Bristol, North Somerset and South Gloucestershire Integrated Care Board

BNSSG ICB Board Meeting

Date: 2nd March 2023
Time: 12:30pm
Location: The Park centre, Daventry Road, Knowle, Bristol BS4 1DQ

Agenda Number:	7.1
Title:	Review of Outcomes, Performance and Quality Committee Terms of Reference
Purpose: For decision	
Key Points for Discussion:	
The Committee Terms of Reference were approved by the ICB Board at the July 1st meeting. As part of the governance process the terms of reference of all ICB committees have been reviewed. Proposed amendments to the Terms of Reference are highlighted in the paper.	
Recommendations:	To approve the revised Outcomes, Performance and Quality Committee Terms of Reference
Previously considered by and feedback:	The Terms of Reference have been reviewed by the Outcomes, Performance and Quality Committee
Management of Declared Interest:	There are no potential or actual Conflicts of Interest.
Risk and Assurance:	There is a risk that without robust and effective terms of reference in place the committee will not be able to provide the ICB with adequate assurance. The proposed amendment is intended to mitigate this risk. Unmitigated this risk is rated as 4 (probable) x 4 (major) = 16. The proposed mitigation reduces the risk score to 2 (unlikely) x 4 (major) = 8
Financial / Resource Implications:	There are no resource implications. Costs are included in the overall ICB management budget
Legal, Policy and Regulatory Requirements:	It is best practice to establish a committee with oversight and responsibility for outcomes, performance and quality
How does this reduce Health Inequalities:	The Outcomes, Performance and Quality Committee will receive reports that relate to the reduction of health inequalities as part of its work programme

How does this impact on Equality & diversity	The Outcomes, Performance and Quality Committee will receive reports that relate to the reduction of inequalities as part of its work programme
Patient and Public Involvement:	The Outcomes, Performance and Quality Digital Committee will receive reports that relate to the patient and public involvement as part of its work programme
Communications and Engagement:	The revised Terms of Reference will be added to the ICB website as part of the Governance Handbook
Author(s):	Sarah Carr, Corporate Secretary
Sponsoring Non Executive:	Ellen Donavan

Bristol, North Somerset and South Gloucestershire Integrated Care Board

Outcomes, Quality and Performance Committee Terms of Reference

1. Introduction

Constitution:

The Outcomes, Quality and Performance Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee is a non-executive chaired committee of the Board and its members are bound by the Standing Orders and other policies of the ICB.

Purpose:

The aims of the ICB are to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The Outcomes, Quality and Performance Committee has been established to provide the ICB with assurance that is delivering its functions in a way that secures continuous improvement in outcomes, performance, and the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care.

The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB that there is, an effective system of quality and performance governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.

The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

2. Delegated Authority

The Outcomes, Quality and Performance Committee is a formal committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

The Outcomes, Quality and Performance Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.

3. Membership

The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

The Board will appoint no fewer than four members of the Committee including one who is a Non-Executive Member of the Board (from the ICB) and will act as Chair. Other attendees of the Committee need not be members of the Board, but they may be, and will be drawn from ICB Partner or Other members (as outlined in the Constitution).

When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Chair ~~and Vice Chair~~:

~~The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.~~

If a Chair has a conflict of interest, ~~then the Vice-Chair~~ or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

In the absence of the Chair, ~~or Vice Chair~~, the remaining members present shall elect one of their number Chair the meeting.

4. The members of the Outcomes, Quality and Performance committee are:

- Non-Executive Director (Chair)
- Provider Non-Executive Director ~~(Vice-Chair)~~
- ICB Chief Nursing Officer
- ICB Chief Medical Officer
- ICB Director of Performance and Delivery,
- 1 Public Health representative
- 1 acute provider representative
- 1 community provider representative
- 1 mental health provider representative
- 1 local authority representative
- 1 primary care representative
- 1 patient voice representative

5. Administration

The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements

- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept
- The Chair is supported to prepare and deliver reports to the Board
- The Committee is updated on pertinent issues/ areas of interest/ policy developments
- Action points are taken forward between meetings and progress against those actions is monitored.

6. Quoracy

There will be a minimum of one Non-Executive Member, plus at least the Chief Nursing Officer or Chief Medical Director, the ICB Director with responsibility for performance or their deputy.

Decision making and voting:

Decisions will be taken in according with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

7. Frequency of meetings

The Outcomes, Quality and Performance Committee shall meet on a monthly basis. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

8. Remit and Responsibilities

The responsibilities of the Outcomes, Quality and Performance Committee will be authorised by the ICB Board. The Committee will:

- Oversee and seek assurance on the effective delivery of the ICB Operational Plan
- Be assured that there are robust structures and processes in place for the effective planning, management and improvement of outcomes, quality and performance and that the structures operate effectively, and timely action is taken to address areas of concern
- Agree and recommend to the ICB Board key outcomes, quality and performance priorities that are included within the ICB strategy/ annual plan, including priorities to address variation/ inequalities in care
- Scrutinise robustness of arrangements, compliance with and monitor delivery of the ICB key statutory requirements relevant to outcomes, quality and performance
- Scrutinise and challenge those risks on the BAF and Corporate Risk Register which relate to outcomes, quality, performance, and high-risk operational risks which could impact on care. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner

- Oversee and scrutinise the ICB's response to all relevant (as applicable to outcomes, quality and performance) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSEI and other regulatory bodies / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained
- To be assured that people drawing on services are systematically and effectively involved as equal partners in outcomes quality and performance activities
- Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Outcomes, Quality and Performance Committee
- Scrutinise robustness of arrangements, compliance with and monitor delivery of the ICB key statutory requirements relevant to outcomes, quality and performance including Emergency Preparedness, Resilience and Response

9. Behaviours and Conduct

ICB values:
Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and diversity:
Members must demonstrably consider the equality and diversity implications of decisions they make.

10. Declarations of Interest

All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

11. Reporting Requirements

The Outcomes, Quality and Performance Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

The Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement

The Committee will receive scheduled assurance report from its delegated groups. Any delegated groups would need to be agreed by the ICB Board.

12. Review of Terms of Reference

The Committee will review its effectiveness at least annually and complete an annual report submitted to the Board.

These terms of reference will be reviewed after six months at least annually thereafter. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

03.02.23

Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of BNSSG ICB Board

Date: Thursday 2nd March 2023
Time: 12.30pm
Location: The Park, Daventry Road, Knowle, Bristol BS4 1DQ

Agenda Number:	7.1
Title:	Quality and Performance Report – Month 9 (December data)
Purpose: Discussion & Information	
Key Points for Discussion:	

The 2 attached reports provide an overview of December 2022 data to cover Month 9 activity for quality and performance. A summary is provided below.

The committee are asked to note the following areas.

Quality (Appendix 1)

System Quality Group (SQG)

- **System Risk Appetite workstream** – a working group has been established to formulate a hierarchy of risk-based approaches to manage system risk pressures, which will report back to the SQG in April 2023.

Industrial action (IA) mitigation and actions – patient safety perspective

- The Trusts continue to work with respective unions on derogation of services for the current waves of industrial action. Some electives including outpatients continue to be cancelled and rebooked. Despite challenges clinical areas are being covered in accordance with derogations and enhanced discharge profiling is improving discharge flow. Recent evidence is suggesting that there has been a 30% decrease in the number of nurses withdrawing labour on industrial action days in February, and that this has been reflected on numbers at picket lines. The more immediate impact appears not be completely visible due to the long period of notice given by the RCN on action resulting in electives not being scheduled (and then as a default not needing to be cancelled). The immediate impact of potential patient harm is therefore difficult to determine and will need to be monitored over the longer term. The RCN have indicated that the next waves of industrial action will be “more impactful” with further details anticipated to be released later in February. SWAST patient safety teams were

redeployed to support frontline staff in addition to senior clinical staff triaging in the control room. This has hindered their patient safety and quality teams' ability to progress through the backlog of incidents as anticipated.

Healthcare Associated Infections

- **E. coli -** In December 2022, 33 cases of E. coli bacteraemia (a reduction of 12 from November) cases were assigned to BNSSG ICB. Case activity encouragingly remains below the thresholds set by NHSE, below the Southwest benchmarking and below all England benchmarking. Activity is also below the 2020/21 and 2021/22 year to date position. Patient hydration remains a key area of focus for improvement in the system.

- **MSSA – (Methicillin-resistant Staphylococcus aureus) I**n December 2022, 23 cases of MSSA bacteraemia were assigned to BNSSG ICB (an increase of 5 from the previous month). Case activity has been below the Southwest average since May 2021.
- **MRSA - (Methicillin-resistant Staphylococcus aureus)** In December, there was 1 case of MRSA bacteraemia assigned to BNSSG ICB, which is a decrease of 3 from November. The single case was a hospital onset case. The community chlorhexidine pilot for people who inject drugs has been extended for a fuller evaluation at the end of the year.
- **C.difficile** – BNSSG is currently around the regional and England average in terms of overall incidence, however we are awaiting data to confirm whether the system has higher levels than the regional average for older patients. In December 2023, 20 cases were attributed to BNSSG ICB which is a decrease of 6 against the previous month. The CDI working group continues to work with system and regional partners to understand the drivers behind a higher prevalence and incidence of CDI.

Serious Incidents and Learning

In December 2022, 18 Serious Incidents (SIs) were reported across BNSSG providers. There were also two reported Never Events. Pressure injuries and diagnostic delays were the leading themes in December. Diagnostic delays saw an increase in December with four reported incidents which is an increase from the previous month which didn't see any reported. Overall, diagnostic delays are the fourth top SI type reported this year so far, with 16 incidents reported since April 2022. The learning from the pressure injury incidents continues to be reviewed at the systemwide pressure injury group and identified themes and trends will feed the system improvement plan. For many of the incidents it appears through dialogue with partners that there continues to be an association with the current system pressures. Thematic analysis of SIs as shown in the attached Quality Report shows recurrent themes of policies not being followed correctly or a paucity of standard processes in place.

Never Events
There was 1 Never Event reported in January 2023. The incident was reported as a wrong site surgery event when a patient attending for interventional angioplasty on their left leg was

cannulated in their right common femoral artery. The procedure was halted and the cannula was removed from the right sided artery. The left sided procedure was then successfully carried out.
In this current financial year this brings the number of reported Never Events to nine (9).
A thematic review of reported never events is being undertaken which will be shared with BNSSG ICB in March. The initial findings demonstrate that the never events are happening outside of the theatre environment, (for example the radiology department) which indicates that there needs to be a focus on what is done differently outside of the operating theatre environment? The ICB quality team is also liaising with Gloucestershire ICB as they recently reviewed culture elements that contribute to never events. Once this insight has been received and reviewed it will be shared with the Acute Trusts.

Funded Healthcare
Adult Continuing Healthcare

28-day performance is 91% exceeding the target of 80%; it is however decreased by 3% from 94% in November, demonstrating the impact of winter pressures. The number of new funded nursing care determinations has increased to 489.
CHC support continues but is impacted by low capacity through late December/early January. Winter pressures funding is being used to increase capacity from Jan-Mar 2023.

Adult Fast Track End of Life
Fast track referral numbers were 4% higher than average in December, with 236 referrals being received. 62% of fast tracks were determined within 2 working days in December compared to 70% in November 2022 which could reflect decreased staffing numbers due to sickness.

Learning Disability and Autism
Adults - There has been a decrease in CTR and LEAP activity in December 2022 although there have been 37 Professionals meetings/MDT's/Safeguarding/Discharge planning meetings for adults. ICB commissioned placements remain below trajectory however SWPC (Secure) placements remain above the trajectory to reach the Long-Term Plan target.

Children & Young People (CYP) – There is ongoing work to increase input into the CYP dynamic support register which forms part of the ICB learning disability and autism work plan
There has been 1 referral and admission to Tier 4 services.
All CETR meetings are now being held as full day events which is in line with national guidance.

BNSSG System Flu Update 2022/23

The quality slides also provide an overview on this year's flu vaccination programme. Data overall continues to show a positive uptake rate for the 65years and over cohort and the System has now achieved 84.0% as per 22nd January. The 'at risk' cohort is showing an uptake of 52.9% with

variation in uptake showing between the different 'at risk' cohorts as well as between PCNs. This is detailed in the slides.
Uptake in the 2- and 3-year-olds (51% compared to 49.6% last month) and pregnancy cohorts (41.2% compared to 39.8% last month) are showing slight improvements but remain as areas for potential improvement. The BNSSG uptake shows a similar uptake to the Southwest picture but a slightly higher uptake than England as a whole.
Despite best endeavours health care staff uptake remains lower than target. Social Care staff uptake also remains low. System partners have met to support uptake in this area and address any barriers to social care staff (both Care Home and Domiciliary staff) to come forward for vaccination.
An influenza outbreak scenario testing session was held in mid-January which included a range of system partners to review current process and address any highlighted issues in our local pathway.
A seasonal vaccination review and planning meeting took place on 1st February to ensure that learning and good practice is taken forward into the next season. This was followed by an Immunisation Integration and maximising uptake workshop on 2nd February.
Further guidance from NHS England following the JVCI recommendations for 2023/24 is still awaited as is clarification regarding the eligible cohort groups for next season.

Performance (Appendix 2)

Summary of System Performance

- Overall, BNSSG Trusts' 4hr A&E performance improved from 54.1% to 66.3% in January 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 80,290 in November to 85,246 in December. BNSSG performance of 62.6% was ranked 9th out of 42 ICBs nationally (down from 8th in November) and ranked 2nd out of 6 ICBs in the Southwest (same since July).
- The number of BNSSG patients waiting 52 weeks or more for planned treatment increased from 4,761 in November to 5,345 in December – 6.3% of the total waiting list. The number increased at both NBT and UHBW. The BNSSG position is driven by waits at NBT (2,395) and UHBW (1,898), with the remaining 1,052 breaches split across 46 other providers including 559 at Sirona Care and Health. Focused work to facilitate elective recovery ambitions are being implemented.
- The number of BNSSG patients waiting over 78 weeks increased from 552 in November to 747 in December. The number decreased at NBT but increased at UHBW. The BNSSG position is driven by waits at NBT (248) and UHBW (286). The remaining 213 breaches are split across 17 other providers, with the majority at Sirona (150), Spire Bristol (25) and RUH (13).

- The number of BNSSG patients waiting over 104 weeks increased from 16 in November to 35 in December. The number decreased at NBT and UHBW. The BNSSG position is driven by waits at Sirona (24), NBT (10) and UHBW (1).
- 2 weeks wait cancer performance improved in December to 53.08% for the BNSSG population. Performance improved at NBT and UHBW. The 93% national standard has not been achieved at population level since June 2020.
- 28-day faster diagnosis standard for BNSSG cancer patients improved in December to 53.60% for the BNSSG population. Performance improved at UHBW but worsened at NBT. 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 November to 51.22%. Performance improved at both NBT and UHBW. The 85% national standard has not been achieved at population level since April 2019.

Please note that at the time of producing this report we are checking the Sirona RTT position as it is not expected for there to be long RTT waits with this provider.

Key Headlines of 2023/24 Operating Plan Requirements

Operational Planning guidance was released in December 2022 and recently updated at the end of January 2023: NHS England » 2023/24 priorities and operational planning guidance. The guidance through NHS England asks systems to focus on the following tasks in 2023/24:

- Prioritise recovering core services and productivity.
- Return to delivering the key ambitions in the NHS Long Term Plan
- Continue transforming the NHS for the future.

The guidance includes 32 national objectives against the first two priorities covering twelve areas of the NHS. These are shown below on the next page.

The delivery plan for delivering urgent and emergency care services was released at the end of January 2023. The delivery plan recognises the current challenges in urgent and emergency care and the need to create additional capacity in terms of beds as well as ambulance capacity. Systems are expected to work together to improve processes and standardise care, reducing variation in care within ED including referrals to specialist care and ensuring access to same day emergency care. System Control Centres are expected to become an all year-round solution to help manage system risk and ensure capacity in al providers is used effectively. Workforce pressures are recognised, and the plan asks for flexibility and creation of new roles. Discharge is a key priority area where there is expected to be an increase in capacity in step down services and social care, especially domiciliary care. Finally, the plan sets out expectations in relation to expanding care outside of hospital which will include urgent and community services, community mental health services, roll out of adult and paediatric acute respiratory infection hubs, support to high intensity users and expansion to virtual wards.

BNSSG System approach to development of plans to respond to all sets of national guidance has been through the delivery of a planning process with discussions being held in planning forums by programme area. At present activity modelling is underway but interdependencies between workstreams need to be brought together and agreed before trajectories can be finally produced. There is a further check and challenge planning day scheduled in March to sign off the final plan for submission at end of March 2023 to NHS England.

National NHS objectives 2023/24

	Area	Objective
Recovering our core services and improving productivity	Urgent and emergency care*	Improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
		Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
		Reduce adult general and acute (G&A) bed occupancy to 92% or below
	Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
		Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
	Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
		Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
		Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
		Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
	Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
		Deliver the system-specific activity target (agreed through the operational planning process)
	Cancer	Continue to reduce the number of patients waiting over 62 days
		Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
		Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
	Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
		Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
	Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury
		Increase fill rates against funded establishment for maternity staff
	Use of resources	Deliver a balanced net system financial position for 2023/24
LTP and transformation	Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
	Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
		Increase the number of adults and older adults accessing IAPT treatment
		Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
		Work towards eliminating inappropriate adult acute out of area placements
		Recover the dementia diagnosis rate to 66.7%
		Improve access to perinatal mental health services
	People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
		Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
	Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
		Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
		Continue to address health inequalities and deliver on the Core20PLUS5 approach

ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published

7 | 2023/24 priorities and operational planning guidance

Recommendations:	To note the reports including any risks, mitigating actions and responsibilities as appropriate.
Previously Considered By and feedback:	Discussed at Outcomes and Quality Committee on 16.02.2023 where discussion focussed on the system response to industrial action and the improvement on some elements of urgent care performance
Management of Declared Interest:	None declared
Risk and Assurance:	The report and appendices provide an update to the ICB Board in relation to key risks to performance and quality within the system and highlight supporting mitigations which are in place.
Financial / Resource Implications:	None referenced
Legal, Policy and Regulatory Requirements:	None referenced
How does this reduce Health Inequalities:	Not referenced
How does this impact on Equality & diversity	As above
Patient and Public Involvement:	Not applicable
Communications and Engagement:	The reports are provided to the ICB Board for information and discussion.
Author(s):	Caroline Dawe - Deputy Director of Commissioning (Performance Improvement) Gary Dawes - BI Manager, Performance, BNSSG ICB Sandra Muffett – Head of Patient Safety & Quality, BNSSG ICB Michael Richardson, Deputy Nursing Officer, BNSSG ICB
Sponsoring Director / Clinical Lead / Lay Member:	Rosi Shepherd, Chief Nursing Officer, BNSSG ICB Lisa Manson, Director of Performance and Delivery, BNSSG ICB

NHS
Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

BNSSG Quality Report

February Report

for

Month 9 and Quarter 3

(December 2022 data)

2022/23

Contents

Please note: *All information, data and graphs represent the latest information available at the time of the report.*

Quality - Current updates and any emerging issues identified since December 2022

➢ **System Quality Group (SQG)**

- **System Risk Appetite workstream –** a working group has been established to formulate a hierarchy of risk-based approaches to manage system risk pressures, which will report back to the SQG in April 2023.

➢ **Never Events** – There was 1 Never Event reported in January 2023 which happened in December 2022. The incident was reported as wrong site surgery event when a patient attending for interventional left leg angioplasty was cannulated in their right common femoral artery. The procedure was halted and the cannula was removed from the right sided artery. Left sided procedure then successfully carried out.
The Quality team continues to support the acute providers in developing the thematic review report of never events which is due to be shared with the ICB in March. It is clear that the never events seem to occur outside of the theatre environment, for example the radiology department. The ICB quality team is also liaising with Gloucestershire ICB as they recently reviewed culture elements that contribute to never events. Once this insight has been received and reviewed it will be shared with the Acute Trusts.

➢ **Category 2 calls –** SWASFT have reviewed their position in responding to category 2 calls. At times of escalation, a clinician will review the category 2 waiting stack. If a patient is identified as not requiring ambulance response, a clinical triage will occur at times of extreme pressure. This can be a shortened red flag triage and if appropriate referred to CAS or for a transfer to an urgent care response. There is a pilot evaluation of care coordination in BSW, which facilitates a single point of access. The pilot scheme will end in April with the evaluation shared. There is a national pilot of segmentation of category 2, which splits the incidences based on evidence of greatest risk, with the aim to increase the amount of hear and treat and onward referral to urgent care services.

➢ **Industrial action mitigation and actions** – NBT and UHBW encountered an overwhelming demand during the workforce strikes, especially on frontline staff. Both Trusts made efforts to mitigate the impact from the strike action. Both Trusts are completing a quality impact assessment to understand the full effect on services and potential harm as well as reviewing the resources that were required to mitigate impact. National and local communications to the general public helped to reduce operational impact. Recent evidence is suggesting that there has been a 30% decrease in the amount of nurses withdrawing labour on industrial action days in February, and that this has been reflected on numbers at picket lines. The more immediate impact appears not be completely visible due to the long period of notice given by the RCN on action resulting in electives not being scheduled (and then as a default not needing to be cancelled). The immediate impact of potential patient harm is therefore difficult to determine and will need to be monitored over the longer term. The RCN have indicated that the next waves of industrial action will be “more impactful” with further details anticipated to be released later in February. SWAST patient safety teams were redeployed to support frontline staff in addition to senior clinical staff triaging in the control room. This has hindered their patient safety and quality teams ability to progress through the backlog of incidents as anticipated.

Quality Report – Health Care Acquired Infections (HCAI) ICB Overview
Reporting Period – Month 9 2022/23 – December & Q3 data
Information Source and date of information – UK Health Security Agency (UKHSA), ICS HCAI Lead as of 13/10/2022

BNSSG Annual Standard

- Integrated Care Boards (ICB's) and secondary care providers threshold levels for 2022/23 were released in April 2022 by NHS England and NHS Improvement.

- Both ICB and secondary care threshold levels are specified below:

- ***Clostridiodes difficile (CDI)*** = 308
- ***Escherichia coli (E. coli)*** *= 534*
- ***Methicillin Resistant Staphylococcus Aureus (MRSA)*** = 0
- ***Methicillin Susceptible Staphylococcus Aureus (MSSA)*** – No threshold
- ***Klebsiella*** = 160
- ***Pseudomonas aeruginosa*** = 63

Performance for November 2022

- **CDI** = 20 HOHA=6 (NBT-1, UHBW-5), COHA=6, COCA=5, COIA=3
- **E. coli** = 33 HOHA=7 (NBT-4, RUH-1, UHBW-2), COHA=3 COCA=23, COIA=0
- **MRSA** = 1, HOHA=1 (UHBW-1), COHA=0, COCA=0, COIA=0
- **MSSA** = 23, HOHA=9 (NBT-2, UHBW-6, OTHER=1) COHA=1 COCA=13 COIA= 0
- **Klebsiella** =8 HOHA=4 (NBT-2, UHBW-2) COHA=0, COCA=4, COIA= 0
- **Pseudomonas aeruginosa** = 4, HOHA=1 (NBT-1), COHA=2, COCA=1, COIA=0

HOHA *– Hospital Onset, Hospital Associated*
COHA *– Community Onset, Hospital Associated*
COCA *– Community Onset, Community Associated*
COIA *– Community onset, Indeterminate Association*

Risks/Assurance Gaps

The Statistical Process Control (SPC) data points for this month are within the upper and lower limits which shows the process (or the number of cases) is generally steady or within its expected bounds.

Special focus on Hospital Onset HCAI this month.

Commentary
- MRSA- Zero tolerance has not been achieved. There was one case in December originating in UHBW.
- CDI- The 20 cases are currently categorized as follows: New infection (16), Continuing Infection (1), Repeat/Relapse (1), Unknown (2).
- Reduction (monthly trend) in Klebsiella spp for December.
- E.coli- the majority of the 33 cases continue to be Community Onset (26). Year on year reduction for Month 9 case total.

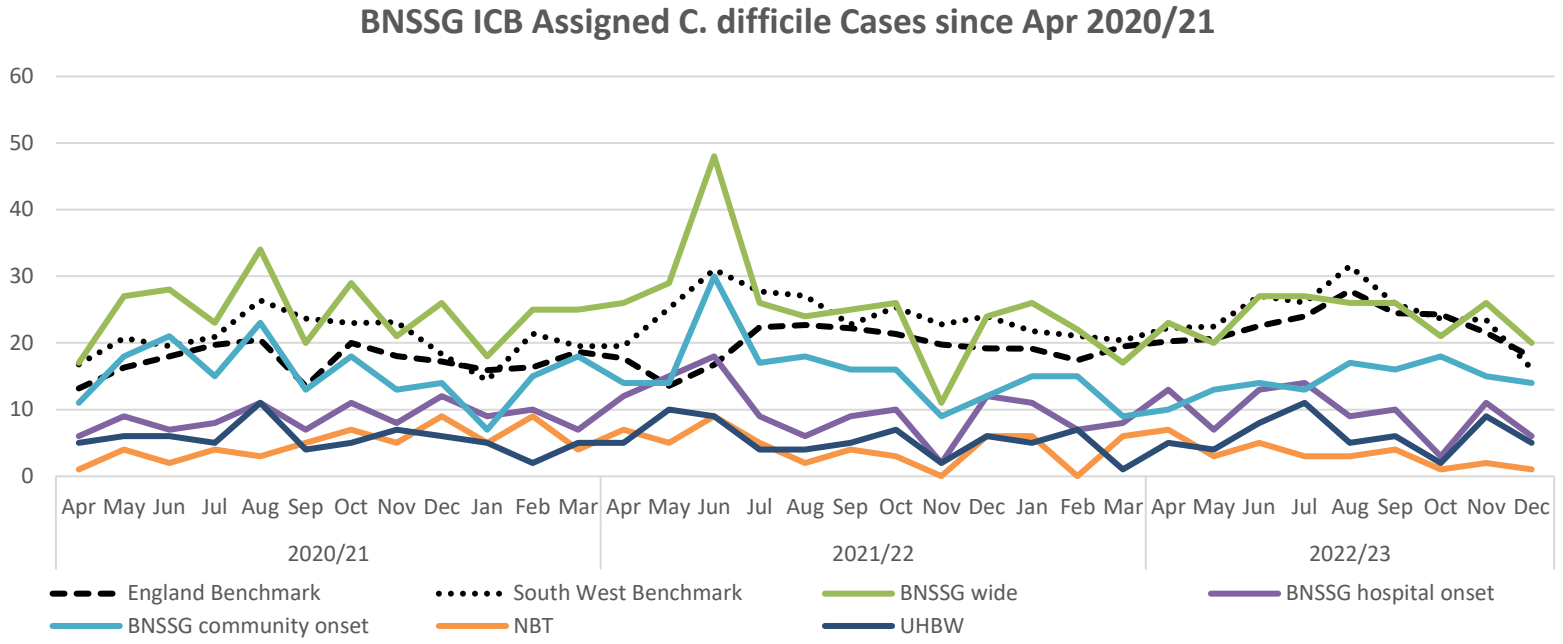
Assurance
- Comparison with all England and Southwest 2022/23 benchmarks is provided.

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Threshold to date	Assigned Cases 2022/23	Position against threshold	Month 9 position 21/22	Month 9 position 20/21
C. difficile	23	20	27	27	26	26	21	26	20				231	216	↓	239	225
E. coli	42	39	49	43	40	47	44	41	33				401	378	↓	428	445
MRSA	4	2	1	1	2	5	1	4	1				0	21		28	24
MSSA	16	12	10	17	13	18	22	18	23							123	135
Klebsiella spp	11	13	16	17	17	12	10	19	8				120	123	↑	132	117
Pseud A	3	5	7	6	7	9	6	2	4				47	49	↑	53	47

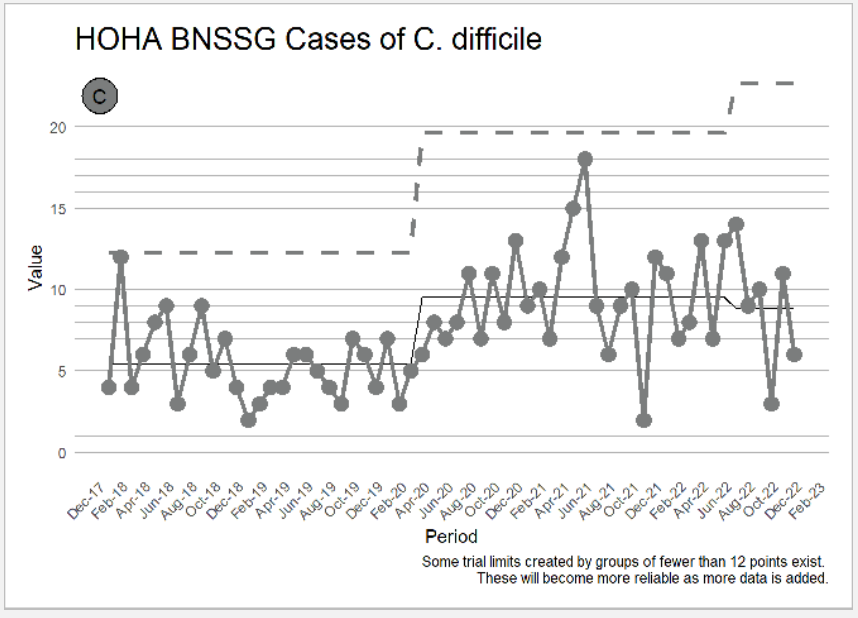
*The above table provides the monthly ICB assigned cases as well as the year to date total. The final columns are our benchmark against the 2020/21 and 2021/22 position.

Quality Report - Healthcare Acquired Infections - Supporting Analysis

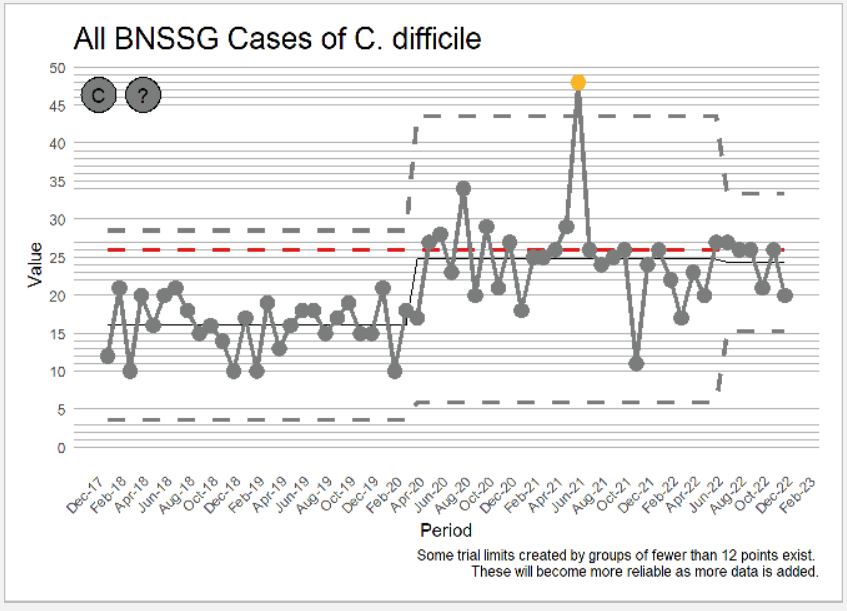
C. Difficile	20
HOHA	6
COHA	6
COCA	5
COIA	3



No significant change in data for Hospital Onset C. Difficile. Concerning variation would be if the data points exceeded Upper Limit (grey dashed line).

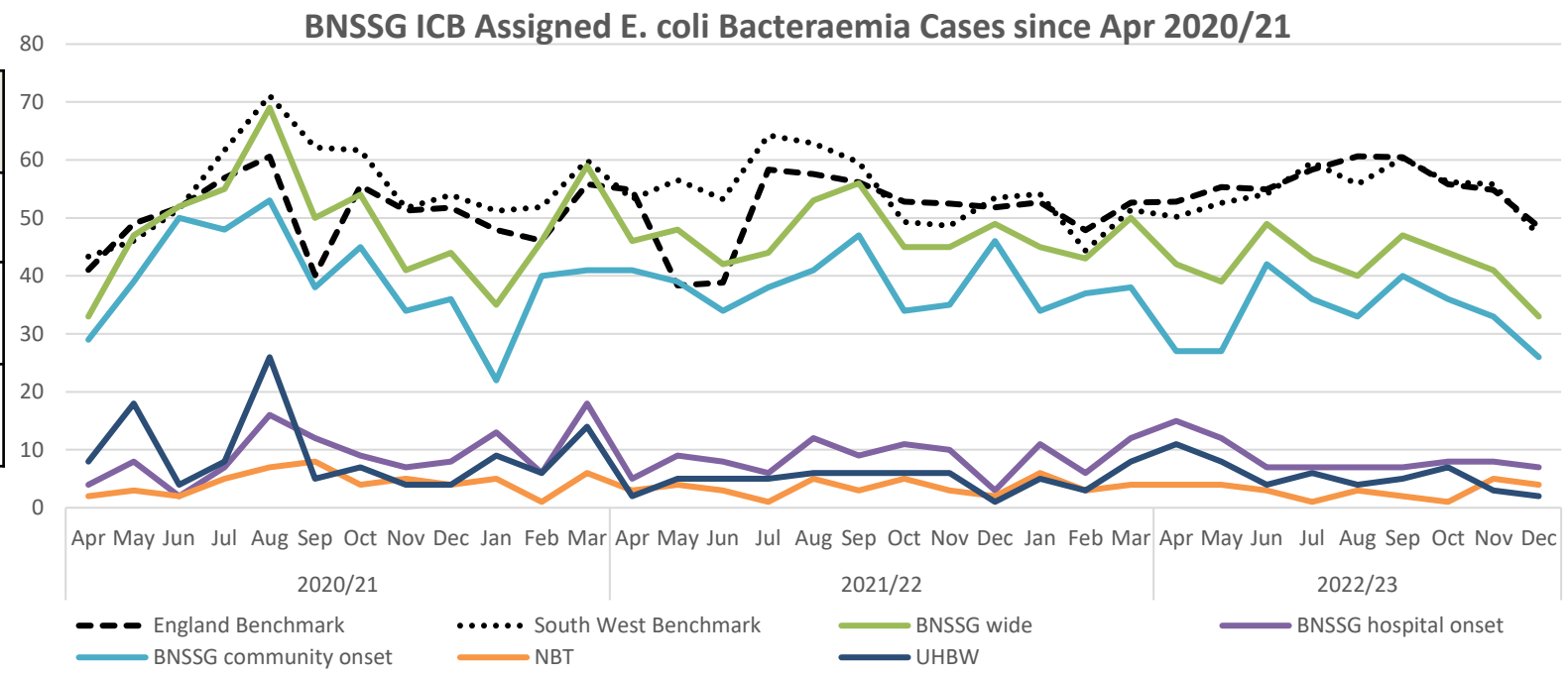


No significant change in data BNSSG Wide C. Difficile. Adjusted for COVID (Apr-20) and July 22 and this is reflected in the shape change of the upper and lower bounds. Consistently hits and misses threshold target.

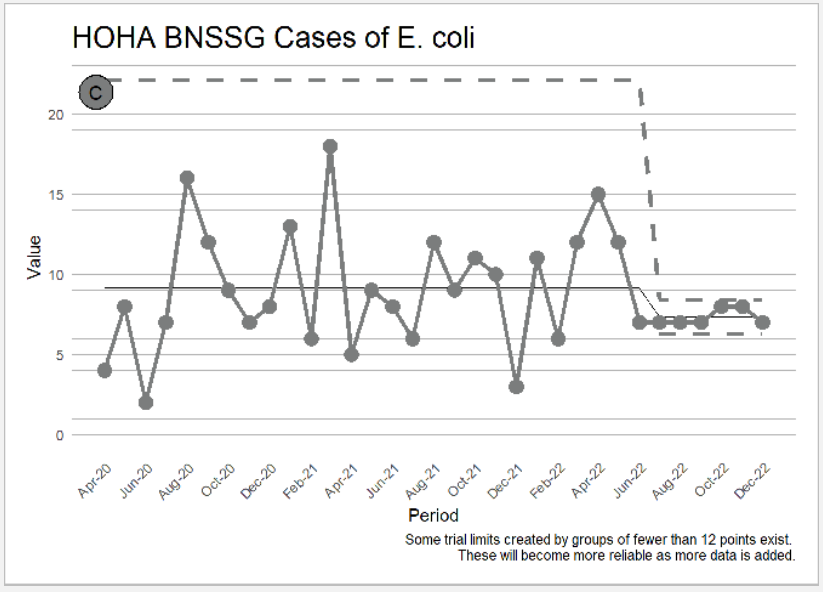


Quality Report - Healthcare Acquired Infections - Supporting Analysis

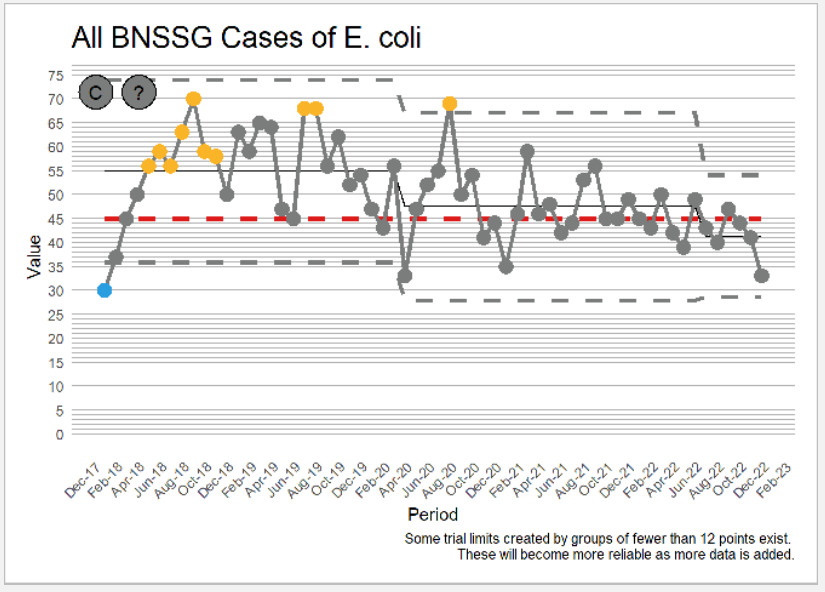
E. coli	33
HOHA	7
COHA	3
COCA	23



No significant change in data for Hospital Onset E. coli. Concerning variation would be if the data points exceeded the Upper Limit (grey dashed line). Adjustment on July 22 has lead to narrow limits between upper and lower bounds and will become more reliable over time if more variation is introduced.

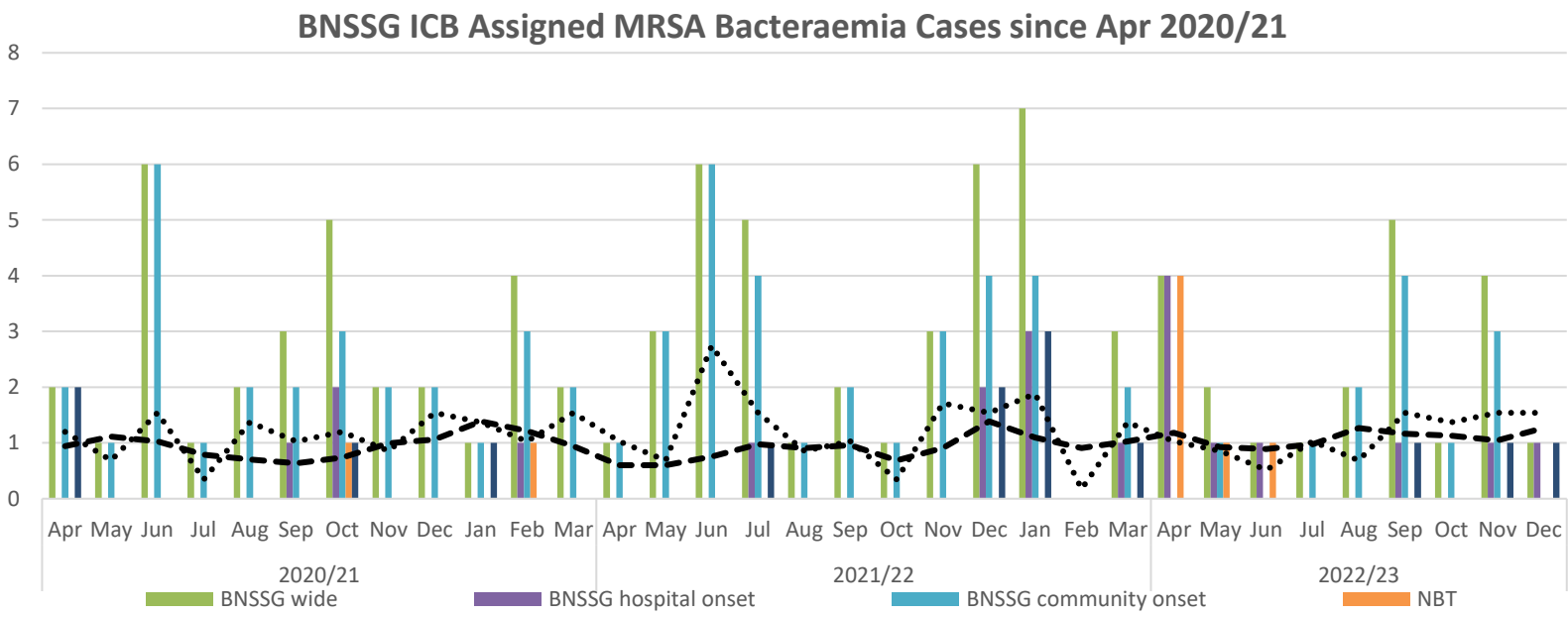


No significant change in data for BNSSG Wide E. coli. Adjusted for COVID (Apr-20) and July 22 and this is reflected in the shape change of the upper and lower bounds. Consistently hits and misses threshold target.

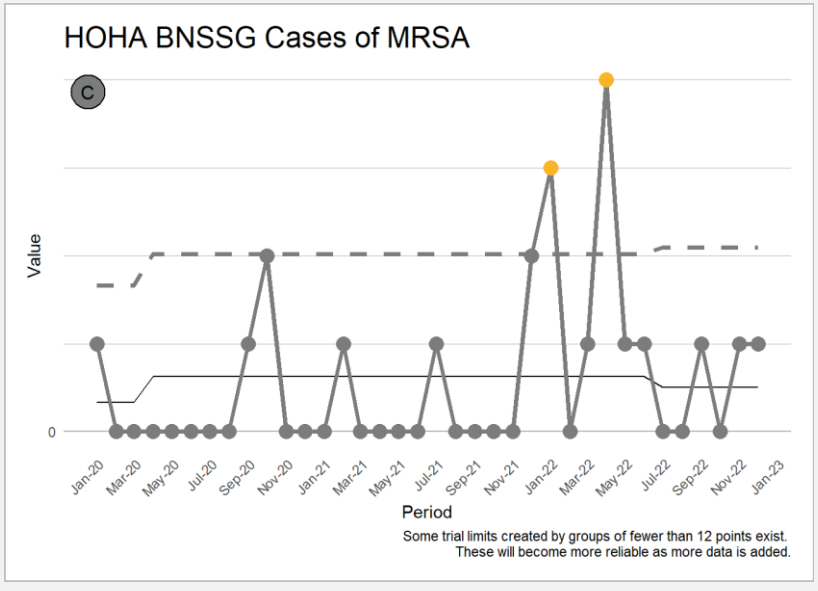


Quality Report – Healthcare Acquired Infections - Supporting Analysis

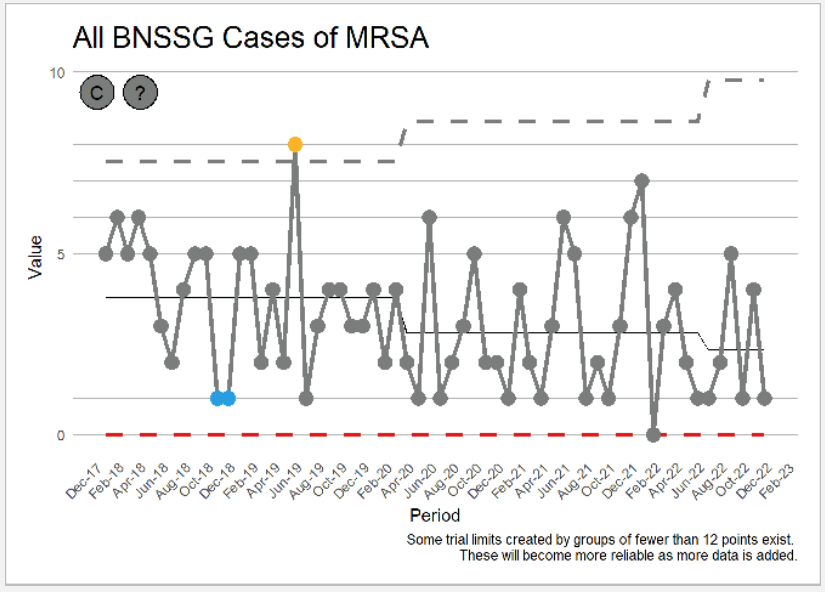
MRSA	1
HOHA	1
COHA	0
COCA	0



No significant change in data for Hospital Onset MRSA. Concerning variation would be if the data points exceeded Upper Limit (grey dashed line) which would be more than 1.

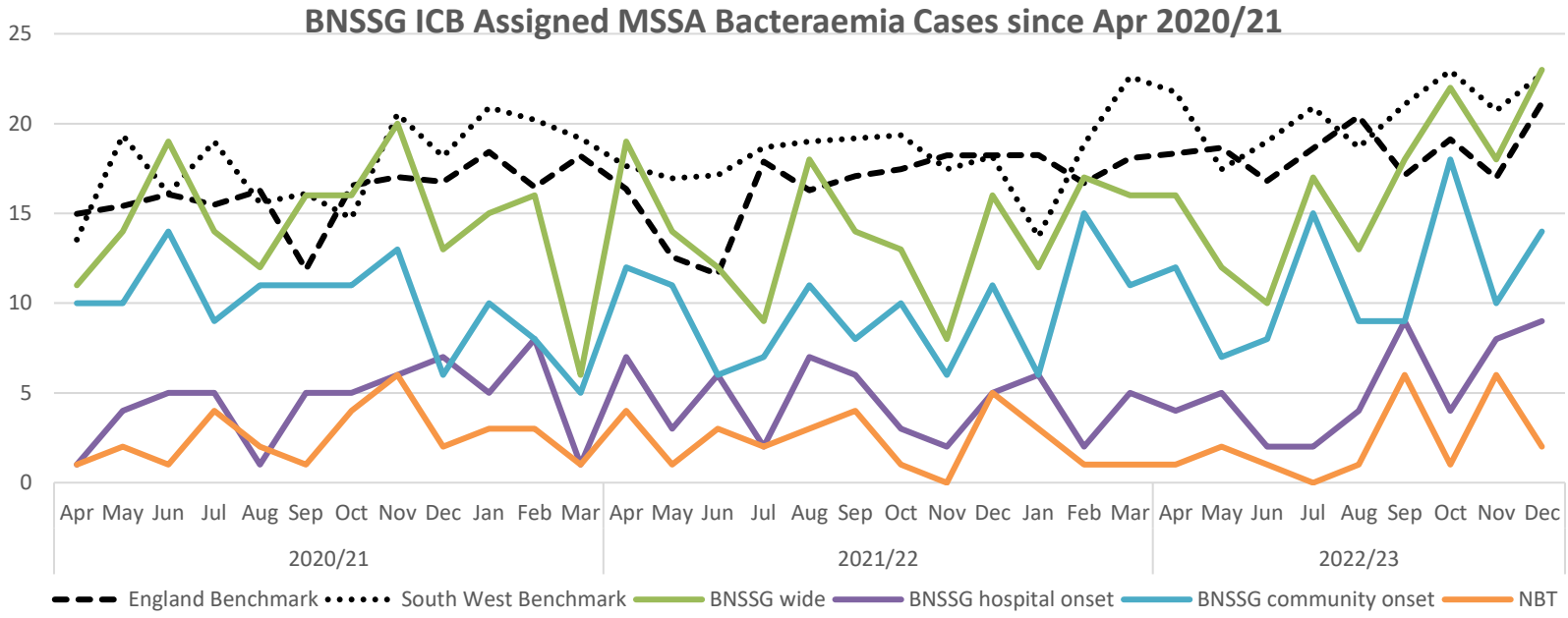


No significant change in data for BNSSG Wide MRSA. Adjusted for COVID (Apr-20) and July 22 and this is reflected in the shape change of the upper and lower bounds. Consistently fails to meet the target, however, classed as hit and miss as the data lies between our upper and lower limits.

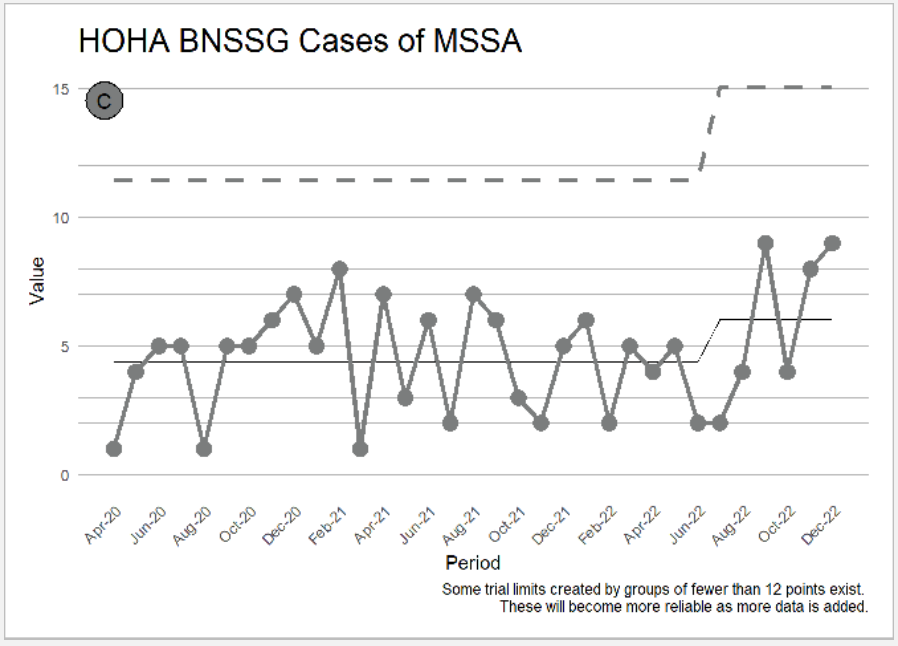


Quality Report – Healthcare Acquired Infections - Supporting Analysis

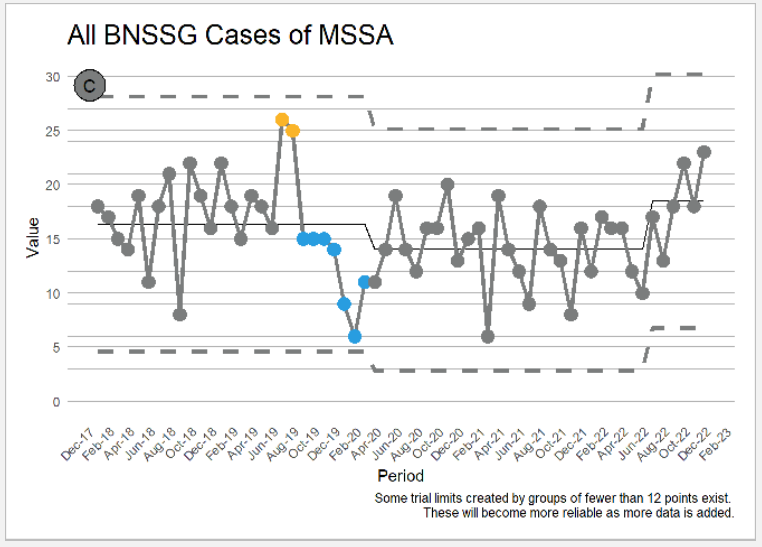
MSSA	23
HOHA	9
COHA	1
COCA	13



No significant change in data for Hospital Onset MSSA. Concerning variation would be if the data points exceeded Upper Limit (grey dashed line).

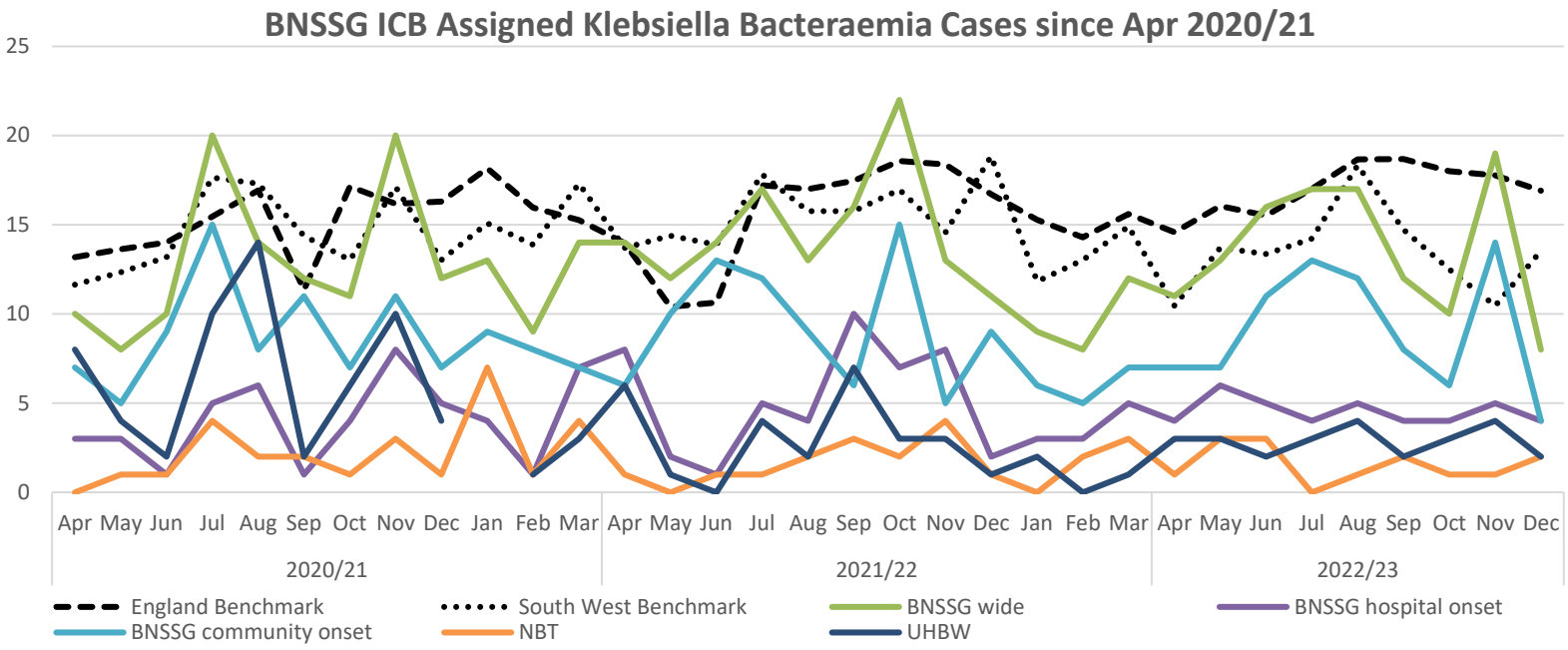


No significant change in data for BNSSG Wide MSSA. Adjusted for COVID (Apr-20) and July 22 and this is reflected in the shape change of the upper and lower bounds. There is no threshold. Values are increasing above the moving average but still within upper and lower bounds, if this continues it could be a concern next month.

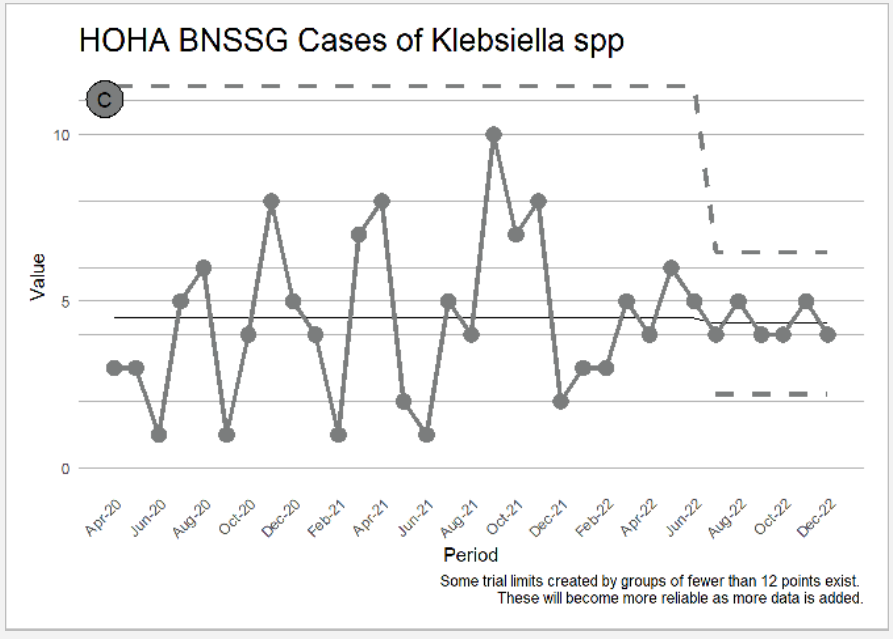


Quality Report - Healthcare Acquired Infections – Supporting Analysis

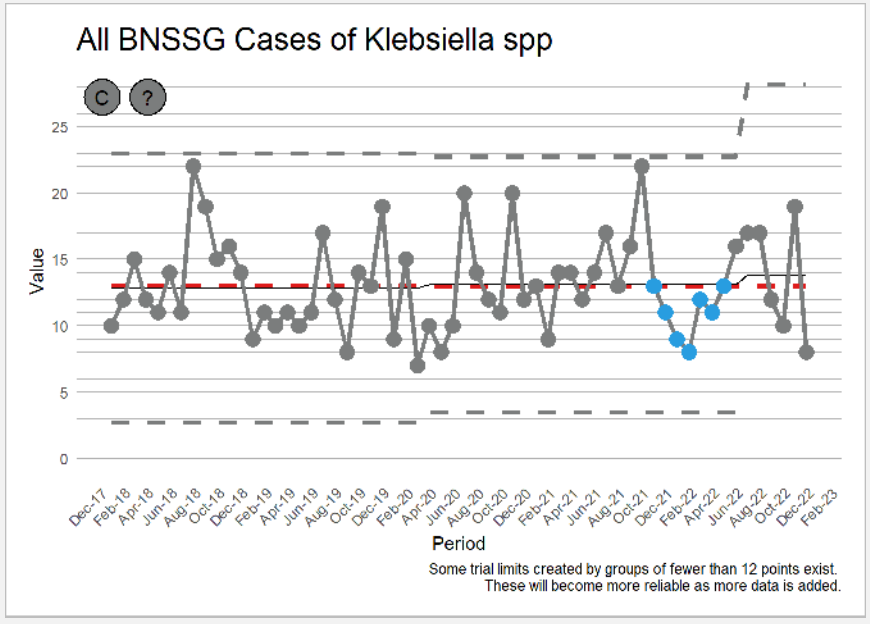
Klebsiella spp	8
HOHA	4
COHA	0
COCA	4



No significant change in data for Hospital Onset Klebsiella Spp. Concerning variation would be if the data points exceeded Upper Limit (grey dashed line).

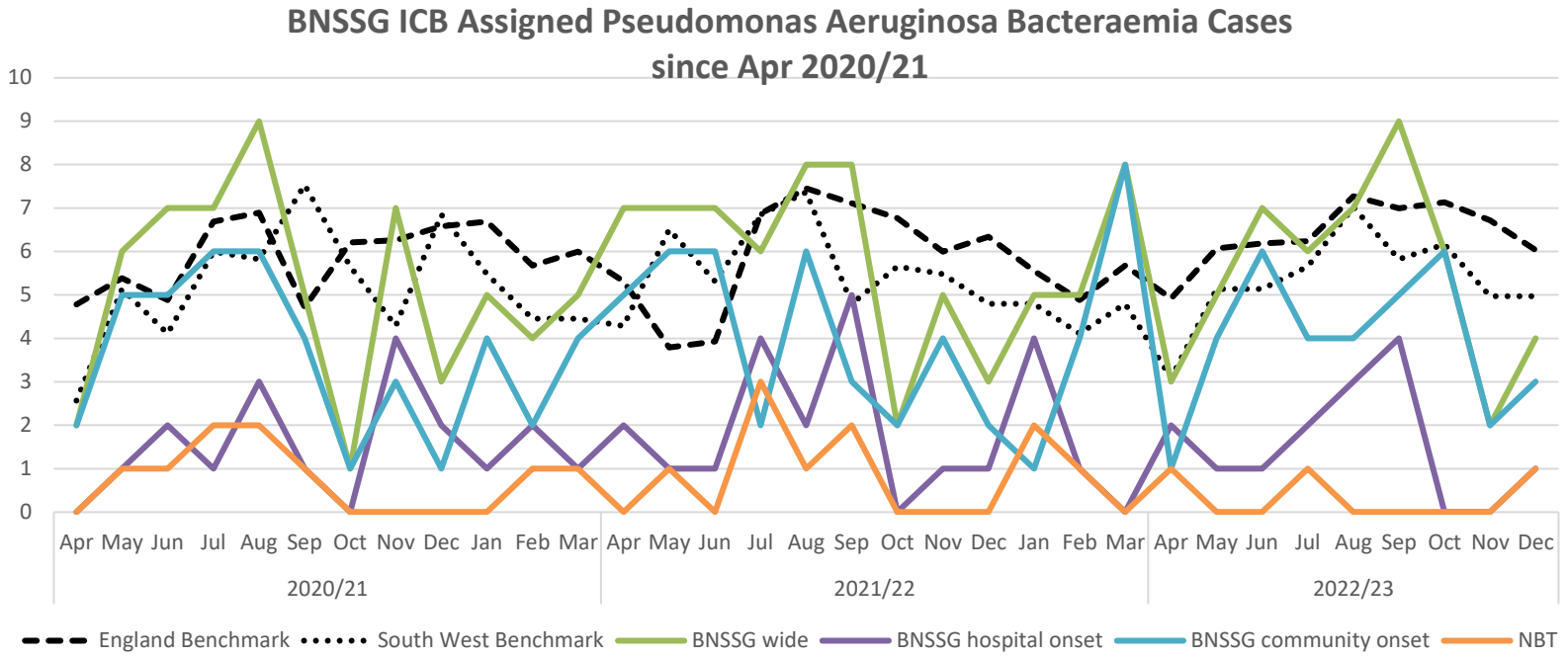


No significant change in data for BNSSG Wide Klebsiella Spp. Adjusted for COVID (Apr-20) and July 22 and this is reflected in the shape change of the upper and lower bounds. Consistently hits and misses threshold target.

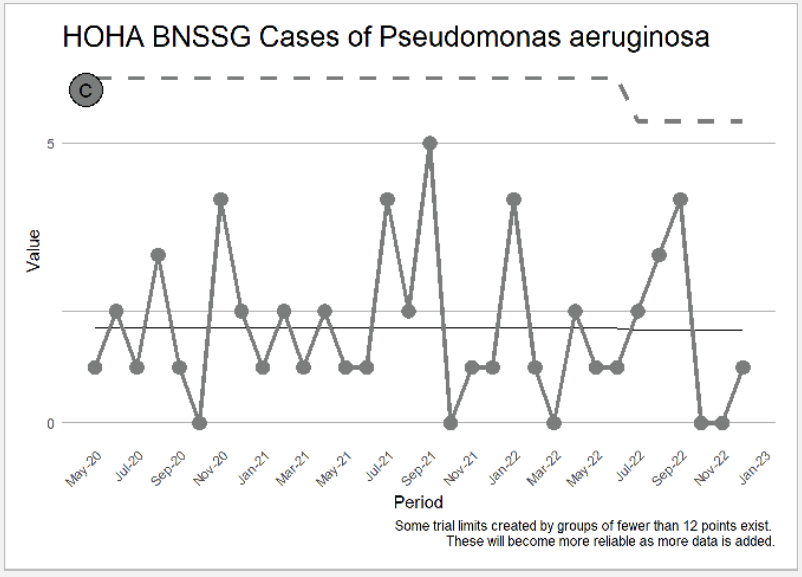


Quality report – Healthcare Acquired Infections - Supporting Analysis

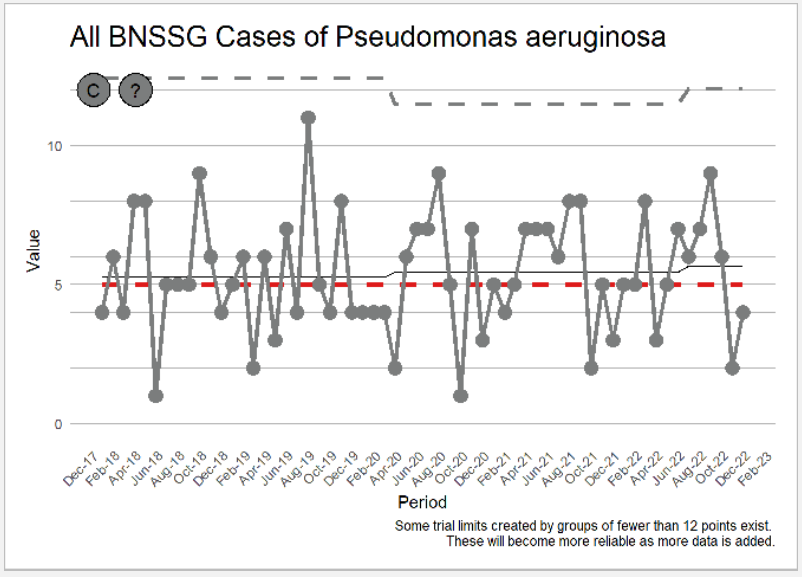
Pseud A	4
HOHA	1
COHA	2
COCA	1



No significant change in data for Hospital Onset Pseud A. Concerning variation would be if the data points exceeded Upper Limit (grey dashed line).



No significant change in data for BNSSG Wide Pseud A. Adjusted for COVID (Apr-20) and July 22 and this is reflected in the shape change of the upper and lower bounds. Over threshold for last 5 data points, but within upper limit which suggests the process is steady.



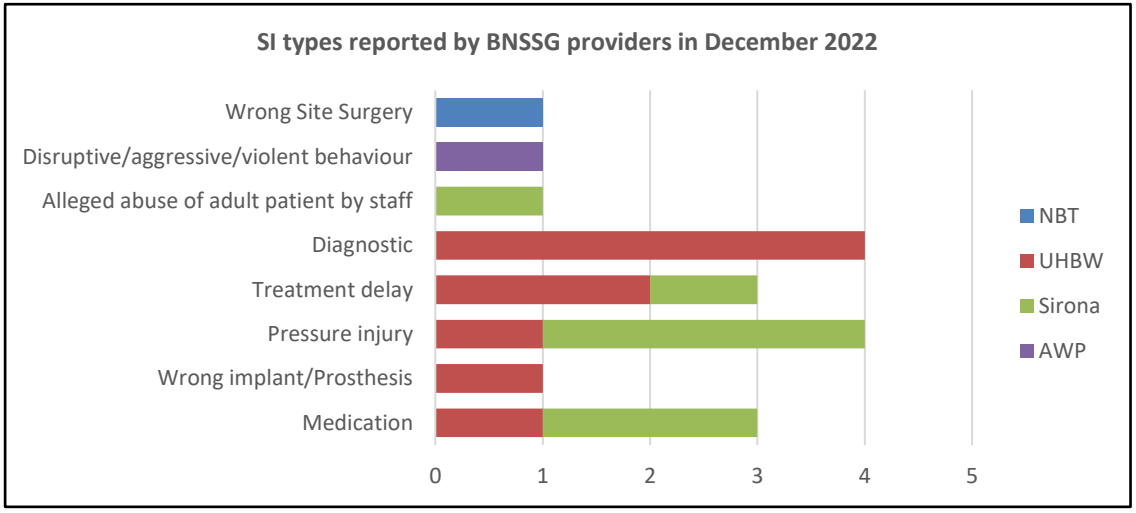
Nursing & Quality - Serious Incidents including Never Events
Reporting Period – Month 9 2022/23 – December & Q3 data
Information Source and date of information – 15/12/2022

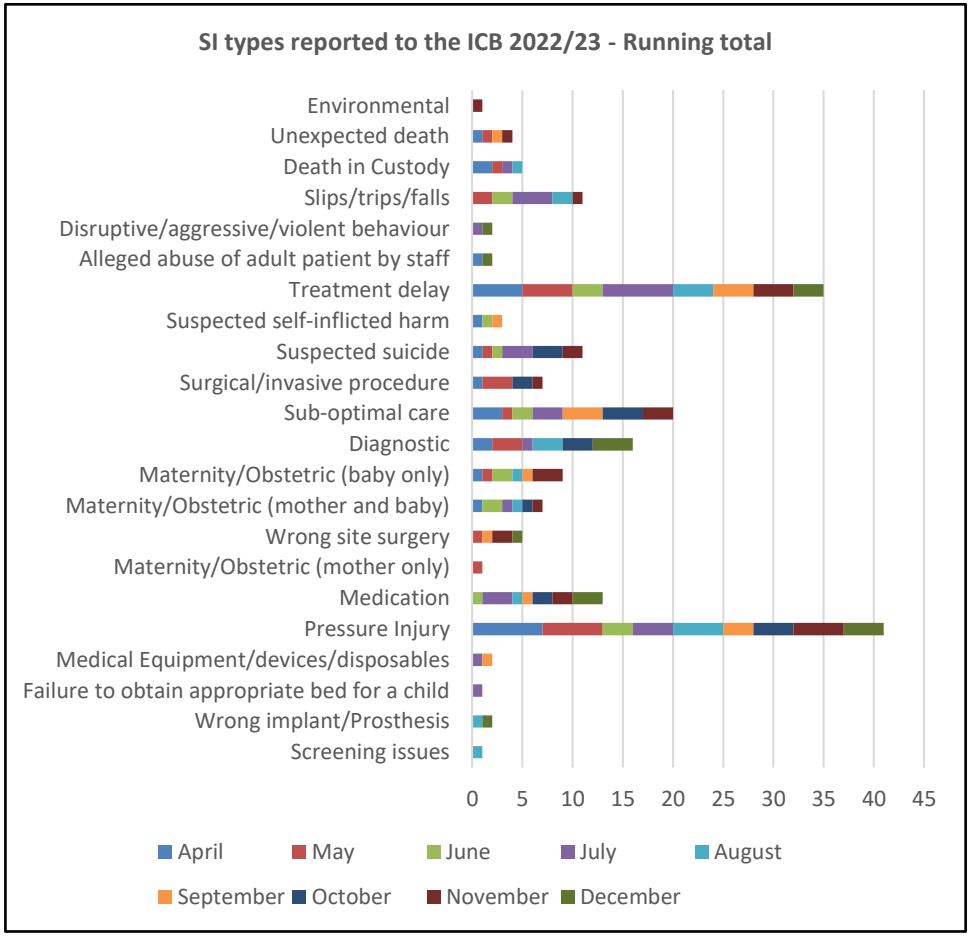
Current Month Overview

- In December 2022, 18 Serious Incidents (SIs) were reported across BNSSG providers, including two Never Events (NEs) reported, one from each of the Acute Trusts.
- The first NE reported relates to excision of the wrong lesion. The second NE reported relates to a burr hole medium fixed pressure shunt valve insertion instead of a simple burr hole reservoir.
- Pressure Injury (PI) incidents remain one of the top reported types in December, with a slight decrease from the previous month. There was one Category 4 and three unstageable PI's reported.
- Diagnostic incidents have seen a increase in December with four reported, following none reported the month before.

SIs reported across BNSSG 2022/23

Provider	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	YTD SIs
NBT	4 (1)	3 (1)	1	0	1	0	0	7 (2)	1 (1)	17 (5)
UHBW	7	10	7	15	11 (1)	4 (1)	8	6	9 (1)	77 (3)
Sirona	7	6	5	8	5	8	5	8	7	59
AWP	5	3	2	5	2	3	3	3	1	27
SWASFT	0	1	1	1	1	1	0	2	0	7
GP	0	0	0	0	0	0	0	0	0	0
Other	3	3	1	1	0	1	3	0	0	12
Total	26 (1)	26 (1)	17	30	20 (1)	17 (1)	19	26 (2)	18 (2)	199 (8)



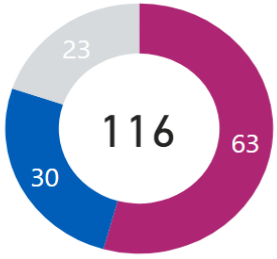


Year	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total SIs per Year
2021/2022	25 (2)	20	24	23(1)	12	20 (2)	15	24	15 (1)	19	18	21	**236 (6)**
2022/2023	26 (1)	26 (1)	17	30	20 (1)	17 (1)	19	26 (2)	18 (2)				**199 (8) running total**

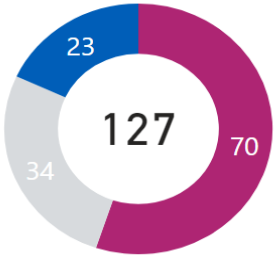
**The numbers in brackets indicate the number of Never Events reported. * From 2020/21, figures exclude the HCAI/Nosocomial COVID SIs*

- **Nursing & Quality – Funded Care – Adult Continuing Healthcare (CHC)**
- **Reporting Period: December 2022**

CHC Referrals Received

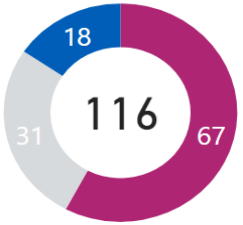


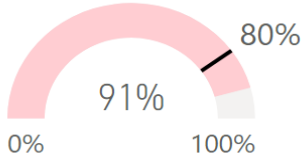
CHC Referrals Completed



Not Eligible	75
Discounted	54
Eligible	29

CHC Decisions within 28 Days





Conversion Rate

BNSSG	27%
Bristol	27%
N Som	31%
S Glos	25%

Mean Days to Decision

BNSSG	17.49
Bristol	16.50
N Som	22.61
S Glos	16.06

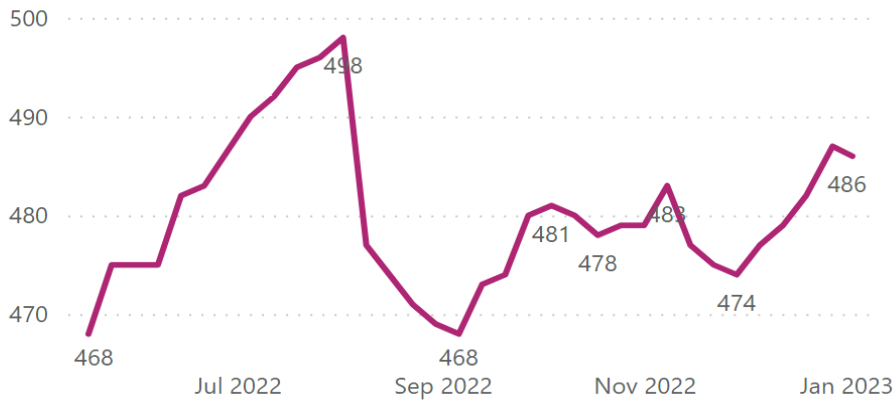
Open Referrals Exceeding 12 weeks at data extract date

1

Adult CHC Funded Caseload at data extract date

489

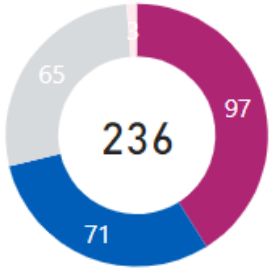
Weekly Standard CHC Caseload



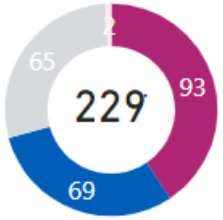
Narrative:
CHC 28 day New 91 %, decreased by 3% from 94% showing impact of winter pressures.
FNC performance maintained.
CHC caseload increased to 489.
CHS support continues but impacted by low capacity through late December/early January. Winter pressures funding being used to increase capacity from Jan-Mar 2023.
FT being supported with 10 week reviews to ensure flow of referrals for 3m FT reviews, reducing caseload.
Transformation work being impacted by long term sick and vacancies with reduced capacity, but progressing.

- **Nursing & Quality – Funded Care – Adult CHC Fast Track End of Life**
- **Reporting Period: December 2022**

Fast Track Referrals Received



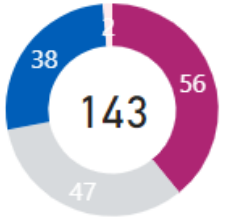
Fast Track Referrals Determined

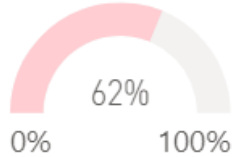


Eligible 211

Discounted 18

FT Decisions within 2 Working Days

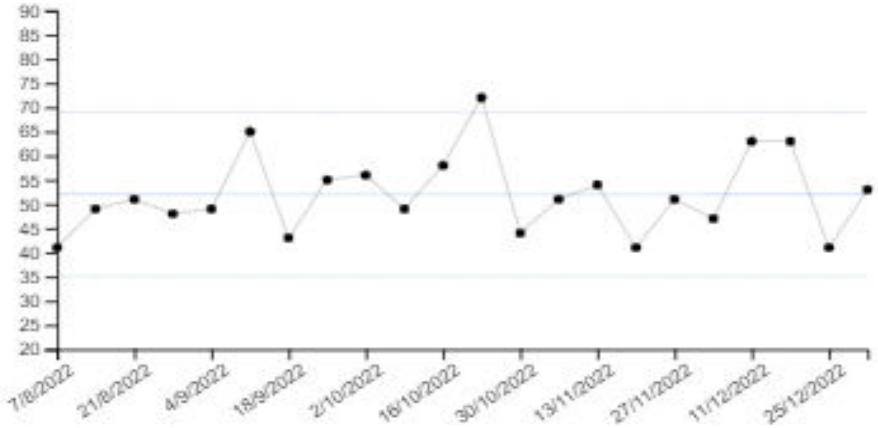




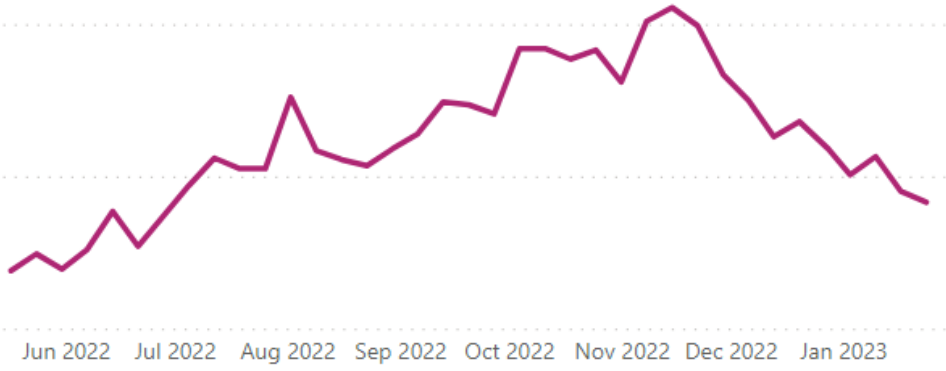
From December 2022

To December 2022

SPC Chart of Weekly Fast Track Referrals Received



Weekly Fast Track Caseload



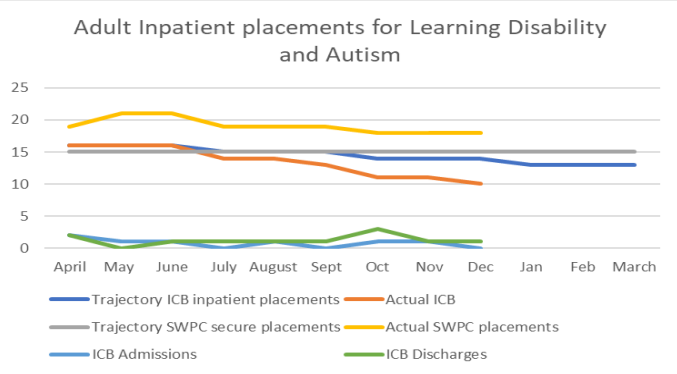
Narrative

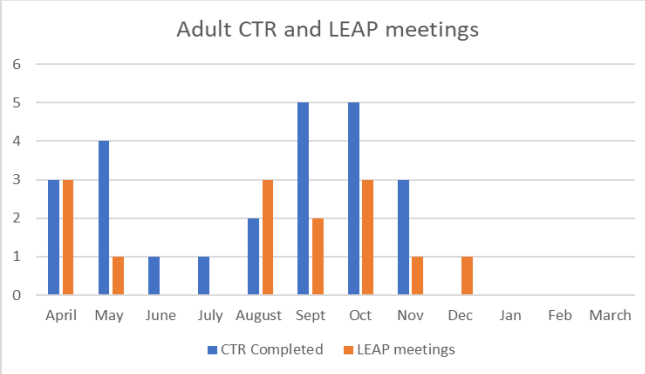
FT referral numbers were 4% higher than average in Dec, with 236 referrals being received in total across the 3 areas (the average/mth is 226)
Acute hospital referrals were 8% down in total against average but FT referrals from non hospital sources were 12% up.
Possible reasons – reluctance for admission from community due to ambulance waits and public awareness of bed pressures.
There has been a reduction of 44 cases in the total fast track caseload size since last month – from 459 last month to 415 this month, which is a 10% reduction.
As a result of increasing review capacity, there has been a 12% reduction in the number Fast Track cases awaiting a 10wk review – from 439 last month to 386 this month, and the percentage of these which are overdue have reduced from 51% last month to 45% this month.

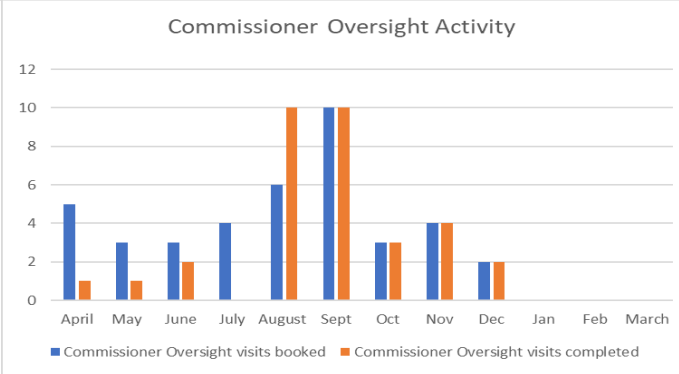
- **Nursing & Quality – Funded Care – Assuring Transformation – Learning Disability and Autism**
- **Reporting Period: December 2022**

Performance/Data for 2022-2023

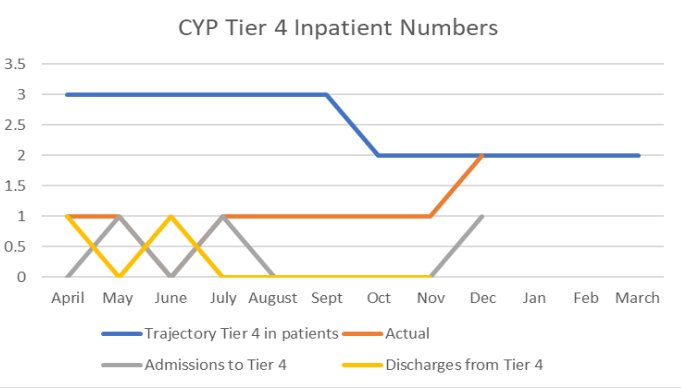
Adults

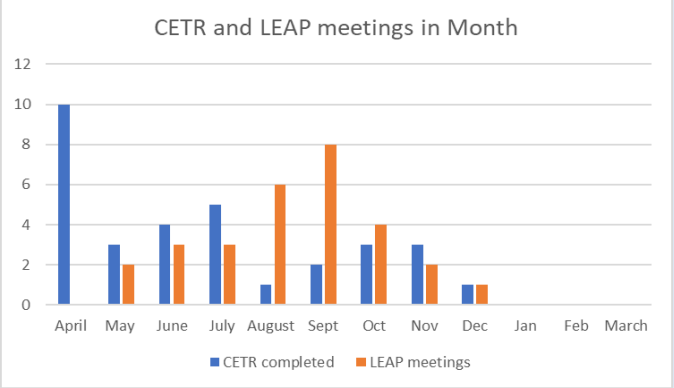






CYP





Adults

- There has been a decrease in CTR and LEAP activity in December but there has been 37 Professionals meetings/ MDT's/ Safeguarding/Discharge planning meetings for adults.
- ICB commissioned placements remain below trajectory however SWPC (Secure) placements remain above the trajectory to reach the Long Term Plan target
- 2 individuals are being managed through the court of protection (1 Community, 1 inpatient)

CYP

- Ongoing work to increase input to the CYP dynamic support register this has been added to the ICB learning disability and autism work plan
- There has been 1 admissions to Tier 4 services
- All CETR meetings are being held as full day events in line with national guidance

BNSSG Flu Vaccination Programme Highlight Report 22/23

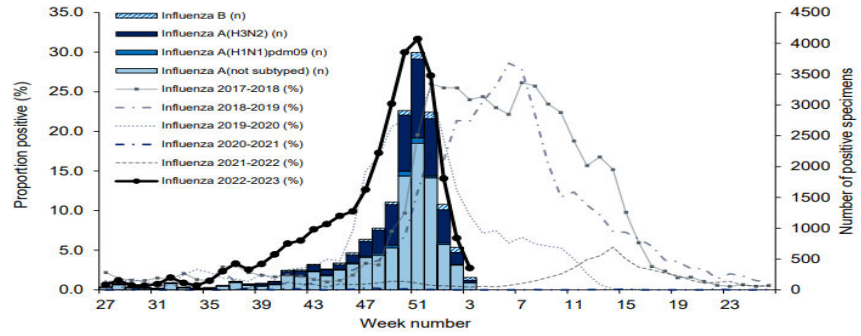
Governance: The BNSSG Flu Group will report to BNSSG Mass Vaccination Programme Partnership Board and BNSSG Outcomes, Performance & Quality Committee	**Reporting Period**: Up to 31st January 2023	**Report for:** Relevant internal/external committees.	**Written by:** Debbie Campbell, Lisa Rees, Mihai Diaconu

Key Highlights

- The percentage positivity for Influenza A decreased in the South West (3.4% to 1.7%), and in England (5.7% to 2.1%) between week 2 2023 and week 3 2023. The percentage positivity for Influenza B remained low.

The following chart shows the percentage positivity for England.

Figure 10: Respiratory DataMart samples positive for influenza and weekly positivity (%) for influenza, England



- Data overall continues to show a positive uptake rate for the 65years and over cohort and we have now achieved 84.0% as per 22nd January. The 'at risk' cohort is showing a slightly increased uptake of 52.9% with variation in uptake between the different 'at risk' cohorts as well as between PCNs. Uptake in the 2 and 3 year olds (51%) and pregnancy cohorts (41.2%) are showing slight improvements. The BNSSG uptake shows a similar uptake to the South West picture but slightly higher uptake than England.

- Ongoing positive results seen by the outreach work, with 428 adult Flu vaccinations being delivered as per 31/01/23.
- 28 Flu vaccines were delivered to 2 and 3 year olds via pilot clinics. This included children centres clinics in Hartcliffe and Bedminster in collaboration with Swift PCN and clinics in the Malcolm X Community Centre in collaboration the BNSSG programme vaccination team alongside the Sirona School Immunisation team were piloted. These clinics highlighted that the concept of a convenient, familiar setting for vaccination was acceptable. A walk in offer continues to this cohort over January/February whilst Flu vaccine stock is available. Work will be ongoing to further evaluation and plan an accessible offer for next season with NHS England.

- Despite best endeavours health care staff uptake continues to remains lower than target. Social Care staff uptake also continues to remains low. Local Trusts are having a vaccination focus in the last week in January to support any remaining staff who wish to be vaccinated.

- A new risk has been identified that some providers such as community pharmacies and GP practices may be left with flu vaccine stock at the end of the season as some people have chosen to attend a vaccination clinic that offers both flu and covid vaccines. This puts these providers at financial risk and may mean they will be reluctant to order stock next flu season which could affect vaccination rates.

- A seasonal vaccinations review and planning meeting is due to take place on 1st February to ensure that learning and good practice is taken forward into the next season. This is followed by a Immunisation Integration and maximising uptake workshop on 2nd February.

- An influenza outbreak scenario testing session was held in mid January which included a range of system partners to review current process and address any highlighted issues in our local pathway.

- Further guidance from NHS England following the JVCI recommendations for 2023/24 is still awaited as is clarification regarding the eligible cohort groups for next season.

Key Risks

Risks/ Issues (scoring 12 and above)

1. Risk that covid and flu infections will increase, which may affect uptake rates as both staff and patients may miss appointments due to illness. This risk may be increased as the national service specification no longer includes vaccination of staff and that this would now fall under an occupational health offer (with the exception of some groups). If staff are not vaccinated there is a risk they could contract flu. Risk score: 2x4 = 8

2. There is a risk of continued low vaccine uptake in all health and social care staff in particular in the social care staff group that could lead to high staff sickness and impact on service provision and direct impact on patients. Risk score:4x3=12

3. Pregnancy cohort showing lower vaccine uptake, risk may not increase, putting them at increased risk of illness. Risk score:3x3=9

4. There is a risk that providers such as community pharmacies and some GP practices will be left with flu vaccine stock at the end of the season as some people have chosen to go to a vaccination clinic that offers both flu and covid vaccines. This puts these providers at financial risk and may mean they will be reluctant to order stock next flu season which could affect vaccination rates. Risk score: 3x4 = 12

Assurances

1.Communications being used to promote the importance of vaccination to both patients and staff. Rates of circulating flu and vaccine uptake also monitored regularly to help ensure a proactive approach can be taken. Patient and staff feedback also monitored.

2.All stakeholders working together to try to increase social care uptake and identify and barriers to vaccination. Communications issued. Plans already in discussion for 23/24 season.

3. Targeted communications such as leaflet including all pregnancy related vaccinations, Also ensure offer of vaccination via midwifes as well as pharmacies and GPs.

4.Need to ensure clear messages regarding stock ordering are given to providers and have highlighted the issue to NHS England.

Mitigation plans

- Ongoing monitoring of vaccine uptake has allowed us to make data led interventions for our local population. This has included targeted communications to the groups where uptake is lower and the delivery of pilot clinics in different settings to GP practices to try and improve uptake in 2-3 year olds. Also targeted communications have been issued to support at risk groups and the pregnancy cohort.
- Flu is now integrated within the maximising access group for delivery. Work will be ongoing to embed much of the innovation from the maximising uptake work and learning from this Flu season into integration plans following BNSSG being selected as a ‘demonstrator’ sites for integrated vaccinations.

Outbreak management

Every year, the local antiviral pathway is reviewed to ensure it is robust and current for the forthcoming flu season. An Expression of Interests exercise was undertaken offering a contract for a longer period of 2.5 years, as a result the current provider was offered the contract and the local pathway updated . Following the recent high levels of influenza circulation, a small number of care home outbreaks have been noted and actioned.

A scenario exercise with stakeholders from across BNSSG including UKHSA Health Protection Team representatives, EPRR and Public Health colleagues from the three Local Authorities took place in mid January. This was a useful exercise to test our current pathways for different scenarios. Issues from previous outbreaks were highlighted and where possible changes made to the local pathways.

Data & Analytics:

Data Source –Immform. BNSSG Activity up to and including 22nd January 2023.

Eligible cohort	BNSSG uptake as per 22/01/23	South West average uptake as per 01/01/23	England Average uptake as per 01/01/23	BNSSG uptake at end of 21/22 season
65 years and above	84.0%	82.3%	78.4%	83.0%
At risk (under 65yrs)	52.9%	51.8%	46.3%	55.7%
Pregnancy	41.2%	39.4%	33.2%	42.0%
2 and 3 year olds	51.0%	49.2%	41.1%	55.3%
50-64 year olds	56.4%	46.7%	38.8%	58.3%

	Percentage vaccinated
Residents	82.0%
Staff (permenant)	19.1%
Staff (agency)	3.20%
Staff (Dom care)	15.9%

Data Source –*Data from Care Tracker as per 25/01/23*

Note the Care Tracker data is subject to some limitations such as reporting delays, a reliance on staff informing their employer of vaccination elsewhere and the employer adding to system, however this is unlikely to have a significant effect on uptake

Frontline Health Care Worker (FHCW) vaccine uptake

- UHBW continue to offer both a roving vaccination and a clinic model and are tailoring their approach in response to what the data is showing. Vaccination slots have been offered between 07:30 - 18:00 to ensure all staff can access vaccination including night staff who could access vaccination either before or after their shift. Vaccination slots also available for weekend staff. A system has been put in place for staff to self declare if vaccinated elsewhere as well as support staff on maternity leave. A big focus is planned to promote the vaccine to staff in the last week in January. Both UHBW and NBT plan to review different staff group uptake to inform next season plans.
- NBT offer a range of clinics as well as a roving model. They have also offered 5am vaccination sessions to support a variety of staff working patterns. There have also been weekend appointments for weekend staff and night session appointments to support night staff. Staff on maternity leave are also being contacted. NBT also plan to have a vaccination focus in the last week in January.
- AWP are utilising the Vaccination Track system to vaccinate staff via booked clinics as well as via peer vaccinators. AWP have offered a financial incentive to staff who come forward for vaccination this year. Communications are ongoing to staff and recoding of vaccinations via other providers e.g. GP are being recorded. Bespoke clinics continue and walk wards now in place to support their staff vaccination offer. Clinics have been held throughout January. A variety of delivery models are now being reviewed and considered for next season
- Sirona's staff campaign is supported by the Vaccination Track system with staff being able to access the flu vaccine whilst receiving their Covid vaccination booster via community base clinics. Clinics allow drop in options to support uptake. Data breakdown is being reviewed regularly and targeted communications issued to staff. A roving model is now being considered to target those staff who are unable to be released from their clinical activities as well as an ongoing review of ESR data to offer vaccine to those on maternity leave and bank staff. A successful communications campaign has also taken place with weekly messaging to staff as well as internal review meetings.
- Health and Social Care staff employed by a registered residential care or nursing home or registered domiciliary care provider, employed by Direct Payments or by a voluntary managed hospice who are directly involved in the care of vulnerable patients or clients who are at increased risk from exposure to influenza are able to access Flu vaccinations via their GP or community pharmacies. A letter has been sent to care home staff to encourage them coming forward for vaccination and to highlight if they have any access issues. A drop in vaccination clinic for social care staff was offered by one GP practice in South Gloucestershire. Insight work is ongoing to understand any barriers in relation to domiciliary care staff accessing vaccinations and targeted communications issued.

Vaccine uptake as reported by providers

**Note reported data based on provider feedback. It has been noted there are differences between the Immform data and local uptake data which are being reviewed.

Provider	Flu vaccination uptake
NBT	69% as per 30th January 23 as per local data sources (Immform data 58%) (all staff)
UHBW	57% as per 30th January 23 as per local data (differences noted in Immform data (all staff))
AWP	52% as per 30th January 23 (overall uptake figure covering all staff)
SIRONA	77% as per 30th January 23 (overall uptake figure covering all staff)

Maximising Access

- 428 Adult Flu vaccines have been provided since the start of the 2022/23 flu season to 30/01/23 via the outreach vaccination clinics
- A small number of community pharmacists have been supporting the provision of flu vaccine at outreach covid clinics with the co-delivery of flu vaccines. Flu vaccine continues to be offered throughout January and recent clinics have included a job centre location.
- The UWE vaccination centre continue to offer Flu vaccination opportunistically alongside the Covid vaccination and positive feedback has been received from those who used the clinic. NHS England also agreed for the Flu vaccine to be offered from the UWE outreach sub clinics to support uptake.
- The Sirona homeless team has been supporting flu vaccination delivery for example 18 flu vaccines were given at the Quakers House meeting room clinic in December.
- Sirona School Immunisation team have held a successful flu vaccination clinic in the Totterdown Mosque in addition to their usual school clinics to ensure good vaccine access to all communities. Catch up clinics are available in a variety of clinic venues to ensure accessibility
- Small number of vaccination pilot clinics in November/December to support the uptake of flu vaccination in the 2 and 3 year old cohort, including Children Centres in Hartcliffe and Bedminster in collaboration with Swift PCN and the Malcolm X Community Centre supported by the BNSSG Programme Vaccination team and Sirona School Immunisation team. The Malcolm X clinic currently offers the covid vaccination and so the flu vaccination was an addition and tested a 'family clinic' model. Initial feedback was positive and clinics found to be accessible. The clinics had support from Caafi Health and translated resources to best support the local communications. Discussions around other vaccines in addition to Flu also took place which was helpful to support families and alleviate any worries. 28 Flu vaccines were delivered to 2 and 3 year old children via the pilots.

  A walk in offer continues to this cohort over January/February whilst Flu vaccine stock is available.

Communications Update

- Campaign to support the 2 and 3 year old flu campaign 'Flu: 5 reasons to vaccinate your child' highlights the importance of having a flu vaccination to protect not just your child, but also your friends and family and minimise the impact that flu can have on both home and work life. This included Artwork for posters, PowerPoint presentations, newsletter copy and social media posts. This work has been further supported by a news report on the BBC and on ITV which involved a case study of a child who needed to be admitted to PICU due to Influenza A. Promotion of walk in vaccination clinics is ongoing.
- A press release on vaccinations has also been written using the world cup angle to ensure different patient groups are targeted. Social media has also been used to promote vaccination to those in clinical at-risk groups as well as pregnant women.
- Further communications were issued in January to highlight that it isn't too late to get vaccinated, especially those with long term conditions.
- Review of communications used this season ongoing as well as a review of other areas communication packages such as Cornwall to help inform next season's plans.

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Performance Report

February 2023

Created by

Gary Dawes

BI Performance Team

Contents

1 Executive Summary

- Overall, BNSSG Trusts' 4hr A&E performance improved from 54.1% to 66.3% in January 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 80,290 in November to 85,246 in December. BNSSG performance of 62.6% was ranked 9th out of 42 ICBs nationally (down from 8th in November) and ranked 2nd out of 6 ICBs in the South West (same since July).
- The number of BNSSG patients waiting 52 weeks or more for planned treatment increased from 4,761 in November to 5,345 in December – 6.3% of the total waiting list. The number increased at both NBT and UHBW. The BNSSG position is driven mainly by waits at NBT (2,395) and UHBW (1,898), with the remaining 1,052 breaches split across 46 other providers including 559 at Sirona Care and Health. Focused work to facilitate elective recovery ambitions are being implemented.
- The number of BNSSG patients waiting over 78 weeks increased from 552 in November to 747 in December. The number decreased at NBT but increased at UHBW. The BNSSG position is driven mainly by waits at NBT (248) and UHBW (286). The remaining 213 breaches are split across 17 other providers, with the majority at Sirona (150), Spire Bristol (25) and RUH (13).
- The number of BNSSG patients waiting over 104 weeks increased from 16 in November to 35 in December. The number decreased at NBT and UHBW. The BNSSG position is driven by waits at Sirona (24), NBT (10) and UHBW (1).
- 2 week wait cancer performance improved in December to 53.08% for the BNSSG population. Performance improved at NBT and UHBW. The 93% national standard has not been achieved at population level since June 2020.
- 28 day faster diagnosis standard for BNSSG cancer patients improved in December to 53.60% for the BNSSG population. Performance improved at UHBW but worsened at NBT. 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 November to 51.22%. Performance improved at both NBT and UHBW. The 85% national standard has not been achieved at population level since April 2019.
- **Please note:** Reported RTT waiting list figures above for November were artificially low due to Sirona Care and Health not making an RTT submission in November and their figures not being included in the BNSSG population level figures. Although comparisons from November to December shows an increase, as was expected, when compared to October, the RTT waiting list figures have improved.

2.1 South West Performance Benchmarking 1

Measure	Standard	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)	1%	Dec-22	47.95%	24.71%	17.24%	42.76%	29.50%	35.13%	40.15%	31.28%	7	2	1	6	3	4	5	4
A&E 4 Hour Performance	95%	Jan-23	72.73%	74.28%	73.47%	76.98%	75.24%	73.80%	65.02%	72.44%	6	3	5	1	2	4	7	6
A&E 12 Hour Trolley Waits	0	Jan-23	262	256	710	645	153	1318	1455	42,735	3	2	5	4	1	6	7	7
RTT Incomplete 18 Weeks	92%	Dec-22	59.93%	56.16%	68.36%	55.67%	60.28%	62.55%	51.03%	58.02%	4	5	1	6	3	2	7	2
RTT Incomplete Total		Dec-22	92,330	92,322	64,171	65,500	59,317	85,246	159,800	7,008,611	68.2%	69.2%	25.9%	83.2%	63.0%	57.9%	89.0%	57.9%
RTT Incomplete 52 Week Plus	0	Dec-22	4,185	4,520	1,609	5,208	2,861	5,345	16,967	382,090	3	4	1	5	2	6	7	5
RTT 52 weeks + (% of waiting list)		Dec-22	4.53%	4.90%	2.51%	7.95%	4.82%	6.27%	10.62%	5.45%	2	4	1	6	3	5	7	5
RTT 78 weeks + (% of waiting list)		Dec-22	0.27%	0.50%	0.13%	1.60%	0.56%	0.88%	1.94%	0.73%	2	3	1	6	4	5	7	5
RTT 104 weeks+ (% of waiting list)		Dec-22	0.01%	0.01%	0.00%	0.17%	0.01%	0.04%	0.21%	0.02%	2	4	1	6	3	5	7	4
Cancer 2 Week (All)	93%	Dec-22	81.43%	60.70%	86.31%	71.48%	48.75%	53.08%	76.04%	80.29%	2	5	1	4	7	6	3	7
Cancer 2 week (Breast)	93%	Dec-22	60.62%	85.83%	92.37%	68.92%	46.43%	90.74%	77.54%	72.47%	6	3	1	5	7	2	4	4
Cancer 31 Day Wait First Treatment	96%	Dec-22	90.04%	96.24%	96.69%	95.41%	92.31%	93.39%	93.10%	92.67%	7	2	1	3	6	4	5	5
Cancer 31 Day Wait - Surgery	94%	Dec-22	90.24%	87.72%	86.96%	86.60%	82.35%	83.33%	86.45%	81.86%	1	2	3	4	7	6	5	6
Cancer 31 Day Wait - Drug	98%	Dec-22	99.10%	98.24%	100.00%	100.00%	99.12%	100.00%	98.54%	97.89%	5	7	1	1	4	1	6	1
Cancer 31 Day Wait - Radiotherapy	94%	Dec-22	99.28%	97.32%	85.83%	99.27%	96.10%	100.00%	99.18%	90.71%	2	5	7	3	6	1	4	3
Cancer 62 Wait Consultant	N/A	Dec-22	84.16%	79.44%	88.89%	71.43%	84.62%	83.58%	76.00%	77.41%	3	5	1	7	2	4	6	3
Cancer 62 Wait Screening	90%	Dec-22	87.50%	82.22%	88.89%	47.62%	82.61%	48.00%	78.57%	73.00%	2	4	1	7	3	6	5	6
Cancer 62 Day Wait - GP Referral	85%	Dec-22	67.84%	65.56%	72.97%	66.96%	53.50%	51.22%	67.15%	61.76%	2	5	1	4	6	7	3	6
Cancer 28 FDS	75%	Dec-22	74.82%	71.84%	80.74%	76.84%	62.65%	53.60%	74.02%	70.70%	3	5	1	2	6	7	4	7

2.1 South West Performance Benchmarking 2

Measure	Standard	Performance/Activity								South West Ranking								Change	
		Recent Period	BSW	Dorset	Glos	Kernow	Somerset	BNSSG	Devon	SWASFT	BSW	Dorset	Glos	Kernow	Somerset	BNSSG	Devon	Rank Last Month	
Category 1 - 90th Percentile Duration (hr:min:sec)	00:15:00	Dec-22	00:24:18	00:21:18	00:24:24	00:30:18	00:25:30	00:19:12	00:22:54	00:23:42	4	2	5	7	6	1	3	1	→
Category 1 - Average Duration (hr:min:sec)	00:07:00	Dec-22	00:13:30	00:11:48	00:13:36	00:16:42	00:14:06	00:11:30	00:12:48	00:13:12	4	2	5	7	6	1	3	2	↑
Category 2 - 90th Percentile Duration (hr:min:sec)	00:40:00	Dec-22	08:02:36	04:07:54	04:44:48	09:39:00	05:04:30	07:25:12	07:27:42	06:39:36	6	1	2	7	3	4	5	4	→
Category 2 - Average Duration (hr:min:sec)	00:18:00	Dec-22	03:10:06	01:41:48	01:57:48	03:38:30	02:14:06	02:49:24	03:01:12	02:39:12	6	1	2	7	3	4	5	3	↓
Category 3 - 90th Percentile Duration (hr:min:sec)	02:00:00	Dec-22	15:21:06	12:28:54	13:01:00	13:09:12	15:51:06	16:56:54	18:15:00	15:34:42	4	1	2	3	5	6	7	7	↑
Category 3 - Average Duration (hr:min:sec)		Dec-22	05:25:30	04:41:18	04:58:36	05:05:06	06:28:00	06:20:36	06:39:42	05:45:06	4	1	2	3	6	5	7	6	↑
Category 4 - 90th Percentile Duration (hr:min:sec)	03:00:00	Dec-22	13:26:54	10:17:36	15:05:54	08:57:06	00:58:00	14:35:36	17:38:48	14:35:36	2	1	4	7	6	3	5	5	↑
Category 4 - Average Duration (hr:min:sec)		Dec-22	05:57:00	03:30:00	05:52:54	08:30:12	06:39:18	04:46:48	06:01:12	05:28:06	4	1	3	7	6	2	5	6	↑

Measure	Standard	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	
Average speed to answer calls (in seconds)	20	Dec-22	685	793	1475	0	1315	2054	1339	1496	2	3	6	1	4	7	5	7	→
% Triaged Calls receiving Clinical Contact	50%	Dec-22	61.9%	35.8%	39.9%	0.0%	67.9%	51.9%	35.2%	47.6%	2	5	4	7	1	3	6	3	→
% of callers allocated the first service offered by DOS	85%	Dec-22	65.7%	67.0%	70.7%	0.0%	67.9%	70.9%	63.9%	63.8%	5	4	2	7	3	1	6	3	↑
% of Cat 3 or 4 ambulance dispositions validated within 30mins	50%	Dec-22	58.4%	52.5%	40.1%	0.0%	55.8%	38.0%	46.0%	33.5%	1	3	5	7	2	6	4	5	↓
% of calls initially given an ED disposition that are validated	50%	Dec-22	70.4%	66.8%	15.9%	0.0%	72.2%	27.0%	24.4%	39.6%	2	3	6	7	1	4	5	4	→
Abandonement Rate for 111 Calls	3%	Dec-22	22.0%	21.9%	38.9%	0.0%	35.4%	40.1%	28.6%	40.2%	3	2	6	1	5	7	4	5	↓

Note regarding IUC 111 data: December saw an exceptional increase in calls received by NHS 111, with demand close to that seen in March 2020. Service providers attribute much of the increase to winter pressures, including widespread public concern about Group A Streptococcus infections.

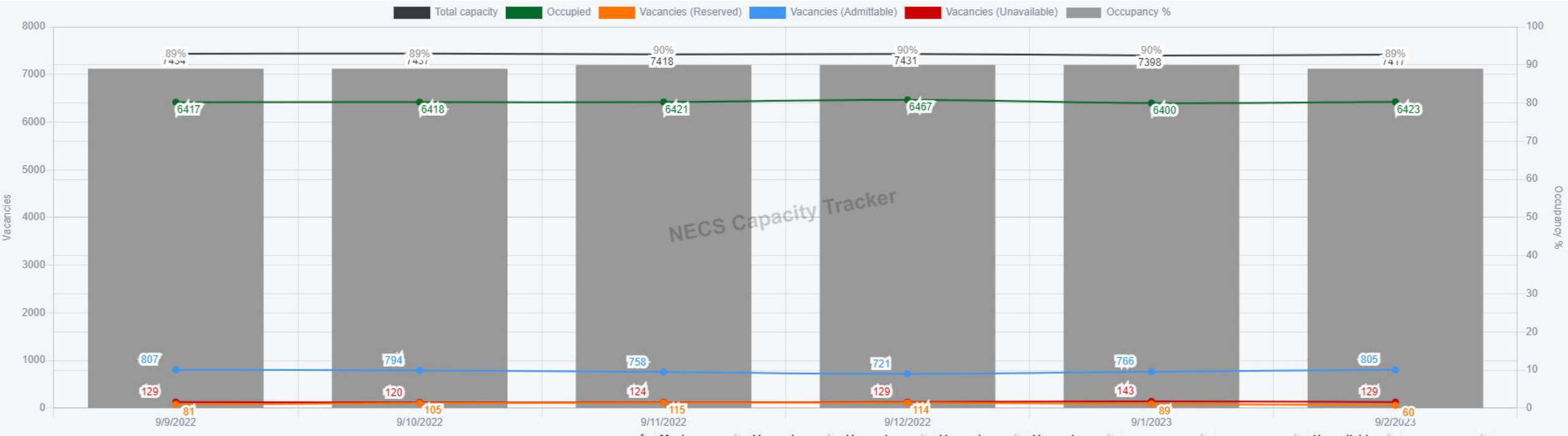
2.2 Urgent Care – Summary Performance - January

Theme	Urgent and Emergency Care metrics	Reporting level	Period	Standard	Latest	Previous	Variance	Change	19/20	Variance	Change	Better is…
Pre-hospital	Mean 999 call answering time (seconds)	SWASFT	Jan-23	5	3	126	-123	▼	4	-1	▼	▼
	Category 2 Response time - Mean (minutes)	BNSSG ICB	Jan-23	18	30	169	-139	▼	27	3	▲	▼
	Category 2 Response time – 90th centile (minutes)	BNSSG ICB	Jan-23	40	65	445	-380	▼	57	8	▲	▼
	Percentage of conveyances to ED by 999 ambulances	BNSSG ICB	Jan-23	TBC	43.2%	30.7%	12.6%	▲	51.7%	-8.5%	▼	▼
	Percentage of NHS 111 calls assessed by a clinicial or clinical advisor	BNSSG ICB	Jan-23	50%	49.4%	51.9%	-2.5%	▼	57.5%	-8.1%	▼	▲
	Percentage of NHS 111 Calls Abandoned	BNSSG ICB	Jan-23	3%	14.7%	43.3%	-28.6%	▼	7.7%	7.0%	▲	▼
A&E	Percentage of Ambulance Handovers within 15 minutes	BNSSG Trusts	Jan-23	65%	18.2%	10.9%	7.3%	▲	61.0%	-42.8%	▼	▲
	Ambulance Handovers - Average Time Lost per day >15 mins (Hours)	BNSSG Trusts	Jan-23	TBC	197	413	-216	▼	15	182	▲	▼
	Time to Initial Assessment – percentage of patients assessed within 15 minutes of arival at A&E	NBT	Jan-23	TBC	78.2%	66.1%	12.0%	▲	67.8%	10.4%	▲	▲
		BRI	Jan-23	TBC	58.9%	53.6%	5.3%	▲	58.0%	0.9%	▲	▲
		Weston	Jan-23	TBC	43.7%	36.0%	7.7%	▲	8.5%	35.2%	▲	▲
	Average (mean) time in Department – non-admitted patients (hh:mm)	NBT	Jan-23	TBC	3:24	4:50	-1:26	▼	2:56	0:28	▲	▼
		BRI	Jan-23	TBC	4:40	6:09	-1:29	▼	3:21	1:18	▲	▼
		Weston	Jan-23	TBC	4:08	4:55	-0:47	▼	3:39	0:29	▲	▼
Hospital	Hospital Average (mean) time in Department – admitted patients (hh:mm)	NBT	Jan-23	TBC	10:12	16:46	-6:34	▼	6:35	3:36	▲	▼
		BRI	Jan-23	TBC	9:12	11:31	-2:19	▼	5:21	3:51	▲	▼
		Weston	Jan-23	TBC	13:02	18:43	-5:41	▼	8:36	4:26	▲	▼
Whole System	Percentage of patients spending more than 12 hours from Arrival in A&E	NBT	Jan-23	2%	8.2%	20.5%	-12.3%	▼	3.4%	4.8%	▲	▼
		BRI	Jan-23	2%	13.8%	20.1%	-6.2%	▼	2.3%	11.6%	▲	▼
		Weston	Jan-23	2%	24.3%	26.8%	-2.4%	▼	10.4%	13.9%	▲	▼
	Number of patients spending more than 12 hours in A&E from a Decision To Admit	BNSSG Trusts	Jan-23	0	1318	2003	-685	▼	306	1012	▲	▼
		NBT	Jan-23	0	312	786	-474	▼	38	274	▲	▼
		UHBW	Jan-23	0	1006	1217	-211	▼	268	738	▲	▼
	Percentage of patients waiting 4 hours or less in A&E	BNSSG Trusts	Jan-23	95%	66.3%	54.1%	12.2%	▲	78.4%	-12.2%	▼	▲
		NBT	Jan-23	95%	71.9%	55.6%	16.3%	▲	78.3%	-6.4%	▼	▲
		UHBW	Jan-23	95%	63.4%	53.4%	10.0%	▲	78.5%	-15.0%	▼	▲

- Variance between latest month and previous month or latest month and same period in 19/20.
- Change: Is the latest month better (Green Icon) or worse (Red icon) when compare to the previous month or same period in 19/20.
- RAG colours are based on comparison to national standards: GREEN = Achieved, RED = not achieved

Data source: NECS Capacity Tracker

2.2 Urgent Care – Care Homes Occupancy Report



Sub ICB	Maximum Capacity	Vacancies (Total)	Vacancies (Admittable)	Vacancies (Unavailable)	Vacancies (Reserved)	Occupied	Admittable %	Unavailable %	Reserved %	Occupied %
NHS Bristol, North Somerset and South Gloucestershire ICB - 15C (272 / 272 / 273)	7417	994	805	129	60	6423	11%	2%	1%	87%
General Residential	1736	305	250	48	7	1431	14%	3%	0%	82%
General Nursing	1800	249	207	22	20	1551	12%	1%	1%	86%
Dementia Residential	1538	204	159	33	12	1334	10%	2%	1%	87%
Dementia Nursing	1191	123	95	18	10	1068	8%	2%	1%	90%
Learning Disability Residential	565	50	42	3	5	515	7%	1%	1%	91%
Mental Health Residential	278	31	23	5	3	247	8%	2%	1%	89%
Community Care	51	19	19	0	0	32	37%			63%
Learning Disability Nursing	73	7	4	0	3	66	5%		4%	90%
Mental Health Nursing	159	3	3	0	0	156	2%			98%
YPD - Young Physically Disabled	22	2	2	0	0	20	9%			91%
Transitional	4	1	1	0	0	3	25%			75%

2.3 Planned Care – Summary Performance – December

BNSSG Population Level

RTT 18 week Incomplete	Dec-22	Nov-22	Variance	Change	Dec-19	Variance	Change
Total Waiting List	85,246	80,290	4,956	▲	52,667	32,579	▲
No. >18 weeks	31,922	28,330	3,592	▲	7,521	24,401	▲
No. >52 weeks	5,345	4,761	584	▲	22	5,323	▲
No. >78 weeks	747	552	195	▲	N/A	N/A	N/A
No. >104 weeks	35	16	19	▲	N/A	N/A	N/A
52ww as % of WL	6.3%	5.9%	0.3%	▲	0.0%	6.2%	▲
% Performance	62.55%	64.72%	-2.2%	▼	85.72%	-23.2%	▼

Diagnostics	Dec-22	Nov-22	Variance	Change	Dec-19	Variance	Change
Total Waiting List	30,471	32,634	-2,163	▼	20,801	9,670	▲
No. >6 weeks	10,705	11,111	-406	▼	1,704	9,001	▲
No. >13 weeks	5,456	6,033	-577	▼	188	5,268	▲
% Performance	35.13%	34.05%	1.1%	▲	8.19%	26.9%	▲

Cancer	Dec-22	Nov-22	Variance	Change	Dec-19	Variance	Change
2 week waits	53.08%	47.13%	5.9%	▲	87.55%	-34.5%	▼
2ww breast	90.74%	73.21%	17.5%	▲	83.72%	7.0%	▲
28 day FDS (All Routes)	53.60%	52.52%	1.1%	▲	N/A	N/A	N/A
31 day first treatment	93.39%	91.74%	1.7%	▲	96.99%	-3.6%	▼
31 day - Surgery	83.33%	78.23%	5.1%	▲	93.55%	-10.2%	▼
31 day - Drugs	100.00%	100.00%	0.0%	◀▶	100.00%	0.0%	◀▶
31 day - Radiotherapy	100.00%	98.84%	1.2%	▲	93.42%	6.6%	▲
62 day	51.22%	51.13%	0.1%	▲	75.45%	-24.2%	▼
62 day - Screening	48.00%	54.17%	-6.2%	▼	72.41%	-24.4%	▼

NBT Total Provider

Dec-22	Nov-22	Variance	Change	Dec-19	Variance	Change
46,523	47,418	-895	▼	28,078	18,445	▲
17,656	16,320	1,336	▲	4,934	12,722	▲
2,984	2,980	4	▲	14	2,970	▲
306	319	-13	▼	N/A	N/A	N/A
13	17	-4	▼	N/A	N/A	N/A
6.4%	6.3%	0.1%	▲	0.0%	6.4%	▲
62.05%	65.58%	-3.5%	▼	82.43%	-20.4%	▼

Dec-22	Nov-22	Variance	Change	Dec-19	Variance	Change
14,988	16,740	-1,752	▼	11,145	3,843	▲
5,779	6,465	-686	▼	1,399	4,380	▲
3,663	4,204	-541	▼	151	3,512	▲
38.56%	38.62%	-0.1%	▼	12.55%	26.0%	▲

Dec-22	Nov-22	Variance	Change	Dec-19	Variance	Change
56.62%	47.53%	9.1%	▲	81.9%	-25.3%	▼
97.83%	63.27%	34.6%	▲	81.08%	16.7%	▲
55.48%	55.74%	-0.3%	▼	N/A	N/A	N/A
87.16%	86.49%	0.7%	▲	96.80%	-9.6%	▼
73.85%	64.35%	9.5%	▲	81.54%	-7.7%	▼
100.00%	100.00%	0.0%	◀▶	100.00%	0.0%	◀▶
N/A	N/A	N/A	N/A	N/A	N/A	N/A
49.00%	48.86%	0.1%	▲	75.53%	-26.5%	▼
51.02%	63.83%	-12.8%	▼	81.13%	-30.1%	▼

UHBW Total Provider

Dec-22	Nov-22	Variance	Change	Dec-19	Variance	Change
64,359	63,041	1,318	▲	41,112	23,247	▲
29,376	28,246	1,130	▲	7,078	22,298	▲
6,011	5,888	123	▲	15	5,996	▲
877	755	122	▲	N/A	N/A	N/A
26	33	-7	▼	N/A	N/A	N/A
9.3%	9.3%	0.0%	▼	0.0%	9.3%	▲
54.36%	55.19%	-0.8%	▼	82.78%	-28.4%	▼

Dec-22	Nov-22	Variance	Change	Dec-19	Variance	Change
16,339	16,692	-353	▼	10,039	6,300	▲
5,589	5,256	333	▲	404	5,185	▲
2,307	2,317	-10	▼	70	2,237	▲
34.21%	31.49%	2.7%	▲	4.02%	30.2%	▲

Dec-22	Nov-22	Variance	Change	Dec-19	Variance	Change
41.93%	41.57%	0.4%	▲	94.6%	-52.7%	▼
N/A	N/A	N/A	N/A	N/A	N/A	N/A
45.98%	42.78%	3.2%	▲	N/A	N/A	N/A
98.33%	93.36%	5.0%	▲	95.75%	2.6%	▲
87.23%	88.71%	-1.5%	▼	94.03%	-6.8%	▼
100.00%	99.44%	0.6%	▲	100.00%	0.0%	◀▶
99.29%	98.99%	0.3%	▲	94.29%	5.0%	▲
53.98%	46.37%	7.6%	▲	79.14%	-25.2%	▼
75.00%	44.44%	30.6%	▲	33.33%	41.7%	▲

Key to Tables

- Latest month = **December** Previous month = **November** 19/20 = **December 2019** (pre-covid comparison)
- Variance: between latest month and previous month or latest month and same period in 19/20
- Change: Is the latest month better (Green Icon) or worse (Red icon) when compare to the previous month or the same period in 19/20.
- RAG colours are based on comparison to national standards: GREEN = Achieved, RED = not achieved

Please note: RTT BNSSG November figures represent the published data. However, this does not include Sirona Care and Health data as they did not make an RTT submission in November. The true BNSSG figures for November will be higher than shown and the reductions compared to October will be less.

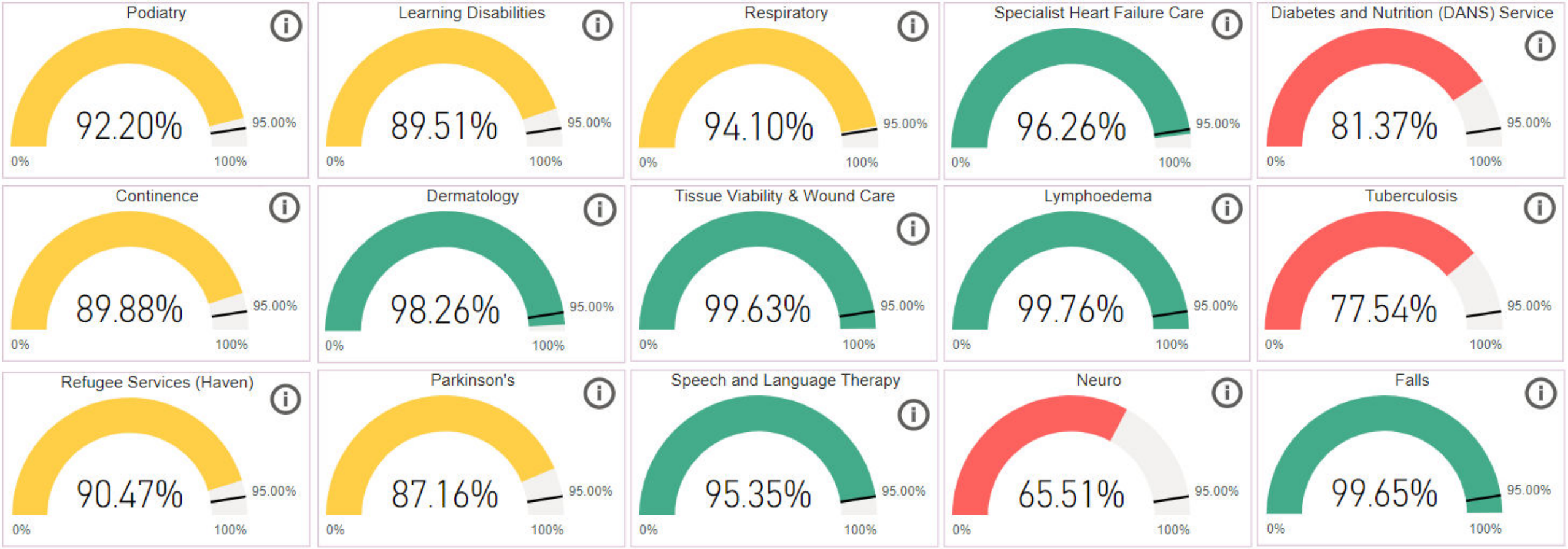
2.4 Mental Health – Summary Performance

Mental Health, Learning Disabilities & Autism	Period	Standard	Latest	Previous	Variance	Change	19/20	Variance	Change
Dementia Diagnosis Rate	Dec-22	66.7%	66.7%	67.2%	-0.5%	▼	68.4%	-1.7%	▼
EIP - 2ww Referral	Nov-22	60%	75.0%	77.8%	-2.8%	▼	77.0%	-2.0%	▼
IAPT Roll out (rolling 3 months)	Nov-22	6.25%	4.00%	3.91%	0.09%	▲	4.8%	-0.8%	▼
IAPT Recovery Rate	Nov-22	50%	52.6%	48.2%	4.4%	▲	36.4%	16.2%	▲
IAPT Waiting Times - 6 weeks	Nov-22	75%	96.6%	98.8%	-2.2%	▼	78.1%	18.6%	▲
IAPT Waiting Times - 18 weeks	Nov-22	95%	99.4%	100.0%	-0.6%	▼	99.2%	0.2%	▲
CYPMH Access Rate - 2 contacts (12m Rolling)	Nov-22	34%	32.6%	32.2%	0.4%	▲	19.4%	13.2%	▲
CYP with Eating Disorders - routine cases within 4 weeks	Q3 22-23	95.0%	96.0%	95.3%	0.6%	▲	86.4%	9.6%	▲
CYP with Eating Disorders - urgent cases within 1 week	Q3 22-23	95.0%	96.0%	95.0%	1.0%	▲	63.6%	32.4%	▲
SMI Annual Health Checks (12 month rolling)	Q3 22-23	60.0%	50.9%	55.4%	-4.5%	▼	20.4%	30.6%	▲
Total Innapropriate Out of Area Placements (Bed Days)	Nov-22	N/A	120	65	55	▲	508	-388	▼
Percentage of Women Accessing Perinatal MH Services	Nov-22	8.6%	6.9%	6.7%	0.2%	▲	N/A	N/A	N/A
Reliance on inpatient care for people with a LD and/or autism - Adults in CCG beds	Jan-23	9	11	10	1	▲	N/A	N/A	N/A
Reliance on inpatient care for people with a LD and/or autism - Adults in NHSE beds	Jan-23	13	18	18	0	◀▶	N/A	N/A	N/A
LD Annual Health Checks delivered by GPs aged 14+	Dec-22	2869	2484	2211	273	▲	N/A	N/A	N/A
AWP Delayed Transfers of Care	Jan-23	3.5%	23.7%	23.9%	-0.2%	▼	5.2%	18.5%	▲
AWP Early Intervention	Jan-23	60%	21.0%	64.2%	-43.2%	▼	45.5%	-24.5%	▼
AWP 4 week wait referral to assessment	Jan-23	95%	90.50%	90.31%	0.2%	▲	94.10%	-3.6%	▼

Key to Table

- Latest = **Latest month / quarter** Previous = **Previous month / quarter** 19/20 = **same month or period in 19/20** (pre-covid comparison), where available
- Standard = National Standard, where available
- Variance: between latest period and previous period or latest period and same period in 19/20
- Change: Is the latest period better (Green Icon) or worse (Red icon) when compare to the previous period or same period in 19/20.
- RAG colours are based on comparison to national standards: GREEN = Achieved, RED = not achieved

2.5 Sirona – Adults Community Services – % in 18 weeks – January YTD

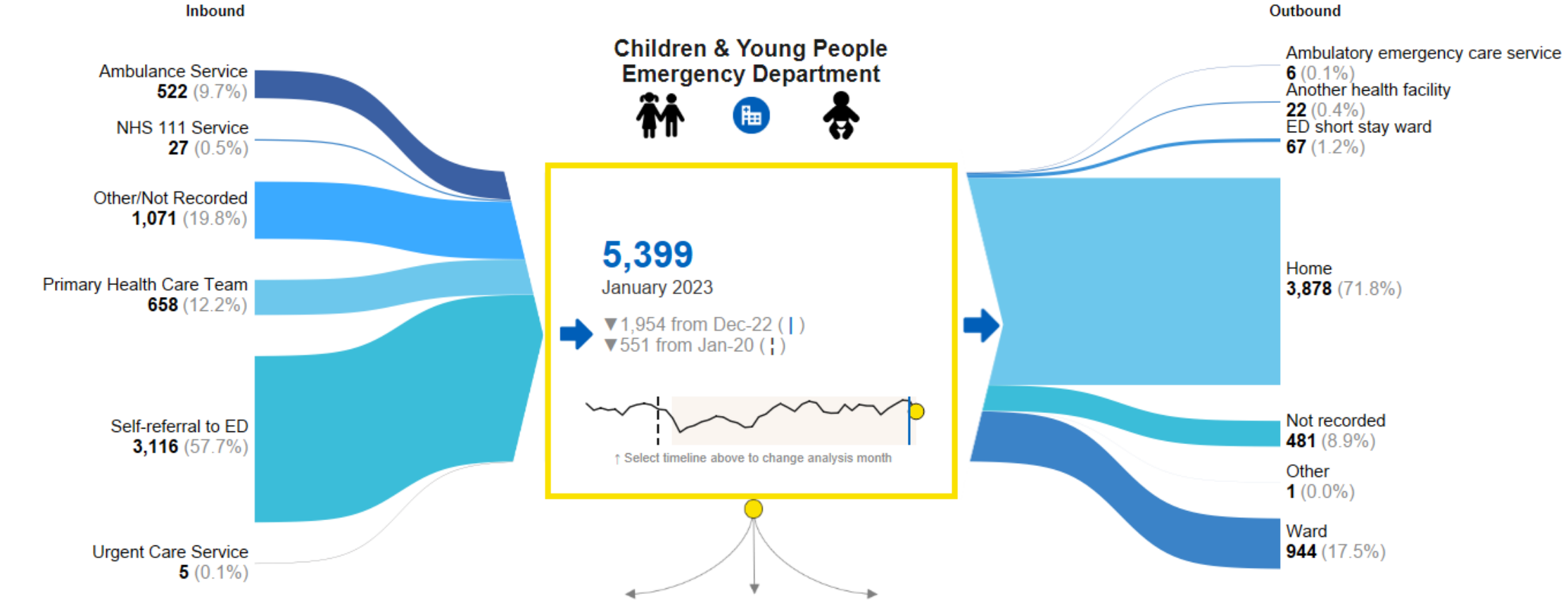


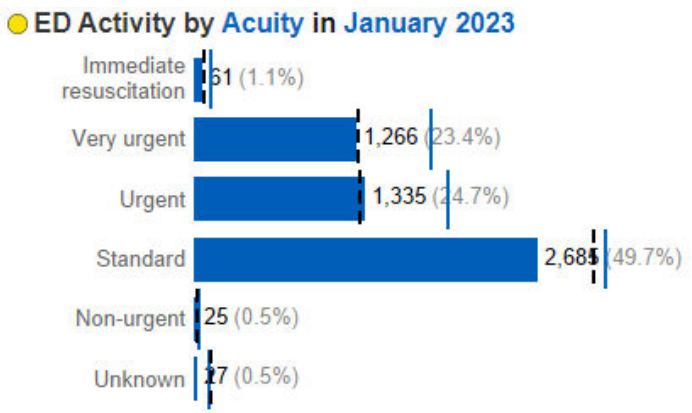
Performance Key Colour
>10% below target
<10% below target
On target
>10% above target

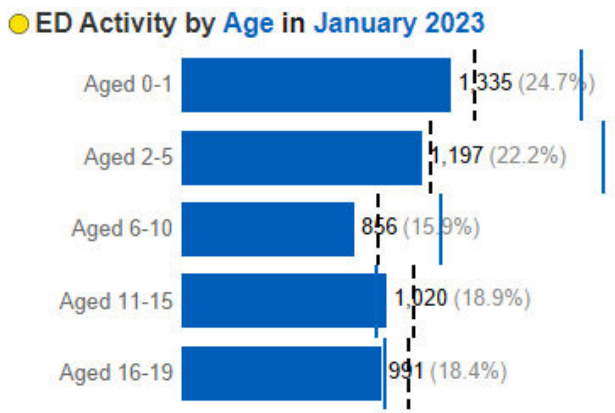
Please note: Data as at 9th February. This is provisional until the 15th Working day of February.

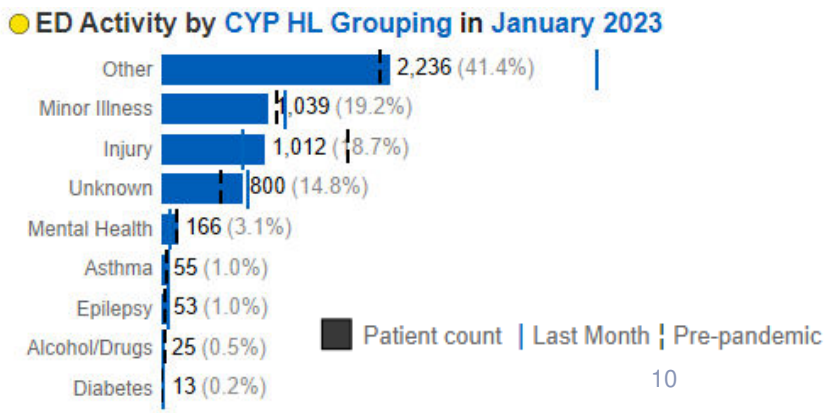
Data source: Sirona Adults Contractual Reporting Dashboard 2022/23 – Percentage of patients seen within 18 weeks compared to 95% Target

2.6 Children – CYP ED Overview BNSSG Trusts - January









Data source: NHSEI Children and Young People Emergency Department Dashboard (Ages 0-19)

3.1 BNSSG ICB Scorecard

Theme	Indicator	Standard	21/22	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	22/23
Urgent Care	A&E 4hr Waits - BNSSG Footprint	95%	73.03%	70.55%	71.55%	67.04%	67.44%	65.76%	72.74%	69.21%	66.32%	61.78%	66.15%	64.95%	65.00%	63.10%	73.80%	67.02%
	A&E 4hr Waits - BNSSG Trusts	95%	64.98%	63.04%	64.19%	60.27%	59.73%	59.46%	65.46%	61.80%	57.10%	61.78%	60.07%	58.87%	56.72%	54.12%	66.27%	60.10%
	>12hr DTA breaches in A&E - BNSSG Trusts	0	7139	696	1071	1211	1401	1169	755	873	1182	815	978	1423	1296	2003	1318	11812
Planned Care	RTT Incomplete - 18 Weeks Waits	92%	65.39%	66.04%	65.53%	65.93%	65.39%	65.75%	65.76%	66.17%	65.71%	65.75%	65.54%	66.25%	64.72%	62.55%		62.55%
	RTT Incomplete - Total Waiting List Size		74,505	70,653	70,869	71,772	74,505	75,720	76,803	80,749	85,720	87,320	86,771	87,481	80,290	85,246		85,246
	RTT Incomplete - 52 Week Waits		3779	3902	4020	3864	3779	4052	4164	4764	5134	5376	5302	5386	4761	5345		5,345
	RTT Incomplete - % of WL > 52 Weeks		5.07%	5.52%	5.67%	5.38%	5.07%	5.35%	5.42%	5.90%	5.99%	6.16%	6.11%	6.16%	5.93%	6.27%		6.27%
	Diagnostic - 6 Week Waits	1%	37.90%	40.13%	40.79%	36.86%	37.90%	41.09%	38.14%	38.46%	38.36%	41.30%	40.46%	36.03%	34.05%	35.13%		35.13%
	Diagnostic - Total Waiting List Size		32,024	29,304	30,640	30,517	32,024	32,109	31,592	31,976	31,991	31,480	33,279	33,598	32,634	30,471		30,471
	Diagnostic - Number waiting > 6 Weeks		12,136	11,760	12,498	11,250	12,136	13,193	12,049	12,298	12,273	13,000	13,464	12,105	11,111	10,705		10,705
	Diagnostic - Number waiting > 13 Weeks		6,623	5,875	6,345	6,465	6,623	7,543	7,539	7,597	7,099	7,067	7,503	7,009	6,033	5,456		5,456
Cancer	Cancer 2 Week Wait - All	93%	64.91%	67.27%	54.62%	70.34%	70.70%	61.38%	57.06%	48.91%	44.15%	44.78%	39.17%	39.58%	47.13%	53.08%		47.99%
	Cancer 2 Week Wait - Breast symptoms	93%	28.22%	11.84%	8.82%	16.87%	17.86%	21.35%	52.86%	22.83%	35.56%	4.88%	14.55%	20.83%	73.21%	90.74%		36.24%
	Cancer 28 day faster diagnosis standard (All Routes)	75%	66.40%	65.99%	55.43%	73.56%	73.09%	67.96%	72.62%	69.30%	61.04%	53.13%	41.55%	45.75%	52.52%	53.60%		56.93%
	Cancer 31 Day first treatment	96%	92.45%	84.56%	87.44%	91.57%	88.79%	86.60%	89.02%	91.31%	93.53%	92.83%	89.69%	93.44%	91.74%	93.39%		91.34%
	Cancer 31 day subsequent treatments - surgery	94%	81.11%	70.83%	69.42%	81.37%	75.21%	71.00%	70.91%	68.48%	70.11%	67.02%	64.81%	85.29%	78.23%	83.33%		73.32%
	Cancer 31 day subsequent treatments - anti-cancer drugs	98%	98.97%	100.00%	95.89%	99.32%	97.99%	97.66%	100.00%	95.83%	97.76%	100.00%	100.00%	100.00%	100.00%	100.00%		99.04%
	Cancer 31 day subsequent treatments - radiotherapy	94%	99.68%	100.00%	99.37%	99.44%	100.00%	100.00%	100.00%	98.87%	100.00%	100.00%	98.61%	98.64%	98.84%	100.00%		99.40%
	Cancer 62 day referral to first treatment - GP referral	85%	68.74%	69.33%	61.43%	58.30%	65.99%	61.21%	57.96%	53.53%	56.90%	56.00%	59.56%	50.79%	51.13%	51.22%		55.29%
	Cancer 62 day referral to first treatment - NHS Screening	90%	59.57%	47.22%	39.47%	68.00%	63.89%	55.56%	82.14%	43.48%	62.16%	69.70%	54.55%	58.82%	54.17%	48.00%		59.54%
Quality	Total Number of C.diff Cases	308	303	24	26	22	17	23	20	27	27	26	26	21	26	20		216
	Total Number of MRSA Cases Reported	0	38	6	7	0	3	4	2	1	1	2	5	1	4	1		21
	Total number of Never Events	0	4	0	0	0	0	0	0	0	0	1						2
	Eliminating Mixed Sex Accommodation (BNSSG CCG)	0	2	0	0	0	1	1	0	2	1	1	1	0	1	3		10
	Eliminating Mixed Sex Accommodation (BNSSG Trusts)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Mental Health	Dementia Diagnosis Rate - People 65+	66.7%	65.39%	64.16%	64.33%	64.79%	65.39%	65.80%	65.88%	65.72%	65.92%	65.79%	66.09%	66.54%	67.19%	66.66%		66.66%
	EIP - 2ww Referral	60%	54.55%	60.00%	50.00%	54.55%	61.54%	76.92%	70.00%	66.67%	58.33%	69.23%	72.73%	77.78%	75.00%			75.00%
	IAPT Roll out (rolling 3 months)	6.25%	4.33%	4.50%	4.80%	4.33%	4.73%	4.44%	4.66%	4.35%	4.24%	4.00%	3.92%	3.91%	4.00%			4.00%
	IAPT Recovery Rate	50%	53.22%	45.06%	53.07%	53.22%	54.73%	50.60%	51.81%	52.15%	51.71%	50.46%	46.15%	48.17%	52.60%			52.60%
	IAPT Waiting Times - 6 weeks	75%	91.53%	88.62%	89.67%	91.53%	90.34%	93.60%	92.42%	95.26%	95.69%	96.41%	95.68%	98.80%	96.61%			96.61%
	IAPT Waiting Times - 18 weeks	95%	99.44%	98.80%	99.46%	99.44%	99.52%	100.00%	99.49%	100.00%	99.52%	99.55%	99.46%	100.00%	99.44%			99.44%
	CYPMH Access Rate 2+ contacts (rolling 12m)	34%	26.41%	25.24%	25.94%	26.41%	26.73%	28.08%	30.54%	31.47%	31.97%	32.47%	31.82%	32.20%	32.61%			
	CYP with ED - routine cases within 4 weeks (quarterly)	95%	88.52%	86.09%	88.52%			91.35%			95.31%			95.95%				95.31%
	CYP with ED - urgent cases within 1 week (quarterly)	95%	83.33%	79.17%	83.33%			91.67%			95.00%			96.00%				95.00%
	SMI Annual Health Checks (quarterly)	60%	45.67%	31.44%	45.67%			56.81%			55.40%			50.94%				55.40%
	Out of Area Placements (Bed Days)		420	465	465	420	465	450	470	455	330	265	175	65	120			120

3.2 Provider Scorecard – NBT

Theme	Indicator	Standard	21/22	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	22/23
Urgent Care	A&E 4hr Waits - Trust	95%	61.48%	61.80%	60.78%	51.53%	52.74%	55.54%	72.71%	59.32%	50.99%	60.83%	56.43%	57.47%	57.87%	55.61%	71.94%	59.82%
	A&E 4hr Waits - Footprint	95%	69.58%	68.82%	68.03%	59.36%	61.25%	61.71%	77.70%	66.62%	60.85%	60.83%	62.29%	63.12%	65.67%	63.82%	77.64%	66.18%
	>12hr DTA breaches in A&E	0	1378	20	295	367	449	360	176	297	304	57	261	482	433	786	312	3468
Planned Care	RTT Incomplete - 18 Weeks Waits	1%	64.71%	66.67%	65.61%	65.17%	64.71%	64.23%	62.62%	64.80%	65.78%	65.82%	66.30%	66.31%	65.58%	62.05%		62.05%
	RTT Incomplete - Total Waiting List Size	Op Plan	39,101	37,264	37,210	38,498	39,101	39,819	40,634	42,326	46,991	48,766	49,025	48,871	47,418	46,523		46,523
	RTT Incomplete - 52 Week Waits	Op Plan	2242	2182	2284	2296	2242	2,454	2,424	2,675	2,914	3,131	3,087	3,062	2,980	2,984		2,984
	RTT Incomplete - % of WL > 52 Weeks		5.73%	5.86%	6.14%	5.96%	5.73%	6.16%	5.97%	6.32%	6.20%	6.42%	6.30%	6.27%	6.28%	6.41%		6.41%
	Diagnostic - 6 Week Waits	1%	40.25%	44.30%	45.45%	40.00%	40.25%	43.61%	40.13%	41.00%	42.75%	48.09%	48.27%	39.36%	38.62%	38.56%		38.56%
	Diagnostic - Total Waiting List Size		17,111	15,872	16,790	16,469	17,111	17,114	17,166	17,504	17,124	16,928	16,690	17,286	16,740	14,988		14,988
	Diagnostic - Number waiting > 6 Weeks		6,888	7,031	7,631	6,588	6,888	7,464	6,889	7,177	7,321	8,141	8,057	6,803	6,465	5,779		5,779
	Diagnostic - Number waiting > 13 Weeks		4,097	3,501	3,948	3,951	4,097	4,664	4,780	4,897	4,718	4,844	4,971	4,627	4,204	3,663		3,663
Cancer	Cancer 2 Week Wait - All	93%	51.63%	58.38%	41.42%	66.47%	69.78%	57.66%	46.16%	39.21%	40.99%	40.18%	35.85%	30.86%	47.53%	56.62%		43.52%
	Cancer 2 Week Wait - Breast symptoms	93%	27.21%	11.54%	6.90%	14.55%	16.78%	14.94%	46.03%	18.95%	21.05%	2.50%	6.12%	11.94%	63.27%	97.83%		29.21%
	Cancer 28 day faster diagnosis standard (All Routes)	75%	60.77%	57.52%	47.10%	72.01%	72.93%	66.82%	72.83%	70.87%	58.29%	48.83%	35.18%	42.88%	55.74%	55.48%		55.60%
	Cancer 31 Day first treatment	96%	89.09%	79.59%	79.18%	89.91%	80.99%	81.82%	83.77%	85.53%	91.20%	87.36%	87.76%	90.39%	86.49%	87.16%		86.80%
	Cancer 31 day subsequent treatments - surgery	94%	74.28%	65.59%	55.66%	80.68%	65.49%	62.77%	57.29%	51.85%	58.11%	43.84%	50.00%	75.51%	64.35%	73.85%		60.05%
	Cancer 31 day subsequent treatments - anti-cancer drugs	98%	97.90%	100.00%	92.31%	100.00%	83.33%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%
	Cancer 62 day referral to first treatment - GP referral	85%	64.36%	67.52%	56.88%	51.17%	58.66%	56.48%	50.15%	48.40%	45.10%	55.59%	58.90%	52.45%	48.86%	49.00%		51.68%
	Cancer 62 day referral to first treatment - NHS Screening	90%	64.40%	53.25%	50.00%	72.22%	70.59%	63.64%	82.14%	51.02%	57.53%	74.24%	62.50%	57.38%	63.83%	51.02%		62.91%
Quality	Total Number of C.diff Cases (HOHA + COHA)		62	6	6	1	6	7	7	7	7	5	6	6	6	6		57
	Total Number of MRSA Cases Reported	0	0	0	0	0	0	4	1	1	0	0	0	0	0	0		6
	Total Number of E.Coli Cases		48	2	6	3	5	7	5	7	4	6	5	6	8	4		52
	Number of Klebsiella cases		24	3	2	2	3	2	3	4	2	1	4	2	2	2		22
	Number of Pseudomonas Aeruginosa cases		10	0	2	1	0	2	1	0	1	2	1	0	0	4		11
	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	0	0	2	1		3
	VTE assessment on admission to hospital	95%		94.55%	93.80%	93.99%	92.63%	93.44%	93.43%	93.79%	90.83%	90.25%	90.44%	90.50%	90.87%			

3.3 Provider Scorecard – UHBW

Theme	Indicator	Standard	21/22	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	22/23
Urgent Care	A&E 4hr Waits - Trust	95%	66.79%	63.69%	66.01%	64.83%	63.26%	61.51%	61.69%	63.04%	60.15%	62.31%	62.01%	59.59%	56.17%	53.41%	63.45%	60.25%
	A&E 4hr Waits - Footprint	95%	74.75%	71.41%	73.34%	70.88%	70.46%	67.81%	70.28%	70.47%	68.96%	62.31%	68.14%	65.86%	64.68%	62.77%	71.95%	67.44%
	>12hr DTA breaches in A&E	0	5761	676	776	844	952	809	579	576	878	758	717	941	863	1217	1006	8344
Planned Care	RTT Incomplete - 18 Weeks Waits	1%	59.17%	58.60%	58.73%	59.50%	59.17%	58.65%	58.32%	58.76%	56.37%	55.56%	54.35%	55.33%	55.19%	54.36%		54.36%
	RTT Incomplete - Total Waiting List Size	Op Plan	55,021	53,253	53,909	54,305	55,021	57,019	57,940	60,404	60,738	62,010	61,870	62,462	63,041	64,359		64,359
	RTT Incomplete - 52 Week Waits	Op Plan	3,920	3,558	3,599	3,604	3,920	4,362	4,654	5,298	5,591	5,970	6,141	5,989	5,888	6,011		6,011
	RTT Incomplete - % of WL > 52 Weeks		7.12%	6.68%	6.68%	6.64%	7.12%	7.65%	8.03%	8.77%	9.21%	9.63%	9.93%	9.59%	9.34%	9.34%		9.34%
	Diagnostic - 6 Week Waits	1%	39.05%	38.86%	39.45%	37.48%	39.05%	42.11%	39.90%	38.78%	36.50%	37.79%	35.54%	34.66%	31.49%	34.21%		34.21%
	Diagnostic - Total Waiting List Size		16,610	14,525	15,154	15,576	16,610	16,521	15,819	16,042	16,426	15,387	17,577	16,952	16,692	16,339		16,339
	Diagnostic - Number waiting > 6 Weeks		6,486	5,644	5,979	5,838	6,486	6,957	6,311	6,221	5,996	5,815	6,246	5,875	5,256	5,589		5,589
	Diagnostic - Number waiting > 13 Weeks		3,372	3,180	3,240	3,349	3,372	3,799	3,697	3,616	3,245	2,968	3,294	3,062	2,317	2,307		2,307
Cancer	Cancer 2 Week Wait - All	93%	82.37%	78.30%	71.03%	75.41%	66.51%	63.02%	67.99%	57.22%	44.62%	45.18%	41.14%	49.06%	41.57%	41.93%		50.04%
	Cancer 28 day faster diagnosis standard (All Routes)	75%	76.33%	78.65%	70.03%	77.86%	73.83%	72.02%	73.19%	67.40%	64.56%	57.28%	50.54%	46.76%	42.78%	45.98%		57.88%
	Cancer 31 Day first treatment	96%	92.90%	89.51%	91.11%	89.62%	93.50%	89.58%	90.61%	92.88%	93.92%	93.92%	91.01%	94.61%	93.36%	98.33%		93.13%
	Cancer 31 day subsequent treatments - surgery	94%	85.07%	86.00%	73.53%	80.00%	82.09%	83.33%	76.27%	80.00%	88.89%	85.94%	87.69%	84.21%	88.71%	87.23%		84.72%
	Cancer 31 day subsequent treatments - anti-cancer drugs	98%	99.28%	100.00%	97.28%	99.33%	99.35%	97.67%	100.00%	94.77%	98.53%	100.00%	100.00%	100.00%	99.44%	100.00%		98.94%
	Cancer 31 day subsequent treatments - radiotherapy	94%	99.53%	98.65%	97.89%	100.00%	100.00%	99.38%	100.00%	99.48%	99.38%	100.00%	99.37%	98.73%	98.99%	99.29%		99.41%
	Cancer 62 day referral to first treatment - GP referral	85%	76.05%	73.12%	68.09%	70.18%	78.05%	67.81%	70.95%	61.83%	69.42%	52.16%	64.85%	47.95%	46.37%	53.98%		59.47%
	Cancer 62 day referral to first treatment - NHS Screening	90%	50.28%	55.56%	39.13%	60.00%	55.56%	0.00%	33.33%	25.00%	50.00%	50.00%	50.00%	85.71%	44.44%	75.00%		50.72%
Quality	Total Number of C.diff Cases (HOHA + COHA)	89	82	6	6	8	2	6	8	12	13	7	9	6	13	7		81
	Total Number of MRSA Cases Reported	0	7	2	3	0	1	0	0	0	0	0	1	0	1	1		3
	Total Number of E.Coli Cases	119	75	2	7	5	9	15	13	6	8	7	11	13	9	5		87
	Number of Klebsiella cases		48	2	3	1	1	3	4	5	6	9	5	5	10	3		50
	Number of Pseudomonas Aeruginosa cases		15	2	1	0	0	1	2	1	2	4	5	1	0	0		16
	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	3	0	0	0	0	0	0	0	0	1	1	0	0	1		3
	Rate of slips, trips and falls per 1,000 bed days	4.8	4.83	5.20	5.54	4.85	5.50	5.54	4.78	4.09	3.27	6.63	4.49	5.86	5.34	4.71		4.98
	No. of Pressure Ulcers grade 2, 3 & 4 per 1,000 bed days	0.4	0.174	0.255	0.256	0.1	0.3	0.248	0.089	0.093	0.089	0.118	0.061	0.23	0.18	0.088		0.133
	VTE assessment on admission to hospital (Bristol)	95%	83.3%	83.2%	83.8%	82.60%	82.20%	81.3%	81.9%	82.4%	82.1%	83.7%	83.5%	84.0%	84.9%	81.3%		82.9%

3.4 Non-Acute Provider Scorecard

Provider	Indicator (BNSSG level - except ambulance handovers)	Standard	21/22	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	22/23
SWASFT	Category 1 - Average Duration (hr:min:sec)	0:07:00	0:08:48	0:09:00	0:09:48	0:11:06	0:09:54	0:08:48	0:09:24	0:10:12	0:09:30	0:09:06	0:09:42	0:08:48	0:11:30	0:08:18	0:09:36
	Category 1 - 90th Percentile Duration (hr:min:sec)	0:14:00	0:15:54	0:16:06	0:16:54	0:18:48	0:17:24	0:15:24	0:15:54	0:17:42	0:16:36	0:15:42	0:16:36	0:15:18	0:19:12	0:14:36	0:16:42
	Category 2 - Average Duration (hr:min:sec)	0:18:00	1:10:00	1:06:48	1:40:18	2:02:24	1:16:30	0:40:42	0:57:12	1:09:54	0:42:00	0:45:12	1:06:00	0:50:24	2:49:24	0:30:06	1:03:42
	Category 2 - 90th Percentile Duration (hr:min:sec)	0:40:00	2:54:24	2:38:24	4:06:36	5:01:42	3:06:18	1:28:54	2:17:48	2:47:00	1:29:18	1:43:12	2:35:54	1:55:30	7:25:12	1:05:24	2:29:48
	Category 3 - 90th Percentile Duration (hr:min:sec)	2:00:00	9:11:06	9:08:36	14:37:18	20:50:42	10:55:12	6:28:06	8:49:30	9:14:18	5:32:06	7:54:54	11:01:30	8:51:24	16:56:54	2:58:00	8:35:30
	Category 4 - 90th Percentile Duration (hr:min:sec)	3:00:00	8:00:06	4:39:30	14:06:36	30:34:36	13:58:36	6:02:18	5:44:00	10:35:54	7:20:18	8:39:54	2:40:06	14:35:00	14:35:36	4:21:54	8:39:54
	Ambulance Handovers - % within 15 minutes at NBT	65%	25.0%	16.4%	15.1%	14.7%	16.8%	21.0%	16.8%	13.5%	18.2%	17.6%	11.9%	13.1%	9.6%	19.5%	16.0%
	Ambulance Handovers - % within 30 minutes at NBT	95%	56.8%	44.7%	38.6%	38.3%	44.4%	53.9%	45.5%	42.8%	56.2%	51.5%	38.6%	40.3%	29.6%	54.7%	46.1%
	Ambulance Handovers - % within 60 minutes at NBT	100%	75.3%	65.0%	58.3%	57.2%	66.2%	77.2%	68.0%	67.5%	80.9%	75.9%	62.2%	66.2%	48.8%	78.9%	69.6%
	Ambulance Handovers - % within 15 minutes at BRI	65%	22.2%	14.1%	10.9%	11.7%	11.6%	13.9%	17.5%	9.7%	12.0%	13.3%	10.3%	11.4%	7.5%	12.1%	12.0%
	Ambulance Handovers - % within 30 minutes at BRI	95%	41.6%	29.2%	22.5%	23.3%	25.3%	34.7%	42.9%	26.2%	30.7%	36.1%	27.7%	33.7%	17.8%	33.5%	31.0%
	Ambulance Handovers - % within 60 minutes at BRI	100%	60.0%	47.6%	37.8%	39.3%	44.2%	56.0%	65.2%	48.1%	51.2%	58.4%	49.7%	60.8%	36.1%	58.7%	53.1%
	Ambulance Handovers - % within 15 minutes at WGH	65%	32.6%	19.5%	21.3%	17.6%	16.9%	25.0%	23.5%	15.0%	19.0%	16.3%	14.2%	12.4%	5.8%	11.0%	16.1%
	Ambulance Handovers - % within 30 minutes at WGH	95%	60.0%	48.4%	53.7%	40.9%	40.5%	52.4%	55.9%	36.3%	47.5%	46.6%	44.0%	37.1%	23.7%	38.6%	42.6%
	Ambulance Handovers - % within 60 minutes at WGH	100%	75.2%	70.9%	74.5%	60.2%	58.1%	71.2%	72.7%	56.0%	65.0%	66.2%	65.2%	63.0%	42.4%	59.4%	62.3%
SevernSide IUC	Average speed to answer calls (in seconds)	20 Sec	227	228	166	325	318	274	756	713	723	271	453	381	2054	267	609
	% of calls abandoned	3%	12.8%	11.4%	9.3%	16.0%	16.1%	13.5%	30.0%	28.4%	29.2%	14.0%	20.6%	18.0%	43.3%	14.7%	23.7%
	% Triaged Calls receiving Clinical Contact	50%	55.9%	59.6%	53.6%	50.4%	50.0%	48.5%	48.4%	48.8%	37.3%	51.5%	52.1%	51.0%	51.9%	49.4%	49.2%
	% of callers allocated the first service offered by DOS	85%	67.5%	70.0%	69.9%	70.5%	70.0%	68.7%	69.3%	70.2%	68.8%	70.1%	68.8%	67.7%	70.9%		69.4%
	% of Cat 3 or 4 ambulance dispositions validated within 30mins	50%	59.5%	69.4%	51.3%	47.8%	53.1%	45.8%	38.0%	45.0%	58.5%	66.2%	60.9%	56.3%	38.0%		51.7%
	% of calls initially given an ED disposition that are validated	50%	61.7%	78.3%	49.3%	30.6%	24.2%	13.2%	13.8%	13.4%	17.9%	22.5%	23.9%	21.0%	27.0%		19.4%
AWP	Delayed Transfers of Care	3.5%	10.7%	11.4%	13.4%	11.1%	10.3%	13.4%	10.6%	12.7%	15.8%	18.4%	20.4%	20.9%	23.9%	23.7%	
	Early Intervention	60%	49.1%	33.3%	72.7%	61.9%	76.9%	55.0%	63.1%	81.8%	76.1%	73.3%	81.8%	62.5%	64.2%	21.0%	
	4 week wait Referral to Assessment	95%	80.7%	70.0%	80.6%	80.7%	78.9%	76.9%	76.9%	84.3%	82.9%	75.0%	84.2%	83.0%	90.3%	90.5%	

Please note: Regarding SevernSide IUC data, a cyber-attack on 4th August 2022 caused a major outage on the Adastra system used by many IUC service providers. This had a widespread impact on the IUC service with many providers relying on paper record-keeping from that date onwards during August. Besides impacting service delivery in August, ongoing reporting issues have resulted in missing or under-reported data for some contract areas and caution should be taken when interpreting figures from August to November.

December saw an exceptional increase in calls received by NHS 111, with demand close to that seen in March 2020. Service providers attribute much of the increase to winter pressures, including widespread public concern about Group A Streptococcus infections

January data for IUC and AWP is provisional and subject to change.

Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Outcomes, Performance and Quality Committee

Minutes of the meeting held on Thursday 26 January 2023, 1400-1630, on MS Teams

Minutes

Present		
Ellen Donovan (Chair)	Non-Executive Member for Quality and Performance, BNSSG ICB	ED
Jeff Farrar	Chair, BNSSG ICB	JF
Hugh Evans	Executive Director Adults and Communities BCC - Local Authority Representative	HE
Sue Geary	Healthwatch	SG
Dr Jonathan Hayes	Chair, GPCB	JH
Lisa Manson	Director of Performance and Delivery, BNSSG ICB	LM
Paul May	Non-Executive Director, Sirona	PM
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Sarah Weld	Director of Public Health, South Gloucestershire Council – Public Health Representative	SW
In attendance		
Colin Bradbury	Director of Strategy, Partnerships and Population, BNSSG ICB	CB
Denise Moorhouse	Deputy Director of Nursing & Quality, BNSSG ICB	DM
Nicola Saunders	Associate Director System Planning, Portfolio Management & Assurance	NS
Colette Howard	Business Manager, BNSSG ICB (notes)	CH
Apologies		
Sue Balcombe	Non-Executive Director, UHBW	SB
Geeta Iyer	Clinical Lead for Primary Care Development, BNSSG ICB	GI
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Sandra Muffett	Head of Quality & Patient Safety, BNSSG	SM
Michael Richardson	Deputy Director of Nursing & Quality, BNSSG ICB	MR
Sarah Truelove	Director of Finance, BNSSG ICB – Item 6.2	ST

	Item	Action
01	**Welcome and Apologies** Apologies were recorded as above.	

	Item	Action
	Everyone introduced themselves, and it was noted that a mental health representative still needed to be identified. SG was welcomed to the meeting and thanked for her involvement on behalf of the Patient and Citizen's voice; SG brought a wealth of experience in adult social care and was Head of Commissioning with a large local authority. ED also welcomed Professor Sarah Weld, Director of Public Health for South Gloucestershire Council who joined the Committee last month. ED outlined the 4 main aims of the ICB: • improve outcomes in population health and healthcare • tackle inequalities in outcomes, experience and access • enhance productivity and value for money • help the NHS support broader social and economic development. ED stated that as Members of this Committee, we need to scrutinise and support, and gain and provide assurance to the Integrated Care Board and to demonstrate that there is an effective system of quality and performance governance to deliver its strategic objectives and provide sustainable, high-quality care. To date particular focus has been on really understanding the barriers to flow right across the system, and our elective performance (particularly cancer). Some of the key challenges are also workforce; ambulance waiting times and waiting lists for elective care. ED - In November, we looked at longer term strategy of the ICS and CB joined the meeting to provide an update on this work and to discuss the long-term strategic framework.	
02	**Declarations of Interest** PM stated he was a Councillor of BANES Council and sat on their Adult & Children's Committee	
03	**Minutes of December 2022 meeting** Minutes of the previous meeting were agreed as a correct record.	
04	**Performance and Delivery Update** LM updated on 111 provider position and category 2 response times as per her report. December had been a very challenging time; had declared critical incident on 30 Dec; wide range of actions taken to improve flow; additional care homes beds identified; working to "every single bed matters"; care sector colleagues worked	

	Item	Action
	really hard in this period on these issues; as a result, achieved significant improvement in January, but remain significantly challenged; 4 or more industrial actions had also taken place in this period; it was obvious that consistent and clear Comms were vital at such times. JF asked what had we learned from this situation; what was the criteria to de-escalate from a critical incident? LM stated lessons learned were important to keep checking progress; focus on "every single bed matters"; important to use resources smartly; system partners really learning how to "walk in each other's shoes". Important to use very basic performance management; rates of gearing; helped identify when to step out of critical incident i.e., when we could respond to Cat 2 requests in a reasonable timescale. Focused now on keeping out of critical incident status. CB raised the Industrial Action strike planned for 6 and 7 Feb for nurses (RCN) and ambulances (GMB) and asked what system resilience and plans do we have for that period? LM explained how this would be managed and stated that impact on the day had been mitigated, but impact on the overall health of the population was not yet known. Bespoke audits were being carried out to review that impact, including deferred visits, rebooking of elective portfolio and impact on primary care. RS stated that there is concern regarding the impact on population health. JF asked if a critical incident is declared, are we as a system wide consistent in how we manage our approach? LM stated OPEL action cards are being refreshed and made more current so that all System partners are clear on the actions to focus on and those to stand down during a critical incident. RS advised that this was also discussed as a substantive item at a joint meeting of the HCPE and SQG who will support review of the OPEL actions and using them to support dynamic risk assessment. **ACTION - JF to endorse OPEL Action cards refresh at ICB Board meeting in April but LM/RS to return this item to the Committee again in March for further discussion.** JH – What impact does this have on Primary Care? LM said that Primary Care had stood down routine appointments and focussed on Same Day urgent care. There had been significant impact on general practice Out of Hours service during strikes. SG advised that Healthwatch collect comments and compliments from the public to reflect the system, often focused on dentistry and primary care but more comments now being received about cancelled operations and waiting times. **ACTION - SG to share Healthwatch public comments regarding cancelled operations and waiting time because of the industrial strikes to LM.** SW – Work ongoing re excess mortality rates, reasons are multi factorial and evidence is that it is a combination of many things, not just strikes and system	**JF LM/RS** **SG**

	Item	Action
	pressure. Re funding, in the process of collating first months' monitoring, to include incentives to care sector, payment of pay awards in advance for domiciliary care, social care carrying out care assessments etc. **ACTION - BNSSG excess mortality rates analysis to come back to this Committee to assist with future discussions.** ED – Can methods to improve performance as described earlier in the meeting during a critical incident situation, become "business as usual i.e., "every single bed matters"? LM was certain that the reset programme would encourage working in this way to become business as usual. ED discussed waiting times in elective and noted significant improvement in figures for breast cancer.	**SW**
05	**CNO/CMO Update** RS presented key points from the Quality Report. Good news for the committee is that our Funded Healthcare performance is strong with 94% of patients being assessed within 28 days against a target of 80%: second best performer in the Southwest. ED – Attended the Health & Care Professional Executive Meeting (HCPE) with RS earlier in the day, ED was interested in the work on virtual wards; noted an NHSE target of 450 virtual beds compared to currently 90 virtual beds - by Sep 2023; ED asked what the potential impact of 450 virtual beds would have on the system - Becca Dunn to provide this information. A test and learn pilot were due to take place next week with ICB clinicians working with Brisdoc to review calls coming in re frailty to better understand referrals. ED keen to carry forward some points raised at that meeting i.e., one communication across the system: and Digital issues. **ACTION – RD to provide data on impact of 450 virtual beds being up and running, and how that would reduce the number of hospital beds in use. RS to request this information from RD.**	**RS/RD**
06	**Items for Discussion**	
6.1	**BNSSG ICB Strategy Update**	

	Item	Action
	ED encouraged Committee members to comment on the strategy document being presented by CB. CB stated that the agreement of the strategic framework had now been signed off. Five key things were: 1. Prioritisation – Section 2B/Appendix 1 and 2 2. How do we "do" strategy – what does it mean to each of us? Set out a model for discussion to address pivotal problems – Appendix 3 3. System hydraulics – how levers move other parts of the system – a set of strategic system partnership agreements could be used here to assist with this process and firm up on agreements. 4. Voluntary Community Sector – need to include this sector if we are to be fully integrated. 5. Next Steps – relates to Joint Forward Plan (JFP); this is a strategy rather than an event, is an iterative and ongoing process. JF questioned if it should be named the ICB Strategy? CB confirmed it was an Integrated Care Strategy document, not ICB, and that this would be amended. HE was keen for this to be developed sooner rather than later. CB explained that the March and June drafts of the JFP would be part of the strategy publication process. PM felt it was brilliant work so far, we need consistency of services throughout BNSSG, we need a supple system. CB reassured that the strategy is there to agree key priority areas and outcomes that need to be delivered – the method of delivery would differ between LAs, but the outcomes need to be the same – the prioritisation framework would assist in this aim. ED agreed that standards need to be consistent, regardless of method of delivery. SW – South Gloucestershire LA have a real concern about timetable, there is a need to have a strategy framework much sooner than December next year. Many parts of the system are waiting for clarity on the 1/3/6 model; we need to bolt the system together and have clear articulation on what we plan to do and how we plan to do it. ED – Timing, involvement of Locality Partnerships, strong Comms and Engagement were important here, as was involvement of the Voluntary Sector; someone from the voluntary sector might join this Committee, to be considered. CB – This strategy document would be refreshed and shared in due course.	

	Item	Action
	ACTION - ED to consider if the ICB Strategy should be a regular item on every agenda.	**ED**
6.2	**Operational Planning 2023/24 and 2024/25, and Joint Forward Plan** NS was welcomed to the meeting to present this item on behalf of ST, who had sent apologies. NS discussed performance measures with the Committee and confirmed that we were still working with draft information/unconfirmed information. Key point was the intention to develop and implement health inequalities impact throughout this plan alongside performance measures – responses have varied in quality but were being monitored. Approach to Governance – section 6. Health and Care Improvement Groups not yet up and running but working with existing groups; working with provider and ICB Exec leads and lead system groups with responsibility in that area - main lead would be individuals responsible for the sign off the plan. ED made the following points. This Committee would have a role in monitoring this operational plan, but JF and Shane Devlin need to be closely involved in the sign off of this plan. JF – This Committee would need to look more at the operational plan rather than the strategy plan. NS explained their working with partners across the system i.e., holding workshops etc, but there was a need to engage with the voluntary sector more. CB – The Strategy Directorate are working closely with the Finance Directorate to work on the JFP, also regularly raising these conversations at Health & Wellbeing Boards too. LM – Health Improvement Groups will report up to this Committee – strengths and barriers will be addressed, and the financial implications that sit within. PM – Health inequalities seem to be a small part of the funding – need to keep an eye on these issues so we are aware of how health inequalities are being addressed; perhaps invite someone from the Locality Partnerships to discuss this in more detail for a future meeting. ED questioned:	

	Item	Action
	We need clear operational plans with regular performance reviews to check on trends etc, identify and unblock problems – where are we with this? LM confirmed this was being worked on right now. At Board Chairs of Committees have asked for consistent performance reporting across all committees, what is current status on this? LM explained that we are working with an external firm on how best to present this information, to make it most useful and clear – this current stage of work will be complete by March. ED encouraged Committee members to challenge information we receive at these meetings, to ensure its always appropriate, concise and consistent. SW/JF – Information on outcomes and interim outcomes to be available from future reporting. JH – Need to engage Primary Care/GPCB in this process– noted by NS. ED asked about the connection between Home First and Virtual Wards. LM stated that Home First is the total pathway for support for people when leaving hospital. Virtual Wards were just part of that pathway.	
07	**Committee Action Log** Action log updated as attached. Action 37 - Assurance at secure units – LM to update at the next meeting. Action 59 – HE/PM – Item to be closed, same item as Action 61 Action 61 - HE and PM updated on Community Beds, mainly long-term strategic issues and minor injuries. **ACTION - HE and PM had not yet had a chance to meet with SB on this matter – PM to follow this up. HE and PM to monitor progress and update LM.** Action 65 – RS - Patient experience – update in April Action 73 – SW – meeting now in the diary – item to be closed.	**LM** **HE/PM**
08	**Items for information**	

	Item	Action
	08.1 SEND Quarter 2 Report **08.2 Quality and Performance Report** **08.3 Minutes: LeDeR Governance Group September 2022** Items noted for information.	
09	**AOB** ED asked members to review effectiveness of this Committee. JF stated his role was to make sure discussions at meetings were consistent, tempo was right, that meetings were being Chaired well – but going forwards this Committee would need to focus more on monitoring delivery against the Operational plan. PM asked if he could feed back information from this Committee to his Sirona colleagues. JF confirmed that system briefing after each Board meeting would give Chairs and INEMS/NEDS an overview on key issues. Events for INEMS/NEDS would also be held each year to brief them on system issues. Chairs could also invite INEMS/NEDS to their Committee meetings to provide updates. RS - the longer-term impact of industrial action to our system colleagues should be raised in open ICB Board. LM – Going forward, although we have improved our position in acute sector, we need to improve the situation elsewhere within the system. JF – As a result of these meetings, we need to always consider what we need to inform the Board about, what do we need to challenge, what do we need to escalate to the Board? **Review of Committee Effectiveness** ED asked members to consider effectiveness of these meetings: • Did the run to time? • Did the right people attend? • Were action items assigned where appropriate to the right people? • Were all items given sufficient time to discuss? • Were all members able to contribute? **Date of next meeting:** Thursday 16 February 2023 – 1400 to 1630	

Colette Howard
Business Manager
30 January 2023