Agenda Item: 4.0

Action list of the Council of Governors of the Royal United Hospitals Bath NHS Foundation Trust following the meeting held on 5th September 2017
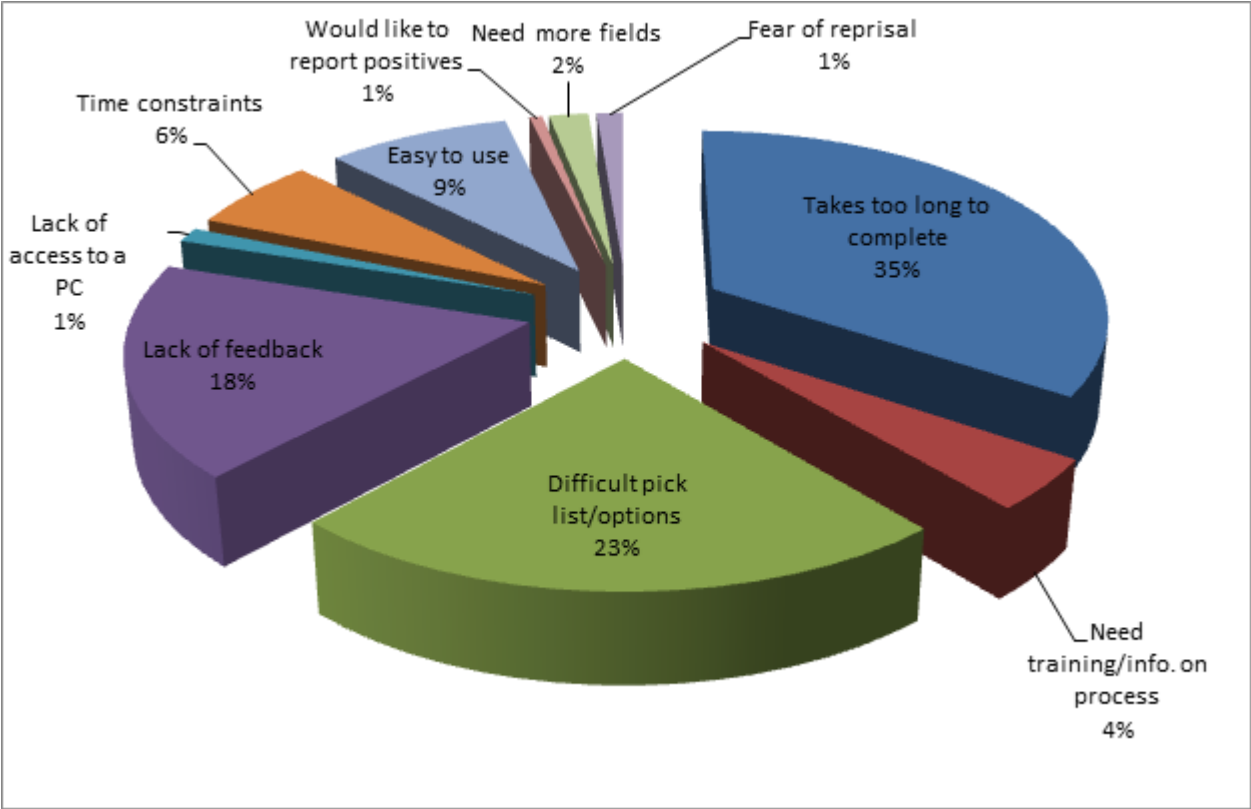
Action No	Details	Agenda Item Number	First Raised	Action by	Progress Update & Status	Lead
CG131	**Working Group Actions arising out of feedback** Strategy & Business Planning and Membership and Outreach Working Groups to review the STP material that would be produced in order to help the Trust & Governors to communicate to members. *September meeting update* Material to be produced post October.	CG/17/03/14	March 2017	Dec 2017	Delays in STP – **Open**	S&BPWG & M&OWG Chairs
CG132	**Membership & Outreach Working Group Update Report** Each Governor to recruit at least 3 new members per month.	CG/17/03/17	March 2017	Dec 2017	Jacek Kownacki undertook Atrium recruitment on 21.11.17 and recruited 11 new members. He has also shared membership forms within his community. No other membership forms have been received recently. **Open**	All Governors
CG142	**Human Resources Business Plan 2016/17 ThanksBox and living the values** Provide an update on the piece of work the Trust was undertaking focusing on myth busting around why people do not report incidents in six months' time.	CG/17/06/22	June 2017	Dec 2017	See appendix 1 overleaf. **Closed**	Deputy Director of Human Resources

Action No	Details	Agenda Item Number	First Raised	Action by	Progress Update & Status	Lead
CG143	**CoG Annual Priorities** • The objective regarding STP to be discussed at a later meeting when more information regarding STPs was available after October.	CG/17/06/24	June 2017	March 2018		Council of Governors
CG144	**ITEM WITHDRAWN (Item 9)** Governors to confirm attendance at the AGM to the Membership & Governance Manager	CG/17/09/09	Sept 2017	Dec 2017	Confirmation received. **Closed**	Council of Governors
CG145	**Commercial Update** Confirm the requirement for Governors to approve an increase in private patient income and email Nick Houlton, Public Governor the response.	CG/17/09/21	Sept 2017	Dec 2017	Email circulated to Governors on 6th September. Confirmed that Governors would need to approve a proposal if private patient income was to be increased by 5% or more. **Closed**	Chairman

Appendix 1: update from Deputy Director of Human Resources - This closes action CG142

In July there was a Trust wide Datix awareness week, which was proceeded by a questionnaire, and was aimed at determining the reasons as to changes (decline) in the rate of incident reporting. The questionnaire identified that staff were aware of Datix, and the reasons given for not reporting on Datix included:

NB: The theme of 'fear of reprisal' was not a theme raised by staff in conversations as part of the research into the themes.

Pie chart of reasons given for not reporting on Datix:
- Would like to report positives 1%
- Need more fields 2%
- Fear of reprisal 1%
- Time constraints 6%
- Easy to use 9%
- Lack of access to a PC 1%
- Lack of feedback 18%
- Difficult pick list/options 23%
- Takes too long to complete 35%
- Need training/info. on process 4%

The work we have done since the awareness week has focussed on the following:

- The Datix-web report form was reviewed with key stakeholders and the additional fields added since the web-based reporting was rolled out were removed, to make it easier to report, while still reporting the minimum dataset required by NHSI;

- David Chodkiewicz (Datix Dave), Risk Management Applications Manager, held clinics during the week to provide problem solving and to plan any additional ward/department training sessions;

- The monitoring of the investigation and completion of incident reports, which provides direct feedback to the individual, is to be included in the Divisional performance review process;

- The Risk Management Applications Manager created a simple report for ward and department managers to identify the outstanding incident reports that require review

- The Risk Management Applications Manager was working with teams to create 'bespoke' incident pick lists for specialties, to enable them to capture and interrogate incidents and obtain meaningful information;

- Further networked computers were provided across the organisation, as part of the EPR project;

- The Risk Management Applications Manager created a simple dashboard of incident themes for ward and department managers, to assist them in local feedback to their teams.