

Cover report to the Trust Board meeting to be held on 29 November 2016 at 11:00 am – 1:00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	11
Meeting Title	Trust Board	Meeting Date	25 November
			2016
Report Title	Chairs Report Quality and Outcomes Committee		
Author	Pam Wenger, Trust Secretary		
Executive Lead(s)	Carolyn Mills, Chief Nurse	Sean O'Kelly, Medical Director	
Freedom of Information Status		Open	

Reporting Committee	Quality and Outcomes Committee		
Chaired by	Alison Ryan, Non-Executive Director		
Lead Executive Director (s)	Carolyn Mills, Chief Nurse	Sean O'Kelly, Medical Director	
Date of last meeting	25 November 2016		

Summary of key matters considered by the Committee and any related decisions made.

Serious Incident Report

- 3 Serious Incidents were reviewed. There were a number of challenges made in relation to these incidents which included:
 - Complex Congenital Heart Disease: Assurance was provided in relation to the processes which triggered the Root Cause Analysis.
 - Retained Foreign Object: Assurance was provided that despite the difficult working environment that the reflection of the Team was that whilst challenging it was not a root cause for the error. Non-Executive Directors sought confirmation that the decision to proceed was done by the team not just the surgeon.
 - Patient Fall: There was a discussion regarding patient falls and noted that this was being considered further by the Falls Group.

Quality Performance Report

Members received the performance report for assurance prior to consideration by the Trust Board. It was noted that further progress has been made in recovering performance against the national access standards this month, in line with the Trust's recovery forecasts.

Members noted:

- Reduction in both the number of patients waiting over 18 weeks from Referral to Treatment (RTT), and the number of patients waiting over 6 weeks for a diagnostic test;
- Performance against the 62-day referral to treatment GP cancer standard for quarter 2 showed a marked improvement over quarter 1 challenges remain in improving performance in quarter 3;
- Performance against the A&E 4-hour standard continues to be below the in-month trajectory, although we remain above the year-to-date trajectory; and
- Sickness absence has increased from 3.7% to 4.6% due largely to unusual levels of cold and flu related absence.

Members discussed in some detail the impact of a closure of a nursing home in the area and whether there were any opportunities to provide educational and training support in the longer term to reopen this or similar closed facilities and facilitate discharge of "green to go" patients. Members agreed that the issue of patient flow required a discussion at Trust Board.

Quarterly Workforce Report

Members received the Quarterly Workforce Report which this quarter included a focus on vacancy hot spots, providing details of departments with vacancies over 5%, together with reasons and mitigations.

Key issues highlighted included:

- Turnover has slightly increased from 13.1% to 13.3%, sickness has increased since the last quarter and vacancies have reduced from 5.3% to 4.9%.
- Most of the indicators where benchmarks are available show UH Bristol performing positively compared with other Trusts.
- On the basis of the mid-year review, it is expected that all KPIs will be green or amber rated by the end of March, with the exception of bank and agency usage, and unregistered nursing sickness rates.

Members welcomed the reduction in staff turnover in the Specialised Services Division and the positive work in the Diagnostic and Therapies Division in relation to the establishment of a Divisional Staff Forum. Non-Executive Directors looked forward to registering the impact of these better KPIs on agency usage once supernumerary nurses joined the main workforce.

Infection Control Quarterly Report

Members received the quarterly infection control report which included an overview of infection control risks and assurance that the Trust continues to be within set limits for specific Healthcare Associated Infections. Members received assurance from the Trust's invited review, by NHS Improvement of infection control practices within University Hospitals Bristol undertaken in September 2016. This gave a positive report.

Adult Mortality Report

Members received an assurance report in relation to the processes around adult mortality review. It was noted that the Trust had been selected as one of 7 pilot sites nationally to be adopting the Royal College of Physicians new structured mortality review process. Members agreed some improvements to the future reporting which would include how well the processes were working as well as lessons learned and disseminated from the reviews.

Nursing and Midwifery staffing report

Members received the monthly staffing for assurance. A discussion was held on the statutory reporting responsibilities to staff the wards safely and that the Chief Nurse is required to report to the Committee to provide appropriate assurance. Members noted that controls in relation to over hours would be reported from next month.

Outpatients Programme

Members received an update on the work of the Outpatient Steering Group and progress against the various transformation work streams and operational improvements currently underway. Members welcomed the progress being made to deliver the transformational changes for outpatients. The current challenges regarding the scale of change and the importance of IT as a key enabler was noted.

Key risks and issues/matters of concern and any mitigating actions

None identified.

Matters requiring Committee level consideration and/or approval

Patient Flow

A detailed discussion was held in relation to patient flow including maximising ORLA capacity, longer term options including educational and communication. Members agreed that the issue of patient flow required a discussion at Trust Board.

Safe Staffing Levels

Following the discussion at the Trust Board in relation to the spike in Specialised Services, assurance was provided that this was an isolated event and related to a combination of factors including staff vacancies and sickness.

Matters referred to other Committees

None.

Date of next meeting	22 December 2016