Quality Accounts Agenda – May 13th 2019

1.Welcome, Introduction and Safety Information 2.00 pm

Chair Welcomes Commission

2. Apologies for Absence and Substitutions

No apologies received

3. Declarations of Interest

Cllr Holland: former board member Bristol Community Health

Cllr Johnson: Governor of University Hospital Bristol

Cllr Kirk & Cllr Phipps: Former staff members of Bristol Community Health

Cllr Smith: manager in a GP practice in South Gloucestershire; and a non-executive director of OneCare (BNSSG) Ltd, which is owned by and represents GP practices in Bristol.

4. Minutes of Previous Meeting

The minutes of the previous meeting were agreed as an accurate reflection of the meeting.

5. Chair's Business

The Chair updated the Commisssion on the status of the SEND Task & Finish group and informed that an email regarding the future of SEND scrutiny y would be circulated shortly.

The Chair requests that the Commission members send suggestions for items to be added to next years People Scrutiny Commission work programme to either herself or the Scrutiny Adviser for discussion at the work programme workshop.

6. Public Forum

No Public Forum received

7. Quality Accounts Reports

Members are asked to consider and comment on the Quality Account reports provided by local Health Care Providers as follows:

Bristol Community Health (BCH)

Aileen Fraser (Clinical Director), presented an overview of the BCH business model, the demography of patients treated, and the quality priorities for 2018/19 and 2019/20.

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

- BCH have been engaging with University research which has helped the organisation understand current research being done, given them access to findings and the opportunity to embed best practice at the earliest opportunity. Previously, BCH have not always been aware of research being carried out, this awareness has vastly improved.

- There has been a drop in incidents reported which does not necessary equate to less incidents occurring. Staff are regularly encouraged to report incidents (regardless of how small) and while BCH believe the number of incidents reported is quite high, the level of harm is low.
- Staff are encouraged to spend time keeping up to date with research and attend staff engagement events and have protected time to do so.
- Equality leads and patient participant groups have helped give minority groups a voice in service design. Additional staff training has been available to assist staff understand and support people with additional needs.
- 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.
- Further investigation can be done to ensure that patients at HMP Bristol are receiving a high standard of care.
- Members commend the exceeding of targets with regards to palliative care patients being supported to die in their preferred place and are pleased to see the organisations overarching policies in line with the Council priorities.

South Western Ambulance Service NHS Foundation Trust (SWASFT)

Sharifa Hashem (Patient Engagement Manager) and Dave Manners (Deputy County Commander for BNSSG) presented an overview of the SWASFT 2018/19 quality priorities and their proposed quality priorities for 2019/20.

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

- SWASFT do not currently share knowledge and data with other schemes similar to Hear & Treat. This is as a result of differing overarching priorities and also issues with the compatibility of different technologies. There are discussions taking place around technology compatibility but these are in the early stages.
- Staff are being trained in Mental Health First Aid and wellbeing of staff prioritised. It is recognised by the organisation that is not always the big events which trigger harm in staff and managers are trained to recognise signs of early distress.
- There can be difficulties gathering feedback as often the person contacting the service does so on behalf of a stranger or there are multiple calls for one incident. 'Lets Talk' is an initiative to promote user experience conversations between service users and staff is encouraged.

University Hospital Bristol (UHB)

Chris Swonnell (Head of Quality (Patient Experience and Clinical Effectiveness) and Helen Morgan (Deputy Chief Nurse), presented an overview of the three markers of quality, UHB progress against quality objectives for 2018/19 and their quality ambitions for 2019/20.

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

- UBH confirm that the feedback screens as part of the Here to Help customer service programme will be rolled out to the dental and eye hospital.

- Ongoing work is being done to improve early recognition of dying patient. Work is also ongoing with the West of England Combined Authority (WECA) partners implementing ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). This collaborative effort with NHS partners and families have proven to be complicated however it is an opportunity to put patients and families at the centre of the process and obtain real-time patient feedback which can be monitored.
- The improvements for bereavement support with be led by the Chaplin with chaplaincy support at its heart.
- Established tools are used to measure patient safety culture and tackle cultural change around hierarchy of staff.
- The Chair of the Commissions commends the openness and transparency of the Trust.

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

Avon and Wiltshire Mental Health Partnership NHS Trust did not present their Quality Account.

North Bristol Trust (NBT)

Paul Cresswell (Associate Director of Quality Governance), Helen Blanchard (Interim Director of Nursing and Quality) presented an overview of NBT 2018/19 quality account priorities and their quality improvement priorities for 2019/20.

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

- The diagnostics of Sepsis in the Emergency Department has been identified as low, however this numbers are very small and can be easily skewed. Data shared in the report is driving areas to be looked into for improvement.
- Recruitment of diagnostic staff has improved from last year.
- Norovirus infections has been low this year. NBT benefits from many side rooms which means once the virus is detected it can be quickly isolated to stop the infection spreading.
- There were five Never events in 2018/2019. Four of these were relating to air flow and did not result in patient harm. There is currently a national review on air flow related Never events and NBT have accepted the learning from this review. The fifth Never event related to a central line which was inadvertently left in. This also did not cause any harm. NBT regularly attend events and engage in knowledge sharing exercise to ensure Never events do not happen.