

Quality Scrutiny Committee

Council of Governors	Item: 10
16th October 2019	Enclosure: E
Purpose of the Report:	
To provide the Council with a report on the issues to report to the Council of Governors from the meeting of the Governors' Quality Scrutiny Committee held on 9 th October 2019.	
For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input type="checkbox"/>	
Sponsor (Executive Lead):	Sally Brittain, Director of Nursing & Quality
Author:	Bonnie Green, Chair of the Governors' Quality Scrutiny Committee
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Recommendations:	
Council members are asked to note that the Quality Scrutiny Committee met on 9 th October 2019 and that the following issues were agreed to highlight to the Council of Governors:	
<ul style="list-style-type: none"> • Annual analysis of Governor Patient Feedback Reports (Sept 18 – August 2019) - report received is attached for information. • Screens in Outpatients - update • Patient Experience Annual Report • Kingston and Richmond Healthwatch Reports 	

Governors' Quality Scrutiny Committee

Analysis of Governor Desk Patient/Public Feedback: 2018/2019

Bonnie Green: Chair, Governors' Quality Scrutiny Committee

October 2019

Background

Governor Desks have two objectives: to encourage patients and the public to sign up as Trust members and to collect patient/public/carer feedback on Trust services and care. Following discussion at the Governor Membership, Recruitment and Engagement Committee in 2017, a feedback form was developed to provide Governors with a vehicle for capturing this feedback at engagement events such as the regular Governor Desks held throughout the year at different areas of the hospital. The form was first used in May 2017.

Regular Feedback Reports are presented to the Governor Membership, Recruitment and Engagement Committee (MREC) and Governor Quality Scrutiny Committee (GQSC) as well as the Patient Experience Committee. MREC receives quarterly data on number of patients etc spoken to and the number of new members recruited whilst the QSC receives quarterly reports of patient feedback. An annual analysis of the patient feedback is now presented to the October GQSC.

In early 2019 a formal process for disseminating/triangulating Governor Patient Feedback was agreed with the Director of Nursing and Quality and the Director of Corporate Governance and Company Secretary and approved by the GQSC.

It has been further proposed, and agreed, that the annual analysis would mirror where possible the same PALS and Complaints themes/issues.

2019 Analysis

This analysis is based on feedback reports covering 11 Governor Desks from September 2018 to August 2019 that took place in the following departments:

Outpatients	4
REU	2
Pain Clinic	2*
Maternity	1
Diabetes Unit	1*
Sir William Rous Unit	1

*these Governor Desks were arranged to take place over lunchtime when very few appointments were made over this period, therefore very few patients to engage with. This has had an effect on the volume of patient comments/feedback received.

NB: *Where the subject of a report/comment is deemed in need of instant attention at the time of it being received, Governors take immediate/appropriate action by reporting to/contacting an appropriate member of staff.

It represents around 180 contacts, the majority being patients or family members. 12 staff members were also engaged. It should be noted that it's not possible to give an accurate number of patients/family members engaged as this data is not always included on the feedback form so it is likely to be more than 180. Also in the reporting there has been some grouping of comments so it is difficult to identify the actual number of patients engaged.

Results

Positive

Of the approximately 180 patient/family contacts from the different departments visited, 141 (78%) gave positive and complimentary comments/feedback.

Many specifically commented on the improvements over the last few years and were very complimentary about the hospital as it is today, as well as praising all staff.

Some sample comments:

SWRU: "I can't praise it highly enough - the reason it works so well it because it is 'brilliantly run'."

Orthopaedics: "Had a very good experience in the hospital recently having had three weeks as an inpatient. The ward sister was under enormous pressure – they do an incredible job and certainly do their best. I would recommend KH to anyone."

REU: "Very happy with clinic services, never had an extensive wait. It's clean, good child activities, good service and bright clinic."

Not so positive

Of the 180 patient/family contacts from the different departments visited, 47 (26%) made not so positive comments. (Total number of comments received is greater than the number of patients/family members engaged as some made both positive and not so positive comments).

The not so positive comments generally fell into four categories: admin/appointments, communications, care/ treatment and estates (car parking). Other issues include hospital transport, pharmacy/prescribing, waiting times and staff attitude.

This is broken down as follows:

Admin/appointments	15
Care/treatment	10
Communication	5
Estates (car parking)	7

Other issues raised:

REU – difficulty hearing name called	4
REU - Waiting times	3
Hospital transport	2
Pharmacy/prescribing	2
Staff attitude	1

Examples of not so positive feedback:

1. *Orthopaedic patient waiting for physio: treatment and care very good. Had issue with appointment letter than never arrived. Was called by dept as he was registered as a DNA but he knew nothing about the appointment. He was given an emergency appointment.*
2. *Diabetic clinic: patient arrived at hospital via patient transport at 11.30 although appointment was for 14.00 - still waiting at 15.30. MRI appointment changed three times – latest appointment letter had wrong information and transport not synchronised.*
3. *REU: patient commented that they used to have an appointment and field of vision test on the same day. The consultant has now split the appointment so they have to come twice and have a long way to travel. Also they had booking problems for getting appointments so they contacted the PALS team for help. No one called back.*
4. *My operation was cancelled when I was all prepared and the anaesthetist was in attendance.*

By department

Outpatients (December, January, May, June) - 84 patients/family members engaged
50 (60%) positive comments.

Not so positive covered:

- Communications
- Care/treatment
- Admin/appointments
- Estates (car parking mostly)
- Staff attitude

For the Outpatients visits, Governors have recently begun where/when possible asking for the clinical department they are visiting. Whilst there is some feedback down to this level, to date the numbers for individual departments are low and therefore I have not included it in this report but could provide some examples if required.

REU (October and March) - 56 patients engaged.
Comments mostly positive.

Not so positive comments covered:

- Appointments/administration (10)
- Difficulty hearing name called (4)
- Waiting time (3)

Maternity Unit (April) - 17 patients/family members engaged

All positive about care received. Three negatives comments about car parking

Pain Clinic (February and August) - 10 patients engaged

8 positive comments

Diabetes Unit (July) - 3 patients engaged

Only 1 patient comment recorded; issues with appointments and hospital transport

Sir William Rous Unit (July) - 3 patients engaged

All positive about the care received. Not so positive feedback re appointments/admin

As this report is essentially focused on patient feedback, it does not include feedback given by staff or volunteers.

Finally

The volume of patient feedback in this analysis for 2018/19 is less than for 2017/18 (236 responses). However, positive comments have improved as a percentage of all comments from 56% in the 2017/18 analysis to 78% in this report but it indicates that appointment/administration continues to be the main negative issue raised by patients across the hospital.

The detail of these comments could be passed on the Outpatient Administration Steering Group to contribute to its work.