

Minutes

of the Meeting of the

Quality Accounts Sub-Committee

Tuesday, 26th April 2016

held at the Town Hall, Weston-super-Mare, Somerset.

Meeting Commenced: 10.00 a.m.

Meeting Concluded: 13.00 p.m.

Councillors:

A Michael Bell

P Sarah Codling

A Bob Garner

P Ruth Jacobs

P Roz Willis

Co-opted Member:

P Georgie Bigg

Also in attendance: Councillor Dawn Payne

P: Present

A: Apologies for absence submitted

Health colleagues in attendance: **North Bristol NHS Trust:** Sue Jones (Director of Nursing and Quality), Paul Cresswell (Associate Director of Quality Governance); **Avon and Wiltshire Mental Health Partnership NHS Trust:** Linda Hutchings (Head of Patient Safety Systems), Moira McMurrin (Business Change Manager); **Weston Area Health NHS Trust:** Gillian Hoskins (Associate Director of Governance & Patient Experience) **North Somerset Community Partnership:** Rob Nicholls (Deputy Director of Nursing), Jane Isaac (Governance and Evaluation Manager); **South West Ambulance Service Trust:** Martyn Callow (Stakeholder Relationships Manager);

Council officers in attendance: Leo Taylor, Corporate Services

QAS Declarations of Interest by Members (Agenda Item 3)

1

None

QAS Minutes of the Meeting held on 20th April 2014 (Agenda Item 4)

2

Resolved: that the minutes of the meeting be approved as a correct record.

QAS North Bristol NHS Trust – presentation (Agenda Item 6.1)

3

Representatives of the Trust gave a PowerPoint presentation highlighting the key points of the Trust's Quality Account (QA). A copy of the presentation has been placed in the signed minute book.

In discussion, Members commented on the QA as follows:

- (1) the Panel was pleased to see the progress made by the Trust this year evidenced by the improved CQC compliance and patient feedback;
- (2) the work on improving care for patients with dementia was welcomed;
- (3) similarly Members appreciated the Trust's focus on patient safety with specific programmes delivering significant improvements;
- (4) Members were impressed by its much improved performance in respect of the 2015 National Inpatient Survey and Friends and Families Test results; and
- (5) Members supported the Trusts priorities for 2016/17.

Concluded: that the Panel's comments be reviewed under Item 8 (Minute QAS 9 below) and form the basis of the formal response to the Trust.

QAS 4 Avon and Wiltshire Mental Health Partnership NHS Trust – presentation (Agenda Item 6.2)

Representatives of the Trust presented its Quality Account.

In discussion, Members commented on the QA as follows:

- (1) Members recognised the progress made by the Trust following the challenging CQC inspection last year, noting that many of the CQC concerns relating to issues such as staff recruitment and morale did not appear to be issues affecting North Somerset services;
- (2) the Panel noted that Juniper ward capacity had not been exceeded in recent months and that patients have not had to travel out of area;
- (3) Members also understood that there were no significant issues with step-down capacity and delayed transfers of care although the Panel had heard that occasionally hospital discharge priorities could put pressure on social services;
- (4) the Panel was however disappointed to note that a number of QA priority areas and identified action points were the same as in previous years suggesting a lack of progress in these areas;
- (5) it was also a matter of concern to see an increase in Serious Untoward Incidents (SUIs);
- (6) Members indicated that the numbers and trends associated with North Somerset suicide victims would be of interest to the Panel given that Self-Harm and Suicide were priority issues in North Somerset; and
- (7) there was also concern that the “need for restrictive interventions” and “use of seclusion” targets had not been achieved. Members recognised that some of the targets were particularly challenging and suggested that a “smarter” approach to identifying stretch targets might prove more effective.

Concluded: that the Panel's comments be reviewed under Item 8 (Minute QAS 9 below) and form the basis of the formal response to the Trust.

QAS 5 Weston Area Health NHS Trust – oral report

A representative of the Trust gave a verbal update highlighting the key points of the QA.

In discussion, Members commented on the QA as follows:

- (1) set in the context of the very challenging year faced by the Trust, Members were not surprised that the Trust had met just 4 out of its 13 Quality Account priority targets for 2015/16. They were nevertheless encouraged by the Trust's clear commitment to addressing these challenges recognising that the steps being taken to deliver improvements would take time to bed down;
- (2) overall, the results against the patients safety priorities were concerning with just one of its four 2015/16 priorities achieved - but the Panel welcomed the progress made in respect to preventable infections and recognised the focused plans (priorities for 2016-17) being put in place in respect of pressure ulcers and medicine management;
- (3) performance against the four patient experience related priorities for 2015/16 were however very good with all targets partially or fully met. Members commented that it was evident that a "learning culture" was being encouraged at the Trust and that there was a clear commitment to gathering patient feedback;
- (4) however, there was also a view expressed by Members that the Trust needed to do more to evidence clear linkage between the two - eg how this feedback is being translated into learning and triggering change;
- (5) the Trust's overall list of priorities for 2016/17 has been re-focussed around a hierarchy of patient risk with "reducing avoidable mortality" as top priority (following results of the most recent mortality data) and this approach this was to be welcomed. However, there was a view expressed that poor performance around sepsis in particular could warrant elevating this issue to top priority in the coming year;
- (6) Members raised concerns about the incidence of delayed discharge and the potential impacts these delays could have on patient health and wellbeing. The Panel considered that more must be done to facilitate effective discharge and was therefore encouraged that patient discharge has been set as a key priority for 2016/17; and
- (7) the panel was also aware of the ongoing work with the Emergency Care Improvement Programme (ECIP) on improving patient flow and the sustainable improvements that this may deliver going forward.

Concluded: that the Panel's comments be reviewed under Item 8 (Minute QAS 9 below) and form the basis of the formal response to the Trust.

QAS North Somerset Community Partnership - presentation

6

Representatives of the Trust gave a PowerPoint presentation highlighting the key points of the Trust's QA. A copy of the presentation has been placed in the signed minute book.

In discussion, Members commented on the QA as follows:

- (1) overall the Health Overview and Scrutiny Panel (HOSP) commended NSCP's performance and excellent feedback from service users – noting that it had met, or was on track with, 9 out of its 10 2015/16 quality priorities and that this had been achieved against a backdrop of increasing demand on services;
- (2) the Panel especially welcomed the continuing focus on building on the successful implementation of the integrated teams and the platform that this would provide for the service delivery model for the new contract for 2016-21;

(3) Members noted, however, with some concern that the NSCP had not achieved its End of Life care priority and that 3 priorities were “on track” rather than having been achieved. Although Members appreciated that some of these issue were on-going and unlikely to be “achieved” in the period, they considered that there was insufficient information provided in the presentation to the Panel or in the QA report itself to provide a baseline by which Members could assess progress; and

(4) Members supported the Trusts priorities for 2016-17, welcoming the continuing focus on Pressure Ulcers, End of Life Care, and outreach to hard-to-reach groups.

Concluded: that the Panel’s comments be reviewed under Item 8 (Minute QAS 9 below) and form the basis of the formal response to the Trust.

QAS 7 South West Ambulance Service NHS Foundation Trust - presentation

A representative of the Trust gave an audio-visual supported presentation on the key points of the QA.

In discussion, Members commented on the QA as follows:

(1) the Panel remained concerned by the Trust’s performance against some of the prescribed key indicators, with performance against the “Category A” measures failing to meet target and worsening by comparison with last year (both across the Trust’s area as a whole and within the North Somerset catchment);

(2) nevertheless, the Panel acknowledged the significant impact of increasing demand (up by 17% in 2015/16) and was encouraged by the promise shown by the Trust’s spearheading of the Ambulance Response Programme (demand management) trial and other initiatives including the implementation of ECPR (electronic records system), the establishment of the Research and Audit Team, recent successful recruitment campaigns, and community engagement work such as with the Night Time Economy Team in North Somerset;

(3) the Panel acknowledged the Trust’s achievement (or partial achievement) all of its 2015/16 priorities and welcomes the focus of the three 2016/16 priorities on Cardiac Arrest, Accessible Information and Human Factors. In respect to the Accessible Information priority, Members commented on the importance of clearly referencing the mother tongue of patients.

Concluded: that the Panel’s comments be reviewed under Item 8 (Minute QAS 9 below) and form the basis of the formal response to the Trust.

QAS 8 Panel Discussion

Members reviewed the quality accounts presentations in more detail and agreed outline responses.

Resolved:

(1) that, on the basis of the outline responses agreed by the Sub-Committee, draft formal responses be prepared by the Scrutiny Officer; and

(2) that the draft responses be circulated to Sub-Committee members for agreement prior to being issued to the respective Trusts/Healthcare providers in compliance with the notified deadlines.

The finalised QA responses are attached at appendix 1.

Chairman

**APPENDIX 1 – QA SUB-COMMITTEE RESPONSES TO HEALTHCARE
PROVIDER
QUALITY ACCOUNTS 26th April 2016**

Response to 2016/17 AWP Quality Account

[AWP Presenters:

Linda Hutchings – Head of Patient Safety Systems

Moira McMurrin – Business Change Manager]

In its response to last year's QA, the Health Overview and Scrutiny Panel (HOSP) noted although it had been published in the shadow of a challenging CQC inspection, most of the concerns identified in the inspection related to Bristol based services. In the current report period, The Panel recognises that there has been progress against most CQC compliance areas and that the main issues remain focused in Bristol.

When considering this QA, the HOSP has sought to focus mainly on North Somerset services. Of course, some of the acute services in Bristol (such as Callington and Fromeside) will have North Somerset patients. However, the Panel's aim has been to draw out how North Somerset Acute (Long Fox) and Community services performance relate to the general AWP performance indicators in the report.

For instance staff recruitment and staff morale were issues identified by the CQC in some areas but the Panel is not aware of problems in that respect in North Somerset. Indeed the results of the staff survey have improved overall (albeit from a relatively low starting point).

Similarly the Panel understands that Juniper ward capacity has not been exceeded in recent months and that patients have not had to travel out of area. Also we understand that there are no significant issues in North Somerset with step-down capacity and delayed transfer of care although the Panel has heard that occasionally hospital discharge priorities can put pressure on social services.

It is disappointing, however, to see that the following QA priority areas, and hence identified action points, are the same as in previous years:-

- Providing services that service users will recommend to friends and family – although the Panel acknowledges that there has been an improvement (p6);
- Improved partnership working and carer support – the Panel notes this has been a priority for over a decade (p7). Members also note that the Carers Charter is being relaunched and hope that this will be fully embedded going forward;
- Improved quality of care planning (p8);
- 5% reduction in avoidable deaths (p9) – the Panel questioned whether this target was ambitious enough;
- To learn from service users' and carers' experiences when things go wrong (p10);
- To create a more open and honest reporting culture (p11) and "duty of candour" (p28); and
- Guidance and training for care planning (p30).

It is also a matter of concern to see an increase in Serious Untoward Incidents (SUIs).

Self-harm and suicide are priority issues in North Somerset and Members commented that, in the case of suicide, the numbers and trends associated with North Somerset victims known to AWP would be of interest to the Panel.

Members also note with some concern that the “need for restrictive interventions” and “use of seclusion” target had not been achieved. Members recognise that some of the targets were particularly challenging and wondered whether a “smarter” approach to identifying stretch targets might prove more effective.

Response to the North Bristol NHS Trust (NBT) Quality Account 2015/16 QA Presented by Sue Jones (Director of Nursing & Quality) and Paul Cresswell (Associate Director of Quality Governance)

In its response to the Trust’s 2014/15 Quality Account (QA) last year, Members acknowledged the significant challenges associated with the move to the new hospital at Southmead and noted the impacts on services provided to patients. The Panel is pleased to see the significant progress made by the Trust this year, evidenced by the much improved CQC compliance and ratings from recent inspections and clear improvements in patient feedback.

Performance against 2015/16 Priorities

The Panel especially welcomes the work undertaken by the Trust in improving care for patients with dementia noting its excellent performance in finding, investigating and referring people with unrecognised cognitive decline (exceeding compliance with national standards).

Members also recognise the Trust’s focus on patient safety as evidenced by its “Sign up to Safety” priorities with specific programmes delivering significant improvements in a number of key areas including reducing patient falls, pressure ulcers, and acute kidney injury (amongst others).

Furthermore, Members are encouraged by the Trust’s performance against its priority to “improve our patients’ overall experience in hospital”, noting its improved performance in the 2015 National Inpatient Survey and Friends and Families Test results.

2016/16 Priorities

The Panel supports the Trust’s 4 key QA priorities for 2016/17: involving patients, families and carers in decisions about their care and treatment; dementia and delirium care management; improving end of life care; and improving the identification and management of Sepsis – together with the continuing focus on the “sign up to safety” priorities.

Response to North Somerset Community Partnership Quality (NSCP) Account 2016 QA Presented by Rob Nicholls (Deputy Director of Nursing) and Jane Isaac (Governance & Evaluation Manager)

Overall the Health Overview and Scrutiny Panel (HOSP) commends NSCP’s performance and excellent feedback from service users as evidenced in the Quality Account – noting that it had met, or was on track with, 9 out of its 10 2015/16 quality

priorities and that this has been achieved against a backdrop of increasing demand on services.

The Panel especially welcomes the continuing focus on building on the successful implementation of the integrated teams and the platform that this will provide for the service delivery model for the new contract for 2016-21.

Other elements of the report welcomed by Members included:-

- The partnership approach taken by the NSCP to significantly improve outcomes for patients with pressure ulcers;
- The excellent response from the Friends and Families survey and very low numbers of complaints. Members queried the extent to which the PALs service was advertised to patients but were encouraged to hear that NSCP staff placed a high priority on resolving issues at source.
- The success of the Community Outreach worker in making contact with traditionally hard-to-reach groups such as the homeless and drug-users, supporting significant numbers to, for example, register with GPs and linking with other support agencies.
- Achieving all of its CQUIN indicators – the only one of the NSCCG providers to do so.

Members noted, however, with some concern that the NSCP had not achieved its End of Life care priority and that 3 priorities were “on track” rather than having been achieved (Increase in the number of clinic based treatments; Research/Audit; and Move to a “living well in North Somerset” agenda). Although Members appreciate that some of these issue are on-going and unlikely to be “achieved” in the period (noting that End of Live care is a priority in 2016/17), they consider that there was insufficient information provided in the presentation to the Panel or in the QA report itself to provide a baseline by which Members can assess progress.

In respect of the priorities for 2016-17, Members welcome the continuing focus on Pressure Ulcers, End of Life Care, and outreach to hard-to-reach groups – together with the other priorities in respect to “delivering a dementia friendly organisation”; “Sign up to Safety”; and “Improve clinical assessment and care planning”.

South West Ambulance Trust Quality Account Response QA Presented by Martyn Callow (SWAST)

The Panel remains concerned by the Trust’s performance against some of the prescribed key indicators, with performance against the Category A measures failing to meet target and worsening by comparison with last year (both across the Trust’s area as a whole and within the North Somerset catchment).

Nevertheless, the Panel acknowledges the significant impact of increasing demand (up by 17% in 2015/16) and is encouraged by the promise shown by the Trust’s spearheading of the Ambulance Response Programme (demand management) trial and other initiatives including the implementation of ECPR (electronic records system), the establishment of the Research and Audit Team, recent successful recruitment campaigns, and community engagement work such as with the Night Time Economy Team in North Somerset. The Panel hopes that these initiatives will begin to make a sustainable difference going forward.

The Panel acknowledges the Trust's achievement (or partial achievement) all of its 2015/16 priorities and welcomes the focus of the 3 2016/16 priorities on Cardiac Arrest, Accessible Information and Human Factors. In respect to the Accessible Information priority, Members commented on the importance of clearly referencing the mother tongue of patients.

Response to Weston Area Health NHS Trust Quality Account 2015/16 QA Presented by Gillian Hoskins, Associate Director of Governance & Patient Experience

The Panel acknowledges the significant challenges faced by the WAHT in a year in which, amid ongoing uncertainties about the future shape of the Trust, it underwent a difficult CQC inspection and faced challenges from the Health Education England and the General Medical Council following a poor rating arising from the junior doctor survey. Set in that context, Members are not surprised that the Trust met just 4 out of its 13 Quality Account priority targets for 2015/16. Members are, nevertheless encouraged by the Trust's clear commitment to addressing these significant challenges and recognise that the steps being taken to deliver improvements will take time to bed down.

Members were also encouraged by the improvements in results from the staff survey - particularly noting the increasing numbers of staff recommending the trust as a place to work or receive treatment.

Performance and Priorities

Patient Safety - Members note that the Trust (partially) achieved just one of its four 2015/16 patient safety priorities - "Reducing preventable infections". Overall, these patient safety results are concerning but the Panel welcomes the progress made in respect to preventable infections and recognises the focused plans (priorities for 2016-17) being put in place in respect of pressure ulcers and medicine management to deliver improvements going forward.

Patient experience – Performance against the four patient experience related priorities for 2015/16 was however very good with all targets partially or fully met. Members commented that it was evident that a "learning culture" was being encouraged at the Trust and that there was a clear commitment to gathering patient feedback. Nevertheless, there was also a view expressed by Members that the Trust needs to do more to evidence clear linkage between the two - eg how this feedback is being translated into learning and triggering change.

Clinical effectiveness – Performance against the clinical effectiveness priorities was disappointing with none of the targets met. The Panel notes that both Mortality and Sepsis continue to be key priorities for 2016/17.

The Trust's overall list of priorities for 2016/17 has been re-focussed around a hierarchy of patient risk with "reducing avoidable mortality" as top priority (following results of the most recent mortality data) and this approach is to be welcomed. However, there was a view expressed that poor performance around sepsis in particular could warrant elevating this issue to top priority in the coming year.

Members raised concerns about the incidence of delayed discharge due, for example, to problems dispensing medication out of normal hours and the potential

impacts these delays could have on patient health and wellbeing. The Panel considers that more must be done to facilitate effective discharge and is therefore encouraged that patient discharge has been set as a key priority for 2016/17 - which includes the implementation of measures to improve discharge planning including the "ticket to ride" expected date of discharge assessment. The panel is also aware of and welcomes the ongoing work with the Emergency Care Improvement Programme (ECIP) on improving patient flow and the sustainable improvements that this may deliver going forward.

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