

# Meeting of BNSSG ICB Board

**Date:** 07<sup>th</sup> September 2023

**Time:** 12:15pm

**Location:** Vassall Centre Gill Avenue, Bristol, BS16 2QQ

<b>Agenda Number:</b>	7.1	
<b>Title:</b>	Quality and Performance Report – Month 2 (May data)	
<b>Confidential Papers</b>	<b>Commercially Sensitive</b>	No
	<b>Legally Sensitive</b>	No
	<b>Contains Patient Identifiable data</b>	No
	<b>Financially Sensitive</b>	No
	<b>Time Sensitive – not for public release at this time</b>	No
	<b>Other (Please state)</b>	No

**Purpose:** Discussion & Information

**Key Points for Discussion:**

The 2 attached reports provide an overview of May 2023 data to cover Month 2 activity for quality and performance. A summary is provided below.

The committee are asked to note the following areas.

## Quality (Appendix 1)

### Healthcare Associated Infections

Integrated Care Boards (ICBs) and secondary care providers threshold levels for 2023/24 were released in May 2023 by NHS England and NHS Improvement. Slide 6 shows these values for the below reported data.

- C. Difficile** – In May 2023, 27 cases were attributed to BNSSG ICB which is an increase of 1 against the previous month. The system has seen an improving picture for reported cases of C Diff over the last 5 months with HOHA cases showing a similar decline during this period. The BNSSG position for C Diff per 100k of population (5.01) remains above the Southwest and National average. The CDI working group continues to work with the system and regional partners to understand the drivers behind these numbers.
- E.coli** – In May 2023, 35 cases of E. coli bacteraemia cases (a decrease of 2 from April) were assigned to BNSSG ICB. The BNSSG rate per 100k of population (6.81) continues to be below the average of 10.74 for the Southwest regions and 10.97 for England.



- **MSSA** – (Methicillin-resistant Staphylococcus aureus) In May 2023, 22 cases of MSSA bacteraemia were assigned to BNSSG ICB which is 10 cases higher than the previous month. Case activity for MSSA per 100k of population (3.21) continues to be below the Southwest average of 3.98 and the national average of 3.61.
- **MRSA** - (Methicillin-resistant Staphylococcus aureus) In May 2023, there was 2 cases of MRSA bacteraemia assigned to BNSSG ICB, which is 2 lo1 higher than the numbers reported in April 2023. The 2 reported cases in May were attributed to 1 x Community Onset, Community Associated (COCA) and 1 x Community Onset, Hospital Associated (COHA)
- Case activity for MRSA per 100k of population (0.28) is above the Southwest (0.18) and National (0.21) average.

The table below shows the numbers of reported cases by month, by infection and the numbers of reported cases YTD against the threshold.

Rates per 100k	South West Position									
	BSW	BNSSG	Devon	Dorset	Glos	Kernow	Somerset	SW	England	BNSSG
C. diff	5.10	5.01	4.08	5.13	6.21	6.31	5.36	5.14	4.30	2
E. coli	8.46	6.81	14.53	10.62	6.80	13.63	15.08	10.74	10.97	2
MRSA	0.20	0.28	0.24	0.24	0.00	0.00	0.17	0.18	0.21	7
MSSA	2.86	3.21	5.03	4.15	3.25	4.49	5.03	3.98	3.61	2
Pseud A	1.63	1.04	0.86	2.20	0.89	1.66	1.17	1.32	1.17	3
Kleb spp	3.06	1.80	2.59	4.27	3.10	3.66	3.02	2.96	3.17	1

### Significant events/themes and trends and Learning

Overall, the top three themes being identified as causal factors from the investigation process for general SE's are 1) Care delivery 2) Communication /MDT and 3) Capacity & Workload.

A deep dive has been completed for the top theme of Care delivery and slide 17 demonstrates the breakdown of factors associated with this theme. The outcomes of the deep dive were shared at the July 2023 learning panel which is led by the ICB and attended by system partners. The findings will then be shared at SQG in August 2023.

### Performance (Appendix 2)

The performance report for this month is based on May and/or June 2023 information.

#### Urgent Care

- BNSSG performance overall as a system achieved the 76% A&E performance standard. For Type 1 the system narrowly missed the target with a performance of 73.1%.
- Ambulance handovers remain on track and achieved trajectory in June.
- Performance remained steady over the industrial action days (BMA junior doctors) in June (14-17) but demand across the country did increase mainly due to heat and did impact on urgent care performance. However, BNSSG did well to hold performance. Further industrial action in July from junior doctors (13 -18 July) has taken place and system performance has been steady although acuity has been high impacting on P1 discharges as well as ITU occupancy rates. Consultant industrial action will now take place on 20 and 21 July with further dates released for 24 and 25 August. Radiographers are due to strike on 25 and 26 July at UHBW but with potential impact on the whole system if mutual aid is required.
- The service delivery unit for urgent care is operational and will be the first area to review the new performance report.

**Elective Care**

- Weekly scrutiny of all long waits and detailed returns to NHSE and national team continues. System position on long waits relates to complex patients where mutual aid has been requested with a London provider to support the T&O position and sub-contracts are now being negotiated. Industrial action impact will be recalculated following the junior doctor strike in July but has created impact in particular for cancer where bookings have to be cancelled before the industrial action starts. Recovery actions are in place at both providers but will require time to recover this lost activity.
- Endoscopy remains the biggest challenge in diagnostics to the system. Focussed action plans in implementation at both trusts including insourcing and outsourcing capacity. CDC contracts have now been negotiated and signed.
- Industrial action impacting on cancer services although the backlog position in June for 63+ days has recovered well, however, the impact from the July industrial actions will take time to recover.
- FDS is the key target this year (awaiting the revision to the cancer waiting time standards for final confirmation) and improvements have been made in June at each provider. Still risks in key specialties including skin, urology and gynaecology. However, both trusts, subject to further industrial action are confident that they will achieve trajectory in quarter 3.
- Key risk is skin pathways and an options appraisal in relation to tele-dermatology is being worked up to present back to the Gateway panel.

**Mental Health**

- Small increase in dementia diagnosis rate which is positive.
- SMI annual checks small fluctuation to just below target of 60% at end of quarter one.
- CYP mental health access is steady and improving from pre-covid but below the standard of 34%.
- IAPT is recovering above 50% but below the planned roll out pace.
- Out of area placements are showing an increase.

<b>Recommendations:</b>	To note the reports including any risks, mitigating actions and responsibilities as appropriate.
<b>Previously Considered By and feedback:</b>	Not previously considered
<b>Management of Declared Interest:</b>	None declared
<b>Risk and Assurance:</b>	The report and appendices provide an update to the Board in relation to key risks to performance and quality within the system and highlight supporting mitigations which are in place. Previously discussed at Outcomes, Quality and Performance Committee 28.06.2023

<b>Financial / Resource Implications:</b>	None referenced
<b>Legal, Policy and Regulatory Requirements:</b>	None referenced
<b>How does this reduce Health Inequalities:</b>	Not referenced
<b>How does this impact on Equality &amp; diversity</b>	As above
<b>Patient and Public Involvement:</b>	Not applicable
<b>Communications and Engagement:</b>	The reports are provided to the ICB Board for information and discussion.
<b>Author(s):</b>	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 Director of Nursing and Quality, BNSSG ICB
<b>Sponsoring Director / Clinical Lead / Lay Member:</b>	Rosi Shepherd, Chief Nursing Officer, BNSSG ICB Lisa Manson, Director of Performance and Delivery, BNSSG ICB

# **BNSSG Quality Report**

**July Report - Month 2**

**May 2023 data**

# Quality Report – Health Care Acquired Infections (HCAI) Summary

## Reporting Period – Month 2 2023/24 – May data

Information Source and date of information – UK Health Security Agency (UKHSA), ICS HCAI Lead

Infection	Rolling 12 Month Trend	2023/24 Thresholds	2023/24 YTD	2022/23 Position Month 2	2021/22 Position Month 2
C. difficile			53	43	55
E. coli			72	81	94
MRSA			3	6	4
MSSA			34	28	33
Klebsiella spp			19	24	26
Pseudomonas aeruginosa			11	8	14

Rates per 100k	South West Position									
	BSW	BNSSG	Devon	Dorset	Glos	Kernow	Somerset	SW	England	BNSSG
C. diff	5.10	5.01	4.08	5.13	6.21	6.31	5.36	5.14	4.30	2
E. coli	8.46	6.81	14.53	10.62	6.80	13.63	15.08	10.74	10.97	2
MRSA	0.20	0.28	0.24	0.24	0.00	0.00	0.17	0.18	0.21	7
MSSA	2.86	3.21	5.03	4.15	3.25	4.49	5.03	3.98	3.61	2
Pseud A	1.63	1.04	0.86	2.20	0.89	1.66	1.17	1.32	1.17	3
Kleb spp	3.06	1.80	2.59	4.27	3.10	3.66	3.02	2.96	3.17	1

# Quality Report – Health Care Acquired Infections (HCAI) ICB Overview

## Reporting Period – Month 2 2023/24 – May data

Information Source and date of information – UK Health Security Agency (UKHSA), ICS HCAI Lead

### Performance for May 2023

- **CDI = 27, HOHA = 9 (NBT - 4, UHBW - 5), COCA = 6, COHA = 6, COIA = 6**
- **E. coli = 35, HOHA = 5 (NBT - 2, UHBW - 3), COCA = 26, COHA = 4**
- **MRSA = 2, HOHA = 0 (NBT - 0, UHBW - 0), COCA = 1, COHA = 1**
- **MSSA = 22, HOHA = 4 (NBT - 1, UHBW - 3), COCA = 15, COHA = 3**
- **Klebsiella spp = 9, HOHA = 4 (NBT - 2, UHBW - 2), COCA = 4, COHA = 1**
- **Pseudomonas aeruginosa = 6, HOHA = 5 (NBT - 3, UHBW - 2), COCA = 0, COHA = 1**

**HOHA** – Hospital Onset, Hospital Associated

**COHA** – Community Onset, Hospital Associated

**COCA** – Community Onset, Community Associated

**COIA** – Community onset, Indeterminate Association

### BNSSG Annual Standard

- Integrated Care Boards (ICBs) and secondary care providers threshold levels for 2023/24 were released in May 2023 by NHS England and NHS Improvement.
- Both ICB and secondary care threshold levels are specified in the below table:

### Risks/Assurance Gaps

The SPC diagrams have switched from a monthly value to a 12-month rolling value. This is to remove the variation we find each month and limit seasonality's impact on the process. **Targets/Thresholds set are those set for 23/24.**

E. coli, MRSA and Klebsiella spp have an improving trend. C. difficile and Pseud A are not changing significantly. All infection types but E. coli and Klebsiella spp have now exceeded their YTD thresholds due to ambitious targets set. Continued improvement will be required to bring these back within the threshold, apart from MRSA which has exceeded the zero limit.

On 5 May 2023, the World Health Organisation declared the pandemic to no longer be declared a global emergency. We will reassess in the future if this has had an impact on the number of cases in BNSSG to require a rebase of the process limits and average.

Special focus on Community Onset HCAI this month.

Infection	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Threshold to Date	Cases YTD	Threshold	22/23 FYTD	21/22 FYTD
C. difficile	26	27											47	53	284	43	55
E. coli	37	35											84	72	505	81	94
Klebsiella spp	10	9											25	19	147	24	26
MRSA	1	2											0	3	0	6	4
MSSA	12	22												34		28	33
Pseudomonas aeruginosa	5	6											10	11	60	8	14

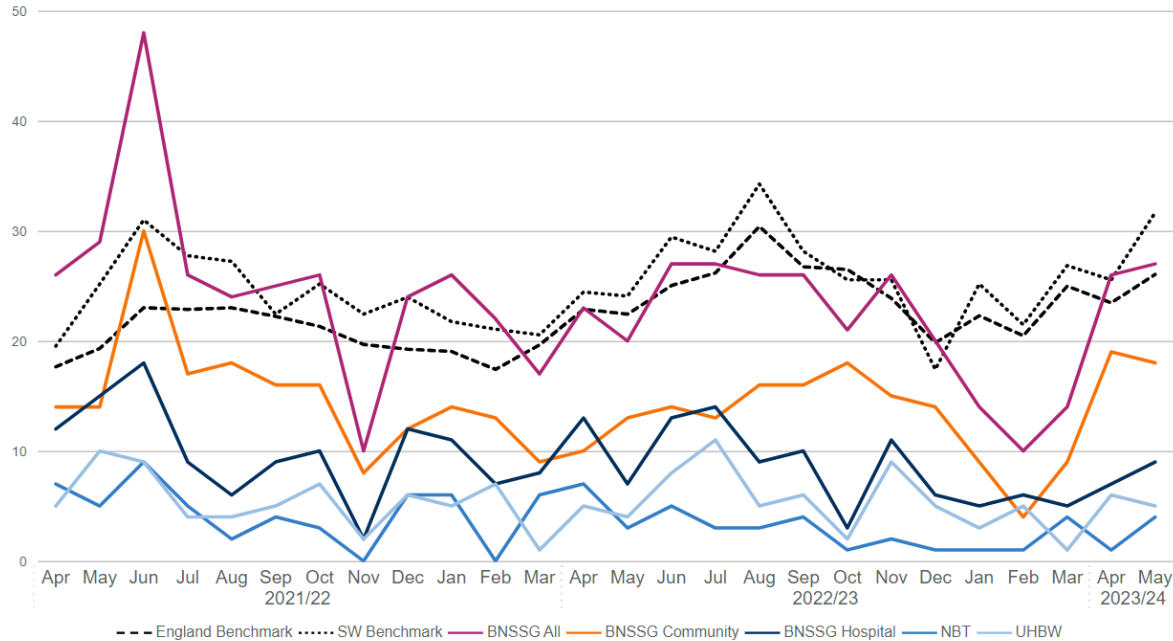
\*The table provides the monthly ICB assigned cases as well as the year-to-date total. The 2 final columns are our benchmark against the 2022/23 and 2021/22 positions.

### Commentary

- MRSA- Zero tolerance has not been achieved. There was 2 cases in May (Community Onset) totalling 3 overall in 23/24.
- CDI- The 27 cases are currently categorised as follows: Continuing Infection (1), New infection (17), Repeat/Relapse (2), and Unknown (7).
- E.coli- the majority of the 25 cases continue to be Community Onset (26).

<b>C. difficile</b>	27
<b>HOHA</b>	9 (NBT - 4, UHBW - 5)
<b>COCA</b>	6
<b>COHA</b>	6
<b>COIA</b>	6

BNSSG ICB Assigned C. difficile Cases Since Apr 2021

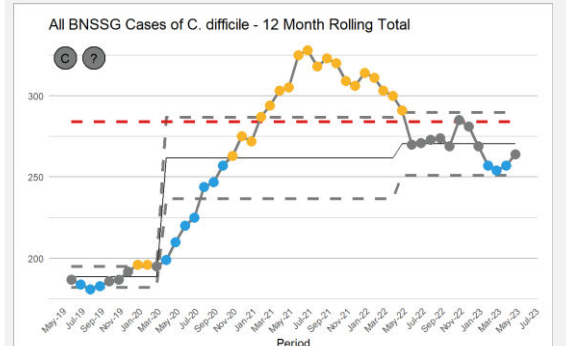
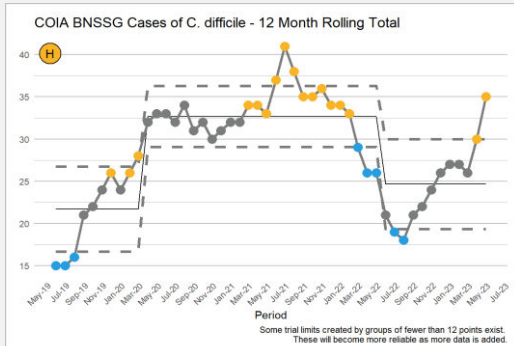
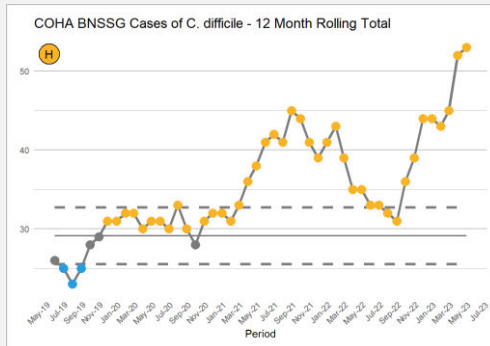
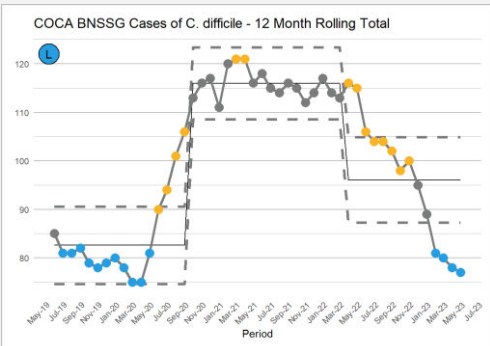


**COCA:** Special cause variation of an improving nature where the measure is significantly lower.

**COHA:** Special cause variation of a concerning nature where the measure is significantly higher.

**COIA:** After a reduction in cases hit its low point over the past year, the number of cases has begun to increase.

**All:** This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. Your target lies within the process limits so we know that the target may or may not be achieved.

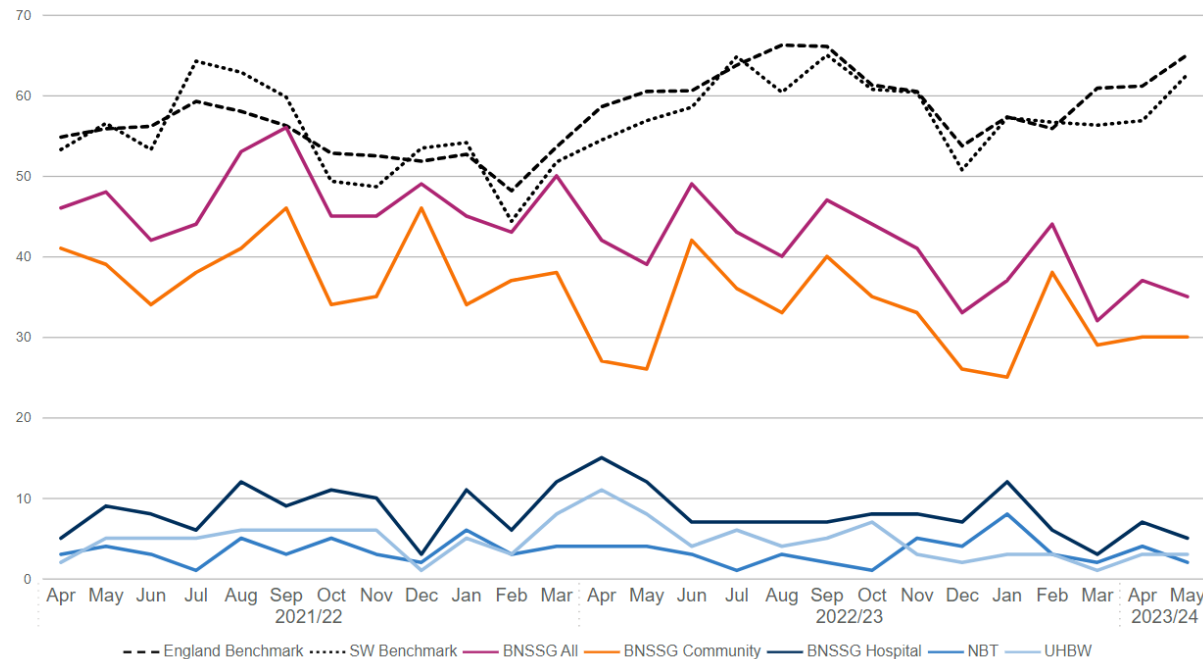




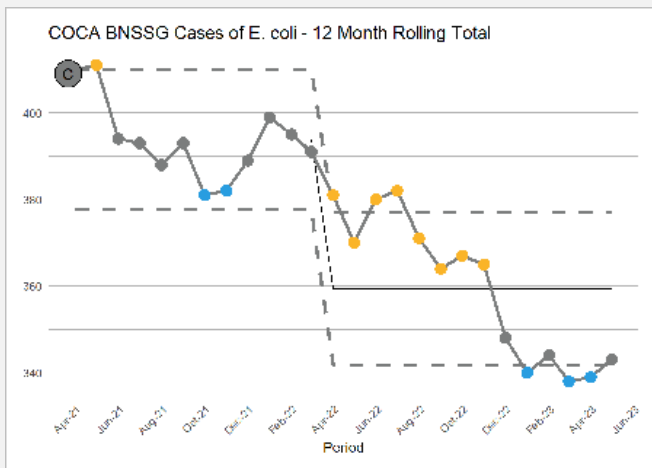
# Quality Report - Healthcare Acquired Infections - Supporting Analysis

<b>E. coli</b>	35
<b>HOHA</b>	5 (NBT - 2, UHBW - 3)
<b>COCA</b>	26
<b>COHA</b>	4

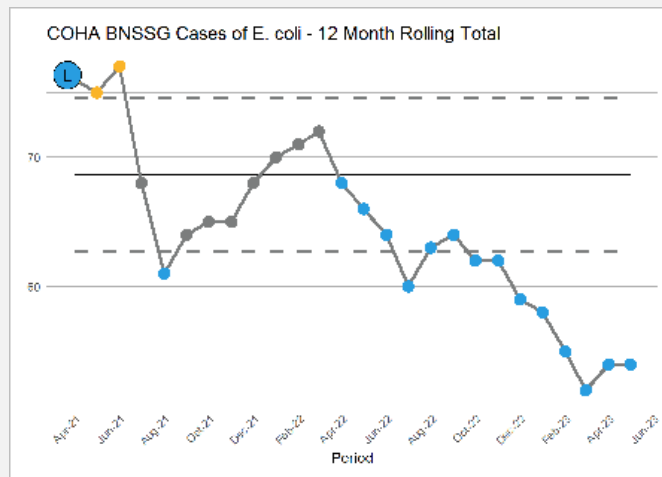
BNSSG ICB Assigned E. coli Cases Since Apr 2021



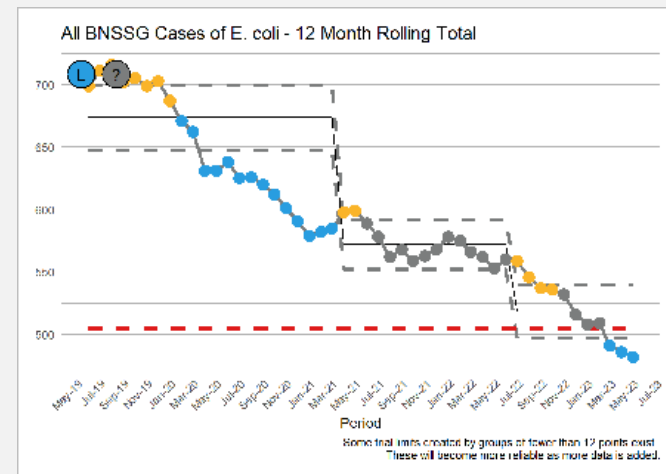
COCA: Cases have a decreasing trend and are at the lowest rate since April 21.



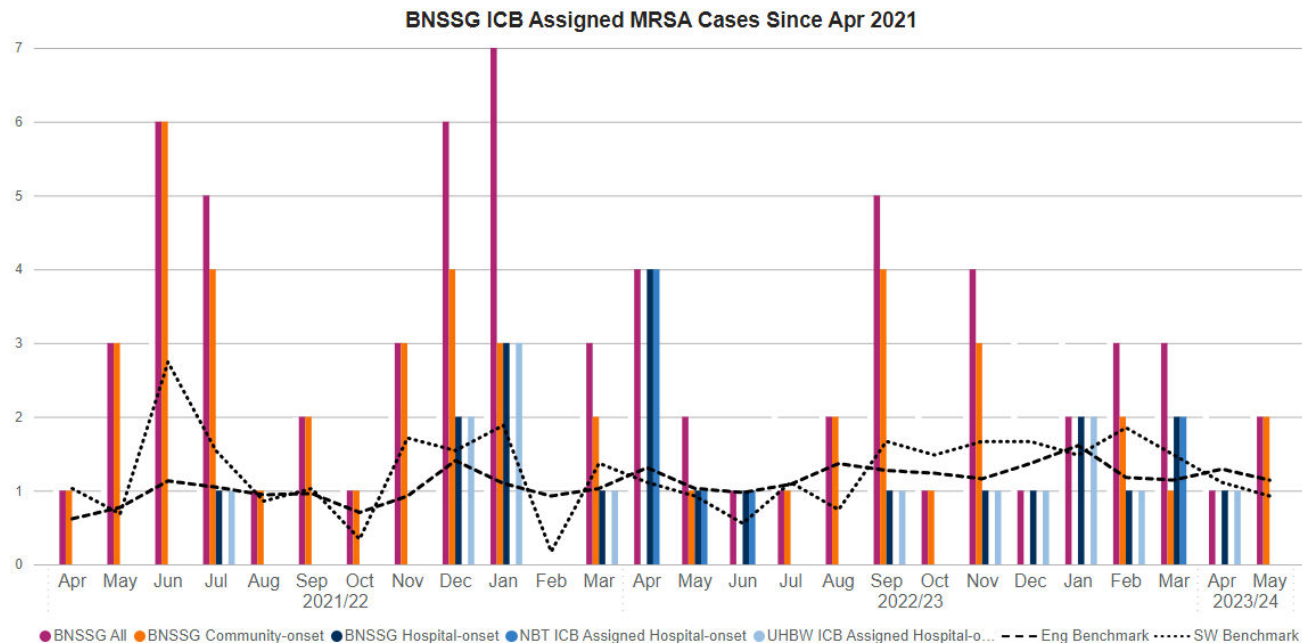
COHA: Cases have a decreasing trend.



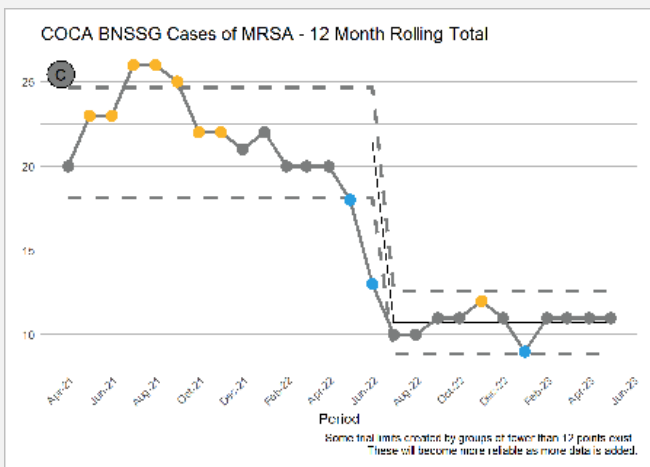
All: This metric is improving. Your aim is low numbers and you have some. Your target lies within the process limits so we know that the target may or may not be achieved.



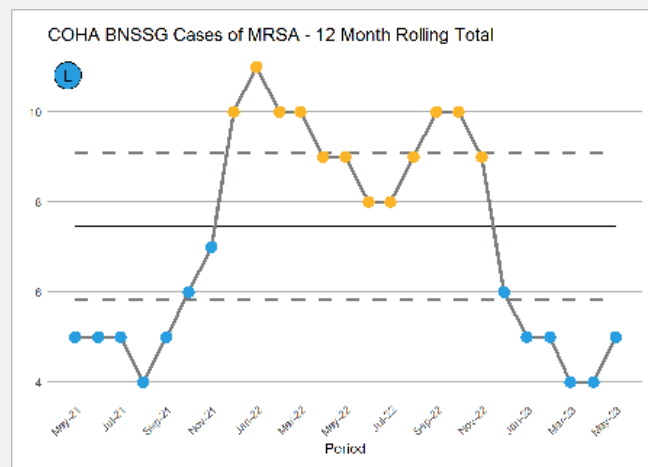
<b>MRSA</b>	2
<b>HOHA</b>	0 (NBT - 0, UHBW - 0)
<b>COCA</b>	1
<b>COHA</b>	1



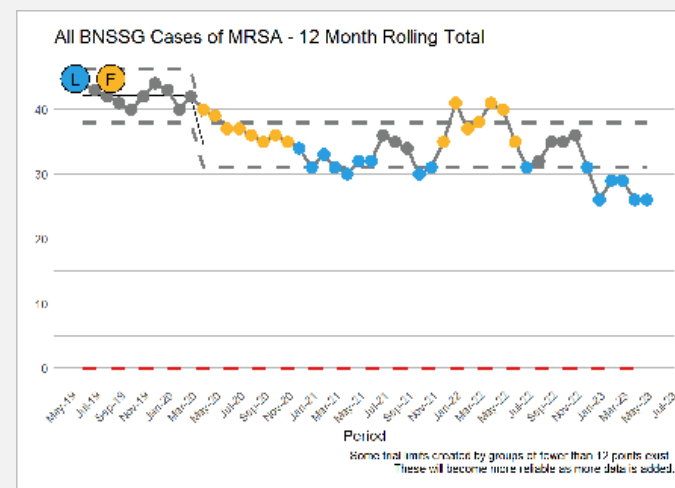
**COCA:** This system or process is currently not changing significantly. It shows the level of natural variation you can expect.



**COHA:** Cases have a decreasing trend, however, the numbers are low so one or 2 extra infections can drastically change the visual.

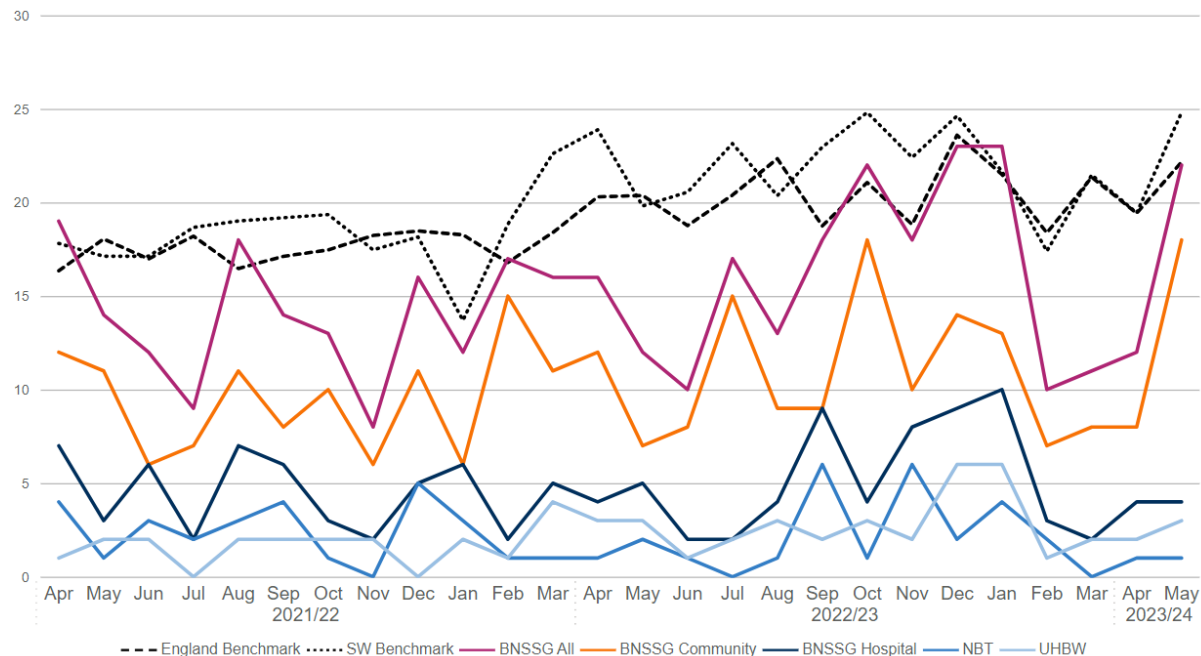


**All:** This metric is improving. Your aim is low numbers, and you have some. The target of zero cannot be achieved this financial year.

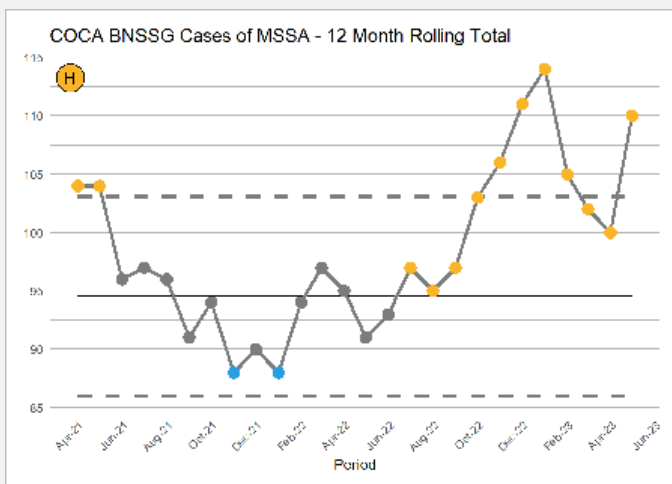


<b>MSSA</b>	22
<b>HOHA</b>	4 (NBT - 1, UHBW - 3)
<b>COCA</b>	15
<b>COHA</b>	3

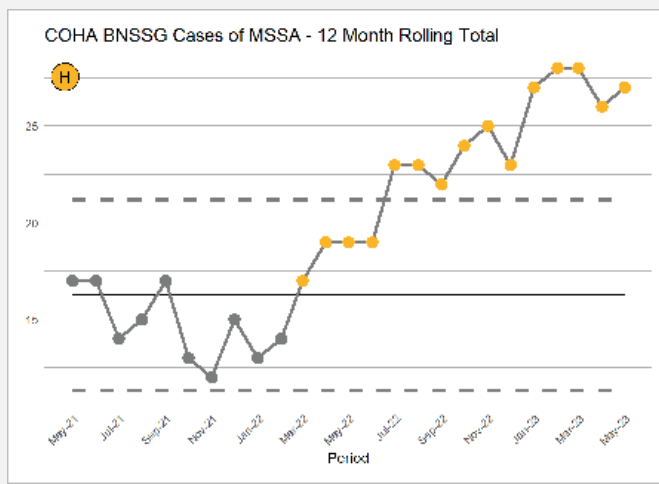
BNSSG ICB Assigned MSSA Cases Since Apr 2021



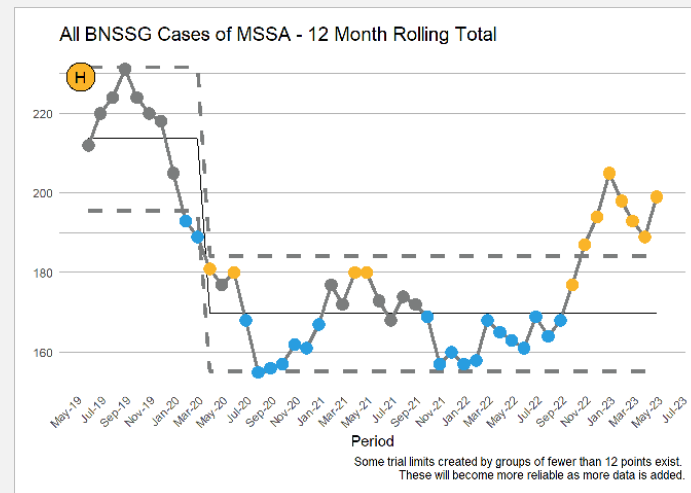
**COCA:** Special cause variation of a concerning nature where the measure is significantly higher.




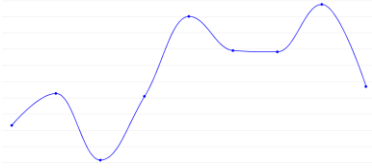
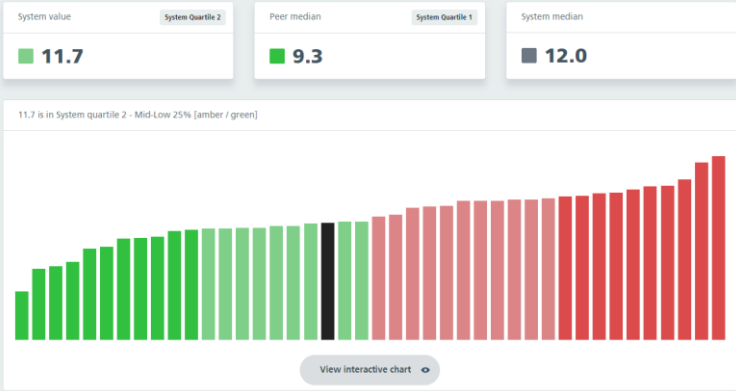
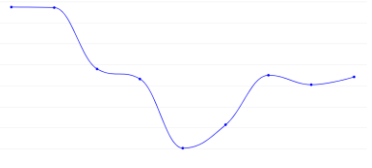
**COHA:** Special cause variation of a concerning nature where the measure is significantly higher



**All:** Special cause variation of a concerning nature where the measure is significantly higher. Most of the trend is driven by activity in the COCA onset



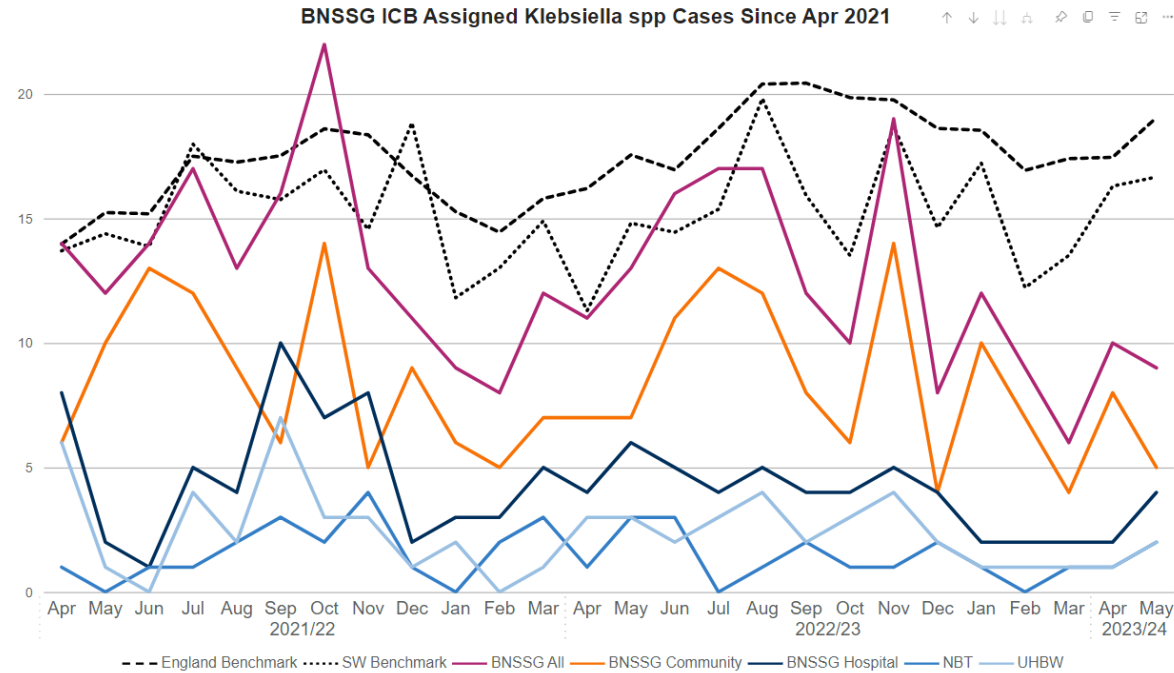
# 12 Months Rolling to Q4 2022/23 – All Systems

Infection	Onset / Sex	Age-sex standardised infection rates per 100k	Count of Infection (12 months rolling)	Comments
Pseud A	<a href="#">COCA/All</a>	 <p>System value: <b>3.3</b> (System Quartile 3) Peer median: <b>2.9</b> System median: <b>3.1</b></p> <p>3.3 is in System quartile 3 - Mid-High 25% (amber / red)</p>	<p>Q4 18/19 – Q4 22/23</p> 	<ul style="list-style-type: none"> <li>• Our system value is above the 50<sup>th</sup> percentile.</li> <li>• Our system is above the SW median.</li> <li>• Recent trend of decreasing rate.</li> </ul>
Kleb spp	<a href="#">COCA/Male</a>	 <p>System value: <b>11.7</b> (System Quartile 2) Peer median: <b>9.3</b> System median: <b>12.0</b></p> <p>11.7 is in System quartile 2 - Mid-Low 25% (amber / green)</p>	<p>Q4 21/22 – Q4 22/23</p> 	<ul style="list-style-type: none"> <li>• Our system is below the national median.</li> <li>• Our system is above the SW median.</li> <li>• Increasing trend over the past 12 months which is being sustained.</li> </ul>

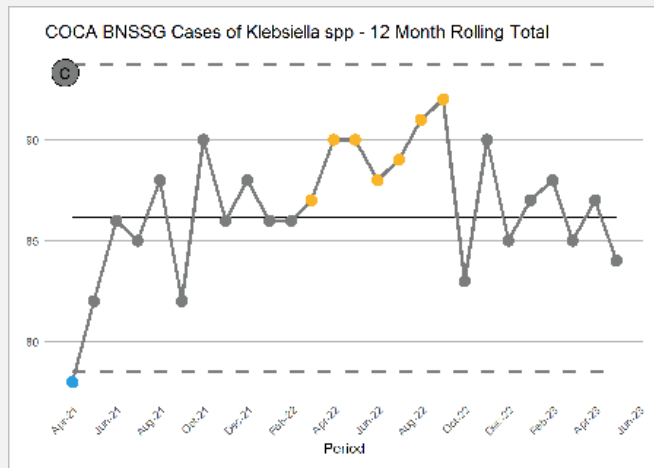
The metrics that have been summarised in the above table have been selected as the most significant in relation to the quartile position and position above the national median. Their purpose is to encourage further investigation and is not meant to represent the definitive position of what is occurring within the system. In-depth details are provided in [Model Hospital](#).

# Quality Report - Healthcare Acquired Infections – Supporting Analysis

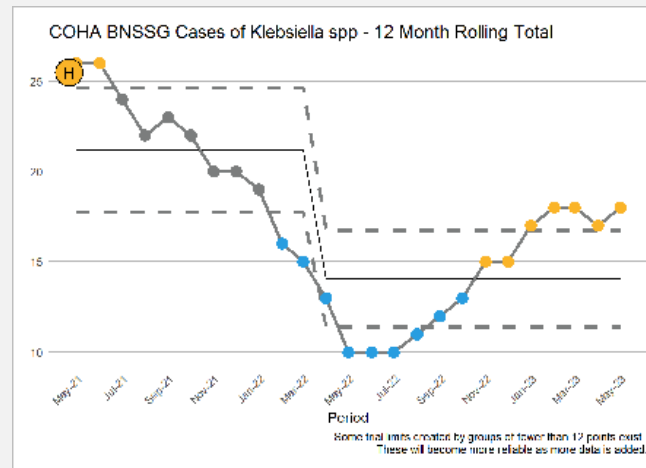
<b>Klebsiella spp</b>	9
<b>HOHA</b>	4 (NBT - 2, UHBW - 2)
<b>COCA</b>	4
<b>COHA</b>	1



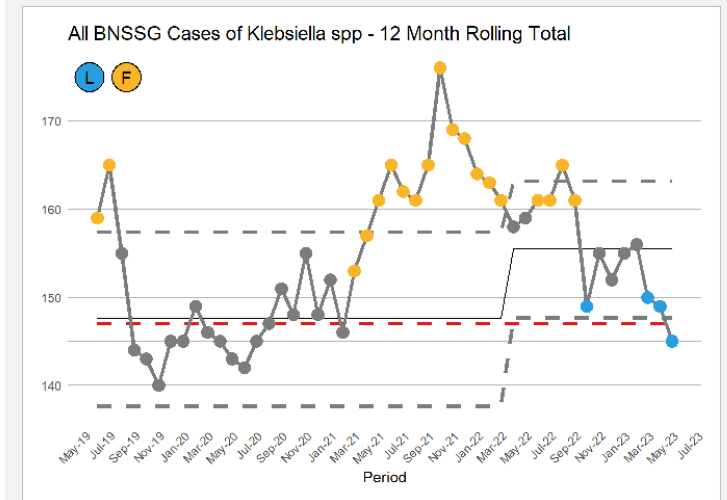
**COCA:** This system or process is currently not changing significantly. It shows the level of natural variation you can expect.



**COHA:** Special cause variation of a concerning nature where the measure is significantly higher

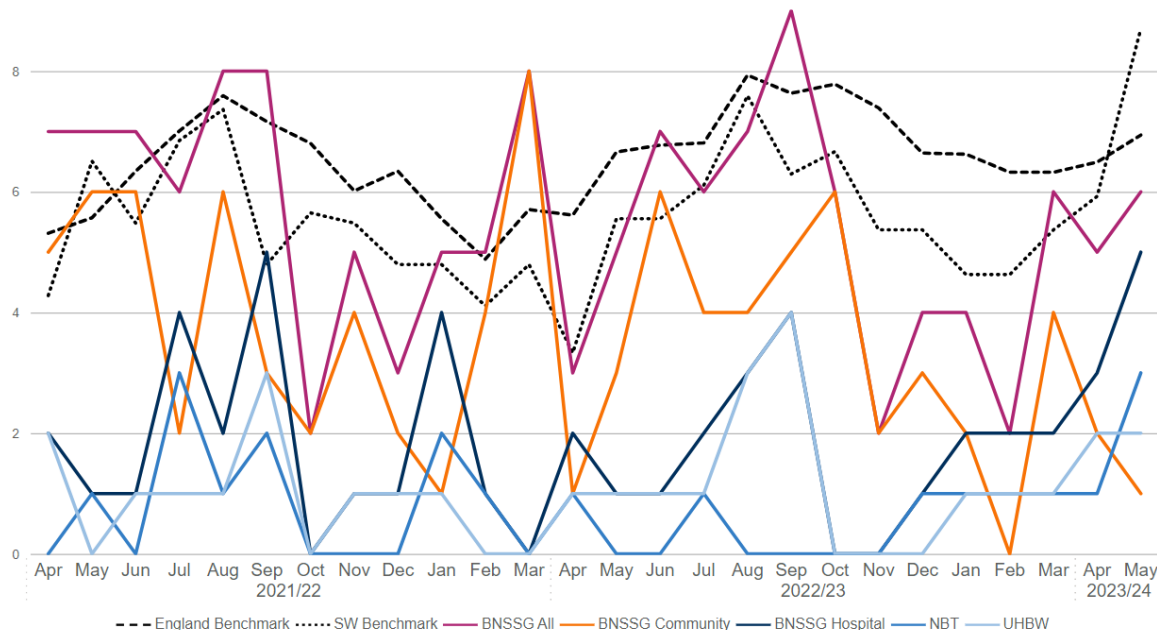


**All:** This metric is improving. Your aim is low numbers, and you have some. However your target lies below the current process limits so we know that the target will not be achieved without continued change.

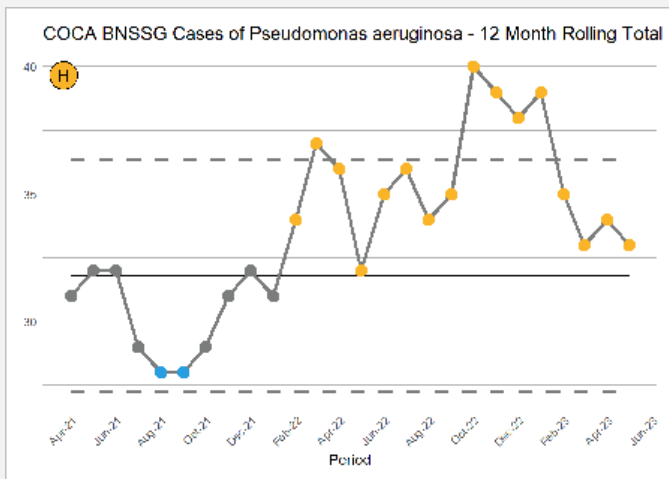


<b>Pseudomonas aeruginosa</b>	6
<b>HOHA</b>	5 (NBT - 3, UHBW - 2)
<b>COCA</b>	0
<b>COHA</b>	1

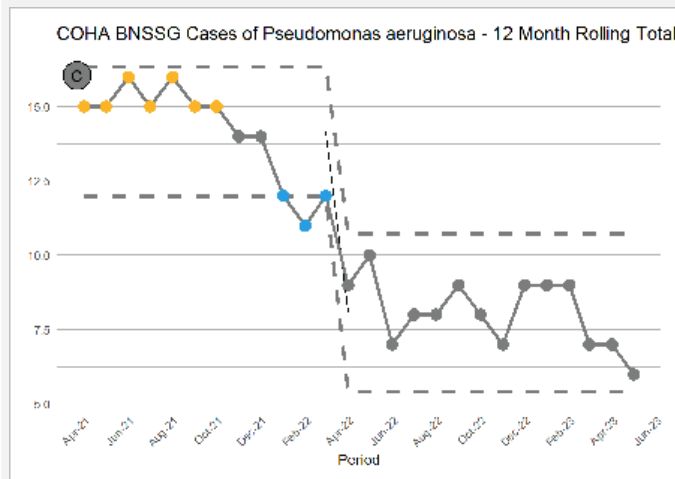
BNSSG ICB Assigned Pseudomonas aeruginosa Cases Since Apr 2021



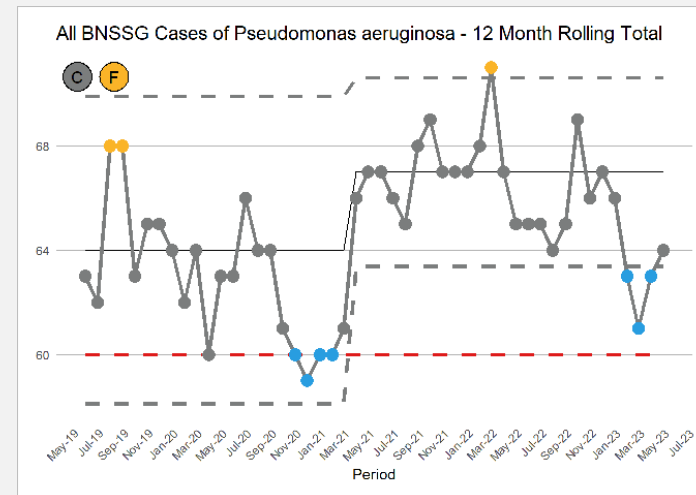
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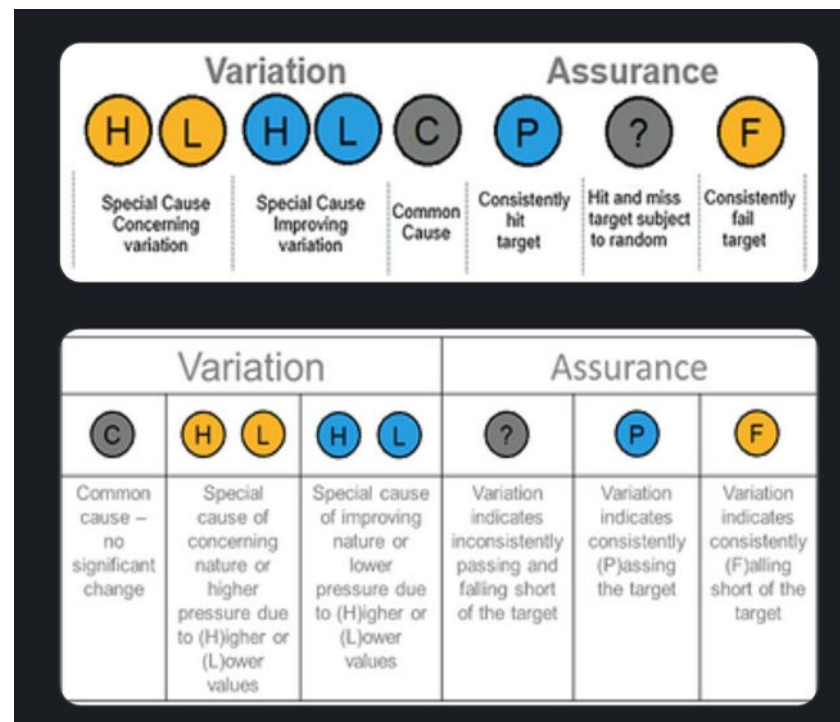
COHA: This system or process is currently not changing significantly. It shows the level of natural variation you can expect. The numbers are low for COHA and the overall trend is due to COCA and HOHA numbers.



All: This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. However, your target lies outside the current process limits and the target will not be achieved without change.



		Passing			Total
		Assurance			
		Passing the target 	Hit & miss 	Falls below the target 	
Improving	Special Cause Improving  	P1	H1 E. coli Cases BNSSG Wide	F1 MRSA Cases BNSSG Wide Klebsiella spp Cases BNSSG Wide	3
	Common Cause 	P2	H2 C. difficile Cases BNSSG Wide	F2 Pseudomonas aeruginosa Cases BNSSG Wide	2
	Special Cause Concerning  	P3	H3	F3	0



SPC Xmr diagrams were made using the NHS Plottedots R Package. The icons above represent the meaning as above.

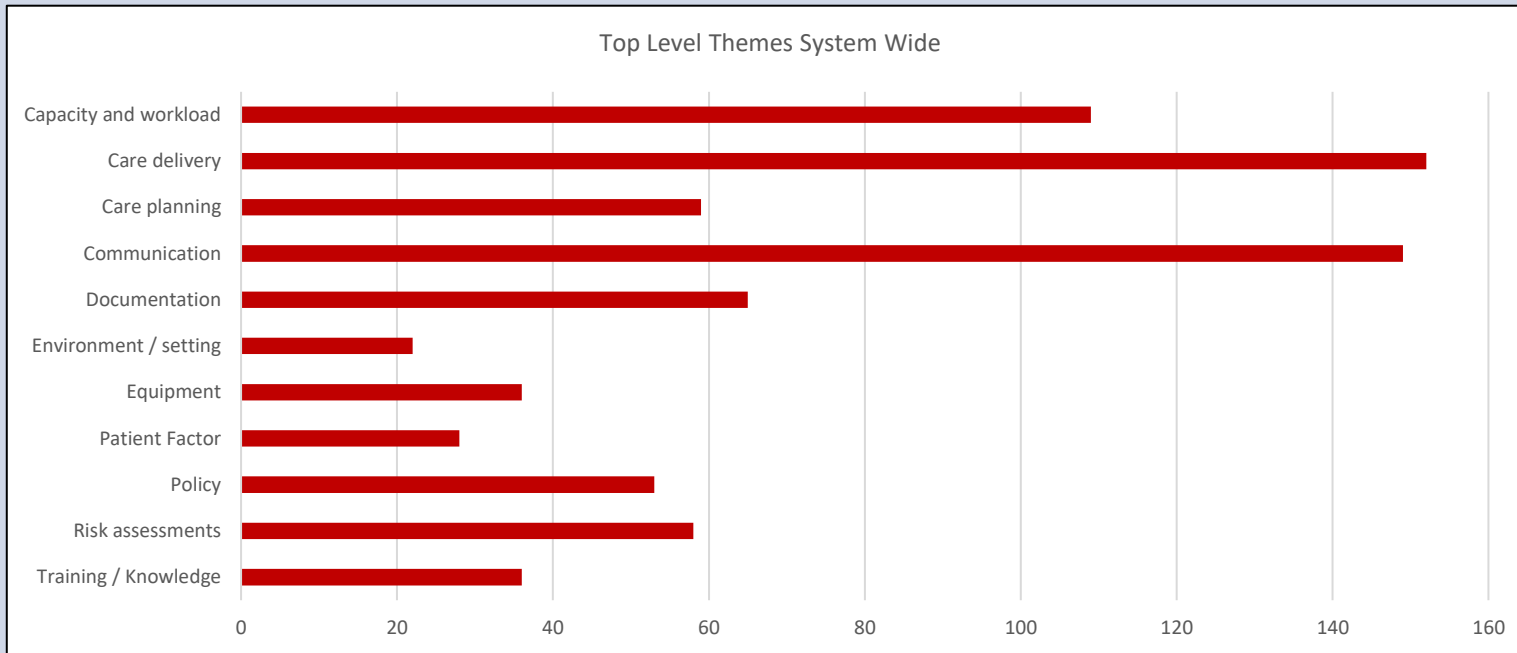
### In terms of variation in the caseload, the SPC grid means:

- E. coli, MRSA and Klebsiella spp have an improving trend. C. difficile and Pseud A are not changing much.
- MSSA, not featured, has an increasing trend.

### In terms of assurance against the threshold, this means:

- The process limits on SPC charts indicate the normal range of numbers you can expect from your system or process. **If a target lies within those limits then we know that the target may or may not be achieved.** The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random. This is the case for C. diff and E. coli which have new lower targets for 23/24 – further improvement is required to be assured they will be reached.
- MRSA has failed the threshold for 23/24 (0 cases). At the current rates Klebsiella spp and Pseud A will fail the 23/24 threshold.
- MSSA is not included as NHSE does not set a threshold.

The table below highlights the top-level themes identified through the investigation process for reported events and detailed in the submitted investigations over the last 16 months, when this data collection commenced.



Across the system, it is noted that the top three themes are:

- Care Delivery
- Communication
- Capacity and workload

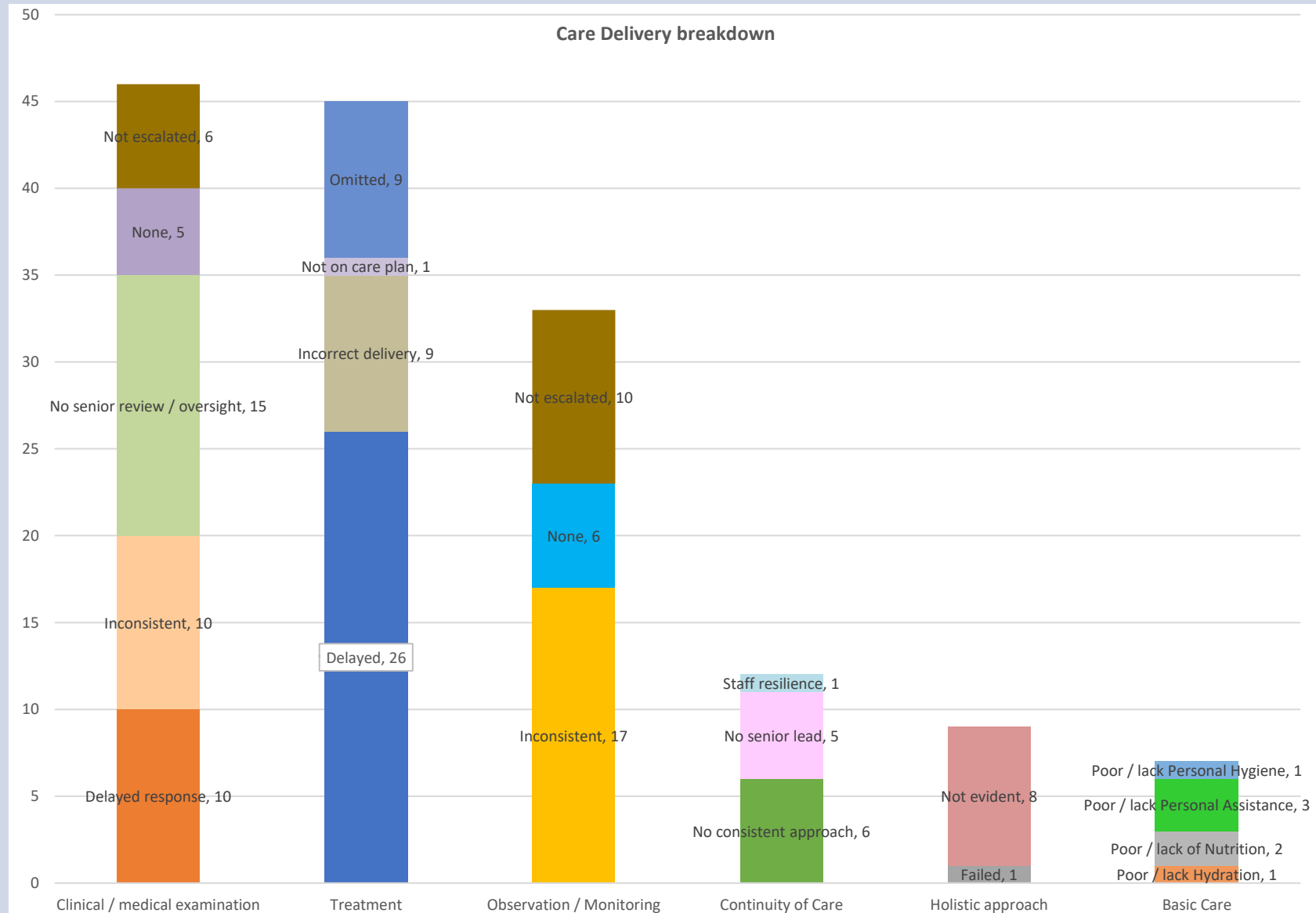
To understand the drivers behind the patient safety events related to these themes, “deep dives” are being undertaken and the outcomes are being shared with partners at the monthly BNSSG Learning Panel.



# Nursing & Quality – SE Themes and Trends across BNSSG partners

## Reporting Period – Month 2 2023/24 – May data

A deep dive was undertaken into the Care Delivery theme to understand the drivers behind it being the highest theme resulting from investigations. The table below shows the second and third breakdown of the Care Delivery, noting that Delayed Treatment is identified as the leading issue, followed by Inconsistent Observations/Monitoring and no Senior Review when it comes to Clinical/Medical examination. The results of this deep dive are shared at the learning panel to facilitate shared learning.



# BNSSG Performance Report

August 2023

Created by

BI Performance Team

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# 1 Executive Summary

- Overall, BNSSG Trusts' 4hr A&E performance improved from 73.1% in June to 74% in July and is better than the national average for Type 1 EDs of 60.9% and although below the plan to achieve 76% by March 2024, monthly operational plan targets continue to be achieved.
- For planned admissions, the total waiting list size for the BNSSG population worsened from 86,594 in May to 101,073 in June. BNSSG performance of 58.8% was ranked 23rd out of 42 ICBs nationally (down from 10<sup>th</sup> in May) and ranked 5th out of 7 ICBs in the Southwest (down from 2<sup>nd</sup> in May).
- The number of BNSSG patients waiting 52 weeks or more for planned treatment increased from 4,297 in May to 6,245 in June – 6% of the total waiting list. The BNSSG position is driven mainly by waits at UHBW (3,593) and NBT (2,317), with the remaining 335 breaches split across 52 other providers. At provider level, the number increased at both NBT and UHBW. Focused work to facilitate elective recovery ambitions continues to be implemented.
- The number of BNSSG patients waiting over 65 weeks increased 963 in May to 1,536 in June. The BNSSG position is driven mainly by waits at UHBW (975) and NBT (493). The remaining 68 breaches are split across 28 other providers, with the majority at RUH (14). At provider level, the number increased at both NBT and UHBW
- The number of BNSSG patients waiting over 78 weeks increased from 108 in May to 117 in June. The BNSSG position is driven mainly by waits at UHBW (77) and NBT (36). The remaining 4 breaches are split across 4 other providers. At provider level, the number fell at both NBT and UHBW.
- The number of BNSSG patients waiting over 104 weeks fell from 6 in May to 3 in June. The BNSSG position is driven by waits at NBT (2) and East Kent Hospitals (1). At provider level, the number fell from 8 to 4 at NBT and remained at zero at UHBW.
- 2 week wait cancer performance improved in June to 44.1% for the BNSSG population. At provider level, performance improved at both 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 June to 65.7% for the BNSSG population. At provider level, performance worsened at both NBT and UHBW. The 75% national standard has not been achieved at population level since reporting started in April 2021.
- 62 day referral to treatment time for BNSSG cancer patients improved in June to 58.5%. At provider level, performance improved at NBT but worsened at UHBW. The 85% national standard has not been achieved at population level since April 2019.

# 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%	Jun-23	39.73%	16.73%	15.63%	32.87%	21.83%	20.71%	29.51%	25.16%	7	2	1	6	4	3	5	3	→
A&E 4 Hour Performance	76%	Jul-23	74.20%	66.51%	75.86%	78.99%	79.22%	79.26%	63.77%	73.99%	5	6	4	3	2	1	7	2	↑
A&E 12 Hour Trolley Waits	0	Jul-23	87	22	712	435	3	46	269	23,934	4	2	7	6	1	3	5	4	↑
RTT Incomplete 18 Weeks	92%	Jun-23	60.88%	57.21%	68.41%	60.48%	60.77%	58.79%	55.35%	59.19%	2	6	1	4	3	5	7	2	↓
RTT Incomplete Total		Jun-23	108,934	102,430	81,075	69,531	67,140	101,073	157,428	7,574,649	95.6%	85.9%	57.0%	95.4%	86.2%	98.8%	86.1%	70.3%	↓
RTT Incomplete 52 Week Plus	0	Jun-23	5,349	6,001	3,019	4,509	3,220	6,245	12,918	383,083	4	5	1	3	2	6	7	3	↓
RTT Incomplete 65 Week Plus	0	Jun-23	1,281	1,382	613	1,621	895	1,536	4,394	97,275	3	4	1	6	2	5	7	3	↓
RTT 52 weeks + (% of waiting list)		Jun-23	4.91%	5.86%	3.72%	6.48%	4.80%	6.18%	8.21%	5.06%	3	4	1	6	2	5	7	4	↓
RTT 65 weeks + (% of waiting list)		Jun-23	1.18%	1.35%	0.76%	2.33%	1.33%	1.52%	2.79%	1.28%	2	4	1	6	3	5	7	3	↓
RTT 78 weeks + (% of waiting list)		Jun-23	0.04%	0.05%	0.02%	0.58%	0.12%	0.12%	0.55%	0.09%	2	3	1	7	5	4	6	4	→
RTT 104 weeks+ (% of waiting list)		Jun-23	0.00%	0.00%	0.00%	0.06%	0.00%	0.00%	0.04%	0.00%	2	1	3	7	5	4	6	5	↑
Cancer 2 Week (All)	93%	Jun-23	64.12%	47.91%	94.77%	58.68%	57.05%	44.10%	69.23%	80.52%	3	6	1	4	5	7	2	7	→
Cancer 2 week (Breast)	93%	Jun-23	83.43%	52.70%	99.24%	29.59%	86.14%	62.37%	65.67%	74.75%	3	6	1	7	2	5	4	6	↑
Cancer 31 Day Wait First Treatment	96%	Jun-23	88.58%	96.36%	93.32%	96.16%	89.50%	92.22%	91.89%	91.35%	7	1	3	2	6	4	5	6	↑
Cancer 31 Day Wait - Surgery	94%	Jun-23	84.09%	91.23%	68.75%	89.13%	75.64%	89.36%	76.04%	79.05%	4	1	7	3	6	2	5	7	↑
Cancer 31 Day Wait - Drug	98%	Jun-23	100.00%	98.57%	100.00%	100.00%	99.04%	100.00%	100.00%	97.98%	1	7	1	1	6	1	1	1	→
Cancer 31 Day Wait - Radiotherapy	94%	Jun-23	90.51%	98.13%	99.33%	100.00%	94.25%	98.16%	94.80%	86.63%	7	4	2	1	6	3	5	4	↑
Cancer 62 Wait Consultant	N/A	Jun-23	74.51%	77.39%	83.87%	57.58%	72.29%	81.72%	66.32%	72.88%	4	3	1	7	5	2	6	4	↑
Cancer 62 Wait Screening	90%	Jun-23	55.17%	81.82%	51.72%	46.67%	58.06%	69.44%	60.71%	62.23%	5	1	6	7	4	2	3	6	↑
Cancer 62 Day Wait - GP Referral	85%	Jun-23	56.91%	62.50%	68.72%	68.90%	69.90%	58.46%	60.30%	59.24%	7	4	3	2	1	6	5	7	↑
Cancer 28 FDS	75%	Jun-23	67.59%	69.72%	80.86%	72.00%	69.35%	65.67%	78.17%	73.49%	6	4	1	3	5	7	2	7	→

Includes addition of new measure - RTT 65 Week Waits (Operational Plan 23/24)

# 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	Jul-23	00:18:00	00:15:54	00:18:00	00:22:54	00:19:24	00:13:42	00:16:48	00:17:36	4	2	4	7	6	1	3	1	➔
Category 1 - Average Duration (hr:min:sec)	00:07:00	Jul-23	00:09:36	00:08:18	00:09:48	00:11:30	00:10:24	00:07:48	00:09:06	00:09:18	4	2	5	7	6	1	3	1	➔
Category 2 - 90th Percentile Duration (hr:min:sec)	00:40:00	Jul-23	01:36:48	00:57:48	01:11:00	01:51:30	01:18:12	00:52:12	01:16:18	01:15:42	6	2	3	7	5	1	4	1	➔
Category 2 - Average Duration (hr:min:sec)	00:30:00	Jul-23	00:43:54	00:27:48	00:33:12	00:50:12	00:38:06	00:25:24	00:35:54	00:35:42	6	2	3	7	5	1	4	1	➔
Category 3 - 90th Percentile Duration (hr:min:sec)	02:00:00	Jul-23	04:53:30	03:08:48	03:43:54	04:06:48	04:11:30	03:07:42	04:07:24	03:47:18	7	2	3	4	6	1	5	4	⬆️
Category 3 - Average Duration (hr:min:sec)		Jul-23	01:49:06	01:17:30	01:25:54	01:35:12	01:40:06	01:16:18	01:40:06	01:30:48	7	2	3	4	5	1	5	4	⬆️
Category 4 - 90th Percentile Duration (hr:min:sec)	03:00:00	Jul-23	04:18:42	04:14:00	04:58:06	00:58:00	02:58:00	05:25:06	03:17:00	03:45:30	5	4	6	1	2	7	3	6	⬇️
Category 4 - Average Duration (hr:min:sec)		Jul-23	01:26:54	01:32:30	02:00:12	00:38:12	01:27:54	02:06:54	01:33:42	01:34:12	2	4	6	1	3	7	5	6	⬇️

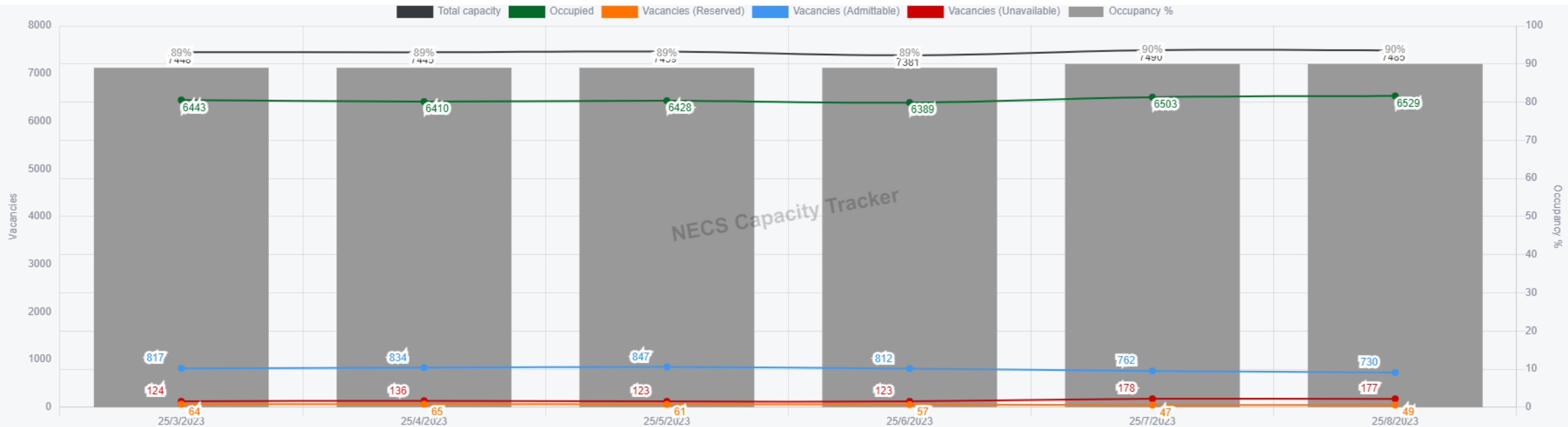
Measure	Standard	Performance/Activity								South West Ranking								Change	
		Recent Period	BSW	Dorset	Glos	Kernow	Somerset	BNSSG	Devon	National	BSW	Dorset	Glos	Kernow	Somerset	BNSSG	Devon	Rank Last Month	
Average speed to answer calls (in seconds)	20	Jun-23	350	18	308	217	233	61	286	178	7	1	6	3	4	2	5	3	⬆️
% Triaged Calls receiving Clinical Contact	50%	Jun-23	52.0%	39.6%	47.9%	74.6%	65.8%	50.0%	55.6%	44.2%	4	7	6	1	2	5	3	5	➔
% of callers allocated the first service offered by DOS	80%	Jun-23	41.6%	66.2%	75.3%	85.1%	83.6%	78.7%	76.3%	66.3%	7	6	5	1	2	3	4	3	➔
% of Cat 3 or 4 ambulance dispositions that receive remote clinical intervention	75%	Jun-23	97.3%	89.6%	64.4%	90.4%	88.9%	71.2%	83.8%	76.2%	1	3	7	2	4	6	5	7	⬆️
% calls initially given an ETC disposition that receive remote clinical intervention	50%	Jun-23	58.5%	77.4%	79.9%	92.4%	74.9%	80.8%	86.0%	45.6%	7	5	4	1	6	3	2	7	⬆️
Abandonment Rate for 111 Calls	3%	Jun-23	15.8%	2.6%	23.5%	12.6%	11.9%	10.5%	15.1%	15.2%	6	1	7	4	3	2	5	6	⬆️

## 2.2 Urgent Care – Summary Performance – July

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	Jul-23	5	5	5	0	◀▶	11	-6	▼	▼
	Category 2 Response time - Mean (minutes)	BNSSG ICB	Jul-23	30	25	30	-5	▼	29	-4	▼	▼
	Category 2 Response time – 90th centile (minutes)	BNSSG ICB	Jul-23	40	52	65	-13	▼	62	-10	▼	▼
	Percentage of conveyances to ED by 999 ambulances	BNSSG ICB	Jul-23	N/A	47.6%	44.1%	3.5%	▲	47.5%	0.1%	▲	▼
	Percentage of NHS 111 calls assessed by a clinician or clinical advisor	BNSSG ICB	Jul-23	50%	50.1%	50.0%	0.1%	▲	63.2%	-13.1%	▼	▲
	Percentage of NHS 111 Calls Abandoned	BNSSG ICB	Jul-23	3%	6.3%	5.9%	0.4%	▲	1.1%	5.2%	▲	▼
A&E	Percentage of Ambulance Handovers within 15 minutes	BNSSG Trusts	Jul-23	65%	41.6%	34.3%	7.3%	▲	66.6%	-25.0%	▼	▲
	Ambulance Handovers - Average Time Lost per day >15 mins (Hours)	BNSSG Trusts	Jul-23	N/A	40	59	-19	▼	11	29	▲	▼
	Time to Initial Assessment – percentage of patients assessed within 15 minutes of arrival at A&E	NBT	Jul-23	N/A	76.7%	73.2%	3.5%	▲	65.2%	11.5%	▲	▲
		BRI	Jul-23	N/A	53.7%	50.8%	2.9%	▲	49.9%	3.7%	▲	▲
		Weston	Jul-23	N/A	47.6%	40.0%	7.6%	▲	5.6%	42.0%	▲	▲
	Average (mean) time in Department – non-admitted patients (hh:mm)	NBT	Jul-23	N/A	3:41	3:30	0:11	▲	3:57	-0:16	▼	▼
		BRI	Jul-23	N/A	3:47	4:12	-0:25	▼	3:35	0:12	▲	▼
		Weston	Jul-23	N/A	2:53	3:31	-0:38	▼	3:06	-0:13	▼	▼
Hospital	Hospital Average (mean) time in Department – admitted patients (hh:mm)	NBT	Jul-23	N/A	6:04	6:10	-0:06	▼	N/A	N/A	N/A	▼
		BRI	Jul-23	N/A	4:47	6:09	-1:22	▼	4:56	-0:09	▼	▼
		Weston	Jul-23	N/A	5:20	8:47	-3:27	▼	7:04	-1:44	▼	▼
Whole System	Percentage of patients spending more than 12 hours from Arrival in A&E	NBT	Jul-23	2%	2.2%	2.4%	-0.2%	▼	0.0%	2.2%	▲	▼
		BRI	Jul-23	2%	0.9%	3.8%	-2.9%	▼	0.9%	0.0%	▼	▼
		Weston	Jul-23	2%	1.3%	6.1%	-4.8%	▼	5.9%	-4.6%	▼	▼
	Number of patients spending more than 12 hours in A&E from a Decision To Admit	BNSSG Trusts	Jul-23	0	46	224	-178	▼	18	28	▲	▼
		NBT	Jul-23	0	12	10	2	▲	0	12	▲	▼
		UHBW	Jul-23	0	34	214	-180	▼	18	16	▲	▼
	Percentage of patients waiting 4 hours or less in A&E	BNSSG Trusts	Jul-23	76%	74.0%	73.1%	0.8%	▲	77.7%	-3.7%	▼	▲
		NBT	Jul-23	76%	71.5%	75.2%	-3.7%	▼	72.5%	-1.0%	▼	▲
		UHBW	Jul-23	76%	75.3%	72.1%	3.3%	▲	80.4%	-5.1%	▼	▲

- 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 compared to the previous month or same period in 19/20.
- RAG colours are based on comparison to national standards: **GREEN** = Achieved, **RED** = not achieved.

# 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 %
<b>NHS Bristol, North Somerset and South Gloucestershire ICB - 15C (269 / 269 / 269)</b>	7485	956	730	177	49	6529	10%	2%	1%	87%
General Residential	1714	299	213	75	11	1415	12%	4%	1%	83%
General Nursing	1844	242	181	41	20	1602	10%	2%	1%	87%
Dementia Residential	1558	209	159	42	8	1349	10%	3%	1%	87%
Dementia Nursing	1218	105	85	12	8	1113	7%	1%	1%	91%
Learning Disability Residential	576	48	42	4	2	528	7%	1%	0%	92%
Mental Health Residential	276	30	27	3	0	246	10%	1%		89%
Mental Health Nursing	155	9	9	0	0	146	6%			94%
Community Care	48	8	8	0	0	40	17%			83%
YPD - Young Physically Disabled	22	3	3	0	0	19	14%			86%
Learning Disability Nursing	73	2	2	0	0	71	3%		6	97%
Transitional	1	1	1	0	0	0	100%			



# 2.3 Planned Care – Summary Performance – June

## BNSSG Population Level

## NBT Total Provider

## UHBW Total Provider

RTT 18 week Incomplete	Jun-23	May-23	Variance	Change	Jun-19	Variance	Change
Total Waiting List	101,073	86,594	14,479	▲	51,761	49,312	▲
No. >18 weeks	41,649	31,549	10,100	▲	6,132	35,517	▲
No. >52 weeks	6,245	4,297	1,948	▲	22	6,223	▲
No. >65 weeks	1,536	963	573	▲	N/A	N/A	N/A
No. >78 weeks	117	108	9	▲	N/A	N/A	N/A
No. >104 weeks	3	6	-3	▼	N/A	N/A	N/A
52ww as % of WL	6.2%	5.0%	1.2%	▲	0.0%	6.1%	▲
% Performance	58.79%	63.57%	-4.8%	▼	59.19%	-0.4%	▼

Jun-23	May-23	Variance	Change	Jun-19	Variance	Change
49,889	47,731	2,158	▲	28,590	21,299	▲
19,452	17,552	1,900	▲	4,280	15,172	▲
2,831	2,798	33	▲	17	2,814	▲
619	594	25	▲	N/A	N/A	N/A
59	84	-25	▼	N/A	N/A	N/A
4	8	-4	▼	N/A	N/A	N/A
5.7%	5.9%	-0.2%	▼	0.1%	5.6%	▲
61.01%	63.23%	-2.2%	▼	58.20%	2.8%	▲

Jun-23	May-23	Variance	Change	Jun-19	Variance	Change
67,180	67,447	-267	▼	36,432	30,748	▲
31,971	31,026	945	▲	4,551	27,420	▲
5,865	5,523	342	▲	13	5,852	▲
1,765	1,599	166	▲	N/A	N/A	N/A
215	248	-33	▼	N/A	N/A	N/A
0	0	0	◀▶	N/A	N/A	N/A
8.7%	8.2%	0.5%	▲	0.0%	8.7%	▲
52.41%	54.00%	-1.6%	▼	52.56%	-0.2%	▼

Diagnostics	Jun-23	May-23	Variance	Change	Jun-19	Variance	Change
Total Waiting List	27,157	27,710	-553	▼	21,896	5,261	▲
No. >6 weeks	5,623	6,003	-380	▼	1,340	4,283	▲
No. >13 weeks	1,556	1,594	-38	▼	124	1,432	▲
% Performance	20.71%	21.66%	-1.0%	▼	6.12%	14.6%	▲

Jun-23	May-23	Variance	Change	Jun-19	Variance	Change
12,959	12,571	388	▲	11,158	1,801	▲
2,415	2,198	217	▲	759	1,656	▲
595	593	2	▲	84	511	▲
18.64%	17.48%	1.2%	▲	6.80%	11.8%	▲

Jun-23	May-23	Variance	Change	Jun-19	Variance	Change
14,709	15,345	-636	▼	11,682	3,027	▲
3,415	4,072	-657	▼	761	2,654	▲
1,097	1,200	-103	▼	57	1,040	▲
23.22%	26.54%	-3.3%	▼	6.51%	16.7%	▲

Cancer	Jun-23	May-23	Variance	Change	Jun-19	Variance	Change
2 week waits	44.10%	39.27%	4.8%	▲	86.89%	-42.8%	▼
2ww breast	62.37%	33.77%	28.6%	▲	76.83%	-14.5%	▼
28 day FDS (All Routes)	65.67%	63.05%	2.6%	▲	N/A	N/A	N/A
31 day first treatment	92.22%	89.00%	3.2%	▲	93.38%	-1.2%	▼
31 day - Surgery	89.36%	65.42%	23.9%	▲	86.21%	3.2%	▲
31 day - Drugs	100.00%	100.00%	0.0%	◀▶	99.03%	1.0%	▲
31 day - Radiotherapy	98.16%	98.31%	-0.1%	▼	91.88%	6.3%	▲
62 day	58.46%	56.63%	1.8%	▲	76.02%	-17.6%	▼
62 day - Screening	69.44%	51.11%	18.3%	▲	83.87%	-14.4%	▼

Jun-23	May-23	Variance	Change	Jun-19	Variance	Change
42.67%	39.10%	3.6%	▲	78.40%	-35.7%	▼
60.23%	19.70%	40.5%	▲	78.65%	-18.4%	▼
66.43%	62.72%	3.7%	▲	N/A	N/A	N/A
86.27%	83.51%	2.8%	▲	88.03%	-1.8%	▼
89.61%	54.74%	34.9%	▲	77.88%	11.7%	▲
100.00%	100.00%	0.0%	◀▶	100.00%	0.0%	◀▶
N/A	N/A	N/A	N/A	N/A	N/A	N/A
53.20%	50.00%	3.2%	▲	76.99%	-23.8%	▼
72.73%	54.22%	18.5%	▲	95.56%	-22.8%	▼

Jun-23	May-23	Variance	Change	Jun-19	Variance	Change
42.88%	34.51%	8.4%	▲	95.89%	-53.0%	▼
N/A	N/A	N/A	N/A	N/A	N/A	N/A
61.56%	61.52%	0.0%	▲	N/A	N/A	N/A
92.83%	92.45%	0.4%	▲	95.08%	-2.2%	▼
84.21%	79.31%	4.9%	▲	89.66%	-5.4%	▼
100.00%	100.00%	0.0%	◀▶	97.89%	2.1%	▲
97.77%	98.48%	-0.7%	▼	91.89%	5.9%	▲
65.96%	67.36%	-1.4%	▼	84.06%	-18.1%	▼
42.86%	40.00%	2.9%	▲	83.33%	-40.5%	▼

### Key to Tables

- Latest month = **June** Previous month = **May** 19/20 = **June 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 compared 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

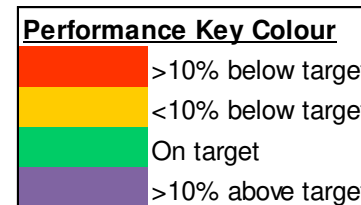
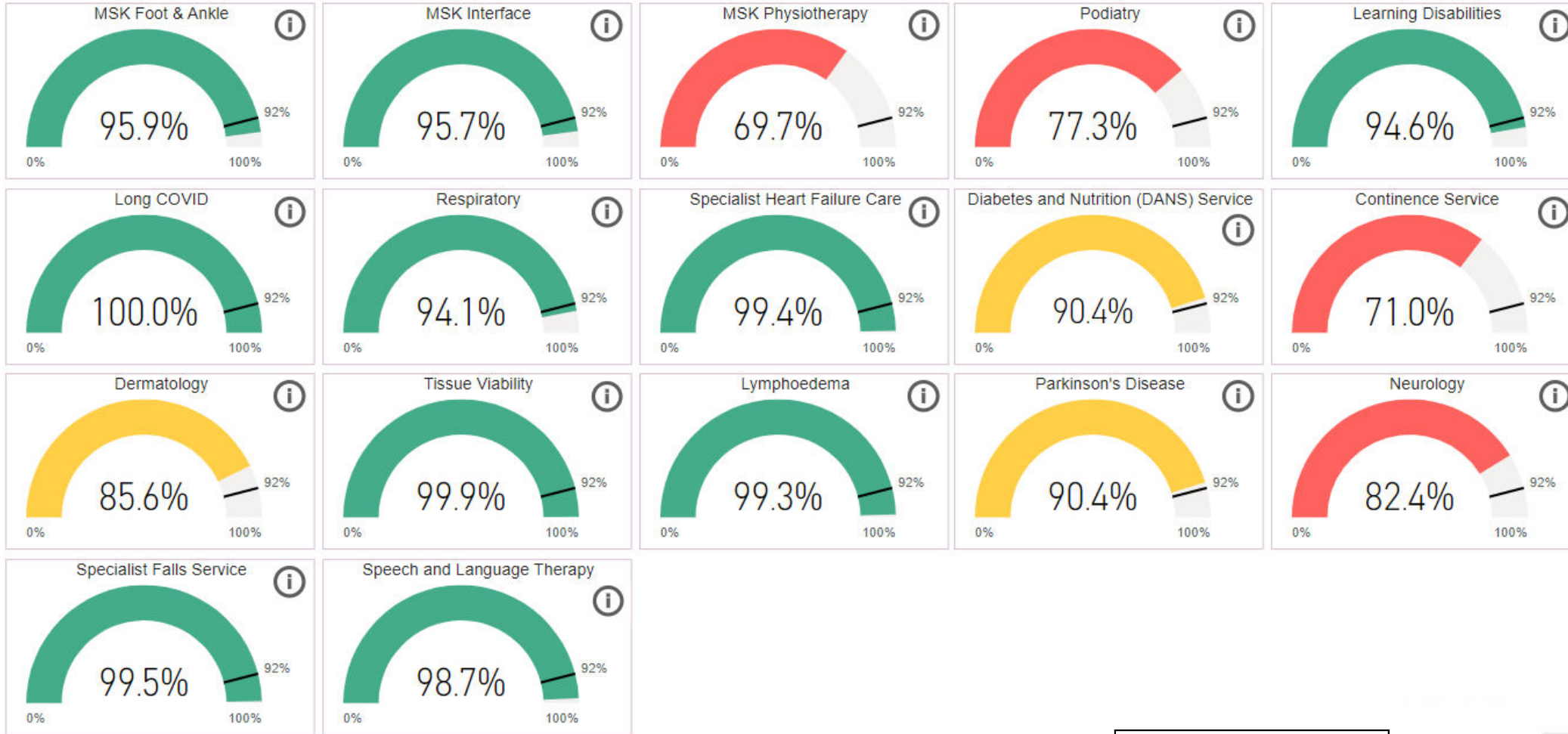
## 2.4 Mental Health – Summary Performance

Mental Health, Learning Disabilities & Autism	Period	Standard	Latest	Previous	Variance	Change	19/20	Variance	Change
Dementia Diagnosis Rate	Jul-23	66.7%	67.1%	67.1%	0.0%	◀▶	68.7%	-1.6%	▼
EP - 2ww Referral	May-23	60%	42.9%	50.0%	-7.1%	▼	85.0%	-42.1%	▼
IAPT Roll out (rolling 3 months)	May-23	6.25%	4.27%	4.05%	0.22%	▲	3.6%	0.7%	▲
IAPT Recovery Rate	May-23	50%	48.7%	50.0%	-1.3%	▼	43.7%	5.0%	▲
IAPT Waiting Times - 6 weeks	May-23	75%	95.6%	97.9%	-2.3%	▼	82.8%	12.8%	▲
IAPT Waiting Times - 18 weeks	May-23	95%	99.0%	100.0%	-1.0%	▼	99.5%	-0.5%	▼
CYPMH Access Rate - 2 contacts (12m Rolling)	May-23	34%	32.0%	32.5%	-0.4%	▼	5.4%	26.7%	▲
CYP with Eating Disorders - routine cases within 4 weeks	Q4 22-23	95.0%	95.5%	96.0%	-0.5%	▼	89.8%	5.7%	▲
CYP with Eating Disorders - urgent cases within 1 week	Q4 22-23	95.0%	95.2%	96.0%	-0.8%	▼	55.2%	40.1%	▲
SMI Annual Health Checks (12 month rolling)	Q1 23-24	60.0%	56.9%	62.2%	-5.3%	▼	42.5%	14.5%	▲
Total Inappropriate Out of Area Placements (Bed Days)	May-23	0	200	135	65	▲	634	-434	▼
Percentage of Women Accessing Perinatal MH Services	May-23	8.6%	7.4%	7.3%	0.1%	▲	N/A	N/A	N/A
Reliance on inpatient care for people with a LD and/or autism - Adults in CCG beds	Jul-23	6	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	Jul-23	12	19	19	0	◀▶	N/A	N/A	N/A
LD Annual Health Checks delivered by GPs aged 14+ (YTD)	May-23	3825	314	130	184	▲	N/A	N/A	N/A
AWP Delayed Transfers of Care	Jul-23	3.5%	22.0%	21.1%	0.9%	▲	3.4%	18.6%	▲
AWP Early Intervention	Jul-23	60%	80.0%	58.8%	21.2%	▲	89.0%	-9.0%	▼
AWP 4 week wait referral to assessment	Jul-23	95%	94.49%	88.82%	5.7%	▲	96.30%	-1.8%	▼

### Key to Table

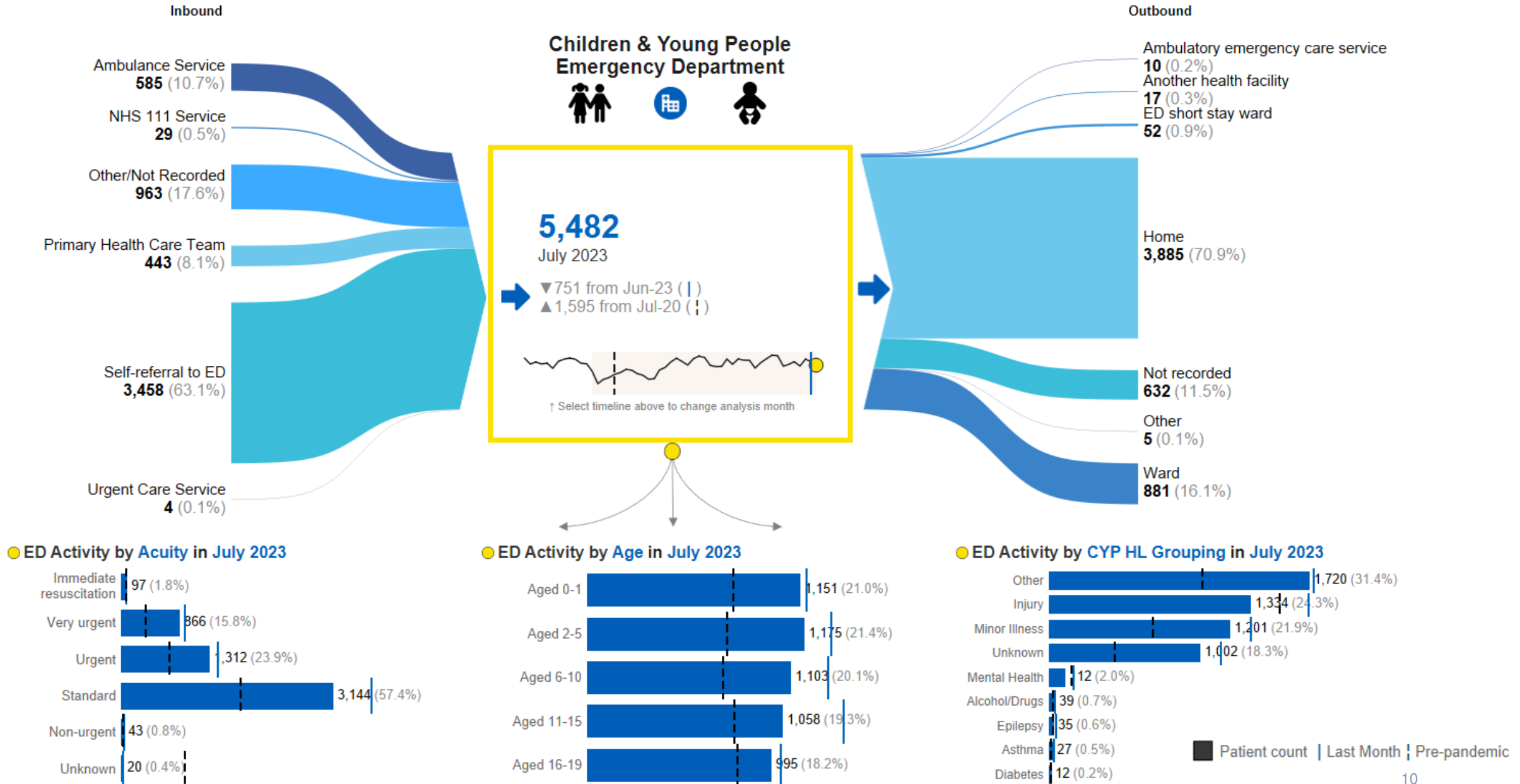
- Latest = **Latest month / quarter** Previous = **Previous month / quarter** 19/20 = **same month or period in 19/20** (pre-covid comparison), where available
- Standard = National Standard, where available
- Variance: between latest period and previous period or latest period and same period in 19/20
- Change: Is the latest period better (Green Icon) or worse (Red icon) when compared 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 – 2023/24 YTD



**Please note:** Data as at 9<sup>th</sup> August. This is provisional until the 15<sup>th</sup> Working day of August.

# 2.6 Children – CYP ED Overview BNSSG Trusts - July



# 3.1 BNSSG ICB Scorecard

Theme	Indicator	Standard	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Urgent Care	A&E 4hr Waits - BNSSG Footprint	76%	69.21%	66.32%	61.78%	66.15%	64.95%	65.00%	63.10%	73.80%	74.50%	76.46%	79.52%	74.93%	78.19%	79.26%
	A&E 4hr Waits - BNSSG Trusts	76%	61.80%	57.10%	61.78%	60.07%	58.87%	56.72%	54.12%	66.27%	67.75%	70.70%	73.92%	68.58%	73.13%	73.97%
	>12hr DTA breaches in A&E - BNSSG Trusts	0	873	1182	815	978	1423	1296	2003	1318	436	680	326	474	224	46
Planned Care	RTT Incomplete - 18 Weeks Waits	92%	66.17%	65.71%	65.75%	65.54%	66.25%	64.72%	62.55%	64.12%	64.26%	63.84%	59.45%	63.57%	58.79%	
	RTT Incomplete - Total Waiting List Size		80,749	85,720	87,320	86,771	87,481	80,290	85,246	86,001	83,947	85,444	99,101	86,594	101,073	
	RTT Incomplete - 52 Week Waits		4764	5134	5376	5302	5386	4761	5345	4961	4182	4124	6,022	4,297	6,245	
	RTT Incomplete - % of WL > 52 Weeks		5.90%	5.99%	6.16%	6.11%	6.16%	5.93%	6.27%	5.77%	4.98%	4.83%	6.08%	4.96%	6.18%	
	Diagnostic - 6 Week Waits	1%	38.46%	38.36%	41.30%	40.46%	36.03%	34.05%	35.13%	32.18%	24.95%	20.97%	23.12%	21.66%	20.71%	
	Diagnostic - Total Waiting List Size		31,976	31,991	31,480	33,279	33,598	32,634	30,471	29,469	28,816	29,335	27,783	27,710	27,157	
	Diagnostic - Number waiting > 6 Weeks		12,298	12,273	13,000	13,464	12,105	11,111	10,705	9,484	7,190	6,152	6,424	6,003	5,623	
	Diagnostic - Number waiting > 13 Weeks		7,597	7,099	7,067	7,503	7,009	6,033	5,456	4,267	3,100	2,186	1,789	1,594	1,556	
Cancer	Cancer 2 Week Wait - All	93%	48.91%	44.15%	44.78%	39.17%	39.58%	47.13%	53.08%	56.34%	65.15%	59.81%	42.85%	39.27%	44.10%	
	Cancer 2 Week Wait - Breast symptoms	93%	22.83%	35.56%	4.88%	14.55%	20.83%	73.21%	90.74%	87.88%	88.04%	69.63%	50.00%	33.77%	62.37%	
	Cancer 28 day faster diagnosis standard (All Routes)	75%	69.30%	61.04%	53.13%	41.55%	45.75%	52.52%	53.60%	61.31%	72.01%	74.50%	66.12%	63.05%	65.67%	
	Cancer 31 Day first treatment	96%	91.31%	93.53%	92.83%	89.69%	93.44%	91.74%	93.39%	86.98%	91.81%	92.86%	89.18%	89.00%	92.22%	
	Cancer 31 day subsequent treatments - surgery	94%	68.48%	70.11%	67.02%	64.81%	85.29%	78.23%	83.33%	59.32%	91.94%	87.50%	85.87%	65.42%	89.36%	
	Cancer 31 day subsequent treatments - anti-cancer drugs	98%	95.83%	97.76%	100%	100%	100%	100%	100%	91.40%	98.81%	99.37%	98.58%	100%	100%	
	Cancer 31 day subsequent treatments - radiotherapy	94%	98.87%	100%	100%	98.61%	98.64%	98.84%	100%	99.40%	99.34%	99.42%	98.62%	98.31%	98.16%	
	Cancer 62 day referral to first treatment - GP referral	85%	53.53%	56.90%	56.00%	59.56%	50.79%	51.13%	51.22%	43.10%	54.33%	63.90%	61.14%	56.63%	58.46%	
	Cancer 62 day referral to first treatment - NHS Screening	90%	43.48%	62.16%	69.70%	54.55%	58.82%	54.17%	48.00%	47.50%	71.43%	75.76%	55.56%	51.11%	69.44%	
Quality	Total Number of C.diff Cases	308	27	27	26	26	21	26	20	14	10	14	26	27		
	Total Number of MRSA Cases Reported	0	1	1	2	5	1	4	1	2	3	3	1	2	5	
	Total number of Never Events	0	0	0	1	1	0	2	2	1	0	0	0			
	Eliminating Mixed Sex Accommodation (BNSSG CCG)	0	2	1	1	1	0	1	3	3	0	5	10	10	11	
	Eliminating Mixed Sex Accommodation (BNSSG Trusts)	0	0	0	0	0	0	0	0	0	0	0	0	5	11	
Mental Health	Dementia Diagnosis Rate - People 65+	66.7%	65.72%	65.92%	65.79%	66.09%	66.54%	67.19%	66.66%	66.60%	66.40%	66.40%	66.49%	66.86%	67.07%	
	EIP - 2ww Referral	60%	66.67%	58.33%	69.23%	72.73%	77.78%	75.00%	62.50%	N/A	N/A	N/A	50.00%	42.86%		
	IAPT Roll out (rolling 3 months)	6.25%	4.35%	4.24%	4.00%	3.92%	3.91%	4.00%	3.92%	4.32%	4.20%	4.53%	4.05%	4.27%		
	IAPT Recovery Rate	50%	52.15%	51.71%	50.46%	46.15%	48.17%	52.60%	55.15%	50.63%	52.73%	52.54%	50.00%	48.68%		
	IAPT Waiting Times - 6 weeks	75%	95.26%	95.69%	96.41%	95.68%	98.80%	96.61%	97.16%	96.97%	97.09%	97.81%	97.95%	95.60%		
	IAPT Waiting Times - 18 weeks	95%	100.00%	99.52%	99.55%	99.46%	100%	99.44%	99.29%	99.39%	100%	100%	100%	99.37%		
	CYPMH Access Rate 2+ contacts (rolling 12m)	34%	31.47%	31.97%	32.47%	31.82%	32.20%	32.61%	32.32%	32.38%	32.29%	32.44%	32.47%	32.03%		
	CYP with ED - routine cases within 4 weeks (quarterly)	95%	91.35%		95.31%			95.95%		95.95%		95.95%				
	CYP with ED - urgent cases within 1 week (quarterly)	95%	91.67%		95.00%			96.00%		96.00%		96.00%				
	SMI Annual Health Checks (quarterly)	60%	56.81%		55.40%			50.94%		62.24%		56.94%				
	Out of Area Placements (Bed Days)		455	330	265	175	65	120	120	90	90	80	135	200		

# 3.2 Provider Scorecard – NBT

Theme	Indicator	Standard	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Urgent Care	A&E 4hr Waits - Trust	76%	59.32%	50.99%	60.83%	56.43%	57.47%	57.87%	55.61%	71.94%	79.69%	78.35%	80.16%	70.74%	75.15%	71.49%
	A&E 4hr Waits - Footprint	76%	66.62%	60.85%	60.83%	62.29%	63.12%	65.67%	63.82%	77.64%	83.37%	82.07%	83.86%	76.06%	79.25%	76.62%
	>12hr DTA breaches in A&E	0	297	304	57	261	482	433	786	312	9	135	2	39	10	12
Planned Care	RTT Incomplete - 18 Weeks Waits	1%	64.80%	65.78%	65.82%	66.30%	66.31%	65.58%	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%	61.01%	
	RTT Incomplete - Total Waiting List Size	Op Plan	42,326	46,991	48,766	49,025	48,871	47,418	46,523	46,266	46,327	47,287	47,861	47,731	49,889	
	RTT Incomplete - 52 Week Waits	Op Plan	2,675	2,914	3,131	3,087	3,062	2,980	2,984	2,742	2,556	2,576	2,684	2,798	2,831	
	RTT Incomplete - % of WL > 52 Weeks		6.32%	6.20%	6.42%	6.30%	6.27%	6.28%	6.41%	5.93%	5.52%	5.45%	5.61%	5.86%	5.67%	
	Diagnostic - 6 Week Waits	1%	41.00%	42.75%	48.09%	48.27%	39.36%	38.62%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%	
	Diagnostic - Total Waiting List Size		17,504	17,124	16,928	16,690	17,286	16,740	14,988	13,437	12,679	12,415	11,878	12,571	12,959	
	Diagnostic - Number waiting > 6 Weeks		7,177	7,321	8,141	8,057	6,803	6,465	5,779	4,328	2,847	1,990	2,072	2,198	2,415	
	Diagnostic - Number waiting > 13 Weeks		4,897	4,718	4,844	4,971	4,627	4,204	3,663	2,459	1,497	939	740	593	595	
Cancer	Cancer 2 Week Wait - All	93%	39.21%	40.99%	40.18%	35.85%	30.86%	47.53%	56.62%	55.01%	63.52%	56.84%	41.63%	39.10%	42.67%	
	Cancer 2 Week Wait - Breast symptoms	93%	18.95%	21.05%	2.50%	6.12%	11.94%	63.27%	97.83%	90.16%	87.50%	67.16%	42.86%	19.70%	60.23%	
	Cancer 28 day faster diagnosis standard (All Routes)	75%	70.87%	58.29%	48.83%	35.18%	42.88%	55.74%	55.48%	62.66%	77.41%	78.17%	68.05%	62.72%	66.43%	
	Cancer 31 Day first treatment	96%	85.53%	91.20%	87.36%	87.76%	90.39%	86.49%	87.16%	82.41%	89.90%	91.04%	79.58%	83.51%	86.27%	
	Cancer 31 day subsequent treatments - surgery	94%	51.85%	58.11%	43.84%	50.00%	75.51%	64.35%	73.85%	52.21%	80.73%	79.79%	72.97%	54.74%	89.61%	
	Cancer 31 day subsequent treatments - anti-cancer drugs	98%	100%	100%	100%	100%	100%	100%	100%	100%	93.75%	100%	83.33%	100%	100%	
	Cancer 62 day referral to first treatment - GP referral	85%	48.40%	45.10%	55.59%	58.90%	52.45%	48.86%	49.00%	41.54%	57.82%	61.62%	55.29%	50.00%	53.20%	
	Cancer 62 day referral to first treatment - NHS Screening	90%	51.02%	57.53%	74.24%	62.50%	57.38%	63.83%	51.02%	54.22%	70.00%	73.58%	57.14%	54.22%	72.73%	
Quality	Total Number of C.diff Cases (HOHA + COHA)		7	7	5	6	6	6	6	4	2	7	4	8		
	Total Number of MRSA Cases Reported	0	1	0	0	0	0	0	0	0	0	2	0	0	1	
	Total Number of E.Coli Cases		7	4	6	5	6	8	4	9	6	3	8	5		
	Number of Klebsiella cases		4	2	1	4	2	2	2	1	2	1	1	2		
	Number of Pseudomonas Aeruginosa cases		0	1	2	1	0	0	4	2	1	1	1	3		
	Eliminating Mixed Sex Accommodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of Never Events	0	0	0	0	0	0	2	1	1	0	0	0			
	VTE assessment on admission to hospital	95%	94.68%	92.23%	91.68%	91.76%	93.01%	94.08%	93.91%	94.23%	94.15%	92.97%				

# 3.3 Provider Scorecard – UHBW

Theme	Indicator	Standard	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Urgent Care	A&E 4hr Waits - Trust	76%	63.04%	60.15%	62.31%	62.01%	59.59%	56.17%	53.41%	63.45%	61.90%	66.88%	70.67%	67.48%	72.07%	75.34%
	A&E 4hr Waits - Footprint	76%	70.47%	68.96%	62.31%	68.14%	65.86%	64.68%	62.77%	71.95%	70.29%	73.74%	77.37%	74.38%	77.67%	80.63%
	>12hr DTA breaches in A&E	0	576	878	758	717	941	863	1217	1006	427	545	324	435	214	34
Planned Care	RTT Incomplete - 18 Weeks Waits	1%	58.76%	56.37%	55.56%	54.35%	55.33%	55.19%	54.36%	55.62%	54.25%	53.45%	52.66%	54.00%	52.41%	
	RTT Incomplete - Total Waiting List Size	Op Plan	60,404	60,738	62,010	61,870	62,462	63,041	64,359	64,847	64,929	66,379	66,543	67,447	67,180	
	RTT Incomplete - 52 Week Waits	Op Plan	5,298	5,591	5,970	6,141	5,989	5,888	6,011	5,498	5,371	5,383	5,472	5,523	5,865	
	RTT Incomplete - % of WL > 52 Weeks		8.77%	9.21%	9.63%	9.93%	9.59%	9.34%	9.34%	8.48%	8.27%	8.11%	8.22%	8.19%	8.73%	
	Diagnostic - 6 Week Waits	1%	38.78%	36.50%	37.79%	35.54%	34.66%	31.49%	34.21%	34.12%	27.88%	25.67%	28.16%	26.54%	23.22%	
	Diagnostic - Total Waiting List Size		16,042	16,426	15,387	17,577	16,952	16,692	16,339	16,731	17,080	17,333	16,589	15,345	14,709	
	Diagnostic - Number waiting > 6 Weeks		6,221	5,996	5,815	6,246	5,875	5,256	5,589	5,709	4,762	4,450	4,671	4,072	3,415	
	Diagnostic - Number waiting > 13 Weeks		3,616	3,245	2,968	3,294	3,062	2,317	2,307	2,190	1,933	1,484	1,310	1,200	1,097	
Cancer	Cancer 2 Week Wait - All	93%	57.22%	44.62%	45.18%	41.14%	49.06%	41.57%	41.93%	50.26%	60.49%	59.02%	41.36%	34.51%	42.88%	
	Cancer 28 day faster diagnosis standard (All Routes)	75%	67.40%	64.56%	57.28%	50.54%	46.76%	42.78%	45.98%	53.23%	58.46%	65.42%	60.03%	61.52%	61.56%	
	Cancer 31 Day first treatment	96%	92.88%	93.92%	93.92%	91.01%	94.61%	93.36%	98.33%	88.36%	92.83%	92.92%	93.14%	92.45%	92.83%	
	Cancer 31 day subsequent treatments - surgery	94%	80.00%	88.89%	85.94%	87.69%	84.21%	88.71%	87.23%	72.34%	93.55%	83.61%	88.68%	79.31%	84.21%	
	Cancer 31 day subsequent treatments - anti-cancer drugs	98%	94.77%	98.53%	100%	100%	100%	99.44%	100%	90.21%	99.39%	98.72%	98.67%	100%	100%	
	Cancer 31 day subsequent treatments - radiotherapy	94%	99.48%	99.38%	100.00%	99.37%	98.73%	98.99%	99.29%	99.47%	99.42%	99.50%	99.37%	98.48%	97.77%	
	Cancer 62 day referral to first treatment - GP referral	85%	61.83%	69.42%	52.16%	64.85%	47.95%	46.37%	53.98%	42.91%	44.39%	67.42%	68.03%	67.36%	65.96%	
	Cancer 62 day referral to first treatment - NHS Screening	90%	25.00%	50.00%	50.00%	50.00%	85.71%	44.44%	75.00%	40.00%	66.67%	85.71%	25.00%	40.00%	42.86%	
Quality	Total Number of C.diff Cases (HOHA + COHA)	89	12	13	7	9	6	13	7	5	8	6	12	8	13	
	Total Number of MRSA Cases Reported	0	0	0	0	1	0	1	1	2	1	1	1	0	2	
	Total Number of E.Coli Cases	119	6	8	7	11	13	9	5	5	6	6	9	9		
	Number of Klebsiella cases		5	6	9	5	5	10	3	3	1	3	2	3		
	Number of Pseudomonas Aeruginosa cases		1	2	4	5	1	0	0	3	1	1	2	3		
	Eliminating Mixed Sex Accommodation	0	0	0	0	0	0	0	0	0	0	0	0	5	11	
	Number of Never Events	0	0	0	1	1	0	0	1	0	0	0	0	0		
	Rate of slips, trips and falls per 1,000 bed days	4.8	4.11	3.27	6.63	4.49	5.86	5.34	4.71	5.11	5.23	5.14	5.29	4.13	4.63	
	No. of Pressure Ulcers grade 2, 3 & 4 per 1,000 bed days	0.4	0.093	0.089	0.118	0.061	0.230	0.180	0.088	0.086	0.100	0.147	0.032	0.000	0.124	
	VTE assessment on admission to hospital (Bristol)	95%	82.40%	82.10%	83.70%	83.50%	84.00%	84.90%	81.30%	85.30%	84.50%	83.50%	82.00%	82.80%	82.60%	

# 3.4 Non-Acute Provider Scorecard

Provider	Indicator (BNSSG level - except ambulance handovers)	Standard	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
SWASFT	Category 1 - Average Duration (hr:min:sec)	0:07:00	0:10:12	0:09:30	0:09:06	0:09:42	0:08:48	0:11:30	0:08:18	0:07:54	0:08:00	0:07:36	0:07:54	0:08:06	0:07:48
	Category 1 - 90th Percentile Duration (hr:min:sec)	0:14:00	0:17:42	0:16:36	0:15:42	0:16:36	0:15:18	0:19:12	0:14:36	0:14:12	0:14:00	0:13:30	0:13:54	0:14:12	0:13:42
	Category 2 - Average Duration (hr:min:sec)	0:30:00	1:09:54	0:42:00	0:45:12	1:06:00	0:50:24	2:49:24	0:30:06	0:27:54	0:29:06	0:23:06	0:28:06	0:29:48	0:25:24
	Category 2 - 90th Percentile Duration (hr:min:sec)	0:40:00	2:47:00	1:29:18	1:43:12	2:35:54	1:55:30	7:25:12	1:05:24	1:00:30	1:02:48	0:48:30	1:00:06	1:05:18	0:52:12
	Category 3 - 90th Percentile Duration (hr:min:sec)	2:00:00	9:14:18	5:32:06	7:54:54	11:01:30	8:51:24	16:56:54	2:58:00	3:40:18	4:20:12	3:19:18	4:18:00	4:23:42	3:07:42
	Category 4 - 90th Percentile Duration (hr:min:sec)	3:00:00	10:35:54	7:20:18	8:39:54	2:40:06	14:35:00	14:35:36	4:21:54	3:27:18	6:52:12	4:34:24	7:50:36	4:52:48	5:25:06
	Ambulance Handovers - % within 15 minutes at NBT	65%	13.5%	18.2%	17.6%	11.9%	13.1%	9.6%	19.5%	26.7%	23.0%	34.9%	29.2%	29.6%	29.5%
	Ambulance Handovers - % within 30 minutes at NBT	95%	42.8%	56.2%	51.5%	38.6%	40.3%	29.6%	54.7%	70.9%	67.5%	79.2%	70.7%	75.9%	73.3%
	Ambulance Handovers - % within 60 minutes at NBT	100%	67.5%	80.9%	75.9%	62.2%	66.2%	48.8%	78.9%	94.7%	89.1%	96.1%	91.4%	93.7%	93.9%
	Ambulance Handovers - % within 15 minutes at BRI	65%	9.7%	12.0%	13.3%	10.3%	11.4%	7.5%	12.1%	11.9%	14.2%	24.5%	18.7%	39.1%	59.8%
	Ambulance Handovers - % within 30 minutes at BRI	95%	26.2%	30.7%	36.1%	27.7%	33.7%	17.8%	33.5%	37.1%	44.6%	61.4%	48.0%	73.4%	88.0%
	Ambulance Handovers - % within 60 minutes at BRI	100%	48.1%	51.2%	58.4%	49.7%	60.8%	36.1%	58.7%	69.1%	72.8%	87.6%	74.1%	90.4%	97.5%
	Ambulance Handovers - % within 15 minutes at WGH	65%	15.0%	19.0%	16.3%	14.2%	12.4%	5.8%	11.0%	19.4%	13.8%	14.7%	16.2%	19.1%	21.9%
	Ambulance Handovers - % within 30 minutes at WGH	95%	36.3%	47.5%	46.6%	44.0%	37.1%	23.7%	38.6%	58.9%	52.6%	54.3%	54.7%	61.6%	66.6%
Ambulance Handovers - % within 60 minutes at WGH	100%	56.0%	65.0%	66.2%	65.2%	63.0%	42.4%	59.4%	85.5%	82.9%	83.3%	78.2%	88.3%	91.7%	
SevernSide IUC	Average speed to answer calls (in seconds)	20 Sec	713	723	271	453	381	2054	269	181	152	151	207	61	70
	% of calls abandoned	3%	28.4%	29.2%	14.0%	20.6%	18.0%	43.3%	14.9%	12.2%	10.8%	15.9%	9.2%	5.9%	6.3%
	% Triage Calls receiving Clinical Contact	50%	48.8%	37.3%	51.5%	52.1%	51.0%	51.9%	50.3%	50.2%	49.3%	53.3%	53.2%	50.0%	50.1%
	% of callers allocated the first service offered by DOS	80%	70.2%	68.8%	70.1%	68.8%	67.7%	70.9%	73.0%	71.4%	73.4%	78.1%	70.8%	78.7%	79.3%
	% Cat 3 or 4 ambulance dispositions receiving clinical intervention	75%	51.1%	66.1%	72.3%	67.9%	63.5%	44.6%	58.3%	56.5%	47.5%	78.7%	71.3%	71.2%	78.0%
% calls initially given an ED disposition receiving clinical intervention	50%	13.4%	17.9%	22.5%	23.9%	21.0%	27.0%	24.1%	27.4%	29.8%	79.9%	73.2%	80.8%	83.7%	
AWP	Delayed Transfers of Care	3.5%	12.7%	15.8%	18.4%	20.4%	21.5%	23.9%	23.9%	21.9%	23.6%	23.1%	24.5%	21.1%	22.0%
	Early Intervention	60%	81.8%	76.1%	73.3%	81.8%	62.5%	64.2%	28.5%	73.3%	39.1%	41.1%	69.5%	58.8%	80.0%
	4 week wait Referral to Assessment	95%	84.3%	82.9%	75.0%	84.2%	83.0%	90.3%	90.5%	97.6%	95.6%	93.7%	92.2%	88.8%	94.5%

**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



## BNSSG Outcomes, Quality and Performance Committee

Minutes of the meeting held on Wednesday 28<sup>th</sup> June 1300-1525, on MS Teams

### Minutes

Present		
Ellen Donovan (Chair)	Non-Executive Member for Quality and Performance, BNSSG ICB	ED
Jeff Farrar	Chair, BNSSG ICB	JF
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Caroline Dawe	Deputy Director of Performance and Delivery, BNSSG ICB	CD
Jonathon Hayes	Chair of General Practice Collaborative Board	JH
Colin Bradbury	Director of Strategy, Partnerships and Population, BNSSG ICB	CB
Sarah Weld	Director of Public Health, South Gloucestershire Council	SW
In attendance		
Denise Moorhouse	Deputy Chief Nursing Officer, BNSSG ICB	DM
Caroline Dawe	Deputy Director of Performance and Delivery	CD
Lesley Le-Pine (Item 8.1)	Associate LD Projects, BNSSG ICB	LLP
Elizabeth Jonas (Item 8.3)	Senior Medicines Optimisation Pharmacist (Antimicrobial Stewardship Lead), BNSSG ICB	EJ
Jodie Stephens (Notes)	Executive PA, BNSSG ICB	JS
Apologies		
Paul May	Non-Executive Director, Sirona	PM
Lisa Manson	Director of Performance and Delivery, BNSSG ICB	LM
Sue Balcombe	Non-Executive Director, UHBW	SB
Sue Geary	Healthwatch	SG
Hugh Evans	Executive Director, Adults and Communities, BCC	HE

	Item	Action
1.	<p><b>Welcome and Apologies</b></p> <p>Ellen Donovan (ED) welcomed attendees to the meeting, and apologies were noted as above. ED explained to attendees that this committee was to assure the Integrated Care Board that there is an effective system of quality and performance governance, and, as with all ICB systems, boards and committees, that we have found a way to support the system in achieving the aims of the ICB.</p>	
2.	<p><b>Declarations of Interest</b></p> <p>There were no Declarations of Interest made in relation to the items on the agenda.</p>	
3.	<p><b>Minutes of May 2023 meeting</b></p> <p>The minutes of the previous meeting were deemed to be a true and accurate reflection of the content of that meeting.</p>	
4.	<p><b>Committee Action Log</b></p>	



	Item	Action
	Updated action log attached and circulated.	
5.	<p><b>Healthwatch Responses</b></p> <p>Due to MST nationwide system incident, SG unable to join committee but ED explained that the Healthwatch responses were referenced at BNSSG Primary Care Committee, this highlights the importance of the planned joint working with the Primary Care Committee to ensure co-ordination of response and actions. The feedback was regarding primary care, mental health and dentistry services and ED questioned if there is anything more systemwide can be done and how. JM and SW stated generating better self-help advice, improving system pathway mapping. Regarding dentistry the National Dental Service is under significant pressure and managed through a nationally set contract. JM explained that David Jarrett, Director for Primary and Integrated care at BNSSG ICB is picking this up but explained there isn't sufficient dental capacity to manage the demand in the system, but work is underway to support and will have to monitor.</p>	
6.	<p><b>CNO/CMO Update</b></p> <p>JM advised that the recent Junior Doctors strike had had no significant impact across the system in terms of immediate patient safety issues– the strike was well managed. More concerning is the decision made by consultants to go ahead with strike action in late July. The ICB will need to start system planning for this proposed strike. There is a real push for pay at BMA rates now which is significantly higher, so the costs pressure linked to that is escalating. The proposed strike action in July will equate to 11 days with only basic services, which will impact hugely on all related activity. CD confirmed that we are trying to protect as much of the higher level of cancer work (P1/P2 work).</p> <p>Update from HCPE 22 June</p> <ul style="list-style-type: none"> <li>• UHBW/NBT Medical Director's gave a presentation on clinical strategy. This provided a forum for open discussion and shared learning. The presentation talked about the trust keeping their true sovereign organisations whilst bringing through other departments and care pathways to work as one across the system. No significant concerns of risks came out of the presentation, which was well received. This plan indicated a culture change in approach, and a tangible and sensible clinical approach.</li> <li>• Connecting Care - It was felt that this electronic system is not being utilised as much as it should be, and clinical leaders have been asked to remind staff to use it during their inductions.</li> <li>• Sarah Truelove provided an update around NHS finances, how they work, and the balance between revenue and capital. Sarah Truelove highlighted how things have changed since the ICB was formed. Sarah would like the HCPE to start having conversations about how we make resource allocation decisions. The conclusions drawn from those conversations will go to the Ethical Assessment Framework Group, back through HCPE and upwards to ICB Board.</li> <li>• JM advised that the consultant who manages Tier 3/Tier 4 weight management joined at the end of the meeting, to advise that NBT have now closed their waiting lists which was an NBT board decision. They have a waiting list of approximately 320 patients which is about a two-year wait. With the introduction of the new NICE guidance, the number of patients coming into tiered services is likely to increase exponentially. We have a weight management afternoon event planned for September, as part of the long-term plan for prevention. SW made the point that it would be helpful for us to know what messages have gone out about NBT's list closure, to assist us with planning. CD advised that a letter has been prepared, advising that referrals are going to stop probably at the end of this week.</li> <li>• JM advised that ICB held a half-day workshop on smoking cessation, which was</li> </ul>	

	Item	Action
	<p>very well received. It was agreed that we will be setting up the Smoke-Free BNSSG Alliance, where all key players will be brought together to prepare an action-orientated implementation plan to be used across the whole system. We will be holding a half-day workshop on drugs and alcohol in November.</p> <p>System Quality Group update:</p> <ul style="list-style-type: none"> <li>• Cygnet Kewstoke showing good improvement and likely to be stood down from Enhanced Surveillance at the next SQG.</li> <li>• Sherwood Lodge quality escalation is also showing some good improvement.</li> <li>• AWP's second Quality Improvement Group was held last week. It had been noted that there is to be a second report from the CQC about AWP in relation to their community services. RS has raised this with AWP's Chief Nurse as she had not previously been made aware of this second report. It was agreed that this will be discussed again at the next OQPC Meeting.</li> <li>• Graham Road and Horizons GP practices in Weston Super Mare are now in Enhanced Surveillance following a range of concerns being raised through whistleblowing as well as CQC inspection. RS explained that ICB have been working alongside Graham Road and Horizon practices in Weston-super-Mare for some time. These practices serve one of our most vulnerable populations. Major concerns are around the processing and actioning of results, blood tests results etc. A Quality Improvement Group for these practices is now in place, under the National Quality Board Guidance. Two Rapid Quality Review meetings were held, to assess whether there was any immediate patient harm generated by this lack of governance processes. JM assured committed that the ICB assessment was that there was no significant risk of immediate harm. Pier Health Group and the practices have until 31<sup>st</sup> August 2023 to resolve the issues raised by CQC through the improvement notices. This will be an ongoing escalation under SQG.</li> <li>• EZEC escalation being managed through contractual processes and issues being resolved – likely to be stood down within a couple of months.</li> <li>• Ongoing work of the SQG will be understanding delay related harm and sharing learning on actions to mitigate.</li> </ul> <p><b>ACTION 102: RS to update regarding CQC engagement in July OQPC.</b></p>	
7	<p><b>Director of Performance &amp; Delivery</b></p> <p><b><u>Endoscopy Briefing</u></b></p> <p>CD explained in terms of an overarching diagnostic and imaging position, it is endoscopy that is most impacting on achievement of national targets. There are multiple factors and both trusts have produced dedicated improvement plans. Industrial action is having an impact along with the acuity of patients and general capacity, the planned CDC will in time provide additional endoscopy activity. CD advised that the agreed recovery trajectories for both Trusts have been reviewed at the Elective Recovery Operational Group, and a separate Endoscopy Working Group is in place. CD confirmed a degree of confidence in the delivery of the plans for endoscopy and Cancer Faster Diagnosis Standards. As of November 2022, NBT had a waiting list of 2,647 patients waiting more than 6 weeks for their test with the longest waiting for 2 years. That waiting list has now fallen and NBT currently has 950 patients waiting over 6 weeks. CD advised that there is a similar pattern in UHBW. A mobile unit has been commissioned as part of the procurement exercise. We have FIT testing fully implemented in terms of the colorectal 2-week wait pathway which should start to reduce demand – although we have not seen a reduction yet. JM advised that she would ask Glenda Beard Clinical Lead for Cancer Services to ask how cancer network</p>	

	Item	Action
	<p>targets are being affected by JD IA.</p> <p>CD highlighted that A&amp;E performance is improving and either on, or exceeding, target. Progress is being made in urgent care, through a combination of different pathways and demand more manageable. 12-hour trolley waits have been reduced. Ambulance performance is improving and is routinely within 30 minutes. The next focus is to get it to 18 minutes. Elective achieved the end of year targets for 104 and 72 week waits. Breaches on 104-week waits are due to patient choice, predominately in children's or a patient requesting a particular consultant. Mutual aid is being investigated for specialist surgery. Work will be undertaken through this year's plan to reduce all waits further.</p> <p>CD advised that the biggest concern now is skin pathways which will become an area of higher focus and needs changes to the pathway. This will take time to implement and there will be a seasonal increase in referrals, this is probably the highest risk now in terms of cancer performance. Issues re the general practice/dermatoscope/medical illustration areas of the pathway need to be resolve but there are interim solutions and an update will be brought to committee in December.</p> <p>CD advised the performance report is under review and 29forward have been commissioned to develop. Work will start with urgent care, followed by mental health, children's and elective and there is a trajectory which is monitored with SWAST.</p> <p><b>ACTION 103: JM to link in with Glenda Beard Clinical Lead for Cancer Services to ask how cancer network targets are being affected by JD IA.</b></p> <p><b>ACTION 104: CD/LM to update OQPC in December regarding skin referral pathways.</b></p>	
8	<b>Items for Discussion</b>	
8.1	<p><b>Learning Disability and Autism</b></p> <p>RS explained that under the LeDeR programme when a patient who has learning disabilities of who is autistic dies, we carry out a review of their care to obtain themes and trends which are contributing to peoples' deaths or that affect their care. This learning is then used to develop improvement work to improve outcomes for our population, in BNSSG this has been done as a programme of co-production with the people living in our community.</p> <p><b><u>LeDeR Annual Report</u></b></p> <p>LLP explained this is the fourth annual report on the deaths of people with learning disabilities who lived in the Bristol, North Somerset and South Gloucestershire area. The purpose of the report is to share our findings from LeDeR reviews and to report on the programme of work resulting from LeDeR 'Learning into Action' over the last year. All improvement work undertaken has been co-produced for people with learning disabilities. BNSSG annual health checks had been low (e.g., 70% in 2021), this year as of March 31<sup>st</sup>2023 we stand at 82%, which is the best in the region. LLP explained programmes included:</p> <ul style="list-style-type: none"> <li>• Get Ready checklists.</li> <li>• easy-read health action plans which self-populate from EMIS.</li> <li>• annual health check video with learning disabled actors for GPs</li> <li>• Autism Independence funded to undertake research into the experience of raising autistic children in the Somali and Polish communities. Now in the process of funding some care navigators to work with families, who will be recruited from minority ethnic communities. Also work with fathers about</li> </ul>	

	Item	Action
	<p>engaging with and supporting their autistic children – being supported by local community leaders and imams.</p> <ul style="list-style-type: none"> <li>• Improved access to chemotherapy or radiotherapy to reduce the risk of presenting with late-stage cancers which are untreatable as a result.</li> <li>• Environmental audit tool looking at sensory triggers for autistic people. The emergency departments in the system have been audited, led by a team of autistic people.</li> </ul> <p>All the above designed to reduce health inequalities in this population known to have poorer health outcomes compared to the whole population.</p> <p>ED stated that the quality of service that is being provided to that community of people is excellent it is down to the amazing work that LLP has led on.</p> <p>JF agreed and asked ED to highlight this annual report in the OQPC update at ICB Board in July. JM asked LLP regarding population data – any metrics on whether we are seeing a reversal of that impact on life expectancy. LLP explained figures are included in the annual report, the number of people with learning disabilities are just under 5000 and people in the BNSSG system live an average of eight years longer the national average, can't confirm because of our system but we are getting something right in terms of outcomes for our public. RS explained that NBT and Sirona particularly and UHBW have done so much work around reasonable adjustments but will link in with liaison teams, learning disability and autism liaison teams to confirm data.</p> <p>RS wanted to formally thank LLP for all her hard work, for being an amazing champion within our community and our organisation and to wish her all the very best when she leaves the organisation at the end of July. This work has highlighted what a small amount of money used to work with our community and voluntary sector can achieve.</p> <p><b><u>Outcome of the Oliver McGowan Assurance review</u></b></p> <p>Oliver McGowan was a young man who died in the care of the NHS in Bristol in 2016. Due to concerns about how the former BNSSG CCG conducted the original LeDeR process an independent review was commissioned by NHSE. The “Independent Review into Oliver McGowan’s LeDeR Process phase two”, was published in October 2020 and presented to the BNSSG CCG Governing Body in November 2020 along with the Second Multi-Agency Review (MAR) into his care. The basis of the review was to identify where specific improvements could be made in the quality assurance processes of LeDeR both in BNSSG but also nationally. The review made a total of 21 recommendations in total, 11 of which were for BNSSG. System work led by the CCG then ICB has been undertaken with system partners has been undertaken which addresses all the recommendations in the Independent Review and the second MAR. As discussed, earlier improvement work is ongoing including a programme of co-production to address themes emerging from the LeDeR programme and to address health inequalities and access for this population group.</p> <p>David Harling, National Deputy Director for Learning Disability Nursing, NHS England commissioned by Clare Murdoch, national director at NHSE has reviewed the BNSSG response to the independent review. This included a desk top review of a range of documentation relating to governance and improvement activity as well as a two-day visit into the system which included meeting clinical teams and undertaking focus groups. The feedback from David Harling is that the ICB and system colleagues have met and exceeded everything that was asked of them and that we have fully met everything in the second independent review and MAR. RS explained that the feedback is extremely positive and will be being shared with Oliver's parents. RS advised</p>	

	Item	Action
	<p>members that this report will also be discussed at ICB Open Board in July and so bringing it to committee members today for assurance and formal sign off.</p> <p><b>Committee received and approved the outcome of the Oliver McGowan Assurance review.</b></p>	
8.2	<p><b>BNSSG ICB Strategy – Update</b></p> <p>CB advised that the BNSSG Editorial group have produced a draft first edition of the ICS Strategy which is going through the final stages of sign-off by the Integrated Care Partnership (ICP) Board. This version was discussed at the ICP board meeting on the 16th of June and - subject to agreed amendments is signed off for publication, in coordination with the BNSSG Joint Forward Plan on 30th June 2023. Assuming publication as scheduled, it will be the role of the delivery arm of the ICS to address the “what” contained in the strategy and agree on “how” these priorities should be implemented. Meanwhile, the ICP will conduct an annual review and refresh of the ICS strategy.</p> <p>CB explained how navigating the strategy in phases is taking place, firstly set of priorities which are filtered within the Health and Care Improvement groups and then jointly decide how and which they lead. The second and third phases is then to agree specific commitments of each partner agency in the delivery once the gateway and discovery phases have been worked out. The Health and Care Improvements groups therefore oversee, implement and assess impact, then feedback into the ICP for an ongoing annual review of the next round of properties.</p> <p>JF commented that it is critical that everyone has been sighted on the latest version of the strategy and to make sure it captures all those elements that we are asked to do as an ICB. ED asked CB if the Health and Care Improvement Groups are happy to take on the challenge of the priorities, are they up to speed, because it is a lot of work for the Chief Executives who are also running their own organisations. ED also enquired if there is the right executive support to make sure that those teams can be effective. CB explained that the Health and Care Improvement Groups are still in early stages, but CB has presented to three of them apart from Acute Care which hasn't met yet and they have been engaged and willing.</p> <p>JH stated that the latest version of the strategy was presented at GPCB this morning and was very well received and approved. The feedback was that GPCB felt positive about how engaged general practice and primary care had been in the process, how listened to they felt and how gratified everybody was to see a focus on primary care and general practice within the within the overall strategy itself.</p>	
8.3	<p><b>C-Difficile Infection Rates – Update</b></p> <p>EJ explained Clostridioides difficile (C. difficile) rates are reducing in BNSSG with 254 cases in 22/23 against a threshold of 308 cases a 16% reduction on the previous year's case number. Significant work has been undertaken by the ICB and provider organisations which has been brought together through a C. difficile working group. This has enabled shared learning throughout the system to understand what's been driving increased rates. BNSSG now benchmark better to the position nationally as a year ago BNSSG was the worse ICB for community acquired cases within the country. EJ explained that the system is now at the stage where the C. difficile working group can be stood down and reintegrated into HCAI business as usual. This is in part to balance the focus on other risky infections such as MRSA.</p> <p>ED asked do we feel confident we can step down our current focus because the other areas seem to be performing very well in comparison according to the quality report and</p>	

	Item	Action
	<p>are what trend are we on, worsening or improving compared to region and the national average.</p> <p>RS explained not asking to step down from monitoring but suggested it gets bedded back into broader healthcare acquired infection work programmes which cover the whole range. RS advised closely monitoring will take place through our business-as-usual group and EJ will escalate if at all concerned. EJ confirmed that this is the right course of action in terms of maintaining and improving the picture.</p> <p><b>Committee members approved standing down the C. difficile working group and reintegrate into healthcare acquired infections groups.</b></p>	
8.4	<p><b>EPRR Annual Report</b></p> <p>CD explained that following Bristol North Somerset South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) transition to Integrated Care Board (ICB) on 1 July 2022 the ICB became a Category One responder under the Civil Contingencies Act (CCA), 2004. The organisation became a key responding agency both within health and working with our multi-agency partners. This paper outlines both the achievements the EPRR Team have accomplished within the past year and areas identified for the following year's work programme. The paper is for assurance that BNSSG ICB meets the 6 duties of the CCA. A separate paper follows regarding the EPRR Core Standards assurance which occurs September / October annually. CD explained to committee that various programmes of work are taking place in terms of cyber protection as it impacts on the whole system, also linking in with system colleagues including local government regarding emergency planning. ED advised that the requirement of this committee was to note the annual report included risks, mitigation, national actions and responsibilities which it has done.</p> <p><b>Committee approved.</b></p>	
9	<p><b>Items for Information</b></p> <p>Safeguarding Governance Group Minutes - March</p> <p>System Quality Group Minutes (meeting in common with HCPE)</p> <p>Health and Care Professional Executive Minutes - May</p>	
10	<p><b>AOB</b></p>	
	<p><b>Meeting Dates 2023</b></p> <ul style="list-style-type: none"> <li>• <b>Thursday 27<sup>th</sup> July 1300-1525 MST</b></li> <li>• <b>Thursday 19<sup>th</sup> October 1000-1225 MST</b></li> <li>• <b>Friday 15<sup>th</sup> December 1000-1130 MST</b></li> </ul> <p><b>Meeting Dates 2024</b></p> <ul style="list-style-type: none"> <li>• <b>Thursday 29<sup>th</sup> February 1000-1225 MST</b></li> <li>• <b>Wednesday 24<sup>th</sup> April 1400-1625 MST</b></li> <li>• <b>Thursday 27<sup>th</sup> June 1400-1625 MST</b></li> <li>• <b>Thursday 26<sup>th</sup> September 1400-1625 MST</b></li> <li>• <b>Thursday 28<sup>th</sup> November 1400-1625 MST</b></li> </ul>	

**Jodie Stephens**  
**Executive PA**  
**June 2023**

