

APPENDIX 1

NORTH SOMERSET HEALTH OVERVIEW AND SCRUTINY PANEL QUALITY ACCOUNT RESPONSES

Response to **Avon and Wiltshire Mental Health Partnership NHS Trust** Quality Account

Overview

The Health Overview and Scrutiny Panel (HOSP) notes that this Quality Account (QA) has been published in the shadow of recent CQC inspections of the Trust which highlighted a number of key service areas requiring improvement. The Panel acknowledges, however, that many of the issues identified by the CQC lie outside the North Somerset service delivery area. Members are nevertheless encouraged by the Trust's progress in implementing an action plan addressing the CQC recommendations and recognise that this is likely to deliver trust-wide improvements going forward.

With respect to the QA, the Panel particularly welcomes the commitment to the continued embedding of the clinically and locally led service delivery model with increased focus on early intervention/high accessibility; partnership working; and the delivery of integrated care "in the best place at the best time".

In general, Members felt that the Trust has demonstrated a good understanding of the mental healthcare needs of communities in North Somerset.

Patient Experience

The Panel endorses the Trust's 2015/16 priority: *to improve service user and carer experience* and the greater emphasis on the *systematic use of patient feedback to deliver and evidence improvements in patient care*. Members also welcome the priority of further enhancing carers experience through improved partnership working and carer support.

The Trust's Friends and Families (FFT) results for 2014/15 show consistently high scores and the Panel notes that it achieved its 2014/15 priority success measure of demonstrating local improvement actions as a result of FFT feedback. Furthermore Members welcomed the Trust's progress in the delivery of improved partnership with carers, using the Carer's Trust "Triangle of Care" toolkit and the new care home liaison arrangements with North Somerset Community Partnership.

Clinical Effectiveness

The Panel supports the objectives of the Trust's 2015/16 clinical effectiveness priorities focussing on ensuring the application of comprehensive patient assessments and improving the quality of the electronic patient record.

Members are, however, concerned about the clinical implications of ongoing staff shortages/retention issues and the impacts on capacity. The Panel recognises that capacity is a vast challenge across the health sector nationally and acknowledges both the practical steps being taken by the Trust to mitigate staffing issues and progress on the

implementation of its wider strategy of delivering a quality driven, locally integrated model focussing on higher accessibility and early intervention.

With respect to the delivery of that model on the ground, Members are particularly encouraged by the following improvements in North Somerset:

- the joint staff training programmes with North Somerset Community Partnership;
- training for GPs on dementia;
- the successful establishment of Memory Clinics;
- improved care pathway between CAMHS and Adult Mental Health Services;
- the provision of Mental Health training to Weston General Hospital staff; and
- The appointment of a Mental Health/Dementia liaison nurse at Weston General.

Patient Safety

The Panel supports the Trust's safety priorities for 2015/16 (*reducing avoidable harm and improving the physical health of patients*). These were priorities in 2014/15 and Members note that the Trust made progress against the relevant performance measures (ensuring that at least 90% of patients with Schizophrenia were assessed for cardio metabolic risk and that the Safewards model is being implemented across all the Trust's wards). The Panel especially welcomes the greater emphasis on the physical wellbeing of patients and the continuing focus in 2015/16.

With respect to its third 2014/15 safety priority (*ensuring that discharge summaries are shared with GPs*), Members have had significant concerns about this issue and are encouraged that the Trust is completing an audit of discharge letters to evidence the anticipated improvements.

Members also welcome the following specific safety improvements implemented in North Somerset:

- the Juniper ward refurbishment (ligature prevention);
- suicide prevention - the "Zero Tolerance project" developed in collaboration with North Somerset Public health; and
- the deployment of the 24hr crisis team (which Members especially welcome as having made a significant difference).

Response to North Bristol NHS Trust Quality Account

Members acknowledge the vast scale of the challenge associated with the move to the new hospital at Southmead and, despite the significant teething problems (many of which were flagged up by joint scrutiny prior to the move), the Panel recognises the Trust's impressive progress in delivering this project.

The Panel also notes the significant progress made in implementing the action plan resulting from the CQC inspection carried out in November 2014.

Patient Experience

The Panel appreciates the significant patient benefits associated with the new hospital's state of the art facilities, noting that 75% of the hospital's 800 beds are single rooms.

However, whilst the Panel acknowledges the Trust's progress in addressing the transitional issues, there is still some way to go and North Somerset patients continue to encounter difficulties, mostly relate to accessing (public transport access, parking and access routes) and discharge from the Hospital.

With respect to patient engagement, our colleagues at Healthwatch North Somerset have commented that their impressions from involvement in the Patient Engagement Group are that the Trust could engage more positively and pro-actively with patient groups in addressing these issues.

The Panel is, however, encouraged by the Trust's recruitment of a Director of Engagement and by its positive and constructive response to concerns raised by a North Somerset Council officer about disabled access through the lobby at the Brunel building.

Safety

Members are impressed with the Trust's excellent record on reducing hospital-acquired infections, noting that there were no MRSA cases and no norovirus related ward closures in 2014/15.

The panel also welcomes the work undertaken by the Trust to improve the monitoring of patients in the single bed rooms at the hospital but still has concerns about the risk of falls and is encouraged that further work is planned in 2015/16 to improve monitoring further, including the use of sensors.

Another area of on-going concern are issues around clinical risks associated with the Sterile Services Department (operation packs) but Members note that measures are being put in place to improve communication and the tracking of kit between SSD and theatres.

Clinical effectiveness

Members are impressed with the Trust's achievement of Centre of Excellence status in a range of services and specialities including Neurosciences, Orthopaedics and Breast Care Centre Services.

From a local perspective, the Panel is also encouraged that the Trust is working more effectively with GPs in North Somerset. Members nevertheless seek assurance that the 24 hour summary discharge letters are sent to GPs electronically and that the information is

being shared in a coordinated and IT compatible manner. It is noted that improving the quality and timeliness of information provided to GPs is a priority for 2015/16.

Priorities for 2015/16

The Panel supports the Trusts priorities for 2015/16:

- Improving care for patients with dementia
 - Reduction in Pressure ulcers
 - Improving the recognition, diagnosis and treatment of Acute Kidney Injury
 - Improving the quality and timeliness of information provided to GPs
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Response to North Somerset Community Partnership Quality Account

Overview

The Health Overview and Scrutiny Panel (HOSP) commend NSCP's performance and excellent patient feedback in 2014/15, particularly in the light of the significant year-on-year increases in demand for services (an additional 7.2 thousand patients accessed the service in the Q3 2014/15).

Members are also encouraged by the Partnership's continuing strengthening of integrated working between health and social care and the efficiencies and improvements this is delivering. Nevertheless, the Panel understands that there are current issues around out-of-hours capacity pressures and has concerns about the Partnership's capacity to absorb increasing demand going forward (particularly if it continues to increase on the current trajectory).

Patient Experience

The panel notes the Partnership's performance against its 2014/15 priorities

- to become a dementia friendly organisation – achieved
- to develop engagement with service users and carers: Friends and Families Test (FFT) – achieved

Members were very impressed by the results of the FFT which clearly shows very high levels of patient satisfaction with the services provided.

It is noted however that the PALs complaints breakdown shows that communications with patients and other providers is a factor in the majority of the (albeit relatively small number of) complaints received. Members have speculated as to the extent by which staff capacity pressures may have contributed to the generation of these complaints (and to the small number of negative FFT responses).

Also noteworthy was the improving Patient led Assessment of the Care Environment (PLACE) score (95.02% in 2015) which shows how the partnership is improving care environment cleanliness, condition, and enhancing privacy, dignity and wellbeing.

With respect to the Partnership's patient experience priorities for 2015/16, the Panel welcomes the commitment to developing new and effective ways to engage with hard to reach groups of patients by using a Community Outreach Practitioner.

Safety

The Panel notes that the Partnership's 2014/15 patient safety priority - Recognising signs of infection (and deteriorating patient & Sepsis) – is on track for achievement. Particularly welcome is the work being undertaken on better support for patients being cared for at home and the implementation of the Early Warning System (EWS).

Also noteworthy is the work being undertaken by appropriate clinical teams on reducing risk of urinary catheter infection and the extremely low incidence of healthcare associated infections at Clevedon Hospital. The Panel also recognises the Partnership's achievement of its 2014/15 priority – Reducing the number of pressure ulcers grade two to four – with a reduction of 41%.

The Panel supports the Partnership's priorities for 2016 including continuing focus on pressure ulcers and prioritising the recognition of the clinical symptoms of sepsis. Members also welcome the Partnership's commitment to the NHS-wide "Sign up to Safety" initiative and its aim of halving avoidable harm in the NHS.

Clinical effectiveness

The Panel notes the following progress against its 2014/15 priorities:

- Develop our staff (formalising clinical development programmes for clinical staff) – achieved;
- Develop health assessments (physical health assessments for people with learning disabilities and mental health issues) – on track; and
- Streamline documentation and handovers to support patient pathways – on track.

With these in mind, Members are encouraged by the results of the Staff survey which showed 78% said that learning and development had helped them do their job effectively and to deliver a better patient/service user experience.

The Panel notes that that the milestone for achieving full two way data sharing with GP practices was reached in January 2015 and, whilst this is an important improvement, Members feels that there is still work to do on improving general liaison with GPS.

Finally, the Panel supports the Partnership's priorities for 2015/16, including:

- the development of older people's comprehensive assessment and care planning/joint assessments and care plans;
- the continuing focus on increasing the number of clinic based treatments; and

- end of life care;

and notes the critical role within in each of collaboration and effective communication with GPs and other healthcare providers.

Response to **South West Ambulance Service NHS Trust** Quality Account

Overview

The Panel recognises that, despite the considerable challenges facing the Trust, significant improvements have been found in the following key areas: patient safety, demand management, hospital turnarounds and improved partnership working.

Whilst the Panel remains concerned by the Trust's performance against some of the key indicators and by the apparent disparity between performance in North Somerset and elsewhere in the Trust's locus of operation, Members are encouraged by initiatives to address these challenges including a dedicated North Somerset dispatch area and management team; the "Right Care" initiative and the Dispatch and Disposition Trial. The Panel recognises the considerable potential of these initiatives for delivering sustainable improvements to service efficiency/performance and patient care in North Somerset.

Performance and priorities

Patient safety – Members recognise the Trust's achievement in meeting the Red 1 (Category A) performance target for 2014/15, particularly given the unprecedented year on year increases in demand for the service, and note that necessary additional focus on the most critical cases especially during the winter peak period contributed to the Trust's weaker performance against the Red 2 and A19 targets.

Members also welcome the work undertaken by the Trust in implementing its 2014/15 priority of improving the identification and management of paediatric sepsis together with its "sign up to safety" priority for 2015/16 - developing and implementing a clear and measurable programme of safety improvement.

Clinical effectiveness – The Panel recognises the significant challenges faced by Trust (and by the Healthcare Sector as a whole) around the recruitment of clinical staff. They are encouraged however by the Trusts initiatives to improve and better prioritise the allocation of clinical resources. Members were impressed, for instance, with the "Dispatch and Disposition" trial and the Panel supports the full implementation of this scheme going forward.

The Panel notes that the 2014/15 clinical effectiveness priority - the implementation of the Electronic Care System - is still work-in-progress but is encouraged that the early indications are that its aims of delivering better clinical outcomes, reducing unnecessary transfers to

emergency departments and improving communication of patient information across the healthcare community will be deliverable by 2015/16. The Panel is also encouraged by the greater focus in the document generally on improved partnership working, both in respect of priority setting and delivering a more efficient and responsive service “in the right place at the right time”.

Members welcome in particular the Trust’s 2015/16 priority of promoting the assessment and management of unwell Children and young people for the six most common conditions when accessing 999 ambulance services.

Patient experience – The Panel note the Trust’s achievement of its 2014/15 priority of implementing the Friends and Family Test (FFT) and is encouraged by the positive patient feedback since its implementation.

Members also welcome the Trust’s investment in vehicles, noting that to fleet is now the newest and most reliable to date.

Response to **Weston Area Health NHS Trust** Quality Account

The Panel acknowledges the significant challenges being faced by the Trust: staff are dealing with considerable work pressures and morale must have been affected by ongoing uncertainties about the future of the hospital. The Panel therefore commends the hospital’s staff and management for the high standards of care being maintained in these challenging circumstances.

Performance and Priorities

Patient Safety - Members note that the Trust met three of the five key 2014-15 goals (“pressure sore reduction”, “Venous Thromboembolism”, and “medication safety”) and narrowly missed its “Reducing Falls” Target.

The Panel notes with some concern however that the “Infection Control” target was missed last year and that this has been priority for the hospital for the last four years. The Panel welcomes the Trust’s continuing high focus on this area due to its high impact on patient safety.

Additional concerns raised by Members include the continuing high reliance on agency staff (particularly at night) and pressures on specialist clinical staff. The Panel however recognises the challenges associated with recruitment of clinical staff and the impacts that this is having across the health sector nationally.

Members are also concerned by several issues highlighted in the staff survey including the surprising (albeit small) incidence of staff on staff violence; the higher than national average

percentages of staff witnessing potential harmful errors/incidents, experiencing physical violence and/or harassment/bullying or abuse from patients or the public; and the low score for numbers of staff willing to recommend the trust as a place to work or receive treatment.

The Panel is nevertheless encouraged by the Trust's clear acknowledgement of these issues and ongoing focus on addressing them. Illustrative of this focus is the establishment of the Quality Improvement Hub. The Panel welcomes the focus of the patient safety priorities for 2015 on Infection Control, Medication safety and on increasing "mechanisms" for hearing expert staff and user views and methods for strengthening confidence in the quality of care provided.

Patient experience – The Panel notes the progress made by the Trust against its 2014-15 patient experience targets (supporting and strengthening the Patient's Council, fully implementing the Friends and Family test, and improving the Complaints Process).

Although Members remain concerned about potential impacts on patients of the kinds of pressures illustrated by the staff survey results (referred to above) the Panel is very encouraged by the Friends and Families survey results which show that the Trust consistently outperformed the national average for A&E patients willing to recommend the service and that Inpatient results were broadly in line with national averages.

A number of concerns have been raised by Members about patient discharge including issues around the pharmacy and resulting delays. In addition there have been comments about the Churchill Unit discharge lounge, describing it as unwelcoming and lacking privacy.

With respect to the priorities for 2015-16, Members particularly welcome the emphasis on engaging with the experiences of vulnerable and seldom heard groups and the focus on improving the hospital environment to support patients with dementia.

Clinical effectiveness – Members note that performance against the 2014/15 priority targets was patchy though showed progress (Mortality, Sepsis, Fractured neck of femur). For example, the work being undertaken on the improving discharge planning through the creation of a "model ward" and the resulting reductions in average lengths of stay.

The Panel note that the 2015/16 priorities remain focused on the areas listed above and Members look forward to continuing progress in the year ahead.

Roz Willis
Chairman, Health Overview & Scrutiny Panel
North Somerset Council