

# Quarterly Patient Experience and Involvement Report

*Incorporating current Patient and Public Involvement activity and patient survey data  
received up to Quarter 3 2016/17*

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## Patient Experience and Involvement Team

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## 1. Overview of patient-reported experience at UH Bristol: update since the last Quarterly Report

Successes	Priorities
<ul style="list-style-type: none"> <li>Consistently high service-user satisfaction scores were achieved in Quarter 3, with praise for staff being the most common feedback theme. 98% of inpatients would recommend the care to their friends and family</li> <li>The Patient Experience at Heart workshops in maternity services have been shortlisted for a Health Services Journal national award. These workshops provide a forum for staff to discuss the delivery of a positive patient experience.</li> <li><i>#Conversations</i> (parent and patient engagement activities at the Bristol Royal Hospital for Children) has been shortlisted for a Patient Experience Network award</li> </ul>	<ul style="list-style-type: none"> <li>For 2017/18, the Trust has been set a challenging response rate target for the outpatient Friends and Family Test by the Bristol Clinical Commissioning Group. An options appraisal has been carried out by the Trust's Patient Experience and Involvement Team, which supports the use of an SMS (text message) based approach in this setting. This has support in principle from the Trust's Outpatient Steering Group and a funding bid has been put forward (a decision in respect of this bid is anticipated in March 2017).</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>In light of the Trust's new Quality Strategy, to enhance the collection and use of patient feedback via the procurement of a new "real-time feedback" IT system. A working group re-convened in early December 2016 to design the procurement specification. This project will move forward to a business case in April 2017, and then on to a formal tender exercise (if the current funding bid for this system is successful – a decision in respect of this bid is anticipated in March 2017).</li> </ul>	<p>The following wards received relatively low survey scores in Quarter 3 (a full exploration of these results is provided in Section 3 of the current report):</p> <ul style="list-style-type: none"> <li>Wards primarily providing care to elderly patients: there is a consistent theme of <u>relatively</u> low survey scores for these areas (although it should be noted that the feedback is still very positive). This does not correlate with other quality data received by the Division, and we continue explore the reasons why these scores are occurring.</li> <li>Postnatal wards received a relatively low Friends and Family Test score in Quarter 3. This may be linked to staffing levels on the wards in this period, as there was a high incidence of staff sickness (although these staffing levels were still within recommended limits).</li> <li>In Quarter 3, there were a cluster of low survey scores in outpatient services around informing patients of delays in clinic. This theme is the focus of a corporate quality (improvement) objective.</li> <li>Below target response rates in the Bristol Royal Hospital for Children Friends and Family Test survey (26% in Quarter 3, against a target of 30%): the Head of Nursing has discussed this with the ward teams and a positive improvement is evident in Quarter 4 to date (32%).</li> </ul>

## 2. Update on recent and current Patient and Public Involvement (PPI) Activity

### 2.1 Overview

The UH Bristol Patient Experience and Involvement Team carries out a range of activities to ensure that patients and the public influence and shape the services that the Trust provides. There are three broad areas of work in this respect:

- The corporate Patient and Public Involvement (PPI) programme (principally the Involvement Network, *Face2Face* patient interviews, Patient Experience at Heart staff workshops, and the “15 steps challenge” – see Appendix B for a summary)
- Service-level PPI activity
- Engagement with partner organisations (e.g. Healthwatch, Patient’s Association, local health and social providers)

This section of the Quarterly Report provides an update on key PPI developments/activity.

### 2.2 Corporate Patient and Public Involvement Programme

A plan of quarterly patient and public involvement projects for 2017/18 was agreed by the Patient Experience Group in December 2016:

- Quarter 1 (April-June 2017): Patient experience in care of the elderly services
- Quarter 2 (July-September 2017): exploring the theme of “customer service”
- Quarter 3 (October-December 2017): providing a positive patient experience to patients with a learning disability
- Quarter 4: “Quality Counts” – informing the Trust’s corporate quality objectives for 2018/19

Specific improvement actions will be derived from these activities, but the main aim is to produce generalisable learning that can be used across the Trust to promote the delivery of a positive patient experience. This programme will form a spine of Patient and Public Involvement (PPI) work over 2017/18, with additional PPI activity in response to issues and themes as they arise over the year.

#### 2.2.1 *Involvement Network*

In November 2016 members of the Involvement Network participated in an NHS Improvement Quality and Safety review at the Trust. These Involvement Network participants have since gone on to volunteer for the Trust’s Patient Led Assessments of the Care Environment (PLACE) inspections in 2017.

The “Quality Counts” event was held January 2017, where members of the Trust’s Involvement Network engaged with UH Bristol colleagues (including the Chief Nurse, Medical Director) to talk about the attitudes, behaviours and actions that define outstanding customer care. The ideas generated by the Quality Counts event are being used to inform the development of the Trust’s corporate quality objectives for 2017/18<sup>1</sup>.

#### 2.2.2 *Face2Face volunteer interview programme*

In a joint project between the Patient Experience and Involvement Team, the Trust’s Redevelopment Project Office, and Ecofund Partners Ltd (who worked with the Trust on the new external cladding for the Bristol Royal Infirmary), during February 2017 members of the *Face2Face* interview team talked to patients and members of

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<sup>1</sup> Corporate quality objectives are a set of Trust-wide service improvement goals.

the public about the impact the new façade to the front of the Bristol Royal Infirmary has had on their perception of the hospital. The feedback received was generally very positive, as these examples demonstrate:

“It’s so much better. I want to come here now!”

“Feels welcoming. The entrance in particular reminds me of my hospital back home (Honduras)”

### *2.2.3 Patient Experience at Heart*

Patient Experience at Heart is a facilitated workshop where maternity staff reflect on how they can deliver a positive patient experience. There are plans in place to roll this model out to “care of the elderly services” in the Division of Medicine. It was anticipated that this would take place in Quarter 3, but due to service pressures this was not possible. However, in Quarter 1 (April-June 2017) the thematic focus of the Patient Experience and Involvement Team will be on care of the elderly services (see page 3) and this will involve two Patient Experience at Heart workshops (one in April and one in June).

UH Bristol's Patient Experience at Heart workshops in maternity services have been shortlisted for the 2017 Health Services Journal Value in Healthcare Awards. A presentation will be made to the judging panel at the end of March, with the awards announced in May 2017.

### 2.3 Service-level Patient and Public Involvement activity

A wide range of PPI activity is carried out at UH Bristol and, at each meeting of the Trust’s Patient Experience Group, a Patient and Public Involvement (PPI) Activity Log is reviewed. A notable recent project involves Sexual Health Services in Bristol. This service was subject to a re-tendering exercise in 2016, with the contract awarded to UH Bristol. A number of service changes are planned and colleagues at the Bristol Sexual Health Centre have been engaging stakeholders in conversations about these proposals. This included working with Healthwatch to plan and deliver an information and consultation event at The Care Forum in December 2016. The team are also working with service users to agree the branding of the new service, which goes live on 1 April 2017.

An ongoing series of patient and family engagement events at the Bristol Royal Hospital for Children (#Conversations), led by the management team and staff with support from the Trust’s Patient Experience and Involvement Team, has been shortlisted for a national award by the Patient Experience Network.

### 2.4 Engaging with partner organisations

As noted in the previous Quarterly Report, Healthwatch Bristol carried out an “enter and view” of inpatient areas at South Bristol Community Hospital in October 2016. In general positive feedback was received:

*“Inpatient wards 100 and 200 at South Bristol Community Hospital are to be commended for providing a friendly, caring, clean and functional environment for stroke and rehab’ patients to recover in. It was clear that the staff team were happy in their work, treated well by UHB and dedicated to aiding patient recovery. Patients and visitors said very complimentary things about the staff team.”*

(Healthwatch, South Bristol Community Hospital enter and view report, December 2016)

Several improvement opportunities were identified by Healthwatch. In respect of clinical care, these included:

- A review of staffing levels to ensure that there are enough nurses on the ward, and the employment of a “floating” member of the nursing team who can be assigned to different inpatient areas depending on need
- Closer liaison with social care to ensure timely discharge from hospital

Reassurance has been provided to Healthwatch that at least daily reviews of staffing levels are carried out to ensure these are at safe / recommended levels. A “floating” member of staff is already employed in the capacity described above. In terms of discharge from hospital, Healthwatch were advised that a “discharge hub” is in operation that brings together staff from UH Bristol, Bristol Community Health and Bristol City Council, to ensure that care packages and onward arrangements for patients are coordinated effectively.

Most of the recommendations from Healthwatch focussed on non-clinical aspects of care. In particular, it was highlighted that many inpatients at South Bristol Community Hospital have relatively long stays for rehabilitation, so it is important to ensure that they have access to magazines, activities, and the hospital café. It is recognised that there are opportunities to improve in this respect and so a review of non-clinical care at the hospital will take place in Quarter 1 2017/18.

The Trust’s Patient Experience Group received South Bristol Community Hospital’s full response to the Healthwatch enter and view in February 2017, and will monitor progress against the resulting actions.

### **3. Patient survey data**

#### **3.1 Trust-level patient reported experience**

The Trust’s Patient Experience and Involvement Team is also responsible for measuring patient-reported experience, primarily via the Trust’s patient survey programme<sup>2</sup>. This ensures that the quality of UH Bristol’s care, as perceived by service-users themselves, can be monitored on an ongoing basis to ensure that high standards are maintained. It should be noted that the postal survey methodology changed in April 2016, to provide the data a month earlier than had previously been the case: this appears to have had a marginally positive effect on the scores, so caution is needed in directly comparing 2016/17 data with previous years<sup>3</sup>. The key messages from Quarter 3 are:

- All of the UH Bristol’s Trust-level patient survey measures remained above target - demonstrating the continued provision of a high quality inpatient and outpatient experience (Charts 1-6).
- UH Bristol has a contractual obligation with the Bristol Clinical Commissioning Group to meet specified Friends and Family Test response rate targets. In Quarter 3 the Trust continued to meet these response rate targets (Charts 7-9). However, for the inpatient and day case element of this survey, these rates had started to decline to be just above target by the end of the Quarter. The Heads of Nursing have therefore

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<sup>2</sup> A description of the key Trust surveys is provided in Appendix B. The headline metrics that are used to track patient-reported experience are: being treated with kindness and understanding, the inpatient and outpatient trackers (which combine several scores across the surveys relating to cleanliness, respect and dignity, communication, and waiting times), and the Friends and Family Test score. The postal survey target thresholds are set to detect a deterioration of around two standard deviations below the Trust’s average (mean) score, so that these measures can act as an “early warning” if the quality of patient experience significantly declines, and action can be taken in response.

<sup>3</sup> In light of these increases in the scores, a review of the target thresholds will be conducted in Quarter 4 with a view to increasing the minimum target thresholds from 2017/18. It is important to note that in survey terms these effects are marginal: even discounting the inflationary effect of these changes, at a Trust level we would not be scoring below our target levels. The effects at Divisional and site level have yet to be analysed however and the effects may be more marked at this level: an analysis will be carried out by the Patient Experience and Involvement Team in Quarter 4 to assess this.

reminded their teams about the importance of this feedback process and we expect to see an improvement in these rates as a result.

- As noted in previous Quarterly Reports, it has not been possible to set a target FFT score for the Emergency Department Friends and Family Test so far in 2016/17 (Chart 5). This is because of the ongoing trialling of different approaches to collecting feedback in this setting, including cards, touchscreen and more recently SMS (text message). These methods have varying effects on the score, making it difficult to set an appropriate minimum target score. It seems likely that the current mixed-methods model will be the adopted approach going forward and therefore it should be possible to set a minimum threshold for these scores during early 2017/18.

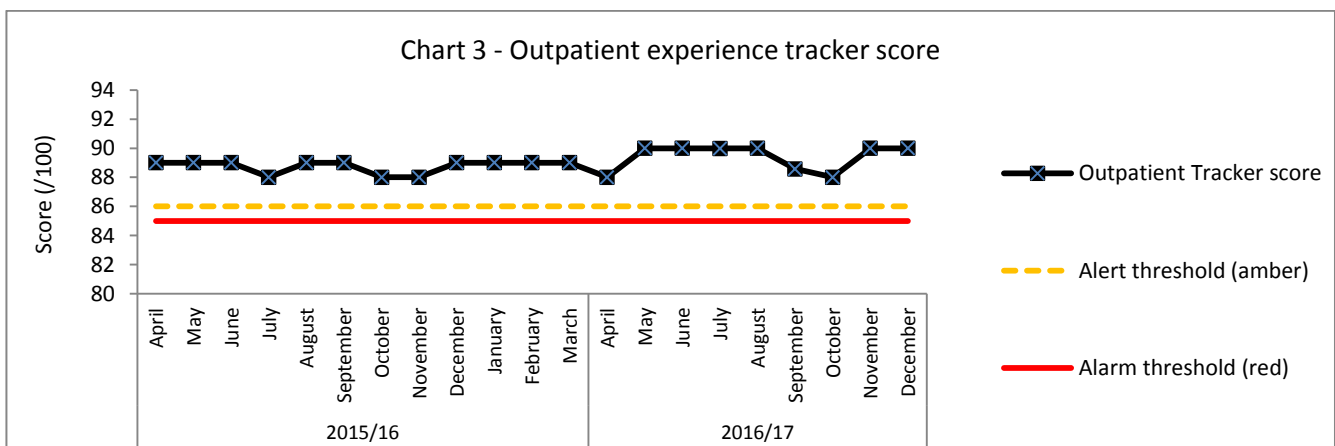
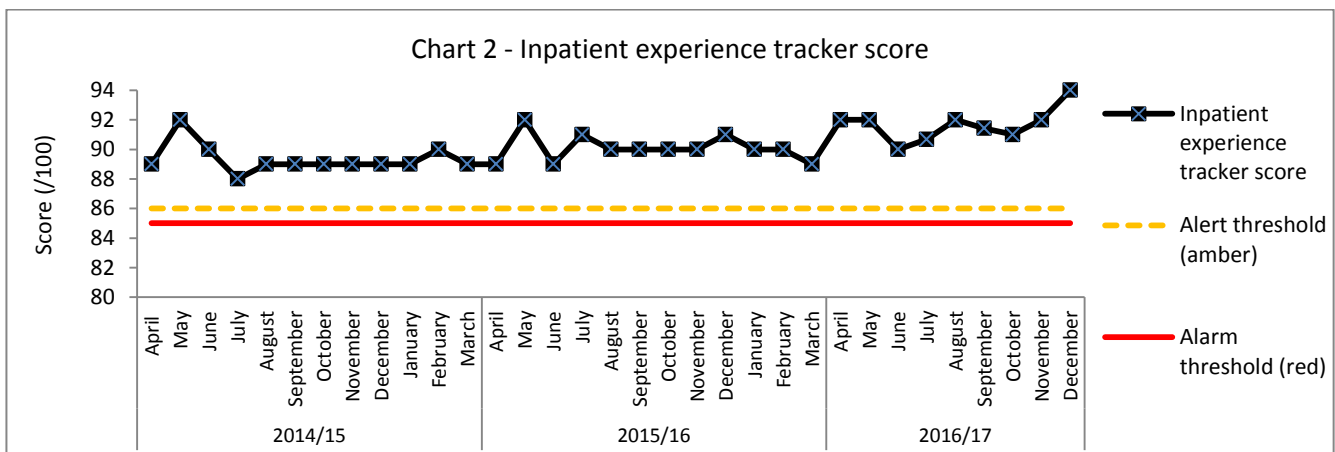
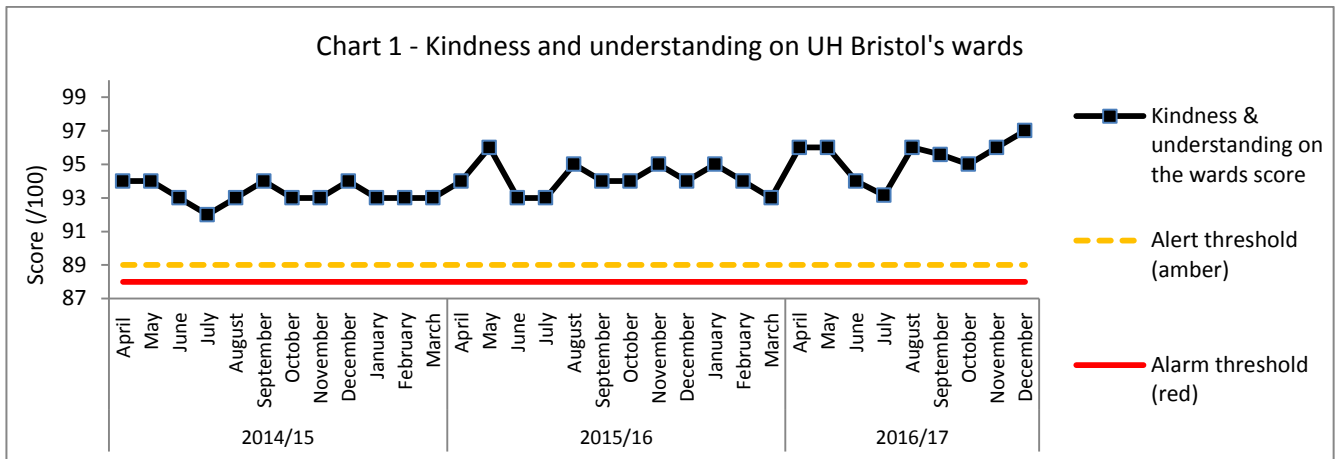


Chart 4 - Friends and Family Test Score - inpatient and day case

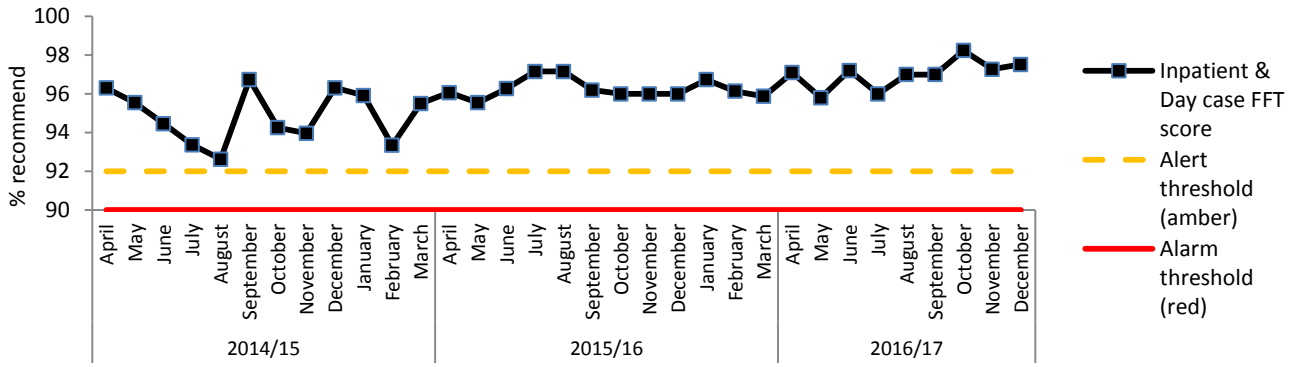


Chart 5 - Friends and Family Test Score - Emergency Department

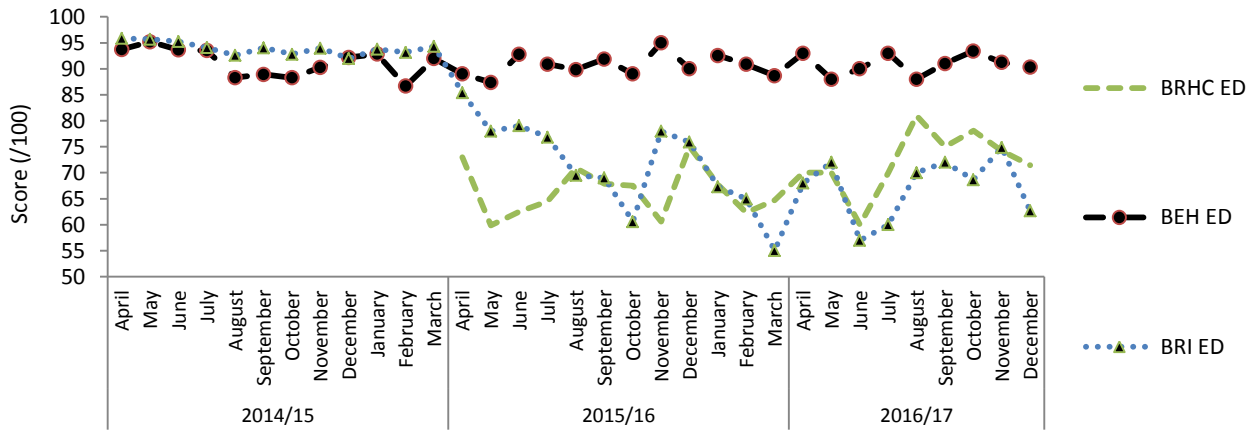


Chart 6 - Friends and Family Test Score - maternity (hospital and community)

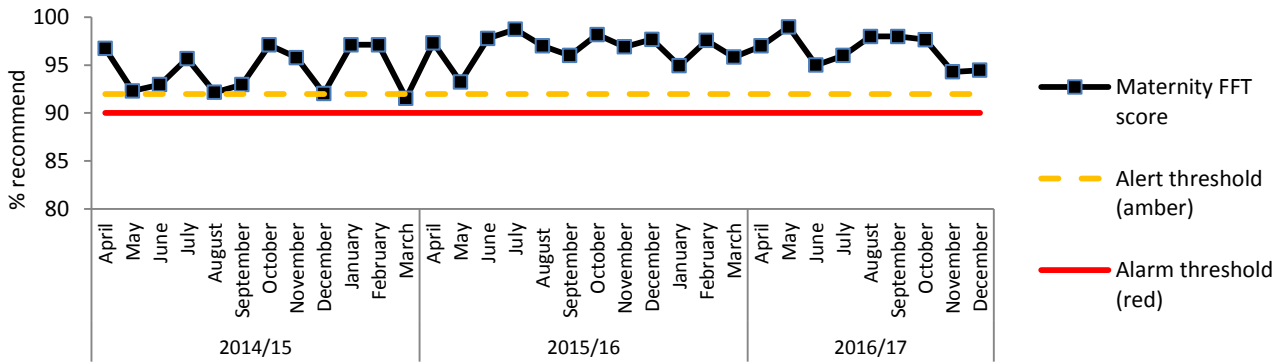


Chart 7: Friends and Family Test Response Rates (inpatient and day case) 2015/16

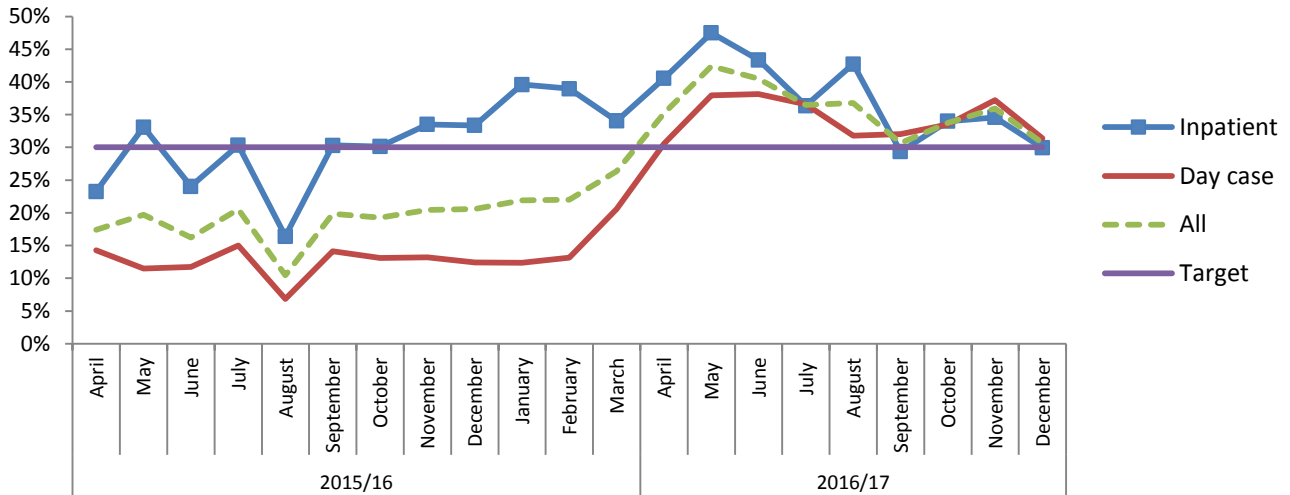


Chart 8: 2015 /16 Friends and Family Test Response Rates (maternity combined)

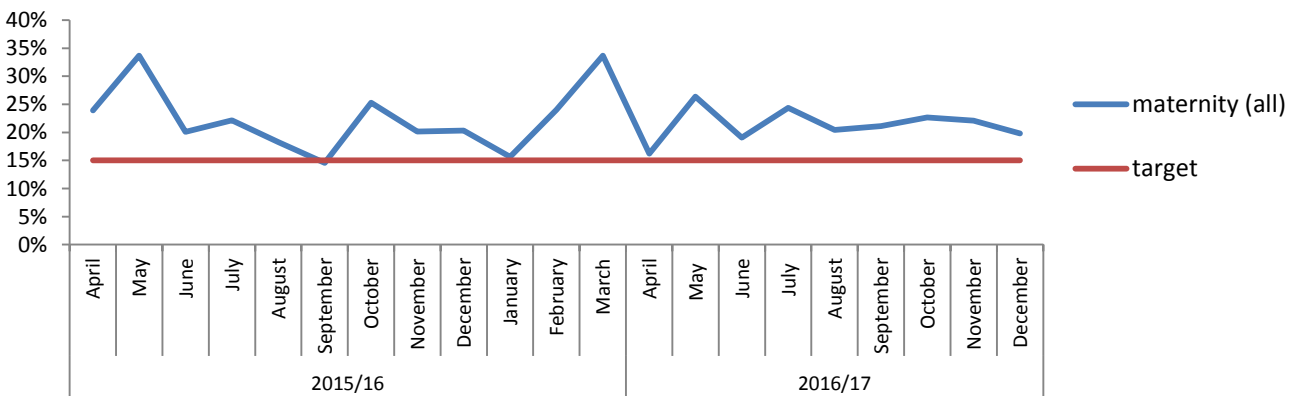
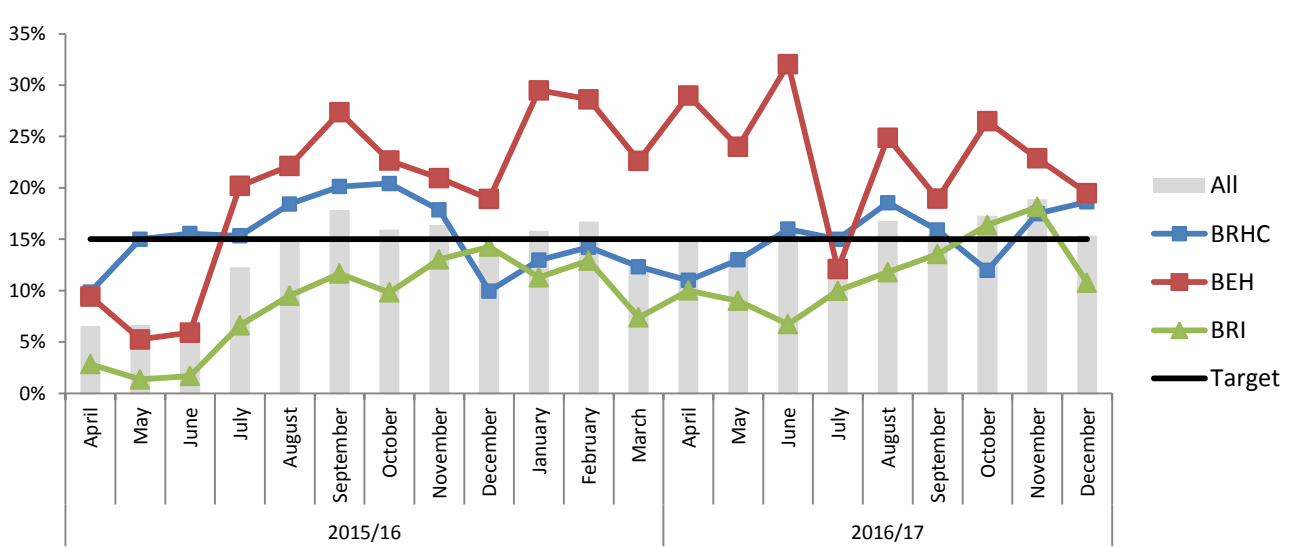


Chart 9: 2015/16 Friends and Family Test Response Rates (Emergency Departments)



(Key: BRI = Bristol Royal Infirmary; BEH = Bristol Eye Hospital; BRHC = Bristol Royal Hospital for Children; ED = Emergency Department)



## 3.2 Divisional, hospital and ward-level patient-reported experience

### 3.2.1 Themes arising from free-text comments

**Table 1:** Quarter 3 themes arising from free-text comments in the patient surveys (the comments are taken from the Trust’s postal survey programme, unless otherwise stated)<sup>4</sup>

	<i>Theme</i>	<i>Sentiment</i>	<i>Percentage of comments containing this theme</i>
Trust (excluding maternity <sup>5</sup> )	Staff	Positive	69%
	Staff	Negative	9%
	Communication/information	Negative	9%
	Food/catering	Negative	9%
	Waiting / delays	Negative	5%
Division of Medicine	Staff	Positive	68%
	Information/communication	Negative	10%
	Staff	Negative	10%
Division of Specialised Services	Staff	Positive	65%
	Staff	Negative	13%
	Food/catering	Negative	12%
Division of Surgery, Head and Neck	Staff	Positive	71%
	Staff	Negative	12%
	Communication/information	Negative	9%
Women's and Children's Division (excluding Maternity)	Staff	Positive	74%
	Staff	Negative	14%
	Communication/information	Positive	11%
Maternity	Staff	Positive	61%
	Care during labour and birth	Positive	22%
	Staff	Negative	11%
Outpatient Services	Staff	Positive	60%
	Waiting/delays	Negative	11%
	Environment/facilities	Negative	10%
Accident & Emergency Services (sample of 350 Friends and Family Test cards)	Staff	Positive	73%
	Waiting	Positive	23%
	Waiting	Negative	16%

At the end of the Trust’s postal survey questionnaires, respondents are invited to comment on any aspect of their stay. The themes from these comments are provided in Table 1 (above). By far the most frequent type of feedback is praise for staff. Key improvement themes focus on communication, staff behaviour and waiting times. Although these categories do not directly overlap with the way that the Trust classifies complaints, there are similarities between these issues and themes seen in the complaints data (see accompanying Quarterly Complaints Report).

<sup>4</sup> The percentages shown refer to the number of times a particular theme appears in the Quarter 3 free-text comments. As each comment often contains several themes, the percentages in Table 1 add up to more than 100%. “Sentiment” refers to whether a comment theme relates to praise (“positive”) or an improvement opportunity (“negative”).

<sup>5</sup> The maternity inpatient comments have a slightly different coding scheme to the other areas, and maternity is not part of the outpatient survey due to the large number of highly sensitive outpatient clinics in that area of care.

Hospital food regularly features as a “top five” negative comment in our inpatient postal survey. This is a relatively divisive issue for patients: a clear majority (64%) rate the food as very good or good, but clearly people who do not like the food feel strongly enough to raise this as an improvement concern in a written comment. The Patient Experience and Involvement Team recently carried out an in-depth analysis of our survey data relating to hospital food and insights from this will inform a forthcoming tender exercise for the Trust’s food service contract.

The Patient Experience and Involvement Team have carried out a thematic analysis of a large sample of Friends and Family Test comments from each of UH Bristol’s Emergency Departments received in Quarter 3 (Table 1)<sup>6</sup>. It is encouraging to note that the great majority of comments (73%) contain praise for staff. Perhaps surprisingly, positive comments about waiting times (i.e. the waiting times was short and / or acceptable) easily outnumbered negative comments about waits. A positive development in this respect in Quarter 3, was the installation of new signage in the Bristol Royal Infirmary Emergency Department. These signs, developed by the Design Council, convey information to patients / visitors about what happens at each stage of the “emergency department experience”, to ensure people are aware of why they are waiting and what will happen next.

### *3.2.2 Survey scores at Division and site level*

Charts 10-20 provide a view of patient-reported experience at UH Bristol, from a Division to ward-level. Please note that the margin of error gets larger as the data is broken down and so the Trust alert / alarm threshold shown on the charts is only a guide at this level (at a ward level in particular it becomes important to look for consistent trends across more than one of the surveys). The full Divisional-level inpatient and outpatient survey question data is provided in Tables 2 and 3 (pages 16-18).

The Friends and Family Test (FFT) score for postnatal wards was relatively low in Quarter 3 (Charts 12 and 13). The FFT is a useful rapid-time feedback tool, but caution should be applied in using this as a robust measure of patient experience (particularly as none of the other postnatal survey scores showed this decline). However, in the comments received via the Trust’s monthly maternity postal survey, there was a notable increase in the number of respondents commenting negatively about staffing levels on postnatal wards (Table 1 / page 9). The Head of Midwifery has reviewed this data and confirmed that November and December were a very busy period and unfortunately this also coincided with a relatively high level of staff sickness. Staffing levels remained within recommended limits, but it is possible that this negatively affected the survey data. A recent assessment of the maternity work force was carried out and showed higher than recommended levels of full-time staff in the maternity department, but that the relative proportion of unregistered to registered staff was higher than recommended. This analysis is currently being finalised in conjunction with the Finance Department and once completed will be shared with Divisional leads for further discussion.

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<sup>6</sup> This was based on the Friends and Family Test cards completed in the Emergency Department, as the “written” comments received via the SMS and touchscreen elements of this survey are of relatively low data quality.

Chart 10 - Kindness and understanding score - Last four quarters by Division (with Trust-level alarm limit)

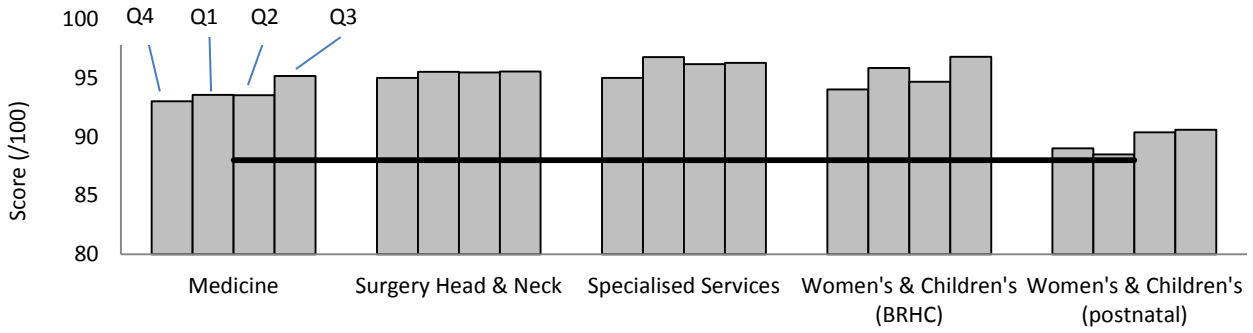


Chart 11 - Inpatient experience tracker score - Last four quarters by Division (with Trust-level alarm limit)

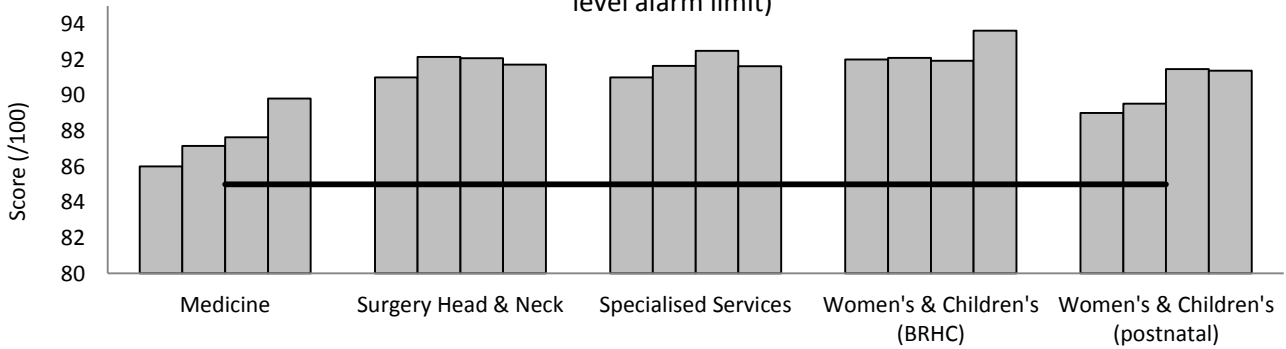


Chart 12 - Inpatient Friends and Day Case Family Test score - last four quarters by Division (with Trust-level alarm limit)

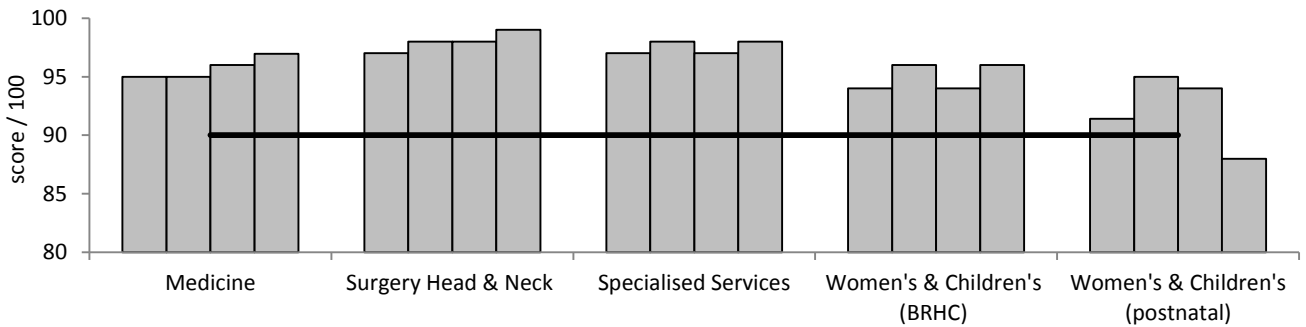


Chart 13 - Outpatient experience tracker score by Division - with Trust-level alarm limit

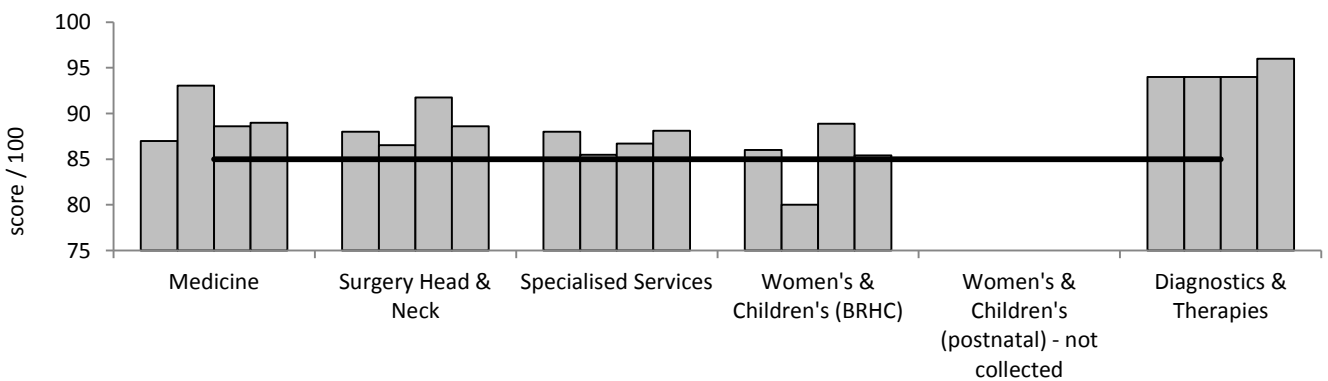


Chart 14: Kindness and understanding score by hospital (last four quarters; with Trust-level alert limit)

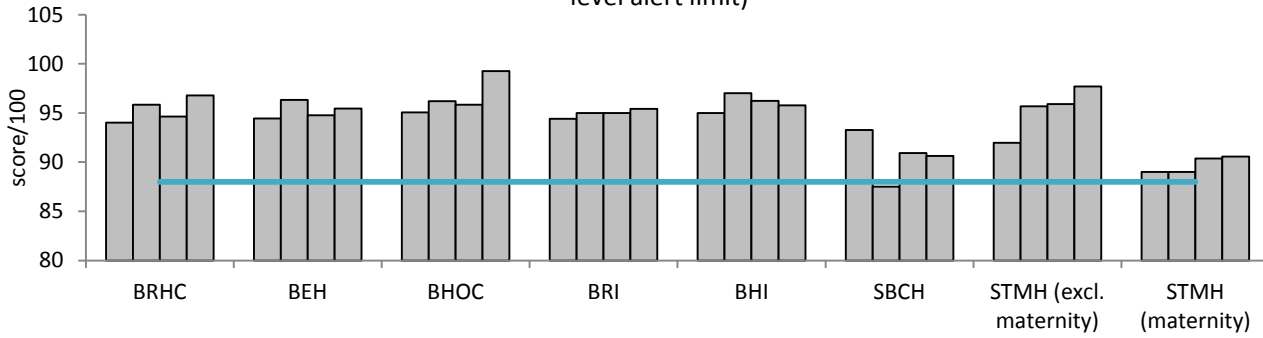


Chart 15: Inpatient experience tracker score by hospital (last four quarters; with Trust-level alarm limit)

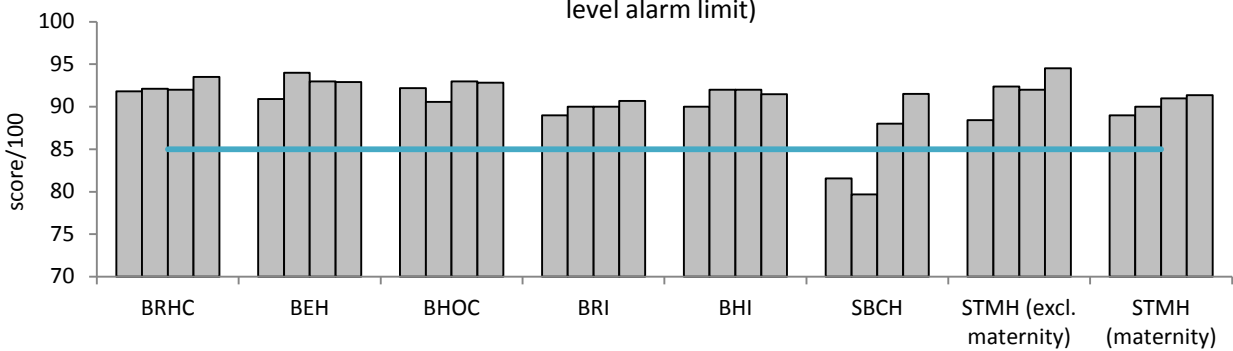


Chart 16: Inpatient and day case Friends and Family Test score (last four quarters; with Trust-level alarm limit)

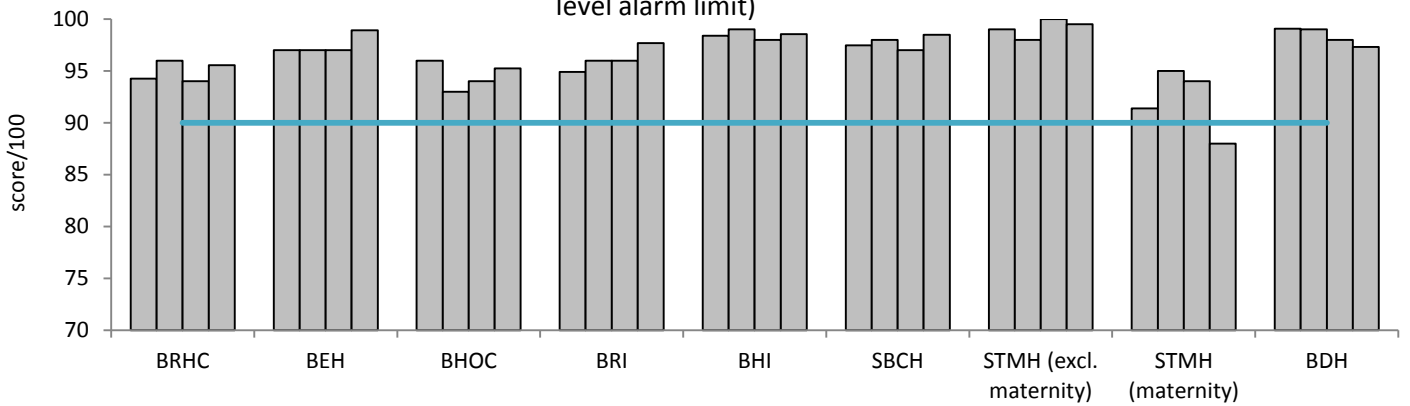
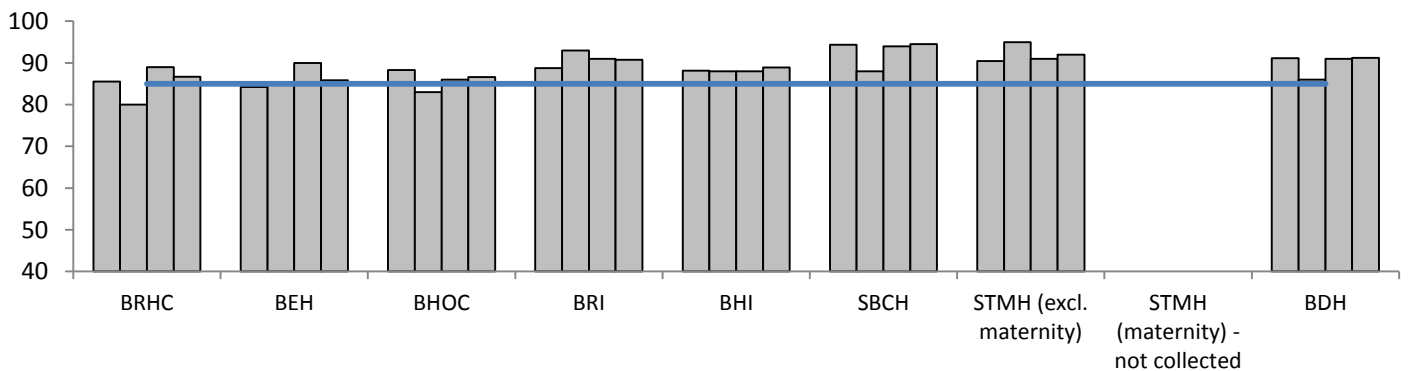


Chart 17: Outpatient experience tracker score by hospital (with Trust-level alarm limit)



### 3.2.3 Survey scores at ward level

Ward 38A at the Bristol Royal Hospital for Children had a relatively low Friends and Family Test score in Quarter 3 (Chart 20). This is an unusual result for this ward and further analysis suggests that it is primarily an artefact of the FFT scoring methodology: in Quarter 3 the ward received 19 FFT responses, with 84% of respondents saying they would be likely or extremely likely to recommend the care (the Trust's target "recommend" level is 90%). The main reason for the low score was that two parents ticked "don't know" and one ticked that they were neither "likely nor unlikely to recommend". So there were no negative responses as such, but some responses weren't explicitly positive and unfortunately these are counted as negatives in the FFT score calculation. The comments received for 38A in this period were universally positive and the scores from our more robust postal surveys were also within the expected range (Charts 18 and 19). Nevertheless, there are always opportunities to improve patient and family experience and Ward 38A are currently working towards the "You're Welcome" accreditation<sup>7</sup>. This is based on a framework developed by the Department of Health to assess how young person friendly acute hospital services are. It is expected that Ward 38A will achieve this accreditation in March 2017.

As noted in previous Quarterly Patient Experience and Involvement reports, care of the elderly services tend to receive relatively low patient survey ratings compared to other areas of the Trust (though it is important to note that these ratings are still almost always very positive in themselves). In Quarter 3, wards A400, C808 and A528 all appeared as negative outliers (Charts 18-20). It has been difficult to understand these results because they do not correlate with other performance and monitoring data that the Division collects (including visits to these areas to assess the quality of care). The working hypothesis is that these scores are a realistic reflection of the challenges in caring for patients who have complex health / social care needs, which are often accompanied by a cognitive impairment. We continue to test this hypothesis, for example by inviting Healthwatch to carry out an "enter and view" of South Bristol Community Hospital, and the Patient Experience and Involvement Team's focus on care of the elderly services in Quarter 1 (see Section 2 of the current report) will be a further opportunity to do this.

Ward A605 is the Division of Medicine "delayed discharge ward". This was a notable outlier in the Trust's inpatient experience tracker in Quarter 3 (Chart 19). It is acknowledged that providing a positive patient experience in this context is challenging, however the Division are carrying out / planning a number of improvements to this ward, including:

- A Nursing Assistant is now working during the middle of the day, whose role includes providing activities to patients (e.g. painting, walking group, reading dementia club)
- Volunteers are now used to support patients at meal times. Further volunteering opportunities are being developed around providing purposeful activities for patients
- A book trolley has been introduced to the ward
- A small seating area has been put in place on the ward to allow patient to rest away from the bed area
- The ward team are working with dieticians with a view to providing coloured crockery for patient mealtimes

The Division of Medicine consistently achieves relatively low survey scores around telling patients information about operations / procedures (Table 2, page 16). This result has been difficult to interpret because the Division does not routinely perform these types of clinical intervention. The Patient Experience and Involvement Team has therefore carried out a detailed analysis of this data and shared it with the Division. Few Division of Medicine

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<sup>7</sup> <https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>

respondents answer this survey question, which in itself can skew the data<sup>8</sup>, but the exception here is Ward A515 (acute stroke care). Further discussion with the ward suggests that this might be understood in the context of patients often coming into the ward soon after having a suspected stroke: this tends to involve intensive clinical interventions / tests and it is easy to imagine that whilst clinically necessary, this experience could feel overwhelming. The Ward Sister will share this result with the ward staff to remind them that, wherever possible, the purposes of any tests should be clearly explained to the patient before they are carried out. Opportunities to further explore this issue with patients are being discussed with the Stroke Clinical Nurse Specialist (e.g. using the *Face2Face* volunteer team) and will be incorporated into the Quarter 1 focus on care of the elderly services.

The Division of Medicine also received a relatively low score around ensuring patients were told who to contact if they had concerns after leaving hospital. An analysis of this data shows a large disparity between the highest and lowest performing wards on this measure and this has been shared with these wards as a point of learning.

A cluster of low survey scores are present in the outpatient survey data (Table 3), relating to ensuring patients are kept informed about delays in clinic, either via a member of staff or an information board (ideally both). The Trust recognises these issues and ensuring that patients are kept informed of delays is currently a corporate quality objective, which means that it is a key focus of improvement for the Trust during 2016/17 (a separate report about progress against these objectives is provided to the Trust Board each quarter). For example, standardised clinic information boards have now been implemented in a large number of outpatient departments. Alongside this, a Standard Operating Procedure associated with keeping the information on the boards up to date has been reviewed and re-circulated to clinics. It should be noted that whilst the Diagnostics and Therapies Division doesn't generally have information boards in place (hence their particularly low survey score on this question), relatively few of their patients report delays in clinic.

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<sup>8</sup>The data also suggests that many of the Division of Medicine patients who do answer this question aren't following the questionnaire routing correctly, which would ask them to skip this question if they didn't have an operation or procedure: the exception again being ward A515.

Chart 18: Kindness and understanding score by inpatient ward, with Trust level alarm limit

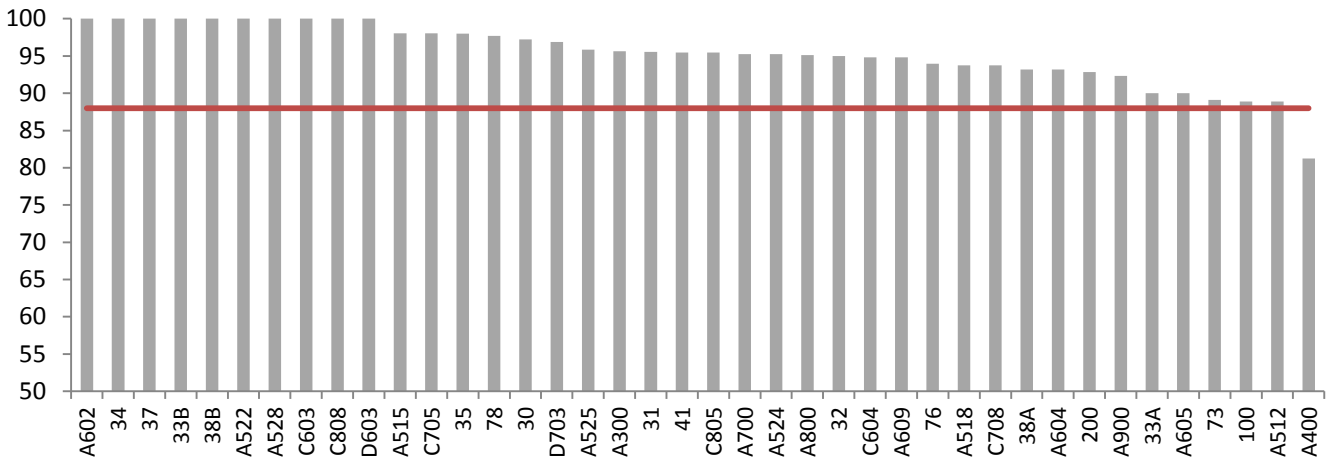


Chart 19: inpatient experience tracker score by inpatient ward, with Trust level alarm limit

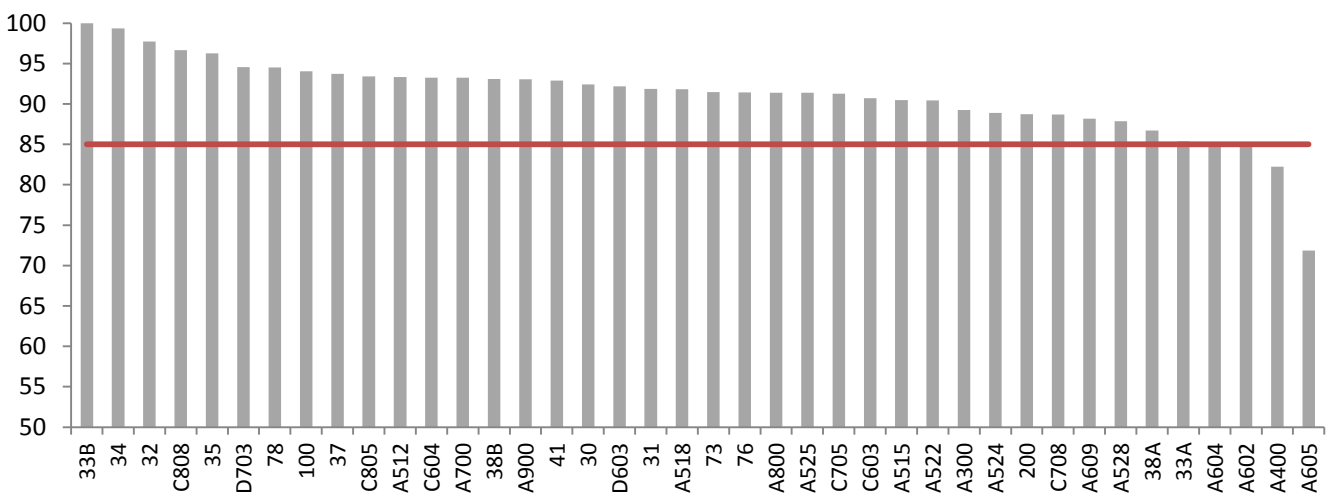
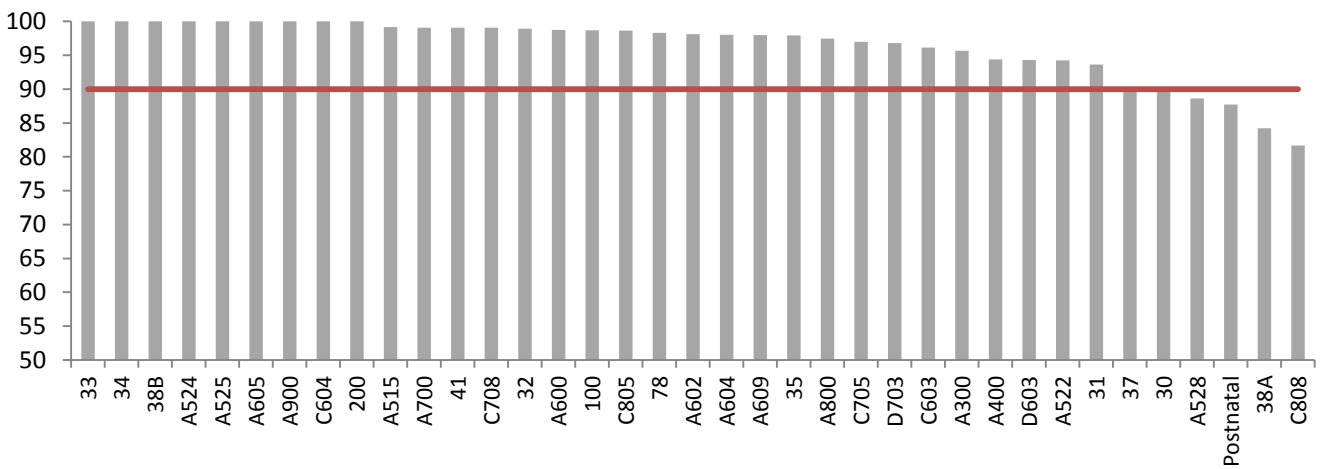


Chart 20: Friends and Family Test score by inpatient ward, with Trust-level alarm limit



(Please note that as per NHS England guidelines the Friends and Family Test data is reported at "postnatal ward" level and is not split down into wards 73 and 76).

**Table 2:** Full Quarter 3 Divisional scores from UH Bristol’s monthly **inpatient** postal survey (cells are highlighted if they are 10 points or more below the Trust score). Scores are out of 100 unless otherwise stated – see appendices for scoring mechanism. Note: not all inpatient questions are included in the maternity survey.

	<b>Medicine</b>	<b>Specialised Services</b>	<b>Surgery, Head &amp; Neck</b>	<b>Women's &amp; Children's</b>	<b>Maternity (postnatal wards)</b>	<b>Trust (excl. Maternity)</b>
Were you given enough privacy when discussing your condition or treatment?	92	93	95	92		93
How would you rate the hospital food?	67	62	63	64	57	63
Did you get enough help from staff to eat your meals?	91	91	83	81		87
In your opinion, how clean was the hospital room or ward that you were in?	95	95	96	94	93	95
How clean were the toilets and bathrooms that you used on the ward?	92	90	93	91		91
Were you ever bothered by noise at night from hospital staff?	78	81	86	82		83
Do you feel you were treated with respect and dignity by the staff on the ward?	97	97	97	97	92	97
Were you treated with kindness and understanding on the ward?	95	96	96	97	91	96
Overall, how would you rate the care you received on the ward?	88	91	91	92	86	91
When you had important questions to ask a doctor, did you get answers that you could understand?	85	91	90	93	89	90
When you had important questions to ask a nurse, did you get answers that you could understand?	89	89	89	94	93	90
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	74	76	78	82	78	77
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	85	88	86	91	88	87
Were you involved as much as you wanted to be in decisions about your care and treatment?	83	86	86	91	90	86



	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Maternity (postnatal wards)	Trust (excl. Maternity)
Do you feel that the medical staff had all of the information that they needed in order to care for you?	88	91	89	92		90
Did you find someone on the hospital staff to talk to about your worries or fears?	69	74	78	82	85	76
Did a member of staff explain why you needed these test(s) in a way you could understand?	84	86	86	92		86
Did hospital staff keep you informed about what would happen next in your care during your stay?	80	85	84	88		84
Were you told when this would happen?	81	83	81	84		82
Beforehand, did a member of staff explain the risks/benefits in a way you could understand?	80	92	94	95		93
Beforehand, did a member of staff explain how you could expect to feel afterwards?	70	73	80	84		78
Were staff respectful of any decisions you made about your care and treatment?	90	94	94	95		94
During your hospital stay, were you ever asked to give your views on the quality of your care?	27	32	29	34	31	30
Do you feel you were kept well informed about your expected date of discharge from hospital?	78	81	87	89		84
On the day you left hospital, was your discharge delayed for any reason?	62	57	67	65	65	63
Did a member of staff tell you about medication side effects to watch for when you went home?	52	53	67	66		60
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	67	81	82	92		81
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	89	92	90	92	91	91
Sample size (number of respondents)	218	428	505	252	205	1608

**Table 3:** Full six-monthly Divisional-level scores from UH Bristol's monthly **outpatient** postal survey (cells are highlighted if they are 10 points or more below the Trust score). Scores are out of 100 unless otherwise stated – please see appendices for scoring mechanism.

	Diagnostic & Therapy	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Trust
Were you given a choice of appointment date and time?	86	64	88	63	45	72
Was the appointment cancelled and re-arranged by the hospital?	96	93	95	95	98	95
When you contacted the hospital, was it easy to get through to a member of staff who could help you?	75	58	60	55	81	64
When you arrived at the outpatient department, how would you rate the courtesy of the receptionist?	87	85	87	85	85	86
Were you able to find a place to sit in the waiting area?	100	99	99	99	96	99
In your opinion, how clean was the outpatient department?	94	93	94	94	92	94
How long after the stated appointment time did the appointment start?	95	70	68	73	57	74
Were you told how long you would have to wait?	52	31	35	21	36	32
Were you told why you had to wait?	63	53	56	54	63	56
Did you see a display board in the clinic with waiting time information on it?	22	57	53	35	45	43
Did the health professional have all of the information needed to care for you?	93	86	96	91	90	92
Did he / she listen to what you had to say?	99	97	97	97	95	97
If you had important questions to ask him / her, did you get answers that you could understand?	94	92	93	90	93	93
Did you have enough time to discuss your health or medical problem?	93	93	94	91	90	92
Were you treated with respect and dignity during the outpatient appointment?	99	98	97	97	98	98
Overall, how would you rate the care you received during the outpatient appointment?	100	98	99	99	96	99
If you had any treatment, did a member of staff explain any risks and/or benefits in a way you could understand?	91	88	88	92	88	90
If you had any tests, did a member of staff explain the results in a way you could understand?	78	89	73	76	90	79
Did a member of staff tell you about medication side effects to watch for when you went home?	67	79	63	59	75	67
How likely are you to recommend the outpatient department to friends and family if they needed similar care or treatment?	94	90	92	93	90	92
<b>Total responses</b>	<b>83</b>	<b>88</b>	<b>114</b>	<b>90</b>	<b>47</b>	<b>422</b>

#### 4 Specific issues raised via the Friends and Family Test in Quarter 3

The feedback received via the Trust's Friends and Family Test is generally very positive. Table 4 provides an overview of activity that has arisen from the relatively small number of negative ratings, where this rating is accompanied by a specific, actionable, comment from the respondent.

**Table 4:** Divisional response to specific issues raised via the Friends and Family Test in Quarter 3, where patients / parents stated that they would not recommend the care provided by UH Bristol

Division	Area	Issue raised	Response
Medicine	BRI Emergency Department (ED)	Sending me home in the rain to walk 5/6 miles after a TIA and rheumatoid arthritis	Unfortunately hospital transport is only available to patients requiring ambulance transport on discharge from the hospital. Patients are offered to use the telephone to arrange a lift with friends and family. There is a taxi service available to patients at their expense from the Emergency Department (ED) and a hospital bus service. We are sorry if this was not explained to this patient and will remind our staff to ensure this happens.
	BRI Emergency Department	7 hours in the corridor before being seen by a doctor with no proper monitoring is not good at all. It was also not nice as I was put next to a dead person on a trolley.	We are sorry that the patient experienced a long delay in the corridor. Unfortunately the demands on our services mean that we do have to care for patients in a corridor until space in a clinical area becomes available. The trust is working on a variety of models to improve the capacity and flow issues faced by patients coming in to our hospitals. We have investigated the comment and have been unable to identify the event described: patients who have died in the ED are cared for in manner to maintain their privacy and dignity, which is done behind a curtained off area if the side room is not available at the time.
	BRI Emergency Department	Lack of first aiders, I collapsed twice in the waiting area and twice I vomited and twice it was fellow patients who came to my aid.	A triage nurse is available to make early assessments of patients and manage any patients in the waiting room, and the ED receptionists can escalate any concerns to the medical and nursing team in the ED. This comment will be shared with the team to as a point of learning.
	100	Personally I didn't enjoy my stay but not because of the staff they were fantastic but the environment wasn't. I was bored with nothing to do.	Following the recent Healthwatch enter and view at South Bristol Hospital ( <i>where ward 100 is situated</i> ), which raised similar points, we will carry out a review meeting to discuss the issues raised, including the potential to increase activities available to patients.
	C808	Came in to find my mum on the floor, and at night the bed buzzer was pressed and 35 minutes later her son had to go find someone and only found two nurses for the whole ward.	We are very sorry to hear about this experience and have shared it with the ward staff: the patient should not have had to wait this long for a response. There are currently five nurses on at night, but they may be behind curtains or in the single side rooms delivering personal care and therefore may not be visible at all times. Patients who are at high risk of falling are in bays where enhanced supervision takes place.

Division	Area	Issue raised	Response
Medicine (continued)	A300	Some staff singing loudly nearby which is really not OK when trying to comfort an end of life patient. Ward noisy, side room should be standard requirement. No privacy.	It is usually our practice for end of life patients to stay in side rooms, but unfortunately on occasions this cannot be accommodated if the cubicles are required for patients needing isolation. The unit is often noisy due to the large amount of admission and transfers that the unit does 24 hours a day. The staff will be spoken to about singing.
	A300	Ward freezing not offered gown despite requesting. Left to wear day clothes overnight like tramp. Confused old lady shouted at by orderly until I complained at 1 am.	The heating in AMU is an ongoing issue and has been raised with the Facilities and Estates department. The heating system was reviewed by Facilities and Estates in November 2016. The contractor (Laing O'Rourke) visited the ward in early February 2017 to identify potential solutions.
	A300	It would have been really helpful to be given an induction to the ward sheet eg. visiting times, name of ward, telephone and the fact that children can't visit.	All patients on the ward should be given a leaflet about the unit. Staff will be reminded to do this.
Surgery, Head and Neck	Bristol Eye Hospital Emergency Department (ED)	Magazines were quite limited - OK if you like caravans and camping!	The department relies on magazine donations. The Senior Sister will investigate if any newsagent would be willing to donate to the department.
	Bristol Eye Hospital ED	Seats facing away from staff who call number that is collected at reception. It is extremely difficult to hear staff call and I am not elderly I am 45-55!	The seats are facing the TV to provide patients with a more pleasant waiting experience. We are that some of our patients are hard of hearing and walk around the waiting area to call / look for them. This comment has been shared with our staff as a reminder to do this.
	Bristol Eye Hospital ED	There is no indication of waiting time. I understand that this is difficult but if I knew how many people are before me, I could go to buy sandwiches for example.	We do try to keep patients informed at all stages of the flow through ED. The sister/staff in the department will make announcements if particularly busy and we have a yellow board explaining the running of an ED. Unfortunately the number of people in front of someone is not a predictor of waiting times.
	A604	noise at night.	The Division is exploring using a pop up board to identify when patients are sleeping. We are looking to purchase a "hearing ear" that lights up depending on the level of noise within the clinical area. The use of ear plugs and their availability is also being explored.
	A700	My only concern was that no one could find me a bible!	We have clarified the process of obtaining Bibles with the Chaplaincy Team and this information has been shared with the ward team

Division	Area	Issue raised	Response
Bristol Royal Hospital for Children	Emergency Department	Blood on the bed which my four year old touched. How could it not be cleaned?	This has been fed back to the care team and cleaners in the Emergency Department as a point of learning.
	CIU	Two similar comments in October relating to communication about appointments and test results	<p>We are sorry that these families experienced these difficulties. We have not been able to identify these patients to properly investigate / review their experience. Our clinic staff do not recall this as a widespread issue at the time and, as there has not been a consistent trend following these two comments, it seems to have been a temporary problem.</p> <p>The nurse on duty, that we believe was at this clinic at this time, has now left the Trust. In order to ensure that we have a more reliable audit trail in the future, the nurse in charge has asked the team to record any delayed appointments or cancellations on the Trust's risk management system (Datix).</p>
	30A	1) Playroom was shut as no play therapist - surely we can supervise our own children without play therapist. Children could have done with this. 2) Why does it take so long for drug delivery - can't we go to pharmacy ourselves rather than wait 3 hours on ward.	<p>Unfortunately not all parents supervise their children if there isn't a therapist present, which due to the location of the playroom is a safety concern. The ward have created activity trolleys on the ward which contain toys and craft activities for patient to use at any time.</p> <p>The nurses on the ward need to give advice and go through the medications with the parents before discharge. We proactively try to organise medications before the day of discharge, to enable a quick and effective discharge. We are sorry that this respondent experienced a long wait.</p>
Maternity	Ward 73	Mixed experience, no formal introduction to the ward so did not know where toilet and baby room was and did not get breakfast until 11am. Catheter was removed 2-3 hours after advised which meant I could not look after baby.	We are sorry that this patient did not have a formal introduction to the ward: the maternity service normally performs comfort rounds four times a day to make sure that all women have been shown where the toilets, dining room etc are on the ward and are informed about meal times. The ward sisters will re iterate to the staff the importance of this. In addition, a new Welcome Guide is being developed specifically for Maternity services. We are unsure why this lady's catheter was removed later than expected and are sorry for any distressed caused. Having a catheter in situ should not impair the ability to care for a baby, and the ward sister will ask staff to ensure this is discussed with women who have a catheter.
	Ward 76	Spouse cannot stay overnight.	From January 2017 the maternity service is officially launching spouses/partners staying on the post natal wards.

Division	Area	Issue raised	Response
Specialised Services	C705	The nursing care was excellent, but the noise in the ward was unbearable at times. 2 patients suffering from dementia. One in the next bed kept me awake all night. Feel exhausted and annoyed no provision made to keep them quiet.	These comments will be shared with the ward. Staff encouraged to review situations such as this and try to move patients into appropriate areas to facilitate rest.
	D703	Many staff do not understand what is needed for sickle cell care. Even after telling the staff over and over.	A sickle cell CNS has been recently employed and will be delivering and supporting new staff with education.
	D603	The room was too hot, the night staff also noisy when doing their ward round. The washing facilities are outdated compared to D703.	Comments will be shared with the team so that they can be more aware of noise levels. The Division are currently exploring options to update the décor in D603 and aim to progress these in 2017.

## 5 Update on key issues identified in the previous Quarterly report

Previous Quarterly Patient Experience reports identified various issues relating to survey scores that required further attention. Table 5 provides a summary and update on these issues.

**Table 5:** update on key issues identified in the previous Quarterly Patient Experience report

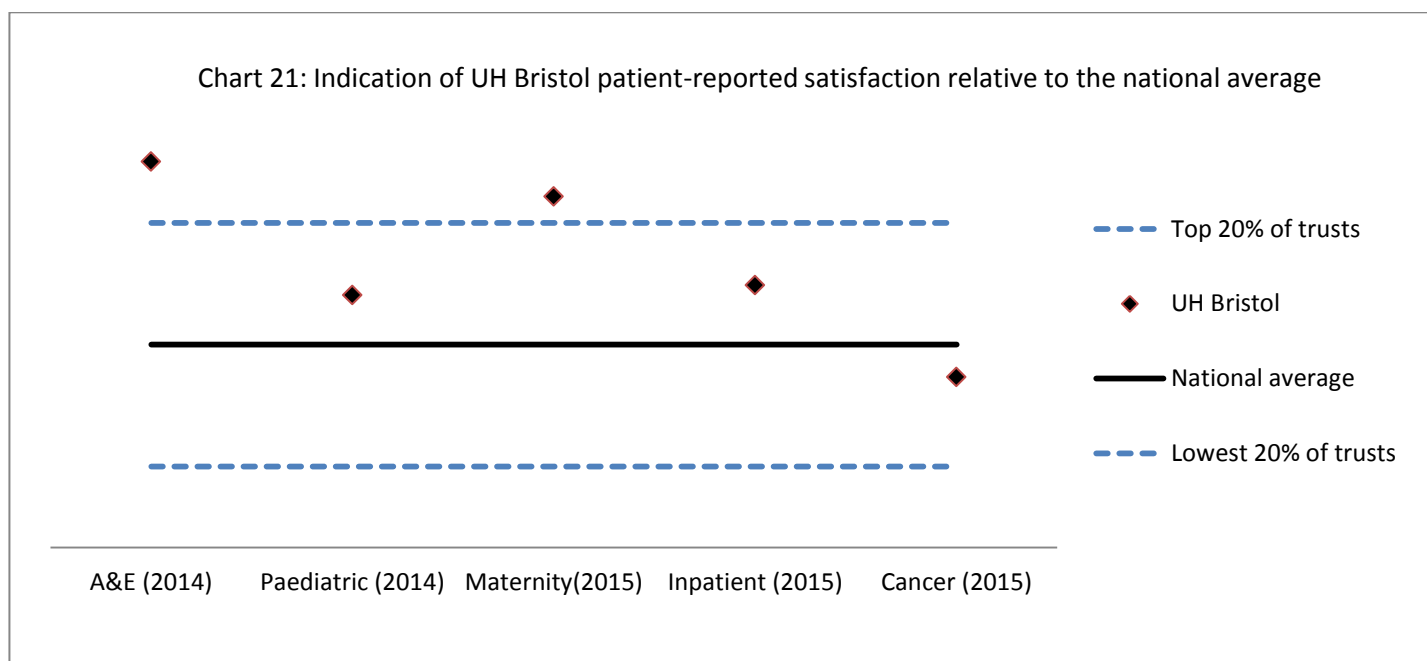
<i>Issue / area</i>	<i>Main action(s) cited</i>	<i>Outcome</i>
Low survey scores on Ward 38b (paediatric neurology).	A member of the LIAISE Team to visit Ward 38b and talk to parents about their levels of satisfaction with their experience, and identify improvements where necessary. This action is from Quarter 4 2016/7, but was delayed due to ward moves.	This visit took place in February 2017. An immediate “quick win” was identified and as a result the ward now has a portable hoist. However, these initial conversations with families suggested that there are a number of improvement opportunities. Further visits from LIAISE, this time with the Matron, are planned for Quarter 1 17/18, to fully understand these issues and develop an appropriate response.
Relatively low survey scores in South Bristol Community Hospital and care of the elderly wards	Healthwatch South Bristol Community Hospital enter and view in October 2016	The enter and view was carried out and a summary of findings is presented in the current report. The outcomes / actions will be monitored by the Patient Experience Group
Outpatient Friends and Family Test response rate	To explore funding for an SMS based solution to increasing the outpatient Friends and Family Test response rate, in line with 2017/18 commissioning contractual requirements	This funding bid has been submitted and is being considered. We expect the outcome to be determined in March 2017.
Patient Experience at Heart workshops in care of the elderly wards	To carry out these patient-focussed workshops with members of staff in the service during Quarter 2/3 2016/17.	As noted in the current report, staffing pressures mean that this has not taken place. However, it will be incorporated into the Quarter 1 focus on care of the elderly services.

<i>Issue / area</i>	<i>Main action(s) cited</i>	<i>Outcome</i>
Setting a minimum target score for the Emergency Department Friends and Family Test	As new methodologies continue to be trialled in this setting, with varying effects on the scores, it has not been possible to set a target threshold	With the successful introduction of SMS surveying in the Bristol Royal Hospital for Children and Bristol Royal Infirmary Emergency Departments, we anticipate that it will be possible to set a target during Quarter 1 2017/18.
Ward 37	Relatively low survey scores for this ward in Quarter 2. These were explored by the Division but could not be triangulated with other quality data. It therefore appeared to be a “statistical blip”.	The scores are now within the expected range. They will continue to be monitored by the Patient Experience and Involvement Team, but it does appear that they were a statistical blip.
Ward A400	Lowest kindness and understanding score in Quarter 2.	The ward continued to achieve low scores in Quarter 3. However, the Division have reviewed this data and it does not triangulate with other quality metrics. The Trust’s Patient Experience Team Manager and Head of Nursing visited the ward together in February 2017 to discuss the results, but it is still not clear why they are occurring. A400 will be included in the focus on care of the elderly services in Quarter 1
Ward C808	Lowest inpatient tracker score in Quarter 2.	As discussed in the current report, the survey results for care of the elderly services are consistently lower than the “Trust average”. This will be the focus of Patient and Public Involvement activity in Quarter 1
Develop a timetable of Patient and Public Involvement activity for 207/18.	To develop a core quarterly activity schedule.	This has been done and approved by the Patient Experience Group. Details are provided in the current report. Outcomes will be reviewed by the Patient Experience Group and summarised in forthcoming Quarterly Patient Experience and Involvement Reports.

## 6 National Patient Surveys

The Care Quality Commission’s (CQC’s) National Patient Survey programme is a mandatory survey programme for acute English trusts. It provides a robust national benchmark against which the patient experience at UH Bristol can be compared to other organisations. Chart 21 provides a broad summary of the Trust’s position<sup>9</sup>. The Trust Board receives a full report containing an analysis of each national survey and UH Bristol’s response to these results (see Appendix A for a summary).

There have been no further national survey results since the last Quarterly Patient Experience and Involvement Report was published and therefore Chart 21 is provided for information only.



<sup>9</sup> It is difficult to directly compare the results of different surveys, and also to encapsulate performance in a single metric. Chart 21 is an attempt to do both of these things. It should be treated with caution and isn’t an “official” classification, but it is broadly indicative of UH Bristol’s performance relative to other trusts.



**Appendix A: summary of national patient survey results and key actions arising for UH Bristol (note: progress against action plans is monitored by the Patient Experience Group)**

<i>Survey</i>	<i>Headline results for UH Bristol</i>	<i>Report and action plan approved by the Trust Board</i>	<i>Action plan review</i>	<i>Key issues addressed in action plan</i>	<i>Next survey results due (approximate)</i>
2015 National Inpatient Survey	61/63 scores were in line with the national average. One score was below (availability of hand gels) and one was (privacy when discussing the patients treatment or condition)	July 2016	Six-monthly	<ul style="list-style-type: none"> <li>• Availability of hand gels</li> <li>• Awareness of the complaints / feedback processes</li> <li>• Asking patients about the quality of their care in hospital</li> </ul>	July 2017
2015 National Maternity Survey	9 scores were in line with the national average; 10 were better than the national average	March 2016	Six-monthly	<ul style="list-style-type: none"> <li>• Continuity of antenatal care</li> <li>• Partners staying on the ward</li> <li>• Care on postnatal wards</li> </ul>	January 2018
2015 National Cancer Survey	45/50 scores were in line with the national average; one score was above the national average (being assigned a nurse specialist); four were worse (related to holistic care)	September 2016	Six-monthly	<ul style="list-style-type: none"> <li>• Support from partner health and social care organisations</li> <li>• Providing patients with a care plan</li> <li>• Coordination of care with the patient's GP</li> </ul>	September 2017
2014 National Accident and Emergency surveys	33/35 scores in line with the national average; 2 scores were better than the national average	February 2015	Six-monthly	<ul style="list-style-type: none"> <li>• Keeping patients informed of any delays</li> <li>• Taking the patient's home situation into account at discharge</li> <li>• Patients feeling safe in the Department</li> <li>• Key information about condition / medication at discharge</li> </ul>	August 2017
2015 National Paediatric Survey	All scores in line with the national average, except one which was better than this benchmark	November 2015	Six-monthly	<ul style="list-style-type: none"> <li>• Information provision</li> <li>• Communication</li> <li>• Facilities / accommodation for parents</li> </ul>	November 2017
2011 National Outpatient Survey	All scores in line with the national average	March 2012	n/a	<ul style="list-style-type: none"> <li>• Waiting times in the department and being kept informed of any delays</li> <li>• Telephone answering/response</li> <li>• Cancelled appointments</li> </ul>	No longer part of the national programme

## Appendix B – UH Bristol corporate patient experience programme

The Patient Experience and Involvement Team at UH Bristol manage a comprehensive programme of patient feedback and engage activities. If you would like further information about this programme, or if you would like to volunteer to participate in it, please contact Paul Lewis (paul.lewis@uhbristol.nhs.uk) or Tony Watkin (tony.watkin@uhbristol.nhs.uk). The following table provides a description of the core patient experience programme, but the team also supports a large number of local (i.e. staff-led) activities across the Trust.

Purpose	Method	Description
<i>Rapid-time feedback</i>	The Friends & Family Test	Before leaving hospital, all adult inpatients, day case, Emergency Department patients, and maternity service users should be given the chance to state whether they would recommend the care they received to their friends and family.
	Comments cards	Comments cards and boxes are available on wards and in clinics. Anyone can fill out a comment card at any time. This process is “ward owned”, in that the wards/clinics manage the collection and use of these cards.
<i>Robust measurement</i>	Postal survey programme (monthly inpatient / maternity surveys, annual outpatient and day case surveys)	These surveys, which each month are sent to a random sample of approximately 1500 patients, parents and women who gave birth at St Michael’s Hospital, provide systematic, robust measurement of patient experience across the Trust and down to a ward-level. A new monthly outpatient survey commenced in April 2015, which is sent to around 500 patients / parents per month.
	Annual national patient surveys	These surveys are overseen by the Care Quality Commission allow us to benchmark patient experience against other Trusts. The sample sizes are relatively small and so only Trust-level data is available, and there is usually a delay of around 10 months in receiving the benchmark data.
<i>In-depth understanding of patient experience, and Patient and Public Involvement</i>	Face2Face interview programme	Every two months, a team of volunteers is deployed across the Trust to interview inpatients whilst they are in our care. The interview topics are related to issues that arise from the core survey programme, or any other important “topic of the day”. The surveys can also be targeted at specific wards (e.g. low scoring areas) if needed.
	The 15 steps challenge	This is a structured “inspection” process, targeted at specific wards, and carried out by a team of volunteers and staff. The process aims to assess the “feel” of a ward from the patient’s point of view.
	Involvement Network	UH Bristol has direct links with a range of patient and community groups across the city, who the Trust engages with in various activities / discussions
	Focus groups, workshops and other engagement activities	These approaches are used to gain an in-depth understanding of patient experience. They are often employed to engage with patients and the public in service design, planning and change. The events are held within our hospitals and out in the community.

The methodology for the UH Bristol postal survey changed in April 2016 (inclusive), and so caution is needed in comparing data before and after this point in time. Up until April 2016, the questionnaire had one reminder letter for people who did not respond to the initial mail out. In April we changed the methodology so that the questionnaire had no reminder letters. A larger monthly sample of respondents is now taken to compensate for the lower response rate that the removal of the reminder letter caused (from around 45% to around 30%). This change allowed the data to be reported two weeks after the end of month of discharge, rather than six weeks. It appears to have had a limited effect on the reliability of the results, although at a Trust level they are perhaps marginally more positive following this change (these effects will be reviewed fully later in 2016/17, and the target thresholds adjusted if necessary). The survey remains a highly robust patient experience measure.

### Appendix C: survey scoring methodologies

#### Postal surveys

For survey questions with two response options, the score is calculated in the same way as a percentage (i.e. the percentage of respondents ticking the most favourable response option). However, most of the survey questions have three or more response options. Based on the approach taken by the Care Quality Commission, each one of these response options contributes to the calculation of the score (note the CQC divide the result by ten, to give a score out of ten rather than 100).

As an example: Were you treated with respect and dignity on the ward?

	Weighting	Responses	Score
Yes, definitely	1	81%	$81 * 100 = 81$
Yes, probably	0.5	18%	$18 * 50 = 9$
No	0	1%	$1 * 0 = 0$
<i>Score</i>			<i>90</i>

#### Friends and Family Test Score

The inpatient and day case Friends and Family Test (FFT) is a card given to patients at the point of discharge from hospital. It contains one main question, with space to write in comments: How likely are you to recommend our ward to Friends and Family if they needed similar care or treatment? The score is calculated as the percentage of patients who tick “extremely likely” or “likely”.

The Emergency Department (A&E) FFT is similar in terms of the recommend question and scoring mechanism, but at present UH Bristol operates a mixed card and touchscreen approach to data collection.