

Report to:	Council of Governors	Agenda item:	15
Date of Meeting:	7 June 2018		

Title of Report:	Governor Quality Working Group Update Report
Status:	For Information
Sponsor:	Nick Houlton, Public Governor, North East Somerset (Chair)
Author:	Emily McConnell, Membership & Governance Administrator
Appendices:	Appendix 1: Future Work Plan

Purpose
To provide the Council of Governors with an update following the Governor Quality Working Group held on 4 th April 2018.

Background
The report is prepared to inform the Council of Governors on the salient issues discussed and agreed at the Governor Quality Working Group.

Business Undertaken
<p>The Working Group received the following updates:</p> <ul style="list-style-type: none"> • HSMR Update • Falls Improvement Programme Update • Discuss content for the Annual Report <p>The Working Group received the following updates which had been delegated from CoG:</p> <ul style="list-style-type: none"> • Nursing Quality Assurance – Systems and Tools <p>HSMR Update The working group received an update on the Trust's mortality data, Hospital Standardised Mortality Ratio (HSMR). They were informed that the data showed an improvement from December 2016 and November 2017 as a result of improvement work in palliative care and comorbidity coding. The group was also informed that weekday HSMR was within range but that weekend HSMR was an issue and the Clinical Outcomes Group were looking into the metrics that were triggering.</p> <p>Falls Improvement Programme Update The working group were informed that the aim of the programme which had been launched in June 2017 was to ensure that staff followed the Falls prevention pathway and that the Trust had achieved the goal of 10% reduction in all falls by April 2018. The group was also informed that per 1000 bed days the RUH was at 2.6 falls per month compared to national figure which was at 6.8 per month and the Falls simulation project would commence in April 2018.</p>

Nursing Quality Assurance – Systems and Tools

The working group received an update on the Trust’s Ward Accreditation which had been developed to assess good practice within wards by scoring bronze, silver and gold. The group was also informed that the Nursing Quality Indicators were used as a way to measure quality of care. The Trust had also developed indicators for Maternity, Emergency Department, NICU, Birthing Centres and Paediatrics.

Key Decisions

The working group approved for Amanda Buss, Public Governor to review the Governor dashboard as there may be more appropriate statistics that the group could monitor, for example, stranded and super stranded patients.

Exceptions and Challenges

The working group requested further information from Jeremy Boss, Non-Executive Director as his original response to the following question had not provided the group with suitable assurance:

“As a way to support the work around Sepsis, can you provide assurance that electronic observations are a priority for the Trust and are within the IT work plan and when this will be implemented?”

Response received from Jeremy Boss- Non Executive Director (27th March 2018)

“The Acting Medical Director has confirmed that digitisation of observations remains a high priority and has been included in the IT programme for 2018/19. Detailed scheming has not yet been finalised.”

The working group have asked Jeremy Boss- NED to provide a more detailed response to the above question that gives them assurance that the Trust is making electronic observations a priority, especially in supporting the work around Sepsis. It was suggested at the meeting that it would be useful to know how electronic observations will be included within the plan and what quarter it is predicted to be addressed in.

Response received from Jeremy Boss- Non Executive Director (25th May 2018)

“In respect of the digitisation of observations which will help in the monitoring of Sepsis we can confirm:

- E-observations is in the IT plan for 17/18.
- It scored highly as a priority in the Prioritisation workshop held in February.
- It has been programmed in for the second half of this year due to the need to consider a bed management solution in the first half of the financial year.
- We have a price from Cerner for the software package – the business case is due to go for discussion and approval at Management Board in June.
- Money has been allocated for it in the capital plan but I’ll need support from the Management Board to draw down on that.

This quite a complex implementation requiring process and culture change as well as new technology. The timing is not finalised as there are different views amongst

the divisional management teams on priorities and some consider that we may need to pause further expansion of the EPR (Electronic Paper Record) to allow for greater optimisation of what we already have in place. IT Directorate's view is that we need to continue to do both.”

Governance and Other Business

Shaun Lomax, Staff Governor confirmed his attendance at this group as the representative for Staff Governors.

The working group was asked to review the questions for the self-assessment prior to the survey being circulated for the attendees to complete. The results would then be reviewed at the next meeting.

Future Business

The working group requested that they received an update on the following topics:

- Head of Nursing, Women and Children’s – Update on stillbirth rate at RUH (October 2018)
- Deputy Chief Operating Officer – update on stranded and super stranded patients (October 2018)

Recommendations

The Council of Governors is asked to:

1. Note the update report
2. Approve the future work plan

Governor Quality Working Group - Proposed Workplan

	10th January 2018	4th April 2018	5th July 2018	4th October 2018	9th January 2019
Opening Business					
Welcome, Introduction & Apologies	✓	✓	✓	✓	✓
Minutes of the Quality Working Group held in private on XX	✓	✓	✓	✓	✓
Action list and matters arising	✓	✓	✓	✓	✓
Standing items					
Governor Dashboard (to identify themes)	✓	✓	✓	✓	✓
Working group delegated work from CoG	<p>* Attending Governors are aware that Sepsis and AKI are Trust safety priorities and that the focus is on training and implementation of improved procedures. We would really like the Trust to consider whether any clinical outcome data could be produced which shows the effect on for example patient morbidity/mortality to demonstrate to the public. The Quality strategy does not have any hard data/targets and we feel that it should.</p> <p>* Governors are concerned about the discharge process and would like the Trust to investigate producing more detailed measures of the process - in addition to discharges before midday and DTOC performance.</p> <p>* QWG to consider adding the learning points from patient stories to their workplan.</p>	<p>* Seek reassurance that the Nursing shortage is not affecting Quality.</p> <p>* Obtain reassurance that the Trust is initiating a plan to tackle patients left alone/in isolation for extended periods.</p>	<p>* Update on the new discharge lounge and obtain ongoing reassurance that it is utilised for the correct purpose (not as an overflow in-patient area).</p> <p>* Follow up any recommendations from ECIP and monitor implementation. Also to be appraised of any implications/actions resulting from the external scrutiny of the elective plan.</p>	<p>* Monitor the number of patients who repeat fail.</p> <p>* Monitor figures for cancer haematology for an increase.</p>	<p>* Receive feedback on the CQC extraordinary visits to ED due to winter pressure.</p>
Working Group Self-Assessment		Discuss, then survey to be sent after mtg	Review W/G self assessment		
Terms of Reference review				✓	
Review Annual Report		Plan for draft	Review draft report		
Information items					
CQC updates - inspections, reports and action plans	As required	as required	as required	as required	as required
Ares of interest / presentations requested	Antibiotic Prescribing & Stewardship regarding C Diff. (postponed from Oct 17)	HSMR review in 6 months' time (agreed from July 17 meeting)	Learning from patient stories in the last 3 years	Update on stillbirth rate at RUH	TBA by working group
		Falls Improvement Programme Update		Update on Discharge Pathway and the challenges of discharging stranded and super stranded patients	TBA by working group
Assurance Items					
Progress against Quality priorities	QA priority 4 - Sepsis	QA priority 1 - TBC	QA priority 1 - Transitional Care	QA priority 3 - TBC	QA priority 4 - TBC
Additional Quality Accounts	Review draft QA priorities & choose local indicators 2018/19			Governor suggestions for QA priorities for 2019/20 based on Member feedback	Review draft QA priorities & indicators 2019/20
Public Board of Directors assurance - questions to be submitted in advance	✓	✓	✓	✓	✓
Closing Business					
Meeting Review	✓	✓	✓	✓	✓
Future Workplan	✓	✓	✓	✓	✓

- Discharge – leads Simon Andrews / Jane Davies
- Jaundice pathways in Babies – Teresa Gay
- Frailty – Jo Miller and Ana Gleghorn to agree lead
- Sepsis – Lesley Jordan

Apr
May
June
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar

Transitional Care- Sarah Merritt

QB
Sepsis
Frailty
Jaundice
Discharge
Sepsis
Frailty
Jaundice
Discharge
Sepsis
Frailty
Jaundice
Discharge

QWG

Transitional Care