

Meeting of the Outcomes, Quality and Performance Committee

Date: 30 January 2025

Time: 13:00-16:00

Location: Microsoft Teams

Agenda Number:		
Title:	Quality Report	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Discussion & Information		
Key Points for Discussion:		
<p>Key emerging issues/risks since the reporting period of the Quality Report</p> <ul style="list-style-type: none"> • 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”); This will be a focus in the System Quality Group this Spring. The ICB visited temporary escalation spaces (TES) at NBT in December, interviewing staff and assessing the spaces using the NHSE ‘Principles for providing safe and good quality care in temporary escalation spaces’ framework. While there were examples of excellent practice to mitigate patient safety risks, the pressures on staff and compromises to patient privacy and dignity were noted. Visits for UHBW sites are planned for February 2025. <p>Key items to note in the Quality Report</p> <ol style="list-style-type: none"> 1. Summary Report from local System Quality Group (SQG) 21 November 2024 <ul style="list-style-type: none"> • A system focussed session of sharing quality priorities between partners with a key outcome to towards clearly articulated system quality priorities/safety priorities to inform system decision-making. This will form the basis of a System Quality Account going forward and BNSSG has expressed interest to NHSE in being an early adopter of this process. • The new OPEL frameworks were reviewed for winter 2024/25 		

- Risk of Harm – System dashboard – update on roll out and an example of a visual interface of the dashboard is provided in the report

2. National Quality Board/Quality Management System updates

- AWP remains in *enhanced surveillance*.
- Heart Failure Pathway (*elevated oversight*) – review of pathway underway with steering group and harm review process in progress

3. Patient Safety

- The report details improvement quality initiatives for the wound care pathway
- Issues have been reported concerning the NHS App displaying cancer diagnoses before clinicians have managed to contact patients. This has been escalated to NHSE and the Trusts are putting local mitigations in place
- Good progress is being made with partners across the system to implement the new NHSE Patient Safety Strategy and processes, the report details some key areas of achievement
- The report also provides an overview of patient safety issues in the system and mitigations with examples from selected partners, including progress on some quality priorities.

4. Infection prevention and management

- **Influenza** – There continues to be high numbers of cases in the system impacting on flow and stretching capacity, the report details the mitigations in place (encouragingly due to good IPM practice there is minimal restricted empty beds across our acute sites).
- **Scabies** - Outbreaks in care homes have reduced and scabies treatment pathway reported to be working well
- **Measles** – Measles exposure and treatment pathways are working well in the system for the current cluster (74 cumulative cases since November), although there is a potential risk of some general practices not being fully prepared should higher numbers or an outbreak be declared. The report details the work underway to address this gap in assurance.
- **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, and a current BNSSG deep dive and findings is outlined in this report.

5. Continuing Healthcare (CHC)

- The report summarises the latest performance data for CHC, the active CHC caseload split by specialty is Learning Disability 31.2%, Mental Health 3.9%, Physical Disability 64.9%. The conversion rate from assessment to CHC eligibility was 15%, meaning 85% of assessments were found not to be eligible for CHC.

6. Safeguarding

- All Children Safeguarding Partnerships within the BNSSG footprint have now published their new arrangements under the revised Working Together to Safeguard Children 2023. Links to these publications can be found in the Quality report.



<ul style="list-style-type: none"> Work is underway in the system to improve the communication pathway between providers and Avon and Somerset Constabulary related to domestic abuse notifications involving children. Further details can be found in the main report. 	
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

January Report on Month 7/8 (October/November) 2024/2025

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

1.1 System Quality Group (SQG) 21st November 2024

Areas of focus:

- **Quality Accounts 2024/25 – Part 2 / System priorities – for information and focused discussion**

The second part of a system focused session for sharing and learning, particularly looking at quality priorities for each organisation, with the remaining partners, NBT, AWP and the BNSSG Local Maternity & Neonatology Services presenting.

Key outcome from the meeting - moving towards clearly articulated system quality priorities/safety priorities to inform system decision-making. This will form the basis of a System Quality Account going forward and BNSSG has expressed interest to NHSE in being an early adopter of this process.

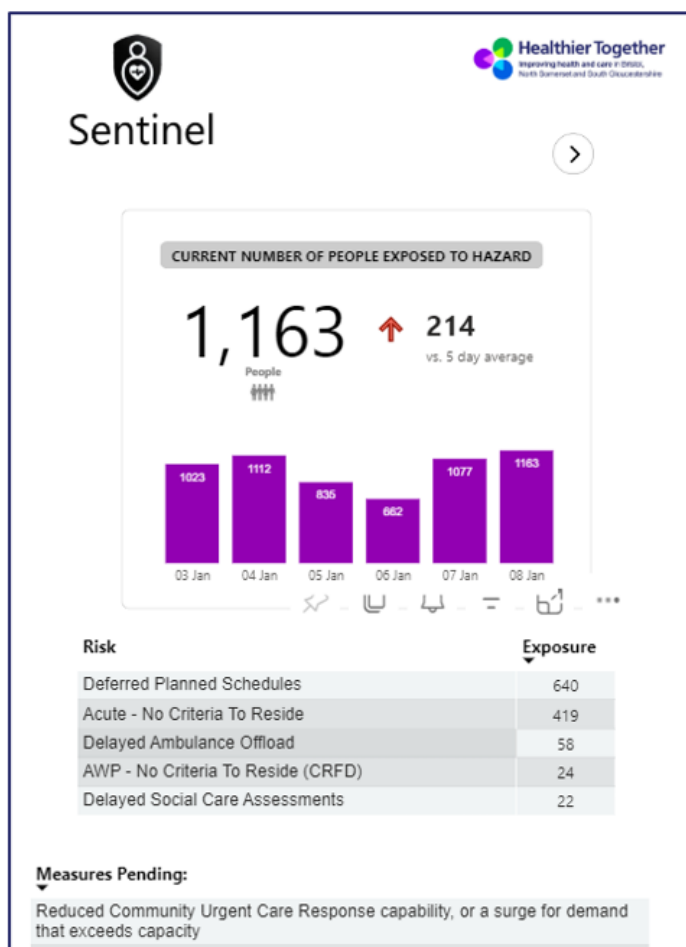
- **New OPEL Frameworks – for information**

The new national NHS Operating Pressure Escalation Level (OPEL) frameworks were reviewed for winter 2024/25, and rollout in BNSSG is underway. BNSSG already has in place sophisticated OPEL frameworks across all organisations which informed the national review and provides a foundation for undertaking this standardisation work to national deadlines.

- **Risk of Harm – System dashboard**

Rollout of the prototype ('Sentinel') dashboard commenced from December 2024, creating a system-wide data visualisation of demand, capacity, risk, and harm to complement system decisions to decrease the risk of harm across the system. Extensive system clinical engagement has been undertaken to reach this current stage

Figure 1: Example of a visual interface of the risk of harm dashboard (overleaf)



1.2 National Quality Board Escalation Process Updates

Avon & Wiltshire Mental Health Partnership NHS Trust

- Enhanced contractual quality oversight meetings, including deep dives on focussed clinical areas (e.g. restrictive practice, 26 November 2024) are continuing with progress evident on the Improvement Plan.

Heart Failure and Echocardiogram provision

- Currently there are challenges delivering timely care under the heart failure pathway, particularly around echocardiogram diagnostic testing. The pathway is not NICE compliant and has no established Clinical Lead.
- A system steering group has been set up which work includes a retrospective analysis into patients who had a longer wait than is NICE compliant to establish if any came to harm during their wait.

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

- **Wound care clinics**

The current provision of weekend wound clinics is inconsistent in terms of service delivery, access and funding. This can lead to some people not being able to access wound clinics and seeking alternative routes to have their wounds reviewed e.g. A+E for routine dressing changes or to collect further dressings. Alternatively, they are being admitted to Same Day Emergency Clinic (SDEC) or attending Minor Injuries Units (MIUs). The current provision includes Cossham and Clevedon funded by Sirona and South Bristol clinic. The provision and pathways are being reviewed, and clinical initiatives include the trial of wound care digital solutions to assist clinicians in detecting deteriorating wounds and enabling clinical remote assessment.

- **NHS App - Emerging Risk re cancer diagnoses**

Concerns have been raised by patients that have seen a cancer diagnosis on their NHS App prior to a conversation with a clinician. In addition to escalation to NHSE the Trusts are attempting to inform patients before information will appear; an update on progress will be provided in the next period.

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

NHSE has stipulated eight priorities for all organisations with an NHS contract:

1. Patient safety culture development
2. Transition onto Learn from Patient Safety Events (LfPSE) digital platform
3. Implementing the Patient Safety Incident Response Framework (PSIRF)
4. Actioning promptly national Patient Safety Alerts
5. Involving service users in patient safety initiatives
6. Fully implement the Medical Examiners programme
7. Provide patient safety education and training to staff
8. Have a patient safety improvement plan

Assurance on the traction of these areas is reviewed at the system Patient Safety Specialist forum (includes partners from NHS and independent sector). The first 4 priorities were reviewed in this reporting period.

Fig 2: Summary of progress of some key partners (overleaf) as of November 2024

	Using LfPSE	Implementing PSIRF	Patient Safety Culture	National Patient Safety Alerts
NBT	Y	Y	Y	Y
Spire	Y	Y	Y	Y
Sirona	Y	Y	Y	Y
BrisDoc	Y	Partially	Y	Y
Newmedica	Y	Y	Y	Y
SSS	Y	Y	Y	Y
AWP	Y	Y	Y	Y
St. Peter's Hospice	Y	Y	Y	Y
UHBW	Y	Y	Y	Y

Examples in the system of patient safety initiatives to achieve compliance:

- BrisDoc have partially implemented PSIRF – they have written their Patient Safety Incidence Response Plan (PSIRP) and have established their training needs.
- NBT: A new Patient Safety Suite room has been created to provide a psychologically safe place away from the clinical environment, to explore incidents through system thinking principles.
- Newmedica have implemented new processes for shared learning from incidences.

The ICB Patient Safety Team have contacted all independent providers to establish progress of their patient safety improvement plans and a register is being collated to inform future work plan, involvement in training, patient safety groups etc.

Provider Patient Safety - selected partners

North Bristol NHS Trust (NBT)

NBT	June-24	July-24	Aug-24	Sep-24	Oct-24
Never Event	0	0	0	0	0
Commissioned PSII	1	1	2	0	0
VTE Risk Assessment Completion (trajectory 95%)	90.22%	90.43%	90.48%	92.3%	92.45%
Pressure Injuries Grade 2	4	11	4	5	10
Pressure Injuries Grade 3	0	0	0	0	0
Pressure Injuries Grade 4	0	0	0	0	0
Falls per 1,000 bed days	5.56	5.80	5.01	6.53	5.32

- **NBT Tissue Viability** - NBT have fully implemented the PSIRF model and responding to emerging themes of pressure ulcer incidents.
- **NBT falls** - Training to junior doctors has commenced to outline the responsibilities and guidelines in place to prevent a patient from falling and to support a patient post fall.
- **NBT VTE risk assessments** - In Spring 2025, the digital prescribing module will commence. Completion of the VTE risk assessment will become mandatory which will improve compliance of this assessment.
- **NBT Regulation 28 notice** - NBT have completed an allergy management deep dive following a Regulation 28 notice following an allergy related incident. In response to these recommendations an allergy group has been established and e-Prescribing is due to be implemented in 2025.

University Hospital Bristol and Weston (UHBW)

UHBW	June-24	July-24	Aug-24	Sep-24	Oct-24
Never Event	1	0	0	1	0
Commissioned PSII	0	0	0	1	1
VTE Risk Assessment Completion (trajectory 90%)	75.3%	76.7%	76.0%	76.1%	75.7%
Pressure Injuries Grade 3/4	2	1	1	0	2
Falls per 1,000 bed days (target 4.8)	4.4	4.5	4.7	4.4	5.0
Falls resulting in harm	0	3	5	7	5

- **UHBW device related pressure injuries.** Two of the pressure injuries in October were secondary to Non-invasive ventilation or continuous positive airway pressure (CPAP) masks. A working group with input from tissue viability nurses and respiratory physios has been implemented and learning from this will be shared with the system.
- **Dementia, Delirium and Falls (DDF)** team are participating in the National Audit of Inpatient Falls. The DDF team are leading on Quality Improvement projects that include developing Multi Factorial Risk Assessments (MFRAs) and programmes to improving mobilisation and prevent deconditioning in hospitals e.g. the Dementia Garden Project at BRI and Weston hospital sites.
- **VTE Risk Assessment:** Overall compliance with VTE risk assessment continues to be a challenge, however VTE prophylaxis prescribing compliance is over 90%

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

Progress on Quality Priorities:

Priority One: Improving sexual safety on inpatient wards	Latest month	Measure	Target	Assurance	Variation
Breaches of mixed sex accommodation	Nov 24	0	-		
Number of sexual safety incidents	Nov 24	49	-		
% Inpatient staff with completed Sexual Safety Training	Nov 24	98%	90%		

- All incidents are reviewed within Locality Event Review Meetings (ERM). Sexual Safety project continues for Bristol inpatient wards, progress shared through Locality Quality and Standards meetings.
















Priority Two: Improving Medicines Safety	Latest month	Measure	Target	Assurance	Variation
Community Clinic Room Assurance Checks: Compliance	Oct 24	95%	100%		
Community Clinic Room Assurance Checks: Quality	Oct 24	93%	95%		
Community Prescriptions Audit: Compliance	Oct 24	91%	100%		
Community Prescriptions Audit: Quality	Oct 24	86%	95%		
Total medicine administration errors	Nov 24	49	-		
Total medicine safety incidents	Nov 24	120	-		
Total medicine prescribing errors	Nov 24	7	-		
Total medicine dispensing errors	Nov 24	16	-		
Medicines Management training compliance	Nov 24	92%	90%		

- All incidents were of no harm or low harm. There was one moderate harm incident. The service user was closely monitored, and no medical intervention or hospitalisation was required. A Patient Safety Review (PSR) is underway.

Priority Three: Suicide Prevention	Latest month	Measure	Target	Assurance	Variation
72 hour follow up to discharge	Nov 24	86%	80%		
Incidents of suspected suicide	Nov 24	6	-		
Incidents of self-harm	Nov 24	162	-		
Incidents of ligature (fixed)	Nov 24	1	-		
Incidents of ligature (non-fixed)	Nov 24	48	-		
Suicide Prevention (SP) Awareness training compliance	Nov 24	98%	90%		
SP Safety Assessment training compliance	Nov 24	95%	90%		

- Suicide prevention awareness training compliance is 98% against a 90% target. All incidents have a patient safety review commissioned.

Priority Four: Reducing Restrictive Practice	Latest month	Measure	Target	Assurance	Variation
% of inpatient staff with completed Search training	Nov 24	22%	50%		
Total incidents of restrictive practice	Nov 24	143	-		
Total incidents of rapid tranquilisation	Nov 24	47	-		
Total incidents of seclusion	Nov 24	37	-		
Total incidents of unplanned prone holds	Nov 24	3	-		
Total incidents of planned prone holds	Nov 24	3	-		
Reducing Restrictive intervention (RRI) training compliance	Nov 24	78%	90%		
RRI Older Adult Service training compliance	Nov 24	78%	90%		

Priority Five: Improving physical healthcare	Latest month	Measure	Target	Assurance	Variation
% of inpatients with a full physical health check within 24 hours of admission	Nov 24	90%	95%		
LTP metric - % on AWP SMI register with full annual physical health check	Nov 24	85%	75%		
Resuscitation (level 1) training compliance	Nov 24	95%	90%		
Resuscitation (level 2, BLS) training compliance	Nov 24	86%	90%		
Resuscitation (level 2, HLS) training compliance	Nov 24	87%	90%		
Resuscitation (level 2, Paediatric) training compliance	Nov 24	89%	90%		
Resuscitation (level 2, Refresher) training compliance	Nov 24	91%	90%		
Resuscitation (level 3, PERT) training compliance	Nov 24	88%	90%		

St Peter's Hospice and SWASFT

St Peter's Hospice and SWAST are working together to improve communication between the organisations on resuscitation status of patients:

- St Peter's Hospice are reviewing communications to all clinical staff when supporting patients in the community, empowering staff/carers, and families to share ReSPECT forms with other health professionals.

- SWASFT are actively issuing iPads to all clinical staff to ensure frontline staff can access National Care Records Service (NCRS) which holds ReSPECT documents.

3. Infection Prevention and Management and Health Care Acquired Infections (HCAI) (Reporting Period for HCAIs – Month 7 2024/25 – October data)

Influenza

Currently there are over 50 daily ED presentations with flu in the system, most are discharged home. There continue to be large numbers of cases in hospitals impacting ICU beds and flow. Restricted empty beds are encouragingly minimal, all with dynamic risk assessment and planning in place to utilise empty beds safely. Communication initiatives to the public on where to access advice and support include sustained social media messages and a recent ICB CMO radio interview.

Mitigation has included enhanced cleaning in hospitals, and recommendations to wear masks in high-risk areas including EDs for staff and symptomatic patients.

There have been several influenza outbreaks in care homes – managed well with efficient use of the system's antiviral pathway. No resultant prolonged outbreaks, deaths or issues currently reported.

Vaccine uptake in main providers has been a challenge, with anecdotal reports suggesting 'vaccine fatigue'. Efforts are in place to continue to increase uptake across all organisations. Uptake as of 31 December 2024 (awaiting Sirona data):

- NBT– Flu 44.78 % and Covid 35.80%
- UHBW– Flu 49.82% and Covid 39.40%
- AWP– Flu 41.02% and Covid 33.79%

Scabies

Outbreaks in care homes have reduced although this is with cautious optimism due to long incubation period before onset of symptoms. Several comms to primary care on management and diagnosis have been issued with good feedback; scabies treatment pathway for care homes reported to be working well.

Measles

There have been 74 incidences since start of a 'cluster' in November. Measles pathways continue to work well. All trusts are responding to cases and exposures promptly. Triage and identification of cases is resulting in more patient protected journeys.

There is currently a review of primary care preparedness (e.g. PPE, fit testing and training), with a gap in assurance that all practices are fully prepared. This could have a detrimental impact on system flow should there be outbreaks of measles or further clusters and is therefore on the system risk register. PCNs are receiving ongoing support from the ICB to improve this position, and the ICB is working closely with the NHSE regional IPM team as this issue is prevalent across all of England.

Health care Acquired Infections

In line with benchmarked regional and national data most HCAs continue to breach NHSE set thresholds except for Klebsiella. Learning from many cases is reviewed at the BNSSG HCAI quarterly meeting.

Infection	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Threshold to date	Cases YTD	RAG	Threshold 24/25	23/24 FYTD	22/23 FYTD
C.difficile	35	27	32	31	34	40	36						191	236	RED	328	186	170
E.coli	53	55	61	64	60	69	57						362	419	RED	621	332	304
Klebsiella spp	15	12	12	20	23	16	12						113	110	GREEN	195	100	96
MRSA	3	3	2	2	5	5	4						0	24	RED	0	20	16
MSSA	10	18	15	9	23	20	31							126			128	108
Pseudomonas aeruginosa	10	3	6	5	8	5	5						39	42	RED	67	37	43

C difficile (CDI) - Community onset *C difficile* cases nationally have risen to their highest level in more than a decade (Source: HSJ November 2024). BNSSG Trusts may not meet their 5% reduction for *C difficile* in 2024-25. Current deep dive analysis from learning of community onset cases April-Sept 2024 has yielded that the population analysed has physical conditions/co-morbidities and possibly weakened immune systems, although no outliers of antibiotic prescribing practice have currently been identified. . Other risk factor/commonalities were:

- Known infections (urinary, chest, ear, dental, gastric and skin & soft tissue)/sepsis - 37%
- Wounds 37%
- Dehydration (42%)
- Proton Pump Inhibitor (PPI) use (24%)

As a result of this deep dive, a draft BNSSG CDI driver diagram and CDI draft risk reduction plan is being revised and the monthly community onset end to end CDI reviews for both all age/gender will continue for the remaining 2024/25 period. This work will feed into the regional CDI work streams.

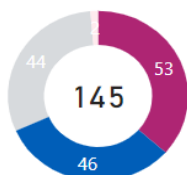
4. Funded Care

Continuing Healthcare (CHC)

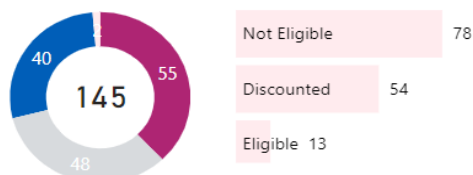
- 143 CHC New referrals in December which is 8% higher than average.
- 144 CHC New decisions made (up 14% from last month and up 9% on average).
- CHC 28 Day Assessment performance was 77% against a target of 80%.
- The conversion rate from assessment to CHC eligibility was 15%, meaning 85% of assessments were found not to be eligible for CHC.
- The active CHC caseload split by specialty is Learning Disability 31.2% (no change), Mental Health 3.9% (+1 case), Physical Disability 64.9% (+6 cases).
- 38% discounted referral rate (up 2%, 80% either inappropriate referral or patient not fit for assessment at time of referral).

- There were no overturned appeals during December.

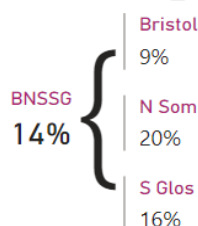
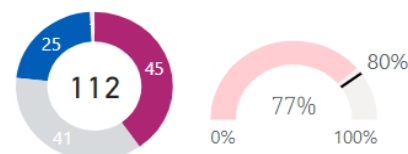
CHC Referrals Received



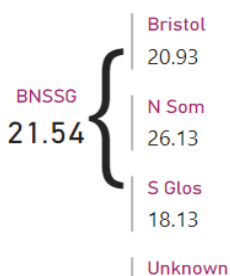
CHC Referrals Completed



CHC Decisions within 28 Days



Mean Days to Decision



Open Referrals Exceeding 12 weeks at data extract date

0

Adult CHC Funded Caseload at data extract date

552

Weekly Standard CHC Caseload



5. Safeguarding update

Working Together to Safeguard Children 2023

Further to updates provided in the last All-Age Safeguarding Report reported to Outcomes, Performance and Quality Committee in November 2024, all Children Safeguarding Partnerships within the BNSSG footprint have published their new arrangements under the revised Working Together to Safeguard Children 2023. Links to these publications can be found here:

[kbsp-local-arrangements-2024.pdf](#)

[Agreed NSSCP MASA arrangements December 2024](#)

[South-Gloucestershire-Childrens-Partnership-Arrangements-2024-FINAL.pdf](#)

Bristol Adult MASH

The ICB has recruited a system Adult MASH (Multi Agency Safeguarding Hub) Nurse. This postholder will support the collation and coordination of information on behalf of NHS Health organisations into the Bristol Adult MASH. This is a pilot project with the aim of

working collaboratively on safeguarding adult concerns reported into the Bristol MASH to identify risk and agree interventions at an early stage. If the 12-month pilot is proven successful, partners will work together to support a business case into the ICB for the planning round for 2026/27.

Police domestic abuse notifications involving children

The ICB continues to work with colleagues from Avon and Somerset Constabulary and Sirona Care and Health to address how police domestic abuse notifications involving children (where children are present at the address during a domestic incident) are shared with GP Practices. Since the Royal Assent of the Domestic Abuse Act 2021 the following year, children are now recognised as victims in their own right when living within a household where domestic abuse occurs. It is known from national research and statutory reviews the importance of sharing information and intelligence with agencies sensitively in relation to domestic abuse so that practitioners coming into contact with individuals can be more professionally curious. Currently, owing to custom and practice, albeit inconsistently, health visitors receive this information from the Sirona Care and Health safeguarding team and may or may not share this with GP Practices via an email, EMIS template or conversation. Avon and Somerset Constabulary have worked through a robust process with health system partners in Somerset to ensure that GP Practices receive this directly from an administrator and have received subsequent training on what they should do upon return of this information in relation to coding on their systems and the importance of using the information to inform consultations with professional curiosity.

Next steps have been identified to dip sample the current process to better understand the variations in the three localities, and true volume of notifications being sent and received, and to explore with GP Practices through the support and engagement of CMO, ICB Primary care Team and GPCB, the capacity and ability for GP Practices to process this information upon receipt. Consideration will be given following these next steps whether this is a risk that should be addressed on the risk register.

Performance Summary

February 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	Dec 24	Count	66	✓ 60		-5	-7.69	NA	60	-6	-	-
RTT waiting list	Acute Total	Dec 24	Count	105,520	✓ 98,052		-881	-0.89	NA	98,052	-7,468	-	-
ERF Achievement %	ICB	Sep 24	%	101.5	✓ 113.11		0.01	0.01	-	113	11	-	-
Specific acute elective spells	Acute Total	Jan 25	Count	15,518	✗ 14,839		1396	10.38	NA	141,664	-5062	-	-
Consultant-led first outpatient attendances	Acute Total	Dec 24	Count	22,705	✓ 23,190		-4289	-15.61	NA	239,374	7,570	-	-
Consultant-led follow-up outpatient attendances	Acute Total	Dec 24	Count	48,696	✓ 58,448		-7633	-11.55	NA	579,738	85,574	-	-
Diagnostic tests % < 6 weeks	Acute Total	Dec 24	%	92	✗ 89.53		-2	-2.46	628	90	-2	-	-
Cancer 28 day FDS	Acute Total	Dec 24	%	76.43	✓ 80.24		1	0.85	-	76	0	-	-
Cancer 62 day combined	Acute Total	Dec 24	%	68.68	✓ 75.17		3	4.77	-	69	0	-	-
Urgent and Emergency Care													
Urgent Community Reponse referrals	ICB	Jan 25	Count	1,394	✓ 2,692		37	1.39	NA	27,554	13,614	-	-
Mean Cat 2 Ambulance Response	ICB	Jan 25	Minutes	33	✗ 46	Worse	-8	-15.21	NA	38	5	-	2 / 7
Average ambulance handover duration	ICB	Jan 25	Minutes	40	✗ 58		10	21.69	NA	37	-3	-	3 / 7
A&E 4 hour Performance (Footprint)	ICB	Jan 25	%	77.25	✗ 71.55	Worse	3	3.95	1,895	72	-5	31 / 42	6 / 7
% Beds occupied by NCTR patients	ICB	Jan 25	%	16.39	✗ 23.07	Worse	2	8.97	-117	22	6	41 / 42	6 / 7
% G&A beds occupied	ICB	Jan 25	%	98.97	✓ 93.8		0.2	0.21	-	95	-4	14 / 42	3 / 7
Virtual ward occupancy	ICB	Jan 25	%	80	✓ 60	Worse	-22	-26.47	-	60	-20	38 / 42	5 / 7

Better than previous period
 Worse than previous 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	Jan 25	%	97.83	✓ 98.88		1	1.12	-	97	-1	-	-
Community waiting list 52+ weeks	ICB	Dec 24	Count	5,189	✓ 4,202		-17	-0.40	NA	4,202	-987	-	-
Community waiting list	ICB	Dec 24	Count	NA	26,731		650	2.49	NA	26,731	-	-	-
Mental Health													
Access to Perinatal Services (Rolling 12m)	ICB	Dec 24	Count	1,103	✓ 1,425		50	3.64	NA	1,425	322	-	-
Talking Therapies Reliable Improvement Rate	ICB	Dec 24	%	69	✗ 68		-5	-6.89	9	71	2	-	-
Talking Therapies Reliable Recovery Rate	ICB	Dec 24	%	50	✗ 47.01		-2	-4.04	18	50	0	-	-
Inappropriate OAP Placements (BNSSG)	ICB	Dec 24	Count	3	✗ 5		-1	-17	NA	5	2	-	-
Access to Transformed CMH Services for Adults and Older Adults	ICB	Dec 24	Count	6,319	✓ 8,790		145	1.68	NA	8,790	2,471	-	-
Dementia Diagnosis Rate	ICB	Dec 24	%	68.4	✓ 70.7	Better	0	0.14	-	70	2	6 / 42	1 / 7
Childrens													
CYPMH Access (Rolling 12m)	ICB	Dec 24	Count	11,109	✗ 9,555		-25	-0.26	NA	9,555	-1,554	-	-
RTT waits 52+ weeks - Childrens	Acute Total	Jan 25	Count	704	✓ 361		4	1.12	NA	361	-343	-	-
Community waiting list - CYP	ICB	Dec 24	Count	NA	8,525		-15	-0.18	NA	8,525	-	-	-
Community waiting list 52+ weeks - CYP	ICB	Dec 24	Count	5,189	✓ 4,197		-22	-0.52	NA	4,197	-992	-	-
Specific acute elective spells - Childrens	Acute Total	Jan 25	Count	1,347	✗ 1,242		95	8.28	NA	12,016	-552	-	-

Better than previous period
 Worse than previous period

BNSSG Outcomes, Quality and Performance Committee

Draft Minutes of the meeting held on Thursday 28th November 2024 13:30-16:00 on MST

Minutes

Present		
Ellen Donovan (Chair)	Non-Executive Member for Quality and Performance, BNSSG ICB	ED
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Dave Jarrett	Chief Delivery Officer, BNSSG ICB	DJ
Alison Moon	Non-Executive Director, BNSSG ICB	AM
Jonathon Hayes	Chair of General Practice Collaborative Board	JH
In attendance		
Thom Wilson	Deputy Director for Adult Commissioning, Bristol City Council – Representing Hugh Evans	TW
Dr Geeta Iyer	Deputy Chief Medical Officer, GP and SRO for Vaccination Programme, BNSSG ICB	GI
Greg Penlington Agenda Item 6 & 7.1	Head of Urgent & Emergency Care, BNSSG ICB	GP
Layla Green Agenda Item 5.3	Deputy Director Quality & Safety (Maternity & Neonatology)	LG
Faye Kamara Agenda Item 7.4	Head of Safeguarding, BNSSG ICB	FK
Lee Colwill Agenda Item 7.5	Senior Lead for Business and Commissioning, Chief Nursing Office, BNSSG ICB	LC
Denise Moorhouse Agenda Item 7.5	Deputy Chief Nursing Officer, BNSSG ICB	DM
Jodie Stephens (Minutes)	Executive PA, BNSSG ICB	JS
Apologies		
Shane Devlin	Chief Executive, BNSSG ICB	SD
Sue Balcombe	Non-Executive Director, UHBW	SB
Paul May	Non-Executive Director, Sirona Care & Health	PM
Aishah Farooq	Non-Executive Director BNSSG ICB	AF
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
Jeff Farrar	Chair, BNSSG ICB	JF

	Item	Action
1.	<p>Welcome and Apologies</p> <p>ED welcomed attendees to the meeting and apologies were noted as above.</p> <p>ED explained that new members are being recruited regarding patient voice and local authority representation due to end of tenure from current committee member.</p>	
2.	<p>Declarations of Interest</p> <p>No declarations of interest identified.</p>	
3.	<p>Minutes of September 2024 committee</p> <p>September committee's minutes were approved.</p> <p>AM asked DJ for an update regarding assertive outreach element assessment. DJ explained that the assessment and action plan is being discussed at ICB Open Board in January.</p> <p>ACTION: DJ will report back to OQP committee regarding assertive outreach element assessment and forward risks in advance of ICB Open Board in January.</p>	
4.	<p>Committee Action Log</p> <p>The action log was updated with committee members and to be circulated with the minutes.</p>	
5	<p>Chief Medical and Chief Nursing Officer Update.</p> <p>RS highlighted to the committee updates within the CMO report which included: Womens Health, Medicine Optimisation including finance and national medicine shortages and GP collective action.</p> <p>AM asked what the increased activity is as OQPC is the assurance committee for ICB Board so a higher-level report would be welcomed regarding any safety and quality risks for BNSSG population. DJ explained that the only measure which is currently being implemented by BNSSG practice is the twenty-five appointments per day. Request for appointments is relentless and JH explained recently had 170 requests for same day appointments by 10:00 that morning at the practice he is a partner in. JH explained this has been caused by an increase of respiratory illness. DJ reassured members that conversations are taking place weekly within the performance escalation meetings and GPCA working group.</p>	

	Item	Action
	<p>RS highlighted that system CNO's have been visiting BNSSG hospitals and community services and taking part in walkthroughs of the urgent care pathways. Key area of focus is on how services can better align or develop to enable people to receive care and treatment in their own home and prevent admission. RS stated any service must be underpinned by good domiciliary care provision which has been difficult with some local authorities. RS explained as this committee is aware there is no additional funding so need to see how pathways can be redesigned.</p> <p>AM commented on the great news within the report regarding talking therapies as improvement is ahead of plan which is not happening in neighbouring systems.</p> <p>RS updated committee that SQG are working with DJ teams regarding winter assurance giving feedback when required. RS explained a change in SWAST resourcing which ICB are monitoring as demand will increase so keen to make sure ambulance handovers and delays are monitored and monitoring of cat one, two and three performance in BNSSG.</p> <p>ED asked RS for an update regarding the Heart Failure pathway. RS explained that the pathway involves elements from NBT and Sirona. Denise Moorhouse DCNO BNSSG ICB had been leading a piece of work under NBT guidance. This has identified actions and currently undertaking harm reviews in which Denise is currently developing an SBAR. Once this is completed Denise will return to OQPC to update members.</p> <p>ED asked DJ to clarify the care traffic control system in Frontier, as the following areas acute, Emergency Department and urgent care are recorded as a system and are challenged. But the Sirona tab is green and Sirona is the key to system flow, so ED queried if there is correct visibility regarding Sirona performance.</p> <p>DJ explained that the Sirona tab relates to Sirona's urgent care response service, which from the performance report and the Winter Report deliver well. There is a 2-hour set standard for this service which is why the tab is green. DJ explained that NCTR is challenge especially the outward flow from a Sirona community capacity, and that is the area on the current Sirona dashboard is lacking. DJ explained the data is showing on various dashboards but do not have a direct line of sight.</p> <p>5.2 BNSSG Maternity and Neonatal Update.</p> <p>LG updated committee regarding the following areas:</p>	

	Item	Action
	<ul style="list-style-type: none"> Maternity & Neonatal Voice Partnership (MNVP) Development BNSSG now have a structure that replicates National guidance (strategic lead, trust liaison and community engagement). BNSSG is the only ICB/LMNS within the Southwest to achieve this. Currently developing 2-year strategic ambition framework to focus on improving equity and reducing inequalities Three Year Delivery Plan (TYDP) Now in year 2 of TYDP and progressing well. Additional shift in focus towards embedding programme capabilities (sustainability post-2026 for live projects) and benefits realisation (capturing and documenting benefits) the third and final year will commence in April 2025. BNSSG LMNS Equity & Equality Action Plan NHSE requirement for all LMNS's to publish their Equity & Equality Action Plan by April 2024- this has been achieved and is on the ICB website. Now working closely with the ICB Communications Team to provide regular updates and plan for publication of outputs from E&E action plan priorities have been discussed and first engagements have been confirmed. Highlight report in progress to capture system E&E work to share with system, region and public. MNVP engaged re KPIs for improving public perception of maternity services related to improved outcomes. Maternity Incentive Scheme Year 6 UHBW and NBT have achieved full compliance of all ten safety actions last year. UHBW and NBT have presented at ICB Executive Board that full compliance is expected this year. Saving Babies Lives Version 3 Continuing to use compliance tool provided by NHSE to ensure robust audit quality of evidence submitted. UHBW and NBT on target to achieve minimum of 80% compliance this year with action plan evidence to aim for 100% compliance in 25/26. Race and Health Observatory (RHO) Learning and Action Network One of only seven systems across England to be chosen to work with the RHO. 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. Next stage of the project is working collaboratively with trauma informed anti-racist practitioners to gain the stories and experiences of mothers racialised as Black within our system who have lived experience of pre- 	

	Item	Action
	<p>term birth to guide the focus of quality improvement with an anti-racist lens. BNSSG actively continues to support the Black Maternity Matters anti-racism training for perinatal staff to support the goal of improving outcomes and experience of our global majority population within maternity and neonatal services.</p> <p>LG stated to committee that in 2025 there will be another Ockenden report from the investigations into Nottingham, also the Lucy Letby case and Thirlwell report which will come with more immediate and essential actions. RS explained that women and birthing people do not get the same treatment based on their ethnicity, so work is taking place, so BNSSG have the best maternity system in in the country. AM highlighted to members two clinical services in BNSSG which are both fully compliant with maternity incentive scheme and have a good foundation. AM keen to find out how services are tailored to BNSSG population and MNVP needs to be representative of the community is serves. LG explained that MNVP is much more reflective of the population in BNSSG. Engagement and relationships have been made with leaders from Somali communities, trust liaison lead is a mother from Black ethnicity and strategic leaders are mixed race. LG stated that data is a weakness and work continue to improve that but the data that is presented is showing that the system is making real difference and still birth and pre-term rates are slowly getting better for our Black population.</p>	
5.3	<p>Paediatric Audiology Service - Outcome Letter – BNSSG</p> <p>RS explained that MR will be leading the quality oversight process for this work and will sit under System Quality Group. An NHS England regional visit is taking place on 12th December at St Michaels Hospital which MR will be attending with members of the ICB Quality team. RS explained that any escalated safety concerns will be brought to OQPC once work has been completed. RS confirmed that this work is enhanced governance due to the fact raised regionally and nationally which is why the site visit is taking place in December and then committee will be updated.</p> <p>ACTION: RS to report back to OQP committee regarding BNSSG Paediatric Audiology Service.</p>	
6	<p>System Performance Update 24/25 Operational Plan Delivery</p> <p>DJ explained in September he had a H2 meeting with NHS England, which NHS England take stock of all BNSSG ICB operational plan and finance indicators of which BNSSG ICB reported progress against all the indicators. DJ reported deterioration against urgent emergency care standards and a period of OPAL 4 in September. SWAST have also reported highest level of escalation, which is</p>	

	Item	Action
	<p>REAP 4, this is due to consequence of extended handover delays and waiting times. This has led to a decrease in 4-hour Cat two and hand over performance in August and September – however BNSSG are still on operational plan standard target for Cat two and handovers which is 78%.</p> <p>DJ stated that NCTR is still at the 20% mark, BNSSG were making progress towards end of September which reported figures recorded at 17% as a system but now are back up to 20%. DJ explained key drivers which included significant pressure in stroke services the demand rate remains very high, DJ added that BNSSG ICB have commissioned additional beds at the Brain Injury Unit and explained SWAST financial challenges which will need to reach an financial balance but will lead to an seven minute deterioration against Cat two performance because of the reduction in capacity. DJ stated that a Standard Operation Procedure has been introduced which leads to greater levels of escalation for handover delays. At four hours BNSSG ICB is to be informed, at six hours DJ is to be informed and at eight hours Elizabeth O'Mahoney gets notified and if you have an eight-hour breach, BNSSG system colleagues attend a 1700 call with Elizabeth O'Malley.</p> <p>DJ highlighted key performances areas and explained have also been presented at BNSSG System Executive Group:</p> <ul style="list-style-type: none"> • AWP delivering core operational standards and has significance improved since 2023. AWP performing strongly regarding learning disability and autism and are above plan. • Elective cancer and diagnostic performance continues to be exemplar regionally, BNSSG are working towards an 18-week delivery position, 90% of patients are seen and treated within 18 weeks. BNSSG eighteen-week performance, is currently at 66%. • Neuro Diversity pilot started in October. • Community elective 52-week waits have been eliminated. <p>DJ explained system conversations with regards to Commissioning of clinical supervision for individuals who are subject to section 37/41 of the Mental Health Act. This is clinical supervision for some of most vulnerable members of BNSSG population. RS explained to committee that this is when a patient has either been to prison and also has a mental health condition, learning disability or autism at a certain level and they are required to have supervision when they leave prison to make sure that they are looked after and that they can stay out of prison. RS explained that conversations are taking place in regards to who should do that, as if patients are a lower risk they should be able to be held by the community and disability team in Sirona obviously with access to advice and guidance from AWP.</p> <p>ED asked what the process in the meantime was, RS replied pathway will need to be resolved ASAP to get the discharges completed – the problem is not with patients with learning disability but autism. RS, DJ and JM are resolving the matter before raising at System Executive Group.</p>	

	Item	Action
	<p>AM noted the fantastic performance which is taking place in many areas of the system but requested more assurance regarding stroke outcomes, are there significant incidents and what actions are in place? Mental health - placements have doubled and the number of clinically ready for discharge patients within mental health have increased.</p> <p>ED asked what the problem was with regards to community beds, is the model the right model, as in the current situation there is seventy-two fewer community beds now versus March 2023. RS explained that there is evidence that the best bed is the person's own and if ICB were to reinvest, it should ensure a two-hour rapid response into people's homes and availability of domiciliary care to keep people at home. DJ explained in previous year scenarios were collated and mapped across elements and included varied factors. DJ assurance ED that he would take an action to understand at a system level, community beds.</p> <p>ACTION: DJ to review community beds model to provide assurance to ED and committee regarding bed numbers and availability.</p>	
7	Items for Discussion	
7.1	<p>Winter Planning</p> <p>DJ explained what the BNSSG ICB obligations are regarding winter planning and for OQP committee to take assurance that BNSSG ICB are delivering what is being asked. BNSSG ICB obligations were set out in a letter from NHS England the letter on 16th of September 2024, DJ noted that there has been no additional/investment over the past two years and operational plan standards over winter remain around CAT 2 and 78%. DJ explained that GI has been working on Integrated Care@Home programme which has been approved for funding through the Community Health and Care Improvement Group. GI explained meetings are taking place with community services, looking at the short-term model whilst the longer-term procurement is being sorted and the board works through the specification. GI stated the programme is a work in progress but lots of optimism and opportunity for making sure people can stay at home. DJ explained the Hospital@Home service is for those patients that are already sick but Integrated Care@Home is a wraparound service which serves patients earlier down the pathway.</p> <p>DJ presented slides to committee that showed improvements against the operational plan core metrics but remains fragile to shocks in demand and does not have the flexibility to respond which why surges are seen. NCTR remains a residual issue, but improvements have been made in overall length of stay and non-elective length of stay has reduced over recent times. DJ explained service developments for winter, which are the services that BNSSG ICB have invested in are delivering. D2A capacity, transfer care hubs, NHS@home and the acute respiratory infection hubs have all gone live and Frailty ACE service continues to prevent patients being admitted.</p> <p>GP explained that NHS@home caseload has not seen an increase and targets have been revised to reflect digital information governance issues which have</p>	

	Item	Action
	<p>been addressed. The service is not receiving sufficient referrals which work have been done to mitigate and focus on the step-up model by General Practice. GP stated that more than half of the NHS@home service cases are now step up rather than step down from hospital.</p> <p>ED expressed frustration that the service is still not achieving what it was set out to do. ED asked for clarification regarding programme lead, GP explained that the service is led by Sirona and have clinical leads from NBT and UHBW on the programme board. Recent work that Sirona have done is reviewing clinical feedback on pathways and suggestions for a general medical pathway to be in place, the service has been trying to grow the general medical step-down pathway to try and meet that acute potential demand. GP replied that ICB has spoken to other systems and where the insight regarding general medical pathway initiated from.</p> <p>GP explained that there is clear data to support length of inpatient stay has lowered but has been absorbed by more patients coming through the front door. GP explained large focus on social work productivity and capacity, which includes a pilot to put more capacity into Bristol to address the pathway three delay. Sirona is providing good insight regarding pathway one to pathway zero shift. Hospital bed management insight supplied by UHBW hospital flow managers who are now working with Sirona in South Bristol Rehab Unit. Mental Health – ICB working closely with AWP in which AWP are replicating the transfer of care hub approach that acutes have got which will be brought online for Winter.</p> <p>TW welcomed the focus on social work capacity as not bed capacity the main issue but workforce to assess people and looks forward to working with GP and colleagues from ICB. AM commented on strong leadership in the ICB and thanked DJ and GP for a detailed presentation. AM stated that evaluation will be crucial and noting the length of stay reductions in hospitals but need to look at patients being in the right beds at the right time to improve outcomes e.g. stroke unit. AM asked what percentage of patients are direct admissions and is it where BNSSG targets want to be, so reviewing benchmarking is important. AM highlighted the HSJ awards in which, can view systems who have been commended for their innovation could ICB teams link in.</p> <p>AM reiterated the need to prioritise funding and referred to the new priority projects for resourcing within GP slides and asked what stage they were at. AM suggested a BNSSG heat map showing unplanned attendances and resources could be directed into those PCN's and localities areas. AM commented on the frontline / social care health vaccination rate which shows low turnout and how crucial it is for maintaining staff this winter.</p> <p>GI acknowledged AM comments regarding BNSSG heat map and vaccination rates. GI explained regarding social care staff it has been difficult to identify a location where staff can get their vaccination, but work is continuing to take place with local authorities to release the staff in work hours to get vaccinated.</p>	

	Item	Action
	<p>Work is taking place to promote the national booking system and community pharmacies are offering services to vaccinate.</p> <p>GP explained non recurrent slippage and services budget which has been identified to support the social work approach. But highlighted ICB community capacity, would need an extra £3,000,000 to keep more beds open, which ICB do not have but GP wanted to flag as a significant risk within community beds.</p>	
7.2	<p>ICB Board Update Developing a sustainable community-based model (NCTR)- Update also within agenda 6 System Performance Update and 7 Winter planning.</p> <p>DJ explained to committee that an independent investment review of the urgent emergency care investments is taking place which was discussed at BNSSG Performance & Recovery Board and noted at BNSSG ICB Board.</p> <p>DJ highlighted the self-assessment against ten high impact changes/interventions that BNSSG ICB and NHS England have assessed. DJ noted that BNSSG System Quality Group has oversight and alignment with CNO & CMO colleagues. DJ reported contact with DHSC colleagues regarding benchmarking information and has been signposted to Solihull and Coventry.</p> <p>ED thanked DJ and GP for a detailed update and suggested that GP links in with Chief People Office as workforce is key to these pathways.</p> <p>ACTION: GP to link in with BNSSG ICB Chief People Office regarding workforce for winter pathways.</p>	
7.3	<p>Terms of Reference – Sign Off</p> <p>Committee agreed on the following points to be added to terms of reference:</p> <ul style="list-style-type: none"> • Primary Care Non-Executive Director to be included to point 5 - Members of OQPC. • Diagram of BNSSG ICB Quality and Performance Governance to be included. • Research statutory requirements including BNSSG Research annual report to be added to point 2 - Purpose of OQPC <p>ACTION: DJ/ED/JM/RS to meet outside of committee to finalise terms of reference including Primary and Acute care representation.</p> <p>Committee agreed to sign off terms of reference once the above points have been included.</p>	
7.4	<p>BNSSG System Safeguarding Update</p> <p>FK highlighted the following headline points:</p>	

	Item	Action
	<ul style="list-style-type: none"> Recruitment within Bristol City Council Adult Multi Agency Safeguarding Hubs which involves early screening risk assessment of referrals. Working together to Safeguard Children – Partnership arrangements within all three local authorities agreed and SD as ICB Safeguarding Partner and RS as CNO Executive Lead supporting across BNSSG system. Transformation programme with local government association. FK leading a project group since August with strategic leads for children and adults in the local authority area, police, doctors from Children's and Adults services to design a statement of the programme vision. <p>RS highlighted that a BNSSG system data set is one of the first pieces of work taking place within the transformation programme which will roll across the three local authorities. RS stated the points which SB raised in September OQPC regarding Children's and Adults MASH have made excellent progress and is liaising with SB regarding this.</p> <p>AM thanked FK for the update and requested that transformation programmes outcomes and risk ratings are included within the next update to give assurance to OQPC. RS agreed and explained this will form part of transformation programme and relationships between all system partners including Police and education have improved so RS confident in statutory duties being met as partnerships are more resilient than two years ago.</p>	
7.5	<p>Commissioning Policy for All Age Continuing Care</p> <p>DM explained that the paper is an updated version of the BNSSG ICB Commissioning Policy for All Age Continuing Care. The policy is being presented to the OQPC for discussion, and for the committee to recommend the policy for approval by ICB Board in line with the Scheme of Reservation and Delegation. The commissioning policy outlines the process by which the ICB will commission and provide equitable, safe and effective care, for individuals who have been assessed as eligible for NHS-funded care.</p> <p>NHS-funded care includes the following:</p> <ul style="list-style-type: none"> Packages of care arranged by the ICB under NHS Continuing Healthcare for adults ("CHC"). Packages of care arranged by the ICB under Children and Young People's Continuing Care ("CYPCC") (which in most cases will be jointly funded with the Local Authority who have separate responsibilities under the Children Act 1989); and Joint packages of care where an adult has an identified assessed health need that is beyond the power of the local authority to provide ("Joint Packages of Care"). <p>DM explained that the policy had not required substantial changes, but there are areas that have been revised to clarify the ICB's position, and several new sections have been added to address areas that were identified as missing from previous iterations of the policy. There are no direct financial implications from</p>	

	Item	Action
	<p>implementing this reviewed version of the commissioning policy. There are financial implications where the policy is not followed, potentially resulting in higher costs to the ICB, making effective implementation by the Funded Care Team essential. The policy has been informed by:</p> <ul style="list-style-type: none"> • Direct feedback provided by individuals in receipt of Funded Care and their families since the previous version of the policy was published. • Information gathered from Brokerage Team patient engagement process – which is an ongoing process the involves contacting all people in receipt of a domiciliary package of care within 2 weeks of the package commencing. • Outcome of investigations into complaints received by the Funded Care Team. • Analysis of care provider-related incidents reported on Datix. <p>RS added that local authorities and BNSSG ICB are under significant pressure and budgets are experiencing significant overspending and the reason for needing such a robust policy and clear committee and board oversight is to make sure that ICB have more contentious decisions about how the ICB use the resource in line with the Care Act in a safe and sustainable way. TW also commented regarding local authority funding, but DM gave assurance that the ICB is responsible for the whole cost of the individual's package of care and the policy is about having improved governance and consistency around decision making.</p> <p>ED asked about the high-cost panel and what are the processes to ensure the knock-on effect will not increase. DM explained that only in an exceptional circumstance's a CHC assessment would take place in a hospital which forms part of the D2A, the principle is that the patient should be medically stable and when discharged from hospital, there is a period, when the patient reaches their baseline, so shouldn't have any impact on the NCTR.</p> <p>Committee recommend Commissioning Policy for Individual Funded Care to BNSSG ICB BOARD.</p>	
8	Items for Information	
8.1	Healthcare Acquired Infection Group	
8.2	BNSSG System Quality Group Minutes	
8.3	Health and Care Professional Executive Minutes	
8.4	APMOC Minutes	
9	<p>AOB</p> <p>ED requested that an update regarding vaccination programme is added to OQPC agenda in January 2025.</p>	

	Item	Action
	<p>ED thanked JH for his commitment and service to the BNSSG population via his various role in the system.</p> <p>ACTION: JS to add vaccination programme update to forward planner for OQPC in January 2025</p>	
	<p>Review of Committee Effectiveness</p> <ul style="list-style-type: none"> • 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? <p>Has the meetings business contributed to the organisation's aims and objectives in terms of:</p> <ul style="list-style-type: none"> • Strategy • Planning • Governance • Were any of the items inappropriate for this committee? • Did the meeting receive the administrative support that it needed? 	
	<p>Meeting Dates 2025</p> <ul style="list-style-type: none"> • Thursday 30th January 2025 1300-1530 • 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
November 2024