

Meeting of the BNSSG ICB Board

Date: Thursday 4th September 2025

Time: 12:45 – 16:15

Location: The Salvation Army Bristol Citadel, 6 Ashley Road, St Paul's, Bristol BS6 5NL

Agenda Number:	7.1	
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	No
	Other (Please state)	No
Purpose: Discussion & Information		
Key Points for Discussion:		
<p>Key emerging issues, achievements or risks since the last reporting period of the report</p> <p>NHS Reforms The forthcoming proposed reforms have significant implications for work areas within the current Quality domains of the ICB. An area proposed for adaption within ICBs is <i>quality management</i>, while areas for a review of transfer to other organisations include <i>infection control</i>, <i>safeguarding</i>, <i>continuing healthcare</i>, and <i>oversight of provider performance</i> under the NHS performance assessment framework. Further national guidance related to these areas will be released in due course together with the model region blueprint.</p> <p>MRSA cluster A small cluster of a rare strain of historical MRSA cases (going back to 2022) has been discovered in the system. Scrutiny by the ICB, UKHSA, health protection teams and system partners found no causal associations with providers involved in the patients' care, although reinforcement messages of good IPC practice are being disseminated across the system. Active surveillance has also been increased, and a system MRSA outbreak pathway is being developed. UKHSA have congratulated the system for an excellent collaborative piece of work.</p> <p>Measles Cases of Measles have decreased significantly in the System, and uptake of MMR has increased – see separate paper on immunisations and vaccinations uptake.</p>		



Tuberculosis

There has been a recent case of TB in a school setting. A screening programme is being coordinated by the ICB, UKHSA and school. The risk of onward transmission to other contacts has been determined to be low, however a communications programme to parents and primary care has been implemented.

Key items to note in the Quality Report

Updates from System Quality Group - 17th June 2025

- **Outcomes of the National Education Training Survey (NETS)** in relation to BNSSG were explored; system partners are engaging with the development of a regional strategy to address the findings. BNSSG came out either top or second in all domains except for sexual safety, where the SW region was the lowest scoring region
- **Feedback from ReSPECT: Physical and Sensory Impairment Audit UHBW and NBT** concluded that DNAR decisions had been made based on individualised conversations and factors and not automatically because patients had sensory impairments. Both Trusts have a ReSPECT improvement programme.
- Updates were provided on the **National Quality Board Escalation processes** for AWP NHS Trust and heart failure pathway. Steady improvement is being made

Patient Safety

Updates are provided in the report on developments that 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. Highlighted areas of patient safety issues in the system and mitigations include Connecting Care, Central Alerting System and the new patient safety national reporting system.

Infection Prevention and Management

Influenza

The influenza vaccination campaign for 2024/25 ended on 31st March 2025; the South West region performed well in relation to flu vaccination delivery with uptake rates.

Healthcare Associated Infections

In terms of benchmarking, BNSSG compares relatively favourably against the other six systems in the South West region, with the exception of MRSA. Targeted interventions include a task and finish group led by partner organisations/local authority.

Funded Care

The report also includes an update on the improving performance of Adult Continuing Health care, Funded Nursing Care/Fast Track and the ongoing risks and challenges of staff capacity and

vacancies. An update is also provided on inpatient discharge performance for Learning Disability and Autism individual placements with an outline of the system risk in relation to the delays in opening the Oldland Common unit.

Safeguarding Quarter 1 report (appendix)

Child Sexual Abuse is the new upcoming theme for JTAI (Joint Targeted Are Inspections) from September 2025 and the ICB is working closely with each Children's Partnership on their preparedness in this space. There will be opportunities during this preparation to work closely with the SARC (Sexual Assault Referral Centre) and NHS England (their commissioner) regarding any strategic improvement work.

This quarter has been the start of our BNSSG wide data collection with the Sirona Children in Care Team to explore the health needs of our children in care. This is data directly lifted from Initial and Review Health Assessments and once analysed and themed will help inform our role as strategic commissioners for this vulnerable cohort.

Learning from a Domestic Homicide Review has created an opportunity for the ICB safeguarding team and Medicines Optimisation team to work together on reviewing the guidance for the prescribing and monitoring of anti-depressants to ensure that reviews occur earlier and include safeguarding questions which explore the risks of domestic abuse and suicide.

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 <i>et al</i>
Sponsoring Director / Clinical Lead / Lay Member:	Rosi Shepherd, Chief Nursing Officer, BNSSG ICB

BNSSG ICB Quality Report

July Report on Month 1/2 (April/May) 2025

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

1.1 System Quality Group (SQG) 17th June 2025

Areas of focus:

Outcome of National Education Training Survey (NETS)

- BNSSG came out either top or second in all domains except for sexual safety, where the SW region was the lowest scoring region for the second year running. It was noted that more responses related to patients/other service users than to staff. Work is underway with CEOs/CPOs to produce a regional strategy.
- The NETS Priority Tool (which assesses data from repeating years) identified issues for Nursing Associates (NAs) at UHBW Weston General Hospital, although it was noted that only five NAs had been affected. It was confirmed that a comprehensive action plan had been drawn up.

Feedback from ReSPECT: Physical and Sensory Impairment Audit UHBW and NBT 2025

An audit took place across UHBW and NBT around the experience of disabled people with physical or sensory impairment in health settings across BNSSG. From this report, it was determined that DNAR decisions had been made based on individualised conversations and factors and that clinical decisions regarding appropriate levels of medical treatment appeared appropriate in the context of the patient's health and risk of deterioration. Patient/next of kin involvement and mental capacity was well documented on the ReSPECT forms.

Both Trusts have a ReSPECT improvement programme including eLearning packages, medical clerking documentation, discharge documentation, and Standard Operating Procedures. Actions around ReSPECT documentation will be monitored through these programmes.

1.2 National Quality Board Escalation Process Updates

Avon & Wiltshire Mental Health Partnership NHS Trust

- Enhanced Contractual Quality Oversight Group continues to meet, bi-monthly.
- Discussions are ongoing regarding the future of Riverside Unit.
- AWP has made steady progress with improvement work although there is still work to do, particularly around adult safeguarding. AWP's trajectory shows 100% compliance with adult safeguarding by 2026.

Heart Failure Pathway

- Three Working Groups have come out of the Quality Improvement Group (QIG) (1) Impact of interim mutual aid arrangements on performance/application for additional funding from the British Heart Foundation, (2) Pathway Mapping & Design, and (3) Harm Reviews
- It was agreed that governance oversight going forward for this programme will be in the system's Long-Term Conditions programme, and for QIG Meetings to be stood down.

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

Data issues from LfPSE continues, impacting on Provider workloads. As the LfPSE digital platform matures, the data produced will be more substantial and ICBs will have an improved insight into the themes and trends of patient safety incidents occurring within our system partners.

Central Alerting System (CAS)

In May 2025, system partners received a new CAS alert regarding Chloraprep applicators. Chloraprep is a skin preparation containing antiseptic. The CAS alerts concerns a batch of packaging that has a broken seal. This alert remains open with providers working to complete.

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 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. UHBW also has a bed rail alert open. Much of the bedrail compliance has been competed however some cots in the Children's Hospital are non-compliant. A cot replacement programme is underway, and funding is available.

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. This had not been resolved in May 2025. The ICB is receiving updates from the pharmacy teams at both Acute Trusts. The ICB's Deputy Chief Transformation and Digital Officer is leading on supporting the Trusts with mitigations while work is under way with the digital and medicines teams to address the issue quickly.

NBT Stroke reconfiguration

NBT have shared a risk regarding their acute stroke service. Admissions into acute stroke service are at the level planned, but the level of 'no criteria to reside' in stroke takes the acute occupancy to consistently 40% above what was planned for. The level of discharges to the stroke sub-acute rehab units are not at the planned level, with the largest category of no criteria to reside patients in acute beds, are those waiting to go to these rehab units. Current flow mitigations include:

- Additional BIRU beds now de-commissioned
- Complex discharge planning from acute trusts.

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	Jan-25	Feb-25	March-25	Apr-25	May-25
Never Event	2	0	0	0	1
Commissioned PSII	2	1	0	1	1
VTE Risk Assessment Completion (trajectory 95%)	91.6%	90%	92%	91.8%	-
Pressure Injuries per 1,000 Bed days	0.2	0.3		0.5	0.5
Falls per 1,000 bed days	6.98	7.2	6.1	5.6	5.6

- **Inpatient falls** –Patient falls has remained stable. Learning responses continue to be undertaken post patient falls. Completed reports show actions to take forward

learning around accuracy of documentation including risk assessment and clerking information.

- **Pressure damage** – Dynamic hybrid mattresses were installed on all beds to prevent pressure damage. NBT has aligned with national guidance in no longer using the term ‘unstageable’ to categorise pressure damage, as a consequence this has caused a small increase of category 3 pressure ulcers.
- **VTE risk assessments** – VTE risk assessment remains static after the successful roll out of the VTE digital assessment.

University Hospital Bristol and Weston (UHBW)

UHBW	Jan-25	Feb-25	March-25	Apr-25	May-25
Never Event	0	0	0	0	0
Commissioned PSII	0	0	1	0	0
VTE Risk Assessment Completion (trajectory 90%)	76.1%	74.3%	75.1%	75.1%	73.5%
Pressure Injuries per 1,000 Beddays	0.1	0.2		0.1	0.1
Falls per 1,000 bed days (target 4.8)	5.5	4.4	4.8	3.3	3.6

- **Inpatient falls** – The number of falls is lower than trust target, and there have been no falls with moderate or severe physical and/or psychological harm. From shared patient stories, themes related to falls include, falls occurring during patient handovers, lack of enhanced care observation cover, patients mobilising without walking aids and falls in bathrooms. An internal implementation plan to address the learning is successfully being accomplished.
- **Pressure damage** –UHBW continue to complete pressure ulcer care plan audits, and these are demonstrating improved compliance. PURPOSE-T (a pressure ulcer risk assessment framework) has been rolled out across UHBW.
- **VTE Risk Assessment** – VTE risk assessment compliance remains poor however local auditing demonstrates compliance with prescribing. The number of HAVTE incidents has not increased. Careflow Medicines Management was launched in Weston, this will include mandatory VTE assessment compliance on most ward areas and should lead to a marked improvement.

SWAST

There were 42 system PSII's declared in the period from 1 January to 31 March 2025. This is 180% increase compared with the same period in the previous year. This is reflective of a combination of increased demand due to seasonal pressures and more robust processes for identifying and declaring system PSII's, as SWAST's Trust and Executive Decision-Making Panel become more familiar with PSIRF processes. Dorset ICB have been shared the concerns regarding the increase in system PSII's and are pursuing with SWASFT.

Practice Plus Group (PPG)

PPG have sustained two Patient Safety Incident Investigations under their PSIRF priorities. Both patients received ongoing care from Acute Providers and PPG are following their own learning responses.

Sirona Care & Health - Quarter 4 2024/25

Q4 saw the highest number of incidents reported for 2024-25, with an average of 1057 incidents per month. There are some departments where numbers are low, so the team are working on this to understand the reasons and to provide support.

Delays in care were the highest reporting PSIRF priority category and are the focus of the two PSII's. The first PSII relates to podiatry services and has a quality improvement plan in place. The second PSII is being worked on ready for sign off in Q1 2025/26. This relates to children's services and the community paediatric service.

Outstanding bed rail alert (August 2023) remains non-compliant. A retrospective piece of work is being undertaken which is being managed by the Divisional Director for Specialist Services, to inform patients who have been previously issued with equipment. Assurance has been provided, that Sirona are working to rectify this as the ICB do not hold a list of patients, which was stated in their quality report.

Pressure injury data shows an improving picture regarding those developing a pressure injury under Sirona's care, however there is an upward trend of acquired pressure injuries in Bristol North & West and South Bristol. A review of the Pressure Injury Prevention Programme has been undertaken and there is an updated plan for 2025-2027.

St Peters Hospice-Q4-Patient Safety and Quality update

New patient safety board implemented in the Inpatient Unit displaying information to promote transparency and shared responsibility.

Medication and falls now being reported to LfPSE (from April 2025 pressure injuries and IPC incidents will be included). Further data reporting will follow with the rollout of the PSIRF InPhase module.

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

Vaccinations – see separate paper for July 2025, Outcomes, Quality & Performance Committee

Measles

There have been no new adult confirmed case(s). UKHSA lead on outbreak. 12 confirmed cases, 3 of whom are likely to be vaccine related. All cases have been in the baby room and reassuringly no cases were in the wider nursery setting (i.e. outside of the baby room). There have been >21 days since the last case was at nursery during their infectious period (8th May).

Healthcare Associated Infections

In terms of benchmarking, BNSSG continues to have higher rates of MRSA compared to other SW systems and has remained in this position for some years. There is currently high active surveillance, and much focus is on community onset MRSA bacteraemia's and an annual retrospective review will commence over the next 8 weeks working together with UKHSA field services to attempt to identifying risk factors and determine why the Bristol area has higher rates. Another workstream has been using DHSC 'Fingertips' data which benchmarks similar ICBs with higher MRSA case counts and working together and sharing QI initiatives for MRSA eradication, and it is hoped outputs from this programme will be available by Autumn 2025. A targeted intervention including a task and finish group aligned to BNSSG HCAI meeting, led by partner organisations/local authority to look at effective supportive interventions is also currently underway.

To understand more fully age standardised rates of infections in BNSSG, further findings following analysis will be provided iteratively in the next reporting period/s.

Table below shows position in April 2025:

Rates per 100k	South West Position										BNSSG	BNSSG Age/Sex Standardised
	BSW	BNSSG	Devon	Dorset	Glos	Kernow	Somerset	SW	England			
C. diff	29.78	32.90	38.95	39.80	27.18	50.02	36.36	36.03	30.85	3	6	
E. coli	59.05	62.39	83.95	81.91	35.31	80.43	88.47	70.42	70.96	3	5	
MRSA	1.02	4.06	2.04	3.05	1.03	0.33	1.34	2.01	1.73	7	7	
MSSA	20.70	20.51	30.23	30.40	15.51	26.75	30.83	25.04	22.44	2	3	
Pseud A	7.55	6.14	5.34	7.45	2.81	6.31	7.20	6.13	7.27	3	6	
Kleb spp	18.66	17.49	21.83	25.64	10.05	20.61	25.13	19.95	21.85	2	5	

Clostridioides difficile (C. difficile) – Cases in BNSSG peaked in September 2024 and the burden of infection appears still to be reducing. Learning from reviews of community onset cases for all age/all gender from Oct 2024-March 2025 has concluded and there was a deep dive focus at the multi-agency HCAI system meeting in June. A CDI driver diagram with risk reduction strategy for BNSSG is being implemented.

4. Funded Care

Adult Continuing Healthcare (CHC)

Headline National metrics

CHC 28-day assessment performance was 74% in Q4 of 24/25, below the national target of 80%. Despite this being in line with other ICB areas, and that BNSSG continues to be a

high performer regionally and nationally, NHSE has requested an improvement plan which is currently being developed.

A series of actions have been implemented to address the dip in performance including a rapid review of the assessment pathway, workshops with CHC nurses to explore issues they face, and a renewed leadership focus on 28-day performance.

Staff vacancies remain a significant contributing factor to CHC assessment performance, estimated at 245 hours per week of clinical resource that is currently unfilled. Recruitment is challenging with a lack of transferable skills and experience in the BNSSG nursing workforce, a long onboarding process and extended induction to reach competency due to complex nature of work.

Vacancies have been reviewed, and specific key posts are being taken to Vacancy Control Panel to request approval to recruit.

Workshops with staff are exploring the impact of work pressures, which is noted in an increase in reported absences due to stress and anxiety.

FNC/Fast Track ICB Benchmarking

National comparisons for Q4 performance metrics are improving, but BNSSG still benchmarks high within the cluster of comparative ICBs.

The revised approach to FNC is impacting as expected and the caseload is decreasing each month, addressing the benchmarking disparity, and contributing to ICB savings.

Fast Track recovery continues to bring the number of active cases back down to target levels, with the support of external CHC capacity.

25/26 Savings Programme

The savings programme for 25/26 has been structured around three key pressures, FNC and Fast Track caseload recovery, and reducing the use of enhanced care in care homes.

All three areas were prioritised by the Funded Care Team from December onwards and positive progress is visible from January onwards in all three areas reducing. Noted changes between December 2024 and May 2025 are:

- Adult CHC - Enhanced care caseload has reduced from 72 to 59, a reduction of 281 hour per week of care.
- FNC caseload has reduced 2,481 to 2,345.
- Fast Track caseload has reduced from 385 to 313.

Risk

Staff capacity, vacancies and unplanned absence across the Funded Care Team remain the biggest risk to delivering performance and savings programmes. Of note is a rise in sickness absence due to work related stress and anxiety which is likely a result of organisational change and uncertainty around the future location of the Funded Care Team.

Staff workshops have been delivered to explore other factors that may be a reason for low morale and staff wellbeing.

Learning Disability (LD) and Autism individual placements

Inpatient discharge performance

In line with NHSE directives, ICB reporting for this cohort is now split into distinct LD and autism groups.

The ICB acts as a system leader to drive the reduction in people with LD and autism detained under the mental health act in hospital.

The target for the end of Q1 25/26 is 25 LD inpatients with the BNSSG at 24 at the date of this report. For autism the target is 14 inpatients and BNSSG is currently at 8. The overall, target is 39 inpatients with BNSSG currently at 32.

Risk

There is a risk that delays to the opening of the Oldland Common unit, which will eventually support 6 LD/A inpatient discharges, will impact on BNSSG's ability to deliver the target inpatient reductions in 2025/26.

The unit build was completed in the spring of 2025, but delays in issuing the tender to secure a provider to operate the unit mean that the service is unlikely to take its first discharge until October 2025. The procurement of a provider is being led by Bristol City Council, in partnership with the ICB and other two LAs.

Performance Summary

August 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 52+ weeks	Acute Total	Jun 25	Count	1070	✓ 915		-57	-6	NA	915	-155	-	-
RTT waiting list	Acute Total	Jun 25	Count	94,669	✗ 99,038		-39	-0.04	NA	99,038	4,369	-	-
RTT 18 Week Performance	Acute Total	Jun 25	%	65.02	✓ 65.41		1	1.25	NA	65.41	0	-	-
Specific acute elective spells	Acute Total	Jul 25	Count	16,098	✗ 15,595		649	4.34	NA	59,384	-242	-	-
Diagnostic tests % < 6 weeks	Acute Total	Jun 25	%	95	✗ 90.53		1	0.61	1,137	91	-4	-	-
Cancer 28 day FDS	Acute Total	Jun 25	%	78.34	✗ 78.21		2	2.77	7	77	-1	-	-
Cancer 31 day combined	Acute Total	Jun 25	%	92.45	✓ 94.42		1	0.99	NA	-	-	-	-
Cancer 62 day combined	Acute Total	Jun 25	%	71.36	✗ 69.12		0	0.12	14	70	-1	-	-
Urgent and Emergency Care													
Urgent Community Reponse referrals	ICB	Jul 25	Count	1,395	✓ 2,732		251	10.12	NA	10,359	4,779	-	-
Mean Cat 2 Ambulance Response	ICB	Jul 25	Minutes	30	✓ 28	Same	-2	-5.65	NA	31	1	-	2 / 7
Average ambulance handover duration	ICB	Jul 25	Minutes	24.26	✗ 29		-8	-21.21	NA	37	13	-	4 / 7
A&E 4 hour Performance (Footprint)	ICB	Jul 25	%	76.19	✓ 76.34	Same	2	2.14	-	75	-1	20 / 42	5 / 7
% A&E waits >12 hours from Arrival	ICB	Jul 25	%	3.28	✗ 3.98		-1	-26.97	-173	6	3	-	-
% Beds occupied by NCTR patients	ICB	Jul 25	%	N/A	22.04	Worse	0	-0.94	NA	22	-	39 / 42	6 / 7
% G&A beds occupied	ICB	Jul 25	%	97.92	✓ 94.6		0	-0.42	-	95	-3	36 / 42	6 / 7
Virtual ward occupancy	ICB	Jul 25	%	74.84	✗ 60.2	Worse	5	9.26	23	60	-15	30 / 42	3 / 7

 Better than previous period
  Worse than previous period

Performance Summary 2

Performance Summary		Latest Period	Unit	Target	Month Value (RAG vs Target)	Vs Nat Avg	Month Value Change	Month % Change	Distance From Target	Value YTD	YTD vs Target	National Rank	South West Rank
Community													
Community waiting list 52+ weeks	ICB	Jun 25	Count	4,122	✗ 4,401		32	0.73	NA	4,401	279	-	-
Community waiting list	ICB	Jun 25	Count	NA	27,186		184	0.68	NA	27,186	-	-	-
Mental Health													
Access to Perinatal Services (Rolling 12m)	ICB	Jun 25	Count	1,375	✓ 1,565		30	1.95	NA	1,565	190	-	-
Talking Therapies Reliable Improvement Rate	ICB	Jun 25	%	67	✓ 69		0	0.00	-	70	3	-	-
Talking Therapies Reliable Recovery Rate	ICB	Jun 25	%	48	✗ 46.86		-2	-3.94	10	49	1	-	-
Inappropriate OAP Placements (BNSSG)	ICB	Jul 25	Count	3	✗ 10		0	0	NA	10	-7	-	-
IPS Count accessing services	ICB	Jun 25	Count	700	✓ 990		55	5.88	NA	2,815	757	-	-
Dementia Diagnosis Rate	ICB	Jun 25	%	66.7	✓ 71.2	Better	0	0.42	-	71	4	5 / 42	1 / 7
Average LoS for adult acute beds (BNSSG)	ICB	Jun 25	Days	65.7	✓ 60		-2	-3.23	NA	60	-6	-	-
Childrens													
CYPMH Access (Rolling 12m)	ICB	Jun 25	Count	9,613	✓ 9,670		225	2.38	NA	9,670	57	-	-
RTT waits 52+ weeks - Childrens	Acute Total	Jul 25	Count	299	✗ 331		-29	-8.06	NA	331	32	-	-
Community waiting list - CYP	ICB	Jun 25	Count	NA	8,711		34	0.39	NA	8,711	-	-	-
Community waiting list 52+ weeks - CYP	ICB	Jun 25	Count	4,122	✗ 4,398		31	0.71	NA	4,398	276	-	-
Specific acute elective spells - Childrens	Acute Total	Jun 25	Count	1,276	✓ 1,419		67	4.96	NA	5,374	516	-	-

Better than previous period
 Worse than previous period

**Bristol, North Somerset
and South Gloucestershire**
Integrated Care Board

BNSSG Outcomes, Quality and Performance Committee OPEN -
Draft Minutes of the meeting held on Tuesday 27th May 2025 0930-1050 on MST

Minutes

Present		
Ellen Donovan (Chair)	Non-Executive Member for Quality and Performance, BNSSG ICB	ED
Jeff Farrar	Chair, BNSSG ICB	JF
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Dr Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Alison Moon	Non-Executive Director, BNSSG ICB	AM
Dr Katrina Boutin	GPCB Medical Director	KB
Jacky Hayden	Non-Executive Director, Sirona Care & Health	JH
In attendance		
Thom Wilson	Deputy Director for Adult Commissioning, Bristol City Council – Representing Hugh Evans	TW
Sue Balcombe	Non-Executive Director, UHBW	SB
Viv Harrison (on behalf of SW)	Consultant in Public Health Medicine – Population Health BNSSG.	VH
Michael Richardson Agenda Item 5.1	Deputy Chief Nursing Officer, BNSSG ICB	MR
Faye Kamara Agenda Item 5.2	Head of Safeguarding, BNSSG ICB	FK
Caroline Dawe (On behalf of DJ)	Deputy Director Performance and Delivery, BNSSG ICB	CD
Denise Moorhouse Agenda Item 5.3	Deputy Chief Nursing Officer, BNSSG ICB	DM
Jodie Stephens (Minutes)	Executive PA, BNSSG ICB	JS
Apologies		
Shane Devlin	Chief Executive, BNSSG ICB	SD
Dave Jarrett	Chief Delivery Officer, BNSSG ICB	DJ
Aishah Farooq	Non-Executive Director BNSSG ICB	AF
Hugh Evans	Executive Director, Adults and Communities BCC	HE
Sarah Weld	Director of Public Health, SGC	SW
Dr Jacob Lee	Chair of General Practice Collaborative Board	JL

	Item	Action
1.	<p>Welcome and Apologies</p> <p>ED welcomed attendees to the meeting and apologies were noted as above.</p> <p>JM provided an update on BNSSG ICB organisational change process. JM explained that significant reductions are required, affecting 38% of running and some program costs. JM mentioned that the operating models for the cluster are expected to be in place by the new financial year, with a description of how this will be achieved by the end of the second quarter. JM stated that the finance teams are submitting a financial model to show that the cluster can fulfil the high-level strategic commissioning function as outlined in the ICB blueprint. JM noted that the national team will have the final say on whether the proposed cluster and integration are acceptable.</p> <p>JF reinforced the cluster arrangements with Gloucestershire, mentioning the population per ICB and the need to deliver the operational plan by the end of the financial year. Treasury funding for redundancies is still uncertain. JF highlighted that the national guideline suggests a population head of two million per ICB, while BNSSG and Gloucestershire combined come in at about 1.7 million.</p> <p>JM highlighted the challenging time for staff due to the ambiguity and uncertainty in the blueprint, with potential movement into other parts of the system. Despite this, ICB staff have responded positively and professionally.</p>	
2.	<p>Declarations of Interest</p> <p>No new declarations or corrections were noted.</p>	
3.	<p>Minutes of the Previous Outcomes, Quality and Performance Committee March 2025</p> <p>Members approved March committee minutes.</p>	
4.	<p>Committee Action Log</p> <p>The action log was updated with committee members and to be circulated with the minutes.</p>	
5	<p>Chief Medical and Chief Nursing Officer Update.</p> <p>JM highlighted that the investment in Medicines Optimisation within primary care delivers significant savings for the entire system and warned that cutting the Medicines Optimisation team during the transition could lead to system financial instability. JM confirmed that the rollout of Tirzepatide is compliant with NICE guidance and praised the collaborative work with general practice and weight management services to implement the prescribing mechanisms</p>	

	Item	Action
	<p>for Tirzepatide. JM described the ongoing phase three of GP collective action, focusing on appropriate actions in general practice and the interface with secondary care and highlighted the collaborative efforts with GPCB and LMC colleagues to address issues and improve systems and processes. JM stated the funding for Women's Health ended on March 31st, but efforts are ongoing to maintain the momentum. JM explained the plan to conduct a women's health needs assessment with local authority colleagues to understand the population's needs. JM noted the involvement of multidisciplinary professionals, including consultant gynaecologists and pelvic health physiotherapists, in the ongoing Women's Health work.</p> <p>AM commented on the good relationships within BNSSG in what is a difficult situation but stated that 28-day prescribing was still an issue. AM asked what a successful phase three collection action outcome would be? JM explained the challenges but also highlighted the need for structural change and investment which will be difficult as ICB undergoing significant transformation. SB explained ongoing work regarding effective discharge summary process from acutes to primary care and JM will link in with Primary Care Interface group to see if anything else is needed.</p> <p>JH highlighted the importance of the gynaecological needs assessment and suggested this was delivered in a community outpatient service but stated that skills development must be included to manage the population in the community and to understand the inequalities to access. JM agreed and women's health team working with Liverpool community based general practice multidisciplinary group.</p> <p>Quality Report</p> <p>5.1 MR outlined elements in the quality report, which included quality management, safeguarding, and infection control. Over the upcoming weeks and months, BNSSG ICB Quality & Safety team will be thoroughly reviewing these aspects with system colleagues and nationally to determine their role in the new model ICB framework.</p> <p>MR updated committee regarding the Paediatric Audiology UHBW Site Visit Report from NHS England which took place in December 2024. MR explained that the visit was successful, displaying excellent processes. NHS England has recommended de-escalation from regional oversight to normal oversight for the hearing services department. This commendable outcome underscores the arduous work of UHBW audiology colleagues.</p> <p>MR explained that a meeting with NHS England regarding the implementation of the National Tuberculosis plan, a new national initiative</p>	

	Item	Action
	<p>significant to Bristol due to its high rate of TB compared to the Southwest. This will involve substantial prevention work, reported in future forums with the newly merged ICB.</p> <p>BNSSG ICB System Quality Group is addressing various issues including 'no criteria to reside' and dynamic risk assessments. Temporary escalation space visits are complete, with notable efforts observed at Weston General Hospital.</p> <p>Work is also underway to improve the heart failure pathway and improving the learning from mental health homicide report reviews in collaboration with BSW and NHS England.</p> <p>Infection control measures have effectively managed measles cases this winter, receiving commendations from NHS England for the swift response and collaborative pathways. While C difficile infection rates remain high, they have decreased steadily since September but still exceed national thresholds set a few years ago. Future NHS changes indicate an increased focus on performance management of infection cases at the provider level, emphasizing ongoing attention to healthcare-acquired infections.</p> <p>AM stated that ICB must make sure what is in place to enable outcomes to be delivered, when more than one organisation involved, regarding ongoing transformation plans. AM questioned if the improvements within the heart failure pathway could be delivered quicker than six months and stated lots of work and funding has already taken place within Bristol regarding Tuberculosis so need to take learning from it. RS explained positive conversations taking place already with SW CNO's. DM provided an update on the heart failure pathway, which is working towards a revised pathway, aiming to complete it by September. DM explained that the team has mapped the current position of the heart failure pathway to understand the existing patient journey and the appointment of clinical leadership is part of the effort to become NICE compliant.</p> <p>TW commented that local authorities have raised concerns regarding funded nursing care. There are Individuals in nursing care who may lose funding for an aspect of their care, and the implications for providers, as these providers are contracted by local authorities. The funding restrictions prevent payment for nursing care, leading to financial concerns for providers due to their current financial pressures. This situation is particularly worrying for Bristol and other local authorities, potentially impacting future hospital discharges if local authorities are hesitant. Approximately 70% of individuals entering nursing care from Bristol originate from health settings, raising concern about</p>	

	Item	Action
	<p>placing individuals in nursing care without assurance of NHS funding. RS explained that efforts are being made to guide individuals before they opt for long-term care and ensure only eligible individuals receive funding. There is also a need to manage care homes to ensure they accept the right individuals and use appropriate care models, avoiding reliance on unsuitable funding streams.</p> <p>RS, DM and TW agreed to meet outside of committee to discuss collaboration with local authorities to address concerns about funded nursing care and its impact on hospital discharge and provider financial stability.</p> <p>ED requested MR to review the current Southwest population MRSA rates, as well as the Southwest's position over the last 5 to 10 years. Additionally, MR should compare these rates with those in Birmingham, Liverpool, and Leeds, and provide feedback at the OQPC meeting scheduled for Wednesday, 23rd July.</p>	
5.2	<p>BNSSG Safeguarding Report Q4</p> <p>FK provided an update on safeguarding, focusing on children's partnerships, care leavers, and cuckooing. FK highlighted the importance of early help and the work being done to support care leavers and vulnerable adults. FK emphasized the focus on early help in children's partnerships to support families in need before reaching child protection levels. FK discussed the challenges faced by care leavers, particularly those who become parents, and the efforts to provide better support through maternity services which FK is linking in with Layla Green Neonatal and Maternity lead within BNSSG. FK highlighted the increase in cuckooing cases in Bristol and the creation of a protocol to better identify and support vulnerable adults targeted by organized crime groups. FK updated committee regarding the collaboration with the voluntary and community sector to ensure they are equipped to support individuals at risk of cuckooing.</p> <p>AM noted in a previous case study a patient had 439 contacts with multi agency partner within a 14-month period which is a very disjointed approach and leads to poor outcomes. AM highlighted lack of FGM training and asked if there was a joined-up approach so that risk would be mirrored across the whole of BNSSG system. RS requested that AM discuss the BNSSG approach at the upcoming ICB Board when the topic is discussed. RS confirmed that discussions are taking place regarding FGM and FK noted that Devon and Cornwall police force who are leading FGM on behalf of Southwest have organised an all-day event on 1st July. The event will be a multi-agency, all-day training session. FK will collaborate with system</p>	

	Item	Action
5.3	<p>partners to ensure strong representation, facilitating learning as a health system and integrating this into a training matrix. JF emphasized that BNSSG ICB must assess risks if safeguarding responsibilities shift to local authorities and police due to ICB transformation changes.</p> <p>BNSSG LeDeR Framework</p> <p>RS explained that LeDeR framework has come to OQPC for sign off, which will make sure BNSSG ICB are compliant with LeDeR guidance. AM asked for lines to be added to the flow chart on section six from the Health and Care Professional Executive meeting to BNSSG ICB Executive meeting.</p> <p>OQPC approved BNSSG LeDeR Framework</p> <p>ACTION: RS, DM and TW agreed to meet to discuss collaboration with local authorities to address concerns about funded nursing care and its impact on hospital discharge and provider financial stability.</p> <p>ACTION: MR to review the current Southwest population MRSA rates, as well as the Southwest's position over the last 5 to 10 years. Additionally, MR should compare these rates with those in Birmingham, Liverpool, and Leeds, and provide feedback at the OQPC meeting scheduled for Wednesday, 23rd July.</p> <p>ACTION: FK will work with system partners to ensure adequate representation at the FGM multi-agency training day on 1st July. FK will facilitate learning as a health system and integrate this into a training matrix as part of a coordinated approach.</p>	<p>RS,DMTW</p> <p>MR</p> <p>FK</p>
6	<p>System Performance Update</p> <p>Assurance and oversight of system performance</p> <p>CD provided an update on BNSSG system performance, highlighting improvements in urgent care, mental health, elective care, and diagnostics. CD also mentioned the ongoing challenges with no criteria to reside and the work being done to address them. CD reported improvements in urgent care, including better category two response times and handovers, and the successful performance of 111 services. CD discussed the ongoing challenges with no criteria to reside, aiming to reduce it to 15%, but currently was 22%. CD and MR are currently reviewing links between the Opal triggers and actions regarding the dynamic risk register. CD discussed the motivations behind Opal Four, emphasizing quality and incorporating a harm measure to balance against the risk of external pressures. CD explained that Greg Penlington attended PEM on Friday 23/5 to present the project initiation</p>	

	Item	Action
	<p>documents for the key projects which included P0 and the P1 redesign work. CD highlighted the performance and delivery ODG is focusing on next steps and projects have received recurrent funding. CD highlighted the positive performance in mental health metrics, including reduced out-of-area placements and improved talking therapies access.</p> <p>ED noted the improvement in terms of performance as a system which is credit to the staff, teams and partners. AM requested extra focus on children's services performance as concerned the 52-week wait has increased. AM inquired about the level of confidence ICB has regarding improvements in children's services performance and how OQPC and BNSSG ICB board can support efforts to enhance that performance.</p> <p>RS highlighted the LD&A inpatient placement will be a risk for BNSSG ICB in 24/25 and 25/26 and possibly for local authorities' colleagues. RS explained ICB working with SW Provider Collaborative regarding this as the patients will come back to ICB but will not be receiving any funding. RS explained placement will sit under section 117.</p> <p>SB expressed frustration regarding NCTR and asked for reassurance reaching meeting target of 15%. JM explained that NCTR is a complex adaptive problem and cannot guarantee from an ICB perspective that the 15% target will be met. The system must keep trying different courses of actions and all come together with various parts linking in. JM explained that PEM takes place fortnightly on a Friday and NCTR is discussed with senior system leaders including COO, CDO, CNO, CMO with a high level of input into this area because system is so focused on it.</p> <p>ED requested an update at OQPC in July concerning the progress of P0 plus over the past three months. Additionally, ED inquired whether CD and Greg Penlington would meet with SB to review the P0 plus and P1 redesign work which CD and SB agreed too.</p> <p>6.1 BNSSG ICB EPRR Policy Update</p> <p>CD explained that BNSSG ICB conduct a yearly assurance process for all system partners which the results are then reported into OQPC. All system providers maintained or improved their position, so system have achieved full or substantial levels of EPRR compliance.</p> <p>ACTION: NCTR – CD to send the project initiation documents for the P0 plus P1 redesign work to SB and arrange a 30-minute meeting to include Greg Penlington to discuss the details and gather input.</p>	
7	Items for Information	
7.1	BNSSG System Quality Group	
7.2	BNSSG Area Prescribing Medicines Optimisation Committee	

	Item	Action
7.3	BNSSG LeDeR Governance Group	
7.4	Healthcare Acquired Infection Group	
8	AOB	
9	Review of Committee Effectiveness <ul style="list-style-type: none"> • Did the meeting run to time? • Did the right people attend? • Were action items assigned where appropriate to the right people? • Were all items given sufficient time to discuss? • Were all members able to contribute? Has the meetings business contributed to the organisation's aims and objectives in terms of: <ul style="list-style-type: none"> • Strategy • Planning • Governance • Were any of the items inappropriate for this committee? • Did the meeting receive the administrative support that it needed? 	
10	Meeting Dates 2025 <ul style="list-style-type: none"> • Wednesday 23rd July 2025 1330 -1600 • Wednesday 22nd October 2025 1330-1600 • Thursday 11th December 2025 1330-1600 	

Jodie Stephens Executive PA
May 2025