

Agenda Item 9

## REPORT TO THE GOVERNORS' COUNCIL

SUBMITTED BY:	REPORT FOR:	RELATED WORK:
Edward Libbey, Chair	Action ✓	
CONSULTATION:	Information ✓	
Gill Rejzl, Trust Secretary Governors' Council	REPORT TYPE:	
	Strategy	
	Performance	
	Governance ✓	

**Meeting Date:** 29<sup>th</sup> May 2018

**Report Title:** Quality Account 2017 -18 - Governors' Council Comments Summary Composite

**Purpose:**

Following a review to the Quality Account, Governors comments are summarised in respect of both positive observations and areas for improvement.

**Recommendations:**

It is recommended that the Governors' Council:

- (i) Notes the report

## Quality Report 2017/18

**The following represents a summary composite of the views expressed by the Trust's Governors on the Quality Report 2017/18.**

Those Governors who responded were largely welcoming of the Quality Report and one Public Governor observed that "This report has to be seen against the unprecedented level of demand the organisation has experienced in the past year."

### **Positive Governor Observations:**

- Several Governors were pleased to note that Serious Incidents have reduced in numbers
- Sustained reduction in pressure ulcers
- Streamlining in recruitment process
- New and innovative behaviours framework
- Primary care streaming (though would be useful to have more statistics)
- 'End PJ Paralysis' scheme
- Blue Ribbon scheme
- Welcomed focus on infection control strategies
- Ward Accreditation Scheme - beneficial to patients and staff
- Supportive of the new Quality Improvement priorities
- Strong participation in clinical research, clinical audits and National Confidential enquiries, which indicates an organisation keen to see innovation and improvement
- Sepsis screening and targets have been well met throughout the year up until February, but the last two months do show a fall-off in this standard. This is an important feature of good acute care and it is hoped this was just a temporary dip in meeting this standard which almost certainly reflects the level of demand the ED in particular was experiencing in those last two months of the year
- The organisation gets patient feedback in a number of different ways and their comments and criticisms are taken seriously and do lead to change where appropriate.

### **Areas for Improvement identified by Governors:**

- Communication with GPs to be improved
- Complaints themes of 'communications' and 'attitude', to be addressed through staff training
- Supportive of collaborative work with primary care, community services and commissioners, but to be extended to include all patients as well as the frail and elderly
- Improve patient success to laboratory results and imaging investigations
- Staff engagement to be improved – some disappointing staff survey results and while the differences from the national benchmarking are marginal, there is little improvement from previous years. It is right that management and HR in particular are seeking to understand this better and improve the staff experience.
- Overall Quality Improvement Programme to be embedded
- PROM (Patient Related Outcome Measures) – difficult to understand. An example would help comprehension
- Staff Sickness to be addressed
- Prompt patient discharge remains an area of concern
- The report could contain more information on:
  - Cancer survivorship
  - Organ donation
  - Diabetes medication
- Strong emphasis needed on mental health priorities
- Governor workshop output to be more explicitly referenced in the Quality Priorities for 2018 / 19 (Quality Strategy)

To conclude – despite a very challenging year one Clinical Governor observed:

"(This report) repeats a lot of information – but it makes me feel proud that the Trust has achieved so much"