

Cover Sheet

Council of Governors Meeting: Wednesday 10 July 2024

CoG2024.15

Title: Patient Experience, Membership and Quality Committee Report

Status: For Information

History: Report from PEMQ to Council

Lead: Committee Chair

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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 a meeting on 12 June 2024. The main issues considered and discussed at the meetings are set out below.

3. 2023/24 Quality Account

- 3.1. The Director of Clinical Improvement and Deputy Head of Clinical Governance joined the meeting to present the 2023/24 Quality Account for governor feedback prior to approval from the Board.
- 3.2. The Quality Account was due for submission to NHS England by 30 June 2024 in order to meet Department of Health requirements, and it was expected to receive final approval from the Board on 26 June. [The Quality Account was subsequently approved by the Board on this date.]
- 3.3. The Committee noted that the Quality Priorities for 2024-25 had been chosen based on stakeholder input which had included governors as well as consideration of strategic alignment with Trust plans and with national and international standards.
- 3.4. The Committee heard about the strategic approach to enhancing patient care across three key domains: Patient Safety, Patient Experience, and Clinical Effectiveness. The Director of Clinical Improvement also briefed the Committee on the implementation of the Patient Safety Incident Response Framework (PSIRF) and other initiatives to enhance the patient safety culture, such as QI Stand-Up forums, Reporting Excellence, and Safety Messages.
- 3.5. The Committee had the opportunity to discuss aspects of the Quality Account and the Trust's activities in relation to quality issues. The

Committee suggested in particular that a summary of the document based on the presentation given to the Committee be developed to make the contents more widely accessible.

- 3.6. The Committee commended the comprehensive presentation which brought the Quality Account to life.
- 3.7. Members of the Committee were asked to send any further feedback following the meeting and the Head of Corporate Governance was asked to produce a first draft of Governors' response which accompanies the final account. (This response was developed and approved by governors following the meeting.)

4. Patient Experience: PLACE Assessments

- 4.1. The Committee has been regularly updated regarding the work of the Patient Experience Team.
- 4.2. At its June meeting the Head of Patient Experience gave an overview of the Patient-Led Assessment of the Care Environment (PLACE) assessments in 2023 and preparations for the 2024 programme.
- 4.3. The Committee heard that the first two years of running PLACE had reported largely good results in cleaning, condition, and food with areas for improvement identified in mealtime preparation, design for dementia and disability and privacy & dignity. A strengthened Action Plan had been developed.
- 4.4. It was recognised that much had been learnt about undertaking the assessments and that there had been a substantial improvement in this during the second year. The aim now was to focus on sustained change, have a higher profile for PLACE and agree improvements for mobilisation at an early stage. Volunteers were noted to be needed to be involved in the process.
- 4.5. Other patient experience highlights included work on:
 - Patient Information: Including collaborating with BOB and Tertiary Centres and updating the visiting Policy and media plan;
 - Patient Experience including PALS and Complaints: review aiming for 25 days completion standard by October 2024 and Healthwatch focus on discharge from hospital and transitioning to adult services;
 - Trialling "What Matters to You" photos and a prototype film developed for use to support the patient voice in QI programmes; and
 - Recruitment plan of 14 new Patient Safety Partners (PSPs) over the next 7 months to support various workstreams.

- 4.5. The Committee was briefed on the work of the Task and Finish Group constituted to focus on improving interpreting services and overall awareness for the Deaf Community. The Committee suggested that it would be valuable to hear from an individual with lived experience of these issues for a future PEMQ meeting.

5. Recommendations

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