

# **BNSSG Quality Report**

**April Report on Month 11  
(February data) 2023/24**

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

## System Quality Group update

### **March Meeting:**

#### ***Call for Concern***

- NBT presentation on learning following the death of Maddie Lawrence
- UHBW presentation on implementation across the Trust of Call for Concern
- Discussion by delegates about actions already undertaken and opportunity identified for collaboration across the acute Trusts including evaluation methodology, reporting of incidents and the possibility for reviewing the use of NEWS to include concern raised by patients and family.
- A wider discussion took place about how Call for Concern might be applied to other care settings including community and mental health settings.
- To be followed up at future SQG to hear progress from acute providers and opportunity for implementation in other care settings.

#### ***Maternity and Neonatology update***

- UHBW and NBT have achieved full compliance of all 10 safety actions in MIS Yr5
- Both Trusts have achieved 80% compliance with Saving Babies Lives V3 exceeding 70% requirement
- Successful Perinatal Insight Visits demonstrating vibrant team culture
- NBT CQC Inspection in October 23 and UHBW December 23
  - NBT's is published and is rated 'Good' overall (maintained from last inspection) Safety rating upgraded from 'Requires Improvement' to 'Good'-(one of only five maternity services in England to have achieved this improvement)
  - UHBW recently published with overall 'Good' rating
- BNSSG LMNS has been selected as one of 9 sites nationally to participate in the NHS Race and Health Observatory programme to focus on reducing the disparity in outcomes for Black and Asian mothers and babies; a 15-month project in which our LMNS will focus on preterm birth and the disparity in antenatal interventions between our white and ethnic minority population

### **April Meeting:**

Sharing of learning by system partners from complaints and Public Health Service Ombudsmen review including use of peer and non-exec reviews of complaints. Agreed to increase focus on experience at the System Quality Group and set up a system Experience of care group and better use of feedback via social media and other digital platforms.

# Quality Report – Health Care Acquired Infections (HCAI) Summary

Reporting Period – Month 11 2023/24 – February 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 11	2021/22 Position Month 11
C. difficile			280	240	286
E. coli			538	459	516
MRSA			31	26	35
MSSA			196	182	152
Klebsiella spp			164	144	149
Pseudomonas aeruginosa			50	55	63

Rates per 100k	South West Position									
	BSW	BNSSG	Devon	Dorset	Glos	Kernow	Somerset	SW	England	BNSSG
C. diff	27.84	26.47	28.74	30.27	29.25	38.72	27.14	29.30	24.83	1
E. coli	53.34	50.86	77.27	79.96	34.13	73.95	76.07	63.76	62.86	2
MRSA	1.43	2.93	1.02	1.71	0.44	1.16	1.01	1.47	1.36	7
MSSA	18.46	18.53	27.17	25.39	13.00	26.59	27.48	22.36	20.10	3
Pseud A	7.45	4.73	4.95	8.55	3.69	5.48	6.37	5.86	6.71	2
Kleb spp	15.91	15.50	19.55	23.68	15.96	21.10	22.12	18.81	19.45	1

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

## Reporting Period – Month 11 2023/24 – February data

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

### Performance for February 2024

CDI = 31, HOHA = 17 (NBT - 7, UHBW - 8, RUH - 1, Unknown - 1), COCA = 6, COHA = 6, COIA = 2  
 E. coli = 54, HOHA = 12 (NBT - 3, UHBW - 8), COCA = 39, COHA = 3  
 MRSA = 2, HOHA = 0 (NBT - 0, UHBW - 0), COCA = 2, COHA = 0  
 MSSA = 9, HOHA = 4 (NBT - 2, UHBW - 2), COCA = 3, COHA = 2  
 Klebsiella spp = 12, HOHA = 3 (NBT - 3, UHBW - 0), 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.**

All infection types are improving relative to current upper and lower limits, many of them trending lower than a spike during the pandemic. MSSA is an exception with a continued increase over the previous 6-month period.

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.

Special focus on Hospital Onset HCAI this month.

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	25	31		260	280	284	240	286
E. coli	37	35	56	56	42	53	53	51	45	56	54		463	538	505	459	516
Klebsiella spp	10	9	10	23	13	19	16	22	15	15	12		135	164	147	144	149
MRSA	1	2	5	5	2	1	4	4	4	1	2		0	31	0	26	35
MSSA	12	22	25	20	17	17	15	14	26	19	9			196		182	152
Pseudomonas aeruginosa	5	6	5	6	2	5	8	3	4	2	4		55	50	60	55	63

\*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 2 cases in February (2 HOHA).
- CDI- The 31 cases are currently categorised as follows: New infection (27), Continuing infection (1) and Repeat/relapse (3).
- E.coli- the majority of the 54 cases continue to be Community Onset (42).

# Nursing & Quality - Serious Incidents including Never Events

## Reporting Period – Month 11 2023/24 – February data

Information Source and date of information – SI Tracker 12/04/2024

### Current Month Overview

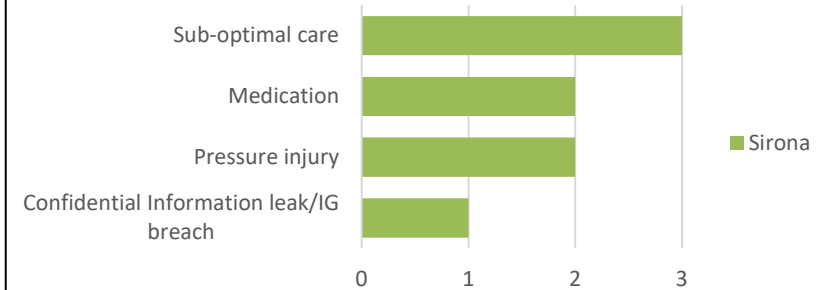
- In February 2024, 8 Serious Incidents (SIs) were reported, all by Sirona. There were no Never Events reported this month.
- Sub-optimal care incidents remaining the leading theme for reported events in February and a total of 11 in the last three months: all reported by Sirona.

Patient Safety Significant Events reported across BNSSG 2023/24

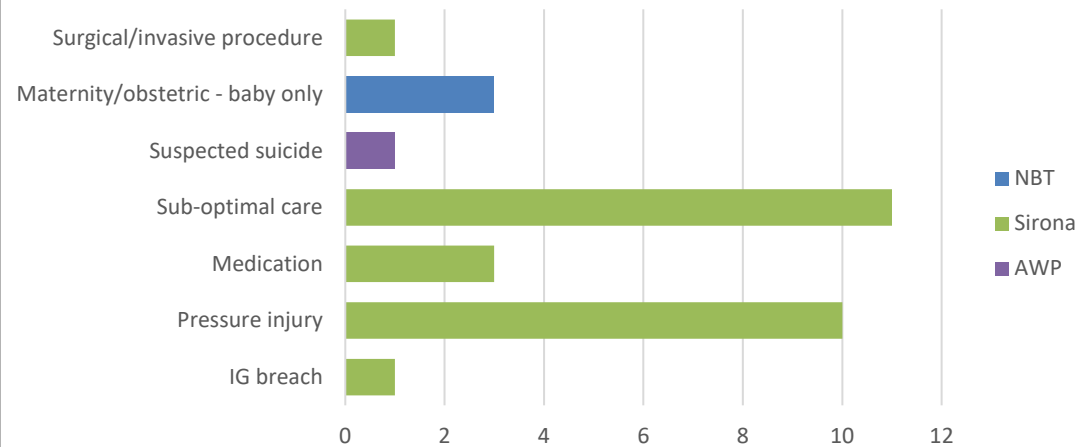
Provider	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	YTD SIs
NBT	2	3	1	0	2	2 (1)	2 (1)	1	1	2	0	16 (2)
UHBW	5	4	7	0	0	5 (1)	1	2 (1)	0	0	0	24 (2)
Sirona	10	4	6	4	6	6	4	7	6	12	8	73
AWP	3	3	5	2	2	2	2	1	0	1	0	21
SWASFT	0	0	1	0	0	1	0	0	0	0	0	2
GP	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	0	2	0	2	0	0	0	0	0	5
<b>Total</b>	<b>20</b>	<b>15</b>	<b>20</b>	<b>8</b>	<b>10</b>	<b>18 (2)</b>	<b>9 (1)</b>	<b>11 (1)</b>	<b>7</b>	<b>15</b>	<b>8</b>	<b>141 (4)</b>

\* In brackets are NEs reported

SI types reported by BNSSG providers in February 2024



SI types reported to the ICB in the last three month period - December 2023 to February 2024



Year	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total SIs per Year
<b>2022/2023</b>	26 (1)	26 (1)	17	30	20 (1)	17 (1)	19	26 (2)	17 (2)	23 (1)	21	24	<b>266 (9)</b>
<b>2023/2024</b>	20	15	20	8	10	18 (2)	9 (1)	11 (1)	7	15	8		<b>141 (4)</b>

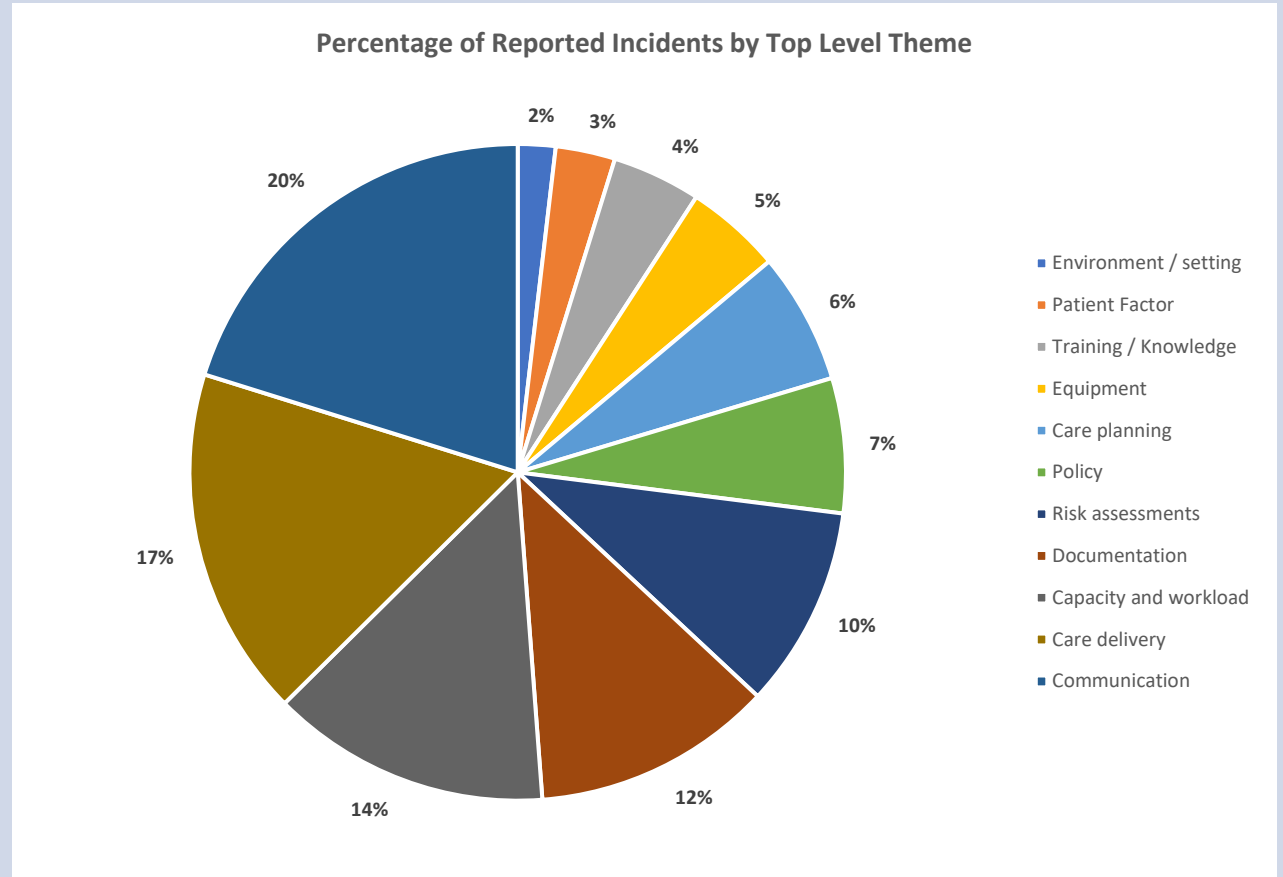
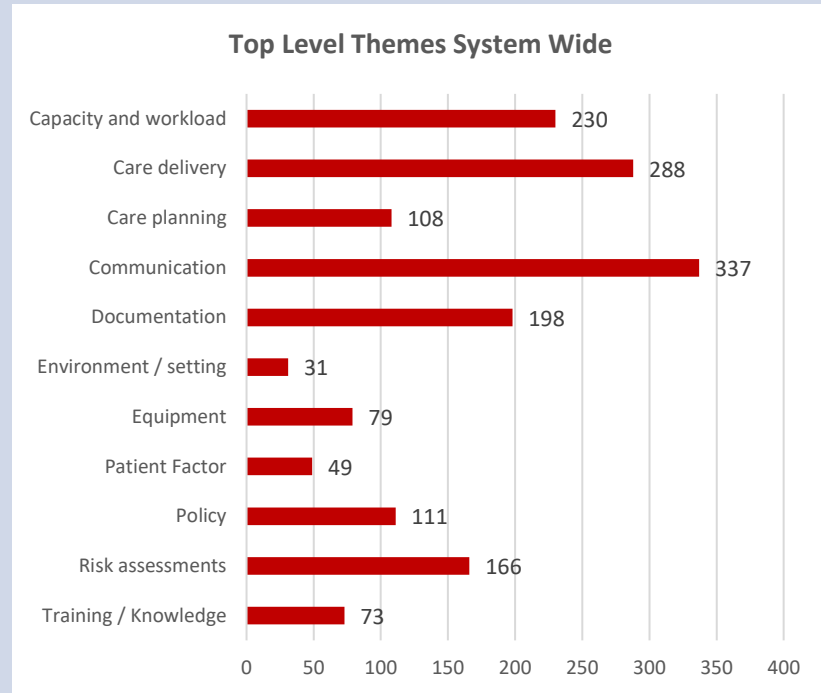
\*The numbers in brackets indicate the number of Never Events reported.

# Nursing & Quality – SI Themes and Trends Highlights

Reporting Period – Month 11 2023/24 – February data

Information Source and date of information – Themes tracker 12/04/2024

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, followed by Capacity and Workload.

### Safeguarding Children- Surge in Rapid Reviews update

Since the last report to OPQ Committee in February 2024, all 3 Rapid Reviews have been undertaken covering a total of 13 children; two in relation to peer-on-peer serious youth violence and another linked to the death of 3 young children. All 3 statutory safeguarding reviews were recommended to the National Panel for Child Safeguarding Practice Reviews (CSPR) because it was felt by the Partnership that not all learning had been identified and analysed within the Rapid Review timeframe. Terms of Reference for each CSPR is currently being drawn up, with a view to commissioning independent authors this quarter. The ICB, as a statutory safeguarding partner, will formally contribute and agree the Terms of Reference for these CSPRs.

### Key headline findings identified so far, and to be explored further;

- How the system works together to safeguarding children from domestic abuse, and the complexities in relation to so-called honour based abuse and use of community members as interpreters.
- How the system works with the parents and carers of those involved in serious youth violence, and how the system addresses severe and persistent low educational attendance and children missing education.
- How the system works together to align planning and practice for children at risk of criminal exploitation, extra-familial harm and in need of protection.

### ICB Safeguarding Training Compliance

Monitoring the safeguarding training compliance of all ICB staff, against levels 1-5 dependent on role went live in December 2023. Since this time, the ICB Safeguarding team have delivered a number of 'Think Family' level 3 safeguarding courses to ICB colleagues to provide individuals with some additional hours to meet their compliance. This has improved the compliance position overall to 81% for the whole organisation for all levels. We are aiming for 90% by the end of Quarter 1 (June 2024) by undertaking some targeted interventions with those teams we know not to be compliant.

Also during this time, our Mental Capacity Act lead, now based in the ICB Safeguarding Team has delivered some bespoke training on Mental Capacity Assessments, Best Interests and Deprivation of Liberty sessions to a cohort of Funded Care colleagues. Three further courses will be delivered during the first two quarters of this financial year to ensure that the whole cohort have accessed this training.



### Children in Care

Performance for Initial Health Assessments by Sirona Care and Health is unfortunately not in line with statutory timeframes. There was a positive trajectory during Q2 and part of Q3 last year. However, performance deteriorated in November 2023 with our commissioned Children in Care Health Service in Sirona Care and Health reporting a long delay in receiving consent and required paperwork from the local authorities. Additional reporting has now been asked for from Sirona in order to better understand the barriers and challenges in meeting the statutory timeframe. To contrast, performance for Review Health Assessments has significantly improved since the recruitment and induction of additional nursing capacity within the Sirona Care and Health Children in Care team which has provided positive assurances to the ICB and Corporate Parenting Boards across the footprint.

A proposed and enhanced Pathway for Unaccompanied Asylum-Seeking Children for their holistic health assessment and statutory initial health assessment has almost been finalised by system partners. This amended pathway will include additional GP sessional support in the Haven, and nursing support from the Children in Care Sirona team. It is the GP sessional support that is to be costed and funds sought from any Health Inequalities monies available in the system.

Sirona Care and Health are commissioned to provide Agency Medical Advisors (AMA) to support the final medical sign off on the suitability of the child's long-term placement in balance with the adoptive parents' medical history, which is in accordance with the Adoption Regulations 2005, and should be delivered by a paediatrician as per Somerset Ruling, although could be GMC registered medical professional. Medical Advisors are also required to review Adult Fostering Medical information; however, this can be undertaken by a GP. There is a mixed picture within the system in relation to these two roles and how they are commissioned and made available to our local authority colleagues, which has resulted in several children's placements being delayed. A clear system plan is required by system partners to address this issue, as it is likely that with the national Kinship Strategy, there will be more applications for Kinship Care. Support from ICB contracting and performance teams will be sought, as well as ICB Primary Care teams to explore how GPs can be identified and accessed for Medical Advisor roles.

### Safeguarding Adults

Since the last progress report, a Safeguarding Adult Review has been published by Keeping Bristol Safe Partnership with the pseudonym Brian. Please see the next slide for the Learning Brief. This links to actions being undertaken in the ICB in relation to our patient facing staff in the Funded Care team being cognisant of principles in relation to the Mental Capacity Act and importance of engaging carers.

Self-neglect continues to be another theme identified regularly in referrals into the SAR process as well as learning points. North Somerset Safeguarding Adults Board are planning a Self-Neglect Awareness week for mid-June to share their thoughts on how partners can work better together when dealing with these complex cases; taking the learning from a thematic review they commissioned last year. Linked to this, MARM (Multi Agency Risk Management) processes and MASH (Multi Agency Safeguarding Hub) conversations continue to take place across the system to discuss how cases referred into the system by practitioners or family members with safeguarding concerns can best be triaged and risk managed.



## Safeguarding Adult Review: Brian

Parminder Sahota (Independent Chair and Author (PS Safeguarding LTD))

### The Legal Framework

#### Domestic Abuse Act 2021 –

Provides a legal definition of Domestic Abuse and highlights the duties of statutory agencies in responding to domestic abuse.

#### The Care Act 2014 –Section 44

Safeguarding Adult Reviews and Carers assessments

#### Article 8 of the Human Rights Act

1998 gives us a right to respect for private and family life. However, this is not an absolute right, and there may be justification to override it, for example, health protection, crime prevention, and protection of the rights and freedoms of others.

### SEND US FEEDBACK

Please complete the short feedback survey to tell us how you have used this learning briefing <https://forms.office.com/e/MyOC45hZWj>

### 1. Background

Brian was 81 when he died in August 2021 and shared his house with his son.

Brian relied on caregivers and his son for all his care and support needs.

Agencies raised concerns about potential neglect by his son.

### 7. What are my responsibilities?

1. Collaborate with partners to agree the best method of working with the adult.
2. Respect the individual's viewpoints and work toward their desired outcomes by being person-centred.
3. Be analytical to order to find underlying factors that will aid in the resolution of the problem.
4. Be patient, acquire the individual's trust, and agree on little actions at a time.

### 2. Balancing the choice between alternative and conventional treatments

Brian and his son advocated for alternative medicine and resisted traditional therapies.

What to be aware of:

1. Recognise the various backgrounds and cultures that may impact choice.
2. Considering mental capacity.
3. The preferences of adults should be discussed to make informed decisions. In addition, to assess the possibility of adverse reactions to medical procedures, including medications

### 3. Engaging with carers

The son was verbally abusive to staff, and there were fears that he would disrupt Brian's care.

What to do?

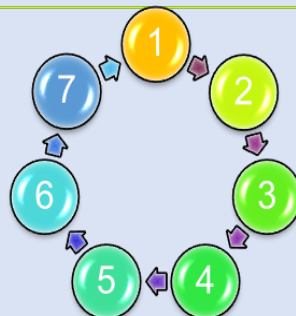
1. Offer carer's assessments.
2. To beware of the gender stereotypes of carers.
3. Provide carers with information on the acceptable levels of behaviour your organisation expects from practitioners and the general public.

### 4. Coercion and Control

There were concerns that Brian's son was coercing or influencing his decisions on medical procedures.

What to do?

1. Recognise and respond to compulsion and control.
2. Contact your safeguarding lead for assistance and advice.



### 6. Safeguarding

Seven safeguarding concerns were raised for Brian, citing potential neglect from his son.

Senior managers to support:

1. Procedures for escalation are in place.
2. Staff will be given the authority to challenge decisions.
3. Clear guidance on instigating MDTs

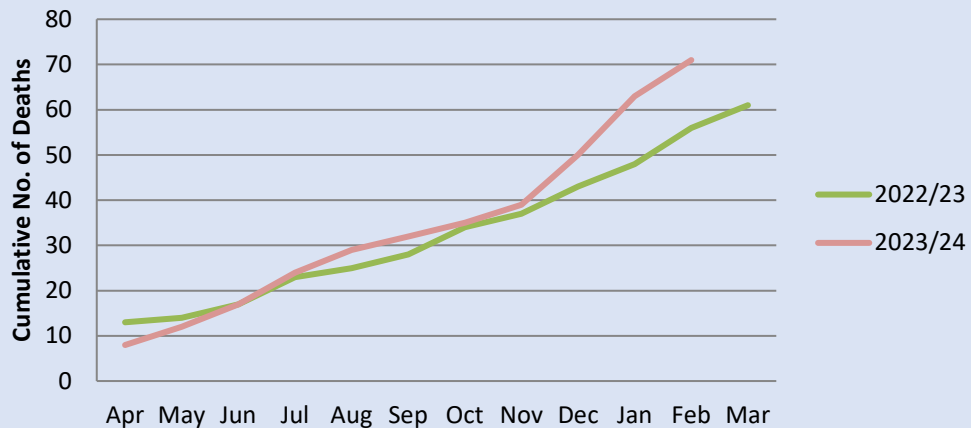
### 5. Making Safeguarding Personal

To be person-centred and outcome-focused per the adult's wishes.

How?

1. Determining how the adult would like to be supported and what this would entail
2. Keeping the adult involved throughout the process.
3. When capacity is a concern, make sure an advocate or family/friend is involved.

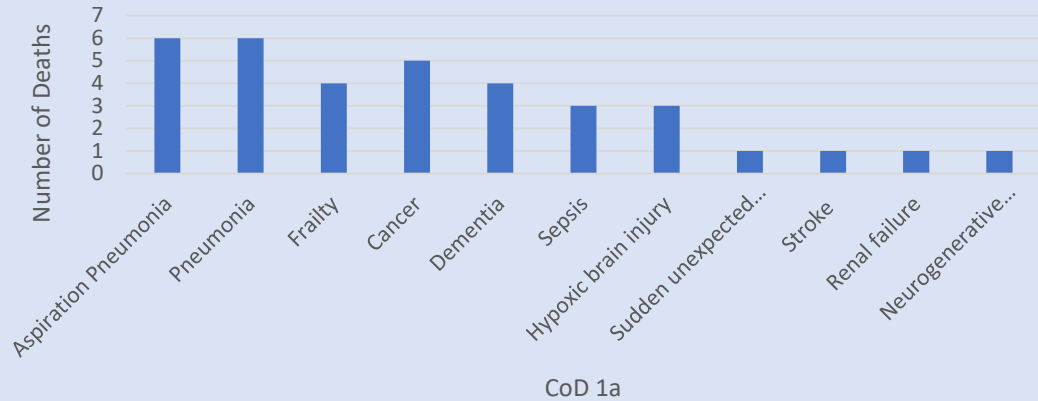
### Cumulative Number of Deaths Reported by Month Reported



Cases On Platform	Cases
Focused reviews	8
With LAC waiting for approval	0
Unallocated	32
With BNSSG Reviewers	25
Finalised waiting for next panel	7
On hold/Pending Redacted	14
<b>Total cases on the platform</b>	<b>78</b>

- 13 deaths were reported in January 24, 8 deaths in February and 5 deaths in March 24.
- 41 reviews have been closed since May 23, (36 reviews have been closed since September 23), a further 7 reviews have been completed and are waiting for the next Quality Assurance and Oversight meeting on 16<sup>th</sup> April 24.
- NECS agency have been allocated 15 review, and Sirona have been allocated 2 reviews in March. However, the number of unallocated reviews outweighs reviewer capacity. ICB is reviewing its options to secure reviewer capacity.

## Causes of Death



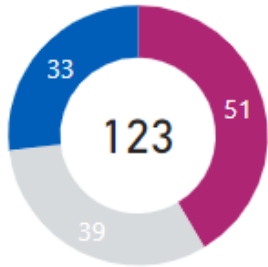
### Themes following LeDeR reviews:

- People who have a mild learning disability have less support in the community as they do not hit criteria for support from Community LD Teams. There are examples where these individuals have made poor lifestyle choices and self-neglect.
- Late diagnosis of cancer
- Health professional lack of awareness of non-verbal communication tools.
- Classification of care; discharging back into the community without awareness of if care provider can support person with their current level of health needs.
- Adherence of 'was not brought' policy.

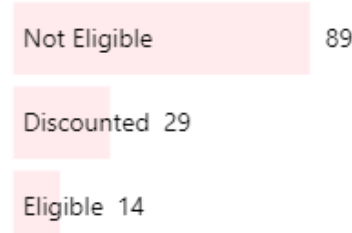
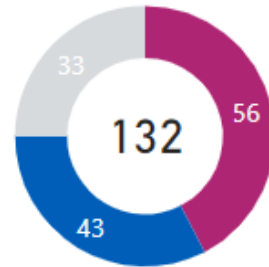
### Future planning:

- Heat exposure easy read comms for care homes/GP following NHSE LeDeR Annual Report recommendation.
- Improving access for ethnic minority communities to access LD Annual Health Checks.
- LeDeR Annual Report.

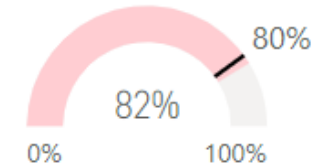
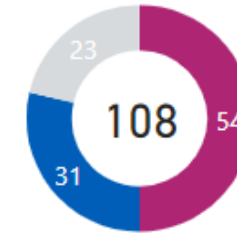
CHC Referrals Received



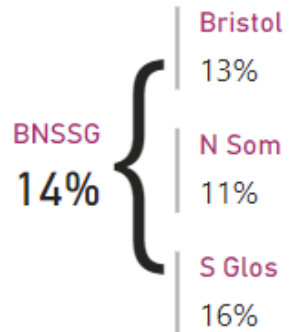
CHC Referrals Completed



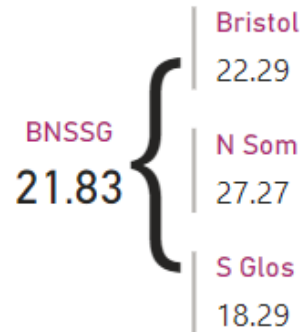
CHC Decisions within 28 Days



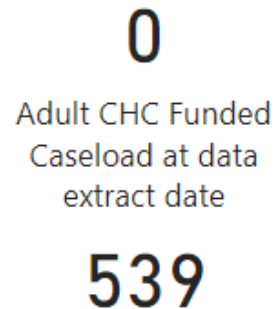
Conversion Rate



Mean Days to Decision



Open Referrals Exceeding 12 weeks at data extract date



Weekly Standard CHC Caseload



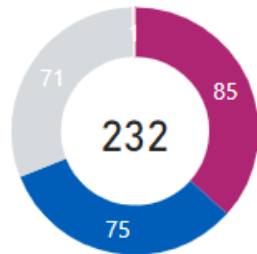
**CHC Assessments**

- 123 CHC referrals received in February, 32% more than this time last year.
- Caseload split: LD 31% (up by 2 cases), MH 4% (down by 3 cases), PD 65% down by 6 cases).
- 25 newly eligible cases in month, 14 from CHC assessments, 11 from Fast Track (FT).
- CHC New 28 day performance 82% with 132 decisions made (down by 2% from last month, KPI 80%).

**CHC Reviews**

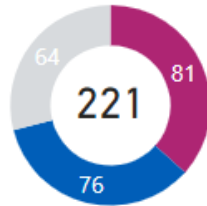
- 200 cases overdue a review which is 37% of caseload – reduced by 37 or 15.6%.
- 48 reviews completed in Feb with 6% coming off (2 cases). This exceeds monthly target to complete 40 per month minimum on current staffing. Highest number of reviews completed in the past 36 months.

Fast Track Referrals Received



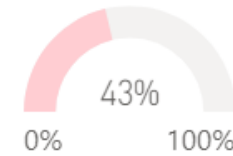
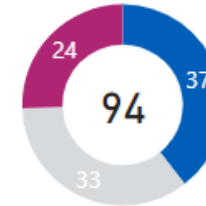
From February 2024  
To February 2024

Fast Track Referrals Determined

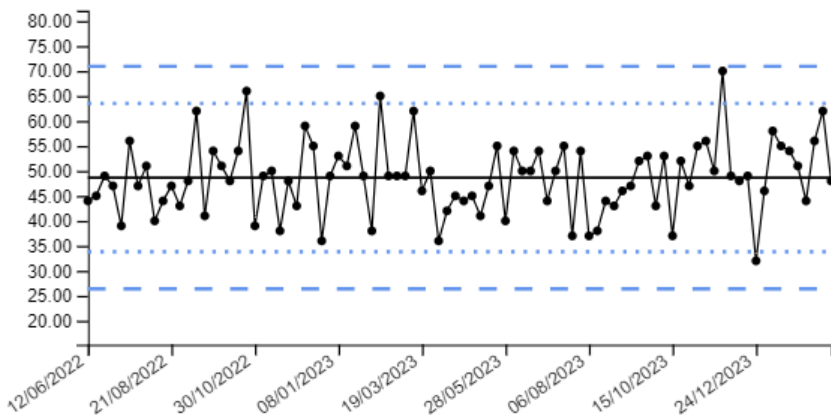


Eligible 197  
Discounted 24

FT Decisions within 2 Working Days



SPC Chart of Weekly Fast Track Referrals Received



Weekly Fast Track Caseload

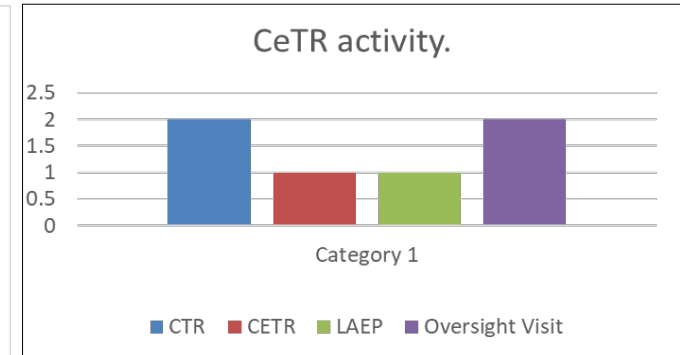
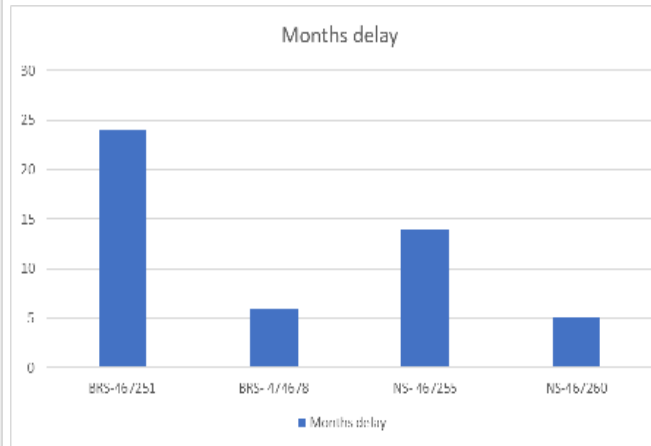
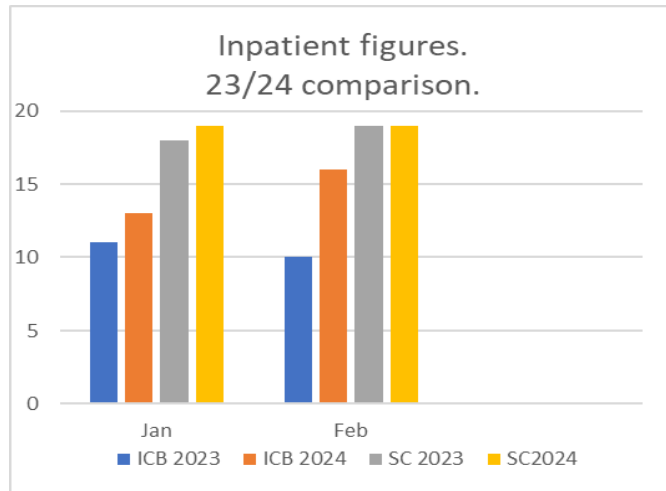


**Narrative**

- The number of overdue FT 10wk reviews has decreased from 81 last month to 79 this month
- 53 patients on the 10wk review caseload have been on funding for more than 12 weeks, which is 19% of the caseload
- In total 66 patients on fast track funding have been on funding for more than 12 weeks including those that have been referred through for full CHC assessment, which is a reduction of 11% in the number funded over 12 weeks from the previous month.
- Number of 10wk Fast Track reviews completed by FT team in Feb was 27, falling below the target of 40 per month. Key factor of losing 1.0 WTE FTC nurse assessor and managing the above average referral rate.

**FT Referral Sources:**

- 94 referrals (41%) came from the acute hospitals (17% higher than average)
- 135 (58%) came from non-acute sources (7% lower than average)



**Table 1.**

**Inpatient figures** show an increase on this time last year. 3 admissions to ICB beds in February saw inpatient figures rise to **16** with an additional person remaining on extended section 17 leave in the community. Of the 16 inpatient beds The ICB are funding **8** individuals in private hospitals at a bed rate cost of **£34,238.32** per week in total, this does not include current additional support hours. Inpatient secure figures have remained static at **19** over the past year.

**Table 2.**

**ICB Delayed discharges:** We currently have 4 delayed discharges, 3 of whom are in ICB funded private hospitals at a cost to the ICB of **£13,668.83** per week. The longest delay is 24 + months. All 4 discharges are a result of the local authorities being unable to secure accommodation/ care provider. This is further impacted by local authorities' shortage of social workers to follow through the process. None of the 4 delayed discharges have active care coordination. **Blocks to discharge.** Lack of appropriate housing. Lack of providers with skills to manage risk. Lack of social workers. Lack of care coordination. Consideration should be given to an escalation process for LD A delayed discharges similar to DTOC for MH inpatients. Alongside the financial implication to the ICB there is a considerable impact on the delayed individual's health and wellbeing.

**Table 3.**

**CeTR team activity.** The CTR team remain on reduced capacity, of the 4 permanent case managers, 2 are on maternity leave and 1 is currently in the LD A manager's role. We have covered 1 vacancy with an agency nurse who has been in post since 09/01/24 and an additional agency nurse is due to commence on 04/03/24. Both agency nurses have been agreed until the end of May.

In addition to the statutory activity the case managers have also attended CPA, MDT, Ware round, Discharge meetings, professionals' meetings and a variety of other meetings related to the individuals on their caseloads.

# Meeting of BNSSG ICB BOARD

**Date: Thursday 2<sup>nd</sup> May 2024**

**Time: 0930-1500**

**Location: Via MST**

<b>Agenda Number:</b>		
<b>Title:</b>	Quality and Performance Report – Month 1 (Feb -Mar data M11-M12 2023/24)	
<b>Confidential Papers</b>	<b>Commercially Sensitive</b>	No
	<b>Legally Sensitive</b>	No
	<b>Contains Patient Identifiable data</b>	No
	<b>Financially Sensitive</b>	No
	<b>Time Sensitive – not for public release at this time</b>	Yes
	<b>Other (Please state)</b>	No

**Purpose: Discussion & Information**

**Key Points for Discussion:**

The attached Quality report (appendix 1) provides an overview of January & February 2024 data whilst the performance report (appendix 2) provides an overview of February & March 2024 performance. A summary is provided below.

## Quality (Appendix 1)

### System Quality Group (SQG) – summary overview

#### “Cause For Concern”

At the March meeting there was a focus on developments of this initiative these included:

- NBT presentation on learning following the death of Maddie Lawrence
- UHBW presentation on implementation across the Trust of Call for Concern
- Discussion by delegates about actions already undertaken and opportunity identified for collaboration across the acute Trusts including evaluation methodology, reporting of incidents and the possibility for reviewing the use of NEWS to include concern raised by patients and family.
- A wider discussion took place about how Call for Concern might be applied to other care settings including community and mental health settings.
- To be followed up at future SQG to hear progress from acute providers and opportunity for implementation in other care settings.





## Maternity and Neonatology update

- UHBW and NBT have achieved full compliance of all 10 safety actions in MIS Yr5
- Both Trusts have achieved 80% compliance with Saving Babies Lives V3 exceeding 70% requirement
- Successful Perinatal Insight Visits demonstrating positive team culture.
- NBT CQC Inspection in October 23 and UHBW December 23
- NBT is rated 'Good' overall (maintained from last inspection) Safety rating upgraded from 'Requires Improvement' to 'Good'- (one of only five maternity services in England to have achieved this improvement)
- UHBW was recently published with overall 'Good' rating.
- BNSSG LMNS has been selected as one of 9 sites nationally to participate in the NHS Race and Health Observatory programme to focus on reducing the disparity in outcomes for Black and Asian mothers and babies; a 15-month project in which our LMNS will focus on preterm birth and the disparity in antenatal interventions between our white and ethnic minority population.

## Graham Road and Horizon General Practices

Progress against the development plan was discussed and members agreed to step the practices down from Enhanced Surveillance and ongoing support will be managed through the BNSSG Primary Care Resilience Programme

## Healthcare Associated Infections

- **C. Difficile** – There was an increase in the number of cases attributed to BNSSG ICB in February 2024 to 31 (25 in Jan 2024); the supporting SPC graph on slide 6 demonstrates that this could indicate a special cause variation which may require further exploration. The BNSSG position for C Diff per 100k of population (26.47) is slightly below the Southwest average (29.30) and is higher than the National average (24.83). The CDI working group continues to work with the system and regional partners to understand the drivers behind these numbers.
- **E. coli** – In February 2024, 54 cases of E. coli bacteraemia were assigned to BNSSG ICB compared to 56 in Jan 2024. The supporting SPC graphs on slide 7 demonstrate that overall, the numbers of reported cases within BNSSG are increasing, but the majority of reported numbers remain Community Onset Community Acquired cases. The current BNSSG rate per 100k of population 50.86 is below the Southwest region average of 63.76 and the National average of 62.86.
- **MSSA** – (Methicillin-sensitive Staphylococcus aureus) In February 2024, 9 cases of MSSA bacteraemia were assigned to BNSSG ICB which was 10 cases lower than the previous month (19 in January 2024). The graphs on slide 9 demonstrate that whilst the reported cases are still above the target range the numbers have been decreasing since late 2023. Case activity for MSSA per 100k of population is 18.53 and continues to be below the Southwest average of 22.36 and the national average of 20.10.
- **MRSA** - (Methicillin-resistant Staphylococcus aureus) In February 2024, there was a decrease to 2 cases of MRSA bacteraemia assigned to BNSSG ICB, whilst in January 2024 only 1 case was reported. The SPC graph on slide 8 demonstrates that the Hospital Onset Hospital Acquired (HOHA) numbers of reported cases has continued to decrease over the last 3 months prior to which it was static for three months. The overall numbers of MRSA being reported across BNSSG are showing an overall decline. Case activity for MRSA per 100k of population at 2.93 is above the Southwest (1.47) and National (1.36) 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	27.84	26.47	28.74	30.27	29.25	38.72	27.14	29.30	24.83	1
E. coli	53.34	50.86	77.27	79.96	34.13	73.95	76.07	63.76	62.86	2
MRSA	1.43	2.93	1.02	1.71	0.44	1.16	1.01	1.47	1.36	7
MSSA	18.46	18.53	27.17	25.39	13.00	26.59	27.48	22.36	20.10	3
Pseud A	7.45	4.73	4.95	8.55	3.69	5.48	6.37	5.86	6.71	2
Kleb spp	15.91	15.50	19.55	23.68	15.96	21.10	22.12	18.81	19.45	1

### 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 February 2024 are 1) Communication 2) Care Delivery and 3) Capacity & Workload. Further work is being undertaken to breakdown the factors associated with the top three themes. The outcome of the breakdown is shared with system partners for dissemination of the learning. There is currently work underway by system partners to agree a human factors taxonomy to enable the identified themes from patient safety events to reflect the same information across the system which will support system wide learning and improvement.

### All Age Safeguarding

- There has been a surge in Rapid Reviews (RR) since the last report in February 2024; 3 RR's covering a total of 13 children have been recommended to the national panel.
- ICB Safeguarding Training Compliance is being monitored and is currently 81%; targeted interventions are planned to increase compliance to 90% by the end of Quarter 1 (June 2024).
- Performance for Review Health Assessments for Children in Care has improved following a deterioration in November 2023.
- A Safeguarding Adults Review has been published by "Keeping Bristol Safe Partnership." (See slide 18 for detail)

### LeDeR programme

- 13 deaths were reported in January 24, 8 deaths in February and 5 deaths in March 24.
- 41 reviews have been closed since May 23.
- Backlog in LeDeR reviews is partially mitigated through CSU support and sustainable solution to be sought through procurement process.

LeDeR improvement activity includes:

- Heat exposure easy read comms for care homes/GP following NHSE LeDeR Annual Report recommendation.
- Improving access for ethnic minority communities to access LD Annual Health Checks.
- LeDeR Annual Report.

### Funded Healthcare

### Adult Continuing Healthcare

- 123 CHC referrals received in February, 32% more than this time last year.
- Caseload split: LD 31% (up by 2 cases), MH 4% (down by 3 cases), PD 65% down by 6 cases).
- 25 newly eligible cases in month, 14 from CHC assessments, 11 from Fast Track (FT).
- CHC New 28-day performance 82% with 132 decisions made (down by 2% from last month, KPI 80%).

### Adult Fast Track End of Life

- The number of overdue FT 10wk reviews has decreased from 81 last month to 79 this month.
- 53 patients on the 10wk review caseload have been on funding for more than 12 weeks, which is 19% of the caseload.
- In total 66 patients on fast-track funding have been on funding for more than 12 weeks including those that have been referred through for full CHC assessment, which is a reduction of 11% in the number funded over 12 weeks from the previous month.
- Number of 10wk Fast Track reviews completed by FT team in Feb was 27, falling below the target of 40 per month. Key factor of losing 1.0 WTE FTC nurse assessor and managing the above average referral rate.

### Learning Disability & Autism

- Inpatient figures show an increase on this time last year.
- There are currently 4 delayed discharges.

## Performance (Information available through Power BI)

The performance report for this month is based on February and March 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

- National focus in March to achieve the 76% 4-hour emergency department (ED) target. The BNSSG all type performance resulted in a cumulative position of 73% consisting of NBT at 63%, UHBW 69% and Sirona at 94%. Work is now ongoing in relation to the operational plan submission for May 2024 on achieving the 78% 4-hour ED target by March 2025.
- Flow remained challenging in March partly due to higher levels of demand into ED as well as fluctuating levels of NC2R impacting use of escalation beds and overall occupancy levels in the acute trusts.
- SWASFT activity in February was 12.44% over plan. Category 2 mean ambulance response times in March were 33 mins, slightly above the 30-minute target. Average handover time was under the 40-minute target but impacted by some particularly challenging days in March. Overall BNSSG mean cat 2 response time has improved significantly in 2023/24 with a corresponding reduction in ambulance handovers which have a mean response time of 36

minutes in 2023/24. Work is ongoing to set a further improvement trajectory to achieve a mean of 32 minutes in 2024/25.

- Escalation capacity usage has remained high throughout March and into April over the bank holiday Easter weekend.
- Additional support measures were put into place to support the March 4 hour ED position. This includes various initiatives within the acute trusts, as well as system support through frailty-ACE and React. Urgent care response service has performed above plan in terms of contacts and within the 2-hour target. Virtual ward occupancy decreased in March 2024.

## Elective Care

- Elective performance for the BNSSG system has improved throughout 2023/24. Both Trusts achieved 0 104-week waiters at the end of March although sustainability will be key in certain specialty areas. UHBW and NBT had a small number of 78ww waiters which were in known specialties e.g. plastics and paediatric dentistry. Trajectories are in place to bring these waits to 0 in the early part of 2024/25. Both trusts achieved a reduction in 65 week and 52 week waits which puts the system in a positive position going forwards.
- 28-day faster diagnosis standard for BNSSG cancer patients improved in December to 75.3% for the BNSSG population. Unvalidated positions for each acute trust for March demonstrate compliance to the national standard of 75% with UHBW likely to overperform against this target.
- Cancer 62-day backlog metric has improved significantly with an outturn position at UHBW of 155 against a target of 160 and outturn of 174 against a target of 178 at NBT.
- There are still risks in key specialties at each trust, for UHBW this relates to thoracic (>62 day) and for NBT urology (FDS).
- The teledermatology pilot with practices is now underway with over 175 referrals being received for remote review since the start. Outcomes are positive in relation to number of discharges following assessment and work is ongoing on secure evidence to support a longer-term sustainable model.

## Mental Health

- Dementia diagnosis rate – BNSSG is consistently above the national target (66.7%), and we are still the highest-ranking area in the Southwest. Performance in March is at 68%.
- Out of area beds are still low but mental health bedded services have been under extreme pressure in recent months which has resulted in 6 patients currently residing out of area. To address the problem with flow a business case 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 will be presented to MHLDA HCIG in May 2024; other areas that will support include the community mental health programme 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 rate of discharge.

- At the time of writing, no new data was available for perinatal access. December data for Perinatal access target shows that the 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 targets will change in 2024/25 to “increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS talking therapies to 700,000 with at least 67% achieving reliable improvement and 48% reliable recovery”. At present our provider are saying that they can only achieve a proportion of the courses of treatment activity target and need time to reconfigure the service. The ICB and NHSE are working together to support our provider with an improvement plan to improve the numbers of completed courses of treatment.
- Significant progress has been made in relation to annual physical health checks for people with severe mental illness with an end of march position of 6333 people receiving a health check against a target of 6024. This puts us an accelerated performance position for the increased target in 2024/25 of 75%.

### Update on Segmentation

A full report was provided to this Committee in February 2024 detailing the segmentation process and outcomes of the light touch review conducted for quarter 3 in 2023/24. The quarter 4 light touch review has only just been submitted and therefore there is no further update in terms of outcomes from this process or if our segmentation position across the system or at individual acute provider level has changed.

The key metrics associated with the quarter 3 position for the ICB related to:

- Cancer (FDS)
- Elective (78ww and 65ww) with both acutes in Tier 2
- Mental Health (CYP and Perinatal)
- Learning Disabilities and Autism (inpatients)
- Virtual wards
- Agency spends.

From the above performance report, we know that our cancer FDS position has improved with both acute trusts meeting national ambitions at end of March 2024 (unvalidated positions); 78ww waiters have reduced to a small number and both trusts are ahead of the 2023/24 65 week wait trajectory. Perinatal access is expected to improve due to the single point of access but CYP access to mental health is still below target. Learning disabilities and autism target of 30 per million by March 24 will not be met. Virtual Ward utilisation is still variable, but actions are in place in relation to staffing that should improve this.

The operating plan submission for 2024/25 achieved the system agency cap demonstrating some progress towards a reduction in agency spend and compliance with the pay cap; greatest risk is still with AWP.

<b>Recommendations:</b>	To note the reports including any risks, mitigating actions and responsibilities as appropriate.
<b>Previously Considered By and feedback:</b>	Previously considered at Outcomes, Quality and Performance Committee with observations about narrative nature of Quality Report, recognition of LeDeR review delays and planned mitigations and follow up required in relation to MSSA rates. Discussion at committee re reviewing forward planner to ensure all ICB statutory duties that are the responsibility of this committee have planned committee time for review.
<b>Management of Declared Interest:</b>	None declared
<b>Risk and Assurance:</b>	The report and appendices provide an update to the ICB Board in relation to key risks to performance and quality within the system and highlight supporting mitigations which are in place.
<b>Financial / Resource Implications:</b>	None referenced
<b>Legal, Policy and Regulatory Requirements:</b>	None referenced
<b>How does this reduce Health Inequalities:</b>	Not referenced
<b>How does this impact on Equality &amp; diversity</b>	As above
<b>Patient and Public Involvement:</b>	Not applicable
<b>Communications and Engagement:</b>	The reports are provided to the ICB Board for information and discussion.
<b>Author(s):</b>	Caroline Dawe - Deputy Director of Commissioning (Performance Improvement) Gary Dawes - BI Manager, Performance, BNSSG ICB Sandra Muffett Head of Patient Safety & Quality, BNSSG ICB Michael Richardson, Deputy Director of Nursing and Quality, BNSSG ICB Faye Kamara, Head of Safeguarding, BNSSG ICB Vicki Cooper, Quality & LeDeR Programme lead BNSSG ICB
<b>Sponsoring Director / Clinical Lead / Lay Member:</b>	Rosi Shepherd, Chief Nursing Officer, BNSSG ICB Joanne Medhurst, Chief Medical Officer, BNSSG ICB

# **Emergency Preparedness Resilience and Response (EPRR) Policy**



***Please complete the table below:***

*To be added by corporate team once policy approved and before placing on website*

<b>Policy ref no:</b>	To be filled in by Corporate Services
<b>Responsible Executive Director:</b>	
<b>Author and Job Title:</b>	
<b>Date Approved:</b>	To be filled in by Corporate Services
<b>Approved by:</b>	To be filled in by Corporate Services
<b>Date of next review:</b>	

### Policy Review Checklist

	<b>Yes/ No/NA</b>	<b>Supporting information</b>
Has an Equality Impact Assessment Screening been completed?	Yes	Appendix
Has the review taken account of latest Guidance/Legislation?	Yes	Civil Contingencies Act 2004 Health & Social Care Act 2006 NHSE EPRR Framework 2022 ISO 22301
Has legal advice been sought?	No	
Has HR been consulted?	Yes	HR are included in the Corporate Policy Review Group
Have training issues been addressed?	Yes	Section 7



	<b>Yes/ No/NA</b>	<b>Supporting information</b>
Are there other HR related issues that need to be considered?	No	
Has the policy been reviewed by Staff Partnership Forum?	No	
Are there financial issues and have they been addressed?	Yes	Budget code linked to incident response spending
What engagement has there been with patients/members of the public in preparing this policy?	None	
Are there linked policies and procedures?	Yes	Incident Response Plan and Action Cards  Business Continuity Plan  Extreme Weather Plan  On-call Protocol and associated Incident Coordination Centre procedures
Has the lead Executive Director approved the policy?	Yes	Dave Jarrett, Chief Delivery Officer
Which Committees have assured the policy?	Yes	OQPC
Has an implementation plan been provided?	Yes	
How will the policy be shared with	Through the Voice	
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	No	

	<b>Yes/ No/NA</b>	<b>Supporting information</b>
Has a DPIA been considered in regards to this policy?	No	Not required
Have Data Protection implications been considered?	Yes	Duties under Civil Contingencies Act CCA. IG consultant involved in CPRG has assured considerations have been made.

<b>Version Control <i>please remove this box once approved and finalised</i></b>		
<b>Version</b>	<b>Date</b>	<b>Consultation</b>
1 Version 1; Janette Midda	13.11.2023	Annual review
2 Version 1.1; Jack Robison	21.11.2023	Formatting
3 Version 1.2		Shared with Corporate Policy Review Group

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## 1 Introduction

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect / impact health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident.

A critical or major incident or emergency is any event that cannot be managed within routine service arrangements. It requires the implementation of special procedures and involves one or more of the emergency services, the NHS, or a Local Authority.

NHS funded organisations must also be able to maintain continuous levels in key services when faced with disruption from identified local risks such as severe weather, fuel or supply shortages or industrial action. This is known as business continuity management (BCM).

NHS Bristol North Somerset South Gloucestershire Integrated Care Board (NHS BNSSG ICB) is required to have policies and plans in place to respond at any time of the day or night.

The ICB is defined as a Category One Responder under the Civil Contingencies Act.

### 1.1 BNSSG ICB Values

This policy underpins incident response within both the ICB and the Integrated Care System (ICS). The ICB will lead the BNSSG system in Level 1 and 2 response (note figure 1).

As with all day-to-day activities the ICB as the system leader, will respond to any incident / event with system partners and act with integrity, through supporting each other, embracing diversity, working better together, striving for excellence for our community and doing the right thing.

## 2 Purpose and scope

The scope of the arrangements for the response to emergency incidents covers all levels of incident as described in NHS England Emergency Preparedness, Resilience and Response Framework – See figure 1.

The ICB will be responsible for the coordination of Level 1 and 2 incidents within its role as health system leaders. The ICB will provide support to NHS England (NHSE) in the response to Level 3 and 4 incidents.

Figure 1: NHS Incident Response Levels

NHS Incident Response Levels	
Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
Level 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
Level 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

### 3 Duties – legal framework for this policy

This policy identifies requirements placed on the ICB to meet the duties of:

- a. **Category One responder under the Civil Contingencies Act, 2004.** These are:
  - assess the risk of emergencies occurring and use this to inform contingency planning
  - put in place emergency plans
  - put in place business continuity management arrangements
  - put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
  - share information with other local responders to enhance co-ordination
  - co-operate with other local responders to enhance co-ordination and efficiency.

The policy also complies with:

- b. **NHSE EPRR Framework 2015**; updated 2022
- c. **Health & Social Care Act**; 2012
- d. **Health & Care Act**; updated 2022

## **4 Responsibilities and Accountabilities**

### ***ICB Chief Executive Officer***

The ICB CEO is responsible for ensuring that EPRR arrangements are in place and fulfilled. These are delegated to the ICB AEO to ensure compliance.

### ***ICB Accountable Emergency Officer (AEO); Chief Delivery Officer***

The Chief Delivery Officer is the designated Accountable Emergency Officer and is responsible for ensuring that the ICB has appropriate EPRR and Business Continuity Management (BCM) policies, plans and procedures in place. This includes arrangements for on call response.

The Accountable Emergency Officer is co-chair of the BNSSG Local Health Resilience Partnership (LHRP) involving system partners

The Accountable Emergency Officer attends the Executive Group of the Local Resilience Forum (LRF); a multi-agency forum

### ***ICB Deputy Director of Performance & Delivery***

This post is the nominated deputy to Accountable Emergency Officer and line management for the EPRR team.

### ***ICB On-Call Director***

The ICB Director on-call is responsible for leading incident response in Level 1 or 2 local incidents / events. They are responsible for the management of capacity and resource due to system escalation and / or major incident.

ICB's have a duty to support NHS England in Level 3 or 4 regional / national incidents.

### ***ICB Emergency Preparedness Resilience & Response Manager***

The EPRR Manager is responsible for:

- Documenting EPRR policies, plans and procedures and ensuring they are appropriately embedded through testing, validation and lessons identified / learned.
- A training programme has been developed and is reviewed annually through a Training Needs Analysis (TNA) held by the EPRR team.
- Ensuring that employees are trained to deliver defined roles in major incident and business continuity plans, including the role of loggist.
- Ensuring that support is provided to ICB staff during and after an incident
- Ensuring that appropriate hot and cold de-briefs are carried out after an incident and the learning is shared with other organisations.
- Updating major incident and business continuity plans following an exercise or incident.
- Managing the ICB's response to NHS England EPRR assurance process.
- Preparing reports to various committees to ensure appropriate governance and assurance.

The EPRR Manager is co-chair of BNSSG Local Health Resilience Partnership Business Management Group. And a member of Avon & Somerset Local Resilience Forum Business Management Group.

### ***Head of Communications***

The ICB Head of Communications is responsible for managing the communication strategy during incident response and recovery to staff, patients, and the public. This is through coordination with communication leads in other organisations.

The organisation has drafted and approved, at the Board level, press material that could form part of statements that could be released in the event of an incident and the organisation has suitable procedures for agreeing statements and materials in the event of an incident that can't be prepared for pre-emptively.

The ICB has established an EPRR text alert system to contact staff should an emergency be required to cascade. This is tested on a bi-annual basis.

### ***EPRR Officer***

The EPRR Officer supports the EPRR Manager in their responsibility for the maintenance of the Incident Coordination Centre. This includes:

- Monitoring EPRR inbox and cascading information as required
- Supporting and monitoring ICB on-call rota
- Maintaining an EPRR training register of all relevant ICB staff.
- Role of Loggist during Incident response supported ~~by administration~~  
administration team sourced from across the ICB workforce.
- Emergency contacts are up to date and in an accessible location - hard copy

### **Employees**

All employees are responsible for ensuring that they are aware of the ICB's EPRR and BCM policies, plans and procedures and that they participate ~~in training~~  
training to be able to effectively carry out their defined roles in major incident and business continuity plans.

## **5 Definitions / explanations of terms used**

<b>Acronym</b>	<b>Explanation</b>
BCM	Business Continuity Management
CCA	Civil Contingencies Act
EPRR	Emergency Preparedness Resilience and Response
ICB	Integrated Care Board
NHSE	NHS England
NSRA	National Security Risk Assessments
LRF	Local Resilience Forum
LHRP	Local Health Resilience Partnership



## **6 Co-operation**

The ICB will co-operate with Integrated Care System (ICS) organisations and multi-agency Category 1 and Category 2 responders to support the development of appropriate multi-agency EPRR policies and plans. This will be done through the following arrangements.

### **6.1 Membership and engagement**

- All BNSSG provider organisations as part of the BNSSG Integrated Care System
- NHS BNSSG Local Health Resilience Partnership
- Avon and Somerset Local Resilience Forum

### **6.2 Risk Assessment and Management**

The ICB reviews all risks through.

- Cabinet Office National Security Risk Assessment (NSRA)
- LRF Community Risk Register
- BNSSG LHRP Risk Register
- BNSSG ICB Directorate and Corporate Risks
- Incident response and lessons identified through debriefing.

### **6.3 Supporting the planning, response, and recovery phases of incidents**

- Participating in EPRR exercises organised at local, regional, and national level.
- Identifying lessons learned through the debrief process to improve planning and response and inform future training needs.

## 6.4 Communication

The ICB will share information appropriately with partner organisations to support management of and recovery from incidents in accordance with ICB information sharing protocols and or in line with legislation to support urgent response. It will also share information with staff through the most appropriate means to support any response to situations requiring the management of business continuity using defined plans.

## 6.5 Validation of Plans through training and exercising

The ICB will develop and test its own plans on a rolling annual basis as required by NHS England EPRR Framework, BNSSG LHRP and ICB EPRR work plan, these include:

- Incident Response Plan
- Business Continuity Plans covering:
  - Industrial Action
  - Fuel Disruption
  - Utilities failure (Gas, electric, water)
- Business Impact Analysis and Critical Activities
- On-call Handbook
- Strategic and Tactical 24/7 rota
- Adverse weather
- National Power Outage
- Informatics including cyber-attacks / impacts
- Communicable Disease Plans
- BNSSG LHRP Fuel Plan
- BNSSG Psychosocial Tool

NHSE EPRR Framework 2022 states each organisation must annually complete.

- 1 x In Hours communication cascade
- 1 x Out of Hours communication cascade
- 1 x Tabletop exercise / workshop
- 1 x Live Exercise (every **three** years)

## 6.6 EPRR Strategy

**The ICB will operate a robust Emergency Preparedness Resilience & Response (EPRR) Strategy.** This will include the suite of on-call documents including system leadership and EPRR command and control structures.

**The ICB will work to maintain “Substantial / Full Compliance”** with NHS England Core Standards for EPRR as assessed annually in the NHS England assurance process.

**The ICB will seek assurance** that NHS funded services it commissions are delivered by organisations that maintain and give assurance through the EPRR process.

This will be achieved through:

- a. NHS England Core Standards assurance process
- b. NHS Standard Contract and contract monitoring processes.

**The ICB will establish and maintain an Incident Coordination Centre**

- a. Virtually using digital media
- b. 360 Bristol or at an office base

Providing the appropriate resource, equipment, and Information Technology to enable the ICB to support the response to an incident.

## 7 Continuous Improvement

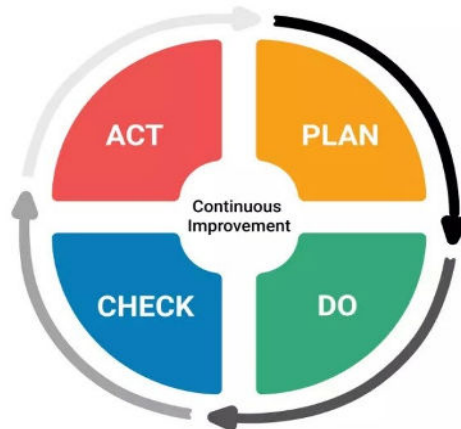
Following any incident / event the ICB will complete an organisation and / or system debrief to identify.

- Areas for improvement
- Areas that worked well
- Recommendations

Debriefing enables lessons to be identified, actioned, and implemented as a

- plan review
- further training or
- the need to further exercise.

This is completed through the PDCA cycle shown below



## 8 Training and Exercise requirements

Training for key roles within EPRR are as follows:

**Principles of Health Command** has been developed by NHS England (NHSE) for delivery to those required to join the Strategic on-call rota. This has been mandated by NHSE as part of ICB transition. Training is required to be updated on a 3 yearly basis.

- NHS BNSSG ICB have agreed to deliver this training to Tactical on-call colleagues too.
- Colleagues are requested to maintain their personal records, but EPRR maintain registers and a training spreadsheet.
- **Loggist** – NHS BNSSG ICB have Loggists trained who have supported the Incident Coordination Centre (ICC) throughout Covid-19 response. Some have agreed to support out of hours and details are available in the on-call pack.
- **NHS BNSSG ICB workshops** – these form an additional internal requirement for on-call staff to attend one per year regarding updates.
- **Exercise schedule** – EPRR Framework states

- 6 monthly communications cascades
- Annual tabletop / workshop
- Three years – Live exercise / Command post exercise

As any situation develops ad-hoc training will be delivered according to the incident and response.

## **9 Equality Impact Assessment**

An Equality Impact Assessment screening has been completed and is available separately.

## **10 Implementation and Monitoring Compliance and Effectiveness**

Monitoring of compliance and effectiveness will be through

- I. ICB EPRR Operational Delivery Group
- II. ICB Outcomes, Performance & Quality Committee (OPQC)
- III. ICB Board
- IV. NHSE EPRR Core Standards assessment
- V. Lessons Identified and recommendations through the debrief process

## **11 Countering Fraud, Bribery and Corruption**

The ICB is committed to reducing and preventing fraud, bribery and corruption in the NHS and ensuring that funds stolen by these means are put back into patient care. During the development of this policy document, we have given consideration to how fraud, bribery or corruption may occur in this area. We have ensured that our processes will assist in preventing, detecting and deterring fraud, bribery and corruption and considered what our responses to allegation of incidents of any such acts would be.

In the event that fraud, bribery or corruption is reasonably suspected, and in accordance with the Local Counter Fraud, Bribery and Corruption Policy, a referral will be made to the ICB's Local Counter Fraud Specialist for investigation. The ICB reserves the right to prosecute where fraud, bribery or corruption is suspected to have taken place. In cases involving any type of loss (financial or other), the ICB will take action to recover those losses by working with law enforcement agencies and investigators in both criminal and/or civil courts.

## 12 References, acknowledgements, and associated documents

- a. The Civil Contingencies Act 2004  
[www.legislation.gov.uk/ukpga/2004/36/contents](http://www.legislation.gov.uk/ukpga/2004/36/contents)
- b. The Health and Social Care Act 2012  
[www.legislation.gov.uk/ukpga/2012/7/contents/enacted](http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted)
- c. NHSE EPRR Guidance and Framework  
[www.england.nhs.uk/ourwork/epr/gf/](http://www.england.nhs.uk/ourwork/epr/gf/)
- d. NHS standard contract  
[www.england.nhs.uk/nhs-standard-contract/](http://www.england.nhs.uk/nhs-standard-contract/)
- e. Minimum Occupational Standards for EPRR 2022  
[https://www.england.nhs.uk/wp-content/uploads/2022/07/B1568\\_minimum-occupational-standards-for-emergency-preparedness-resilience-and-response.pdf](https://www.england.nhs.uk/wp-content/uploads/2022/07/B1568_minimum-occupational-standards-for-emergency-preparedness-resilience-and-response.pdf)
- f. National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice 22  
[www.effectivecommand.org/Content/docs/Civil\\_Contingencies\\_Act\\_National\\_Occupational\\_Standards.pdf](http://www.effectivecommand.org/Content/docs/Civil_Contingencies_Act_National_Occupational_Standards.pdf)
- g. BSI PAS 2015 – Framework for Health Services Resilience  
[shop.bsigroup.com/ProductDetail/?pid=000000000030201297](http://shop.bsigroup.com/ProductDetail/?pid=000000000030201297)
- h. ISO 22301 Societal Security - Business Continuity Management Systems Requirements  
[www.iso.org/standard/50038.html](http://www.iso.org/standard/50038.html)
- i. NHSE Core Standards For EPRR  
[www.england.nhs.uk/publication/nhs-england-core-standards-for-epr/](http://www.england.nhs.uk/publication/nhs-england-core-standards-for-epr/)
- j. Preparation and planning for emergencies: responsibilities of responder agencies and others [www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others](http://www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others)
- k. BNSSG ICB Incident Response Plan
- l. BNSSG ICB Business Continuity Plan including Business Impact Assessments (BIAs)
- m. BNSSG ICB Severe Weather Plan

## Appendices

### 12.2 Implementation Plan

Target Group	Implementation or Training objective	Method	Lead	Target start date	Target End date	Resources Required
All	Update all staff re EPRR Policy	Have We Got News For You , andThe Voice with links to intranet site On-call pack Shared S drive	EPRR Manager	December 2023	January 2024	EPRR Communications Team
	Exercising	Ensure this links to Incident Response	EPRR Manager			EPRR On-call

## BNSSG Outcomes, Quality and Performance Committee

Minutes of the meeting held on Thursday 29<sup>th</sup> February 1000-1225 on MST

### Minutes

<b>Present</b>		
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 1030-1225	Deputy Director of Performance and Delivery, BNSSG ICB	CD
Jeff Farrar	Chair, BNSSG ICB	JF
Paul May	Non-Executive Director, Sirona Care & Health	PM
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
Dave Jarrett 1100-1225	Chief Delivery Officer, BNSSG ICB	DJ
Sue Geary	Healthwatch	SG
Aishah Farooq	Non-Executive Director BNSSG ICB	AF
<b>In attendance</b>		
Michael Richardson	Deputy Chief Nursing Officer, BNSSG ICB	MR
Layla Toomer	Patient Safety Lead, Maternity and Neonatal, BNSSG ICB	LT
Jodie Stephens (Notes)	Executive PA, BNSSG ICB	JS
Heather Kapeluch Agenda Item 7.1	Head of Operations, AWP	HP
Janet Potts Agenda item 7.1	Interim Director of Children's Services, Sirona Care & Health	JP
Mark Arruda-Bunker Agenda Item 7.1	Divisional Director of Operations, AWP	MAB
Anne Clark Agenda Item 7.1	Senior Performance Improvement Manager, BNSSG ICB	AC
Laura Westaway Agenda Item 7.1	Head of Children's Services, BNSSG ICB	LW
Tony Page Agenda Item 7.1	Senior Operations Manager Children's Services, Sirona Care & Health	TP
Victoria Bates Agenda Item 7.1	Clinical Lead for Specialist Nursing, Sirona Care & Health	VB
Mary Lewis Agenda Item 7.1	Director of Nursing, Sirona Care & Health	ML
Dr Saraswati Hosdurga	Community Paediatrician, Sirona Care & Health	SH





Agenda Item 7.1		
<b>Apologies</b>		
Sarah Truelove	Chief Finance Officer and Deputy Chief Executive, BNSSG ICB	ST
Jonathon Hayes	Chair of General Practice Collaborative Board	JH
Hugh Evans	Executive Director, Adults and Communities Bristol City Council	HE

	<b>Item</b>	<b>Action</b>
1.	<b>Welcome and Apologies</b> ED welcomed attendees to the meeting and apologies were noted as above.	
2.	<b>Declarations of Interest</b>  PM is cabinet member of Children and Young People and Chair of Health and Wellbeing Board within Bath and Northeast Somerset.	
3.	<b>Minutes of December 2023 committee</b>  Committee approved minutes from Friday 19 <sup>th</sup> December 2023  AOB – Friday 19/12 OQPC Update - JM explained that a paper will be discussed at ICB Board Open on Wednesday 6/3 addressing Health Inequalities, it will highlight the work which is happening across the whole system particularly UHBW and NBT in which a dashboard has been created so waiting lists can be viewed but by geography, ethnicity and gender.	
4.	<b>Committee Action Log</b> Updated action log attached and circulated.	
5.	<b>CNO/CMO Update</b>  <b>CMO</b> JM informed committee:  <b>Health and Care Professional Executive</b> - report from the Risk and Advisory Forum (REAF) on the local implementation of the early cancer detection NHS-Galleri trial. Galleri is a blood test that can be used to screen asymptomatic individuals for over 50 types of cancer. The NHS-Galleri trial will report in Spring 2024, there has been only limited sharing of data from the trial so far. BNSSG has been asked to take part in the Interim Implementation Pilot of Galleri. The ethical analysis was reviewed by the group and set out a series of concerns. There was unanimous agreement that the HCPE did not support implementation of this test until further discussion and assurances were received. The CMO will write to the SWAG cancer alliance setting this out. The Pharmacy team presented an options paper on the use of new NICE approved weight management drugs and the HCPE endorsed a risk stratified methodology to manage demand vs capacity.  <b>Weight Management</b> – several effective drugs used but not enough data regarding how long patient should have prescribed them and the wider	

	Item	Action
	<p>sociological support which should come with that type of medication. The impact of obesity is a major public health problem and ongoing discussions are taking place.</p> <p><b>Womens Health Update</b> – Each Integrated Care System has £595,000 one-off funding for the development of a ‘Women’s Health Hub’. National guidance defines as ‘hub’ as ‘bringing together healthcare professionals and existing services to provide integrated women’s health services in the community, centred on meeting women’s needs across the life course. Hub models aim to improve access to and experiences of care, improve health outcomes for women, and reduce health inequalities.’ Since the announcement of the funding, BNSSG ICB have</p> <ul style="list-style-type: none"> <li>• Established a BNSSG Women’s Health Steering Group chaired by Dr Joanne Medhurst.</li> <li>• Undertaken a data synthesis exercise to bring together high-level data on women’s health outcomes and service provision.</li> <li>• Held a workshop to engage professionals on what our ‘hub’ should focus on. This included people from general practice, sexual health, gynaecology, VCSE sector, public health, Locality Partnerships and the ICB.</li> <li>• Agreed the focus areas at the Women’s Health Steering Group in January 2024.</li> <li>• New Clinical lead for Womens Health starting March Dr Katherine Kearley-Shires.</li> </ul> <p>AF asked whether the Women’s Health Hub is an all-age model including young females who are at teenage age group going through puberty. It is important to make sure that we include those kinds of younger females in this module.</p> <p>JM agreed and the model will be for all ages.</p> <p><b>Industrial Action</b> – No key escalations but it is now managed through business as usual due to effective management by providers including managing risk. Slight drop-in activity but still lots of learning to be taken onboard. JF addressing BNSSG ICP this afternoon to discuss workforce as NHS has increased workforce by 20% in the past four years, but productivity is not improving and is down 15%. JF stated that productivity needs to be discussed at ICB Board agenda and across all committee agendas. JF also to link in with Jo Hicks, Chief People Officer for BNSSG ICB.</p> <p><b>CNO</b> RS informed committee:</p> <p><b>System Quality Group</b> met on 22.02.2024 and had a focussed deep dive discussion about Childrens Services. Contributions were made by a range of system partners and the key issues will be presented to committee in the agenda item being presented in the meeting today. RS explained that within the</p>	

	Item	Action
	<p>CNO paper update is the System Quality group slides that are sent to region which includes data regarding quality, winter planning and escalations.</p> <p>AWP remains in enhanced surveillance with the Quality Improvement Group still in place. Current key activities relate to the safeguarding and quality and safety deep dives which are in progress the outputs of which will be reviewed with QIG's. Riverside unit is temporarily closed.</p> <p><b>Safeguarding</b> – significant concerns remain regarding the current levels of knife crime and serious youth violence which is affecting children across BNSSG. There is close working with the Serious Violence Reduction Partnership Board who called an extraordinary meeting on Wednesday 21st February. The ICB is awaiting a request from the Office of the Police and Crime Commissioner for support into a piece of work to fully understand the causative factors of the current increased risk and the mitigations that the system might take to deliver a sustained reduction.</p> <p>Significant safeguarding incident at the weekend involving the death of three children – rapid review underway and will involve multiple agencies who had had contact with the family.</p> <p>North Somerset Safeguarding Childrens Partnership held a Development Day on Tuesday 20th February attended by a range of the ICB team including Shane Devlin and Rosi Shepherd. Positive day reviewing effectiveness of the current arrangements, reflecting on progress over the past year and the key areas of priority for 2024/2025. Key areas of improvement will relate to the performance of the sub-groups, ensuring the partnership is supported by good multi-agency data so that impact can be measured and reviewing the impact of Working Together 2023 and how the partnership will implement it.</p> <p>Work is underway in relation to the speed that local authorities notify BNSSG ICB of children coming into care and making sure the relevant information is available- RS is liaising with Directors of Children's Services.</p> <p>PM stated that work needs to continue regarding operating across boundaries as the recent three deaths that were in Bath and Northeast Somerset were involving people coming into the area rather than local children.</p> <p>RS gave assurance that Avon&amp; Somerset police deal with footprint regarding cases and that is also in regular communication with the system Director's of Children's Services to make sure the wider footprint is covered.</p> <p>AM asked due to the tragic events over the past few months is their support for professionals that are dealing with the type of information which is being viewed and investigated as must be very difficult and traumatic for all.</p> <p>RS explained that arrangements are already in progress with Sirona and AWP regarding specialist clinical psychology support for staff who have been involved with cases and a de brief will also be taking place at the end of March.</p>	

	Item	Action
	<p>RS explained the structure of the System Quality Group is meant to have all partners attending so that, the primary care representative from One Care will take that information back in and spread the learning. But RS agreed that not all partners can attend so RS and MR will review the quality management system work to ensure that the feedback loop is secure.</p> <p><b>ACTION: Rosi and Michael to review System Quality Group ToR and membership regarding inability to attend meetings.</b></p>	
6	<p><b>Chief Delivery Officer Update</b></p> <p>DJ explained the ongoing focus nationally and regionally regarding delivery of 76% A&amp;E performance for March and the elimination of 78 week waits. The region's ambitions for 2024-2025 is NCTR to be less than 10% which DJ highlighted would be a significant ambition for BNSSG system but category two at less than 30 minutes which on average BNSSG are delivering. Dental access continues to remain high on the list for regional ambitions in 2024-2025.</p> <p>DJ stated the key areas within the performance report including urgent care not delivering the 76% target across January or February, but BNSSG have maintained position in comparison to 2023 but explained significant focus going into March 2024 but will be driven by the continued challenge around NCTR. Ambulance handover delays have significantly improved and are the best in the region although challenged over the winter. 104-week waits have been eliminated but scrutiny and focus continue with 78 week wait patients. DJ highlighted the achievement of the Faster Delivery Standard targets in December and explained the key area of focus regarding flow which involves acute and mental health bed base.</p> <p>JF remarked as a system there must be recognition of the excellent work and progress that is taking place with health inequalities and population health for our communities as it is also important to highlight but will require a balance and must include board level.</p>	
7	<p><b>Items for Discussion</b></p>	
7.1	<p><b>Children's Services Deep Dive</b></p> <p>ED explained to committee the purpose of the children's service deep dive was to look at some of the challenges and to take assurance that the service has been reviewed across the system.</p> <p>LW explained that BNSSG have approximately 225,000 children and young people (0-18 years) in which 25,333 children (11%) are living in poverty across BNSSG.</p> <p>Children's Services span the following areas:</p> <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Learning disabilities and Autism</li> </ul>	

	Item	Action
	<ul style="list-style-type: none"> <li>• Community Health</li> <li>• Public Health Nursing</li> <li>• Therapies</li> <li>• Safeguarding,</li> <li>• Children in care</li> <li>• Acute including elective.</li> <li>• Urgent and emergency care</li> </ul> <p>BNSSG have statutory responsibilities and inspection frameworks around SEND, safeguarding, children in care and from a performance perspective there are nationally mandated areas Emergency Department 4 hours, Elective care, Children’s mental health access, LD&amp;A GP health checks and reducing reliance on inpatient care.</p> <p>LW explained that children’s services are not as heavily mandated as adults, so BNSSG priorities are locally driven and informed by the ICS Outcomes framework which have been articulated in the joint forward plan, where the Health and Care Improvement Group has chosen 3 priority areas based on needs of focus over the next two to three years which are Neurodiversity, early years, CYP with complex needs.</p> <p><b>Childrens Performance Overview:</b></p> <ul style="list-style-type: none"> <li>• Improve A&amp;E waiting times &lt;76% pts seen within 4 hours by March 2024 - Jan 24: Children’s Emergency Department performance has improved 75% year to date compared to 2022-23 (72.4%)</li> <li>• Eliminate waits of over 65 weeks for elective care by March 2024 - Jan 24: 2023-24 objectives are being met except paediatric ENT, urology, cleft and dental which UHBW anticipate eliminating 65 week waits by the end of Q1 2024-25 - subject to any impact of Industrial Action.</li> <li>• 100% EHC needs assessments returned to LA within 6 weeks – Jan 24 100% Performance</li> <li>• Reliance on inpatient care LD&amp;A – No more than 2 children (&lt;18) in inpatient beds - Jan 24: one patient on Riverside Day programme and two full inpatients. More variation is expected now that voluntary admissions are included. Performance remains better than the National target (&lt;12-15 under 18 I/P per 1,000,000 CYP population by Q4 23/24.</li> </ul> <p><b>Community Paediatrics:</b> Services are available to children and young people where there are significant concerns about a child’s health, development or educational progress including ADHD.</p> <p><b>Current picture</b> - The waiting list continues to grow month on month, total in January 2024: 4443. Children are seen in order of highest need and then chronologically. Children considered ‘significant waiters’ are treated as priority 1. Target to reduce waiting time to 100 weeks by end of Feb 2024 has been achieved.</p>	

	Item	Action
	<p><b>Future Plans</b> - Continue capacity work to ensure that the service is working to their higher capacity. Job planning as part of demand &amp; capacity work. Single point of Access service.</p> <p><b>Risks</b> - System has 4 risks scored at 12 &amp; above relating to increasing waiting list numbers in Comm Paediatrics and for ASD &amp; Comm Paediatrics, available funding, system transformation &amp; parental right to choose.</p> <p><b>Autistic Spectrum Disorder (ASD) Service:</b> Service provides assessments for children and young people with neurodiversity needs and suspected autism causing them very significant difficulties in their daily life despite appropriate support.</p> <p><b>Current Picture</b> - Waiting list increasing as demand outstrips capacity. Resulting in increasing waiting times for all cohorts. Average referrals per month in last 13 months – <u>207</u>. Average final assessments completed per month in last 13 months – 78. Waiting list validation currently underway to ensure accurate picture of waiting list. Helios &amp; BAU triaging reducing risk of harm.</p> <p><b>Future Plans-</b> Harm review being undertaken. Communications being reviewed under 'Waiting Well' project to set realistic expectations to families, and to orientate to support. Investment required to increase capacity. System neurodiversity system transformation inc. interim model</p> <p><b>Risks-</b> Significant waiting times for assessment impacting on ability of CYP &amp; families to access services &amp; support.</p> <p><b>Children in Care and Adoption.</b> Initial Health Assessments are not currently being completed within 20-day target.</p> <p><b>Current mitigations</b> - Change in clinic management and processes. Improving relationships with LA teams. Manual data capture and targeted follow up.</p> <p><b>Next steps-</b> Further improvement in receipt of documentation from LA. Work with foster carers re importance of health assessment attendance. Further improvement of completion IHA reports by Paediatricians within time scales. Improve clinic attendance, especially child not brought. Offering earlier appointments to ensure children and young people are seen within timeframe.</p> <p><b>Mental Health – CAMHS Access</b> BNSSG is not achieving the national target which is a key risk within our system. BNSSG agreed additional recurrent funding of £630k to enable AWP to recruit into service and improve delivery of this target.</p> <p><b>Target remains unmet due to:</b> Data quality issues and recruitment and retention issues across providers.</p> <p><b>Mitigations</b> - System task and finish group to review. Performance Improvement plan developed by OTR. Recruitment into core CAMHS teams as part of Access investment (expected 2024/25). Workforce strategy. Increase caseload capacity and referral routes of Mental Health Support Teams.</p> <p>AM asked regarding children with eating disorders what is the timeline regarding first appointment/assessment?</p>	

	Item	Action
	<p>HP replied targets for eating disorders is to see all urgent eating disorders within one week and to see routine eating disorders within 28 days and which as a system we are meeting. HP explained when those targets are not met it is because of non-engagement from the patient and a safety plan will be established and communicated to patient.</p> <p>ED asked JP to clarify cost implications and where the new working model to address children's waiting list has been. JP stated that model has received patient care involvement including a wide net of stakeholders working with Sirona. Assurance and governance processes are being designed and developed. ML explained the model is part of the new BNSSG ICB transformation programme which has been led by the ICB over the past nine months and currently at the stage of collaborative diagnostics. As a system we need to ensure these children and young people have got the support that they need, whether they've got a diagnosis or not.</p> <p>DJ explained that the working model has been resourced through ICB transformation gateway process and has had full engagement from ICB and system partners but there is recognition of the constraints we as a system are facing. JP explained to committee that if we continued with the current model it would cost between £12 and £ 15 million pounds and a waiting time of 10 years so needs to be addressed.</p> <p>AM asked regarding CAMHS Access waiting list- is the target ever going to be met, and what the associated risk for children? MAB stated there is good improvement with the target, there are ongoing pieces of work with the system regarding data capturing and flow. Recruitment delays have meant performance was worse than expected and currently waiting for planning guidance to see of 24/25 target has been increased. HK stated fully aware not going to meet 23/24 target. AM suggested CAMHS access is added to future OQPC and that updates are provided regarding decisions making, risk assessments and escalation processes.</p> <p>DJ explained that DJ would have oversight of Children's Services across BNSSG ICB and the escalation process would be through Childrens' Operational Delivery Group which leads into the Childrens HCIG and then on System Executive Group then BNSSG ICB Board. RS supports DH in terms of clinical and care leadership elements.</p> <p>ED will have further conversations with DJ and RS regarding children's focus on OQPC agenda's going forward but thanked LW and representatives from AWP and Sirona for attending committee and all the hard work and focus for the children and young people in our system. JF requested that ED update ICB Board within OQP Committee chair's section about areas of challenge within Children's Services. DJ will link in with Sue Porto, Chief Executive Sirona Health &amp; care regarding Children's Services challenges and update at ICB Board in March.</p>	

	Item	Action
	<p><b>ACTION: Mental Health – CAMHS Access update including decision making, risk assessments and escalation processes to be added to OQPC forward planner to ensure added to June OQPC agenda.</b></p> <p><b>ACTION: Ellen/Dave/Rosi to discuss the most effective focus for OPQ Committee on children’s services. This might be a dashboard that could be included in the performance report.</b></p>	
7.2	<p><b>Segmentation Improvement Update</b></p> <ul style="list-style-type: none"> <li>• <b>Cancer (Faster Cancer Diagnosis Standard)</b></li> <li>• <b>Elective (78ww)</b></li> <li>• <b>Mental Health (CYP and Perinatal)</b></li> <li>• <b>Learning Disabilities and Autism (inpatients)</b></li> </ul> <p>DJ and CD explained that NHS England and NHS Improvement's NHS System Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. The framework looks at five national themes: Quality of care, access and outcomes, preventing ill health and reducing inequalities. Each quarter the ICB is asked to review performance for those providers forming part of the oversight process. For the last 2 quarters within 2023/24 this has been a light touch approach. A centrally collated set of measures provide the data on key performance indicators to allow the ICB to review as well as using local intelligence through Trust board reports and ICB knowledge. The light touch review will provide a rationale of which segment a provider is rated against and why re: where performance could be improved. The ICB then needs to provide an update on performance including an indication on whether the segmentation rating should be reviewed. This report from the ICB is then submitted to NHSE to be discussed at the Regional Support Group</p> <p>CD explained to committee that to date the ICB has not been issued with segment 3 exit criteria. This was based on the ICBs segment 3 being primarily informed by an aggregation of the provider trusts performance measures. However, with the ICB continuing to remain in segment 3, RSG has proposed that if the position does not improve in quarter 4 segmentation light touch review, then exit criteria for the ICB will be recommended.</p> <p><b>Cancer (FDS)</b> To assess the position in quarter 3 and due to the time delay in validation of the data October 23 data would have been used to assess performance and was not compliant to the 75% standard. Performance based on December 23 data shows that overall, the ICB is achieving (75.3%) the national standard and cancer waiting time standard as well as the operational plan target of 73.54%. BNSSG performance is now better than the national average, ranked as 4<sup>th</sup> out of 7 in the Southwest and 20<sup>th</sup> out of 42 ICBs nationally.</p> <p><b>Elective (78ww and 65ww)</b> The system has been placed into Tier 2 with bi-weekly meetings with the regional team. Overall, the ICB has maintained a sustained improvement trend from 448 78+ week waiters in August 2023 to 136 at end December 2023. The</p>	



	Item	Action
	<p>ICB has also maintained a sustained improvement trend from 2713 65+week waiters in August 2023 to 934 at end December 2023.</p> <p><b>Mental Health (CYP and Perinatal)</b>  CYP access to mental health support shown an improvement at month 10, although still lower than the national target and not meeting the local target. This is largely due to insufficient capacity of which recruitment is underway; 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.  Perinatal is showing improvements, despite the access target not being met. The single point of access went live on 26 January 2024, and this is creating an increase in activity locally. AWP have also identified and remedied one of the perinatal teams coding so with this activity now being counted towards the target, we are confident that the target will shortly be achieved.</p> <p><b>Learning Disabilities and Autism (inpatients)</b>  Whilst there has been some improvement in December it is unlikely that the ICB will meet the target of 30 per million by March 24 although we are in the interquartile range and ahead of the national average. The variation in September and January related to changes in need of two people.</p> <p><b>Virtual Wards</b>  Decline in utilisation over the Christmas period and new year resulted in average available capacity of approximately 14 referrals per day. On reflection impact was likely due to clinician annual leave across the service within the acutes and therefore reduced the in-reach impact and visibility. In the month of November 23, utilisation of 80% was achieved and demonstrated the capabilities of the service and needs of the system. Doccla are providing to Sirona 12 hours per day of clinical staff to support monitoring the dashboard as well as 3 posts to be based at the acute sites to support pulling out of patients. An HR MOU has now been signed by acutes and Sirona Chief People Officers which will allow the team to work across bases, access each other's sites and rotate.</p> <p><b>Agency Spend</b>  The agency spend metrics relate to agency spend vs agency ceiling and agency spend price cap compliance. The ICS is forecasting a significant breach of the agency ceiling of £14m, mainly driven by AWP. As AWP agency spend is c14% of total pay costs the ICS is unlikely to meet the national target of 3.2% of total pay costs next year either, although are targeting a 30% reduction in usage  Agency cost control and reduction remains a key priority for all three Trusts. The run-rate is trending downward and UHBW are meeting the key requirement of agency spend less than 3.5% of pay costs. This is due to:</p> <ul style="list-style-type: none"> <li>• improved controls, notably reduced use of off framework agency</li> <li>• increased substantive recruitment largely driven by international recruitment.</li> <li>• Improved Urgent &amp; Emergency Care due to Home First/urgent emergency care investment plan leading to less escalation capacity and reliance on temporary staffing.</li> </ul>	

	Item	Action
	<p>As a region we are agreeing a rate that all providers will pay to agency for medical and nursing staff. This will prevent competition and agency focusing on specific ICBs or organisations. This new rate is lower than our partners currently pay (actual baseline is being verified but will be higher) so is likely to have less spend in 2024/25 for agency.</p> <p>JM stated the NHSE report benchmark's the main diagnosis cohorts for virtual wards at frailty 47% respiratory 21% and others 32% but BNSSG are only 2% frailty and asked CD and DJ to explain this low percentages. DJ and CD are currently looking into this piece of data and will work with respective teams and feedback. JF also agreed that agency spend with AWP is a significant outlier and one of the worst in the country and will speak to Jaya Chakrabarti, Non-Executive Director and Chair of People Committee BNSSG ICB to highlight in all committees. ED will also highlight at BNSSG ICB Board meetings.</p> <p><b>ACTION: Segmentation Update to be a standing agenda item at all OQPC.</b></p> <p><b>ACTION: NCTR update to be added to April OQPC agenda.</b></p>	
7.3	<p><b>Maternity</b></p> <p><b>LT explained to committee:</b></p> <p><b>Badgernet Implementation Update</b> - Both UHBW and NBT Maternity went live with Badgernet a new electronic patient record (EPR) on September 26<sup>th</sup> 2023. The implementation phase has been very successful with staff transitioning well to the new way of working. The digital programme board continues to meet monthly with deployment of centralised monitoring the next phase. Discussions at a Trust level as to what programme support will be available once the implementation phase ends in April this year.</p> <p><b>CQC Ratings</b> - NBT CQC Inspection in October 23 and UHBW December 23 NBT's published and rated 'Good' overall (maintained from last inspection) Safety rating upgraded from 'Requires Improvement' to 'Good'- (one of only five maternity services in England to have achieved this improvement). UHBW yet to be published but initial feedback is positive.</p> <p><b>Maternity Incentive Scheme Year 5</b> - Both UHBW and NBT have achieved full compliance of all 10 safety actions in MIS Yr. 5 which is a huge achievement. We are awaiting the publication of Year 6 and expecting that an implementation tool (similar to that of Saving Babies Lives) will be available so that the LMNS can track evidence being submitted contemporaneously.</p> <p><b>Saving Babies Lives Version 3</b> - Both UHBW and NBT have achieved compliance with Saving Babies Lives Version 3 (launched in June 2023). For this first-year compliance was set at 70%, both Trusts have achieved 80% with a final review in March before submission.</p>	

	Item	Action
	<p><b>Perinatal Insight Visits</b> - Occurred on 17<sup>th</sup> and 18<sup>th</sup> January 2024, attended by NHSE, ICB and LMNS colleagues. LMNS decision to focus on Culture, overall, very successful with well attended focus groups from all staffing disciplines and grades. Sense of pride of working within Bristol with great examples of team working. Plan to change structure this year with a focus on peer review at a regional level.</p> <p><b>Race and Health Observatory Learning and Action Network</b> - One of only 9 systems across England to be chosen and only one in the South-West. Aim to reduce health inequalities and improve outcomes for Black and Asian mothers and babies. 15-month project with BNSSG focusing on pre-term births and the disparity with antenatal interventions between our white and ethnic minority population.</p> <p>RS added that the feedback received from NHSE is a testament of the hard work that LT is leading around maternity and inequality system arrangements and clear that BNSSG is doing very well regarding embedding our maternity work and the progress it is achieving.</p> <p>AM asked if there were any concerns or updated regarding perinatal mental health as not included in paper.</p> <p>LT explained that a vast amount of work is currently taking place and that perinatal health services has been highlighted regarding a lack of information going to the national data. LT feels currently this is not an area that needs to be escalated as a concern but is an area which is being monitored. LT explained the new MALT service (Maternal Loss and Trauma Service) which is being funded by AWP and is across UHBW and NBT to offer an additional service's which has helped standardise perinatal services within BNSSG.</p> <p>There are issues with neo-natal cots availability which has been raised through LMNS and does create pressure as the cots are for the whole Southwest not just BNSSG. LT explained that LMNS are working very closely with operational delivery network that managed the cots across the Southwest and are currently undertaking a deep dive looking into action plans and is on the LMNS Executive Board agenda in May which RS is chair.</p> <p>ED asked LT to include key risks within maternity paper going forward and thanked LT for an excellent report.</p> <p><b>ACTION: Maternity Services update on OQPC agenda every six months.</b></p>	
8	<p><b>Items for Information</b></p> <p>8.1 <b>LeDeR Governance Group Minutes</b></p> <p>8.2 <b>Health and Care Professional Executive January Minutes</b></p>	

	<b>Item</b>	<b>Action</b>
8.3	<b>BNSSG System Quality Group January Minutes</b>	
8.4	<b>APMOC Minutes December</b>	
9	<p><b>AOB</b></p> <p>RS stated that BNSSG ICB have commissioned extra support to deal with the LeDeR assessment backlog which RS doesn't expect to be cleared by end of financial year 23/24 but great ambition within the team to get back on track.</p>	
	<p><b>Meeting Dates 2024</b></p> <ul style="list-style-type: none"> <li>• <b>Wednesday 24<sup>th</sup> April 1400-1625 MST</b></li> <li>• <b>Wednesday 26<sup>th</sup> June 1400-1625 MST</b></li> <li>• <b>Thursday 26<sup>th</sup> September 1400-1625 MST</b></li> <li>• <b>Thursday 28<sup>th</sup> November 1400-1625 MST</b></li> </ul>	

Jodie Stephens Executive PA March 2024