

Meeting of BNSSG ICB Board

Date: Thursday 7th March 2024

Time: 12:15 – 15:15

Location: Virtual, via Microsoft Teams

Agenda Number:	7.1	
Title:	Quality and Performance Report – Month 11 (Dec -Jan 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:		
<p>The attached Quality report (Appendix 1) provides an overview of December 2023 and Quarter 3 data, and the Performance Report (Appendix 2) provides an overview of December 2023 and January 2024. A summary is provided below.</p> <p>The committee are asked to note the following areas.</p> <p>Quality (Appendix 1)</p> <p>Measles Outbreak Preparedness System outbreak planning continues with health, public health, and LA partners. Several pathways for outbreak management and vaccination have been agreed. The ICB is offering training to Primary Care Networks and Pharmacies for train-the-trainer Fit Testing for protective respiratory equipment. While a pathway for delivering normal human immunoglobulin has been agreed for Children and Young People, an effective and safe pathway for adults is still being agreed with health partners.</p> <p>Healthcare Associated Infections</p> <ul style="list-style-type: none"> • C. Difficile – There was a significant decrease in the number of cases attributed to BNSSG ICB in November (25) and December (13) from October (29). The BNSSG position for C Diff per 100k of population (21.18) is slightly below the Southwest average but is higher than 		



the National average (20.34). The CDI working group continues to work with the system and regional partners to understand the drivers behind these numbers.

- **E.coli** – In November (51) & December(45), cases of E. coli bacteraemia were assigned to BNSSG ICB. The current BNSSG rate per 100k of population (40.46) is below the Southwest region average of 52.66 and the National average of 51.85.
- **MSSA** – (Methicillin-sensitive Staphylococcus aureus) In November 2023 14 cases of MSSA bacteraemia were assigned to BNSSG ICB which was 1 case lower than the previous month. In December 2023 this figure increased to 26 cases being assigned to BNSSG; 9 of the cases were Hospital Onset Hospital Acquired (HOHA) cases whilst there were 17 cases which were Community Onset Community Acquired (COCA). The drivers behind this increase in cases is currently unclear. Case activity for MSSA per 100k of population (15.88) continues to be below the Southwest average of 18.13 and the national average of 16.25.
- **MRSA** - (Methicillin-resistant Staphylococcus Aureus) In November and December 2023, there were 4 cases reported for each month which is equal to the number of cases reported in October 2023, but higher than the number of cases reported in September 2023 (1) Case activity for MRSA per 100k of population as of December (2.65) is above the Southwest (1.17) and National (1,07) average.

The table below shows the performance of BNSSG ICB against other ICB's in the Southwest by infection per 100K of population.

Rates per 100k	South West Position									
	BSW	BNSSG	Devon	Dorset	Glos	Kernow	Somerset	SW	England	BNSSG
C. diff	22.85	21.18	21.91	24.17	24.82	33.90	21.28	23.71	20.34	1
E. coli	44.26	40.46	66.28	63.84	28.07	60.49	63.67	52.66	51.85	2
MRSA	1.02	2.65	0.94	1.22	0.44	0.50	0.67	1.17	1.07	7
MSSA	15.20	15.88	21.52	20.39	10.64	21.60	21.61	18.13	16.25	3
Pseud A	6.43	4.16	4.40	7.08	3.40	5.32	5.19	5.11	5.50	2
Kleb spp	13.26	12.95	17.04	19.04	12.85	18.45	18.26	15.77	16.01	2

The System Healthcare Acquired Infections Group, with support from the regional team is scrutinising all infections and possible associations, with a particular focus currently on MRSA due to the spike in December, which will be reported in the next period.

Significant events/themes and trends and Learning

Overall, the top three themes being identified as causal factors from the investigation process for general SE's during November and December are 1) Pressure Injuries 2) Medication and 3) Sub-optimal care.

Further work is being undertaken to breakdown the factors associated with the top three themes. The outcome of the breakdown will be fed into the System Pressure Injury work for dissemination of the learning.

The learning will also be shared at the system learning panel which sits monthly.

Performance (Appendix 2)

The performance report for this month is based on December 2023 and /or January 2024 information.

The power BI tool roll out is now complete within performance and delivery. The performance and delivery teams are continuing to use the tool in the service delivery units to triangulate intelligence between performance, quality, contracting and business intelligence. The tool can be demonstrated at the Committee if required.

Urgent Care

- Overall, BNSSG Trusts' 4hr A&E performance improved slightly from 64.1% in December to 64.2% in January and is better than the national average for Type 1 EDs of 55.4%. This is below the 76% target to be achieved by March 2024 and worse than the monthly operational plan target.
- Flow was challenging in December and January partly due to demand and a higher number of majors in NBT, UHBW remained at similar levels, along with higher levels of NC2R. this also impacted on patients in ED waiting for admission.
- SWASFT activity in December was 2.4% over plan with higher levels of handover delays in the first part of the month leading to a longer Category 2 response time. However, SWASFT people plan 4 has started to address overnight resourcing in January which has allowed some performance improvement. Ambulance handover delays have increased significantly mid to late January. Category 2 ambulance response times have exceeded the 30 minute interim national standard during this period but further mitigations have been put in place at all three acute sites by an expansion of pre-ED queuing.
- Norovirus, flu and covid has impacted flow particularly in January with a significant proportion of the bed base restricted at all sites but in particular at Weston.
- Escalation capacity usage remains high at around 130 beds across the system.

Elective Care

- The number of BNSSG patients waiting over 78 weeks decreased from 147 in November to 136 in December. The BNSSG position is driven mainly by waits at UHBW (98) and NBT (30). The remaining 8 breaches are split across 8 other providers. At provider level, the number decreased at UHBW but increased NBT.
- The number of BNSSG patients waiting over 65 weeks decreased from 1,124 in November to 934 in December. The BNSSG position is driven mainly by waits at UHBW (597), and NBT (27). The remaining 62 breaches are split across 30 other providers, with the majority at RUH(10). At provider level, the number decreased at both UHBW and NBT.
- Both acute providers have achieved their 52 week wait plan trajectory.
- 28 day faster diagnosis standard for BNSSG cancer patients improved in December to 75.3% for the BNSSG population. At provider level, performance improved at both NBT (74.9%) and UHBW (75.5%). The 75% national standard was achieved at the BNSSG population level for the first time since it was introduced. The monthly operational plan targets were achieved at both provider or population level for the first time. This is a significant achievement, despite continued IA but will likely decline with further IA planned for 24-28 February.

The December 2023 performance position at tumour site level saw a notable improvement in skin, achieving 79%. This demonstrates that removal of issues like Industrial Action and the cessation of UHBW providing mutual aid to Somerset in November has contributed to an improvement in performance. Breast sustained high levels of compliance with 93% in December, UGI 91% in December and Head and Neck 85% in December. Lower gastrointestinal (LGI) improved to 74% in December. Gynaecology is more challenged and improvements have been made but there is still further to go with achievement of 35% in December. Improvements relate to a straight to test pathway utilising radiographers at NBT and a one stop clinic at UHBW. Urology remains challenged achieving 44% in December. There is a detailed recovery plan in implementation. Additional funds by SWAG (Swindon, Wiltshire, Avon and Gloucestershire) Cancer Alliance have been offered to support urology in February.

- Cancer 62 day backlog metric is off plan at both acute Trusts with industrial action having the most impact. NBT is at 302 versus a plan of 178 and UHBW at 220 versus a plan of 166. Currently the backlog is driven by urology, gynaecology and LGI. Skin has significantly improved.
- The teledermatology pilot with practices and PCNs is starting week commencing 19 February. SWAG non recurrent monies have been secured to support primary care in undertaking these photo images, using ERS to send into the acutes. Work is also underway in secondary care to understand capacity that can be released. A data set is being agreed to inform evaluation and a longer-term sustainable model.

Mental Health

- Dementia diagnosis rate – BNSSG is consistently above the national target and we are the highest-ranking area in the South West.
- Out of area beds are continuing to reduce and we are exceeding operational plan target for 2023/24. In line with new interim operational guidance published recently we are closely monitoring length of stay over 30 days and the current scale of clinically ready for discharge, the reasons and the resultant high levels of occupancy of AWP's key units. AWP have an improvement plan in place. To address the problem with flow a draft paper on integrated housing and mental health support across BNSSG to include a mental health community transfer of care hub and strategic partnership to increase supply of specialist housing; the community mental health programme is establishing six MINTs (Mental health and wellbeing Integrated Network Teams) and three new pathways of care for personality disorders, eating disorders, community rehabilitation to be operational this spring; NHSE has also released the inpatient quality transformation programme for MHLDA which will improve culture of care on wards and will identify further opportunities for improving services and system collaboration that ensures patients are clinically ready for discharge in line with planned expected date of discharge.
- Perinatal access target is still not being met but the single point of access did go live on 26 January 2024 and we are now seeing an increase in activity locally with AWP also identifying and remedying incorrect coding with some activity not counting towards this target. These actions should allow the target to be met shortly.

- Talking therapies (previously known as improving access to psychological therapies) measures included in the operational plan are performing well. There has been a dip in access seen over December which is seasonal and is already back on track in January. Actions are in place to improve access including work to increase GP referrals for older people, those with long term conditions and to also increase group work. A national campaign was launched on 15 January which will run until March.

Childrens

- Childrens ED performance has improved 2023/24 year to date performance of 76.3% compared to 72.4% in 2022/23. Improvement is likely to be due to improvements in quality and safety.
- Acute long waits still exist but are declining in paediatric ENT, and dentistry.
- Access to mental health support has shown an improvement in January although is lower than the national target and the local target. This is largely due to insufficient capacity, recruitment is underway, and a reduction in activity from Off the Record, mental health support teams still mobilising, alongside an ongoing project to ensure all relevant data is being captured and counted towards the target.
- Long waits for community paediatrics still exist with approximately 4500 children waiting initial assessment and approximately 5000 children waiting follow-up appointments. A demand capacity review is underway to ascertain what the service can and should be delivering, and what further actions are required to ensure the service can provide the best value to the system, and the families of BNSSG. There is also potential to create an ADHD pathway to reduce waiting lists as currently approximately 50% of the waiting lists consist of children with ADHD as a primary diagnosis. This is part of the ASD and ADHD interim model design workshops 7th and 21st February.

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.
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BNSSG Quality Report

**February Report on Month 9 and Quarter 3
(December data) 2023/24**

Quality Report – Health Care Acquired Infections (HCAI) Summary

Reporting Period – Month 9 2023/24 – December data

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

Infection	Rolling 12 Month Trend	2023/24 Thresholds	2023/24 YTD	2022/23 Position Month 9	2021/22 Position Month 9
C. difficile			224	216	238
E. coli			428	378	428
MRSA			28	21	28
MSSA			168	149	123
Klebsiella spp			137	123	132
Pseudomonas aeruginosa			44	49	53

Rates per 100k	South West Position									
	BSW	BNSSG	Devon	Dorset	Glos	Kernow	Somerset	SW	England	BNSSG
C. diff	22.85	21.18	21.91	24.17	24.82	33.90	21.28	23.71	20.34	1
E. coli	44.26	40.46	66.28	63.84	28.07	60.49	63.67	52.66	51.85	2
MRSA	1.02	2.65	0.94	1.22	0.44	0.50	0.67	1.17	1.07	7
MSSA	15.20	15.88	21.52	20.39	10.64	21.60	21.61	18.13	16.25	3
Pseud A	6.43	4.16	4.40	7.08	3.40	5.32	5.19	5.11	5.50	2
Kleb spp	13.26	12.95	17.04	19.04	12.85	18.45	18.26	15.77	16.01	2

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

Reporting Period – Month 9 2023/24 – December data

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

Performance for December 2023

- **CDI = 13, HOHA = 2 (NBT - 1, UHBW - 1), COCA = 7, COHA = 1, COIA = 3**
- **E. coli = 45, HOHA = 7 (NBT - 5, UHBW - 2), COCA = 31, COHA = 7**
- **MRSA = 4, HOHA = 1 (NBT - 0, UHBW - 1), COCA = 2, COHA = 1**
- **MSSA = 26, HOHA = 9 (NBT - 6, UHBW - 2), COCA = 17, COHA = 0**
- **Klebsiella spp = 15, HOHA = 6 (NBT - 0, UHBW - 6), COCA = 7, COHA = 2**
- **Pseudomonas aeruginosa = 4, HOHA = 2 (NBT - 1, UHBW - 1), COCA = 1, COHA = 1**

HOHA – Hospital Onset, Hospital Associated

COHA – Community Onset, Hospital Associated

COCA – Community Onset, Community Associated

COIA – Community onset, Indeterminate Association

BNSSG Annual Standard

- Integrated Care Boards (ICBs) and secondary care providers threshold levels for 2023/24 were released in May 2023 by NHS England and NHS Improvement.
- Both ICB and secondary care threshold levels are specified in the below table:

Risks/Assurance Gaps

The SPC diagrams have switched from a monthly value to a 12-month rolling value. This is to remove the variation we find each month and to limit the impact of seasonality on the process. **Targets/Thresholds set are those set for 23/24.**

On 5 May 2023, the World Health Organisation declared the pandemic to no longer be declared a global emergency. We will reassess in the future if this has had an impact on the number of cases in BNSSG to require a rebase of the process limits and average.

The slides focus on Hospital Onset HCAI this month.

The System HCAI group is currently focussing on the spike of MRSA in December and this will be reported on in the next period.

Infection	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Threshold to Date	Cases YTD	Threshold	22/23 FYTD	21/22 FYTD
C. difficile	26	27	36	26	22	20	29	25	13				213	224	284	216	238
E. coli	37	35	56	56	42	53	53	51	45				379	428	505	378	428
Klebsiella spp	10	9	10	23	13	19	16	22	15				110	137	147	123	132
MRSA	1	2	5	5	2	1	4	4	4				0	28	0	21	28
MSSA	12	22	25	20	17	17	15	14	26					168		149	123
Pseudomonas aeruginosa	5	6	5	6	2	5	8	3	4				45	44	60	49	53

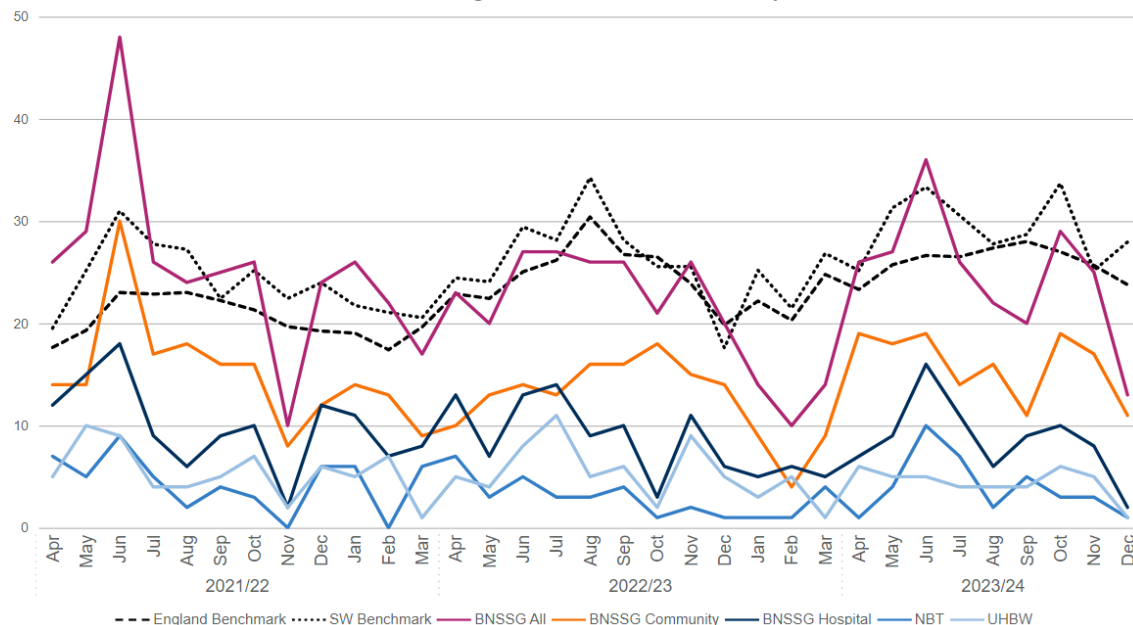
*The table provides the monthly ICB assigned cases as well as the year-to-date total. The 2 final columns are our benchmark against the 2022/23 and 2021/22 positions.

Commentary

- MRSA- Zero tolerance has not been achieved. There were 4 cases in December (1 HOHA, 2 COCA, 1 COHA).
- CDI- The 13 cases are currently categorised as follows: New infection (11), Unknown (2).
- E.coli- the majority of the 45 cases continue to be Community Onset (38).

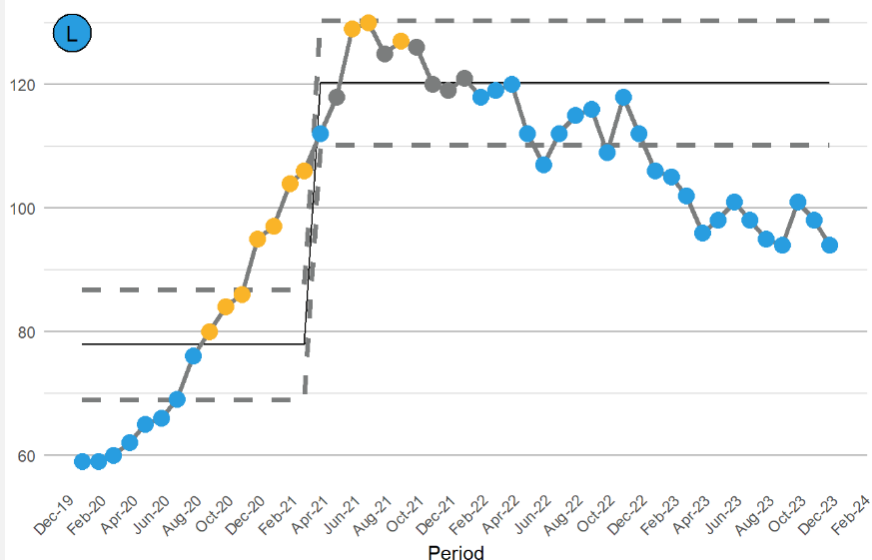
C. difficile	13
HOHA	2 (NBT - 1, UHBW - 1)
COCA	7
COHA	1
COIA	3
Unknown	0

BNSSG ICB Assigned C. difficile Cases Since Apr 2021



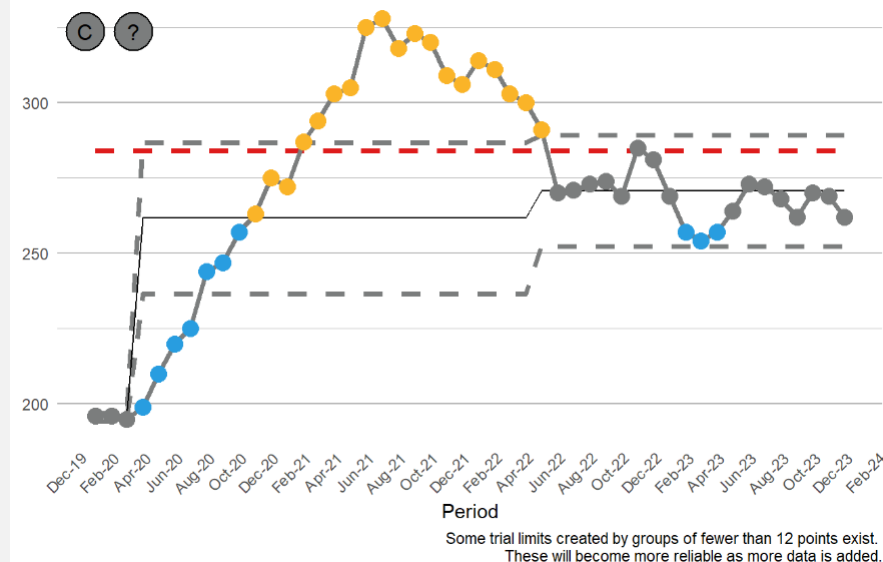
HOHA CDI: Special cause variation of improving nature or lower pressure due to lower values.

HOHA BNSSG Cases of C. difficile - 12 Month Rolling Total

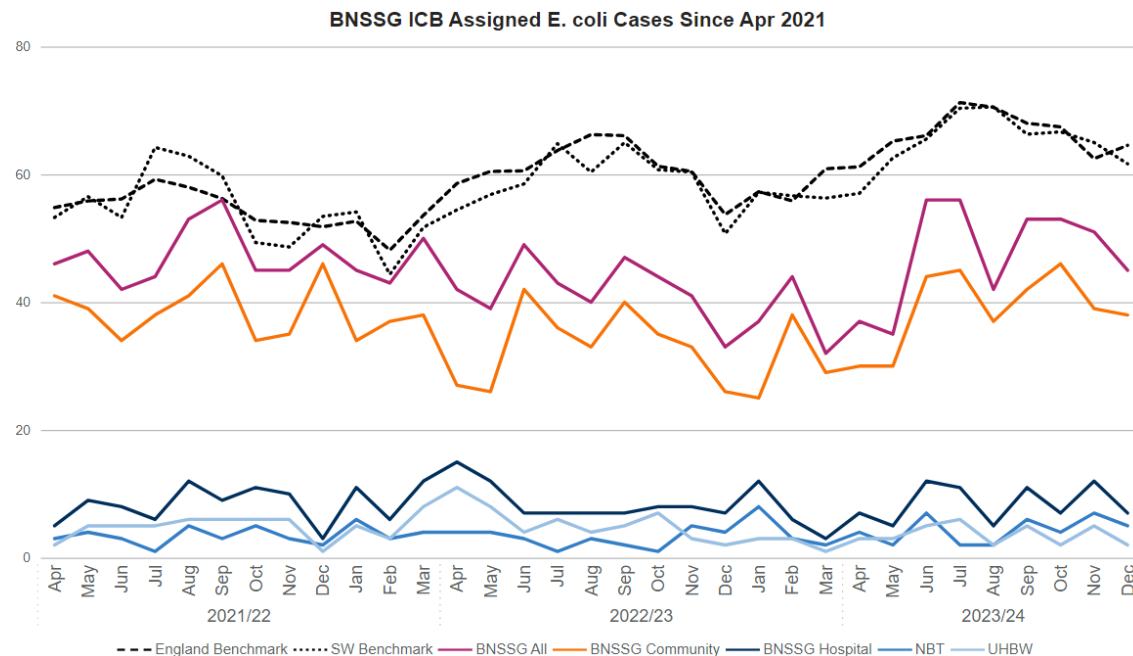


All BNSSG CDI: Common cause variation indicating no significant change, inconsistently passing & missing target.

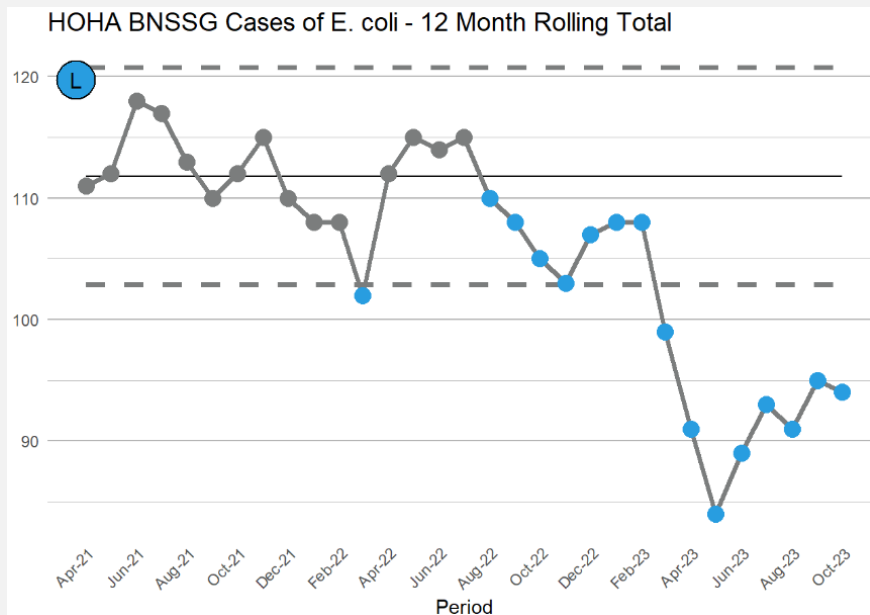
All BNSSG Cases of C. difficile - 12 Month Rolling Total



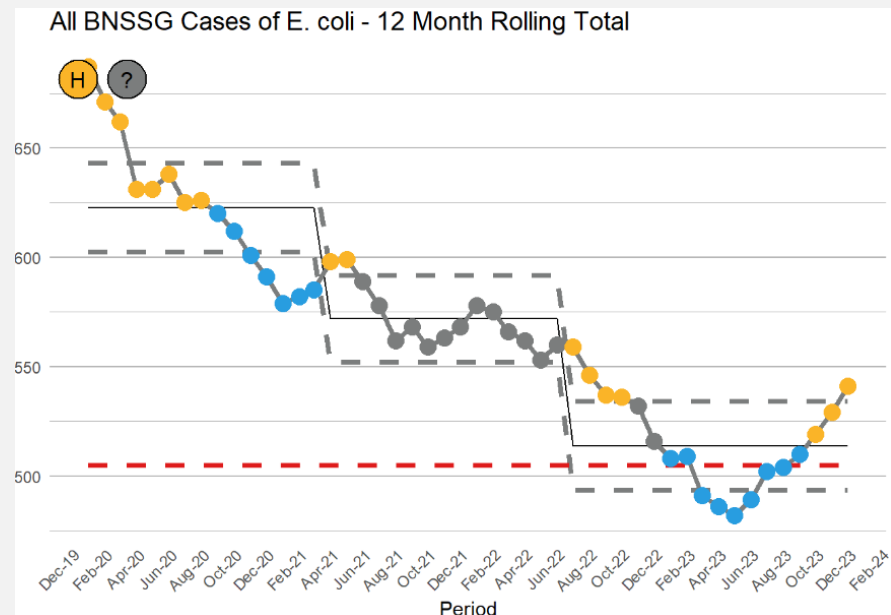
E. coli	45
HOHA	7 (NBT - 5, UHBW – 2)
COCA	31
COHA	7
COIA	0
Unknown	0



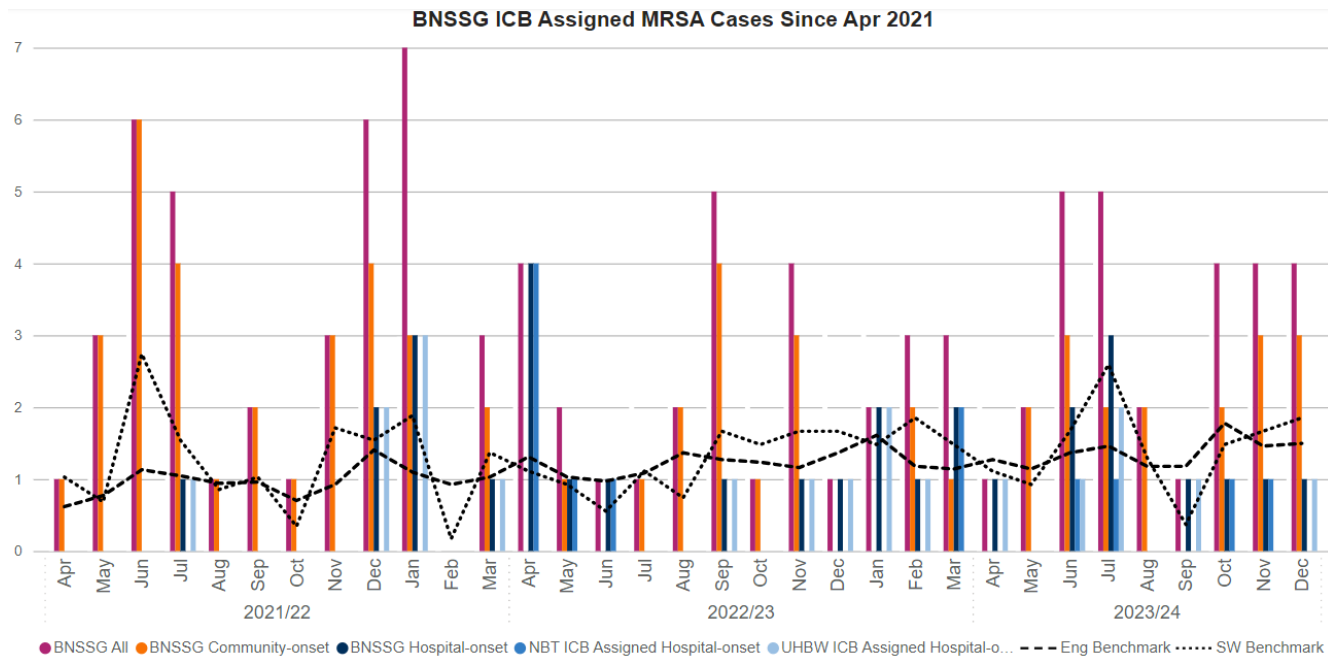
HOHA E. coli: Special cause variation of improving nature or lower pressure due to lower values.



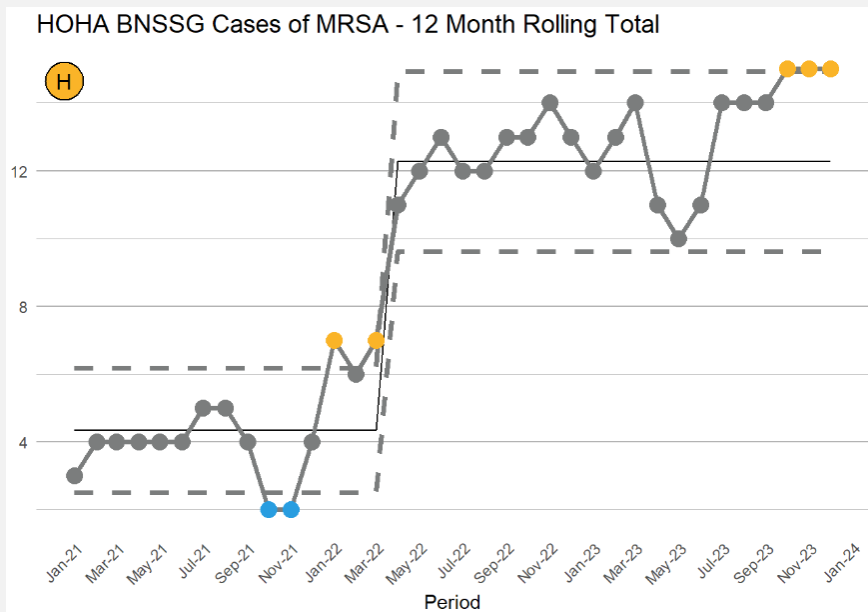
All BNSSG E. coli: Special cause variation of concerning nature or higher pressure due to higher values. Inconsistently passing and missing target.



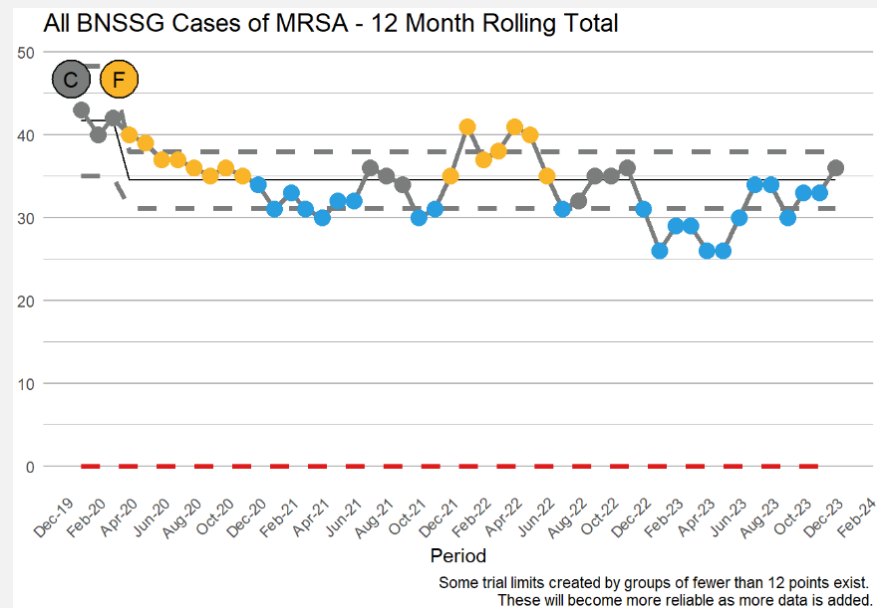
MRSA	4
HOHA	1 (NBT - 0, UHBW - 1)
COCA	2
COHA	1
COIA	0
Unknown	0



HOHA MRSA: Special cause variation of concerning nature or higher pressure due to higher values.

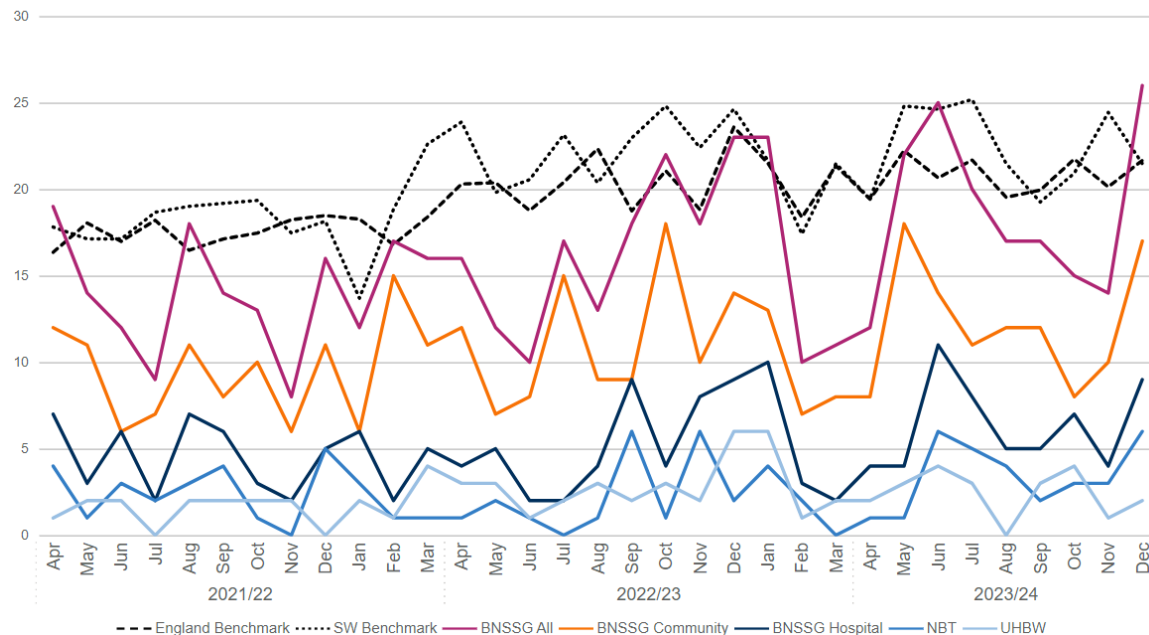


All BNSSG MRSA: Common cause variation indicating no significant change, however consistently falling short of the target.



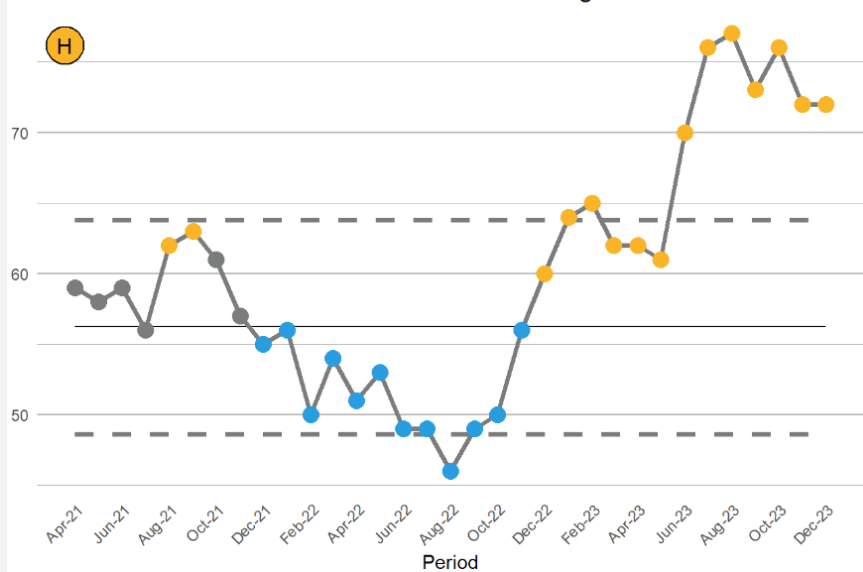
MSSA	26
HOHA	9 (NBT - 6, UHBW - 2, RUH - 1)
COCA	17
COHA	0
COIA	0
Unknown	0

BNSSG ICB Assigned MSSA Cases Since Apr 2021



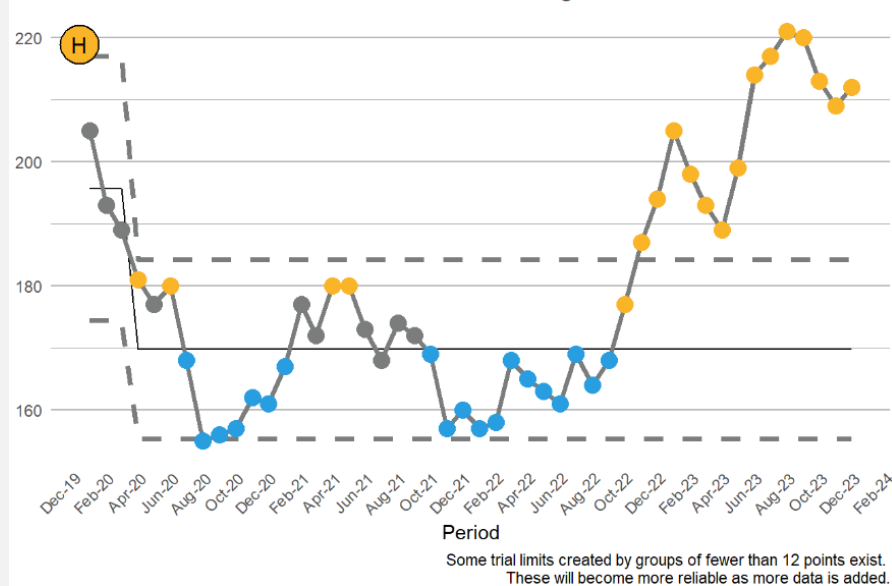
HOHA MSSA: Special cause variation of concerning nature or higher pressure due to higher values.

HOHA BNSSG Cases of MSSA - 12 Month Rolling Total



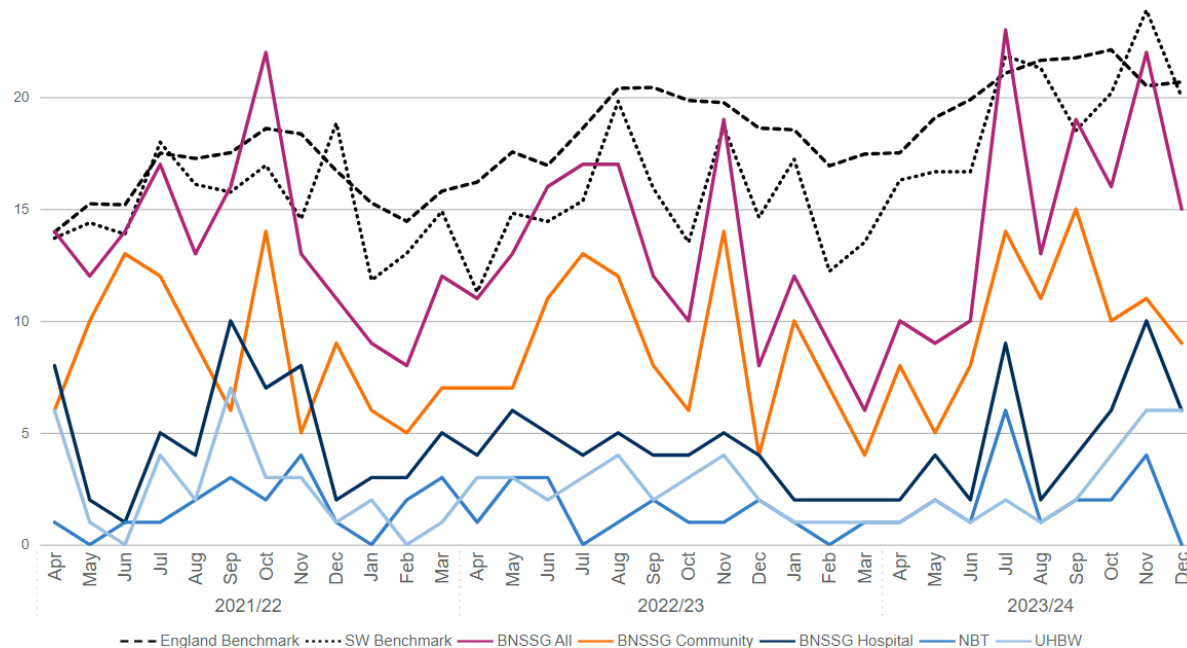
All BNSSG MSSA: Special cause variation of concerning nature or higher pressure due to higher values.

All BNSSG Cases of MSSA - 12 Month Rolling Total



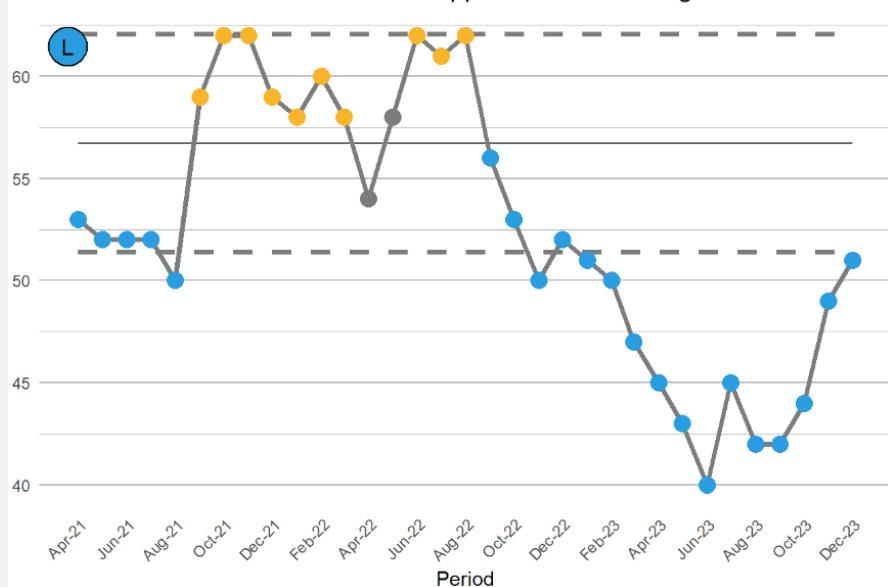
Klebsiella spp	15
HOHA	6 (NBT - 0, UHBW - 6)
COCA	7
COHA	2
COIA	0
Unknown	0

BNSSG ICB Assigned Klebsiella spp Cases Since Apr 2021



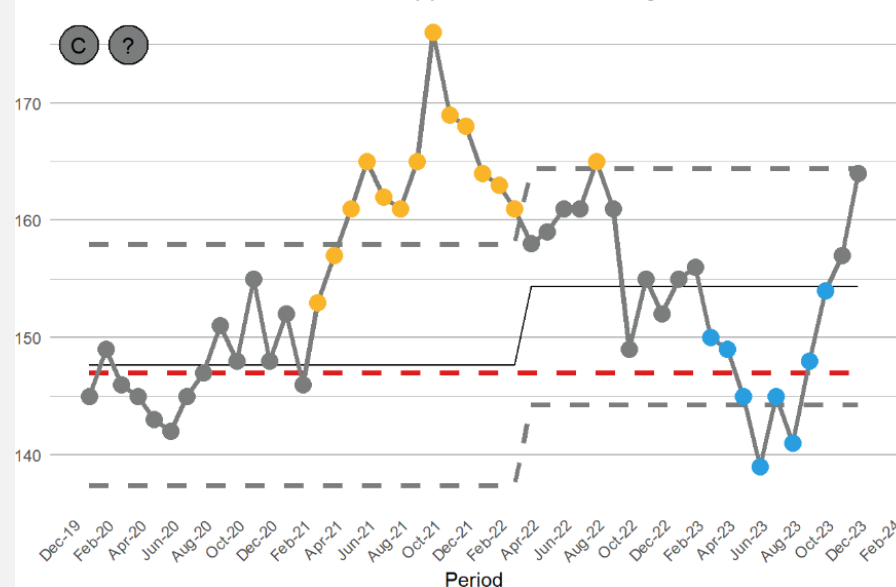
HOHA Klebsiella spp: Special cause variation of improving nature or lower pressure due to lower values.

HOHA BNSSG Cases of Klebsiella spp - 12 Month Rolling Total



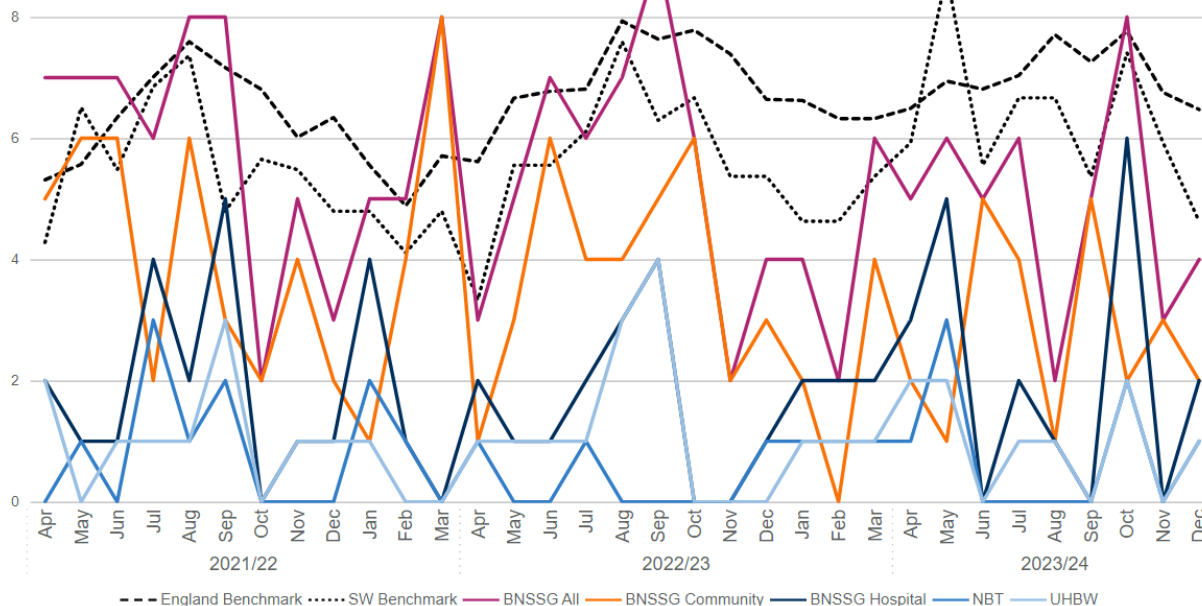
All BNSSG Klebsiella spp: Common cause variation indicating no significant change, however inconsistently passing and missing target.

All BNSSG Cases of Klebsiella spp - 12 Month Rolling Total

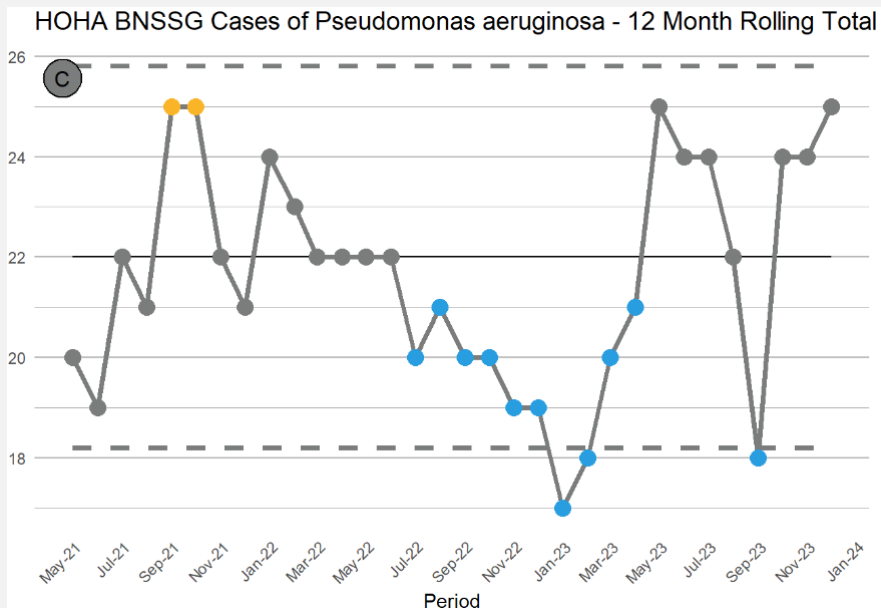


Pseudomonas aeruginosa	4
HOHA	2(NBT - 1, UHBW - 1)
COCA	1
COHA	1
COIA	0
Unknown	0

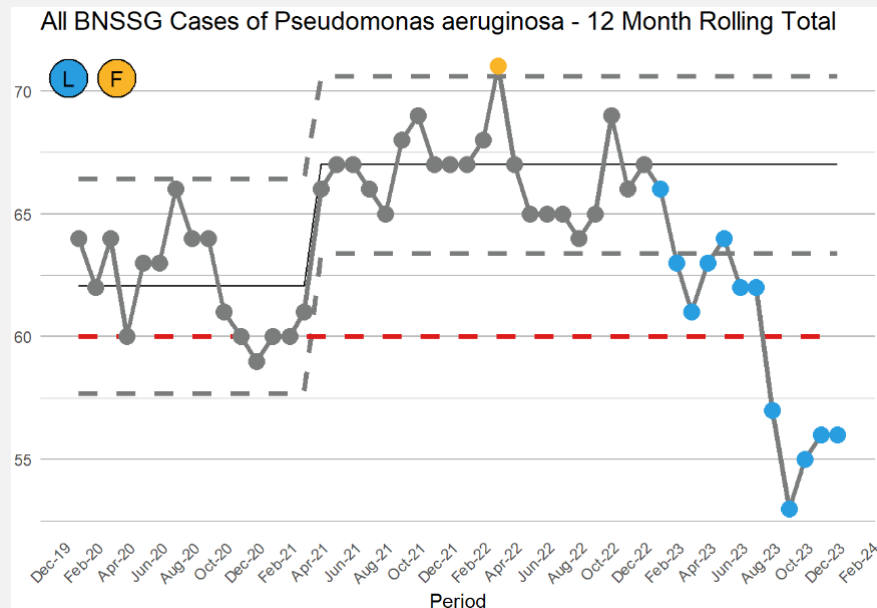
BNSSG ICB Assigned Pseudomonas aeruginosa Cases Since Apr 2021



HOHA Pseudomonas aeruginosa: Common cause variation indicating no significant change.










All BNSSG Pseudomonas aeruginosa: Special cause variation of improving nature or lower pressure due to lower values. Indicating consistently missing target.

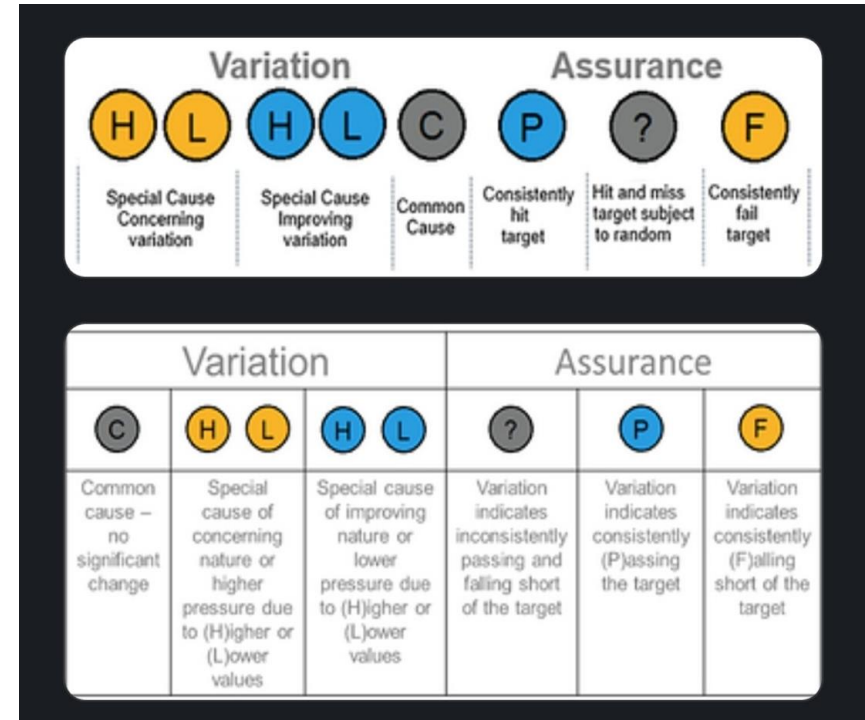


12 Months Rolling to Q4 2022/23 – All Systems

Infection	Onset / Sex	Age-sex standardised infection rates per 100k	Count of Infection (12 months rolling)	Comments
E. Coli	HOHA/All	 <p>System value: 9.3 (CCG Quartile 1) Peer median: 11.0 (CCG Quartile 2) CCG median: 12.9</p> <p>9.3 is in CCG quartile 1 - Lowest 25% [green]</p>	<p>Q3 19/20 – Q3 23/24</p> 	<ul style="list-style-type: none"> • Our system value is in the lowest quartile • Our peer systems are in the second quartile. • Our system (blue) shows a gradually decreasing trend over the period shown vs. peer systems (grey) and median (black)
P.aeruginosa	HOHA/All	 <p>System value: 2.4 (System Quartile 2) Peer median: 1.6 (System Quartile 1) System median: 2.6</p> <p>2.4 is in System quartile 2 - Mid-Low 25% [amber / green]</p>	<p>Q3 19/20 – Q3 23/24</p> 	<ul style="list-style-type: none"> • Our system is in the second quartile • Our regional peers are in the first quartile. • Our system (blue) tends to follow our regional peers (grey), but our recent increase toward the median (black) has been much sharper.

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 in [Model Hospital](#).

		Passing			Total
		Assurance			
		Passing the target 	Hit & miss 	Falls below the target 	
Improving	Special Cause Improving  	P1	H1	F1 Pseudomonas aeruginosa Cases BNSSG Wide	1
	Common Cause 	P2	H2 C. difficile Cases BNSSG Wide Klebsiella spp Cases BNSSG Wide	F2 MRSA Cases BNSSG Wide	3
	Special Cause Concerning  	P3	H3 E. coli Cases BNSSG Wide	F3	1



SPC Xmr diagrams were made using the NHS Plottedots R Package. The icons above represent the meaning as above.

In terms of variation in the caseload, the SPC grid means:

- All infection types have an improving nature, mostly due to historical increases during the pandemic that the rates are now lowering from
- MSSA, not featured, has an increasing trend.

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 is the case for C. diff and E. coli which have new lower targets for 23/24 – further improvement is required to be assured they will be reached.
- MRSA has failed the threshold for 23/24 (0 cases). At the current rates Klebsiella spp and Pseud A will fail the 23/24 threshold.
- MSSA is not included as NHSE does not set a threshold.

Nursing & Quality - Serious Incidents including Never Events

Reporting Period – Month 9 2023/24 – December & Q3 data

Information Source and date of information – SI Tracker 16/02/2024

Current Month Overview

- In December 2023, 7 Serious Incidents (SIs) were reported across BNSSG partners. There were no Never Events reported this month.
- Sub-optimal Care and Pressure Injury incidents were the leading themes for reported events in December.

Quarter Overview

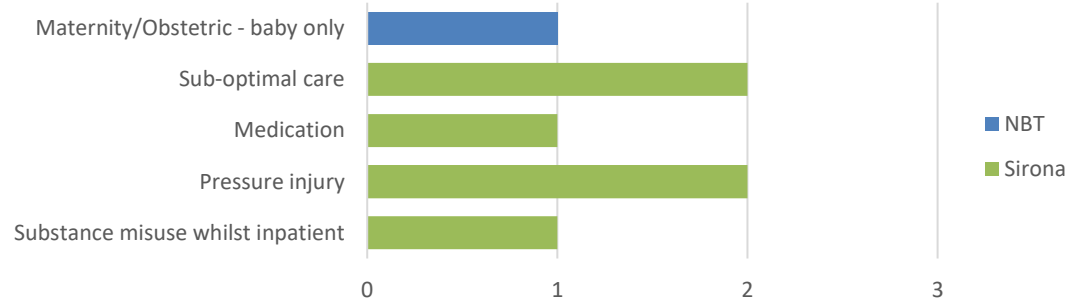
- Pressure Injury incidents were the top theme through Quarter 3, with 10 SIs reported.

Patient Safety Significant Events reported across BNSSG 2023/24

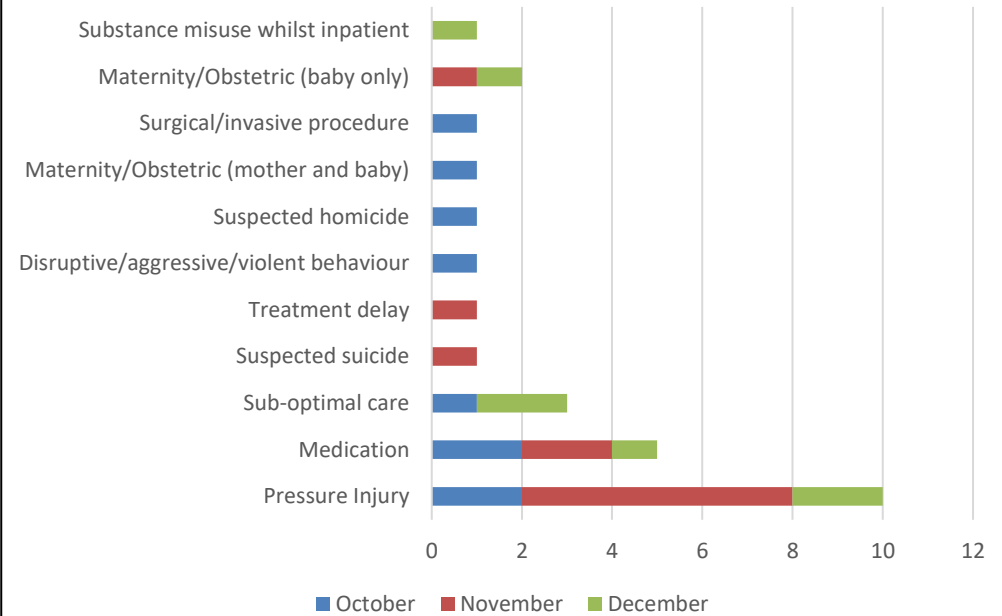
Provider	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	YTD SIs
NBT	2	3	1	0	2	2 (1)	2 (1)	1	1	14 (2)
UHBW	5	4	7	0	0	5 (1)	1	2 (1)	0	24 (2)
Sirona	10	4	6	4	6	6	4	7	6	53
AWP	3	3	5	2	2	2	2	1	0	20
SWASFT	0	0	1	0	0	1	0	0	0	2
GP	0	0	0	0	0	0	0	0	0	0
Other	0	1	0	2	0	2	0	0	0	5
Total	20	15	20	8	10	18 (2)	9 (1)	11 (1)	7	118 (4)

* In brackets are NEs reported

SI types reported by BNSSG providers in December 2023



SI types reported to the ICB in Q3 - October to December 2023



Year	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total SIs per Year
2022/2023	26 (1)	26 (1)	17	30	20 (1)	17 (1)	19	26 (2)	17 (2)	23 (1)	21	24	266 (9)
2023/2024	20	15	20	8	10	18 (2)	9 (1)	11 (1)	7 (0)				118 (4)

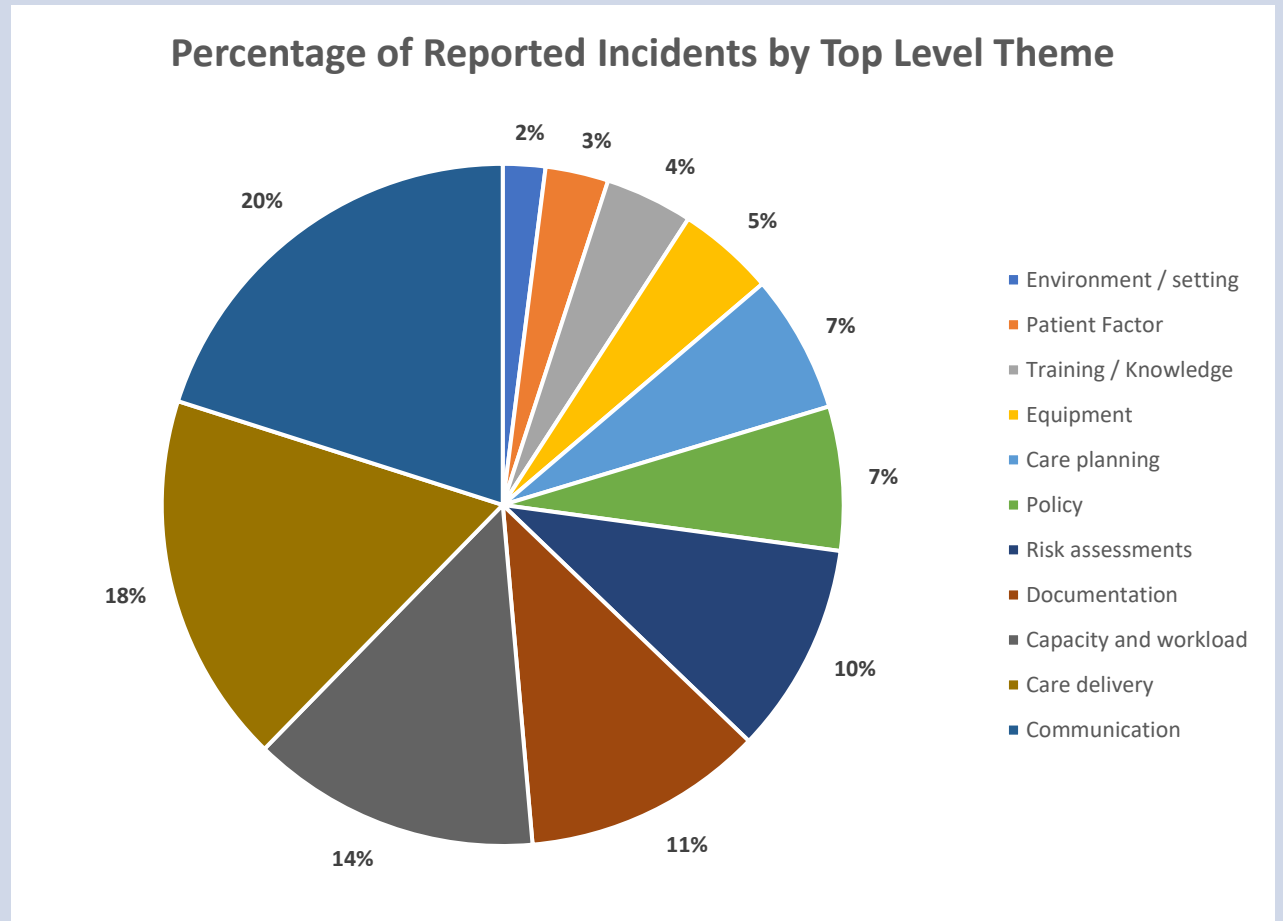
*The numbers in brackets indicate the number of Never Events reported.

Nursing & Quality – SI Themes and Trends Highlights

Reporting Period – Month 9 2023/24 – December & Q3 data

Information Source and date of information – Themes tracker 16/02/2024 and December Themes Report

The table below highlights the top-level themes identified across the System through the investigation process for reported events and detailed in the submitted investigations since March 2022, when this data collection commenced.



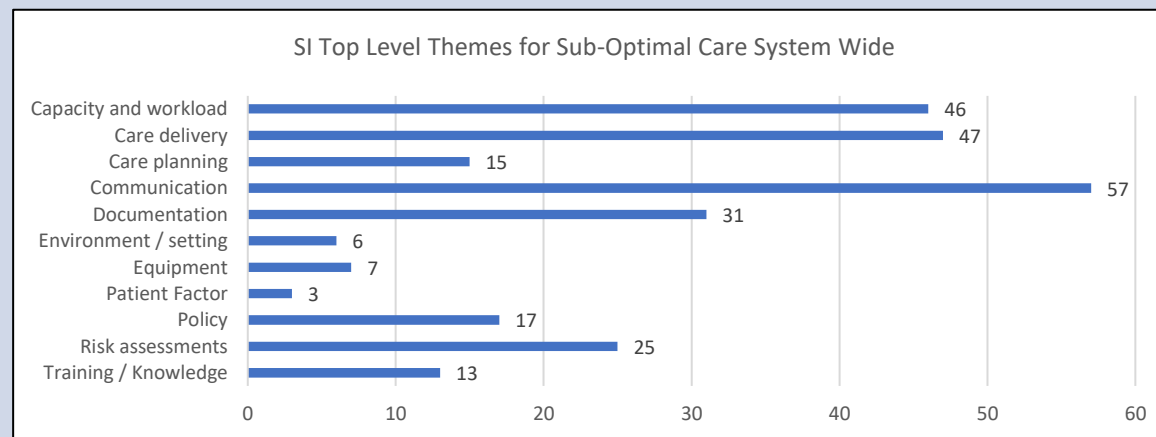
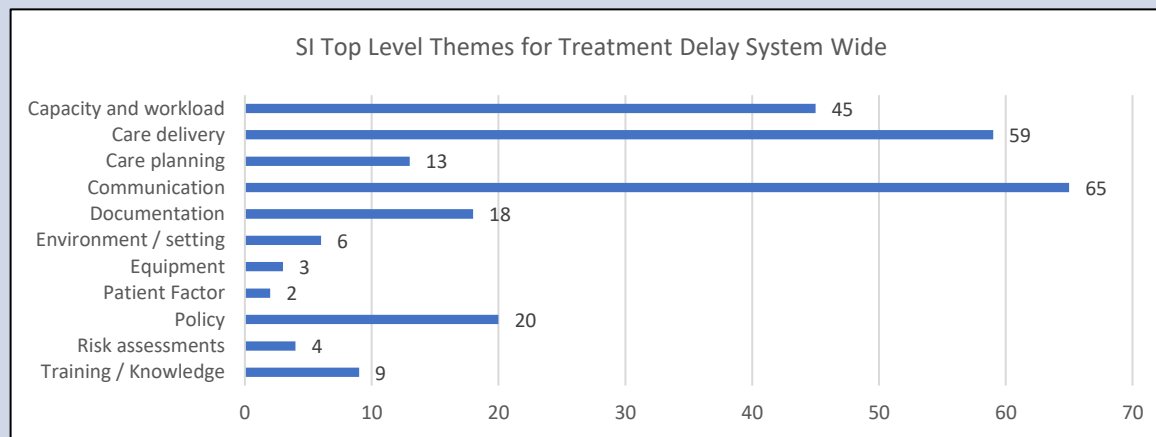
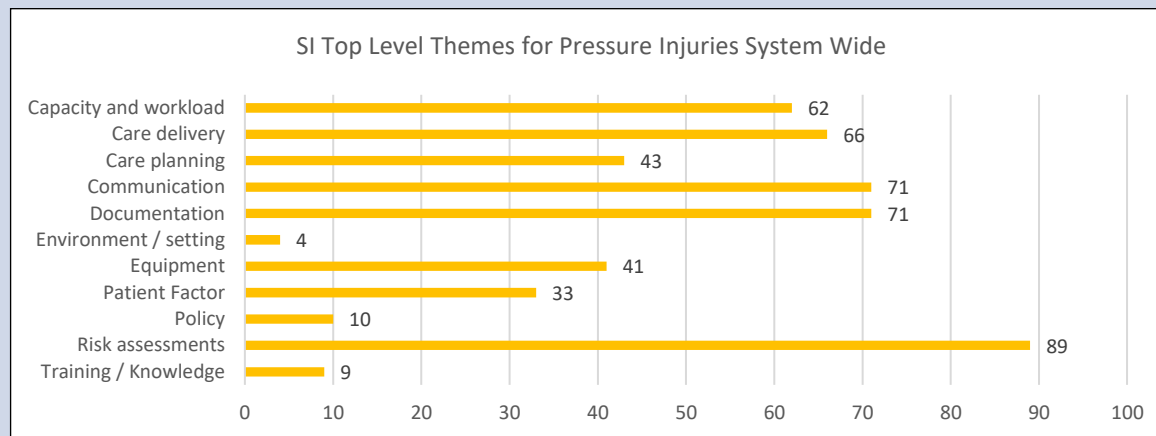
Across the system, it is noted that the top two themes remain Communication and Care Delivery, with Communication showing the most significant increase of 66% within the last quarter's reviews.

Nursing & Quality – SI Themes and Trends across BNSSG partners

Reporting Period – Month 9 2023/24 – December & Q3 data

Since March 2022, when this data collection commenced, the running total of Serious Incident investigations reviewed by the Quality team is 350, please see table below for breakdown by type of incident. The graphs on the right show the themes identified through the reviews of the investigation reports of the top four SI types.

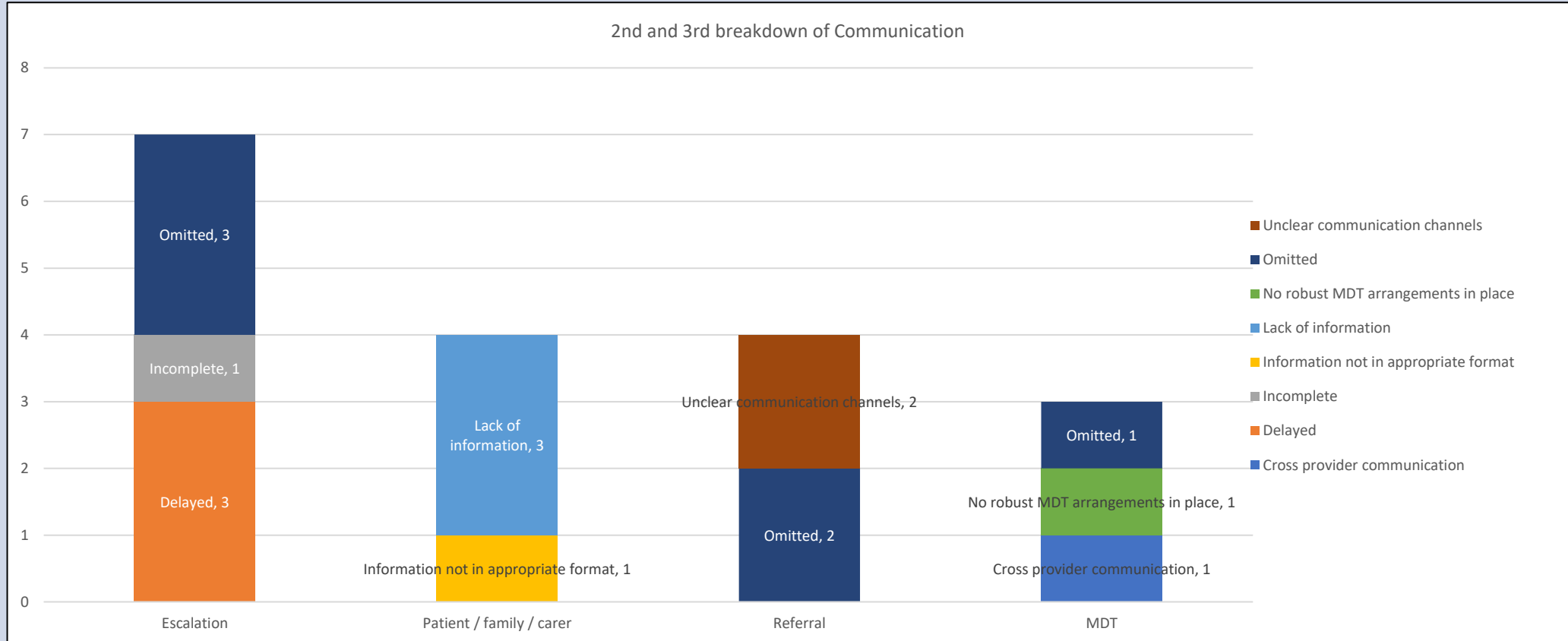
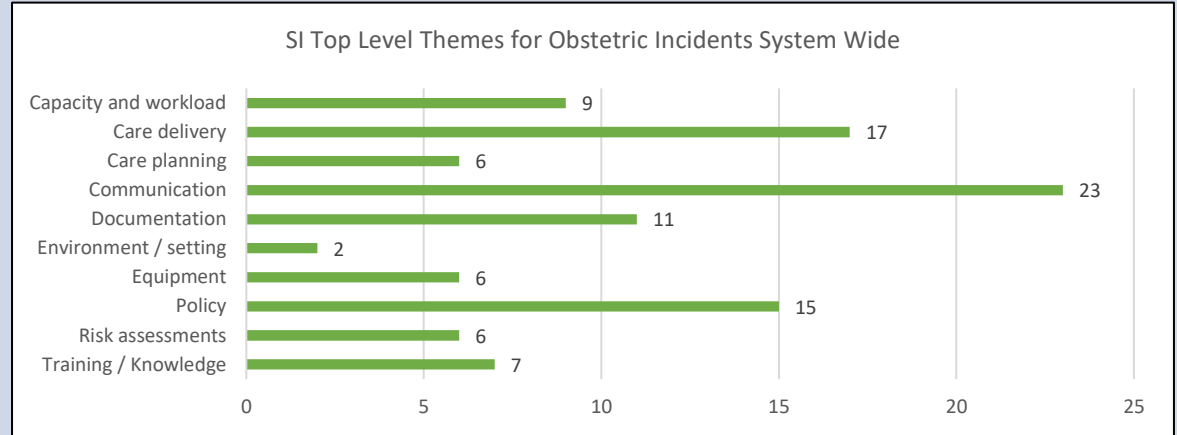
Serious Incident Types	Number of investigation reports reviewed per SI type
Pressure Injury	81
Treatment delay	47
Sub-optimal care	39
Obstetric	31
Diagnostic	26
Slips/trips/falls	26
Medication	26
Suspected suicide	22
Suspected self-inflicted harm	10
Wrong site surgery	8
Aggressive behaviour	6
Surgical procedure	6
Unexpected death	4
HCAI/Infection control	3
Medical equipment	3
Homicide	2
Misplaced naso or oro-gastric tubes	1
Retained object post procedure	1
Alleged assault of patient	1
Alleged assault of patient	1
Blood product/transfusion	1
Failed discharge	1
Screening issues	1
Wrong implant/prosthesis	1
Environmental	1
Failure to obtain appropriate bed for child	1



Nursing & Quality – SI Themes and Trends Maternity/Obstetric Reporting Period – Month 9 2023/24 – December & Q3 data

For maternity incident, the leading theme is Communication, as shown on the table on the right.

The breakdown of Communication highlights that omitted or delayed escalation and lack of information provided to the patient/family/carer are the main issues that have been identified through the reviews.



BNSSG Performance Report

February 2024

Created by

BI Performance Team

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1 Executive Summary

- Overall, BNSSG Trusts' 4hr A&E performance improved slightly from 64.1% in December to 64.2% in January and is better than the national average for Type 1 EDs of 55.4%. 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 93,891 in November to 92,964 in December. BNSSG performance of 60.3% was ranked 10th out of 42 ICBs nationally (up from 12th in November) and ranked 3rd out of 7 ICBs in the Southwest (up from 4th in November).
- The number of BNSSG patients waiting 52 weeks or more for planned treatment decreased from 4,166 in November to 3,437 in December – 3.7% of the total waiting list. The BNSSG position is driven mainly by waits at UHBW (1,916) and NBT (1,284), with the remaining 237 breaches split across 52 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 1,124 in November to 934 in December. The BNSSG position is driven mainly by waits at UHBW (597), and NBT (27). The remaining 62 breaches are split across 30 other providers, with the majority at RUH(10). At provider level, the number decreased at both UHBW and NBT.
- The number of BNSSG patients waiting over 78 weeks decreased from 147 in November to 136 in December. The BNSSG position is driven mainly by waits at UHBW (98) and NBT (30). The remaining 8 breaches are split across 8 other providers. At provider level, the number decreased at UHBW but increased NBT.
- The number of BNSSG patients waiting over 104 weeks decreased 2 in November to 0 in December. At provider level, the number decreased from 1 to 0 at NBT and remained at zero at UHBW.
- 28 day faster diagnosis standard for BNSSG cancer patients improved in December to 75.3% for the BNSSG population. At provider level, performance improved at both NBT (74.9%) and UHBW (75.5%). The 75% national standard was achieved at the BNSSG population level for the first time since it was introduced. The monthly operational plan targets have were achieved at both provider or population level for the first time.
- The new 31 day combined standard for BNSSG cancer patients improved slightly in December to 93.6%. 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 December to 68.8%. At provider level, performance improved at UHBW but worsened slightly at NBT. 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%	Dec-23	38.79%	13.97%	17.68%	27.93%	25.02%	15.72%	36.85%	26.82%	7	1	3	5	4	2	6	2	→
A&E 4 Hour Performance	76%	Jan-24	71.13%	68.54%	71.34%	75.34%	72.49%	70.47%	62.47%	70.28%	4	6	3	1	2	5	7	5	→
A&E 12 Hour Trolley Waits	0	Jan-24	129	510	974	804	124	645	1017	54308	2	3	6	5	1	4	7	4	→
RTT Incomplete 18 Weeks	92%	Dec-23	58.78%	58.86%	64.79%	60.55%	60.73%	60.31%	55.44%	56.58%	2	3	7	5	6	4	1	4	→
RTT Incomplete Total		Dec-23	107493	97024	79973	60557	65391	92964	152828	7603675	93.0%	76.1%	54.9%	70.2%	81.3%	82.8%	80.7%	93.7%	↑
RTT Incomplete 52 Week Plus	0	Dec-23	3845	5404	3169	3135	2915	3437	8813	337450	5	6	3	2	1	4	7	5	↑
RTT Incomplete 65 Week Plus	0	Dec-23	890	1700	814	1249	826	934	3125	98374	3	6	1	5	2	4	7	5	↑
RTT 52 weeks + (% of waiting list)		Dec-23	3.58%	5.57%	3.96%	5.18%	4.46%	3.70%	5.77%	4.44%	1	6	3	5	4	2	7	4	↑
RTT 65 weeks + (% of waiting list)		Dec-23	0.83%	1.75%	1.02%	2.06%	1.26%	1.00%	2.04%	1.29%	1	5	3	7	4	2	6	4	↑
RTT 78 weeks + (% of waiting list)		Dec-23	0.07%	0.12%	0.04%	0.57%	0.12%	0.15%	0.47%	0.17%	2	3	1	7	4	5	6	5	→
RTT 104 weeks+ (% of waiting list)		Dec-23	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7	4	3	5	1	1	6	5	↑

Please note:

- Cancer standards have been temporarily removed from this slide due to national changes to the cancer standards that came into effect from 1st October which is reflected in data published from December 2023.
- BNSSG performance against the new 31 day combined and 62 day combined cancer standards is shown on slide 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	Jan-24	00:17:30	00:15:30	00:18:30	00:25:00	00:19:42	00:13:30	00:18:18	00:18:12	3	2	5	7	6	1	4	1	➔
Category 1 - Average Duration (hr:min:sec)	00:07:00	Jan-24	00:09:36	00:08:24	00:10:00	00:12:42	00:10:36	00:08:00	00:09:54	00:09:42	3	2	5	7	6	1	4	1	➔
Category 2 - 90th Percentile Duration (hr:min:sec)	00:40:00	Jan-24	01:43:36	00:53:24	01:18:24	03:25:30	01:23:54	01:04:36	01:52:06	01:31:48	5	1	3	7	4	2	6	2	➔
Category 2 - Average Duration (hr:min:sec)	00:30:00	Jan-24	00:46:30	00:26:54	00:38:48	01:24:12	00:41:06	00:30:54	00:53:36	00:44:48	5	1	3	7	4	2	6	2	➔
Category 3 - 90th Percentile Duration (hr:min:sec)	02:00:00	Jan-24	04:09:36	02:51:36	03:44:06	06:55:06	03:41:48	03:37:36	05:20:36	04:01:00	5	1	4	7	3	2	6	2	➔
Category 3 - Average Duration (hr:min:sec)		Jan-24	01:41:00	01:11:42	01:36:48	02:25:42	01:38:42	01:24:54	02:02:30	01:38:54	5	1	3	7	4	2	6	2	➔
Category 4 - 90th Percentile Duration (hr:min:sec)	03:00:00	Jan-24	04:59:42	03:00:42	04:57:54	06:46:42	07:56:06	07:00:42	06:06:42	06:04:42	3	1	2	5	7	6	4	5	⬇
Category 4 - Average Duration (hr:min:sec)		Jan-24	02:08:12	01:21:36	02:17:30	02:42:24	02:35:42	02:39:00	02:26:30	02:16:18	2	1	3	7	5	6	4	6	➔

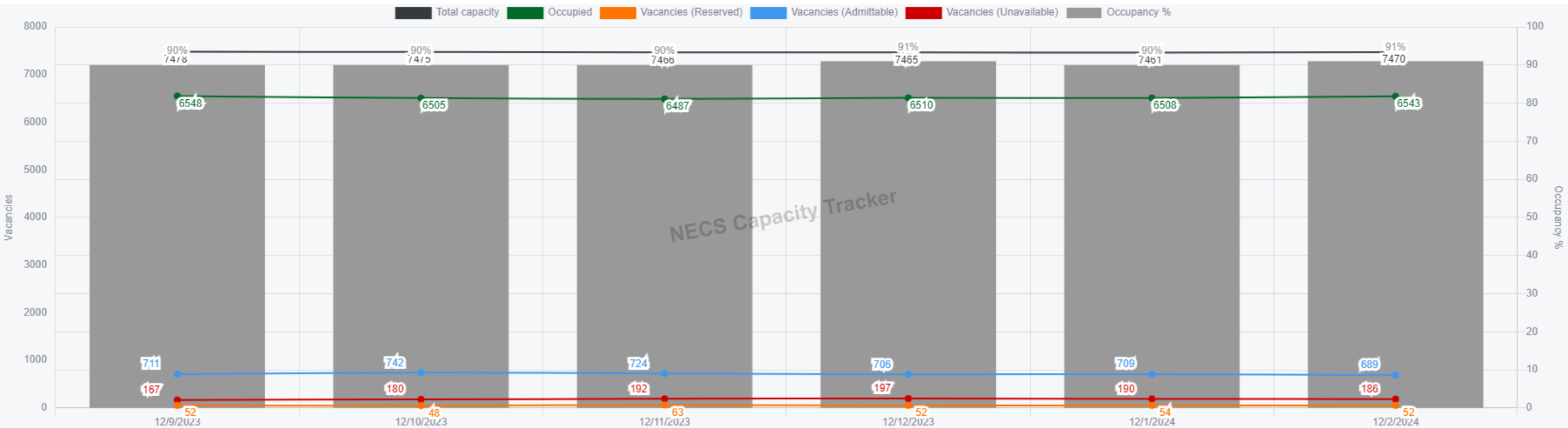
Measure	Standard	Performance/Activity								South West Ranking								Change	
		Recent Period	BSW	Dorset	Glos	Cornwall	Somerset	BNSSG	Devon	National	BSW	Dorset	Glos	Cornwall	Somerset	BNSSG	Devon	Rank Last Month	
Average speed to answer calls (in seconds)	20	Dec-23	237	26	303	207	259	276	332	220	3	1	6	2	4	5	7	2	⬇
% Triaged Calls receiving Clinical Contact	50%	Dec-23	55.1%	41.2%	47.4%	76.3%	67.4%	54.3%	56.0%	44.6%	4	7	6	1	2	5	3	5	➔
% of callers allocated the first service offered by DOS	80%	Dec-23	42.8%	62.9%	79.6%	90.8%	87.2%	82.3%	78.8%	70.2%	7	6	4	1	2	3	5	3	➔
% of Cat 3 or 4 ambulance dispositions that receive remote clinical intervention	75%	Dec-23	98.7%	90.9%	74.8%	95.3%	90.5%	84.2%	88.5%	81.1%	1	3	7	2	4	6	5	6	➔
% calls initially given an ETC disposition that receive remote clinical intervention	50%	Dec-23	56.8%	53.0%	87.6%	92.0%	82.0%	90.4%	82.9%	44.9%	6	7	3	1	5	2	4	2	➔
Abandonment Rate for 111 Calls	3%	Dec-23	9.3%	2.1%	11.1%	13.8%	17.3%	9.7%	11.1%	10.8%	2	1	5	6	7	3	4	3	➔

2.2 Urgent Care – Summary Performance – January

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	Jan-24	5	4	6	-2	▼	4	0	▼	▼
	Category 2 Response time - Mean (minutes)	BNSSG ICB	Jan-24	30	31	38	-7	▼	27	4	▲	▼
	Category 2 Response time – 90th centile (minutes)	BNSSG ICB	Jan-24	40	65	84	-19	▼	57	8	▲	▼
	Percentage of conveyances to ED by 999 ambulances	BNSSG ICB	Jan-24	N/A	41.8%	41.3%	0.5%	▲	51.7%	-9.9%	▼	▼
	Percentage of NHS 111 calls assessed by a clinician or clinical advisor	BNSSG ICB	Jan-24	50%	50.1%	51.4%	-1.3%	▼	70.9%	-20.8%	▼	▲
	Percentage of NHS 111 Calls Abandoned	BNSSG ICB	Jan-24	3%	7.0%	8.5%	-1.4%	▼	3.8%	3.2%	▲	▼
A&E	Percentage of Ambulance Handovers within 15 minutes	BNSSG Trusts	Jan-24	65%	30.4%	26.9%	3.5%	▲	61.0%	-30.6%	▼	▲
	Ambulance Handovers - Average Time Lost per day >15 mins (Hours)	BNSSG Trusts	Jan-24	N/A	107	132	-25	▼	15	92	▲	▼
	Time to Initial Assessment – percentage of patients assessed within 15 minutes of arrival at A&E	NBT	Jan-24	N/A	78.3%	77.6%	0.7%	▲	67.8%	10.5%	▲	▲
		BRI	Jan-24	N/A	56.9%	59.7%	-2.9%	▼	58.0%	-1.1%	▼	▲
		Weston	Jan-24	N/A	46.3%	43.7%	2.7%	▲	8.5%	37.8%	▲	▲
	Average (mean) time in Department – non-admitted patients (hh:mm)	NBT	Jan-24	N/A	4:01	3:47	0:14	▲	2:56	1:04	▲	▼
BRI		Jan-24	N/A	4:50	4:43	0:06	▲	3:21	1:29	▲	▼	
Weston		Jan-24	N/A	3:34	3:36	-0:02	▼	3:39	-0:05	▼	▼	
Hospital	Hospital Average (mean) time in Department – admitted patients (hh:mm)	NBT	Jan-24	N/A	10:00	9:13	0:46	▲	6:35	3:24	▲	▼
		BRI	Jan-24	N/A	6:58	7:10	-0:12	▼	5:21	1:36	▲	▼
		Weston	Jan-24	N/A	10:05	7:57	2:07	▲	8:36	1:28	▲	▼
Whole System	Percentage of patients spending more than 12 hours from Arrival in A&E	NBT	Jan-24	2%	9.7%	7.7%	2.0%	▲	0.0%	9.7%	▲	▼
		BRI	Jan-24	2%	4.8%	6.3%	-1.5%	▼	2.3%	2.5%	▲	▼
		Weston	Jan-24	2%	8.2%	8.6%	-0.4%	▼	10.4%	-2.3%	▼	▼
	Number of patients spending more than 12 hours in A&E from a Decision To Admit	BNSSG Trusts	Jan-24	0	645	645	0	◀▶	306	339	▲	▼
		NBT	Jan-24	0	318	269	49	▲	38	280	▲	▼
		UHBW	Jan-24	0	327	376	-49	▼	268	59	▲	▼
Percentage of patients waiting 4 hours or less in A&E	BNSSG Trusts	Jan-24	76%	64.2%	64.1%	0.0%	▲	78.4%	-14.2%	▼	▲	
	NBT	Jan-24	76%	63.3%	67.2%	-3.9%	▼	78.3%	-15.0%	▼	▲	
	UHBW	Jan-24	76%	64.7%	62.6%	2.1%	▲	78.5%	-13.8%	▼	▲	

- 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.

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 (267 / 267 / 267)	7470	927	689	186	52	6543	9%	2%	1%	88%
General Nursing	1849	241	187	32	22	1608	10%	2%	1%	87%
General Residential	1684	247	175	61	11	1437	10%	4%	1%	85%
Dementia Residential	1602	232	169	56	7	1370	11%	3%	0%	86%
Dementia Nursing	1188	117	82	30	5	1071	7%	3%	0%	90%
Learning Disability Residential	568	52	40	7	5	516	7%	1%	1%	91%
Mental Health Residential	269	17	15	0	2	252	6%		1%	94%
Community Care	48	6	6	0	0	42	13%			88%
Mental Health Nursing	155	5	5	0	0	150	3%			97%
Learning Disability Nursing	85	5	5	0	0	80	6%			94%
YPD - Young Physically Disabled	21	4	4	0	0	17	19%		6	81%
Transitional	1	1	1	0	0	0	100%			

2.3 Planned Care – Summary Performance – December

BNSSG Population Level

RTT 18 week Incomplete	Dec-23	Nov-23	Variance	Change	Dec-19	Variance	Change
Total Waiting List	92,964	93,891	-927	▼	52,667	40,297	▲
No. >18 weeks	36,900	36,310	590	▲	7,521	29,379	▲
No. >52 weeks	3,437	4,166	-729	▼	22	3,415	▲
No. >65 weeks	934	1,124	-190	▼	N/A	N/A	N/A
No. >78 weeks	136	147	-11	▼	N/A	N/A	N/A
No. >104 weeks	0	2	-2	▼	N/A	N/A	N/A
52ww as % of WL	3.7%	4.4%	-0.7%	▼	0.0%	3.7%	▲
% Performance	60.31%	61.33%	-1.0%	▼	72.35%	-12.0%	▼

NBT Total Provider

Dec-23	Nov-23	Variance	Change	Dec-19	Variance	Change
47,245	47,698	-453	▼	28,078	19,167	▲
18,834	18,156	678	▲	4,934	13,900	▲
1,685	1,858	-173	▼	14	1,671	▲
388	420	-32	▼	N/A	N/A	N/A
50	49	1	▲	N/A	N/A	N/A
0	1	-1	▼	N/A	N/A	N/A
3.6%	3.9%	-0.3%	▼	0.0%	3.5%	▲
60.14%	61.94%	-1.8%	▼	73.18%	-13.0%	▼

UHBW Total Provider

Dec-23	Nov-23	Variance	Change	Dec-19	Variance	Change
60,654	61,278	-624	▼	41,112	19,542	▲
27,573	27,543	30	▲	7,078	20,495	▲
3,215	4,101	-886	▼	15	3,200	▲
1,048	1,304	-256	▼	N/A	N/A	N/A
185	223	-38	▼	N/A	N/A	N/A
0	0	0	◀▶	N/A	N/A	N/A
5.3%	6.7%	-1.4%	▼	0.0%	5.3%	▲
54.54%	55.05%	-0.5%	▼	62.56%	-8.0%	▼

Diagnostics	Dec-23	Nov-23	Variance	Change	Dec-19	Variance	Change
Total Waiting List	24,503	25,011	-508	▼	20,801	3,702	▲
No. >6 weeks	3,851	3,662	189	▲	1,704	2,147	▲
No. >13 weeks	838	811	27	▲	188	650	▲
% Performance	15.72%	14.64%	1.1%	▲	8.19%	7.5%	▲

Dec-23	Nov-23	Variance	Change	Dec-19	Variance	Change
11,456	11,809	-353	▼	11,145	311	▲
1,158	1,159	-1	▼	1,399	-241	▼
7	14	-7	▼	151	-144	▼
10.11%	9.81%	0.3%	▲	12.55%	-2.4%	▼

Dec-23	Nov-23	Variance	Change	Dec-19	Variance	Change
13,286	13,755	-469	▼	10,039	3,247	▲
2,655	2,726	-71	▼	404	2,251	▲
849	896	-47	▼	70	779	▲
19.98%	19.82%	0.2%	▲	4.02%	16.0%	▲

Cancer	Dec-23	Nov-23	Variance	Change	Dec-19	Variance	Change
28 day FDS (All Routes)	75.29%	67.32%	8.0%	▲	N/A	N/A	N/A
31 day combined (new)	93.64%	93.41%	0.2%	▲	N/A	N/A	N/A
62 day combined (new)	68.82%	61.50%	7.3%	▲	N/A	N/A	N/A

Dec-23	Nov-23	Variance	Change	Dec-19	Variance	Change
74.89%	71.42%	3.5%	▲	N/A	N/A	N/A
86.32%	84.92%	1.4%	▲	N/A	N/A	N/A
61.20%	60.07%	1.1%	▲	N/A	N/A	N/A

Dec-23	Nov-23	Variance	Change	Dec-19	Variance	Change
75.46%	59.08%	16.4%	▲	N/A	N/A	N/A
92.80%	93.77%	-1.0%	▼	N/A	N/A	N/A
75.24%	61.79%	13.5%	▲	N/A	N/A	N/A

Key to Tables

- Latest month = **December** Previous month = **November** 19/20 = **December 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.

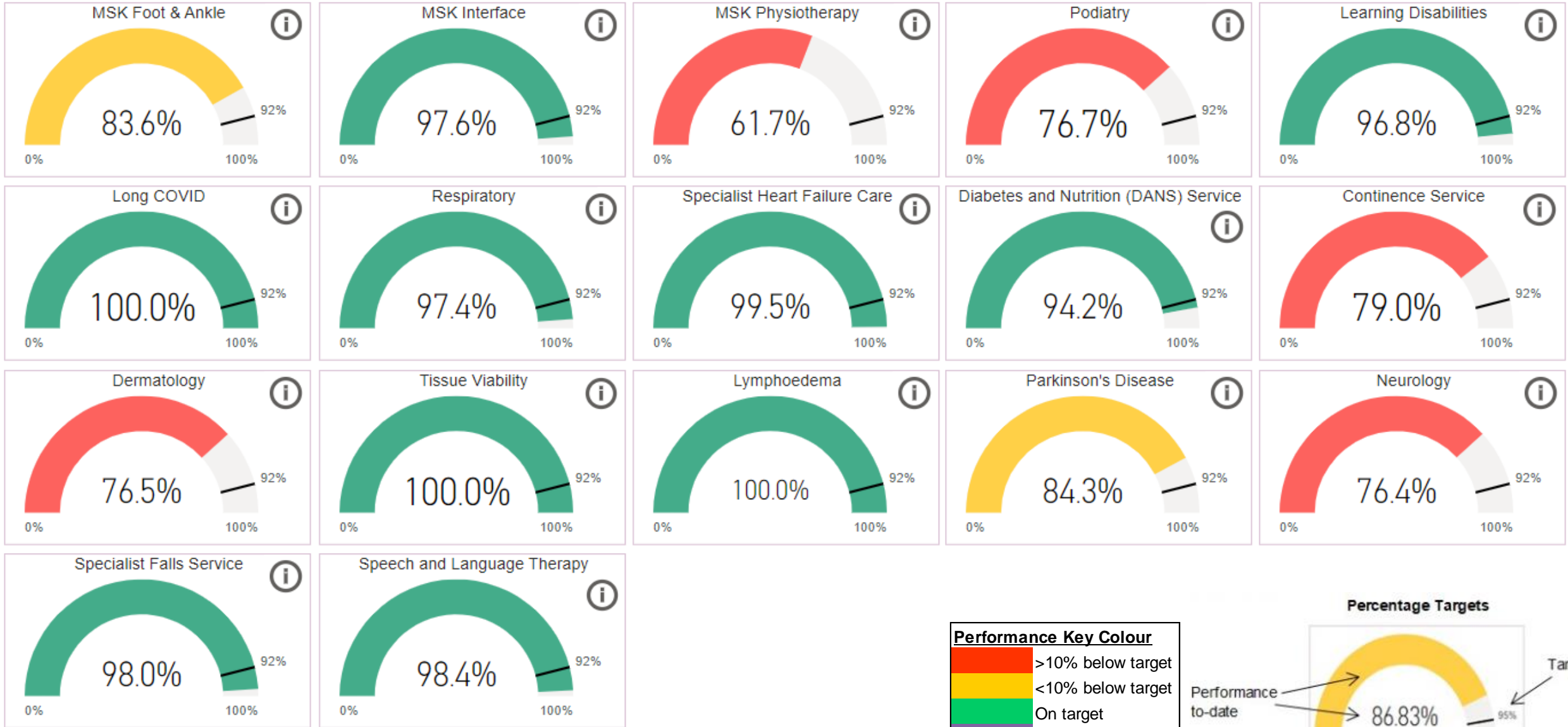
2.4 Mental Health – Summary Performance

Mental Health, Learning Disabilities & Autism	Period	Standard	Latest	Previous	Variance	Change	19/20	Variance	Change
Dementia Diagnosis Rate	Dec-23	66.7%	68.7%	68.6%	0.1%	▲	68.4%	0.3%	▲
EIP - 2ww Referral	Dec-23	60%	33.3%	60.0%	-26.7%	▼	77.0%	-43.7%	▼
IAPT Roll out (rolling 3 months)	Dec-23	6.25%	4.19%	4.32%	-0.13%	▼	4.8%	-0.6%	▼
IAPT Recovery Rate	Dec-23	50%	55.7%	52.0%	3.6%	▲	36.4%	19.2%	▲
IAPT Waiting Times - 6 weeks	Dec-23	75%	97.5%	98.0%	-0.5%	▼	78.1%	19.4%	▲
IAPT Waiting Times - 18 weeks	Dec-23	95%	100.0%	99.3%	0.7%	▲	99.2%	0.8%	▲
CYP MH Access Rate - 2 contacts (12m rolling)	Dec-23	34%	36.2%	35.5%	0.7%	▲	20.4%	15.8%	▲
CYP with Eating Disorders - routine cases within 4 weeks (12m rolling)	Jan-24	95.0%	94.1%	93.2%	0.9%	▲	89.8%	4.3%	▲
CYP with Eating Disorders - urgent cases within 1 week (12m rolling)	Jan-24	95.0%	100.0%	100.0%	0.0%	◀▶	55.17%	44.8%	▲
SMI Annual Health Checks (12 month rolling)	Q3 23-24	60.0%	56.1%	53.4%	2.7%	▲	20.4%	35.7%	▲
Total Inappropriate Out of Area Placements (Bed Days)	Nov-23	0	30	30	0	◀▶	508	-478	▼
Percentage of Women Accessing Perinatal MH Services (12m rolling)	Dec-23	8.6%	8.15%	7.97%	0.2%	▲	N/A	N/A	N/A
Reliance on inpatient care for people with a LD and/or autism - Adults in CCG beds	Jan-24	6	13	12	1	▲	N/A	N/A	N/A
Reliance on inpatient care for people with a LD and/or autism - Adults in NHSE beds	Jan-24	12	19	19	0	◀▶	N/A	N/A	N/A
LD Annual Health Checks delivered by GPs aged 14+ (Year to date)	Dec-23	2184	2330	2024	N/A	N/A	N/A	N/A	N/A
AWP Delayed Transfers of Care	Jan-24	3.5%	20.9%	22.4%	-1.5%	▼	5.2%	15.7%	▲
AWP Early Intervention	Jan-24	60%	78.5%	46.6%	31.9%	▲	45.4%	33.1%	▲
AWP 4 week wait referral to assessment	Jan-24	95%	94.00%	97.04%	-3.0%	▼	94.10%	-0.1%	▼

Key to Table

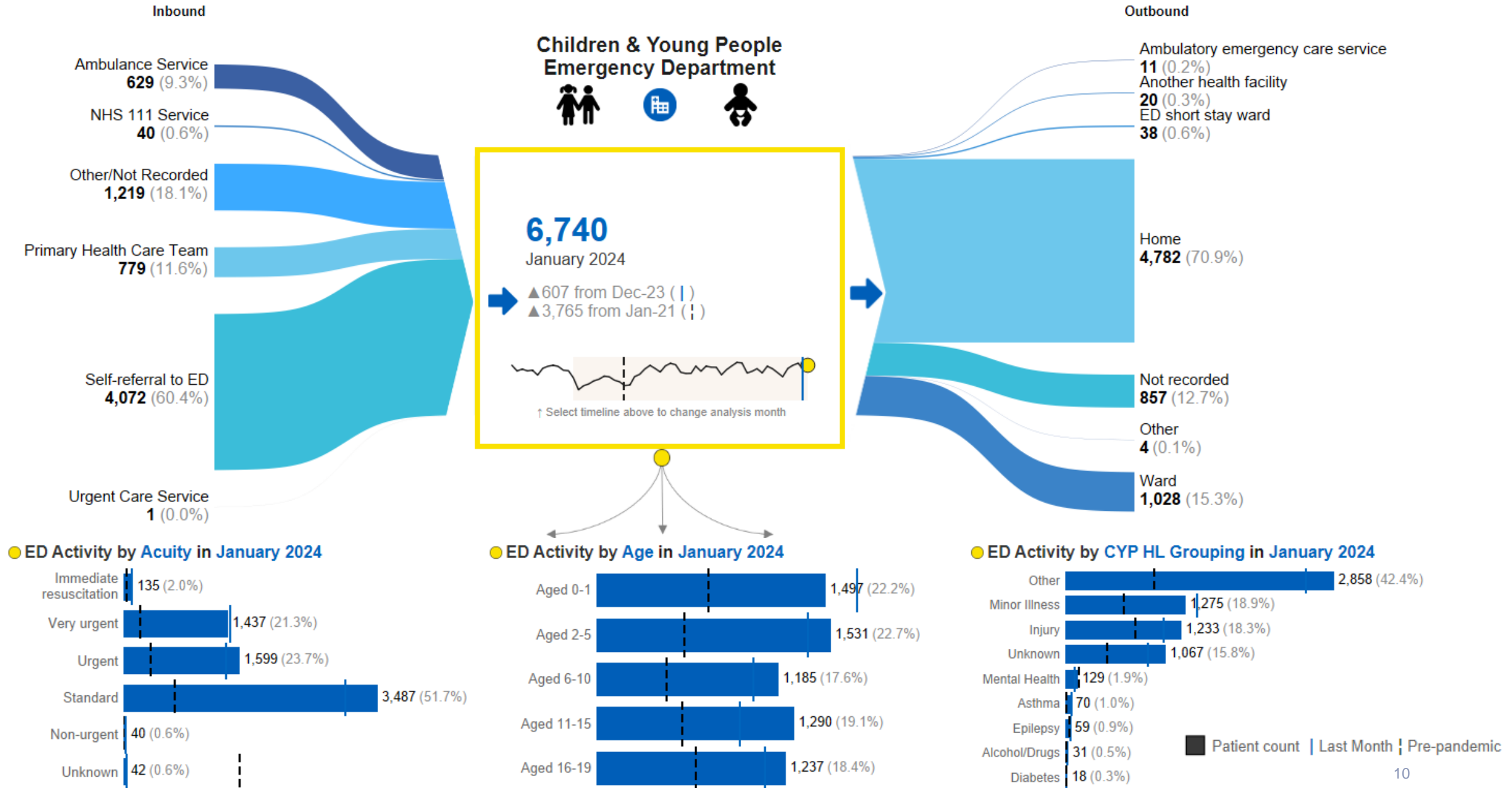
- Latest = **Latest month / quarter** Previous = **Previous month / quarter** 19/20 = **same month or period in 19/20** (pre-covid comparison), where available
- Standard = National Standard or Operational Plan, where available
- Variance: between latest period and previous period or latest period and 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 9th February. This is provisional until the 15th Working day of February.

2.6 Children – CYP ED Overview BNSSG Trusts - January



3.1 BNSSG ICB Scorecard

Theme	Indicator	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	Jan-24
Urgent Care	A&E 4hr Waits - BNSSG Footprint	76%	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%	70.47%
	A&E 4hr Waits - BNSSG Trusts	76%	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%	64.19%
	>12hr DTA breaches in A&E - BNSSG Trusts	0	2003	1318	436	680	326	474	224	46	129	216	499	574	645	645
Planned Care	RTT Incomplete - 18 Weeks Waits	92%	62.55%	64.12%	64.26%	63.84%	59.45%	63.57%	58.79%	57.51%	56.83%	58.55%	60.89%	61.33%	60.31%	
	RTT Incomplete - Total Waiting List Size		85,246	86,001	83,947	85,444	99,101	86,594	101,073	105,700	105,700	99,101	98,509	93,891	92,964	
	RTT Incomplete - 52 Week Waits		5345	4961	4182	4124	6,022	4,297	6245	7701	7965	5733	5107	4166	3437	
	RTT Incomplete - % of WL > 52 Weeks		6.27%	5.77%	4.98%	4.83%	6.08%	4.96%	6.18%	7.29%	7.54%	5.79%	5.18%	4.44%	3.70%	
	Diagnostic - 6 Week Waits	1%	35.13%	32.18%	24.95%	20.97%	23.12%	21.66%	20.71%	18.18%	19.09%	19.01%	18.02%	14.64%	15.72%	
	Diagnostic - Total Waiting List Size		30,471	29,469	28,816	29,335	27,783	27,710	27,157	27,177	25,400	24,900	25,419	25,011	24,503	
	Diagnostic - Number waiting > 6 Weeks		10,705	9,484	7,190	6,152	6,424	6,003	5,623	4,942	4,848	4,734	4,580	3,662	3,851	
Diagnostic - Number waiting > 13 Weeks		5,456	4,267	3,100	2,186	1,789	1,594	1,556	1,175	905	1,039	929	811	838		
Cancer	Cancer 28 day faster diagnosis standard (All Routes)	75%	53.60%	61.31%	72.01%	74.50%	66.12%	63.05%	65.67%	64.67%	57.98%	53.04%	57.29%	67.32%	75.29%	
	Cancer 31 Day Combined (new measure from Oct-23)	96%	94.48%	86.43%	94.43%	94.63%	92.36%	90.01%	94.40%	95.24%	92.23%	91.12%	93.41%	92.34%	93.64%	
	Cancer 62 Day Combined (new measure from Oct-23)	85%	58.05%	53.30%	61.89%	68.59%	63.79%	60.57%	65.04%	64.39%	62.95%	62.07%	61.50%	63.45%	68.82%	
Quality	Total Number of C.diff Cases	308	20	14	10	14	26	27	35	26	22	20	29	25	12	
	Total Number of MRSA Cases Reported	0	1	2	3	3	1	2	5	5	2	1	4	4	4	
	Total number of Never Events	0	2	1	0	0	0									
	Eliminating Mixed Sex Accommodation (BNSSG CCG)	0	3	3	0	5	10	10	11	22	32	12	9	9	20	
	Eliminating Mixed Sex Accommodation (BNSSG Trusts)	0	0	0	0	0	0	5	11	17	29	7	9	7	19	
Mental Health	Dementia Diagnosis Rate - People 65+	66.7%	66.66%	66.60%	66.40%	66.40%	66.49%	66.86%	67.07%	67.11%	67.41%	67.98%	68.48%	68.65%	68.75%	
	EIP - 2ww Referral	60%	62.50%	N/A	N/A	N/A	50.00%	42.86%	57.14%	57.14%	50.00%	83.33%	80.00%	60.00%	33.33%	
	IAPT Roll out (rolling 3 months)	6.25%	3.92%	4.32%	4.20%	4.53%	4.05%	4.27%	4.32%	4.52%	4.23%	3.93%	4.08%	4.32%	4.19%	
	IAPT Recovery Rate	50%	55.15%	50.63%	52.73%	52.54%	50.00%	48.68%	51.57%	55.00%	56.21%	53.64%	55.80%	52.03%	55.65%	
	IAPT Waiting Times - 6 weeks	75%	97.16%	96.97%	97.09%	97.81%	97.95%	95.60%	95.73%	98.18%	98.30%	98.09%	98.61%	98.01%	97.48%	
	IAPT Waiting Times - 18 weeks	95%	99.29%	99.39%	100%	100%	100%	99%	99%	100%	100%	100%	99%	99%	100%	
	CYPMH Access Rate 2+ contacts (rolling 12m)	34%	32.32%	32.38%	32.29%	32.44%	32.47%	32.03%	32.20%	32.91%	33.32%	34.31%	34.90%	35.51%	36.18%	
	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%	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%	100%	
	SMI Annual Health Checks (quarterly)	60%	50.94%		62.24%			56.94%			53.43%			56.09%		
	Out of Area Placements (Bed Days)		120	90	90	80	135	200	160	120	65	30	30	30		

3.2 Provider Scorecard – NBT

Theme	Indicator	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	Jan-24
Urgent Care	A&E 4hr Waits - Trust	76%	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%	63.30%
	A&E 4hr Waits - Footprint	76%	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%	69.22%
	>12hr DTA breaches in A&E	0	786	312	9	135	2	39	10	12	17	23	223	213	269	318
Planned Care	RTT Incomplete - 18 Weeks Waits	1%	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%	61.01%	60.97%	60.50%	60.53%	61.52%	61.94%	60.14%	
	RTT Incomplete - Total Waiting List Size	Op Plan	46,523	46,266	46,327	47,287	47,861	47,731	49,889	50,119	50,168	48,969	48,595	47,698	47,245	
	RTT Incomplete - 52 Week Waits	Op Plan	2,984	2,742	2,556	2,576	2,684	2,798	2,831	2,689	2,599	2,306	2,124	1,858	1,685	
	RTT Incomplete - % of WL > 52 Weeks		6.41%	5.93%	5.52%	5.45%	5.61%	5.86%	5.67%	5.37%	5.18%	4.71%	4.37%	3.90%	3.57%	
	Diagnostic - 6 Week Waits	1%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%	15.10%	14.18%	12.50%	11.40%	9.81%	10.11%	
	Diagnostic - Total Waiting List Size		14,988	13,437	12,679	12,415	11,878	12,571	12,959	12,519	11,806	11,525	11,939	11,809	11,456	
	Diagnostic - Number waiting > 6 Weeks		5,779	4,328	2,847	1,990	2,072	2,198	2,415	1,890	1,674	1,441	1,361	1,159	1,158	
	Diagnostic - Number waiting > 13 Weeks		3,663	2,459	1,497	939	740	593	595	300	124	59	17	14	7	
Cancer	Cancer 28 day faster diagnosis standard (All Routes)	75%	55.48%	62.66%	77.41%	78.17%	68.05%	62.72%	66.43%	65.14%	57.36%	54.96%	59.46%	71.42%	74.89%	
	Cancer 31 Day Combined (new measure from Oct-23)	96%	84.27%	74.04%	87.41%	88.86%	78.13%	77.47%	87.27%	86.93%	85.25%	79.03%	84.92%	86.27%	86.32%	
	Cancer 62 Day Combined (new measure from Oct-23)	85%	56.21%	51.28%	64.69%	68.66%	60.52%	56.76%	61.31%	61.54%	60.61%	57.96%	60.07%	61.59%	61.20%	
Quality	Total Number of C.diff Cases (HOHA + COHA)		6	4	2	7	4	8	15	12	2	5	6	4	3	
	Total Number of MRSA Cases Reported	0	0	0	0	2	0	0	1	1	0	0	1	1	0	
	Total Number of E.Coli Cases		4	9	6	3	8	5	10	10	5	13	11	16	9	
	Number of Klebsiella cases		2	1	2	1	1	2	1	8	3	4	3	5	1	
	Number of Pseudomonas Aeruginosa cases		4	2	1	1	1	3	0	1	0	0	3	1	1	
	Eliminating Mixed Sex Accommodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of Never Events	0	1	1	0	0	0	0	0	0	0	1	1	0	0	
	VTE assessment on admission to hospital	95%	95.46%	95.83%	95.54%	95.09%	95.61%	95.06%	95.97%	94.72%	94.33%	93.85%	92.70%	91.15%		

3.3 Provider Scorecard – UHBW

Theme	Indicator	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	Jan-24
Urgent Care	A&E 4hr Waits - Trust	76%	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%	64.65%
	A&E 4hr Waits - Footprint	76%	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%	71.08%
	>12hr DTA breaches in A&E	0	1217	1006	427	545	324	435	214	34	112	193	276	361	376	327
Planned Care	RTT Incomplete - 18 Weeks Waits	1%	54.36%	55.62%	54.25%	53.45%	52.66%	54.00%	52.41%	52.68%	51.51%	51.65%	55.01%	55.05%	54.54%	
	RTT Incomplete - Total Waiting List Size	Op Plan	64,359	64,847	64,929	66,379	66,543	67,447	67,180	67,451	66,558	65,056	65,199	61,278	60,654	
	RTT Incomplete - 52 Week Waits	Op Plan	6,011	5,498	5,371	5,383	5,472	5,523	5,865	6,134	6,348	5,813	5,075	4,101	3,215	
	RTT Incomplete - % of WL > 52 Weeks		9.34%	8.48%	8.27%	8.11%	8.22%	8.19%	8.73%	9.09%	9.54%	8.94%	7.78%	6.69%	5.30%	
	Diagnostic - 6 Week Waits	1%	34.21%	34.12%	27.88%	25.67%	28.16%	26.54%	23.22%	21.98%	24.05%	25.08%	24.55%	19.82%	19.98%	
	Diagnostic - Total Waiting List Size		16,339	16,731	17,080	17,333	16,589	15,345	14,709	15,164	13,860	13,773	13,977	13,755	13,286	
	Diagnostic - Number waiting > 6 Weeks		5,589	5,709	4,762	4,450	4,671	4,072	3,415	3,333	3,334	3,454	3,431	2,726	2,655	
Cancer	Diagnostic - Number waiting > 13 Weeks		2,307	2,190	1,933	1,484	1,310	1,200	1,097	1,007	886	1,072	1,002	896	849	
	Cancer 28 day faster diagnosis standard (All Routes)	75%	45.98%	53.23%	58.46%	65.42%	60.03%	61.52%	61.56%	59.51%	56.05%	48.38%	52.02%	59.08%	75.46%	
	Cancer 31 Day Combined (new measure from Oct-23)	96%	98.12%	90.49%	96.26%	95.37%	95.83%	94.24%	95.18%	97.12%	93.48%	93.91%	93.77%	92.98%	92.80%	
	Cancer 62 Day Combined (new measure from Oct-23)	85%	66.08%	55.83%	54.35%	68.37%	69.89%	70.68%	71.66%	68.48%	66.29%	65.04%	61.79%	66.51%	75.24%	
Quality	Total Number of C.diff Cases (HOHA + COHA)	7.3	7	5	8	6	12	8	13	8	10	9	9	6	4	
	Total Number of MRSA Cases Reported	0	1	2	1	1	1	0	2	2	0	1	0	0	1	
	Total Number of E.Coli Cases	119	5	5	6	6	9	9	10	10	9	10	8	9	6	
	Number of Klebsiella cases		3	3	1	3	2	3	6	4	4	4	7	7	8	
	Number of Pseudomonas Aeruginosa cases		0	3	1	1	2	3	2	2	2	2	3	0	2	
	Eliminating Mixed Sex Accommodation	0	0	0	0	0	0	5	11	17	29	7	9	7	19	
	Number of Never Events	0	1	0	0	0	0	0								
	Rate of slips, trips and falls per 1,000 bed days	4.8	4.71	5.11	5.23	5.14	5.29	4.13	4.63	4	3.43	3.80	4.18	4.05	5.38	
	No. of Pressure Ulcers grade 2, 3 & 4 per 1,000 bed days	0.4	0.088	0.086	0.1	0.147	0.032	0	0.124	0.062	0.061	0.096	0.148	0.119	0.151	
VTE assessment on admission to hospital (Bristol)	95%	81.3%	85.3%	84.5%	83.5%	82.0%	82.8%	82.6%	84.0%	84.7%	82.5%	82.7%	84.9%	83.0%		

3.4 Non-Acute Provider Scorecard

Provider	Indicator (BNSSG level - except ambulance handovers)	Standard	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
SWASFT	Category 1 - Average Duration (hr:min:sec)	0:07:00	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	0:08:00
	Category 1 - 90th Percentile Duration (hr:min:sec)	0:14:00	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	0:13:30
	Category 2 - Average Duration (hr:min:sec)	0:30:00	0:30:06	0:27:54	0:29:06	0:22:48	0:28:06	0:29:48	0:25:12	0:23:42	0:33:00	0:36:18	0:30:48	0:38:12	0:30:54
	Category 2 - 90th Percentile Duration (hr:min:sec)	0:40:00	1:05:24	1:00:30	1:02:48	0:48:24	1:00:06	1:05:18	0:52:06	0:48:36	1:09:42	1:19:30	1:04:54	1:23:54	1:04:36
	Category 3 - 90th Percentile Duration (hr:min:sec)	2:00:00	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	3:37:36
	Category 4 - 90th Percentile Duration (hr:min:sec)	3:00:00	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	7:00:42
	Ambulance Handovers - % within 15 minutes at NBT	65%	19.5%	26.7%	23.0%	34.9%	29.2%	29.6%	29.5%	28.5%	26.7%	25.0%	29.3%	27.7%	33.7%
	Ambulance Handovers - % within 30 minutes at NBT	95%	54.7%	70.9%	67.5%	79.1%	70.7%	75.9%	73.3%	71.4%	65.6%	57.9%	65.2%	61.1%	64.2%
	Ambulance Handovers - % within 60 minutes at NBT	100%	78.9%	94.7%	89.1%	96.1%	91.4%	93.7%	93.9%	93.4%	88.8%	78.2%	84.6%	80.8%	81.8%
	Ambulance Handovers - % within 15 minutes at BRI	65%	12.1%	11.9%	14.2%	24.5%	18.7%	39.1%	59.8%	34.1%	33.6%	20.6%	19.5%	26.7%	26.4%
	Ambulance Handovers - % within 30 minutes at BRI	95%	33.5%	37.1%	44.6%	61.4%	48.0%	73.4%	88.0%	60.8%	61.2%	55.1%	50.3%	59.4%	59.5%
	Ambulance Handovers - % within 60 minutes at BRI	100%	58.7%	69.1%	72.8%	87.6%	74.1%	90.4%	97.5%	81.4%	84.1%	79.5%	75.4%	77.4%	77.4%
	Ambulance Handovers - % within 15 minutes at WGH	65%	11.0%	19.4%	13.8%	14.7%	16.2%	19.1%	21.9%	14.3%	12.2%	7.5%	9.5%	9.7%	12.3%
	Ambulance Handovers - % within 30 minutes at WGH	95%	38.6%	58.9%	52.6%	54.3%	54.7%	61.6%	66.6%	58.9%	50.4%	45.7%	49.3%	54.2%	53.9%
Ambulance Handovers - % within 60 minutes at WGH	100%	59.4%	85.5%	82.9%	83.3%	78.2%	88.3%	91.7%	92.2%	89.6%	85.9%	87.7%	84.6%	83.8%	
SevernSide IUC	Average speed to answer calls (in seconds)	20 Sec	269	181	152	151	207	61	70	43	84	94	132	208	195
	% of calls abandoned	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%	7.0%
	% Triaged Calls receiving Clinical Contact	50%	50.3%	50.2%	49.3%	53.3%	53.2%	50.0%	50.8%	52.4%	51.3%	49.8%	50.6%	51.4%	50.1%
	% of callers allocated the first service offered by DOS	80%	73.0%	71.4%	73.4%	78.1%	70.8%	78.7%	79.3%	80.1%	81.3%	81.8%	82.0%	82.3%	
	% Cat 3 or 4 ambulance dispositions receiving clinical intervention	75%	58.3%	56.5%	47.5%	78.7%	71.3%	71.2%	78.0%	81.4%	78.7%	78.4%	85.0%	84.2%	84.0%
AWP	% calls initially given an ED disposition receiving clinical intervention	50%	24.1%	27.4%	29.8%	79.9%	73.2%	80.8%	83.7%	84.9%	85.5%	84.9%	85.1%	90.4%	90.7%
	Delayed Transfers of Care	3.5%	23.9%	21.9%	23.6%	23.1%	24.5%	21.1%	22.0%	24.2%	22.0%	24.7%	22.6%	22.4%	20.9%
	Early Intervention	60%	28.5%	73.3%	39.1%	41.1%	69.5%	58.8%	80.0%	75.0%	80.0%	77.7%	57.8%	46.6%	78.5%
	4 week wait Referral to Assessment	95%	90.5%	97.6%	95.6%	93.7%	92.2%	88.8%	94.5%	94.7%	95.4%	95.7%	95.8%	97.0%	94.0%

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.	<p>Welcome and Apologies ED welcomed Sue Porto, Chief Executive, Sirona Care and Health and attendees to the meeting and apologies were noted as above.</p>	
2.	<p>Declarations of Interest PM is cabinet member of Children and Young People within BANES and Chair of Health and Wellbeing Board.</p>	
3.	<p>Minutes of October 2023 committee Committee approved minutes from Thursday 19th October 2023.</p>	
4.	<p>Committee Action Log Updated action log attached and circulated.</p>	
5.	<p>CNO/CMO Update</p> <p>CMO JM informed committee:</p> <p>Strategic Prevention Oversight Group (SPOG) - Meeting took place on Tuesday 12th December the following was discussed:</p> <ul style="list-style-type: none"> • 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. <p>Women’s Health</p> <ul style="list-style-type: none"> • 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 Health Hubs. Jo Copping and Alex Humphrey attending various system groups to promote Women’s Health remit. <p>HCPE</p> <ul style="list-style-type: none"> • Health and Care Professional Executive did not take place on Thursday 14/12 as was stood down due to system pressures. <p>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.</p>	

Item	Action
	<ul style="list-style-type: none"> • 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. <p>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.</p> <p>Quality Improvement in Paediatric Hearing Services.</p>

	Item	Action
	<p>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 yield 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.</p> <p>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.</p> <p>DM will provide SW with data collection regarding inequalities and outcomes in access to Paediatric Hearing services.</p> <p>CNO RS informed committee:</p> <ul style="list-style-type: none"> • Regional quality winter planning guidance has been discussed within BNSSG System Quality Group – Programme 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. <p>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</p>	

	Item	Action
	<p>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.</p> <p>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.</p> <p>ED stated to members that February OQPC will focus on Childrens Services.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>ACTION: SW and MR to look at communication campaign regarding respiratory illness.</p> <p>ACTION: February OQPC will focus on Childrens Services.</p> <p>ACTION: DM will provide SW with data collection regarding inequalities and outcomes in access to Paediatric Hearing Services.</p>	
6	<p>Chief Delivery Officer Update</p> <p>GIRFT Theatre Programme Update</p> <p>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</p>	

	Item	Action
	<p>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.</p> <p>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.</p> <p>GIRFT June Update</p> <p>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.</p> <p>BI Performance Reporting.</p> <p>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,</p> <p>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</p>	

	Item	Action
	<p>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.</p> <p>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.</p> <p>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%.</p>	
7	Items for Discussion	
7.1	<p>System Outcomes Framework</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>VH stated that the BNSSG outcomes framework is:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>ED very impressed with the BI tools just need to make sure the platform is kept simple for multi organisation use.</p> <p>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</p>	

	Item	Action
	<p>endeavour. So, workshops will be taking place and will be an opportunity for collaborative working and extra BI support.</p> <p>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.</p> <p>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.</p> <p>ACTION: JF will liaise with Shane Devlin regarding system leadership and utilization of System Outcomes Framework and add to future ICB Board agenda.</p>	
7.2	<p>Independent Patient Investigations</p> <p>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.</p> <p>ACTION: MR to list assurance templates on BNSSG SQG forward planner for March or April 2024 then to OQPC June or September 2024</p>	
7.3	<p>Commissioning Policies - Varicose Veins</p> <p>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.</p>	

	Item	Action
	COMMITTEE APPROVED Changes in Practice for the Assessment and Treatment of Varicose Veins and Venous Ulcers	
7.4	Cancer Performance – Dermatology update	
	<p>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.</p> <p>BNSSG performance within primary care activity is as follows:</p> <ul style="list-style-type: none"> • 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. <p>Urgent Suspected Cancer Referrals:</p> <p>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.</p> <p>Cancer Waiting Time Standards Performance</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p>	

	Item	Action
	ED thanked GB and DS for such a detailed papers and attending committee.	
7.5	<p>System Safeguarding Update</p> <p>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.</p> <p>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.</p> <p>Multi Agency Safeguarding Hubs - MASH</p> <p>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.</p> <p>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.</p> <p>Domestic Homicide Reviews.</p> <p>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</p>	

	Item	Action
	<p>from the Home Office and expectation is there will be a slightly revised methodology...</p> <p>RS explained to committee that it is 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.</p> <p>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.</p> <p>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.</p> <p>ACTION: RS and MR to meet with FK regarding safeguarding reporting into OQPC.</p>	
8	<p>Items for Information</p> <p>8.1 Health and Care Professional Executive November Minutes</p> <p>8.2 System Quality Group Minutes - October</p> <p>8.3 BNSSG Area Prescribing Medicines Optimisation Committee (APMOC)</p>	
9	<p>AOB</p> <p>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.</p> <p>NB- The above approach will be included within Health Inequalities paper which will be taken to BNSSG ICB Board on 1/2/2024.</p>	
	<p>Meeting Dates 2024</p> <ul style="list-style-type: none"> • Thursday 29th February 1000-1225 MST • Wednesday 24th April 1400-1625 MST • Wednesday 26th June 1400-1625 MST • Thursday 26th September 1400-1625 MST 	

	Item	Action
	<ul style="list-style-type: none">Thursday 28th November 1400-1625 MST	

Jodie Stephens Executive PA December 2023