

Council of Governors Meeting: Tuesday 20 November 2018
CoG2018.35

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 17 July 2018, the Patient Experience, Membership and Quality Committee [PEMQ] has met twice, on 26 July 2018 and 27 September 2018.
2. Approved minutes of the meeting held on 24 May 2018 and 26 July 2018 are attached.
3. The Committee's July meeting had a particular focus on children's services. It was attended by both of the young people's governors and received updates on the Hospital School Programme, Developments in Transition Services and an update on work following the National Children and Young People's Survey.
4. At its meeting in September the Committee received its regular reports from the Quality Committee and an update on the governor elections held in 2018. In addition the Patient Experience team attended the Committee and provided an update presentation of the work of the team.

Council of Governors' Patient Experience, Membership and Quality Committee

Minutes of the meeting held on Thursday, 24 May 2018 at 10:30 in the Boardroom, Level 3, John Radcliffe Hospital.

Present:	Sally-Jane Davidge	SJD	Public Governor, Buckinghamshire, Berkshire, Wiltshire & Gloucestershire [Chair]
	Jules Stockbridge	JS	Staff Governor, Clinical
	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
	Lawrie Stratford	LS	Nominated Governor, Oxfordshire County Council
In attendance:	Sam Foster	SF	Chief Nurse [Items 5 & 7]
	John Drew	JD	Director of Improvement and Culture [Item 6]
	Caroline Rouse	CR	Foundation Trust Governor and Membership Manager
	Ms Susan Polywka	SP	Head of Corporate Governance
	Maria Crawford	MC	Corporate Governance Manager
Apologies:	David Mant	DM	Chairman of the Quality Committee and Non-Executive Director
	Arthur Boylston	AB	Public Governor, South Oxfordshire

CoGPEMQ/18/05/01 Welcome, apologies and declarations of interest

Apologies were received from Arthur Boylston.

CoGPEMQ/18/05/02 Minutes of the meeting held on 22 March 2018

The minutes were approved as a true and accurate record.

CoGPEMQ/18/05/03 Matters Arising**Governors' Feedback on OUH Quality Account 2017/18**

SP took the opportunity to thank governors for their review of the Quality Account. All comments received had been forwarded onto the Deputy Medical Director, which had been greatly welcomed.

Reference was made to the statements provided by OUH stakeholders, which were intended to be less procedural.

It was anticipated that Ernst & Young [External Auditors] would be issuing an unqualified auditors report in respect of the Trust's accounts.

Amendment to OUH Constitution, and Plans for Further Review

The Committee was reminded that a report on the process and recommendations for review of the OUH Constitution had been considered at the last meeting of the Council of Governors on 30 April. The subsequent *ad hoc* amendment to allow a governor to stand for election to office (or be reappointed), provided the total duration of the term of office would not exceed six years in aggregate, had been approved by the Trust Board on 9 May 2018.

Expressions of interest were to be invited in due course for participation in the 'Task and Finish' Group to enable a more comprehensive review of the Constitution.

Discussion centred on the timing of the review given governor elections were due to commence in June 2018. With this in mind, the Committee considered there was merit in commencing a review of the Constitution once election results had been declared. In the meantime, it was felt that it may be beneficial to start asking some governors' whether they would be interested in participating in a "Task and Finish" group.

CoGPEMQ/18/05/04 Report from Quality Committee Chairman *including reference to:*

- **Quality Committee Chairman's Report to the Board in May 2018 including Quality Committee's Annual Report 2017/18**
- **Quality Report**

SP circulated a brief DM had provided in his absence on the reports provided.

SJD asked whether governors should be referenced within the Quality Committee's Terms of Reference [ToR]. SP confirmed the formal governance documentation could be reviewed to better reflect the link between the Quality Committee and PEMQ Committee.

Action: SP

SF highlighted that DM regularly raised issues / concerns on behalf of the Committee, which was included in the Quality Committee's formal rolling agenda. SJD and AH agreed that DM was highly engaged with the Committee but considered this could be formalised within the ToR to better reflect the alignment between the Quality Committee and PEMQ Committee.

CoGPEMQ/18/05/05 Urgent Care Improvement Programme

SF confirmed a position statement on the Urgent Care Pathway, prepared for Pauline Philip, Director of Urgent and Emergency Care, NHS Improvement [NHSI], would be circulated to members following the meeting.

The main focus of the pathway was on the four-hour standard, a highly visible and recognised performance indicator, which OUH was currently not meeting. A breakdown of identified breaches indicated that the following areas needed to be addressed:

- Non-admitted patients
- Minors
- Paediatrics
- Prolonged trolley waits of over 12 hours

One of the key areas in ED that was in the process of being progressed related to a review of stranded patients (a patient who has been in hospital for more than seven days).

As Senior Responsible Officer for the Urgent Care Programme (the "One Plan"), SF explained that different programmes, including key projects in ED, had been collated into a single plan which could review progress against all elements.

The review of stranded patients was a national campaign to improve patient flow. It was noted that 48% of people over 85 years die within one year of hospital admission and that a large number of patients who became stuck in the health care system were in the last 1,000 days of their life. By focussing on the last 1,000 days, the aim was to help draw attention to where time is wasted and what could be done differently. In addition, the Chief Nurse highlighted that ten days in a hospital bed (acute or community) led to the equivalent of 10 years ageing in the muscles of people over 80 years.

Consequently, a system-wide piece of work was being undertaken in conjunction with Ian Sturgess of NHSI, with the focus being on “Discharge to Assess” (D2A) as soon as a patient was medically optimised and safe to leave hospital, rather than making a patient wait unnecessarily for assessment in hospital. OUH was reported to have incorporated this model of care successfully and this was now business as usual.

An overview of how this worked in practice was provided which included:

- Pulling lists of all patients who had been in hospital seven days or more. These patients were then reviewed and coded.
- SF would join senior nursing and clinical teams, together with system wide teams, to discuss those patients that had not been successfully discharged and how they could be supported to be moved safely through the system.
- There was also a system-wide (Chief Executive level) escalation process in place for cases requiring this level of review, such as “out of area” delays.

Discussions were also underway to expand the Enablement Service.

Community teams also reviewed patients to assess whether community beds were appropriate on a case-by-case basis. This was reported to have reduced waiting times for community beds, which in turn, provided capacity within the system.

Attention was also drawn to another scheme within the Urgent Care Programme – Ward Level Challenge – the aim being to strengthen the ward round process by rolling out electronic boards linked to the EPR (Electronic Patient Record), automating the decision to discharge at ward level to a live bed management system.

Next steps were reported to include increasing funding for the HART (Home Assessment and Re-ablement Team) service and monitoring patients waiting for repatriation. In addition, an early discharge support scheme entitled “Home First” was due to be launched in collaboration with the GP federation, which was also expected to reduce the number of stranded patients at OUH.

Reference was made to “Mrs Andrew’s” story which described the significant waits and movement through hospital, resulting in the patient ending up in long-term care through missed opportunities (*NB: due to technical difficulties the Committee was unable to view the video – it was agreed that details would be circulated to Committee members following the meeting*).

Action: SP /SF

AH asked whether these projects were being communicated more widely. SF explained that there had been a series of internal communications and that the Head of Communications, Matt Akid, was working on an external communications plan.

LS touched on AH's point that positive stories should be promoted externally. He was also noted that he was very encouraged by the integration of teams.

SJD remarked that the open visiting policy was a good idea. SF confirmed the consultation period had now closed and that she hoped to share the outcome with the Committee in due course.

SJD queried the average age of stranded patients. SF stated that the majority of patients were elderly but that there were also other groups such as those with housing difficulties and mental health problems.

The Committee congratulated SF and her team on the work undertaken to date and looked forward to hearing an update at a future meeting.

CoGPEMQ/18/05/06 Update on Staff Listening Events

JDr provided a verbal update to share the Trust-wide results of the 2017 staff survey, to outline the staff listening events that had taken place in March 2018 and to outline the next stage of the process.

The results of the staff survey 2017 had notably deteriorated compared to previous years – though this phenomenon was not unique to OUH – and it was recognised that there were specific actions that needed to be taken.

Seven listening events had taken place across all Trust sites, including OUH Cowley, with over 300 staff members having attended. It provided an opportunity for staff to prioritise which of six suggested topics they wanted to discuss and generate ideas on, using a mobile phone app to do this so that suggestions could be viewed on screen in real time. The six themes offered, based on analysis of survey results, were:

- Recognising and valuing each other
- Supporting and developing managers
- Empowering teams
- Dignity, respect and fairness
- Meaningful appraisals
- Health and wellbeing at work

Following these events, each directorate held similar listening events to share their own results with staff, supported and attended by members of the Executive and divisional teams. The results were reported to have varied considerably across divisions, directorates and teams with some examples of highly engaged teams and some examples of very low scores.

The Employee Engagement Index [EEI] was noted to be a useful indicator of staff engagement and was a composite of the score of 9 survey questions, relating to advocacy, involvement and motivation. The Trust average score was reported at 3.78, and on further analysis, SUON (Surgery and Oncology) had the strongest average score of any division and CSS (Clinical Support Services) the lowest. The Director of Improvement and Culture explained that there seemed to be a correlation between staff engagement and overall performance, indicating that directorates/divisions could learn from other areas that performed better on staff engagement and quality.

By way of comparison, the highest scoring member of the Shelford Group in the 2017 staff survey was reported to be Guys & St Thomas' with a Trust-wide average EEI of 3.99.

SJD stated she had been impressed with how the listening events had been run, and on reflection, felt that staff had responded well. In addition, she asked whether consideration had been given to analysing the correlation between the staff survey and patient survey results to determine whether areas that appeared to have less engaged staff also translated into a poorer quality experience for patients. Whilst this had not been undertaken JDr thought this was a good idea and agreed to take this forward. It was also agreed that the presentation would be circulated to Committee members.

Action: JDr

LS remarked that a significant difference might be made by managing concerns that could be dealt with relatively quickly.

AH referred to the recent CQC reports, and that for Maternity in particular, and asked how staff had been enabled to engage with the outcomes of these reports. JDr confirmed the reports were in the public domain, and therefore, open to both OUH staff and the public to review. He added there was a fine balance between professionally supporting staff and holding staff to account when failures / incidents occurred. SP echoed these views, noting that SF was leading on providing professional support to staff and ensuring compliance actions were addressed.

JDr emphasised the need to have a balanced view of the results of the survey, highlighting that there were many areas with high levels of staff engagement and high levels of performance. Communication was essential in delivering a balanced story regarding staff engagement and performance at OUH.

The Committee thanked JDr for providing the presentation.

CoGPEMQ/18/05/07 Update on Ward Accreditation Programme

The Chief Nurse provided a verbal update on the proposed approach to a Ward Accreditation Programme at OUH, noting that after a review of 4-5 Trusts where similar schemes had been implemented, the preferred framework would be based on Royal Stoke University Hospital Care Excellence Framework [CEF] internal accreditation system, aligned to the Care Quality Commission [CQC] domains of caring, safe, effective, responsive and well-led.

The Divisional Nurses were reported to be working on OUH's current surveillance system which provided assurance from ward / divisional level to board, of which data would be more fully reflected within the regular Quality Report. Quality performance management would be more rigorously reported, particularly fundamental quality KPIs [Key Performance Indicators], and exception reports would be provided when these had not been achieved.

The ward sisters were due to review the Royal Stoke University Hospital accreditation system to gain assurance and insight in respect of the framework, which was noted to provide an award for each domain which ranged from bronze, through silver and gold, to platinum.

Governors and visitors were noted to have participated in the accreditation system, and it was expected that a similar platform would be implemented at OUH.

AH referred to the Patient-Led Assessments of the Care Environment [PLACE] report due to be considered by the Quality Committee in June 2018. SF confirmed that this encompassed a wider piece of work that she was working on in conjunction

with the Director of Assurance. She added that nurses were keen to take this forward and that governor representation would be welcomed on these visits.

It was agreed that once the Ward Accreditation Programme had been finalised, SF would provide a further update at a future meeting of the Committee, together with a schedule of dates for ward visits, providing the opportunity for governors to participate in the scheme.

Action: SF

CoGPEMQ/18/05/08 Arrangements for “Children’s Hospital Special” Meeting in July

The Young People’s Executive [YiPpEe] was expected to attend this meeting.

SJD asked for members’ thoughts on how the meeting should be conducted. AH suggested a discussion on mental health given the growing awareness and importance of looking after children and young people’s mental health. JS highlighted that given it was a public meeting, asking questions on this particular subject matter may pose difficulties for some children, and therefore, the sensitivities around this issue needed to be considered further.

It was agreed that the invitation should be extended to the successor of one of the YiPpEe governors who was standing down.

The Committee agreed that Scott Lambert, Children’s Patient Experience Project Lead, should be involved in the arrangements for this event.

Action: SJD

CoGPEMQ/18/05/09 Update on Membership and Elections

CR provided a verbal update to confirm that membership figures were currently down to around 8,200, mainly due to opt outs following the General Data Protection Regulation [GDPR] coming into effect from 25 May 2018.

A suggestion was made for nominated governors to circulate a pre-drafted email regarding the work done at OUH and how to become a member of the Trust. The Committee supported this idea and asked CR to draft an email for onward circulation.

Action: CR

The Committee was provided with the following information regarding the timetable for governor elections:

Event	Date
Publication of Notice of Election	Tuesday 26 June 2018
Deadline for Receipt of Nominations	5.00pm Wednesday 18 July 2018
Publication of Statement of Nominations	Thursday 19 July 2018
Deadline for Candidate Withdrawals	Monday 23 July 2018
Notice of Poll / Issue of Ballot Packs	Monday 20 August 2018 (via email)
Close of Poll	5.00pm Thursday 13 September 2018
Declaration of Result	Friday 14 September 2018

CoGPEMQ/18/05/10 Governors report on activities

Governors shared details of recent activities undertaken, including:

- OUH was reported to be very supportive of the national “Changing Places” campaign, which aims to get as many purpose-built Changing Places toilets and facilities for disabled people in addition to standard accessible toilets into public venues and healthcare settings.

It was noted that OUH would be rolling out a Changing Place facility at each site, commencing at the John Radcliffe Hospital, later in the year.

- It was noted that OUH was supporting disability in the workplace with a series of listening events, which formed part of the preparatory process to implement a Workforce Disability Equality Standard [WDES] in 2018/19, recommended by the NHS Equality and Diversity Council [EDC] to advance equality within the NHS.

There was also a focus on empowering staff to disclose their disability status given the current data indicated only 2.26% of staff had made a disclosure.

- Getting It Right First Time [GIRFT] was reported to be a national initiative to improve clinical quality and efficiency within the NHS by reducing unwarranted variations. The GIRFT methodology was being rolled out in various clinical specialities across the Trust to ultimately improve patient outcomes.

SP confirmed information regarding the GIRFT initiative being rolled out across the Trust would be circulated to Committee members. A request was made for Dr Clare Dollery to discuss this initiative at the next meeting of the Committee.

Action: SP

CoGPEMQ/18/05/11 Any Other Business

There was no other business.

CoGPEMQ/18/05/12 Date of Next Meeting

The next meeting will be held at 10:30 to 12:30 hours on Thursday 26 July 2018 in the Boardroom, John Radcliffe Hospital.

Council of Governors' Patient Experience, Membership and Quality Committee

Minutes of the meeting held on Thursday, 26 July 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
	Steve Candler	SC	Public Governor, Rest of England & Wales
	Jill Haynes	JH	Public Governor, Vale of the White Horse
	Anita Higham	AH	Public Governor, Cherwell
	Jules Stockbridge	JS	Staff Governor, Clinical
In attendance:	Prof David Mant	DM	Chairman of the Quality Committee and Non-Executive Director
	Dr Rebekah Tennyson	RT	Clinical Psychologist [Item 5]
	Scott Lambert	SL	Children's Patient Experience Project Lead [Items 6 & 8]
	Alison Simms	AS	Associate Director, Children's Hospitals Network [Item 7]
	Tracey Toohey	TT	Safeguarding Children and Patient Experience Lead [Item 7]
	Lewis	L	YiPpEe [Young People's Executive]
	Emily	E	YiPpEe [Young People's Executive]
	Dr Neil Scotchmer	NS	Deputy Head of Corporate Governance
	Maria Crawford	MC	Corporate Governance Manager [minutes]
Apologies:	Caroline Rouse	CR	Foundation Trust Governor and Membership Manager
	Lawrie Stratford	LS	Nominated Governor, Oxfordshire County Council
	Ms Susan Polywka	SP	Trust Secretary and Head of Corporate Governance

CoGPEMQ/18/07/01 Welcome, apologies and declarations of interest

Apologies were received from Caroline Rouse.

CoGPEMQ/18/07/02 Minutes of the meeting held on 26 July 2018

The minutes were approved as a true and accurate record subject to the following amendments [highlighted in ***bold italics***]:

Amendment to OUH Constitution, and Plans for Further Review

...

Discussion centred on the timing of the review given governor elections were due to commence in June 2018. With this in mind, the Committee considered there was merit in commencing a review of the Constitution ~~during the summer to enable more experienced governors' (whose terms of office were due to expire) to contribute to the review~~ ***once election results had been declared. In the meantime, it was felt that it may be beneficial to start***

asking some governors' whether they would be interested in participating in a "Task and Finish" group.

CoGPEMQ/18/07/03 Matters Arising

Constitution "Task and Finish" Group

NS confirmed a group would be selected by asking volunteers from this Committee and the wider Council of Governors'.

Quality Committee: Terms of Reference

SJD queried if the governors had been included within the amended Terms of Reference [TOR]. NS stated this was yet to be completed.

Update on Staff Listening Events

SJD noted John Drew, Director of Improvement and Culture, had agreed to take forward her suggestion of analysing the correlation between the staff survey and patient survey results to determine whether areas that appeared to have less engaged staff also translated into poorer quality experience for patients. She asked if the results of this work could be presented at a future meeting of the Committee.

CoGPEMQ/18/07/04 Report from Quality Committee Chairman including reference to:

- **Quality Committee Chairman's Report to the Board in July 2018**
- **Quality Report**

DM provided an overview of the Quality Report, and the issues that the Committee discussed.

The following points in particular were noted:

- Operational pressures and the difficulties in recruiting staff;
- Compliance with the World Health Organisation [WHO] checklist continued to be monitored;
- Risks associated with poor hand hygiene, identified in recent audits, continued to be addressed in the divisions, supported by the Infection Prevention Control Team [IPC];
- In respect of SIRIs and Never Events, the Trust had a good reporting culture. A thematic analysis had been requested by the Committee given that there appeared to repeated incidents of a similar nature; and
- The outcome of the Women's Directorate annual governance review of the service showed that there had been a reduction in perinatal mortality and in the still birth rate for term babies, forming part of the campaign to reduce the risk of still birth and neonatal death by 50% by 2030.

Key actions that the Quality Committee had agreed included:

- Requesting that the Clinical Governance Committee [CGC] follow up on further on TAs (Technology Appraisals) from The National Institute for Health and Care Excellence [NICE] that had exceeded the 90 day limit for implementation.

Aspects of the Quality Report that were brought to the Committee's attention related to the following:

- Safe staffing levels – it was reported that the Trust had only agreed safe staffing levels in 44.18% of shifts and that of these 51.61% were at the minimum safe level and 12.22% below it.
- Hospital Acquired Pressure Ulcer (HAPU) – there had been a steady increase in the number of reported category 2-4 HAPU incidents, considered to be due in part to the current pressure on clinical staffing.
- Cleaning scores – very high risk areas achieved 100% in audits but scores decreased for high risk areas. The Committee had raised concerns regarding these scores and asked for further reviews and feedback to ascertain whether this was a staffing issue.

DM also referred to the information received regarding the quality of children's services at the Trust. Information received from national audits indicated that the Trust was invariably very good in comparison to other Trusts at a national level. In particular, neonatal assessment was noted to have the best outcomes in the UK.

AH asked if other non-executive directors felt that people in leadership roles within the Trust were addressing the issues raised by the Board Quality Report and driving improvements in the quality of care provided. DM stated that it was a unitary Board and that its job was to monitor and listen to clinical staff, identify important issues and to triangulate information where service provision was not of a standard expected, as well as highlighting areas that were providing exceptional care. He added that the Board had the difficult task of running the best possible service within a restricted budget, noting the balance between affordability and maintaining quality of care.

SJD asked if the recent sustained heatwave placed pressures on services. DM confirmed that extremes in temperature placed greater demand on acute hospital services, particularly the very young and old.

CoGPEMQ/18/07/05 Hospital School Programme

RT provided a short presentation on the Hospitals Schools Project, which was noted to be a two year collaboration between Children's Psychological Medicine (CPM) and Oxfordshire Hospital Schools (OHS). The project had been developed in January 2018 following conversations about children with medical needs who were not accessing optimal education due to associated psychological factors. Examples provided included anxiety, pain, fatigue and adherence to medication. It was noted that children were often referred to both services with no linked-up support across the system.

The core aims of the project included:

- Providing training, education and consultation to mainstream schools on the interaction between medical needs, psychological wellbeing and education, including statutory and legislative responsibilities;
- Increasing links and partnership working across health and education both on an individual child level and on an organisational level; and
- Providing a pathway within CPM and OHS for children with complex presentations to access high quality and intensive intervention.

The key question underlying the project was whether these would lead to improved health, education and psychological outcomes for children with medical needs.

Actions taken to address these aims were noted as follows:

- Three training days for schools across the past school year (learning outcomes attached if they want more detail), with a thorough evaluation of whether this increased the confidence of teachers in managing issues and what changes it had led to in schools.
- Access to consultation and bespoke training from the project team which had helped facilitate referrals for children into CPM who had previously not accessed the service. These children received direct input from the project team.
- Training for paediatricians, CPM and OHS staff on key aspects of statutory duties and on the use of individual healthcare plans to support children.
- Reciprocal input between CPM and OHS with psychologist attendance at OHS referral meetings to discuss psychological wellbeing needs at the point of referral and input into the school reintegration plan if appropriate (liaison with other services e.g. CAMHS if appropriate). OHS staff advised CPM clinicians on additional support to access education that children who were accessing CPM for therapy could utilise

Future plans were reported to include the following:

- A structured intervention programme for 10-15 children with medical needs who were not accessing education optimally with a research protocol being developed.
- More training in hospital, in schools, for governors, and for clinicians.
- A standardised one day training package for roll out nationally with five paediatric psychology centres to pilot it in their localities.
- Project legacy work to ensure that if the above had been helpful and demonstrated an impact on young people, it could be developed and funded for a sustainable role/package going forward.

TT thought it was a good project, particularly in terms of identifying safeguarding issues at an early stage.

SL remarked that in his previous career as a primary school teacher children would have benefitted from psychological services but the challenge had always been waiting for a diagnosis before these interventions could be set up.

RT stated that this service was for children with medical conditions rather than a Child and Adolescent Mental Health Service (CAMHS) which had its own consultation line. It was noted that it had moved from a tiered to a single point of access model which enabled children to be triaged to an appropriate pathway.

AH was surprised at the small number of schools that had responded to the project and asked whether RT thought this was in part, due to academy system schools no longer having to respond to local authorities. RT stated that all head teachers in Oxfordshire had been contacted with the same information, noting that in some schools, children's health needs may be hidden. AH added that it was also about enabling schools to link in with parents and GPs.

RT stated that, as well as three main training dates, a programme had been developed for bespoke training packages which could be accessed remotely. She

remarked that some schools might consider that the training did not apply to them given there would be some degree of differences in certain schools.

RT also highlighted the statutory responsibility that teachers had to provide something for these children. Being able to outline this to teachers whilst promoting the support available to them, such as additional help, could be beneficial.

NS agreed to circulate the notes of the presentation to Committee members.

Action: NS

CoGPEMQ/18/07/06 YiPpEe Video: Having an Operation in Oxford Children's Hospital

SL introduced the short video that members of YiPpEe had produced to guide children through the process of having an operation at Oxford Children's Hospital. This replaced an earlier video that had been made 10 years previously and which, on review, was considered to be outdated.

The project had taken around 18 months and aimed to reduce anxiety for both parents and children (primarily those aged between 8 and 12 years) regarding the process leading up to and during their stay in hospital. It was noted that the video had been co-produced with OMI (Oxford Medical Illustration), and given that YiPpEe had received funding to make the video, it was hoped that this would lead to further projects in the future.

The video was available on the Trust website and YouTube. NS agreed to circulate the link to the video following the meeting.

Action: NS

TT highlighted that it was hoped further videos could be produced by YiPpEe, particularly on transition services.

SJD remarked that the Committee would be interested in receiving the results of feedback in six months' time.

CoGPEMQ/18/07/07 Developments in Transition Services

AS provided a presentation on the Children's Hospitals Network (CHN), a partnership between OUH and University Hospital Southampton NHS FT, connected with over 20 District General Hospitals across the Thames Valley and Wessex, sharing patients, clinics and services.

The aim of the partnership was to foster engagement and quality improvement through interactive collaboration, sharing expertise and resources, and facilitating research, education and training.

Since the launch of the CHN in 2012, transition from children's to adult care was a quality area it wished to improve across all services. AS highlighted that children diagnosed with life-long conditions often had a very good service but tended to fall out of the system (unnecessarily) on reaching adulthood. The overall aim was to provide a seamless pathway with regard to all types of transitions.

The CHN was fortunate enough to be able to build on the Ready, Steady, Go (RSG) model devised by Dr Arvind Nagra at Southampton Hospital. This would also provide parity across the network.

The challenge lay in rolling the RSG model out across the Trust. Funding had been gained for a time from Thames Valley Strategic Clinical Network (TVSCN) in 2016, for a short-term project lead. Further work that had been done to date included:

- Implementing a working group;
- Ratifying the Transition Policy in 2017;
- Providing RSG workshops and training;
- Involving YiPpEe in feedback and interviewing;
- Launching the EPR version of RSG; and
- Promoting the programme via training, workshops, grand round, GP newsletter, OUH news, Yammer, Intranet and websites.

Further work that was reported to be underway to continue to improve implementation included setting up workstreams in the following areas:

- Admin pathway/process;
- Data, audit and review;
- Patient information;
- PR and communications; and
- Digital.

A bid to fund a Lead Transition Nurse via a charitable organisation was also in the process of being prepared and Sam Foster, Chief Nurse, had supported this.

SL noted that a patient portal had been mentioned. AS confirmed that this was a possibility and that Southampton used a phone app.

SL also noted that an alert had been developed on the EPR (Electronic Patient Record) when a patient had reached the age for transition. AS stated the alert was triggered when a patient reached the age of 11 years to highlight the need to start the conversations about transition in service.

TT hoped a video could be made to show staff what a “go discussion” looked like.

It was noted that there was not always an adult service for certain groups of children. In these instances, the transition back to GP care was being reviewed in conjunction with CCGs and various leads in each GP practice.

AH commented that there was also a cultural issue related to transition in services. JS noted the difficulties in transitioning, highlighting the need to educate staff and patients. AS stated that RSG had become the “norm” at Southampton, and in time, it was hoped this would also be the case across the Trust.

L used the analogy of moving school as being akin to moving to an adult ward, with the new challenges and changes this inevitably posed in transitioning.

E described her own experience when she started transitioning aged 17 years and the concerns she had felt, particularly with starting university and the decisions she would have in where her care would take place. TT explained that a phone app would be helpful as relevant advice would be immediately accessible and make the process more interactive.

AS thanked the Committee for their time and confirmed she would provide an update at a later date.

AS left the meeting.

CoGPEMQ/18/07/08 Update following National Children and Young People's Survey

SL presented an update on the actions that had been taken in respect of three areas identified as requiring improvement following the results of the National Children and Young People's Survey 2016 [NYP16].

The Committee was provided with a recap of the Trust results for the national survey, the findings of which had originally been presented in January 2018.

The three areas identified for improvement were as follows:

- Short-term – reducing avoidable noise on the wards
- Medium-term – improving the information given on discharge
- Long-term – patient involvement in care decisions

Following the results of the survey, it was noted that a new feedback questionnaire had been created for all Children's Inpatient and Day Case Wards which incorporated the Friends and Family Test (FFT) question.

Actions taken since January 2018 included the following:

- o **Reducing Avoidable Noise**

The wording of the FFT question was changed to the following: *"Was it quiet enough for you / your child to sleep at night in the hospital?"*

The scope of response options was also extended to include *"most of the time."*

If the response to the question was answered in the negative, a follow-up question asked parents/children to describe what noise had stopped them from sleeping or woken them up. The most common noise that had prevented sleep was noise from other patients/adults.

The results had subsequently been shared with YiPpEe and a decision had been taken for a YiPpEe member to design a poster asking patients/parents to keep noise levels down at night. The poster designs had been shared and approved by YiPpEe members and the Children's Quality Committee in April/May 2018.

Two wards, Melanie and Drayson, had subsequently been piloting the posters since June 2018. The "Noise at Night" questionnaire was due to be repeated in August and September 2018 to assess the impact of posters. YiPpEe members were also taking part in a sleepover in August (as part of a "Project Week") to experience and record noise levels at night, which linked into work with the adult team.

- o **Information on Discharge**

In June and July 2018 a new version of the FFT survey, using questions related to discharge from the NYP16 survey, was used on children's wards.

- **Patient Involvement in Care Decisions**

YiPpEe members were due to speak with patients about being involved in care decisions and their experiences.

The National Children's Survey was due to be repeated in November and December 2018, which would enable a comparison to the 2016 survey.

Key changes for the 2018 survey included:

- Trusts would receive historical comparisons (2018 versus 2016) in their benchmark reports.
- With the intention of boosting response rates, cover letters would be modified to include colour and more engaging content.
- Subject to ethical approval, materials would be addressed to the parent or guardian, in addition to the child or young person.

Areas in which the Trust had not scored well related to family accommodation on the John Radcliffe site. It was noted that plans were underway for a new development for on-site accommodation for the parents of sick children and babies who were patients at the John Radcliffe Hospital. The Trust was working with Ronald McDonald House Charities, which already provided 17 bedrooms in the Oxford Children's Hospital for parents and families.

TT also highlighted that a project was underway in newborn care to enable parents to view their newborns on ipads.

SL also highlighted the new open visiting policy being implemented by the Trust.

The Committee noted that it would like to be kept informed of progress.

CoGPEMQ/18/07/09 Update on Young People's Membership

NS provided a verbal update.

Figures on young people's membership were circulated to members of the Committee which included a breakdown by region, age, gender and ethnicity. It was noted that membership was partly constrained due to age restriction (members cannot be less than 16 years of age).

YiPpEe governors were asked to consider how best to promote engagement and membership.

SL suggested emailing all adult members who may have children that were eligible to join (16 years and over). SJD asked E and L to discuss with YiPpEe members and feed back their ideas to increase membership.

TT proposed providing information on YiPpEe, including details of how to join, in children's appointment letters. NS agreed to ask CR to liaise with TT regarding this possibility.

Action: NS / CR

CoGPEMQ/18/07/10 Update on Elections

NS provided a verbal update to confirm that the deadline for governor nominations had now passed, with two members of the Committee noted to be standing for re-election.

Voting would not commence until 20 August 2018 in order to ensure the maximum level of engagement and turnout for elections. The Poll would close at 5:00pm on Thursday 13 September 2018 and results declared on 14 September 2018.

AH remarked that two governors' (to her knowledge) had attended virtually no Council of Governor meetings since their election, and that one of the governors concerned might be considering voluntarily resigning from office. With this in mind, she asked whether the candidate with the second largest number of votes from the previous elections would be offered the position or whether that fell to the newly elected candidates. AB highlighted a similar situation had arisen on his election. NS confirmed this would be a matter for the governors to consider.

JS left the meeting.

CoGPEMQ18/07/11 Governors' Report on Activities

None reported.

CoGPEMQ/18/07/12 Any Other Business

It was noted that SP would be departing the Trust on 16 August. On behalf of the PEMQ Committee, thanks and appreciation were extended to SP for her support and the exemplary guidance provided to the Committee.

CoGPEMQ/18/07/12 Date of Next Meeting

The next meeting will be held at 10:30 to 12:30 hours on Thursday 27 September 2018 in the Boardroom, John Radcliffe Hospital.