

Cover Sheet

Council of Governors Meeting: Wednesday 13 November 2024

CoG2024.20

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 meetings on 14 August 2024 and 16 October 2024. The main issues considered and discussed at the meetings are set out below.

3. Update on Quality Priorities

- 3.1. The Chief Nursing Officer updated the Committee on the progress against Quality Priorities, each priority having specific goals and measurable targets to ensure effective monitoring and improvement.
- 3.2. A tool to monitor high-risk medicines was currently in development. Notable progress had been made in several areas, including falls prevention, frail elderly care, and maternal morbidity. Improvements have also been observed in documentation and critical care outreach.
- 3.3. Committee members were invited to a Quality conversation on 9 December 2024 to discuss the Quality Priorities for 2025/2026.
- 3.4. Non-Executive Directors (NEDs) commented on their review of the Quality Priorities and emphasised the importance of including measurable targets. They sought assurance that improvements would be sustainable once the Quality Priorities become business as usual (BAU).
- 3.5. The initial report was well-received, with further monitoring to take place through the the Clinical Governance Committee (CGC). The Clinical Governance Committee would monitor clinical improvements and was interested in understanding how gains from previous Quality Priorities had been embedded and maintained.

4. Patient Experience Programme Update

- 4.1. The Committee has been regularly updated regarding the work of the Patient Experience Team.
- 4.2. The Committee was updated on PALS and complaints resolution plans, which aimed to ensure that responses were completed within 25 days by 1 October 2024. The approach followed NHS England's Ask Listen Do guidelines to address feedback, concerns, and complaints, and to reduce the number of reopened complaints. The 25-day complaints review was presented to the Committee at the October meeting and maintained a strong emphasis on keeping the patient at the centre of the complaints process, operational efficiency, and collaborative efforts with the clinical team.
- 4.3. The Committee was presented with the full CQC Inpatient Survey 2023 results at the October meeting, highlighting five areas where patients experience was rated the best and five areas where there was room for improvement. Overall the results were positive with eight areas where results were better than expected and none where they were worse than expected.
- 4.4. Monthly feedback from the Friends and Family Test remained constant, with positive, neutral, and negative comments focusing on staff attitude, care implementation, and waiting times. The Weekly Operational Group reviewed incidents, claims, patient experience, inquests, and serious incidents, including those related to maternity and the Maternity and Neonatal Voices Partnership (MNVP), to identify patterns. Efforts were ongoing to extend this review Trustwide. Negative FFT feedback was being addressed at Trust level through monthly reports for each service area to drive local improvements.
- 4.5. Governor input into the Patient-Led Assessments of the Care Environment (PLACE) 2023 was recognised, noting that four domains were below the national average. The assessment period for PLACE 2024 ran from 2 September to 22 November, with 75-80 assessments planned and 75 lay assessors already signed up. Senior clinical leadership would participate in each assessment, and proposed locations had been agreed with the Chief Nursing Officer, requiring two assessors per visit.
- 4.6. The Committee was updated on the 'What Matters to You' project and heard that positive feedback had been received from the team visiting patients on wards, reinforcing the FFT feedback.
- 4.7. The Shared Decision-Making initiative, aimed at empowering patients in their healthcare decisions, had been extended to maternity and supporting people at risk of not eating and drinking.

- 4.8. The Committee heard that the Equality Delivery System (EDS) 2024 programmed would involve three directorates presenting information on how they met the needs of people with protected characteristics to ensure a positive experience of care.
- 4.9. The Committee heard about the establishment of a Patient Experience and Family Carer's Forum to foster a collaborative environment where stakeholders could contribute to the continuous improvement of patient care. Healthwatch Oxfordshire, Carers Oxfordshire and Oxfordshire Maternity and Neonatal Voices Partnership (OMNVP) were invited to participate in discussions.

5. Oxford University Hospitals Discharge Processes

- 5.1. The Deputy Director of Urgent and Emergency Care, Louise Johnson and the Head of the Transfer of Care Hub, Tasmin Cater joined the meeting to provide an opportunity to explore further the queries raised by Dr Robin Carr (Public Governor, West Oxfordshire) after shadowing members of the Trust Operations Team on hospitals discharge processes observation.
- 5.2. The Committee heard about the escalator safety concerns in the West Wing following recent incidents which had led to the closure of the escalators. Safety Measures including the installation of barriers and bollards were being implemented to prevent entry with walking aids and prams and the team was addressing issues with the location of signage.
- 5.3. The Committee heard that all patients should have an estimated discharge date visible in their records, coordinated with ward pharmacists to prepare To Take Out (TTO) medications. These dates could be updated as needed or when unexpected changes occur.
- 5.4. Discharge Letters were drafted in advance but finalised and signed on the day of discharge. Delays in finalising letters can affect communication with GPs but do not delay the discharge itself. Timeliness of discharge letters was noted as a performance metric for the wards, and feedback on their quality was welcomed.
- 5.5. On Transfer of Care Hub, the discharge team worked closely with integrated neighbourhood teams across the county. Discharge summaries for patients discharged in the area within the last 24 hours were sent out which GPs had found useful.
- 5.6. The Committee discussed the repatriation of patients and heard that some complex cases were not being repatriated to referring hospitals promptly. Cases were initially managed as swaps but escalated to the Chief Operating Officer if necessary.

- 5.7. The Committee raised the issue of the use of domestic taxis for discharge and heard that taxis were only used in specific circumstances. It was noted that patients sometimes decided to go home by taxi on their own, but taxis were not used for patients with cognitive impairments due to associated risks. The Committee suggested revisiting the issue of patient transport later in the year.

6. Recommendations

- 6.1. The Council is asked to note this update from the Committee.