

Report to:	Council of Governors	Agenda item:	17
Date of Meeting:	5 December 2018		

Title of Report:	Governor Quality Working Group Update Report
Status:	For Information
Sponsor:	James Colquhoun, Public Governor, South Wiltshire (Interim Chair)
Author:	Emily McConnell, Membership & Governance Administrator
Appendices:	Appendix 1: Future Workplan

Purpose
To provide the Council of Governors with an update following the Governor Quality Working Group held on 4 October 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"> • Update on stillbirth rate at RUH • Quality Accounts Priorities for 2018-19: <ul style="list-style-type: none"> ○ Update on QA priority 2 – Reducing the wait time for diagnostic tests • Governor suggestions for QA priorities for 2019/20 based on Member feedback <p>Update on stillbirth rate at RUH</p> <p>The working group received an update from the Senior Midwifery Matron on the work the Trust was doing to reduce the rate of stillbirths at the RUH. They were informed that the national ambition was to reduce the rate of stillbirths, neonatal deaths and maternal deaths in England by 50% by 2030.</p> <p>The working group was also informed that the Trust had seen a reduction in stillbirths following the 2016/17 CQUIN following the introduction of the Saving Babies' Lives care bundle that incorporated the following 4 elements of care:</p> <ul style="list-style-type: none"> • Reducing smoking in pregnancy • Risk assessment and surveillance for fetal growth restriction • Raising awareness of reduced fetal movement • Effective fetal monitoring during labour <p>Update on QA priority 2 – Reducing the wait time for diagnostic tests</p> <p>The working group received an update on how the Trust was working to reduce the wait time for patients requiring diagnostic tests following an emergency admission. They were informed that this related specifically to patients requiring cardiac</p>

angiograms who may have previously been admitted to wards that did not specialise in providing certain procedures and therefore treatment and hospital stay was delayed.

The working group was informed that this group of patients were to be managed by risk categories to ensure they received the correct tests within a certain timeframe.

The working group requested an update on the progress in a year's time.

The Working Group also received the following updates which had been delegated from CoG:

- Monitor the number of patients who repeat fall

Monitor the number of patients who repeat fall

The working group received an update on the Falls Improvement Programme that had been launched in June 2017 that had introduced the use of an electronic falls risk assessment. They were informed that the Trust had seen a 10% reduction in falls as a result and that the target of a further 10% reduction had been set for this year.

The working group was informed that all at risk patients had a lying and standing blood pressure test within 72 hours of admission and that 70% of falls occurred during the day and the most common day was a Monday.

The Trust had appointed a band 6 nurse to undertake falls prevention simulation training and was developing a falls e-learning package to help train staff.

Key Decisions

Governor suggestions for QA priorities for 2019/20 based on Member feedback

The working group discussed ideas for the 2019/20 Quality Accounts Priorities and made the following suggestions:

- Enhancing the work currently being done on learning from complaints
- Digital work, for example, the Big 3

Exceptions and Challenges

N/A

Assurance

The working group sought assurance on the constraints of flow through the hospital and proposed the following question for the Non-Executive Directors:

Following an initiative from cardiac specialists leading to a reduction in waiting time for cardiac angiograms in the RUH, what further constraints on flow through the hospital can be seen as priority for clinical attention?

Governance and Other Business

N/A

Future Business

The working group approved the current workplan with no additions.
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Recommendations

The Council of Governors is asked to:

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| <ol style="list-style-type: none">1. Note the update report2. Approve the future workplan |
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Governor Quality Working Group - Proposed Workplan

	9th January 2019	4th April 2019	8th July 2019	3rd October 2019	15th January 2020
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	* Receive feedback on the CQC extraordinary visits to ED due to winter pressure. Follow up the Maternity Action Plan which has been formulated as a result of the Maternity survey in 6mths	*Follow up the Cardiology Improvement Plan * Monitor the outstanding SI rate	*The Paediatric Department employs staff flexibly across ward, out-patient and Paediatric Assessment unit. The working group are interested to know if the Trust has considered whether this model could be utilised in adult areas to improve efficiency?	- QWG to be briefed on William Budd Improvement plan and progress made.	✓
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	TBA by working group	TBA by working group	TBA by working group	TBA by working group	TBA by working group
	Update on Discharge Pathway and the challenges of discharging stranded and super stranded patients	TBA by working group	TBA by working group	TBA by working group	TBA by working group
Assurance Items					
Progress against Quality priorities	QA priority 3 - Ensuring patients go to theatre within 36 hours of admission	QA 4 - Listen to patients and carers and use feedback to improve services	Q1 2019/20	Q2 2019/20	Q3 2019/20
Additional Quality Accounts	Review draft QA priorities & choose local indicators 2019/20			Governor suggestions for QA priorities for 2020/21 based on Member feedback	Review draft QA priorities & indicators 2020/21
Public Board of Directors assurance - questions to be submitted in advance	✓	✓	✓	✓	✓
Closing Business					
Meeting Review	✓	✓	✓	✓	✓
Future Workplan	✓	✓	✓	✓	✓

Transitional Care- Amanda Gell
Reducing wait diagnostic tests - theatre 36 hours - Simon Andrews & Karen Driscoll
Patient feedback - Sharon Manhi