

Report to:	Council of Governors	Agenda item:	11
Date of Meeting:	8 June 2017		

Title of Report:	Public Governor Member Feedback
Status:	For Information
Sponsor:	Public Governors
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Appendices	Appendix 1: Member Feedback (Dec 2016 – March 2017) Appendix 2: North Wiltshire Constituency Meeting Feedback – 24th April 2017

Purpose

To provide the Council of Governors with an overview of the feedback received from public members and the general public over the past 3 months.

Background

The report is prepared to inform the Council of Governors on the salient issues or concerns raised by the public.

Interfacing with membership

The Public Governors have not explicitly interfaced with the Membership during the past 3 months.

Public issues, ideas and concerns raised directly with the Membership Office

Public Governors have not submitted additional feedback.

A number of members have raised items with the Membership office which can be seen at appendix 1.

The North Wiltshire Governors hosted their first 2017 constituency meeting on 24th April 2017 in Chippenham. The meeting was well attended (43), and the discussion and feedback focused on “What makes a good urgent care centre”. A summary of the feedback is detailed at appendix 2 and a follow-up letter will be sent to attendees.

Following the announcement that a general election would be held on Thursday 8 June, we have entered a period of 'purdah'. NHS bodies such as CCGs and Trusts are expected to comply with election guidance issued by the Cabinet Office, which applies until the formation of a government. As a result we had to postpone the

constituency meetings that we had planned to hold in May. All members who had booked a place were contacted and informed of the postponement and all meetings have now been rearranged for June.

Recommendations

The Council of Governors is asked to note the report and pass any areas of focus to Governor Working Groups as appropriate.



Appendix 1 - Member Feedback (March 2017 – June 2017)

Estates and Facilities

Date	Member feedback / query	Member ID	Action taken	Response sent	Further action at CoG required
10/05/17	Member emailed the Membership Office after his wife had received a parking fine for being 1 minute overdue on her time.	P00005972	Complaint sent to PALS to investigate 16/05/17	Administrator responded 16/05/17 informing member that feedback had been forwarded to PALS and asked whether he wanted the matter investigated further. Member responded 16/05/17 & requested further action. Email sent to Complaints 17/05/17 to respond directly.	
02/04/17	Member left voicemail regarding people smoking outside the main entrance of the hospital.	-	Feedback passed to the Estates Team 03/04/17.		
06/03/17	Member contacted Membership Office to ask for 2 large “home produced” banners that had been placed in front of the new car park by the main entrance reading “Save the NHS” and “No privatisation” to be removed.		Issue reported to the Estates Team via telephone	Banner removed and member informed via email.	
09/02/17	Bill Aiken, Public Governor contacted the Membership		Comments passed to Head	Membership & Governance Manager responded 13/02/17 with	



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	Office asking for an update on parking issues after noting a number of complaints on his local village Facebook page.		of Security & Safety	update on the new car park, signage and payment system to post on the Facebook page. Suggested that members contact the RUH directly with any issues.	
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Communication

Date	Member feedback / query	Member ID	Action taken	Response sent	Further action at CoG required
14/03/17	Member highlighted the common use of acronyms in the Insight magazine and asked for definitions to be included to aid understanding.	-	Comments forwarded to the Communications Team 14/03/17	Communications Officer agreed to ensure that there was less use of acronyms in future editions.	
03/03/17	Member contacted the Membership Office as had received multiple copies of appointment and cancellation letters and wanted to raise the issue of paper wastage.	-	Comments passed to Deputy Divisional Manager, Surgery.	Outpatient Manager logged feedback and looked into individual case with no evidence of duplicate letters.	N/A

Services

Date	Member feedback / query	Member ID	Action taken	Response sent	Further action at CoG required
03/03/17	<p>Amanda Buss, Public Governor met with member who shared the following concerns:</p> <ul style="list-style-type: none"> • The delay in the completion of the new therapies centre would mean that provision of treatment would stop at the RNHRD. • Senior physiotherapists had resigned from the RNHRD. • Encountered issues with urology outpatient appointment being delayed. 	P00000437	<p>Comments forwarded to:</p> <ul style="list-style-type: none"> • Commercial Director • Head of Therapies • Deputy Divisional Manager, Surgery <p>07/03/17</p>	<p>Collated response sent to member 14/03/17 by the Membership Office reassuring member of the continuous provision of treatment for RNHRD patients, confirmation that vacant physiotherapist posts had been recruited to and offered to investigate appointment issues further.</p>	
22/02/17 – 10/03/17	<p>Member contacted the Membership Office to express concerns over the potential closure of the hydrotherapy pool for a week due to staffing</p>		<p>Comments passed to Head of Therapies</p>	<p>Head of Therapies spoke to the member on 10/03/17 and has arranged a meeting in April 2017.</p>	



issues as this could impact on approximately 72 patients hydrotherapy.				
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Any other comments

Date	Member feedback / query	Member ID	Action taken	Response sent	Further action at CoG required
19/04/17	Member telephoned the Membership Office asking why the Governors were not holding a constituency meeting in Shepton Mallet.	P00001448	Membership & Governance Administrator took phone call.	Feedback passed to Mendip Governors for consideration for future constituency meetings. Administrator informed the member that we hold these meetings in different locations to try and encompass all members and that the Governors had requested a meeting to be held in Frome this year. There had been two constituency meetings held in Shepton Mallet in 2016 but hadn't been to Frome since 2015.	
19/03/17	Member contacted Mike Midgely, Public Governor regarding the poor experience she had been through at the RUH with her late husband that she had previously raised with PALs, the Ombudsman and local MP.	-	Membership Manager spoke to Complaints Manager 24/03/17.	As the ombudsman had found that the Trust had followed the correct process, no further action could be taken. Mike Midgely contacted member to pass information on.	



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16/03/17	<p>Member contacted Membership Office after not receiving a response to a letter she sent following the AGM in September 2016.</p> <p>The letter included feedback to the Chairman, suggestions for improvement to the presentations at the AGM and asked a question about end of life care and assisted suicide.</p>	P00008407	<p>Comments forwarded to the Chairman and question forwarded to Lead Nurse Palliative Care and End of Life 16/03/17</p>	<p>Membership & Governance Manager logged feedback for future AGM preparation and responded to the letter on 29/03/17 with the answer regarding assisted suicide.</p>	
16/03/17	<p>Member copied Membership Team into email to Consultant at the RUH and GP asking for a suggestion of how to proceed with medical issues.</p>	P00008407	<p>No action required.</p>		
01/03/17	<p>Member contacted Mike Midgley, Public Governor asking for the number of EU and Non-EU nationals employed at the RUH.</p>	-	<p>Membership & Governance Manager responded</p>	<p>Suggested that the member requests this through the Freedom of Information (FOI) and shared the FOI email address.</p>	

Appendix 2: North Wiltshire Constituency Meeting feedback

What makes a good Urgent Treatment Centre at RUH?

- Call GP surgery to get advice and to get message re: calling 111.
- Know how big the NHS is – “stretched beyond ability”
- In the past – would speak to GP at any time – problem is what happens out of hours
- Accessibility **X3 Groups**
- Good flow of patients
- Community hospital
- Medvivo provide lots of information but none for the RUH
- Publicising of services → the RUH is well known
- Publicity
 - What services are available
 - Good and wide spread
 - Joined up thinking
 - Closer partnership working and other agencies
- Increasingly elderly population
- Parking
- Friendly and non-judgemental service
- Efficient triage of patients once only
- Caring staff
- Clean and uncluttered environment
- Clear information on waiting times
- Good signage
- Adequate staff
- Accessible for people who can't drive
- English speaking staff
- Being advertised so people are aware of the service
- How many users from bath?
- What problems do people go for so target these people to educate
- Right information available
- What about use of NHR out of hours for GP's?

How do you find out about the Urgent Treatment Centre?

- Online → good website and information
- Local surgeries
 - GP practice
 - CCG contact details
- Information in libraries
- Community hubs
- Care → coordinators
- Councils to disseminate information → links to leisure centres → local government to get involved
- Health watch
- Word of mouth
- Could neighbourhood watch include health
- Examine number of organisations and best mechanisms on how to communicate
- National “urgent care” website
- National clear communication programme so that patients understand where to go/who to contact and when
- GP websites and telephone answering service to detail what to do – 111 or urgent care
- Pharmacist and Parish Councils/Libraries/Schools can be used for National Programme
- GP surgery noticeboards
- Need to ensure procedures to be followed are the same wherever you are in the UK – otherwise it’s too confusing
- Consider credit card sized list of numbers/services for patients
- Could be advertised in GP services
- On GP phone message
- Notices in pharmacies or online
- Could advertise on the side of ambulances
- Talk to friends/family
- Local radio
- Phone 111 **X5 Groups**
- Sign post 999
- More publicity in public areas
 - Surgeries
 - Buses
 - Libraries
- Publicity in 6th Forms/Schools

What do you expect when you arrive?

- Someone to listen to you
- Know how long you've got to wait – as long as you know how long it'll be, it's okay
- Good welcome
 - Friendly
 - Nice smile
 - Basic customer service
- No delay
- RUH
 - Welcome is good
 - Quality of work is good
 - Volunteer presence is good
- Professionalism
- Being informed regularly
- Publicise waiting times of roughly how long treatment time will be
- Response to the need of treatment
- Triage system works well
- Planning of geography to help room
- Importance of the human factor
- Prompt, efficient and effective treatment
- Quick assessment on presentation and referral if necessary
- Ability to obtain prescriptions
- Clearly signposted and distinct from main ED
- English speaking staff
- Friendly service/reception
- To feel safe and secure
- To know waiting times and delays
- How many doctors are waiting there
- To have access to medical records with patients permission
- Someone to explain what the procedures are – how system works in terms of people being seen first etc.
- Welcome
- Update on timeframe if entered by 111 etc.
- The Argos treatment banner

What does a good urgent service do?

- Link transport is helpful
- Waited and seen → at 2/3 am → then wait → to get home
- Somewhere to stay the night after discharge
- Sees patients as soon as possible
- Get queries and concerns dealt with
- Good aftercare and information available online and paper copies – info to be available
- Listens to patients
- Referrals
- What are the differences between urgent care and ED
- Triage is good
- Diagnose and treat quickly
- Provide reassurance
- Clear instructions on next steps (if any)
- Use volunteers to provide company/tea and coffee or certain community services e.g. District Nurses and Daycare Centre
- Deals promptly and whole person as well as the condition
- Prescribe medication out of hours
- Reassurance and acknowledgement
- Provide the treatment you need
- GP level of service
- General nursing
- Access to diagnostics
- Provide medication
- Pharmacy open when urgent service

How do we help people have good health and well-being after they leave urgent care

- Function of society having changed
- Difficult to rely on younger relatives – who also have responsibility and live far away
- Free bus passes are helpful. Difficult when depressed and don't feel up to getting help – mixed groups are helpful for some
- Help move to stay well
- Trusted advice is important → information centre available in UCC → University of Third Age → range of groups available
- Leaflets
- How to keep healthy
- Discretion → information is key
- Promoting self-care
- General self-care → important
- “how to keep healthy”
- Working age people
- Chamber of commerce
- Libraries
- Business link
- Educating young people
- Ensure they leave with enough information on aftercare/support groups etc.
- Provide follow-up
- Good transport links
- Make sure GP received prompt update on resit and treatment plan
- Doctors to explain necessary treatment as follow up
- Advise them on how to improve their care dependant on the care required and issue they went in with
- To be receptive
- Follow up documentation/advice
- Sign post where to go next
- Adequate information and leaflets
- Healthy eating documents/signposting
- Safe spots – dementia problems
- Educate people

To help the flow through the hospital, how could we improve the discharge of medically well patients?

- Open Community hospital beds
- Rural countries → difficulties of discharging → citing not accessible
- Improve carers
 - Invest in staff
 - Increase wages
 - Make healthcare jobs desirable
- Transport is a problem
- Listen to the patients
- Social care needs improving → local authorities to be included and investing → its everyone's responsibility
- Question the Arriva contract
- Special "discharge" area away from the ward so beds are free earlier
- Less wastage and duplication of TTA's
- Less waiting around for TTA's
- Better use of info provided by residential care – use info that comes with patients when they are admitted
- Give each patient an expected discharge date as soon as they are admitted and keep in touch with patient/carer/relative/care home on this so that they can act quickly when patient is fit to go
- Money into social care and community services to assist with joined up thinking
- Staff to ask the right questions
- Leaflets for different issues and advice for various people etc.
- Somewhere else for people to go after RUH before going home
- Home carers need to be valued more
- Trained professionals to assist the move home (physiotherapist etc.)