

Cover Sheet

Council of Governors Meeting: Thursday 4 September 2025

CoG2025.10

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

Status: **For Information**

History: **Report from PEMQ to Council**

Lead: **Committee Chair**

Author: **Ms Joan Adegoke, Corporate Governance Officer**

Confidential: **No**

Key Purpose: **Strategy**

Patient Experience, Membership and Quality Committee Report

1. Purpose

- 1.1. This paper forms part of the Patient Experience, Membership and Quality Committee's regular reporting to Council of Governors, providing Council with a summarised report highlighting key Committee business and issues arising from its meetings.

2. Background

- 2.1. The remit of the Committee is to consider matters concerning the development and maintenance of an active membership; the experience of patients using OUH services; and measures of the quality of services provided by the Trust. It also considers for the Council of Governors how the Trust Board obtains assurance regarding these matters.
- 2.2. Since the last meeting of the Council of Governors the Committee held meeting on 17 June and 29 August. The main issues considered and discussed at the meetings are set out below.

3. 2024/25 Quality Account

- 3.1. The Director of Clinical Improvement and Deputy Head of Clinical Governance presented the 2024/25 Quality Account, seeking Governor feedback ahead of Board approval. The Committee acknowledged the complexity of compiling the Account, which consolidates multiple data sources and follows a regulated format.
- 3.2. The Account, a legal requirement, underwent extensive stakeholder engagement and multiple reviews, including CGC, IAC, and HOSC. Dr Hill welcomed feedback to shape a meaningful response and drive quality improvement, thanking contributors for their input.
- 3.3. Key themes raised included operational pressures, workforce challenges, funding constraints, and data quality concerns. The Committee stressed the importance of maintaining strategic focus and demonstrating progress despite systemic pressures. The need for transformational change, streamlined working methods, and value-based healthcare was emphasised.
- 3.4. Concerns were noted around data reliability, particularly in cardiothoracic and maternity services, and the omission of Chronic Kidney Disease (CKD) from the Account. While CKD is addressed through primary care, its public health relevance was highlighted, with calls for future inclusion and improved identification.

- 3.5. Patient experience and health inequalities were discussed, with examples from Respiratory services. Limited staffing was cited as a barrier to deeper analysis and action, despite the availability of rich data and initiatives like analyst drop-in sessions.
- 3.6. The Committee reflected on the importance of transparency, realistic narrative, and clear success criteria. While some improvements were noted—such as in falls and pressure ulcers—areas like dementia assessments require further attention. The Chief Nursing Officer's leadership was commended for fostering a proactive culture.
- 3.7. The Account was recognised as a snapshot within a broader performance framework, with ongoing Board oversight. The Committee acknowledged the volume of documentation and the importance of NED scrutiny in ensuring meaningful engagement.
- 3.8. Research achievements and partnerships were praised, with calls for greater visibility of outcomes, including notable work at Banbury. The Trust's ambition to exceed peer standards was encouraged.
- 3.9. The Committee thanked Dr Hill and Ms Armitage for their work and the constructive discussion, reaffirming support for a collaborative and improvement-focused approach.

4. Quality Priorities Update

- 4.1. At its August meeting the Committee was joined by the Director of Clinical Improvement and Head of Clinical Governance to provide an update on quality priorities.
- 4.2. The Head of Clinical Governance reported that several actions were completed, others were in progress or partially completed, and most remained on track. No major issues were identified. Oversight continues via the Clinical Governance Committee (CGC), chaired by the Chief Nursing Officer, whose contributions were acknowledged.
- 4.3. The Committee Chair raised concerns about the effective use of patient discharge feedback in driving system improvement. The Director of Clinical Improvement agreed on the importance of listening to feedback and committed to referring the matter to the relevant quality priority lead and providing an update on mechanisms for gathering and applying feedback.
- 4.4. Concern was expressed over the Vascular Surgery Network's inactivity for over a year, potentially impacting patient care and coordination. Dr Hill acknowledged the issue, noted ongoing audits and action planning, and agreed to escalate the matter with the vascular service lead and report back.

- 4.5. Governors were encouraged to raise issues through Non-Executive Directors (NEDs). In their absence, Dr Hill and Ms Cobb offered to act as points of contact.

5. Patient Experience

- 5.1. The Head of Patient Experience, Ms Bicknell, attended the meeting to introduce herself to the Committee and outlined her strategic plans for enhancing patient experience across OUH. Ms Bicknell shared her clinical and leadership experience in nursing, safety, quality, and consumer engagement, including international experience in Australia. Her approach is informed by a strong foundation in inclusive practice and data-driven improvement.
- 5.2. Ms Bicknell outlined the development of a new Patient Experience Strategy, with key priorities including:
- Benchmarking against best practice.
 - Reviewing existing policies.
 - Engaging diverse patient groups.
 - Strengthening data analysis and thematic reviews.
 - Ensuring feedback is actionable and person-centred
- 5.3. Ms Bicknell highlighted the importance of linking survey data to patient demographics and expanding digital feedback tools, while the strategy would also ensure structured involvement of Patient Safety Partners and transparent engagement, with Mr Krasopoulos advocating for AI-driven dashboards and recognising generational differences in feedback preferences.
- 5.4. Operational challenges and strategic support were discussed, with concerns raised about governor roles, resource constraints, and post-COVID impacts, while Mr Haywood highlighted the value of co-production and offered support for developing a patient experience strategy that enhances quality and reduces costs.
- 5.5. The Chair thanked Ms Bicknell for her update and welcomed continued collaboration in shaping the strategy.

6. Maternity Experience

- 6.1. The Director of Midwifery joined the meeting to present the OUH Maternity Development Programme, initiated in response to a comprehensive culture review and a CQC inspection. The programme addressed over 60 recommendations, with all but one (related to estates) successfully

implemented. Eight thematic workstreams were established to drive sustainable change:

- Culture
- Leadership
- Staff Well-being
- Governance
- Education
- Environment
- Communication
- Digital Transformation

- 6.2. Staff engagement has improved significantly, with turnover reduced from 20% to 12%, sickness rates declining, and staffing levels increasing, supported by initiatives such as the “Rate My Shift” tool, enhanced psychological support, and greater investment in leadership development.
- 6.3. Service user experience has improved, with over 85% positive feedback in CQC and FFT surveys, supported by real-time tools and enhancements to postnatal care including 24/7 partner stays, improved pain relief, expanded volunteer support, and piloted translation services for non-English-speaking families.
- 6.4. Phase Two of the Perinatal Improvement Programme has unified maternity and neonatal services under a national safety-aligned framework, with OUH meeting all ten annual safety actions, while stakeholder engagement has begun with campaign groups to rebuild trust through co-designed improvements supported by trauma-informed facilitation.
- 6.5. Concerns about qualitative feedback were addressed through triangulated data and thematic review, while governors were assured of ongoing engagement in improving patient experience, and delays in labour induction were reported to have reduced by 80% through enhanced monitoring.
- 6.6. The Committee thanked Ms Christley and Ms Redfearn for their contributions and the comprehensive update.

7. Governor Elections 2025, Report on Membership and Membership Strategy Refresh

- 7.1. The Foundation Trust Governor and Membership Manager reported a positive increase in election engagement, with 42 candidates standing and all vacancies successfully filled. The election was independently managed by UK Engage, with broad promotional efforts and prompt resolution of

ballot delivery issues. While turnout remained lower than initial elections, some constituencies showed improved participation.

- 7.2. The Chair raised concerns about low turnout and the challenge of demonstrating a strong democratic mandate, emphasising the importance of sustained member engagement beyond election periods. Mr Haywood highlighted a general lack of public understanding of Foundation Trust membership and governor roles, calling for continued education and outreach.
- 7.3. Suggestions to include Trust membership information in discharge letters were welcomed and are being explored, with recent updates indicating potential progress for the first time during the current Membership Manager's tenure.
- 7.4. Despite ongoing challenges in member recruitment and low by-election participation, outreach efforts continue across community events, including PLACE visits, shopping centres, mosques, and career fairs. Constituency meetings are planned in West Oxfordshire, Oxford City, and jointly with Oxfordshire Health.
- 7.5. Governors were encouraged to support recruitment, though staffing larger events like the OX5 Run remains difficult. Ms Warmington noted that engaged members often come from similar backgrounds, and a broader strategy is needed to reach more diverse communities. Mr Adomah-Boadi proposed attending the Aylesbury Summer Festival to expand outreach efforts.
- 7.6. Mr Lloyd proposed that the Committee explore the role of Youth Governors and engage more directly with our young patients. In response, Ms Niamh Guinness was invited to attend the meeting held on August 29th, where she actively contributed to the discussion.
- 7.7. Membership strategy has seen minimal change since 2022, with ongoing challenges in recruiting males under 50; a full review is planned once the Trust strategy and 10-year plan are finalised.
- 7.8. Governors explored ways to enhance youth and member engagement, including reviving Governors' contributions to the Member Bulletin, using SMS and social media for feedback, and surveying members on service changes, while noting limited funding for promotional activities.
- 7.9. The Committee approved the updated Membership Strategy.

8. Recommendations

- 8.1. The Council is asked to note this update.