04%**
	CT	2333	2041	292	3.96%	**12.52%**
	MRI	2426	2189	237	3.21%	**9.77%**
UHBW	ECHOCARDIOGRAPHY	2862	1114	1748	28.75%	**61.08%**
	NON_OBSTETRIC_ULTRASOUND	4329	3159	1170	19.24%	**27.03%**
	MRI	3306	2302	1004	16.51%	**30.37%**
	COLONOSCOPY	1012	318	694	11.41%	**68.58%**
	GASTROSCOPY	949	301	648	10.66%	**68.28%**
	CT	2291	1998	293	4.82%	**12.79%**
	DEXA_SCAN	853	616	237	3.90%	**27.78%**
	FLEXI_SIGMOIDOSCOPY	296	79	217	3.57%	**73.31%**
	AUDIOLOGY_ASSESSMENTS	477	443	34	0.56%	**7.13%**
	SLEEP_STUDIES	67	37	30	0.49%	**44.78%**
	CYSTOSCOPY	12	6	6	0.10%	**50.00%**

Echocardiography and Non-Obstetric Ultrasound continue to be the main breach areas at both NBT and UHBW

3.2 Planned Care – Diagnostics – Activity compared to Plan

		22/23 Operational Plan											
	Diagnostics Activity Levels	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NBT	MRI	2,804	3,154	3,024	3,118								
	Plan	2,836	3,392	3,266	3,179	3,214	3,207	3,340	3,506	2,927	3,526	3,132	3,652
	CT	7,178	7,728	7,547	6,894								
	Plan	7,286	8,362	8,051	7,838	7,925	7,906	8,236	8,644	7,216	8,692	7,721	9,003
	Non-obstetric Ultrasound	7,849	8,526	7,510	7,021								
	Plan	7,881	8,047	7,748	7,542	7,626	7,608	7,925	8,318	6,944	8,365	7,430	8,664
	Colonoscopy	193	249	130	174								
	Plan	194	175	157	245	266	294	195	241	216	180	203	293
	Flexi Sigmoidoscopy	153	139	74	159								
	Plan	155	195	226	280	314	341	297	273	293	206	203	338
	Gastroscopy	268	292	155	240								
	Plan	269	276	282	388	325	431	330	402	321	282	219	460
	Cardiology - Echocardiography	572	617	601	812								
	Plan	573	610	620	715	702	717	736	717	681	696	680	736
UHBW	MRI	2,499	2,657	2,522	2,579								
	Plan	3,175	2,962	3,312	3,348	3,341	3,361	3,218	3,488	2,598	2,771	2,863	3,625
	CT	7,167	8,283	7,359	7,506								
	Plan	6,901	7,065	6,919	6,863	6,742	6,795	6,960	6,937	6,470	6,320	6,133	7,259
	Non-obstetric Ultrasound	4,430	5,341	4,766	4,938								
	Plan	4,275	4,157	5,230	4,785	4,337	4,715	4,657	4,828	4,255	3,936	3,864	4,394
	Colonoscopy	161	446	353	285								
	Plan	373	306	372	382	330	489	448	485	288	320	382	501
	Flexi Sigmoidoscopy	83	178	160	118								
	Plan	186	130	119	119	133	145	172	163	116	153	153	181
	Gastroscopy	289	384	422	416								
	Plan	435	252	266	332	378	431	459	317	321	379	465	523
	Cardiology - Echocardiography	1,365	1,592	1,400	1,553								
	Plan	1,666	1,785	1,762	1,773	1,795	1,795	1,578	1,901	1,594	1,662	1,661	1,945

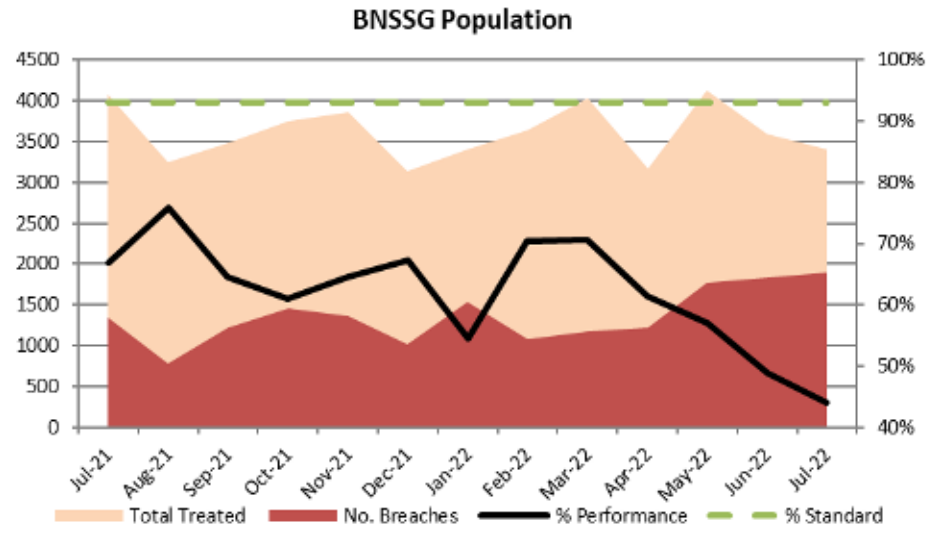
Diagnostics activity compared to plan

- This table shows the monthly activity for specific diagnostic tests at total provider level for NBT and UHBW compared to the 22/23 Operational Plan.

Worse Than (Below) Plan

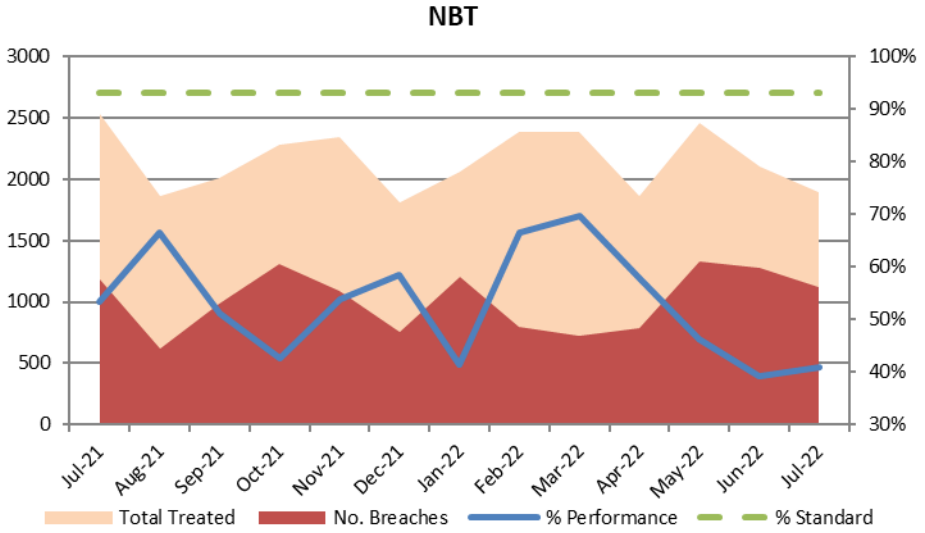
Better Than (Above) Plan

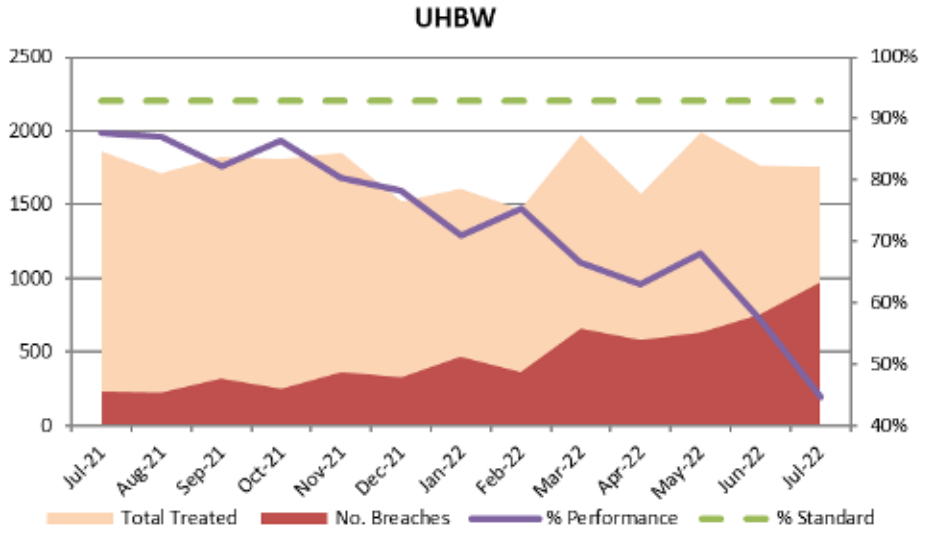
3.2 Planned Care – Cancer – 2 weeks wait – July



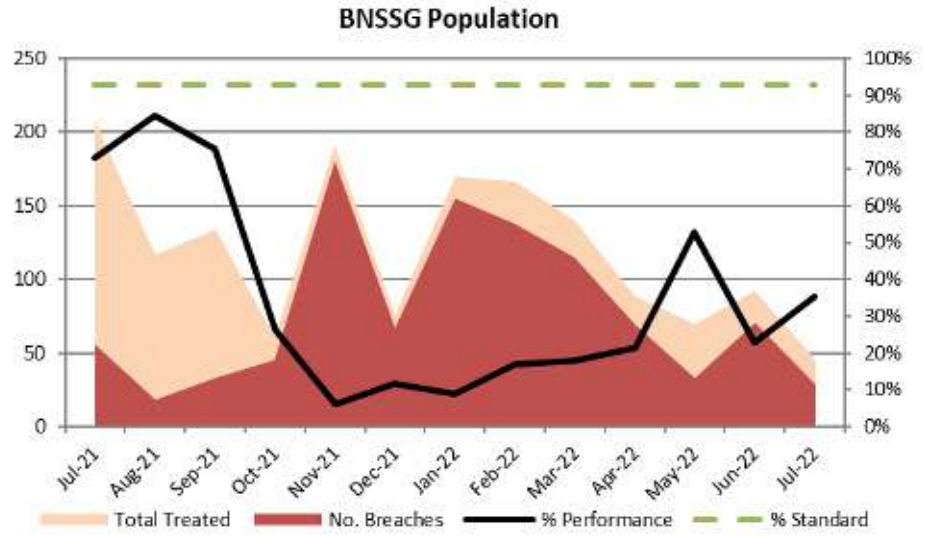
2 weeks wait standard

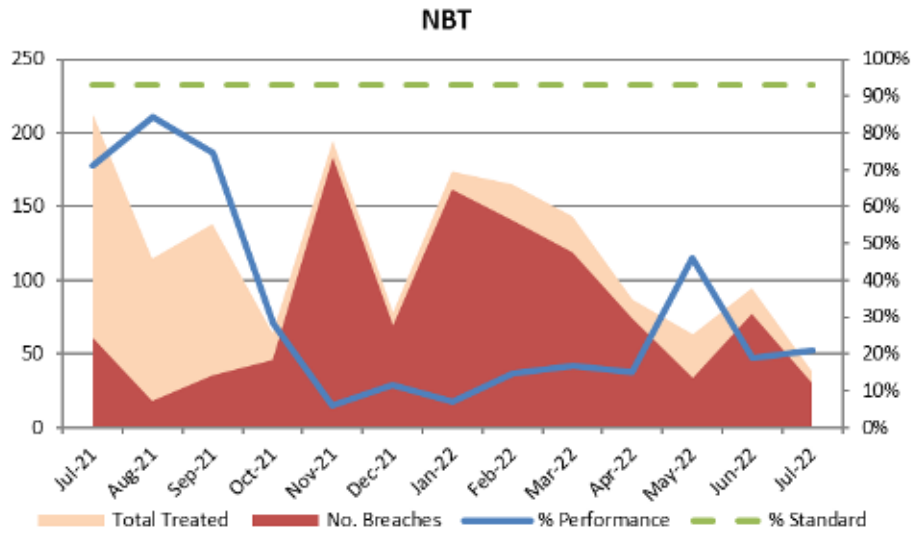
- Performance worsened at BNSSG population level from 48.9% to 44.2% in July. This is worse than the pre-COVID average (85.4%) and worse than the same period in 19/20 (81.1%).
- NBT performance improved from 39.2% to 41% but is worse than the same period in 19/20 (71.8%).
- UHBW performance worsened from 57.2% to 44.6% and is worse than the same period in 19/20 (92.5%).
- All failed the 93% Standard.





3.2 Planned Care – Cancer – 2ww breast symptoms – July





2 weeks wait – Breast Symptoms

- Performance improved at BNSSG population level from 22.8% to 35.6% in July but is worse than the same period in 19/20 (97.9%).
- NBT performance improved from 19% to 21% but is worse than the same period in 19/20 (96.8%).
- The 93% standard was last achieved in July 2020.

3.2 Planned Care – Cancer – 2 weeks wait referrals – July

2 weeks wait referrals – Main specialities

- This table shows the recovery rates of the main specialties which Covid-19 had the most impact i.e. those with the most significant decrease in weekly referrals.
- **Please Note:** The table doesn't take account of the seasonal variance in referrals. The reduction in referrals in December and January is expected and in line with reductions in previous years.
- The average number of weekly referrals each month has been compared to the pre-Covid baseline number to calculate a recovery rate.
- The 'Total' includes all 2ww referrals – not just the specialties listed in the table.

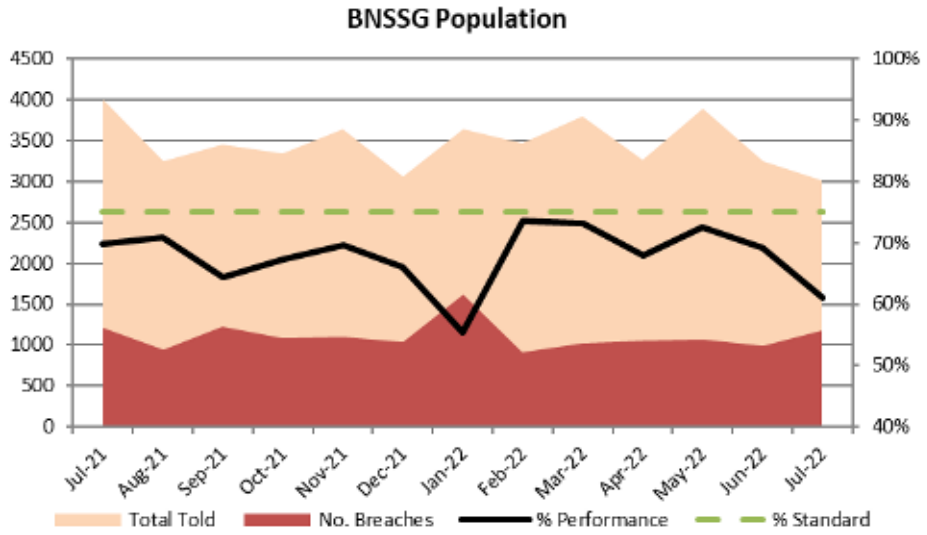
	Average number of weekly referrals each month													
Specialty	Pre-Covid Baseline	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
Breast	213	176	167	228	224	230	196	183	198	165	163	179	112	141
Gynaecology	95	87	80	80	96	92	81	75	93	95	87	102	90	98
Head and Neck	102	96	73	85	89	94	84	79	98	94	93	108	100	97
Lower GI	73	91	68	69	71	74	66	55	72	71	66	75	66	85
Lung	31	23	18	18	19	20	29	19	21	22	22	22	16	22
Skin	258	273	249	245	235	217	203	178	244	244	221	292	248	261
Upper GI	46	38	33	30	31	35	38	32	34	40	29	36	38	31
Urology	103	98	78	63	87	103	97	80	94	99	80	94	87	84
Total	963	918	803	859	884	922	827	732	908	875	790	947	775	842

	% recovery to baseline												
Specialty	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
Breast	82.63%	78.40%	107.04%	105.16%	107.98%	92.02%	85.92%	92.96%	77.46%	76.53%	84.04%	52.58%	66.20%
Gynaecology	91.58%	84.21%	84.21%	101.05%	96.84%	85.26%	78.95%	97.89%	100.00%	91.58%	107.37%	94.74%	103.16%
Head and Neck	94.12%	71.57%	83.33%	87.25%	92.16%	82.35%	77.45%	96.08%	92.16%	91.18%	105.88%	98.04%	95.10%
Lower GI	124.66%	93.15%	94.52%	97.26%	101.37%	90.41%	75.34%	98.63%	97.26%	90.41%	102.74%	90.41%	116.44%
Lung	74.19%	58.06%	58.06%	61.29%	64.52%	93.55%	61.29%	67.74%	70.97%	70.97%	70.97%	51.61%	70.97%
Skin	105.81%	96.51%	94.96%	91.09%	84.11%	78.68%	68.99%	94.57%	94.57%	85.66%	113.18%	96.12%	101.16%
Upper GI	82.61%	71.74%	65.22%	67.39%	76.09%	82.61%	69.57%	73.91%	86.96%	63.04%	78.26%	82.61%	67.39%
Urology	95.15%	75.73%	61.17%	84.47%	100.00%	94.17%	77.67%	91.26%	96.12%	77.67%	91.26%	84.47%	81.55%
Total	95.33%	83.39%	89.20%	91.80%	95.74%	85.88%	76.01%	94.29%	90.86%	82.04%	98.34%	80.48%	87.44%

<85%
85%-<95%
95%+

- Overall 2ww recovery was below the pre-Covid baseline by 12.56% in July 2022.
- Breast remains an area of concern with referrals still 33.8% below baseline levels, but did improve in the most recent month.

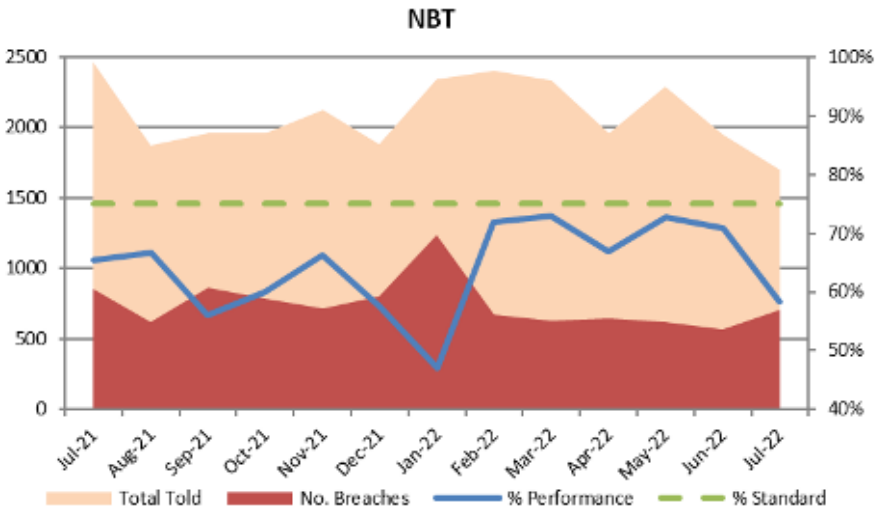
3.2 Planned Care – Cancer – 28 day FDS (All Routes) – July

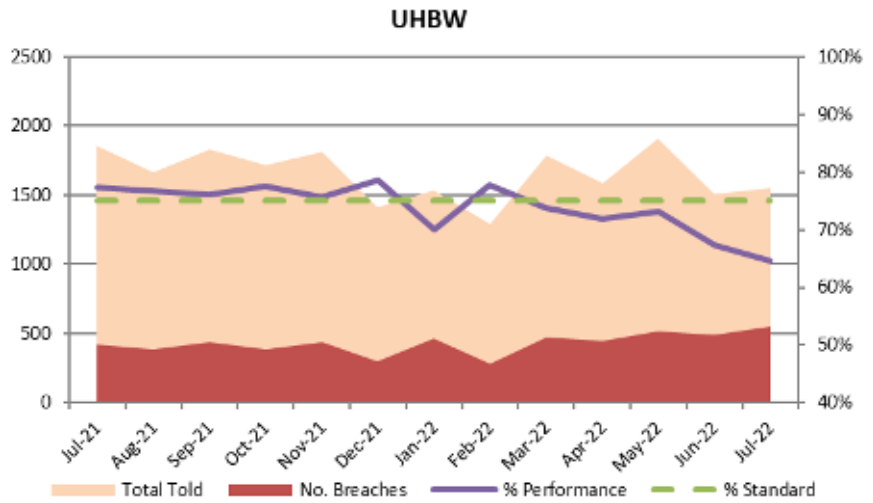


28 day Faster Diagnosis Standard (FDS) (All Routes)

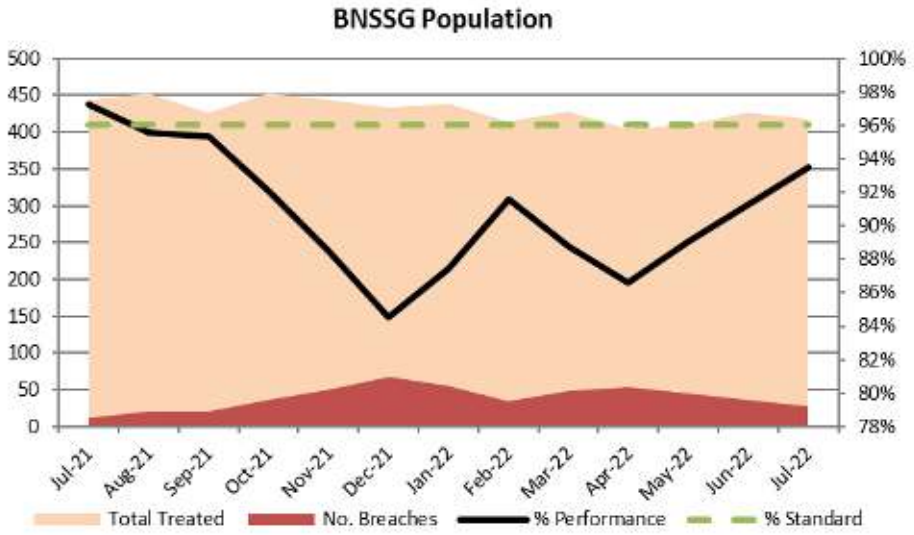
- Performance worsened at BNSSG population level from 69.3% to 61% in July.
- NBT worsened from 70.8% to 58.3%.
- UHBW worsened from 67.4% to 64.6%
- All failed to achieve the 75% standard.
- All failed the 22/23 Operational Plan (shown below) in July.

E.B.27	28 day FDS (All Routes)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
BNSSG	% Performance	68.0%	72.6%	69.3%	61.0%								
	Plan - %	75.2%	71.5%	69.1%	71.6%	71.8%	69.5%	70.3%	73.0%	71.0%	73.0%	74.0%	74.2%
NBT	% Performance	66.8%	72.8%	70.9%	58.3%								
	Plan - %	65.1%	70.3%	66.9%	70.7%	71.0%	67.6%	68.8%	72.8%	69.6%	72.7%	74.2%	74.6%
UHBW	% Performance	72.0%	73.2%	67.4%	64.6%								
	Plan - %	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%



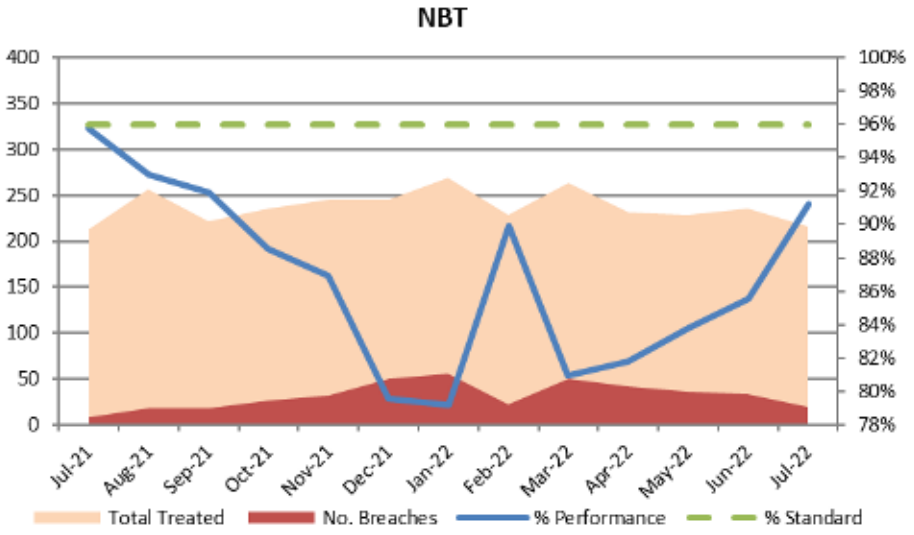


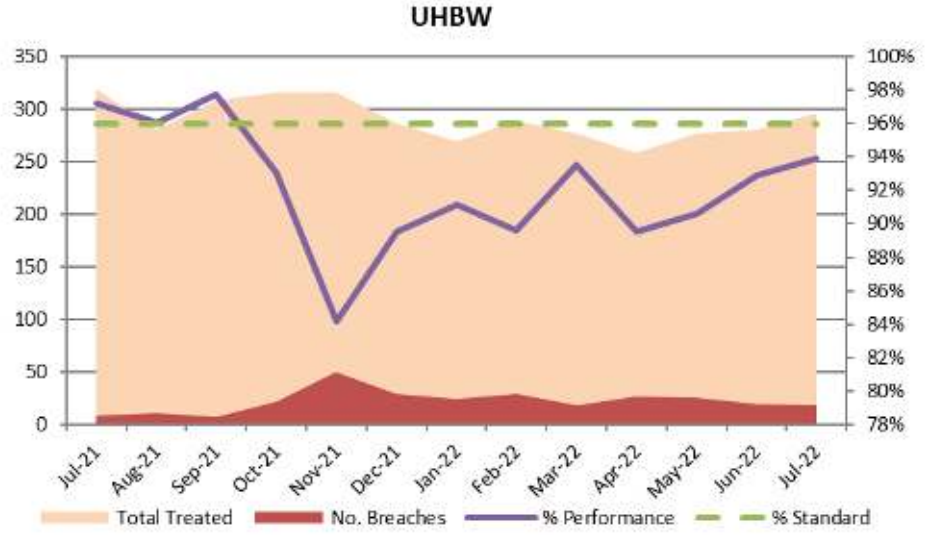
3.2 Planned Care – Cancer – 31 days first treatment – July



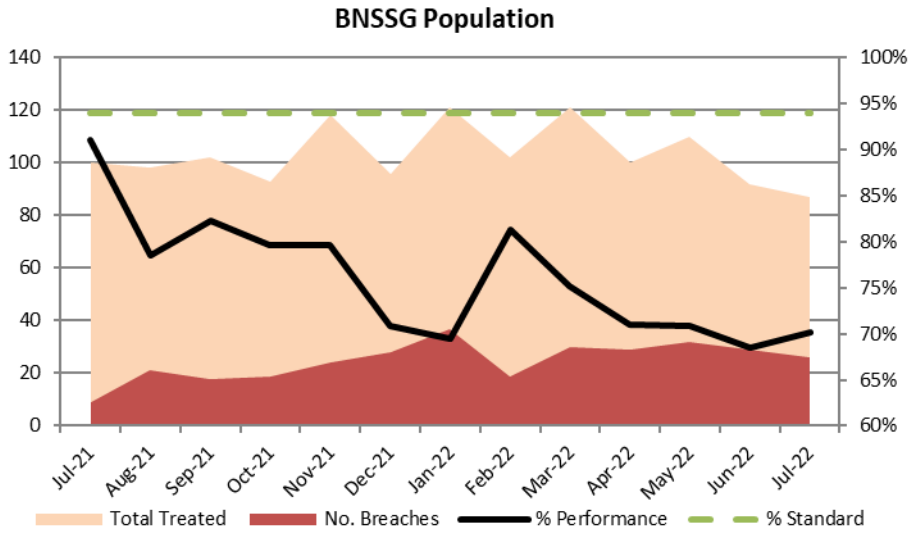
<u>31 days first treatment standard</u>

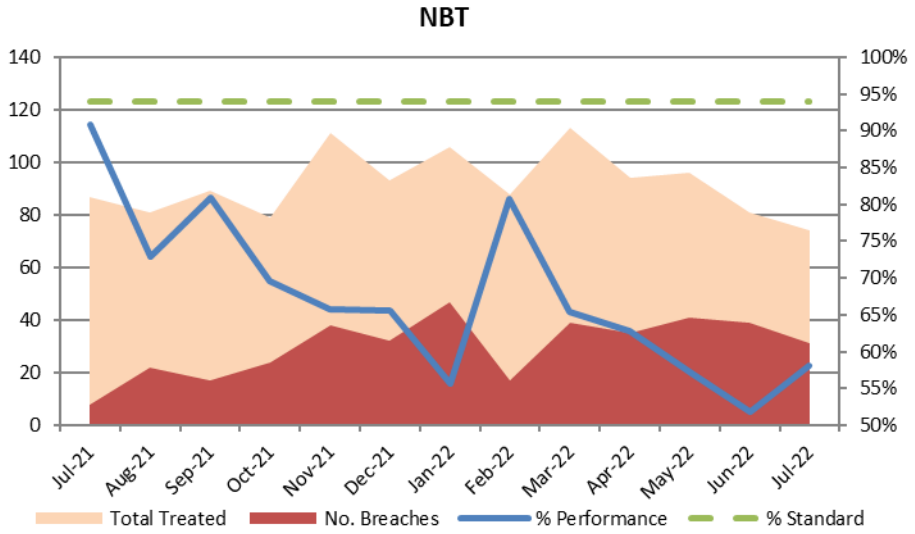
- Performance improved at BNSSG population level from 91.3% to 93.5% in July but is worse than the same period in 19/20 (94.9%).
- NBT performance improved from 85.3% to 91.2% and is better than the same period in 19/20 (90.4%).
- UHBW performance improved from 92.9% to 93.9% but is worse than the same period in 19/20 (97.4%).
- All failed the 96% standard.





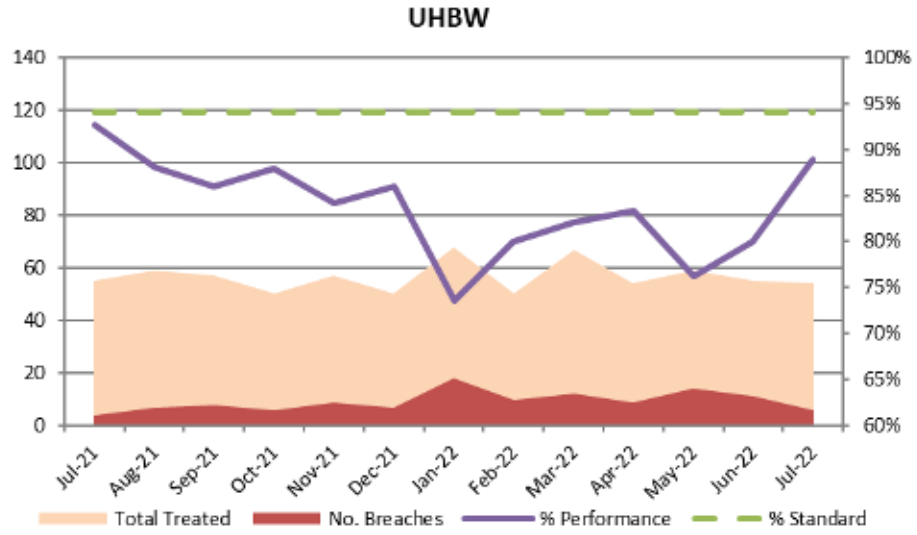
3.2 Planned Care – Cancer – 31 days surgery – July



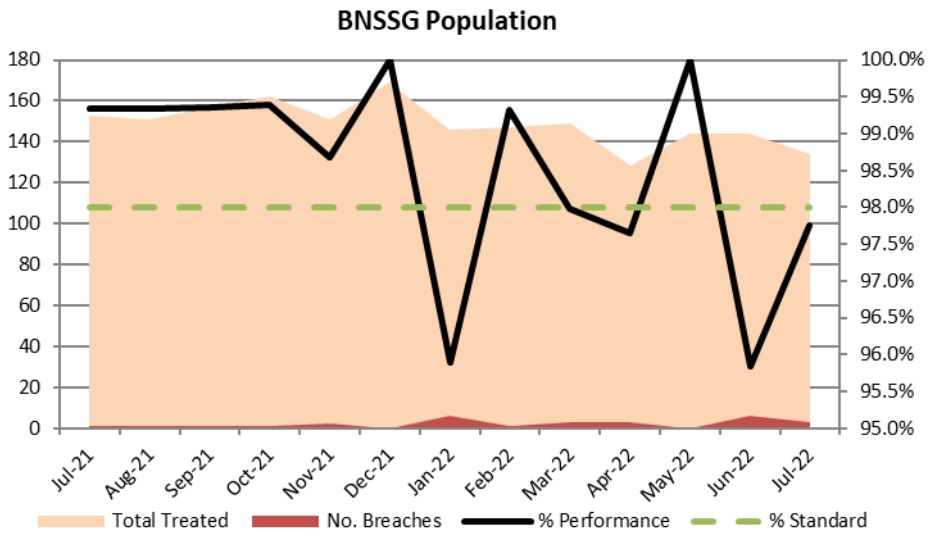


31 days subsequent treatment - Surgery

- Performance improved at BNSSG population level from 68.5% to 70.1% in July but is worse than the same period in 19/20 (87.8%).
- NBT performance improved from 51.9% to 58.1% but is worse than the same period in 19/20 (77.9%).
- UHBW performance improved from 80% to 88.9% but is worse than the same period in 19/20 (90.1%).
- All failed the 94% standard.

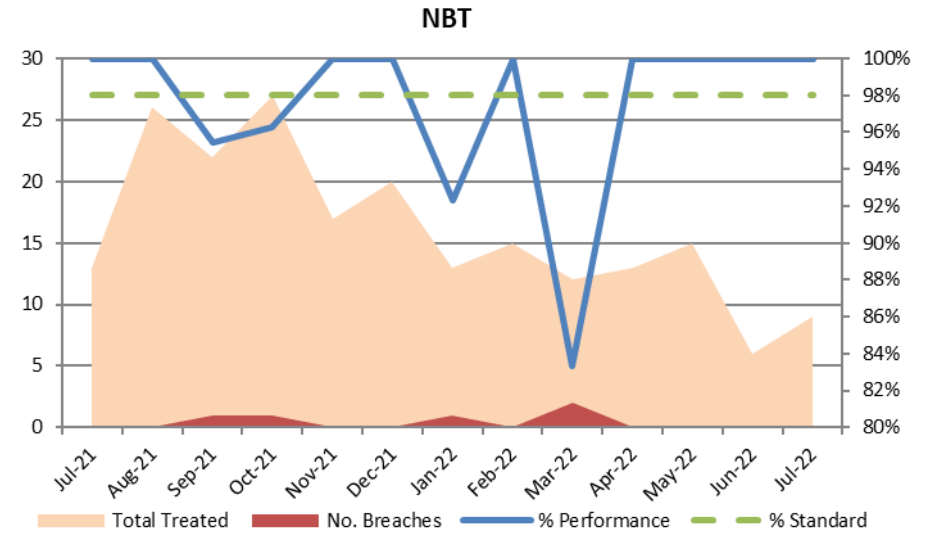


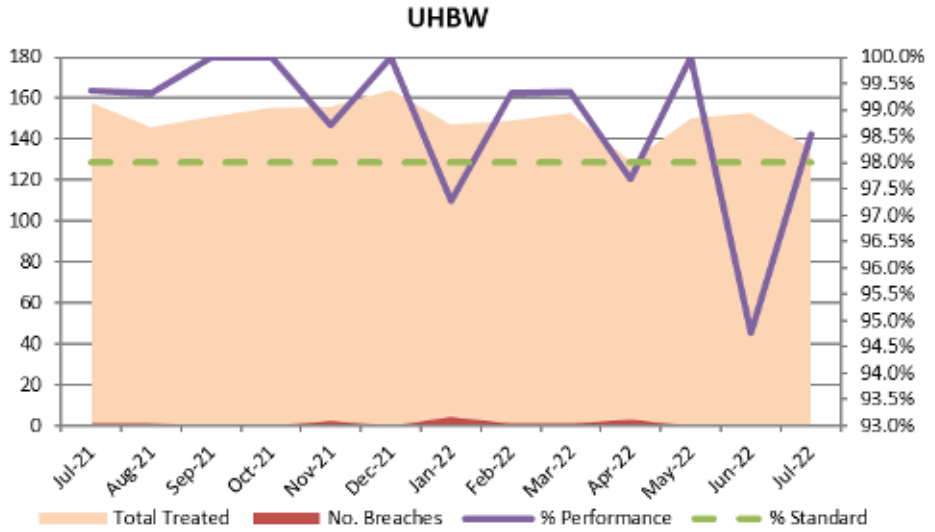
3.2 Planned Care – Cancer – 31 days drugs – July



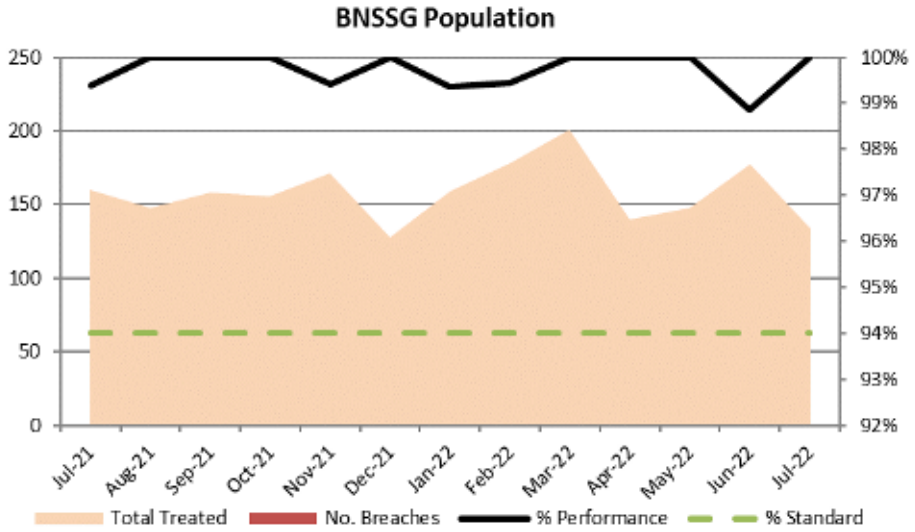
<u>31 days subsequent treatment - Drugs</u>

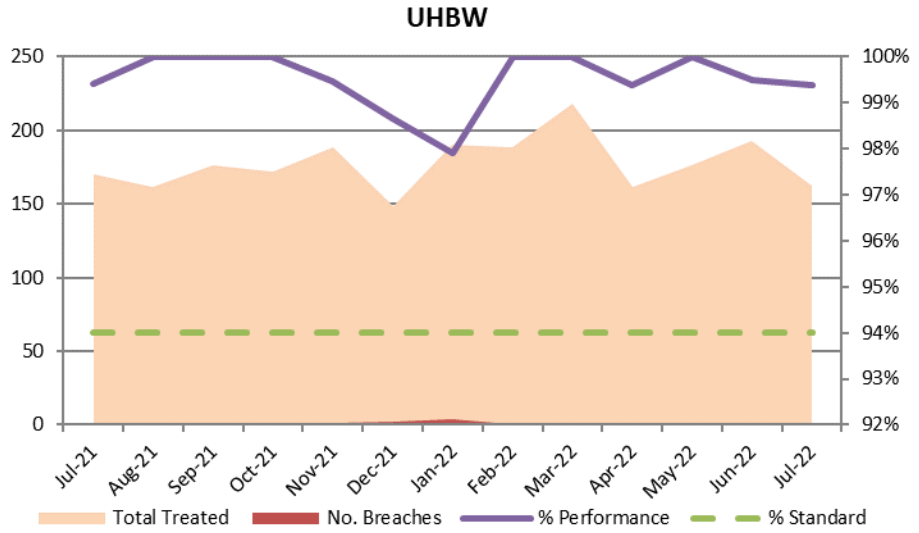
- Performance at BNSSG population level improved from 95.8% to 97.8% in July but is worse than the same period in 19/20 (99%)
- NBT performance was maintained at 100% and is the same as the same period in 19/20 (100%).
- UHBW performance improved from 94.8% to 98.5% but is worse than the same period in 19/20 (99.1%).
- NBT & UHBW achieved the 98% target.





3.2 Planned Care – Cancer – 31 days radiotherapy – July

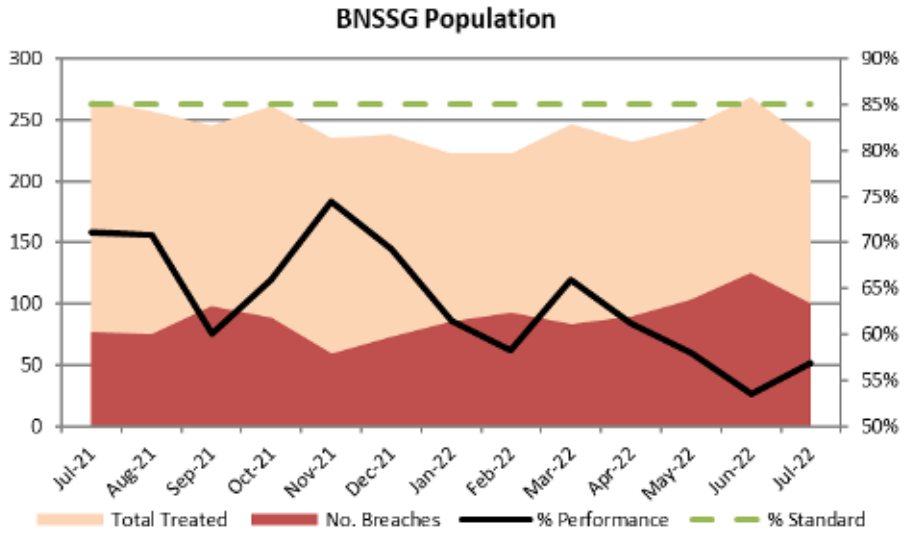




31 days subsequent treatment - Radiotherapy

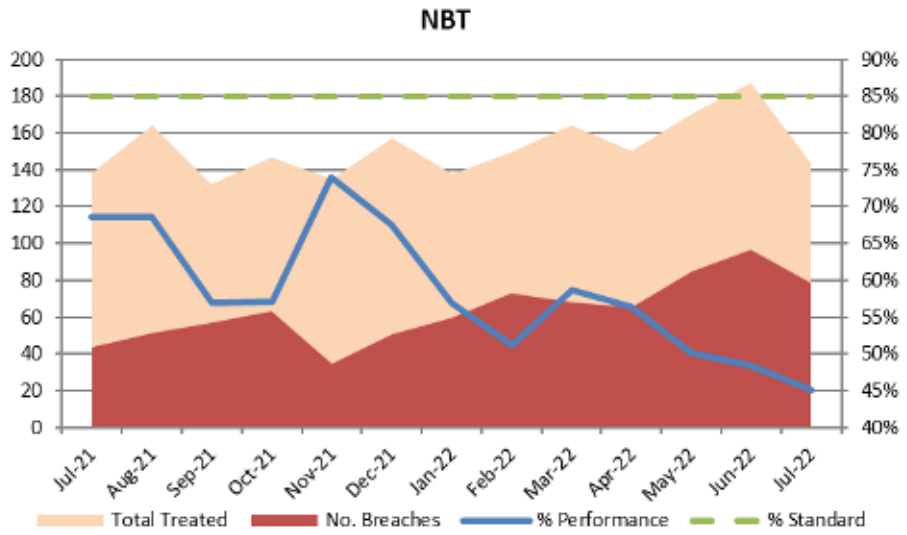
- Performance at BNSSG improved from 98.9% to 100% in July and is better than the same period in 19/20 (94.3%).
- UHBW performance worsened from 99.5% to 99.4% but is better than the same period in 19/20 (94.5%).
- Both continue to achieve the 94% standard.

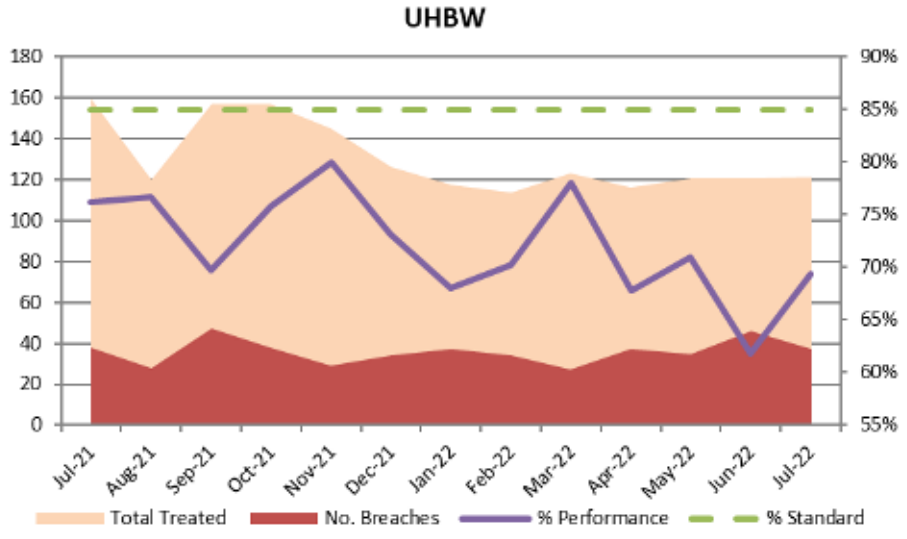
3.2 Planned Care – Cancer – 62 days wait – July



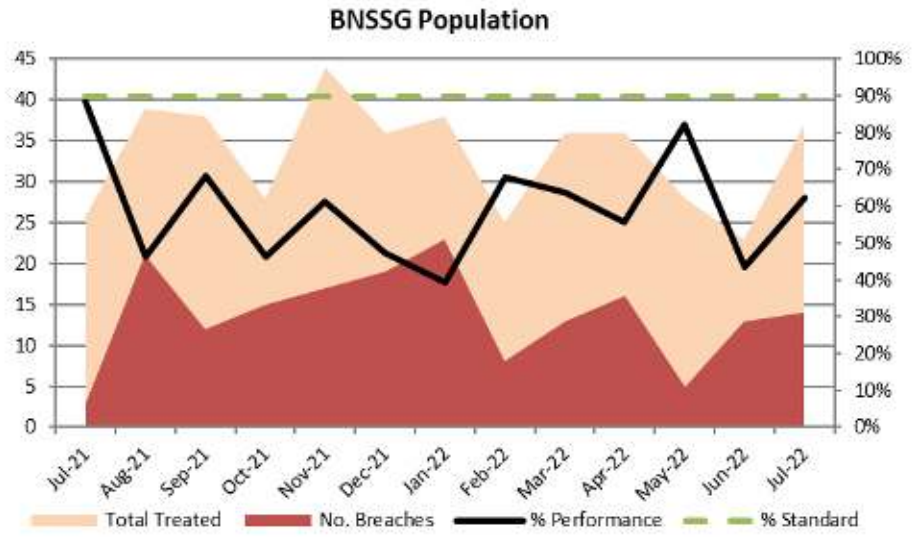
62 days wait standard

- Performance improved at BNSSG population level from 53.5% to 56.9% in July but is worse than the same period in 19/20 (80.6%).
- NBT performance worsened from 48.4% to 45.1% and is worse than the same period in 19/20 (74.1%).
- UHBW performance improved from 61.8% to 69.4% but is worse than the same period in 19/20 (85.2%).
- All continue to fail the 85% standard.



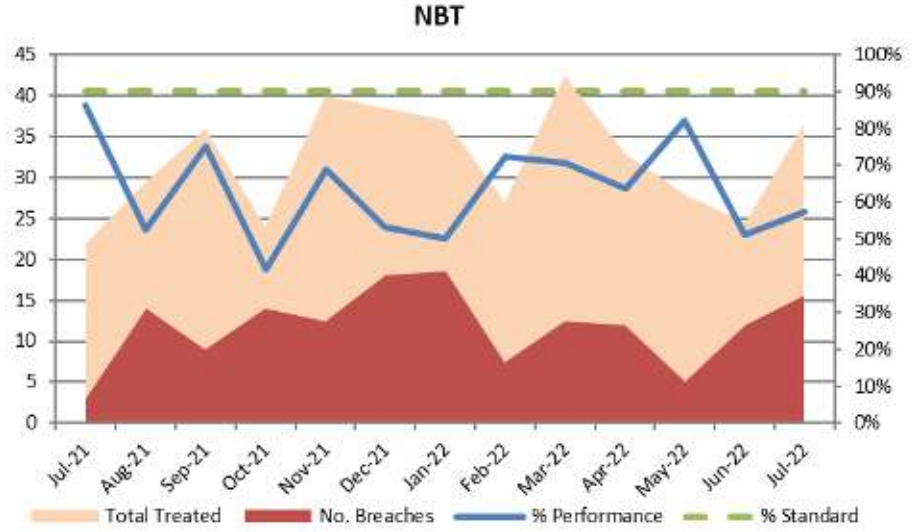


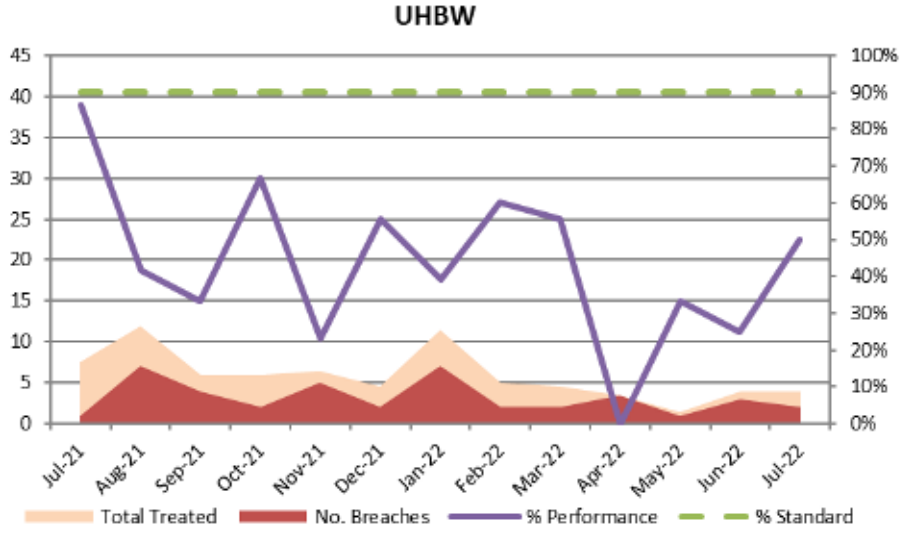
3.2 Planned Care – Cancer – 62 days wait NHS screening – July



62 days wait NHS Screening

- Performance improved at BNSSG population level from 43.2% to 62.2% in July but is worse than the same period in 19/20 (80.7%).
- NBT performance improved from 51% to 57.3% but is worse than the same period in 19/20 (85%).
- UHBW performance improved from 25% to 50% but is worse than the same period in 19/20 (69.2%).
- All continue to fail the 90% standard.
- Performance can vary greatly from month to month due to the very low numbers.





3.2 Planned Care – Cancer – Activity compared to Plan

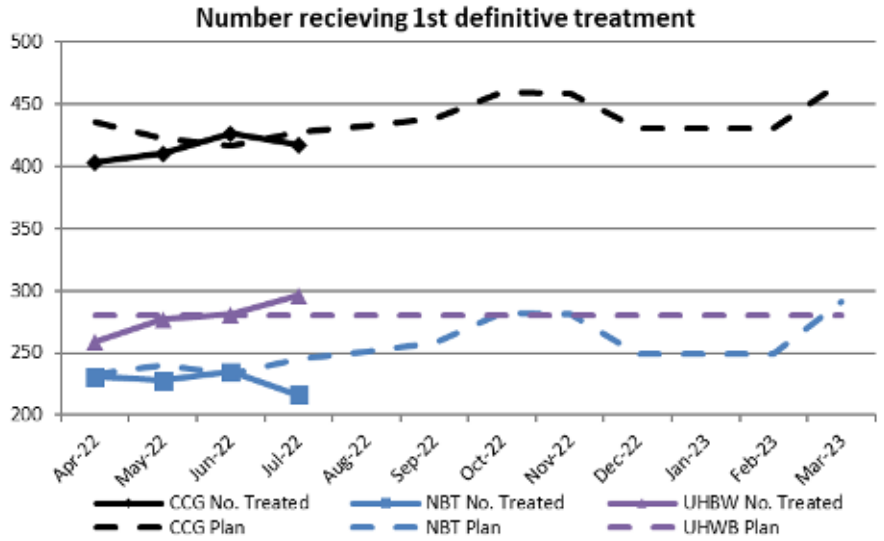
Cancer activity compared to plan

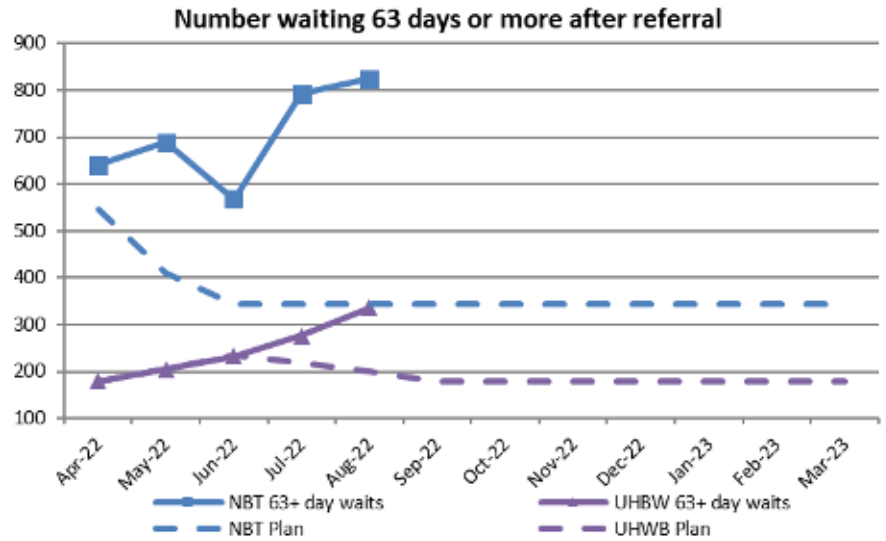
- This slide shows monthly cancer activity at BNSSG population level and total provider level for NBT and UHBW compared to the 22/23 Operational Plan.
- Please note there are some data quality issues with NBT's reported figures for E.B.32 Number of patients waiting 63 days or more. The reported figures are higher than expected and will be updated once the data quality process has been completed.

		22/23 Operational Plan											
E.B.31	**Treatment Volumes**	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
BNSSG	**No. receiving 1st treatment**	403	410	426	417								
	Plan	435	422	416	427	432	438	459	458	430	430	430	467
NBT	**No. receiving 1st treatment**	231	228	235	216								
	Plan	233	240	233	245	251	258	282	281	249	249	249	291
UHBW	**No. receiving 1st treatment**	259	277	281	296								
	Plan	280	280	280	280	280	280	280	280	280	280	280	280
E.B.32	**Number waiting 63+ days**	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NBT	**Number waiting 63+ days**	641	689	568	793	824							
	Plan	546	410	345	345	345	345	345	345	345	345	345	345
UHBW	**Number waiting 63+ days**	179	205	233	276	337							
	Plan	179	205	235	220	200	180	180	180	180	180	180	180

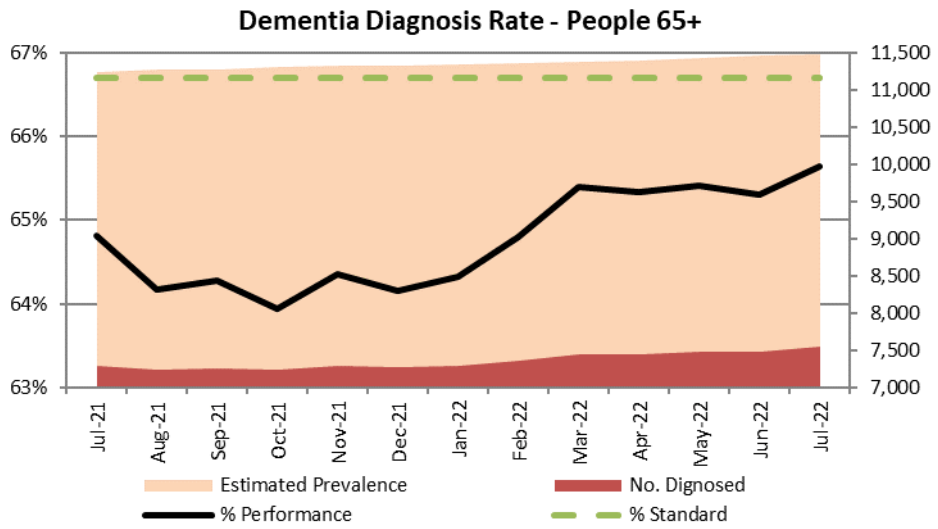
Worse than Plan

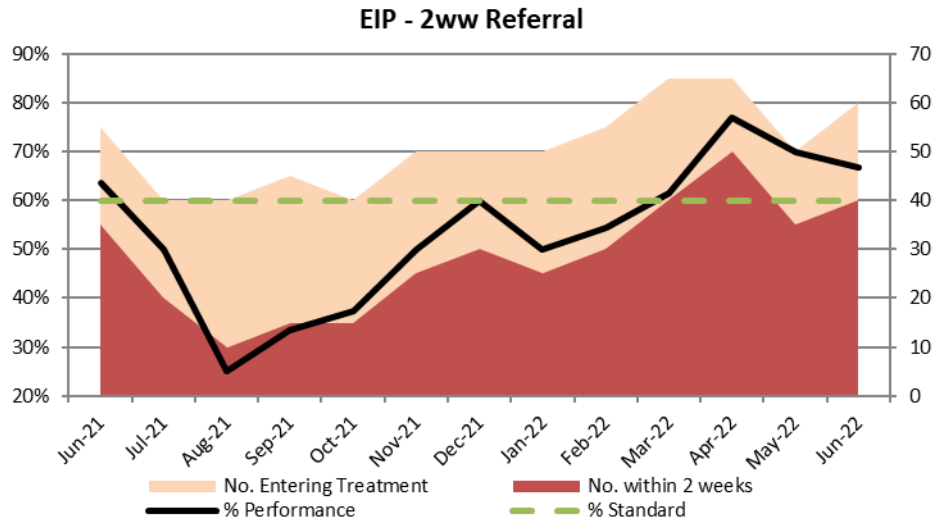
Better than Plan





3.3 Mental Health – Dementia (July) & EIP (June)





Dementia – Estimated Diagnosis rate for people aged 65+

- BNSSG performance improved slightly from 65.3% to 65.6% in July.
- The 66.7% national standard has not been achieved since April 2020. However, performance continues to be better than the average for the South West (57.4%) and England (62.0%).
- BNSSG continues to be ranked best in the South West out of the 7 STPs.
- Covid-19 has led to unprecedented changes in the work and behaviour of General Practices and as a result this will have impacted on this data, including the diagnosis rate, the extent of which is unable to be estimated.

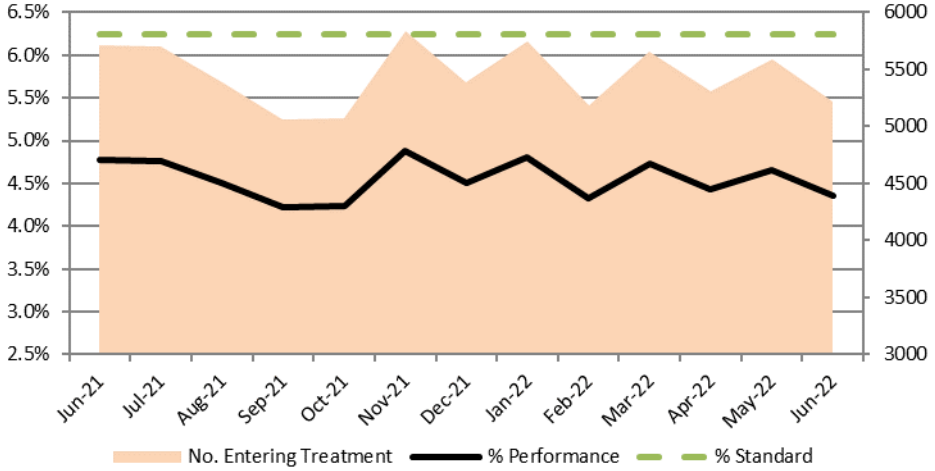
EIP – Psychosis treated with a NICE approved care package within two weeks of referral

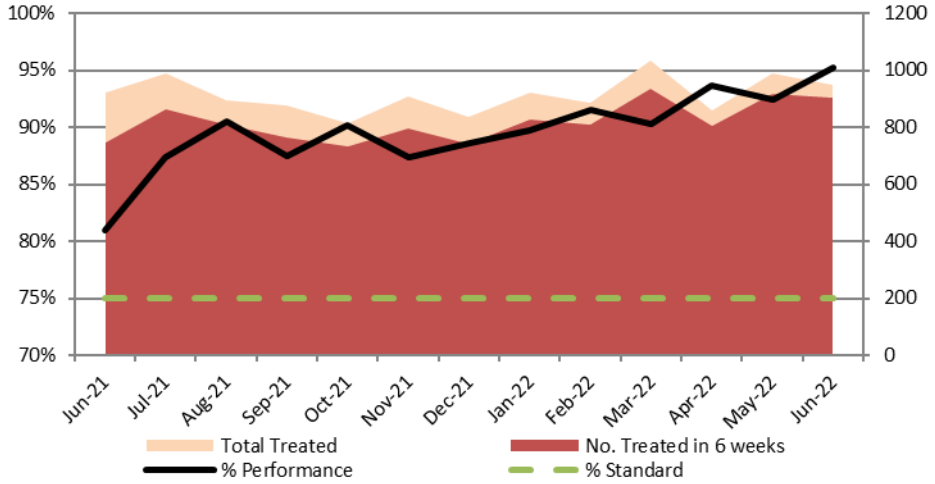
- BNSSG performance worsened from 70% in May to 66.7% in June.
- The 60% national standard continues to be achieved.

3.3 Mental Health – IAPT – June

IAPT Roll Out (rolling 3 months)

BNSSG performance worsened from 4.7% to 4.4% in June and continues to fail the 6.25% national standard.



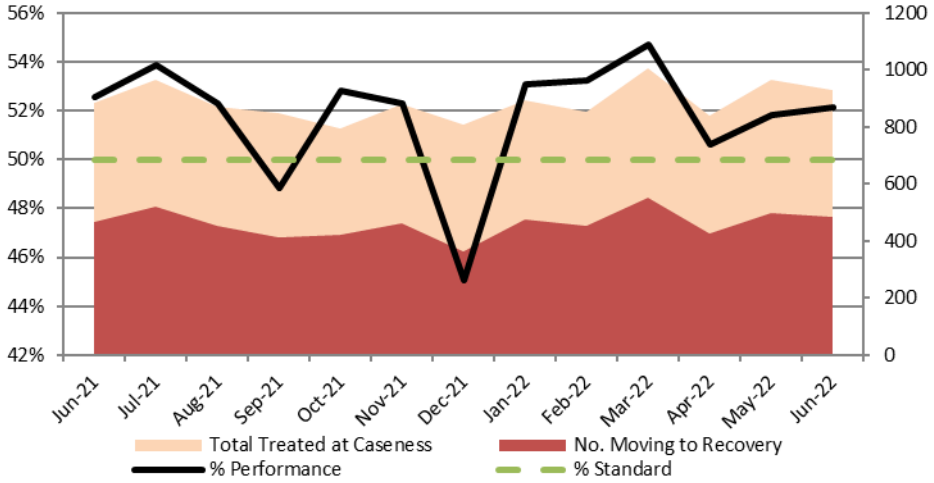


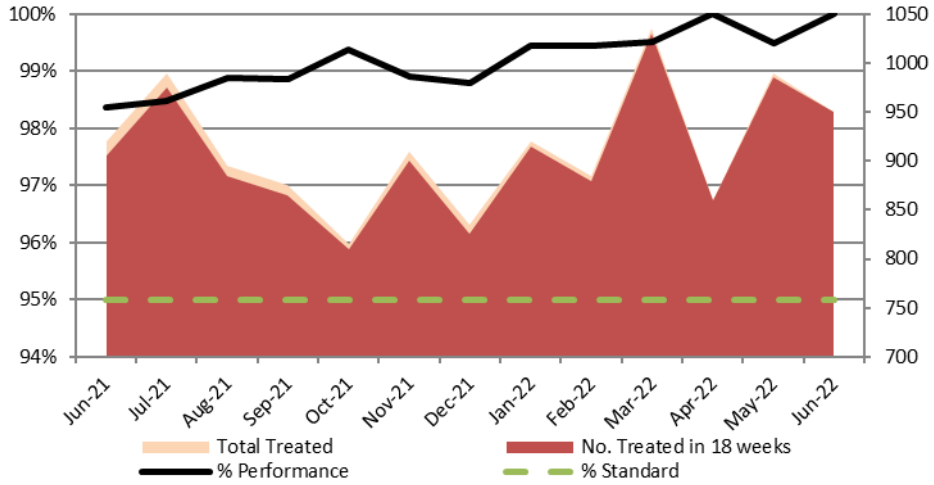
IAPT Waiting Times – 6 weeks

BNSSG performance improved from to 92.4% to 95.3% in June. The 75% national standard has continued to be achieved since June 2021.

IAPT Recovery Rate

BNSSG performance improved from 51.8% to 52.2% in June and continues to achieve the 50% national standard.





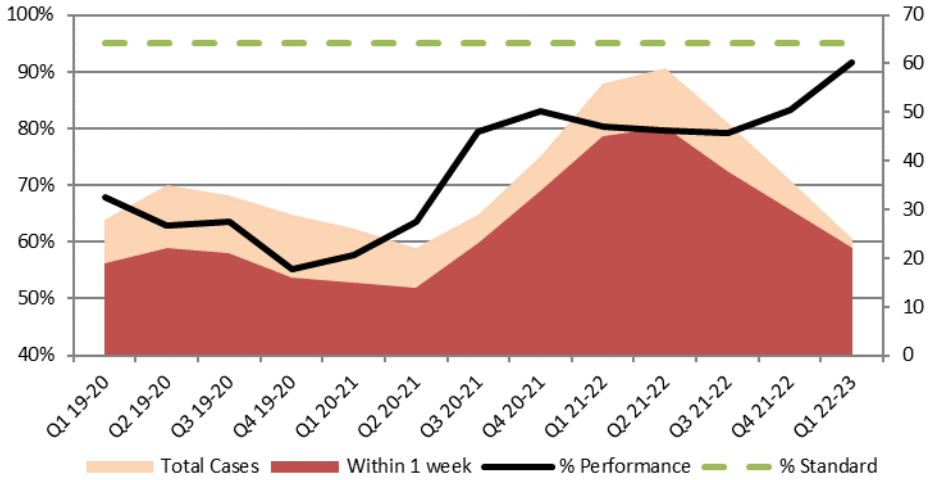
IAPT Waiting Times – 18 weeks

BNSSG performance improved from 99.5% to 100% in June. The 95% national standard has continued to be achieved since April 2021.

3.3 Mental Health – Children & Young People (CYP)

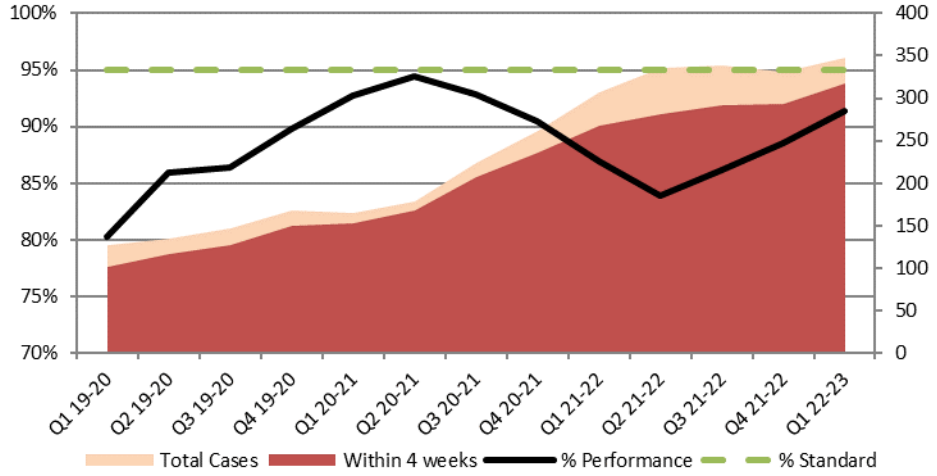
CYP with ED – Urgent Cases within 1 week (12 month rolling)

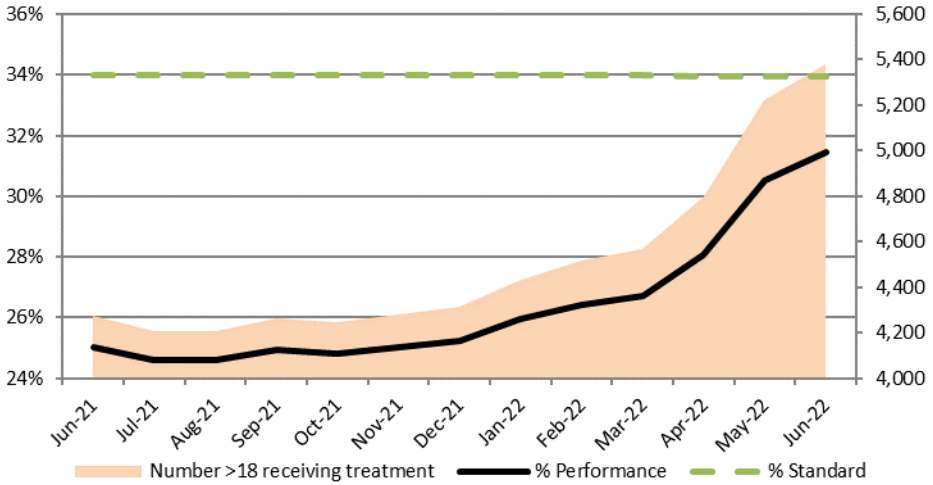
- BNSSG Performance improved from 83.3% at Q4 to 91.7% in Q1. In Q1, 22 out of 24 CYP started treatment within 1 week.
- The 95% national standard continues to be failed.
- BNSSG Performance is better than the average for the South West (35.9%) and England (68.1%).



CYP with ED – Routine Cases within 4 weeks (12 month rolling)

- BNSSG Performance improved from 88.5% at Q4 to 91.4% at Q1. In Q1, 317 out of 347 CYP started treatment within 4 weeks.
- The 95% national standard continues to be failed.
- BNSSG performance continues to be better than the average for the South West (70.8%) and England (68.9%).

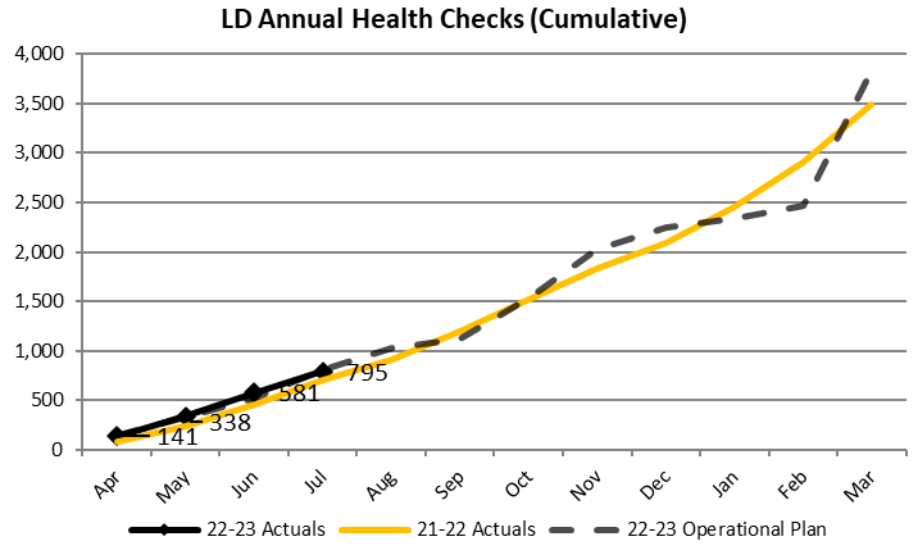


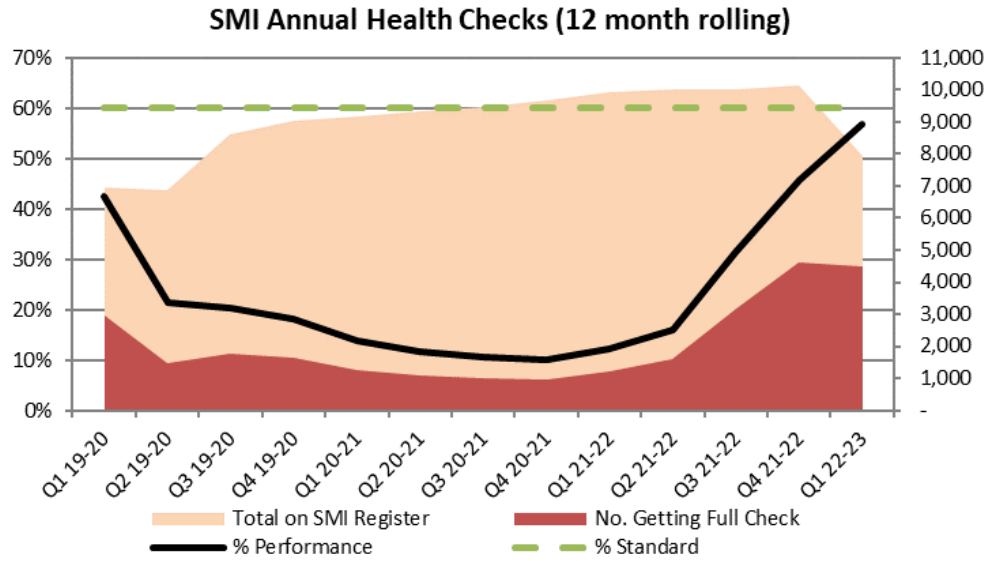


Improving Access to CYP Mental Health services (CYPMH) (2+ contacts)

- Performance is reported on a 12 month rolling basis.
- BNSSG performance Improved from 30.5% to 31.5% in June but continues to fail the 34% national standard.
- The monthly number of BNSSG CYP receiving at least two contacts decreased from 955 in May to 560 in June.

3.3 Mental Health – LD Annual Health Checks & SMI Physical Health Checks





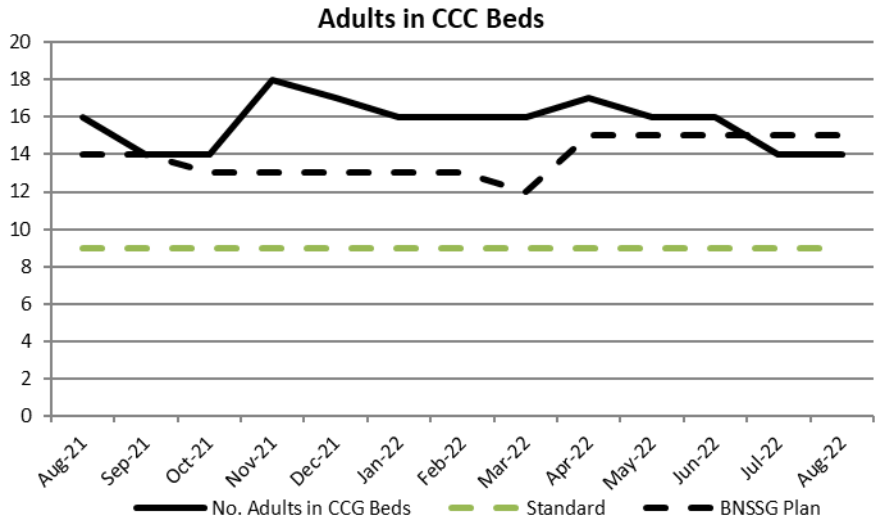
Annual Health Checks (AHC) delivered by GPs for those on the LD register aged 14+ in the period (July YTD)

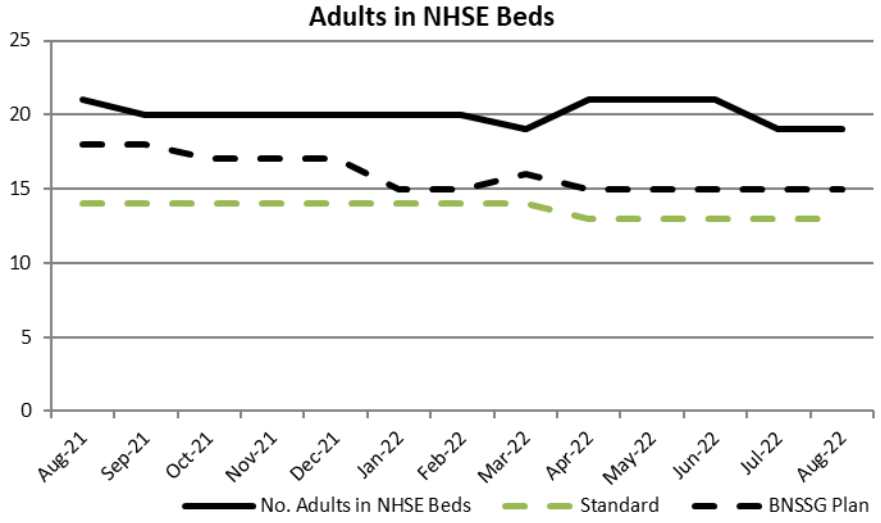
- Performance is reported on a year to date basis.
- The national standard is to achieve 75% by March 2024.
- The 22/23 Operational Plan has been set to achieve the national standard of 75% one year earlier. We are currently on track to achieve this.
- At the end of July, 795 health checks had been completed. This is just 11 fewer than the operational plan of 806.

People with a severe mental illness receiving a full annual physical health check and follow-up interventions (Rolling 12 Months)

- Performance is reported on a 12 month rolling basis.
- BNSSG Performance improved from 45.7% at Q4 to 56.8% at Q1.
- The 60% standard continues to be failed.
- This is better than both the South West average (42.6%) and the England average (43.5%).

3.3 Mental Health – Reliance on inpatient care – August





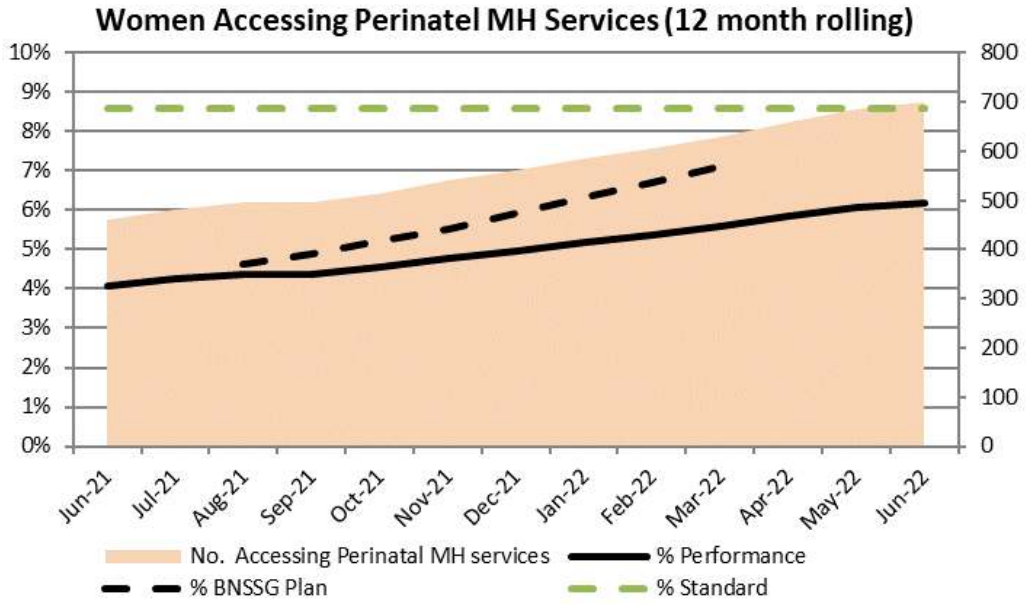
Reliance on inpatient care for people with a LD and/or autism - Adults in CCG beds

- BNSSG Performance remained at 14 adults in CCG beds in August.
- The BNSSG plan of 15 adults in CCG beds was achieved.
- The national standard of 9 adults in CCG beds continues to be failed.

Reliance on inpatient care for people with a LD and/or autism - Adults in NHSE beds

- BNSSG Performance remained at 19 adults in NHSE beds in August.
- The national standard of 13 adults in NHSE beds continues to be failed.
- The BNSSG plan of 15 adults was failed.

3.3 Mental Health – Perinatal – June



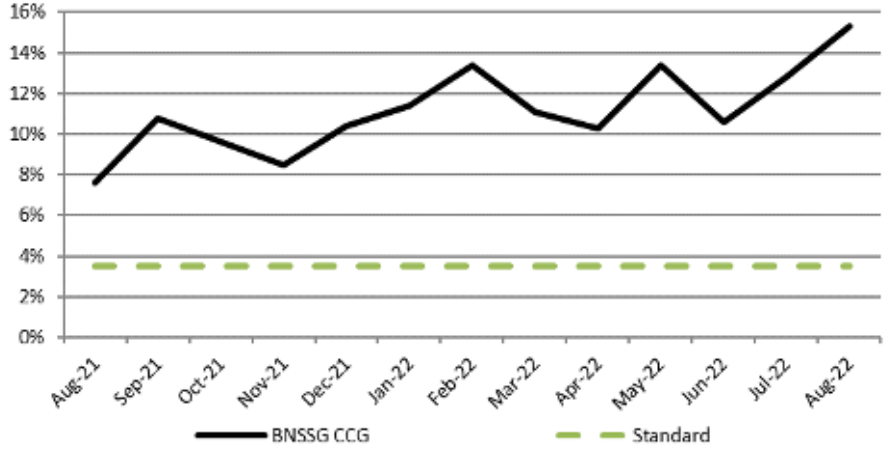
Number of Women Accessing Perinatal Mental Health Services

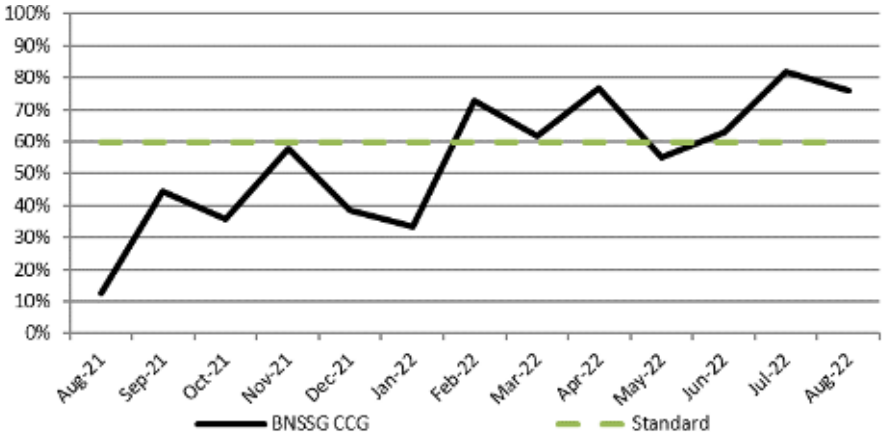
- Performance is reported on a 12 month rolling basis.
- BNSSG Performance improved from 6.1% to 6.2% in June.
- The 8.6% national standard continues to be failed.

3.3 Mental Health – AWP

Delayed Transfers of Care

- BNSSG performance worsened from 12.8% to 15.3% in August and is worse than the same period in 19/20 (3%).
- The 3.5% standard continues to be failed.



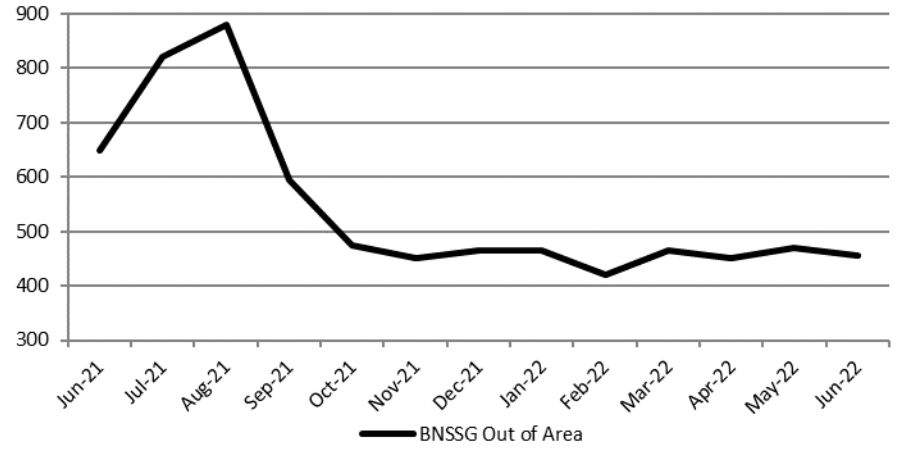


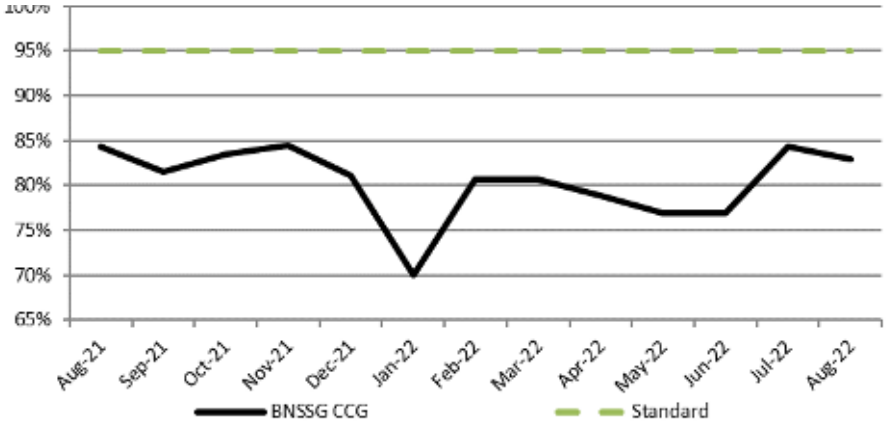
Early Intervention

- BNSSG performance worsened from 81.8% to 76.1% in August but is better than the same period in 19/20 (75%)
- The 60% standard was achieved.

CCG Out of Area Placement (OAP) Bed Days

- BNSSG out of area placements improved from 470 in May to 455 in June but is better than the same period in 19/20 (650).

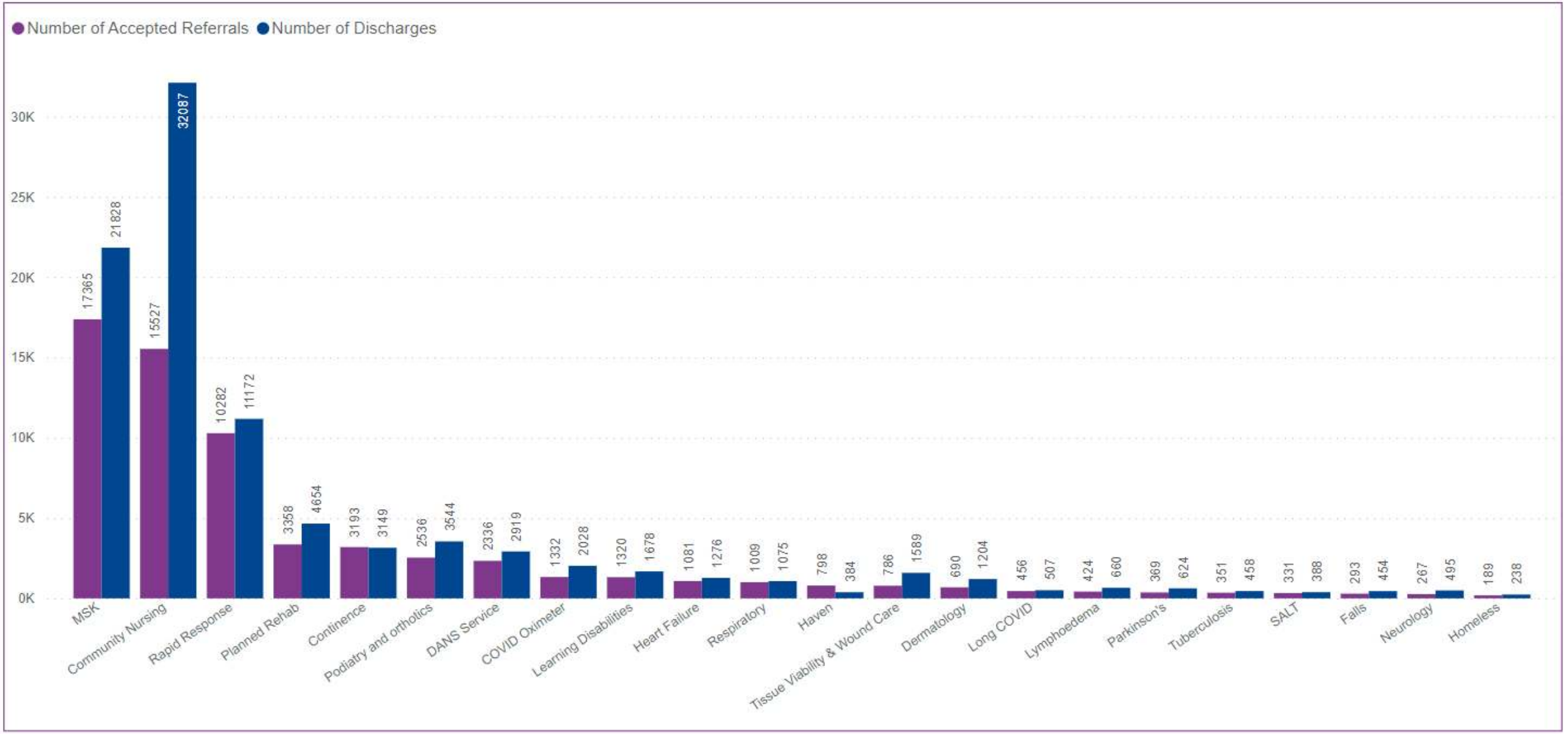




Referral to Assessment – 4 Week Waits

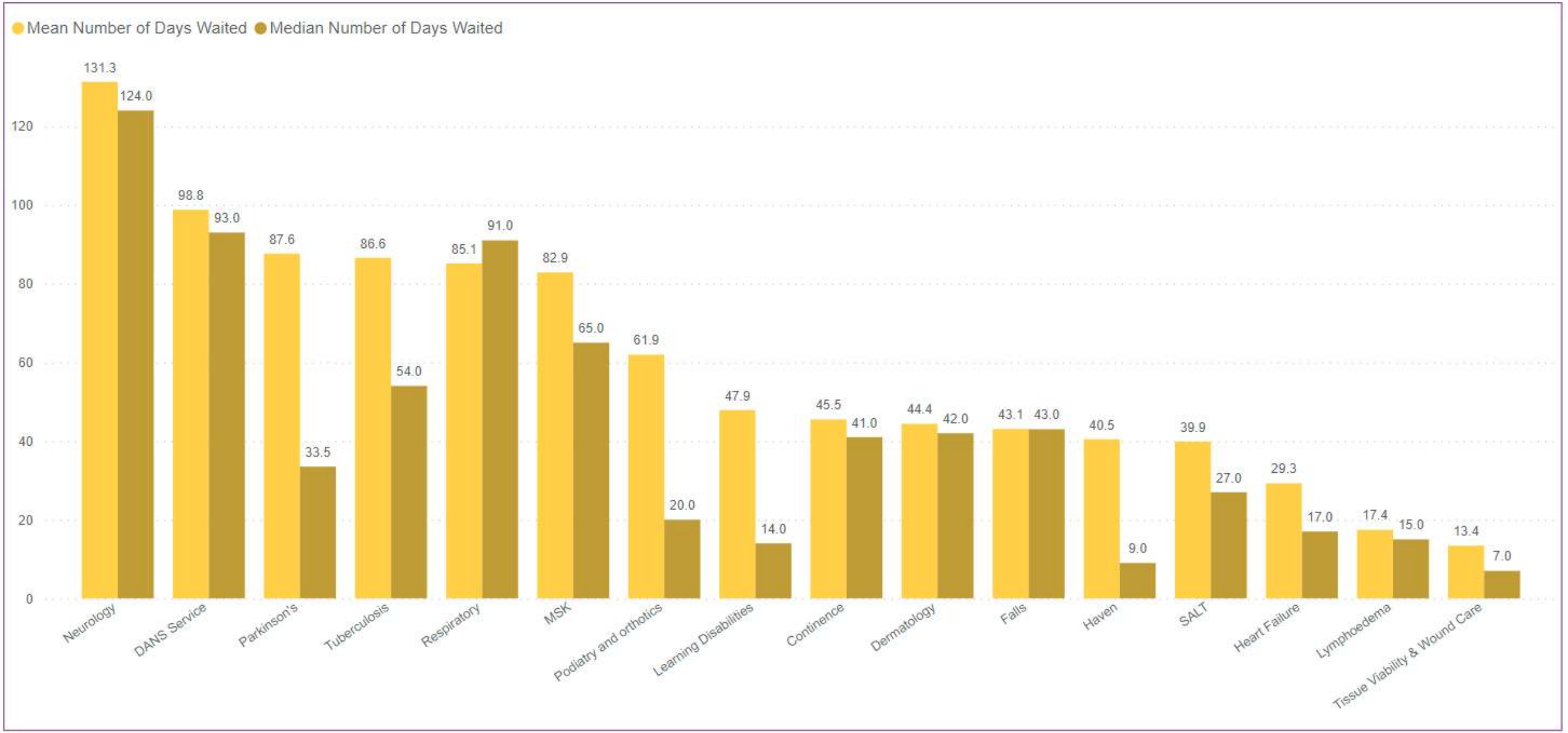
- BNSSG performance worsened from 84.3% to 82.9% in August and is worse than the same period in 19/20 (96.7%).
- The 95% standard has been failed since July 2021.

3.4 Sirona – Adults Community Services – Referrals – August YTD



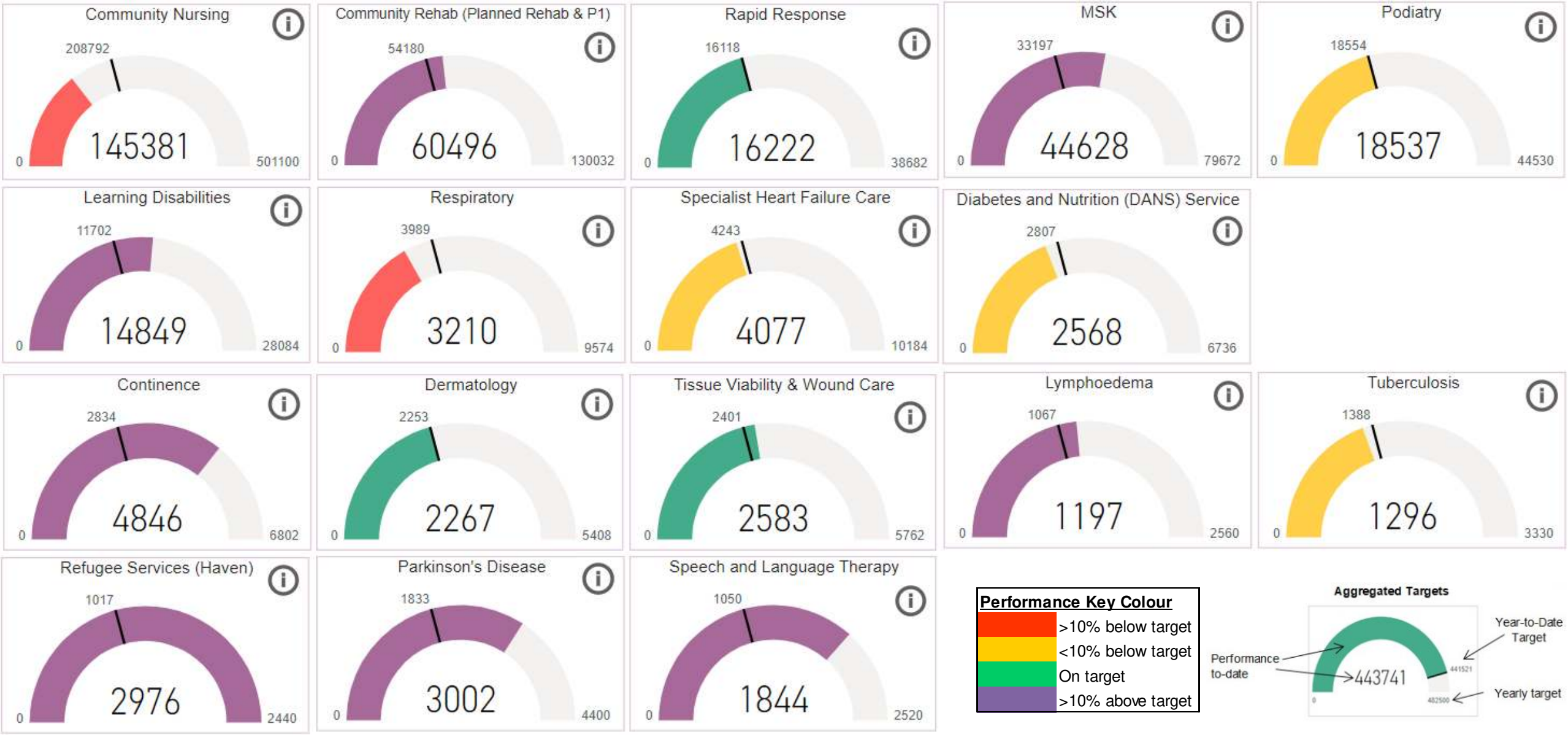
Data source: Sirona Adults Contractual Reporting Dashboard 2022/23 – Number of Accepted Referrals and Discharges

3.4 Sirona – Adults Community Services – Waiting Times – August YTD



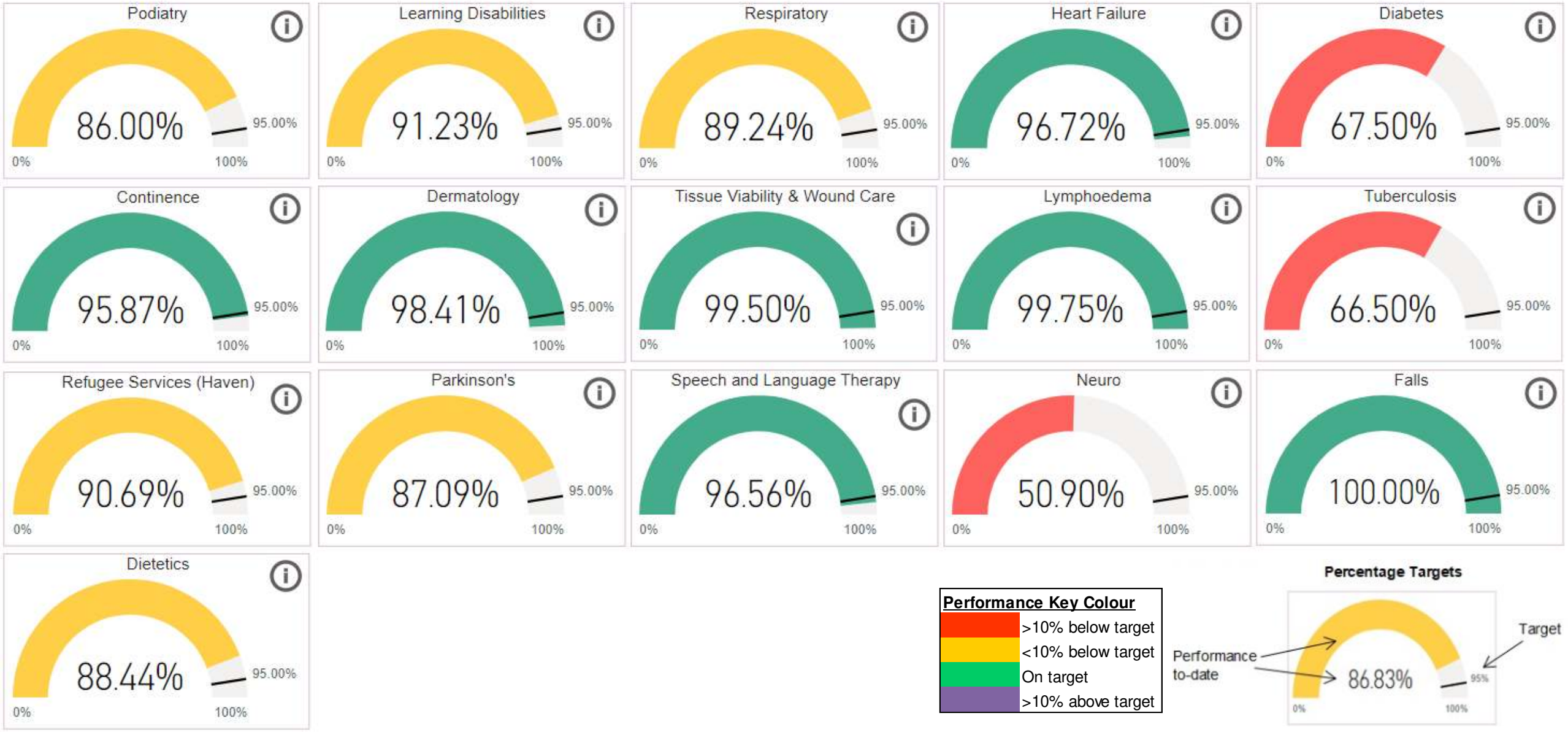
Data source: Sirona Adults Contractual Reporting Dashboard 2022/23 – Average Waiting Times

3.4 Sirona – Adults Community Services – Contacts – August YTD



Data source: Sirona Adults Contractual Reporting Dashboard 2022/23 – Number of Contacts Compared to Target

3.4 Sirona – Adults Community Services – Seen within 18 weeks – August YTD



Data source: Sirona Adults Contractual Reporting Dashboard 2022/23 – Percentage of patients seen within 18 weeks compared to 95% Target

4.1 South West Performance Benchmarking

Measure	Performance/Activity								South West Ranking								Change	
	Recent Period	BSW	Dorset	Glos	Kernow	Somerset	BNSSG	Devon	National	BSW	Dorset	Glos	Kernow	Somerset	BNSSG	Devon	Rank Last Month	
Diagnostics (Waiting 6+ Weeks)	Jul-22	40.51%	22.55%	21.14%	38.22%	29.24%	38.36%	35.84%	27.90%	7	2	1	5	3	6	4	5	↓
A&E 4 Hour Performance	Aug-22	71.36%	70.98%	71.45%	76.31%	76.29%	61.78%	61.21%	71.40%	4	5	3	1	2	6	7	6	→
A&E 12 Hour Trolley Waits	Aug-22	66	108	674	678	177	815	1203	28,756	1	2	4	5	3	6	7	7	↑
RTT Incomplete 18 Weeks	Jul-22	62.89%	59.29%	72.33%	61.18%	63.41%	65.70%	53.93%	61.03%	4	6	1	5	3	2	7	2	↑
RTT Incomplete Total	Jul-22	89,139	94,194	63,549	61,976	54,532	85,759	162,614	6,838,673	60.1%	71.0%	23.1%	74.2%	51.2%	68.7%	92.3%	59%	↓
RTT Incomplete 52 Week Plus	Jul-22	3,390	5,200	1,447	4,067	2,894	5,135	15,459	377,689	3	6	1	4	2	5	7	5	→
Cancer 2 Week (All)	Jul-22	75.60%	58.40%	87.70%	84.90%	55.50%	44.10%	71.70%	77.80%	3	5	1	2	6	7	4	7	→
Cancer 2 week (Breast)	Jul-22	92.50%	96.50%	93.50%	2.60%	56.10%	35.60%	38.80%	68.50%	3	1	2	7	4	6	5	6	→
Cancer 31 Day Wait First Treatment	Jul-22	95.96%	97.34%	96.09%	94.39%	93.43%	93.53%	92.84%	92.90%	3	1	2	4	6	5	7	6	↑
Cancer 31 Day Wait - Surgery	Jul-22	80.56%	90.00%	80.00%	89.86%	89.47%	70.11%	82.84%	82.10%	5	1	6	2	3	7	4	7	→
Cancer 31 Day Wait - Drug	Jul-22	94.52%	98.18%	100.00%	98.97%	98.55%	97.76%	99.22%	98.30%	7	5	1	3	4	6	2	7	↑
Cancer 31 Day Wait - Radiotherapy	Jul-22	93.44%	99.30%	77.14%	99.25%	96.04%	100.00%	98.21%	92.30%	6	2	7	3	5	1	4	4	↑
Cancer 62 Wait Consultant	Jul-22	78.38%	83.78%	61.11%	47.62%	87.36%	89.47%	73.58%	74.70%	4	3	6	7	2	1	5	4	↑
Cancer 62 Wait Screening	Jul-22	82.98%	88.57%	90.00%	88.46%	66.67%	62.16%	57.69%	70.20%	4	2	1	3	5	6	7	7	↑
Cancer 62 Wait Standard	Jul-22	66.81%	69.06%	53.59%	74.55%	65.13%	56.90%	60.11%	61.60%	3	2	7	1	4	6	5	7	↑
Cancer 28 FDS	Jul-22	72.61%	66.41%	75.80%	72.32%	67.22%	61.04%	75.51%	71.10%	3	6	1	4	5	7	2	5	↓

4.2 BNSSG ICB Scorecard

Theme	Indicator	Standard	21/22	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	22/23
Urgent Care	A&E 4hr Waits - BNSSG Footprint	95%	73.03%	72.61%	73.92%	73.50%	70.83%	70.71%	70.55%	71.55%	67.04%	67.44%	65.76%	72.74%	69.21%	66.32%	61.78%	67.55%
	A&E 4hr Waits - BNSSG Trusts	95%	64.98%	62.71%	64.39%	64.22%	61.86%	62.65%	63.04%	64.19%	60.27%	59.73%	59.46%	65.46%	61.80%	57.10%		61.15%
	>12hr DTA breaches in A&E - BNSSG Trusts	0	7139	352	271	494	623	765	696	1071	1211	1401	1169	755	873	1182	815	4794
Planned Care	RTT Incomplete - 18 Weeks Waits	92%	65.39%	71.66%	70.80%	69.74%	68.09%	67.98%	66.04%	65.53%	65.93%	65.39%	65.75%	65.76%	66.17%	65.71%		65.71%
	RTT Incomplete - Total Waiting List Size		74,505	68,886	70,942	70,914	71,292	71,134	70,653	70,869	71,772	74,505	75,720	76,803	80,749	85,720		85,720
	RTT Incomplete - 52 Week Waits		3779	2750	3138	3353	3664	3791	3902	4020	3864	3779	4052	4164	4764	5134		5,134
	RTT Incomplete - % of WL > 52 Weeks		5.07%	3.99%	4.42%	4.73%	5.14%	5.33%	5.52%	5.67%	5.38%	5.07%	5.35%	5.42%	5.90%	5.99%		5.99%
	Diagnostic - 6 Week Waits	1%	37.90%	36.72%	39.57%	38.73%	38.09%	36.09%	40.13%	40.79%	36.86%	37.90%	41.09%	38.14%	38.46%	38.36%		38.36%
	Diagnostic - Total Waiting List Size		32,024	27,382	26,949	27,673	27,987	28,809	29,304	30,640	30,517	32,024	32,109	31,592	31,976	31,991		31,991
	Diagnostic - Number waiting > 6 Weeks		12,136	10,056	10,664	10,719	10,659	10,398	11,760	12,498	11,250	12,136	13,193	12,049	12,298	12,273		12,273
	Diagnostic - Number waiting > 13 Weeks		6,623	4,441	4,454	4,997	5,394	5,118	5,875	6,345	6,465	6,623	7,543	7,539	7,597	7,099		7,099
Cancer	Cancer 2 Week Wait - All	93%	64.91%	66.86%	75.87%	64.64%	60.99%	64.50%	67.27%	54.62%	70.34%	70.70%	61.38%	57.06%	48.91%	44.15%		52.90%
	Cancer 2 Week Wait - Breast symptoms	93%	28.22%	72.95%	84.62%	75.37%	26.23%	6.25%	11.84%	8.82%	16.87%	17.86%	21.35%	52.86%	22.83%	35.56%		31.42%
	Cancer 28 day faster diagnosis standard (All Routes)	75%	66.40%	69.83%	70.87%	64.38%	67.40%	69.69%	65.99%	55.43%	73.56%	73.09%	67.96%	72.62%	69.30%	61.04%		68.08%
	Cancer 31 Day first treatment	96%	92.45%	97.29%	95.58%	95.31%	92.04%	88.51%	84.56%	87.44%	91.57%	88.79%	86.60%	89.02%	91.31%	93.53%		90.16%
	Cancer 31 day subsequent treatments - surgery	94%	81.11%	91.00%	78.57%	82.35%	79.57%	79.66%	70.83%	69.42%	81.37%	75.21%	71.00%	70.91%	68.48%	70.11%		70.18%
	Cancer 31 day subsequent treatments - anti-cancer drugs	98%	98.97%	99.35%	99.34%	99.36%	99.38%	98.68%	100.00%	95.89%	99.32%	97.99%	97.66%	100.00%	95.83%	97.76%		97.82%
	Cancer 31 day subsequent treatments - radiotherapy	94%	99.68%	99.38%	100.00%	100.00%	100.00%	99.42%	100.00%	99.37%	99.44%	100.00%	100.00%	100.00%	98.87%	100.00%		99.67%
	Cancer 62 day referral to first treatment - GP referral	85%	68.74%	71.05%	70.82%	60.16%	65.90%	74.47%	69.33%	61.43%	58.30%	65.99%	61.21%	57.96%	53.53%	56.90%		57.26%
	Cancer 62 day referral to first treatment - NHS Screening	90%	59.57%	88.46%	46.15%	68.42%	46.43%	61.36%	47.22%	39.47%	68.00%	63.89%	55.56%	82.14%	43.48%	62.16%		61.29%
Quality	Total Number of C.diff Cases	308	303	26	24	25	26	10	24	26	22	17	23	20	27	27		97
	Total Number of MRSA Cases Reported	0	38	5	1	2	1	3	6	7	0	3	4	2	1	1		8
	Total number of Never Events	0	4	1	0	1	0	0	0	0	0	0	0	0	0	0		0
	Eliminating Mixed Sex Accommodation (BNSSG CCG)	0	2	Reporting suspended due to Covid-19			1	0	0	0	0	1	1	0	2	1		4
	Eliminating Mixed Sex Accommodation (BNSSG Trusts)	0	0				0	0	0	0	0	0	0	0	0	0		0
Mental Health	Dementia Diagnosis Rate - People 65+	66.7%	65.39%	64.81%	64.17%	64.27%	63.94%	64.35%	64.16%	64.33%	64.79%	65.39%	65.34%	65.41%	65.31%	65.65%		65.65%
	EIP - 2ww Referral	60%	54.55%	50.00%	25.00%	33.33%	37.50%	50.00%	60.00%	50.00%	54.55%	61.54%	76.92%	70.00%	66.67%			66.67%
	IAPT Roll out (rolling 3 months)	6.25%	4.33%	4.76%	4.50%	4.23%	4.24%	4.88%	4.50%	4.80%	4.33%	4.73%	4.44%	4.66%	4.35%			4.35%
	IAPT Recovery Rate	50%	53.22%	53.89%	52.30%	48.82%	52.83%	52.27%	45.06%	53.07%	53.22%	54.73%	50.60%	51.81%	52.15%			52.15%
	IAPT Waiting Times - 6 weeks	75%	91.53%	87.37%	90.50%	87.43%	90.18%	87.36%	88.62%	89.67%	91.53%	90.34%	93.60%	92.42%	95.26%			95.26%
	IAPT Waiting Times - 18 weeks	95%	99.44%	98.48%	98.88%	98.86%	99.39%	98.90%	98.80%	99.46%	99.44%	99.52%	100.00%	99.49%	100.00%			100.00%
	CYPMH Access Rate (rolling 12m)	34%	26.41%	24.60%	24.60%	24.95%	24.83%	25.04%	25.24%	25.94%	26.41%	26.73%	28.08%	30.54%	31.47%			31.47%
	CYP with ED - routine cases within 4 weeks (quarterly)	95%	88.52%	83.88%			86.09%			88.52%			91.35%					91.35%
	CYP with ED - urgent cases within 1 week (quarterly)	95%	83.33%	79.66%			79.17%			83.33%			91.67%					91.67%
	SMI Annual Health Checks (quarterly)	60%	45.67%	15.94%			31.44%			45.67%			56.81%					56.81%
	Out of Area Placements (Bed Days)		420	820	879	595	475	450	465	465	420	465	450	470	455			455

4.3 Provider Scorecard – NBT

Theme	Indicator	Standard	21/22	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-21	May-21	Jun-21	Jul-21	Aug-21	22/23
Urgent Care	A&E 4hr Waits - Trust	95%	61.48%	54.36%	61.47%	61.75%	60.82%	60.17%	61.80%	60.78%	51.53%	52.74%	55.54%	72.71%	59.32%	50.99%	60.83%	60.03%
	A&E 4hr Waits - Footprint	95%	69.58%	65.50%	70.83%	70.96%	69.31%	68.10%	68.82%	68.03%	59.36%	61.25%	61.71%	77.70%	66.62%	60.85%		67.03%
	>12hr DTA breaches in A&E	0	1378	97	14	38	29	59	20	295	367	449	360	176	297	304	57	1194
Planned Care	RTT Incomplete - 18 Weeks Waits	1%	64.71%	73.78%	73.16%	71.87%	70.37%	69.68%	66.67%	65.61%	65.17%	64.71%	64.23%	62.62%	64.80%	65.78%		65.78%
	RTT Incomplete - Total Waiting List Size	Op Plan	39,101	34,315	35,794	36,787	37,268	37,297	37,264	37,210	38,498	39,101	39,819	40,634	42,326	46,991		46,991
	RTT Incomplete - 52 Week Waits	Op Plan	2242	1544	1770	1933	2068	2128	2182	2284	2296	2242	2,454	2,424	2,675	2,914		2,914
	RTT Incomplete - % of WL > 52 Weeks		5.73%	4.50%	4.94%	5.25%	5.55%	5.71%	5.86%	6.14%	5.96%	5.73%	6.16%	5.97%	6.32%	6.20%		6.20%
	Diagnostic - 6 Week Waits	1%	40.25%	38.91%	42.55%	42.83%	41.80%	40.32%	44.30%	45.45%	40.00%	40.25%	43.61%	40.13%	41.00%	42.75%		42.75%
	Diagnostic - Total Waiting List Size		17,111	14,329	14,130	14,818	15,176	15,768	15,872	16,790	16,469	17,111	17,114	17,166	17,504	17,124		17,124
	Diagnostic - Number waiting > 6 Weeks		6,888	5,575	6,013	6,346	6,343	6,357	7,031	7,631	6,588	6,888	7,464	6,889	7,177	7,321		7,321
	Diagnostic - Number waiting > 13 Weeks		4,097	2,183	2,180	2,724	3,029	2,913	3,501	3,948	3,951	4,097	4,664	4,780	4,897	4,718		4,718
Cancer	Cancer 2 Week Wait - All	93%	51.63%	53.40%	66.58%	51.22%	42.70%	53.75%	58.38%	41.42%	66.47%	69.78%	57.66%	46.16%	39.21%	40.99%		45.80%
	Cancer 2 Week Wait - Breast symptoms	93%	27.21%	71.23%	84.35%	74.64%	28.13%	6.15%	11.54%	6.90%	14.55%	16.78%	14.94%	46.03%	18.95%	21.05%		24.03%
	Cancer 28 day faster diagnosis standard (All Routes)	75%	60.77%	65.46%	66.77%	56.07%	59.95%	66.29%	57.52%	47.10%	72.01%	72.93%	66.82%	72.83%	70.87%	58.29%		67.73%
	Cancer 31 Day first treatment	96%	89.09%	95.77%	93.00%	91.89%	88.51%	86.94%	79.59%	79.18%	89.91%	80.99%	81.82%	83.77%	85.53%	91.20%		85.49%
	Cancer 31 day subsequent treatments - surgery	94%	74.28%	90.80%	72.84%	80.90%	69.62%	65.77%	65.59%	55.66%	80.68%	65.49%	62.77%	57.29%	51.85%	58.11%		57.68%
	Cancer 31 day subsequent treatments - anti-cancer drugs	98%	97.90%	100.00%	100.00%	95.45%	96.30%	100.00%	100.00%	92.31%	100.00%	83.33%	100.00%	100.00%	100.00%	100.00%		100.00%
	Cancer 62 day referral to first treatment - GP referral	85%	64.36%	68.59%	68.60%	56.98%	57.14%	74.07%	67.52%	56.88%	51.17%	58.66%	56.48%	50.15%	48.40%	45.10%		50.00%
	Cancer 62 day referral to first treatment - NHS Screening	90%	64.40%	86.36%	52.54%	75.00%	41.67%	68.75%	53.25%	50.00%	72.22%	70.59%	63.64%	82.14%	51.02%	57.53%		63.52%
Quality	Total Number of C.diff Cases		62	6	2	5	4	1	6	6	1	6	7	4	5	4		20
	Total Number of MRSA Cases Reported	0	0	0	0	0	0	0	0	0	0	0	4	1	1	0		6
	Total Number of E.Coli Cases		48	1	6	3	6	3	2	6	3	5	5	4	3	2		14
	Number of Klebsiella cases		24	1	2	3	2	4	3	2	2	3	1	3	3	1		8
	Number of Pseudomonas Aeruginosa cases		10	3	1	2	0	0	0	2	1	0	2	0	0	1		3
	Eliminating Mixed Sex Accommodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
	Number of Never Events	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0		1
	VTE assessment on admission to hospital	95%		95.59%	94.91%	94.90%	94.53%	93.84%	94.55%	93.80%	93.99%	92.63%	93.37%	92.50%	83.72%			92.50%

4.4 Provider Scorecard – UHBW

Theme	Indicator	Standard	21/22	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-21	May-21	Jun-21	Jul-21	Aug-21	22/23
Urgent Care	A&E 4hr Waits - Trust	95%	66.79%	66.97%	65.91%	65.47%	62.38%	63.90%	63.69%	66.01%	64.83%	63.26%	61.51%	61.69%	63.04%	60.15%	62.31%	61.73%
	A&E 4hr Waits - Footprint	95%	74.75%	76.07%	75.46%	74.73%	71.57%	71.98%	71.41%	73.34%	70.88%	70.46%	67.81%	70.28%	70.47%	68.96%		69.45%
	>12hr DTA breaches in A&E	0	5761	255	257	456	594	706	676	776	844	952	809	579	576	878	758	3600
Planned Care	RTT Incomplete - 18 Weeks Waits	1%	59.17%	63.13%	62.97%	61.76%	60.20%	60.25%	58.60%	58.73%	59.50%	59.17%	58.65%	58.32%	58.76%	56.37%		56.37%
	RTT Incomplete - Total Waiting List Size	Op Plan	55,021	52,718	53,855	53,697	53,743	53,328	53,253	53,909	54,305	55,021	57,019	57,940	60,404	60,738		60,738
	RTT Incomplete - 52 Week Waits	Op Plan	3,920	2,893	2,925	3,110	3,248	3,318	3,558	3,599	3,604	3,920	4,362	4,654	5,298	5,591		5,591
	RTT Incomplete - % of WL > 52 Weeks		7.12%	5.49%	5.43%	5.79%	6.04%	6.22%	6.68%	6.68%	6.64%	7.12%	7.65%	8.03%	8.77%	9.21%		9.21%
	Diagnostic - 6 Week Waits	1%	39.05%	35.38%	36.92%	35.53%	36.73%	34.60%	38.86%	39.45%	37.48%	39.05%	42.11%	39.90%	38.78%	36.50%		36.50%
	Diagnostic - Total Waiting List Size		16,610	14,119	13,661	14,049	14,125	14,307	14,525	15,154	15,576	16,610	16,521	15,819	16,042	16,426		16,426
	Diagnostic - Number waiting > 6 Weeks		6,486	4,996	5,044	4,992	5,188	4,950	5,644	5,979	5,838	6,486	6,957	6,311	6,221	5,996		5,996
	Diagnostic - Number waiting > 13 Weeks		3,372	2,746	2,776	2,930	3,169	2,949	3,180	3,240	3,349	3,372	3,799	3,697	3,616	3,245		3,245
Cancer	Cancer 2 Week Wait - All	93%	82.37%	87.66%	87.08%	82.33%	86.39%	80.30%	78.30%	71.03%	75.41%	66.51%	63.02%	67.99%	57.22%	44.62%		58.41%
	Cancer 28 day faster diagnosis standard (All Routes)	75%	76.33%	77.42%	76.72%	76.16%	77.64%	75.68%	78.65%	70.03%	77.86%	73.83%	72.02%	73.19%	67.40%	64.56%		69.53%
	Cancer 31 Day first treatment	96%	92.90%	97.19%	96.07%	97.73%	93.04%	84.18%	89.51%	91.11%	89.62%	93.50%	89.58%	90.61%	92.88%	93.92%		91.82%
	Cancer 31 day subsequent treatments - surgery	94%	85.07%	92.73%	88.14%	85.96%	88.00%	84.21%	86.00%	73.53%	80.00%	82.09%	83.33%	76.27%	80.00%	88.89%		81.98%
	Cancer 31 day subsequent treatments - anti-cancer drugs	98%	99.28%	99.37%	99.32%	100.00%	100.00%	98.72%	100.00%	97.28%	99.33%	99.35%	97.67%	100.00%	94.77%	98.53%		97.71%
	Cancer 31 day subsequent treatments - radiotherapy	94%	99.53%	99.41%	100.00%	100.00%	100.00%	99.47%	98.65%	97.89%	100.00%	100.00%	99.38%	100.00%	99.48%	99.38%		99.57%
	Cancer 62 day referral to first treatment - GP referral	85%	76.05%	76.18%	76.67%	69.75%	75.80%	80.00%	73.12%	68.09%	70.18%	78.05%	67.81%	70.95%	61.83%	69.42%		67.50%
	Cancer 62 day referral to first treatment - NHS Screening	90%	50.28%	86.67%	41.67%	33.33%	66.67%	23.08%	55.56%	39.13%	60.00%	55.56%	0.00%	33.33%	25.00%	50.00%		26.92%
Quality	Total Number of C.diff Cases (HOHA)	89	82	7	4	6	7	3	6	6	8	2	6	4	10	12		32
	Total Number of MRSA Cases Reported	0	7	1	0	0	0	0	2	3	0	1	0	0	0	0		0
	Total Number of E.Coli Cases	119	75	5	8	8	8	8	2	7	5	9	13	10	5	7		35
	Number of Klebsiella cases		48	5	5	9	9	4	2	3	1	1	3	4	3	5		15
	Number of Pseudomonas Aeruginosa cases		15	1	2	4	0	2	2	1	0	0	1	1	1	1		4
	Eliminating Mixed Sex Accommodation	0	0	No reporting due to Covid-19			0	0	0	0	0	0	0	0	0	0		0
	Number of Never Events	0	3	1	0	1	0	0	0	0	0	0	0	0	0	0		0
	Rate of slips, trips and falls per 1,000 bed days	4.8	4.83	4.59	4.76	4.87	4.80	4.57	5.20	5.54	4.85	5.50	5.54	4.78	4.09	3.27		4.41
	No. of Pressure Ulcers grade 2, 3 & 4 per 1,000 bed days	0.4	0.174	0.128	0.224	0.132	0.187	0.159	0.255	0.256	0.1	0.3	0.248	0.089	0.093	0.089		0.129
	VTE assessment on admission to hospital (Bristol)	95%	83.3%	82.1%	83.9%	85.7%	83.7%	84.3%	83.2%	83.8%	82.60%	82.20%	81.3%	81.9%	82.4%	82.5%		82.1%

4.5 Non-Acute Provider Scorecard

Provider	Indicator (BNSSG level - except ambulance handovers)	Standard	21/22	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	22/23
SWASFT	Category 1 - Average Duration (hr:min:sec)	0:07:00	0:08:48	0:08:00	0:09:18	0:10:12	0:09:30	0:10:18	0:09:00	0:09:48	0:11:06	0:09:54	0:08:48	0:09:24	0:10:12	0:09:30	0:09:36
	Category 1 - 90th Percentile Duration (hr:min:sec)	0:14:00	0:15:54	0:14:00	0:16:24	0:18:06	0:16:18	0:18:06	0:16:06	0:16:54	0:18:48	0:17:24	0:15:24	0:15:54	0:17:42	0:16:36	0:16:42
	Category 2 - Average Duration (hr:min:sec)	0:18:00	1:10:00	0:51:18	1:20:12	1:48:30	1:28:48	1:33:48	1:06:48	1:40:18	2:02:24	1:16:30	0:40:42	0:57:12	1:09:54	0:42:00	0:57:06
	Category 2 - 90th Percentile Duration (hr:min:sec)	0:40:00	2:54:24	1:55:00	3:00:12	3:59:06	3:36:36	3:47:36	2:38:24	4:06:36	5:01:42	3:06:18	1:28:54	2:17:36	2:47:00	1:29:18	2:16:12
	Category 3 - 90th Percentile Duration (hr:min:sec)	2:00:00	9:11:06	8:33:06	10:25:06	12:44:48	10:47:36	11:49:12	9:08:36	14:37:18	20:50:42	10:55:12	6:28:06	8:49:30	9:14:18	5:32:06	8:05:30
	Category 4 - 90th Percentile Duration (hr:min:sec)	3:00:00	8:00:06	6:56:12	6:38:54	12:16:18	12:06:48	5:58:30	4:39:30	14:06:36	30:34:36	13:58:36	6:02:18	5:44:00	10:35:54	7:20:18	8:05:00
	Ambulance Handovers - % within 15 minutes at NBT	65%	25.01%	23.76%	23.89%	19.61%	20.98%	18.66%	16.38%	15.12%	14.73%	16.91%	21.04%	16.85%	13.59%	18.22%	17.44%
	Ambulance Handovers - % within 30 minutes at NBT	95%	56.79%	59.38%	55.13%	45.87%	53.00%	51.30%	44.66%	38.59%	38.26%	44.62%	54.07%	45.58%	42.92%	56.20%	48.94%
	Ambulance Handovers - % within 60 minutes at NBT	100%	75.31%	77.95%	75.08%	68.83%	73.17%	75.22%	64.96%	58.29%	57.20%	66.52%	77.46%	68.17%	67.80%	80.88%	72.44%
	Ambulance Handovers - % within 15 minutes at BRI	65%	22.24%	20.19%	15.53%	16.83%	14.43%	14.17%	14.10%	10.90%	11.67%	11.66%	13.95%	17.54%	9.69%	12.05%	12.98%
	Ambulance Handovers - % within 30 minutes at BRI	95%	41.59%	40.03%	31.71%	32.69%	32.08%	33.45%	29.21%	22.49%	23.34%	25.52%	34.80%	43.04%	26.28%	30.83%	32.17%
	Ambulance Handovers - % within 60 minutes at BRI	100%	59.98%	59.80%	50.30%	54.17%	54.51%	57.35%	47.63%	37.79%	39.27%	44.60%	56.17%	65.38%	48.31%	51.38%	53.27%
	Ambulance Handovers - % within 15 minutes at WGH	65%	32.64%	31.30%	25.63%	26.86%	22.69%	17.45%	19.49%	21.28%	17.58%	16.90%	24.97%	23.55%	15.07%	19.06%	20.02%
	Ambulance Handovers - % within 30 minutes at WGH	95%	60.05%	59.71%	53.75%	47.44%	46.53%	40.64%	48.35%	53.69%	40.90%	40.52%	52.37%	55.92%	36.42%	47.65%	46.73%
	Ambulance Handovers - % within 60 minutes at WGH	100%	75.17%	73.66%	68.75%	62.79%	63.89%	63.83%	70.89%	74.47%	60.22%	58.19%	71.21%	72.74%	56.11%	65.27%	64.87%
SevernSide IUC	Average speed to answer calls (in seconds)	20 Sec	227	262	333	304	205	327	228	166	325	318	274	756	713		501
	% Triaged Calls receiving Clinical Contact	50%	55.91%	56.88%	54.85%	54.80%	55.12%	56.86%	59.56%	53.62%	50.36%	50.02%	48.54%	48.39%	48.78%		48.98%
	% of callers allocated the first service offered by DOS	85%	67.51%	65.12%	65.04%	68.99%	70.82%	72.24%	70.01%	69.95%	70.52%	70.03%	68.72%	69.25%	70.17%		69.55%
	% of Cat 3 or 4 ambulance dispositions validated within 30mins	50%	59.52%	64.04%	60.27%	58.17%	57.06%	64.83%	69.44%	51.29%	47.77%	53.07%	45.79%	38.01%	44.99%		45.82%
	% of calls initially given an ED disposition that are validated	50%	61.69%	73.13%	62.12%	59.99%	70.50%	73.31%	78.29%	49.31%	30.61%	24.18%	13.18%	13.78%	13.41%		16.30%
AWP	Delayed Transfers of Care	3.5%	10.7%	7.6%	10.8%	8.8%	8.5%	10.4%	11.4%	13.4%	11.1%	10.3%	13.4%	10.6%	12.8%	15.3%	
	Early Intervention	60%	49.1%	12.5%	44.4%	35.7%	57.8%	38.4%	33.3%	72.7%	61.9%	76.9%	55.0%	63.1%	81.8%	76.1%	
	4 week wait Referral to Assessment	95%	80.72%	84.39%	81.58%	83.50%	84.40%	81.05%	70.02%	80.63%	80.72%	78.92%	76.86%	76.87%	84.33%	82.89%	

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

22/23 Operational Plan Key Performance Metrics

Progress against key metrics at September 2022

Created by
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BI Performance Team

Contents

This report provide an update on the current progress against the key performance metrics which form part of the 22/23 Operational Plan.

Additional metrics from the operational plan will be included in this report once data has been sourced.

- Urgent Care
- Planned Care – RTT
- Planned Care – Diagnostics
- Planned Care – Cancer
- Planned Care – Children's wheelchairs
- Mental Health, Learning Disabilities and Autism
- Bed occupancy
- Length of Stay >21 days
- Personalisation

Urgent Care

A&E attendances

- The number of A&E attendances at total provider level for NBT and UHBW compared to the 22/23 Operational Plan.

		22/23 Operational Plan												Plan achieved in latest month?
	A&E Attendances	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
NBT	**Type 1&2**	7,942	8,700	8,319	8,343	8,521								**Yes**
	Plan	7,919	8,492	8,290	8,908	8,639	8,692	8,587	8,168	8,516	8,603	8,078	8,445	
UHBW	**Type 1&2**	15,235	16,778	16,528	16,751	15,500								**Yes**
	Plan	15,680	16,202	15,680	16,202	16,202	15,680	16,202	15,680	16,202	16,202	14,634	16,202	

Worse than Plan

Better than Plan

Planned Care – RTT

RTT Incomplete Pathway

- The total waiting list and the number of patients waiting 52, 78 and 104 weeks or more at total provider level for NBT and UHBW compared to the 22/23 Operational Plan.

		22/23 Operational Plan												Plan achieved in latest period?
E.B.3a	RTT Waiting List	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
NBT	Total Waiting List	39,819	40,634	42,326	46,991									No
	Plan	39,865	40,755	40,881	41,023	40,105	39,255	39,389	37,977	37,231	37,959	38,024	39,224	
UHBW	Total Waiting List	57,019	57,940	60,404	60,738									No
	Plan	57,019	56,948	56,560	56,206	56,912	55,581	55,249	54,883	54,600	54,295	54,002	53,649	
E.B.18	RTT 52+ week waits	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
NBT	52+ week waiters	2,454	2,424	2,675	2,914									No
	Plan	2,561	2,158	2,201	2,200	2,239	2,372	2,559	2,816	2,892	2,973	3,160	3,660	
UHBW	52+ week waiters	4,362	4,654	5,298	5,591									No
	Plan	4,362	4,478	4,829	4,652	4,631	4,608	4,585	4,559	4,539	4,518	4,497	4,472	
E.B.18	RTT 78+ week waits	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
NBT	78+ week waiters	491	473	443	439									Yes
	Plan	420	489	479	469	469	458	443	438	470	502	542	568	
UHBW	78+ week waiters	944	975	926	813									Yes
	Plan	944	961	1,050	1,002	1,066	1,025	977	922	863	805	745	675	
E.B.19	RTT 104+ week waits	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
NBT	104+ week waiters	71	48	34	32									Yes
	Plan	71	68	48	48	48	48	48	48	48	48	48	48	
UHBW	104+ week waiters	349	293	236	131									Yes
	Plan	349	281	197	182	167	138	109	87	72	50	33	29	

Worse than Plan

Better than Plan

Shaping better health

Planned Care – Diagnostics

Diagnostic activity levels

- Monthly activity for specific diagnostic tests at total provider level for NBT and UHBW compared to the 22/23 Operational Plan

		22/23 Operational Plan												Plan achieved in latest month?
	Diagnostics Activity Levels	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
NBT	MRI	2,804	3,154	3,024	3,118									No
	Plan	2,836	3,392	3,266	3,179	3,214	3,207	3,340	3,506	2,927	3,526	3,132	3,652	
	CT	7,178	7,728	7,547	6,894									No
	Plan	7,286	8,362	8,051	7,838	7,925	7,906	8,236	8,644	7,216	8,692	7,721	9,003	
	Non-obstetric Ultrasound	7,849	8,526	7,510	7,021									No
	Plan	7,881	8,047	7,748	7,542	7,626	7,608	7,925	8,318	6,944	8,365	7,430	8,664	
	Colonoscopy	193	249	130	174									No
	Plan	194	175	157	245	266	294	195	241	216	180	203	293	
	Flexi Sigmoidoscopy	153	139	74	159									No
	Plan	155	195	226	280	314	341	297	273	293	206	203	338	
	Gastroscopy	268	292	155	240									No
	Plan	269	276	282	388	325	431	330	402	321	282	219	460	
	Cardiology - Echocardiography	572	617	601	812									Yes
	Plan	573	610	620	715	702	717	736	717	681	696	680	736	
UHBW	MRI	2,499	2,657	2,522	2,579									No
	Plan	3,175	2,962	3,312	3,348	3,341	3,361	3,218	3,488	2,598	2,771	2,863	3,625	
	CT	7,167	8,283	7,359	7,506									Yes
	Plan	6,901	7,065	6,919	6,863	6,742	6,795	6,960	6,937	6,470	6,320	6,133	7,259	
	Non-obstetric Ultrasound	4,430	5,341	4,766	4,938									Yes
	Plan	4,275	4,157	5,230	4,785	4,337	4,715	4,657	4,828	4,255	3,936	3,864	4,394	
	Colonoscopy	161	446	353	285									No
	Plan	373	306	372	382	330	489	448	485	288	320	382	501	
	Flexi Sigmoidoscopy	83	178	160	118									No
	Plan	186	130	119	119	133	145	172	163	116	153	153	181	
	Gastroscopy	289	384	422	416									Yes
	Plan	435	252	266	332	378	431	459	317	321	379	465	523	
	Cardiology - Echocardiography	1,365	1,592	1,400	1,553									No
	Plan	1,666	1,785	1,762	1,773	1,795	1,795	1,578	1,901	1,594	1,662	1,661	1,945	

Worse than Plan

Better than Plan

better health

Planned Care – Wheelchairs

Children waiting less than 18 weeks for a wheelchair

- The percentage of children in BNSSG that waited less than 18 weeks for a wheelchair compared to the 22/23 Operational Plan.

	22/23 Operational Plan				Plan achieved in latest quarter?
Children Wheelchairs 18 weeks or less	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23	
% within 18 weeks	73.9%				**No**
Plan - % in 18 weeks	80.23%	85.12%	89.80%	91.98%	
Number within 18 weeks	130				
Plan - Number within 18 weeks	138	143	132	149	
Total	176				
Plan - Total	172	168	147	162	

Worse than Plan

Better than Plan

Planned Care – Cancer

Cancer Activity

- Monthly cancer activity at BNSSG population level and total provider level for NBT and UHBW compared to the 22/23 Operational Plan.
- Please note there are some data quality issues with NBT's reported figures for E.B.32. The reported figures are higher than expected and will be updated once revised data has been received following the completion of the data quality process.

		22/23 Operational Plan												Plan achieved in latest month?
E.B.31	Treatment Volumes	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
BNSSG	Number of receiving 1st treatment	403	410	426	417									No
	Plan	435	422	416	427	432	438	459	458	430	430	430	467	
NBT	Number of receiving 1st treatment	231	228	235	216									No
	Plan	233	240	233	245	251	258	282	281	249	249	249	291	
UHBW	Number of receiving 1st treatment	259	277	281	296									Yes
	Plan	280	280	280	280	280	280	280	280	280	280	280	280	

E.B.32	Number waiting 63 days or more	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
NBT	Number waiting 63+ days	641	689	568	793	824								No
	Plan	546	410	345	345	345	345	345	345	345	345	345	345	
UHBW	Number waiting 63+ days	179	205	233	276	337								No
	Plan	179	205	235	220	200	180	180	180	180	180	180	180	

Worse than Plan

Better than Plan

Planned Care – Cancer

Cancer – 28 day Faster Diagnosis Standard (FDS) (All routes)

- Monthly performance for the 28 day FDS cancer standard at BNSSG population level and total provider level for NBT and UHBW compared to the 22/23 Operational Plan.

		22/23 Operational Plan												Plan achieved in latest month?
E.B.27	28 day FDS (All Routes)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
BNSSG	% Told within 28 days	68.0%	72.6%	69.3%	61.0%									No
	Plan - % Told within 28 days	75.2%	71.5%	69.1%	71.6%	71.8%	69.5%	70.3%	73.0%	71.0%	73.0%	74.0%	74.2%	
	Number told within 28 days	2,219	2,822	2,246	1,839	0	0	0	0	0	0	0	0	
	Plan - Number told within 28 days	2,320	2,331	2,491	2,661	2,572	2,619	2,642	2,798	2,452	2,589	2,633	2,868	
	Total told	3,265	3,886	3,241	3,013	0	0	0	0	0	0	0	0	
	Plan - total Told	3,087	3,262	3,605	3,714	3,580	3,769	3,759	3,832	3,455	3,548	3,559	3,864	
NBT	% Told within 28 days	66.8%	72.8%	70.9%	58.3%									No
	Plan - % Told within 28 days	65.1%	70.3%	66.9%	70.7%	71.0%	67.6%	68.8%	72.8%	69.6%	72.7%	74.2%	74.6%	
	Number told within 28 days	1,309	1,667	1,382	991	0	0	0	0	0	0	0	0	
	Plan - Number told within 28 days	1,180	1,489	1,655	1,831	1,739	1,788	1,812	1,973	1,615	1,757	1,802	2,046	
	Total told	1,959	2,289	1,950	1,700	0	0	0	0	0	0	0	0	
	Plan - total Told	1,813	2,119	2,475	2,588	2,449	2,645	2,635	2,711	2,319	2,416	2,427	2,744	
UHBW	% Told within 28 days	72.0%	73.2%	67.4%	64.6%									No
	Plan - % Told within 28 days	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	
	Number told within 28 days	1,140	1,398	1,015	1,002	0	0	0	0	0	0	0	0	
	Plan - Number told within 28 days	1,050	1,050	1,050	1,050	1,050	1,050	1,050	1,050	1,050	1,050	1,050	1,050	
	Total told	1,583	1,910	1,506	1,552	0	0	0	0	0	0	0	0	
	Plan - total Told	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	

Worse than Plan

Better than Plan

Mental Health, LD & Autism 1

- The table shows the quarterly plans set out in the 22/23 Operational Plan.
- The publication of MH, LD & Autism data lags behind that of other data sets.

	22/23 Operational Plan				Plan achieved in latest quarter?
Mental Health	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23	
Mental Health Services Dataset - Data Quality Maturity Index Score	93				No
Plan	94	94	95	95	
Adult mental health inpatients receiving a follow up within 72hrs of discharge	67%				No
Plan	80%	80%	80%	80%	
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	1,961				Yes
Plan	2,293	1,350	1,076	756	
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	1,427				Yes
Plan	1,665	927	764	567	
Total access to IAPT services	5,197				No
Plan	7,101	7,320	7,658	7,856	
Estimated diagnosis rate for people with dementia	65.6%				No
Plan	66.7%	66.7%	66.7%	66.7%	
% of CYP with Eating Disorders - routine cases within 4 weeks (rolling 12 months)	91.4%				Yes
Plan	85.24%	85.24%	90.06%	90.06%	
% of CYP with Eating Disorders - urgent cases within 1 week (rolling 12 months)	91.7%				No
Plan	95.83%	95.83%	95.83%	95.83%	
People with SMI receiving a full annual physical health check and follow up interventions (rolling 12 months)	4,507				No
Plan	5,498	6,292	6,506	6,724	
Women Accessing Specialist Community Perinatal Mental Health Services (rolling 12 months)	315				Yes
Plan	275	549	824	1,099	
Access to Individual Placement and Support Services	191				Yes
Plan	179	357	536	714	
Access to Core Community MH Services for Adults and Older Adults with SMI (rolling 12 months)					
Plan	1,400	1,900	2,500	4,200	
First Episode Psychosis treatment within two weeks of referral	71.40%				Yes
Plan	60.29%	60.29%	60.29%	60.29%	
Access to CYP Mental Health Services - 1 contact (rolling 12 months)	7,495				Yes
Plan	6,284	7,088	7,833	8,948	

Mental Health, LD & Autism 2

- The table shows the quarterly plans set out in the 22/23 Operational Plan.
- The publication of MH, LD & Autism data lags behind that of other data sets.

	22/23 Operational Plan				Plan achieved in latest quarter?
Learning Disability & Autism	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23	
Learning disability registers and annual health checks delivered by GPs	581				**Yes**
Plan	530	596	1,119	1,580	
Reliance on inpatient care for people with a LD and/or autism - Adults in CCG beds	16				**No**
Plan	15	15	14	13	
Reliance on inpatient care for people with a LD and/or autism - Adults in NHSE beds	21				**No**
Plan	15	15	14	13	
Reliance on inpatient care for people with a LD and/or autism - Care for children					
Plan	3	3	3	3	

Worse than Plan

Better than Plan

Bed Occupancy

- The average number of beds available / open and occupied at total provider level for NBT and UHBW for General and Acute beds and Adult Critical Care beds compared to the 22/23 Operational Plan.

E.M.26a	General and Acute overnight bed occupancy	22/23 Operational Plan												Plan achieved in latest month?
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
UHBW	Average number of overnight G&A beds occupied	920	928	929	939	943								Yes
	Plan	944	954	954	954	954	954	954	960	954	960	954	954	
	Average number of overnight G&A beds available	963	1,011	1,014	1,023	1,020								Yes
	Plan	963	973	973	973	973	973	973	973	973	973	973	973	
NBT	Average number of overnight G&A beds occupied	890	895	885	894	892								No
	Plan	875	875	875	875	875	876	862	836	816	808	802	798	
	Average number of overnight G&A beds available	917	912	899	911	911	`							Yes
	Plan	875	875	875	875	875	876	862	855	855	855	855	855	

E.M.26b	Adult Critical Care Bed occupancy	22/23 Operational Plan												Plan achieved in latest month?
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
UHBW	Average number of occupied ACC beds	41	43	41	42	42								Yes
	Plan	46	46	47	47	45	45	47	47	47	46	46	46	
	Average number of open ACC beds	48	48	48	48	48								Yes
	Plan	48	48	48	48	48	48	48	48	48	48	48	48	
NBT	Average number of occupied ACC beds	35	36	36	34	35								Yes
	Plan	42	42	42	42	42	42	42	42	42	42	42	42	
	Average number of open ACC beds	46	46	46	46	46								Yes
	Plan	46	46	46	46	46	46	46	46	46	46	46	46	

Worse than Plan

Better than Plan

Length of Stay >21 Days

Number of patients with a length of stay 21 days or over

- The number of patients in hospital for over 21 days at both NBT and UHBW compared to the 22/23 Operational Plan.
- The figure is a snapshot at the end of each month.
- July data was not available for NBT from the national data source.

		22/23 Operational Plan												Plan achieved in latest month?
	LOS >21 Days	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
NBT	Number of patients with a LOS 21 days or over	220	212	218	N/A	230								No
	Plan	163	158	142	150	167	171	146	155	154	187	191	172	
UHBW	Number of patients with a LOS 21 days or over	215	171	184	194	203								No
	Plan	180	177	174	173	170	167	166	164	161	159	157	155	

Worse than Plan

Better than Plan

Personalisation

- The table shows the quarterly plans set out in the 22/23 Operational Plan.
- The Q1 national submission for PHBs was underreported at 659. The actual Q1 position is show in the table below.
- The difference will be included in the national submission for Q2.

	22/23 Operational Plan				Plan achieved in latest quarter?
Personal Health Budgets	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23	
Number of personal health budgets that have been in place, at any point during the financial year to date, per ICS	1,133				No
Plan	1,350	2,025	2,700	3,375	
Social Prescribing Referrals	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23	
Total number of FTE PCN Network Contract DES funded social prescribing link workers employed in a year					
Plan	50	52	54	56	
Personalised Care & Support Planning	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23	
Total number of active (new and reviewed) PCSPs that have been in place in the financial year to date.					
Plan	10,116	11,133	12,160	13,182	

Worse than Plan

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