

**Reference:** FOI.ICB-2324/147

**Subject:** Care Hotels

*I can confirm that the ICB **does hold the information requested**; please see responses below:*

| QUESTION   | RESPONSE   |
|--|--|
| <p>I am writing to request information regarding ‘care hotels’ as defined as the following by the <u>British Medical Journal</u>:</p> <p><i>the use of hotel accommodation to meet the needs of patients who no longer need to be in hospital but cannot yet be transferred into the social care system.</i></p>   |  |
| <p>1. In the financial year 2022/23, how many hotel stays were booked? Alongside a total, please also provide a breakdown per month. Please provide a breakdown per hotel, and share both the name of the hotel and the provider/ company that runs the hotel. To clarify, if one hotel room was booked for 30 days, that would count as 30 hotel stays.</p> | <p>One hotel commissioned.</p> <p>324 patients admitted to hotel with 2172 bed days which equates to 2172 stays.</p> <p>Dec 22 – 412 stays<br/>Jan 23 – 756 stays<br/>Feb 23 – 697 stays<br/>Mar 23 – 318 stays</p> <p>The ICB has applied Section 43(2) (Prejudice to Commercial Interests) to the name of the hotel used during 2022/23. The hotel has asked the ICB that it not be named as it believes that being named may result in fewer guests staying with them. As paying guests is the most significant revenue stream for hotels, the ICB agrees that staying guests is a key commercial aspect of the</p> |

hotel business model. Therefore, if naming the hotel resulted in fewer guests this would constitute a prejudice to the commercial interests of the hotel.

Previously, the ICB did name the hotel and this resulted in media filming outside the hotel without permission which caused distress to paying guests, staff and the patients. The ICB does believe that it is reasonably likely that a similar situation would occur again and therefore agrees that naming the hotel is likely to prejudice their commercial interests.

The ICB has undertaken a public interest test for this exemption and believes that the public interest lies in the costs spent on the care hotels as this represents taxpayer money spent in the private sector. The ICB also believes that there is a public interest in the amount of additional capacity the care hotel provides to the system. The public would want to be satisfied that the NHS is considering value for money as part of this capacity provision.

The ICB has considered that the name of the hotel may be of interest if someone was looking to stay at the hotel and may not wish to book whilst in use as a care hotel. This supports the use of S.43(2).

The ICB believes that care hotels are an innovative use of system capacity which supports the care and treatment of patients in what is an already stretched system. It is in the public interest for this additional capacity to exist as it supports extra capacity to continue to provide care to patient and more importantly allows for bed capacity for those with higher care needs in an hospital environment. The ICB would like the opportunity to support care hotel use in the system and naming the hotel may mean that other hotels would not want to be part of this work removing the possibility of this capacity in the

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|  | <p>future. It is in the public interest that the NHS can utilise resource across the system to support and care for patients in the most appropriate setting.</p>   |
| <p>2. In the financial year 2022/23, what was the total amount spent on 'care hotels'.</p>   | <p>In 2022-23 the ICB spent: £2,000,001</p>   |
| <p>3. Per month in financial year 2022/23, please also share the following information:</p> <ul style="list-style-type: none"> <li>• The cost of a hotel room per care recipient per day</li> <li>• The average patient stay (in weeks) in a care hotel</li> <li>• Whether the Trust is the sole owner of the bookings, or if the booking is shared with another Trust. If the booking is shared with another Trust, please name the Trust.</li> </ul> | <p>Cost of hotel room per patient per night = £120</p> <p>Average patient stay = 6.7 days</p> <p>The acute providers in BNSSG, University Hospital Bristol and Weston Foundation Trust and North Bristol NHS Trust did the bookings.</p>  |
| <p>Please share the minutes from all ICB Board meetings in financial year 2022/23 that refer to 'care hotels', including copies of any presentations, such as PowerPoint slideshows, which were shown during meetings and copies of any written documents that were distributed to those attending the meetings.</p>   | <p>The request asks for minutes and papers presented to the ICB Board during 2022/23. Please note that BNSSG ICB was established on the 1<sup>st</sup> July 2022. The links below are papers which have been presented to the ICB Board between 1<sup>st</sup> July 2022 and 31<sup>st</sup> March 2023.</p> <p>The following ICB Board papers refer to care hotels:</p> <p><a href="https://bnssg.icb.nhs.uk/wp-content/uploads/2022/09/07.1-Final-Outcomes-Performance-and-Quality-Committee-Minutes-August-2022.pdf">https://bnssg.icb.nhs.uk/wp-content/uploads/2022/09/07.1-Final-Outcomes-Performance-and-Quality-Committee-Minutes-August-2022.pdf</a></p> |

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|  | <p><a href="https://bnssg.icb.nhs.uk/wp-content/uploads/2022/07/09.1-NHS-BNSSG-CCG-Annual-Report-and-Accounts-2021-22-paper-ICB-Board-Sep-22.pdf">https://bnssg.icb.nhs.uk/wp-content/uploads/2022/07/09.1-NHS-BNSSG-CCG-Annual-Report-and-Accounts-2021-22-paper-ICB-Board-Sep-22.pdf</a></p> <p>The following ICB Board paper was presented to the ICB Board in April 2023 but refers to January 2023 activity:</p> <p><a href="https://bnssg.icb.nhs.uk/wp-content/uploads/2023/03/07.1-Outcomes-Performance-and-Quality-Committee.pdf">https://bnssg.icb.nhs.uk/wp-content/uploads/2023/03/07.1-Outcomes-Performance-and-Quality-Committee.pdf</a></p> <p>The papers attached were presented to the BNSSG CCG Governing Body between 1<sup>st</sup> April 2022 and 30<sup>th</sup> June 2022 prior to the establishment of the ICB Board.</p> |
| <p>I assume that the ICB records the complaints made. For the purposes of this request, I am going to call those records “complaints logs”. You may use a different terminology internally such as “complaint records” or “complaint notes”. Please can you conduct a keyword search across the complaints logs in the financial year 2022/23 for the term “hotel” and provide each complaint log, including the summary of the complaint, the date, the hotel and the provider. Please also provide a total for the number of times the term “hotel” appears.</p> | <p>One complaint made between April 2022 – April 2023 with the term “hotel” included.</p> <p>Complaint was regarding Discharge arrangements for a patient and the care provided by Bristol Care Hotel.</p>  |

***The information provided in this response is accurate as of 26 July 2023 and has been approved for release by Lisa Manson, Director of Performance and Delivery for NHS Bristol, North Somerset and South Gloucestershire ICB.***

# BNSSG CCG Governing Body Meeting

Date: Tuesday 5<sup>th</sup> April 2022

Time: 1.30pm

Location: Engineers House, The Promenade, Clifton Down, Bristol, BS8 3NB

Broadcast live online for public viewing. Please see our website for more details.

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| <b>Agenda Number :</b>  | 8.1  |
| <b>Title:</b>   | Performance and Activity Report – Month 10/11 – (January/February)<br>Nursing and Quality Report – Month 10 – (January data) |
| <b>Purpose: Discussion and for Information</b>  |  |
| <b>Key Points for Discussion:</b>   |  |
| <p>The Performance and Activity report provides an overview of December / January data for key performance metrics at BNSSG population level and provider level.</p> <ul style="list-style-type: none"> <li>• <b>4hr A&amp;E Waits</b> – Overall, BNSSG Trusts' 4hr A&amp;E performance worsened from 64.2% to 60.3% in February and is worse than the national average for Type 1 EDs of 60.8%. A Winter Plan, focussed on four transformation areas and endorsed by the system is in place and a BNSSG-wide ambulance handovers improvement programme is live with support from region and ECIST.</li> <li>• <b>Planned admissions</b> – the total waiting list size for the BNSSG population worsened from 70,653 in December to 70,869 in January. BNSSG performance of 65.5% was ranked 41st out of 102 CCGs nationally (up from 45th in December) and ranked 3rd out of 6 CCGs in the South West (up from 4th in December).</li> <li>• <b>52 week waiters</b> – The number of patients waiting over 52 weeks for planned treatment increased from 3,902 in December to 4,020 in January. The number at both NBT and UHBW increased. This continues to be driven mainly by waits at NBT (1,807 breaches) and UHBW (1,550), with the remaining 663 breaches split across 47 other providers. All opportunities to secure the capacity required to facilitate elective recovery ambitions are being explored.</li> <li>• <b>104 week waiters</b> – The number of patients waiting over 104 weeks increased from 278 in December to 324 in January. The number at NBT and UHBW also increased. The BNSSG position continues to be driven mainly by waits at NBT (149 breaches) and UHBW (98). The remaining 77 breaches are split across 7 other providers, with the majority at Sulis Hospital (40), Spire Bristol (27) and Somerset Surgical Services (6).</li> <li>• <b>Cancer 62 day</b> – 62 day referral to treatment time for BNSSG cancer patients worsened in January to 61.43%. Performance worsened at both NBT and UHBW. The 85% national standard has not been achieved at population level since April 2019.</li> </ul> |  |

- **Cancer 2 week waits** – Performance worsened in January for the BNSSG population and at NBT and UHBW. The 93% national standard has not been achieved at population level since June 2020.
- **Activity** – For the year to date at January, there were reductions in activity across all areas compared to the same period in 19/20. From December to January, all activity increased except total A&E attendances and non-elective admissions +1 day length of stay, which decreased.

Quality Report points to highlight are as follows:

- **COVID-19** continues to cause pressure in the system impacting on bed capacity and flow in in-patient settings. Surge planning and partnership meetings were set up by the IPC cell during the December/January period to respond to the pressure on hospital beds and support safe discharges for patients, who were identified as being medically suitable for transfer to care homes. To ease the pressure on acute beds, this included a refined admission to the care homes risk assessment process and framework; using the hierarchy of needs to mitigate any risks that were identified and working closely with providers, discharge teams, local authority Commissioners and Public Health and with partners from the UK Health Security Agency (UKHSA). Further work has been undertaken to support risk based decision making across the system including in relation to inpatient services.
- **Ambulance handover delays** – continue to be an area of concern for the system. System Task and Finish Group in place led by the System COO Jon Scott and including Directors of Nursing, Medical Directors and operational leads from across the system to drive improvements that will remove ambulance handover delays. Temporary additional accommodation also being scoped for UHBW and NBT sites for additional cohorting capacity.
- **Care Hotel** – The care hotel in Bristol is scheduled to close on 31 March 2022. An evaluation of the project will include the outcomes of quality, safeguarding and IPC visits. The project has contributed to a variety of system schemes addressing flow. The full impact on flow and patient outcomes is still to be fully determined however patient satisfaction has overall been high.
- **Workforce and safer staffing** remain a significant constraint for all providers with staff to patient ratios reflecting that. All providers relying on Tier 4 agency to try to fill vacant shifts and offering enhanced pay rates where needed. Discussed at BNSSG System Quality Group on Tuesday 15<sup>th</sup> April who received an update from the Workforce Cell about current work programmes and risk mitigation.
- **Sirona** - The Care Quality Commission (CQC) Inspection report was published on 9<sup>th</sup> February 2022. Sirona maintained their 'Good' overall rating, achieving 'Outstanding' for Caring, 'Good' for Effective, Responsive and Well-Led with 'Requires Improvement' for Safe Services.
- **Adult CHC Assessment Performance** - Performance showing sustained improvement. Overall the team continue to increase output and reduce the time from referral to

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| <p>decision. January performance against 28 day assessment target of &gt;80%: <b>Bristol</b> – 92%, <b>North Somerset</b> – 81%, <b>South Gloucestershire</b> – 86%</p> |  |
| <b>Recommendations:</b>   | To note the Performance and Quality position of the CCG and of key providers, including any risks, mitigating actions and responsibilities as appropriate.   |
| <b>Previously Considered By and feedback:</b>   | Both reports were previously considered at the BNSSG Quality Committee which accepted the reports. The committee were also advised of the close monitoring of the C Difficile rates which have risen slightly in the last two months |
| <b>Management of Declared Interest:</b>   | None   |
| <b>Risk and Assurance:</b>  | The Performance and Quality reports provide an update to the Governing Body in relation to key risks to performance and quality within the system and highlights supporting mitigations which are in place.                          |
| <b>Financial / Resource Implications:</b>   | None   |
| <b>Legal, Policy and Regulatory Requirements:</b>   | None   |
| <b>How does this reduce Health Inequalities:</b>  | Elements of the Quality report identify activity in place to reduce health inequalities such as the delivery of the LeDeR programme  |
| <b>How does this impact on Equality &amp; diversity</b>   | As above   |
| <b>Patient and Public Involvement:</b>  | Not applicable   |
| <b>Communications and Engagement:</b>   | The Performance and Quality reports are provided to the Governing Body for information.  |
| <b>Author(s):</b>   | Gary Dawes, Business Intelligence Manager<br>Sandra Muffett, Head of Clinical Governance & Patient Safety through contributions from Quality Team members.<br>Michael Richardson Deputy Director of Nursing and Quality              |
| <b>Sponsoring Director / Clinical Lead / Lay Member:</b>  | Lisa Manson, Director of Commissioning<br>Rosi Shepherd, Director of Nursing and Quality   |

# **BNSSG Performance & Activity Report**

Month 10/11 – January/February 21/22

Created by

BI Performance Team



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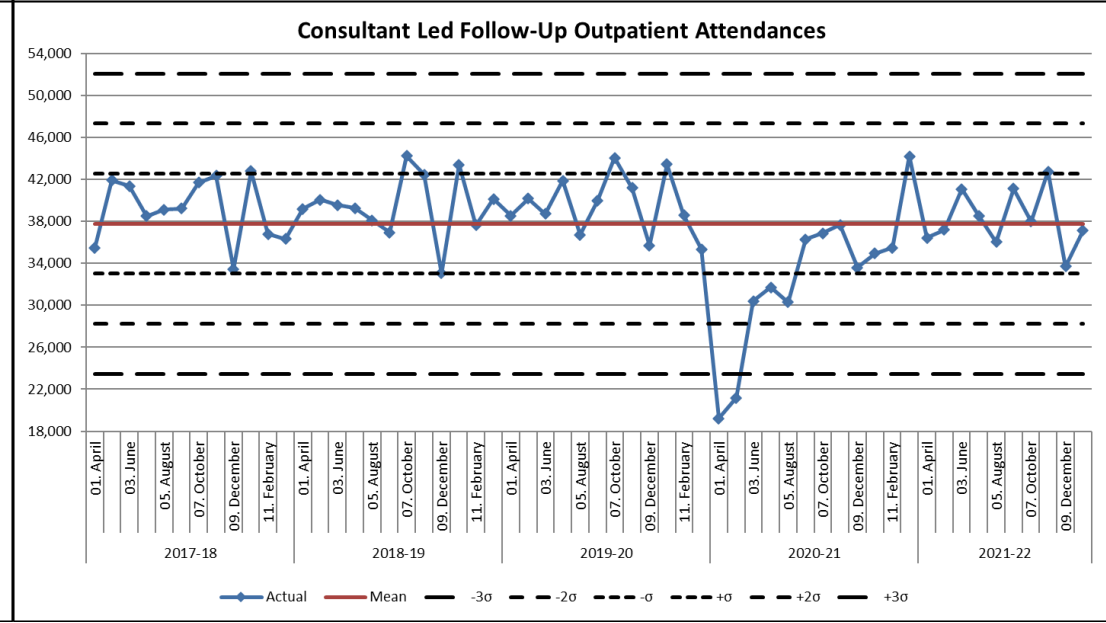
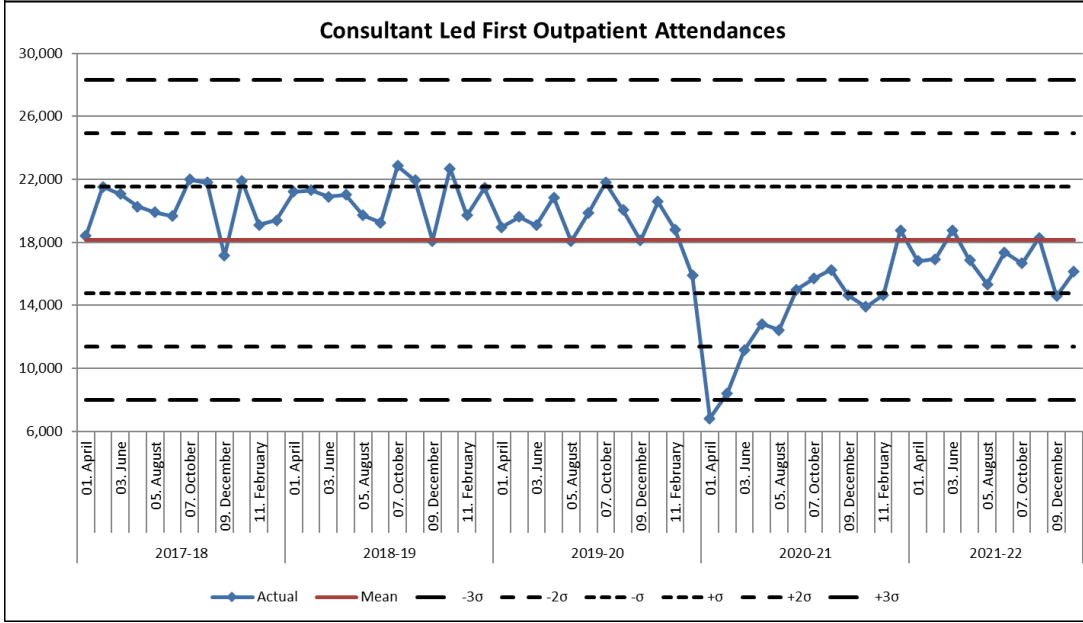
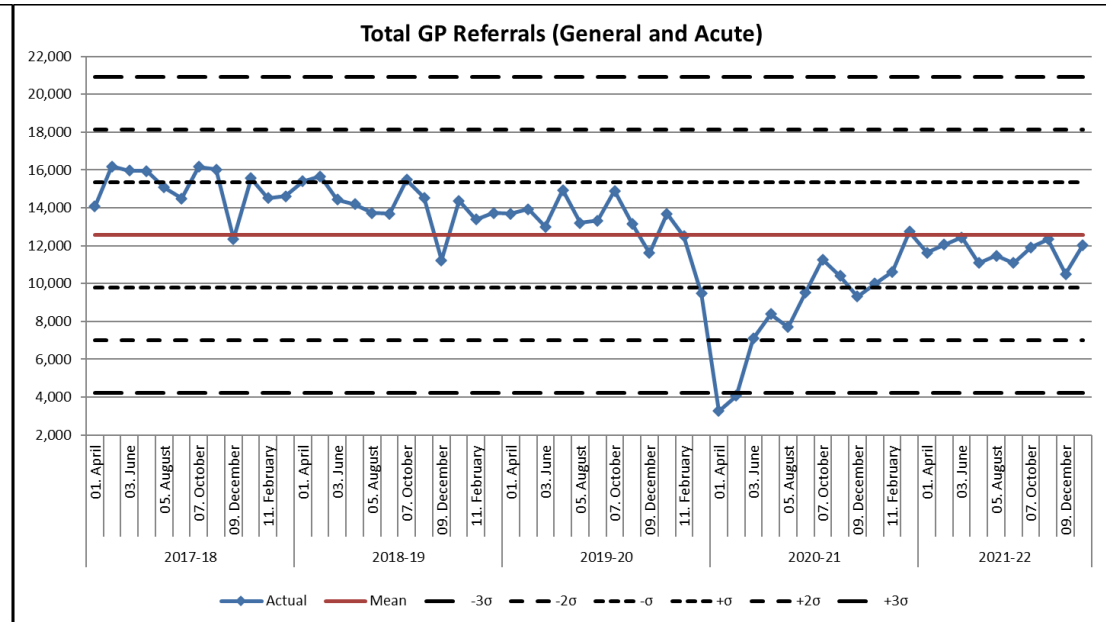
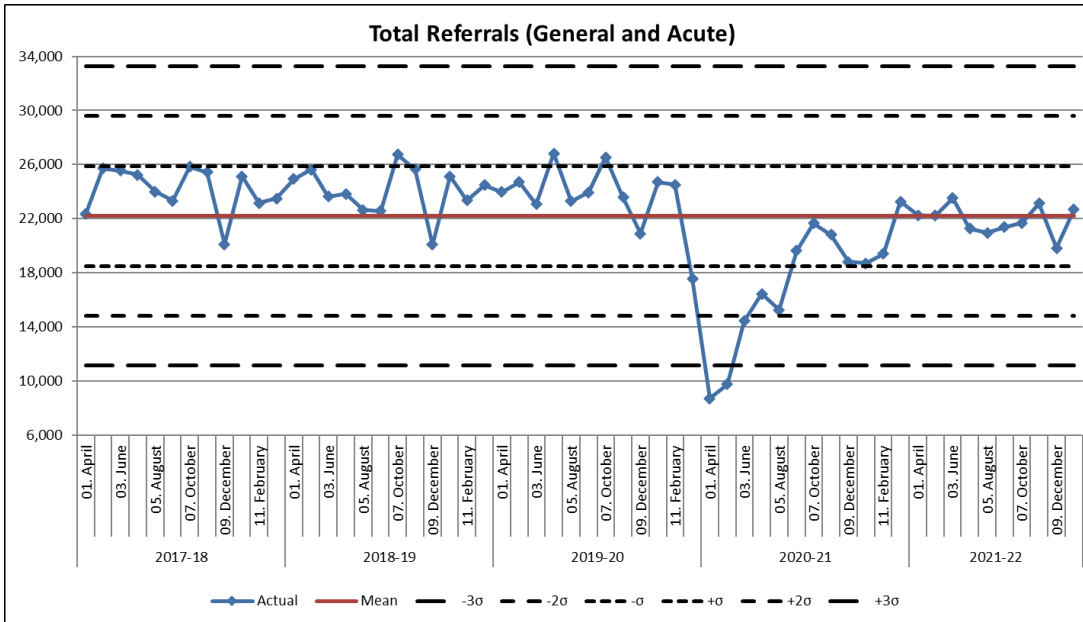
4.5 Non-Acute Providers

# 1.1 Executive Summary – Headlines

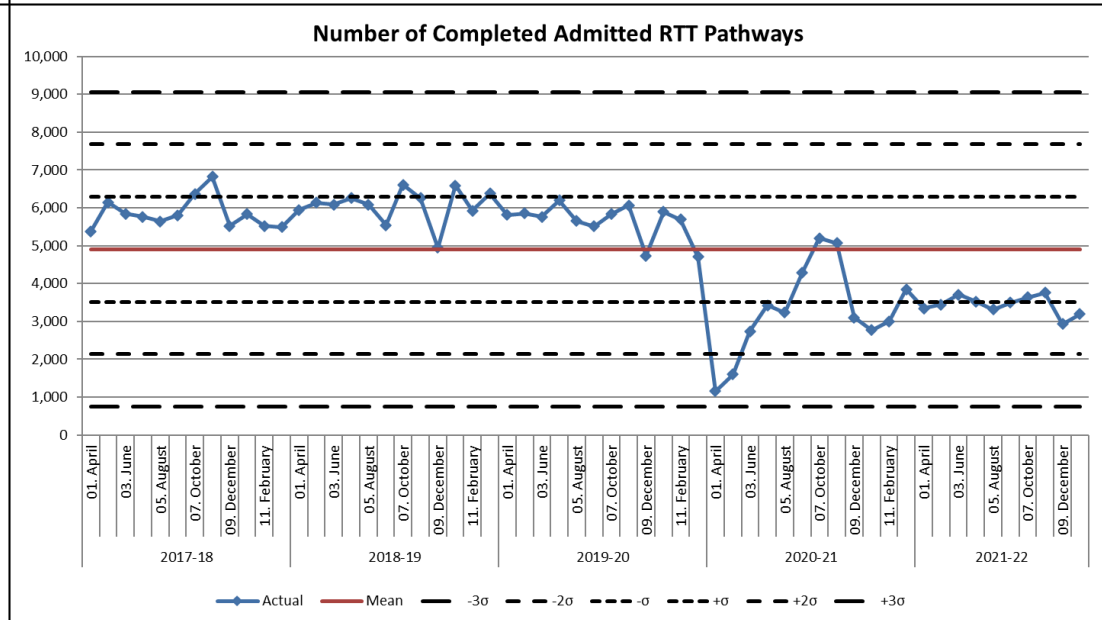
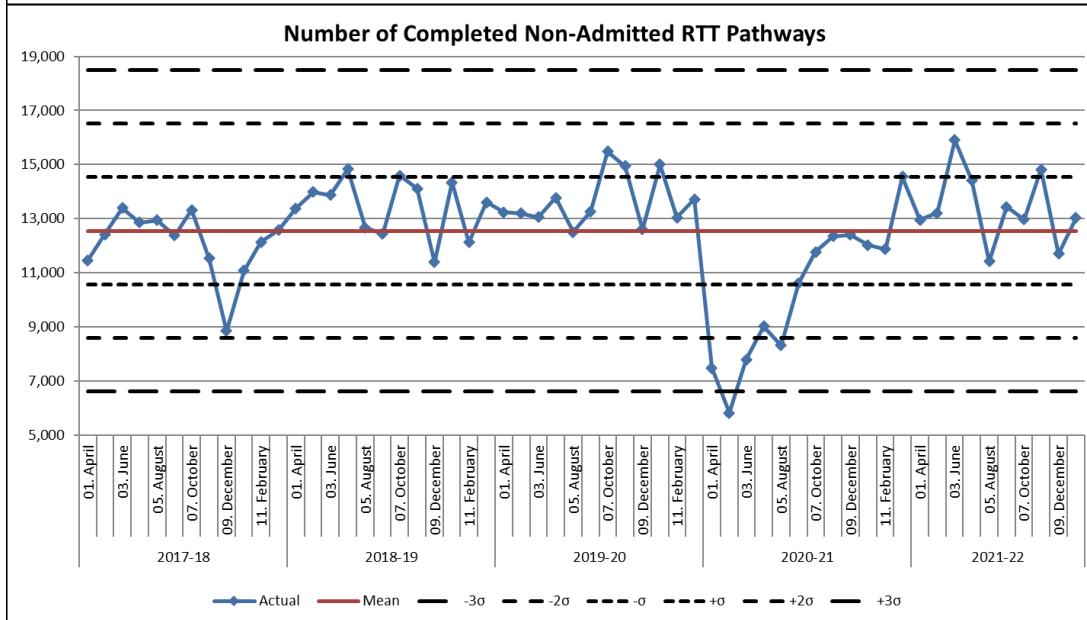
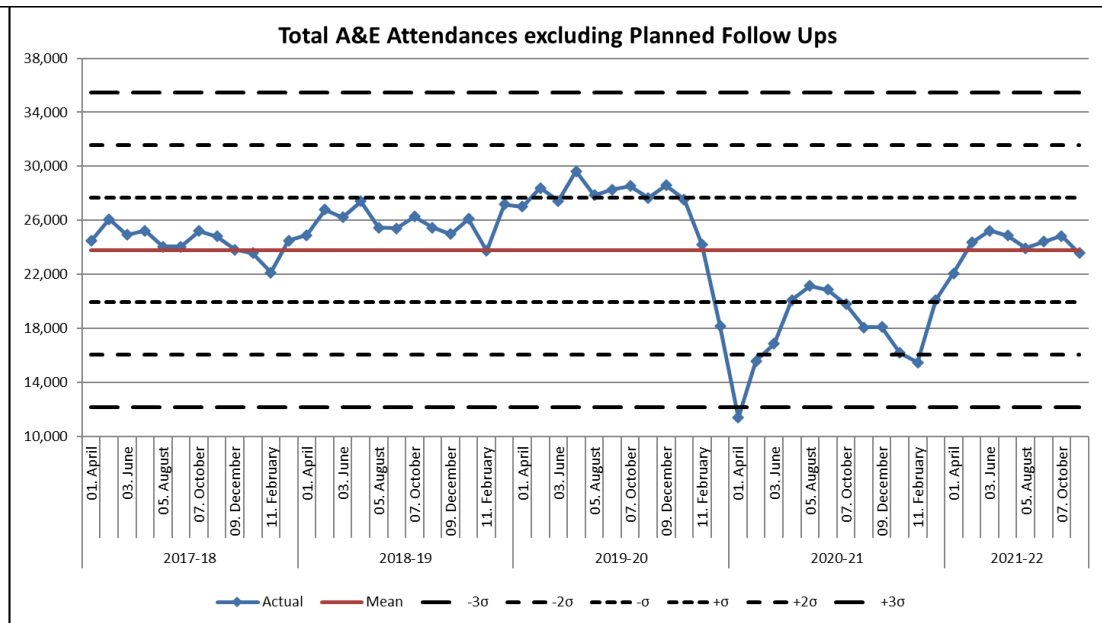
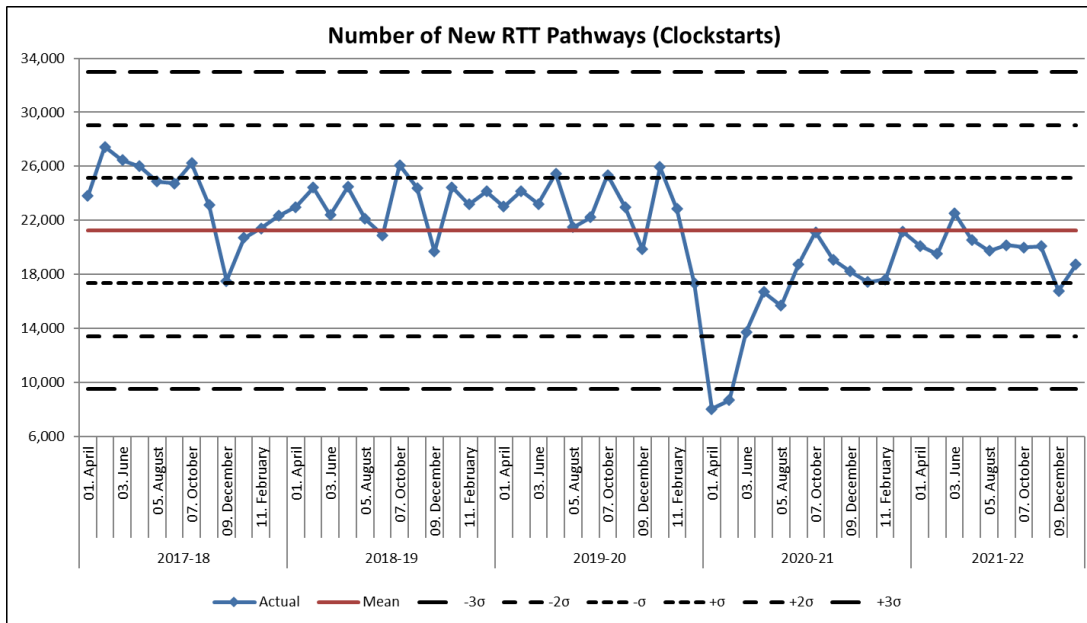
Due to Covid-19, some national data collections and publications continue to be suspended and are not available for this report. Due to the timing of data it's not always possible to include updated narrative. Any outdated narrative slides have been removed from this report. All data and graphs represent the latest available to highlight areas of underperformance.

- Over the coming months, this report will be updated as part of the CCG's transition into the Healthier Together Integrated Care System (ICS). The reporting of system performance will be aligned to the Healthier Together structure.
- Overall, BNSSG Trusts' 4hr A&E performance worsened from 64.2% to 60.3% in February and is worse than the national average for Type 1 EDs of 60.8%. A Winter Plan, focussed on four transformation areas and endorsed by the system is in place and a BNSSG-wide ambulance handovers improvement programme is live with support from region and ECIST.
- For planned admissions, the total waiting list size for the BNSSG population worsened from 70,653 in December to 70,869 in January. BNSSG performance of 65.5% was ranked 41st out of 102 CCGs nationally (up from 45th in December) and ranked 3rd out of 6 CCGs in the South West (up from 4th in December).
- The number of patients waiting over 52 weeks for planned treatment increased from 3,902 in December to 4,020 in January. The number at both NBT and UHBW increased. This continues to be driven mainly by waits at NBT (1,807 breaches) and UHBW (1,550), with the remaining 663 breaches split across 47 other providers. All opportunities to secure the capacity required to facilitate elective recovery ambitions are being explored.
- The number of BNSSG patients waiting over 104 weeks increased from 278 in December to 324 in January. The number at NBT and UHBW also increased. The BNSSG position continues to be driven mainly by waits at NBT (149 breaches) and UHBW (98). The remaining 77 breaches are split across 7 other providers, with the majority at Sulis Hospital (40), Spire Bristol (27) and Somerset Surgical Services (6).
- 62 day referral to treatment time for BNSSG cancer patients worsened in January to 61.43%. Performance worsened at both NBT and UHBW. The 85% national standard has not been achieved at population level since April 2019.
- 2 week wait cancer performance worsened in January for the BNSSG population and at NBT and UHBW. The 93% national standard has not been achieved at population level since June 2020.
- For the year to date at January, there were reductions in activity across all areas compared to the same period in 19/20. From December to January, all activity increased except total A&E attendances and non-elective admissions +1 day length of stay, which decreased.

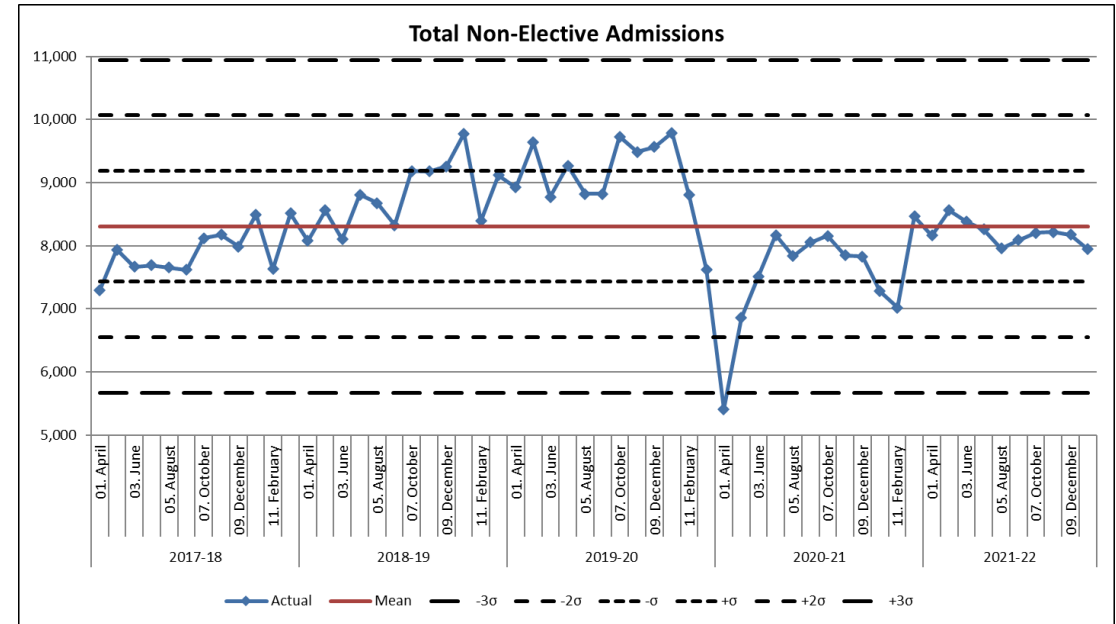
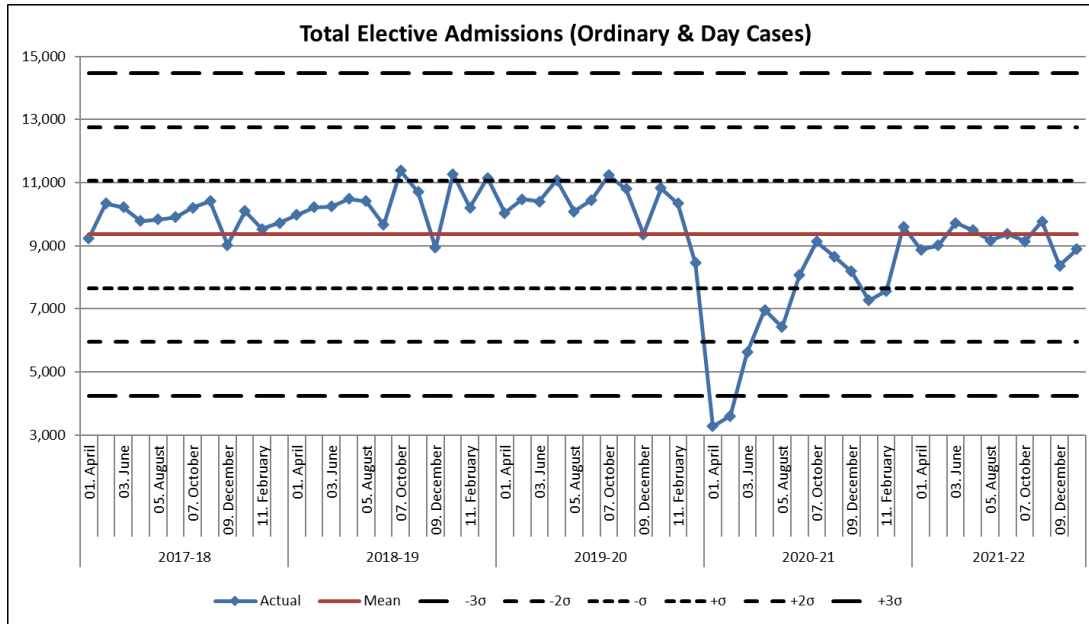
# 2.1 Activity – April 2017 to January 2022



# 2.1 Activity – April 2017 to January 2022



# 2.1 Activity – April 2017 to January 2022



| Activity   | Monthly volumes / variance |        |          |                         | Year to date volumes / variance |         |          |                         |
|--|----------------------------|--------|----------|-------------------------|---------------------------------|---------|----------|-------------------------|
|  | Jan-20                     | Jan-22 | Variance | Jan-22 as a % of Jan-20 | Jan-20                          | Jan-22  | Variance | Jan-22 as a % of Jan-20 |
| Total Elective Admissions - Day Cases              | 9,718                      | 8,143  | -1,575   | 84%                     | 92,780                          | 83,237  | -9,543   | 90%                     |
| Total Elective Admissions - Ordinary               | 1,104                      | 744    | -360     | 67%                     | 11,946                          | 8,550   | -3,396   | 72%                     |
| Total Non-Elective Admissions - 0 LoS              | 3,815                      | 3,223  | -592     | 84%                     | 35,814                          | 32,351  | -3,463   | 90%                     |
| Total Non-Elective Admissions - +1 LoS             | 5,975                      | 4,720  | -1,255   | 79%                     | 57,002                          | 49,591  | -7,411   | 87%                     |
| Total A&E Attendances excluding Planned Follow Ups | 27,540                     | 21,306 | -6,234   | 77%                     | 280,962                         | 236,424 | -44,538  | 84%                     |
| Number of Completed Admitted RTT Pathways          | 5,890                      | 3,196  | -2,694   | 54%                     | 57,301                          | 34,347  | -22,954  | 60%                     |
| Number of Completed Non-Admitted RTT Pathways      | 14,998                     | 13,024 | -1,974   | 87%                     | 137,052                         | 133,850 | -3,202   | 98%                     |
| Number of New RTT Pathways (Clockstarts)           | 25,949                     | 18,708 | -7,241   | 72%                     | 233,658                         | 198,084 | -35,574  | 85%                     |
| Total Referrals (General and Acute)                | 24,692                     | 22,668 | -2,024   | 92%                     | 241,474                         | 218,895 | -22,579  | 91%                     |
| Total GP Referrals (General and Acute)             | 13,684                     | 12,041 | -1,643   | 88%                     | 135,412                         | 116,547 | -18,865  | 86%                     |
| Consultant Led First Outpatient Attendances        | 20,570                     | 16,129 | -4,441   | 78%                     | 196,960                         | 167,698 | -29,262  | 85%                     |
| Consultant Led Follow-Up Outpatient Attendances    | 43,434                     | 37,100 | -6,334   | 85%                     | 400,288                         | 381,877 | -18,411  | 95%                     |
| Total Elective Admissions                          | 10,822                     | 8,887  | -1,935   | 82%                     | 104,726                         | 91,787  | -12,939  | 88%                     |
| Total Non-Elective Admissions                      | 9,790                      | 7,943  | -1,847   | 81%                     | 92,816                          | 81,942  | -10,874  | 88%                     |

[Latest monthly and year to date comparisons](#)  
 This table shows the actual variance for each metric comparing the latest month and year to date positions as a proportion of the same periods in 19/20.

## 2.2 Activity – BNSSG CCG Position at M10 January 21/22 YTD

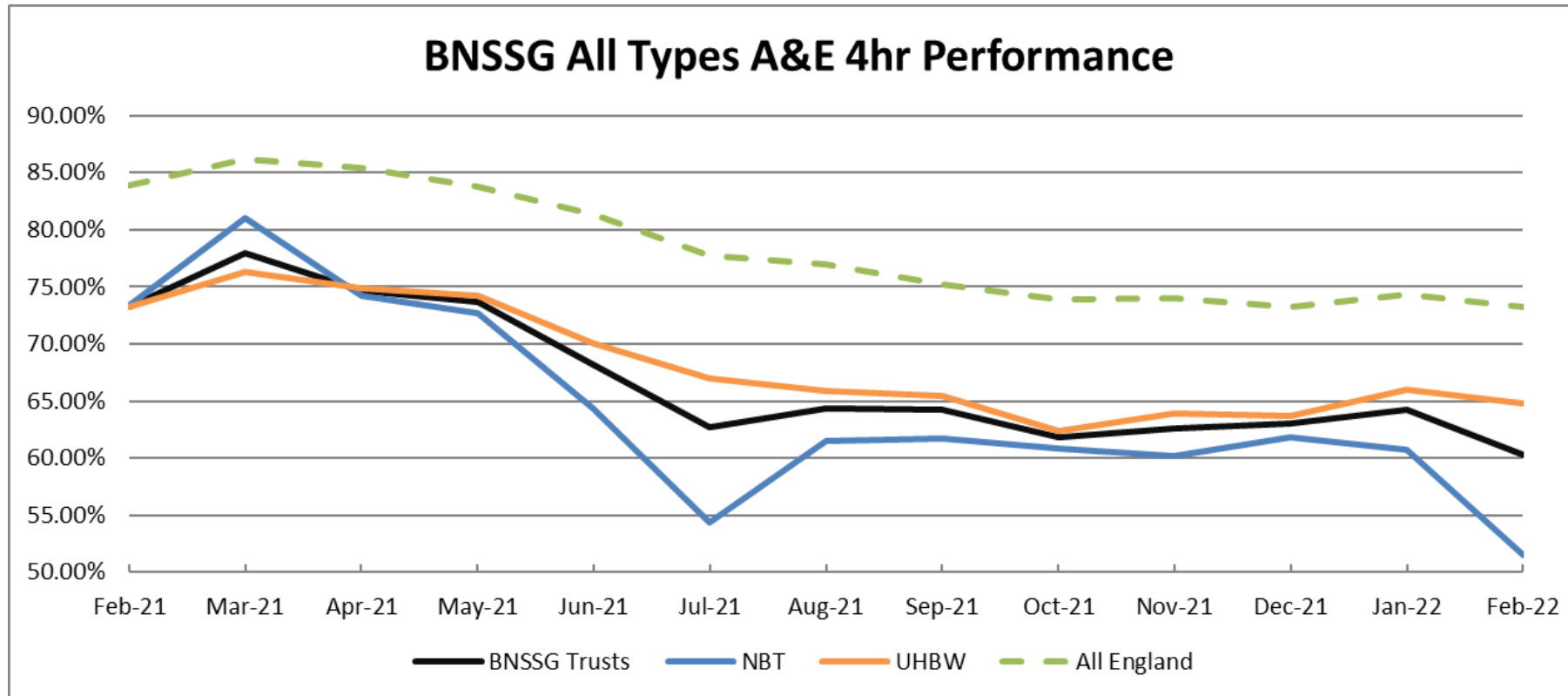
The position is outlined for the year to date at month 10 21/22 against the same period in 19/20. Due to the impact of Covid-19 on activity levels in 20/21, 19/20 is being used to highlight the comparison of the current position with the latest non-Covid position.

- For the year to date at January, there were reductions in activity across all areas compared to the same period in 19/20. From December to January, all activity increased except total A&E attendances and non-elective admissions +1 day length of stay, which decreased.
- Total referrals are 9.35% lower than the same period in 19/20. GP referrals are 13.93% lower than the same period in 19/20.
- First outpatient appointments are 14.86% lower than the same period in 19/20.
- Follow up appointments are 4.6% lower than the same period in 19/20.
- Total A&E attendances are 15.85% lower than the same period in 19/20, with 44,538 fewer attendances (averaging 146 fewer attendances per day).
- Total non-elective admissions are 11.72% lower than the same period in 19/20. The +1 day lengths of stay (LoS) are 13% lower, whilst zero day stays are 9.67% lower. Overall, there have been 10,874 fewer non-elective admissions than the same period in 19/20 (3,463 zero LoS and 7,411 +1 LoS).
- Total elective admissions are 12.36% lower than the same period in 19/20. Day Case admissions are 10.29% lower, whilst Ordinary admissions are 28.43% lower. Overall, there have been 12,939 fewer elective admissions than the same period in 19/20 (9,543 fewer Day Cases and 3,396 fewer Ordinary admissions).

## 3.1 Urgent Care – Overall Summary

| Drivers  | Improvement Needs  | Improvement actions  |
|--|--|--|
| <ul style="list-style-type: none"> <li>Secondary peak of covid acute bed occupancy in early February driven by omicron and increasing community infection rates. Numerous 'pop-ups' lead to bed closures and inefficiencies in managing bed base.</li> <li>Acute flow remains challenged. Partly driven by staffing absences in all partners due to vacancy rates and sickness absences which have continued to grow in January and February. This has reduced our ability to open escalation beds, affecting timely ambulance handovers and rates of discharge.</li> <li>Community services have been impacted by these staffing challenges including district nursing, D2A capacity and therefore delayed discharges.</li> <li>Covid IPC, zoning and social distancing requirements continue to affect acute bed efficiency.</li> <li>Large number of care homes closing to admission due to covid outbreaks, affecting flow into care.</li> <li>Mental Health bed availability continues to be escalated through EPRR.</li> </ul> | <ul style="list-style-type: none"> <li>Ambulance handover delays remain a significant outlier nationally in February:</li> <li>NBT total time lost over 15 minutes improved slightly from to 2,140 to 2,061 hours.</li> <li>BRI total time lost over 15 minutes improved slightly from to 2,534 to 2,332 hours.</li> <li>WGH total time lost over 15 minutes improved from 542 to 411 hours.</li> <li>Handover delays continue to impact ambulance response times, including Cat 1 and Cat 2 performance which improved in January to mean 9.8 mins and 100.3 mins respectively, significantly exceeding standards with onward impact on quality / outcomes.</li> <li>12hr DTA breaches worsened from 1,071 to 1,211 in BNSSG and remain a national outlier, with the majority occurring at WGH due to bedding of patients overnight in ED to manage take.</li> <li>All-types 4hr performance at both trusts deteriorated to 67%.</li> </ul> | <ul style="list-style-type: none"> <li>NHSEI Support to BNSSG (IUEC team) via UEC collaborative with whole system diagnostics, dynamic modelling and NHS111 first.</li> <li>Winter plan endorsed by system: Focus on 4 transformation areas – ED minors programme, frailty urgent care (including SDEC), domiciliary care workforce, and Discharge to Assess optimisation and business case delivery.</li> <li>Ambulance handovers improvement plan focussed on ED-SWAST interface - weekly exec level meetings and 3-weekly regional assurance session. Main actions focus on demand management, process improvement and reverse queueing capacity.</li> <li>Acute focus on weekend discharge rates.</li> <li>Minors: <ul style="list-style-type: none"> <li>System CAS perfect week concluded and evaluation due early April.</li> <li>ED streaming tool roll out on plan for April in both trusts.</li> <li>Redirection to pharmacy (CPCS) from UTC live, plan to pilot at BRI.</li> </ul> </li> <li>A-TED / SDEC - monitoring paramedic referral activity into BRI AMU SDEC pilot, and BNSSG alignment of system directories in MiDOS, Remedy and Severnside WDPL.</li> <li>Prevention of Admission work progressing: <ul style="list-style-type: none"> <li>Sirona 2 hour response development</li> <li>HT @ Home</li> <li>Frailty pilots at NBT (NCHIP) and follow up actions on BRI 7 workshop</li> </ul> </li> </ul> |

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

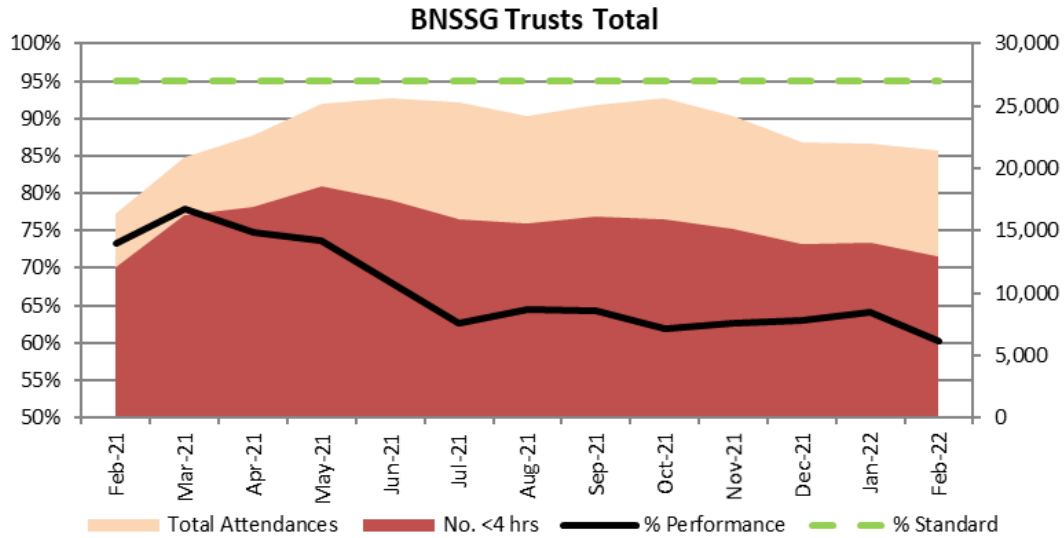


|                     | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 |
|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>BNSSG Trusts</b> | 73.28% | 77.94% | 74.70% | 73.69% | 68.14% | 62.71% | 64.39% | 64.22% | 61.86% | 62.65% | 63.04% | 64.19% | 60.27% |
| <b>NBT</b>          | 73.33% | 81.05% | 74.26% | 72.71% | 64.38% | 54.36% | 61.47% | 61.75% | 60.82% | 60.17% | 61.80% | 60.78% | 51.53% |
| <b>UHBW</b>         | 73.25% | 76.27% | 74.93% | 74.20% | 70.09% | 66.97% | 65.91% | 65.47% | 62.38% | 63.90% | 63.69% | 66.01% | 64.83% |
| <b>All England</b>  | 83.92% | 86.14% | 85.38% | 83.72% | 81.31% | 77.72% | 77.01% | 75.19% | 73.90% | 74.01% | 73.26% | 74.35% | 73.28% |

All types A&E performance for the BNSSG compared to All England.

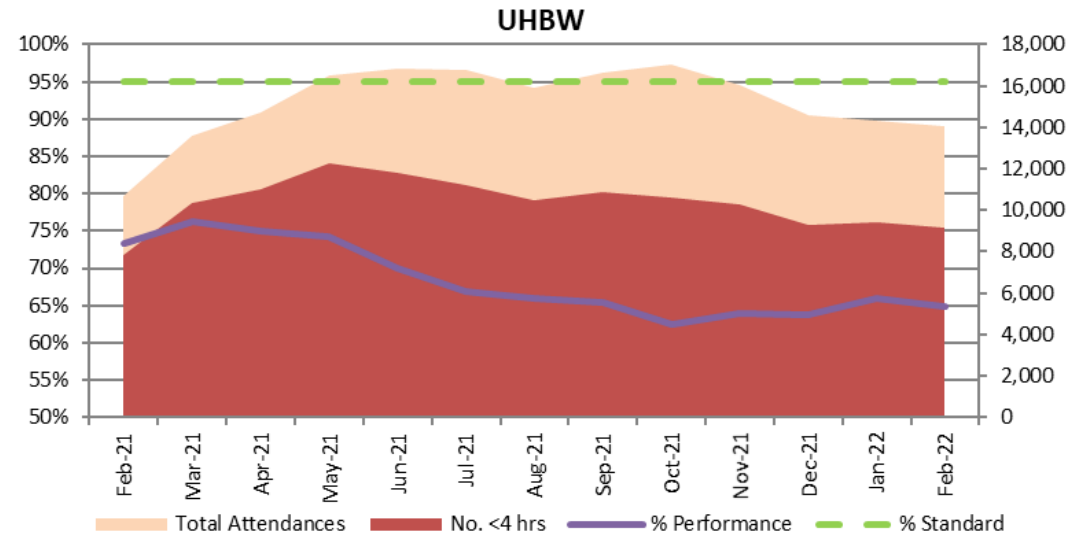
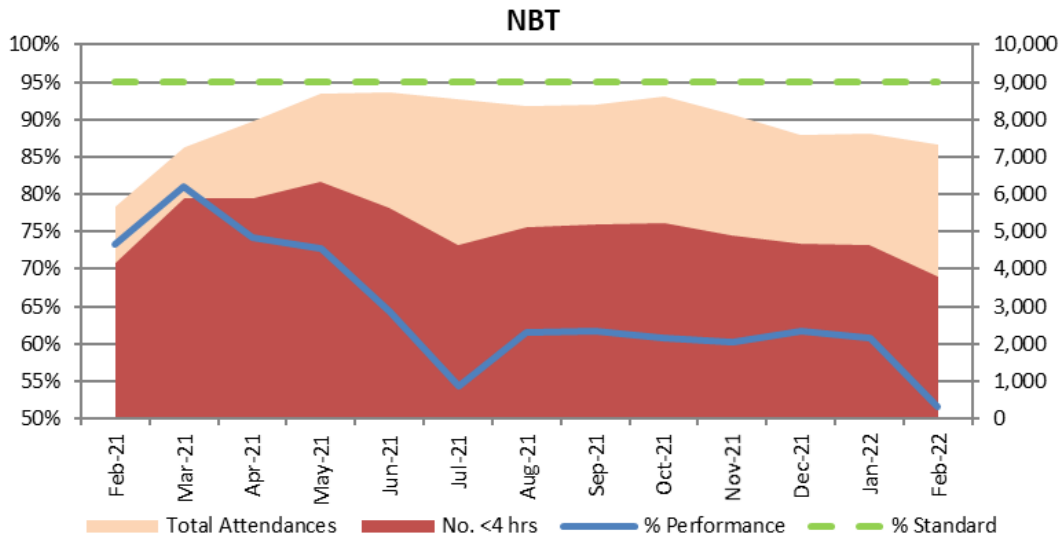


# 3.1 Urgent Care – A&E 4hr Waits – Trust Level – February

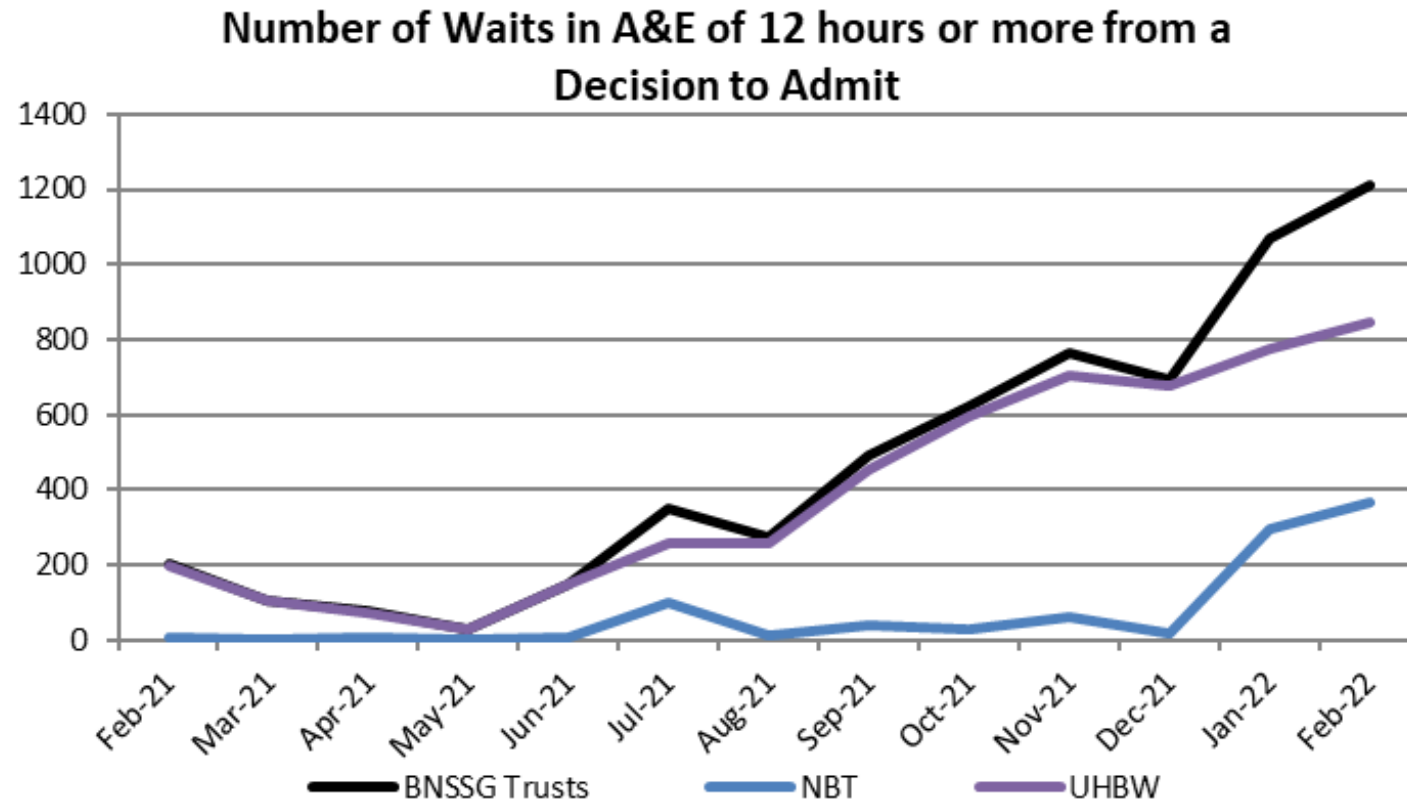


## 4hr waits Trust level

- Overall performance for BNSSG Trusts worsened from 64.2% in January to 60.3 in February and is worse than the national average for Type 1 EDs (60.8%).
- NBT worsened from 60.8% to 51.53%.
- UHBW worsened from 66% to 64.8%. See slide 12 for a breakdown of UHBW performance by site up to January.
- Attendances in February were lower at both NBT and UHBW compared to January. Both are lower compared to the same period in 19/20.
- All continue to fail the 95% national standard.
- All performed worse than the same period in 19/20.



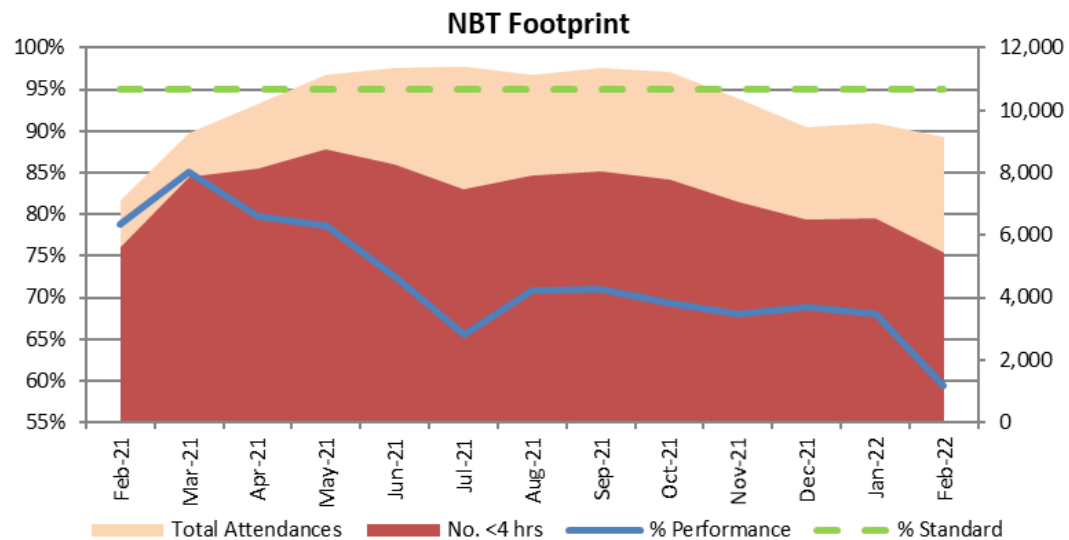
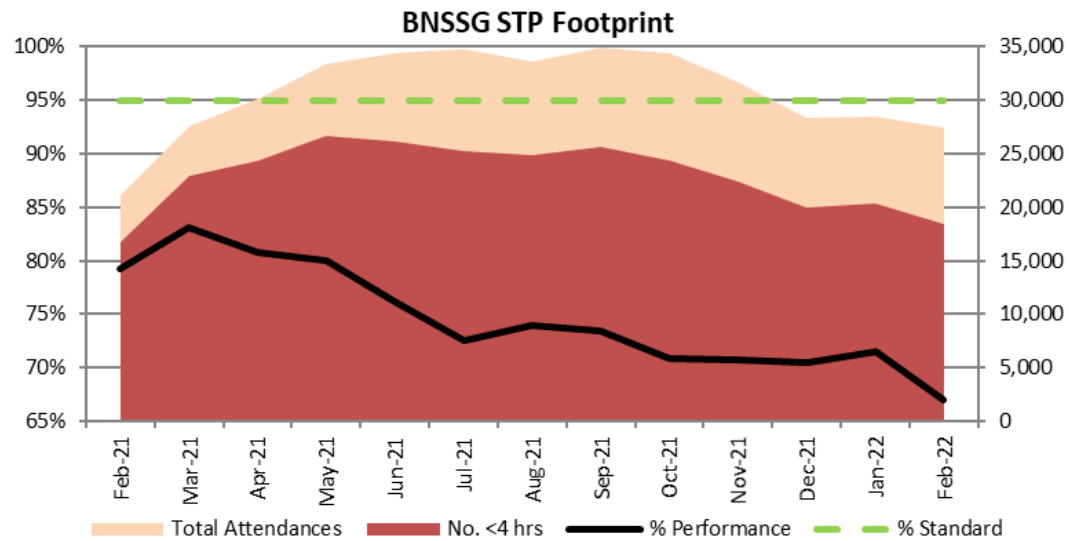
## 3.1 Urgent Care – A&E 12 hour Waits – February



### >12hr Trolley Waits

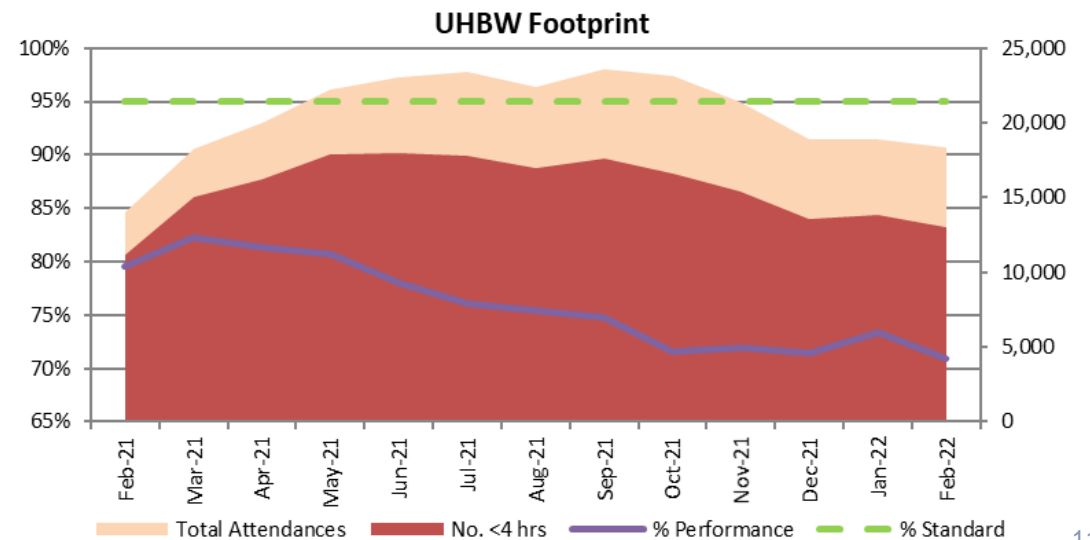
- Overall, at both BNSSG Trusts, there were 1,211 breaches in February, worse than the 1,071 breaches in January and worse than the same period in 19/20 (183 breaches).
- NBT reported 367 breaches in February, worse than the 295 breaches in January and worse than the same period in 19/20 (48 breaches).
- UHBW reported 844 breaches in February, worse than the 776 breaches in January and the same period in 19/20 (135 breaches).
- This is the highest number of breaches reported by both trusts.

# 3.1 Urgent Care – A&E 4hr Waits – Footprint Level – February

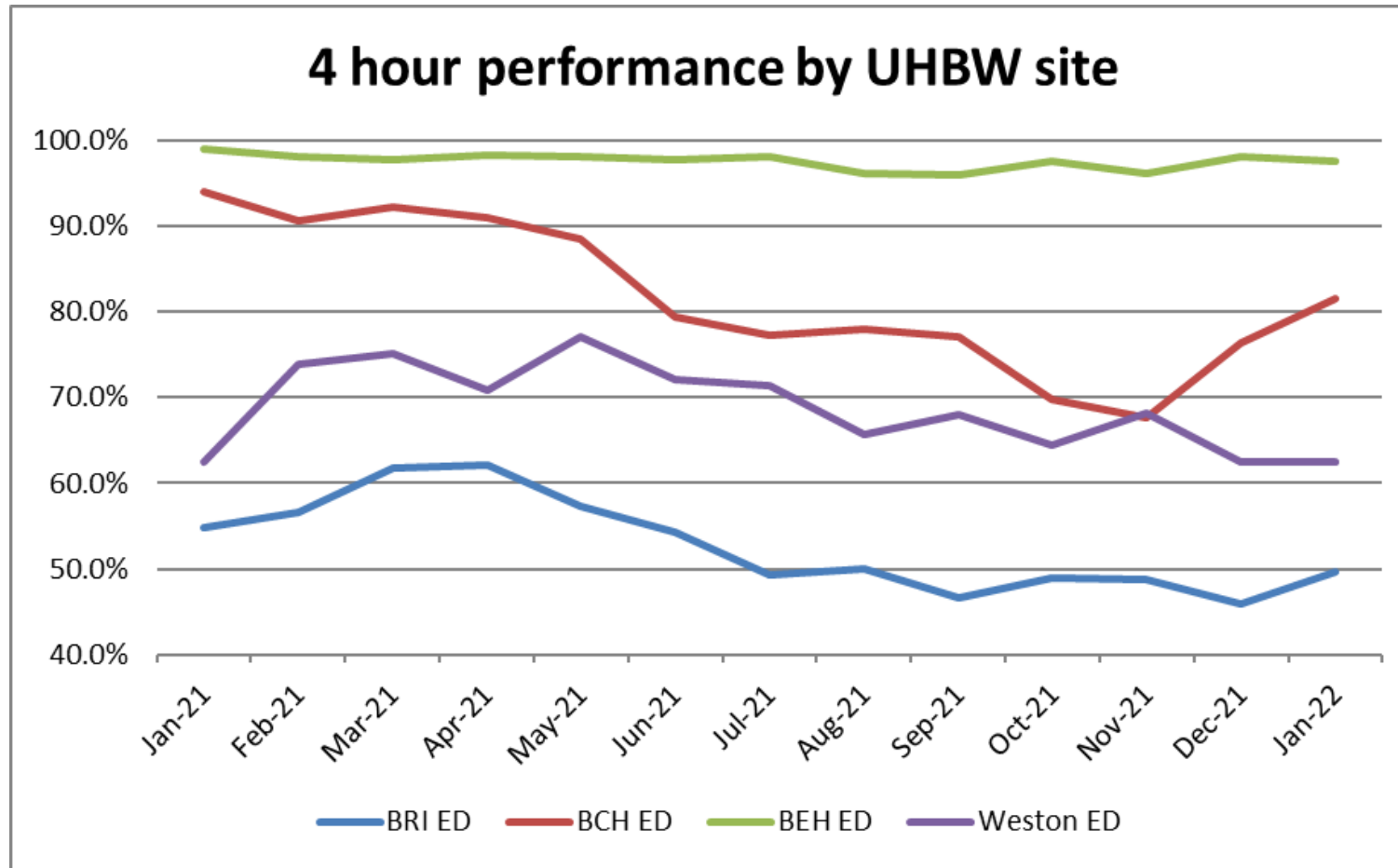


## 4hr waits Footprint level

- BNSSG STP Footprint (all types) performance worsened from 71.6% to 67% in February and is worse than the 73.3% national average.
- BNSSG is ranked 35<sup>th</sup> out of 42 STPs nationally (down from 30<sup>th</sup> last month) and 6<sup>th</sup> out of 7 STPs in the South West (down from 5<sup>th</sup> last month).
- NBT Footprint performance worsened from 68% to 59.4%.
- UHBW Footprint performance worsened from 73.3% to 70.9%.
- Attendances were lower at STP, NBT and UHBW footprint in February compared to January. All were lower compared to the same period in 19/20.
- All failed the 95% national standard.
- All performed worse than the same period in 19/20.



### 3.1 Urgent Care – UHBW A&E Performance by Site – January



| UHBW 4 Hour Performance by site | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| BRI ED                          | 54.9%  | 56.7%  | 61.8%  | 62.2%  | 57.4%  | 54.3%  | 49.3%  | 50.0%  | 46.6%  | 48.9%  | 48.8%  | 46.0%  | 49.6%  |
| BCH ED                          | 94.0%  | 90.6%  | 92.3%  | 90.9%  | 88.5%  | 79.3%  | 77.3%  | 78.0%  | 77.1%  | 69.8%  | 67.7%  | 76.4%  | 81.6%  |
| BEH ED                          | 98.9%  | 98.1%  | 97.7%  | 98.3%  | 98.1%  | 97.7%  | 98.0%  | 96.1%  | 95.9%  | 97.6%  | 96.1%  | 98.1%  | 97.6%  |
| Weston ED                       | 62.4%  | 73.9%  | 75.2%  | 70.8%  | 77.0%  | 72.1%  | 71.3%  | 65.6%  | 68.1%  | 64.4%  | 68.2%  | 62.4%  | 62.4%  |

# 3.1 Urgent Care – Proposed measures from the Clinical Review of Standards (CRS)

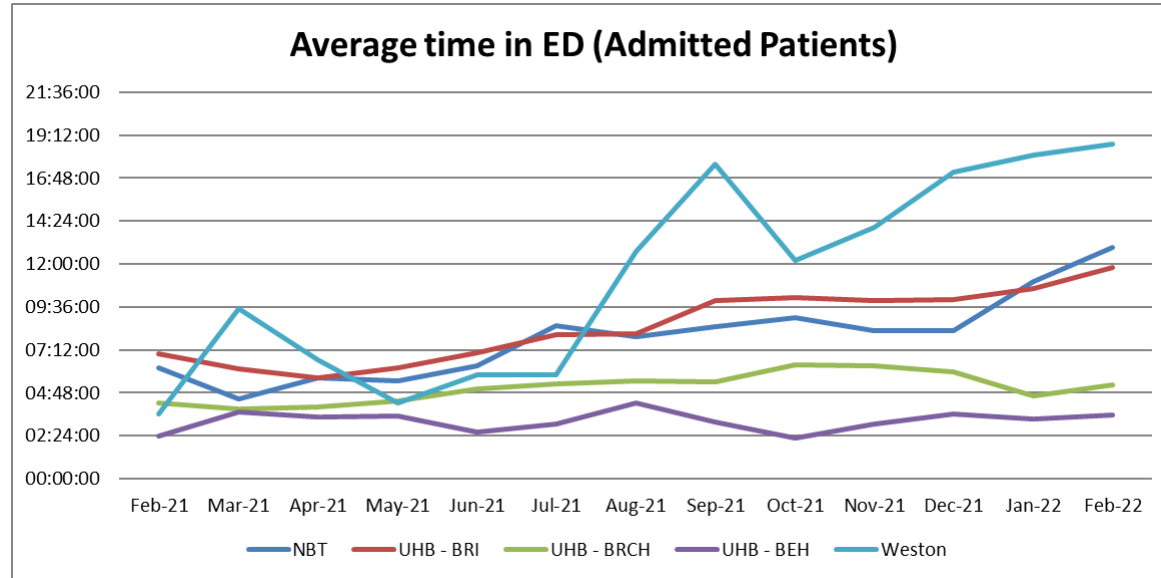
| Theme        | Ref | Indicator  | Reporting level | Standard | Jan-21  | Feb-21  | Mar-21  | Apr-21  | May-21  | Jun-21  | Jul-21  | Aug-21  | Sep-21  | Oct-21  | Nov-21  | Dec-21  | Jan-22  |
|--------------|-----|--|-----------------|----------|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Pre hospital | 1   | Response times for ambulances (Category 2 Response time – 90th centile)                | BNSSG Trusts    | 0:40:00  | 0:55:24   | 0:44:30 | 0:40:54 | 0:43:48 | 0:54:48 | 1:15:18 | 2:49:42 | 1:55:00 | 3:00:12 | 3:59:06 | 3:36:36 | 3:47:36 | 2:38:24 |
|              | 2   | Reducing avoidable trips (conveyance rates) to Emergency Departments by 999 ambulances | BNSSG Trusts    | TBC      | 44.6%   | 47.6%   | 48.8%   | 48.3%   | 45.6%   | 43.0%   | 35.9%   | 39.6%   | 36.8%   | 35.6%   | 39.3%   | 39.6%   | 42.0%   |
|              | 3   | Proportion of contacts via NHS 111 that receive clinical input                         | BNSSG           | 50%      | 70.9%   | 72.4%   | 70.6%   | 60.8%   | 58.2%   | 55.1%   | 58.0%   | 56.9%   | 54.9%   | 54.8%   | 55.1%   | 56.9%   | 59.6%   |
| A&E          | 4   | Percentage of Ambulance Handovers within 15 minutes                                    | BNSSG Trusts    | TBC      | 42%   | 52%     | 50%     | 44%     | 42%     | 38%     | 30%     | 28%     | 25%     | 23%     | 24%     | 21%     | 19%     |
|              | 5   | Time to Initial Assessment – percentage within 15 minutes                              | UHBW*           | 95%      | 80.3%   | 82.2%   | 77.7%   | 88.8%   | 88.5%   | 88.1%   | 88.9%   | 83.4%   | 80.9%   | 81.2%   | 80.2%   | 78.5%   | 82.0%   |
|              | 6   | Average (mean) time in Department – non-admitted patients                              | BNSSG patients  | TBC      | See next slide for details                              |         |         |         |         |         |         |         |         |         |         |         |         |
| Hospital     | 7   | Hospital Average (mean) time in Department – admitted patients                         | BNSSG patients  | TBC      | See next slide for details                              |         |         |         |         |         |         |         |         |         |         |         |         |
|              | 8   | Clinically Ready to Proceed – time from ‘ready,’ to leaving ED                         | BNSSG patients  | TBC      | Awaiting further details                                |         |         |         |         |         |         |         |         |         |         |         |         |
| Whole System | 9   | Patients spending more than 12 hours in A&E  | BNSSG Trusts    | 0        | 674   | 202     | 102     | 77      | 28      | 150     | 352     | 271     | 494     | 623     | 765     | 696     | 1071    |
|              | 10  | Critical Time Standards (still in development)   | TBC             | TBC      | Awaiting further details - measure still in development |         |         |         |         |         |         |         |         |         |         |         |         |

\*as published in UHBW's IPR

**Please note:**

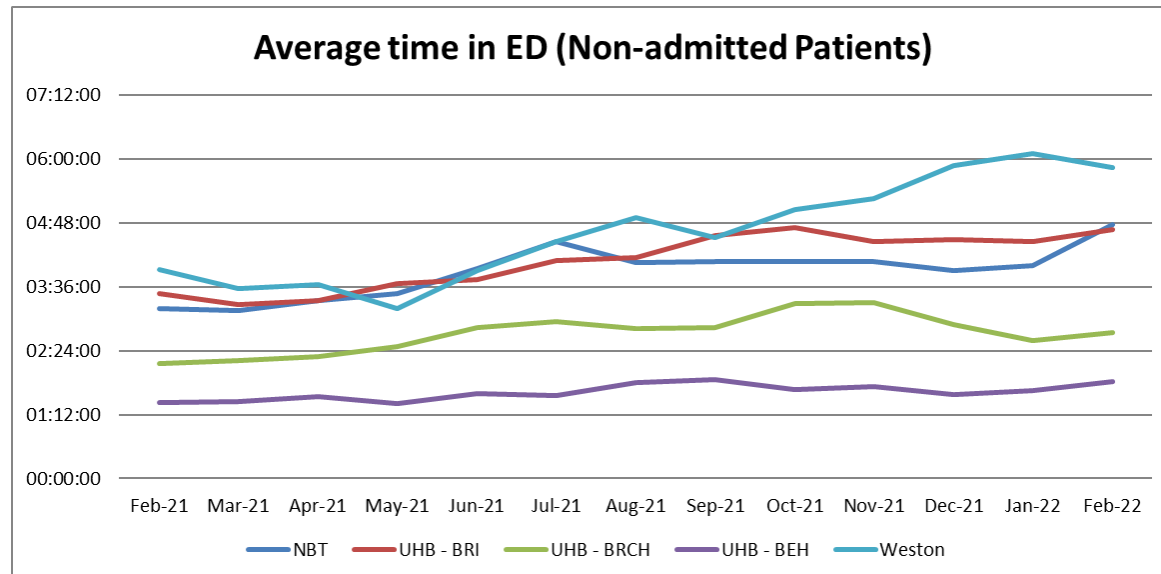
- See the following slide for measures 6 and 7
- This table represents the proposed set of measures from the A&E clinical review of access standards.
- This set has yet to be finalised and published.
- Further details, including the technical definitions for some of the measures, are still to be published.

# 3.1 Urgent Care – Average Time in ED for Admitted and Non-admitted Patients (CRS) – February



### Average Time in ED – Admitted Patients

- NBT increased to 12 hours and 54 minutes.
- BRI increased to 11 hours and 48 minutes.
- Weston increased to 18 hours and 42 minutes.



### Average Time in ED – Non-admitted Patients

- NBT increased to 4 hours and 46 minutes.
- BRI increased to 4 hours and 41 minutes.
- Weston decreased to 5 hours and 50 minutes

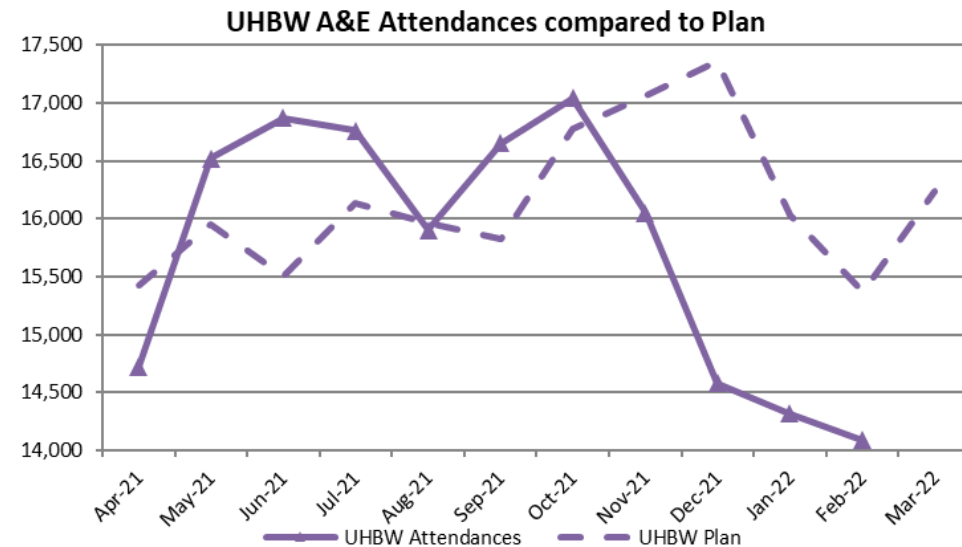
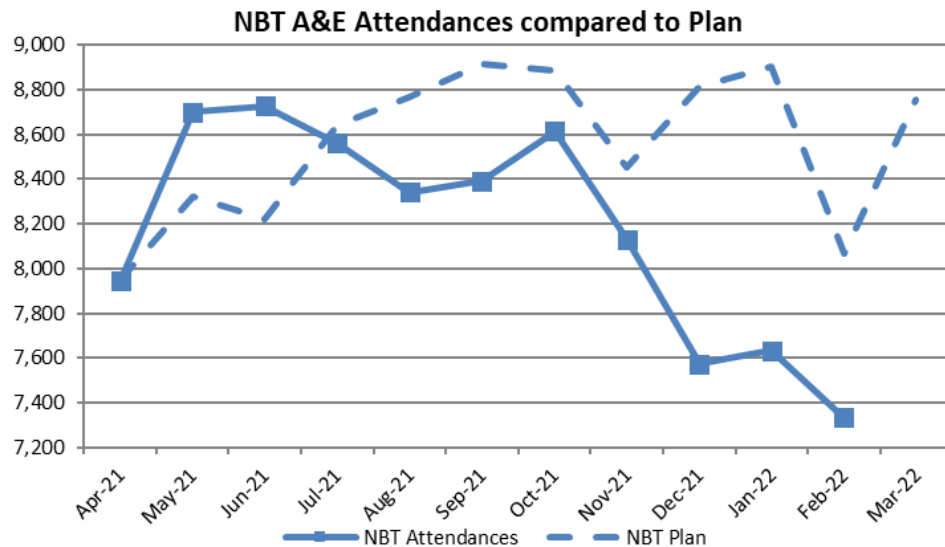
Data source: ECDS - BNSSG patients only, using departure time

# 3.1 Urgent Care – A&E Attendances compared to Plan

|      |          | H1 21/22 Operational Plan |        |        |        |        |        | H2 21/22 Operational Plan |        |        |        |        |        |
|------|----------|---------------------------|--------|--------|--------|--------|--------|---------------------------|--------|--------|--------|--------|--------|
|      |          | Apr-21                    | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21                    | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| NBT  | Type 1&2 | 7,945                     | 8,700  | 8,728  | 8,561  | 8,342  | 8,392  | 8,614                     | 8,133  | 7,574  | 7,633  | 7,334  |        |
|      | Plan     | 7,950                     | 8,323  | 8,221  | 8,643  | 8,766  | 8,914  | 8,885                     | 8,452  | 8,812  | 8,902  | 8,071  | 8,757  |
| UHBW | Type 1&2 | 14,723                    | 16,522 | 16,871 | 16,760 | 15,901 | 16,654 | 17,041                    | 16,049 | 14,578 | 14,317 | 14,090 |        |
|      | Plan     | 15,420                    | 15,952 | 15,504 | 16,131 | 15,960 | 15,823 | 16,781                    | 17,067 | 17,358 | 16,031 | 15,363 | 16,239 |

## A&E Trajectories

- This slide shows the number of A&E attendances at total provider level for NBT and UHBW compared to the H1 and H2 21/22 Operational Plan.



# 3.1 Urgent Care – Acute Discharges

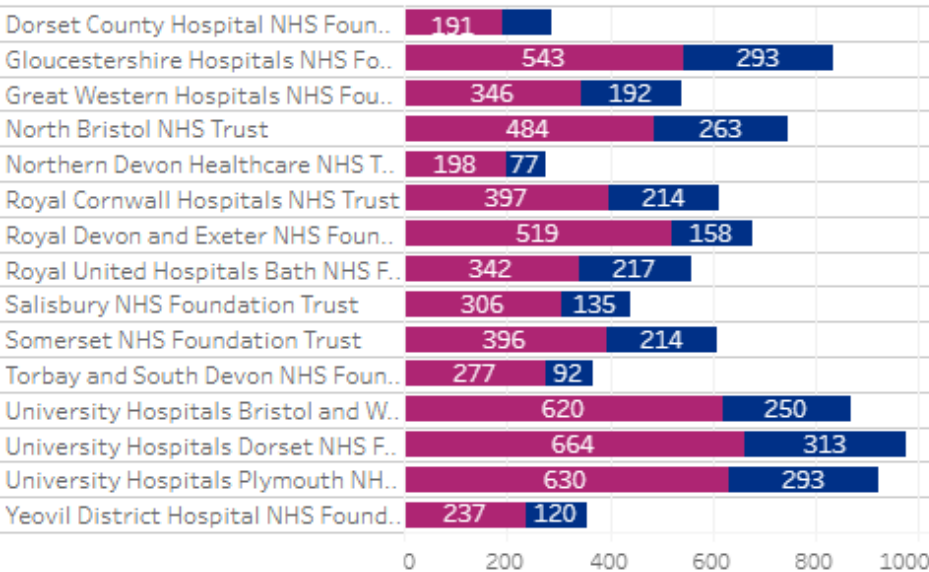
The tables show the breakdown of patients meeting the criteria to be discharged and the criteria to reside for each of the South West acute providers, including NBT and UHWB.

The table to the right shows the position at w/c 7<sup>th</sup> March 2022.

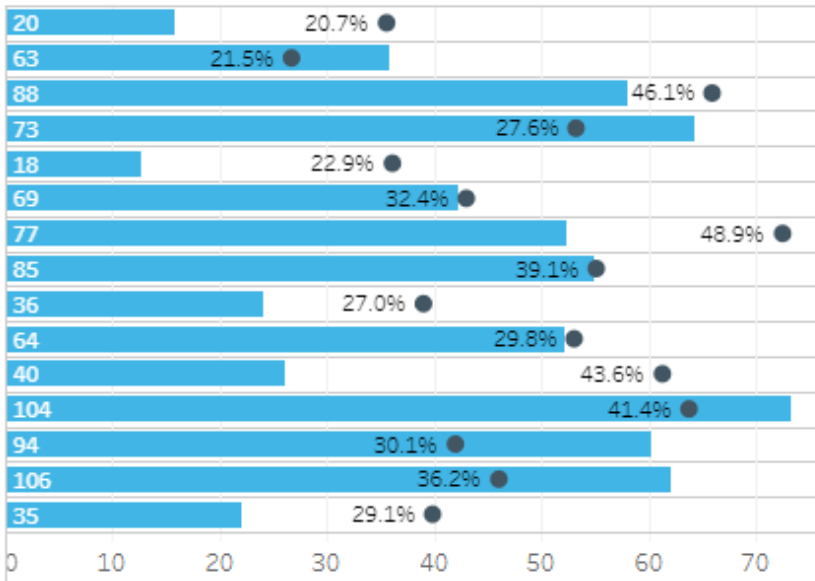
The table below shows the average number of patients for the last 7 days from 1<sup>st</sup> to 7<sup>th</sup> March 2022.

|                            |   | Patients who meet the criteria to reside | Patients who meet the criteria to be discharged | Patients discharged by 17:00 | Patients discharged after 17:00 | Home | Care Home | Rehabilitation Bed | Hospice | Other Location | DIS004_P0_Home | DIS004_P0_Other | DIS004_P1_Home | DIS004_P1_HOTEL | DIS004_P1_Other | DIS004_P2_CareHome | DIS004_P2_Hospice | DIS004_P2_RehabilitationBed | DIS004_P3_CareHome | DIS004_P3b_CareHome |
|----------------------------|---|--|---|------------------------------|---------------------------------|------|-----------|--------------------|---------|----------------|----------------|-----------------|----------------|-----------------|-----------------|--------------------|-------------------|-----------------------------|--------------------|---------------------|
| Bath And North East S.     | Royal United Hospitals Bath NHS Fou..   | 368                                      | 230   | 52                           | 47                              | 49   | 2         | 0                  | 0       | 1              | 44             | 1               | 5              | 0               | 0               | 1                  | 0                 | 0                           | 1                  | 0                   |
|                            | Great Western Hospitals NHS Founda      | 349                                      | 196   | 50                           | 34                              | 47   | 1         | 0                  | 0       | 2              | 44             | 1               | 3              | 0               | 1               | 0                  | 0                 | 0                           | 0                  | 1                   |
|                            | Salisbury NHS Foundation Trust          | 309                                      | 137   | 19                           | 20                              | 18   | 1         | 0                  | 0       | 0              | 14             | 0               | 4              | 0               | 0               | 0                  | 0                 | 0                           | 0                  | 1                   |
| Bristol North S.           | University Hospitals Bristol and Wes..  | 632                                      | 237   | 70                           | 33                              | 64   | 4         | 2                  | 0       | 0              | 62             | 0               | 2              | 0               | 0               | 1                  | 0                 | 2                           | 3                  | 0                   |
|                            | North Bristol NHS Trust                 | 508                                      | 262   | 71                           | 9                               | 70   | 1         | 0                  | 0       | 0              | 69             | 0               | 1              | 0               | 0               | 0                  | 0                 | 0                           | 1                  | 0                   |
| w/c 07-Mar-22<br>Devon STP | Royal Cornwall Hospitals NHS Trust      | 405                                      | 220   | 44                           | 28                              | 41   | 0         | 3                  | 0       | 0              | 40             | 0               | 1              | 0               | 0               | 0                  | 0                 | 3                           | 0                  | 0                   |
|                            | University Hospitals Plymouth NHS T..   | 630                                      | 290   | 60                           | 47                              | 52   | 6         | 2                  | 0       | 0              | 50             | 0               | 2              | 0               | 0               | 5                  | 0                 | 2                           | 1                  | 0                   |
|                            | Royal Devon and Exeter NHS Foundat..    | 527                                      | 148   | 50                           | 29                              | 44   | 2         | 0                  | 0       | 4              | 42             | 4               | 2              | 0               | 0               | 0                  | 0                 | 0                           | 0                  | 0                   |
|                            | Torbay and South Devon NHS Founda..     | 276                                      | 100   | 17                           | 21                              | 15   | 2         | 0                  | 0       | 0              | 11             | 0               | 4              | 0               | 0               | 0                  | 0                 | 0                           | 0                  | 0                   |
| Dorset STP                 | Northern Devon Healthcare NHS Trust     | 196                                      | 79  | 15                           | 0                               | 15   | 0         | 0                  | 0       | 0              | 13             | 0               | 2              | 0               | 0               | 0                  | 0                 | 0                           | 0                  | 0                   |
|                            | University Hospitals Dorset NHS Fou..   | 642                                      | 310   | 46                           | 47                              | 43   | 1         | 2                  | 0       | 0              | 35             | 0               | 8              | 0               | 0               | 1                  | 0                 | 2                           | 0                  | 0                   |
|                            | Dorset County Hospital NHS Foundati..   | 203                                      | 76  | 6                            | 1                               | 6    | 0         | 0                  | 0       | 0              | 6              | 0               | 0              | 0               | 0               | 0                  | 0                 | 0                           | 0                  | 0                   |
|                            | Gloucestershire Hospitals NHS Found     | 550                                      | 293   | 31                           | 28                              | 29   | 0         | 1                  | 0       | 1              | 28             | 0               | 1              | 0               | 1               | 0                  | 0                 | 1                           | 0                  | 0                   |
| Somerset STP               | Somerset NHS Foundation Trust           | 410                                      | 215   | 61                           | 11                              | 57   | 3         | 1                  | 0       | 0              | 50             | 0               | 7              | 0               | 0               | 2                  | 0                 | 1                           | 0                  | 1                   |
|                            | Yeovil District Hospital NHS Foundati.. | 248                                      | 123   | 25                           | 14                              | 22   | 1         | 1                  | 0       | 0              | 18             | 0               | 4              | 0               | 0               | 0                  | 0                 | 1                           | 0                  | 1                   |
| South West                 |   | 6,253                                    | 2,916   | 617                          | 369                             | 572  | 24        | 12                 | 0       | 8              | 526            | 6               | 46             | 0               | 2               | 10                 | 0                 | 12                          | 7                  | 7                   |

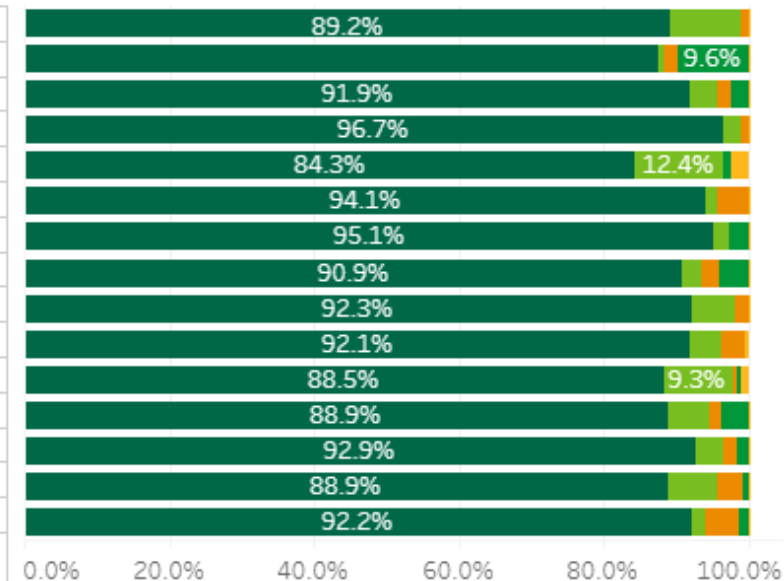
Average daily patients



Average number of patients discharged and % discharged



Destination after discharge



Source: Discharge Sitrep - daily collection

Patients who meet the criteria to reside Patients who meet the criteria to be discharged

Patients discharged by 17:00 % of Patients Discharged by 17:00

Home Care Home Hospice Rehabilitation ... Other Location



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

### 111

- **111 calls received were up 15% in January 22** compared to January 20
- **Calls answered as a percentage of those received rose by 15% in January 22** compared to January 20

### Ambulance

- **Compared to February 20 during February 22 total A&E calls taken by SWAST increased by 11.8%**
- **Total Ambulance Incidents fell by 4.6% in February 22** compared to February 20
- **Ambulances Conveyed to ED fell by 30% in February 22** compared to February 20
- **Cat 1 mean response time deteriorated from 6m12s in February 20 to 9m48s in February 22**

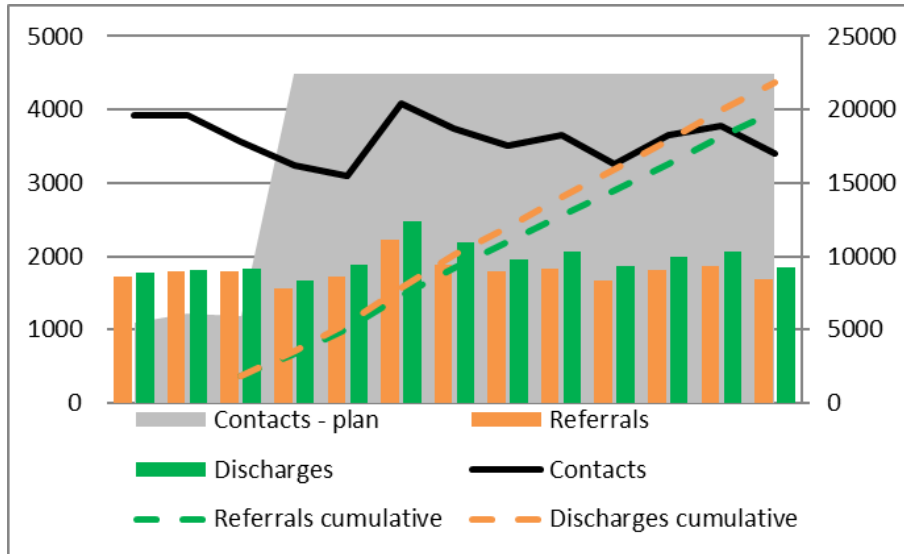
### EDs

- **Total ED attendances for February** were lower than 19/20 levels
- **Type 1 ED Activity is slightly below pre-pandemic levels**
- **A&E performance has dropped 14.82% points** on 19/20 levels
- **Emergency admissions via A&E are lower than 19/20 levels**

# 3.1 Urgent Care – Sirona activity

## Rapid Response - February

- Sirona contacts, referrals and discharges all decreased in February compared to January.

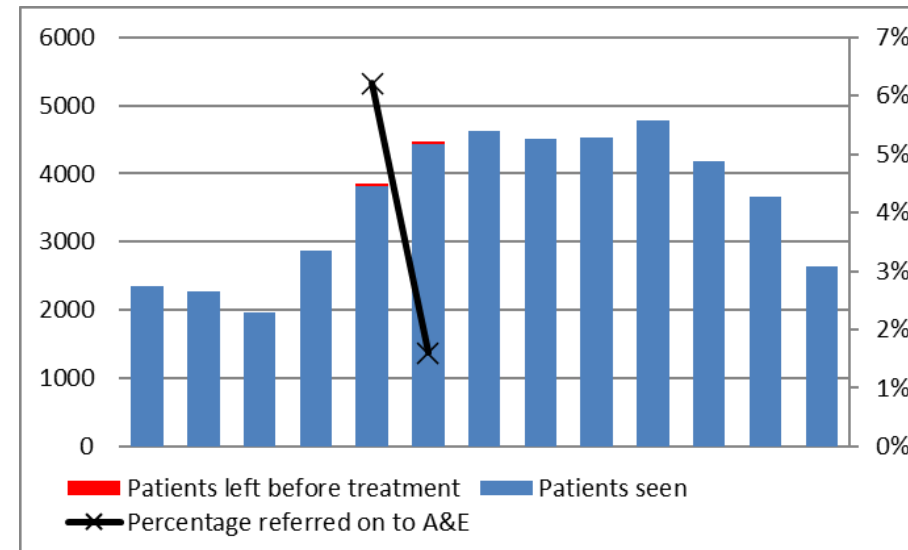
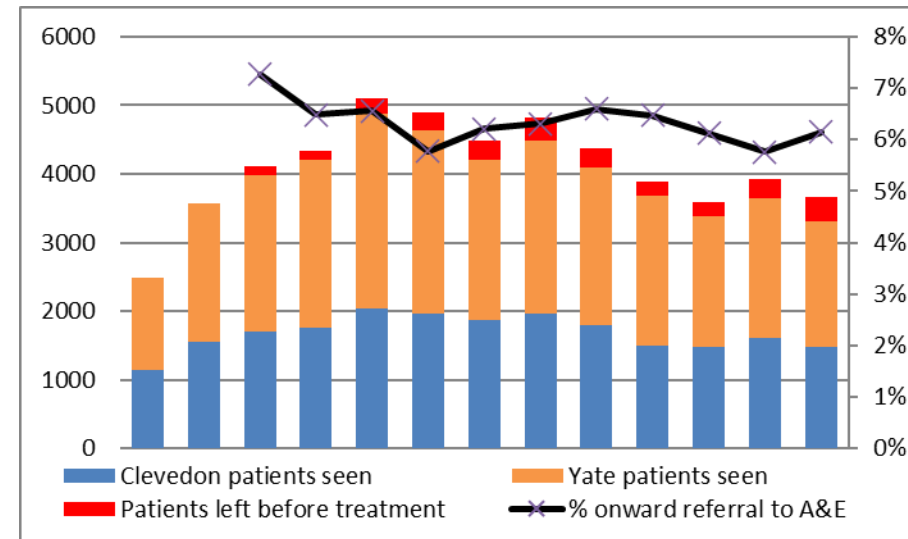


## UTC attendances - December

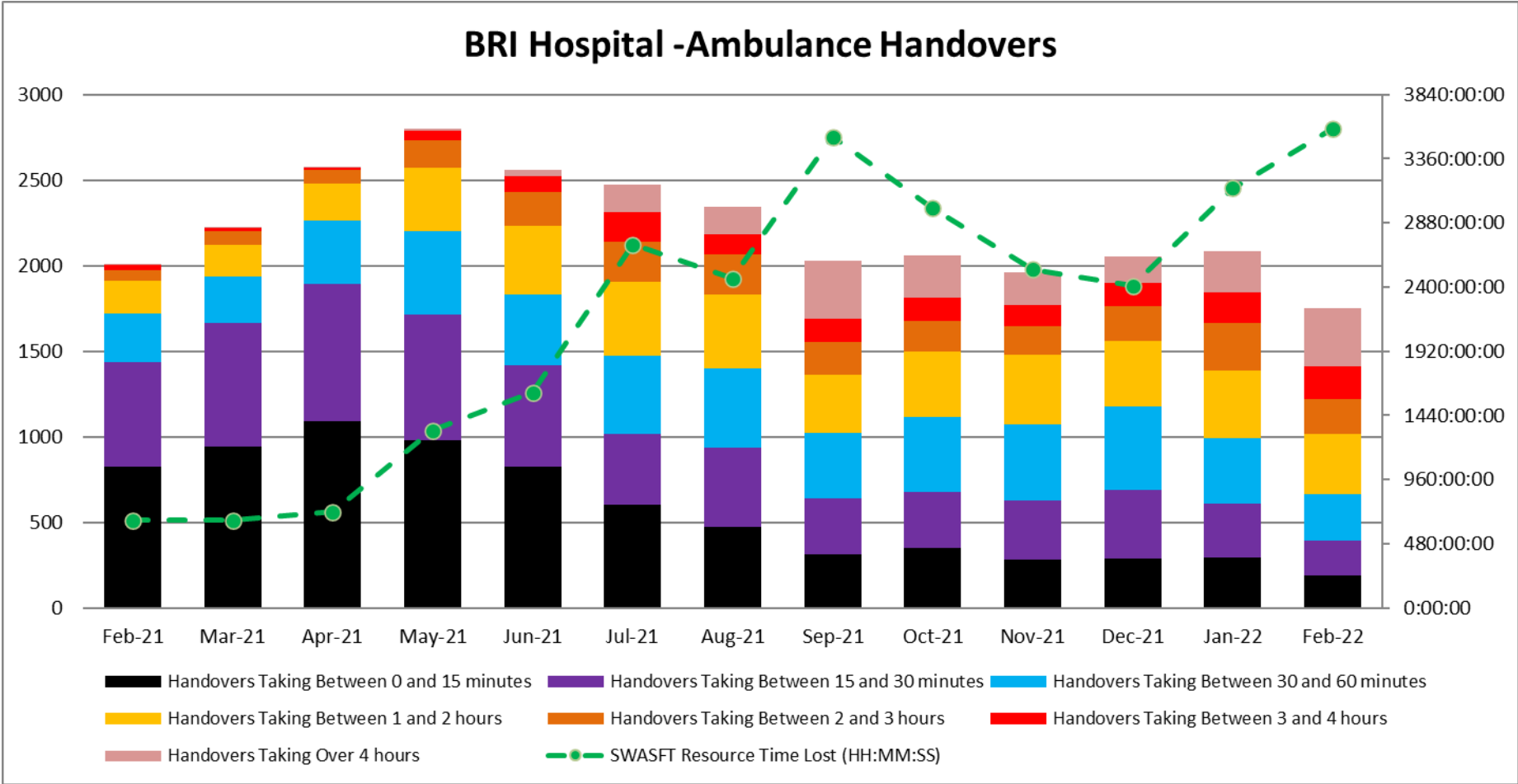
- UTC attendances decreased in December compared to November. Data source has changed - awaiting January/February data.

## MIU attendances - February

- MIU patients seen decreased at both Clevedon and Yate in February compared to January.
- The number of patients leaving before treatment increased.



# 3.1 Urgent Care – Ambulance Handovers – Bristol Royal Infirmary – February

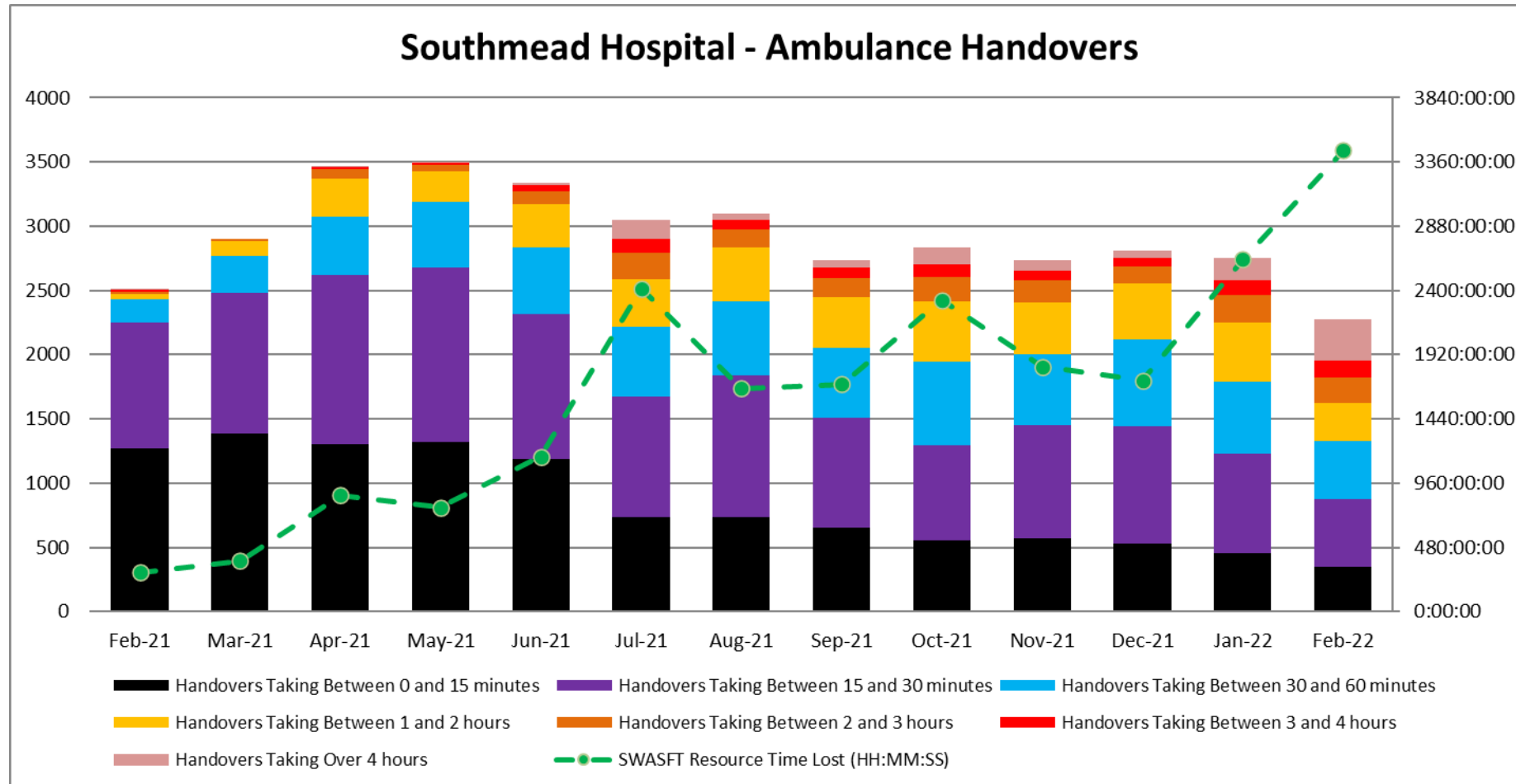


### Ambulance handovers & Time lost – January to February

- Total number of handovers over 15 minutes improved from 1,791 to 1,561.
- Total number of handovers improved from 2,085 to 1,752.
- The percentage of handovers within 15 minutes worsened from 14% to 11%.
- The total time lost worsened from 3,142 hours to 3,585 hours.

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

# 3.1 Urgent Care – Ambulance Handovers – Southmead Hospital – February

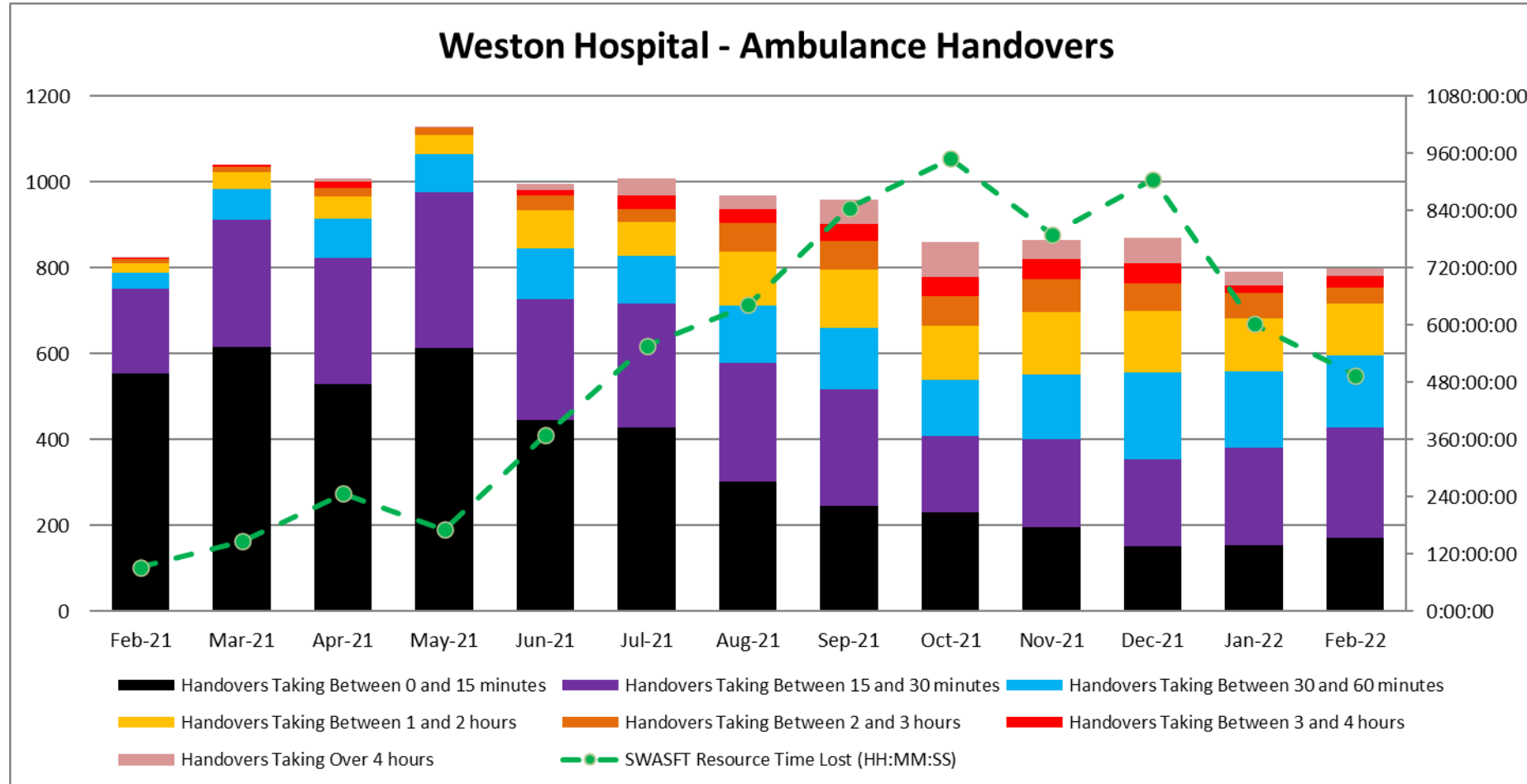


## Ambulance handovers & Time lost – January to February

- Total number of handovers over 15 minutes improved from 2,303 to 1,931.
- Total number of handovers improved from 2,754 to 2,275.
- The percentage of handovers within 15 minutes worsened from 16% to 15%.
- The total time lost worsened from 2,631 hours to 3,444 hours.

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

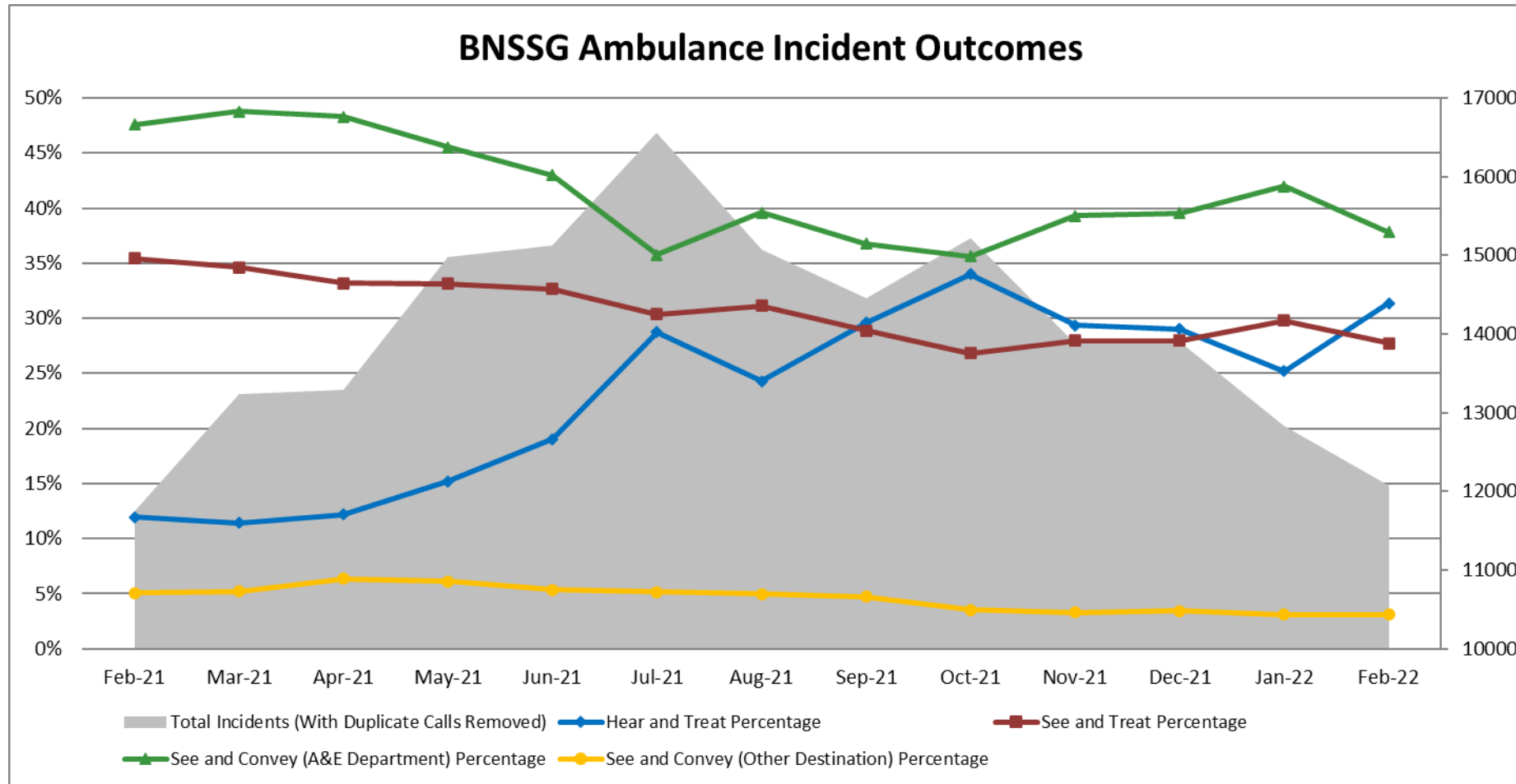
# 3.1 Urgent Care – Ambulance Handovers – Weston General Hospital – February



### Ambulance handovers & Time lost – January to February

- Total number of handovers over 15 minutes improved from 636 to 630.
- Total number of handovers worsened from 790 to 799.
- The percentage of handovers within 15 minutes improved from 19% to 21%.
- The total time lost improved from to 602 hours to 495 hours.

# 3.1 Urgent Care – SWASFT Incident Outcomes – BNSSG STP – February



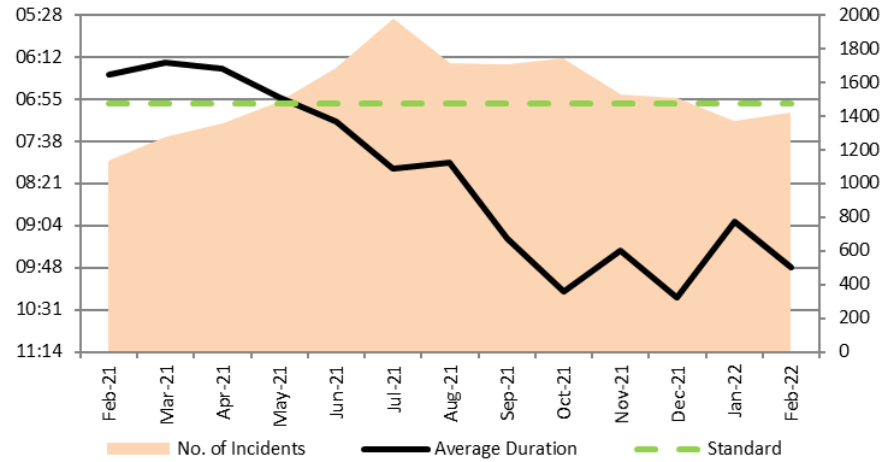
## Ambulance Incident Outcomes – January to February

- Hear and Treat percentage increased from 25.2% to 31.4%.
- See and Treat percentage decreased from 29.8% to 27.7%.
- See and Convey (A&E Department) percentage decreased from 42% to 37.8%.
- See and Convey (Other Destination) percentage increased from 3.08% to 3.11%.

# 3.1 Urgent Care – SWASFT Response Times – February

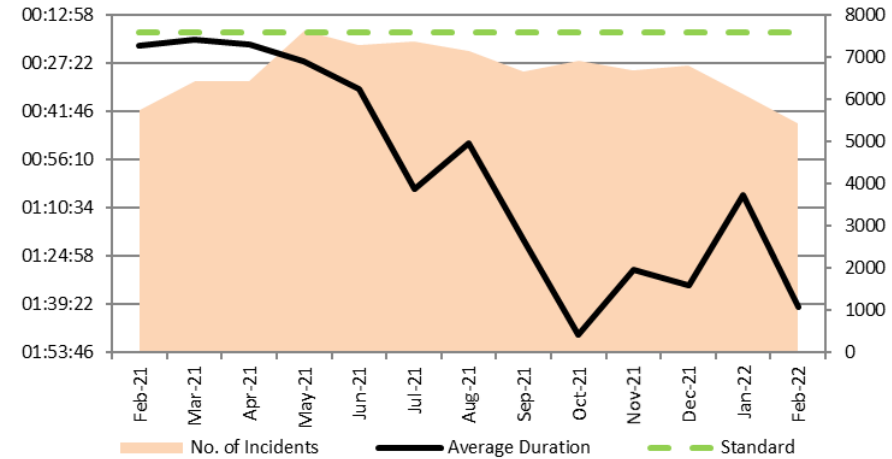
## Category 1 Average Duration (min:sec)

BNSSG average response time worsened to 9m48s. The 7 min standard was last achieved in May 2021. This was worse than the same period in 19/20 (6m12s).



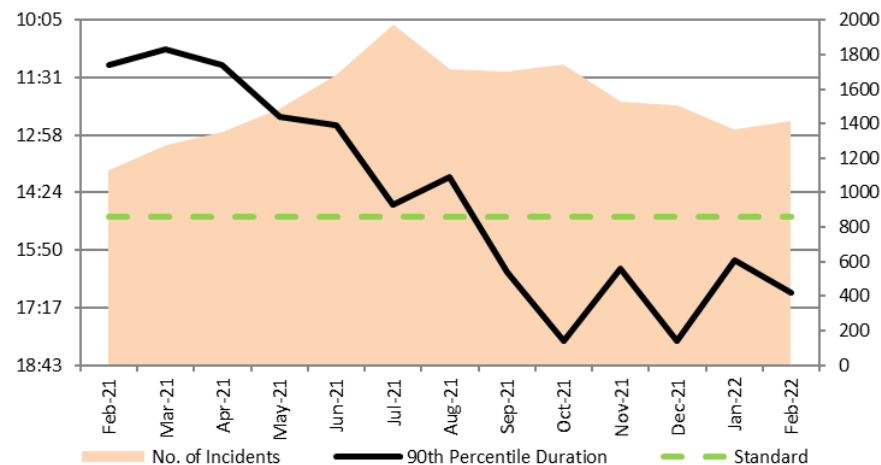
## Category 2 Average Duration (min:sec)

BNSSG average response time worsened to 1h40m18s. The 18 min standard was last achieved in July 2020. This was worse than the same period in 19/20 (23m42s).



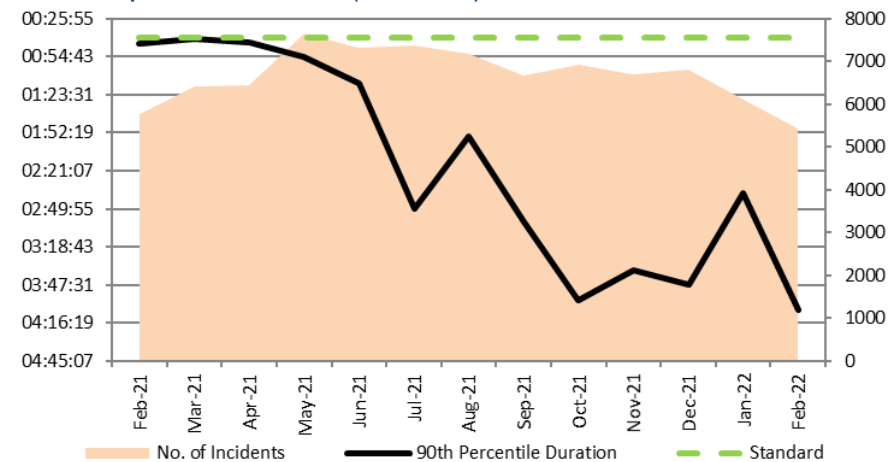
## Category 1 90<sup>th</sup> Percentile Duration (min:sec)

BNSSG performance worsened with 90% responded to in 16m54s. The 15 min standard was last achieved in August 2021. This was worse than the same period in 19/20 (10m42s).



## Category 2 90<sup>th</sup> Percentile Duration (hr:min:sec)

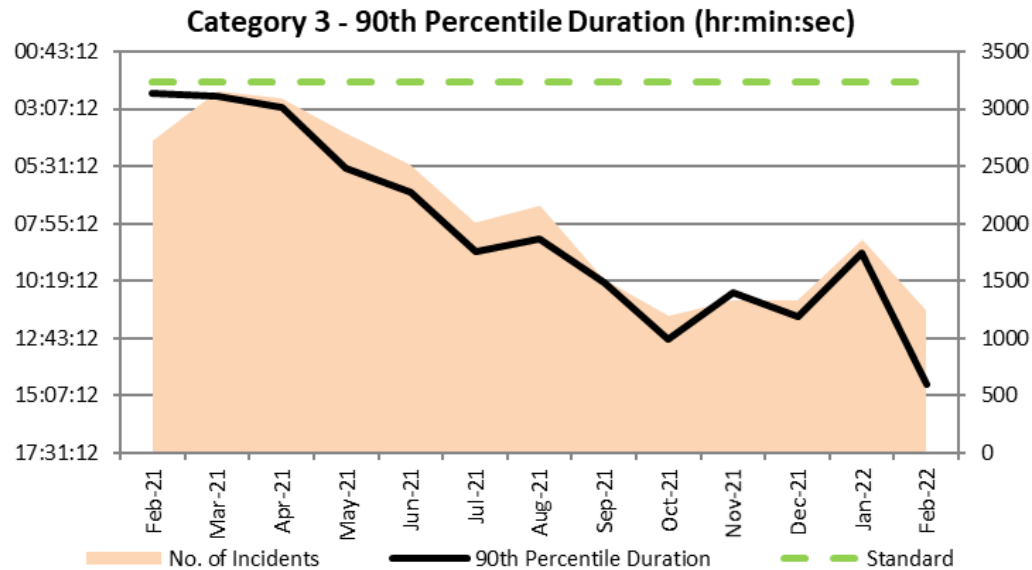
BNSSG performance worsened with 90% responded to in 4h06m36s. The 40 min standard was last achieved in August 2020. This was worse than the same period in 19/20 (48m54s).



# 3.1 Urgent Care – SWASFT Response Times – February

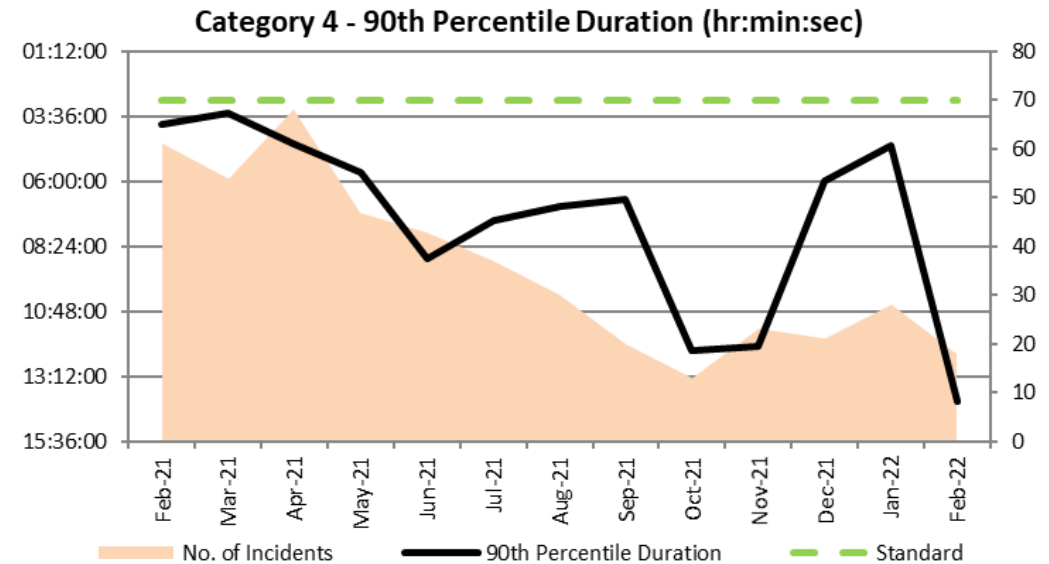
## Category 3 90<sup>th</sup> Percentile Duration

BNSSG performance worsened in February with 90% responded to in 14h37m18s. The 2 hour standard has not been achieved since July 2020. This was worse than the same period in 19/20 (2h42m48s).



## Category 4 90<sup>th</sup> Percentile Duration

BNSSG performance worsened in February with 90% responded to in 14h06m36s. The 3 hour standard has not been achieved since June 2020. This was worse than the same period in 19/20 (3h32m54s)

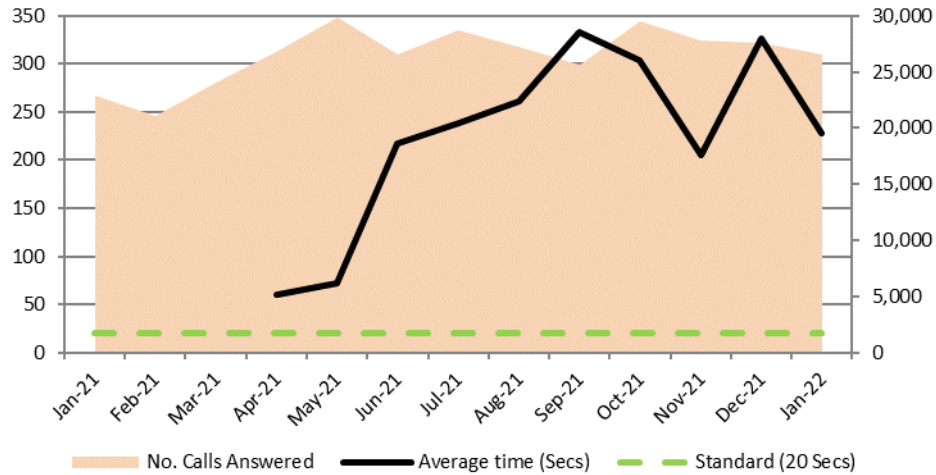




# 3.1 Urgent Care – SevernSide IUC – January

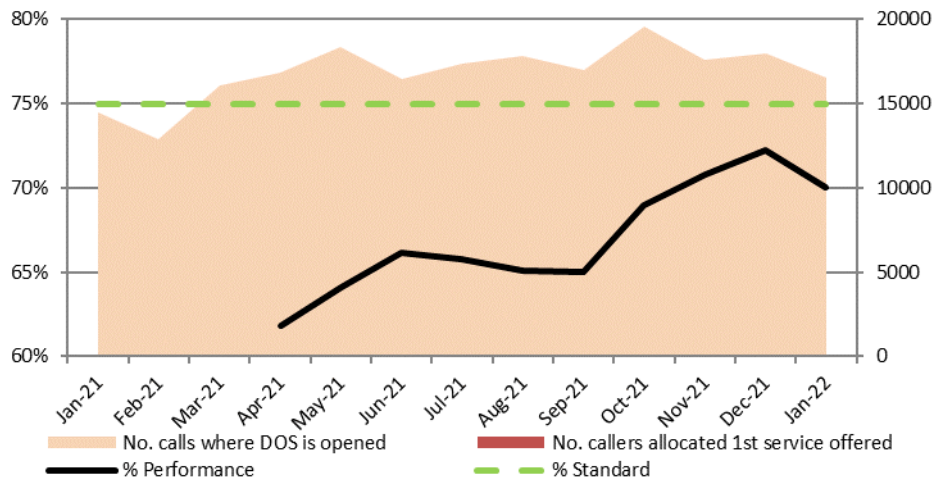
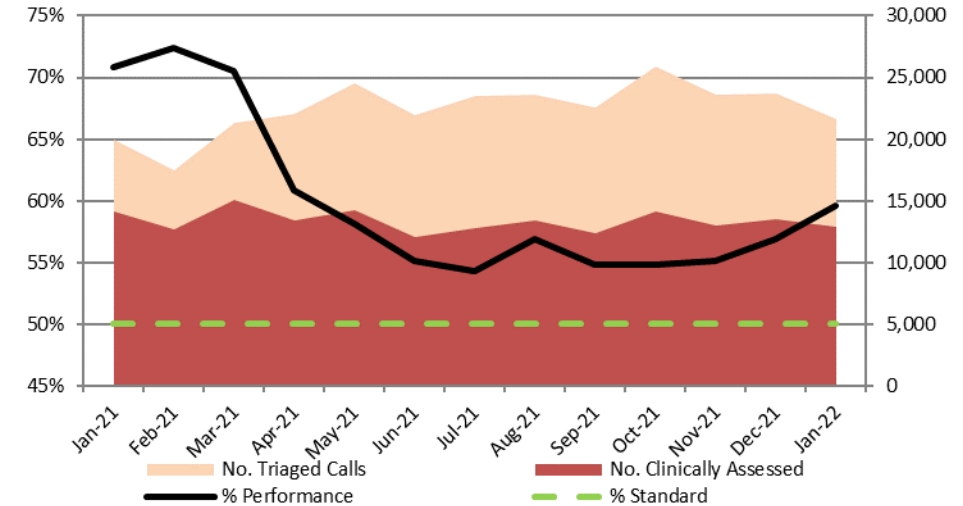
## Average speed to answer calls

- BNSSG performance improved from 327 seconds to 228.
- The 20 second standard has yet to be achieved.
- However, this continues to be better than the England average (402s) and the South West average (292s).



## % of triaged calls assessed by a clinician or Clinical Advisor

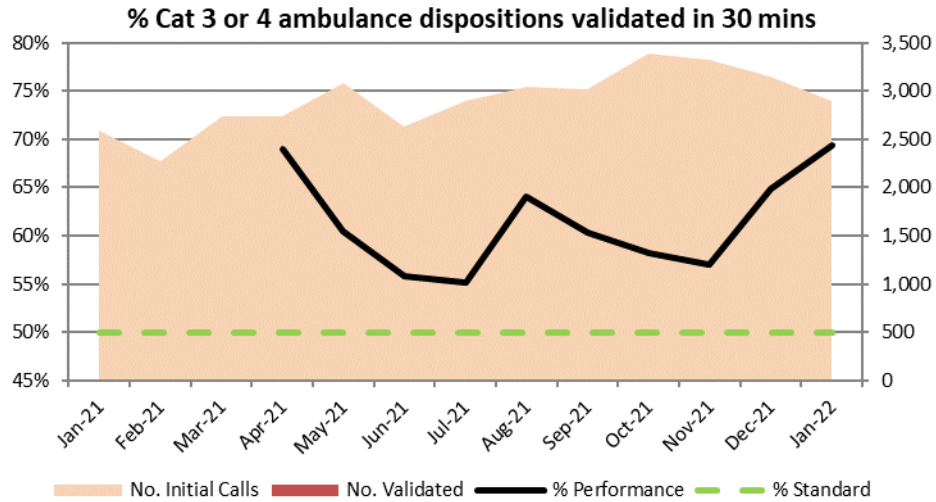
- BNSSG performance improved from 56.9% to 59.6% and continues to achieve the 50% standard.
- This continues to be better than the England average (48%) and the SW average (59.4%).



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

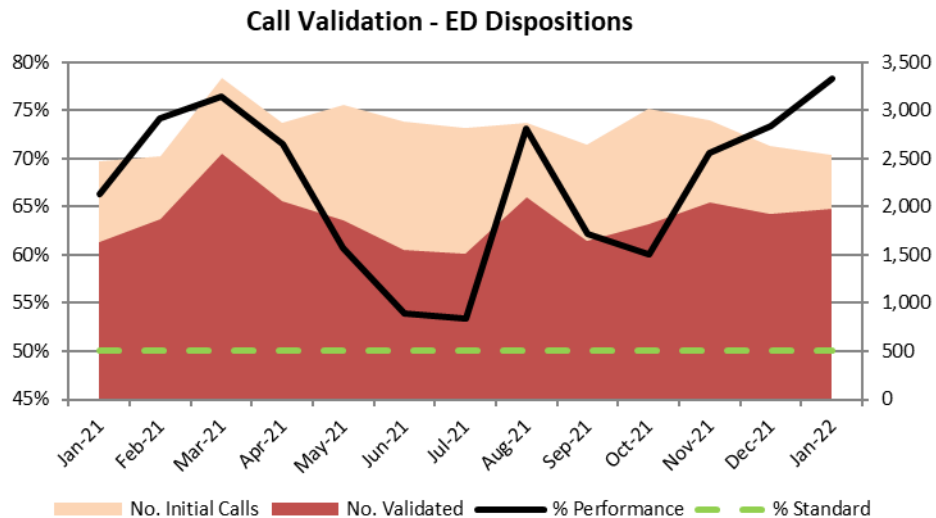
- BNSSG performance worsened from 72.2% to 70%.
- The 75% standard continues to be failed.
- However, this continues to be better than the England average (68%) but below the SW average (70.9%).

# 3.1 Urgent Care – SevernSide IUC – January



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

- BNSSG performance improved from 64.8% to 69.4% in January and continues to achieve the 50% standard.
- This is better than the England average (48%) and the SW average (67.9%).



% of calls initially given an ED disposition validated

- BNSSG performance improved from 73.3% to 78.3% and continues to achieve the 50% standard.
- This is better than the England average (58%) and the SW average (73%).

## 3.2 Planned Care – RTT, Diagnostics and Outpatients Summary

| Drivers:<br>Elective Recovery and Performance Standards  | Context   | January 2022 Performance Position:<br>RTT/Diagnostics/ Outpatients  |
|--|---|---|
| <ul style="list-style-type: none"> <li>• To provide best patient outcomes and experiences.</li> <li>• Achieving all constitutional planned care standards.</li> <li>• Operational delivery to March 2022:</li> <li>- Elimination of all &gt;104 ww (nb. Extended to June 30<sup>th</sup> 2022)</li> <li>- Halted growth of &gt;52 ww (maintained at or below Sept 21 level)</li> <li>- Stabilisation of all wait lists.</li> </ul> | <p>Elective care recovery and associated performance data that is presented for January in this report, was greatly challenged by urgent care pressures and workforce constraints across the system, exacerbated further by the Omicron variant wave and concurrent expedition of the vaccine booster programme.</p> <p>BNSSG system continued to provide elective care, prioritising highest clinical priority patients – including patients on cancer pathways and utilised the IS to support care delivery for those with the longest waits.</p> | <ul style="list-style-type: none"> <li>• Total waiting list size increased from 70,653 to 70,869 at the BNSSG population level. This was mirrored at UHBW, where the list size grew from 53,253 to 53,909 but NBT recorded an improvement, decreasing from 37,264 to 37,210.</li> <li>• Both Trusts performed better than their H2 21/22 Operational plan trajectory for their total wait list size for the fourth consecutive month and NBT continue with their fourth consecutive month achieving better than plan for their &gt;52 week wait cohort in January.</li> <li>• Performance has fallen by 0.5% in January to 65.5% against the RTT 18ww standard (92% standard) for the BNSSG population. NBT performance dropped to 65.6% but UHBW performance improved to 58.7%.</li> <li>• Patients resident in BNSSG waiting &gt;52 weeks increased by 118, reaching 4,020 in January across both Trusts and 49 other providers, equating to 5.7% of the wait list size. The Trusts also have on their waiting lists people resident outside of BNSSG. Both saw an increase in the &gt;52ww cohort from December to January - NBT 2,284 (6.1% of total waiting list) and UHBW 3,599 (6.7% of total waiting list).</li> <li>• Patients waiting over 104 weeks worsened in January to 324 from 278 at the BNSSG population level.</li> <li>• Diagnostics performance at the BNSSG level worsened in January to 40.8%, NBT worsened to 45.5% and UHBW worsened to 39.5%. Overall diagnostic waiting list size at the BNSSG population level increased in January to 30,640 as did numbers in the &gt;6 week and &gt;13 week wait cohorts, 12,498 and 6,345 respectively. MRI, CT, NOUS, Flexi-sig at UHBW and MRI at NBT performed better than their plan trajectories for January.</li> </ul> |

## 3.2 Planned Care – RTT – Improvements

| Improvement Needs   | Improvement actions: Work underway or planned   |
|---|---|
| <p>The residual risk of 104 week breaches at the end of March 2022 in the original H2 plan was above zero. This residual risk was further impacted by the OMICRON wave.</p> <p>Revised trajectories for the 104ww cohort have been agreed with Region.</p> <p>Improvement needs - Recover from the impact of OMICRON on the H2 elective recovery ambition and:</p> <ul style="list-style-type: none"> <li>• Reduce the &gt;104ww current cohort and breach risks – eliminate all 104ww by 30/06/22.</li> <li>• Protect elective capacity in the Trusts - theatre access, bed spaces and workforce, wherever possible.</li> <li>• Theatre optimisation.</li> <li>• Expand capacity (weekend working/ outsourcing/ insourcing / IS/ mutual aid).</li> <li>• Optimise capacity in the IS as a protected green pathway to help stabilise the growth of the waiting list and reduce numbers in longer waiters cohorts.</li> <li>• Encouraging/ enabling patients who have declined transfer to the IS/ other providers to reconsider.</li> </ul> | <ul style="list-style-type: none"> <li>• Proactive micro-management of long waiting patients that have waited over 104 weeks or are at risk of doing so, continues and is reported weekly.</li> <li>• Scrutiny of longer waiting cohorts in high volume backlog specialities is reported weekly.</li> <li>• Ongoing, comprehensive waiting list validation (administrative and clinical) and clinical prioritisation exercises is ongoing. TIF bids to support work on the Outpatient waiting lists and inpatient orthopaedic lists are in implementation.</li> <li>• Additional beds have been opened up on the Knightstone Ward in Weston, providing ringfenced elective workforce and green bedded capacity for T&amp;O cases.</li> <li>• NBT have instated two green wards and additional green beds.</li> <li>• Weekend working model and the utilisation of medirooms continues with T&amp;O patients and will be expanded to other specialisms.</li> <li>• Both Trusts are participating in a Theatre Optimisation programme.</li> <li>• Focussed work on optimising utilisation of IS continues. Trusts continue to identify long waiting patients who meet the criteria to have a transfer of care to the IS for all specialisms contracted.</li> <li>• Mutual aid arrangements have been secured by our Trusts.</li> <li>• Comprehensive speciality PTLs are being developed which provide system view of demand and capacity, enables identification of where pinch points waits are, which will inform planning, recruitment and where to direct patients.</li> </ul> |

## 3.2 Planned Care – Diagnostics / Outpatients – Improvements

|             | Improvement Needs   | Improvement actions: Work underway or planned   |
|-------------|---|---|
| Diagnostics | <ul style="list-style-type: none"> <li>Diagnostic waiting times and numbers in cohorts of &gt;6w and &gt;13w remain a concern.</li> <li>Demand is outstripping capacity among most areas of diagnostics.</li> <li>Endoscopy capacity is a system wide issue.</li> <li>Other areas of concern are non-obstetric ultrasound and echocardiography.</li> <li>Cardiac MRI is a challenge at UHBW.</li> </ul>   | <ul style="list-style-type: none"> <li>Business cases for two Community Diagnostic Centres have been submitted in short form.</li> <li>Diagnostic clinical prioritisation programme is progressing.</li> <li>Modalities of underperformance have action plans in place to provide additional capacity, which has been addressed in part through insourcing and outsourcing activity – nb. Competing priorities and staffing shortages in the IS have impacted the effectiveness of some of these mitigations to date.</li> <li>Additional capacity has been sustained in CT at Weston General Hospital and Cossham and good uptake of Waiting List Initiatives.</li> <li>High level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times.</li> <li>WLI in Weston for Endoscopy has been successful and now looking to support endoscopy needs in other areas of the system.</li> <li>Exploration of ways to increase endoscopy activity underway, including feasibility of mobile units.</li> <li>Discussions underway with the IS around additional NOUS capacity.</li> </ul>  |
| Outpatients | <ul style="list-style-type: none"> <li>Protect outpatient capacities– workforce, clinic spaces – to prevent delays and cancellations, which were significantly impacted in January.</li> <li>Validation and management of the increasing wait lists.</li> <li>Growth of overdue follow ups.</li> <li>Supporting people to ‘wait well’.</li> <li>Some Advice and Guidance services have been experiencing increased and unmanageable demand and have as a result had to temporarily ‘turn off’ A&amp;G for periods of time.</li> <li>Improved safety netting for patients on the ASI list &gt;180 days.</li> </ul> | <ul style="list-style-type: none"> <li>‘Outpatient waiting list validation and clinical prioritisation’ in implementation.</li> <li>N codes – are in development to enable priority coding.</li> <li>PIFU is being introduced to all specialities where clinically appropriate. PIFU is being integrated into ongoing waiting list validation work (including backlogs/waits) and appropriate patients from existing lists, as well as new patients are being identified to transfer to the PIFU pathway.</li> <li>Implement My recovery and My mobility apps in NBT and UHBW respectively to support prehab and rehabilitation.</li> <li>BNSSG Early Inflammatory Arthritis (EIA) pathway agreed.</li> <li>Implement the Living With Rheumatology remote monitoring app in UHBW.</li> <li>Roll out the getUBetter MSK self-management app.</li> <li>Several TIF underway - ‘Expansion of remote monitoring capability’; Digital A&amp;G; ‘Digital patient – a ‘remote first’ approach to contact and interactions’; ‘MSK digital enablers’.</li> <li>Work is ongoing to understand and support pressures in Advice and Guidance.</li> <li>NHSD are reviewing requests for safety netting / increase in the 180 day drop off currently in the ASI function</li> </ul> |

## 3.2 Planned Care – Cancer Summary

| Drivers: Elective Recovery and Performance Standards   | Impacts  | January 2022 Performance Position: Cancer  |
|--|--|--|
| <p>To provide best patient outcomes and experiences.</p> <p>Achieving all CWT standards.</p> <p>Operational delivery to March 2022 requires:</p> <ul style="list-style-type: none"> <li>- Reduction of the cancer &gt;62 day wait (to Feb 2020 levels)</li> <li>- Restoring full operation of all cancer services</li> <li>- Recovery of cancer referral rates.</li> </ul> | <p>Cancer patients remain prioritised across the system and protected within the Trusts capacity planning.</p> <p>All patients on cancer pathways who are waiting for treatment are closely monitored within clinical review and prioritisation processes</p> <p>OMICRON, Winter and UEC pressures have compromised ITU and elective bed capacity, surgical capacity and cancer surgery delivery, as well as workforce capacity throughout December and January. This has affected performance data in January and is anticipated to extend into February – notably in the 31 day subsequent surgery standard and 62 day standard.</p> <p>Patient choice delays (typical in December and over the festive period) is a known impact on the performance data in January.</p> <p>The number of patients with COVID has increased significantly in December and January, which has delayed elements of their pathway.</p> | <p>Cancer recovery and Cancer Wait Time (CWT) performance remain challenged.</p> <p>Treatment volumes are, for the fourth consecutive month, better than the trajectories in the H2 Operation plan for NBT and at the BNSSG population level. Urgent referrals in receipt of a first outpatient appointment have exceeded plan at NBT and the BNSSG population level. UHBW continue to perform better than plan against the 63+day waits trajectory and this is also shown to extend to February.</p> <p>With the exception of 31 day subsequent treatment for radiotherapy, CWT Standards were not met at the BNSSG level, although January data shows there was an improvement in 31 day first treatment performance. 2 Week Wait referral recovery remains below the pre-Covid baseline in totality, but there is considerable variation across the main specialities. January data showed a drop across all specialisms equating to just 76% of pre-pandemic levels. This has recovered to 94.3% in February with the highest rates recorded in Gynae, Head and Neck and Lower GI. 2 Week Wait performance worsened at BNSSG population level from 67.3% to 54.6% in January, however it must be noted that there was a 10% (337 person) increase in the number of people seen in the 2ww pathway. Key areas of challenge remain in colorectal and breast. 2WW Breast January data shows a drop in performance to 8.8% from 11.8% in December, however there was a 129% increase from 76 in December to 170 patients seen in January. 28 day FDS standard Performance worsened at BNSSG population level from 66% to 55.4% in January, but shows an increase of 19% in activity over the same period 31 day first treatment performance improved at BNSSG population level from 84.6% to 87.4% in January. 31 days subsequent treatment – surgery performance worsened from 70.8% to 69.4% Despite a drop in performance the total numbers treated were among the highest in-month for the year to date and an increase of 16% from December at the BNSSG population level. 31 days subsequent treatment – Drugs Performance at BNSSG population level worsened from 100% to 95.89% in January. 31 days subsequent treatment – Radiotherapy, Performance worsened from 100% to 99.4% in January but maintains achievement of the standard and shows activity levels increased by 28% - 62 day performance worsened at BNSSG population level from 69.3% to 61.4% in January.</p> |

## 3.2 Planned Care – Cancer – Improvements

| Improvement Needs  | Improvement actions: Work underway or planned   |
|--|---|
| <ol style="list-style-type: none"> <li>1. System wide lack of tracking capacity. NBT tracking capacity compromised from June to January affecting all specialities, but specifically Colorectal, Gynaecology, Urology and causing data quality issues in the PTL and subsequently affecting the performance data.</li> <li>2. The recovery of cancer referral rates has not yet reached and sustained 100% of the baseline in totality (nb. Some of the main specialisms have exceeded baseline for at least some of the months, others have not achieved it at all).</li> <li>3. Colorectal - combination of pathway changes, backlogs and sustained high levels of referral impacting 2ww performance.</li> <li>4. Breast - Demand outstripping capacity - Staffing challenges; Considerable backlog; Sustained referral demand at a high level.</li> <li>5. Skin – Demand outstripping capacity; Backlogs persist and referral rates have not seen the same level of seasonal decline as previously.</li> <li>6. Challenges remain across several areas of diagnostics, where demand is outstripping capacity. Particular challenges are being noted in NOUS, endoscopy and other surgical diagnostics.</li> <li>7. Capacity for surgery in January – both surgical diagnostics and curative surgery – was compromised by the capacity challenges - beds ITU and elective, workforce, theatre - created by the OMICRON wave, UEC and Winter pressures.</li> </ol> | <ol style="list-style-type: none"> <li>1. Tracking - staff recruitment drive at NBT has been successful and training is underway. Correspondingly, tracking recovery is underway and will be evident in the validated data set for February onwards. The performance position – which has been affected by the DQ issues in the PTL - will be retrospectively corrected for 21/22 in May 2022.</li> <li>2. Referral Recovery - CCG and Trust clinical teams are working with local GPs/PCN's around inequalities, screening uptake, with recognising the early signs of cancers. Areas of slow recovery are being supported through National campaigns to encourage patients to report to primary care with cancer symptoms and for screening although recent intelligence shows that the prostate activity is causing pressure on primary care and gynae is showing sustained increased referrals daily, again causing pressures. Trusts are engaging with System and Cancer Alliance inequalities groups to address screening uptake among people with learning disabilities and serious mental illness; SWAG Targeted Lung Health Check (TLHC) project commencing April 2022 – three sites in Bristol (North, South, Central) have been identified.</li> <li>3. Colorectal - System collaborative work on colorectal pathway to facilitate the shift of more patients back onto straight-to-test pathways.</li> <li>4. Breast - WLI's commenced in January; Insourcing opportunities are being reconsidered; 4 theatre days for Breast surgery sustained as a sub contract with an ISP; Recruitment drive for a 1WTE Breast Consultant Surgeon; The service has secured two locum radiologists; The long-term workforce plan includes increase in the clinical and nursing workforce as well as changes to roles and responsibilities to support changes to practice within the Breast pathway; Robust succession planning and skill mix review to include extending nursing roles; Review of existing footprint and options for capital works being reviewed to create additional clinic space; Extending working hours to maximise physical space; Straight to Test pathway for breast pain (mammogram) agreed.</li> <li>5. Skin - Recruitment successful in replacing lost 2ww capacity; WLI's in place; Utilisation of the IS continues – both outsourcing and insourcing to support backlog clearance.</li> <li>6. Diagnostics - Utilisation of the IS continues. 7<sup>th</sup> March launched Non-Specific Symptom (NSS) Pathway to support earlier diagnosis of patients with “vague symptoms”, who do not meet the criteria for established 2ww referral routes. Work is underway on Faster Diagnostic Pathways in Prostate, Cervical and UGI.</li> <li>7. Mutual Aid discussions around thoracic surgery were successful between UHBW and Liverpool Heart and Chest Hospital.</li> </ol> |

## 3.2 Planned Care – Risks to delivery and achievement of standards

### RTT / Diagnostics / Outpatients

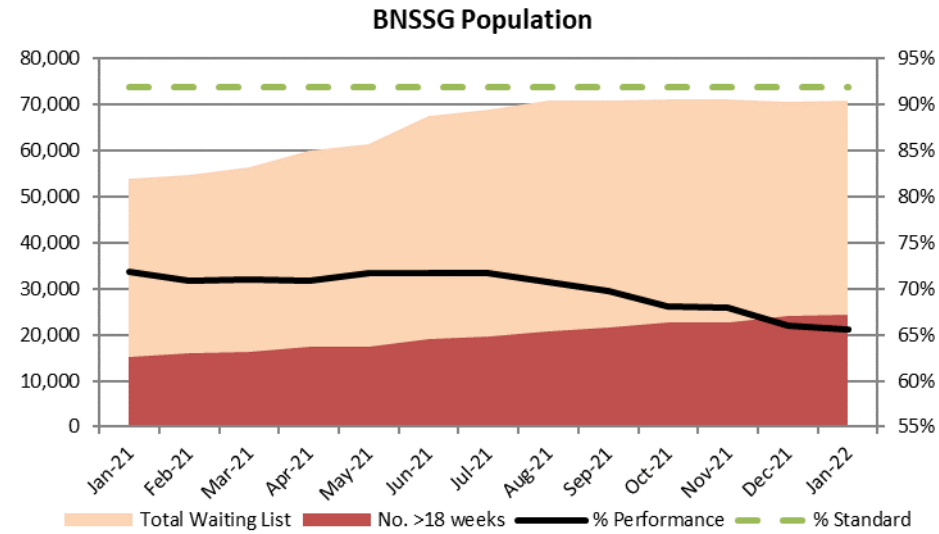
- Recovering from the wave and wake of OMICRON and it's sustained prevalence in the community in the South West.
- UEC/ Covid pressures challenge for the green capacity in the acutes.
- Workforce constraints persist. Key areas in need of workforce numbers/resilience are registered nurses, therapies, anaesthetists. High vacancy rates in radiographers and Endoscopists.
- System Interdependencies – notably high rates of patients with no criteria to reside in hospital and impeded flow/ discharge caused by limited community pathway capacity and social / domiciliary care.
- The ongoing impact of COVID IPC measures on capacity and productivity, extending timeframes/reducing throughput.

### Cancer

- Rates of COVID among the patient population have been high throughout January, with knock on impacts.
- Workforce constraints persist.
- WLI in Breast are not sustainable long term as these are being delivered by the same staff as those doing the weekly work.
- Delayed presentation/ patients delaying interventions over fear of catching Covid – all increase risk of patients having a much reduced clinically safe timeframe to accommodate potentially more complex interventions and investigations - exacerbating pressures on referral and diagnostic pathways and capacities.
- Covid precautions/ restrictions and IPC challenges extending timeframes/ reducing throughput with cancer and diagnostics pathways.
- Impact of late referrals in from outside BNSSG on CWT breaches.



## 3.2 Planned Care – RTT Incomplete Pathway – January

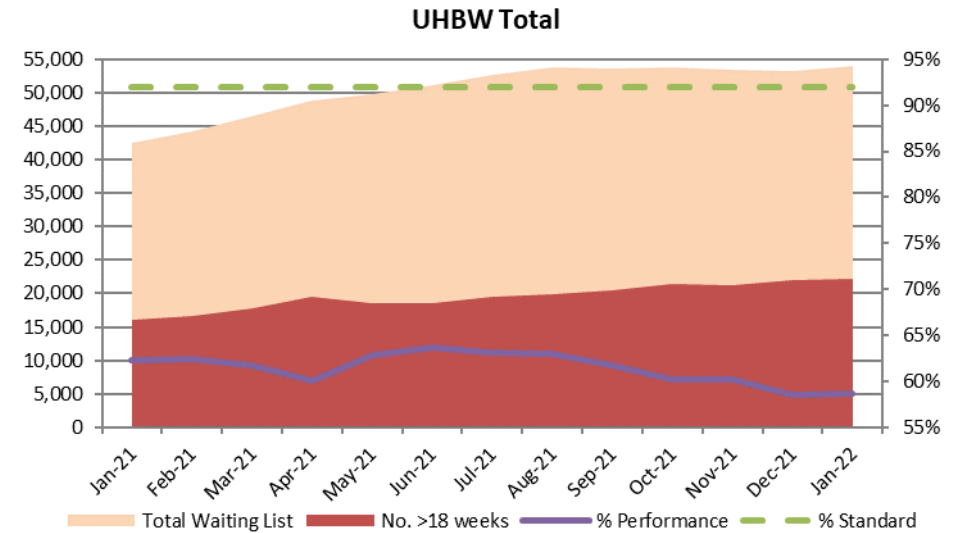
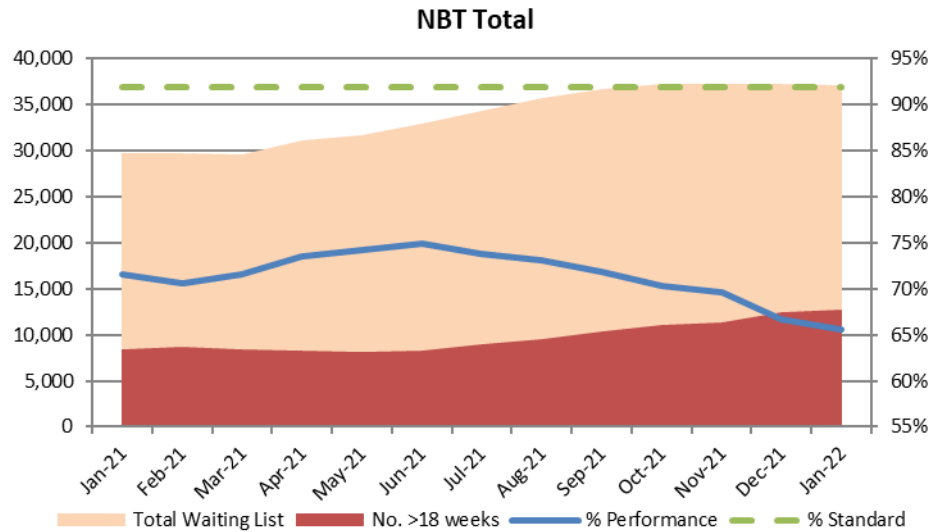


### RTT 18ww Performance

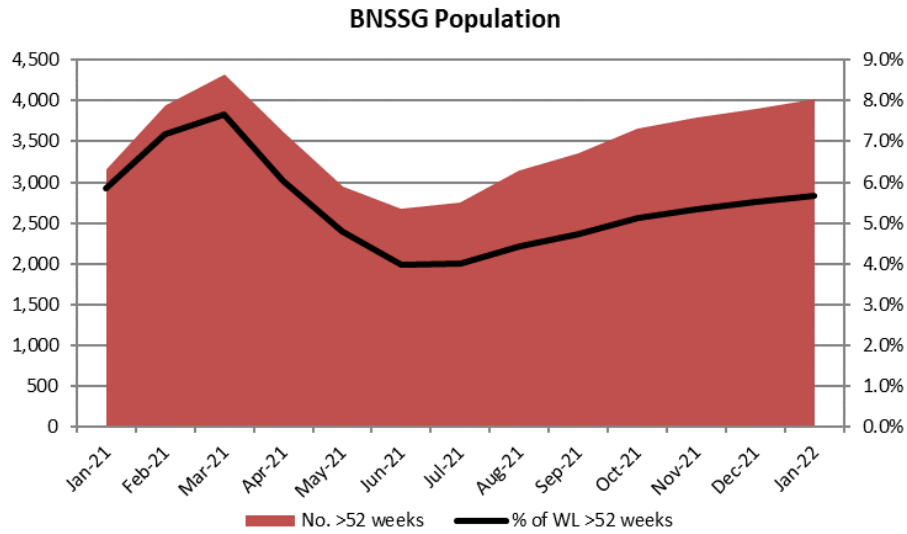
- Performance at BNSSG population level worsened from 66% to 65.5% in January.
- NBT performance worsened from 66.7% to 65.6%.
- UHBW performance improved from 58.6% to 58.7%.
- All failed the 92% national standard and performed worse than the same period in 19/20.

### RTT Waiting List

- The total waiting lists at BNSSG population level and UHBW worsened, but NBT and UHBW improved from December to January.
- All were worse than the same period in 19/20.

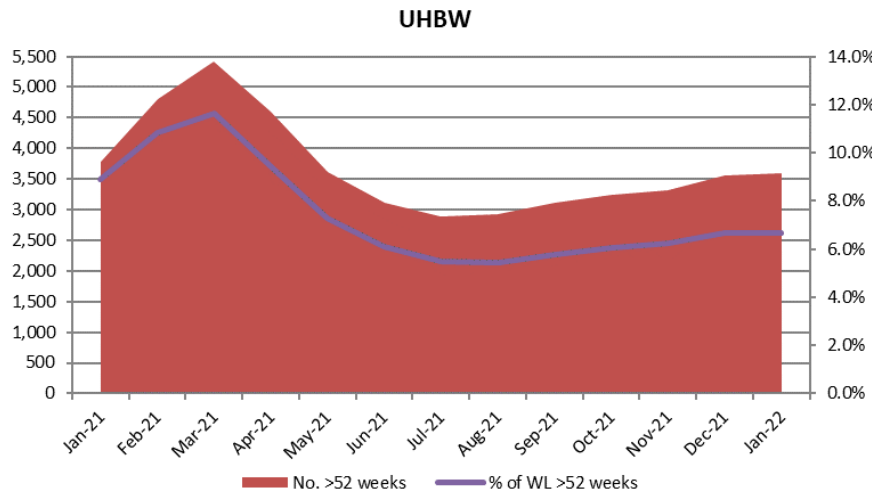
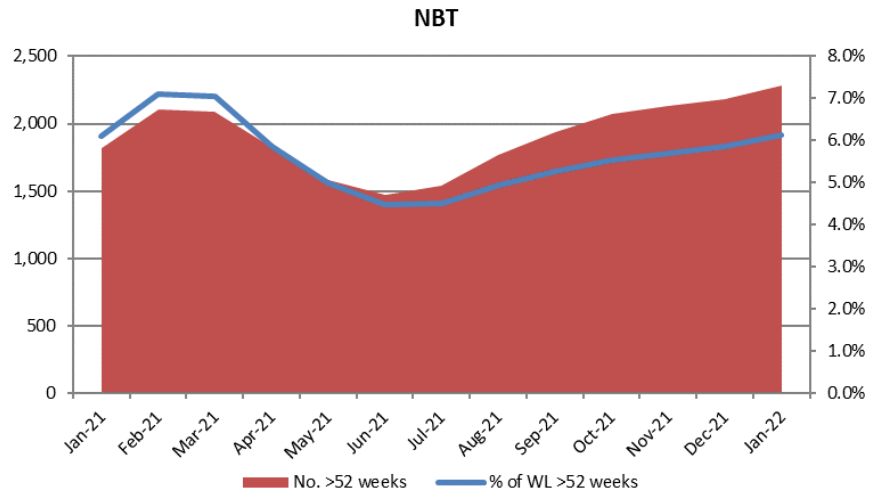


# 3.2 Planned Care – RTT Incomplete 52ww – January



|                   |       | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 |
|-------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| RTT WL            | BNSSG | 54,026 | 54,899 | 56,472 | 60,004 | 61,557 | 67,485 | 68,886 | 70,942 | 70,914 | 71,292 | 71,134 | 70,653 | 70,869 |
|                   | NBT   | 29,759 | 29,716 | 29,580 | 31,143 | 31,648 | 32,946 | 34,315 | 35,794 | 36,787 | 37,268 | 37,297 | 37,264 | 37,210 |
|                   | UHBW  | 42,523 | 44,314 | 46,538 | 48,902 | 49,791 | 51,198 | 52,718 | 53,855 | 53,697 | 53,743 | 53,328 | 53,253 | 53,909 |
| No. >52 weeks     | BNSSG | 3,162  | 3,941  | 4,327  | 3,611  | 2,950  | 2,676  | 2,750  | 3,138  | 3,353  | 3,664  | 3,791  | 3,902  | 4,020  |
|                   | NBT   | 1,817  | 2,108  | 2,088  | 1,827  | 1,583  | 1,473  | 1,544  | 1,770  | 1,933  | 2,068  | 2,128  | 2,182  | 2,284  |
|                   | UHBW  | 3,790  | 4,807  | 5,409  | 4,598  | 3,618  | 3,114  | 2,893  | 2,925  | 3,110  | 3,248  | 3,318  | 3,558  | 3,599  |
| % of WL >52 weeks | BNSSG | 5.85%  | 7.18%  | 7.66%  | 6.02%  | 4.79%  | 3.97%  | 3.99%  | 4.42%  | 4.73%  | 5.14%  | 5.33%  | 5.52%  | 5.67%  |
|                   | NBT   | 6.11%  | 7.09%  | 7.06%  | 5.87%  | 5.00%  | 4.47%  | 4.50%  | 4.94%  | 5.25%  | 5.55%  | 5.71%  | 5.86%  | 6.14%  |
|                   | UHBW  | 8.91%  | 10.85% | 11.62% | 9.40%  | 7.27%  | 6.08%  | 5.49%  | 5.43%  | 5.79%  | 6.04%  | 6.22%  | 6.68%  | 6.68%  |

Better than previous month  
Worse than previous month



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

- BNSSG level worsened from 3,902 to 4020 (5.7% of the total waiting list).
- NBT worsened from 2,182 to 2,284 (6.1% of the total waiting list).
- UHBW worsened from 3,558 to 3,599 (6.7% of the total waiting list).

## 3.2 Planned Care – RTT long waiters – UHBW – December

### Long waiters

| Treatment Function     | 40-51 | Over 52 | Total |
|------------------------|-------|---------|-------|
|                        | wks   | wks     |       |
| Cardiology             | 155   | 110     | 265   |
| Cardiothoracic Surgery | 19    | 24      | 43    |
| Dermatology            | 23    | 8       | 31    |
| ENT                    | 594   | 834     | 1428  |
| Gastroenterology       | 109   | 187     | 296   |
| General Medicine       | 0     | 0       | 0     |
| General Surgery        | 11    | 7       | 18    |
| Geriatric Medicine     | 1     | 2       | 3     |
| Gynaecology            | 54    | 18      | 72    |
| Neurology              | 57    | 53      | 110   |
| Ophthalmology          | 328   | 178     | 506   |
| Oral Surgery           | 672   | 185     | 857   |
| Other                  | 1213  | 1514    | 2727  |
| Rheumatology           | 12    | 5       | 17    |
| Thoracic Medicine      | 111   | 77      | 188   |
| Trauma & Orthopaedics  | 134   | 285     | 419   |
| Urology                | 37    | 69      | 106   |
|                        | 3530  | 3556    | 7086  |

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

### 'Other' breakdown (UHBW-Bristol only)

| Description                          | 40-51 wk   | Over 52 w   |
|--------------------------------------|------------|-------------|
| Colorectal Surgery                   | 67         | 164         |
| Hepatobiliary and Pancreatic Surgery | 5          | 8           |
| Upper GI Surgery                     | 71         | 211         |
| Spinal Surgery Service               | 1          | 3           |
| ENT                                  | 4          | 0           |
| Ophthalmology                        | 6          | 0           |
| Restorative Dentistry                | 18         | 15          |
| Paediatric Dentistry                 | 114        | 65          |
| Maxillo Facial Surgery               | 61         | 139         |
| Paediatric Surgery                   | 38         | 44          |
| Thoracic Surgery                     | 6          | 33          |
| Paediatric Trauma and Orthopaedics   | 109        | 213         |
| Paediatric Ear Nose and Throat       | 59         | 121         |
| Paediatric Ophthalmology             | 86         | 55          |
| Paediatric Maxillo-facial Surgery    | 24         | 29          |
| Paediatric Neurosurgery              | 10         | 5           |
| Paediatric Plastic Surgery           | 27         | 78          |
| Paediatric Burns Care                | 0          | 2           |
| Paediatric Cardiac Surgery           | 1          | 0           |
| Paediatric Gastroenterology          | 6          | 1           |
| Paediatric Endocrinology             | 1          | 3           |
| Paediatric Dermatology               | 1          | 4           |
| Paediatric Respiratory Medicine      | 0          | 2           |
| Paediatric Rheumatology              | 0          | 1           |
| Endocrinology                        | 4          | 0           |
| Clinical Haematology                 | 0          | 2           |
| Clinical Genetics                    | 46         | 17          |
| Cardiology                           | 0          | 0           |
| Paediatric Cardiology                | 47         | 37          |
| Dermatology                          | 2          | 0           |
| Respiratory Physiology               | 31         | 24          |
| Paediatric Neurology                 | 2          | 6           |
| Dental Medicine Specialties          | 62         | 4           |
| Physiotherapy                        | 0          | 1           |
| Special Care Dentistry               | 1          | 15          |
| <b>Grand Total</b>                   | <b>910</b> | <b>1302</b> |

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

Please note: Data for UHBW-Weston is not currently available for the 'other' breakdown. The CCG is trying to source this data.

**Please note:** January data for UHBW is not currently available due to a data quality issue.

## 3.2 Planned Care – RTT long waiters – NBT – December

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

### Long waiters

| Treatment Function     | 40-51 wks | Over 52 wks | Total |
|------------------------|-----------|-------------|-------|
| Cardiology             | 16        | 0           | 16    |
| Cardiothoracic Surgery | 0         | 0           | 0     |
| Dermatology            | 22        | 0           | 22    |
| Gastroenterology       | 22        | 6           | 28    |
| General Medicine       | 0         | 0           | 0     |
| General Surgery        | 95        | 141         | 236   |
| Geriatric Medicine     | 0         | 0           | 0     |
| Gynaecology            | 235       | 331         | 566   |
| Neurology              | 63        | 26          | 89    |
| Neurosurgery           | 111       | 98          | 209   |
| Other                  | 484       | 277         | 761   |
| Plastic Surgery        | 80        | 114         | 194   |
| Rheumatology           | 2         | 0           | 2     |
| Thoracic Medicine      | 0         | 0           | 0     |
| Trauma & Orthopaedics  | 404       | 1132        | 1536  |
| Urology                | 119       | 57          | 176   |
|                        | 1653      | 2182        | 3835  |

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

### 'Other' breakdown

| Description                    | 40-51 wks  | Over 52 wks |
|--------------------------------|------------|-------------|
| Adult Mental Illness           | 1          | 2           |
| Allergy Service                | 272        | 165         |
| Clinical Immunology            | 1          | 4           |
| Colorectal Surgery             | 40         | 49          |
| Diabetic Medicine              | 1          | 0           |
| Endocrinology                  | 4          | 0           |
| Hepatology                     | 1          | 0           |
| Other                          | 1          | 0           |
| Upper Gastrointestinal Surgery | 135        | 52          |
| Vascular Surgery               | 28         | 5           |
| <b>Grand Total</b>             | <b>484</b> | <b>277</b>  |

**Please note:** January data for NBT is not currently available due to a data quality issue.

## 3.2 Planned Care – RTT Incomplete 52ww & 104ww – BNSSG – January

- The number of BNSSG patients waiting 52 weeks or longer in January increased by 3% (118) compared to the previous month.
- Patients waiting 52 weeks or longer make up 5.7% of the total waiting list for BNSSG patients (up from 5.5% in the previous month).
- The number of BNSSG patients waiting 104 weeks or longer increased by 16.5% (46) compared to the previous month.
- The table below shows a breakdown by provider of the BNSSG patients waiting 52 weeks or longer and 104 weeks or longer in January, compared to the previous month.

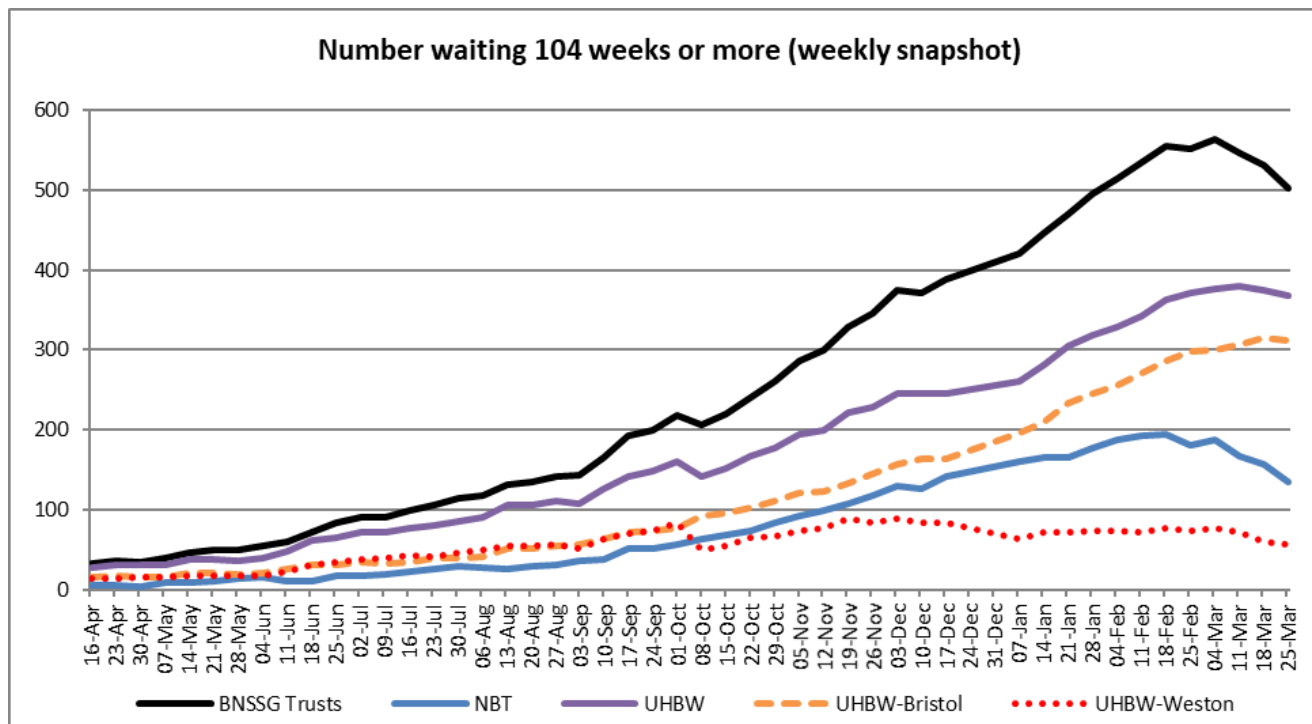
| Providers with BNSSG patients >52ww            | >52 weeks |         | >104 weeks |         |
|--|-----------|---------|------------|---------|
|  | December  | January | December   | January |
| NBT  | 1717      | 1807    | 125        | 149     |
| UHBW   | 1570      | 1550    | 75         | 98      |
| Emersons Green NHS Treatment Centre            | 207       | 224     |            |         |
| Spire Bristol                                  | 141       | 151     | 23         | 27      |
| Sulis Hospital Bath                            | 88        | 98      | 37         | 40      |
| Royal United Hospitals Bath                    | 50        | 60      |            |         |
| Nuffield Health Bristol                        | 17        | 21      |            |         |
| Somerset Surgical Services                     | 39        | 18      | 12         | 6       |
| Newmedica - Bristol                            | 8         | 13      | 0          | 1       |
| Royal Devon and Exeter                         | 7         | 8       | 1          | 1       |
| Somerset                                       | 8         | 6       | 1          | 1       |
| University Hospitals Birmingham                | 9         | 6       | 1          | 0       |
| Sirona   | 1         | 5       |            |         |
| Gloucestershire Hospitals                      | 0         | 4       |            |         |
| London North West University Healthcare        | 1         | 3       |            |         |
| University College London Hospitals            | 3         | 3       |            |         |
| Worcestershire Acute Hospitals                 | 3         | 3       |            |         |
| Barts Health                                   | 0         | 2       |            |         |
| Hull University Teaching Hospital              | 2         | 2       |            |         |
| Imperial College Healthcare                    | 2         | 2       |            |         |
| Norfolk and Norwich University Hospitals       | 2         | 2       |            |         |
| Robert Jones & Agnes Hunt Orthopaedic Hospital | 2         | 2       |            |         |
| Royal Free London                              | 2         | 2       | 1          | 1       |
| Torbay and South Devon                         | 2         | 2       |            |         |
| University Hospitals Dorset                    | 1         | 2       |            |         |
| Buckinghamshire Healthcare                     | 1         | 1       |            |         |
| Chelsea and Westminster Hospital               | 1         | 1       |            |         |

| Providers with BNSSG patients >52ww          | >52 weeks   |             | >104 weeks |            |
|--|-------------|-------------|------------|------------|
|  | December    | January     | December   | January    |
| Countess Of Chester Hospital                 | 0           | 1           |            |            |
| East Kent Hospitals University               | 1           | 1           |            |            |
| Great Weston Hospitals                       | 1           | 1           |            |            |
| Guy's and St Thomas'                         | 1           | 1           |            |            |
| Liverpool University Hospitals               | 1           | 1           |            |            |
| Mid Cheshire Hospitals                       | 1           | 1           |            |            |
| Northern Devon Healthcare                    | 1           | 1           |            |            |
| Oxford University Hospitals                  | 1           | 1           |            |            |
| Royal Berkshire                              | 1           | 1           |            |            |
| Royal Cornwall Hospitals                     | 1           | 1           |            |            |
| Royal National Orthopaedic Hospital          | 0           | 1           |            |            |
| Royal Surrey County Hospital                 | 1           | 1           |            |            |
| Spamedica Bristol                            | 0           | 1           |            |            |
| Spire Thames Valley Hospital                 | 0           | 1           |            |            |
| University Hospital Southampton              | 2           | 1           | 1          | 0          |
| University Hospitals Coventry & Warwickshire | 1           | 1           |            |            |
| University Hospitals Of Derby and Burton     |             | 1           |            |            |
| University Hospitals Of North Midlands       | 0           | 1           |            |            |
| Whittington Health                           | 0           | 1           |            |            |
| Winfield Hospital                            | 0           | 1           |            |            |
| Wye Valley                                   | 0           | 1           |            |            |
| Yeovil District Hospital                     | 0           | 1           |            |            |
| Dorset County Hospital                       | 1           | 0           | 1          | 0          |
| Newcastle Upon Tyne Hospitals                | 1           | 0           |            |            |
| Salisbury                                    | 1           | 0           |            |            |
| St George's University Hospitals             | 1           | 0           |            |            |
| University Hospitals Of Leicester            | 1           | 0           |            |            |
| <b>Total</b>                                 | <b>3902</b> | <b>4020</b> | <b>278</b> | <b>324</b> |

## 3.2 Planned Care – RTT 104 week waits (w/e 25<sup>th</sup> March 2022)

### 104+ week waits

- This shows the total number of patients at NBT and UHBW waiting 104 weeks or more.
- For the latest three weeks, the total number, the number at NBT and UHBW-Weston have decreased. UHBW-Bristol has decreased in the latest week.
- In the latest week (week ending 25<sup>th</sup> March) the number of patients waiting 104 weeks or more at:
  - BNSSG trusts decreased from 532 to 503.
  - NBT decreased from 157 to 135.
  - UHBW decreased from 375 to 368 (312 at UHBW-Bristol and 56 at UHBW-Weston).



#### Please note:

- This data represents a weekly snapshot taken from the weekly regional submission provided by the two trusts.
- There was no submission for the last two weeks in December (w/e 24<sup>th</sup> and 31<sup>st</sup>).
- This data is **unvalidated and subject to change** and may not represent the final validated position at month end.

# 3.2 Planned Care – RTT Incomplete Waits compared to Plan

## RTT Incomplete waits compared to plan

- This slide shows the monthly waiting list and long waiters at total provider level for NBT and UHBW compared to the H2 21/22 Operational Plan.
- A revised plan for 104 week waits has been approved at the South West Regional level. The revised end March 2022 position is 499 - 400 at UHBW and 99 at NBT – these figures are inclusive of P6 patients (Patients who have chosen to delay their care)

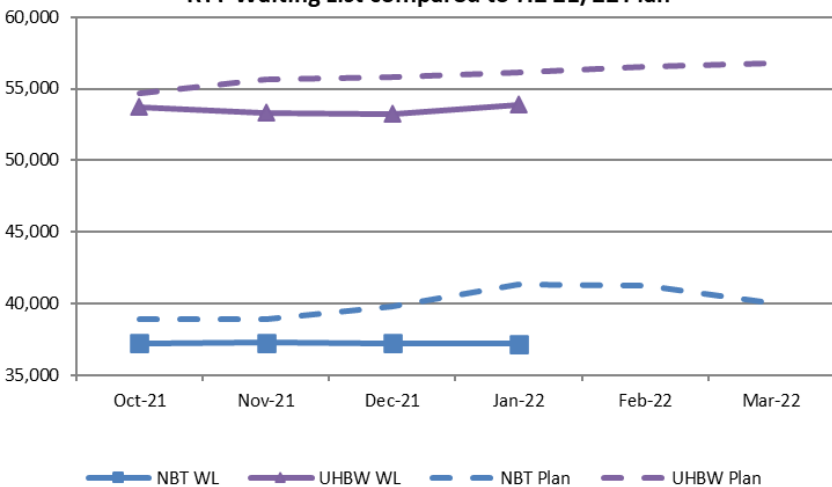
|        |                    | H2 21/22 Operational Plan |        |        |        |        |        |
|--------|--------------------|---------------------------|--------|--------|--------|--------|--------|
| E.B.3a | RTT Waiting List   | Oct-21                    | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| NBT    | Total Waiting List | 37,268                    | 37,297 | 37,264 | 37,210 |        |        |
|        | Plan               | 38,891                    | 38,930 | 39,777 | 41,359 | 41,279 | 40,026 |
| UHBW   | Total Waiting List | 53,743                    | 53,328 | 53,253 | 53,909 |        |        |
|        | Plan               | 54,697                    | 55,614 | 55,801 | 56,155 | 56,506 | 56,788 |

|      |       | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|------|-------|--------|--------|--------|--------|--------|--------|
| NBT  | 52w w | 2,068  | 2,128  | 2,182  | 2,284  |        |        |
|      | Plan  | 2,104  | 2,273  | 2,402  | 2,297  | 2,337  | 2,530  |
| UHBW | 52w w | 3,248  | 3,318  | 3,558  | 3,599  |        |        |
|      | Plan  | 3,217  | 3,297  | 3,574  | 3,453  | 3,371  | 3,991  |

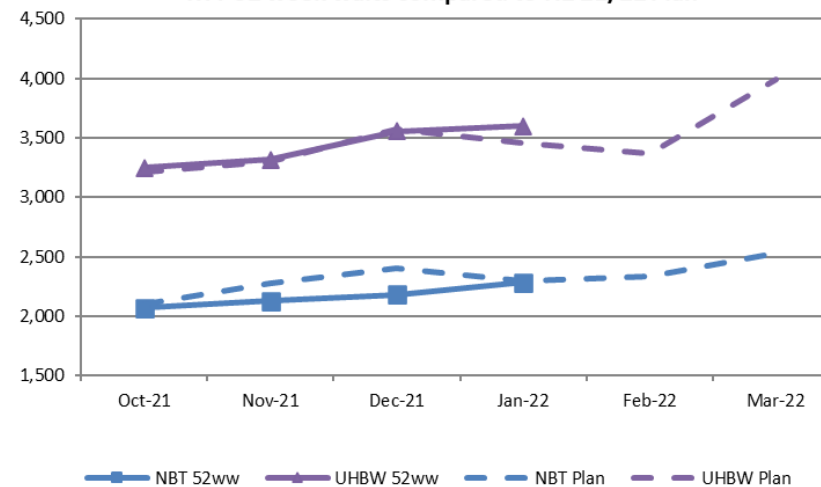
|      |        | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|------|--------|--------|--------|--------|--------|--------|--------|
| NBT  | 104w w | 93     | 138    | 158    | 184    |        |        |
|      | Plan   | 95     | 88     | 69     | 197    | 166    | 99     |
| UHBW | 104w w | 187    | 235    | 252    | 336    |        |        |
|      | Plan   | 211    | 150    | 133    | 131    | 167    | 400    |

Worse Than (Below) Plan  
Better Than (Above) Plan

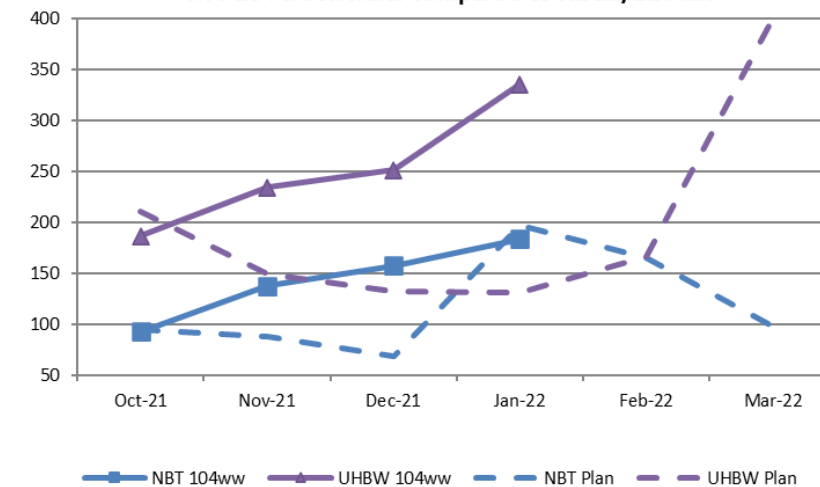
RTT Waiting List compared to H2 21/22 Plan



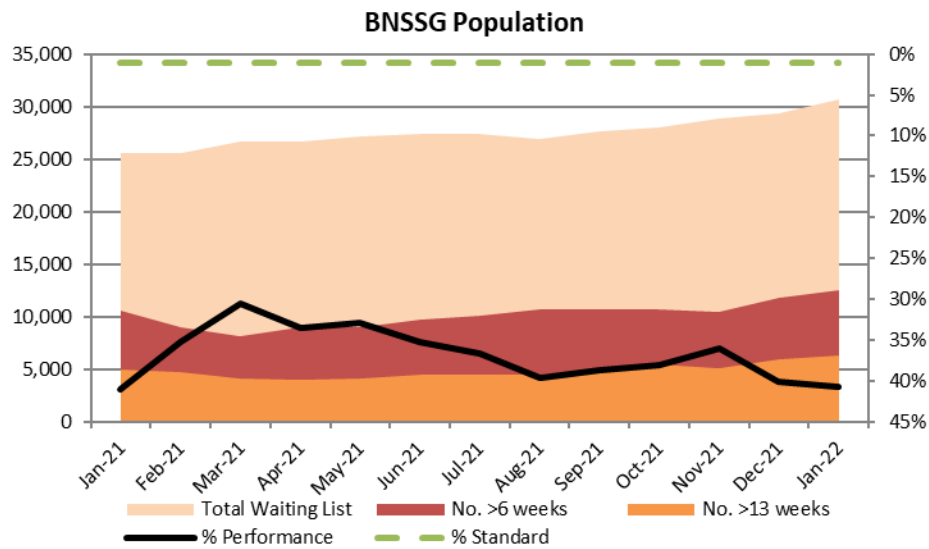
RTT 52 week waits compared to H2 21/22 Plan



RTT 104 week waits compared to H2 21/22 Plan



## 3.2 Planned Care – Diagnostics – January



### Diagnostics performance - % waiting 6 weeks or more

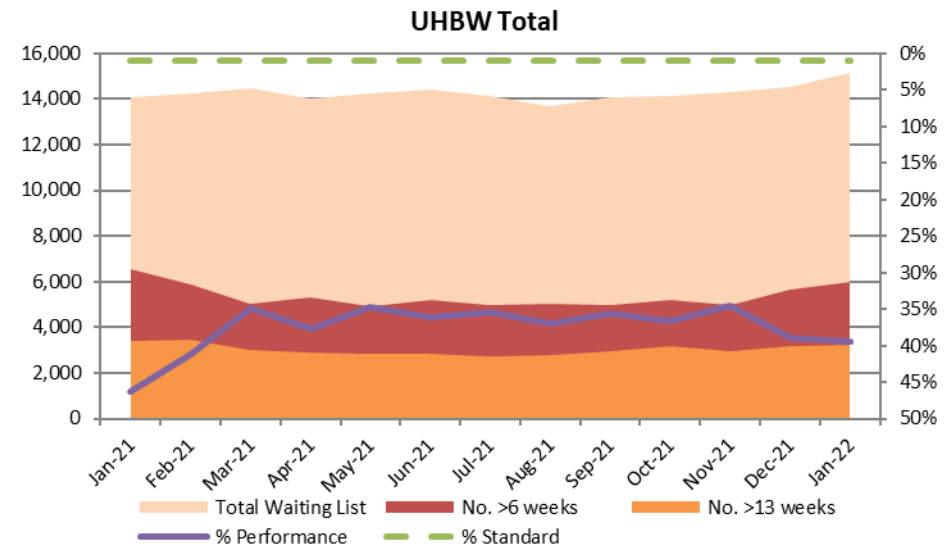
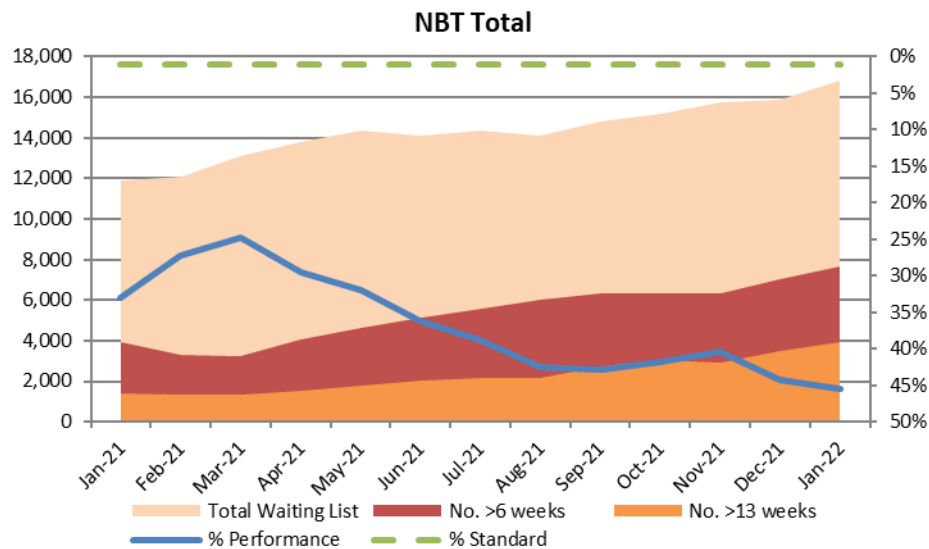
- Performance at BNSSG population level worsened from 40.1% in December to 40.8% January.
- NBT worsened from 44.3% to 45.5%.
- UHBW worsened from 38.9% to 39.5%.
- All continue to fail the 1% national standard and performed worse than the same period in 19/20.

### Diagnostics waiting list

- The waiting list for BNSSG population level, NBT and UHBW worsened from December to January.
- All were worse than the same period in 19/20

### Diagnostics number waiting > 6 week and >13 weeks

- The number waiting more than 6 weeks and 13 weeks worsened at BNSSG level, NBT and UHBW from December to January.





## 3.2 Planned Care – Diagnostics – key issues / mitigations – January

### Key Drivers (Total Trust)

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

**Criteria:** More than 5 breaches AND performance > 1%

| Provider      | Diagnostic Tests         | Waiting List | No. Under 6 weeks | No. Breaches | % of Provider Breaches | Performance % |
|---------------|--------------------------|--------------|-------------------|--------------|------------------------|---------------|
| NBT           | NON_OBSTETRIC_ULTRASOUND | 6074         | 3286              | 2788         | 36.26%                 | 45.90%        |
|               | ECHOCARDIOGRAPHY         | 2932         | 804               | 2128         | 27.68%                 | 72.58%        |
|               | GASTROSCOPY              | 1338         | 333               | 1005         | 13.07%                 | 75.11%        |
|               | COLONOSCOPY              | 1374         | 412               | 962          | 12.51%                 | 70.01%        |
|               | CT                       | 2069         | 1678              | 391          | 5.09%                  | 18.90%        |
|               | FLEXI_SIGMOIDOSCOPY      | 525          | 143               | 382          | 4.97%                  | 72.76%        |
|               | MRI                      | 1976         | 1950              | 26           | 0.34%                  | 1.32%         |
|               | CYSTOSCOPY               | 291          | 285               | 6            | 0.08%                  | 2.06%         |
| UHBW          | ECHOCARDIOGRAPHY         | 3076         | 1225              | 1851         | 30.35%                 | 60.18%        |
|               | NON_OBSTETRIC_ULTRASOUND | 4420         | 3018              | 1402         | 22.99%                 | 31.72%        |
|               | MRI                      | 3057         | 1994              | 1063         | 17.43%                 | 34.77%        |
|               | GASTROSCOPY              | 692          | 262               | 430          | 7.05%                  | 62.14%        |
|               | COLONOSCOPY              | 614          | 187               | 427          | 7.00%                  | 69.54%        |
|               | DEXA_SCAN                | 738          | 445               | 293          | 4.80%                  | 39.70%        |
|               | CT                       | 1717         | 1464              | 253          | 4.15%                  | 14.74%        |
|               | FLEXI_SIGMOIDOSCOPY      | 270          | 62                | 208          | 3.41%                  | 77.04%        |
|               | CYSTOSCOPY               | 161          | 28                | 133          | 2.18%                  | 82.61%        |
| SLEEP_STUDIES | 53                       | 15           | 38                | 0.62%        | 71.70%                 |               |

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

## 3.2 Planned Care – Diagnostics – Activity compared to Plan

|      |                               | H1 21/22 Operational Plan |        |        |        |        |        | H2 21/22 Operational Plan |        |        |        |        |        |
|------|-------------------------------|---------------------------|--------|--------|--------|--------|--------|---------------------------|--------|--------|--------|--------|--------|
|      |                               | Apr-21                    | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21                    | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| NBT  | MRI                           | 2,828                     | 2,879  | 3,550  | 3,455  | 3,234  | 3,251  | 3,071                     | 3,378  | 2,962  | 3,296  |        |        |
|      | Plan                          | 3,196                     | 3,240  | 3,496  | 3,332  | 3,156  | 3,240  | 3,040                     | 2,944  | 2,856  | 3,053  | 3,255  | 3,692  |
|      | CT                            | 7,109                     | 7,058  | 7,888  | 7,839  | 7,605  | 7,737  | 8,156                     | 7,876  | 7,312  | 7,604  |        |        |
|      | Plan                          | 7,074                     | 7,171  | 7,738  | 7,375  | 6,985  | 7,171  | 8,058                     | 7,734  | 7,692  | 7,711  | 7,109  | 8,337  |
|      | Non-obstetric Ultrasound      | 7,409                     | 7,357  | 8,485  | 7,564  | 6,547  | 7,368  | 6,956                     | 7,939  | 6,906  | 8,060  |        |        |
|      | Plan                          | 8,736                     | 8,856  | 9,557  | 9,108  | 8,626  | 8,856  | 7,268                     | 7,747  | 7,207  | 8,127  | 8,034  | 9,259  |
|      | Colonoscopy                   | 155                       | 156    | 154    | 181    | 248    | 166    | 176                       | 175    | 154    | 182    |        |        |
|      | Plan                          | 165                       | 156    | 181    | 227    | 220    | 303    | 248                       | 353    | 190    | 212    | 277    | 299    |
|      | Flexi Sigmoidoscopy           | 153                       | 136    | 163    | 171    | 150    | 133    | 141                       | 171    | 168    | 152    |        |        |
|      | Plan                          | 122                       | 115    | 134    | 168    | 163    | 352    | 222                       | 226    | 171    | 190    | 248    | 268    |
|      | Gastroscopy                   | 270                       | 271    | 292    | 311    | 279    | 249    | 256                       | 285    | 212    | 299    |        |        |
|      | Plan                          | 251                       | 239    | 277    | 347    | 336    | 444    | 386                       | 392    | 295    | 329    | 429    | 463    |
|      | Cardiology - Echocardiography | 1,617                     | 864    | 980    | 839    | 737    | 758    | 735                       | 759    | 730    | 664    |        |        |
|      | Plan                          | 869                       | 865    | 961    | 998    | 932    | 1,005  | 604                       | 818    | 798    | 740    | 740    | 740    |
| UHBW | MRI                           | 3,240                     | 3,022  | 3,380  | 3,416  | 3,409  | 3,430  | 3,284                     | 3,559  | 2,651  | 3,264  |        |        |
|      | Plan                          | 2,786                     | 2,543  | 2,801  | 2,786  | 2,786  | 2,786  | 3,000                     | 2,966  | 2,824  | 2,683  | 2,681  | 3,109  |
|      | CT                            | 6,901                     | 7,065  | 6,919  | 6,863  | 6,742  | 6,795  | 6,960                     | 6,937  | 6,470  | 6,998  |        |        |
|      | Plan                          | 6,181                     | 5,912  | 6,221  | 6,121  | 6,121  | 6,541  | 6,611                     | 6,926  | 6,614  | 6,396  | 6,716  | 7,660  |
|      | Non-obstetric Ultrasound      | 4,275                     | 4,157  | 5,230  | 4,785  | 4,337  | 4,715  | 4,657                     | 4,828  | 4,255  | 4,665  |        |        |
|      | Plan                          | 3,939                     | 3,767  | 3,939  | 3,940  | 3,939  | 3,920  | 4,243                     | 4,446  | 4,243  | 4,042  | 4,041  | 4,648  |
|      | Colonoscopy                   | 310                       | 254    | 309    | 317    | 274    | 406    | 372                       | 403    | 239    | 257    |        |        |
|      | Plan                          | 176                       | 187    | 196    | 203    | 203    | 203    | 311                       | 338    | 323    | 318    | 318    | 361    |
|      | Flexi Sigmoidoscopy           | 153                       | 107    | 98     | 98     | 109    | 119    | 141                       | 134    | 95     | 115    |        |        |
|      | Plan                          | 112                       | 124    | 131    | 138    | 138    | 138    | 113                       | 110    | 107    | 108    | 108    | 124    |
|      | Gastroscopy                   | 420                       | 243    | 257    | 320    | 365    | 416    | 443                       | 306    | 310    | 306    |        |        |
|      | Plan                          | 343                       | 370    | 385    | 401    | 401    | 401    | 337                       | 343    | 327    | 320    | 321    | 369    |
|      | Cardiology - Echocardiography | 1,617                     | 1,733  | 1,711  | 1,721  | 1,743  | 1,743  | 1,532                     | 1,846  | 1,548  | 1,601  |        |        |
|      | Plan                          | 1,552                     | 1,484  | 1,552  | 1,552  | 1,552  | 1,552  | 1,711                     | 1,792  | 1,711  | 1,631  | 1,630  | 1,874  |

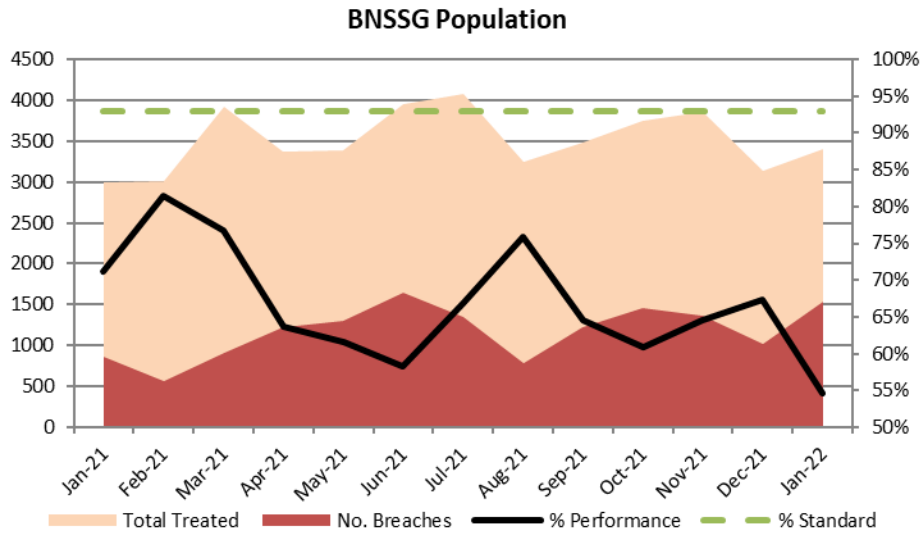
### Diagnostics activity compared to plan

- These tables show monthly activity for specific diagnostic tests at total provider level for NBT and UHBW compared to the H1 and H2 21/22 Operational Plan.

Worse Than (Below) Plan

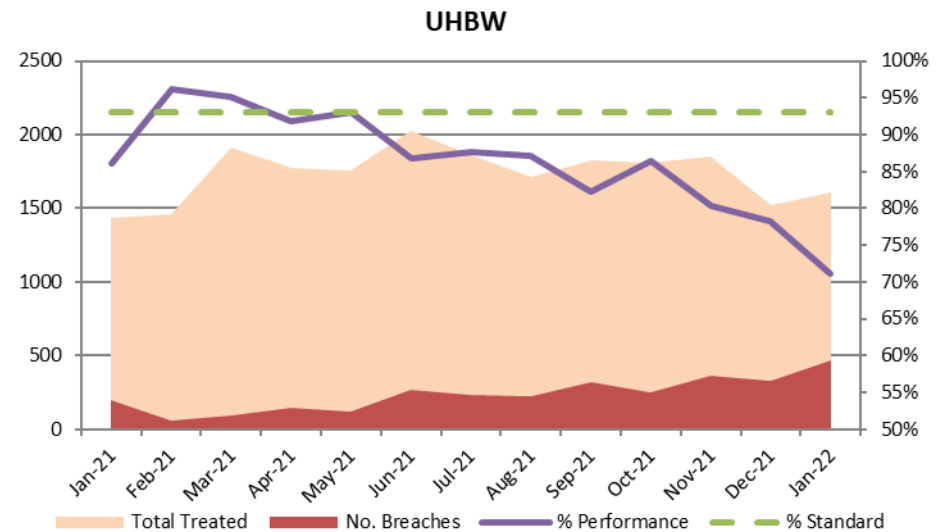
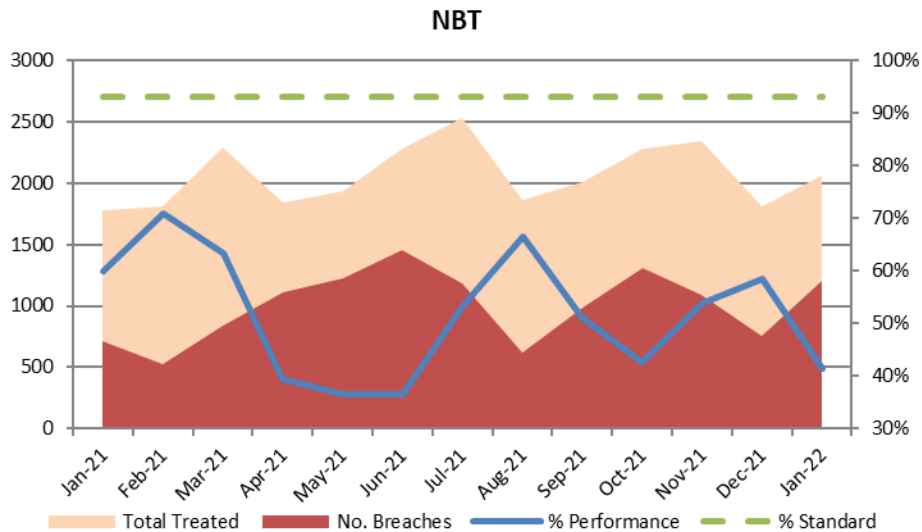
Better Than (Above) Plan

## 3.2 Planned Care – Cancer – 2 weeks wait – January

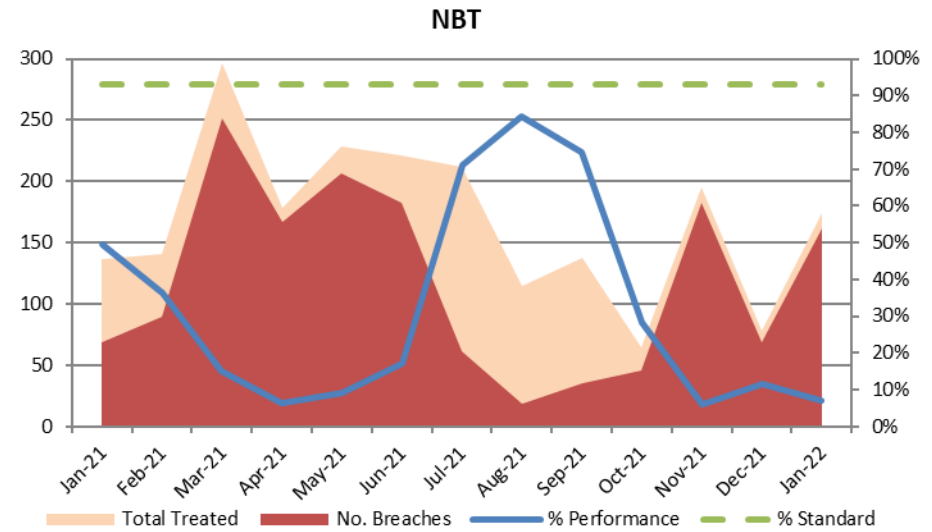
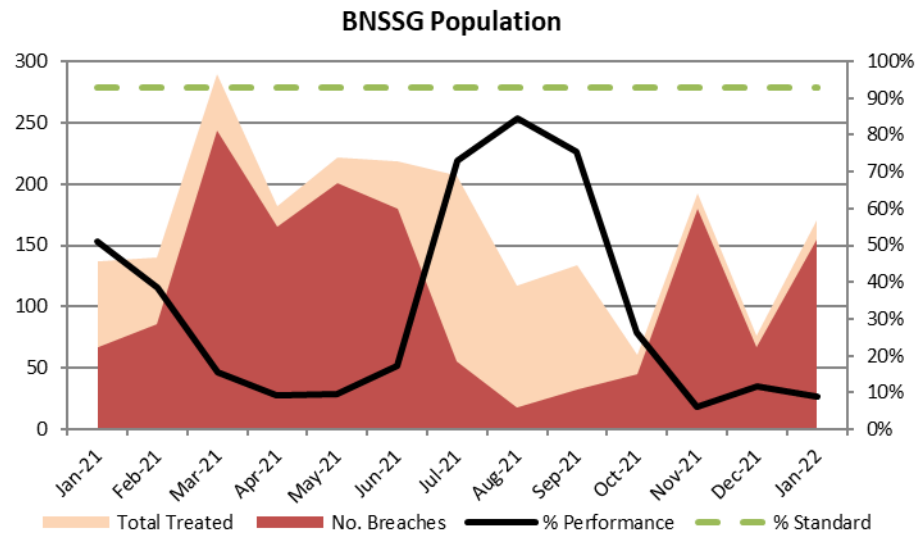


### 2 weeks wait standard

- Performance worsened at BNSSG population level from 67.3% to 54.6% in January. This is worse than the pre-COVID average (85.4%) and worse than the same period in 19/20 (85.6%).
- NBT performance worsened from 58.4% to 41.4% and is worse than the same period in 19/20 (78.2%).
- UHBW performance worsened from 78.3% to 71% and is worse than the same period in 19/20 (95%).
- All failed the 93% Standard.



## 3.2 Planned Care – Cancer – 2ww breast symptoms – January



### 2 weeks wait – Breast Symptoms

- Performance worsened at BSSSG population level from 11.8% to 8.8% in January and is worse than the same period in 19/20 (70.3%).
- NBT performance worsened from 11.54% to 6.9% and is worse than the same period in 19/20 (70.3%).
- The 93% standard was last achieved in July 2020.

## 3.2 Planned Care – Cancer – 2 weeks wait referrals – February

### 2 weeks wait referrals – Main specialities

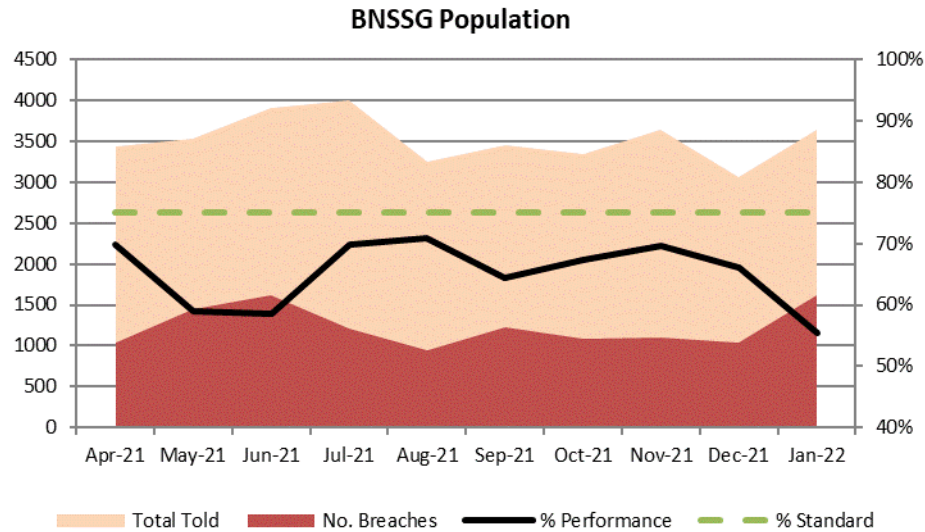
- This table shows the recovery rates of the main specialties which Covid-19 had the most impact i.e. those with the most significant decrease in weekly referrals.
- **Please Note:** The table doesn't take account of the seasonal variance in referrals. The reduction in referrals in December and January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

| Specialty     | Average number of weekly referrals each month |     |     |      |      |        |     |     |     |     |     |     | % recovery to baseline |         |         |         |        |         |         |         |        |        |        |
|---------------|---|-----|-----|------|------|--------|-----|-----|-----|-----|-----|-----|------------------------|---------|---------|---------|--------|---------|---------|---------|--------|--------|--------|
|               | Pre-Covid Baseline                            | Apr | May | June | July | August | Sep | Oct | Nov | Dec | Jan | Feb | Apr                    | May     | June    | July    | August | Sep     | Oct     | Nov     | Dec    | Jan    | Feb    |
| Breast        | 213   | 219 | 207 | 187  | 176  | 167    | 228 | 224 | 230 | 196 | 183 | 198 | 102.82%                | 97.18%  | 87.79%  | 82.63%  | 78.40% | 107.04% | 105.16% | 107.98% | 92.02% | 85.92% | 92.96% |
| Gynaecology   | 95  | 81  | 82  | 89   | 87   | 80     | 80  | 96  | 92  | 81  | 75  | 93  | 85.26%                 | 86.32%  | 93.68%  | 91.58%  | 84.21% | 84.21%  | 101.05% | 96.84%  | 85.26% | 78.95% | 97.89% |
| Head and Neck | 102   | 110 | 106 | 92   | 96   | 73     | 85  | 89  | 94  | 84  | 79  | 98  | 107.84%                | 103.92% | 90.20%  | 94.12%  | 71.57% | 83.33%  | 87.25%  | 92.16%  | 82.35% | 77.45% | 96.08% |
| Lower GI      | 73  | 88  | 103 | 91   | 91   | 68     | 69  | 71  | 74  | 66  | 55  | 72  | 120.55%                | 141.10% | 124.66% | 124.66% | 93.15% | 94.52%  | 97.26%  | 101.37% | 90.41% | 75.34% | 98.63% |
| Lung          | 31  | 27  | 25  | 21   | 23   | 18     | 18  | 19  | 20  | 29  | 19  | 21  | 87.10%                 | 80.65%  | 67.74%  | 74.19%  | 58.06% | 58.06%  | 61.29%  | 64.52%  | 93.55% | 61.29% | 67.74% |
| Skin          | 258   | 255 | 260 | 277  | 273  | 249    | 245 | 235 | 217 | 203 | 178 | 244 | 98.84%                 | 100.78% | 107.36% | 105.81% | 96.51% | 94.96%  | 91.09%  | 84.11%  | 78.68% | 68.99% | 94.57% |
| Upper GI      | 46  | 41  | 37  | 42   | 38   | 33     | 30  | 31  | 35  | 38  | 32  | 34  | 89.13%                 | 80.43%  | 91.30%  | 82.61%  | 71.74% | 65.22%  | 67.39%  | 76.09%  | 82.61% | 69.57% | 73.91% |
| Urology       | 103   | 97  | 79  | 87   | 98   | 78     | 63  | 87  | 103 | 97  | 80  | 94  | 94.17%                 | 76.70%  | 84.47%  | 95.15%  | 75.73% | 61.17%  | 84.47%  | 100.00% | 94.17% | 77.67% | 91.26% |
| <b>Total</b>  | 963   | 944 | 942 | 908  | 918  | 803    | 859 | 884 | 922 | 827 | 732 | 908 | 98.03%                 | 97.82%  | 94.29%  | 95.33%  | 83.39% | 89.20%  | 91.80%  | 95.74%  | 85.88% | 76.01% | 94.29% |

|          |
|----------|
| <85%     |
| 85%–<95% |
| 95%+     |

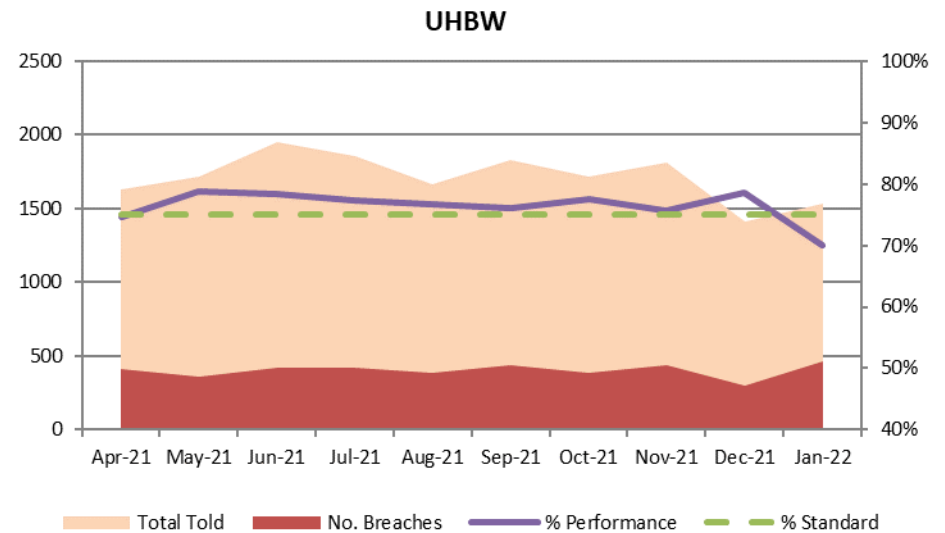
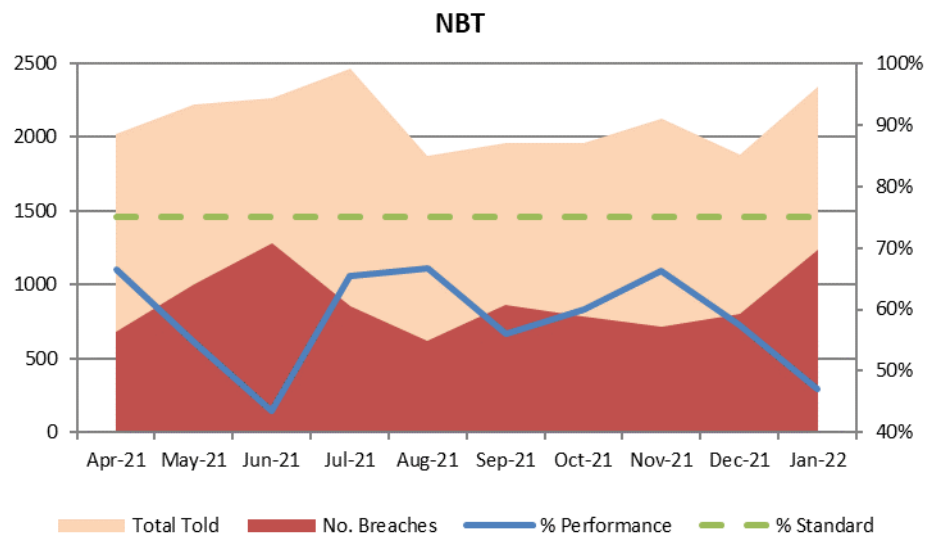
- Overall 2ww recovery was below the pre-Covid baseline by 5.71% in February 2022.
- Lung remains an area of concern with levels still 32.26% below the pre-Covid baseline.
- Recovery of Cancer referral rates is a main objective described in the 21/22 operational plan.

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

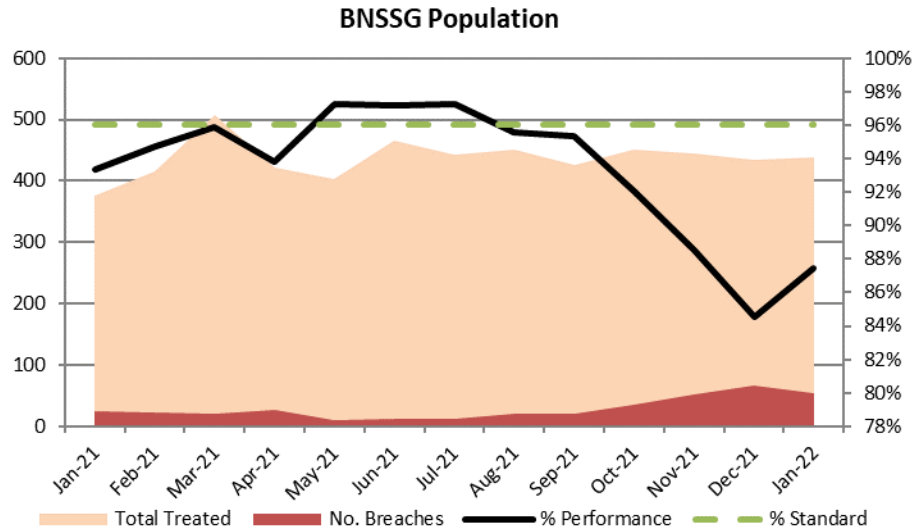


### 28 day Faster Diagnosis Standard (FDS) (All Routes)

- Performance worsened at BNSSG population level from 66% to 55.4% in January.
- NBT worsened from 57.5% to 47.1%.
- UHBW worsened from 78.7% to 70% and failed the 75% standard for the first time since April.
- All failed the 75% standard.

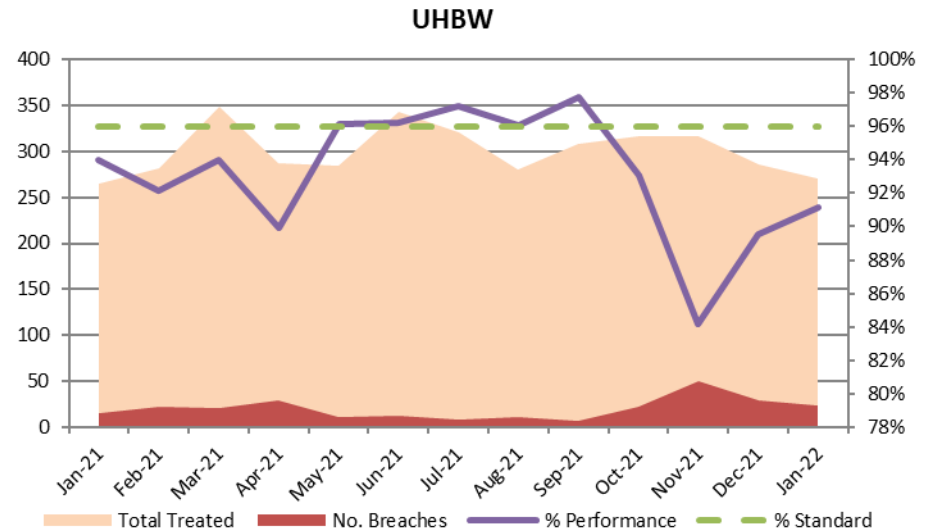
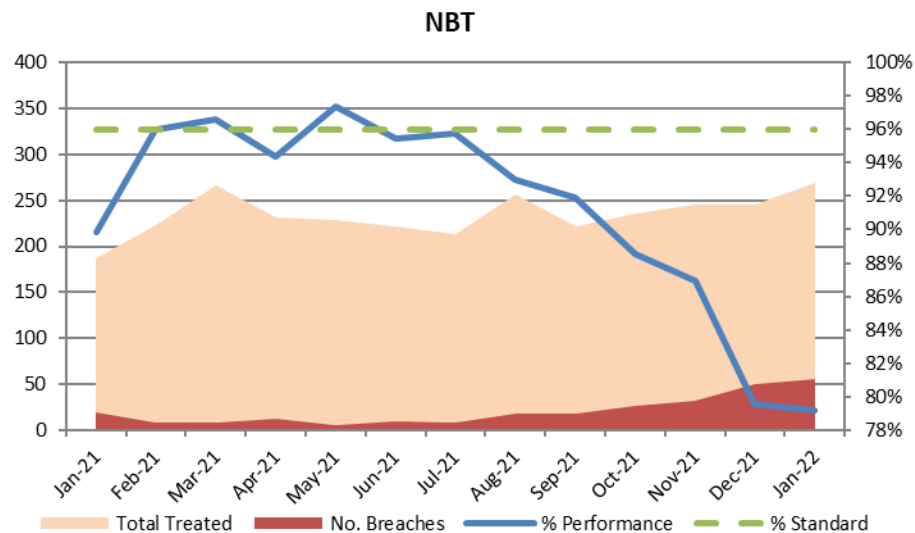


## 3.2 Planned Care – Cancer – 31 days first treatment – January

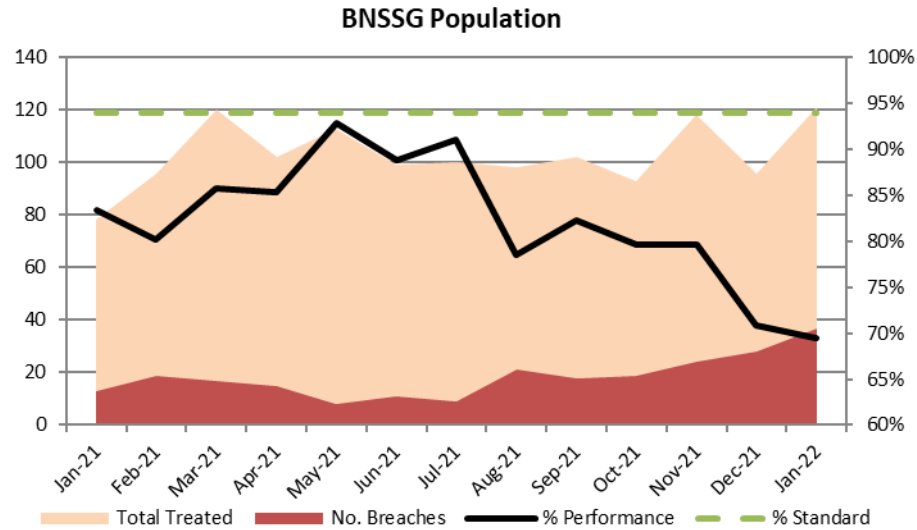


### 31 days first treatment standard

- Performance improved at BNSSG population level from 84.6% to 87.4% in January but is worse than the same period in 19/20 (93.7%).
- NBT performance worsened from 79.6% to 79.2% and is worse than the same period in 19/20 (92.7%).
- UHBW performance improved from 89.5% to 91.1% but is worse than the same period in 19/20 (92.4%).
- All failed the 96% standard.

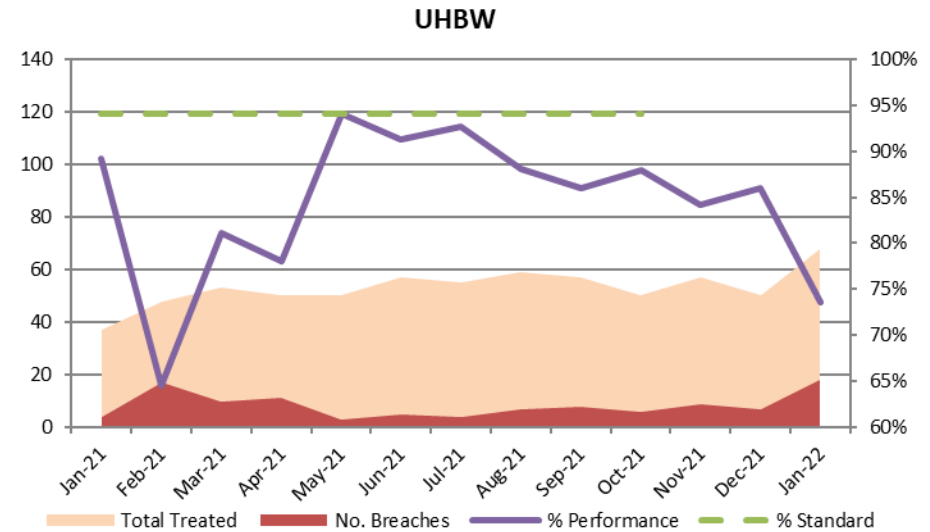
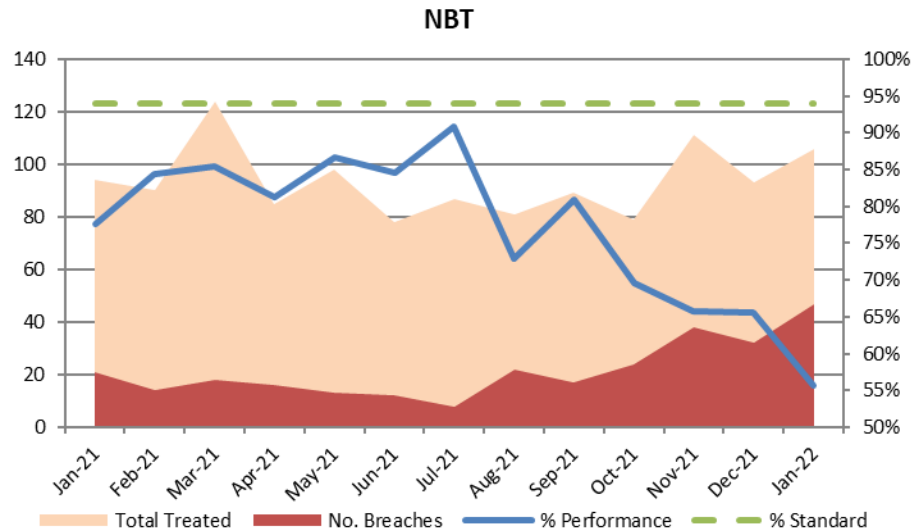


## 3.2 Planned Care – Cancer – 31 days surgery – January



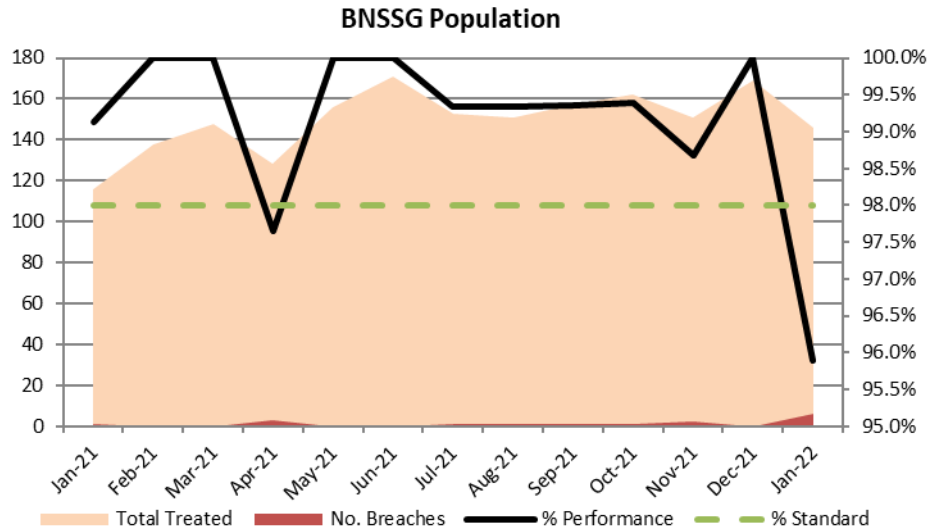
### 31 days subsequent treatment - Surgery

- Performance worsened at BNSSG population level from 70.8% to 69.4% in January and is worse than the same period in 19/20 (85.9%).
- NBT performance worsened from 65.6% to 55.6% and is worse than the same period in 19/20 (72%).
- UHBW performance worsened from 86% to 73.5% and is worse than the same period in 19/20 (92.4%).
- All failed the 94% standard.



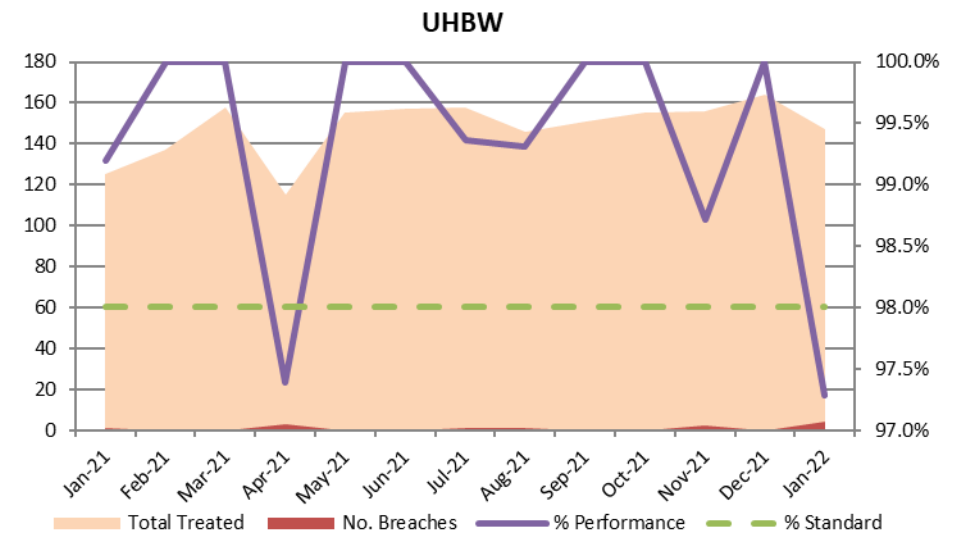
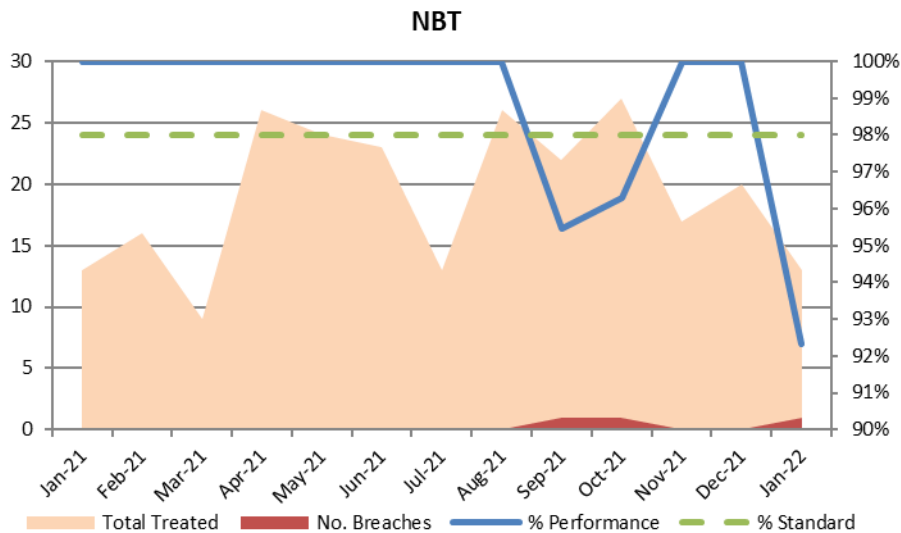


## 3.2 Planned Care – Cancer – 31 days drugs – January

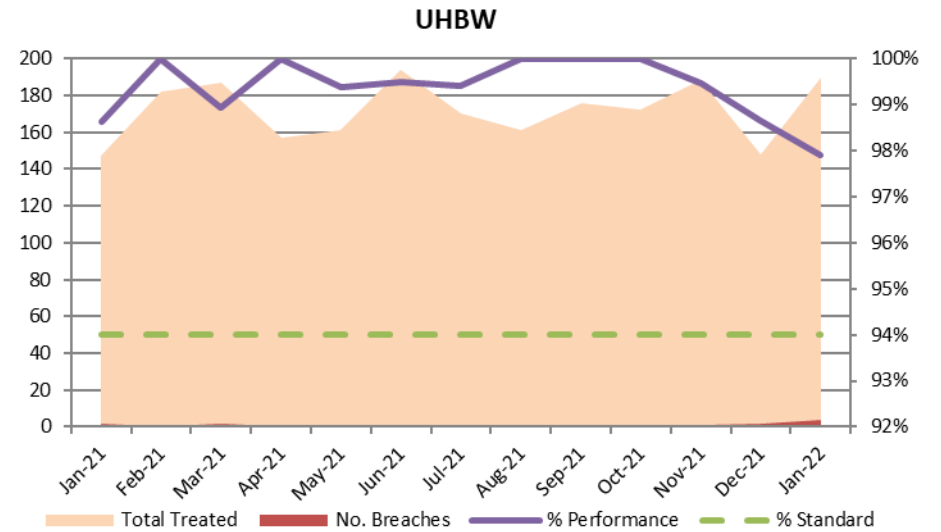
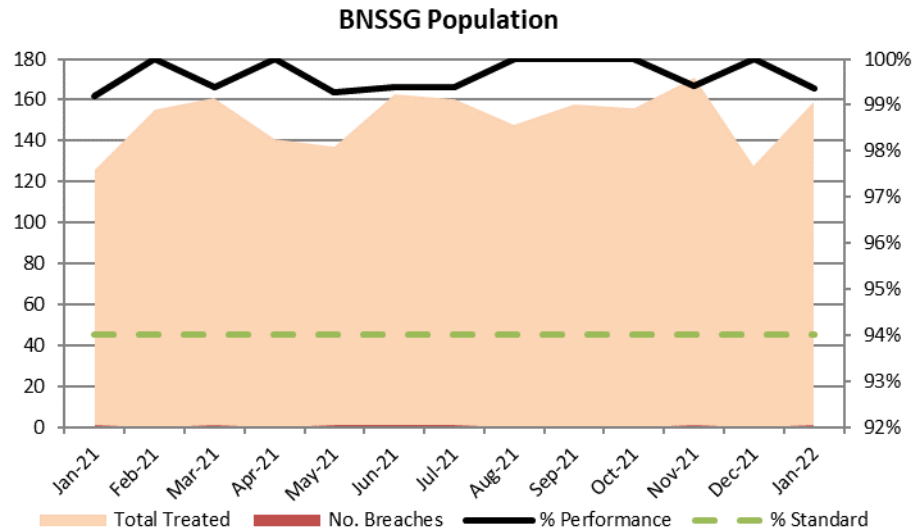


### 31 days subsequent treatment - Drugs

- Performance at BNSSG population level worsened from 100% to 95.89% in January and is the worse than the same period in 19/20 (97.9%).
- NBT performance worsened from 100% to 92.3% (no patients were treated in January 2020 for comparison).
- UHBW performance worsened from 100% to 97.3% and is worse than the same period in 19/20 (98.2%)
- All failed the 98% standard.



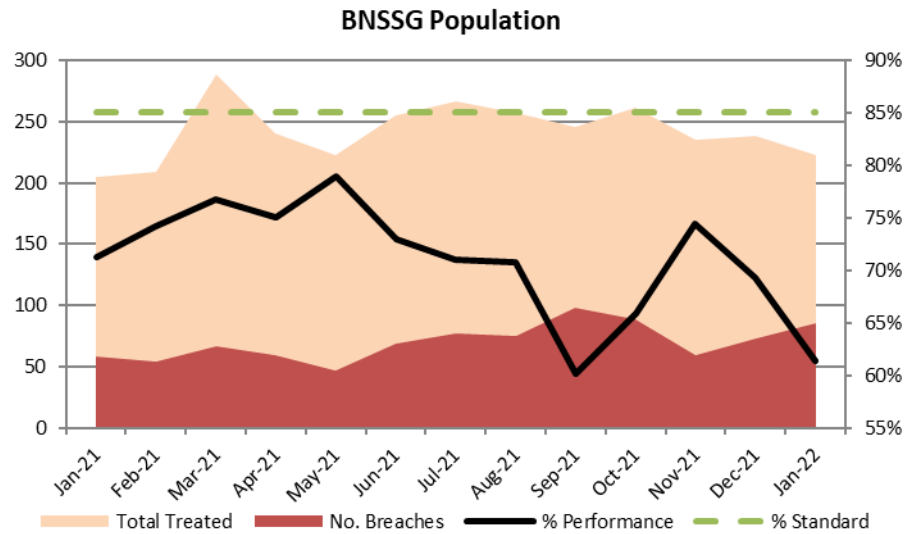
## 3.2 Planned Care – Cancer – 31 days radiotherapy – January



### 31 days subsequent treatment - Radiotherapy

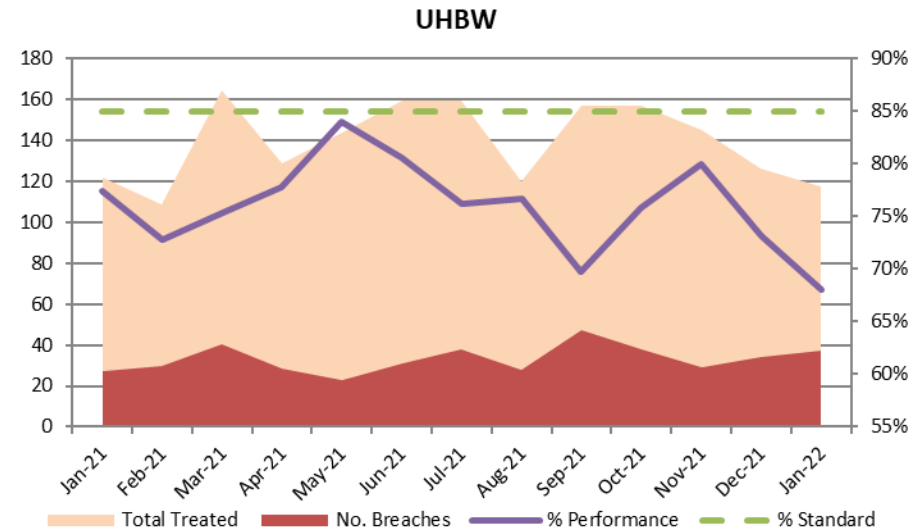
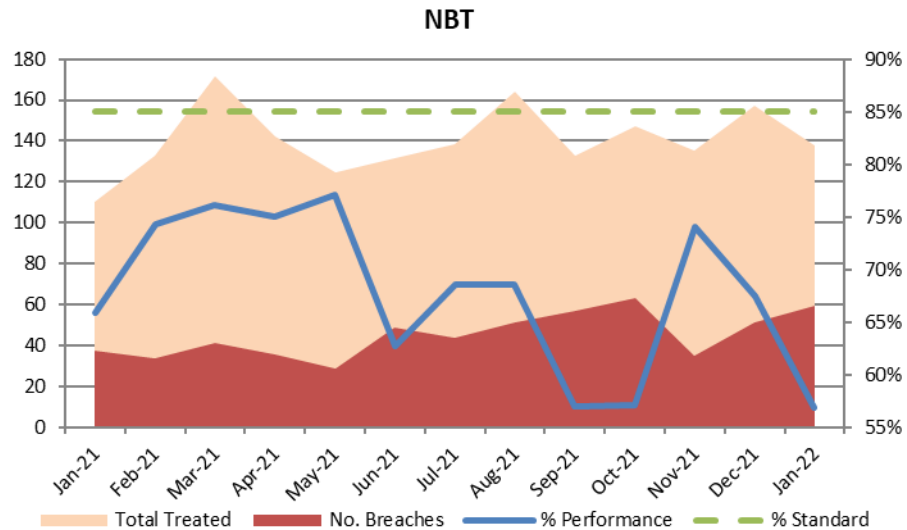
- Performance at BNSSG worsened from 100% to 99.4% in January but is better than the same period in 19/20 (95.3%).
- UHBW performance worsened from 98.7% to 97.9% but is better than the same period in 19/20 (94.5%).
- Both continue to achieve the 94% standard.

## 3.2 Planned Care – Cancer – 62 days wait – January

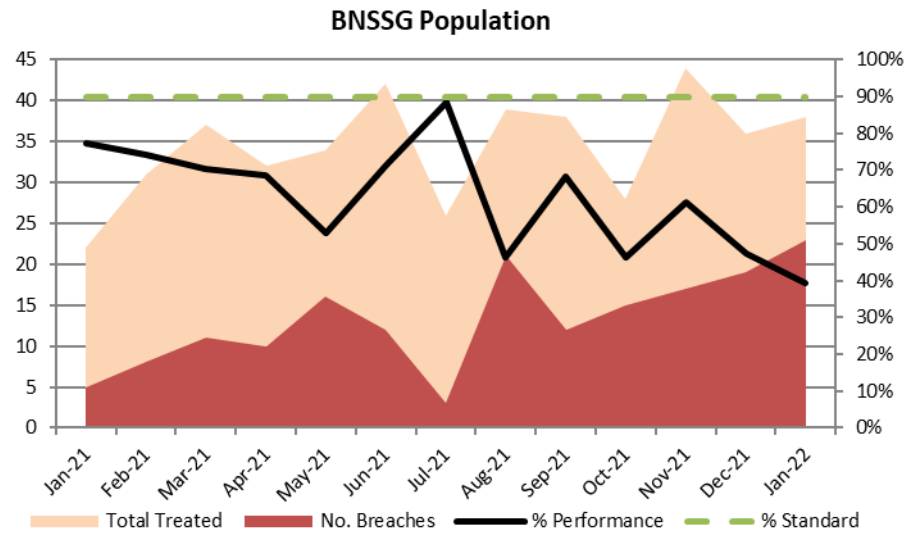


### 62 days wait standard

- Performance worsened at BNSSG population level from 69.3% to 61.4% in January and is worse than the same period in 19/20 (70.5%).
- NBT performance worsened from 67.5% to 56.9% and is worse than the same period in 19/20 (68.2%).
- UHBW performance worsened from 73.1% to 68.1% and is worse than the same period in 19/20 (74%).
- All continue to fail the 85% standard.

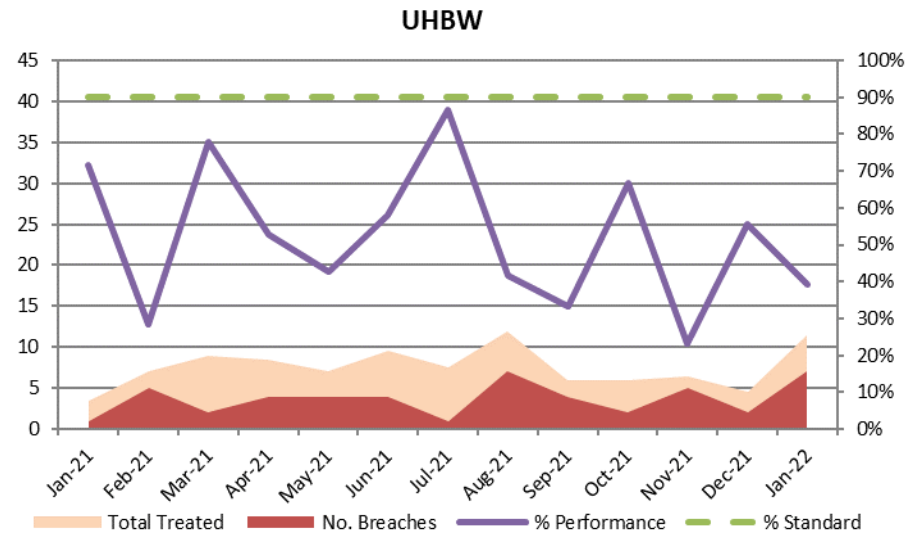
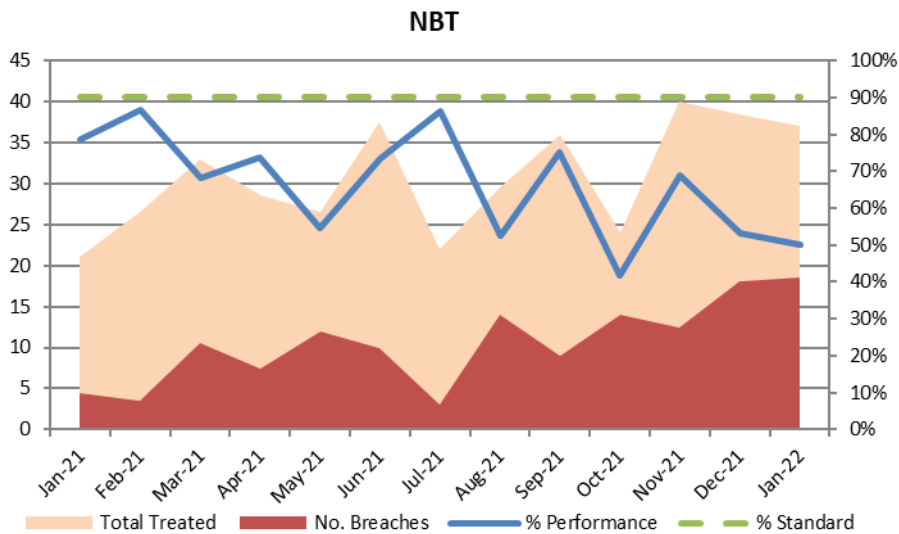


## 3.2 Planned Care – Cancer – 62 days wait NHS screening – January



### 62 days wait NHS Screening

- Performance worsened at BNSSG population level from 47.2% to 39.5% in January and is worse than the same period in 19/20 (56.4%).
- NBT performance worsened from 53.2% to 50% and is worse than the same period in 19/20 (64.4%).
- UHBW performance worsened from 55.6% to 39.1% but is better than the same period in 19/20 (36.4%).
- All continue to fail the 90% standard.
- Performance can vary greatly from month to month due to the very low numbers.



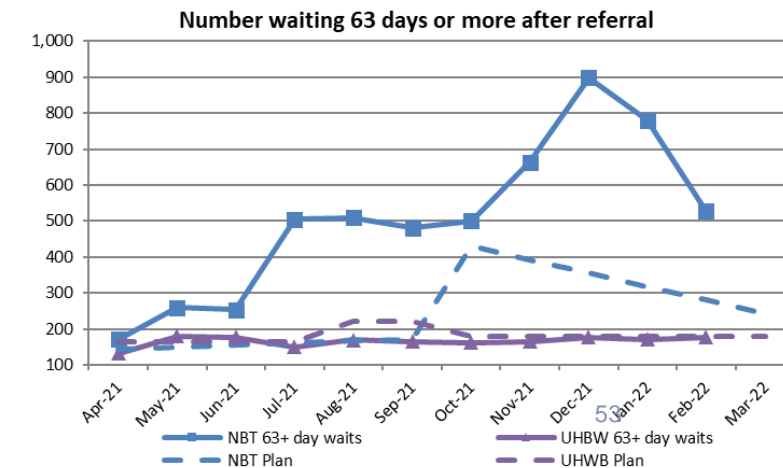
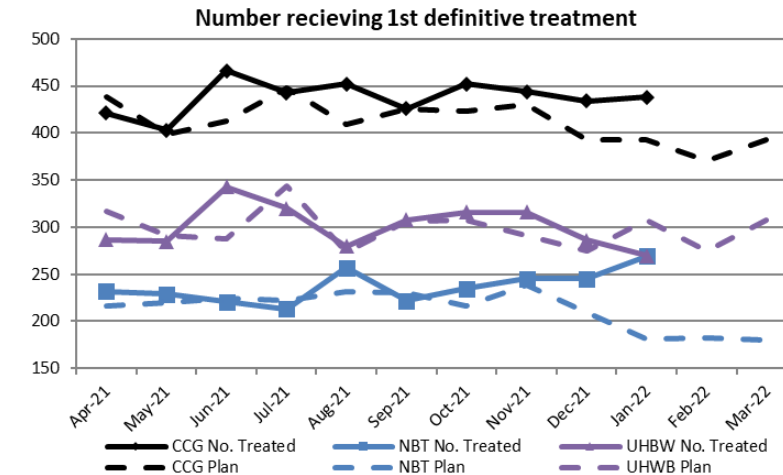
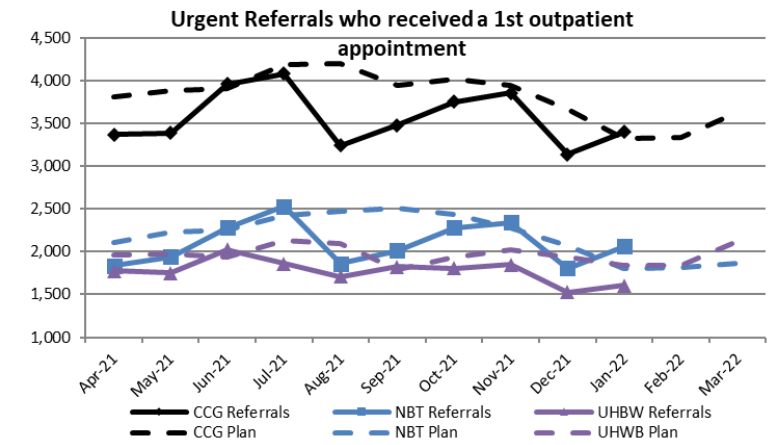
# 3.2 Planned Care – Cancer – Activity compared to Plan

## Cancer activity compared to plan

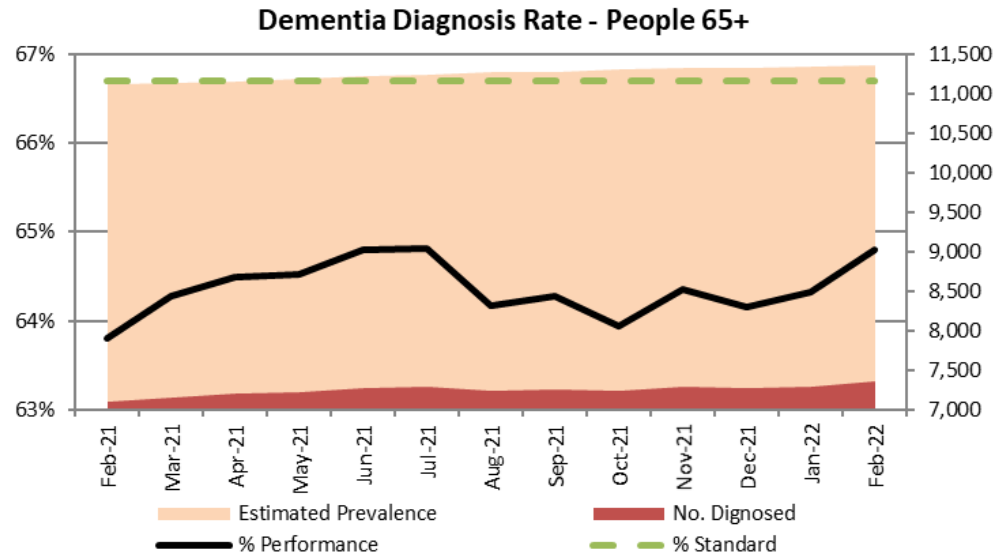
- This slide show monthly cancer activity at BNSSG population level and total provider level for NBT and UHBW compared to the H1 and H2 21/22 Operational Plan.
- Please note that we are aware of some data quality issues with NBT's reported figures for E.B.32 Number of patients waiting 63 days or more. The reported figures are higher than expected and will be updated once the data quality process has been completed.

|               |                                | H1 21/22 Operational Plan |        |        |        |        |        | H2 21/22 Operational Plan |        |        |        |        |        |
|---------------|--------------------------------|---------------------------|--------|--------|--------|--------|--------|---------------------------|--------|--------|--------|--------|--------|
|               |                                | Apr-21                    | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21                    | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| <b>E.B.30</b> | <b>Urgent Referrals</b>        |                           |        |        |        |        |        |                           |        |        |        |        |        |
| BNSSG         | Urgent referrals with 1st OP   | 3,371                     | 3,389  | 3,956  | 4,080  | 3,241  | 3,476  | 3,750                     | 3,856  | 3,135  | 3,398  |        |        |
|               | Plan                           | 3,804                     | 3,883  | 3,901  | 4,190  | 4,200  | 3,945  | 4,017                     | 3,940  | 3,662  | 3,324  | 3,340  | 3,623  |
| NBT           | Urgent referrals with 1st OP   | 1,839                     | 1,938  | 2,283  | 2,530  | 1,861  | 2,011  | 2,281                     | 2,344  | 1,807  | 2,064  |        |        |
|               | Plan                           | 2,113                     | 2,223  | 2,253  | 2,421  | 2,474  | 2,514  | 2,431                     | 2,272  | 2,067  | 1,801  | 1,817  | 1,866  |
| UHBW          | Urgent referrals with 1st OP   | 1,776                     | 1,753  | 2,023  | 1,864  | 1,711  | 1,822  | 1,807                     | 1,848  | 1,525  | 1,605  |        |        |
|               | Plan                           | 1,962                     | 1,971  | 1,940  | 2,128  | 2,097  | 1,791  | 1,932                     | 2,024  | 1,932  | 1,840  | 1,840  | 2,116  |
| <b>E.B.31</b> | <b>Treatment Volumes</b>       |                           |        |        |        |        |        |                           |        |        |        |        |        |
| BNSSG         | No. receiving 1st treatment    | 421                       | 403    | 466    | 443    | 452    | 426    | 452                       | 444    | 434    | 438    |        |        |
|               | Plan                           | 438                       | 399    | 413    | 448    | 409    | 425    | 423                       | 430    | 392    | 393    | 370    | 392    |
| NBT           | No. receiving 1st treatment    | 232                       | 229    | 221    | 213    | 257    | 222    | 235                       | 245    | 245    | 269    |        |        |
|               | Plan                           | 216                       | 220    | 225    | 222    | 232    | 230    | 216                       | 238    | 209    | 181    | 183    | 180    |
| UHBW          | No. receiving 1st treatment    | 287                       | 285    | 343    | 320    | 280    | 308    | 316                       | 316    | 286    | 270    |        |        |
|               | Plan                           | 317                       | 291    | 288    | 344    | 274    | 306    | 307                       | 291    | 275    | 307    | 275    | 307    |
| <b>E.B.32</b> | <b>Number waiting 63+ days</b> |                           |        |        |        |        |        |                           |        |        |        |        |        |
| NBT           | Number waiting 63+ days        | 172                       | 260    | 254    | 505    | 510    | 481    | 501                       | 663    | 899    | 781    | 528    |        |
|               | Plan                           | 144                       | 149    | 156    | 162    | 169    | 172    | 430                       | 392    | 355    | 317    | 280    | 242    |
| UHBW          | Number waiting 63+ days        | 133                       | 181    | 178    | 150    | 170    | 165    | 162                       | 165    | 178    | 171    | 178    |        |
|               | Plan                           | 166                       | 166    | 166    | 166    | 221    | 221    | 180                       | 180    | 180    | 180    | 180    | 180    |

Worse than Plan  
Better than Plan

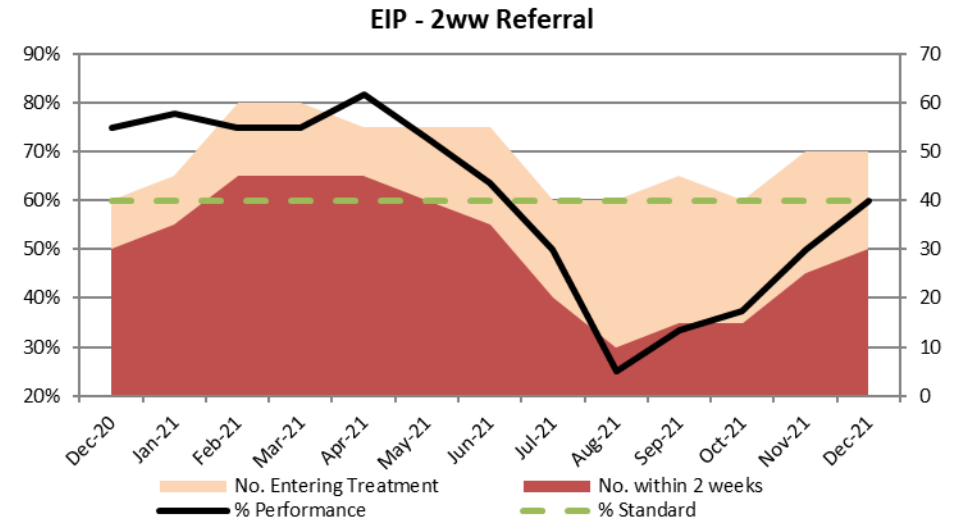


## 3.3 Mental Health – Dementia (February) & EIP (December)



### Dementia – Estimated Diagnosis rate for people aged 65+

- BNSSG performance improved from 64.3% to 64.8% in February.
- The 66.7% national standard has not been achieved since April 2020. However, performance continues to be better than the average for the South West (57.3%) and England (61.7%).
- BNSSG continues to be ranked best in the South West out of the 7 STPs.
- Covid-19 has led to unprecedented changes in the work and behaviour of General Practices and as a result this will have impacted on this data, including the diagnosis rate, the extent of which is unable to be estimated.



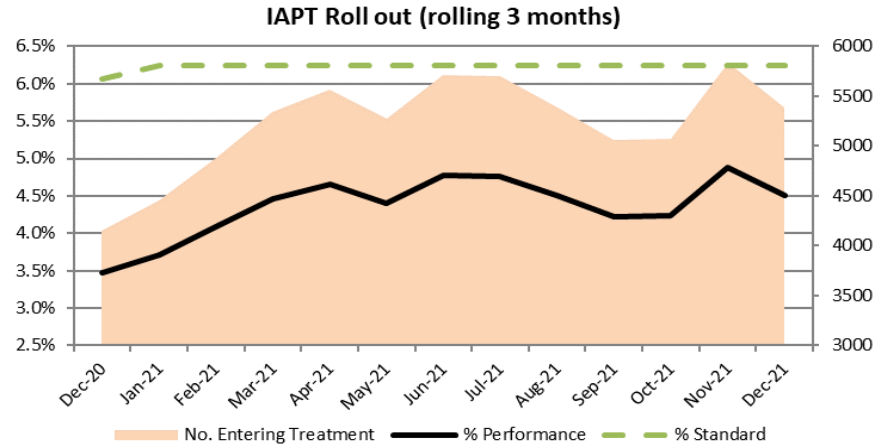
### EIP – Psychosis treated with a NICE approved care package within two weeks of referral

- BNSSG performance improved from 50% in November to 60% in December.
- The 60% national standard was met.
- January data will be published on 14<sup>th</sup> April.

# 3.3 Mental Health – IAPT – December

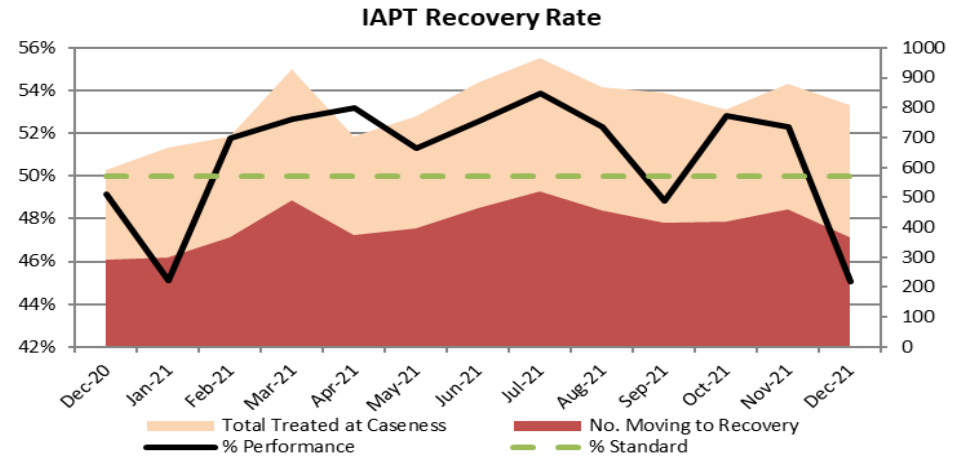
## IAPT Roll Out (rolling 3 months)

BNSSG performance worsened from 4.9% to 4.5% in December but continues to fail the 6.25% national standard.

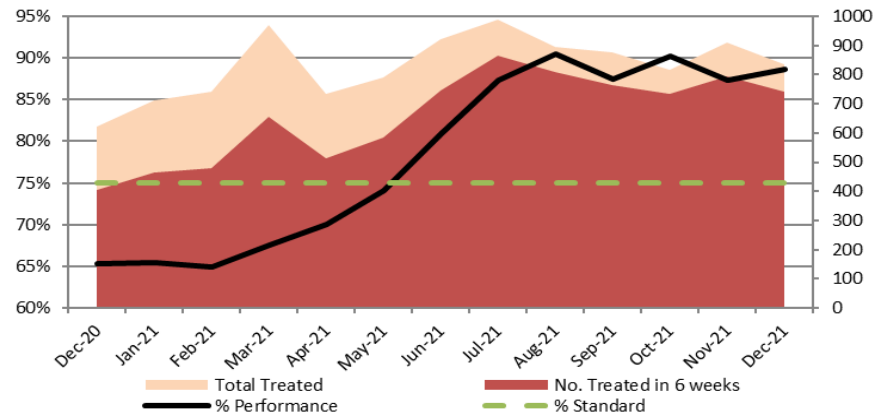


## IAPT Recovery Rate

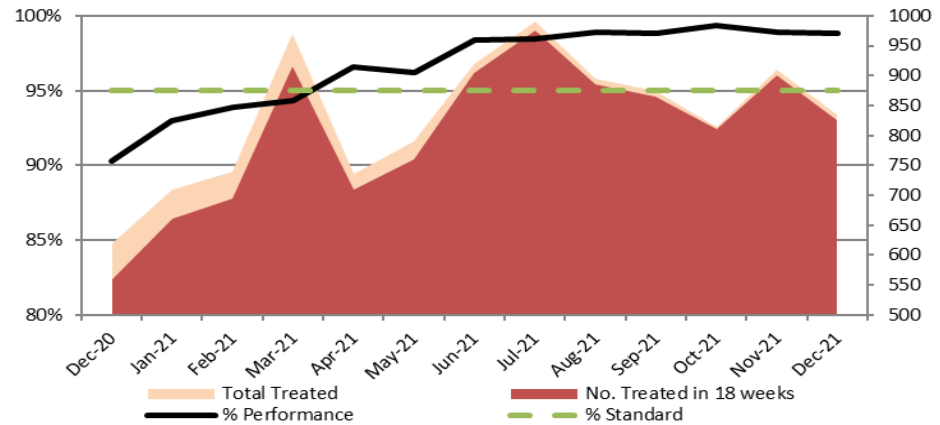
BNSSG performance worsened from 52.3% to 45% in December and failed to achieve the 50% national standard.



## IAPT Waiting Times - 6 weeks



## IAPT Waiting Times - 18 weeks



## IAPT Waiting Times – 6 weeks

BNSSG performance improved from 87.4% to 88.6% in December. The 75% national standard has continued to be achieved since June 2021.

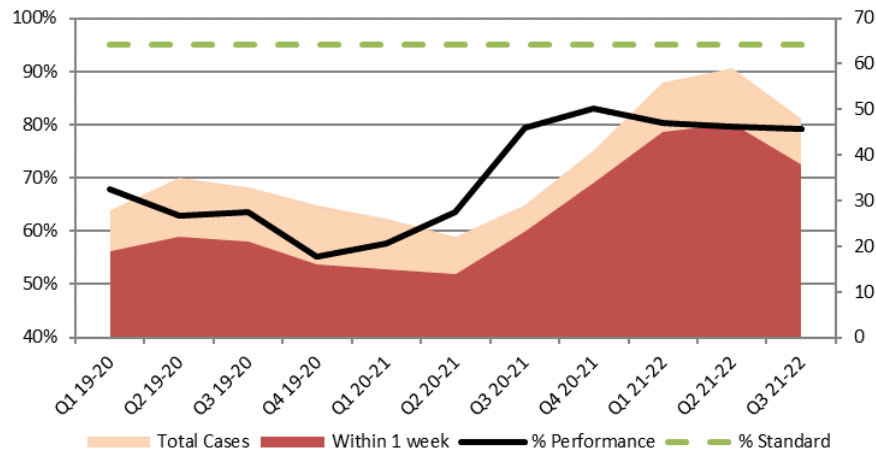
## IAPT Waiting Times – 18 weeks

BNSSG performance worsened from 98.9% to 98.8% in December. The 95% national standard has continued to be achieved since April 2021.

# 3.3 Mental Health – Children & Young People (CYP) – Q3 21/22

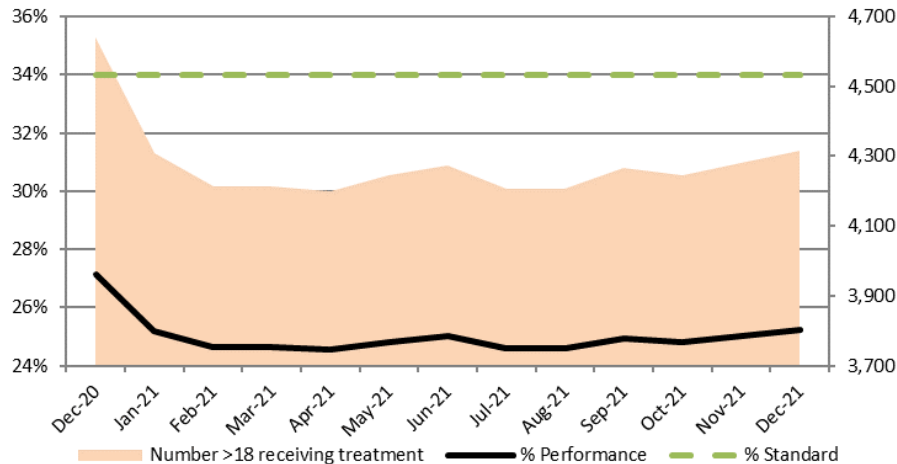
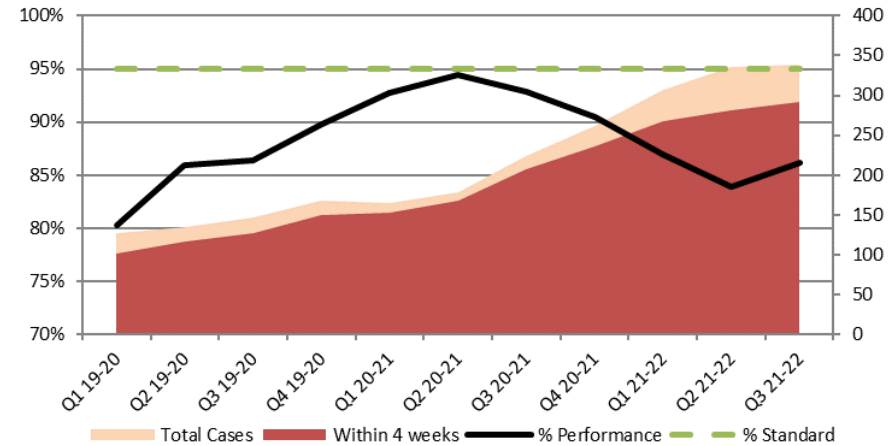
## CYP with ED – Urgent Cases within 1 week (12 month rolling)

- BNSSG Performance worsened slightly from 79.7% in Q2 to 79.2% in Q3 (38 out of 48 CYP started treatment within 1 week).
- The 95% national standard continues to be failed.
- BNSSG Performance is better than the average for the South West (37.5%) and England (59%).



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

- BNSSG Performance improved from 83.9% in Q2 to 86.1% in Q3 (291 out of 338 started treatment within 4 weeks).
- The 95% national standard continues to be failed.
- BNSSG performance continues to be better than the average for the South West (67.4%) and England (66.4%).



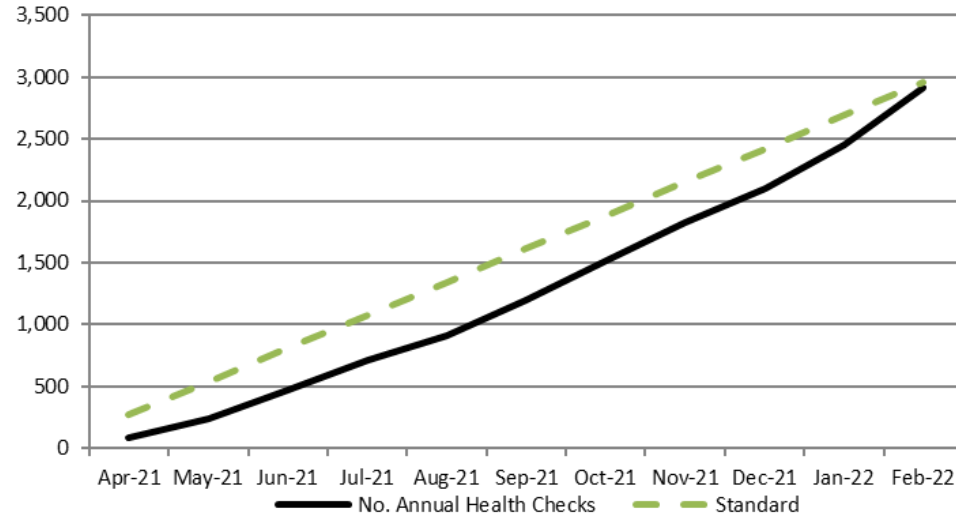
## Improving Access to CYP Mental Health services (CYPMH)

- Performance is reported on a 12 month rolling basis.
- BNSSG performance Improved from 25.04% to 25.24% in December but continues to fail the 34% national standard.
- The monthly number of BNSSG CYP receiving at least two contacts decreased from 340 in November to 285 in December.



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

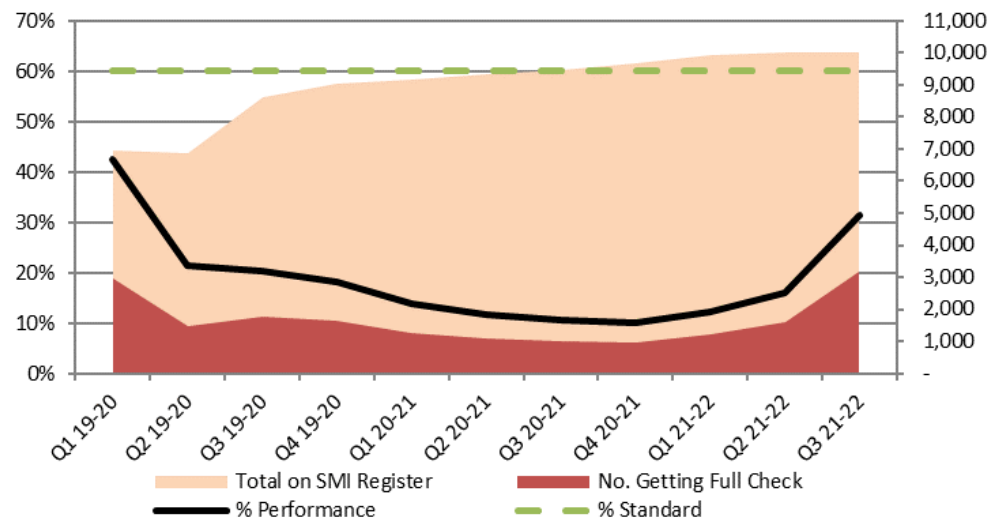
LD Annual Health Checks (Cumulative)



Annual Health Checks delivered by GPs for those on the LD register aged 14+ in the period

- Performance is reported on a cumulative, year to date basis.
- At the end of February, 2,911 annual health checks were completed.
- This was slightly worse (48 checks) than the national standard of completing 2,959 checks by the end of February.
- However, the gap between the number completed and the national standard has continued to narrow each month since August.

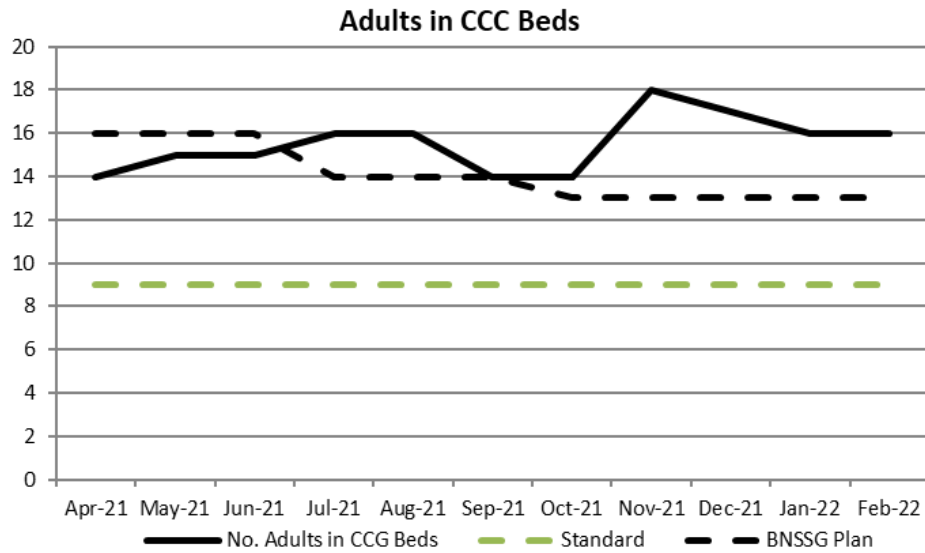
SMI Annual Health Checks (12 month rolling)



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

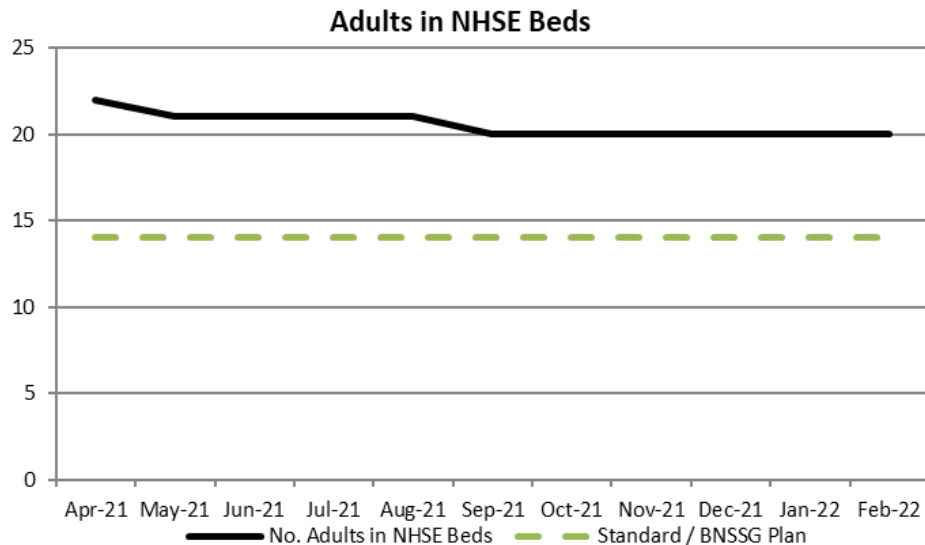
- Performance is reported on a 12 month rolling basis.
- BNSSG Performance improved 15.9% in Q2 to 31.4% in Q3.
- The 60% standard continues to be failed.
- This is better than the South West average (29.3%) but worse than the England average (34.9%).

### 3.3 Mental Health – Reliance on inpatient care – February



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

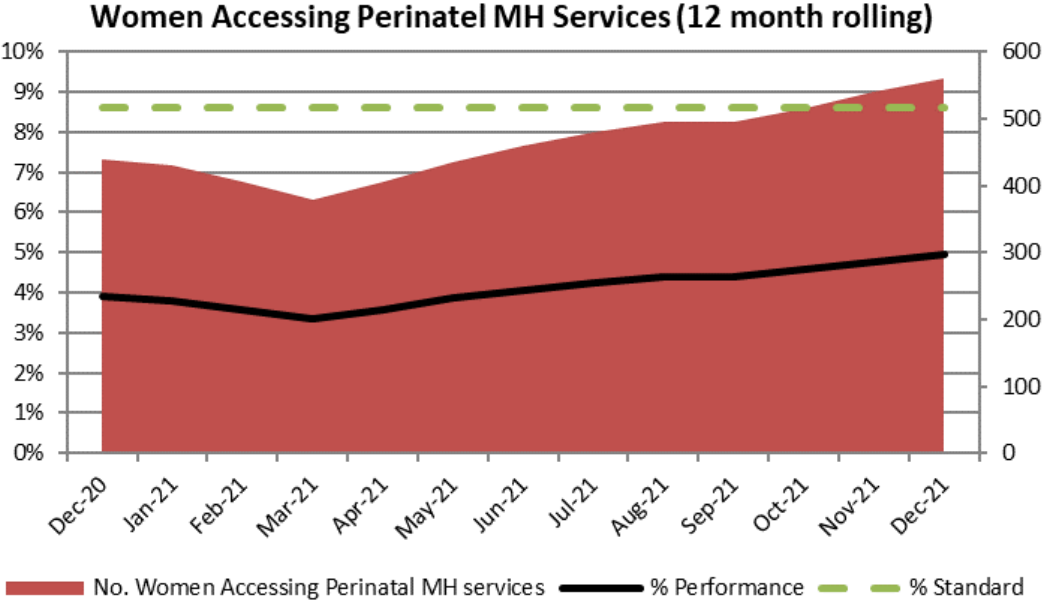
- BNSSG Performance remained at 16 adults in CCG beds in February.
- The BNSSG plan of 13 adults in CCG beds continues to be failed.
- The national standard of 9 adults in CCG beds continues to be failed.



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

- BNSSG Performance has remained at 20 adults in NHSE beds since September 2021.
- The national standard and BNSSG plan of 14 adults in NHSE beds continues to be failed.
- BNSSG plan figures are the same as the national standard.

# 3.3 Mental Health – Perinatal – December



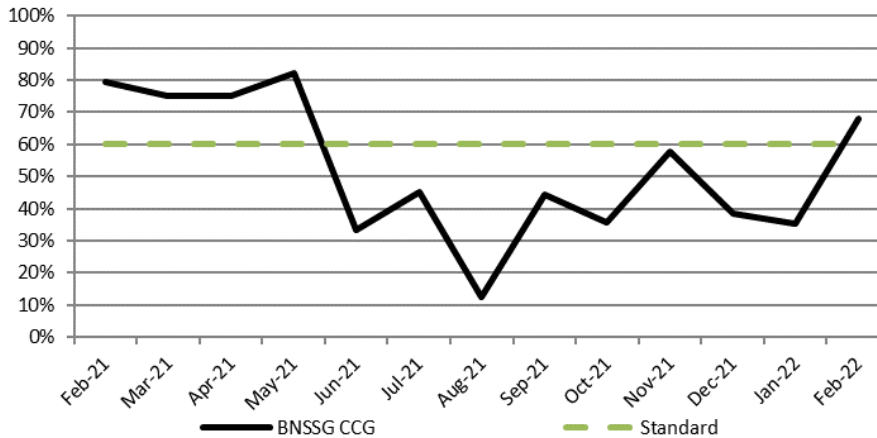
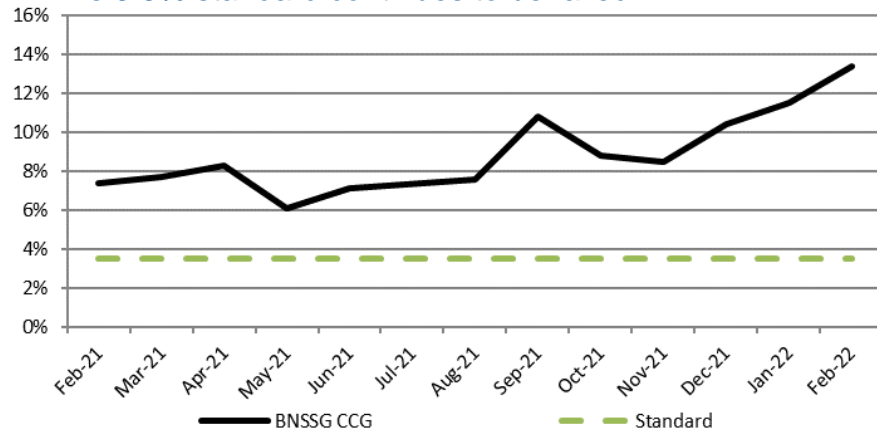
Number of Women Accessing Perinatal MH Services

- Performance is reported on a 12 month rolling basis.
- BNSSG Performance improved from 4.8% to 5% in December.
- The 8.6% national standard continues to be failed.

### 3.3 Mental Health – AWP

#### Delayed Transfers of Care

- BNSSG performance worsened from 11.5% to 13.4% in February and is worse than the same period in 19/20 (8%).
- The 3.5% standard continues to be failed.

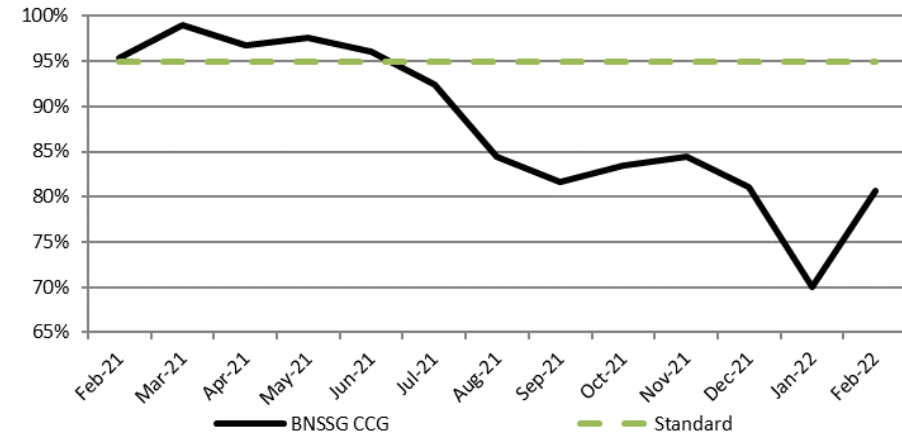
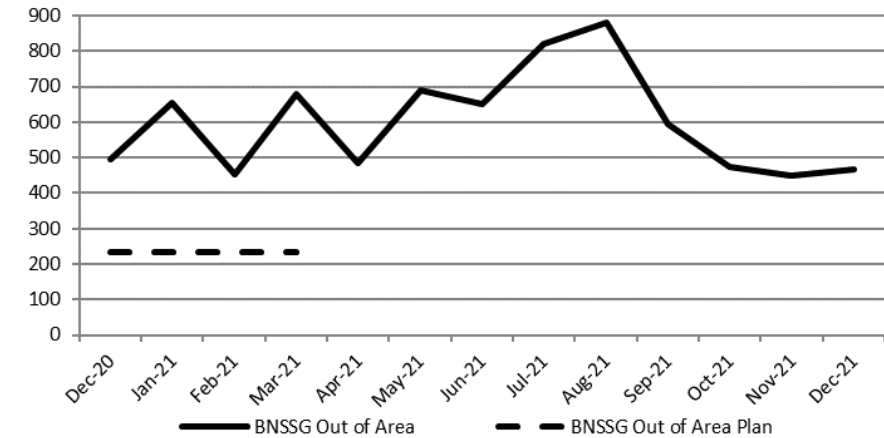


#### Early Intervention

- BNSSG performance improved from 35.2% to 68.1% in February and is better than the same period in 19/20 (44.4%)
- The 56% standard was achieved for the first time since May 2021.

#### CCG Out of Area Placement (OAP) Bed Days

- BNSSG out of area placements improved from 450 in November to 465 in December.



#### Referral to Assessment – 4 Week Waits

- BNSSG performance improved from 70% to 80.6% in February but is worse than the same period in 19/20 (96.4%).
- The 95% standard continues to be failed since July 2021.

## 4.1 South West Performance Benchmarking

| Measure                            | Performance/Activity |        |        |        |         |          |        |         | South West Ranking |        |       |        |          |       |       |
|------------------------------------|----------------------|--------|--------|--------|---------|----------|--------|---------|--------------------|--------|-------|--------|----------|-------|-------|
|                                    | Recent Period        | BSW    | Dorset | Glos   | Kernow  | Somerset | BNSSG  | Devon   | BSW                | Dorset | Glos  | Kernow | Somerset | BNSSG | Devon |
| Diagnostics                        | Jan-22               | 36.10% | 18.40% | 20.50% | 38.90%  | 33.80%   | 40.80% | 42.20%  | 4                  | 1      | 2     | 5      | 3        | 6     | 7     |
| A&E 4 Hour Performance             | Feb-22               | 74.40% | 64.70% | 68.80% | 78.80%  | 81.50%   | 67.00% | 69.50%  | 3                  | 7      | 5     | 2      | 1        | 6     | 4     |
| A&E 12 Hour Trolley Waits          | Feb-22               | 78     | 63     | 394    | 577     | 83       | 1211   | 471     | 2                  | 1      | 4     | 6      | 3        | 7     | 5     |
| RTT Incomplete 18 Weeks            | Jan-22               | 65.90% | 60.80% | 70.90% | 64.20%  | 62.80%   | 65.50% | 54.80%  | 2                  | 6      | 1     | 4      | 5        | 3     | 7     |
| RTT Incomplete Total               | Jan-22               | 75,273 | 71,634 | 58,922 | 51,392  | 49,728   | 70,869 | 145,155 | 35.2%              | 30.0%  | 14.1% | 44.5%  | 37.9%    | 39.4% | 71.6% |
| RTT Incomplete 52 Week Plus        | Jan-22               | 2,481  | 4,048  | 1,590  | 3,050   | 2,635    | 4,020  | 12,974  | 2                  | 6      | 1     | 4      | 3        | 5     | 7     |
| Cancer 2 Week (All)                | Jan-22               | 79.20% | 61.10% | 87.10% | 78.20%  | 66.70%   | 54.60% | 66.10%  | 2                  | 6      | 1     | 3      | 4        | 7     | 5     |
| Cancer 2 week (Breast)             | Jan-22               | 75.70% | 57.10% | 89.60% | 8.20%   | 45.70%   | 8.80%  | 32.40%  | 2                  | 3      | 1     | 7      | 4        | 6     | 5     |
| Cancer 31 Day Wait First Treatment | Jan-22               | 88.90% | 95.90% | 94.00% | 96.80%  | 85.90%   | 87.40% | 93.10%  | 5                  | 2      | 3     | 1      | 7        | 6     | 4     |
| Cancer 31 Day Wait - Surgery       | Jan-22               | 85.90% | 86.20% | 84.10% | 89.00%  | 67.80%   | 69.40% | 84.50%  | 3                  | 2      | 5     | 1      | 7        | 6     | 4     |
| Cancer 31 Day Wait - Drug          | Jan-22               | 98.30% | 99.50% | 99.30% | 99.40%  | 99.40%   | 95.90% | 98.90%  | 6                  | 1      | 4     | 2      | 2        | 7     | 5     |
| Cancer 31 Day Wait - Radiotherapy  | Jan-22               | 88.00% | 98.50% | 98.50% | 100.00% | 93.20%   | 99.40% | 97.40%  | 7                  | 3      | 3     | 1      | 6        | 2     | 5     |
| Cancer 62 Wait Consultant          | Jan-22               | 80.80% | 77.50% | 75.00% | 57.10%  | 82.40%   | 86.00% | 81.70%  | 4                  | 5      | 6     | 7      | 2        | 1     | 3     |
| Cancer 62 Wait Screening           | Jan-22               | 71.70% | 78.60% | 85.70% | 75.00%  | 70.00%   | 39.50% | 68.40%  | 4                  | 2      | 1     | 3      | 5        | 7     | 6     |
| Cancer 62 Wait Standard            | Jan-22               | 70.00% | 68.20% | 66.90% | 81.60%  | 65.70%   | 61.40% | 63.10%  | 2                  | 3      | 4     | 1      | 5        | 7     | 6     |
| Cancer 28 FDS                      | Jan-22               | 67.30% | 62.10% | 75.90% | 69.00%  | 70.60%   | 55.40% | 68.40%  | 5                  | 6      | 1     | 3      | 2        | 7     | 4     |

## 4.2 BNSSG Scorecard

| Theme   | Indicator   | Standard | 20/21                     | Feb-21                              | Mar-21  | Apr-21  | May-21  | Jun-21  | Jul-21 | Aug-21  | Sep-21  | Oct-21  | Nov-21 | Dec-21  | Jan-22 | Feb-22 | 21/22  |
|---|---|----------|---------------------------|-------------------------------------|---------|---------|---------|---------|--------|---------|---------|---------|--------|---------|--------|--------|--------|
| Urgent Care   | A&E 4hr Waits - BNSSG Footprint                         | 95%      | 85.85%                    | 79.31%                              | 83.17%  | 80.85%  | 80.00%  | 76.20%  | 72.61% | 73.92%  | 73.50%  | 70.83%  | 70.71% | 70.55%  | 71.55% | 67.04% | 73.55% |
|   | A&E 4hr Waits - BNSSG Trusts                            | 95%      | 81.58%                    | 73.28%                              | 77.94%  | 74.70%  | 73.69%  | 68.14%  | 62.71% | 64.39%  | 64.22%  | 61.86%  | 62.65% | 63.04%  | 64.19% | 60.27% | 65.48% |
|   | >12hr DTA breaches in A&E - BNSSG Trusts                | 0        | 1720                      | 202                                 | 102     | 77      | 28      | 150     | 352    | 271     | 494     | 623     | 765    | 696     | 1071   | 1211   | 5738   |
| Planned Care  | RTT Incomplete - 18 Weeks Waits                         | 92%      | 70.97%                    | 70.88%                              | 70.97%  | 70.92%  | 71.69%  | 71.70%  | 71.66% | 70.80%  | 69.74%  | 68.09%  | 67.98% | 66.04%  | 65.53% |        | 65.53% |
|   | RTT Incomplete - Total Waiting List Size                |          | 56,472                    | 54,899                              | 56,472  | 60,004  | 61,557  | 67,485  | 68,886 | 70,942  | 70,914  | 71,292  | 71,134 | 70,653  | 70,869 |        | 70,869 |
|   | RTT Incomplete - 52 Week Waits                          |          | 4327                      | 3941                                | 4327    | 3611    | 2950    | 2676    | 2750   | 3138    | 3353    | 3664    | 3791   | 3902    | 4020   |        | 4020   |
|   | RTT Incomplete - % of WL > 52 Weeks                     |          | 7.66%                     | 7.18%                               | 7.66%   | 6.02%   | 4.79%   | 3.97%   | 3.99%  | 4.42%   | 4.73%   | 5.14%   | 5.33%  | 5.52%   | 5.67%  |        | 5.67%  |
|   | Diagnostic - 6 Week Waits                               | 1%       | 30.50%                    | 35.22%                              | 30.50%  | 33.58%  | 32.91%  | 35.26%  | 36.72% | 39.57%  | 38.73%  | 38.09%  | 36.09% | 40.13%  | 40.79% |        | 40.79% |
|   | Diagnostic - Total Waiting List Size                    |          | 26,632                    | 25,596                              | 26,632  | 26,700  | 27,116  | 27,402  | 27,382 | 26,949  | 27,673  | 27,987  | 28,809 | 29,304  | 30,640 |        | 30,640 |
|   | Diagnostic - Number waiting > 6 Weeks                   |          | 8,124                     | 9,016                               | 8,124   | 8,966   | 8,924   | 9,661   | 10,056 | 10,664  | 10,719  | 10,659  | 10,398 | 11,760  | 12,498 |        | 12,498 |
| Diagnostic - Number waiting > 13 Weeks                    |   | 4,132    | 4,720                     | 4,132                               | 4,028   | 4,131   | 4,408   | 4,441   | 4,454  | 4,997   | 5,394   | 5,118   | 5,875  | 6,345   |        | 6,345  |        |
| Cancer  | Cancer 2 Week Wait - All                                | 93%      | 79.38%                    | 81.38%                              | 76.70%  | 63.63%  | 61.58%  | 58.32%  | 66.86% | 75.87%  | 64.64%  | 60.99%  | 64.50% | 67.27%  | 54.62% |        | 63.70% |
|   | Cancer 2 Week Wait - Breast symptoms                    | 93%      | 58.10%                    | 38.57%                              | 15.57%  | 9.34%   | 9.46%   | 17.43%  | 72.95% | 84.62%  | 75.37%  | 26.23%  | 6.25%  | 11.84%  | 8.82%  |        | 30.34% |
|   | Cancer 28 day faster diagnosis standard (All Routes)    | 75%      | New indicator for 2021/22 |                                     |         |         | 69.75%  | 59.04%  | 58.45% | 69.83%  | 70.87%  | 64.38%  | 67.40% | 69.69%  | 65.99% | 55.43% | 64.97% |
|   | Cancer 31 Day first treatment                           | 96%      | 95.21%                    | 94.70%                              | 95.86%  | 93.82%  | 97.27%  | 97.21%  | 97.29% | 95.58%  | 95.31%  | 92.04%  | 88.51% | 84.56%  | 87.44% |        | 92.90% |
|   | Cancer 31 day subsequent treatments - surgery           | 94%      | 86.31%                    | 80.21%                              | 85.83%  | 85.29%  | 92.92%  | 88.89%  | 91.00% | 78.57%  | 82.35%  | 79.57%  | 79.66% | 70.83%  | 69.42% |        | 81.77% |
|   | Cancer 31 day subsequent treatments - anti-cancer drugs | 98%      | 99.37%                    | 100.00%                             | 100.00% | 97.66%  | 100.00% | 100.00% | 99.35% | 99.34%  | 99.36%  | 99.38%  | 98.68% | 100.00% | 95.89% |        | 99.03% |
|   | Cancer 31 day subsequent treatments - radiotherapy      | 94%      | 98.68%                    | 100.00%                             | 99.38%  | 100.00% | 99.27%  | 99.39%  | 99.38% | 100.00% | 100.00% | 100.00% | 99.42% | 100.00% | 99.37% |        | 99.67% |
|   | Cancer 62 day referral to first treatment - GP referral | 85%      | 75.58%                    | 74.16%                              | 76.74%  | 75.00%  | 78.92%  | 72.94%  | 71.05% | 70.82%  | 60.16%  | 65.90%  | 74.47% | 69.33%  | 61.43% |        | 69.97% |
| Cancer 62 day referral to first treatment - NHS Screening | 90%   | 72.46%   | 74.19%                    | 70.27%                              | 68.75%  | 52.94%  | 71.43%  | 88.46%  | 46.15% | 68.42%  | 46.43%  | 61.36%  | 47.22% | 39.47%  |        | 58.54% |        |
| Quality   | Total Number of C.diff Cases                            |          | 294                       | 25                                  | 25      | 26      | 29      | 48      | 26     | 24      | 25      | 26      | 10     | 24      | 26     |        | 264    |
|   | Total Number of MRSA Cases Reported                     | 0        | 31                        | 4                                   | 2       | 1       | 3       | 6       | 5      | 1       | 2       | 1       | 3      | 6       | 7      |        | 35     |
|   | Total number of Never Events                            | 0        | 7                         | 0                                   | 0       | 2       | 0       | 0       | 1      | 0       | 1       | 0       | 0      |         |        |        | 4      |
|   | Eliminating Mixed Sex Accommodation (BNSSG CCG)         | 0        | N/A                       | Reporting suspended due to Covid-19 |         |         |         |         |        |         |         | 1       | 0      | 0       | 0      |        | 1      |
|   | Eliminating Mixed Sex Accommodation (BNSSG Trusts)      | 0        | N/A                       | Reporting suspended due to Covid-19 |         |         |         |         |        |         |         | 0       | 0      | 0       | 0      |        | 0      |
| Mental Health   | Dementia Diagnosis Rate - People 65+                    | 66.7%    | 64.28%                    | 63.80%                              | 64.28%  | 64.50%  | 64.52%  | 64.79%  | 64.81% | 64.17%  | 64.27%  | 63.94%  | 64.35% | 64.16%  | 64.33% |        | 64.33% |
|   | EIP - 2ww Referral                                      | 60%      | 75.76%                    | 75.00%                              | 75.00%  | 81.82%  | 72.73%  | 63.64%  | 50.00% | 25.00%  | 33.33%  | 37.50%  | 50.00% | 60.00%  |        |        | 60.00% |
|   | IAPT Roll out (rolling 3 months)                        | 6.25%    |                           | 4.08%                               | 4.46%   | 4.65%   | 4.40%   | 4.77%   | 4.76%  | 4.50%   | 4.23%   | 4.24%   | 4.88%  | 4.50%   |        |        | 4.50%  |
|   | IAPT Recovery Rate                                      | 50%      |                           | 51.77%                              | 52.69%  | 53.19%  | 51.30%  | 52.54%  | 53.89% | 52.30%  | 48.82%  | 52.83%  | 52.27% | 45.06%  |        |        | 45.06% |
|   | IAPT Waiting Times - 6 weeks                            | 75%      |                           | 64.86%                              | 67.53%  | 70.07%  | 74.05%  | 80.98%  | 87.37% | 90.50%  | 87.43%  | 90.18%  | 87.36% | 88.62%  |        |        | 88.62% |
|   | IAPT Waiting Times - 18 weeks                           | 95%      |                           | 93.92%                              | 94.33%  | 96.60%  | 96.20%  | 98.37%  | 98.48% | 98.88%  | 98.86%  | 99.39%  | 98.90% | 98.80%  |        |        | 98.80% |
|   | CYPMH Access Rate (rolling 12m)                         | 34%      | 24.66%                    | 24.66%                              | 24.66%  | 24.57%  | 24.83%  | 25.01%  | 24.60% | 24.60%  | 24.95%  | 24.83%  | 25.04% | 25.24%  |        |        | 25.04% |
|   | CYP with ED - routine cases within 4 weeks (quarterly)  | 95%      | 90.42%                    | 90.42%                              |         |         | 86.97%  |         |        | 83.88%  |         |         | 86.09% |         |        |        | 86.09% |
|   | CYP with ED - urgent cases within 1 week (quarterly)    | 95%      | 82.93%                    | 82.93%                              |         |         | 80.36%  |         |        | 79.66%  |         |         | 79.17% |         |        |        | 79.17% |
|   | SMI Annual Health Checks (quarterly)                    | 60%      | 10.08%                    | 10.08%                              |         |         | 12.07%  |         |        | 15.94%  |         |         | 31.44% |         |        |        | 31.44% |
|   | Out of Area Placements (Bed Days)                       |          | 680                       | 453                                 | 680     | 485     | 690     | 650     | 820    | 879     | 595     | 475     | 450    | 465     |        |        | 465    |

## 4.3 Provider Scorecard – NBT

| Theme        | Indicator   | Standard | 20/21                     | Feb-21  | Mar-21  | Apr-21  | May-21  | Jun-21  | Jul-21  | Aug-21  | Sep-21 | Oct-21 | Nov-21  | Dec-21  | Jan-22 | Feb-22 | 21/22  |
|--------------|---|----------|---------------------------|---------|---------|---------|---------|---------|---------|---------|--------|--------|---------|---------|--------|--------|--------|
| Urgent Care  | A&E 4hr Waits - Trust                                     | 95%      | 84.15%                    | 73.33%  | 81.05%  | 74.26%  | 72.71%  | 64.38%  | 54.36%  | 61.47%  | 61.75% | 60.82% | 60.17%  | 61.80%  | 60.78% | 51.53% | 62.30% |
|              | A&E 4hr Waits - Footprint                                 | 95%      | 87.43%                    | 78.70%  | 85.04%  | 79.83%  | 78.60%  | 72.57%  | 65.50%  | 70.83%  | 70.96% | 69.31% | 68.10%  | 68.82%  | 68.03% | 59.36% | 70.34% |
|              | >12hr DTA breaches in A&E                                 | 0        | 280                       | 7       | 0       | 6       | 0       | 4       | 97      | 14      | 38     | 29     | 59      | 20      | 295    | 367    | 929    |
| Planned Care | RTT Incomplete - 18 Weeks Waits                           | 1%       | 71.64%                    | 70.65%  | 71.64%  | 73.59%  | 74.27%  | 74.98%  | 73.78%  | 73.16%  | 71.87% | 70.37% | 69.68%  | 66.67%  | 65.61% |        | 65.61% |
|              | RTT Incomplete - Total Waiting List Size                  | H2 Plan  | 29,580                    | 29,716  | 29,580  | 31,143  | 31,648  | 32,946  | 34,315  | 35,794  | 36,787 | 37,268 | 37,297  | 37,264  | 37,210 |        | 37,210 |
|              | RTT Incomplete - 52 Week Waits                            | H2 Plan  | 2088                      | 2108    | 2088    | 1827    | 1583    | 1473    | 1544    | 1770    | 1933   | 2068   | 2128    | 2182    | 2284   |        | 2284   |
|              | RTT Incomplete - % of WL > 52 Weeks                       |          | 7.06%                     | 7.09%   | 7.06%   | 5.87%   | 5.00%   | 4.47%   | 4.50%   | 4.94%   | 5.25%  | 5.55%  | 5.71%   | 5.86%   | 6.14%  |        | 6.14%  |
|              | Diagnostic - 6 Week Waits                                 | 99%      | 24.72%                    | 27.17%  | 24.72%  | 29.45%  | 31.99%  | 36.13%  | 38.91%  | 42.55%  | 42.83% | 41.80% | 40.32%  | 44.30%  | 45.45% |        | 45.45% |
|              | Diagnostic - Total Waiting List Size                      |          | 13,106                    | 12,060  | 13,106  | 13,778  | 14,371  | 14,124  | 14,329  | 14,130  | 14,818 | 15,176 | 15,768  | 15,872  | 16,790 |        | 16,790 |
|              | Diagnostic - Number waiting > 6 Weeks                     |          | 3,240                     | 3,277   | 3,240   | 4,057   | 4,597   | 5,103   | 5,575   | 6,013   | 6,346  | 6,343  | 6,357   | 7,031   | 7,631  |        | 7,631  |
|              | Diagnostic - Number waiting > 13 Weeks                    |          | 1,364                     | 1,358   | 1,364   | 1,513   | 1,779   | 2,054   | 2,183   | 2,180   | 2,724  | 3,029  | 2,913   | 3,501   | 3,948  |        | 3,948  |
| Cancer       | Cancer 2 Week Wait - All                                  | 93%      | 77.28%                    | 70.87%  | 63.24%  | 39.53%  | 36.58%  | 36.44%  | 53.40%  | 66.58%  | 51.22% | 42.70% | 53.75%  | 58.38%  | 41.42% |        | 47.87% |
|              | Cancer 2 Week Wait - Breast symptoms                      | 93%      | 57.20%                    | 36.17%  | 15.20%  | 6.18%   | 9.21%   | 17.19%  | 71.23%  | 84.35%  | 74.64% | 28.13% | 6.15%   | 11.54%  | 6.90%  |        | 29.44% |
|              | Cancer 28 day faster diagnosis standard (All Routes)      | 75%      | New indicator for 2021/22 |         |         | 66.39%  | 54.73%  | 43.56%  | 65.46%  | 66.77%  | 56.07% | 59.95% | 66.29%  | 57.52%  | 47.10% |        | 58.14% |
|              | Cancer 31 Day first treatment                             | 96%      | 93.95%                    | 95.96%  | 96.62%  | 94.40%  | 97.38%  | 95.48%  | 95.77%  | 93.00%  | 91.89% | 88.51% | 86.94%  | 79.59%  | 79.18% |        | 89.91% |
|              | Cancer 31 day subsequent treatments - surgery             | 94%      | 85.61%                    | 84.44%  | 85.48%  | 81.18%  | 86.73%  | 84.62%  | 90.80%  | 72.84%  | 80.90% | 69.62% | 65.77%  | 65.59%  | 55.66% |        | 74.75% |
|              | Cancer 31 day subsequent treatments - anti-cancer drugs   | 98%      | 100.00%                   | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 95.45% | 96.30% | 100.00% | 100.00% | 92.31% |        | 98.58% |
|              | Cancer 62 day referral to first treatment - GP referral   | 85%      | 73.16%                    | 74.34%  | 76.09%  | 75.00%  | 77.11%  | 62.74%  | 68.59%  | 68.60%  | 56.98% | 57.14% | 74.07%  | 67.52%  | 56.88% |        | 66.42% |
|              | Cancer 62 day referral to first treatment - NHS Screening | 90%      | 75.85%                    | 86.79%  | 68.18%  | 73.68%  | 54.72%  | 73.33%  | 86.36%  | 52.54%  | 75.00% | 41.67% | 68.75%  | 53.25%  | 50.00% |        | 62.91% |
| Quality      | Total Number of C.diff Cases                              |          | 58                        | 9       | 4       | 9       | 6       | 10      | 6       | 2       | 5      | 4      | 1       | 6       | 6      |        | 55     |
|              | Total Number of MRSA Cases Reported                       | 0        | 2                         | 1       | 0       | 0       | 0       | 0       | 0       | 0       | 0      | 0      | 0       | 0       | 0      |        | 0      |
|              | Total Number of E.Coli Cases                              |          | 52                        | 1       | 6       | 4       | 5       | 4       | 1       | 6       | 3      | 6      | 3       | 2       | 6      |        | 40     |
|              | Number of Klebsiella cases                                |          | 23                        | 1       | 4       | 1       | 0       | 1       | 1       | 2       | 3      | 2      | 4       | 3       | 2      |        | 19     |
|              | Number of Pseudomonas Aeruginosa cases                    |          | 9                         | 1       | 1       | 0       | 1       | 0       | 3       | 1       | 2      | 0      | 0       | 0       | 2      |        | 9      |
|              | Eliminating Mixed Sex Accommodation                       | 0        | 0                         | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0      | 0      | 0       | 0       | 0      |        | 0      |
|              | Number of Never Events                                    | 0        | 1                         | 0       | 0       | 1       | 0       | 0       | 0       | 0       | 0      | 0      | 0       | 0       | 0      |        | 1      |
|              | VTE assessment on admission to hospital                   | 95%      |                           | 95.10%  | 95.38%  | 95.46%  | 95.46%  | 95.38%  | 95.52%  | 94.83%  | 4.85%  | 94.44% | 93.19%  | 91.03%  |        |        |        |

## 4.4 Provider Scorecard – UHBW

| Theme        | Indicator   | Standard | 20/21                     | Feb-21                              | Mar-21  | Apr-21  | May-21  | Jun-21  | Jul-21 | Aug-21  | Sep-21  | Oct-21  | Nov-21 | Dec-21  | Jan-22 | Feb-22 | 21/22  |
|--------------|---|----------|---------------------------|-------------------------------------|---------|---------|---------|---------|--------|---------|---------|---------|--------|---------|--------|--------|--------|
| Urgent Care  | A&E 4hr Waits - Trust                                     | 95%      | 80.12%                    | 73.25%                              | 76.27%  | 74.93%  | 74.20%  | 70.09%  | 66.97% | 65.91%  | 65.47%  | 62.38%  | 63.90% | 63.69%  | 66.01% | 64.83% | 67.13% |
|              | A&E 4hr Waits - Footprint                                 | 95%      | 84.99%                    | 79.61%                              | 82.22%  | 81.38%  | 80.70%  | 77.99%  | 76.07% | 75.46%  | 74.73%  | 71.57%  | 71.98% | 71.41%  | 73.34% | 70.88% | 75.14% |
|              | >12hr DTA breaches in A&E                                 | 0        | 1440                      | 195                                 | 102     | 71      | 28      | 146     | 255    | 257     | 456     | 594     | 706    | 676     | 776    | 844    | 4809   |
| Planned Care | RTT Incomplete - 18 Weeks Waits                           | 1%       | 61.72%                    | 62.47%                              | 61.72%  | 60.12%  | 62.79%  | 63.63%  | 63.13% | 62.97%  | 61.76%  | 60.20%  | 60.25% | 58.60%  | 58.73% |        | 58.73% |
|              | RTT Incomplete - Total Waiting List Size                  | H2 Plan  | 46,538                    | 44,314                              | 46,538  | 48,902  | 49,791  | 51,198  | 52,718 | 53,855  | 53,697  | 53,743  | 53,328 | 53,253  | 53,909 |        | 53,909 |
|              | RTT Incomplete - 52 Week Waits                            | H2 Plan  | 5409                      | 4807                                | 5409    | 4598    | 3618    | 3114    | 2893   | 2925    | 3110    | 3248    | 3318   | 3,558   | 3599   |        | 3599   |
|              | RTT Incomplete - % of WL > 52 Weeks                       |          | 11.62%                    | 10.85%                              | 11.62%  | 9.40%   | 7.27%   | 6.08%   | 5.49%  | 5.43%   | 5.79%   | 6.04%   | 6.22%  | 6.68%   | 6.68%  |        | 6.68%  |
|              | Diagnostic - 6 Week Waits                                 | 99%      | 34.85%                    | 41.15%                              | 34.85%  | 37.70%  | 34.66%  | 36.07%  | 35.38% | 36.92%  | 35.53%  | 36.73%  | 34.60% | 38.86%  | 39.45% |        | 39.45% |
|              | Diagnostic - Total Waiting List Size                      |          | 14,448                    | 14,252                              | 14,448  | 14,025  | 14,234  | 14,387  | 14,119 | 13,661  | 14,049  | 14,125  | 14,307 | 14,525  | 15,154 |        | 15,154 |
|              | Diagnostic - Number waiting > 6 Weeks                     |          | 5,035                     | 5,864                               | 5,035   | 5,287   | 4,933   | 5,190   | 4,996  | 5,044   | 4,992   | 5,188   | 4,950  | 5,644   | 5,979  |        | 5,979  |
|              | Diagnostic - Number waiting > 13 Weeks                    |          | 3,016                     | 3,437                               | 3,016   | 2,911   | 2,856   | 2,819   | 2,746  | 2,776   | 2,930   | 3,169   | 2,949  | 3,180   | 3,240  |        | 3,240  |
| Cancer       | Cancer 2 Week Wait - All                                  | 93%      | 81.90%                    | 96.22%                              | 95.14%  | 91.89%  | 93.04%  | 86.80%  | 87.66% | 87.08%  | 82.33%  | 86.39%  | 80.30% | 78.30%  | 71.03% |        | 84.71% |
|              | Cancer 28 day faster diagnosis standard (All Routes)      | 75%      | New indicator for 2021/22 |                                     |         | 74.62%  | 78.86%  | 78.37%  | 77.42% | 76.72%  | 76.16%  | 77.64%  | 75.68% | 78.65%  | 70.03% |        | 76.48% |
|              | Cancer 31 Day first treatment                             | 96%      | 95.07%                    | 92.17%                              | 93.98%  | 89.90%  | 96.14%  | 96.21%  | 97.19% | 96.07%  | 97.73%  | 93.04%  | 84.18% | 89.51%  | 91.11% |        | 93.16% |
|              | Cancer 31 day subsequent treatments - surgery             | 94%      | 84.10%                    | 64.58%                              | 81.13%  | 78.00%  | 94.00%  | 91.23%  | 92.73% | 88.14%  | 85.96%  | 88.00%  | 84.21% | 86.00%  | 73.53% |        | 85.90% |
|              | Cancer 31 day subsequent treatments - anti-cancer drugs   | 98%      | 99.41%                    | 100.00%                             | 100.00% | 97.39%  | 100.00% | 100.00% | 99.37% | 99.32%  | 100.00% | 100.00% | 98.72% | 100.00% | 97.28% |        | 99.27% |
|              | Cancer 31 day subsequent treatments - radiotherapy        | 94%      | 98.70%                    | 100.00%                             | 98.93%  | 100.00% | 99.38%  | 99.48%  | 99.41% | 100.00% | 100.00% | 100.00% | 99.47% | 98.65%  | 97.89% |        | 99.42% |
|              | Cancer 62 day referral to first treatment - GP referral   | 85%      | 78.26%                    | 72.81%                              | 75.38%  | 77.82%  | 84.03%  | 80.56%  | 76.18% | 76.67%  | 69.75%  | 75.80%  | 80.00% | 73.12%  | 68.09% |        | 76.35% |
|              | Cancer 62 day referral to first treatment - NHS Screening | 90%      | 57.14%                    | 28.57%                              | 77.78%  | 52.94%  | 42.86%  | 57.89%  | 86.67% | 41.67%  | 33.33%  | 66.67%  | 23.08% | 55.56%  | 39.13% |        | 49.37% |
| Quality      | Total Number of C.diff Cases                              |          | 67                        | 2                                   | 5       | 8       | 11      | 14      | 7      | 4       | 6       | 7       | 3      | 6       | 6      | 8      | 80     |
|              | Total Number of MRSA Cases Reported                       | 0        | 4                         | 0                                   | 0       | 0       | 0       | 0       | 1      | 0       | 0       | 0       | 0      | 2       | 3      | 0      | 6      |
|              | Total Number of E.Coli Cases                              |          | 81                        | 6                                   | 14      | 5       | 5       | 5       | 5      | 8       | 8       | 8       | 8      | 2       | 7      | 5      | 66     |
|              | Number of Klebsiella cases                                |          | 49                        | 1                                   | 3       | 7       | 2       | 0       | 5      | 5       | 9       | 9       | 4      | 2       | 3      |        | 46     |
|              | Number of Pseudomonas Aeruginosa cases                    |          | 18                        | 2                                   | 2       | 2       | 0       | 1       | 1      | 2       | 4       | 0       | 2      | 2       | 1      |        | 15     |
|              | Eliminating Mixed Sex Accommodation                       | 0        | N/A                       | Reporting suspended due to Covid-19 |         |         |         |         |        |         |         |         | 0      | 0       | 0      | 0      | 0      |
|              | Number of Never Events                                    | 0        | 6                         | 0                                   | 0       | 1       | 0       | 0       | 1      | 0       | 1       | 0       | 0      | 0       | 0      | 0      | 3      |
|              | Rate of slips, trips and falls per 1,000 bed days         | 4.8      | 5.14                      | 5.73                                | 4.94    | 4.70    | 4.02    | 4.38    | 4.58   | 4.68    | 4.84    | 4.78    | 4.56   | 5.16    | 5.46   | 4.82   | 4.73   |
|              | No. of Pressure Ulcers grade 2, 3 & 4 per 1,000 bed days  | 0.4      | 0.279                     | 0.26                                | 0.228   | 0.135   | 0.064   | 0.131   | 0.127  | 0.223   | 0.132   | 0.186   | 0.158  | 0.253   | 0.253  | 0.1    | 0.161  |
|              | VTE assessment on admission to hospital (Bristol)         | 95%      | 85.4%                     | 84.3%                               | 84.0%   | 82.7%   | 82.3%   | 82.5%   | 82.1%  | 83.9%   | 85.7%   | 83.7%   | 84.3%  | 83.2%   | 83.8%  | 82.60% | 83.4%  |



## 4.5 Non-Acute Provider Scorecard

| Provider       | Indicator (BNSSG level)   | Standard | 20/21               | Feb-21  | Mar-21  | Apr-21  | May-21  | Jun-21  | Jul-21  | Aug-21  | Sep-21   | Oct-21   | Nov-21   | Dec-21   | Jan-22  | Feb-22   | 21/22   |
|----------------|---|----------|---------------------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|---------|----------|---------|
| SWASFT         | Category 1 - Average Duration (hr:min:sec)                      | 0:07:00  | 0:06:30             | 0:06:30 | 0:06:18 | 0:06:24 | 0:06:54 | 0:07:18 | 0:08:06 | 0:08:00 | 0:09:18  | 0:10:12  | 0:09:30  | 0:10:18  | 0:09:00 | 0:09:48  | 0:08:36 |
|                | Category 1 - 90th Percentile Duration (hr:min:sec)              | 0:14:00  | 0:11:06             | 0:11:12 | 0:10:48 | 0:11:12 | 0:12:30 | 0:12:42 | 0:14:42 | 0:14:00 | 0:16:24  | 0:18:06  | 0:16:18  | 0:18:06  | 0:16:06 | 0:16:54  | 0:15:30 |
|                | Category 2 - Average Duration (hr:min:sec)                      | 0:18:00  | 0:20:42             | 0:22:00 | 0:20:12 | 0:21:36 | 0:26:36 | 0:34:48 | 1:05:00 | 0:51:18 | 1:20:12  | 1:48:30  | 1:28:48  | 1:33:48  | 1:06:48 | 1:40:18  | 1:05:54 |
|                | Category 2 - 90th Percentile Duration (hr:min:sec)              | 0:40:00  | 0:42:36             | 0:44:30 | 0:40:54 | 0:43:48 | 0:54:48 | 1:15:18 | 2:49:42 | 1:55:00 | 3:00:12  | 3:59:06  | 3:36:36  | 3:47:36  | 2:38:24 | 4:06:36  | 2:44:00 |
|                | Category 3 - 90th Percentile Duration (hr:min:sec)              | 2:00:00  | 2:44:06             | 2:28:06 | 2:36:48 | 3:02:42 | 5:35:36 | 6:35:00 | 9:04:42 | 8:33:06 | 10:25:06 | 12:44:48 | 10:47:36 | 11:49:12 | 9:08:36 | 14:37:18 | 8:29:48 |
|                | Category 4 - 90th Percentile Duration (hr:min:sec)              | 3:00:00  | 3:35:12             | 3:54:12 | 3:28:54 | 4:37:42 | 5:38:30 | 8:52:18 | 7:27:54 | 6:56:12 | 6:38:54  | 12:16:18 | 12:06:48 | 5:58:30  | 4:39:30 | 14:06:36 | 7:34:06 |
| SevernSide IUC | Average speed to answer calls (in seconds)                      | 20 Sec   | New KPI for 2021/22 |         |         | 60      | 72      | 217     | 238     | 262     | 333      | 304      | 205      | 327      | 228     |          | 224     |
|                | % of callers allocated the first service offered by DOS         | 75%      | New KPI for 2021/22 |         |         | 61.81%  | 64.08%  | 66.17%  | 65.74%  | 65.12%  | 65.04%   | 68.99%   | 70.82%   | 72.24%   | 70.01%  |          | 67.04%  |
|                | % of Cat 3 or 4 ambulance dispositions validated within 30mins  | 50%      | New KPI for 2021/22 |         |         | 69.03%  | 60.49%  | 55.86%  | 55.15%  | 64.04%  | 60.27%   | 58.17%   | 57.06%   | 64.83%   | 69.44%  |          | 61.36%  |
|                | % of calls initially given an ED disposition that are validated | 50%      | 25.91%              | 74.09%  | 76.41%  | 71.46%  | 60.72%  | 53.88%  | 53.41%  | 73.13%  | 62.12%   | 59.99%   | 70.50%   | 73.31%   | 78.29%  |          | 65.45%  |
| AWP            | Delayed Transfers of Care                                       | 3.5%     | 7.1%                | 7.4%    | 7.7%    | 8.3%    | 6.1%    | 7.1%    | 7.5%    | 7.6%    | 10.8%    | 8.8%     | 8.5%     | 10.4%    | 11.5%   | 13.4%    | 9.1%    |
|                | Early Intervention  | 50%      | 72.7%               | 79.4%   | 75.0%   | 75.0%   | 82.3%   | 33.3%   | 45.0%   | 12.5%   | 44.4%    | 35.7%    | 57.8%    | 38.4%    | 35.2%   | 68.1%    | 48.0%   |
|                | 4 week wait Referral to Assessment                              | 95%      | 97.07%              | 95.43%  | 98.98%  | 96.75%  | 97.56%  | 96.03%  | 92.49%  | 84.39%  | 81.58%   | 83.50%   | 84.40%   | 81.05%   | 70.02%  | 80.63%   | 86.22%  |

# **BNSSG Quality Report**

**March Report**

**for**

**Month 10 (January data) 2021/22**

Information contributions from Nursing and Quality Directorate Team

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

## Quality - Current updates and any emerging issues identified since January 2022

- **COVID-19** continues to cause pressure in the system impacting on bed capacity and flow in in-patient settings. Surge planning and partnership meetings were set up by the IPC cell during the December/January period to respond to the pressure on hospital beds and support safe discharges for patients, who were identified as being medically suitable for transfer to care homes. To ease the pressure on acute beds, this included a refined admission to the care homes risk assessment process and framework; using the hierarchy of needs to mitigate any risks that were identified and working closely with providers, discharge teams, local authority Commissioners and Public Health and with partners from the UK Health Security Agency (UKHSA). Further work has been undertaken to support risk based decision making across the system including in relation to inpatient services.
- **Ambulance handover delays** – continue to be an area of concern for the system. System Task and Finish Group in place led by the System COO Jon Scott and including Directors of Nursing, Medical Directors and operational leads from across the system to drive improvements that will remove ambulance handover delays. Temporary additional accommodation also being scoped for UHBW and NBT sites for additional cohorting capacity.
- **Care Hotel** – The care hotel in Bristol is scheduled to close on 31 March 2022. An evaluation of the project will include the outcomes of quality, safeguarding and IPC visits. The project has contributed to a variety of system schemes addressing flow. The full impact on flow and patient outcomes is still to be fully determined however patient satisfaction has overall been high.
- **Workforce and safer staffing** remain a significant constraint for all providers with staff to patient ratios reflecting that. All providers relying on Tier 4 agency to try to fill vacant shifts and offering enhanced pay rates where needed. Discussed at BNSSG System Quality Group on Tuesday 15<sup>th</sup> April who received an update from the Workforce Cell about current work programmes and risk mitigation.
- **Sirona** - The Care Quality Commission (CQC) Inspection report was published on 9<sup>th</sup> February 2022. Sirona maintained their 'Good' overall rating, achieving 'Outstanding' for Caring, 'Good' for Effective, Responsive and Well-Led with 'Requires Improvement' for Safe Services.
- **Adult CHC Assessment Performance** - Performance showing sustained improvement. Overall the team continue to increase output and reduce the time from referral to decision. January performance against 28 day assessment target of >80%: **Bristol** – 92%, **North Somerset** – 81%, **South Gloucestershire** – 86%

# Provider Quality Exception and Overview Report – ACUTE HOSPITAL - North Bristol Trust (NBT)

## Reporting Period – Month 10, January data of 2021/22

Information Source and date of information – February Provider Integrated Performance Report (IPR) and Quality Assurance Meeting

Operational Covid-related pressures accelerated during December, January & February but a renewed focus in this area with clinical divisions is now gaining momentum. Following feedback from the last Quality Committee meeting the acute providers have been asked to focus on two key areas for improvement from the below quality dashboard. At the March acute providers meeting it was agreed to initially focus on renewal of the VTE risk assessment measures and address the delayed response and open Complaints portfolio. The Trusts will provide some key improvement actions next month.

### Key Lines of Enquiry

**VTE** - The new medical & trust wide leads for VTE are looking to ascertain whether decrease in compliance against the required 95% target is due to poor recording, or completion of the risk assessment. Historically the non compliance has been due to poor recording rather than non completion.

**Workforce** - The continued pressure of unfilled nursing shifts to safely manage escalation capacity in times of high bed demand.

**Complaints** - The number received continues to increase and with operational pressures being a barrier in obtaining internally a clinical response for some. The most common theme on complaints is on Clinical care and Treatment. It is worth noting that PALS concerns has also seen a continual increase with 100 in January from 62 the same period last year.

**Mortality** - NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts, with no current Mortality Outlier alerts.

### Risks and Mitigation

**VTE** – A renewed internal focus with improvement actions have been requested.

**Workforce** – This remains a highlighted National risk with BNSSG providers having key recruitment strategies in place to improve the staffing provision. Dependency on agency nurses remains high.

**Complaints** – Weekly validation meetings are being held and links with divisional directors to improve compliance figures is in place.

**Mortality** – over 96% of deaths between December 2020 and November 2021 have all been reviewed with some through the Medical Examiner route. Of those reviewed 95% received an adequate, good or excellent rating.

**Quality Dashboard** - The areas in the tables below form part of the national contract primarily related to Harm Free Care (HFC). The areas will be linked to the current provider priorities and form part of the quality slides going forward on a quarterly basis. RAG rating is in place where there is a national directive of a standard to uphold

| NBT   | Aim  | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 |
|---|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| HFC - SIs (Jul 2021 PSIRF Investigation)        |      | 3(1)   | 2      | 4      | 10 (1) | 2      | 3      | 2      | 2      | 3      | 2      | 1      | 1      | 5      |
| Never Event                                     | 0    | 1      | 0      | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 1      | 0      |
| HFC - Incidents per 1000 Bed Days               |      | 56     | 45     | 46     | 46     | 44     | 43     | 44     | 40     | 41     | 37     | 43     | 67     | 41     |
| #NOF Surgery 36 hours                           | 90%  | 58.73% | 80.95% | 89.36% | 71.11% | 65.12% | 80.00% | 71.11% | 86.84% | 44.00% | 44.44% | 100%   | 85.71% | tba    |
| #NOF Fragile Hip Best Practice Tariff pass rate |      | 42.86% | 69.05% | 78.38% | 57.78% | 53.49% | 68.00% | 68.18% | 76.32% | 36.00% | 44.44% | 100%   | 71.43% | tba    |
| HFC - Falls per 1000 Bed Days                   |      | 9.54   | 8.63   | 8.44   | 8.33   | 8.7    | 8.53   | 8.35   | 7.84   | 7.24   | 7.33   | 7.48   | 8.29   | 9.75   |
| HFC - PIs per 1000 Bed Days                     |      | 0.52   | 0.82   | 0.19   | 0.30   | 0.30   | 0.48   | 0.51   | 0.72   | 0.75   | 0.51   | 0.32   | 0.35   | 0.41   |
| HFC - VTE Risk Assessment                       | 95%  | 95.28% | 95.10% | 95.38% | 95.46% | 95.46% | 95.38% | 95.52% | 94.83% | 94.29% | 94.21% | 93.19% | 91.03% | tba    |
| Complaints response compliance                  | 90%  | 81.48% | 84.38% | 85.11% | 79.07% | 83.33% | 77%    | 85.71% | 87.72% | 77.00% | 69.12% | 72.13% | 69.09% | 69.23% |
| Stroke - Thrombolysed in under 1 hour           | >60% | 50.00% | 44.00% | 78.00% | 100%   | 50.00% | 70.00% | 85.71% | 90.91% | 50.00% | 27.27% | 66.67% | 100%   | tba    |

\*Missing data has been requested from the provider as per current Quality Schedule reporting.

\*Some of the AIMs are either a national requirement or a local agreed one with the Trust.

\*HFC full compliance information details are reported quarterly.

\*Stroke and VTE are often reported a month in arrears.

# Provider Quality Exception and Overview Report – ACUTE HOSPITAL - University Hospital Bristol Weston (UHBW) Reporting Period – Month 10 2021/22 – January data

Information Source and date of information – February Provider Integrated Performance Report (IPR) and Quality review meeting.

- Operational Covid-related pressures accelerated during December, January & February but renewed focus in this area with clinical divisions is now gaining momentum. Following feedback from the last Quality Committee meeting the acute providers have been asked to focus on two key areas for improvement from the below quality dashboard. At the March acute providers meeting it was agreed to initially focus on renewal of the VTE risk assessment measures and address the delayed response and open Complaints portfolio. The Trusts will provide some key improvement actions next month.

## Key Lines of Enquiry

**VTE** – Undertaking risk assessments remains impacted. The Bristol site has an electronic system that has had a few system glitches as well as some staff training barriers. The Weston site is being aligned to accommodate the electronic systems and bring them into providing comparative data .

**Workforce** – Wards continue to work at below trust staffing levels. Reliance on Agency cover continues.

**Complaints** – A slight improvement to response rate was noted in January. The highest number of complaints was in the Surgical directory.

**12 hour Trolley Breach** – A total of 776 breaches were reported in January, this is the highest number in 2021/22.

## Risks and Mitigation

**VTE** - A trust wide QI project is in place which is being led by an orthopaedic consultant. The QI work has been impacted by the COVID pressures within the system, but work is slowly being reinvigorated.

**Workforce** – A clear recruitment plan is in place as well as an incentive program for substantive and temporary staff to work extra hours.

**Complaints** – The trust have been asked to provide a plan for how they will improve their response rates for complaints. Details will be included in the slide deck in April 2022.

**12 hour Trolley Breach** - Various groups (internal and system wide) are in place to understand how flow can be improved. The internal focus is on the implementation of the safer care bundle and adoption of every minute matters.

**Quality Dashboard** - The areas in the tables below form part of the national contract primarily related to Harm Free Care (HFC). The areas will be linked to the current provider priorities and form part of the quality slides going forward on a quarterly basis. RAG rating is in place where there is a National directive of a standard to uphold.

| UHBW                                     | Aim  | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 |
|--|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| HFC - SIs reported                       |      | 11     | 8      | 10     | 7(1)   | 9      | 9      | 10(1)  | 4      | 9(1)   | 6      | 7      | 7      | 8      |
| Never Event                              | 0    | 0      | 0      | 0      | 1      | 0      | 0      | 1      | 0      | 1      | 0      | 0      | 0      | 0      |
| #NOF Surgery (2020/21 av 54.3%)          | 90%  | 61.30% | 63.00% | 78.00% | 64.00% | 68.90% | 70.50% | 71.40% | 66.70% | 60.00% | 65.90% | 55.00% | 63.40% | 64.30% |
| #NOF Fragile Hip Best Practice Tariff    |      | 61.30% | 58.70% | 69.50% | 56.00% | 66.70% | 63.60% | 71.40% | 50.00% | 60.00% | 65.90% | 55.00% | 58.50% | 52.40% |
| HFC - Falls per 1000 Bed days            | <4.7 | 4.38%  | 5.73%  | 4.94%  | 4.70%  | 4.02%  | 4.38%  | 4.58%  | 4.68%  | 4.84%  | 4.78%  | 4.56%  | 5.16%  | 5.46%  |
| HFC - Pls per 1000 Bed days              |      | 31.80% | 26.00% | 22.80% | 13.50% | 6.40%  | 13.10% | 12.70% | 22.30% | 13.20% | 18.60% | 0.16%  | 0.25%  | 0.25%  |
| HFC - VTE Risk Assessment (Bristol site) | 95%  | 84.60% | 84.10% | 84.00% | 82.70% | 82.30% | 82.50% | 82.10% | 83.90% | 85.70% | 83.70% | 84.30% | 83.20% | 83.80% |
| Complaints response compliance           | 90%  | 66.70% | 72.70% | 80.90% | 85.50% | 58.30% | 65.90% | 85.60% | 60.00% | 57.50% | 63.00% | 41.40% | 52.20% | 54.30% |
| Stroke - Thrombolysed in under 1 hour    | >60% | 66.70% | 56.50% | 58.50% | 56.10% | 48.70% | 64.30% | 59.40% | 55.60% | 58.30% | 51.50% | 54.50% | 62.50% | tba    |

\* Missing data has been requested from the provider as per current Quality Schedule reporting.

\* Some of the AIMS are either a national requirement or a local agreed one with the Trust.

\* HFC details are reported on quarterly.

# Provider Quality Exception and Overview Report – Sirona Community Health

## Reporting Period – Month 11 2021/22 – January data

Information Source and date of information – Provider reports received in January 2022

### Sirona Community Health

**CQC Report** - The Care Quality Commission (CQC) Inspection report was published on 9<sup>th</sup> February 2022. Sirona maintained their 'Good' overall rating, achieving 'Outstanding' for Caring, 'Good' for Effective, Responsive and Well-Led with 'Requires Improvement' for Safe Services. Sirona have submitted questions and queries to CQC and received their feedback. Sirona is now working on its action plan which will come to a future meeting of the Quality Forum.

**Staffing levels** have been affected by high turnover and vacancy levels. The HR department at Sirona have employed a number of innovative techniques to improve the situation in the way that they advertise and recruit. They are offering preceptorship and mentorship to attract people back into the profession. In addition they have employed a programme to retain staff called 'Itchy Feet' where staff who are considering moving jobs can meet with a manager and discuss their feelings about wanting to move on. The manager then makes enquiries within the organisation to try to accommodate the staff member by facilitating secondments, moves and retraining. Additional prominence is also being given to staff wellbeing programmes to address the staffing issues.

### Urgent Care – Severnside/NHS111

Due to internal pressures the Quality report with metrics is not available to the CCG until the week of 14<sup>th</sup> March so the meeting held was reflective of the latest data available which was December 2021. The April slides will provide further updates from the meeting which is set for mid March and will contain the January data.

**Staffing** – Despite robust recruitment drives internal staffing remains an area of concern. Clinical rota is currently running at approximately 70% fill rate. Severnside have managed to tap into a third party agency for locum coverage to support weekend cover.

**CQC** visited the Bristol call centre in December and have informally noted no initial concerns. The formal report is pending.

**Award** - The provider was nominated 3<sup>rd</sup> nationally for their call centre operation.

**Future developments** – NHSE/I have issued a directive that from April 2022 call centres move to a collaborative regional call handling process to improve on call answer times across many service providers. This is currently in the planning stages.

# Quality Exception and Overview for Avon and Wiltshire Mental Health, South West Ambulance Trust (SWASFT) and Ezeq Transport, Reporting Period – January 2022

## Avon and Wiltshire Mental Health Provider – AWP

**CQC** - AWP have developed the actions following the CQC report into 4 key workstreams, Care planning and Risk Assessment, Estates and Environment, Workforce, Waiting Lists. Each of these workstreams has been allocated a senior lead. The CCG will receive updates on progress with these workstreams on a quarterly basis.

**Care Planning and Risk Assessment** - New Care Planning training was being delivered. New Risk Assessment training was in the final stages of development and included 6 module, delivery is due to commence in February. A new Care Plan and Risk Assessment supervision tool has been developed and is now in use in monthly supervision sessions with Care Co-ordinators, initial feedback has been positive and this is now being rolled out across the Trust.

**Serious Incidents** - Recruitment into the team has been successful and is almost complete and new methodologies are now being utilised for serious incident investigations. These actions are beginning to show an impact on the number of open Serious Incidents. Updates are received on a Quarterly basis.

**Patient Safety Incident Reporting Plan (PSIRP)** - Two areas where further work is required prior to implementation have been identified. System incidents, where more than one provider is involved in an incident and Duty of Candour. AWP are leading a piece of work with other Mental Health providers to ensure that families and carers are included and involved in PSIRP following incidents to ensure that Duty of candour continues to be undertaken and that families are satisfied with the response to the incident.

**Safeguarding** - AWP have a significant number of open Safeguarding Adults Reviews and other external reviews. A meeting has been set up to establish the volume of reviews open and the associated risks with traction on recommendations and learning. A further meeting is being arranged for colleagues from AWP, BANES, Swindon & Wiltshire CCG and BNSSG CCG to discuss communication and data sharing regarding Safeguarding information to ensure that all involved are aware of the situation and receiving appropriate assurances.

## SWASFT

**Hand over delays** – remains an area of concern. The provider has a project underway to understand how handover improvements can be made in Secondary Care, specifically at Emergency Departments. BNSSG Trusts are collaborating on improvements in the handover delays. System Task and Finish Group in place led by the System COO Jon Scott and including Directors of Nursing, Medical Directors and operational leads from across the system to drive improvements that will remove ambulance handover delays.

Temporary additional accommodation also being scoped for UHBW and NBT sites for additional cohorting capacity.

**Harm** – No further harm has been reported through the SI process; weekly harm meetings continue to take place and are attended by all 6 commissioners.

**Contract 2022/23** – Discussion is currently underway to agree the Quality Schedule for the contract. The Quality schedule is being agreed by all 6 commissioners, which is in contrast to previous years when individual commissioners put forward their own requirements for the schedule. Agreement of CQuins is also under discussion.

A focused discussion related to the SWASFT risks within the system is to be tabled at the April Safety Quality Group



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

## Reporting period – Month 10 2021/22 – January data

Information Source and date of information – UK Health Security Agency (UKHSA) ,CCG HCAI Leads as of 09/03/22

### BNSSG Annual Standard

- Clinical Commissioning Groups (CCG's) and secondary care providers threshold levels for 2021/22 were released in August 2021 by NHS England and NHS Improvement, which are based on number of assigned cases during 2019.
- Both CCG and secondary care threshold levels are specified below:
  - **Clostridiodes difficile (CDI)** = 191
  - **Escherichia coli (E. coli)** = 667
  - **Methicillin Resistant Staphylococcus Aureus (MRSA)** = 0
  - **Methicillin Susceptible Staphylococcus Aureus (MSSA)** – No threshold
  - **Klebsiella** = 137
  - **Pseudomonas aeruginosa** = 61

\* Data source – PHE as of 09/03/2022

### Performance for January 2021

- **CDI** = 26 HOHA = 11 (NBT-6, UHBW-5), COHA = 4 COCA = 9, COIA = 2
- **E. coli** = 45 HOHA = 11 (NBT-6, UHBW-5), COHA = 1, COCA = 33, COIA = 0
- **MRSA** = 7 HOHA= 3 (NBT-0, UHBW-3), COHA=1, COCA=3, COIA=0
- **MSSA** = 12 HOHA = 6 (NBT-3 UHBW-2, Kingston-1) COHA = 0, COCA = 6, COIA = 0
- **Klebsiella** = 9 HOHA = 3 (NBT-0 UHBW-2, Kings College-1), COHA = 0, COCA = 6, COIA = 0
- **Pseudomonas aeruginosa** = 5 HOHA = 4 (NBT-2, UHBW-1, Kings College-1), COHA = 0, COCA =1, COIA = 0

**HOHA** – Hospital Onset, Hospital Associated

**COHA** – Community Onset, Hospital Associated

**COCA** – Community Onset, Community Associated

**COIA** – Community onset, Indeterminate Association

### Risks/Assurance Gaps

**CDI** – Capacity to restart the post infection review (PIR) of cases with Primary Care remains a barrier. Shared access to systems a barrier. The whole process is under review as a new data system is being introduced IC Net that will hope will bring about further joint collaboration work.

The CCG have offered out a contract role for an IPC lead to join in late March 2022 to start up again the review process of COVID Nosocomial related reports.

### Commentary

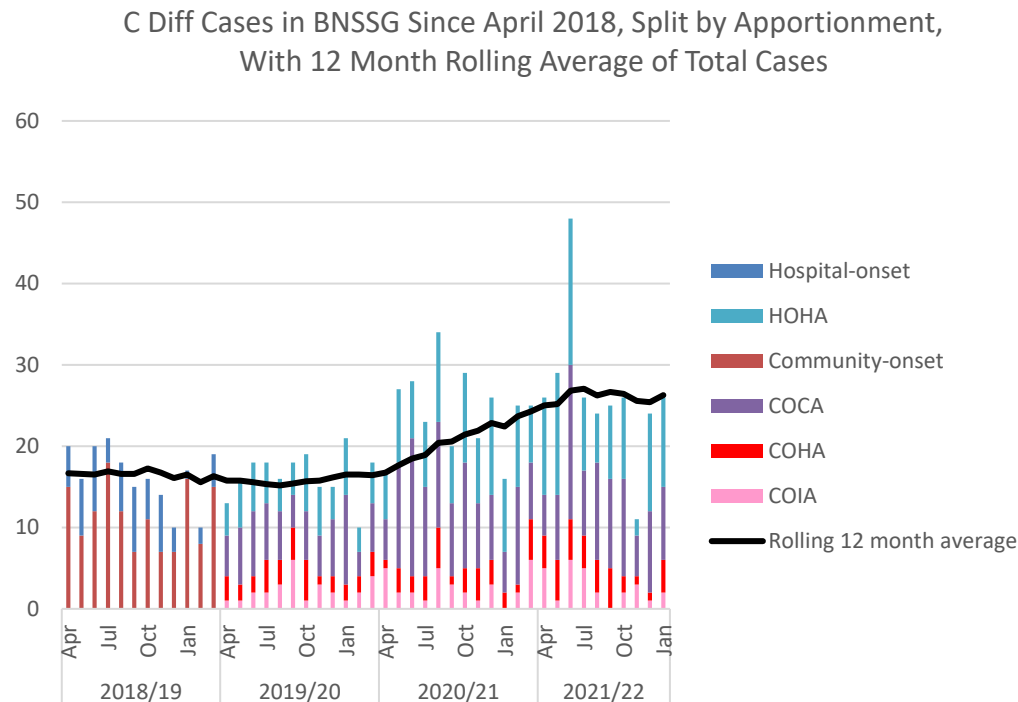
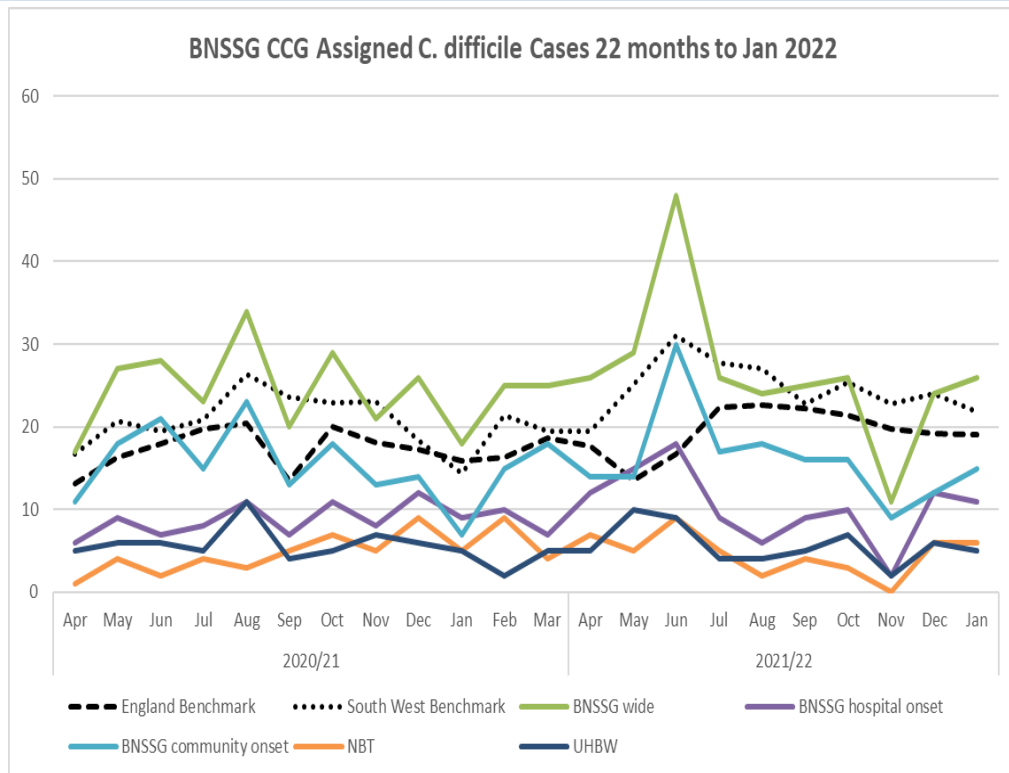
- MRSA- Zero tolerance has not achieved. The seven cases assigned in January were classified as New (6), Repeat/Relapse (0), Unknown (1), Continuing (0).
- CDI- The 26 cases are currently categorised as follows: New (24), Continuing Infection (1), Repeat/Relapse (0), Unknown (1).
- EColi- the majority of the 45 cases continue to be Community Onset.

### Assurance

- Comparison with all England and Southwest 2020/21 benchmarks is provided.

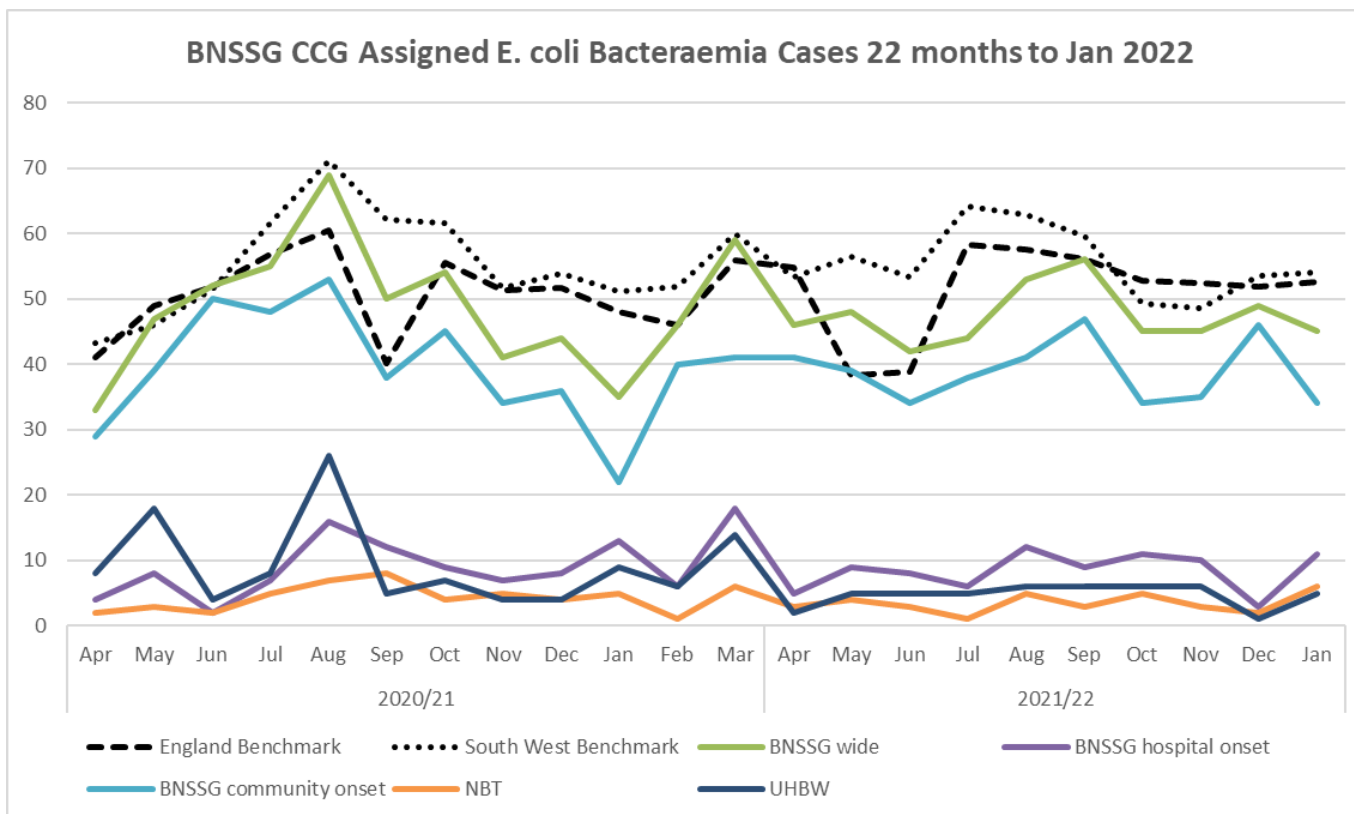
|                   | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Threshold to date | Cases 2021/22 | Position against threshold | Month 10 position 20/21 | Month 10 position 19/20 |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------------|---------------|----------------------------|-------------------------|-------------------------|
| <b>CDI</b>        | 26     | 29     | 48     | 26     | 24     | 25     | 26     | 11     | 24     | 26     |        |        | <b>159</b>        | <b>265</b>    | ↑                          | <b>243</b>              | <b>169</b>              |
| <b>E-coli</b>     | 46     | 48     | 42     | 44     | 53     | 56     | 45     | 45     | 49     | 45     |        |        | <b>556</b>        | <b>473</b>    | ↓                          | <b>480</b>              | <b>564</b>              |
| <b>MRSA</b>       | 1      | 3      | 6      | 5      | 1      | 2      | 1      | 3      | 6      | 7      |        |        | -                 | <b>35</b>     |                            | <b>25</b>               | <b>37</b>               |
| <b>MSSA</b>       | 19     | 14     | 12     | 9      | 18     | 14     | 13     | 8      | 16     | 12     |        |        | -                 | <b>135</b>    |                            | <b>150</b>              | <b>171</b>              |
| <b>Klebsiella</b> | 14     | 12     | 14     | 17     | 13     | 16     | 22     | 13     | 11     | 9      |        |        | <b>114</b>        | <b>141</b>    | ↑                          | <b>130</b>              | <b>124</b>              |
| <b>Pseud aeru</b> | 7      | 7      | 7      | 6      | 8      | 8      | 2      | 5      | 3      | 5      |        |        | <b>51</b>         | <b>58</b>     | ↑                          | <b>52</b>               | <b>56</b>               |

\*The above table provides the monthly CCG assigned cases as well as the year to date total. The final columns is our benchmark against the 2020/21 and 2019/20 position.



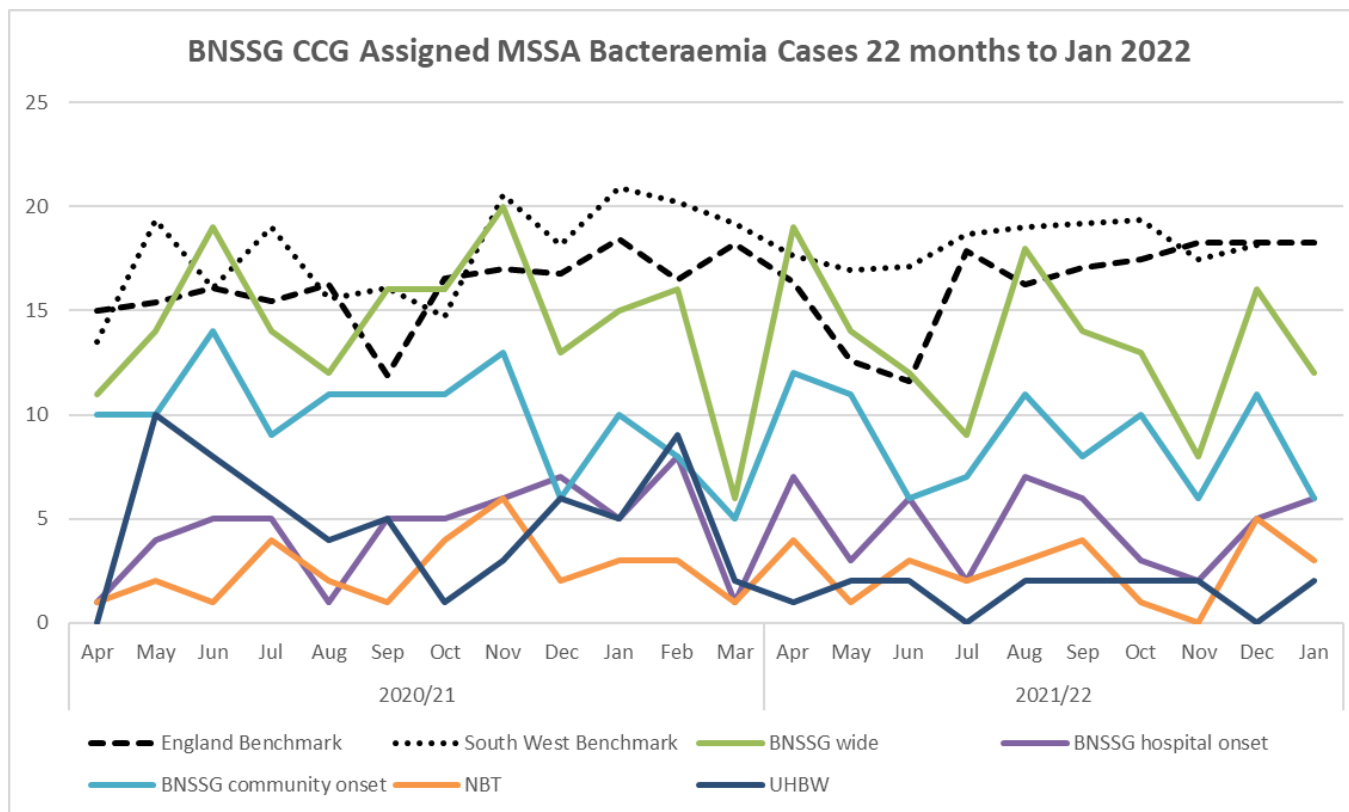
## Clostridiodes *difficile* (CDI)

- In January 2022, 26 cases were assigned to BNSSG CCG.
- The second (new) graph shows the rising case numbers since April 2020. Prior to this the rate was steady at around 18 cases per month, whereas cases are now averaging 27 cases per month. The assignment of cases changed in 2019 from community onset and hospital onset, to the four categories illustrated. (Abbreviation explained on previous slide)
- The CDI working group met in February. At the meeting it was agreed to produce a single system wide patient information leaflet. This will be drafted and agreed by each provider. It will include safety netting in primary care, as well as hospital specific issues.
- All providers have completed the system action plan with their data which will enable a system wide understanding of which issues need focus to reduce case numbers.



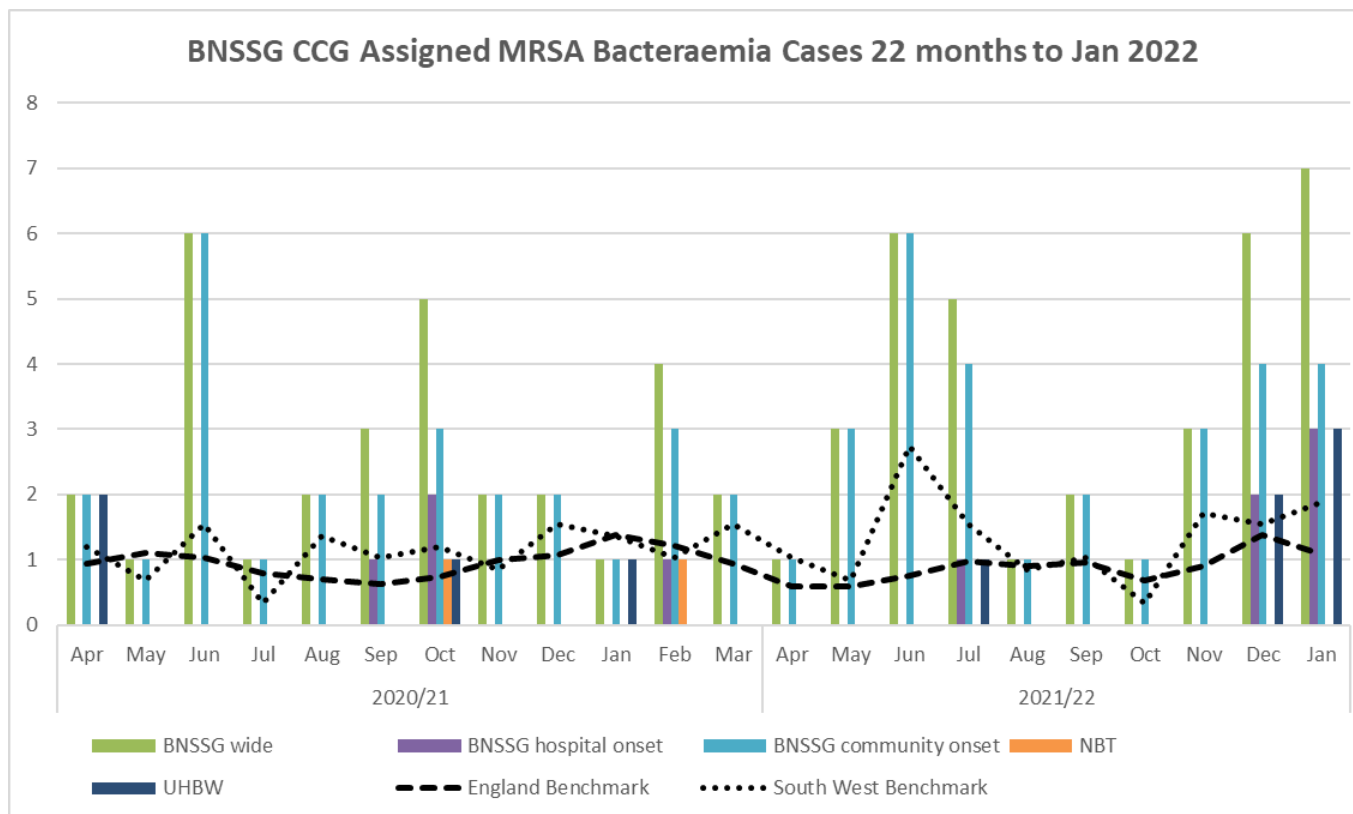
## Escherichia coli (E. coli)

- In January 2022, 45 cases of E.coli bacteraemia cases were assigned to BNSSG CCG. Case activity, remains below the thresholds set by NHSE/I, below the Southwest benchmarking and below the all England benchmarking. Activity is also below the 2019/20 and 2020/21 year to date position.
- Patient hydration remains a key area of focus and the CCG Quality team has requested the results of the evaluation of the previous research project using the 'Reliance on Carer' tool with nursing/residential care homes in our local system which was managed by CCG's Transformation team. NHSE/I had planned to present project work on national hydration work at the HCAI group in December, but this presentation has been postponed. NHSE/I are considering inviting funding proposals from CCGs/providers to further work related to patient hydration.
- The CCG's second area of focus in recent years has been catheter passports/catheter management. Limited attendance at the BNSSG HCAI Group in December meant that discussions regarding the extent to which previous processes have been embedded was limited and will be rescheduled for the next meeting in March 2022.



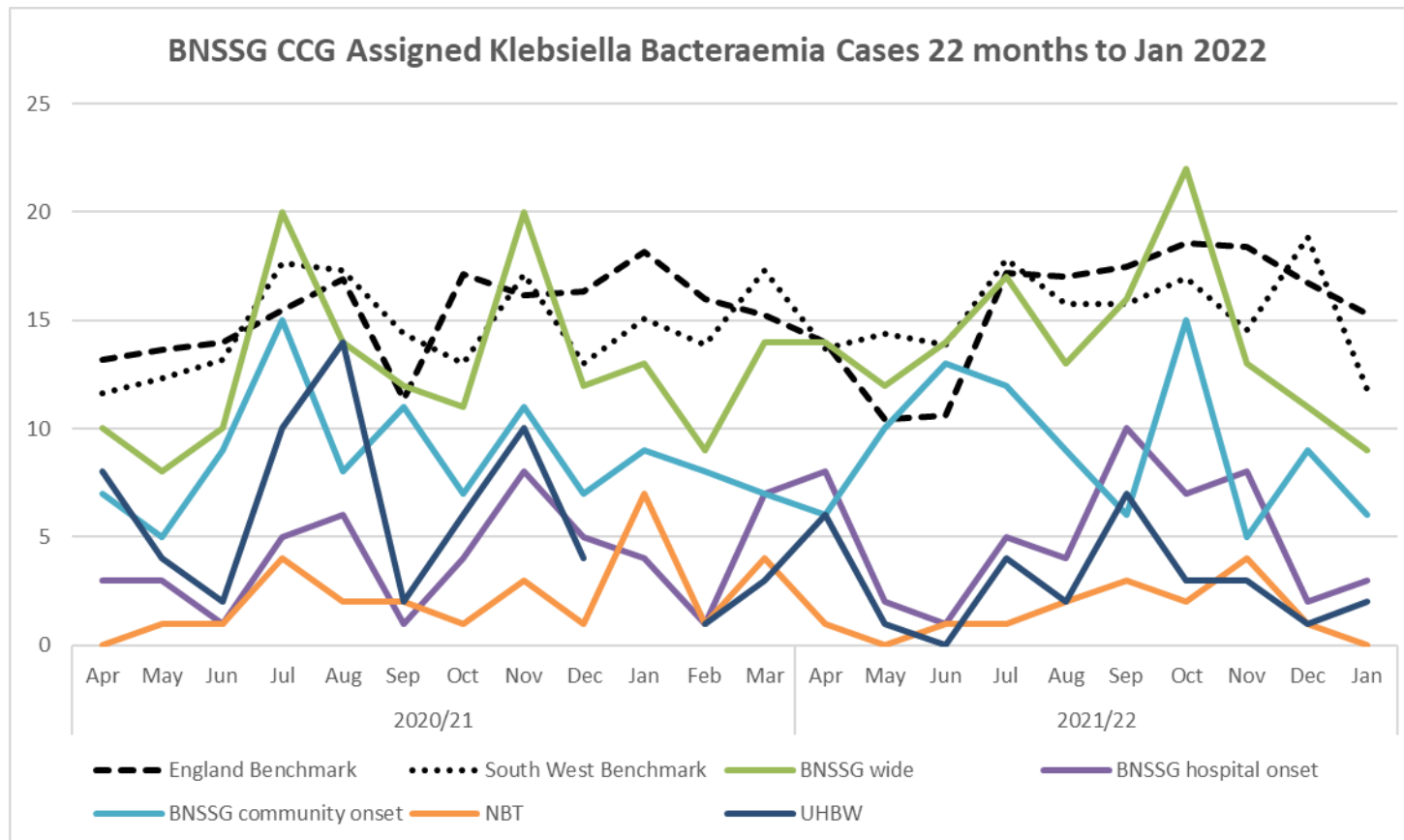
**Methicillin Susceptible Staphylococcus Aureus (MSSA)**

- In January 2022 twelve cases of MSSA bacteraemia were assigned to BNSSG CCG. Six cases were classified as Hospital Onset Hospital Associated and six cases as Community Onset Community Associated. Case activity has been below the Southwest average since May 2021 and below the all England average for the last five months.
- No formal system thresholds exist and the CCG remain in a monitoring position.
- CCG case activity continues to demonstrate an improvement in the 2020/21 position and 2019/20 position.



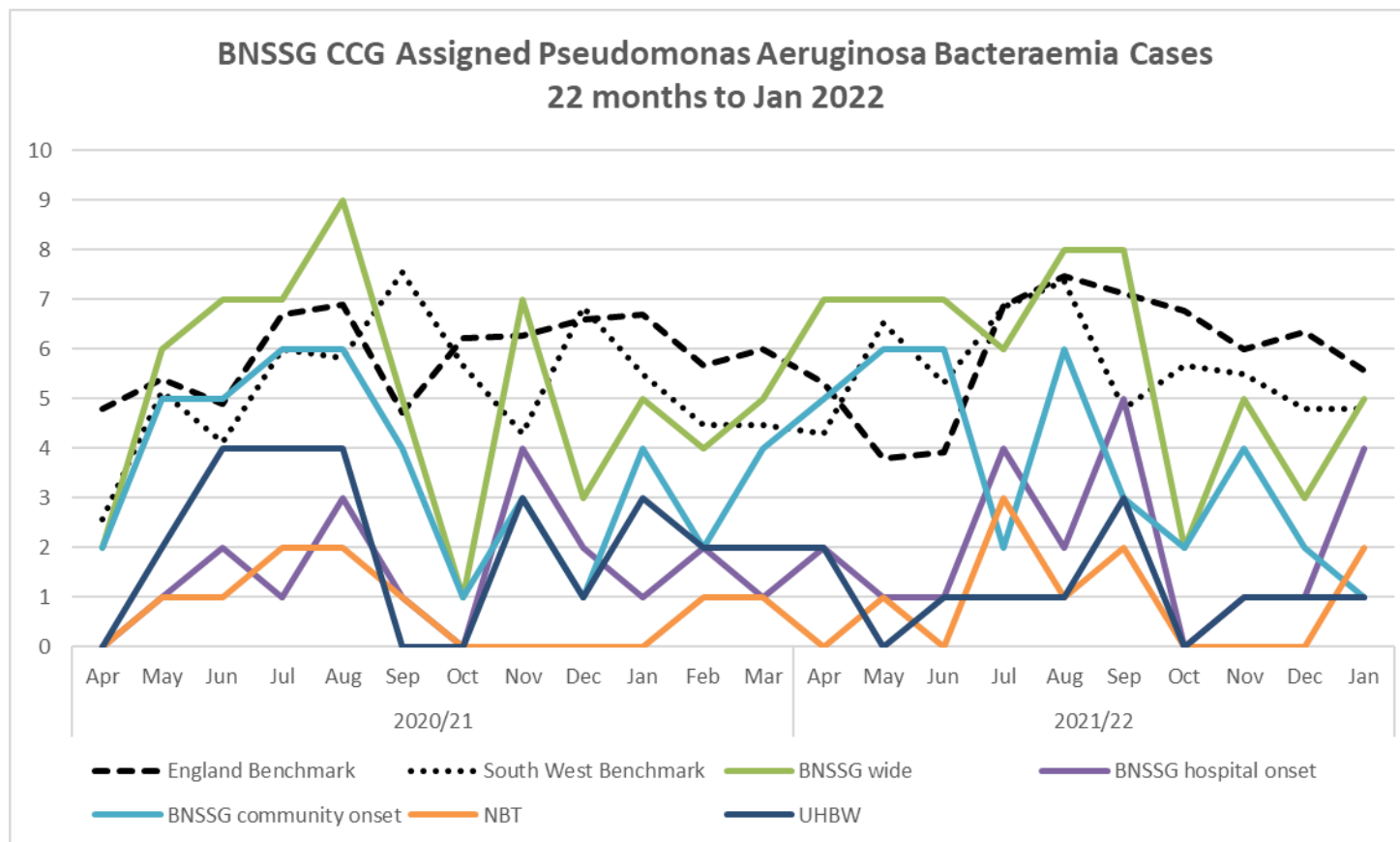
### Methicillin Resistant Staphylococcus Aureus (MRSA)

- In January seven cases of MRSA bacteraemia were assigned to BNSSG CCG. One case was classified as Community Onset Healthcare Associated (COHA), three cases as Community Onset Community Associated (COCA) and three cases as Hospital Onset Hospital Associated (HOHA).
- Year to date, thirty five cases have now been assigned to BNSSG CCG, this is ten cases above the same period in 2020/21 and two cases below the 2019/20 position. The 2020/21 reduced cases is thought to be attributed to homeless population that were accommodated in hotel settings during COVID.
- The CCG and local authority partners have funded a trial of Chlorhexidine wipes in April/May 2021 for Persons Who Inject Drugs services across Bristol North Somerset and South Gloucestershire localities, which will require a formalised evaluation process during quarter 4, to consider the effectiveness of this intervention.



**Klebsiella**

- In January nine cases of Klebsiella bacteraemia were assigned to BNSSG CCG. Three cases were classified as Hospital Onset and six cases as Community Onset. Case activity fluctuates, and is below the Southwest and all England average in January 2022
- Assigned case activity is above the nationally mandated system thresholds. Year to date assigned cases are below the month ten position in 2019/20 and 2020/21.
- The CCG will ask acute providers to share the themes that have been identified as contributing factors in this years dataset for system learning.



**Pseudomonas Aeruginosa**

- In January five cases of Pseudomonas aeruginosa bacteraemia were assigned to BNSSG CCG.
- Case activity is below the all England and Southwest benchmarks in January 2022, but above the system threshold.

## Quality Report – Infection Prevention Control (IPC) Cell

Information Source and date of information – Quality lead – Month 10 2021/22 – January 2022

**Collaborative partnership working** - Throughout January the IPC Cell needed to find new ways of working with partners and providers to respond to the system pressure due to the high numbers of COVID-19. Surge planning and partnership meetings were set up during the December/January period to respond to the pressure on hospital beds and support safe discharges for patients, who were identified as being medically suitable for transfer to care homes. To ease the pressure on acute beds, this included a refined admission to the care homes risk assessment process and framework; using the hierarchy of needs to mitigate any risks that were identified and working closely with providers, discharge teams, local authority Commissioners and Public Health and with partners from the UK Health Security Agency (UKHSA).

**Outbreak notification** - It was identified that many care settings had full outbreak restrictions in place, including being closed to admissions but, they had not had a full assessment from UKHSA. This led to the development of a contact tracing form being implemented for use to aid exclusion from the outbreak where the infection was able to be identified as a community contact and not linked directly to the care environment. This then facilitated many homes to reduce their outbreak length and plan for admissions. There were no adverse outcomes as a result, of this. The contract tracing tool was developed by the cell and agreed for use with Local Authority (LA) public health.

**Care Home outbreak support** - The number of care home outbreaks that required support was overwhelming for the Incident/Outbreak Management Teams (I/OMTS), including this cell, due to supporting the three LA teams and being only 1.3 whole time equivalent staff. There is also a requirement for the cell team to support outbreaks in other settings, for example primary care and the Acute Trusts who were also experiencing many outbreaks. In response, with support of Bristol LA Colleagues it was agreed to hold a weekly drop-in meetings for all care homes in Bristol who were experiencing or seen as in an outbreak. Individual IMTs were then able to be scaled back and individual meetings were then offered to those with significant issues. The care providers fed back that they welcomed this approach as they learned from each other as well as gaining support and expert advice from the team. It is intended to continue this approach as we move through the pandemic to epidemic status.

**On-line notification tool development** - The team was approached to support a review of the notification and assessment of care settings by UKHSA SW and were active members of a Task and Finish group, helping to develop an online notification advised by UKHSA. The team's involvement was invaluable in developing a new on-line notification tool, that will ease the process for both UKHSA and providers and greatly reduce information duplication. This is very much welcomed by providers.

**IPC Cell workforce development** - The admin support gap has been filled with a new starter in February. This will greatly reduce pressure on nursing staff and free up further focus work capacity. Discussions are underway, exploring longer term plans for IPC support to the BNSSG IPC system and particularly with local authorities and the care sector for the next two years. It is envisaged that this will be from within the CCG/ICB.



**Quality Report – Infection Prevention Control (IPC) Cell**  
**Information Source and date of information – Quality lead – Month 9 2021/22 – January 2022**

**IPC Cell monthly activity summary – December**

| <b>Meeting attendance and input</b>   | <b>Number Attended</b> | <b>Email information trends</b>             | <b>Number Received</b> |
|---|------------------------|---|------------------------|
| IMTs/OMTs (Care settings 24, Acute 13, Primary Care 2, Care Hotel 1, Group 2) | 42                     | Risk assessment - isolation                 | 10                     |
| IPC Strategic Cell and other IPC team meetings                                | 17                     | Risk assessment – admissions/Bedflow        | 32                     |
| Local Authorities weekly review meetings                                      | 13                     | Risk assessment - visiting                  | 10                     |
| Care Provider Cell and surge planning meetings                                | 1                      | Training requests                           | 4                      |
| Training meetings   | 3                      | Primary Care related queries                | 10                     |
| Flu meetings  | 4                      | PPE queries                                 | 4                      |
| Weekly Care home Review meetings  | 13                     | Guidance interpretation & advice on changes | 12                     |
| Collaborative meetings  | 3                      | Vaccination                                 | 2                      |
| Risk assessment specific meetings   | 3                      |   |                        |
| Miscellaneous or Ad hoc related requests for meeting input                    | 5                      | Testing                                     | 2                      |
| Health Protection Assurance   | 3                      | PPE queries                                 | 5                      |
| Attendance at Bronze  | 6                      | NHS Cleaning Standards                      | 8                      |
| <b>Other activity description</b>   |                        |   |                        |
| Site visits   | 4                      | IPC Audits                                  | 5                      |
| Comms preparation   | 5                      | Collaborative Meetings                      | 1                      |
| UKHSA including Task & Finish Group meetings                                  | 12                     |   |                        |

# Quality Report - Serious Incidents including Never Events

Reporting Period: Month 10 2021/22 – January 2022

Information Source and date of information – BNSSG SI dedicated information site and trackers as of 01/02/2022

## Current Month Overview

- In January 2022, 19 Serious Incidents (SIs) were reported by BNSSG providers.
- No new Never Events (NE) were submitted.
- Pressure Injury (PI) and obstetric incidents were the leading themes this month.
- There were three pressure injury incidents reported by Sirona; 1 Deep Tissue Injury with a Section 42 investigation triggered and two unstageable PIs.
- NBT reported one obstetric incident and UHBW reported two, all relating to the baby only. These investigations will be presented through the Local Maternity System (LMS).

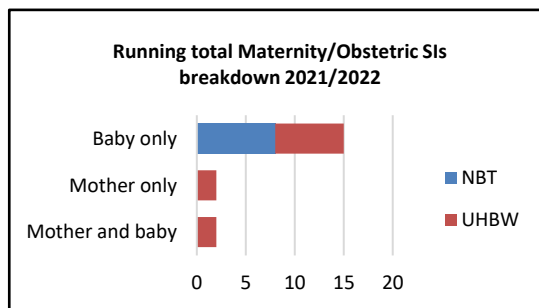
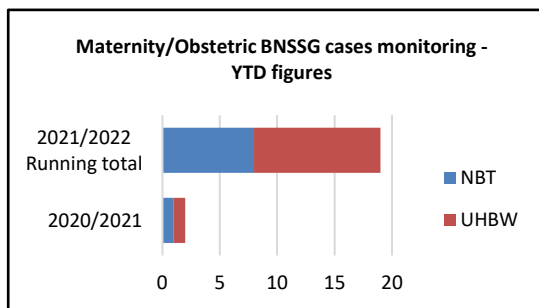
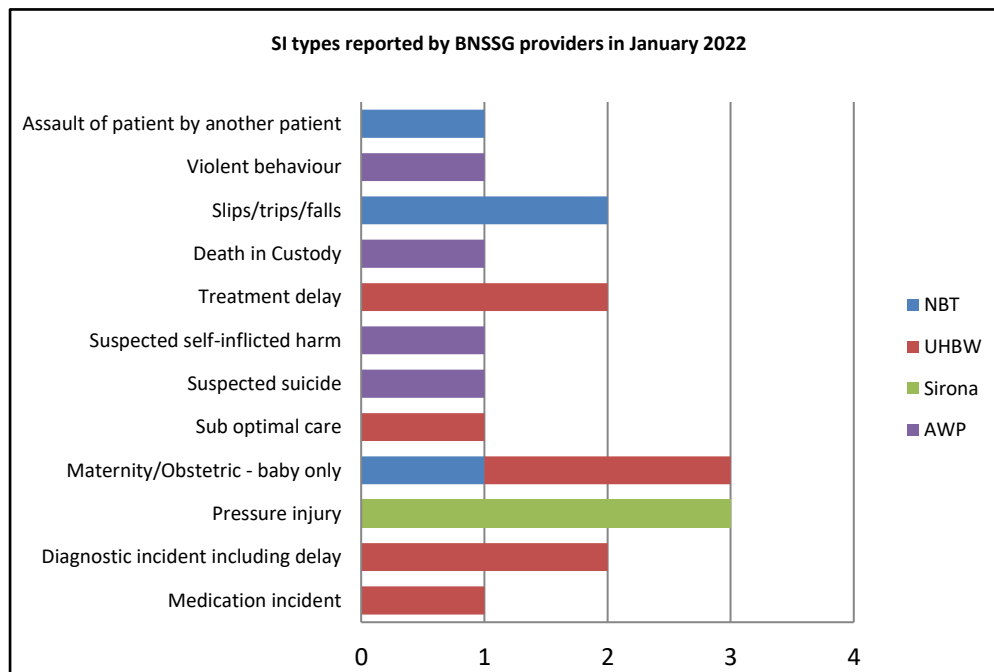
## Risks/assurance gaps

- In support of the upcoming implementation of the Patient Safety Incident Response Framework, the Quality team are introducing a new approach for reviewing serious incidents. The review is undertaken by two members of the Quality team who identify themes and trends resulting from the investigation. The identified themes and trends are collated and taken to the Learning Forum for discussion. Assurance that resulting learning is being implemented is obtained against providers ongoing improvement programs across the System.

### SIs reported across BNSSG 2021/22

| Provider     | Apr           | May       | Jun       | Jul           | Aug       | Sept          | Oct       | Nov       | Dec           | Jan       | YTD SIs        |
|--------------|---------------|-----------|-----------|---------------|-----------|---------------|-----------|-----------|---------------|-----------|----------------|
| NBT          | 11 (1)        | 2         | 3         | 3             | 2         | 3 (1)         | 2         | 1         | 1 (1)         | 4         | 32 (3)         |
| UHBW         | 5 (1)         | 9         | 9         | 10 (1)        | 4         | 8 (1)         | 6         | 7         | 7             | 8         | 73 (3)         |
| Sirona       | 4             | 4         | 3         | 3             | 2         | 6             | 2         | 4         | 4             | 3         | 35             |
| AWP          | 5             | 4         | 7         | 6             | 0         | 1             | 5         | 5         | 2             | 4         | 39             |
| SWASFT       | 0             | 0         | 0         | 1             | 0         | 1             | 0         | 4         | 0             | 0         | 6              |
| GP           | 0             | 1         | 1         | 0             | 0         | 0             | 0         | 0         | 0             | 0         | 2              |
| Other        | 0             | 0         | 1         | 0             | 3         | 1             | 0         | 3         | 1             | 0         | 9              |
| <b>Total</b> | <b>25 (2)</b> | <b>20</b> | <b>24</b> | <b>23 (1)</b> | <b>11</b> | <b>20 (2)</b> | <b>15</b> | <b>24</b> | <b>15 (1)</b> | <b>19</b> | <b>196 (6)</b> |

\* In brackets are NEs reported



| Year             | April  | May | June | July   | Aug | Sept   | Oct    | Nov    | Dec    | Jan    | Feb | Mar | Total SIs per Year           |
|------------------|--------|-----|------|--------|-----|--------|--------|--------|--------|--------|-----|-----|------------------------------|
| <b>2020/2021</b> | 22     | 15  | 25   | 26 (1) | 22  | 17 (2) | 22 (1) | 20 (2) | 15     | 14 (1) | 16  | 22  | <b>236 (7)</b>               |
| <b>2021/2022</b> | 25 (2) | 20  | 24   | 23(1)  | 11  | 20 (2) | 15     | 24     | 15 (1) | 19     |     |     | <b>196 (6) running total</b> |

\*The numbers in brackets indicate the number of Never Events reported

\* 2020/21 Figure excludes the HCAI/Nosocomial COVID SIs

# Quality Report - Funded Care

## Reporting Period: Month 10 2021/22 - January

Information Source and date of information – Funded Care Team 25/02/2022

### Emerging Risks/issues

#### **Adult CHC**

The CHC caseload is approx. 170 cases above the usual level. This is as a result of increased demand ( in CHC and FT), prioritising and improving 28 day CHC performance and supporting with the system response to winter pressures by redeploying nurses to the acute hospitals to address discharge delays. Consequently, CHC reviews have been delayed. A plan to sustain reviews is being developed.

#### **Children and Young People's Complex Care**

Head of CYP team is going on planned sick leave from April for an extended period. Support and escalation plan in place for the team. Necessary work including payments of invoices and representation at some panels and meetings to be picked up by other Heads of service in Funded Care Team. There is a risk that longer term strategic and planning work will not be able to progress in the interim.

### Funded Care Updates

#### **Adult CHC Assessment Performance**

Performance showing sustained improvement. Overall the team continue to increase output and reduce the time from referral to decision. January performance against 28 day assessment target is included below (performance target is >80%):

- **Bristol – 92%, North Somerset – 81%, South Gloucestershire – 86%** ( Compared to last months report which was: **Bristol – 90%, North Somerset – 75%, South Gloucestershire – 80%** )
- Please note benchmarking data on next slide

#### **Adult CHC – Fast Track End of Life**

The Fast track team has reduced nurse capacity (-2 wte nurses), meaning as a result only 18% of referrals in January were reviewed by the fast track nurses with 48 hours. A CHC nurse has been temporarily moved into the Fast track team to mitigate the short fall in capacity.

#### **Personal Health Budgets**

Pilot pathway developed to increase the speed of PHB set up for Fast Track CHC cases, with a view to increasing the number of Fast Track CHC people receiving their care and support via a PHB. Updates on progress and learning to be included in future reports.

#### **Funded Care Invoice Position**

Significant effort from the Funded Care Finance Team on reducing the backlog of invoices has brought the figure down from 1484 at 18 January to 675 on 22 February.

#### **Assuring Transformation (AT) Cohort**

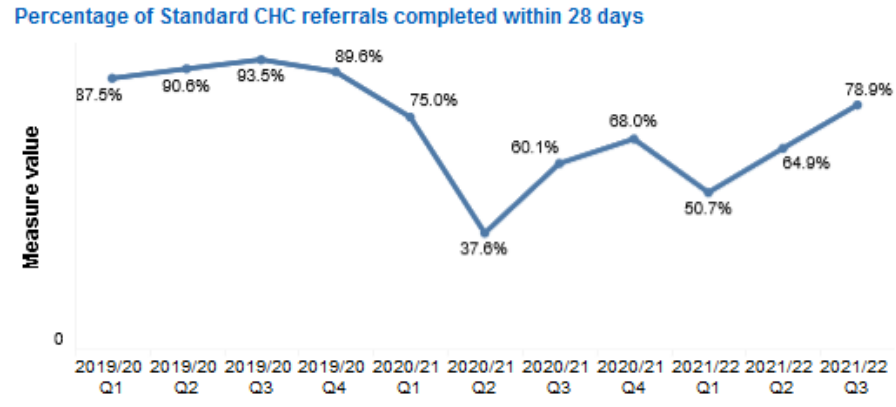
Work to develop the Individual Service Fund (ISF) pilot continued during January. This pilot is supporting 5 members of the AT cohort to achieve a successful transition from inpatient placements to community living.

# Quality Report - Funded Care

Reporting Period: Month 10 2021/22 - January

Information Source and date of information – Funded Care Team 25/02/2022

**Figure 1. BNSSG CCG 28 day Performance Q1 19/20 – Q3 21/22**



## Adult CHC National Benchmarking

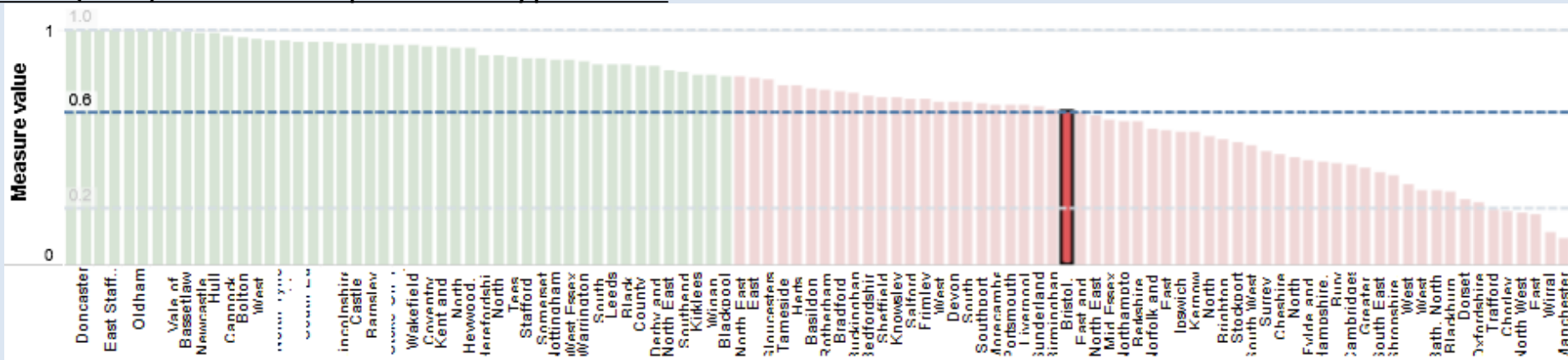
In line with the National Framework, a CHC assessment should be completed within 28 days of receipt of referral. CCGs should ensure that >80% of referrals are complete within 28 days.

The CCG's position in quarter 3 of 21/22 continues to show good recovery from the early stages of the pandemic. Performance of 78.9% exceeds the national average of 71.2% and falls just short of the 80% target.

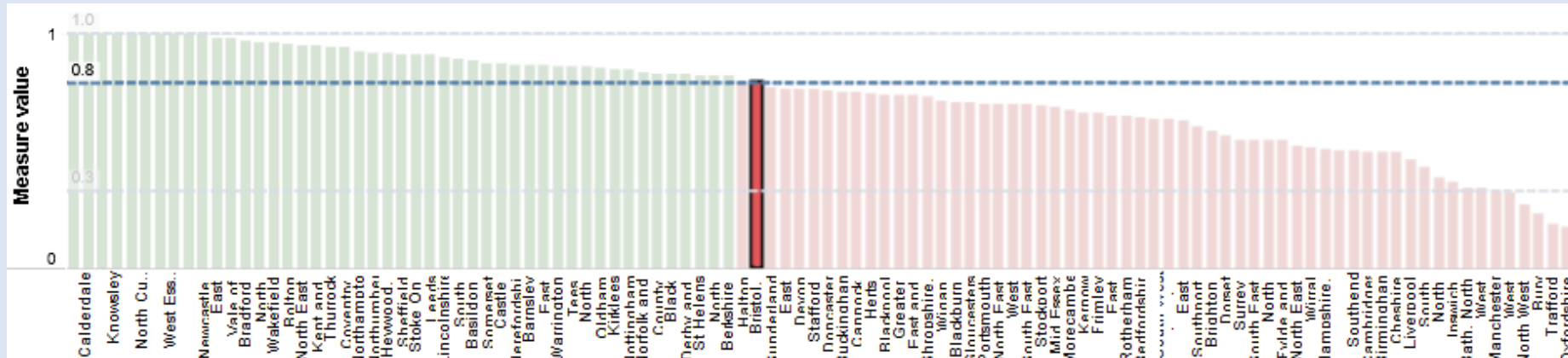
Figures 2 and 3 show the CCG's performance relative to all CCGs in England in Q2 and Q3 21-22.

Quarter 4 performance will be reported following data submission in April 2022.

**Figure 2. Q2 2021/22 – National comparison of 28 day performance**



**Figure 3. Q3 2021/22 – National comparison of 28 day performance**



# Quality Report - Funded Care

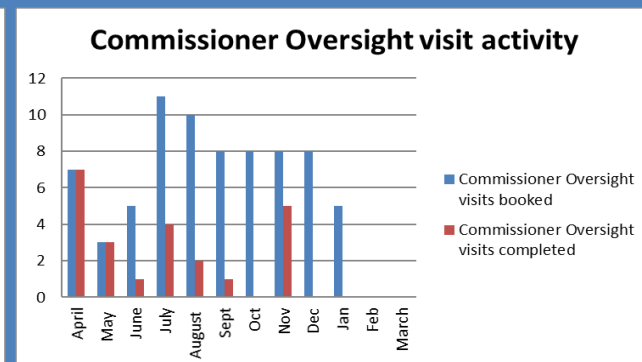
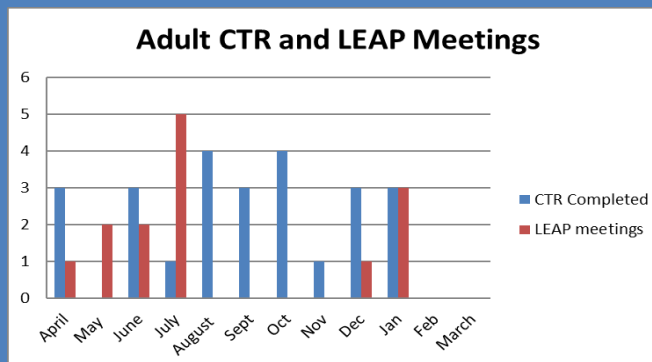
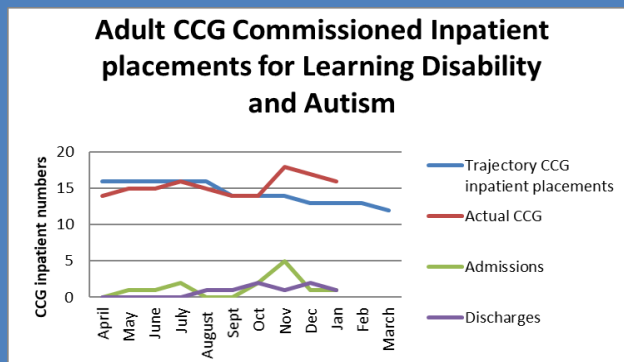
Reporting Period: Month 10 2021/22 - January

Information Source and date of information – Funded Care Team 25/02/2022

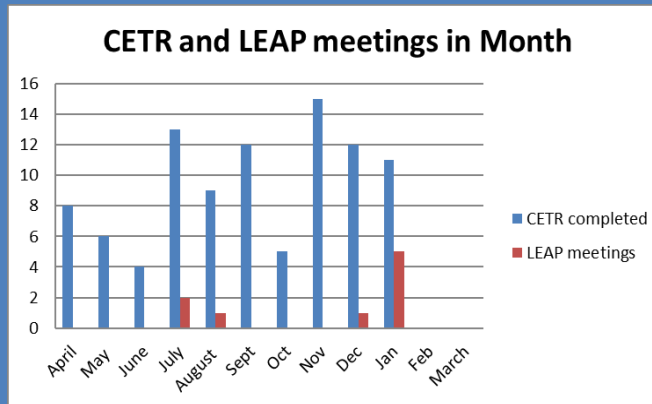
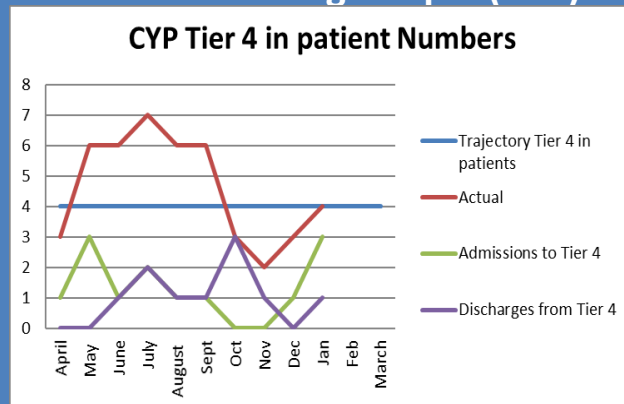
## Assuring Transformation – Learning Disability and Autism

### Performance/Data for 2021-2022

#### Adults



#### Children and Young People (CYP)



### Highlights – 1WTE Clinical advisor has commenced with the team

#### Adults

- Accommodation has been successfully acquired for an individual. Weekly meetings are in place to monitor progress
- Safe and Well-being reviews have been allocated and commenced delays in completion due to covid closures have been reported to NHSE regional team
- Funding Pathway panels with South West Provider Collaborative have been re-introduced
- Monthly Assuring Transformation meetings have commenced with Regional Team and South West Provider Collaborative to review total inpatient cohorts

#### CYP

- There have been 3 admissions this month to an inpatient setting following a CETR however these have been short stay admissions.
- Intensive work continues to be undertaken to progress discharge of 2 young people requiring naso-gastric feeding to maintain weight and remain in an inpatient setting

# BNSSG CCG Governing Body Meeting

**Date:** Tuesday 5<sup>th</sup> April 2022

**Time:** 1:30pm

**Location:** Engineers House, The Promenade, Clifton Down, Bristol, BS8 3NB

|  |  |
|--|--|
| <b>Agenda Number:</b>  | 9.1  |
| <b>Title:</b>  | Corporate Risk Register (CRR) March 2022   |
| <b>Purpose: approval</b>   |  |
| <b>Key Points for Discussion:</b>  |  |
| <ul style="list-style-type: none"> <li>• The risks rated at 20 and above on the CRR</li> <li>• New risks added to the CRR since the last review by the Governing Body</li> <li>• The risks recommended to Governing Body for removal and the confirmation of the relevant committees that they are assured that the actions have been sufficient to reduce the risk score</li> <li>• Risks that committees have recommended remain on the CRR</li> </ul> |  |
| <b>Recommendations:</b>  | <p>The Governing Body is asked to review the CRR and approve:</p> <ul style="list-style-type: none"> <li>• The addition to the CRR of the risks detailed</li> <li>• The removal from the CRR of the risks detailed</li> </ul>  |
| <b>Previously Considered By and feedback:</b>  | The Corporate Risk Register is reviewed monthly by Directors and received and discussed at the monthly Quality Committee, Strategic Finance Committee and Clinical Executive meetings  |
| <b>Management of Declared Interest:</b>  | The Committee receives a register of its members declared interests as a standing item. There are no declared interests relating the CRR and no risks regarding the management of declared interests   |
| <b>Risk and Assurance:</b>   | The CRR shows the current position of those risks scored at 15 and over using the 5x5 risk scoring matrix  |
| <b>Financial / Resource Implications:</b>  | <p>As part of the Risk Management Strategy the risk register is used to report the impact of risks including financial risks</p> <p>A moderation stage is used to ensure consistency in reporting financial risks across the CCG. Financial risks reported on Directorate Risk registers are reviewed corporately and an impact risk score, as described below is applied. If the risk score is reduced, the risk is not added to the CRR and the Directorate is informed. The budget baseline applied is the CCG overall resource allocation.</p> |



|  | Score   | Impact  |
|--|---|---|
|  | 1   | small loss/risk of claim remote                 |
|  | 2   | Loss of 0.1% to 0.25% of budget (£1m to £3.5m)  |
|  | 3   | Loss of 0.25 % to 0.5% of budget (£3.5m to £7m) |
|  | 4   | Loss of 0.5% to 1% of budget (£7m to £14m)      |
|  | 5   | Loss of > 1% of budget (£14m+)                  |
| <b>Legal, Policy and Regulatory Requirements:</b>        | The CRR is a mechanism for reporting risk and does not have legal implications. Where there are risks relating to legal and regulatory matters these are reported on the CRR  |   |
| <b>How does this reduce Health Inequalities:</b>         | No health inequalities issues arise from this report. The Corporate Risk Register reports significant risks; where there are risks related to Health Inequalities that are over the risk scoring threshold of 15 and above these will be reported on the register.  |   |
| <b>How does this impact on Equality &amp; diversity</b>  | No inequalities issues arise from this report, and there is no impact upon people with protected characteristics. The Corporate Risk Register reports significant risks; where there are risks related to equalities that are over the risk scoring threshold of 15 and above these will be reported on the register. |   |
| <b>Patient and Public Involvement:</b>                   | Not applicable to this report   |   |
| <b>Communications and Engagement:</b>                    | The Corporate Risk Register is shared with Risk Leads, Risk Administrators and Directors for monthly updating. The Corporate Risk Register is a public document available on the CCG website  |   |
| <b>Author(s):</b>  | Sarah Carr, Corporate Secretary   |   |
| <b>Sponsoring Director / Clinical Lead / Lay Member:</b> | Sarah Truelove, Chief Financial Officer   |   |

## Agenda item: 9.1

### Report title: Corporate Risk Register (CRR) March 2022

#### 1. Background

The Corporate Risk Register (CRR) provides assurance to the Governing Body that high level risks are addressed and that the actions taken are appropriate. Where a risk is linked to one or more of the CCGs principal objectives this is identified on the register. The Governing Body is responsible for ensuring that the CCG has properly identified risks and has appropriate controls in place to manage risk. The Governing Body approves the addition and removal of risks from the CRR. The CRR is presented on the new template agreed as part of the Risk Management Framework.

Directorate Risk Registers are reviewed and updated monthly. These feed into the CRR, which is discussed by the Executive as a standing item once a month. Each committee also reviews the CRR. The committees are reminded of their responsibility to review, scrutinise and challenge the management of risks specific to their remit. Committees are asked to consider whether they have a reviewing role in relation to any new risks added to the register; committees are also asked to assure themselves that risks recommended for removal have been appropriately reviewed and risks scores are revised appropriately. The Audit, Governance and Risk Committee receives the CRR as part of its responsibility to satisfy itself that systems and processes are in place and working. The Executive team has identified executive risk leads for specific areas. Executive risk leads review risks alongside director leads to ensure complete coverage of issues and avoid potential duplications.

#### 1. Corporate Risk Register

Those risks rated at 20 and above on the CRR are highlighted below:

| ref                          | risk description  | current risk score | most recent update | Cross ref to GBAF |
|------------------------------|---|--------------------|--------------------|-------------------|
| Commissioning Directorate: 5 | Risk of failure to recover A&E performance, which has wider implications due to the potential for patient harm.   | 4x5 =20            | Feb-22             | P01               |
| Commissioning Directorate: 7 | There is a risk that the extent of change/improvement required in AWP as our core mental health provider is not addressed, impacting on the care and services provided to the BNSSG population.<br>This risk includes the challenges of the current crisis pathway that could be more | 4x5 =20            | Mar-22             | PO4               |



|                        |  |         |        |     |
|------------------------|--|---------|--------|-----|
|                        | effective - currently there are a high number of people placed out of area, high numbers of people on a Section in hospital and increasing pressure on the crisis team's ability to respond.   |         |        |     |
| BNSSG Commissioning 10 | Risk of failure to recover 52 weeks wait performance, which has wider implications due to the potential for patient harm. There is a financial risk for the system due to the 19/20 contract stating that all 52-week breaches will incur a fine which will be divided between CCG and Provider of £5000 per patient per month. One patient could incur multiple fines.<br>The risk of 52 week wait breaches has significantly increased due to the pausing of all routine activity in response to the Covid outbreak, and recovery will be slower due to the additional IPC requirements and continued reduction in routine activity. | 4x5 =20 | Mar-22 | PO1 |
| Nurse and Quality      | This risk replaces Nurse and Quality: Risk Ref - BNSSGQD021<br>As a result of lack of flow and pressure within the system, there is a risk that patients will suffer harm due to ambulances being unable to attend calls within the required timeframe.  | 4x5 =20 | Mar-22 | PO1 |

## 2. Updates to the Corporate Risk Register

Risks added to the CRR are highlighted in red text on register. Updates to the CRR made since its last review are highlighted in blue on the register. Since the last review of the CRR by the Governing Body in January 2022 the below risks have been added. The Clinical Executive Committee agreed at its March meeting that the risk score for risk Medical - MO29 would be reviewed. Following this review, it was recommended that the risk score was reduced, with the likelihood score changed from 5 (likelihood almost certain) to 4 (likely) giving an overall risk score of 12 which removes it from the Corporate Risk Register.

| ref             | risk description  | current risk score | Current Committee | Cross reference GBAF |
|-----------------|---|--------------------|-------------------|----------------------|
| Medical - RSS05 | There is a risk that any future updates of the NHS Digital e-Referral System (e-RS) may cause loss of functionality of the BNSSG Referral Service | 5x3=15             | PCCC              | -                    |

|  |  |               |                    |     |
|--|--|---------------|--------------------|-----|
|  | <p>database, specifically its ability to import referrals into the database for onward management. Loss of the database results in the need for extra workarounds which impacts:</p> <ul style="list-style-type: none"> <li>- the (routine and urgent) referral turnaround times, possibly creating a referral bottleneck and backlog in the RS;</li> <li>- the patients' waits and pathways (slightly reduced currently, due to the increased WL times in secondary care due to the pandemic)</li> <li>- secondary care activity and operational management of referrals and patients.</li> </ul> <p>There is also a reputational risk to the RS and risk of increased numbers of patients contacting Primary care to query the status of the referral.</p> |               |                    |     |
| Transformation - Mental Health and Learning Disabilities | <p>Risk achieving the national transformation on CYP services, Access Rates and Eating Disorder.</p> <p>1: Eating Disorder demand is growing nationally and is impacting on service performance and meeting the national waiting time targets.</p> <p>2: There are ongoing data quality issues around new CYP investment activity which puts at risk BNSSG meeting the 35% min CYP Access standard. As a result, the CCG is not meeting the access standard. This needs to be resolved in order we can understand the true coverage of our services, ensure data flows, assure NHSEI and achieve the LTP requirement.</p>  | <b>5x3=15</b> | -                  | PO4 |
| Medical - MO29   | <p><b>RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR</b></p> <p>There is a risk that our decision making process will be delayed or compromised due to a lack of consultant representation from both trusts on the BNSSG Joint formulary group &amp; Area Prescribing and Medicine Optimisation Committee</p>   | <b>5x3=15</b> | Clinical Executive | -   |

Risks to be recommended to the Primary Care Committee and the Governing Body for closure are detailed below. In each case the committee with oversight confirmed that it had been assured regarding the review and revision of the risk score. The Governing Body is asked to consider

whether it is assured that the actions have reduced the risk score in each case. Risks below the threshold of the CRR continue to be monitored on Directorate Registers.

| ref   | risk description  | current risk score | Committee     | Cross ref GBAF |
|---|---|--------------------|---------------|----------------|
| Nurse and Quality                                 | <p>As a result of not being able to successfully recruit to the Designated Clinical Officer for SEND, there is a risk that the CCG will not be able to assure the content of agreed Education Health and Care plans (EHCP) which may lead to inaccurate information being recorded in the health components of the EHCP and as a consequence be at risk of Tribunal or Judicial review.</p> <p>Rationale for closure recommendation:<br/>February 2022 - interim DCO appointed for 6 months and has commenced in post. This person will support a review of capacity requirements and model of support required. A business case will be presented in April/May - recommend CLOSE</p>   | 16                 | quality       |                |
| Medical - MO29                                    | <p>If the CCG's commissioning plans &amp; transformation programmes for CYP Mental Health services do not provide sufficient service capacity, there is a risk that there will be poorer MH outcomes for Children and Young People which extend into adulthood and adversely affect health, mental health and wellbeing for our population.</p> <p>This may result in BNSSG failing to meet the CYP MH performance standards which provide a measure of progress in this area.</p> <p>The standards which are applicable here are:</p> <ul style="list-style-type: none"> <li>• Eating disorder</li> <li>• CYP Access Targets</li> </ul> <p>Rationale for closure recommendation<br/>Jan activity figures reviewed and service performing in line with expected performance</p> | 12                 | Clinical Exec | PO4 and PO6    |
| Transformation- Planned Care: Risk Ref - COVID-19 | <p>As a result of COVID19, there is a risk that delivery of the Long Term Plan deliverables and goals will not be achieved, and impacts cannot be measured, which may result in increasing delays, poor experience and poor value care.</p>   | 15                 | quality       | PO1            |

|                |  |               |                    |   |
|----------------|--|---------------|--------------------|---|
| Impact         | RECOMMEND CLOSURE DUE TO DUPLICATION ACROSS OTHER RISKS  |               |                    |   |
| Medical - MO29 | <p>RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR</p> <p>There is a risk that our decision making process will be delayed or compromised due to a lack of consultant representation from both trusts on the BNSSG Joint formulary group &amp; Area Prescribing and Medicine Optimisation Committee</p> <p>rationale for reduced risk score – mitigations have supported reduction</p> | <b>4x3=12</b> | Clinical Executive | - |

### 3. Recommendations

The Governing Body is asked to review the CRR and approve:

- The addition to the CRR of the risks detailed
- The removal from the CRR of the risks detailed

### Appendices

Appendix 1 Corporate Risk Register

Bristol North Somerset and South Gloucestershire Clinical Commissioning Group Corporate Risk Register Nov 2022 v3



The Corporate Risk Register features risks assessed as over the risk threshold (15) to the delivery of the CCG's strategic objectives, statutory duties and plans. It sets out the controls (actions) that have been put in place to manage the risks and planned actions to further reduce the risks and an assessment of current performance. The Corporate Risk Register is reviewed by the Governing Body quarterly and reviewed by Committees monthly. Risk is assessed by multiplying the likelihood of a risk materialising by the impact of it materialising using the risk assessment matrix set out in the CCG Risk Management Framework. Risks are mapped against the CCG risk appetite to provide an indicative acceptable risk level. Where a risk maps to more than one principal objective the lowest level of risk appetite is given.

Table with columns: Risk ID, Risk Description, Risk Rating, Impact, Likelihood, Status, Control, Action, Comment on progress, Review Date, and other metrics. Rows include risks like 'Risk of failure to recover A&E performance', 'There is a risk that the extent of change/improvement required in AWP for our core mental health provider is not addressed', 'As a result of COVID, routine services and elective activity being paused/delayed and recovery impacted by PFC requirements', etc.





**DRAFT**

## Bristol, North Somerset, South Gloucestershire CCG Governing Body meeting

Minutes of the meeting held on Tuesday 5<sup>th</sup> April 2022 at 1.30pm

### Minutes

| <b>Present</b>        |  |               |
|-----------------------|--|---------------|
| Jon Hayes             | Clinical Chair   | JH            |
| Kirsty Alexander      | GP Locality Representative Bristol North and West                      | KA            |
| Colin Bradbury        | Area Director, North Somerset  | CB            |
| Peter Brindle         | Medical Director   | PB            |
| James Case            | GP Locality Representative South Gloucestershire                       | JCa           |
| John Cappock          | Lay Member Finance   | JC            |
| Matthew Cresswell     | GP Locality Representative North Somerset<br>Woodspring                | MC            |
| Shane Devlin          | Chief Executive Designate, BNSSG ICB                                   | SD            |
| Deborah El-Sayed      | Director of Transformation   | DES           |
| Christina Gray        | Director of Public Health  | CG            |
| Kevin Haggerty        | GP Locality Representative North Somerset Weston<br>and Worle          | KH            |
| David Jarrett         | Area Director, South Gloucestershire and Bristol                       | DJ            |
| Lisa Manson           | Director of Commissioning  | LM            |
| Alison Moon           | Independent Clinical Member Registered Nurse                           | AM            |
| Jon Scott             | Interim System Chief Operating Officer                                 | JS            |
| Rosi Shepherd         | Director of Nursing and Quality  | RS            |
| Claire Stovell        | GP Representative Bristol Inner City and East<br>(deputising for JBrd) | CS            |
| Sarah Talbot-Williams | Lay Member Patient and Public Involvement                              | STW           |
| Sarah Truelove        | Chief Financial Officer  | ST            |
| <b>Apologies</b>      |  |               |
| Julie Boardman        | GP Representative Bristol Inner City and East                          | JBrd          |
| Nick Kennedy          | Independent Clinical Member Secondary Care<br>Doctor                   | NK            |
| John Rushforth        | Deputy Chair, Lay Member Audit and Governance                          | JRu           |
| <b>In attendance</b>  |  |               |
| Julie Bacon           | Interim Director of People and Transition                              | JBa           |
| Sarah Carr            | Corporate Secretary  | SC            |
| Faye Kamara           | Head of Safeguarding (All Age)   | FK            |
| Lucy Powell           | Corporate Support Officer  | LP            |
|                       | <b>Item</b>  | <b>Action</b> |





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|---|--|--|
|   |  |  |
| 1 | <p><b>Apologies</b></p> <p>The above apologies were noted. Jon Hayes (JH) welcomed Caroline Stovell and Jon Scott to the meeting.</p>  |  |
| 2 | <p><b>Declarations of interest</b></p> <p>There were no new declarations and no declared interests related to agenda items.</p>  |  |
| 3 | <p><b>Minutes of the previous meeting of the 1<sup>st</sup> March 2022</b></p> <p>The minutes were agreed as a correct record.</p>   |  |
| 4 | <p><b>Actions arising from previous meetings</b></p> <p>The action log was reviewed:</p> <p><b>04.01.22 5</b> – Lisa Manson (LM) confirmed data continued to be collected and would be circulated once received. The action remained open.</p> <p><b>01.02.22 6.3</b> – Peter Brindle (PB) confirmed that the elective recovery paper would be presented in May.</p> <p><b>01.03.22 7.1</b> – Rosi Shepherd (RS) confirmed that feedback had been provided and an update would be provided at a future Governing Body meeting. The action was closed.</p> <p><b>01.03.22 8.1 and 8.1.1</b> – LM confirmed that work continued to review the Early Intervention in Psychosis data and confirmed that 67% of Severe Mental Illness health checks had been completed. The CCG continued to support Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) in supporting patients both adult and children. The actions were closed.</p> <p><b>01.03.22 9.1</b> – RS confirmed the suggested amendments had been made to the policy. The action was closed.</p> |  |
| 5 | <p><b>Chief Executives Report</b></p> <p>Shane Devlin (SD) highlighted the Ockenden report noting that the report had raised questions for commissioning organisations including how Trusts were held to account for their actions regarding patient safety and the need to further understand maternity and children’s services. SD confirmed that further information regarding actions and learning arising from the report for local services would be presented to the Governing Body in the future.</p> <p>SD noted that the public opinion regarding the NHS as a whole was currently low and asked the Governing Body to consider what actions it could take to improve this. SD confirmed that national opinion had been led by high waiting list numbers and patient access to primary care services.</p>  |  |



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|     | <p>SD confirmed that the staff survey results had been received and a people plan would be developed for the system based on the results.</p> <p>SD reported that the Healthier Together report outlined the positive work which was being undertaken including Healthy Weston and the development of the green plan and digital strategy.</p> <p>Alison Moon (AM) welcomed the comments on the Ockenden report noting that it had been a difficult read. AM asked whether the CCG learning would drill down into health inequalities as well as other recommendations from the report. RS confirmed that a health needs analysis would be included in the learning as well as a focus on health inequalities. RS noted that there would be a need to review services deeply and honestly to ensure that services were transparent and that engagement with social care and safeguarding was in place. AM noted that there was also a cultural element involved and RS confirmed that a review of the data would be taking place. PB highlighted that reviewing health inequalities within the report was difficult due to low data quality and the numbers involved in the Ockenden report but confirmed that the local system had increased efforts to collect health inequality data and should be able to review trends for lots of services, not just maternity.</p> |  |
| 6.1 | <p><b>Governing Body Assurance Framework</b></p> <p>Sarah Truelove (ST) outlined that the Governing Body Assurance Framework (GBAF) showed the priorities which had been refreshed and updated for 2021/22. ST noted that there was a change to the risk score associated with the financial objective as the new financial framework would replace the current COVID-19 framework. ST confirmed that review of the GBAF for the Integrated Care Board (ICB) would take place with the Chair of the ICB next week. ST confirmed that the specific risks would be captured on the Corporate Risk Register with the GBAF outlining the objectives the CCG wanted to achieve.</p> <p>Christina Gray (CG) asked where system objectives and risks would be outlined. ST confirmed that these were the conversations expected at system level as the GBAF was reviewed for the ICB.</p>  |  |

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|     | <p>AM noted that within the objective for improving outcomes for people with learning disabilities and autism, the wording outlined the goal of 67% of annual health checks completed. AM highlighted that this was the national expected target but noted that the CCG expected target should be higher. SD confirmed that locally set strategy would be part of the review of the assurance framework for the ICB and noted that the provider organisations would also be involved in the objective setting.</p> <p><b>The Governing Body confirmed that it was assured that the CCG had properly identified the risks to its principal objectives and that the appropriate controls were in place to manage those risks</b></p>  |  |
| 6.2 | <b>Item deferred</b>  |  |
| 7.1 | <p><b>Special Educational Needs and Disability (SEND) Action Plan Update</b></p> <p>LM noted that the SEND review had been published and promoted significant reforms for children with SEND. LM highlighted that locally there had been an increase of 1.5wte of the Designated Clinical Officer role and 3 dedicated clinicians for SEND, one for each Local Authority.</p> <p>LM noted that the report detailed the progress for each of the three areas. South Gloucestershire had made good progress on the Written Statement of Action with continued commitment across schools and the embedding of sustainable improvement through annual reviews and involvement of system partners. The North Somerset improvement plan had been signed off and a SEND council has been established which comprised of children with SEND. Across Bristol, North Somerset and South Gloucestershire, work continued to address the long waiting times for learning disabilities and autism diagnosis services and peer support for parents and carers had been commissioned for the waiting period. LM highlighted that there were 11 projects within this work and it was vitally important that these changes were made.</p> <p>Sarah Talbot-Williams (STW) highlighted the importance of co-production, and children and family engagement when developing services. LM highlighted the establishment of the North Somerset SEND Council which allowed children to discuss their needs. LM noted that this approach was being tested for use in other areas.</p> |  |



|     |  |  |
|-----|--|--|
|     | <p><b>The Governing Body noted:</b></p> <ul style="list-style-type: none"> <li>• <b>The change in Designated Clinical Officer and Designated Medical Officer capacity and organisation</b></li> <li>• <b>The North Somerset SEND Improvement Notice and Plan</b></li> <li>• <b>Autism support investment and initiative updates</b></li> </ul>   |  |
| 7.2 | <p><b>Quarter Three Safeguarding Report</b></p> <p>Faye Kamara (FK) was welcomed to the meeting. FK provided the key points from the report. FK reported that multi-agency discussions have been held regarding female genital mutilation (FGM) and work continues to raise awareness of FGM across the system. As part of this it was understood that further work needed to take place with primary care colleagues and a conference had been arranged which included primary care attendance. FK reported that the budget has been protected for the FGM Bristol Rose Clinic for another year.</p> <p>FK provided an update on Liberty Protection Safeguards highlighting that the recent changes to the Mental Capacity Act meant that the CCG would become the authorising body for Liberty Protection Safeguards. FK confirmed that the CCG and the system were reviewing the code of practice and responding to the consultation. The internal Liberty Protection Safeguards group had been re-established to review what the changes meant to the CCG including any potential financial implications.</p> <p>FK provided an update on safeguarding training compliance noting that this was a variable picture across the system. FK noted the nationally mandated target of 85% across the system for 2022/23 and FK noted that the CCG was working with all providers on the 4 elements of safeguarding training required.</p> <p>Kirsty Alexander (KA) highlighted training performance noting that there could be a lack of accessible training and asked whether it was possible to deliver training in alternative ways such as recordings for people to watch. FK noted that information had been communicated across the system through multiple routes such as regular meetings, podcasts and short recorded webinars. RS noted that there had been good attendance for the multi-agency training events but reduced attendance from primary care and the CCG would work with primary care colleagues to understand this. DES highlighted the opportunity to use digital solutions to deliver training.</p> |  |



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|     | <p>SD asked how the CCG could ensure that safeguarding was considered by everyone in the organisation. FK noted that two important areas were due to be discussed at the weekly whole CCG meeting; children in care, and domestic abuse, which would raise awareness of the work of the team. DES highlighted the importance that safeguarding was embedded and considered as part of every project undertaken. KA noted the importance that services were supported when raising safeguarding issues, RS agreed that there was more to do to connect the system. STW noted that the important part was to create a culture where safeguarding was the responsibility of everyone and suggested that this was included as part of the system plan.</p> <p><b>The Governing Body noted the all age-Safeguarding Quarter 3 report</b></p>   |  |
| 8.1 | <p><b>BNSSG Quality and Performance Report</b></p> <p>LM provided the key points from the performance report noting that the increased numbers of waiting patients was a direct impact of the challenges facing urgent care. Plans to reduce waiting patient numbers have been submitted. LM noted that there have been challenges in terms of patient flow, and cancer performance remained below the national targets. LM noted that both urgent and elective care remained challenged and noted that there was a significant problem regarding ambulance handover delays. The CCG continued to support providers to ensure category 1 and category 2 calls could be responded to rapidly. This support included rapid release of beds and supporting patients to be redirected from A&amp;E where appropriate. South West Ambulance Service (SWAST) was working hard to reduce delays.</p> <p>STW asked whether gynaecological cancer services were an area of concern. LM confirmed that waiting patients were split over a number of specialities with the most affected being orthopaedics. LM noted that additional theatres including those for gynaecology had been identified and wards had been identified to address the elective backlog. STW noted that there may be patients left with a lower quality of life whilst they wait for treatment. LM acknowledged that this was the core challenge in categorising people with clinically urgent patients and patients waiting the longest at the highest priority for treatment.</p> |  |

AM asked whether there were other systems that the local system could learn from. LM confirmed that a visit had taken place to Musgrove Park to see how services have been managed and ideas and options would be tested. DES noted that the ambulance handover delays were the result of a number of factors and this needed to be understood further.

CG noted the care hotel in Bristol was due to be closed 31<sup>st</sup> March 2022. LM confirmed that the contract had been commissioned for a 14 week period. LM confirmed that the full impact on patient flow would be evaluated alongside the outcomes in terms of quality and safeguarding.

KA noted that all activity had appeared to decrease during Month 10 and asked whether the capacity existed in the system to return to pre COVID-19 activity levels. LM noted that a number of infection prevention and control measures would be reduced. ST confirmed that work was ongoing to test and evaluate the outcomes of reducing some requirements such as deep cleaning between patients as the risk of not treating patients may be greater in some areas. LM noted the significant changes to the ways of working across the system and noted that although some new ways of working would cease, there were a number of new models of care which were beneficial to the system. RS noted that previous infection, prevention and control measures would remain such as hand washing but the whole process would be reviewed to maximise opportunity for the system. CG noted that some enhanced infection, prevention and control measures needed to remain in place for high risk settings such as vaccination centres.

KH highlighted that the reported showed that GP referrals had decreased. LM noted that advice and guidance was not recorded as part of this and confirmed that activity levels remained high for NHS 111, primary care and in the community.

RS provided the key points from the quality report, noting that a balanced risk based approach to infection, prevention and control measures would take place. The CCG continued to monitor an increase in Clostridium Difficile Infections as well as the decreased number of MRSA infections, which may relate to the enhanced infection, prevention and control behaviours. RS reported that delivery of learning disability and autism annual

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|-----|--|--|
|     | <p>health checks for the CCG was the highest in the South West and noted that the ambition was to undertake more health checks than the 67% national target. The high performance was being led by primary care and supported by the CCG.</p> <p><b>The Governing Body noted the performance and quality position of the CCG and of key providers, including any risks, mitigating actions and responsibilities as appropriate</b></p>   |  |
| 8.2 | <p><b>Finance report</b></p> <p>ST reported no significant changes to the position noting that the COVID-19 financial regime remained in place. A breakeven position was expected once retrospective reimbursements were received but ST noted that late allocations could result in a small surplus. ST confirmed that the CCG financial duties were expected to be achieved. ST highlighted the savings position noting that teams had overdelivered against the savings plans. ST highlighted that this was a good position to be in going into 2022/23. John Cappock (JC) noted that there had been assurance throughout the year that the plans would be delivered and thanked the medicines optimisation and funded care teams for delivering their plans.</p> <p><b>The Governing Body noted the financial position at month 11 and the forecast risks and mitigations</b></p>  |  |
| 9.1 | <p><b>Corporate Risk Register</b></p> <p>Sarah Carr (SC) reminded the Governing Body that risks that scored over 15 were added to the Corporate Risk Register (CRR). The CRR was reviewed regularly by the Governing Body Sub-Committees. SC noted that the paper highlighted the risks scoring 20 and above which reflected the Governing Body discussions. Also included within the paper were new risks and those recommended to the Governing Body for closure.</p> <p>PB noted the risks relating to cancer services and SC confirmed that meetings have been held with the cancer risk leads and there was a deep dive ongoing regarding these risks. The outcome of these would be presented to the appropriate Committees as part of the risk programme. SC confirmed that all risks would be considered as part of the ICB risk register development and the governance process for the review was being developed.</p> <p>KA highlighted the risks around urgent care and mental health and asked whether 6 month recruitment to roles was enough to</p> |  |

|     |   |  |
|-----|---|--|
|     | <p>close the risks. LM confirmed that the children’s and young people mental health team were reviewing the recruitment challenges to investigate actions which could improve recruitment. LM noted that IAPT services for children continued and consideration was being given to what else could be done to mitigate the risks.</p> <p>AM highlighted the risks around harm relating to system delays for planned and unplanned care. AM asked whether the risk should be wider than diagnostic services. RS noted that reviewing harm was complex and needed to be considered in a systematic way and work continued on this. ST noted a principle of the ICB Assurance Framework could be improving population health outcomes across the system and noted that system delays may be a strategic risk in terms of the system. ST highlighted that the ICB Board would be system wide and therefore these risks would be shared across the system and the impacts of the mitigations more visible.</p> <p><b>The Governing Body reviewed the Corporate Risk Register and approved:</b></p> <ul style="list-style-type: none"> <li>• <b>The addition to the Corporate Risk Register of the risks detailed</b></li> <li>• <b>The removal from the Corporate Risk Register of the risks detailed</b></li> </ul> |  |
| 9.2 | <p><b>ICB Transition Programme Update</b></p> <p>Julie Bacon (JB) was welcomed to the meeting. JB presented the report which outlined the progress for establishment of the ICB on the 1<sup>st</sup> July 2022. JB noted that this included the transfer of assets, staff and liabilities of the CCG to the ICB.</p> <p>JB confirmed that the Independent Non-Executive Members had been recruited and work continued to recruit the Executive Director posts. JB reported that the transition programme was split into workstreams and assurance had been provided with the update. There were a significant number of national guidance documents which outlined the process and a due diligence checklist which was being worked through. JB highlighted the readiness to operate statement which was based on the due diligence checklist and regular submissions to the regional team. JB confirmed that the processes and timescales for the establishment of all 42 ICBs nationally was the same.</p>   |  |





|     |   |  |
|-----|---|--|
|     | <p>JB outlined the progress noting that there were a few actions amber rated which related to challenges to capacity rather than the ability to complete the actions. JB noted that in terms of finance, governance and planning there were additional actions due to the delay to 1<sup>st</sup> July 2022. It was agreed that questions regarding specific elements of the transition programme would be directed to JB outside of the meeting.</p> <p>KA asked whether there was an updated structure showing how the ICB would function and whether staff records such as statutory training would be transferred from the CCG to the ICB. SD confirmed that work continued to develop a clear governance structure for the ICB and this would be available once finalised.</p> <p><b>The Governing Body discussed and noted the paper</b></p>  |  |
| 9.3 | <p><b>Receipt of Petition</b></p> <p>JH read out the details of a petition received by the CCG:</p> <p>“In 2014 a petition was raised by the late Reg Bennett and the Reformed Save Cossham Hospital Group calling for the promised minor injury unit (MIU) at Cossham Hospital in Kingswood to be opened. The petition received cross-party political support and received 18,000 signatories. The Clinical Commissioning Group (CCG) responded by implementing a two-year trial offering minor injury treatment at GP surgeries instead, claiming the costs were half of the anticipated £1m a year for the MIU at Cossham. At the end of the trial period the CCG said it had not been as successful in reducing attendances at Accident &amp; Emergency units as had been hoped. Instead the CCG put investment into the MIU at Yate. As the alternative neither saved money or relieved pressure on A&amp;E services, and East Bristol still does not have a MIU, we now call on the Bristol, North Somerset and South Gloucestershire CCG to return to the original undertaking to implement a minor injury unit at Cossham Hospital.”</p> <p>LM thanked the petitioners for the petition and noted that South Gloucestershire CCG had been referred to the Independent Review Panel in 2015 which confirmed South Gloucestershire CCG plans to not commission a MIU in Cossham.</p> <p>An MIU at Cossham would not be something the CCG would want to consider at this stage as it did not form part of the CCGs urgent care strategy and was not something the CCG would be</p> |  |



|      |   |  |
|------|---|--|
|      | <p>progressing. The CCG continued to work closely with partners and the population to ensure that urgent care services best meet people's needs.</p> <p>LM noted that one of our core challenges currently was workforce across the system and a fourth unit would mean a position where there were further challenges in terms of being able to recruit, and therefore not something the CCG would want to consider at this time.</p> <p><b>The Governing Body formally acknowledged receipt of the petition in line with the CCG's Constitution</b></p>   |  |
| 10.1 | <p><b>Minutes of the Quality Committee</b><br/>The Governing Body received the minutes</p>  |  |
| 10.2 | <p><b>Minutes of the Clinical Executive Committee</b><br/>The Governing Body received the minutes</p>   |  |
| 10.3 | <p><b>Minutes of the Strategic Finance Committee</b><br/>The Governing Body received the minutes</p>  |  |
| 10.4 | <p><b>Minutes of the Primary Care Commissioning Committee</b><br/>The Governing Body received the minutes</p>   |  |
| 11   | <p><b>Questions from Members of the Public</b><br/>JH apologised that the sound quality had been poor during the meeting and reminded everyone that the meeting had been recorded and would be available on the CCG website. JH confirmed that the May meeting would be held fully virtual.</p>   |  |
| 12   | <p><b>Any Other Business</b><br/>JH noted that today's meeting had been the last in person CCG Governing Body meeting for Sarah Talbot-Williams and Alison Moon, who had both sent their apologies for the June meeting. JH thanked Sarah Talbot-Williams for all her energy and enthusiasm in supporting the CCG and her work to ensure that the patient voice was heard when improving services for the population. DES thanked Sarah for her support to the Communications, and Insights and Engagements Teams. JH thanked Alison Moon for all her support to Bristol PCT, Bristol CCG and Bristol, North Somerset and South Gloucestershire CCG and noted that Alison's important contribution to improving the health of the local population would continue into the ICB.</p> |  |
| 13   | <p><b>Date of Next Meeting</b><br/>Tuesday 3<sup>rd</sup> May 2022, at 2.00pm</p>   |  |

**Lucy Powell, Corporate Support Officer, April 2022**



# BNSSG CCG Governing Body Meeting

Date: Tuesday 3<sup>rd</sup> May 2022

Time: 2.00pm

Location: MS Teams

|  |   |
|--|---|
| <b>Agenda Number :</b>   | 8.1   |
| <b>Title:</b>  | Performance and Activity Report – Month 11/12 – (February/March)<br>Nursing and Quality Report – Month 11 – (February data) |
| <b>Purpose: Discussion and for Information</b>   |   |
| <b>Key Points for Discussion:</b>  |   |
| <p>The Performance and Activity report provides an overview of February / March data for key performance metrics at BNSSG population level and provider level.</p> <ul style="list-style-type: none"> <li>• <b>4hr A&amp;E Waits</b> – Overall, BNSSG Trusts' 4hr A&amp;E performance worsened from 60.3% to 59.7% in March but is better than the national average for Type 1 EDs of 58.6%. A Winter Plan, focussed on four transformation areas and endorsed by the system is in place and a BNSSG-wide ambulance handovers improvement programme is live with support from region and ECIST.</li> <li>• <b>Planned admissions</b> – the total waiting list size for the BNSSG population worsened from 70,869 in January to 71,772 in February. BNSSG performance of 65.9% was ranked 35th out of 102 CCGs nationally (up from 41st in January) and ranked 2nd out of 6 CCGs in the South West (up from 3rd in January).</li> <li>• <b>52 week waiters</b> – The number of patients waiting over 52 weeks for planned treatment decreased from 4020 in January to 3864 in February. The number at both NBT and UHBW increased. This continues to be driven mainly by waits at NBT (1,810 breaches) and UHBW (1,469), with the remaining 585 breaches split across 45 other providers. All opportunities to secure the capacity required to facilitate elective recovery ambitions are being explored.</li> <li>• <b>104 week waiters</b> – The number of patients waiting over 104 weeks decreased from 324 in January to 312 in February. The number at NBT decreased and at UHBW increased. The BNSSG position continues to be driven mainly by waits at NBT (139 breaches) and UHBW (101). The remaining 72 breaches are split across 8 other providers, with the majority at Sulis Hospital (39), Spire Bristol (25) and Somerset Surgical Services (3).</li> <li>• <b>Cancer 62 day</b> – 62 day referral to treatment time for BNSSG cancer patients worsened in February to 58.30%. Performance worsened at NBT but improved at UHBW. The 85% national standard has not been achieved at population level since April 2019.</li> </ul> |   |

- **Cancer 2 week waits** – Performance improved in February for the BNSSG population and at NBT and UHBW. The 93% national standard has not been achieved at population level since June 2020.
- **Activity** – For the year to date at February, there were reductions in activity across all areas compared to the same period in 19/20. From January to February, all activity decreased except ordinary elective admissions and RTT completed admitted pathways, which increased.

### Quality

The Nursing and Quality report provides an overview of February data to cover Month 11 provider activity for the Nursing and Quality directorate. This includes Infection Prevention and Control with updates on the C Difficile action plan status, Serious Incidents and BNSSG provider key lines of enquiry and mitigating assurance. Within the main body of the report is a slide in brief of some current intelligence on areas of concern that have occurred since February that the team are involved with.

- **COVID-19** continues to cause pressure in the system impacting on bed capacity in in-patient settings and flow. This is compounded by high Covid related staff absence. The CCG IPC team continue to support providers to take a risk-based approach to IPC practice to maximise capacity and flow. A decision-making framework has been created by the system IPC cell consisting of a hierarchy of IPC practices to help with this process.
- **Ambulance handover delays** – continue to be an area of concern for the system. Improvement work continues via the System Task and Finish Group. The level and nature of harm/potential harm occurring to patients from these delays will be presented in the May 2022 quality report.
- **Workforce and safer staffing** remain a significant constraint for all providers with staff to patient ratios reflecting that. All providers relying on Tier 4 agency to try to fill vacant shifts and offering enhanced pay rates where needed.
- **Balancing system risk** – was the focus of the System Quality Group on 12 April 2022. NHSE/I presented the principles of a dynamic system level risk assessment approach that considered a more holistic assessment of risk in a system. A developmental workshop is to be set up as soon as possible to work up some frameworks based on this approach and is to link with the work being undertaken to measure system harm.
- **Ockenden 2** - report was published on 31 March 2022. This will be a focus for May's System Quality Group and the LMS together with any new assurance requirements in addition to those from Ockenden 1
- **C. Difficile** rates have been broadly static since the spike in June 2022, however overall numbers are averaging 27 cases per month compared with 18 pre-pandemic. The rates are commensurate with the regional rates but slightly higher than the England rates. The working group continues to work with system and regional partners to understand the drivers behind a higher prevalence and incidence of CDI; in addition, patient information leaflets on CDI prevention and reoccurrence are being produced

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• <b>Safe and Wellbeing reviews</b> – have now been completed and a report is due to May 2022 Quality Committee</li> <li>• <b>Adult CHC Assessment Performance</b> – is showing sustained improvement. Overall, the team continue to increase output and reduce the time from referral to decision. February performance against 28-day assessment target: BNSSG overall performance – 94%, Bristol – 93%, North Somerset – 88%, South Gloucestershire – 100% (Compared to last month’s report which was: Bristol – 92%, North Somerset – 81%, South Gloucestershire – 86%)</li> </ul> |
| <b>Recommendations:</b>                                  | To note the Performance and Quality position of the CCG and of key providers, including any risks, mitigating actions and responsibilities as appropriate.  |
| <b>Previously Considered By and feedback:</b>            | Quality Committee, 21 <sup>st</sup> April 2022<br>The Committee will receive a report to the May meeting which will look at the potential harm caused to patients as a result of long waits for ambulances within the system resulting from delays in offloading patients at ED’s.  |
| <b>Management of Declared Interest:</b>                  | None  |
| <b>Risk and Assurance:</b>                               | The Performance and Quality reports provide an update to the Governing Body in relation to key risks to performance and quality within the system and highlights supporting mitigations which are in place.   |
| <b>Financial / Resource Implications:</b>                | None  |
| <b>Legal, Policy and Regulatory Requirements:</b>        | None  |
| <b>How does this reduce Health Inequalities:</b>         | Elements of the Quality report identify activity in place to reduce health inequalities such as the delivery of the LeDeR programme   |
| <b>How does this impact on Equality &amp; diversity</b>  | As above  |
| <b>Patient and Public Involvement:</b>                   | Not applicable  |
| <b>Communications and Engagement:</b>                    | The Performance and Quality reports are provided to the Governing Body for information.   |
| <b>Author(s):</b>  | Gary Dawes, Business Intelligence Manager<br>Sandra Muffett, Head of Clinical Governance & Patient Safety through contributions from Quality Team members.<br>Michael Richardson Deputy Director of Nursing and Quality   |
| <b>Sponsoring Director / Clinical Lead / Lay Member:</b> | Lisa Manson, Director of Commissioning<br>Rosi Shepherd, Director of Nursing and Quality  |

# **BNSSG Performance & Activity Report**

Month 11/12 – February/March 21/22

Created by

BI Performance Team

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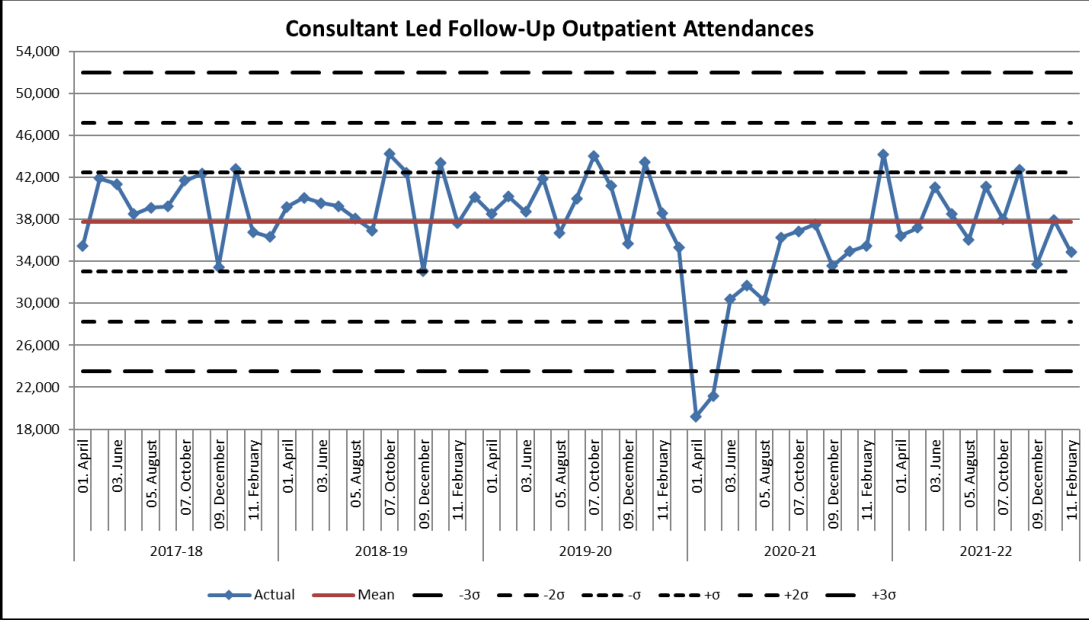
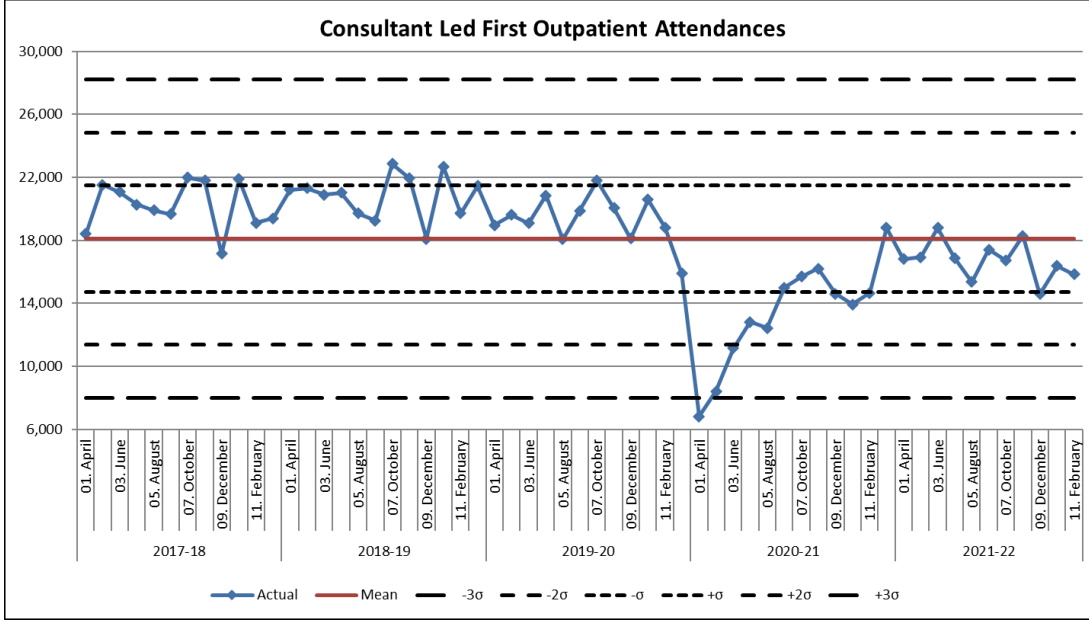
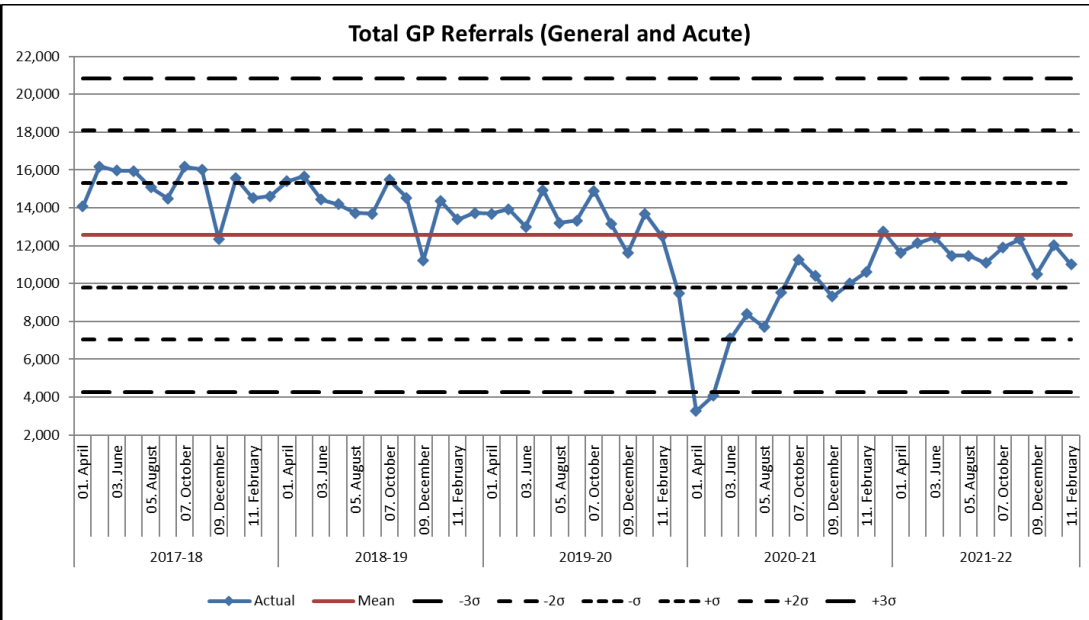
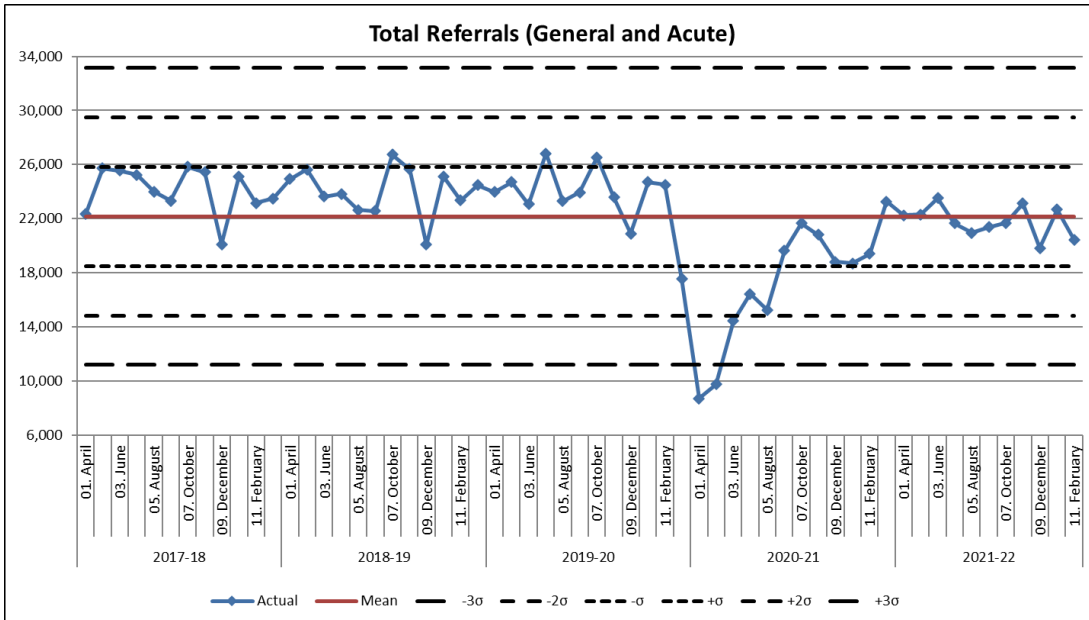
# 1.1 Executive Summary – Headlines

Due to Covid-19, some national data collections and publications continue to be suspended and are not available for this report. Due to the timing of data it's not always possible to include updated narrative. Any outdated narrative slides have been removed from this report. All data and graphs represent the latest available to highlight areas of underperformance.

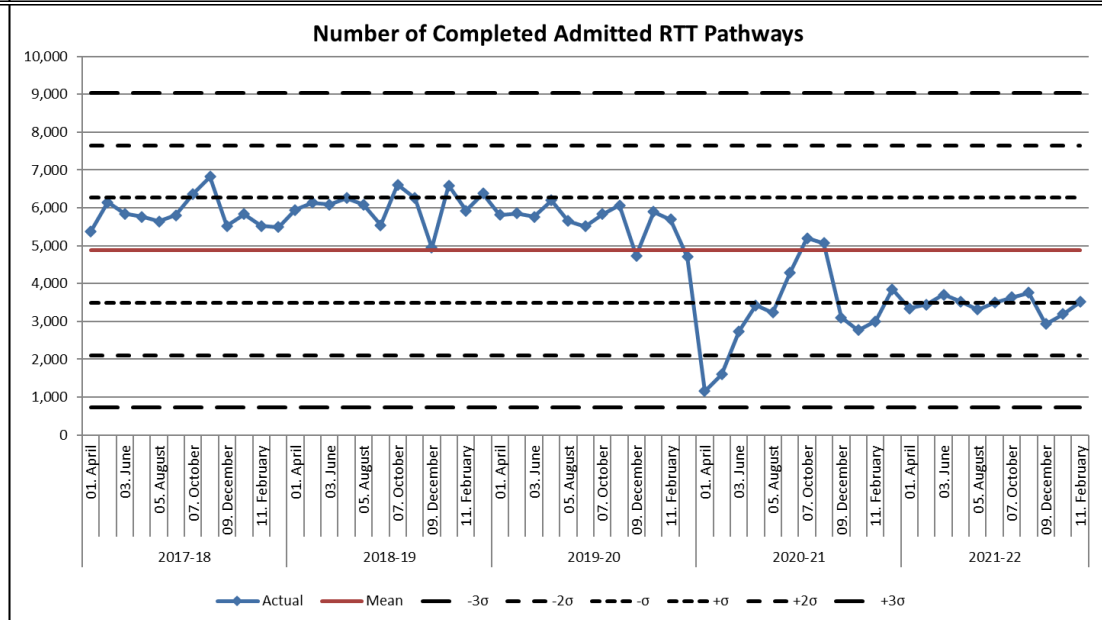
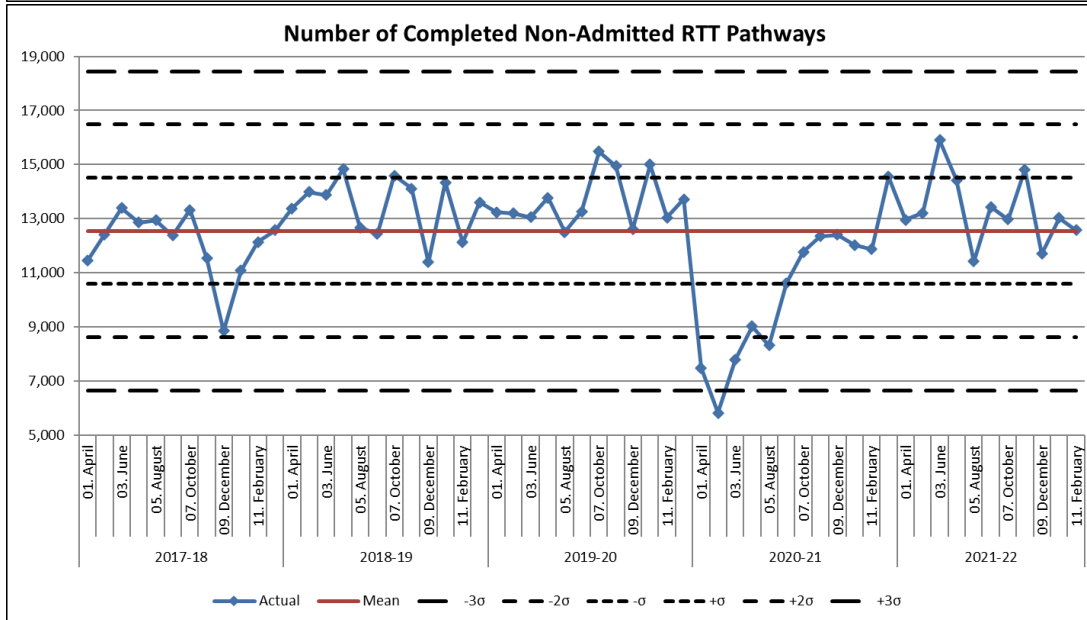
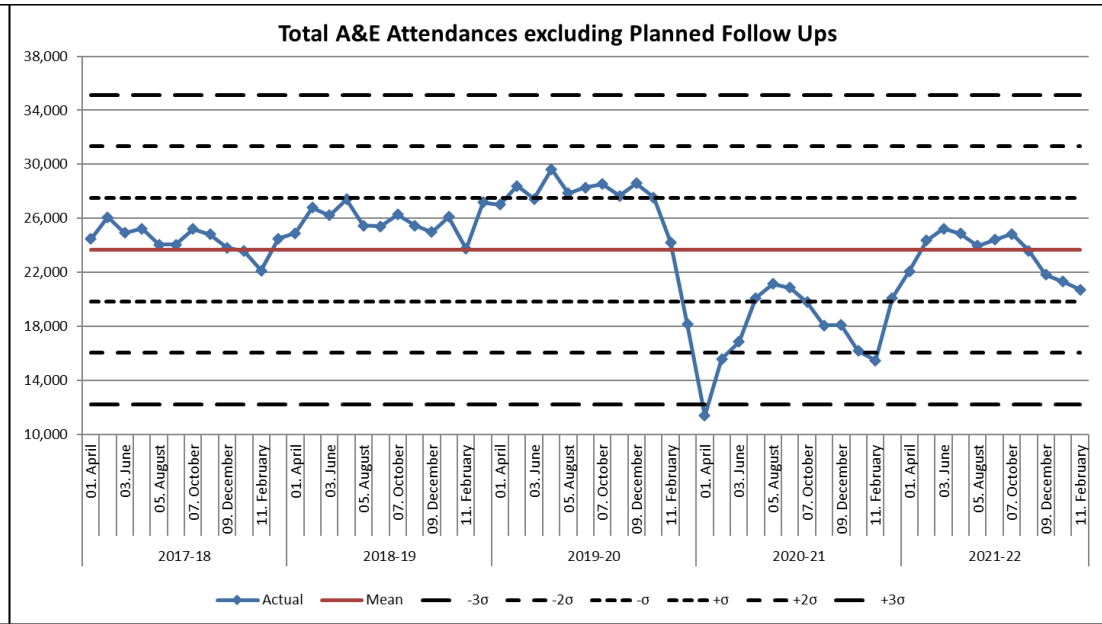
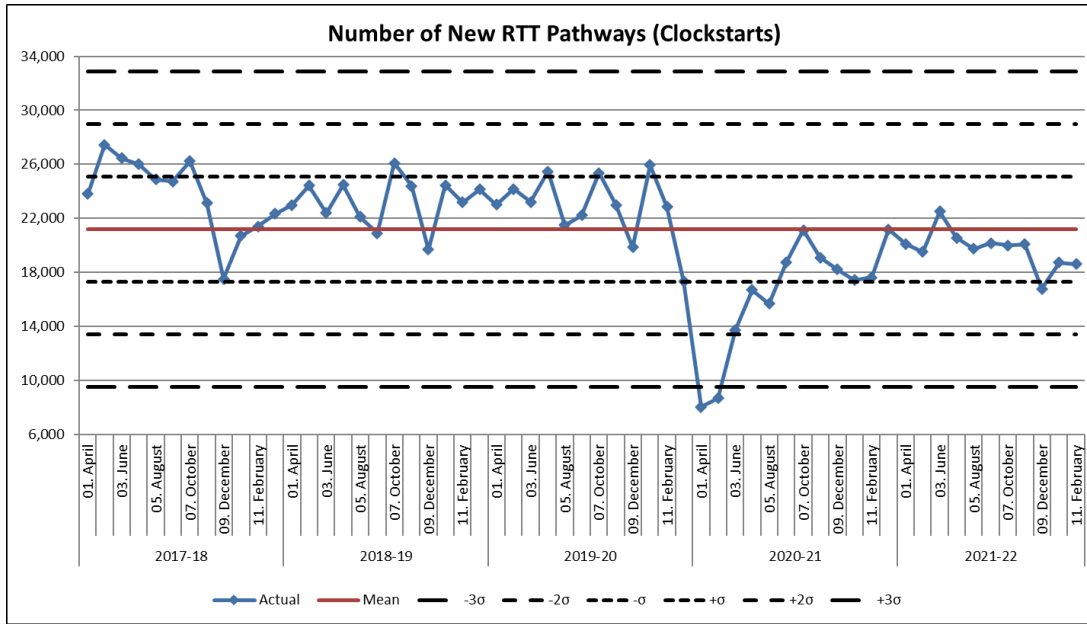
- Over the coming months, this report will be updated as part of the CCG's transition into the Healthier Together Integrated Care System (ICS). The reporting of system performance will be aligned to the Healthier Together structure.
- Overall, BNSSG Trusts' 4hr A&E performance worsened from 60.3% to 59.7% in March but is better than the national average for Type 1 EDs of 58.6%. A Winter Plan, focussed on four transformation areas and endorsed by the system is in place and a BNSSG-wide ambulance handovers improvement programme is live with support from region and ECIST.
- For planned admissions, the total waiting list size for the BNSSG population worsened from 70,869 in January to 71,772 in February. BNSSG performance of 65.9% was ranked 35th out of 102 CCGs nationally (up from 41st in January) and ranked 2nd out of 6 CCGs in the South West (up from 3rd in January).
- The number of patients waiting over 52 weeks for planned treatment decreased from 4020 in January to 3864 in February. The number at both NBT and UHBW increased. This continues to be driven mainly by waits at NBT (1,810 breaches) and UHBW (1,469), with the remaining 585 breaches split across 45 other providers. All opportunities to secure the capacity required to facilitate elective recovery ambitions are being explored.
- The number of BNSSG patients waiting over 104 weeks decreased from 324 in January to 312 in February. The number at NBT decreased and at UHBW increased. The BNSSG position continues to be driven mainly by waits at NBT (139 breaches) and UHBW (101). The remaining 72 breaches are split across 8 other providers, with the majority at Sulis Hospital (39), Spire Bristol (25) and Somerset Surgical Services (3).
- 62 day referral to treatment time for BNSSG cancer patients worsened in February to 58.30%. Performance worsened at NBT but improved at UHBW. The 85% national standard has not been achieved at population level since April 2019.
- 2 week wait cancer performance improved in February for the BNSSG population and at NBT and UHBW. The 93% national standard has not been achieved at population level since June 2020.
- For the year to date at February, there were reductions in activity across all areas compared to the same period in 19/20. From January to February, all activity decreased except ordinary elective admissions and RTT completed admitted pathways, which increased.



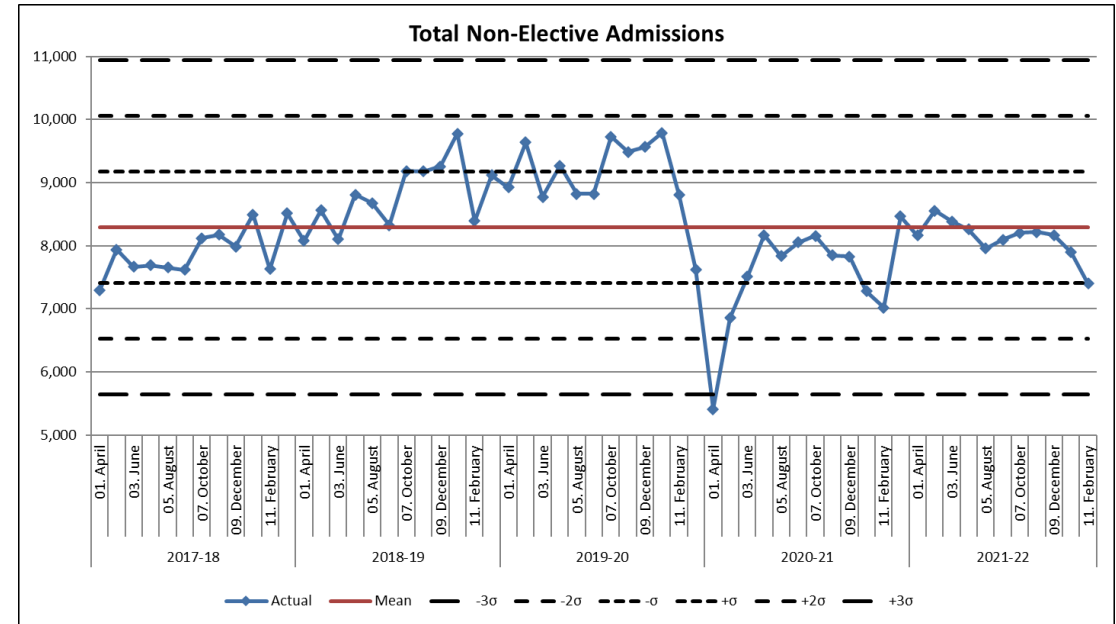
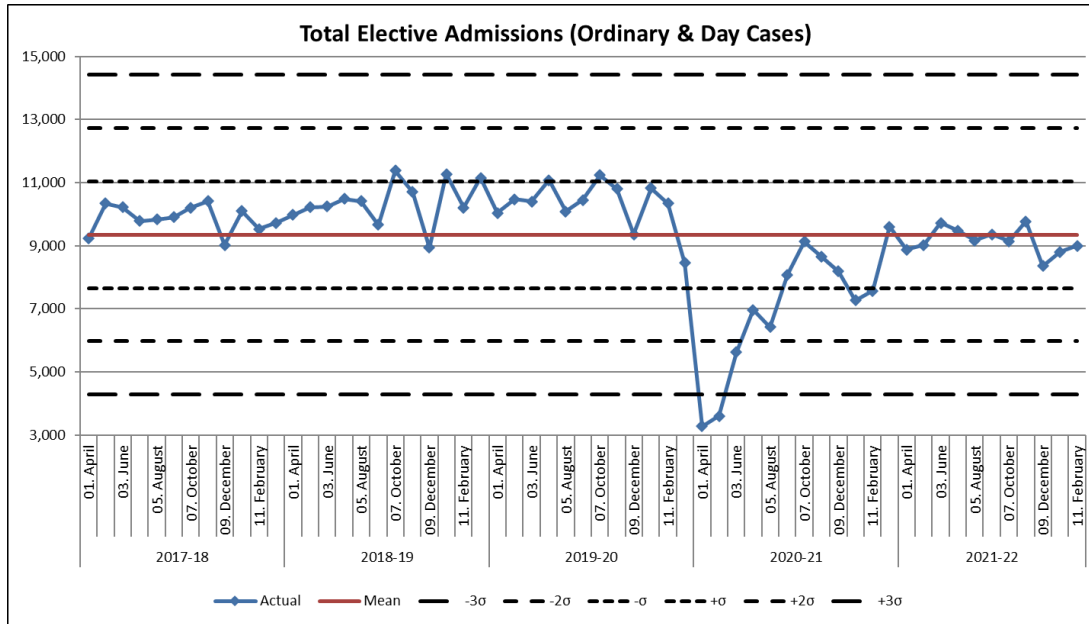
# 2.1 Activity – April 2017 to February 2022



# 2.1 Activity – April 2017 to February 2022



# 2.1 Activity – April 2017 to February 2022



| Activity   | Monthly volumes / variance |        |          |                         | Year to date volumes / variance |         |          |                         |
|--|----------------------------|--------|----------|-------------------------|---------------------------------|---------|----------|-------------------------|
|  | Feb-20                     | Feb-22 | Variance | Feb-22 as a % of Feb-20 | Feb-20                          | Feb-22  | Variance | Feb-22 as a % of Feb-20 |
| Total Elective Admissions - Day Cases              | 9,175                      | 8,052  | -1,123   | 88%                     | 101,955                         | 91,235  | -10,720  | 89%                     |
| Total Elective Admissions - Ordinary               | 1,162                      | 940    | -222     | 81%                     | 13,108                          | 9,450   | -3,658   | 72%                     |
| Total Non-Elective Admissions - 0 LoS              | 3,458                      | 2,982  | -476     | 86%                     | 39,272                          | 35,334  | -3,938   | 90%                     |
| Total Non-Elective Admissions - +1 LoS             | 5,349                      | 4,418  | -931     | 83%                     | 62,351                          | 53,957  | -8,394   | 87%                     |
| Total A&E Attendances excluding Planned Follow Ups | 24,210                     | 20,721 | -3,489   | 86%                     | 305,172                         | 257,180 | -47,992  | 84%                     |
| Number of Completed Admitted RTT Pathways          | 5,694                      | 3,519  | -2,175   | 62%                     | 62,995                          | 37,866  | -25,129  | 60%                     |
| Number of Completed Non-Admitted RTT Pathways      | 13,040                     | 12,575 | -465     | 96%                     | 150,092                         | 146,425 | -3,667   | 98%                     |
| Number of New RTT Pathways (Clockstarts)           | 22,835                     | 18,614 | -4,221   | 82%                     | 256,493                         | 216,699 | -39,794  | 84%                     |
| Total Referrals (General and Acute)                | 24,507                     | 20,433 | -4,074   | 83%                     | 265,981                         | 239,779 | -26,202  | 90%                     |
| Total GP Referrals (General and Acute)             | 12,488                     | 10,996 | -1,492   | 88%                     | 147,900                         | 127,992 | -19,908  | 87%                     |
| Consultant Led First Outpatient Attendances        | 18,802                     | 15,831 | -2,971   | 84%                     | 215,762                         | 183,905 | -31,857  | 85%                     |
| Consultant Led Follow-Up Outpatient Attendances    | 38,579                     | 34,852 | -3,727   | 90%                     | 438,867                         | 417,620 | -21,247  | 95%                     |
| Total Elective Admissions                          | 10,337                     | 8,992  | -1,345   | 87%                     | 115,063                         | 100,685 | -14,378  | 88%                     |
| Total Non-Elective Admissions                      | 8,807                      | 7,400  | -1,407   | 84%                     | 101,623                         | 89,291  | -12,332  | 88%                     |

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

## 2.2 Activity – BNSSG CCG Position at M11 February 21/22 YTD

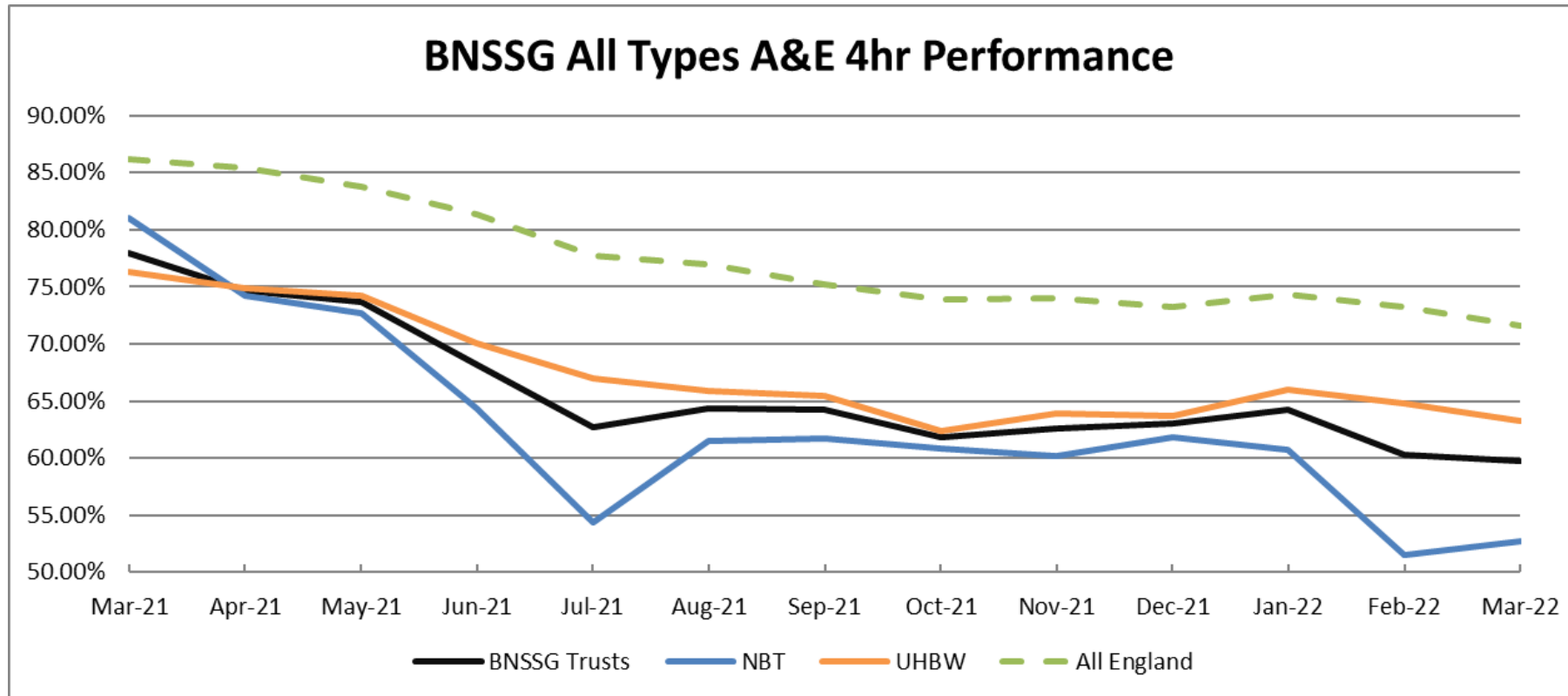
The position is outlined for the year to date at month 11 21/22 against the same period in 19/20. Due to the impact of Covid-19 on activity levels in 20/21, 19/20 is being used to highlight the comparison of the current position with the latest non-Covid position.

- For the year to date at February, there were reductions in activity across all areas compared to the same period in 19/20. From January to February, all activity decreased except ordinary elective admissions and RTT completed admitted pathways, which increased.
- Total referrals are 9.85% lower than the same period in 19/20. GP referrals are 13.46% lower than the same period in 19/20.
- First outpatient appointments are 14.76% lower than the same period in 19/20.
- Follow up appointments are 4.84% lower than the same period in 19/20.
- Total A&E attendances are 15.73% lower than the same period in 19/20, with 47,992 fewer attendances (averaging 144 fewer attendances per day).
- Total non-elective admissions are 12.14% lower than the same period in 19/20. The +1 day lengths of stay (LoS) are 13.46% lower, whilst zero day stays are 10.03% lower. Overall, there have been 12,332 fewer non-elective admissions than the same period in 19/20 (3,938 zero LoS and 8,394 +1 LoS).
- Total elective admissions are 12.5% lower than the same period in 19/20. Day Case admissions are 10.51% lower, whilst Ordinary admissions are 27.91% lower. Overall, there have been 14,378 fewer elective admissions than the same period in 19/20 (10,720 fewer Day Cases and 3,658 fewer Ordinary admissions).

# 3.1 Urgent Care – Overall Summary

| Drivers   | Improvement Needs  | Improvement actions   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• An increasing Covid acute bed occupancy throughout March, driven by omicron and increasing community infection rates. Numerous 'pop-ups' lead to bed closures and inefficiencies in managing bed base.</li> <li>• Acute flow remains challenged. Partly driven by staffing absences in all partners due to vacancy rates and sickness absences. Absences peaked in Feb/Mar and are now declining. This continues to impact our ability to open escalation beds, affecting timely ambulance handovers and rates of discharge.</li> <li>• Community services have been impacted by these staffing challenges including district nursing, D2A capacity and therefore delayed discharges.</li> <li>• Covid IPC, zoning and social distancing requirements continue to affect acute bed efficiency.</li> <li>• Large number of care homes closing to admission due to covid outbreaks, affecting flow into care. Challenges in availability of dementia care provision for complex rehabilitation.</li> </ul> | <ul style="list-style-type: none"> <li>• Ambulance handover delays remain a significant outlier nationally in March:               <ul style="list-style-type: none"> <li>• NBT total time lost over 15 minutes worsened slightly from 2,060 to 2,094 hours.</li> <li>• BRI total time lost over 15 minutes remained similar from 2,332 to 2,334 hours.</li> <li>• WGH total time lost over 15 minutes worsened from 411 to 643 hours.</li> </ul> </li> <li>• Handover delays continue to impact ambulance response times, including Cat 1 and Cat 2 performance which worsened in March to mean 11.1 mins and 122 mins respectively, significantly exceeding standards with onward impact on quality / outcomes.</li> <li>• 12hr DTA breaches worsened from 1,211 to 1,401 in BNSSG and remain a national outlier, with the majority occurring at WGH due to bedding of patients overnight in ED to manage take.</li> <li>• All-types A&amp;E 4hr performance remained at 67%.</li> </ul> | <ul style="list-style-type: none"> <li>• NHSEI Support to BNSSG (IUEC team) via UEC collaborative with whole system diagnostics, dynamic modelling and NHS111 first.</li> <li>• Easter planning co-ordinated by the system preparing for anticipated activity surges. UHBW co-ordinating a perfect week, including community in-reach team.</li> <li>• Ambulance handover improvement plan focussed on ED-SWAST interface - weekly exec level meetings and 3-weekly regional assurance session. Main actions focus on demand management, process improvement, improving flow and reverse queueing capacity.</li> <li>• Minors:               <ul style="list-style-type: none"> <li>• System CAS perfect week evaluation due early April.</li> <li>• ED streaming tool roll out on plan for April/May in both trusts.</li> <li>• BRI ED redirection to community pharmacy (CPCS) pilot scheduled for April.</li> </ul> </li> <li>• A-TED / SDEC – continued monitoring paramedic referral activity into BRI AMU SDEC pilot. NHSEI supporting with BNSSG alignment of system UEC directories in MiDOS, Remedy and Severnside WDPL.</li> <li>• Prevention of Admission work progressing:               <ul style="list-style-type: none"> <li>• Sirona 2 hour response development</li> <li>• HT @ Home</li> <li>• Frailty pilots at NBT (NCHIP) and follow up actions on BRI workshop</li> </ul> </li> </ul> |

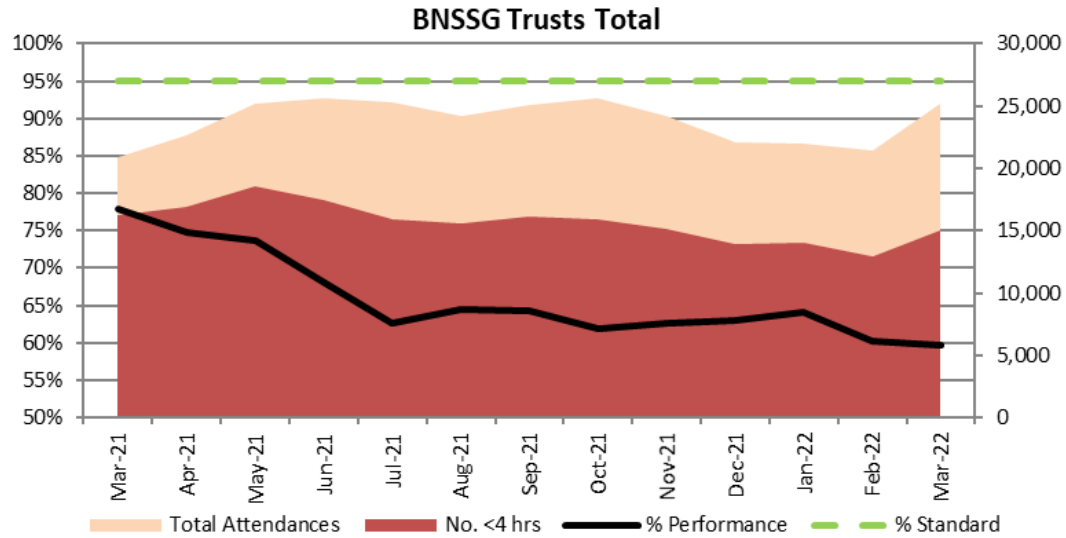
### 3.1 Urgent Care – BNSSG A&E 4hr Performance (All Types)



|                     | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>BNSSG Trusts</b> | 77.94% | 74.70% | 73.69% | 68.14% | 62.71% | 64.39% | 64.22% | 61.86% | 62.65% | 63.04% | 64.19% | 60.27% | 59.73% |
| <b>NBT</b>          | 81.05% | 74.26% | 72.71% | 64.38% | 54.36% | 61.47% | 61.75% | 60.82% | 60.17% | 61.80% | 60.78% | 51.53% | 52.74% |
| <b>UHBW</b>         | 76.27% | 74.93% | 74.20% | 70.09% | 66.97% | 65.91% | 65.47% | 62.38% | 63.90% | 63.69% | 66.01% | 64.83% | 63.26% |
| <b>All England</b>  | 86.14% | 85.38% | 83.72% | 81.31% | 77.72% | 77.01% | 75.19% | 73.90% | 74.01% | 73.26% | 74.35% | 73.28% | 71.62% |

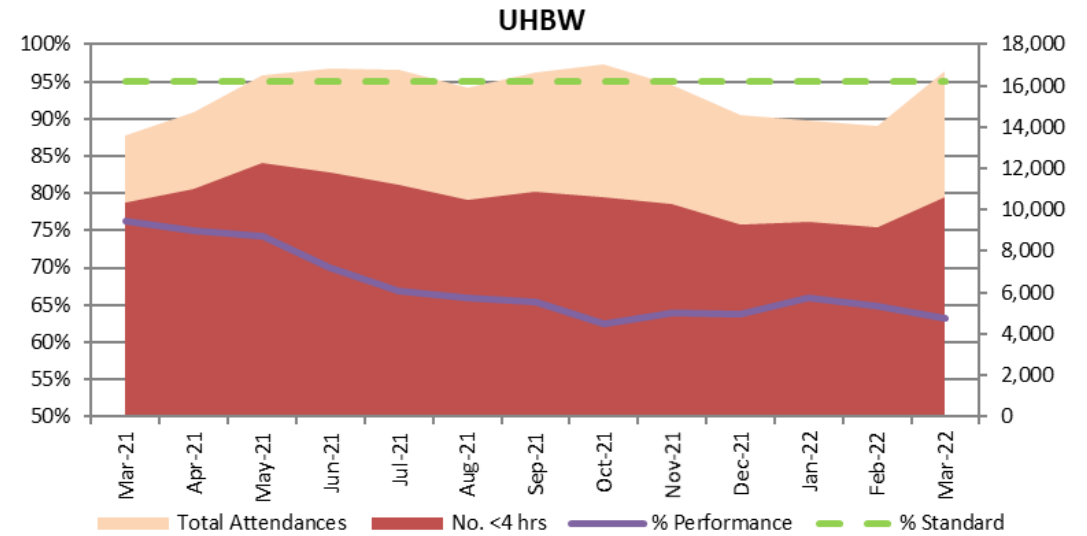
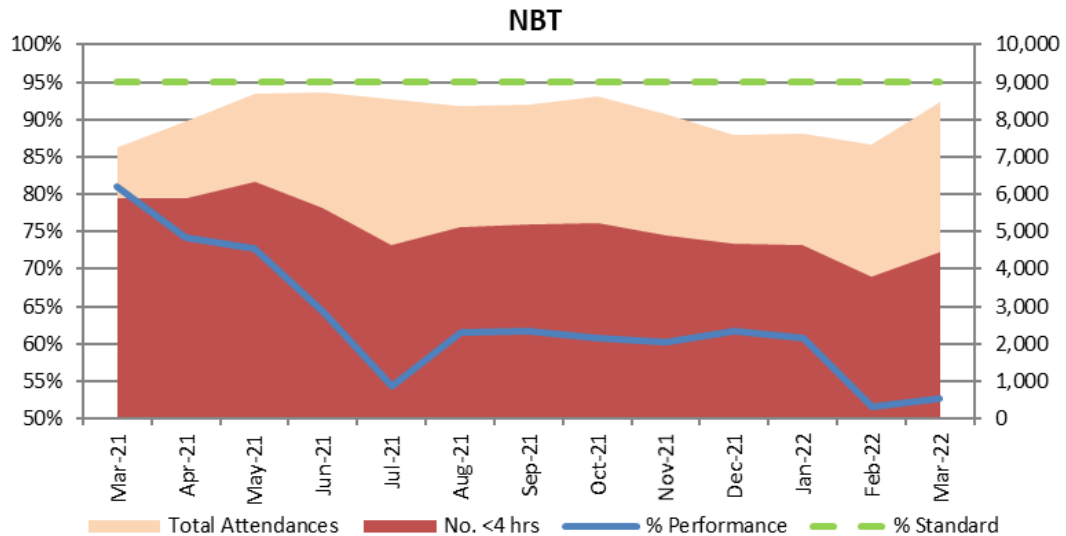
All types A&E performance for the BNSSG compared to All England.

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



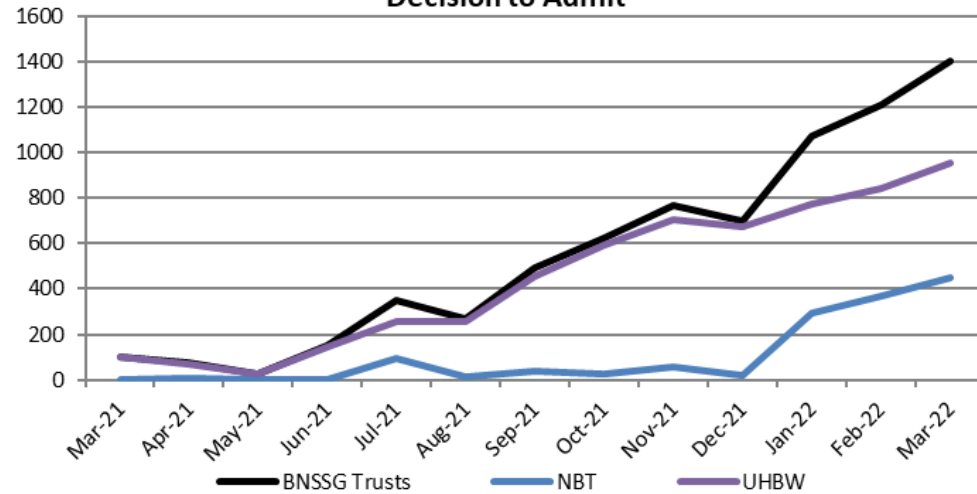
## 4hr waits Trust level

- Overall performance for BNSSG Trusts worsened from 60.3% in February to 59.7% in March but is higher than the national average for Type 1 EDs (58.6%).
- NBT improved from 51.53% to 52.74%.
- UHBW worsened from 64.8% to 63.26%. See slide 12 for a breakdown of UHBW performance by site up to February.
- Attendances in March were higher at both NBT and UHBW compared to February. Both are higher compared to the same period in 19/20.
- All continue to fail the 95% national standard.
- All performed worse than the same period in 19/20.

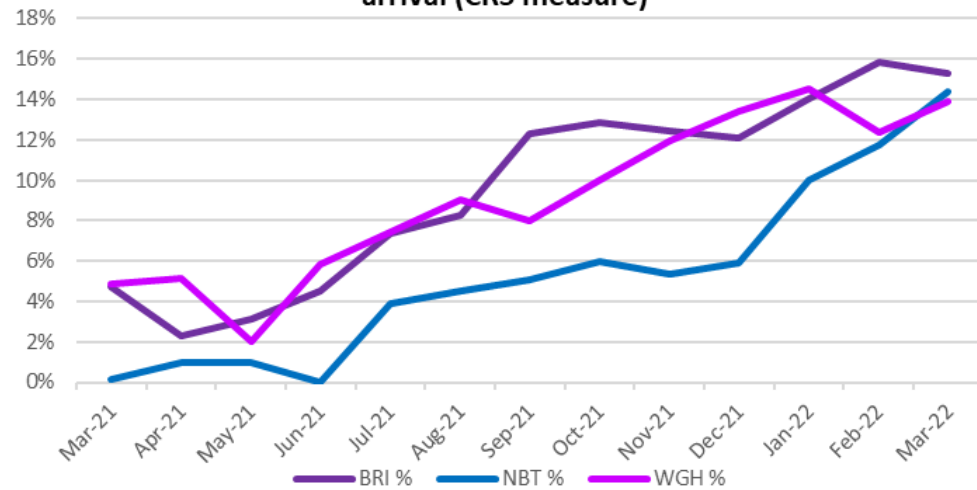


# 3.1 Urgent Care – A&E 12 hour Waits – March

Number of Waits in A&E of 12 hours or more from a Decision to Admit



Percentage of Waits in A&E of 12 hours or more from arrival (CRS measure)



## >12hr Trolley Waits

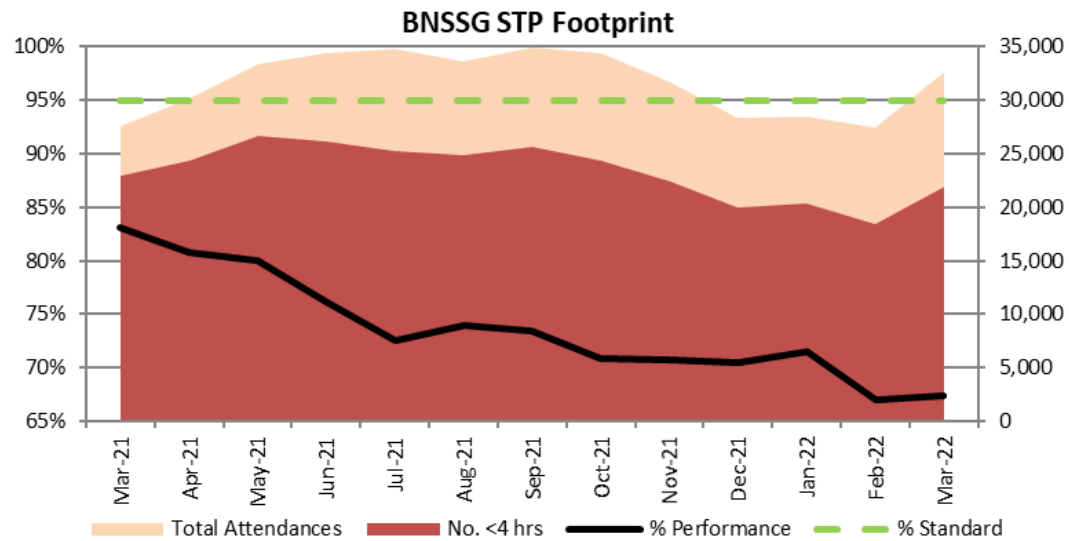
- Overall, at both BNSSG Trusts, there were 1,401 breaches in March, worse than the 1,211 breaches in February and worse than the same period in 19/20 (48 breaches).
- NBT reported 449 breaches in March, worse than the 367 breaches in February and worse than the same period in 19/20 (2 breaches).
- UHBW reported 952 breaches in March, worse than the 844 breaches in February and the same period in 19/20 (46 breaches).
- This is the highest number of breaches reported by both trusts.

## % >12hr waits from arrival (new measure)

- The zero tolerance standard for 12-hour waits in A&E from a decision to admit, as reported above, has been amended setting a requirement that no more than 2% of patients must wait over 12 hours from the point of arrival in A&E to discharge, admission or transfer.
- This measure is part of the clinically-led review of urgent and emergency care standards and forms part of the national quality requirements in the NHS Standard Contract for 2022/23.
- NBT worsened from 11.8% to 14.4% in March.
- UHBW (BRI) improved from 15.8% to 15.3% in March.
- UHBW (WGH) worsened from 12.3% to 13.9% in March.

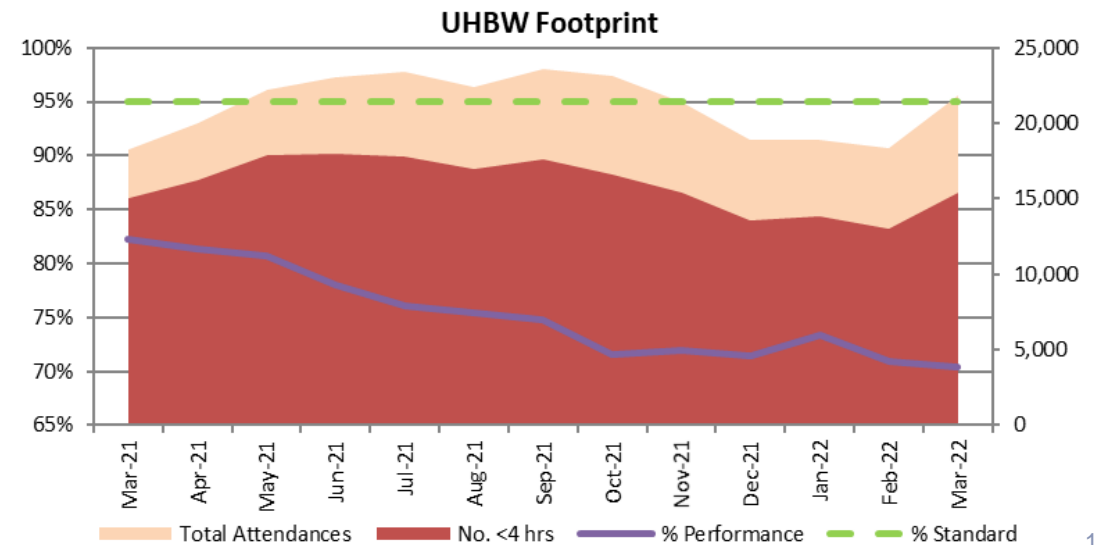
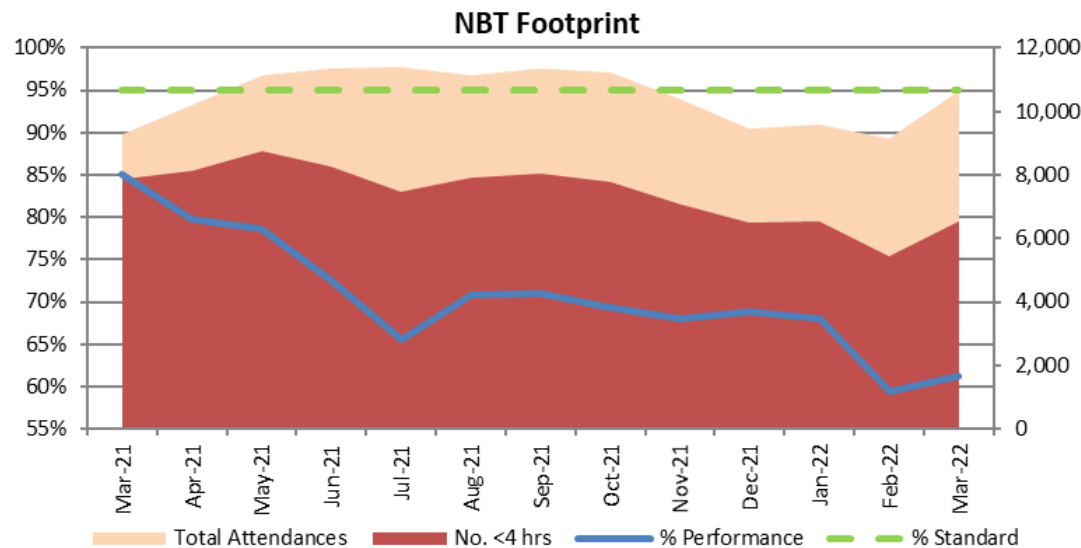


# 3.1 Urgent Care – A&E 4hr Waits – Footprint Level – March

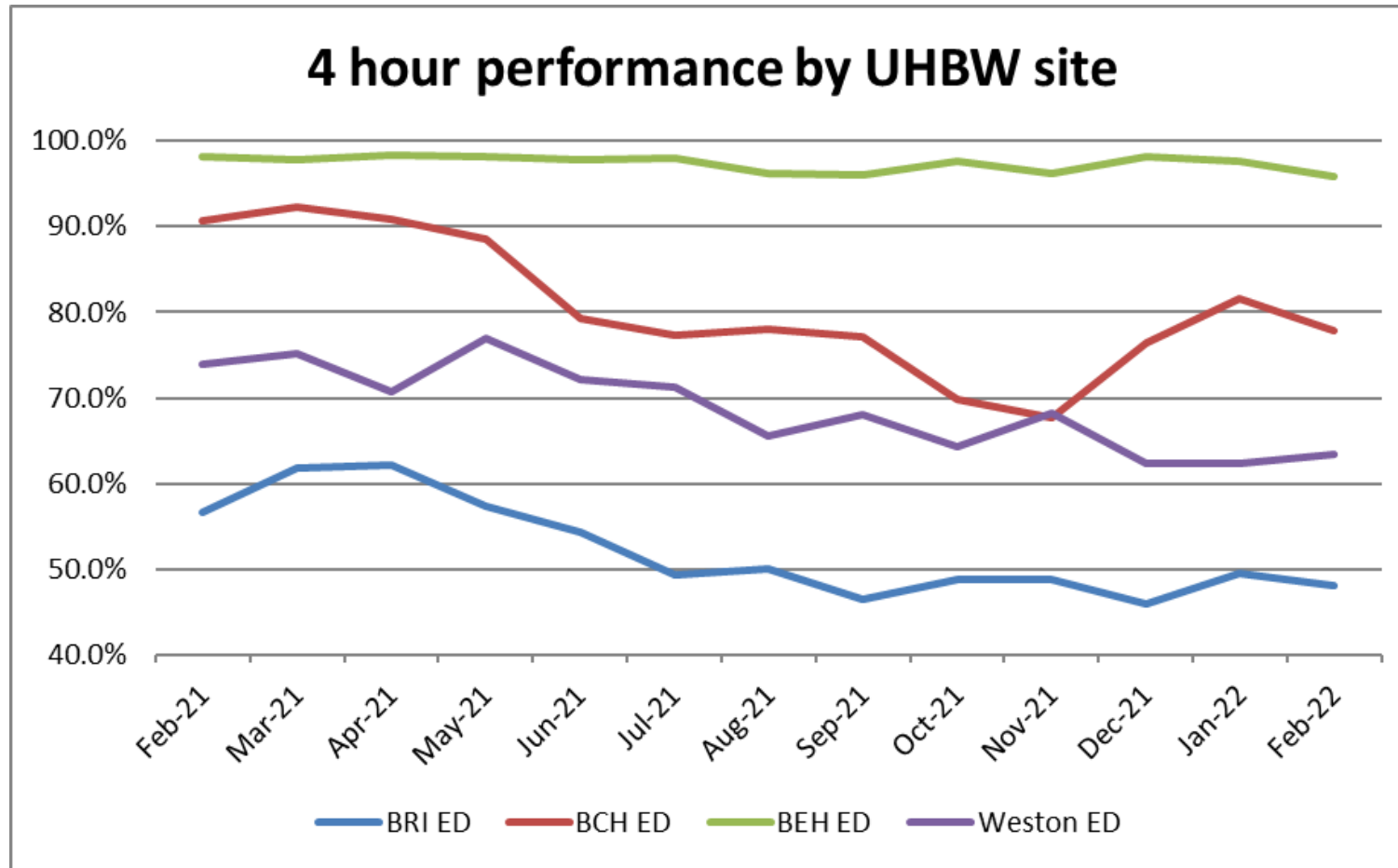


## 4hr waits Footprint level

- BNSSG STP Footprint (all types) performance improved from 67.04% to 67.44% in March but is worse than the 71.6% national average.
- BNSSG is ranked 32<sup>th</sup> out of 42 STPs nationally (up from 35<sup>th</sup> last month) and 6<sup>th</sup> out of 7 STPs in the South West (the same as last month).
- NBT Footprint performance improved from 59.4% to 61.25%.
- UHBW Footprint performance worsened from 70.9% to 70.5%.
- Attendances were higher at STP, NBT and UHBW footprint in March compared to February. All were higher compared to the same period in 19/20.
- All failed the 95% national standard.
- All performed worse than the same period in 19/20.



### 3.1 Urgent Care – UHBW A&E Performance by Site – February



| UHBW 4 Hour Performance by site | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| BRI ED                          | 56.7%  | 61.8%  | 62.2%  | 57.4%  | 54.3%  | 49.3%  | 50.0%  | 46.6%  | 48.9%  | 48.8%  | 46.0%  | 49.6%  | 48.1%  |
| BCH ED                          | 90.6%  | 92.3%  | 90.9%  | 88.5%  | 79.3%  | 77.3%  | 78.0%  | 77.1%  | 69.8%  | 67.7%  | 76.4%  | 81.6%  | 77.8%  |
| BEH ED                          | 98.1%  | 97.7%  | 98.3%  | 98.1%  | 97.7%  | 98.0%  | 96.1%  | 95.9%  | 97.6%  | 96.1%  | 98.1%  | 97.6%  | 95.8%  |
| Weston ED                       | 73.9%  | 75.2%  | 70.8%  | 77.0%  | 72.1%  | 71.3%  | 65.6%  | 68.1%  | 64.4%  | 68.2%  | 62.4%  | 62.4%  | 63.4%  |

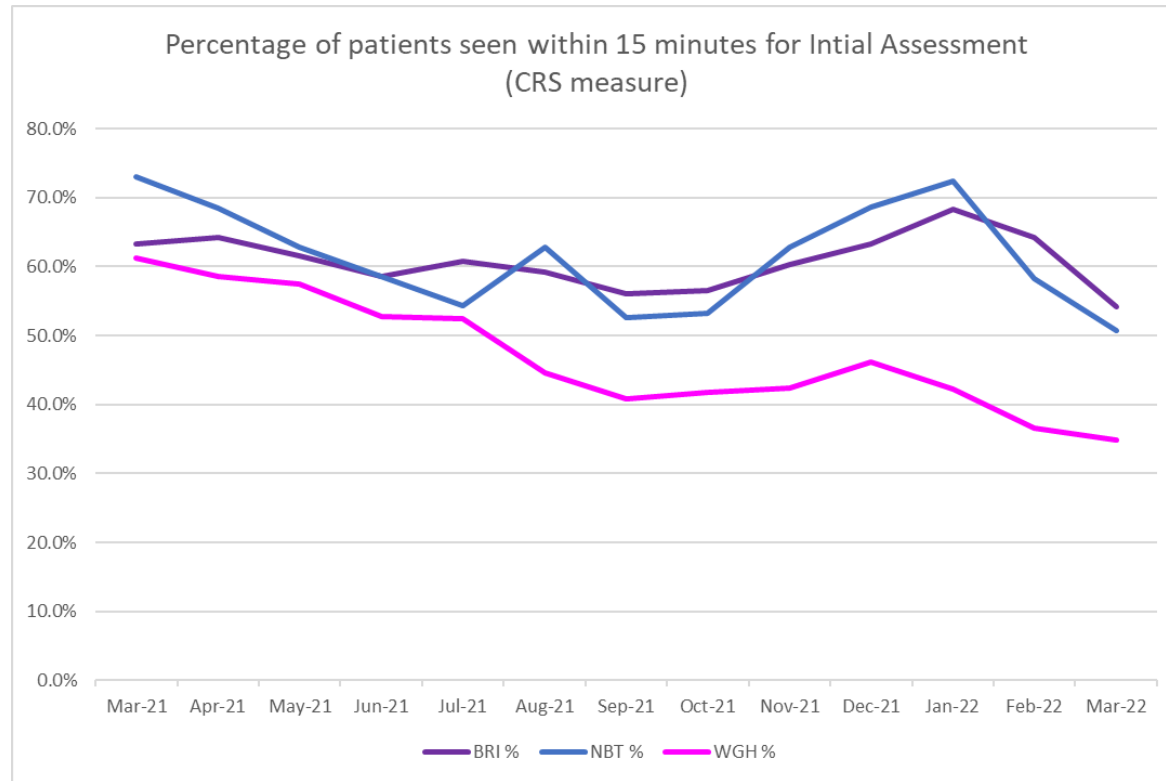
# 3.1 Urgent Care – Proposed measures from the Clinical Review of Standards (CRS)

| Theme        | Ref | Indicator  | Reporting level | Standard | Mar-21  | Apr-21  | May-21  | Jun-21  | Jul-21  | Aug-21  | Sep-21  | Oct-21  | Nov-21  | Dec-21  | Jan-22  | Feb-22  | Mar-22  |
|--------------|-----|--|-----------------|----------|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Pre hospital | 1   | Response times for ambulances (Category 2 Response time – 90th centile)                | BNSSG Trusts    | 0:40:00  | 0:40:54   | 0:43:48 | 0:54:48 | 1:15:18 | 2:49:42 | 1:55:00 | 3:00:12 | 3:59:06 | 3:36:36 | 3:47:36 | 2:38:24 | 4:06:36 | 5:01:42 |
|              | 2   | Reducing avoidable trips (conveyance rates) to Emergency Departments by 999 ambulances | BNSSG           | TBC      | 48.8%   | 48.3%   | 45.5%   | 43.0%   | 35.8%   | 39.6%   | 36.8%   | 35.6%   | 39.3%   | 39.6%   | 42.0%   | 37.8%   | 34.2%   |
|              | 3   | Proportion of contacts via NHS 111 that receive clinical input                         | BNSSG           | 50%      | 70.6%   | 60.8%   | 58.2%   | 55.1%   | 58.0%   | 56.9%   | 54.9%   | 54.8%   | 55.1%   | 56.9%   | 59.6%   | 53.6%   |         |
| A&E          | 4   | Percentage of Ambulance Handovers within 15 minutes                                    | BNSSG Trusts    | 65%      | 50.1%   | 43.9%   | 42.2%   | 38.2%   | 30.0%   | 27.5%   | 25.4%   | 22.5%   | 23.6%   | 20.7%   | 19.4%   | 18.4%   | 16.9%   |
|              | 5   | Time to Initial Assessment – percentage within 15 minutes                              | BNSSG Trusts    | TBC      | See slide 14 for details                                |         |         |         |         |         |         |         |         |         |         |         |         |
|              | 6   | Average (mean) time in Department – non-admitted patients                              | BNSSG patients  | TBC      | See slide 15 for details                                |         |         |         |         |         |         |         |         |         |         |         |         |
| Hospital     | 7   | Hospital Average (mean) time in Department – admitted patients                         | BNSSG patients  | TBC      | See slide 15 for details                                |         |         |         |         |         |         |         |         |         |         |         |         |
|              | 8   | Clinically Ready to Proceed – time from ‘ready,’ to leaving ED                         | BNSSG patients  | TBC      | Awaiting further details                                |         |         |         |         |         |         |         |         |         |         |         |         |
| Whole System | 9   | Patients spending more than 12 hours from Arrival in A&E                               | BNSSG Trusts    | 2%       | See slide 10 for details                                |         |         |         |         |         |         |         |         |         |         |         |         |
|              | 10  | Critical Time Standards (still in development)   | TBC             | TBC      | Awaiting further details - measure still in development |         |         |         |         |         |         |         |         |         |         |         |         |

**Please note:**

- See detailed slides for measures 5, 6, 7 and 9.
- This table represents the proposed set of measures from the A&E clinical review of access standards.
- The full set has yet to be finalised and published.
- Further details, including the technical definitions for some of the measures, are still to be published.

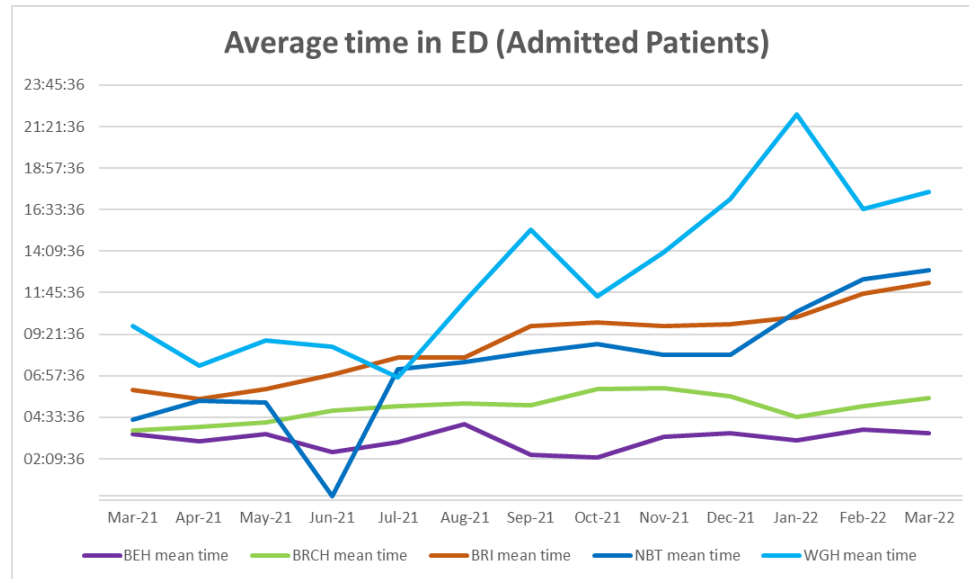
# 3.1 Urgent Care – Time to Initial Assessment – percentage within 15 minutes – March



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

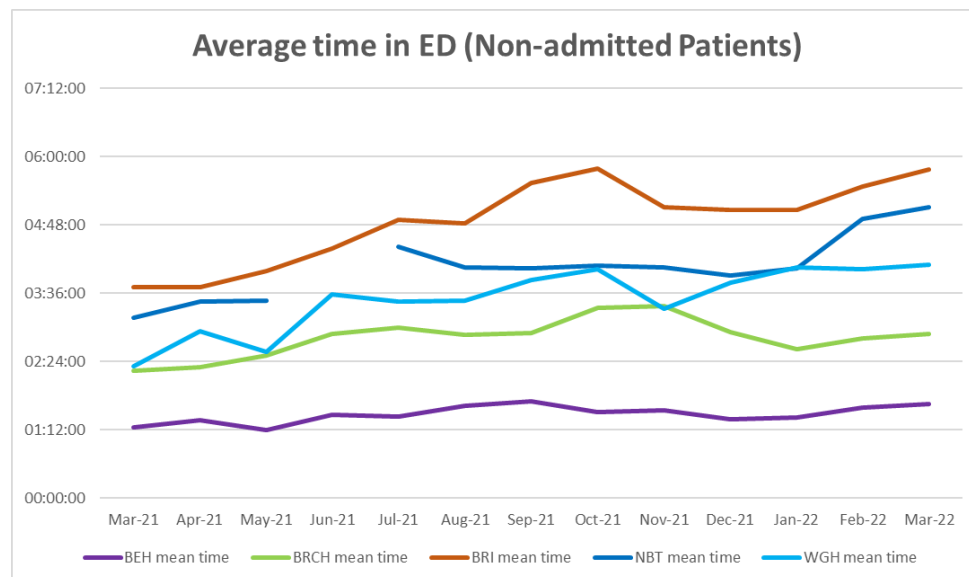
- NBT worsened from 58.3% to 50.7% in March.
- BRI worsened from 64.2% to 54.1% in March.
- Weston worsened from 36.5% to 34.9% in March.

# 3.1 Urgent Care – Average Time in ED for Admitted and Non-admitted Patients (CRS) – March



## Average Time in ED – Admitted Patients

- NBT increased to 13 hours and 4 minutes.
- BRI increased to 12 hours and 20 minutes.
- Weston increased to 17 hours and 35 minutes.



## Average Time in ED – Non-admitted Patients

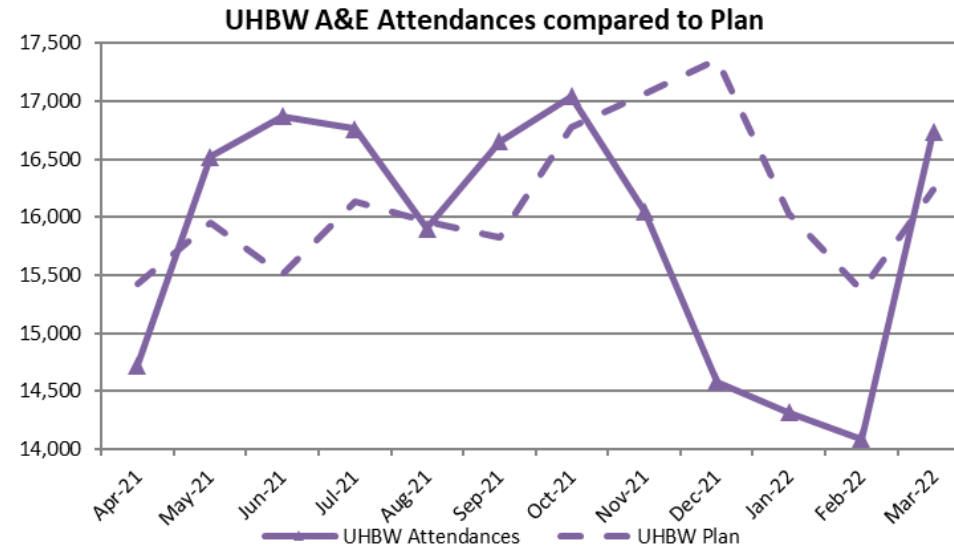
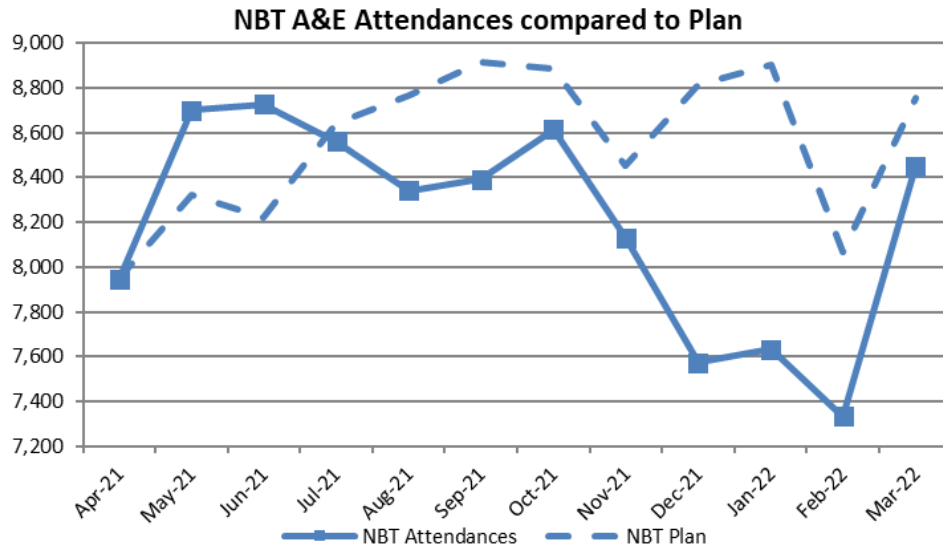
- NBT increased to 4 hours and 5 minutes.
- BRI increased to 5 hours and 46 minutes.
- Weston increased to 4 hours and 5 minutes

# 3.1 Urgent Care – A&E Attendances compared to Plan

|      |          | H1 21/22 Operational Plan |        |        |        |        |        | H2 21/22 Operational Plan |        |        |        |        |        |
|------|----------|---------------------------|--------|--------|--------|--------|--------|---------------------------|--------|--------|--------|--------|--------|
|      |          | Apr-21                    | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21                    | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| NBT  | Type 1&2 | 7,945                     | 8,700  | 8,728  | 8,561  | 8,342  | 8,392  | 8,614                     | 8,133  | 7,574  | 7,633  | 7,334  | 8,452  |
|      | Plan     | 7,950                     | 8,323  | 8,221  | 8,643  | 8,766  | 8,914  | 8,885                     | 8,452  | 8,812  | 8,902  | 8,071  | 8,757  |
| UHBW | Type 1&2 | 14,723                    | 16,522 | 16,871 | 16,760 | 15,901 | 16,654 | 17,041                    | 16,049 | 14,578 | 14,317 | 14,090 | 16,738 |
|      | Plan     | 15,420                    | 15,952 | 15,504 | 16,131 | 15,960 | 15,823 | 16,781                    | 17,067 | 17,358 | 16,031 | 15,363 | 16,239 |

## A&E Trajectories

- This slide shows the number of A&E attendances at total provider level for NBT and UHBW compared to the H1 and H2 21/22 Operational Plan.



# 3.1 Urgent Care – Acute Discharges

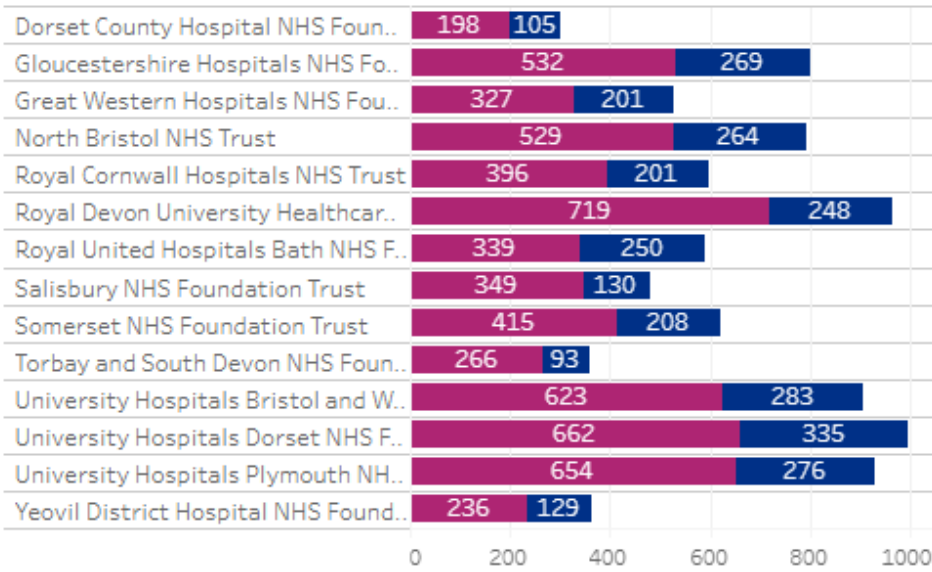
The tables show the breakdown of patients meeting the criteria to be discharged and the criteria to reside for each of the South West acute providers, including NBT and UHWB.

The table to the right shows the position at w/c 4<sup>th</sup> April 2022.

The table below shows the average number of patients for the last 7 days from 5<sup>th</sup> to 11<sup>th</sup> April 2022.

|               |  | Patients who meet the criteria to reside | Patients who meet the criteria to be discharged | Patients discharged by 17:00 | Patients discharged after 17:00 | Home | Care Home | Rehabilitation Bed | Hospice | Other Location | DIS004_PO_Home | DIS004_PO_Other | DIS004_PL_Home | DIS004_PL_HOTEL | DIS004_PL_Other | DIS004_P2_CareHome | DIS004_P2_Hospice | DIS004_P2_RehabilitationBed | DIS004_P3_CareHome | DIS004_P3B_CareHome |   |   |
|---------------|--|--|---|------------------------------|---------------------------------|------|-----------|--------------------|---------|----------------|----------------|-----------------|----------------|-----------------|-----------------|--------------------|-------------------|-----------------------------|--------------------|---------------------|---|---|
| w/c 11-Apr-22 | Bath And North Somerset                | Royal United Hospitals Bath NHS Fou..    | 375   | 258                          | 56                              | 42   | 49        | 2                  | 3       | 0              | 2              | 47              | 2              | 2               | 0               | 0                  | 2                 | 0                           | 3                  | 0                   | 0 |   |
|               |  | Great Western Hospitals NHS Founda..     | 344   | 185                          | 41                              | 31   | 39        | 1                  | 0       | 0              | 1              | 37              | 0              | 2               | 0               | 1                  | 0                 | 0                           | 0                  | 0                   | 0 | 1 |
|               | Bristol, North Somerset, East Somerset | Salisbury NHS Foundation Trust           | 342   | 128                          | 14                              | 21   | 14        | 0                  | 0       | 0              | 0              | 12              | 0              | 2               | 0               | 0                  | 0                 | 0                           | 0                  | 0                   | 0 | 0 |
|               |  | University Hospitals Bristol and Wes..   | 645   | 282                          | 36                              | 29   | 31        | 1                  | 0       | 0              | 4              | 26              | 4              | 5               | 0               | 0                  | 0                 | 0                           | 0                  | 0                   | 1 | 0 |
|               | Devon STP                              | North Bristol NHS Trust                  | 540   | 260                          | 70                              | 15   | 65        | 4                  | 1       | 0              | 0              | 65              | 0              | 0               | 0               | 0                  | 0                 | 0                           | 0                  | 1                   | 4 | 0 |
|               |  | Royal Cornwall Hospitals NHS Trust       | 413   | 191                          | 44                              | 32   | 41        | 1                  | 2       | 0              | 0              | 38              | 0              | 3               | 0               | 0                  | 0                 | 0                           | 2                  | 1                   | 0 | 0 |
|               | Dorset STP                             | Royal Devon University Healthcare N..    | 742   | 250                          | 67                              | 26   | 59        | 5                  | 0       | 0              | 3              | 55              | 3              | 4               | 0               | 0                  | 2                 | 0                           | 0                  | 0                   | 0 | 3 |
|               |  | University Hospitals Plymouth NHS T..    | 651   | 270                          | 55                              | 33   | 46        | 4                  | 3       | 0              | 2              | 40              | 0              | 6               | 0               | 2                  | 3                 | 0                           | 3                  | 0                   | 0 | 1 |
|               |  | Torbay and South Devon NHS Founda..      | 273   | 90                           | 10                              | 22   | 8         | 2                  | 0       | 0              | 0              | 7               | 0              | 1               | 0               | 0                  | 2                 | 0                           | 0                  | 0                   | 0 | 0 |
|               | Somerset STP                           | University Hospitals Dorset NHS Fou..    | 671   | 317                          | 51                              | 32   | 44        | 4                  | 1       | 0              | 2              | 32              | 2              | 12              | 0               | 0                  | 4                 | 0                           | 1                  | 0                   | 0 | 0 |
|               |  | Dorset County Hospital NHS Foundati..    | 188   | 120                          | 24                              | 8    | 20        | 0                  | 4       | 0              | 0              | 17              | 0              | 3               | 0               | 0                  | 0                 | 0                           | 4                  | 0                   | 0 | 0 |
|               | Somerset STP                           | Gloucestershire Hospitals NHS Found..    | 545   | 274                          | 35                              | 37   | 30        | 1                  | 1       | 0              | 3              | 28              | 3              | 2               | 0               | 0                  | 1                 | 0                           | 1                  | 0                   | 0 | 0 |
|               |  | Somerset NHS Foundation Trust            | 438   | 199                          | 50                              | 13   | 47        | 1                  | 1       | 0              | 1              | 40              | 1              | 7               | 0               | 0                  | 0                 | 0                           | 1                  | 0                   | 0 | 1 |
|               |  |  | Yeovil District Hospital NHS Foundati..         | 237                          | 134                             | 28   | 16        | 25                 | 2       | 1              | 0              | 23              | 0              | 2               | 0               | 0                  | 1                 | 0                           | 1                  | 0                   | 0 | 1 |
| South West    |  |  | 6,404   | 2,958                        | 581                             | 357  | 518       | 28                 | 17      | 0              | 18             | 467             | 15             | 51              | 0               | 3                  | 15                | 0                           | 17                 | 6                   | 7 |   |

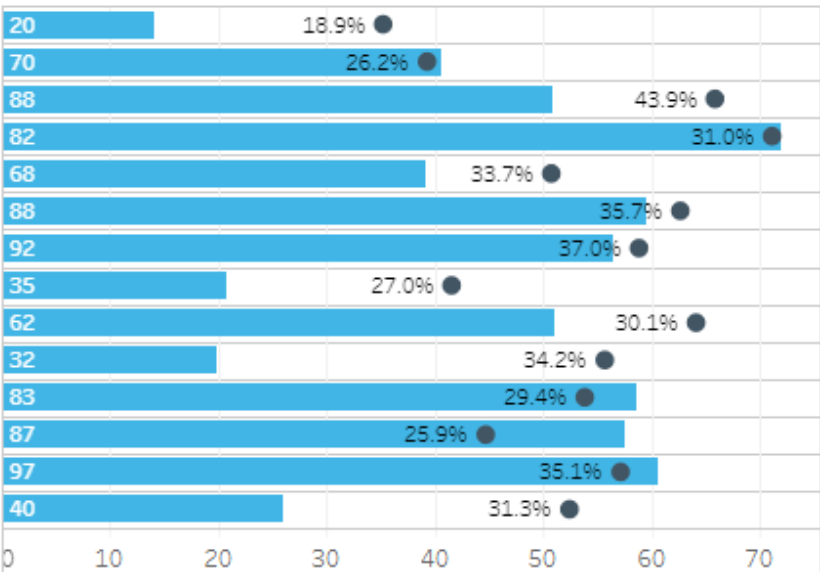
Average daily patients



Source: Discharge Sitrep - daily collection

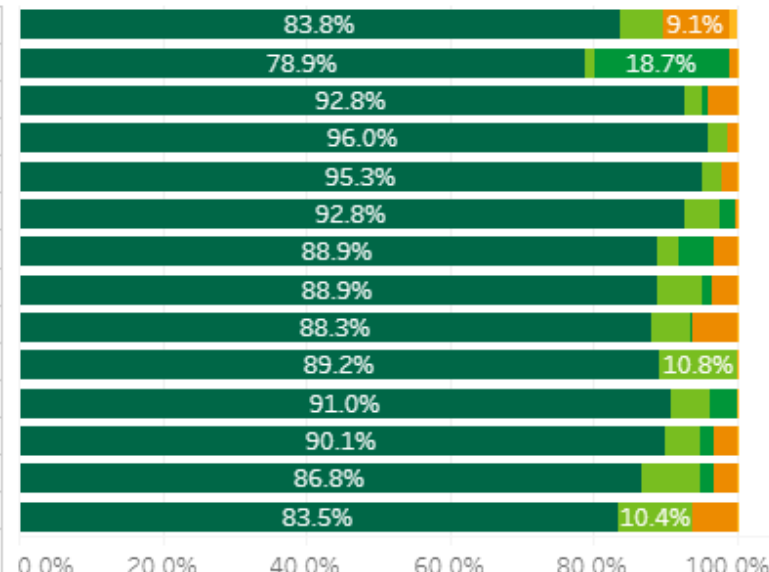
Patients who meet the criteria to reside Patients who meet the criteria to be discharged

Average number of patients discharged and % discharged



Patients discharged by 17:00 % of Patients Discharged by 17:00

Destination after discharge



Home Other Location Care Home Hospice Rehabilitation ...

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

### 111

- **111 calls received were up 2% in February 22** compared to February 20
- **Calls answered as a percentage of those received rose by 5% in February 22** compared to February 20

### Ambulance

- **Compared to March 20 during March 22 total A&E calls taken by SWAST increased by 15.8%**
- **Total Ambulance Incidents fell by 0.4% in March 22** compared to March 20
- **Ambulances Conveyed to ED fell by 22% in March 22** compared to March 20
- **Cat 1 mean response time deteriorated from 6m24s in March 20 to 11m06s in March 22**

### EDs

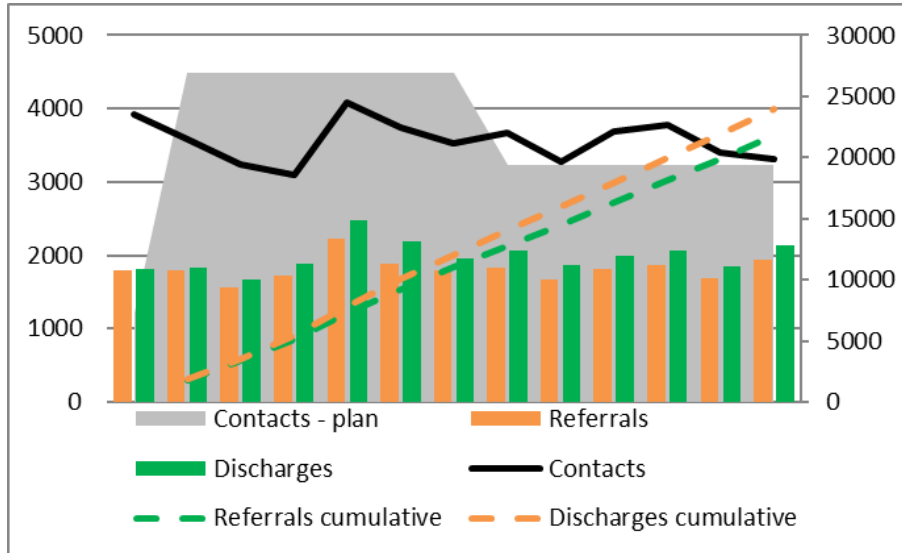
- **Total ED attendances for March were higher than 19/20 levels**
- **Type 1 ED Activity is above pre-pandemic levels**
- **A&E performance has dropped 20.28% points on 19/20 levels**
- **Emergency admissions via A&E are lower than 19/20 levels**



# 3.1 Urgent Care – Sirona activity

## Rapid Response – March

- Sirona referrals and discharges increased but contacts decreased in March compared to February.

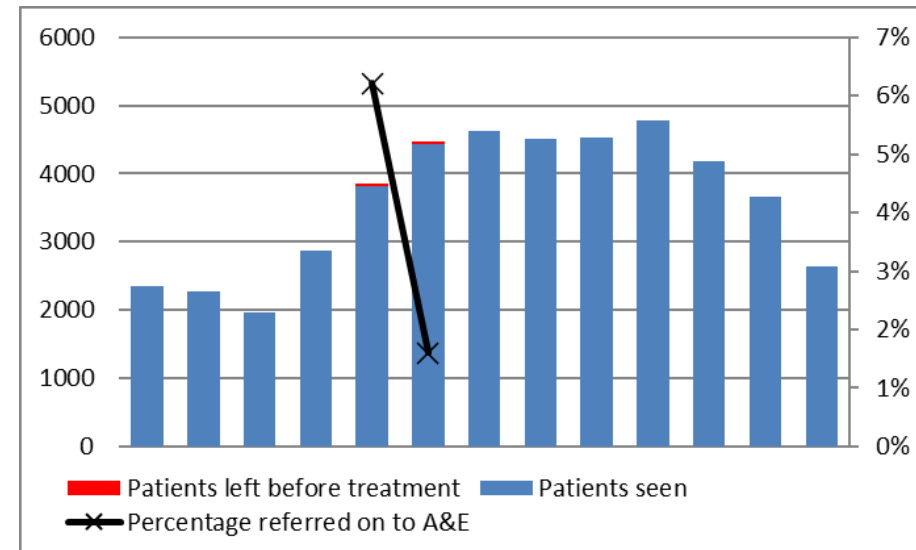
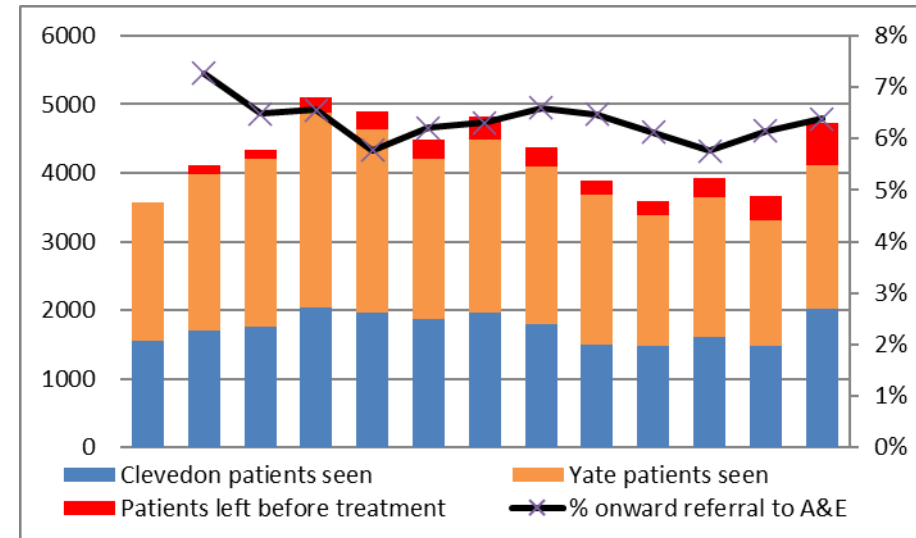


## UTC attendances - December

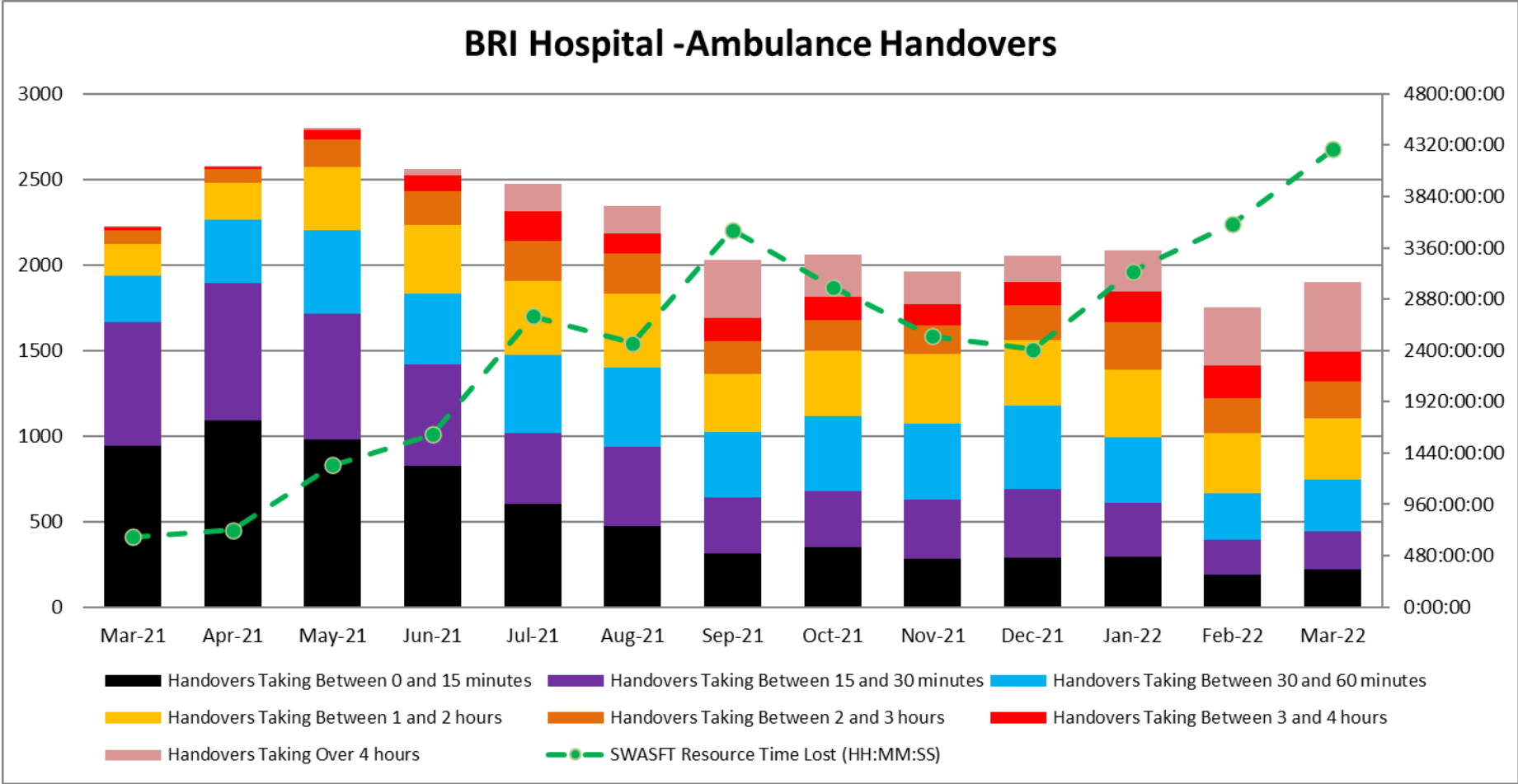
- UTC attendances decreased in December compared to November. Awaiting updated data due to a change in the data source.

## MIU attendances - March

- MIU patients seen increased at both Clevedon and Yate in March compared to February.
- The number of patients leaving before treatment also increased.



# 3.1 Urgent Care – Ambulance Handovers – Bristol Royal Infirmary – March

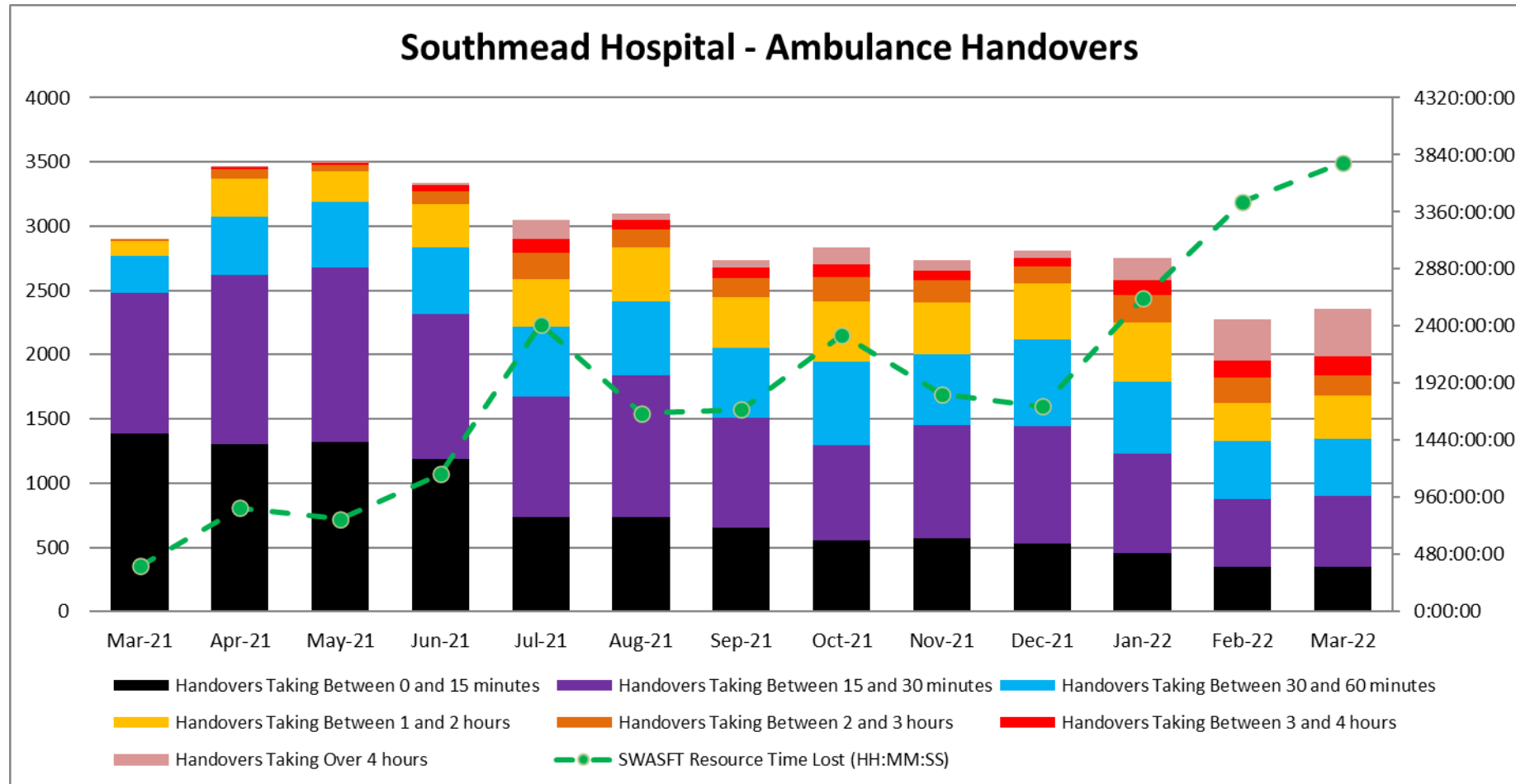


Ambulance handovers & Time lost – February to March

- Total number of handovers over 15 minutes worsened from 1,561 to 1,168.
- Total number of handovers worsened from 1,752 to 1,902.
- The percentage of handovers within 15 minutes improved from 11% to 12%.
- The total time lost worsened from 3,585 hours to 4,282 hours.

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

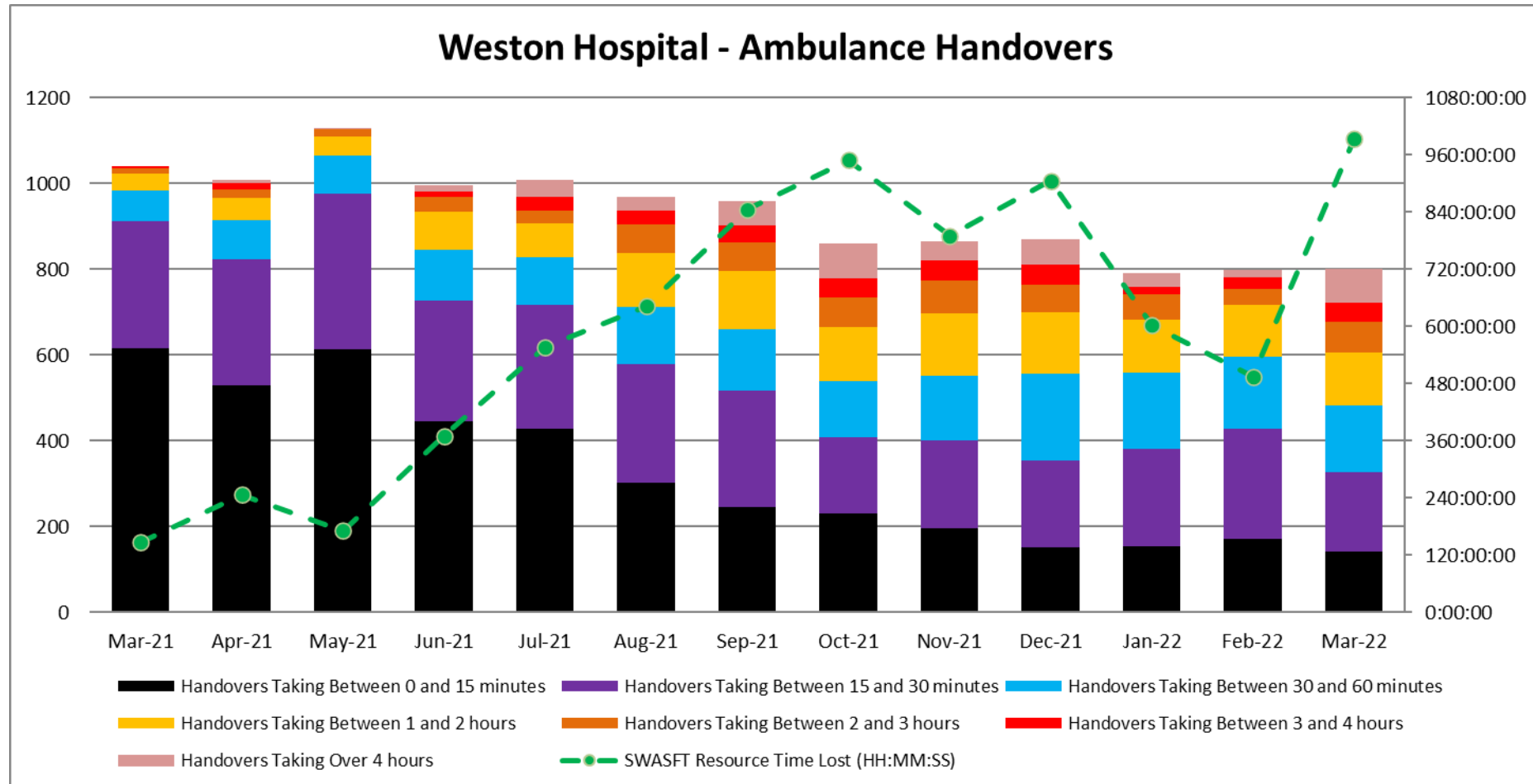
### 3.1 Urgent Care – Ambulance Handovers – Southmead Hospital – March



Ambulance handovers & Time lost – February to March

- Total number of handovers over 15 minutes worsened from 1,931 to 2,008.
- Total number of handovers worsened from 2,275 to 2,355.
- The percentage of handovers within 15 minutes remained at 15%.
- The total time lost worsened from 3,444 hours to 3,776 hours.

## 3.1 Urgent Care – Ambulance Handovers – Weston General Hospital – March

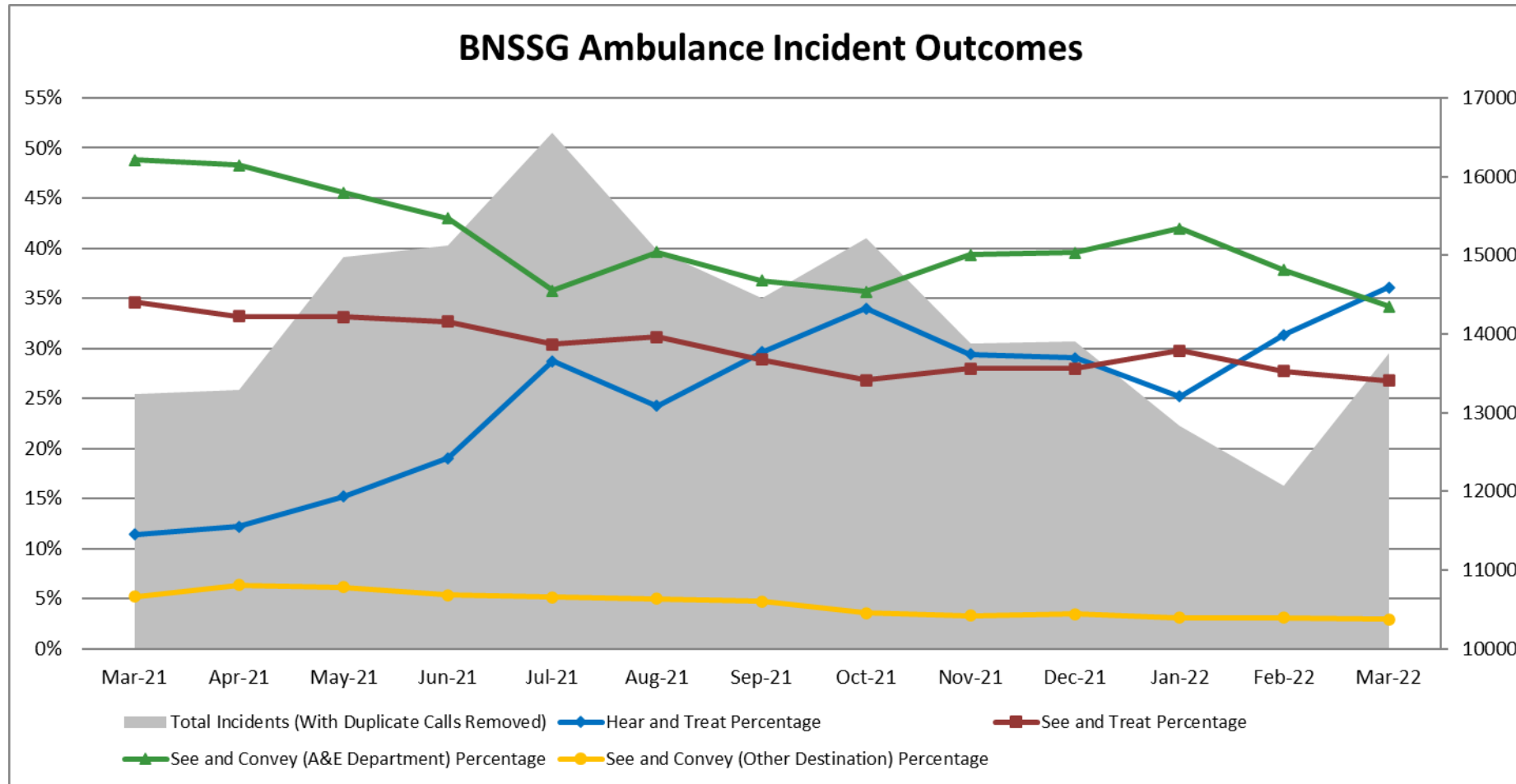


### Ambulance handovers & Time lost – February to March

- Total number of handovers over 15 minutes worsened from 630 to 661.
- Total number of handovers worsened from 799 to 802.
- The percentage of handovers within 15 minutes worsened from 21% to 18%.
- The total time lost worsened from 495 hours to 995 hours.

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

## 3.1 Urgent Care – SWASFT Incident Outcomes – BNSSG STP – March



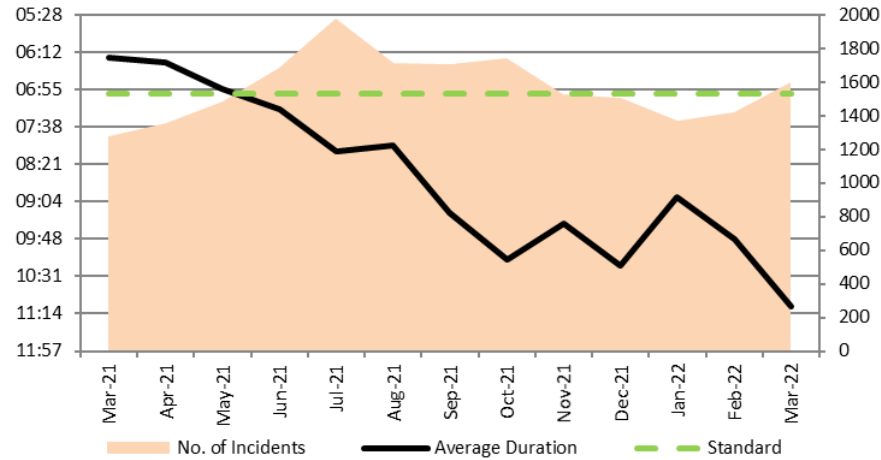
### Ambulance Incident Outcomes – February to March

- Hear and Treat percentage increased from 31.4% to 36.1%.
- See and Treat percentage decreased from 27.7% to 26.8%.
- See and Convey (A&E Department) percentage decreased from 37.8% to 34.2%.
- See and Convey (Other Destination) percentage decreased from 3.11% to 2.95%.

# 3.1 Urgent Care – SWASFT Response Times – March

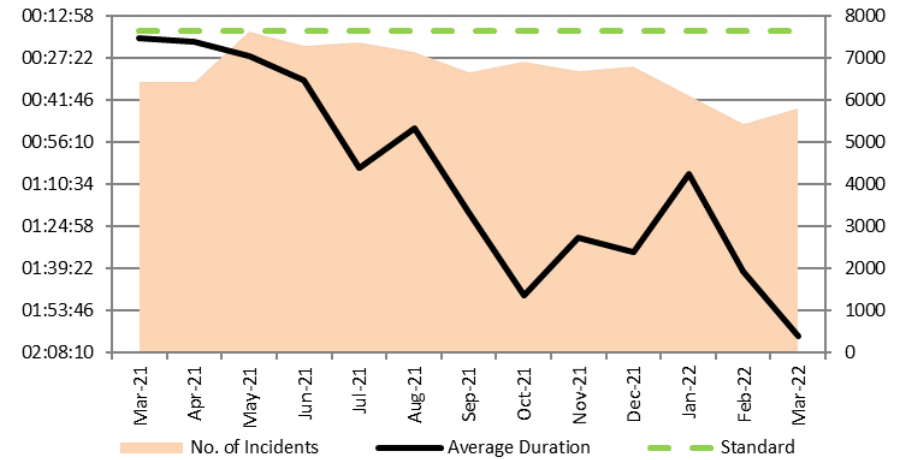
## Category 1 Average Duration (min:sec)

BNSSG average response time worsened to 11m06s. The 7 min standard was last achieved in May 2021. This was worse than the same period in 19/20 (6m24s).



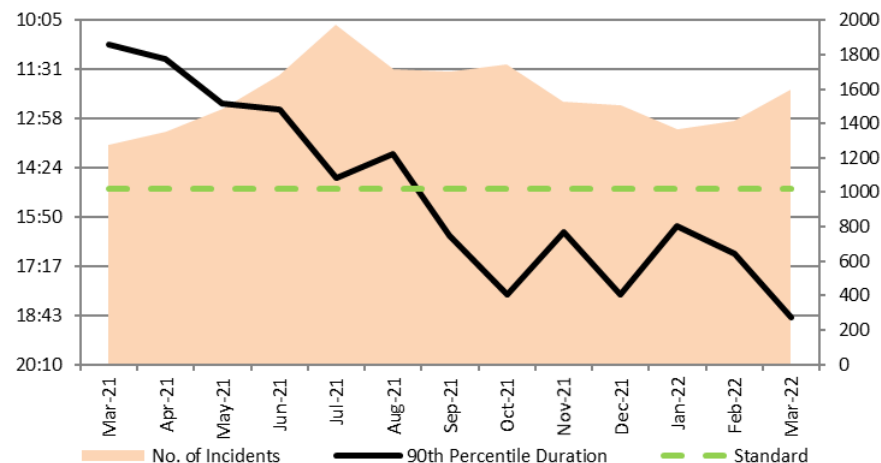
## Category 2 Average Duration (hr:min:sec)

BNSSG average response time worsened to 2h02m24s. The 18 min standard was last achieved in July 2020. This was worse than the same period in 19/20 (27m).



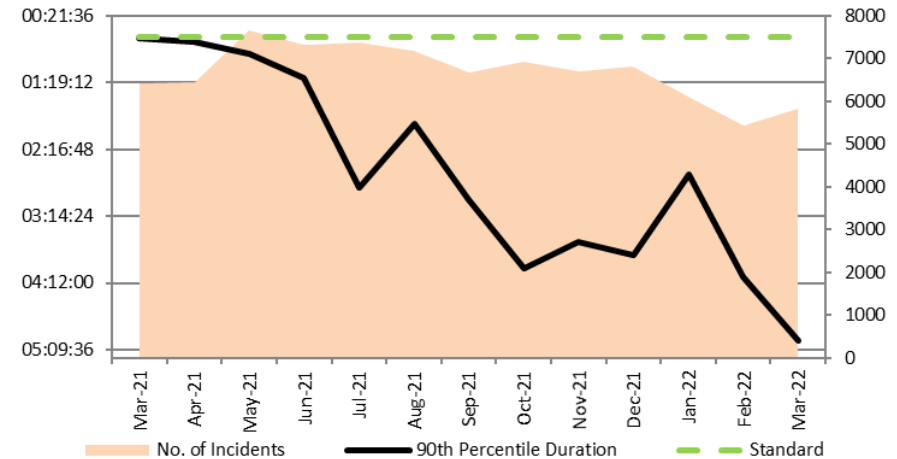
## Category 1 90th Percentile Duration (min:sec)

BNSSG performance worsened with 90% responded to in 18m48s. The 15 min standard was last achieved in August 2021. This was worse than the same period in 19/20 (10m54s).



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

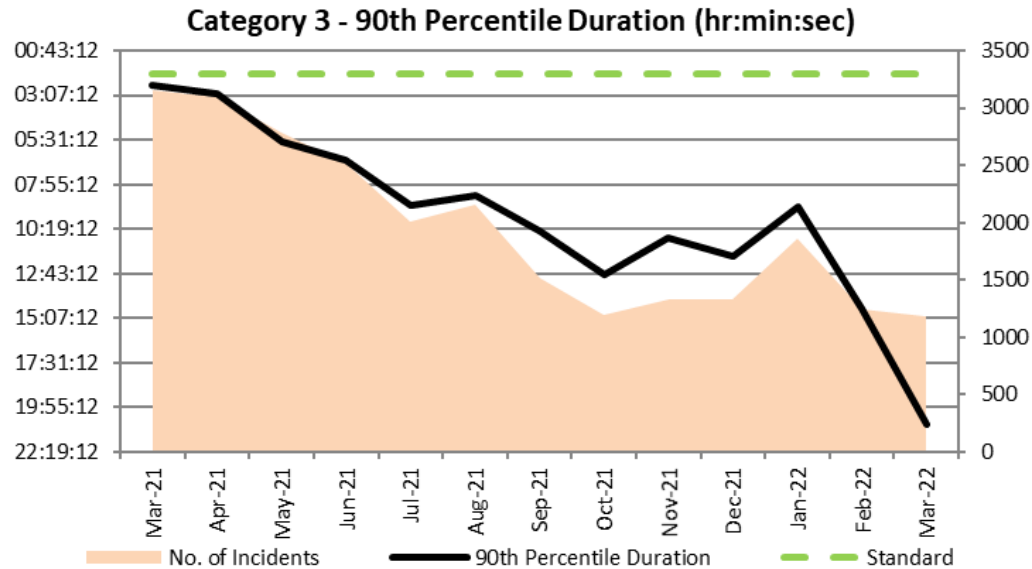
BNSSG performance worsened with 90% responded to in 5h01m42s. The 40 min standard was last achieved in August 2020. This was worse than the same period in 19/20 (55m48s).



# 3.1 Urgent Care – SWASFT Response Times – March

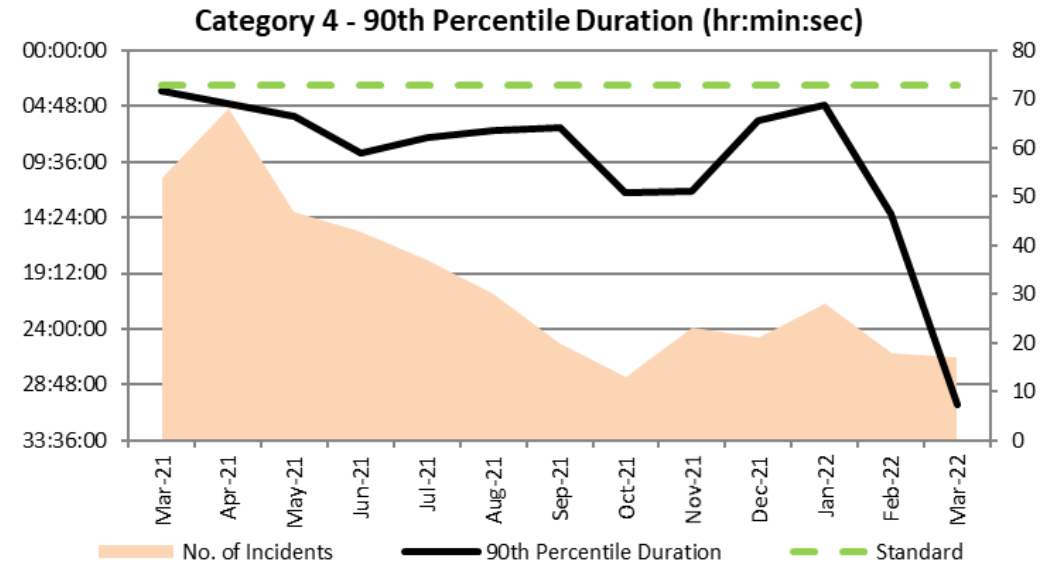
## Category 3 90<sup>th</sup> Percentile Duration (hr:min:sec)

BNSSG performance worsened in March with 90% responded to in 20h50m42s. The 2 hour standard has not been achieved since July 2020. This was worse than the same period in 19/20 (4h41m24s).



## Category 4 90<sup>th</sup> Percentile Duration (hr:min:sec)

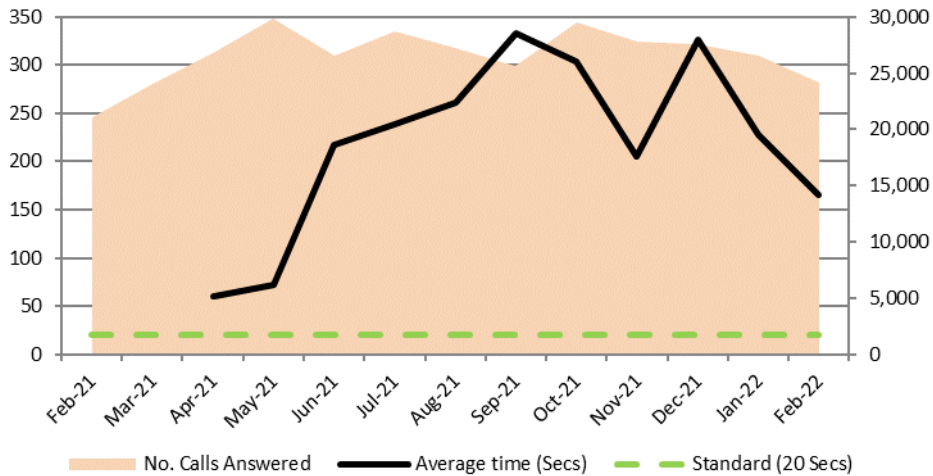
BNSSG performance worsened in February with 90% responded to in 30h34m36s. The 3 hour standard has not been achieved since June 2020. This was worse than the same period in 19/20 (5h38m36s)



# 3.1 Urgent Care – SevernSide IUC – February

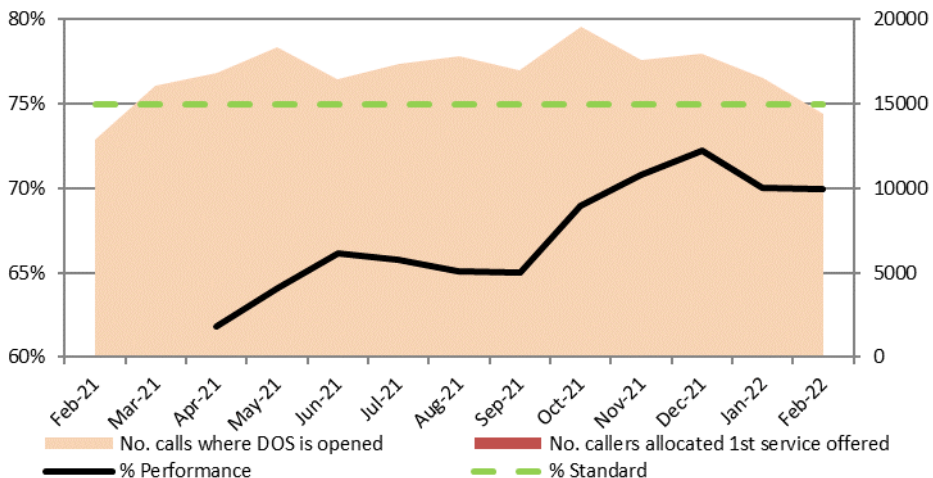
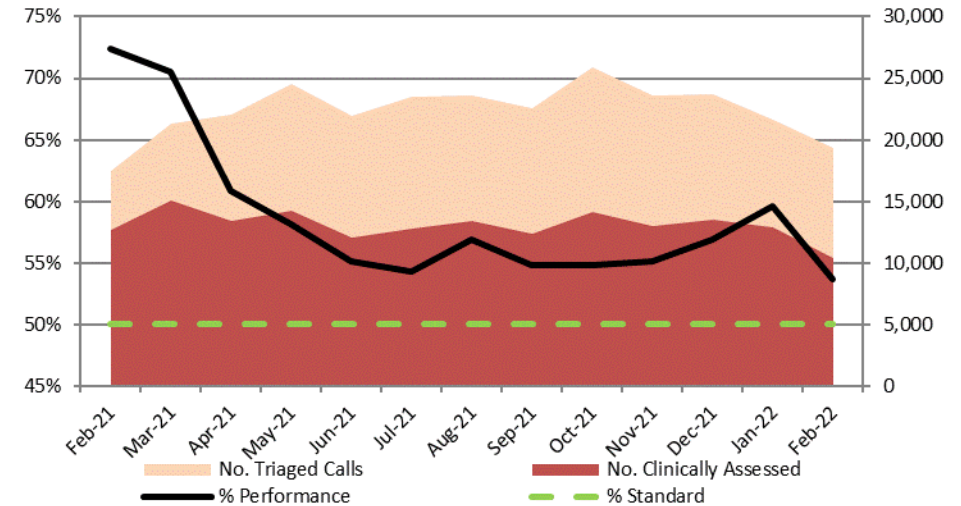
## Average speed to answer calls

- BNSSG performance improved from 228 seconds to 166.
- The 20 second standard has yet to be achieved.
- However, this continues to be better than the England average (267s) and the South West average (235s).



## % of triaged calls assessed by a clinician or Clinical Advisor

- BNSSG performance worsened from 59.6% to 53.62% but continues to achieve the 50% standard.
- This continues to be better than the England average (46.95%) but worse than the SW average (55.68%).

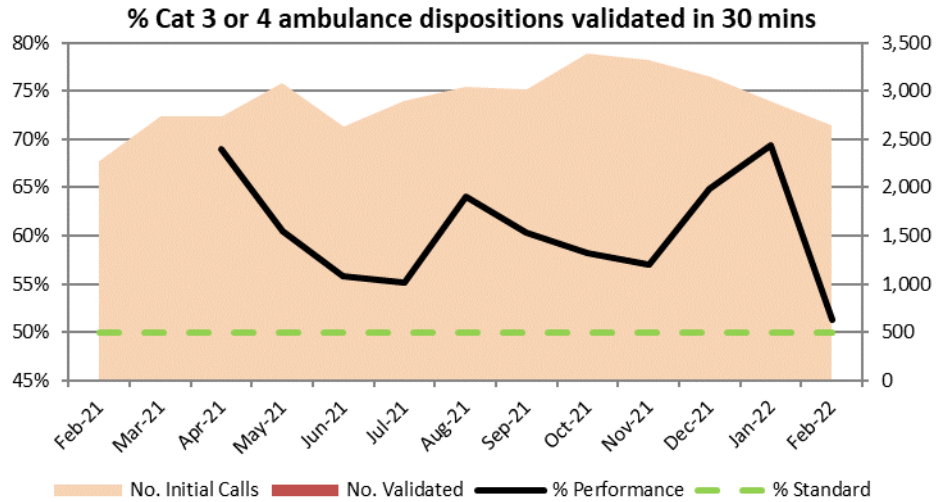


## % of callers allocated the first service offered by Directory of Services (DOS)

- BNSSG performance worsened from 70.01% to 69.95%.
- The 75% standard continues to be failed.
- However, this continues to be better than the England average (66.92%) and the SW average (65.45%).

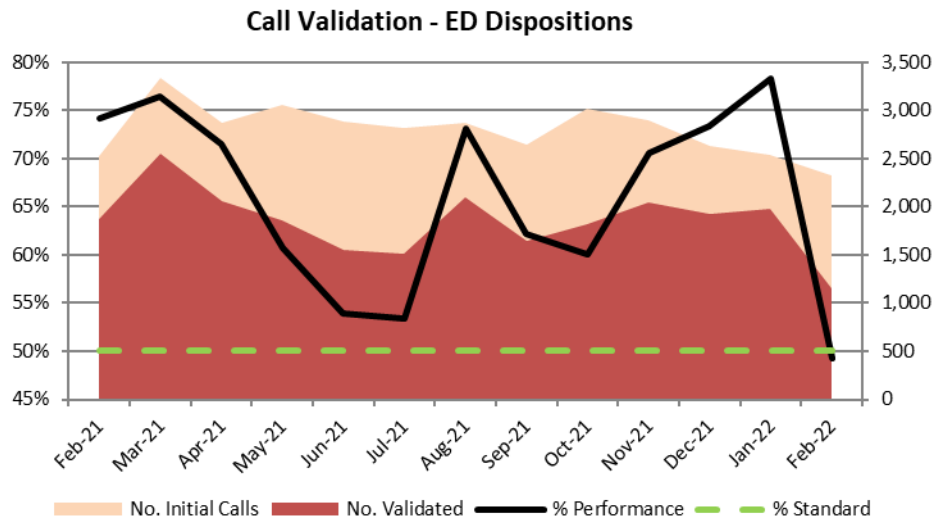


# 3.1 Urgent Care – SevernSide IUC – February



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

- BNSSG performance worsened from 69.4% to 51.29% in February but continues to achieve the 50% standard.
- This is better than the England average (48.06%) and the SW average (57.15%).



% of calls initially given an ED disposition validated

- BNSSG performance worsened from 78.3% to 49.31% and did not achieve the 50% standard.
- This is worse than the England average (54.42%) and the SW average (65.21%).

## 3.2 Planned Care – RTT, Diagnostics and Outpatients Summary

| Drivers:<br>Elective Recovery and Performance Standards  | Context  | February 2022 Performance Position:<br>RTT/Diagnostics/ Outpatients   |
|--|--|---|
| <ul style="list-style-type: none"> <li>To provide best patient outcomes and experiences.</li> <li>Achieving all constitutional planned care standards.</li> <li>Operational delivery to March 2022:               <ul style="list-style-type: none"> <li>Elimination of all &gt;104 ww (nb. Extended to June 30<sup>th</sup> 2022)</li> <li>Halted growth of &gt;52 ww (maintained at or below Sept 21 level)</li> <li>Stabilisation of all wait lists.</li> </ul> </li> </ul> | <p>Elective care recovery and associated performance data that is presented for February in this report, was greatly challenged by urgent care pressures and workforce constraints across the system, exacerbated further by the Omicron variant wave and concurrent expedition of the vaccine booster programme.</p> <p>BNSSG system continued to provide elective care, prioritising highest clinical priority patients – including patients on cancer pathways and utilised the IS to support care delivery for those with the longest waits.</p> | <ul style="list-style-type: none"> <li>Total waiting list size increased from 70,869 to 71,772 at the BNSSG population level. This was mirrored at UHBW, where the list size grew from 53,909 to 54,305 and at NBT where the list size grew from 37,210 to 38,498.</li> <li>Both trusts performed better than their H2 21/22 Operational plan trajectory for their total wait list size for the fifth consecutive month and NBT continue to achieve better than plan for their &gt;52 week wait cohort in February.</li> <li>Performance has been maintained in February at 65.9% against the RTT 18ww standard (92% standard) for the BNSSG population. NBT performance dropped marginally to 65.1% but UHBW performance improved to 59.5%.</li> <li>Patients resident in BNSSG waiting &gt;52 weeks decreased by 156, reaching 3864 in February. The Trusts also have on their waiting lists people resident outside of BNSSG. NBT saw a small increase in the &gt;52ww cohort from January to February of 12 patients (6% of total waiting list) and UHBW a small increase of 5 patients to 3604 (6.6% of total waiting list).</li> <li>Patients waiting over 104 weeks improved in February to 312 at the BNSSG population level.</li> <li>Diagnostics performance at the BNSSG level improved in February to 36.9%, NBT improved to 40.0% and UHBW improved to 37.4%. Overall diagnostic waiting list size at the BNSSG population level decreased in February to 30,517 as did patient waits in the &gt;6 week cohort to 11,250 but an increase in the &gt;13 week cohort to 6,465. At NBT, CT and NOUS performed better than their plan trajectories for February; whilst at UHBW, MRI, CT and NOUS performed better than plan.</li> </ul> |

## 3.2 Planned Care – RTT – Improvements

| Improvement Needs   | Improvement actions: Work underway or planned  |
|---|--|
| <p>The residual risk of 104 week breaches at the end of March 2022 in the original H2 plan was above zero. This residual risk was further impacted by the OMICRON wave.</p> <p>Revised trajectories for the 104ww cohort have been agreed with Region.</p> <p>Improvement needs - Recover from the impact of OMICRON on the H2 elective recovery ambition and:</p> <ul style="list-style-type: none"> <li>• Reduce the &gt;104ww current cohort and breach risks – eliminate all 104ww by 30/06/22.</li> <li>• Protect elective capacity in the Trusts - theatre access, bed spaces and workforce, wherever possible.</li> <li>• Theatre optimisation.</li> <li>• Expand capacity (weekend working/ outsourcing/ insourcing / IS/ mutual aid).</li> <li>• Optimise capacity in the IS as a protected green pathway to help stabilise the growth of the waiting list and reduce numbers in longer waiters cohorts.</li> <li>• Encouraging/ enabling patients who have declined transfer to the IS/ other providers to reconsider.</li> </ul> | <ul style="list-style-type: none"> <li>• Proactive micro-management of long waiting patients that have waited over 104 weeks or are at risk of doing so, continues and is reported weekly.</li> <li>• Scrutiny of longer waiting cohorts in high volume backlog specialities is reported weekly.</li> <li>• Ongoing, comprehensive waiting list validation (administrative and clinical) and clinical prioritisation exercises is ongoing. TIF bids to support work on the Outpatient waiting lists and inpatient orthopaedic lists are in implementation.</li> <li>• Additional beds have been opened up on the Knightstone Ward in Weston, providing ringfenced elective workforce and green bedded capacity for T&amp;O cases as well as general surgery.</li> <li>• NBT have instated two green wards and additional green beds.</li> <li>• Weekend working model and the utilisation of medirooms continues with T&amp;O patients and will be expanded to other specialisms.</li> <li>• Both Trusts are participating in a Theatre Optimisation programme.</li> <li>• Focussed work on optimising utilisation of IS continues. Trusts continue to identify long waiting patients who meet the criteria to have a transfer of care to the IS for all specialisms contracted.</li> <li>• Mutual aid arrangements have been secured by our Trusts.</li> <li>• Comprehensive speciality PTLs are being developed which provide system view of demand and capacity, enables identification of where pinch points waits are, which will inform planning, recruitment and where to direct patients.</li> </ul> |

## 3.2 Planned Care – Diagnostics / Outpatients – Improvements

|             | Improvement Needs   | Improvement actions: Work underway or planned   |
|-------------|---|---|
| Diagnostics | <ul style="list-style-type: none"> <li>Diagnostic waiting times and numbers in cohorts of &gt;6w and &gt;13w remain a concern.</li> <li>Demand is outstripping capacity among most areas of diagnostics.</li> <li>Endoscopy capacity is a system wide issue.</li> <li>Other areas of concern are non-obstetric ultrasound and echocardiography.</li> <li>Cardiac MRI is a challenge at UHBW.</li> </ul>   | <ul style="list-style-type: none"> <li>Business cases for two Community Diagnostic Centres have been submitted in short form.</li> <li>Diagnostic clinical prioritisation programme is progressing.</li> <li>Modalities of underperformance have action plans in place to provide additional capacity, which has been addressed in part through insourcing and outsourcing activity – nb. Competing priorities and staffing shortages in the IS have impacted the effectiveness of some of these mitigations to date.</li> <li>Additional capacity has been sustained in CT at Weston General Hospital and Cossham and good uptake of Waiting List Initiatives.</li> <li>High level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times.</li> <li>WLI in Weston for Endoscopy has been successful and now looking to support endoscopy needs in other areas of the system.</li> <li>Exploration of ways to increase endoscopy activity underway, including feasibility of mobile units.</li> <li>Discussions underway with the IS around additional NOUS capacity.</li> </ul>  |
| Outpatients | <ul style="list-style-type: none"> <li>Protect outpatient capacities – workforce, clinic spaces – to prevent delays and cancellations, which were significantly impacted in February.</li> <li>Validation and management of the increasing wait lists.</li> <li>Growth of overdue follow ups.</li> <li>Supporting people to ‘wait well’.</li> <li>Some Advice and Guidance services have been experiencing increased and unmanageable demand and have as a result had to temporarily ‘turn off’ A&amp;G for periods of time.</li> <li>Improved safety netting for patients on the ASI list &gt;180 days.</li> </ul> | <ul style="list-style-type: none"> <li>‘Outpatient waiting list validation and clinical prioritisation’ in implementation.</li> <li>N codes – are in development to enable priority coding.</li> <li>PIFU is being introduced to all specialities where clinically appropriate. PIFU is being integrated into ongoing waiting list validation work (including backlogs/waits) and appropriate patients from existing lists, as well as new patients are being identified to transfer to the PIFU pathway.</li> <li>Implement My recovery and My mobility apps in NBT and UHBW respectively to support prehab and rehabilitation.</li> <li>BNSSG Early Inflammatory Arthritis (EIA) pathway agreed.</li> <li>Implement the Living With Rheumatology remote monitoring app in UHBW.</li> <li>Roll out the getUBetter MSK self-management app.</li> <li>Several TIF underway - ‘Expansion of remote monitoring capability’; Digital A&amp;G; ‘Digital patient – a ‘remote first’ approach to contact and interactions’; ‘MSK digital enablers’.</li> <li>Work is ongoing to understand and support pressures in Advice and Guidance.</li> <li>NHSD are reviewing requests for safety netting / increase in the 180 day drop off currently in the ASI function</li> </ul> |

## 3.2 Planned Care – Cancer Summary

| Drivers: Elective Recovery and Performance Standards   | Impacts   | January 2022 Performance Position: Cancer   |
|--|---|---|
| <p>To provide best patient outcomes and experiences.</p> <p>Achieving all CWT standards.</p> <p>Operational delivery to March 2022 requires:</p> <ul style="list-style-type: none"> <li>- Reduction of the cancer &gt;62 day wait (to Feb 2020 levels)</li> <li>- Restoring full operation of all cancer services</li> <li>- Recovery of cancer referral rates.</li> </ul> | <p>Cancer patients remain prioritised across the system and protected within the Trusts capacity planning.</p> <p>All patients on cancer pathways who are waiting for treatment are closely monitored within clinical review and prioritisation processes</p> <p>OMICRON, Winter and UEC pressures have compromised ITU and elective bed capacity, surgical capacity and cancer surgery delivery, as well as workforce capacity throughout December, January and February. This has affected performance data in February – notably in the 31 day subsequent surgery standard and 62 day standard.</p> <p>The number of patients with COVID has increased significantly in December, January and February, which has delayed elements of their pathway.</p> | <p>Cancer recovery and Cancer Wait Time (CWT) performance remain challenged.</p> <p>Treatment volumes are, for the fifth consecutive month, better than the trajectories in the H2 Operation plan for NBT and at the BNSSG population level. UHBW treatment volumes increased in February compared to January and plan. Urgent referrals in receipt of a first outpatient appointment have exceeded plan at NBT and the BNSSG population level. UHBW continue to perform better than plan against the 63+day waits trajectory and this is also shown to extend to year end.</p> <p>With the exception of 31 day subsequent treatment for radiotherapy, CWT Standards were not met at the BNSSG level, although February data shows there was a further improvement in 31 day first treatment performance and 28 day Faster Diagnosis Standard.</p> <ul style="list-style-type: none"> <li>• 2 Week Wait referral recovery remains below the pre-Covid baseline in totality, but there is considerable variation across the main specialities and overall an increase in performance in February. February data shows mainly an improvement across many specialisms equating to 94% of pre-pandemic levels. This has decreased to 91% in March with the highest rates recorded in Gynae, Lower GI and urology.</li> <li>• 2 Week Wait performance improved at BNSSG population level from 54.6% in January to 70.34% in February, and it must be noted that there was a 236 increase in the number of people seen in the 2ww pathway. Key areas of challenge remain in lung and breast.</li> <li>• 2WW Breast data shows an increase in performance from 8.8% in January to 16.9% in February, with numbers of patients seen stabilising from January.</li> <li>• 28 day FDS standard Performance increased at BNSSG population level from 55.4% in January to 73.6% in February.</li> <li>• 31 day first treatment performance improved at BNSSG population level from 87.4% in January to 91.6% in February.</li> <li>• 31 days subsequent treatment – surgery performance improved from 69.4% to 81.37%.</li> <li>• 31 days subsequent treatment – Drugs Performance at BNSSG population level improved from 95.89% in January to 99.32% in February.</li> <li>• 31 days subsequent treatment – Radiotherapy, Performance stabilised from 99.4% in January to 99.4% in February and shows further increases in activity levels from the previous month.</li> <li>• 62 day performance worsened at BNSSG population level from 61.4% in January to 58.3% in February.</li> </ul> |

## 3.2 Planned Care – Cancer – Improvements

| Improvement Needs  | Improvement actions: Work underway or planned  |
|--|--|
| <ol style="list-style-type: none"> <li>1. System wide lack of tracking capacity. NBT tracking capacity compromised from June to January affecting all specialities, but specifically Colorectal, Gynaecology, Urology and causing data quality issues in the PTL and subsequently affecting the performance data.</li> <li>2. The recovery of cancer referral rates has not yet reached and sustained 100% of the baseline in totality (nb. Some of the main specialisms have exceeded baseline for at least some of the months, others have not achieved it at all).</li> <li>3. Colorectal - combination of pathway changes, backlogs and sustained high levels of referral impacting 2ww performance.</li> <li>4. Breast - Demand outstripping capacity - Staffing challenges; Considerable backlog; Sustained referral demand at a high level.</li> <li>5. Skin – Demand outstripping capacity; Backlogs persist and referral rates have not seen the same level of seasonal decline as previously.</li> <li>6. Challenges remain across several areas of diagnostics, where demand is outstripping capacity. Particular challenges are being noted in NOUS, endoscopy and other surgical diagnostics.</li> <li>7. Capacity for surgery in February – both surgical diagnostics and curative surgery – was still compromised by the capacity challenges - beds ITU and elective, workforce, theatre - created by theOMICRON wave, UEC and Winter pressures.</li> </ol> | <ol style="list-style-type: none"> <li>1. Tracking - staff recruitment drive at NBT has been successful and training is underway. Correspondingly, tracking recovery is underway and will be evident in the validated data. The performance position – which has been affected by the DQ issues in the PTL - will be retrospectively corrected for 21/22 in May 2022.</li> <li>2. Referral Recovery - CCG and Trust clinical teams are working with local GPs/PCN's around inequalities, screening uptake, with recognising the early signs of cancers. Areas of slow recovery are being supported through National campaigns to encourage patients to report to primary care with cancer symptoms and for screening although recent intelligence shows that the prostate activity is causing pressure on primary care and gynae is showing sustained increased referrals daily, again causing pressures. Trusts are engaging with System and Cancer Alliance inequalities groups to address screening uptake among people with learning disabilities and serious mental illness; SWAG Targeted Lung Health Check (TLHC) project commencing April 2022 – three sites in Bristol (North, South, Central) have been identified.</li> <li>3. Colorectal - System collaborative work on colorectal pathway to facilitate the shift of more patients back onto straight-to-test pathways.</li> <li>4. Breast - WLI's commenced in January; Insourcing opportunities are being reconsidered; 4 theatre days for Breast surgery sustained as a sub contract with an ISP; Recruitment drive for a 1WTE Breast Consultant Surgeon; The service has secured two locum radiologists; The long-term workforce plan includes increase in the clinical and nursing workforce as well as changes to roles and responsibilities to support changes to practice within the Breast pathway; Robust succession planning and skill mix review to include extending nursing roles; Review of existing footprint and options for capital works being reviewed to create additional clinic space; Extending working hours to maximise physical space; Straight to Test pathway for breast pain (mammogram) agreed.</li> <li>5. Skin - Recruitment successful in replacing lost 2ww capacity; WLI's in place; Utilisation of the IS continues – both outsourcing and insourcing to support backlog clearance.</li> <li>6. Diagnostics - Utilisation of the IS continues. 7<sup>th</sup> March launched Non-Specific Symptom (NSS) Pathway to support earlier diagnosis of patients with “vague symptoms”, who do not meet the criteria for established 2ww referral routes. Work is underway on Faster Diagnostic Pathways in Prostate, Cervical and UGI.</li> <li>7. Mutual Aid discussions around thoracic surgery were successful between UHBW and Liverpool Heart and Chest Hospital.</li> </ol> |

## 3.2 Planned Care – Risks to delivery and achievement of standards

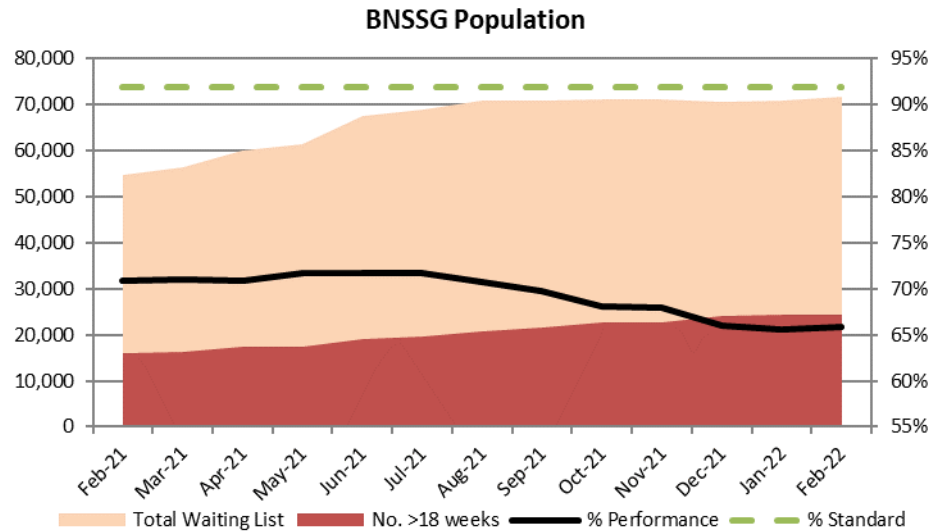
### RTT / Diagnostics / Outpatients

- Recovering from the wave and wake of OMICRON and it's sustained prevalence in the community in the South West.
- UEC/ Covid pressures challenge for the green capacity in the acutes.
- Workforce constraints persist. Key areas in need of workforce numbers/resilience are registered nurses, therapies, anaesthetists. High vacancy rates in radiographers and Endoscopists.
- System Interdependencies – notably high rates of patients with no criteria to reside in hospital and impeded flow/ discharge caused by limited community pathway capacity and social / domiciliary care.
- The ongoing impact of COVID IPC measures on capacity and productivity, extending timeframes/reducing throughput although new guidance launched on 14.04.22.

### Cancer

- Rates of COVID among the patient population have been high throughout January, with knock on impacts.
- Workforce constraints persist.
- WLI in Breast are not sustainable long term as these are being delivered by the same staff as those doing the weekly work.
- Delayed presentation/ patients delaying interventions over fear of catching Covid – all increase risk of patients having a much reduced clinically safe timeframe to accommodate potentially more complex interventions and investigations - exacerbating pressures on referral and diagnostic pathways and capacities.
- Covid precautions/ restrictions and IPC challenges extending timeframes/ reducing throughput with cancer and diagnostics pathways.
- Impact of late referrals in from outside BNSSG on CWT breaches.

## 3.2 Planned Care – RTT Incomplete Pathway – February

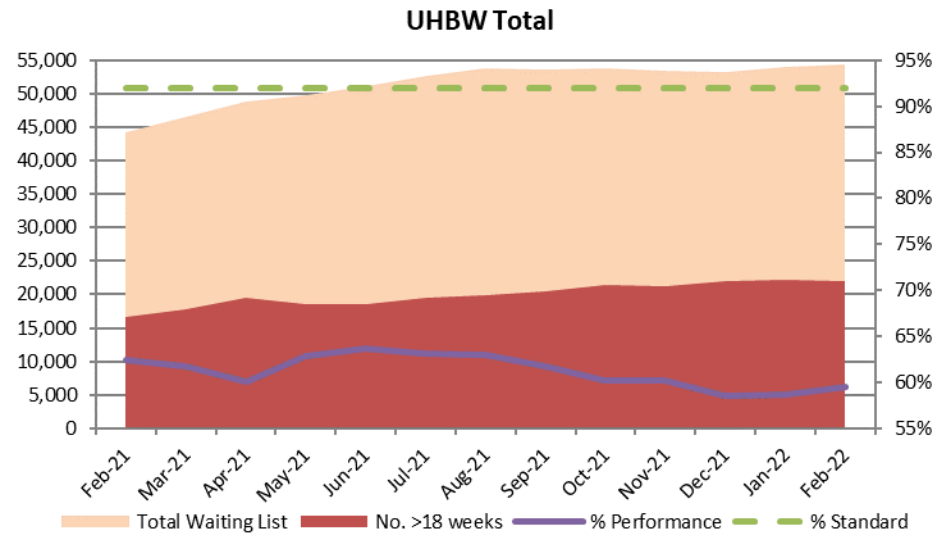
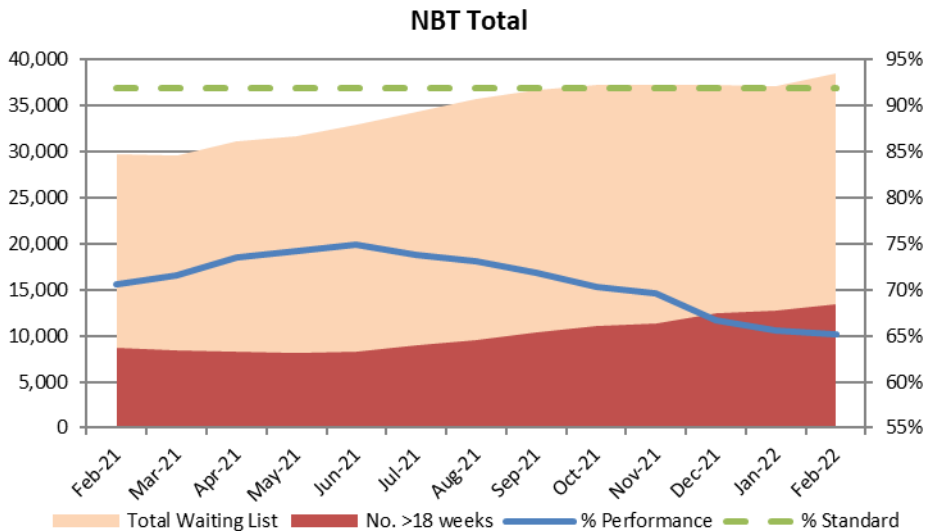


### RTT 18ww Performance

- Performance at BNSSG population level improved from 65.5% to 65.9% in February.
- NBT performance worsened from 65.6% to 65.2%.
- UHBW performance improved from 58.7% to 59.5%.
- All failed the 92% national standard and performed worse than the same period in 19/20.

### RTT Waiting List

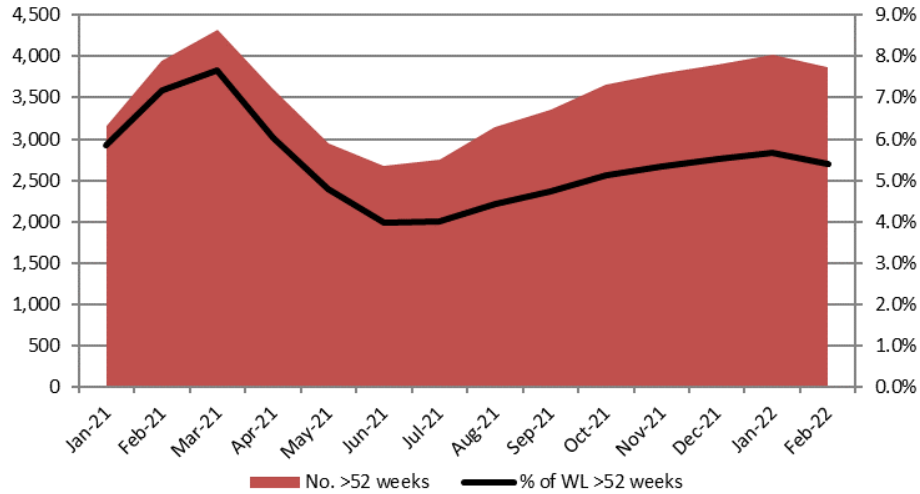
- The total waiting lists at BNSSG population level, NBT & UHBW all worsened, and all were worse than the same period in 19/20.





# 3.2 Planned Care – RTT Incomplete 52ww – February

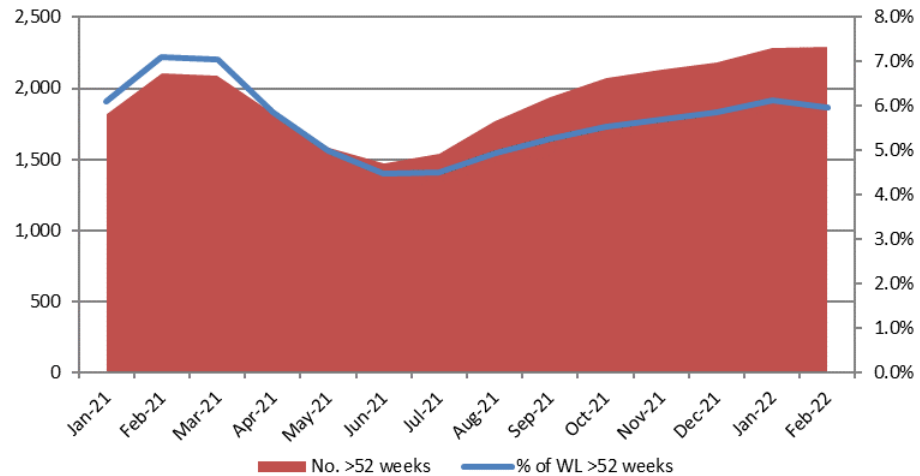
**BNSSG Population**



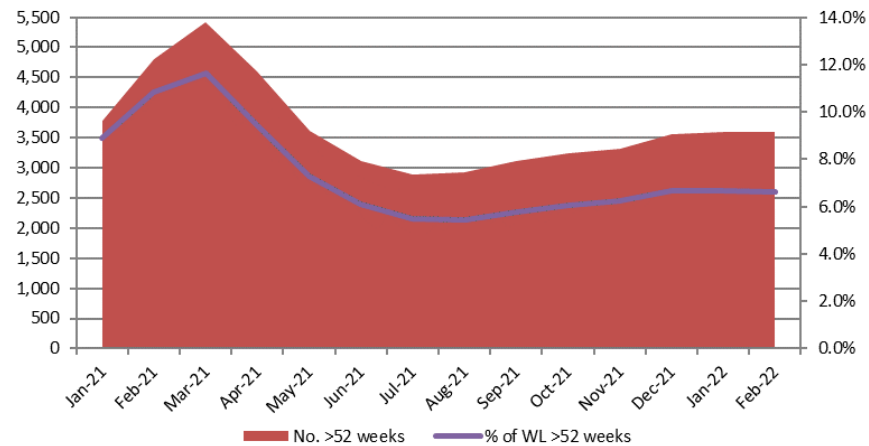
|                   |       | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 |
|-------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| RTT WL            | BNSSG | 54,026 | 54,899 | 56,472 | 60,004 | 61,557 | 67,485 | 68,886 | 70,942 | 70,914 | 71,292 | 71,134 | 70,653 | 70,869 | 71,772 |
|                   | NBT   | 29,759 | 29,716 | 29,580 | 31,143 | 31,648 | 32,946 | 34,315 | 35,794 | 36,787 | 37,268 | 37,297 | 37,264 | 37,210 | 38,498 |
|                   | UHBW  | 42,523 | 44,314 | 46,538 | 48,902 | 49,791 | 51,198 | 52,718 | 53,855 | 53,697 | 53,743 | 53,328 | 53,253 | 53,909 | 54,305 |
| No. >52 weeks     | BNSSG | 3,162  | 3,941  | 4,327  | 3,611  | 2,950  | 2,676  | 2,750  | 3,138  | 3,353  | 3,664  | 3,791  | 3,902  | 4,020  | 3,864  |
|                   | NBT   | 1,817  | 2,108  | 2,088  | 1,827  | 1,583  | 1,473  | 1,544  | 1,770  | 1,933  | 2,068  | 2,128  | 2,182  | 2,284  | 2,296  |
|                   | UHBW  | 3,790  | 4,807  | 5,409  | 4,598  | 3,618  | 3,114  | 2,893  | 2,925  | 3,110  | 3,248  | 3,318  | 3,558  | 3,599  | 3,604  |
| % of WL >52 weeks | BNSSG | 5.85%  | 7.18%  | 7.66%  | 6.02%  | 4.79%  | 3.97%  | 3.99%  | 4.42%  | 4.73%  | 5.14%  | 5.33%  | 5.52%  | 5.67%  | 5.38%  |
|                   | NBT   | 6.11%  | 7.09%  | 7.06%  | 5.87%  | 5.00%  | 4.47%  | 4.50%  | 4.94%  | 5.25%  | 5.55%  | 5.71%  | 5.86%  | 6.14%  | 5.96%  |
|                   | UHBW  | 8.91%  | 10.85% | 11.62% | 9.40%  | 7.27%  | 6.08%  | 5.49%  | 5.43%  | 5.79%  | 6.04%  | 6.22%  | 6.68%  | 6.68%  | 6.64%  |

Better than previous month  
Worse than previous month

**NBT**



**UHBW**



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

- BNSSG level improved from 4,020 to 3,864 (5.4% of the total waiting list).
- NBT worsened from 2,284 to 2,296 (6% of the total waiting list).
- UHBW worsened from 3,599 to 3,604 (6.6% of the total waiting list).

## 3.2 Planned Care – RTT long waiters – UHBW – February

### Long waiters

| Treatment Function     | 40-51 | Over 52 | Total |
|------------------------|-------|---------|-------|
|                        | wks   | wks     |       |
| Cardiology             | 150   | 94      | 244   |
| Cardiothoracic Surgery | 18    | 20      | 38    |
| Dermatology            | 30    | 10      | 40    |
| ENT                    | 555   | 832     | 1387  |
| Gastroenterology       | 125   | 182     | 307   |
| General Medicine       | 0     | 0       | 0     |
| General Surgery        | 5     | 6       | 11    |
| Geriatric Medicine     | 0     | 1       | 1     |
| Gynaecology            | 64    | 19      | 83    |
| Neurology              | 63    | 48      | 111   |
| Ophthalmology          | 387   | 103     | 490   |
| Oral Surgery           | 784   | 294     | 1078  |
| Other                  | 1575  | 1619    | 3194  |
| Rheumatology           | 9     | 4       | 13    |
| Thoracic Medicine      | 127   | 85      | 212   |
| Trauma & Orthopaedics  | 116   | 286     | 402   |
|                        | 4008  | 3603    | 7611  |

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

### 'Other' breakdown (UHBW-Bristol only)

| Description                          | 40-51 wks   | Over 52 wks |
|--------------------------------------|-------------|-------------|
| Colorectal Surgery                   | 81          | 173         |
| Hepatobiliary and Pancreatic Surgery | 2           | 13          |
| Upper GI Surgery                     | 64          | 190         |
| Spinal Surgery Service               | 3           | 2           |
| Trauma & Orthopaedics                | 1           | 0           |
| ENT                                  | 6           | 0           |
| Ophthalmology                        | 1           | 0           |
| Restorative Dentistry                | 16          | 3           |
| Paediatric Dentistry                 | 233         | 70          |
| Orthodontics                         | 72          | 72          |
| Maxillo Facial Surgery               | 44          | 142         |
| Paediatric Surgery                   | 55          | 47          |
| Thoracic Surgery                     | 6           | 37          |
| Paediatric Urology                   | 62          | 96          |
| Paediatric Trauma and Orthopaedics   | 142         | 214         |
| Paediatric Ear Nose and Throat       | 68          | 136         |
| Paediatric Ophthalmology             | 62          | 65          |
| Paediatric Maxillo-facial Surgery    | 16          | 29          |
| Paediatric Neurosurgery              | 7           | 10          |
| Paediatric Plastic Surgery           | 25          | 82          |
| Paediatric Burns Care                | 1           | 0           |
| Paediatric Gastroenterology          | 9           | 7           |
| Paediatric Endocrinology             | 4           | 3           |
| Paediatric Dermatology               | 4           | 2           |
| Paediatric Respiratory Medicine      | 1           | 0           |
| Paediatric Rheumatology              | 3           | 1           |
| Endocrinology                        | 3           | 1           |
| Clinical Haematology                 | 2           | 2           |
| Diabetic Medicine                    | 1           | 0           |
| Clinical Genetics                    | 79          | 15          |
| Cardiology                           | 0           | 0           |
| Paediatric Cardiology                | 57          | 57          |
| Respiratory Physiology               | 29          | 38          |
| Paediatrics                          | 1           | 0           |
| Paediatric Neurology                 | 5           | 6           |
| Dental Medicine Specialties          | 149         | 9           |
| Physiotherapy                        | 0           | 1           |
| Clinical Oncology                    | 1           | 0           |
| Audiology                            | 1           | 0           |
| Special Care Dentistry               | 4           | 12          |
| <b>Grand Total</b>                   | <b>1320</b> | <b>1535</b> |

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

Please note: Data for UHBW-Weston is not currently available for the 'other' breakdown. The CCG is trying to source this data.

## 3.2 Planned Care – RTT long waiters – NBT – February

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

### Long waiters

| Treatment Function     | 40-51 | Over 52 | Total |
|------------------------|-------|---------|-------|
|                        | wks   | wks     |       |
| Cardiology             | 25    | 0       | 25    |
| Cardiothoracic Surgery | 0     | 0       | 0     |
| Dermatology            | 22    | 5       | 27    |
| Gastroenterology       | 15    | 12      | 27    |
| General Medicine       | 0     | 0       | 0     |
| General Surgery        | 121   | 164     | 285   |
| Geriatric Medicine     | 0     | 0       | 0     |
| Gynaecology            | 279   | 366     | 645   |
| Neurology              | 65    | 32      | 97    |
| Neurosurgery           | 98    | 97      | 195   |
| Other                  | 620   | 344     | 964   |
| Plastic Surgery        | 89    | 131     | 220   |
| Rheumatology           | 2     | 0       | 2     |
| Thoracic Medicine      | 0     | 0       | 0     |
| Trauma & Orthopaedics  | 520   | 989     | 1509  |
| Urology                | 233   | 153     | 386   |
|                        | 2089  | 2293    | 4382  |

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

### 'Other' breakdown

| Description                    | 40-51 wks  | Over 52 wks |
|--------------------------------|------------|-------------|
| Adult Mental Illness           | 0          | 3           |
| Allergy Service                | 317        | 167         |
| Clinical Neurophysiology       | 3          | 5           |
| Colorectal Surgery             | 67         | 59          |
| Diabetic Medicine              | 1          | 0           |
| Endocrinology                  | 7          | 0           |
| Upper Gastrointestinal Surgery | 191        | 98          |
| Vascular Surgery               | 34         | 12          |
| <b>Grand Total</b>             | <b>620</b> | <b>344</b>  |

## 3.2 Planned Care – RTT Incomplete 52ww & 104ww – BNSSG – February

- The number of BNSSG patients waiting 52 weeks or longer in February decreased by 3.9% (156) compared to the previous month.
- Patients waiting 52 weeks or longer make up 5.4% of the total waiting list for BNSSG patients (down from 5.7% in the previous month).
- The number of BNSSG patients waiting 104 weeks or longer decreased by 3.7% (12) compared to the previous month.
- The table below shows a breakdown by provider of the BNSSG patients waiting 52 weeks or longer and 104 weeks or longer in February, compared to the previous month.

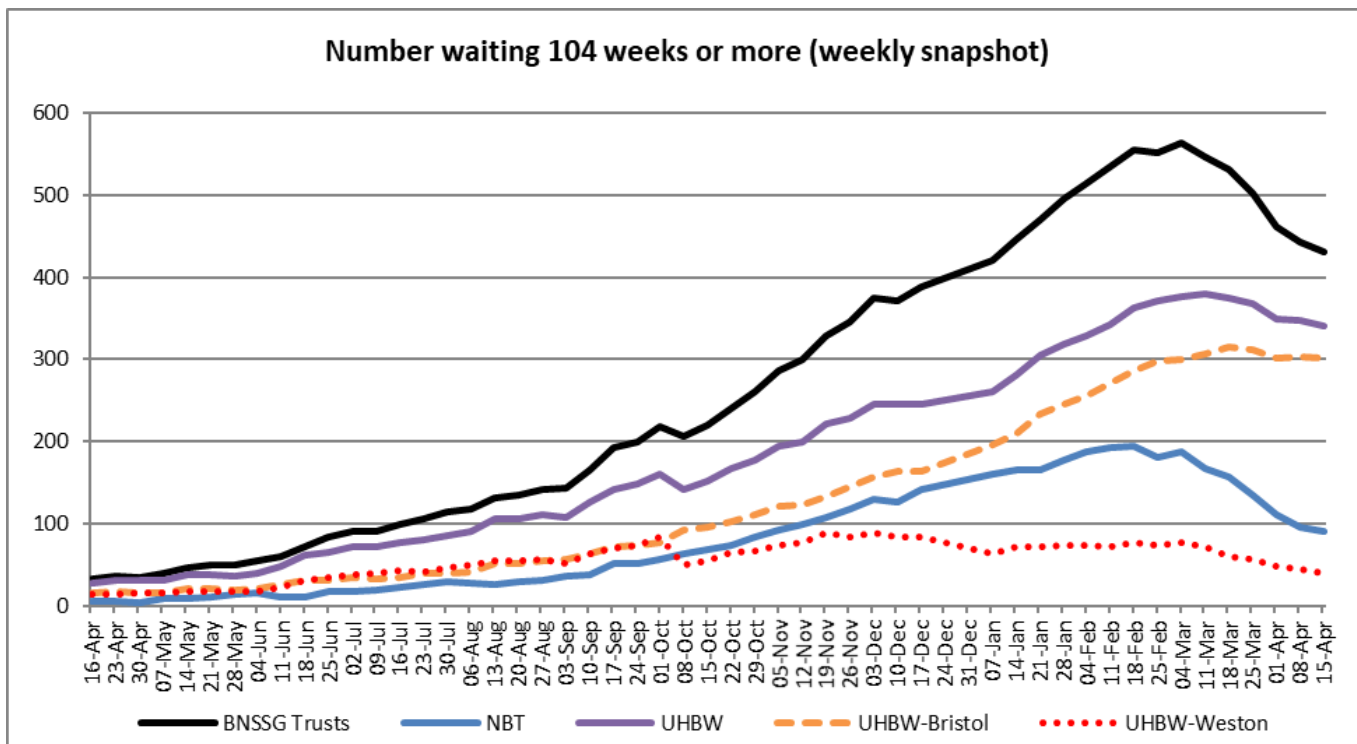
| Providers with BNSSG patients >52ww      | >52 weeks |          | >104 weeks |          |
|--|-----------|----------|------------|----------|
|  | January   | February | January    | February |
| NBT                                      | 1807      | 1810     | 149        | 139      |
| UHBW                                     | 1550      | 1469     | 98         | 101      |
| Emersons Green NHS Treatment Centre      | 224       | 181      |            |          |
| Spire Bristol                            | 151       | 153      | 27         | 25       |
| Sulis Hospital Bath                      | 98        | 87       | 40         | 39       |
| Royal United Hospitals Bath              | 60        | 43       | 0          | 1        |
| Nuffield Health Bristol                  | 21        | 24       |            |          |
| Newmedica - Bristol                      | 13        | 9        | 1          | 1        |
| Somerset Surgical Services               | 18        | 9        | 6          | 3        |
| Somerset                                 | 6         | 7        | 1          | 1        |
| Royal Devon and Exeter                   | 8         | 6        | 1          | 1        |
| Gloucestershire Hospitals                | 4         | 5        |            |          |
| University Hospitals Birmingham          | 6         | 5        |            |          |
| Sirona                                   | 5         | 4        |            |          |
| University College London Hospitals      | 3         | 4        |            |          |
| London North West University Healthcare  | 3         | 3        |            |          |
| Worcestershire Acute Hospitals           | 3         | 3        |            |          |
| Yeovil District Hospital                 | 1         | 3        |            |          |
| Buckinghamshire Healthcare               | 1         | 2        |            |          |
| Great Weston Hospitals                   | 1         | 2        |            |          |
| Imperial College Healthcare              | 2         | 2        |            |          |
| Norfolk and Norwich University Hospitals | 2         | 2        |            |          |
| Nuffield Health Cambridge                | 0         | 2        |            |          |
| Oxford University Hospitals              | 1         | 2        |            |          |
| Royal Cornwall Hospitals                 | 1         | 2        |            |          |
| Royal Free London                        | 2         | 2        | 1          | 1        |
| Royal National Orthopaedic Hospital      | 1         | 2        |            |          |
| Torbay and South Devon                   | 2         | 2        |            |          |

| Providers with BNSSG patients >52ww            | >52 weeks   |             | >104 weeks |            |
|--|-------------|-------------|------------|------------|
|  | January     | February    | January    | February   |
| Barts Health                                   | 2           | 1           |            |            |
| Bedfordshire Hospitals                         | 0           | 1           |            |            |
| Chelsea and Westminster Hospital               | 1           | 1           |            |            |
| Doncaster and Bassetlaw Teaching Hospitals     | 0           | 1           |            |            |
| East Kent Hospitals University                 | 1           | 1           |            |            |
| Hampshire Hospitals                            | 0           | 1           |            |            |
| Hull University Teaching Hospital              | 2           | 1           |            |            |
| Lewisham and Greenwich                         | 0           | 1           |            |            |
| Mid Cheshire Hospitals                         | 1           | 1           |            |            |
| Robert Jones & Agnes Hunt Orthopaedic Hospital | 2           | 1           |            |            |
| Royal Berkshire                                | 1           | 1           |            |            |
| Royal Surrey County Hospital                   | 1           | 1           |            |            |
| Spamedica Bristol                              | 1           | 1           |            |            |
| University Hospital Southampton                | 1           | 1           |            |            |
| University Hospitals Coventry & Warwickshire   | 1           | 1           |            |            |
| University Hospitals Dorset                    | 2           | 1           |            |            |
| University Hospitals Of North Midlands         | 1           | 1           |            |            |
| Winfield Hospital                              | 1           | 1           |            |            |
| Wye Valley                                     | 1           | 1           |            |            |
| Countess Of Chester Hospital                   | 1           | 0           |            |            |
| Guy's and St Thomas'                           | 1           | 0           |            |            |
| Liverpool University Hospitals                 | 1           | 0           |            |            |
| Northern Devon Healthcare                      | 1           | 0           |            |            |
| Spire Thames Valley Hospital                   | 1           | 0           |            |            |
| University Hospitals Of Derby and Burton       | 1           | 0           |            |            |
| Whittington Health                             | 1           | 0           |            |            |
| <b>Total</b>                                   | <b>4020</b> | <b>3864</b> | <b>324</b> | <b>312</b> |

## 3.2 Planned Care – RTT 104 week waits (w/e 15<sup>th</sup> April 2022)

### 104+ week waits

- This shows the total number of patients at NBT and UHBW waiting 104 weeks or more.
- For the latest six weeks, the total number, the number at NBT and at UHBW-Weston have decreased.
- In the latest week (week ending 15<sup>th</sup> April), compared to the previous week, the number of patients waiting 104 weeks or more at:
  - BNSSG trusts decreased from 443 to 431.
  - NBT decreased from 96 to 90.
  - UHBW decreased from 347 to 341 (302 at UHBW-Bristol and 39 at UHBW-Weston).



#### Please note:

- This data represents a weekly snapshot taken from the weekly regional submission provided by the two trusts.
- There was no submission for the last two weeks in December (w/e 24<sup>th</sup> and 31<sup>st</sup>).
- This data is **unvalidated and subject to change** and may not represent the final validated position at month end.

# 3.2 Planned Care – RTT Incomplete Waits compared to Plan

## RTT Incomplete waits compared to plan

- This slide shows the monthly waiting list and long waiters at total provider level for NBT and UHBW compared to the H2 21/22 Operational Plan.
- A revised plan for 104 week waits has been approved at the South West Regional level. The revised end March 2022 position is 499 - 400 at UHBW and 99 at NBT – these figures are inclusive of P6 patients (Patients who have chosen to delay their care)

|        |                    | H2 21/22 Operational Plan |        |        |        |        |        |
|--------|--------------------|---------------------------|--------|--------|--------|--------|--------|
| E.B.3a | RTT Waiting List   | Oct-21                    | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| NBT    | Total Waiting List | 37,268                    | 37,297 | 37,264 | 37,210 | 38,498 |        |
|        | Plan               | 38,891                    | 38,930 | 39,777 | 41,359 | 41,279 | 40,026 |
| UHBW   | Total Waiting List | 53,743                    | 53,328 | 53,253 | 53,909 | 54,305 |        |
|        | Plan               | 54,697                    | 55,614 | 55,801 | 56,155 | 56,506 | 56,788 |

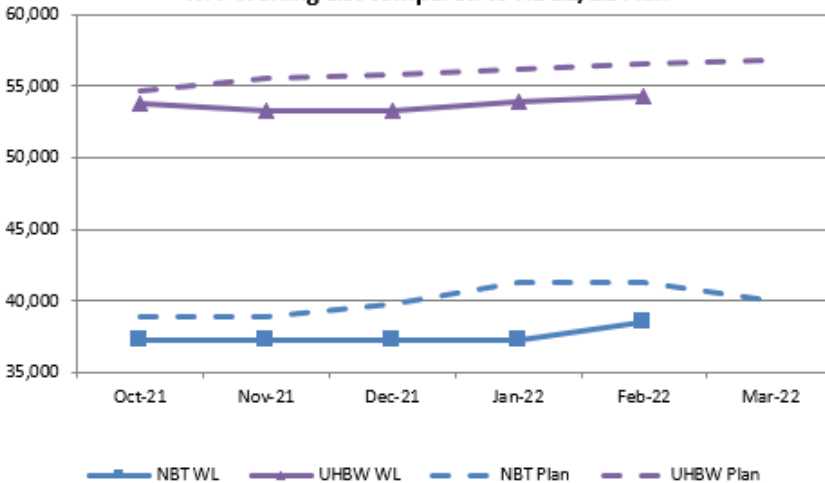
|      |                    | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|------|--------------------|--------|--------|--------|--------|--------|--------|
| NBT  | RTT 52+ week waits | 2,068  | 2,128  | 2,182  | 2,284  | 2,296  |        |
|      | Plan               | 2,104  | 2,273  | 2,402  | 2,297  | 2,337  | 2,530  |
| UHBW | RTT 52+ week waits | 3,248  | 3,318  | 3,558  | 3,599  | 3,604  |        |
|      | Plan               | 3,217  | 3,297  | 3,574  | 3,453  | 3,371  | 3,991  |

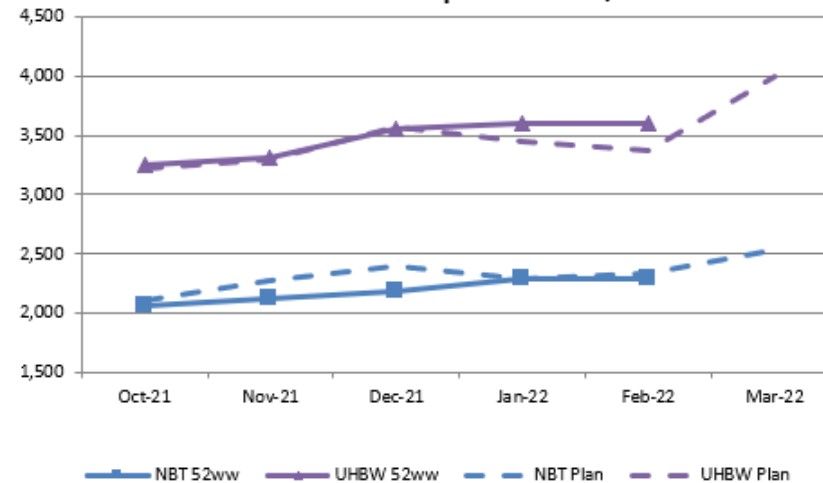
|      |                     | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|------|---------------------|--------|--------|--------|--------|--------|--------|
| NBT  | RTT 104+ week waits | 93     | 138    | 158    | 184    | 177    |        |
|      | Plan                | 95     | 88     | 69     | 197    | 166    | 99     |
| UHBW | RTT 104+ week waits | 187    | 235    | 252    | 336    | 386    |        |
|      | Plan                | 211    | 150    | 133    | 131    | 167    | 400    |

Worse Than (Below) Plan  
Better Than (Above) Plan

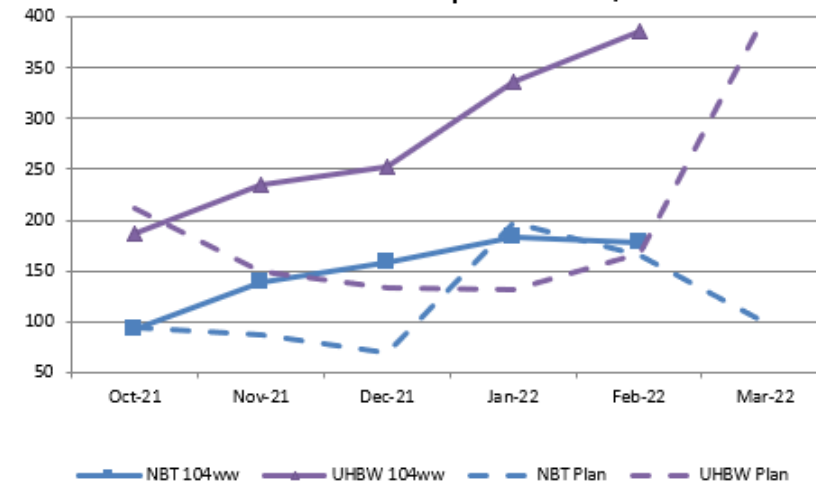
RTT Waiting List compared to H2 21/22 Plan



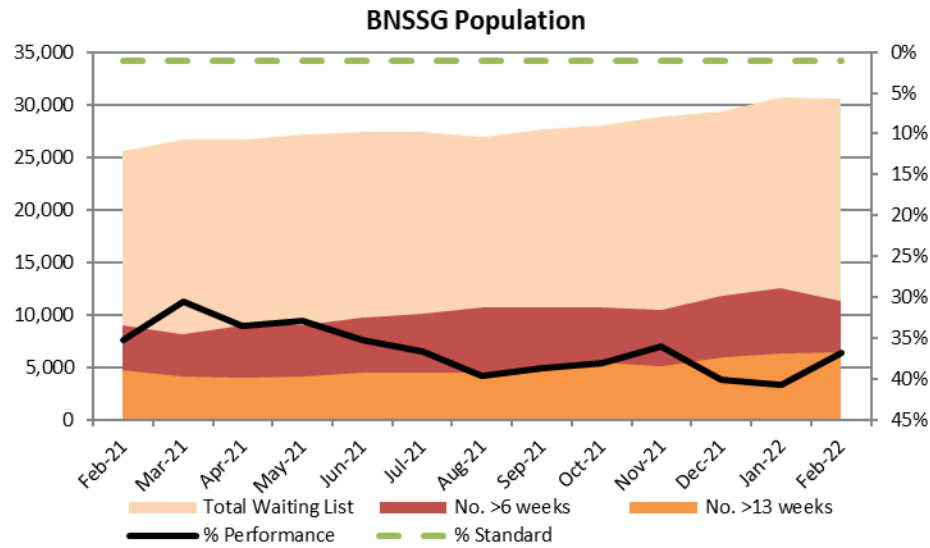
RTT 52 week waits compared to H2 21/22 Plan



RTT 104 week waits compared to H2 21/22 Plan



## 3.2 Planned Care – Diagnostics – February



### Diagnostics performance - % waiting 6 weeks or more

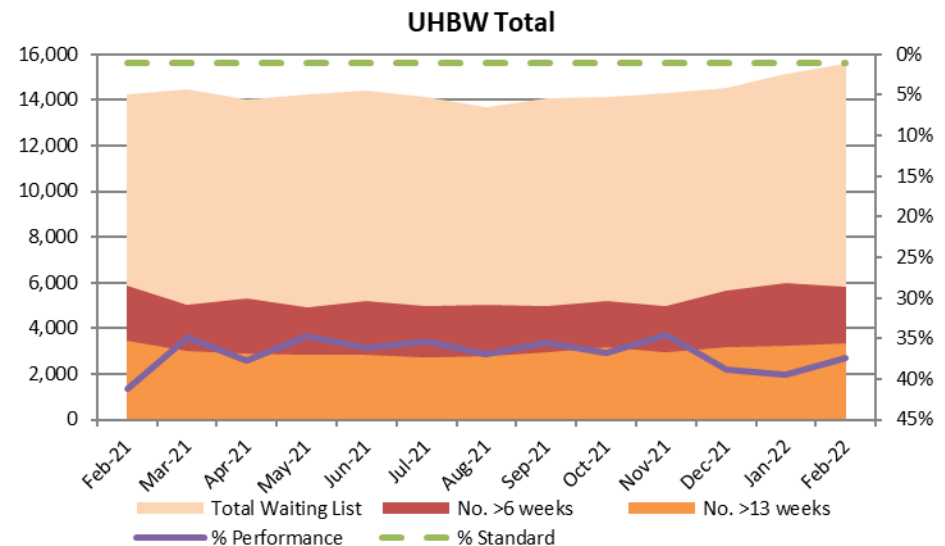
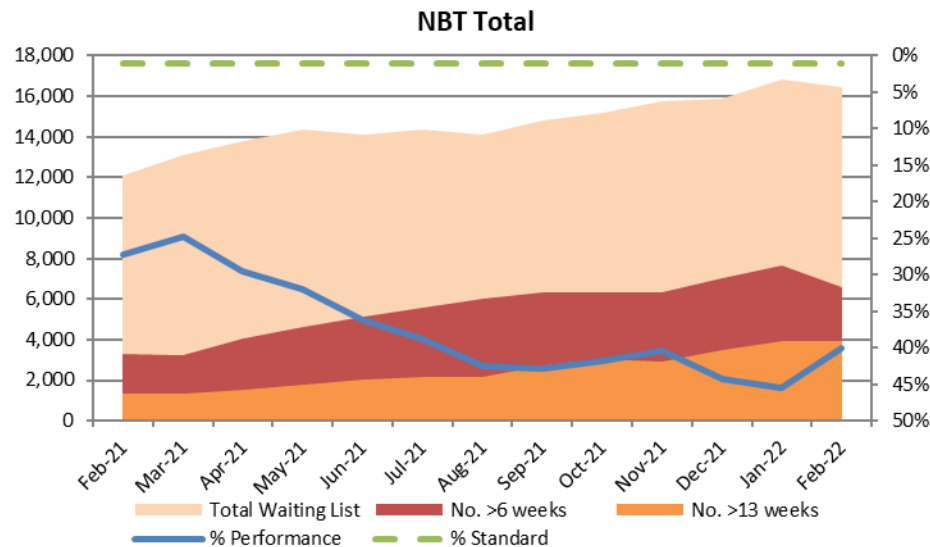
- Performance at BNSSG population level improved from 40.8% in January to 36.9% February.
- NBT improved from 45.5% to 40%.
- UHBW improved from 39.5% to 37.5%.
- All continue to fail the 1% national standard and performed worse than the same period in 19/20.

### Diagnostics waiting list

- The waiting list for BNSSG population level & NBT improved but at UHBW worsened from January to February.
- All were worse than the same period in 19/20.

### Diagnostics number waiting > 6 week and >13 weeks

- The number waiting more than 6 weeks improved at BNSSG level, NBT and UHBW from January to February.
- The number waiting more than 13 weeks worsened at BNSSG level, NBT and UHBW from January to February.



## 3.2 Planned Care – Diagnostics – key issues / mitigations – February

### Key Drivers (Total Trust)

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

**Criteria:** More than 5 breaches AND performance > 1%

| Provider | Diagnostic Tests         | Waiting List | No. Under 6 weeks | No. Breaches | % of Provider Breaches | Performance % |
|----------|--------------------------|--------------|-------------------|--------------|------------------------|---------------|
| NBT      | ECHOCARDIOGRAPHY         | 3214         | 925               | 2289         | 34.45%                 | 28.78%        |
|          | NON_OBSTETRIC_ULTRASOUND | 5585         | 3648              | 1937         | 29.15%                 | 65.32%        |
|          | GASTROSCOPY              | 1353         | 394               | 959          | 14.43%                 | 29.12%        |
|          | COLONOSCOPY              | 1421         | 488               | 933          | 14.04%                 | 34.34%        |
|          | FLEXI_SIGMOIDOSCOPY      | 538          | 170               | 368          | 5.54%                  | 31.60%        |
|          | CT                       | 1904         | 1789              | 115          | 1.73%                  | 93.96%        |
|          | MRI                      | 1893         | 1865              | 28           | 0.42%                  | 98.52%        |
|          | CYSTOSCOPY               | 301          | 285               | 16           | 0.24%                  | 94.68%        |
| UHBW     | ECHOCARDIOGRAPHY         | 3221         | 1385              | 1836         | 30.83%                 | 43.00%        |
|          | NON_OBSTETRIC_ULTRASOUND | 4527         | 3368              | 1159         | 19.46%                 | 74.40%        |
|          | MRI                      | 2944         | 1858              | 1086         | 18.24%                 | 63.11%        |
|          | GASTROSCOPY              | 794          | 329               | 465          | 7.81%                  | 41.44%        |
|          | COLONOSCOPY              | 687          | 225               | 462          | 7.76%                  | 32.75%        |
|          | DEXA_SCAN                | 761          | 454               | 307          | 5.16%                  | 59.66%        |
|          | CT                       | 1669         | 1394              | 275          | 4.62%                  | 83.52%        |
|          | FLEXI_SIGMOIDOSCOPY      | 296          | 76                | 220          | 3.69%                  | 25.68%        |
|          | CYSTOSCOPY               | 176          | 44                | 132          | 2.22%                  | 25.00%        |
|          | SLEEP_STUDIES            | 21           | 8                 | 13           | 0.22%                  | 38.10%        |

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



## 3.2 Planned Care – Diagnostics – Activity compared to Plan

|      |                               | H1 21/22 Operational Plan |        |        |        |        |        | H2 21/22 Operational Plan |        |        |        |        |        |
|------|-------------------------------|---------------------------|--------|--------|--------|--------|--------|---------------------------|--------|--------|--------|--------|--------|
|      |                               | Apr-21                    | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21                    | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| NBT  | MRI                           | 2,828                     | 2,879  | 3,550  | 3,455  | 3,234  | 3,251  | 3,071                     | 3,378  | 2,962  | 3,296  | 3,207  |        |
|      | Plan                          | 3,196                     | 3,240  | 3,496  | 3,332  | 3,156  | 3,240  | 3,040                     | 2,944  | 2,856  | 3,053  | 3,255  | 3,692  |
|      | CT                            | 7,109                     | 7,058  | 7,888  | 7,839  | 7,605  | 7,737  | 8,156                     | 7,876  | 7,312  | 7,604  | 7,483  |        |
|      | Plan                          | 7,074                     | 7,171  | 7,738  | 7,375  | 6,985  | 7,171  | 8,058                     | 7,734  | 7,692  | 7,711  | 7,109  | 8,337  |
|      | Non-obstetric Ultrasound      | 7,409                     | 7,357  | 8,485  | 7,564  | 6,547  | 7,368  | 6,956                     | 7,939  | 6,906  | 8,060  | 8,426  |        |
|      | Plan                          | 8,736                     | 8,856  | 9,557  | 9,108  | 8,626  | 8,856  | 7,268                     | 7,747  | 7,207  | 8,127  | 8,034  | 9,259  |
|      | Colonoscopy                   | 155                       | 156    | 154    | 181    | 248    | 166    | 176                       | 175    | 154    | 182    | 174    |        |
|      | Plan                          | 165                       | 156    | 181    | 227    | 220    | 303    | 248                       | 353    | 190    | 212    | 277    | 299    |
|      | Flexi Sigmoidoscopy           | 153                       | 136    | 163    | 171    | 150    | 133    | 141                       | 171    | 168    | 152    | 143    |        |
|      | Plan                          | 122                       | 115    | 134    | 168    | 163    | 352    | 222                       | 226    | 171    | 190    | 248    | 268    |
|      | Gastroscopy                   | 270                       | 271    | 292    | 311    | 279    | 249    | 256                       | 285    | 212    | 299    | 260    |        |
|      | Plan                          | 251                       | 239    | 277    | 347    | 336    | 444    | 386                       | 392    | 295    | 329    | 429    | 463    |
|      | Cardiology - Echocardiography | 1,617                     | 864    | 980    | 839    | 737    | 758    | 735                       | 759    | 730    | 664    | 665    |        |
|      | Plan                          | 869                       | 865    | 961    | 998    | 932    | 1,005  | 604                       | 818    | 798    | 740    | 740    | 740    |
| UHBW | MRI                           | 3,240                     | 3,022  | 3,380  | 3,416  | 3,409  | 3,430  | 3,284                     | 3,559  | 2,651  | 3,264  | 3,172  |        |
|      | Plan                          | 2,786                     | 2,543  | 2,801  | 2,786  | 2,786  | 2,786  | 3,000                     | 2,966  | 2,824  | 2,683  | 2,681  | 3,109  |
|      | CT                            | 6,901                     | 7,065  | 6,919  | 6,863  | 6,742  | 6,795  | 6,960                     | 6,937  | 6,470  | 6,998  | 6,625  |        |
|      | Plan                          | 6,181                     | 5,912  | 6,221  | 6,121  | 6,121  | 6,541  | 6,611                     | 6,926  | 6,614  | 6,396  | 6,716  | 7,660  |
|      | Non-obstetric Ultrasound      | 4,275                     | 4,157  | 5,230  | 4,785  | 4,337  | 4,715  | 4,657                     | 4,828  | 4,255  | 4,665  | 4,339  |        |
|      | Plan                          | 3,939                     | 3,767  | 3,939  | 3,940  | 3,939  | 3,920  | 4,243                     | 4,446  | 4,243  | 4,042  | 4,041  | 4,648  |
|      | Colonoscopy                   | 310                       | 254    | 309    | 317    | 274    | 406    | 372                       | 403    | 239    | 257    | 156    |        |
|      | Plan                          | 176                       | 187    | 196    | 203    | 203    | 203    | 311                       | 338    | 323    | 318    | 318    | 361    |
|      | Flexi Sigmoidoscopy           | 153                       | 107    | 98     | 98     | 109    | 119    | 141                       | 134    | 95     | 115    | 74     |        |
|      | Plan                          | 112                       | 124    | 131    | 138    | 138    | 138    | 113                       | 110    | 107    | 108    | 108    | 124    |
|      | Gastroscopy                   | 420                       | 243    | 257    | 320    | 365    | 416    | 443                       | 306    | 310    | 306    | 300    |        |
|      | Plan                          | 343                       | 370    | 385    | 401    | 401    | 401    | 337                       | 343    | 327    | 320    | 321    | 369    |
|      | Cardiology - Echocardiography | 1,617                     | 1,733  | 1,711  | 1,721  | 1,743  | 1,743  | 1,532                     | 1,846  | 1,548  | 1,601  | 1,591  |        |
|      | Plan                          | 1,552                     | 1,484  | 1,552  | 1,552  | 1,552  | 1,552  | 1,711                     | 1,792  | 1,711  | 1,631  | 1,630  | 1,874  |

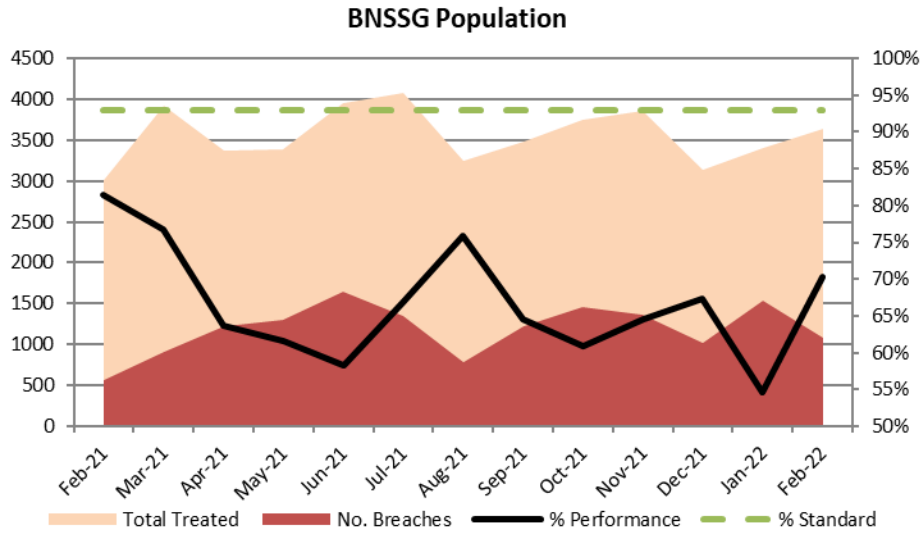
### Diagnostics activity compared to plan

- These tables show monthly activity for specific diagnostic tests at total provider level for NBT and UHBW compared to the H1 and H2 21/22 Operational Plan.

Worse Than (Below) Plan

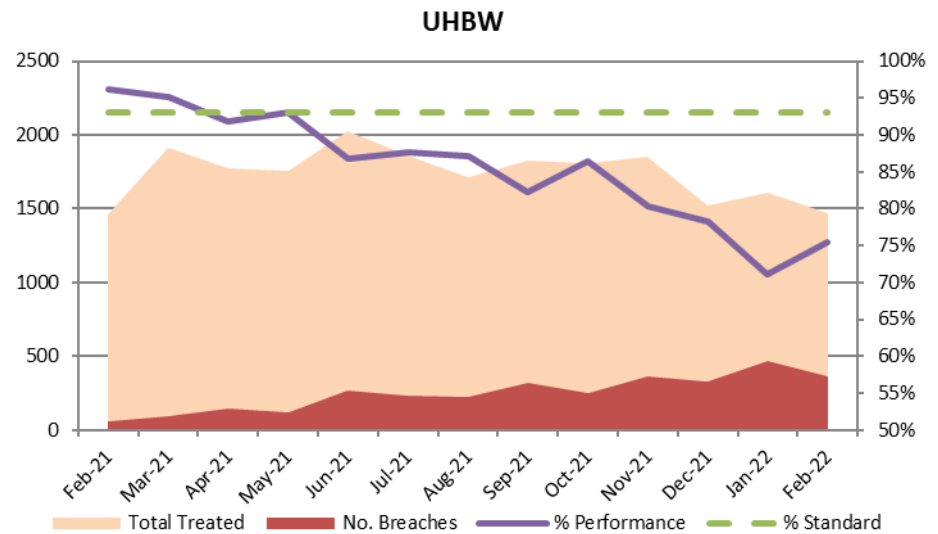
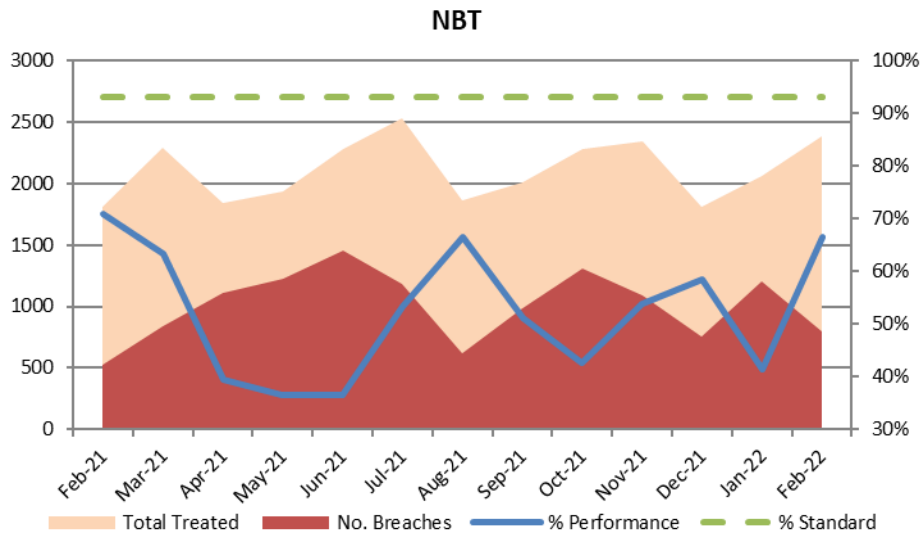
Better Than (Above) Plan

## 3.2 Planned Care – Cancer – 2 weeks wait – February

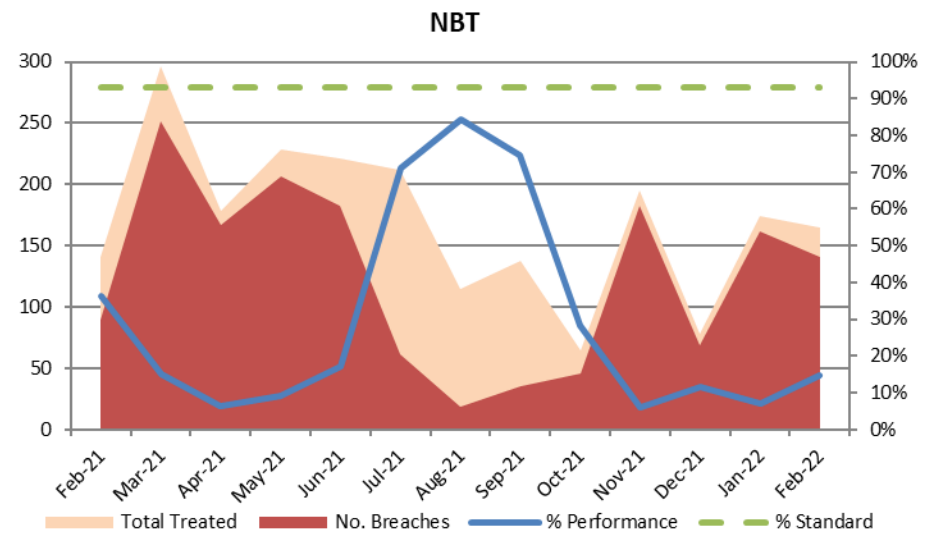
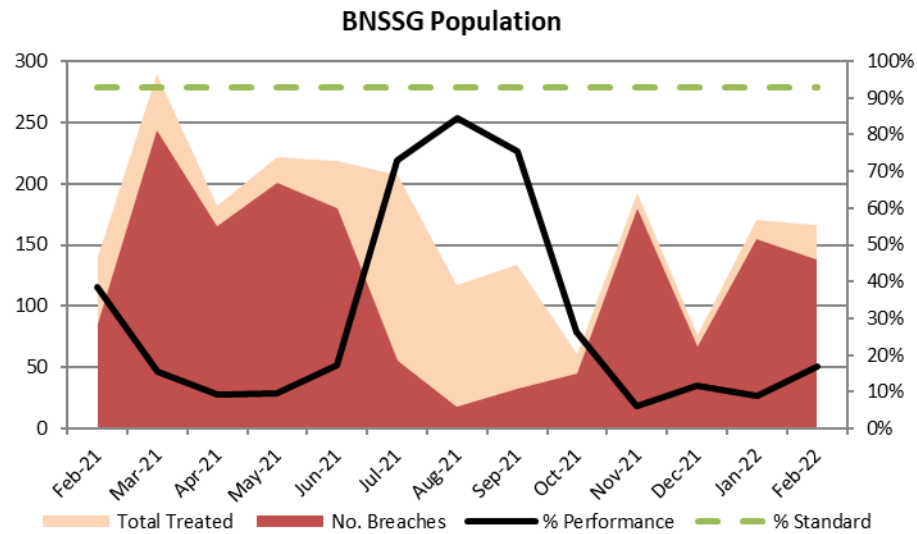


### 2 weeks wait standard

- Performance improved at BNSSG population level from 54.6% to 70.3% in February. This is worse than the pre-COVID average (85.4%) and worse than the same period in 19/20 (92.4%).
- NBT performance improved from 41.4% to 66.5% and is worse than the same period in 19/20 (90%).
- UHBW performance improved from 71% to 75.4% and is worse than the same period in 19/20 (95.3%).
- All failed the 93% Standard.



## 3.2 Planned Care – Cancer – 2ww breast symptoms – February



### 2 weeks wait – Breast Symptoms

- Performance improved at BNSSG population level from 8.8% to 16.9% in February and is worse than the same period in 19/20 (89.7%).
- NBT performance improved from 6.9% to 14.6% and is worse than the same period in 19/20 (89.6%).
- The 93% standard was last achieved in July 2020.

## 3.2 Planned Care – Cancer – 2 weeks wait referrals – March

### 2 weeks wait referrals – Main specialities

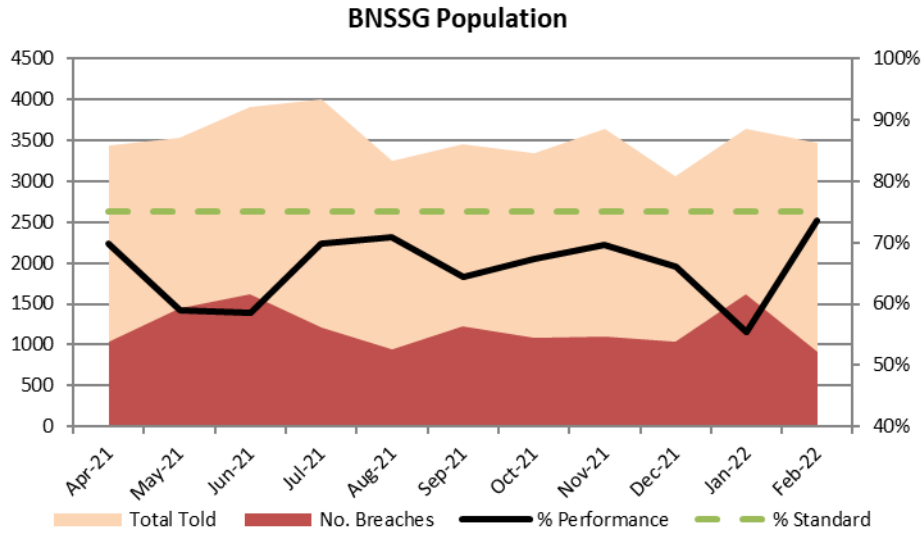
- This table shows the recovery rates of the main specialties which Covid-19 had the most impact i.e. those with the most significant decrease in weekly referrals.
- **Please Note:** The table doesn't take account of the seasonal variance in referrals. The reduction in referrals in December and January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

| Specialty     | Average number of weekly referrals each month |     |     |      |      |        |     |     |     |     |     |     | % recovery to baseline |         |         |         |         |        |         |         |         |        |        |        |         |
|---------------|---|-----|-----|------|------|--------|-----|-----|-----|-----|-----|-----|------------------------|---------|---------|---------|---------|--------|---------|---------|---------|--------|--------|--------|---------|
|               | Pre-Covid Baseline                            | Apr | May | June | July | August | Sep | Oct | Nov | Dec | Jan | Feb | Mar                    | Apr     | May     | June    | July    | August | Sep     | Oct     | Nov     | Dec    | Jan    | Feb    | Mar     |
| Breast        | 213   | 219 | 207 | 187  | 176  | 167    | 228 | 224 | 230 | 196 | 183 | 198 | 165                    | 102.82% | 97.18%  | 87.79%  | 82.63%  | 78.40% | 107.04% | 105.16% | 107.98% | 92.02% | 85.92% | 92.96% | 77.46%  |
| Gynaecology   | 95  | 81  | 82  | 89   | 87   | 80     | 80  | 96  | 92  | 81  | 75  | 93  | 95                     | 85.26%  | 86.32%  | 93.68%  | 91.58%  | 84.21% | 84.21%  | 101.05% | 96.84%  | 85.26% | 78.95% | 97.89% | 100.00% |
| Head and Neck | 102   | 110 | 106 | 92   | 96   | 73     | 85  | 89  | 94  | 84  | 79  | 98  | 94                     | 107.84% | 103.92% | 90.20%  | 94.12%  | 71.57% | 83.33%  | 87.25%  | 92.16%  | 82.35% | 77.45% | 96.08% | 92.16%  |
| Lower GI      | 73  | 88  | 103 | 91   | 91   | 68     | 69  | 71  | 74  | 66  | 55  | 72  | 71                     | 120.55% | 141.10% | 124.66% | 124.66% | 93.15% | 94.52%  | 97.26%  | 101.37% | 90.41% | 75.34% | 98.63% | 97.26%  |
| Lung          | 31  | 27  | 25  | 21   | 23   | 18     | 18  | 19  | 20  | 29  | 19  | 21  | 22                     | 87.10%  | 80.65%  | 67.74%  | 74.19%  | 58.06% | 58.06%  | 61.29%  | 64.52%  | 93.55% | 61.29% | 67.74% | 70.97%  |
| Skin          | 258   | 255 | 260 | 277  | 273  | 249    | 245 | 235 | 217 | 203 | 178 | 244 | 244                    | 98.84%  | 100.78% | 107.36% | 105.81% | 96.51% | 94.96%  | 91.09%  | 84.11%  | 78.68% | 68.99% | 94.57% | 94.57%  |
| Upper GI      | 46  | 41  | 37  | 42   | 38   | 33     | 30  | 31  | 35  | 38  | 32  | 34  | 40                     | 89.13%  | 80.43%  | 91.30%  | 82.61%  | 71.74% | 65.22%  | 67.39%  | 76.09%  | 82.61% | 69.57% | 73.91% | 86.96%  |
| Urology       | 103   | 97  | 79  | 87   | 98   | 78     | 63  | 87  | 103 | 97  | 80  | 94  | 99                     | 94.17%  | 76.70%  | 84.47%  | 95.15%  | 75.73% | 61.17%  | 84.47%  | 100.00% | 94.17% | 77.67% | 91.26% | 96.12%  |
| Total         | 963   | 944 | 942 | 908  | 918  | 803    | 859 | 884 | 922 | 827 | 732 | 908 | 875                    | 98.03%  | 97.82%  | 94.29%  | 95.33%  | 83.39% | 89.20%  | 91.80%  | 95.74%  | 85.88% | 76.01% | 94.29% | 90.86%  |

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

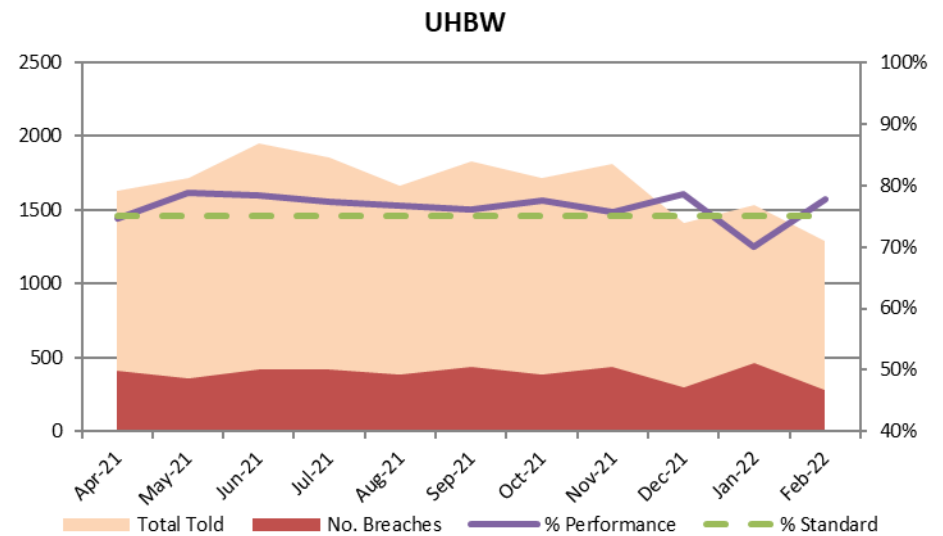
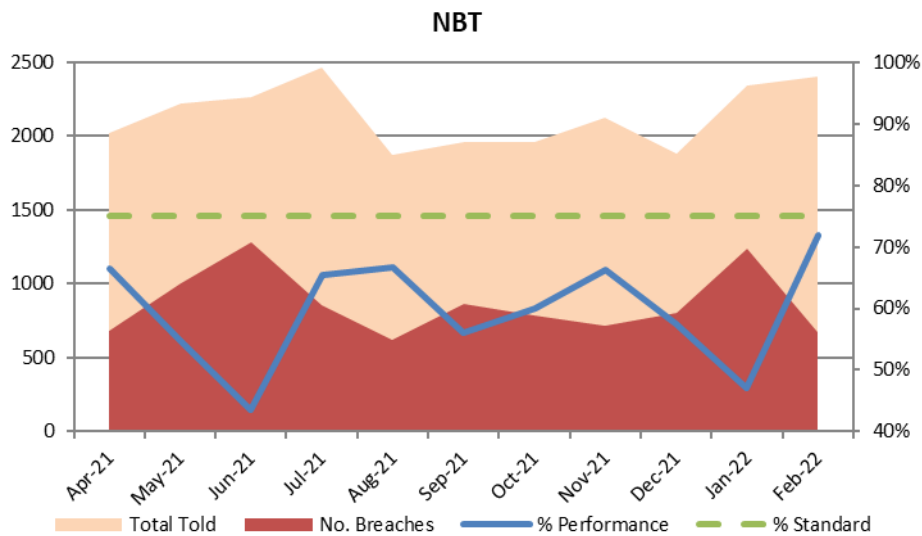
- Overall 2ww recovery was below the pre-Covid baseline by 9.14% in March 2022.
- Lung remains an area of concern with levels still 29% below the pre-Covid baseline.
- Recovery of Cancer referral rates is a main objective described in the 21/22 operational plan.

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

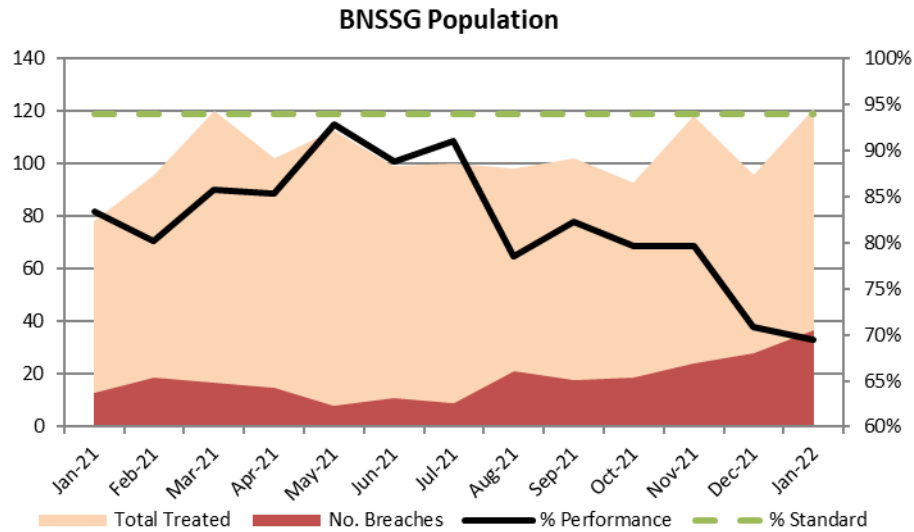


## 28 day Faster Diagnosis Standard (FDS) (All Routes)

- Performance improved at BNSSG population level from 55.4% to 73.6% in February.
- NBT improved from 47.1% to 72%.
- UHBW improved from 70% to 77.9%
- UHBW met the 75% Standard

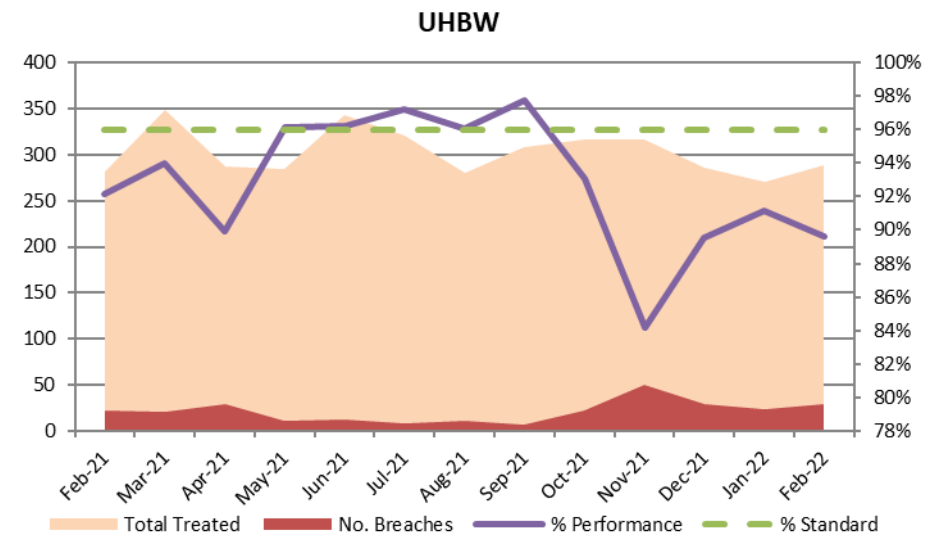
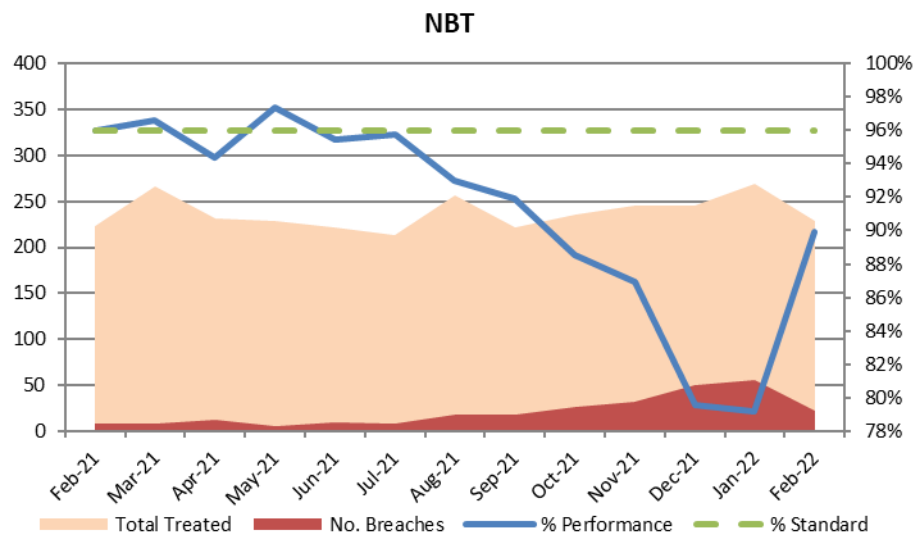


## 3.2 Planned Care – Cancer – 31 days first treatment – February

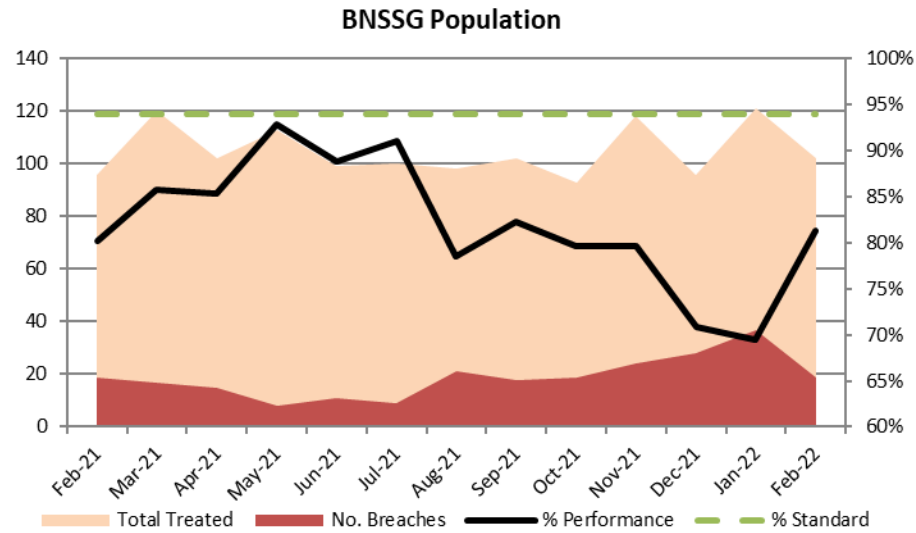


### 31 days first treatment standard

- Performance improved at BNSSG population level from 87.4% to 91.6% in February but is worse than the same period in 19/20 (97%).
- NBT performance improved from 79.2% to 89.9% and is worse than the same period in 19/20 (95.4%).
- UHBW performance worsened from 91.1% to 89.6% and is worse than the same period in 19/20 (96.8%).
- All failed the 96% standard.

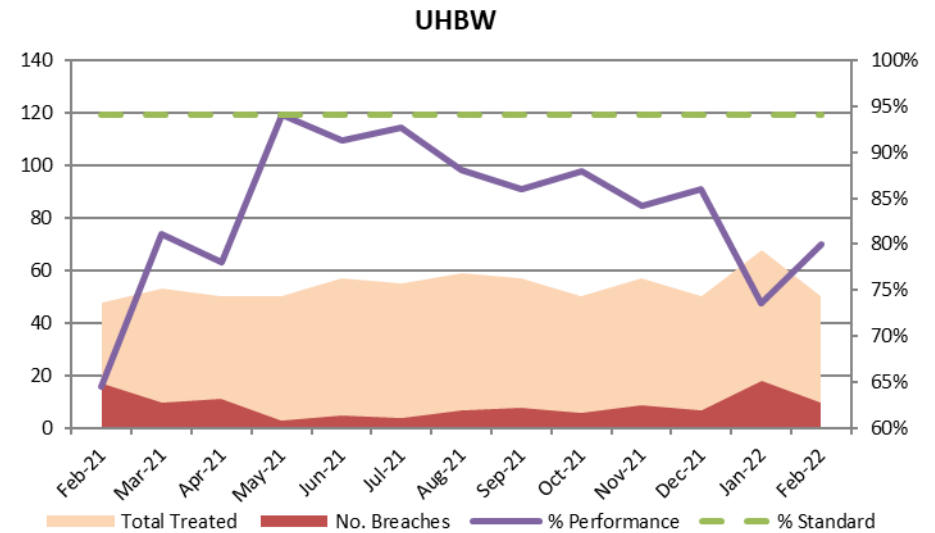
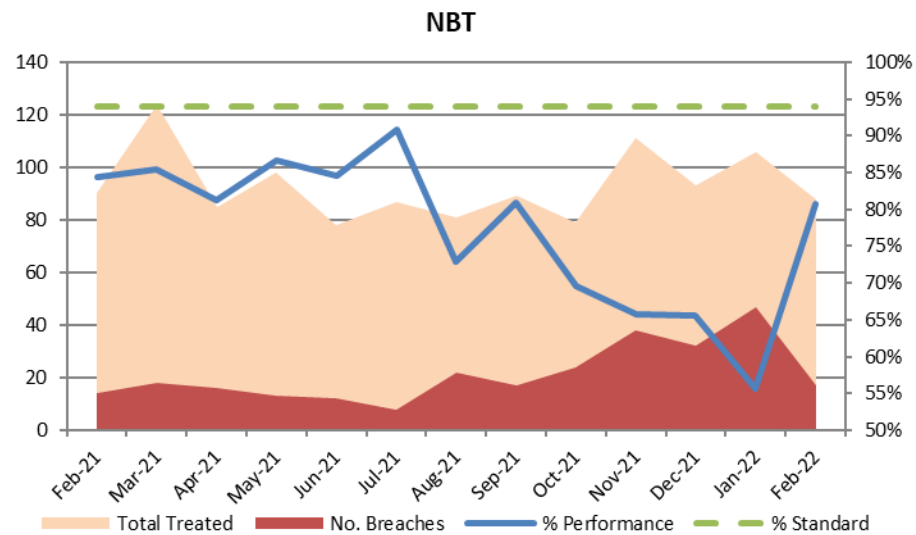


## 3.2 Planned Care – Cancer – 31 days surgery – February

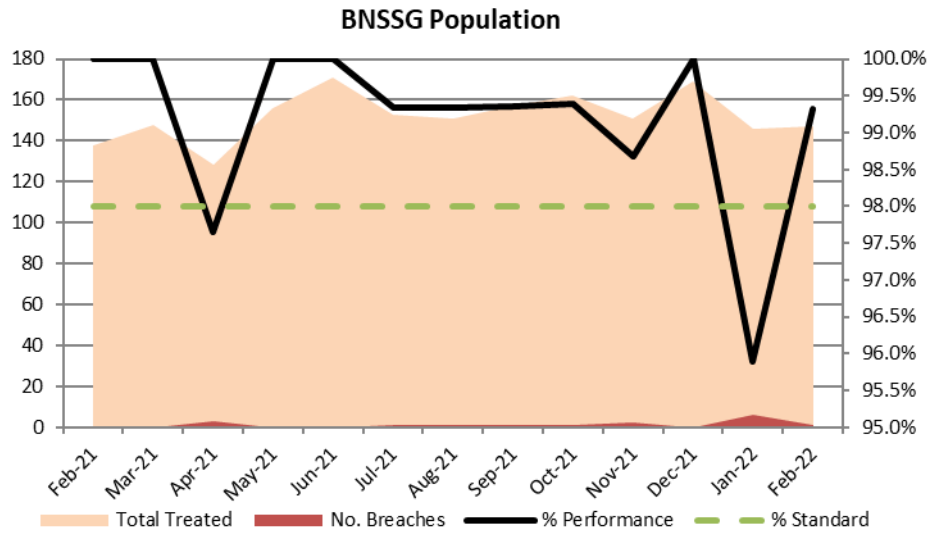


### 31 days subsequent treatment - Surgery

- Performance improved at BNSSG population level from 69.4% to 81.4% in February and is better than the same period in 19/20 (81.1%).
- NBT performance improved from 55.6% to 80.7% and is better than the same period in 19/20 (70.9%).
- UHBW performance improved from 73.5% to 80% but is worse than the same period in 19/20 (93.8%).
- All failed the 94% standard.

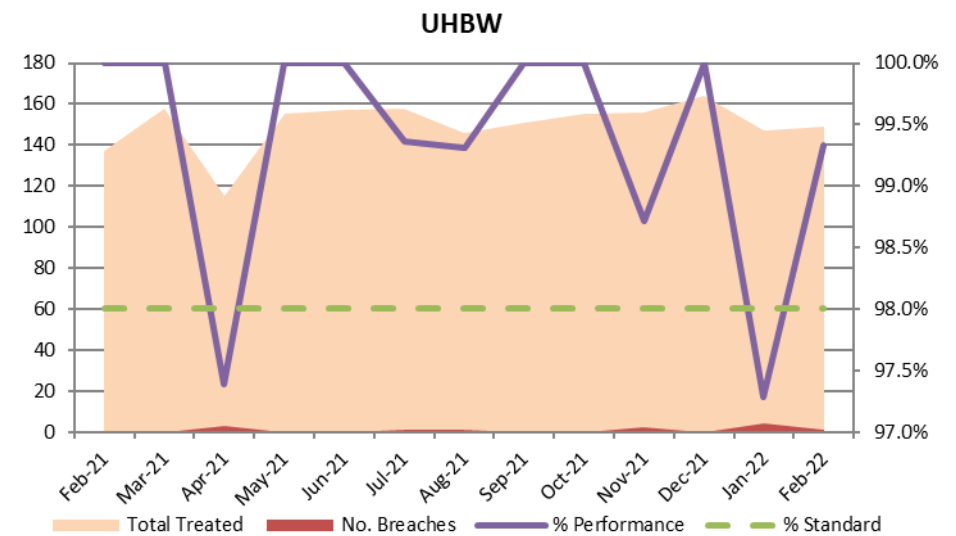
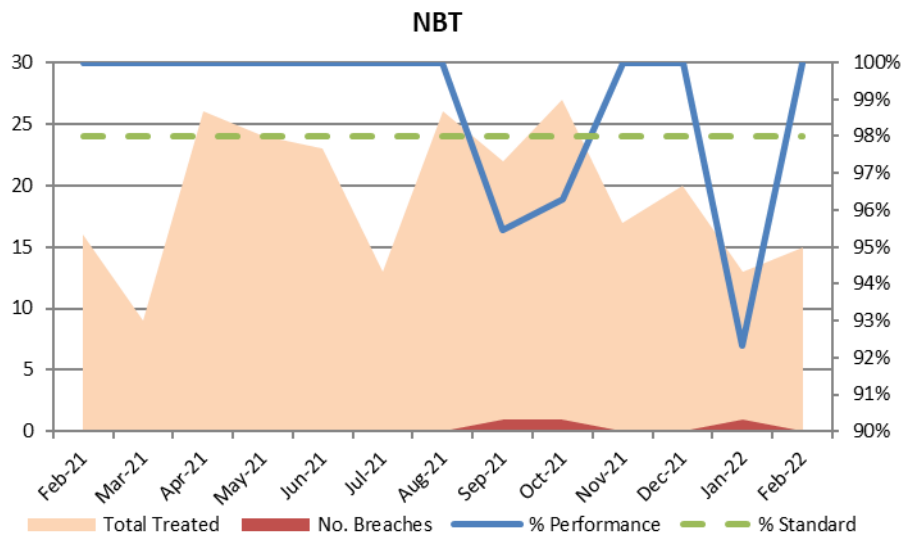


## 3.2 Planned Care – Cancer – 31 days drugs – February



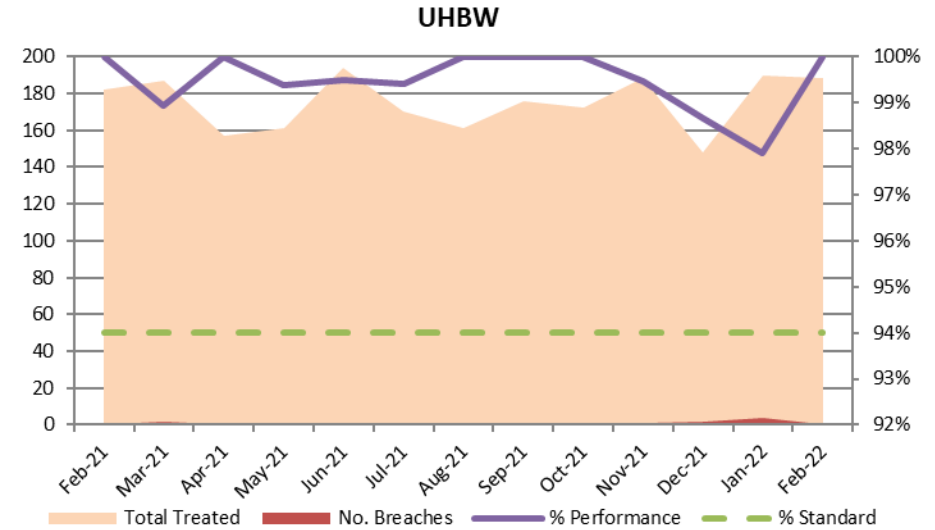
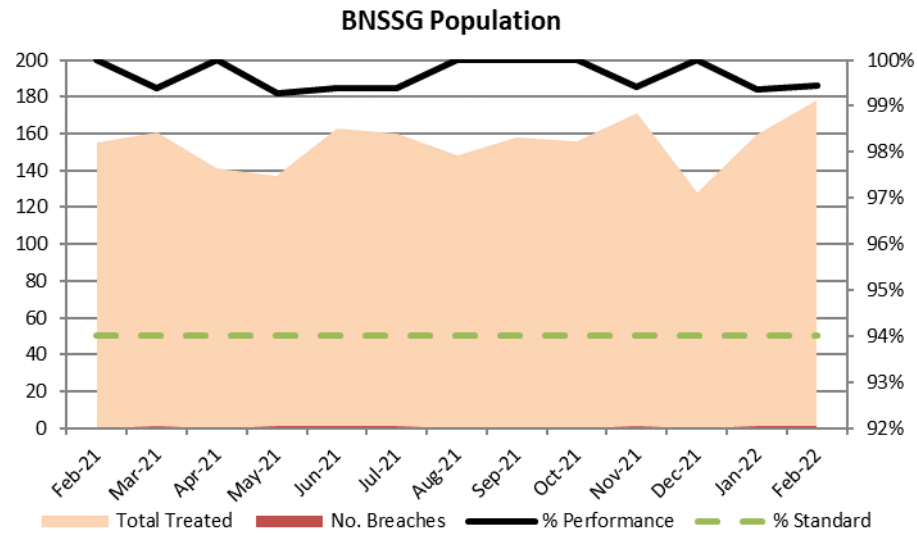
### 31 days subsequent treatment - Drugs

- Performance at BNSSG population level improved from 95.9% to 99.3% in February but is the worse than the same period in 19/20 (100%).
- NBT performance improved from 92.3% to 100% and is the same as the same period in 19/20 (100%)
- UHBW performance improved from 97.3% to 99.3% and is worse than the same period in 19/20 (100%)
- All failed the 98% standard.





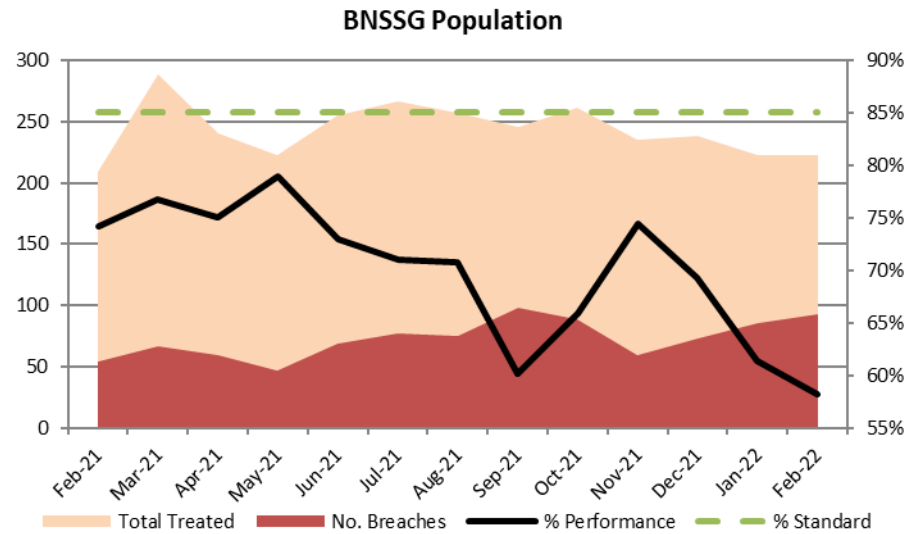
## 3.2 Planned Care – Cancer – 31 days radiotherapy – February



### 31 days subsequent treatment - Radiotherapy

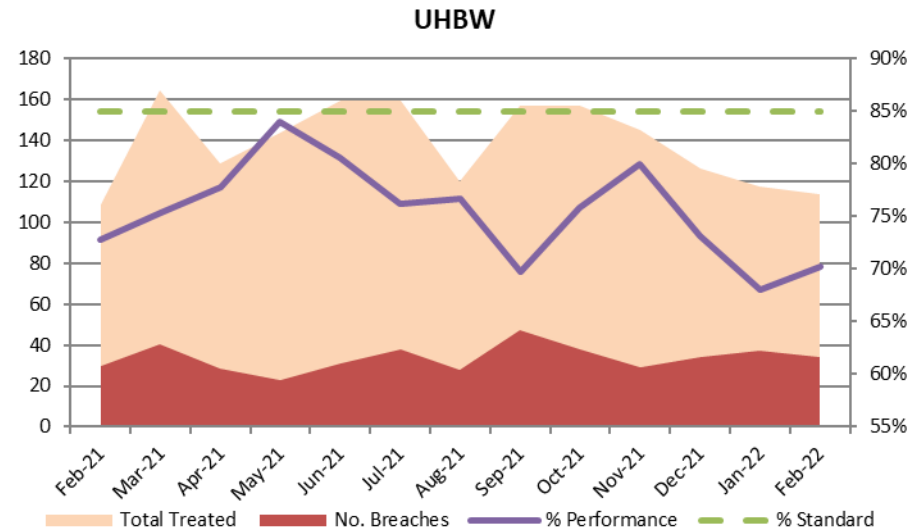
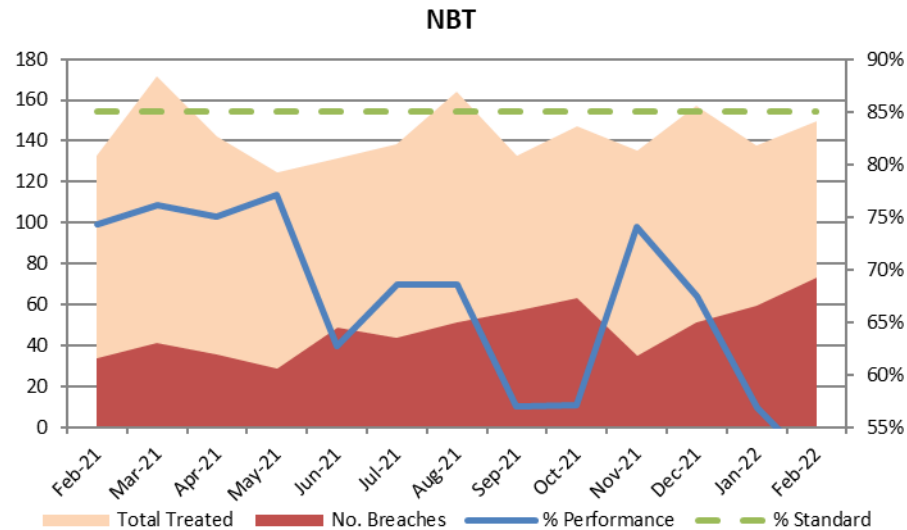
- Performance at BNSSG improved from 99.4% to 99.5% in February but is worse than the same period in 19/20 (98.3%).
- UHBW performance improved from 97.9% to 100% but is worse than the same period in 19/20 (98.5%).
- Both continue to achieve the 94% standard.

## 3.2 Planned Care – Cancer – 62 days wait – February

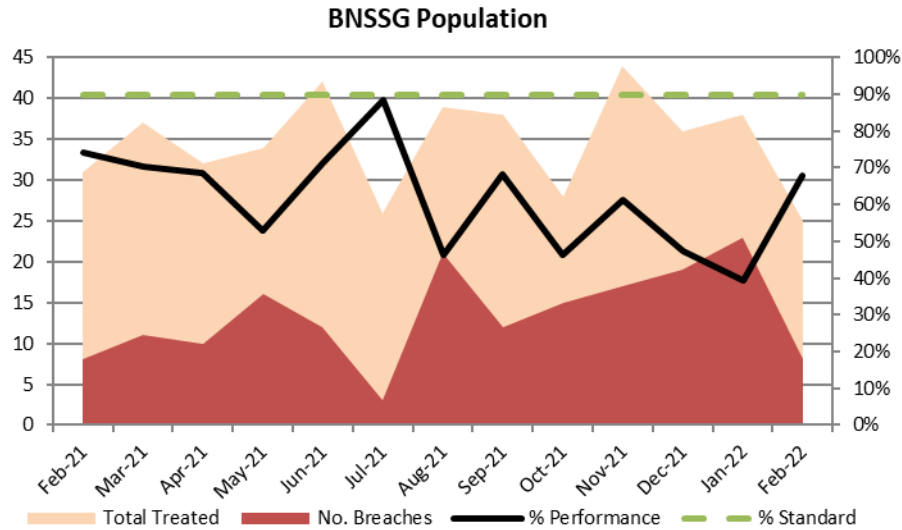


### 62 days wait standard

- Performance worsened at BNSSG population level from 61.4% to 58.3% in February and is worse than the same period in 19/20 (67.3%).
- NBT performance worsened from 56.9% to 51.2% and is worse than the same period in 19/20 (61.3%).
- UHBW performance improved from 68.1% to 70.2% but is worse than the same period in 19/20 (77.5%).
- All continue to fail the 85% standard.

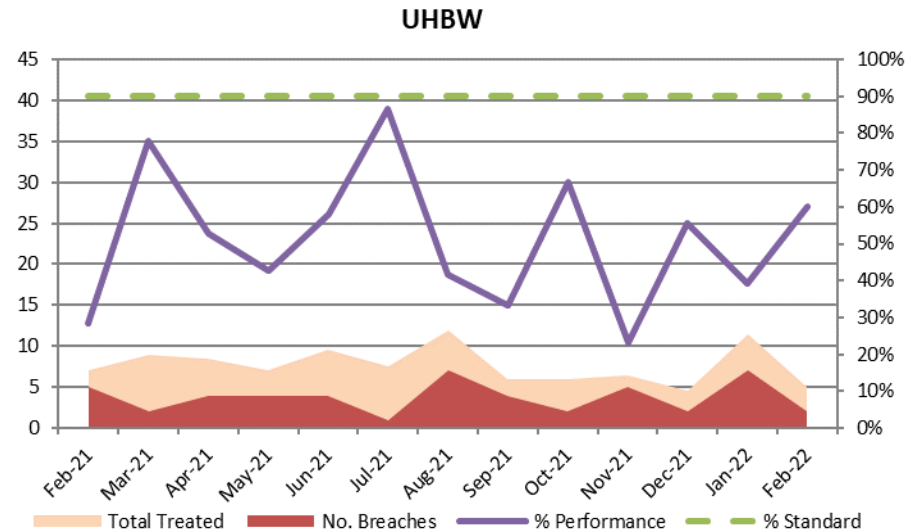
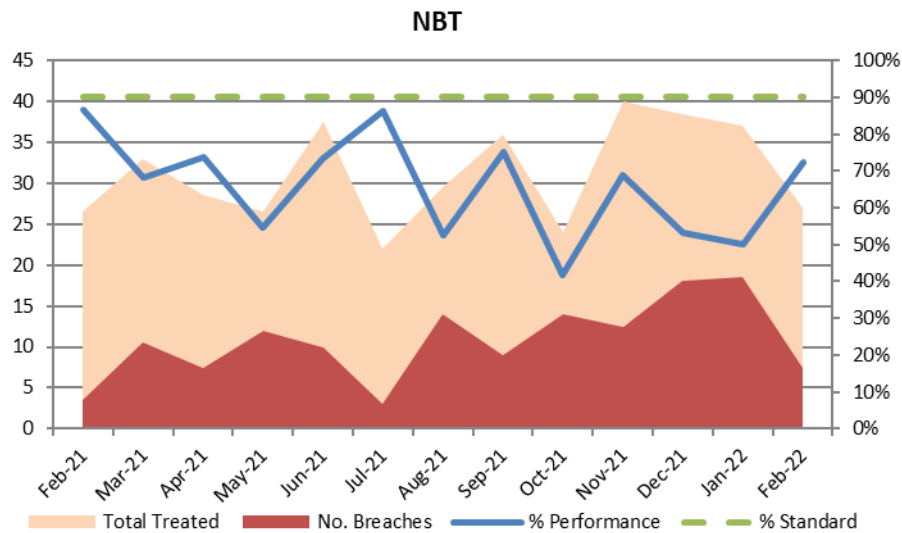


## 3.2 Planned Care – Cancer – 62 days wait NHS screening – February



### 62 days wait NHS Screening

- Performance improved at BNSSG population level from 39.5% to 68% in February but is better than the same period in 19/20 (58.6%).
- NBT performance improved from 50% to 72.2% and is better than the same period in 19/20 (67.3%).
- UHBW performance improved from 39.1% to 60% but is worse than the same period in 19/20 (33.3%).
- All continue to fail the 90% standard.
- Performance can vary greatly from month to month due to the very low numbers.



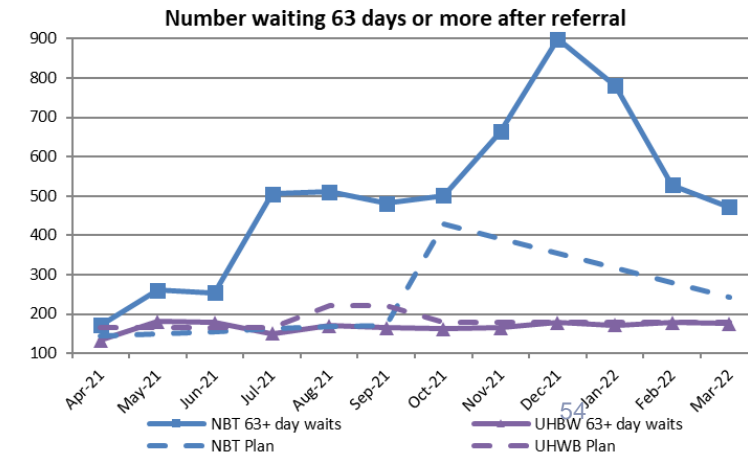
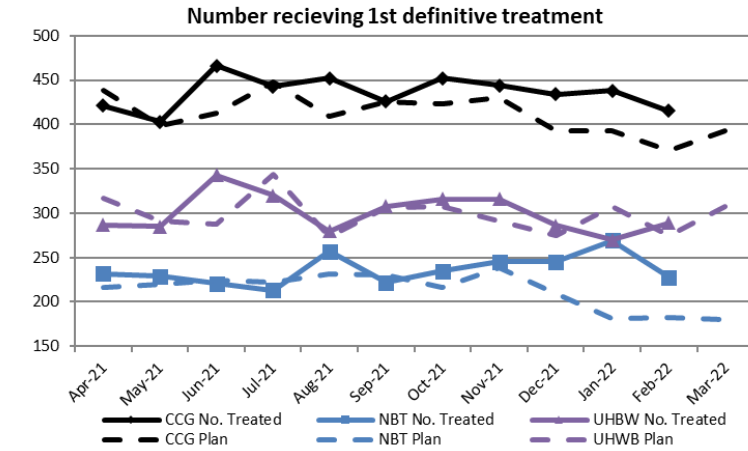
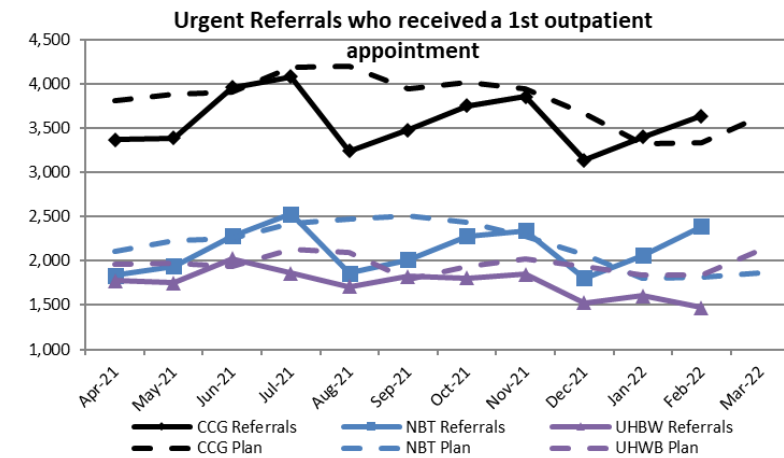
# 3.2 Planned Care – Cancer – Activity compared to Plan

## Cancer activity compared to plan

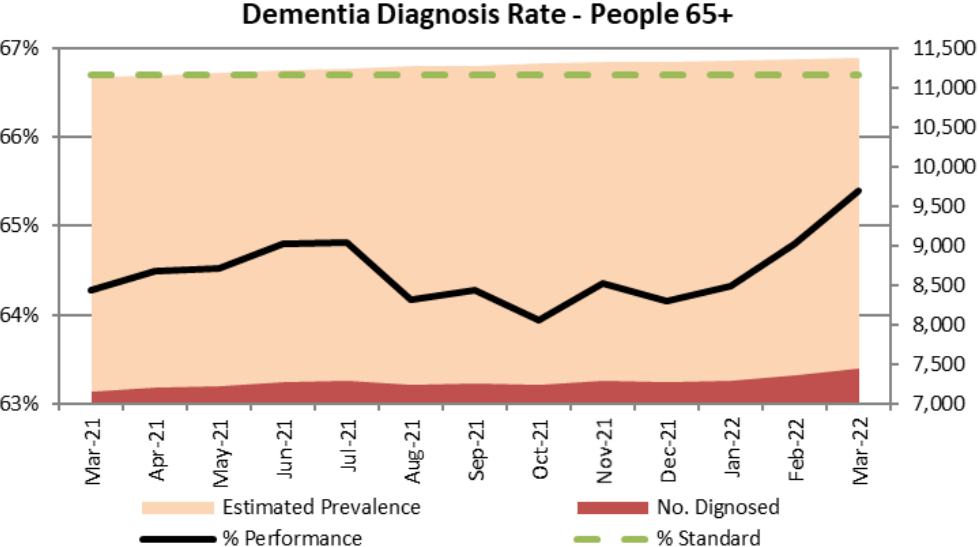
- This slide show monthly cancer activity at BNSSG population level and total provider level for NBT and UHBW compared to the H1 and H2 21/22 Operational Plan.
- Please note that we are aware of some data quality issues with NBT's reported figures for E.B.32 Number of patients waiting 63 days or more. The reported figures are higher than expected and will be updated once the data quality process has been completed.

|               |                                | H1 21/22 Operational Plan |        |        |        |        |        | H2 21/22 Operational Plan |        |        |        |        |        |
|---------------|--------------------------------|---------------------------|--------|--------|--------|--------|--------|---------------------------|--------|--------|--------|--------|--------|
|               |                                | Apr-21                    | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21                    | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| <b>E.B.30</b> | <b>Urgent Referrals</b>        |                           |        |        |        |        |        |                           |        |        |        |        |        |
| BNSSG         | Urgent referrals with 1st OP   | 3,371                     | 3,389  | 3,956  | 4,080  | 3,241  | 3,476  | 3,750                     | 3,856  | 3,135  | 3,398  | 3,634  |        |
|               | Plan                           | 3,804                     | 3,883  | 3,901  | 4,190  | 4,200  | 3,945  | 4,017                     | 3,940  | 3,662  | 3,324  | 3,340  | 3,623  |
| NBT           | Urgent referrals with 1st OP   | 1,839                     | 1,938  | 2,283  | 2,530  | 1,861  | 2,011  | 2,281                     | 2,344  | 1,807  | 2,064  | 2,389  |        |
|               | Plan                           | 2,113                     | 2,223  | 2,253  | 2,421  | 2,474  | 2,514  | 2,431                     | 2,272  | 2,067  | 1,801  | 1,817  | 1,866  |
| UHBW          | Urgent referrals with 1st OP   | 1,776                     | 1,753  | 2,023  | 1,864  | 1,711  | 1,822  | 1,807                     | 1,848  | 1,525  | 1,605  | 1,472  |        |
|               | Plan                           | 1,962                     | 1,971  | 1,940  | 2,128  | 2,097  | 1,791  | 1,932                     | 2,024  | 1,932  | 1,840  | 1,840  | 2,116  |
| <b>E.B.31</b> | <b>Treatment Volumes</b>       |                           |        |        |        |        |        |                           |        |        |        |        |        |
| BNSSG         | No. receiving 1st treatment    | 421                       | 403    | 466    | 443    | 452    | 426    | 452                       | 444    | 434    | 438    | 415    |        |
|               | Plan                           | 438                       | 399    | 413    | 448    | 409    | 425    | 423                       | 430    | 392    | 393    | 370    | 392    |
| NBT           | No. receiving 1st treatment    | 232                       | 229    | 221    | 213    | 257    | 222    | 235                       | 245    | 245    | 269    | 228    |        |
|               | Plan                           | 216                       | 220    | 225    | 222    | 232    | 230    | 216                       | 238    | 209    | 181    | 183    | 180    |
| UHBW          | No. receiving 1st treatment    | 287                       | 285    | 343    | 320    | 280    | 308    | 316                       | 316    | 286    | 270    | 289    |        |
|               | Plan                           | 317                       | 291    | 288    | 344    | 274    | 306    | 307                       | 291    | 275    | 307    | 275    | 307    |
| <b>E.B.32</b> | <b>Number waiting 63+ days</b> |                           |        |        |        |        |        |                           |        |        |        |        |        |
| NBT           | Number waiting 63+ days        | 172                       | 260    | 254    | 505    | 510    | 481    | 501                       | 663    | 899    | 781    | 528    | 472    |
|               | Plan                           | 144                       | 149    | 156    | 162    | 169    | 172    | 430                       | 392    | 355    | 317    | 280    | 242    |
| UHBW          | Number waiting 63+ days        | 133                       | 181    | 178    | 150    | 170    | 165    | 162                       | 165    | 178    | 171    | 178    | 176    |
|               | Plan                           | 166                       | 166    | 166    | 166    | 221    | 221    | 180                       | 180    | 180    | 180    | 180    | 180    |

Worse than Plan  
Better than Plan

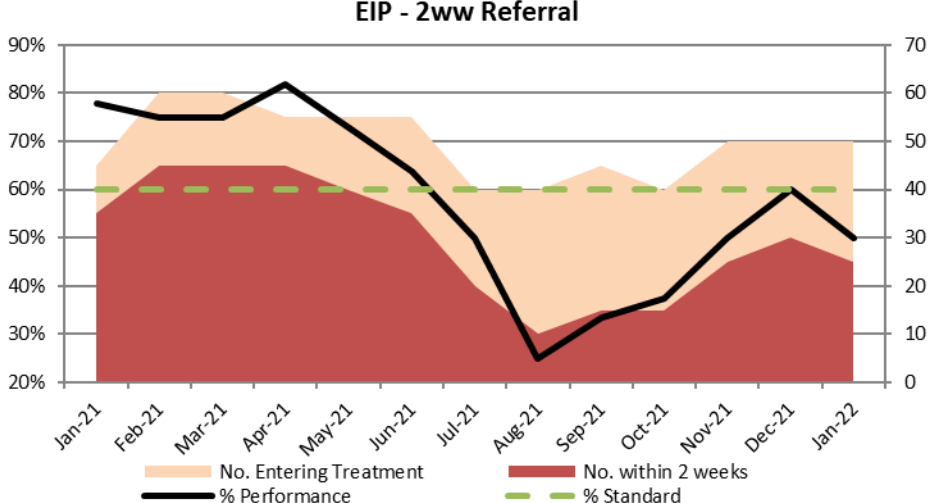


# 3.3 Mental Health – Dementia (March) & EIP (January)



## Dementia – Estimated Diagnosis rate for people aged 65+

- BNSSG performance improved from 64.8% to 65.4% in March.
- The 66.7% national standard has not been achieved since April 2020. However, performance continues to be better than the average for the South West (57.5%) and England (62%).
- BNSSG continues to be ranked best in the South West out of the 7 STPs.
- Covid-19 has led to unprecedented changes in the work and behaviour of General Practices and as a result this will have impacted on this data, including the diagnosis rate, the extent of which is unable to be estimated.



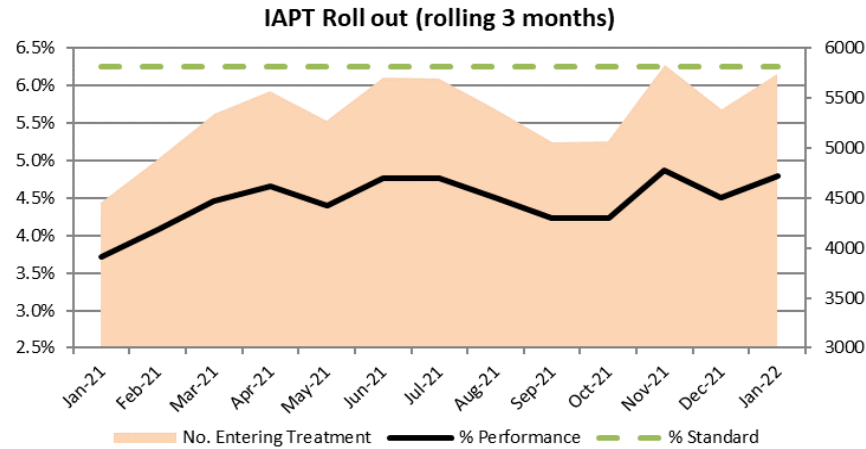
## EIP – Psychosis treated with a NICE approved care package within two weeks of referral

- BNSSG performance worsened from 60% in December to 50% in January.
- The 60% national standard was not achieved.

# 3.3 Mental Health – IAPT – January

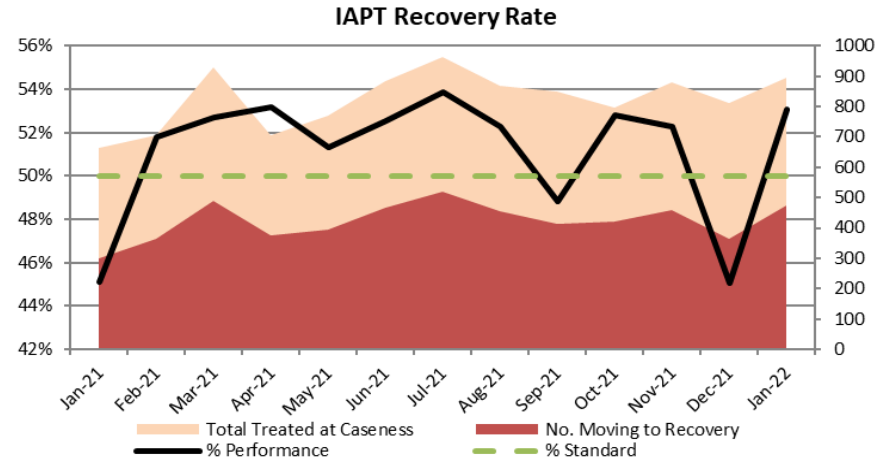
## IAPT Roll Out (rolling 3 months)

BNSSG performance improved from 4.5% to 4.8% in January but continues to fail the 6.25% national standard.

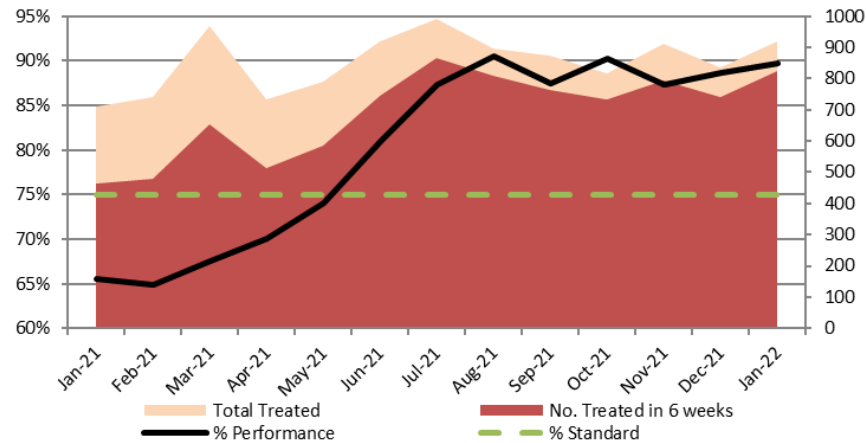


## IAPT Recovery Rate

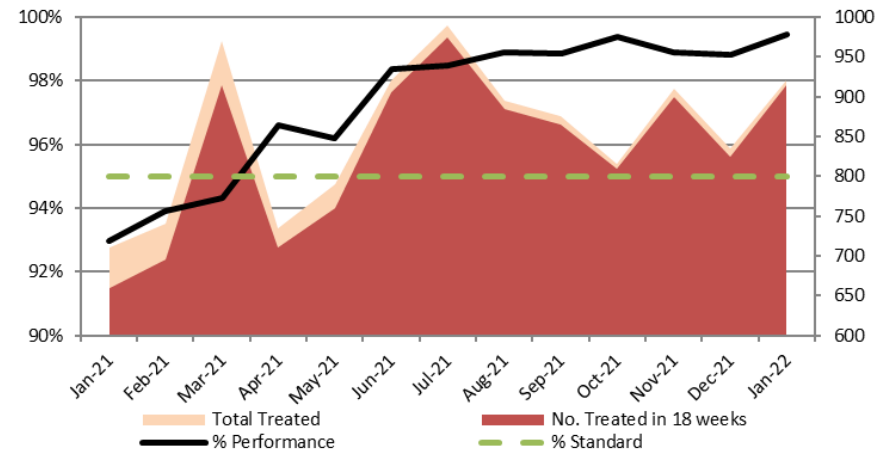
BNSSG performance improved from 45.1% to 53.1% in January and achieved the 50% national standard.



## IAPT Waiting Times - 6 weeks



## IAPT Waiting Times - 18 weeks



## IAPT Waiting Times – 6 weeks

BNSSG performance improved from 88.6% to 89.6% in January. The 75% national standard has continued to be achieved since June 2021.

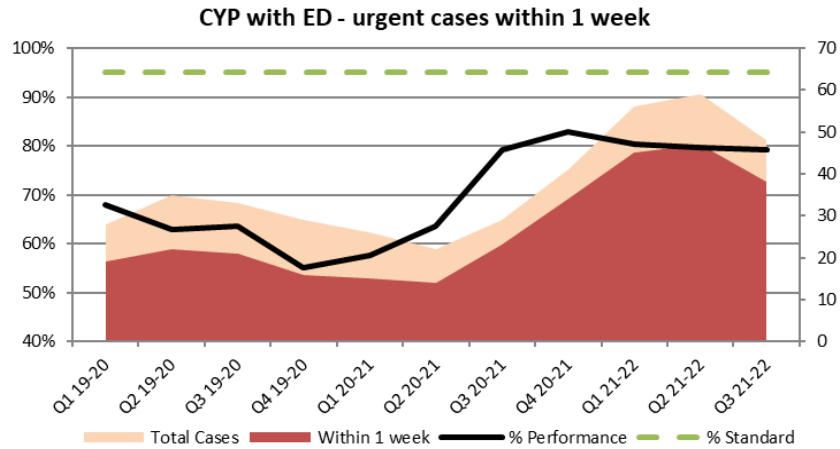
## IAPT Waiting Times – 18 weeks

BNSSG performance Improved from 98.8% to 99.4% in January. The 95% national standard has continued to be achieved since April 2021.

# 3.3 Mental Health – Children & Young People (CYP) – Q3 21/22

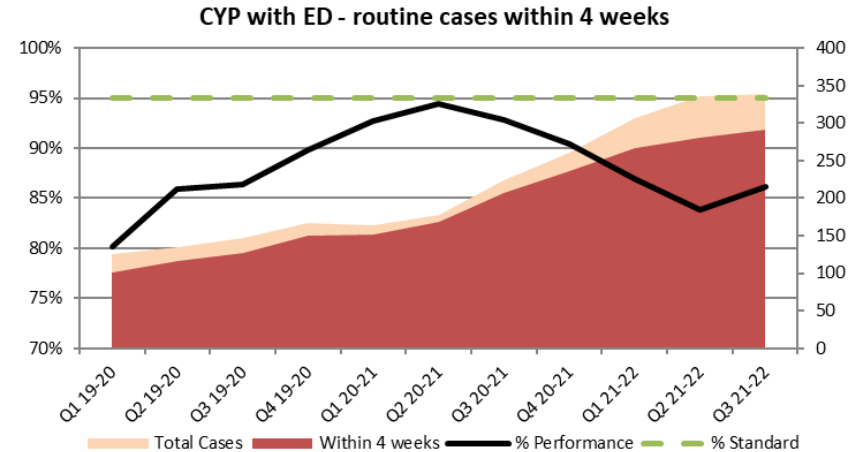
## CYP with ED – Urgent Cases within 1 week (12 month rolling)

- BNSSG Performance worsened slightly from 79.7% in Q2 to 79.2% in Q3 (38 out of 48 CYP started treatment within 1 week).
- The 95% national standard continues to be failed.
- BNSSG Performance is better than the average for the South West (37.5%) and England (59%).

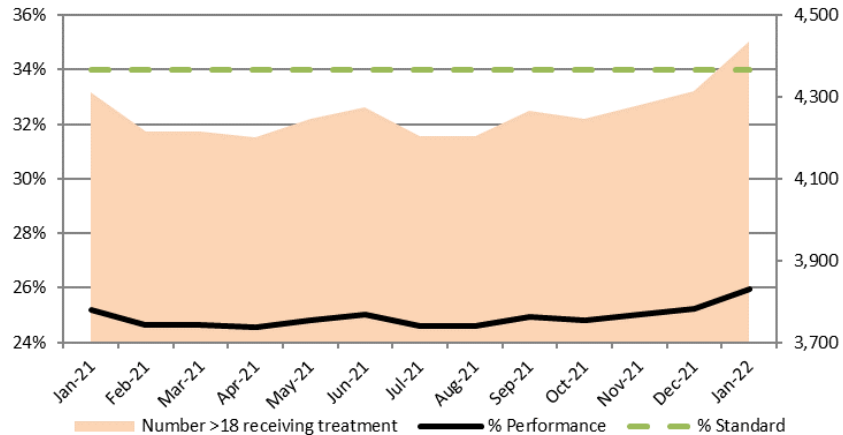


## CYP with ED – Routine Cases within 4 weeks (12 month rolling)

- BNSSG Performance improved from 83.9% in Q2 to 86.1% in Q3 (291 out of 338 started treatment within 4 weeks).
- The 95% national standard continues to be failed.
- BNSSG performance continues to be better than the average for the South West (67.4%) and England (66.4%).



## CYPMH Access Rate (12 month rolling)

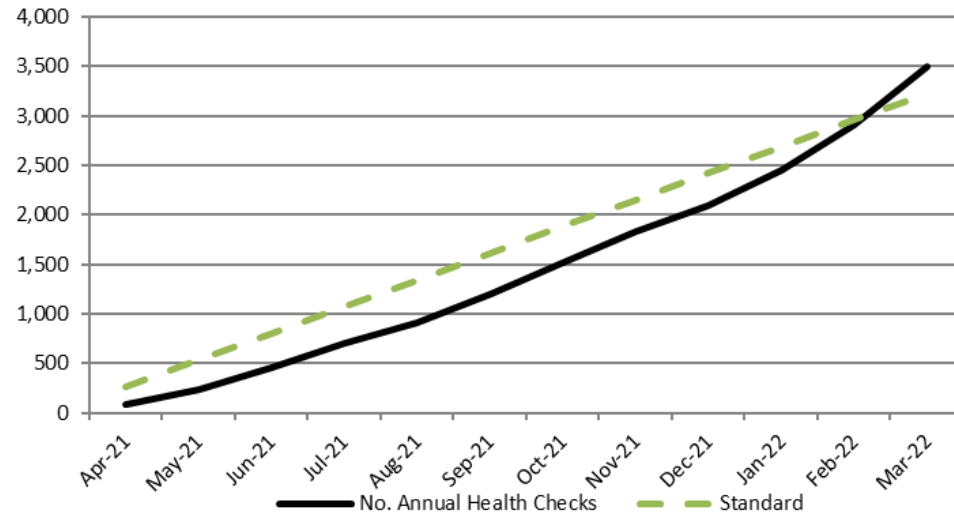


## Improving Access to CYP Mental Health services (CYPMH)

- Performance is reported on a 12 month rolling basis.
- BNSSG performance Improved from 25.24% to 25.94% in January but continues to fail the 34% national standard.
- The monthly number of BNSSG CYP receiving at least two contacts increased from 285 in December to 330 in January.

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

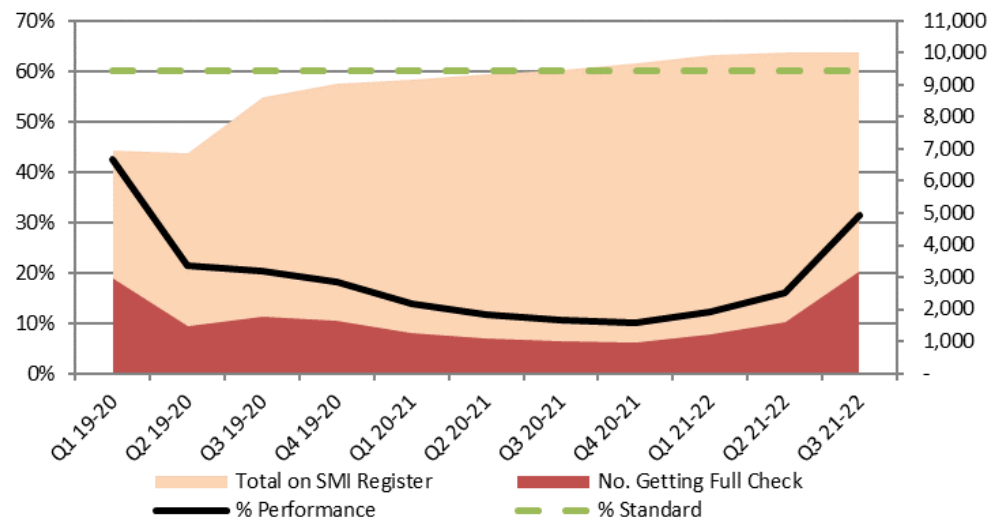
LD Annual Health Checks (Cumulative)



Annual Health Checks delivered by GPs for those on the LD register aged 14+ in the period

- Performance is reported on a cumulative, year to date basis.
- At the end of March 3,496 annual health checks were completed.
- This is better (by 268 checks) than the national standard of completing 3,228 checks by the end of March.
- The national standard was reached for 21/22 due to the increase in checks completed in the final two months of the year.

SMI Annual Health Checks (12 month rolling)

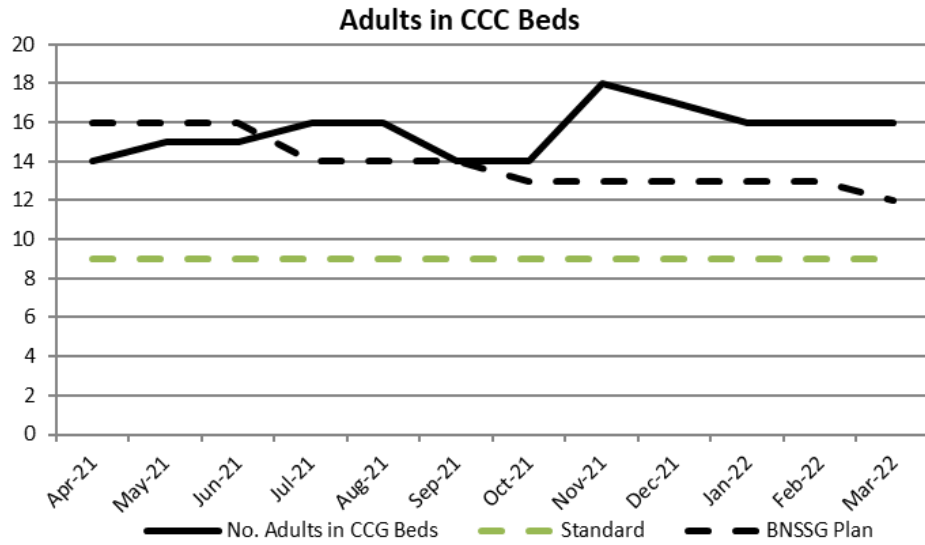


People with a severe mental illness receiving a full annual physical health check and follow-up interventions (Rolling 12 Months)

- Performance is reported on a 12 month rolling basis.
- BNSSG Performance improved 15.9% in Q2 to 31.4% in Q3.
- The 60% standard continues to be failed.
- This is better than the South West average (29.3%) but worse than the England average (34.9%).

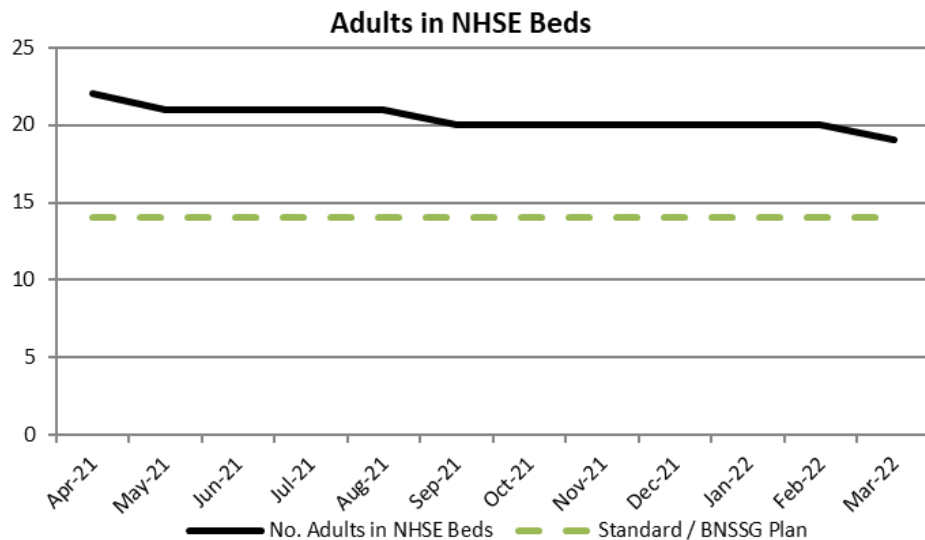


### 3.3 Mental Health – Reliance on inpatient care – March



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

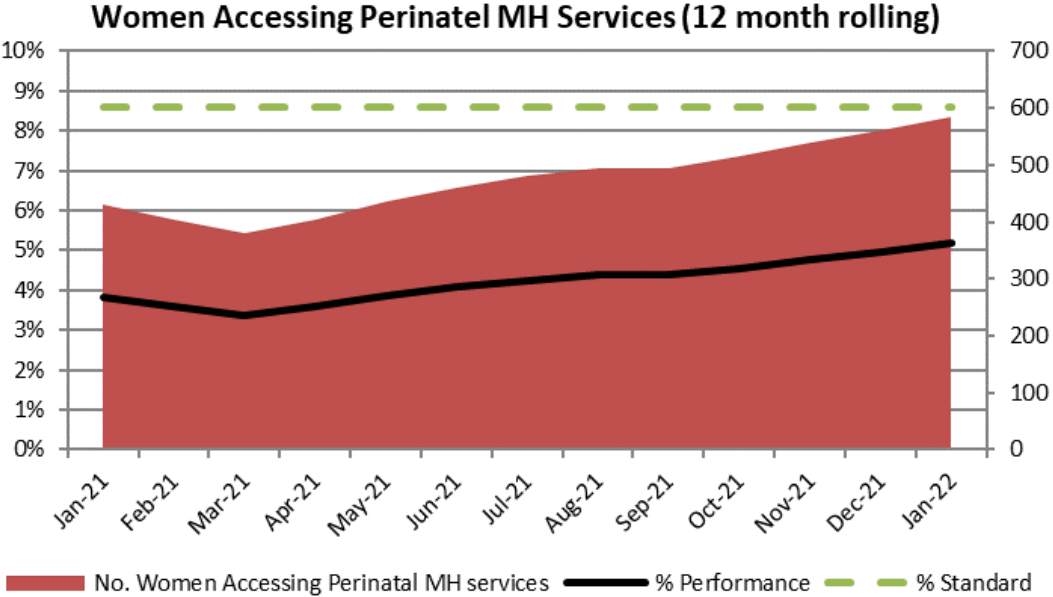
- BNSSG Performance remained at 16 adults in CCG beds in March.
- The BNSSG plan of 12 adults in CCG beds continues to be failed.
- The national standard of 9 adults in CCG beds continues to be failed.



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

- BNSSG Performance has improved for the first time since September 2021 from 20 to 19.
- The national standard and BNSSG plan of 14 adults in NHSE beds continues to be failed.
- BNSSG plan figures are the same as the national standard.

# 3.3 Mental Health – Perinatal – January



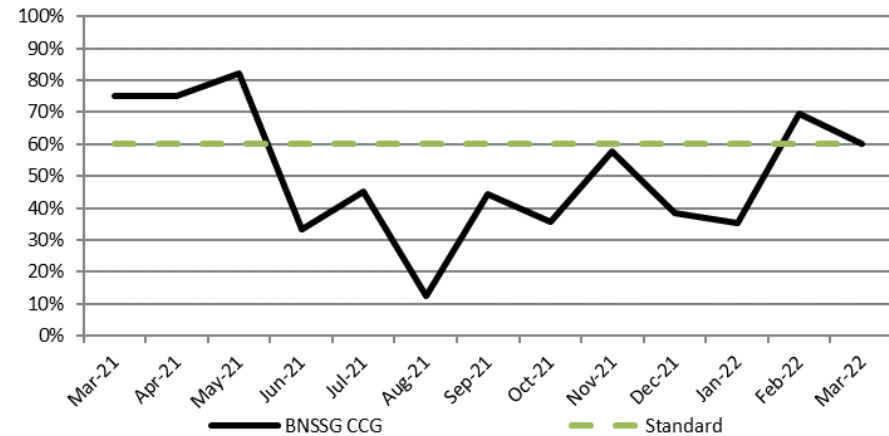
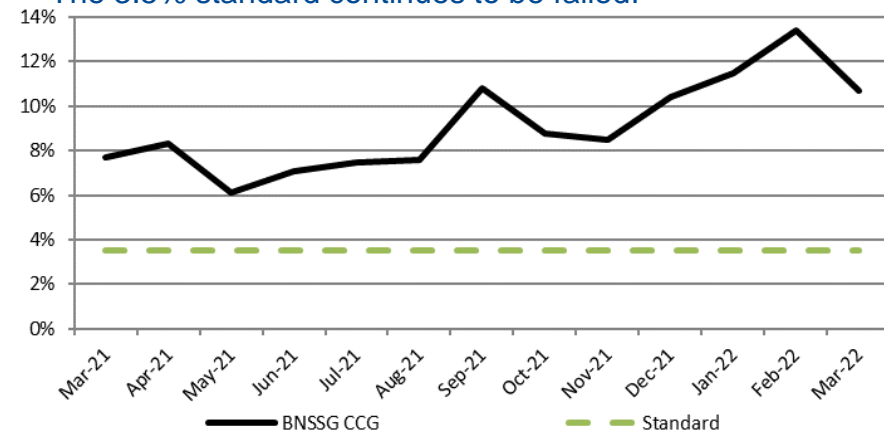
Number of Women Accessing Perinatal Mental Health Services

- Performance is reported on a 12 month rolling basis.
- BNSSG Performance improved from 5.0% to 5.2% in January.
- The 8.6% national standard continues to be failed.

# 3.3 Mental Health – AWP

## Delayed Transfers of Care

- BNSSG performance improved from 13.4% to 10.7% in March but is worse than the same period in 19/20 (9.6%).
- The 3.5% standard continues to be failed.

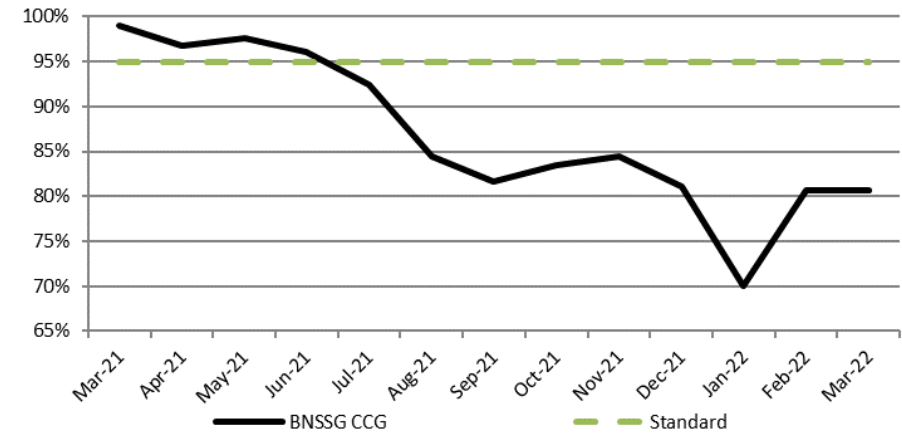
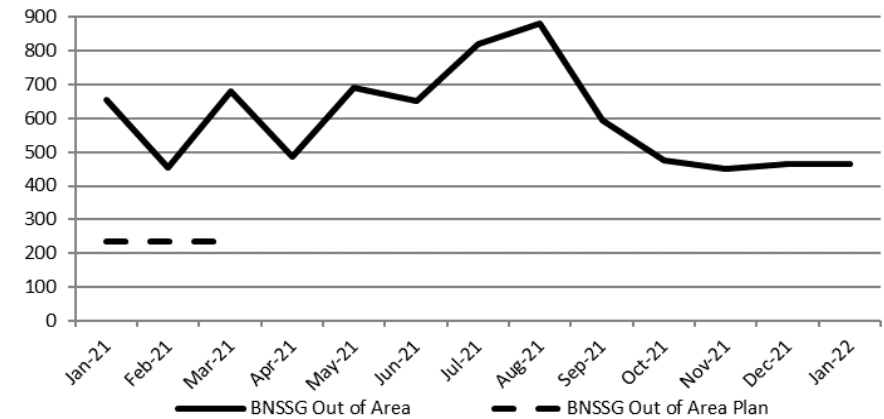


## Early Intervention

- BNSSG performance worsened from 68.1% to 60% in March but is better than the same period in 19/20 (30%)
- The 56% standard was achieved.

## CCG Out of Area Placement (OAP) Bed Days

- BNSSG out of area placements remained at 465 in January, the same as December.



## Referral to Assessment – 4 Week Waits

- BNSSG performance improved slightly from 80.6% to 80.7% in March but is worse than the same period in 19/20 (94.1%).
- The 95% standard continues to be failed since July 2021.

## 4.1 South West Performance Benchmarking

| Measure                            | Performance/Activity |        |         |         |         |          |        |         | South West Ranking |        |       |        |          |       |       |
|------------------------------------|----------------------|--------|---------|---------|---------|----------|--------|---------|--------------------|--------|-------|--------|----------|-------|-------|
|                                    | Recent Period        | BSW    | Dorset  | Glos    | Kernow  | Somerset | BNSSG  | Devon   | BSW                | Dorset | Glos  | Kernow | Somerset | BNSSG | Devon |
| Diagnostics                        | Feb-22               | 31.30% | 12.80%  | 17.80%  | 31.50%  | 28.40%   | 36.90% | 37.00%  | 4                  | 1      | 2     | 5      | 3        | 6     | 7     |
| A&E 4 Hour Performance             | Mar-22               | 71.40% | 68.90%  | 68.00%  | 78.20%  | 77.00%   | 67.40% | 68.10%  | 3                  | 4      | 6     | 1      | 2        | 7     | 5     |
| A&E 12 Hour Trolley Waits          | Mar-22               | 132    | 84      | 588     | 759     | 180      | 1401   | 678     | 2                  | 1      | 4     | 6      | 3        | 7     | 5     |
| RTT Incomplete 18 Weeks            | Feb-22               | 65.00% | 60.70%  | 72.10%  | 64.00%  | 62.00%   | 65.90% | 53.20%  | 3                  | 6      | 1     | 4      | 5        | 2     | 7     |
| RTT Incomplete Total               | Feb-22               | 75,496 | 73,627  | 57,686  | 52,917  | 50,472   | 71,772 | 146,049 | 35.6%              | 33.6%  | 11.7% | 48.7%  | 40.0%    | 41.1% | 72.7% |
| RTT Incomplete 52 Week Plus        | Feb-22               | 2,348  | 3,961   | 1,375   | 3,050   | 2,594    | 3,864  | 13,013  | 2                  | 6      | 1     | 4      | 3        | 5     | 7     |
| Cancer 2 Week (All)                | Feb-22               | 85.70% | 69.00%  | 94.80%  | 85.90%  | 73.40%   | 70.30% | 71.80%  | 3                  | 7      | 1     | 2      | 4        | 6     | 5     |
| Cancer 2 week (Breast)             | Feb-22               | 85.40% | 68.80%  | 94.60%  | 18.50%  | 55.40%   | 16.90% | 55.30%  | 2                  | 3      | 1     | 6      | 4        | 7     | 5     |
| Cancer 31 Day Wait First Treatment | Feb-22               | 93.00% | 97.00%  | 98.00%  | 96.10%  | 95.80%   | 91.60% | 94.00%  | 6                  | 2      | 1     | 3      | 4        | 7     | 5     |
| Cancer 31 Day Wait - Surgery       | Feb-22               | 83.80% | 88.20%  | 91.30%  | 91.40%  | 87.30%   | 81.40% | 82.50%  | 5                  | 3      | 2     | 1      | 4        | 7     | 6     |
| Cancer 31 Day Wait - Drug          | Feb-22               | 98.00% | 100.00% | 99.40%  | 99.40%  | 100.00%  | 99.30% | 99.30%  | 7                  | 1      | 3     | 3      | 1        | 5     | 5     |
| Cancer 31 Day Wait - Radiotherapy  | Feb-22               | 93.40% | 97.50%  | 100.00% | 100.00% | 99.00%   | 99.40% | 98.50%  | 7                  | 6      | 1     | 1      | 4        | 3     | 5     |
| Cancer 62 Wait Consultant          | Feb-22               | 78.40% | 68.60%  | 82.60%  | 60.90%  | 82.90%   | 78.20% | 77.20%  | 3                  | 6      | 2     | 7      | 1        | 4     | 5     |
| Cancer 62 Wait Screening           | Feb-22               | 76.70% | 88.00%  | 80.00%  | 58.80%  | 93.50%   | 68.00% | 65.70%  | 4                  | 2      | 3     | 7      | 1        | 5     | 6     |
| Cancer 62 Wait Standard            | Feb-22               | 66.90% | 63.70%  | 68.90%  | 77.20%  | 68.40%   | 58.30% | 58.10%  | 4                  | 5      | 2     | 1      | 3        | 6     | 7     |
| Cancer 28 FDS                      | Feb-22               | 78.90% | 73.30%  | 85.60%  | 78.90%  | 78.90%   | 73.60% | 78.30%  | 2                  | 7      | 1     | 2      | 2        | 6     | 5     |

# 4.2 BNSSG Scorecard

| Theme         | Indicator   | Standard | 20/21           | Mar-21                              | Apr-21  | May-21  | Jun-21  | Jul-21 | Aug-21  | Sep-21  | Oct-21  | Nov-21 | Dec-21  | Jan-22 | Feb-22 | Mar-22 | 21/22  |
|---------------|---|----------|-----------------|-------------------------------------|---------|---------|---------|--------|---------|---------|---------|--------|---------|--------|--------|--------|--------|
| Urgent Care   | A&E 4hr Waits - BNSSG Footprint                           | 95%      | 85.85%          | 83.17%                              | 80.85%  | 80.00%  | 76.20%  | 72.61% | 73.92%  | 73.50%  | 70.83%  | 70.71% | 70.55%  | 71.55% | 67.04% | 67.44% | 73.03% |
|               | A&E 4hr Waits - BNSSG Trusts                              | 95%      | 81.58%          | 77.94%                              | 74.70%  | 73.69%  | 68.14%  | 62.71% | 64.39%  | 64.22%  | 61.86%  | 62.65% | 63.04%  | 64.19% | 60.27% | 59.73% | 64.98% |
|               | >12hr DTA breaches in A&E - BNSSG Trusts                  | 0        | 1720            | 102                                 | 77      | 28      | 150     | 352    | 271     | 494     | 623     | 765    | 696     | 1071   | 1211   | 1401   | 7139   |
| Planned Care  | RTT Incomplete - 18 Weeks Waits                           | 92%      | 70.97%          | 70.97%                              | 70.92%  | 71.69%  | 71.70%  | 71.66% | 70.80%  | 69.74%  | 68.09%  | 67.98% | 66.04%  | 65.53% | 65.93% |        | 65.93% |
|               | RTT Incomplete - Total Waiting List Size                  |          | 56,472          | 56,472                              | 60,004  | 61,557  | 67,485  | 68,886 | 70,942  | 70,914  | 71,292  | 71,134 | 70,653  | 70,869 | 71,772 |        | 71,772 |
|               | RTT Incomplete - 52 Week Waits                            |          | 4327            | 4327                                | 3611    | 2950    | 2676    | 2750   | 3138    | 3353    | 3664    | 3791   | 3902    | 4020   | 3864   |        | 3864   |
|               | RTT Incomplete - % of WL > 52 Weeks                       |          | 7.66%           | 7.66%                               | 6.02%   | 4.79%   | 3.97%   | 3.99%  | 4.42%   | 4.73%   | 5.14%   | 5.33%  | 5.52%   | 5.67%  | 5.38%  |        | 5.38%  |
|               | Diagnostic - 6 Week Waits                                 | 1%       | 30.50%          | 30.50%                              | 33.58%  | 32.91%  | 35.26%  | 36.72% | 39.57%  | 38.73%  | 38.09%  | 36.09% | 40.13%  | 40.79% | 36.86% |        | 36.86% |
|               | Diagnostic - Total Waiting List Size                      |          | 26,632          | 26,632                              | 26,700  | 27,116  | 27,402  | 27,382 | 26,949  | 27,673  | 27,987  | 28,809 | 29,304  | 30,640 | 30,517 |        | 30,517 |
|               | Diagnostic - Number waiting > 6 Weeks                     |          | 8,124           | 8,124                               | 8,966   | 8,924   | 9,661   | 10,056 | 10,664  | 10,719  | 10,659  | 10,398 | 11,760  | 12,498 | 11,250 |        | 11,250 |
|               | Diagnostic - Number waiting > 13 Weeks                    |          | 4,132           | 4,132                               | 4,028   | 4,131   | 4,408   | 4,441  | 4,454   | 4,997   | 5,394   | 5,118  | 5,875   | 6,345  | 6,465  |        | 6,465  |
| Cancer        | Cancer 2 Week Wait - All                                  | 93%      | 79.38%          | 76.70%                              | 63.63%  | 61.58%  | 58.32%  | 66.86% | 75.87%  | 64.64%  | 60.99%  | 64.50% | 67.27%  | 54.62% | 70.34% |        | 64.32% |
|               | Cancer 2 Week Wait - Breast symptoms                      | 93%      | 58.10%          | 15.57%                              | 9.34%   | 9.46%   | 17.43%  | 72.95% | 84.62%  | 75.37%  | 26.23%  | 6.25%  | 11.84%  | 8.82%  | 16.87% |        | 29.05% |
|               | Cancer 28 day faster diagnosis standard (All Routes)      | 75%      | New for 2021/22 |                                     | 69.75%  | 59.04%  | 58.45%  | 69.83% | 70.87%  | 64.38%  | 67.40%  | 69.69% | 65.99%  | 55.43% | 73.56% |        | 65.74% |
|               | Cancer 31 Day first treatment                             | 96%      | 95.21%          | 95.86%                              | 93.82%  | 97.27%  | 97.21%  | 97.29% | 95.58%  | 95.31%  | 92.04%  | 88.51% | 84.56%  | 87.44% | 91.57% |        | 92.78% |
|               | Cancer 31 day subsequent treatments - surgery             | 94%      | 86.31%          | 85.83%                              | 85.29%  | 92.92%  | 88.89%  | 91.00% | 78.57%  | 82.35%  | 79.57%  | 79.66% | 70.83%  | 69.42% | 81.37% |        | 81.73% |
|               | Cancer 31 day subsequent treatments - anti-cancer drugs   | 98%      | 99.37%          | 100.00%                             | 97.66%  | 100.00% | 100.00% | 99.35% | 99.34%  | 99.36%  | 99.38%  | 98.68% | 100.00% | 95.89% | 99.32% |        | 99.05% |
|               | Cancer 31 day subsequent treatments - radiotherapy        | 94%      | 98.68%          | 99.38%                              | 100.00% | 99.27%  | 99.39%  | 99.38% | 100.00% | 100.00% | 100.00% | 99.42% | 100.00% | 99.37% | 99.44% |        | 99.65% |
|               | Cancer 62 day referral to first treatment - GP referral   | 85%      | 75.58%          | 76.74%                              | 75.00%  | 78.92%  | 72.94%  | 71.05% | 70.82%  | 60.16%  | 65.90%  | 74.47% | 69.33%  | 61.43% | 58.30% |        | 68.99% |
|               | Cancer 62 day referral to first treatment - NHS Screening | 90%      | 72.46%          | 70.27%                              | 68.75%  | 52.94%  | 71.43%  | 88.46% | 46.15%  | 68.42%  | 46.43%  | 61.36% | 47.22%  | 39.47% | 68.00% |        | 59.16% |
| Quality       | Total Number of C.diff Cases                              |          | 294             | 25                                  | 26      | 29      | 48      | 26     | 24      | 25      | 26      | 10     | 24      | 26     | 22     | 17     | 303    |
|               | Total Number of MRSA Cases Reported                       | 0        | 31              | 2                                   | 1       | 3       | 6       | 5      | 1       | 2       | 1       | 3      | 6       | 7      | 0      | 3      | 38     |
|               | Total number of Never Events                              | 0        | 7               | 0                                   | 2       | 0       | 0       | 1      | 0       | 1       | 0       | 0      |         |        |        |        | 4      |
|               | Eliminating Mixed Sex Accommodation (BNSSG CCG)           | 0        | N/A             | Reporting suspended due to Covid-19 |         |         |         |        |         |         | 1       | 0      | 0       | 0      | 0      |        | 1      |
|               | Eliminating Mixed Sex Accommodation (BNSSG Trusts)        | 0        | N/A             |                                     |         |         |         |        |         |         | 0       | 0      | 0       | 0      | 0      |        | 0      |
| Mental Health | Dementia Diagnosis Rate - People 65+                      | 66.7%    | 64.28%          | 64.28%                              | 64.50%  | 64.52%  | 64.79%  | 64.81% | 64.17%  | 64.27%  | 63.94%  | 64.35% | 64.16%  | 64.33% | 64.79% |        | 64.79% |
|               | EIP - 2ww Referral  | 60%      | 75.76%          | 75.00%                              | 81.82%  | 72.73%  | 63.64%  | 50.00% | 25.00%  | 33.33%  | 37.50%  | 50.00% | 60.00%  | 50.00% |        |        | 50.00% |
|               | IAPT Roll out (rolling 3 months)                          | 6.25%    |                 | 4.46%                               | 4.65%   | 4.40%   | 4.77%   | 4.76%  | 4.50%   | 4.23%   | 4.24%   | 4.88%  | 4.50%   | 4.80%  |        |        | 4.80%  |
|               | IAPT Recovery Rate  | 50%      |                 | 52.69%                              | 53.19%  | 51.30%  | 52.54%  | 53.89% | 52.30%  | 48.82%  | 52.83%  | 52.27% | 45.06%  | 53.07% |        |        | 53.07% |
|               | IAPT Waiting Times - 6 weeks                              | 75%      |                 | 67.53%                              | 70.07%  | 74.05%  | 80.98%  | 87.37% | 90.50%  | 87.43%  | 90.18%  | 87.36% | 88.62%  | 89.67% |        |        | 89.67% |
|               | IAPT Waiting Times - 18 weeks                             | 95%      |                 | 94.33%                              | 96.60%  | 96.20%  | 98.37%  | 98.48% | 98.88%  | 98.86%  | 99.39%  | 98.90% | 98.80%  | 99.46% |        |        | 99.46% |
|               | CYPMH Access Rate (rolling 12m)                           | 34%      | 24.66%          | 24.66%                              | 24.57%  | 24.83%  | 25.01%  | 24.60% | 24.60%  | 24.95%  | 24.83%  | 25.04% | 25.24%  | 25.94% |        |        | 25.94% |
|               | CYP with ED - routine cases within 4 weeks (quarterly)    | 95%      | 90.42%          | 90.42%                              |         | 86.97%  |         |        | 83.88%  |         |         | 86.09% |         |        |        |        | 86.09% |
|               | CYP with ED - urgent cases within 1 week (quarterly)      | 95%      | 82.93%          | 82.93%                              |         | 80.36%  |         |        | 79.66%  |         |         | 79.17% |         |        |        |        | 79.17% |
|               | SMI Annual Health Checks (quarterly)                      | 60%      | 10.08%          | 10.08%                              |         | 12.07%  |         |        | 15.94%  |         |         | 31.44% |         |        |        |        | 31.44% |
|               | Out of Area Placements (Bed Days)                         |          | 680             | 680                                 | 485     | 690     | 650     | 820    | 879     | 595     | 475     | 450    | 465     | 465    |        |        | 465    |

## 4.3 Provider Scorecard – NBT

| Theme        | Indicator   | Standard | 20/21           | Mar-21  | Apr-21  | May-21  | Jun-21  | Jul-21  | Aug-21  | Sep-21 | Oct-21 | Nov-21  | Dec-21  | Jan-22 | Feb-22  | Mar-22 | 21/22  |
|--------------|---|----------|-----------------|---------|---------|---------|---------|---------|---------|--------|--------|---------|---------|--------|---------|--------|--------|
| Urgent Care  | A&E 4hr Waits - Trust                                     | 95%      | 84.15%          | 81.05%  | 74.26%  | 72.71%  | 64.38%  | 54.36%  | 61.47%  | 61.75% | 60.82% | 60.17%  | 61.80%  | 60.78% | 51.53%  | 52.74% | 61.48% |
|              | A&E 4hr Waits - Footprint                                 | 95%      | 87.43%          | 85.04%  | 79.83%  | 78.60%  | 72.57%  | 65.50%  | 70.83%  | 70.96% | 69.31% | 68.10%  | 68.82%  | 68.03% | 59.36%  | 61.25% | 69.58% |
|              | >12hr DTA breaches in A&E                                 | 0        | 280             | 0       | 6       | 0       | 4       | 97      | 14      | 38     | 29     | 59      | 20      | 295    | 367     | 449    | 1378   |
| Planned Care | RTT Incomplete - 18 Weeks Waits                           | 1%       | 71.64%          | 71.64%  | 73.59%  | 74.27%  | 74.98%  | 73.78%  | 73.16%  | 71.87% | 70.37% | 69.68%  | 66.67%  | 65.61% | 65.17%  |        | 65.17% |
|              | RTT Incomplete - Total Waiting List Size                  | H2 Plan  | 29,580          | 29,580  | 31,143  | 31,648  | 32,946  | 34,315  | 35,794  | 36,787 | 37,268 | 37,297  | 37,264  | 37,210 | 38,498  |        | 38,498 |
|              | RTT Incomplete - 52 Week Waits                            | H2 Plan  | 2088            | 2088    | 1827    | 1583    | 1473    | 1544    | 1770    | 1933   | 2068   | 2128    | 2182    | 2284   | 2296    |        | 2296   |
|              | RTT Incomplete - % of WL > 52 Weeks                       |          | 7.06%           | 7.06%   | 5.87%   | 5.00%   | 4.47%   | 4.50%   | 4.94%   | 5.25%  | 5.55%  | 5.71%   | 5.86%   | 6.14%  | 5.96%   |        | 5.96%  |
|              | Diagnostic - 6 Week Waits                                 | 99%      | 24.72%          | 24.72%  | 29.45%  | 31.99%  | 36.13%  | 38.91%  | 42.55%  | 42.83% | 41.80% | 40.32%  | 44.30%  | 45.45% | 40.00%  |        | 40.00% |
|              | Diagnostic - Total Waiting List Size                      |          | 13,106          | 13,106  | 13,778  | 14,371  | 14,124  | 14,329  | 14,130  | 14,818 | 15,176 | 15,768  | 15,872  | 16,790 | 16,469  |        | 16,469 |
|              | Diagnostic - Number waiting > 6 Weeks                     |          | 3,240           | 3,240   | 4,057   | 4,597   | 5,103   | 5,575   | 6,013   | 6,346  | 6,343  | 6,357   | 7,031   | 7,631  | 6,588   |        | 6,588  |
|              | Diagnostic - Number waiting > 13 Weeks                    |          | 1,364           | 1,364   | 1,513   | 1,779   | 2,054   | 2,183   | 2,180   | 2,724  | 3,029  | 2,913   | 3,501   | 3,948  | 3,951   |        | 3,951  |
| Cancer       | Cancer 2 Week Wait - All                                  | 93%      | 77.28%          | 63.24%  | 39.53%  | 36.58%  | 36.44%  | 53.40%  | 66.58%  | 51.22% | 42.70% | 53.75%  | 58.38%  | 41.42% | 66.47%  |        | 49.77% |
|              | Cancer 2 Week Wait - Breast symptoms                      | 93%      | 57.20%          | 15.20%  | 6.18%   | 9.21%   | 17.19%  | 71.23%  | 84.35%  | 74.64% | 28.13% | 6.15%   | 11.54%  | 6.90%  | 14.55%  |        | 28.05% |
|              | Cancer 28 day faster diagnosis standard (All Routes)      | 75%      | New for 2021/22 |         | 66.39%  | 54.73%  | 43.56%  | 65.46%  | 66.77%  | 56.07% | 59.95% | 66.29%  | 57.52%  | 47.10% | 72.01%  |        | 59.56% |
|              | Cancer 31 Day first treatment                             | 96%      | 93.95%          | 96.62%  | 94.40%  | 97.38%  | 95.48%  | 95.77%  | 93.00%  | 91.89% | 88.51% | 86.94%  | 79.59%  | 79.18% | 89.91%  |        | 89.91% |
|              | Cancer 31 day subsequent treatments - surgery             | 94%      | 85.61%          | 85.48%  | 81.18%  | 86.73%  | 84.62%  | 90.80%  | 72.84%  | 80.90% | 69.62% | 65.77%  | 65.59%  | 55.66% | 80.68%  |        | 75.28% |
|              | Cancer 31 day subsequent treatments - anti-cancer drugs   | 98%      | 100.00%         | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 95.45% | 96.30% | 100.00% | 100.00% | 92.31% | 100.00% |        | 98.67% |
|              | Cancer 62 day referral to first treatment - GP referral   | 85%      | 73.16%          | 76.09%  | 75.00%  | 77.11%  | 62.74%  | 68.59%  | 68.60%  | 56.98% | 57.14% | 74.07%  | 67.52%  | 56.88% | 51.17%  |        | 64.96% |
|              | Cancer 62 day referral to first treatment - NHS Screening | 90%      | 75.85%          | 68.18%  | 73.68%  | 54.72%  | 73.33%  | 86.36%  | 52.54%  | 75.00% | 41.67% | 68.75%  | 53.25%  | 50.00% | 72.22%  |        | 63.64% |
| Quality      | Total Number of C.diff Cases                              |          | 58              | 4       | 9       | 6       | 10      | 6       | 2       | 5      | 4      | 1       | 6       | 6      | 1       |        | 56     |
|              | Total Number of MRSA Cases Reported                       | 0        | 2               | 0       | 0       | 0       | 0       | 0       | 0       | 0      | 0      | 0       | 0       | 0      | 0       |        | 0      |
|              | Total Number of E.Coli Cases                              |          | 52              | 6       | 4       | 5       | 4       | 1       | 6       | 3      | 6      | 3       | 2       | 6      | 1       |        | 41     |
|              | Number of Klebsiella cases                                |          | 23              | 4       | 1       | 0       | 1       | 1       | 2       | 3      | 2      | 4       | 3       | 2      |         |        | 19     |
|              | Number of Pseudomonas Aeruginosa cases                    |          | 9               | 1       | 0       | 1       | 0       | 3       | 1       | 2      | 0      | 0       | 0       | 2      |         |        | 9      |
|              | Eliminating Mixed Sex Accommodation                       | 0        | 0               | 0       | 0       | 0       | 0       | 0       | 0       | 0      | 0      | 0       | 0       | 0      | 0       |        | 0      |
|              | Number of Never Events                                    | 0        | 1               | 0       | 1       | 0       | 0       | 0       | 0       | 0      | 0      | 0       | 0       | 0      | 0       |        | 1      |
|              | VTE assessment on admission to hospital                   | 95%      |                 | 95.38%  | 95.46%  | 95.46%  | 95.38%  | 95.52%  | 94.83%  | 4.85%  | 94.44% | 93.19%  | 91.03%  | 93.47% |         |        |        |

# 4.4 Provider Scorecard – UHBW

| Theme        | Indicator   | Standard | 20/21           | Mar-21                              | Apr-21  | May-21  | Jun-21  | Jul-21 | Aug-21  | Sep-21  | Oct-21  | Nov-21 | Dec-21  | Jan-22 | Feb-22  | Mar-22 | 21/22  |   |
|--------------|---|----------|-----------------|-------------------------------------|---------|---------|---------|--------|---------|---------|---------|--------|---------|--------|---------|--------|--------|---|
| Urgent Care  | A&E 4hr Waits - Trust                                     | 95%      | 80.12%          | 76.27%                              | 74.93%  | 74.20%  | 70.09%  | 66.97% | 65.91%  | 65.47%  | 62.38%  | 63.90% | 63.69%  | 66.01% | 64.83%  | 63.26% | 66.79% |   |
|              | A&E 4hr Waits - Footprint                                 | 95%      | 84.99%          | 82.22%                              | 81.38%  | 80.70%  | 77.99%  | 76.07% | 75.46%  | 74.73%  | 71.57%  | 71.98% | 71.41%  | 73.34% | 70.88%  | 70.46% | 74.75% |   |
|              | >12hr DTA breaches in A&E                                 | 0        | 1440            | 102                                 | 71      | 28      | 146     | 255    | 257     | 456     | 594     | 706    | 676     | 776    | 844     | 952    | 5761   |   |
| Planned Care | RTT Incomplete - 18 Weeks Waits                           | 1%       | 61.72%          | 61.72%                              | 60.12%  | 62.79%  | 63.63%  | 63.13% | 62.97%  | 61.76%  | 60.20%  | 60.25% | 58.60%  | 58.73% | 59.50%  |        | 59.50% |   |
|              | RTT Incomplete - Total Waiting List Size                  | H2 Plan  | 46,538          | 46,538                              | 48,902  | 49,791  | 51,198  | 52,718 | 53,855  | 53,697  | 53,743  | 53,328 | 53,253  | 53,909 | 54,305  |        | 54,305 |   |
|              | RTT Incomplete - 52 Week Waits                            | H2 Plan  | 5409            | 5409                                | 4598    | 3618    | 3114    | 2893   | 2925    | 3110    | 3248    | 3318   | 3,558   | 3599   | 3604    |        | 3604   |   |
|              | RTT Incomplete - % of WL > 52 Weeks                       |          | 11.62%          | 11.62%                              | 9.40%   | 7.27%   | 6.08%   | 5.49%  | 5.43%   | 5.79%   | 6.04%   | 6.22%  | 6.68%   | 6.68%  | 6.64%   |        | 6.64%  |   |
|              | Diagnostic - 6 Week Waits                                 | 99%      | 34.85%          | 34.85%                              | 37.70%  | 34.66%  | 36.07%  | 35.38% | 36.92%  | 35.53%  | 36.73%  | 34.60% | 38.86%  | 39.45% | 37.48%  |        | 37.48% |   |
|              | Diagnostic - Total Waiting List Size                      |          | 14,448          | 14,448                              | 14,025  | 14,234  | 14,387  | 14,119 | 13,661  | 14,049  | 14,125  | 14,307 | 14,525  | 15,154 | 15,576  |        | 15,576 |   |
|              | Diagnostic - Number waiting > 6 Weeks                     |          | 5,035           | 5,035                               | 5,287   | 4,933   | 5,190   | 4,996  | 5,044   | 4,992   | 5,188   | 4,950  | 5,644   | 5,979  | 5,838   |        | 5,838  |   |
|              | Diagnostic - Number waiting > 13 Weeks                    |          | 3,016           | 3,016                               | 2,911   | 2,856   | 2,819   | 2,746  | 2,776   | 2,930   | 3,169   | 2,949  | 3,180   | 3,240  | 3,349   |        | 3,349  |   |
| Cancer       | Cancer 2 Week Wait - All                                  | 93%      | 81.90%          | 95.14%                              | 91.89%  | 93.04%  | 86.80%  | 87.66% | 87.08%  | 82.33%  | 86.39%  | 80.30% | 78.30%  | 71.03% | 75.41%  |        | 83.99% |   |
|              | Cancer 28 day faster diagnosis standard (All Routes)      | 75%      | New for 2021/22 |                                     | 74.62%  | 78.86%  | 78.37%  | 77.42% | 76.72%  | 76.16%  | 77.64%  | 75.68% | 78.65%  | 70.03% | 77.86%  |        | 76.58% |   |
|              | Cancer 31 Day first treatment                             | 96%      | 95.07%          | 93.98%                              | 89.90%  | 96.14%  | 96.21%  | 97.19% | 96.07%  | 97.73%  | 93.04%  | 84.18% | 89.51%  | 91.11% | 89.62%  |        | 92.85% |   |
|              | Cancer 31 day subsequent treatments - surgery             | 94%      | 84.10%          | 81.13%                              | 78.00%  | 94.00%  | 91.23%  | 92.73% | 88.14%  | 85.96%  | 88.00%  | 84.21% | 86.00%  | 73.53% | 80.00%  |        | 85.41% |   |
|              | Cancer 31 day subsequent treatments - anti-cancer drugs   | 98%      | 99.41%          | 100.00%                             | 97.39%  | 100.00% | 100.00% | 99.37% | 99.32%  | 100.00% | 100.00% | 98.72% | 100.00% | 97.28% | 99.33%  |        | 99.27% |   |
|              | Cancer 31 day subsequent treatments - radiotherapy        | 94%      | 98.70%          | 98.93%                              | 100.00% | 99.38%  | 99.48%  | 99.41% | 100.00% | 100.00% | 100.00% | 99.47% | 98.65%  | 97.89% | 100.00% |        | 99.48% |   |
|              | Cancer 62 day referral to first treatment - GP referral   | 85%      | 78.26%          | 75.38%                              | 77.82%  | 84.03%  | 80.56%  | 76.18% | 76.67%  | 69.75%  | 75.80%  | 80.00% | 73.12%  | 68.09% | 70.18%  |        | 75.89% |   |
|              | Cancer 62 day referral to first treatment - NHS Screening | 90%      | 57.14%          | 77.78%                              | 52.94%  | 42.86%  | 57.89%  | 86.67% | 41.67%  | 33.33%  | 66.67%  | 23.08% | 55.56%  | 39.13% | 60.00%  |        | 50.00% |   |
| Quality      | Total Number of C.diff Cases                              |          | 67              | 5                                   | 8       | 11      | 14      | 7      | 4       | 6       | 7       | 3      | 6       | 6      | 8       |        | 80     |   |
|              | Total Number of MRSA Cases Reported                       | 0        | 4               | 0                                   | 0       | 0       | 0       | 1      | 0       | 0       | 0       | 0      | 2       | 3      | 0       |        | 6      |   |
|              | Total Number of E.Coli Cases                              |          | 81              | 14                                  | 5       | 5       | 5       | 5      | 8       | 8       | 8       | 8      | 2       | 7      | 5       |        | 66     |   |
|              | Number of Klebsiella cases                                |          | 49              | 3                                   | 7       | 2       | 0       | 5      | 5       | 9       | 9       | 4      | 2       | 3      |         |        | 46     |   |
|              | Number of Pseudomonas Aeruginosa cases                    |          | 18              | 2                                   | 2       | 0       | 1       | 1      | 2       | 4       | 0       | 2      | 2       | 1      |         |        | 15     |   |
|              | Eliminating Mixed Sex Accommodation                       | 0        | N/A             | Reporting suspended due to Covid-19 |         |         |         |        |         |         |         | 0      | 0       | 0      | 0       | 0      |        | 0 |
|              | Number of Never Events                                    | 0        | 6               | 0                                   | 1       | 0       | 0       | 1      | 0       | 1       | 0       | 0      | 0       | 0      | 0       |        | 3      |   |
|              | Rate of slips, trips and falls per 1,000 bed days         | 4.8      | 5.14            | 4.94                                | 4.70    | 4.02    | 4.38    | 4.58   | 4.68    | 4.84    | 4.78    | 4.56   | 5.16    | 5.46   | 4.82    |        | 4.73   |   |
|              | No. of Pressure Ulcers grade 2, 3 & 4 per 1,000 bed days  | 0.4      | 0.279           | 0.228                               | 0.135   | 0.064   | 0.131   | 0.127  | 0.223   | 0.132   | 0.186   | 0.158  | 0.253   | 0.253  | 0.1     |        | 0.161  |   |
|              | VTE assessment on admission to hospital (Bristol)         | 95%      | 85.4%           | 84.0%                               | 82.7%   | 82.3%   | 82.5%   | 82.1%  | 83.9%   | 85.7%   | 83.7%   | 84.3%  | 83.2%   | 83.8%  | 82.60%  |        | 83.4%  |   |

## 4.5 Non-Acute Provider Scorecard

| Provider       | Indicator (BNSSG level)   | Standard | 20/21           | Mar-21  | Apr-21  | May-21  | Jun-21  | Jul-21  | Aug-21  | Sep-21   | Oct-21   | Nov-21   | Dec-21   | Jan-22  | Feb-22   | Mar-22   | 21/22   |
|----------------|---|----------|-----------------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|---------|----------|----------|---------|
| SWASFT         | Category 1 - Average Duration (hr:min:sec)                      | 0:07:00  | 0:06:30         | 0:06:18 | 0:06:24 | 0:06:54 | 0:07:18 | 0:08:06 | 0:08:00 | 0:09:18  | 0:10:12  | 0:09:30  | 0:10:18  | 0:09:00 | 0:09:48  | 0:11:06  | 0:08:48 |
|                | Category 1 - 90th Percentile Duration (hr:min:sec)              | 0:14:00  | 0:11:06         | 0:10:48 | 0:11:12 | 0:12:30 | 0:12:42 | 0:14:42 | 0:14:00 | 0:16:24  | 0:18:06  | 0:16:18  | 0:18:06  | 0:16:06 | 0:16:54  | 0:18:48  | 0:15:54 |
|                | Category 2 - Average Duration (hr:min:sec)                      | 0:18:00  | 0:20:42         | 0:20:12 | 0:21:36 | 0:26:36 | 0:34:48 | 1:05:00 | 0:51:18 | 1:20:12  | 1:48:30  | 1:28:48  | 1:33:48  | 1:06:48 | 1:40:18  | 2:02:24  | 1:10:00 |
|                | Category 2 - 90th Percentile Duration (hr:min:sec)              | 0:40:00  | 0:42:36         | 0:40:54 | 0:43:48 | 0:54:48 | 1:15:18 | 2:49:42 | 1:55:00 | 3:00:12  | 3:59:06  | 3:36:36  | 3:47:36  | 2:38:24 | 4:06:36  | 5:01:42  | 2:54:24 |
|                | Category 3 - 90th Percentile Duration (hr:min:sec)              | 2:00:00  | 2:44:06         | 2:36:48 | 3:02:42 | 5:35:36 | 6:35:00 | 9:04:42 | 8:33:06 | 10:25:06 | 12:44:48 | 10:47:36 | 11:49:12 | 9:08:36 | 14:37:18 | 20:50:42 | 9:11:06 |
|                | Category 4 - 90th Percentile Duration (hr:min:sec)              | 3:00:00  | 3:35:12         | 3:28:54 | 4:37:42 | 5:38:30 | 8:52:18 | 7:27:54 | 6:56:12 | 6:38:54  | 12:16:18 | 12:06:48 | 5:58:30  | 4:39:30 | 14:06:36 | 6:34:36  | 8:00:06 |
| SevernSide IUC | Average speed to answer calls (in seconds)                      | 20 Sec   | New for 2021/22 | 60      | 72      | 217     | 238     | 262     | 333     | 304      | 205      | 327      | 228      | 166     |          | 219      |         |
|                | % of callers allocated the first service offered by DOS         | 75%      | New for 2021/22 | 61.81%  | 64.08%  | 66.17%  | 65.74%  | 65.12%  | 65.04%  | 68.99%   | 70.82%   | 72.24%   | 70.01%   | 69.95%  |          | 67.26%   |         |
|                | % of Cat 3 or 4 ambulance dispositions validated within 30mins  | 50%      | New for 2021/22 | 69.03%  | 60.49%  | 55.86%  | 55.15%  | 64.04%  | 60.27%  | 58.17%   | 57.06%   | 64.83%   | 69.44%   | 51.29%  |          | 60.55%   |         |
|                | % of calls initially given an ED disposition that are validated | 50%      | 25.91%          | 76.41%  | 71.46%  | 60.72%  | 53.88%  | 53.41%  | 73.13%  | 62.12%   | 59.99%   | 70.50%   | 73.31%   | 78.29%  | 49.31%   |          | 64.22%  |
| AWP            | Delayed Transfers of Care                                       | 3.5%     | 7.1%            | 7.7%    | 8.3%    | 6.1%    | 7.1%    | 7.5%    | 7.6%    | 10.8%    | 8.8%     | 8.5%     | 10.4%    | 11.5%   | 13.4%    | 10.7%    | 10.7%   |
|                | Early Intervention  | 50%      | 72.7%           | 75.0%   | 75.0%   | 82.3%   | 33.3%   | 45.0%   | 12.5%   | 44.4%    | 35.7%    | 57.8%    | 38.4%    | 35.2%   | 69.5%    | 60.0%    | 49.1%   |
|                | 4 week wait Referral to Assessment                              | 95%      | 97.07%          | 98.98%  | 96.75%  | 97.56%  | 96.03%  | 92.49%  | 84.39%  | 81.58%   | 83.50%   | 84.40%   | 81.05%   | 70.02%  | 80.63%   | 80.72%   | 80.72%  |



# **BNSSG Quality Report**

**April Report**

**for**

**Month 11 (February data) 2021/22**

Information contributions from Nursing and Quality Directorate Team

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

## Quality - Current updates and any emerging issues identified since February 2022

- **COVID-19, Workforce and Bed availability** - The BA.2 Stealth Omicron variant, being a dominant strain, is having a significant impact on providers. Staff absence due to covid is rising significantly and is compounded by poor system flow/low inpatient bed availability. The CCG IPC team continue to support providers to take a risk based approach to IPC practice versus maximising capacity and flow. A decision making framework has been created by the system IPC cell consisting of a **hierarchy of IPC practices** to help with this process.
- **COVID incidence** – COVID cases (as of 13 April 2022) in Bristol, North Somerset and South Gloucestershire are all noted to all be above the UK average of **463.8/100,000** population: **Bristol 473.5, North Somerset 578, and South Gloucestershire 511.8**. There has also been an increase in the numbers of patients being admitted to hospital requiring care, although ICU numbers remain low. The recent rise in cases despite lower testing in the community is being monitored carefully by the IPC cell and public health colleagues; the removal of the requirement of the general public to wear face coverings and socially distance is thought to be a contributing factor to cases spreading as the UK follows a policy of “learning to live with COVID”.
- **Never Event** – A Never Event was reported in early April to the CCG from an acute provider relating to a guidewire left in-situ following an operation. It was reported that no harm occurred to the patient and the line was extracted by the interventional radiology team. An investigation is underway to understand how this happened and to extract learning to prevent any further cases.
- **Hospital handover delays** - remain one of the biggest performance challenges for SWAST, meaning ambulance crews are unable to respond to new incidents. As a direct result, services are routinely carrying more calls on the ‘stack’ than they have resources available to deploy – which means that patients are left waiting in the community before a resource can be deployed. Intensive improvement work, as part of the wider UEC Recovery Plan is taking place via a task and finish group. The level and nature of harm/potential harm occurring to patients from these delays will be presented in the May 2022 quality report.
- **Balancing system risk** – was the focus of the **System Quality Group** on 12 April 2022. NHSE/I presented the principles of a dynamic system level risk assessment approach that considered a more holistic assessment of risk in a system. A developmental workshop is to be set up as soon as possible to work up some frameworks based on this approach and is to link with the work being undertaken to measure system harm. The hierarchy of IPC practice (see above) was cited as an example of a framework developed to date to attempt to balance risks in the system.
- **Ockenden 2** - report was published on 31 March 2022. This will be a focus for May’s System Quality Group and the LMS together with any new assurance requirements in addition to those from Ockenden 1
- **Safe and Wellbeing reviews** – have now been completed and a report is due to May 2022 Quality Committee

# Provider Quality Exception and Overview Report – ACUTE HOSPITAL - North Bristol Trust (NBT)

## Reporting Period – Month 11, February data of 2021/22

Information Source and date of information – February Provider Integrated Performance Report (IPR) and Quality Assurance Meeting

Operational – Four hour performance deteriorated in February in line with deterioration in similar Trusts. Ambulance handover was impacted by high bed occupancy. Key driver was the increased volume of bed days for patients no longer meeting the right to reside criteria and awaiting discharge.

During 2022/23 NBT will be implementing the ‘Patient First’ approach to Quality Improvement. This is a significant organisational programme for which proprietary work is in progress, with the breath and depth of implementation into practice to follow in late 2022/early 23. ‘Patient First’ will identify where potential service improvements can be made and set priorities for possible sustainable change. This strategy will be applied to the Quality Account priorities 2022/23.

Following publication of the Ockenden Report work has commenced regarding the Immediate and Essential Actions which will initially focus on staffing, training and culture.

### Key Lines of Enquiry

**Venous Thromboembolism (VTE) Risk Assessment (RA)** – In January the VTE RA was 93.47% compliant which was an increase of 2.44% on the previous month. February data was unavailable at the time of writing this report.

**Workforce** – Sickness absence rate in February was 7.9% , a 0.9% increase on the previous month. This increase was due to covid related illness.

**Complaints** – 58 formal complaints were received in February of which 81% received a response within the correct time frame, 12% improvement on the previous month.

**12 Hour Trolley Breach** – 367 breaches were reported in February this was impacted by the 97.91% bed occupancy.

**Cancer 2 Week Wait (TWW)** – There were 1211 breaches reported in January of which Breast accounted for 58% of the breaches. Performance had improved from 5.23% in December to 5.49% in January.

### Risks and Mitigation

**VTE RA** – Strategically VTE RA compliance is transitioning from Core Clinical services to Pharmacy to ensure the wide spread use of the VTE RA with approval for additional resource expected to start in post in May.

**Workforce** – The Retention Task and Finish Group has been re-established with a focus on staff morale, fatigue and resilience.

**Complaints** – Management Recovery Plan is in place for Surgery and Medicine Divisions with a trajectory for full compliance by June.

**12 Hour Trolley Breach** – A deep dive into the high occupancy position is under way. Trust wide actions are focused on improving the timeliness of discharge, maximising same day emergency care, and increasing weekend patient discharges.

**TWW** – Fluctuations in referral volumes make performance against cancer wait time standards volatile. NBT have signed off cancer trajectories for 2022/23

**Quality Dashboard** - The areas in the tables below form part of the national contract primarily related to Harm Free Care (HFC). The areas will be linked to the current provider priorities and form part of the quality slides going forward on a quarterly basis. RAG rating is in place where there is a national directive of a standard to uphold

| NBT   | Aim  | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 |
|---|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| HFC - SIs (Jul 2021 PSIRF Investigation)        |      | 2      | 4      | 10 (1) | 2      | 3      | 2      | 2      | 3      | 2      | 1      | 1      | 5      | 1      |
| Never Event                                     | 0    | 0      | 0      | 1      | 0      | 0      | 0      | 0      | 1      | 0      | 0      | 1      | 0      | 0      |
| HFC - Incidents per 1000 Bed Days               |      | 45     | 46     | 46     | 44     | 43     | 48     | 40     | 43     | 39     | 42     | 41     | 44     | 206    |
| #NOF Surgery 36 hours                           | 90%  | 80.95% | 89.36% | 71.11% | 65.12% | 80.00% | 71.11% | 86.84% | 42.31% | 36.36% | 100%   | 85.00% | 78.13% | tba    |
| #NOF Fragile Hip Best Practice Tariff pass rate |      | 69.05% | 78.38% | 57.78% | 53.49% | 68.00% | 68.18% | 76.32% | 34.62% | 35.71% | 100%   | 65.00% | 78.13% | tba    |
| HFC - Falls per 1000 Bed Days                   |      | 8.63   | 8.44   | 8.33   | 8.7    | 8.53   | 8.36   | 7.84   | 7.24   | 7.33   | 7.48   | 8.29   | 9.88   | 8.72   |
| HFC - PIs per 1000 Bed Days                     |      | 0.82   | 0.19   | 0.30   | 0.29   | 0.48   | 0.51   | 0.72   | 0.75   | 0.51   | 0.32   | 0.35   | 0.41   | 0.75   |
| HFC - VTE Risk Assessment                       | 95%  | 95.10% | 95.38% | 95.46% | 95.46% | 95.38% | 95.52% | 94.83% | 94.85% | 94.44% | 93.19% | 91.03% | 93.47% | tba    |
| Complaints response compliance                  | 90%  | 84.38% | 85.11% | 79.07% | 83.33% | 77%    | 85.71% | 87.72% | 77.36% | 69.12% | 72.13% | 69.09% | 69.23% | 80.85% |
| Stroke - Thrombolysed in under 1 hour           | >60% | 44.00% | 78.00% | 100%   | 50.00% | 70.00% | 85.71% | 90.91% | 50.00% | 27.27% | 66.67% | 100%   | 84.62% | tba    |

\*Missing data has been requested from the provider as per current Quality Schedule reporting.

\*Some of the AIMS are either a national requirement or a local agreed one with the Trust.

\*HFC full compliance information details are reported quarterly.

\*Stroke and VTE are often reported a month in arrears.

# Provider Quality Exception and Overview Report – ACUTE HOSPITAL - University Hospital Bristol Weston (UHBW)

## Reporting Period – Month 11 2021/22 – February data

Information Source and date of information – February Provider Integrated Performance Report (IPR) and Quality review meeting.

Operational - February continued the trend where overall emergency attendances and conversions to admission were below the levels experienced pre-pandemic. Poor flow out of the hospital affected the recovery of performance.

A Patient Safety Improvement Programme has been re-established following a second pause due to team deployment to support front line services. The work includes a deteriorating patient workstream. A new critical care outreach team is being established in the adult services on the Bristol site and work to digitise early warning scores in paediatrics continues.

Following publication of the Ockenden Report work has commenced regarding the Immediate and Essential Actions. Cardiotoxicography (CTG) workshops have been delivered across the Maternity teams that focused on awareness, safety, human factors and interpreting CTGs.

### Key Lines of Enquiry

**Venous Thromboembolism (VTE) Risk Assessment (RA)** – performance as depicted in the table below continues to be challenged

**Workforce** - Sickness absence fell to 4% in February. However, the overall vacancies increased to 8% in February from 7.8% the previous month.

**Complaints** - 94 formal complaints were received in February of which 60% received a response within the correct time frame, 8% improvement on the previous month.

**12 Hour Trolley Breach** - 844 breaches were reported across UHBW sites in February which was the highest number reported in England. This was caused by poor patient flow through the hospital.

### Risks and Mitigation

**VTE RA** – Digitalised VTE RA has been introduced at Weston via CareFlow workspace in collaboration with Pharmacy, Digital and Clinical Teams. Compliance will continue to be monitored.

**Workforce** - The business case for international nurse recruitment for 2022/23 was endorsed by the Senior Leadership Team with initial recruitment of 70 nurses to ensure a supply in May and June.

**Complaints** - UHBW have identified the delays along the complaint process relating to operational pressures and prioritisation of clinical staff. Additional resources have been allocated to support the complaints process, with oversight tracking performance.

**12 Hour Trolley Breach** – UHBW have implemented ‘Every Minute Matters’ continuous improvement model with Adult SAFER Care Bundle being implemented across the wards to improve patient flow by preventing unnecessary patient waiting.

**Quality Dashboard** - The areas in the tables below form part of the national contract primarily related to Harm Free Care (HFC). The areas will be linked to the current provider priorities and form part of the quality slides going forward on a quarterly basis. RAG rating is in place where there is a National directive of a standard to uphold.

| UHBW                                  | Aim  | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 |
|---------------------------------------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| HFC - SIs reported                    |      | 8      | 10     | 7(1)   | 9      | 9      | 10(1)  | 4      | 9(1)   | 6      | 7      | 7      | 8      | 6      |
| Never Event                           | 0    | 0      | 0      | 1      | 0      | 0      | 1      | 0      | 1      | 0      | 0      | 0      | 0      | 0      |
| #NOF Surgery (2020/21 av 54.3%)       | 90%  | 63.00% | 78.00% | 64.00% | 68.90% | 70.50% | 71.40% | 66.70% | 60.00% | 65.90% | 55.00% | 63.40% | 64.30% | 56.80% |
| #NOF Fragile Hip Best Practice Tariff |      | 58.70% | 69.50% | 56.00% | 66.70% | 63.60% | 71.40% | 50.00% | 60.00% | 65.90% | 55.00% | 58.50% | 52.40% | 54.50% |
| HFC - Falls per 1000 Bed days         | <4.7 | 5.73%  | 4.94%  | 4.70%  | 4.02%  | 4.38%  | 4.58%  | 4.68%  | 4.84%  | 4.78%  | 4.56%  | 5.16%  | 5.46%  | 4.82%  |
| HFC - Pls per 1000 Bed days           |      | 26.00% | 22.80% | 13.50% | 6.40%  | 13.10% | 12.70% | 22.30% | 13.20% | 18.60% | 0.16%  | 0.25%  | 0.25%  | 0.10%  |
| HFC - VTE Risk Assessment             | 95%  | 84.10% | 84.00% | 82.70% | 82.30% | 82.50% | 82.10% | 83.90% | 85.70% | 83.70% | 84.30% | 83.20% | 83.80% | 82.60% |
| Complaints response compliance        | 90%  | 72.70% | 80.90% | 85.50% | 58.30% | 65.90% | 85.60% | 60.00% | 57.50% | 63.00% | 41.40% | 52.20% | 54.30% | 61.70% |
| Stroke - Thrombolysed in under 1 hour | >60% | 56.50% | 58.50% | 56.10% | 48.70% | 64.30% | 59.40% | 55.60% | 58.30% | 51.50% | 54.50% | 62.50% | 52.20% | tba    |

\* Missing data has been requested from the provider as per current Quality Schedule reporting.

\* Some of the AIMs are either a national requirement or a local agreed one with the Trust.

\* HFC details are reported on quarterly.

# Provider Quality Exception and Overview Report – Sirona Community Health and Urgent Care – Severnside/NHS111

## Reporting Period – Month 11 2021/22 – February data

Information Source and date of information – Provider reports received in January 2022

### Sirona Community Health

#### Key Lines of Enquiry

**CQC Inspection Report**, published 9/2/2022. Sirona have developed their action plan that is going to their Senior Leadership Team on 14/04/2022 following which it will be provided to the CCG. Actions that were ‘must do’ have already been actioned and completed.

**Quality Forum** – The March meeting (February data) of the forum was cancelled due to the Sirona internal meeting not having taken place. Both were due to sickness and annual leave of attendees. The April meeting will review both February and March data and be reported in the Month 12 report.

**Quality Schedule and CQUINS** – good progress has been made with these. They are near ready for sign off.

There were **8 STEIS reportable incidents** during the month, this is an increase on previous months. Half of these were pressure injuries. Next month’s report will show if this is an increasing trend or an outlier month. Pressure Injuries and Delays are currently the two most common factors of reported levels of harm.

#### Risks and Mitigation

Staffing issues and pressures continue and are being addressed as detailed last month. Staffing challenges within the clinical governance team due to long term sickness is being mitigated with extra staffing resource.

### Urgent Care – Severnside/NHS111

**Patient Experience** – February data shows the provider is compliant with asking for feedback however it has not shared what overall percentage of returns the information relates to. This information has been requested for future reports.

**Safeguarding Training level3 & 4** - Training compliance was discussed with level 3 at 82% however level 4 was 50% against a trajectory of 90%. Severnside has indicated it is due to clinical roles not having time to undertake the training due to covering core shifts at the centre. Recruitment is in place for clinical leaders so the provider hopes in the next quarter to be able to improve on compliance levels.

**Mental Capacity Act** staff training also was noted to be below the required trajectory at 83%. As noted above as staffing stabilises the training will become a focus.

**CQC** – The latest visit deemed the Bristol call centre to be the 3<sup>rd</sup> national best on performance. The formal CQC report is pending.

**Move to regional call centre - New for April** – A potential move to become a regional call handling centre to cover the entire South West region is set to be implemented. Discussions are taking place regarding the logistics of this.

**Senior Staff** – The provider has recently appointed some new key senior positions as staff members have left Severnside.

# Quality Exception and Overview for Avon and Wiltshire Mental Health, Vita Health and Self Injury Support

## Reporting Period – Month 11 – February data 2022

Information Source and date of information – Provider reports received in January 2022

### Avon and Wiltshire Mental Health Provider – AWP

**ADHD** - The ADHD assessment waiting list continues to rise. Concerns have recently been highlighted regarding the rising number of service users complaints about the long waits, and the impact that this has on staff resource to be able to triage new referrals. Initial data received also suggests that service users on the case load are experiencing significant delays in receiving annual reviews. This issue has been escalated to the CCG Clinical Executive Team and an options paper is due to be presented. This will also be discussed with AWP at their April Quality Assurance Meeting to discuss **potential harm and risk mitigations**.

**Increase Demand and Capacity** – All Mental Health Services are experiencing significant increases in demand and increasing case loads. This has been exacerbated by staffing sickness caused by Covid-19. A discussion regarding risks and mitigations for this will be held with AWP at their April Quality Assurance Meeting and reported back to the Quality Committee in May.

**Waiting Lists** – Due to the increased demand and limitations on capacity there are increasing waiting lists in many services, the CCG Performance Team are currently undertaking a piece of work to identify any health inequalities issues within waiting lists; this will also provide us with greater clarity on the current position for all waiting lists. An update on the AWP CQC Waiting List workstream has been requested for the AWP May Quality Assurance Meeting.

### Vita Health - IAPT

**Recovery Rates** – In February this was reported at 53.1% against a target of 50%, this target has not been reached on only two months since February 2021.

**Waiting times for 1<sup>st</sup> Assessment** – The average waiting time for first assessment is currently 10 days which is within target.

**Step 3 waiting lists** – The average waiting time for step 3 care is currently 10 months against a target of 3 months. Each service user is risk assessed, given a keeping safe leaflet and a safety plan is created where risks are identified. In order to address this waiting list Vita are currently undertaking a recruitment campaign to increase staffing, validating the waiting list and organising group sessions for those waiting who are suffering from long term conditions. This is monitored on a monthly basis through the Contract Monitoring meeting.

### Self Injury Support

**Service Extension** – Due to the success of the service, the contract has been extended to end March 2023. Work is also currently underway to identify appropriate pathways for referrals to be received from Urgent Treatment Centres and IAPT as well as the current Emergency Department Referrals.

# Quality Exception and Overview for South West Ambulance Trust (SWASFT) and Ezec Transport

## Reporting Period – Month 11 – February data 2022

Information Source and date of information – Provider reports received in January 2022

### SWASFT

#### Key Lines of Enquiry

In November 2021 the Care Quality Commission (CQC) carried out a focused inspection on the urgent and emergency care pathway for patients across the integrated care system in Gloucestershire. The CQC produced SWASFT Emergency and Urgent Care Report and SWASFT Emergency Operation Centres (Exeter and Bristol). These reports were published in March 2022.

CQC Reported

- Despite the service being under immense and unrelenting pressure from demand and ambulances being held at emergency departments, staff were kind compassionate and supportive to patients.
- Staff remained calm and respectful when dealing with distressed or abusive callers.
- Good standards of cleanliness and infection control practices in both the ambulances and the Operation Centres.
- Excellent multi-disciplinary working.
- Staff feel undervalued in some areas and at times by the organisation.
- Disconnection between senior management and other parts of the organisation despite every effort being made to protect the welfare of staff.

#### Risks and Mitigation

- SWASFT are drafting a plan to implement the recommendations which will be shared with the CQC (date to be confirmed).
- SWASFT recognises that it needs to change the way they are listening and engaging with their people.
- SWASFT continues to work with system partners to reduce **the patient handover delays** from ambulance to the Emergency Departments (as detailed earlier). SWASFT Chief Executive has met with the Members of Parliament to raise the profile of the current situation.
- **The amount and nature of levels of harm from these delays is currently being determined with the aim to present data at the May Quality Report.**

### E-Zec Transport

#### Key Lines of Enquiry

- Concern was raised following an E-Zec transport service user was advised to wear face masks following cataract surgery which was contrary to the latest clinical guidance.

#### Risks and Mitigation

- E-Zec will accommodate the non wearing of face masks by service users if they could be informed at the time of booking the patient transport.
- This information was shared with the provider.



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

## Reporting period – Month 11 2021/22 – February data

Information Source and date of information – UK Health Security Agency (UKHSA) ,CCG HCAI Leads as of 06/04/2022

### BNSSG Annual Standard

- Clinical Commissioning Groups (CCG's) and secondary care providers threshold levels for 2021/22 were released in August 2021 by NHS England and NHS Improvement, which are based on number of assigned cases during 2019.
- Both CCG and secondary care threshold levels are specified below:
  - **Clostridiodes difficile (CDI)** = 191
  - **Escherichia coli (E. coli)** = 667
  - **Methicillin Resistant Staphylococcus Aureus (MRSA)** = 0
  - **Methicillin Susceptible Staphylococcus Aureus (MSSA)** – No threshold
  - **Klebsiella** = 137
  - **Pseudomonas aeruginosa** = 61

### Performance for February 2021

- **CDI** =22 HOHA= 7 (NBT-0, UHBW-7), COHA=3, COCA=11, COIA=1
- **E. coli** =43 HOHA=6 (NBT-3, UHBW-3) COHA=7, COCA=30, COIA=0
- **MRSA** = 0
- **MSSA** = 17 HOHA=2 (NBT-1, UHBW-1), COHA=1, COCA=14, COIA=0
- **Klebsiella** = 8 HOHA=3 (NBT-2, UHBW-0, Portsmouth-1), COHA=0, COCA=5, COIA=0
- **Pseudomonas aeruginosa** = 5 HOHA=1 (NBT-1, UHBW-0), COHA=0, COCA=4 COIA=0

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

### Risks/Assurance Gaps

#### CDI –

- Capacity to restart the post infection review (PIR) of cases with Primary Care remains a barrier.
- Shared access to systems data is a barrier.
- The CDI process is under review to enable system wide learning
- A new data system IC Net is being introduced which it is anticipated will steer further collaboration work.

The CCG have employed an interim role HCAI lead from late March 2022 to start the review process of COVID Nosocomial related reports and restart the CDI PIR's.

### Commentary

- MRSA- Zero tolerance has not achieved. However there were 0 zero cases in February.
- CDI- The 22 cases are currently categorised as follows: New (16), Continuing Infection (1), Repeat/Relapse (3), Unknown (2).
- EColi- the majority of the 43 cases continue to be Community Onset.

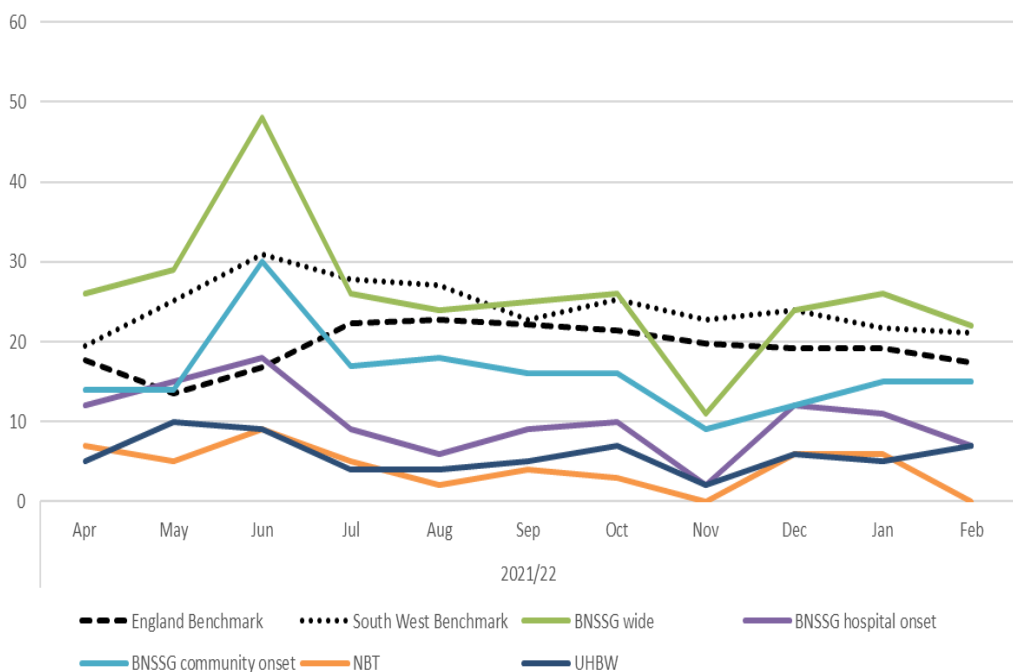
### Assurance

- Comparison with all England and Southwest 2020/21 benchmarks is provided.

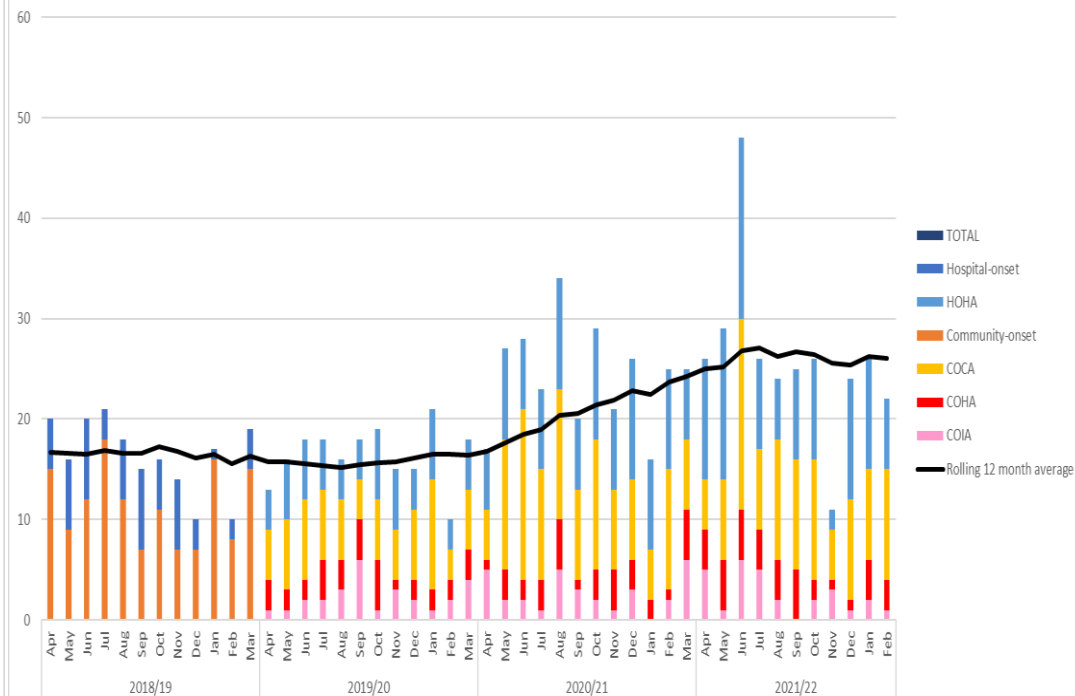
|                       | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Threshold to date | Assigned Cases 2021/22 | Position against threshold | Month 11 position 20/21 | Month 11 position 19/20 |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------------|------------------------|----------------------------|-------------------------|-------------------------|
| <b>C. difficile</b>   | 26     | 29     | 48     | 26     | 24     | 25     | 26     | 11     | 24     | 26     | 22     |        | 175               | 287                    | ↑                          | 268                     | 179                     |
| <b>E. coli</b>        | 46     | 48     | 42     | 44     | 53     | 56     | 45     | 45     | 49     | 45     | 43     |        | 611               | 516                    | ↓                          | 526                     | 607                     |
| <b>MRSA</b>           | 1      | 3      | 6      | 5      | 1      | 2      | 1      | 3      | 6      | 7      | 0      |        | -                 | 35                     |                            | 29                      | 39                      |
| <b>MSSA</b>           | 19     | 14     | 12     | 9      | 18     | 14     | 13     | 8      | 16     | 12     | 17     |        | -                 | 152                    |                            | 166                     | 177                     |
| <b>Klebsiella spp</b> | 14     | 12     | 14     | 17     | 13     | 16     | 22     | 13     | 11     | 9      | 8      |        | 126               | 149                    | ↑                          | 139                     | 139                     |
| <b>Pseud A</b>        | 7      | 7      | 7      | 6      | 8      | 8      | 2      | 5      | 3      | 5      | 5      |        | 56                | 63                     | ↑                          | 56                      | 60                      |

\*The above table provides the monthly CCG assigned cases as well as the year to date total. The final columns is our benchmark against the 2020/21 and 2019/20 position.

## BNSSG CCG Assigned C. difficile Cases 22 months to Feb 2022

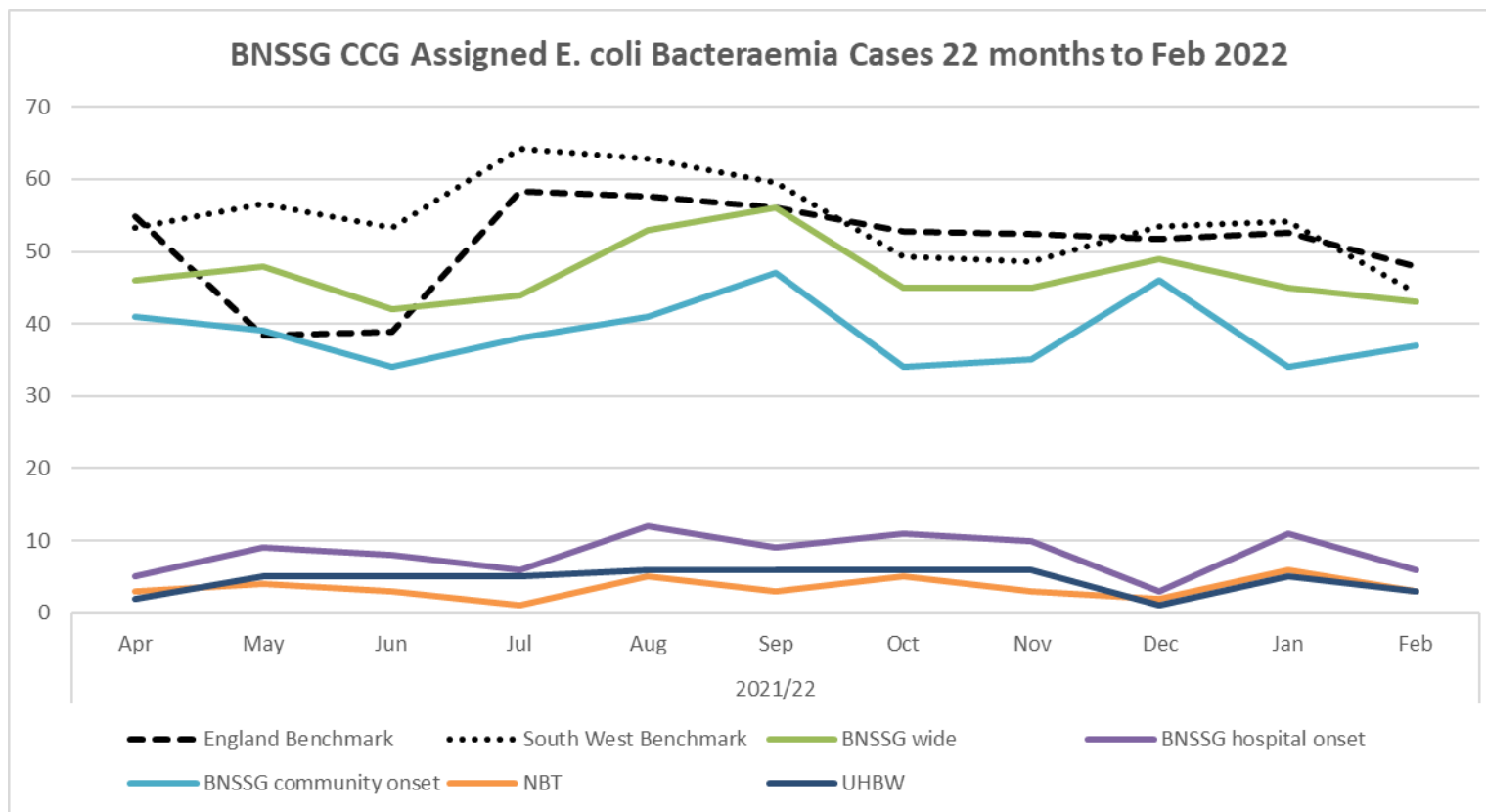


## C Diff Cases in BNSSG Since April 2018, Split by Apportionment, With 12 Month Rolling Average of Total Cases



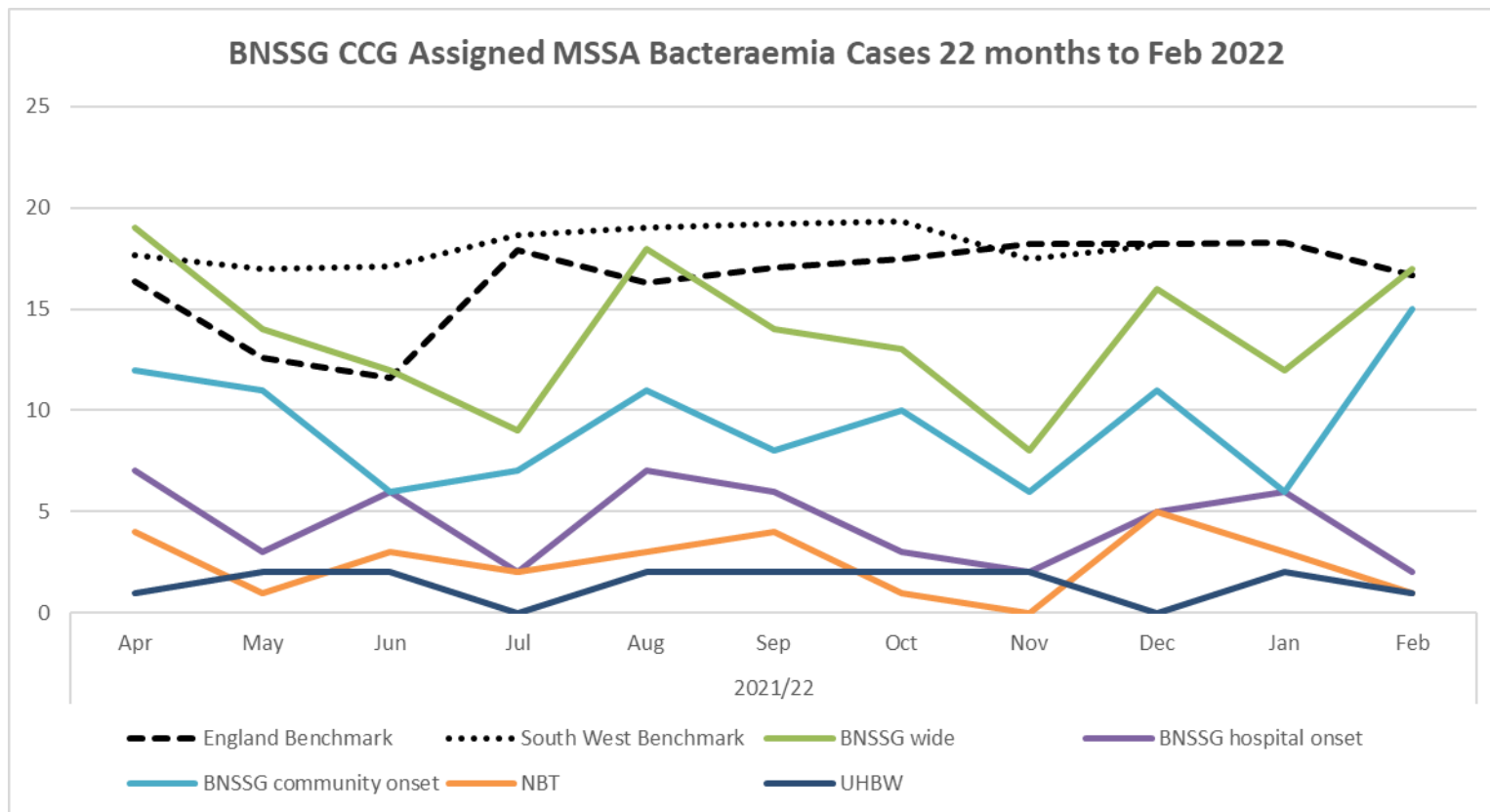
### Clostridioides difficile (CDI)

- In February 2022, 22 cases were attributed to BNSSG CCG (left graph).
- The graph on the right shows the rising case numbers since April 2020 (cases are assigned to the four categories illustrated). Prior to this period, the rate was steady at around 18 cases per month, compared to a current average of 27 cases per month, this is despite cases having levelled since the spike in June 2022. BNSSG is approximately in line with the regional average but slightly above the England average as seen in the graph on the left..
- Following the CDI working group meeting, a patient information leaflet has been drafted and reviewed system wide. The leaflet is now being amended to incorporate comments received. The working group continues to work with system and regional partners to understand the drivers behind a higher prevalence and incidence of CDI.



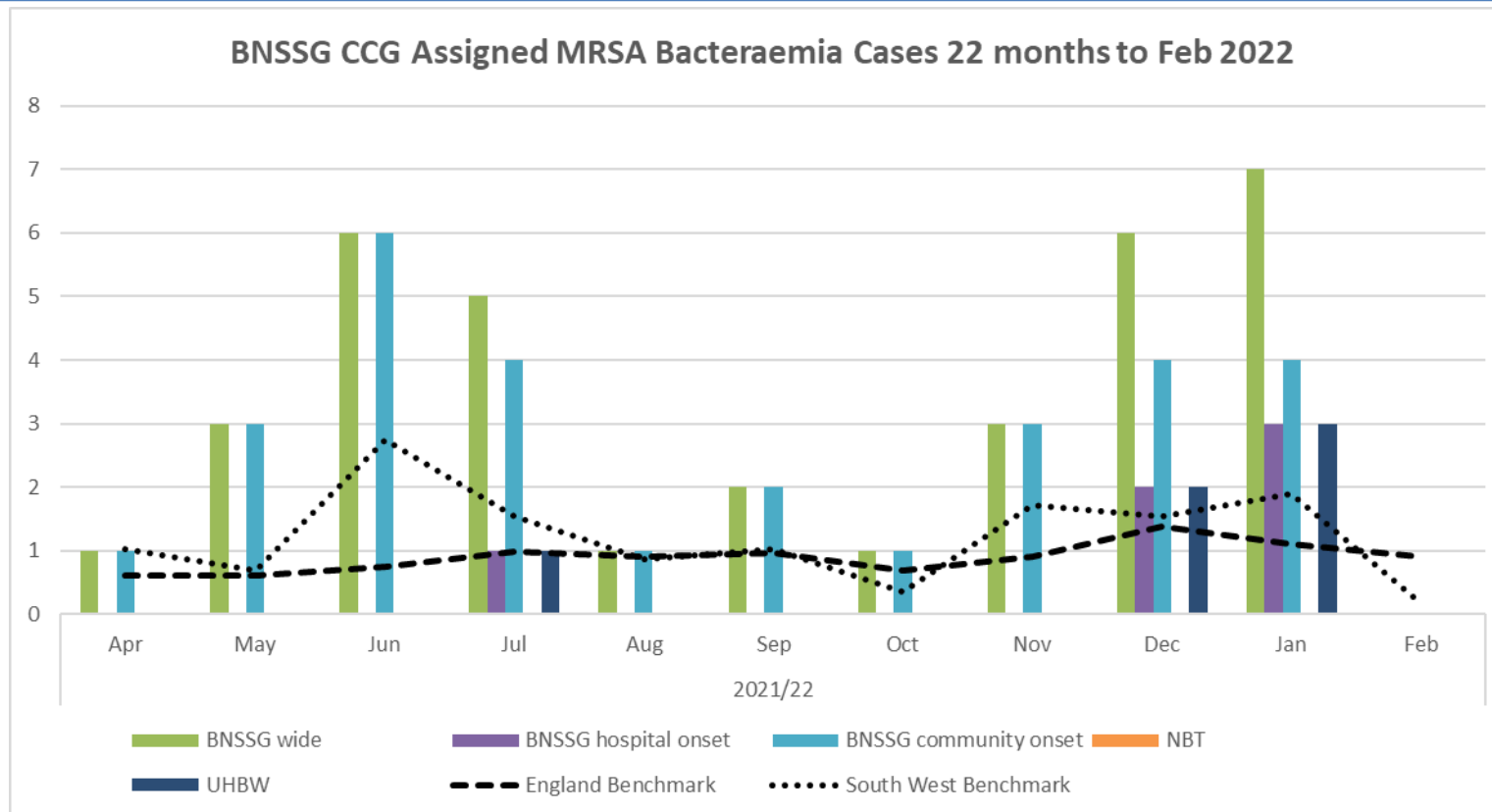
## Escherichia coli (E. coli)

- In February 2022, 43 cases of E.coli bacteraemia cases were assigned to BNSSG CCG. Case activity, remains below the thresholds set by NHSE/I, below the Southwest benchmarking and below the all England benchmarking. Activity is also below the 2019/20 and 2020/21 year to date position.
- Patient hydration remains a key area of focus and the CCG Quality team has requested the results of the evaluation of the previous research project using the 'Reliance on Carer' tool with nursing/residential care homes in our local system which was managed by CCG's Transformation team. NHSE/I had planned to present project work on national hydration work at the HCAI group in December, but this presentation has been postponed.
- The CCG's second area of focus in recent years has been catheter passports/catheter management. Limited attendance at the BNSSG HCAI Group in December meant that discussions regarding the extent to which previous processes have been embedded was limited and will be rescheduled for the next meeting in March 2022.



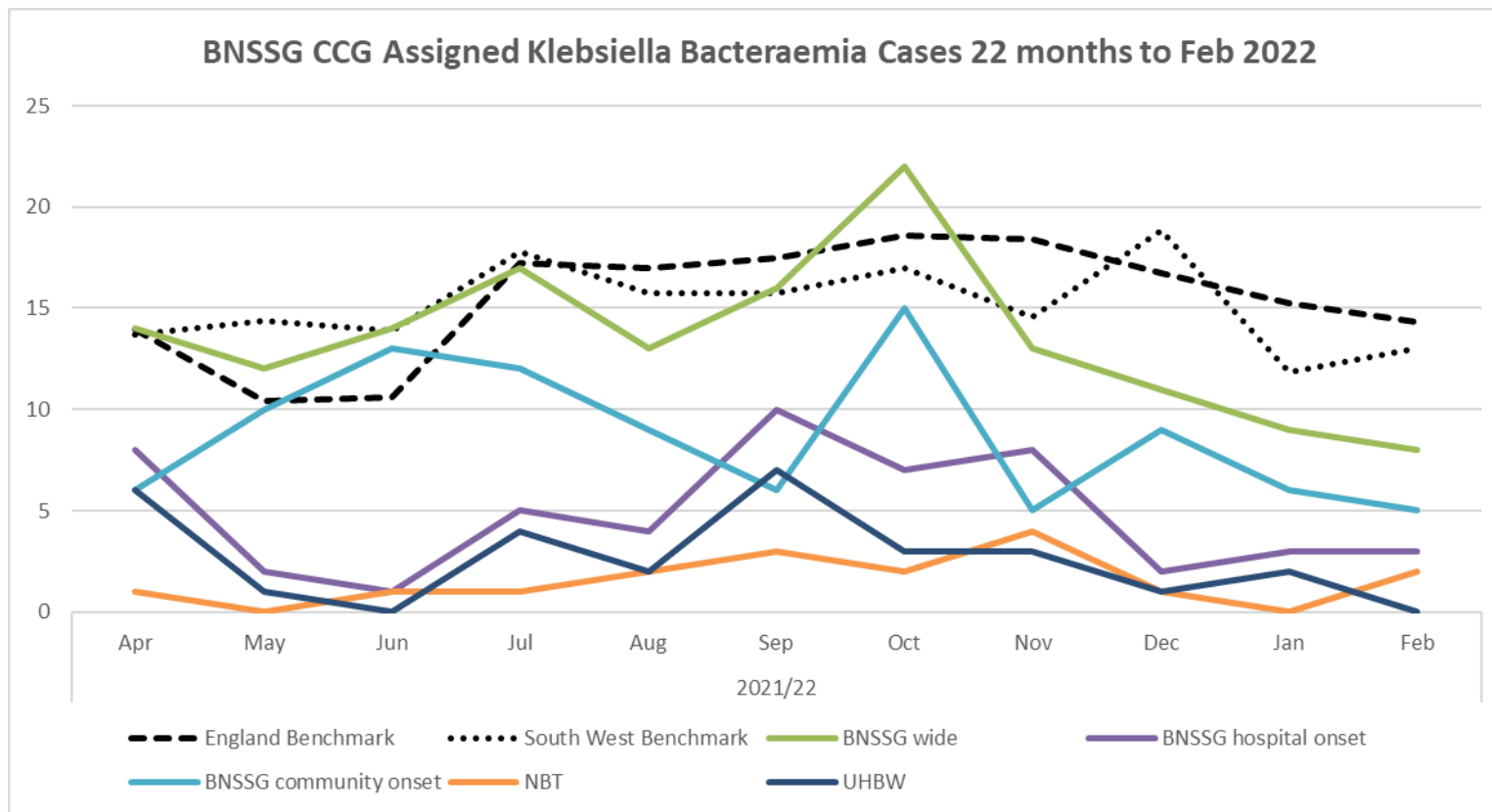
**Methicillin Susceptible Staphylococcus Aureus (MSSA)**

- In February 2022 17 cases of MSSA bacteraemia were assigned to BNSSG CCG. Two cases were classified as Hospital Onset Hospital Associated and fourteen cases as Community Onset Community Associated. Case activity has been below the Southwest average since May 2021 and below the all England average for the last five months.
- No formal system thresholds exist and the CCG remain in a monitoring position.
- CCG case activity continues to demonstrate an improvement in the 2020/21 position and 2019/20 position.



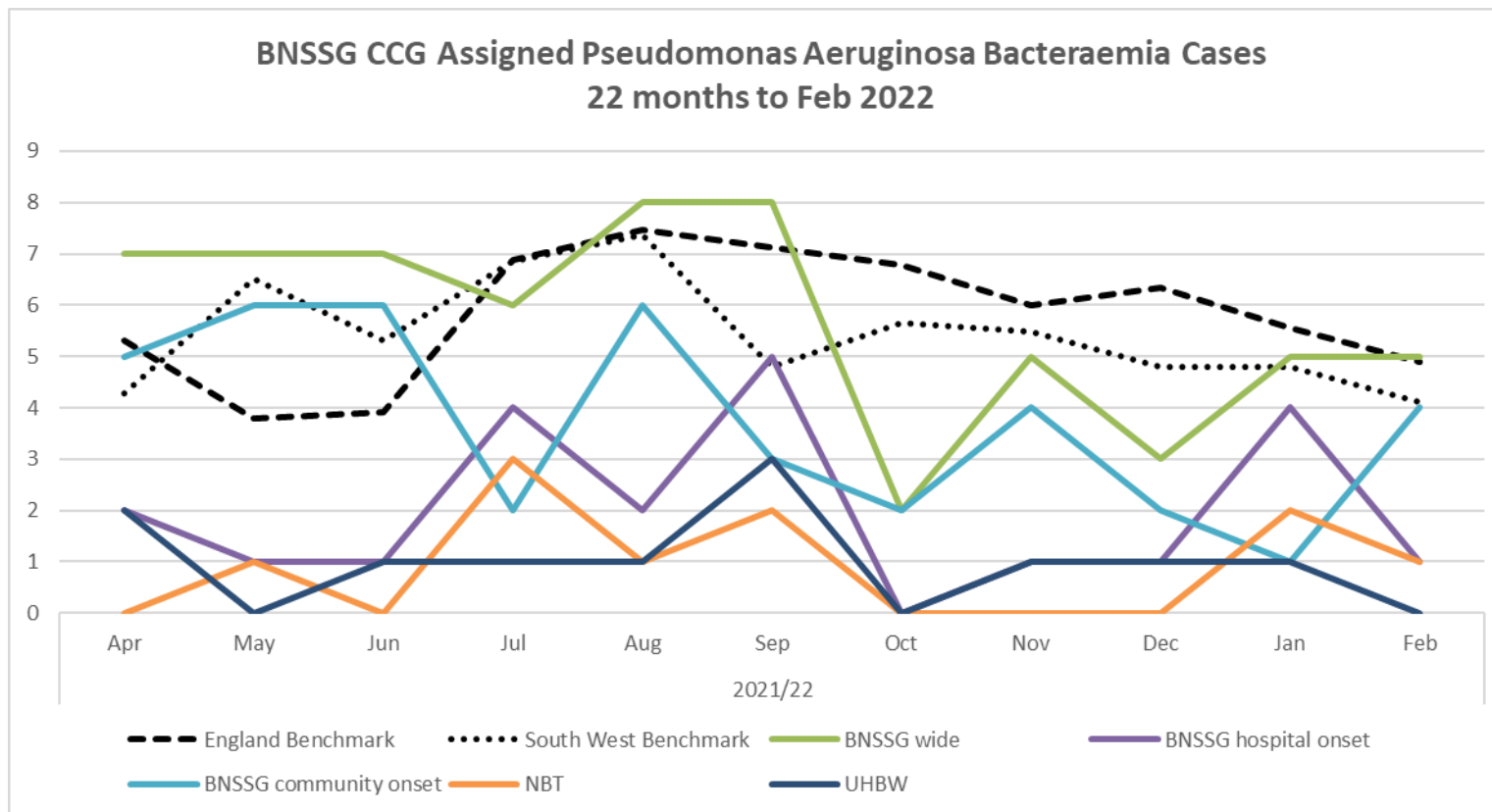
## Methicillin Resistant Staphylococcus Aureus (MRSA)

- In February zero cases of MRSA bacteraemia were assigned to BNSSG CCG.
- Year to date, thirty five cases have now been assigned to BNSSG CCG.
- The review of the CCG assigned community onset MRSA Bacteraemia cases have not been undertaken due to multiple factors including competing pressures and access to patient care records. Access to patient records has been escalated as a priority and is now underway.
- The CCG and local authority partners have funded a trial of Chlorhexidine wipes in April/May 2021 for Persons Who Inject Drugs services across Bristol North Somerset and South Gloucestershire localities, which will require a formalised evaluation process during quarter 4 , to consider the effectiveness of this intervention



**Klebsiella**

- In February 8 cases of Klebsiella bacteraemia were assigned to BNSSG CCG. Three cases were classified as Hospital Onset and five cases as Community Onset. Case activity fluctuates, and is below the Southwest and all England average in February 2022
- Assigned case activity is above the nationally mandated system thresholds. Year to date assigned cases are below the month eleven position in 2019/20 and 2020/21.
- The CCG will ask acute providers to share the themes that have been identified as contributing factors in this years dataset for system learning.



#### Pseudomonas Aeruginosa

- In February five cases of Pseudomonas aeruginosa bacteraemia were assigned to BNSSG CCG.
- Case activity is below the all England and Southwest benchmarks in February 2022, but above the system threshold.

**Collaborative partnership working** – February COVID-19 infection rates have remained high resulting in significant bed pressures across the acute settings. The IPC Cell has continued to work with care providers and hospital discharge-to-assess teams, to aid flow by ensuring pathway 3 beds in care and reablement settings are able to continue to accept admissions during this period. Following on from the work with UKHSA to refine the infection notification process and improve timely response and support to care providers with outbreaks, UKHSA have agreed with Local Authority public health teams that most outbreaks can be managed locally. In BNSSG the IPC Cell had already developed and implemented the use of risk assessment tools. This meant that as a team the IPC Cell with the local authority public health teams and commissioners were well prepared for this formal change in management and able to respond quickly and assist with the bed flow challenge through dynamic risk assessments and implementing the hierarchy of controls to balance risk and ensure safety of staff and service users. The providers were agreeable to the processes and welcomed the extra input and support.

The risk assessment tools developed by the cell and a summary of the current guidance and legislation were consolidated into one document that was sent out to care providers. This was identified as needed for other local authorities and CCG Care home leads across the SW. The BNSSG document and tools was reviewed by UKHSA and then shared with all the SW regional teams for adoption and local adaptation.

**NHS SW IPC Collaborative** – work on the hydration quality improvement project continues and the first, Plan-Do-Act (PDA) cycle completed. Plans to visit the pilot care settings have been postponed until March / April due to the current surge in COVID-19 infections and outbreaks that has put significant strain on care settings

**NHS Cleaning Standards** – From April, all Care Quality Commission (CQC) registered settings are required to implement the updated Cleaning Standards. There is a six month implementation period before compliance will be assessed by CQC. The standards relate to functional risk areas in settings. The standards were introduced to care providers as part of the IPC Champions Training and Network programme in summer 2021, using the NHS presentation. The presentation was not care setting focused and it was recognised that the care provider would need to understand how to assign a functional risk level. In the absence of any direction the IPC Cell has worked on this with providers, developing a training package. The package defines functional risk, it also addresses the required evidence recording and documentation. Plans are in place to deliver the training and support the implementation process during April with 10 care homes and then offer this to all eligible settings during May. The package has been requested for sharing via the NHS SW Care Home Network and nationally via the Infection Prevention Society, Care Homes Special Interest Groups as other than by private cleaning companies, there has been little preparation on how to support care homes with the requirement. The Cell has agreed to present findings and share learning following the April activity.

**Care Home outbreak support** - The number of care home outbreaks that required support was challenging for the Incident/Outbreak Management Teams (I/OMTS), including this cell, due to supporting the three LA teams and being only 1.3 whole time equivalent staff. There is also a requirement for the cell team to support outbreaks in other settings, for example primary care and the Acute Trusts who are also experiencing many outbreaks. In response, with support of Bristol LA Colleagues it was agreed to hold a weekly drop-in meetings for all care homes in Bristol who were experiencing or seen as in an outbreak. Individual IMTs were then able to be scaled back and individual meetings were then offered to those with significant issues. The care providers fed back that they welcomed this approach as they learned from each other as well as gaining support and expert advice from the team. It is intended to continue this approach as we move through the pandemic to epidemic status. This has now also been introduced to South Gloucestershire Care Providers.

**IPC Cell workforce development** – Part-time business support of 25 hours per week has been secured since mid February. This will significantly reduce the administrative burden on clinical staff and enable the proactive work to move forward. Discussions continue to explore longer term IPC support to local authorities and a provisional plan is under consideration to start from 1<sup>st</sup> June.



# Quality Report – Infection Prevention Control (IPC) Cell

Information Source and date of information – Quality lead – Month 10 2021/22 – February 2022

## IPC Cell monthly activity summary – December

| Meeting attendance and input  | Number Attended | Email information trends                    | Number Received |
|---|-----------------|---|-----------------|
| IMTs/OMTs (Care settings 17, Acute 11, Primary Care 1, Care Hotel 1, Group 7) | 37              | Risk assessment - isolation                 | 4               |
| IPC Strategic Cell and other IPC team meetings                                | 11              | Risk assessment – admissions/Bedflow        | 38              |
| Local Authorities weekly review meetings                                      | 12              | Risk assessment - visiting                  | 17              |
| Care Provider Cell and surge planning meetings                                | 1               | Training requests                           | 2               |
| Training meetings   | 2               | Primary Care related queries                | 4               |
| Flu meetings  | 2               | PPE queries                                 | 0               |
| Risk assessment / bed flow specific meetings                                  | 17              | Guidance interpretation & advice on changes | 8               |
| Health Protection network meetings  | 5               | Vaccination                                 | 0               |
| Miscellaneous or Ad hoc related requests for meeting input                    | 3               | Testing                                     | 2               |
| SW IPC Collaborative  | 2               | Comms requests                              | 8               |
| Health Protection Assurance   | 3               | PPE queries                                 | 5               |
| Attendance at Bronze  | 2               | NHS Cleaning Standards                      | 8               |
| <b>Other activity description</b>   |                 |   |                 |
| Site visits   | 4               | IPC Audits                                  | 5               |
| Comms preparation   | 5               | Collaborative Meetings with LAA colleagues  | 5               |
| UKHSA including Task & Finish Group meetings                                  | 12              | Clinical Reference Library                  | 5               |

# 8. Nursing & Quality - Serious Incidents including Never Events

Reporting Period: Month 11 2021/22 – February 2022

Information Source and date of information – BNSSG SI dedicated information site and trackers as of 01/03/2022

## Current Month Overview

- In February 2022, 18 Serious Incidents (SIs) were reported across BNSSG providers.
- There were no Never Events (NE) submitted.
- Pressure Injury (PI) and Diagnostic incidents were the leading themes this month.
- There were five PI incidents reported; three unstageable by Sirona, one unstageable by UHBW and one Grade 4 by NBT.
- Three of the four Diagnostic SIs relate to incidents which occurred at UHBW Weston Emergency Department (ED), with two relating to misdiagnosis and one to transfer delay. The fourth SI was reported by Emersons Green and relates to a missed diagnosis of cancer.

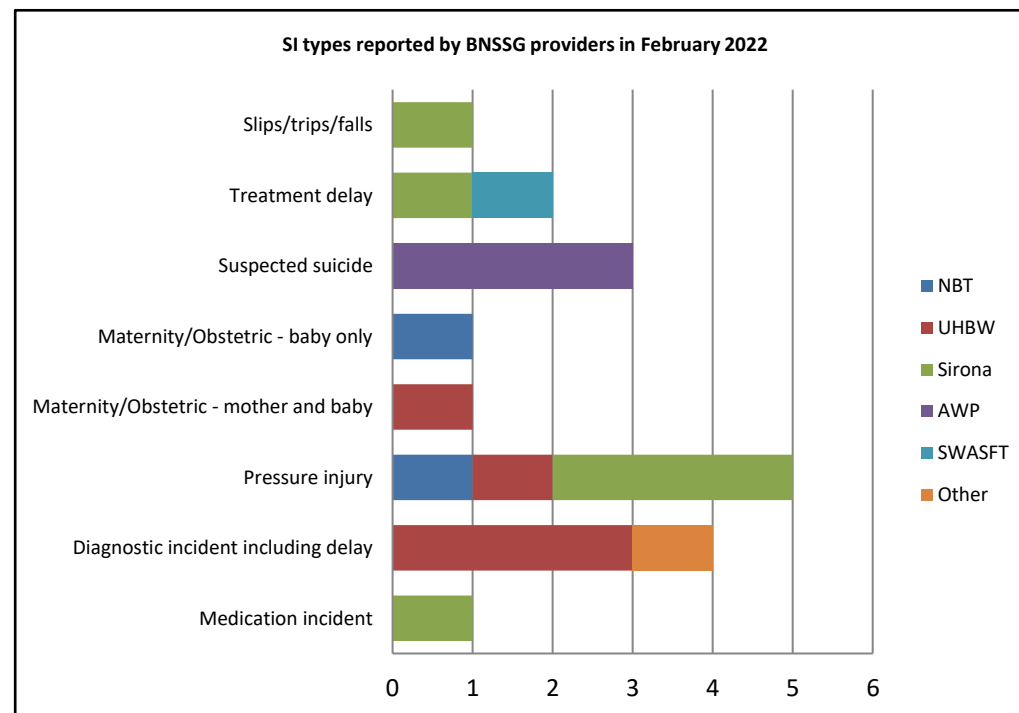
## Risks/assurance gaps

- Development of Datix is being undertaken to include the data management of Serious Incidents in order to align with the NHSE/I database release for Patient Safety Incident Response Framework (PSIRF).
- The Learning Forum continues to be developed to identify the learning from SI's and facilitate the dissemination of system wide learning.

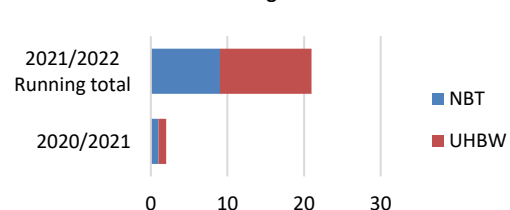
SIs reported across BNSSG 2021/22

| Provider     | Apr           | May       | Jun       | Jul           | Aug       | Sept          | Oct       | Nov       | Dec           | Jan       | Feb       | YTD SIs        |
|--------------|---------------|-----------|-----------|---------------|-----------|---------------|-----------|-----------|---------------|-----------|-----------|----------------|
| NBT          | 11 (1)        | 2         | 3         | 3             | 2         | 3 (1)         | 2         | 1         | 1 (1)         | 4         | 2         | 34 (3)         |
| UHBW         | 5 (1)         | 9         | 9         | 10 (1)        | 4         | 8 (1)         | 6         | 7         | 7             | 8         | 5         | 78 (3)         |
| Sirona       | 4             | 4         | 3         | 3             | 2         | 6             | 2         | 4         | 4             | 3         | 6         | 41             |
| AWP          | 5             | 4         | 7         | 6             | 0         | 1             | 5         | 5         | 2             | 4         | 3         | 42             |
| SWASFT       | 0             | 0         | 0         | 1             | 0         | 1             | 0         | 4         | 0             | 0         | 1         | 7              |
| GP           | 0             | 1         | 1         | 0             | 0         | 0             | 0         | 0         | 0             | 0         | 0         | 2              |
| Other        | 0             | 0         | 1         | 0             | 3         | 1             | 0         | 3         | 1             | 0         | 1         | 10             |
| <b>Total</b> | <b>25 (2)</b> | <b>20</b> | <b>24</b> | <b>23 (1)</b> | <b>11</b> | <b>20 (2)</b> | <b>15</b> | <b>24</b> | <b>15 (1)</b> | <b>19</b> | <b>18</b> | <b>214 (6)</b> |

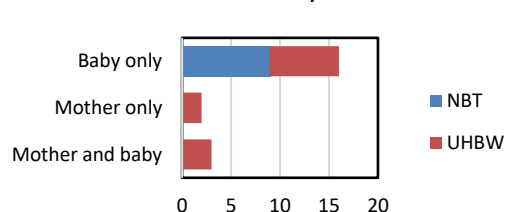
\* In brackets are NEs reported



Maternity/Obstetric BNSSG cases monitoring - YTD figures



Running total Maternity/Obstetric SIs breakdown 2021/2022



| Year             | April  | May | June | July   | Aug | Sept   | Oct    | Nov    | Dec    | Jan    | Feb | Mar | Total SIs per Year           |
|------------------|--------|-----|------|--------|-----|--------|--------|--------|--------|--------|-----|-----|------------------------------|
| <b>2020/2021</b> | 22     | 15  | 25   | 26 (1) | 22  | 17 (2) | 22 (1) | 20 (2) | 15     | 14 (1) | 16  | 22  | <b>236 (7)</b>               |
| <b>2021/2022</b> | 25 (2) | 20  | 24   | 23(1)  | 11  | 20 (2) | 15     | 24     | 15 (1) | 19     | 18  |     | <b>214 (6) running total</b> |

\*The numbers in brackets indicate the number of Never Events reported

\* 2020/21 Figure excludes the HCAI/Nosocomial COVID SIs

### Emerging Risks/issues

#### **Complex Care Team**

The CCG has received a Deprivation of Liberty Safeguards (DOLS) challenge in relation to a complex learning disabilities case, currently placed out of area, where there have been significant delays in identifying an alternative placement. The case has been submitted for a court hearing. The Funded Care Team is working closely with the CCG's Mental Health and Learning Disability (LD) Transformation Team which is leading a review of system-wide capacity requirements, with the three Local Authorities.

#### **MH and LD out of area placements**

The CCG has been made aware that individuals placed in residential care in Wales by Local Authorities in BNSSG may be denied access to specialist healthcare. Further investigation is underway and a briefing paper will be shared with senior colleagues.

### Funded Care Updates

#### **Adult CHC Assessment Performance**

Performance showing sustained improvement. Overall the team continue to increase output and reduce the time from referral to decision. February performance against 28 day assessment target is included below (performance target is >80%):

- **BNSSG overall performance – 94%**
- **Bristol – 93%, North Somerset – 88%, South Gloucestershire – 100%** ( Compared to last months report which was: **Bristol – 92%, North Somerset – 81%, South Gloucestershire – 86%** )

The average number of days taken from referral to completion of assessment has come down from 15 days last month to 11.6 days this month – which means we are now comfortably within our internal target range of 14 days and under. The average number of days taken from referral to decision has come down from 22 days last month to 20.6 days this month, which is within our ideal target range of 21 days and under.

34% of CHC cases are overdue a review. This will be a focus of work for the team in March.

#### **Adult CHC – Fast Track End of Life**

The Fast track team is developing a second action plan to build on the action plan from 2021-22, to consolidate and further improve performance, with a particular focus on improving performance against the referral to decision time within two days.

#### **Funded Care Invoice Position**

Significant effort from the Funded Care Finance Team on reducing the backlog of invoices has brought the figure down from 1484 on 18 January to 562 on 16 March, and remain on track to be below 400 by the end of March.

#### **Complex Care Team**

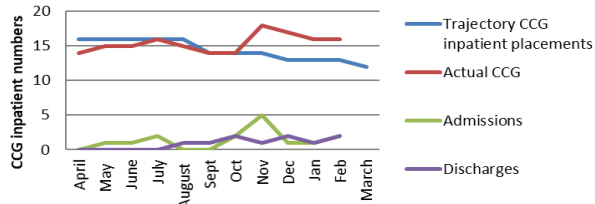
Following triage of the overdue community DOLS a recovery trajectory has been developed, applying a risk managed approach to progressing outstanding DOLS. With the additional member of staff in the team the trajectory has been achieved in February.

### Assuring Transformation – Learning Disability and Autism

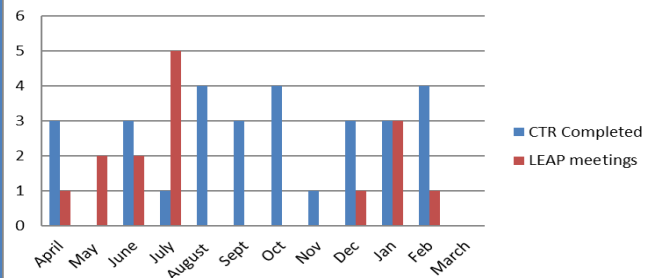
#### Performance/Data for 2021-2022

##### Adults

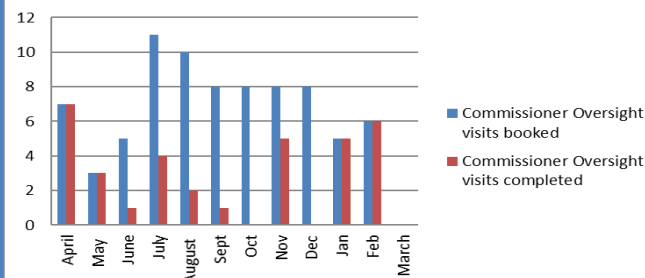
#### Adult CCG Commissioned Inpatient placements for Learning Disability and Autism



#### Adult CTR and LEAP Meetings

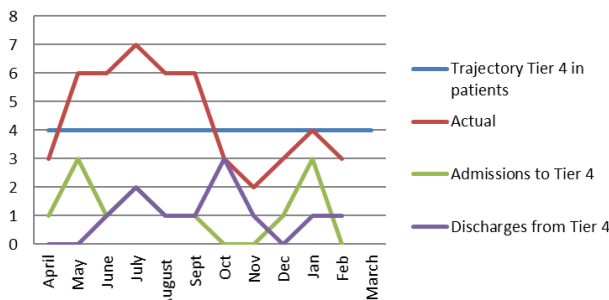


#### Commissioner Oversight visit activity

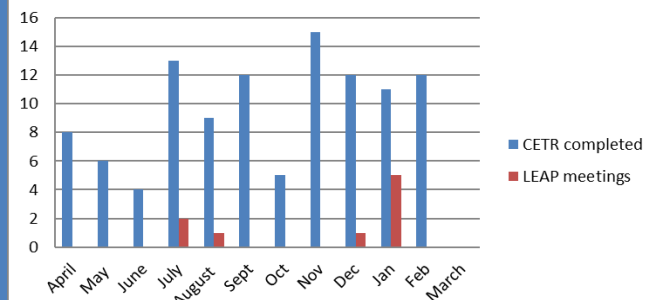


##### Children and Young People (CYP)

#### CYP Tier 4 in patient Numbers



#### CETR and LEAP meetings in Month



### Highlights – 1WTE Clinical advisor has commenced with the team

##### Adults

- 2 discharges this month.
- Safe and Well-being reviews have been completed and the findings will be shared with the ICS overview and scrutiny committee in March 2022
- Funding Pathway panels with South West Provider Collaborative have been re-introduced

##### CYP

- There have been no admissions this month and 1 discharge has been achieved.
- Intensive work continues to be undertaken to progress discharge of 1 young person requiring naso-gastric feeding to maintain weight and remains in an inpatient setting

# Meeting of Governing Body

Date: Tuesday 7<sup>th</sup> June 2022

Time: 1.30pm

Location: Grand Pier, Marine Parade, Weston-Super-Mare, BS23 1AL

|   |   |
|---|---|
| <b>Agenda Number :</b>  | 8.1   |
| <b>Title:</b>   | Performance and Activity Report – Month 12/11 – (March/April)<br>Nursing and Quality Report – Month 12 – (March data) |
| <b>Purpose: Discussion and for Information</b>  |   |
| <b>Key Points for Discussion:</b>   |   |
| <p>The Performance and Activity report provides an overview of February / March data for key performance metrics at BNSSG population level and provider level.</p> <ul style="list-style-type: none"> <li>• <b>4hr A&amp;E Waits</b> – Overall, BNSSG Trusts' 4hr A&amp;E performance worsened from 59.7% to 59.5% in April but is better than the national average for Type 1 EDs of 59.0%. NHSEI Support to BNSSG via UEC collaborative with whole system diagnostics, dynamic modelling and NHS111 first and an ambulance handover improvement plan focused on demand management, process improvement, improving flow and reverse queueing capacity.</li> <li>• <b>Planned admissions</b> – the total waiting list size for the BNSSG population worsened from 71,772 in February to 74,505 in March. BNSSG performance of 65.4% was ranked 41st out of 102 CCGs nationally (down from 35th in February) and ranked 2nd out of 6 CCGs in the South West (same as February).</li> <li>• <b>52 week waiters</b> – The number of patients waiting over 52 weeks for planned treatment decreased from 3,864 in February to 3,779 in March. The number decreased at NBT but increased at UHBW. The BNSSG position continues to be driven mainly by waits at NBT (1,742 breaches) and UHBW (1,509), with the remaining 528 breaches split across 49 other providers. Focused work to facilitate elective recovery ambitions are being implemented.</li> <li>• <b>104 week waiters</b> – The number of patients waiting over 104 weeks decreased from 312 in February to 213 in March. The number at both NBT and UHBW decreased. The BNSSG position continues to be driven mainly by waits at NBT (70 breaches) and UHBW (74). The remaining 69 breaches are split across 10 other providers, with the majority at Sulis Hospital (38), Spire Bristol (21) and Somerset Surgical Services (3).</li> <li>• <b>Cancer 62 day</b> – 62 day referral to treatment time for BNSSG cancer patients improved in March to 66%. Performance improved at both NBT and UHBW. The 85% national standard has not been achieved at population level since April 2019.</li> </ul> |   |

- **Cancer 2 week waits** – Performance improved in March for the BNSSG population and at NBT but worsened at UHBW. The 93% national standard has not been achieved at population level since June 2020.
- **Activity** – For the year ending 21/22, there were reductions in activity across all areas compared to the year ending 19/20. From February to March, all activity increased.

The Quality report provides an overview of March 2022 data to cover Month 12 provider activity and also provides an overview of activity which has occurred throughout the year for the Nursing and Quality directorate. This includes Infection Prevention and Control with updates on the C Difficile action plan status, Serious Incidents and BNSSG provider key lines of enquiry and mitigating assurance. Within the main body of the report is a slide in brief of some current intelligence on areas of concern that have occurred since March which the teams are involved with.

|   |   |
|---|---|
| <b>Recommendations:</b>                                 | To note the Performance and Quality position of the CCG and of key providers, including any risks, mitigating actions and responsibilities as appropriate.  |
| <b>Previously Considered By and feedback:</b>           | Quality Committee, 19 <sup>th</sup> May 2022  |
| <b>Management of Declared Interest:</b>                 | None  |
| <b>Risk and Assurance:</b>                              | The Performance and Quality reports provide an update to the Governing Body in relation to key risks to performance and quality within the system and highlights supporting mitigations which are in place.             |
| <b>Financial / Resource Implications:</b>               | None  |
| <b>Legal, Policy and Regulatory Requirements:</b>       | None  |
| <b>How does this reduce Health Inequalities:</b>        | Elements of the Quality report identify activity in place to reduce health inequalities such as the delivery of the LeDeR programme   |
| <b>How does this impact on Equality &amp; diversity</b> | As above  |
| <b>Patient and Public Involvement:</b>                  | Not applicable  |
| <b>Communications and Engagement:</b>                   | The Performance and Quality reports are provided to the Governing Body for information.   |
| <b>Author(s):</b>                                       | Gary Dawes, Business Intelligence Manager<br>Sandra Muffett, Head of Clinical Governance & Patient Safety through contributions from Quality Team members.<br>Michael Richardson Deputy Director of Nursing and Quality |

**Sponsoring Director /  
Clinical Lead / Lay  
Member:**

Lisa Manson, Director of Commissioning  
Rosi Shepherd, Director of Nursing and Quality

# **BNSSG Performance & Activity Report**

Month 12/1 – March 22 /April 22

Created by

BI Performance Team



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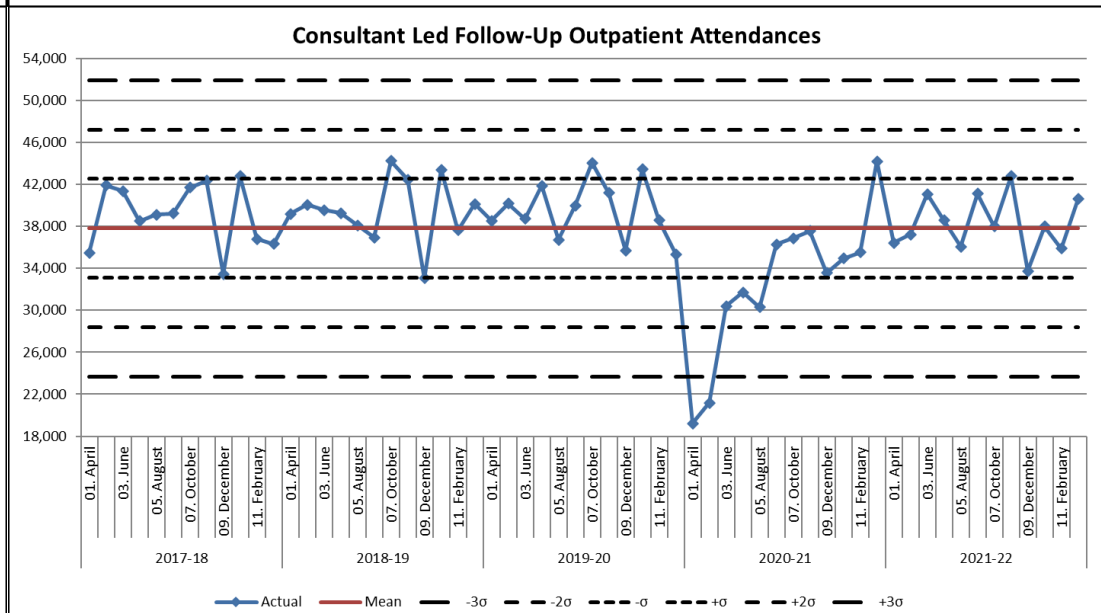
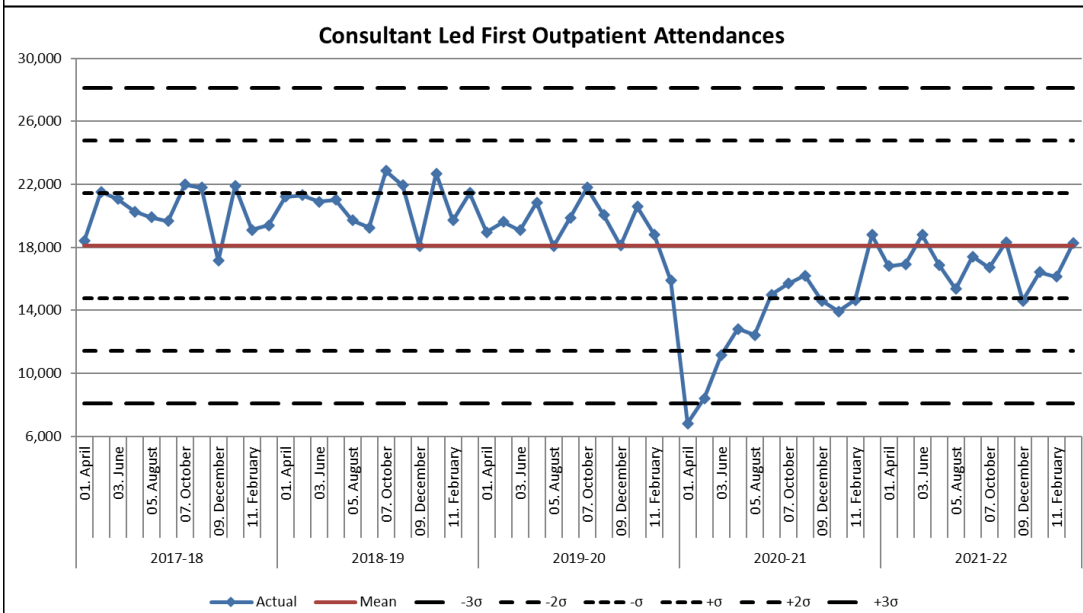
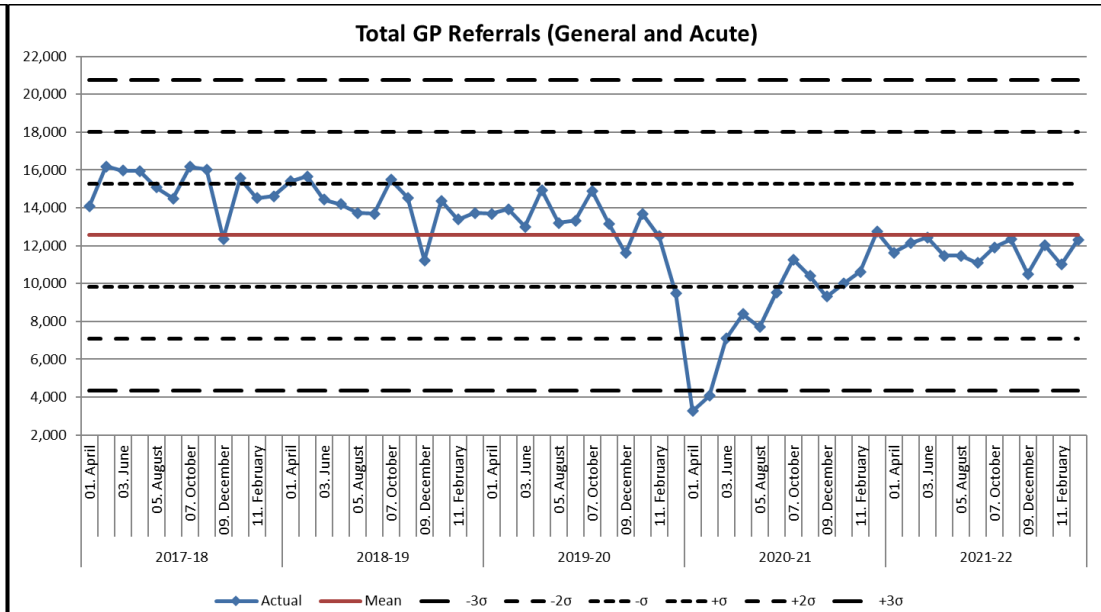
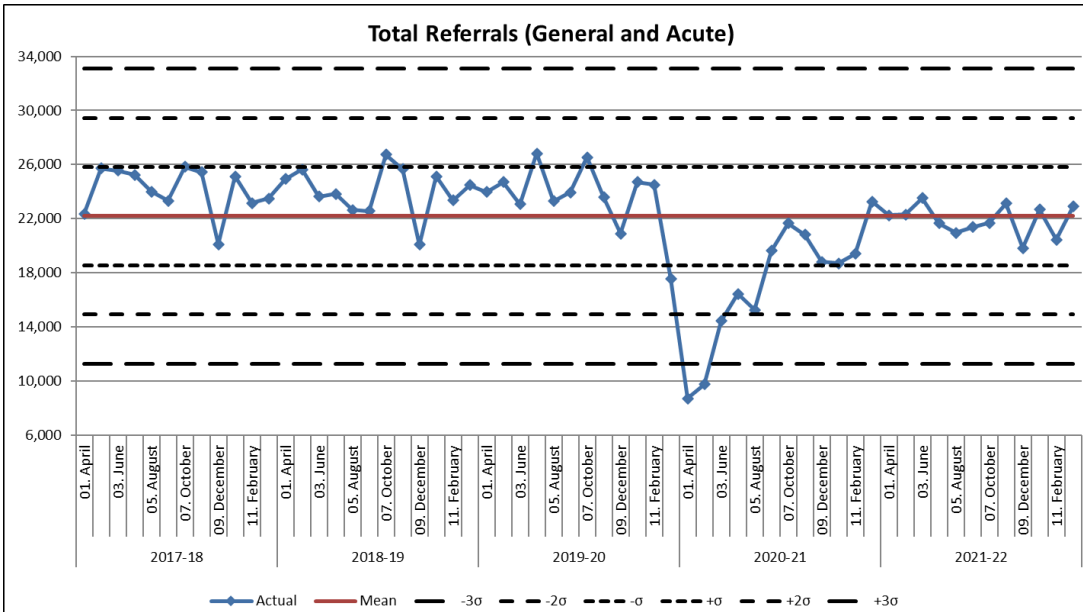
4.5 Non-Acute Providers

# 1.1 Executive Summary – Headlines

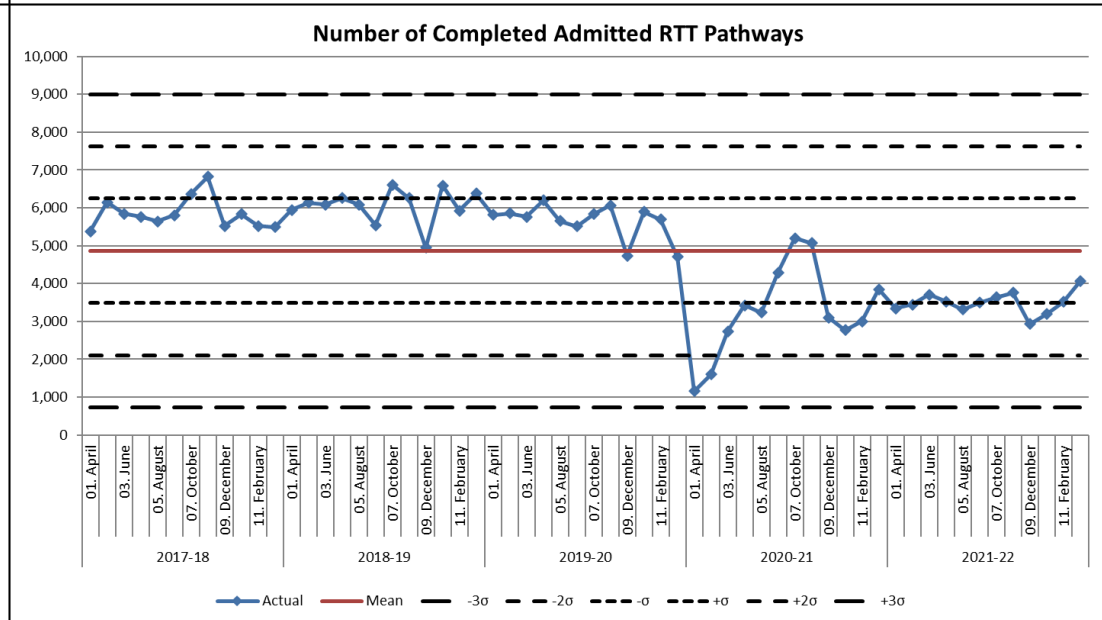
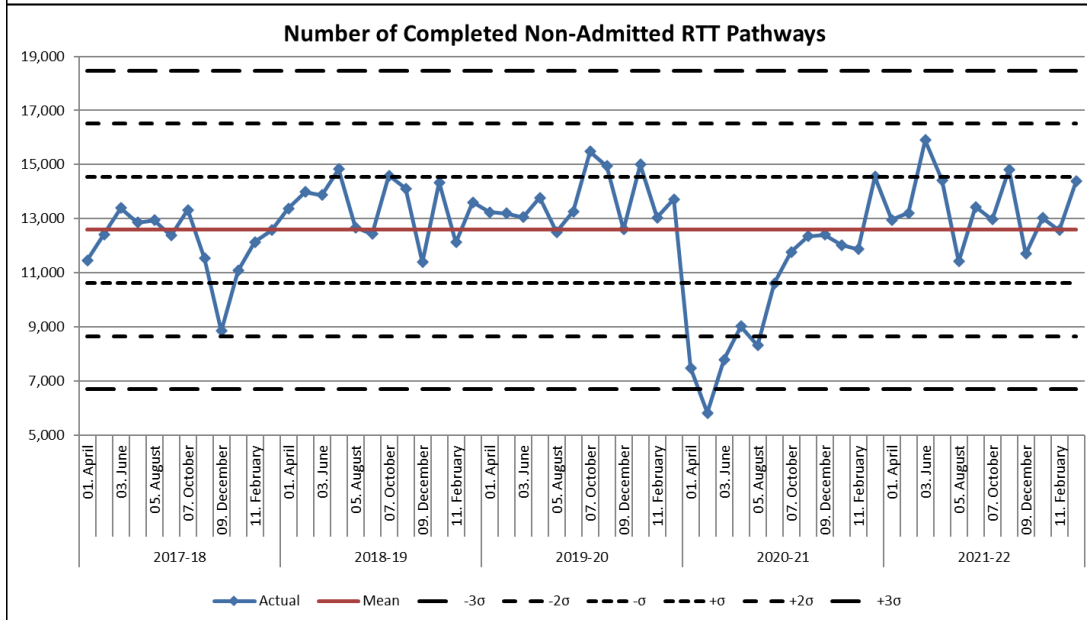
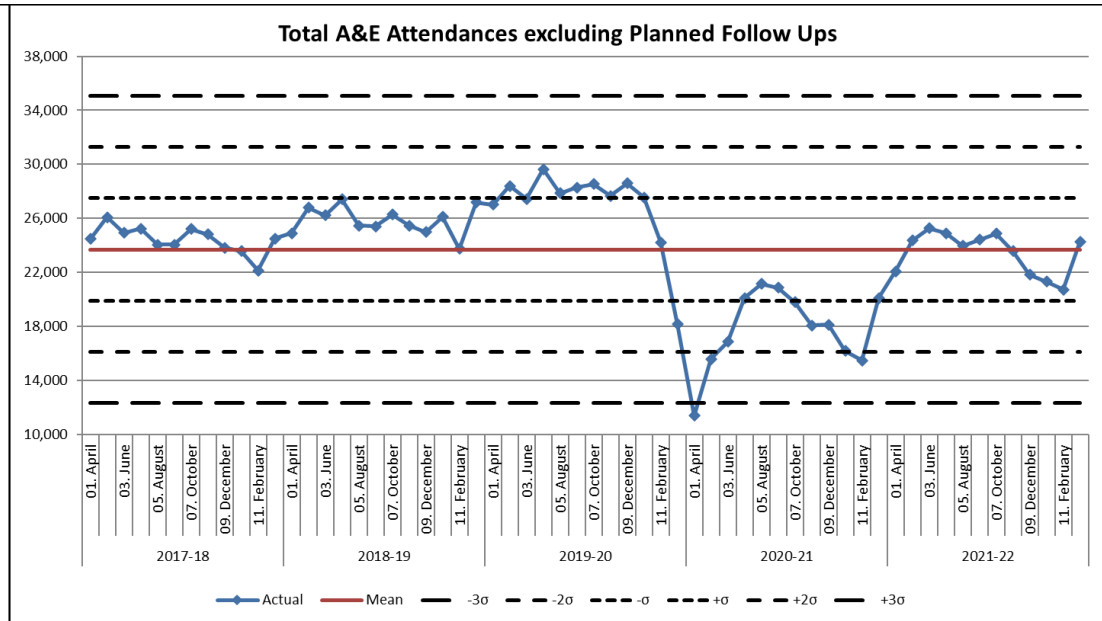
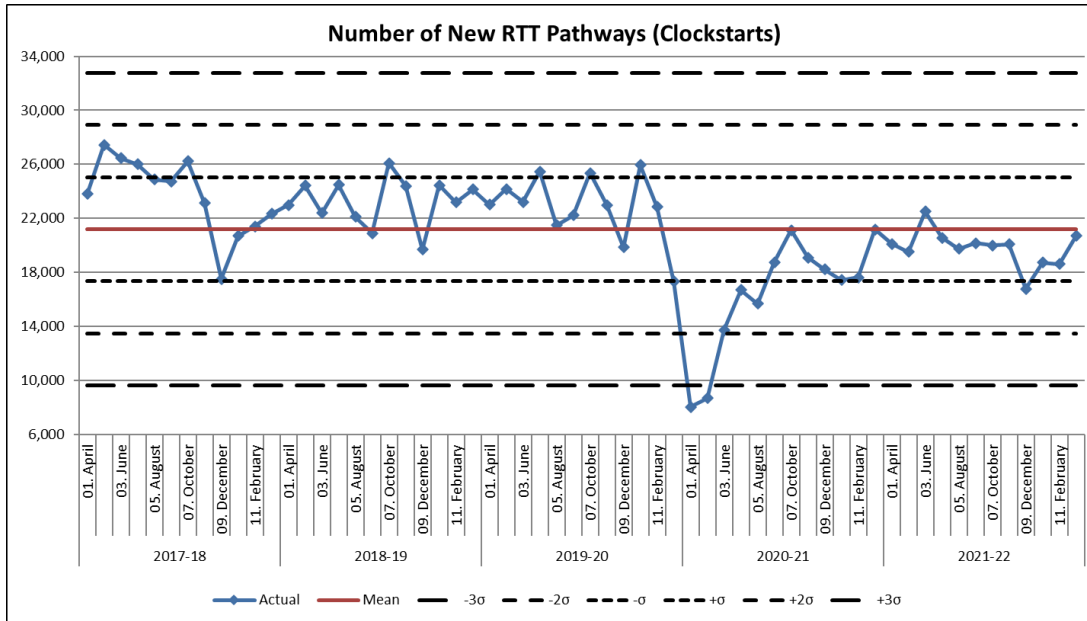
Due to Covid-19, some national data collections and publications continue to be suspended and are not available for this report. Due to the timing of data it's not always possible to include updated narrative. Any outdated narrative slides have been removed from this report. All data and graphs represent the latest available to highlight areas of underperformance.

- Over the coming months, this report will be updated as part of the CCG's transition into the Healthier Together Integrated Care System (ICS). The reporting of system performance will be aligned to the Healthier Together structure.
- Overall, BNSSG Trusts' 4hr A&E performance worsened from 59.7% to 59.5% in April but is better than the national average for Type 1 EDs of 59.0%. NHSEI Support to BNSSG via UEC collaborative with whole system diagnostics, dynamic modelling and NHS111 first and an ambulance handover improvement plan focused on demand management, process improvement, improving flow and reverse queueing capacity.
- For planned admissions, the total waiting list size for the BNSSG population worsened from 71,772 in February to 74,505 in March. BNSSG performance of 65.4% was ranked 41<sup>st</sup> out of 102 CCGs nationally (down from 35<sup>th</sup> in February) and ranked 2nd out of 6 CCGs in the South West (same as February).
- The number of patients waiting over 52 weeks for planned treatment decreased from 3,864 in February to 3,779 in March. The number decreased at NBT but increased at UHBW. The BNSSG position continues to be driven mainly by waits at NBT (1,742 breaches) and UHBW (1,509), with the remaining 528 breaches split across 49 other providers. Focused work to facilitate elective recovery ambitions are being implemented.
- The number of BNSSG patients waiting over 104 weeks decreased from 312 in February to 213 in March. The number at both NBT and UHBW decreased. The BNSSG position continues to be driven mainly by waits at NBT (70 breaches) and UHBW (74). The remaining 69 breaches are split across 10 other providers, with the majority at Sulis Hospital (38), Spire Bristol (21) and Somerset Surgical Services (3).
- 62 day referral to treatment time for BNSSG cancer patients improved in March to 66%. Performance improved at both NBT and UHBW. The 85% national standard has not been achieved at population level since April 2019.
- 2 week wait cancer performance improved in March for the BNSSG population and at NBT but worsened at UHBW. The 93% national standard has not been achieved at population level since June 2020.
- For the year ending 21/22, there were reductions in activity across all areas compared to the year ending 19/20. From February to March, all activity increased.

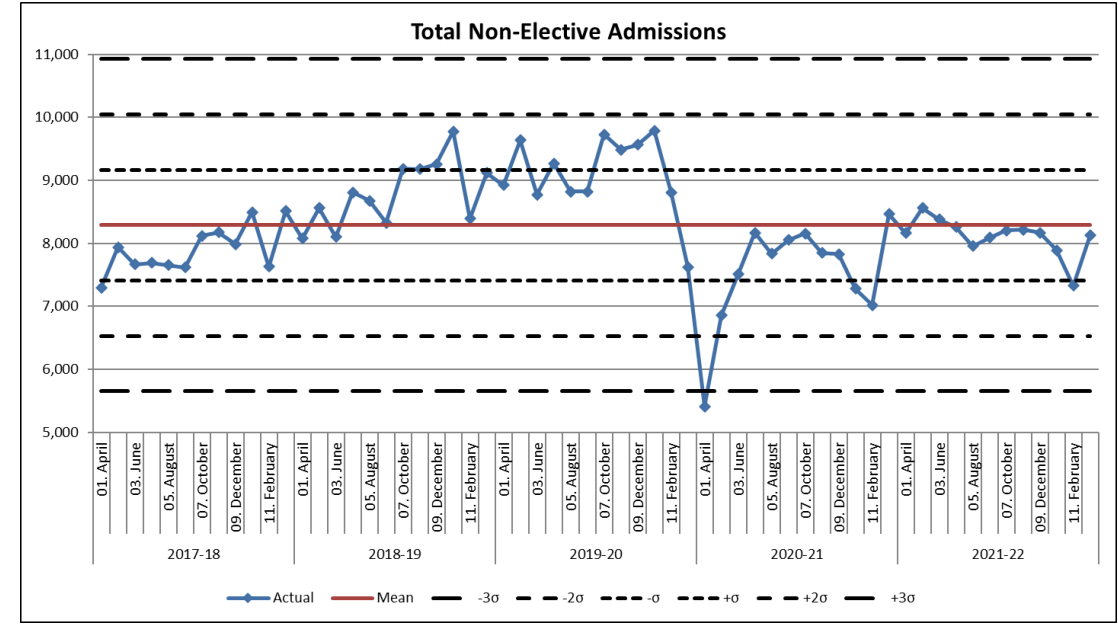
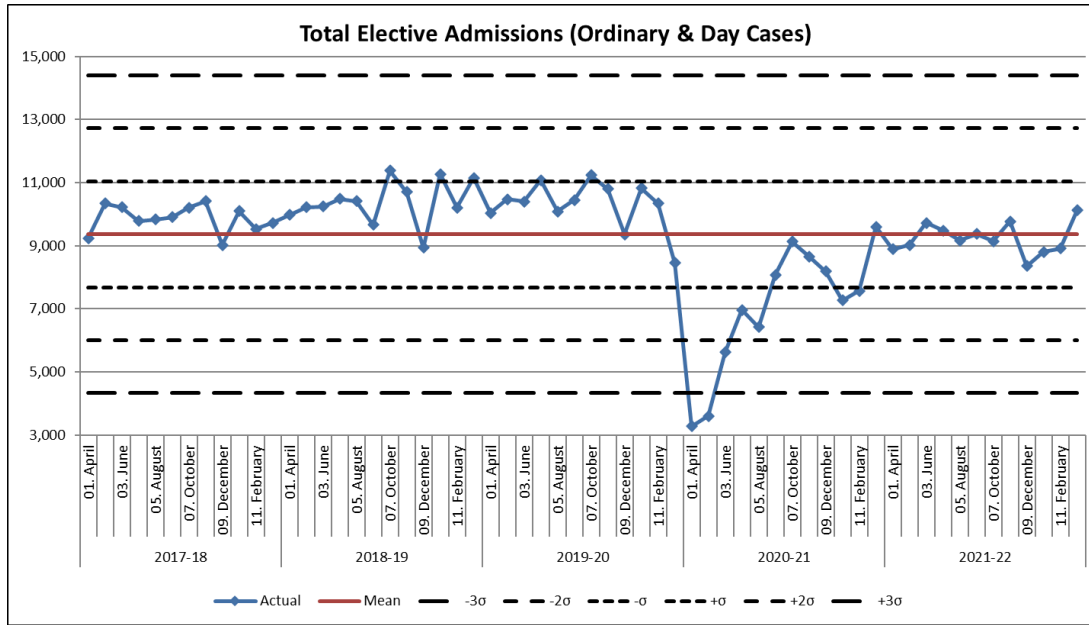
# 2.1 Activity – April 2017 to March 2022



# 2.1 Activity – April 2017 to March 2022



# 2.1 Activity – April 2017 to March 2022



| Activity   | Monthly volumes / variance |        |          |                         | Year to date volumes / variance |         |          |                         |
|--|----------------------------|--------|----------|-------------------------|---------------------------------|---------|----------|-------------------------|
|  | Mar-20                     | Mar-22 | Variance | Mar-22 as a % of Mar-20 | Mar-20                          | Mar-22  | Variance | Mar-22 as a % of Mar-20 |
| Total Elective Admissions - Day Cases              | 7,522                      | 8,944  | 1,422    | 119%                    | 109,477                         | 100,138 | -9,339   | 91%                     |
| Total Elective Admissions - Ordinary               | 934                        | 1,173  | 239      | 126%                    | 14,042                          | 10,611  | -3,431   | 76%                     |
| Total Non-Elective Admissions - 0 LoS              | 2,672                      | 3,266  | 594      | 122%                    | 41,944                          | 38,596  | -3,348   | 92%                     |
| Total Non-Elective Admissions - +1 LoS             | 4,949                      | 4,858  | -91      | 98%                     | 67,300                          | 58,742  | -8,558   | 87%                     |
| Total A&E Attendances excluding Planned Follow Ups | 18,145                     | 24,270 | 6,125    | 134%                    | 323,317                         | 281,535 | -41,782  | 87%                     |
| Number of Completed Admitted RTT Pathways          | 4,707                      | 4,063  | -644     | 86%                     | 67,702                          | 41,929  | -25,773  | 62%                     |
| Number of Completed Non-Admitted RTT Pathways      | 13,712                     | 14,375 | 663      | 105%                    | 163,804                         | 160,800 | -3,004   | 98%                     |
| Number of New RTT Pathways (Clockstarts)           | 17,321                     | 20,682 | 3,361    | 119%                    | 273,814                         | 237,381 | -36,433  | 87%                     |
| Total Referrals (General and Acute)                | 17,535                     | 22,889 | 5,354    | 131%                    | 283,516                         | 262,668 | -20,848  | 93%                     |
| Total GP Referrals (General and Acute)             | 9,464                      | 12,324 | 2,860    | 130%                    | 157,364                         | 140,316 | -17,048  | 89%                     |
| Consultant Led First Outpatient Attendances        | 15,881                     | 18,248 | 2,367    | 115%                    | 231,643                         | 202,595 | -29,048  | 87%                     |
| Consultant Led Follow-Up Outpatient Attendances    | 35,345                     | 40,585 | 5,240    | 115%                    | 474,212                         | 459,368 | -14,844  | 97%                     |
| Total Elective Admissions                          | 8,456                      | 10,117 | 1,661    | 120%                    | 123,519                         | 110,749 | -12,770  | 90%                     |
| Total Non-Elective Admissions                      | 7,621                      | 8,124  | 503      | 107%                    | 109,244                         | 97,338  | -11,906  | 89%                     |

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

## 2.2 Activity – BNSSG CCG Position at Year End 21/22

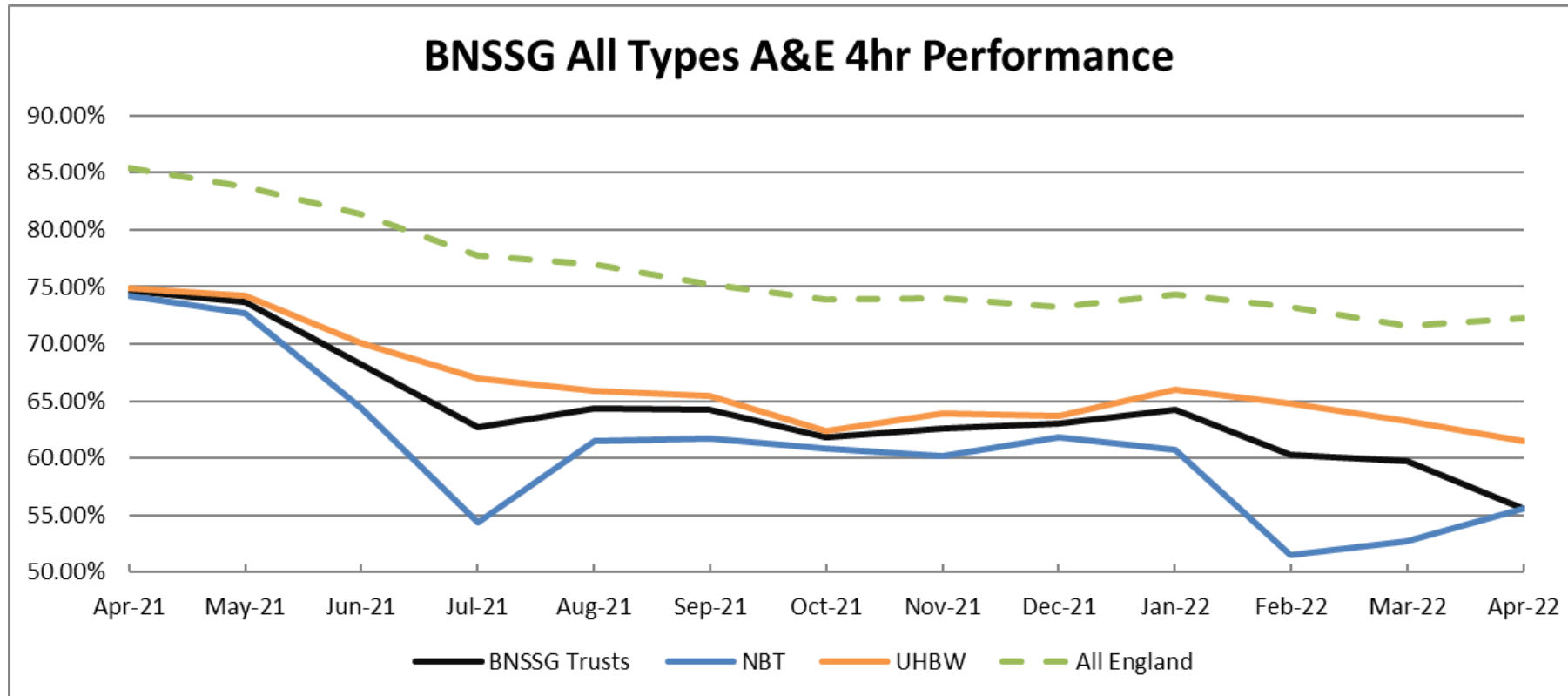
The position is outlined for the year ending 21/22 against the same period in 19/20. Due to the impact of Covid-19 on activity levels in 20/21, 19/20 is being used to highlight the comparison of the current position with the latest non-Covid position.

- For the year ending 21/22, there were reductions in activity across all areas compared to the year ending 19/20. From February to March, all activity increased.
- Total referrals are 7.35% lower in 21/22 than in 19/20. GP referrals are 10.83% lower in 21/22 than in 19/20.
- First outpatient appointments are 12.54% lower in 21/22 than in 19/20.
- Follow up appointments are 3.13% lower in 21/22 than in 19/20.
- Total A&E attendances are 12.92% lower in 21/22 than in 19/20, with 41,782 fewer attendances (averaging 114 fewer attendances per day).
- Total non-elective admissions are 10.9% lower in 21/22 than in 19/20. The +1 day lengths of stay (LoS) are 12.72% lower, whilst zero day stays are 7.98% lower. Overall, there have been 11,906 fewer non-elective admissions in 21/22 than in 19/20 (3,348 zero LoS and 8,558 +1 LoS).
- Total elective admissions are 10.33% lower in 21/22 than in 19/20. Day Case admissions are 8.53% lower, whilst Ordinary admissions are 24.43% lower. Overall, there have been 12,770 fewer elective admissions in 21/22 than in 19/20 (9,339 fewer Day Cases and 3,431 fewer Ordinary admissions).

## 3.1 Urgent Care – Overall Summary

| Drivers   | Improvement Needs  | Improvement actions   |
|---|--|---|
| <ul style="list-style-type: none"> <li>An increasing Covid acute bed occupancy throughout March, driven by omicron and increasing community infection rates. Numerous 'pop-ups' lead to bed closures and inefficiencies in managing bed base.</li> <li>Acute flow remains challenged. Partly driven by staffing absences in all partners due to vacancy rates and sickness absences. Absences peaked in Feb/Mar and are now declining. This continues to impact our ability to open escalation beds, affecting timely ambulance handovers and rates of discharge.</li> <li>Community services have been impacted by these staffing challenges including district nursing, D2A capacity and therefore delayed discharges.</li> <li>Covid IPC, zoning and social distancing requirements continue to affect acute bed efficiency.</li> <li>Large number of care homes closing to admission due to covid outbreaks, affecting flow into care. Challenges in availability of dementia care provision for complex rehabilitation.</li> </ul> | <ul style="list-style-type: none"> <li>Ambulance handover delays remain a significant outlier nationally in April:               <ul style="list-style-type: none"> <li>NBT total time lost over 15 minutes improved from 3,776 to 2,724 hours.</li> <li>BRI total time lost over 15 minutes improved from 4,282 to 3,088 hours.</li> <li>WGH total time lost over 15 minutes worsened from 995 to 1,041 hours.</li> </ul> </li> <li>Handover delays continue to impact ambulance response times, including Cat 1 and Cat 2 performance which improved in April to mean 9.9 mins and 77 mins respectively, significantly exceeding standards with onward impact on quality / outcomes.</li> <li>12hr DTA breaches improved from 1,401 to 1,169 in BNSSG and remain a national outlier, with the majority occurring at WGH due to bedding of patients overnight in ED to manage take.</li> <li>All-types A&amp;E 4hr performance worsened from 67% to 65.8%.</li> </ul> | <ul style="list-style-type: none"> <li>NHSEI Support to BNSSG (IUEC team) via UEC collaborative with whole system diagnostics and dynamic modelling.</li> <li>Easter planning co-ordinated by the system preparing for anticipated activity surges. UHBW co-ordinating a perfect week, including community in-reach team.</li> <li>Ambulance handover improvement plan focussed on ED-SWAST interface - weekly exec level meetings and 3-weekly regional assurance session. Main actions focus on demand management, process improvement, improving flow and reverse queueing capacity.</li> <li>System CAS perfect week evaluation completed. Decision endorsed to prioritise 111 cat 3_4 outcomes over ETC/ED outcomes.</li> <li>ED streaming tool roll out on plan for June in both trusts.</li> <li>BRI ED redirection to community pharmacy (CPCS) pilot scheduled for May.</li> <li>A-TED / SDEC – continued monitoring paramedic referral activity into BRI AMU SDEC pilot. NHSEI supporting with BNSSG alignment of system UEC directories in MiDOS, Remedy and Severnside WDPL.</li> <li>Prevention of Admission work – prioritised and brought together in new 'Specialised Networked Care Node' – incorporating Sirona UCR development, frailty pathway review, REACT service review, and non-ED acute pathway development.</li> </ul> |

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

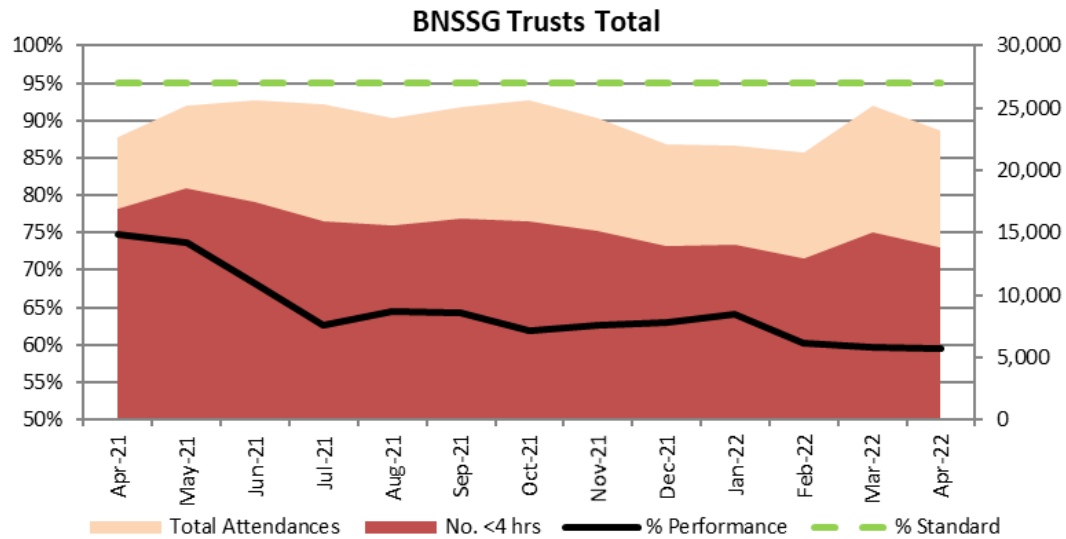


|                     | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 |
|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>BNSSG Trusts</b> | 74.70% | 73.69% | 68.14% | 62.71% | 64.39% | 64.22% | 61.86% | 62.65% | 63.04% | 64.19% | 60.27% | 59.73% | 55.54% |
| <b>NBT</b>          | 74.26% | 72.71% | 64.38% | 54.36% | 61.47% | 61.75% | 60.82% | 60.17% | 61.80% | 60.78% | 51.53% | 52.74% | 55.54% |
| <b>UHBW</b>         | 74.93% | 74.20% | 70.09% | 66.97% | 65.91% | 65.47% | 62.38% | 63.90% | 63.69% | 66.01% | 64.83% | 63.26% | 61.51% |
| <b>All England</b>  | 85.38% | 83.72% | 81.31% | 77.72% | 77.01% | 75.19% | 73.90% | 74.01% | 73.26% | 74.35% | 73.28% | 71.62% | 72.26% |

All types A&E performance for the BNSSG compared to All England.

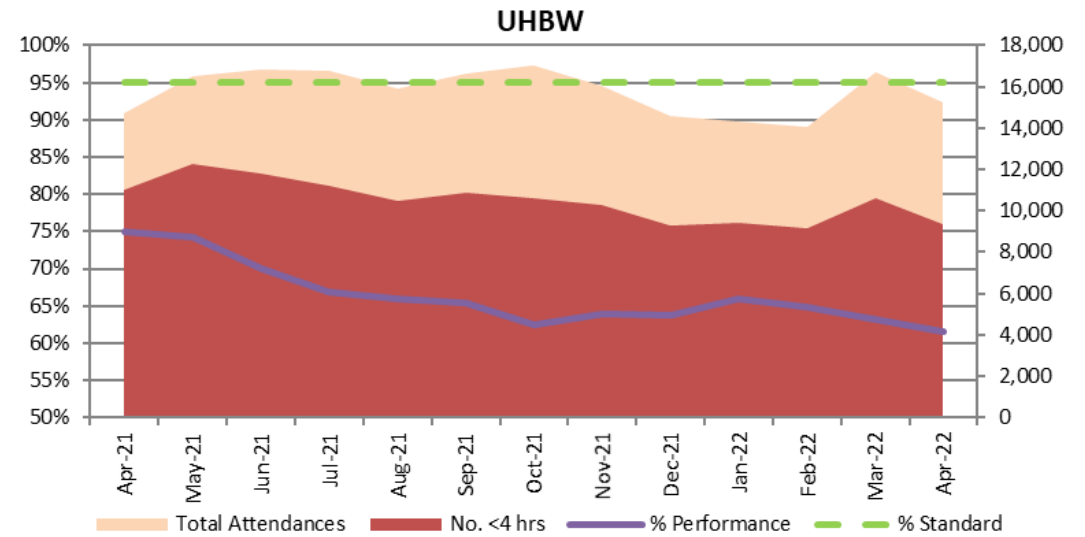
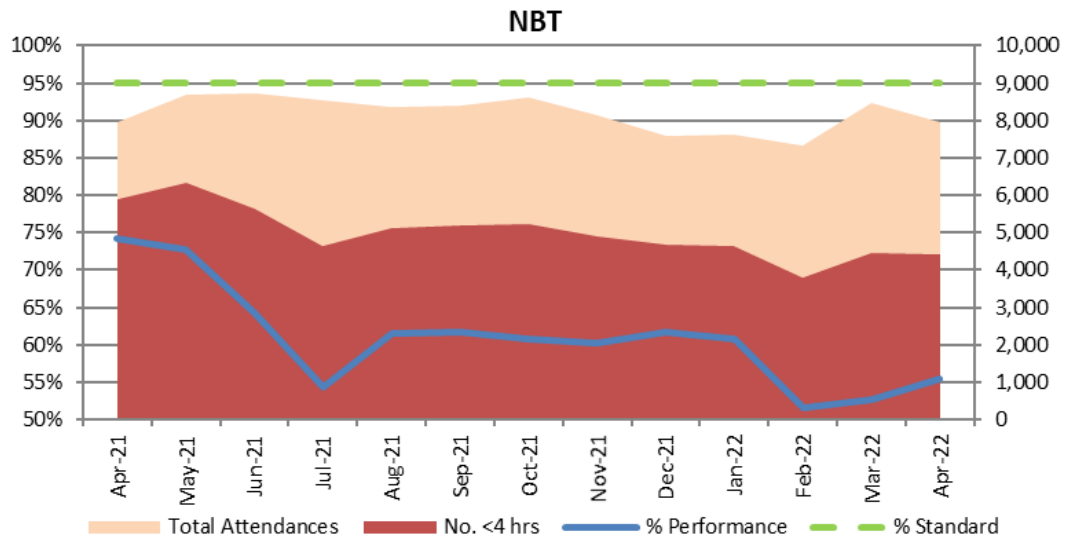


# 3.1 Urgent Care – A&E 4hr Waits – Trust Level – April



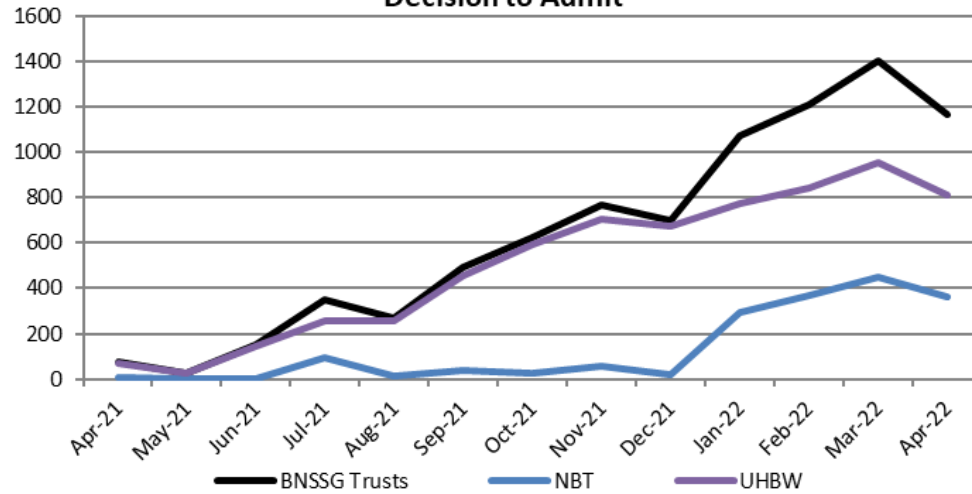
## 4hr waits Trust level

- Overall performance for BNSSG Trusts worsened from 59.7% in March to 59.5% in April but is higher than the national average for Type 1 EDs (59%).
- NBT improved from 52.74% to 55.54%.
- UHBW worsened from 63.26% to 61.51%. See slide 12 for a breakdown of UHBW performance by site up to March.
- Attendances in April were lower at both NBT and UHBW compared to March. NBT's are slightly higher compared to the same period in 19/20, whereas UHBW's are lower.
- All continue to fail the 95% national standard.
- All performed worse than the same period in 19/20.

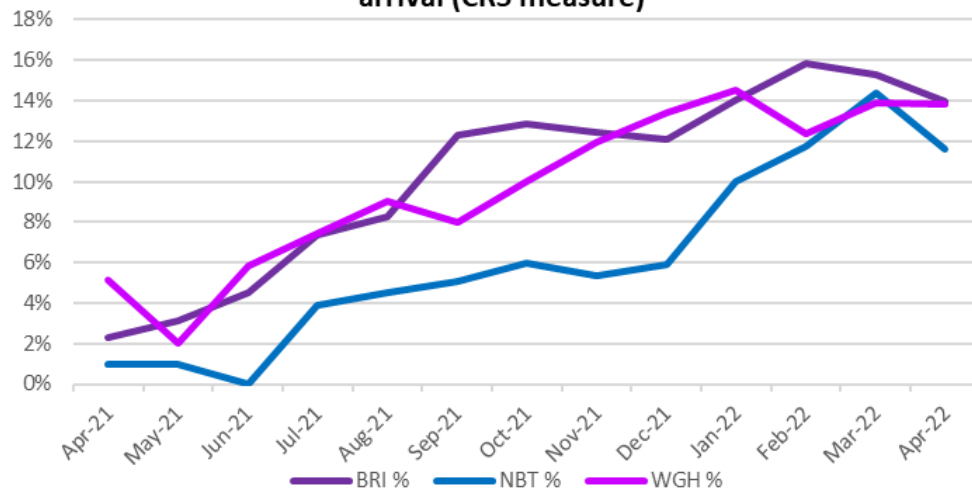


# 3.1 Urgent Care – A&E 12 hour Waits – April

Number of Waits in A&E of 12 hours or more from a Decision to Admit



Percentage of Waits in A&E of 12 hours or more from arrival (CRS measure)



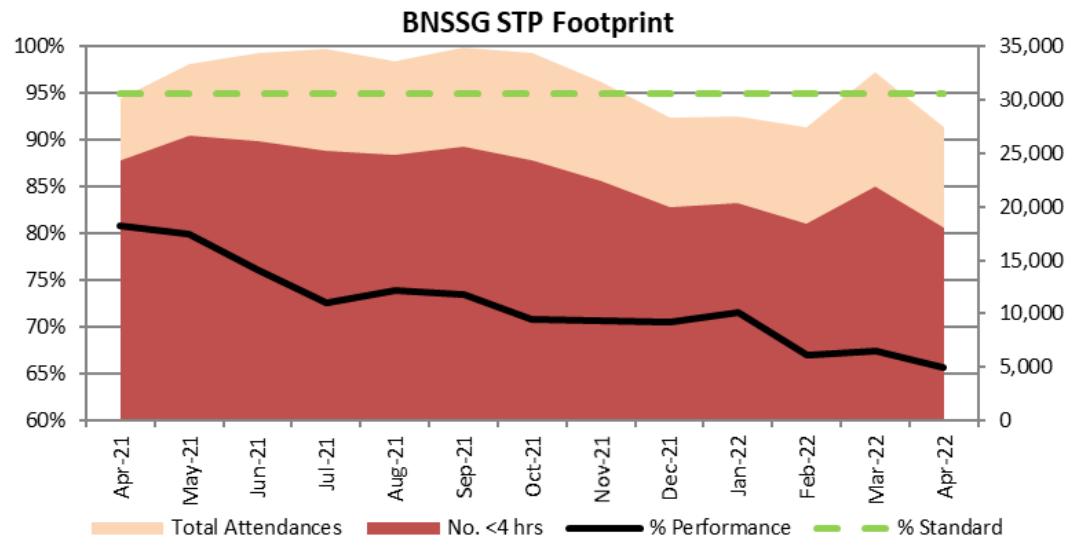
## >12hr Trolley Waits

- Overall, at both BNSSG Trusts, there were 1,169 breaches April, better than the 1,401 breaches in March but worse than the same period in 19/20 (5 breaches).
- NBT reported 360 breaches in April, better than the 449 breaches in March but worse than the same period in 19/20 (0 breaches).
- UHBW reported 809 breaches in April, better than the 952 breaches in March but worse than the same period in 19/20 (5 breaches).

## % >12hr waits from arrival (new measure)

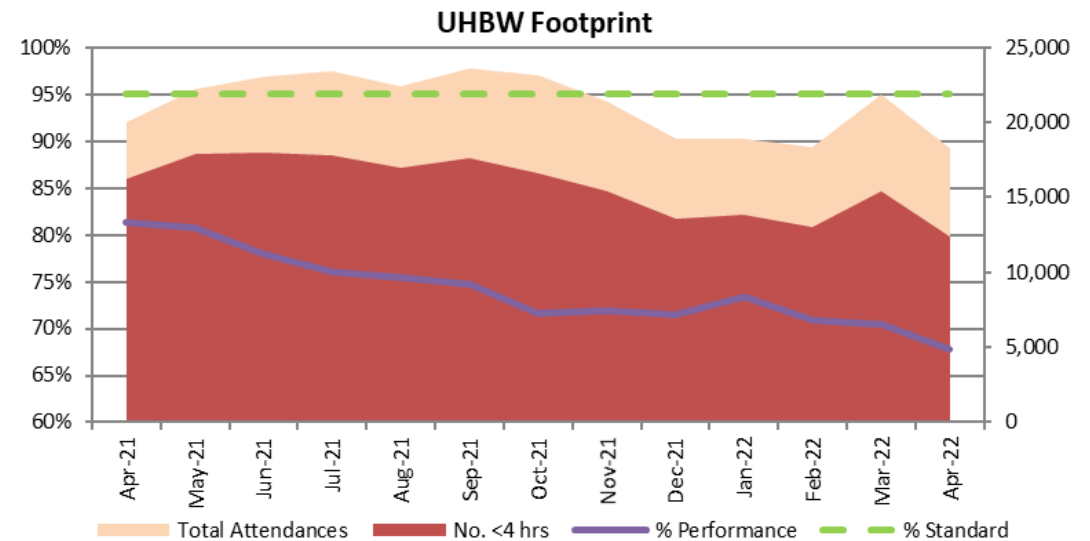
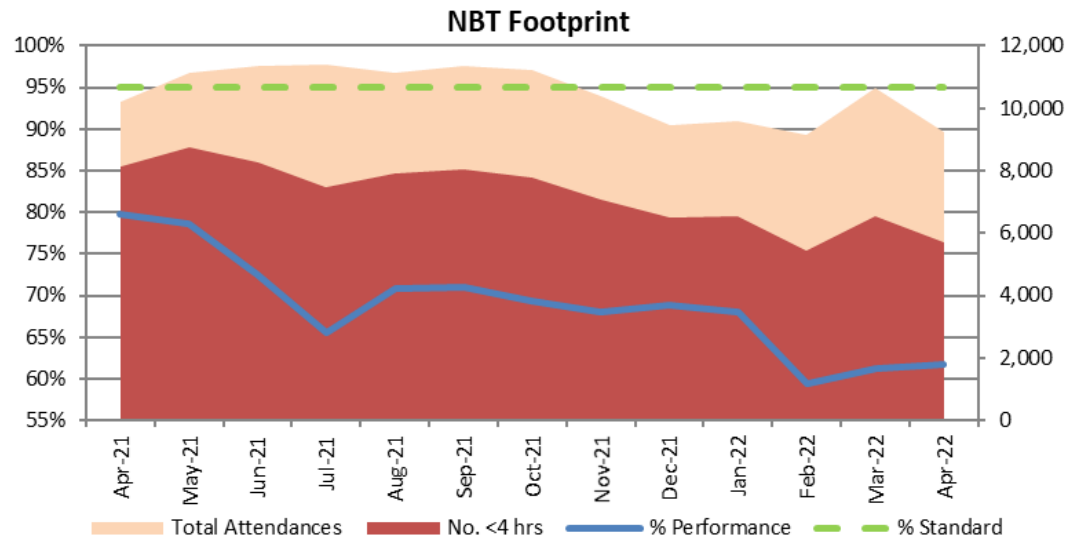
- The zero tolerance standard for 12-hour waits in A&E from a decision to admit, as reported above, has been amended setting a requirement that no more than 2% of patients must wait over 12 hours from the point of arrival in A&E to discharge, admission or transfer.
- This measure is part of the clinically-led review of urgent and emergency care standards and forms part of the national quality requirements in the NHS Standard Contract for 2022/23.
- NBT improved from 14.4% to 11.6% in April.
- UHBW (BRI) improved from 15.3% to 13.9% in April.
- UHBW (WGH) improved slightly from 13.9% to 13.8% in April.

# 3.1 Urgent Care – A&E 4hr Waits – Footprint Level – April

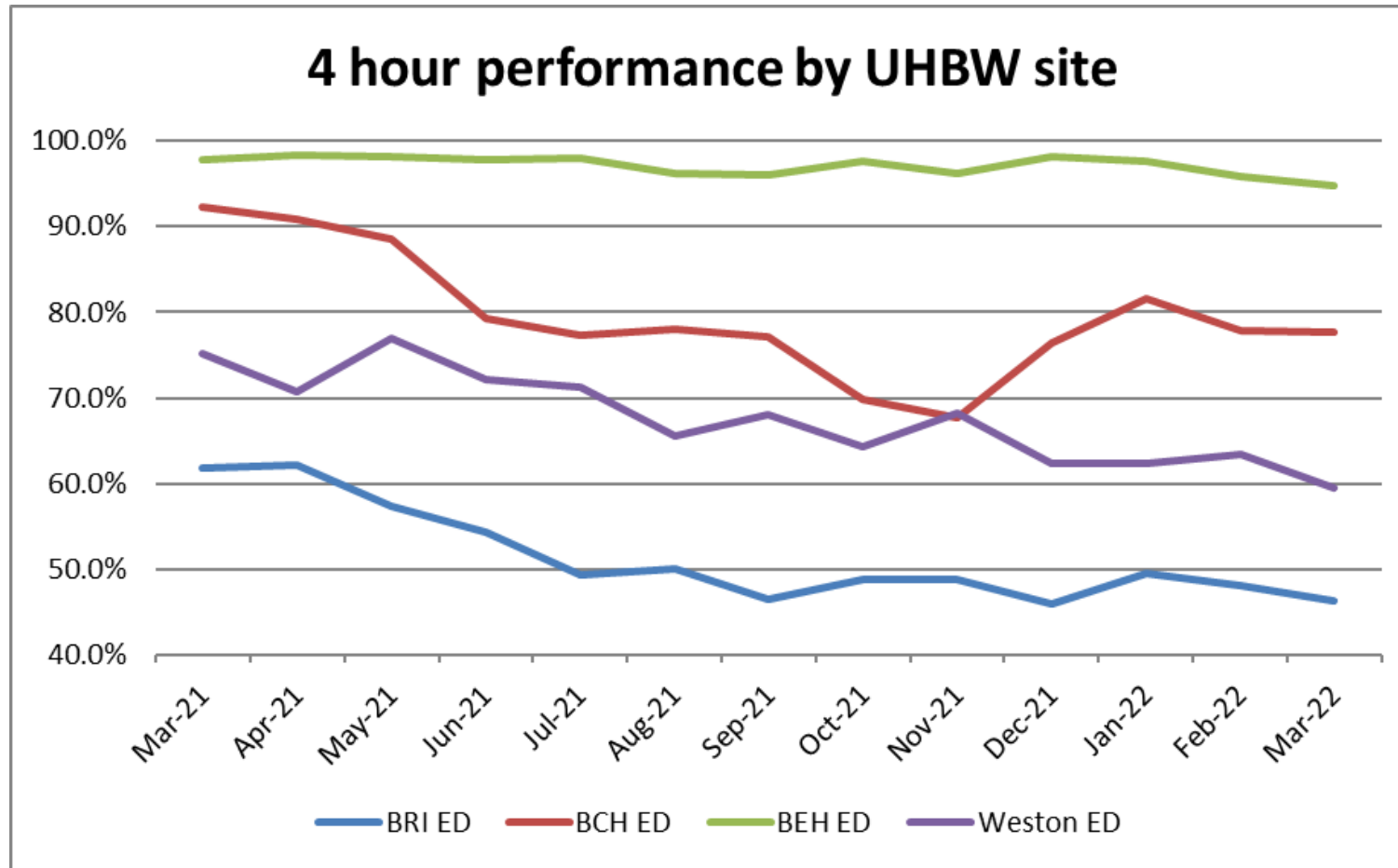


## 4hr waits Footprint level

- BNSSG STP Footprint (all types) performance worsened from 67.44% to 65.76% in April and is worse than the 72.3% national average.
- BNSSG is ranked 32<sup>th</sup> out of 42 STPs nationally (same as last month) and 7<sup>th</sup> out of 7 STPs in the South West (down from 6<sup>th</sup> last month).
- NBT Footprint performance improved from 61.25% to 61.71%.
- UHBW Footprint performance worsened from 70.5% to 67.81%.
- Attendances were lower at STP, NBT and UHBW footprint in April compared to March. All were lower compared to the same period in 19/20.
- All failed the 95% national standard.
- All performed worse than the same period in 19/20.



### 3.1 Urgent Care – UHBW A&E Performance by Site – March



| UHBW 4 Hour Performance by site | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| BRI ED                          | 61.8%  | 62.2%  | 57.4%  | 54.3%  | 49.3%  | 50.0%  | 46.6%  | 48.9%  | 48.8%  | 46.0%  | 49.6%  | 48.1%  | 46.3%  |
| BCH ED                          | 92.3%  | 90.9%  | 88.5%  | 79.3%  | 77.3%  | 78.0%  | 77.1%  | 69.8%  | 67.7%  | 76.4%  | 81.6%  | 77.8%  | 77.7%  |
| BEH ED                          | 97.7%  | 98.3%  | 98.1%  | 97.7%  | 98.0%  | 96.1%  | 95.9%  | 97.6%  | 96.1%  | 98.1%  | 97.6%  | 95.8%  | 94.8%  |
| Weston ED                       | 75.2%  | 70.8%  | 77.0%  | 72.1%  | 71.3%  | 65.6%  | 68.1%  | 64.4%  | 68.2%  | 62.4%  | 62.4%  | 63.4%  | 59.6%  |

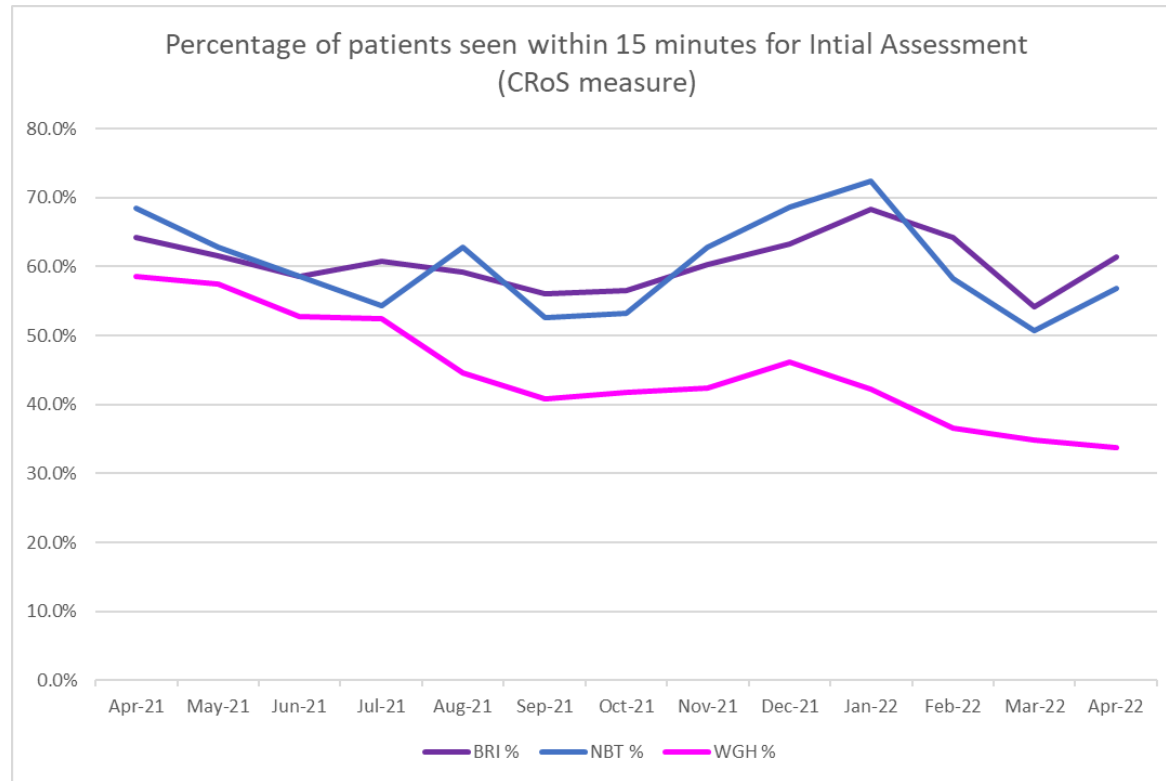
# 3.1 Urgent Care – Proposed measures from the Clinical Review of Standards (CRS)

| Theme        | Ref | Indicator  | Reporting level | Standard | Apr-21  | May-21  | Jun-21  | Jul-21  | Aug-21  | Sep-21  | Oct-21  | Nov-21  | Dec-21  | Jan-22  | Feb-22  | Mar-22  | Apr-22  |
|--------------|-----|--|-----------------|----------|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Pre hospital | 1   | Response times for ambulances (Category 2 Response time – 90th centile)                | BNSSG Trusts    | 0:40:00  | 0:43:48   | 0:54:48 | 1:15:18 | 2:49:42 | 1:55:00 | 3:00:12 | 3:59:06 | 3:36:36 | 3:47:36 | 2:38:24 | 4:06:36 | 5:01:42 | 3:06:18 |
|              | 2   | Reducing avoidable trips (conveyance rates) to Emergency Departments by 999 ambulances | BNSSG           | TBC      | 48.3%   | 45.5%   | 43.0%   | 35.8%   | 39.6%   | 36.8%   | 35.6%   | 39.3%   | 39.6%   | 42.0%   | 37.8%   | 34.2%   | 37.7%   |
|              | 3   | Proportion of contacts via NHS 111 that receive clinical input                         | BNSSG           | 50%      | 60.8%   | 58.2%   | 55.1%   | 58.0%   | 56.9%   | 54.9%   | 54.8%   | 55.1%   | 56.9%   | 59.6%   | 53.6%   | 50.4%   |         |
| A&E          | 4   | Percentage of Ambulance Handovers within 15 minutes                                    | BNSSG Trusts    | 65%      | 43.9%   | 42.2%   | 38.2%   | 30.0%   | 27.5%   | 25.4%   | 22.5%   | 23.6%   | 20.7%   | 19.4%   | 18.4%   | 16.9%   | 18.1%   |
|              | 5   | Time to Initial Assessment – percentage within 15 minutes                              | BNSSG Trusts    | TBC      | See slide 14 for details                                |         |         |         |         |         |         |         |         |         |         |         |         |
|              | 6   | Average (mean) time in Department – non-admitted patients                              | BNSSG patients  | TBC      | See slide 15 for details                                |         |         |         |         |         |         |         |         |         |         |         |         |
| Hospital     | 7   | Hospital Average (mean) time in Department – admitted patients                         | BNSSG patients  | TBC      | See slide 15 for details                                |         |         |         |         |         |         |         |         |         |         |         |         |
|              | 8   | Clinically Ready to Proceed – time from ‘ready,’ to leaving ED                         | BNSSG patients  | TBC      | Awaiting further details                                |         |         |         |         |         |         |         |         |         |         |         |         |
| Whole System | 9   | Patients spending more than 12 hours from Arrival in A&E                               | BNSSG Trusts    | 2%       | See slide 10 for details                                |         |         |         |         |         |         |         |         |         |         |         |         |
|              | 10  | Critical Time Standards (still in development)   | TBC             | TBC      | Awaiting further details - measure still in development |         |         |         |         |         |         |         |         |         |         |         |         |

**Please note:**

- See detailed slides for measures 5, 6, 7 and 9.
- This table represents the proposed set of measures from the A&E clinical review of access standards.
- The full set has yet to be finalised and published.
- Further details, including the technical definitions for some of the measures, are still to be published.

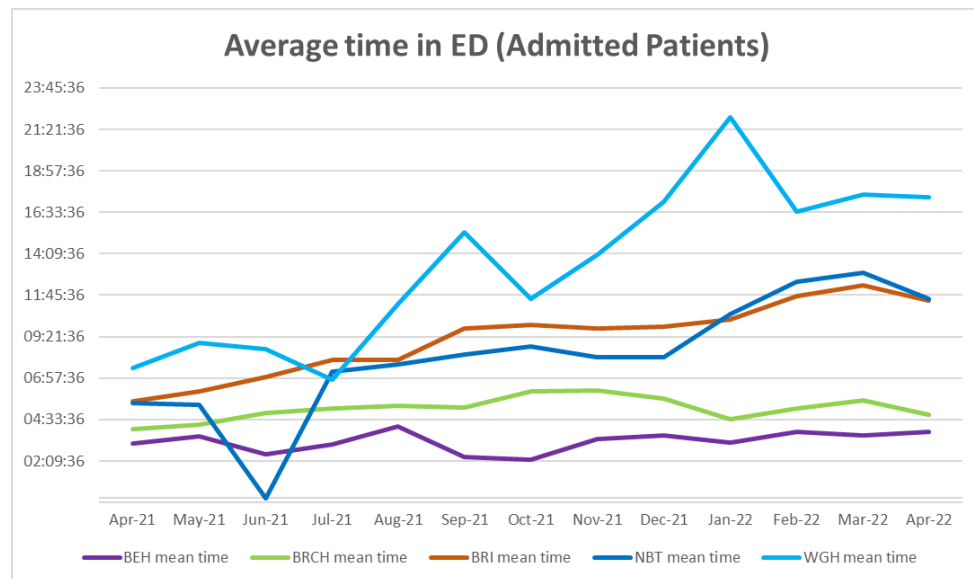
# 3.1 Urgent Care – Time to Initial Assessment – percentage within 15 minutes – April



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

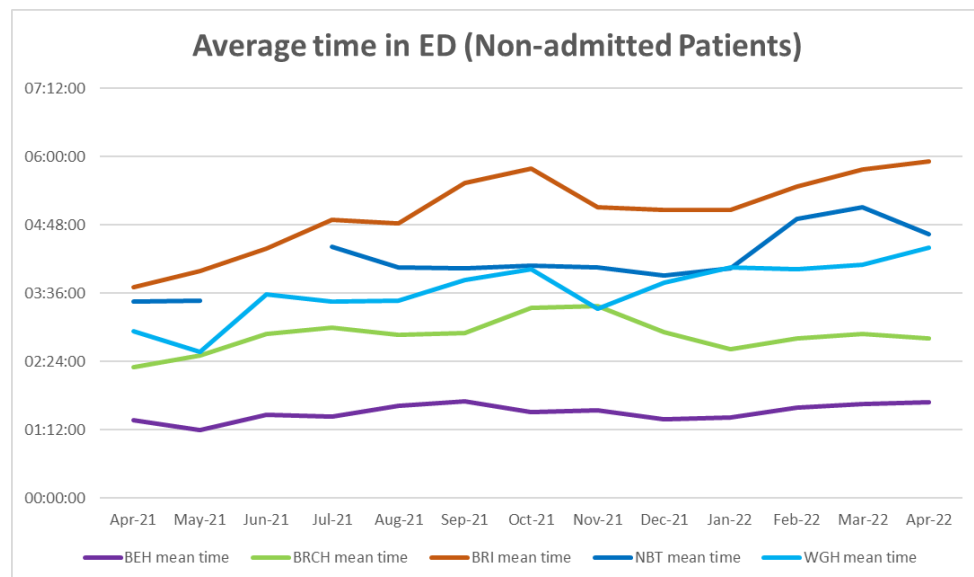
- NBT improved from 50.7% to 56.9% in April.
- BRI improved from 54.1% to 61.5% in April.
- Weston worsened from 34.9% to 33.7% in April.

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



## Average Time in ED – Admitted Patients

- NBT decreased to 11 hours and 32 minutes.
- BRI decreased to 11 hours and 28 minutes.
- Weston decreased to 17 hours and 27 minutes.



## Average Time in ED – Non-admitted Patients

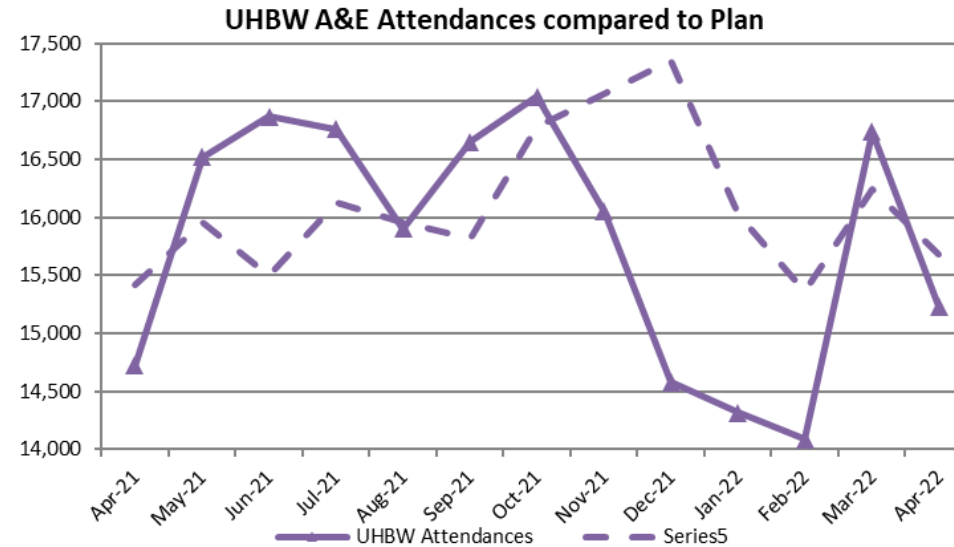
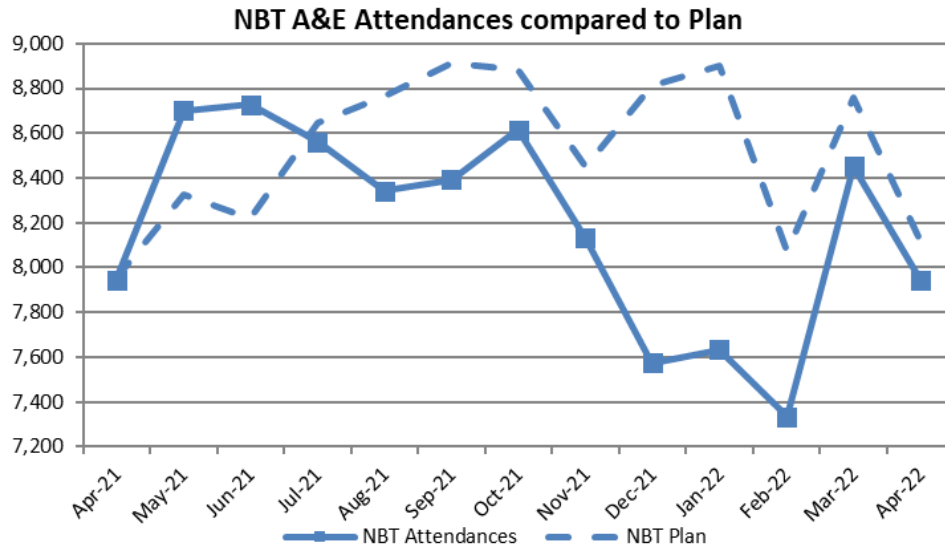
- NBT decreased to 4 hours and 38 minutes.
- BRI increased to 5 hours and 54 minutes.
- Weston increased to 4 hours and 24 minutes

# 3.1 Urgent Care – A&E Attendances compared to Plan

|      |          | H1 21/22 Operational Plan |        |        |        |        |        | H2 21/22 Operational Plan |        |        |        |        |        | 22/23 Plan |
|------|----------|---------------------------|--------|--------|--------|--------|--------|---------------------------|--------|--------|--------|--------|--------|------------|
|      |          | Apr-21                    | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21                    | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22     |
| NBT  | Type 1&2 | 7,945                     | 8,700  | 8,728  | 8,561  | 8,342  | 8,392  | 8,614                     | 8,133  | 7,574  | 7,633  | 7,334  | 8,452  | 7,942      |
|      | Plan     | 7,950                     | 8,323  | 8,221  | 8,643  | 8,766  | 8,914  | 8,885                     | 8,452  | 8,812  | 8,902  | 8,071  | 8,757  | 8,115      |
| UHBW | Type 1&2 | 14,723                    | 16,522 | 16,871 | 16,760 | 15,901 | 16,654 | 17,041                    | 16,049 | 14,578 | 14,317 | 14,090 | 16,738 | 15,235     |
|      | Plan     | 15,420                    | 15,952 | 15,504 | 16,131 | 15,960 | 15,823 | 16,781                    | 17,067 | 17,358 | 16,031 | 15,363 | 16,239 | 15,680     |

## A&E Trajectories

- This slide shows the number of A&E attendances at total provider level for NBT and UHBW compared to the 21/22 and 22/23 Operational Plans.

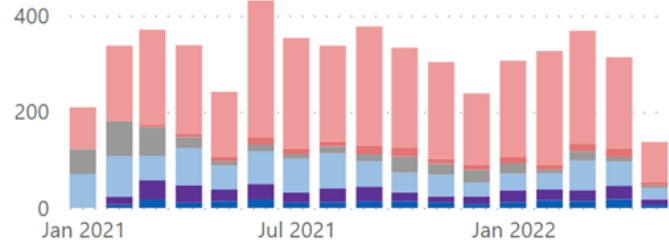




# 3.1 Urgent Care – ED Redirections & 111 Pod Referrals (Weekly)

## BRI

● Dental ● Eye Hospital ● GP Referral ● MIU ● Pharmacy ● UTC



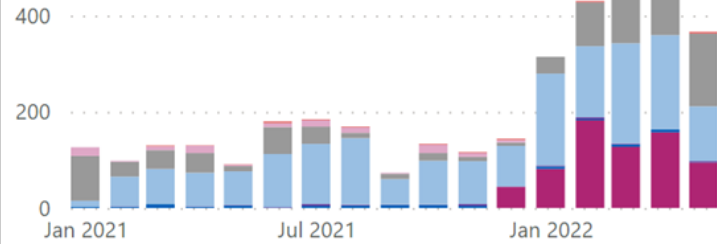
| Group        | Avg Month YTD |
|--------------|---------------|
| Dental       | 7             |
| Eye Hospital | 12            |
| GP Referral  | 20            |
| MIU          | 17            |
| Pharmacy     | 10            |
| UTC          | 193           |

| Group        | Apr-22     |
|--------------|------------|
| UTC          | 189        |
| Pharmacy     | 18         |
| MIU          | 10         |
| GP Referral  | 50         |
| Eye Hospital | 28         |
| Dental       | 18         |
| <b>Total</b> | <b>313</b> |

| Group        | Monthly Diff | Monthly Diff % |
|--------------|--------------|----------------|
| Dental       | 4            | 29% ↑          |
| Eye Hospital | 5            | 22% ↑          |
| GP Referral  | -11          | -18% ↓         |
| MIU          | -10          | -50% ↓         |
| Pharmacy     | 3            | 20% ↑          |
| UTC          | -46          | -20% ↓         |
| <b>Total</b> | <b>-55</b>   | <b>-15%</b>    |

## Southmead

● 111 Pod Referrals ● Dental ● Eye Hospital ● GP Referral ● MIU



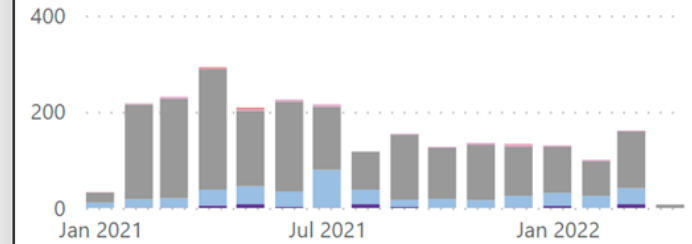
| Group             | Avg Month YTD |
|-------------------|---------------|
| 111 Pod Referrals | 118           |
| Dental            | 4             |
| Eye Hospital      | 2             |
| GP Referral       | 125           |
| MIU               | 52            |
| Other             | 8             |
| Pharmacy          | 2             |

| Group             | Apr-22     |
|-------------------|------------|
| 111 Pod Referrals | 157        |
| Dental            | 6          |
| GP Referral       | 196        |
| MIU               | 172        |
| Pharmacy          | 3          |
| <b>Total</b>      | <b>534</b> |

| Group             | Monthly Diff | Monthly Diff % |
|-------------------|--------------|----------------|
| 111 Pod Referrals | 30           | 24% ↑          |
| Dental            | 1            | 20% ↑          |
| GP Referral       | -12          | -6% ↓          |
| MIU               | 2            | 1% ↑           |
| Pharmacy          | 3            | ↑              |
| <b>Total</b>      | <b>22</b>    | <b>4%</b>      |

## Weston

● Eye Hospital ● GP Referral ● MIU ● Other ● Pharmacy



| Group        | Avg Month YTD |
|--------------|---------------|
| Eye Hospital | 4             |
| GP Referral  | 31            |
| MIU          | 109           |
| Other        | 3             |
| Pharmacy     | 2             |

| Group        | Apr-22   |
|--------------|----------|
| MIU          | 7        |
| <b>Total</b> | <b>7</b> |

| Group        | Monthly Diff | Monthly Diff % |
|--------------|--------------|----------------|
| MIU          | -111         | -94% ↓         |
| <b>Total</b> | <b>-154</b>  | <b>-96%</b>    |

The above is based on weekly data from 2<sup>nd</sup> January 2021 to 22<sup>nd</sup> May 2022.

# 3.1 Urgent Care – Acute Discharges

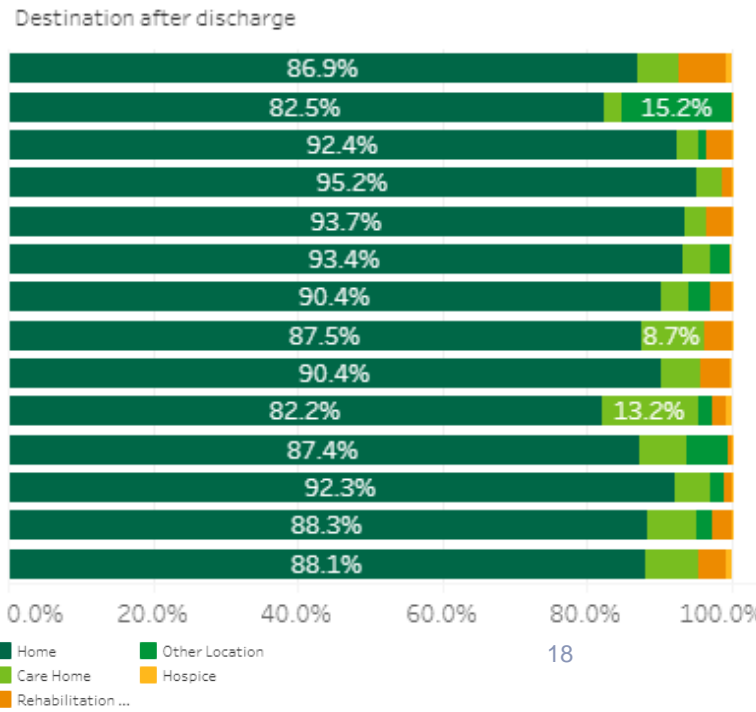
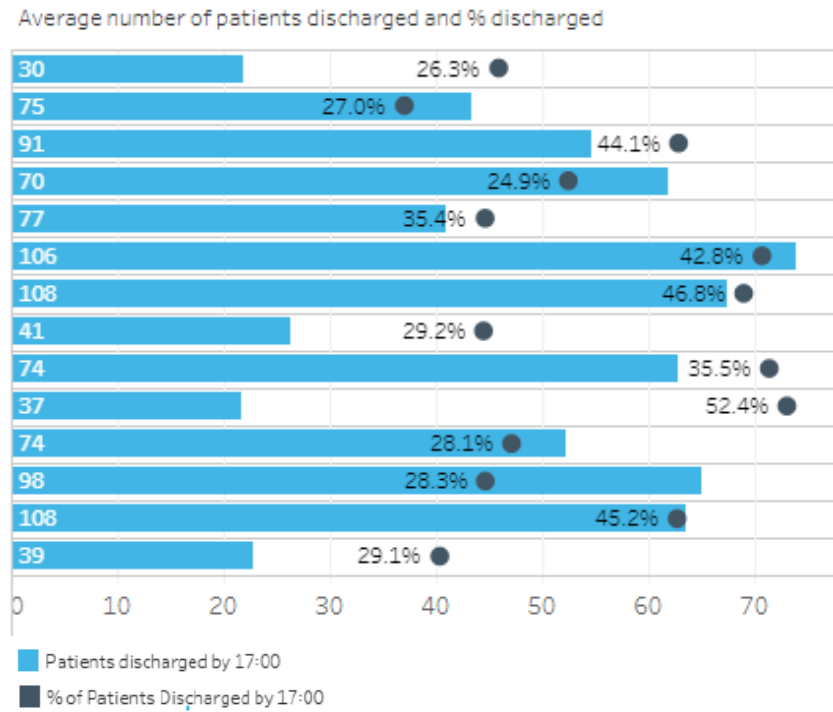
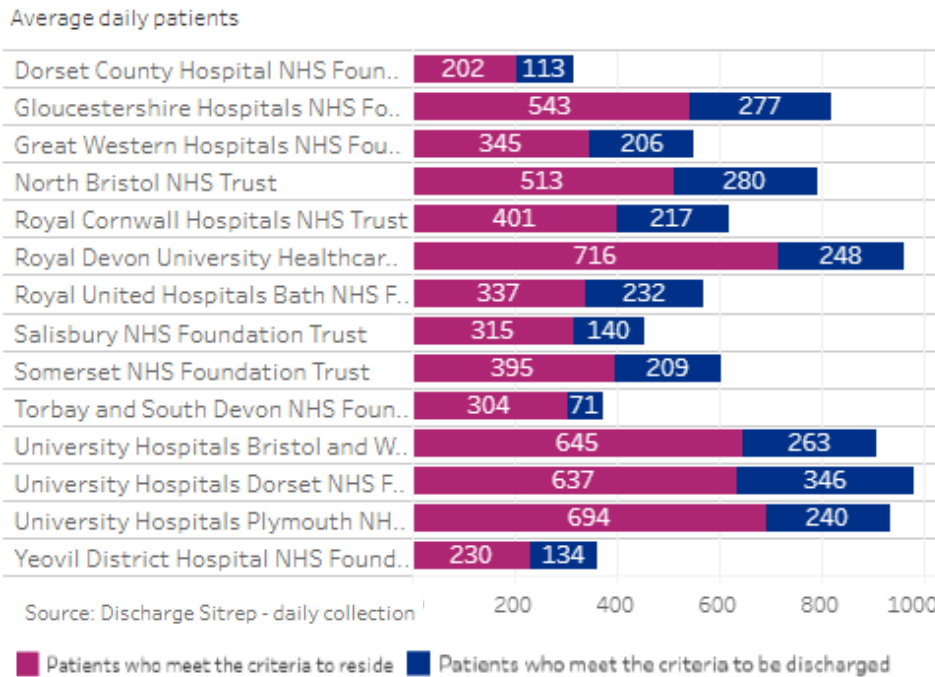
The tables show the breakdown of patients meeting the criteria to be discharged and the criteria to reside for each of the South West acute providers, including NBT and UHWB.

The table to the right shows the position at w/c 16<sup>th</sup> May 2022.

The table below shows the average number of patients for the last 7 days from 10<sup>th</sup> to 16<sup>th</sup> May 2022.

Acute Tabular by Trust - Daily Average by Week

|   |   | Patients who meet the criteria to reside | Patients who meet the criteria to be discharged | Patients discharged by 17:00 | Patients discharged after 17:00 | Home | Care Home | Rehabilitation Bed | Hospice | Other Location | DIS004_P0_Home | DIS004_P0_Other | DIS004_P1_Home | DIS004_P1_HOTEL | DIS004_P1_Other | DIS004_P2_CareHome | DIS004_P2_Hospice | DIS004_P2_RehabilitationBed | DIS004_P3_CareHome | DIS004_P3b_CareHome |   |
|---|---|--|---|------------------------------|---------------------------------|------|-----------|--------------------|---------|----------------|----------------|-----------------|----------------|-----------------|-----------------|--------------------|-------------------|-----------------------------|--------------------|---------------------|---|
| Bristol, Bath And North North So...East Somerset... | Great Western Hospitals NHS Founda..    | 375                                      | 212   | 67                           | 49                              | 63   | 1         | 2                  | 0       | 1              | 58             | 1               | 5              | 0               | 0               | 1                  | 0                 | 2                           | 0                  | 0                   |   |
|   | Royal United Hospitals Bath NHS Fou..   | 329                                      | 246   | 57                           | 58                              | 54   | 1         | 1                  | 0       | 1              | 48             | 1               | 6              | 0               | 0               | 0                  | 0                 | 1                           | 1                  | 0                   |   |
|   | Salisbury NHS Foundation Trust          | 299                                      | 137   | 18                           | 19                              | 18   | 0         | 0                  | 0       | 0              | 15             | 0               | 3              | 0               | 0               | 0                  | 0                 | 0                           | 0                  | 0                   |   |
|   | University Hospitals Bristol and Wes..  | 637                                      | 256   | 42                           | 15                              | 39   | 0         | 0                  | 0       | 3              | 36             | 3               | 3              | 0               | 0               | 0                  | 0                 | 0                           | 0                  | 0                   |   |
|   | North Bristol NHS Trust                 | 538                                      | 271   | 63                           | 9                               | 58   | 4         | 1                  | 0       | 0              | 57             | 0               | 1              | 0               | 0               | 0                  | 0                 | 1                           | 4                  | 0                   |   |
| w.c.16-May-22<br>Cornwall                           | Royal Cornwall Hospitals NHS Trust      | 406                                      | 224   | 39                           | 44                              | 36   | 0         | 3                  | 0       | 0              | 35             | 0               | 1              | 0               | 0               | 0                  | 0                 | 3                           | 0                  | 0                   |   |
|   | Devon STP                               | Royal Devon University Healthcare N..    | 735   | 228                          | 62                              | 39   | 54        | 7                  | 0       | 0              | 1              | 49              | 1              | 5               | 0               | 0                  | 0                 | 0                           | 0                  | 5                   | 2 |
|   | University Hospitals Plymouth NHS T..   | 695                                      | 256   | 55                           | 50                              | 47   | 6         | 2                  | 0       | 0              | 40             | 0               | 7              | 0               | 0               | 4                  | 0                 | 2                           | 0                  | 2                   |   |
| Torbay and South Devon NHS Founda..                 | 314                                     | 64                                       | 19  | 16                           | 17                              | 1    | 1         | 0                  | 0       | 12             | 0              | 5               | 0              | 0               | 0               | 0                  | 1                 | 0                           | 1                  |                     |   |
| Dorset STP  | University Hospitals Dorset NHS Fou..   | 645                                      | 338   | 59                           | 39                              | 55   | 3         | 0                  | 0       | 1              | 49             | 1               | 6              | 0               | 0               | 3                  | 0                 | 0                           | 0                  | 0                   |   |
|   | Dorset County Hospital NHS Foundati..   | 208                                      | 115   | 13                           | 11                              | 10   | 2         | 1                  | 0       | 0              | 10             | 0               | 0              | 0               | 0               | 0                  | 0                 | 1                           | 1                  | 1                   |   |
| Gloucestershire Hospitals NHS Found..               | Gloucestershire Hospitals NHS Found..   | 542                                      | 271   | 38                           | 38                              | 33   | 0         | 0                  | 0       | 5              | 33             | 5               | 0              | 0               | 0               | 0                  | 0                 | 0                           | 0                  | 0                   |   |
|   | Somerset NHS Foundation Trust           | 387                                      | 205   | 54                           | 16                              | 48   | 3         | 3                  | 0       | 0              | 41             | 0               | 7              | 0               | 0               | 1                  | 0                 | 3                           | 2                  | 0                   |   |
| Yeovil District Hospital NHS Foundati..             | Yeovil District Hospital NHS Foundati.. | 237                                      | 131   | 17                           | 16                              | 15   | 2         | 0                  | 0       | 0              | 13             | 0               | 2              | 0               | 0               | 2                  | 0                 | 0                           | 0                  | 0                   |   |
| South West  |   | 6,347                                    | 2,954   | 603                          | 419                             | 547  | 30        | 14                 | 0       | 12             | 496            | 12              | 51             | 0               | 0               | 11                 | 0                 | 14                          | 13                 | 6                   |   |



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

### 111

- **111 calls received were down 30% in March 22** compared to March 20
- **Calls answered as a percentage of those received rose by 17% in March 22** compared to March 20

### Ambulance

- **Compared to April 19 during April 22 total A&E calls taken by SWAST increased by 3.2%**
- **Total Ambulance Incidents increased by 1.1% in April 22** compared to April 19
- **Ambulances Conveyed to ED fell by 24% in April 22** compared to April 19
- **Cat 1 mean response time deteriorated from 6m00s in April 19 to 9m54s in April 22**

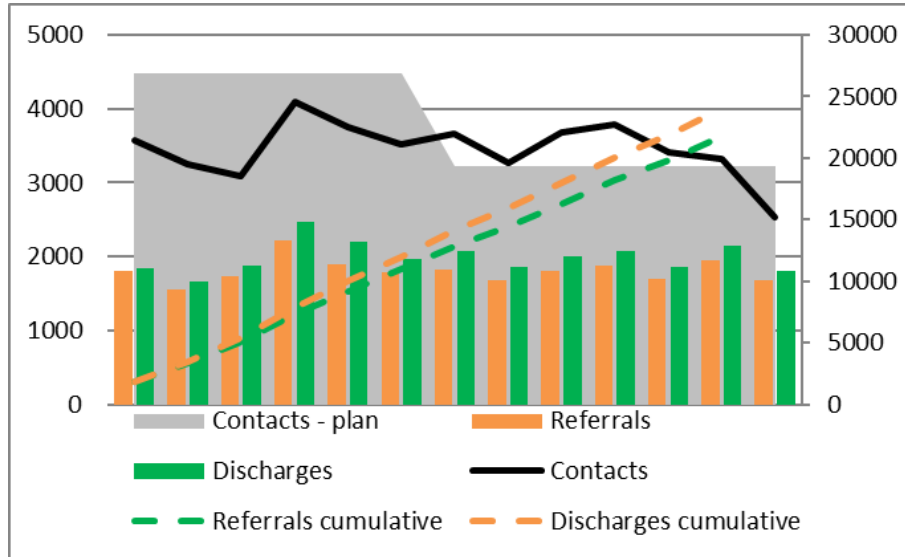
### EDs

- **Total ED attendances for April were lower than 19/20 levels**
- **Type 1 ED Activity is above pre-pandemic levels**
- **A&E performance has dropped 16.21% points on 19/20 levels**
- **Emergency admissions via A&E are lower than 19/20 levels**

# 3.1 Urgent Care – Sirona activity

## Rapid Response – April

- Sirona referrals, discharges and contacts decreased in April compared to March.

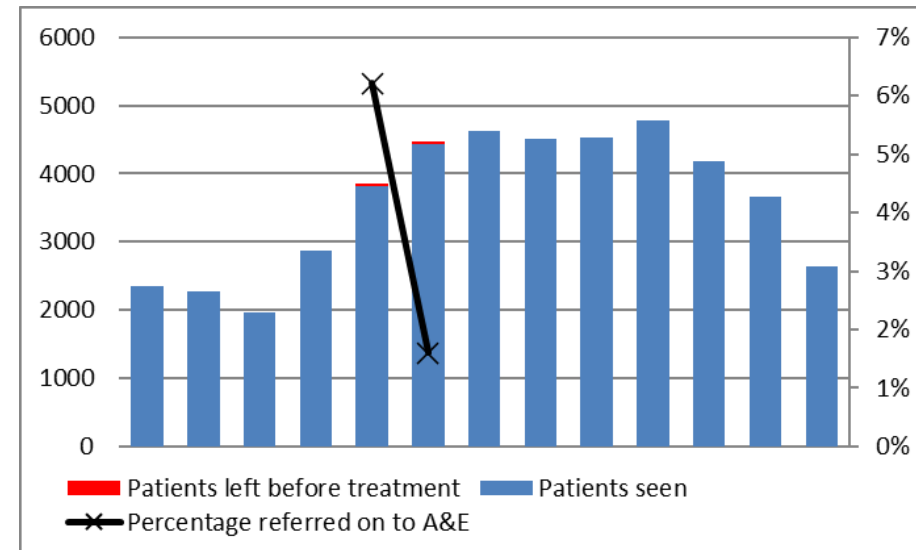
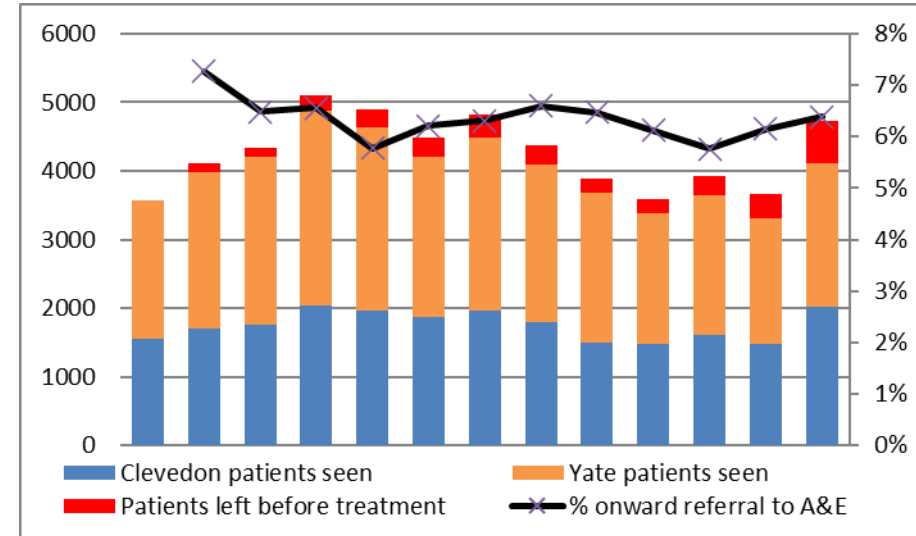


## UTC attendances - December

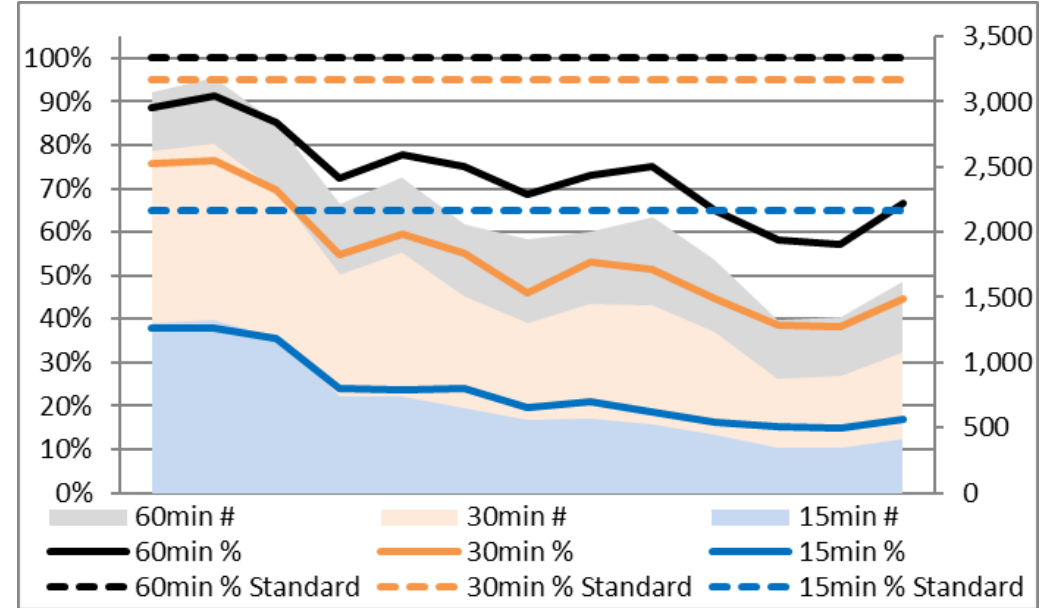
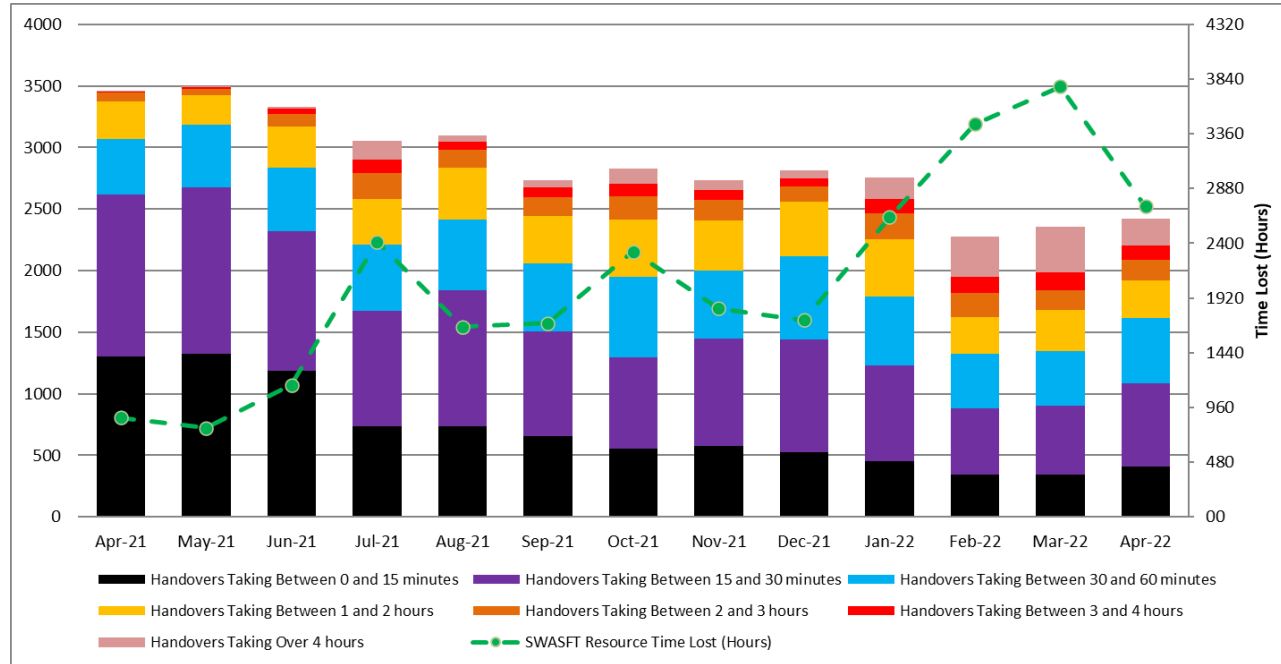
- UTC attendances decreased in December compared to November. Awaiting updated data due to a change in the data source.

## MIU attendances - March

- MIU patients seen increased at both Clevedon and Yate in March compared to February.
- The number of patients leaving before treatment also increased.



# 3.1 Urgent Care – Ambulance Handovers – NBT – April



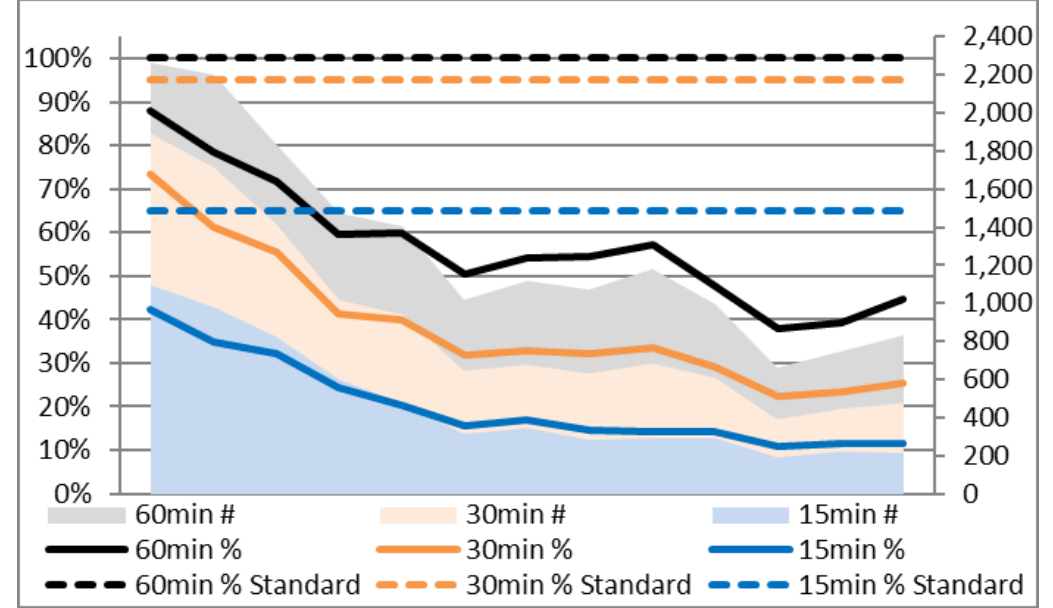
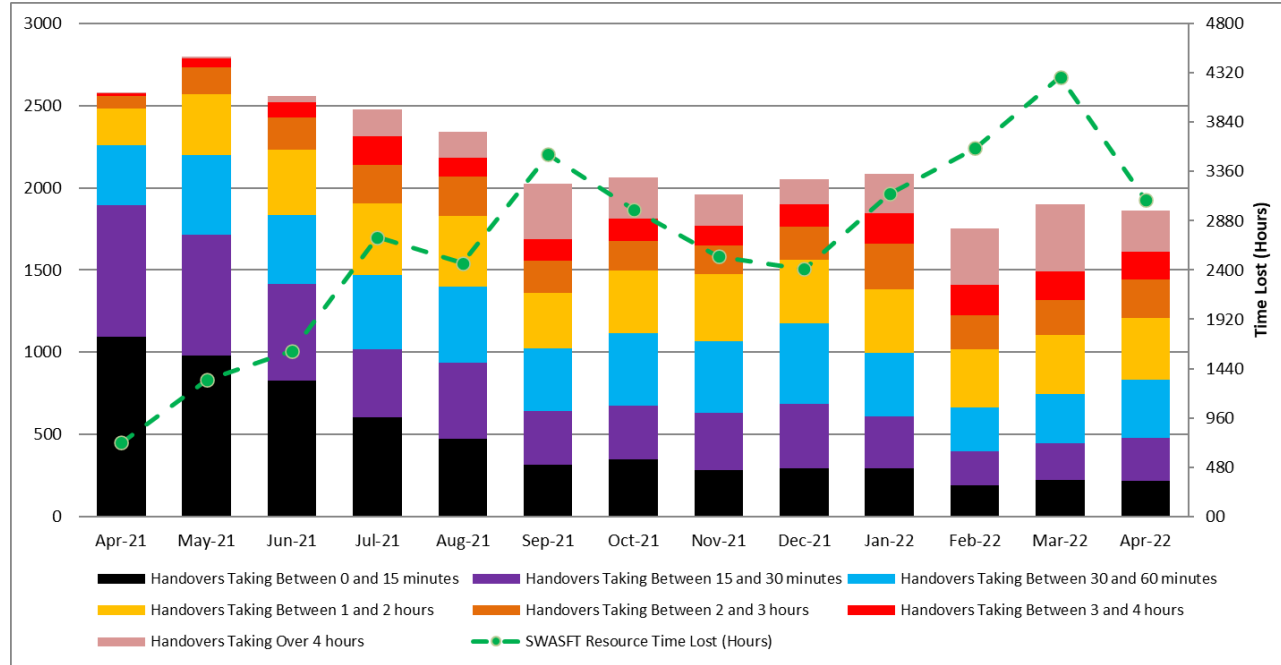
## Ambulance handovers & Time lost – March to April

- Total number of handovers over 15 minutes worsened from 2,008 to 2,015.
- Total number of handovers worsened from 2,355 to 2,425.
- The total time lost improved from 3,776 hours to 2,724 hours.
- The longest individual handover in April was 16h20m49s.

## Ambulance handover Standards (new for 22/23) – March to April

- The NHS Standard Contract 22/23 introduced three new standards for % of ambulance handovers within 15, 30 and 60 minutes.
- % within 15 minutes improved from 14.7% to 16.9% but failed the 65% standard.
- % within 30 minutes improved from 38.3% to 44.6% but failed the 95% standard.
- % within 60 minutes improved from 57.2% to 66.5% but failed the 100% standard.

# 3.1 Urgent Care – Ambulance Handovers – BRI – April



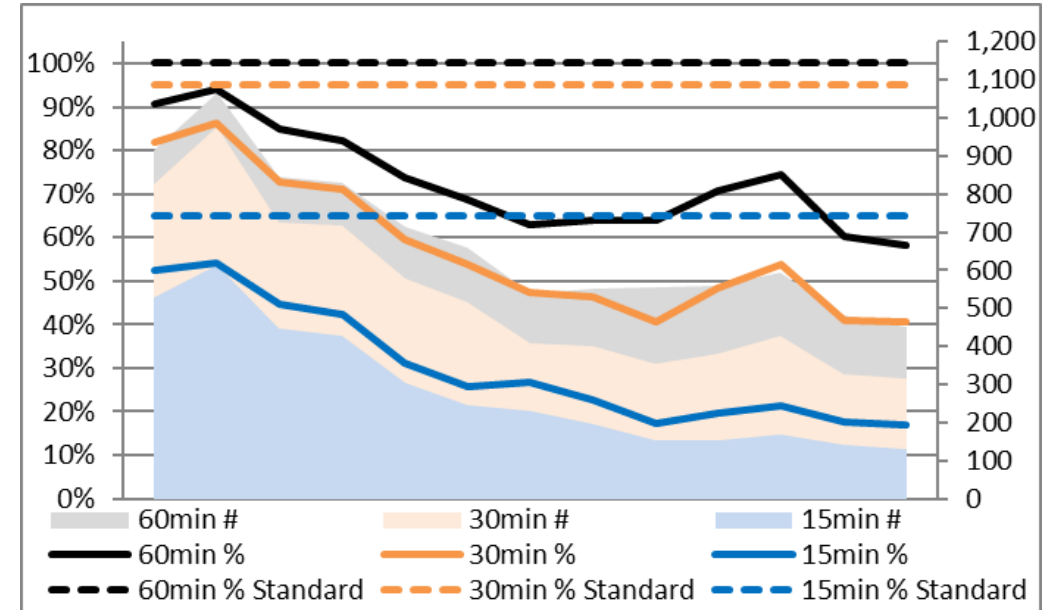
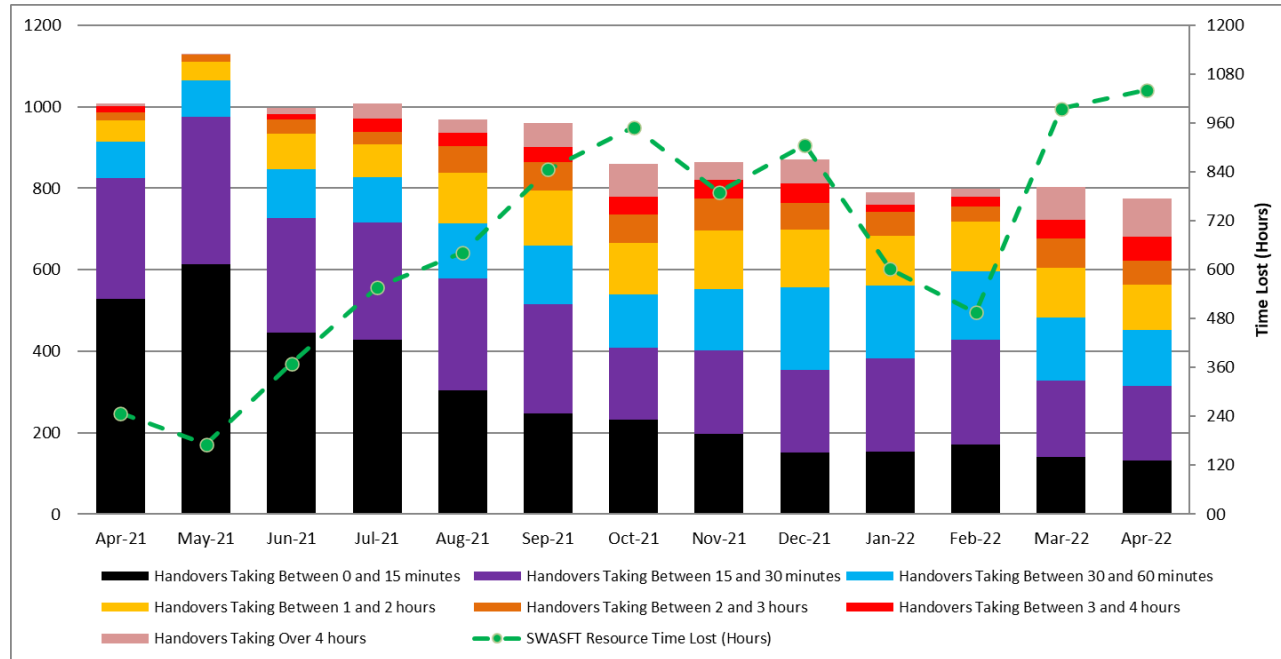
## Ambulance handovers & Time lost – March to April

- Total number of handovers over 15 minutes improved from 1,680 to 1,644.
- Total number of handovers improved from 1,902 to 1,861.
- The total time lost improved from 4,282 hours to 3,088 hours.
- The longest individual handover in April was 14h53m32s.

## Ambulance handover Standards – March to April

- The NHS Standard Contract 22/23 introduced three new standards for % of ambulance handovers within 15, 30 and 60 minutes.
- % within 15 minutes remained at 11.7% and failed the 65% standard.
- % within 30 minutes improved from 23.3% to 25.5% but failed the 95% standard.
- % within 60 minutes improved from 39.3% to 44.6% but failed the 100% standard.

# 3.1 Urgent Care – Ambulance Handovers – WGH – April



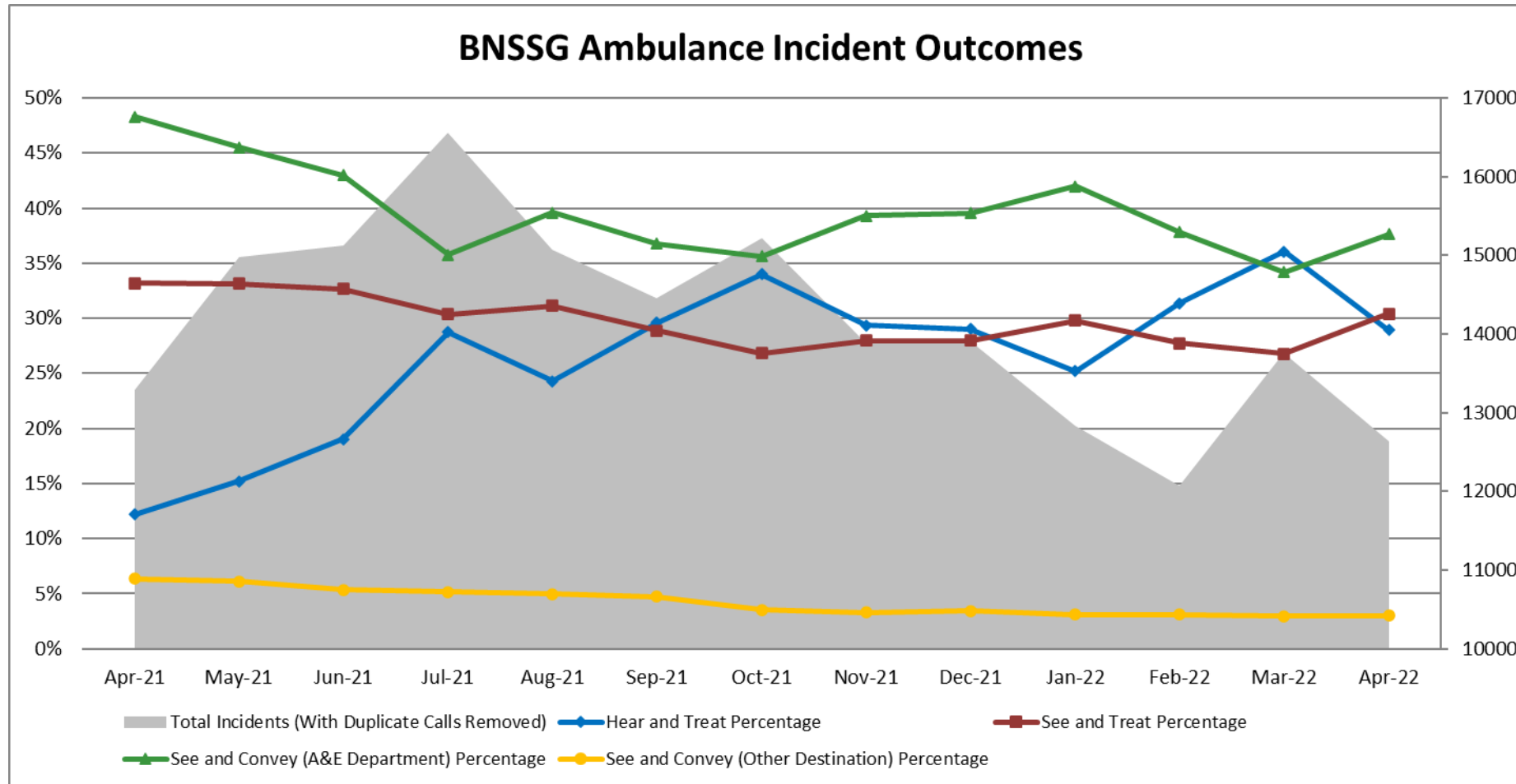
## Ambulance handovers & Time lost – March to April

- Total number of handovers over 15 minutes improved from 661 to 644.
- Total number of handovers improved from 802 to 775.
- The total time lost worsened from 995 hours to 1,041 hours.
- The longest individual handover in April was 10h17m39s.

## Ambulance handover Standards – March to April

- The NHS Standard Contract 22/23 introduced three new standards for % of ambulance handovers within 15, 30 and 60 minutes.
- % within 15 minutes worsened from 17.6% to 16.9% and failed the 65% standard.
- % within 30 minutes worsened from 40.9% to 40.5% and failed the 95% standard.
- % within 60 minutes worsened from 60.2% to 58.2% and failed the 100% standard.

## 3.1 Urgent Care – SWASFT Incident Outcomes – BNSSG STP – April



### Ambulance Incident Outcomes – March to April

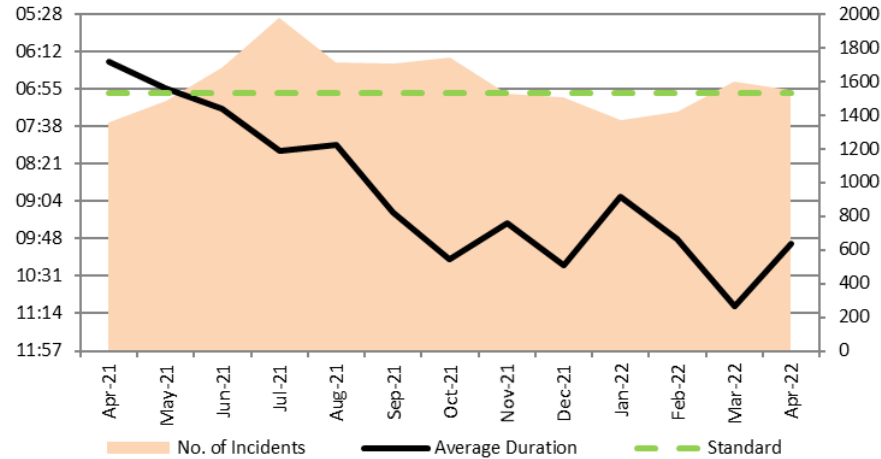
- Hear and Treat percentage decreased from 36.1% to 28.9%.
- See and Treat percentage increased from 26.8% to 30.4%.
- See and Convey (A&E Department) percentage increased from 34.2% to 37.7%.
- See and Convey (Other Destination) percentage increased from 2.95% to 3%.



# 3.1 Urgent Care – SWASFT Response Times – April

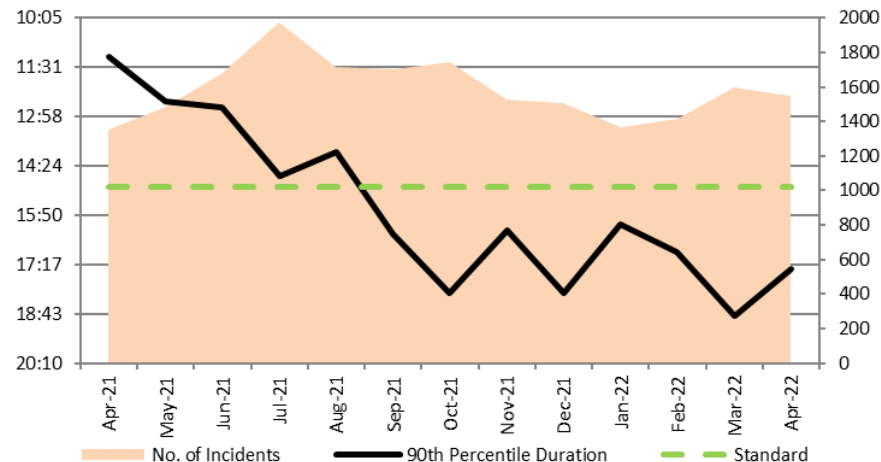
## Category 1 Average Duration (min:sec)

BNSSG average response time improved to 9m54s. The 7 min standard was last achieved in May 2021. This was worse than the same period in 19/20 (6m0s).



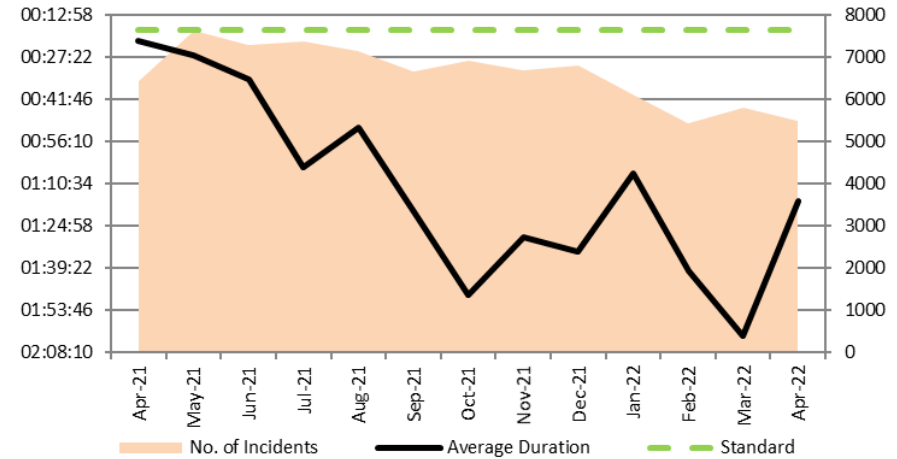
## Category 1 90<sup>th</sup> Percentile Duration (min:sec)

BNSSG performance improved with 90% responded to in 17m24s. The 15 min standard was last achieved in August 2021. This was worse than the same period in 19/20 (10m18s).



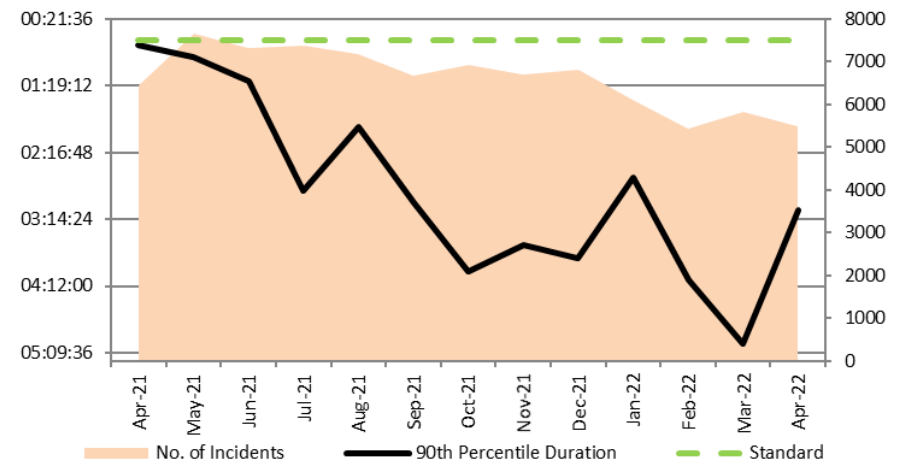
## Category 2 Average Duration (hr:min:sec)

BNSSG average response time improved to 1h16m30s. The 18 min standard was last achieved in July 2020. This was worse than the same period in 19/20 (30m06s).



## Category 2 90<sup>th</sup> Percentile Duration (hr:min:sec)

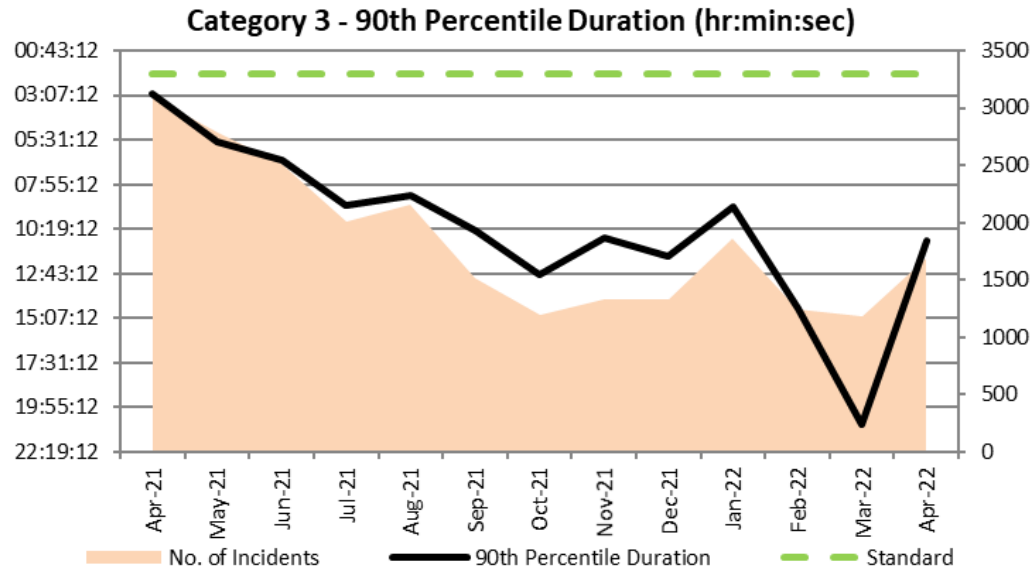
BNSSG performance improved with 90% responded to in 3h06m18s. The 40 min standard was last achieved in August 2020. This was worse than the same period in 19/20 (1h04m24s).



# 3.1 Urgent Care – SWASFT Response Times – April

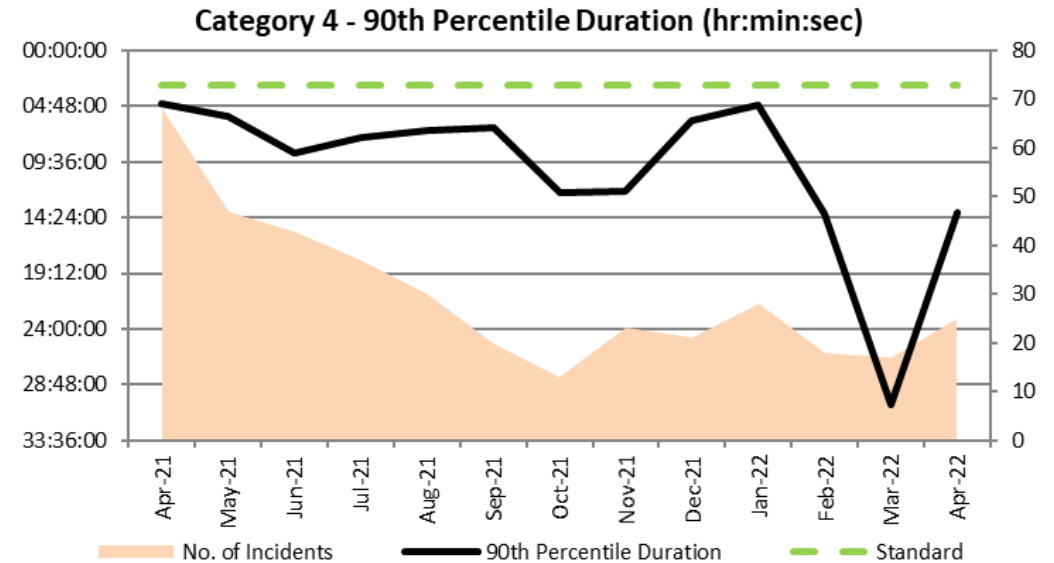
## Category 3 90<sup>th</sup> Percentile Duration (hr:min:sec)

BNSSG performance improved in April with 90% responded to in 10h55m12s. The 2 hour standard has not been achieved since July 2020. This was worse than the same period in 19/20 (3h22m54s).



## Category 4 90<sup>th</sup> Percentile Duration (hr:min:sec)

BNSSG performance improved in April with 90% responded to in 13h58m36s. The 3 hour standard has not been achieved since June 2020. This was worse than the same period in 19/20 (3h30m24s).



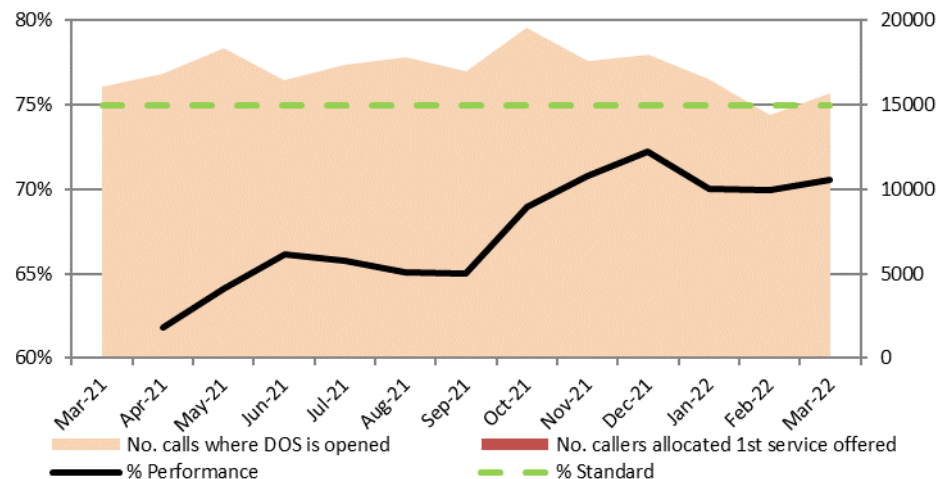
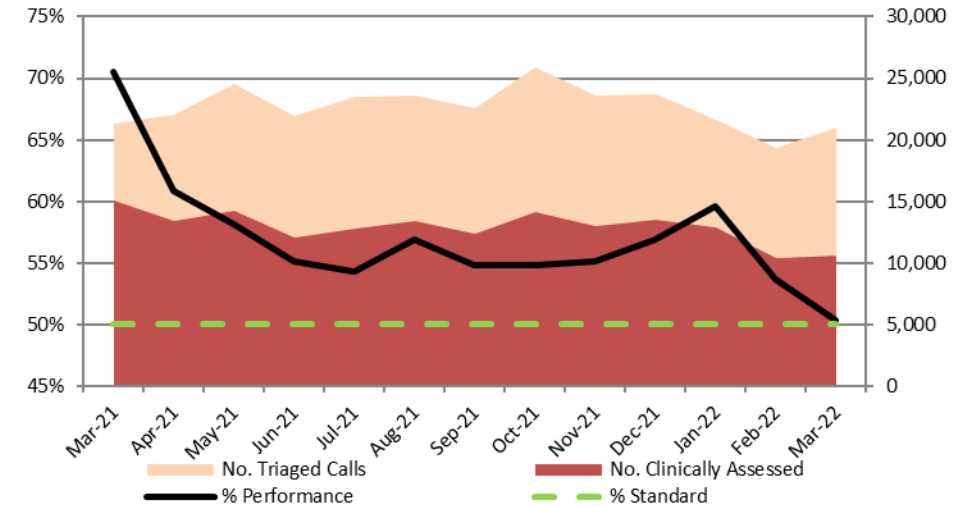
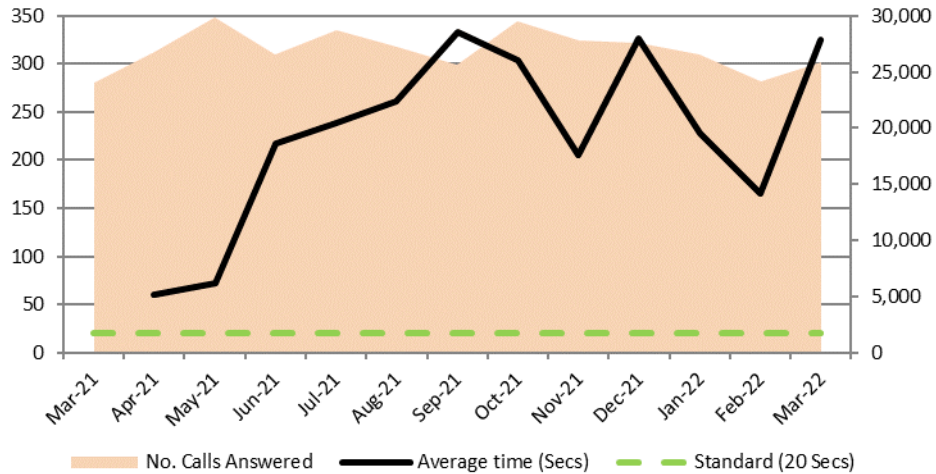
# 3.1 Urgent Care – SevernSide IUC – March

## Average speed to answer calls

- BNSSG performance worsened from 166 seconds to 325.
- The 20 second standard has yet to be achieved.
- However, this continues to be better than the England average (396s) but worse than the South West average (305s).

## % of triaged calls assessed by a clinician or Clinical Advisor

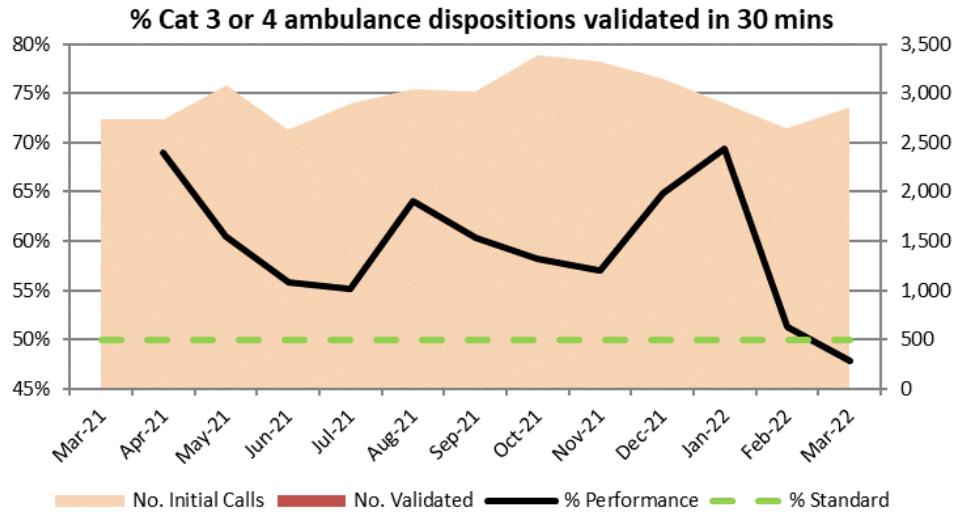
- BNSSG performance worsened from 53.62% to 50.36% but continues to achieve the 50% standard.
- This continues to be better than the England average (47.25%) but worse than the SW average (53.27%).



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

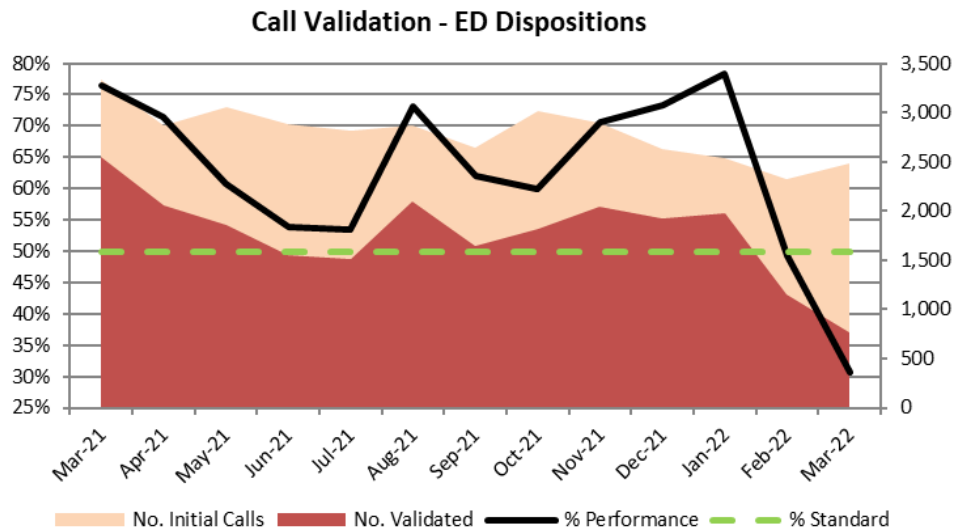
- BNSSG performance improved from 69.95% to 70.52%.
- The 75% standard continues to be failed.
- However, this continues to be better than the England average (67.90%) and the SW average (65.90%).

# 3.1 Urgent Care – SevernSide IUC – March



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

- BNSSG performance worsened from 51.29% to 47.77% in March.
- The 50% standard was failed for the first time since reporting began in April 2021.
- This is better than the England average (44.30%) but worse than the SW average (53.12%).



% of calls initially given an ED disposition validated

- BNSSG performance worsened from 49.31% to 30.61%.
- The 50% standard continues to be failed .
- This is worse than the England average (51.56%) and the SW average (60.70%).

## 3.2 Planned Care – RTT, Diagnostics and Outpatients Summary

### March 2022 Performance Position: RTT/Diagnostics/ Outpatients

- Total waiting list size increased from 71,772 to 74,505 at the BNSSG population level. This was mirrored at UHBW, where the list size grew from 54,305 to 55,021 and at NBT where the list size grew from 38,498 to 39,101.
- Both trusts performed better than their H2 21/22 Operational plan trajectory for their total wait list size for the sixth consecutive month in March and both Trusts achieved better than plan for their >52 week wait and >104 week wait cohorts in March.
- Performance against the RTT 18ww standard (92% standard) dropped slightly, by 0.5%, in March from 65.9% to 65.4% for the BNSSG population. NBT performance dropped from 65.1% to 64.7% and UHBW performance fell from 59.5% to 59.2%.
- Patients resident in BNSSG waiting >52 weeks decreased by 85 to 3,779 in March. The Trusts also have on their waiting lists people resident outside of BNSSG. NBT recorded a decrease in the >52ww cohort from 2,296 to 2,242 and a reduction in the >52ww cohort percentage of the total waiting list from 6% to 5.7%. UHBW recorded an increase in the >52ww cohort from 3,604 to 3,920 and cohort percentage of the total waiting list increased from 6.6% to 7.1%.
- Patients waiting over 104 weeks improved in March from 312 to 213 at the BNSSG population level, split 70 at NBT, 74 at UHBW and the remainder across 9 other providers. NBT and UHBE also have patients from outside of BNSSG that have waited greater than 104 weeks. These figures include patients who have chosen to delay their care.
- Diagnostics performance at the BNSSG level worsened in March to 37.9%, NBT worsened slightly by 0.3% to 40.3% and UHBW worsened to 39%. Overall diagnostic waiting list size and both >6 week and >13 week cohorts increased at the BNSSG population level and at both Trusts in March.
- Performance against the H2 21/22 operational plan was only met at UHBW for MRI and NOUS.

## 3.2 Planned Care – RTT / Diagnostics / Outpatients – Improvements

|             | Improvement Needs   | Improvement actions: Work underway or planned  |
|-------------|---|--|
| Diagnostics | <ul style="list-style-type: none"> <li>• Backlogs, waiting times and numbers &gt;6w &gt;13w</li> <li>• No waiters &gt;26w by 31/3/23 &amp; none &gt;13w by 31/3/24</li> <li>• Demand outstripping capacity in most areas</li> <li>• Endoscopy capacity is a system wide issue.</li> </ul>               | <ul style="list-style-type: none"> <li>• Progression of clinical prioritisation.</li> <li>• Progression of the System level diagnostic and endoscopy PTLs &amp; progression of PTL validation activity.</li> <li>• High level review for patients &gt;13 weeks to ensure no harm has resulted from the extended wait times.</li> <li>• Exploration of ways to increase endoscopy activity.</li> <li>• Independent sector utilisation (insourcing and outsourcing) and expansion where opportunities exist – exploring potential additional capacity through existing ISPs.</li> <li>• WLIS and Weekend working with insourcing capacity continues.</li> </ul>  |
| Outpatients | <ul style="list-style-type: none"> <li>• Addressing large growth of overdue follow ups.</li> <li>• Validating and prioritising patients on outpatient waiting lists.</li> <li>• Supporting people to 'wait well'.</li> <li>• Increasing availability and utilisation of advice and guidance.</li> </ul> | <ul style="list-style-type: none"> <li>• PIFU roll out to all specialities where clinically appropriate. Continue working with specialties to implement PIFU &amp; identify additional areas in which to implement PIFU.</li> <li>• Implement My recovery and My mobility apps in NBT and UHBW respectively to support prehab and rehabilitation.</li> <li>• Implement the Living With Rheumatology remote monitoring app in UHBW.</li> <li>• Roll out the getUBetter MSK self-management app.</li> <li>• Standardising processes to ensure consistent provision of A&amp;G across all major specialties via eRS.</li> <li>• Validation and prioritisation of OP waiting lists.</li> <li>• Introducing digital patient portal which will streamline and improve booking process, reduce DNAs and enable collection of information pre and post appointment.</li> </ul>   |
| RTT         | <ul style="list-style-type: none"> <li>• 104ww position.</li> <li>• 78ww position.</li> <li>• 52ww position.</li> <li>• Expanding capacity.</li> <li>• Optimising productivity.</li> <li>• Health Inequalities.</li> </ul>  | <ul style="list-style-type: none"> <li>• Proactive micro-management of 104ww patients.</li> <li>• Weekly focus on 78ww patients.</li> <li>• Mutual aid (within the System, within the Region and beyond)</li> <li>• Ongoing, comprehensive waiting list validation (administrative and clinical). C2-Ai system pilot - opportunities to validate the wait list further.</li> <li>• Comprehensive speciality PTLs are being developed.</li> <li>• Weekend working, WLI's.</li> <li>• Application of revised IPC guidance and risk assessments.</li> <li>• Developing sustainable staffing solutions for Knightstone.</li> <li>• Focussed work on optimising utilisation of IS.</li> <li>• Development and delivery of improved peri-operative care schemes and support patients to wait well.</li> <li>• Continued work on theatre productivity and optimisation and further development of GIRFT HVLC opportunities.</li> <li>• Health inequalities work establishing in the elective recovery space.</li> </ul> |

## 3.2 Planned Care – Cancer Summary

### March 2022 Performance Position: Cancer

**Cancer Wait Time (CWT)** performance remains challenged.

- 2 Week Wait referral recovery remains below the pre-Covid baseline in totality and reduced in March from 94.3% to 90.9%. There remains considerable variation across the main specialities, with increases in March in Gynae, LGI, UGI and Urology; decreases in Breast and Head/Neck.
- 2 Week Wait performance improved at BNSSG population level and at NBT with a drop in performance at UHBW.
- 2WW Breast data shows an increase in performance from 16.9% to 17.9%.
- 28 day Faster Diagnosis Standard performance worsened at the BNSSG population level and at UHBW, with an improvement recorded at NBT.
- 31 day first treatment performance worsened at the BNSSG population level and at NBT with an improvement recorded at UHBW.
- 31 days subsequent treatment – surgery performance worsened at the BNSSG population level and at NBT, but improved at UHBW.
- 31 days subsequent treatment standards for both Drugs and Radiotherapy were met at the BNSSG population level.
- 62 day performance improved at the BNSSG population level and at both Trusts.

| March 2022 – BNSSG level data    | Standard | % Performance | Performance change from previous month | Activity change from previous month |
|----------------------------------|----------|---------------|--|-------------------------------------|
| 2 Week Wait                      | 93%      | 70.7%         | ↑ +0.4%                                | ↑ +10.8%                            |
| 2 Week Wait Breast               | 93%      | 17.9%         | ↑ +1%                                  | ↓ -15.7%                            |
| 28-day Faster Diagnosis Standard | 75%      | 73.1%         | ↓ -0.5%                                | ↑ +9.6%                             |
| 31 day first treatment           | 96%      | 88.8%         | ↓ -2.8%                                | ↑ +3.1%                             |
| 31 day surgery                   | 94%      | 75.2%         | ↓ -6.2%                                | ↑ +18.6%                            |
| 31 day drugs                     | 98%      | 98%           | ↓ -1.3%                                | ↑ +1.3%                             |
| 31 day radiotherapy              | 94%      | 100%*         | ↑ +0.5%                                | ↑ +12.9%                            |
| 62 days                          | 85%      | 66%           | ↑ +7.7%                                | ↑ +10.7%                            |
| 62 days screening                | 90%      | 63.9%         | ↓ -4%                                  | ↑ +44%                              |

\* in the table denotes performance better than the same period in 2019/20

in the table denotes performance achieved/better than the Standard

### Cancer Recovery Metrics

Treatment volumes are, for the six consecutive month, better than the trajectories in the H2 Operation plan for NBT and at the BNSSG population level. Urgent referrals in receipt of a first outpatient appointment have exceeded plan at NBT and the BNSSG population level for the third consecutive month and UHBW continue to perform better than plan against the 63+day waits trajectory.

## 3.2 Planned Care – Cancer – Improvements

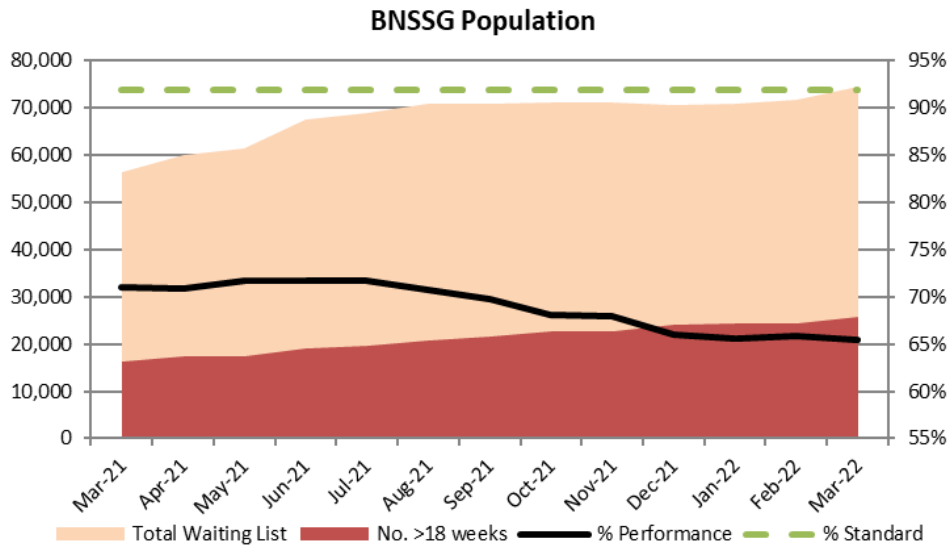
| Improvement Needs  | Improvement actions: Work underway or planned  |
|--|--|
| <p>System level CWT performance across 2ww, 31day 1<sup>st</sup>, surgery, 62 day standards.</p> <p>NBT elective recovery backlog position.</p> <p>NBT FDS performance.</p> <p>NBT 2ww breast.</p> <p>Screening – Cervical, Bowel and Breast recovery (breast backlog screening has recovered, but the 3 year cycle is currently 81%).</p> <p>Tracking capacity and cleansing DQ issues in the NBT PTL.</p> <p>Capacity and Resilience in the workforce.</p> <p>Health Inequalities.</p> | <ul style="list-style-type: none"> <li>• Tracking capacity recovery continues and associated cleansing of PTL DQ issues that have accrued.</li> <li>• Continued work with national communications to design initiatives to support patients to report to primary care with cancer symptoms and to attend screening appointments when invited.</li> <li>• Continued work with primary care on recognising the early signs of cancer, inequalities, including earlier diagnosis and screening uptake, particularly among people with learning disabilities and Serious Mental Illness (SMI). As well as prevention - smoking cessation support with Public Health - and prehabilitation as part of personalised care, which is available across all cancer specialities.</li> <li>• Prehabilitation and Rehabilitation. NBT AHP cancer lead will lead a Neuro-oncology prehab pilot; UHBW have dedicated Cancer Pre-Hab and Re-Hab services in place, providing specialist cancer physiotherapy, occupational therapy, dietetic and psychological expertise.</li> <li>• Screening - Supporting national and local awareness campaigns in relation to screening uptake and supporting work led by PHE for addressing any inequalities. Increasing of screening of inpatients with a serious mental illness through opportune access to breast and cervical screening.</li> <li>• Expanding the primary care tele-dermatology programme, provision of dermatoscopes and education sessions.</li> <li>• Work is underway on Faster Diagnostic Pathways in Prostate, Cervical, UGI, Urology, Gynae, Dermatology and Breast.</li> <li>• BNSSG CCG and Trust clinical teams are working with local PCN's to increase the numbers going through straight to test pathways.</li> <li>• Faecal Immunochemical Test (qFIT) will continue to be part of the colorectal pathway in line with national guidance. Continued engagement with primary care in the use of FIT prior to referral for suspected lower GI cancer.</li> <li>• Non-Specific Symptom Pathway implemented from March 2022, will support earlier diagnosis of patients with “vague symptoms” and provide a more efficient pathway for patients where a 2ww pathway is not clear or who do not meet the criteria for established 2WW referrals.</li> <li>• System engaged in Targeted Lung Health Check (TLHC), Liver Surveillance and Lynch Syndrome schemes to support earlier diagnosis.</li> <li>• Work in Personalised Stratified Follow-Up and Patient Initiated Follow Up pathways.</li> <li>• Continued focussed recruitment activity for the cancer workforce across all roles types across the System.</li> <li>• Navigator roles and single points of contact will be made available to more specialisms throughout 2022/23.</li> </ul> |



## 3.2 Planned Care – Risks to delivery and achievement of standards

- UEC / Covid pressures challenge for the green capacity in the acutes.
- Workforce constraints persist. Key areas in need of workforce numbers/resilience are registered nurses, therapies, anaesthetists. High vacancy rates in Radiographers and Endoscopists.
- System Interdependencies – notably high rates of patients with no criteria to reside in hospital and impeded flow / discharge caused by limited community pathway capacity and social / domiciliary care.

## 3.2 Planned Care – RTT Incomplete Pathway – March

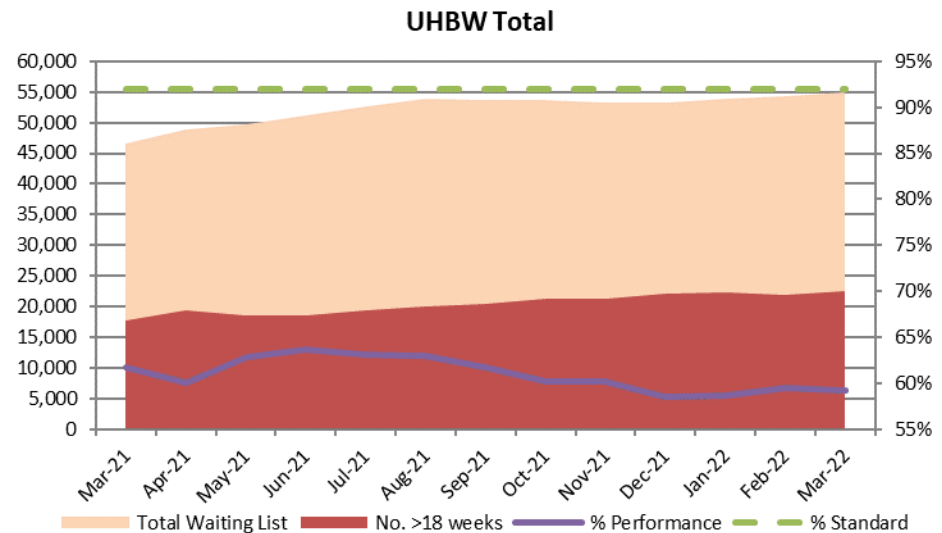
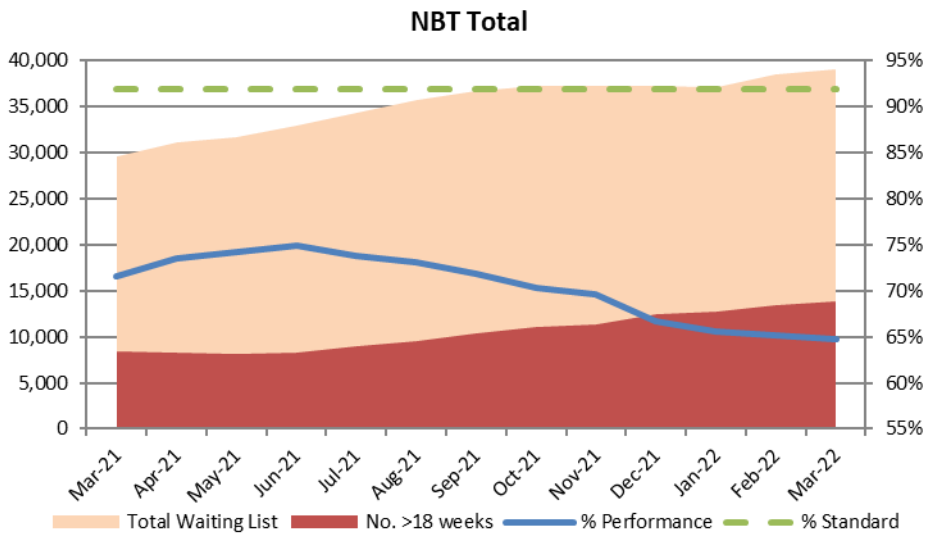


### RTT 18ww Performance

- Performance at BNSSG population level worsened slightly from 65.9% to 65.4% in March.
- NBT performance worsened from 65.2% to 64.7%.
- UHBW performance worsened from 59.5% to 59.2%.
- All failed the 92% national standard and performed worse than the same period in 19/20.

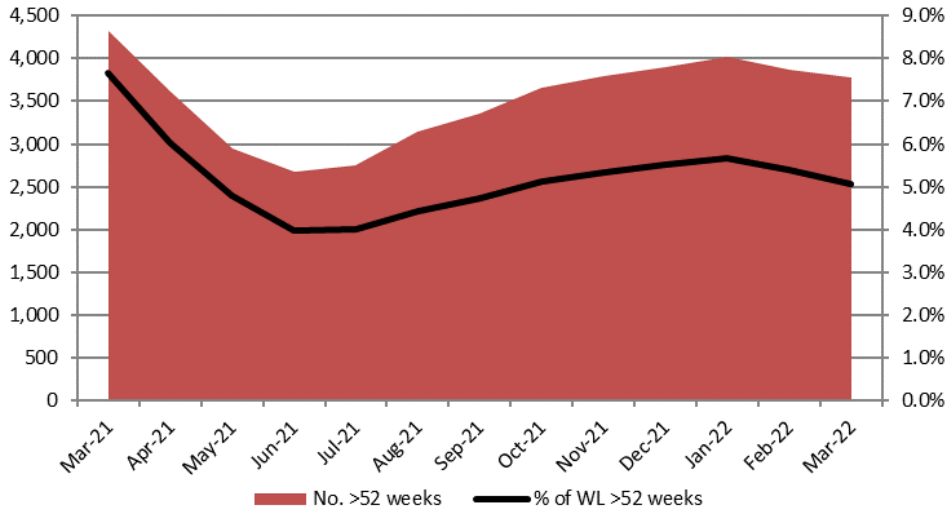
### RTT Waiting List

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



# 3.2 Planned Care – RTT Incomplete 52ww – March

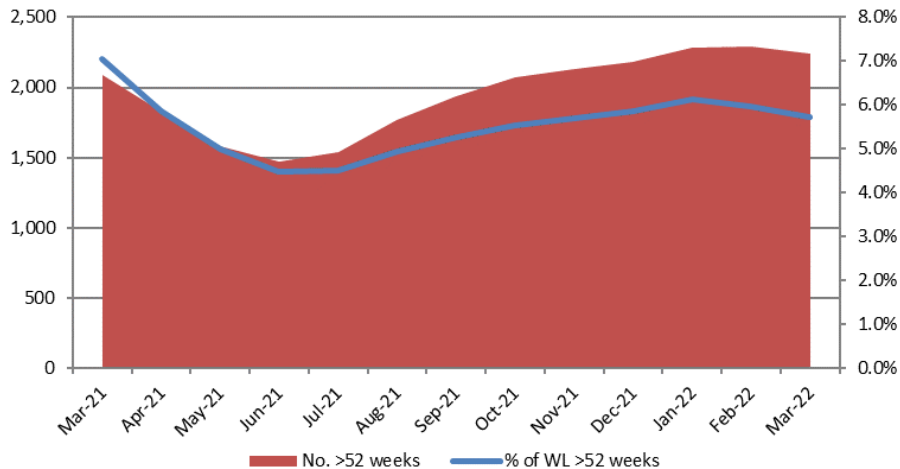
**BNSSG Population**



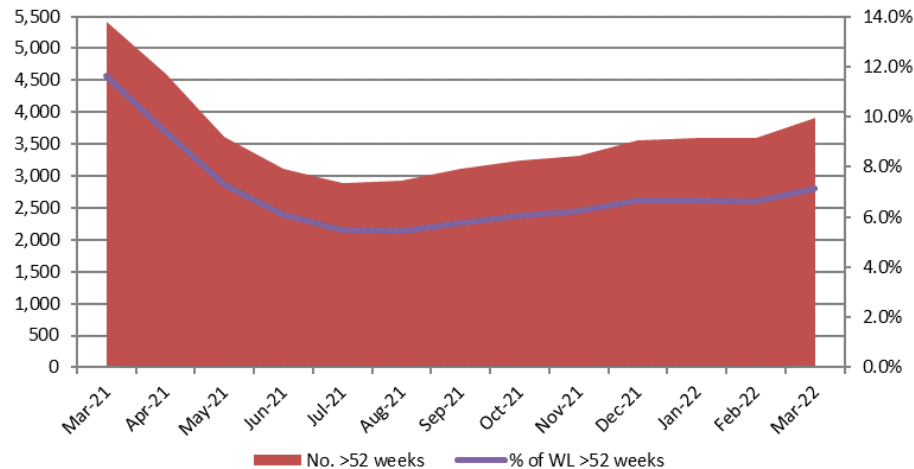
|                   |       | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|-------------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| RTT WL            | BNSSG | 56,472 | 60,004 | 61,557 | 67,485 | 68,886 | 70,942 | 70,914 | 71,292 | 71,134 | 70,653 | 70,869 | 71,772 | 74,505 |
|                   | NBT   | 29,580 | 31,143 | 31,648 | 32,946 | 34,315 | 35,794 | 36,787 | 37,268 | 37,297 | 37,264 | 37,210 | 38,498 | 39,101 |
|                   | UHBW  | 46,538 | 48,902 | 49,791 | 51,198 | 52,718 | 53,855 | 53,697 | 53,743 | 53,328 | 53,253 | 53,909 | 54,305 | 55,021 |
| No. >52 weeks     | BNSSG | 4,327  | 3,611  | 2,950  | 2,676  | 2,750  | 3,138  | 3,353  | 3,664  | 3,791  | 3,902  | 4,020  | 3,864  | 3,779  |
|                   | NBT   | 2,088  | 1,827  | 1,583  | 1,473  | 1,544  | 1,770  | 1,933  | 2,068  | 2,128  | 2,182  | 2,284  | 2,296  | 2,242  |
|                   | UHBW  | 5,409  | 4,598  | 3,618  | 3,114  | 2,893  | 2,925  | 3,110  | 3,248  | 3,318  | 3,558  | 3,599  | 3,604  | 3,920  |
| % of WL >52 weeks | BNSSG | 7.66%  | 6.02%  | 4.79%  | 3.97%  | 3.99%  | 4.42%  | 4.73%  | 5.14%  | 5.33%  | 5.52%  | 5.67%  | 5.38%  | 5.07%  |
|                   | NBT   | 7.06%  | 5.87%  | 5.00%  | 4.47%  | 4.50%  | 4.94%  | 5.25%  | 5.55%  | 5.71%  | 5.86%  | 6.14%  | 5.96%  | 5.73%  |
|                   | UHBW  | 11.62% | 9.40%  | 7.27%  | 6.08%  | 5.49%  | 5.43%  | 5.79%  | 6.04%  | 6.22%  | 6.68%  | 6.68%  | 6.64%  | 7.12%  |

Better than previous month  
Worse than previous month

**NBT**



**UHBW**



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

- BNSSG level improved from 3,864 to 3,779 (5.1% of the total waiting list).
- NBT improved from 2,296 to 2,242 (5.7% of the total waiting list).
- UHBW worsened from 3,604 to 3,920 (7.1% of the total waiting list).

## 3.2 Planned Care – RTT long waiters – UHBW – March

### Long waiters

| Treatment Function     | 40-51 | Over 52 | Total |
|------------------------|-------|---------|-------|
|                        | wks   | wks     |       |
| Cardiology             | 165   | 75      | 240   |
| Cardiothoracic Surgery | 10    | 17      | 27    |
| Dermatology            | 41    | 11      | 52    |
| ENT                    | 454   | 860     | 1314  |
| Gastroenterology       | 121   | 200     | 321   |
| General Medicine       | 0     | 0       | 0     |
| General Surgery        | 4     | 3       | 7     |
| Geriatric Medicine     | 1     | 1       | 2     |
| Gynaecology            | 62    | 22      | 84    |
| Neurology              | 62    | 57      | 119   |
| Ophthalmology          | 375   | 124     | 499   |
| Oral Surgery           | 838   | 432     | 1270  |
| Other                  | 1671  | 1754    | 3425  |
| Rheumatology           | 5     | 4       | 9     |
| Thoracic Medicine      | 146   | 103     | 249   |
| Trauma & Orthopaedics  | 127   | 257     | 384   |
|                        | 4082  | 3920    | 8002  |

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

### 'Other' breakdown (UHBW-Bristol only)

| Description                          | 40-51 wks   | Over 52 wks |
|--------------------------------------|-------------|-------------|
| Colorectal Surgery                   | 85          | 191         |
| Hepatobiliary and Pancreatic Surgery | 4           | 13          |
| Upper GI Surgery                     | 56          | 195         |
| Spinal Surgery Service               | 7           | 0           |
| Trauma & Orthopaedics                | 2           | 0           |
| ENT                                  | 6           | 0           |
| Restorative Dentistry                | 19          | 5           |
| Paediatric Dentistry                 | 192         | 104         |
| Orthodontics                         | 85          | 83          |
| Maxillo Facial Surgery               | 52          | 141         |
| Paediatric Surgery                   | 63          | 51          |
| Thoracic Surgery                     | 8           | 39          |
| Paediatric Urology                   | 60          | 114         |
| Paediatric Trauma and Orthopaedics   | 146         | 226         |
| Paediatric Ear Nose and Throat       | 75          | 155         |
| Paediatric Ophthalmology             | 60          | 49          |
| Paediatric Maxillo-facial Surgery    | 19          | 27          |
| Paediatric Neurosurgery              | 12          | 11          |
| Paediatric Plastic Surgery           | 19          | 87          |
| Paediatric Burns Care                | 1           | 0           |
| Paediatric Cardiac Surgery           | 2           | 0           |
| Paediatric Gastroenterology          | 7           | 9           |
| Paediatric Endocrinology             | 7           | 1           |
| Paediatric Dermatology               | 4           | 3           |
| Paediatric Respiratory Medicine      | 6           | 0           |
| Paediatric Rheumatology              | 4           | 0           |
| Endocrinology                        | 1           | 1           |
| Clinical Haematology                 | 2           | 1           |
| Diabetic Medicine                    | 1           | 0           |
| Haemophilia                          | 1           | 0           |
| Clinical Genetics                    | 82          | 36          |
| Paediatric Cardiology                | 76          | 65          |
| Respiratory Physiology               | 33          | 51          |
| Paediatrics                          | 1           | 0           |
| Paediatric Neurology                 | 5           | 4           |
| Dental Medicine Specialties          | 204         | 11          |
| Physiotherapy                        | 0           | 2           |
| Clinical Oncology                    | 1           | 0           |
| Dietetics                            | 0           | 1           |
| Special Care Dentistry               | 9           | 8           |
| <b>Grand Total</b>                   | <b>1417</b> | <b>1684</b> |

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

Please note: Data for UHBW-Weston is not currently available for the 'other' breakdown. The CCG is trying to source this data.

## 3.2 Planned Care – RTT long waiters – NBT – March

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

### Long waiters

| Treatment Function     | 40-51 | Over 52 | Total |
|------------------------|-------|---------|-------|
|                        | wks   | wks     |       |
| Cardiology             | 10    | 1       | 11    |
| Cardiothoracic Surgery | 0     | 0       | 0     |
| Dermatology            | 34    | 4       | 38    |
| Gastroenterology       | 18    | 4       | 22    |
| General Medicine       | 0     | 0       | 0     |
| General Surgery        | 118   | 169     | 287   |
| Geriatric Medicine     | 0     | 0       | 0     |
| Gynaecology            | 315   | 322     | 637   |
| Neurology              | 73    | 36      | 109   |
| Neurosurgery           | 85    | 104     | 189   |
| Other                  | 673   | 429     | 1102  |
| Plastic Surgery        | 130   | 125     | 255   |
| Rheumatology           | 2     | 0       | 2     |
| Thoracic Medicine      | 1     | 0       | 1     |
| Trauma & Orthopaedics  | 531   | 867     | 1398  |
| Urology                | 233   | 176     | 409   |
|                        | 2225  | 2239    | 4460  |

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

### 'Other' breakdown

| Description                    | 40-51 wks  | Over 52 wks |
|--------------------------------|------------|-------------|
| Adult Mental Illness           | 0          | 4           |
| Allergy Service                | 267        | 221         |
| Clinical Neurophysiology       | 3          | 0           |
| Colorectal Surgery             | 70         | 71          |
| Endocrinology                  | 25         | 0           |
| Hepatology                     | 1          | 0           |
| Interventional Radiology       | 1          | 0           |
| Other                          | 0          | 1           |
| Upper Gastrointestinal Surgery | 194        | 183         |
| Vascular Surgery               | 47         | 14          |
| <b>Grand Total</b>             | <b>608</b> | <b>494</b>  |

## 3.2 Planned Care – RTT Incomplete 52ww & 104ww – BNSSG – March

- The number of BNSSG patients waiting 52 weeks or longer in March decreased by 2.2% (85) compared to the previous month.
- Patients waiting 52 weeks or longer make up 5.1% of the total waiting list for BNSSG patients (down from 5.4% in the previous month).
- The number of BNSSG patients waiting 104 weeks or longer decreased by 31.7% (99) compared to the previous month.
- The table below shows a breakdown by provider of the BNSSG patients waiting 52 weeks or longer and 104 weeks or longer in March, compared to the previous month.

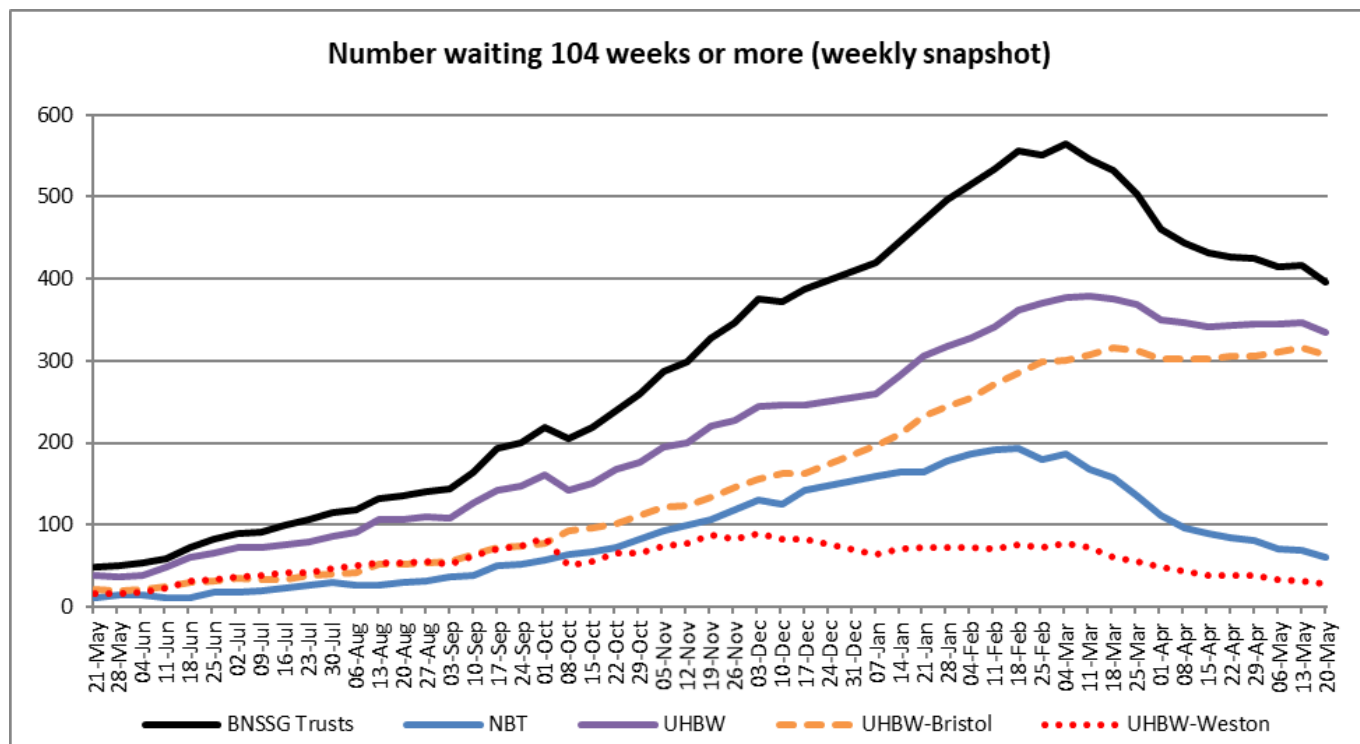
| Providers with BNSSG patients >52ww     | >52 weeks |       | >104 weeks |       |
|---|-----------|-------|------------|-------|
|   | February  | March | February   | March |
| NBT                                     | 1810      | 1742  | 139        | 70    |
| UHBW                                    | 1469      | 1509  | 101        | 74    |
| Emersons Green NHS Treatment Centre     | 181       | 144   |            |       |
| Spire Bristol                           | 153       | 128   | 25         | 21    |
| Sulis Hospital Bath                     | 87        | 79    | 39         | 38    |
| Royal United Hospitals Bath             | 43        | 40    | 1          | 1     |
| Nuffield Health Bristol                 | 24        | 32    |            |       |
| Newmedica - Bristol                     | 9         | 18    | 1          | 2     |
| Somerset                                | 7         | 8     | 1          | 1     |
| Somerset Surgical Services              | 9         | 8     | 3          | 3     |
| Royal Devon and Exeter                  | 6         | 6     | 1          | 0     |
| University Hospitals Birmingham         | 5         | 5     |            |       |
| Worcestershire Acute Hospitals          | 3         | 4     |            |       |
| Gloucestershire Hospitals               | 5         | 3     |            |       |
| Imperial College Healthcare             | 2         | 3     |            |       |
| London North West University Healthcare | 3         | 3     |            |       |
| Royal Free London                       | 2         | 3     | 1          | 1     |
| University College London Hospitals     | 4         | 3     |            |       |
| Yeovil District Hospital                | 3         | 3     | 0          | 1     |
| East and North Hertfordshire            | 0         | 2     |            |       |
| Great Weston Hospitals                  | 2         | 2     |            |       |
| Lewisham and Greenwich                  | 1         | 2     |            |       |
| Royal National Orthopaedic Hospital     | 2         | 2     |            |       |
| Sirona                                  | 4         | 2     |            |       |
| University Hospitals Dorset             | 1         | 2     |            |       |
| Barts Health                            | 1         | 1     |            |       |
| Bedfordshire Hospitals                  | 1         | 1     |            |       |
| Buckinghamshire Healthcare              | 2         | 1     |            |       |

| Providers with BNSSG patients >52ww            | >52 weeks   |             | >104 weeks |            |
|--|-------------|-------------|------------|------------|
|  | February    | March       | February   | March      |
| Cambridge University Hospitals                 | 0           | 1           |            |            |
| Chelsea and Westminster Hospital               | 1           | 1           |            |            |
| Doncaster and Bassetlaw Teaching Hospitals     | 1           | 1           |            |            |
| Great Ormond Street Hospital For Children      | 0           | 1           |            |            |
| Hampshire Hospitals                            | 1           | 1           |            |            |
| Hull University Teaching Hospital              | 1           | 1           |            |            |
| Mid Cheshire Hospitals                         | 1           | 1           |            |            |
| Newcastle Upon Tyne Hospitals                  | 0           | 1           |            |            |
| Newmedica - Langford                           | 0           | 1           | 0          | 1          |
| Norfolk and Norwich University Hospitals       | 2           | 1           |            |            |
| Nuffield Health Cambridge                      | 2           | 1           |            |            |
| Oxford University Hospitals                    | 2           | 1           |            |            |
| Robert Jones & Agnes Hunt Orthopaedic Hospital | 1           | 1           |            |            |
| Royal Surrey County Hospital                   | 1           | 1           |            |            |
| Shrewsbury and Telford Hospital                | 0           | 1           |            |            |
| Spamedica Bristol                              | 1           | 1           |            |            |
| Torbay and South Devon                         | 2           | 1           |            |            |
| University Hospital Southampton                | 1           | 1           |            |            |
| University Hospitals Coventry & Warwickshire   | 1           | 1           |            |            |
| University Hospitals Of North Midlands         | 1           | 1           |            |            |
| West Suffolk                                   | 0           | 1           |            |            |
| Winfield Hospital                              | 1           | 1           |            |            |
| Wye Valley                                     | 1           | 1           |            |            |
| East Kent Hospitals University                 | 1           | 0           |            |            |
| Royal Berkshire                                | 1           | 0           |            |            |
| Royal Cornwall Hospitals                       | 2           | 0           |            |            |
| <b>Total</b>                                   | <b>3864</b> | <b>3779</b> | <b>312</b> | <b>213</b> |

## 3.2 Planned Care – RTT 104 week waits (w/e 20<sup>th</sup> May 2022)

### 104+ week waits

- This shows the total number of patients at NBT and UHBW waiting 104 weeks or more.
- The last 11 weeks shows an improving trend in a reduction of the total number, the number at NBT and at UHBW.
- In the latest week (week ending 20<sup>th</sup> May), compared to the previous week, the number of patients waiting 104 weeks or more at:
  - BNSSG trusts decreased from 416 to 396.
  - NBT decreased from 69 to 61.
  - UHBW decreased from 347 to 335 – 307 (down from 315) at UHBW-Bristol and 28 (down from 32) at UHBW-Weston.



#### Please note:

- This data represents a weekly snapshot taken from the weekly regional submission provided by the two trusts.
- There was no submission for the last two weeks in December (w/e 24<sup>th</sup> and 31<sup>st</sup>).
- This data is **unvalidated and subject to change** and may not represent the final validated position at month end.

# 3.2 Planned Care – RTT Incomplete Waits compared to Plan

## RTT Incomplete waits compared to plan

- This slide shows the monthly waiting list and long waiters at total provider level for NBT and UHBW compared to the H2 21/22 Operational Plan.
- A revised plan for 104 week waits has been approved at the South West Regional level. The revised end March 2022 position is 400 at UHBW and 99 at NBT – these figures are inclusive of P6 patients (Patients who have chosen to delay their care)

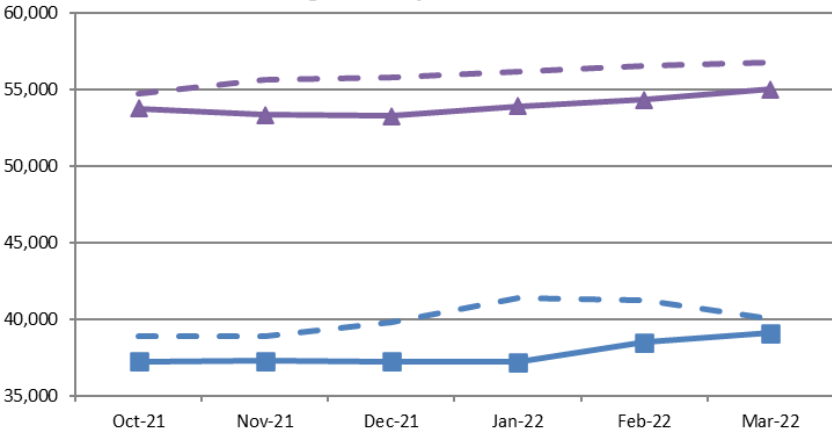
|        |                    | H2 21/22 Operational Plan |        |        |        |        |        |
|--------|--------------------|---------------------------|--------|--------|--------|--------|--------|
| E.B.3a | RTT Waiting List   | Oct-21                    | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| NBT    | Total Waiting List | 37,268                    | 37,297 | 37,264 | 37,210 | 38,498 | 39,101 |
|        | Plan               | 38,891                    | 38,930 | 39,777 | 41,359 | 41,279 | 40,026 |
| UHBW   | Total Waiting List | 53,743                    | 53,328 | 53,253 | 53,909 | 54,305 | 55,021 |
|        | Plan               | 54,697                    | 55,614 | 55,801 | 56,155 | 56,506 | 56,788 |

| E.B.18 | RTT 52+ week waits | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|--------|--------------------|--------|--------|--------|--------|--------|--------|
| NBT    | 52w w              | 2,068  | 2,128  | 2,182  | 2,284  | 2,296  | 2,242  |
|        | Plan               | 2,104  | 2,273  | 2,402  | 2,297  | 2,337  | 2,530  |
| UHBW   | 52w w              | 3,248  | 3,318  | 3,558  | 3,599  | 3,604  | 3,920  |
|        | Plan               | 3,217  | 3,297  | 3,574  | 3,453  | 3,371  | 3,991  |

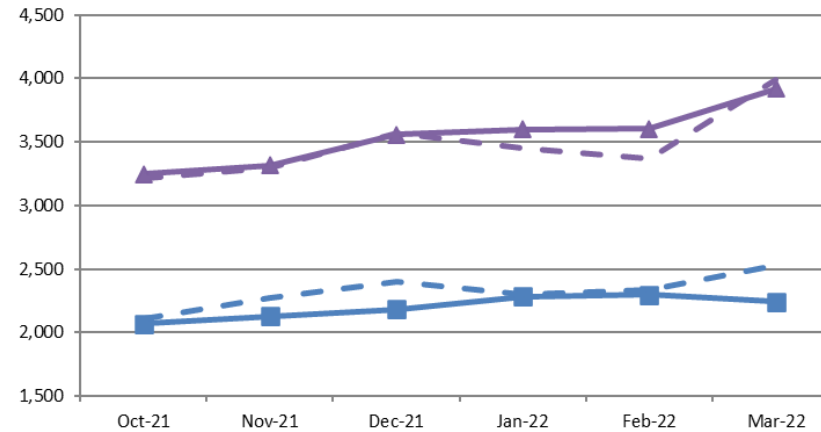
| E.B.19 | RTT 104+ week waits | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|--------|---------------------|--------|--------|--------|--------|--------|--------|
| NBT    | 104w w              | 93     | 138    | 158    | 184    | 177    | 96     |
|        | Plan                | 95     | 88     | 69     | 197    | 166    | 99     |
| UHBW   | 104w w              | 187    | 235    | 252    | 336    | 386    | 346    |
|        | Plan                | 211    | 150    | 133    | 131    | 167    | 400    |

Worse Than (Below) Plan  
Better Than (Above) Plan

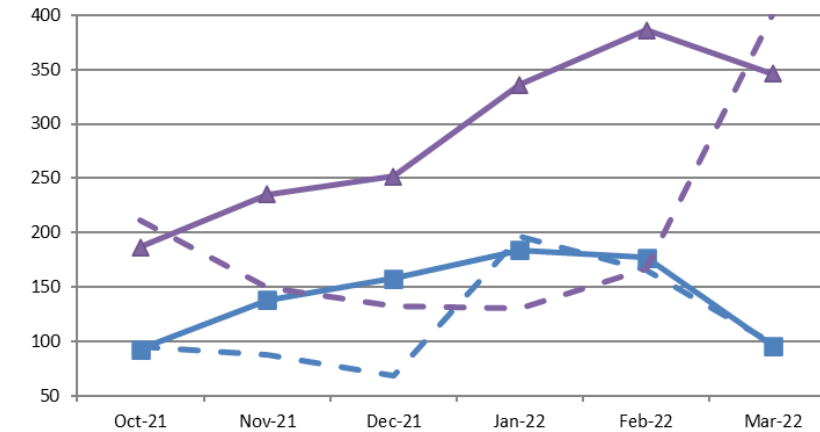
RTT Waiting List compared to H2 21/22 Plan



RTT 52 week waits compared to H2 21/22 Plan



RTT 104 week waits compared to H2 21/22 Plan



■ NBT WL ▲ UHBW WL - - NBT Plan - - UHBW Plan

■ NBT 52ww ▲ UHBW 52ww - - NBT Plan - - UHBW Plan

■ NBT 104ww ▲ UHBW 104ww - - NBT Plan - - UHBW Plan



## 3.2 Planned Care – Diagnostics – March

### Diagnostics performance - % waiting 6 weeks or more

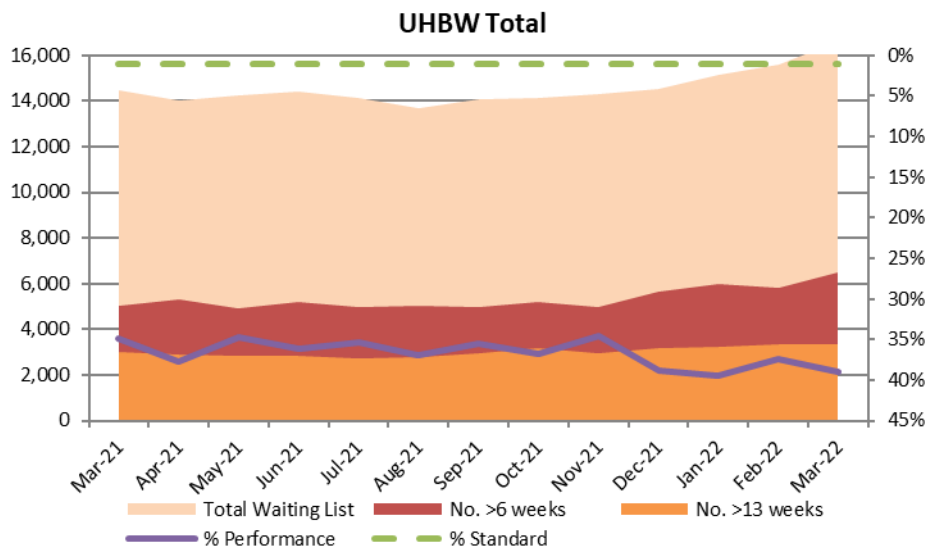
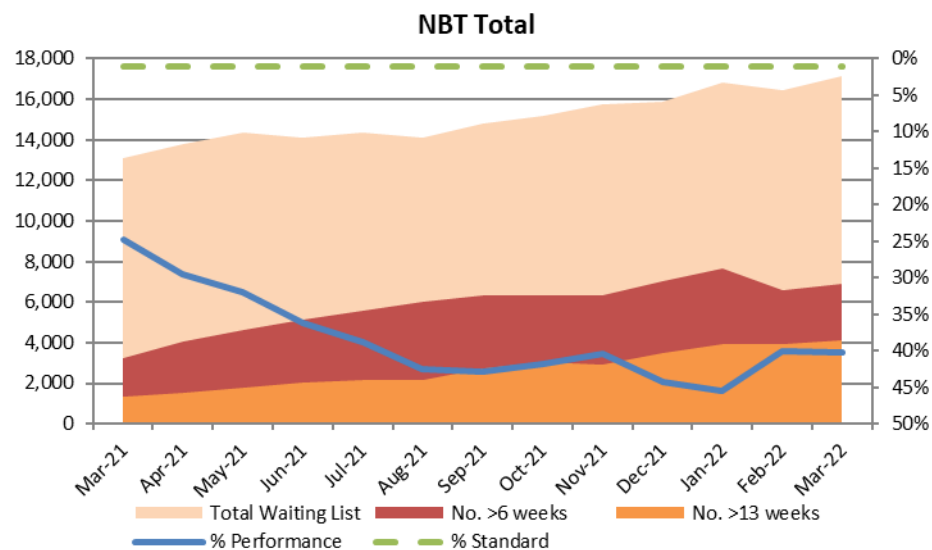
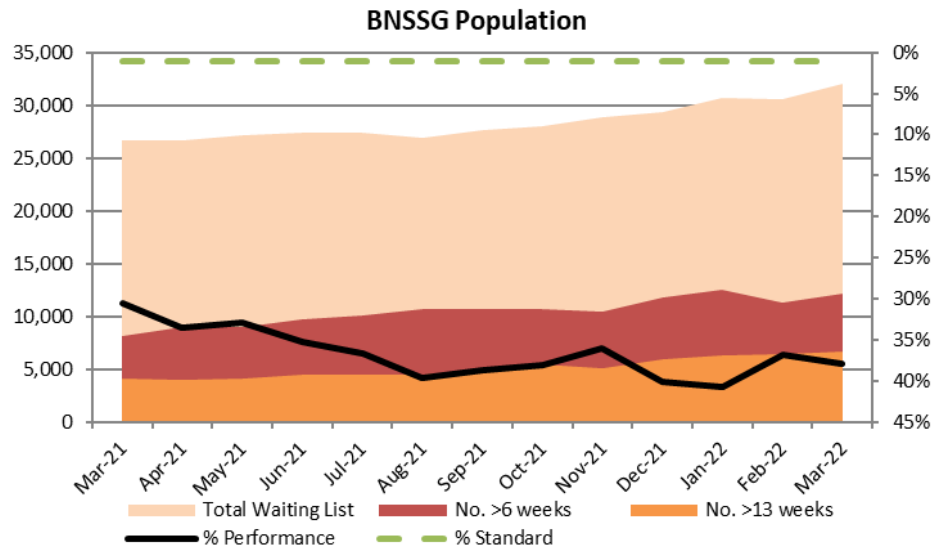
- Performance at BNSSG population level worsened from 36.9% in February to 37.9% in March.
- NBT worsened from 40% to 40.3%.
- UHBW worsened from 37.5% to 39%.
- All continue to fail the 1% national standard and performed worse than the same period in 19/20.

### Diagnostics waiting list

- The waiting list for BNSSG population level, NBT & UHBW all worsened. All were worse than the same period in 19/20.

### Diagnostics number waiting > 6 week and >13 weeks

- The number waiting more than 6 weeks worsened at BNSSG level, NBT and UHBW from February to March.
- The number waiting more than 13 weeks worsened at BNSSG level, NBT and UHBW from February to March.



## 3.2 Planned Care – Diagnostics – key issues / mitigations – March

### Key Drivers (Total Trust)

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

**Criteria:** More than 5 breaches AND performance > 1%

| Provider | Diagnostic Tests         | Waiting List | No. Under 6 weeks | No. Breaches | % of Provider Breaches | Performance % |
|----------|--------------------------|--------------|-------------------|--------------|------------------------|---------------|
| NBT      | ECHOCARDIOGRAPHY         | 3692         | 1056              | 2636         | 37.97%                 | 28.60%        |
|          | NON_OBSTETRIC_ULTRASOUND | 5511         | 3773              | 1738         | 25.03%                 | 68.46%        |
|          | COLONOSCOPY              | 1413         | 418               | 995          | 14.33%                 | 29.58%        |
|          | GASTROSCOPY              | 1352         | 369               | 983          | 14.16%                 | 27.29%        |
|          | FLEXI_SIGMOIDOSCOPY      | 560          | 181               | 379          | 5.46%                  | 32.32%        |
|          | CT                       | 1888         | 1782              | 106          | 1.53%                  | 94.39%        |
|          | MRI                      | 1969         | 1874              | 95           | 1.37%                  | 95.18%        |
|          | CYSTOSCOPY               | 431          | 420               | 11           | 0.16%                  | 97.45%        |
| UHBW     | ECHOCARDIOGRAPHY         | 3461         | 1339              | 2122         | 32.12%                 | 38.69%        |
|          | NON_OBSTETRIC_ULTRASOUND | 4752         | 3381              | 1371         | 20.75%                 | 71.15%        |
|          | MRI                      | 3024         | 1940              | 1084         | 16.41%                 | 64.15%        |
|          | COLONOSCOPY              | 850          | 279               | 571          | 8.64%                  | 32.82%        |
|          | GASTROSCOPY              | 927          | 370               | 557          | 8.43%                  | 39.91%        |
|          | DEXA_SCAN                | 764          | 453               | 311          | 4.71%                  | 59.29%        |
|          | CT                       | 1971         | 1669              | 302          | 4.57%                  | 84.68%        |
|          | FLEXI_SIGMOIDOSCOPY      | 306          | 77                | 229          | 3.47%                  | 25.16%        |
|          | SLEEP_STUDIES            | 52           | 14                | 38           | 0.58%                  | 26.92%        |
|          | AUDIOLOGY_ASSESSMENTS    | 520          | 499               | 21           | 0.32%                  | 95.96%        |

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

## 3.2 Planned Care – Diagnostics – Activity compared to Plan

|      |                               | H1 21/22 Operational Plan |        |        |        |        | H2 21/22 Operational Plan |        |        |        |        |        |        |
|------|-------------------------------|---------------------------|--------|--------|--------|--------|---------------------------|--------|--------|--------|--------|--------|--------|
|      |                               | Apr-21                    | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21                    | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| NBT  | MRI                           | 2,828                     | 2,879  | 3,550  | 3,455  | 3,234  | 3,251                     | 3,071  | 3,378  | 2,962  | 3,296  | 3,207  | 3,452  |
|      | Plan                          | 3,196                     | 3,240  | 3,496  | 3,332  | 3,156  | 3,240                     | 3,040  | 2,944  | 2,856  | 3,053  | 3,255  | 3,692  |
|      | CT                            | 7,109                     | 7,058  | 7,888  | 7,839  | 7,605  | 7,737                     | 8,156  | 7,876  | 7,312  | 7,604  | 7,483  | 8,249  |
|      | Plan                          | 7,074                     | 7,171  | 7,738  | 7,375  | 6,985  | 7,171                     | 8,058  | 7,734  | 7,692  | 7,711  | 7,109  | 8,337  |
|      | Non-obstetric Ultrasound      | 7,409                     | 7,357  | 8,485  | 7,564  | 6,547  | 7,368                     | 6,956  | 7,939  | 6,906  | 8,060  | 8,426  | 8,808  |
|      | Plan                          | 8,736                     | 8,856  | 9,557  | 9,108  | 8,626  | 8,856                     | 7,268  | 7,747  | 7,207  | 8,127  | 8,034  | 9,259  |
|      | Colonoscopy                   | 155                       | 156    | 154    | 181    | 248    | 166                       | 176    | 175    | 154    | 182    | 174    | 188    |
|      | Plan                          | 165                       | 156    | 181    | 227    | 220    | 303                       | 248    | 353    | 190    | 212    | 277    | 299    |
|      | Flexi Sigmoidoscopy           | 153                       | 136    | 163    | 171    | 150    | 133                       | 141    | 171    | 168    | 152    | 143    | 148    |
|      | Plan                          | 122                       | 115    | 134    | 168    | 163    | 352                       | 222    | 226    | 171    | 190    | 248    | 268    |
|      | Gastroscopy                   | 270                       | 271    | 292    | 311    | 279    | 249                       | 256    | 285    | 212    | 299    | 260    | 312    |
|      | Plan                          | 251                       | 239    | 277    | 347    | 336    | 444                       | 386    | 392    | 295    | 329    | 429    | 463    |
|      | Cardiology - Echocardiography | 1,617                     | 864    | 980    | 839    | 737    | 758                       | 735    | 759    | 730    | 664    | 665    | 621    |
|      | Plan                          | 869                       | 865    | 961    | 998    | 932    | 1,005                     | 604    | 818    | 798    | 740    | 740    | 740    |
| UHBW | MRI                           | 3,240                     | 3,022  | 3,380  | 3,416  | 3,409  | 3,430                     | 3,284  | 3,559  | 2,651  | 3,264  | 3,172  | 3,527  |
|      | Plan                          | 2,786                     | 2,543  | 2,801  | 2,786  | 2,786  | 2,786                     | 3,000  | 2,966  | 2,824  | 2,683  | 2,681  | 3,109  |
|      | CT                            | 6,901                     | 7,065  | 6,919  | 6,863  | 6,742  | 6,795                     | 6,960  | 6,937  | 6,470  | 6,998  | 6,625  | 6,945  |
|      | Plan                          | 6,181                     | 5,912  | 6,221  | 6,121  | 6,121  | 6,541                     | 6,611  | 6,926  | 6,614  | 6,396  | 6,716  | 7,660  |
|      | Non-obstetric Ultrasound      | 4,275                     | 4,157  | 5,230  | 4,785  | 4,337  | 4,715                     | 4,657  | 4,828  | 4,255  | 4,665  | 4,339  | 5,074  |
|      | Plan                          | 3,939                     | 3,767  | 3,939  | 3,940  | 3,939  | 3,920                     | 4,243  | 4,446  | 4,243  | 4,042  | 4,041  | 4,648  |
|      | Colonoscopy                   | 310                       | 254    | 309    | 317    | 274    | 406                       | 372    | 403    | 239    | 257    | 156    | 171    |
|      | Plan                          | 176                       | 187    | 196    | 203    | 203    | 203                       | 311    | 338    | 323    | 318    | 318    | 361    |
|      | Flexi Sigmoidoscopy           | 153                       | 107    | 98     | 98     | 109    | 119                       | 141    | 134    | 95     | 115    | 74     | 85     |
|      | Plan                          | 112                       | 124    | 131    | 138    | 138    | 138                       | 113    | 110    | 107    | 108    | 108    | 124    |
|      | Gastroscopy                   | 420                       | 243    | 257    | 320    | 365    | 416                       | 443    | 306    | 310    | 306    | 300    | 291    |
|      | Plan                          | 343                       | 370    | 385    | 401    | 401    | 401                       | 337    | 343    | 327    | 320    | 321    | 369    |
|      | Cardiology - Echocardiography | 1,617                     | 1,733  | 1,711  | 1,721  | 1,743  | 1,743                     | 1,532  | 1,846  | 1,548  | 1,601  | 1,591  | 1,671  |
|      | Plan                          | 1,552                     | 1,484  | 1,552  | 1,552  | 1,552  | 1,552                     | 1,711  | 1,792  | 1,711  | 1,631  | 1,630  | 1,874  |

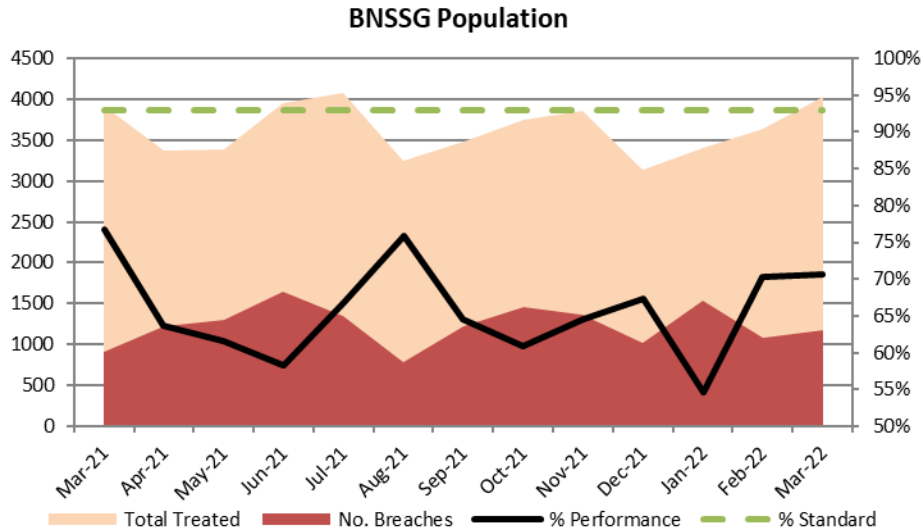
### Diagnostics activity compared to plan

- This table shows the monthly activity for specific diagnostic tests at total provider level for NBT and UHBW compared to the H1 and H2 21/22 Operational Plan.

Worse Than (Below) Plan

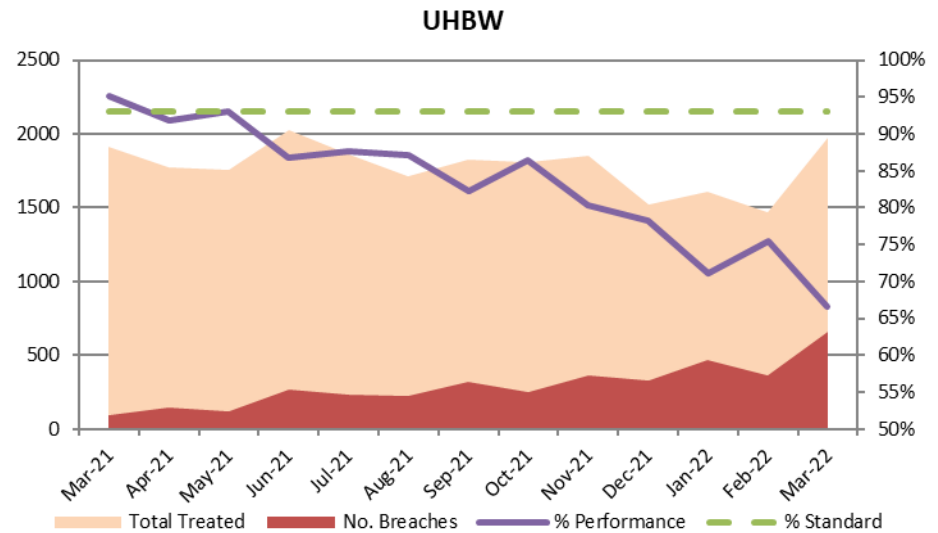
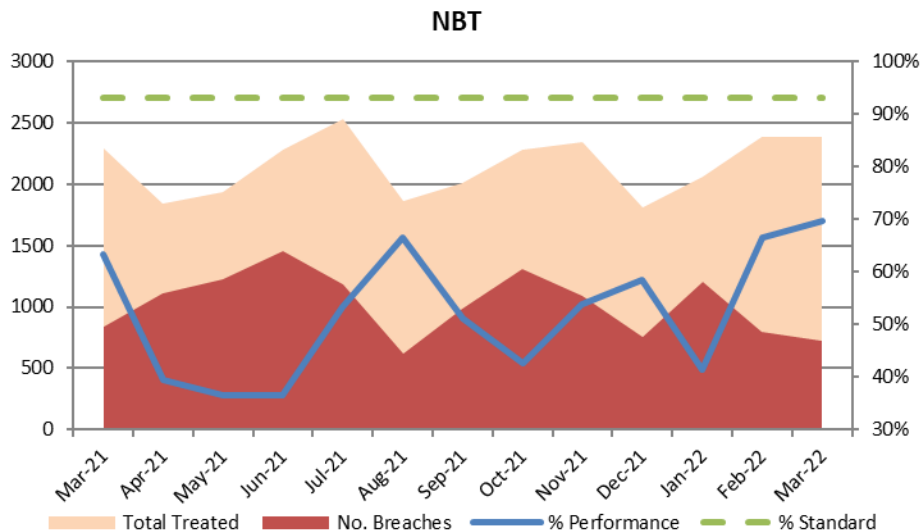
Better Than (Above) Plan

## 3.2 Planned Care – Cancer – 2 weeks wait – March

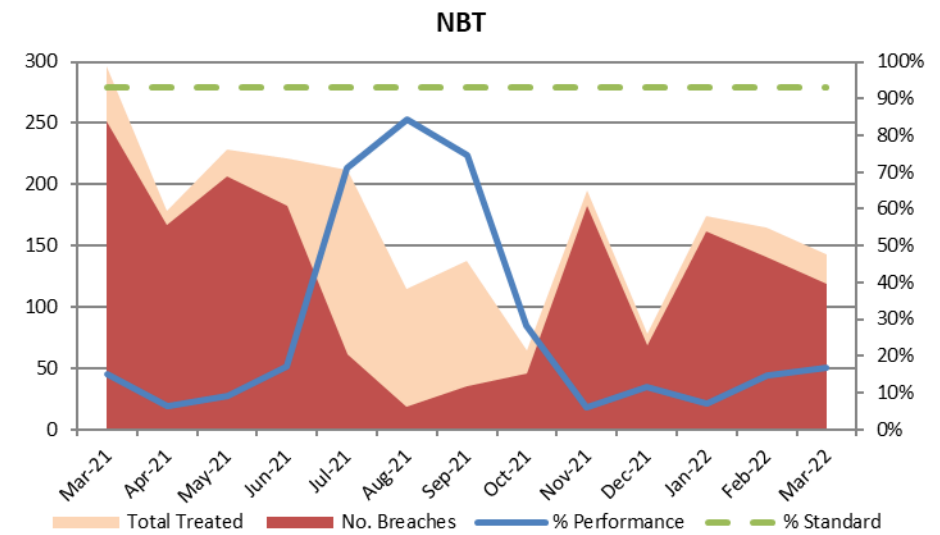
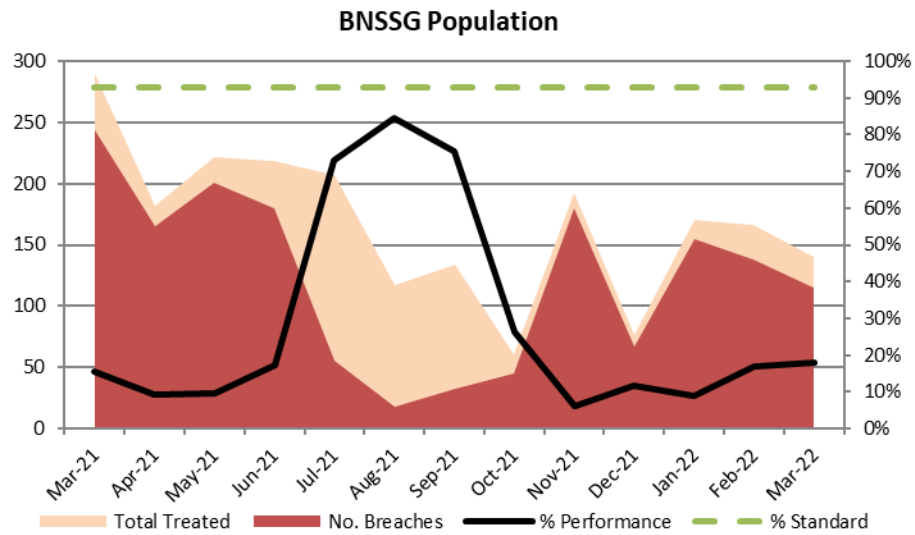


### 2 weeks wait standard

- Performance improved at BNSSG population level from 70.3% to 70.7% in March. This is worse than the pre-COVID average (85.4%) and worse than the same period in 19/20 (91.7%).
- NBT performance improved from 66.5% to 69.8% but is worse than the same period in 19/20 (91.3%).
- UHBW performance worsened from 75.4% to 66.5% and is worse than the same period in 19/20 (92.7%).
- All failed the 93% Standard.



## 3.2 Planned Care – Cancer – 2ww breast symptoms – March



### 2 weeks wait – Breast Symptoms

- Performance improved at BSSG population level from 16.9% to 17.9% in March but is worse than the same period in 19/20 (84.2%).
- NBT performance improved from 14.6% to 16.8% but is worse than the same period in 19/20 (81.8%).
- The 93% standard was last achieved in July 2020.

## 3.2 Planned Care – Cancer – 2 weeks wait referrals – March

### 2 weeks wait referrals – Main specialities

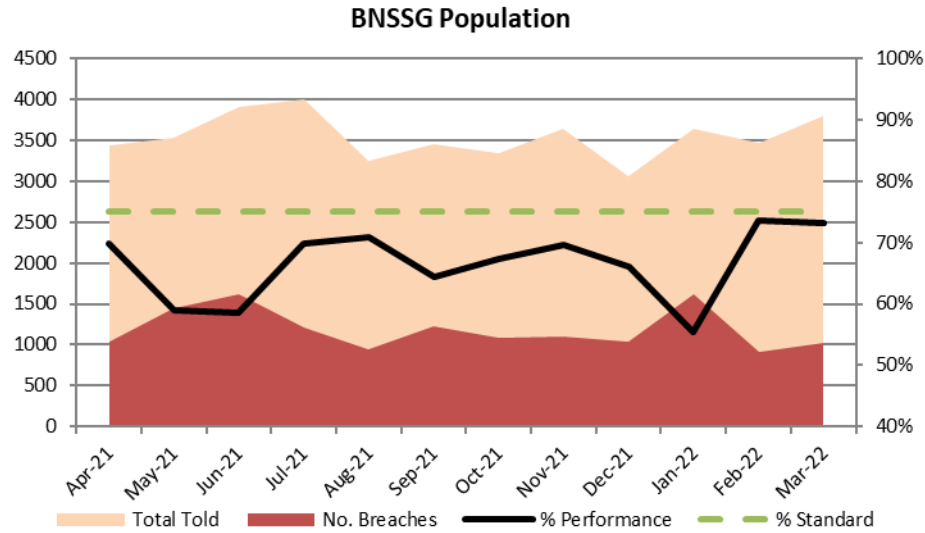
- This table shows the recovery rates of the main specialties which Covid-19 had the most impact i.e. those with the most significant decrease in weekly referrals.
- Please Note:** The table doesn't take account of the seasonal variance in referrals. The reduction in referrals in December and January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

| Specialty     | Average number of weekly referrals each month |     |     |      |      |        |     |     |     |     |     |     | % recovery to baseline |         |         |         |         |        |         |         |         |        |        |        |         |
|---------------|---|-----|-----|------|------|--------|-----|-----|-----|-----|-----|-----|------------------------|---------|---------|---------|---------|--------|---------|---------|---------|--------|--------|--------|---------|
|               | Pre-Covid Baseline                            | Apr | May | June | July | August | Sep | Oct | Nov | Dec | Jan | Feb | Mar                    | Apr     | May     | June    | July    | August | Sep     | Oct     | Nov     | Dec    | Jan    | Feb    | Mar     |
| Breast        | 213   | 219 | 207 | 187  | 176  | 167    | 228 | 224 | 230 | 196 | 183 | 198 | 165                    | 102.82% | 97.18%  | 87.79%  | 82.63%  | 78.40% | 107.04% | 105.16% | 107.98% | 92.02% | 85.92% | 92.96% | 77.46%  |
| Gynaecology   | 95  | 81  | 82  | 89   | 87   | 80     | 80  | 96  | 92  | 81  | 75  | 93  | 95                     | 85.26%  | 86.32%  | 93.68%  | 91.58%  | 84.21% | 84.21%  | 101.05% | 96.84%  | 85.26% | 78.95% | 97.89% | 100.00% |
| Head and Neck | 102   | 110 | 106 | 92   | 96   | 73     | 85  | 89  | 94  | 84  | 79  | 98  | 94                     | 107.84% | 103.92% | 90.20%  | 94.12%  | 71.57% | 83.33%  | 87.25%  | 92.16%  | 82.35% | 77.45% | 96.08% | 92.16%  |
| Lower GI      | 73  | 88  | 103 | 91   | 91   | 68     | 69  | 71  | 74  | 66  | 55  | 72  | 71                     | 120.55% | 141.10% | 124.66% | 124.66% | 93.15% | 94.52%  | 97.26%  | 101.37% | 90.41% | 75.34% | 98.63% | 97.26%  |
| Lung          | 31  | 27  | 25  | 21   | 23   | 18     | 18  | 19  | 20  | 29  | 19  | 21  | 22                     | 87.10%  | 80.65%  | 67.74%  | 74.19%  | 58.06% | 58.06%  | 61.29%  | 64.52%  | 93.55% | 61.29% | 67.74% | 70.97%  |
| Skin          | 258   | 255 | 260 | 277  | 273  | 249    | 245 | 235 | 217 | 203 | 178 | 244 | 244                    | 98.84%  | 100.78% | 107.36% | 105.81% | 96.51% | 94.96%  | 91.09%  | 84.11%  | 78.68% | 68.99% | 94.57% | 94.57%  |
| Upper GI      | 46  | 41  | 37  | 42   | 38   | 33     | 30  | 31  | 35  | 38  | 32  | 34  | 40                     | 89.13%  | 80.43%  | 91.30%  | 82.61%  | 71.74% | 65.22%  | 67.39%  | 76.09%  | 82.61% | 69.57% | 73.91% | 86.96%  |
| Urology       | 103   | 97  | 79  | 87   | 98   | 78     | 63  | 87  | 103 | 97  | 80  | 94  | 99                     | 94.17%  | 76.70%  | 84.47%  | 95.15%  | 75.73% | 61.17%  | 84.47%  | 100.00% | 94.17% | 77.67% | 91.26% | 96.12%  |
| Total         | 963   | 944 | 942 | 908  | 918  | 803    | 859 | 884 | 922 | 827 | 732 | 908 | 875                    | 98.03%  | 97.82%  | 94.29%  | 95.33%  | 83.39% | 89.20%  | 91.80%  | 95.74%  | 85.88% | 76.01% | 94.29% | 90.86%  |

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

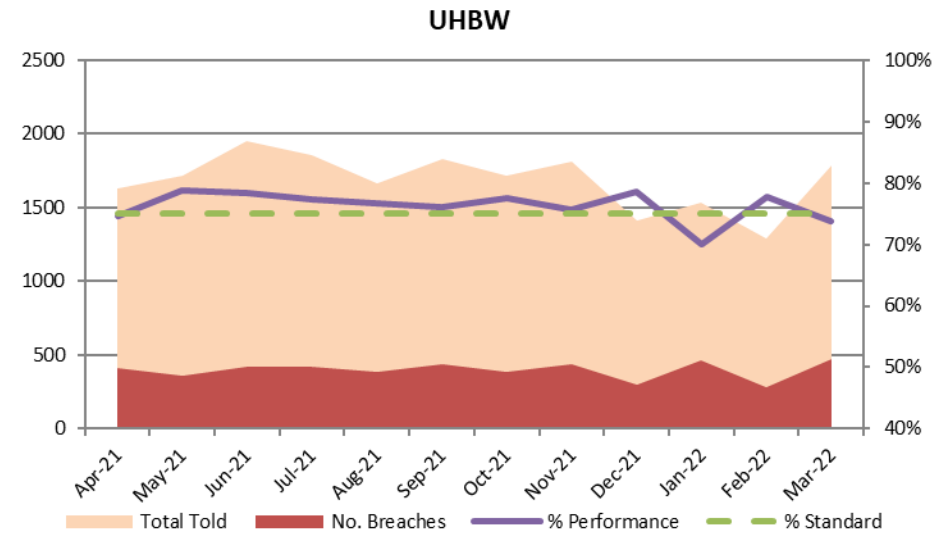
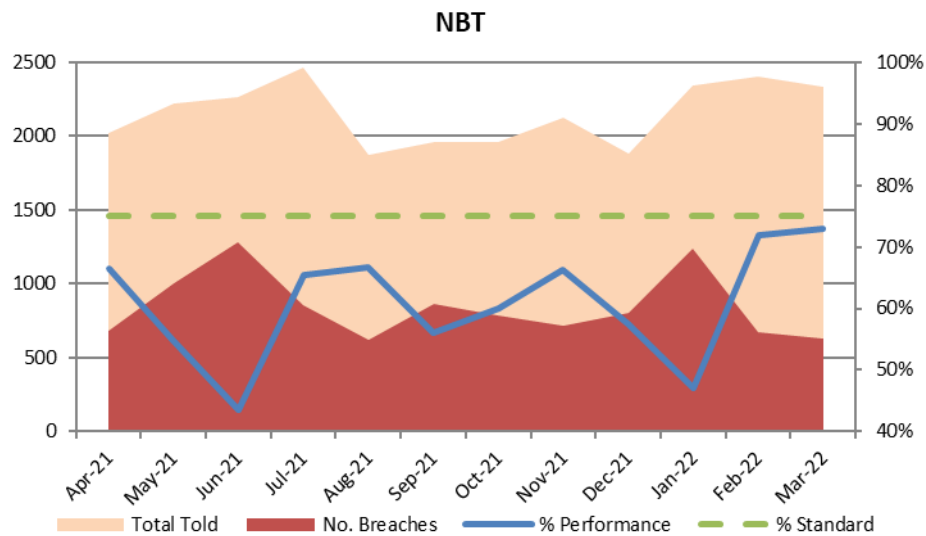
- Overall 2ww recovery was below the pre-Covid baseline by 9.14% in March 2022.
- Lung remains an area of concern with levels still 29% below the pre-Covid baseline.
- Recovery of Cancer referral rates is a main objective described in the 21/22 operational plan.

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

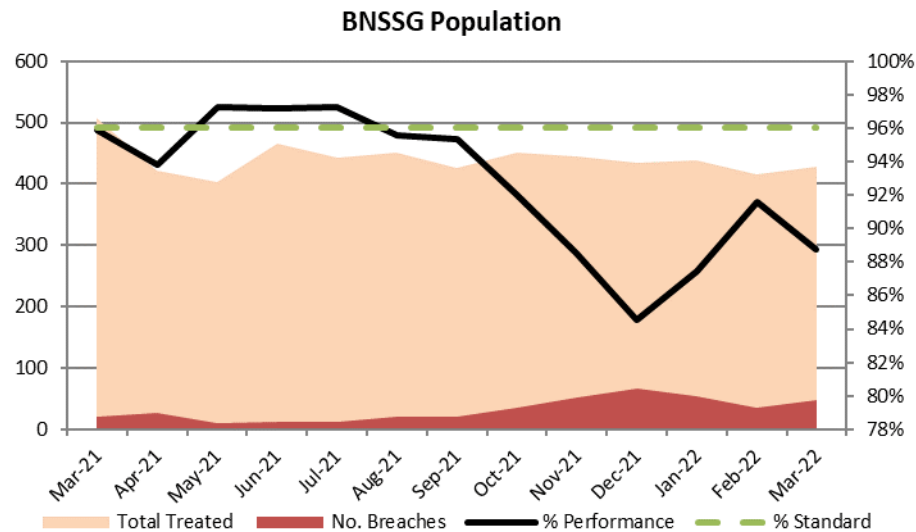


### 28 day Faster Diagnosis Standard (FDS) (All Routes)

- Performance worsened at BNSSG population level from 73.6% to 73.1% in March.
- NBT improved from 72% to 72.9%.
- UHBW worsened from 77.9% to 73.8%
- All failed to achieve the 75% standard.

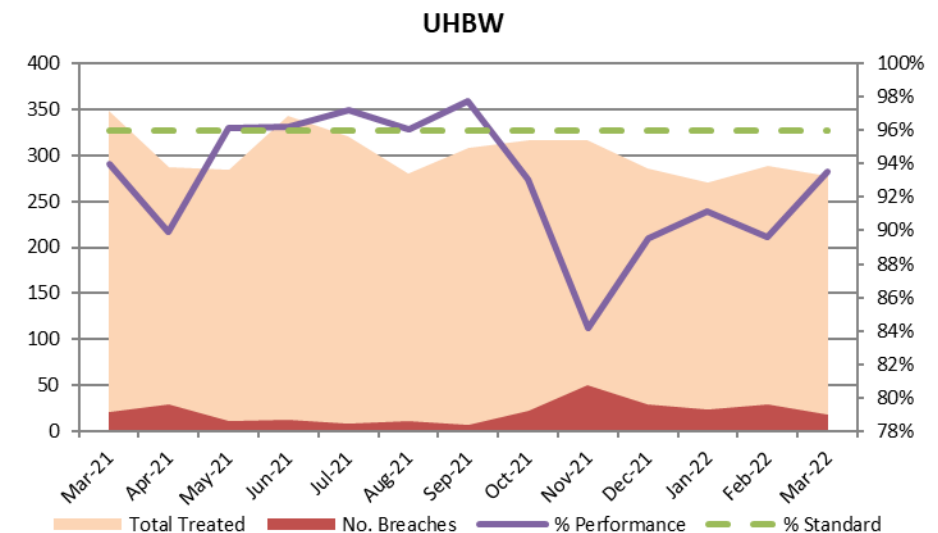
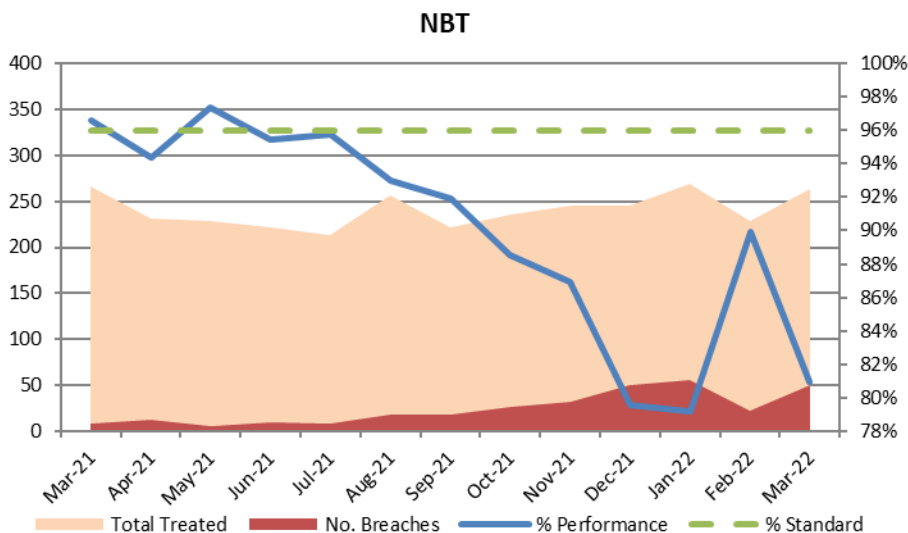


## 3.2 Planned Care – Cancer – 31 days first treatment – March



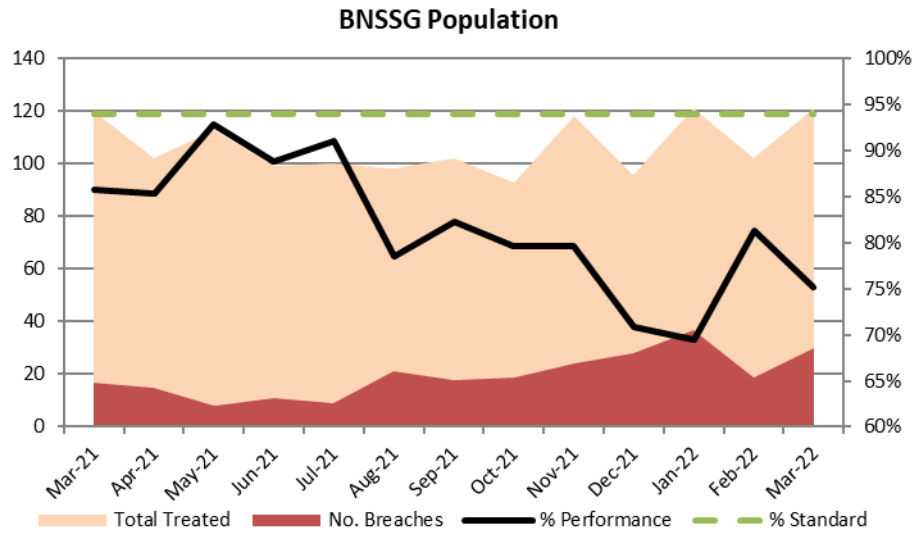
### 31 days first treatment standard

- Performance worsened at BNSSG population level from 91.6% to 88.8% in March but is worse than the same period in 19/20 (98.5%).
- NBT performance worsened from 89.9% to 81% and is worse than the same period in 19/20 (97.7%).
- UHBW performance improved from 89.6% to 93.5% and is worse than the same period in 19/20 (97.8%).
- All failed the 96% standard.



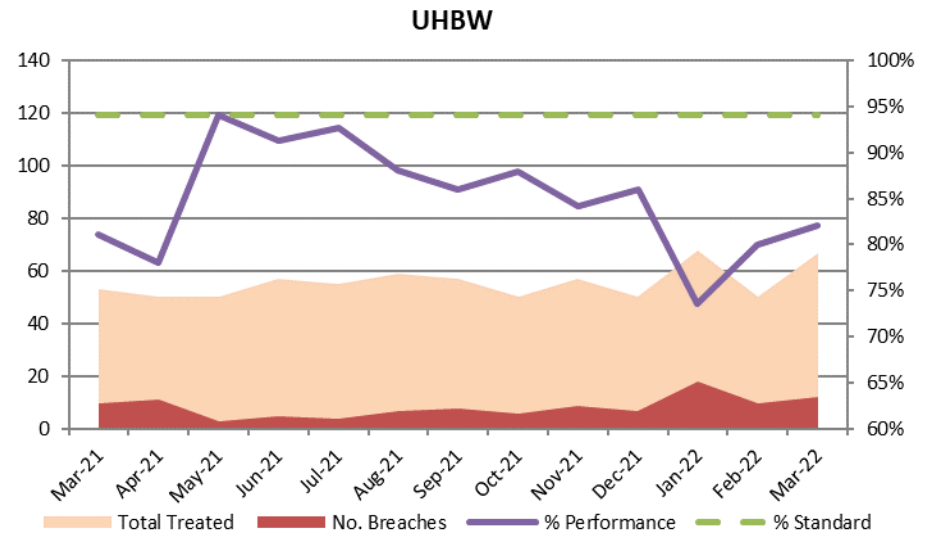
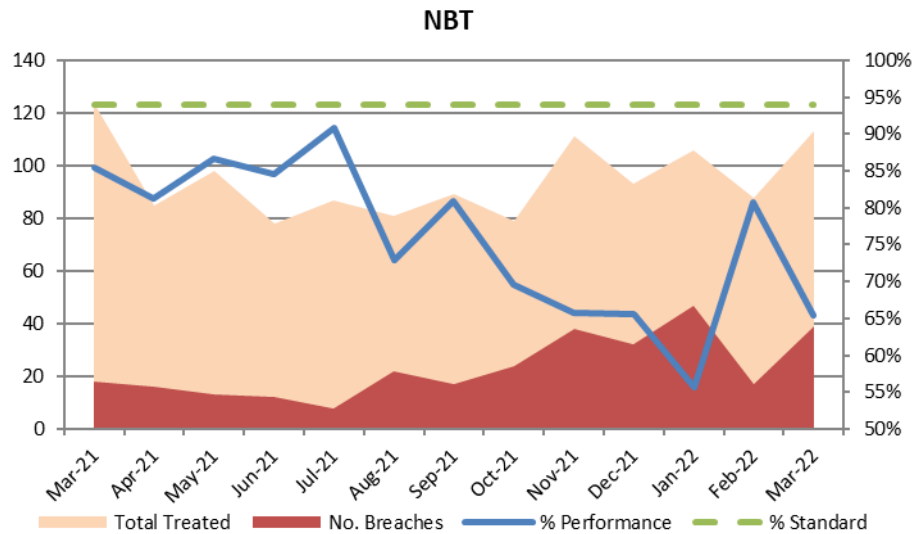


## 3.2 Planned Care – Cancer – 31 days surgery – March

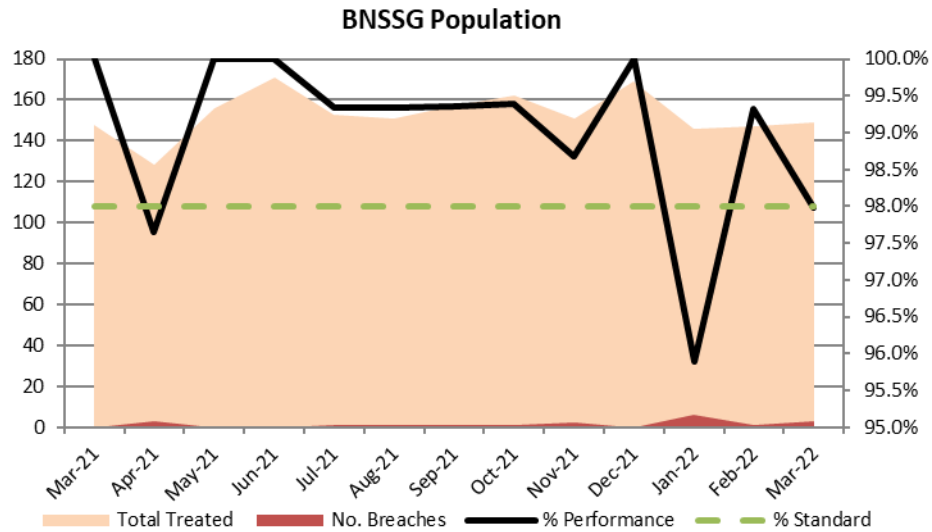


### 31 days subsequent treatment - Surgery

- Performance worsened at BNSSG population level from 81.4% to 75.2% in March and is worse than the same period in 19/20 (93.9%).
- NBT performance worsened from 80.7% to 65.5% and is worse than the same period in 19/20 (85%).
- UHBW performance improved from 80% to 82.1% but is worse than the same period in 19/20 (92.9%).
- All failed the 94% standard.

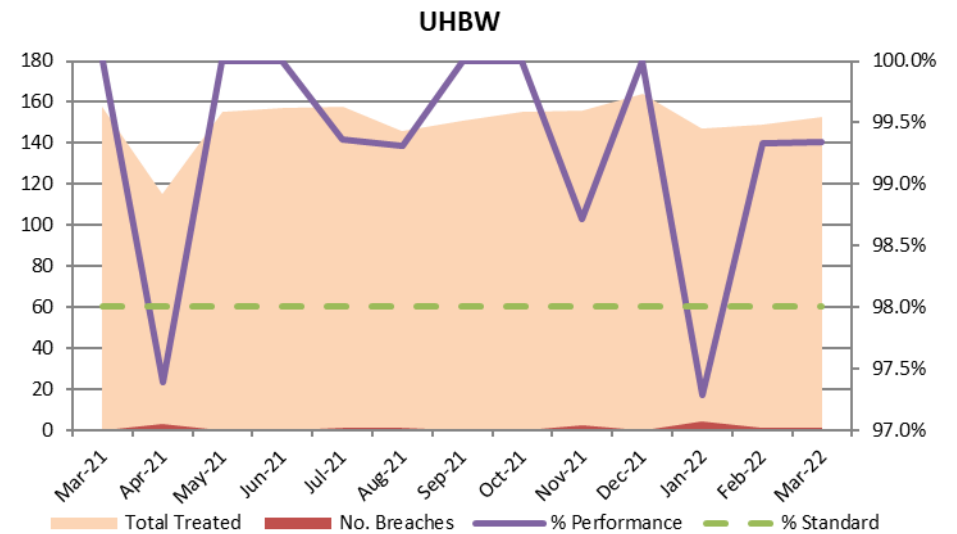
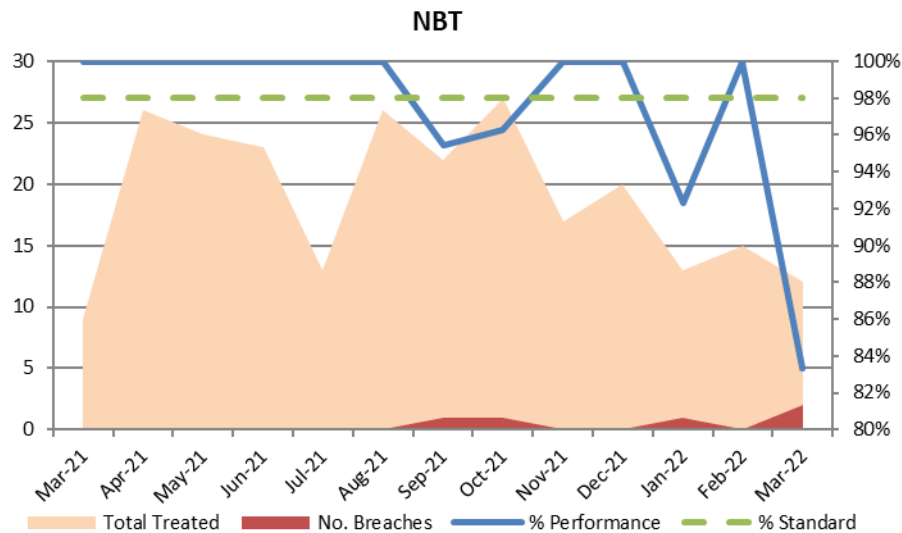


## 3.2 Planned Care – Cancer – 31 days drugs – March

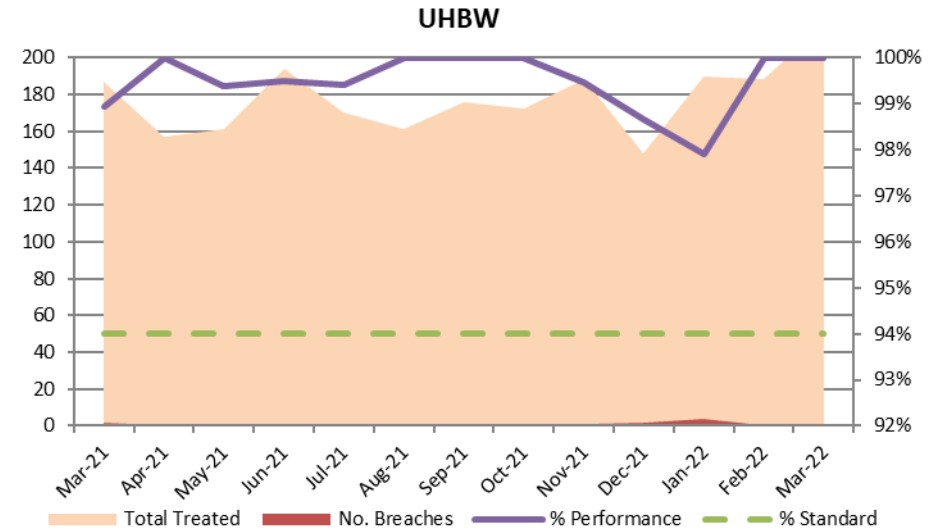
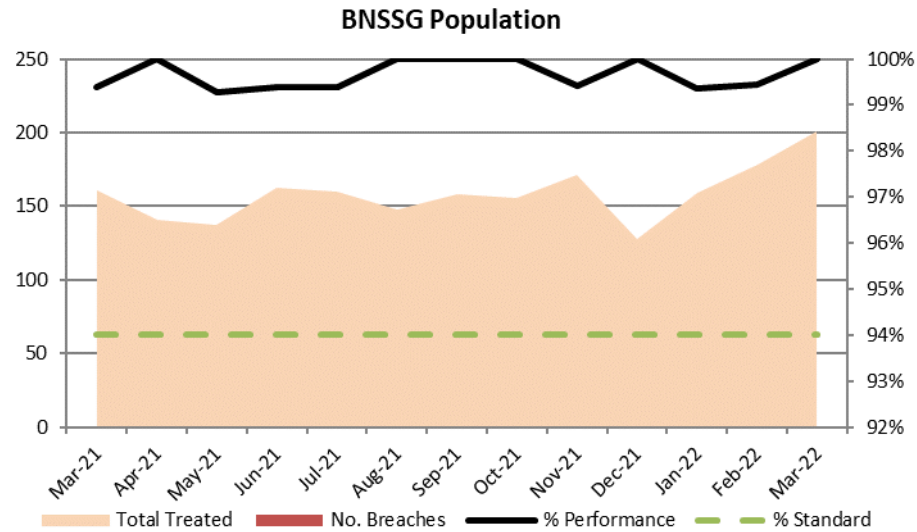


### 31 days subsequent treatment - Drugs

- Performance at BNSSG population level worsened from 99.3% to 98% in March and is the worse than the same period in 19/20 (99%).
- NBT performance worsened from 100% to 83.3% and is worse than the same period in 19/20 (100%)
- UHBW performance remained at 99.3% and is better than the same period in 19/20 (99.2%)
- BNSSG Level and UHBW both achieved the 98% standard.



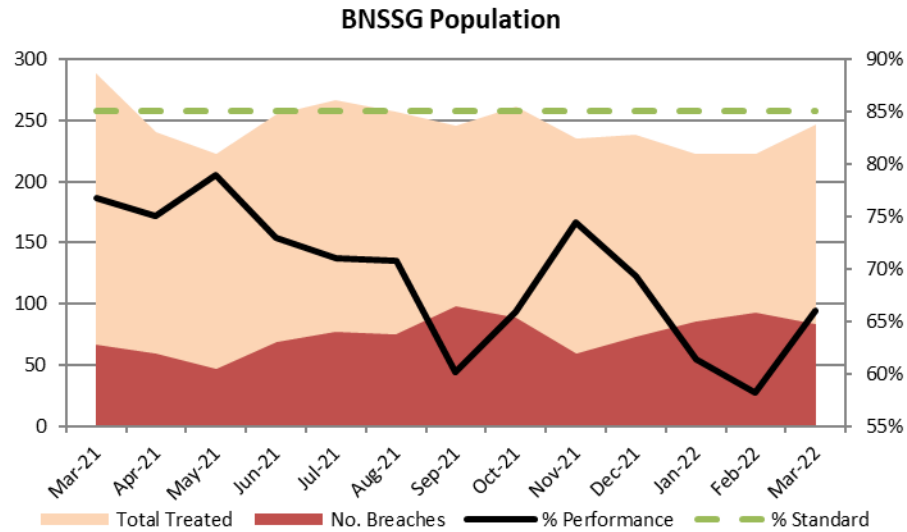
## 3.2 Planned Care – Cancer – 31 days radiotherapy – March



### 31 days subsequent treatment - Radiotherapy

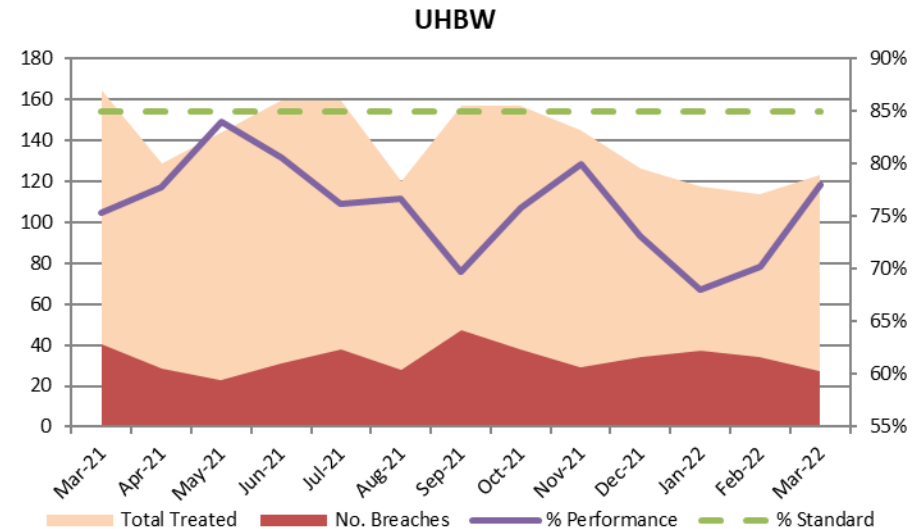
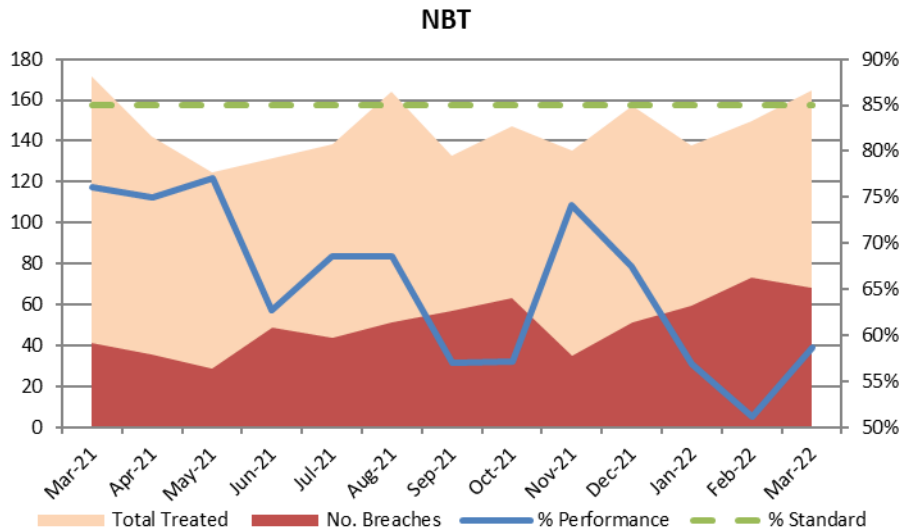
- Performance at BNSSG improved from 99.5% to 100% in March and is better than the same period in 19/20 (99.4%).
- UHBW performance remained at 100% and is better than the same period in 19/20 (99.5%).
- Both continue to achieve the 94% standard.

## 3.2 Planned Care – Cancer – 62 days wait – March

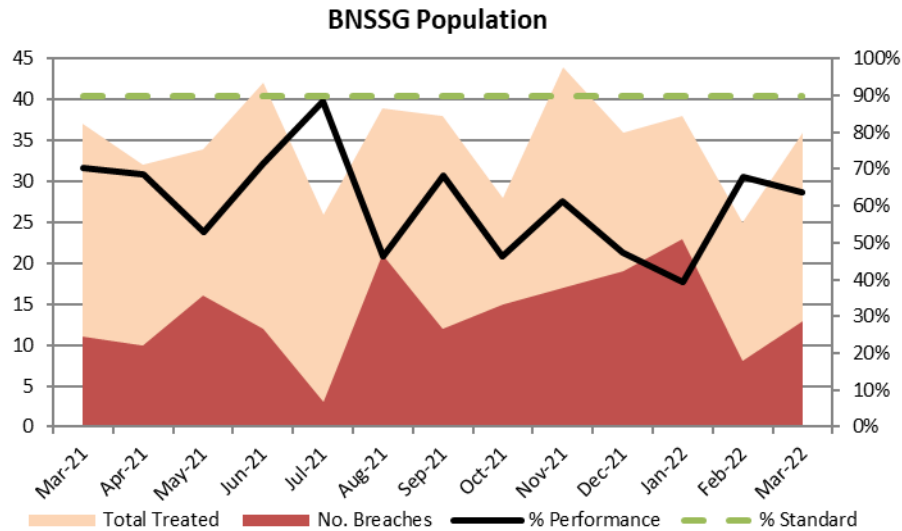


### 62 days wait standard

- Performance improved at BNSSG population level from 58.3% to 66% in March but is worse than the same period in 19/20 (80.6%).
- NBT performance improved from 51.2% to 58.7% but is worse than the same period in 19/20 (74.2%).
- UHBW performance improved from 70.2% to 78.1% but is worse than the same period in 19/20 (84.7%).
- All continue to fail the 85% standard.

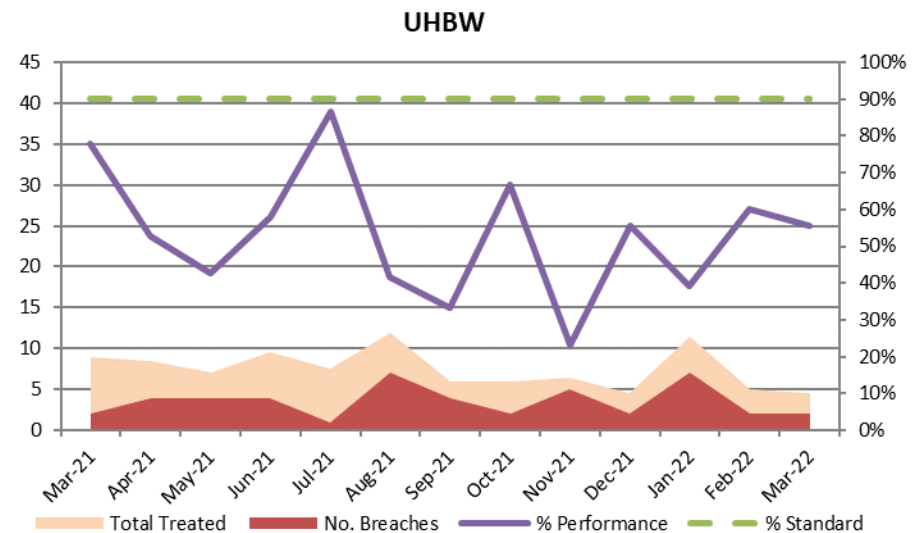
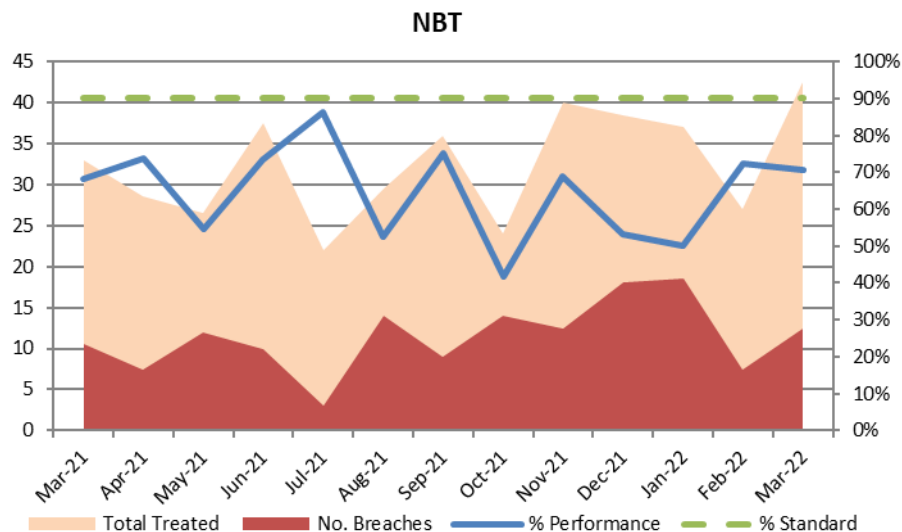


## 3.2 Planned Care – Cancer – 62 days wait NHS screening – March



### 62 days wait NHS Screening

- Performance worsened at BNSSG population level from 68% to 63.9% in March and is worse than the same period in 19/20 (84.8%).
- NBT performance worsened from 72.2% to 70.6% and is worse than the same period in 19/20 (84%).
- UHBW performance worsened from 60% to 55.6% and is worse than the same period in 19/20 (83.3%).
- All continue to fail the 90% standard.
- Performance can vary greatly from month to month due to the very low numbers.



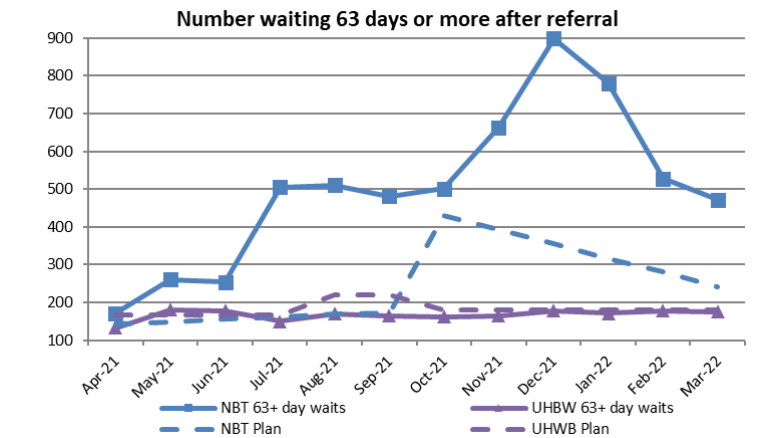
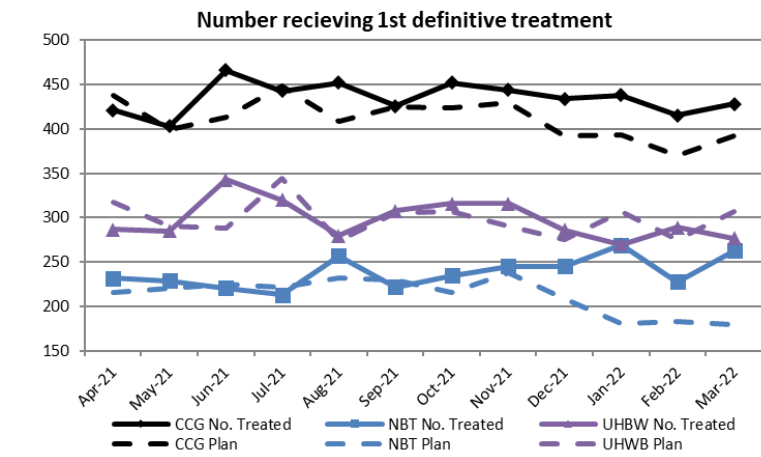
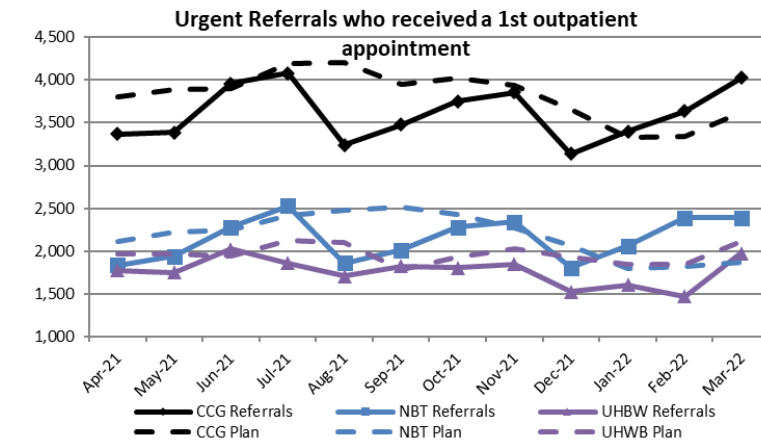
# 3.2 Planned Care – Cancer – Activity compared to Plan

## Cancer activity compared to plan

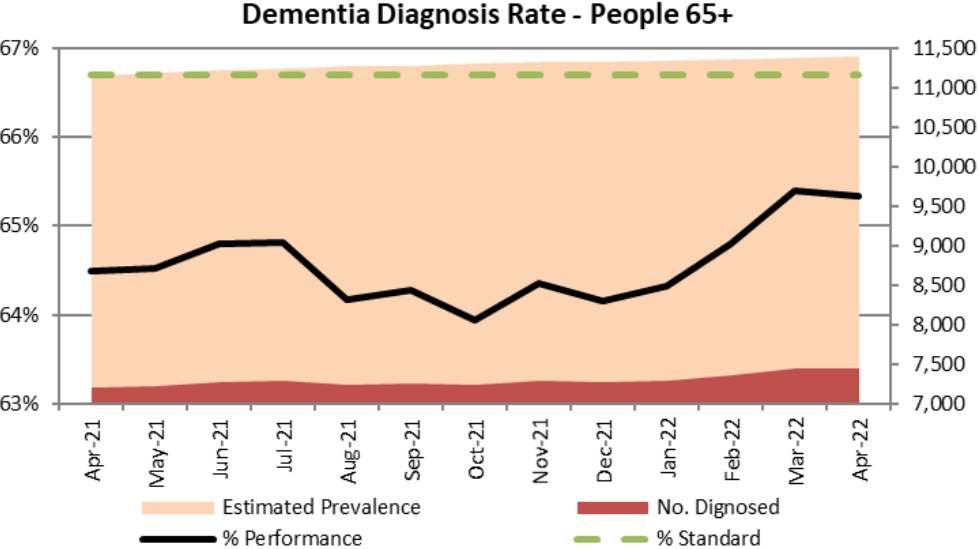
- This slide show monthly cancer activity at BNSSG population level and total provider level for NBT and UHBW compared to the H1 and H2 21/22 Operational Plan.
- Please note there are some data quality issues with NBT's reported figures for E.B.32 Number of patients waiting 63 days or more. The reported figures are higher than expected and will be updated once the data quality process has been completed.

|               |                                | H1 21/22 Operational Plan |        |        |        |        |        | H2 21/22 Operational Plan |        |        |        |        |        |
|---------------|--------------------------------|---------------------------|--------|--------|--------|--------|--------|---------------------------|--------|--------|--------|--------|--------|
|               |                                | Apr-21                    | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21                    | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| <b>E.B.30</b> | <b>Urgent Referrals</b>        |                           |        |        |        |        |        |                           |        |        |        |        |        |
| BNSSG         | Urgent referrals with 1st OP   | 3,371                     | 3,389  | 3,956  | 4,080  | 3,241  | 3,476  | 3,750                     | 3,856  | 3,135  | 3,398  | 3,634  | 4,027  |
|               | Plan                           | 3,804                     | 3,883  | 3,901  | 4,190  | 4,200  | 3,945  | 4,017                     | 3,940  | 3,662  | 3,324  | 3,340  | 3,623  |
| NBT           | Urgent referrals with 1st OP   | 1,839                     | 1,938  | 2,283  | 2,530  | 1,861  | 2,011  | 2,281                     | 2,344  | 1,807  | 2,064  | 2,389  | 2,389  |
|               | Plan                           | 2,113                     | 2,223  | 2,253  | 2,421  | 2,474  | 2,514  | 2,431                     | 2,272  | 2,067  | 1,801  | 1,817  | 1,866  |
| UHBW          | Urgent referrals with 1st OP   | 1,776                     | 1,753  | 2,023  | 1,864  | 1,711  | 1,822  | 1,807                     | 1,848  | 1,525  | 1,605  | 1,472  | 1,974  |
|               | Plan                           | 1,962                     | 1,971  | 1,940  | 2,128  | 2,097  | 1,791  | 1,932                     | 2,024  | 1,932  | 1,840  | 1,840  | 2,116  |
| <b>E.B.31</b> | <b>Treatment Volumes</b>       |                           |        |        |        |        |        |                           |        |        |        |        |        |
| BNSSG         | No. receiving 1st treatment    | 421                       | 403    | 466    | 443    | 452    | 426    | 452                       | 444    | 434    | 438    | 415    | 428    |
|               | Plan                           | 438                       | 399    | 413    | 448    | 409    | 425    | 423                       | 430    | 392    | 393    | 370    | 392    |
| NBT           | No. receiving 1st treatment    | 232                       | 229    | 221    | 213    | 257    | 222    | 235                       | 245    | 245    | 269    | 228    | 263    |
|               | Plan                           | 216                       | 220    | 225    | 222    | 232    | 230    | 216                       | 238    | 209    | 181    | 183    | 180    |
| UHBW          | No. receiving 1st treatment    | 287                       | 285    | 343    | 320    | 280    | 308    | 316                       | 316    | 286    | 270    | 289    | 277    |
|               | Plan                           | 317                       | 291    | 288    | 344    | 274    | 306    | 307                       | 291    | 275    | 307    | 275    | 307    |
| <b>E.B.32</b> | <b>Number waiting 63+ days</b> |                           |        |        |        |        |        |                           |        |        |        |        |        |
| NBT           | Number waiting 63+ days        | 172                       | 260    | 254    | 505    | 510    | 481    | 501                       | 663    | 899    | 781    | 528    | 472    |
|               | Plan                           | 144                       | 149    | 156    | 162    | 169    | 172    | 430                       | 392    | 355    | 317    | 280    | 242    |
| UHBW          | Number waiting 63+ days        | 133                       | 181    | 178    | 150    | 170    | 165    | 162                       | 165    | 178    | 171    | 178    | 176    |
|               | Plan                           | 166                       | 166    | 166    | 166    | 221    | 221    | 180                       | 180    | 180    | 180    | 180    | 180    |

Worse than Plan  
Better than Plan

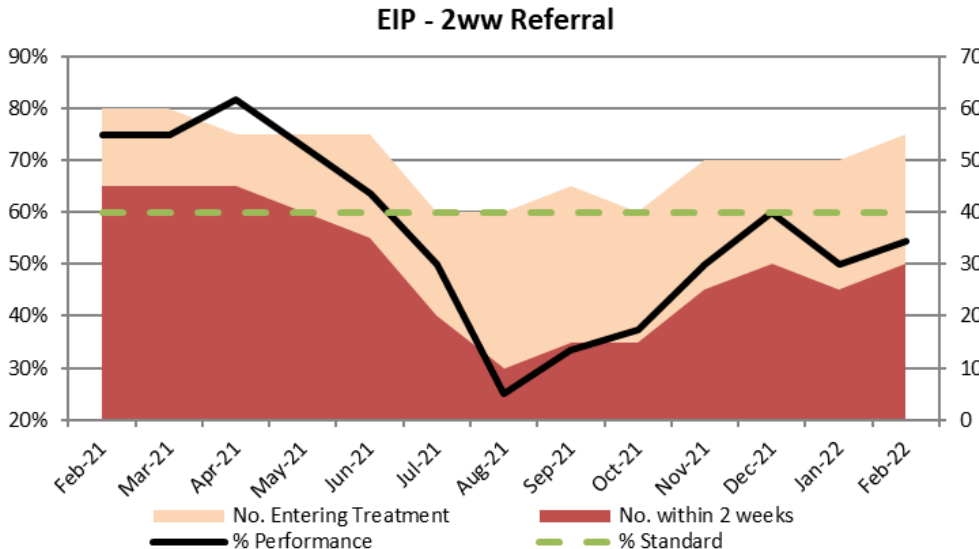


# 3.3 Mental Health – Dementia (April) & EIP (February)



## Dementia – Estimated Diagnosis rate for people aged 65+

- BNSSG performance worsened from 65.4% to 65.3% in April.
- The 66.7% national standard has not been achieved since April 2020. However, performance continues to be better than the average for the South West (57.2%) and England (61.8%).
- BNSSG continues to be ranked best in the South West out of the 7 STPs.
- Covid-19 has led to unprecedented changes in the work and behaviour of General Practices and as a result this will have impacted on this data, including the diagnosis rate, the extent of which is unable to be estimated.



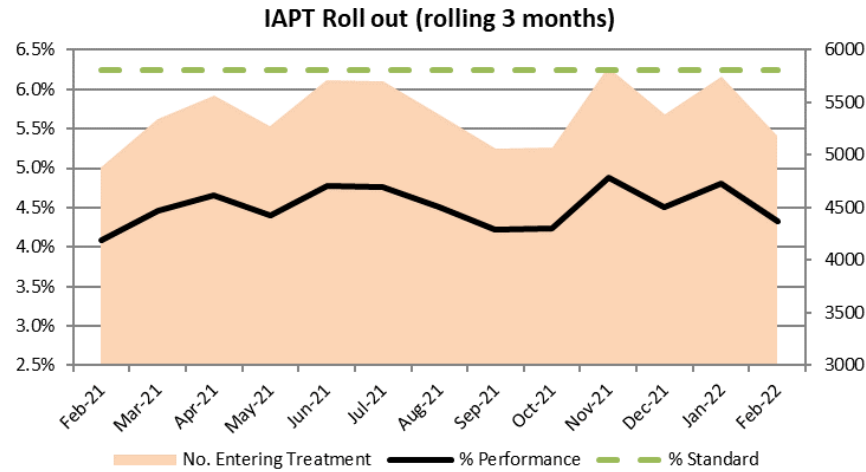
## EIP – Psychosis treated with a NICE approved care package within two weeks of referral

- BNSSG performance improved from 50% in January to 54.6% in February.
- The 60% national standard was not achieved.

# 3.3 Mental Health – IAPT – February

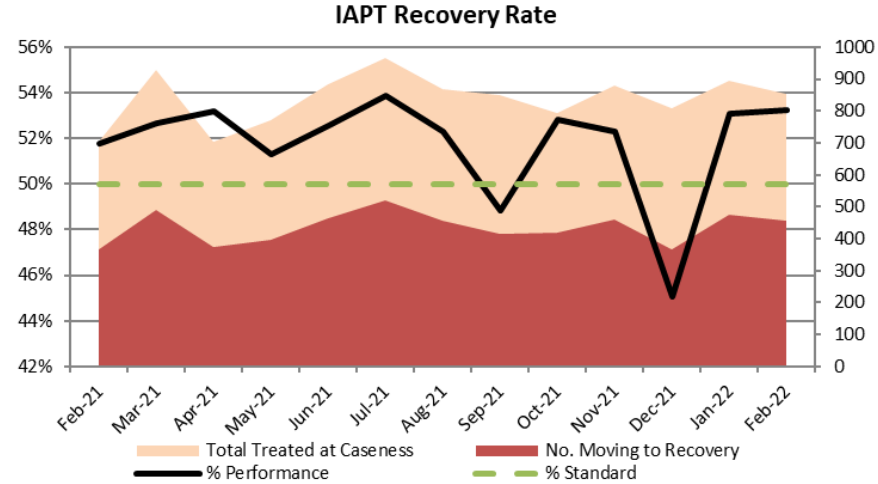
## IAPT Roll Out (rolling 3 months)

BNSSG performance worsened from 4.8% to 4.3% in February and continues to fail the 6.25% national standard.

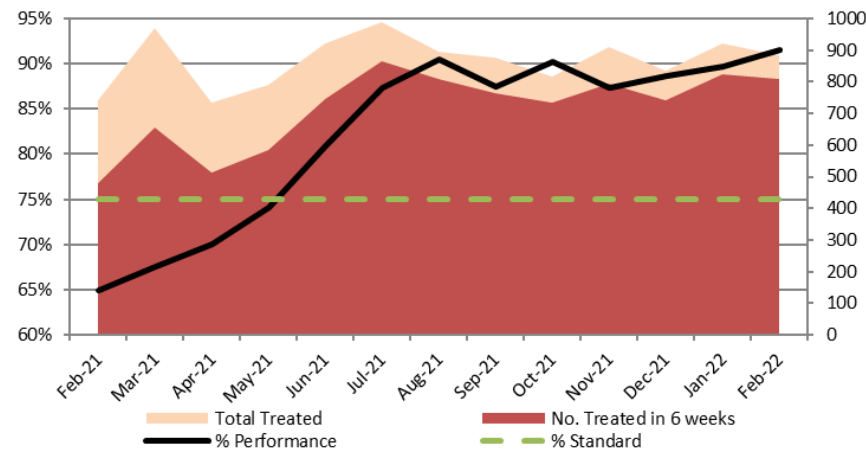


## IAPT Recovery Rate

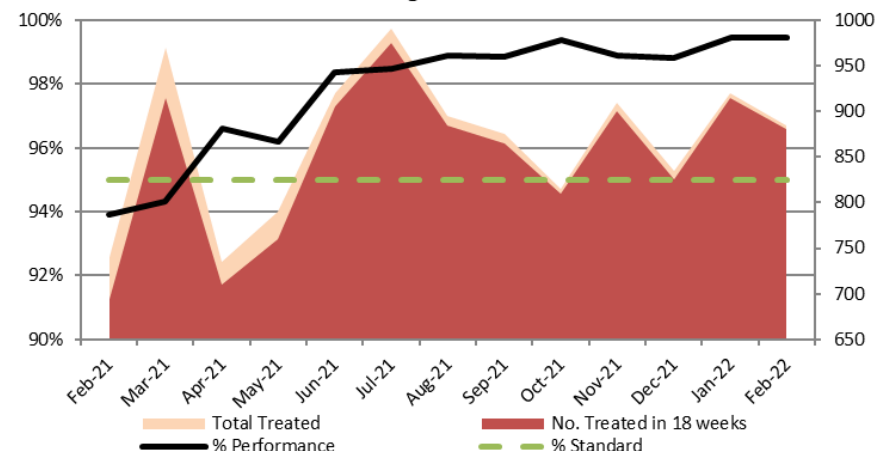
BNSSG performance improved from 53.1% to 53.2% in February and continues to achieve the 50% national standard.



## IAPT Waiting Times - 6 weeks



## IAPT Waiting Times - 18 weeks



## IAPT Waiting Times – 6 weeks

BNSSG performance improved from 89.7% to 91.5% in February. The 75% national standard has continued to be achieved since June 2021.

## IAPT Waiting Times – 18 weeks

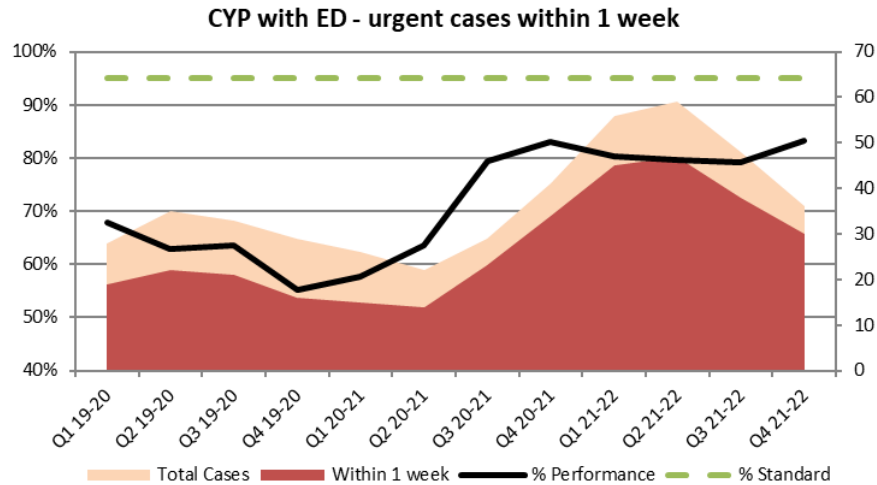
BNSSG performance remained at 99.4% in February. The 95% national standard has continued to be achieved since April 2021.



# 3.3 Mental Health – Children & Young People (CYP) – Q4 21/22

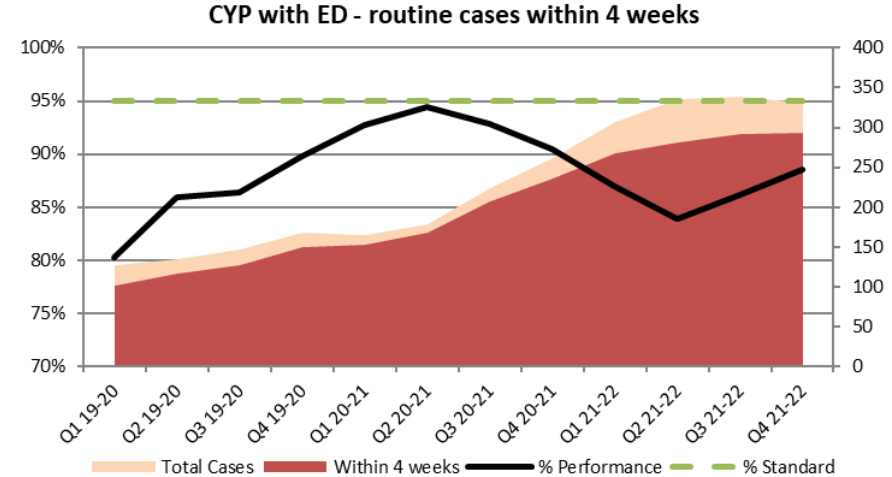
## CYP with ED – Urgent Cases within 1 week (12 month rolling)

- BNSSG Performance improved from 79.2% at Q3 to 83.3% at Q4. In Q4, 30 out of 36 CYP started treatment within 1 week).
- The 95% national standard continues to be failed.
- BNSSG Performance is better than the average for the South West (41.9%) and England (61.9%).

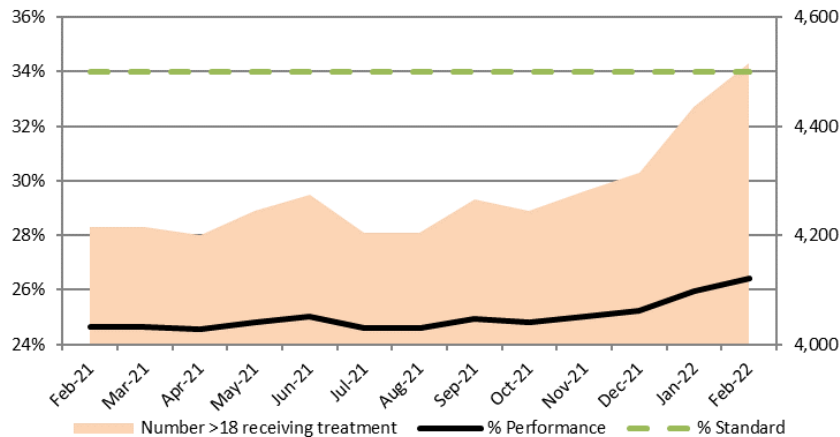


## CYP with ED – Routine Cases within 4 weeks (12 month rolling)

- BNSSG Performance improved from 86.1% at Q3 to 88.5% at Q4. In Q4, 293 out of 331 CYP started treatment within 4 weeks.
- The 95% national standard continues to be failed.
- BNSSG performance continues to be better than the average for the South West (59.4%) and England (64.1%).



## CYPMH Access Rate (12 month rolling)

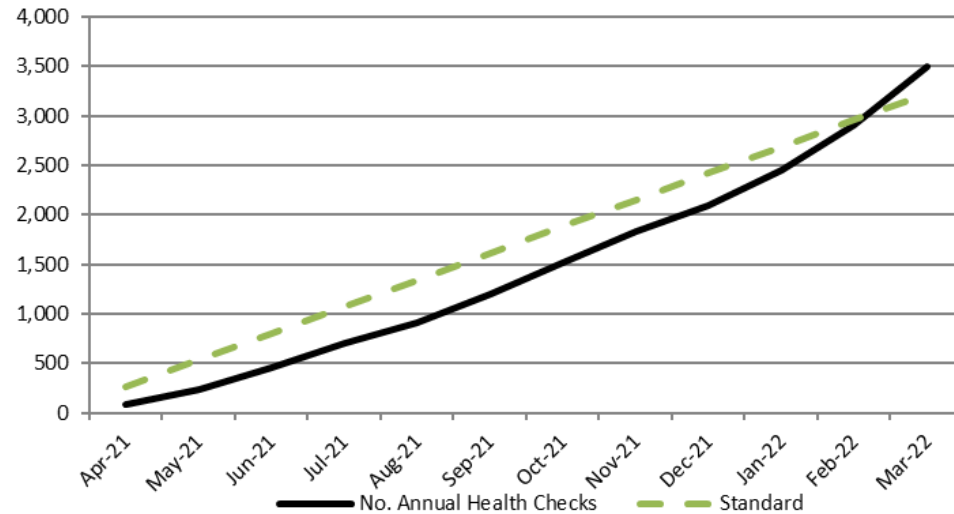


## Improving Access to CYP Mental Health services (CYPMH)

- Performance is reported on a 12 month rolling basis.
- BNSSG performance Improved from 25.94% in January to 26.42% in February but continues to fail the 34% national standard.
- The monthly number of BNSSG CYP receiving at least two contacts reduced from 330 in January to 285 in February.

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

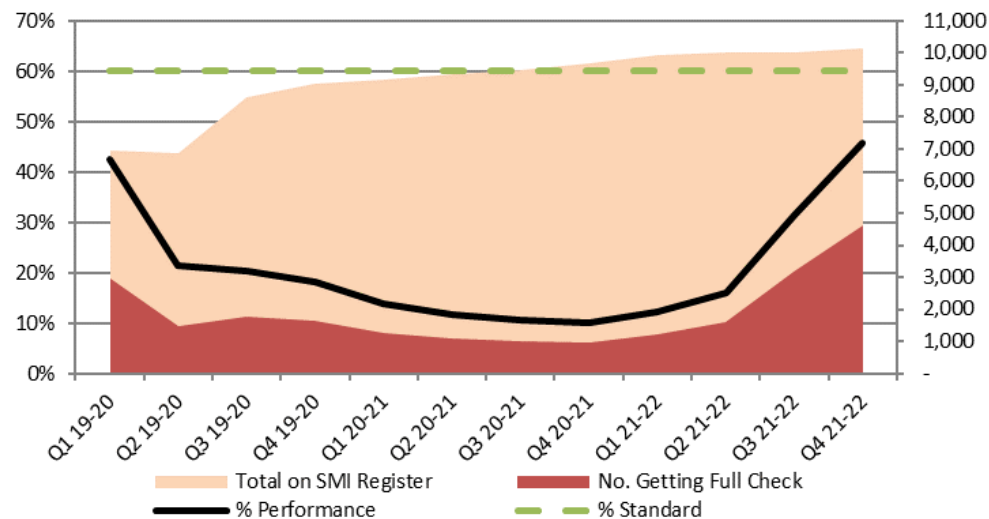
LD Annual Health Checks (Cumulative)



Annual Health Checks delivered by GPs for those on the LD register aged 14+ in the period

- Performance is reported on a cumulative, year to date basis.
- At the end of March 3,496 annual health checks were completed.
- This is better (by 268 checks) than the national standard of completing 3,228 checks by the end of March.
- The national standard was reached for 21/22 due to the increase in checks completed in the final two months of the year.

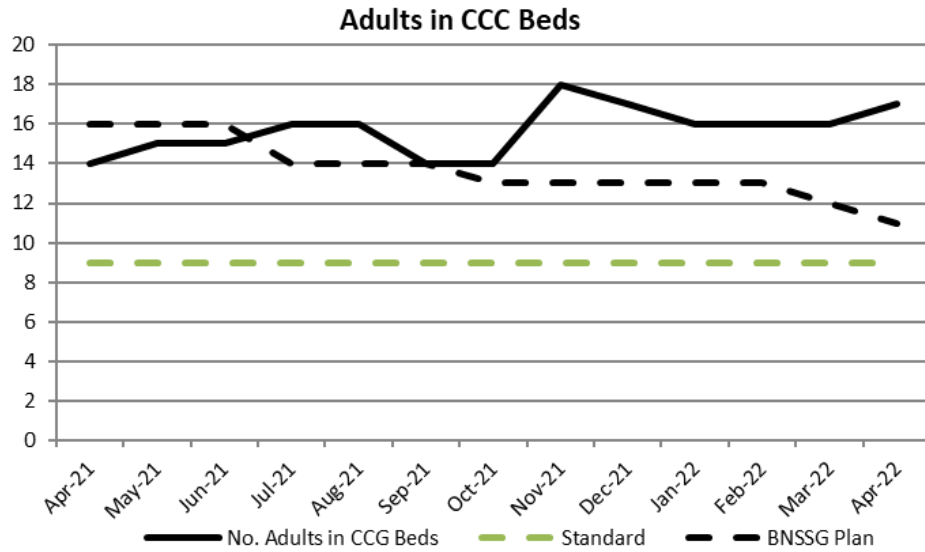
SMI Annual Health Checks (12 month rolling)



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

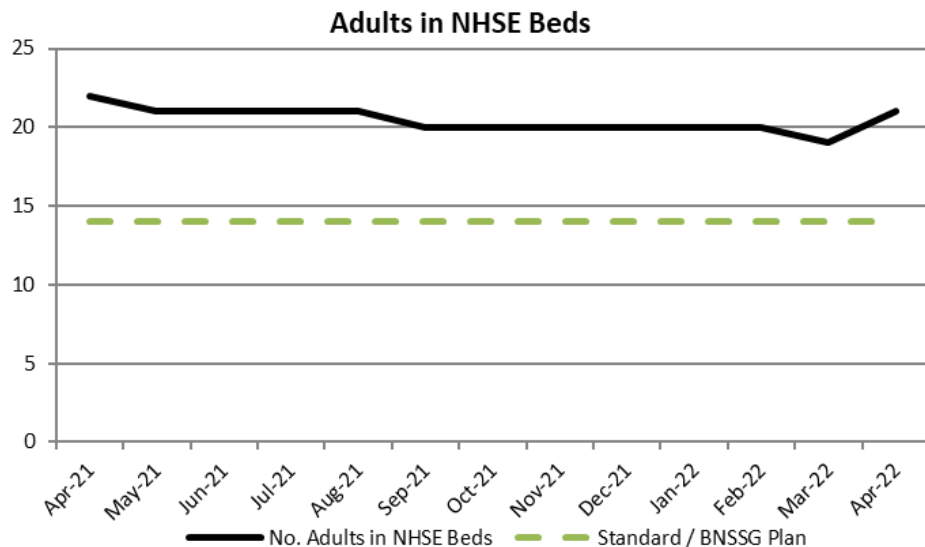
- Performance is reported on a 12 month rolling basis.
- BNSSG Performance improved 31.4% at Q3 to 45.7% at Q4.
- The 60% standard continues to be failed.
- This is better than both the South West average (36.4%) and the England average (42.8%).

### 3.3 Mental Health – Reliance on inpatient care – April



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

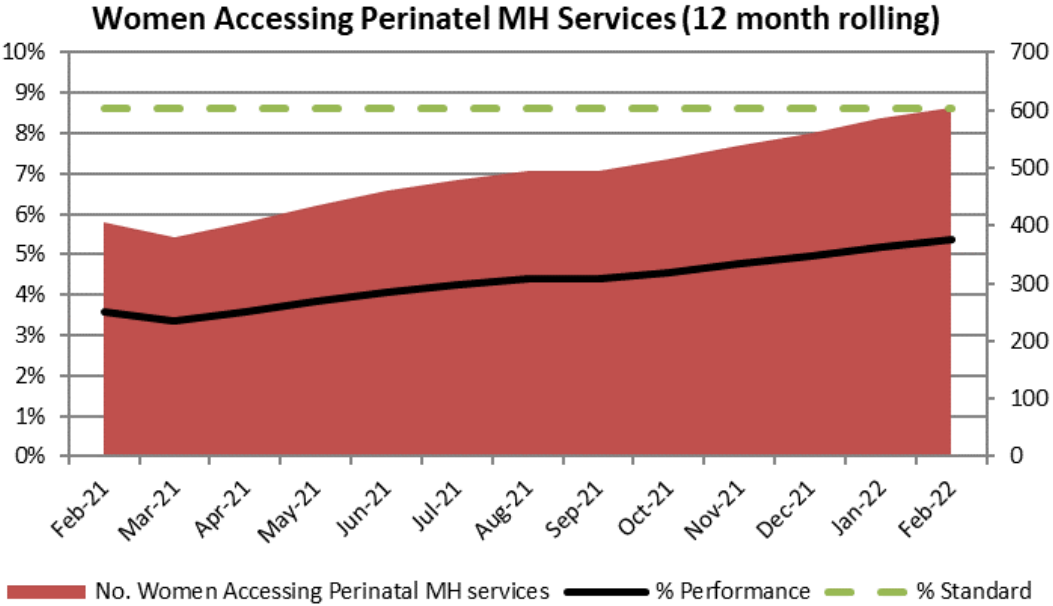
- BNSSG Performance worsened from 16 to 17 adults in CCG beds in April.
- The BNSSG plan of 11 adults in CCG beds continues to be failed.
- The national standard of 9 adults in CCG beds continues to be failed.



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

- BNSSG Performance has worsened from 19 to 21 adults in NHSE beds.
- The national standard of 14 adults in NHSE beds continues to be failed.
- The BNSSG plan of 15 adults was failed.

# 3.3 Mental Health – Perinatal – February



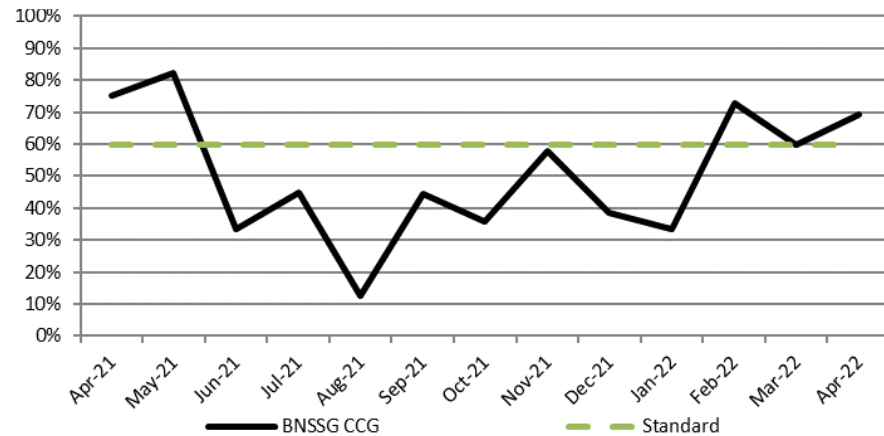
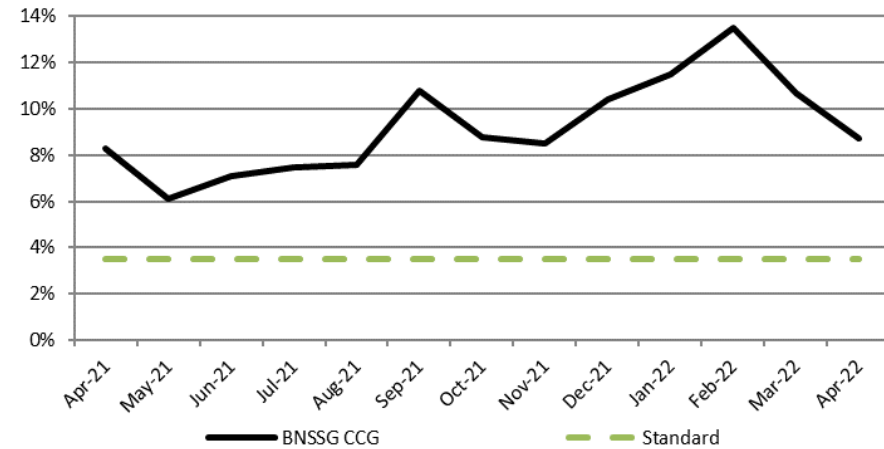
Number of Women Accessing Perinatal Mental Health Services

- Performance is reported on a 12 month rolling basis.
- BNSSG Performance improved from 5.2% to 5.4% in February.
- The 8.6% national standard continues to be failed.

## 3.3 Mental Health – AWP

### Delayed Transfers of Care

- BNSSG performance improved from 10.7% to 8.7% in April but is worse than the same period in 19/20 (7.7%).
- The 3.5% standard continues to be failed.

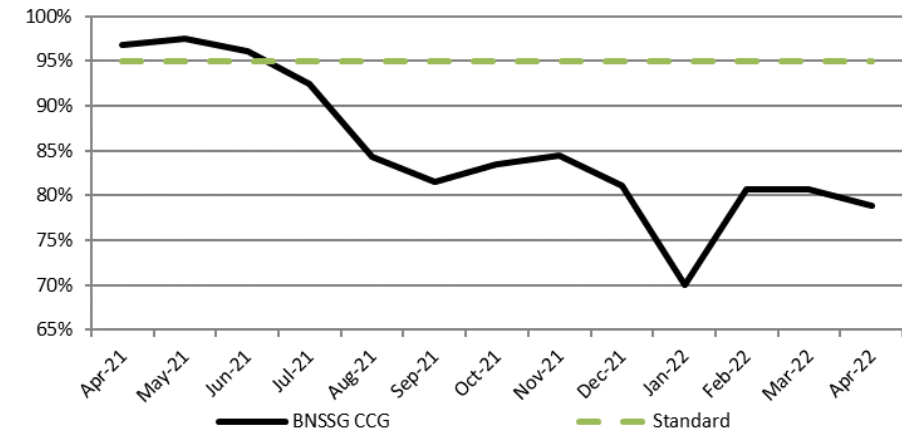
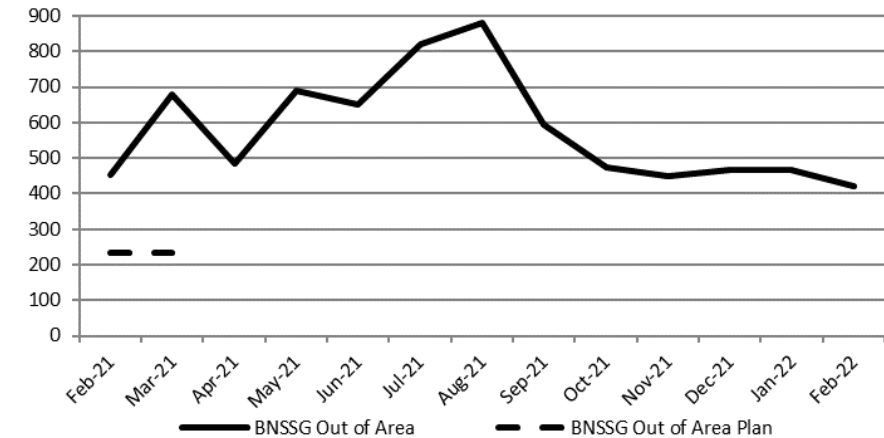


### Early Intervention

- BNSSG performance improved from 60% to 69.2% in April but is worse than the same period in 19/20 (88.8%)
- The 56% standard was achieved.

### CCG Out of Area Placement (OAP) Bed Days

- BNSSG out of area placements improved from 465 in January to 420 in February and is better than the same period in 19/20.



### Referral to Assessment – 4 Week Waits

- BNSSG performance worsened from 80.7% to 78.9% in April and is worse than the same period in 19/20 (96.9%).
- The 95% standard has been failed since July 2021.

## 4.1 South West Performance Benchmarking

| Measure                            | Performance/Activity |         |         |         |         |          |         |         | South West Ranking |        |       |        |          |       |       |
|------------------------------------|----------------------|---------|---------|---------|---------|----------|---------|---------|--------------------|--------|-------|--------|----------|-------|-------|
|                                    | Recent Period        | BSW     | Dorset  | Glos    | Kernow  | Somerset | BNSSG   | Devon   | BSW                | Dorset | Glos  | Kernow | Somerset | BNSSG | Devon |
| Diagnostics                        | Mar-22               | 34.10%  | 16.20%  | 18.10%  | 36.80%  | 28.10%   | 37.90%  | 36.80%  | 4                  | 1      | 2     | 5      | 3        | 7     | 5     |
| A&E 4 Hour Performance             | Apr-22               | 72.10%  | 67.50%  | 66.30%  | 76.90%  | 78.50%   | 65.80%  | 68.10%  | 3                  | 5      | 6     | 2      | 1        | 7     | 4     |
| A&E 12 Hour Trolley Waits          | Apr-22               | 158     | 173     | 690     | 663     | 174      | 1169    | 584     | 1                  | 2      | 6     | 5      | 3        | 7     | 4     |
| RTT Incomplete 18 Weeks            | Mar-22               | 52.80%  | 60.50%  | 71.80%  | 63.10%  | 61.40%   | 65.40%  | 52.30%  | 6                  | 5      | 1     | 3      | 4        | 2     | 7     |
| RTT Incomplete Total               | Mar-22               | 78,164  | 77,964  | 57,673  | 55,513  | 51,306   | 74,505  | 149,270 | 40.4%              | 41.5%  | 11.7% | 56.0%  | 42.3%    | 46.5% | 76.5% |
| RTT Incomplete 52 Week Plus        | Mar-22               | 2,508   | 4,344   | 1,492   | 3,180   | 2,638    | 3,779   | 13,562  | 2                  | 6      | 1     | 4      | 3        | 5     | 7     |
| Cancer 2 Week (All)                | Mar-22               | 85.90%  | 64.30%  | 94.00%  | 83.90%  | 67.80%   | 70.70%  | 74.30%  | 2                  | 7      | 1     | 3      | 6        | 5     | 4     |
| Cancer 2 week (Breast)             | Mar-22               | 79.20%  | 65.80%  | 89.30%  | 15.70%  | 44.10%   | 17.90%  | 39.10%  | 2                  | 3      | 1     | 7      | 4        | 6     | 5     |
| Cancer 31 Day Wait First Treatment | Mar-22               | 92.70%  | 97.70%  | 97.70%  | 96.90%  | 90.50%   | 88.80%  | 94.10%  | 5                  | 1      | 1     | 3      | 6        | 7     | 4     |
| Cancer 31 Day Wait - Surgery       | Mar-22               | 82.20%  | 90.30%  | 84.30%  | 85.60%  | 85.50%   | 75.20%  | 82.20%  | 5                  | 1      | 4     | 2      | 3        | 7     | 5     |
| Cancer 31 Day Wait - Drug          | Mar-22               | 100.00% | 99.00%  | 100.00% | 100.00% | 99.40%   | 98.00%  | 99.40%  | 1                  | 6      | 1     | 1      | 4        | 7     | 4     |
| Cancer 31 Day Wait - Radiotherapy  | Mar-22               | 90.70%  | 100.00% | 100.00% | 100.00% | 96.30%   | 100.00% | 98.40%  | 7                  | 1      | 1     | 1      | 6        | 1     | 5     |
| Cancer 62 Wait Consultant          | Mar-22               | 85.00%  | 71.70%  | 82.60%  | 35.30%  | 75.60%   | 79.30%  | 70.80%  | 1                  | 5      | 2     | 7      | 4        | 3     | 6     |
| Cancer 62 Wait Screening           | Mar-22               | 76.50%  | 83.30%  | 91.20%  | 80.80%  | 85.20%   | 63.90%  | 76.20%  | 5                  | 3      | 1     | 4      | 2        | 7     | 6     |
| Cancer 62 Wait Standard            | Mar-22               | 71.00%  | 72.90%  | 75.90%  | 80.70%  | 70.60%   | 66.00%  | 71.20%  | 5                  | 3      | 2     | 1      | 6        | 7     | 4     |
| Cancer 28 FDS                      | Mar-22               | 75.00%  | 73.30%  | 82.90%  | 78.00%  | 76.20%   | 73.10%  | 77.40%  | 5                  | 6      | 1     | 2      | 4        | 7     | 3     |

## 4.2 BNSSG Scorecard

| Theme                             | Indicator   | Standard | 20/21           | Mar-21                              | Apr-21  | May-21  | Jun-21  | Jul-21 | Aug-21  | Sep-21  | Oct-21  | Nov-21 | Dec-21  | Jan-22  | Feb-22 | Mar-22  | 21/22  |        |
|-----------------------------------|---|----------|-----------------|-------------------------------------|---------|---------|---------|--------|---------|---------|---------|--------|---------|---------|--------|---------|--------|--------|
| Urgent Care                       | A&E 4hr Waits - BNSSG Footprint                           | 95%      | 85.85%          | 83.17%                              | 80.85%  | 80.00%  | 76.20%  | 72.61% | 73.92%  | 73.50%  | 70.83%  | 70.71% | 70.55%  | 71.55%  | 67.04% | 67.44%  | 4.70%  |        |
|                                   | A&E 4hr Waits - BNSSG Trusts                              | 95%      | 81.58%          | 77.94%                              | 74.70%  | 73.69%  | 68.14%  | 62.71% | 64.39%  | 64.22%  | 61.86%  | 62.65% | 63.04%  | 64.19%  | 60.27% | 59.73%  | 64.98% |        |
|                                   | >12hr DTA breaches in A&E - BNSSG Trusts                  | 0        | 1720            | 102                                 | 77      | 28      | 150     | 352    | 271     | 494     | 623     | 765    | 696     | 1071    | 1211   | 1401    | 1169   |        |
| Planned Care                      | RTT Incomplete - 18 Weeks Waits                           | 92%      | 70.97%          | 70.97%                              | 70.92%  | 71.69%  | 71.70%  | 71.66% | 70.80%  | 69.74%  | 68.09%  | 67.98% | 66.04%  | 65.53%  | 65.93% | 65.39%  | 65.39% |        |
|                                   | RTT Incomplete - Total Waiting List Size                  |          | 56,472          | 56,472                              | 60,004  | 61,557  | 67,485  | 68,886 | 70,942  | 70,914  | 71,292  | 71,134 | 70,653  | 70,869  | 71,772 | 74,505  | 74,505 |        |
|                                   | RTT Incomplete - 52 Week Waits                            |          | 4327            | 4327                                | 3611    | 2950    | 2676    | 2750   | 3138    | 3353    | 3664    | 3791   | 3902    | 4020    | 3864   | 3779    | 3779   |        |
|                                   | RTT Incomplete - % of WL > 52 Weeks                       |          | 7.66%           | 7.66%                               | 6.02%   | 4.79%   | 3.97%   | 3.99%  | 4.42%   | 4.73%   | 5.14%   | 5.33%  | 5.52%   | 5.67%   | 5.38%  | 5.07%   | 5.07%  |        |
|                                   | Diagnostic - 6 Week Waits                                 | 1%       | 30.50%          | 30.50%                              | 33.58%  | 32.91%  | 35.26%  | 36.72% | 39.57%  | 38.73%  | 38.09%  | 36.09% | 40.13%  | 40.79%  | 36.86% | 37.90%  | 37.90% |        |
|                                   | Diagnostic - Total Waiting List Size                      |          | 26,632          | 26,632                              | 26,700  | 27,116  | 27,402  | 27,382 | 26,949  | 27,673  | 27,987  | 28,809 | 29,304  | 30,640  | 30,517 | 32,024  | 32,024 |        |
|                                   | Diagnostic - Number waiting > 6 Weeks                     |          | 8,124           | 8,124                               | 8,966   | 8,924   | 9,661   | 10,056 | 10,664  | 10,719  | 10,659  | 10,398 | 11,760  | 12,498  | 11,250 | 12,136  | 12,136 |        |
|                                   | Diagnostic - Number waiting > 13 Weeks                    |          | 4,132           | 4,132                               | 4,028   | 4,131   | 4,408   | 4,441  | 4,454   | 4,997   | 5,394   | 5,118  | 5,875   | 6,345   | 6,465  | 6,623   | 6,623  |        |
| Cancer                            | Cancer 2 Week Wait - All                                  | 93%      | 79.38%          | 76.70%                              | 63.63%  | 61.58%  | 58.32%  | 66.86% | 75.87%  | 64.64%  | 60.99%  | 64.50% | 67.27%  | 54.62%  | 70.34% | 70.70%  | 64.91% |        |
|                                   | Cancer 2 Week Wait - Breast symptoms                      | 93%      | 58.10%          | 15.57%                              | 9.34%   | 9.46%   | 17.43%  | 72.95% | 84.62%  | 75.37%  | 26.23%  | 6.25%  | 11.84%  | 8.82%   | 16.87% | 17.86%  | 28.22% |        |
|                                   | Cancer 28 day faster diagnosis standard (All Routes)      | 75%      | New for 2021/22 |                                     | 69.75%  | 59.04%  | 58.45%  | 69.83% | 70.87%  | 64.38%  | 67.40%  | 69.69% | 65.99%  | 55.43%  | 73.56% | 73.09%  | 66.40% |        |
|                                   | Cancer 31 Day first treatment                             | 96%      | 95.21%          | 95.86%                              | 93.82%  | 97.27%  | 97.21%  | 97.29% | 95.58%  | 95.31%  | 92.04%  | 88.51% | 84.56%  | 87.44%  | 91.57% | 88.79%  | 92.45% |        |
|                                   | Cancer 31 day subsequent treatments - surgery             | 94%      | 86.31%          | 85.83%                              | 85.29%  | 92.92%  | 88.89%  | 91.00% | 78.57%  | 82.35%  | 79.57%  | 79.66% | 70.83%  | 69.42%  | 81.37% | 75.21%  | 81.11% |        |
|                                   | Cancer 31 day subsequent treatments - anti-cancer drugs   | 98%      | 99.37%          | 100.00%                             | 97.66%  | 100.00% | 100.00% | 99.35% | 99.34%  | 99.36%  | 99.38%  | 99.38% | 98.68%  | 100.00% | 95.89% | 99.32%  | 97.99% | 98.97% |
|                                   | Cancer 31 day subsequent treatments - radiotherapy        | 94%      | 98.68%          | 99.38%                              | 100.00% | 99.27%  | 99.39%  | 99.38% | 100.00% | 100.00% | 100.00% | 99.42% | 100.00% | 99.37%  | 99.44% | 100.00% | 99.68% |        |
|                                   | Cancer 62 day referral to first treatment - GP referral   | 85%      | 75.58%          | 76.74%                              | 75.00%  | 78.92%  | 72.94%  | 71.05% | 70.82%  | 60.16%  | 65.90%  | 74.47% | 69.33%  | 61.43%  | 58.30% | 65.99%  | 68.74% |        |
|                                   | Cancer 62 day referral to first treatment - NHS Screening | 90%      | 72.46%          | 70.27%                              | 68.75%  | 52.94%  | 71.43%  | 88.46% | 46.15%  | 68.42%  | 46.43%  | 61.36% | 47.22%  | 39.47%  | 68.00% | 63.89%  | 59.57% |        |
| Quality                           | Total Number of C.diff Cases                              |          | 294             | 25                                  | 26      | 29      | 48      | 26     | 24      | 25      | 26      | 10     | 24      | 26      | 22     | 17      | 303    |        |
|                                   | Total Number of MRSA Cases Reported                       | 0        | 31              | 2                                   | 1       | 3       | 6       | 5      | 1       | 2       | 1       | 3      | 6       | 7       | 0      | 3       | 38     |        |
|                                   | Total number of Never Events                              | 0        | 7               | 0                                   | 2       | 0       | 0       | 1      | 0       | 1       | 0       | 0      |         |         |        |         | 4      |        |
|                                   | Eliminating Mixed Sex Accommodation (BNSSG CCG)           | 0        | N/A             | Reporting suspended due to Covid-19 |         |         |         |        |         |         |         | 1      | 0       | 0       | 0      | 0       | 1      | 2      |
|                                   | Eliminating Mixed Sex Accommodation (BNSSG Trusts)        | 0        | N/A             | Reporting suspended due to Covid-19 |         |         |         |        |         |         |         | 0      | 0       | 0       | 0      | 0       | 0      | 0      |
| Mental Health                     | Dementia Diagnosis Rate - People 65+                      | 66.7%    | 64.28%          | 64.28%                              | 64.50%  | 64.52%  | 64.79%  | 64.81% | 64.17%  | 64.27%  | 63.94%  | 64.35% | 64.16%  | 64.33%  | 64.79% | 65.39%  | 65.39% |        |
|                                   | EIP - 2ww Referral  | 60%      | 75.76%          | 75.00%                              | 81.82%  | 72.73%  | 63.64%  | 50.00% | 25.00%  | 33.33%  | 37.50%  | 50.00% | 60.00%  | 50.00%  | 54.55% |         | 54.55% |        |
|                                   | IAPT Roll out (rolling 3 months)                          | 6.25%    |                 | 4.46%                               | 4.65%   | 4.40%   | 4.77%   | 4.76%  | 4.50%   | 4.23%   | 4.24%   | 4.88%  | 4.50%   | 4.80%   | 4.33%  |         | 4.33%  |        |
|                                   | IAPT Recovery Rate  | 50%      |                 | 52.69%                              | 53.19%  | 51.30%  | 52.54%  | 53.89% | 52.30%  | 48.82%  | 52.83%  | 52.27% | 45.06%  | 53.07%  | 53.22% |         | 53.22% |        |
|                                   | IAPT Waiting Times - 6 weeks                              | 75%      |                 | 67.53%                              | 70.07%  | 74.05%  | 80.98%  | 87.37% | 90.50%  | 87.43%  | 90.18%  | 87.36% | 88.62%  | 89.67%  | 91.53% |         | 91.53% |        |
|                                   | IAPT Waiting Times - 18 weeks                             | 95%      |                 | 94.33%                              | 96.60%  | 96.20%  | 98.37%  | 98.48% | 98.88%  | 98.86%  | 99.39%  | 98.90% | 98.80%  | 99.46%  | 99.44% |         | 99.44% |        |
|                                   | CYPMH Access Rate (rolling 12m)                           | 34%      | 24.66%          | 24.66%                              | 24.57%  | 24.83%  | 25.01%  | 24.60% | 24.60%  | 24.95%  | 24.83%  | 25.04% | 25.24%  | 25.94%  | 26.41% |         | 26.41% |        |
|                                   | CYP with ED - routine cases within 4 weeks (quarterly)    | 95%      | 90.42%          | 90.42%                              |         | 86.97%  |         |        | 83.88%  |         |         |        | 86.09%  |         | 88.52% |         | 86.09% |        |
|                                   | CYP with ED - urgent cases within 1 week (quarterly)      | 95%      | 82.93%          | 82.93%                              |         | 80.36%  |         |        | 79.66%  |         |         | 79.17% |         |         | 83.33% |         | 79.17% |        |
|                                   | SMI Annual Health Checks (quarterly)                      | 60%      | 10.08%          | 10.08%                              |         | 12.07%  |         |        | 15.94%  |         |         | 31.44% |         |         | 45.67% |         | 31.44% |        |
| Out of Area Placements (Bed Days) |   | 680      | 680             | 485                                 | 690     | 650     | 820     | 879    | 595     | 475     | 450     | 465    | 465     | 420     |        | 420     |        |        |

## 4.3 Provider Scorecard – NBT

| Theme        | Indicator   | Standard | 20/21           | Mar-21  | Apr-21  | May-21  | Jun-21  | Jul-21  | Aug-21  | Sep-21 | Oct-21 | Nov-21  | Dec-21  | Jan-22 | Feb-22  | Mar-22 | 21/22  |
|--------------|---|----------|-----------------|---------|---------|---------|---------|---------|---------|--------|--------|---------|---------|--------|---------|--------|--------|
| Urgent Care  | A&E 4hr Waits - Trust                                     | 95%      | 84.15%          | 81.05%  | 74.26%  | 72.71%  | 64.38%  | 54.36%  | 61.47%  | 61.75% | 60.82% | 60.17%  | 61.80%  | 60.78% | 51.53%  | 52.74% | 61.48% |
|              | A&E 4hr Waits - Footprint                                 | 95%      | 87.43%          | 85.04%  | 79.83%  | 78.60%  | 72.57%  | 65.50%  | 70.83%  | 70.96% | 69.31% | 68.10%  | 68.82%  | 68.03% | 59.36%  | 61.25% | 69.58% |
|              | >12hr DTA breaches in A&E                                 | 0        | 280             | 0       | 6       | 0       | 4       | 97      | 14      | 38     | 29     | 59      | 20      | 295    | 367     | 449    | 1378   |
| Planned Care | RTT Incomplete - 18 Weeks Waits                           | 1%       | 71.64%          | 71.64%  | 73.59%  | 74.27%  | 74.98%  | 73.78%  | 73.16%  | 71.87% | 70.37% | 69.68%  | 66.67%  | 65.61% | 65.17%  | 64.71% | 64.71% |
|              | RTT Incomplete - Total Waiting List Size                  | H2 Plan  | 29,580          | 29,580  | 31,143  | 31,648  | 32,946  | 34,315  | 35,794  | 36,787 | 37,268 | 37,297  | 37,264  | 37,210 | 38,498  | 39,101 | 39,101 |
|              | RTT Incomplete - 52 Week Waits                            | H2 Plan  | 2088            | 2088    | 1827    | 1583    | 1473    | 1544    | 1770    | 1933   | 2068   | 2128    | 2182    | 2284   | 2296    | 2242   | 2242   |
|              | RTT Incomplete - % of WL > 52 Weeks                       |          | 7.06%           | 7.06%   | 5.87%   | 5.00%   | 4.47%   | 4.50%   | 4.94%   | 5.25%  | 5.55%  | 5.71%   | 5.86%   | 6.14%  | 5.96%   | 5.73%  | 5.73%  |
|              | Diagnostic - 6 Week Waits                                 | 99%      | 24.72%          | 24.72%  | 29.45%  | 31.99%  | 36.13%  | 38.91%  | 42.55%  | 42.83% | 41.80% | 40.32%  | 44.30%  | 45.45% | 40.00%  | 40.25% | 40.25% |
|              | Diagnostic - Total Waiting List Size                      |          | 13,106          | 13,106  | 13,778  | 14,371  | 14,124  | 14,329  | 14,130  | 14,818 | 15,176 | 15,768  | 15,872  | 16,790 | 16,469  | 17,111 | 17,111 |
|              | Diagnostic - Number waiting > 6 Weeks                     |          | 3,240           | 3,240   | 4,057   | 4,597   | 5,103   | 5,575   | 6,013   | 6,346  | 6,343  | 6,357   | 7,031   | 7,631  | 6,588   | 6,888  | 6,888  |
|              | Diagnostic - Number waiting > 13 Weeks                    |          | 1,364           | 1,364   | 1,513   | 1,779   | 2,054   | 2,183   | 2,180   | 2,724  | 3,029  | 2,913   | 3,501   | 3,948  | 3,951   | 4,097  | 4,097  |
| Cancer       | Cancer 2 Week Wait - All                                  | 93%      | 77.28%          | 63.24%  | 39.53%  | 36.58%  | 36.44%  | 53.40%  | 66.58%  | 51.22% | 42.70% | 53.75%  | 58.38%  | 41.42% | 66.47%  | 69.78% | 51.63% |
|              | Cancer 2 Week Wait - Breast symptoms                      | 93%      | 57.20%          | 15.20%  | 6.18%   | 9.21%   | 17.19%  | 71.23%  | 84.35%  | 74.64% | 28.13% | 6.15%   | 11.54%  | 6.90%  | 14.55%  | 16.78% | 27.21% |
|              | Cancer 28 day faster diagnosis standard (All Routes)      | 75%      | New for 2021/22 |         | 66.39%  | 54.73%  | 43.56%  | 65.46%  | 66.77%  | 56.07% | 59.95% | 66.29%  | 57.52%  | 47.10% | 72.01%  | 72.93% | 60.77% |
|              | Cancer 31 Day first treatment                             | 96%      | 93.95%          | 96.62%  | 94.40%  | 97.38%  | 95.48%  | 95.77%  | 93.00%  | 91.89% | 88.51% | 86.94%  | 79.59%  | 79.18% | 89.91%  | 80.99% | 89.09% |
|              | Cancer 31 day subsequent treatments - surgery             | 94%      | 85.61%          | 85.48%  | 81.18%  | 86.73%  | 84.62%  | 90.80%  | 72.84%  | 80.90% | 69.62% | 65.77%  | 65.59%  | 55.66% | 80.68%  | 65.49% | 74.28% |
|              | Cancer 31 day subsequent treatments - anti-cancer drugs   | 98%      | 100.00%         | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 95.45% | 96.30% | 100.00% | 100.00% | 92.31% | 100.00% | 83.33% | 97.90% |
|              | Cancer 62 day referral to first treatment - GP referral   | 85%      | 73.16%          | 76.09%  | 75.00%  | 77.11%  | 62.74%  | 68.59%  | 68.60%  | 56.98% | 57.14% | 74.07%  | 67.52%  | 56.88% | 51.17%  | 58.66% | 64.36% |
|              | Cancer 62 day referral to first treatment - NHS Screening | 90%      | 75.85%          | 68.18%  | 73.68%  | 54.72%  | 73.33%  | 86.36%  | 52.54%  | 75.00% | 41.67% | 68.75%  | 53.25%  | 50.00% | 72.22%  | 70.59% | 64.40% |
| Quality      | Total Number of C.diff Cases                              |          | 58              | 4       | 9       | 6       | 10      | 6       | 2       | 5      | 4      | 1       | 6       | 6      | 1       | 6      | 62     |
|              | Total Number of MRSA Cases Reported                       | 0        | 2               | 0       | 0       | 0       | 0       | 0       | 0       | 0      | 0      | 0       | 0       | 0      | 0       | 0      | 0      |
|              | Total Number of E.Coli Cases                              |          | 52              | 6       | 4       | 5       | 4       | 1       | 6       | 3      | 6      | 3       | 2       | 6      | 3       | 5      | 48     |
|              | Number of Klebsiella cases                                |          | 23              | 4       | 1       | 0       | 1       | 1       | 2       | 3      | 2      | 4       | 3       | 2      | 2       | 3      | 24     |
|              | Number of Pseudomonas Aeruginosa cases                    |          | 9               | 1       | 0       | 1       | 0       | 3       | 1       | 2      | 0      | 0       | 0       | 2      | 1       | 0      | 10     |
|              | Eliminating Mixed Sex Accommodation                       | 0        | 0               | 0       | 0       | 0       | 0       | 0       | 0       | 0      | 0      | 0       | 0       | 0      | 0       | 0      | 0      |
|              | Number of Never Events                                    | 0        | 1               | 0       | 1       | 0       | 0       | 0       | 0       | 0      | 0      | 0       | 0       | 0      | 0       | 0      | 1      |
|              | VTE assessment on admission to hospital                   | 95%      |                 | 95.38%  | 95.45%  | 95.45%  | 95.42%  | 95.59%  | 94.91%  | 94.90% | 94.53% | 93.84%  | 94.55%  | 93.80% | 93.99%  | 92.63% |        |



# 4.4 Provider Scorecard – UHBW

| Theme        | Indicator   | Standard | 20/21           | Mar-21                              | Apr-21  | May-21  | Jun-21  | Jul-21 | Aug-21  | Sep-21  | Oct-21  | Nov-21 | Dec-21  | Jan-22 | Feb-22  | Mar-22  | 21/22  |   |
|--------------|---|----------|-----------------|-------------------------------------|---------|---------|---------|--------|---------|---------|---------|--------|---------|--------|---------|---------|--------|---|
| Urgent Care  | A&E 4hr Waits - Trust                                     | 95%      | 80.12%          | 76.27%                              | 74.93%  | 74.20%  | 70.09%  | 66.97% | 65.91%  | 65.47%  | 62.38%  | 63.90% | 63.69%  | 66.01% | 64.83%  | 63.26%  | 66.79% |   |
|              | A&E 4hr Waits - Footprint                                 | 95%      | 84.99%          | 82.22%                              | 81.38%  | 80.70%  | 77.99%  | 76.07% | 75.46%  | 74.73%  | 71.57%  | 71.98% | 71.41%  | 73.34% | 70.88%  | 70.46%  | 74.75% |   |
|              | >12hr DTA breaches in A&E                                 | 0        | 1440            | 102                                 | 71      | 28      | 146     | 255    | 257     | 456     | 594     | 706    | 676     | 776    | 844     | 952     | 5761   |   |
| Planned Care | RTT Incomplete - 18 Weeks Waits                           | 1%       | 61.72%          | 61.72%                              | 60.12%  | 62.79%  | 63.63%  | 63.13% | 62.97%  | 61.76%  | 60.20%  | 60.25% | 58.60%  | 58.73% | 59.50%  | 59.17%  | 59.17% |   |
|              | RTT Incomplete - Total Waiting List Size                  | H2 Plan  | 46,538          | 46,538                              | 48,902  | 49,791  | 51,198  | 52,718 | 53,855  | 53,697  | 53,743  | 53,328 | 53,253  | 53,909 | 54,305  | 55,021  | 55,021 |   |
|              | RTT Incomplete - 52 Week Waits                            | H2 Plan  | 5409            | 5409                                | 4598    | 3618    | 3114    | 2893   | 2925    | 3110    | 3248    | 3318   | 3,558   | 3599   | 3604    | 3,920   | 3,920  |   |
|              | RTT Incomplete - % of WL > 52 Weeks                       |          | 11.62%          | 11.62%                              | 9.40%   | 7.27%   | 6.08%   | 5.49%  | 5.43%   | 5.79%   | 6.04%   | 6.22%  | 6.68%   | 6.68%  | 6.64%   | 7.12%   | 7.12%  |   |
|              | Diagnostic - 6 Week Waits                                 | 99%      | 34.85%          | 34.85%                              | 37.70%  | 34.66%  | 36.07%  | 35.38% | 36.92%  | 35.53%  | 36.73%  | 34.60% | 38.86%  | 39.45% | 37.48%  | 39.05%  | 39.05% |   |
|              | Diagnostic - Total Waiting List Size                      |          | 14,448          | 14,448                              | 14,025  | 14,234  | 14,387  | 14,119 | 13,661  | 14,049  | 14,125  | 14,307 | 14,525  | 15,154 | 15,576  | 16,610  | 16,610 |   |
|              | Diagnostic - Number waiting > 6 Weeks                     |          | 5,035           | 5,035                               | 5,287   | 4,933   | 5,190   | 4,996  | 5,044   | 4,992   | 5,188   | 4,950  | 5,644   | 5,979  | 5,838   | 6,486   | 6,486  |   |
|              | Diagnostic - Number waiting > 13 Weeks                    |          | 3,016           | 3,016                               | 2,911   | 2,856   | 2,819   | 2,746  | 2,776   | 2,930   | 3,169   | 2,949  | 3,180   | 3,240  | 3,349   | 3,372   | 3,372  |   |
| Cancer       | Cancer 2 Week Wait - All                                  | 93%      | 81.90%          | 95.14%                              | 91.89%  | 93.04%  | 86.80%  | 87.66% | 87.08%  | 82.33%  | 86.39%  | 80.30% | 78.30%  | 71.03% | 75.41%  | 66.51%  | 82.37% |   |
|              | Cancer 28 day faster diagnosis standard (All Routes)      | 75%      | New for 2021/22 |                                     | 74.62%  | 78.86%  | 78.37%  | 77.42% | 76.72%  | 76.16%  | 77.64%  | 75.68% | 78.65%  | 70.03% | 77.86%  | 73.83%  | 76.33% |   |
|              | Cancer 31 Day first treatment                             | 96%      | 95.07%          | 93.98%                              | 89.90%  | 96.14%  | 96.21%  | 97.19% | 96.07%  | 97.73%  | 93.04%  | 84.18% | 89.51%  | 91.11% | 89.62%  | 93.50%  | 92.90% |   |
|              | Cancer 31 day subsequent treatments - surgery             | 94%      | 84.10%          | 81.13%                              | 78.00%  | 94.00%  | 91.23%  | 92.73% | 88.14%  | 85.96%  | 88.00%  | 84.21% | 86.00%  | 73.53% | 80.00%  | 82.09%  | 85.07% |   |
|              | Cancer 31 day subsequent treatments - anti-cancer drugs   | 98%      | 99.41%          | 100.00%                             | 97.39%  | 100.00% | 100.00% | 99.37% | 99.32%  | 100.00% | 100.00% | 98.72% | 100.00% | 97.28% | 99.33%  | 99.35%  | 99.28% |   |
|              | Cancer 31 day subsequent treatments - radiotherapy        | 94%      | 98.70%          | 98.93%                              | 100.00% | 99.38%  | 99.48%  | 99.41% | 100.00% | 100.00% | 100.00% | 99.47% | 98.65%  | 97.89% | 100.00% | 100.00% | 99.53% |   |
|              | Cancer 62 day referral to first treatment - GP referral   | 85%      | 78.26%          | 75.38%                              | 77.82%  | 84.03%  | 80.56%  | 76.18% | 76.67%  | 69.75%  | 75.80%  | 80.00% | 73.12%  | 68.09% | 70.18%  | 78.05%  | 76.05% |   |
|              | Cancer 62 day referral to first treatment - NHS Screening | 90%      | 57.14%          | 77.78%                              | 52.94%  | 42.86%  | 57.89%  | 86.67% | 41.67%  | 33.33%  | 66.67%  | 23.08% | 55.56%  | 39.13% | 60.00%  | 55.56%  | 50.28% |   |
| Quality      | Total Number of C.diff Cases                              |          | 67              | 5                                   | 8       | 11      | 14      | 7      | 4       | 6       | 7       | 3      | 6       | 6      | 8       | 2       | 82     |   |
|              | Total Number of MRSA Cases Reported                       | 0        | 4               | 0                                   | 0       | 0       | 0       | 1      | 0       | 0       | 0       | 0      | 2       | 3      | 0       | 1       | 7      |   |
|              | Total Number of E.Coli Cases                              |          | 81              | 14                                  | 5       | 5       | 5       | 5      | 8       | 8       | 8       | 8      | 2       | 7      | 5       | 9       | 75     |   |
|              | Number of Klebsiella cases                                |          | 49              | 3                                   | 7       | 2       | 0       | 5      | 5       | 9       | 9       | 4      | 2       | 3      | 1       | 1       | 48     |   |
|              | Number of Pseudomonas Aeruginosa cases                    |          | 18              | 2                                   | 2       | 0       | 1       | 1      | 2       | 4       | 0       | 2      | 2       | 1      | 0       | 0       | 15     |   |
|              | Eliminating Mixed Sex Accommodation                       | 0        | N/A             | Reporting suspended due to Covid-19 |         |         |         |        |         |         |         | 0      | 0       | 0      | 0       | 0       | 0      | 0 |
|              | Number of Never Events                                    | 0        | 6               | 0                                   | 1       | 0       | 0       | 1      | 0       | 1       | 0       | 0      | 0       | 0      | 0       | 0       | 3      |   |
|              | Rate of slips, trips and falls per 1,000 bed days         | 4.8      | 5.14            | 4.94                                | 4.70    | 4.02    | 4.38    | 4.58   | 4.68    | 4.84    | 4.78    | 4.56   | 5.16    | 5.46   | 4.82    | 5.42    | 4.79   |   |
|              | No. of Pressure Ulcers grade 2, 3 & 4 per 1,000 bed days  | 0.4      | 0.279           | 0.228                               | 0.135   | 0.064   | 0.131   | 0.127  | 0.223   | 0.132   | 0.186   | 0.158  | 0.253   | 0.253  | 0.1     | 0.296   | 0.173  |   |
|              | VTE assessment on admission to hospital (Bristol)         | 95%      | 85.4%           | 84.0%                               | 82.7%   | 82.3%   | 82.5%   | 82.1%  | 83.9%   | 85.7%   | 83.7%   | 84.3%  | 83.2%   | 83.8%  | 82.60%  | 82.20%  | 83.3%  |   |

# 4.5 Non-Acute Provider Scorecard

| Provider   | Indicator (BNSSG level - except ambulance handovers)            | Standard | 20/21         | Mar-21  | Apr-21  | May-21  | Jun-21  | Jul-21  | Aug-21  | Sep-21   | Oct-21   | Nov-21   | Dec-21   | Jan-22  | Feb-22   | Mar-22   | 21/22   | Apr-22   |
|--|---|----------|---------------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|---------|----------|----------|---------|----------|
| SWASFT   | Category 1 - Average Duration (hr:min:sec)                      | 0:07:00  | 0:06:30       | 0:06:18 | 0:06:24 | 0:06:54 | 0:07:18 | 0:08:06 | 0:08:00 | 0:09:18  | 0:10:12  | 0:09:30  | 0:10:18  | 0:09:00 | 0:09:48  | 0:11:06  | 0:08:48 | 0:09:54  |
|  | Category 1 - 90th Percentile Duration (hr:min:sec)              | 0:14:00  | 0:11:06       | 0:10:48 | 0:11:12 | 0:12:30 | 0:12:42 | 0:14:42 | 0:14:00 | 0:16:24  | 0:18:06  | 0:16:18  | 0:18:06  | 0:16:06 | 0:16:54  | 0:18:48  | 0:15:54 | 0:17:24  |
|  | Category 2 - Average Duration (hr:min:sec)                      | 0:18:00  | 0:20:42       | 0:20:12 | 0:21:36 | 0:26:36 | 0:34:48 | 1:05:00 | 0:51:18 | 1:20:12  | 1:48:30  | 1:28:48  | 1:33:48  | 1:06:48 | 1:40:18  | 2:02:24  | 1:10:00 | 1:16:30  |
|  | Category 2 - 90th Percentile Duration (hr:min:sec)              | 0:40:00  | 0:42:36       | 0:40:54 | 0:43:48 | 0:54:48 | 1:15:18 | 2:49:42 | 1:55:00 | 3:00:12  | 3:59:06  | 3:36:36  | 3:47:36  | 2:38:24 | 4:06:36  | 5:01:42  | 2:54:24 | 3:06:18  |
|  | Category 3 - 90th Percentile Duration (hr:min:sec)              | 2:00:00  | 2:44:06       | 2:36:48 | 3:02:42 | 5:35:36 | 6:35:00 | 9:04:42 | 8:33:06 | 10:25:06 | 12:44:48 | 10:47:36 | 11:49:12 | 9:08:36 | 14:37:18 | 20:50:42 | 9:11:06 | 10:55:12 |
|  | Category 4 - 90th Percentile Duration (hr:min:sec)              | 3:00:00  | 3:35:12       | 3:28:54 | 4:37:42 | 5:38:30 | 8:52:18 | 7:27:54 | 6:56:12 | 6:38:54  | 12:16:18 | 12:06:48 | 5:58:30  | 4:39:30 | 14:06:36 | 30:34:36 | 8:00:06 | 13:58:36 |
|  | Ambulance Handovers - % within 15 minutes at NBT                | 65%      | 54.27%        | 47.74%  | 37.73%  | 37.90%  | 35.59%  | 24.12%  | 23.76%  | 23.89%   | 19.61%   | 20.98%   | 18.66%   | 16.38%  | 15.12%   | 14.73%   | 25.01%  | 16.91%   |
|  | Ambulance Handovers - % within 30 minutes at NBT                | 95%      | 89.92%        | 85.49%  | 75.77%  | 76.60%  | 69.57%  | 54.90%  | 59.38%  | 55.13%   | 45.87%   | 53.00%   | 51.30%   | 44.66%  | 38.59%   | 38.26%   | 56.79%  | 44.62%   |
|  | Ambulance Handovers - % within 60 minutes at NBT                | 100%     | 97.40%        | 95.35%  | 88.75%  | 91.32%  | 85.17%  | 72.53%  | 77.95%  | 75.08%   | 68.83%   | 73.17%   | 75.22%   | 64.96%  | 58.29%   | 57.20%   | 75.31%  | 66.52%   |
|  | Ambulance Handovers - % within 15 minutes at BRI                | 65%      | 49.22%        | 42.45%  | 42.45%  | 35.00%  | 32.20%  | 24.31%  | 20.19%  | 15.53%   | 16.83%   | 14.43%   | 14.17%   | 14.10%  | 10.90%   | 11.67%   | 22.24%  | 11.66%   |
|  | Ambulance Handovers - % within 30 minutes at BRI                | 95%      | 80.58%        | 74.82%  | 73.48%  | 61.25%  | 55.37%  | 41.16%  | 40.03%  | 31.71%   | 32.69%   | 32.08%   | 33.45%   | 29.21%  | 22.49%   | 23.34%   | 41.59%  | 25.52%   |
|  | Ambulance Handovers - % within 60 minutes at BRI                | 100%     | 92.04%        | 87.10%  | 87.84%  | 78.54%  | 71.67%  | 59.45%  | 59.80%  | 50.30%   | 54.17%   | 54.51%   | 57.35%   | 47.63%  | 37.79%   | 39.27%   | 59.98%  | 44.60%   |
|  | Ambulance Handovers - % within 15 minutes at WGH                | 65%      | 65.96%        | 59.17%  | 52.48%  | 54.25%  | 44.78%  | 42.46%  | 31.30%  | 25.63%   | 26.86%   | 22.69%   | 17.45%   | 19.49%  | 21.28%   | 17.58%   | 32.64%  | 16.90%   |
|  | Ambulance Handovers - % within 30 minutes at WGH                | 95%      | 90.77%        | 87.61%  | 81.75%  | 86.37%  | 72.89%  | 71.03%  | 59.71%  | 53.75%   | 47.44%   | 46.53%   | 40.64%   | 48.35%  | 53.69%   | 40.90%   | 60.05%  | 40.52%   |
| Ambulance Handovers - % within 60 minutes at WGH | 100%  | 96.29%   | 94.43%        | 90.67%  | 94.16%  | 84.94%  | 82.14%  | 73.66%  | 68.75%  | 62.79%   | 63.89%   | 63.83%   | 70.89%   | 74.47%  | 60.22%   | 75.17%   | 58.19%  |          |
| SevernSide IUC                                   | Average speed to answer calls (in seconds)                      | 20 Sec   | New for 21/22 |         | 60      | 72      | 217     | 238     | 262     | 333      | 304      | 205      | 327      | 228     | 166      | 325      | 227     |          |
|  | % Triage Calls receiving Clinical Contact                       | 50%      | 55.97%        | 70.58%  | 60.80%  | 58.17%  | 55.08%  | 54.34%  | 56.88%  | 54.85%   | 54.80%   | 55.12%   | 56.86%   | 59.56%  | 53.62%   | 50.36%   | 55.91%  |          |
|  | % of callers allocated the first service offered by DOS         | 75%      | New for 21/22 |         | 61.81%  | 64.08%  | 66.17%  | 65.74%  | 65.12%  | 65.04%   | 68.99%   | 70.82%   | 72.24%   | 70.01%  | 69.95%   | 70.52%   | 67.51%  |          |
|  | % of Cat 3 or 4 ambulance dispositions validated within 30mins  | 50%      | New for 21/22 |         | 69.03%  | 60.49%  | 55.86%  | 55.15%  | 64.04%  | 60.27%   | 58.17%   | 57.06%   | 64.83%   | 69.44%  | 51.29%   | 47.77%   | 59.52%  |          |
|  | % of calls initially given an ED disposition that are validated | 50%      | 25.91%        | 76.41%  | 71.46%  | 60.72%  | 53.88%  | 53.41%  | 73.13%  | 62.12%   | 59.99%   | 70.50%   | 73.31%   | 78.29%  | 49.31%   | 30.61%   | 61.69%  |          |
| AWP  | Delayed Transfers of Care                                       | 3.5%     | 7.1%          | 7.7%    | 8.3%    | 6.1%    | 7.1%    | 7.5%    | 7.6%    | 10.8%    | 8.8%     | 8.5%     | 10.4%    | 11.5%   | 13.5%    | 10.7%    | 10.7%   | 8.7%     |
|  | Early Intervention  | 50%      | 72.7%         | 75.0%   | 75.0%   | 82.3%   | 33.3%   | 45.0%   | 12.5%   | 44.4%    | 35.7%    | 57.8%    | 38.4%    | 33.3%   | 72.7%    | 60.0%    | 49.1%   | 69.2%    |
|  | 4 week wait Referral to Assessment                              | 95%      | 97.07%        | 98.98%  | 96.75%  | 97.56%  | 96.03%  | 92.49%  | 84.39%  | 81.58%   | 83.50%   | 84.40%   | 81.05%   | 70.02%  | 80.63%   | 80.72%   | 80.72%  | 78.92%   |

# **BNSSG Quality Report**

**May Report**

**for**

**Month 12 (March data) 2021/22**

Information contributions from Nursing and Quality Directorate Team

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

## Quality - Current updates and any emerging issues identified since March 2022

- **SWASFT response delays and system pressures** – There continues to be incidents resulting in potential for harm for patients who are experiencing longer response times in the community. Intensive improvement work continues as part of the wider UEC recovery plan (including Home First, Discharge to Assess, Ageing Well)). The level of harm/potential harm will be a focus of the System Quality Group in July
- **COVID-19** –new IPC respiratory guidelines that include step down of some IPC COVID measures are assisting providers to enhance outpatient capacity as well as enabling mitigation of system pressures by reopening areas (closed due to IPC precautions) earlier. The IPC Cell continues to meet, focusing more on strategic issues, and a workshop is planned for June to look at system Infection Prevention and Management priorities going forward. New system governance proposals for Infection Prevention & Management are also being finalised and will be consulted on at the workshop.
- **Asylum Hotels** - A range of safeguarding risks have been identified by health and social care partners providing support to the refugees and asylum seekers that are being housed in the asylum hotels within the South Gloucestershire Council area. A meeting has taken place with the safeguarding executives and chief executives and actions have been identified and are being implemented. Health, Police and Social care data is being obtained from Bristol and North Somerset to see if there are further impacts from the hotels across the system that need to be escalated.
- **Ockenden 2 report** – was published on 30 March 2022. This report identifies more than 60 Local Actions for Learning for the Shrewsbury and Telford Hospital NHS Trust and another 15 key Immediate and Essential Actions to improve all maternity services in England. These include financing a safe and sustainable maternity and neonatal workforce and ensuring training for the whole maternity team meets the needs of today's maternity services. The system LMS will be overseeing actions pertaining to BNSSG and reporting back to the ICB in addition to individual Trust Boards.
- **Healthy Weston Business Case Phase 2** - The service improvement proposals were presented to April's North Somerset HOSP, SW Clinical Senate Review Team and May's System Quality Group where the plans for option 2 were supported. HOSP have advised that formal consultation is not required; however a programme of public and patient engagement will ensue in June. The Clinical Executive Committee on 12 May approved the proposals to be presented to June's Open Governing Body.
- **Weston General Hospital** - BNSSG System Quality Group and regulators have received assurance that the medical workforce position is now more resilient; HEE continue to work with UHBW to determine when trainee doctors will return to Weston GH
- **IPC Community provision** - Bristol City Council have identified baseline funding for substantive IPC community provision to support their services. A SLA is being drawn up between the CCG/ICB, BCC and Sirona. 2 years funding has been secured currently from North Somerset and South Gloucestershire and IPC support will continue via the CCG during this time while further discussions continue for longer term funding and provision.

# Provider Quality Exception and Overview Report – ACUTE HOSPITAL - North Bristol Trust (NBT)

## Reporting Period – Month 21, March data of 2021/22

Information Source and date of information – March Provider Integrated Performance Report (IPR) and Quality Assurance Meeting

Operational – Four hour performance in ED and delayed ambulance handover times continue to be impacted by high bed occupancy. There were 449 12 hour trolley breaches in March 22, an increase of 12 on the previous month. Trust wide internal actions are focused on improving timeliness of patient discharge, maximising Same Day Emergency Care pathways, and best practice models for wards and ward rounds to improve patient flow.

Divisional response to Ockenden Report has been excellent with engagement from all staff groups with proactive reporting. HSIB Investigation provided positive feedback in the Trusts approach to patient safety improvement work. Maternity recruitment initiatives are proving successful and if this continues by September the Division will be over establishment for the first time.

NBT and UHBW have a joint working party to prepare for the introduction of the new Care Quality Commission (CQC) Regulatory Model. Both organisations will carry out an internal assessment in the Summer to identify areas for improvement prior to the implementation of the new style inspections.

### Key Lines of Enquiry

- **Refer to Treatment Times-** NBT delivered the year end target of less than 99 patients waiting 104 weeks for their treatments.
- **Endoscopy-** Waiting times have remained static in March 22.
- **Venous Thromboembolism (VTE) Risk Assessment (RA)-** The rate of VTE RA performed on admission remains below the national target 95% compliance.
- **Cancer 28 day Performance-** NBT improved its performance against the standard in February 72.01% compliance compared to January 47.10%. Improvements in Breast reporting 180 breaches in February compared to 539 in January. Demand remains high outstripping capacity which relates to workforce challenges due to sickness and leave.
- **Complaints-** NBT received 663 formal complaints during 2021/22 and 56 formal complaints in March, compliance with the response timeframe remains challenging at 78.3% compliance.
- **Serious Incidents (SIs)-** There were 26 SI investigations undertaken in 2021/22, three SIs were reported in March 22.

### Risks and Mitigation

- **Refer to Treatment Times-** The Elective Care Recovery Programme has a focus on the treatment of patients waiting over 104 weeks or are at risk of waiting that long for their treatment, whilst maintaining timely access to treatment for those with the greatest clinical need.
- **Endoscopy-** A high level review continues for patients waiting longer than 13 weeks to ensure that no harm has resulted from the extended wait times. Work is ongoing to produce one data base to equalise wait times across all organisations.
- **Venous Thromboembolism (VTE) Risk Assessment (RA)-** A review of performance and assessments to assess if this reflects actual changes to clinical practice, or data capture issues. Recruitment to the Pharmacy VTE Lead is ongoing.
- **Cancer 28 day Performance-** Practice review and recovery action plan across all specialties has been developed which implements best practice timed pathways with speciality teams. Task force meetings are held to manage cancer pathways.
- **Complaints-** Weekly validation meetings for over due complaints are held by Divisions. Recovery plans and trajectory for improvement have been agreed.
- **Serious Incidents (SIs)-** Early adopter of National Patient Safety Incident Framework, NBT has undertaken a themed analysis of patient safety incidents to identify key areas for patient safety improvement. Patient Safety Academies have been set up for Falls, Pressure Injuries and Medicines Safety.

**Quality Dashboard** - The areas in the tables below form part of the national contract primarily related to Harm Free Care (HFC). The areas will be linked to the current provider priorities and form part of the quality slides going forward on a quarterly basis. RAG rating is in place where there is a national directive of a standard to uphold

| NBT                                      | Aim  | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|--|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| HFC - SIs (Jul 2021 PSIRF Investigation) |      | 4      | 10 (1) | 2      | 3      | 2      | 2      | 3      | 2      | 1      | 1      | 5      | 1      | 3      |
| Never Event                              | 0    | 0      | 1      | 0      | 0      | 0      | 0      | 1      | 0      | 0      | 1      | 0      | 0      | 0      |
| HFC - Incidents per 1000 Bed Days        |      | 46     | 46     | 44     | 43     | 48     | 40     | 43     | 39     | 42     | 41     | 53     | 53     | 48     |
| HFC - Falls per 1000 Bed Days            |      | 8.44   | 8.33   | 8.7    | 8.53   | 8.36   | 7.84   | 7.24   | 7.33   | 7.48   | 8.29   | 9.88   | 8.85   | 7.23   |
| HFC - Pls per 1000 Bed Days              |      | 0.19   | 0.30   | 0.29   | 0.48   | 0.51   | 0.72   | 0.75   | 0.51   | 0.32   | 0.35   | 0.41   | 0.75   | 0.71   |
| HFC - VTE Risk Assessment                | 95%  | 95.38% | 95.45% | 95.45% | 95.42% | 95.59% | 94.91% | 94.90% | 94.53% | 93.84% | 94.55% | 93.70% | 93.56% | tba    |
| Complaints response compliance           | 90%  | 85.11% | 79.07% | 83.33% | 77%    | 85.71% | 87.72% | 77.36% | 69.12% | 72.13% | 69.09% | 69%    | 80.85% | 78.33% |
| Stroke - Thrombolysed in under 1 hour    | >60% | 78.00% | 100%   | 50.00% | 70.00% | 85.71% | 90.91% | 50.00% | 27.27% | 66.67% | 100%   | 84.62% | 60.00% | tba    |

\*Missing data has been requested from the provider as per current Quality Schedule reporting. \*Some of the AIMS are either a national requirement or a local agreed one with the Trust.

\*HFC full compliance information details are reported quarterly. \*Stroke and VTE are often reported a month in arrears.

# Provider Quality Exception and Overview Report – ACUTE HOSPITAL - University Hospital Bristol Weston (UHBW) Reporting Period – Month 12 2021/22 – March data

Information Source and date of information – March Provider Integrated Performance Report (IPR) and Quality review meeting.

Operational – March 22 continued the trend with all ED attendances and conversions to admission below the levels experienced pre-pandemic, but poor patient flow out of the Trust affected recovery of performance in most areas, and contributed to delays in ambulance to ED handover times. Covid bed occupancy reached 104 beds by the end of March 22. Higher community prevalence of Covid affected the workforce due to high sickness rates.

Following CQC Inspection at UHBW in January 21 and Weston General Hospital in June 21 the recommendations from these reports have been consolidated into one CQC Action Plan. 47 actions have been closed, 30 recommended for closure, 75 are on track for closure and 19 actions are behind schedule.

Perinatal Quality Surveillance Matrix has been developed to provide additional quality surveillance of Maternity Services following the recommendations of the Ockenden Report. The Continuity of Care Programme continues to be rolled out for expectant mothers.

## Key Lines of Enquiry

- **12 Hour Trolley Breaches** - There were 952 trolley waits in excess of 12 hours across UHBW sites, which was the fourth consecutive monthly increase and the highest recorded since the start of the pandemic.
- **Serious Incidents (SIs)**- UHBW reported 88 SIs and three Never Events in 2021/22, four SIs were reported in March 22 across UHBW sites.
- **Venous Thromboembolism (VTE) Risk Assessment (RA)**- remains a challenge across the Trust and below the 95% national compliance target.
- **Complaints**- During 2021/22 424 formal complaints were received of which 73.40% were responded to within the appropriate timeframes. In March, 14 formal complaints were received across UHBW sites., 76% were responded to within the required timeframes. This is a 3% improvement on the previous month.
- **Cancer 2WW Referrals**- In March 75.4% compliance with the national standard was achieved. There is a risk of further short term deterioration in the number of breaches on the skin pathway due to unplanned short term absence of a Locum Consultant and sickness associated with Covid.

## Risks and Mitigation

- **12 Hour Trolley Breaches**- The Trust has established a Recovery Programme Board designed to improve the performance position. Investment in the additional community capacity to enable Discharge to Assess pathways is expected to provide additional capacity by October 22. Same Day Emergency Care is being expanded from 5 to 7 day service which will improve ED capacity at the weekends.
- **Serious Incidents (SIs)**- The new Rapid Incident Review process for the identification of incidents requiring further patient safety incident investigations commenced Trust wide in January 22. Divisional Safety Teams discuss the incidents with the Executive Team. Twenty four incidents have undergone the Rapid Review process. System analysis enables learning to be captured and shared in a timely manner. Project Manager is being recruited to lead & implement the Patient Safety Incident Response Framework. Training for the Patient Safety Investigators has commenced.
- **Venous Thromboembolism (VTE) Risk Assessment (RA)**- Following a scoping exercise to identify the challenges a multi-disciplinary meeting is planned for May 22 with Patient Safety Leads and Medical Director to set priorities for clinical engagement.
- **Complaints**- Additional staff have been recruited to the Patient Support and Complaints Team. Complaints are triaged to identify patient safety concerns and reported to the Executive team. Analysis of complaints are shared with Divisions to facilitate learning and improvement.
- **Cancer 2WW Referrals**- Actions for improvement are being reviewed with South West Cancer Alliance including temporary outsourcing of Dermatology out patient appointments.

**Quality Dashboard** - The areas in the tables below form part of the national contract primarily related to Harm Free Care (HFC). The areas will be linked to the current provider priorities and form part of the quality slides going forward on a quarterly basis. RAG rating is in place where there is a National directive of a standard to uphold.

| UHBW                                  | Aim  | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|---------------------------------------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| HFC - SIs reported                    |      | 10     | 7(1)   | 9      | 9      | 10(1)  | 4      | 9(1)   | 6      | 7      | 7      | 8      | 6      | 4      |
| Never Event                           | 0    | 0      | 1      | 0      | 0      | 1      | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0      |
| HFC - Falls per 1000 Bed days         | <4.7 | 4.94%  | 4.70%  | 4.02%  | 4.38%  | 4.58%  | 4.68%  | 4.84%  | 4.78%  | 4.56%  | 5.16%  | 5.46%  | 4.82%  | 5.42%  |
| HFC - PIs per 1000 Bed days           |      | 22.80% | 13.50% | 6.40%  | 13.10% | 12.70% | 22.30% | 13.20% | 18.60% | 0.16%  | 0.25%  | 0.25%  | 0.10%  | 0.30%  |
| HFC - VTE Risk Assessment             | 95%  | 84.00% | 82.70% | 82.30% | 82.50% | 82.10% | 83.90% | 85.70% | 83.70% | 84.30% | 83.20% | 83.80% | 82.60% | 82.20% |
| Complaints response compliance        | 90%  | 80.90% | 85.50% | 58.30% | 65.90% | 85.60% | 60.00% | 57.50% | 63.00% | 41.40% | 52.20% | 54.30% | 61.70% | 68.00% |
| Stroke - Thrombolysed in under 1 hour | >60% | 58.50% | 56.10% | 48.70% | 64.30% | 59.40% | 55.60% | 58.30% | 51.50% | 54.50% | 62.50% | 52.20% | 67.90% | tba    |

\* Missing data has been requested from the provider as per current Quality Schedule reporting. \* Some of the AIMS are either a national requirement or a local agreed one with the Trust. \* HFC details are reported on quarterly.

# Provider Quality Exception and Overview Report – Sirona Community Health and Urgent Care – Severnside/NHS111

## Reporting Period – Month 12 2021/22 – March data

Information Source and date of information – Provider reports received in April 2022

**Sirona Community Health** - during March the service was in OPEL 4. **IMPACT** - During March there were two outbreaks of Covid-19 in two separate rehab units (Q4 – six outbreaks, five affecting rehab units and one affecting an INT team). All required 72 hour reports and RCAs have been completed. Two HCAs (Cdiff) were reported (one in January and one in March), contained and managed appropriately by IPC team. Workforce remains the major risk, whilst sickness levels have levelled off a number of staff are affected by Long Covid, others are very tired and therefore susceptible to illness. Focus continues on increasing recruitment and retention resulting in some headway being made.

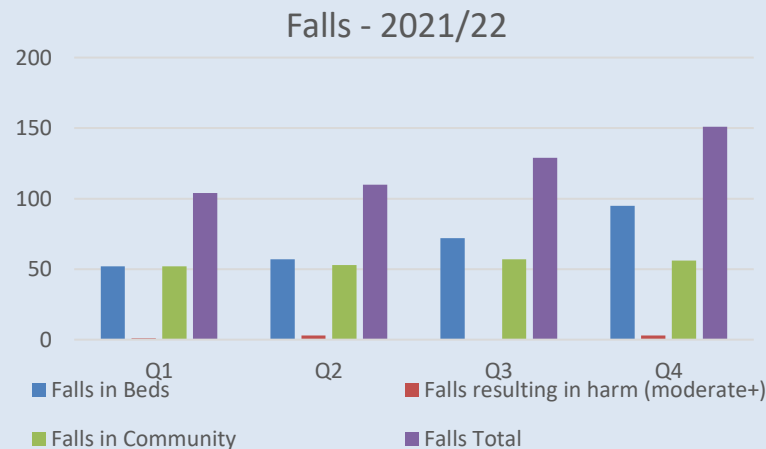
### Key Lines of Enquiry

**Incidents** - 735 incidents were reported in March, a figure that is 6% higher than the mean of 2021. Two incidents met the StEIS threshold, one relating to ‘failure to identify a deteriorating patient’. 20 incidents are still being investigated at the time of writing the report, this is an increase of 66% from February. Top three themes of incidents were Pressure Injuries (acquired and inherited – total (148)), Medication (81). Falls were positioned 8<sup>th</sup> in the theme list but an increase is causing it to be highlighted in this report.

**Falls** - During March 2022 a total of 41 falls were reported of which 26 were indicated as attributable to lapses in care. 24 of the 41 occurred in Sirona’s rehabilitation units. Q4 continued the trend of increasing falls occurring in the rehabilitation units (see chart) The increase in patient falls has led to a ‘deep dive’ investigation being undertaken to understand what measures can be employed to reduce them.

**Pressure Injuries** - Pressure injuries and the learning from incidents is being reviewed by Sirona’s Pressure Injury group.

**Medication Errors** - An increase in reported incidents means that 2021/22 saw 443 reported medication incidents versus 338 in 2020/21. Controlled drug incidents have remained at a similar annual level although a review of quarterly figures shows a general reduction. Omitted doses have increased from 2020/21 by 69 incidents to 182. Looking over the year 2021/22 the quarterly figures are level. Audit into omitted doses is now carried out quarterly by the Pharmacy team to reduce the number of incidents. Insulin related incidents have increased by 43 incidents from 2020/21, a quarterly breakdown of this type of incident is showing an increasing trend with a significant increase in Q4. Sirona’s pharmacy team are discussing insulin incidents with the Diabetes Clinical and Operational Lead to agree actions and share learning from these incidents to reduce the number of incidents.



### Sirona Quality Priorities 2022/23

| CQC Domain | Quality Priorities - Adults   | Quality Priorities - Children  |
|------------|---|--|
| Safe       | <ul style="list-style-type: none"> <li>➤ Ensure self-administration of medication is equitable across our in-patient units</li> </ul>   | <ul style="list-style-type: none"> <li>➤ Develop and effective Sleep Pathway</li> </ul>  |
| Effective  | <ul style="list-style-type: none"> <li>➤ Establish a 7-day Hospital Learning Disability Liaison Service.</li> <li>➤ Introduce Remote assessment across all Minor Injury Units</li> </ul>  | <ul style="list-style-type: none"> <li>➤ Continue to develop Autism pathways</li> </ul>  |
| Caring     | <ul style="list-style-type: none"> <li>➤ Improve Staff Experience and ways of working</li> <li>➤ Agree a standard assessment template for frailty</li> </ul>  | <ul style="list-style-type: none"> <li>➤ Implement a responsive and integrated paediatric palliative and end of life care service for BNSSG</li> </ul>                         |
| Responsive | <ul style="list-style-type: none"> <li>➤ Agree a set of right to reside codes for system partners to use to better identify delays in transfers of care and improve patient experience and outcomes</li> </ul>                                    | <ul style="list-style-type: none"> <li>➤ Reduce the spread of both Covid-19 infections and Flu through a planned schools and community based clinic programme.</li> </ul>      |
| Well led   | <ul style="list-style-type: none"> <li>➤ Develop a programme to address Health Inequalities for staff and population</li> <li>➤ Provision of a robust resourcing and governance structure across our place based urgent care services.</li> </ul> | <ul style="list-style-type: none"> <li>➤ To lead a transformation of Public Health Nursing Services and introduce the Thrive Framework as a service delivery model.</li> </ul> |



# Quality Exception and Overview for Avon and Wiltshire Mental Health, Vita Health and Self Injury Support

## Reporting Period – Month 12 – March data 2022

Information Source and date of information – Provider reports received in xxxxx 2022

### Avon and Wiltshire Mental Health Provider – AWP

- **72hr follow up to discharge** – The data shows a deterioration of follow up within 72hrs following a discharge from a Mental Health inpatient setting for the last Quarter of 2021/22. This relates to a change in reporting requirements from Inpatient to Community reporting. A work programme is underway to address this and improvements are expected in Quarter 1 2022/23. Please see details in the chart below.
- **Serious Incident Investigation** – A discussion has been held with AWP regarding capacity of Front Line staff to be involved with Serious Incident Investigations. These capacity issues were causing significant delays in investigation. AWP proposed returning to the system established during Wave 1 Covid, where investigations were carried out as desk top reviews or Round Table discussions with Clinical Leads. It is noted that the learning identified from investigations in this time period were not significantly different than that gained from full investigations. The CCG agreed that this process would be put in place for six months, and was a step towards the PSIRF ways of learning from incidents.
- **Serious Incident Learning** – AWP have identified key themes within their Serious Incident Investigations, these include; Care Planning, Risk Assessment and the Triangle of Care. Each of these themes identified has a Quality Improvement program established to address the issues identified and improve care. These report to the AWP Quality Assurance meeting on a Quarterly basis.
- **Patient Safety Incident Response Framework (PSIRF) Development** – AWP are making progress towards the development of their PSIRP. They are currently leading a national piece of work with Making Families Count regarding Duty of Candour within the new system. The CCG will be receiving an update on progress at the June Quality Assurance Meeting.

### 2021/2022 Achievements.

- **Award win** - The AWP Equality, Diversity and Inclusion working group won the Public Engagement and Inclusion Category of the Clinical Research Network Inaugural West of England Research Awards.
- **Award win** - An AWP Blood Bourn Virus Nurse Specialist has won the Bronze Award for innovation at the British Journal of Nursing 2022 awards. Together with Hep C U Later, the nurse identified a backlog of 250 city residents living with untreated hepatitis C. As a result of this, in her joint post with Bristol Drugs Project, she implemented a new community treatment pathway.
- **Staff relations** - AWP are working closely with 'Working Confidence' and have launched an App to enable conversations between staff and Freedom to Speak Up Champions on a secure and independent platform, where any concern or idea can be raised day or night, anonymously.

| Name of metric               | Target | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 72 hr follow-up to discharge | 80%    | 87%    | 84%    | 86%    | 85%    | 83%    | 86%    | 77%    | 85%    | 75%    | 82%    | 73%    | 76%    | 73%    |

# Quality Exception and Overview for South West Ambulance Trust (SWASFT)

## Reporting Period – Month 12 – March data 2022

Information Source and date of information – Provider reports received in April 2022

### Adverse Incidents caused by Ambulance to ED Handover Delays

SWASFT reported 59 Adverse Incidents between July 2021 and January 2022 where there was a delay in the handover from ambulance to ED, that had the potential to cause harm to BNSSG Patients.

In March 22 the average ambulance to ED handover took 1 hour and 38 minutes.

### Adverse Incidents reported following a delay in Ambulance arrival on scene

SWASFT reported 124 Adverse Incidents between June 2021 and February 2022 where the delay in the ambulance arriving on scene with the patient had the potential to cause harm to BNSSG patients.

During March 22 category 1 ambulance took on average 10 minutes to arrive on scene and Category 2 took 1 hour 3 minutes.

Conveyed call cycles are being impacted by ambulance to ED handover delays and crews spending longer on scene treating patients rather than conveying patients to ED.

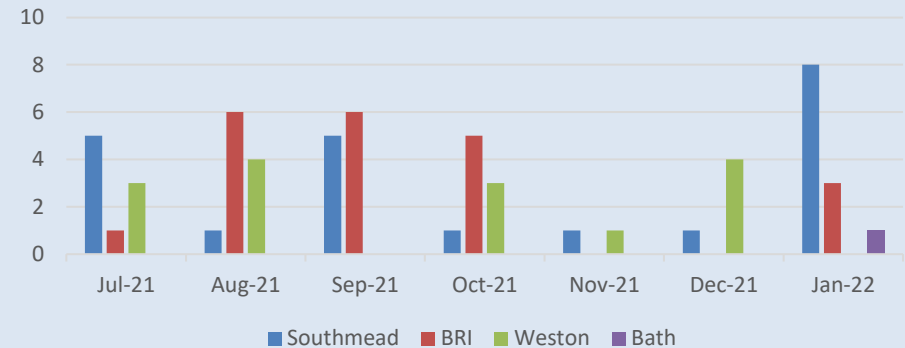
### Risks and Mitigation

SWASFT have developed 'One Plan 2022/23' which has 10 workstreams which are focused on improving Patient Safety, improving performance and the introduction of a 'Just Culture'. Each workstream has a designated Clinical Lead.

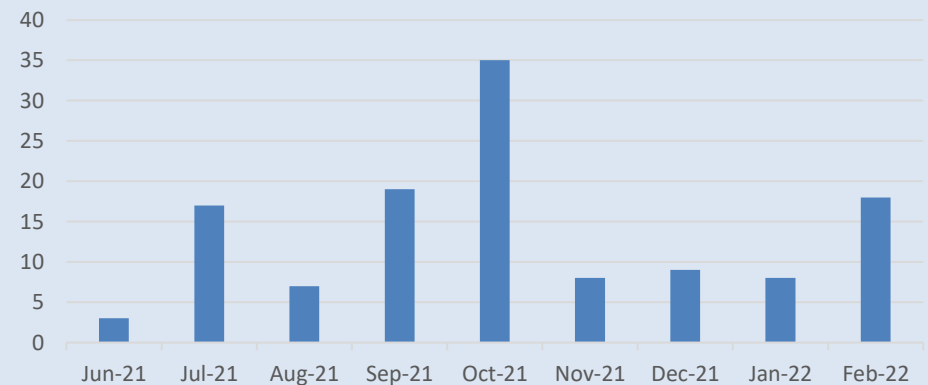
Other initiatives to address the system pressures include

- See and Treat- in March 34.90% of patients were not conveyed to ED.
- Hear and Treat
- 111 First National Pilot designed to divert people away from ED.
- Trusted Assessor- paramedics obtain clinical advice from a GP to prevent attendance at ED.
- Conveyance of patients to Same Day Elective Care Centres rather than ED.
- Role of the Hospital Ambulance Liaison Officer to prioritise and improve ambulance to ED handover.
- Clinicians working in the Hub are redirected to review the calls in the Category 2 Ambulance queue to prioritise the dispatching of ambulances.

**Adverse Incidents reported by hospital site where Delay in handover from Ambulance to ED had the potential to cause harm to BNSSG CCG Patients**



**Adverse Incidents Reported where delay in the arrival of the ambulance on scene had the potential to cause harm to BNSSG CCG Patients.**



# Quality Exception and Overview for South West Ambulance Trust (SWASFT) Learning from Adverse Incidents Reporting Period – Month 12 – March data 2022

## SWASFT- Experimental Patient Safety Systems Investigation

SWASFT have produced raw data harm reports to raise awareness to the individual urgent and emergency care (UEC) systems of the impact on patients these pressures were causing. They were developed to highlight the harm that was happening rather than to identify the organisational learning for SWASFT, where there was no omission identified in the care delivered by SWASFT.

The harm reviews, identified that patient deaths had occurred in some of the incidents. This was raised to the Quality Assurance Sub Committee (QASC) and NHSEI in August/September 2021. These Adverse Incidents occurred as a consequence of the delay in resource attending the patient rather than by poor performance/care given by SWASFT.

To ensure these adverse Incidents can be captured and reviewed, a different process was agreed at an extra ordinary QASC meeting and was supported by the AJCC in October 2021. The raw data harm report process was agreed; Adverse Incidents would be reported onto STEIS for record purposes, but they would be investigated differently, outside of the 2015 Incident Management Framework.

The adverse incidents that occurred by reason outside of SWASFT scope would be logged and reviewed together under the Patient Safety System Investigation., with support from expert Donna Forsyth. This investigation commenced in December 2021 and has applied the principals of the PSIRF Framework by focussing on organisational learning and system wide challenges.

The investigation will produce a report that will focus on the causes of the system delays and the areas for learning will be identified for SWASFT and all partners.

On 19 May 2022 the System Review Panel will review the draft report which is expected to be shared with BNSSG on 1 June 2022.

## Review learn Improve (RLI) Investigation reports

SWASFT continues to apply additional processes to continue organisational learning including the management of complaints, RLI Investigations into Serious Incidents and Moderate Harm Incidents and Learning from Deaths.

There is however, a significant back log in SWASFT reviews and investigations into Serious Incidents which was caused by various reasons, mainly the overwhelming increase in the number of incidents and the system pressures within UEC.

SWASFT are currently recruiting an additional 12 additional posts to join the SWASFT Incident Investigation Team.

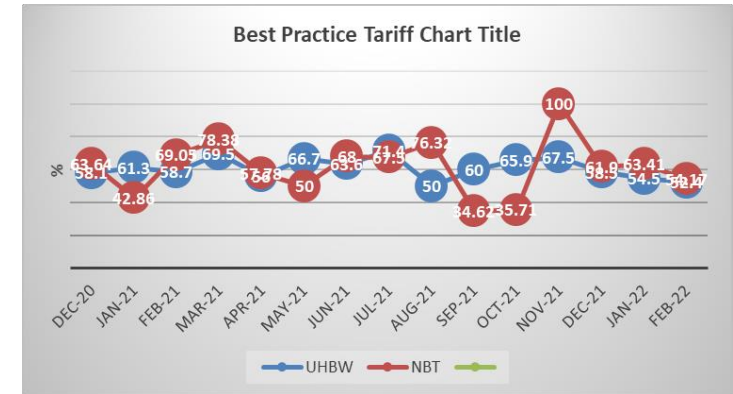
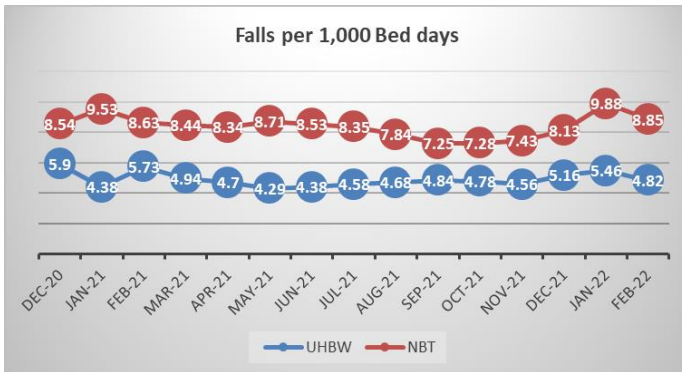
# Quality Exception and Overview for Harm Free Care - FALLS

## Reporting Period – Month 12 – March data 2022

Information Source and date of information – Provider reports received in April 2022

The charts to the right and left indicate the falls monitoring at the Acute provider settings.

Best Practice tariff is based on how trusts are able to treat patients who have come in to the facility plus in-patients where a fall has resulted in a fractured hip. The tariff is based on a set criteria which due to current situations with Theatre availability and staffing they have both struggled to meet. Both providers have robust falls group to review and look to improve performance for patients.



| AWP Name of metric  | Target | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Physical Health: Inpatient falls screening (older people)                               | 95%    | 96%    | 88%    | 100%   | 94%    | 81%    | 80%    | 96%    | 86%    | 92%    | 78%    | 79%    | 80%    | 77%    |
| Physical Health: total number of falls  | n/a    | 86     | 54     | 47     | 50     | 54     | 56     | 53     | 31     | 38     | 66     | 75     | 36     | 59     |
| Physical Health: total number of falls resulting in Serious Incident (STEIS reportable) | n/a    | 0      | 1      | 0      | 0      | 0      | 1      | 0      | 0      | 0      | 1      | 0      | 0      | 0      |

Physical Health screening and falls improvement work are part of the wider AWP physical health improvement programme which has been established and reports to the AWP QA meeting on a quarterly basis

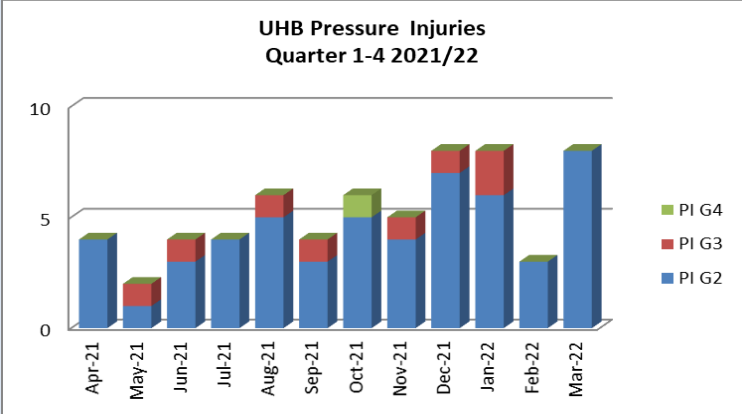
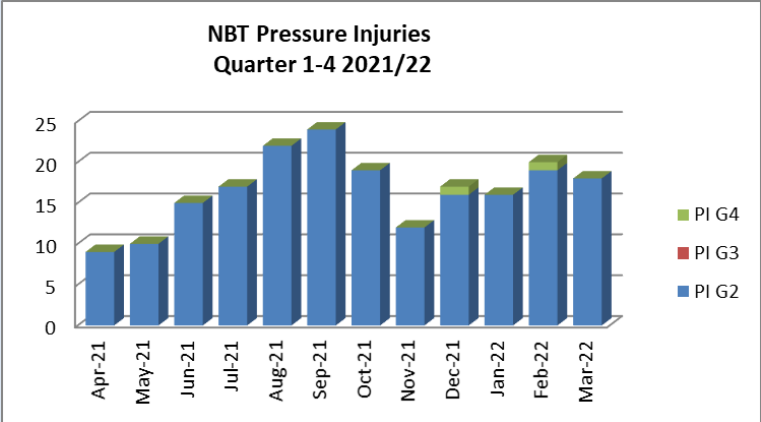
# Quality Exception and Overview for Harm Free Care - Pressure Injuries

## Reporting Period – Month 12 – March data 2022

Information Source and date of information – Provider reports received in April 2022

Significant focus has been put into improving on pressure injurie management especially in once identified preventing any deterioration. Staff training, increased Tissue Viability Nurse availability, focus days as well as safety highlights Trust wide.

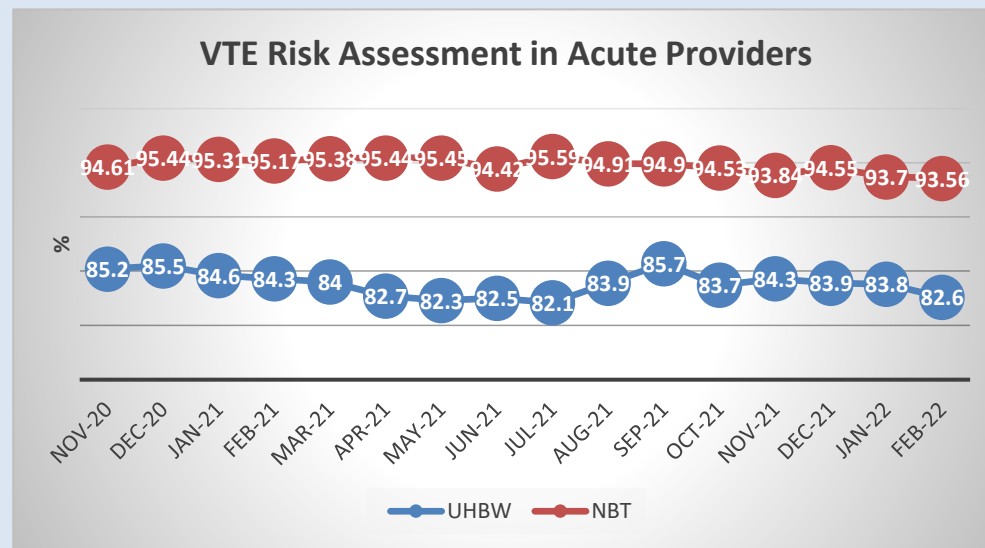
The most common areas identified for PI development is the coccyx, sacral and heel areas.



# Quality Exception and Overview for Harm Free Care - VTE

Reporting Period – Month 12 – March data 2022

Information Source and date of information – Provider reports received in April 2022



Within both acute providers some key development processes working towards improvement are being implemented. These include:

- Designated Trust VTE leads.
- Having a focused Quality Improvement Project with specialty input.
- Implementing a digital collection of data in real time.
- Making changes to set medication
- Implementing a multi-discipline approach across various specialties and inclusion of Patient Safety leads.

Progress is impacted due to workforce restraints, however a dedicated focus is in place to work towards improvement. The CCG continue to monitor and obtain regular updates.

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

## Reporting period – Month 12 2021/22 – March data

Information Source and date of information – UK Health Security Agency (UKHSA) ,CCG HCAI Leads as of 21/04/22

### BNSSG Annual Standard

- Clinical Commissioning Groups (CCG's) and secondary care providers threshold levels for 2021/22 were released in August 2021 by NHS England and NHS Improvement, which are based on number of assigned cases during 2019.
- Both CCG and secondary care threshold levels are specified below:
  - **Clostridioides difficile (CDI)** = 191
  - **Escherichia coli (E. coli)** = 667
  - **Methicillin Resistant Staphylococcus Aureus (MRSA)** = 0
  - **Methicillin Susceptible Staphylococcus Aureus (MSSA)** – No threshold
  - **Klebsiella** = 137
  - **Pseudomonas aeruginosa** = 61

### Performance for March 2021

- **CDI** = 17 HOHA=8 (NBT-6, UHBW-1, RUH-1), COHA=1, COCA=6, COIA=1
- **E. coli** = 50 HOHA=12 (NBT-4, UHBW-8), COHA=7, COCA=31, COIA=0
- **MRSA** = 3 HOHA=1 (NBT-0, UHBW-1), COHA=1, COCA=1, COIA=0
- **MSSA** = 16 HOHA=5 (NBT-1, UHBW-4), COHA=3, COCA=8, COIA= 0
- **Klebsiella** =12 HOHA=5 (NBT-3, UHBW-1, Kings College-1), COHA=1, COCA=6, COIA= 0
- **Pseudomonas aeruginosa** = 8, HOHA=0, COHA=2, COCA=6, COIA=0

**HOHA** – Hospital Onset, Hospital Associated

**COHA** – Community Onset, Hospital Associated

**COCA** – Community Onset, Community Associated

**COIA** – Community onset, Indeterminate Association

### Risks/Assurance Gaps

HCAI interim Manager has now appointed at the CCG.

Standardising of diagnostic tool tender process is about to take place to ensure all cases are managed in the same way.

Digital group have identified that a formal funded new project request would be required. Currently Infection Control Net data site does not provide an alert, and a standard template is required to ensure correct coding in patient notes.

A formal BNSSG C-diff Case Review Group to be set up in early 2022/23. Terms of reference will be required and to be drafted.

Cdiff patient Information leaflet has been drafted, all comments received have been incorporated. The Communications Team will format and will be circulated for final comments ahead of publication.

### Commentary

- MRSA- Zero tolerance has not achieved. There were 3 cases in March.
- CDI- The 17 cases are currently categorised as follows: New (15), Continuing Infection (1), Repeat/Relapse (0), Unknown (1).
- EColi- the majority of the 50 cases continue to be Community Onset.

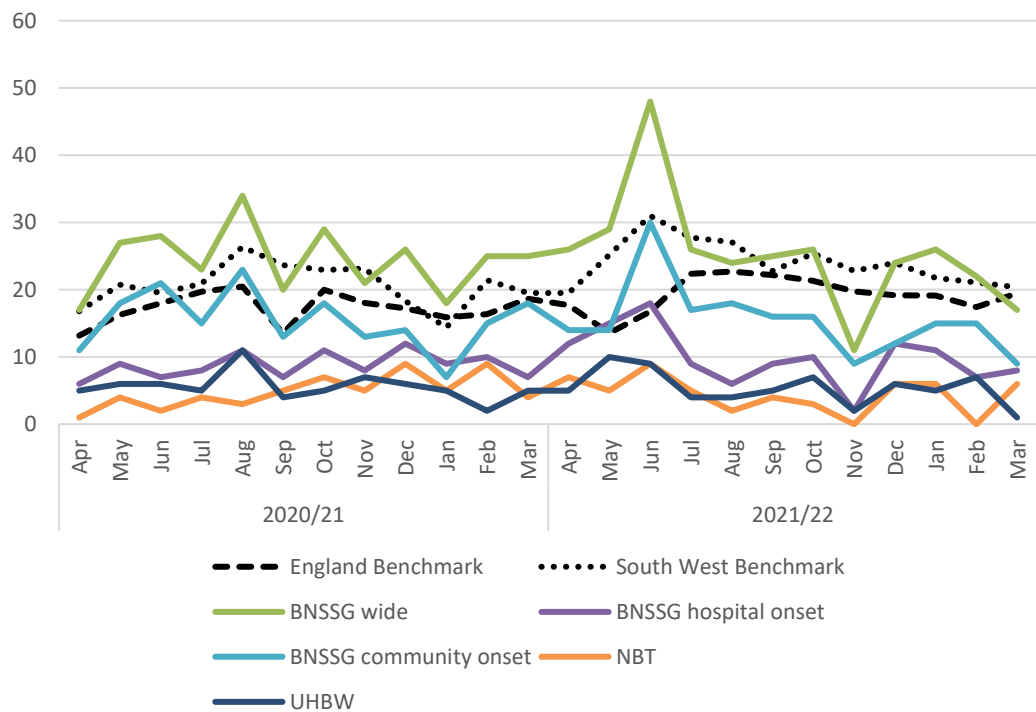
### Assurance

- Comparison with all England and Southwest 2020/21 benchmarks is provided.

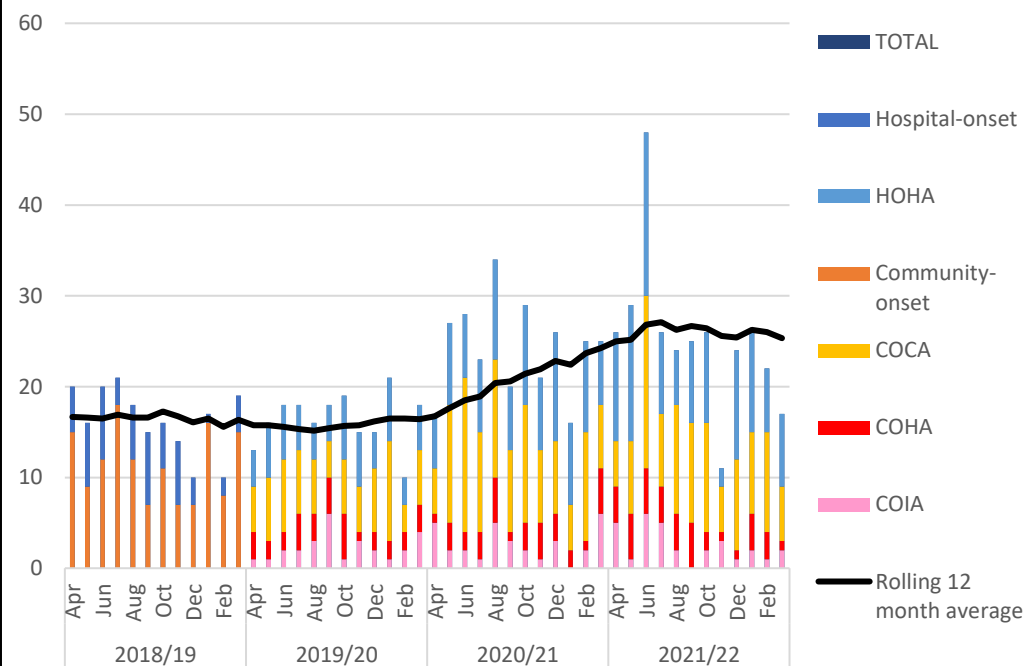
|                       | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Threshold to date | Assigned Cases 2021/22 | Position against threshold | Month 12 position 20/21 | Month 12 position 19/20 |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------------|------------------------|----------------------------|-------------------------|-------------------------|
| <b>C. difficile</b>   | 26     | 29     | 48     | 26     | 24     | 25     | 26     | 11     | 24     | 26     | 22     | 17     | <b>191</b>        | <b>304</b>             | ↑                          | <b>293</b>              | <b>197</b>              |
| <b>E. coli</b>        | 46     | 48     | 42     | 44     | 53     | 56     | 45     | 45     | 49     | 45     | 43     | 50     | <b>667</b>        | <b>566</b>             | ↓                          | <b>585</b>              | <b>663</b>              |
| <b>MRSA</b>           | 1      | 3      | 6      | 5      | 1      | 2      | 1      | 3      | 6      | 7      | 0      | 3      | -                 | <b>38</b>              |                            | <b>31</b>               | <b>43</b>               |
| <b>MSSA</b>           | 19     | 14     | 12     | 9      | 18     | 14     | 13     | 8      | 16     | 12     | 17     | 16     | -                 | <b>168</b>             |                            | <b>172</b>              | <b>188</b>              |
| <b>Klebsiella spp</b> | 14     | 12     | 14     | 17     | 13     | 16     | 22     | 13     | 11     | 9      | 8      | 12     | <b>137</b>        | <b>161</b>             | ↑                          | <b>153</b>              | <b>146</b>              |
| <b>Pseud A</b>        | 7      | 7      | 7      | 6      | 8      | 8      | 2      | 5      | 3      | 5      | 5      | 8      | <b>61</b>         | <b>71</b>              | ↑                          | <b>61</b>               | <b>64</b>               |

\*The above table provides the monthly CCG assigned cases as well as the year to date total. The final columns is our benchmark against the 2020/21 and 2019/20 position.

## BNSSG CCG Assigned C. difficile Cases 22 months to March 2022



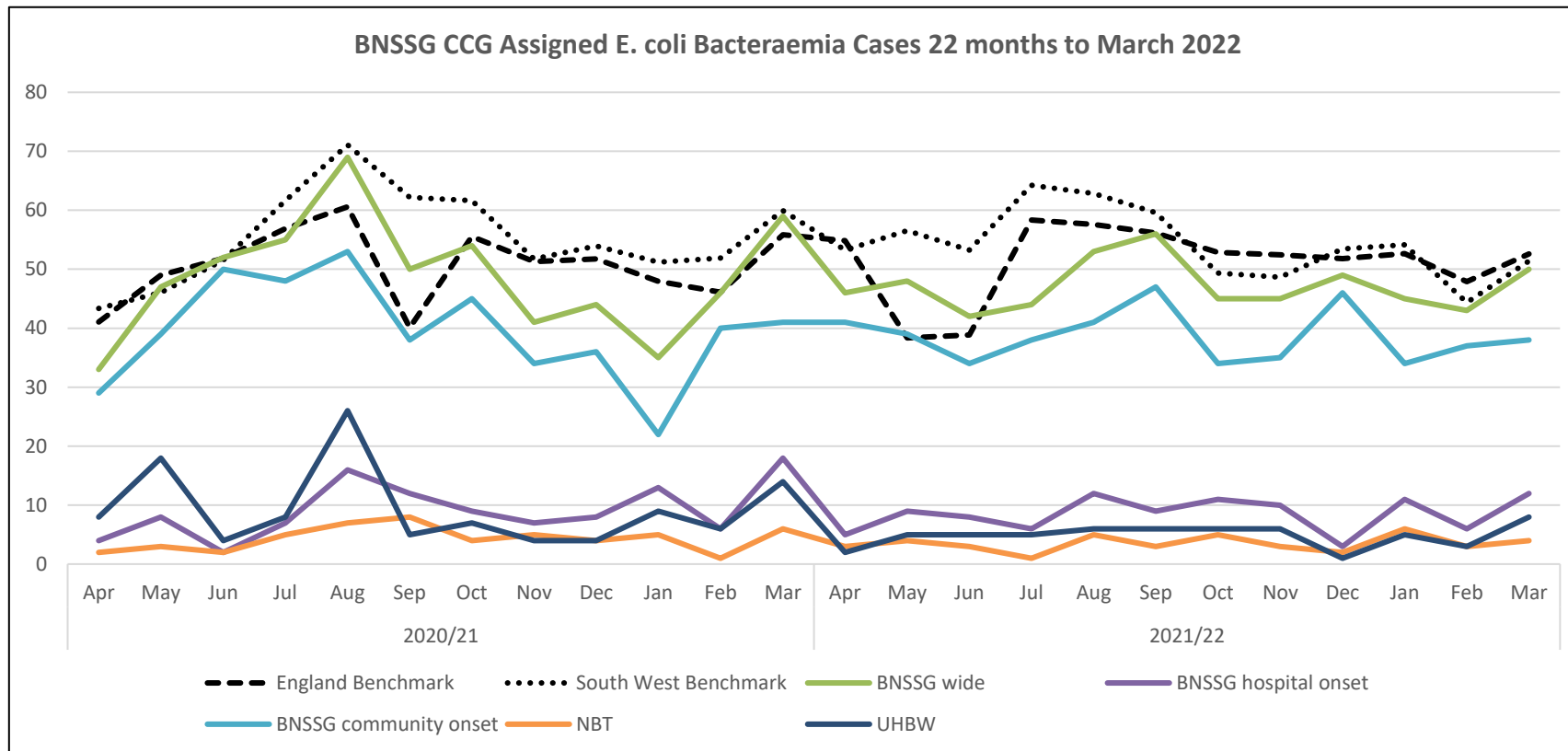
## C Diff Cases in BNSSG Since April 2018, Split by Apportionment, With 12 Month Rolling Average of Total Cases



### Clostridioides difficile (CDI)

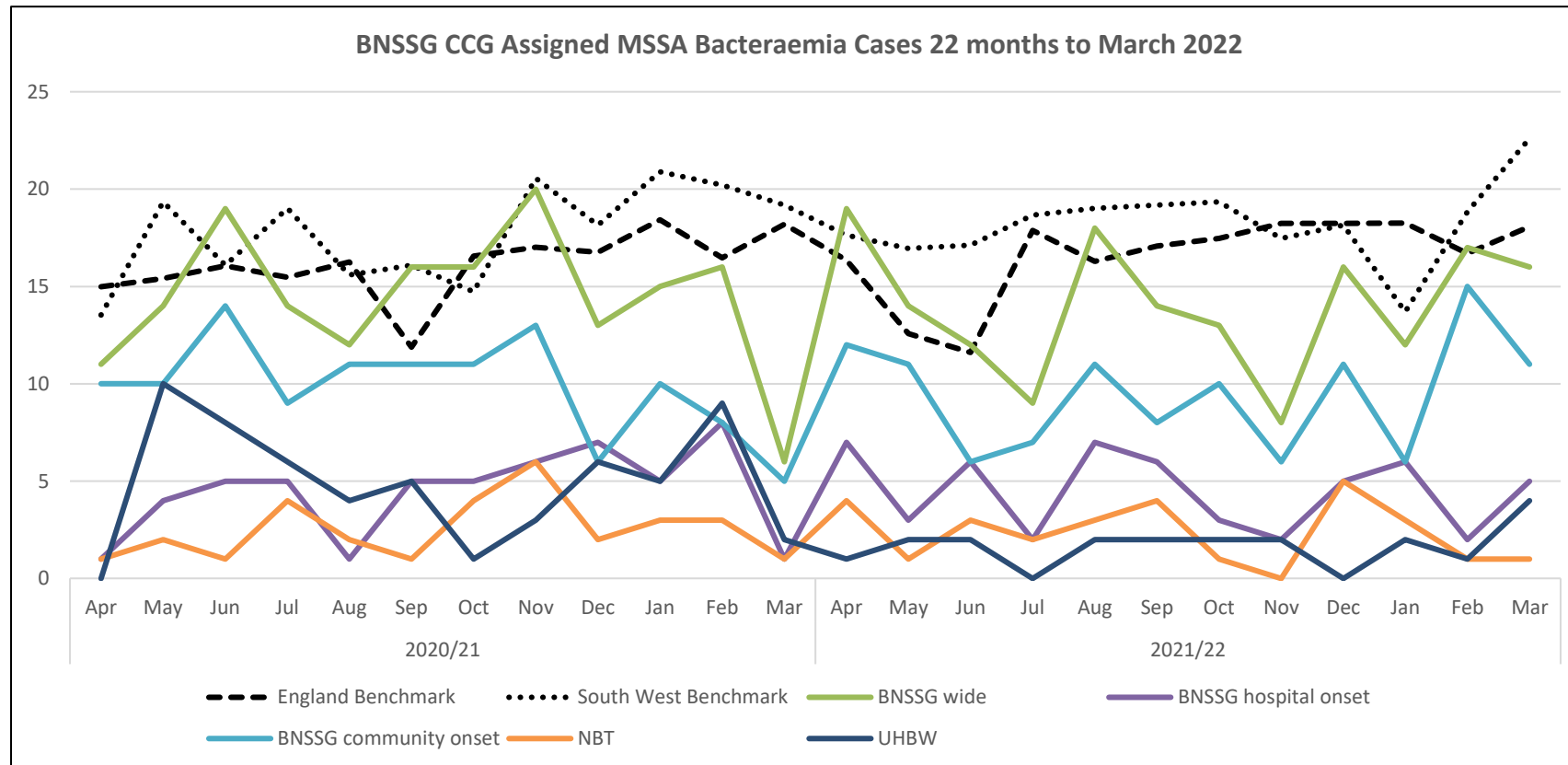
- In March 2022, 17 cases were attributed to BNSSG CCG (left graph).
- The graph on the right shows the rising case numbers since April 2020 (cases are assigned to the four categories illustrated). Prior to this period, the rate was steady at around 18 cases per month, compared to a current average of 27 cases per month, this is despite cases having levelled since the spike in June 2021. BNSSG is approximately in line with the regional average but slightly above the England average as seen in the graph on the left.
- Following the CDI working group meeting, a patient information leaflet has been drafted and reviewed system wide. The leaflet has been amended to incorporate comments received and advice is being sought from Comms on presentation styles. The working group continues to work with system and regional partners to understand the drivers behind a higher prevalence and incidence of CDI.





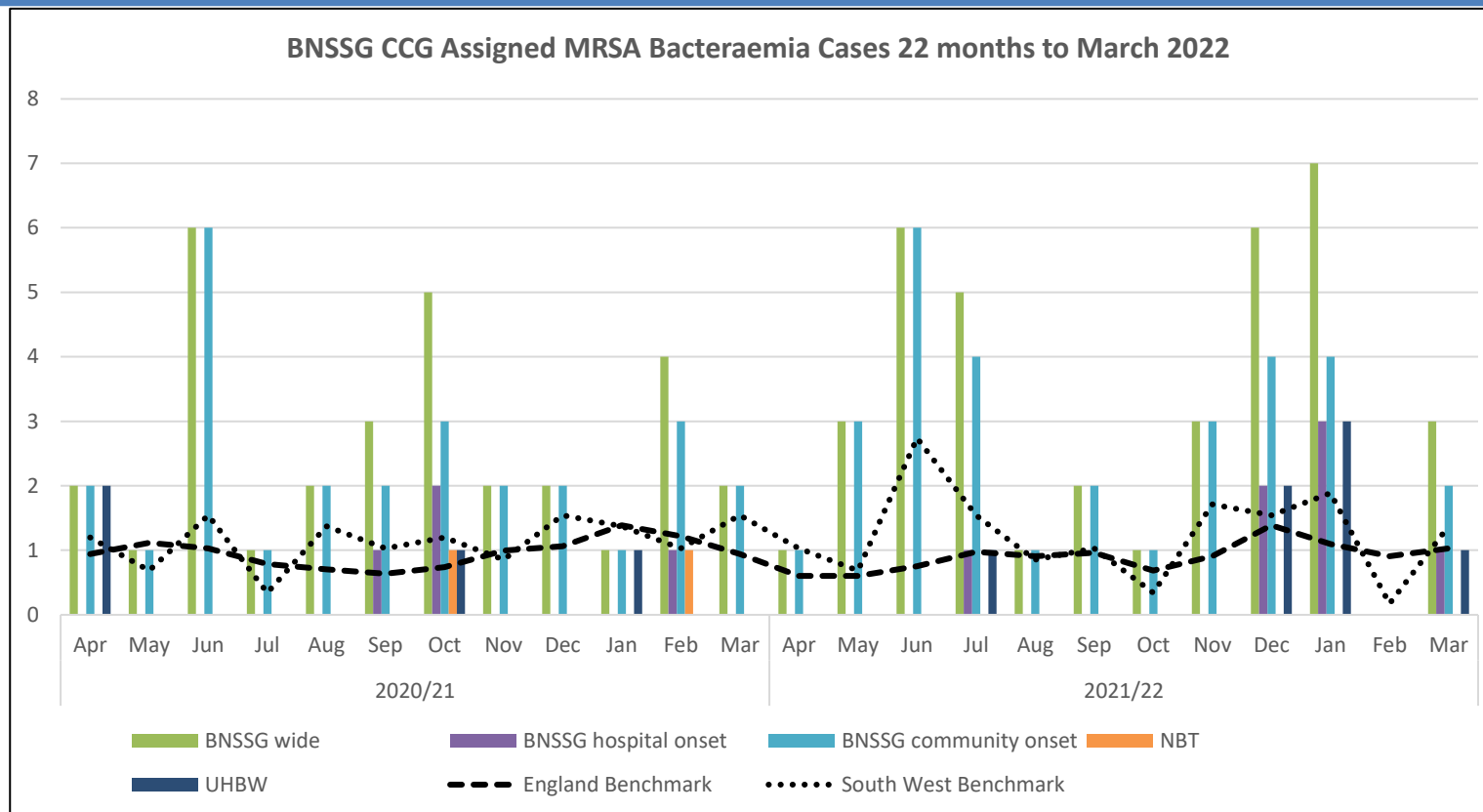
## Escherichia coli (E. coli)

- In March 2022, 50 cases of E.coli bacteraemia cases were assigned to BNSSG CCG. Case activity, remains below the thresholds set by NHSE/I, below the Southwest benchmarking and below the all England benchmarking. Activity is also below the 2019/20 and 2020/21 year to date position.
- Patient hydration remains a key area of focus and the CCG Quality team has requested the results of the evaluation of the previous research project using the 'Reliance on Carer' tool with nursing/residential care homes in our local system which was managed by CCG's Transformation team. NHSE/I had planned to present project work on national hydration work at the HCAI group in December, but this presentation has been postponed.



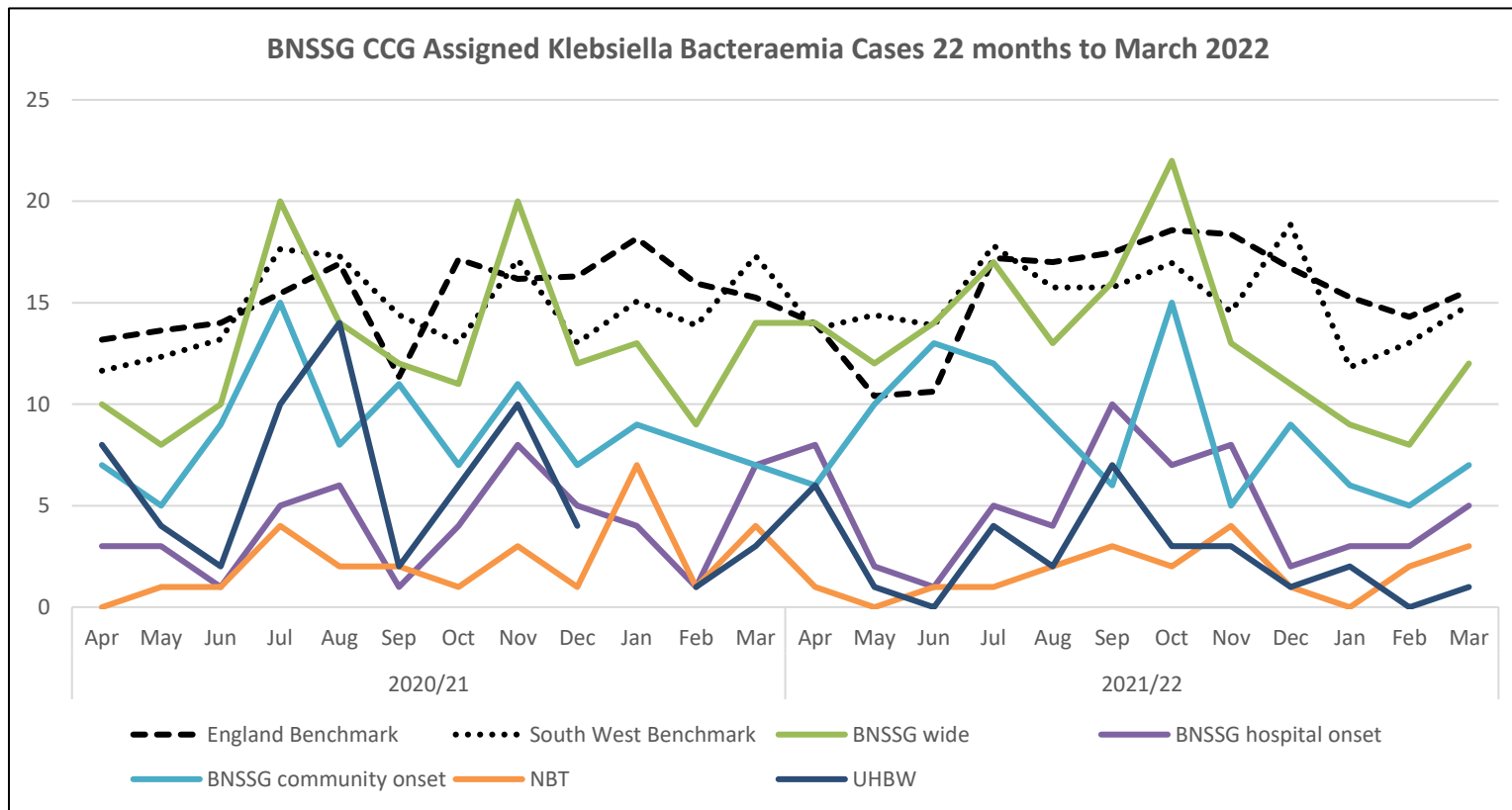
**Methicillin Susceptible Staphylococcus Aureus (MSSA)**

- In March 2022 16 cases of MSSA bacteraemia were assigned to BNSSG CCG. Five cases were classified as Hospital Onset Hospital Associated and eight cases as Community Onset Community Associated. Case activity has been below the Southwest average since May 2021 and below the all England average for the last five months.
- No formal system thresholds exist and the CCG remain in a monitoring position.
- CCG case activity continues to demonstrate an improvement in the 2020/21 position and 2019/20 position.



## Methicillin Resistant Staphylococcus Aureus (MRSA)

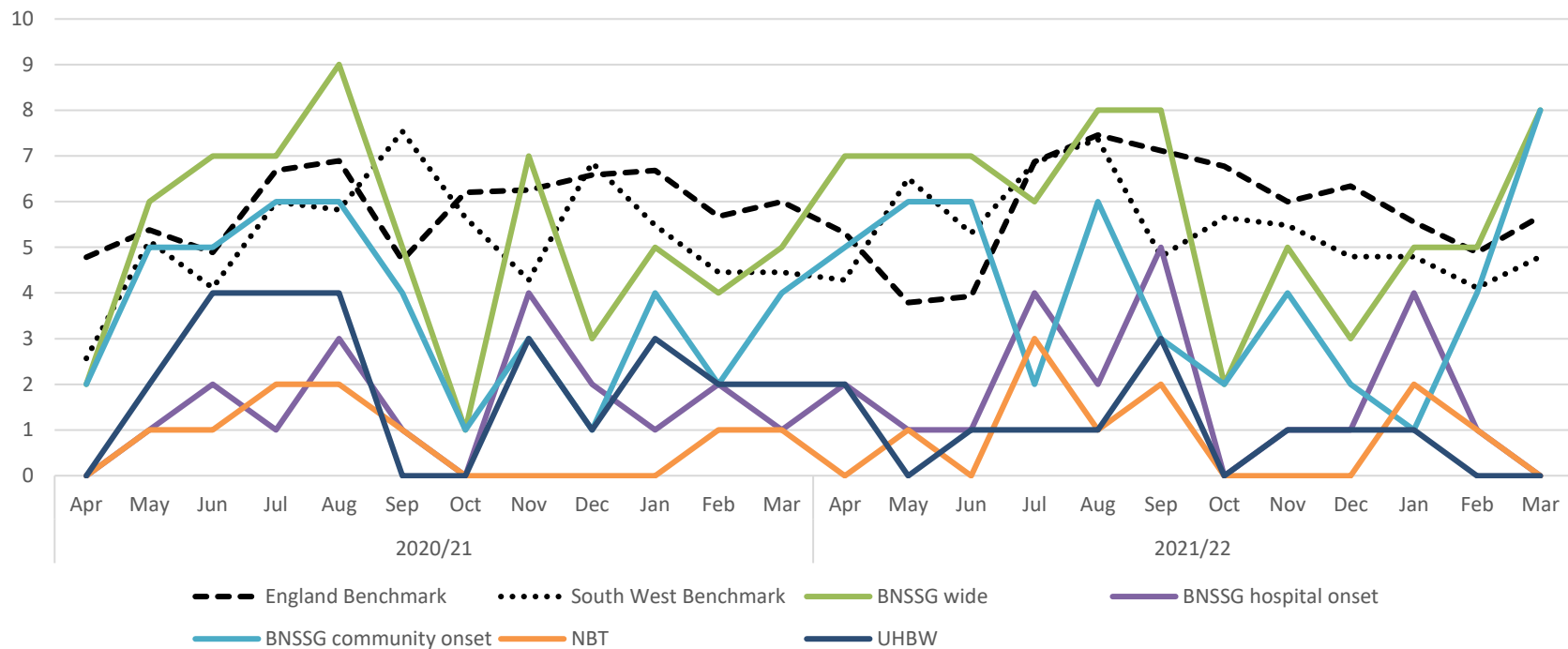
- In March 2022 three cases of MRSA bacteraemia were assigned to BNSSG CCG.
- Year to date, thirty eight cases have now been assigned to BNSSG CCG.
- The review of the CCG assigned community onset MRSA Bacteraemia cases have not been undertaken due to multiple factors including competing pressures and access to patient care records. Access to patient records has been escalated as a priority and is now underway.
- The CCG and local authority partners have funded a trial of Chlorhexidine wipes in April/May 2021 for Persons Who Inject Drugs services across Bristol North Somerset and South Gloucestershire localities, which will require a formalised evaluation process during quarter 4 , to consider the effectiveness of this intervention



**Klebsiella**

- In March 2022 12 cases of Klebsiella bacteraemia were assigned to BNSSG CCG. Five cases were classified as Hospital Onset and six cases as Community Onset. Case activity fluctuates, and is below the Southwest and all England average in March 2022
- Assigned case activity is above the nationally mandated system thresholds. Year to date assigned cases are above the month twelve position in 2019/20 and 2020/21.
- The CCG will ask acute providers to share the themes that have been identified as contributing factors in this years dataset for system learning.

BNSSG CCG Assigned Pseudomonas Aeruginosa Bacteraemia Cases  
22 months to March 2022



**Pseudomonas Aeruginosa**

- In March 2022 eight cases of Pseudomonas aeruginosa bacteraemia were assigned to BNSSG CCG.
- Case activity is above the all England and Southwest benchmarks in March 2022 and above the system threshold.

## OVERVIEW OF ACTIVITY, ACHIEVEMENTS AND CHALLENGES 2021/22

As we entered the 2021/2022, the COVID-19, the vaccination roll out was underway and community prevalence and hospital admissions with COVID-19 infections were reducing. Talks of recovery plans and getting back to business as usual was the priority. Staffing was reviewed, the IPC Nurse on loan from the Quality Directorate was agreed to return to them and 2 part time interim staff to be released at the end of their contracts. This left 1 full time and 1 part-time staff in the Cell. The main challenge and achievement was for the Cell to continue to provide reactive responses to COVID-19 surges alongside a proactive activity.

### **ACHIEVEMENTS:**

#### **SUPPORT TO CARE PROVIDERS:**

A lessons learned exercise was conducted by the IPC Cell with input from Local Authority Partners and Care Providers and work streams established to support Care providers to recover and build on learning to equip them to manage any future health threats and to lesson the impact, on staff and residents. This led to the development and delivery of a 9 week IPC Champions and Network Training, for providers across BNSSG which was well received. As infection rates rose again over the summer and continued into Autumn the Cell was able to continue its reactive response and support system flow through the introduction of Risk Assessments and the application of the Hierarchy of Controls to support admission and also benefit service users and staff by making IPC and outbreak restrictions in a compassionate and gentler way.

#### **SUPPORT TO WIDER PARTNERS:**

- Provided assistance to the CCG IPC Team with Significant Incident Reviews for 2 months and reduce backlog.
- Played an active as part of the IPC Cell including leading the risk assessment hierarchy to reduce IPC measures to ease bed pressure.
- Acute provider outbreaks were supported consistently by Cell IPC staff. Close working with discharge teams to facilitate timely discharges.
- Updates and briefing papers provided to partners and comms
- The Cell Lead retained the role of Chair for the Clinical Reference Library and assured currency of information from partners whilst also continuing throughout the year to build the IPC and Vaccination and Testing resource sections.
- Advice and support on an hoc basis including site visits provided to primary Care Providers on Request.
- Active members of working groups such as UKHSA SW Regional Task and Finish Group for NHS testing that was adopted nationally,

#### **MISCELLANEOUS:**

The Cell Team took part in the NHSE SW IPC Collaborative, and have maintained momentum despite work load pressures.

Training packages, audit tools, risk assessment and communications have been shared across the South West; a significant number of IPC Teams from CCGs and Trusts nationally have adopted these with acknowledgement to BNSSG in any adaptation or reproduction.

# Quality Report – Infection Prevention Control (IPC) Cell - Continued

Information Source and date of information – Quality lead – Month 12 2021/22 – March 2022

- March COVID-19 rates remained high and the focus for the IPC Cell was supporting risk assessments to assure timely discharge of hospital patients to Care Homes when considered medically fit for discharge. The Care Hotel was also supported to accept COVID-19 exposed patients and COVID-19 positive patients who were still within their isolation period to accept Pathway 1, discharges as appropriate to their needs
- In addition to increased COVID-19 patients requiring treatment in hospital admission to hospital, hospitals nationally experienced a significant rise in the number of outbreaks in wards and loss of beds as a result. The Cell supported the Acute providers with risk assessment and ways of stepping down IPC measures that might deviate from guidance and ensuring safety as far as possible.
- Multiple guidance changes have occurred with more expected, provider staff have struggled due to the infection rates to remain abreast, The IPC Cell proactively produced comms and guidance summaries in response.
- NHSE SW IPC Collaborative work with the CCG 'Hydration Project' continues and despite pressure has continued to progress with further Plan Do Study Act Cycles completed (PDSA), including site visits to Care Homes for information gathering, analysis and the team is now working on resources and education packages for service users and relatives and an Hydration Champions Training package. The team has received very positive feedback from the NHSE instructors and Collaborative leads on their progress to date

## OVERVIEW OF ACTIVITY, ACHIEVEMENTS AND CHALLENGES 2021/22

### PLANS FOR 2022/2023

#### CHANGE TO IPC SERVICE PROVISION

- Sirona Care & Health will take on the substantive IPC Provision and support to the Bristol LA.. This will be funded directly by Bristol City Council through the CCG. Recruitment expectations and service specifications are to be discussed in May 22. The expectation is that the service will be implemented at the end of June. Assurance of the implementation and service will be through the CCG with the current tactical Cell Lead having responsibility for this. North Somerset and South Gloucestershire Councils have agreed to fund support via the CCG for two years, the Cell Team are in negotiations with plans to be retained and provide this function as CCG contracted employees. This will be alongside providing wider support to the system and system partners working on HCAI and other National priorities as part of the ICB.
- A review of the support needs for Primary Care for IPC will be undertaken and a work stream established to strengthen the sector to self-manage IPC.
- In preparation for a move to the Integrated Care System model of working, the IPC Strategic Cell plans to conduct a wider lessons learned exercise and review current workstreams and priorities to reduce duplication and increase impact.

#### OTHER AREAS

- The Cell has submitted poster abstracts to the Infection Prevention Society for inclusion at the National IPC Conference in Summer 2022
- The Cell has begun the roll out of the mandated NHS Standards of Healthcare Cleanliness by
  - Providing training and support to primary Care and Care Providers on the requirements. This will continue across BNSSG providers through until October when all NHS facilities are to have implemented the standards and their Star Ratings are on display.
- The Cell staff and CCG HCAI IPC Nurse will follow programmes of Higher Education in IPC, Health Protection and Water Contamination, funded by NHSE SW IPC. This will equip them all with the required knowledge to undertake their roles as they go forward.

### Key issues

- Supporting Covid -19 vaccination of pregnant people
- Provision of online antenatal support and re-introducing in person antenatal classes
- Managing socially distanced scanning and delivery suites and wards to enable safe support from birthing partners and visitors
- Pause to maternity transformation projects during critical incident and project staff pulled back onto clinical duties
- Staffing levels affected due to sickness and increasing vacancy levels

### Key projects and pilots

#### National and Regional

- Early implementer site for Pelvic Health service to embed evidence-based practice in antenatal, intrapartum and postnatal care to prevent and mitigate pelvic floor dysfunction resulting from pregnancy and childbirth
- Early Implementer site for “Treating Tobacco Dependency during Maternity” project assessing women’s CO exposure at antenatal booking and access to tobacco dependency service if eligible
- Support regional implementation of Neonatal Critical Care Review, ensuring sufficient cot capacity and skills caring for babies born <27 weeks

#### System-wide

- Maternity Voices Partnership has increased membership and diversity of parents across BNSSG, developed a new welcome pack for new members and recruitment of new Deputy Chairs has provided capacity to increase publicity and social media presence
- Obstetrician and Midwifery perinatal study day collating themes from perinatal deaths and review of Saving Babies Lives Care Bundle implementation, follow up work agreed as focus on risk assessment through the maternity journey, triage and emergency advice, barriers to communication and human factors and situational awareness
- Birthrate Plus audit sample of recent births to determine the staffing levels and skill mix required across BNSSG
- Personalised Support and Care plan project to co-produce with service users and redesign current “My Maternity Choices” support booklet helping people to voice their personalised choices for health and wellbeing outcomes through their birthing journey
- Post natal support project to improve relationships and communications between midwives and health visitors ensuring handover between services and cases of concern flagged up
- Health Visitor training on balancing need during the perinatal period to support infant and parental wellbeing
- NHSX funding to develop and implement joint patient case record system across both Trusts



### Equity and Equality

- Supervisory midwife supporting Enhanced Continuity of Carer provision for BAME women and IMD1/low income areas to provide increased oversight and care for women with complex social needs and other modifiable risk factors such as smoking, healthy diet and breastfeeding
- NHS LTP funding of Maternal Mental Health Services to support women with moderate to severe cases of birth trauma, loss trauma and tokophobia
- Equity and Equality analysis of risks and needs across BNSSG identifying priorities for equity and equality work to focus on – High BMI, smoking, late booking, mental health and experience of staff. Population health management approach identifying local areas for targeted focus on equity and equality priorities
- Community asset mapping across BNSSG identifying stakeholders and partners, particularly in VCSE sector to work with parents in a range of communities

### Continuity of Carer

- Progressed implementation of Continuity of Carer (CoC) across both Trusts, at different stages, business cases submitted for shortfall in staffing required

### Ockenden

- Assured against Ockenden Interim report indicating nearly compliant with 7 Immediate and Essential actions, the main areas for development are around engagement with Maternity Voices Partnership and meeting staffing and mandatory training requirements
- Both Trusts started gap analysis against 15 Immediate and Essential action in Ockenden Final report

### Recruitment

- Recruited to a number of posts supporting Maternity Transformation projects in the Local Maternity System (LMS):
  - 2x 0.2 WTE Birthrate Plus – reviewing the current staff levels and skill mix required based on case numbers and complexity
  - 2 x 0.2 WTE Personalised Care and Support – redesigning the content and format of individual care plans for people giving birth
  - 3 x 0.2 WTE Postnatal support – improving professional relationships and communication between midwives and health visitors
  - 1 x WTE Programme manager
  - 1 x WTE Equity and Equality Project Manager

### Safety Reports

- Period of reflection and stock taking following publication of Ockenden Final report before agreeing best way forward to ensure that same issues wouldn't arise at BNSSG
- LMS Ockenden reflection workshop to develop plans for way forward in building strong trusting relationships, increasing the voice of women and their families using maternity services, developing inclusive and collaborative ways of working
- Gap analysis by Trusts against 15 Immediate and Essential Actions, development of LMS plan to progress implementation of actions
- Awaiting publication of East Kent maternity services review (Summer 2022)
- Potentially a national review of Maternity Programme in late 2022

### Local priorities for 2022-23

- Ensure ICB structure has clear line of sight to LMS governance as required by NHSE
- Realign LMS priorities delivering against key themes of patient safety, safe staffing and equity and equality
- Co-produced Equity and Equality Action Plan for interventions that reduce poor maternity outcomes for ethnic minority mothers and families from low income areas
- Recruitment of clinical obstetrician lead to review current LMS oversight of patient safety, Saving Babies Lives Care Bundle 2 and Ockenden actions
- Development of performance dashboard aligned with NHSE regional and Maternity Services dataset requirements
- Continue workforce development elements of implementing CoC, whilst pausing elements where safe staffing levels are not sustainable
- Develop recruitment and retention strategy including joint approaches and alignment across job descriptions and grades
- Development and implementation of joint patient case record system across both Trusts

# 8. Nursing & Quality - Serious Incidents including Never Events

## Reporting Period: Month 12 2021/22 – March 2022

Information Source and date of information – BNSSG SI dedicated information site and trackers as of 03/05/2022

### Current Month Overview

- In March 2022, 21 Serious Incidents (SIs) were reported across BNSSG providers.
- There were no Never Events (NE) submitted.
- Pressure Injury (PI) and treatment delay incidents were the leading themes this month.
- There were five PI incidents reported; one unstageable by Sirona, and four Grade 3 PIs from St. Peter’s Hospice.
- There were four treatment delay SIs reported, two by SWASFT relating to ambulance delays and two by UHBW, one of which also relating to ambulance queues and longer than 12hour waits in the Emergency Department involving multiple patients.

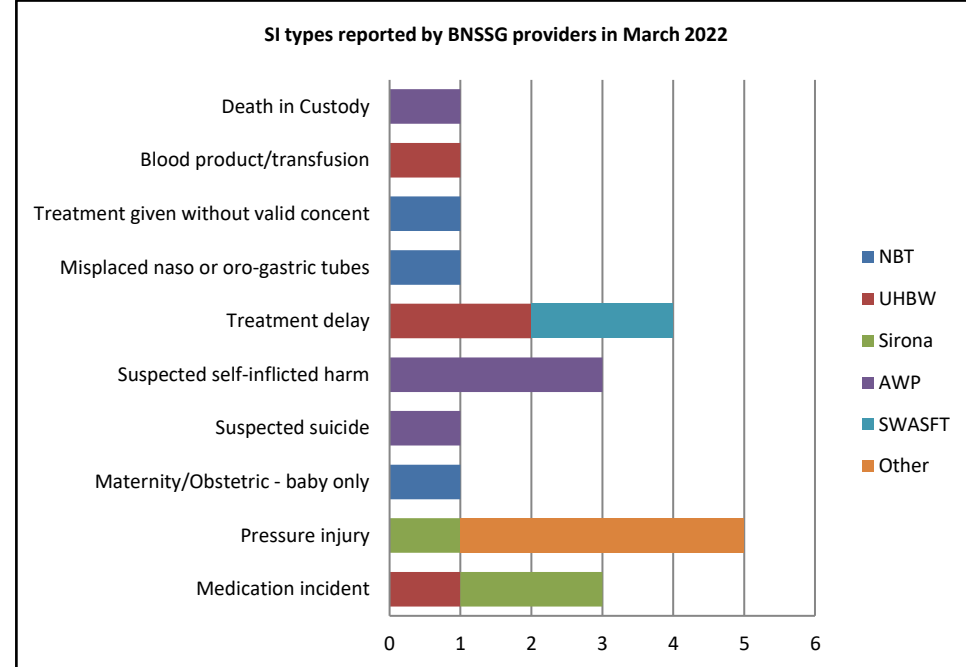
### Risks/assurance gaps

- The CCG is working closely with the providers on the transition to Patient Safety Incident Response Framework (PSIRF). Assurances are obtained by the CCG provider leads by attending at the Clinical Risk Governance Provider meetings.

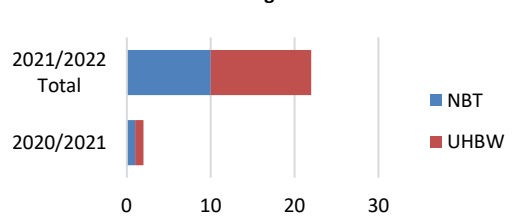
SIs reported across BNSSG 2021/22

| Provider     | Apr           | May       | Jun       | Jul           | Aug       | Sept          | Oct       | Nov       | Dec           | Jan       | Feb       | Mar       | YTD SIs        |
|--------------|---------------|-----------|-----------|---------------|-----------|---------------|-----------|-----------|---------------|-----------|-----------|-----------|----------------|
| NBT          | 11 (1)        | 2         | 3         | 3             | 2         | 3 (1)         | 2         | 1         | 1 (1)         | 4         | 2         | 3         | 37 (3)         |
| UHBW         | 5 (1)         | 9         | 9         | 10 (1)        | 4         | 8 (1)         | 6         | 7         | 7             | 8         | 5         | 4         | 82 (3)         |
| Sirona       | 4             | 4         | 3         | 3             | 2         | 6             | 2         | 4         | 4             | 3         | 6         | 3         | 44             |
| AWP          | 5             | 4         | 7         | 6             | 1         | 1             | 5         | 5         | 2             | 4         | 3         | 5         | 48             |
| SWASFT       | 0             | 0         | 0         | 1             | 0         | 1             | 0         | 4         | 0             | 0         | 1         | 2         | 9              |
| GP           | 0             | 1         | 1         | 0             | 0         | 0             | 0         | 0         | 0             | 0         | 0         | 0         | 2              |
| Other        | 0             | 0         | 1         | 0             | 3         | 1             | 0         | 3         | 1             | 0         | 1         | 4         | 14             |
| <b>Total</b> | <b>25 (2)</b> | <b>20</b> | <b>24</b> | <b>23 (1)</b> | <b>12</b> | <b>20 (2)</b> | <b>15</b> | <b>24</b> | <b>15 (1)</b> | <b>19</b> | <b>18</b> | <b>21</b> | <b>236 (6)</b> |

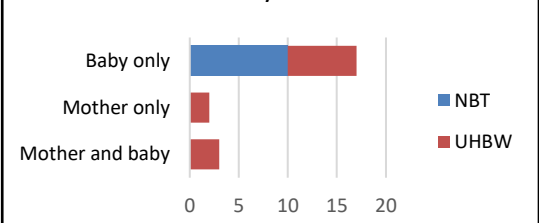
\* In brackets are NEs reported



Maternity/Obstetric BNSSG cases monitoring - YTD figures



Total Maternity/Obstetric SIs breakdown 2021/2022



| Year             | April  | May | June | July   | Aug | Sept   | Oct    | Nov    | Dec    | Jan    | Feb | Mar | Total SIs per Year   |
|------------------|--------|-----|------|--------|-----|--------|--------|--------|--------|--------|-----|-----|----------------------|
| <b>2020/2021</b> | 22     | 15  | 25   | 26 (1) | 22  | 17 (2) | 22 (1) | 20 (2) | 15     | 14 (1) | 16  | 22  | <b>236 (7)</b>       |
| <b>2021/2022</b> | 25 (2) | 20  | 24   | 23(1)  | 12  | 20 (2) | 15     | 24     | 15 (1) | 19     | 18  | 21  | <b>236 (6) total</b> |

\*The numbers in brackets indicate the number of Never Events reported

\* 2020/21 Figure excludes the HCAI/Nosocomial COVID SIs

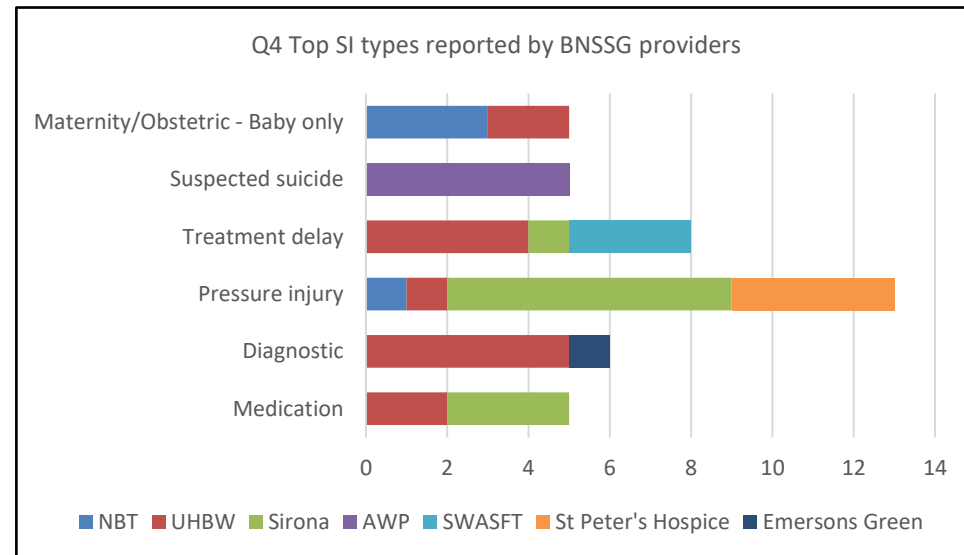
# 9. Nursing & Quality - Serious Incidents including Never Events – Quarter Themes and Trends Overview

Reporting Period: Month 12 2021/22 – March 2022

Information Source and date of information – BNSSG SI dedicated information site and trackers as of 06/05/2022

## Q4 Top Identified Themes

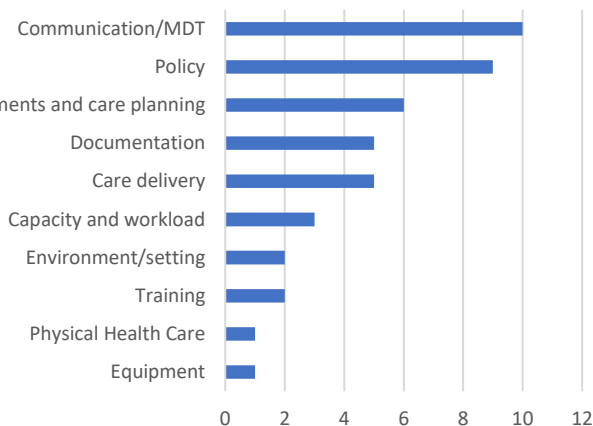
- In the Quarter 4 the top two themes are Pressure Injury (PI) and Treatment delay incidents, which are the same two themes identified as the top two also in Q3.
- There has been a 44% increase in the number of PIs reported across the BNSSG providers in comparison to Q3.
- There has been a slight decrease of 11% in Treatment delay incidents across the providers, with four reported by UHBW, one by Sirona and three by SWASFT.
- The number of Diagnostic incidents remain high and reflect the numbers of the previous Quarter.
- There has also been a notable increase of 67% on Obstetric incidents in comparison to Q3.
- Medication and Suspected suicide incidents also went up in Q4 with an increase of approximately 11% from the last Quarter.
- It is important to note that Sub-optimal care incidents, a top theme in Q3, have seen a significant decrease of 80% in the last Quarter of 2021/2022.



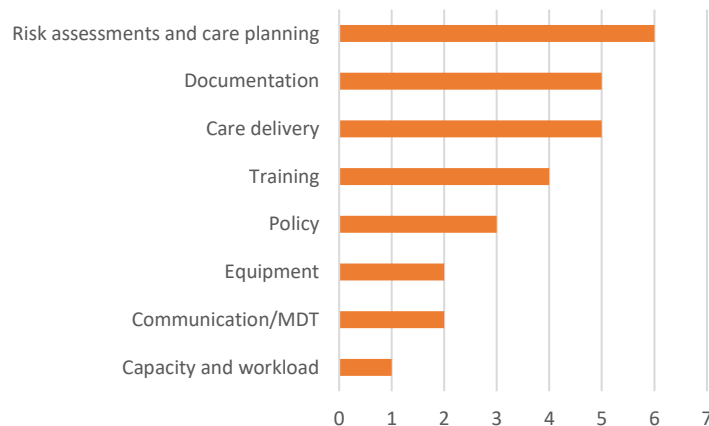
## Trends and Learning

In the last quarter of 2021/2022, in order to start to align with the Patient Safety Incident Response Framework (PSIRF) and prepare for its implementation across the system, the CCG has initiated a monthly SI learning panel which replaces the weekly assurance SI panel. The learning panel looks at the trends from significant harm identified from the review of the Serious Incident Investigation Reports and provider leads and other specialist advisors update the panel of related Quality improvement programs which are in place to mitigate the identified areas in the reports. The next step for the learning panel is to look for system wide themes and trends. The charts below show the trends that have come through from all reports received in Quarter 4.

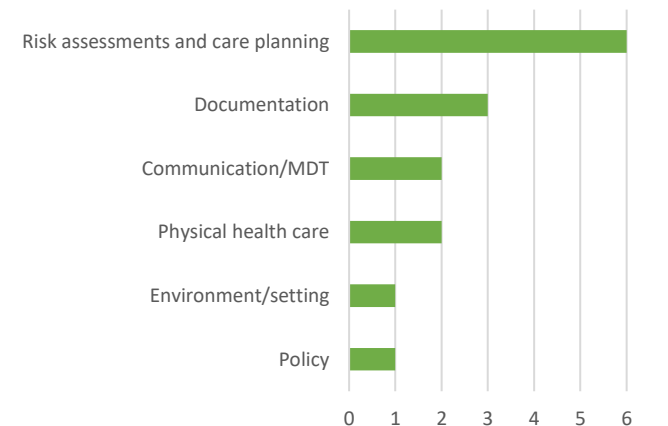
SI Trends by Acute Providers - Q4



SI Trends by Community Provider – Sirona - Q4



SI Trends by Mental Health Providers - Q4



# 8. Nursing & Quality – Datix – Contact Us Portal

## Reporting Period: - Quarter 4

Information Source and date of information – as of 01/04/2022

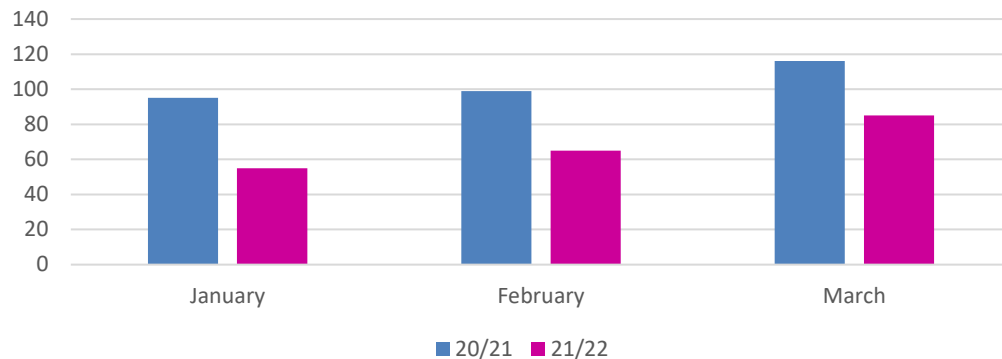
### Key Lines of Enquiry

- Work is required to establish which BNSSG GP Practices require training to enable them to report concerns onto the Datix system.
- In quarter 4 of 2021/22 there were a total of 205 concerns submitted onto Datix compared to 310 for the same period in 2020/21. Even though this is a drop year on year it has increased since quarter 3.
- The reported Datix concerns are reviewed and broken down into themes; this allows learning to be identified and is provided in the slides below. The learning is also shared quarterly in a newsletter to Primary Care.

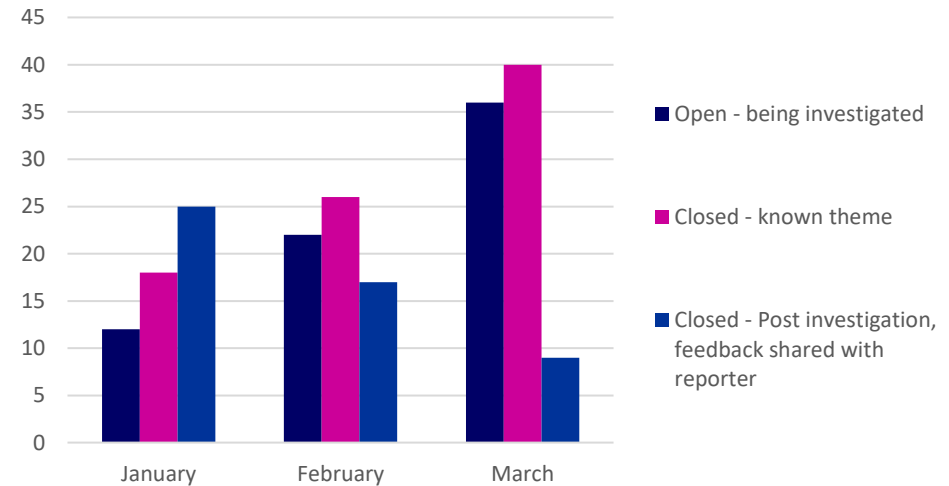
### Risks

- With the number of reported concerns increasing, this is impacting on the time taken to review them; this has resulted in a higher number of open incidents being on the Datix system.
- There are a total of 246 incidents open concerns on the Datix system. These concerns have all been seen by a member of the quality team to identify any which require immediate attention. This has dropped from 319 in the last quarter which is a decrease of over 22%.

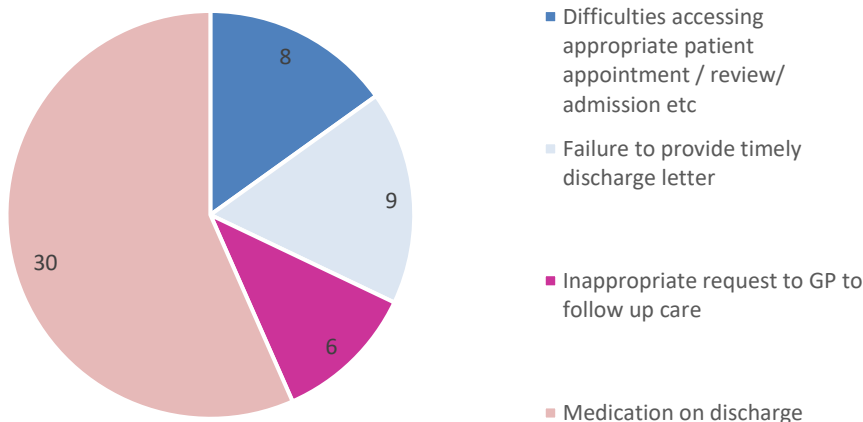
Quarter 4 Incident number comparison 2020 and 2021



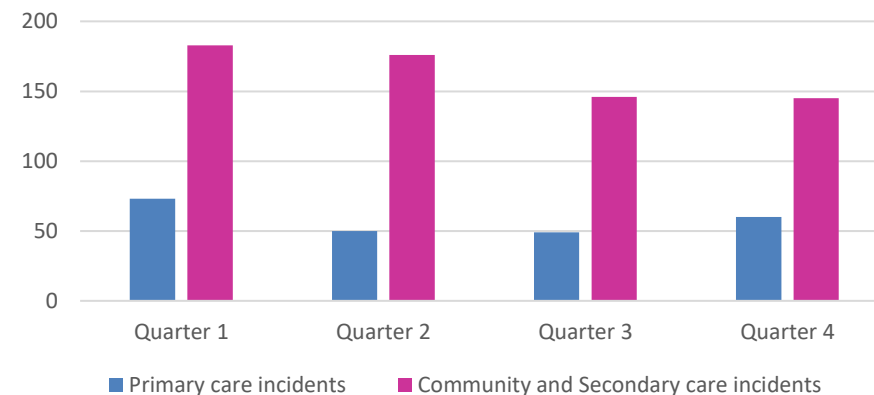
Actions taken with each incident



Top themes Quarter 4



Incidents reported about which provider 2021/22



### Emerging Risks/issues

#### **Complex Care Team**

The CCG has received a Deprivation of Liberty Safeguards (DOLS) challenge in relation to a complex learning disabilities case, currently placed out of area, where there have been significant delays in identifying an alternative placement. The case has been submitted for a court hearing. The Funded Care Team is working closely with the CCG's Mental Health and LD Transformation Team which is leading a review of system-wide capacity requirements, with the three Local Authorities.

#### **Mental Health and Learning Disability out of area placements**

There continues to be a high level of requests for Care Education and Treatment (CETR's) reviews and LEAP meetings for children and young people at risk of admission to mental health inpatient settings or placement breakdown.

### Funded Care Updates

#### **Adult Continuing Health Care (CHC) Assessment Performance**

Performance continues to demonstrate sustained improvement. Overall the team continue to increase output and reduce the time from referral to decision. February performance against 28 day assessment target is included below (performance target is >80%) – please see detail on next slide

The service has witnessed an adverse increase in disputes from North Somerset – some analysis is underway to identify next steps.

#### **Adult CHC – Fast Track End of Life**

The Fast track team experienced high demand in month which was impacted by the Bank Holidays. A revised plan to improve performance is under development which will focus on reducing wait times from referral to package of care being available.

#### **Children's CCC team**

Plans under development to ensure work streams are covered whilst the Head of Children's is on planned long term sickness. This includes exploring a 12 month secondment from the Children's hospital.

1 x fraud/misuse of funds case under investigation

#### **Funded Care Invoice Position**

The team achieved delivered on the recovery plans and achieved the trajectory of less than 400 invoices by the end of March. This will support finance colleagues to close the ledger. The invoice position will be monitored in the monthly Funded Care Delivery Group meetings.

#### **Brokerage**

The team have been impacted by unplanned leave. Accompanied by new starters, the ability to meet demand has been a challenge. A review of the requests for 1:1 support is underway to be able to release capacity back into the system.

### Detailed performance slide – Adult Continuing Health Care

| Area   | KPI | Performance (Feb)   | Performance (March)   |
|--|-----|---|---|
| New CHC within 28 days   | 80% | B- 93% (achieved)<br>SG- 100% (achieved)<br>NS- 88% (achieved)    | <b>B- 94%</b> (achieved)<br><b>SG- 97%</b> (achieved)<br><b>NS- 89%</b> (achieved)      |
| FNC New within 28 days   | 90% | B – 100% (achieved)<br>SG – 92% (achieved)<br>NS – 90% (achieved) | <b>B – 96%</b> (achieved)<br><b>SG – 100%</b> (achieved)<br><b>NS – 100%</b> (achieved) |
| Total determinations within timescale (impacted as reviews now being undertaken) |     | B – 67%<br>SG – 58%<br>NS – 70%                                   | <b>B – 57%</b><br><b>SG – 56%</b><br><b>NS – 80%</b>                                    |
|  |     |   |   |

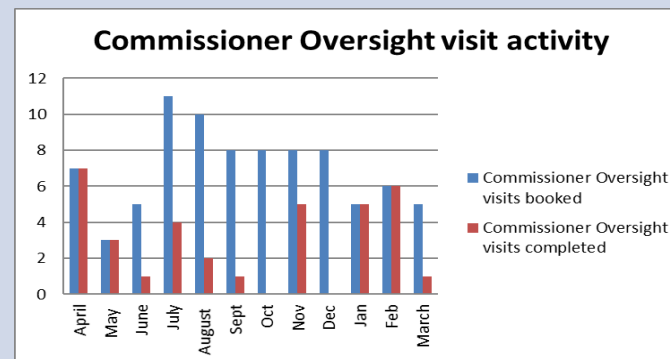
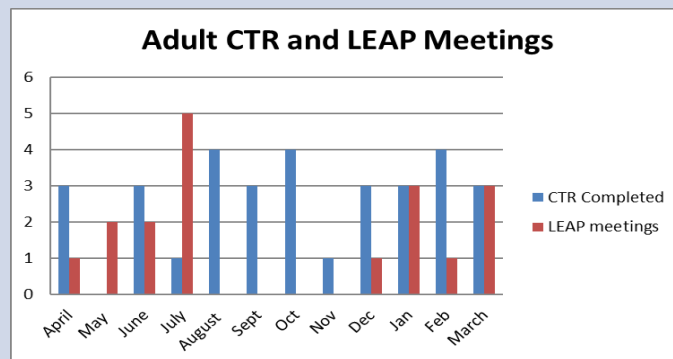
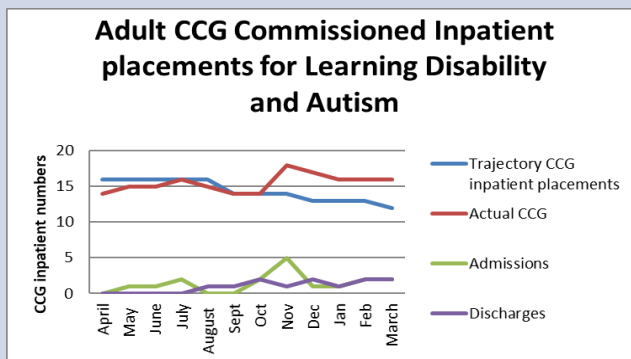
# Nursing & Quality - Funded Care

## Assuring Transformation - Learning Disability and Autism

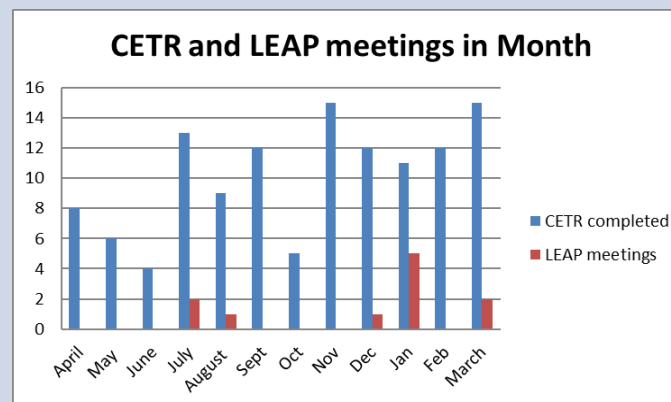
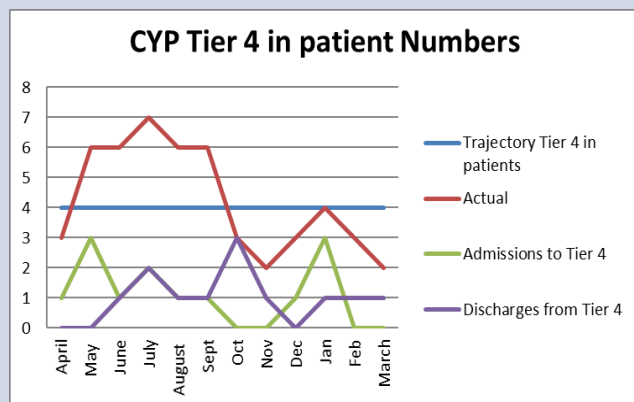
### Reporting Period – March 2022

#### Performance/Data for 2021-2022

##### Adults



##### Children and Young People



#### Highlights

##### Adults

- 2 discharges secured in month alongside 2 admissions
- Safe and Well-being reviews have been completed and the findings have been shared with the ICS overview and scrutiny panel and NHSE/I Regional team. A further thematic review and Deep Dive will be completed and reported to Quality Committee

##### CYP

- There have been no admissions or discharges this month.
- Intensive work continues to be undertaken to progress discharge of 1 young person requiring naso-gastric feeding has a planned discharge date for end of April
- Keyworker Team leader and Keyworker administrator posts have been appointed to. Recruitment to Senior Keyworker and Keyworker roles is in process



# Nursing & Quality - Funded Care

## Assuring Transformation – Learning Disability and Autism

### Reporting Period – March 2022

#### Current Issues

#### **C(E)TR**

There has been intermittent attendance by the South West Provider Collaborative at monthly meetings with NHSE to discuss all inpatients.

As a result of the safe and well-being reviews there appears to be a difference in the understanding of the functions of case management between the CCG and South West Provider Collaborative which oversees the CCG individuals detained in secure settings.

There continues to be a high level of requests for Care Education and Treatment (CETR's) reviews and LEAP meetings for children and young people at risk of admission to mental health inpatient settings or placement breakdown.

#### Actions

- The CCG has requested support from the regional team to ensure there is full representation of the provider collaborative at monthly case discussion forum.
- The CCG has requested to be invited to future CTR's and CPA meetings for BNSSG individuals in secure settings.
- The CCG has requested the Standard Operating Procedure for Case management in secure settings from the Regional Team.
- The CCG to review the SOP to understand differences in case management.
- CCG to follow up with
- Additional clinical member of staff supporting the CETR process.
- Demand review indicates that there are 2 emerging themes to the requests which are:  
Access to suitable educational provision  
Service disparity between North Somerset and Bristol / South Gloucestershire particularly.

#### Risks

The CCG will not robust oversight of individuals in secure inpatient settings and any barriers to discharge.

Discharge planning for individuals in secure settings may be delayed.

The CCG may not be able to undertake the requested CETR's in a timely manner which may lead to avoidable admission to mental health inpatient settings.