# 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** _____