Oxford University Hospitals NHS
NHS Foundation Trust

Council of Governors Meeting: Thursday 5 October 2017
CoG2017.28

Title	**Report from the Patient Experience, Membership and Quality Committee**

Purpose	For information.
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 draft minutes of the meeting of the Patient Experience, Membership and Quality Committee held on 15 September 2017 are presented below.
2. In addition, the Council of Governors is notified that the Patient Experience, Membership and Quality Committee invites expressions of interest from any governors who wish to join the Committee. These should be made through the office of the Trust Board Secretary and Head of Corporate Governance.
3. It is proposed that terms of office for members of the Committee should be agreed on appointment.

Council of Governors' Patient Experience, Membership and Quality Committee

Minutes of the meeting held on Friday, 15 September 2017 at 10:30 in the Vesalius Room, Level 3, John Radcliffe Hospital.

Present:	Sue Chapman	SCh	Public Governor, West Oxfordshire **[Chair]**
	Steve Candler	SCa	Public Governor, Rest of England & Wales
	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:	Geoffrey Salt	GS	Chairman of the Quality Committee and Non-Executive Director
	Susan Polywka	SP	Head of Corporate Governance and Trust Secretary
	Caroline Rouse	CR	Foundation Trust Governor and Membership Manager
	Neil Scotchmer	NS	Programme Manager
	Rachel Taylor	RT	Public Engagement Manager **[for item 5]**

CoGPEMQ/17/08/01 Welcome, apologies and declarations of interest

No apologies were received.

AH declared that she was Chair of the North Oxfordshire Locality Group Patient and Public Forum.

No other declarations of interest were made.

CoGPEMQ/17/08/02 Minutes of the meeting held on 27 July 2017

It was noted that Sue Chapman and Steve Candler had the same initials and needed to be differentiated in the minutes.

The minutes of the meeting held on 27 July 2017 were otherwise approved.

CoGPEMQ/17/08/03 Action Log and Matters Arising

SCh asked if there was any update on plans for Quality Conversations. GS indicated that these remained tentative at this stage.

SCh reiterated concerns that had been raised regarding the environment for Maternity Services at the JR, specifically the size of toilets in outpatients and the lack of a water machine. She asked if a walkaround was planned for the unit. GS commented that he had carried out a personal visit to the area in July. He had already noted some of these issues which were being followed up.

Action: GS

It was agreed that an update on End of Life Care would be scheduled for a future meeting, at the earliest opportunity.

SCh also noted that she planned to reschedule her visit to the Trust's Operational Meeting.

AH asked if it would be possible for governors to accompany NEDs on walkarounds. SCh also suggested that involvement in peer review would be a good way for governors to gain a greater understanding of services. NS noted that guidelines for governor visits to services had previously been put in place, and suggested that these could be reviewed.

SCa explained to the Committee that he had visited the SSNAP (Support for the Sick Newborn and their Parents) offices due to concerns that had been raised with him that the service might be moved. SCa emphasised that it seemed that the immediate risk had been removed and that no further action was needed at this stage. He offered, however, to circulate a summary of the service for the information of the Committee.

Action: SCa

CoGPEMQ/17/08/04 Report from Quality Committee Chairman

SCh commented that she had found it very useful to attend the meeting of the Trust Board held in public on 13 September. She invited GS to highlight any issues currently of particular concern, and identify any way in which governors might be able to support those issues being addressed.

AH noted that local news reports on bed closures had included no comment from the Trust. It was highlighted that no members of the press had attended the Trust Board meeting to hear discussion of this issue. CR commented that journalists sometimes didn't allow time for comment, especially if this was required on the day of the Board meeting.

GS emphasised that it was his aim to assist the PEMQ in being as effective as possible. He suggested that governors might be able to assist in improving attendance at quality conversations.

GS explained that the Trauma Ward moves had been carried out quickly and successfully and commended what staff were able to achieve when circumstances required. The contribution of Estates staff in supporting this was especially praised. GS has visited the newly located unit with a further visit planned. He noted that the environment had not been designed as a Trauma Ward but that things were generally going well. GS commented that such visits were a helpful way to pick up on issues of which Executive Directors may not otherwise be aware. He explained that it remained to be clarified whether any central funding would be made available to cover the cost of remedial work, to enable the Trauma Ward to return to its previous location.

The staff recognition awards were discussed and GS agreed to ask Hazel Murray if arrangements could be made for some governors to be in attendance. SCh noted that governors had previously been involved in assessing nominations. She wasn't certain that this was necessary or added value but suggested that the opportunity to join in celebrating the achievements of staff would be very much appreciated.

Action: GS

GS highlighted that the focus of the last meeting of the Quality Committee, in the light of staff shortages, turnover and bed closures, was to understand the extent to which operational and financial pressures were impacting on quality. To assess this he felt that it was important to carry out visits and speak to staff at front line. His

view currently was that, although under pressure, staff were on the whole coping with a good sense of teamwork.

JS supported this view, noting a positive impression of Sam Foster, the new Chief Nurse, and her likely impact. She noted the importance of Board members remaining visible. JS commented that whilst bed closures and the movement of trauma certainly created difficulties these could be managed through good leadership, and she reinforced the invitation for governors to see the issues for themselves by attending one of the Operational Meetings.

GS explained that another key pressure for the Trust was the 18 week RTT (referral to treatment) target. The Trust would be focussing on ten specialties that represented a large proportion of the current waiting list. There were currently 53,000 patients on the incomplete waiting list and the imbalance between the numbers of patients referred and treated was adding to the problem. AH voiced a concern that this placed additional pressure on clinical staff. GS explained that NEDs were trying to attend as many of the meetings with specialties as possible in order to understand these pressures.

GS also explained that pressures in the Emergency Department [ED] continued to be very significant although performance was variable, with some very good weeks. JS added that, although performance was below the standard, OUH was holding its own compared with other trusts. She also explained that the Trust had reported only two twelve-hour trolley waits which, though any such waits are regrettable, was reassuring in the context of the pressure the system was under given that other trusts were having significant problems with this standard.

SCh asked whether there was more work to do in emphasising the correct use of ED, and also asked whether patients who declined the first appointment allocated to them on the two week cancer pathway understood the impact this had. SCa noted the role that GPs had in explaining the importance of attending. SP also highlighted the explanation which had been given by Paul Brennan, the Director of Clinical Services, that the exercise of patient choice was one reason why the national standard did not require 100% compliance.

Regarding the correct use of ED, GS highlighted a forthcoming change with the introduction of ED screening with a GP to be present on site in the department. The aim was for them to screen out and manage those patients who did not require ED services. GS noted, however, that there was a risk that the service could be abused, if perceived as providing a quick route to see a GP. He also highlighted that an enhanced 111 service had commenced with the aim of further taking strain off ED.

GS highlighted that the winter period would commence soon and that this was a significant concern with considerable pressures on the system already and difficulties recruiting staff. He also noted that there were particular concerns regarding how serious the flu season might be in the coming year. GS explained that Paul Brennan would be outlining winter resilience plans in detail for Trust and system and that these would be presented to the Board in around a month.

GS informed the Committee that the new Chief Nurse, Sam Foster, had commenced in post and that a new Director of Culture and Improvement was due to join the Trust shortly. This new role would take on elements of the Workforce Director position but would also take some pressure off Paul Brennan to focus on operational issues and to deal directly with wider changes in services.

AH asked if any more was known about the status of the report from the independent panel to the Secretary of State regarding the temporary suspension of obstetric services at the Horton. It was confirmed that the Trust has not yet received any further information regarding this and that currently the temporary suspension continues.

SCh noted the 39% transfer rate for neonatal patients and asked whether this was comparable with other MLUs. SP explained that, as reported to the Board, one of the next steps was to undertake a full assessment of how the current Horton service compares with other MLUs which don't have 24/7 midwifery presence and a dedicated ambulance.

SCh also asked if there was anything that governors could do to support the flu campaign. It was agreed that this would be raised with Tony Berendt and noted that there were concerns regarding messages that could undermine take-up of the vaccine.

SJD commented that the staff survey had provided some unexpected answers regarding the issues affecting recruitment and retention and asked how this information would be used. SP confirmed that this was feeding into the workforce plan. GS commented that this was important in what it told the Trust about the importance of quality line management and strong teams in retaining staff. The Trusts needed to learn the lessons from this in improving leadership at all levels. SP confirmed that the results would be shared with the governors.

CoGPEMQ/17/08/05 Patient Experience Update

Rachel Taylor, Public Engagement Manager, attended to present this item.

RT outlined that the Carers Policy had been reviewed by Olivia Galloway. This had involved partners and carers, Oxford County Council, Oxford Health FT and Oxfordshire CCG as well as Carers Oxfordshire. It was now going out for consultation. This was to be carried out via Survey Monkey so as to focus on specific questions. The policy would be linked to the 'Commitment to Carers' which was to be signed by the CEO. The aim was to have the policy ratified at the beginning of October and it was hoped that, given the level of consultation that had taken place during development, it would not need too many changes. RT also highlighted that the next patient story was to be from a young carer and noted that young carers for those with mental health issues presented some very difficult issues.

SCa agreed that patient stories could be very powerful. He had been involved in presenting one in Worcestershire but noted that he didn't know what the impact had been or receive any feedback. RT agreed that this was very important and that it was the aim at OUH, recognising that it was important in encouraging people to be involved in the process. SCa emphasised that the importance was in getting feedback about whether changes were actually made as opposed to promised. RT indicated that in her experience at OUH action was often taken very quickly and that feedback occurred promptly but recognised that there could be room for improvement especially when actions were planned that would take time to implement.

RT also explained that a new member of staff from Carers Oxfordshire would be on the wards as part of an outreach programme funded by the CCG and covering both

the HGH and the JR. RT agreed to clarify that GPs were aware and to send details to AH to mention to GPs in the north of the county. CR suggested that this could also be included in the GP Bulletin.

Action: RT

JS asked whether there were issues to consider if the carer was not the next of kin, particularly in relation to what they understood to be their role in determining the best interests of the patient *if* the patient did not have capacity to consent to treatment. RT suggested that it might be helpful to clarify that this policy was intended to refer to unpaid carers but emphasised that the focus was on the spirit of the approach and to raise awareness of the importance of carers.

RT then highlighted the call bells and noise at night project. During 2014/15 call bell responsiveness within the Trust had been below the national average. It had subsequently improved but there was a view that noise at night, including 'light noise', was an area that the Trust wished to focus on further. Noise from staff was an area where there was a particular issue. Six wards with relatively poor levels had been chosen as those on which to focus and a report will be going to the Nursing and Midwifery Board. RT emphasised that solutions need to be tailored to particular wards as the environment impacts what the issues are (eg existence of siderooms, loud doors / bins / clocks). The Young People's Executive had also highlighted noise as a key area of focus for them. The Trust was reviewing the 'night time promises' posters used in other trusts.

RT also briefed the governors on work being undertaken with the Eye Hospital. A meeting had been facilitated with the AHSN and a survey undertaken of 200 patients. The key issue identified was communication and, as a result, the Trust had now recruited two volunteers to support busiest days in eye hospital clinics. Their role included managing the use of pagers to call patients, updating delays information, using the microphone and calling patients to clinic. The team still wish to work on encouraging staff to introduce themselves better. This will be the focus of the 'hello my name is…' project which is supported by the new Chief Nurse.

Work was also underway on an equality and diversity project to expand range of voices that were heard. For example, it was felt that some groups may not be raising issues through the complaints process.

RT was asked to comment on the Friends and Family Test and RT explained that 8000+ responses were received each month. It was suggested that feedback needs to be provided in a way that it can be used and that each month there should be focus on one area for improvement and one area where things were going well. RT was asked to check why HGH Outpatients was subdivided when this was a single team.

SCh asked if there was any more that the Council of Governors could do to support. RT emphasised that the Team did feel supported and that in particular a number of members of the PEMQ Committee had been very involved. She also noted that she was always looking for people with good patient stories if governors were aware of any that could be used.

The recent Patient Forum was also discussed, RT recognising that this was intended to be a way to identify issues that were 'bubbling up' so that the Trust came to them with no specific agenda. Those who had been present agreed that this had been a very good event. RT explained that each table had highlighted two key issues and everyone had then selected priorities. The top issues had been communication and

'bridging the gap'/discharge. Caroline Heason was now leading further work on communications with the discharge work being led by Sara Randall.

The Committee commended the work that RT and the Patient Experience Team had been undertaking and the positive progress made.

CoGPEMQ/17/08/06 Learning from Governor Elections

SP noted that the Committee was very pleased to welcome back the re-elected governors who were members.

The paper was introduced by NS. He emphasised that, although an error had been made by the Trust's electoral provider in the recent elections, the Trust's overall experience had been that UK Engage had been responsive and reliable. He noted that they had been extremely apologetic about the mistake and taken prompt steps to rectify it. In addition NS noted that the relatively low turnout for these elections needed to be considered in a national context of declining voter numbers for governor elections, in comparison with which the Trust was not an outlier. Nonetheless, increasing engagement was something which the Council would wish to continue to focus on.

JS suggested that there are too many 'all staff' emails and that this could have had an impact on staff turnout as the relevant messages may have been ignored.

The recommendations of the paper presented were accepted and it was agreed that NS draft a further paper to go to the Council of Governors. This would include proposals to change public constituency boundaries and to adjust the timing of elections to improve turnout. NS highlighted the risk of disengaged 'lame duck' governors were elections to be held too early and it was suggested that the option of moving them back could also be considered.

SCh suggested that governors should also have a role in promoting elections within their own constituencies.

SCh also highlighted the importance of induction for the new governors and emphasised that this should include a way for existing governors to share their knowledge and experience.

CR briefly outlined plans for member recruitment, explaining that arrangements were being made for recruitment stands in hospitals. CR was also very keen to hear of any events at which recruitment could occur.

CoGPEMQ/17/08/07 Work Programme

The desire for governors to visit HART was reiterated and it was suggested that this be arranged separately from the next meeting given the difficulties that had been experienced in coordinating the two.

It was agreed that feedback on End of Life Care would be provided at the next meeting. It was also suggested that Peter Knight should be invited to update a further meeting and that the Committee continue to link with Clare Dollery regarding Quality Priorities work.

CoGPEMQ/17/08/08 Any Other Business

CR explained that the AGM would be held in the George Pickering Education Centre and that governors had been allocated the Margaret Davidson room as a drop-in

area. There would be two sets of presentations during the evening so that some governors could go to one and some the other.

NS updated governors following the discussion of plans for a governor survey with Christopher Goard. A forum post had been made to invite suggestions for areas that governors wished to explore with members. It had been suggested, however, that it would be better for a draft survey to be put together on which governors could comment and to which they could add suggestions.

CoGPEMQ/17/08/09 Date of the next meeting

The next meeting will be held at 10:30 to 12:30 hours on Thursday 23 November 2017 in the Boardroom, John Radcliffe Hospital.