<table>
<thead>
<tr>
<th>Title</th>
<th>Feedback from Rest of England and Wales Member Survey</th>
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</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>For information.</td>
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<tr>
<td>History</td>
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</tr>
</tbody>
</table>
Feedback from Rest of England and Wales Member Survey

1. Introduction

1.1. As part of the work of the Membership Working Group, an electronic survey form was sent to all members in the Rest of England and Wales constituency who were contactable by email. The purpose was to secure feedback from members on their most recent visits to OUH hospitals, to seek feedback on member engagement activities, and to identify issues members wish their constituency Governor to raise with the Council of Governors. It also serves as a pilot for potential other, possibly regular, surveys in other constituencies.

1.2. 18 responses were received from 261 surveys sent out to those contactable by email. (The total constituency membership is 516.) This is too low a response rate for the results to be regarded as representative. The exercise is better seen as providing an opportunity for members to feed back their views and issues for the Council of Governors, and therefore a general invitation for member engagement. The feedback and views received are what members wished to convey to us.

2. Feedback from visits to OUH hospitals – what was better than expected

2.1. The following feedback points each came from more than one member:

- Excellent overall (from 6 members)
- Staff pleasant / helpful / professional (3 members)
- Waiting time was OK (from 2 members)

2.2. The following feedback points each came from one member: good to have a quiet rest period after lunch; better than the non-OUH hospital transferred from; staff positive and efficient; atmosphere good, clean and efficient; parking unexpectedly OK; accessibility of medical staff; good catering and hospitality staff; outpatient appointments quick and efficient; pleasant outpatient surroundings; excellent medical care; hospital clean and spacious; good nursing staff; staff easy to talk to; clean ward; well managed ward; food good; free blue badge parking; efficient reception.

2.3. Additional comments were that finding parking was a surprise, that catering was better at the JR than at the Churchill, and that although nursing staff were good, they were stretched. Positive quotations included: “I could not fault anything”, “it was and continues to be First Class”, “lack of knowledge of a patient’s dietary needs [elsewhere] did not happen at ORH”, “I have always found the outpatient appointments quick and efficient and the surroundings pleasant at Churchill”, “I get the very best treatment available – they have never let me down!”, “staff seem to go the extra mile”; “they saved my life”. One member said that they found OUH to be as they expected.

2.4. Four members gave the separate views of patients they were accompanying to an OUH hospital (eg a partner, relative, child or friend). One said that the patient agreed with the member’s feedback. Three gave further patient feedback: “impressed with how the system runs so efficiently and creates a stress-free environment”, “excellent staff, domestic, nursing and medical. Clean and pleasant, much more confident and inspiring than the hospital transferred from”, “nursing care generally very good”.

3. Feedback from visits to OUH hospitals – what was not as good as expected

3.1. One point came from two members: parking.
3.2. Other negative points, each from one member, were: miscommunication between senior staff and medical team over treatment; lack of heating leaving some areas cold; lack of a decent phone signal; crowded waiting room; lack of information being provided to the patient on what is happening; a patronising attitude by staff towards patients; patient’s history not being listened to leading to misdiagnosis; long wait for X-ray; poor food at Churchill; retail outlets close before the end of visiting time so cannot be accessed when visitors leave.

3.3. Additional comments were that you learn to leave 30 minutes to find a parking space, and that a lengthy waiting time to be seen caused difficulties to the long journey home as the key train time had to be missed. Negative quotations included: “usual NHS attitude to its customers – ‘it is a privilege to be here so just put up with it’”; “the parking is always a challenge”; “the food was not very good even though I saw the dietician for special meals”; “food at the Churchill is not great and catering for visitors was non-existent”; “I was not listened to [when I told them they had the history of my problem wrong]”.

3.4. Three members gave the separate views of patients they were accompanying to hospital. One said the patient agreed with what the member had fed back. Two others gave further patient feedback: “beyond expectations, no complaints”; “sometimes attracting attention from the primary nurse was difficult”.

4. Proposed changes to improve OUH services

4.1. The following proposed change came from five members:

- Improve parking

4.2. The following proposed changes each came from one member:

- Make long term parking permits obtainable at times visitors are visiting
- Improve OUH website – it is worse for accuracy and comprehensiveness of information than it was two years ago
- Appoint more radiologists
- Confirm the advice and information given to the patient at appointments with their medical professionals, in a follow up letter
- More disabled parking
- Clearer signposting at hospital sites
- Provide information on likely own waiting times following appointment arrival time
- Need to establish a non-patronising and ‘patients first’ culture
- Bookable interview times without long waiting times on arrival
- Appoint more nursing staff
- More specialist equipment on wards
- Better liaison with community services – eg over delayed discharges
- Trainee medical staff to listen more closely to patient accounts of their own history

4.3. One member gave the following account of staff/patient communication difficulties and their proposed solutions: “I’ve experienced it where I’ve had an appointment with a doctor who’s explained a procedure or results, but even when I think I’ve understood, I’ve either forgotten bits or not understood well enough to recall details later. Having good quality
diagrams rather than doctor’s drawings would help. Medical professionals being able to explain things in laymen’s terms. Plus having leaflets, but usually they’ve all gone. Confirm details in a follow up letter.”

5. Feedback on member engagement

5.1. Asked if they found the Trust’s information or events for members of interest, 16 answered ‘yes’, 1 ‘not really’. Additional comments included: “yes, very informative, well presented and interesting”; “would attend more but I am a full time carer which makes it very difficult to attend”; “can only be a good thing, but I have not yet been to any so far”; “I don’t really need it on paper as well as electronically”; “I wish my local Foundation Trust … could be as communicative and open as OUH”; “the opportunity to partake in these surveys and be privy to the discussions of the Board is fascinating and exciting”.

5.2. One proposal for future events was that as it is not easy to attend events when living at a distance, a video of speakers at events could be made available through a website.

5.3. Suggested topics of interest for future information and events were medicine as a profession, mechanisms of particular diseases such as cancer, and information on advances in osteoarthritis.

6. Matters members wish considered by the Council of Governors

6.1. Members requested the Council of Governors to consider the following matters:

- Increased parking for disabled people
- Avoiding patronising attitudes towards patients
- Ensuring trainee staff are taught to pay close attention to patients’ accounts of the history of their problem.

7. Lessons from conducting the pilot survey

7.1. The low response rate to this survey indicates that this form of engagement is best regarded as an invitation to feedback and identify issues for governors’ consideration, rather than any form of representative survey. It is however a productive means to provide an engagement opportunity to all contactable members in a constituency, particularly at a distance from Oxfordshire.

7.2. A somewhat perverse effect of the low response rate is that processing the number of responses received is a relatively manageable task.

7.3. The question format, finalised through the Membership Working Party, worked well, and can usefully be used as a template for similar exercises in other constituencies, subject to further refinement with experience.

7.4. In the light of the low response rate, the range of demographic information sought by the standard Membership Engagement Services process could be reduced.

7.5. A sufficient proportion of responses were from members accompanying someone else to hospital, to make it worth continuing the approach of asking for feedback from both the member and the person they were accompanying.

7.6. Only one response related to a child patient, even though the question format specifically allowed for members to give feedback on visits by child patients and to report the child’s
own views in addition to their own. We need to consider different or more focused exercises to secure feedback from child patients.

8. Recommendations

8.1. It is recommended that this feedback from members be noted and taken into account in future planning and training.

8.2. It is recommended that future member surveys be carried out, taking into account the experience of conducting this pilot survey.

8.3. The Council of Governors is recommended to consider the three specific matters in para 6.1 as issues raised for consideration by Trust members.

Roger Morgan
Governor, Rest of England and Wales

June 2016