

Minutes

of the Meeting of the

Quality Accounts Sub-Committee

Thursday, 4th May 2017

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

Meeting Commenced: 14:00 p.m.

Meeting Concluded: 16:45 p.m.

Councillors:

A Michael Bell

A Sarah Codling

P Bob Garner

P Ruth Jacobs

P Roz Willis

Co-opted Member:

A Georgie Bigg

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:** Hannah Bailey (Head of Quality and Improvement) **Weston Area Health NHS Trust:** Gillian Hoskins (Associate Director of Governance & Patient Experience) **North Somerset Community Partnership:** Mary Lewis (Director of Nursing and Therapies)

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 26th April 2016 (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).

In discussion, Members commented on the QA as follows:

Overall the Health Overview and Scrutiny Panel were very encouraged by the Trust's achievements against its 2016/17 QA priorities and by its performance generally over the year (recognising that recent CQC

inspections have reported that actions arising from the 2015 “requires improvement” inspection have all been delivered).

Members noted the following accomplishments in particular:

- meeting Cancer Standards and RTT, Diagnostic and ED improvement trajectories;
- expansion of the Quality Improvement and Safety Culture Programme;
- 80% achievement of CQUIN targets;
- steady improvements in the patient falls rate;
- significant on-going reductions in pressure injuries; and
- the establishment of a Quality Hub to support the Theatre Quality Improvement Programme.

Members also felt that the Trust’s embedded use of the “SHINE” patient checklist in the Emergency Department was particularly noteworthy as good practice, providing an effective tool for assessing, managing and providing assurance on the quality and safety of ED services.

The Panel raised concerns in last year’s QA response about the Trust’s lack of engagement with Healthwatch North Somerset and were pleased to note that this appeared to have now been largely addressed.

In conclusion, the Panel felt that the Trust had made good progress against its 2016-17 priorities and that the priority areas identified for 2017/18 were appropriately targeted.

Concluded: that the Panel’s comments be reviewed under Item 8 (Minute QAS 8 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)

The representative of the Trust gave a presentation highlighting the key points of the Trust’s QA.

In discussion, Members commented on the QA as follows:

The Health Overview and Scrutiny Panel has had little direct involvement with AWP in 2016/17 with mental health not featuring directly in its work programme during that period. Also, as the QA covered the entire AWP area, it was difficult to isolate the performance of North Somerset services (although clearly some North Somerset patients were in acute settings outside of the district).

Nevertheless, mental health has featured in the BSSSG Sustainability and Transformation Plan (STP) documentation and during informal discussions about the future of Weston Hospital and the Panel has touched on the need for closer co-operation between AWP and Weston Area Health Trust (WAHT) in order to ensure that dementia and mental health needs of WAHT inpatients and the physical health needs of AWP inpatients can be better met.

Members therefore welcomed the Trust's statement in the QA about the STP process, recognising the "exciting opportunities to raise the importance of mental health and to integrate mental health, physical health and social care in our local communities". They also welcomed the focus on improving the physical health of service users in the 2017-18 priorities.

In reviewing the Trust's performance against its 2016-17 priorities, the Panel noted that aspects of carer experience and support had not progressed as much as expected. Under "Priority 3" it was disappointing to see five "red" status markings and areas where once again there has been little progress - especially in respect to the section "to learn from service users and carer experience when things go wrong" as this was fundamental to continuous improvement.

Members were, however, pleased to note that in setting priorities for 2017-18, the Trust acknowledged the need to set more focussed and realistic targets, better aligned to corporate objectives and in consultation with staff. Members were also encouraged by the particular emphasis given to improving governance structures.

The Panel also welcomed the "green" positive 2016-17 priority outcome in respect to removing "ligature options" in inpatient wards whilst also recognising that the significant costs of delivering this programme would have increased financial pressures faced by the trust. Members were also pleased to see that virtually all service users on CPA had a crisis plan and that carer involvement in care planning is much improved.

Concluded: that the Panel's comments be reviewed under Item 8 (Minute QAS 8 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:

The Panel fully recognised the significant challenges faced by WAHT in 2016/17, following on from several years of uncertainty about the Trust's future, sustained periods of peak demand on services, long term recruitment difficulties and the financial and operational challenges associated with being the smallest acute trust in England.

Whilst these long term issues had clearly impacted on the quality of service, as evidenced by recent CQC inspections and annual QAs, the cause and effect was well understood. Therefore, the Panel's overriding focus in its response would be forward facing: on the critical opportunity to fundamentally address these challenges as a function of the Sustainability and Transformation Partnership (STP) process, which the WAHT had recently commenced in partnership with the other health and social care providers and commissioners in Bristol, North Somerset and South Gloucestershire.

In that context, the Panel particularly welcomed the encouraging evidence within the 2016/17 QA of partnership working with neighbouring Trusts, evidence of improvements in patient flow in the emergency department, and the Trust's ongoing commitment to engaging positively with the community and key stakeholders.

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

QAS 6 South West Ambulance Service NHS Foundation Trust - presentation

In considering the Trust's QA, Members took the view that it had had not had sufficient contact with, and overview of, the Trust to provide a well-informed response.

Whilst there was some discussion about aspects of the Trust's performance and proposed priorities, Members noted that the Trust had been unable to send a representative to this meeting and, as a consequence, they were unable to seek further clarification on these issues. It was therefore:-

Concluded: that, taking into account the above, the Panel decline the opportunity to submit a formal response to the Trust's QA.

QAS 7 North Somerset Community Partnership – presentation

The representatives of the Partnership gave a presentation highlighting the key points of its QA.

In discussion, Members commented on the QA as follows:

Overall the Health Overview and Scrutiny Panel were impressed with performance against the Partnership's 2016/17 priorities, particularly given this was its first full year since the introduction of the new model of community care in North Somerset and given the associated structural and leadership changes that took place during the year. A success also illustrated by the findings of the recent CQC in which it received a "good" rating.

In respect of performance against the Partnership's 2016/17 priorities, Members were encouraged that all were met. The Panel particularly welcomed the following achievements:

- The excellent friends and families feedback with 97% of patients recommending the service;
- The ongoing reduction in the incidence of pressure ulcers (31% reduction across all types);
- The achievement of the "delivering a dementia friendly organisation" priority (with 98% of staff trained);
- National recognition of the Partnership's collaborative work with AWP to enhance mental health of patients with physical health needs and physical health of patients in mental health services; and
- All CQUINS targets achieved.

Members were however concerned about issues around staffing capacity, noting that, in line with other NHS organisations in the region and nationally, there were recruitment challenges. Members also noted that there was a lower than desired response to the staff survey and only 57% of those staff that did respond recommended NSCP as a place to work. Members were encouraged, however, that these issues were being positively addressed by the training and recruitment focusses in the 2017-18 priorities.

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

QAS 8 Panel Discussion

Members reviewed the QAs presentations and agreed the responses as outlined in the discussions set out above.

Resolved:

- (1) that, on the basis of the 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 response deadlines.

Chairman
