

# **BNSSG CCG Governing Body Meeting**

**Date:** Tuesday 5<sup>th</sup> June 2018

**Time:** 13.30am

**Location:** the Vassall Centre, Gill Avenue, Downend, BS16 2QQ

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**Agenda item:** 10.1

**Report title:** BNSSG Performance Report

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**Report Sponsor:** Lisa Manson, Director of Commissioning

## **1. Purpose**

To inform the Governing Body of the year to date and final annual performance position (March 2018 data)

## **2. Recommendations**

To note the performance position of the CCG and that of our key providers, including the risks, mitigating actions and responsibilities as appropriate.

## **3. Background**

The performance in this report focusses on the national indicators within the NHS Constitution and the metrics against which NHS England monitor and assure the CCG.

## **4. Key performance metrics at March 2018**

In common with other health communities nationally, A&E performance is not being delivered to the national standard of 95% for BNSSG CCGs. The population level performance improved by 1% between February and March, and the system experienced it's busiest day on record as a result of the heavy snowfall. Overall performance was compromised as a result of continued high occupancy of acute hospital beds, admission rates beyond discharge and delays in flow through hospital and community facilities. It is notable that NBT saw a significant improvement in performance (though still below 80%) and the Governing Body should be aware that this improving trend continues into April and May, based on the latest available

performance information.

Urgent remedial actions are the subject of regular Chief Executive level review across BNSSG health and social care agencies, including – additional community bedded and home care capacity, changes to workforce patterns and deployment, and specific efficiency measures for social care provision.

18 week elective referral to treatment times are at 88% and there has been a further reduction in the number of patients waiting over 52 weeks (from 38 to 35). The previously trailed risk of increasing numbers of >52 week wait patients has not materialised as a result of the work so far to validate 'on hold' patients, however this risk remains. The CCG plan for 2018/19 commits to eliminate >52 week waits in year.

Cancer performance for the 62 day standard improved in March, achieving both the 31 and 62 day standard for our population. Performance for the 2 week wait dropped below standard in March, though was delivered for the year.

MRSA rates continue to be an outlier in BNSSG with further remedial action planned at a strategic, community wide level.

## **5. Financial resource implications**

None

## **6. Legal implications**

None

## **7. Risk implications**

Key risks and mitigations in relation to each of the performance standards are noted within the report. Improvement trajectories and contractual notices in place where these are warranted reflecting the level or duration of underperformance. Where appropriate further detail of the intervention and responsibilities for these are included in the commentary of the report. The improvement plans and contractual sanctions are managed through the appropriate governance route for that work area.

## **8. Implications for health inequalities**

None

## **9. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)**

None

## 10. Consultation and Communication including Public Involvement

Not applicable

## 11. Appendices

### Appendix 1 – BNSSG Performance, Quality & Activity Report

#### Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations. For guidance please refer to the Jargon Buster and the CCG's Master Glossary – both are available on the website.

<b>BNSSG</b>	Bristol, North Somerset & South Gloucestershire
<b>NBT</b>	North Bristol NHS Trust
<b>UHB</b>	University Hospitals Bristol NHS Foundation Trust
<b>WAHT</b>	Weston Area Health Trust

Item 10.1.1 Appendix 1

# BNSSG Performance, Quality and Activity Report

## Month 12

### 2017/18

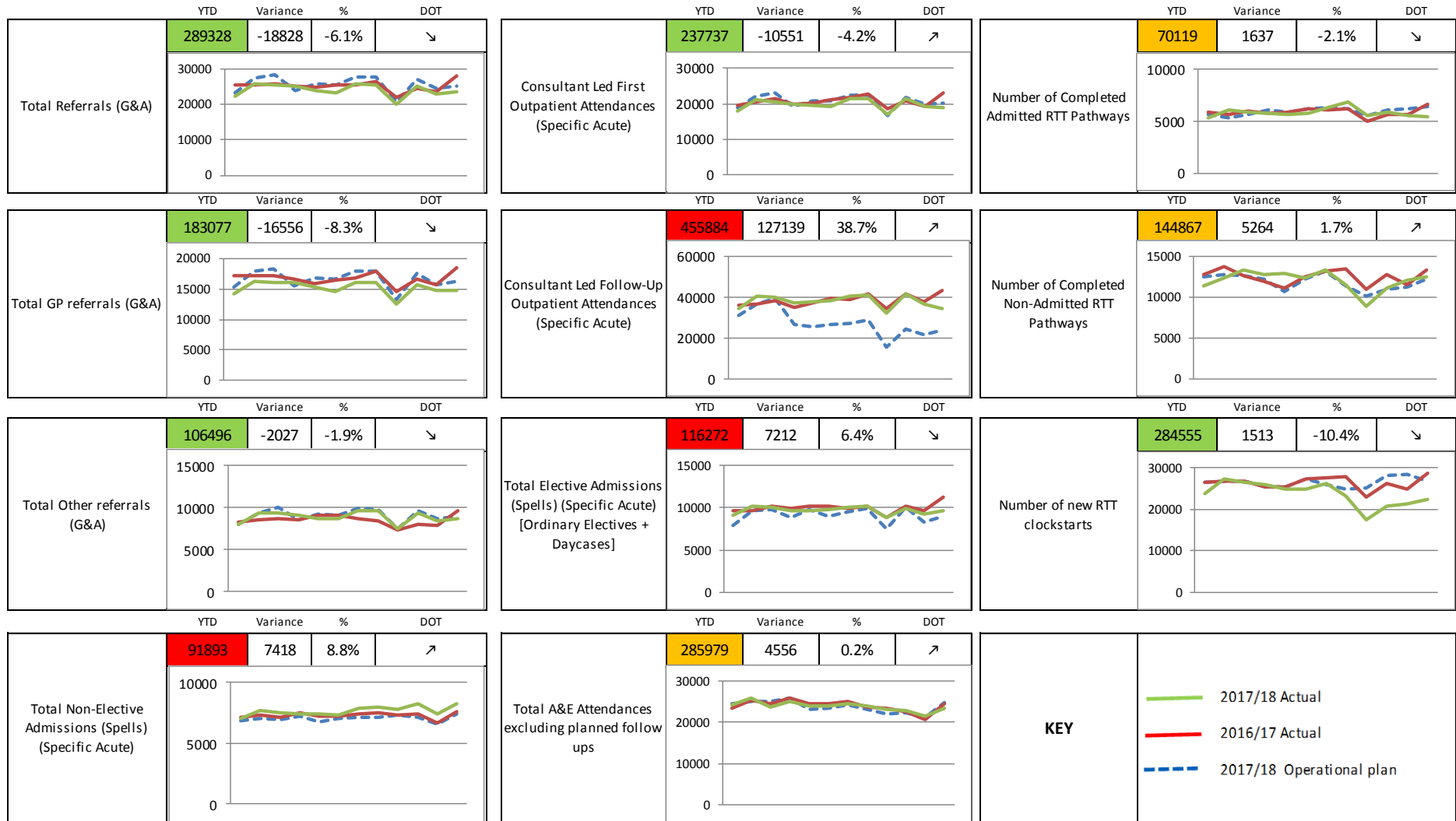
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## 1.0 Executive Summary

Issue	Action / Update	By Whom/When
A&E 4 hour access remains well below standard with continued long waits for emergency assessment and admission across all 3 acute sites	<ul style="list-style-type: none"> <li>Acute internal flow recovery plans are in place and being managed for all 3 providers;</li> <li>NBT's system-wide improvement plan has begun to mobilise with performance 'bootcamps' held for NBT and partners' staff;</li> <li>The CCG has led work with Bristol City Council, UHB and NBT to address social care delays, supported by Newton Europe consulting. A 6 week diagnostic has commenced in March.</li> <li>Same day urgent and emergency care strategy workshop planning undertaken for event on April 18<sup>th</sup> with representation from all parts of the urgent care system</li> <li>The CCG led a visit of all BNSSG partners to Gloucester CCG &amp; acute trust to review their performance improvement and draw key learning to transfer for the BNSSG system</li> <li>Development of a single bed model for BNSSG through the STP task and finish groups, work to determine priority schemes for 2018/19 to mobilise ahead of winter</li> <li>First iteration of 2018/19 winter plan developed for submission in April</li> </ul>	<p>Claire Thompson, Deputy Director of Commissioning</p> <p>On behalf of Lisa Manson, Director of Commissioning</p>
Elective access >52 week waits	<ul style="list-style-type: none"> <li>&gt;52 week waits have shown a continued small reduction, which is positive in light of the emergency pressures experienced in month.</li> <li>Commissioners continue to support providers to deliver the remedial action plans and trajectories to eliminate &gt;52 week waits during 2018/19</li> </ul>	<p>Claire Thompson, Deputy Director of Commissioning</p>
Cancer waiting times	<ul style="list-style-type: none"> <li>The 2 week wait target was not achieved for BNSSG in March although the standard was achieved for the year.</li> <li>The 31 day standard was achieved in March and for the year</li> <li>The 62 day standard was delivered in March though not for the year. This remains the key challenge for BNSSG and although performance has improved the focus is on actions to deliver this performance consistently for the health community by Q3 2018/19</li> </ul>	<p>Claire Thompson, Deputy Director of Commissioning</p> <p>On behalf of Lisa Manson, Director of Commissioning</p>
Zero tolerance for MRSA has not been achieved	<ul style="list-style-type: none"> <li>Forty nine cases of MRSA have been reported in total for BNSSG CCGs for the period April 2017 – March 2018. 49% of the cases relate to people who use drugs.</li> <li>The MRSA task and finish group has reviewed the MRSA action plan completed in 2015 that confirms that all actions remain in place. Discussions have taken place in relation to identifying further targeted interventions, undertaking a patient focus group regarding acceptability to use key interventions.</li> <li>The CCG has assurance visits planned for May 2018 to the needle exchange service at BDP and the Homeless Health Service run by Brisdoc.</li> </ul>	<p>Cecily Cook, Deputy Director of Nursing &amp; Quality</p> <p>On behalf of Anne Morris, Director of Nursing &amp; Quality</p>

### 3.0 Operational Plan Activity



**BNSSG CCGs Position**

This position is outlined year to date, against the operational plan and referring to the same period previous in the same year where relevant.

Total referrals are now 6.1% below plan, -18828 fewer referrals. NBT have a year on variance of -4.2%, UHB -0.9% and Weston -13.6%. GP referrals have seen the largest reductions and are now -8.3% below plan. Other referrals are also below plan, currently -1.9% however there has been a year on year increase of 4.2%.

The number of first outpatient appointments has fallen slightly against plan to end the year at -4.2%. The year on year reduction is -4.4% which equates to -11007 fewer attendances. There have been year on year reductions at all 3 trusts; UHB -2.0%, NBT -1.6% and WAHT -13.8%. The reduction is largely driven by changes in T&O referrals which are down by 14.8% year on year (-4480 fewer appointments).

Follow up appointments end the year 38.7% over plan equating to an additional 127139 appointments. There was however a small year on year reduction in follow up appointments of -1.1% (5067 fewer appointments). The 2017/18 plan included significant reductions for the introduction of patient initiated follow ups (PIFU). NBT have a year on year variance of -0.7%, UHB +1.4% and Weston +10.0% raised due to a planned backlog clearance programme.

A&E attendances are 0.2% above plan. There is however a slight year on year reduction of -0.7% (4556 fewer attendances). The only trust to see any significant change is Weston with a -10.2% reduction due to the overnight closure. This has been offset by 3.7% increase at UHB and a 3.1% increase at NBT. The flat position is likely to be due to an increase in direct admission pathways which have resulted in an increase in Non-elective admissions but reduced A&E attendances.

Non elective admissions end the year 8.8% above plan with a slightly smaller year on year increase of 5.1% (4489 more admissions). NBT have the largest year on year variance with an increase of 8.2% (2562 additional admissions), UHB are up by 5.0% (1759 admissions). Weston are the only trust to have a reduction in non elective admissions due to the overnight closure however this equates to -213 fewer admissions (-2.0%). For comparison emergency admissions were 4.4% higher year on year across BNSSG.

Elective admissions are 6.4% over plan equating to an additional 7212 admissions. The year on year variance is however down -2.8%, a reduction of -3389 admissions. The year on year variance at UHB is 0.6%, both NBT and WAHT have seen small reductions of -1.2% and -2.0% respectively.



### 3.1 A&E

#### A&E Waits 4hr Performance

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
BNSSG All Providers	A&E 4hr Waiting Time Performance	95.00%		87.50%	87.50%	88.70%	89.10%	88.40%	90.30%	89.80%	89.70%	84.10%	84.00%	82.30%	82.90%	82.80%	↓	
BNSSG CCGs	A&E 4hr Waiting Time Performance	95.00%	83.18%	84.65%	84.31%	86.06%	86.52%	85.49%	87.72%	87.51%	87.17%	80.42%	80.13%	78.07%	78.96%	83.99%	↑	
NBT	A&E 4hr Waiting Time Performance	95.00%	79.82%	86.23%	78.79%	79.13%	75.70%	73.16%	79.98%	81.08%	80.62%	70.26%	75.11%	67.46%	75.77%	77.06%	↑	
UHB	A&E 4hr Waiting Time Performance	95.00%	85.01%	82.31%	84.21%	87.88%	90.53%	91.26%	90.84%	90.06%	90.33%	85.33%	82.69%	83.20%	78.89%	86.48%	↑	
WAHT	A&E 4hr Waiting Time Performance	95.00%	76.54%	82.56%	91.03%	89.20%	90.50%	88.45%	90.56%	87.45%	86.36%	80.19%	74.82%	75.83%	77.40%	84.85%	↑	

#### >12 Hour Trolley Waits in A&E

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
NBT	Trolley Waits in A&E >12 hours	0	65	3	7	3	4	6	0	16	2	122	107	26	39	335	↓	
UHB	Trolley Waits in A&E >12 hours	0	40	0	0	1	0	0	0	0	0	5	3	0	0	9	↓	
WAHT	Trolley Waits in A&E >12 hours	0	129	0	0	0	0	0	0	0	0	0	15	4	0	19	↑	

#### BNSSG Position

BNSSG 4 hour performance for the year 2017/18 showed a small (0.5%) improvement on the previous year. Within this there has been a deterioration at NBT of 3% related to the themes previously reported – growth in admissions, high occupancy rates, mismatches between admissions and discharges and delays in flow through and out of the hospital. UH Bristol and WAHT have shown improvements of 1% and 8% respectively.

Performance in March remained below 80%, with NBT and WAHT showing some recovery from February but UHB showing a deterioration. BNSSG saw the busiest day on record in terms of emergency attendances and admissions following the heavy snow and UH Bristol particularly struggled to recover as a result of high occupancy, delays and ‘outliers’ compounding poor flow.

Early indications are of performance improvement in April as a result of internal flow improvements, reduction in delays and ‘stranded’ patients.

## Provider(s) Position

**UHB:** The Trust achieved 78.9% for A&E in March which is below both the national standard (95%) and the STF trajectory (95%). The Children's Hospital maintained its good performance and continues to meet the STF trajectory each month, and met the national target in March. There has been deterioration in performance at the BRI in March resulting 65.1% of patients seen in less than 4 hours. The Trust failed to achieve STF for A&E quarter 4.

**NBT:** 4-hour performance for NBT improved from 67.46% in February to 75.77% in March but remains well below the agreed trajectory; 37% of 'majors' and 5% of 'minors' waited over 4 hours. There are two main causes of delays recorded: 'Wait for ED assessment' represented 49% of delays in March, down from 53% in February, and 'Wait for a Bed' (46% of delays in March, up from 42% in Feb). Bed Occupancy remains around 100% and is clearly still affecting 4-hour performance. Two snowy weekends fell at the beginning and middle of March and had some impact on performance for the month. 'Trolley waits' increased again to 39 in March from 26 in February. The breaches occurred on days of particularly high bed occupancy. On average in March there were 85 'medical outliers', (February - 70). Overall A&E attendance levels were similar to March 2017, but on average 9 more patients a day were classified as majors. The 'conversion rate' of admissions / attendances was higher than January or February, at 35.5%, 1.7% higher than for March 2017.

**WAHT:** A&E 4 hour waiting time performance continued to improve from 75.8% to 77.4% in March but continues to fail the 95% standard and the STF trajectory (94.98% for March). Performance of 84.85% for the year 2017/18 is about 10% better than 2016/17 performance. March was the only month where 2017/18 performance wasn't better than the previous year. March performance reflects a rather challenging month with snow causing disruption for many areas including patient transport and food deliveries. The department remains closed to attendances overnight from 22.00hrs - 08.00hrs and the Trust is managing a process for repatriation of patients who have been required to attend a different A&E and subsequently been admitted to a neighbouring Trust. Medical staffing within A&E remains non-resilient.

## Mitigating Actions for Areas of Poor Performance

**UHB:** Refocus on performance improvement actions as the trust moves out of the winter period, with a refreshed Urgent Care Steering Group (UCSG) Improvement plan for the BRI, focussing on the high impact schemes initially. For example: plot underway in Acute Medical Unit (AMU/A300) to increase ambulatory capacity, specialty pathway work ongoing with other divisions, actions from internal acute care assembly, focus on professional standards and medical leadership. There is a 6 week pilot with BrisDoc regarding ED streaming due to start late May.

**NBT:** Gaps in the ED junior medical staff rotas continue to be addressed by NBT's Emergency Zone team. A Rapid Workforce Review was undertaken by the Medical Division and a strategy implemented to ensure that minors are not negatively impacted by surges in majors demand. The 12 hour trolley wait

breaches continue to have an initial 24 hour clinical review and a follow-up review after 2 weeks. Work is continuing on emergency care planning at a system level. The externally supported PERFORM programme is due to commence in April, with significant bed day impact anticipated.

**WAHT:** The Trust expects to end recruiting by the end of May and expects to have the correct number of middle grades in place by the end of June. There remains a problem with the number of consultants, with the Trust still having four WTE consultants fewer than what they need. The trust are looking to maximise use of the new primary care stream in ED. A Contract Performance Notice and A&E Remedial Action Plan remains in place and is monitored via both A&E Delivery Board and QPSG.

### 3.2 Planned Care

#### RTT Incompletes <18weeks

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
BNSSG CCGs	RTT: Incomplete Pathways 18 Weeks	92.00%	90.92%	90.96%	91.27%	91.00%	90.60%	90.29%	90.29%	90.65%	90.14%	88.95%	89.27%	89.12%	88.23%	88.23%	↓	
NBT	RTT: Incomplete Pathways 18 Weeks	92.00%	87.64%	87.59%	88.17%	87.78%	87.06%	86.73%	87.52%	87.89%	88.24%	86.90%	86.30%	86.47%	85.56%	85.56%	↓	
UHB	RTT: Incomplete Pathways 18 Weeks	92.00%	91.12%	91.13%	91.09%	90.98%	90.22%	89.88%	89.44%	90.05%	88.86%	88.30%	88.10%	88.42%	87.05%	87.05%	↓	
WAHT	RTT: Incomplete Pathways 18 Weeks	92.00%	94.45%	92.95%	94.66%	95.28%	93.91%	94.11%	92.37%	93.34%	93.34%	92.62%	92.77%	89.18%	90.41%	90.41%	↑	

#### Diagnostic Waits <6 weeks

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
BNSSG CCGs	Diagnostic 6 Week Waits	99.00%	99.04%	98.40%	98.89%	98.30%	97.12%	95.90%	96.63%	97.77%	98.31%	97.87%	98.67%	99.48%	99.07%	99.07%	↓	
NBT	Diagnostic 6 Week Waits	99.00%	99.19%	98.26%	98.59%	97.59%	95.84%	94.28%	95.37%	97.03%	97.88%	97.94%	99.38%	99.79%	99.38%	99.38%	↓	
UHB	Diagnostic 6 Week Waits	99.00%	98.65%	98.63%	98.98%	98.58%	98.52%	97.61%	97.70%	98.19%	98.28%	97.62%	97.81%	99.19%	98.51%	98.51%	↓	
WAHT	Diagnostic 6 Week Waits	99.00%	100.00%	99.60%	99.90%	99.41%	96.52%	95.52%	96.71%	97.46%	99.07%	98.15%	98.97%	99.27%	99.47%	99.47%	↓	

#### Cancelled operations not rebooked with a binding date in 28 days

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
NBT	Cancelled Operations not rebooked within 28 days	0	23	0	0	1	2	5	2	0	5	9	12	11	4	51	↑	
UHB	Cancelled Operations not rebooked within 28 days	0	72	4	6	2	0	1	3	2	6	5	8	6	7	50	↑	
WAHT	Cancelled Operations not rebooked within 28 days	0	8	1	1	0	0	0	0	1	0	2	N/A	N/A	N/A	5	?	

#### Number of urgent operations cancelled for a second time

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
NBT	Urgent Operations Cancelled for a Second Time	0	14	0	2	0	2	2	1	2	0	1	1	1	2	14	↓	
UHB	Urgent Operations Cancelled for a Second Time	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	?	
WAHT	Urgent Operations Cancelled for a Second Time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	↓	

#### RTT 52 week waiters

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
BNSSG CCGs	RTT: Incomplete 52 Week Waits	0	30	34	52	86	95	109	78	52	56	50	43	38	35	35	↑	
NBT	RTT: Incomplete Pathways 52 Week Waits	0	44	43	53	84	97	111	93	56	62	59	55	41	38	38	↑	
UHB	RTT: Incomplete Pathways 52 Week Waits	0	2	5	11	46	45	32	19	10	13	8	1	15	18	18	↑	
WAHT	RTT: Incomplete Pathways 52 Week Waits	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	↓	

**BNSSG Position**

18 week incomplete pathway performance has shown a small deterioration this year as a result of an agreed holding position on improvements in elective waiting times. It is positive to note that >52 week wait patient numbers have shown a further small decrease in March (NBT 38 and UH Bristol 18) despite winter pressures on elective activity and the impact of the 'on hold' patients at UH Bristol.

Commissioners will begin to monitor both RTT performance and total waiting list size from April 2018 in line with national planning guidance.

**Provider(s) Position**

**UHB:** The 92% national RTT standard was not met at the end of March, with performance reported at 87.05%. The 52 week wait trajectory has been missed with 18 patients remaining waiters at the end of March. The "on hold" patients identified as waiting more than 52 weeks account for 11 of these patients. Early sight for April is holding at 87% delivery of RTT, against a back drop of winter pressures and elective cancellations. Diagnostic performance was 98.51%, against a RAP trajectory of 98.3% at end of March, but is below the 99% national standard. In March the Trust cancelled 121 (1.9%) of operations at last-minute for non-clinical reasons. Of the 98 patients cancelled in February, 7 were not readmitted within 28 days.

**NBT:** March was a difficult month for delivery of NBT's elective care plan due to the continuing winter surge pressures and cancellations of non-urgent elective operations. 18-week performance fell to 85.6% in March from 86.5% in February. This is below the 92% national standard and the agreed trajectory for March (88.0%). Diagnostics performance met the 99% tested within 6 weeks national standard for the third month running. 'Cancelled ops not rebooked within 28 days' fell back to more normal levels from 12 in January and 11 in February to 4 in March. The number of over 52 week waits dropped from 41 at the end of February to 38 at the end of March. The long delays are largely in MSK, spinal surgery and plastic surgery. This is significantly above the agreed over 52week waits trajectory but shows a very significant improvement from 111 over 52 week waiters at the end of August 2017.

**WAHT:** Although performance improved from 89.18% to 90.41% in March the 92% RTT standard was failed for the second consecutive month. The Trust is expecting to recover the RTT standard in quarter 1 of 2018/19 following mandated NHS England elective cancellations in January. The 99% Diagnostics standard continues to be achieved in March. There was no RTT Incomplete 52ww breaches or urgent operations cancelled for a second month in March.

## Mitigating Actions for Areas of Poor Performance

**UH Bristol:** - Weekly 46-52 week waiters report being sent to commissioners for oversight and early warning. The 52 week wait Remedial Action Plan (RAP) is in place but needs refreshing in light of the on hold patients uncovered and on long waiting patients particularly in Paediatric Services and Dentistry services. The Intensive Support Team returned to UH Bristol to review and agree the next steps in April and outputs will be shared with commissioners. The Trust met System C the Medway software supplier (patient administration system) on 30th April, to commence working through the removal of the legacy “on hold” reasons. A Remedial Action Plan (RAP) is in place for diagnostics with return to national standard due in April – early indications of achieving the trajectory are not positive and this is subject to further investigation and assessment of fragility

**NBT:** Internal Remedial Action Plans are in place for specialties where 18-week RTT performance is an issue, including Urology and Plastic Surgery. Ongoing underperformance in Plastics focusses on the Breast and Hand surgery subspecialties, where a return to the standard is currently not expected until the end of 2018/19 as it is dependent on longer term staffing issues being resolved. Staffing continues to be an issue in Urology, in regards junior medical staff shortages and specialist nurse sickness. A Remedial Action Plan is also in place for over 52 week waiters, and it is expected the backlog should be cleared in Quarter 2 of 2018/19.

**WAHT:** The Trust has been working to resolve the current challenges with RTT performance due to capacity and commissioners have requested a recovery plan/trajectory to drive improvement/progress.

### 3.3 Cancer

#### Cancer Waits - 2 Week Waits

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
BNSSG CCGs	Cancer 2 Week Wait - All	93.00%	93.03%	89.98%	92.38%	93.50%	92.89%	91.81%	94.03%	94.78%	94.98%	94.16%	87.10%	95.00%	92.11%	92.71%	↓	
NBT	Cancer 2 Week Wait - All	93.00%	92.13%	86.47%	89.03%	91.40%	91.59%	89.75%	93.23%	94.54%	94.85%	94.50%	82.51%	93.34%	91.23%	91.05%	↓	
UHB	Cancer 2 Week Wait - All	93.00%	94.82%	95.07%	95.55%	94.31%	93.39%	93.21%	94.63%	94.66%	95.45%	94.80%	92.17%	96.93%	92.13%	94.30%	↓	
WAHT	Cancer 2 Week Wait - All	93.00%	91.50%	92.64%	96.89%	98.93%	95.15%	93.91%	93.30%	93.15%	90.30%	90.54%	91.37%	97.21%	93.70%	94.14%	↓	
BNSSG CCGs	Cancer 2 Week Wait - Breast symptoms	93.00%	91.23%	83.53%	93.00%	95.10%	92.86%	94.96%	92.56%	99.28%	95.97%	92.98%	73.13%	95.10%	90.67%	91.46%	↓	
NBT	Cancer 2 Week Wait - Breast symptoms	93.00%	94.07%	82.09%	91.30%	95.08%	94.90%	97.96%	92.00%	99.11%	97.14%	93.15%	67.94%	94.87%	87.50%	90.77%	↓	
WAHT	Cancer 2 Week Wait - Breast symptoms	93.00%	89.13%	95.24%	96.67%	100.00%	87.50%	89.36%	92.86%	97.37%	95.65%	95.00%	96.77%	92.00%	96.00%	94.57%	↓	

#### Cancer Waits - 31 Days

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
BNSSG CCGs	Cancer 31 Day first treatment	96.00%	97.66%	93.32%	97.20%	96.28%	98.25%	98.32%	97.29%	98.23%	98.38%	97.11%	94.82%	96.85%	97.22%	96.93%	↑	
NBT	Cancer 31 Day first treatment	96.00%	97.28%	93.60%	96.59%	96.61%	98.30%	98.43%	96.44%	97.78%	97.46%	96.10%	96.34%	98.17%	97.48%	96.92%	↓	
UHB	Cancer 31 Day first treatment	96.00%	96.80%	91.18%	96.47%	95.08%	97.06%	97.91%	96.93%	95.29%	98.02%	96.68%	92.91%	95.52%	95.76%	95.78%	↓	
WAHT	Cancer 31 Day first treatment	96.00%	99.62%	100.00%	100.00%	98.25%	100.00%	100.00%	97.50%	100.00%	100.00%	96.77%	95.83%	95.24%	97.50%	98.40%	↓	
BNSSG CCGs	Cancer 31 day subsequent treatments - surgery	94.00%	97.66%	93.07%	95.15%	96.91%	96.47%	97.14%	96.94%	94.12%	91.59%	88.17%	93.02%	95.61%	93.62%	94.30%	↓	
NBT	Cancer 31 day subsequent treatments - surgery	94.00%	97.27%	94.23%	97.09%	97.50%	95.65%	97.48%	94.64%	86.54%	83.90%	87.18%	90.83%	97.09%	94.68%	93.13%	↓	
UHB	Cancer 31 day subsequent treatments - surgery	94.00%	94.22%	82.61%	92.00%	93.18%	90.70%	96.00%	94.74%	95.56%	96.61%	92.98%	96.55%	86.67%	79.49%	91.68%	↓	
WAHT	Cancer 31 day subsequent treatments - surgery	94.00%	96.77%	100.00%	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	87.50%	100.00%	100.00%	94.67%	↓	
BNSSG CCGs	Cancer 31 day subsequent treatments - drugs	98.00%	98.55%	99.20%	97.62%	99.36%	98.61%	98.63%	97.87%	99.38%	98.71%	98.96%	98.63%	98.64%	97.04%	98.55%	↓	
NBT	Cancer 31 day subsequent treatments - drugs	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	↓	
UHB	Cancer 31 day subsequent treatments - drugs	98.00%	98.49%	99.14%	97.42%	98.68%	98.59%	98.63%	98.50%	99.29%	98.68%	98.94%	98.66%	98.61%	98.36%	98.60%	↓	
WAHT	Cancer 31 day subsequent treatments - drugs	98.00%	99.52%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%	93.75%	90.91%	97.50%	↓	
BNSSG CCGs	Cancer 31 day subsequent treatments - radiotherapy	94.00%	96.31%	97.58%	96.32%	95.48%	94.82%	97.19%	97.42%	97.25%	95.53%	97.74%	93.51%	97.40%	95.63%	96.22%	↓	
UHB	Cancer 31 day subsequent treatments - radiotherapy	94.00%	96.63%	98.13%	96.59%	95.89%	95.42%	97.27%	97.96%	96.38%	96.12%	97.60%	92.83%	97.92%	96.45%	96.44%	↓	

#### Cancer Waits - 62 Days

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
BNSSG CCGs	Cancer 62 day referral to first treatment - GP referral	85.00%	83.82%	82.11%	77.69%	82.47%	83.19%	86.61%	82.05%	86.15%	86.15%	84.65%	77.18%	80.56%	86.24%	82.95%	↑	
NBT	Cancer 62 day referral to first treatment - GP referral	85.00%	85.70%	87.50%	80.39%	85.56%	90.16%	87.22%	85.27%	86.42%	86.81%	86.74%	76.26%	82.86%	86.31%	85.18%	↓	
UHB	Cancer 62 day referral to first treatment - GP referral	85.00%	79.26%	76.67%	77.98%	81.65%	74.65%	85.10%	80.21%	84.07%	88.41%	82.90%	77.99%	81.25%	87.32%	81.64%	↑	
WAHT	Cancer 62 day referral to first treatment - GP referral	85.00%	77.65%	78.43%	70.15%	65.79%	76.27%	75.36%	63.83%	69.23%	55.00%	66.67%	77.05%	77.78%	65.45%	70.54%	↓	
BNSSG CCGs	Cancer 62 day referral to first treatment - Screening referral	90.00%	88.58%	97.30%	90.48%	100.00%	94.74%	94.29%	100.00%	89.66%	81.82%	82.61%	94.87%	86.96%	88.89%	91.56%	↑	
NBT	Cancer 62 day referral to first treatment - Screening referral	90.00%	91.94%	100.00%	96.05%	100.00%	97.67%	93.75%	100.00%	89.23%	85.71%	88.89%	94.74%	89.87%	96.83%	94.33%	↓	
UHB	Cancer 62 day referral to first treatment - Screening referral	90.00%	68.94%	66.67%	44.44%	100.00%	87.50%	100.00%	100.00%	N/A	75.00%	71.43%	100.00%	58.33%	28.57%	74.74%	↓	
WAHT	Cancer 62 day referral to first treatment - Screening referral	90.00%	100.00%	N/A	N/A	100.00%	100.00%	N/A	100.00%	100.00%	75.00%	0.00%	75.00%	100.00%	50.00%	83.33%	↓	

### BNSSG Position

BNSSG have failed to reach the standard for 2WW in March, this is driven by failure to meet the target in NBT and UHB. There have been no issues raised at access performance or otherwise to predict the reason for this and it will be raised at the upcoming access performance meetings with the trusts to review if this position is likely to recover in April. The BNSSG position for 31 days and 62 days has continued to improve, but where there are areas of poor performance, remedial action plans are in place.

The Governing Body should be aware of the potential performance impact of the recent fire at the Bristol Haematology & Oncology Centre, the initial quantification of which is anticipated in June.

### Provider(s) Position

**UHB:** February performance of 81.3%, close to the recovery trajectory of 81.6%. March performance is forecast to exceed 83% and may meet the national standard. April performance has suffered from the impact of cancellations, with the severe weather meaning cases were deferred into April after having been dated in March.

**NBT:** The Trust exceeded the standard in 5 out of 7 national measures in March. NBT improved from below to above standard in the key 62 day GP referral to treatment standard and the 62 days from Screening standard. Unfortunately performance fell to below the 93% national standard in March for both two-week wait from GP referral for suspected cancer and two-week wait for breast symptoms, to 91.2% and 87.5% respectively. Performance continued above standard in March for other measures, including 31 days to subsequent treatment (surgery) where performance had been below standard from October to January, and a Contract Performance Notice is in place.

**WAHT:** The 2ww and 31 day standard were achieved in March and for the Year 2017/18. The 98% 31 day drugs standard was failed again in March with performance of 90.91% (2 breaches out of 22 patients treated). Performance against the 62 day GP Referral standard worsened to 65.45% in March. The 85% national standard and the STF trajectory was failed every month during 2017/18. Continued pressure was expected through March in view of the ongoing work being undertaken to improve pathways – specifically within Colorectal and Urology. The 62 day screening standard was failed in March with performance at 50% (0.5 breaches out of 1 patient treated).



## Mitigating Actions for Areas of Poor Performance

**UHB:** Performance has been affected by winter pressures and the heavy snowfall on two occasions in March. There are some ongoing capacity issues as a result which are still being resolved. Avoiding cancellations and recovering rapidly from those that do occur remains the key action for the Trust, as well as continuing to develop a virtual PTL (waiting list meeting) with other providers to reduce late referrals. A key action relates to critical care capacity with continued focus on recruitment and retention of staff to enable all adult BRI Critical Care beds to be kept open, at all times. Training package developed to support staff retention. Staff recruited and in post. Division working on plans to keep open the 21st bed as consistently as possible.

Cancer Revised RAP accepted by commissioners. The key actions within it are:

- Ensure sufficient thoracic surgery outpatient capacity
- Ensure sufficient thoracic surgery operating capacity for likely growth
- Ensure adequate elective bed capacity to reduce cancellations and capacity issues for cancer resections
- Undertake work for Trust to become lead provider for adult dermatology in Taunton
- Resolve short term capacity issues for chemotherapy treatment delivery
- More formal processes and guidance for managing impact of MDT/planning meeting cancellations
- Reduce delays in colorectal pathway due to capacity and pathway management issues
- Reduce delays for radiological diagnostics, in particular CT colonography, head and neck ultrasound, and PET
- Work with partners to reduce late referrals
- Resolve capacity shortfall in gynaecology following staff sickness

**NBT:** The Urology Department has implemented a Cancer RAP and monthly meetings are held between the department and Cancer Services team. Included within the RAP are plans for additional surgical Outpatient capacity to reduce waiting times, and plans for increasing Template Biopsy capacity.

**WAHT:** A revised RAP and trajectory is in place and is monitored at QPSG. The revised RAP trajectory was failed in March. There is continued progress through the RAP and also within the availability of demand and capacity modelling to support working towards a reduction in outpatient waiting times. Although performance is fragile due to the small numbers involved, performance is expected to improve in April and be maintained. The Trust has a strong intention to deliver the 85% national standard by June and for it to be stabilised.

### 3.4 Quality

#### CDIFF cases

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
BNSSG CCGs	Total Number of CDiff Cases	29	237	16	17	21	16	22	15	8	20	18	12	20	10	195	↑	
NBT	Total Number of CDiff Cases	79	33	2	3	4	3	3	3	0	1	3	2	4	4	32	→	
UHB	Total Number of CDiff Cases	40	31	2	4	5	6	3	3	1	1	2	2	6	0	35	↑	
WAHT	Total Number of CDiff Cases	17	10	0	0	1	0	0	0	0	1	0	0	2	0	4	→	

#### MRSA cases

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
BNSSG CCGs	Total Number of MRSA Cases Reported	0	38	7	2	2	6	8	3	1	2	2	5	6	5	49	↑	
BNSSG CCGs	Total Number of MRSA Cases Assigned	0	9	1	1	1	2	1	1	0	1	0	3	3	5	19	↓	
NBT	Total Number of MRSA Cases Reported	0	6	1	0	0	0	2	0	0	0	0	1	0	0	4	→	
NBT	Total Number of MRSA Cases Assigned	0	7	1	0	0	0	2	0	0	0	0	1	0	0	4	→	
UHB	Total Number of MRSA Cases Reported	0	1	0	0	1	0	1	1	0	1	1	1	0	0	6	→	
UHB	Total Number of MRSA Cases Assigned	0	2	0	0	1	0	1	1	0	1	1	1	1	0	7	↑	
WAHT	Total Number of MRSA Cases Reported	0	0	1	0	0	0	0	0	0	0	0	1	0	0	2	→	
WAHT	Total Number of MRSA Cases Assigned	0	0	1	0	0	0	0	0	0	0	0	1	0	0	2	→	

#### Mixed Sex Accommodation Breaches

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
BNSSG CCGs	Eliminating Mixed Sex Accommodation	0	40	11	9	9	9	0	1	6	5	0	7	0	0	57	→	
NBT	Eliminating Mixed Sex Accommodation	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	→	
UHB	Eliminating Mixed Sex Accommodation	0	12	21	20	33	19	0	0	5	5	0	4	0	1	108	↓	
WAHT	Eliminating Mixed Sex Accommodation	0	20	0	0	0	0	0	0	0	0	0	5	0	0	5	→	

#### Never Events

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value			
NBT	Number of Never Events	0	5	0	0	0	1	0	0	0	1	0	0	0	0	2	→	
UHB	Number of Never Events	0	2	0	1	2	1	0	0	2	0	0	2	0	1	9	↓	
WAHT	Number of Never Events	0	1	0	0	0	0	0	0	0	1	0	0	0	0	1	→	

CDIFF Cases - CCGs																			
Organisation	Indicator		2017/18	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Target																
BNSSG CCGs	Total Number of CDiff Cases	Actual	312	237	16	17	21	16	22	15	8	20	18	12	20	10	195	↑	
		Trajectory		312	32	22	29	36	28	33	19	18	23	23	20	29	312		
BCCG	Total Number of CDiff Cases	Actual	131	122	11	9	10	8	13	5	7	6	12	4	7	5	97	↑	
		Trajectory		131	18	8	11	16	13	11	9	9	7	10	9	10	131		
NSCCG	Total Number of CDiff Cases	Actual	87	64	2	2	7	3	2	7	0	8	2	2	8	2	45	↑	
		Trajectory		87	7	6	10	8	4	13	5	6	6	7	8	7	87		
SGCCG	Total Number of CDiff Cases	Actual	94	51	3	6	4	5	7	3	1	6	4	6	5	3	53	↑	
		Trajectory		94	7	8	8	12	11	9	5	3	10	6	3	12	94		

Issue	Action	Responsibility
<p><b>12 hour Trolley Breaches in ED.</b>  <b>NBT</b> – reporting of 12 hour trolley breaches and 14 day review of harm reports in line with agreed trolley breach process has not taken place. A further 18 trolley breaches have been reported in March with 42 fourteen day harm review reports outstanding.</p> <p><b>WAHT</b> – Nil to report in March. Nineteen 12 hour trolley breaches in total reported this year.</p> <p><b>UHB</b> – Nil to report in March. Nine 12 hour trolley breaches in total reported this year.</p>	<p>A total of 335 twelve hour trolley breaches have been reported to date this year at NBT. The CCG has requested receipt of the 14 day review of harm reports for all twelve hour trolley breaches reported. The Trust advised that they were undertaking SBARs for 10 patients who experienced a trolley breach in December and subsequently were found to have died in the 14 day period, to ensure that there was no harm arising from the trolley breach. The SBAR reports for 6 patients have been received and no patient harm has been identified.</p> <p>A reminder of the expected process to be followed has been shared with all Trusts. The CCG will discuss with NHS Improvement the difficulties experienced since the national change in reporting process for these incidents. Ongoing monitoring of reporting and Trolley breaches will be undertaken through the monthly quality sub groups with an expectation that reporting will improve.</p> <p>All 14 day harm / no harm reports received from the Trust are discussed at the BNSSG CCG Serious Incident Panel and feedback provided to the Trust as appropriate.</p>	<p>Cecily Cook Deputy Director of Nursing &amp; Quality.</p>
<p><b>MRSA</b>            Zero tolerance for MRSA has not been achieved. BNSSG CCGs are an outlier for MRSA bacteraemia in the South West region. Forty nine cases of</p>	<p>The MRSA task and finish group has reviewed the MRSA action plan completed in 2015 that confirms that all actions remain in place. Discussions have taken place in relation to identifying further targeted interventions, undertaking a patient focus group regarding acceptability to use identified interventions. A meeting is planned in June</p>	<p>Cecily Cook Deputy Director of Nursing &amp; Quality.</p>

<p>MRSA have been reported in total for BNSSG CCGs for the period April 2017 – March 2018. 49% of the cases relate to people who use drugs.</p> <p>BNSSG CCG has the greatest number of cases of MRSA reported in the South West Region with 50% of the total number of reported cases attributed to BNSSG.</p> <p><b>NBT-</b> The Contract performance Notice has been closed as all actions have been completed.</p>	<p>2018 to discuss further evaluation with the R&amp;D team and PHE. Additionally the current MRSA leaflet is being reviewed with the aim of making this a BNSSG CCG wide leaflet. The CCG has assurance visits planned for May 2018 to the needle exchange service at BDP and the Homeless Health Service run by Brisdoc.</p> <p>The MRSA task and finish group reports to the BNSSG HCAI group.</p> <p>Bi-monthly monitoring of MRSA cases takes place through the BNSSG HCAI group and at the monthly quality sub group meetings with individual providers. The CCG is currently investigating a single reporting tool to be used across the health care system to support shared investigation and learning.</p> <p>The briefing paper on the findings of the Elizabeth Blackwell research has been shared with GPs and Providers.</p> <p>UH Bristol has had 5 cases of MRSA assigned since April 2017 to date. The CCG has discussed their concern at the increase in MRSA. The Trust advises that they are currently reviewing their MRSA screening policy.</p> <p>Changes to PIR guidance has suggested that at the current time both UH Bristol and WAHT are not required to participate in formal PIR due to cases being below the 1.7 cases per 100,000 population. The CCG has written to Directors of Nursing at the acute Trusts to confirm the expectation that post infection review of MRSA cases will continue as part of the new PIR process and as a healthcare system response.</p> <p>NHS Improvement is undertaking an assurance visit to WAHT in April to review infection prevention and control at the Trust. The CCG will participate in this visit.</p>	
<p><b>E.coli</b> BNSSG CCGs together have reported 586 cases of E.coli bacteraemia against a combined threshold of 506 cases.</p>	<p>An E.coli action plan has been put in place, submitted to NHS England and ongoing monitoring undertaken through the BNSSG HCAI group.</p> <p>Analysis undertaken of E.coli cases identified that the main source of the bacteraemia was urinary tract infection. Subsequent action has been taken to develop and</p>	<p>Cecily Cook Deputy Director of Nursing &amp; Quality.</p>

<p>However of the three CCG areas Bristol has exceeded the 221 threshold with 289 cases to the end of March 2018, North Somerset is below threshold reporting 131 cases against a threshold of 142 cases and South Gloucestershire has exceeded the threshold with 165 cases reported against the threshold of 143 cases.</p>	<p>implement a catheter passport across BNSSG to ensure appropriate care, review and management of patients with urinary catheters with the aim of launching the catheter passport in 2018.</p> <p>The medicines management team have reviewed guidelines for the treatment of recurrent urinary tract infections and have undertaken review of patients prescribed long term prophylactic antibiotics.</p> <p>Weston Area Health Trust has exceeded the 10% target decrease in E. coli bacteraemia by reporting a 20% decrease.</p>	
<p><b>UH Bristol Never Events</b> Eight never events have been reported by UH Bristol this financial year (one Never Event was reclassified as a serious incident as this met the exemption criteria, this has been retrospectively corrected so the chart above reflects the reported figures at the time).</p> <p><b>WAHT</b> - has reported 1 never events this financial year</p> <p><b>NBT</b> – has reported 2 Never Events in this financial year</p>	<p>A further Never Event was reported in March pertaining to wrong implant of lens. The 72 hour report has been received and the root cause analysis investigation has commenced.</p> <p>The CCG has issued a contract performance notice (CPN) to UH Bristol. The remedial action plan (RAP) has been received and updated following review by the CCG. The action plan is monitored monthly by the CCG at the quality sub group.</p> <p>The planned visit to the dental theatres by NHS Improvement took place on 3 April 2018 and the report is awaited. The Trust has accepted the CQC's invitation to participate in a thematic review of never events. UH Bristol has requested a meeting with the CCG to discuss learning arising from a Never Event relating to Midazolam. This meeting is planned for early May.</p> <p>The WAHT case has gone through the review process and has been closed.</p> <p>Both Never Events are now closed and root cause analyses were completed. The Remedial Action Plan has been closed as all the required actions have been implemented.</p>	<p>Cecily Cook Deputy Director of Nursing &amp; Quality.</p>

<p><b>Somerset Surgical Services</b> - has reported 2 Never Events in 2017/18</p>	<p>A further 2 Never Events were reported during the 2017/18 reporting period by Somerset Surgical Services that utilise the Theatres at WAHT, these were both dental related. A full root cause analysis was completed for both cases and reviewed by the CCG. An assurance visit was also undertaken with the Service. The cases have since been closed.</p>	
<p><b>UH Bristol</b> <b>On hold patients</b> - The Trust has identified that there are 85,000 patients who have been delayed in waiting for assignment and treatment</p>	<p>The Trust has set up a harm review panel to clinically review all patients who have experienced a delay to treatment through waiting longer than 52 weeks. Two harm review panels have taken place and the CCG has been invited to attend all panel meetings. No cases of confirmed harm to patients have been identified to date.</p> <p>Any patient identified as experiencing harm as a result of the delay will be raised as a serious incident. Monthly monitoring of patients for harm takes place at the quality sub group.</p>	<p>Cecily Cook Deputy Director of Nursing &amp; Quality.</p>
<p><b>UH Bristol</b> <b>Outpatients Pending</b> – Outpatient activity has fallen behind plan for follow up appointments resulting in a large volume of overdue follow ups.</p>	<p>A CPN was issued in March 2017. The action plan and progress against trajectory is monitored monthly.</p> <p>The Trust is providing divisions with information on patients who are overdue for clinician review. Progress has been made to reduce the numbers of patients waiting to be seen. It has been noted that no harm to patients has been identified through the clinical review process to date.</p>	<p>Cecily Cook Deputy Director of Nursing &amp; Quality</p>
<p><b>CQC visit outcomes.</b> <b>NBT</b> – The CQC report from the visit undertaken in December has been published and the Trust has been rated as ‘Requires Improvement’.</p>	<p>NBT has developed an action plan to address the ‘Must do’ and ‘Should do’ actions identified in the report that was submitted to the CQC on the 19<sup>th</sup> April 2018. The action plan was shared with the CCG for ongoing discussion at the monthly Quality Sub Group.</p> <p>The CCG has been asked by NBT to undertake a quality assurance visit to Interventional radiology in light of the CQC must do actions. Interventional Radiology is used as an escalation ward in times of high demand for patient beds. This visit was due to take place on 11 April 2018 – details to follow in the next Quality Sub-group meeting.</p>	<p>Cecily Cook Deputy Director of Nursing &amp; Quality</p>

<p>WAHT - CQC Report. The CQC has published its focused inspection report to follow up on concerns identified in the warning notice.</p> <p>No concerns to note at UH Bristol</p> <p><b>AWP</b> - The CQC report from the visit undertaken in June was published in October and the Trust has been rated as 'Requires Improvement'.</p> <p><b>SWASFT</b> – The CQC will be undertaking an inspection.</p>	<p>The CQC report identifies that WAHT has made significant improvement however has requested that further action is taken to continue improvements associated with patient flow and the emergency department. Five “must do” and one “should do” actions were added to the ongoing action plan for progression.</p> <p>The updated action plan has been shared with the CCG at the quality sub group and will be monitored monthly.</p> <p>The Trust has been asked to provide a quarterly update report to the quality sub group to provide greater detail than the information reported in the monthly performance and quality report.</p> <p>Assurance regarding the red risks received and discussed at the monthly Quality Sub Group meetings. Monitoring will continue on a monthly basis.</p> <p>SWASFT has been informed that the CQC will inspect the service late May / early June. The SWCSU is collating commissioner responses in anticipation of the inspection.</p>	<p>Bridget James Associate Director Quality (Patient Safety)</p> <p>Cecily Cook Deputy Director of Nursing &amp; Quality</p>
<p><b>NBT – Complaints Handling</b></p> <p>The Trust is not meeting complaint response times and the commissioner requirement for no more than 10 overdue response complaints each month. Performance in March 2018 is 16 complaints.</p> <p><b>UH Bristol &amp; WAHT</b> – No concerns to note.</p>	<p>A Contract Performance Notice (CPN) and remedial action plan are in place. The Trust has appointed a Patient Experience Manager who is now in post and is working with divisional leads to help resolve the backlog.</p> <p>The quality sub group will continue to monitor performance to ensure sustainability is maintained and has agreed the CPN will be closed if 3 months sustainability can be achieved.</p> <p>A meeting has also been arranged for 11 June 2018 to agree definitions and standardise the complaints reporting process with all Acute Trusts.</p>	<p>Cecily Cook Deputy Director of Nursing &amp; Quality</p>
<p><b>NBT - Administration backlog and delayed clinic letters</b></p> <p>The contract standard for clinical</p>	<p>The outsourcing project has commenced and a number of specialities are now achieving the 10 day target and pushing towards achieving the 7 day target. The Trust is expecting to see a significant reduction in the backlog.</p>	<p>Cecily Cook Deputy Director of Nursing &amp; Quality</p>

<p>letters has not been met.</p> <p>No concerns noted at UH Bristol or WAHT</p>	<p>Although an outsourcing scheme using Dictate IT has been implemented in urology, the figures have not improved. A trajectory plan for improvement for the next 2-3 months alongside a written update was requested.</p> <p>The CCG has set clear expectations that the standard must be achieved. Monitoring takes place monthly at the quality sub group.</p>	
<p><b>WAHT - Venous Thromboembolism (VTE)</b> Performance has been below the 95% standard. Achievement of Standard in Q4 has now been met.</p> <p>No concerns noted at NBT or UH Bristol</p>	<p>A CPN and RAP remain in place and are monitored monthly at the Quality Sub Group. These will remain in place until sustained progress is achieved over a three month period.</p> <p>The Trust has seen an improvement in performance and is now above trajectory target for Quarter 4. Consideration for removal of the CPN will be discussed in the May Quality Meeting.</p>	<p>Cecily Cook Deputy Director of Nursing &amp; Quality</p>
<p><b>Discharge Letters</b> WAHT remains non-compliant to National Standards for discharge letters.</p> <p>NBT - concerns raised by GPs relating to hand written discharge letters from ED in terms of legibility and timeliness</p> <p>No concerns identified at UH Bristol</p>	<p>A CPN and RAP are in place and are monitored monthly at the Quality Sub Group.</p> <p>GPs in North Somerset have indicated some improvement to the standard of letters received. Somerset CCG continues to raise concerns regarding the standard of letter received by GPs for patients attending the Trust.</p> <p>The Trust has made changes to the reporting template, the barrier to resolving the issue remains the IT infrastructure.</p> <p>Following provision of an update regarding the issues and further action required the CCG has requested that this update is presented to GP forums to share the work being undertaken.</p> <p>In January 2018, GPs were informed via the GP newsletter that ED would be sending hand written discharge letters due to winter pressures and IT updates required to Lorenzo. Concerns regarding the standard of letters received have been raised by the GP forums. The CCG has shared examples of the letters with the Trust. The CCG has made it clear that continuation of hand written letters is not acceptable and poses a risk to patients. The Trust will provide an update to GPs in the GP newsletter including</p>	<p>Cecily Cook Deputy Director of Nursing &amp; Quality</p>



	anticipated date of resolution.	
<p><b>Dementia Training</b> WAHT - Dementia Training remains below trajectory across level 2, 3 and General training.</p> <p>No concern noted at UH Bristol and NBT</p>	<p>A CPN and RAP are in place. The Trust has completed a data cleansing exercise to update current compliance rate and the trajectory to meet the required standard with an expectation that the standard will be met by June 2018.</p> <p>To improve compliance across all levels, WAHT has introduced a Safeguarding training day capturing all key subject areas including dementia training for both new starters and refresher training for current staff.</p> <p>Ongoing monitoring of the RAP takes place at the monthly Quality Sub Group.</p>	<p>Cecily Cook Deputy Director of Nursing &amp; Quality</p>
<p><b>Care UK NHS 111</b> – Call audit requirements have not been met. Current position is 543 audits outstanding</p>	<p>Audit continues to be a challenge for Care UK, due to staffing shortfalls; auditors are being drawn away to front end calls which has impacted on the audit performance. Commissioners have sought assurance that audits will be completed. Care UK has committed to catch up any outstanding audits and will provide an update at the next IQPMB.</p> <p>Commissioners (both clinical and non-clinical) have been invited to the Bristol Hub. The first visit is arranged for Friday the 18th May for non-clinical staff.</p>	<p>Cecily Cook Deputy Director of Nursing &amp; Quality</p>
<p><b>Care UK NHS111</b> – Safeguarding returns are not being completed.</p>	<p>The non-completion of safeguarding returns was escalated by commissioners at the IQPMG. Care UK NHS 111 has been asked to ensure that the service completes and returns the data monthly and SWCSU is following this up with the service on the commissioners’ behalf.</p>	<p>Cecily Cook Deputy Director of Nursing &amp; Quality</p>
<p><b>AWP – Serious Incident Compliance</b> – Performance for Month 12 continued to show significant delays against submission of RCAs within 60 working days with 32% received within timescale in March. This was an improvement from 30% in February.</p>	<p>The CCG issued a CPN in December and agreed the requirements for the associated RAP.</p> <p>AWP have advised that the SI process is currently under review to improve compliance with submissions in line with the National timeframes.</p>	<p>Bridget James Associate Director Quality (Patient Safety)</p>

<b>AWP – Safeguarding Level 3 training</b> – this remains below the 90% threshold at 85.5%.	In the Bristol Locality there is a specific issue with a significant wait for face to face courses, many have been booked, but will not be completed until the next financial year. Monitoring will continue on a monthly basis.	Bridget James Associate Director Quality (Patient Safety)
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## 4.1 SWASFT

### Ambulance Patient Handover Delays >30 minutes <60 minutes

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
NBT	Ambulance Handovers - number >30 minutes <1 hour	0	1061	25	40	42	50	52	55	56	31	140	74	52	68	685	↓	
UHB	Ambulance Handovers - number >30 minutes <1 hour	0	1075	103	68	68	44	48	36	53	56	85	61	56	81	759	↓	
WAHT	Ambulance Handovers - number >30 minutes <1 hour	0	360	33	7	1	22	49	27	N/A	N/A	N/A	N/A	N/A	N/A	139	?	

### Ambulance Patient Handover Delays 60 minutes and over

Organisation	Indicator	Target	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
NBT	Ambulance Handovers - number >1hour	0	38	2	0	1	0	2	0	0	0	11	0	5	0	21	↑	
UHB	Ambulance Handovers - number >1hour	0	208	8	14	16	2	6	8	10	5	60	1	3	0	133	↑	
WAHT	Ambulance Handovers - number >1hour	0	67	7	1	0	5	19	11	18	8	12	22	32	21	156	↑	

Issue	Action	Responsibility
<p><b>Ambulance Patient Handover Delays &gt;30 minutes &lt;1 hour</b> Ambulance patient handover delays were not meeting the target in month 12 for NBT or UHB for delays &gt;30 minutes &lt;1 hour.</p>	Commissioners will continue to monitor performance on a monthly basis in 2018/19. Formal performance management procedures cannot be put in place at present.	SCW CSU/ CCGs/SWASFT
<p><b>Ambulance Patient Handover Delays of 60 Minutes and Over</b> Ambulance patient handover delays were not achieving the target at WAHT in month 12 for the measure handover delays of 60 minutes and over. The target in month 12 was met at both NBT and UHB however.</p> <p>During 2017/18, NBT achieved the target for 7 months of the year. For UHB, March 2018 was the only month during 2017/18 where the target was met for this particular measure. The target was only achieved during the month of June 2017 for WAHT.</p>	Commissioners will continue to monitor performance on a month by month basis going forward into 2018/19. A transition plan is being developed between SWASFT and NHS England to achieve ARP standards.	SCW CSU/ CCGs/SWASFT/ NHS England

## 4.2 111

111 Performance																
Indicator	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	DOT	Trend
		Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
Calls answered in 60 Seconds	95%	96.2%	93.0%	91.3%	91.8%	96.3%	88.9%	90.2%	88.2%	60.3%	60.7%	61.7%	57.5%	80.8%	↘	
% of calls receiving Clinical Contact	50%	51.4%	49.6%	44.3%	46.7%	45.7%	46.3%	47.1%	47.2%	49.7%	49.4%	47.5%	49.5%	48.0%	↘	
% of calls referred to ED	5%	8.4%	9.1%	9.7%	9.3%	9.0%	8.8%	9.1%	8.2%	7.4%	8.1%	8.3%	7.9%	8.6%	↗	
% of Calls referred to Ambulance	10%	9.8%	10.8%	11.0%	10.9%	10.9%	11.4%	11.9%	12.3%	12.0%	12.8%	12.5%	10.9%	11.4%	↗	

Issue	Action	Responsibility
<p>The percentage of calls answered in 60 seconds deteriorated slightly in month 12 to 57.5%. This can be attributed to a number of factors including an increase in the number of occasions where national contingency was invoked leading to an unexpected rise in call volumes locally. Recruitment challenges relating to Health Advisors and Clinical Advisors also impacted on call answering times due to “teething issues” which affected performance.</p> <p>More recently, 111 data for April 2018 shows a general improvement in performance for calls answered in 60 seconds. This is likely to reflect the recent recruitment of call handling staff across the South West patch.</p>	<p>A Contract Performance Notice (CPN) was issued to Care UK by commissioners in response to a sustained period of under-performance during the Winter months. In response, Care UK prepared a detailed Recovery Action Plan (RAP) which sets out key milestones and projected recovery timescales.</p> <p>A report was also prepared by Care UK relating to staffing levels and how any gaps in service provision could be addressed through the recruitment of call handling staff.</p>	SCW CSU /CCG's/ Care UK
<p>Extreme weather conditions at the beginning of March (during the weekend of 2-4 March) led to an increase in call volumes. The poor weather conditions affected the number of staff who were able to turn out for work during this period and</p>	<p>Care UK worked closely with the GP Out Of Hours (OOH) service during this period so that additional care streaming provisions were in place. Furthermore, Care UK and SWASFT worked together to put in place the necessary provisions</p>	Care UK/ SWASFT/ GP OOH

impacted on the volume of calls answered in 60 seconds.	to allow staff to turn out for work wherever possible.	
For month 12, the percentage of calls receiving Clinical Contact remained just below the target at 49.5%. However, this represents a slight improvement on the previous month (47.5%).	Commissioners will continue to monitor performance during 2018/19 to ensure that performance shows no further deterioration and remains in line with the 50% target.	Commissioners (CCG's/ SCW CSU)/ Care UK
Percentage of calls referred to ED: the average performance during month 12 was 7.9%. Performance remains above target although a slight improvement was noted compared to the previous month (8.3%).	Commissioners will monitor performance moving forward into 2018/19 and note any variations seen during the next few months.	Commissioners (CCG's/ SCW CSU)/ Care UK
Percentage of calls referred to Ambulance: the average performance for month 12 was 10.9%. Performance remains above target of 10% although an improvement on the previous month was noted.	Commissioners continue to monitor performance for ambulance referrals closely to determine any changes over time on a weekly and monthly basis.	Commissioners (CCG's/SCW CSU)/ Care UK

## 5.2 AWP

More than 50% of people with a first episode of psychosis to be referred to mental health services and start treatment in an early intervention in psychosis services																
Organisation	Indicator	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
Bristol CCG	Referral to treatment - Early intervention	50.00%	100.0%	88.9%	85.7%	83.3%	84.6%	83.3%	93.80%	66.70%	63.60%	87.50%	85.70%	81.30%	↘	
North Somerset CCG	Referral to treatment - Early intervention	50.00%	100.0%	100.0%	100.0%	100.0%	66.7%	50.0%	-	50%	50.00%	100%	100%	66.70%	↑↑↑↑↑	
South Glos CCG	Referral to treatment - Early intervention	50.00%	50.0%	100.0%	80.0%	-	60.0%	100.0%	100%	100%	50%	66.70%	10.00%	50.00%	↔	

Urgent / routine assessments to be prioritised using clinical triage, with a maximum wait between referral and assessment of 28 days																
Organisation	Indicator	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
Bristol CCG	Max 4WW referral to Assessment	95%	98.0%	98.1%	97.7%	98.3%	97.8%	97.7%	97.10%	96.40%	97.10%	96.90%	98.40%	97.10%	↘	
North Somerset CCG	Max 4WW referral to Assessment	95%	99.5%	99.5%	99.5%	99.5%	99.7%	99.7%	100%	76.70%	81.60%	82.30%	84.50%	84.60%	↘	
South Glos CCG	Max 4WW referral to Assessment	95%	94.5%	93.6%	93.7%	91.6%	86.5%	79.2%	77.50%	100%	99.70%	99.70%	99.70%	99.70%	↗	

DTOC - An decreasing trend is positive																
Organisation	Indicator	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	DoT	Trend
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
Bristol CCG	DTOC rate	8%	14.5%	17.3%	18.8%	17.7%	15.0%	12.4%	11.70%	13.90%	15%	14.10%	14.40%	13.10%	↘	
North Somerset CCG	DTOC rate	8%	5.7%	7.5%	8.9%	12.2%	13.9%	14.6%	10.50%	9.20%	10.30%	13%	11.4%	10.70%	↗	
South Glos CCG	DTOC rate	8%	14.3%	11.3%	11.6%	11.9%	11.4%	10.2%	8.50%	8.00%	5.90%	4.70%	7.80%	11.50%	↘	

Issue	Action	Responsibility
<p><b>Delayed Transfers of Care (DToC)</b></p> <p>Performance against the Delayed Transfers of Care target of 8% is increasingly being met but with the lower target now in place of 3.5% (from 1<sup>st</sup> April 2018), this is still a significant challenge. OAPs remain between 5-10 each week which a lower DToC level would help prevent..</p>	<p>The BNSSG work focussing on OAP/DToC continues. OAP continues to remain relatively low and DToCs are consistently showing a downward trend. South Gloucestershire DToCs have been problematic; however this is now being rectified with additional CCG and Social Care focus and the figures are coming down. Bristol are also seeing a downward trend and week commencing 30th April; total DToCs were 7% of commissioned bed base.</p> <p>Training for all relevant social care and health professionals involved in discharge on DToC and localised discharge codes was delivered in April which is clearly helping with consistency of process.</p> <p>A consistent template for weekly discharge and DToC code reporting is now in place across all three calls and early discharge planning in place for known complex cases and those with housing / prone to homelessness are being discussed weekly.</p> <p>AWP delays will be incorporated into the BNSSG Discharge Dashboard within May/June 2018; this is slightly delayed (at CCG side) due to resource.</p> <p>A BNSSG DToC SOP is close to completion (to be signed off in June) which will ensure a consistent approach to the function of the system call in applying and recording operational standards and Mental Health DToCs across BNSSG and will mirror the physical Acute methodology.</p> <p>AWP continues to be engaged in the market development work being led by Bristol City Council and the Trusted Assessment work which is taking place to reduce the delays associated with the undertaking of multiple assessments by multiple partners</p> <p>A review, update and training plan for Managing Expectations is underway which will ensure that this is implemented consistently across BNSSG also over the summer.</p>	
<p><b>Referral to Assessment (4 week wait):</b></p>	<p>In South Gloucestershire The performance remains red in M12 but has improved for the third</p>	

<p>Bristol and North Somerset are exceeding the target at 97.1% and 99.7% respectively. South Gloucestershire remain below target at 84.6% however this is an improvement on previous months. Capacity remains an issue with a number of vacancies in the Primary Care Liaison Service (PCLS teams).</p>	<p>consecutive month from 82.1% to 84.6%. Capacity remains an issue with a number of vacancies in the PCLS teams, however, two members of staff have been recruited, which should address the breaches and improve performance. An associated action plan is in place and being reviewed on a weekly basis.</p> <p>The implementation of the revised PCLS model which will improve performance is being discussed with key stakeholders. The Trust have met with S Glos GPs which was positively welcomed. Go live of the new PCLS model is currently planned for May, with RTT expected to be remedied by July.</p>	
<p><b>Dementia Bed modelling</b></p> <p>A Bristol based Dementia ward has remained closed since June 2017 and has prompted a review of older people bed provision across the BNSSG footprint</p>	<p>The Trust and Commissioners have commenced a piece of work on Dementia bed modelling, undertaking a review of the Dementia bed provision within BNSSG which includes reviewing data related to the use of Laurel ward, Cove ward and Dune ward, including demand/capacity and use of the beds whilst the Laurel ward in Callington road has been closed.</p> <p>A draft report on the options for re-provision of Laurel Ward / Bristol and South Gloucestershire in patient dementia beds has been developed and shared with AWP, Devon Partnership, local authorities for discussion. Alternative options for Laurel Ward are being evaluated and considered, with potential alternative models of care being proposed. Further work is in progress to refine the options and develop proposals for enhanced community support where required</p>	
<p><b>Referral to Treatment – Early Intervention</b></p> <p>Performance on the 2 week wait for assessment is above the 50% target for the whole of BNSSG; Bristol achieved 81.3%, North Somerset achieved 50% and South Gloucestershire achieved 66.7%.</p>	<p>The BNSSG performance continues to be strong across this indicator and there are no concerns to be raised. Low patient numbers can cause fluctuations in the performance.</p>	



## 5.0 Provider Dashboards

### UHB Performance

Planned Care			
	Actual	Target	DOT
UHB RTT Incomplete Pathways <18 weeks	88%	89.3%	↘
UHB Diagnostic waits >6w (Lower is better)	1.3%	1.0%	↗
Cancelled operations not rebooked within 28 days	6	0	↘
Number of Urgent operations not rebooked for a second time	N/A	0	↘
52 Week Waits	18	0	↗

Cancer			
	Actual	Target	DOT
UHB Cancer Two Week Waits for First Treatment	92.1%	93%	↘
UHB Cancer Two week wait for Breast Symptoms			
UHB Cancer 31 day wait for First Treatment	95.8%	96%	↗
UHB Cancer 31 day wait for Subsequent Treatment Surgery	79.5%	94%	↗
UHB Cancer 31 day wait for Subsequent Treatment Drug Regimen	98.4%	98%	↘
UHB Cancer 31 day wait for Subsequent Treatment Radiotherapy	96.4%	94%	↘
UHB Cancer 62 day wait for First Treatment	87.3%	85%	↘
UHB Cancer 62 day wait with Screening Referral	0.0%	90%	↘

Activity YTD (Variance to previous year)				
	Actual	Variance	%	DOT
UHB Total Referrals (G&A)	141790	-1322	-0.9%	↗
UHB Total GP referrals (G&A)	67938	594	0.9%	↗
UHB Total Other referrals (G&A)	51552	690	1.4%	↗
UHB Consultant Led First Outpatient Attendances (Specific Acute)	77451	-1582	-2.0%	↗
UHB Consultant Led Follow-Up Outpatient Attendances (Specific Acute)	180977	2555	1.4%	↗
UHB Total Elective Admissions (Spells) (Specific Acute) [Ordinary Electives + Daycases]	40877	251	0.6%	↗
UHB Total Non-Elective Admissions (Spells) (Specific Acute)	36723	1759	5.0%	↗
UHB Total A&E Attendances excluding planned follow ups	121565	4363	3.7%	↗
UHB Number of Completed Admitted RTT Pathways	23960	1181	4.9%	↗
UHB Number of Completed Non-Admitted RTT Pathways	57634	2580	4.7%	↘
UHB Number of new RTT clockstarts	101187	-5359	-5.0%	↘

Quality			
	Actual	Target	DOT
Total Number of CDiff Cases	6	0	↗
Total Number of MRSA Cases	0	0	↗
Mixed Sex Accommodation Breaches	0	0	↘
Number of Never Events	0	0	↗
4 Hour Performance	86%	95%	↘

## NBT Performance

Planned Care				Cancer				Activity YTD (Variance to previous year)					Quality			
	Actual	Target	DOT		YTD	Target	DOT		Actual	Variance	%	DOT		Actual	Target	DOT
NBT RTT Incomplete Pathways <18 weeks	86%	89.3%	↗	NBT Cancer Two Week Waits for First Treatment	91.2%	93%	↗	NBT Total Referrals (G&A)	79231	-1322	-4.2%	↗	Total Number of CDiff Cases	4	0	↗
NBT Diagnostic waits >6w (Lower is better)	0.6%	1.0%	↗	NBT Cancer Two week wait for Breast Symptoms	87.5%	93%	↗	NBT Total GP referrals (G&A)	67938	594	-13.3%	↗	Total Number of MRSA Cases	0	0	↘
Cancelled operations not rebooked within 28 days	11	0	↗	NBT Cancer 31 day wait for First Treatment	97.5%	96%	↗	NBT Total Other referrals (G&A)	25732	4704	22.4%	↗	Mixed Sex Accommodation Breaches	0	0	↘
Number of Urgent operations not rebooked for a second time	1	0	↗	NBT Cancer 31 day wait for Subsequent Treatment Surgery	94.7%	94%	↗	NBT Consultant Led First Outpatient Attendances (Specific Acute)	88975	-1466	-1.6%	↗	Number of Never Events	0	0	↗
52 Week Waits	38	0	↗	NBT Cancer 31 day wait for Subsequent Treatment Drug Regimen	100.0%	98%	↘	NBT Consultant Led Follow-Up Outpatient Attendances (Specific)	158928	-1186	-0.7%	↗	4 Hour Performance	77%	95%	↘
				NBT Cancer 31 day wait for Subsequent Treatment Radiotherapy				NBT Total Elective Admissions (Spells) (Specific Acute)	39742	-490	-1.2%	↗				
				NBT Cancer 62 day wait for First Treatment	86.3%	85%	↗	Total Non-Elective Admissions (Spells) (Specific Acute)	33919	2562	8.2%	↗				
				NBT Cancer 62 day wait with Screening Referral	96.8%	90%	↘	NBT Total A&E Attendances excluding planned follow ups	67795	2011	3.1%	↘				
								NBT Number of Completed Admitted RTT Pathways	26110	298	1.2%	↗				
								NBT Number of Completed Non-Admitted RTT Pathways	46910	-7484	-13.8%	↗				
								NBT Number of new RTT clockstarts	96872	2614	2.8%	↗				

## Weston Performance

Planned Care				Cancer				Activity YTD (Variance to previous year)					Quality			
	Actual	Target	DOT		YTD	Target	DOT		Actual	Variance	%	DOT		Actual	Target	DOT
Weston RTT Incomplete Pathways <18 weeks	90%	89.3%	↘	WAH Cancer Two Week Waits for First Treatment	93.7%	93%	↗	WAH Total Referrals (G&A)	22352	-3512	-13.6%	↘	Total Number of CDiff Cases	2	0	↗
Weston Diagnostic waits >6w (Lower is better)	0.5%	1.0%	↗	WAH Cancer Two week wait for Breast Symptoms	96.0%	93%	↘	WAH Total GP referrals (G&A)	17447	-2216	-11.3%	↗	Total Number of MRSA Cases	0	0	↘
Cancelled operations not rebooked within 28 days	N/A	0	↘	WAH Cancer 31 day wait for First Treatment	97.5%	96%	↘	WAH Total Other referrals (G&A)	4905	-1296	-20.9%	↘	Mixed Sex Accommodation Breaches	0	0	↘
Number of Urgent operations not rebooked for a second time	0	0	↘	WAH Cancer 31 day wait for Subsequent Treatment Surgery	100.0%	94%	↗	WAH Consultant Led First Outpatient Attendances (Specific Acute)	21418	-3438	-13.8%	↗	Number of Never Events	0	0	↘
52 Week Waits	0	0	↘	WAH Cancer 31 day wait for Subsequent Treatment Drug Regimen	90.9%	98%	↘	WAH Consultant Led Follow-Up Outpatient Attendances (Specific Acute)	43085	3928	10.0%	↗	4 Hour Performance	85%	95%	↘
				WAH Cancer 31 day wait for Subsequent Treatment Radiotherapy				WAH Total Elective Admissions (Spells) (Specific Acute)	9368	-194	-2.0%	↗				
				WAH Cancer 62 day wait for First Treatment	65.5%	85%	↘	Total Non-Elective Admissions (Spells) (Specific Acute)	10497	-213	-2.0%	↗				
				WAH Cancer 62 day wait with Screening Referral	0.0%	90%	↘	WAH Total A&E Attendances excluding planned follow ups	36133	-4086	-10.2%	↘				
								WAH Number of Completed Admitted RTT Pathways	1898	191	11.2%	↗				
								WAH Number of Completed Non-Admitted RTT Pathways	6572	-741	-10%	↗				
								WAH Number of new RTT clockstarts	14200	-3926	-22%	↘				