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Adults, Children and Education Scrutiny Commission

(previously People Scrutiny Commission)

Supplementary Information

Date: Thursday, 18 October 2018

Time: 5.00 pm

Venue: City Hall College Green Bristol BS1 5TR

Issued by: Louise deCordova, Democratic Services
City Hall, Bristol, BS1 5TR
Tel: 0117 35 26151
E-mail: democratic.services@bristol.gov.uk
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Supplementary Agenda

4. Minutes of Previous Meeting

To agree the minutes of the previous meetings as a correct record. **(Pages 3 - 21)**

- People Scrutiny Commission – 17 July 2017
- People Scrutiny Commission Meeting in Common – 31 January 2018
- People Scrutiny Commission Meeting in Common – 8 May 2018

Bristol City Council
Minutes of the People Scrutiny Commission

17 July 2017 at 2.00 pm

Members Present:-
Councillors: Brenda Massey (Chair), Clare Campion-Smith (Vice-Chair), Tony Carey, Eleanor Combley, Anna Keen, Gill Kirk, Cleo Lake, Celia Phipps, Ruth Pickersgill and Liz Radford

Cabinet Members in Attendance:-
Councillors: Helen Godwin (Children and Young People), Claire Hiscott (Education and Skills) and Helen Holland (Adult Social Care)

Officers in Attendance:-
John Readman (Strategic Director - People), Terry Dafter (Service Director - Care and Support - Adults), Anne Farmer (Service Manager (Central / East Bristol), Care and Support - Children and Families), Michele Farmer (Service Director Early Help and Targeted Support), Paul Jacobs (Service Director Education & Skills), Jacqui Jenson (Service Director - Care & Support, Children & Families), Bridget Atikins (Principal Commissioning Manager), Lindsay Winterton (Principal Commissioning Manager - Strategic Commissioning & Commercial Relations), Lucy Fleming (Democratic and Scrutiny Manager) and Louise deCordova (Scrutiny Advisor)

1. Welcome, Introduction and Safety Information

Councillor Massey, Chair of the People Scrutiny Commission, welcomed attendees to the meeting, and led introductions.

2. Apologies for Absence and Substitutions

There were no apologies for absence or substitutions.

3. People Scrutiny Commission AGM Report

The Commission received the Annual General Report from the Scrutiny Policy Advisor.

The Commission RESOLVED:

- **To elect Councillor Claire Campion-Smith as Vice Chair for the 2017-18 year.**
- **To note the Commission's Terms of Reference.**
- **To note the topics selected as priorities for scrutiny by the Overview and Scrutiny Management Board.**

4. Declarations of Interest

There were no declarations of interest.

5. Minutes of Previous Meeting and Action Sheet

The Commission RESOLVED that the minutes dated 27 March 2017 were agreed as a correct record.

All actions were complete or in progress. The following points were noted:

Education Performance Report

a. Officers to provide a briefing note for Councillors on Bristol City Council's work to encourage good practice across academies and the Local Authority.**(Action: Paul Jacobs)**

Risk Register

b. Officers to provide a note to outline the revised format for presenting risk. **(Action: John Readman)**

6. Chair's Business

There was no Chair's Business.

7. Public Forum

There was no public forum received.

8. Targeted Youth Services

Michelle Farmer, Service Director for Early Intervention and Targeted Support, introduced the funding context and background to the proposed New Contract for Targeted Youth Services, presented by Bridget Atkins, Principal Commissioning Manager.

In response to Councillor's questions the following points were noted:

a. Councillors agreed and were encouraged that there had been a thorough process of consultation with good councillor engagement. Councillors recognised that meaningful adjustments, had addressed the points councillors had raised.

   For example, adjustments to deprivation criteria, had been made in response to feedback and this was evidenced in the current iteration of the proposed commissioning model.

b. Councillors were pleased to see NEET data management being brought in-house

c. Councillors welcomed the proposed tapering of online resources in order to obtain best value for money

d. Noted that providers would need to tailor their bids to demonstrate their capability to respond to the profile of specialised need and specific outcomes required in the three geographical areas.

The Commission RESOLVED:

- **To note the New Contract for Targeted Youth Services presentation**
- **To refer the Commission's comments to Cabinet for consideration.**

9. Unaccompanied asylum seeking children

The Commission received a position statement and report, presented by Anne Farmer, Area Manager East Central, Care and Support Children and Families, detailing current services provision, and plans for developing services to meet anticipated demand.

In response to Councillor's questions, the following points were noted:

a. The majority of unaccompanied children had come from Afghanistan and other countries whereas Syrian children were more likely to arrive as part of a Syrian family scheme.

b. There had been positive strides forward in coordinating the City's support to unaccompanied children, although it was recognised that the landscape and challenges were changing constantly

c. There was more work to do to create a strategic and city response to provide accredited legal support which could be accessed by carers or social workers through an organised legal pathway.

d. In placing 'Dubs III' children, there were ongoing challenges, where children were being reunited with families in already vulnerable or crowded situations. 3 out of 7 placements had broken down, with the children being supported in independent accommodation and some families being offered additional help including financial support.

e. Officers to explore options for Reconstruct Advocacy Services to be provided as an automatic right for unaccompanied children, acknowledging the priority to provide both housing and education services.

f. Some schools had developed best practice, in the provision of school places for children without a definitive date of birth that was safe but efficient. It was recognised that some Local Authorities may be less confident in recognising and delivering on the obligations to unaccompanied children. Officers to explore options to share best practice guidance to support schools and other local Authorities. **(Action: Paul Jacobs/ Anne Farmer)**

g. The recent campaign to recruit foster carers had also signposted people to other schemes such as 'Branch Out' for older children (16+) and mentoring schemes. It was noted that councillors could support ongoing recruitment by sharing event and open day information via social media and in their networks. James Beardall and Ann James to be contacted for further information regarding recruitment to be shared with councillors. **(Action: Ann Farmer)**

h. Bristol experienced very few instances of missing children. The Cabinet Office had recently visited Bristol to discuss best practice in relation to missing children to inform a future offer of national guidance. Children may go missing for a range of reasons. In all circumstances the Council works very closely with the police, other agencies and other local authorities to locate a missing child. Consideration is being given to photographing children on arrival and building a comprehensive database which may offer mitigation in some circumstances.

The Commission RESOLVED to note the report

The Commission held a ten minutes comfort break.

10. An overview of the School Admission Arrangements in Bristol - Conclusions of the People Scrutiny Commission

Paul Jacobs, Service Director, Education and Skills and Councillor Clare Hiscott, Cabinet Member for Education and Skills, introduced the report and asked the Commission to formally agree the recommendations and refer the report to the Mayor and Cabinet for consideration.

In response to Councillor's questions, the following points were noted:

a. Councillors commented that the Council had a role to encourage and influence a change in school admissions criteria to increase the numbers of pupil premium students admitted to their first preference of schools across the City, at least 10%.

b. It was acknowledged that whilst the Council could not oblige schools to change their criteria, the Council could include Pupil Premium within its own admissions criteria and use this as an example

to support the narrative and aim for a more balanced City. Officers to include a recommendation in the report to Cabinet. **(Action: Paul Jacobs/Councillor Claire Hiscott)**

c. It was recognised that any change in policy could displace some students. Officers to do further modelling to identify the likely impact of this action. **(Action: Paul Jacobs)**

d. The new Bristol Cathedral Choir School was aiming for a minimum intake of 30% pupil premium students, which was a good start.

e. Following the Inquiry Day and in response to feedback, Colston School had employed a Somali champion to support applications from Somali families to the school.

f. In respect of Recommendation 1, *'…oversight of Admissions through an Annual Update…'* The annual reporting process should have a discussion and relationship building format and invite stakeholders including head teachers and councillors. **(Action: Cllr Hiscott/Paul Jacobs)**

g. In respect of Recommendation 3, *'…support available for parents on admissions processes…'* Officers to prepare new guidance for parents in the autumn, to reinforce the importance of including a local choice in their selected preferences. A crib sheet to be shared with councillors. **(Action: Paul Jacobs)**

h. In respect of Recommendation 5, *'…to promote Bristol schools…'* councillors suggested more could be done to celebrate and communicate to parents and carers when a local school's performance had improved. This could be shared with councillors and circulated to primary schools for information sharing.

The Commission RESOLVED:

- **To agree the report and recommendations subject to the comments and amendments noted above**
- **To refer the report to the Mayor and Cabinet for consideration.**

11. Reductions to the Supporting People budget consultation update

Lindsay Winterton, Interim Principal Commissioning Manager and Councillor Helen Holland, Cabinet Member for Adult Social Care, presented the report and asked the Commission to note the update on the live consultation options for £1.8m budget reduction for Supporting People services.

In response to Councillor's questions, the following points were noted:

a. It was recognised that significant work was taking place to speak to a wide range of providers, to ask them to describe the impact of the budget reductions on their service provision, identify opportunities for collaboration and to engage service users in a city wide conversation, in local

neighbourhood settings. Cllr Holland invited councillors to raise any particular points with her, Lindsay Winterton, or the Supporting People team directly via email.

b. People who accessed Supporting People services were not necessarily known to the Council and therefore providers were setting up focus groups with their service users to enable conversations to take place. Councillors to encourage local providers, within their wards and networks, to make contact and respond to the consultation.

c. The Commission noted comments from Judith Brown, expert witness on behalf of Bristol Aging Better; who raised concern that the reduction in budget impacted the services designed to promote the wellbeing of the most vulnerable; questioned whether there was an opportunity for the Council to use Reserves in order to minimise risk; and perceived that the cuts represented a short term measure which could shift problems to statutory and more expensive services in the long term.

d. It was acknowledged that in order to mitigate the impact of the budget reduction, there was a need to nail the approach to the 3 tier model in partnerships across Social Care, Public Health, Housing and other services and connect people to appropriate services or likeminded people in their own communities, minimising the risk of individuals presenting with a formal need, particularly within housing services where it was believed the largest impact would be felt. This concern was amplified for service users with mental health or learning disabilities.

e. Officers were working in partnership with health colleagues to put forward a scheme of proposals to the Health and Wellbeing Board on 18th August, recommending targeted use of the 'Improve Better Care Fund' monies, within the guidance set.

f. Over £5m would continue to be invested in the provision of tailored Supporting People Services. There was unanimous agreement that decisions must be supported by a needs and user led approach. It was important to quantify early intervention models across adult and children social services in order to continue to make the case for this work, alongside the development of financial modelling to understand the likely long term financial impact of budget reductions.

The Commission RESOLVED to note the report.

Meeting ended at 4.40 pm

CHAIR ___________________

Meeting in Common
South Gloucestershire Health Scrutiny Committee
Bristol City People Scrutiny Commission

Tuesday, 30th January, 2018
Held at the Civic Centre, Kingswood

Present for South Gloucestershire:

Councillors: Marian Lewis (Chair), Kaye Barrett, April Begley, David Chubb, Robert Griffin, Shirley Holloway, Sue Hope, Trevor Jones, Sarah Pomfret and Ian Scott

In Attendance: Claire Rees (H&WB Partnership Officer) and Gill Sinclair (Deputy to the Head of Legal, Governance & Democratic Services)

Present for Bristol City:

Councillors: Brenda Massey (Vice-Chair), Tony Carey, Eleanor Combley, Celia Phipps and Liz Radford

In Attendance: Louise de Cordova (Scrutiny Advisor)

Others in Attendance:

University Hospitals Bristol NHS Foundation Trust: Robert Woolley (Chief Executive), Carolyn Mills (Chief Nurse) and Ian Barrington (Divisional Director, Bristol Royal Hospital for Children)

Apologies for Absence:

South Gloucestershire Councillors: Janet Biggin (replaced by Trevor Jones), Keith Burchell, Katherine Morris and Gloria Stephen

Bristol City Councillors: Mark Brain, Clare Campion-Smith, Gill Kirk, Cleo Lake and Ruth Pickersgill

83 WELCOME AND INTRODUCTIONS (Agenda Item 1)

In accordance with previously agreed arrangements, Cllr Marian Lewis (South Glos) took the Chair and Cllr Brenda Massey (Bristol) acted as Vice-Chair.

The Chair welcomed everyone to the meeting and outlined the roles and responsibilities of health scrutiny and the arrangements for holding a meeting in common.

84 EVACUATION PROCEDURE (Agenda Item 3)

The Chair drew attention to the evacuation procedure.

85 DECLARATIONS OF INTEREST UNDER THE LOCALISM ACT 2011 (Agenda Item 4)

There were no declarations of interest.

86 SUBMISSIONS FROM THE PUBLIC (Agenda Item 5)

The meeting received two submissions from the public, as follows:

- Allyn Condon
- Kelly Marlow (not present)

(Details would be added to the South Glos Table of Public Submissions for review.)

In addition, the meeting noted 114 submissions relating to matters on the agenda, which had previously been received by the Bristol Overview & Scrutiny Management Board on 1st November 2017 and referred to this meeting.

87 ITEMS FROM MEMBERS (Agenda Item 6)

There were no items from Members.

MEETING APPROACH

The Chair reminded Members that, as a 12 month review since the last meeting in common, the purpose of today was to receive an update on the progress of University Hospitals Bristol NHS Foundation Trust (UHBristol) in implementing recommendations set out within, firstly, independent reviews of children's cardiac services at the Bristol Royal Hospital for Children and, secondly, an independent investigation into the management response to allegations about staff behaviours related to the death of a baby at the Children's Hospital. Cllr Lewis invited Mr Woolley and colleagues from the Trust to present their reports.

88 INDEPENDENT REVIEW OF CHILDREN'S CARDIAC SURGICAL SERVICES AT BRISTOL ROYAL HOSPITAL FOR CHILDREN (Agenda Item 7)

Carolyn Mills (UHBristol) presented the report of the Trust which gave a summary of the work undertaken to date in relation to recommendations made by an Independent Review and CQC report. She gave information on key milestones and identified actions and learning that had been taken forward throughout the organisation.

Ms Mills paid tribute to the families and the children and young people who had taken part in the Trust's work to effect change and improve the way it listened to patients and their families, particularly by participating in the Steering Group overseeing delivery of recommendations. The Trust believed it had fully evidenced what it had achieved, and in some cases surpassed, in terms of the recommendations. It had been a challenging year but there had been learning in line with the spirit of the recommendations and this would continue after the action plan was complete.

Ian Barrington (UHBristol) added that the Cardiac Services review group also had regular reviews and sought continual improvement.

- Patient information leaflets were available on the Trust's website; they had been revised to take account of feedback from patients and families
- Contact had been made with the Cardiac network in Wales and communication had improved
- The website now also included information on palliative care
- Improvements to the website had been tested to obtain feedback, for example at Ward coffee mornings
- There was recognition that families would need different support and information depending on their views and circumstances
- Reporting of patient safety incidents had been broadened through training with the aim of achieving consistency in reporting by staff
- Although the option to record conversations had been implemented, there had not been a great take up of this option
- Benchmarking had involved surveys with and visits to other paediatric cardiac centres and useful information had emerged, notably regarding the satisfactory number of staff involved in outpatient clinics and in the identifying the low number of cardiac specialists and psychology support being provided
- The Children's Quality Assurance Committee was a sub-committee of the Divisional Board and had a remit for overseeing improvement actions arising out of the benchmarking exercises

The report of the Trust and information provided as above, was noted.

89 INDEPENDENT INVESTIGATION INTO THE MANAGEMENT RESPONSE TO ALLEGATIONS ABOUT STAFF BEHAVIOURS RELATED TO THE DEATH OF A BABY AT BRISTOL ROYAL HOSPITAL FOR CHILDREN (BY VERITA) (Agenda Item 8)

Robert Woolley (UHBristol) addressed the meeting and said he was conscious of how inadequate his words would be to Mr Condon and his family and was sorry for the length of time it had taken for the Trust to issue an apology to the family.

Mr Woolley reminded Members of the circumstances relating to the death of a baby, Ben Condon, at the Children's Hospital on 17th April 2015. He also detailed the ways in which the organisation had lost the family's trust. A specialist organisation (Verita) had been asked to undertake an independent investigation into the circumstances of the management response to allegations about staff behaviours. The written report circulated with the agenda papers set out how the Trust was addressing the recommendations by Verita.

The report also summarised key concerns Mr Condon had raised with the Trust and detailed the Trust's responses and actions so far. The 4 main concerns were summarised as:

- Clinical staff failed to disclose information and/or lied to the family
- Senior management had engaged in a cover-up
- Consultants gave contradictory evidence at the inquest and in other statements
- Ben died without appropriate treatment/ with the wrong treatment

Since the last meeting, the Trust had commissioned a further expert opinion on the question of whether and when antibiotics should have been given to Ben. The Trust found that this latest opinion cast a greater doubt on the reasonableness of withholding antibiotics compared to previous expert opinion that the Trust had relied on. The Trust had therefore decided it was right to apologise to the family and accept that the lack of anti-biotics was a material contributing factor in Ben's death. A public apology had been made.

The Trust was deeply sorry for serious mistakes it had made in managing the complaint and in communicating with the family. Whilst accepting that it would offer little comfort to the family, the case had led the Trust to make a number of improvements in clinical care and in how it communicated and engaged with bereaved families.

Members were also advised that Mr Condon had recently taken action to make a complaint to the Parliamentary and Health Service Ombudsman (PHSO) and had already lodged a claim for clinical negligence. He had also asked the General Medical Council (GMC) to investigate 7 doctors involved in Ben's case.

The Committees were asked to note the developments in the case since their last consideration, the learning and improvements inside the Children's Hospital and the Trust as a result of its review of Ben's care. They were also asked to note the continuing dissatisfaction of the Condon family and the Trust's hope that this would be addressed by an independent review by the PHSO.

Members asked a number of questions about the report and received the following information:

- The Trust acknowledged that the process was far from over in terms of implementing recommendations and in terms of the legal processes
- NHS Resolutions would be the responsible body dealing with the terms of the settlement; it was not known for certain whether a confidentiality clause would be included; information on the settlement terms would be reported to Members in due course

- If a child with a viral illness was a patient today, it was not necessarily appropriate that anti-biotics would be routinely administered; clinicians were aware that administering anti-biotics in the case of a viral infection could cause harm in itself and could contribute overall to the breeding of drug resistant bacteria; as in Ben's case, clinical opinion was divided on the issue and the hospital had to trust the doctors' professional judgement in each case to weigh up whether there was an undiagnosed bacterial or viral infection; with the actions taken by the Trust following Ben death, the chances of the issue recurring had been minimised

- In terms of how quickly the type of infection could be identified, if an identical case presented itself today, tests would be done to determine the type of infection but it was important to note that the tests themselves could be risky and invasive especially for very small children; awareness of the risk of a secondary infection had been heightened since Ben's case

- Accepting that the report not address the issue of identifying blame or identifying a single person as responsible, the Trust felt it had set out the issues as openly as possibly in the summary in appendix 1 to the report; this set out the allegations against clinicians and the Trust and described the approach taken by the Trust in response; the family said they wanted the truth and this was understandable however their truth was to apportion blame to doctors and to Mr Woolley as Chief Executive; it was a complex issue to which explanations had been given and while that might look like confuscation to the family, nonetheless there were more innocent explanations for the inconsistencies; some behaviours, though, had clearly been wrong, for example suggesting the deleting of a recording

- A small number of complaints had been received since 2015 from parents about failures of care in the intensive care unit; some would be the subject of inquests; the Trust's representatives did not recall anything similar to Ben's case

- There were a range of ways of dealing with complaints; issues included whether dissatisfaction was expressed on the ward; there was a service called Liaise to deal with concerned parties; and there was a formal thorough complaints process

- The cost of litigation costs was not yet known and actions were on-going; it would be a cost to the public purse; the Trust subscribed to a negligence scheme and NHS Resolution would pay any compensation awarded

The Chair made closing comments. Both Scrutiny Committees were satisfied that the review of services had been conducted thoroughly and in great depth by the CQC and through the independent specialist investigation by Verita. They were also satisfied to see that families had taken part in the Steering Group and through an on-line virtual group. The Committees noted the progress in implementing the recommendations identified in the Trust's report and noted that many of them had been completed and were already part of standard practice. Many lessons had been learned and the service had moved forward with improvements both in the standard of care for patients and in the communication with the patients' families.

The Committees would await the outcome of the various processes outlined in the report, including the progress of litigation, professional review by the GMC and independent investigation by the PHSO. The Committees requested that they be kept informed of the outcomes of these processes.

Whilst having every sympathy with the bereaved families, it was felt that the two Committees had done all they could within the scope of their powers and it would not serve any useful purpose to convene the meeting in common again. There was in fact no role for the meeting going forward and she suggested that the meeting now be brought to a close.

In response, other South Glos members felt that as the matter had not been concluded, there would be a benefit in reconvening a meeting in common in a year's time.

Upon a PROPOSAL by Cllr Ian Scott, SECONDED by Cllr April Begley, and being put to the vote it was

RESOLVED by the South Glos Health Scrutiny Committee: That the meeting in common be reconvened in a year's time to review progress.

VOTING: 7 FOR
0 AGAINST
3 ABSTENTIONS

Upon a PROPOSAL by Cllr Brenda Massey, SECONDED by Cllr Tony Carey and upon being put to the vote it was

RESOLVED by Bristol People Scrutiny Commission: To receive a progress written report from the UHBristol Trust in a year's time, reserving the option to convene a further meeting if appropriate.

VOTING: 5 FOR
0 AGAINST
0 ABSTENTIONS

The meeting closed at 3.40pm

Chair……………………………………………………………………………

Date……………………………………………………………………………..

Bristol City Council
Minutes of the
People Scrutiny Commission Meeting in Common

8 May 2018 at 10.00 am

Attendance:-

Bristol City Council People Scrutiny Commission Councillors: Brenda Massey (Chair), Eleanor Combley, Paul Goggin, Liz Radford

South Gloucestershire Health Scrutiny Committee Councillors: Marian Gilpin (Chair), Sue Hope (Lead Member), April Begley, Janet Biggin, David Chubb, Shirley Holloway

Officers: Louise deCordova (Scrutiny Advisor, Bristol City Council), Neil Young (Democratic Services Officer, South Gloucestershire Council)

Health Providers: Bristol Community Health (BCH) – Claire Madsen (Deputy Clinical Director),Dr Dani Sapsford (Quality and Governance Facilitator), University Hospital Bristol (UHB) - Chris Swonnell (Head of Quality (Patient Experience and Clinical Effectiveness), Carolyn Mills (Chief Nurse), Mark Callaway (Medical Director), Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) - Hannah Bailey (Head of Quality and Improvement), South Western Ambulance Service NHS Foundation Trust (SWASFT) - Sharifa Hashem (Patient Engagement Manager), Sally Arnold-Jones (Consultant Paramedic), Sirona Care and Health - Julie Sharma (Director of Business Development), North Bristol Trust (NBT) - Paul Cresswell (Associate Director of Quality Governance), Sue Jones (Director of Nursing)

1. Welcome, Introduction and Safety Information

Councillor Massey, Chair of Bristol City Council People Scrutiny Commission welcomed the attendees and led the introductions.

2. Apologies for Absence

The Committee received apologies for absence from the following:

Bristol: Mark Brain, Tony Carey, Celia Phipps

South Gloucestershire: Kaye Barrett, Ian Scott (Lead Member), Robert Griffin, Gloria Stephen

3. Declarations of Interest

Councillor Radford stated that her husband had a complaint in progress with the North Bristol Trust.

4. Public Forum

There were no Public Forum items.

5. Quality Accounts Reports

Members were asked to consider and comment on the Quality Account presentations and draft reports that had been circulated by local health care providers as follows:

a. Bristol Community Health (BCH)
b. University Hospital Bristol (UHB)
c. Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)
d. South Western Ambulance Service NHS Foundation Trust (SWASFT)
e. Sirona Care and Health
f. North Bristol Trust (NBT)

A link to the presentations can be found here.

6. Bristol Community Health (BCH)

Claire Madsen (Deputy Clinical Director), presented an overview of the BCH business model, the demography of patients treated, and the quality priorities for 2017/18 and 2018/19.

In response to Member's comments and questions, the following points were made:-

(i) BCH was committed to delivering healthcare services which met the needs of diverse communities. There was an equal opportunities recruitment strategy in place and there were good examples of diverse recruitment in the employment of community navigators. It was noted that the pool of registered healthcare practitioners was less diverse and BCH was in contact with the Universities regarding their plans to attract diverse trainees to their courses.
(ii) In tackling loneliness and social isolation it was noted that there may be an opportunity to enhance the offer by utilising Bristol Community Transport services.
(iii) The work carried out by tissue viability nurses would be supported by digital resources on the website and could include videos identifying pressure injury prevention, malnutrition and weight loss strategies.
(iv) BCH helped people to access existing services, such as community groups and churches, sometimes extra support was provided to help increase self-confidence.

(v) The draft Quality Account had shown a high score of medication incidents. This was due in part to the low threshold and comprehensive system of reporting. It was noted that the number of patients that came to harm due to this was very low and could be an indication of an open and 'no blame' culture.
(vi) BCH were looking at ways to address the high number of instances where patients missed doses of insulin due to the challenge of managing self-administration.

7. University Hospital Bristol (UHB)

Chris Swonnell (Head of Quality (Patient Experience and Clinical Effectiveness) and Carolyn Mills (Chief Nurse), presented an overview of the three markers of quality, UHB progress against quality objectives for 2017/18 and their quality ambitions for 2018/19.

In response to Member's comments and questions, the following points were made:-

(i) UHB had developed a programme to recognise and celebrate staff innovation happening across the Trust. Two of the winning quality improvement projects being showcased were i) Improvement of the identification and treatment of sepsis and ii) Optimisation of BRI Acute Fracture clinic through a virtual fracture clinic
(ii) The Academic Health Science Network (AHSN) had helped to build partnership and collaboration around the response to mortality for patients. The network was an efficient and effective way for partners to learn from a shared process across a wide geographic region.
(iii) A new universal ReSPECT form (Recommended Summary Plan for Emergency Care and Treatment) and underpinning process had been developed and would be rolled out. It could be used to support early conversations with local GPs to capture patient and family wishes. It was an opportunity to put patients and families at the centre of the process and obtain real-time patient feedback which would be monitored.
(iv) UHB would be moving to electronic medicines management and administration. Each patient would be identifiable via a unique reference number to prevent mis-prescribing
(v) There was an ongoing commitment to staff learning and development. Statutory, personal and post registration training could be delivered through a variety of online or in person tools.
(vi) The mystery shopping programme needed to be worked up in detail. It may be possible to ask patients who have had elective procedures to provide detail of their experience through the process end to end.

8. Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

Hannah Bailey (Head of Quality and Improvement) presented an overview of the AWP quality developments and key achievements and challenges in 2017/18 and their plans for 2018/19.

In response to Member's comments and questions, the following points were made:-

(i) Priorities included the improved physical health of service users. Annual physical health checks to include blood pressure and obesity checks and advice on other health issues such as smoking cessation.
(ii) It was noted that it would be helpful for the AWP Quality Report to include numbers alongside percentage amounts to clarify the number service users that were impacted by the services provided.
(iii) In order to meet the medicines optimisation targets, improvements were required i) in nursing practices to reduce the incidents of mis-recording or not recording and ii) improved medicines safety to increase pharmacist involvement on discharge from hospital.

9. South Western Ambulance Service NHS Foundation Trust (SWASFT)

Sharifa Hashem (Patient Engagement Manager) and Sally Arnold-Jones (Consultant Paramedic) presented an overview of the SWASFT 2017/18 quality priorities and their proposed quality priorities for 2018/19.

In response to Member's comments and questions, the following points were made:-

(i) The SWASFT covers a large geographic area, approximately 10% of the UK land mass.
(ii) The service had been impacted by the winter crisis and SWASFT had worked closely with partners to ensure handover delays were as low as possible. Planning initiatives had already begun for next winter, particularly around demand and resources to ensure that resources were where they needed to be.
(iii) Information about the patient experience was not easy to collect once the patient had been referred on to partners, although there was increasing anecdotal evidence of better outcomes for the elderly and frail. There may be an opportunity to engage patient focus groups to improve the evidence of patient experience collected.
(iv) A common approach to frailty management in CCGs was a work in progress, as different localities were at various stages of implementation. However, there was consistency in staff training for referrals and how patients were treated.
(v) Response times were impacted by many factors and could be affected by rurality or demand. Call handlers aimed to refer callers to other services, using a priority triage system, where possible.
(vi) The work is ongoing to improve the response to non-urgent care needs. Providing precise response times for non-urgent ambulance services was challenging and it was recognised that this could be frustrating for patients. In the case of falls requiring non urgent care SWASFT partnered with other agencies such as the Fire Service and other community health rapid response volunteers. There may be an opportunity to partner with Bristol Community Transport to deliver non-urgent services.

10. Sirona Care and Health

Julie Sharma (Director of Business Development) presented an overview of Sirona's 2017/18 quality priorities and their focus for 2018/19.

In response to Member's comments and questions, the following points were made:-

(i) Staff recruitment and retention is currently good and retention rates are high. Challenges have been experienced in some areas such as in recruitment of consultant paediatricians. Sirona is working towards salaries to match the NHS 'agenda for change' payscales as they recognise that they are competing for staff from the same pool. Feedback from staff is that they feel valued welcomed and turnover is lower than the NHS average.
(ii) As part of the rehabilitation, re-ablement and recovery 'discharge to assess' process, every patient receives a visit on their first day home to ensure people don't remain in hospital once medically stable to leave. The aim is to provide the right level of service so the patient does not return to hospital unnecessarily.

11. North Bristol Trust (NBT)

Paul Cresswell (Associate Director of Quality Governance), Sue Jones (Director of Nursing) presented an overview of NBT 2017/18 quality account priorities and their quality improvement priorities for 2018/19.

In response to Member's comments and questions, the following points were made:-

(i) Learning from the Purple Butterfly (palliative care) project was being shared in partnership with the Point of Care Foundation. All palliative care teams meet regularly to share practice.
(ii) In managing operational pressures due to bed over occupancy, the Perform staff training programme was now embedded with bed occupancy now well under 100%. Trained staff coaches were taking their learning out to every ward to do their part to reduce waste or inefficiency and by working together with health community partners to ensure patients are discharged from hospital when medically fit to do so.
(iii) In order to improve performance standards Price Waterhouse Cooper were being engaged to help put in place programme improvements to help achieve sustainable change.
(iv) There was continued investment in staff wellbeing initiatives and support for staff around the challenges of providing compassionate care.
(v) 12-hour shifts continue to be popular with staff but the organisation was committed to trialling other flexible shift configurations
(vi) Recruitment and retention can be a challenge at 14-16%. There is an increasing need for health providers across the region to think in a more collaborative way about workforce opportunities and challenges.

The Chair thanked everyone for their presentations and attendance.

Meeting ended at 1.00 pm

CHAIR ___________________