

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group Governing Body Meeting

Date: Tuesday 3rd April 2018

Time: 1.30pm

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

Agenda item: 10.1

Report title: Quality and 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 performance position (January 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 January 2018

- In common with other health communities nationally, A&E performance is not being delivered to the national standard of 95% for BNSSG CCGs, however the BNSSG population level performance of 80% was sustained in January. There is a continued risk to deterioration in performance as a result of continued high occupancy of acute hospital beds, admission rates beyond discharge and delays in flow through hospital and community facilities. NBT undertakes the majority of NBT activity and their performance continues to be particularly challenged. 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 being delivered at 89.27% in line with CCG plan of 89.3%, which is an under achievement against the national standard of 92%. There has been a further small reduction in the number of >52 week waiters (from 50 to 43) giving confidence that the plan for zero >52 week waiters will be delivered at UHB and WAHT for March 2018; however it is clear that NBT will not achieve this standard as a result of compromised elective capacity and so a revised trajectory for delivery at the end of Q1 2018/19 has been agreed.
- Cancer performance deteriorated in January as a result of specific capacity constraints and elective cancellations as a result of winter pressures.

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

None

10. Appendices

10.1.1 Quality and Performance 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.

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

BNSSG Performance, Quality and Activity Report

Month 10

2017/18

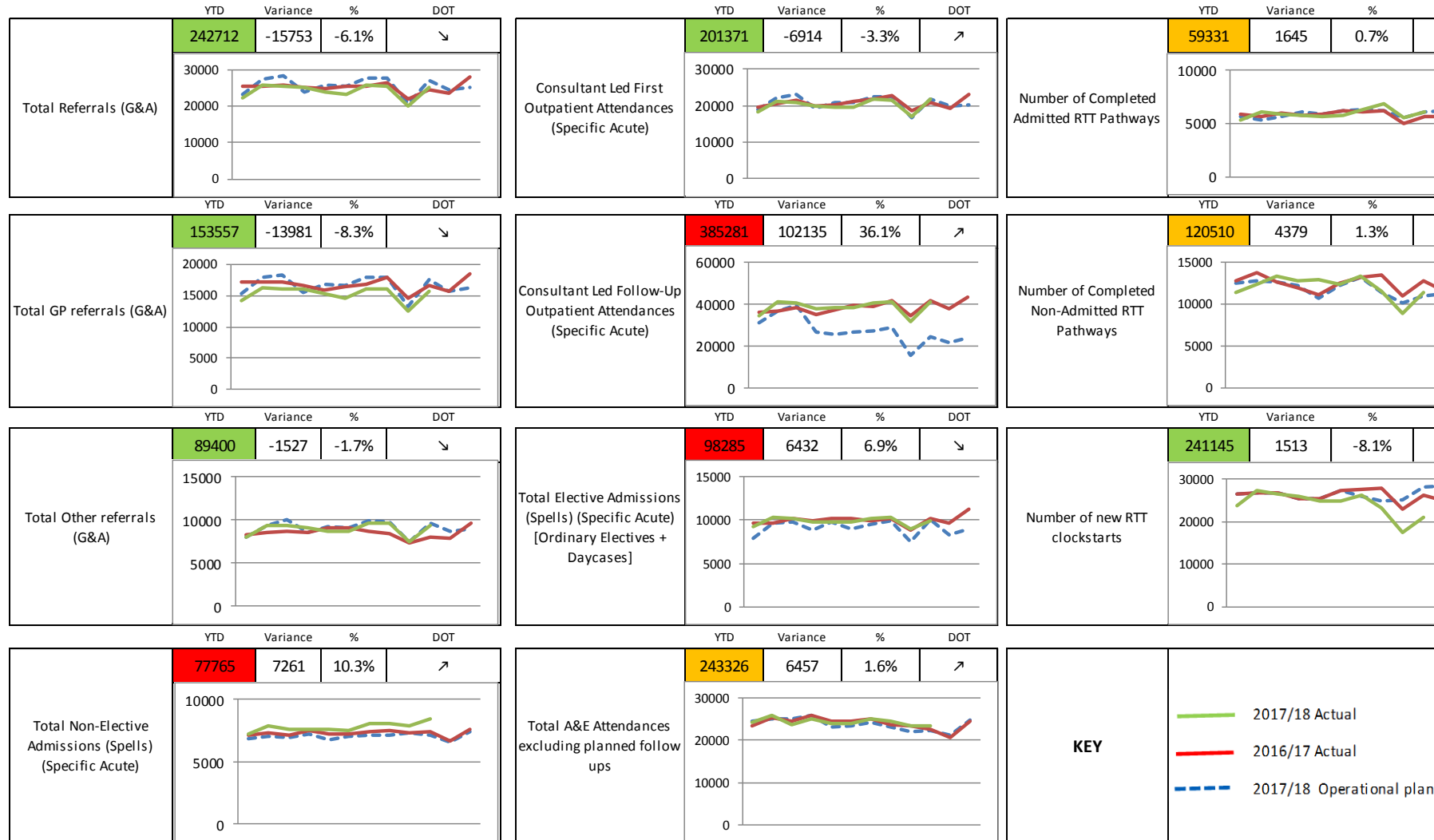
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1.0 Executive Summary

Issue	Action	By Whom/When
A&E 4 hour access remains well below with continued long waits for emergency assessment and admission across all 3 acute sites	In 3 parts: <ul style="list-style-type: none"> Acute internal flow recovery plans are in place and being managed for all 3 providers; NBT has secured specific external support for a 3 month performance improvement project and a single acute and community action plan is being devised Same day urgent and emergency care strategy is being developed to support BNSSG commissioning and transformation plans BNSSG system wide diagnostic and improvement plan as part of the STP task and finish projects for 2018/19 	Claire Thompson, CCG Delivery Director (ongoing – April 2018 refresh) Jo Underwood, CCG Delivery Director (April 2018) Claire Thompson CCG Deliver Director (April 2018) On behalf of Lisa Manson, Director of Commissioning
Elective performance has been maintained and 52 week wait numbers have reduced	<ul style="list-style-type: none"> Continue to hold RTT performance as planned Revised performance trajectory for NBT >52 week waiters 	Claire Thompson, CCG Delivery Director On behalf of Lisa Manson, Director of Commissioning
Cancer performance has deteriorated in January	<ul style="list-style-type: none"> 31 day (surgery) and 62 day standards have been compromised by urgent care flow as above, subject to improvement action plans 2 week wait performance has been affected by internal capacity in urology at NBT, there are plans for additional theatre and staffing which will support recovery (February performance will still be affected) and by issues within the colorectal service at UH Bristol which have been addressed in terms of revised escalation processes 	Claire Thompson, CCG Delivery Director on behalf of Peter Brindle, Medical Director (Clinical Effectiveness) March 2018
A CQC report has been published for NBT as 'requires improvement' and the CQC has also published it's focussed inspection report to the warning notice in relation to emergency care	<ul style="list-style-type: none"> NBT are developing an action plan to respond to the CQC report and the actions in the urgent care improvement plan will support this WHAT have been found to have made significant improvement however further action is planned to continue patient flow and emergency department improvements 	Cecily Cook, Associate Director of Nursing & Quality on behalf of Anne Morris, Director of Nursing & Quality March 2018

2.0 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.

The total number of referrals continues to fall against plan and is now 6.1% below plan (-15753 fewer referrals). Year on year there have been 8906 fewer referrals (3.5%). The reduction is entirely driven by reductions in GP referrals which are now -8.3% below plan. Other referrals are -1.7% below plan however have seen a slight increase year on year of 5.5% (4664 additional referrals) These referrals are typically consultant to consultant, screening referrals, A&E referrals or from other healthcare professionals.

First outpatients remain below plan at - 3.3% (6914 fewer appointments). The only trust to see any significant year on year reduction is Weston where there have been 3222 fewer first outpatient appointments, a reduction of 13%.

Follow up appointments are now 36.1% over plan equating to an additional 102135 appointments however year on year increases are just 1.4% (5375 appointments). The position against plan continues to fall due to the planned introduction of patient initiated follow ups (PIFU) which resulted in a greatly reduced plan. The only trust with a year on year increase in follow up appointments is at Weston (+10.4%) where there is a planned backlog clearance program subject to a contract performance notice.

A&E attendances are currently 1.6% above plan however the year on year increase is just 0.3% (612 more attendances). There have been small increases of 3.6% at UHB and 3.2% at NBT. There has been a year on year fall of -9.7% at Weston due to the overnight closure.

Non elective admissions are now 10.3% above plan (7261 additional admissions), BNSSG trusts account for 95% of all emergency admissions. The year on year variance is 6.3% with 4579 additional admissions. The largest increase in non-elective admissions is at NBT where the year on year variance has increased slightly to 8.6%. Emergency admissions are locally reported at NBT as increasing by 4%. The differences are between the two data sets relate to the way specialised commissioning activity is counted and the way in which the 2016/17 baseline was calculated which differs between the two datasets. There have been increases of 5.2% at UHB and a small reduction of -2.8% at Weston as a result of the overnight A&E closure. The increased admissions appear to be driven by GP referrals, as a result of increased direct admission pathways. These will have reduced A&E attendances which are reflected in the very flat position stated above.

Elective admissions are now 6.9% over plan however year on year elective admissions are -0.4% lower than last year, a reduction of -347 admissions. There are no significant year on year changes at the three main acute sites. The Trauma and Orthopaedic specialty have seen 1948 fewer elective admissions (-18.7%) due to policy changes.

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%							
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%			85.03%			
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%			78.05%			
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%			87.56%			
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%			86.31%			

>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			270		
UHB	Trolley Waits in A&E >12 hours	0	40	0	0	1	0	0	0	0	0	5	3			9		
WAHT	Trolley Waits in A&E >12 hours	0	129	0	0	0	0	0	0	0	0	0	15			15		

BNSSG Position

Four hour access performance has remained at 80% in January for the BNSSG population, an improvement of 3% on the same period last year. Within this there has been an improvement in NBT performance from the December low of 70%, to 75% but a deterioration for both UH Bristol and Weston, driven by winter pressures. This is also reflected in 12 hour waits reported at all 3 acute providers in January. Providers are refreshing their recovery plans for submission as part of business planning for 2018/19 and at a system level mitigation is being progressed through both a CCG system diagnostic and recovery plan, which will also align with the STP work on optimising bed days and urgent care, in order to create a BNSSG improvement plan for 2018/19.

Provider(s) Position

UHB: Performance of 82.69% in January meant that the Trust did not achieve the STF target of 90% or the 95% standard. This is below both the 95% standard and the 90% STF trajectory. The Trust attributes the majority of breaches to a 'wait for beds', with admissions higher than expected and not matched by sufficient discharge volumes. Acuity is reported to be high and the Trust reports surges in demand. There were 107 x 12hr Trolley Breaches in January against the zero tolerance standard, a slight improvement on the 122 in December.

NBT: January's position improved from 70.26% to 75.11%. This is below both the 95% standard and the 90% STF trajectory. The Trust attributes the majority of breaches to a 'wait for beds', with admissions higher than expected and not matched by sufficient discharge volumes. Acuity is reported to be high and the Trust reports surges in demand. There were 107 x 12hr Trolley Breaches in January against the zero tolerance standard, a slight improvement on the 122 in December.

Weston: 4 hour waiting time performance declined from 80.19% to 74.8% in January against the 95% target. However, this was better than the 63.9% recorded in January 2017

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
There were 15 waits of over 12 hours for admission.

Mitigating Actions for Areas of Poor Performance

UHB: The Trust is following a plan approved by the Urgent Care Steering Group with a focus on professional standards and medical leadership. There is also renewed focus on patient flow out of ED and through the ambulatory care assessment units. Some risk remains around sustaining current performance based on a recent pattern of increase in minors.

NBT: Very high occupancy levels (102.04% in January, the highest for 12 months) remain the prime reason for ineffective flow through the hospital. This is the main area targeted for improvements, both within the Hospital and across the broader Urgent Care System. Extra capacity for community rehabilitation bed places in a care home environment has been planned for opening in February. Commissioners and other system partners are revisiting the Emergency Care Improvement Plan as demand for in-patient care continues to outstrip capacity.

The Trust continues to implement its Emergency Care Improvement Plan with a focus on reducing the number of longer-stay 'stranded' patients and promoting 'Home is Best' and is implementing a comprehensive internal flow programme in the first quarter of 2018/19, as part of a single system improvement plan.

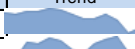





**Bristol, North Somerset
and South Gloucestershire**





Weston: A Contract Performance Notice (CPN) remains in place and is monitored via and the ICQPM and QPSG. The Trust's Winter Resilience Plan was formally accepted as the revised A&E RAP (Remedial Action Plan) at the January ICQPMB meeting. Commissioners have requested a refreshed project plan to be provided after each update to provide assurance.

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%			89.27%	↑	
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%			86.30%	↑	
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%			88.10%	↓	
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%			92.77%	↑	


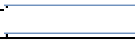

Diagnostic Waits <6 weeks

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%			98.67%	↑	
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%			99.38%	↑	
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%			97.81%	↑	
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%			98.97%	↑	

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			36	↓	
UHB	Cancelled Operations not rebooked within 28 days	0	72	4	6	2	0	1	3	2	6	5	8			37	↓	
WAHT	Cancelled Operations not rebooked within 28 days	0	8	1	1	0	0	0	0	1	0	2	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			11	↓	
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			0	?	
WAHT	Urgent Operations Cancelled for a Second Time	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
			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			43	
NBT	RTT: Incomplete Pathways 52 Week Waits	0	44	43	53	84	97	111	93	56	62	59	55			55	
UHB	RTT: Incomplete Pathways 52 Week Waits	0	2	5	11	46	45	32	19	10	13	8	1			1	
WAHT	RTT: Incomplete Pathways 52 Week Waits	0	0	0	0	0	0	0	0	0	1	0	0			0	

BNSSG Position

Winter pressures materially impacted RTT performance at NBT, UH Bristol and Weston, predominantly though reduced activity associated to access to elective bed base. This has been a national phenomenon given NHS England’s mandated cancellation of non-urgent elective cases to support urgent care capacity.

Positively, BNSSG’s 52 week wait position has not deteriorated over the same period and although NBT did not deliver the agreed trajectory, their position did slightly improve. In recognition of the impact of winter pressures on NBT a new recovery trajectory has been agreed, delivering zero 52 weeks by the end of quarter 1 2018/19, as opposed to that planned for end of quarter 4 2017/18. Weston continue to have zero over 52 week waits and UH Bristol, whilst not achieving zero by the end of December are in a position to eliminate over 52 week waits in January.

Cancelled operations rebooked within 28 days also spiked in comparison with prior months due to the winter pressures on elective beds.

Provider(s) Position

UHB: The percentage of Referral to Treatment (RTT) patients waiting under 18 weeks was 88.1% as at end of January. Whilst the Trust did not meet the 99% standard, nor the 99.2% STP trajectory for **diagnostics**, performance of 97.81% was better than the 97.1% trajectory for recovery by April 2018. There were 8 breaches of the zero-tolerance 28 day re-booking standard in January. There was a single 52 week wait in January where the patient was awaiting clinical equipment from abroad.

NBT: The Trust failed to achieve the 18 weeks RTT trajectory in January with performance of 86.3% against trajectory of 87.8%, and compared to previous month performance of 86.9%. In January there were 12 cancelled operations that the Trust was unable to re-book within 28 days, and increase from 9 in December.

There was a small reduction in the number of ‘over 52 weeks RTT waiters’ from 59 at the end of December to 55 at the end of January, which is a positive outcome given the significant emergency care difficulties early in the month. However the Trust failed to meet its agreed trajectory for a reduction in > 52 week waits that was intended to reduce the figures to zero before the end of March. There was a very positive improvement in the Trust’s position for the

‘over 6 weeks wait for Diagnostics’ measure. NBT’s achievement in January was 99.38%, exceeding the 99% national target for the first time since March 2017.

Weston: Referral to Treatment met the standard of 92% standard with performance of 92.8%. However, Diagnostics narrowly missed the 99% target, recording 98.97% for January. The Trust cites a recent NICE guidance change to the CT angiography pathway, meaning that the process takes approximately one hour per patient, as a factor in the reduced Diagnostics performance.

Mitigating Actions for Areas of Poor Performance

UHB: An RTT sustainability plan is in place. However, following the introduction of new Business Rules in Medway (Patient administration system) in November 2017, which resulted in a performance decrease of around 2%, commissioners have requested a new performance trajectory, which must take account of both performance and affordability to ensure waiting list size and current performance levels do not deteriorate.

A RAP is in place for diagnostics with recovery to national standard expected April 2018. An ongoing area of under-performance is sleep studies.

Commissioners are working with UHB to ensure that new sleep studies referrals are in line with relevant guidance through development of a standardised referral template for GPs, once referrals go through the E-referral system these can be triaged by the Referral Management team.

A Contract Performance Notice is in place for 28-day re-booking performance with RAP in place with associated penalty for non-delivery of actions.

Commissioners have agreed to suspend penalties for re-admissions in Quarter 4 in light of national directive to cancel non urgent elective operations.

Commissioners continue to monitor RTT waits via a weekly feed from the Trust following the discovery of historic ‘on hold’ patients, where the pathway is stopped. To date, 7 of these patients have been identified as waiting in excess of 52 weeks. They have all been given dates for treatment and reviewed to ensure no patient harm has resulted. The Trust has developed a review process for all “on hold” status and provides weekly updates on the validation process.

NBT: Elective care resources were redirected to support emergency care in January, in line with new NHS England guidance for the 2017/18 winter period that lower priority elective work should be cancelled. The 52 week patients continue to be prioritised as agreed in the Remedial Action Plan (RAP), which continues to be monitored.

The Diagnostics position has improved wait times across the following modalities for Dexa scans, gastroscopies, flexi-sigmoidoscopies and Urodynamics as set out in the diagnostic Remedial Action Plan (RAP).

Weston: The Trust is looking at ways to maintain the RTT performance including working with an external supplier who has provided an initial analysis of productivity to support better understanding of the opportunity to support other providers failing RTT performance standards within BNSSG.

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			
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%			92.56%		
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%			90.82%		
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%			94.22%		
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%			93.90%		
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%			91.07%		
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%			90.44%		
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%			94.65%		

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			
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%			96.91%		
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%			96.76%		
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%			95.81%		
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%			98.80%		
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%			94.22%		
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%			92.62%		
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%			93.27%		
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%			93.65%		
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%			98.68%		
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%		
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%			98.62%		
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%			98.77%		
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%			96.17%		
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%			96.31%		

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	Tr
			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%			82.83%		
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%			85.27%		
UHB	Cancer 62 day referral to first treatment - GP referral	85.00%	79.26%	76.67%	77.98%	81.85%	74.65%	85.10%	80.21%	84.07%	88.41%	82.90%	77.99%			81.09%		
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%			70.46%		
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%			92.56%		
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%			94.66%		
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%			81.58%		
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%			82.35%		

Cancer Waits - 2 Week Waits

Organisation	Indicator	Target	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	DoT	Tre
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
BNSSG CCGs	Cancer 2 Week Wait - All	93.00%	93.03%	94.18%	91.65%	93.05%	93.22%	92.03%	92.88%	94.66%		93.16%		
NBT	Cancer 2 Week Wait - All	93.00%	92.13%	93.80%	89.87%	91.25%	93.56%	89.01%	91.54%	94.64%		91.69%		
UHB	Cancer 2 Week Wait - All	93.00%	94.81%	94.21%	93.56%	95.47%	95.93%	95.00%	93.70%	94.96%		94.53%		
WAHT	Cancer 2 Week Wait - All	93.00%	91.54%	95.64%	94.05%	93.94%	82.82%	96.35%	94.07%	91.48%		94.18%		
BNSSG CCGs	Cancer 2 Week Wait - Breast	93.00%	91.23%	90.53%	92.05%	91.38%	91.01%	91.61%	93.52%	96.30%		94.00%		
NBT	Cancer 2 Week Wait - Breast	93.00%	94.07%	94.07%	96.04%	91.81%	93.98%	90.31%	95.20%	96.90%		94.58%		
WAHT	Cancer 2 Week Wait - Breast	93.00%	89.10%	93.75%	84.88%	90.57%	87.37%	97.53%	90.48%	96.08%		94.44%		

Cancer Waits - 31 Days

Organisation	Indicator	Target	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	DoT	Tre
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
BNSSG CCGs	Cancer 31 Day first treatment	96.00%	97.66%	96.53%	97.94%	98.23%	97.92%	95.78%	98.01%	97.96%		97.19%		
NBT	Cancer 31 Day first treatment	96.00%	97.09%	96.17%	95.56%	98.21%	98.34%	95.75%	97.80%	97.18%		96.85%		
UHB	Cancer 31 Day first treatment	96.00%	96.72%	94.86%	97.58%	97.41%	96.94%	94.54%	97.30%	96.71%		96.19%		
WAHT	Cancer 31 Day first treatment	96.00%	99.62%	99.12%	99.28%	100.00%	100.00%	99.29%	99.21%	99.09%		99.21%		
BNSSG CCGs	Cancer 31 day subsequent treatments - surgery	94.00%	97.61%	96.04%	98.05%	99.39%	96.87%	95.08%	96.89%	91.48%		94.44%		
NBT	Cancer 31 day subsequent treatments - surgery	94.00%	97.22%	95.82%	98.15%	99.30%	95.59%	96.39%	95.99%	85.67%		92.89%		
UHB	Cancer 31 day subsequent treatments - surgery	94.00%	94.40%	90.21%	96.08%	96.75%	94.27%	89.51%	94.29%	95.15%		93.08%		
WAHT	Cancer 31 day subsequent treatments - surgery	94.00%	96.36%	100.00%	91.67%	100.00%	94.44%	87.50%	100.00%	100.00%		95.74%		
BNSSG CCGs	Cancer 31 day subsequent treatments - drugs	98.00%	98.73%	98.63%	98.12%	98.61%	99.50%	98.70%	98.39%	99.04%		98.70%		
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%		
UHB	Cancer 31 day subsequent treatments - drugs	98.00%	98.68%	98.33%	98.06%	98.85%	99.46%	98.40%	98.59%	98.97%		98.64%		
WAHT	Cancer 31 day subsequent treatments - drugs	98.00%	99.47%	100.00%	100.00%	98.39%	100.00%	100.00%	100.00%	100.00%		100.00%		

Cancer Waits - 62 Days

Organisation	Indicator	Target	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	DoT	Tre
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value		
BNSSG CCGs	Cancer 62 day referral to first treatment - GP referral	85.00%	83.92%	81.01%	82.69%	85.58%	86.20%	81.02%	84.24%	86.03%		83.68%		
NBT	Cancer 62 day referral to first treatment - GP referral	85.00%	85.73%	83.56%	83.76%	86.33%	88.92%	84.48%	87.93%	87.00%		86.41%		
UHB	Cancer 62 day referral to first treatment - GP referral	85.00%	79.35%	72.73%	80.19%	82.35%	81.49%	78.87%	80.23%	85.54%		81.64%		
WAHT	Cancer 62 day referral to first treatment - GP referral	85.00%	77.50%	80.24%	73.74%	79.38%	76.61%	71.21%	72.93%	65.44%		70.29%		
BNSSG CCGs	Cancer 62 day referral to first treatment - Screening referral	90.00%	88.64%	79.82%	87.50%	97.33%	92.78%	95.73%	95.71%	85.06%		92.34%		
NBT	Cancer 62 day referral to first treatment - Screening referral	90.00%	91.98%	85.56%	90.06%	97.08%	96.93%	98.62%	96.48%	88.17%		94.71%		
UHB	Cancer 62 day referral to first treatment - Screening referral	90.00%	69.40%	47.22%	55.56%	94.29%	77.78%	65.00%	96.30%	73.33%		79.22%		
WAHT	Cancer 62 day referral to first treatment - Screening referral	90.00%	100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	100.00%	77.78%		78.57%		

BNSSG Position

Performance in January dropped across all indicators when compared to the Quarter 3 when 5/7 standards including the 62 day standard had been achieved. For January only 2 of the standards were met for the BNSSG population (62 day screening and 31 day subsequent treatments – drugs)

The drop in performance is partially attributed to lost capacity due to emergency activity, which resulted in surgical cancellations including cancer patients for all trusts impacting on the 31 day – surgery and 62 day standards.

At NBT urology failed to meet 2WW and had insufficient capacity to manage to their internal pathway timescales which affected the trust’s overall performance due to the high numbers involved. Recovery plans are in place with cancelled patients re-booked in February, additional MRI capacity being accessed and a new consultant starting in April, however performance will remain affected across a number of cancer standards for February.

UHB had some short term capacity issues affecting 2WW (colorectal) and radiotherapy standards which were resolved in month.

Provider(s) Position

UHB: January Cancer 62 day performance dropped to 77.18% due to reduced bed and therefore surgical capacity resulting from emergency demand. This meant the Trust failed to meet the RAP trajectory plan of 81.4% for the first time. Radiotherapy 31 day standard was failed due to 15 breaches, 8 of which were patient choice in December meaning they came in and were treated as breaches in January putting more strain on January capacity. Admin errors due to changes in the team and machine downtime were also issues that resulted in breaches. These are now resolved and performance is back to standard for February. The 2WW standard was failed due to a capacity issue in colorectal which had not been escalated. 60 patients were booked within days of their breach date resulting in 60 short breaches (by 1-2 weeks) Once identified, the issue was addressed and colorectal is back to operating within 2 weeks. In total only 3 of the 7 standards were met.

NBT: The Trust exceeded the standard in only 3 of the 7 national measures in January. Failed measures include 62 days GP referral, which had achieved for the 7 months prior to January but fell to 76.26% against the 85% standard. Both the 2 week wait measures also missed their 93% standard with GP referral falling to 82.51% and Breast to 67.94%. The key issue in January has been Urology where the Trust lost the ability to manage a tertiary referral within 24 days due to capacity, particularly access to MRI , and surgical capacity. This has impacted on 2WW 31 day and 62 day targets. February performance is expected to be similar.

31 days (surgery) performed below the 94% national standard in January for the 4th consecutive month with 90.82% in December (87.2%) and November (83.9%). Both outpatient and admitted care performance may have been affected by the emergency care 'winter pressures' in January although, where possible, the Trust avoided cancelling urgent cancer-related activity.

Weston: January's 62 day standard improved to 73% in line with agreed trajectory however Weston only met 1 of the 7 standards for January. A RAP is in place for 62 days.

Mitigating Actions for Areas of Poor Performance

UHB: RAP in place with recovery trajectory for 62 day Cancer being sustained at 85% from March 2018. Key actions include minimising surgical cancellations of cancer patients and take actions to recover quickly when cancellations occur. The provider of the PET scanning service has agreed to make changes to the referral process which should address delays and patient dissatisfaction. A virtual PTL has been set up to identify inter-provider transfers that could result in avoidable breaches and preemptive action being taken. The issues identified above for 2WW and radiotherapy underperformance in January have been resolved in month but as a result of non-escalation, additional monitoring safeguards have been put in place to avoid future errors of this nature.

NBT: Existing efforts to reduce medical emergency admissions and improve the flow of discharges across the system should support a return to cancer performance. Commissioners are issuing a Contract Performance Notice to NBT in regards the 31 day subsequent treatment (surgery) measure following persistent underperformance and there will be a meeting to discuss a Remedial Action Plan. The Trust is taking steps to improve Capacity issues in the Urology team, in Theatres and in the Radiologists team regarding delays in reading CT and MRI scans, which all contribute to overall delays in cancer pathways.

Weston: A revised RAP and trajectory was formally accepted at the February ICQPMB and will be monitored at QPSG. Although there has been improvement, the Trust has failed to achieve the STF trajectory all year. Long waiters are being addressed, which will impact on performance during Q4 and Q1. The revised RAP trajectory was achieved for December 2017 and January 2018 providing confidence in the trajectory. The Trust is being supported by NHS Elect and the RAP includes the top ten actions to resolve the issues identified in the breach analysis to achieve the revised trajectory. Recovery to the 85% standard is expected to be achieved by June 2018.

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	23	237	16	17	21	16	22	15	8	20	18	12			165	↑	
NBT	Total Number of CDiff Cases	79	33	2	3	4	3	3	3	0	1	3	2			24	↑	
UHB	Total Number of CDiff Cases	40	31	2	4	5	6	3	3	1	1	2	2			29	↓	
WAHT	Total Number of CDiff Cases	17	10	0	0	1	0	0	0	0	1	0	0			2	↓	

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			38	↓	
BNSSG CCGs	Total Number of MRSA Cases Assigned	0	9	1	1	1	2	1	0	0	1	1	4			12	↓	
NBT	Total Number of MRSA Cases Reported	0	6	1	0	0	0	2	0	0	0	0	1			4	↓	
NBT	Total Number of MRSA Cases Assigned	0	7	1	0	0	0	2	0	0	0	0	1			4	↓	
UHB	Total Number of MRSA Cases Reported	0	1	0	0	1	0	1	1	0	1	1	1			6	↓	
UHB	Total Number of MRSA Cases Assigned	0	2	0	0	1	0	1	1	0	1	1	1			6	↓	
WAHT	Total Number of MRSA Cases Reported	0	0	1	0	0	0	0	0	0	0	0	0			1	↓	
WAHT	Total Number of MRSA Cases Assigned	0	0	1	0	0	0	0	0	0	0	0	0			1	↓	

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			57	↓	
NBT	Eliminating Mixed Sex Accommodation	0	6	0	0	0	0	0	0	0	0	0	0			0	↓	
UHB	Eliminating Mixed Sex Accommodation	0	12	11	9	10	10	0	0	5	5	0	4			54	↓	
WAHT	Eliminating Mixed Sex Accommodation	0	20	0	0	0	0	0	0	0	0	0	5			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	Value		
NBT	Number of Never Events	0	5	0	0	0	1	0	0	0	1	0	0			2	↓	
UHB	Number of Never Events	0	2	0	1	2	1	0	0	2	0	0	2			8	↓	
WAHT	Number of Never Events	0	1	0	0	0	0	0	0	0	1	0	0			1	↓	

Issue	Action	Responsibility
<p>12 hour Trolley Breaches in ED. NBT – reporting of 12 hour trolley breaches and 14 day review of harm reports in line with agreed trolley breach process has not taken place. One hundred and seven cases (107) were reported in January 2018, in addition to the 122 breaches reported in December 2017.</p> <p>WAHT – 15 breaches were reported in January.</p> <p>UHB – No trolley breaches reported in January. Of the 5 trolley breaches reported in December 2017, no fourteen day review reports have been received.</p>	<p>The CCG requested urgent receipt of the 14 day review of harm reports for twelve hour trolley breaches reported in December and January from NBT clinical risk team and 164 fourteen day harm review reports have now been received and reviewed by the CCG.</p> <p>The CCG has requested that WAHT and UH Bristol urgently submit the requisite 14 day review reports for their trolley breaches.</p> <p>A reminder of the expected process to be followed has been shared with both Trusts. The CCG will discuss with NHS Improvement the difficulties experienced since the national change in reporting process for these incidents.</p> <p>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 Associate Director of Nursing and Quality</p>
<p>MRSA Zero tolerance for MRSA has not been achieved. BNSSG CCGs are an outlier for MRSA bacteraemia in the South West region. Thirty eight cases of MRSA have been reported in total for BNSSG CCGs for the period April 2017 – January 2018. Of these 9 cases have been assigned to BNSSG CCG, 4 cases to UH Bristol, 2 cases to NBT and 2 cases</p>	<p>The MRSA task and finish group has reviewed the MRSA action plan completed in 2015 to ensure all actions remain in place. Next steps are to set up a patient focus group to discuss how actions can be made acceptable to this patient group. 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</p>	<p>Cecily Cook Associate Director of Nursing & Quality</p>

<p>to WAHT. 1 case assigned to NBT is currently pending the NHS England arbitration panel and data may change. 17 cases have been assigned to third party.</p> <p>NBT- The Contract performance Notice has been closed as all actions have been completed.</p>	<p>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 4 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. Ongoing monitoring of infection control takes place through the Quality Sub Group and further consideration to requesting a recovery action plan will be given should further cases be assigned to the Trust.</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>E.coli BNSSG CCGs together have reported 503 cases of E.coli bacteraemia against a combined threshold of 506 cases.</p> <p>However of the three CCG areas Bristol has exceeded the 221 threshold with 254 cases since April.</p> <p>North Somerset has reported 112 cases against a threshold of 142 cases and South Gloucestershire 137 cases against the threshold of 143 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 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 April.</p>	<p>Cecily Cook Associate Director of Nursing & Quality</p>

<p>Never Events Eight never events have been reported by UH Bristol this financial year.</p> <p>Two Never Events have been reported in January 2018 relating to a dental wrong site surgery and a Medication incident relating to Midazolam.</p>	<p>The CCG has issued a contract penalty notice (CPN) to UH Bristol. The remedial action plan (RAP) has been received and reviewed by the CCG. The CCG has requested further improvements to the action plan to include outcomes and learning from the recently held never event summit.</p> <p>The CCG is planning to hold a meeting in April with UH Bristol quality colleagues, anaesthetists and pharmacists to discuss the two recent Midazolam incidents.</p> <p>The planned review of dental theatres will take place on 4th April 2018. Terms of reference have been received from NHS Improvement and the CCG will be participating in the visit.</p>	<p>Cecily Cook Associate Director of Nursing & Quality</p>
<p>NBT – CQC Report. The CQC report from the visit undertaken in December has been published and the Trust has been rated as ‘Requires Improvement’.</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>The Trust is developing an action plan to address the ‘Must do’ and ‘Should do’ actions identified in the report that will be forwarded to the CQC in April. The action plan will be shared with the CCG for ongoing discussion at the Quality Sub Group. The CQC is also undertaking monthly focus groups with staff in the Trust with the first visit planned to take place at Cossham Hospital.</p> <p>The 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. The updated action plan has been shared with the CCG at the quality sub group.</p>	<p>Cecily Cook Associate Director of Nursing & Quality</p>
<p>NBT – Complaints Handling The Trust is not meeting complaint response times and the commissioner requirement for no more than 10 overdue response complaints each month. A spike in complaints to 38 was noted in January due to an ongoing investigation.</p> <p>UH Bristol & WAHT – No concerns to note.</p>	<p>A Contract Performance Notice (CPN) and remedial action plan are in place. The Trust has appointed a complaints lead who comes into post in April.</p> <p>The CCG has requested that an updated trajectory and remedial action plan is presented to the next quality meeting.</p>	<p>Cecily Cook Associate Director of Nursing and Quality</p>

<p>NBT - Administration backlog and delayed clinic letters The contract standard for clinical letters has not been met.</p> <p>The backlog is reducing. Anaesthetics, Surgery, Critical Care and Renal (ASCR) directorate remains outside the expected standard. The Trust report that a focus is being maintained at Board level to ensure the standard is met</p> <p>No concerns noted at UHB or WAHT</p>	<p>The outsourcing project has now commenced and the Trust fully expects the backlog to be cleared by the end of March 2018.</p> <p>The CCG has requested that an updated trajectory and progress report is presented to the next quality sub group meeting, with a view to issuing a CPN.</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>Cecily Cook Associate Director of Nursing and Quality</p>
<p>WAHT - Venous Thromboembolism (VTE) Performance remains below the 95% standard.</p> <p>No concerns noted at NBT or UHB</p>	<p>A CPN and RAP remain in place and are monitored monthly at the Quality Sub Group.</p> <p>The Trust has seen an improvement in performance and is above trajectory target for Quarter 3.</p>	<p>Cecily Cook Associate Director of Nursing and Quality</p>
<p>Discharge Letters WAHT remains non-compliant to National Standards for discharge letters.</p> <p>No concerns identified at UH Bristol or NBT</p>	<p>A CPN and RAP are in place and are monitored monthly at the Quality Sub Group.</p> <p>The Trust presented the findings of an audit undertaken to understand the issues and action required to improve timely sending of discharge summaries. The CCG has agreed with the Trust that this audit should be presented to GPs to share the work being undertaken.</p>	<p>Cecily Cook Associate Director of Nursing and Quality</p>
<p>Dementia Training WAHT - Dementia Training remains below trajectory across level 2, 3 and General training.</p> <p>No concern noted at UHB 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. Ongoing monitoring of the RAP takes place at the monthly Quality Sub Group.</p>	<p>Cecily Cook Associate Director of Nursing and Quality</p>

Community Services		
<p>Bristol Community Health - Percentage of staff receiving safeguarding induction level 1 children and adults within 1 month of joining the organisation is below expected 90% standard: Safeguarding Adults and Children Training current performance for this metric has increased to 76% in January. Sirona and NSCP - No issues identified</p>	<p>An action plan was implemented in November and BCH are expected to demonstrate improvements in Q4. HR will continue to book new starters to the Welcome and Essential Skill course to achieve the 90% standard. The CCG is monitoring the action plan through the Quality Sub Group with the expectation that performance will improve.</p>	<p>Cecily Cook Associate Director of Nursing and Quality</p>
<p>BCH - The Friends and Family Test for the Walk in Centre (WIC) achieved a 9.5% performance in January which is below the 15% trajectory and standard.</p>	<p>A recovery action plan remains in place which includes all the mechanisms agreed. BCH has reported contributing factors this month of staff sickness and winter pressures within the urgent care system as failing to meet the trajectory. The CCG monitors performance through the Quality Sub Group with the expectation that performance will improve to the required standard.</p>	<p>Cecily Cook Associate Director of Nursing and Quality</p>
Brisdoc	<p>There are no current issues for escalation within Brisdoc</p>	<p>Cecily Cook Associate Director of Nursing and Quality</p>
<p>AWP - Safeguarding Level 3 training – this is low in Bristol, North Somerset and South Gloucestershire, 79%, 83% and 87% respectively.</p>	<p>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. As a result, it is expected that this indicator will not be green until February 2018.</p>	<p>Bridget James Interim Deputy Director of Nursing and Quality</p>
<p>AWP - Serious Incident Compliance - Performance for Month 10 continues to show significant delays against submission of RCAs within 60 working days less than 10% were received within timescale in January.</p>	<p>The CCGs issued a CPN in December and agreed the requirements for the associated RAP. This is reviewed monthly at the Quality Sub Group and work is ongoing to strengthen the RAP and ensure an appropriate trajectory is in place.</p>	<p>Bridget James Interim Deputy Director of Nursing and Quality</p>
<p>AWP - CQC Action Plan - 3 areas of Red risk remain within the CQC action plan. Seclusion arrangement on Silver Birch Ward; adequately</p>	<p>Assurances regarding actions to address these areas of risk were received in the Quality Sub group meeting. Monitoring will continue on a monthly basis.</p>	<p>Bridget James Interim Deputy Director of Nursing</p>

trained staff for Place of safety and the Crisis Team; and adequate workforce for the older adult mental health wards.		and Quality
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4.0 SWASFT

Ambulance Category 1 Response																		
Organisation	Indicator	Target	2016/17 Value	Apr-17 Value	May-17 Value	Jun-17 Value	Jul-17 Value	Aug-17 Value	Sep-17 Value	Oct-17 Value	Nov-17 Value	Dec-17 Value	Jan-18 Value	Feb-18 Value	Mar-18 Value	2017/18 Value	DoT	Trend
BNSSG CCGs	Ambulance - Category 1 Response	75.00%	77.01%	79.23%	76.13%	75.72%	75.52%	72.39%	67.56%	68.46%	61.64%	Not available SWASFT stopped reporting this measure on 23rd November 2017				72.39%	↓	
BCCG	Ambulance - Category 1 Response	75.00%	79.22%	81.73%	79.40%	78.85%	77.89%	77.18%	72.10%	70.34%	66.03%					75.62%	↓	
NSCCG	Ambulance - Category 1 Response	75.00%	74.19%	76.71%	73.65%	71.76%	73.73%	63.45%	60.63%	64.34%	55.34%					67.91%	↓	
SGCCG	Ambulance - Category 1 Response	75.00%	73.18%	75.00%	69.34%	69.29%	68.66%	66.18%	59.12%	65.44%	54.72%					66.42%	↓	
SWASFT	Ambulance - Category 1 Response	75.00%	72.49%	71.25%	69.54%	67.41%	65.19%	59.76%	58.97%	58.48%	54.86%					63.28%	↓	

Ambulance Patient Handover Delays >30 minutes <60 minutes																		
Organisation	Indicator	Target	2016/17 Value	Apr-17 Value	May-17 Value	Jun-17 Value	Jul-17 Value	Aug-17 Value	Sep-17 Value	Oct-17 Value	Nov-17 Value	Dec-17 Value	Jan-18 Value	Feb-18 Value	Mar-18 Value	2017/18 Value	DoT	Trend
NBT	Ambulance Handovers - number >30 minutes <1 hour	0	1061	25	40	42	50	52	55	56	31	31	74			456	↓	
UHB	Ambulance Handovers - number >30 minutes <1 hour	0	1075	103	68	68	44	48	36	53	56	85	61			622	↓	
WAHT	Ambulance Handovers - number >30 minutes <1 hour	0	360	33	7	1	22	49	27	N/A	N/A	N/A	N/A			139	?	

Ambulance Patient Handover Delays 60 minutes and over																		
Organisation	Indicator	Target	2016/17 Value	Apr-17 Value	May-17 Value	Jun-17 Value	Jul-17 Value	Aug-17 Value	Sep-17 Value	Oct-17 Value	Nov-17 Value	Dec-17 Value	Jan-18 Value	Feb-18 Value	Mar-18 Value	2017/18 Value	DoT	Trend
NBT	Ambulance Handovers - number >1 hour	0	38	2	0	1	0	2	0	0	0	0	0			5	↓	
UHB	Ambulance Handovers - number >1 hour	0	208	8	14	16	2	6	8	10	5	60	1			130	↑	
WAHT	Ambulance Handovers - number >1 hour	0	67	7	1	0	5	19	11	N/A	N/A	N/A	N/A			43	?	

Provider(s) Position

Ambulance Category 1 Performance: No data is currently available for reporting due to changes to reporting standards which came into force on 22 November 2017.





Ambulance patient handover delays: Ambulance patient hand-over delays in January 2018 were not achieving the required standard across NBT or UHB for delays >30 minutes <60 minutes.

For ambulance patient handovers of 60 minutes and over, NBT met the required standard. However, UHB did not achieve the target in January 2018. This trend has been observed since September 2017 across the two organisations.

Mitigating Actions for Areas of Poor Performance

- New ARP standards came into force on 22 November 2017. Since this date, the new standards have not been achieved due to the increased volume of Cat 2 calls, staffing levels and fleet requirements. As such, work is in progress at both a local and national level to better understand the gap in performance and how this can be best addressed. SWASFT modelling suggests that the trust is running at a lower level of staffing than required to reliably achieve the new standards and this is being further reviewed and discussed as part of planning 2018/19 resourcing.
- Commissioners continue to monitor performance and trends on a monthly basis. However, formal performance management procedures cannot be instigated at this stage. The 2018 planning guidance reported that the ARP standards need to be met by September 2018.
- Following a round table meeting in February with NHS E/ I / SWASFT and (lead commissioner) Dorset CCG an action plan has been developed in order to help “close the gap” in the performance and staffing gap.

4.1 111

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%			85.2%	↘	
% 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%			47.9%	↘	
% 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%			8.7%	↗	
% 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%			11.4%	↗	

Provider(s) Position

Calls answered in 60 seconds: January's performance of 60.7% is similar to the previous month's performance and is well below the 95% target. The main factors which have affected performance include:

- National contingency: over the last quarter there has been a significant increase in the number of occasions national contingency was invoked; this is beyond the control of Care UK, and results in unexpected call volumes being received locally. Year on year there has been a five- fold increase in calls received by Care UK due to national contingency.
- The majority of new Health and Clinical Advisors which Care UK recruited were 'live' on the phones in January. However, there were some "teething issues" which affected performance with handling times generally longer compared to more experienced call handlers.
- An increase in calls for children under 1 year was seen in January as a result of respiratory conditions. This led to an increase in the volume of higher acuity responses. In the longer-term, the increased volume of staff is expected to impact on the ability to deliver against the 60 second call answering time.
- In January, Care UK changed its forecasting to align with the higher levels of call demand seen during December and January. However, there was a discrepancy between call volumes and staffing levels and was an issue experienced by many 111 providers.

Percentage of calls receiving Clinical Contact: In January, 49.4% of calls received Clinical Contact, fractionally below the 50% target to be delivered by the end of March 2018.

Percentage of calls referred to ED: Average performance in January was 8.1% and remains above the 5% target. This represents a deterioration on the previous month but remains above the national average.




Percentage of calls referred to Ambulance: Average performance in January was 12.8% which is above the target of 10% and a slight deterioration on the previous month but remains above the national average.

Mitigating Actions for Areas of Poor Performance




- Commissioners issued a Contract Performance Notice (CPN) for 60 second call answering performance in December following a period of sustained poor performance. Following this, Care UK prepared and submitted a Recovery Action Plan (RAP) in December for discussion at the January 111 IQPMB meeting.
- In January, a more detailed RAP was developed by Care UK. The plan sets out forecasted projections, recovery dates and key milestones. Call answering should return to performance levels by April 2018.
- Weekly updates are provided to commissioners relating to progress around the RAP.
- Care UK have prepared a report relating to staffing levels, hourly call volumes versus forecast with national unknown volumes mapped and any other learning for commissioners to consider.
- The recruitment of call handling staff is expected to lead to an overall decrease in call handling times over the coming months as call handlers become more experienced and proficient in the role.
- Call hold times are to be extended to permit greater clinical validation of ED and ambulance calls, which should drive reductions in the proportions referred to ED and the ambulance service

4.2 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			
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%	53.80%			↘	
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%			↑↑↑↑↑	
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%			↔	

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%			↘	
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%			↘	
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%			↗	

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%			↘	
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%			↗	
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%			↘	

Issue	Action
<p>Delayed Transfers of Care (DToC)</p> <p>Performance against the Delayed Transfers of Care target of 8% is consistently not being met, and with the target set to reduce to 3.5% wef 1st April 2018 this remains a significant challenge across all areas. High levels of DToC rate impact upon out of area placement (OAP) need. The forecast year end liability is £1.8million.</p>	<p>The BNSSG work focussing on OAP/DToC continues. OAP continue to fall however DToCs remain a significant challenge.</p> <p>DToCs fell in late 2017/early 2018 and despite a few challenging weeks are beginning to fall again.</p> <p>The DToC Operational Standards and Coding Task & Finish Group have now approved the local mental health delay and DToC codes for use at the Bristol, North Somerset and South Gloucestershire weekly DToC calls. This work ensures the counting and coding of DToCs is accurate, comparative and line with national good practice. These local codes are used to populate a spreadsheet to understand the detailed reasons for DToCs; on a weekly basis this is improving in accuracy.</p> <p>The mental health code reports will also be incorporated into the weekly system wide DToC dashboard with the Acute Trust delays to clear show performance of all partners and versus trajectory.</p> <p>The group will continue to review the use of these codes and will also add increased granularity over the coming 6 months to better mirror physical delay reporting. Workshops have been agreed and will run in March & April to ensure Local Authority, AWP ward staff and CHC are fully conversant with the codes.</p> <p>AWP is 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. Staff will also attend the Acute DToC meetings as arranged so that any learning can be brought back into mental health. A Standard Operating Procedure is being developed between AWP and the Local Authorities around managing DToCs. Work is also underway to reinforce the managing expectations agenda.</p>
<p>Referral to Assessment (4 week wait):</p> <p>Bristol and North Somerset are exceeding the target at 96.9% and 99.7% respectively,</p>	<p>Capacity within South Gloucestershire remains an issue with a number of vacancies in the PCLS teams; the performance remains red but has improved slightly this month from 81.9% to 82.3%. There is an associated action plan that is reviewed on a weekly basis and this has been escalated to a level 1 concern and has been discussed at</p>

<p>however South Gloucestershire remain below target at 82.3.% which although an improvement on the previous two months is an overall continued downward trend; as capacity remains an issue with a number of vacancies in the Primary Care Liaison Service (PCLS teams).</p>	<p>the internal performance meeting. The concerns regarding RTA remain the same and do not anticipate being resolved until implementation of the revised PCLS model which the locality is discussing with key stakeholders. The CCG have sought assurance on timescales for delivery of this. The link between the higher than average re-admission rate is also being investigated</p>
<p>Dementia Bed modelling</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. Future models of care and any financial implications are included in the scope of the work. Data analysis is underway which should inform the position regarding interim bed requirements separate to what the longer term model should look like with balance struck between community support and inpatient provision. BNSSG</p> <p>Scrutiny remains over any later life out of Trust placements made in light of the reduced bed capacity/DTOC cases. A review and consultation process has been put in place to identify a future model of care and inpatient care requirements across BNSSG.</p>
<p>Referral to Treatment – Early Intervention</p> <p>Performance on the 2 week wait for assessment is above the 50% target for the whole of BNSSG; Bristol achieved 53.8%, North Somerset achieved 66.7% and South Gloucestershire achieved 100%.</p>	<p>The BNSSG performance continues to be strong across this indicator and there are no concerns to be raised.</p>

5.0 Provider Dashboards

UHB Performance

Planned Care			
	Actual	Target	DOT
UHB RTT Incomplete Pathways <18 weeks	89%	89.3%	↘
UHB Diagnostic waits >6w (Lower is better)	2.1%	1.0%	↗
Cancelled operations not rebooked within 28 days	5	0	↘
Number of Urgent operations not rebooked for a second time	N/A	0	↘
52 Week Waits	1	0	↗

Cancer			
	Actual	Target	DOT
UHB Cancer Two Week Waits for First Treatment	92.2%	93%	↘
UHB Cancer Two week wait for Breast Symptoms			
UHB Cancer 31 day wait for First Treatment	92.9%	96%	↗
UHB Cancer 31 day wait for Subsequent Treatment Surgery	96.6%	94%	↗
UHB Cancer 31 day wait for Subsequent Treatment Drug Regimen	98.7%	98%	↘
UHB Cancer 31 day wait for Subsequent Treatment Radiotherapy	92.8%	94%	↘
UHB Cancer 62 day wait for First Treatment	78.0%	85%	↘
UHB Cancer 62 day wait with Screening Referral	0.0%	90%	↘


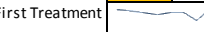



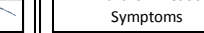







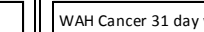
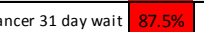
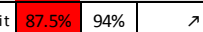
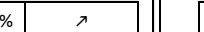

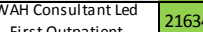
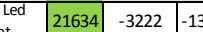
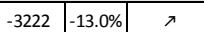

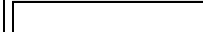
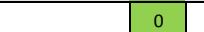



Activity YTD (Variance to previous year)				
	Actual	Variance	%	DOT
UHB Total Referrals (G&A)	107282	936	0.9%	↗
UHB Total GP referrals (G&A)	61109	758	1.3%	↗
UHB Total Other referrals (G&A)	46173	178	0.4%	↗
UHB Consultant Led First Outpatient Attendances (Specific Acute)	70886	35	0.0%	↗
UHB Consultant Led Follow-Up Outpatient Attendances (Specific Acute)	151719	5268	3.6%	↗
UHB Total Elective Admissions (Spells) (Specific Acute) [Ordinary Electives + Daycases]	37847	794	2.1%	↗
UHB Total Non-Elective Admissions (Spells) (Specific Acute)	30808	1623	5.6%	↗
UHB Total A&E Attendances excluding planned follow ups	101801	3571	3.6%	↗
UHB Number of Completed Admitted RTT Pathways	19813	1543	7.8%	↗
UHB Number of Completed Non-Admitted RTT Pathways	47254	1611	3.5%	↘
UHB Number of new RTT clockstarts	86586	324	0.4%	↘

Quality			
	Actual	Target	DOT
Total Number of CDiff Cases	2	0	↗
Total Number of MRSA Cases	1	0	↗
Mixed Sex Accommodation Breaches	0	0	↘
Number of Never Events	0	0	↗

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	87%	89.3%	↗	NBT Cancer Two Week Waits for First Treatment	82.5%	93%	↗	NBT Total Referrals (G&A)	70915	936	0.9%	↗	Total Number of CDiff Cases	3	0	↗
NBT Diagnostic waits >6w (Lower is better)	0.6%	1.0%	↗	NBT Cancer Two week wait for Breast Symptoms	67.9%	93%	↗	NBT Total GP referrals (G&A)	61109	758	1.3%	↗	Total Number of MRSA Cases	0	0	↘
Cancelled operations not rebooked within 28 days	9	0	↗	NBT Cancer 31 day wait for First Treatment	96.3%	96%	↗	NBT Total Other referrals (G&A)	22826	3968	21.0%	↗	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	90.8%	94%	↗	NBT Consultant Led First Outpatient Attendances (Specific Acute)	89778	-663	-0.7%	↗	Number of Never Events	0	0	↗
52 Week Waits	55	0	↗	NBT Cancer 31 day wait for Subsequent Treatment Drug Regimen	100.0%	98%	↘	NBT Consultant Led Follow-Up Outpatient Attendances (Specific Acute)	158791	-1323	-0.8%	↗				
				NBT Cancer 31 day wait for Subsequent Treatment Radiotherapy				NBT Total Elective Admissions (Spells) (Specific Acute)	39616	-616	-1.5%	↗				
				NBT Cancer 62 day wait for First Treatment	76.3%	85%	↗	Total Non-Elective Admissions (Spells) (Specific Acute)	34076	2719	8.7%	↗				
				NBT Cancer 62 day wait with Screening Referral	94.7%	90%	↘	NBT Total A&E Attendances excluding planned follow ups	67869	2085	3.2%	↘				
								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	92%	89.3%	↘													
Weston Diagnostic waits >6w (Lower is better)	0.9%	1.0%	↗													
Cancelled operations not rebooked within 28 days	2	0	↘													
Number of Urgent operations not rebooked for a second time	0	0	↘													
52 Week Waits	0	0	↘													
WAH Cancer Two Week Waits for First Treatment	91.4%	93%	↗													
WAH Cancer Two week wait for Breast Symptoms	96.8%	93%	↘													
WAH Cancer 31 day wait for First Treatment	95.8%	96%	↘													
WAH Cancer 31 day wait for Subsequent Treatment Surgery	87.5%	94%	↗													
WAH Cancer 31 day wait for Subsequent Treatment Drug Regimen	83.3%	98%	↘													
WAH Cancer 31 day wait for Subsequent Treatment Radiotherapy																
WAH Cancer 62 day wait for First Treatment	77.0%	85%	↘													
WAH Cancer 62 day wait with Screening Referral	0.0%	90%	↘													
WAH Total Referrals (G&A)	20056	-3275	-14.0%	↘												
WAH Total GP referrals (G&A)	15599	-1985	-11.3%	↗												
WAH Total Other referrals (G&A)	4457	-1290	-22.4%	↘												
WAH Consultant Led First Outpatient Attendances (Specific Acute)	21634	-3222	-13.0%	↗												
WAH Consultant Led Follow-Up Outpatient Attendances (Specific Acute)	43222	4065	10.4%	↗												
WAH Total Elective Admissions (Spells) (Specific Acute)	9484	-78	-0.8%	↗												
Total Non-Elective Admissions (Spells) (Specific Acute)	8836	-246	-2.7%	↗												
WAH Total A&E Attendances excluding planned follow ups	30719	-3302	-9.7%	↘												
WAH Number of Completed Admitted RTT Pathways	1694	166	10.9%	↗												
WAH Number of Completed Non-Admitted RTT Pathways	6572	-741	-10%	↗												
WAH Number of new RTT clockstarts	14200	-3926	-22%	↘												
Total Number of CDiff Cases	0	0	↗													
Total Number of MRSA Cases	0	0	↘													
Mixed Sex Accommodation Breaches	0	0	↘													
Number of Never Events	0	0	↘	