Council of Governors Meeting: Tuesday 30 January 2018
CoG2018.03

<table>
<thead>
<tr>
<th>Title</th>
<th>Report from the Patient Experience, Membership and Quality Committee</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Purpose</th>
<th>For information.</th>
</tr>
</thead>
</table>

| History | The Patient Experience, Membership and Quality Committee provides a regular report from each of its meetings held to the Council of Governors. |
Report from Patient Experience, Membership and Quality Committee

1. The Patient Experience, Membership and Quality [PEMQ] Committee will have met twice since the last meeting of the Council of Governors in October 2017.

2. The draft minutes of the meeting of the Patient Experience, Membership and Quality Committee held on 23 November 2017 are presented below.

3. The PEMQ Committee will also have had a further meeting on 25 January by the time of the Council’s meeting.

4. At its meeting in October the Committee received its regular reports from the Quality Committee and its regular update on membership. In addition the Committee was updated by the Medical Director regarding the Trust’s programme to improve end of life care.

5. On 9 January members of the PEMQ Committee participated in a visit to the Trust’s Home Assessment Reablement Team [HART] Service.
Council of Governors’ Patient Experience, Membership and Quality Committee

Minutes of the meeting held on Thursday, 23 November 2017 at 10:30 in the Boardroom, Level 3, John Radcliffe Hospital.

Present: Sally-Jane Davidge SJD Public Governor, Buckinghamshire, Berkshire, Wiltshire & Gloucestershire [Chair]
Jill Haynes JH Public Governor, Vale of the White Horse
Anita Higham AH Public Governor, Cherwell
Jules Stockbridge JS Staff Governor, Clinical

In attendance: David Mant DM Chairman of the Quality Committee and Non-Executive Director [up to item 5]
Susan Polywka SP Head of Corporate Governance and Trust Secretary
Caroline Rouse CR Foundation Trust Governor and Membership Manager
Neil Scotchmer NS Programme Manager
Tony Berendt TB Medical Director [for item 6]

Apologies: Steve Candler SCa Public Governor, Rest of England & Wales

CoGPEMQ/17/09/01 Welcome, apologies and declarations of interest

Apologies were received from SC following an accident.

CoGPEMQ/17/09/02 Minutes of the meeting held on 15 September 2017

The minutes of the meeting held on 15 September 2017 were approved.

CoGPEMQ/17/09/03 Matters Arising

The request for governors to be invited to the staff recognition awards had been followed up and Anita Higham, Jules Stockbridge, Cecilia Gould and Steve Candler were to attend the event.

SC had followed up his comments at the previous meeting with additional information regarding the SSNAP (Support for the Sick Newborn and their Parents) service. CR outlined this to the Committee, explaining the service provided and its location. It was confirmed that there was now no imminent prospect of the service being moved and that an alternative option regarding office provision had now been identified.

It was now proposed that the visit to the HART service take place on Tuesday 9 January with details to be confirmed outside of the meeting. CR suggested that this could be linked to the governors stall that was to be run on that day.

Action: SP

JS explained that RT had contacted her to provide clarification regarding the split of the Horton outpatients friends and family test results as requested. AH noted that she had not received details of the Carers Oxfordshire outreach programme to mention to GPs in the north of the county.
**CoGPEMQ/17/09/04 Appointment of PEMQ Chairman**

Following Sue Chapman standing, down the Committee required a new chair. AH proposed and JH seconded Sally-Jane Davidge as the new chair of the Committee and she was duly appointed to the role.

**CoGPEMQ/17/09/05 Report from Quality Committee Chairman**

SJD congratulated DM on becoming chair of the Quality Committee. DM explained that his role at the meeting was primarily to answer any questions that governors may have regarding the Quality Report, and the Quality Committee’s Chairman’s report to the Board. The latest report had been presented to the Board in November, relating to the October meeting of Quality Committee.

DM highlighted that at its meeting held in October, the Quality Committee had reviewed the issues related to maternity and neonatal services at the Horton. He noted that the Trust was to some extent in limbo due to the judicial processes that were underway and the referral to the Secretary of State. The Trust’s agreed position was that efforts to recruit obstetric staff would continue. The only adverse incident reported had related to an ambulance having a burst tyre. Average transfer times were not that great, especially with an ambulance on standby.

AH noted that the question of whether the presence of an ambulance continued to be necessary was being considered. DM commented that there was an inconsistency regarding why an ambulance was needed at the Horton Hospital but not at other MLU (Midwifery-Led Unit) sites. There had been a concern that the Horton might be an outlier regarding transfer times but this seemed not to be the case and there was a need to keep under review whether this was the correct way to provide care.

AH commented that should a decision be made to withdraw the ambulance then it would be important to think through very carefully how this was communicated. DM agreed that this was very much recognised and that there might be a difference between what was best medical care and what the population might prefer.

DM also noted that the issue of what was appropriate in the event of a burst tyre had been explored. Where the transfer was not a blue light situation it was understood that it was safe to wait and change the tyre. A very small percentage of transfers were blue light situations. (There were 12 instances in the period reviewed in the Board paper.)

DM also drew the Committee’s attention to the issue of bed closures. He noted that the Trust was experiencing acute staffing problems that were made worse by issues affecting the number of EU nurses. Currently 50-100 beds were closed on any one day, to maintain patient safety. AH highlighted the information in the paper regarding overseas recruitment and JS explained that this was occurring in phases. DM commented that there had been discussion at the Board regarding the ethics of recruiting nurses from abroad, emphasising that the Trust had deliberately targeted places where there was oversupply. JS noted for context that not all of the closed beds would be suitable for medical capacity and explained that very close monitoring of closed beds is in place.

DM highlighted the issue of cleaning scores which he noted had proved a difficult problem to get to the root of. AH asked whether this was simply a question of staff not being conscientious. SP commented that different audits looked at the state of cleanliness before and after cleaning. Quality Committee had asked in particular to
understand more clearly what impact cleaning had on patient safety and to get beyond the issues relating to different types of audit.

DM also raised the issue of the Trust’s planning for winter. Should additional numbers of patients suffering from flu require admission then the Trust would not immediately be able to open up additional beds because of the need to sustain safe nurse staffing levels.

AH asked if this was related to the number of older people in the population. DM agreed that there was definitely an increase in the number of old and frail people but also noted that the Trust was working at a very high capacity and so it was harder to manage spikes in demand. He commented that it would probably not be regarded as acceptable to go beneath national safe staffing levels even in a crisis. AH asked whether this was related to the desire not to use agency staffing. JS explained that opening a few additional beds for a short period has limited impact and that in the case of the trauma beds, the Trust no longer has access to the physical capacity. It was highlighted that when additional beds are opened they can fill quickly without easing pressures; the focus needed to be on flow through the system.

The Committee was informed that the Chief Nurse’s Annual Report on Safeguarding had been received and had shown an increase in the number of vulnerable people presenting. This was in part linked to changes in assessment criteria but was thought also to represent a genuine increase. DM explained that this related to a range of issues including mental capacity.

AH asked for further information regarding the Director for Improvement and Culture’s consideration of human factors training. It was clarified that the Quality Committee had heard from Dr Helen Higham about the human factors programme which delivers training to assist staff in understanding the factors that combine to generate mistakes. John Drew had been asked to look at how such training could be made more mainstream within the Trust. DM commented on the programme’s use of simulations and how powerful these could be.

SJD asked about the nursing vacancy rate in Neurosciences and asked whether it was known why this was a particular problem. JS explained that this was a very complex and challenging area requiring specialist skills and that it seemed to be one that nurses were not currently focussing on. She also noted, however, that these shortages were often cyclical.

The section of the report regarding a patient story from a young carer was highlighted and the question of whether people should be concerned about information being shared with GPs was raised. DM explained that the key issue in this story was to recognise when a child was a main carer to prevent them being left out of the conversation. Within hospital there was a need to ensure such points were clear when there are unusual family situations. SP highlighted that issues regarding confidentiality and the need to share only relevant information remained important and were emphasised within the Trust.

SJD commented that in Bucks it was possible to have the fact that you were a carer put in your own notes. AH noted that when a living will was in place the acute Trust might not be aware. JS highlighted the South Central Ambulance Service’s ‘message in a bottle’ campaign. DM commented that the Trust worked hard to try to ensure that key issues were flagged up, for example, chronic conditions such as diabetes. The EPR’s (Electronic Patient Record) potential for flagging was noted and this was an issue that TB planned to discuss with Peter Knight.
AH noted that it was no longer possible for governors to observe Quality Committee meetings and that this had been a useful way to see how NEDs challenged executive directors on key issues. SP explained that this arrangement had been in place before the Council’s own committee structure was in place to scrutinise the work of the Board’s committees. DM commented, however, that this was something that could be kept under review.

CoGPEMQ/17/09/06 Feedback on End of Life Care

The Medical Director provided the Committee with an update on End of Life Care. He explained that for many people hospital is unavoidably the best or safest place to die. The aim of this programme had been to improve the care of the dying in the Trust whilst also supporting improvements across the wider healthcare system. It was being supported by pump priming money from the Sobell charity for a limited time and it would eventually be necessary to consider how changes could continue to be funded longer term. TB noted that this should be on a ‘high quality costs less’ basis; for example, where discussions take place with patients in which it is clear that they wish to avoid certain interventions, that the patient’s wishes are clearly recorded, to avoid providing unwanted (potentially expensive) treatments.

The agreed strategy had been to the Board and was linked to national priorities for care of the dying. Some work was carried out directly by an enhanced Palliative Care Team but some was delivered indirectly through cultural change and Trustwide actions. TB drew the Committee’s attention to a huge increase in contact between the palliative care team and ED/EAU which had now reached 25-50 contacts per month. This had now shifted from a five day to a seven day service. The team was not purely medical but included chaplaincy, occupational therapy, etc.)

TB commented that the priority given to End of Life Care had increased significantly and was now more prominent in staff communications and on the intranet. There had been many excellent examples of care being tailored to individuals. During the previous financial year it had been associated with an enhanced payment under the CQUIN (Commissioning for Quality and Innovation). The Trust had adopted the sunflower symbol to represent its End of Life Care work. Prescribing plans were now in place to be launched on the electronic system when needed and electronic nursing plans were due to go live shortly.

A survey had been carried out building on work at other trusts and had been given to the all bereaved relatives with 80 returned over six months. There had been a highly positive response for treatment with respect and dignity and for quality of care. Results had been less positive regarding care over the last three months of life and there was more work to do across the system on this. Areas for improvement were access to spiritual support and recognition of dying by staff, especially by cleaners and housekeepers.

There had been indirect improvements to care through working with a number of different teams throughout the Trust. This included a better understanding of what patients want in their care. For example, in the Renal Department, an appreciation that it was difficult to get off conveyor belts of care like dialysis when this might not be working for patient.

Next steps would include a rapid response line for community services. This was not currently in place in Oxford as the CCG were not at that stage prioritising it as an area for funding and an alternative route for funding had yet been identified. Such a
line would also support attempts to avoid 'admit to die' transfers where people would rather die in a care home or in their own home.

The Medical Director explained that a similar presentation could be provided to all governors if it was felt that this would be helpful. SJD suggested that this could be put on the Council’s agenda for closer to the end of the year and linked to the selection of the following year’s priority.

AH asked if it was the case that there was only one consultant based at Katherine House in Banbury. TB suggested that whilst it was not one the figure would probably be low as the number of patients was relatively small. He noted that this service was not as integrated into the Trust as Sobell House but that the aim would be to replicate the same level of service.

CoGPEMQ/17/09/07 Update on Membership

Caroline Rouse provided an update on membership, explaining that membership numbers had remained consistent at around 8,500 with new recruits equalling members being removed.

CR explained that she would be recruiting the following day at the Carers Conference. She had also attended a SCAS Patient Engagement Forum but most attendees had been members already. Elizabeth Gemmill had provided CR with some helpful contacts at the University of Oxford and CR was going to approach Astrid Schloerscheidt for similar assistance with Oxford Brookes University. In 2018 apprentice evenings at careers fairs would begin and CR would attend these. In addition the Trust planned to have stalls at the Race for Life and OX5 Run but would need support from governors for these larger events. Governors were also encouraged to assist at open days.

Posters and membership forms had been sent to all district councils and the libraries for surrounding counties. CR was also going to approach GPs again but often information does not get displayed in surgeries. AH was asked as a locality forum chair to support this.

The appointment of a new Head of Communications and Engagement, Matt Akid, was highlighted. He would be attending the meeting of the governors’ Performance, Workforce and Finance Committee on 24 November 2017. Consideration was being given to the future approach to the Trust newsletter. CR also highlighted that the membership database now had some attractive new templates which could be used for emails. This could include a piece from a governor or governors and members of the Committee were asked if they might wish to prepare one. CR suggested that further talks could also be organised in the future, inviting governors and the public.

CR explained that governors could run as many stalls as they wished on different sites although some sites had more convenient locations than others. The Horton General Hospital was a particularly difficult place to find a suitable place. It was suggested that outpatients could be used with a maximum of two governors due to space constraints. JS could assist in arranging this.

JH explained that she was running a stall at Radley College for Sobell House and would have membership forms available.

SJD informed the Committee that she had spent some time talking to members of the public who had attended the Council of Governors in Banbury. They had expressed disappointment that the meeting was not what they had expected and
noted that the word ‘patients’ was hardly mentioned. They had chosen to attend this meeting because they were unable to drive and so meetings outside of Banbury were difficult to get to. SJD suggested that it might be worth arranging an opportunity for the public to speak to governors in Banbury. CR suggested the use of the restaurant at the Horton or the neighbouring anteroom.

SP also suggested that governors might wish to give consideration to these points in setting their agenda, for example, by including a patient story. SJD also suggested that governors make themselves available to speak to the public either before or after the meeting.

CR gave a brief update on the AGM. She noted that there had been some disappointment at the number of attendees and that Tingewick Hall had now been booked for the event in 2018 so that a larger venue would be available.

**CoGPEMQ/17/09/08 Governors’ Reports on Activities**

The Committee Chairman introduced this item, explaining that she thought it would be helpful for governors to provide an update on the activities that they had been involved in.

Governors commented that it had been very useful and informative to have the opportunity to attend some of JS’s operational meetings.

SJD and JH had run the first governor stall at the John Radcliffe Hospital. They commented that it had been useful not just to recruit but also to chat with patients and staff. The next was due to take place from 11am to 2pm on Wednesday 29 November.

SJD had JH attended a Patient and Public Forum during the summer at which Cecilia Gould had also been present. This had not been well advertised but had proved a beneficial opportunity for the public to raise issues that were priorities for them. The key issues identified were communications and discharge issues / ‘bridging the gap’ and separate groups had been established to look at these. A follow up session was to take place in Tingewick Hall on Monday 27 November and had been widely publicised.

**CoGPEMQ/17/09/09 Meeting Dates for 2018 and Forward Plan of Business**

It was proposed that future meetings would continue to take place on Thursdays. There was a need to consider how the Committee could link with YPE (Young People’s Executive) governors.

**CoGPEMQ/17/09/10 Any Other Business**

JH highlighted concerns raised by an individual who she had spoken to at the AGM and subsequently regarding a number of issues of tidiness and hygiene, including the large number of cigarette butts on site. She had also noted that many people overstayed the 20 minute limit for the drop off spaces outside the main entrance. The Trust was asked to consider how these issues could be picked up.

SJD asked members of the Committee to let her know of any suggestions for stakeholders to attend the Quality Conversations.
CoGPEMQ/17/09/11 Date of the next meeting

The next meeting will be held at 10:30 to 12:30 hours on Thursday 25 January 2018 in the Boardroom, John Radcliffe Hospital.