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 Outcomes, Quality and Performance Committee

**Date: 27 May 2025**
**Time: 09:30 – 10:50**
**Location: Microsoft Teams**

| | | |
|---|---|---|
| **Agenda Number:** | 5.1 | |
| **Title:** | Quality Report – cover 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** | Yes |
| | **Other (Please state)** | No |
| **Purpose: Discussion & Information** | | |
| **Key Points for Discussion:** | | |

**Key emerging issues, achievements or risks since the last reporting period of the report**

**NHS Reforms**
The publication of the model ICB blueprint on 6 May 2025 as part of the forthcoming reform proposals and savings targets has significant implications for work areas within the current Quality domains of the ICB. An area proposed for adaption within ICBs is *quality management* within the commissioning cycle, while areas for a review of transfer to other organisations include *infection control, safeguarding, continuing healthcare*, and *oversight of provider performance* under the NHS performance assessment framework (*quality*, *finance, and operational*).

Following BNSSG ICB's submission of high-level plans (including the proposed clustering arrangement with Gloucestershire) by the end of May, more detailed plans will then be formulated as to how these functions (including others in the ICB) will work going forward. The awaited model region blueprint will assist with this process.

**Paediatric Hearing Services Improvement Programme: Report of a quality peer review visit to University Hospitals Bristol NHS Trust**

ICB quality colleagues and NHSE undertook a joint visit to the audiology department at UHBW in December 2025. The visit was undertaken as a national requirement of the Paediatric Hearing Services Improvement Programme.

Background - NHS England's NHSP and PHCO completed an analysis of data for every baby born in England from 2018-2021. This analysis found issues in a small number of NHS providers who had diagnosed significantly fewer babies with permanent childhood hearing impairment (PCHI) compared with the national average.

A peer review of these providers highlighted some common and systemic problems across the patient care pathway resulting in a series of recommendations. In 2023, NHSE established a National Paediatric Hearing Services Improvement Programme, to understand the potential scale across England. In August 2023, ICB Executive Teams were asked to work with Paediatric Hearing Services to provide information against each of the recommendations to support a review of the quality of services and to determine any risk of harm. The review highlighted potential areas of concern in most NHS providers.

University Hospitals Bristol NHS Foundation Trust was rated as an overall rating of moderate risk and a quality peer review visit by NHSE (with subject matter experts) and the ICB was then undertaken in December 2025.

The results of the visit were published in April 2025 and encouragingly there were positive observations and recommendations. NHSE are recommending a *de-escalation* from regional oversight with a suggestion that the site undertakes planning for UKAS accreditation and to illustrate clearly how they will work towards this goal. Additionally, the service provision gaps in Weston-Super-Mare should be reviewed. There was also a recommendation that the Trust reviews and embeds the DMO1 wait guidance into their audiology services.

**BNSSG Action Plan - The National Tuberculosis Review England: Implementation Framework**

In March 2025 the Tuberculosis National Report was published by the Getting It Right First Time Team at the Royal National Orthopaedic Hospital (RNOH/GIRFT). The report aims to reduce unwarranted variation in TB prevention and treatment services to ensure best outcomes for patients and to maximise the use of existing resources and assets. The GIRFT Team at NHSE and the Prevention Directorate in NHSE are meeting with all systems in England to discuss responsibilities in relation to the recommendations from the review; BNSSG ICB (with provider partners, UKHSA and LA public health teams) are meeting with the national team on 29 May.

As over half of all the SW regional cases of TB are in the Bristol area this will be an important work programme for the system going forward and agreement has already been reached to initiate a Bristol specific cohort review group quarterly to learn from local cases.

**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.

As explained in previous quality reports there has been a paucity of patient safety statistics available for systems across England while the new LFPSE reporting system has been embedded. However, it was announced on 19 May 2025 that on 12 June, patient safety event rates by NHS providers will be available as a first step (before community services information is available). It is anticipated that this will be accessible for our system by the next Quality Report, making it easier to discern themes and trends in patient safety information.

**System Quality Group updates (including National Quality Board escalation processes)**

The report details areas of work and oversight of the SQG in this reporting period, namely:

- Review of Healthier Together 2040 plans
- No criteria to reside and dynamic system risk assessment
- Feedback from CNO walkabouts
- Feedback from Temporary Escalation Spaces visits
- System risk register
- System Quality Impact Assessment Process
- Heart failure pathway
- Independent NHSE-commissioned review into mental health homicides investigations and oversight

Including updates on NQB quality and performance oversight

- AWP Trust (in enhanced surveillance)
- Vitae Health (stepped down from elevated into standard oversight)

**Infection prevention and management**

- **Influenza -** The influenza vaccination campaign concluded on 31st March 2025 and BNSSG and nationally performed moderately well (details in report)
- **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. Further work is being undertaken to understand age standardised infection figures in the system .

**Continuing Healthcare (CHC)**

28-day assessment performance for the quarter failed to meet the 80% target, achieving 74% for Q4. Multiple factors have contributed to this outcome, including short- and long-term sickness absence within the assessment team and capacity challenges with the Local Authorities to match the volume and pace of assessments. It is anticipated that performance will be recovered in Q1.

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. |

| | |
|---|---|
| **Author(s):** | Michael Richardson, Deputy Director of Nursing and Quality, BNSSG ICB |
| **Sponsoring Director / Clinical Lead / Lay Member:** | Rosi Shepherd, Chief Nursing Officer, BNSSG ICB |

# BNSSG ICB Quality Report

## May Report on Month 11/12 (February/March) 2025

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

### 1.1 System Quality Group (SQG) 18th February 2025 Areas of focus:

**Healthier Together 2040 Work**

The Long-Term Strategic Plan for BNSSG – Healthier Together 2040 was reviewed. The plan aims to create a sustainable health and care system that improves outcomes for everyone by addressing the needs of populations with declining healthy life expectancy today, and those at risk of experiencing similar challenges in the future.

Implementing:

- Integrated care in neighbourhoods
- The three shifts
- Innovation through partnerships

and providing alignment and clear shared purpose for all partners.

**No Criteria to Reside**

Recently, system pressures were discussed at gold level which resulted in a Rapid Quality Review meeting following a request by UHBW. System partners were requested to produce a Dynamic Risk Assessment for the system around the different pressures on the partners.

The NQB Principles for Assessing Managing Risks Across ICSs from the NHSE and National Quality Board in December 2024 was used to compile the risk assessment. A lot of the methodology comes from the learning achieved in our system.

The work is now being used to refresh the system Opel escalation frameworks, which will include the use of system dynamic risk assessment frameworks for escalation situations (such as no criteria to reside).

**Feedback from CNO walkabouts**

Colleagues have visited each other's sites to look at urgent care pathways and to see how they interconnect between partners.

Southmead, Sirona emergency care teams and an AWP inpatient unit were visited where opportunities for improvement were explored (and are now being enacted). The learning included observing how multiple teams working on the same aspects of work can sometimes have little connectedness with each other e.g. addressing quick access to

physical health support, speedy discharge, admission avoidance and attention to high intensity users.

There are opportunities for better integration which will make better use of our highly skilled workforce. There is also a need to re-profile services, so they are available at the right times as a lot of the admission avoidance schemes only operate from Monday to Friday, 9-5 whereas it is known that the highest usage is early evening.

Work is currently underway to review optimising the work of Transfer of Care (TOC) hubs.

### Visits to temporary escalation spaces (TES) / corridor care areas

Quality peer review visits have now occurred at all temporary escalation spaces (TES) at acute trust sites in the BNSSG system. Methodology from the NHSE (2024/5) "Principles for Providing Safe and Good Quality Care in Temporary Escalation Spaces" was used to provide a standardised assessment in all spaces. Boarding beds on wards were also reviewed.

The high-level key findings for all locations were that staff were carrying out safe care for patients, such as frequent risk assessments, appropriate triaging of suitable patients, and significant mitigations to improve the physical environment. However, while patient safety was an utmost priority it was acknowledged that at all sites there was a compromise to patient dignity and privacy. In addition, there was evidence of 'moral injury' in the workforce due to the need to care for patients in these often noisy and cramped environments. A key message from clinical colleagues was the need *not* to normalise this situation and to ensure that de-escalation to not using these spaces is as fast as escalation. High quality compassionate care was noted in all locations, as were good freedom to speak up processes and ratios of staff to patients.

Opportunities for further improvement for all locations has been fed back to the teams, where work is currently underway to address them.

## 1.2 System Quality Group (SQG) 18th March 2025
## Areas of focus:

### System Risk Register

The revised ICS Strategic Risk Register, signed off by the System Executive Team, was circulated to SQG members to review and discuss if any system risks had been omitted, or if any risks required amendment. This will continue to be an iterative process in the group.

### System Quality Impact Assessment Process

Within the context of the NHS being asked to improve performance whilst working with increasingly challenging budgets, agreement was reached to standardise impact assessment processes as much as possible so that they that can used across the system.

### Heart Failure Pathway

Background and update to improvement work.

The identification that echocardiogram waiting lists were not meeting the national DMO1 standard of 6 weeks led to a Rapid Quality Review being undertaken in line with National Quality Guidance. A suite of improvement opportunities have been identified including those that will deliver an integrated pathway that is NICE compliant. Working groups have been established to look at specific areas which has resulted in reduced waiting times to 4 weeks which is within the national standard for Echocardiogram. Harm reviews are underway. A broad stakeholder group (including VCSE) are working on a redesigned pathway which will reduce multiple entry points to the pathway, duplication and improve oversight on Remedy. A programme time- line has been developed to conclude the work within 6 months.

**Independent NHSE-commissioned review into mental health homicides investigations and oversight (AWP/BNSSG/BSW)**

Following a range of discussions and reviews of mental health homicide investigation reports, processes and systems with colleagues from Avon and Wiltshire Mental Health Partnership NHS Trust, BSW Integrated Care Board, BNSSG Integrated Care Board and NHSE SW, terms of reference have been agreed for an independent review into the processes and quality of these MHH investigations and subsequent review by the ICBs and NHSE. The learning is anticipated to be disseminated nationally.

## 1.3 National Quality Board Escalation Process Updates

**Avon & Wiltshire Mental Health Partnership NHS Trust**

AWP remains under enhanced surveillance and the enhanced contractual quality oversight meetings continue. 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. Themes and trends within the Fromeside independent report and Riverside independent peer review have been collated with other information to date, and a draft Well-Led CQC report is currently being fact checked by the Trust. When this is completed, further triangulation will occur to ensure all areas of improvement work are being addressed.

**Vita Health**

Due to good progress on improvement work to address the Talking Therapies waiting list and safety netting processes, the provider has now stepped down from Elevated Oversight to Standard Oversight (as per the ICB's Quality Management System).

**GPCA (General Practice Collective Action)**

An oversight of the risks relating to GPCA was reviewed at the SQG; these are being managed through the GPCA multi-agency system group.

# 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.

### Learning from Patient Safety Events (LFPSE) national reporting system

As explained in previous quality reports there has been a paucity of patient safety statistics available for systems across England while the new LFPSE reporting system has been embedded.

However, on 12 June 2025, patient safety event rates by NHS providers, using bed days as a proxy to standardise overall activity will be available as a first step (before community services information is available). It is anticipated that this will be accessible for our system by the next Quality Report, making it easier to discern themes and trends in patient safety information.

### Central Alerting System (CAS)

Sirona and UHBW have a CAS alert that remain open beyond the action deadline.

UHBW's alert involves the transition to NRFit connectors (these are new standard connectors for intrathecal, epidural and regional anaesthesia procedures). The Trust is working through NHS supply chain to meet the standards of this new alert as soon as possible. Clinical mitigations are currently in place and the situation is being monitored and reviewed by the medical devices equipment group.

Sirona's alert involves some bed rails carrying the risk of entrapment. Mitigations are in place while these are being replaced, and progress is being reviewed at Sirona's Quality and Outcomes Committee.

### Connecting Care

A patient safety issue has currently been identified whereby the Connecting Care system does not always show patient allergy status in the correct interfaces for clinicians. Mitigations are in place while work is under way with the digital and medicines teams to address the issue quickly.

### Provider Patient Safety - selected partners

NBT and UHBW have developed a combined Integrated Quality and Performance Report. This is a new format for both Trusts to align the data that is published using patient first methodology and is exception focused.

## North Bristol NHS Trust (NBT)

| NBT | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 |
|---|---|---|---|---|---|
| Never Event | 0 | 0 | 0 | 2 | 0 |
| Commissioned PSII | 0 | 1 | 2 | 2 | 1 |
| VTE Risk Assessment Completion (trajectory 95%) | 92.53% | 91.62% | 91.75% | 91.6% | - |
| Pressure Injuries per 1,000 Bed days | | | | 0.2 | 0.3 |
| Falls per 1,000 bed days | 5.32 | 5.90 | 5.50 | 6.98 | 7.2 |

- **Inpatient falls** – Patient falls saw a 30% rise, with 54 additional incidents. Five falls were classified as moderate or severe harm; learning responses are being undertaken. Completed reports show actions to take forward learning around accuracy of documentation including risk assessment and clerking information.
- **Pressure damage** –NBT have stabilised the number of pressure damage incidents as well as reducing the severity. The Tissue Viability Matron received a highly commended award at a national wound conference for sharing the recent work undertaken to address this area.
- **VTE risk assessments** – VTE risk assessment completion has been static for the past three months. There has been a successful roll out of the VTE digital assessment. NBT are working towards improving compliance with regular audit, teaching and reminders. In September 2025, completion of the VTE risk assessment will become a 'must do' input measure when the digital prescribing module is initiated. It is projected that this will improve compliance significantly.

## University Hospital Bristol and Weston (UHBW)

| **UHBW** | **Oct-24** | **Nov-24** | **Dec-24** | **Jan-25** | **Feb-25** |
|---|---|---|---|---|---|
| **Never Event** | 0 | 0 | 0 | 0 | 0 |
| **Commissioned PSII** | 1 | 0 | 2 | 0 | 0 |
| **VTE Risk Assessment Completion (trajectory 90%)** | 75.7% | 75.5% | 74.5% | 76.1% | 74.3% |
| **Pressure Injuries per 1,000 Beddays** | | | | 0.1 | 0.2 |
| **Falls per 1,000 bed days (target 4.8)** | 5.0 | 3.9 | 4.9 | 5.5 | 4.4 |
| **Falls resulting in harm** | 5 | 7 | 11 | 4 | 4 |

- **Inpatient falls** – Themes relating to falls include staffing issues for patients requiring enhanced care observations, nighttime toileting, incorrect footwear and brakes not being applied to equipment. Teams are focusing on completion of dynamic risk

assessments, ensuring availability of appropriate aids and equipment, patient education around call bells, SWARM huddle compliance and reviewing the outlier cover SOP.

- **Pressure damage –** Performance is improving, and Tissue Viability Nurses (TVN) are completing a monthly audit which reviews the documentation. The TVNs have also recruited TVN champions on the wards, it is hoped this measure will support in identifying pressure damage earlier.
- **VTE Risk Assessment** – CareFlow Medicines Management is due to launch in May 2025, initially in Weston and then across to UHBW. This includes a mandated VTE risk assessment completion for all areas which are not acute admissions, or where VTE assessment is completed on a different system. UHBW anticipate that this should significantly increase compliance with risk assessments. Monthly audits are undertaken to look at prescribing of VTE prophylaxis. These evidence that our current prescribing where a risk assessment is available is compliant with this risk assessment 95-100% of the time and where there is no evidence of a risk assessment 90% of patients still have VTE prophylaxis prescribed.

### Children's Hospice Southwest (CHCW)-Charlton Farm

Quarter 3-October November December 2024

Incidents

| Medicines | Medical Equipment | Documentation | Tissue Viability | Infection Control | Nutrition | Other | Controlled Drugs |
|---|---|---|---|---|---|---|---|
| 11 | 1 | 2 | 1 | 1 | 0 | 1 | 3 |

The CHCW report covers three hospices; there were no severe incidents. There was 1 externally reportable which related to a faulty pad on a defibrillator at Little Harbour, when a visitor became unwell. It was not needed, as an alternative machine. Themes and learning for their incidents have focussed on clinical care delivery (emergency equipment checks, medication cabinet keys), and medication (administration, documentation, preparation and storage).

There were 55 compliments and 1 formal complaint across the 3 hospices in this period.

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

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

#### Influenza

The winter vaccination workstream has been overseen by the system wide Vaccination Clinical Delivery Group. Work to support engagement with vaccination has included a range of targeted communications as well as data led projects to improve the uptake of flu

vaccinations. BNSSG ICB offered BNSSG primary care networks (PCNs) additional funding to run additional flu clinics in the final months of the campaign for at-risk cohorts. This work was co-ordinated through One Care. This extra focus was in response to the winter system pressures; learning from these clinics will be taken forward into 2025/26.

The influenza vaccination campaign for 2024/25 ended on 31st March 2025 and nationally, the South West region performed well in relation to flu vaccination delivery with uptake rates in the BNSSG area as of February 2025 as follows:

| | Flu Vaccination uptake rate (%) | | | |
|---|---|---|---|---|
| | **England February 2025** | **South West February 2025** | **BNSSG February 2025** | **BNSSG February 2024** |
| Patients aged 65 years and over | 74.9% | 79.4% | 80.2% | 81.8% |
| Patients aged under 65 years and classified as clinically at risk | 40.0% | 45.8% | 46.8% | 46.0% |
| All Pregnant women | 35.0% | 41.5% | 42.2% | 33.5% |
| All children aged 2 years | 41.7% | 49.7% | 49.6% | 52.5% |
| All children aged 3 years | 43.5% | 50.8% | 52.0% | 52.0% |

Local providers have been encouraging staff to come forward with various initiatives and incentives. Data up to the end of February 2025 shows the uptake in frontline health care workers below. AWP will be shared at the next reporting period.

| **Organisation** | **Front Line Healthcare workers with Direct Patient Care vaccinated with influenza vaccine up to end of Feb 2025** | **Front Line Healthcare workers with Direct Patient Care vaccinated with influenza vaccine up to end of Feb 2024** |
|---|---|---|
| North Bristol Trust | 51.6% | 51.3% |
| University Hospital Bristol and Weston Foundation Trust | 45.5% | 48.2% |
| Sirona Healthcare | 65.7% | 74.2% |

A review of the activities and learning in the 24/25 Flu season will be undertaken and improvement plans made for the 25/26 season to try and improve uptake.

### Measles

There have been no new confirmed case(s) and 1 new probable case(s) in the BNSSG cluster with a total of 104 cases as at March 2025. All trusts are responding to cases and exposures promptly. System IPC response pathways (SIRPs) developed with system partners to build on learning from infection threats where a dynamic system co-ordination and collaboration is required to respond, were implemented and revised in March/April 2025. The aim is to maximise time and response by providing clear signposting for responsibilities and co-ordination and reduce duplication of effort.

### Healthcare Associated Infections

Most BNSSG HCAIs continue to breach NHSE set thresholds except for Klebsiella species. In terms of benchmarking despite these increases BNSSG compares relatively favourably against the other six systems in the South West region, however this is not a reason to be complacent, and workstreams and learning continue under the governance of the BNSSG multi-agency system HCAI group.

Work is currently underway to understand more fully age standardised rates of infections in BNSSG, further analysis will be provided in the next reporting period.

| Rates per 100k | South West Position | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | BSW | BNSSG | Devon | Dorset | Glos | Kernow | Somerset | SW | England | BNSSG |
| C. diff | 29.78 | 32.90 | 38.95 | 39.80 | 27.18 | 50.02 | 36.36 | 36.03 | 30.82 | 3 |
| E. coli | 59.05 | 62.39 | 83.87 | 81.91 | 35.31 | 80.43 | 88.47 | 70.41 | 70.91 | 3 |
| MRSA | 1.02 | 4.06 | 2.04 | 3.05 | 1.03 | 0.33 | 1.34 | 2.01 | 1.73 | 7 |
| MSSA | 20.70 | 20.51 | 30.23 | 30.40 | 15.51 | 26.75 | 30.83 | 25.04 | 22.42 | 2 |
| Pseud A | 7.55 | 6.14 | 5.34 | 7.45 | 2.81 | 6.31 | 7.20 | 6.13 | 7.27 | 3 |
| Kleb spp | 18.66 | 17.49 | 21.83 | 25.64 | 10.05 | 20.61 | 25.13 | 19.95 | 21.84 | 2 |

**Clostridioides difficile (*C. difficile*)** - cases in BNSSG peaked in September 2024 and the burden of infection appears to be reducing. Learning from reviews of community onset cases for all age/all gender from Oct 2024-March 2025 is imminent. There will be a deep dive focus at the next quarterly system multi-agency HCAI meeting.

**MRSA bacteraemia** - For MRSA community onset cases, BNSSG conducted an annual retrospective MRSA Community Onset review for 2023/24 with initial learning identifying that people who inject drugs (PWID) may be a cohort requiring intensive support as Intravenous Drug Users (IVDU). Largely based in the Bristol area of varying age and gender, people were identified having potential health inequality in terms of MRSA infection burden. BNSSG plans to complete the next retrospective annual review of 2024/25 MRSA community onset data in May 2025. This will support learning for the partnership working with Bristol Drugs Project (BDP) and local authority colleagues in focusing on intravenous drug users IVDU high risk population within Bristol. A targeted intervention including a task

and finish group led by partner organisations/local authority to look at effective supportive interventions is currently underway.

## 4. Funded Care

### Adult Continuing Healthcare (CHC)

The adult CHC caseload was 517 at the end of March, continuing the gradual decrease from a high of 543 in July 2024.

28-day assessment performance for the quarter failed to meet the 80% target, achieving 74% for Q4. Multiple factors have contributed to this outcome, including short- and long-term sickness absence within the assessment team, capacity challenges with the Local Authorities to match the volume and pace of assessments, and internal process issues.

Internal process issues have been addressed to tighten up on the timing and scheduling of assessments and to increase the speed of decision ratification. Work is ongoing with the LAs to identify ways in which the Funded Care Team can support and reduce delays in decision making. It is anticipated that performance will be recovered in Q1.

### 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.

The outsourcing of CHC assessments for those no longer Fast Track eligible has run for 3 months and is delivering a reduction in the Fast Track caseload. The number of patients on the caseload funded over 12 weeks has reduced by 55%.

There were 249 active Fast Track cases at the end of March. A further 99 cases are in the process of having their CHC assessment completed, with the majority expected to be found ineligible for any NHS funding.

There are concurrent continuing actions to support the FT service, these include ongoing in-reach to two of the acute hospitals, which has supported a decrease in delays to FT referrals and positively impacted on hospital flow.

### 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.

The Funded Care Team has reviewed its approach to FNC eligibility decision making, applying increased scrutiny to referrals to ensure that funding is only approved in cases that are compliant with the National Framework for CHC and FNC. The impact of this work has been a gradual reduction in the number of newly eligible cases for FNC from January 2025 onwards.

The FNC caseload decreased to 2391 at the end of March from a high of 2481 in December (Bristol down 3.6%, South Glos down 5.5% and NS down 1.7%). Up until 3 months ago the FNC caseload had been rising a steady growth rate of 0.6% per month. It is

now dropping at an average of 1.2% per month. Estimated impact of £1.2m reduction in FNC spend.

## Keyworker Team

The main aim of the Keyworker Service is to ensure that Children and Young People with Learning Disabilities and Autism who are most at risk of admission to a Tier 4 hospital placement get timely support to try and avoid admission. The Keyworkers work in collaboration with other core services e.g. Social Care, CAMHS, Education etc.

A high-level estimation of the multi-agency approach to this group of children and young people delivered a system saving of c.£2.5m in avoided admissions in 2024-25. The Funded Care Team is exploring health economist support via the ICB's research team to build a quality - health economic analysis of this area of work.

Additionally, the non-financial impact can be seen through improved outcomes including quality of life, community access, engagement in education for these children, which is noted in regular feedback from children and families. The system challenge is the lack of Dynamic Support Register to track at risk children and young people, which when implemented, will allow the team to have a wider impact through the increased visibility of those at risk.

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

## May 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 | Mar 25 | Count | 65 | ✓ 0 | | -30 | -100 | NA | 0 | -65 | - | - |
| RTT waiting list | Acute Total | Mar 25 | Count | 104,408 | ✓ 97,892 | | 1160 | 1.20 | NA | 97,892 | -6,516 | - | - |
| ERF Achievement % | ICB | Sep 24 | % | 101.5 | ✓ 113.11 | | 0.01 | 0.01 | - | 113 | 11 | - | - |
| Specific acute elective spells | Acute Total | Apr 25 | Count | 14,416 | ✗ 14,256 | | -620 | -4.17 | NA | 14,256 | -160 | - | - |
| Consultant-led first outpatient attendances | Acute Total | Mar 25 | Count | 25,382 | ✓ 26,227 | | 1337 | 5.37 | NA | 318,584 | 9,266 | - | - |
| Consultant-led follow-up outpatient attendances | Acute Total | Mar 25 | Count | 53,852 | ✓ 64,504 | | 1983 | 3.17 | NA | 778,216 | 118,898 | - | - |
| Diagnostic tests % < 6 weeks | Acute Total | Mar 25 | % | 95 | ✗ 91 | | -1 | -1.04 | 1,031 | 91 | -4 | - | - |
| Cancer 28 day FDS | Acute Total | Mar 25 | % | 77.01 | ✓ 81.06 | | 0 | 0.31 | - | 77 | 0 | - | - |
| Cancer 62 day combined | Acute Total | Mar 25 | % | 70.02 | ✗ 68.77 | | 4 | 5.39 | 7 | 69 | -1 | - | - |
| **Urgent and Emergency Care** | | | | | | | | | | | | | |
| Urgent Community Reponse referrals | ICB | Apr 25 | Count | 1,394 | ✓ 2,530 | | -144 | -5.39 | NA | 2,530 | 1,135 | - | - |
| Mean Cat 2 Ambulance Response | ICB | Apr 25 | Minutes | 30 | ✗ 32 | Worse | 0 | 0.93 | NA | 32 | 2 | - | 2 / 7 |
| Average ambulance handover duration | ICB | Apr 25 | Minutes | 40 | ✗ 45 | | 7 | 16.77 | NA | 45 | - | - | 3 / 7 |
| A&E 4 hour Performance (Footprint ) | ICB | Apr 25 | % | 73.21 | ✓ 73.23 | Worse | 0 | -0.37 | - | 73 | 0 | 25 / 42 | 4 / 7 |
| % Beds occupied by NCTR patients | ICB | Apr 25 | % | | 22.53 | Worse | 0 | -1.92 | NA | 23 | - | 40 / 42 | 6 / 7 |
| % G&A beds occupied | ICB | Apr 25 | % | | 94.7 | | 0 | 0.00 | NA | 95 | - | 31 / 42 | 6 / 7 |
| Virtual ward occupancy | ICB | Apr 25 | % | 75.33 | ✗ 67.3 | Worse | -1 | -0.74 | 14 | 67 | -8 | 27 / 42 | 4 / 7 |

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 | Mar 25 | % | 97.83 | ✗ 94.94 | | -3.92 | -3.97 | 5 | 97 | -1 | - | - |
| Community waiting list 52+ weeks | ICB | Mar 25 | Count | 5,507 | ✓ 4,409 | | 77 | 1.78 | NA | 4,409 | -1098 | - | - |
| Community waiting list | ICB | Mar 25 | Count | NA | 27,107 | | 641 | 2.42 | NA | 27,107 | - | - | - |
| **Mental Health** | | | | | | | | | | | | | |
| Access to Perinatal Services (Rolling 12m) | ICB | Mar 25 | Count | 1,164 | ✓ 1,505 | | 25 | 1.69 | NA | 1,505 | 341 | - | - |
| Talking Therapies Reliable Improvement Rate | ICB | Mar 25 | % | 69 | ✓ 71 | | 3 | 4.41 | - | 71 | 2 | - | - |
| Talking Therapies Reliable Recovery Rate | ICB | Mar 25 | % | 50 | ✗ 48.5 | | 0 | 0.33 | 13 | 50 | 0 | - | - |
| Inappropriate OAP Placements (BNSSG) | ICB | Apr 25 | Count | 5 | ✓ 2 | | 0 | 0 | NA | 2 | -3 | - | - |
| Access to Transformed CMH Services for Adults and Older Adults | ICB | Mar 25 | Count | 6,497 | ✓ 9,305 | | 135 | 1.47 | NA | 9,305 | 2,808 | - | - |
| Dementia Diagnosis Rate | ICB | Mar 25 | % | 68.4 | ✓ 70.3 | Better | 0.0 | -0.57 | - | 70 | 2 | 5 / 42 | 1 / 7 |
| **Childrens** | | | | | | | | | | | | | |
| CYPMH Access (Rolling 12m) | ICB | Mar 25 | Count | 12,006 | ✗ 9,350 | | -105 | -1.11 | NA | 9,350 | -2,656 | - | - |
| RTT waits 52+ weeks - Childrens | Acute Total | Apr 25 | Count | 380 | ✓ 355 | | 69 | 24.13 | NA | 355 | -25 | - | - |
| Community waiting list - CYP | ICB | Mar 25 | Count | NA | 8,849 | | 192 | 2.22 | NA | 8,849 | - | - | - |
| Community waiting list 52+ weeks - CYP | ICB | Mar 25 | Count | 5,507 | ✓ 4,404 | | 74 | 1.71 | NA | 4,404 | -1,103 | - | - |
| Specific acute elective spells - Childrens | Acute Total | Apr 25 | Count | | 1,359 | | 119 | 9.60 | NA | 1,359 | - | - | - |

Better than previous period  Worse than pervious period

Bristol, North Somerset and South Gloucestershire
Integrated Care Board

# BNSSG Outcomes, Quality and Performance Committee

**Minutes of the meeting held on Tuesday 25th March 2025 0930-1230 - TEAMS**

## 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 |
| Dr Jacob Lee 0945 | Chair of General Practice Collaborative Board | JH |
| Jackey Hayden | Non-Executive Director, Sirona Care & Health | JH |
| Sarah Weld | Director of Public Health, SGC | SW |
| Jeff Farrar 0930-1100 | Chair, BNSSG ICB | JF |
| **In attendance** | | |
| Debbie Campbell | Chief Pharmacist & Director of Medicine Optimisation, BNSSG ICB | DC |
| Paul Roy<br>Agenda Item 5.0 | Associate Director of Research, BNSSG ICB | PR |
| Denise Moorhouse<br>Agenda Item 5.1 & 5.2 | Deputy Chief Nursing Officer, BNSSG ICB | DM |
| Faye Kamara<br>Agenda Item 5.4 | Head of Safeguarding, BNSSG ICB | FK |
| Dr James Eldred<br>Agenda Item 6.1 | Consultant Psychiatrist. AWP. | JE |
| Andy Clark<br>Agenda Item 7.1 | Operational Director, NBT | AC |
| Philip Clatworthy<br>Agenda Item 7.1 | Consultant Stroke Neurologist, NBT | PC |
| Greg Penlinton<br>Agenda Item 7.2 | Head of Urgent & Emergency Care, BNSSG ICB | GP |
| Kate Lavington<br>Agenda Item 7.3 | Head of Design – Transformation Hub, BNSSG ICB | KL |
| Dan Knight<br>Agenda Item 7.3 | Design Lead – Transformation Hub, BNSSG ICB | DK |
| Viv Harrison<br>Agenda Item 7.5 | Consultant in Public Health Medicine – Population Health | VH |
| Jodie Stephens (Minutes) | Executive PA, BNSSG ICB | JS |
| Peter Dixon (Observing) | Executive PA, BNSSG ICB | PD |
| **Apologies** | | |
| Shane Devlin | Chief Executive, BNSSG ICB | SD |
| Sue Balcombe | Non-Executive Director, UHBW | SB |

| | | |
|---|---|---|
| Aishah Farooq | Non-Executive Director BNSSG ICB | AF |
| Hugh Evans | Executive Director, Adults and Communities BCC | HE |
| Joanne Medhurst | Chief Medical Officer, BNSSG ICB | JM |

| | Item | Action |
|---|---|---|
| **1.** | **Welcome and Apologies**<br>ED welcomed attendees to the meeting and apologies were noted as above.<br><br>ED expressed gratitude for the attendance and contributions of the participants, particularly acknowledging the challenging work of system partners and the executive team in preparing the meeting papers.<br><br>JF highlighted the ongoing national conversations regarding the role and structure of integrated care boards (ICBs). JF mentioned that there is a flurry of activity and proposals, but clarity from the government is needed. JF praised the positive progress made by BNSSG, despite challenges faced by other regions. | |
| **2.** | **Declarations of Interest**<br><br>No new declarations or corrections were noted. | |
| **3.** | **Minutes of January 2025 committee**<br><br>Committee members approved January minutes. | |
| **4.** | **Committee Action Log**<br><br>The action log was updated with committee members and to be circulated with the minutes. | |
| **5**<br><br>**5.1** | **Chief Medical and Chief Nursing Officer Update.**<br><br>**Quality Report**<br>DM informed the committee that the system risk register focusing on whether the risk register links across to the risks reviewed through SQG. Risk to patients in the community has been identified and efforts are being made to understand how this risk can be described and measured. Additionally, DM noted the digital risk related to connectivity across the system, which presents challenges for frontline clinicians. DM also mentioned latest news regarding NHS cost changes but clarified that it remains business as usual in terms of team focus and attention.<br><br>DM explained that a report from the RCN was released regarding corridor care which focused on the risks around patient safety and dignity of care in temporary escalation spaces. MR has conducted reviews in UHBW and NBT and provided feedback to the Trusts and is able to assure that colleagues are doing as much | |

| | Item | Action |
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| | as they can to make sure that care is safe and dignified but are aware it is not an ideal environment.<br><br>DM stated ongoing work is taking place regarding dynamic risk assessment. The dynamic risk assessment was developed to assist with further decision making when the system is in significant pressure, what actions may need to be taken.<br><br>Extensive improvement work addressing the waiting list for talking therapies regarding improving triage. The provider has been deescalated from an elevated oversight to standard oversight due to the conversations and the assurance that has been sought from Vita Health.<br><br>AM questioned the privacy and dignity of the patients receiving corridor care and stated the focus must be patient outcomes. AM highlighted the dynamic risk register and if Gold needs urgent advice the process takes two week and that is too long.<br><br>RS explained that Kieran Flangan UHBW and Keith Robertson BNSSG ICB are leading on the system work regarding Sentinel App and linking in with evidence and information which is happening now. RS and AM agreed that outcomes element needs to be built into system thinking. JH and JL highlighted the important of understanding live risk as influences clinicians' decision making. RS highlighted that conversations are taking place in the system regarding funding which would be needed to progress the work.<br><br>AM noted to committee, patients being admitted to hospital with flu has risen and reviewing flu vaccinations data within the quality report, the frontline staff and BNSSG flu vaccine population uptake is extremely low. SW will also link in with social care staff within local government regarding flu vaccination planning. DC explained improvement discussions taking place within weekly system vaccination group regarding uptake. DC explained issues with triangulating data for information governance reasons and after suggestions from committee, DC will link in with Deborah El-Sayed, Chief Digital Officer at BNSSG ICB and DC will then provide update within Winter Planning/vaccination report to be discussed at July's OQPC. | |
| **5.2** | **Heart Failure Pathway Update**<br>DM reminded committee that a rapid quality review was established due to the concern raised around the wait times for echocardiogram, which is a way of diagnosing and monitoring heart failure in the community. A system workshop took place and at that point discovered several areas to improve the heart failure pathway. The work has taken place within the Quality Improvement Group which reports into the BNSSG System Quality Group and there are three work streams | |

| | Item | Action |
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| | looking at specific areas. A six-month programme of improvement has been extended due to mutual aid which gives the time frame to deliver the improved outcomes and pathway.DM updated that echo wait times are down to four weeks, which is within standard.<br><br>ED questioned the six month wait for the improvement programme? Are BNSSG an outlier? Do ICB understand why there is no clinical leadership?<br>If so, has it been identified how and when that clinical leadership is going to be in place? The twenty individuals there were mentioned regarding harm. What was the scale of the harm? AM asked DM what tiggered the review if the Heart Failure pathway?<br><br>DM stated waiting times for echocardiograms triggered the review and the opportunity to optimise the mutual aid which has now delivered the upturn to the four week wait. DM has already contacted GP's and consultant regarding harm reviews so that learning can be fed into the emerging pathway. Re clinical leadership DM reflected that the improvement work design oversight and governance such that clinical leadership is retained in the future. DM also explained that heart failure is a national problem and BNSSG are not an outliner.<br><br>DM asked what committee members would require in terms of current Heart Failure updates?<br><br>**Group discussed and agreed that future updates would be through the quality report and then once appropriate a closure report will be presented to OPQC.** | |
| **5.3** | **HCAI Annual Report**<br>RS explained that the HCAI report showed changes in national trends and that Southwest is an outlier for MRSA. AM highlighted that not one of 23/24 objectives were met so recommended that 24/25 objectives were set out which can be met and achieved. SW reminded the committee to consider Flu, Norovirus, and Covid. JH mentioned that during covid, frequent hand washing was emphasized and suggested if additional hand washing campaigns should be implemented. DC confirmed to committee that hand washing campaigns are being conducted across various organisations. JL highlighted that general practice is relatively unsighted on this topic, so data regarding patients who have got known infections could be improved and could look at systems who have lowest rates and review what is does differently in terms of governance structures. Committee agreed that HCAI data will be reported quarterly to OQPC with a focus on MRSA which includes linking in with systems with high MRSA rates. | |
| **5.4** | **BNSSG Safeguarding Policies.** | |

| | Item | Action |
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| | RS explained that the BNSSG Safeguarding policies have been through internal processes and have come to OQPC for final sign off as a subcommittee of BNSSG ICB Board. AM asked FK to clarify the primary care aspect and if includes pharmacy, optometry and dentistry. FK clarified the current position which was supporting general practices. FK has started conversations with NHS England and the SW commissioning Hub around POD to better understand NHSE POD services across the region. ED asked FK how the policies are going to be implemented. FK stated the Safeguarding team at BNSSG ICB will have a slot at Have We Got News For You, the weekly ICB staff meeting which we highlight the statutory mandatory training. FK will also highlight at the CNO Directorate meeting and the ICB staff newsletter The Voice.<br><br>**OQPC approved the following policies:**<br>**BNSSG ICB Safeguarding Adults Policy**<br>**BNSSG ICB Safeguarding Children Policy**<br>**BNSSG ICB Children in Care and Care Leavers Policy**<br>**BNSSG ICB Safeguarding Supervision Policy**<br><br>**Q3 Safeguarding report**<br>RS mentioned that two significant child safeguarding practice reviews are to be published in the next few days and will highlight learning around system working. RS asked if the findings of these reviews should be added to this OQPC forward planner or go straight into a board seminar session for discussion. JF replied due to the different cohorts of people at BNSSG ICB Board would be better if discussed in that setting. FK highlighted the Q3 Safeguarding report to committee members which covered data from October to December 2024 but gave reassurance that any pressing matters, committee would be updated at that current time. FK stated that a new battle rhythm has been developed which will enable Q4 Safeguarding report to be presented at May's OQPC.<br><br>**BNSSG ICB Research Strategy**<br>PR explained the ICB research strategy's 2025-28 aim is health and care research that makes a difference to those who need it most. The strategy has been co-developed with partners across various primary and community health and care organisations, university and members of BNSSG community. The strategy details five strategic pillars that will drive improvements to already successful research activities, bringing research into the everyday working of the ICS with benefits to the system, workforce, and to the BNSSG population with the greatest needs. Following discussion within the above agenda items, PR will link in FK, infection & prevention teams and Sirona to research funding which is available. SW highlighted that South Gloucestershire and North Somerset have | |

| | Item | Action |
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| | recently recruited a Research Practitioner so will link PR so can bring system together further.<br><br>ED thanks PR for attending and will speak with JM regarding attending future OQPC so links can be made as add huge value.<br><br>**OQPC approved BNSSG ICB Research Strategy.**<br><br>**ACTION: DC to link with Deborah El-Sayed, Chief Digital Officer at BNSSG ICB to discuss data sharing issues regarding Flu vaccinations. DC will provide data sharing update within Winter Planning/vaccination report to be discussed at July's OQPC.**<br><br>**ACTION: HCAI data to be reported quarterly to OQPC with a MRSA focus which includes linking in with systems with high MRSA rates.** | |
| **6**<br><br><br><br><br><br>**6.1** | **System Performance Update**<br><br>• **Assurance and oversight of system performance governance as reviewed by System Executive Group.**<br><br>• **Out of area Mental Health placements assurances – Dr James Eldred, Consultant Psychiatrist AWP.**<br><br>JE explained currently works in inner city Bristol and with AWP looking at performance and service delivery for the acute mental health pathway. JE highlighted that all areas relating to acute flow and the impact of flow are not moving as AWP wanted which then causes issues and effects performance reporting including increase in out of area and out of trust bed use with associated quality and cost implications. JE explained colleagues are working hard to improve patient and staff experience.<br><br>JE presented slides highlighting the following actions which had been implemented:<br>• Transfer of Care Hubs (TOC) are now in place and will focus on all aspects of flow.<br>• TOC Hub office is located centrally, ensuring integration between community and inpatients.<br>• Three band seven tactical leads have been recruited and have started their roles within the TOC hub.<br>• Review of the BNSSG out of area service users with new tactical leads.<br>• Review of high intensity users and impact on the system.<br>• Analysis of longest lengths of stay through the TOC hub.<br>• Deep dive into the twenty most frequent faces with the longest lengths of stay through the TOC hub lead.<br>• Recruitment of TOC hub Service Manager 8A team leaders. | |

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| | JE explained the improved pathways work which directly links into forensic services and the work which has taken place with the home treatment team packages. Mental Health Act assessment has improved significantly over the past couple of months, JE commented this was due to other areas of work which is taking place. The mental health discharge case is a £1.3 million investment which is to provide individualized care packages for approximately twenty people who currently are stranded on wards.<br><br>DJ thanked JE for attending and explaining the improvement works that are currently taking place at AWP to give committee members assurance of the level of focus and scrutiny within AWP. | |
| 7 | **Items for Discussion** | |
| **7.1** | **Stroke Outcomes**<br><br>• **Mitigations/Patient Impact**<br><br>AC and PC attended OQPC to give an oversight of the stroke pathway and presented the following data:<br>• Demand into NBT against DMBC assumption – Decision Making Business Case<br>• Demand of SSARU (Stroke Sub Acute Rehab Units) against DMBC assumption<br>• Impact on NBT occupancy - NCTR impact and breakdown and Length of stay (CTR v NCTR)<br>• Impact on system NCTR position<br>• Clinical Impact<br>• Required capacity to address.<br><br>AC and PC concluded that admissions into acute stroke are at the level planned for from Decision Making Business Case DMBC. The level of NCTR in stroke takes the acute occupancy to consistently 40% above what was planned for. The level of discharges to the SSARUs (Stroke Sub Acute Rehab Units) are not at the level assumed in the DMBC. The largest category of NCTR patients in acute beds are those awaiting to go to SSARU and the number is increasing. There has been a deterioration in quality of care because of the increased NCTR, this will result in patient harm, potentially catastrophic. It would take seven additional beds being commissioned for a month to deescalate to a safe position. Differential access to adult social care in N Som 58.2 days whilst NBT is 42.4 days. NBT will send daily sit reps on the risk within acute stroke to system leaders to ensure the risk is communicated and mitigations can be monitored for their impact.<br><br>DJ confirmed that stroke pathway work is being focused at POM, PEM and Urgent Emergency Care ODG. ED highlighting the NCTR challenges as subject matter has been an area of focus for OQPC for two years. AM asked as a system is BNSSG confident that all is being done to stop strokes as much as possible from happening. RS highlighted the Long-Term Conditions ODG which | |

| | Item | Action |
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| | has been set up for the system to commence prevention work including cardiovascular disease. DC explained would link in further with PC and AC regarding cardiovascular medication targets and atrial fibrillation data.<br><br>ED thanked PC and AC for attending OQPC. | |
| **7.2** | **Acute and Community Beds**<br><br>• **NCTR P0 to P3 progress update**<br><br>GP informed OQPC about the D2A programme, the planned approach and outlined the overarching process, including the Pathway 1 process map, Pathway 1/2/3 cycle times, potential areas for improvement, and subsequent steps. GP explained the previous approach of D2A programme has focussed on financial and bed day savings which were set as targets for the programme. The programme has released significant acute bed days (evidenced as two hundred beds equivalent, which has mitigated acute growth) but it has not sufficiently addressed community length of stay variance and opportunities for improvement. Furthermore, the programme did not have in scope non-D2A related delays, which now account for over half of acute NCTR delays. GP explained the need to overlay the 15% NCTR ambition and 'solve' for this, rather than to focus purely on opportunities for community bed reductions relating to D2A, this would include what capacity and what rate of flow is required across the full range of complex discharge pathways to realise 15% NCTR? GP recognised the pre-existing system bed modelling requires refreshing with the latest NCTR position following winter.<br><br>GP explained the next steps were to finish work regarding:<br>• P3 cycle times complete but was awaiting SGC and NSC data.<br>• P2 cycle times draft shared, awaiting final Sirona approval.<br>• P1 cycle times– subject to workshop 25th March, also to address P0+ opportunity.<br>• Collate and review improvement plans and actions that would improve BNSSG cycle times.<br>• Aggregate BNSSG improved cycle times and compare to length of stay benchmarking; agree our ambition for length of stay as part of the operational plan.<br>• Using agreed length of stay targets, identify any risks/ gaps against 15% NCTR ambition e.g. further demand management, or community capacity.<br><br>ED appreciated the work which is in progress and thanked GP for attending OQPC. ED asked GP to identify the most beneficial ongoing work. GP replied length of stay targets being met as would achieve faster flow and that would be the greatest contribution. SW asked if there was an opportunity to shift resource into VCSE and has there been any evidence base outcomes. GP replied that the program team has been leading the engagement with the VCSE and is a low-cost intervention. AM asked if all partners are working together to achieve targets and what will hinder this piece of work happening? GP reported that | |

| | Item | Action |
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| | there has been good engagement from all partners and that targets have been met in specific local authority areas during certain months of the year. JL questioned risk appetite and how the system helps individuals doing the assessments, as a huge level of risk within the system because of bed pressures. DJ stated that this aligns with the risk statement, which has been reviewed by the BNSSG ICB Board and will share with GP.<br><br>**ACTION: NCTR P0 to P3 progress update to be added to forward planner for October's OQPC.** | |
| **7.3** | **Children's Services**<br>• **Transformation programme**<br><br>KL explained that since Autumn 2023 the BNSSG system has been working collaboratively with partners to transform the approach to supporting children and young people with neurodivergent needs and are aware that the existing model is no longer fit for purpose and requires transformational change. This work has been mandated by the CYP HCIG and supported by the MHLDA HCIG. KL stated the referral rates are outstripping capacity to assess, leading to a growing backlog of children waiting for an assessment, currently circa 7500 children. The optimal solution involves fully implementing the new model, which is designed to be sustainable in the long term, alongside a recovery programme to address the extensive waiting lists for ADHD and Autism assessments. However, this approach necessitates an additional £27 million over three years, which is not feasible given the current system financial position. KL explained that the programme is currently working with partners to identify a series of options that will move the BNSSG system to a needs-led, rather than diagnosis led model supported by a recovery plan to clear the address the legacy backlogs for Autism and ADHD assessments which requires a balanced consideration of risk.<br><br>KL asked committee members for advice on additional assurance needed before this work progresses to the BNSSG ICB Board for a decision. KL presented slides covering the full discovery report and programme engagement details with voluntary sector partners, local authorities, clinicians, parent care forums, and schools. The discovery element sought to answer for questions:<br><br>• Why are we seeing an increase in referrals?<br>• What are the benefits of a diagnosis?<br>• Where and when does need first present?<br>• What is the impact of unmet need?<br><br>KL reported that early intervention is effective, but system is not set up to deliver this anymore due to unprecedented increase in referrals and no way to reconcile capacity to demand. KL stated the current situation is exacerbating inequalities of outcome and experience of BNSSG children and families. KL reported that in July 2024 BNSSG ICB Board agreed to a six-month test of change which included neurodiversity profiling for some of the children on the waiting list. KL confirmed that the test is in place to May 25 and an evaluation is currently taking | |

| | Item | Action |
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| | place. KL highlighted the next steps to committee which would be deciding on the approach for 2025/2026, the implementation of the new model with recovery of assessment backlogs which is currently three years.<br>KL explained the level of investment required is £27,000,000 so feedback from system groups was that further options should be developed for 24/25.<br><br>AM fully endorsed the transformation programme, emphasizing that the primary challenges were addressing and comprehending the backlog, along with shifting the culture away from the necessity of a diagnosis.<br><br>JL emphasises understanding the harm experienced by individuals, distinguishing between those seeking exam accommodations and those significantly struggling. Suggests identifying the severely affected among the five thousand cases to prioritise their needs. Recommends defining harm criteria for review to ensure honest engagement, acknowledging limitations in support.<br><br>DC anticipates a national focus on ADHD and related parameters and emphasized that the model should prioritize individuals with the highest needs and highlighted the importance of identifying and achieving specific outcomes from the model.<br><br>ED noted a contradiction on page nine, where the paragraph claims the programme is cost-effective yet needs £27,000,000 over three years, which is not feasible. ED supported the Hub suggestion but questioned its affordability and whether another trial should follow existing ones instead of implementation.<br><br>KL expressed gratitude to committee members for their feedback and comments. In response to ED's comment, KL explained that while there is an economic rationale for addressing the rising costs, it is unfortunately not feasible due to the financial implications involved.<br><br>ED expressed gratitude to KL and DK for their attendance at OQPC and commended them on delivering an outstanding presentation. | |
| **7.4** | **Excess Mortality Annual Report**<br><br>VH presented slides to committee which showed key messages from a recent regional mortality report 2024, an update on mortality trends in BNSSG and the development of a BNSSG population mortality dashboard.<br><br>VH highlighted points to notes as the following:<br><br>**Overall Trend**: In 2023, the regional all-cause mortality rate significantly declined from 2022, reversing the upward trend seen in the Southwest since the pandemic and returning to pre-pandemic levels. | |

| | Item | Action |
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| | **By Trust:** Analysis by acute trust catchment between 2022 and 2023 shows that University Hospitals Bristol and Weston (UHBW) had the highest mortality rate in the region. However, this has improved significantly in 2023.<br>**By Primary Care Network**: Of the 10 PCNs in the region with the highest all-age all-cause mortality rates, three are in BNSSG: Foss, Swift, and Northern ARC. All three PCNs have shown some reduction in 2023 compared with 2022.<br>**By deprivation:** Disparities remain, though there has been modest improvement in Southwest in terms of specific conditions, particularly for cirrhosis and diabetes. The biggest gaps in mortality by deprivation are between quintile 1 (20% of the most deprived) and quintile two. Data points for Quintiles 3-5 are pooled closer together.<br><br>The report notes that the largest gap for median age of death by deprivation across SW for leading causes of death in 2023 was for diseases of the oesophagus, stomach and duodenum, followed by liver diseases. The median age of death for liver disease was the second lowest (suicide being the lowest).<br>**Avoidable mortality**, particularly preventable mortality, saw a reduction in 2023 across the SW overall compared with 2022. A similar reduction was observed in BNSSG.<br>**Treatable mortality** has seen modest reductions, but it was observed that there was no improvement for stroke and sepsis at regional level.<br>**Preventable mortality:** BNSSG has the highest preventable mortality rate in 2023 in the SW. This was significantly higher than the regional level but not significantly different to the England rate.<br>**By acute trust:** At acute trust catchment level, UHBW has seen a notable drop in premature preventable mortality between 2022 and 2023.<br><br>VH explained a BNSSG dashboard is being developed to examine mortality trends across BNSSG. The dashboard will provide a BNSSG overview of mortality in one place and allow users to view local data that is currently not available. It can be used to look at inequalities in mortality across BNSSG with a focus on premature mortality and observe trends over longer periods of time. The dashboard will contain the following data: All-cause mortality, Cancer, Cardiovascular, Respiratory, Liver, Digestive diseases External causes and Preventable mortality. This is currently being developed in collaboration with South Gloucestershire Public Health Intelligence Team. The dashboard will be refreshed annually by the South Gloucestershire Public Health Team. VH confirmed that the dashboard has gone to BNSSG Mortality Surveillance Group and BNSSG ICB Executive Team and will be presented at BNSSG SHIPPH. ED asked for the governance structure to be confirmed. RS stated governance is through the BNSSG Mortality Group which JM chairs and is linked directly with Public Health and SW Regional Mortality Group. RS also referenced Long Term Conditions ODG, which connects to the BNSSG system. | |

| | Item | Action |
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| 8<br><br>8.1<br><br>8.2<br><br>8.3 | **Items for Information**<br><br>**BNSSG System Quality Group**<br><br>**Health and Care Professional Executive**<br><br>**APMOC** | |
| 9 | **AOB**<br><br>• **Assertive Outreach Element Programme – update.**<br><br>DJ informed that due to OQPC timings Assertive Outreach Element Programme will be discussed at BNSSG ICB in June. A meeting with DJ, AM, and ED will be arranged at the end of April to provide an update prior to the board meeting.<br><br>**UPDATE- Meeting arranged for Wednesday 23/4 at 1230.**<br><br>• **OQPC – Documenting closed Items within minutes.**<br><br>The committee has agreed that when items need to be discussed in a closed session, a separate meeting invite will be sent to the required colleagues to mitigate the risk of any confidential information being disclosed.<br><br>• **CMO Update**<br><br>AM requested that DC include any potential harm to the BNSSG population and mitigation strategies in future reports regarding medicine shortages. | |
| | **Review of Committee Effectiveness**<br>• Did the meeting run to time?<br>• Did the right people attend?<br>• Were action items assigned where appropriate to the right people?<br>• Were all items given sufficient time to discuss?<br>• Were all members able to contribute?<br><br>**Has the meetings business contributed to the organisation's aims and objectives in terms of:**<br>• Strategy<br>• Planning<br>• Governance<br>• Were any of the items inappropriate for this committee?<br>• Did the meeting receive the administrative support that it needed? | |
| | **Meeting Dates 2025**<br>• Tuesday 27th May 2025 0930 -1200 | |

| | Item | Action |
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| | • Wednesday 23rd July 2025 1330 -1600<br>• Wednesday 22nd October 2025 1330-1600<br>• Thursday 11th December 2025 1330-1600 | |

**Jodie Stephens Executive PA**
**April 2025**

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 BNSSG Outcomes, Quality and Performance Committee

**Date: Tuesday 27th May 2025**

**Time: 0930-1055**

**Location: Teams**

| | | | |
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| **Agenda Number:** | 5.3 | | |
| **Title:** | BNSSG LeDeR Framework | | |
| **Confidential Papers** | | **Commercially Sensitive** | Yes/**No** |
| | | **Legally Sensitive** | Yes/**No** |
| | | **Contains Patient Identifiable data** | Yes/**No** |
| | | **Financially Sensitive** | Yes/**No** |
| | | **Time Sensitive – not for public release at this time** | **Yes**/No |
| | | **Other (Please state)** | Yes/No |
| **Purpose: For Discussion:** | | | |
| **Key Points of Assurance/Discussion:** | | | |
| The LeDeR Framework has been reviewed by the Corporate Policy Review Group, CNO and LeDeR Governance Group and needs sign off via OPQC as part of the ICBs governance mechanisms prior to this framework being published on the public BNSSG LeDeR webpage. | | | |
| **Recommendations:** | To discuss and agree for this framework to attached to BNSSG webpage. | | |
| **Previously Considered By and feedback :** | LeDeR framework has been signed off by LeDeR Governance Group and EHIA and framework have been agreed by CNO. | | |

| | |
|---|---|
| **Management of Declared Interest:** | No Conflicts of Interest declared – LeDeR is currently a mandatory programme, this policy has been updated. |
| **Risk and Assurance:** | The risks associated with LeDeR concerns the resources to complete LeDeR reviews – these have now been completed |
| **Financial / Resource Implications:** | There are no financial or resource implications. |
| **Legal, Policy and Regulatory Requirements:** | This LeDeR framework aligns with NHSE LeDeR policy 2021. The framework sets out how BNSSG ICB will support the LeDeR programme. |
| **How does this reduce Health Inequalities:** | The LeDeR policy sets out BNSSG's approach to supporting the LeDeR programme, which drives service improvements to reduce health inequalities for our learning disability and autistic population. |
| **How does this impact on Equality & diversity** | A full EHIA has been completed and signed off by the DCNO |
| **Patient and Public Involvement:** | There has been no patient and public involvement as this LeDeR framework provides the approach to how BNSSG will support the LeDeR programme. |
| **Communications and Engagement:** | The framework has already been circulated around system partners, has been reviewed by the LeDeR Governance Group and has been signed off by the CNO. Once signed off by OPQC the framework will be attached to BNSSG public website. |
| **Author(s):** | Vicki Cooper, LeDeR Local Area Contact |
| **Sponsoring Director / Clinical Lead / Lay Member:** | Rosi Shepherd, CNO, BNSSG ICB |

# Agenda item: 5

# Report title: LeDeR Policy Framework

## 1. Background

The LeDeR framework has been reviewed and updated against NHSE LeDeR policy 2021. BNSSGs LeDeR Policy Framework details how the LeDeR programme is managed within the Integrated Care System. The Policy Framework has already been signed off by the LeDeR Governance Group, CNO and the policy has gone through the ICBs Corporate Policy Review Group. This policy once agreed by OPQC will be published on BNSSG ICBs public facing website.

## 2. Financial resource implications

There are no financial implications with the new policy. There is an existing budget to complete LeDeR reviews, the financial resource has no reflection in this current policy.

## 3. Legal implications

The policy is a non-statutory policy but aligns with NHSE LeDeR policy 2021.

## 4. Risk implications

Previously there was a risk regarding the completion of LeDeR reviews however this has been closed.

## 5. How does this reduce health inequalities

The LeDeR programme drives service improvements in health and social care provision that will support access and treatment for people who have a learning disability and or autistic person. The policy framework states the ICBs governance structure and intentions to drive these service improvements.

## 6. How does this impact on Equality and Diversity?

A full EHIA has been completed and can be found in the appendix. Currently LeDeR data suggests deaths of people from a global majority background who also have a learning disability and/ or autistic people are not being uploaded onto the LeDeR portal as frequently as White British ethnicities. There is currently very little data to support which other protected characteristics and intersectionality impact on the mortality on our population who also have a learning disability and/or autistic people.

## 7. Consultation and Communication including Public Involvement

As this is a review of the LeDeR policy framework is has not been consulted publicly however once it has been agreed by OPQC this policy will be published onto the BNSSG ICB website.

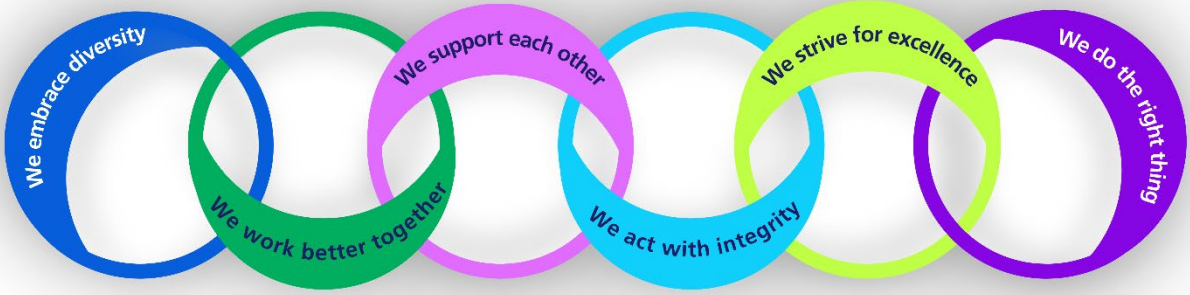
## Appendices

## Glossary of terms and abbreviations

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

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

# Learning from the lives and deaths - people who have a learning disability and/or autistic people (LeDeR) Policy Framework




## Together we are BNSSG

| Complete the blank cells in the table below. The rest will be added by the corporate team once the policy approved and before it is added to the website. | |
|---|---|
| **Policy ref no:** | To be filled in by Corporate Services |
| **Responsible Executive Director:** | |
| **Author and Job Title:** | |
| **Date Approved:** | To be filled in by Corporate Services |
| **Approved by:** | To be filled in by Corporate Services |
| **Date of next review:** | |

## Policy Review Checklist

| | Yes/No/NA | Supporting information |
|---|---|---|
| Has an Equality Impact Assessment Screening been completed? | Yes | Completed and included in the appendices |
| Has the review taken account of latest Guidance/Legislation? | Yes | Latest guidance is mentioned in the framework and reviewed by LeDeR Local Area Contact |
| Has legal advice been sought? | N/A | |
| Has HR been consulted? | N/A | |
| Have training issues been addressed? | Yes | Detailed in framework, training provided by NHSE. |
| Are there other HR related issues that need to be considered? | N/A | |
| Has the policy been reviewed by Staff Partnership Forum? | N/A | |
| Are there financial issues and have they been addressed? | Yes | LeDeR budget reviewed regularly. |
| What engagement has there been with patients/members of the public in preparing this policy? | N/A | |
| Are there linked policies and procedures? | Yes | Policies links included in framework |
| Has the lead Executive Director approved the policy? | Yes | LeDeR Governance Group |
| Which Committees have assured the policy? | | Outcomes, Performance and Quality |
| Has an implementation plan been provided? | N/A | Framework has been reviewed, amendments highlighted in this section |
| How will the policy be shared with staff | | Uploaded onto BNSSG public facing internet page |
| Will an audit trail demonstrating receipt of policy by staff be required; how will this be done? | N/A | |
| Has a DPIA been considered in regard to this policy? | Yes | National DPIA issued. DPIA to ensure LeDeR data storage has been completed. |

| | Yes/No/NA | Supporting information |
|---|---|---|
| Have Data Protection implications have been considered? | Yes | Detailed in framework and through IG input to Corporate Policy Review Group |

| Version | Date | Consultation |
|---|---|---|
| | | |

# Table of contents

# LeDeR Policy Framework

## 1 Introduction

Learning from lives and deaths – people with a learning disability and autistic people (LeDeR) is a service improvement programme. LeDeR aims to improve care, reduce health inequalities and prevent premature mortality of people with a learning disability and/or autistic people. The LeDeR programme reviews information regarding the support from health and social care people receive prior to their death. Everyone with a learning disability and/or diagnosis of autism aged 18 and over is eligible for a LeDeR review.

The LeDeR service improvement programme is managed and commissioned by NHS England. LeDeR supports local areas to review the deaths of people with learning disabilities and people who are autistic, identify learning from those deaths, and take forward the learning into service improvement initiatives. The programmes overall aims are:

- To support improvements in the quality of health and social care service delivery for people with learning disabilities and autistic people.
- To help reduce premature mortality and address health inequalities for people with learning disabilities and autistic people.

Responsibility for ensuring the delivery of LeDeR reviews currently lies with local Integrated Care Systems (ICSs). Integrated Care Board's (ICBs) are responsible for ensuring that LeDeR reviews are completed for their local area – this ICB policy governs the arrangements. Actions following reviews must be implemented to improve the quality of services for people with a learning disability and autistic people to reduce health inequities and premature mortality.

### 1.1 BNSSG ICB Values

This policy supports the ICB's health inequalities programme which directly contributes to embracing diversity. The LeDeR programme drives an ICS approach to ensure people who have a learning disability and/or autistic individuals have priority access to health and social care provisions.

## 2 Purpose and scope

The purpose of this policy framework is to detail how the LeDeR programme is managed within BNSSG ICS.

LeDeR is a service improvement programme which aims to improve care, reduce health inequalities and prevent premature mortality of people with a learning disability and autistic people. LeDeR, reviews the health and social care interactions people received up until their death.

LeDeR reviews are not investigations but intended to support health and social care professionals and policy makers to clarify:

- the learning from various causes of death.
- understand overall health inequalities.
- understand the reasons for premature mortality for people with learning disabilities and autistic people.
- identify variation and best practice.
- identify key recommendations for improvement.

There are two types of LeDeR review an initial review or a more detailed review called a focused review. The criteria for a focused review includes:

- All autistic people who do not have a learning disability aged 18 and above.
- People from ethnic groups other than white British.
- People who have been in a detained setting in the criminal justice system/ or have been under a Mental Health Act restriction within five years of death.
- Where there is likely to be learning from the life of the person to inform service improvements.
- Where the family have requested a focused review.
- Where there are any concerns about the care the person received.

If a LeDeR review identifies lapses of care, a focused review will be completed, other teams may be drawn in for example BNSSG's Safeguarding or patient safety teams may be liaised with to ensure compliance with relevant statutory frameworks.

### 2.1 Scope of LeDeR

- This is a national programme in England and provides a structured, consistent approach to review deaths of people who have a learning disability and/or autistic people.
- The reviews include everyone with a learning disability and autistic individual over the age of 18 years of age.
- Those individuals with a learning disability and/or autistic individual aged under 18 will be reviewed via Child Death Overview Panel.

This policy sets out the ICBs statement of intent to systematically act upon findings in LeDeR reviews and improve the care provided by all services (not just learning disability and autistic specific services) to stop people dying prematurely and provide better quality services.

# 3 Duties – legal framework for this policy

To ensure deaths can be reviewed NHS England hold approval from the Confidentiality Advisory Group (CAG) of the Health Research Authority under Section 251: 20/CAG/0067 (previously 16/CAG/0056 to be reviewed April 2025 CAG registers - Health Research Authority), for information to be shared for the purpose of the LeDeR programme. UK GDPR and Data Protection Act 2018 (Data Protection Act 2018) are applicable in relation to records of deceased patients next of kin/family members. LeDeR must be able to demonstrate compliance with the six data principles.

**3.1 Information Sharing** BNSSG adheres to the guidance provided in section 8.2 of the national policy B0428-LeDeR-policy-2021.pdf. BNSSG will ensure appropriate information sharing protocols are in place to facilitate effective data sharing for the purpose of LeDeR across the ICS. In all circumstances of information sharing, staff will ensure that:

- When information needs to be shared, sharing complies with the law, guidance, best practice is followed and an information sharing agreement is in place.
- Only the minimum information necessary for the purpose will be shared.
- Individuals' rights will be respected, particularly confidentiality, security and the rights established by the UK GDPR.
- Confidentiality will be adhered to unless there is a robust public interest or a legal justification in disclosure.

A Data Protection Impact Assessment (DPIA) for LeDeR is available if required. BNSSG LeDeR programme abides by the Records Management policy Records Management Policy - The Hub, the Information Governance policy Information-Governance-Policy-ICB.docx and the Confidentiality and Security of Information Policy.

NHS England will hold ICBs for the delivery of the actions identified in reviews as part of their assurance processes. ICSs should improve the ways that local health and social care services meet the needs of people with a learning disability and autistic people.

# 4 Responsibilities and Accountabilities

**4.1 National LeDeR team:** Employed by NHS England, the team support ICSs to complete LeDeR reviews. They ensure training is available that meets the needs of the system. The national team also commission the web platform that supports people to notify deaths and for reviewers to complete reviews.

**4.2 Senior Responsible Officer (SRO):** Is held by the Chief Nursing Officer (CNO) and the LeDeR programme has direct oversight from BNSSGs ICB Board via the Outcomes, Quality and Performance Committee. The chair of the LeDeR Governance Group is a delegated duty from the CNO to the Deputy Chief Nursing Officer. The CNO assigns operational management of the programme to the BNSSG ICB Local Area Contact. Key findings are also shared though the relevant

system groups to ensure learning is embedded into the relevant commissioning decisions. Primary groups for this will be the Mental Health and Learning Disability HCIG and ODGs.

**4.3 Local Area Contact (LAC):** The LAC is the link between the local system and the national LeDeR programme. The LACs role is to work in partnership with the LeDeR programme team and is responsible for:

I. Receiving notifications of deaths.
II. Identifying and organising the training of local reviewers.
III. Allocating cases to local reviewers whilst managing identified conflicts of interest.
IV. Monitoring the progress and completion of reviews to ensure that they are of a consistent standard and completed in a timely and comprehensive way.
V. Providing advice and support for local reviewers as necessary.
VI. Organising and chairing the monthly LeDeR Quality Assurance and Oversight Group.
VII. Collating themes and trends following LeDeR reviews and sharing these with the LeDeR Governance Group.
VIII. Organising and attending the LeDeR Governance Group
IX. Attending the LeDeR ICS Improvement Group.

**4.4 Local Reviewers:** Are responsible for undertaking robust and high-quality reviews of the deaths of people with a learning disability and/or autistic people and are integral to the success of the BNSSG LeDeR programme. It is the responsibility of the reviewer to declare a conflict of interest to the BNSSG ICB LAC in regard to the LeDeR case.

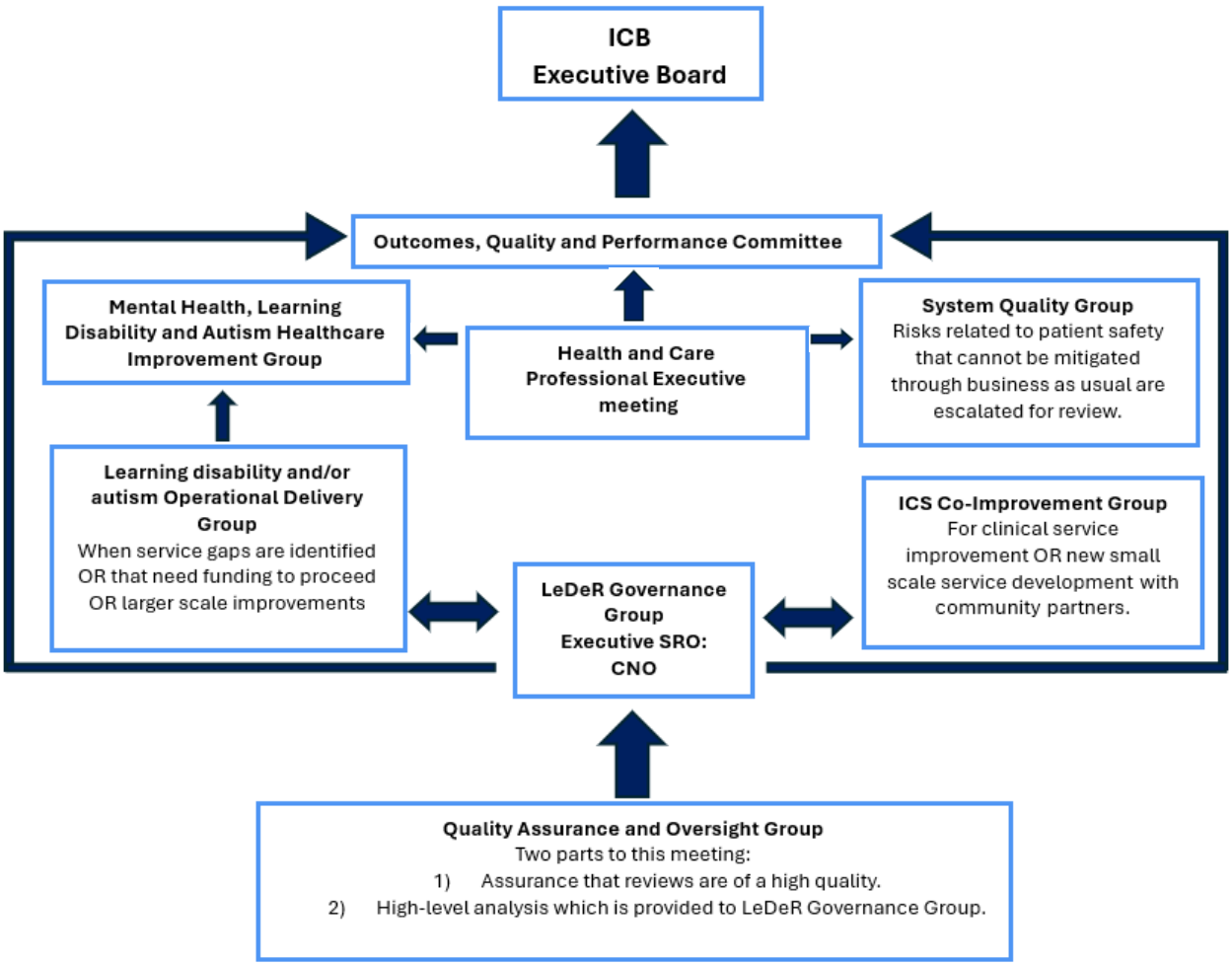
Further role descriptions for LeDeR roles can be found at [B0428-LeDeR-policy-2021.pdf (england.nhs.uk)]

## 5 Definitions/explanations of terms used

| Term | Definition |
|---|---|
| **ICB**<br><br>Bristol, North Somerset and South Gloucestershire Integrated Care Board | NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board is responsible for the day-to-day running of the NHS for our local area. |

| Term | Definition |
|---|---|
| **ICS**<br>Bristol North Somerset and South Gloucestershire Integrated Care System | The Integrated Care System comprises of 10 partner organisations, including the three Local Authorities in our area, NHS Trusts, the new Integrated Care Board and community and General Practice providers. |
| **BNSSG**<br>Bristol, North Somerset and South Gloucestershire | The geographical footprint that the Integrated Care System covers. |
| **LAC**<br>Local Area Contact | Programme manager for LeDeR and facilitates the completion of reviews and drives service improvements across the health and social care system. |

# 6 BNSSG LeDeR Governance Structure




## 6.1 LeDeR Governance Group

Bristol, North Somerset and South Gloucestershire ICB's Chief Nursing Officer chairs our LeDeR Governance Group which meets bi-monthly. Representatives attend the Governance Group from all Bristol, North Somerset and South Gloucestershire health providers, the three local authorities who commission adult social care, GPs, Independent Care Provider representatives, safeguarding colleagues, and the NHS England regional LeDeR lead. The principal objective of the LeDeR Governance Group is to adhere to the four pillars of an Integrated Care Board (ICB):

- Improving outcomes in population health and healthcare.
- Tackling inequalities in outcomes, experience and access.
- Enhancing productivity and value for money.
- Helping the NHS to support broader social and economic development.

This group takes strategic oversight of the reviews of deaths of people with a learning disability and/or autistic people, driving transformation to improve care in services. Health and social care partners support in addressing health inequalities, including outcomes, experience, and access. Assurance updates are reported to the ICB Outcomes Quality and Performance Committee via quarterly governance reports, with onward reporting through to the ICB Board. Key areas of escalation are also shared with the Mental Health and Learning Disability Health and Care Improvement Group and associated Operational Delivery Group, where learning from the LeDeR programme will support strategic decision making and ensure priorities set for the system reflect lessons learned from LeDeR.

### 6.2 ICS Co-Improvement Group

The aim of the newly formed ICS Co-Improvement Group is to drive small scale quality improvement initiatives. The group comprises of representatives from Bristol, North Somerset and South Gloucestershire health and social care providers.

The LeDeR Governance Group identifies specific areas of focus to the ICS Co-Improvement Group, which is accountable to the Governance Group. If larger pieces of improvement work are required, the LeDeR Governance Group allocate, ensuring the right capacity and skills are available to deliver in a timely way.

### 6.3 Quality Assurance and Oversight Group

The Quality Assurance and Oversight Group oversees completed review reports. Meeting monthly, the panel not only provides oversight of the quality of reviews but also produces an analysis of learning themes. Emerging new themes are reported into the LeDeR Governance Group, where appropriate next steps are agreed.

Membership of the Quality Assurance and Oversight Group includes the Local Area Contact (LAC), Clinical Learning Disability and/or autism GP Lead, Safeguarding representatives, Local Authority representatives and all Bristol, North Somerset and South Gloucestershire health provider representatives.

### 6.4 LeDeR Reviewer Peer Support

It is essential that strong supervision and support is in place for our reviewers to support the delivery of high-quality reviews.  The LAC has developed a peer support model for reviewers, where a Senior reviewer provides peer supervision to reviewers. This will ensure reviewers are well supported and they are guided through the review process by an experienced colleague. Additionally, the LAC and LeDeR Administrator will meet with reviewers regularly to ensure the reviewers have all the appropriate notes to complete the review and provide an opportunity to debrief if the reviewer has had a challenging or upsetting review. Within this forum it is an opportunity for the LAC to share updates from the national team, overarching themes, and updates on quality improvement initiatives following learning from LeDeR reviews. In this space colleagues can discuss any areas of the LeDeR process where reviewers feel less confident. From these discussions, further improvement opportunities are discovered and actioned.

# 7 Links with other mortality review processes

The LeDeR review is not a statutory process, and its purpose is not to hold any individual or organisation to account. Other processes exist for that, including safeguarding, criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation. Statutory processes supersede LeDeR reviews, however learning from these statutory processes can be incorporated into the LeDeR review. It is vital, if individuals and organisations are to be able to learn lessons from the past, that reviews are trusted and safe experiences that encourage honesty, transparency and sharing of information to obtain maximum benefit from them. The LeDeR review outcomes will also be linked through on a periodic basis to the BNSSG Mortality Group chaired by the ICB Chief Medical Officer and attended by a range of system partners including Directors of Public Health.

In order to do this in a timely manner, to avoid duplication and to ensure there is no additional distress to the relatives of the individual, reviewers need to be clear where and how the LeDeR process links with other reviews or investigation processes.

# 8 Training requirements

8.1 The Local Area Contact has received on-line training from NHS England on the requirements and responsibilities of their role, this is updated annually.

8.2 The LAC is provided administrative support. On-line training is provided to administrative support colleagues from NHS England on the requirements and responsibilities of this role and is updated annually.

8.3 To undertake LeDeR reviews, reviewers complete specific online training. Once completed the reviewer will be given access to the LeDeR programme database through which reviews are managed. Training is updated annually.

8.4 No other LeDeR specific training requirements have been identified. Work continues to raise awareness of the LeDeR programme with BNSSG ICS organisations. It is the responsibility of BNSSG ICB LAC to address any emerging identified training.

# 9 Reporting

9.1 NHS England report on each ICBs key performance indictors monthly. This data is published on NHS Futures.

9.2 The LAC provides a bi-monthly LeDeR activity report to the LeDeR Governance Group, this data is also shared with the LD/A ODG.

9.3 The LAC with support of the ICS organisations submit a LeDeR annual report which is published onto the ICBs website. BNSSG LeDeR Annual Report 2023/24 (icb.nhs.uk)

9.4 To date, Kings College London have produced annual reports each year, detailing the national actions and learning. Learning from Lives and Deaths - people with a learning disability and autistic people (LeDeR) | King's College London (kcl.ac.uk)

## 10 Equality Impact Assessment

Confirmation required that EIA screening has been completed and reference it as an appendix.

## 11 Implementation and Monitoring Compliance and Effectiveness

11.1 As a Policy, this procedural document summarises the current arrangements for the management of the LeDeR programme within BNSSG ICB.

11.2 The aspects of the Policy that have already been implemented are: The LeDeR Governance meeting and the Quality Assurance and Oversight Meeting.

11.3 The aspects of the Policy that require implementation are: Bimonthly ICS Improvement Group.

## 12 Countering Fraud, Bribery and Corruption

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

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

## 13 References, acknowledgements and associated documents

13.1 LeDeR National Policy B0428-LeDeR-policy-2021.pdf (england.nhs.uk)

13.2 BNSSG ICB LeDeR page LeDeR programme - NHS BNSSG ICB

13.3 Kings College London LeDeR National Annual Report Learning from Lives and Deaths - people with a learning disability and autistic people (LeDeR) | King's College London (kcl.ac.uk)

13.4 BNSSG ICB Information and Data Quality Policy Information and Data Quality Policy - The Hub

13.5 BNSSG Records Management Policy Records Management Policy - The Hub

13.6 BNSSG Confidentiality and Security of Information Policy.

# 14 Appendices

## Equality Impact Assessment

## Implementation Plan

This framework includes the updated changes made by the National LeDeR programme. The major change of not reviewing deaths of children and young people under the age of 18 who live with a learning disability and the inclusion of deaths of autistic people. The framework also demonstrates BNSSG ICBs governance arrangement to ensure the LeDeR programme is robust and resilient to support BNSSGs learning disability and autistic population.

| Target Group | Implementation or Training objective | Method | Lead | Target start date | Target End date | Resources Required |
|---|---|---|---|---|---|---|
| | | | | | | |
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