

Meeting of BNSSG ICB Board

Date: 2nd November 2023

Time: 09.30 – 15.00

Location: Somerset Hall, The Precinct, Portishead, Bristol. BS20 6AH

Agenda Number:	7.1.1	
Title:	Quality and Performance Report – Month 5 (June - Aug data)	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Discussion & Information		
Key Points for Discussion:		
<p>The attached Quality report (appendix 1) provides an overview of June - Aug 2023 data, whilst the performance report (appendix 2) provides an overview of July and/or August performance. A summary is provided below.</p> <p>The Board are asked to note the following areas -</p>		
Quality (Appendix 1)		
Healthcare Associated Infections		
<ul style="list-style-type: none"> • C. Difficile – There was an increase in the number of cases attributed to BNSSG ICB in June to 36 (27 in May), but this decreased in July to 26 and has further reduced to 22 in August; the numbers for July and August are in line with previous months. The BNSSG position for C Diff per 100k of population (10.87) is slightly above the Southwest average and is higher than the 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 June & July 2023, 56 cases of E. coli bacteraemia were assigned to BNSSG ICB for each month (a monthly increase of 21 compared to May 2023). In August the rate reduced to 42 assigned cases. The current BNSSG rate per 100k of population (17.39) is below the Southwest region average of 22.98 and the National average of 22.88. • MSSA – (Methicillin-sensitive Staphylococcus aureus) In June 2023, 25 cases of MSSA bacteraemia were assigned to BNSSG ICB which was 3 cases higher than the previous month. In July and August, the assigned cases decreased to 20 in July and 17 in August) 		



Case activity for MSSA per 100k of population (7.47) continues to be below the Southwest average of 8.44 but is slightly above the national average of 7.29.

- **MRSA - (Methicillin-resistant Staphylococcus aureus)** In June and July 2023, there was an increase to 5 cases of MRSA bacteraemia assigned to BNSSG ICB, which is 3 per month higher than the numbers reported in May 2023. This number decreased back to 2 reported cases in August; both cases were attributed to Community Onset, Community Associated (COCA)
- Case activity for MRSA per 100k of population (0.28) is below the Southwest (0.57) and National (0.0.46) average.

The table below shows the performance of BNSSG ICB against other ICB's in the Southwest by infection per 100K of population.

Rates per 100k	South West Position									
	BSW	BNSSG	Devon	Dorset	Glos	Kernow	Somerset	SW	England	BNSSG
C. diff	10.61	10.87	9.11	11.84	12.11	13.29	9.38	10.82	8.85	4
E. coli	18.97	17.39	28.98	25.76	14.18	27.25	28.48	22.98	22.88	2
MRSA	0.41	1.23	0.39	0.85	0.15	0.33	0.34	0.57	0.46	7
MSSA	6.53	7.47	10.13	9.89	6.06	8.64	10.22	8.44	7.29	3
Pseud A	3.16	2.08	2.12	3.91	1.03	2.49	1.84	2.41	2.36	3
Kleb spp	5.92	4.92	6.20	8.79	5.76	7.15	7.20	6.43	6.73	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 during June, July and August are 1) Pressure Injuries 2) Medication and 3) Sub-optimal.

Further work is being undertaken to breakdown the factors associated with top three themes. The outcome of the breakdown will be fed into the System Pressure Injury work for dissemination of the learning.

The learning will also be shared at the system learning panel which sits monthly.

Performance (Appendix 2)

The performance report for this month is based on July and/or August 2023 information.

The power BI tool roll out is continuing for all areas of performance with urgent and emergency care being complete and demonstrated at this month's committee. Other areas including children, mental health and elective will be complete by end of October. Committee members will receive a demonstration of the urgent and emergency care power BI tool at the meeting and asked to inform a discussion on how the tool can be used at future meetings.

Urgent Care

- BNSSG 4-hour performance worsened in August to 71.4% in August but is still better than the national average for Type 1 of 59.1%. Overall BNSSG as a system achieved the 75% standard.
- Ambulance handovers remain on track within the trajectory set, however, performance for the first part of September with the hot weather and then the industrial actions days in October

created a deterioration in our performance, also impacting on Category 2 performance. Demand and Christmas Day staffing levels were the main causes.

- Industrial action is hugely impacting performance overall over the past 2 months with strikes taking place in September and October. The latter strikes only being 10 days apart and not providing any time for recovery and significantly impacting on performance across the board as well as staff morale.
- A winter workshop/meeting took place on 7 September and covered the main areas of the plan submitted to NHSE including demand and capacity and any predicted bed shortages. The team have presented to Finance, Estates and Digital Committee on the assurance of delivery of the UEC investments in 2023/24 and there are mitigations in relation to some community schemes which have not been originally counted. There is a small bed deficit at the childrens hospital in February 2024. Feedback from NHSE on the systems winter submission has been positive and rated amber or green for all areas. A further paper on the winter submission will be presented to this Committee this month.

National revisions to the Operational Pressures Escalation Level (OPEL) framework

- NHSE has mandated a new approach to measuring non-elective operational pressures for winter 2023/24, based on 9 acute-focussed metrics. These cover various waiting time, occupancy, and activity metrics as proxies for whole system flow. These also incorporate metrics from type 3 EDs (i.e. UTCs/MIUs). The aim is to standardise how systems report their level of operational pressure to the regional and national teams. The metrics are to be gathered daily by 10am at a minimum.
- BNSSG is already a trailblazer with respect to OPELs – the current BNSSG OPEL approach is based on 19 acute metrics plus a bespoke suite of metrics in all ICS provider organisations, including local authorities. The new approach will limit the reported ICS OPEL level to an acute-only set of metrics, however in 24/25 standardised national frameworks covering community, ambulance and other providers will also be published.
- The UEC team is working with providers and the supplier of the BNSSG live dashboard to integrate the new acute metrics into the existing BNSSG OPEL approach, thus retaining the local reporting of pressures for all non-acute providers alongside these. This will ensure our locally-reported OPEL continues to capture the full picture of the UEC system in BNSSG, until the wider set of OPEL frameworks are published next year.

OPEL Parameter		BNSSG comments	Current feasibility
RefName	NHSE descriptor		
1	Mean ambulance handover time (mins) Mean time from ambulance patient arrival to clinical handover within the last 60 minutes. Clinical handover is defined as handover of clinical information and transfer of patient to hospital trolley.	Data source needs to be from ambulance service. This feed is not setup in BNSSG, and not available through NACC or the SWASFT OL334. Support from NHSE required and BNSSG preferred method is to incorporate this into the NHSE NACC feed. Smarter SWASFT sharing of data requested amongst south west partners (open APIs etc).	Amber
2	ED all-type 4-hour performance Percentage of all type attendances admitted, discharged or transferred within 4-hours since midnight. This is excluding booked appointments.	Need to confirm on BNSSG apportionment of type 3 A&E departments in this declaration. Live feed establishment from Sirona Adastra required ASAP to allow this.	Amber / Red
3	ED all-type attendances The number of all-type attendances at the hospital within the past 60 minutes. This should be compared to the expected or anticipated number of attendances, which must be established and agreed locally based on historical demand. This can be a consistent hourly average or an average that considers varying attendances throughout a 24-hour period.	As above. BNSSG discussion and agreement required on attendance prediction profiles to use in this declaration e.g. rolling 6 versus 'nowcasting' from random forest methodology.	Amber / Green
4	Majors and resuscitation occupancy (adult) Percentage occupancy of adult majors and resus at time of assessment. Occupancy should be calculated as the sum of all patients in adult ED who require a majors space (regardless of whether they are receiving care in a traditional space or an escalation area), divided by the maximum number of patients who can be cared for in major and resus areas, as stated in the acute hospital OPEL statement.	Acutes to provide	Amber / Green
5	Median time to treatment Median total time between patient arrival at ED and the time that the patient is seen by a clinical decision-maker at time of review. Clinical decision-maker is a care professional who can define the management plan and discharge the patient or diagnose the problem and arrange or start definitive treatment as necessary.	Acutes to provide	Amber / Green
6	% of patients spending >12 hours in ED Total number of patients spending over 12 hours in ED from time of arrival to time of review as a percentage of total number of patients in ED at time of review.	Acutes to provide	Amber / Green
7	% G&A bed occupancy Percentage bed occupancy of hospital at time of OPEL assessment. To be calculated as the sum of patients occupying all open G&A beds (including assessment units). Below 92% occupancy should not be considered as a target, the correct level will vary locally. This should be considered alongside the other metrics.	Acutes to provide	Green
8	% of open beds that are escalation beds Percentage of escalation beds as a proportion of the G&A bed base open at the time of OPEL assessment. Escalation beds are those considered in line with A&E SitRep definitions. The denominator should be the G&A beds in the acute hospital SitRep.	BNSSG comments on using a variable figure for nominator and fixed figure for denominator.	Amber / Green
9	% of beds occupied by patients no longer meeting C2R Percentage of open beds occupied by patients NCTR at time of OPEL assessment. Denominator should be the number of beds on the acute hospital SitRep.	Acutes to provide. Dependent on frequency of NCTR 'count'.	Amber

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 is now so cumulative that recovery to plan in 2023/24 is unlikely. This is impacting on long waits and cancer position.
- BNSSG received formal notification that for elective long waits it has been placed in Tier 2 and official meetings with NHSE will start in October.
- Validation has been a major theme over the past couple of months in relation to the protecting elective capacity letter. The regional pilot with CSU has been extended and both Trusts have bid for further funds for support of which only £7K has been granted.
- PIDMAS (patient initiated digital mutual aid system) will go live at end of October and the system has worked tirelessly establishing processes to be able to contact patients, ensure there is capacity in the ICB to receive trust information and identify capacity as well as with our regional colleagues in oversight of our plans. The first cohort of patients of focus will be those patients waiting over 40 weeks. Subsequent cohorts then follow.
- 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, however, there is an issue with NBT CDC start date in 2024/25 which has not been agreed with the system and will potentially impact on endoscopy position as well as where current mobile units are placed on the NBT site.
- Industrial action is impacting on cancer services and with little time for recovery the cumulative impact of all strikes is now being felt.

- FDS is the key target this year with the revision to cancer waiting times now published and operational from October. Industrial action has impacted on the FDS performance. Risks in key specialties include skin, urology and gynaecology.
- Key risk still remains with skin pathways and a system options appraisal meeting will take place on 10 November.

Mental Health

- Small increase in dementia diagnosis rate which is positive.
- SMI annual checks small fluctuations around the target of 60%. New data support from One Care and a new primary care incentive scheme for signing off by PCNs.
- CYP mental health access is steady and improving from pre-covid but below the standard of 34%. To improve access recruitment into locality teams alongside crisis outreach and intervention teams is ongoing. Data flows project is also ongoing to ensure all current and additional services and routes of entry are identified.
- IAPT is recovering above 50% but below the planned roll out pace. Additional trainees recruited and a targeted referrals plan in place.
- Out of area placements is an improving picture for last 18 months with ongoing to review length of stay, working with police colleagues prior to use of S136.
- A key risk for the system is access to perinatal services but a strong project plan with a single point of entry for referrals will begin in Jan 2024.

Childrens

- A key risk for children’s is the CAMHs and ASD waiting list. For ASD a waiting list initiative working with Sirona and a private provider will start, however, this will not address the issue and means that there is a reliance on the work on neurodiversity in children which is currently within the gateway process.
- Reporting of children’s long waits from Sirona did occur in the last month through the waiting list minimum data set which will draw national attention.

System Oversight Framework (SOF)

At present the ICB is ranked as in segment 2 of the SOF. A light touch exercise for quarter 2 to NHSE was submitted on 16.10.23. Key risks are around elective long waits which are unlikely to recover with the number of strikes and also uncertainty on what additional can be scheduled in the winter months. Workforce is another key issue including retention.

Recommendations:	To note the reports including any risks, mitigating actions and responsibilities as appropriate.
Previously Considered By and feedback:	Previously considered at the Outcomes, Quality and Performance Committee on 19/10/2023.
Management of Declared Interest:	None declared
Risk and Assurance:	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.

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 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 Director of Nursing and Quality, BNSSG ICB
Sponsoring Director / Clinical Lead / Lay Member:	Rosi Shepherd, Chief Nursing Officer, BNSSG ICB Joanne Medhurst, Chief Medical Officer, BNSSG ICB

BNSSG Quality Report

October Report - Month 5

(three-month overview – June to August data)

2023/24

Quality Report – Health Care Acquired Infections (HCAI) Summary

Reporting Period – Month 5 2023/24 – August 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 5	2021/22 Position Month 5
C. difficile			137	123	153
E. coli			226	213	233
MRSA			15	10	16
MSSA			96	68	72
Klebsiella spp			65	74	70
Pseudomonas aeruginosa			24	28	35

Rates per 100k	South West Position									
	BSW	BNSSG	Devon	Dorset	Glos	Kernow	Somerset	SW	England	BNSSG
C. diff	10.61	10.87	9.11	11.84	12.11	13.29	9.38	10.82	8.85	4
E. coli	18.97	17.39	28.98	25.76	14.18	27.25	28.48	22.98	22.88	2
MRSA	0.41	1.23	0.39	0.85	0.15	0.33	0.34	0.57	0.46	7
MSSA	6.53	7.47	10.13	9.89	6.06	8.64	10.22	8.44	7.29	3
Pseud A	3.16	2.08	2.12	3.91	1.03	2.49	1.84	2.41	2.36	3
Kleb spp	5.92	4.92	6.20	8.79	5.76	7.15	7.20	6.43	6.73	1

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

Reporting Period – Month 5 2023/24 – August data

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

Performance for August 2023

- **CDI = 22, HOHA = 6 (NBT - 2, UHBW - 4), COCA = 11, COHA = 1, COIA = 4**
- **E. coli = 42, HOHA = 5 (NBT - 2, UHBW - 3), COCA = 29, COHA = 8**
- **MRSA = 2, HOHA = 0 (NBT - 0, UHBW - 0), COCA = 2, COHA = 0**
- **MSSA = 17, HOHA = 5 (NBT - 5, UHBW - 0, Other - 0), COCA = 8, COHA = 4**
- **Klebsiella spp = 13, HOHA = 2 (NBT - 2, UHBW - 0), COCA = 9, COHA = 2**
- **Pseudomonas aeruginosa = 2, HOHA = 1 (NBT - 1, UHBW - 0), COCA = 1, COHA = 0**

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 to limit the impact of seasonality on the process. **Targets/Thresholds set are those set for 23/24.**

All infection types are improving relative to current upper and lower limits, many of them trending lower than a spike during the pandemic. MSSA is an exception with a continued increase over the previous 6-month period.

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 Hospital 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	36	26	22								118	137	284	123	153
E. coli	37	35	56	56	42								210	226	505	213	233
Klebsiella spp	10	9	10	23	13								61	65	147	74	70
MRSA	1	2	5	5	2								0	15	0	10	16
MSSA	12	22	25	20	17									96		68	72
Pseudomonas aeruginosa	5	6	5	6	2								25	24	60	28	35

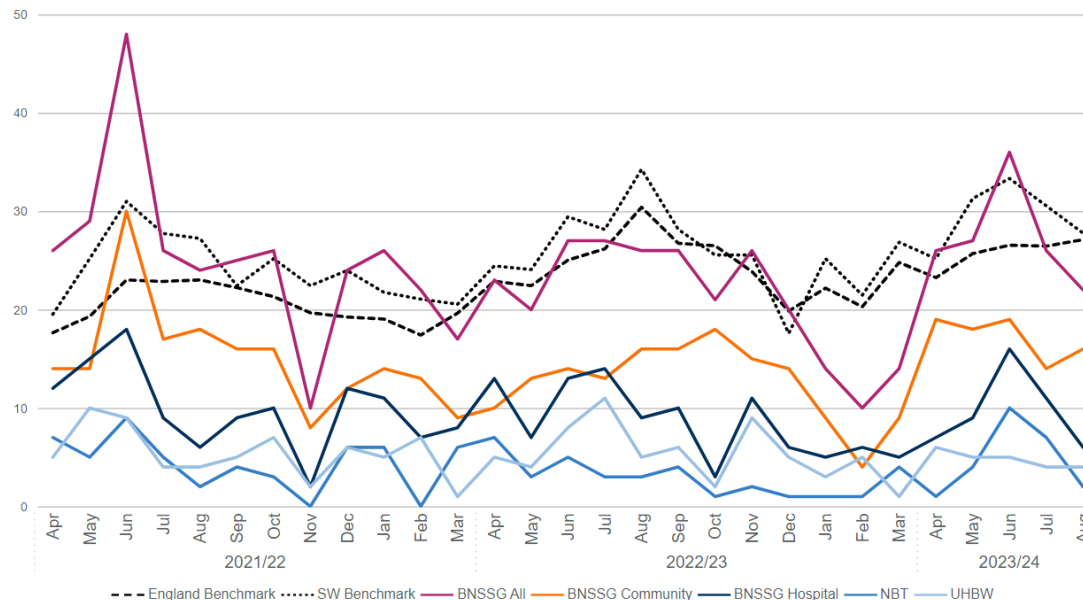
*The table provides the monthly ICB assigned cases as well as the year-to-date total. The 2 final columns are our benchmark against the 2022/23 and 2021/22 positions.

Commentary

- MRSA- Zero tolerance has not been achieved. There were 2 cases in August (COCA).
- CDI- The 26 cases are currently categorised as follows: Continuing Infection (2), New infection (14), Repeat/Relapse (2), and Unknown (4).
- E.coli- the majority of the 42 cases continue to be Community Onset (37).

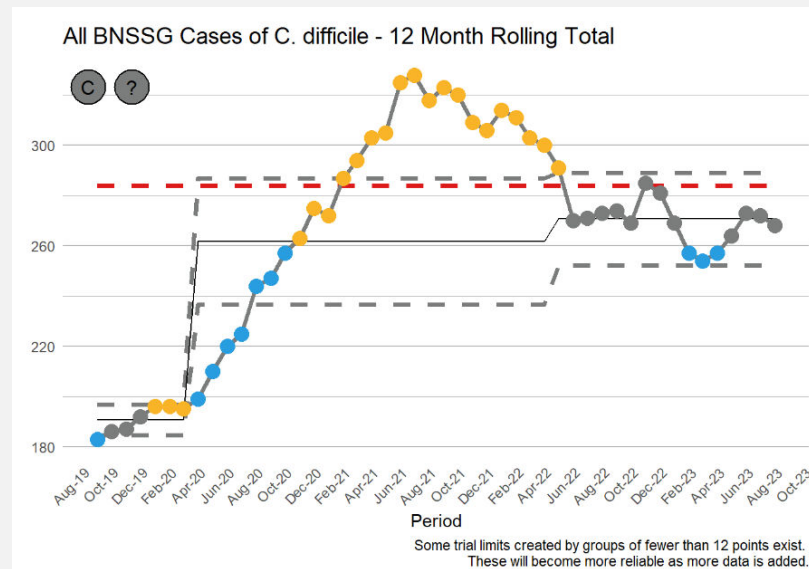
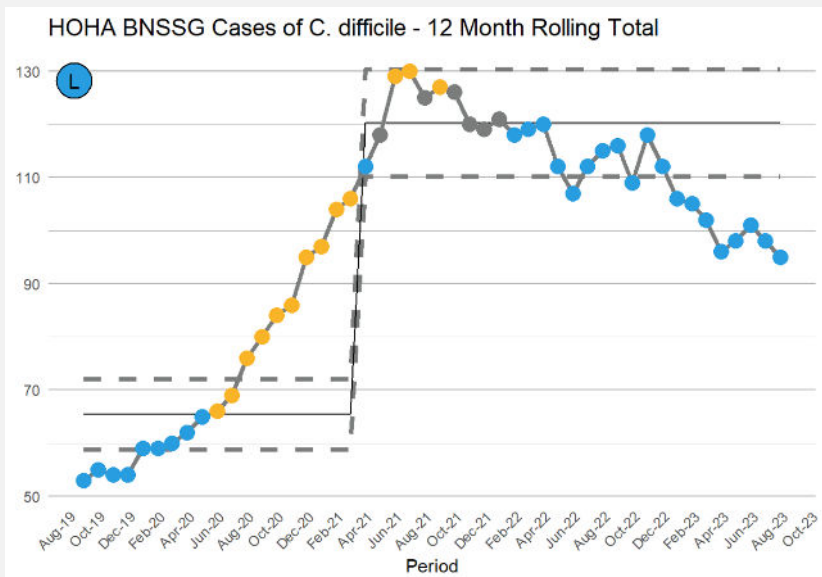
C. difficile	22
HOHA	6 (NBT - 2, UHBW - 4)
COCA	11
COHA	1
COIA	4

BNSSG ICB Assigned C. difficile Cases Since Apr 2021

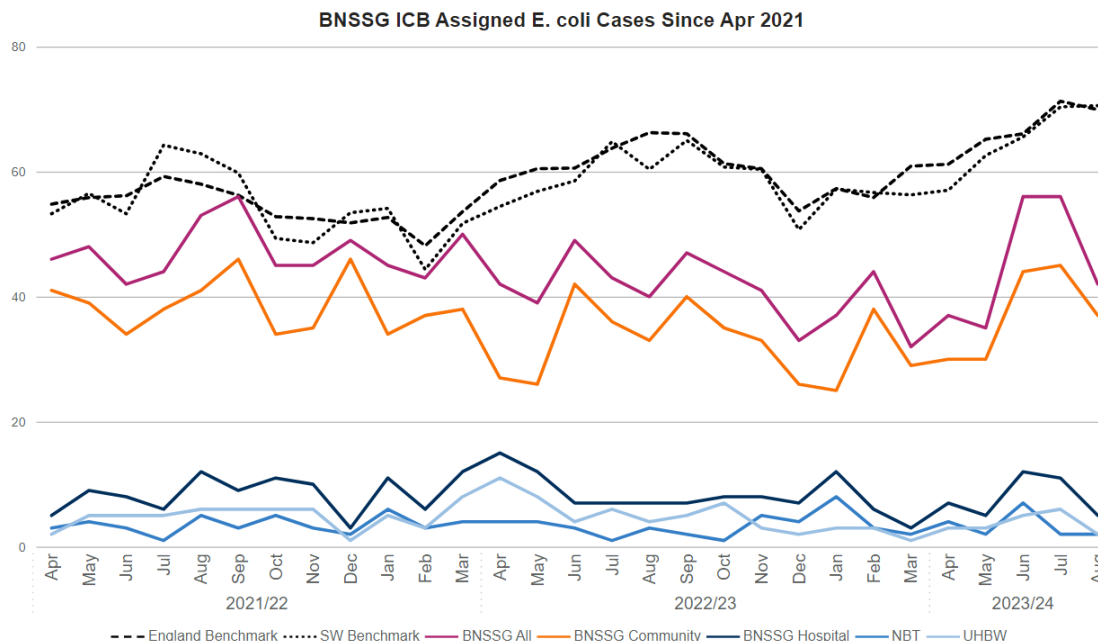


HOHA CDI: Special cause variation of an improving nature where the measure is significantly lower.

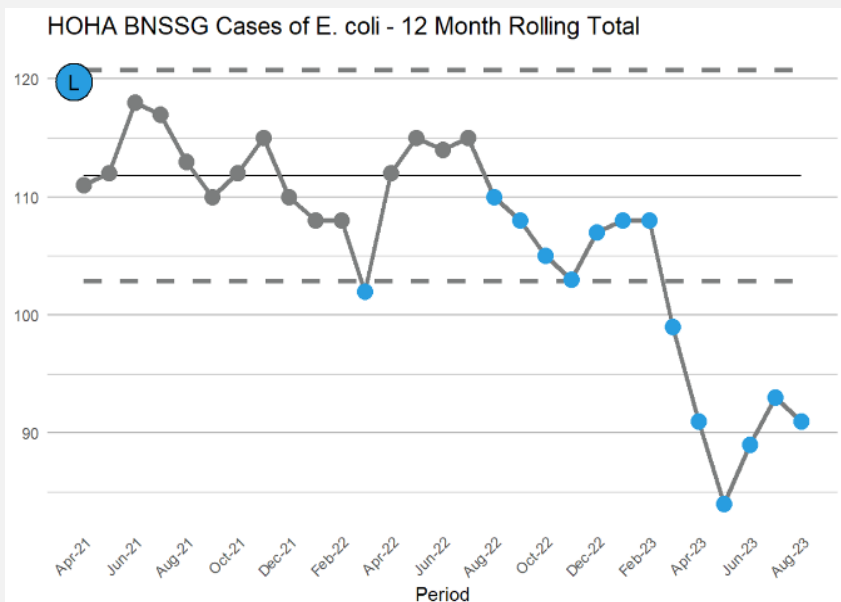
ALL CDI: Common cause variation; Improvement can be seen but the 23/24 target lies between the upper and lower bounds.



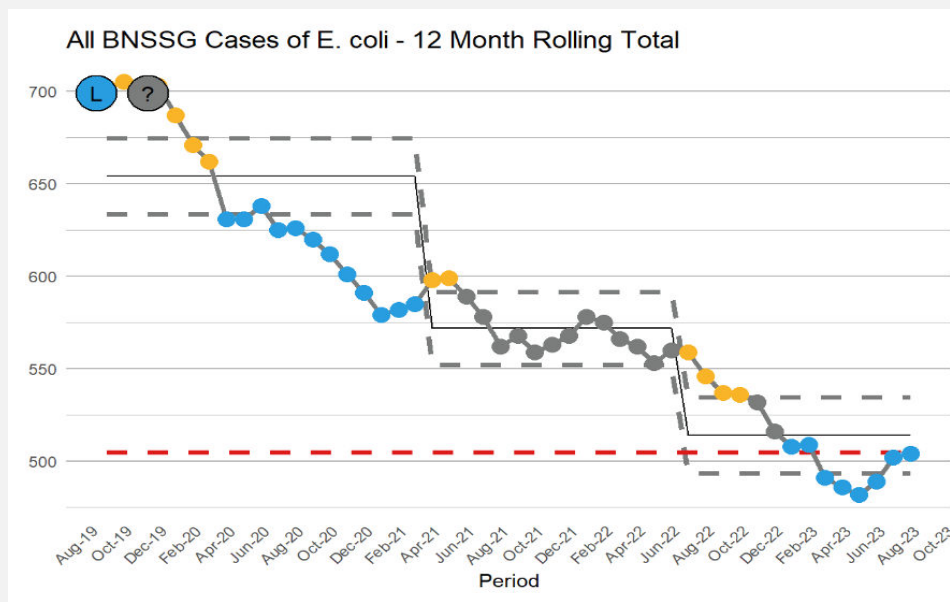
E. coli	42
HOHA	5 (NBT - 2, UHBW - 3)
COCA	29
COHA	8



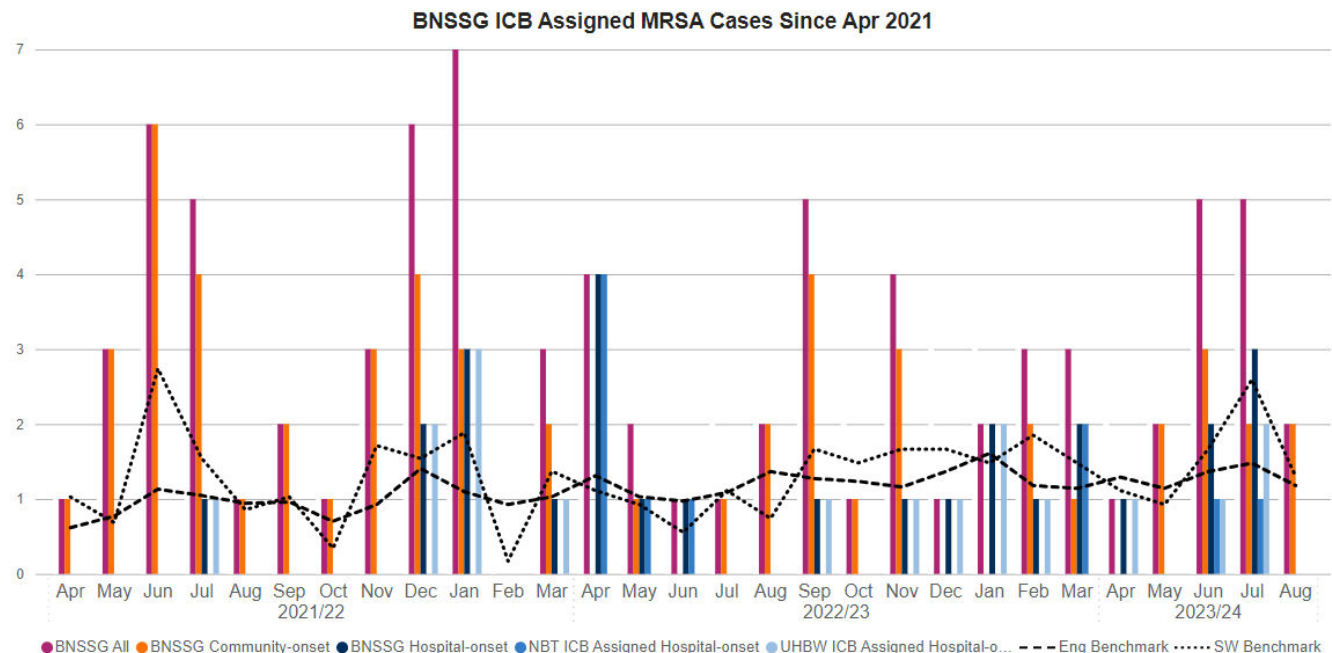
HOHA E. coli: Special cause variation of an improving nature where the measure is significantly lower. Decreasing rate following increase over previous 3 months.



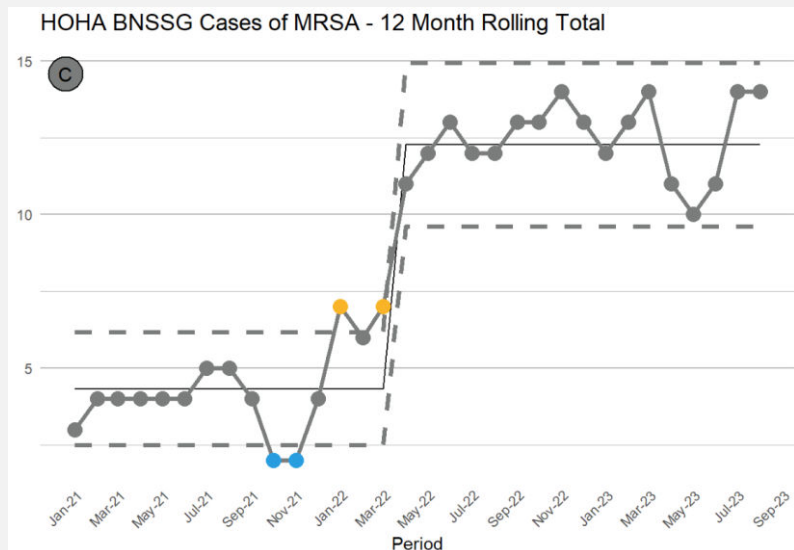
ALL E. coli: Special cause variation of improving nature. Current value between upper and lower bounds. Inconsistently meeting & falling short of target.



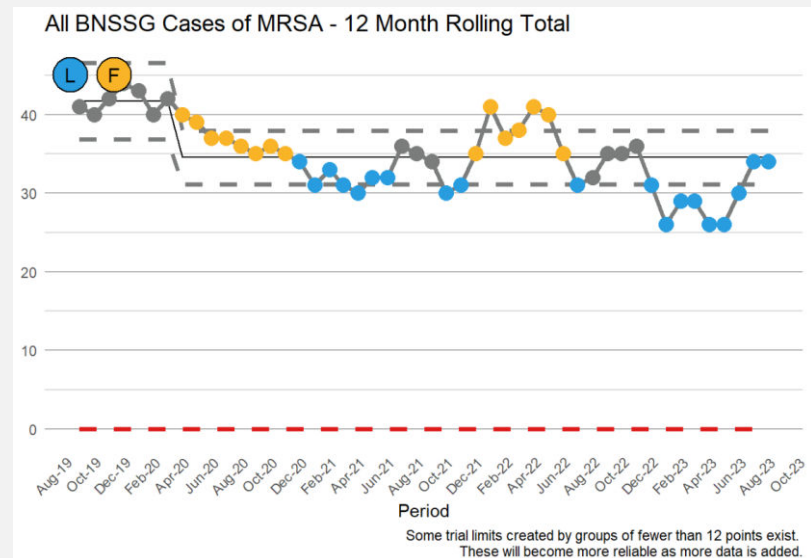
MRSA	2
HOHA	0 (NBT - 0, UHBW - 0)
COCA	2
COHA	0



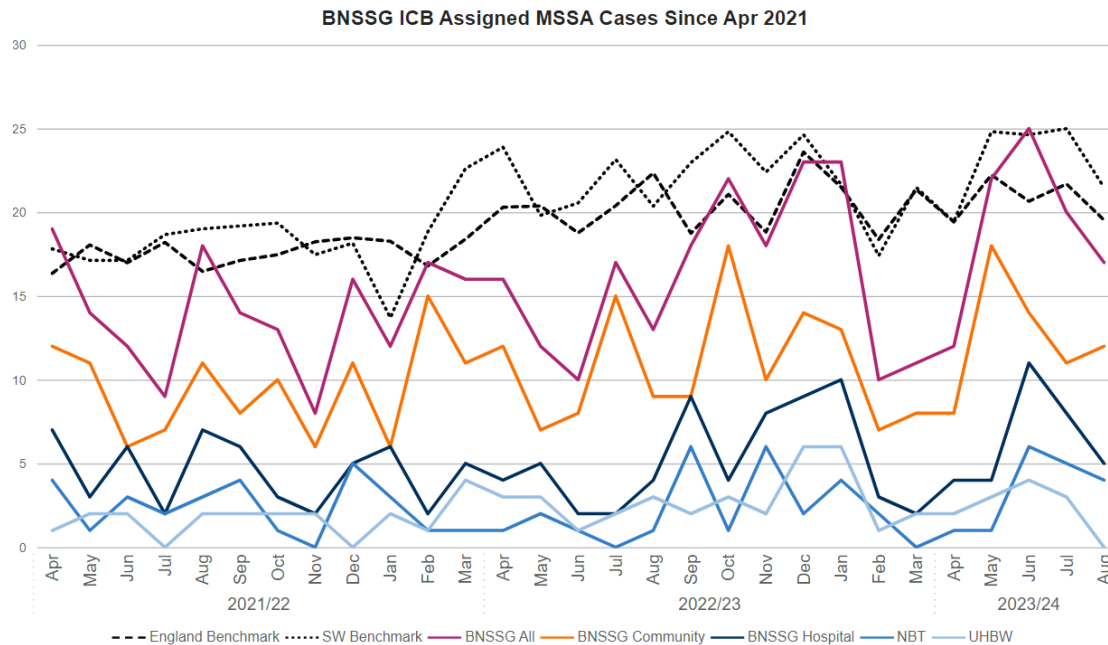
HOHA MRSA: Common cause variation consistently within bounds with no significant change since a rebase in April 2022.



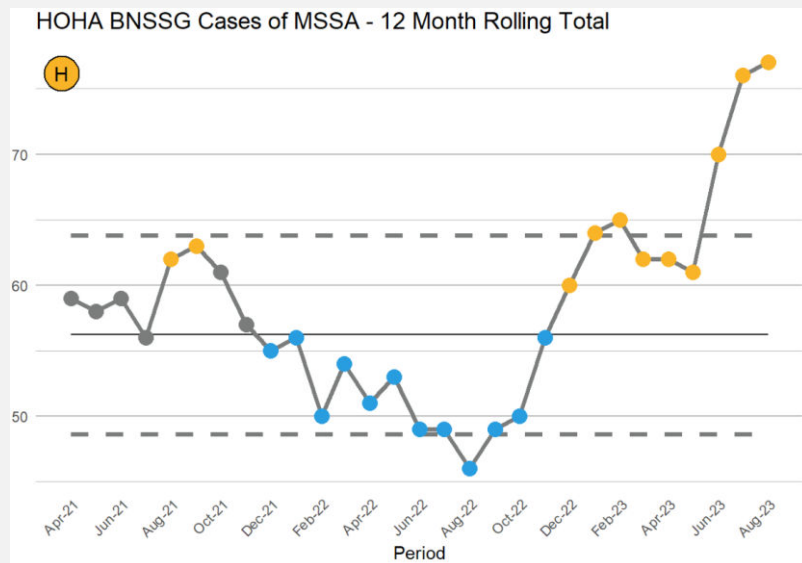
ALL MRSA: Special cause variation of improving nature, though consistently falling short of target. Numbers have already exceeded the threshold of zero/



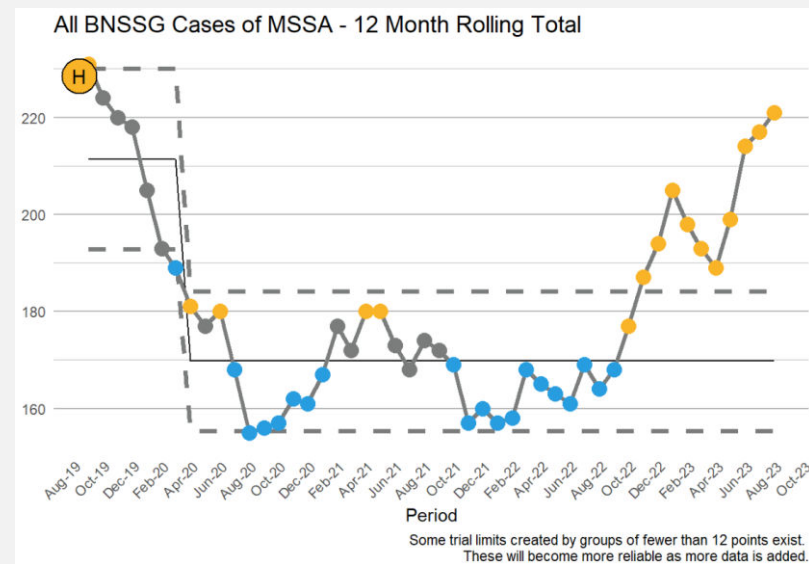
MSSA	17
HOHA	5 (NBT - 5, UHBW - 0)
COCA	8
COHA	4



Hospital Onset Hospital Acquired MSSA: Special cause variation of concerning nature. Consistent step increase in cases since June 2023.

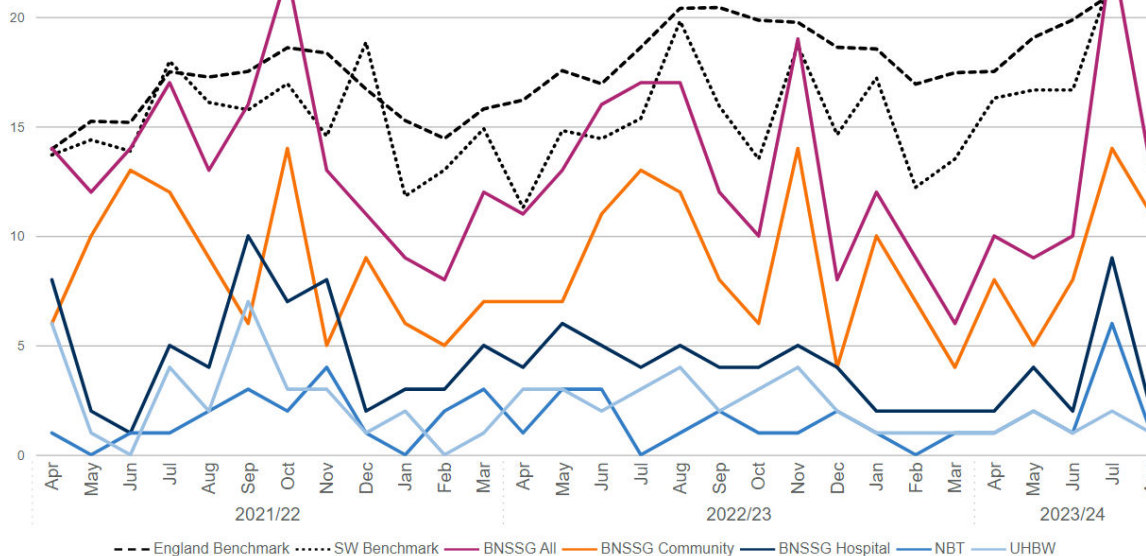


ALL MSSA: Special cause variation of concerning nature. Steep increase in cases, currently highest since October 2019. Numbers are noted to have risen over the last three months



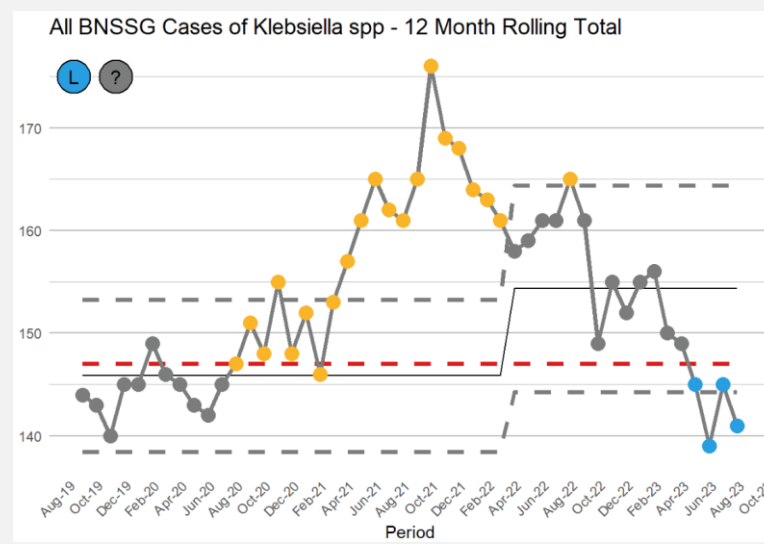
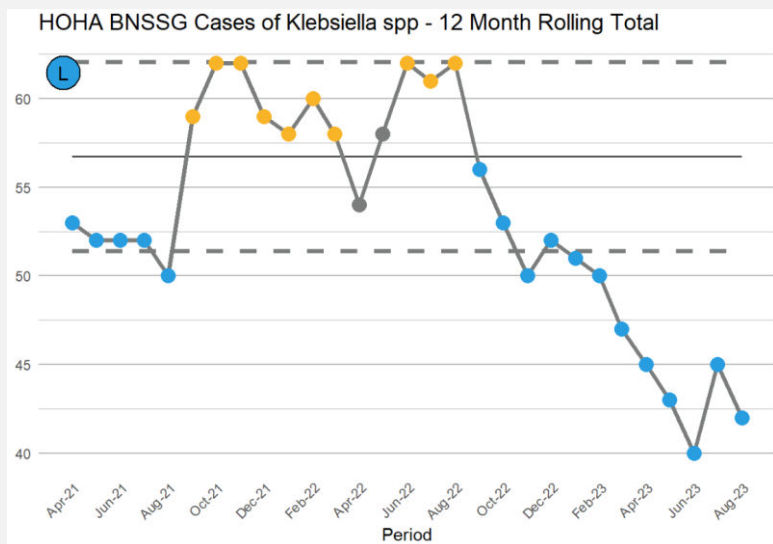
BNSSG ICB Assigned Klebsiella spp Cases Since Apr 2021

Klebsiella spp	13
HOHA	2 (NBT - 2, UHBW - 0)
COCA	9
COHA	2

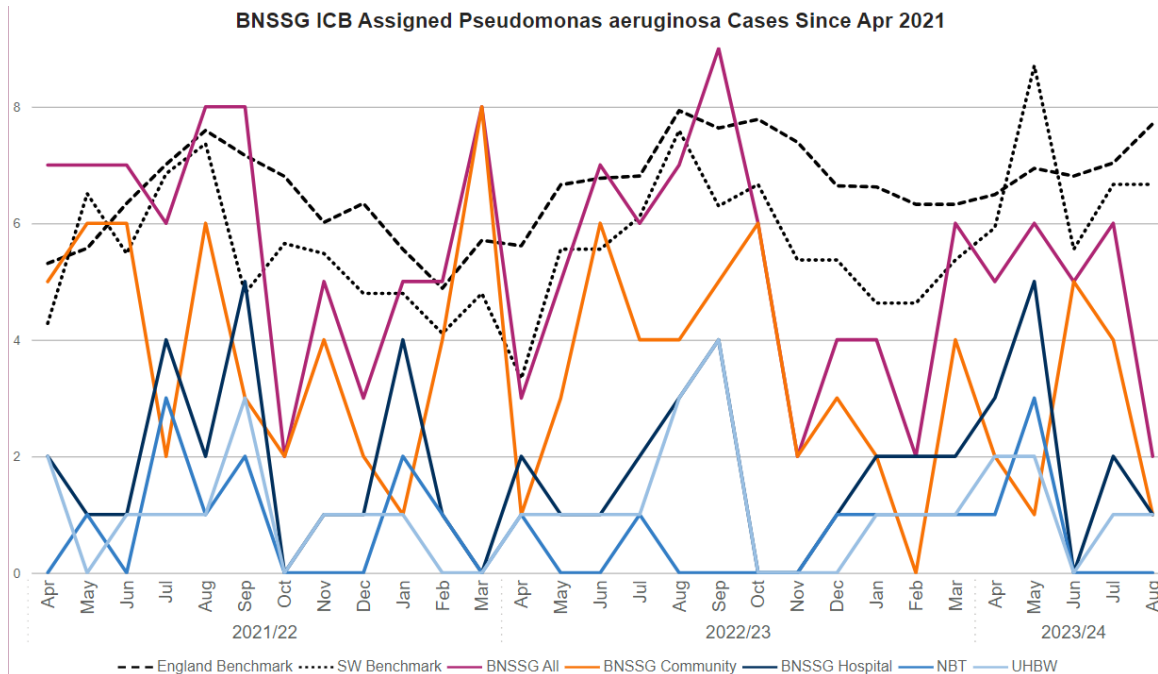


HOHA Klebsiella spp: Special cause variation of improving nature. Comfortably outside lower bounds.

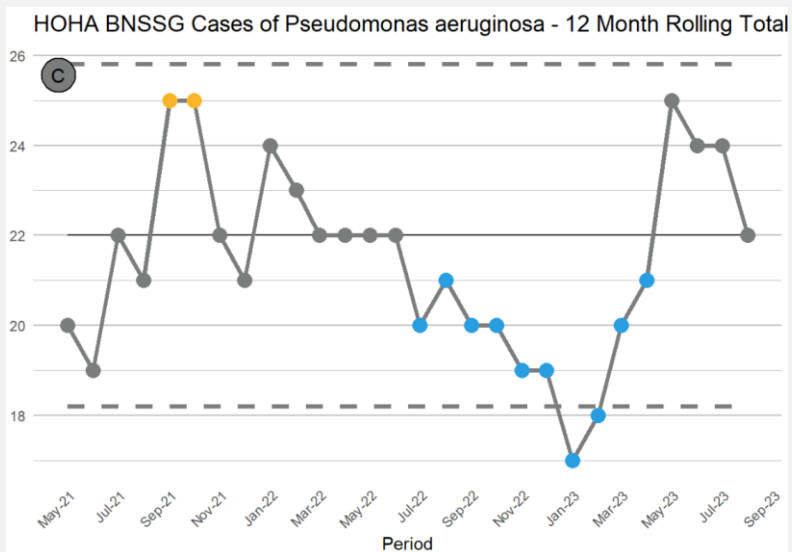
ALL Klebsiella spp: Special cause variation of improving nature. Variation indicates inconsistently passing and falling short of target. On course not to hit 23/24 target



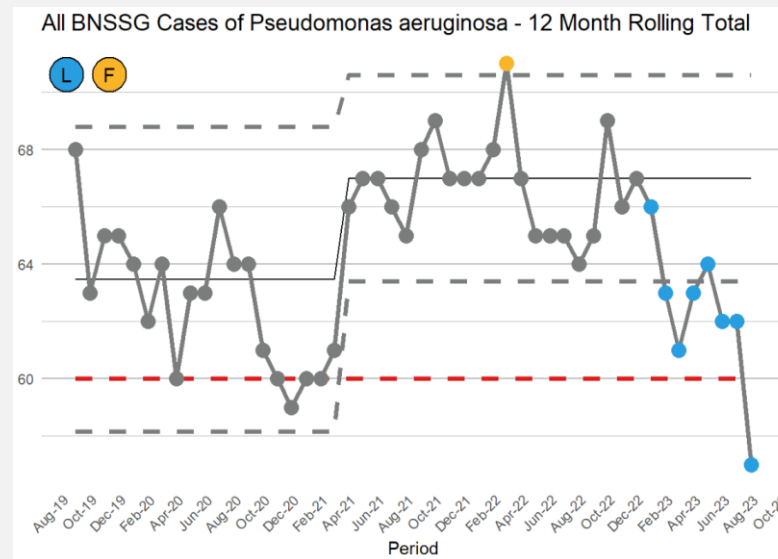
Pseudomonas aeruginosa	2
HOHA	1 (NBT - 1, UHBW - 0)
COCA	1
COHA	0




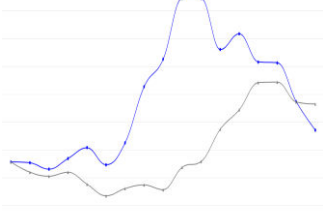
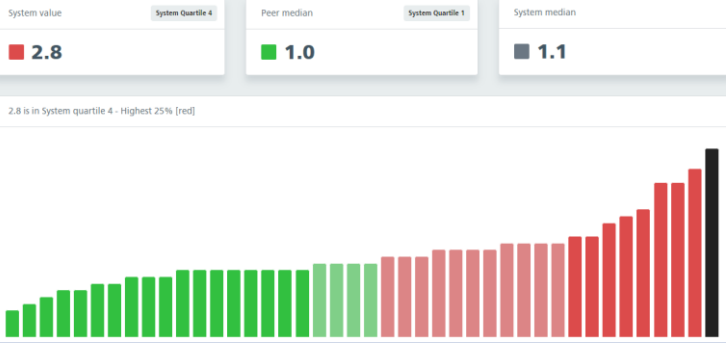
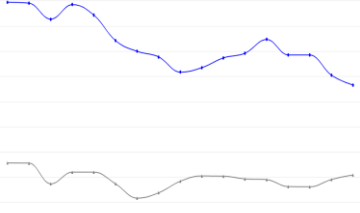
HOHA Pseud A: Common cause variation, within upper and lower bounds.



HOHA Pseud A: Special cause variation of improving nature, though consistently falling short of the target.

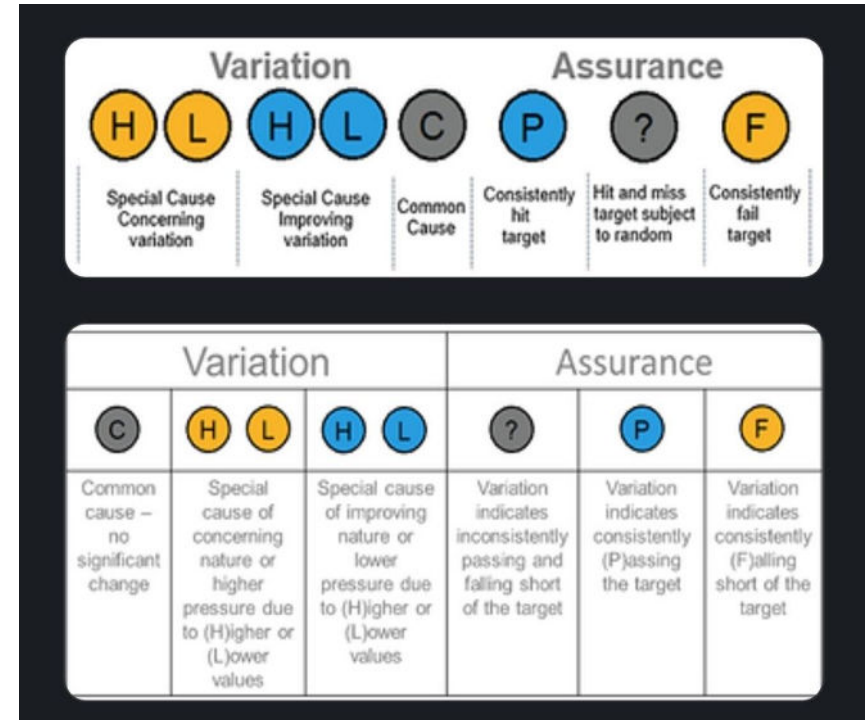


12 Months Rolling to Q4 2022/23 – All Systems

Infection	Onset / Sex	Age-sex standardised infection rates per 100k	Count of Infection (12 months rolling)	Comments
C. Diff	HOHA/Female	 <p>System value: 8.7 (System Quartile 1) Peer median: 9.6 (System Quartile 1) System median: 11.1</p> <p>8.7 is in System quartile 1 - Lowest 25% [green]</p>	<p>Q4 18/19 – Q4 22/23</p> 	<ul style="list-style-type: none"> • Our system value is in the lowest quartile • Trend of decreasing rate. • Outperforming regional peers as of Q3 22/23
MRSA	All/All	 <p>System value: 2.8 (System Quartile 4) Peer median: 1.0 (System Quartile 1) System median: 1.1</p> <p>2.8 is in System quartile 4 - Highest 25% [red]</p>	<p>Q4 18/19 – Q4 22/24</p> 	<ul style="list-style-type: none"> • Our system has the highest rate. • Our system value is more than double the national average. • Decreasing trend vs. more consistent regional peers.

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](#).

		Passing			Total
		Assurance			
		Passing the target 	Hit & miss 	Falls below the target 	
Improving	Special Cause Improving  	P1 Special Cause Improving	H1 Klebsiella spp Cases BNSSG Wide E. coli Cases BNSSG Wide	F1 MRSA Cases BNSSG Wide Pseudomonas aeruginosa Cases BNSSG Wide	4
	Common Cause 	P2 Common Cause	H2 C. difficile Cases BNSSG	F2	1
	Special Cause Concerning  	P3 Special Cause Concerning	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:

- All infection types have an improving nature, mostly due to historical increases during the pandemic that the rates are now lowering from
- 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.

Nursing & Quality - Serious Incidents including Never Events

Reporting Period – Month 5 2023/24 – June to August data

Information Source and date of information – 04/10/2023

Three Month Overview

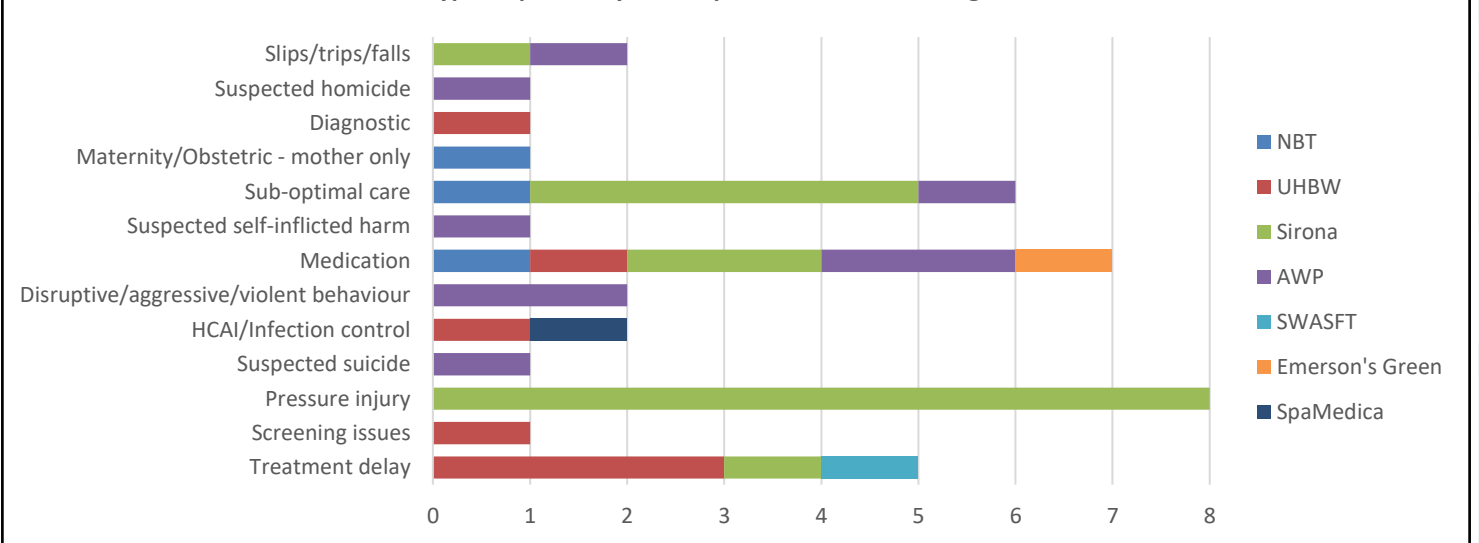
- In period from June to August 2023, 38 Serious Incidents (SIs) were reported across BNSSG partners. There were no Never Events reported.
- Pressure Injury incidents were the leading theme for reported events within this three-month period.
- Medication and Sub-optimal Care incidents were also two of the top three themes.
- Seven Medication incidents were reported from June to August, with six Sub-optimal care SIs submitted at the same period.

SIs reported across BNSSG 2023/24

Provider	Apr	May	Jun	Jul	Aug	YTD SIs
NBT	2	3	1	0	2	8
UHBW	5	4	7	0	0	16
Sirona	10	4	6	4	6	30
AWP	3	3	5	2	2	15
SWASFT	0	0	1	0	0	1
GP	0	0	0	0	0	0
Other	0	1	0	2	0	3
Total	20	15	20	8	10	73

* In brackets are NEs reported

SI types reported by BNSSG providers in June to August 2023



Year	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total SIs per Year
2022/2023	26 (1)	26 (1)	17	30	20 (1)	17 (1)	19	26 (2)	17 (2)	23 (1)	21	24	266 (9)
2023/2024	20 (1)	15	20	8	10								73

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

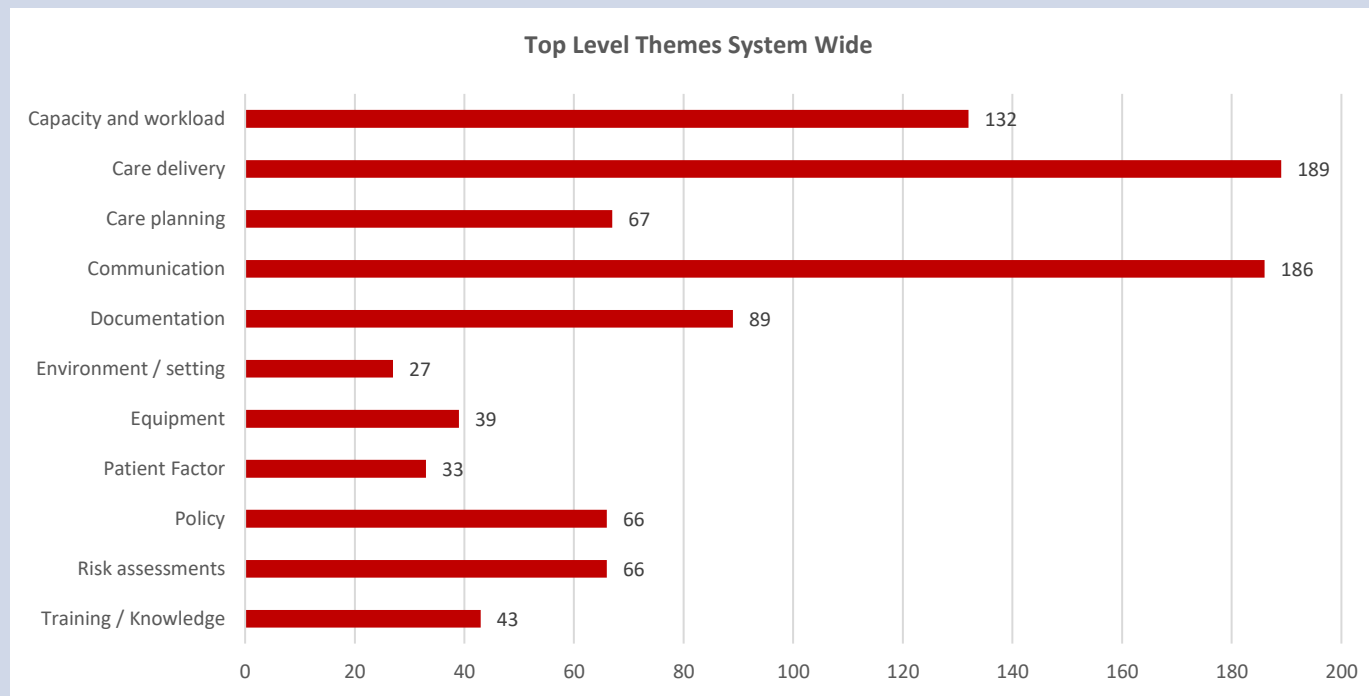
Nursing & Quality – Themes and Trends Highlights

Information Source and date of information – Themes tracker 04/10/2023

Since March 2022, when this data collection commenced, the running total of Serious Incident investigations reviewed by the Quality team is 263; Table 1 shows the breakdown by type of incident. The graph on the right highlights the top-level themes across the BNSSG System; These themes were identified through analysis of the received investigation reports of reported events over the last 18 months.

Table 1

Serious Incident Types	Number of investigation reports reviewed per SI type
Pressure Injury	56
Treatment delay	34
Diagnostic	23
Obstetric	23
Sub-optimal care	22
Slips/trips/falls	21
Suspected suicide	21
Medication	18
Wrong site surgery	8
Suspected self-inflicted harm	8
Surgical procedure	6
Aggressive behaviour	4
HCAI/Infection control	3
Unexpected death	3
Medical equipment	2
Homicide	2
Alleged assault of patient	1
Misplaced naso or oro-gastric tubes	1
Retained object post procedure	1
Alleged assault of patient	1
Blood product/transfusion	1
Failed discharge	1
Screening issues	1
Wrong implant/prosthesis	1
Failure to obtain appropriate bed for child	1



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

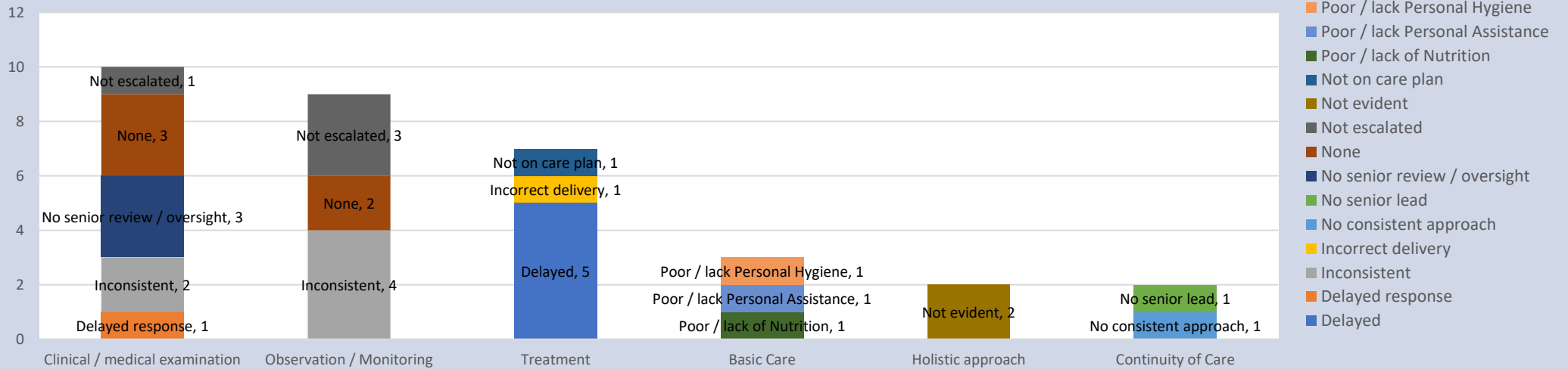
- Care Delivery
- Communication/MDT
- Capacity and Workload.

Nursing & Quality – Themes and Trends Highlights

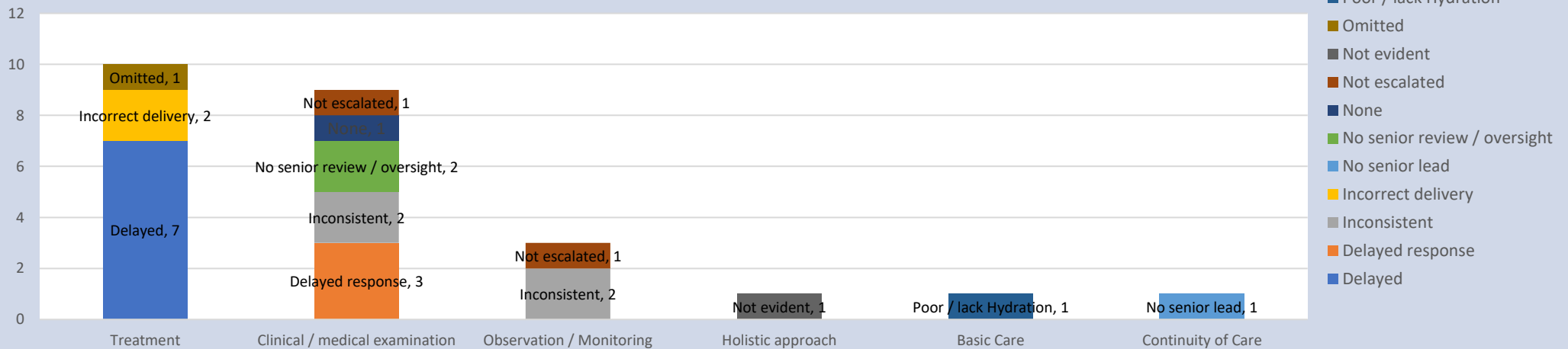
Information Source and date of information – Themes tracker 04/10/2023

To understand the “drivers” behind the patient safety events related to the themes, “deep dives” are being undertaken. Below is the breakdown for the theme of “Care Delivery” and the top two incident types reviewed, Pressure Injury and Treatment Delay events. For Pressure Injury events, delayed treatment is the main significant issue followed by inconsistent observation/monitoring. The identified themes for pressure injuries are fed through to the System Pressure Injury Board for oversight and intervention where required. For Treatment Delay incidents the main identified cause is delay of treatment and delayed response.

2nd and 3rd breakdown of Care Delivery for Pressure Injury incidents



2nd and 3rd breakdown of Care Delivery for Treatment Delay incidents



BNSSG Performance Report

October 2023

Created by

BI Performance Team

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1 Executive Summary

- Overall, BNSSG Trusts' 4hr A&E performance worsened from 71.4% in August to 66.2% in September but is better than the national average for Type 1 EDs of 57.6%. This is below the 76% target by March 2024 and worse than the monthly operational plan target for the first time.
- For planned admissions, the total waiting list size for the BNSSG population remained the same at 105,700 in August. BNSSG performance of 56.8% was ranked 25th out of 42 ICBs nationally (down from 23rd in July) and ranked 6th out of 7 ICBs in the Southwest (down from 5th in July).
- The number of BNSSG patients waiting 52 weeks or more for planned treatment increased from 7,701 in July to 7,965 in August – 7.5% of the total waiting list. The BNSSG position is driven mainly by waits at UHBW (4,096), NBT (2,100) and Sirona (1,461), with the remaining 308 breaches split across 48 other providers. At provider level, the number increased at UHBW but fell at NBT. Focused work to facilitate elective recovery ambitions continues to be implemented.
- The number of BNSSG patients waiting over 65 weeks increased 2,343 in July to 2,713 in August. The BNSSG position is driven mainly by waits at UHBW (1,306), Sirona (835) and NBT (479). The remaining 93 breaches are split across 23 other providers, with the majority at RUH (29). At provider level, the number increased at UHBW but fell at NBT.
- The number of BNSSG patients waiting over 78 weeks increased from 301 in July to 448 in August. The BNSSG position is driven mainly by waits at Sirona (314), UHBW (696) and NBT (32). The remaining 6 breaches are split across 5 other providers. At provider level, the number increased at both NBT and UHBW.
- The number of BNSSG patients waiting over 104 weeks increased from 17 in July to 18 in August. The BNSSG position is driven by waits at Sirona (16). The remaining 2 breaches are 1 each at Nuffield and NBT. At provider level, the number remained 1 at NBT and zero at UHBW.
- 2 week wait cancer performance fell in July to 48.6% for the BNSSG population. At provider level, performance improved at NBT but worsened at UHBW. The 93% national standard has not been achieved at population level since June 2020.
- 28 day faster diagnosis standard for BNSSG cancer patients worsened in August to 58% 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 worsened in August to 58%. At provider level, performance worsened at both NBT and 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%	Aug-23	45.36%	21.04%	17.56%	34.48%	25.27%	19.09%	33.07%	27.47%	7	3	1	6	4	2	5	3	↑
A&E 4 Hour Performance	76%	Sep-23	72.66%	66.96%	73.02%	78.75%	72.53%	71.92%	64.11%	71.64%	3	6	2	1	4	5	7	2	↓
A&E 12 Hour Trolley Waits	0	Sep-23	238	25	712	462	62	216	757	33,107	4	1	6	5	2	3	7	4	↑
RTT Incomplete 18 Weeks	92%	Aug-23	59.47%	57.72%	65.31%	60.89%	60.94%	56.83%	55.08%	58.01%	4	5	1	3	2	6	7	5	↓
RTT Incomplete Total		Aug-23	110,484	102,268	78,750	68,686	67,373	105,700	158,601	7,745,030	98.4%	85.6%	52.5%	93.1%	86.8%	107.9%	87.5%	107.9%	↔
RTT Incomplete 52 Week Plus	0	Aug-23	5,270	6,072	3,242	4,002	3,118	7,965	11,901	396,643	4	5	2	3	1	6	7	6	↔
RTT Incomplete 65 Week Plus	0	Aug-23	1,384	1,640	809	1,513	880	2,713	4,275	109,523	3	5	1	4	2	6	7	6	↔
RTT 52 weeks + (% of waiting list)		Aug-23	4.77%	5.94%	4.12%	5.83%	4.63%	7.54%	7.50%	5.12%	3	5	1	4	2	7	6	6	↓
RTT 65 weeks + (% of waiting list)		Aug-23	1.25%	1.60%	1.03%	2.20%	1.31%	2.57%	2.70%	1.41%	2	4	1	5	3	6	7	6	↔
RTT 78 weeks + (% of waiting list)		Aug-23	0.04%	0.06%	0.02%	0.50%	0.12%	0.42%	0.54%	0.12%	2	3	1	6	4	5	7	5	↔
RTT 104 weeks+ (% of waiting list)		Aug-23	0.00%	0.00%	0.00%	0.03%	0.00%	0.02%	0.02%	0.00%	3	4	1	7	2	5	6	5	↔
Cancer 2 Week (All)	93%	Aug-23	54.43%	42.69%	95.32%	53.49%	57.15%	48.64%	63.93%	74.85%	4	7	1	5	3	6	2	6	↔
Cancer 2 week (Breast)	93%	Aug-23	58.42%	25.85%	96.75%	71.61%	82.61%	89.00%	56.96%	70.34%	5	7	1	4	3	2	6	3	↑
Cancer 31 Day Wait First Treatment	96%	Aug-23	89.06%	96.76%	90.50%	92.62%	89.76%	91.11%	88.74%	90.96%	6	1	4	2	5	3	7	2	↓
Cancer 31 Day Wait - Surgery	94%	Aug-23	79.01%	88.73%	75.41%	79.57%	72.00%	78.89%	74.69%	77.80%	3	1	5	2	7	4	6	4	↔
Cancer 31 Day Wait - Drug	98%	Aug-23	97.59%	100.00%	100.00%	99.46%	97.52%	97.84%	99.68%	97.67%	6	1	1	4	7	5	3	1	↓
Cancer 31 Day Wait - Radiotherapy	94%	Aug-23	87.94%	98.81%	97.50%	97.90%	85.00%	97.56%	95.88%	88.36%	6	1	4	2	7	3	5	3	↔
Cancer 62 Wait Consultant	N/A	Aug-23	83.15%	80.31%	86.96%	55.00%	78.82%	77.59%	75.73%	74.54%	2	3	1	7	4	5	6	3	↓
Cancer 62 Wait Screening	90%	Aug-23	80.95%	58.62%	70.59%	80.00%	84.00%	60.00%	25.53%	65.13%	2	6	4	3	1	5	7	6	↑
Cancer 62 Day Wait - GP Referral	85%	Aug-23	61.43%	64.15%	64.84%	63.35%	67.89%	57.99%	68.80%	62.84%	6	4	3	5	2	7	1	7	↔
Cancer 28 FDS	75%	Aug-23	66.22%	62.56%	77.22%	61.14%	73.82%	57.98%	74.78%	71.61%	4	5	1	6	3	7	2	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	Sep-23	00:17:06	00:14:54	00:18:12	00:22:24	00:19:48	00:14:30	00:18:18	00:17:54	3	2	4	7	6	1	5	1	➡
Category 1 - Average Duration (hr:min:sec)	00:07:00	Sep-23	00:09:30	00:08:24	00:10:06	00:11:42	00:10:36	00:08:18	00:09:42	00:09:36	3	2	5	7	6	1	4	1	➡
Category 2 - 90th Percentile Duration (hr:min:sec)	00:40:00	Sep-23	01:53:42	01:06:18	01:36:48	02:24:12	01:42:30	01:09:42	02:05:18	01:41:48	5	1	3	7	4	2	6	1	⬇
Category 2 - Average Duration (hr:min:sec)	00:30:00	Sep-23	00:51:42	00:30:06	00:46:42	01:03:36	00:49:54	00:33:00	00:58:54	00:47:30	5	1	3	7	4	2	6	1	⬇
Category 3 - 90th Percentile Duration (hr:min:sec)	02:00:00	Sep-23	07:02:48	03:53:00	06:44:54	05:24:12	06:20:42	05:16:54	07:23:12	05:56:48	6	1	5	3	4	2	7	4	⬆
Category 3 - Average Duration (hr:min:sec)		Sep-23	02:29:42	01:29:48	02:43:24	02:03:00	02:36:18	01:58:00	02:49:18	02:16:24	4	1	6	3	5	2	7	4	⬆
Category 4 - 90th Percentile Duration (hr:min:sec)	03:00:00	Sep-23	10:00:06	06:01:48	04:45:24	01:47:24	08:53:54	04:19:54	07:19:18	06:52:12	7	4	3	1	6	2	5	6	⬆
Category 4 - Average Duration (hr:min:sec)		Sep-23	03:07:54	02:13:54	02:29:42	01:08:48	02:30:12	02:18:18	02:46:42	02:24:06	7	2	4	1	5	3	6	6	⬆

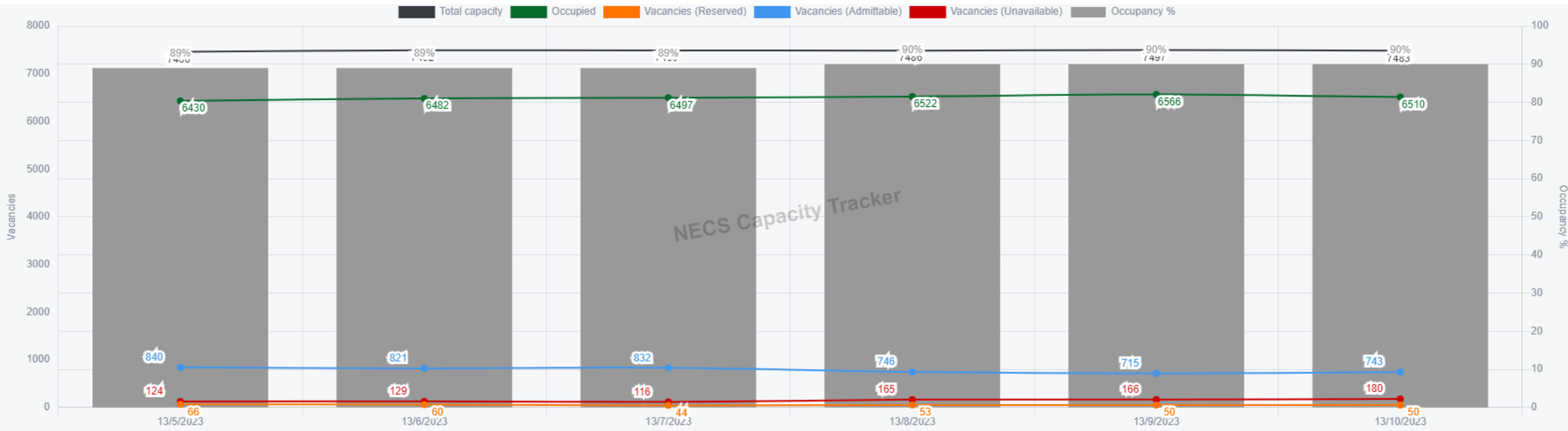
Measure	Standard	Performance/Activity								South West Ranking								Change	
		Recent Period	BSW	Dorset	Glos	Kernow	Somerset	BNSSG	Devon	National	BSW	Dorset	Glos	Kernow	Somerset	BNSSG	Devon	Rank Last Month	
Average speed to answer calls (in seconds)	20	Aug-23	259	13	271	163	225	57	267	138	5	1	7	3	4	2	6	3	⬆
% Triage Calls receiving Clinical Contact	50%	Aug-23	51.8%	39.8%	52.1%	72.1%	61.5%	52.4%	58.8%	43.8%	6	7	5	1	2	4	3	5	⬆
% of callers allocated the first service offered by DOS	80%	Aug-23	41.7%	64.8%	76.6%	83.9%	80.3%	80.1%	76.7%	66.7%	7	6	5	1	2	3	4	3	➡
% of Cat 3 or 4 ambulance dispositions that receive remote clinical intervention	75%	Aug-23	97.8%	86.8%	77.8%	92.0%	89.6%	81.4%	81.7%	76.4%	1	4	7	2	3	6	5	7	⬆
% calls initially given an ETC disposition that receive remote clinical intervention	50%	Aug-23	60.8%	72.3%	83.0%	90.0%	71.3%	84.9%	85.6%	44.9%	7	5	4	1	6	3	2	7	⬆
Abandonment Rate for 111 Calls	3%	Aug-23	16.5%	1.7%	17.1%	12.2%	13.0%	5.4%	15.2%	8.2%	6	1	7	3	4	2	5	6	⬆

2.2 Urgent Care – Summary Performance – September

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	Sep-23	5	8	3	5	▲	11	-3	▼	▼
	Category 2 Response time - Mean (minutes)	BNSSG ICB	Sep-23	30	33	24	9	▲	29	4	▲	▼
	Category 2 Response time – 90th centile (minutes)	BNSSG ICB	Sep-23	40	70	48	22	▲	60	10	▲	▼
	Percentage of conveyances to ED by 999 ambulances	BNSSG ICB	Sep-23	N/A	43.9%	46.8%	-2.9%	▼	48.5%	-4.5%	▼	▼
	Percentage of NHS 111 calls assessed by a clinicial or clinical advisor	BNSSG ICB	Sep-23	50%	51.0%	51.4%	-0.4%	▼	58.7%	-7.6%	▼	▲
	Percentage of NHS 111 Calls Abandoned	BNSSG ICB	Sep-23	3%	5.7%	5.4%	0.4%	▲	7.9%	-2.2%	▼	▼
A&E	Percentage of Ambulance Handovers within 15 minutes	BNSSG Trusts	Sep-23	65%	28.3%	30.1%	-1.8%	▼	68.2%	-39.9%	▼	▲
	Ambulance Handovers - Average Time Lost per day >15 mins (Hours)	BNSSG Trusts	Sep-23	N/A	78	69	9	▲	10	68	▲	▼
	Time to Initial Assessment – percentage of patients assessed within 15 minutes of arrival at A&E	NBT	Sep-23	N/A	76.0%	80.5%	-4.5%	▼	71.6%	4.3%	▲	▲
		BRI	Sep-23	N/A	53.7%	53.9%	-0.1%	▼	53.8%	-0.1%	▼	▲
		Weston	Sep-23	N/A	41.9%	47.0%	-5.1%	▼	9.3%	32.7%	▲	▲
	Average (mean) time in Department – non-admitted patients (hh:mm)	NBT	Sep-23	N/A	4:01	3:34	0:26	▲	2:48	1:12	▲	▼
BRI		Sep-23	N/A	4:32	4:24	0:08	▲	3:24	1:08	▲	▼	
Weston		Sep-23	N/A	3:22	2:57	0:25	▲	3:14	0:08	▲	▼	
Hospital	Hospital Average (mean) time in Department – admitted patients (hh:mm)	NBT	Sep-23	N/A	7:14	6:02	1:11	▲	4:49	2:24	▲	▼
		BRI	Sep-23	N/A	6:27	6:23	0:04	▲	5:07	1:20	▲	▼
		Weston	Sep-23	N/A	6:07	6:34	-0:27	▼	7:49	-1:42	▼	▼
Whole System	Percentage of patients spending more than 12 hours from Arrival in A&E	NBT	Sep-23	2%	3.9%	2.0%	1.9%	▲	0.0%	3.9%	▲	▼
		BRI	Sep-23	2%	3.1%	3.6%	-0.5%	▼	1.3%	1.8%	▲	▼
		Weston	Sep-23	2%	5.4%	2.0%	3.5%	▲	6.9%	-1.5%	▼	▼
	Number of patients spending more than 12 hours in A&E from a Decision To Admit	BNSSG Trusts	Sep-23	0	216	129	87	▲	39	177	▲	▼
		NBT	Sep-23	0	23	17	6	▲	0	23	▲	▼
		UHBW	Sep-23	0	193	112	81	▲	39	154	▲	▼
	Percentage of patients waiting 4 hours or less in A&E	BNSSG Trusts	Sep-23	76%	66.2%	71.4%	-5.2%	▼	81.2%	-15.0%	▼	▲
		NBT	Sep-23	76%	64.3%	71.9%	-7.6%	▼	85.1%	-20.8%	▼	▲
UHBW		Sep-23	76%	67.2%	71.0%	-3.8%	▼	79.2%	-12.0%	▼	▲	

- 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 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 %
NHS Bristol, North Somerset and South Gloucestershire ICB - 15C (270 / 269 / 269)	7483	973	743	180	50	6510	10%	2%	1%	87%
General Residential	1701	278	203	64	11	1423	12%	4%	1%	84%
General Nursing	1835	242	184	42	16	1593	10%	2%	1%	87%
Dementia Residential	1570	213	164	40	9	1357	10%	3%	1%	86%
Dementia Nursing	1235	140	103	26	11	1095	8%	2%	1%	89%
Learning Disability Residential	573	47	40	5	2	526	7%	1%	0%	92%
Mental Health Residential	270	26	23	2	1	244	9%	1%	0%	90%
Mental Health Nursing	155	10	9	1	0	145	6%	1%		94%
Community Care	48	8	8	0	0	40	17%			83%
YPD - Young Physically Disabled	22	4	4	0	0	18	18%			82%
Learning Disability Nursing	73	4	4	0	0	69	5%		6	95%
Transitional	1	1	1	0	0	0	100%			

2.3 Planned Care – Summary Performance – August

BNSSG Population Level

NBT Total Provider

UHBW Total Provider

RTT 18 week Incomplete	Aug-23	Jul-23	Variance	Change	Aug-19	Variance	Change
Total Waiting List	105,700	105,700	0	◀▶	53,623	52,077	▲
No. >18 weeks	45,630	44,910	720	▲	7,128	38,502	▲
No. >52 weeks	7,965	7,701	264	▲	15	7,950	▲
No. >65 weeks	2,713	2,343	370	▲	N/A	N/A	N/A
No. >78 weeks	448	301	147	▲	N/A	N/A	N/A
No. >104 weeks	18	17	1	▲	N/A	N/A	N/A
52ww as % of WL	7.5%	7.3%	0.2%	▲	0.0%	7.5%	▲
% Performance	56.83%	57.51%	-0.7%	▼	60.84%	-4.0%	▼

Aug-23	Jul-23	Variance	Change	Aug-19	Variance	Change
50,168	50,119	49	▲	28,587	21,581	▲
19,814	19,562	252	▲	4,748	15,066	▲
2,599	2,689	-90	▼	14	2,585	▲
606	624	-18	▼	N/A	N/A	N/A
48	44	4	▲	N/A	N/A	N/A
1	1	0	◀▶	N/A	N/A	N/A
5.2%	5.4%	-0.2%	▼	0.0%	5.1%	▲
60.50%	60.97%	-0.5%	▼	63.96%	-3.5%	▼

Aug-23	Jul-23	Variance	Change	Aug-19	Variance	Change
66,558	67,451	-893	▼	39,094	27,464	▲
32,276	31,916	360	▲	6,093	26,183	▲
6,348	6,134	214	▲	11	6,337	▲
2,222	1,933	289	▲	N/A	N/A	N/A
245	203	42	▲	N/A	N/A	N/A
0	0	0	◀▶	N/A	N/A	N/A
9.5%	9.1%	0.4%	▲	0.0%	9.5%	▲
51.51%	52.68%	-1.2%	▼	51.36%	0.1%	▲

Diagnostics	Aug-23	Jul-23	Variance	Change	Aug-19	Variance	Change
Total Waiting List	25,400	27,177	-1,777	▼	21,194	4,206	▲
No. >6 weeks	4,848	4,942	-94	▼	1,315	3,533	▲
No. >13 weeks	905	1,175	-270	▼	235	670	▲
% Performance	19.09%	18.18%	0.9%	▲	6.20%	12.9%	▲

Aug-23	Jul-23	Variance	Change	Aug-19	Variance	Change
11,806	12,519	-713	▼	11,052	754	▲
1,674	1,890	-216	▼	1,035	639	▲
124	300	-176	▼	205	-81	▼
14.18%	15.10%	-0.9%	▼	9.36%	4.8%	▲

Aug-23	Jul-23	Variance	Change	Aug-19	Variance	Change
13,860	15,164	-1,304	▼	9,674	4,186	▲
3,334	3,333	1	▲	411	2,923	▲
886	1,007	-121	▼	50	836	▲
24.05%	21.98%	2.1%	▲	4.25%	19.8%	▲

Cancer	Aug-23	Jul-23	Variance	Change	Aug-19	Variance	Change
2 week waits	48.64%	53.30%	-4.7%	▼	75.65%	-27.0%	▼
2ww breast	89.00%	81.58%	7.4%	▲	94.17%	-5.2%	▼
28 day FDS (All Routes)	57.98%	64.67%	-6.7%	▼	N/A	N/A	N/A
31 day first treatment	91.11%	95.09%	-4.0%	▼	94.46%	-3.4%	▼
31 day - Surgery	78.89%	84.85%	-6.0%	▼	90.53%	-11.6%	▼
31 day - Drugs	97.84%	100.00%	-2.2%	▼	100.00%	-2.2%	▼
31 day - Radiotherapy	97.56%	96.41%	1.2%	▲	95.42%	2.1%	▲
62 day	57.99%	61.13%	-3.1%	▼	83.18%	-25.2%	▼
62 day - Screening	60.00%	58.62%	1.4%	▲	92.00%	-32.0%	▼

Aug-23	Jul-23	Variance	Change	Aug-19	Variance	Change
52.22%	52.00%	0.2%	▲	65.54%	-13.3%	▼
89.00%	80.91%	8.1%	▲	94.64%	-5.6%	▼
57.36%	65.14%	-7.8%	▼	N/A	N/A	N/A
87.80%	90.77%	-3.0%	▼	89.47%	-1.7%	▼
73.61%	73.49%	0.1%	▲	82.56%	-8.9%	▼
100.00%	100.00%	0.0%	◀▶	100.00%	0.0%	◀▶
N/A	N/A	N/A	N/A	N/A	N/A	N/A
52.15%	54.21%	-2.1%	▼	88.84%	-36.7%	▼
68.83%	73.77%	-4.9%	▼	92.59%	-23.8%	▼

Aug-23	Jul-23	Variance	Change	Aug-19	Variance	Change
39.74%	49.05%	-9.3%	▼	85.42%	-45.7%	▼
N/A	N/A	N/A	N/A	N/A	N/A	N/A
56.05%	59.51%	-3.5%	▼	N/A	N/A	N/A
90.38%	97.01%	-6.6%	▼	96.17%	-5.8%	▼
81.48%	87.27%	-5.8%	▼	92.59%	-11.1%	▼
98.62%	100.00%	-1.4%	▼	99.08%	-0.5%	▼
97.38%	96.77%	0.6%	▲	95.21%	2.2%	▲
65.25%	68.99%	-3.7%	▼	78.07%	-12.8%	▼
15.38%	0.00%	15.4%	▲	100.00%	-84.6%	▼

Key to Tables

- Latest month = **August** Previous month = **July** 19/20 = **August 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

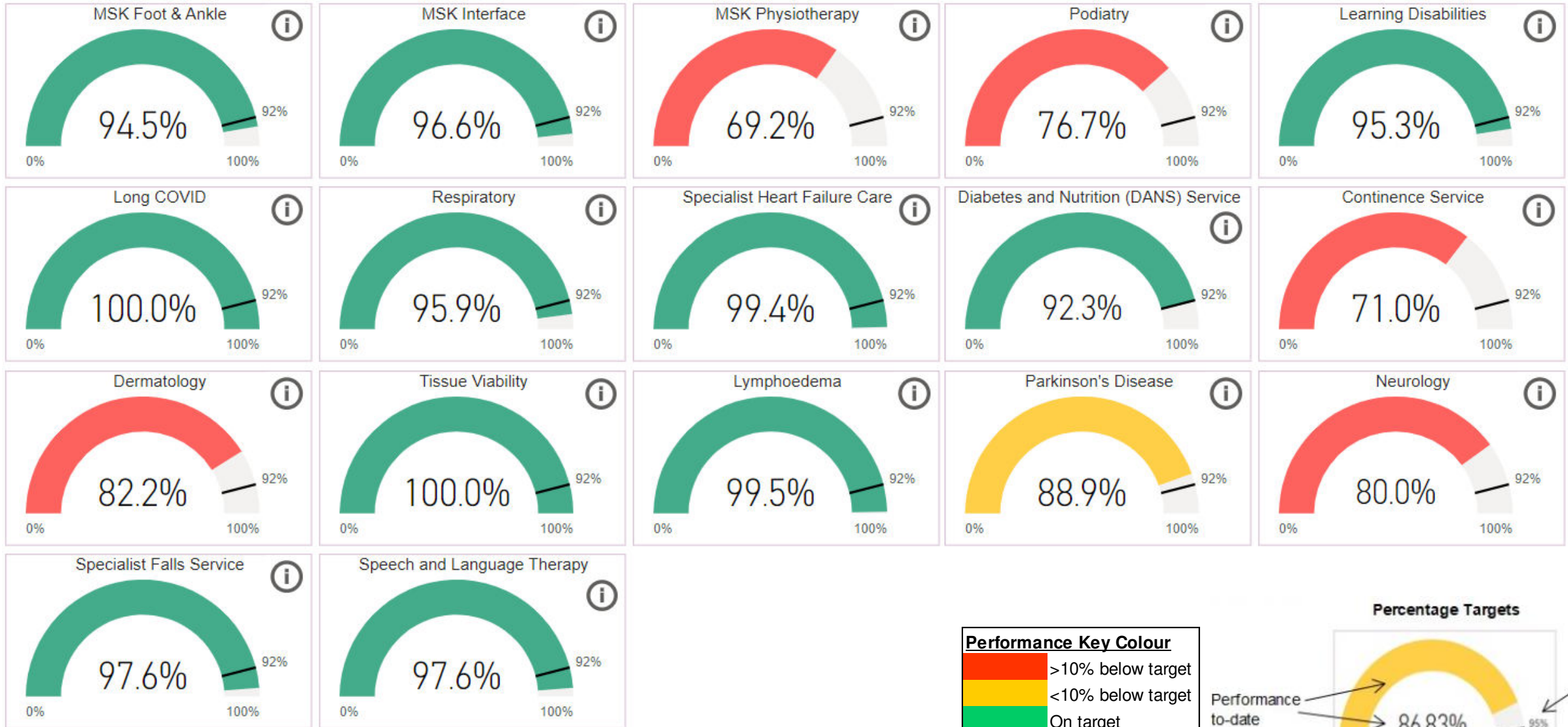
2.4 Mental Health – Summary Performance

Mental Health, Learning Disabilities & Autism	Period	Standard	Latest	Previous	Variance	Change	19/20	Variance	Change
Dementia Diagnosis Rate	Aug-23	66.7%	67.4%	67.1%	0.3%	▲	69.2%	-1.8%	▼
EP - 2ww Referral	Jul-23	60%	57.1%	57.1%	0.0%	◀▶	78.0%	-20.9%	▼
IAPT Roll out (rolling 3 months)	Jul-23	6.25%	4.52%	4.32%	0.20%	▲	2.0%	2.5%	▲
IAPT Recovery Rate	Jul-23	50%	55.0%	51.6%	3.4%	▲	39.0%	16.0%	▲
IAPT Waiting Times - 6 weeks	Jul-23	75%	98.8%	95.7%	3.1%	▲	80.1%	18.7%	▲
IAPT Waiting Times - 18 weeks	Jul-23	95%	99.4%	99.4%	0.0%	◀▶	99.4%	0.0%	▲
CYPMH Access Rate - 2 contacts (12m Rolling)	Jul-23	34%	32.9%	32.2%	0.7%	▲	11.8%	21.2%	▲
CYP with Eating Disorders - routine cases within 4 weeks	Sep-23	95.0%	92.3%	91.9%	0.4%	▲	85.9%	6.4%	▲
CYP with Eating Disorders - urgent cases within 1 week	Sep-23	95.0%	100.0%	100.0%	0.0%	◀▶	62.9%	37.1%	▲
SMI Annual Health Checks (12 month rolling)	Q2 23-24	60.0%	53.4%	56.9%	-3.5%	▼	21.3%	32.1%	▲
Total Inappropriate Out of Area Placements (Bed Days)	Jul-23	0	120	160	-40	▼	766	-646	▼
Percentage of Women Accessing Perinatal MH Services	Jul-23	8.6%	7.6%	7.5%	0.1%	▲	N/A	N/A	N/A
Reliance on inpatient care for people with a LD and/or autism - Adults in CCG beds	Sep-23	6	9	11	-2	▼	N/A	N/A	N/A
Reliance on inpatient care for people with a LD and/or autism - Adults in NHSE beds	Sep-23	12	19	19	0	◀▶	N/A	N/A	N/A
LD Annual Health Checks delivered by GPs aged 14+ (YTD)	Jun-23	204	180	184	-4	▼	N/A	N/A	N/A
AWP Delayed Transfers of Care	Sep-23	3.5%	22.0%	24.2%	-2.2%	▼	5.0%	17.0%	▲
AWP Early Intervention	Sep-23	60%	80.0%	75.0%	5.0%	▲	68.4%	11.6%	▲
AWP 4 week wait referral to assessment	Sep-23	95%	95.43%	94.67%	0.8%	▲	97.60%	-2.2%	▼

Key to Table

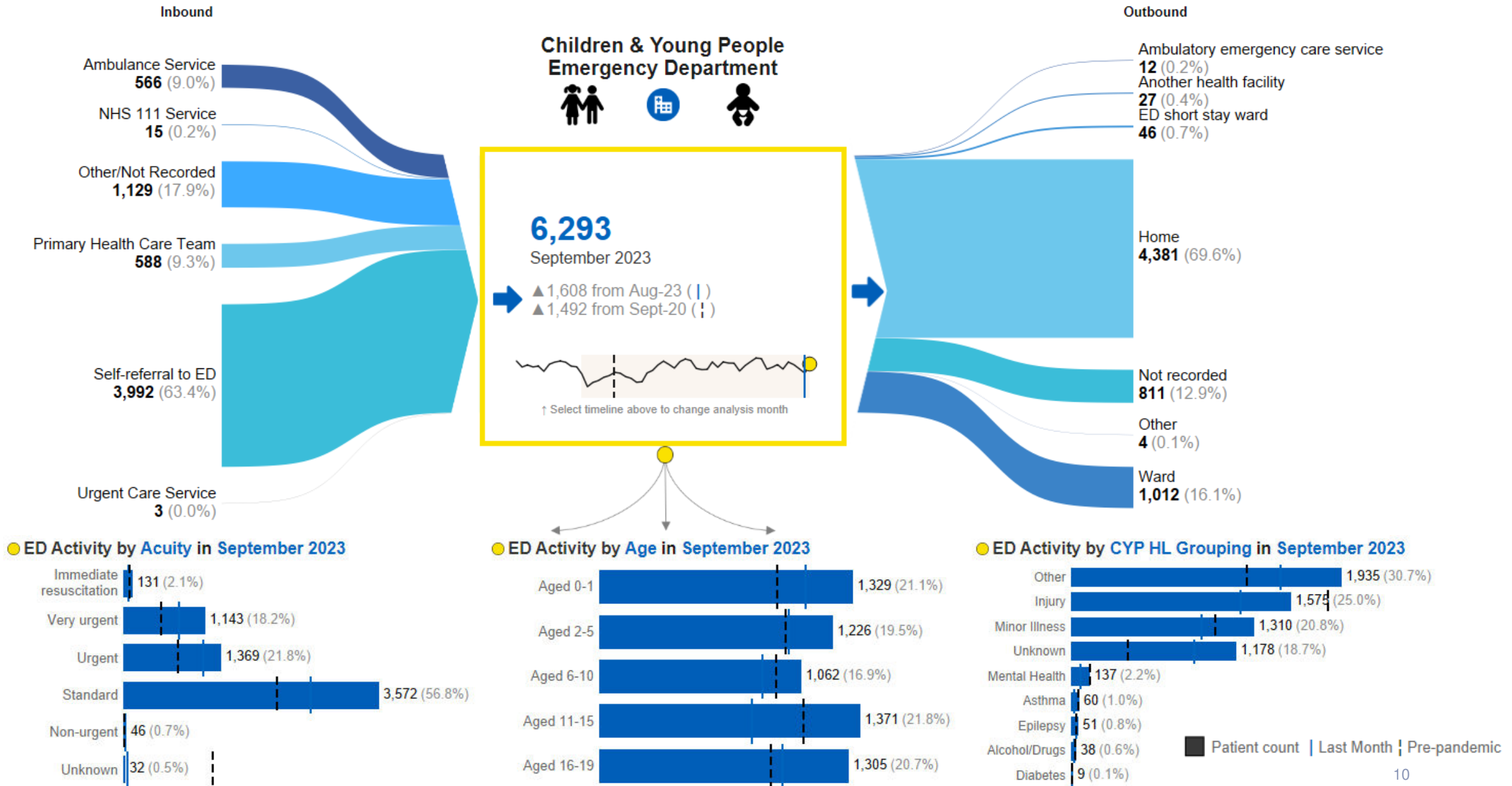
- Latest = **Latest month / quarter** Previous = **Previous month / quarter** 19/20 = **same month or period in 19/20** (pre-covid comparison), where available
- Standard = National Standard, where available
- Variance: between latest period and previous period or latest period and same period in 19/20
- 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 10th October. This is provisional until the 15th Working day of October.

2.6 Children – CYP ED Overview BNSSG Trusts - September



3.1 BNSSG ICB Scorecard

Theme	Indicator	Standard	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Urgent Care	A&E 4hr Waits - BNSSG Footprint	76%	61.78%	66.15%	64.95%	65.00%	63.10%	73.80%	74.50%	76.46%	79.52%	74.93%	78.19%	79.26%	76.77%	71.92%
	A&E 4hr Waits - BNSSG Trusts	76%	61.78%	60.07%	58.87%	56.72%	54.12%	66.27%	67.75%	70.70%	73.92%	68.58%	73.13%	73.97%	71.35%	66.20%
	>12hr DTA breaches in A&E - BNSSG Trusts	0	815	978	1423	1296	2003	1318	436	680	326	474	224	46	129	216
Planned Care	RTT Incomplete - 18 Weeks Waits	92%	65.75%	65.54%	66.25%	64.72%	62.55%	64.12%	64.26%	63.84%	59.45%	63.57%	58.79%	57.51%	56.83%	
	RTT Incomplete - Total Waiting List Size		87,320	86,771	87,481	80,290	85,246	86,001	83,947	85,444	99,101	86,594	101,073	105,700	105,700	
	RTT Incomplete - 52 Week Waits		5376	5302	5386	4761	5345	4961	4182	4124	6,022	4,297	6245	7701	7965	
	RTT Incomplete - % of WL > 52 Weeks		6.16%	6.11%	6.16%	5.93%	6.27%	5.77%	4.98%	4.83%	6.08%	4.96%	6.18%	7.29%	7.54%	
	Diagnostic - 6 Week Waits	1%	41.30%	40.46%	36.03%	34.05%	35.13%	32.18%	24.95%	20.97%	23.12%	21.66%	20.71%	18.18%	19.09%	
	Diagnostic - Total Waiting List Size		31,480	33,279	33,598	32,634	30,471	29,469	28,816	29,335	27,783	27,710	27,157	27,177	25,400	
	Diagnostic - Number waiting > 6 Weeks		13,000	13,464	12,105	11,111	10,705	9,484	7,190	6,152	6,424	6,003	5,623	4,942	4,848	
	Diagnostic - Number waiting > 13 Weeks		7,067	7,503	7,009	6,033	5,456	4,267	3,100	2,186	1,789	1,594	1,556	1,175	905	
Cancer	Cancer 2 Week Wait - All	93%	44.78%	39.17%	39.58%	47.13%	53.08%	56.34%	65.15%	59.81%	42.85%	39.27%	44.10%	53.30%	48.64%	
	Cancer 2 Week Wait - Breast symptoms	93%	4.88%	14.55%	20.83%	73.21%	90.74%	87.88%	88.04%	69.63%	50.00%	33.77%	62.37%	81.58%	89.00%	
	Cancer 28 day faster diagnosis standard (All Routes)	75%	53.13%	41.55%	45.75%	52.52%	53.60%	61.31%	72.01%	74.50%	66.12%	63.05%	65.67%	64.67%	57.98%	
	Cancer 31 Day first treatment	96%	92.83%	89.69%	93.44%	91.74%	93.39%	86.98%	91.81%	92.86%	89.18%	89.00%	92.22%	95.09%	91.11%	
	Cancer 31 day subsequent treatments - surgery	94%	67.02%	64.81%	85.29%	78.23%	83.33%	59.32%	91.94%	87.50%	85.87%	65.42%	89.36%	84.85%	78.89%	
	Cancer 31 day subsequent treatments - anti-cancer drugs	98%	100%	100%	100%	100%	100%	91.40%	98.81%	99.37%	98.58%	100%	100%	100%	98%	
	Cancer 31 day subsequent treatments - radiotherapy	94%	100%	98.61%	98.64%	98.84%	100.00%	99.40%	99.34%	99.42%	98.62%	98.31%	98.16%	96.41%	97.56%	
	Cancer 62 day referral to first treatment - GP referral	85%	56.00%	59.56%	50.79%	51.13%	51.22%	43.10%	54.33%	63.90%	61.14%	56.63%	58.46%	61.13%	57.99%	
	Cancer 62 day referral to first treatment - NHS Screening	90%	69.70%	54.55%	58.82%	54.17%	48.00%	47.50%	71.43%	75.76%	55.56%	51.11%	69.44%	58.62%	60.00%	
Quality	Total Number of C.diff Cases	308	26	26	21	26	20	14	10	14	26	27				
	Total Number of MRSA Cases Reported	0	2	5	1	4	1	2	3	3	1	2	5			
	Total number of Never Events	0	1	1	0	2	2	1	0	0	0					
	Eliminating Mixed Sex Accommodation (BNSSG CCG)	0	1	1	0	1	3	3	0	5	10	10	11	22	32	
	Eliminating Mixed Sex Accommodation (BNSSG Trusts)	0	0	0	0	0	0	0	0	0	0	5	11	17	29	
Mental Health	Dementia Diagnosis Rate - People 65+	66.7%	65.79%	66.09%	66.54%	67.19%	66.66%	66.60%	66.40%	66.40%	66.49%	66.86%	67.07%	67.11%	67.41%	
	EIP - 2ww Referral	60%	69.23%	72.73%	77.78%	75.00%	62.50%	N/A	N/A	N/A	50.00%	42.86%	57.14%	57.14%		
	IAPT Roll out (rolling 3 months)	6.25%	4.00%	3.92%	3.91%	4.00%	3.92%	4.32%	4.20%	4.53%	4.05%	4.27%	4.32%	4.52%		
	IAPT Recovery Rate	50%	50.46%	46.15%	48.17%	52.60%	55.15%	50.63%	52.73%	52.54%	50.00%	48.68%	51.57%	55.00%		
	IAPT Waiting Times - 6 weeks	75%	96.41%	95.68%	98.80%	96.61%	97.16%	96.97%	97.09%	97.81%	97.95%	95.60%	95.73%	98.78%		
	IAPT Waiting Times - 18 weeks	95%	99.55%	99.46%	100%	99.44%	99.29%	99.39%	100%	100%	100%	99%	99%	100%		
	CYP MH Access Rate 2+ contacts (rolling 12m)	34%	32.47%	31.82%	32.20%	32.61%	32.32%	32.38%	32.29%	32.44%	32.47%	32.03%	32.20%	32.91%		
	CYP with ED - routine cases within 4 weeks (rolling 12m)	95%	95.31%		95.95%				95.95%		92.0%	93.1%	92.8%	92.7%	91.9%	92.3%
	CYP with ED - urgent cases within 1 week (rolling 12m)	95%	95.00%		96.00%				96.00%		94.7%	95.0%	100%	100%	100%	100%
	SMI Annual Health Checks (quarterly)	60%	55.40%		50.94%				62.24%		56.94%			53.43%		
	Out of Area Placements (Bed Days)		265	175	65	120	120	90	90	80	135	200	160	120		

3.2 Provider Scorecard – NBT

Theme	Indicator	Standard	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Urgent Care	A&E 4hr Waits - Trust	76%	60.83%	56.43%	57.47%	57.87%	55.61%	71.94%	79.69%	78.35%	80.16%	70.74%	75.15%	71.49%	71.94%	64.33%
	A&E 4hr Waits - Footprint	76%	60.83%	62.29%	63.12%	65.67%	63.82%	77.64%	83.37%	82.07%	83.86%	76.06%	79.25%	76.62%	76.59%	69.82%
	>12hr DTA breaches in A&E	0	57	261	482	433	786	312	9	135	2	39	10	12	17	23
Planned Care	RTT Incomplete - 18 Weeks Waits	1%	65.82%	66.30%	66.31%	65.58%	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%	61.01%	60.97%	60.50%	
	RTT Incomplete - Total Waiting List Size	Op Plan	48,766	49,025	48,871	47,418	46,523	46,266	46,327	47,287	47,861	47,731	49,889	50,119	50,168	
	RTT Incomplete - 52 Week Waits	Op Plan	3,131	3,087	3,062	2,980	2,984	2,742	2,556	2,576	2,684	2,798	2,831	2,689	2,599	
	RTT Incomplete - % of WL > 52 Weeks		6.42%	6.30%	6.27%	6.28%	6.41%	5.93%	5.52%	5.45%	5.61%	5.86%	5.67%	5.37%	5.18%	
	Diagnostic - 6 Week Waits	1%	48.09%	48.27%	39.36%	38.62%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%	15.10%	14.18%	
	Diagnostic - Total Waiting List Size		16,928	16,690	17,286	16,740	14,988	13,437	12,679	12,415	11,878	12,571	12,959	12,519	11,806	
	Diagnostic - Number waiting > 6 Weeks		8,141	8,057	6,803	6,465	5,779	4,328	2,847	1,990	2,072	2,198	2,415	1,890	1,674	
	Diagnostic - Number waiting > 13 Weeks		4,844	4,971	4,627	4,204	3,663	2,459	1,497	939	740	593	595	300	124	
Cancer	Cancer 2 Week Wait - All	93%	40.18%	35.85%	30.86%	47.53%	56.62%	55.01%	63.52%	56.84%	41.63%	39.10%	42.67%	52.00%	52.22%	
	Cancer 2 Week Wait - Breast symptoms	93%	2.50%	6.12%	11.94%	63.27%	97.83%	90.16%	87.50%	67.16%	42.86%	19.70%	60.23%	80.91%	89.00%	
	Cancer 28 day faster diagnosis standard (All Routes)	75%	48.83%	35.18%	42.88%	55.74%	55.48%	62.66%	77.41%	78.17%	68.05%	62.72%	66.43%	65.14%	57.36%	
	Cancer 31 Day first treatment	96%	87.36%	87.76%	90.39%	86.49%	87.16%	82.41%	89.90%	91.04%	79.58%	83.51%	86.27%	90.77%	87.80%	
	Cancer 31 day subsequent treatments - surgery	94%	43.84%	50.00%	75.51%	64.35%	73.85%	52.21%	80.73%	79.79%	72.97%	54.74%	89.61%	73.49%	73.61%	
	Cancer 31 day subsequent treatments - anti-cancer drugs	98%	100%	100%	100%	100%	100%	100%	93.75%	100%	83.33%	100%	100%	100%	100%	
	Cancer 62 day referral to first treatment - GP referral	85%	55.59%	58.90%	52.45%	48.86%	49.00%	41.54%	57.82%	61.62%	55.29%	50.00%	53.20%	54.21%	52.15%	
	Cancer 62 day referral to first treatment - NHS Screening	90%	74.24%	62.50%	57.38%	63.83%	51.02%	54.22%	70.00%	73.58%	57.14%	54.22%	72.73%	73.77%	68.83%	
Quality	Total Number of C.diff Cases (HOHA + COHA)		5	6	6	6	6	4	2	7	4	8				
	Total Number of MRSA Cases Reported	0	0	0	0	0	0	0	0	2	0	0	1	1	0	
	Total Number of E.Coli Cases		6	5	6	8	4	9	6	3	8	4	7	4	2	
	Number of Klebsiella cases		1	4	2	2	2	1	2	1	1	2	1	6	2	
	Number of Pseudomonas Aeruginosa cases		2	1	0	0	4	2	1	1	1	3	0	0	0	
	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	2	1	1	0	0	0	0	0	0		
	VTE assessment on admission to hospital	95%	92.51%	92.76%	93.98%	94.82%	94.72%	95.19%	95.00%	94.55%	95.62%	96.14%	95.87%			

3.3 Provider Scorecard – UHBW

Theme	Indicator	Standard	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Urgent Care	A&E 4hr Waits - Trust	76%	62.31%	62.01%	59.59%	56.17%	53.41%	63.45%	61.90%	66.88%	70.67%	67.48%	72.07%	75.34%	71.03%	67.20%
	A&E 4hr Waits - Footprint	76%	62.31%	68.14%	65.86%	64.68%	62.77%	71.95%	70.29%	73.74%	77.37%	74.38%	77.67%	80.63%	76.85%	72.99%
	>12hr DTA breaches in A&E	0	758	717	941	863	1217	1006	427	545	324	435	214	34	112	193
Planned Care	RTT Incomplete - 18 Weeks Waits	1%	55.56%	54.35%	55.33%	55.19%	54.36%	55.62%	54.25%	53.45%	52.66%	54.00%	52.41%	52.68%	51.51%	
	RTT Incomplete - Total Waiting List Size	Op Plan	62,010	61,870	62,462	63,041	64,359	64,847	64,929	66,379	66,543	67,447	67,180	67,451	66,558	
	RTT Incomplete - 52 Week Waits	Op Plan	5,970	6,141	5,989	5,888	6,011	5,498	5,371	5,383	5,472	5,523	5,865	6,134	6,348	
	RTT Incomplete - % of WL > 52 Weeks		9.63%	9.93%	9.59%	9.34%	9.34%	8.48%	8.27%	8.11%	8.22%	8.19%	8.73%	9.09%	9.54%	
	Diagnostic - 6 Week Waits	1%	37.79%	35.54%	34.66%	31.49%	34.21%	34.12%	27.88%	25.67%	28.16%	26.54%	23.22%	21.98%	24.05%	
	Diagnostic - Total Waiting List Size		15,387	17,577	16,952	16,692	16,339	16,731	17,080	17,333	16,589	15,345	14,709	15,164	13,860	
	Diagnostic - Number waiting > 6 Weeks		5,815	6,246	5,875	5,256	5,589	5,709	4,762	4,450	4,671	4,072	3,415	3,333	3,334	
	Diagnostic - Number waiting > 13 Weeks		2,968	3,294	3,062	2,317	2,307	2,190	1,933	1,484	1,310	1,200	1,097	1,007	886	
Cancer	Cancer 2 Week Wait - All	93%	45.18%	41.14%	49.06%	41.57%	41.93%	50.26%	60.49%	59.02%	41.36%	34.51%	42.88%	49.05%	39.74%	
	Cancer 28 day faster diagnosis standard (All Routes)	75%	57.28%	50.54%	46.76%	42.78%	45.98%	53.23%	58.46%	65.42%	60.03%	61.52%	61.56%	59.51%	56.05%	
	Cancer 31 Day first treatment	96%	93.92%	91.01%	94.61%	93.36%	98.33%	88.36%	92.83%	92.92%	93.14%	92.45%	92.83%	97.01%	90.38%	
	Cancer 31 day subsequent treatments - surgery	94%	85.94%	87.69%	84.21%	88.71%	87.23%	72.34%	93.55%	83.61%	88.68%	79.31%	84.21%	87.27%	81.48%	
	Cancer 31 day subsequent treatments - anti-cancer drugs	98%	100%	100%	100%	99.44%	100%	90.21%	99.39%	98.72%	98.67%	100%	100%	100%	99%	
	Cancer 31 day subsequent treatments - radiotherapy	94%	100.00%	99.37%	98.73%	98.99%	99.29%	99.47%	99.42%	99.50%	99.37%	98.48%	97.77%	96.77%	97.38%	
	Cancer 62 day referral to first treatment - GP referral	85%	52.16%	64.85%	47.95%	46.37%	53.98%	42.91%	44.39%	67.42%	68.03%	67.36%	65.96%	68.99%	65.25%	
	Cancer 62 day referral to first treatment - NHS Screening	90%	50.00%	50.00%	85.71%	44.44%	75.00%	40.00%	66.67%	85.71%	25.00%	40.00%	42.86%	0%	15%	
Quality	Total Number of C.diff Cases (HOHA + COHA)	7.3	7	9	6	13	7	5	8	6	12	8	13	8	10	
	Total Number of MRSA Cases Reported	0	0	1	0	1	1	2	1	1	1	0	2	2	0	
	Total Number of E.Coli Cases	119	7	11	13	9	5	5	6	6	9	9	10	10	9	
	Number of Klebsiella cases		9	5	5	10	3	3	1	3	2	3	6	4	4	
	Number of Pseudomonas Aeruginosa cases		4	5	1	0	0	3	1	1	2	3	2	2	2	
	Eliminating Mixed Sex Accommodation	0	0	0	0	0	0	0	0	0	0	0	5	11	17	29
	Number of Never Events	0	1	1	0	0	1	0	0	0	0	0				
	Rate of slips, trips and falls per 1,000 bed days	4.8	6.63	4.49	5.86	5.34	4.71	5.11	5.23	5.14	5.29	4.13	4.63	4	3	
	No. of Pressure Ulcers grade 2, 3 & 4 per 1,000 bed days	0.4	0.118	0.061	0.23	0.18	0.088	0.086	0.1	0.147	0.032	0	0.124	0.062	0.061	
	VTE assessment on admission to hospital (Bristol)	95%	83.7%	83.5%	84.0%	84.9%	81.3%	85.3%	84.5%	83.5%	82.0%	82.8%	82.6%	84.0%	84.7%	

3.4 Non-Acute Provider Scorecard

Provider	Indicator (BNSSG level - except ambulance handovers)	Standard	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
SWASFT	Category 1 - Average Duration (hr:min:sec)	0:07:00	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	0:07:36	0:08:18
	Category 1 - 90th Percentile Duration (hr:min:sec)	0:14:00	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	0:13:18	0:14:30
	Category 2 - Average Duration (hr:min:sec)	0:30:00	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	0:25:12	0:23:42	0:33:00
	Category 2 - 90th Percentile Duration (hr:min:sec)	0:40:00	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	0:52:06	0:48:36	1:09:42
	Category 3 - 90th Percentile Duration (hr:min:sec)	2:00:00	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	2:30:12	5:16:54
	Category 4 - 90th Percentile Duration (hr:min:sec)	3:00:00	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	2:51:12	4:19:54
	Ambulance Handovers - % within 15 minutes at NBT	65%	17.6%	11.9%	13.1%	9.6%	19.5%	26.7%	23.0%	34.9%	29.2%	29.6%	29.5%	28.5%	26.7%
	Ambulance Handovers - % within 30 minutes at NBT	95%	51.5%	38.6%	40.3%	29.6%	54.7%	70.9%	67.5%	79.2%	70.7%	75.9%	73.3%	71.4%	65.6%
	Ambulance Handovers - % within 60 minutes at NBT	100%	75.9%	62.2%	66.2%	48.8%	78.9%	94.7%	89.1%	96.1%	91.4%	93.7%	93.9%	93.4%	88.7%
	Ambulance Handovers - % within 15 minutes at BRI	65%	13.3%	10.3%	11.4%	7.5%	12.1%	11.9%	14.2%	24.5%	18.7%	39.1%	59.8%	34.1%	33.6%
	Ambulance Handovers - % within 30 minutes at BRI	95%	36.1%	27.7%	33.7%	17.8%	33.5%	37.1%	44.6%	61.4%	48.0%	73.4%	88.0%	60.8%	61.2%
	Ambulance Handovers - % within 60 minutes at BRI	100%	58.4%	49.7%	60.8%	36.1%	58.7%	69.1%	72.8%	87.6%	74.1%	90.4%	97.5%	81.4%	84.1%
	Ambulance Handovers - % within 15 minutes at WGH	65%	16.3%	14.2%	12.4%	5.8%	11.0%	19.4%	13.8%	14.7%	16.2%	19.1%	21.9%	14.3%	12.2%
	Ambulance Handovers - % within 30 minutes at WGH	95%	46.6%	44.0%	37.1%	23.7%	38.6%	58.9%	52.6%	54.3%	54.7%	61.6%	66.6%	58.9%	50.4%
Ambulance Handovers - % within 60 minutes at WGH	100%	66.2%	65.2%	63.0%	42.4%	59.4%	85.5%	82.9%	83.3%	78.2%	88.3%	91.7%	92.2%	89.6%	
SevernSide IUC	Average speed to answer calls (in seconds)	20 Sec	271	453	381	2054	269	181	152	151	207	61	70	54	84
	% of calls abandoned	3%	14.0%	20.6%	18.0%	43.3%	14.9%	12.2%	10.8%	15.9%	9.2%	5.9%	6.3%	5.4%	5.7%
	% Triage Calls receiving Clinical Contact	50%	51.5%	52.1%	51.0%	51.9%	50.3%	50.2%	49.3%	53.3%	53.2%	50.0%	50.1%	51.4%	51.0%
	% of callers allocated the first service offered by DOS	80%	70.1%	68.8%	67.7%	70.9%	73.0%	71.4%	73.4%	78.1%	70.8%	78.7%	79.3%	80.1%	81.3%
	% Cat 3 or 4 ambulance dispositions receiving clinical intervention	75%	72.3%	67.9%	63.5%	44.6%	58.3%	56.5%	47.5%	78.7%	71.3%	71.2%	78.0%	81.4%	78.7%
	% calls initially given an ED disposition receiving clinical intervention	50%	22.5%	23.9%	21.0%	27.0%	24.1%	27.4%	29.8%	79.9%	73.2%	80.8%	83.7%	84.9%	85.5%
AWP	Delayed Transfers of Care	3.5%	18.4%	20.4%	21.5%	23.9%	23.9%	21.9%	23.6%	23.1%	24.5%	21.1%	22.0%	24.2%	22.0%
	Early Intervention	60%	73.3%	81.8%	62.5%	64.2%	28.5%	73.3%	39.1%	41.1%	69.5%	58.8%	80.0%	75.0%	80.0%
	4 week wait Referral to Assessment	95%	75.0%	84.2%	83.0%	90.3%	90.5%	97.6%	95.6%	93.7%	92.2%	88.8%	94.5%	94.7%	95.4%

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 Thursday 27th July 1300-1525 on MS Teams

Minutes

Present		
Ellen Donovan (Chair)	Non-Executive Member for Quality and Performance, BNSSG ICB	ED
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Caroline Dawe	Deputy Director of Performance and Delivery, BNSSG ICB	CD
Jonathon Hayes	Chair of General Practice Collaborative Board	JH
Sue Balcombe	Non-Executive Director, UHBW	SB
Hugh Evans joined 1345	Executive Director, Adults and Communities Bristol City Council	HE
In attendance		
Michael Richardson	Deputy Chief Nursing Officer, BNSSG ICB	MR
Sarah Truelove till 1500	Chief Finance Officer and Deputy Chief Executive, BNSSG ICB	ST
David Jarrett	Director of Integrated and Primary Care	DJ
Caroline Dawe	Deputy Director of Performance and Delivery	CD
Adwoa Webber	Head of Clinical Effectiveness and Research	AW
Rebecca Winterborn	Clinical Lead for BNSSG NHS at Home	RW
Viv Harrison	Director of Public Health, Bristol City Council	VH
Jodie Stephens (Notes)	Executive PA, BNSSG ICB	JS
Apologies		
Paul May	Non-Executive Director, Sirona	PM
Sarah Weld	Director of Public Health, South Gloucestershire Council	SW
Lisa Manson	Director of Performance and Delivery, BNSSG ICB	LM
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Jeff Farrar	Chair, BNSSG ICB	JF
Sue Geary	Healthwatch	SG
Hugh Evans	Executive Director, Adults and Communities, BCC	HE

	Item	Action
1.	<p>Welcome and Apologies</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>	

	Item	Action
	ED explained that discussions have taken place between BNSSG ICB Executive and Non-Executive's and it has been agreed that the Outcomes, Quality and Performance Committee and Primary Care Committee will move to bi-monthly meetings. Alison Moon and ED will attend committee meetings.	
2.	<p>Declarations of Interest</p> <p>There were no Declarations of Interest made in relation to the items on the agenda.</p>	
3.	<p>Minutes of June 2023 committee</p> <p>The minutes of the previous committee were deemed to be a true and accurate reflection.</p>	
4.	<p>Committee Action Log</p> <p>Updated action log attached and circulated.</p>	
5.	<p>CNO/CMO Update</p> <p>JM updated committee regarding the ongoing industrial action which are taking place on the following dates:</p> <ul style="list-style-type: none"> • Radiographers due to end Thursday 27th July. • Junior Doctors is scheduled for Friday 11th to Monday 14th August. • Consultants is scheduled for Thursday 24th and Friday 25th August which is leading up to the bank holiday weekend. <p>JM noted that the Industrial action is impacting on elective recovery within the system. Winter planning is taken place across the system and industrial action is likely to run all through the winter months so will be difficult and challenging for everybody. SB commented from UHBW perspective the management of the strikes are being handed very well and the operational system UHBW have are very clear and involved high level discussions. The strike is impacting on the staff who are covering colleagues as they are getting tired and there's a sense of frustration that staff can't provide the level of care that they want to provide. There is still support for the industrial action, but with a sense of frustration. CD and MR also praised operational colleagues in UHBW/NBT/AWP throughout the industrial action. MR wanted to make committee aware that there may be withdrawal of services at some point for a period within Primary Care.</p> <p>JM noted to committee that UHBW was visited by NHS England on Wednesday 26th July to assess the Cleft Service and feedback will be received in the coming weeks. The inaugural BNSSG Mortality Surveillance group has taken place and VH will be speaking later at this committee regarding Mortality. BNSSG ICB has been allocated funding for the development of a women's centre as part of the women's strategy which was published in August 2022. JM will be working with local authority colleagues to scope a multi system response to develop the first women's hub.</p>	

	Item	Action
	<p>CNO</p> <p>MR explained that there have been some challenges with the Oliver McGowan training, but all have been mitigated with staff completing as part of mandatory training.</p> <p>CNO office are supporting Sirona with the new Patient Safety Incident Response Plan which is due to commence in Autumn. BNSSG ICB have an insulin summit at the start of July which will result in improvement actions including a reduction in insulin errors.</p> <p>MR updated committee explaining that Healthcare Acquired Infection information has been included in the Infection Prevention Control slides within the Quality Report. Ongoing work is continuing within the system to ensure rates are declining. NHS England has recently informed that BNSSG is the only ICB region that has met all its Antimicrobial Stewardship oversight Framework metrics. This is a strong achievement by all system partners supported by Debbie Campbell, Chief Pharmacist.</p> <p>MR explained that the main themes from the patient safety incidents are care delivery, communication, capacity and workload. A deep dive has taken place and one of the key issues was delays and treatment of care which have been picked up in the System Quality Group.</p> <p>ED commented regarding MRSA rates, BNSSG is above region and nationally per 100,000 population and enquired if the current governance is effective. MR responded that rates in BNSSG have been high for some time especially Bristol area due to the high amount of people who inject drugs. ED requested an update on the governance arrangements at the next committee.</p> <p>JM agreed with ED regarding assurances with governance processes but need to be mindful with infections as there is variation. There must be statistical process control which could include SPC analysis. MR agreed, SPC has been used within the infection control slides.</p> <p>ST highlighted to committee significant financial pressure for BNSSG ICB related to an increase in Continuing Healthcare (CHC) expenditure, currently c£3m overspent year to date. This is forecasts £8m year end and will impact on ICB ability to deliver some planned strategic priorities. MR stated in terms of the benchmarking, the understanding from the work that colleagues are doing now, across funded care and finance is that caseloads are rising which is reflected nationally and reflects the aging population and the increasing complexity of care. Committee agreed that DM to produce report for OQPC in October regarding Continuing Healthcare spend, actions that have been taken and any further support which may be needed.</p> <p>ACTION: MR to review MRSA data, governance processes and update OQPC in October.</p>	<p>MR</p>

	Item	Action
	ACTION: DM to produce report for OQPC in October regarding Continuing Healthcare spend.	DM
6	<p>Director of Performance & Delivery</p> <p>Performance Update/Operational Plan CD explained that A&E performance standards are being met within acute trusts and BNSSG have also achieved the trajectory in May and June regarding ambulance handovers. CD highlighted the excellent work that acute trusts are doing to achieve these results. CD assured committee that as of Thursday 27th July the industrial action is and has been well managed at an operational level but is affecting staff morale and wellbeing. This is currently being reviewed day to day within the trusts. BNSSG 104-week wait is steady and UHBW is at zero%, 78-week wait is a challenge particularly for UHBW who have a broader range of specialities, for example paediatric dentistry where there are mitigations in place. In terms of approach to the 78 week wait, mutual aid is being looked at within the system and how that can be applied into 65 week wait, which is the challenge for this year's operating plan. Mutual aid is continuing to go ahead including NBT orthopaedics going to London and NBT have made progress in terms of endoscopy diagnostic and imaging but not where the trust wants to be. Waiting list backlog for Cancer services are in a better position than last year which includes Dermatology. NHSE were informed that BNSSG were unlikely to be able to reach FDS position by the end of Q1 which is what NHSE wanted. But CD does have assurances, including details of mitigation plans that Cancer Faster Diagnosis Standards will be met by Q3 but does depend how long the industrial action lasts for. Mental Health is stable and a key area of work is around Children and Young People's access including data which is improving. BNSSG ICB to help support AWP and Local Authority colleagues with regards to housing flow.</p> <p>ED thanked CD for the update and asked CD if there were any updates regarding the Elizabeth O'Mahoney letter which was sent challenging operational areas, with one 65 week wait. CD explained NBT have a small number of 65-week patients which include patients that have opted to remain with NBT but by end of March 2024 will be looking at 0% but will seek further assistance through the elective recovery operational group. CD noted that NHSE have not challenged that response.</p> <p>Q1 NHS Oversight Framework</p> <p>CD explained to committee that the NHS Oversight Framework is used to give a rating of BNSSG ICB overall performance including provider performance. NHSE are trying to gain assurance of where BNSSG ICB is and therefore how we control our own accountability, which is linked to the levels of segmentation. The framework will include some aspects of Primary Care as an example of areas that BNSSG ICB want to see improvement. ST stated that the NHS Oversight Framework should be shared with the BNSSG ICB People Committee. SB explained from a provider point of view, acute trusts monitor these figures daily and are looking for sustained incremental change. SB</p>	

	Item	Action
	<p>supported the approach that BNSSG system are doing the best they can, but it must be sustained and incremental improvement.</p> <p>Further discussions took place regarding the System Oversight Framework, Operational Plan, Performance Report and Quality Report being condensed into one document included ED asking how many areas are already covered in the Operational Plan and System Oversight Framework and the associated governance. ST replied most items are included in the operational plan but some the ICB can only monitor once a year for example the staff survey. DJ updated committee that there has been significant progress in no criteria to reside across the system. DJ also stated that the acute trusts have accurate day to day record which DJ links in with but is looking at a same model as the A&E dashboard for no criteria to reside data. JM is looking at how we bring in the must do metrics, so this committee recommends where further improvements are required, as the role of this committee is to look at health inequalities and increase population outcomes. JM suggested that the BNSSG ICB Executive team and system partners review the System Oversight Framework and select ten metrics to focus on and run a population health analysis to see what variation there is and bring back to this committee. This was agreed by committee members.</p> <p>JM highlighted to committee that at June's OQPC there was an update regarding cancer diagnosis within the system against the Fast Diagnosis Standard targets. JM requested that a further update regarding the improvement plan for urological malignancies be added to OQPC agenda for October.</p> <p>ACTION: ST to link in with Jo Hicks BNSSG ICB CPO regarding NHS Oversight Framework to be added to People Committee agenda.</p> <p>ACTION: No Criteria to Reside data to be included within Performance Report- DJ and CD to meet outside of committee.</p> <p>ACTION: BNSSG ICB Executive team and system partners review the System Oversight Framework and select ten metrics to focus on and bring back to OQPC.</p> <p>ACTION: CD and BNSSG ICB Performance Team to provide update and improvement plan for urological malignancies at OQPC in October.</p>	<p>ST</p> <p>DJ/CD</p> <p>ICB ET</p> <p>CD</p>
7	Items for Discussion	
7.1	<p>Safeguarding Annual Report</p> <p>MR highlighted to committee the key areas and work that the BNSSG ICB safeguarding team have done with system partners throughout the past year. In 2022/2023 there was a lot of focus on primary care which also included a new safeguarding professional within the ICB to dedicate time for training resources within GP practices. MR also stated there has been recruitment for a band 7 nurse to supplement the designated role within children in care. MR highlighted ongoing workstreams involving Sirona with improving reviews and health assessments. Also, three system workshops took place in Q3 and Q4 to improve</p>	

	Item	Action
	<p>pathways of care for children in care. MR noted programmes of work with Liberty Protection which for the time being has been put of hold by central government but was very good prep for BNSSG ICB in terms of improving awareness of the Mental Capacity Act across the system. A comprehensive workforce review took place and with a successful business case there has been increase within the ICB Safeguarding team which will benchmark with other systems. MR explained continued working with the CSU training team regarding level 3, 4 and 5 safeguarding training and this will be completed by Autumn 2023. MR explained currently there is a local government association review happening which is a key challenge due to the fact BNSSG have three local authorities which in turn have very different safeguarding models but stated there is commitment across the whole system to work close together and achieve the right outcome.</p>	
7.2	<p>HCAI Annual Report</p> <p>MR explained BNSSG ICB will be developing an Operational Delivery plan to the regional strategy that ICB team contributed to and suggested that item was discuss at OQPC in December.</p> <p>MR noted that MRSA data was discussed within CNO update earlier in the meeting but will review MRSA data, governance processes and update OQPC in October.</p>	
7.3	<p>Excess Mortality – BNSSG</p> <p>JM explained that excess mortality was triggered by a regional report produced by the Southwest Critical Thinking Unit (collaboration between OHID, Southwest Councils and the NHS) which highlighted ongoing excess mortality. VH and Public Health team produced a report using local analysis across BNSSG ICB and presented to the system Health and Care Professional Executive group, the report showed worrying excess mortality across BNSSG. JM explained that excess mortality is a level of mortality over and above what you were predict for your weighted population and a Mortality Surveillance Group has been established and will take place monthly, JM explained the first meeting took place on Thursday 27th July in the AM. The key findings for BNSSG were the following:</p> <ul style="list-style-type: none"> • The overall mortality rate among BNSSG residents has risen significantly since 2019. • Between March 2020 and December 2022 there were 7% more deaths than expected (compared with 10% more than expected for England overall). • Premature (before age 75) death rates increased from 2019 but reduced again slightly in 2022 (rates remain higher than in 2014) • Inequality in premature mortality is increasing and is the highest since at least 2014. In 2022 the all-cause death rate in those aged under 75 was 2.9 times higher in the most deprived parts of BNSSG, compared to the least deprived. • There was a significant rise in the rate of preventable mortality in BNSSG in 2020, following a period of decline over 2016-2019. Preventable mortality is higher in Bristol than anywhere in England. 	

	Item	Action
	<ul style="list-style-type: none"> • Ischaemic Heart Disease (IHD) is responsible for the second largest number of deaths in BNSSG, after dementia and Alzheimer’s Disease; the death rate from IHD has been on a downward trend but appears to be flattening out. • After a downward trend in death rate from stroke since 2014, in 2022 there was a significant increase in the rate of death from cerebrovascular disease (stroke) compared to the previous year. • Analysis from the Office for Health Improvement and Disparities (OHID) and Department of Health suggest circulatory diseases and diabetes may be at least in part responsible for excess deaths, but Mortality group will be linking in with medical examiners to review data regarding death certificates. <p>VH explained that Swift PCN and inner-city population have the highest mortality rates. VH will also attend Community and Primary Care- Health and Care Improvement group to highlight findings and link with providers. JM stated mortality group will also be linking in with AWP as people with severe mental health issues also have poor outcomes. JM explained to committee that RS and JM chair the mortality group and attend the four Health and Care improvement group so will link this evidence within HCPE and GPCB.</p> <p>ED thanks VH for attending committee and the in-depth paper on such an important subject matter for BNSSG.</p> <p>ACTION: BNSSG Mortality Surveillance Group including multi providers to review preventable mortality data and to look at intervention. JM will update committee when required as this is an ongoing work programme.</p>	
7.4	<p>Hypertension – Update</p> <p>JM explained that when the ICP strategy was developed the one area which could achieve a relatively quick turnaround within three years is the management of cardiovascular disease but hypertension. AW has written a paper to update committee where BNSSG currently stand. AW explained that from the very beginning the focus was inequalities within the Hypertension Working group which included any extra resource. The first call was to general practices that had high levels of deprivation, resource which was offered from the Academic Health Science Network was focused on the seven PCN’s in BNSSG where our population lived in the 20% most deprived areas. AW stated that our population do not think hypertension is a priority so working has been focus on that also.</p> <p>The feedback received from GP practices is that when they have extra support that have found different way of doing things, they have valued the extra support and, in many cases, have worked more closely with communities to improve case finding and management. AW explained one of the key areas talked about was the fact that this targets the ambition that is within the ICP strategy, and the ambition needs to be jointly owned with those providers in the same way as waiting time and performance. AW stated that results from QOF are not released until September but do have very good qualitative data from PCN’s that are being supported.</p>	

	Item	Action
	<p>DJ explained to committee that there is a new culture of clinical leadership with the GPCB so important to engage that organisation. JM stated the whole system needs to come together not just general practices so every time a patient attends an appointment in clinic a blood pressure reading needs to be taken, advertising on radio, TV and general communications. SB asked what is engagement within Sirona and occupational health services and is there concern regarding prescribing budgets? JM explained that Debbie Campbell, Chief Pharmacist BNSSG ICB, has noted that BNSSG are under prescribing statins and ACE inhibitors to patients so is currently doing a piece of work to see if this is correct. There will be a short-term financial pain but a long-term gain. DJ explained that at the last Community and Primary Care HCIG, the strategy was reviewed and each of the HCIG's will have priorities assigned to ensure delivery.</p> <p>ED thanks AW for her presentation, contribution and attending committee.</p>	
7.5	<p>Virtual Wards – Update</p> <p>RW explained to committee that Hospital@Home service began at NBT in 2018 where patient stayed on the hospital board but were cared for at home under the care of their referring consultant. In December 2020, NHSE requested that COVID virtual wards were established and set up across BNSSG and not just NBT. RW explained that Sirona at the same time were setting up their home oximetry service so work with SIRONA to develop a Covid viral ward. In July 2021 the programme was in receipt of accelerator funding which enable development of an outpatient antimicrobial therapy pathway across BNSSG and that in turn developed a joint workforce from UHBW, NBT and Sirona delivering that care at home. Due to the Omicron variant COVID virtual wards were stood up to a larger capacity which fortunately were not needed but at one point there were 750 people.</p> <p>In July 2022 further work regarding technology enablement took place which gave the patients the ability to do observations in their own home, information gets Blue toothed from the patient devices into a dashboard which is seen at the NHS@Home hub in Henbury. RW explained the umbrella regarding the service and the various pathways which would give a capacity for this service at 165 patients. This is below the target figure that national and regional teams are aiming for but at the start, system providers wanted to develop a safe and robust service that would allow us to build as this is very much a collaboration which needs to ensure that the patients are safe. RW stated current capacity is 115 but demonstrated the steady trajectory upwards since more pathways were developed and the technology enabled.</p> <p>RW explained that EMIS is now used for reporting data and the service is supporting Bristol Childrens Hospital with their data reporting, the true occupancy of our current 121 bed capacity is 70-75%. But the aim for September is still 80% occupancy of 165 beds. RW stated the lead provider is Sirona but very much a collaboration across secondary care with Sirona and Brisdoc in terms of out of hours, also linking in more with Primary Care.</p>	

	Item	Action
	<p>RW explained challenges around recruitment, what can we do as a system to help with workforce to increase occupancy and meet the target set for September. DJ advised for RW to attend HCPE as senior system representation in attendance and make request directly regarding workforce. SB asked RW who owns the patient in terms of clinical responsibility is its primary care or acute trusts? RW replied the patients referred within specialty pathways are consultants secondary care and the general pathway would be the clinical co-ordinators within Brisdoc. SB suggested to look at different models of care where there has been success and look at the clinical ownership of the patient. SB and RW to link up outside of committee if required.</p> <p>ED thanked RW for attending and asked that RW attends OQPC in October to give commute members an update regarding occupancy numbers.</p> <p>ACTION: Virtual Wards update to be added to agenda for OQPC in October.</p>	JS
8.	<p>Items for Information</p> <p>8.1 BNSSG ICB Strategy Update – TO NOTE</p> <p>8.2 SEND Quarterly Report</p> <p>8.3 Health and Care Professional Executive Minutes – June</p> <p>8.4 System Quality Group Minutes - July</p> <p>8.5 Healthwatch Responses – TO NOTE</p>	
9	AOB	
	<p>Meeting Dates 2023</p> <ul style="list-style-type: none"> • Thursday 19th October 1000-1225 MST • Friday 15th December 1000-1225 MST <p>Meeting Dates 2024</p> <ul style="list-style-type: none"> • Thursday 29th February 1000-1225 MST • Wednesday 24th April 1400-1625 MST • Wednesday 26th June 1400-1625 MST • Thursday 26th September 1400-1625 MST • Thursday 28th November 1400-1625 MST 	

Jodie Stephens
Executive PA
July 2023