NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 22 March 2018 from 1.01 pm - 3.27 pm

Membership

Present	Absent
Councillor Anne Peach (Chair)	Councillor Merlita Bryan
Councillor Jim Armstrong	Councillor Jackie Morris
Councillor Ilyas Aziz	Councillor Eunice Campbell
Councillor Patience Uloma Ifediora	Councillor Brian Parbutt
Councillor Chris Tansley	Councillor Georgia Power
Councillor Carole-Ann Jones	
Councillor Adele Williams	
Councillor Ginny Klein	

Colleagues, partners and others in attendance:

Dr David Rhinds	- Consultant Addiction Psychiatrist	- Nottinghamshire Healthcare Trust (NHCT)
Apollos Clifton-Brown	- Clinical Lead for Substance Misuse Services - Framework	
Caroline Shaw	- Chief Operating Officer and Deputy CEO	- Nottingham University Hospitals Trust (NUHT)
Nikki Pownall	- Lead for Urgent and Emergency Care	- Nottingham City Clinical Commissioning Group
Greg Cox	- Nottinghamshire General Manager	) East Midlands
Keith Sharpe	- Operations Manager	) Ambulance Service (EMAS)
Helen Woodiwiss	- Assistant Director of Clinical Services	) Nottingham CityCare
Kate Whittaker	- Head of Patient and Public Involvement	) Partnership
Jo Powell	- Communications	)
Lucy Putland	- Strategy and Commissioning Manager	) Nottingham
Christine Oliver	- Head of Commissioning	) City Council
Jane Garrard	- Senior Governance Officer	)
Catherine Ziane-Pryor	- Governance Officer	)

63 CHANGE IN MEMBERSHIP

RESOLVED to note that Councillor Corall Jenkins has resigned as a member of the Health Scrutiny Committee.

64 APOLOGIES FOR ABSENCE

Councillor Eunice Campbell – personal
Councillor Jackie Morris – other Council business
Councillor Georgia Power – ill health

65 DECLARATIONS OF INTEREST

None.

66 MINUTES

The minutes of the meeting held on 22 February 2018 were confirmed as a true record and signed by the Chair.

67 INPATIENT DETOXIFICATION SERVICES

Lucy Putland (Strategy and Commissioning Manager) and Christine Oliver (Head of Commissioning), both of Nottingham City Council, Dr David Rhinds (Consultant Addiction Psychiatrist), Nottinghamshire Healthcare Trust, and Apollos Clifton-Brown (Clinical Lead for Substance Misuse Services) at Framework, were in attendance to update the Committee on the current position regarding the provision of inpatient detoxification services.

At the November and January meetings of the Committee, members had been informed that the Woodlands Unit, provided by Nottinghamshire Healthcare Trust, was no longer financially viable under current arrangements and was facing closure. Members of the Committee were concerned that if there was no other option than for the unit to close, it was vital that an alternative local NHS-supported provision of the service is secured.

In January Nottinghamshire Healthcare Trust took the decision not to seek to renew or further extend contracts for specialist inpatient detoxification services run at The Woodlands beyond 31 May 2018.

Whilst the City Council's contract for the Woodlands Unit has been extended to the end of May 2018 (from March 2018), there is not enough time to undertake a full procurement process. As such, commissioning officers and medical specialists have been working together to identify an interim arrangement. The outcome of which is that Framework, the lead provider of local community drug and alcohol services, has agreed to a 10 month contract to provide inpatient detoxification beds and professional support (including transfer of many staff from Woodlands) at Framework's recently refurbished drug and alcohol unit at Edwin House in Radford. Framework has also secured a contract to provide inpatient detoxification services for Leicester, Leicestershire and Rutland. A full procurement for services in Nottingham will take place during 2018.

The following points were highlighted by Lucy Putland:

a) it is important to maintain a local inpatient detox service, particularly with the recognised aging cohort of opiate users in and around the City and the complexity of need;

b) service users and their families were consulted on what they felt was most important to them. Responses included:

c) timely access from community services;

d) provision and effective management of male/female accommodation (three quarters of patients are male);

e) several possible models were considered such as completely decommissioning the service (patients and their families would have to travel out of county to access services), procuring a new service, or purchasing bed space from another provider;

f) Framework (a charity and housing association dedicated to helping homeless people, preventing homelessness, and promoting opportunities for vulnerable and excluded people), has recently refurbished a former care home and provides drug and alcohol treatment services, so is well positioned to expand their current provision. Commissioners and the NHS are working closely with Framework to ensure everything required is in place and ready for the service transition from Woodlands to Edwin House when the contract starts on 1 June 2018;

g) the Committee are assured that as patients for whom community detox has not been successful, are usually inpatients for a period of 8-10 days, there is no expectation that inpatients will be moved between sites during their detox.

Apollos Clifton-Brown, Framework's Clinical Lead for Substance Misuse Services added:

h) the Care Quality Commission (CQC) registration is in place for patients, appropriate staffing is in place and it is anticipated that the service at Edwin House will be provided much as it was at Woodlands but with minor changes to include:

i) delivery of pharmacy services which will be audited by NHCT and provided from a community pharmacist, rather than operated on-site;

j) whilst the staff numbers and cover will remain the same, the required qualifications mix of staff will be different, for example having nurses and an occupational therapist at Edwin House in addition to mental health nurses;

k) the service will operate under a difference governance structure through the Nottingham Recovery Network governance structure, which will enable improved monitoring of risk and sharing of information with partners;

l) with community and inpatient services operated by the same provider, this will enable closer working and improved transfers and pre/post planning.

Dr David Rhinds commented that:

m) there will be medical cover of 2 sessions provided by the Consultant Psychiatrist and 2 trainee doctors at Edwin House, which is the same as at The Woodlands. Out of Hours provision will be slightly different and be through alliances with GPs;

n) the approval of the General Medical Council (GMC) is required to engage trainee doctors but as this will be with the intention of retaining those doctors, it is not anticipated that there will be any objection.

Questions from members of the Committee were responded to as follows:

o) the Framework service will offer facilities to citizens referred by Nottingham City, Leicester City, Leicestershire, Rutland and South Yorkshire Local Authorities but is keen to ensure that patients from Nottingham will need not go elsewhere;

p) the £99,000 saving on inpatient detoxification services agreed as part of the Council's budget process will be achieved due to the use of a different business model and a lower occupational bed day rate. Some staff will be on Framework contracts rather than NHS contracts, which has slightly different terms and conditions. Whilst this may potentially impact on recruitment, it isn't a problem for current staff working for Framework;

q) treatment regimes will be the same at Edwin House as at The Woodlands;

r) consultation was advertised widely across the NHCT and to service users. As white males account for 75% of opiate users in the City, it was to be expected that the majority of consultation responses were from white males, but for a further session next week there has been a focus on engaging Black, Asian, Minority, Ethnic (BAME) responses. The information gathered through consultation will also contribute to the tender process;

s) with regard to the sustainability of the service provided by Framework, Derby and Derbyshire appear to rarely use inpatient detox services, but they may require services in future. Leicester, Leicestershire and Rutland already commission the service from Framework;

t) transition of the service will be closely monitored, as will the provision at Edwin House as quality monitoring is a requirement of provision.

Members of the Committee commented as follows:

u) this positive initial outcome is very much welcomed for service users, citizens of Nottingham and the transferred staff;

v) all parties should be congratulated for an excellent example of how partnership working can be successful;

w) further information on the outreach work of Framework would be welcomed, possibly in conjunction with a future update to the Committee.

RESOLVED

(1) to note that the Committee welcomed the proposals and does not consider the transition of inpatient detoxification services from Woodlands, provided by Nottinghamshire Healthcare Trust, to Edwin House, provided by Framework, as a substantial variation of services;

(2) for the Committee to determine at a later date whether a review of provision inpatient detoxification services is required.

68 RESPONSE TO PRESSURES ON URGENT AND EMERGENCY CARE SERVICES IN THE POST-CHRISTMAS PERIOD

Caroline Shaw, Chief Operating Officer and Deputy CEO at Nottingham University Hospitals Trust (NUHT), Nikki Pownall, Lead for Urgent and Emergency Care at Nottingham City Clinical Commissioning Group (NCCCG), Greg Cox, Nottinghamshire General Manager and Keith Sharpe Nottinghamshire Ambulance Operations Manager, both from East Midlands Ambulance Service, were in attendance to update the Committee on the extreme and sustained pressures

experienced by urgent and emergency care services up to, during and following the Christmas period and well into the New Year.

Whilst a rise in emergency admissions is anticipated during the winter period, this year's demand on services has been substantially higher, as outlined in the report.

In addition to the report and presentation in the agenda, the following points were highlighted:

a) the pressure of massive demand on services impacted not only on NUH, but across healthcare services in Nottinghamshire and nationally ;

b) the Accident and Emergency Delivery Board, consisting of local emergency service managers, meets regularly to ensure a co-ordinated approach, but during the sustained rise in admissions, it met daily to try and arrange appropriate responses to the consistently high demand which is only just now, 3 months later, subsiding;

c) the telephone service 'NHS 111' received 37% more calls than anticipated;

d) patients being admitted to hospital were significantly sicker than usual, many with breathing difficulties and there was a higher proportion of older and frailer patients than usual;

e) 30% more GP appointments were made available at weekends and in the evening but this still did not meet demand;

f) extraordinary actions were taken, including reorganisation of staff within services to help meet demand and the whole of the NHS was told to free-up staff to assist;

g) nationally NHS England asked all hospitals to consider cancelling outpatient and routine operations to alleviate pressure and locally 410 operations and 640 outpatient appointments were cancelled by NUH;

h) in addition to increasing hospital admissions, the flu also impacted on staff sickness levels, adding further pressures;

i) although previously suggested, there wasn't enough spare capacity in the system to cut bed numbers and an unprecedented 93 additional community beds were temporarily made available alongside 34 additional hospital beds;

j) many staff agreed to work additional shifts;

k) GPs were based at the front of A&E all day, every day to deal with non-urgent presentations ensuring that A&E staff were free to deal with emergency cases;

l) the financial impact of this period will be substantial across the Health and Social Care economy. It is estimated that the financial impact to NUHT was in the region of £500,000 per week;

m) in spite of the pressures, there were no 12 hour trolley breaches, ambulance turn-around times (which have improved significantly during the past year) were maintained, and feedback on patient experience remained positive;

n) EMAS attended an average of an additional1,200 incidents per month in Nottingham compared to the same period last year;

o) whilst the wider health community plan for a winter peak in demand, there was no way that this level of demand, which is equivalent to responding to a major incident, could have been anticipated;

p) staff are weary now and unable to sustain additional shifts/overtime, which is recognised by NUHT which is trying to work with and support staff;

q) the large number of cancelled operations and procedures has resulted in a cost of approximately £2m and will have a knock-on effect, particularly for those patients affected;

r) it has been a very challenging few months.

Questions from the Committee were responded to as follows:

s) initially, when GPs were introduced to the 'front door' of A&E, A&E consultants were sceptical but soon realised the value of this additional support, particularly as patients were arriving at A&E from other routes, including the respiratory unit;

t) it was noticeable that the age of patients is increasing as many patients were presenting in their 90's and 100's, with more complex issues;

u) vaccination of staff against the flu is not mandatory but there was approximately a 65% take-up of the offer. It is now being considered if vaccination should be mandatory in future, although there is an indication that the strain of flu which was most prevalent this year, was not included in the vaccination, so further work needs to be done in this area;

v) previously the configuration of and admission processes in A&E had been identified as hindering the smooth and timely hand-over of patients. However, following a revision of admission processes, improved staff ownership of roles, along with some physical changes to A&E lay-out to provide more cubicles and staff, patient hand-over time from EMAS to A&E has improved significantly, along with time saving measures established by EMAS;

w) Queens Medical Centre Emergency Department is already accepting up to 650 patients in a building designed for 350. A new Emergency Department is needed;

x) there are clear precautions in place regarding Norovirus and preventing its spread within the Trust's premises. As soon as any symptoms are identified, the area is closed and thoroughly cleaned. Management is much harder for community beds (in nursing/care homes) which often struggle to attain the cleaning standards required due to the environment being more homely with soft furnishings and often having communal areas which provided further challenges. When patients are discharged from NUH they often still have care needs and it was a struggle to find community beds, but overall nursing homes worked well with the CCG during the period of extreme demand;

y) there are several areas of learning which will be taken from the experience of the past few months. The new NUHT Chief Executive has stated that the Trust can't close beds at this time, there will be an examination of admission and discharge turnaround, the future

needs of an aging population will be further investigated and consideration will be given to developing a different framework for community beds.

It is noted that the Committee is scheduled to consider flu vaccination and up-take at a future meeting.

Members of the Committee congratulated and expressed their gratitude to NHS staff in all areas that had successfully supported the system during a very difficult and extended period.

RESOLVED

(1) to note the update and gratefully acknowledge the hard work and dedication of urgent and emergency care staff and partners during a period of exceptionally high demand;

(2) for consideration of future winter planning for 2018/19 to be added to the Committee's work programme.

69 NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2017/18

Helen Woodiwiss, Assistant Director of Clinical Services, Kate Whittaker, Head of Patient and Public Involvement, and Jo Powell, Communications, all from Nottingham CityCare Partnership, were in attendance to provide an interim update to the Committee on the progress against current quality improvement priorities, and proposals for CityCare's quality improvement priorities for 2018/19, with regard to the Quality Account. The final draft Quality Account will be submitted to the Committee in May 2018, for comment.

The Quality Account is a document prepared by health providers to illustrate how they have performed in meeting the quality domains of patient safety, clinical effectiveness and patient experience.

Current priorities for 2017/18 for which the CityCare Partnership will illustrate they have identified areas for improvement and then addressed include:

- promoting prevention;
- more integrated seamless care;
- reducing avoidable harm;

The proposed priorities for 2018/19 are:

- promoting prevention;
- reducing avoidable harm;
- supporting our staff;
- safe and effective discharge;

The presentation outlined what has been achieved so far:

(i) in promoting prevention;
(ii) with more integration;
(iii) learning from incidents
(iv) recognition of the deteriorating patient;
(v) safeguarding;

Also included was a summary of patient and service user feedback on the quality of services with suggestions on what further improvements could be made.

Questions from the Committee were responded to as follows:

a) with regard to mental health service demand and whether the needs of patients can be met, the Partnership is working closely with patients and in addition to the current provision for children and young people, the new contract will include a dementia outreach team which is considered important in an aging population;

b) CityCare regularly considers its aims and outcomes and makes adjustments where they are needed;

c) the Basic Care Team is very proactive and has Community Matrons to help support work in the community, but work is ongoing with regards preventing the need for hospital admissions from the community;

d) CityCare is unwilling to discharge patients home unless they are as healthy as possible so, having assessed the patient in hospital, works to a three stage discharge pathway:
   - discharge to their own home;
   - discharge temporarily to community beds, including re-enablement centres like Connect House;
   - discharge to long term care for support of long-term health conditions.

e) during the recent increased demands on services, an additional 52 community beds were spot-purchased to support hospital discharges.

RESOLVED to note the provisional update and note that the Quality Account will be presented to the Committee in May 2018.

70 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2017/18

Jane Garrard, Senior Governance Officer, presented the work programme schedule and requested the Committee's comments and suggestions.

In reference to the previously agreed topic of carer support services, during National Carers Week on 12 June 2018, 4-6pm in the Council House, there will be a Carers Event to which 5-6 members of the Committee are invited to meet with and discuss carer's perspectives as part of evidence gathering for this review.

RESOLVED that April's meeting of the Committee should include consideration of:

i. **progress against the City Council priority of reducing unplanned teenage pregnancy, particularly in wards such as Aspley and Bulwell where rates of unplanned teenage pregnancy have been consistently high over many years;**

ii. **year-end review of the activity of the Portfolio for Adults and Health;**

iii. **update on Nottinghamshire Sustainability and Transformation Partnership and development of a Greater Nottingham Accountable Care System;**

iv. **review of 2017/18 and work programme 2018/19.**

Winter 17/18 – the system's focus on keeping patients safe

Caroline Shaw, Chief Operating Officer & Deputy CEO, NUH
Nikki Pownall, Programme Director, Urgent Care, NHS Nottingham City

22 March 2018

System winter plan – a recap

- Modelling winter demand
- Discharge to Assess (from Oct ‘17)
- Resilience actions (investment in out of hospital care)
- Additional care packages, increased community assessment capacity and additional community beds
- Additional GP appointment slots opened at weekends, Bank Holidays and out-of-hours from December-post Easter
- Additional GPs in NEMS
- Hospital capacity (30 additional respiratory beds; balancing pressurised elective pathways)
- Flu campaign & infection prevention
- Focus on staff health and wellbeing
- Christmas and New Year focus
- Escalation triggers and implementing actions; business continuity; governance

Christmas & NY: demand

Despite robust winter planning, the demand significantly exceeded capacity across the system

- **Significant demands on all services** (ambulance service, Urgent Care Centre, ED & 111)
- **Emergency Department -** ED 'majors' attends did not see any significant drop over the Christmas and New Year period (unlike in previous years). **Acuity of patients** increased immediately following Christmas (higher 'Early Warning Scores')
- **GP admissions** up >30% (25-Dec to 01-Jan) vs 2015 and 2016. This drove a 13% increase in overall emergency admissions to hospital vs the same period in 2016. This was driven by having significantly more emergency GP capacity across Nottingham over Christmas and New Year than in previous years
- The number of **patients waiting for a hospital bed in ED** increased from Christmas Day remaining high until 4-Jan
- Number of **elderly inpatients (≥75 years old)** with a 14 day or more length of stay on a medical ward increased since Christmas
- The number of **supported medically safe patients in hospital** increased throughout December despite above target number of supported discharges. **Delayed Transfers of Care (DTOC)** patients in hospital rose together with the rise in supported medically safe for transfer patients

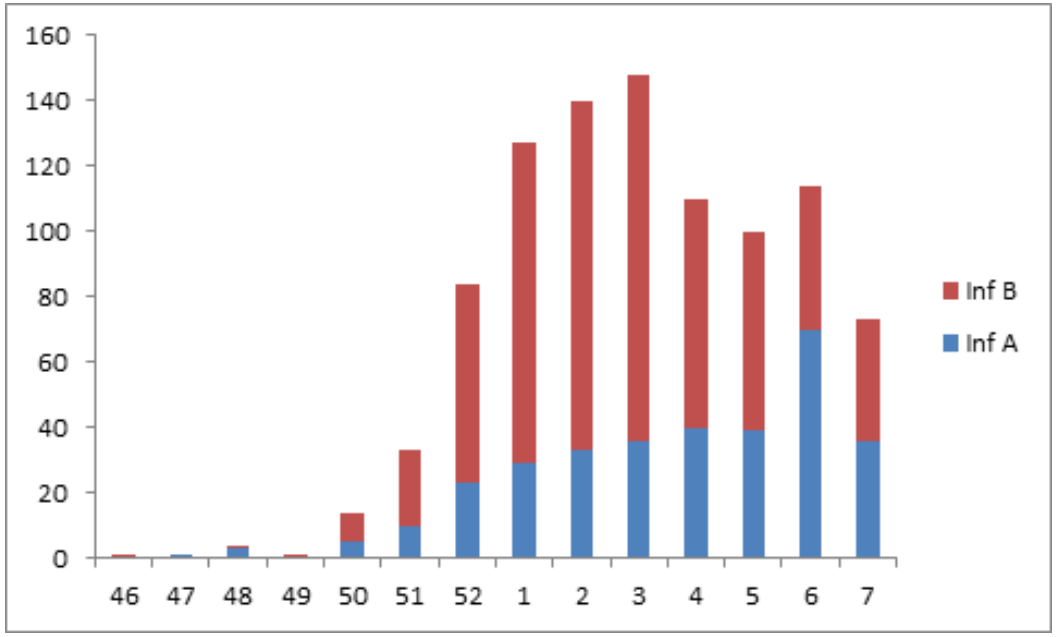
Flu & Norovirus: impact

Nottingham University Hospitals NHS Trust

- Flu has increased since Christmas (mostly NUH inpatients but also includes outpatient, daycase, GP cases and nursing home residents)
- Take up of flu jab 63% in NUH (to date)
- Caused staffing challenges as sickness absence increased

c150 more respiratory admissions than this time last year (NUH) & 200 more than the previous year – a 31% increase

- Impact of Norovirus on bed closures

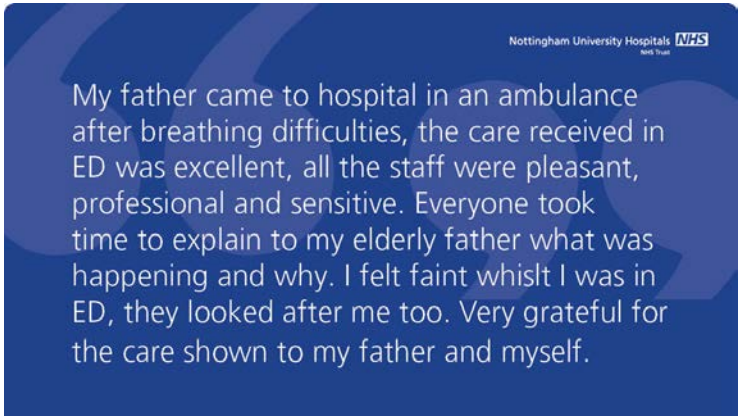


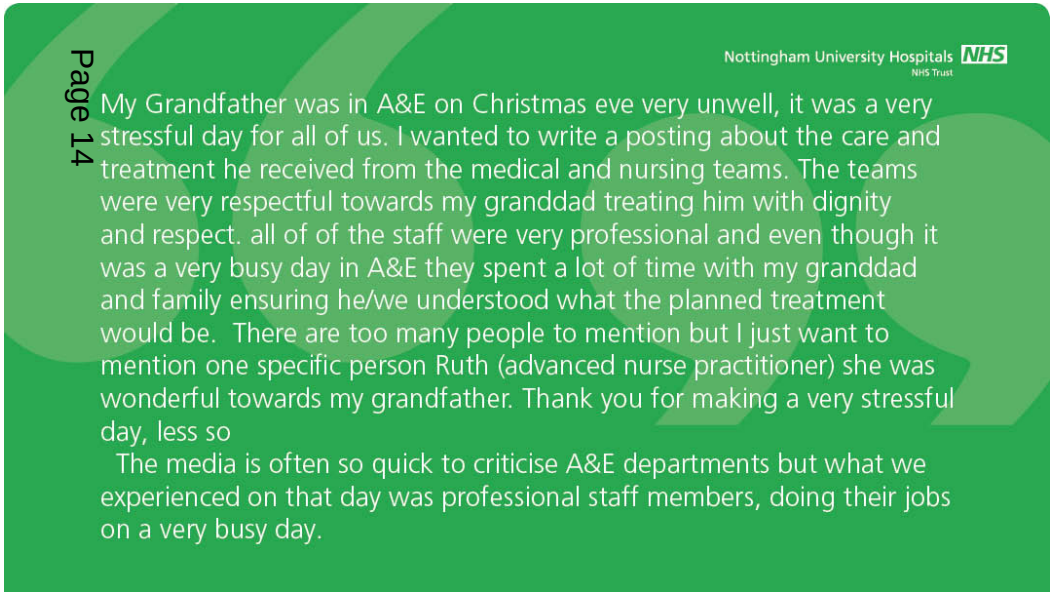
Extraordinary actions taken

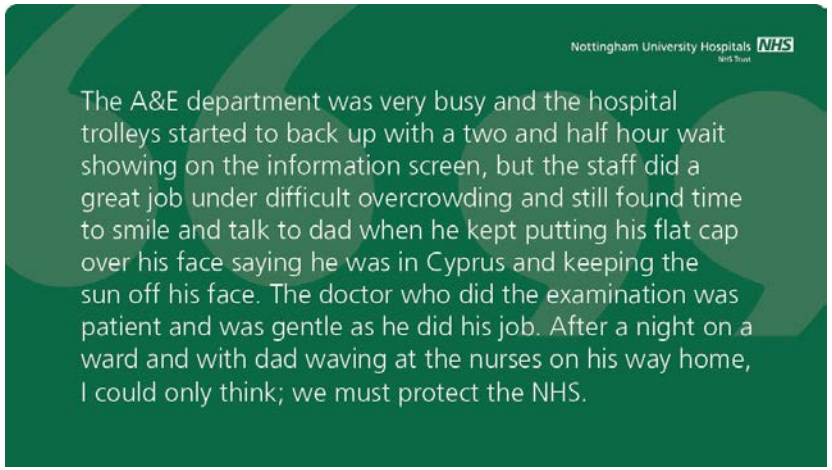
- OPEL 4 system status (business continuity incident) declared for Greater Nottingham on two occasions (Jan and Feb)
- Cancellation of additional non-urgent activity (410 operations and 640 outpatient appointments to date)
- Clinical staff freed from elective/clinic cancellations to support the emergency pathway
- Staff across health and social care worked over and above to ensure patient safety in very challenging circumstances
- 34 additional escalation beds (NUH) and 93 additional community beds opened
- Two surgical wards at City Hospital designated to accommodate medical patients
- GPs open evenings/weekends

Safety & quality

- 1 x12 hour trolley breach
- Praise for maintaining ambulance turnaround times
- Patient experience scores remain strong
- A&E Delivery Board oversight







Reflections / learning

Actions we took to keep emergency patients safe had wider consequences – these were severe for NUH due to increased level of clinical risk and ability to deprioritise planned care.

- Impact on staff from working over and above on health and wellbeing
- So far, over 1,050 patients have had their operations or appointments cancelled at short notice in January, leading to poor patient experience and extended waits
- Lost activity has worsened the Trust's financial position (circa £500K per week)
- The system has supported the additional winter resources over and above the plan with additional community staff, additional wards, additional GPs in ED and additional transport
- Inefficient use of expensive resources - idle theatres; inability to effectively redeploy all staff freed up by cancelling clinical and non-clinical activity
- Delays in admissions from ED and increased outlying across both hospitals impacted on patient experience and outcomes

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Annual Quality Account – setting the priorities

What is an Annual Quality Account?

Quality Accounts are an important way for local providers of NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

Our reports are checked by our Board, Nottingham City Clinical Commissioning Group, Nottingham City Council's Health Scrutiny Panel and HealthWatch.

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What needs to be included?

Quality Accounts look at:

- Where we are performing well and where we need to make improvements
- Progress against quality priorities set previously and new priorities for the following year
- How the public, patients, carers and staff were involved in decisions on these priorities.

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Our priorities for 2017/18

- **Promoting prevention** – improving mental health and wellbeing, signposting to key services, Making Every Contact Count, self care
- **More integration for seamless care** (by working more closely across CityCare services and with our partners for example social care and community organisations)
- **Reducing avoidable harm** – learning from incidents, recognition of the deteriorating sick adult or child, safeguarding

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Promoting prevention - what we have achieved so far

- Staff continue to work closely with Mental Health (MH) clinicians across services as well as with the MH clinicians working within our bases in some of the Neighbourhood Teams
- Two Workforce Development staff have been trained on Connect 5 Mental Health Promotion
- All care coordinators issue social prescriptions when appropriate
- Face-to-face training on Making Every Contact Count (MECC) delivered to 48 CityCare staff taking part in the Holistic Worker programme
- MECC embedded into existing practice by Health Visitors at the 6 week review
- Work undertaken across Neighbourhood Teams to develop person centred treatment plans for patients

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More integration - what we have achieved so far

- Holistic worker role has been rolled out to 72 staff in Urgent Care and Reablement Team (city-wide) and 18 staff within Neighbourhood Plus.
- Joint events have been held with Nottingham City Council Early Help Managers to identify potential areas of duplication in children's services
- CityCare services are publicised together with Local Authority, childcare services, local organisations, services and activities for children and young people on the 'LiON' platform.
- Joint work continues within the priority families programme which supports families with complex needs and problems

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Learning from incidents - what we have achieved so far

- A reduction in the number of avoidable stage 3 pressure ulcers from 36 in 2016/17 to 13 (to end December)
- A reduction in the number of avoidable stage 2 pressure ulcers from 105 in 2016/17 to 23 (to end November)
- A reduction in patient safety incidents from 801 in 2016/17 to 272 in 17/18 (to end November)
- Trained at least 50% of community adult nurses on insulin awareness and reduced avoidable insulin incidents by 30% (April-Sep 2017 compared to Apr-Sep 2016)
- We now have a learning lessons group which meets monthly and reviews learning from an incident and how it can be embedded across all relevant services

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Recognition of the deteriorating patient - what we have achieved so far

- Training package on awareness of sepsis developed following survey of health visitors and adult services nurses. Six sessions delivered, four more planned by end March
- A goal centred care plan has been developed for patients with urinary catheters which clearly states for patients, carers and staff when they may need to escalate concerns. A pilot is being undertaken at two sites
- The holistic worker competency document is being revised and will include recognition of the deteriorating patient
- Staff who will be working in minor ailment clinics have had recognition of deterioration training. Urgent Care Centre has had training from the Consultant Microbiologist, Primary Care Infection Prevention and Control Doctor

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Safeguarding - what we have achieved so far

- Strengthened communication between staff and the safeguarding trainers to ensure a streamlined and efficient process from booking onto training to reporting on the compliance data
- Extended the Safeguarding Champion Network to include Champions for Adult Safeguarding, Children's Safeguarding and Domestic Abuse
- Developed a suite of work books, shadowing programmes and development opportunities to support the Champions
- Redesigned the safeguarding supervision model to promote group supervision with targeted support for 1:1 supervision where necessary
- Skill-mixed Think Family group supervision sessions held, strengthening opportunities to learn together and transfer learning across the workforce

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What our patients/service users say

What our patients/service users tell us about the quality of our services

- Satisfaction levels across all our services are consistently high, 85% target exceeded and most services in the high 90s.
- Satisfaction across all protected characteristic groups (Equality Act 2010). In 2016-17 95% across black and minority ethnic groups, 94% people identifying as lesbian, gay or bisexual and 95% of people with a disability. Figures remain similar for this year.
- Low numbers of complaints and concerns - average around one formal complaint per week.

What our patients/service users tell us about the quality of our services

People across adults and children's services stress the importance of:

- Clear, good quality information
- Ease of access - clear points of contact, self referral, times, locations
- Communication - involving people in decisions and explaining things clearly
- Supporting families and carers - whole family approach
- Prevention and signposting
- Empowering people to manage and make decisions about their own care
- Services working together, whoever is providing them
- Supporting staff

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Listening and responding to a diverse range of service users

- Complaints and feedback themes shared with Equality and Diversity group. Currently reviewing our autism awareness and training.
- Work with partners e.g. Healthwatch survey re lesbian, gay, bisexual and trans people's experiences of healthcare.
- Survey in Integrated Respiratory Service re people not attending appointments. Led to adapting clinic times and locations plus new triage points so people understand reason for appointments more fully.
- Primary Care Learning Disability Team - produces resources and provides training for staff. Will focus on the needs of black and minority ethnic communities in 2018.

Listening and responding to a diverse range of service users

- Monitoring of the Accessible Information Standard (AIS). Record keeping audit on recording of and response to communication needs.
- Children's survey spring/summer 2017 identifying what is important for people in terms of child and family health. 22% of responses were from people whose first language is not English with 12 different languages represented.
- Work with Musculoskeletal Service re collecting feedback from people whose first language is not English.
- Interpreters survey. **Venues**-proximity to patients, consideration of cultural/religious background, **access**-self referral processes, phone calls, form filling, **meeting personal and cultural needs**, for example gender preferences and **information**, for example what to do if people are expecting an interpreter and one is not there.

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Our proposed new quality priorities for 2018/19

Involving others in deciding on our priorities

- We have engaged on the AQA with staff and stakeholders including consultation events with our Patient Experience Group and a group of staff members.
- We have reviewed our feedback from a diverse range of patients/service users over the last year, from feedback forms, web feedback, comment cards, complaints and engagement events and this has also helped us shape our priorities
- We also sent out consultation documentation to Nottingham City Council, Nottingham City CCG, Healthwatch and other organisations including SSBC and a number of community and voluntary organisations including NCVS, Self Help Nottingham, Disability Direct, Carers Federation, Age UK, Stonewall, Metropolitan.

Proposed themes for priorities

- **Promoting prevention** – improving mental health and wellbeing, signposting to key services, Making Every Contact Count and self care (a continued priority, covers both adults and children)
- **Reducing avoidable harm** – (a continued priority), also to include Tissue Viability, pressure ulcers, leg care and assurance around Peer Reviews
- **Supporting our staff** – includes invest in and empower the workforce – apprenticeships for staff, awareness of development opportunities, motivational interviewing, health and wellbeing, sharing good practice
- **Safe and Effective Discharge** – both adults and children

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