Oxford University Hospitals
NHS Foundation Trust

Council of Governors Meeting: Wednesday 5 July 2017
CoG2017.17

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

Purpose	For information.
History	Draft unapproved minutes attached subject to formal approval.

Council of Governors' Patient Experience, Membership and Quality Committee

Minutes of the meeting held on Thursday, 25 May 2017 at 10:30 to 12:30 in the Boardroom, Level 3, John Radcliffe Hospital.

Present:	Sue Chapman	SC	Public Governor, West Oxfordshire **[Chair]**
	Sally-Jane Davidge	SJD	Public Governor, Buckinghamshire, Berkshire, Wiltshire & Gloucestershire
	Jill Haynes	JH	Public Governor, Vale of the White Horse
	Anita Higham	AH	Public Governor, Cherwell
	Jules Stockbridge	JS	Staff Governor, Clinical
In attendance:	Geoff Salt	GS	Chairman of the Quality Committee and Non-Executive Director **(Item 5 only)**
	Susan Polywka	SP	Head of Corporate Governance and Company Secretary
	Steve Candler	SCa	Public Governor, Rest of England & Wales
	Peter Knight	PK	Chief Information & Digital Officer (**presented the Go Digital Strategy**)
	Caroline Rouse	CR	Foundation Trust Governor and Membership Manger
	Neil Scotchmer	NS	Programme Manager, FT Programme
	Maria Crawford	MC	Corporate Governance Manager (Minutes)

CoGPEMQ/17/01 Welcome, Apologies and declarations of interest

The Committee welcomed Steve Candler, Public Governor, Rest of England and Wales as the newest member of the Committee, and also welcomed the Chief Information and Digital Officer, who had been invited to give a presentation on the "Go Digital" Strategy.

No apologies for absence had been received.

No other declarations of interest were made.

CoGPEMQ/17/02 Minutes of the meeting held on 2 March 2017

The minutes of the meeting held on 2 March 2017 were approved.

SJD noted that at the last meeting, it had been agreed that the Corporate Governance Team would provide a list of NHS acronyms and their expanded terms, for reference. It was confirmed that an initial list of acronyms was now available for distribution to the Council of Governors and would be uploaded to the Governors Forum in due course.

Action: SP

Governors were reminded that the list was not exhaustive and would be subject to continual updating and inclusion of further abbreviations / acronyms.

CoGPEMQ/17/03 Action Log and Matters Arising

CoGPEMQ17/01/07 – feedback on governors' attendance at end of life care group was discussed at Item 6.

CoGPEMQ/17/04 "Go Digital" Strategy

The Chief Information and Digital Officer delivered a presentation outlining the Trust's 'Go Digital' transformation plan and the strategic importance of the Global Digital Exemplar [GDE] Programme to accelerate digital maturity within the organisation.

It was noted that the Trust had been a Cerner site since 2011 – commonly referred to as the Electronic Patient Record [EPR] comprising a series of software applications to bring together key clinical and administrative data in one place. Examples of the transactions recorded in the Cerner system included:

- 1.3 million patient contacts
- 145,000 attendances at emergency departments
- 108,000 planned inpatient admissions
- 21,500 referrals with suspected cancer
- 271,000 diagnostic tests
- 1.75 million patient meals provided
- 8,700 babies delivered

Reference was made to the Trust being recognised as one of the most advanced in the country for implementing Cerner EPR, and was noted to hold the largest database of recorded information in the country. As a GDE the Trust had been recognised at the forefront of the use of digital technology to deliver treatment and care. The "Go Digital" plan was noted to encompass *"leveraging electronic health records, data and technology to innovate and join up how the Trust provided patient care across organisational boundaries and to support self-care and research."*

The recent cyber-attack in which a number of NHS Trusts' had been affected was highlighted and assurance provided regarding the Trust's ability to monitor and minimise the likelihood of an attack; this included state of the art firewalls and patching software issued by Microsoft in March 2017. It was further noted that a national investigation was on-going regarding the impact on NHS Trusts.

The Trust was reported to have secured £10m from NHS England [NHSE] with a further £10m investment from the Trust [£20m in total] to implement the GDE plan. The timeline to develop digital systems and technology to support clinical staff and enhance patient care included the following:

- Creating a longitudinal record whereby clinical reporting systems would be connected with partners to provide in-depth patient records accessible to both primary and secondary care clinicians and healthcare professionals;
- Clinical dashboards holding real-time information for each Division;
- Implementation of population planning to assist in the management of patients groups used in comparison with other Cerner sites to enhance evidence-bases for patient care;
- Self-care and remote monitoring at home; and
- The use of artificial intelligence to enhance clinical decision making.

The overall aim was to integrate systems and optimise health records and monitoring so that personalisation of health records became the norm; and it was envisaged that these objectives would be developed over a 5 -10 year period.

It was noted that these changes would need to be considered and evaluated at each stage but it was hoped that it would lead to eradication of duplication of data, enable patients to have access to quality services at home as well as providing the right information for the patient.

SC asked how vulnerable patients would be supported in using these systems and was informed that the patient portal could be rendered in different ways to suit different groups of patients, such as text-to-speech and on-line translation services. It was confirmed that the systems would include digital accessibility.

JS noted that staff would need to undergo training to ensure the systems implemented were being used effectively. The Chief Information and Digital Officer confirmed that these changes were being integrated into EPR, and therefore, staff were already receiving the training required.

SC asked when appointments would go paperless and was informed that it would be fully operational by December 2017.

SC posed the question of how the governors may best support the "go digital" project and advised that they would be instrumental in shaping how it would work through feedback from patient groups.

The Chairman of the Quality Committee highlighted that the Trust would gain credibility through the establishment of a paperless appointment system. He further added that it was important to share this information with partners and the solutions available to enhance patient care.

PK was invited to return to the PEMQ Sub-Committee meeting in October 2017 to provide an update on the patient portal.

CoGPEMQ/17/05 Report from Quality Committee Chairman

The Chairman of the Quality Committee reported on its last meeting held on 12 April 2017 together with its report to the Board on 10 May 2017. The full Quality Report and Quality Committee Chairman's Report to the Board had been circulated for information to Governors, (*Papers TB2017.45 and TB2017.46*).

Points which were highlighted to have been specifically considered and actions agreed by the Quality Committee included:

- A review of staffing for "at risk" shifts in Maternity
- A comparative review of performance data at all Maternity-led Units [MLUs] in Oxfordshire
- VTE compliance was noted to have increased, in particular in Gynaecology. This was noted to be positive progress and should be shared Trust-wide.

SC referred to the low appraisal rates in nursing within ED and EAU, considered to be related to operational pressures, noting that there may be other ways of undertaking appraisals. GS confirmed that the Interim Chief Nurse had identified the issue and was currently reviewing how it could be improved.

SJD turned to the subject of MLUs, more specifically the possible closure of Chipping Norton MLU. She was aware of many maternity patients who had an expressed an interest in having their baby at Chipping Norton MLU but had been informed that this was not a possibility as it was outside their catchment area. It was highlighted that it would be dependent on whether the CCG had a joint arrangement for these services for patients outside of the Oxfordshire catchment area.

Attention turned to staff recruitment and retention, with SJD asking whether the shortage of medical and nurse training was the result of a fall in government funding, which it was agreed was a contributing factor. The potential shortfall in older, more experienced staff eligible for retirement was also raised by JS and the need to offer incentives to retain this skill base was noted.

Issues that had also been considered by the Quality Committee included:

- NHS Improvement [NHSI] investigation and Enforcement Notice in respect of the 18 week Referral to Treatment [RTT] standard, which was due to be considered by the Trust Board on 31 May 2017; and
- The recent CQC Report which found the Urgent and Emergency Service at the John Radcliffe Hospital still "required improvement." A draft Action Plan was due to be submitted to the CQC on 7 June 2017 and final version submitted to the Quality Committee in June and Trust Board in July.

The Integrated Home Assessment Reablement Team [HART] service initiative was raised and it was noted that a date needed to be arranged for the Sub-Committee to visit the HART team. The Quality Committee Chairman agreed to liaise with the Head of Corporate Governance and Trust Secretary to firm up a date.

Action: SP

Governors were asked to consider the recent Quality Conversation, and it was suggested that SC meet with the Deputy Medical Director and Chairman of the Quality Committee, to discuss ways in which governors could be involved.

Governors were also reminded that the Quality Account for 2016/17 was due to be published via the NHS Choices website on 31 May 2017, and with this in mind, were asked to consider how governors could assist in publicising and raising awareness of all that the Trust was doing in relation to quality performance.

In respect of the Quality Conversation, AH considered that too much jargon had been used and SC echoed this view, noting that there had been too much detail and information; it was suggested that perhaps 2-3 priorities should be discussed and that information should be accessible.

SCa felt there was a lack of public representation and that it had been medically-led. It was further noted that it would be beneficial to include nursing leadership to engage nursing staff as well as incorporating patients into the conversation.

In contrast, SJD and JH both agreed that the facilitator assigned to their group had been excellent and stated that overall their experience had been a positive one.

Discussion turned to the Quality Account and the best way of publicising this work, with suggestions including publication on the Trust website, handing out leaflets to GP surgeries and outpatient departments, an all staff email and radio interviews. The Head of Corporate Governance and Trust Secretary highlighted the need to liaise with the Deputy Medical Director regarding plans for dissemination.

Action: SP

The Governors' attention was also drawn to the external auditors' conclusion regarding the Quality Report for year ended 31 March 2017 which was reported to be the highest level of assurance that could be given.

CoGPEMQ/17/06 Governors' 'adoption' of the Quality Priority relating to End of Life (EoL) care

SC invited the Committee to consider what approach should be taken to give meaning to governors' 'adoption' of the Quality Priority relating to EoL care.

SC noted that there was not a statutory or mandatory requirement for governors to monitor/'adopt' a quality priority but it was good practice to define some focus to the governors' role in engaging with the Trust's quality priorities, and it had been a positive initiative to go through the process.

SC suggested that the EoL Group, as an operational meeting of clinicians, should be able to conduct the business that it needed to address. SC stated that she felt that it might be more appropriate to ask members of that group to come and update the governors' sub-committee on a regular basis, enabling the sharing of information and plans which Governors may be able to offer support with if it was required.

AH stated that she had previously discussed with the Medical Director whether she could attend EoL care group meetings, and reported that she had been told that as it was a working party she could join in with discussion (not merely observe). She felt that she had contributed significantly to the group's discussions, due to her personal experience of EoL care. AH noted that she had received a public apology for the way in which issues regarding the EoL group had been handled.

SC stated that Governors needed to be clear that involvement in EoL care was about looking at the governors' role in monitoring the quality priority relating to end of life care.

AH stated that, while she would accept the majority view, she wished to place on the record that she did not agree that governors should no longer be able to attend the EoL group. AH further noted that she had drawn to a close lengthy correspondence with the Trust Chairman about the issues regarding the EoL group, in relation to the handling of which she had received an apology from the Medical Director. AH stated that she felt that lessons should be learned from the way that the matter had been handled.

JS remarked that she did not have knowledge of all of the issues to which AH alluded, regarding the EoL group and the way in which the matter had been handled, and she did not consider that this Committee was an appropriate forum within which to pursue further discussion of them. She emphasised the importance of governors working together as a group, and stated that she would prefer to avoid private communications that didn't include all governors.

AH highlighted that governors had an important statutory duty to represent the interests of members and the public, and this should include representation of the views of the public on end of life care.

SC thanked AH for her willingness to attend EoL meetings, but reiterated that she felt that the approach that she had proposed would be more appropriate for the future.

JH expressed her support for the approach proposed by SC.

Steve Candler [SCa] expressed concern that governors should remain able to get involved, and emphasised the importance of avoiding any perception that there were limitations on governors' ability to represent patients and the community.

JS stated her agreement with SCa on both counts. JS suggested that, when governors' participation in clinical operational meetings was appropriate, it could perhaps be in accordance with a model that allowed for governors to attend part of the meeting (whilst preserving part of the meeting for clinical staff alone).

CoGPEMQ/17/07 Governor surveys of the Trust Membership

NS introduced the report which outlined some approaches to develop a more structured approach to future governor surveys.

Two main tools highlighted included: the Trust's membership database and Survey Monkey account.

AH queried how many members were currently on the database. Membership was noted to be at 8,500, which was considered high when compared across the country. It was further noted that the number of members within each constituency could be accessed via the Governors' Forum.

NS highlighted that it was nationally recognised that the focus should be on "a representative and engaged" membership rather than the number of members.

SC noted that the report made two recommendations:

- To agree to develop a framework under which future surveys could be carried out for consideration by the full Council of Governors; and
- To agree to develop a pilot survey for consideration by the full Council of Governors.

It was suggested that a small working group should be established to work with NS to take forward the recommended proposals – SJD and JH self-nominated and all agreed that Christopher Goard, Non-Executive Director should be involved given his background in market research.

The Committee agreed the recommendations.

CoGPEMQ/17/08 Update on Membership Strategy

CR provided a verbal update, highlighting that membership figures were decreasing due to a high turnover. Consequently, more recruitment events were needed to encourage membership.

CR highlighted that she would be attending the Race for Life on Sunday, 9 July 2017 and would need assistance from 2-3 governors on the day – an email would be sent to all governors.

Logistically, CR emphasised the need for governor input and support, particularly as it was hoped stalls could be set up at each site. It was agreed that the Head of Corporate Governance and Trust Secretary would liaise with CR for provisional dates for other events going forward.

Action: SP

CoGPEMQ/17/09 Any Other Business

SJD noted she had attended a meeting which had considered the way the Trust communicated (written and verbal) with persons with disabilities. Further to the meeting, SJD had liaised with Surendra Shroff, Equality and Diversity Manager, and would be providing feedback over the next few weeks on any disability related issues – governors were requested to liaise with SJD on any Equality and Diversity related issue.

Concerns were raised by AH in respect of capacity and access at the John Radcliffe's main entrance for disabled patients and/or their friends/relatives.

CoGPEMQ/17/11 Date of the next meeting

The next meeting will be held at 10:30 to 12:30 hours on Thursday 27 July 2017 in the Boardroom, John Radcliffe Hospital.