

Cover Sheet

Council of Governors Meeting: Wednesday 14 May 2025

CoG2025.05

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 meetings on 27 March 2025. The main issues considered and discussed at the meetings are set out below.

3. Development of the Quality Account

- 3.1. The Director of Clinical Improvement attended the meeting and provided a presentation outlining the purpose, development process and scope of the Quality Account.
- 3.2. The Committee noted the importance of the Quality Account for transparency and accountability in healthcare.
- 3.3. Quality priorities for 2025-2026 were outlined. Specific priorities included electronic notification systems, medicines reconciliation, fragility fracture pathways, standard work programs, critical care outreach, discharge processes, maternity service user experiences, ReSPECT protocols, and support for vulnerable patients.
- 3.4. Dr Hill highlighted the importance of clinical audits, national confidential inquiries, and the quality improvement program led by the Integrated Quality Improvement team.
- 3.5. The Committee noted the Trust's innovation initiatives as well as the extensive clinical research activities with over 1600 active studies.
- 3.6. Dr Hill also outlined the Trust's compliance with CQC registration requirements and participation in multiple external reviews, including the Care Assure and OxSCA schemes.

- 3.7. The importance of learning from deaths, structured judgement reviews, and reporting against core indicators such as patient safety incidents, VTE prevention, and infection control were emphasised.
- 3.8. The Committee noted the next steps for the Quality Account, including gathering data, presenting to the Integrated Assurance Committee, and seeking feedback from stakeholders before finalising the report.
- 3.9. The Committee noted the intention to circulate the draft Account for virtual review and comment by PEMQ when more developed. PEMQ would then have the opportunity to review and comment on a near final draft in June and on this basis the formal response from governors would be prepared.

4. Patient Experience Programme Update

- 4.1. The Committee was updated regarding the work of the Patient Experience Team by the Head of Patient Experience who gave an overview of the following topics.
- 4.2. The Committee noted that a high volume of comments were received weekly from the Friends and Family Test. Positive comments were mainly regarding staff attitude, quality of care and admission. Negative comments focused on waiting lists, cancelled admissions and discharge home. The Committee noted the development of a Friends and Family Test dashboard to better utilise data.
- 4.3. It was noted that there had been an increase in the number of complaints received since November. Efforts were being made to close complaints within 25 working days wherever possible. Top complaints categories included clinical treatment, patient care, prescribing, communication, appointments, admissions, and discharge.
- 4.4. The Committee was also updated on PLACE (Patient-Led Assessments of the Care Environment). The Trust had seen an improvement in all six domains compared to previous years. Key learning related to inconsistent meal preparation and the need for better external upkeep at some sites. It was agreed that the Trust would conduct monthly PLACE light assessments and that dates would be shared with governors for participation.
- 4.5. The Trust had transferred to a new provider for Interpreting and Translation Services. The Committee heard that there was a need to increase provision for rarely spoken languages, particularly Tatum.
- 4.6. The Committee noted the use of patient stories at meetings of the Trust Board and the value gained from these.

- 4.7. It was noted that the Trust had recruited five new patient safety partners with diverse backgrounds. There was a focus on forming a cohesive team and targeted recruitment was underway for Maternity and Children's patient safety partners.
- 4.8. The Committee noted this update.

5. Artificial Intelligence Policy

- 5.1. Megan Morys-Carter, Director of Digital Innovation, attended the meeting to discuss the creation of an artificial intelligence policy for the Trust, emphasising the importance of engaging a wide range of stakeholders to ensure comprehensive input.
- 5.2. A draft policy was in progress, with plans for iterative co-production over the next six months to finalise it. Ms Morys-Carter proposed recruiting experts by experience from Foundation Trust members to provide feedback and insights on the policy.
- 5.3. It was noted that AI technologies could enhance healthcare by improving logistics, back-office administration, and overall efficiency. It was important, however, to ensure patient data protection and address potential discrimination concerns.
- 5.4. Volunteers were being sought to discuss the policy, aiming to gather diverse perspectives on AI applications and concerns.

6. Committee Chair

- 6.1. The Committee noted its thanks to Janet Knowles who had been a long-standing member of the Committee and its most recent Chair who would be stepping down from the Council following the most recent elections.
- 6.2. Following the meeting it has been agreed that Dr Robin Carr will take on the Chair role for the Committee moving forwards.

7. Recommendations

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