

Council of Governors Meeting: Tuesday 30 January 2018
CoG2018.12

Title	Report from the Patient Experience, Membership and Quality Committee
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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 approved minutes of the meeting of the Patient Experience, Membership and Quality Committee held on 25 January 2018, shortly before the last meeting of the Council of Governors on 30 January, are presented below.
2. The Patient Experience, Membership and Quality [PEMQ] Committee has met once, on 22 March 2018, since the last meeting of the Council of Governors in January 2018.
3. At its meeting in March the Committee received its regular reports from the Quality Committee and its regular update on membership. In addition the Committee was updated by the Deputy Medical Director regarding the development of the Trust's Quality Priorities and the Committee selected the Friends and Family Test as its recommended quality metric for audit. The Committee also approved arrangements for the 2018 governor elections and considered next steps regarding revision of the OUH FT Constitution.

Council of Governors' Patient Experience, Membership and Quality Committee

Minutes of the meeting held on Thursday, 25 January 2018 at 10:30 in the Boardroom, Level 3, John Radcliffe Hospital.

Present:	Sally-Jane Davidge	SJD	Public Governor, Buckinghamshire, Berkshire, Wiltshire & Gloucestershire [Chair]
	Arthur Boylston	AB	Public Governor, South Oxfordshire
	Jill Haynes	JH	Public Governor, Vale of the White Horse
	Anita Higham	AH	Public Governor, Cherwell
	Jules Stockbridge	JS	Staff Governor, Clinical
	Steve Candler	SC	Public Governor, Rest of England & Wales
In attendance:	David Mant	DM	Chairman of the Quality Committee and Non-Executive Director [Items 4 and 7]
	Sam Foster	SF	Chief Nurse [present items 4-7]
	Scott Lambert	SL	YiPpEe Co-ordinator [to present Item 8]
	Susan Polywka	SP	Head of Corporate Governance and Trust Secretary
	Caroline Rouse	CR	Foundation Trust Governor and Membership Manager
	Neil Scotchmer	NS	Deputy Head of Corporate Governance
	Maria Crawford	MC	Corporate Governance Manager
Apologies:	Clare Dollery	CD	Deputy Medical Director

CoGPEMQ/18/01/01 Welcome, apologies and declarations of interest

Apologies were received from Dr Clare Dollery.

CoGPEMQ/18/01/02 Minutes of the meeting held on

SJD noted that AB had sent timely apologies prior to the last meeting of the Committee.

AH sought clarification regarding who was referred to as "RT" within the minutes and it was confirmed that these initials referenced the Trust's former Public Engagement Manager, Ms Rachel Taylor.

Otherwise the minutes of the meeting held on 23 November 2017 were approved subject to the following amendments **[highlighted in bold italics]**:

- Final paragraph at page 4:
*"This was not currently in place in **this Trust** as the CCG were not at this stage prioritising it as an area for funding..."*
- Seventh paragraph at page 6:
*"SJD **and** JH attended a Patient and Public Forum..."*

CoGPEMQ/18/01/03 Matters Arising**Human Factors Programme**

AH referred to the Human Factors Programme cited at page 3 and asked whether John Drew, the Director of Improvement and Culture could attend the next meeting of the Committee to explain the concept in more detail and how he envisaged developing the training programme within the Trust. NS suggested that either Mr Drew or Dr Helen Higham could be invited to a future meeting to provide additional information.

Action: NS

CoGPEMQ/18/01/04 Report from Quality Committee Chairman

DM highlighted that at its meeting held in December 2017, the Quality Committee was reminded of its key role, which was to assure the Board regarding the quality of care provided and that any quality concerns were being appropriately managed.

Reference was made to the recent article featured within "The Times" entitled "*Top hospital cuts cancer care due to lack of staff*". DM noted that the Committee had been unaware that the shortage of staff had been discussed at a clinical level. He also highlighted his disappointment that a staff member had caused unnecessary concern to patients undergoing cancer treatment.

AH remarked that two of her constituents had asked her to clarify the position when the news broke and highlighted the need for governors to be kept informed so that they could respond to such enquiries. NS confirmed that Mr Matt Akid, Head of Communications, would be attending the next meeting of the Council of Governors to discuss this issue.

DM considered that there were two key issues:

- To ensure that a proper flow of information existed between the Board and its committees in order to ensure that the Board was aware of potential problems and that these were identified and addressed at an early stage; and
- To ensure the Trust provided an environment which facilitated open dialogue and communication, enabling staff to raise concerns, and to have confidence that these would be listened to, and where appropriate, acted upon.

SC commented that governors would like to have a better understanding of frontline staff morale, particularly given current financial pressures and staff shortages.

In the Quality Report itself DM underlined the importance of the Nursing Acuity Survey in highlighting issues with nurse recruitment.

The issue of the appropriate management of level 2 patients within the Trust was discussed, given that there was not an adult HDU within the organisation. The constraints in terms of estate and recruitment were acknowledged. DM noted that senior management were actively monitoring this issue. JS observed that the absence of a Level 2 HDU was challenging for the Trust, particularly in the context of an increase in the acuity of admissions. AH suggested that this might be an issue which non-executive directors might wish to pursue further.

AB noted his surprise at the absence of a Level 2 HDU in a Trust of the size of OUH. JS explained that whilst this was the case, all levels of patients were managed within the Intensive Therapy Unit [ITU] and were risk assessed; it was further noted that other intensive care beds existed in Neurology, Cardiac and the Critical Care Unit at the Horton General Hospital [HGH].

DM referred to a recent Executive Walk Round, noting that these were helpful in providing an understanding of some of the day-to-day issues that staff faced.

AH noted that the CQC System-Wide draft report had been received and asked when the outcome and recommendations made would be shared with governors. NS confirmed that this information would be communicated to the Council when the report was finalised. DM noted that this visit did not relate directly to the quality of care provided. He noted, however, that a number of other CQC reports focussed on clinical quality, such as the recent OCE inspection, would come to the Quality Committee and could subsequently be discussed at PEMQ Committee.

It was noted that AB had raised a number of specific queries relating to obstetric and maternity services and DM agreed to address these following the meeting.

Action: DM

SJD noted that it had previously been suggested that members of the Committee might join walk rounds. DM explained that there had been discussion at the last meeting of the Quality Committee of the effectiveness of the quality walk rounds and, in particular, whether these should be more targeted (pre-planned) or less formal responsive visits. Further consideration of this issue was required but there were some concerns that increasing the participants in walk rounds might make them more formal and inhibit staff from speaking frankly.

SF joined the meeting and highlighted a piece of work being undertaken to develop and implement an internal accreditation award system for wards based around the CQC's domains of Safe, Caring, Responsive, Effective and Well-led. It had been suggested that the rating ranged through bronze, silver, gold and platinum similar to the framework created and implemented by The Royal Stoke University Hospital. The delivery of the programme was in a supportive style, fostering a culture of learning, improving and reward with recognition for achievement. Senior nurses were keen to establish a similar system and style at OUHFT and this was considered an appropriate area for governor involvement.

There was strong support for this proposal from members of the Committee and willingness was expressed for governors to be involved. AH commented that this was a creative proposal which seemed supportive of staff. AB supported SF's suggestion, highlighting that the governors' collective role was to ensure that the non-executive directors were satisfying the requirements of their role rather than being part of the process; he therefore, did not consider it good practice for governors to take part in the walk rounds. JS agreed, noting that it was easier for staff to engage with an individual senior staff member rather than a group. However, it was recognised that it was also important to consider how assurance was obtained and SC suggested that the accreditation process could be a useful route for this.

JS asked how many members would be affiliated with the accreditation group. SF confirmed she would be observing an internal accreditation visit in a few weeks' time, which would give her a better idea of this; however, it was noted The Royal Stoke University Hospital had a core membership of 4-5 people though other members could be co-opted.

SF agreed to keep the Committee updated as the accreditation proposals were developed.

Action: SF

It was noted that JH and SJD had both found it very helpful to attend JS's operational planning meeting and it was recognised that this was an informative way to sense check how the organisation was doing.

CoGPEMQ/18/01/05 Quality Account and Quality Conversation

In the absence of the Deputy Medical Director this Item was postponed to the next meeting.

CoGPEMQ/18/01/06 Maintaining Chemotherapy Service Quality

Issues relating to this topic were discussed Item 4. In the absence of the Deputy Medical Director this Item was postponed, noting that it would be addressed at the next meeting of the full Council which was to be attended by Mr Matt Akid, Head of Communications, and Dr Claire Hobbs, Clinical Director Oncology and Haematology.

CoGPEMQ/18/01/07 Feedback from Governors' Visit to HART

The Committee was informed that AH, AB, SC and SJD had taken part in a visit to the HART service on 9 January.

AB reported that he had been very impressed with the service, and though it was early days, there were clear objectives in place. AH echoed this view, noting that it had been a very informative and helpful session. She suggested that governors and the Trust consider how they could communicate the objectives of the HART service to local communities and the wider public.

SF explained that the Trust planned to work more closely with its system partners and was looking towards a more integrated approach to patient pathways. She highlighted that the recent CQC system-wide inspection had led to discussions with system partners. AB remarked that there appeared to be a national move towards a more unified patient pathway.

JS highlighted that many London NHS Trusts had a more integrated care model with early support discharge and follow-up care undertaken by the patients' GP as community hospitals were not a component of the system. SC noted that Oxfordshire probably lacked sufficient GPs to undertake post-discharge care given significant difficulties in GP recruitment and retention and AB commented that the more compact geography in London also made this care model more feasible. AH highlighted that the next phase of the CCG consultation on healthcare in Oxfordshire was to include community hospitals.

CoGPEMQ/18/01/08 National Children and Young People's Survey

Scott Lambert, YiPpEe Co-ordinator, presented the findings of the National Children and Young People's Survey, noting these were the Trust results to the national survey, which is conducted as part of the CQC National Patient Survey Programme.

Four areas were highlighted:

- Trust performance from the survey compared to others;
- Identified strengths in Children's Services and areas requiring improvement;
- How the Trust was keeping its "10 Promises"; and
- What the Trust was doing in respect of the Friends and Family Test [FFT] for children.

The national survey was reported to have been distributed to a random selection of patients aged under the age of 16 years admitted as an inpatient or daycase patient during November and December 2016; some exclusions were noted to have applied to the survey.

For each question a selection of answers was provided with a score assigned to each answer. In terms of answering the questions, the following was noted:

- For children aged between 0 – 7yrs the parent(s) would complete the survey;
- For children aged between 8 – 11yrs the child would complete the survey and parent(s) would answer separate questions; and
- For children aged 12 – 15yrs both the child and parent(s) had questions to answer.

The Trust had scored very well in most questions, and was below 75% on only 3-4 questions in each age group. It was highlighted that the Trust had performed significantly better than in previous years with better scores than in 2014 for 15 questions. Furthermore, OUH was identified as being 1 of only 12 trusts to achieve “*better than expected*” for the overall experience score.

The national response rate was 26%, and the Trust response rate was 37%, the third highest in the country).

SC asked whether we could be sure that parents were not completing the survey rather than the child. SL explained that it was difficult to be certain of this but commented that in general children tended to be more positive about their experience on average than parents.

SL noted that the overall patient score out of 10 was 9.2. He commented that this was especially pleasing as a high response rate was often recognised to reduce scores.

SL informed the Committee that YiPpEe had identified three areas to focus over the short-term, medium-term and long-term:

- Reducing avoidable noise on wards (short-term);
- Information given on discharge (medium-term); and
- Being involved in decisions about care and treatment (long-term).

SL noted that the existing Friends and Family Test [FFT] was not good at eliciting areas for improvement. YiPpEe had developed a feedback questionnaire incorporating the FFT questions but also linked to the “ten promises” posters (created in 2012) and using questions and wording from the national survey.

Feedback was gathered from July to September 2017 with each question given a score out of ten. “Nutrition” was the only question that scored below 9; “Dignity and Respect” was the next lowest but still above 9 out of 10. It was noted that daycase patients were happier with the food provided than inpatients.

YiPpEe explored the reasons for noise on wards and discovered that much of this related to issues such as crying babies and equipment noise which were likely to be unavoidable.

It was noted that the FFT had a poor response rate and actions to address this were developed as part of the takeover challenge with three YiPpEe members visiting Children’s Services in November 2017 to act as consultants, whose remit was to speak to patients, parents and staff about the mechanisms for providing feedback, and to seek clarification on how frequently staff asked patients to complete the FFT. In addition, YiPpEe members had spoken to Ms Anne Tutt, Non-Executive Director about this issue.

The immediate aims for the end of 2018 were to undertake the following:

- to introduce “Feedback Fridays” on all wards;
- to update patients feedback displays to monthly instead of quarterly; and
- to update the “Promises” survey to reflect improvement targets.

It was noted that six wards had initially been chosen to pilot “Feedback Friday” in which the average response rate to date had been around 4-8% and had improved to almost 12%, indicating that once a week feedback was having a positive effect.

SJD remarked that these results were very positive and JS noted that FFT response rates were generally low Trust-wide for both children and adults.

It was noted that if positive comments had been written about staff then these were forwarded onto them to include within their revalidation portfolio.

SJD suggested SL and YiPpEe could make contact with the Patient Experience Team and Ms Sara Randall, Deputy Director of Clinical Services, who had been charged with reviewing noise disturbance and information provided at discharge relating to adult patients.

SL stated that he was meeting with nurse specialists involved in the discharge process and had already been asking patients what information they would have liked to have received on discharge. Once the research had been completed, actions would be implemented to improve this process.

The Committee thanked SL for providing the update.

CoGPEMQ/18/01/09 Update on Membership

CR provided an update on membership, explaining that membership numbers had remained fairly constant as members moving away or who no longer wished to be members were removed as others were added.

CR drew the Committee’s attention to several forthcoming events including a number of apprenticeship events she would be attending in Oxfordshire.

The Committee were informed that a Dementia Open Day and OX5 run at Blenheim Palace would be taking place and details would be posted on the Governors’ Forum for those who wished to volunteer to support them.

It was noted that some governors had reported difficulties in accessing email communication. CR advised governors to check their spam filters (junk email) as the IM&T Department had checked for any issues which may have arisen Trust-side. The Web Team were investigating further and it was hoped this problem could be resolved.

CoGPEMQ/18/01/10 Meetings of the Council of Governors: Involving the Public and Maintaining a Focus on Patients

The Committee Chairman explained that some members of the public who had attended Council of Governor meetings had expressed disappointment that patients were rarely mentioned throughout these meetings. These concerns had been brought to the Trust Chairman’s attention who had advised that the Trust Board had introduced the “Patient Perspective” as a regular standing item for similar reasons. The Trust Chairman had suggested that the Committee consider this issue and bring recommendations to the Council.

Options considered by the Committee were to introduce a patient story as a regular standing item at Council of Governor meetings and to have informal conversations with members of the public prior to commencing the meeting. The second proposal was supported and the Committee agreed that a proposal should be made to the Council of Governors to meet with the public prior to meetings.

JS stated that it would also provide the opportunity to remind Trust employees about staff governors and their role. NS concurred, noting that a new staff governor had also raised this point and that a meeting was being arranged to discuss this.

CoGPEMQ/18/01/11 Review of Terms of Reference

The Committee undertook its annual review of its Terms of Reference in advance of submission of approval at the next meeting of Council on 30 January 2018.

The following minor amendment for style was suggested at page 4, third line from the top [*highlighted in bold italics*]:

“If the Chair is absent from the meeting or is absent temporarily on the grounds of a declared conflict of interest, ***a Chair appointed by those governors present, shall preside.***”

It was noted that governors had been asked to consider the possibility of specifying a fixed term office for the Council's committees. NS outlined the proposal that was being taken to the Council of Governors which instead recommended a formal annual review of the membership. This approach would not require a formal change to the existing terms of reference for the Committee.

SJD suggested that it would be beneficial to have a nominated governor as a member of the Committee. The benefits of this were recognised although it was noted that nominated governors might have difficulties with regular attendance due to other commitments.

CoGPEMQ/18/01/12 Meeting dates for 2018

The Committee noted the meeting dates for 2018.

CoGPEMQ/18/01/13 Work Programme for 2018

NS explained that the Council would be considering work programmes for the year at its next meeting and that it would be helpful for the Committee to consider whether there were any specific issues or recommendations it wished to put forward to the Council.

NS clarified to the Committee that there was no formal requirement to adopt a Quality Priority for 2018/19 but this did not preclude governors from reviewing the Trust's quality priorities and requesting updates where appropriate. There did still exist a requirement to choose a Quality Priority for auditing. To that end, it was proposed that the Deputy Medical Director be invited to attend the next meeting of the Committee to discuss options with a view to a formal recommendation being submitted to the next meeting of the Council of Governors in April 2018.

SC reiterated the issue of governors wishing to be informed about current staff morale, particularly that of frontline staff.

The Committee noted that NHS staff satisfaction surveys acted as an information gathering mechanism to inform local improvements in staff experience and well-being. SC questioned the extent to which this was completed by staff. NS confirmed that an annual staff survey was carried out at OUHFT between September and December and was asked to confirm the response rate for the survey.

Action: NS

It was noted that the recent Staff Recognition Awards held in December 2017 had bestowed the majority of awards to specialist staff, and whilst it was recognised that specialist staff and services played an important role within the Trust, it was suggested that there could have been a missed opportunity to acknowledge other areas. There were concerns that both staff at the Horton General Hospital and non-clinical staff might not have been adequately recognised.

NS suggested raising the issue of staff morale at the next meeting of the Council of Governors with a view to taking it forward as a topic the Committee could focus on as part of its work programme for 2018.

CoGPEMQ/18/01/14 Any Other Business

SC highlighted the failure of Carillion and the extent to which this might impact on the Trust. NS confirmed that governors would be briefed on this at the next meeting of the Council on 30 January.

CoGPEMQ/18/01/15 Date of Next Meeting

The next meeting will be held at 10:30 to 12:30 hours on Thursday 22 March 2018 in the Boardroom, John Radcliffe Hospital.