

**Cover report to the Trust Board meeting to be held on 31 October 2016 at
11:00 am – 1:00 pm in the Conference Room, Trust HQ, Marlborough St,
Bristol, BS1 3NU**

		Agenda Item	3.4
Meeting Title	Quality and Outcomes Committee	Meeting Date	27 October 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	27 October 2016		

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

Local Supervising Authority Audit Report Practice Year 2016/2017

Members received the Local Supervising Authority annual review report and noted that there would be changes to the supervising arrangements from 2017. It was agreed to receive an annual report for assurance.

Members welcomed the areas of good practice identified and sought assurances on the areas for improvement including:

- 100% of eligible Midwives should have an annual review with their supervisor of midwives. It was noted that there were changes in the staffing which had an impact on the ratio of supervisors to midwives and that two additional members of staff had since been appointed.
- Safe storage of community midwifery records continues to be an issue and work in this area is being progressed.
- All supervisory investigations should be completed within 45days (now 60 days).

Serious Incident Report

7 Serious Incidents were reviewed. The key points raised included:

- Failure by medical and nursing staff to follow the intravenous vancomycin guideline for treatment in adults. Challenges were made in relation to Consultant responsibilities to ensure there was a reflection on the lessons learnt.
- A number of the serious incidents identified staffing as a factor and assurance was required in terms of how training and lessons learnt from the incidents were disseminated to bank and agency staff. Assurance was provided that training was in place for bank staff however this was more difficult for agency staff. The Committee agreed to receive an update on the training at a future meeting.
- There were a few incidents relating to falls and it was agreed that further consideration of the “eyes on legs” approach was required including issuing staff guidance.

Royal College of Paediatricians Review of Neonatal Intensive Care Unit (NICU)

Progress Report

Members received an update on the outcome of the report from the Clinical Chair including progress against the action plan since the Royal College of Paediatrics and Child Health (RCPCH) follow-up review visit in February 2016.

Members noted that progress against the action plan will be monitored through a NICU Steering Group which will report into Women's Governing Executive. A separate Delivery Group will be responsible for driving the necessary changes as identified in the Report.

Members noted the progress made in the last 18 months including the appointment of additional consultant posts, appointment of the clinical director and the empowerment project sessions. The Committee discussed in some detail the further work and assurance that was required to ensure that the issues have been fully addressed. It was agreed to receive a follow-up report in 6 months.

Quality Performance Report

Members received the performance report for assurance prior to consideration by the Trust Board. Key points to note included:

- Zero missed doses of critical medication in the period;
- Further month's improved performance against the National Early Warning Scores (NEWS);
- Outpatient waiting has stopped increasing and activity has remained at a similar level to that seen in August, the elective waiting has decreased again;
- Reduction in the number of patients waiting over 6 weeks for a diagnostic test;
- An increase in the percentage of patients being treated within 62 days following GP referral for a suspected cancer;
- The percentage of patients waiting under 18 weeks Referral to Treatment (RTT) remains well below the 92% national standard; and
- Performance against A&E 4-hour was below the in-month trajectory, although we are currently performing above the year-to-date trajectory.

Members discussed the access performance position in detail and whilst accepting the mechanisms in place, given the significant challenges it was agreed that a further discussion was required at the Trust Board.

British Orthopaedic Association (BOA) Review

Members received a report and presentation providing an overview of the rationale for and response to the invited review of the Trust's trauma services. Members discussed the significant challenges in the achievement of the 48-hour time to surgery standard as defined in the NICE Guideline.

Members noted the recommendations outlined by the BOA report, and progress that has been made in the development of an action plan and implementation of agreed actions. A strategic response to some of the changes identified was required to ensure fracture neck of femur did not take priority over other more urgent clinical orthopaedic challenges.

ORLA Performance Report

Members received the performance report on the first 3 months of the ORLA service which included a summary of the quality, patient safety and patient experience during this period. It was noted that ORLA have been increasing their virtual in-patient capacity over the last 3 months and at present are caring for approximately 20 patients at a time in their own home

environment. Patient response was excellent.

Quality Strategy

Members received the Quality Strategy and recommended approval by the Trust Board.

National Patient Cancer Experience Report

Members received the report and noted the improvement since the last report.

The headline results included:

- 45/50 UH Bristol results were in line with the national average;
- One UH Bristol score was better than the national average to a statistically significant degree (patients being assigned a clinical nurse specialist);
- Four UH Bristol scores were lower than the national average primarily relating to providing patients with a care plan and the wider provision of health and social care support).

Nursing and Midwifery staffing report

Members received the monthly staffing for assurance. It was agreed that whilst not a statutory requirement the data in relation to theatre staffing would be included in subsequent reports.

Members also received a number of items for information and assurance including:

- Quarterly report on achievement of Corporate Quality Objectives (Q2)
- Clinical Quality Group
- Corporate Risk Register
- Board Assurance Framework
- Quarterly Risk Assessment Framework

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

Members of the Committee discussed in detail the performance position and the plans in place to address achievement of the national targets.

Matters requiring Committee level consideration and/or approval

Quality Strategy

The Committee received and recommended approval of the Quality Strategy to the Trust Board.

Matters referred to other Committees

None.

Date of next meeting

25 November 2016