

Meeting of BNSSG ICB BOARD

Date: Thursday 6th April 2023

Time: 12:00-15:15

Location: The Winter Gardens, Weston-Super-Mare

Agenda Number:	07.1.1	
Title:	Quality and Performance Report – Month 10 (January data)	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No

Purpose: Discussion & Information

Key Points for Discussion:

The 2 attached reports provide an overview of January 2023 data to cover Month 10 activity for quality and performance. A summary is provided below.

The committee are asked to note the following areas.

Quality (Appendix 1)

Summary of work overseen by System Quality Group (SQG)

Independent mental health provider update -

- Quality improvement groups continue every 4-6 weeks.
- The provider remains in enhanced surveillance while their overall improvement plan is supported and monitored; good progress is being made on the actions.

Industrial action (IA) mitigation and actions – patient safety perspective

- The system continues to be under pressure from the waves of industrial action from the various health unions.



- The latest IA involving a 72-hour strike of junior doctors which has had a significant detrimental impact on the backlog of elective waiting lists although urgent care has been managed well with senior medical cover.
- Encouragingly at the time of writing the paramedic and nursing unions have agreed a pay deal with the government which is still to be agreed and accepted by members.
- Other unions have not ruled out further strike action at the time of writing.
- A system Equality and Quality Impact Assessment (EQIA) has been produced, demonstrating the gaps in mitigation from the industrial action, and thus impact, and potential for harm.
- The EQIA will be an iterative process measuring cumulative impacts over time which will be shared in future versions of this report. IA system preparation and planning continues.

Healthcare Associated Infections

- **C. Difficile** – BNSSG is currently near to the regional and England average in terms of overall incidence: data to confirm the regional average for older patients demonstrates that the BNSSG position for the age-sex standardised infection rate is in the 4th Quartile which is above the national median and the SW regions median.
In January 2023, 14 cases were attributed to BNSSG ICB which is a decrease of 6 against the previous month. The CDI working group continues to work with system and regional partners to understand the drivers behind a higher prevalence and incidence of CDI.
- **E. coli** - In January 2023, 37 cases of E. coli bacteraemia (an increase of 4 from December) cases were assigned to BNSSG ICB. Case activity encouragingly remains below the thresholds set by NHSE, below the Southwest benchmarking and below 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 for improvement in the system.
- **MSSA** – (Methicillin-resistant Staphylococcus aureus) In January 2023, 23 cases of MSSA bacteraemia were assigned to BNSSG ICB which is equal to the previous month. Case activity has been below the Southwest average since May 2021.
- **MRSA** - (Methicillin-resistant Staphylococcus aureus) In January 2023, there were 2 cases of MRSA bacteraemia assigned to BNSSG ICB, which is an increase of 1 from December. Both cases were hospital onset cases. The community chlorhexidine pilot for people who inject drugs has been extended for a fuller evaluation at the end of the year.

Serious Incidents and Learning

In January 2023, 23 Serious Incidents (SIs) were reported across BNSSG providers. There were no reported Never Events. The leading themes from the reported incidents were Treatment delays and Pressure injuries. Overall, the top three themes being identified as causal factors from the investigation process for general SI's are 1) Communication /MDT 2) Risk Assessments and care planning 3) Care delivery. Obstetric incidents demonstrate that the top three themes are 1) Policy, 2) Communication/MDT and 3) Risk assessments and care planning.

The learning from these incidents alongside the themes and trends are shared with the providers and discussed at the monthly learning panel which is attended by system partners.

For many of the incidents it appears through dialogue with partners that there continues to be an association with the current system pressures.

Funded Healthcare

Adult Continuing Healthcare

- CHC overall caseload increased by 20 cases.
- 80% target for assessment within 28 days of referral met with the current position being 90%.

Adult Fast Track End of Life

- There were 254 fast track referrals received during January 2023
- 50% of referrals had a decision reached within 2 working days.

Learning Disability and Autism

Adults

- January 2023 saw an increase in CTR and LEAP activity.
- ICB commissioned placements remain below trajectory, whilst secure placements remain above trajectory supporting the achievement of the Long-Term Plan targets.
- A briefing paper outlining the changes in the guidance published in January 2023 for the Dynamic Support Register and C(E)TR will be shared with the LDA Programme Board outlining key changes to the policy and recommendations to implement the policy system wide.
- Additional Commissioner oversight visits were undertaken in January 2023 in response to the NHSE letter concerning quality assurance of mental health placements.

CYP

- CETR and LEAP activity has been reduced significantly in last 2 months which aligns with the keyworker team being fully operational.

CQUINS progress for 2022/23

The table on page 18 of the Quality slide deck demonstrates the progress against the CQUINS. The ICB will host a meeting with partners to review final submissions and to agree the final achievements ahead of the formal Q4 window closure.

Performance (Appendix 2)

The performance report for this month is divided into 2 areas. These areas are:

- Operating plan performance indicators
- Overall Performance Summary

And focus will be on elective and urgent and emergency care performance.

Key Headlines

Elective Care

- System on track to deliver significant improvement in 104 week waiters with a forecast outturn of 11 patients comprising 2 choice breaches and 9 complex pathways; and also 78 week waiters with a forecast outturn of 255 comprised of choice, complexity and capacity breaches. These positions are ahead of local trajectories set as part of the operating plan process.

- Industrial action has impacted upon elective care waiting list position including cancer patients. The number of cancellations has not been as high as initially thought but has resulted in at least 60 patients needing to be rescheduled that are 78 week waits.
- Diagnostic recovery action plans are in progress with NBT achieving all regional ambitions across all imaging modalities ahead of target. UHBW have also achieved tis for 2 modalities. The systems biggest challenge is still endoscopy. CDC discussions are now starting to take shape which will bring needed additional capacity in a range of imaging and diagnostic modalities into the system.
- The cancer backlog (63+ day metric) has significantly improved at both providers with both providers now on target or surpassing the pre-covid level target.

Urgent and Emergency Care

- The system experienced less demand in February resulting in improved performance across a number of areas. In particular ambulance handovers were below target in February and with a mean category 2 response time of 30 mins or less.
- Demand has increased in March. System performance over the junior doctor industrial action 13-16 March was good with robust plans put in place by AWP, NBT and UHBW resulting in senior clinicians at the front door managing demand effectively. Demand did increase on Sunday 12 March into Monday 13 March especially in minor attendances which was felt across the country. Whether this was public reaction to the oncoming industrial action is hard to determine.
- A debrief event on the junior doctor industrial action was held on 22 march and the report will be written up based on JESIP principles and will be an accompanying paper to the EQIA prepared by the nursing team and submitted to ICB Board.
- Winter board assurance framework metrics are still being reported monthly to NHSE. These metrics report on progress of schemes associated with the demand and capacity monies received into the system. Schemes are on target apart from virtual wards where occupancy is at 50% (although greater use was made over the industrial action taken by junior doctors) and delay to the integrated assessment mental health scheme.
- The care hotel will close on 31 March 2023 and occupancy has fallen partly due to increased P1 slots made available by Sirona due to additional capacity created through an external agency.

Recommendations:	To note the reports including any risks, mitigating actions and responsibilities as appropriate.
Previously Considered By and feedback:	Not previously considered
Management of Declared Interest:	None declared
Risk and Assurance:	The report and appendices provide an update to the Outcomes, Quality & Performance Committee in relation to key risks to

	performance and quality within the system and highlight supporting mitigations which are in place.
Financial / Resource Implications:	None referenced
Legal, Policy and Regulatory Requirements:	None referenced
How does this reduce Health Inequalities:	Not referenced
How does this impact on Equality & diversity	As above
Patient and Public Involvement:	Not applicable
Communications and Engagement:	The reports are provided to the Outcomes, Quality, & Performance Committee for information and discussion.
Author(s):	Caroline Dawe - Deputy Director of Commissioning (Performance Improvement) Gary Dawes - BI Manager, Performance, BNSSG ICB Sandra Muffett Head of Patient Safety & Quality, BNSSG ICB Michael Richardson, Deputy Director of Nursing and Quality, BNSSG ICB
Sponsoring Director / Clinical Lead / Lay Member:	Rosi Shepherd, Chief Nursing Officer, BNSSG ICB Lisa Manson, Director of Performance and Delivery, BNSSG ICB

BNSSG Quality Report

**March Report on Month 10
(January data) 2022/23**

Contents

- **Current updates/emerging issues** **Slide 3**
- **Health Care Acquired Infections (HCAI) and IPC Cell Overview** **Slides 4 – 12**
- **Serious Incidents (SI) and Never Events (NE)** **Slides 13 – 16**
- **Funded Care – Continuing Healthcare** **Slides 17 -19**
- **Quarter 3 CQUINS** **Slide 20**

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

Quality - Current updates and any emerging issues identified since January 2023

Industrial Action (IA) - The system continues to be under pressure from the waves of industrial action from the various health unions. The latest IA involving a 72 hour strike of junior doctors which has had a significant detrimental impact on the backlog of elective waiting lists although urgent care has been managed well with senior medical cover. Encouragingly the paramedic and nursing unions have agreed a pay deal with the government which is still to be agreed and accepted by members; other unions have not ruled out further strike action at the time of writing. A system Equality and Quality Impact Assessment (EQIA) has been produced, demonstrating the gaps in mitigation from the industrial action, and thus impact, and potential for harm. The EQIA will be an iterative process measuring cumulative impacts over time which will be shared in future versions of this report. IA system preparation and planning continues.

Conveyance of excluded patients – Some patients due to violence or abuse behaviour are excluded from certain sites or settings in the BNSSG system. A system piece of work is currently under way to ensure that there is a safe conveyance of these patients to emergency settings should it be required. This work is being led by the ICB with collaboration from the acute trusts, SWAST and NHSE. A system wide policy is planned and will be shared with NHSE to disseminate to other regions who have yet to adopt such an approach.

High Consequence Infectious Diseases (HCID) – A programme of system pathway development has been launched in readiness for future cases of HCIDs that might occur in the BNSSG area. System partners, EPRR and public health colleagues, NHSE, and UKHSA are collaborating in several working groups for this piece of work. The pathways will be approved through the new ICS Infection Prevention & Management (IPM) System Group which forms part of the new ICS IPM governance structure.

System Quality Group – summary of current work overseen

CQC inspection of AWP - Details of the outcome of the inspection explored at the meeting and improvement plans have been produced and provided to the CQC. The improvement plans will be monitored through a formal Quality Improvement group which is chaired by the CNO's of BNSSG & BSW and the provider will enter into enhanced surveillance.

BIRU Quality visit update – A quality visit was undertaken by ICB & NHSE colleagues following a CQC inspection at the unit which resulted in a RI outcome. The visit identified that there is significant improvement work being undertaken and they are open to receiving support. It has been identified that an improved process of key metrics is required and the ICB will work with BIRU on re-design work for pathways and support the implementation of the improvement plan.

Independent Mental Health Provider – Quality improvement groups continue every 4-6 weeks. The provider will remain in enhanced surveillance until improvement plans have progressed satisfactorily, although good progress is currently underway

Mental Health NHS inpatient settings – All specialist NHS funded mental health residential care provision within BNSSG has been mapped and reviews are being undertaken. Providers used solely by LA's will provide updates to the ICB on their assurance processes.

CYP with high risk behaviours presenting to an acute hospital setting - The Quality Improvement Group (QIG) process has provided the opportunity to understand the risks which are held with this cohort of patients and explore the opportunities to mitigate the risks. This workstream has been removed from escalation and is to be incorporated into business as usual with a medium term plan to develop an options appraisal which will be embedded into the operational planning round.

Never events and Serious Incidents (SI) – there have been no never events reported in the last month, however the ICB continues to support providers in working to implement changes to improve care in these areas

Quality Report – Health Care Acquired Infections (HCAI) ICB Overview

Reporting Period – Month 10 2022/23 – January data

Information Source and date of information – UK Health Security Agency (UKHSA), ICS HCAI Lead

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:
 - **Clostridiodes 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** = 63

Performance for January 2022

- **CDI** = 14 HOHA=5 (UHBW-3, NBT-1, RUH-1), COHA=4, COCA=2, COIA=3
- **E. coli** = 37 HOHA=12 (NBT-8, UHBW-3, RUH-1), COHA=2 COCA=23, COIA=0
- **MRSA** = 2, HOHA=2 (UHBW-2), COHA=0, COCA=0, COIA=0
- **MSSA** = 23, HOHA=10 (UHBW-6, NBT-4) COHA=4, COCA=9, COIA=0
- **Klebsiella** =12, HOHA=2 (NBT-1, UHBW-1) COHA=2, COCA=8, COIA=0
- **Pseudomonas aeruginosa** = 4, HOHA=2 (NBT-1, UHBW-1), COHA=0, COCA=2, 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

The SPC data points for this month are within the upper and lower limits which shows the process (or number of cases) is generally steady or within it's expected bounds.

The system may not be achieving the threshold for some of the infection types (MRSA, MSSA, Klebsiella & Pseudomonas aeruginosa), but the cases are within an expected degree of control (from a data point of view).

Special focus on Community Onset HCAI this month.

Commentary

- MRSA- Zero tolerance has not been achieved. There were 2 case in January originating in Hospitals.
- CDI- The 14 cases are currently categorised as follows: New infection (9), Continuing Infection (2), Repeat/Relapse (3).
- E.coli- the majority of the 37 cases continue to be Community Onset (23).

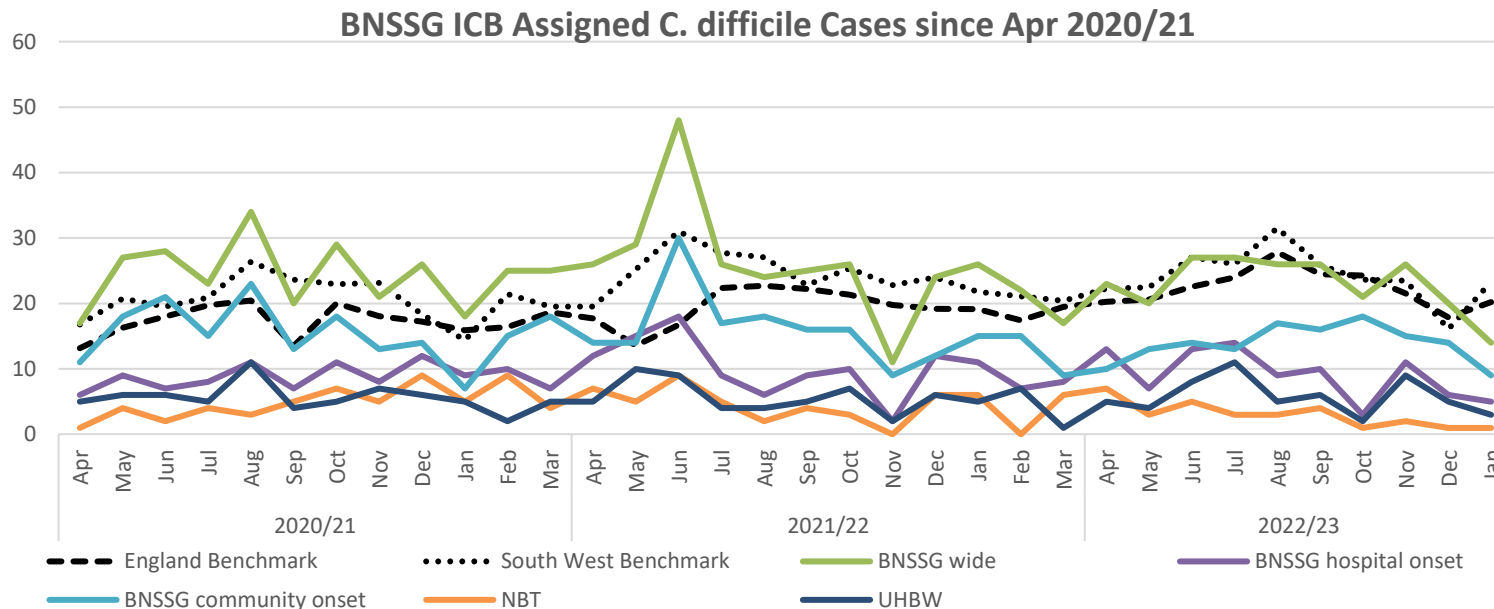
Assurance

- Comparison with all England and Southwest 2022/23 benchmarks is provided.

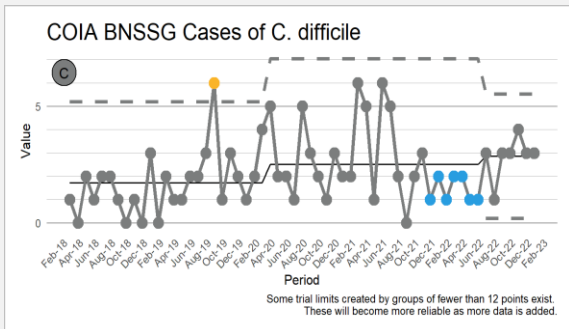
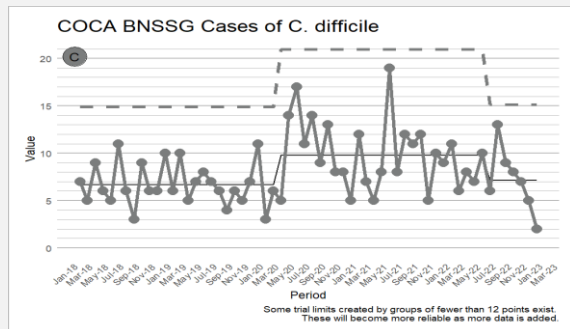
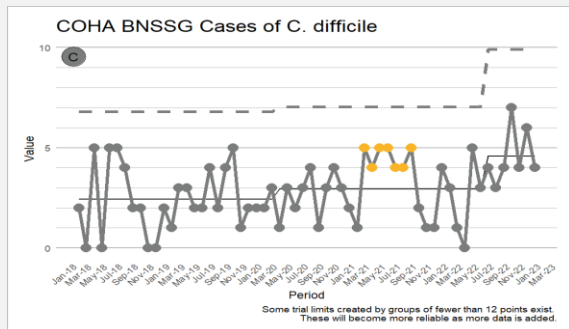
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Threshold to date	Assigned Cases 2022/23	Position against threshold	Month 10 position 21/22	Month 10 position 20/21
C. difficile	23	20	27	27	26	26	21	26	20	14			257	230	↓	265	243
E. coli	42	39	49	43	40	47	44	41	33	37			445	415	↓	473	480
MRSA	4	2	1	1	2	5	1	4	1	2			0	23		35	25
MSSA	16	12	10	17	13	18	22	18	23	23						135	150
Klebsiella spp	11	13	16	17	17	12	10	19	8	12			133	135	↑	141	130
Pseud A	3	5	7	6	7	9	6	2	4	4			53	53	→	58	52

*The above table provides the monthly ICB assigned cases as well as the year to date total. The final columns are our benchmark against the 2020/21 and 2021/22 position.

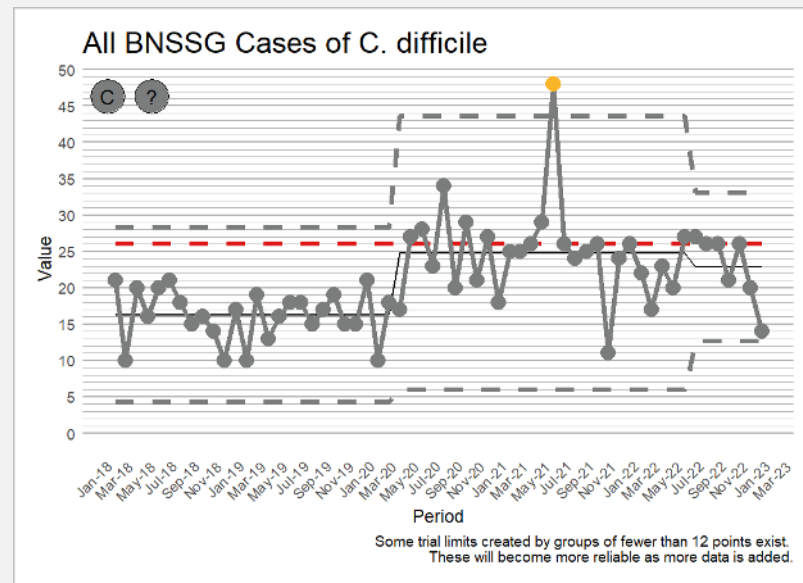
C. Difficile	14
HOHA	5 (UHBW-3, NBT-1, RUH-1)
COHA	4
COCA	2
COIA	3




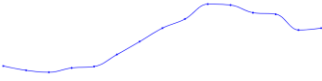

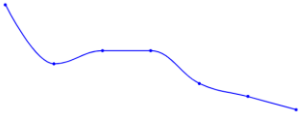

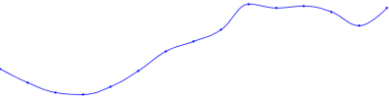
No significant change in data for Community Onset C. Difficile. Concerning variation would be if the data points exceeded Upper Limit (grey dashed line). COCA Onset decreasing trend.



No significant change in data BNSSG Wide C. Difficile. Adjusted for COVID (Apr-20) and July 22 and this is reflected in the shape change of the upper and lower bounds. Consistently hits and misses threshold target. Trend of improvement.

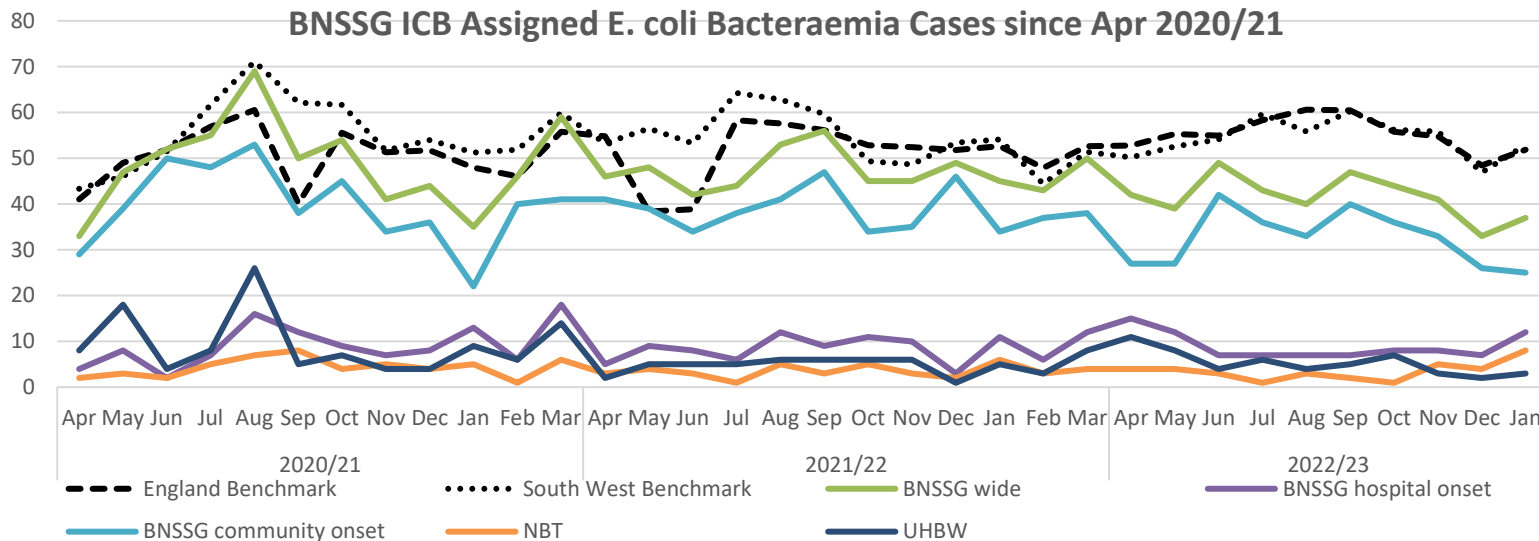


Q2 2022/23 - C. Difficile – ALL SYSTEMS

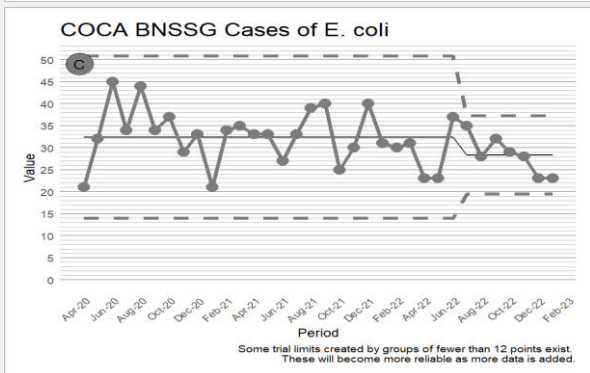
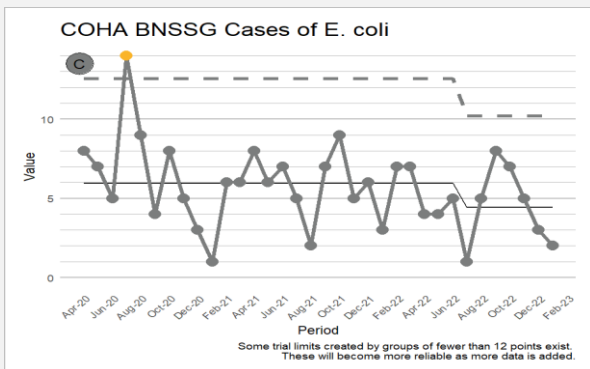
Onset / Sex	Age-sex standardised infection rates per 100k	Count of Infection (12 months rolling)	Comments
<u>All / All</u>		<p>Q4 18/19 – Q2 22/23</p> 	<ul style="list-style-type: none"> • Our system median is in the 4th Quartile. • Our system median is above the national median • Our system is above the peer median (SW Region).
<u>COCA / Female</u>		<p>Q4 20/21 – Q2 22/23</p> 	<ul style="list-style-type: none"> • Our system median is the second highest. • Our system median is above the national median • Our system is above the peer median (SW Region).
<u>HOHA / Male</u>		<p>Q4 18/19 – Q2 22/23</p> 	<ul style="list-style-type: none"> • Our system median is in the 4th Quartile. • Our system median is above the national median • Our system is above the peer median (SW Region). • Value range is low (the difference between medians).

The metrics that have been summarised in the above table have been selected as the most significant in relation to the quartile position and position above the national median. Their purpose is to encourage further investigation and is not meant to represent the definitive position of what is occurring within the system. In-depth details are provided on [Model Hospital](#). 6

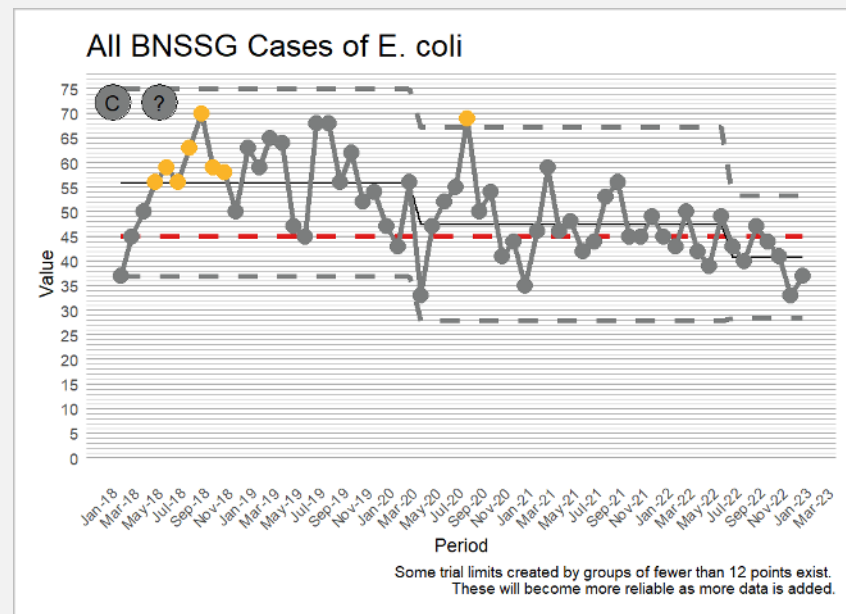
E. coli	37
HOHA	12 (NBT-8, UHBW-3, RUH-1)
COHA	2
COCA	23



No significant change in data for Community Onset E. Coli. Concerning variation would be if the data points exceeded Upper Limit (grey dashed line). Decreasing trend.

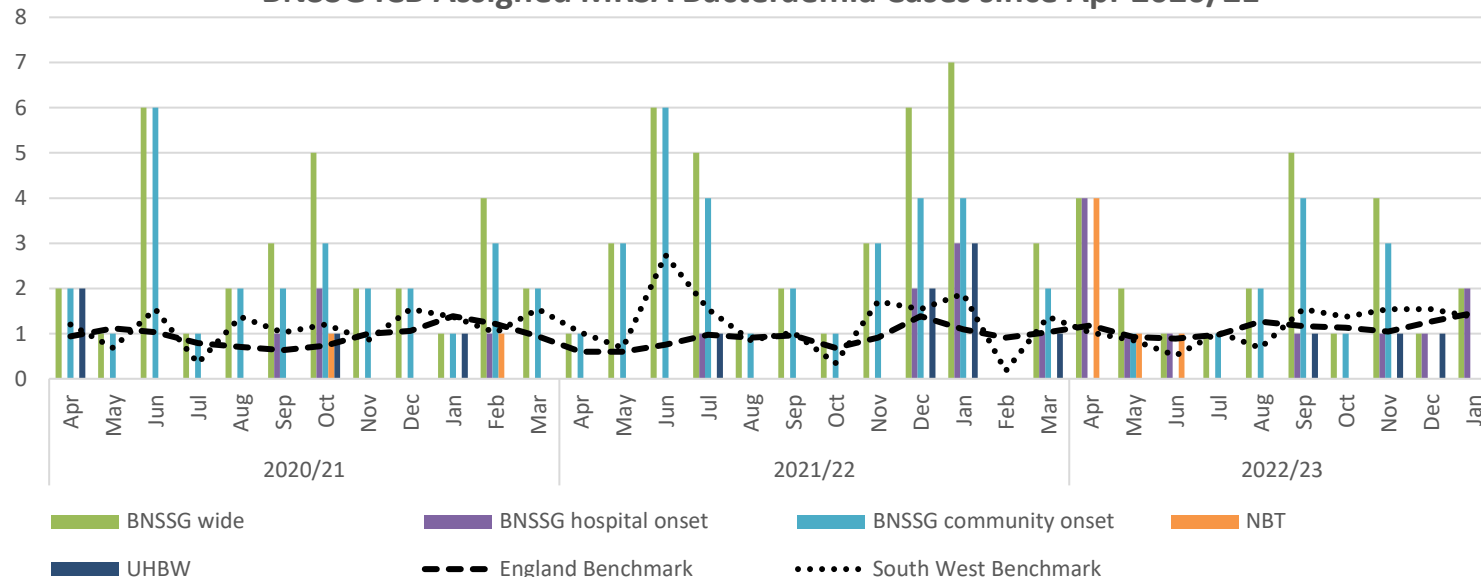


No significant change in data for BNSSG Wide E. coli. Adjusted for COVID (Apr-20) and July 22 and this is reflected in the shape change of the upper and lower bounds. Consistently hits and misses threshold target.

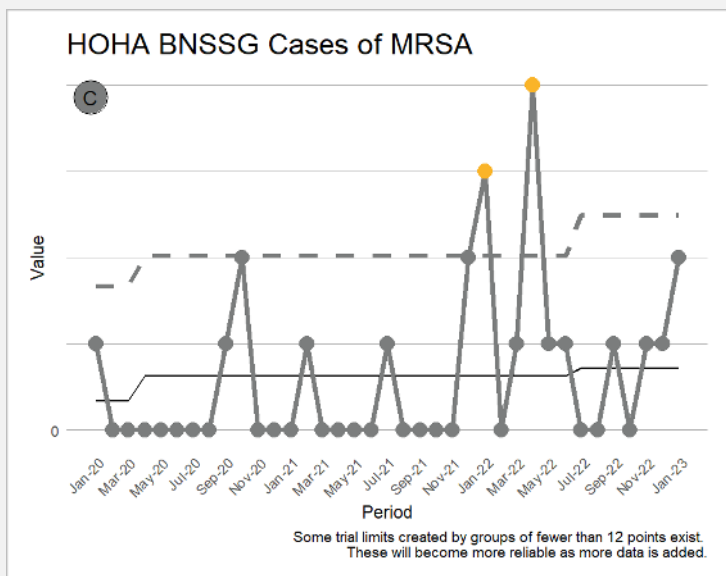


MRSA	2
HOHA	2 (UHBW-2)
COHA	0
COCA	0

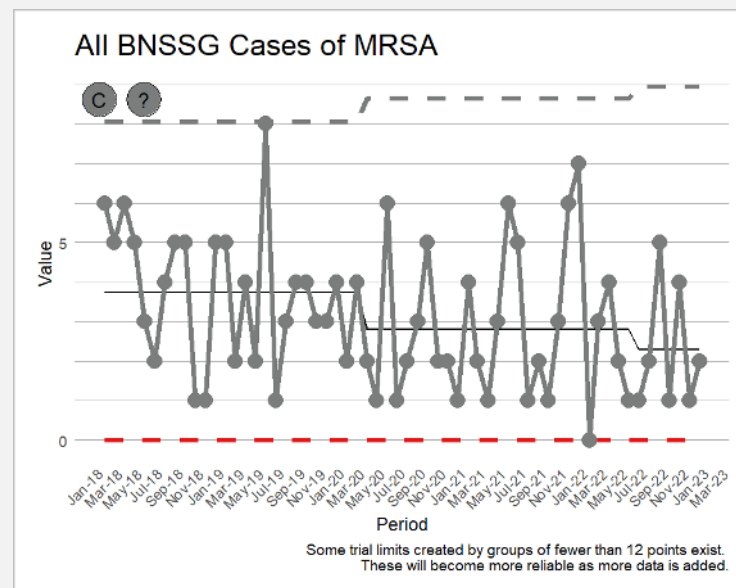
BNSSG ICB Assigned MRSA Bacteraemia Cases since Apr 2020/21



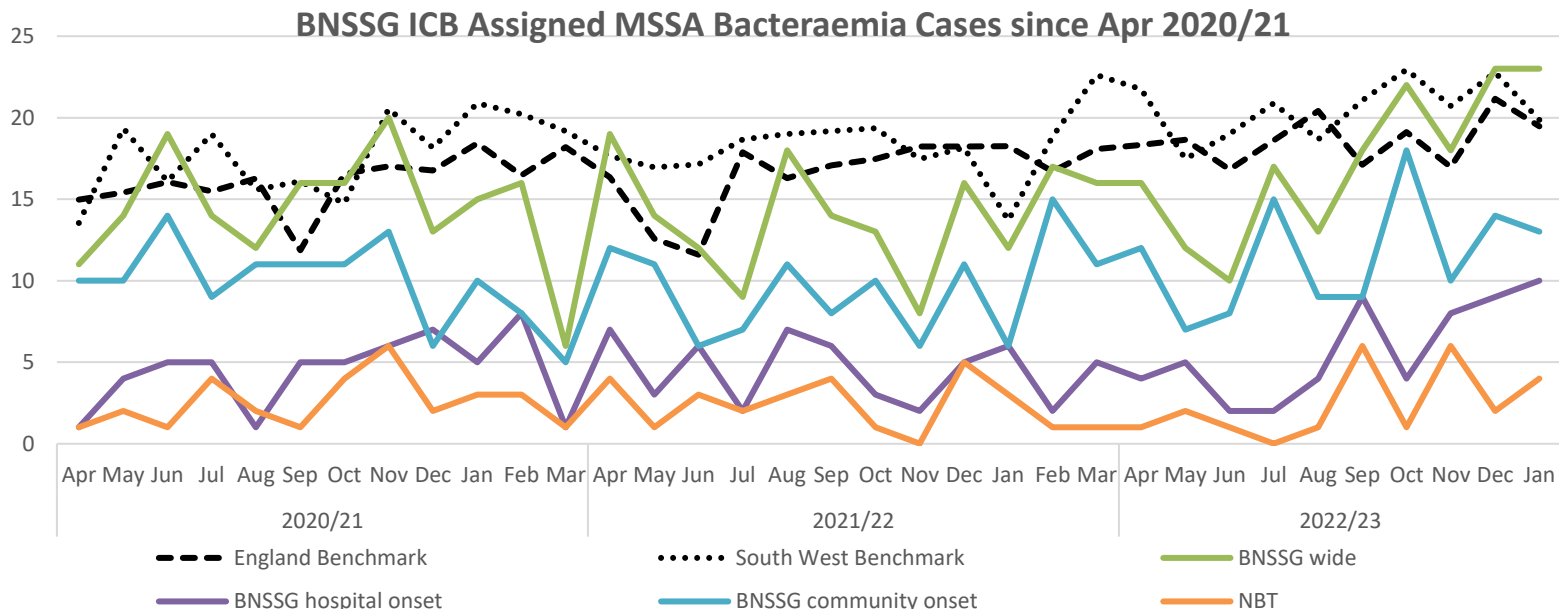
Showing Hospital Onset as no Community Cases. No significant change in data for Hospital Onset MRSA. Exceeding zero thresholds.



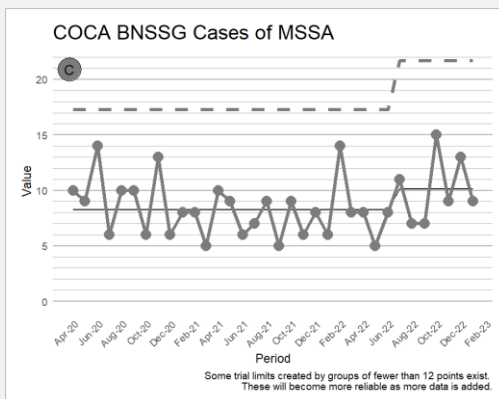
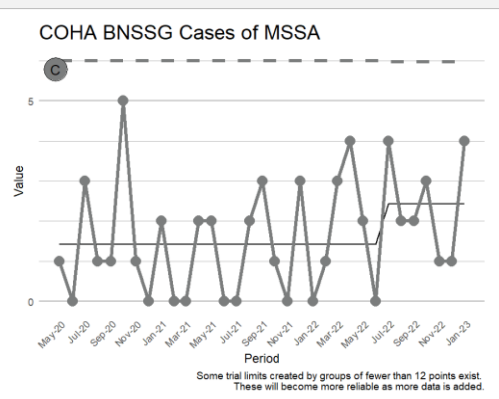
No significant change in data for BNSSG Wide MRSA. Adjusted for COVID (Apr-20) and July 22 and this is reflected in the shape change of the upper and lower bounds. Consistently fails to meet the target, however, last 2 data points are below moving average.



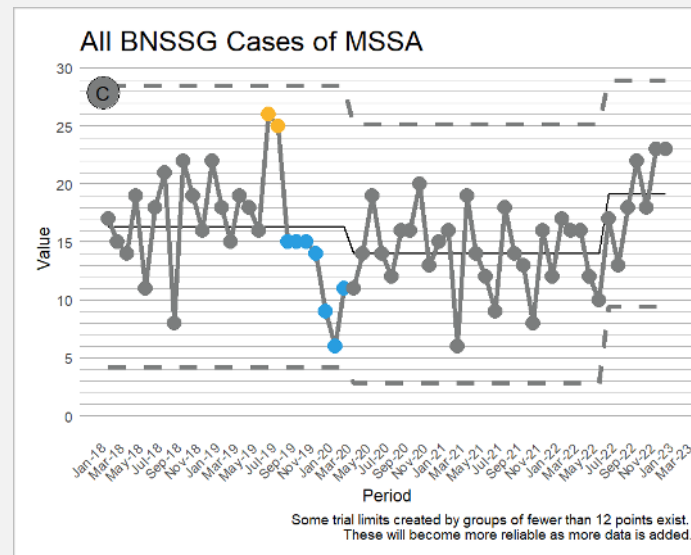
MSSA	23
HOHA	10 (UHBW-6, NBT-4)
COHA	4
COCA	9



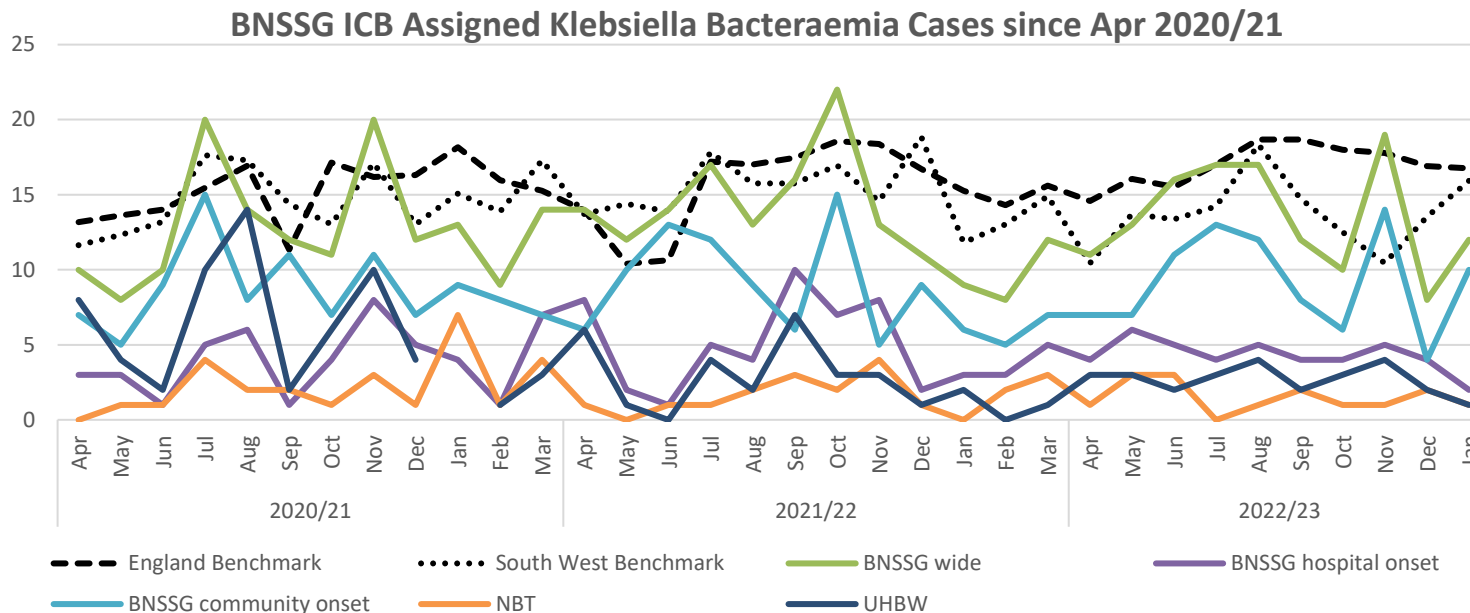
No significant change in data for Community Onset MSSA. Concerning variation would be if the data points exceeded Upper Limit (grey dashed line).



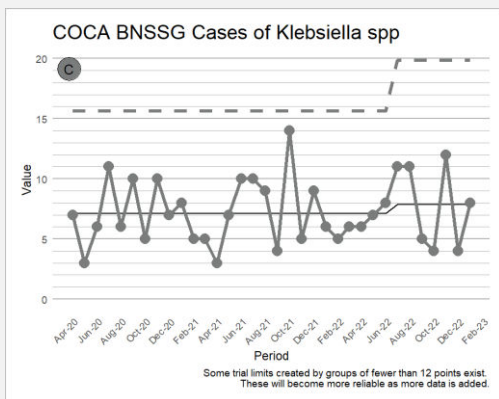
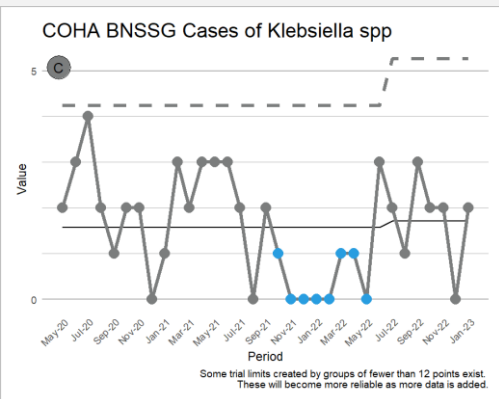
No significant change in data for BNSSG Wide MSSA. Adjusted for COVID (Apr-20) and July 22 and this is reflected in the shape change of the upper and lower bounds. There is no threshold. Values are increasing above the moving average. If not for the rebase the values would be suggesting a cause that is leading to concerning increase.



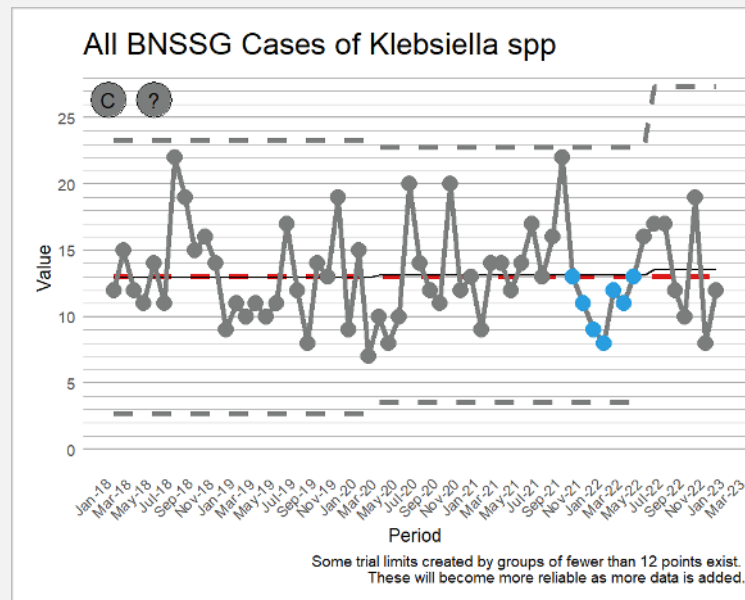
Klebsiella spp	12
HOHA	2 (NBT-1, UHBW-1)
COHA	2
COCA	8



No significant change in data for Community Onset Klebsiella spp. Concerning variation would be if the data points exceeded the Upper Limit (grey dashed line).

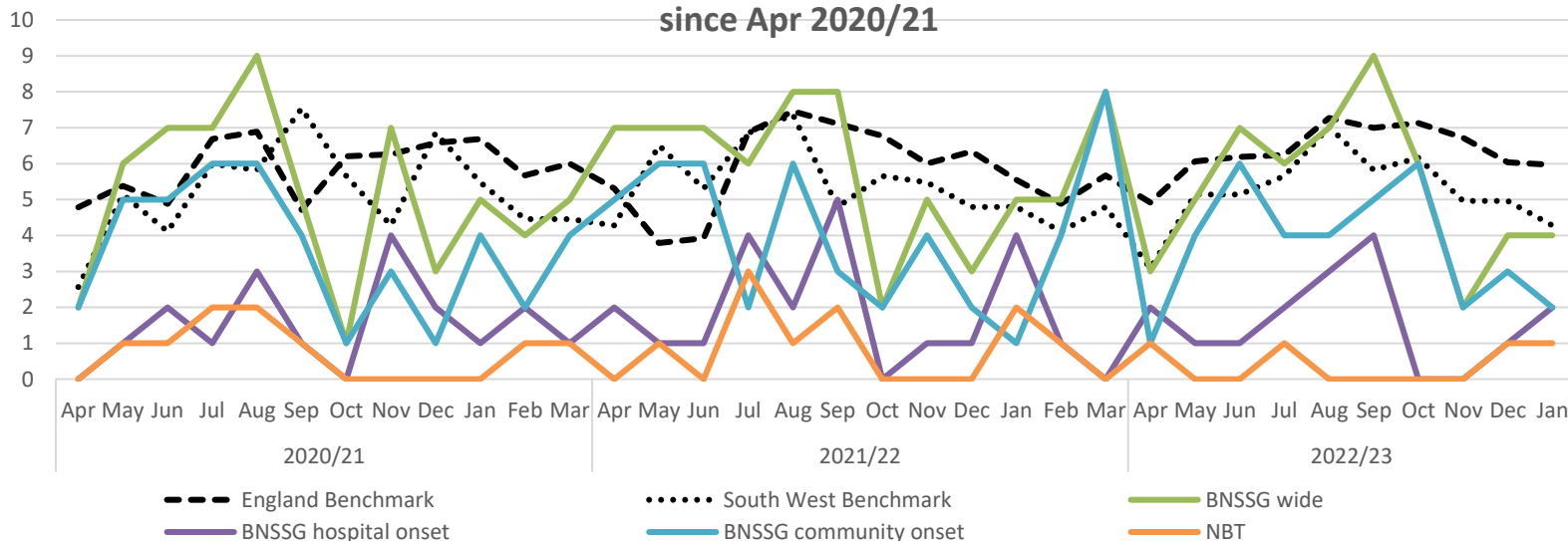


No significant change in data for BNSSG Wide Klebsiella Spp. Adjusted for COVID (Apr-20) and July 22 and this is reflected in the shape change of the upper and lower bounds. Consistently hits and misses threshold target.



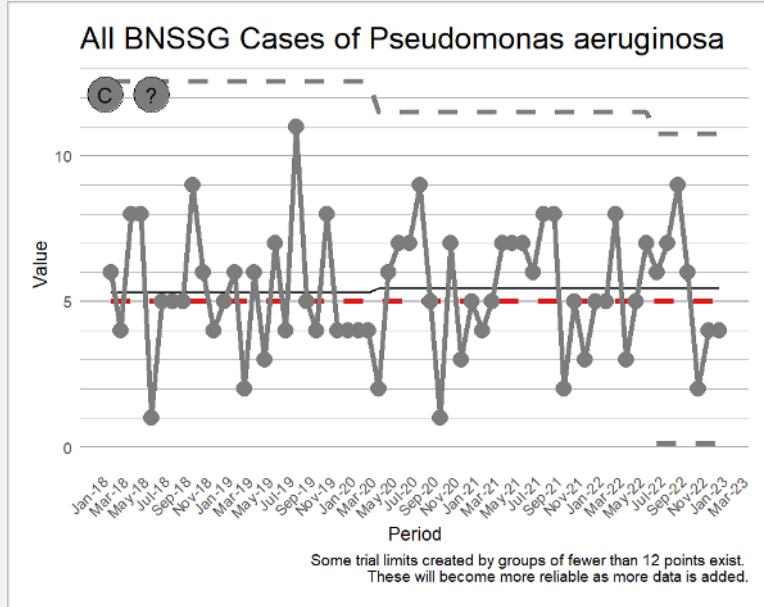
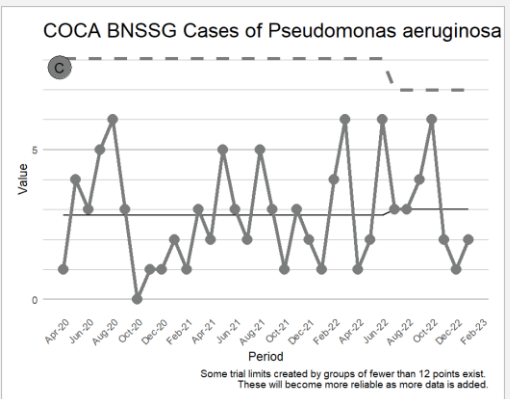
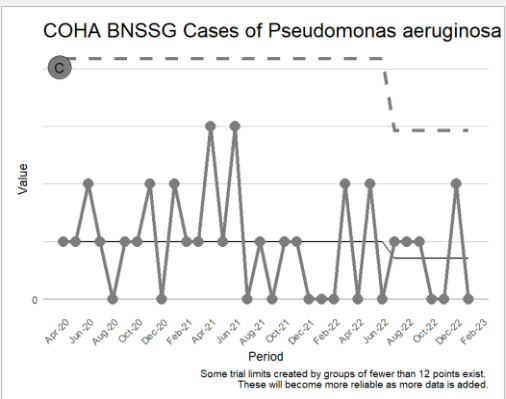
Pseud A	4
HOHA	2 (NBT-1, UHBW-1)
COHA	0
COCA	2

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



No significant change in data for Community Onset Pseud A. Concerning variation would be if the data points exceeded the Upper Limit (grey dashed line). COCA lies below moving average.

No significant change in data for BNSSG Wide Pseud A. Adjusted for COVID (Apr-20) and July 22 and this is reflected in the shape change of the upper and lower bounds. Last 3 values lie below threshold.



		Passing			Total
		Assurance			
		Passing the target 	Hit & miss 	Falls below the target 	
Improving	Special Cause Improving  	P1	H1	F1	0
	Common Cause 	P2	H2 C. difficile Cases BNSSG Wide Klebsiella spp Cases BNSSG Wide MRSA Cases BNSSG Wide MSSA Cases BNSSG Wide Pseudomonas aeruginosa Cases BNSSG Wide E. coli Cases BNSSG Wide	F2	6
	Special Cause Concerning  	P3	H3	F3	0

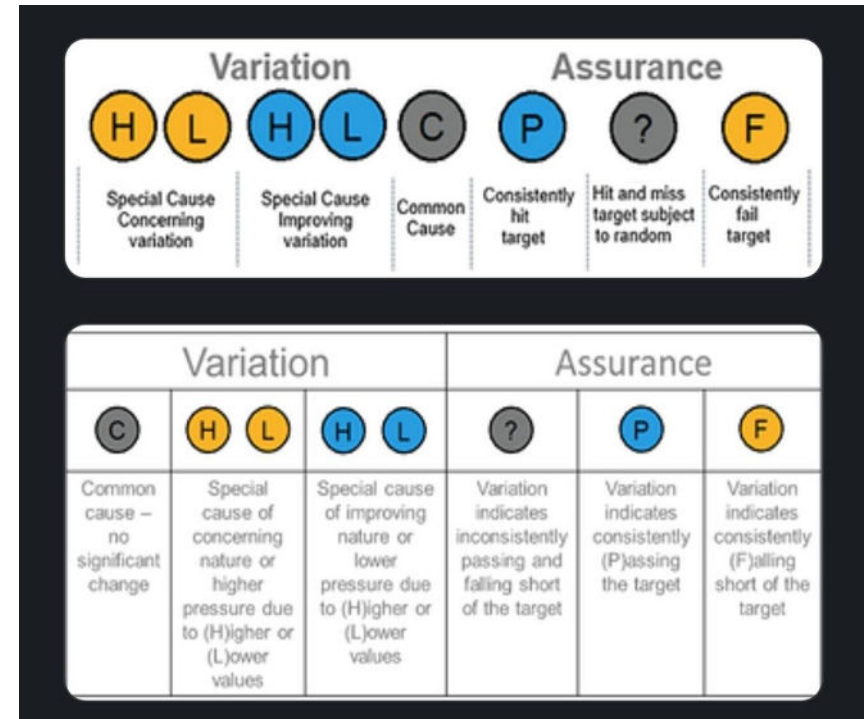
All BNSSG HCl's with case thresholds lie in H2 of the SPC Matrix.

In terms of variation in the caseload this means:

This system or process is currently not changing significantly.

In terms of assurance against the threshold this means:

*The process limits on SPC charts indicate the normal range of numbers you can expect from your system or process. **If a target lies within those limits then we know that the target may or may not be achieved.** The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.*



This month the SPC Xmr diagrams were made using the NHS Plotthedots R Package and used slightly different icons.

Nursing & Quality - Serious Incidents including Never Events

Reporting Period – Month 10 2022/23 – January data

Information Source and date of information – 15/12/2022

Current Month Overview

- In January 2022, 23 Serious Incidents (SIs) were reported across BNSSG providers.
- The leading SIs reported this month was Treatment delays with 9 reported, followed by Pressure Injuries with 6 reported and then Apparent/actual/suspected self inflicted harm with 3 reported.
- One Never Event was reported for a wrong site surgery relating to radiology for an angioplasty procedure, the patient has recovered from the procedure with appropriate Duty of Candour undertaken. The incident is under investigation at partner level and the full report with action plan will be shared on completion with the ICB.

SIs reported across BNSSG 2022/23											
Provider	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	YTD SIs
NBT	4 (1)	3 (1)	1	0	1	0	0	7 (2)	1 (1)	2 (1)	19 (6)
UHBW	7	10	7	15	11 (1)	4 (1)	8	6	9 (1)	10	87 (3)
Sirona	7	6	5	8	5	8	5	8	7	6	65
AWP	5	3	2	5	2	3	3	3	1	3	30
SWASFT	0	1	1	1	1	1	0	2	0	1	8
GP	0	0	0	0	0	0	0	0	0	0	0
Other	3	3	1	1	0	1	3	0	0	1	13
Total	26 (1)	26 (1)	17	30	20 (1)	17 (1)	19	26 (2)	18 (2)	23	222 (9)

- *In brackets are NEs reported*
- *NBT is an early adopter of PSIRF*

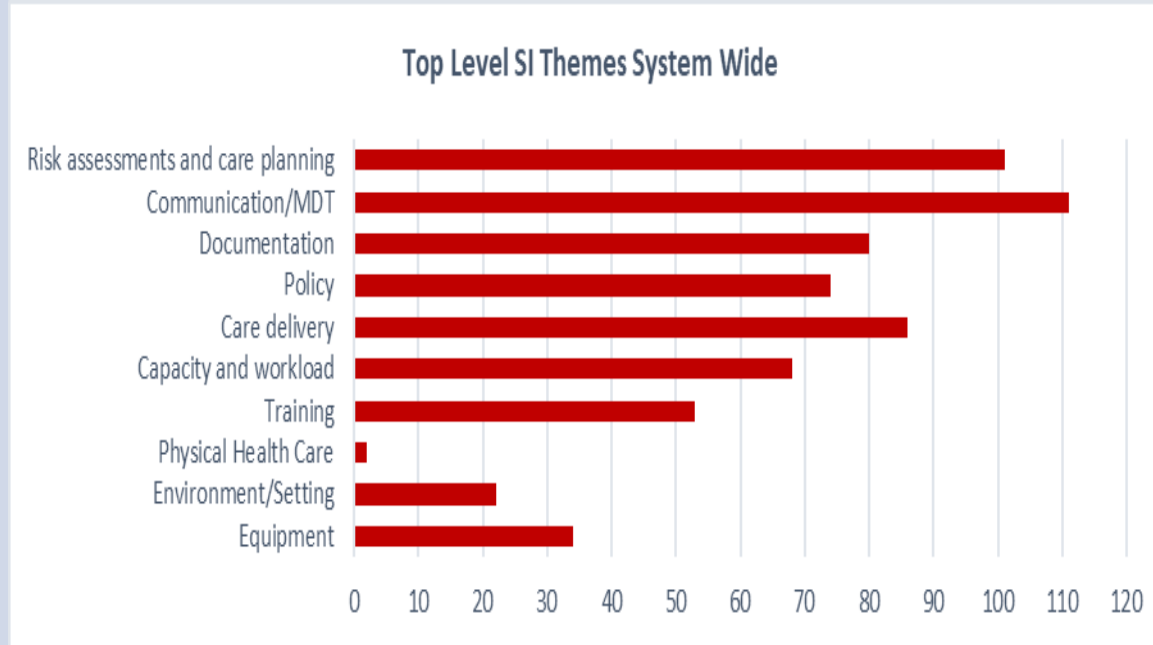
Never Events – 9 have occurred across the BNSSG region. The ICB are undertaking reviews with partners to ensure learning is identified and shared across the system. The learning will be addressed as a feature session in the monthly themes and trends intelligence meetings hosted by the ICB and attended by partner representation bringing together and sharing learning.

SIs continue to be reported through the STEIS system but as transition to PSIRF progresses partners will realign their practices and fewer SI's will be reported; this will be especially apparent as partners migrate to the LfPSE reporting system.

Nursing & Quality - Reporting Period – Month 10 2022/23 Themes and Trends Highlights

Information Source and date of information –

The table below highlights the top-level themes identified through the investigation process and detailed in the submitted investigations over the last 12 months.



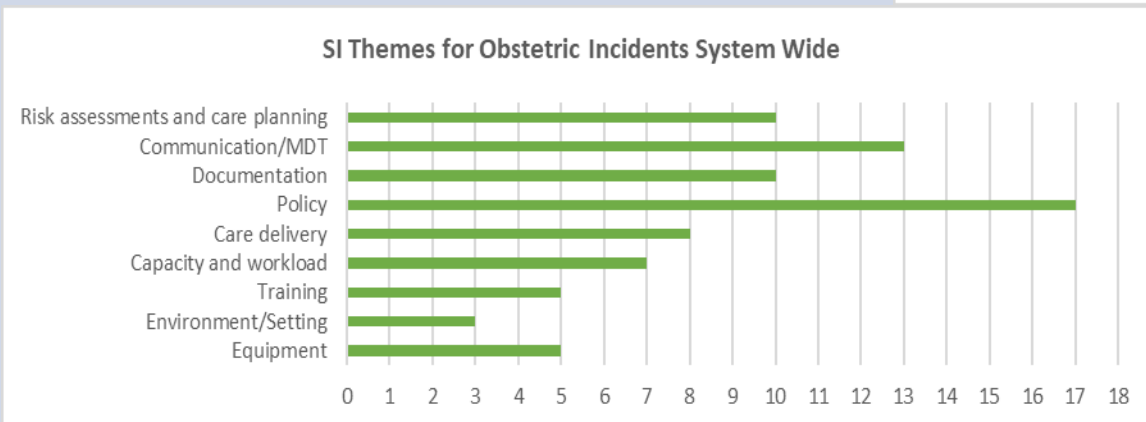
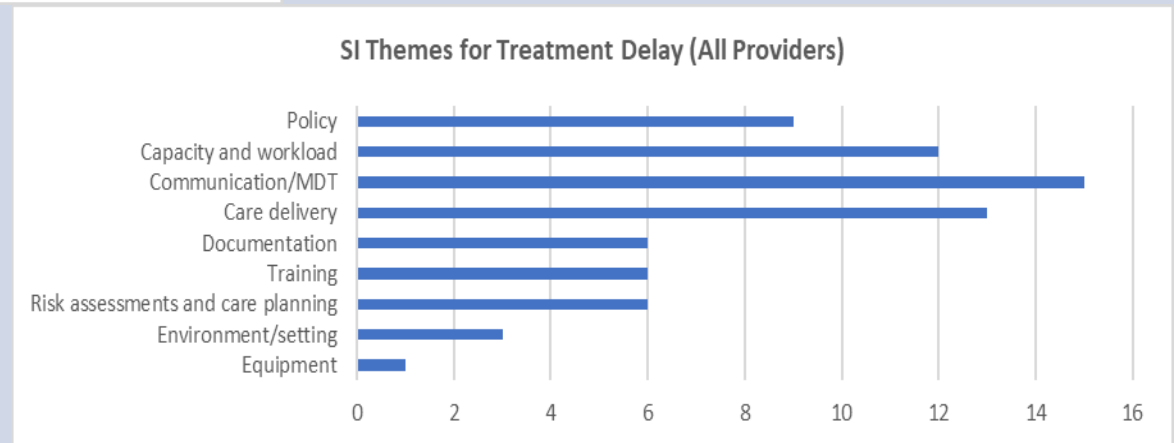
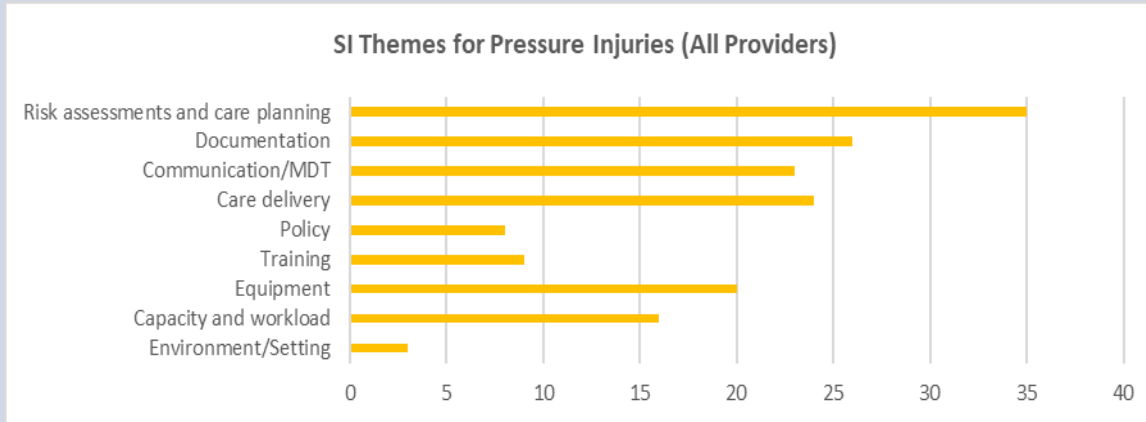
Across the system, it is noted that the top two themes remain

- Communication/MDT
- Risk assessment and care planning.

As a result of investigation report reviews being undertaken by BNSSG ICB, a significant increase in patient safety events (18%) related to Care delivery is being noted. A deep dive will be undertaken to understand the drivers behind the increase in events and the outcome will be shared at the monthly themes and trends meeting.

Nursing & Quality - Reporting Period – SI Themes and Trends across BNSSG partners

Deep dives resulting from themes of shared investigation reports are detailed below. This intelligence is communicated back to individual partners to provide a focus to support potential improvement work.

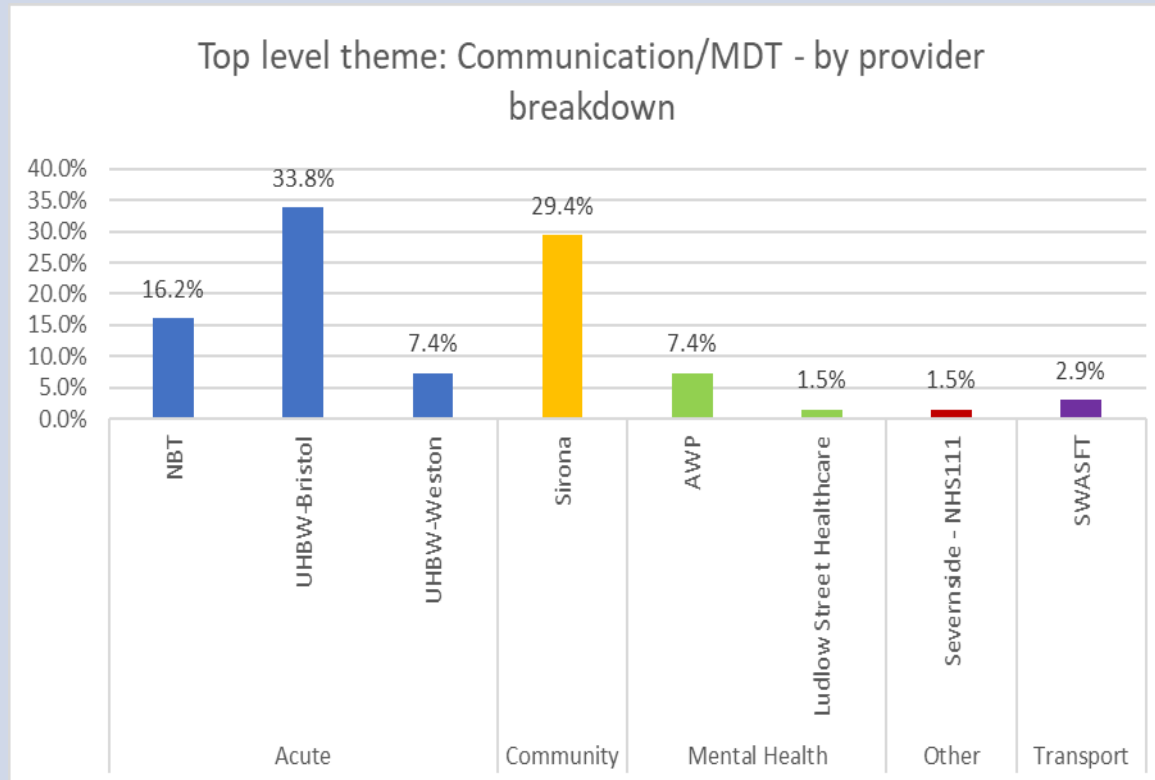


Nursing & Quality - Reporting Period – March BNSSG Themes and Trends Meeting Focus

Information Source and date of information –

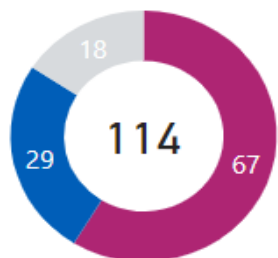
The Feature Focus for March– Analysis of ‘Capacity and Workload’

- Since the beginning of March 2022, there have been 68 investigation reviews that identified ‘Capacity and Workload’ as one of the top-level themes.
- The table below indicates the percentage of investigations reviewed per provider, where Capacity and Workload was one of the top-level themes identified.
- Partners have been asked to undertake internal reviews and bring the intelligence back to the monthly meeting to see where shared learning can help mitigate the identified areas for improvement.

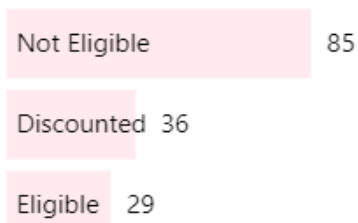
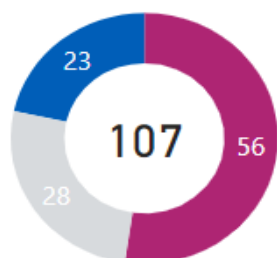


- Nursing & Quality – Funded Care – Adult Continuing Healthcare (CHC)
- Reporting Period: January 2023

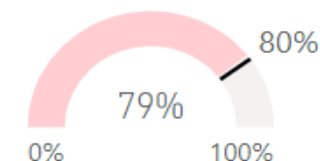
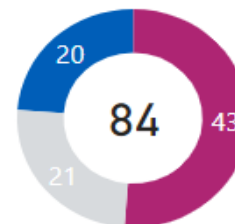
CHC Referrals Received



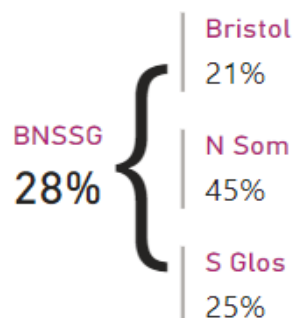
CHC Referrals Completed



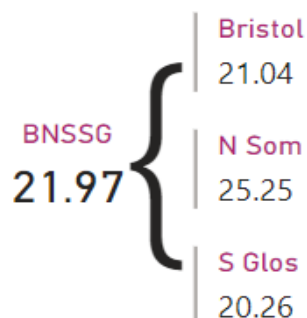
CHC Decisions within 28 Days



Conversion Rate



Mean Days to Decision



Open Referrals Exceeding 12 weeks at data extract date

0
Adult CHC Funded Caseload at data extract date
509

Weekly Standard CHC Caseload

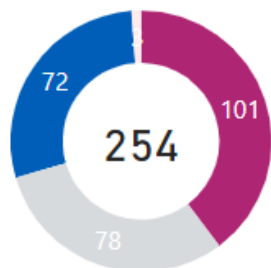


Narrative:

- CHC overall caseload increased by 20 cases.
- 79% performance against the 80% target for assessment within 28 days of referral, due breaches in first two weeks of January arising from the impact of Christmas/New Year. Position fully recovered and the current position in month is 90%.
- Clinical capacity challenged with 6.0 WTE vacancies as well as 4 staff on long term absence (being managed with HR support). This equates to a reduction in assessment capacity of c120 assessments per month.
- CHS Healthcare contract is taking 7 cases per week and from February this increased to 17 cases per week with winter initiative funds to mitigate vacancies and support reviews
- Audit of Learning Disability cases to be undertaken in February in response to rapid growth in the number of eligible cases to support service planning

- Nursing & Quality – Funded Care – Adult CHC Fast Track End of Life
- Reporting Period: January 2023

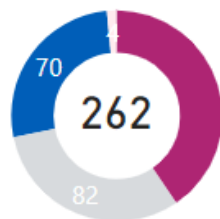
Fast Track Referrals Received



From January 2023

To January 2023

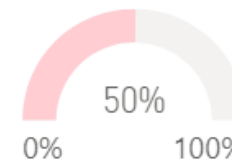
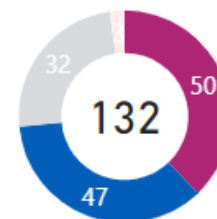
Fast Track Referrals Determined



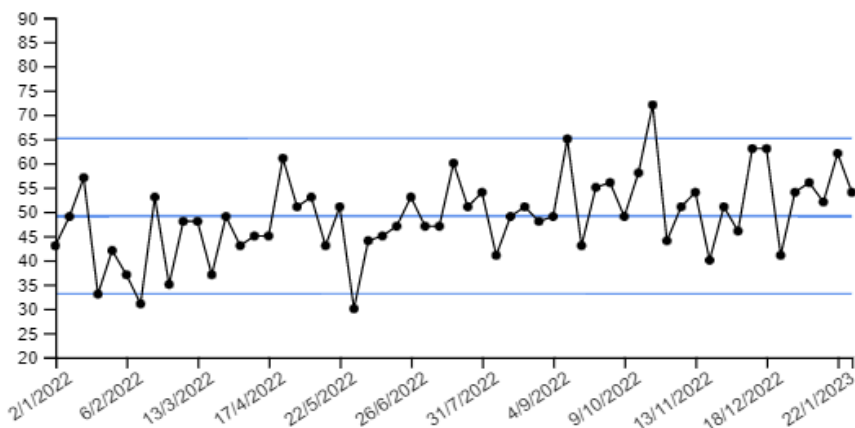
Eligible 241

Discounted 21

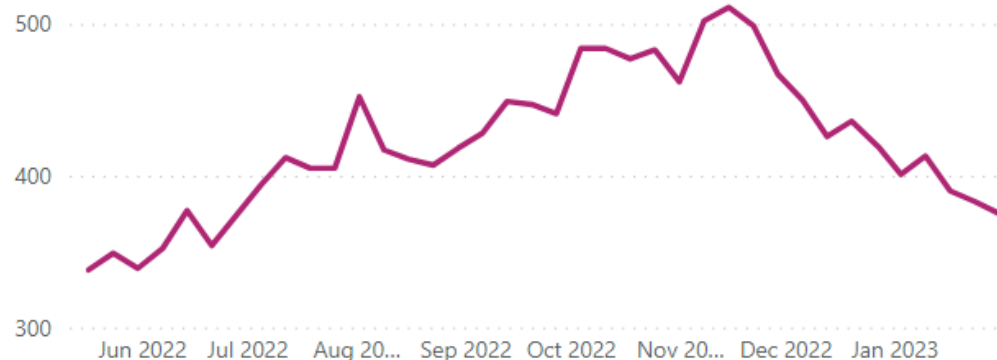
FT Decisions within 2 Working Days



SPC Chart of Weekly Fast Track Referrals Received



Weekly Fast Track Caseload



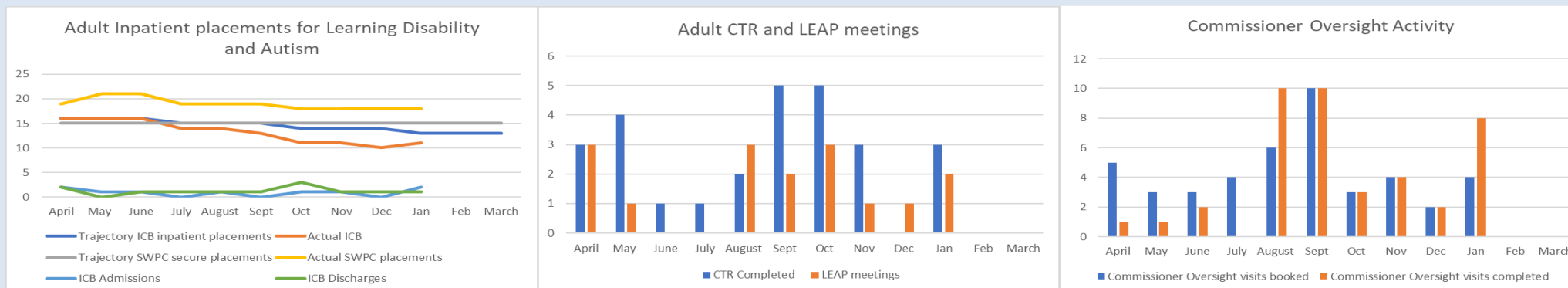
Narrative

- Average number of Fast Track referrals received currently is 55 per week. Trend analysis to be undertaken using data for last 6 months to inform capacity modelling
- 57 referrals per week received in January. 21% of which were received in the first 5 days of January causing capacity issues and leading to a reduced decision making time.
- Jan saw an increase in discounted referrals in January, the majority of which were inappropriate referrals from acute trusts. Anecdotally this appears to be a consequence of internal pressures in acute trusts lead to staff trying to find the quickest discharge route for patients.
- Overall caseload continues to fall as a result of a focusing on recovering the Fast Track review activity.

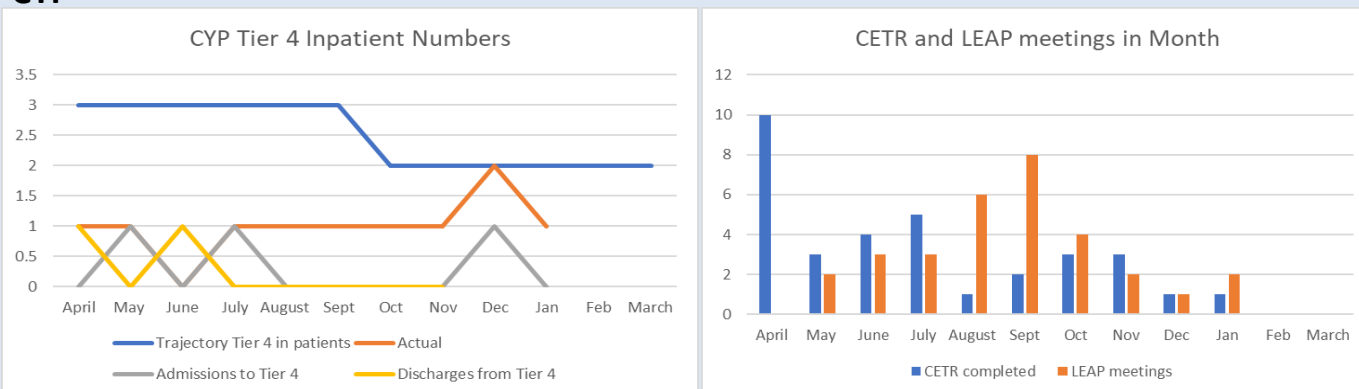
- Nursing & Quality – Funded Care – Assuring Transformation – Learning Disability and Autism
- Reporting Period: January 2023

Performance/Data for 2022-2023

Adults



CYP



Adults

- There has been an increase in CTR and LEAP activity in January alongside 33 Professionals meetings/ MDT's/ Safeguarding/Discharge planning meetings for adults.
- ICB commissioned placements remain below trajectory however SWPC (Secure) placements remain above the trajectory to reach the Long Term Plan target
- Additional Commissioner Oversight visits were undertaken in response to Claire Murdoch letter regarding Quality Assurance
- The revised Dynamic Support Register and C(E)TR policy and guidance was published by NHSE on 25th January for implementation from 1st May 2023. Briefing paper to be shared with LDA Programme Board outlining key changes to the policy and recommendations to implement the policy system wide.

CYP

- CETR and LEAP activity has been reduced significantly in last 2 months which aligns with the keyworker team being fully operational

Nursing & Quality - CQUINS Progress for 2022/23

Reporting Period – Quarter 3

Information Source and date of information – Partner Q3 submissions and board reports

The table below indicates progression against CQUINS based on the national timelines for evidence to be submitted. The Q3 window closed on Feb 27th and the Quarter 4 final year submission is due for submission between 3rd April - 28th May.

The ICB will host a meeting with partners and core ICB colleagues to review final submissions and to discuss and agree the final achievements ahead of formal window closure.

CQUINS 2022/23	Description	Q1	Q2	Q3	Q4	FINAL	Threshold
ALL providers	CCG1: Flu vaccinations for frontline healthcare workers (<i>Reported through BNSSG Flu group</i>)						70%/90%
Acute	CCG2: Appropriate antibiotic prescribing for UTI in adults aged 16+ years						40%/60%
	UHBW	64%	75%	74%			
Acute	CCG3: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions						20%/60%
	NBT		88%	89%			
	UHBW	53%	59%	77%			
Acute	CCG4: Compliance with timed diagnostic pathways for cancer services						55%/65%
	NBT		46%	51.50%			
	UHBW	65%	55%	61%			
Acute	CCG5: Treatment of community acquired pneumonia in line with BTS care bundle						45%/70%
Acute	CCG6: Anaemia screening and treatment for all patients undergoing major elective surgery						45%/60%
	NBT		99%	92%			
	CCG7: Timely communication of changes to medicines to community pharmacists via the discharge medicines service						0.5%/1.5%
	UHBW	0.60%	0.90%	tba			
Acute	CCG8: Supporting patients to drink, eat and mobilise after surgery						60%/70%
Acute/Mental Health	CCG9: Cirrhosis and fibrosis tests for alcohol dependent patients						20%/35%
	NBT		61%	57%			
	UHBW	0	13%	29%			
	AWP	0%	0%				
MH	CCG10a: Routine outcome monitoring of CYP and perinatal mental health services						10%-40%
	AWP	27%	26%	tba			
MH	CCG10b: Routine outcome monitoring in Community mental health						10%-40%
	AWP	27%	28%	tba			
MH	CCG11: Use of anxiety disorder specific measure in IAPT						55%-65%
	AWP	50%	45%	tba			
MH	CCG12: Biopsychosocial assessments by MH liaison services						60%/8%
	AWP	90%	91%				
Community	CCG13: Malnutrition screening in the community						70%
	Sirona	100%	100%				
Community	CCG14: Assessment, diagnosis and treatment of lower leg wounds						50%
	Sirona	100%	48%	50%			
Community	CCG15: Assessment and documentation of pressure ulcer risk						60%
	Sirona	93%	92.50%				

BNSSG Outcomes, Performance and Quality Committee

Minutes of the meeting held on Thursday 16th February, 1400-1630, on MS Teams

Minutes

Present		
Ellen Donovan (Chair)	Non-Executive Member for Quality and Performance, BNSSG ICB	ED
Jeff Farrar	Chair, BNSSG ICB	JF
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Lisa Manson	Director of Performance and Delivery, BNSSG ICB	LM
Sue Balcombe	Non-Executive Director, UHBW	SB
Sue Geary	Healthwatch	SG
Hugh Evans 1520-1615	Executive Director, Adults & Communities, Bristol City Council	HE
Sarah Weld	Director of Public Health, South Gloucestershire Council	SW
In attendance		
Adrian Childs 1500-1530	Director of Nursing, AWP	AC
Deborah El-Sayed 1530-1550	Director of Transformation and Chief Digital information Officer	DES
Denise Moorhouse	Deputy Director of Nursing, BNSSG ICB	DM
Michael Richardson	Deputy Director of Nursing, BNSSG ICB	MR
Layla Toomer	Patient Safety Lead Maternity and Neonatology, BNSSG ICB (Shadowing)	LT
Jodie Stephens (notes)	Executive PA, BNSSG ICB	TM
Apologies		
Paul May	Non-Executive Director, Sirona	PM
Colin Bradbury	Director of Strategy, Partnerships and Population, BNSSG ICB	CB

	Item	Action
1	<p style="color: #0056b3;">Welcome and Apologies</p> <p>ED welcome and apologies were noted as above.</p>	



	Item	Action
	<p>ED also stated the key aims of the ICB which are the following:</p> <ul style="list-style-type: none"> • Improve outcomes in population health and healthcare. • Tackle inequalities in outcomes, experience and access. • Enhance productivity and value for money. • Help the NHS support broader social and economic development. <p>RS stated to committee members that LT was observing the meeting today as in the future will bring LMNS and maternity safety updates.</p>	
2	<p>Declarations of Interest</p> <p>No new declarations noted.</p>	
3	<p>Minutes of January 2023 meeting</p> <p>Minutes of the previous meeting were agreed as a correct record.</p>	
4	<p>Performance and Delivery Update</p> <p>• Children’s Services Update</p> <p>LM shared the performance dashboard which is also discussed at Children’s Operation Delivery Board monthly. The dashboard is looking at core elements across children services so not just Sirona but also Bristol Children’s Hospital and CAHMS.</p> <p>LM explained in terms of the numbers of patients being treated at NBT for example within 18 weeks point to note NBT can treat children over sixteen but under sixteen would obviously be done at the Children's Hospital, which is UHBW. The dashboard shows that we are treating 54% of children within 18 weeks so we are making progress, but we are not doing it at the pace to hit target of 92%. LM explained that colleagues are looking at admissions for asthma so we can review the improvement work that's been underway to understand where we are as a system and to see if that has made any impact and particular within our emergency department.</p>	

	Item	Action
	<p>LM flagged that patients waiting over 104 weeks 6 are children, 882 children are waiting over 52 weeks some of that delay is due to appointments fitting around school holidays and also some cases are incredibly specialist and need very complex operations which we are monitoring on a weekly basis as part of the 78 week and 104-week process.</p> <p>RS asked when having conversations with UHBW/NBT regarding figures do they share any potential harm from these waits? LM explained we do pick it up as part of the overall position and other items that we have assessed as we've gone through the delivery of 78 and 104 weeks. RS explained that this topic was discussed at System Quality Group this morning and added a piece of work will be picked up outside of the meeting. LM stated that the 104-week waits are a mixture of dentistry, plastic surgery as well as paediatric urology services where Bristol Children's Hospital is the only location in the Southwest.</p> <p>JF stated the significant drop in BNSSG performance and going back to RS question, which is where the harm in the system, where are we looking at that and how is it being assessed?</p> <p>LM replied these children are being picked up as part of the overall process in terms of evaluating harm across the providers. There is not a separate piece of work but part of the work regarding monitoring 104- and 78-week wait is we have captured those children that are waiting in a planned way.</p> <p>JM stated the significant increase in waiting times within Paediatric Respiratory and Neurosurgery and asked how we discuss what this is telling us about our population as this is an insight into population health and we need to connect into it. LM agreed, also what does this mean for the demographic of the Southwest?</p> <p>SB highlighted to the group that the data included within the dashboard is from October 2022 and would like to see more up to date figures and what is the level of assurance? Are harm reviews taking place and are they by a case-by-case basis?</p> <p>LM agreed conversations will be in place regarding position around harm and will link in with RS and the System Quality Group. JF commented we need to look at the same data which is produced at NBT and UHBW Outcomes Committee's and should all be on the same data platform. LM explained that our data is produced from a coding scenario which takes six weeks to get that data cleaned but we do need to move like we have in urgent care to having 15 minutes data uploads. ED requested the performance data which is provided at regional meetings be brought to QPO in future LM agreed.</p>	

	Item	Action
	<p>LM explained that there is a lot of data within the dashboard, and we are starting to get significant trends in terms of timing and how we start to do our analysis particularly around children's ED which has been our most pressured point in terms of urgent care across the system. One of the reviews we are trying to do is split the data down to local authority level so we can have clearer cut in terms of discrepancies at local authority levels in understanding access in terms of children. LM confirmed that MR and DM attend the Children's Operational Delivery Board as does Lorraine McMullen from Sirona.</p> <p>ED asked if there was anything regarding children's services that needed escalating now, LM replied autism spectrum diagnosis which is a programme transformation that we need to undertake. Large urban areas have seen a significant increase in the number of both children and adults being referred to autism spectrum diagnosis and ADHD diagnosis services. That is our biggest area of challenge. A program of work is underway to create what's being called a needs led diagnosis, which is reconfiguring our clinical workforce to provide support based on need, not on diagnosis. It is a bigger piece of transformation work because a number of local authority partners use the diagnosis as a means of accessing other services.</p> <p>LM ended her feedback stated that urgent care is improving in the sense of ambulance handover delays, we are achieving our Cat 2 targets and we are on track to achieve our 78- and 194-week target for the 31st of March 2023.</p> <p>ACTION 79: LM to link in with BNSSG System Quality Group regarding harm caused by backlog/waiting times data.</p>	
5	<p>CNO/CMO Update</p> <ul style="list-style-type: none"> • Quality Report (highlights and exceptions) • Updates from SQG & HCPE • Minutes from SQG & HCPE for information <p>RS highlighted three updates which are within the new and emerging risk category. RS explained on 1st to 3rd March we have another Royal College of Nursing industrial action, but the difference is that this strike will be continuous for 48 hours and on this occasion ALL organisations will be affected. So, for BNSSG this will mean AWP, UHBW, NBT. Sirona were not involved in the first ballot so they will be working as normal as well as the nursing team at BNSSG ICB. RS also explained that the other fundamental difference to the strike is there will be no derogations. Derogations is the process by which the employer and the Royal College of Nursing agree a minimum staffing level to staff areas. However, on this occasion the RCN is saying there will be no derogations, so there will be no agreement of a safe staffing level in the organization in any clinical area, A&E, ITU. RCN position is that the employer is responsible for</p>	

	Item	Action
6.1	<p>providing safe staffing and the employer will have to use their business continuity plans to apply that safe staffing.</p> <p>ED asked if there is any ask of the board, do you have everything able to do this planning and is there any further support that you are not currently getting?</p> <p>RS explained we will need to minimize people coming into hospitals on those days because we cannot at this point predict what we're going to be able to cover. Organisations are working through plans and RS will contact ED further if needed.</p> <p>SB asked about the level of engagement from staff and willingness for them to walk out, do we get a sense of that being less? Many RCN members feel increasingly anxious and concerned about putting patients at risk, and it's that delicate balance, are BNNSG ICB doing anything as a system to try and gauge? Although I don't know how you do about the level when you think that tip will come and people, the nurses will choose not to walk out.</p> <p>RS stated where the RCN membership grew after the first strike anecdotal feedback is that this may now be dropping and people are considering leaving. There is also feedback that some staff just cannot afford to go out and strike repeatedly.</p> <p>RS also wanted to highlight that Adrian Childs, Chief Nursing Office at AWP will join us later for agenda item 6.1 AWP inspection section 29A notice but wanted to update that AWP had an unannounced visit last month from CQC and within that visit there were a number of things that CQC are concerned about. RS explained that AWP cover BNSSG, BSW areas.</p> <p>Our statutory duty as the Integrated Care Board, is in ensuring safe and sustainable care across our patient pathways and across our population. We will need to oversee the recovery action plan which AWP will have in place and this will be undertaken in line with the National Quality Board guidance. This will be done through a Quality Improvement Group, which will include Shane Devlin to maintain senior oversight. RS will report back to this committee and RS, MR will be meeting with AWP on Friday 17/2.</p> <p>RS explained that the third item to update the committee is of a Never Event which takes the total to 9 this year. Both trusts are doing a lot of work on this particularly at NBT. So, we will have a feature piece on that in System Quality Group and RS suggested quality improvement piece of work is brought to this committee for assurance.</p>	
	AWP inspection section 29A notice.	

	Item	Action
	<p>RS explained to the group that this item was discussed at BNSSG System Quality Group this morning and following that we have created a quality improvement group following this.</p> <p>AC explained to the group that AWP had three unannounced visits by the CQC, they visited three rehabilitation wards, two psychiatric intensive care wards and five adult acute admission wards. They did a follow up unannounced visit a week later which was unfortunate on a day of industrial action. The following week AWP met with the CQC and were advised that they were going to issue a section 29A warning notice. AC explained that the areas CQC identified as needing immediate action were risk assessment and risk management planning in acute adult wards. CQC also had queries around observation and therapeutic engagement and use of leave from the adult wards. Observation levels were increased for individuals that are at risk, AC advised that levels of observation range up to one to one which can either be for the safety of the patient and/or the safety of others. The other area that CQC were concerned about whether AWP had learned lessons from serious incidents and complaints and how the learning is spread across the organization.</p> <p>AC explained that AWP action plan is included within the meetings papers for this meeting and indicates what action was taken. The Trust had five working days between receiving the notice and making some changes across the organization, which was difficult, but The Trust have reviewed all the risk assessments and the risk management plans of our acute adult inpatient wards across the organization. These have been reviewed at a local level, divisional level by more senior clinical staff and then an independent audit was undertaken which identified that the standards had been met during that that period.</p> <p>AC explained the Trust have introduced a competency assessment for people on undertaking observation and therapeutic engagement and during that week period, they assessed everybody who was working on an acute adult ward. The Trust has also revised their leave policy, it will be an interim leave policy because they are considering that in a wider view but also needed to do something immediately. They also have matrons and clinical leads that are checking that on a regular basis. In terms of observation and therapeutic engagement, twice daily visits are now in place by our matron staff so that they can check and observe what's going on in the units.</p> <p>AC stated the other area that they identified is going to be significantly more of a challenge, which is anti-ligature locks/doors and the environment within which the Trust provides care. This is limited by the current care environment and configuration of services over which the Trust has limited choice and so there is currently some lack of alignment between the Trust and CQC view on this. AWP</p>	

	Item	Action
6.2	<p>have until the beginning of June to identify and address those and if anti ligature doors are needed they have to be ordered and by the time they're delivered and fitted it is going to be 12 months, so there's a lot of work to be done. AWP board is making decisions regarding their capital expenditure, recognizing that the Trust must do something to improve the safety of the care environment.</p> <p>ED asked AC how the Trust is ensuring that agency nurses that are coming in that are unfamiliar with the current situation know how to manage the current risk given the time it will take to make improvements?</p> <p>AC replied regarding environmental issue the Trust uses called the Dorset Audit Tool, which is specifically for mental health units for assessment. Each inpatient unit has a Dorset Tool assessment and the Trust has a plan in place to review the current risk assessments to ensure mitigations are in place. Each unit has the risk register displayed on a wall so that all staff working in the unit can see what mitigations they need to put in place such as keeping an individual bathroom locked and out of use or which clinical interventions they should use to mitigate the risk.</p> <p>AC explained that agency staff have an induction which includes an agency induction list so that they clearly understand what is going on. Also, some agency staff are long line staff meaning that they have worked for AWP for a long period, the Trust are also getting them to undertake a competency assessment in observation and therapeutic engagement and treating them in a similar way to permanent staff.</p> <p>RS and AC both recognised that some of the environmental issues have been around for a long time and whilst some will sit within AWP's responsibility, but some may require system capital funding and will then be subject to capital prioritisation due to the limited amount of capital funding available to the system.</p> <p>ED thanked AC for attending the meeting and giving committee members a detailed account of events.</p> <p>Operational Plan – Update</p> <p>ED explained to group members that from 1st April we will have our operation plan which is a key document that we use for the next year to make sure the organisation is performing. LM explained that we are currently in the process of working through our operational plan and effectively it is the overarching document for what we are going to achieve in 2023/24. The areas include urgent care, mental health and learning disabilities but there are thirty-five metrics. BNSSG ICB ran a planning day recently where we went through area by area in terms of trajectories against national targets. Teams are currently working through</p>	

	Item	Action
	<p>and testing in terms of how we hit those trajectories and how we move it forward. There are several interdependencies that play into this which are making sure we have confidence in our flow program to make discharges that we're confident in terms of our workforce numbers and that we're not putting in place schemes that will just move workforce around the system and making sure that we've got alternatives across the system.</p> <p>LM explained the level of detail currently being worked through and one of the targets we need to achieve is virtual ward slots to 450 by September 2023 as currently we have 110 slots, but we only use 50. ED commented that the document was very helpful but asked LM when will we be in a position to get sign off from Chief Executive's, how are we going to measure our performance regarding maternity and finally once we have got agreement that this plan is achievable what are the milestones what we are aiming for at key points throughout the year so that we are holding each other to account?</p> <p>LM replied in terms of the operational plan, it will be signed off by all system Chief Executive's at the system Chief Executive group, then will come to ICB Board for sign off. Maternity performance we need to get the data flow coming through in terms of the workforce data and regarding milestones this committee will receive a monthly update on where we are against the indicators recognizing some of the indicators we almost have hourly, others will be a longer time scale in terms of getting the data, the final submission will be 23rd March and that would be submitted to ICB Board in April for final sign off.</p> <p>RS and LT explained that from April a monthly dashboard for maternity will be produced which will include more comprehensive data, outcomes and the patient safety metrics.</p> <p>SW stated from a Director of Public Health point of view its right that we get quality care at the right time for the people who need it. But as it stands, it's quite difficult to understand what that means in terms of population health, we could achieve all these targets and increased demand for services which might not necessarily be the right things to do. How do we reflect these in addition to the objectives, we've got the work going on and to develop those priorities within the strategy group. We were looking at children's data earlier, but we can't see mortality which I know that excess mortality is going up in children as well as adults. SW explained that NHS England is looking at this now, the numbers are small, but we've got to think about all of this in the context of what's happening in our population and for individuals within our population.</p> <p>ED thanked the group for an excellent discussion, and it shows how important it is regarding what we are trying to achieve for our population.</p>	

	Item	Action
6.3	<p>ACTION 80: DES to feedback patient feedback from Insights team for MR to review with Customer Services team within BNSSG ICB</p> <p>Performance Report – Update</p> <p>DES shared slides with the group which included updates regarding the performance report and what has happened so far. DES explained we do have some benchmarks against plans, targets and we have a complete comprehensive aggregation of data inputted within tables and a list of actions that go into the pack. But we need to make sure we improve understanding and meaning that can be derived from the data.</p> <p>DES explained it is important that we can connect with the data and understand some of the impacts, the improvements, the opportunities, what should we be worried about? What needs immediate action? Are we doing enough and creating greater opportunities to do some benchmarking across ICS's so we can see if this is a problem for BNSSG or is this something that is happening everywhere. We also need to start to think about improvement trajectories that help us start to connect our planning and investment decisions with the data highlights.</p> <p>DES stated that we have signed up to NHS benchmarking as they have a new program which in three-four weeks we will get all the benchmarks of all the ICB's that have joined and that data. DES explained that we have commissioned an organisation called Soak who are a specific data visualization outfit and we have asked them to develop areas that will work in Power BI which is the system that we use. DES asked the data that is produced, does this group want it produced around the ICB four improvement groups, as it would give us a better sense of what we are trying to tell in terms of the performance data and what we need to focus on.</p> <p>RS replied yes because what we've agreed is that each group will need to own their performance data but also financial performance and quality and outcomes. JM supported this but added that the system needs a safety mechanism to flag the greater risk across the system. SW stated that her understanding of the improvement groups is that they are system groups and therefore are to be interested in performance metrics beyond the NHS, so wider metrics need to be included such as from local authorities. SW also advised that in addition to quality outcome measures core outcome data should be included so we can see what impact the metrics are having on population health.</p> <p>SB stated it would be good to look at the provider dashboards and get some uniformity and Strategic Process Control (SPC). SPC has totally changed the way UHBW looks at performance reports and you can quickly look at areas where you</p>	

	Item	Action
	<p>should be worried. JF stated whatever platform we adopt or approach we take we should try and embed that in all our five committees and look at a similar process.</p> <p>ED agreed with JF and would like to see workforce data as it is a fundamental part. ED also explained that JF meets the Non-Executive Directors every month, in the week of the ICB Board and asked DES to attend part of that meeting to update regarding performance data. ED asked DES if there was an implementation date, DES replied we are starting the roll out process and mapping the data so will be in over the next month but will be an ongoing process.</p> <p>ACTION 81: DES to attend JF and Non-Executive Directors monthly meeting to update regarding performance data.</p>	
7	<p>Committee Action Log</p> <p>Action log updated as attached.</p>	
8	<p>Items for information</p> <p>8.1 Quality & performance Report 8.2 Customer Services Quarter 3 Report</p> <p>Items noted for information.</p> <p>MR updated the group of the key themes from the customer services report which were patient access to Primary care (GP appointments), waiting times to access mental health and Continues Health Care funding decisions. Also, the Customer Services team are now linking in with our Quality team in terms of working on a system learning forum. But the key area we're seeing is communication in all its different areas across the system being compromised and we think this is because of the increase in system pressures.</p> <p>ACTION 82: Themes from Healthwatch to be included as standing agenda item at future QPO Committee meetings going forward.</p>	
09	<p>AOB</p> <p>Review Terms of Reference</p> <p>Committee approve Terms of Reference</p>	
	<p>Date of next meeting:</p> <p>Thursday 30th March, 1400-1630</p>	

Jodie Stephens
Executive PA
February 2023

