

Council of Governors Meeting: Wednesday 18 July 2018
CoG2018.22

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. Since the Council of Governors last met on 30 April 2018, the Patient Experience, Membership and Quality Committee [PEMQ] has met once on 24 May 2018.
2. A verbal report from the previous meeting of PEMQ held on 22 March 2018 was provided to Council on 30 April and approved minutes of that meeting are attached.
3. At its meeting in May the Committee received its regular reports from the Quality Committee and its regular update on membership, the latter including an update on plans for the governor elections to be held in 2018.
4. In addition the Chief Nurse attended the Committee and provided an update on both the Urgent Care Improvement Programme and the Ward Accreditation Programme. It was anticipated that there would be opportunities for governors to participate in the latter scheme.
5. The Director of Improvement and Culture also attended the meeting to provide an update to the Committee in relation to the recent series of Staff Listening Events.
6. The Committee is planning that its July meeting be a “Children’s Hospital Special” Meeting with a particular focus on services for children and young people.

Council of Governors' Patient Experience, Membership and Quality Committee

Minutes of the meeting held on Thursday, 22 March 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
	Steve Candler	SC	Public Governor, Rest of England & Wales
In attendance:	Prof David Mant	DM	Chairman of the Quality Committee and Non-Executive Director [Item 4]
	Dr Clare Dollery	CD	Deputy Medical Director [Item 5]
	Caroline Rouse	CR	Foundation Trust Governor and Membership Manager
	Ms Susan Polywka	SP	Head of Corporate Governance [Item 8]
	Neil Scotchmer	NS	Deputy Head of Corporate Governance
	Marilyn Rackstraw	MR	Corporate Governance Manager
Apologies:	Jules Stockbridge	JS	Staff Governor, Clinical

CoGPEMQ/18/03/01 Welcome, apologies and declarations of interest

Apologies were received from Jules Stockbridge.

CoGPEMQ/18/03/02 Minutes of the meeting held on 25 January 2018

The minutes were approved as a true and accurate record.

CoGPEMQ/18/03/03 Matters Arising**NHS Staff Survey**

NS noted that the Governors Performance Workforce and Finance Committee had the interim Director of Workforce attending their next meeting to discuss the staff survey, so there was some risk of duplication. He suggested that SJD and Cecilia Gould (Chair of PWF) discuss how best to feedback between committees and the main council so as not to duplicate the work between the subcommittees.

CoGPEMQ/18/03/04 Report from Quality Committee Chairman

DM noted that the revised format of the report was currently taking shape. The inclusion of background information hoped to provide continuity and consistency for readers and enables the report to be interpreted easily.

He provided an overview of the Quality report, and issues that the committee discussed.

Following new guidance issued on never events, the Committee welcomed the fact that the rate of incident reporting was being sustained, while the proportion of incidents associated with moderate harm or greater was well under 1%, and reported to be falling. DM noted that this was really positive that the incidents were gradually staying at a stable level.

The Committee noted the progress that had been made and sustained over time to reduce newly acquired pressure ulcers, and considered how progress might similarly be made to change practice in areas that had so far not shown sufficient improvement, despite interventions (for, example, 14% of discharge summaries are still not sent within 24 hours). The Trust was beginning to see the benefits of the tissue viability team, but further work needed to be done to ensure that all areas were seeing similar improvements.

AH enquired as to whether pressure ulcers were the result of the lack of patients being turned routinely, or a lack of equipment. DM noted that both were factors, but that assessing the risk initially was the important part in establishing what each patient needed.

A hand hygiene validation audit conducted in December showed a poor rate of compliance with hand hygiene (with only 2 of the 25 areas assessed meeting the 90% compliance target). Nursing staff were now aware of the issue, and were currently implementing an action plan to address this.

It had been highlighted that delays in taking patients with a fractured neck of femur to theatre had improved, but still only 70% of people were having their operation within the recommended time period. The Committee highlighted the need to remedy this issue as it was particularly time critical when dealing with this type of fracture to ensure that patient was presented for surgery as soon as possible.

The Medical Director had been asked to follow-up the audit of venous cannulas (which showed that a third of cannulas were sited in the ante-cubital fossa, the inside fold of the elbow, and a third had visual evidence of phlebitis). AB asked if there was a training issue with FY1 Drs, and if they were being taught in this way. DM responded that this had highlighted to him that there could potentially be training issues, and therefore had asked the Medical Director to look into this.

Fragility amongst staff had been highlighted, not only to the Quality Committee, but to all executive colleagues. It was noted that further work was being undertaken to improve staff morale but this currently was a major problem that the Trust was facing. AB highlighted the importance of showing staff support and ensuring that they felt colleagues understood the problems they were facing.

AH noted that in the staff survey, 25% of staff noted that they would not recommend OUH as a place to work. AB asked how this compared with results reported by other trusts, and NS offered to relay the question to the Director of Improvement and Culture.

SC stated that he was worried by the current level of Executive walkrounds, noting that there had only been 2 reported in January. DM highlighted that thought had been given to the structure within which walkrounds were undertaken, and the balance between formal and informal, and he advised that it was likely that more had taken place, but may have not necessarily been documented. He noted he would report this feedback and ask for a response from the Executive team.

SJD highlighted PS17 within the quality metrics section of the report (Number of hospital acquired thromboses identified and judged avoidable) and asked how the Trust was monitoring this, as it always seemed to be highlighted red.

DM responded that anything above zero was unacceptable, and suggested that the Deputy Medical Director be asked to provide an explanation in respect of those deemed avoidable.

AH asked how a hospital acquired thrombosis could happen. DM surmised that patients who required heparin daily might not always receive timely injection. He agreed to follow up on this issue and try to gain further information to report back.

Action: DM

CoGPEMQ/18/03/05 Quality Priorities, to include

- **Update on process for the development of quality priorities**
- **Selection by governors of quality indicator for audit**

CD gave a brief update on the quality conversation event that had been held and noted that formal feedback had been collected, with 98% of people that responded confirming that they found the event useful.

Discussion ensued, and the following priority was selected:

Patient recommendation of our hospitals to family and friends. This kind of feedback is vital in transforming NHS services and supporting patient choice.

It was agreed that this be recommended for selection as the quality indicator for audit.

CoGPEMQ/18/03/06 Feedback from Healthwatch discussion and future links

Governors reported back on the recent seminar held, with all those in attendance confirming that they had found the session informative, and engaging. SJD reported that she had spoken to Rosalind Pearce – Executive Director at Healthwatch, who had suggested that she would like to attend Governor Meetings.

NS advised that it had been suggested that there should be a regular slot on the agenda of meetings of the Council of Governors, to report any issues raised by Healthwatch.

This was accepted as representing a good way forward, and governors noted that they looked forward to a better working relationship with Healthwatch.

CoGPEMQ/18/03/07 Arrangements for 2018 Governor Elections

NS presented the paper, which outlined the possible timelines in preparation for Governor Elections 2018. The Trust's electoral provider had suggested improvements following review of the previous process undertaken in 2017.

In particular, Council had agreed that a 'split phase' approach to the election timetable would be considered for future elections so as to avoid voting over the summer period, with a view to maximising the opportunity for increased turnout.

It was proposed that the 2018 governor elections will be undertaken under an extension of the Trust's existing contract with its electoral provider, UK Engage, with a view to market testing for providers for upcoming elections to ensure value for money for the Trust.

The Committee endorsed the recommendations within the paper.

CoGPEMQ/18/03/08 Development of proposed changes to OUH FT constitution

SP attended to present this item. It was noted that emergent issues had indicated the need for development and review of the Constitution. Some of the changes proposed were noted within the paper, and it was highlighted that if Governors wished any of these to be in force before the 2018 elections, the relevant work would need to be accomplished to a tight timescale.

It was agreed that a staged approach would be taken, focusing initially on changes which might have a bearing on 2018 elections, before undertaking a more comprehensive review of the Constitution. Legal advice was to be obtained and circulated to members of PEMQ who did not have a potential conflict of interest (ie not SC or AH, as they were up for re-election in 2018). The response of the sub-set of PEMQ membership would then be communicated to all members, as the basis upon which to consider what might be recommended to the Council of Governors at its meeting on 30 April 2018.

Action: SP

CoGPEMQ/18/03/09 Update on Membership

CR provided a verbal update to confirm that membership figures were currently down, mainly due to opt outs. It was noted that further Trust membership engagement events were planned, and a list of dates would be provided to Governors.

Action: CR

CoGPEMQ/18/03/10 Governors report on activities

Governors shared details of recent activities undertaken.

CoGPEMQ/18/03/11 Any Other Business

There was no other business.

CoGPEMQ/18/03/12 Date of Next Meeting

The next meeting will be held at 10:30 to 12:30 hours on Thursday 24 May 2018 in the Boardroom, John Radcliffe Hospital.