

# Meeting of BNSSG Integrated Care Board

Date: 6<sup>th</sup> October 2022

Time: 10.30am

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

<b>Agenda Number:</b>	7.1
<b>Title:</b>	Quality Report – Month 4 (July data)
<b>Purpose: Discussion &amp; Information</b>	
<b>Key Points for Discussion:</b>	
<p>The report provides an overview of July 2022 data to cover Month 4 activity within the BNSSG System. This includes Infection Prevention and Control, Serious Incidents and current intelligence on recent emerging themes and issues. These include:</p> <ul style="list-style-type: none"> <li>• BNSSG Clostridium difficile infection (CDI) case review group have met to share learning from case reviews</li> <li>• Whilst Klebsiella numbers have exceeded the threshold level for this month (notably increases in community cases), it is too early to determine whether this is a trend or within the expected case activity fluctuations</li> <li>• 17 cases of MSSA bacteraemia were assigned to BNSSG ICB. Two cases were classified as Hospital Onset Hospital Associated and fifteen cases as Community Onset. Case activity has been below the Southwest average since May 2021. The increase in community cases is currently being investigated</li> <li>• Updates on the development of Monkeypox pathways in the system and other system work of the infection prevention management cell</li> <li>• An overview of serious incidents highlighting that treatment delays has been the leading theme in July. The ICB has established a system learning forum to promote a culture of shared learning and quality improvement across our services. Themes from this work will be presented in future quality reports</li> </ul> <p>The report also includes current updates and emerging issues that have been highlighted since the closure of the reporting period. These include:</p> <ul style="list-style-type: none"> <li>• Improvement in SWASFT response times for category 1 and 2 calls following the introduction of a system risk-based intervention in ED at NBT</li> <li>• Exploration under the Quality Escalation Framework of an increase in numbers of violent assaults on staff by children presenting to ED</li> </ul>	



- Further clarity required to understand deconditioning in patients within the community
- Workforce concerns are the “most significant quality risk” facing the BNSSG System
- Concerns raised by system partners regarding planning permission sought to increase numbers of people on site at an asylum hotel
- Insight Visit to maternity services at Southmead Hospital which identified a positive culture and good working practices despite challenges related to the physical environment
- Targeted CQC visit to Weston General Hospital to review medical services which identified positive improvements

<b>Recommendations:</b>	To note the BNSSG ICB position and that of key partners, including any risks, mitigating actions and responsibilities as appropriate.
<b>Previously Considered By and feedback:</b>	This report was considered at the Outcomes, Quality and Performance Committee on 29 <sup>th</sup> September 2022. The Committee noted the emerging issues and Infection control data.
<b>Management of Declared Interest:</b>	None
<b>Risk and Assurance:</b>	This report provides an update to the BNSSG ICB in relation to key risks to quality within the system.
<b>Financial / Resource Implications:</b>	None
<b>Legal, Policy and Regulatory Requirements:</b>	None
<b>How does this reduce Health Inequalities:</b>	Elements of the report identify activity in place to reduce health inequalities such as the delivery of the LeDeR programme and Mental Health programmes of work
<b>How does this impact on Equality &amp; diversity</b>	As above
<b>Patient and Public Involvement:</b>	Not applicable
<b>Communications and Engagement:</b>	The System Quality report is provided to the BNSSG ICB for information and discussion.
<b>Author(s):</b>	Sandra Muffett – Head of Patient Safety & Quality through contributions from the Quality Team
<b>Sponsoring Director / Clinical Lead / Lay Member:</b>	Michael Richardson, Deputy Director of Nursing & Quality Rosi Shepherd, Chief Nursing Officer for BNSSG ICB

# **BNSSG Quality Report**

**September Report**

**for**

**Month 4**

**(July data) 2022/23**

- **SWASFT response delays and system pressures** – Following the introduction of a system risk based intervention in ED at NBT, there have been reductions seen in the numbers of ambulances experiencing delayed handovers at NBT, which has also impacted positively on system wide pressures. Additional work being undertaken in the system has also contributed to an improvement in category 1 and 2 response times across the system.
- **Children in Crisis presenting to ED** – Following an increase in the numbers children presenting in crisis to ED, the NQB Quality escalation framework was instigated. Two meetings having already taken place to explore if the presentation of young people to ED with complex needs and behavioural challenges is changing and whether there is a need to assess that they are in the right place for their care and treatment. Focused work is being undertaken by Avon & Somerset. Constabulary and UHBW related to “Place of Safety” for these children and looking at pathways to ensure that they are appropriate. A third meeting is planned.
- **Deconditioning of patients in community services** – Further clarity is required to understand what level of deconditioning patients are experiencing within community services or at home. This topic is on the agenda for review at the October SQG meeting as part of the wider discussion concerning out of hospital care issues.
- **Workforce** - This has been escalated as the “most significant quality issue” facing the system at the System Quality Group (SQG). The “safer staffing” and reduced staffing levels also form part of the issue. A joint meeting will be arranged between the ICB OPQ Committee and the People Committee with SQG members invited to raise the profile and risks of this issue across BNSSG ICB.
- **Asylum Hotels** - Planning permission to have an additional 400 people on a site within the ICB footprint has been made. If this is granted this could cause a significant risk to the system due to the additional demand on all services. This includes foster care where there is already limited capacity within BNSSG and any children who require a foster placement resulting from the increase in numbers of people on site could impact on services.
- **Maternity insight visit – Southmead Hospital** – An appreciative enquiry visit arranged by NHSE was undertaken at Southmead Hospital to gain assurance against the 7 immediate and essential actions from the first Ockenden report. The visit demonstrated that whilst there has been some excellent work undertaken, there are areas which still require improvement. The visit report is being written and will be available to the Committee in November. The system LMS will be overseeing actions pertaining to the visit and reporting back to the ICB in addition to individual Trust Boards.
- **Weston General Hospital** – received a planned visit from the CQC who undertook a targeted inspection of their medical division. The Trust received positive feedback from the observations during the visit, which included encouraging changes to senior leadership visibility. Staff talked about a “sense of belonging” and a feeling of there being a “sense of direction”. The CQC will provide recommendations for improvement in the draft report.

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

## Reporting Period – Month 4 2022/23 – July data

Information Source and date of information – UK Health Security Agency (UKHSA), ICS HCAI Lead as of 16/09/22

### BNSSG Annual Standard

- Integrated Care Boards (ICB's) and secondary care providers threshold levels for 2022/23 were released in April 2022 by NHS England and NHS Improvement.
- Both ICB and secondary care threshold levels are specified below:
  - **Clostridioides difficile (CDI)** = 308
  - **Escherichia coli (E. coli)** = 534
  - **Methicillin Resistant Staphylococcus Aureus (MRSA)** = 0
  - **Methicillin Susceptible Staphylococcus Aureus (MSSA)** – No threshold
  - **Klebsiella** = 160
  - **Pseudomonas aeruginosa**

### Performance for July 2022

- **CDI** = 27 HOHA=14 (NBT-3, UHBW-11), COHA=4, COCA=6, COIA=3
- **E. coli** = 43 HOHA=7 (NBT-1, UHBW-6), COHA=1, COCA=35, COIA=0
- **MRSA** = 1 HOHA=0 (NBT-0, UHBW-0), COHA=0, COCA=1, COIA=0
- **MSSA** = 17 HOHA=2 (NBT-0, UHBW-2) COHA=2 COCA=13, COIA=0
- **Klebsiella** =17 HOHA=4 (NBT-0, UHBW-3, RDE-1) COHA=2, COCA=11, COIA=0
- **Pseudomonas aeruginosa** = 6, HOHA=2 (NBT-1, UHBW-1), COHA=1, COCA=3, COIA=0

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

### Risks/Assurance Gaps

- BNSSG CDI Case Review Group have met to share learning from case reviews. Meetings to be scheduled bimonthly.
- CDI patient Information leaflet to be launched in General Practice in October.
- MSSA increase in community cases cause to be investigated further.
- Klebsiella numbers have exceeded the threshold level notably increase in community cases.

### Commentary

- MRSA- Zero tolerance has not achieved. There was one case in July.
- CDI- The 27 cases are currently categorised as follows: New (23), Continuing Infection (0), Repeat/Relapse (3), Unknown (1).
- EColi- the majority of the 43 cases continue to be Community Onset (36).

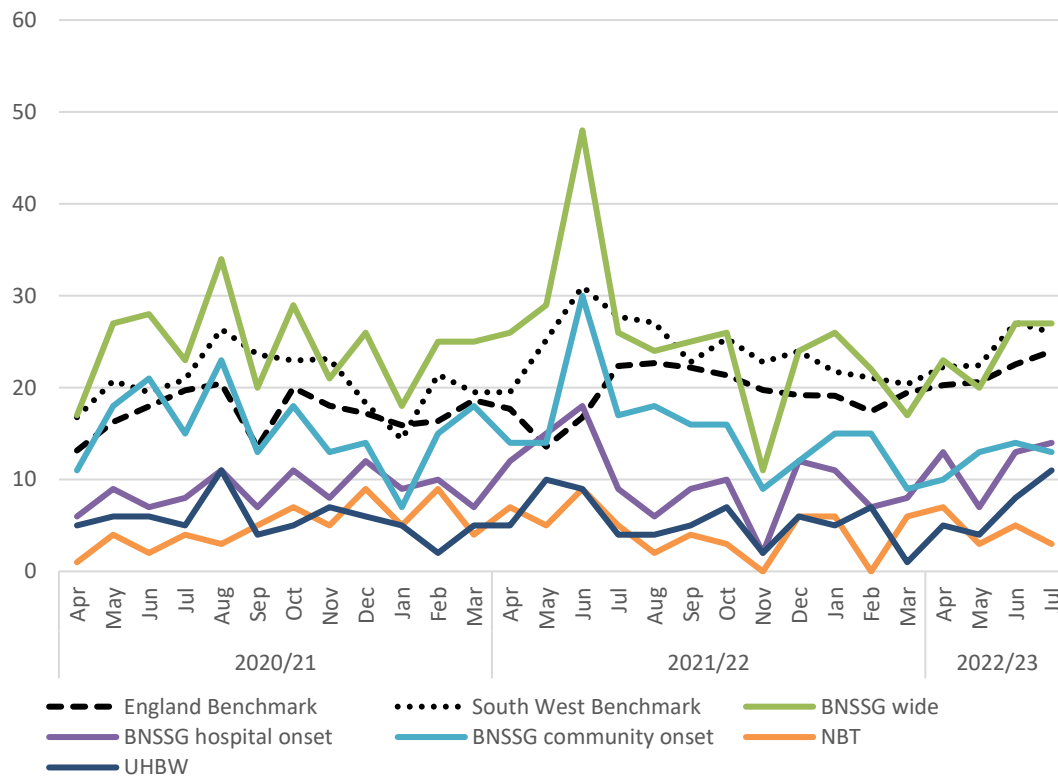
### Assurance

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

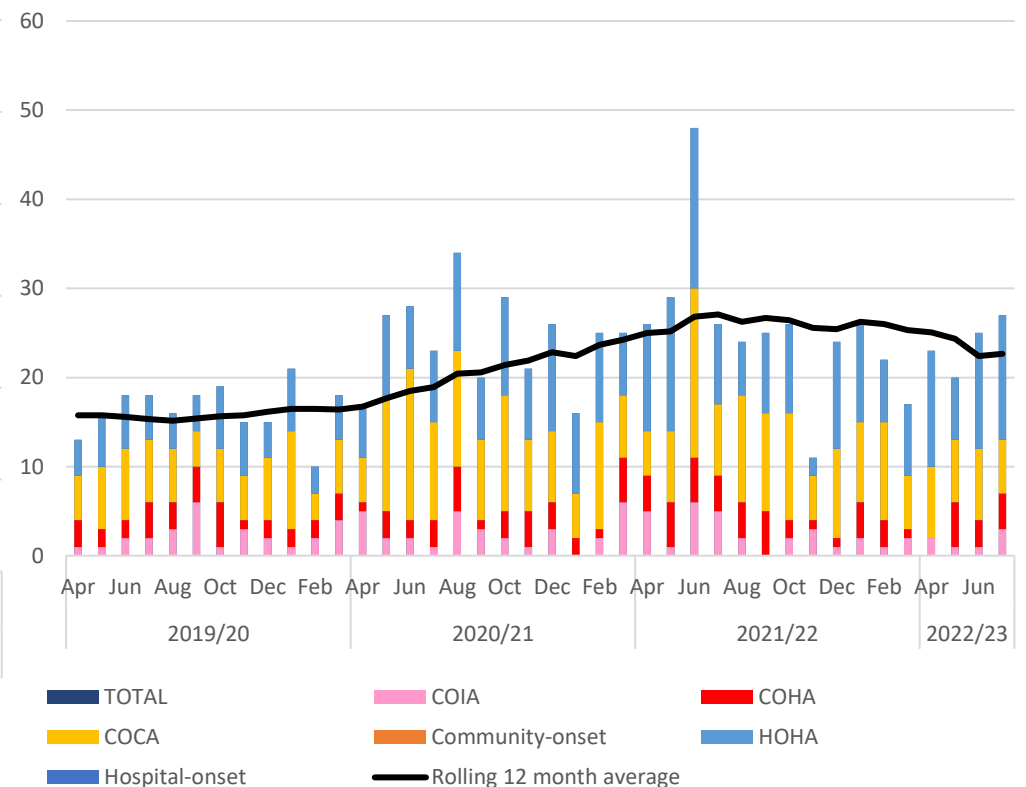
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Threshold to date	Assigned Cases 2022/23	Position against threshold	Month 4 position 21/22	Month 4 position 20/21
C. difficile	23	20	27	27									103	97	↓	129	95
E. coli	42	39	49	43									178	173	↓	180	187
MRSA	4	2	1	1									0	8		15	10
MSSA	16	12	10	17												54	58
Klebsiella spp	11	13	16	17									53	57	↑	57	48
Pseud A	3	5	7	6									21	21	→	27	22

\*The above table provides the monthly ICS assigned cases as well as the year to date total. The final column is our benchmark against the 2020/21 and 2021/22 position.

## BNSSG ICB Assigned C. difficile Cases since Apr 2020/21



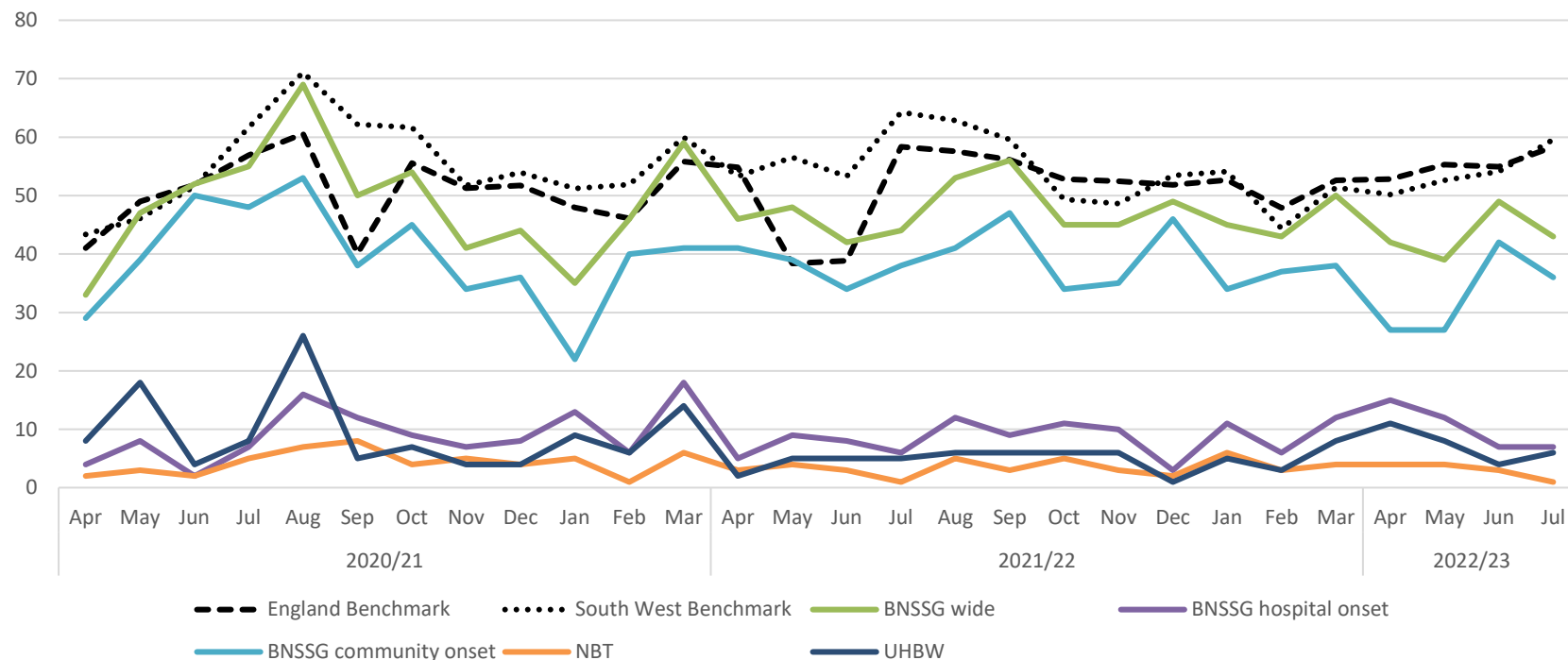
## C Diff Cases in BNSSG Since April 2019



### ***Clostridioides difficile* (CDI)**

- In July 2022, 27 cases were attributed to BNSSG ICB (left graph).
- The graph on the right shows the rising case numbers since April 2020 (cases are assigned to the four categories illustrated). Prior to this period, the rate was steady at around 18 cases per month, compared to a current average of 23 cases per month, this is despite cases having levelled since the spike in June 2022. BNSSG is approximately in line with the regional average but slightly above the England average as seen in the graph on the left.
- Following the CDI working group meeting, a patient information leaflet has been drafted and reviewed system wide. The leaflet has been amended to incorporate comments received and now has system approval and is available for distribution. The working group continues to work with system and regional partners to understand the drivers behind a higher prevalence and incidence of CDI.
- A review of the learning from Hospital Onset Hospital Acquired cases was held with system providers in July 2022. Further meetings are initially planned every two months.

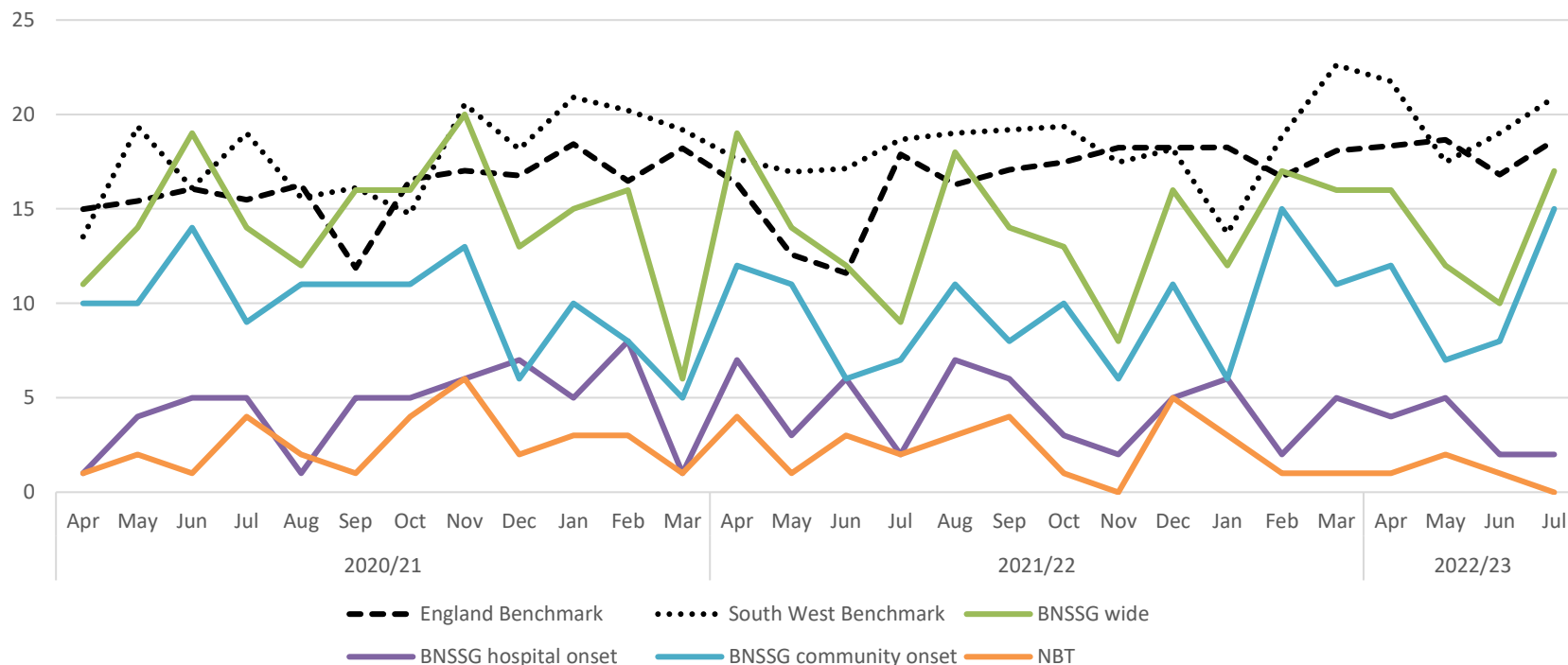
## BNSSG ICB Assigned E. coli Bacteraemia Cases since Apr 2020/21



### Escherichia coli (E. coli)

- In July 2022, 43 cases of E.coli bacteraemia cases were assigned to BNSSG ICB. Case activity, remains below the thresholds set by NHSE/I, below the Southwest benchmarking and below the all England benchmarking. Activity is also below the 2020/21 and 2021/22 year to date position.
- Patient hydration remains a key area of focus and the ICB Quality team has requested the results of the evaluation of the previous research project using the 'Reliance on Carer' tool with nursing/residential care homes in our local system which was managed by the then CCG's Transformation team. NHSE/I had planned to present project work on national hydration work at the HCAI group in December, but this presentation has been postponed.
- BNSSG IPCNs and system colleagues are members of a Quality Improvement collaboration team implementing training to improve hydration of older residents in care homes. The first training event was held in June and extremely well evaluated. A further event in the form of a social afternoon tea is planned in August. Aiming to promote Hydration to care home staff, residents and family members.

**BNSSG ICB Assigned MSSA Bacteraemia Cases since Apr 2020/21**

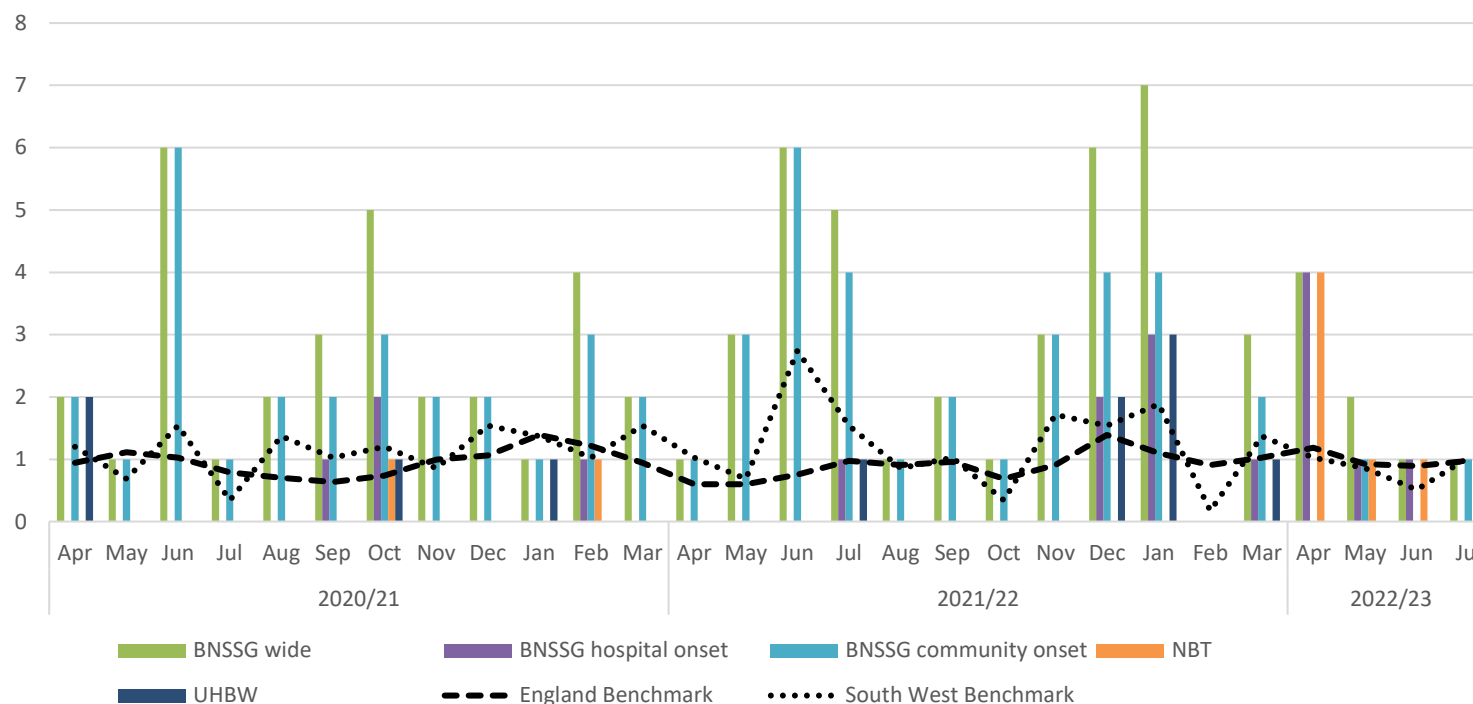


**Methicillin Susceptible Staphylococcus Aureus (MSSA)**

- In July 2022 17 cases of MSSA bacteraemia were assigned to BNSSG ICB. Two cases were classified as Hospital Onset Hospital Associated and fifteen cases as Community Onset. Case activity has been below the Southwest average since May 2021.
- No formal system thresholds exist and the ICB remain in a monitoring position.
- ICB case activity continues to demonstrate an improvement in the 2020/21 position.



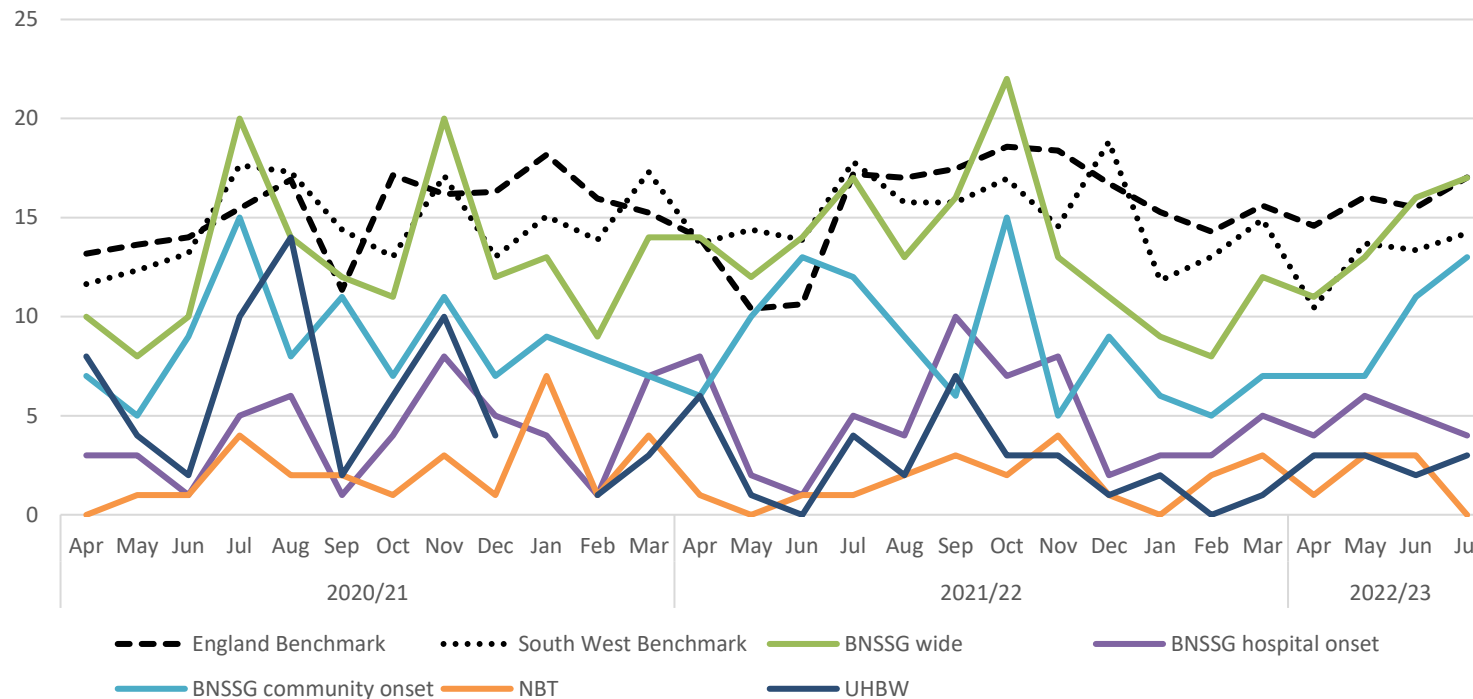
## BNSSG ICB Assigned MRSA Bacteraemia Cases since Apr 2020/21



### Methicillin Resistant Staphylococcus Aureus (MRSA)

- In July 2022 one case of MRSA bacteraemia was assigned to BNSSG ICB. The case was Community Onset.
- The review of the ICB assigned community onset MRSA Bacteraemia cases have not been undertaken due to multiple factors including competing pressures and access to patient care records. Access to patient records has been escalated as a priority and is now underway.
- The ICB and local authority partners funded a trial of Chlorhexidine wipes in April/May 2021 for Persons Who Inject Drugs services across Bristol North Somerset and South Gloucestershire localities which has continued into 22/23. An evaluation of the project will be undertaken in Quarter 1 23/24 to understand the effectiveness of this intervention.

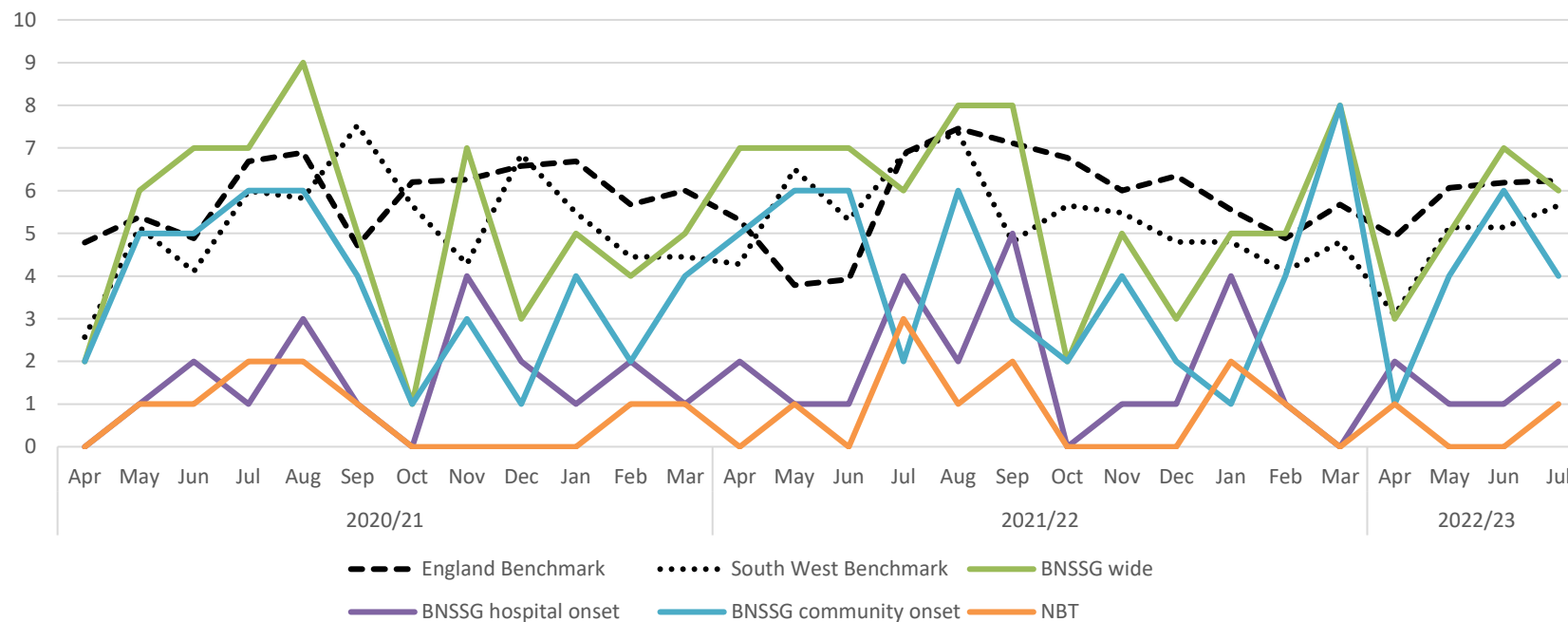
**BNSSG ICB Assigned Klebsiella Bacteraemia Cases since Apr 2020/21**



**Klebsiella**

- In July 2022, 17 cases of Klebsiella bacteraemia were assigned to BNSSG ICB. Four cases were classified as Hospital Onset and thirteen cases as Community Onset. Case activity fluctuates, and this month remains above the England and Southwest average benchmarks.
- Assigned case activity is above the nationally mandated system thresholds.
- The ICB will ask acute providers to share the themes that have been identified as contributing factors in this years dataset for system learning.

**BNSSG ICB Assigned Pseudomonas Aeruginosa Bacteraemia Cases since Apr 2020/21**



**Pseudomonas Aeruginosa**

- In July 2022 six cases of Pseudomonas aeruginosa bacteraemia were assigned to BNSSG ICB.
- Case activity is at the all England benchmark and above the Southwest benchmark in July. Case numbers are at the system threshold.

# Quality Report – Infection Prevention Management (IPM) Cell

## Reporting Period – Month 4 2022/23 – July data

Information Source and date of information – IPM Cell Lead (TACTICAL)

### Current Month Overview

**Monkeypox:** The Cell Lead has led on the development of a pathway for primary care management of cases of Monkeypox (MPX), as a contingency preparedness plan should sexual health services become overwhelmed or to manage those people who do not fit with the service, e.g. non-sexually active persons, young people aged 16-18, people who choose to present at primary care. The management of patients in primary care will be clinically well and able to safely isolate at home. Pathways are also being agreed for the management of clinically unwell patients, as a result of monkeypox, those who cannot safely isolate at home, children and pregnant women. UK Health Security Agency (UKHSA) continue to lead on contact tracing. A virtual ward management system with escalation processes is established for follow up and vaccination delivery systems are in place for ongoing delivery as needed. The availability of the vaccine for MPX is limited, and therefore only those identified of confirmed contacts and those at increased risk are currently prioritised for vaccination.

**COVID-19 and Government Guidance:** Due to the heatwave, UKHSA issued guidance for Adult Social Care (ASC) settings stepping down universal masking other than when caring for positive cases and when conducting ‘splash-risk’ procedures during periods of hot weather. Care providers took a cautious approach to the implementation of this using risk assessment, considering individual environmental challenges. The Cell is monitoring approaches to identify any increase in infection as a result. None identified to date.

**COVID-19:** Cases saw a rise toward the month end. Care settings continued to manage system pressures well and remained open to admission, with support from the cell on occasion to assess risk mitigations for the admission of COVID positive patients who have not completed their isolation period or those patients who are transferring from an area of a hospital with high levels of COVID.

As a result of the increase in hospital cases and outbreaks and the increase in community prevalence, BNSSG acute trusts have reassessed mask use (following last months guidance change) and have reverted to universal masking in some areas.

**2022/23 Planning:** The IPC Tactical cell continues work on the implementation of the National Standards of healthcare Cleanliness and documentation to support all areas were tested in a care setting in Bristol with face to face support and a training session. A further ‘external validation’ visit is scheduled for October, in accordance with the standard’s requirement. This will be the first setting in BNSSG to achieve and be able to display their star rating if successful. The cell continues to facilitate drop in sessions to support other providers with implementation.

Substantive team planning for IPM support arrangements for Bristol City Council are on-going with Sirona as the proposed provider. A service specification has been developed. There has been no movement in regards to strengthening primary care support, whilst governance arrangements are agreed following transition to the Integrated Care Board status.

The South West (SW) NHSE IPC lead has organised a SW regional event to align priorities and encourage cross system working in the SW. The format is the same as the one used at the BNSSG IPM away day. As a BNSSG Team, having already established local priorities this will provide the opportunity to set targets, consider work streams, set targets and explore how best to achieve results.

**Risks/ Assurance Gaps:** No new risks or assurance gaps identified.

### IPC Cell monthly activity summary

Meetings	No	Year Total	Email trends	No:	YEAR Total
IMTs/OMTs (Care settings 3, Acute 11, Primary Care 0, Group 9)	9	61	isolation issues	7	11
IPC Strategic Cell and other IPC regional / national meetings	11	37	Bed-flow	3	10
Local Authority ASC IPM reviews	8	37	visitor safety	0	9
Surge planning meetings	0	2	Training delivery	3	23
Face to face site visits and training sessions delivered	5	14	Primary Care related queries	9	33
Flu meetings	2	7	System support	8	26
Risk assessment / bed flow specific meetings	1	4	Guidance	21	66
Health Protection LA meetings	2	6	Vaccination	3	4
Miscellaneous IPM requests	8	20	Testing)	11	347
SW IPC Collaborative	2	9	Comms requests	6	14
Health Protection Assurance	6	8	PPE queries	12	30
Monkeypox	7	0	NHS Cleaning Standards	6	36
Training sessions	2	8	Health Promotion	1	3
Substantive Team Planning Meetings	4	4	IPC Audits	5	10
Comms preparation	3	15	System working	2	5
UKHSA	6	13	Care Provider Cell	0	1

# Nursing & Quality - Serious Incidents including Never Events

## Reporting Period – Month 4 2022/23 – July data

Information Source and date of information – BNSSG SI dedicated information site and trackers as of 15/09/2022

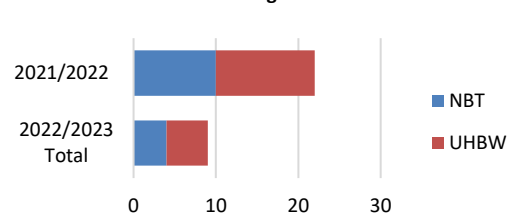
- In July 2022, 30 Serious Incidents (SIs) were reported across BNSSG providers. No Never Events (NE) were submitted.
- Treatment delays has been the leading theme in July, with 133% increase from the previous month.
- UHBW reported four treatment delays, of which two occurred at the Bristol site relating to results, one occurred at the Paediatric Eye Hospital relating to appointment not scheduled and one reported from Weston site for a transfer delay between sites. Severnside reported one relating to possible inappropriate triage.
- There was an increase in Pressure injuries in July with four reported opposed to three last month. UHBW reported one Grade 4 and one Grade 3, AWP reported a DTI (Deep Tissue Injury) and Sirona reported Grade 3.
- There was also a 50% increase in falls with UHBW reporting four this month opposed to two they reported in June.
- The ICB has established a system learning forum to promote a culture of shared learning and quality improvement across our services. Themes from this work will be presented in future quality reports

SIs reported across BNSSG 2022/23

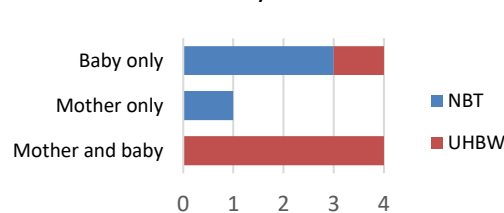
Provider	Apr	May	Jun	Jul	YTD SIs
NBT	4 (1)	3 (1)	1	0	8 (2)
UHBW	7	10	7	15	39
Sirona	7	6	5	8	26
AWP	5	3	2	5	15
SWASFT	0	1	1	1	3
GP	0	0	0	0	0
Other	3	3	1	1	8
<b>Total</b>	<b>26 (1)</b>	<b>26 (1)</b>	<b>17</b>	<b>30</b>	<b>99 (2)</b>

\* In brackets are NEs reported

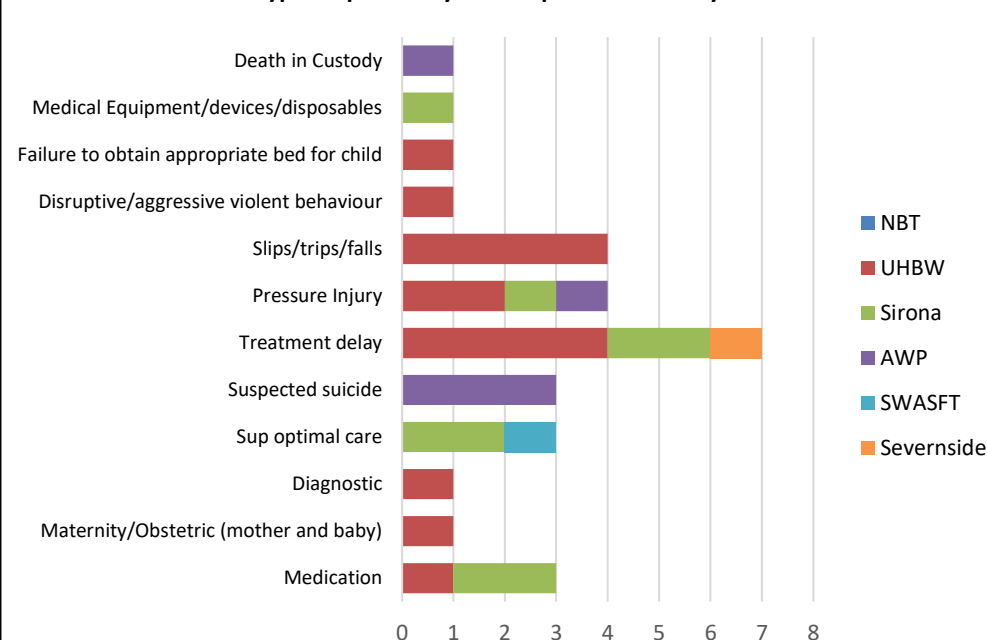
Maternity/Obstetric BNSSG cases monitoring - YTD figures



Total Maternity/Obstetric SIs breakdown 2022/2023



SI types reported by BNSSG providers in July 2022



Year	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total SIs per Year
2021/2022	25 (2)	20	24	23(1)	12	20 (2)	15	24	15 (1)	19	18	21	<b>236 (6)</b>
2022/2023	26 (1)	26 (1)	17	30									<b>99 (2) running total</b>

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

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

# Nursing & Quality - Funded Care - Adult Continuing Healthcare

## Reporting Period – Month 4 2022/23 – July data

Report for : Funded Care Delivery Group

Area	KPI	Performance (June)	Performance (July)
New CHC within 28 days	80%	<b>B- 84% (achieved)</b> <b>SG- 92% (achieved)</b> <b>NS- 83% (achieved)</b>	<b>B- 88% (achieved)</b> <b>SG – 98% (achieved)</b> <b>NS- 88% (achieved)</b>
FNC New within 28 days	90%	<b>B – 94% (achieved)</b> <b>SG – 92% (achieved)</b> <b>NS – 100% (achieved)</b>	<b>B – 100% (achieved)</b> <b>SG – 100% (achieved)</b> <b>NS- 94% (achieved)</b>
Total determinations within timescale (impacted as reviews now being undertaken)		<b>B – 47%</b> <b>SG – 83%</b> <b>NS – 72%</b>	<b>B – 46%</b> <b>SG – 92%</b> <b>NS- 83%</b>

### Actions/Progress

- Capacity improving and meeting CHC New demand.
- Fast track review demand decreased.
- External referrals remain variable.
- Consideration of CHC reviews begins again with increased capacity.
- Funded Nursing Care (FNC) caseload almost back in date.

**Data cleansing of FNC caseloads for BR and SG helped overall reduction of overdue cases of 4%.**

**CHC Caseload = 490 (static) 37% overdue (static)**  
**FNC Caseload (SG & BR) = 1436 (-13) 7% overdue (- 4%)**

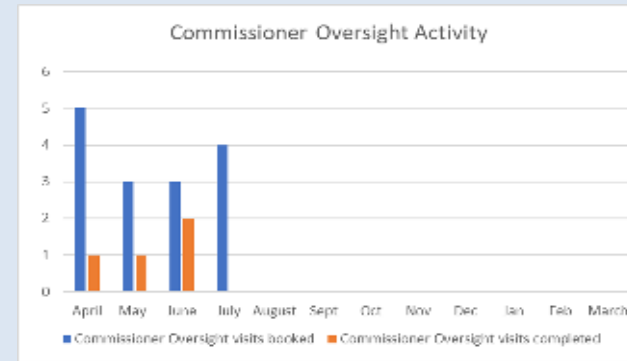
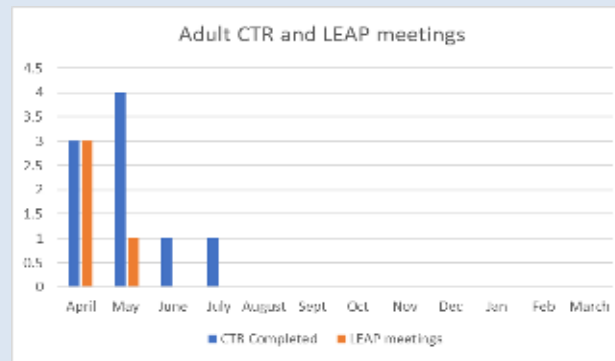
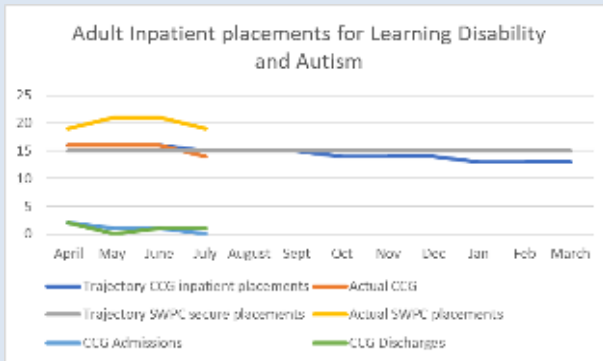
# Nursing & Quality - Funded Care - Assuring Transformation – Learning Disability and Autism

## Reporting Period – Month 4 2022/23 – July data

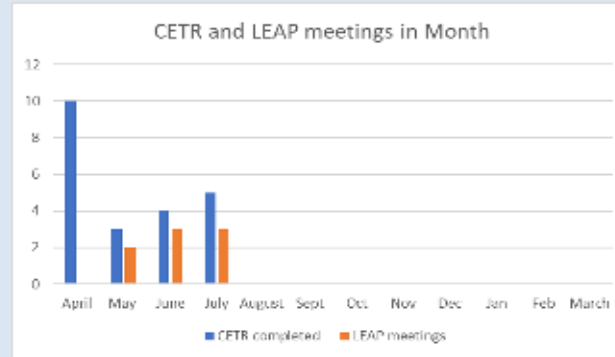
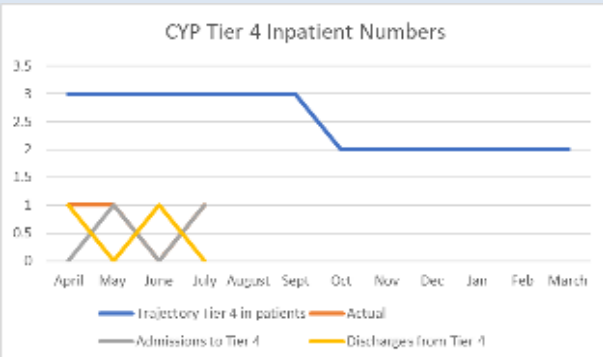
Report for : Funded Care Delivery Group

### Performance/Data for 2022-2023

#### Adults



#### CYP



### Highlights

#### Adults

- Individual MM was successfully discharged from an inpatient setting following a 3 year admission to the community.
- Recruitment has been completed for all roles within the C(E)TR team.
- ICB commissioned placements are now on trajectory, however SWPC (Secure) placements remain above the trajectory to reach the Long Term Plan target.

#### CYP

- Ongoing work to increase input to the CYP dynamic support register.
- There has been 1 admission to Tier 4 services.

#### Keyworker Team

- First case allocated to Keyworker team.