

**Cover Sheet**

**Council of Governors Meeting: Wednesday 12 July 2023**

**CoG2023.19**

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**Title: Patient Experience, Membership and Quality Committee Report**

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**Status: For Information**

**History: Report from PEMQ to Council**

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**Lead: Committee Chair**

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**Confidential: No**

**Key Purpose: Strategy**

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## Patient Experience, Membership and Quality Committee Report

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### 1. Purpose

- 1.1. This paper forms part of the Patient Experience, Membership and Quality Committee's regular reporting to Council of Governors, providing Council with a summarised report highlighting key Committee business and issues arising from its meetings.

### 2. Background

- 2.1. The remit of the Committee is to consider matters concerning the development and maintenance of an active membership; the experience of patients using OUH services; and measures of the quality of services provided by the Trust. It also considers for the Council of Governors how the Trust Board obtains assurance regarding these matters.
- 2.2. Since the last meeting of the Council of Governors the Committee held two meetings on 4 April 2023 and 14 June. The main issues considered and discussed at the meetings are set out below.

### 3. OUH Draft Quality Account 2022-23 and Governor Response

- 3.1. The Committee was joined in April by Dr Brent and Rupali Alwe, Deputy Head Clinical Governance at the June meeting, who presented and discussed the Draft Quality Account 2022-23.
- 3.2. A Quality Account is a published report about the quality of services and improvements offered by an NHS healthcare provider. The Quality Account specifically aims to improve public accountability for the quality of care.
- 3.3. The Committee heard that Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at: patient safety, how effective patient treatments are and patient feedback about care provided.
- 3.4. The Trust was in the process of consulting with a range of stakeholders who were asked to supply a statement on the content of the Quality Account. The Quality Account was due to be submitted to NHS England by 30 June 2023. At the April meeting there were still some gaps in the information as the document was being finalised, though the core content was complete, so the Committee were invited in June to review and comment on the final draft version. Many of the recommendations made by PEMQ in the April meeting were indeed followed up and included in the later draft which the Committee saw in their June meeting. Through this

discussion the whole of the PEMQ Committee inputted into the Governor response letter.

- 3.5. The Committee agreed that the information within Quality Account came together well as a united document. It could be seen that a lot of work had gone into simplifying the structure of the document which made it much easier to engage with. There was improvement from previous years. Some detailed comments were made about consistency and language and the Committee were really pleased to see at the June meeting that many of these comments had been considered.
- 3.6. The Committee understood that the requirement to publish the Quality Account was set out in regulation and the content was defined to a certain extent by these requirements, but agreed that to better support staff engagement and encourage a wide range of staff, patients and the public to read and review the document for both their interest and development, the Committee recommended the production of a one-sided summary which incorporated graphics. The Committee was pleased to hear at the June meeting that in response to the Governors feedback that an easy read leaflet had been drafted and there were plans to produce a poster.
- 3.7. The Committee noted that it was important to be able to see clearly whether patients were safer this year than they were last year and to understand the areas that may require improvement as well as those areas of best practice.
- 3.8. The Committee discussed the importance of patient participation groups, many of which fell away during the pandemic. Governors helping to convene some of these groups was welcomed.
- 3.9. Overall, the Committee thanked and acknowledged the ongoing commitment of all staff. Many of the comments that were made during discussion were referenced directly in the Governor response letter in the Quality Account. As outlined in this response, the Committee agreed that throughout this period, it had been inspiring to see the strength and resilience of staff. The Committee acknowledged the hard work and commitment of all staff who have responded and taken on the challenges to deliver the highest quality of care for all our patients. Progress that could be seen by the improvements made throughout the year that are demonstrated by considerable progress against last year's Quality Priorities.
- 3.10. The Committee thank those who contributed to the rich discussions under this item.

#### 4. Patient Experience Update

- 4.1. At the April meeting a brief patient experience update was provided by Ms Heason to summarise key developments and plans in relation the delivery of the Patient Experience Strategy.
- 4.2. The team was now working on developing metrics and clear deliverables for the patient experience strategy. There had been some staffing and capacity issues within the team, but the team were pleased that they are now recruiting several new team members.
- 4.3. Recent Healthwatch reports had provided valuable insights to the team. The patient experience team were exploring how to work closely with Healthwatch to gather information about patient experience. The Committee suggested that they also look at how they learn about the experience of patients from the feedback that Healthwatch receives as well as through the usual channels through which they gather insights.
- 4.4. The patient experience team were also planning to talk to constituencies, and it was confirmed that they would be very welcome to attend meetings.
- 4.5. The Committee heard about the patient story programme at Board, noting that there would be a story about shared decision making at the next Trust Board meeting. The Committee noted the importance of also providing opportunities for carers to share their stories. Committee members had been particularly impressed with the Carers Oxfordshire Story Project. The Committee considered how governors could become involved in developing patient stories and discussed a few ideas.
- 4.6. The Committee again welcomed this update and asked the Patient Experience Team to continue to keep it informed on progress and to involve it and its members where they could support programmes of work.

#### 5. Terms of Reference

- 5.1. Whilst the Committee was planning a detailed review of Committee effectiveness and the Terms of Reference at the end of the year, the Committee had a helpful initial discussion at the June meeting where they identified some inaccuracies and points of detail that needed updating in the current Terms of Reference as well as some general points for further exploration.
- 5.2. The detailed points are highlighted in marked up Terms of Reference at appendix 1.
- 5.3. For future consideration, the Committee recommended that it may be helpful to include detail on the role on non-executive attendees to ensure

that this arrangement was effective and worked well for the Committee and the non-executive attendees.

- 5.4. Also, for future consideration, the Committee discussed the clause regarding the Committee's role in receiving feedback on the Council's chosen Quality Priority. The Committee noted that this was no longer relevant as the Council does not identify a specific priority for governor review. However, it was said that this role had previously provided good opportunities for strong discussion and in may be beneficial to maintain a similar responsibility. This point would be reviewed further.

## 6. Membership Update

- 6.1. The Committee received its routine membership update.
- 6.2. Ms Rouse updated the Committee on upcoming constituency meetings and opportunities for membership recruitment and engagement.
- 6.3. The Committee discussed the recruitment of young people. Several suggestions were made about how this area could be developed. The importance of proactive approached, for example going out to the young people rather than expecting the young people to come to events. Suggestions to bring along a clinician to relevant events was notes to help inspire young people when discussing the role of the governor.

## 7. Recommendations

- 7.1. The Council is asked to **note** and **comment on** this update.
- 7.2. The Council is asked to **approve** the Terms of Reference and note that a more detailed review would be conducted in advance of the January 24 Council.

## Patient Experience, Membership and Quality Committee

### Terms of Reference

#### 1. Authority

- 1.1. The Membership, Patient Experience and Quality Committee (the Committee) is constituted as a standing committee of the Council of Governors. The Terms of Reference can only be amended with the approval of the Council of Governors.
- 1.2. The Council of Governors may commission work from the Committee within its scope, taking account of paragraph 5.4 of Annex 6 of the Constitution which states that “the Council of Governors shall not delegate to any committee any of the powers or responsibilities which are to be exercised by the Council of Governors.”
- 1.3. The Committee is authorised to secure the attendance of other Trust staff with relevant experience and expertise if it considers this necessary. External expert opinion may exceptionally be sought with the approval of the Council of Governors.

#### 2. Purpose of Committee

- 2.1. The remit of the Committee is to consider, for the Council of Governors, matters concerning the development and maintenance of an active membership; the experience of patients using OUH services and how the Trust’s Board of Directors gains assurance about this; and measures of the quality of services provided by the Trust and how its Board of Directors gains assurance about this.

#### 3. Membership

- 3.1. The membership of the Committee shall be determined by the ~~Chairman~~Chair of the Council of Governors from amongst those members of the Council of Governors who express an interest in joining it. The composition of the Committee should be considered in respect of required skills and experience, and of ensuring an appropriate balance between public, staff and stakeholder governors relevant to the work of the Committee.
- 3.2. Only members of the Council of Governors may be members of the Committee although other individuals may be invited to attend meetings and participate in the work of the Committee with the agreement of its membership as noted in paragraph 1.3 above.
- 3.3. The ~~Chairman~~Chair of the Council of Governors may at any time suggest additional governors to join the Committee. The existing membership of the Committee is entitled to be consulted in advance of any additions to the membership.
- 3.4. The Committee will review its membership annually and may make recommendations at any time to the ~~Chairman~~Chair of the Council of Governors for the addition or removal of governors from the Committee.

#### 4. Attendance and Quorum

- 4.1. A governor chosen by the members of the Committee from amongst its membership shall act as chair of the Committee and shall preside over any meetings of the Committee. If the chair is absent from the meeting or is absent temporarily on the grounds of a declared conflict of interest, a chair the governors that are present shall

appoint, shall preside.

- 4.2. No business shall be transacted at a meeting unless at least three members of the Committee are present, at least two of whom should be public governors.
- 4.3. Meetings of the Committee should be attended by ~~the Chair of the Board's Quality Committee~~ the designated Non-executive Directors, though they are not a member of the Committee and do not have a vote.
- 4.4. The chair of the Committee may request attendance by relevant staff at any meeting.
- 4.5. The ~~Chairman~~Chair and Vice-~~Chairman~~Chair, if not members of the Committee, may choose to attend any meeting of the Committee with the prior agreement of the Committee ~~Chairman~~Chair.

### 5. Frequency of meetings

- 5.1. Meetings of the Committee should take place with a frequency to be agreed by its membership as appropriate to fulfil its agreed purpose.
- 5.2. The chair of the Committee may at any time convene additional meetings of the Committee to consider business that requires urgent attention.
- 5.3. Meetings of the Membership, Patient Experience and Quality Committee shall be set at the start of the calendar year.

### 6. Specific Duties

- 6.1. The Membership, Patient Experience and Quality Committee shall:
  - Liaise with the office of the ~~Medical Director~~Chief Medical Officer regarding the development of the Quality Account and Quality Priorities and be in a position to make a recommendation to the Council of Governors regarding its choice of Quality Priority for audit on an annual basis.
  - Receive feedback on the Council's chosen Quality Priority and to report on this to the Council
  - Consider issues regarding recruitment of the Trust's membership and involvement of members, making relevant recommendations to the Council of Governors.
  - Consider requests for advice by the Membership Office regarding the arrangements for any elections or by-elections that are to be held for governors.
  - Consider specific issues in relation to Patient Experience as agreed with the Council of Governors in line with the Council's overall priorities, making relevant recommendations to the Council of Governors as required.
  - Undertake an annual review of the Membership Strategy.
  - Undertake any other responsibilities as delegated by the Council of Governors.

### 7. Administrative Support

- 7.1. The Committee will be supported administratively by the office of the Head of Corporate Governance.
- 7.2. The agenda for meetings will be drawn up and circulated by the office of the Head of Corporate Governance in consultation with the chair of the Committee. Members of the Committee will be invited to submit items to be taken into account in preparing the agenda.
- 7.3. The minutes of the proceedings of a meeting shall be drawn up by the office of Head

of Corporate Governance and submitted for agreement at the next ensuing meeting.

### **8. Accountability and Reporting arrangements**

- 8.1. The Committee shall be directly accountable to the Council of Governors and will agree work priorities with the Council of Governors on an annual basis.
- 8.2. The Committee should provide a verbal update on its work to each meeting of the Council of Governors through a nominated member of the Committee. Written reports on specific areas of work should be provided as required by the Council of Governors.
- 8.3. The minutes of the Committee meetings shall be formally recorded and submitted to the next meeting of the Council of Governors following the production of the minutes.

### **9. Conflicts of Interest**

- 9.1. If a governor is present at a meeting of the Committee and has an interest of any sort in any matter which is the subject of consideration, s/he shall at the meeting and as soon as practicable after its commencement disclose the fact. The Chair of the Committee shall determine whether the governor should take part in the consideration or discussion of the matter.

### **10. Monitoring Effectiveness and Compliance with Terms of Reference**

- 10.1. The Committee will carry out an annual review of its effectiveness and provide an annual report to the Council on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.

### **11. Review of Terms of Reference**

- 11.1. The Terms of Reference of the Committee shall be reviewed at least annually by the Membership, Patient Experience and Quality Committee and approved by the Council of Governors.