

REPORT TO THE GOVERNORS' COUNCIL

SUBMITTED BY:	REPORT FOR:	RELATED WORK:
Betty Lewis – Deputy Chair of the Patient Experience Committee	Action	
CONSULTATION:	Information	✓
	REPORT TYPE:	
	Strategy	
	Performance	
	Governance	✓

Meeting Date: 29 May 2018

Report Title: Patient Experience Committee Report to the Governors' Council

Purpose:

To update the Governors' Council in respect of the activities of the Patient Experience Committee, since the last meeting.

Report:

The Patient Experience Committee (PEC) last met on 26 April 2018

Agenda items / discussion included:

Patient Experience Report

- Tablets / electronic methods are being used more frequently and in more areas of the Trust
- Volunteers would be extremely useful in helping to collect FFT responses – governors were advised that any assistance they might provide would be greatly appreciated
- Response time to negative feedback has improved to 5 working days
- A bid is in place to obtain funds to purchase pagers for patients in Outpatient area 3
- Responses have been received from St Georges (Cambs) for the first time in a year

Infection Prevention. Glynis Bennett, Infection Prevention and Control Nurse Lead, provided an overview for the year 2017/18:

- MRSA - trajectory set – 0 cases of MRSA Blood stream infection met this year for the second year running
- *C difficile*- trajectory set for year – 53 cases of hospital acquired *C difficile*. Finished year on 48 cases. 8 of these were deemed non avoidable as the trust had undertaken all actions required
- This is a significant rise in the number of cases against the previous year of 22 cases. During this year there has been evidence of transmission and outbreaks on a number of wards. Advice and support has been sought from NHSi, Public Health England and CCGs
- A full action plan is in place and this includes wider trust areas of cleaning assurance, deep clean plans, identification and management of infectious patients in relation to their placement /isolation within the trust
- A re launch of the hand hygiene policy, including bare below the elbows, has aided compliance in this area

Patient Safety & Risk presentation from Mark Rose. He informed that key to improving patient safety was:

- The patient journey was key to everything
- Quality organisational systems – consistent learning – from both good and poor experiences and embedding of that learning
- Capturing improvements
- Collaborative working (with both patients and staff) – a multi-disciplinary teamwork approach and safety huddles
- Looking at the metrics with rigour and the cost of system failure both human and financial cost

National Staff Survey - Feedback from HR Director, Karen Charman

- The National Staff Survey is run annually
 - There was a 46% response rate (up 1% from the previous year)
 - Around the same number of people completed the survey this year as last year
 - Staff recommendation of the organisation as a place to work or receive treatment remained about the same with no more than a 2% change up or down in any of the four questions
 - As last year, we fall just below the national average in terms of overall staff engagement
 - Pleasingly we scored highly for staff feeling their role made a difference, staff being satisfied with the quality of work and care they were able to deliver, staff being satisfied with their levels of responsibility and involvement and staff motivation
 - Worryingly the Trust ranked highly for staff experiencing violence (particularly from dementia patients) and saw issues with lack of team working, staff experiencing discrimination and the quality of appraisals
- The Trust quickly shared the results in full and discussed them within teams
 - The Trust is already working on a fundamental rethink of the appraisal system
 - The Trust held behaviour workshops – looking to define 'bullying' and to set out a behaviours framework – collaborative working on this has been appreciated

Behaviours Framework:

- Care Well (we care about providing safe, compassionate and attentive services for patients and a positive working environment for our colleagues)
- Act Well (we respect the dignity and individuality of each person in our care and the professionalism and skills of our team members)
- Listen Well (we will deliver forward thinking quality services through listening to, learning from and empowering those I work with)
- There was also a new 4th category – Be Well (about listening / acting to make a difference)
- The Behaviour Framework should be built into all appraisals and the recruitment process by June

Governors' Reports

- **Community Engagement Forum** – March 2018 – The agenda for this forum was primarily finance and digital information sharing. EH advised that there is value in attending these fora.
- **Mind, Body & Soul Conference** – March 2018 – This was attended by Rob Outred; the meeting having been publicised by Nigel Boldero, governor of NSFT who attended the previous PEC meeting.
- **Environmental Report** – The Environmental Report had been taken to the Patient Experience Steering Group. Many of the actions had already been carried out by Estates and the report had been forwarded to Hotel Services to ensure all actions were reviewed / carried out as appropriate.

Terms of Reference

- The Committee reviewed and updated the terms of reference. There were no material changes.

Recommendations:

It is recommended that the Governors' Council:

- Notes the report of the Patient Experience Committee
- Reviews / ratifies the updated terms of reference (attached – Appendix 1)

Dates of next meetings: (all at 3 pm in the Conference Room)

- 28 June 2018
- 06 September 2018
- 08 November 2018
- 03 January 2019



**The Queen Elizabeth
Hospital King's Lynn**
NHS Foundation Trust

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TERMS OF REFERENCE

THE PATIENT EXPERIENCE COMMITTEE OF THE GOVERNORS' COUNCIL

Overall Purpose

To provide a mechanism for discussing and making appropriate recommendations to the Governors' Council and to the Trust's Patient Experience Steering Group on issues related to the provision of services to patients, their carers and families and the experiences gained from users of the Trust.

Key Responsibilities

- To gain an understanding of the services provided by the Trust and the issues affecting users of the Trust's services; this may include visits in accordance with the process as detailed in the attached appendix A.
- To contribute to initiatives, which enhance the patient experience.
- To be involved in discussions on ways in which improvements can be made to services as a result of feedback received from patients.
- To be involved as appropriate in interpreting and responding to the findings of national and local patient surveys.
- To promote ways in which the Trust's membership can be involved in the improvement of issues surrounding the patient experience.
- To identify FT Members to work with the Trust individually or as focus groups on patient experience initiatives.
- To nominate members to serve on the Trust's Patient Experience Steering Group.

Accountability

The Patient Experience Committee will be accountable to the Governors' Council.

The Governors' Council will approve the Committee's terms of reference – to be reviewed every two years.

The Committee will report summary activity since the last report to the Governors' Council on a quarterly basis.

The Council of Governors shall not delegate any of its powers to the Committee and the Committee shall not exercise any of the powers of the Council of Governors.

Relationships

The Patient Experience Committee will have relationships with:

The Governors' Council and the Governors
Patient Experience Steering Group
Foundation Trust Members
Non-Executive Directors
Executive Directors
HealthWatch Norfolk
The Foundation Trust Team
Patient Participation Groups

Membership

At least;

- 4 Publicly Elected Governors
- 1 Appointed Governor
- 1 Staff Elected Governor

In attendance – every meeting

- ~~(Director of Nursing)~~ **Chief Nurse / Deputy Chief Nurse (or representative)**
- **Associate Director of Patient Experience**
- Patient & Public Involvement Lead (or representative)
- FT Membership Officer

In attendance – as appropriate

Non-Executive Directors.

The Committee may invite to attend, any member of the Board of Directors or Trust staff, external advisors or members of the full Governors' Council, as felt necessary from time to time.

Chair of the Governors' Council

The Chair of the Governors' Council may attend committee meetings.

The Chair of the Governors' Council may serve as a member of the Committee.

Chair

Chair and Deputy Chair to be elected annually, by the Committee Members from among the publicly elected governors on the committee. When Chair is absent, meeting to be chaired by the Deputy Chair.

Attendance

Members are requested to give apologies to the FT Office if they are unable to attend a meeting.

Rules

- Meetings will be held at least 5 times a year. Further meetings may be called by the Chair.
- Any other business to be notified to the Committee Chair prior to the meeting.
- Agendas and papers to be published 5 working days in advance of the meeting, where possible.
- Proceedings to be minuted and separate action points recorded and circulated.
- Quorum - Chair or Deputy Chair and four Governors (5 in total).
- **A precis of** the minutes will be reported at the next Governors' Council meeting following a committee meeting.
- Meetings will be held in closed session.

Support

Support for the Patient Experience Committee will be provided by the FT team:

Author: Trust Secretary
Date: May 2016**18**
Next Review: May 2018**20**

PATIENT EXPERIENCE COMMITTEE

TERMS OF REFERENCE: APPENDIX A - Visits

To assist in fulfilling the terms of reference detailed overleaf, members of the Patient Experience Committee (PEC) may conduct visits, as appropriate, to various Trust departments. Committee members participating in visits will be required to have undergone a DBS check before the visit.

The purpose of these visits is to gain:

- an understanding of the quality and standard of patient care.
- knowledge of the provision of services in place.
- an overall impression of the environment within both hospitals, including the state of repair, cleanliness and atmosphere within individual wards/departments.

All governors will introduce themselves to the individual in charge of the ward/department and explain the purpose of their proposed visit.

Visits must be relevant and useful in respect of the work of the PEC

Information gained from the visits will be reported back to members of the PEC.

Issues arising from visits will be discussed within meetings, to allow all members of the PEC to decide if any recommendations are to be made to the Governors' Council and / or the Patient Experience Steering Group and to prioritise issues to be pursued.