

July 2022

Published Papers

Including:

University Hospitals Bristol and Weston NHS Foundation Trust Quality and Performance Report

Quality and Outcomes Committee Chair's Report

Meeting of the Board of Directors in Private on Tuesday 12 July 2022

Report Title	Integrated Quality & Performance Report (IQPR)
Report Author	Rob Presland, Associate Director of Performance James Rabbitts, Head of Performance Reporting Anne Reader/Julie Crawford, Head/Deputy Head of Quality (Patient Safety) Laura Brown, Head of HR Information Services
Executive Lead	Overview and Access – Mark Smith, Deputy Chief Executive and Chief Operating Officer Quality – Deirdre Fowler, Chief Nurse/Stuart Walker, Medical Director Workforce – Emma Wood, Director of People Finance – Neil Kemsley, Director of Finance

1. Report Summary
To provide an overview of the Trust's performance on quality and access standards.
2. Key points to note <i>(Including decisions taken)</i>
Please refer to Executive Summary for an overview. The IQPR format will also be reviewed for July 2022 to include an Executive / Senior Responsible Owner overview for each of the core performance domains. The Trust has also initiated a review of the performance management framework to improve the capability for exception reporting at the Board.
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
None
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> This report is for Assurance.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

Meeting of the Board of Directors in Private on Tuesday 12 July 2022

Reporting Committee	Quality and Outcomes Committee
Chaired By	Julian Dennis, Non-Executive Director
Executive Lead	Deirdre Fowler, Chief Nurse and Midwife

For Information

NEWS 2

An update on progress with roll out of NEWS 2 had been requested by QOC at an earlier meeting. Following a review, changes have been made to the NEWS 2 training package to make it easier for staff including a new e-learning package. Training is now picking up. As part of the discussion it was also reported that the “Vitals” system is now being relaunched.

Integrated Quality and Performance Report.

Even though COVID numbers had previously dropped, the numbers are now increasing and staff are still very busy with 52 escalation beds open. There has also been an increase with the numbers of staff going off sick with one of the new variants of COVID.

External review of the pick of elective services has seen the Trust put in segment 2 of the banding (a full explanation of the bandings and what they mean can be got from Mark Smith’s team). This is new trend toward more detailed performance management from the centre.

It was also reported that the “Every Minute Matters” initiative is having an effect and particularly through the promotion of a more efficient discharge of patients who are ready to go (no criteria to reside).

Deirdre reported that the regional maternity team visited St Michaels to review compliance with Ockenden. There was good feedback. The formal report has yet to be received.

There’s also been a reduction in falls, which are now closer to the expected threshold and may correlate with more nursing staff being available.

Stuart Walker also reported there had been a number of external reviews:

- Readiness for ECMO
- HTA review of bone marrow transplants
- MRHA review of pharmacy services
- HEE visit to WGH (Medical trainees returning)

There were no serious issues identified, although a few observations were made that are being dealt with.

Mark Smith briefed the committee on progress with the Discharge to Assess programme and also commented on the action to review the potential for the Trusts “over prescription of care”. That is, are we keeping patients in longer than we need to.

Recovery Update

The emphasis continues on the increase in activity levels. It was also confirmed that there has been further system support (investment) to improve waiting times.

Readiness Plan: CQC re-inspection of WGH

Meetings have continued with CQC (at least 3) with sharing of information, before the CQC return to inspect WGH. CQC have confirmed that they will only be looking at medical care and the inspection team will be small. The ward accreditation plan and outcomes have been shared with CQC and it was confirmed that any outcome will not affect the overall current rating of UHBW. Evidence of good progress in meeting and delivering the actions from the last inspection was given to the committee.

The committee discussed the proposal for the Trust to secure an external review of progress against the Well Led domain and was very supportive.

The committee noted the progress made against the amalgamated CQC action plan. It was noted that 80% actions were now complete, and the committee supported the proposal that these actions should now be closed. One area relating to violence and aggression in ED was discussed and it was noted that the governance team were awaiting evidence of completing the required actions and that they were confident that the required action had now been taken.

Safe Staffing Reports

Sarah reported that with the increase in numbers of nursing staff, recruitment and return to work following illness, there was a better feeling with a reduced number of red flag incidents reported and improved fill rates. However, she warned that with COVID numbers increasing there may again be an impact. A900 remain the ward with the highest number of vacancies and the committee heard about progress with recruiting to these vacant posts.

VTE

There continue to be programme improvements with the VTE leads working hard to encourage reporting of risk assessments. Still difficult to implement VTE risk assessment reporting without a digital solution/force function. It was confirmed that we would not be going down the force function route because of technical difficulties but to wait for the implementation of EPMA (electronic prescribing).

Complaints and Patient Experience

The committee received the quarter 4 reports and noted the backlog in complaints but were reassured that a new complaints officer has now been recruited. It was noted that there has been a modest improvement in the Patient Experience data. Deirdre briefed the committee on the new Patient Experience Hub.

For Board Awareness, Action or Response

None

Key Decisions and Actions

Harm Panel

It was agreed by the committee that there was no further need to report on process development for the Harm Panel, but now to move to reporting outcomes.

Additional Chair Comments

No additional Comments

Date of next meeting:

26 July 2022