

## **Council of Governors (in Public)**

### **Item 6.3**

**Subject:** Quality Account Priorities 2018/2019  
**Date:** 5<sup>th</sup> March 2018  
**Prepared by:** Joan Mathews, Deputy Director of Nursing and Quality  
**Presented by:** Sue Pemberton, Director of Nursing & Quality

#### **1. Background**

Each year the Trust holds an engagement event with stakeholders that included Governors, Health Watch and commissioners with the aim of identifying the quality priorities for the forthcoming year. At this event a retrospective look back of performance against the priorities selected from the previous year is also presented. This paper provides the Council of Governors with an update on performance for 2017/2018 quality priorities and to review the quality priorities for 2018-2019. The quality priorities for 2017/18 were:

- delirium - pathway development - specifically Pre/Post-operative screening YTD 71.3% against a target of 50%
- delirium post discharge follow up YTD 43.8% against a target of 50%
- complex care needs inclusive of mental health support 100% against a target of 95%
- frailty development 100% against a target of 95%

From the above priorities we need to select a priority to be audited by our external auditors for the quality account. It is recommended that The Council of Governors agree the quality priority - delirium pre-operative assessment for surgical patients as the local indicator for audit purposes for 2017/18.

#### **2. Quality Account Priorities for 2018/19**

On 1<sup>st</sup> February 2018 the Trust held a stakeholder event with the following areas highlighted as key areas of focus for 2018/19

- delirium pathways
- complex care
- patient and family shadowing
- care partner programme
- human factors
- technology in patient experience

The Council of Governors and other stakeholders were present at our engagement day in February and have selected the quality priorities for 2018/19 which are:

- patient and family shadowing a year of action
- management of patients with complex health needs
- delirium management and pathway development
- care partner

#### **Points for consideration:**

##### Shadowing

- It is worthy of note that the most support from the stakeholders was for patient and family shadowing – learning from the observations from our inpatient care pathways to support changes in practice where relevant and support evidenced based care.

##### Complex Care Needs

- Complex care needs and mental health is becoming an increasing problem and would lead to improved services for patients – this priority will look at how to further develop the electronic functionality to ensure that the specific care needs of patients are met, and personalised to them and that the care needs identified are documented.

##### Assessment for delirium

- To progress and further develop and understand the effects of post-operative delirium on our surgical patients. The effects of delirium on patients and staff, should not be underestimated, therefore there continues to be a need to develop this assessment further in 2018-19.

##### Care Partner

- All patients are offered the opportunity to identify a care partner to participate in the delivery of care supported by the health care team. It is important to monitor the progress being made so further developments can be considered to enhance the care partner concept.

#### **4. Recommendation**

It is recommended that the Council of Governors:

- i) agree the local quality priority for statutory audit in 2017 /18 - **delirium pre-operative assessment for surgical patients**; and
- ii) support the development of the quality priorities identified for 2018/19, as set out in Paragraph 2 above.