

BNSSG Outcomes, Quality and Performance Committee

Minutes of the meeting held on Thursday 19th October 2023 1000-1245 on MST

Minutes

| Present | | |
|------------------------------------|---|----|
| Ellen Donovan (Chair) | Non-Executive Member for Quality and Performance, BNSSG ICB | ED |
| Rosi Shepherd | Chief Nursing Officer, BNSSG ICB | RS |
| Joanne Medhurst | Chief Medical Officer, BNSSG ICB | JM |
| Caroline Dawe | Deputy Director of Performance and Delivery, BNSSG ICB | CD |
| Jeff Farrar | Chair, BNSSG ICB | JF |
| Paul May | Non-Executive Director, Sirona | PM |
| Hugh Evans joined 1345 | Executive Director, Adults and Communities Bristol City Council | HE |
| Alison Moon | Non-Executive Director, BNSSG ICB | AM |
| In attendance | | |
| Vicky Marriott | Chief Officer Healthwatch | VM |
| Dr Glenda Beard Agenda Item 5 | Clinical Lead for Cancer BNSSG ICB | GB |
| Dani Sapsford Agenda Item 5 | Head of Elective Care, BNSSG ICB | DS |
| Hannah Marder Agenda Item 5 | Cancer Manager, UHBW | HM |
| Anna Rossiter Agenda Item 5 | Cancer Manager, NBT | AR |
| Ruth Hendy Agenda Item 5&6 | Lead Cancer Nurse, UHBW | RH |
| David Jarrett | Director of Integrated and Primary Care | DJ |
| Caroline Dawe | Deputy Director of Performance and Delivery | CD |
| Deirdre Fowler Agenda Item 9.1 | Chief Nurse and Chief Midwife, UHBW | DF |
| Sneha Basude Agenda Item 9.1 | Consultant Obstetrician at UHBW | SB |
| Greg Penglinton Agenda Item 9.2 | Head of Urgent Care, BNSSG ICB | GP |
| Jen Tomkinson Agenda Item 9.2 | Clinical Lead for BNSSG NHS at Home | JT |
| Viv Harrison | Director of Public Health, Bristol City Council | VH |
| Jodie Stephens (Notes) | Executive PA, BNSSG ICB | JS |
| Apologies | | |
| Michael Richardson | Deputy Chief Nursing Officer, BNSSG ICB | MR |
| Sarah Truelove | Chief Finance Officer and Deputy Chief Executive, BNSSG ICB | ST |



| | | |
|------------------------------|--|----|
| Jonathon Hayes | Chair of General Practice Collaborative Board | JH |
| Sue Balcombe | Non-Executive Director, UHBW | SB |
| Layla Toomer Agenda Item 9.1 | Patient Safety Lead, LMNS, BNSSG ICB | LT |
| Sarah Weld | Director of Public Health, South Gloucestershire Council | SW |
| Sue Geary | Healthwatch | SG |

| | Item | Action |
|----|--|--------|
| 1. | <p>Welcome and Apologies Ellen Donovan (ED) welcomed attendees to the meeting, and apologies were noted as above.</p> | |
| 2. | <p>Declarations of Interest</p> <p>RS declaration family member is employed by SpaMedica.</p> <p>PM is cabinet member Children and Young People within BANES and Chair of Health and Wellbeing Board.</p> | |
| 3. | <p>Minutes of July 2023 committee</p> <p>The following action was added to minutes from Thursday 27th July committee minutes:</p> <p>Excess Mortality – 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> <p>Director of Performance & Delivery</p> <p>Performance Update/Operational Plan</p> <p>JM and CD assurance committee that the following statement was correct as of Thursday 27th July:</p> <p>Industrial action is and has been well managed at an operational level.</p> <p>Committee approved minutes from Thursday 27th July.</p> | |
| 4. | <p>Committee Action Log Updated action log attached and circulated.</p> | |
| 5 | <p>Cancer Performance and Improvement Timeline.</p> <p>JM explained that GB and DS came to committee back in April and spoke to members regarding cancer performance. The action from that was to return in October to update on progress. GB explained to committee that there are concerns regarding Dermatology waiting times, but discussions and work is</p> | |

| | Item | Action |
|--|--|--------|
| | <p>taking place including within GIRFT (Getting It Right First Time) programme which is chaired by Professor Tim Briggs, National Director for Clinical Improvement and Elective Recovery. Meetings are taking place regarding Somerset referrals being transferred back to Somerset which will increase capacity within UHBW/NBT. On Friday 10/11 a Dermatology workshop with system partners is taking place and an update will be provided at committee in December.</p> <p>As of 1st October 2023, the eleven cancer waiting time standards have been condensed into three standards. The aim of this to ensure that the reported standards enable rather than hinder the delivery of high-quality care:</p> <ul style="list-style-type: none"> • Faster diagnosis standard: Maximum 28-day wait to communication of definitive cancer/not cancer diagnosis for patients referred urgently (including those with breast symptoms) and from NHS cancer screening. • Maximum two-month (62-day) wait to first treatment from urgent GP referral (including for breast symptoms) and NHS cancer screening. • Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients. <p>GB explained that national and local focus in 2023/24 is on delivery of the 28day Faster Diagnosis Standard (FDS) alongside reduction of the numbers waiting >62 days on a GP suspected cancer pathway. There is an expectation an increased focus on achievement of the 62day standard as we move into 2024. BNSSG ICS is committed to improving cancer performance and meeting the cancer waiting time standards. Providers have agreed recovery trajectories and remedial action plans with support from a range of stakeholders.</p> <p>Impact of Industrial Action</p> <p>HM explained that there have been multiple periods of strike action by junior doctors, consultants and radiographers since April 2023. Strikes have been occurring every month which have impacted on cancer performance due to loss of activity. The impact is highest in the specialities that receive a high volume of referrals and as a result have clinics on most days which offers limited scope for these to be rearranged (an approach that has been used in other trusts to mitigate the impact of the strikes). Services are taking steps to recover promptly but this nonetheless will equate to performance breaches. HM noted that the most significant impact was in major surgery which was also the slowest to recover.</p> <p>System Actions to Improve Performance.</p> <p>Work is taking place across many pathways to improve performance with recruitment of locum and substantive workforce as well as use of AQP capacity. System actions are directed to the most challenged pathways.</p> | |

| | Item | Action |
|--|--|--------|
| | <ul style="list-style-type: none"> • The system dermatology group is meeting on the 10th of November to agree a preferred model for the provision of images to enable remote dermatology assessment. • Increased use of qFit testing in primary care has shown a sustained reduction in the numbers of patients referred on a colorectal USC pathway. • Gynaecology have invested in additional hysteroscopes and are working on improved information to support patients to be managed outside of the cancer pathway where appropriate. <p>AM asked what is the confidence in recovering performance and how is patient harm/safety being monitored?</p> <p>HM explained that BNSSG expects to recover compliance with the waiting time standards. It is noted that the correct infrastructure is in place to deliver compliant pathways, in line with national optimal pathway recommendations. Both Trusts have processes in place to check for harm because of additional waiting time and this is closely monitored by Cancer Managers and Lead Clinicians. NHS England regional managers have indicated they have no concerns about the grip and management of performance in BNSSG. Performance is very tightly regulated and has scrutiny by multiple external colleagues. GB stated that cancer performance has always been difficult, but work is continuing to happen with Cancer Alliances and GB assured committee that harm reviews are taking place and no harm has been reported to patient's within BNSSG. VM explained that Healthwatch receive feedback from patients in the system going through and waiting for treatment so will link in with GB, HM and RH regarding this.</p> <p>GB explained that BNSSG do care for patients outside of the area and one of these areas are dermatology patients from Somerset, but discussions are already taking place for these patients to return to Somerset to continue treatment. GB stated that BNSSG are providing good quality care but must also include the patient experience and the psychological impact of being on a cancer pathway and waiting list. RH will be explaining this with the National Cancer Patient Experience survey agenda item next.</p> <p>JM stated that OQPC is to make sure that BNSSG systems, processes and governance is robust and to note that quality issues are dealt with as they develop across the system and the paper does give assurance that there are robust system and processes in place. JM explained dermatology is an area which requires close attention and on Friday 10/11 a system dermatology workshop is taking place with partners to review an option appraisal and JM will return to committee in early 2024 with outcomes.</p> | |

| | Item | Action |
|---|--|--------|
| | <p>ED thanked all for the ongoing work which is happening within the system. ED requested that at December committee meeting there is an update regarding cancer and dermatology performance and then in February, committee review how current trajectories and outcomes are performing from GB and HM.</p> <p>ACTION: GB and HM to update OQPC in December regarding cancer and dermatology performance. At February's OQPC, GB and HM to update how current trajectories and outcomes are performing.</p> | |
| 6 | <p>National Cancer Patient Experience Survey</p> <p>RH explained that the NCPES Annual survey is commissioned and managed by NHS England (since 2010) and is designed to:</p> <ul style="list-style-type: none"> • Monitor progress in cancer care. • Provide information to drive local quality improvements. • Assist commissioners and providers of cancer care. • Inform the work various charities and stakeholder groups, supporting cancer patients. <p>RH stated that responses are from BNSSG inpatients or day case patients with a known cancer diagnosis. 918 patients took part and RH explained that initial observations from the survey were:</p> <ul style="list-style-type: none"> • Personalised Care and Support' (PCS) is making a tangible difference – need to continue to expand access. • Theme of low scores relating to <ul style="list-style-type: none"> – Treatment related information – Access to support from GP practice, community, and voluntary services. • Positive reflection of many services, given the context of the pandemic. <p>RH explained the vast majority of patients that responded are white and very few people of black and minority ethnic groups responded.</p> <p>RH explained the steps that will be taking place are to include:</p> <ul style="list-style-type: none"> • Further local analysis and discussion- by age, ethnicity, deprivation, tumour site, long-term conditions at Trust level, across shared BNSSG pathways, across SWAG pathways (at Clinical Advisory Groups). • SWAG PPV (patient and public voice) partner discussion groups – to further explore key themes. • Further embed and expand access to PCS. • BNSSG ICS Cancer Improvement Collaborative project • Triangulation with ongoing cancer QoL survey • Highlight and share good practice. | |

| | Item | Action |
|----|--|--------|
| | <ul style="list-style-type: none"> Recommendations for improvements <p>PM asked if the NCPES annual survey taking place within children services, the survey was aimed at adults only and does the survey reach out to our asylum seeker population. RH explained the survey also takes place within children's services for under sixteens and has been running for three years, but does not include asylum seekers population. AM stated that NCPES needs to link in with the wider populations, areas of deprivation which can be achieved by speaking to ICB and localities. JF asked RH how results are communicated to clinical groups, acute trusts. RH replied results are communicated through departments, clinical forums and organisations these include MDTs so passed directly to clinicals and clinical groups. NCPES follow up with these organisations throughout the year and includes governance processes through the cancer steering group. This ensures that clinicians are sighted and respond to the priorities which are for their teams. VH explained that her population health team will link in with RH to explore the understanding of deprivation and ethnicity within responses to NCPES.</p> <p>ACTION: VH and RH to link in regarding analysis ethnicity and deprivation within responses to survey. Bring back update to OPQC in April 2024</p> | |
| 7. | <p>CNO/CMO Update</p> <p>CMO JM informed committee:</p> <ul style="list-style-type: none"> Strategic Prevention Oversight group has been set up to focus on the long-term plan priorities of weight management, alcohol and smoking. The group are devising work plans to support system colleagues in acute care and community. Women's health is a national strategy that was published last summer, and JM is the women's champion for BNSSG. A Women's Health Steering group has been set up with local authority leaders, system partners. This group will develop a version of all women's health hub which links in with the strategy. GIRFT (Getting it right first time) BNSSG ICB and acute trust colleagues met with Professor Tim Briggs to discuss productivity via the elective care pathways. Further discussions are taking place with Professor Tim Briggs regarding cancer performance. Primary and Secondary Care Interface group have met, ICB will continue to create space for communication and work to progress. One Care driving the interface but secondary care very receptive. <p>CNO RS informed committee:</p> <ul style="list-style-type: none"> LeDeR Review Backlog – Sirona have been commissioned to complete reviews on behalf of the system but there is currently a backlog which ICB are working with Sirona to overcome. NECS have been commissioned to | |

| | Item | Action |
|---|---|--------|
| | <p>support extra reviews to accelerate the progress and help recover the position of completing the reviews within 6 months. RS will update OQPC in December, but aim is for backlog to be completed by 31st March 2024 and the LeDeR performance for BNSSG will be included in the quality pack for committee.</p> <ul style="list-style-type: none"> • MRSA date and governance processes – RS have received written assurance that HCAI trends are managed within Infection Prevention meetings and linking in with Medicine Optimisation Team within BNSG ICB. BNSSG ICB has received excellent feedback from regional team regarding IPC governance. <p>ED asked what processes are in place for ICB to be aware of performance issues in order that preventative measures can be put in place to reduce the risk of provider failure especially with smaller providers such as in primary care. RS explained there is already a quality resilience programme in place in terms of primary care and GP practices and if the team are concerned about the resilience regarding a GP practice or another primary care service, the ICB will provide support proactively and liaise with CQC regarding establishing a joint endeavour. DJ stated regarding GP practices there is a range of indicators within a dashboard and as soon as one triggers the resilience teams makes contacts and engages with the practice.</p> <p>ACTION: RS to update OQPC in December on progress to reduce the backlog of LeDeR reviews</p> | |
| 8 | <p>Director of Performance & Delivery</p> <p>Performance Update</p> <p>CD explained that work is still ongoing in terms of developing a power BI tool but programs areas including mental health, children services should be completed by end of October. Due to industrial action involving junior doctors, consultants and radiographers' system performance has dropped but performing well in terms of Cat 1 and nationally BNSSG are in the performance top five. Category two response times have been exacerbated with Christmas day staffing due to industrial actions which has resulted in NHSE writing to BMA using the regional intelligence and expressing concerns regarding demand and capacity.</p> <p>CD explained the changes which have happened in the OPEL framework, which is the operational pressure escalation levels, but BNSSG will still use the overarching Opel framework. CD stated that elective care trajectories are falling behind and a key area that the elective recovery operational delivery group is undertaking is trying to understand what BNSSG end of year position will likely be. Areas of concern regarding cancer pathways are gynaecology and dermatology as highlighted by GB and HM earlier in the meeting, NBT have completed a deep dive on neurology pathway and performance has improved but overall demand and wait is excessive.</p> <p>BNSSG system have gone into tier two, meetings are taking place with regional teams due to the deterioration regarding 78 week wait and 65 week wait for children's. NHSE and ICB are supporting Sirona with CAMHS waiting list for the</p> | |

| | Item | Action |
|-----|---|--------|
| | <p>next six weeks. CD stated that dementia diagnosis has improved and children, young person's mental health access is improving but still below the standard.</p> <p>The overarching system oversight framework is currently in segment three, CD explained that the NHSE team which deal with the segmentation for ICB providers and the BNSSG system are very separate in terms of the performance arm of the NHS. NBT retention rate has improved and NBT have produced a retention plan for the year with many positive actions.</p> | |
| 9 | Items for Discussion | |
| 9.1 | <p>LMNS Briefing</p> <p>RS explained to committee that the briefing is to give oversight and assurance of the currently maternity and neonatal position within BNSSG. RS stated that LMNS is strong collaborative with UHBW and NBT but also includes Sirona, public health and the voluntary sector. RS welcomed DF Chief Nurse and Chief Midwife at UHBW and SB Consultant Obstetrician at UHBW who works one session a week with LMNS. RS would be leading this item as LT Patient Safety Lead Maternity and Neonatal at BNSSG ICB who had written report was unable to attend committee today.</p> <p>Rs explained the functions of the LMNS are the following:</p> <ul style="list-style-type: none"> • To be the Maternity arm of the ICB allowing a direct line of sight from maternity providers to ICB board as per Ockenden report from December 2020 • To plan, design and deliver maternity & neonatal services to local BNSSG population. • To accelerate action to transform services and to achieve 50% reductions in stillbirth, neonatal deaths, maternal deaths and brain injuries. • To lead and ensure quality and safety in Maternity & Neonatology across BNSSG • To bring together all the people who are involved in providing and organising maternity & neonatal care. • To provide support to maternity units to achieve more personalised and safer care and to provide unbiased evidence-based information to help pregnant people make choices about their care. • To continuously drive quality improvement across all areas of maternity and neonatology • Support the tackling of health inequalities in maternity provision and lead on the LMNS Equity and Equality action plan. • To lead on the Perinatal Quality Surveillance Model (PQSM) ensuring both acute providers share and learn from safety incidents. • To share local safety data and recommendations with NHSE through the Regional Perinatal Quality and Safety Group (PQSSG) • To deliver the key objectives for maternity services within the Three-Year Delivery Plan as set by NHSE. • To ensure our maternity services are fully implementing Saving Babies Lives Version 3 with quarterly reporting through the LMNS board. | |

| | Item | Action |
|-----|---|--------|
| | <ul style="list-style-type: none"> To sign off and have oversight of the Trusts Maternity Incentive Scheme (MIS) declaration of the ten safety actions (currently year 5) <p>RS assured committee the actions, compliance and work programmes which are in place following the publication of:</p> <ul style="list-style-type: none"> Ockenden report which was published in December 2020. Kirkup report published October 2022. Maternity Incentive Scheme Year 5 standards launched end of May 2023 Three Year Delivery Plan - LMNS collaborating with the Acute Provider Collaborative (APC) to support the Trusts to agree system and individual action plans in response to the plan with a joint system workshop planned. Saving Babies Lives Version 3 launched in June 2023. <p>RS informed members that CQC are also due to visit both NBT and UHBW imminently.</p> <p>AM asked how strong are the voices of staff, patients and families within our services and how does the LMNS focus on targeting support for those who are most vulnerable in the system?</p> <p>RS replied in terms of voice of staff both trustees have regular patient safety walkabout which also include non-executive directors. There are planned insight visits and peer reviews which take place and involve sitting with staff and having the conversations that are important and matter. RS explained regarding patients and families there is the Maternity and Neonatal voices partnership which was originally hosted by BNSSG ICB but has been transferred to Healthwatch in March 2023. RS stated the main reason for that was to get closer to the women and families in the system. Volunteers go out into the community contact women and their families to talk about inequalities, services and treatment they have received within the system.</p> <p>DF explained UHBW and NBT staff complete cultural surveys which are based on how the staff member is feeling. The last survey took place in 2009 but trusts are due to participate imminently. Trusts also conduct unplanned ward visits to speak to staff directly to gain significant intelligence regarding the workforce. The NHS staff survey is also links into how staff are feeling and that is currently taking place within NHS organisations. DF explained to committee the continuity of carer programme which UHBW were early implementers of and have five functional teams with one of the team looking at women and families from the Somalian community.</p> <p>ED thanked DF and SB for their time and reassurances regarding LMNS programme within BNSSG.</p> | |
| 9.2 | <p>Winter Plan Discussion</p> <p>GP explained that each year BNSSG ICB collates plans to respond to operational pressures associated with the winter period, driven largely by anticipated growth in demand, alongside concomitant factors such as increased</p> | |

| Item | Action |
|------|---|
| | <p>staff sickness absence, and operational restrictions resulting from managing infection prevention and control (IPC).</p> <p>BNSSG's winter plans are captured across several detailed documents.</p> <ul style="list-style-type: none"> • A Winter Narrative template that was submitted to NHS England, which responds to national and regional key lines of enquiry (KLOEs) from NHS. • The operational plan numerical submission, which is formally submitted to NHSE and details anticipated system demand, capacity and performance over each month of the year. • The breakdown of investments made into key schemes this year which support delivery of the operational plan, alongside monitoring the delivery of these schemes. <p>The Discharge to Assess (D2A) Board and Urgent Care Operational Delivery Group (UCODG, previously known as Urgent Care Steering Group), report to the Improving the lives of people in our community Health and Care Improvement Group (HCIG) and Improving Outcomes Through Effective and Efficient Hospitals HCIG, and are overseeing the implementation of the Home First and Urgent Care Recovery Schemes respectively, including the associated savings in General and Acute beds monthly.</p> <p>The D2A Board and UCODG will be supported respectively by the ICB's Integrated Care and Urgent Care Service Delivery Units (SDU) which brings together senior managers from performance, business intelligence, contracting finance, quality, and workforce to effectively act as the PMO for the UCODG, and ensure the appropriate escalation of any non-delivery to the UCODG and any other relevant functional groups, such as the system workforce group.</p> <p>GP explained the key areas for committee to note:</p> <ul style="list-style-type: none"> • Recruitment/workforce biggest challenge. • D2A & Transfer of Care Hubs – further work is ongoing in the D2A Board to iterate the forecast impact of these schemes and to disaggregate them both by provider site and by scheme, to allow for accurate apportionment of impact, and course correction where necessary. Actual impacts reported are above the operational plan but work is ongoing to clarify the baseline which may account for a portion of this over delivery. • NHS@Home (virtual wards) – is at risk but there is high confidence that the introduction of step-up pathways will increase utilisation to the 80% target. • Urgent Community Response (UCR) and Single Point of Access (SPA) – are slightly over-delivering and have a high confidence of full delivery over Q3 and Q4. These impacts are not currently factored into the BNSSG operational plan and therefore provide additional mitigation to the overall bed position. • System clinical assessment service (CAS) – is at high risk of not delivering the full impact based on moving from a 5- to 7-day service. A working group has been established under the UEC ODG which will report on there on 26th October, including any proposals for use of |

| | Item | Action |
|--|---|--------|
| | <p>potential slippage. These impacts are not currently factored into the BNSSG operational plan.</p> <ul style="list-style-type: none"> Leads for winter BNSSG ICB- JM, RS and DJ <p>GP explained day to day management which consists of daily system call seven days a week, multiple calls a day if system is particularly challenged, robust on call arrangements within BNSSG ICB, system clinical on call representative, live ambulance data, live system partners data, weekly winter meeting which JM chairs with system partners and monthly winter update at System Executive Group.</p> <p>NHS@Home- Update</p> <p>JT Clinical Lead for BNSSG NHS at Home explained to committee that NHS@Home have six live pathways across the BNSSG system which have had a detailed workplan agreed. In terms of winter planning BNSSG have a virtual bed target of 165 which NHSE have asked BNSSG to target 80% occupancy. To achieve that occupancy work is continuing and as of Thursday 19th October BNSSG have 120 beds and there are 94 patients in them.</p> <p>JT explained the biggest challenges within NHS@Home is the following:</p> <ul style="list-style-type: none"> Recruitment to the delivery workforce who deliver care out into the community for example antibiotics. Logistics due to running a system pathway group all providers use different electronic patient record system which does cause a clinical risk as not all information widely available, but work is taking place to address that issue/. Cultural buy in with our clinical colleagues across the system regarding referring patients into virtual wards. <p>JT stated that a vast amount of work has been put into building the clinical governance and having a system governance approach. Monthly meetings are taking place with system partners to ensure any learning events are being shared so teams can work effectively as possible. JT explained that the team is looking at having a gold, silver and bronze level of service so maximize treatment and flex according to demands in the system.</p> <p>HE stated teams are working hard to get the additional capacity, and care hubs are in their third week and working well. PM stated partners are all working well together, moving forward and information will be linking into weekly winter reviews so create a stronger picture.</p> <p>AM thanked GP and JT for updates and the papers which were received by committee. AM agrees that third party assurance from NHSE is positive but need to make sure that system governance and the check and challenge is in place to improve intractable issues. GP explained more robust link between headline metrics and the operation plan. The plan is to revisit in January with system and ICB leads to review. JM reassured ED and committee that JM with support from RS and DJ will be leading on winter. JM will be working with CD and GP regarding operational and strategic structure going forward. PM</p> | |

| | Item | Action |
|------|---|---------------|
| | explained ongoing concern regarding children's services within Sirona which JM and RS will discuss outside of this committee and will add to future agenda. | |
| 10. | Items for Information | |
| 10.1 | BNSSG ICB Strategy Update – TO NOTE | |
| 10.2 | Customer Services & Complaints Quarterly Report | |
| 10.3 | Safeguarding Quarterly Report | |
| 10.4 | Health and Care Professional Executive September Minutes | |
| 10.5 | System Quality Group Minutes - July | |
| 10.6 | BNSSG APMOC Minutes August | |
| 10.7 | Covid Medicine Delivery Unit Highlight Report Update - TO NOTE | |
| 10 | AOB RS proposed that the safeguarding report was presented to committee on a regular basis rather than being included for information, ED requested that Safeguarding report is added to December's committee agenda. | |
| | Meeting Dates 2023 <ul style="list-style-type: none"> • Friday 15th December 1000-1225 MST Meeting Dates 2024 <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 October 2023

BNSSG Performance Report

November 2023

Created by

BI Performance Team

Contents

1. Executive Summary

2. Performance

2.1 South West Performance Benchmarking

2.2 Urgent and Emergency Care Summary

- UEC Key Performance Measures
- Care Homes Occupancy Report

2.3 Planned Care Summary

- RTT & Diagnostics & Cancer Key Performance Measures

2.4 Mental Health, Learning Disabilities and Autism Key Performance Measures

2.5 Sirona – Adults Community Services 18 Week Performance

2.6 Children's Performance - CYP Emergency Department Overview

3. Summary Scorecards

3.1 BNSSG ICB

3.2 NBT

3.3 UHBW

3.4 Non-Acute Providers

1 Executive Summary

- Overall, BNSSG Trusts' 4hr A&E performance worsened from 66.2% in September to 63.3% in October but is better than the national average for Type 1 EDs of 55.9%. This is below the 76% target to be achieved by March 2024 and worse than the monthly operational plan target.
- For planned admissions, the total waiting list size for the BNSSG population reduced from 105,700 in August to 99,101 in September. BNSSG performance of 58.6% was ranked 19th out of 42 ICBs nationally (down from 25th in August) and ranked 5th out of 7 ICBs in the Southwest (up from 6th in August).
- The number of BNSSG patients waiting 52 weeks or more for planned treatment decreased from 7,965 in August to 5,733 in September – 5.8% of the total waiting list. The BNSSG position is driven mainly by waits at UHBW (3,684) and NBT (1,793), with the remaining 256 breaches split across 47 other providers. At provider level, the number decreased at both UHBW and NBT. Focused work to facilitate elective recovery ambitions continues to be implemented.
- The number of BNSSG patients waiting over 65 weeks decreased from 2,713 in August to 1,856 in September. The BNSSG position is driven mainly by waits at UHBW (1,321), and NBT (460). The remaining 75 breaches are split across 20 other providers, with the majority at RUH (20). At provider level, the number decreased at both UHBW and NBT.
- The number of BNSSG patients waiting over 78 weeks decreased from 448 in August to 169 in September. The BNSSG position is driven mainly by waits at UHBW (131) and NBT (29). The remaining 9 breaches are split across 5 other providers. At provider level, the number increased at UHBW and remained the same at NBT.
- The number of BNSSG patients waiting over 104 weeks decreased from 18 in August to 1 in September – an NBT patient. At provider level, the number remained at 1 at NBT and zero at UHBW.
- 2 week wait cancer performance fell in September to 42.65% for the BNSSG population. At provider level, performance worsened at both UHBW and NBT. The 93% national standard has not been achieved at population level since June 2020.
- 28 day faster diagnosis standard for BNSSG cancer patients worsened in September to 53% 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. The monthly operational plan targets have not been achieved at provider and population level since May 2023.
- 62 day referral to treatment time for BNSSG cancer patients worsened slightly in September to 57.6%. 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% | Sep-23 | 44.20% | 18.48% | 16.74% | 35.22% | 25.87% | 19.01% | 34.50% | 26.26% | 7 | 2 | 1 | 6 | 4 | 3 | 5 | 2 | ↓ |
| A&E 4 Hour Performance | 76% | Oct-23 | 70.47% | 66.72% | 72.00% | 78.46% | 74.08% | 69.80% | 62.70% | 70.25% | 4 | 6 | 3 | 1 | 2 | 5 | 7 | 3 | ↓ |
| A&E 12 Hour Trolley Waits | 0 | Oct-23 | 192 | 36 | 907 | 693 | 9 | 499 | 945 | 44,655 | 3 | 2 | 6 | 5 | 1 | 4 | 7 | 3 | ↓ |
| RTT Incomplete 18 Weeks | 92% | Sep-23 | 58.58% | 57.94% | 64.87% | 61.07% | 60.92% | 58.55% | 55.60% | 57.63% | 4 | 6 | 1 | 2 | 3 | 5 | 7 | 2 | ↓ |
| RTT Incomplete Total | | Sep-23 | 110,837 | 102,270 | 79,669 | 67,380 | 67,924 | 99,101 | 158,411 | 7,747,069 | 99.1% | 85.6% | 54.3% | 89.4% | 88.4% | 94.9% | 87.3% | 107.9% | ↑ |
| RTT Incomplete 52 Week Plus | 0 | Sep-23 | 5,176 | 6,001 | 3,166 | 3,799 | 3,170 | 5,733 | 10,953 | 390,335 | 4 | 6 | 1 | 3 | 2 | 5 | 7 | 6 | ↑ |
| RTT Incomplete 65 Week Plus | 0 | Sep-23 | 1,389 | 1,658 | 793 | 1,480 | 908 | 1,856 | 3,907 | 108,990 | 3 | 5 | 1 | 4 | 2 | 6 | 7 | 6 | → |
| RTT 52 weeks + (% of waiting list) | | Sep-23 | 4.67% | 5.87% | 3.97% | 5.64% | 4.67% | 5.79% | 6.91% | 5.04% | 3 | 6 | 1 | 4 | 2 | 5 | 7 | 7 | ↑ |
| RTT 65 weeks + (% of waiting list) | | Sep-23 | 1.25% | 1.62% | 1.00% | 2.20% | 1.34% | 1.87% | 2.47% | 1.41% | 2 | 4 | 1 | 6 | 3 | 5 | 7 | 6 | ↑ |
| RTT 78 weeks + (% of waiting list) | | Sep-23 | 0.06% | 0.06% | 0.04% | 0.50% | 0.14% | 0.17% | 0.50% | 0.13% | 3 | 2 | 1 | 6 | 4 | 5 | 7 | 5 | → |
| RTT 104 weeks+ (% of waiting list) | | Sep-23 | 0.00% | 0.00% | 0.00% | 0.01% | 0.00% | 0.00% | 0.01% | 0.00% | 5 | 1 | 3 | 6 | 4 | 2 | 7 | 5 | ↑ |
| Cancer 2 Week (All) | 93% | Sep-23 | 54.37% | 43.84% | 90.27% | 55.46% | 45.57% | 42.65% | 57.99% | 74.02% | 4 | 6 | 1 | 3 | 5 | 7 | 2 | 2 | ↓ |
| Cancer 2 week (Breast) | 93% | Sep-23 | 83.03% | 52.50% | 85.26% | 79.38% | 79.59% | 76.70% | 48.78% | 70.77% | 2 | 6 | 1 | 4 | 3 | 5 | 7 | 6 | ↑ |
| Cancer 31 Day Wait First Treatment | 96% | Sep-23 | 86.57% | 94.55% | 88.73% | 94.07% | 90.41% | 88.57% | 85.95% | 89.68% | 6 | 1 | 4 | 2 | 3 | 5 | 7 | 5 | → |
| Cancer 31 Day Wait - Surgery | 94% | Sep-23 | 67.07% | 81.33% | 83.33% | 73.91% | 85.07% | 78.95% | 81.19% | 77.56% | 7 | 3 | 2 | 6 | 1 | 5 | 4 | 4 | ↓ |
| Cancer 31 Day Wait - Drug | 98% | Sep-23 | 96.88% | 98.06% | 99.40% | 100.00% | 95.42% | 98.77% | 99.64% | 97.56% | 6 | 5 | 3 | 1 | 7 | 4 | 2 | 3 | ↓ |
| Cancer 31 Day Wait - Radiotherapy | 94% | Sep-23 | 93.10% | 93.67% | 96.61% | 97.74% | 88.37% | 98.60% | 96.97% | 87.99% | 6 | 5 | 4 | 2 | 7 | 1 | 3 | 5 | ↑ |
| Cancer 62 Wait Consultant | N/A | Sep-23 | 83.87% | 80.87% | 85.19% | 72.73% | 84.68% | 71.55% | 69.31% | 74.02% | 3 | 4 | 1 | 5 | 2 | 6 | 7 | 3 | ↓ |
| Cancer 62 Wait Screening | 90% | Sep-23 | 68.00% | 48.15% | 88.89% | 63.16% | 89.47% | 66.67% | 28.89% | 64.59% | 3 | 6 | 2 | 5 | 1 | 4 | 7 | 3 | ↓ |
| Cancer 62 Day Wait - GP Referral | 85% | Sep-23 | 55.41% | 61.07% | 60.65% | 61.78% | 62.31% | 57.62% | 66.39% | 59.27% | 7 | 4 | 5 | 3 | 2 | 6 | 1 | 1 | ↓ |
| Cancer 28 FDS | 75% | Sep-23 | 62.91% | 67.06% | 74.32% | 58.87% | 72.59% | 53.04% | 73.86% | 69.74% | 5 | 4 | 1 | 6 | 3 | 7 | 2 | 1 | ↓ |

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 | Oct-23 | 00:18:30 | 00:14:30 | 00:19:42 | 00:24:00 | 00:19:30 | 00:14:18 | 00:19:24 | 00:18:42 | 3 | 2 | 6 | 7 | 5 | 1 | 4 | 1 | ➡ |
| Category 1 - Average Duration (hr:min:sec) | 00:07:00 | Oct-23 | 00:10:06 | 00:08:06 | 00:11:00 | 00:13:12 | 00:10:42 | 00:08:12 | 00:10:18 | 00:10:00 | 3 | 1 | 6 | 7 | 5 | 2 | 4 | 1 | ⬇ |
| Category 2 - 90th Percentile Duration (hr:min:sec) | 00:40:00 | Oct-23 | 02:07:42 | 00:55:24 | 02:29:06 | 04:22:36 | 01:36:42 | 01:19:30 | 02:08:30 | 01:57:30 | 4 | 1 | 6 | 7 | 3 | 2 | 5 | 2 | ➡ |
| Category 2 - Average Duration (hr:min:sec) | 00:30:00 | Oct-23 | 00:58:12 | 00:27:06 | 01:10:54 | 01:45:18 | 00:47:12 | 00:36:18 | 00:59:48 | 00:55:00 | 4 | 1 | 6 | 7 | 3 | 2 | 5 | 2 | ➡ |
| Category 3 - 90th Percentile Duration (hr:min:sec) | 02:00:00 | Oct-23 | 06:57:36 | 03:08:30 | 10:52:18 | 08:35:12 | 05:37:18 | 05:35:06 | 08:20:24 | 06:35:24 | 4 | 1 | 7 | 6 | 3 | 2 | 5 | 2 | ➡ |
| Category 3 - Average Duration (hr:min:sec) | | Oct-23 | 02:36:54 | 01:16:54 | 04:12:12 | 03:07:06 | 02:15:24 | 02:09:24 | 03:01:30 | 02:27:00 | 4 | 1 | 7 | 6 | 3 | 2 | 5 | 2 | ➡ |
| Category 4 - 90th Percentile Duration (hr:min:sec) | 03:00:00 | Oct-23 | 08:16:30 | 03:02:00 | 08:58:18 | 08:44:24 | 04:12:30 | 15:09:00 | 08:05:00 | 08:00:12 | 4 | 1 | 6 | 5 | 2 | 7 | 3 | 2 | ⬇ |
| Category 4 - Average Duration (hr:min:sec) | | Oct-23 | 03:54:48 | 01:26:00 | 04:41:12 | 02:26:48 | 01:51:42 | 03:49:30 | 03:02:24 | 02:50:00 | 6 | 1 | 7 | 3 | 2 | 5 | 4 | 3 | ⬇ |

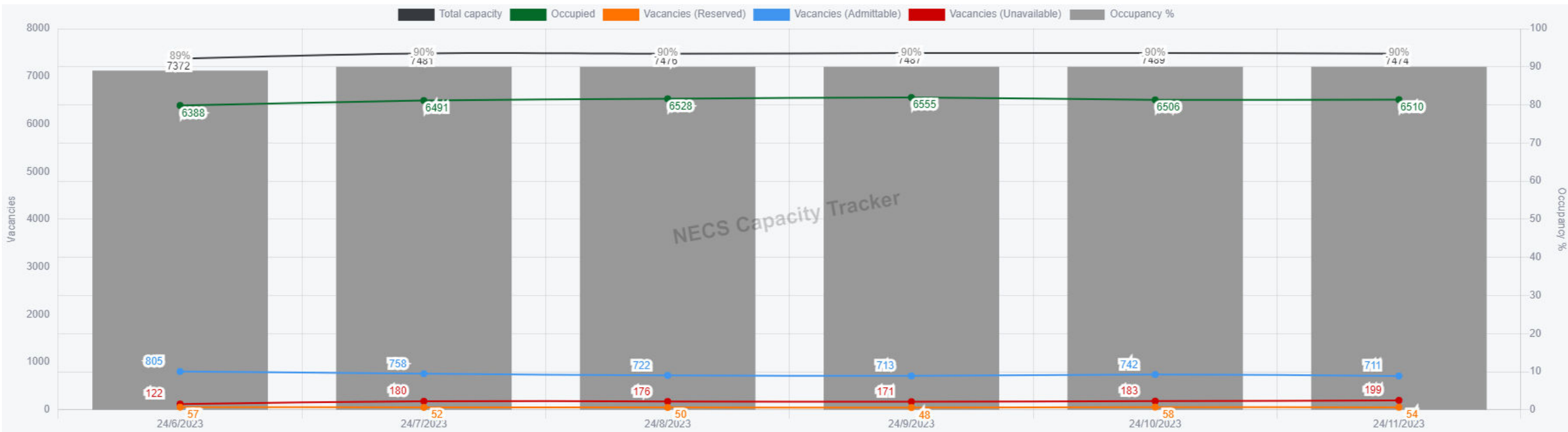
| Measure | Standard | Performance/Activity | | | | | | | | South West Ranking | | | | | | | | Change | |
|--|----------|----------------------|-------|--------|-------|--------|----------|-------|-------|--------------------|-----|--------|------|--------|----------|-------|-------|-----------------|---|
| | | 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 | Sep-23 | 255 | 17 | 311 | 69 | 118 | 84 | 285 | 150 | 5 | 1 | 7 | 2 | 4 | 3 | 6 | 2 | ⬇ |
| % Triage Calls receiving Clinical Contact | 50% | Sep-23 | 53.9% | 40.0% | 49.4% | 71.5% | 64.4% | 51.3% | 59.9% | 44.2% | 4 | 7 | 6 | 1 | 2 | 5 | 3 | 4 | ⬇ |
| % of callers allocated the first service offered by DOS | 80% | Sep-23 | 41.0% | 66.5% | 75.9% | 86.6% | 82.0% | 81.3% | 76.6% | 66.8% | 7 | 6 | 5 | 1 | 2 | 3 | 4 | 5 | ⬆ |
| % of Cat 3 or 4 ambulance dispositions that receive remote clinical intervention | 75% | Sep-23 | 98.5% | 87.6% | 74.8% | 93.9% | 91.7% | 78.7% | 89.0% | 77.3% | 1 | 5 | 7 | 2 | 3 | 6 | 4 | 2 | ⬇ |
| % calls initially given an ETC disposition that receive remote clinical intervention | 50% | Sep-23 | 62.8% | 72.1% | 83.2% | 91.1% | 71.6% | 85.5% | 80.8% | 46.0% | 7 | 5 | 3 | 1 | 6 | 2 | 4 | 5 | ⬆ |
| Abandonment Rate for 111 Calls | 3% | Sep-23 | 15.6% | 1.8% | 18.4% | 5.6% | 7.4% | 5.8% | 16.6% | 9.0% | 5 | 1 | 7 | 2 | 4 | 3 | 6 | 4 | ⬇ |

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 | Oct-23 | 5 | 5 | 8 | -3 | ▼ | 10 | -5 | ▼ | ▼ |
| | Category 2 Response time - Mean (minutes) | BNSSG ICB | Oct-23 | 30 | 36 | 33 | 3 | ▲ | 27 | 9 | ▲ | ▼ |
| | Category 2 Response time – 90th centile (minutes) | BNSSG ICB | Oct-23 | 40 | 80 | 70 | 10 | ▲ | 56 | 24 | ▲ | ▼ |
| | Percentage of conveyances to ED by 999 ambulances | BNSSG ICB | Oct-23 | N/A | 43.3% | 43.9% | -0.6% | ▼ | 51.3% | -8.0% | ▼ | ▼ |
| | Percentage of NHS 111 calls assessed by a clinicial or clinical advisor | BNSSG ICB | Oct-23 | 50% | 49.1% | 51.0% | -1.9% | ▼ | 65.5% | -16.4% | ▼ | ▲ |
| | Percentage of NHS 111 Calls Abandoned | BNSSG ICB | Oct-23 | 3% | 7.8% | 5.8% | 2.1% | ▲ | 1.4% | 6.4% | ▲ | ▼ |
| A&E | Percentage of Ambulance Handovers within 15 minutes | BNSSG Trusts | Oct-23 | 65% | 22.3% | 28.3% | -6.0% | ▼ | 67.7% | -45.4% | ▼ | ▲ |
| | Ambulance Handovers - Average Time Lost per day >15 mins (Hours) | BNSSG Trusts | Oct-23 | N/A | 119 | 78 | 41 | ▲ | 11 | 108 | ▲ | ▼ |
| | Time to Initial Assessment – percentage of patients assessed within 15 minutes of arival at A&E | NBT | Oct-23 | N/A | 73.6% | 76.0% | -2.3% | ▼ | 68.1% | 5.5% | ▲ | ▲ |
| | | BRI | Oct-23 | N/A | 56.0% | 53.7% | 2.3% | ▲ | 57.4% | -1.4% | ▼ | ▲ |
| | | Weston | Oct-23 | N/A | 45.9% | 41.9% | 4.0% | ▲ | 9.1% | 36.8% | ▲ | ▲ |
| | Average (mean) time in Department – non-admitted patients (hh:mm) | NBT | Oct-23 | N/A | 4:22 | 4:00 | 0:21 | ▲ | 2:52 | 1:29 | ▲ | ▼ |
| BRI | | Oct-23 | N/A | 4:37 | 4:32 | 0:04 | ▲ | 3:15 | 1:21 | ▲ | ▼ | |
| Weston | | Oct-23 | N/A | 3:34 | 3:21 | 0:12 | ▲ | 3:05 | 0:29 | ▲ | ▼ | |
| Hospital | Hospital Average (mean) time in Department – admitted patients (hh:mm) | NBT | Oct-23 | N/A | 9:33 | 7:14 | 2:19 | ▲ | 6:03 | 3:30 | ▲ | ▼ |
| | | BRI | Oct-23 | N/A | 6:59 | 6:27 | 0:31 | ▲ | 5:08 | 1:50 | ▲ | ▼ |
| | | Weston | Oct-23 | N/A | 5:03 | 6:06 | -3:37 | ▼ | 6:31 | -4:01 | ▼ | ▼ |
| Whole System | Percentage of patients spending more than 12 hours from Arrival in A&E | NBT | Oct-23 | 2% | 8.5% | 4.0% | 4.6% | ▲ | 0.0% | 8.5% | ▲ | ▼ |
| | | BRI | Oct-23 | 2% | 5.4% | 3.1% | 2.3% | ▲ | 1.4% | 4.0% | ▲ | ▼ |
| | | Weston | Oct-23 | 2% | 5.0% | 5.4% | -0.5% | ▼ | 5.6% | -0.6% | ▼ | ▼ |
| | Number of patients spending more than 12 hours in A&E from a Decision To Admit | BNSSG Trusts | Oct-23 | 0 | 499 | 216 | 283 | ▲ | 25 | 474 | ▲ | ▼ |
| | | NBT | Oct-23 | 0 | 223 | 23 | 200 | ▲ | 4 | 219 | ▲ | ▼ |
| | | UHBW | Oct-23 | 0 | 276 | 193 | 83 | ▲ | 21 | 255 | ▲ | ▼ |
| | Percentage of patients waiting 4 hours or less in A&E | BNSSG Trusts | Oct-23 | 76% | 63.3% | 66.2% | -2.9% | ▼ | 80.4% | -17.0% | ▼ | ▲ |
| | | NBT | Oct-23 | 76% | 60.6% | 64.3% | -3.8% | ▼ | 80.0% | -19.5% | ▼ | ▲ |
| UHBW | | Oct-23 | 76% | 64.7% | 67.2% | -2.5% | ▼ | 80.5% | -15.8% | ▼ | ▲ | |

- 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 (269 / 268 / 268) | 7474 | 964 | 711 | 199 | 54 | 6510 | 10% | 3% | 1% | 87% |
| General Nursing | 1824 | 254 | 196 | 35 | 23 | 1570 | 11% | 2% | 1% | 86% |
| General Residential | 1698 | 268 | 179 | 77 | 12 | 1430 | 11% | 5% | 1% | 84% |
| Dementia Residential | 1587 | 216 | 161 | 47 | 8 | 1371 | 10% | 3% | 1% | 86% |
| Dementia Nursing | 1220 | 131 | 95 | 28 | 8 | 1089 | 8% | 2% | 1% | 89% |
| Learning Disability Residential | 576 | 51 | 39 | 10 | 2 | 525 | 7% | 2% | 0% | 91% |
| Mental Health Residential | 271 | 22 | 19 | 2 | 1 | 249 | 7% | 1% | 0% | 92% |
| Community Care | 48 | 8 | 8 | 0 | 0 | 40 | 17% | | | 83% |
| Mental Health Nursing | 155 | 5 | 5 | 0 | 0 | 150 | 3% | | | 97% |
| YPD - Young Physically Disabled | 21 | 4 | 4 | 0 | 0 | 17 | 19% | | | 81% |
| 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 – September

BNSSG Population Level

NBT Total Provider

UHBW Total Provider

| RTT 18 week Incomplete | Sep-23 | Aug-23 | Variance | Change | Sep-19 | Variance | Change | Sep-23 | Aug-23 | Variance | Change | Sep-19 | Variance | Change | Sep-23 | Aug-23 | Variance | Change | Sep-19 | Variance | Change |
|------------------------|--------|---------|----------|--------|--------|----------|--------|--------|--------|----------|--------|--------|----------|--------|--------|--------|----------|--------|--------|----------|--------|
| Total Waiting List | 99,101 | 105,700 | -6,599 | ▼ | 54,520 | 44,581 | ▲ | 48,969 | 50,168 | -1,199 | ▼ | 29,313 | 19,656 | ▲ | 65,056 | 66,558 | -1,502 | ▼ | 40,112 | 24,944 | ▲ |
| No. >18 weeks | 41,073 | 45,630 | -4,557 | ▼ | 7,358 | 33,715 | ▲ | 19,326 | 19,814 | -488 | ▼ | 4,924 | 14,402 | ▲ | 31,453 | 32,276 | -823 | ▼ | 6,458 | 24,995 | ▲ |
| No. >52 weeks | 5,733 | 7,965 | -2,232 | ▼ | 19 | 5,714 | ▲ | 2,306 | 2,599 | -293 | ▼ | 16 | 2,290 | ▲ | 5,813 | 6,348 | -535 | ▼ | 8 | 5,805 | ▲ |
| No. >65 weeks | 1,856 | 2,713 | -857 | ▼ | N/A | N/A | N/A | 582 | 606 | -24 | ▼ | N/A | N/A | N/A | 2,183 | 2,222 | -39 | ▼ | N/A | N/A | N/A |
| No. >78 weeks | 169 | 448 | -279 | ▼ | N/A | N/A | N/A | 48 | 48 | 0 | ◀▶ | N/A | N/A | N/A | 287 | 245 | 42 | ▲ | N/A | N/A | N/A |
| No. >104 weeks | 1 | 18 | -17 | ▼ | N/A | N/A | N/A | 1 | 1 | 0 | ◀▶ | N/A | N/A | N/A | 0 | 0 | 0 | ◀▶ | N/A | N/A | N/A |
| 52ww as % of WL | 5.8% | 7.5% | -1.8% | ▼ | 0.0% | 5.8% | ▲ | 4.7% | 5.2% | -0.5% | ▼ | 0.1% | 4.7% | ▲ | 8.9% | 9.5% | -0.6% | ▼ | 0.0% | 8.9% | ▲ |
| % Performance | 58.55% | 56.83% | 1.7% | ▲ | 66.81% | -8.3% | ▼ | 60.53% | 60.50% | 0.0% | ▲ | 70.46% | -9.9% | ▼ | 51.65% | 51.51% | 0.1% | ▲ | 58.12% | -6.5% | ▼ |

| Diagnostics | Sep-23 | Aug-23 | Variance | Change | Sep-19 | Variance | Change | Sep-23 | Aug-23 | Variance | Change | Sep-19 | Variance | Change | Sep-23 | Aug-23 | Variance | Change | Sep-19 | Variance | Change |
|--------------------|--------|--------|----------|--------|--------|----------|--------|--------|--------|----------|--------|--------|----------|--------|--------|--------|----------|--------|--------|----------|--------|
| Total Waiting List | 24,900 | 25,400 | -500 | ▼ | 20,546 | 4,354 | ▲ | 11,525 | 11,806 | -281 | ▼ | 11,086 | 439 | ▲ | 13,773 | 13,860 | -87 | ▼ | 9,978 | 3,795 | ▲ |
| No. >6 weeks | 4,734 | 4,848 | -114 | ▼ | 1,177 | 3,557 | ▲ | 1,441 | 1,674 | -233 | ▼ | 962 | 479 | ▲ | 3,454 | 3,334 | 120 | ▲ | 339 | 3,115 | ▲ |
| No. >13 weeks | 1,039 | 905 | 134 | ▲ | 243 | 796 | ▲ | 59 | 124 | -65 | ▼ | 227 | -168 | ▼ | 1,072 | 886 | 186 | ▲ | 60 | 1,012 | ▲ |
| % Performance | 19.01% | 19.09% | -0.1% | ▼ | 5.73% | 13.3% | ▲ | 12.50% | 14.18% | -1.7% | ▼ | 8.68% | 3.8% | ▲ | 25.08% | 24.05% | 1.0% | ▲ | 3.40% | 21.7% | ▲ |

| Cancer | Sep-23 | Aug-23 | Variance | Change | Sep-19 | Variance | Change | Sep-23 | Aug-23 | Variance | Change | Sep-19 | Variance | Change | Sep-23 | Aug-23 | Variance | Change | Sep-19 | Variance | Change |
|-------------------------|--------|--------|----------|--------|--------|----------|--------|--------|---------|----------|--------|---------|----------|--------|---------|--------|----------|--------|--------|----------|--------|
| 2 week waits | 42.65% | 48.64% | -6.0% | ▼ | 78.47% | -35.8% | ▼ | 47.79% | 52.22% | -4.4% | ▼ | 69.92% | -22.1% | ▼ | 32.18% | 39.74% | -7.6% | ▼ | 89.10% | -56.9% | ▼ |
| 2ww breast | 76.70% | 89.00% | -12.3% | ▼ | 95.50% | -18.8% | ▼ | 73.40% | 89.00% | -15.6% | ▼ | 96.08% | -22.7% | ▼ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 28 day FDS (All Routes) | 53.04% | 57.98% | -4.9% | ▼ | N/A | N/A | N/A | 54.96% | 57.36% | -2.4% | ▼ | N/A | N/A | N/A | 48.38% | 56.05% | -7.7% | ▼ | N/A | N/A | N/A |
| 31 day first treatment | 88.57% | 91.11% | -2.5% | ▼ | 94.90% | -6.3% | ▼ | 81.59% | 87.80% | -6.2% | ▼ | 90.20% | -8.6% | ▼ | 90.00% | 90.38% | -0.4% | ▼ | 94.90% | -4.9% | ▼ |
| 31 day - Surgery | 78.95% | 78.89% | 0.1% | ▲ | 82.46% | -3.5% | ▼ | 69.14% | 73.61% | -4.5% | ▼ | 75.23% | -6.1% | ▼ | 84.62% | 81.48% | 3.1% | ▲ | 90.38% | -5.8% | ▼ |
| 31 day - Drugs | 98.77% | 97.84% | 0.9% | ▲ | 96.84% | 1.9% | ▲ | 92.31% | 100.00% | -7.7% | ▼ | 100.00% | -7.7% | ▼ | 99.36% | 98.62% | 0.7% | ▲ | 97.17% | 2.2% | ▲ |
| 31 day - Radiotherapy | 98.60% | 97.56% | 1.0% | ▲ | 96.13% | 2.5% | ▲ | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 98.73% | 97.38% | 1.4% | ▲ | 96.20% | 2.5% | ▲ |
| 62 day | 57.62% | 57.99% | -0.4% | ▼ | 76.77% | -19.2% | ▼ | 50.81% | 52.15% | -1.3% | ▼ | 72.58% | -21.8% | ▼ | 59.07% | 65.25% | -6.2% | ▼ | 78.36% | -19.3% | ▼ |
| 62 day - Screening | 66.67% | 60.00% | 6.7% | ▲ | 87.50% | -20.8% | ▼ | 69.57% | 68.83% | 0.7% | ▲ | 90.00% | -20.4% | ▼ | 100.00% | 15.38% | 84.6% | ▲ | 85.71% | 14.3% | ▲ |

Key to Tables

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

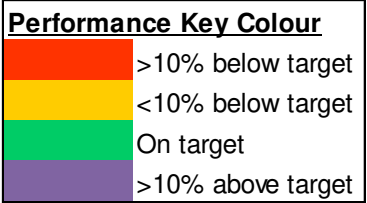
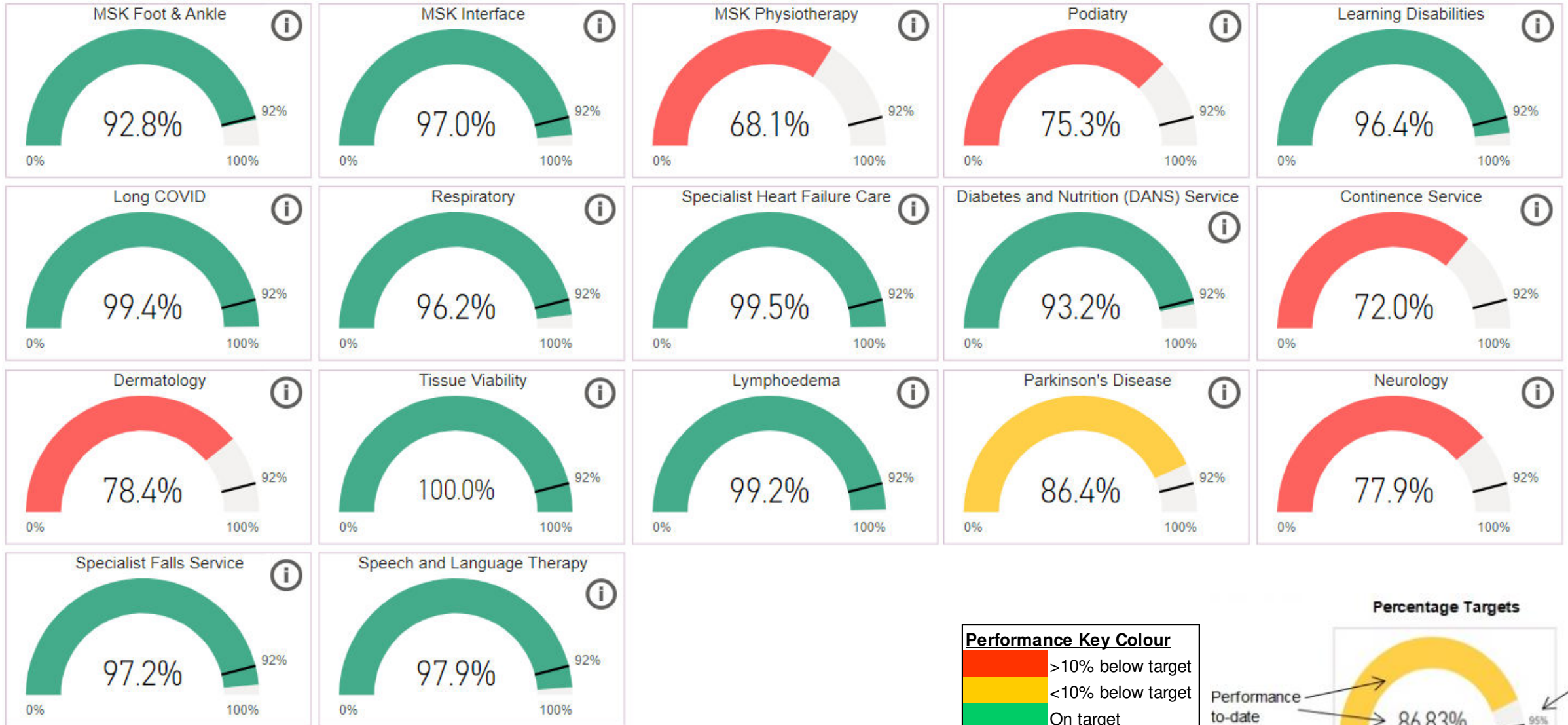
2.4 Mental Health – Summary Performance

| Mental Health, Learning Disabilities & Autism | Period | Standard | Latest | Previous | Variance | Change | 19/20 | Variance | Change |
|---|----------|----------|--------|----------|----------|--------|--------|----------|--------|
| Dementia Diagnosis Rate | Oct-23 | 66.7% | 68.5% | 68.0% | 0.5% | ▲ | 68.5% | 0.0% | ◀▶ |
| EIP - 2ww Referral | Aug-23 | 60% | 50.0% | 57.1% | -7.1% | ▼ | 78.0% | -28.0% | ▼ |
| IAPT Roll out (rolling 3 months) | Aug-23 | 6.25% | 4.23% | 4.52% | -0.29% | ▼ | 2.0% | 2.2% | ▲ |
| IAPT Recovery Rate | Aug-23 | 50% | 56.2% | 55.0% | 1.2% | ▲ | 39.0% | 17.2% | ▲ |
| IAPT Waiting Times - 6 weeks | Aug-23 | 75% | 98.3% | 98.8% | -0.5% | ▼ | 80.1% | 18.2% | ▲ |
| IAPT Waiting Times - 18 weeks | Aug-23 | 95% | 100.0% | 100.0% | 0.0% | ◀▶ | 99.4% | 0.6% | ▲ |
| CYP MH Access Rate - 2 contacts (12m Rolling) | Aug-23 | 34% | 33.3% | 32.9% | 0.4% | ▲ | 13.8% | 19.5% | ▲ |
| CYP with Eating Disorders - routine cases within 4 weeks | Oct-23 | 95.0% | 92.0% | 92.0% | 0.0% | ◀▶ | 86.4% | 5.6% | ▲ |
| CYP with Eating Disorders - urgent cases within 1 week | Oct-23 | 95.0% | 100.0% | 100.0% | 0.0% | ◀▶ | 63.6% | 36.4% | ▲ |
| 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) | Aug-23 | 0 | 65 | 120 | -55 | ▼ | 816 | -751 | ▼ |
| Percentage of Women Accessing Perinatal MH Services | Aug-23 | 8.6% | 7.8% | 7.6% | 0.2% | ▲ | N/A | N/A | N/A |
| Reliance on inpatient care for people with a LD and/or autism - Adults in CCG beds | Oct-23 | 6 | 9 | 9 | 0 | ◀▶ | N/A | N/A | N/A |
| Reliance on inpatient care for people with a LD and/or autism - Adults in NHSE beds | Oct-23 | 12 | 21 | 19 | 2 | ▲ | N/A | N/A | N/A |
| LD Annual Health Checks delivered by GPs aged 14+ (Year to date) | Sep-23 | 1144 | 1219 | 985 | N/A | N/A | 1434 | -215 | ▼ |
| AWP Delayed Transfers of Care | Oct-23 | 3.5% | 24.7% | 22.0% | 2.7% | ▲ | 6.5% | 18.2% | ▲ |
| AWP Early Intervention | Oct-23 | 60% | 77.7% | 80.0% | -2.3% | ▼ | 81.3% | -3.6% | ▼ |
| AWP 4 week wait referral to assessment | Oct-23 | 95% | 95.66% | 95.43% | 0.2% | ▲ | 97.50% | -1.8% | ▼ |

Key to Table

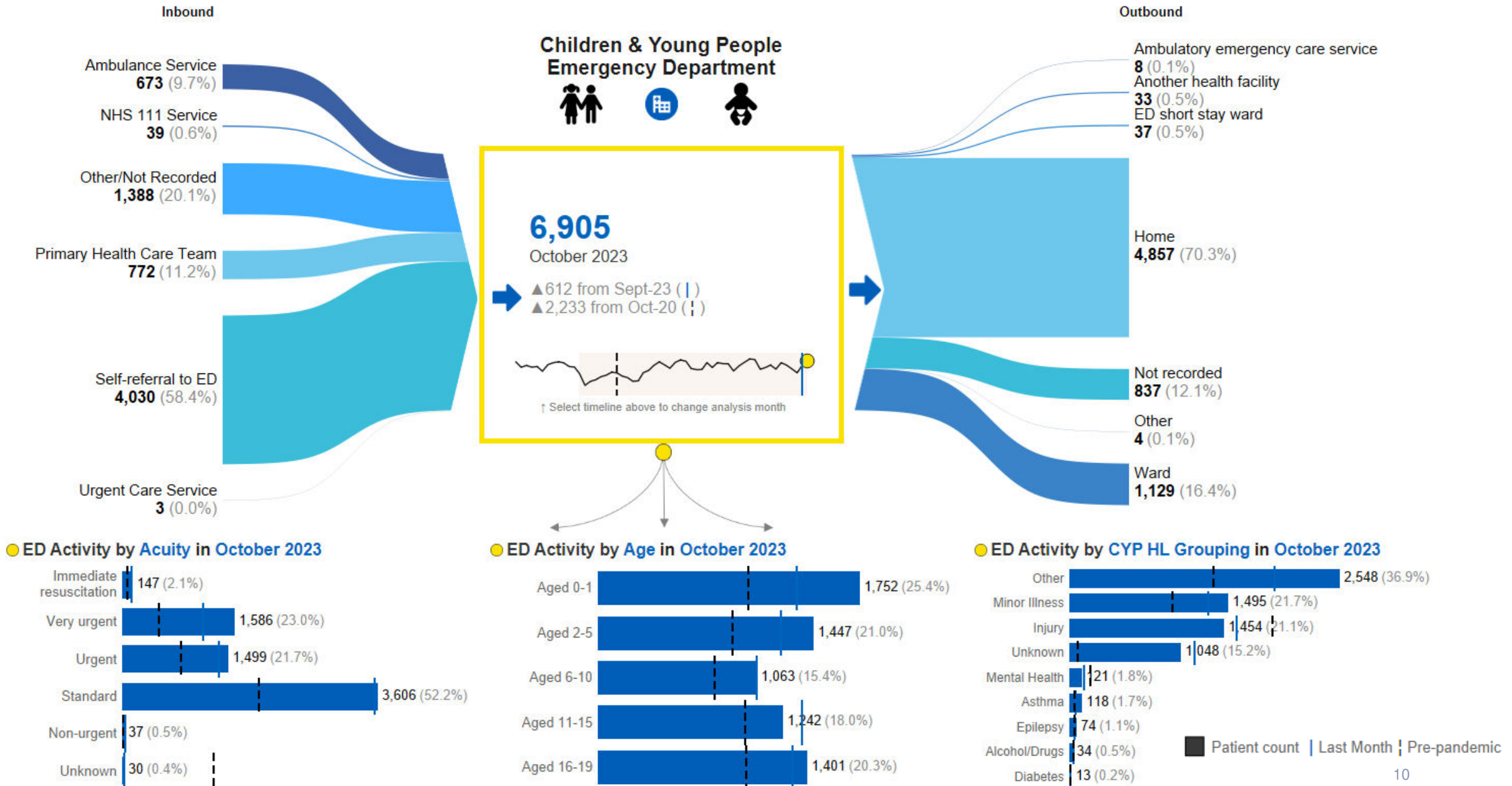
- Latest = **Latest month / quarter** Previous = **Previous month / quarter** 19/20 = **same month or period in 19/20** (pre-covid comparison), where available
- Standard = National Standard or Operational Plan, where available
- Variance: between latest period and previous period or latest period and 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 standards: **GREEN** = Achieved, **RED** = not achieved

2.5 Sirona – Adults Community Services – % in 18 weeks – 2023/24 YTD



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

2.6 Children – CYP ED Overview BNSSG Trusts - October



3.1 BNSSG ICB Scorecard

| Theme | Indicator | 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 | Oct-23 |
|---------------|---|----------|--------|--------|--------|---------|--------|--------|--------|--------|--------|---------|---------|---------|--------|--------|
| Urgent Care | A&E 4hr Waits - BNSSG Footprint | 76% | 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% | 69.80% |
| | A&E 4hr Waits - BNSSG Trusts | 76% | 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% | 63.33% |
| | >12hr DTA breaches in A&E - BNSSG Trusts | 0 | 978 | 1423 | 1296 | 2003 | 1318 | 436 | 680 | 326 | 474 | 224 | 46 | 129 | 216 | 499 |
| Planned Care | RTT Incomplete - 18 Weeks Waits | 92% | 65.54% | 66.25% | 64.72% | 62.55% | 64.12% | 64.26% | 63.84% | 59.45% | 63.57% | 58.79% | 57.51% | 56.83% | 58.55% | |
| | RTT Incomplete - Total Waiting List Size | | 86,771 | 87,481 | 80,290 | 85,246 | 86,001 | 83,947 | 85,444 | 99,101 | 86,594 | 101,073 | 105,700 | 105,700 | 99,101 | |
| | RTT Incomplete - 52 Week Waits | | 5302 | 5386 | 4761 | 5345 | 4961 | 4182 | 4124 | 6,022 | 4,297 | 6245 | 7701 | 7965 | 5733 | |
| | RTT Incomplete - % of WL > 52 Weeks | | 6.11% | 6.16% | 5.93% | 6.27% | 5.77% | 4.98% | 4.83% | 6.08% | 4.96% | 6.18% | 7.29% | 7.54% | 5.79% | |
| | Diagnostic - 6 Week Waits | 1% | 40.46% | 36.03% | 34.05% | 35.13% | 32.18% | 24.95% | 20.97% | 23.12% | 21.66% | 20.71% | 18.18% | 19.09% | 19.01% | |
| | Diagnostic - Total Waiting List Size | | 33,279 | 33,598 | 32,634 | 30,471 | 29,469 | 28,816 | 29,335 | 27,783 | 27,710 | 27,157 | 27,177 | 25,400 | 24,900 | |
| | Diagnostic - Number waiting > 6 Weeks | | 13,464 | 12,105 | 11,111 | 10,705 | 9,484 | 7,190 | 6,152 | 6,424 | 6,003 | 5,623 | 4,942 | 4,848 | 4,734 | |
| | Diagnostic - Number waiting > 13 Weeks | | 7,503 | 7,009 | 6,033 | 5,456 | 4,267 | 3,100 | 2,186 | 1,789 | 1,594 | 1,556 | 1,175 | 905 | 1,039 | |
| Cancer | Cancer 2 Week Wait - All | 93% | 39.17% | 39.58% | 47.13% | 53.08% | 56.34% | 65.15% | 59.81% | 42.85% | 39.27% | 44.10% | 53.30% | 48.64% | 42.65% | |
| | Cancer 2 Week Wait - Breast symptoms | 93% | 14.55% | 20.83% | 73.21% | 90.74% | 87.88% | 88.04% | 69.63% | 50.00% | 33.77% | 62.37% | 81.58% | 89.00% | 76.70% | |
| | Cancer 28 day faster diagnosis standard (All Routes) | 75% | 41.55% | 45.75% | 52.52% | 53.60% | 61.31% | 72.01% | 74.50% | 66.12% | 63.05% | 65.67% | 64.67% | 57.98% | 53.04% | |
| | Cancer 31 Day first treatment | 96% | 89.69% | 93.44% | 91.74% | 93.39% | 86.98% | 91.81% | 92.86% | 89.18% | 89.00% | 92.22% | 95.09% | 91.11% | 88.57% | |
| | Cancer 31 day subsequent treatments - surgery | 94% | 64.81% | 85.29% | 78.23% | 83.33% | 59.32% | 91.94% | 87.50% | 85.87% | 65.42% | 89.36% | 84.85% | 78.89% | 78.95% | |
| | Cancer 31 day subsequent treatments - anti-cancer drugs | 98% | 100% | 100% | 100% | 100% | 91.40% | 98.81% | 99.37% | 98.58% | 100% | 100% | 100% | 98% | 99% | |
| | Cancer 31 day subsequent treatments - radiotherapy | 94% | 98.61% | 98.64% | 98.84% | 100.00% | 99.40% | 99.34% | 99.42% | 98.62% | 98.31% | 98.16% | 96.41% | 97.56% | 98.60% | |
| | Cancer 62 day referral to first treatment - GP referral | 85% | 59.56% | 50.79% | 51.13% | 51.22% | 43.10% | 54.33% | 63.90% | 61.14% | 56.63% | 58.46% | 61.13% | 57.99% | 57.62% | |
| | Cancer 62 day referral to first treatment - NHS Screening | 90% | 54.55% | 58.82% | 54.17% | 48.00% | 47.50% | 71.43% | 75.76% | 55.56% | 51.11% | 69.44% | 58.62% | 60.00% | 66.67% | |
| Quality | Total Number of C.diff Cases | 308 | 26 | 21 | 26 | 20 | 14 | 10 | 14 | 26 | 27 | | | | | |
| | Total Number of MRSA Cases Reported | 0 | 5 | 1 | 4 | 1 | 2 | 3 | 3 | 1 | 2 | 5 | | | | |
| | Total number of Never Events | 0 | 1 | 0 | 2 | 2 | 1 | 0 | 0 | 0 | | | | | | |
| | Eliminating Mixed Sex Accommodation (BNSSG CCG) | 0 | 1 | 0 | 1 | 3 | 3 | 0 | 5 | 10 | 10 | 11 | 22 | 32 | 12 | |
| | Eliminating Mixed Sex Accommodation (BNSSG Trusts) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 11 | 17 | 29 | 7 | |
| Mental Health | Dementia Diagnosis Rate - People 65+ | 66.7% | 66.09% | 66.54% | 67.19% | 66.66% | 66.60% | 66.40% | 66.40% | 66.49% | 66.86% | 67.07% | 67.11% | 67.41% | 67.98% | 68.48% |
| | EIP - 2ww Referral | 60% | 72.73% | 77.78% | 75.00% | 62.50% | N/A | N/A | N/A | 50.00% | 42.86% | 57.14% | 57.14% | 50.00% | | |
| | IAPT Roll out (rolling 3 months) | 6.25% | 3.92% | 3.91% | 4.00% | 3.92% | 4.32% | 4.20% | 4.53% | 4.05% | 4.27% | 4.32% | 4.52% | 4.23% | | |
| | IAPT Recovery Rate | 50% | 46.15% | 48.17% | 52.60% | 55.15% | 50.63% | 52.73% | 52.54% | 50.00% | 48.68% | 51.57% | 55.00% | 56.21% | | |
| | IAPT Waiting Times - 6 weeks | 75% | 95.68% | 98.80% | 96.61% | 97.16% | 96.97% | 97.09% | 97.81% | 97.95% | 95.60% | 95.73% | 98.78% | 98.30% | | |
| | IAPT Waiting Times - 18 weeks | 95% | 99.46% | 100% | 99.44% | 99.29% | 99.39% | 100% | 100% | 100% | 99% | 99% | 100% | 100% | | |
| | CYPMH Access Rate 2+ contacts (rolling 12m) | 34% | 31.82% | 32.20% | 32.61% | 32.32% | 32.38% | 32.29% | 32.44% | 32.47% | 32.03% | 32.20% | 32.91% | 33.32% | | |
| | 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) | | 175 | 65 | 120 | 120 | 90 | 90 | 80 | 135 | 200 | 160 | 120 | 65 | | |

3.2 Provider Scorecard – NBT

| Theme | Indicator | 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 | Oct-23 |
|--------------|---|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Urgent Care | A&E 4hr Waits - Trust | 76% | 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% | 60.56% |
| | A&E 4hr Waits - Footprint | 76% | 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% | 67.13% |
| | >12hr DTA breaches in A&E | 0 | 261 | 482 | 433 | 786 | 312 | 9 | 135 | 2 | 39 | 10 | 12 | 17 | 23 | 223 |
| Planned Care | RTT Incomplete - 18 Weeks Waits | 1% | 66.30% | 66.31% | 65.58% | 62.05% | 63.87% | 63.87% | 63.37% | 62.66% | 63.23% | 61.01% | 60.97% | 60.50% | 60.53% | |
| | RTT Incomplete - Total Waiting List Size | Op Plan | 49,025 | 48,871 | 47,418 | 46,523 | 46,266 | 46,327 | 47,287 | 47,861 | 47,731 | 49,889 | 50,119 | 50,168 | 48,969 | |
| | RTT Incomplete - 52 Week Waits | Op Plan | 3,087 | 3,062 | 2,980 | 2,984 | 2,742 | 2,556 | 2,576 | 2,684 | 2,798 | 2,831 | 2,689 | 2,599 | 2,306 | |
| | RTT Incomplete - % of WL > 52 Weeks | | 6.30% | 6.27% | 6.28% | 6.41% | 5.93% | 5.52% | 5.45% | 5.61% | 5.86% | 5.67% | 5.37% | 5.18% | 4.71% | |
| | Diagnostic - 6 Week Waits | 1% | 48.27% | 39.36% | 38.62% | 38.56% | 32.21% | 22.45% | 16.03% | 17.44% | 17.48% | 18.64% | 15.10% | 14.18% | 12.50% | |
| | Diagnostic - Total Waiting List Size | | 16,690 | 17,286 | 16,740 | 14,988 | 13,437 | 12,679 | 12,415 | 11,878 | 12,571 | 12,959 | 12,519 | 11,806 | 11,525 | |
| | Diagnostic - Number waiting > 6 Weeks | | 8,057 | 6,803 | 6,465 | 5,779 | 4,328 | 2,847 | 1,990 | 2,072 | 2,198 | 2,415 | 1,890 | 1,674 | 1,441 | |
| | Diagnostic - Number waiting > 13 Weeks | | 4,971 | 4,627 | 4,204 | 3,663 | 2,459 | 1,497 | 939 | 740 | 593 | 595 | 300 | 124 | 59 | |
| Cancer | Cancer 2 Week Wait - All | 93% | 35.85% | 30.86% | 47.53% | 56.62% | 55.01% | 63.52% | 56.84% | 41.63% | 39.10% | 42.67% | 52.00% | 52.22% | 47.79% | |
| | Cancer 2 Week Wait - Breast symptoms | 93% | 6.12% | 11.94% | 63.27% | 97.83% | 90.16% | 87.50% | 67.16% | 42.86% | 19.70% | 60.23% | 80.91% | 89.00% | 73.40% | |
| | Cancer 28 day faster diagnosis standard (All Routes) | 75% | 35.18% | 42.88% | 55.74% | 55.48% | 62.66% | 77.41% | 78.17% | 68.05% | 62.72% | 66.43% | 65.14% | 57.36% | 54.96% | |
| | Cancer 31 Day first treatment | 96% | 87.76% | 90.39% | 86.49% | 87.16% | 82.41% | 89.90% | 91.04% | 79.58% | 83.51% | 86.27% | 90.77% | 87.80% | 81.59% | |
| | Cancer 31 day subsequent treatments - surgery | 94% | 50.00% | 75.51% | 64.35% | 73.85% | 52.21% | 80.73% | 79.79% | 72.97% | 54.74% | 89.61% | 73.49% | 73.61% | 69.14% | |
| | Cancer 31 day subsequent treatments - anti-cancer drugs | 98% | 100% | 100% | 100% | 100% | 100% | 93.75% | 100% | 83.33% | 100% | 100% | 100% | 100% | 92% | |
| | Cancer 62 day referral to first treatment - GP referral | 85% | 58.90% | 52.45% | 48.86% | 49.00% | 41.54% | 57.82% | 61.62% | 55.29% | 50.00% | 53.20% | 54.21% | 52.15% | 50.81% | |
| | Cancer 62 day referral to first treatment - NHS Screening | 90% | 62.50% | 57.38% | 63.83% | 51.02% | 54.22% | 70.00% | 73.58% | 57.14% | 54.22% | 72.73% | 73.77% | 68.83% | 69.57% | |
| Quality | Total Number of C.diff Cases (HOHA + COHA) | | 6 | 6 | 6 | 6 | 4 | 2 | 7 | 4 | 8 | | | | | |
| | Total Number of MRSA Cases Reported | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 1 |
| | Total Number of E.Coli Cases | | 5 | 6 | 8 | 4 | 9 | 6 | 3 | 8 | 4 | 7 | 4 | 2 | 7 | 5 |
| | Number of Klebsiella cases | | 4 | 2 | 2 | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 6 | 2 | | |
| | Number of Pseudomonas Aeruginosa cases | | 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 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| | VTE assessment on admission to hospital | 95% | 92.76% | 94.24% | 95.07% | 94.97% | 95.41% | 95.28% | 94.77% | 95.39% | 94.87% | 94.77% | 94.45% | 94.03% | 93.42% | |

3.3 Provider Scorecard – UHBW

| Theme | Indicator | 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 | Oct-23 |
|--------------|---|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Urgent Care | A&E 4hr Waits - Trust | 76% | 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% | 64.72% |
| | A&E 4hr Waits - Footprint | 76% | 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% | 71.10% |
| | >12hr DTA breaches in A&E | 0 | 717 | 941 | 863 | 1217 | 1006 | 427 | 545 | 324 | 435 | 214 | 34 | 112 | 193 | 276 |
| Planned Care | RTT Incomplete - 18 Weeks Waits | 1% | 54.35% | 55.33% | 55.19% | 54.36% | 55.62% | 54.25% | 53.45% | 52.66% | 54.00% | 52.41% | 52.68% | 51.51% | 51.65% | |
| | RTT Incomplete - Total Waiting List Size | Op Plan | 61,870 | 62,462 | 63,041 | 64,359 | 64,847 | 64,929 | 66,379 | 66,543 | 67,447 | 67,180 | 67,451 | 66,558 | 65,056 | |
| | RTT Incomplete - 52 Week Waits | Op Plan | 6,141 | 5,989 | 5,888 | 6,011 | 5,498 | 5,371 | 5,383 | 5,472 | 5,523 | 5,865 | 6,134 | 6,348 | 5,813 | |
| | RTT Incomplete - % of WL > 52 Weeks | | 9.93% | 9.59% | 9.34% | 9.34% | 8.48% | 8.27% | 8.11% | 8.22% | 8.19% | 8.73% | 9.09% | 9.54% | 8.94% | |
| | Diagnostic - 6 Week Waits | 1% | 35.54% | 34.66% | 31.49% | 34.21% | 34.12% | 27.88% | 25.67% | 28.16% | 26.54% | 23.22% | 21.98% | 24.05% | 25.08% | |
| | Diagnostic - Total Waiting List Size | | 17,577 | 16,952 | 16,692 | 16,339 | 16,731 | 17,080 | 17,333 | 16,589 | 15,345 | 14,709 | 15,164 | 13,860 | 13,773 | |
| | Diagnostic - Number waiting > 6 Weeks | | 6,246 | 5,875 | 5,256 | 5,589 | 5,709 | 4,762 | 4,450 | 4,671 | 4,072 | 3,415 | 3,333 | 3,334 | 3,454 | |
| | Diagnostic - Number waiting > 13 Weeks | | 3,294 | 3,062 | 2,317 | 2,307 | 2,190 | 1,933 | 1,484 | 1,310 | 1,200 | 1,097 | 1,007 | 886 | 1,072 | |
| Cancer | Cancer 2 Week Wait - All | 93% | 41.14% | 49.06% | 41.57% | 41.93% | 50.26% | 60.49% | 59.02% | 41.36% | 34.51% | 42.88% | 49.05% | 39.74% | 32.18% | |
| | Cancer 28 day faster diagnosis standard (All Routes) | 75% | 50.54% | 46.76% | 42.78% | 45.98% | 53.23% | 58.46% | 65.42% | 60.03% | 61.52% | 61.56% | 59.51% | 56.05% | 48.38% | |
| | Cancer 31 Day first treatment | 96% | 91.01% | 94.61% | 93.36% | 98.33% | 88.36% | 92.83% | 92.92% | 93.14% | 92.45% | 92.83% | 97.01% | 90.38% | 90.00% | |
| | Cancer 31 day subsequent treatments - surgery | 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% | 84.62% | |
| | Cancer 31 day subsequent treatments - anti-cancer drugs | 98% | 100% | 100% | 99.44% | 100% | 90.21% | 99.39% | 98.72% | 98.67% | 100% | 100% | 100% | 99% | 99% | |
| | Cancer 31 day subsequent treatments - radiotherapy | 94% | 99.37% | 98.73% | 98.99% | 99.29% | 99.47% | 99.42% | 99.50% | 99.37% | 98.48% | 97.77% | 96.77% | 97.38% | 98.73% | |
| | Cancer 62 day referral to first treatment - GP referral | 85% | 64.85% | 47.95% | 46.37% | 53.98% | 42.91% | 44.39% | 67.42% | 68.03% | 67.36% | 65.96% | 68.99% | 65.25% | 59.07% | |
| | Cancer 62 day referral to first treatment - NHS Screening | 90% | 50.00% | 85.71% | 44.44% | 75.00% | 40.00% | 66.67% | 85.71% | 25.00% | 40.00% | 42.86% | 0% | 15% | 100% | |
| Quality | Total Number of C.diff Cases (HOHA + COHA) | 7.3 | 9 | 6 | 13 | 7 | 5 | 8 | 6 | 12 | 8 | 13 | 8 | 10 | 9 | |
| | Total Number of MRSA Cases Reported | 0 | 1 | 0 | 1 | 1 | 2 | 1 | 1 | 1 | 0 | 2 | 2 | 0 | 1 | |
| | Total Number of E.Coli Cases | 119 | 11 | 13 | 9 | 5 | 5 | 6 | 6 | 9 | 9 | 10 | 10 | 9 | | |
| | Number of Klebsiella cases | | 5 | 5 | 10 | 3 | 3 | 1 | 3 | 2 | 3 | 6 | 4 | 4 | | |
| | Number of Pseudomonas Aeruginosa cases | | 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 | 5 | 11 | 17 | 29 | | |
| | Number of Never Events | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | Rate of slips, trips and falls per 1,000 bed days | 4.8 | 4.49 | 5.86 | 5.34 | 4.71 | 5.11 | 5.23 | 5.14 | 5.29 | 4.13 | 4.63 | 4 | 3.43 | 3.80 | |
| | No. of Pressure Ulcers grade 2, 3 & 4 per 1,000 bed days | 0.4 | 0.061 | 0.23 | 0.18 | 0.088 | 0.086 | 0.1 | 0.147 | 0.032 | 0 | 0.124 | 0.062 | 0.061 | 0.096 | |
| | VTE assessment on admission to hospital (Bristol) | 95% | 83.5% | 84.0% | 84.9% | 81.3% | 85.3% | 84.5% | 83.5% | 82.0% | 82.8% | 82.6% | 84.0% | 84.7% | 82.5% | |

3.4 Non-Acute Provider Scorecard

| Provider | Indicator (BNSSG level - except ambulance handovers) | Standard | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 |
|--|---|----------|----------|----------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|
| SWASFT | Category 1 - Average Duration (hr:min:sec) | 0:07:00 | 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 | 0:08:12 |
| | Category 1 - 90th Percentile Duration (hr:min:sec) | 0:14:00 | 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 | 0:14:18 |
| | Category 2 - Average Duration (hr:min:sec) | 0:30:00 | 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 | 0:36:18 |
| | Category 2 - 90th Percentile Duration (hr:min:sec) | 0:40:00 | 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 | 1:19:30 |
| | Category 3 - 90th Percentile Duration (hr:min:sec) | 2:00:00 | 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 | 5:35:06 |
| | Category 4 - 90th Percentile Duration (hr:min:sec) | 3:00:00 | 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 | 15:09:00 |
| | Ambulance Handovers - % within 15 minutes at NBT | 65% | 11.9% | 13.1% | 9.6% | 19.5% | 26.7% | 23.0% | 34.9% | 29.2% | 29.6% | 29.5% | 28.5% | 26.7% | 25.0% |
| | Ambulance Handovers - % within 30 minutes at NBT | 95% | 38.6% | 40.3% | 29.6% | 54.7% | 70.9% | 67.5% | 79.1% | 70.7% | 75.9% | 73.3% | 71.4% | 65.6% | 57.9% |
| | Ambulance Handovers - % within 60 minutes at NBT | 100% | 62.2% | 66.2% | 48.8% | 78.9% | 94.7% | 89.1% | 96.1% | 91.4% | 93.7% | 93.9% | 93.4% | 88.8% | 78.2% |
| | Ambulance Handovers - % within 15 minutes at BRI | 65% | 10.3% | 11.4% | 7.5% | 12.1% | 11.9% | 14.2% | 24.5% | 18.7% | 39.1% | 59.8% | 34.1% | 33.6% | 20.6% |
| | Ambulance Handovers - % within 30 minutes at BRI | 95% | 27.7% | 33.7% | 17.8% | 33.5% | 37.1% | 44.6% | 61.4% | 48.0% | 73.4% | 88.0% | 60.8% | 61.2% | 55.1% |
| | Ambulance Handovers - % within 60 minutes at BRI | 100% | 49.7% | 60.8% | 36.1% | 58.7% | 69.1% | 72.8% | 87.6% | 74.1% | 90.4% | 97.5% | 81.4% | 84.1% | 79.5% |
| | Ambulance Handovers - % within 15 minutes at WGH | 65% | 14.2% | 12.4% | 5.8% | 11.0% | 19.4% | 13.8% | 14.7% | 16.2% | 19.1% | 21.9% | 14.3% | 12.2% | 7.5% |
| | Ambulance Handovers - % within 30 minutes at WGH | 95% | 44.0% | 37.1% | 23.7% | 38.6% | 58.9% | 52.6% | 54.3% | 54.7% | 61.6% | 66.6% | 58.9% | 50.4% | 45.7% |
| Ambulance Handovers - % within 60 minutes at WGH | 100% | 65.2% | 63.0% | 42.4% | 59.4% | 85.5% | 82.9% | 83.3% | 78.2% | 88.3% | 91.7% | 92.2% | 89.6% | 85.9% | |
| SevernSide IUC | Average speed to answer calls (in seconds) | 20 Sec | 453 | 381 | 2054 | 269 | 181 | 152 | 151 | 207 | 61 | 70 | 54 | 84 | 82 |
| | % of calls abandoned | 3% | 20.6% | 18.0% | 43.3% | 14.9% | 12.2% | 10.8% | 15.9% | 9.2% | 5.9% | 6.3% | 5.4% | 5.8% | 7.8% |
| | % Triage Calls receiving Clinical Contact | 50% | 52.1% | 51.0% | 51.9% | 50.3% | 50.2% | 49.3% | 53.3% | 53.2% | 50.0% | 50.1% | 51.4% | 51.0% | 49.1% |
| | % of callers allocated the first service offered by DOS | 80% | 68.8% | 67.7% | 70.9% | 73.0% | 71.4% | 73.4% | 78.1% | 70.8% | 78.7% | 79.3% | 80.1% | 81.3% | 81.8% |
| | % Cat 3 or 4 ambulance dispositions receiving clinical intervention | 75% | 67.9% | 63.5% | 44.6% | 58.3% | 56.5% | 47.5% | 78.7% | 71.3% | 71.2% | 78.0% | 81.4% | 78.7% | 78.4% |
| | % calls initially given an ED disposition receiving clinical intervention | 50% | 23.9% | 21.0% | 27.0% | 24.1% | 27.4% | 29.8% | 79.9% | 73.2% | 80.8% | 83.7% | 84.9% | 85.5% | 84.9% |
| AWP | Delayed Transfers of Care | 3.5% | 20.4% | 21.5% | 23.9% | 23.9% | 21.9% | 23.6% | 23.1% | 24.5% | 21.1% | 22.0% | 24.2% | 22.0% | 24.7% |
| | Early Intervention | 60% | 81.8% | 62.5% | 64.2% | 28.5% | 73.3% | 39.1% | 41.1% | 69.5% | 58.8% | 80.0% | 75.0% | 80.0% | 77.7% |
| | 4 week wait Referral to Assessment | 95% | 84.2% | 83.0% | 90.3% | 90.5% | 97.6% | 95.6% | 93.7% | 92.2% | 88.8% | 94.5% | 94.7% | 95.4% | 95.7% |