Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of the BNSSG ICB Board

Date: 1st May 2025
Time: 12.45 – 15.35
Location: Microsoft Teams

Agenda Number:	7.1
Title:	Quality Report
Purpose: Discussion & Information	
Key Points for Discussion:	

Key emerging issues/risks since the reporting period of the Quality Report

- **System Quality Group, 18 March 2025 –** Review of the System Risk Register established that System Flow pressures needed to also cover the risk to undifferentiated patients in the community. A "digital risk" of the need for improvements in connectedness of IT and data systems, and associated clinical safety were also articulated and will be incorporated into the register. Work to standardise an Equality & Quality Impact Assessment across the system was also supported.
- **Government announcement related to NHSE, DHSC and ICBs** – the announcement on 13 March 2025 of proposals for the abolition of NHSE, merging functions with DHSC and significant savings targets for ICBs and other systems functions has the potential to create significant instability in the BNSSG health and social care economy during the transition phase. Further details of the proposed savings targets and operating model for organisations are currently awaited.
- **Avon and Wiltshire NHS Trust -** Governance oversight of AWP's improvement initiatives continues through the current AWP Enhanced Contractual Quality Oversight Group and Improvement Board. The provider remains in enhanced surveillance.
- **Corridor Care –** The RCN released its report on corridor care on 16 January 2025, focussing on the risks to patient safety and dignity and the impact on staff (including "moral injury"). The ICB reported back to system partners at the February System Quality Group following ICB visits to temporary escalation spaces at NBT and UHBW sites. Findings showed safe patient care, but with compromises to patient dignity and privacy, provided by dedicated, compassionate staff in challenging environments.
- **Dynamic Risk Assessment – patient flow risks and no criteria to reside**. Following a rapid quality review meeting on 5 February 2025 the ICB, acute trusts, SWAST and Sirona developed a dynamic risk assessment to assist with further decision making when the system is under pressure. This model was reviewed at the System Quality Group on 17

February 2025. It was agreed further work would be needed for the methodology to aid dynamic risk making decisions in real time and therefore it was proposed the work will be incorporated into the Risk of Harm (Sentinel) and Digital programmes.

- **Heart failure Pathway** – work is underway in the system (under the National Quality Board framework) to address the long waits for diagnostic or review echocardiogram and other pathway gaps.
- **Vita Health –** Due to extensive improvement work with addressing the waiting list for Talking Therapies, improving triage, and safety netting for long waiters, the Provider has de-escalated from "Elevated Oversight" to "Standard Oversight" (as per the ICB's internal Quality Management System).

Key items to note in the Quality Report

Patient Safety

The report provides examples of assurance of partners in the system applying patient safety governance and practice commensurate with the NHSE patient safety strategy and Patient Safety Incident Response Framework. The section also highlights patient safety issues in the system and mitigations.

Infection prevention and management

- **Influenza -** Although pressures remain in secondary care, the pressure from flu in the system has reduced following the reduction in circulating levels of influenza. The influenza vaccination campaign continues until 31st March 2025 and work to support engagement with vaccination has included a range of initiatives.
- **Measles** – All trusts are responding to cases and exposures of the BNSSG cluster promptly. Triage and identification of cases is resulting in more patient protected journeys.
- **Healthcare associated infections** - C difficile cases (CDI) nationally have risen to their highest level in more than a decade and BNSSG mirrors this pattern. The system is working on a wider project with NHSE SW to understand the drivers. Cases in BNSSG peaked in September 2024 and have decreased each month since.

Continuing Healthcare (CHC)

As anticipated 28-day assessment performance dropped to 71% vs. the target of 80% in January; performance has recovered in February with an estimated performance of 84%.

The Fast Track service is currently subject to a recovery programme that is addressing issues which resulted in the caseload increasing above acceptable levels in this financial year.

The report also outlines the efforts to address the funded nursing care process to ensure decision making around FNC eligibility is tight and compliant with National Frameworks.

Recommendations:	To note the reports including any risks, mitigating actions and responsibilities as appropriate.
Previously Considered By and feedback:	Not previously considered
Management of Declared Interest:	None declared
Risk and Assurance:	The report and appendices provide an update to the ELT and Outcomes, Quality & Performance Committee in relation to key risks to performance and quality within the system and highlight supporting mitigations which are in place.
Financial / Resource Implications:	None referenced
Legal, Policy and Regulatory Requirements:	None referenced
How does this reduce Health Inequalities:	Not referenced
How does this impact on Equality & diversity	As above
Patient and Public Involvement:	Not applicable
Communications and Engagement:	The reports are provided to the ICB Extended Leadership Meeting, Outcomes, Quality, & Performance Committee, and ICB Board for information and discussion.
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Sponsoring Director / Clinical Lead / Lay Member:	Rosi Shepherd, Chief Nursing Officer, BNSSG ICB

BNSSG ICB Quality Report

March Report on Month 9/10 (December/January) 2024/2025

1. System Quality Group (SQG) and National Quality Board (NQB) process updates from this reporting period

1.1 System Quality Group (SQG) 16th December 2024
Areas of focus:

- **National Education Training Survey (NETS)** – update

NETS is open to all healthcare students, trainees, and apprentices, providing essential feedback on induction, clinical supervision, facilities, learning opportunities, and teamwork. It also includes questions on health and wellbeing, equality, diversity, and inclusion.

BNSSG ICB was previously the highest performing ICB nationally, when it comes to education and training. There has been a significant uptake in the number of learners completing the survey across BNSSG this year for 2024 (increased by 30%) and results will be published in April 2025. Data coming out of the survey will also indicate how well the new Safe Learning Environment Charter has been implemented across organisations.

- **New Wound Care App - update**

The burden of wounds in the UK costs in the region of £8.3bn a year.

Sirona has invested in a digital solution that has been recommended by the National Wound Care Strategy to increase the accuracy, quality and consistency of wound measurements. The App ("Healthy IO") enables accurate monitoring, better continuity of care, early intervention, and can also detect different types of tissue in the wound bed. Its AI features can also flag deteriorating and static wounds.

The App is used by support workers registered nurses and podiatrists and has the facility for senior clinicians to review wounds remotely. Digital roll out has taken only 3 months although the efforts needed to effect cultural change to embed the new system are ongoing.

Since April 2024 nearly 7000 digital assessments have been completed, saving over 9000 clinical hours (and less travel) and 80% of staff are utilising the App. Further evaluation of the APP is underway and potential for it to be used for self-supported care and remote monitoring (including care homes) is being explored.

- **Winter Planning 2024/25 Update** for information and discussion

• No additional funding has been made available for this winter, but systems should work to optimise gains made from significant recurrent investments made over the last year.

• Operational Plan targets remain unchanged: Average Category 2 ambulance response times < 30 mins. 78% of emergency department waits < 4 hours.

1.2 System Quality Group (SQG) 21st January 2025

Areas of focus:

- **Risk of Harm – Sentinel App**

This is a prototype digital platform providing visibility of real-time risks in the system. It has been developed with system partners as a response to NHSE guidance on integrated risk management, and the principles for assessing and managing risks across integrated care systems. Roll out commenced in January.

Further feedback was elicited from the SQG to develop further risk action cards and how to develop decision making methodology for dynamic risk management.

- **Call for Concern (Martha's Rule) - Partner implementation updates**

UHBW

Went live in Bristol Children's Hospital on 6th January 2025. So far there have been 3 calls from relatives relating to children, with subsequent responses from the outreach team. Informal feedback indicated that callers felt supported and heard.

An adult service is in development with consultation currently underway with community groups, service users, and patient support organisations. Promotional materials are also being developed for all ages.

NBT

A 24/7 Critical Care Outreach Team (CCOT) is planned to be established by March 2025 with standards to include that all patients, families, carers, and advocates must have access to the same 24/7 rapid review from that team; a process for daily liaison with families is also being developed.

A Trust-wide Comms launch is planned for March 2025 (leaflets, webinars, posters, videos and FAQ pages) and recruitment is underway to expand cover with a dedicated referrals consultant.

- **GP collective action risk register**

System work is under way to plan for mitigations for the General Practice collective action. This is being underpinned by three clinical areas to focus on current issues regarding prescribing and assessment of possible mitigations:

1. GPs no longer agreeing to prescribe routine, non-urgent medications recommended by Specialists unless initiated by the Specialist and medication(s) issued for first 28 days.

2. GPs no longer agreeing to prescribe routine, non-urgent medications recommended by a non-prescribing clinician, e.g. dietician, specialist diabetes nurse.

3. Shared-care prescribing.

A fortnightly GPCA Prescribing Issues Working Group has been stood up to discuss and plan to mitigate these issues, with collaboration with the LMC.

1.3 National Quality Board Escalation Process Updates

Avon & Wiltshire Mental Health Partnership NHS Trust

Enhanced contractual quality oversight meetings are continuing. Steady progress is being made on the items contained within the Improvement Plan and the AWP corporate risk register is driving the topics for deep dives at Enhanced contractual quality oversight meetings. Awaiting Fromeside and Riverside independent review reports.

Heart Failure pathway

Three work streams have been established to focus on areas of improvement in the heart failure pathway:

- Review opportunities to continue interim mutual aid arrangements to mitigate further deterioration in performance
- Harm review – data gathering of those who may have come to harm. The data will inform the clinical capacity required to undertake a methodical harm review for this cohort
- Pathway redesign – to design an improved, integrated pathway to reduce the entry points to the service, reduce duplication, create a single oversight performance observatory and be able to monitor outcomes. This group will consider the reestablishment of the heart failure steering group with revised ToR.

A detailed update is scheduled for System Quality Group in March 2025

2. Patient Safety

Purpose

To provide assurance that our partners and the system are applying patient safety governance and practice commensurate with the NHSE patient safety strategy and Patient Safety Incident Response Framework. To highlight areas of patient safety issues in the system and mitigations.

Key Points/Issues of focus

- **BNSSG's Integrated Care System Transition onto NHSE Patient Safety Strategy**

In January 2025 NHSE has updated the eight priorities for all organisations who have an NHS contract:

1. Improving safety culture
2. Supporting transition to and embedding of the Learn from Patient Safety Events (LfPSE) digital platform
3. Ongoing implementing the Patient Safety Incident Response Framework (PSIRF)
4. Supporting the response to National Patient Safety Alerts
5. Ongoing implementation of the framework for involving patients in patient safety

6. Addressing patient safety improvement, including the implementation of Martha's Rule in acute trusts (Call for Concern)
7. Improving patient safety education and training to staff
8. Improving patient safety in primary care.

Assurance on the traction of these areas is reviewed at the System Patient Safety Specialist forum (includes partners from NHS and independent sector). Implementation of Martha's Rule and Improving patient safety in primary care are new additions. Both Acute Trusts are implementing Martha's Rule and are updating via their integrated quality and performance report.

- **Provider Patient Safety - selected partners**

North Bristol NHS Trust (NBT)

NBT	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Never Event	0	0	0	0	2
Commissioned PSII	0	0	1	2	2
VTE Risk Assessment Completion (trajectory 95%)	92.35%	92.53%	91.62%	91.75%	-
Pressure Injuries Grade 2	5	10	8	14	14
Pressure Injuries Grade 3	0	0	0	0	0
Pressure Injuries Grade 4	0	0	0	0	0
Falls per 1,000 bed days	6.53	5.32	5.90	5.50	6.98

- **NBT Tissue Viability** – The Purpose-T Pressure Ulcer risk assessment was launched on the Electronic Patient Record system within ED which when completed will update to the inpatient records. This will ensure assessment within 6 hours of admission, and continuity of care across the Trust during a patient admission.
- **NBT falls** – The rate of 6.98 falls incidents per 1000 bed days in January is above the average of 6.31. This is the highest number of falls since December 2022. Mitigations include the medicine division planning an analysis on rates of falls. The falls management guidance is being completely re-written to include more up to date guidance on the promotion of safer activity alongside falls safety. NBT are also working with business intelligence to have improved visibility on completion of lying-standing blood pressure measures for higher risk patients.
- **NBT VTE risk assessments** – In September 2025, completion of VTE risk assessments will be more apparent when the digital prescribing module is initiated, which will hopefully dramatically improve compliance.

University Hospital Bristol and Weston (UHBW)

UHBW	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Never Event	1	0	0	0	0
Commissioned PSII	1	1	0	2	0
VTE Risk Assessment Completion (trajectory 90%)	76.1%	75.7%	75.5%	74.5%	76.1%
Pressure Injuries Grade 3/4	0	0	1	1	3
Falls per 1,000 bed days (target 4.8)	4.41	5.0	3.9	4.9	5.5
Falls resulting in harm	3	5	7	11	4

- **UHBW device related pressure injuries** – No specific themes in terms of anatomical location were identified in January. However, adherence with pressure ulcer care plans and using of preventative pressure ulcer aids was variable. The Tissue viability team (TVN) had initiated a pressure ulcer care plan monthly audit, and TVN are supporting divisions with care plan compliance.
- **Inpatient falls** – In December there were 11 falls with moderate or severe physical and/or psychological harm. NHSE Learning from Patient Safety Events systems requires Trusts to report physical and psychological related harm, psychological harm figures associated with falls have been included for the first time in December. Learning themes relate to environmental factors; distance from the bed to bathroom, a significant number of unfilled staffing shifts and a high number of patients requiring enhanced care observations. UHBW are participating in the National Audit of Inpatient falls. The Multi-factorial risk assessment has been reviewed and updated and a re-audit is planned for February 25.
- **VTE Risk Assessment** – Work continues on engaging with CareFlow Medicines Management. Additional work is being completed with maternity and paediatrics to ensure compliance. Manual auditing demonstrates performance with prescribing is above 90% despite the number of complete risk assessments.

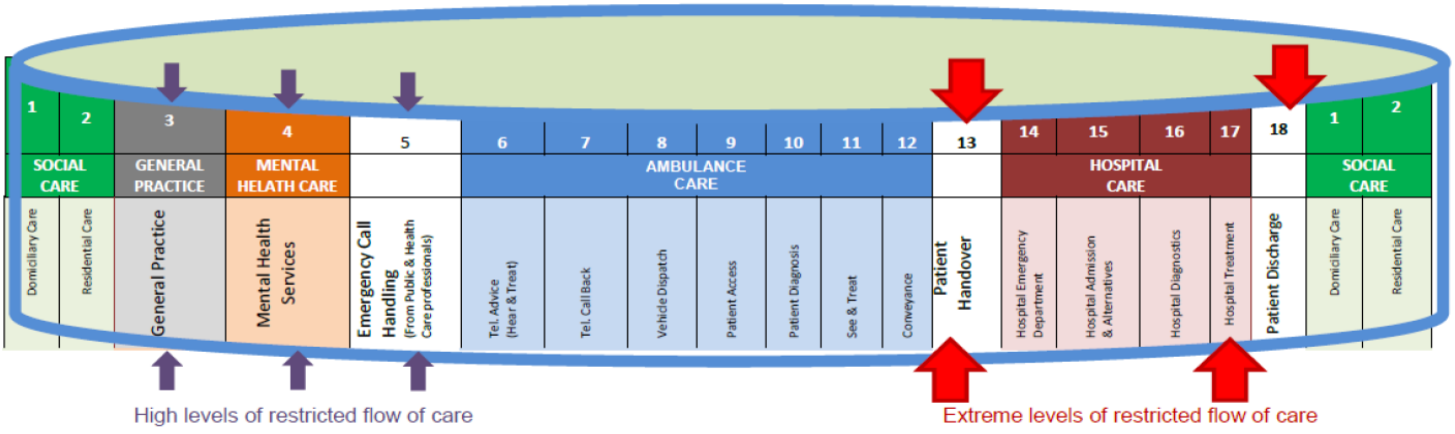
South West Ambulance Foundation Trust (SWAST)

SWAST recorded 3 patient safety incidents due to system pressures within the BNSSG geographical footprint. The decision to report system delays is based on whether the delay more than minimally contributed to the outcome for the patient and/or severe or above harm

is likely to have occurred. The diagram above demonstrates where the pinch points are in our system that restrict flow of care. Duty of Candour is always completed by SWAST

Summary of system pressure PSII findings

Diagram 5 - Points of high and extreme restrictions in workflow / flow of care



The locations of workflow restrictions ('bottlenecks' or 'pinch points') are highlighted in diagram 5. It is clear from the PSII that the most profound, impactful and under-explored of the underlying factors identified are those which offer the opportunities for enhanced patient safety and service improvement between or across settings and as well as within the well-established boundaries of specific health and social care settings.

colleagues and system pressure related patient safety incidents are shared with the BNSSG Risk of Harm group for pathway discussion and consideration.

Sirona care & health

- The new Patient Safety Incident Response Framework (PSIRF) was formally launched on 1st July 2024 and is gradually embedding.
- Consistent rise in incident reporting, likely due to extensive communication plan undertaken for PSIRF, raising staff awareness and understanding of reporting incidents, to improve reporting culture.
- Patient Safety training at Level 1(mandated-all staff); Level 2 (Band 7 & above). High compliance figures have been achieved.

5 PSIRF priorities agreed in PSIRF Plan (Themes)
Medication (Missed or Delayed Dose)
Communication (Transfer of Care and Communication between professionals)
Information Governance
Delay in Treatment
Deteriorating Patients

A thematic review of these key areas will be available for subsequent reports.

St Peters Hospice

Quarter 3-October November, December

- Implementation of the In Phase system has streamlined the reporting process. Face-to-face training sessions were conducted as part of the rollout, promoting a better understanding of incident reporting protocols and emphasising the importance of reporting incidents involving other providers to the wider system.
- Increase in incident reporting within the Access and Hospice at Home Team, a group that previously exhibited lower reporting levels.
- Preparation for the phased implementation of the Learning from Patient Safety Events (LFPSE) reporting system. This will help align clinical incident reporting with national standards, ensuring incidents outside the current quality matrix are appropriately themed. They anticipate this initiative will further enhance the ability to learn from incidents and improve the safety and quality of care provided.

St Peters Hospice	Q2	Q3
PSII	0	0
Pressure Injuries (overall)	58	33
Pressure Injuries (on admission)	36	15
Falls	17	8
Falls resulting in harm	17	6

- Now using the Purpose-T pressure ulcer risk scoring tool, which appears to be positively impacting early intervention and accurate identification of pressure injuries.
- Additionally, a Moisture Lesion Pathway has been developed, and eLearning package and a Pressure Injury Hub has been established to monitor current patients with pressure injuries and improve the reporting process for staff.
- There was a rise in falls in Q1 and Q2 due to the use of a particular type of bed sheet being used for the wrong criteria of patient. Actions were taken to mitigate the risk and a referral to Bristol City Council Adult Safeguarding team was made. An Organisational Safeguarding was not opened as actions and improvement initiatives were taken to resolve the issue, including training and development of a decision-making tool.
- Initial data indicates these initiatives are positively contributing to fall reduction and improving patient safety outcomes.

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

AWP Quality Priorities

Priority One: Improving sexual safety on inpatient wards	Target	Dec '25 Measure	Jan '25 Measure	Assurance	Variation
Breaches of mixed sex accommodation	-	0	0		
Number of sexual safety incidents	-	42	28		
% Inpatient staff with completed Sexual Safety Training	90%	98%	96%		

Sexual safety incidents are managed in line with Trust policy including transfers to single sex wards when required. Staff are supported following a sexual a safety incident by local debriefs which are usually facilitated by the psychology team and trained clinicians. Referrals to Occupational Health and the staff traumatic stress service are also offered to all staff following an incident and further counselling is available through this route.

Priority Two: Improving Medicines Safety	Target	Dec 24	Jan 25	Assurance	Variation
Community Clinic Room Assurance Checks: Compliance	100%	97%	-		
Community Clinic Room Assurance Checks: Quality	95%	96%	-		
Community Prescriptions Audit: Compliance	100%	100%	-		
Community Prescriptions Audit: Quality	95%	84%	-		
Total medicine administration errors	-	55	52		
Total medicine safety incidents	-	140	153		
Total medicine prescribing errors	-	17	17		
Total medicine dispensing errors	-	18	20		
Medicines Management training compliance	90%	92%	91%		

All medicine related incidents are discussed in the Locality SEEOG meeting with the Locality Pharmacist. As a result of the themes in M10, additional medication management training has been arranged within the North Somerset locality and individual errors are being followed up with supervision.

Priority Three: Suicide Prevention	Target	Dec 24	Jan 25	Assurance	Variation
72-hour follow up to discharge	80%	84%	84%		
Incidents of suspected suicide	-	8	9		
Incidents of self-harm	-	204	206		
Incidents of ligature (fixed)	-	6	10		
Incidents of ligature (non-fixed)	-	70	45		
Suicide Prevention (SP) Awareness training compliance	90%	98%	97%		
SP Safety Assessment training compliance	90%	95%	94%		

Specialised, Secure and CAMHS (SSC) had two incidents; one related to a service user who was assessed by Liaison and Diversion and the second incident was a service user who was supported by Op Courage. Both incidents require Patient Safety Reviews.

Priority Four: Reducing Restrictive Practice	Target	Dec 24	Jan 25	Assurance	Variation
% of inpatient staff with completed Search training	50%	28%	31%		
Total incidents of restrictive practice	-	177	234		
Total incidents of rapid tranquilisation	-	46	80		
Total incidents of seclusion	-	45	68		
Total incidents of unplanned prone holds	-	5	5		
Total incidents of planned prone holds	-	3	1		
Reducing Restrictive intervention (RRI) training compliance	90%	78%	73%		
RRI Older Adult Service training compliance	90%	74%	73%		

Trust is finalising a review of seclusion incidents as a theme regarding nature of restrictive practices. Findings will be shared through Trust Reducing Restrictive Intervention (RRI) programme.

The next available training in BNSSG for Reducing Restrictive Interventions and Older Adult Service is in April, compliance is expected to improve significantly in April due to new starters being booked in.

Priority Five: Improving Physical Healthcare	Target	Dec 24	Jan 25	Assurance	Variation
% of inpatients with a full physical health check within 24hours of admission	95%	84%	91%		
LTP metric - % on AWP SMI register with full annual physical health check	75%	85%	82%		
Resuscitation (level 1) training compliance	90%	95%	91%		
Resuscitation (level 2, BLS) training compliance	90%	86%	84%		
Resuscitation (level 2, HLS) training compliance	90%	87%	76%		
Resuscitation (level 2, Paediatric) training compliance	90%	89%	88%		
Resuscitation (level 2, refresher) training compliance	90%	91%	88%		
Resuscitation (level 3, PERT) training compliance	90%	89%	84%		

Priority: Core Standards	Target	Dec 24	Jan 25	Assurance	Variation
% of patients with a valid risk assessment (CPA)	95%	100%	100%		
% of patients with a valid crisis / relapse plan (CPA)	95%	98%	98%		
% of patients with an annual review of care (CPA)	95%	86%	86%		
% of patients with an annual review of care (non-CPA)	95%	89%	86%		
% of patients with a care coordinator (CPA only)	95%	100%	100%		
Discharge summaries sent	95%	91%	93%		

3. Infection Prevention and Management and Health Care Acquired Infections (HCAI)

(Reporting Period for HCAIs – Month 9 2024/25 – December data)

Influenza

Although pressures remain in secondary care, the pressure from flu in the system has reduced following the reduction in circulating levels of influenza.
The influenza vaccination campaign continues until 31st March 2025 and work to support engagement with vaccination has included a range of communications as well as data led projects to improve the uptake of flu vaccinations such as a project to encourage at risk cohorts in the Bristol Inner City area to come forward for vaccination by using personalised calls to patients to invite them for vaccination, with a focus on messaging in the patients first language.

Vaccination uptake data as per Immform, February 2025

Summary of Flu Vaccine Uptake %		
65 years plus	**Under 65 years (at-risk only)**	**All Pregnant Women**
80.2% (compared to 81.8% in 23/24)	**46.8%** (compared to 46% in 23/24)	**42.2%** (33.5%compared to 23/24)

Local providers have been encouraging staff to come forward for vaccination with the trusts offering a range of vaccination clinics including a Hub model as well as some roving clinics. Clinics have also been offered at a range of times e.g. early starts/late finishes to try to support different workers in the hospital. UHBW also offered an incentive of being entered

into prize draw to win a coffee voucher. Sirona also offered a range of locations of clinics across BNSSG to allow good access to vaccination, with regular reminders promoting the vaccination.

Data from Immform up the 31st January 2025 shows the uptake in frontline health care workers as follows:

Org Name	Total No. of HCWs with Direct Patient Care	Total No. of HCWs with Direct Patient Care vaccinated with influenza vaccine since 1st September 2024	% Uptake	No. of HCWs vaccinated with COVID-19 since 1st September 2024	% Uptake
SIRONA CARE & HEALTH	3667	2374	64.7	1962	53.5
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST	14257	6482	45.5	5085	35.7
NORTH BRISTOL NHS TRUST	9322	4806	51.6	3558	38.2

Following the end of the flu season, a review will be undertaken and improvement plans made for the 25/26 season.

Measles

There have been 98 confirmed incidences at 18/2/25 since start of a ‘cluster’ in November 2024. Measles pathways continue to work well for children/infants and adults. HNIG pathway especially OOH, pregnant women and immune-compromised pathways to be confirmed. All trusts are responding to cases and exposures promptly. Triage and identification of cases is resulting in more patient protected journeys.

Health care Associated Infections

Most BNSSG HCAIs continue to breach NHSE set thresholds except for Klebsiella spp. BNSSG rates for HCAIs need to be seen within the wider context of regional and national increases post pandemic. BNSSG compares favourably despite these increases, as a system these rates have not increased significantly against the other six systems in the South West region for most infections (exception being MRSA). Learning from many cases is reviewed at the BNSSG HCAI quarterly meeting.

Infection	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Threshold to Date	Cases YTD		Threshold	23/24 FYTD	22/23 FYTD
C. difficile	35	27	32	31	34	44	32	23	26	22			273	306		328	113	0
E. coli	53	55	61	64	60	66	55	44	50	58			518	566		621	258	0
Klebsiella spp	15	12	12	20	23	14	13	21	13	15			163	158		195	87	0
MRSA	3	3	2	2	5	5	4	6	4	2			0	36		0	14	0
MSSA	10	18	15	9	23	17	30	18	19	20				179			91	0
Pseudomonas aeruginosa	10	3	6	5	8	5	4	6	5	7			56	59		67	22	0

C difficile infection (CDI) - *C difficile* cases in BNSSG peaked in September 2024 and have decreased each month since. Learning from CDI from community onset cases for all age/all gender from April-Sept 2024 have been identified. Next report due in April 2025 to see if the following 6 months (Oct 2024-March 2025) have similar commonalities for CDIs in BNSSG. The monthly community onset end to end CDI reviews for both all age/all gender will continue for the remaining 2024/25 period. Increase in hospital onset cases most recently and learning from post infection reviews anticipated by end Q4 2024/25.

4. Funded Care

Adult Continuing Healthcare (CHC)

The adult CHC caseload was 523 at the end of January, which was a decrease of 10 cases from the previous month.

Notable in January there was an increase in referrals which was 9% higher than December and 15% higher than January 2024.

28-day assessment performance dropped to 71% vs. the target of 80%, which is the lowest level since July 2023. This was an anticipated consequences of responding to the demand and capacity in the team caused by:

- diverting assessment resource to support other functions such as the Fast-Track recovery work impacted on capacity.
- significant short and long-term illness which amplified the impact of planned leave and known vacancies.
- delays in decision making with all 3 LA's reporting lack of social worker resource to support the number of assessments currently required and achieving an MDT recommendation to support completion of the case within 28 days is increasingly challenging.

Performance has recovered in February with an estimated performance in February of 84%.

Fast Track End of Life Continuing Healthcare

The Fast Track service is currently subject to a recovery programme that is addressing issues which resulted in the caseload increasing above acceptable levels in this financial year.

An external provider (UB Healthcare) has been commissioned to temporarily increase assessment capacity, meaning that cases beyond 12 weeks of Fast Track funding can receive a full CHC assessment and either transfer to the main CHC caseload or be removed from funding altogether if no longer eligible for CHC. The service is on trajectory to reduce the caseload down to planned levels by the end of April 2025.

This work is being supported by core CHC team who are screening patients for fitness to assess and providing access to GP records to enable UB Healthcare to facilitate the assessment.

Additionally, two CHC nurses have been internally seconded to the Fast Track team to support, which has also enabled the Fast Track team to have a presence in each of the acute hospitals.

In response to system flow, Fast track nurses continue to have a presence in the acute hospital Transfer of Care hubs to ensure timely discharges for those identified as in the last 3 months of life. This has had a positive impact on delays and communication between teams.

Funded Nursing Care (FNC)

FNC is when the ICB funds the nursing care component of nursing home fees, by paying a flat rate per person directly to the care home towards the cost of nursing care. This supports the principle of health care being free at the point of delivery.

It was recognised that BNSSG was an outlier nationally in terms of FNC caseload size and costs. Influenced by several factors, the Funded Care Team is addressing one aspect within its control, by ensuring that decision making around FNC eligibility is tight and compliant with the National Framework for CHC and FNC.

The FNC approval process has been reviewed, requiring clearer evidence of nursing needs. Those who do not have clear needs assessed as requiring a Registered Nurse are declined FNC.

The FNC caseload decreased by 32 in January to 2449, which was the first drop in FNC cases since September 2022.

FNC New Decisions are being audited against the previous criteria and have so far have demonstrated that 26% of cases are declined that would previously have been approved.

Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Performance Summary

March 2025

Performance Summary 1

Performance Summary		Latest Period	Unit	Target	Month Value (RAG vs Target)	Vs Nat Avg	Month Value Change	Month % Change	Distance From Target	Value YTD	YTD vs Target	National Rank	South West Rank
Planned Care													
RTT waits 65+ weeks	Acute Total	Jan 25	Count	69	✓ 66		6	10.00	NA	66	-3	-	-
RTT waiting list	Acute Total	Jan 25	Count	104,758	✓ 98,190		138	0.14	NA	98,190	-6,568	-	-
ERF Achievement %	ICB	Sep 24	%	101.5	✓ 113.11		0.01	0.01	-	113	11	-	-
Specific acute elective spells	Acute Total	Feb 25	Count	13,955	✗ 13,837		-1195	-7.95	NA	155,693	-4988	-	-
Consultant-led first outpatient attendances	Acute Total	Jan 25	Count	27,579	✗ 26,627		3146	13.40	NA	266,495	7,112	-	-
Consultant-led follow-up outpatient attendances	Acute Total	Jan 25	Count	58,885	✓ 68,691		9697	16.44	NA	649,181	96,132	-	-
Diagnostic tests % < 6 weeks	Acute Total	Jan 25	%	93	✗ 88.04		-1	-1.66	1,278	88	-5	-	-
Cancer 28 day FDS	Acute Total	Jan 25	%	77.04	✗ 76.53		-4	-4.62	25	76	-1	-	-
Cancer 62 day combined	Acute Total	Jan 25	%	70.2	✗ 69.7		-5	-7.28	3	69	-1	-	-
Urgent and Emergency Care													
Urgent Community Reponse referrals	ICB	Feb 25	Count	1,394	✓ 2,577		-119	-4.41	NA	30,144	14,810	-	-
Mean Cat 2 Ambulance Response	ICB	Feb 25	Minutes	30	✗ 41	Worse	-5	-10.07	NA	39	9	-	4 / 7
Average ambulance handover duration	ICB	Feb 25	Minutes	40	✗ 51		-7	-12.41	NA	38	-2	-	4 / 7
A&E 4 hour Performance (Footprint)	ICB	Feb 25	%	77.37	✗ 70.38	Worse	-1	-1.64	2,230	72	-5	31 / 42	5 / 7
% Beds occupied by NCTR patients	ICB	Feb 25	%	16.81	✗ 22.41	Worse	-1	-2.86	-98	22	5	38 / 42	5 / 7
% G&A beds occupied	ICB	Feb 25	%	98.71	✓ 94.8		1	1.07	-	95	-4	22 / 42	3 / 7
Virtual ward occupancy	ICB	Feb 25	%	80	✗ 50.9	Worse	2	3.25	50	50.9	-29.1	38 / 40	5 / 6

Better than previous period Worse than pervious period

Performance Summary 2

Performance Summary		Latest Period	Unit	Target	Month Value (RAG vs Target)	Vs Nat Avg	Month Value Change	Month % Change	Distance From Target	Value YTD	YTD vs Target	National Rank	South West Rank
Community													
% Community Beds Occupied	ICB	Feb 25	%	97.83	✓ 98.86		-0.02	-0.02	-	97	-1	-	-
Community waiting list 52+ weeks	ICB	Jan 25	Count	5,295	✓ 4,286		84	2.00	NA	4,286	-1009	-	-
Community waiting list	ICB	Jan 25	Count	NA	26,640		-91	-0.34	NA	26,640	-	-	-
Mental Health													
Access to Perinatal Services (Rolling 12m)	ICB	Jan 25	Count	1,123	✓ 1,465		40	2.81	NA	1,465	342	-	-
Talking Therapies Reliable Improvement Rate	ICB	Jan 25	%	69	✓ 72		4	5.88	-	71	2	-	-
Talking Therapies Reliable Recovery Rate	ICB	Jan 25	%	50	✓ 50.63		4	7.70	-	50	0	-	-
Inappropriate OAP Placements (BNSSG)	ICB	Feb 25	Count	3	✗ 7		5	250	NA	7	5	-	-
Access to Transformed CMH Services for Adults and Older Adults	ICB	Jan 25	Count	6,378	✓ 8,985		195	2.22	NA	8,985	2,607	-	-
Dementia Diagnosis Rate	ICB	Jan 25	%	68.4	✓ 70.6	Better	-0.1	-0.14	-	70	2	5 / 42	1 / 7
Childrens													
CYPMH Access (Rolling 12m)	ICB	Jan 25	Count	11,408	✗ 9,515		-40	-0.42	NA	9,515	-1,893	-	-
RTT waits 52+ weeks - Childrens	Acute Total	Feb 25	Count	673	✓ 328		-33	-9.14	NA	328	-345	-	-
Community waiting list - CYP	ICB	Jan 25	Count	NA	8,553		28	0.33	NA	8,553	-	-	-
Community waiting list 52+ weeks - CYP	ICB	Jan 25	Count	5,295	✓ 4,285		88	2.10	NA	4,285	-1,010	-	-
Specific acute elective spells - Childrens	Acute Total	Feb 25	Count	1,200	✗ 1,148		-107	-8.53	NA	13,178	-590	-	-

Better than previous period Worse than pervious period

Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Outcomes, Quality and Performance Committee-

Draft Minutes of the meeting held on Thursday 30th January 2025 1300-1530 MST

Minutes

Present		
Ellen Donovan (Chair)	Non-Executive Member for Quality and Performance, BNSSG ICB	ED
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Dave Jarrett	Chief Delivery Officer, BNSSG ICB	DJ
Alison Moon	Non-Executive Director, BNSSG ICB	AM
Jacky Hayden	Non-Executive Director, Sirona care & health	JH
Hugh Evans	Executive Director, Adults and Communities BCC	HE
Sarah Weld	Director of Public Health, SGC	SW
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
In attendance		
Vicki Cooper (Observing) Agenda Item 7.3	Patient Safety Officer, BNSSG ICB	VC
Dr Geeta Iyer Agenda Item 5.2	Deputy Chief Medical Officer, GP and SRO for Vaccination Programme, BNSSG ICB	GI
Greg Penlinton Agenda Item 6	Head of Urgent & Emergency Care, BNSSG ICB	GP
Caroline Dawe Agenda Item 6	Deputy Director Urgent & Emergency Care, Chief Nursing Office, BNSSG ICB	CD
Denise Moorhouse	Deputy Chief Nursing Officer, BNSSG ICB	DM
Michelle Jones Agenda Item 5.1	Principal Pharmacist, BNSSG ICB	MJ
Lisa Smith Agenda Item 5.1	Deputy Chief Pharmacist, BNSSG ICB	LS
Jenny Bower Agenda Item 7.1	Deputy Director of Primary Care and Children's Services, BNSSG ICB	JB
Jodie Stephens (Minutes)	Executive PA, BNSSG ICB	JS
Apologies		
Shane Devlin	Chief Executive, BNSSG ICB	SD
Dr Jacob Lee	Chair of General Practice Collaborative Board	JL
Sue Balcombe	Non-Executive Director, UHBW	SB
Aishah Farooq	Non-Executive Director BNSSG ICB	AF
Jeff Farrar	Chair, BNSSG ICB	JF

	Item	Action
1.	**Welcome and Apologies** ED welcomed attendees and noted apologies. ED introduced JH, NED for Sirona care & health, now on the Outcomes, Quality and Performance Committee board, and Dr Jacob Lee, the new Chair of GPCB. **ACTION: ED to discuss OQPC acute trust representation with Maria Kane at ICB BOARD**	
2.	**Declarations of Interest** RS declared new role as Non-Executive Director for Gloucestershire Health and Care NHS Foundation Trust.	
3.	**Minutes of November 2024 committee and matters arising.** The minutes of the November committee meeting were approved. At the November OQPC meeting, AM requested assurances regarding stroke outcomes and mental health placements; however, this was not documented in the November committee minutes. ED instructed JS to review the notes and transcription, and to provide feedback to both ED and AM. **ACTION: JS to check notes and transcription from November's OQPC regarding stroke outcomes and out of area mental health placements as was not reported in November committee minutes- To feedback to ED and AM.**	
4.	**Committee Action Log** The action log was updated with committee members and will be circulated with the minutes.	
5	**Chief Medical and Chief Nursing Officer Update** JM highlighted financial pressure within medicines optimisation budgets 2025/2026 – This is due NICE guidance regarding weight management drugs and hybrid closed loops for diabetes. Women's Health work programme ending in April as funding was for two years – excellent work has taken place across BNSSG which has been co-designed with patients, community groups, Gynaecologists, GP's. Women's health conference taking place in March with	

	Item	Action
	Dame Lizzie Regan, national lead for Women's Health attending to be keynote speaker.	
5.1	**Controlled Drugs Annual Report** MJ explained to committee that ICB have duties and responsibilities in relation to the safe management of and use of controlled drugs. The report highlighted the work that's been undertaken during 23/24 and looked at the monitoring which was undertaken and what measures are in place to improve care and safety around prescribing of controlled drugs. BNSSG benchmark well when looking at national indicators and benchmark lower than average for prescribing rates for control drugs. BNSSG ICB have a dependence forming medicines group which is a system wide group and chaired by the meds op team, this group aims to oversee drug improvements in quality and safety around use of controlled drugs. The report demonstrated that BNSSG have good processes in place, the BNSSG ICB dependence forming Medicines group will continue to share best practice and learning from any incidents across the system. ED asked if controlled drugs is an area which ICB is established in? MJ stated that ICB have always had good processes but with ongoing monitoring ICB look to drive improvements which are shown in the annual report. AM recognised the work that the medicine optimisation team does and has assurance with governance processes. AM asked for the report to include the impact on BNSSG population in regard to appropriate/inappropriate prescribing. MJ highlighted resources which are appropriate for patients but will look to add further details in 24/25 annual report. SW and MJ to link in regarding the drug and alcohol services within South Gloucestershire.	
5.2	**Vaccination Programme Update** GI highlighted the structure around the COVID vaccination programme and integrated immunisations. COVID remains commissioned by NHSE, but from April 2026 will be delegated to ICB's. GI explained that BNSSG vaccination uptake from 23/24 to 24/25 was reassuring but highlighted areas of work which needed to be targeted which included addressing health inequalities, low uptake in children and babies, data sharing, pregnant people, to upskill people to deliver vaccinations, to improve understanding and the communications between midwives and pregnant people and staff uptake. GI explained work taking place within system including local authority partners regarding staff uptake and communications/social media messaging. GI highlighted the specific risks with inequalities funding and the outreach service, which is due for procurement in March/April and is NHSE led. SW and GI to link in outside of committee regarding BNSSG health protection dashboard. AM asked how neighbourhoods can be used to increase vaccine uptake as worrying that the inner city of Bristol	

	Item	Action
	is the area where there is less uptake, but four out of six practises were not signed up for vaccination clinics and what would it take to encourage people to have vaccines? GI responded that conversations have been taking place within inner city practices regarding how ICB can support and how practices can help people to sign up. ED requested that Winter planning 25/26 - Vaccination processes/governance position (including children's) across BNSSG is listed alongside EPRR Winter planning at July's OQPC.	
5.3	**Quality Report** • **Regional System Quality Group return** • **Safeguarding update** • **Influenza Update** RS highlighted the new format of the quality report and requested committee members to feedback with any comments. The report included infection prevention and control updates and the key areas of focus which are being discussed and covered at System Quality Group including corridor care which RS will update committee following that meeting. RS summarised discussions which have taken place within System Quality Group including Winter pressures, Sirona health and care wound app and risk of harm metrics work which ICB is developing and is seen to be an exemplar ICB on for this work area. Quality issues from a Funded Care point of view will be reported through the quality report and performance aspects of Funded Care will be submitted through the performance report. AM asked for an update regarding the heart failure pathway as aware of pathway and clinical lead issues. AM asked RS what to expect as an assurance committee regarding the risk of harm dashboard and for an update regarding challenging C-Diff figures which is a regional and national issue. DM explained a system wide workshop to launch the Quality Improvement Group has taken place in relation to Heart Failure so that system could agree the scope. A pathway is being designed with integrated working together arrangements and include Health Innovation, NHSE and Astra Zeneca. DM explained one of the objectives is to have a single oversight dashboard so that ICB can look at performance across the whole pathway regardless of who's providing it and conversations taking place regarding clinical lead for pathway. JM explained that funding has been transferred to GPCB and UHBW for project management resource which will be an integral part of the missing link.	

	Item	Action
	Risk of harm - JM stated that conversations and timelines are in place which will give insight into patterns of activity across the summer and the winter periods where there is viral epidemiological impact (infectious diseases, respiratory flu, COVID) and Kieran Flannagan is leading the clinical work. ED asked if the governance process for AWP Oversight group is appropriate for current situation? RS replied yes, the Enhanced Contractual Quality group, an executive level group, which RS co- chairs with the Southwest Provider Collaborative Medical Director and Chief Nurse from BSW ICB. Also, the AWP Improvement Board which has all chief executives on the committee and SD chairs with Sue Harriman Chief Executive of BSW ICB and Phill Mantay, Chief Executive of Southwest Provider Collaborative. ED welcomed the new quality report format and requested that following items are added to March OQPC agenda – Heart Failure Pathway update and HCAI C-Diff update. **ACTION: Winter planning 25/26 - Vaccination processes/governance position (including children's) across BNSSG is listed alongside EPRR Winter planning at July's OQPC.** **ACTION: Heart Failure Pathway update and HCAI C-Diff update to be added to March OQPC agenda.**	
6	**System Performance Update** **Assurance and oversight of system performance governance as reviewed by System Executive Group** DJ gave a performance update regarding the following areas: **Mental Health** - Operating plan metrics in relation to mental health are being achieved at this point in the year with the exception related to inappropriate out of area placements. Talking Therapies metrics for 2024/25 changed to become a composite metric composing of reliable recovery and reliable improvement. DJ explained mental health assurance and mitigations were underway through service delivery unit meetings, urgent and crisis care programme board, Mental Health ODG, Health and Care Improvement Group (HCIG) for mental health and learning disability and autism and the AWP Improvement Board. In terms of out of area mental health placements several actions are in place, but key to this is the establishment of the transfer of care hub within AWP. **Learning Disability and Autism (LD&A) -** Annual health checks are on plan achieving 2209 against a plan of 1882 at end of November 2024. Reliance on inpatient care for adults with LD and/or autism shows 37 patients being cared for as inpatients against a plan of 27 in December 2024.The majority of these	

	Item	Action
	inpatients are not clinically ready for discharge. An ODG group is working closely to fast-track discharge for those patients who are ready for discharge. HE highlighted the specialised support and accommodation units, that Bristol City Council and South Gloucestershire are in partnership with and have been partly funded by NHSE. The six units will be commissioned by end of February 2025 and then a further six units in the next coming months in Oakland Common. HE explained to committee the positive difference the units are having on our population's day to day lives Assurance in relation to LD&A performance is sought through the LDA ODG. The ODG is currently working on a statement of intent which will be collated with JFP priorities to form an LD&A strategy. The ODG has reviewed and agreed a revised standing agenda item to ensure a focus on all areas of performance with deep dives planned e.g. deep dive into reliance on inpatient beds in January 2025. RS and ED recommended that patient stories are heard at BNSSG ICB Board to highlight the good work the system is doing. **Children's Services** - Children's ED performance in December 2024 has decreased to 73% against a target of 78%, cumulative position at 81% reflecting respiratory pressures in December. Significant programme of work is taking place regarding the children's ADHD and autism waiting list. The Children's ODG discusses performance (by exception) with each provider and has more focused discussions on areas of challenge which may not be included within the overall operating plan. Recently this has included: The Mental Health access rate for children and young people; Right to choose; Maternity and early Years; Parent Care Forums and sustainability, GPCA and Planning process for 2025/26. RS added that the new children's social care reform guidance should be listed at a future OQPC and that Chris Sivers, Director of Children's Services at South Gloucestershire Council to be invited, SW could lead on the population health stroke data model for children and include an update on the children's transformation programme and ADHD/Autism waiting list work programme. SW asked DJ to confirm the changes in children's data reporting and do we need to be worried about outcomes? DJ replied that children's would still be reported, but against the mental health standard, not a children's standard. CD explained a paper has been produced for children's ODG's which sets out the above and the children's ODG will have oversight, but mental health ODG has awareness. DJ to share Children's ODG reporting data paper to OQPC for reference. ED requested Children's Services Deep Dive to be added to May OQPC agenda and to include update regarding transformation programme and ADHD/Autism waiting list work programme.	

	Item	Action
	Elective Care - Elective performance continues to hold a good position with a reduction of patients waiting over 65 weeks, 52 weeks and total waiting lists. Currently the ICB is achieving 69% of patients completing their pathways in under 18 weeks. The 65ww performance continues to improve and met the ICB operating plan. The diagnostic position still puts BNSSG as first in the Southwest and top five nationally. The elective ODG meets weekly on a programme theme basis e.g. cancer, diagnostics, productivity and reviews key metrics as well as discussing areas of concern and mitigations required. AM commented on the excellent system performance regarding elective care and asked about proactivity in cleansing waiting lists. CD clarified that work has taken place within the system in terms of cleansing waiting lists. **Community -** Adult community waits are less than 52 weeks; with zero patients waiting over 52 weeks. Sirona delivered on the additional P1 slots to be provided as part of the surge plan before Christmas. Pathway 2 no criteria to reside did decrease in December 2024 but has increased in January 2025 going back to levels of around 57 patients. Pathway 3 delays with a length of stay over 28 days has remained consistent over November and December 2024. A working group is being set up to look at how to reduce this to release resource within the P3 pathway. There are multiple ODGs reporting into the Community HCIG focussing on a range of initiatives from return on investment in relation to the discharge to assess (D2A) return on investment, development of a long-term condition ODG to focus on specific conditions like diabetes and CVD, an integrated care at home board which is developing the strategic model for integrated care at home. **Urgent care -** System Opel 4 declared in November, December 2024 and recently in January 2025 due to an increase in front door demand, mean category 2 response time in December increased significantly to 54 mins (38 mins year to date performance) and in part is due to increasing ambulance handover delays with ambulance activity increasing by 6% year to date. Average ambulance handover duration was 48 mins in December 2024. BNSSGs performance has not resulted in any waits over 8 hours even in times of Opel 4. No Criteria to Reside (NCTR) did reduce over the Christmas period but is now increasing despite additional capacity across all pathways, driven by increased admissions into the acute trusts generating above planned for P1 referrals. Further discharge priority projects being worked up and creative solutions for funding will need to be realised. Virtual ward occupancy for December was 81.6% against a target of 80%. A subgroup of the Performance Oversight Meeting (POM) has been created to look at creating additional discharge projects to support flow before/in winter. DJ summarised that BNSSG escalation process and system management response continues to work collaboratively. Gold call was escalated in early July and January and the input from system Chief Executive/senior leaders is exemplary. OQPC can take assurance that escalation processes in place are working well.	

	Item	Action
	Winter Plan Review GP provided an update on the progress of community health initiatives. ICB have been collaborating closely through the performance oversight meeting to analyse length of stay metrics and identify contributing factors. ICB have established standards with local authorities, such as the time required to allocate a social worker and the time to complete care needs assessments under the Care Act. Bristol City Council has been utilising these benchmarks to scrutinise performance and motivate teams to meet these standards. In December, system achieved a 25% reduction in the length of stay for pathway 3 beds in Bristol. Regarding community length of stay, ICB have been reviewing pathway 2, Sirona has received support from UHBW, including staff and resources for bed and flow management. This partnership leverages UHBW's experience managing beds at South Bristol Community Hospital. Flow reviews have been conducted at all Sirona and non-Sirona pathway 2 community bed sites, with actions set to be implemented next week. Each site has unique actions, and GP is grateful to the acute colleagues for their invaluable support. From a rehabilitation perspective. ICB are exploring ways to meet pathway 1 demand with an enhanced pathway 0 offer. This approach reduces the need for numerous Care Act assessments and eases pressure on pathway 1 and local authorities. In collaboration with Sirona, ICB have secured funding for additional therapists and assessment triage requirements. This shift left initiative is set to commence by the end of February or early March. ICB are refining the approach to analysing length of stay and its contributing elements within pathways. Through the performance oversight meeting, the objective is to achieve a 15% low criteria number in hospitals and eradicate long-standing residual flourishing. This new approach will begin with ICB commissioning decisions in April. AM asked if there have been any evaluations of ineffective initiatives that have been stopped and noted cause for concern that the system escalation process will become normal. RS explained that ICB need to be mindful of escalation fatigue and normalisation – Focused discussion taking place st BNSSG System Quality Group regarding the use of temporary escalation spaces and the impact of overcrowded urgent care pathway. DJ explained that first draft of Frailty-ACE service report is being processed and will include update within next performance report in March OQPC. ED questioned if any duplication is taking place in regards working with local authorities and where do you think system is going to get the greatest benefit from in 2025/2026- GP stated that all local authorities have the same standards across the board but work mainly with Bristol City Council as they are a pathway 3 outlier. ED stated that elective and cancer performance have made such good progress since 18 months ago and what is the reason for this? DJ stated that the last two years the diagnostic position was a step change for BNSSG supporting the overall RTT pathway and BNSSG have been excellent at protecting elective capacity. All the different elements of productivity went through the GIRTH report the productivity is good which means the pathway is working well. JM explained that ICB have excellent cancer Clinical Lead and Head of Cancer Services which work extraordinary well together and there has been a relentless focus on all targets, redesigning pathways and changing the Remedy site for general practice.	

	Item	Action
	ACTION: Children's Services Deep Dive to be added to May OQPC and to include update regarding transformation programme and ADHD/Autism waiting list work programme. **ACTION: DJ to share Children's ODG reporting data paper to OQPC for reference.** **ACTION: DJ to include Frailty-ACE update within March OQPC performance report.**	
7	**Items for Discussion**	
7.1	**GP Collective Action Update** JB updated committee members about ICB activities, risks, mitigations, and potential impacts on patient outcomes and performance in regard to GPCA. JB explained that process in place for shared care monitoring where additional funding has been agreed and additional drugs have been added to the specialist medicines monitoring local enhanced service for general practice. JB stated that mitigations are in place for eating disorders patients as was an area ICB were served notice on in terms of physical health monitoring, JB explained that AWP is supporting the pathway for adults shared with general practice and a local enhanced service has been made available to general practice. JB explained ongoing work is taking place to clarify the roles of non-prescribers who provide advice to GPs but currently ICB have reactive measures in place to manage these situations. ICB have reached an agreement with the LMC regarding specific pathways to clarify that the 28-day rule is not applicable in certain circumstances. For instance, patients on opioids who require a prompter review than the standard 28 days are exempt from this rule. JB confirmed a holding position has been reached and national guidance is expected regarding where responsibility should sit. JB highlighted mitigations regarding post bariatric surgery monitoring post two years. Options are being explored and an SBAR is being developed and will be heard at BNSSG ICB Executive Team meeting. Also, ADHD pathways for both adults and children in terms of annual reviews and physical health monitoring. JB explained a Quality Impact Assessment has been developed for the following areas prescribing, minor illnesses and injuries as GP practices adopt a twenty-appointment limit per day instead of twenty-five. JB explained the ICB BI team are monitoring and pulling together data and system meetings are in place where risks are review and updated.	

	Item	Action
	ED thanked JB for comprehensive update and asked DJ if content that as a system BNSSG are dealing with this effectively? DJ replied 28-day prescribing is a live issue but linking into BNSSG Executive Group as a point of escalation. AM asked JB to elaborate on the near misses and incidents mentioned in the GPCA paper. JB explained that system providers log incidents on Datix, and ICB monitors this data along with a few complaints received by their customer services and Medicines Optimisation team. JB noted that providers are responding and implementing mitigations. **ED affirmed that the members of the OQP committee received assurances.**	
7.2	**ICB Board Update** ED reported that an intensive community mental health services review paper was discussed at BNSSG ICB Board by DJ. According to this paper, on 26th July 2024, NHSE instructed all community providers to review intensive and assertive community mental health services. These reviews aimed to provide an opportunity to reflect on the existing community provision. ED explained the two outcomes from the review: • To provide assurance to ICB's that services are well placed to meet the needs of individuals with complex mental health. • To develop resource requirements and workforce options to inform and support national priorities. ED stated that SD highlighted within BNSSG ICB Board that ICB must be assured that BNSSG have an appropriate plan and that BNSSG are able to deliver the plan and ED asked if DJ had an update. DJ explained that he has met with SD and agreed that the governance process will be through OQPC to ensure oversight and assurance of the plan. DJ requested that Assertive Outreach Element Programme update is listed at March OQPC. **ACTION: Assertive Outreach Element Programme update is listed on March OQPC agenda to ensure oversight and assurance of the intensive and assertive community mental health services paper from NHSE.**	
7.3	**LeDeR Update** DM and VC provided an update to committee members on the progress of improvement efforts and insights gained from the review of deaths among individuals with disabilities and autism. VC works with BNSSG colleagues to improve care for individuals with learning disabilities using LeDeR reviews. DM noted that each death is reviewed to determine causation and whether it was premature, focusing on improvement from past LeDeR reviews.	

	Item	Action
	DM explained that extra capacity has been sourced from Zyla, and thanks to the efforts of Sirona and VC, LeDeR review's backlog is now under ten. DM noted that a proposal has been submitted to ensure BNSSG can start the new financial year with a clean slate. DM highlighted that Brandon Trust are establishing specific grief cafes to help families who have had a loved one who have passed away with learning disabilities and autism. AM highlighted the vast improvement in the LeDeR review backlog and asked if the review model was sustainable or would BNSSG be in the same position in 25/26. AM asked that system improvements are focused and included in the next LeDeR report. DM assured the committee that the BNSSG run rate is being factored into planning to ensure sufficient resources for commissioning reviews for 25/26. VC mentioned that a BNSSG improvement group has been established, beginning with the pneumococcal vaccine. This initiative aims to improve outcomes related to pneumonia, sepsis, and aspiration pneumonia.	
7.4	**SEND Quarter 3 Report** • **Update on risk mitigation and children's waiting list prioritisation** DJ updated committee that RS will continue to be Senior Responsible Officer for SEND and introduced LW to committee. LW noted that the first paper addressed previous OQP committee questions about the Q2 SEND report on neurodiversity timelines and waiting list prioritisation. LW explained the BNSSG neuro Diversity transformation programme is a long-term solution to mitigate risks and BNSSG recovery plan is to maximise the current operating model. LW highlighted the challenges and stated that BNSSG will not be able to undertake both initiatives and a decision/way forward will be know March/April but aiming for a three-year plan. LW highlighted that meetings are taking place with regional colleagues including NHSE regarding the risk stratification tool but added that clinical needs, vulnerabilities, health inequalities are being considered when prioritising the waiting lists. LW explained that BNSSG ICB has specific statutory functions to support children and young people with SEND: • Listening to families and supporting their participation to provide the right services to meet the needs of children and young people up to the age of 25 years • Contributing to the development and review of Education, Health and Care Plans to assess, coordinate and deliver the health elements of support and provision for SEND • Collaboration with Local Authorities (and other ICS partners) to meet the needs of children and young people through multi-agency working and joint commissioning • Monitoring and assurance to ensure services meet statutory requirements and provide support in a timely manner. LW highlighted that South Gloucestershire will be the next area to be inspected for SEND provisions, followed by North Somerset and then Bristol.	

	Item	Action
	ED pointed out the challenges related to risk mitigation and the children's waiting list. AM requested LW to clarify the decision-making process concerning the inability to conduct both the transformation programme and address the waiting list backlog simultaneously. LW stated that the transformation and backlog model are not feasible within ICB's current allocations, but a final decision is still pending. DJ explained the costs sits in the 25/26 planning round. The cost will be considered against all the other BNSSG priorities, which will then be discussed at ICB Board in terms of sign off. DJ stated that the risk has been noted and explained the Neuro Diversity Programme has extensive overview and SD is connected directly as well as RS. ED noted DJ response but questioned if ICB is meeting the statutory function regarding children's waiting list and requested that children's services-transformation programme update is added to March OQPC agenda. **ACTION: Children's Services - Transformation Programme Update is added to March OQPC agenda.**	
7.5	**BNSSG System Quality Group Terms of Reference** RS stated that the System Quality Group's terms of reference have been reviewed and updated. These terms were discussed at January's System Quality Group meeting and will be submitted to OQPC for approval once finalized.	
8 **8.1** **8.2** **8.3** **8.4** **8.5**	**Items for Information** **Healthcare Acquired Infection Group** **BNSSG System Quality Group Minutes** **Health and Care Professional Executive Minutes** **APMOC Minutes** **Safeguarding Governance Group**	
9	**AOB** AM highlighted that stroke performance was not discussed within performance report and wanted to discuss concerns regarding stroke outcomes at March OPQC. **ACTION: JS to list Stroke Outcomes - Mitigations/Patient Impact to March OQPC.**	

	Item	Action
	Review of Committee Effectiveness • Did the meeting run to time? • Did the right people attend? • Were action items assigned where appropriate to the right people? • Were all items given sufficient time to discuss? • Were all members able to contribute? **Has the meetings business contributed to the organisation's aims and objectives in terms of:** • Strategy • Planning • Governance • Were any of the items inappropriate for this committee? • Did the meeting receive the administrative support that it needed?	
	Meeting Dates 2025 • Tuesday 25th March 2025 0930-1200 • Tuesday 27th May 2025 0930 -1200 • Wednesday 23rd July 2025 1330 -1600 • Wednesday 22nd October 2025 1330-1600 • Thursday 11th December 2025 1330-1600	

Jodie Stephens Executive PA
January 2025