NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Performance Report

January 2024

Created by

BI Performance Team

Contents

1 Executive Summary

- Overall, BNSSG Trusts' 4hr A&E performance improved from 63.4% in November to 64.1% in December but is better than the national average for Type 1 EDs of 54.7%. This is below the 76% target to be achieved by March 2024 and worse than the monthly operational plan target.
- For planned admissions, the total waiting list size for the BNSSG population reduced from 98,509 in October to 93,891 in November. BNSSG performance of 61.3% was ranked 12th out of 42 ICBs nationally (up from 13th in October) and ranked 4th out of 7 ICBs in the Southwest (same as October).
- The number of BNSSG patients waiting 52 weeks or more for planned treatment decreased from 5,107 in October to 4,166 in November – 4.24% of the total waiting list. The BNSSG position is driven mainly by waits at UHBW (2,494) and NBT (1,423), with the remaining 249 breaches split across 53 other providers. At provider level, the number decreased at both UHBW and NBT. Focused work to facilitate elective recovery ambitions continues to be implemented.
- The number of BNSSG patients waiting over 65 weeks decreased from 1,593 in October to 1,124 in November. The BNSSG position is driven mainly by waits at UHBW (764), and NBT (308). The remaining 52 breaches are split across 26 other providers, with the majority at Nuffield Health (11). At provider level, the number decreased at both UHBW and NBT.
- The number of BNSSG patients waiting over 78 weeks decreased from 157 in October to 147 in November. The BNSSG position is driven mainly by waits at UHBW (113) and NBT (24). The remaining 10 breaches are split across 7 other providers. At provider level, the number decreased at both UHBW and NBT.
- The number of BNSSG patients waiting over 104 weeks increased from remained at 2 in November– 1 at NBT and 1 at Nuffield Health. At provider level, the number decreased from 2 to 1 at NBT and remained at zero at UHBW.
- 28 day faster diagnosis standard for BNSSG cancer patients improved in November to 67% for the BNSSG population. At provider level, performance improved at both NBT and UHBW. The 75% national standard has not been achieved at population level since reporting started in April 2021. The monthly operational plan targets have not been achieved at either provider or population level since April 2023.
- The new 31 day combined standard for BNSSG cancer patients worsened slightly in November to 92%. At provider level, performance improved at NBT but worsened slightly at UHBW. The 96% standard has not been achieved.
- The new 62 day combined standard for BNSSG cancer patients improved in November to 63%. At provider level, performance improved at both NBT and UHBW. The 85% national standard has not been achieved.

2.1 South West Performance Benchmarking 1

Measure	Standard	Performance/Activity								South West Ranking								Change
		Recent Period	BSW	Dorset	Glos	Cornwall	Somerset	BNSSG	Devon	National	BSW	Dorset	Glos	Cornwall	Somerset	BNSSG	Devon	Rank Last Month
Diagnostics (Waiting 6+ Weeks)	1%	Nov-23	38.49%	11.65%	13.81%	29.61%	22.73%	14.64%	32.81%	23.32%	7	1	2	5	4	3	6	2
A&E 4 Hour Performance	76%	Dec-23	72.39%	65.97%	73.68%	74.27%	73.33%	70.28%	63.49%	69.44%	4	6	2	1	3	5	7	5
A&E 12 Hour Trolley Waits	0	Dec-23	73	295	905	615	93	645	839	44045	1	3	7	4	2	5	6	4
RTT Incomplete 18 Weeks	92%	Nov-23	59.06%	60.20%	66.66%	62.08%	62.26%	61.33%	56.40%	58.28%	2	3	7	5	6	4	1	4
RTT Incomplete Total		Nov-23	106249	97099	80561	61927	65134	93891	152132	7609941	90.8%	76.2%	56.0%	74.1%	80.6%	84.6%	79.9%	93.7%
RTT Incomplete 52 Week Plus	0	Nov-23	4364	5640	3101	3248	3044	4166	9260	355412	5	6	2	3	1	4	7	5
RTT Incomplete 65 Week Plus	0	Nov-23	1009	1662	717	1207	792	1124	3170	94563	3	6	1	5	2	4	7	5
RTT 52 weeks + (% of waiting list)		Nov-23	4.11%	5.81%	3.85%	5.24%	4.67%	4.44%	6.09%	4.67%	2	6	1	5	4	3	7	4
RTT 65 weeks + (% of waiting list)		Nov-23	0.95%	1.71%	0.89%	1.95%	1.22%	1.20%	2.08%	1.24%	2	5	1	6	4	3	7	4
RTT 78 weeks + (% of waiting list)		Nov-23	0.05%	0.10%	0.04%	0.46%	0.10%	0.16%	0.45%	0.15%	2	4	1	7	3	5	6	5
RTT 104 weeks+ (% of waiting list)		Nov-23	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4	2	6	3	1	5	7	5
Cancer 31 Day Wait First Treatment	96%	Nov-23	90.95%	95.34%	93.53%	94.94%	89.91%	92.34%	91.72%	90.12%	6	1	3	2	7	4	5	3
Cancer 31 Day Wait - Surgery	94%	Nov-23	84.48%	88.10%	82.54%	81.61%	69.70%	81.74%	74.89%	77.87%	2	1	3	5	7	4	6	3
Cancer 31 Day Wait - Drug	98%	Nov-23	99.19%	99.34%	99.44%	100.00%	98.95%	98.74%	99.71%	98.24%	5	4	3	1	6	7	2	7
Cancer 31 Day Wait - Radiotherapy	94%	Nov-23	96.18%	98.00%	98.84%	99.35%	95.05%	98.89%	97.15%	88.10%	6	4	3	1	7	2	5	2
Cancer 62 Wait Consultant	N/A	Nov-23	88.12%	77.70%	78.57%	86.54%	79.28%	80.83%	75.38%	78.12%	1	6	5	2	4	3	7	5
Cancer 62 Wait Screening	90%	Nov-23	70.83%	64.86%	88.89%	60.00%	86.21%	40.63%	55.56%	64.67%	3	4	1	5	2	7	6	5
Cancer 62 Day Wait - GP Referral	85%	Nov-23	68.08%	66.80%	66.54%	75.24%	66.67%	63.45%	66.67%	65.19%	2	3	6	1	4	7	4	6
Cancer 28 FDS	75%	Nov-23	63.52%	67.23%	73.10%	77.68%	74.21%	67.32%	75.02%	71.90%	7	6	4	1	3	5	2	7

2.1 South West Performance Benchmarking 2

Measure	Standard	Performance/Activity								South West Ranking								Change
		Recent Period	BSW	Dorset	Glos	Cornwall	Somerset	BNSSG	Devon	SWASFT	BSW	Dorset	Glos	Cornwall	Somerset	BNSSG	Devon	Rank Last Month
Category 1 - 90th Percentile Duration (hr:min:sec)	00:15:00	Dec-23	00:18:00	00:15:30	00:19:12	00:24:48	00:21:18	00:14:30	00:18:48	00:18:42	3	2	5	7	6	1	4	1
Category 1 - Average Duration (hr:min:sec)	00:07:00	Dec-23	00:09:48	00:08:42	00:10:36	00:13:12	00:11:18	00:08:24	00:10:06	00:10:06	3	2	5	7	6	1	4	1
Category 2 - 90th Percentile Duration (hr:min:sec)	00:40:00	Dec-23	01:48:24	01:13:36	02:02:00	03:37:24	01:54:00	01:24:00	01:56:42	01:50:06	3	1	6	7	4	2	5	2
Category 2 - Average Duration (hr:min:sec)	00:30:00	Dec-23	00:49:24	00:35:06	00:56:36	01:28:42	00:53:36	00:38:18	00:54:06	00:51:24	3	1	6	7	4	2	5	2
Category 3 - 90th Percentile Duration (hr:min:sec)	02:00:00	Dec-23	05:56:24	03:54:42	07:38:48	06:20:54	06:20:36	05:22:48	05:19:54	05:28:42	4	1	7	6	5	3	2	2
Category 3 - Average Duration (hr:min:sec)		Dec-23	02:13:06	01:35:00	02:42:24	02:17:36	02:23:54	01:56:18	02:13:42	02:06:54	3	1	7	5	6	2	4	2
Category 4 - 90th Percentile Duration (hr:min:sec)	03:00:00	Dec-23	07:46:06	03:03:48	05:15:30	03:01:00	05:55:00	04:16:06	07:14:24	04:54:06	7	2	4	1	5	3	6	5
Category 4 - Average Duration (hr:min:sec)		Dec-23	02:18:42	01:31:48	02:22:12	01:25:06	01:53:24	01:41:06	02:24:30	01:57:12	5	2	6	1	4	3	7	6

Measure	Standard	Performance/Activity								South West Ranking								Change
		Recent Period	BSW	Dorset	Glos	Cornwall	Somerset	BNSSG	Devon	National	BSW	Dorset	Glos	Cornwall	Somerset	BNSSG	Devon	Rank Last Month
Average speed to answer calls (in seconds)	20	Nov-23	156	16	190	144	154	132	197	127	5	1	6	3	4	2	7	2
% Triaged Calls receiving Clinical Contact	50%	Nov-23	53.9%	40.2%	47.8%	73.3%	70.3%	50.6%	57.0%	41.2%	4	7	6	1	2	5	3	5
% of callers allocated the first service offered by DOS	80%	Nov-23	42.7%	68.9%	75.9%	89.5%	84.3%	82.0%	76.8%	68.6%	7	6	5	1	2	3	4	3
% of Cat 3 or 4 ambulance dispositions that receive remote clinical intervention	75%	Nov-23	98.7%	88.9%	78.0%	93.6%	85.3%	85.0%	89.7%	78.7%	1	4	7	2	5	6	3	6
% calls initially given an ETC disposition that receive remote clinical intervention	50%	Nov-23	63.0%	80.6%	83.3%	90.7%	77.3%	85.1%	83.9%	42.9%	7	5	4	1	6	2	3	2
Abandonement Rate for 111 Calls	3%	Nov-23	7.1%	1.7%	7.4%	12.3%	12.8%	6.0%	7.6%	7.3%	3	1	4	6	7	2	5	3

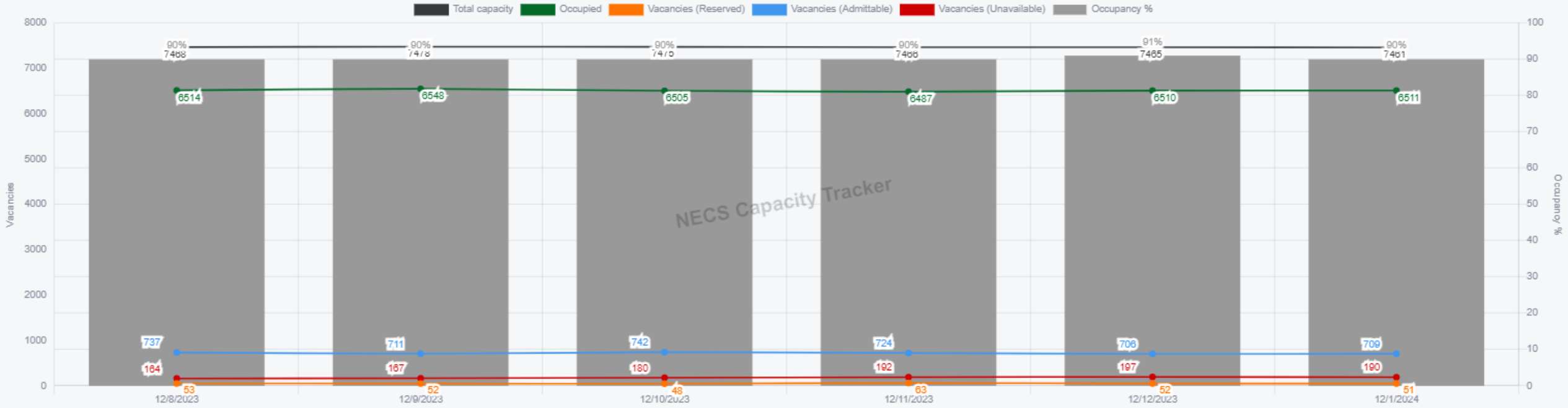
2.2 Urgent Care – Summary Performance – December

Theme	Urgent and Emergency Care metrics	Reporting level	Period	Standard	Latest	Previous	Variance	Change	19/20	Variance	Change	Better is…
Pre-hospital	Mean 999 call answering time (seconds)	SWASFT	Dec-23	5	5	3	2	▲	9	-4	▼	▼
	Category 2 Response time - Mean (minutes)	BNSSG ICB	Dec-23	30	38	31	7	▲	30	8	▲	▼
	Category 2 Response time – 90th centile (minutes)	BNSSG ICB	Dec-23	40	84	65	19	▲	64	20	▲	▼
	Percentage of conveyances to ED by 999 ambulances	BNSSG ICB	Dec-23	N/A	41.3%	46.1%	-4.8%	▼	50.0%	-8.7%	▼	▼
	Percentage of NHS 111 calls assessed by a clinicial or clinical advisor	BNSSG ICB	Dec-23	50%	51.4%	50.6%	0.8%	▲	69.9%	-18.5%	▼	▲
	Percentage of NHS 111 Calls Abandoned	BNSSG ICB	Dec-23	3%	8.5%	12.0%	-3.6%	▼	3.6%	4.9%	▲	▼
A&E	Percentage of Ambulance Handovers within 15 minutes	BNSSG Trusts	Dec-23	65%	26.9%	24.8%	2.1%	▲	61.4%	-34.5%	▼	▲
	Ambulance Handovers - Average Time Lost per day >15 mins (Hours)	BNSSG Trusts	Dec-23	N/A	132	103	29	▲	18	114	▲	▼
	Time to Initial Assessment – percentage of patients assessed within 15 minutes of arival at A&E	NBT	Dec-23	N/A	77.6%	79.1%	-1.5%	▼	66.8%	10.8%	▲	▲
		BRI	Dec-23	N/A	59.7%	60.0%	-0.3%	▼	57.7%	2.0%	▲	▲
		Weston	Dec-23	N/A	43.7%	44.1%	-0.4%	▼	8.1%	35.5%	▲	▲
	Average (mean) time in Department – non-admitted patients (hh:mm)	NBT	Dec-23	N/A	3:47	3:56	-0:09	▼	3:03	0:44	▲	▼
		BRI	Dec-23	N/A	4:43	4:45	-0:02	▼	3:35	1:08	▲	▼
		Weston	Dec-23	N/A	3:36	3:20	0:15	▲	3:27	0:09	▲	▼
Hospital	Hospital Average (mean) time in Department – admitted patients (hh:mm)	NBT	Dec-23	N/A	9:13	9:01	0:11	▲	7:11	2:02	▲	▼
		BRI	Dec-23	N/A	7:10	7:13	-0:03	▼	6:00	1:10	▲	▼
		Weston	Dec-23	N/A	7:57	7:40	0:17	▲	7:31	0:26	▲	▼
Whole System	Percentage of patients spending more than 12 hours from Arrival in A&E	NBT	Dec-23	2%	7.7%	7.2%	0.5%	▲	0.0%	7.7%	▲	▼
		BRI	Dec-23	2%	6.3%	6.3%	0.0%	▼	3.4%	3.0%	▲	▼
		Weston	Dec-23	2%	8.6%	5.0%	3.6%	▲	7.4%	1.2%	▲	▼
	Number of patients spending more than 12 hours in A&E from a Decision To Admit	BNSSG Trusts	Dec-23	0	645	574	71	▲	134	511	▲	▼
		NBT	Dec-23	0	269	213	56	▲	2	267	▲	▼
		UHBW	Dec-23	0	376	361	15	▲	132	244	▲	▼
	Percentage of patients waiting 4 hours or less in A&E	BNSSG Trusts	Dec-23	76%	64.1%	63.4%	0.7%	▲	74.7%	-10.5%	▼	▲
		NBT	Dec-23	76%	67.2%	63.4%	3.8%	▲	74.6%	-7.5%	▼	▲
		UHBW	Dec-23	76%	62.6%	63.4%	-0.9%	▼	74.7%	-12.1%	▼	▲

- Variance between latest month and previous month or latest month and same period in 19/20.
- Change: Is the latest month better (Green Icon) or worse (Red icon) when compared to the previous month or same period in 19/20.
- RAG colours are based on comparison to national standards: GREEN = Achieved, RED = not achieved.

Data source: NECS Capacity Tracker

2.2 Urgent Care – Care Homes Occupancy Report



Sub ICB	Maximum Capacity	Vacancies (Total)	Vacancies (Admittable)	Vacancies (Unavailable)	Vacancies (Reserved)	Occupied	Admittable %	Unavailable %	Reserved %	Occupied %
NHS Bristol, North Somerset and South Gloucestershire ICB - 15C (270 / 267 / 267)	7461	950	709	190	51	6511	10%	3%	1%	87%
General Nursing	1852	265	212	36	17	1587	11%	2%	1%	86%
Dementia Residential	1601	237	173	53	11	1364	11%	3%	1%	85%
General Residential	1682	236	162	66	8	1446	10%	4%	0%	86%
Dementia Nursing	1190	127	91	28	8	1063	8%	2%	1%	89%
Learning Disability Residential	568	49	38	6	5	519	7%	1%	1%	91%
Mental Health Residential	269	19	16	1	2	250	6%	0%	1%	93%
Community Care	48	6	6	0	0	42	13%			88%
Mental Health Nursing	155	4	4	0	0	151	3%			97%
Learning Disability Nursing	74	4	4	0	0	70	5%			95%
YPD - Young Physically Disabled	21	2	2	0	0	19	10%			90%
Transitional	1	1	1	0	0	0	100%			

2.3 Planned Care – Summary Performance – November

BNSSG Population Level

RTT 18 week Incomplete	Nov-23	Oct-23	Variance	Change	Nov-19	Variance	Change
Total Waiting List	93,891	98,509	-4,618	▼	56,065	37,826	▲
No. >18 weeks	36,310	38,526	-2,216	▼	7,947	28,363	▲
No. >52 weeks	4,166	5,107	-941	▼	21	4,145	▲
No. >65 weeks	1,124	1,593	-469	▼	N/A	N/A	N/A
No. >78 weeks	147	157	-10	▼	N/A	N/A	N/A
No. >104 weeks	2	2	0	◀▶	N/A	N/A	N/A
52ww as % of WL	4.4%	5.2%	-0.7%	▼	0.0%	4.4%	▲
% Performance	61.33%	60.89%	0.4%	▲	72.25%	-10.9%	▼

Diagnostics	Nov-23	Oct-23	Variance	Change	Nov-19	Variance	Change
Total Waiting List	25,011	25,419	-408	▼	21,148	3,863	▲
No. >6 weeks	3,662	4,580	-918	▼	1,227	2,435	▲
No. >13 weeks	811	929	-118	▼	96	715	▲
% Performance	14.64%	18.02%	-3.4%	▼	5.80%	8.8%	▲

Cancer	Nov-23	Oct-23	Variance	Change	Nov-19	Variance	Change
28 day FDS (All Routes)	67.32%	57.29%	10.0%	▲	N/A	N/A	N/A
31 day combined (new)	92.34%	93.41%	-1.1%	▼	N/A	N/A	N/A
62 day combined (new)	63.45%	61.50%	2.0%	▲	N/A	N/A	N/A

NBT Total Provider

Nov-23	Oct-23	Variance	Change	Nov-19	Variance	Change
47,698	48,595	-897	▼	28,351	19,347	▲
18,156	18,698	-542	▼	4,939	13,217	▲
1,858	2,124	-266	▼	14	1,844	▲
420	545	-125	▼	N/A	N/A	N/A
49	55	-6	▼	N/A	N/A	N/A
1	2	-1	▼	N/A	N/A	N/A
3.9%	4.4%	-0.5%	▼	0.0%	3.8%	▲
61.94%	61.52%	0.4%	▲	74.35%	-12.4%	▼

Nov-23	Oct-23	Variance	Change	Nov-19	Variance	Change
11,809	11,939	-130	▼	11,304	505	▲
1,159	1,361	-202	▼	1,007	152	▲
14	17	-3	▼	64	-50	▼
9.81%	11.40%	-1.6%	▼	8.91%	0.9%	▲

Nov-23	Oct-23	Variance	Change	Nov-19	Variance	Change
71.42%	59.46%	12.0%	▲	N/A	N/A	N/A
86.27%	84.92%	1.3%	▲	N/A	N/A	N/A
61.59%	60.07%	1.5%	▲	N/A	N/A	N/A

UHBW Total Provider

Nov-23	Oct-23	Variance	Change	Nov-19	Variance	Change
61,278	65,199	-3,921	▼	41,229	20,049	▲
27,543	29,331	-1,788	▼	6,966	20,577	▲
4,101	5,075	-974	▼	11	4,090	▲
1,304	1,806	-502	▼	N/A	N/A	N/A
223	242	-19	▼	N/A	N/A	N/A
0	0	0	◀▶	N/A	N/A	N/A
6.7%	7.8%	-1.1%	▼	0.0%	6.7%	▲
55.05%	55.01%	0.0%	▲	65.55%	-10.5%	▼

Nov-23	Oct-23	Variance	Change	Nov-19	Variance	Change
13,755	13,977	-222	▼	10,222	3,533	▲
2,726	3,431	-705	▼	326	2,400	▲
896	1,002	-106	▼	49	847	▲
19.82%	24.55%	-4.7%	▼	3.19%	16.6%	▲

Nov-23	Oct-23	Variance	Change	Nov-19	Variance	Change
59.08%	52.02%	7.1%	▲	N/A	N/A	N/A
92.98%	93.77%	-0.8%	▼	N/A	N/A	N/A
66.51%	61.79%	4.7%	▲	N/A	N/A	N/A

Key to Tables

- Latest month = **November** Previous month = **October** 19/20 = **November 2019** (pre-covid comparison)
- Variance: between latest month and previous month or latest month and same period in 19/20
- Change: Is the latest month better (Green Icon) or worse (Red icon) when compared to the previous month or the same period in 19/20.
- RAG colours are based on comparison to national standards: GREEN = Achieved, RED = not achieved

Please note: The 31 day combined (new) and 62 day combined (new) measures in the cancer table above, represent the new cancer standards that were introduced from 1st October 2023. These combine the additional 31 day and 62 day measures into overall measures for 31 day and 62 day.

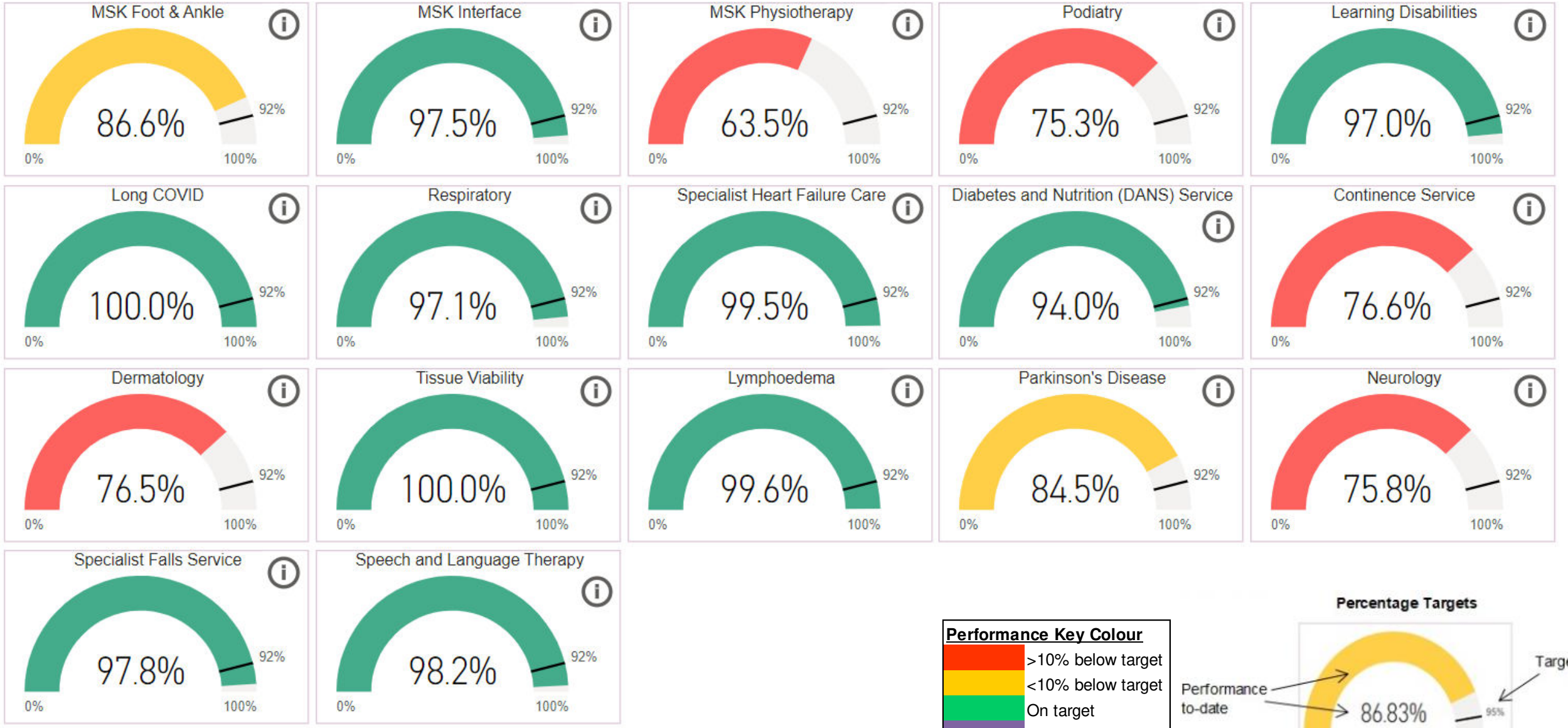
2.4 Mental Health – Summary Performance

Mental Health, Learning Disabilities & Autism	Period	Standard	Latest	Previous	Variance	Change	19/20	Variance	Change
Dementia Diagnosis Rate	Nov-23	66.7%	68.6%	68.5%	0.1%	▲	68.8%	-0.2%	▼
EIP - 2ww Referral	Nov-23	60%	60.0%	80.0%	-20.0%	▼	77.0%	-17.0%	▼
IAPT Roll out (rolling 3 months)	Nov-23	6.25%	4.32%	4.08%	0.24%	▲	4.8%	-0.5%	▼
IAPT Recovery Rate	Nov-23	50%	52.0%	55.8%	-3.8%	▼	36.4%	15.6%	▲
IAPT Waiting Times - 6 weeks	Nov-23	75%	98.0%	98.6%	-0.6%	▼	78.1%	20.0%	▲
IAPT Waiting Times - 18 weeks	Nov-23	95%	99.3%	99.3%	0.0%	◀▶	99.2%	0.1%	▲
CYPMH Access Rate - 2 contacts (12m Rolling)	Nov-23	34%	35.5%	34.9%	0.6%	▲	19.4%	16.1%	▲
CYP with Eating Disorders - routine cases within 4 weeks	Nov-23	95.0%	93.1%	91.7%	1.4%	▲	86.4%	6.7%	▲
CYP with Eating Disorders - urgent cases within 1 week	Nov-23	95.0%	100.0%	100.0%	0.0%	◀▶	63.6%	36.4%	▲
SMI Annual Health Checks (12 month rolling)	Q3 23-24	60.0%	56.1%	53.4%	2.7%	▲	20.4%	35.7%	▲
Total Innapropriate Out of Area Placements (Bed Days)	Oct-23	0	30	30	0	◀▶	541	-511	▼
Percentage of Women Accessing Perinatal MH Services	Nov-23	8.6%	8.0%	7.8%	0.1%	▲	N/A	N/A	N/A
Reliance on inpatient care for people with a LD and/or autism - Adults in CCG beds	Dec-23	6	12	10	2	▲	N/A	N/A	N/A
Reliance on inpatient care for people with a LD and/or autism - Adults in NHSE beds	Dec-23	12	19	19	0	◀▶	N/A	N/A	N/A
LD Annual Health Checks delivered by GPs aged 14+ (Year to date)	Nov-23	1768	1955	1553	N/A	N/A	N/A	N/A	N/A
AWP Delayed Transfers of Care	Dec-23	3.5%	22.4%	22.6%	-0.2%	▼	6.4%	16.0%	▲
AWP Early Intervention	Dec-23	60%	46.6%	57.8%	-11.2%	▼	57.1%	-10.5%	▼
AWP 4 week wait referral to assessment	Dec-23	95%	97.04%	95.84%	1.2%	▲	97.40%	-0.4%	▼

Key to Table

- Latest = **Latest month / quarter** Previous = **Previous month / quarter** 19/20 = **same month or period in 19/20** (pre-covid comparison), where available
- Standard = National Standard or Operational Plan, where available
- Variance: between latest period and previous period or latest period and same period in 19/20
- Change: Is the latest period better (Green Icon) or worse (Red icon) when compared to the previous period or same period in 19/20
- RAG colours are based on comparison to standards: GREEN = Achieved, RED = not achieved

2.5 Sirona – Adults Community Services – % in 18 weeks – 2023/24 YTD

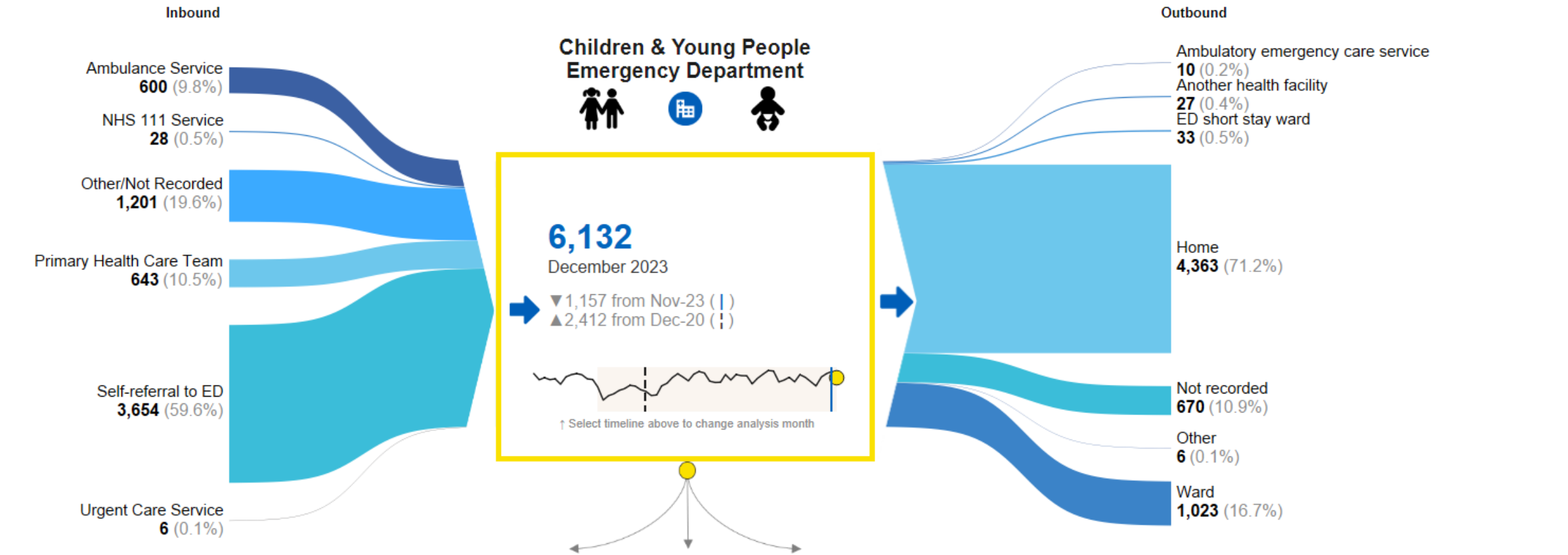


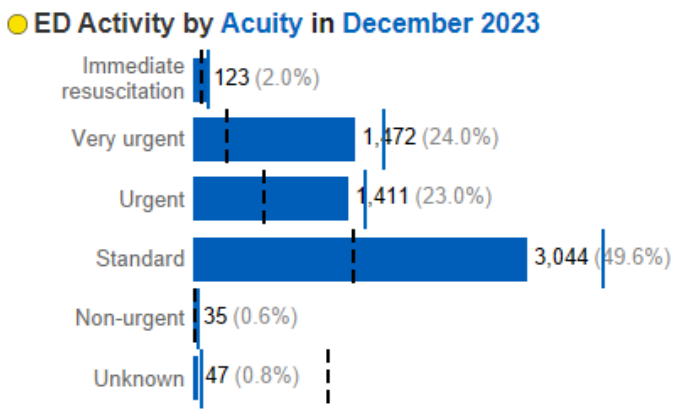
Please note: Data as at 12th January. This is provisional until the 15th Working day of January.

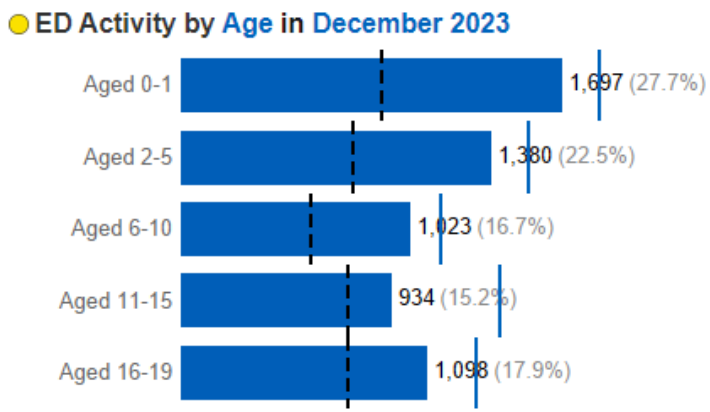
Performance Key Colour
>10% below target
<10% below target
On target
>10% above target

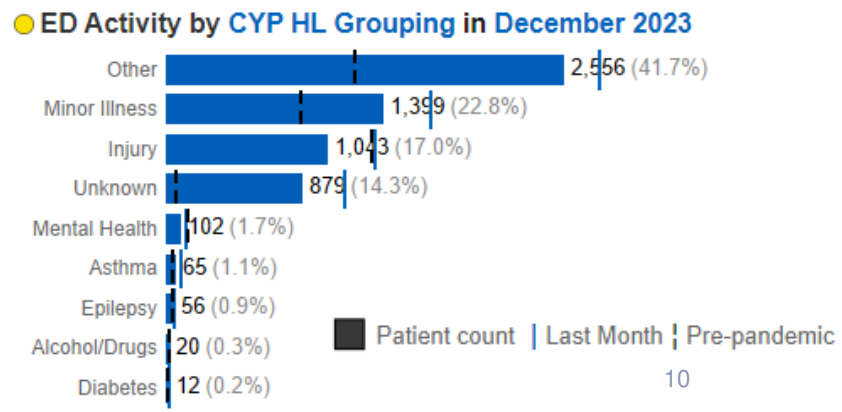
Data source: Sirona Adults Contractual Reporting Dashboard 2023/24 – Percentage of patients seen within 18 weeks compared to 95% Target

2.6 Children – CYP ED Overview BNSSG Trusts - December









Data source: NHSEI Children and Young People Emergency Department Dashboard (Ages 0-19)

3.1 BNSSG ICB Scorecard

Theme	Indicator	Standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Urgent Care	A&E 4hr Waits - BNSSG Footprint	76%	65.00%	63.10%	73.80%	74.50%	76.46%	79.52%	74.93%	78.19%	79.26%	76.77%	71.92%	69.80%	69.34%	70.28%
	A&E 4hr Waits - BNSSG Trusts	76%	56.72%	54.12%	66.27%	67.75%	70.70%	73.92%	68.58%	73.13%	73.97%	71.35%	66.20%	63.33%	63.40%	64.14%
	>12hr DTA breaches in A&E - BNSSG Trusts	0	1296	2003	1318	436	680	326	474	224	46	129	216	499	574	645
Planned Care	RTT Incomplete - 18 Weeks Waits	92%	64.72%	62.55%	64.12%	64.26%	63.84%	59.45%	63.57%	58.79%	57.51%	56.83%	58.55%	60.89%	61.33%	
	RTT Incomplete - Total Waiting List Size		80,290	85,246	86,001	83,947	85,444	99,101	86,594	101,073	105,700	105,700	99,101	98,509	93,891	
	RTT Incomplete - 52 Week Waits		4761	5345	4961	4182	4124	6,022	4,297	6245	7701	7965	5733	5107	4166	
	RTT Incomplete - % of WL > 52 Weeks		5.93%	6.27%	5.77%	4.98%	4.83%	6.08%	4.96%	6.18%	7.29%	7.54%	5.79%	5.18%	4.44%	
	Diagnostic - 6 Week Waits	1%	34.05%	35.13%	32.18%	24.95%	20.97%	23.12%	21.66%	20.71%	18.18%	19.09%	19.01%	18.02%	14.64%	
	Diagnostic - Total Waiting List Size		32,634	30,471	29,469	28,816	29,335	27,783	27,710	27,157	27,177	25,400	24,900	25,419	25,011	
	Diagnostic - Number waiting > 6 Weeks		11,111	10,705	9,484	7,190	6,152	6,424	6,003	5,623	4,942	4,848	4,734	4,580	3,662	
	Diagnostic - Number waiting > 13 Weeks		6,033	5,456	4,267	3,100	2,186	1,789	1,594	1,556	1,175	905	1,039	929	811	
Cancer	Cancer 28 day faster diagnosis standard (All Routes)	75%	52.52%	53.60%	61.31%	72.01%	74.50%	66.12%	63.05%	65.67%	64.67%	57.98%	53.04%	57.29%	67.32%	
	Cancer 31 Day Combined (new measure from Oct-23)	96%	92.56%	94.48%	86.43%	94.43%	94.63%	92.36%	90.01%	94.40%	95.24%	92.23%	91.12%	93.41%		
	Cancer 62 Day Combined (new measure from Oct-23)	85%	59.29%	58.05%	53.30%	61.89%	68.59%	63.79%	60.57%	65.04%	64.39%	62.95%	62.07%	61.50%		
Quality	Total Number of C.diff Cases	308	26	20	14	10	14	26	27	35	26	22	20	29	25	
	Total Number of MRSA Cases Reported	0	4	1	2	3	3	1	2	5	5	2	1	4	4	
	Total number of Never Events	0	2	2	1	0	0	0								
	Eliminating Mixed Sex Accommodation (BNSSG CCG)	0	1	3	3	0	5	10	10	11	22	32	12	9	9	
	Eliminating Mixed Sex Accommodation (BNSSG Trusts)	0	0	0	0	0	0	0	5	11	17	29	7	9	7	
Mental Health	Dementia Diagnosis Rate - People 65+	66.7%	67.19%	66.66%	66.60%	66.40%	66.40%	66.49%	66.86%	67.07%	67.11%	67.41%	67.98%	68.48%	68.65%	
	EIP - 2ww Referral	60%	75.00%	62.50%	N/A	N/A	N/A	50.00%	42.86%	57.14%	57.14%	50.00%	83.33%	80.00%	60.00%	
	IAPT Roll out (rolling 3 months)	6.25%	4.00%	3.92%	4.32%	4.20%	4.53%	4.05%	4.27%	4.32%	4.52%	4.23%	3.93%	4.08%	4.32%	
	IAPT Recovery Rate	50%	52.60%	55.15%	50.63%	52.73%	52.54%	50.00%	48.68%	51.57%	55.00%	56.21%	53.64%	55.80%	52.03%	
	IAPT Waiting Times - 6 weeks	75%	96.61%	97.16%	96.97%	97.09%	97.81%	97.95%	95.60%	95.73%	98.18%	98.30%	98.09%	98.61%	98.01%	
	IAPT Waiting Times - 18 weeks	95%	99.44%	99.29%	99.39%	100%	100%	100%	99%	99%	100%	100%	100%	99%	99%	
	CYPMH Access Rate 2+ contacts (rolling 12m)	34%	32.61%	32.32%	32.38%	32.29%	32.44%	32.47%	32.03%	32.20%	32.91%	33.32%	34.31%	34.90%	35.51%	
	CYP with ED - routine cases within 4 weeks (rolling 12m)	95%	95.95%		95.95%			92.0%	93.1%	92.8%	92.7%	91.9%	92.3%	91.7%	93.1%	
	CYP with ED - urgent cases within 1 week (rolling 12m)	95%	96.00%		96.00%			94.7%	95.0%	100%	100%	100%	100%	100%	100%	
	SMI Annual Health Checks (quarterly)	60%	50.94%		62.24%			56.94%			53.43%			56.09%		
	Out of Area Placements (Bed Days)		120	120	90	90	80	135	200	160	120	65	30	30		

3.2 Provider Scorecard – NBT

Theme	Indicator	Standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Urgent Care	A&E 4hr Waits - Trust	76%	57.87%	55.61%	71.94%	79.69%	78.35%	80.16%	70.74%	75.15%	71.49%	71.94%	64.33%	60.56%	63.37%	67.17%
	A&E 4hr Waits - Footprint	76%	65.67%	63.82%	77.64%	83.37%	82.07%	83.86%	76.06%	79.25%	76.62%	76.59%	69.82%	67.13%	68.91%	67.17%
	>12hr DTA breaches in A&E	0	433	786	312	9	135	2	39	10	12	17	23	223	213	269
Planned Care	RTT Incomplete - 18 Weeks Waits	1%	65.58%	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%	61.01%	60.97%	60.50%	60.53%	61.52%	61.94%	
	RTT Incomplete - Total Waiting List Size	Op Plan	47,418	46,523	46,266	46,327	47,287	47,861	47,731	49,889	50,119	50,168	48,969	48,595	47,698	
	RTT Incomplete - 52 Week Waits	Op Plan	2,980	2,984	2,742	2,556	2,576	2,684	2,798	2,831	2,689	2,599	2,306	2,124	1,858	
	RTT Incomplete - % of WL > 52 Weeks		6.28%	6.41%	5.93%	5.52%	5.45%	5.61%	5.86%	5.67%	5.37%	5.18%	4.71%	4.37%	3.90%	
	Diagnostic - 6 Week Waits	1%	38.62%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%	15.10%	14.18%	12.50%	11.40%	9.81%	
	Diagnostic - Total Waiting List Size		16,740	14,988	13,437	12,679	12,415	11,878	12,571	12,959	12,519	11,806	11,525	11,939	11,809	
	Diagnostic - Number waiting > 6 Weeks		6,465	5,779	4,328	2,847	1,990	2,072	2,198	2,415	1,890	1,674	1,441	1,361	1,159	
	Diagnostic - Number waiting > 13 Weeks		4,204	3,663	2,459	1,497	939	740	593	595	300	124	59	17	14	
Cancer	Cancer 28 day faster diagnosis standard (All Routes)	75%	55.74%	55.48%	62.66%	77.41%	78.17%	68.05%	62.72%	66.43%	65.14%	57.36%	54.96%	59.46%	71.42%	
	Cancer 31 Day Combined (new measure from Oct-23)	96%	80.10%	84.27%	74.04%	87.41%	88.86%	78.13%	77.47%	87.27%	86.93%	85.25%	79.03%	84.92%	86.27%	
	Cancer 62 Day Combined (new measure from Oct-23)	85%	59.43%	56.21%	51.28%	64.69%	68.66%	60.52%	56.76%	61.31%	61.54%	60.61%	57.96%	60.07%	61.59%	
Quality	Total Number of C.diff Cases (HOHA + COHA)		6	6	4	2	7	4	8	15	12	2	5	6	4	
	Total Number of MRSA Cases Reported	0	0	0	0	0	2	0	0	1	1	0	0	1	1	
	Total Number of E.Coli Cases		8	4	9	6	3	8	4	7	4	2	7	5	11	
	Number of Klebsiella cases		2	2	1	2	1	1	2	1	8	3	4	3	5	
	Number of Pseudomonas Aeruginosa cases		0	4	2	1	1	1	3	0	1	0	0	3	1	
	Eliminating Mixed Sex Accommodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of Never Events	0	2	1	1	0	0	0	0	0	0	0	1	1	0	
	VTE assessment on admission to hospital	95%	95.07%	94.97%	95.41%	95.28%	94.77%	95.39%	94.87%	94.77%	94.45%	94.03%	93.42%			

3.3 Provider Scorecard – UHBW

Theme	Indicator	Standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Urgent Care	A&E 4hr Waits - Trust	76%	56.17%	53.41%	63.45%	61.90%	66.88%	70.67%	67.48%	72.07%	75.34%	71.03%	67.20%	64.72%	63.42%	62.56%
	A&E 4hr Waits - Footprint	76%	64.68%	62.77%	71.95%	70.29%	73.74%	77.37%	74.38%	77.67%	80.63%	76.85%	72.99%	71.10%	69.55%	62.56%
	>12hr DTA breaches in A&E	0	863	1217	1006	427	545	324	435	214	34	112	193	276	361	376
Planned Care	RTT Incomplete - 18 Weeks Waits	1%	55.19%	54.36%	55.62%	54.25%	53.45%	52.66%	54.00%	52.41%	52.68%	51.51%	51.65%	55.01%	55.05%	
	RTT Incomplete - Total Waiting List Size	Op Plan	63,041	64,359	64,847	64,929	66,379	66,543	67,447	67,180	67,451	66,558	65,056	65,199	61,278	
	RTT Incomplete - 52 Week Waits	Op Plan	5,888	6,011	5,498	5,371	5,383	5,472	5,523	5,865	6,134	6,348	5,813	5,075	4,101	
	RTT Incomplete - % of WL > 52 Weeks		9.34%	9.34%	8.48%	8.27%	8.11%	8.22%	8.19%	8.73%	9.09%	9.54%	8.94%	7.78%	6.69%	
Cancer	Diagnostic - 6 Week Waits	1%	31.49%	34.21%	34.12%	27.88%	25.67%	28.16%	26.54%	23.22%	21.98%	24.05%	25.08%	24.55%	19.82%	
	Diagnostic - Total Waiting List Size		16,692	16,339	16,731	17,080	17,333	16,589	15,345	14,709	15,164	13,860	13,773	13,977	13,755	
	Diagnostic - Number waiting > 6 Weeks		5,256	5,589	5,709	4,762	4,450	4,671	4,072	3,415	3,333	3,334	3,454	3,431	2,726	
	Diagnostic - Number waiting > 13 Weeks		2,317	2,307	2,190	1,933	1,484	1,310	1,200	1,097	1,007	886	1,072	1,002	896	
	Cancer 28 day faster diagnosis standard (All Routes)	75%	42.78%	45.98%	53.23%	58.46%	65.42%	60.03%	61.52%	61.56%	59.51%	56.05%	48.38%	52.02%	59.08%	
	Cancer 31 Day Combined (new measure from Oct-23)	96%	95.73%	98.12%	90.49%	96.26%	95.37%	95.83%	94.24%	95.18%	97.12%	93.48%	93.91%	93.77%	92.98%	
	Cancer 62 Day Combined (new measure from Oct-23)	85%	56.43%	66.08%	55.83%	54.35%	68.37%	69.89%	70.68%	71.66%	68.48%	66.29%	65.04%	61.79%	66.51%	
Quality	Total Number of C.diff Cases (HOHA + COHA)	7.3	13	7	5	8	6	12	8	13	8	10	9	9	6	
	Total Number of MRSA Cases Reported	0	1	1	2	1	1	1	0	2	2	0	1	0	0	
	Total Number of E.Coli Cases	119	9	5	5	6	6	9	9	10	10	9	10	8	9	
	Number of Klebsiella cases		10	3	3	1	3	2	3	6	4	4	4	7	7	
	Number of Pseudomonas Aeruginosa cases		0	0	3	1	1	2	3	2	2	2	2	3	0	
	Eliminating Mixed Sex Accommodation	0	0	0	0	0	0	0	5	11	17	29	7	9	7	
	Number of Never Events	0	0	1	0	0	0	0	0							
	Rate of slips, trips and falls per 1,000 bed days	4.8	5.34	4.71	5.11	5.23	5.14	5.29	4.13	4.63	4	3.43	3.80			
	No. of Pressure Ulcers grade 2, 3 & 4 per 1,000 bed days	0.4	0.18	0.088	0.086	0.1	0.147	0.032	0	0.124	0.062	0.061	0.096			
	VTE assessment on admission to hospital (Bristol)	95%	84.9%	81.3%	85.3%	84.5%	83.5%	82.0%	82.8%	82.6%	84.0%	84.7%	82.5%	82.7%	84.9%	

3.4 Non-Acute Provider Scorecard

Provider	Indicator (BNSSG level - except ambulance handovers)	Standard	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
SWASFT	Category 1 - Average Duration (hr:min:sec)	0:07:00	0:11:30	0:08:18	0:07:54	0:08:00	0:07:36	0:07:54	0:08:06	0:07:48	0:07:36	0:08:18	0:08:12	0:08:12	0:08:24
	Category 1 - 90th Percentile Duration (hr:min:sec)	0:14:00	0:19:12	0:14:36	0:14:12	0:14:00	0:13:30	0:13:54	0:14:12	0:13:42	0:13:18	0:14:30	0:14:24	0:14:36	0:14:30
	Category 2 - Average Duration (hr:min:sec)	0:30:00	2:49:24	0:30:06	0:27:54	0:29:06	0:22:54	0:28:06	0:29:48	0:25:12	0:23:42	0:33:00	0:36:18	0:30:48	0:38:18
	Category 2 - 90th Percentile Duration (hr:min:sec)	0:40:00	7:25:12	1:05:24	1:00:30	1:02:48	0:48:30	1:00:06	1:05:18	0:52:06	0:48:36	1:09:42	1:19:30	1:04:54	1:24:00
	Category 3 - 90th Percentile Duration (hr:min:sec)	2:00:00	16:56:54	2:58:00	3:40:18	4:20:12	3:19:18	4:18:00	4:23:42	3:07:42	2:30:12	5:16:54	5:35:06	3:52:12	5:22:48
	Category 4 - 90th Percentile Duration (hr:min:sec)	3:00:00	14:35:36	4:21:54	3:27:18	6:52:12	4:34:24	7:50:36	4:52:48	5:25:06	2:51:12	4:19:54	15:09:00	7:37:54	4:16:06
	Ambulance Handovers - % within 15 minutes at NBT	65%	9.6%	19.5%	26.7%	23.0%	34.9%	29.2%	29.6%	29.5%	28.5%	26.7%	25.0%	29.3%	27.7%
	Ambulance Handovers - % within 30 minutes at NBT	95%	29.6%	54.7%	70.9%	67.5%	79.1%	70.7%	75.9%	73.3%	71.4%	65.6%	57.9%	65.2%	61.1%
	Ambulance Handovers - % within 60 minutes at NBT	100%	48.8%	78.9%	94.7%	89.1%	96.1%	91.4%	93.7%	93.9%	93.4%	88.8%	78.2%	84.6%	80.8%
	Ambulance Handovers - % within 15 minutes at BRI	65%	7.5%	12.1%	11.9%	14.2%	24.5%	18.7%	39.1%	59.8%	34.1%	33.6%	20.6%	19.5%	26.7%
	Ambulance Handovers - % within 30 minutes at BRI	95%	17.8%	33.5%	37.1%	44.6%	61.4%	48.0%	73.4%	88.0%	60.8%	61.2%	55.1%	50.3%	59.4%
	Ambulance Handovers - % within 60 minutes at BRI	100%	36.1%	58.7%	69.1%	72.8%	87.6%	74.1%	90.4%	97.5%	81.4%	84.1%	79.5%	75.4%	77.4%
	Ambulance Handovers - % within 15 minutes at WGH	65%	5.8%	11.0%	19.4%	13.8%	14.7%	16.2%	19.1%	21.9%	14.3%	12.2%	7.5%	9.5%	9.7%
	Ambulance Handovers - % within 30 minutes at WGH	95%	23.7%	38.6%	58.9%	52.6%	54.3%	54.7%	61.6%	66.6%	58.9%	50.4%	45.7%	49.3%	54.2%
	Ambulance Handovers - % within 60 minutes at WGH	100%	42.4%	59.4%	85.5%	82.9%	83.3%	78.2%	88.3%	91.7%	92.2%	89.6%	85.9%	87.7%	84.6%
SevernSide IUC	Average speed to answer calls (in seconds)	20 Sec	2054	269	181	152	151	207	61	70	43	84	94	132	208
	% of calls abandoned	3%	43.3%	14.9%	12.2%	10.8%	15.9%	9.2%	5.9%	6.3%	5.4%	5.8%	7.8%	12.0%	8.5%
	% Triaged Calls receiving Clinical Contact	50%	51.9%	50.3%	50.2%	49.3%	53.3%	53.2%	50.0%	50.8%	52.4%	51.3%	49.8%	50.6%	51.4%
	% of callers allocated the first service offered by DOS	80%	70.9%	73.0%	71.4%	73.4%	78.1%	70.8%	78.7%	79.3%	80.1%	81.3%	81.8%	82.0%	
	% Cat 3 or 4 ambulance dispositions receiving clinical intervention	75%	44.6%	58.3%	56.5%	47.5%	78.7%	71.3%	71.2%	78.0%	81.4%	78.7%	78.4%	85.0%	84.2%
	% calls initially given an ED disposition receiving clinical intevention	50%	27.0%	24.1%	27.4%	29.8%	79.9%	73.2%	80.8%	83.7%	84.9%	85.5%	84.9%	85.1%	90.4%
AWP	Delayed Transfers of Care	3.5%	23.9%	23.9%	21.9%	23.6%	23.1%	24.5%	21.1%	22.0%	24.2%	22.0%	24.7%	22.6%	22.4%
	Early Intervention	60%	64.2%	28.5%	73.3%	39.1%	41.1%	69.5%	58.8%	80.0%	75.0%	80.0%	77.7%	57.8%	46.6%
	4 week wait Referral to Assessment	95%	90.3%	90.5%	97.6%	95.6%	93.7%	92.2%	88.8%	94.5%	94.7%	95.4%	95.7%	95.8%	97.0%

Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Outcomes, Quality and Performance Committee

Minutes of the meeting held on Thursday 19th October 2023 1000-1245 on MST

Minutes

Present		
Ellen Donovan (Chair)	Non-Executive Member for Quality and Performance, BNSSG ICB	ED
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Caroline Dawe	Deputy Director of Performance and Delivery, BNSSG ICB	CD
Jeff Farrar	Chair, BNSSG ICB	JF
Paul May	Non-Executive Director, Sirona	PM
Hugh Evans joined 1345	Executive Director, Adults and Communities Bristol City Council	HE
Alison Moon	Non-Executive Director, BNSSG ICB	AM
In attendance		
Vicky Marriott	Chief Officer Healthwatch	VM
Dr Glenda Beard Agenda Item 5	Clinical Lead for Cancer BNSSG ICB	GB
Dani Sapsford Agenda Item 5	Head of Elective Care, BNSSG ICB	DS
Hannah Marder Agenda Item 5	Cancer Manager, UHBW	HM
Anna Rossiter Agenda Item 5	Cancer Manager, NBT	AR
Ruth Hendy Agenda Item 5&6	Lead Cancer Nurse, UHBW	RH
David Jarrett	Director of Integrated and Primary Care	DJ
Caroline Dawe	Deputy Director of Performance and Delivery	CD
Deirdre Fowler Agenda Item 9.1	Chief Nurse and Chief Midwife, UHBW	DF
Sneha Basude Agenda Item 9.1	Consultant Obstetrician at UHBW	SB
Greg Penglinton Agenda Item 9.2	Head of Urgent Care, BNSSG ICB	GP
Jen Tomkinson Agenda Item 9.2	Clinical Lead for BNSSG NHS at Home	JT
Viv Harrison	Director of Public Health, Bristol City Council	VH
Jodie Stephens (Notes)	Executive PA, BNSSG ICB	JS
Apologies		
Michael Richardson	Deputy Chief Nursing Officer, BNSSG ICB	MR
Sarah Truelove	Chief Finance Officer and Deputy Chief Executive, BNSSG ICB	ST

Jonathon Hayes	Chair of General Practice Collaborative Board	JH
Sue Balcombe	Non-Executive Director, UHBW	SB
Layla Toomer Agenda Item 9.1	Patient Safety Lead, LMNS, BNSSG ICB	LT
Sarah Weld	Director of Public Health, South Gloucestershire Council	SW
Sue Geary	Healthwatch	SG

	Item	Action
1.	**Welcome and Apologies** Ellen Donovan (ED) welcomed attendees to the meeting, and apologies were noted as above.	
2.	**Declarations of Interest** RS declaration family member is employed by SpaMedica. PM is cabinet member Children and Young People within BANES and Chair of Health and Wellbeing Board.	
3.	**Minutes of July 2023 committee** The following action was added to minutes from Thursday 27th July committee minutes: **Excess Mortality – BNSSG** **ACTION:** BNSSG Mortality Surveillance Group including multi providers to review preventable mortality data and to look at intervention. JM will update committee when required as this is an ongoing work programme. **Director of Performance & Delivery** **Performance Update/Operational Plan** JM and CD assurance committee that the following statement was correct as of Thursday 27th July: **Industrial action is and has been well managed at an operational level.** Committee approved minutes from Thursday 27th July.	
4.	**Committee Action Log** Updated action log attached and circulated.	
5	**Cancer Performance and Improvement Timeline.** JM explained that GB and DS came to committee back in April and spoke to members regarding cancer performance. The action from that was to return in October to update on progress. GB explained to committee that there are concerns regarding Dermatology waiting times, but discussions and work is	

	Item	Action
	taking place including within GIRFT (Getting It Right First Time) programme which is chaired by Professor Tim Briggs, National Director for Clinical Improvement and Elective Recovery. Meetings are taking place regarding Somerset referrals being transferred back to Somerset which will increase capacity within UHBW/NBT. On Friday 10/11 a Dermatology workshop with system partners is taking place and an update will be provided at committee in December. As of 1st October 2023, the eleven cancer waiting time standards have been condensed into three standards. The aim of this to ensure that the reported standards enable rather than hinder the delivery of high-quality care: • Faster diagnosis standard: Maximum 28-day wait to communication of definitive cancer/not cancer diagnosis for patients referred urgently (including those with breast symptoms) and from NHS cancer screening. • Maximum two-month (62-day) wait to first treatment from urgent GP referral (including for breast symptoms) and NHS cancer screening. • Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients. GB explained that national and local focus in 2023/24 is on delivery of the 28day Faster Diagnosis Standard (FDS) alongside reduction of the numbers waiting >62 days on a GP suspected cancer pathway. There is an expectation an increased focus on achievement of the 62day standard as we move into 2024. BNSSG ICS is committed to improving cancer performance and meeting the cancer waiting time standards. Providers have agreed recovery trajectories and remedial action plans with support from a range of stakeholders. **Impact of Industrial Action** HM explained that there have been multiple periods of strike action by junior doctors, consultants and radiographers since April 2023. Strikes have been occurring every month which have impacted on cancer performance due to loss of activity. The impact is highest in the specialities that receive a high volume of referrals and as a result have clinics on most days which offers limited scope for these to be rearranged (an approach that has been used in other trusts to mitigate the impact of the strikes). Services are taking steps to recover promptly but this nonetheless will equate to performance breaches. HM noted that the most significant impact was in major surgery which was also the slowest to recover. **System Actions to Improve Performance.** Work is taking place across many pathways to improve performance with recruitment of locum and substantive workforce as well as use of AQP capacity. System actions are directed to the most challenged pathways.	

	Item	Action
	• The system dermatology group is meeting on the 10th of November to agree a preferred model for the provision of images to enable remote dermatology assessment. • Increased use of qFit testing in primary care has shown a sustained reduction in the numbers of patients referred on a colorectal USC pathway. • Gynaecology have invested in additional hysteroscopes and are working on improved information to support patients to be managed outside of the cancer pathway where appropriate. AM asked what is the confidence in recovering performance and how is patient harm/safety being monitored? HM explained that BNSSG expects to recover compliance with the waiting time standards. It is noted that the correct infrastructure is in place to deliver compliant pathways, in line with national optimal pathway recommendations. Both Trusts have processes in place to check for harm because of additional waiting time and this is closely monitored by Cancer Managers and Lead Clinicians. NHS England regional managers have indicated they have no concerns about the grip and management of performance in BNSSG. Performance is very tightly regulated and has scrutiny by multiple external colleagues. GB stated that cancer performance has always been difficult, but work is continuing to happen with Cancer Alliances and GB assured committee that harm reviews are taking place and no harm has been reported to patient's within BNSSG. VM explained that Healthwatch receive feedback from patients in the system going through and waiting for treatment so will link in with GB, HM and RH regarding this. GB explained that BNSSG do care for patients outside of the area and one of these areas are dermatology patients from Somerset, but discussions are already taking place for these patients to return to Somerset to continue treatment. GB stated that BNSSG are providing good quality care but must also include the patient experience and the psychological impact of being on a cancer pathway and waiting list. RH will be explaining this with the National Cancer Patient Experience survey agenda item next. JM stated that OQPC is to make sure that BNSSG systems, processes and governance is robust and to note that quality issues are dealt with as they develop across the system and the paper does give assurance that there are robust system and processes in place. JM explained dermatology is an area which requires close attention and on Friday 10/11 a system dermatology workshop is taking place with partners to review an option appraisal and JM will return to committee in early 2024 with outcomes.	

	Item	Action
	ED thanked all for the ongoing work which is happening within the system. ED requested that at December committee meeting there is an update regarding cancer and dermatology performance and then in February, committee review how current trajectories and outcomes are performing from GB and HM. **ACTION: GB and HM to update OQPC in December regarding cancer and dermatology performance. At February's OQPC, GB and HM to update how current trajectories and outcomes are performing**.	
6	**National Cancer Patient Experience Survey** RH explained that the NCPES Annual survey is commissioned and managed by NHS England (since 2010) and is designed to: • Monitor progress in cancer care. • Provide information to drive local quality improvements. • Assist commissioners and providers of cancer care. • Inform the work various charities and stakeholder groups, supporting cancer patients. RH stated that responses are from BNSSG inpatients or day case patients with a known cancer diagnosis. 918 patients took part and RH explained that initial observations from the survey were: • Personalised Care and Support' (PCS) is making a tangible difference – need to continue to expand access. • Theme of low scores relating to – Treatment related information – Access to support from GP practice, community, and voluntary services. • Positive reflection of many services, given the context of the pandemic. RH explained the vast majority of patients that responded are white and very few people of black and minority ethnic groups responded. RH explained the steps that will be taking place are to include: • Further local analysis and discussion- by age, ethnicity, deprivation, tumour site, long-term conditions at Trust level, across shared BNSSG pathways, across SWAG pathways (at Clinical Advisory Groups). • SWAG PPV (patient and public voice) partner discussion groups – to further explore key themes. • Further embed and expand access to PCS. • BNSSG ICS Cancer Improvement Collaborative project • Triangulation with ongoing cancer QoL survey • Highlight and share good practice.	

	Item	Action
	• Recommendations for improvements PM asked if the NCPES annual survey taking place within children services, the survey was aimed at adults only and does the survey reach out to our asylum seeker population. RH explained the survey also takes place within children's services for under sixteens and has been running for three years, but does not include asylum seekers population. AM stated that NCPES needs to link in with the wider populations, areas of deprivation which can be achieved by speaking to ICB and localities. JF asked RH how results are communicated to clinical groups, acute trusts. RH replied results are communicated through departments, clinical forums and organisations these include MDTs so passed directly to clinicals and clinical groups. NCPES follow up with these organisations throughout the year and includes governance processes through the cancer steering group. This ensures that clinicians are sighted and respond to the priorities which are for their teams. VH explained that her population health team will link in with RH to explore the understanding of deprivation and ethnicity within responses to NCPES. **ACTION: VH and RH to link in regarding analysis ethnicity and deprivation within responses to survey. Bring back update to OPQC in April 2024**	
7.	**CNO/CMO Update** **CMO** JM informed committee: • Strategic Prevention Oversight group has been set up to focus on the long-term plan priorities of weight management, alcohol and smoking. The group are devising work plans to support system colleagues in acute care and community. • Women's health is a national strategy that was published last summer, and JM is the women's champion for BNSSG. A Women's Health Steering group has been set up with local authority leaders, system partners. This group will develop a version of all women's health hub which links in with the strategy. • GIRFT (Getting it right first time) BNSSG ICB and acute trust colleagues met with Professor Tim Briggs to discuss productivity via the elective care pathways. Further discussions are taking place with Professor Tim Briggs regarding cancer performance. • Primary and Secondary Care Interface group have met, ICB will continue to create space for communication and work to progress. One Care driving the interface but secondary care very receptive. **CNO** **RS informed committee:** • LeDeR Review Backlog – Sirona have been commissioned to complete reviews on behalf of the system but there is currently a backlog which ICB are working with Sirona to overcome. NECS have been commissioned to	

	Item	Action
	support extra reviews to accelerate the progress and help recover the position of completing the reviews within 6 months. RS will update OQPC in December, but aim is for backlog to be completed by 31st March 2024 and the LeDeR performance for BNSSG will be included in the quality pack for committee. • MRSA date and governance processes – RS have received written assurance that HCAI trends are managed within Infection Prevention meetings and linking in with Medicine Optimisation Team within BNSG ICB. BNSSG ICB has received excellent feedback from regional team regarding IPC governance. ED asked what processes are in place for ICB to be aware of performance issues in order that preventative measures can be put in place to reduce the risk of provider failure especially with smaller providers such as in primary care. RS explained there is already a quality resilience programme in place in terms of primary care and GP practices and if the team are concerned about the resilience regarding a GP practice or another primary care service, the ICB will provide support proactively and liaise with CQC regarding establishing a joint endeavour. DJ stated regarding GP practices there is a range of indicators within a dashboard and as soon as one triggers the resilience teams makes contacts and engages with the practice. **ACTION: RS to update OQPC in December on progress to reduce the backlog of LeDeR reviews**	
8	**Director of Performance & Delivery** **Performance Update** CD explained that work is still ongoing in terms of developing a power BI tool but programs areas including mental health, children services should be completed by end of October. Due to industrial action involving junior doctors, consultants and radiographers' system performance has dropped but performing well in terms of Cat 1 and nationally BNSSG are in the performance top five. Category two response times have been exacerbated with Christmas day staffing due to industrial actions which has resulted in NHSE writing to BMA using the regional intelligence and expressing concerns regarding demand and capacity. CD explained the changes which have happened in the OPEL framework, which is the operational pressure escalation levels, but BNSSG will still use the overarching Opel framework. CD stated that elective care trajectories are falling behind and a key area that the elective recovery operational delivery group is undertaking is trying to understand what BNSSG end of year position will likely be. Areas of concern regarding cancer pathways are gynaecology and dermatology as highlighted by GB and HM earlier in the meeting, NBT have completed a deep dive on neurology pathway and performance has improved but overall demand and wait is excessive. BNSSG system have gone into tier two, meetings are taking place with regional teams due to the deterioration regarding 78 week wait and 65 week wait for children's. NHSE and ICB are supporting Sirona with CAMHS waiting list for the	

	Item	Action
	next six weeks. CD stated that dementia diagnosis has improved and children, young person's mental health access is improving but still below the standard. The overarching system oversight framework is currently in segment three, CD explained that the NHSE team which deal with the segmentation for ICB providers and the BNSSG system are very separate in terms of the performance arm of the NHS. NBT retention rate has improved and NBT have produced a retention plan for the year with many positive actions.	
9	**Items for Discussion**	
9.1	**LMNS Briefing** RS explained to committee that the briefing is to give oversight and assurance of the currently maternity and neonatal position within BNSSG. RS stated that LMNS is strong collaborative with UHBW and NBT but also includes Sirona, public health and the voluntary sector. RS welcomed DF Chief Nurse and Chief Midwife at UHBW and SB Consultant Obstetrician at UHBW who works one session a week with LMNS. RS would be leading this item as LT Patient Safety Lead Maternity and Neonatal at BNSSG ICB who had written report was unable to attend committee today. Rs explained the functions of the LMNS are the following: • To be the Maternity arm of the ICB allowing a direct line of sight from maternity providers to ICB board as per Ockenden report from December 2020 • To plan, design and deliver maternity & neonatal services to local BNSSG population. • To accelerate action to transform services and to achieve 50% reductions in stillbirth, neonatal deaths, maternal deaths and brain injuries. • To lead and ensure quality and safety in Maternity & Neonatology across BNSSG • To bring together all the people who are involved in providing and organising maternity & neonatal care. • To provide support to maternity units to achieve more personalised and safer care and to provide unbiased evidence-based information to help pregnant people make choices about their care. • To continuously drive quality improvement across all areas of maternity and neonatology • Support the tackling of health inequalities in maternity provision and lead on the LMNS Equity and Equality action plan. • To lead on the Perinatal Quality Surveillance Model (PQSM) ensuring both acute providers share and learn from safety incidents. • To share local safety data and recommendations with NHSE through the Regional Perinatal Quality and Safety Group (PQSSG) • To deliver the key objectives for maternity services within the Three-Year Delivery Plan as set by NHSE. • To ensure our maternity services are fully implementing Saving Babies Lives Version 3 with quarterly reporting through the LMNS board.	

	Item	Action
	• To sign off and have oversight of the Trusts Maternity Incentive Scheme (MIS) declaration of the ten safety actions (currently year 5) RS assured committee the actions, compliance and work programmes which are in place following the publication of: • Ockenden report which was published in December 2020. • Kirkup report published October 2022. • Maternity Incentive Scheme Year 5 standards launched end of May 2023 • Three Year Delivery Plan - LMNS collaborating with the Acute Provider Collaborative (APC) to support the Trusts to agree system and individual action plans in response to the plan with a joint system workshop planned. • Saving Babies Lives Version 3 launched in June 2023. RS informed members that CQC are also due to visit both NBT and UHBW imminently. AM asked how strong are the voices of staff, patients and families within our services and how does the LMNS focus on targeting support for those who are most vulnerable in the system? RS replied in terms of voice of staff both trustees have regular patient safety walkabout which also include non-executive directors. There are planned insight visits and peer reviews which take place and involve sitting with staff and having the conversations that are important and matter. RS explained regarding patients and families there is the Maternity and Neonatal voices partnership which was originally hosted by BNSSG ICB but has been transferred to Healthwatch in March 2023. RS stated the main reason for that was to get closer to the women and families in the system. Volunteers go out into the community contact women and their families to talk about inequalities, services and treatment they have received within the system. DF explained UHBW and NBT staff complete cultural surveys which are based on how the staff member is feeling. The last survey took place in 2009 but trusts are due to participate imminently. Trusts also conduct unplanned ward visits to speak to staff directly to gain significant intelligence regarding the workforce. The NHS staff survey is also links into how staff are feeling and that is currently taking place within NHS organisations. DF explained to committee the continuity of carer programme which UHBW were early implementers of and have five functional teams with one of the team looking at women and families from the Somalian community. ED thanked DF and SB for their time and reassurances regarding LMNS programme within BNSSG.	
9.2	**Winter Plan Discussion** GP explained that each year BNSSG ICB collates plans to respond to operational pressures associated with the winter period, driven largely by anticipated growth in demand, alongside concomitant factors such as increased	

	Item	Action
	staff sickness absence, and operational restrictions resulting from managing infection prevention and control (IPC). BNSSG's winter plans are captured across several detailed documents. • A Winter Narrative template that was submitted to NHS England, which responds to national and regional key lines of enquiry (KLOEs) from NHS. • The operational plan numerical submission, which is formally submitted to NHSE and details anticipated system demand, capacity and performance over each month of the year. • The breakdown of investments made into key schemes this year which support delivery of the operational plan, alongside monitoring the delivery of these schemes. The Discharge to Assess (D2A) Board and Urgent Care Operational Delivery Group (UCODG, previously known as Urgent Care Steering Group), report to the Improving the lives of people in our community Health and Care Improvement Group (HCIG) and Improving Outcomes Through Effective and Efficient Hospitals HCIG, and are overseeing the implementation of the Home First and Urgent Care Recovery Schemes respectively, including the associated savings in General and Acute beds monthly. The D2A Board and UCODG will be supported respectively by the ICB's Integrated Care and Urgent Care Service Delivery Units (SDU) which brings together senior managers from performance, business intelligence, contracting finance, quality, and workforce to effectively act as the PMO for the UCODG, and ensure the appropriate escalation of any non-delivery to the UCODG and any other relevant functional groups, such as the system workforce group. GP explained the key areas for committee to note: • Recruitment/workforce biggest challenge. • D2A & Transfer of Care Hubs – further work is ongoing in the D2A Board to iterate the forecast impact of these schemes and to disaggregate them both by provider site and by scheme, to allow for accurate apportionment of impact, and course correction where necessary. Actual impacts reported are above the operational plan but work is ongoing to clarify the baseline which may account for a portion of this over delivery. • NHS@Home (virtual wards) – is at risk but there is high confidence that the introduction of step-up pathways will increase utilisation to the 80% target. • Urgent Community Response (UCR) and Single Point of Access (SPA) – are slightly over-delivering and have a high confidence of full delivery over Q3 and Q4. These impacts are not currently factored into the BNSSG operational plan and therefore provide additional mitigation to the overall bed position. • System clinical assessment service (CAS) – is at high risk of not delivering the full impact based on moving from a 5- to 7-day service. A working group has been established under the UEC ODG which will report on there on 26th October, including any proposals for use of	

	Item	Action
	potential slippage. These impacts are not currently factored into the BNSSG operational plan. • Leads for winter BNSSG ICB- JM, RS and DJ GP explained day to day management which consists of daily system call seven days a week, multiple calls a day if system is particularly challenged, robust on call arrangements within BNSSG ICB, system clinical on call representative, live ambulance data, live system partners data, weekly winter meeting which JM chairs with system partners and monthly winter update at System Executive Group. **NHS@Home- Update** JT Clinical Lead for BNSSG NHS at Home explained to committee that NHS@Home have six live pathways across the BNSSG system which have had a detailed workplan agreed. In terms of winter planning BNSSG have a virtual bed target of 165 which NHSE have asked BNSSG to target 80% occupancy. To achieve that occupancy work is continuing and as of Thursday 19th October BNSSG have 120 beds and there are 94 patients in them. JT explained the biggest challenges within NHS@Home is the following: • Recruitment to the delivery workforce who deliver care out into the community for example antibiotics. • Logistics due to running a system pathway group all providers use different electronic patient record system which does cause a clinical risk as not all information widely available, but work is taking place to address that issue/. • Cultural buy in with our clinical colleagues across the system regarding referring patients into virtual wards. JT stated that a vast amount of work has been put into building the clinical governance and having a system governance approach. Monthly meetings are taking place with system partners to ensure any learning events are being shared so teams can work effectively as possible. JT explained that the team is looking at having a gold, sliver and bronze level of service so maximize treatment and flex according to demands in the system. HE stated teams are working hard to get the additional capacity, and care hubs are in their third week and working well. PM stated partners are all working well together, moving forward and information will be linking into weekly winter reviews so create a stronger picture. AM thanked GP and JT for updates and the papers which were received by committee. AM agrees that third party assurance from NHSE is positive but need to make sure that system governance and the check and challenge is in place to improve intractable issues. GP explained more robust link between headline metrics and the operation plan. The plan is to revisit in January with system and ICB leads to review. JM reassured ED and committee that JM with support from RS and DJ will be leading on winter. JM will be working with CD and GP regarding operational and strategic structure going forward. PM	

	Item	Action
	explained ongoing concern regarding children's services within Sirona which JM and RS will discuss outside of this committee and will add to future agenda.	
10.	**Items for Information**	
10.1	**BNSSG ICB Strategy Update – TO NOTE**	
10.2	**Customer Services & Complaints Quarterly Report**	
10.3	**Safeguarding Quarterly Report**	
10.4	**Health and Care Professional Executive September Minutes**	
10.5	**System Quality Group Minutes - July**	
10.6	**BNSSG APMOC Minutes August**	
10.7	**Covid Medicine Delivery Unit Highlight Report Update - TO NOTE**	
10	**AOB** RS proposed that the safeguarding report was presented to committee on a regular basis rather than being included for information, ED requested that Safeguarding report is added to December's committee agenda.	
	Meeting Dates 2023 • **Friday 15th December 1000-1225 MST** **Meeting Dates 2024** • **Thursday 29th February 1000-1225 MST** • **Wednesday 24th April 1400-1625 MST** • **Wednesday 26th June 1400-1625 MST** • **Thursday 26th September 1400-1625 MST** • **Thursday 28th November 1400-1625 MST**	

Jodie Stephens Executive PA October 2023

Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Outcomes, Quality and Performance Committee

Minutes of the meeting held on Thursday 15th December 1000-1225 on MST

Minutes

Present		
Ellen Donovan (Chair)	Non-Executive Member for Quality and Performance, BNSSG ICB	ED
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Caroline Dawe	Deputy Director of Performance and Delivery, BNSSG ICB	CD
Jeff Farrar	Chair, BNSSG ICB	JF
Paul May	Non-Executive Director, Sirona	PM
Hugh Evans joined 1345	Executive Director, Adults and Communities Bristol City Council	HE
Alison Moon	Non-Executive Director, BNSSG ICB	AM
Sue Balcombe	Non-Executive Director, UHBW	SB
Sarah Weld	Director of Public Health, South Gloucestershire Council	SW
In attendance		
Daniel Meiring Agenda Item 5	ICB Lead Scientist, BNSSG ICB	DM
Dr Glenda Beard Agenda Item 7.4	Clinical Lead for Cancer BNSSG ICB	GB
Dani Sapsford Agenda Item 7.4	Head of Elective Care, BNSSG ICB	DS
Michael Richardson	Deputy Chief Nursing Officer, BNSSG ICB	MR
Viv Harrison	Director of Public Health, Bristol City Council	VH
Jodie Stephens (Notes)	Executive PA, BNSSG ICB	JS
Gary Dawes Agenda Item 6	BI Performance Manager, BNSSG ICB	GD
Christopher Moloney Agenda Item 7.3	Commissioning Policy Development Manager BNSSG ICB	CM
Peter Goyder Agenda Item 7.3	Clinical Lead for Policy Development and Exceptional Funding BNSSG ICB	PG
Faye Kamara Agenda Item 7.5	Head of Safeguarding, BNSSG ICB	FK
Sue Porto 1000-1100	Chief Executive, Sirona Care and Health	SP
Apologies		
Sarah Truelove	Chief Finance Officer and Deputy Chief Executive, BNSSG ICB	ST
Jonathon Hayes	Chair of General Practice Collaborative Board	JH
David Jarrett	Chief Delivery Officer, BNSSG ICB	DJ
Sue Geary	Healthwatch	SG

	Item	Action
1.	**Welcome and Apologies** ED welcomed Sue Porto, Chief Executive, Sirona Care and Health and attendees to the meeting and apologies were noted as above.	
2.	**Declarations of Interest** PM is cabinet member of Children and Young People within BANES and Chair of Health and Wellbeing Board.	
3.	**Minutes of October 2023 committee** Committee approved minutes from Thursday 19th October 2023.	
4.	**Committee Action Log** Updated action log attached and circulated.	
5.	**CNO/CMO Update** **CMO** JM informed committee: **Strategic Prevention Oversight Group (SPOG)** - Meeting took place on Tuesday 12th December the following was discussed: • Joint Forward Plan submissions of the following plans: Smokefree BNSSG, Alcohol and other drugs, healthy weight, and overarching prevention. • Treating Tobacco Dependency service funding – options appraisal. • Excess death analysis and challenges for pharmacy public health services will be discussed at the next meeting in January. • Programme of work having a positive impact. **Women's Health** • GP Clinical Lead: Interviews taking place 23/1/24. • BNSSG Women's Health 'Hub' Workshop took place on Thursday 7/12 at Engineers House- Great attendance by all system partners including consultant psychiatrist from AWP. • Overarching steering group which captures the passion regarding Women's Heath Hubs. Jo Copping and Alex Humphrey attending various system groups to promote Women's Health remit. **HCPE** • Health and Care Professional Executive did not take place on Thursday 14/12 as was stood down due to system pressures. **Winter** JM explained to committee that system continues to deal with winter pressures which include 10–15-hour ambulance waits within the Southwest region. JM did highlight that this was not within BNSSG.	

	Item	Action
	• Governance structures are being used including Performance Escalation meeting which JM chairs and Performance Oversight meeting which include operation leads – great attendance from all providers, local authority, community, and general practice. • No Criteria to Reside data being reviewed as local authorities reporting nursing home and social care capacity. • Junior Doctor Industrial Action – Wednesday 20/12 0700 to Saturday 23/12 0700. Wednesday 3/1/24 0700 to Tuesday 9/1/24 0700. Workforce will be consultant led – IA meetings taken place, compliant return submitted to region BNSSG do have a couple of red rated services but mostly green and amber. Daily meetings taking place which then reports into regional system. • Electives are being cancelled and UHBW are looking at P2 electives which does include cancer cases. • Request from NHSE regarding running a MADE (multi agency discharge event) at short notice. Following discussions with system colleagues, it was decided that running a made event at short notice will disrupt existing workflow patterns and cause a significant negative event. • Swap to Stop -Successful Smokefree BNSSG bid worth £2.27million, with an allocation of 60,000 vape starter kits to support people in BNSSG to quit smoking. • The Pharmacy Enhanced Service -pharmacy contractors can sign up to deliver the NHS Community Pharmacy Smoking Cessation Advanced Service and drawn down funding through this scheme. • ICB Health inequalities funding – ICB agreed to allocate a total of £250,000 to the six locality partnerships for 2023/24 and £1m total to them on a recurring basis for three years from 2024/25. Locality Partnerships are finalising their plans for using the allocation using the principles agreed between them and the ICB." • NHSE has published the Statement NHS England » NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006) that Integrated Care Board, trusts and foundation trusts should use to identify key information on health inequalities and set out how they have responded to it in annual report. • Smokefree BNSSG-NHSE funding for the treating tobacco service, (TTD service), will likely continue into 24/25 with an inflationary uplift (for maternity, inpatient, and mental health pathways). • Smokefree Generation announcements - Local Authority Stop Smoking Services will receive a significant uplift from 1st April 2024. Indicative amounts: North Somerset: £244,475, Bristol: £742,043, South Gloucestershire: £318,377. SP updated committee that Ceridwen Massey COO is leaving Sirona at the end of December. Rob Smith had been appointed COO and will be joining at the start of January. SP also reported conversations regarding Criteria To Reside have taken place with Maria Kane and work is underway regarding capacity. **Quality Improvement in Paediatric Hearing Services.**	

	Item	Action
	In August 2021 there was an independent review of the Paediatric Audiology service at NHS Lothian which identified system failing leading to some babies and children being undiagnosed or receiving late diagnosis leading to mismanagement. The Newborn Screening Programme NHSP completed an analysis of data that demonstrated geographical variation in the diagnostic yeld for permanent childhood hearing impairment in babies who were appropriately referred to audiological services. Services/region who deviated from the national average were contacted for deep dive analysis. In October 2022, the National Paediatric Audiology Oversight Group was established as a time limited task and finish group to oversee peer reviews focused on referral from NHSP. ICB's have been asked to establish an interim plan to review where significant findings have been identified. DM explained paediatric services are delivered from UHBW and cover the whole BNSSG system. A RAG rating of each service has been completed and Bristol scored an amber rating which requires some improvement and will be worked on locally. BNSSG have been allocated as a moderate risk. DM explained as part of the review, governance was identified as an issue and that is being reviewed within Bristol Children Hospital currently. JM explained to committee that she has already linked in with DM regarding this and is monitored within CMO/CNO SMT and JM will escalate to OQPC when needed or when any issues are to be addressed. DM will provide SW with data collection regarding inequalities and outcomes in access to Paediatric Hearing services. **CNO** RS informed committee: • Regional quality winter planning guidance has been discussed within BNSSG System Quality Group – Programe of work to be completed. • BNSSG ICB have been successful in our bid to NHS Health and Race Observatory to be a pilot sites for work on improving maternal and child outcomes. BNSSG ICB is one of seven systems in the country and works starts in January. • Two agenda items to be discussed within this meeting Independent Patient Investigations and System Safeguarding Update. SB and AM are reassured that JM and RS are heavily involved with Winter performance within the ICB and joint working with system colleagues. SB stated that system working is very different this year and having winter plans for both children and adults has helped this. SB asked that the reporting arrangements for winter relating to children's performance and that the messaging around prevention for children's particularly respiratory disease are not lost. JM stated that there will be children's sit rep on the Performance Escalation Meeting that JM chairs every Friday morning. JM explained concerns regarding rapid access clinics, both chest pain and paediatrics, which have six to eight week waits but	

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	JM has already linked in with system colleagues for an update through the Performance Escalation Meeting. RS explained that conversations have also taken place within BNSSG System Quality Group, and it was agreed that sentinel metrics around children's and maternity services must be part of the dashboard. SW explained local authorities have excellent routes to cascade out messages to all early year's settings and schools regarding respiratory disease. SW will link in with MR to look at communication campaign regarding respiratory illness. ED stated to members that February OQPC will focus on Childrens Services. PM asked for confirmation that there is an accountability trail regarding the Stop Smoking campaign funding allocated out to the local authorities. SW explained the funding come's direct from the Health Improvement offices to local authorities. Therefore, will have to report up individually in terms of metrics which will require a lot of monitoring, but the BNSSG tobacco group enables system colleagues to come together to really think about how the funding is used effectively. SW also stated that a paper will be submitted at a future OQPC meeting to update members and reporting will also be submitted into the ICP board. SW explained that a full deliver plan needs to be in place by April 2024. ED stated that after reviewing BNSSG System Quality Group minutes it was noticed various apologies from system Directors of Nursing, RS explained that the directors always send deputies, but they have attended the past two meetings, but RS has also spoken to Directors of Nursing colleagues regarding this. RS highlighted to committee that a Patient Safety and Safety Culture seminar session is being planned for ICB board in February so wider culture conversations can take place. SP stated that Sirona have undertaken a full culture diagnostic using the Barrett's Cultural Value Assessment tool in which they have started with Children's Service's so SP will link in with RS. **ACTION: SW and MR to look at communication campaign regarding respiratory illness.** **ACTION: February OQPC will focus on Childrens Services.** **ACTION: DM will provide SW with data collection regarding inequalities and outcomes in access to Paediatric Hearing Services.**	
6	**Chief Delivery Officer Update** **GIRFT Theatre Programme Update** CD explained that the national ambition for theatre utilisation is 85% by 2024/25, it is currently 74%. UHBW and NBT have improvement programme which include senior clinical input as well as Chief Medical Officers and deputies. CD explained that the BNSSG Elective Centres are progressing but need to make	

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	sure that the right levels are built for theatre productivity. Landscapes are very different in terms of UHBW and NBT theatres, UHBW have many sites with theatres within them, but these are more consolidated in NBT. Work is taking place regarding booking and the use of the independent sector both of which have an impact productivity. CD informed committee that good work is in progress and assurance has been provided. ED asked CD about the oversight for the programme of work and assurance of progress. CD explained the oversight is through the BNSSG Elective Operational Delivery Group reporting into the Acute HCIG. SB stated that UHBW have a much greater understanding and far more oversight than previous years and there is real commitment to make changes. **GIRFT June Update** CD explained that meetings have taken place with Professor Tim Briggs in October and November 2023 in which day case rates and theatre productivity were the main topics of conversation, this has now been extended to a wider area of performance including cancer and the Faster Diagnosis Standard, FDS. BNSSG have received a letter from Professor Briggs to say that system is doing well especially with day case rates. CD reminded committee that work is still ongoing in terms of Trauma & Orthopaedics, especially joint replacements. Work is also continuing within UHBW regarding cataracts procedures including how BNSSG allocates some of the activity between NHS and independent sector providers. Work is ongoing with regards how the elective recovery programme is protected throughout Winter and a national initiative which is part of the GIRFT programme around trying to support providers in terms of outpatient work in the 52 week wait challenge. CD stated that in terms of Teledermatology this is progressing at pace and a project manager has been associated with that work programme. ED requested that an update regarding this programme of work is added to OQPC forward agenda, so committee have assurance of progress. **BI Performance Reporting.** GD update the committee on further updates to the BI reports. The BI team within BNSSG ICB used to provide a series of slides which consisted of eighty slides including table and graphs. Feedback received was that there were too many slides and not enough focus and narrative regarding the figures. A live dashboard that brings together the operational plan measures and performance is being developed which will also make the information more interactive. The data is presented within the internal performance groups and Service Delivery Units supporting wider discussions with workforce, quality and finance colleagues enabling the identification of key issues for focus in the Operational Delivery Groups and wider system governance. GD explained that due to a national issue with Microsoft a report has not been produced for December, but Microsoft are currently escalating this issue, ED asked GD if system colleagues i.e., Sirona and Local Authorities can access the dashboard. GD replied that anybody with an organisation email address can be provided with access. ED stated that decisions need to be made regarding	

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	what slides will be incorporated into the data pack but can review work progress over the next six months. CD and GD explained to committee that ICB team are planning to demonstrate to all system partners within the next few months. **ACTION: DJ to approach system Chief Operation Officers to join OQPC within Quarter one 2024/25 to update regarding productivity progress. To include how progress is being monitored against target towards 85% capacity.** **ACTION: CD will report back to OQPC in Quarter one 2024/2025 with a productivity progress update. How theatre capacity is moving from 74% to 85%.**	
7	**Items for Discussion**	
7.1	**System Outcomes Framework** VH explained that attendance at OPQC was for feedback and support to launch versions of the tool to wider system groups, embedding into system working and for a governance process to be included in BNSSG system governance. VH explained that having an agreed system level outcomes framework is intended to: • support collaboration around shared goals • focus on medium to longer term improvement in outcomes for our population and our health and care system. • enable monitoring of progress against goals • identification of actions through linking to programs and projects that are aligned to the outcomes. VH stated that the BNSSG outcomes framework is: • An agreed framework of outcomes that BNSSG wish to achieve. • It sets out twenty-one high level outcomes for BNSSG system. • The outcomes are a key part of the ICS strategy and the joint forward plan. • Grouped into six domains of outcomes that cover the BNSSG population, services, staff, communities, and environments. • Beneath each outcome there are measurable indicators to track progress. VH explained that within the framework are two data visualization tools that have been developed to support the outcomes framework. The first is a reporting tool and alongside that is a data explorer tool – VH demonstrated to committee members. ED very impressed with the BI tools just need to make sure the platform is kept simple for muti organisation use. AM stated that the data from the tools must have the ability to go further so that it becomes real and benefits the communities. AM also asked what the timescales were. VH agreed and explained that it was the next stage of the tool's development, regarding timescale VH and two colleagues have developed this so a tiny team and needs support and needs to be a collaborative	

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	endeavour. So, workshops will be taking place and will be an opportunity for collaborative working and extra BI support. JF commented on the hard work which is taking place and stated that the work must filter down to locality partnerships, so it is used efficiently. JF will liaise with Shane Devlin regarding system leadership and utilization and proposed that the item should come to ICB Board or Board Seminar as important that all Chief Executives are sighted and have ownership. JM meets with system Directors of Public Health fortnightly in which Deborah El Sayed attends so will hold the Outcomes Framework within that as a Public Health Prevention leadership group and will update committee when required. **ACTION: JF will liaise with Shane Devlin regarding system leadership and utilization of System Outcomes Framework and add to future ICB Board agenda.**	
7.2	**Independent Patient Investigations** The Trust have undertaken a range of improvement activity which has been reviewed by the national screening team and at a subsequent CQC visit which recognised the improvements made by the Trust in this pathway. Due to the oversight carried out by both regulators no further action was deemed necessary. **ACTION: MR to list assurance templates on BNSSG SQG forward planner for March or April 2024 then to OQPC June or September 2024**	
7.3	**Commissioning Policies - Varicose Veins** JM explained under BNSSG ICB current commissioning policy, an individual with a venous ulcer would not be eligible for NHS treatment, without the presence of a wound that had not healed after 6 months, or without significant recurrence. Following an evidence review and discussions with local vascular surgeons there is strong evidence that earlier assessment and treatment of these ulcers can lead to quicker healing and patient recovery. Under the revised policy, patients could be referred if a venous ulcer has not healed within two weeks. Assessment would take place in secondary care. Currently assessment takes place within the community service. Changes are aligned with NICE guidance therefore no clinical risks are anticipated. Short term additional costs are anticipated for BNSSG ICB. The policy will not, however increase activity, rather patents are being seen sooner, so expenditure is effectively being brought forward.' Contract managers across the system are working to implement the appropriate service changes and reallocation of resource. Vascular services have been well engaged in the review of this policy. Contract managers at all services were involved in CPRG discussions and have committed to supporting the implementation of the new pathway. Primary care will receive good notice and guidance prior to the go live of this policy.	

	Item	Action
	COMMITTEE APPROVED Changes in Practice for the Assessment and Treatment of Varicose Veins and Venous Ulcers	
7.4	**Cancer Performance – Dermatology update**	
	GB explained to committee that vast amount of work is happening around referral management and making sure patients that need dermatology input are getting access to this service. **BNSSG performance within primary care activity is as follows:** • 10-15% of appointments in primary care are thought to relate to skin conditions. This equates to over 20'000 appointments a month (there are ~218'000 GP appointments in BNSSG/month). • The workforce in primary care is changing and there is a recognised need for high quality, relevant and easily accessed education to support good quality care closer to home. BNSSG ICB continues to work to provide this. **Urgent Suspected Cancer Referrals:** There are 10062 skin USC referrals/month across BNSSG. An UHBW audit of referrals in 21/22 showed a 42% conversion from referral to biopsy/treatment on a cancer pathway. The conversion rate to a Cancer Waiting Time reportable cancer is 9.6%. This excludes basal cell carcinomas and in situ skin diagnoses. **Cancer Waiting Time Standards Performance** • Faster Diagnosis Standard September 2023 BNSSG ICS 60% for NBT and UHBW 50% (target 75%) • 62d Standard – September 2023 BNSSG ICS 57.6% (target 85%) • Skin USC referrals make up 38% of the total 62+d backlog. GB stated that referral numbers reflect performance so when referrals are very high in summer months it then impacts on the trust ability to see patients in a timely way. GB explained there has been a national mandate to have a teledermatology pathway for urgent suspected cancer referral which has been discussed as a system for a significant period. On 10th November, a workshop took place lead by JM and a decision was made around putting hubs in the community to provide good quality images to accompany our urgent suspected cancer referral when appropriate. SWAG Cancer Alliance has released funding for a project manager three days a week and from February 2024 a GP practice will be piloting this pathway. So, from April 2024 GB hopes that the pathway will be rolled out across BNSSG, there are eighty plus GP practices across 20 PCN's which takes a lot of coordination but have support from One Care and GPCB. Tim Whittlestone is SRO for this work and the mutual aid to Somerset has ceased and communication piece is being developed to make sure all the BNSSG population are aware of this service. SB commented on what an excellent piece of work and colleagues within UHBW are excited for this pathway.	

	Item	Action
	ED thanked GB and DS for such a detailed papers and attending committee**.**	
7.5	**System Safeguarding Update** FK explained to committee that when a child comes into care, initial health assessments need to be undertaken within twenty working days according to the statutory guidance. Meetings have taken place with Sirona with regards to reporting timeframes which FK confirmed are being followed as a partnership with BNSSG ICB and Sirona. FK stated that due to the great work taking place within Sirona and the ICB Safeguarding team, BNSSG trajectory is on track and by February, the backlog of the initial health assessments will be completed. FK also explained to committee that health assessments need to be undertaken either within six months, if it is an under five child or within twelve months if it's a child is over five years old. The increased investment in Sirona this year for nurses to support these health assessments and the change of clinic time has had a positive outcome regarding the backlog of these assessments. **Multi Agency Safeguarding Hubs - MASH** FK explained following recommendations from the National Child Safeguarding Practice Review Panel, MASH (Multi Agency Safeguarding Hubs) arrangements have been reviewed across BNSSG and financial investment was confirmed in March 2023 to support the health contributions to these processes. FK stated North Somerset and Bristol have always had a MASH, but South Gloucestershire have not so that was launched in September and feedback has been very positive and it is working well. BNSSG ICB have funded this recurrent investment in Sirona to provide the health facilitation and coordination at MASH. Rather than MASH's having all different health partners, FK explained that the decision has been made that Sirona would do that on the partners behalf. FK highlighted that the three MASHs are working differently, which provides challenges and barriers in terms of training the health workforce around this concept of MASH, which will need to be a focus for 2024. SP thanked FK for the comments regarding the ongoing work, which is taking place especially within children's services, but is also very mindful of the huge increase in demand. SP explained whilst the trajectory is very positive in terms of direction of travel, there must be caution to recognize the increased pressure that paediatricians are operating under. SP reiterated, Sirona remain committed to continuously improving our children's services and working well with the system in every partnership. **Domestic Homicide Reviews.** FK explained that Domestic Homicide Reviews (DHR)are one of five types of statutory safeguarding reviews. The others are Safeguarding Adult Reviews, Mental Health Homicide Reviews and Child Safeguarding Practice Reviews. DHRs represent the largest volume with numbers affected for various reasons including high volumes over COVID and delays in commissioning the reviews. FK stated that from January 2024 there is due to be revised statutory guidance	

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	from the Home Office and expectation is there will be a slightly revised methodology... RS explained to committee that is it a statutory requirement for the NHS to share the cost of the safeguarding arrangements in the system, and local authorities currently invest the most. There is pressure for the NHS to contribute more into those safeguarding arrangements and a wider system piece of work is currently underway and RS will report back to committee when required. AM stated that pharmacy, optometry, and dentistry have had delegated responsibility for nine months and reports suggest that children in care and care leavers do not have access to dentistry and would support and welcome the influence the safeguarding team would have linking in with the Primary Care Operation Group. ED also recommended that FK attend Primary Care Committee to engage and broker further conversations. FK to explore and link in with Jenny Bowker BNSSG ICB counterpart and will meet with RS and MR regarding reporting into OQPC. MR is also involved with POD services with colleagues on The Hub and currently looking at how dental care access for vulnerable populations in the system can increase, so MR will link in with FK and Jenny Bowker. **ACTION: MR and FK to meet with Jenny Bowker BNSSG ICB regarding safeguarding team linking in with Primary Care Operational Group and The Hub to explore dentistry concerns.** **ACTION: RS and MR to meet with FK regarding safeguarding reporting into OQPC.**	
8 8.1 8.2 8.3	**Items for Information** **Health and Care Professional Executive November Minutes** **System Quality Group Minutes - October** **BNSSG Area Prescribing Medicines Optimisation Committee (APMOC)**	
9	**AOB** AM stated that committee members need to understand the approach regarding prioritising the public on system waiting lists. It was agreed to discuss this item at the next OQPC in February 2024 and add to forward plan. **NB- The above approach will be included within Health Inequalities paper which will be taken to BNSSG ICB Board on 1/2/2024.**	
	Meeting Dates 2024 • **Thursday 29th February 1000-1225 MST** • **Wednesday 24th April 1400-1625 MST** • **Wednesday 26th June 1400-1625 MST** • **Thursday 26th September 1400-1625 MST**	

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	• **Thursday 28th November 1400-1625 MST**	

Jodie Stephens Executive PA December 2023