

Quarterly Patient Experience and Involvement Report

*Incorporating current Patient and Public Involvement activity and patient survey data
received up to Quarter 4 2016/17*

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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"> Consistently high service-user satisfaction scores were achieved in Quarter 4. For example, 98% of inpatients would recommend the care to their friends and family The Trust met all of its Friends and Family Test response rate targets in Quarter 4 Praise for UH Bristol staff remains by far the most frequent form of feedback received from patients 	<p>For 2017/18, the Trust has been set a 6% response rate target for the outpatient Friends and Family Test by the Bristol Clinical Commissioning Group. To achieve this it will be necessary to survey in the region of 20,000 outpatients <i>per month</i>. An options appraisal supported the introduction of a proactive SMS (text message) based approach, operating alongside existing feedback methods (e.g. card, e-kiosk, online and telephone). The new SMS survey commenced in April 2017. The response rate for April did not meet the target (3.5%, up from 1.9% in March), but this was primarily because a number of days were “lost” due to bank holidays and a relatively late start to the survey whilst operational details were finalised. The survey went fully live in May 2017 and the target was exceeded during this month (7.6%). This survey process will continue to be evaluated / refined so that it consistently delivers the required response rate.</p>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Trust funding has been secured to deliver a real-time feedback system at UH Bristol. The system will have the ability to collect feedback and send email alerts where a respondent states that they require a response. The system will also serve as a reporting hub for staff to better utilise the wealth of feedback that is already collected in the Trust. A formal procurement process will take place over the summer of 2017. A Trust corporate quality objective for 2017/18 will focus on instilling consistently positive “customer service” at UH Bristol. A staff workshop on this theme was successfully held in April, building on a similar stakeholder event in January. The outcomes from these workshops are currently being developed to form specific work streams. 	<p>The following wards received relatively low survey scores in Quarter 4 (a full exploration of these results is provided in Section 3 of the current report):</p> <ul style="list-style-type: none"> Ward C808 (care of the elderly) had the lowest score across the headline survey measures. It has been a consistent feature of the survey data that care of the elderly areas tend to attract lower patient experience scores. This has led to additional analysis and exploration of the data, which suggests that the scores are a realistic reflection of the challenges of caring for patients (and being a patient / carer) in this setting - rather than a reflection of the quality of care being provided. To further test this theory, in Quarter 1 the Patient Experience and Involvement Team are carrying out a range of patient / family feedback activities on care of the elderly wards. Ward A602 (trauma and orthopaedics) had relatively low scores on two key survey measures. This was an unusual result for this ward, further analysis did not identify any specific improvement issues, and the number of complaints actually fell over this period. The most likely explanation at present is that this was a statistical “blip”, but the ward Sister has been alerted to the result and the score will continue to be monitored to look for any consistent trend.

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

2.1 Overview

A range of activities are carried out at UH Bristol 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 carried out by the Trust's Patient Experience and Involvement Team (principally the Involvement Network, *Face2Face* patient interviews, Patient Experience at Heart staff workshops, and the "15 steps challenge" – see Appendix B for a summary)
- Engagement with partner organisations, principally through the Patient Experience and Involvement Team (e.g. Healthwatch, Patient's Association, local health and social providers)
- Service-level PPI activity

This section of the Quarterly Report provides examples of some of the PPI developments/activity that have recently been carried out.

2.2 Update on current corporate Patient and Public Involvement activity

2.2.1 *Quarter 1 focus on care of the elderly wards*

A plan of quarterly patient and public involvement themes 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

The Quarter 1 focus care of the elderly is well underway. Over 50 patient / family / carer interviews have been carried out by the *Face2Face* interview team. An initial review of feedback from the interviews suggests that experiences of care are positive. A "patient experience at heart" staff workshop has also been carried out to explore the consistent delivery of a positive patient experience in this context. The next stage is to utilise the Trust's Involvement Network for a discussion on this topic. The results of this activity will be analysed in June 2017. A summary of outcomes and resulting actions will be provided in the next Quarterly Patient Experience and Involvement Report.

2.2.2 *Customer service*

Delivering a consistently positive customer service at UH Bristol is a key theme in the Trust's Quality Strategy (2016-20). In January 2017, the Trust's "Quality Counts" event brought together a range of stakeholders (including the Involvement Network, Healthwatch, and Trust Governors) to discuss customer service in an acute hospital setting. In April 2017 a similar workshop was carried out for UH Bristol staff and was also attended by a customer service expert from the private sector. The outcomes from this work are currently being analysed and will be the subject of a Trust quality improvement objective during 2017/18. In Quarter 2, the Patient Experience and Involvement Team will further explore this topic with patients as part of the focus on customer service (see above).

2.3 Engaging with partner organisations

2.3.1 Translating and interpreting services at UH Bristol

Representatives from the Trust's Patient Experience and Involvement Team attended a stakeholder meeting in March to discuss the provision of British Sign Language interpreting services in hospital. The meeting also included representatives from the Bristol City Council Sensory Impairment team, patient advocates, interpreters, Healthwatch Bristol, North Bristol NHS Trust and Sign Solutions Ltd (who provide British Sign Language interpreters to UH Bristol and North Bristol Trust). A range of issues were discussed that relate to developments being taken forward by the Trust in 2017/18, including:

- Ensuring that patients who require access translating and interpreting services have a flag on their Medway patient record to reflect this need
- Establishing new feedback systems for patients who access language interpreting services
- Exploring the use of video British Sign Language interpreting for use via ward / department iPads

2.3.2 Bristol Clinical Commissioning Group – Respiratory pathway interviews

At the request of the Bristol Clinical Commissioning Group, during May 2017 a member of UH Bristol's *Face2face* volunteer interview team talked to patients in the Trust's respiratory clinics about their experiences of NHS respiratory care. This insight will be used by the Clinical Commissioning Group to inform a new model of respiratory care across Bristol, North Somerset, and South Gloucestershire.

2.3.3 Bristol City Council Overview and Scrutiny Committee visits

Members of the Bristol City Council People's Scrutiny Committee were invited by the Trust to visit the paediatric cardiac service (in February 2017) and the Bristol Eye Hospital (April 2017). These visits offer committee members a further understanding of how UH Bristol functions, in order to support their scrutiny role over local health and social care services. The Trust was thanked by the visiting members for being proactive in providing these opportunities and the insight that they provide.

2.4 Service-level Patient and Public Involvement activity

2.4.1 Hospital food / food service staff workshop

In March, 38 staff from a range of roles attended a Nutrition and Hydration Study day at the Trust. The morning of the workshop explored how patient experience during mealtimes could be improved, including around breakfast provision and ensuring protected mealtimes are adhered to. The afternoon session focused on learning about different special dietary needs patients may have. This included a visit from the Trust Iman, Rafiqul Alam, who talked to the group about the religious basis for the Halal diet and heard about how the Trust ensures that patients can follow a Halal diet in hospital.

2.4.2 Spiritual and Pastoral Care Strategy

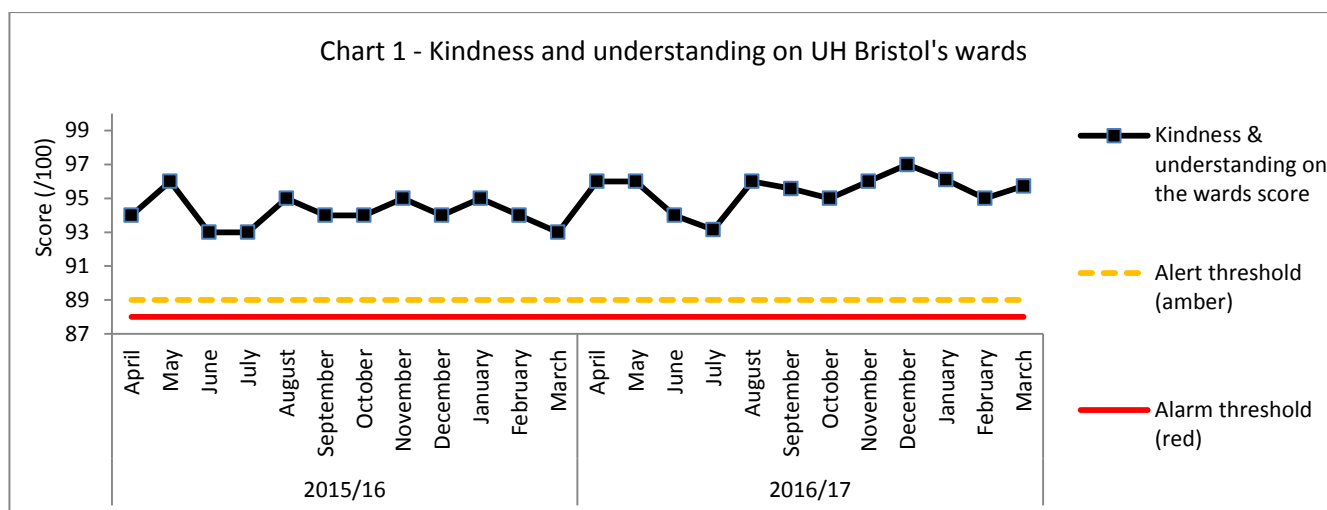
The Spiritual and Pastoral Care Team ("Chaplaincy") play a key role in the delivery of a positive patient, visitor and staff experience at UH Bristol. In April 2017, the Trust's Patient and Public Involvement Lead facilitated focus groups with Chaplains and Volunteer Chaplains across UH Bristol and North Bristol NHS Trust, to explore their aspirations for spiritual and pastoral care and inform the development of a new strategy. Further discussions are planned with matrons and sisters to explore the role of spiritual care within our hospitals.

3. Patient survey data to Quarter 4

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 programme¹. 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 years². The key messages from Quarter 4 are:

- All of the UH Bristol’s Trust-level patient survey measures remained above target - demonstrating the continued provision of a high quality patient 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 4 the Trust continued to meet these targets (Charts 7-9). There was an improvement in the response rate for the inpatient and day case element of this survey during Quarter 4 (Chart 7), having only just been meeting the 30% target in Quarter 3.
- 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 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, which made it difficult to set an appropriate minimum target score. However, from Quarter 1, a target threshold will be put in place and this will be reported from the next Quarterly Patient Experience and Involvement Report.



¹ 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.

² In light of these increases in the scores, a review of the target thresholds has taken place and the minimum target thresholds will be increased 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 will be more marked and we will need to evaluate the application of the thresholds below Trust level.

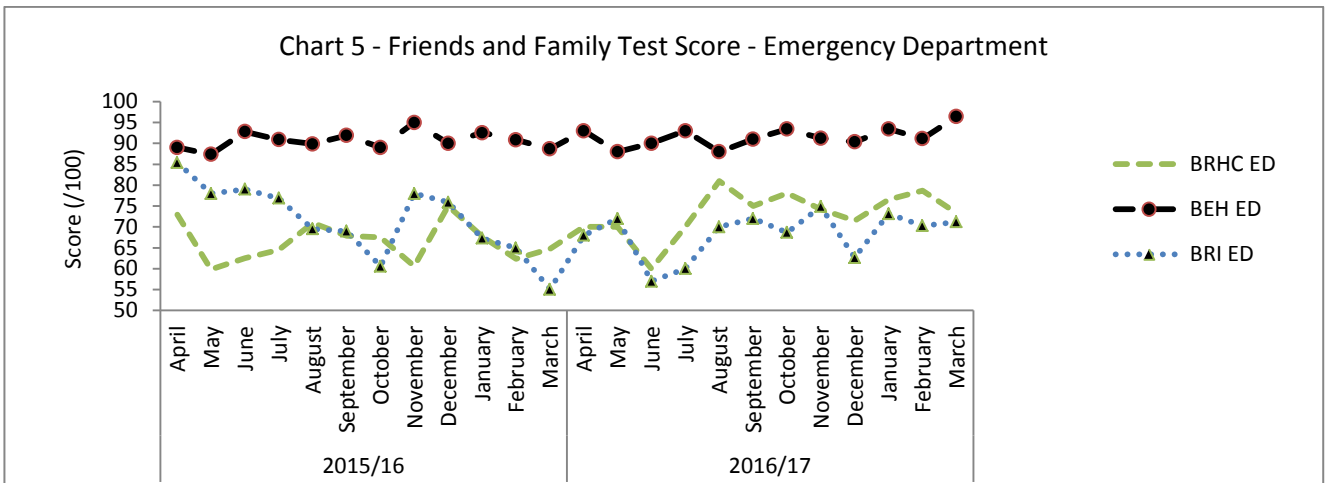
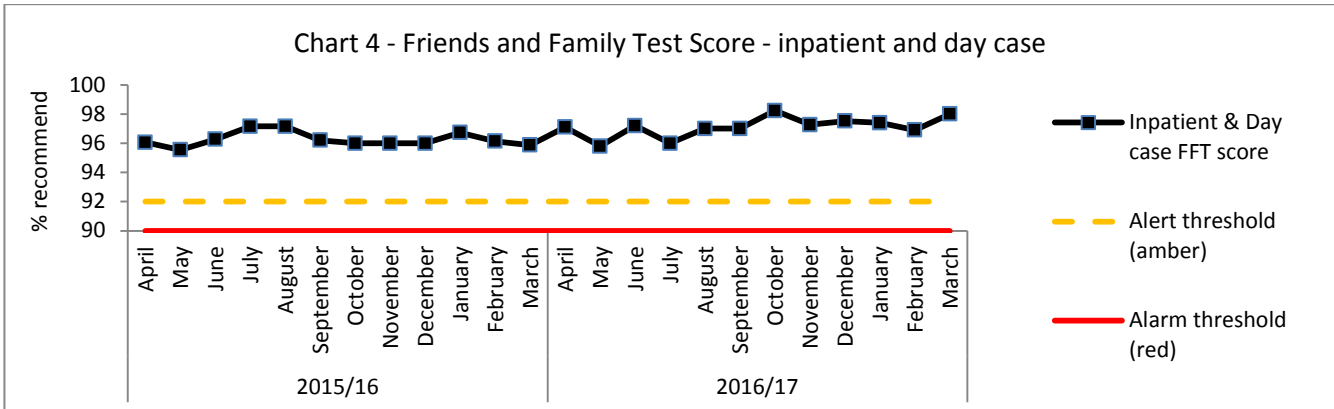
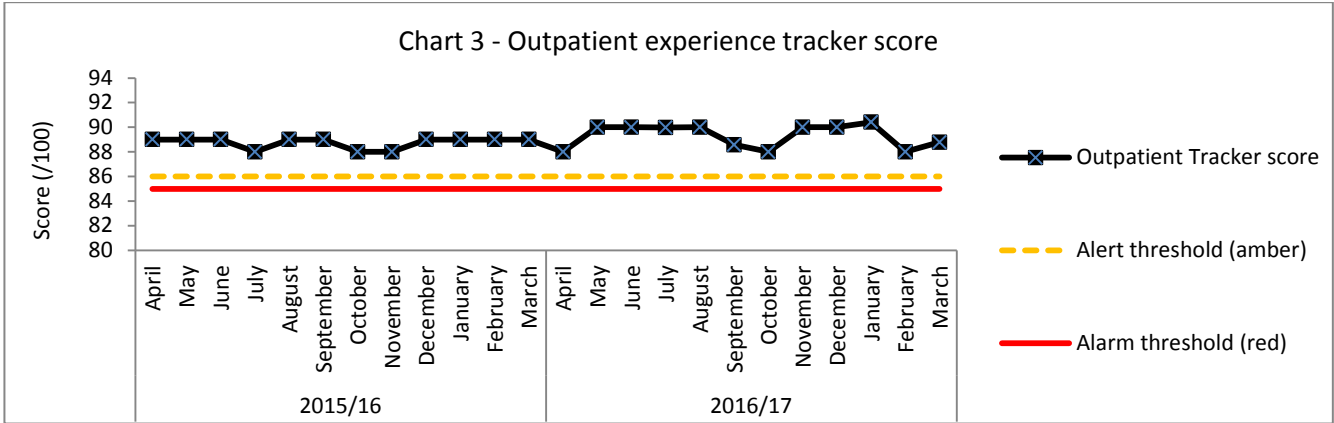
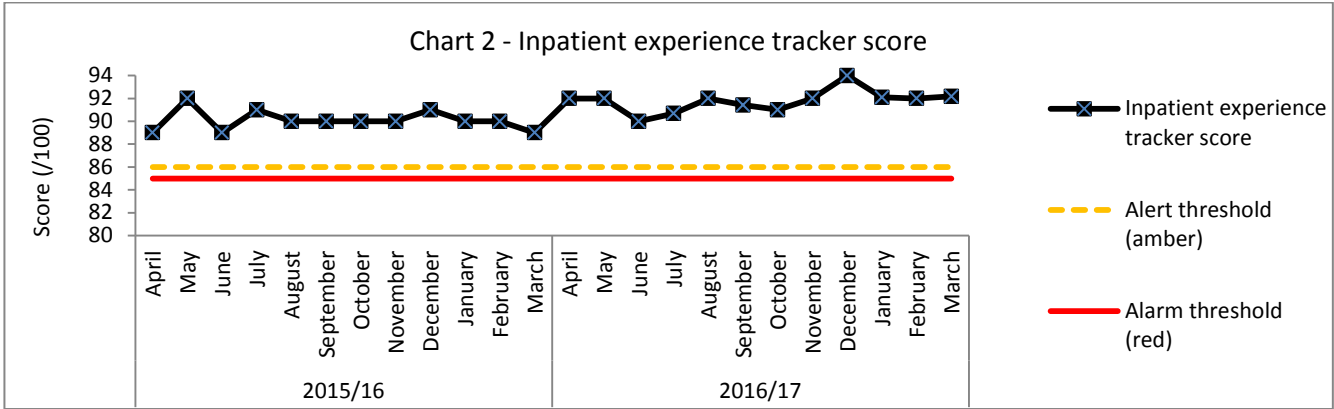


Chart 6 - Friends and Family Test Score - maternity (hospital and community)

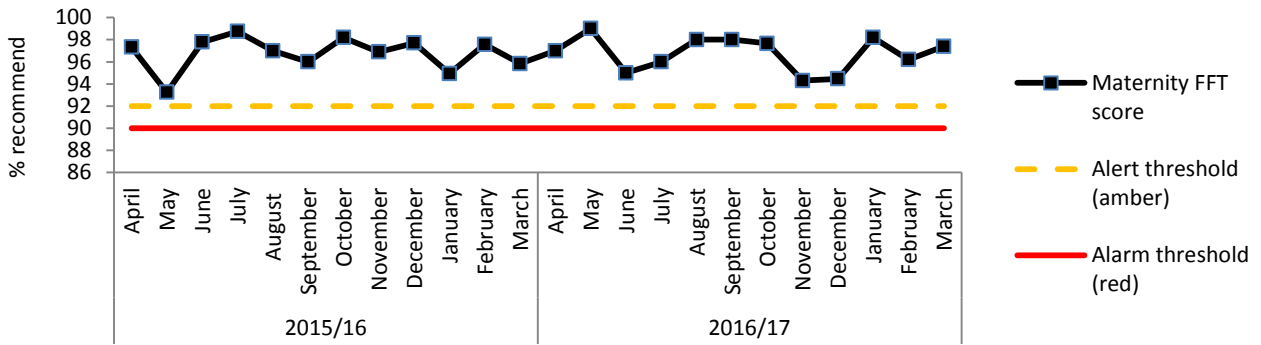


Chart 7: Friends and Family Test Response Rates (inpatient and day case) 2015/16

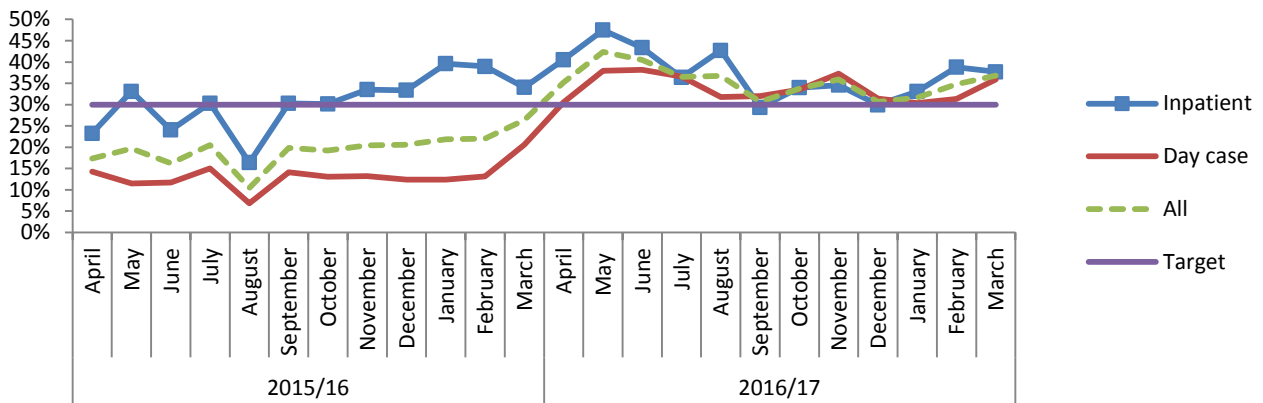


Chart 8: 2015 /16 Friends and Family Test Response Rates (maternity combined)

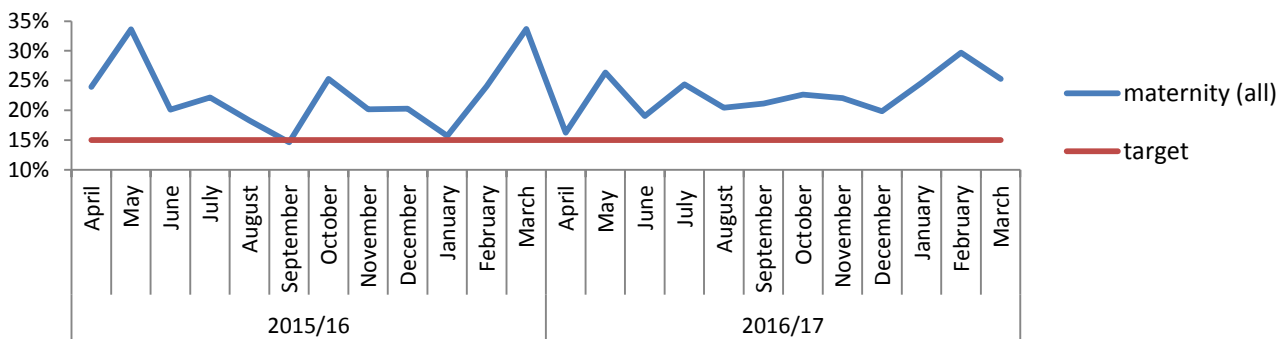
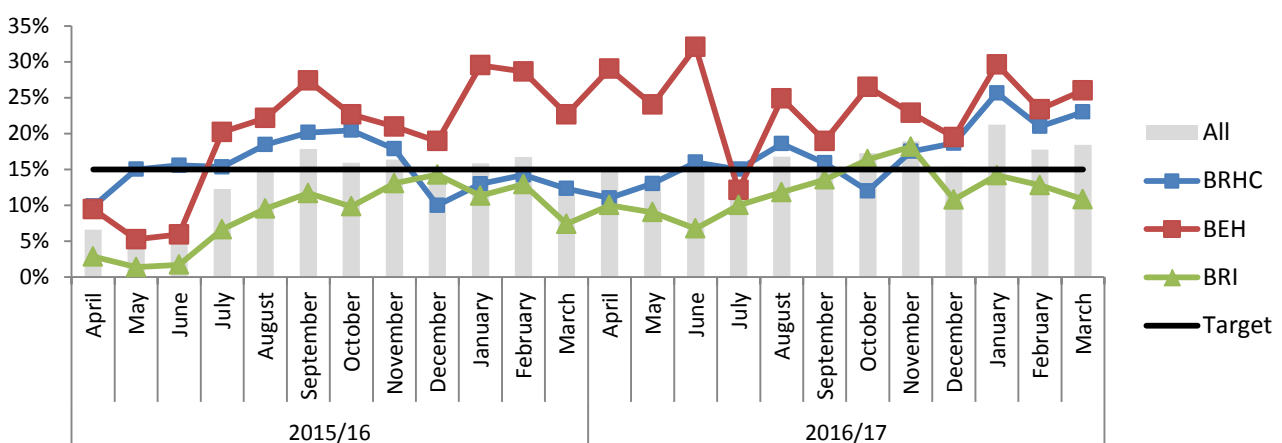


Chart 9: 2015/16 Friends and Family Test Response Rates (Emergency Departments)



3.2 Survey scores at Division, hospital and ward level

Charts 10-20 provide a view of patient-reported experience at UH Bristol, from a Division to ward-level. 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 survey measures). The full Divisional-level inpatient and outpatient survey question data is provided in Tables 1 and 2 (pages 12-14).

None of the Divisional or hospital level scores were below the minimum target level in Quarter 4. At a ward-level (Charts 18-20), there are two negative outliers across the headline measures:

- Ward C808 (care of the elderly, Division of Medicine): in Quarter 4, ward C808 had the lowest score across all of our headline measures. Whilst the ward-level scores can fluctuate considerably between quarters, it has been a consistent feature of the survey data that care of the elderly areas tend to attract lower patient experience scores. This has led to additional analysis and exploration of the data, which suggests that the scores are a realistic reflection of the challenges of caring for patients (and being a patient / carer) in this setting - rather than a reflection of the quality of care being provided. To further test this idea, in Quarter 1 the Patient Experience and Involvement Team are focusing on care of the elderly wards (see Section 2 above). Initial analysis of this feedback is very positive, but a more detailed review of this data will be carried out in June 2017. An update will be provided in the next Quarterly Report.
- Ward A602 (trauma and orthopaedics) had a relatively low survey score on two key measures (the inpatient tracker and kindness and understanding). This was an unusual result for this ward and further analysis did not identify any specific improvement issues. The Division of Surgery, Head and Neck have reviewed this result / analysis, but it did not correlate it with other quality data for Quarter 4. The most likely explanation at present is that this was as statistical “blip”, but the ward Sister has been alerted to the scores and they will continue to be monitored to look for any consistent trend (in Quarter 1 to date, the April and May 2017 scores have reverted to being within the expected range).

The Division of Medicine has two relatively low scores around inpatient communication themes in Table 1 (explaining operations / procedures and being told who to contact after leaving hospital). As noted in previous Quarterly Reports, this result has been difficult to account for, besides the possibly of it being related to the trend for relatively lower “involvement” and “communication” scores seen for this Division (see above re: ward C808). For this reason, communication is a key theme in the Trust’s focus on patient experience in the care of the elderly wards being carried out in Quarter 1. Learning from this will be shared with the wards and Division.

A cluster of low survey scores are present in the outpatient survey data (Table 2), 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 was a corporate quality objective for 2016/17. There have been demonstrable actions to improve this score, for example standardised clinic information boards have now been implemented in a large number of outpatient departments. But it has proved very difficult to move the score and in effect it stayed static over the year. This quality objective will therefore be carried over to 2017/18. 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.

The Bristol Royal Hospital for Children has a relatively low score on whether parents / patients are offered a choice of outpatient appointment time (Table 2). Many appointments are currently sent straight out in the post without a choice being given, but a new “partial booking” system will shortly commence at the hospital in a number of areas, which should have a positive impact on this score.

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

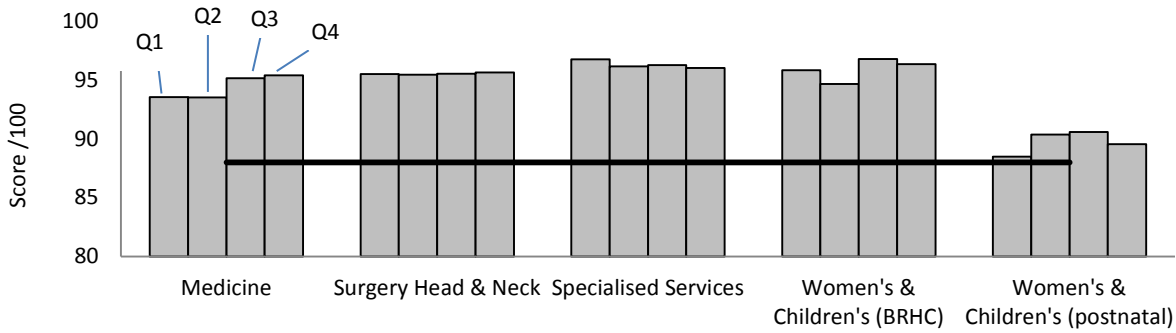


Chart 11 - Inpatient experience tracker score - Last four quarters by Division (with Trust-level alarm limit)

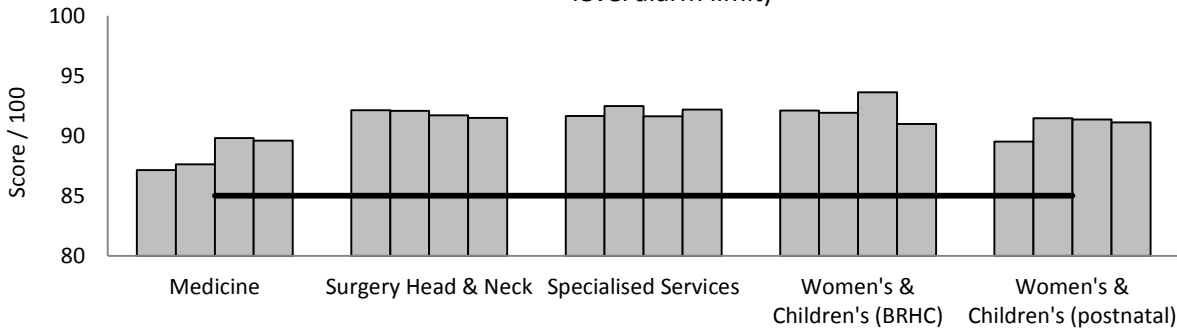


Chart 12 - Inpatient Friends and Day Case Family Test score - last four quarters by Division (with Trust-level alarm limit)

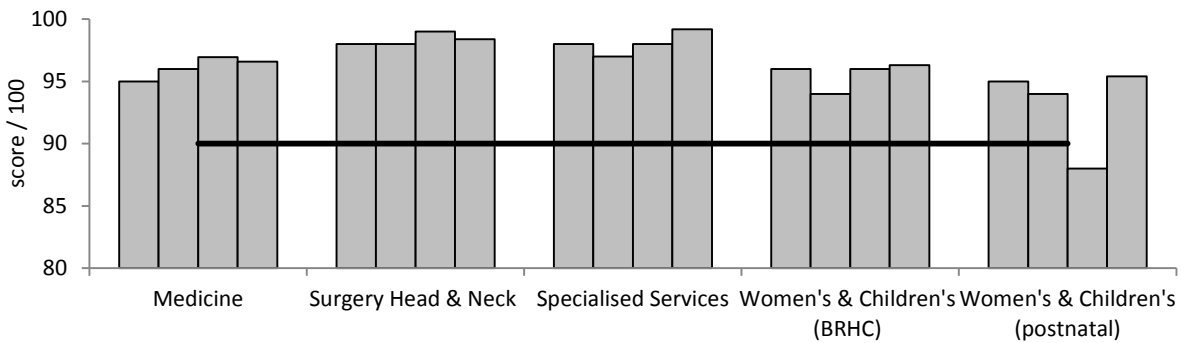
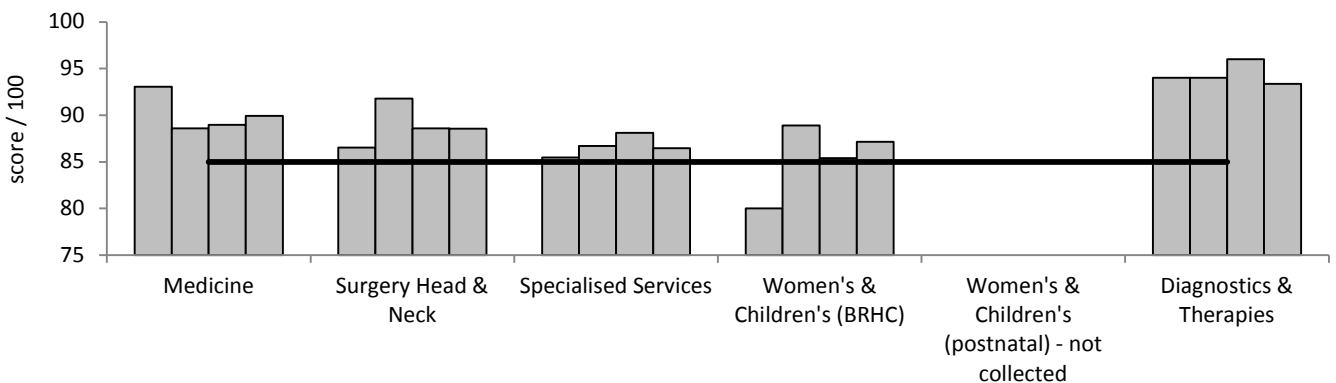
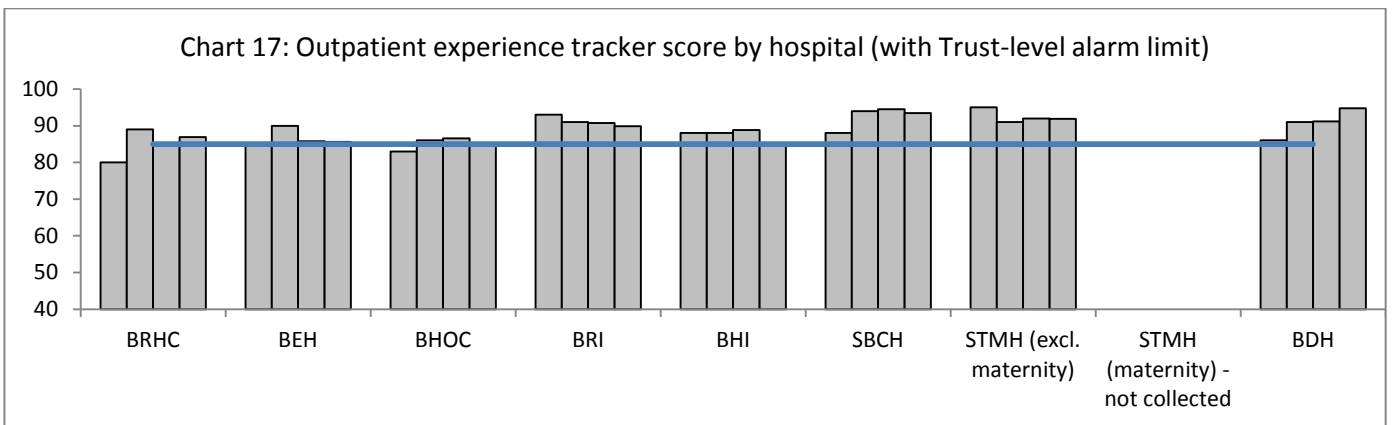
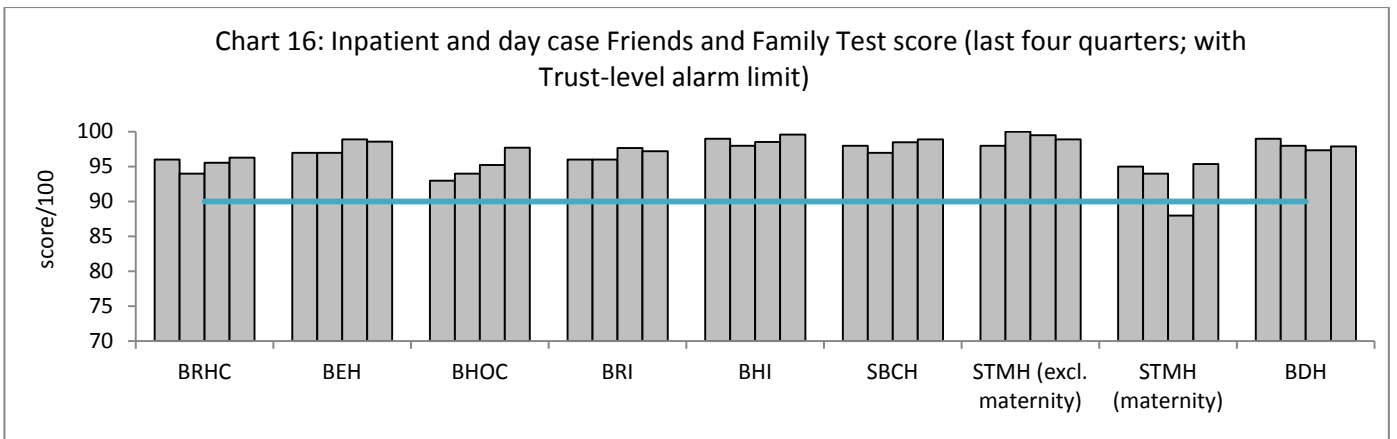
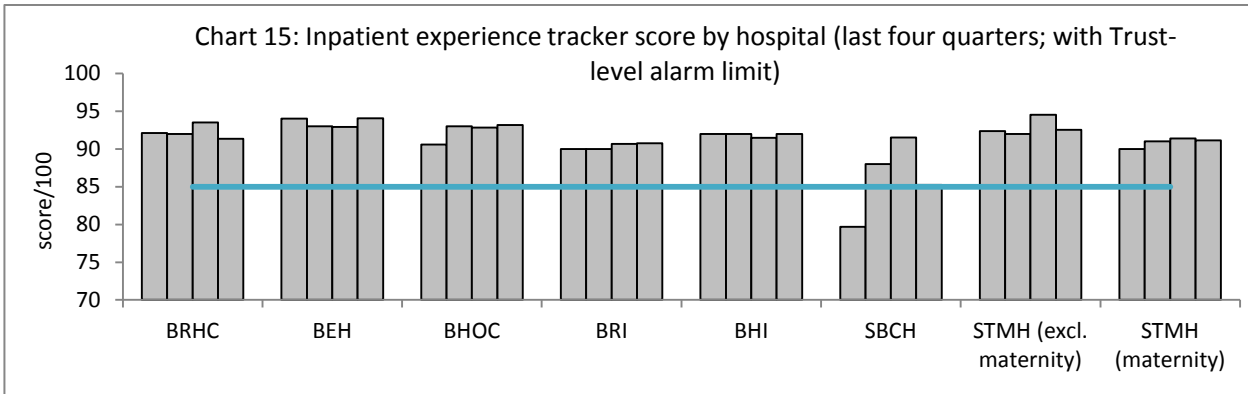
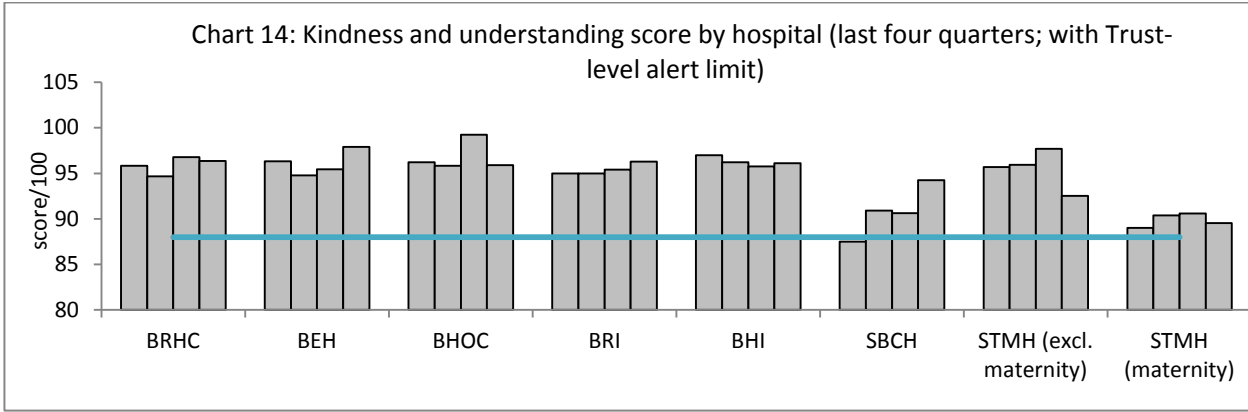


Chart 13 - Outpatient experience tracker score by Division - with Trust-level alarm limit





Key: BRHC (Bristol Royal Hospital for Children), BEH (Bristol Eye Hospital), BHOC (Bristol Haematology and Oncology Centre), BRI (Bristol Royal Infirmary), BHI (Bristol Heart Institute), SBCH (South Bristol Community Hospital), STMH (St Michael's Hospital), BDH (Bristol Dental Hospital)

Chart 18: Kindness and understanding score by inpatient ward

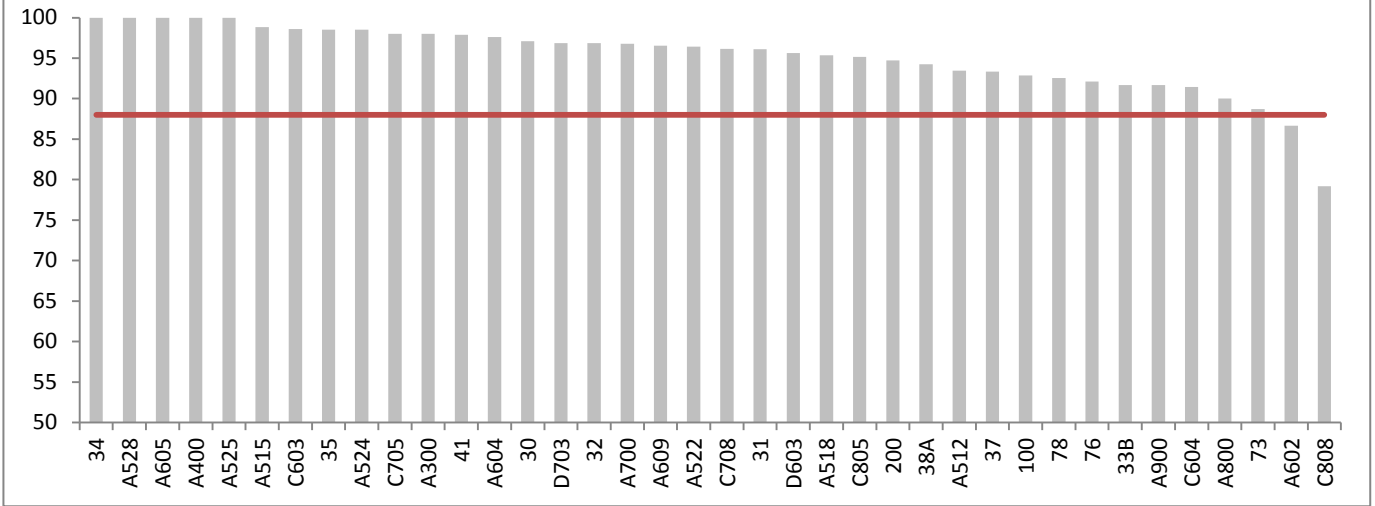


Chart 19: inpatient experience tracker score by inpatient ward

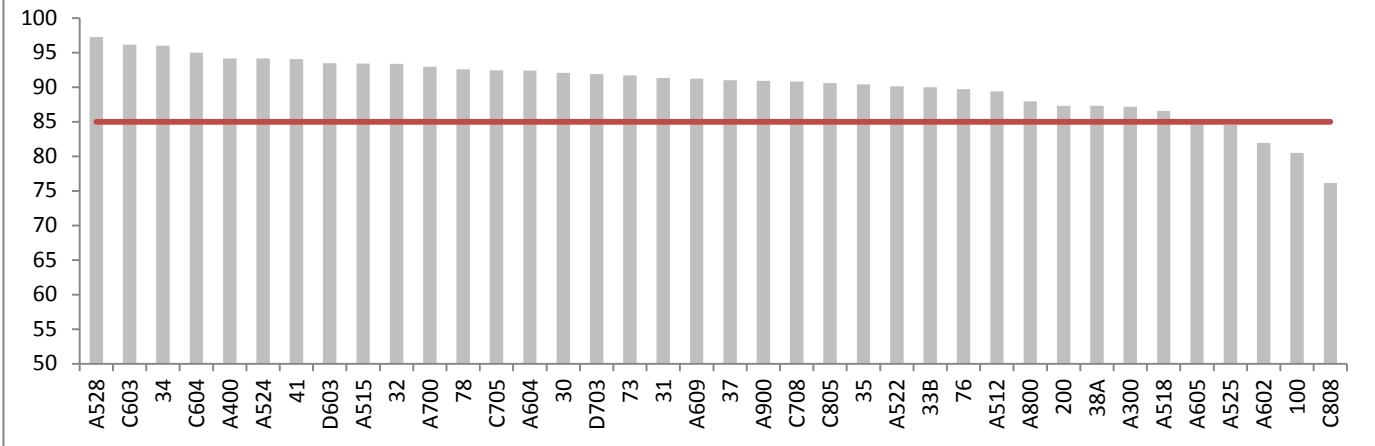
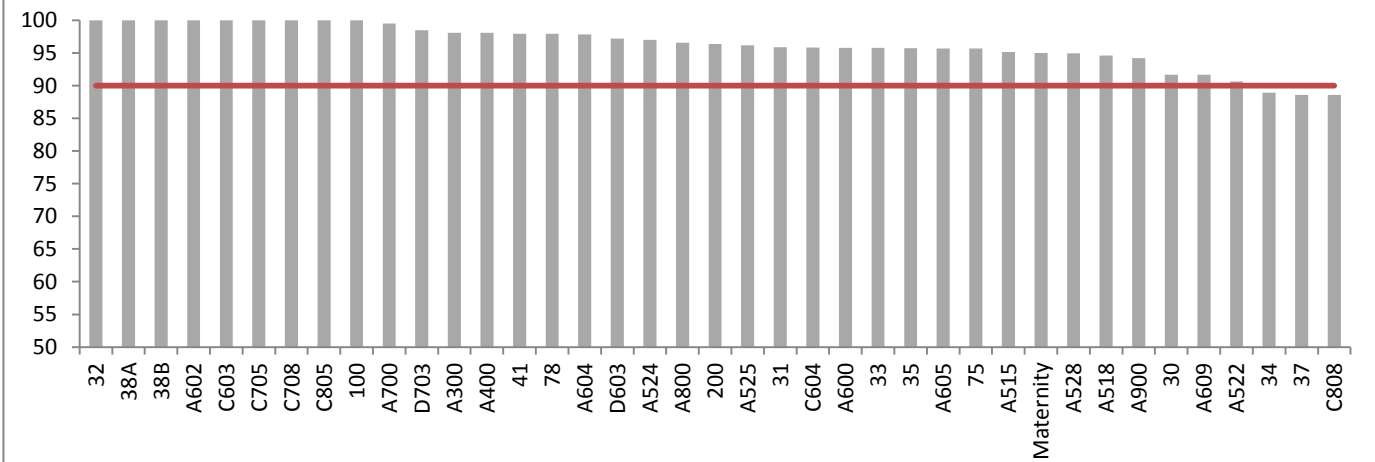


Chart 20: Friends and Family Test score by inpatient ward



(Please note that as per NHS England national-level reporting protocol, the maternity Friends and Family Test data is reported at "postnatal ward" level).

Table 1: Full Quarter 4 Divisional scores from UH Bristol’s monthly **inpatient** postal survey (cells are highlighted if they are more than 10 points below the Trust score). Scores are out of 100 unless otherwise stated – see appendices for an explanation of the scoring mechanism. Note: not all inpatient questions are included in the maternity survey.

	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Maternity	Trust
Were you given enough privacy when discussing your condition or treatment?	92	94	92	95		93
How would you rate the hospital food?	69	62	61	65	60	63
Did you get enough help from staff to eat your meals?	77	90	83	84		84
In your opinion, how clean was the hospital room or ward that you were in?	95	96	96	94	93	96
How clean were the toilets and bathrooms that you used on the ward?	92	93	93	92	83	93
Were you ever bothered by noise at night from hospital staff?	80	82	87	84		83
Do you feel you were treated with respect and dignity by the staff on the ward?	96	98	96	96	93	97
Were you treated with kindness and understanding on the ward?	95	96	96	96	90	96
Overall, how would you rate the care you received on the ward?	88	92	91	92	85	91
When you had important questions to ask a doctor, did you get answers that you could understand?	86	90	88	89	90	88
When you had important questions to ask a nurse, did you get answers that you could understand?	87	90	91	90	91	90
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	72	75	79	79		76
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	81	88	88	91		88
Were you involved as much as you wanted to be in decisions about your care and treatment?	84	87	86	90	89	87
Do you feel that the medical staff had all of the information that they needed in order to care for you?	90	91	91	88		90
Did you find someone on the hospital staff to talk to about your worries or fears?	67	79	78	82	85	77
Did a member of staff explain why you needed these test(s) in a way you could understand?	82	88	89	89		87

	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Maternity	Trust
Did hospital staff keep you informed about what would happen next in your care during your stay?	81	86	85	87		85
Were you told when this would happen?	78	83	83	84		82
Beforehand, did a member of staff explain the risks/benefits in a way you could understand?	74	91	94	95		92
Beforehand, did a member of staff explain how you could expect to feel afterwards?	69	78	78	81		78
Were staff respectful of any decisions you made about your care and treatment?	90	95	93	94		93
During your hospital stay, were you ever asked to give your views on the quality of your care?	26	24	28	31	30	27
Do you feel you were kept well informed about your expected date of discharge from hospital?	80	84	86	84		84
On the day you left hospital, was your discharge delayed for any reason?	65	53	67	69	70	63
Did a member of staff tell you about medication side effects to watch for when you went home?	54	63	65	64		62
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	62	84	79	89		80
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	88	94	91	92	90	91

Table 2: Full six-monthly Divisional-level scores (October 2016 – March 2017) from UH Bristol’s monthly **outpatient** postal survey (cells are highlighted if they are more than 10 points below the Trust score). Scores are out of 100 unless otherwise stated – please see appendices for an explanation of this scoring mechanism.

	Diagnostic & Therapy	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	TOTAL
When you first booked the appointment, were you given a choice of appointment date and time?	86	68	78	69	59	74
Was the appointment cancelled and re-arranged by the hospital?	96	94	95	95	97	95
When you contacted the hospital, was it easy to get through to a member of staff who could help you?	76	63	70	67	71	69
How would you rate the courtesy of the receptionist?	87	86	87	85	84	86
Were you and your child able to find a place to sit in the waiting area?	100	100	98	99	96	99
In your opinion, how clean was the outpatient department?	95	94	95	94	89	94
How long after the stated appointment time did the appointment start? (% on time or within 15 minutes)	92	71	65	73	64	73
Were you told how long you would have to wait?	48	39	35	22	33	35
Were you told why you had to wait?	63	56	58	55	64	59
Did you see a display board in the clinic with waiting time information on it?	30	60	50	36	45	45
Did the medical professional have all of the information needed to care for you?	88	89	93	92	92	91
Did he / she listen to what you had to say?	96	97	95	97	95	96
If you had important questions, did you get answers that you could understand?	92	94	91	90	92	92
Did you have enough time to discuss your health or medical problem?	91	94	91	92	94	92
Were you treated with respect and dignity during the outpatient appointment?	99	99	97	98	99	98
Overall, how would you rate the care you received?	92	92	91	92	91	91
If you had any treatment, did a member of staff explain any risks and/or benefits in a way you could understand?	88	90	81	91	89	88
If you had any tests, did a member of staff explain the results in a way you could understand?	80	86	74	78	86	80
Did a member of staff tell you about medication side effects to watch for when you went home?	60	73	63	66	76	68
How likely are you to recommend the outpatient department to friends and family if they needed similar care or treatment?	92	90	92	91	91	91

3.3 Divisional, hospital and ward-level patient-reported experience

3.3.1 Themes arising from free-text comments

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 3. 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).

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

	<i>Theme</i>	<i>Sentiment</i>	<i>Percentage of comments containing this theme</i>
Trust (excluding maternity ⁴)	Staff	Positive	72%
	Staff	Negative	12%
	Communication/information	Negative	9%
Division of Medicine	Staff	Positive	70%
	Information/communication	Negative	8%
	Waiting / delays	Negative	8%
Division of Specialised Services	Staff	Positive	69%
	Staff	Negative	12%
	Information/communication	Negative	10%
Division of Surgery, Head and Neck	Staff	Positive	74%
	Staff	Negative	14%
	Communication/information	Negative	10%
Women's and Children's Division (excluding Maternity)	Staff	Positive	75%
	Staff	Negative	12%
	Noise	Negative	9%
Maternity	Staff	Positive	67%
	Care during labour and birth	Positive	23%
	Staff	Negative	12%
Outpatient Services	Staff	Positive	59%
	Waiting/delays	Negative	12%
	Communication/information	Negative	10%

³ The percentages shown refer to the number of times a particular theme appears in the 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”).

⁴ 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.

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

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 that rating was 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 4, where respondents stated that they would not recommend UH Bristol and a specific / actionable reason was given

Division	Area	Comment	Response from ward / department
Medicine	Rheumatology outpatient department	Appointments keep getting cancelled or changed, then not informed so you turn up anyway. Bookings they are rude - saying it's hard for them that appointments are changed. The consultant is nice. The admin side spoils the whole process.	We are sorry the patient didn't have a positive experience with us. This feedback has been shared with the clinic admin staff and will be discussed further at a departmental meeting to determine changes that can be implemented to address these concerns. Additional customer care skills training will be implemented where necessary.
	A515	All nurses and doctors repeatedly slam bin lid, 20 times a day, with no consideration for patients. Occasionally machines left beeping, no consideration for patients. Men's toilet often left in a dirty state	<p>The ward Sister has carried out checks and confirmed that all bins in patient areas are “quiet closing”, making it difficult to corroborate this aspect of the comment and identify specific improvements.</p> <p>Patients in the high care end of the ward may be on monitors and, whilst the sound may be on low, unfortunately it cannot be turned off altogether as staff need to be able to hear them.</p> <p>We are sorry that the patient found the toilet in a dirty state. We can confirm that all the toilets are checked several times each day, but we are also reliant on being informed by staff / patients if extra cleaning is required.</p>
	Emergency Department (Bristol Royal Infirmary)	Somewhat unsanitary (toilets were occasionally covered in urine etc)	The Emergency Department takes cleanliness standards extremely seriously and we are disappointed to hear this comment. Our staff inspect the various areas of the ED throughout the day, formally and informally. We will continue to respond quickly if any concerns are raised about cleanliness in the toilets.
	A300	Given no food... left out when asked they said they'd ran out. Didn't even get a sandwich.	The ward sister has discussed this with the nursing, housekeeper and catering team on the ward. Food is always available and the team ward work hard to be flexible in this respect, as patients often miss formal meal times due to transfers from other departments / wards. This patient should have been offered food and we are very sorry that this did not occur.

Division	Area	Comment	Response from ward / department
Surgery, Head and Neck	Ward 43 (Bristol Eye Hospital day case)	I was told I would be woken just around 7.00 am but was woken at 5.45 and there did not seem any justification for disturbing me. Only two people had been in the ward overnight.	We are sorry that the patient was given this incorrect information. Sometimes patients have to stay in the day surgery unit overnight. Unfortunately they need to be woken up early, as day surgery patients arrive at 07:30 and the area needs to be prepared for their admission. We will remind staff to ensure that if a patient has to stay overnight then they are told about the early start.
	Ward 41 (Bristol Eye Hospital inpatient ward)	Had to change in toilets. No lock on door. Toilet roll on floor - not nice. However, no bed available so all pre-op discussions, getting changed, putting on socks in Day Ward, in front of many other people. No privacy.	<p>Unfortunately, if there is no bed available at the time of admission, a patient may have to be prepared for theatre in the day surgery unit. Privacy and dignity is challenging in these circumstances, but remains a priority and the charge nurse will share these comments with staff as a point of learning.</p> <p>The toilets are checked regularly throughout the day to ensure levels of cleanliness remain high. It is not possible to check after every patient and unfortunately in this case toilet roll may have been left on the floor by someone using the room previously.</p>
	Ward A609	Arriving with my wheelchair using wife, we were faced with a desk so high staff didn't realise she was there.	We are sorry that this situation arose. We are reviewing whether it is possible to change the reception desk, to make it more accessible to all patients. In the meantime, we will share this feedback with our staff as a reminder to be alert to this issue, and to come around to the front of the desk to talk to people if necessary. Despite this feedback, we are pleased to say that the patient did go on to say the reception staff were "fantastic" and made every effort to communicate with them.
Women's and Children's - maternity	Postnatal wards	Every day at reception my mum who was my birthing partner was asked several questions and numerous times told she is not my partner so she cannot come in the times partners could. There are numerous reasons women do not have a male partner visiting and they should not be interrogated in this way if that is the case.	We are very sorry that this situation arose, as we recognise that a birthing partner may not necessarily be a spouse. The Head of Midwifery has asked the ward Sisters to put in place a process where, once it is identified that a patient is having their mother or someone else as their birth partner, this is communicated to everyone including the reception team.

Division	Area	Comment	Response from ward / department
Women's and Children's – Bristol Royal Hospital for Children	Emergency Department	On bay 6 in the children's A&E the machines had stickers on them showing the calibration of the machines had expired and needed doing. Also, we used the bed as a cot with the sides up. And we couldn't work out how to lower the cot sides.	The Matron has checked the only fixed patient monitor in the bay and it is in date (expires 2019). The Matron has emailed MEMO to check that all equipment is up to date. The nursing staff will be reminded to show parents who need the cot how to use this.
	Emergency Department	My daughter was referred to the children's hospital with a severe PNS she could not walk, sit, stand. And was in terrible pain. After waiting to be seen by a doctor for hours we were told due to the fact she is 16. No one in the children's hospital was willing to see her. We spent a total of 5 hours only to be sent home.	We are very sorry to hear this feedback. It is our standard practice to inform someone at the point of booking in (usually at the time of arrival) that they need to go to the adult Emergency Department if they are over 16 years old and not under speciality care. We cannot determine why this did not happen in this case, but will share this feedback with the reception team as a point of learning.
	Ward 31	Would have liked to have had the linen changed. My daughter's bed had blood, sweat and antibiotic liquid on it which distressed her.	This patient should have had clean bed linen and we are very sorry that this was not the case. This comment will be used as a reminder to all staff to ensure basic care needs are addressed in a timely manner and levels of cleanliness are maintained.

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

Table 5 provides a summary and update on issues identified in the previous Quarterly Patient Experience report.

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>
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	The funding bid was approved and an SMS survey is now in place.
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 3 2016/17.	Staffing pressures delayed this action, but a workshop has now taken place with ward A515 (stroke) and ward 100 (rehabilitation). The Patient Experience and Involvement Team will pursue a workshop with ward C808 in response to low survey scores (see main body of the current report).

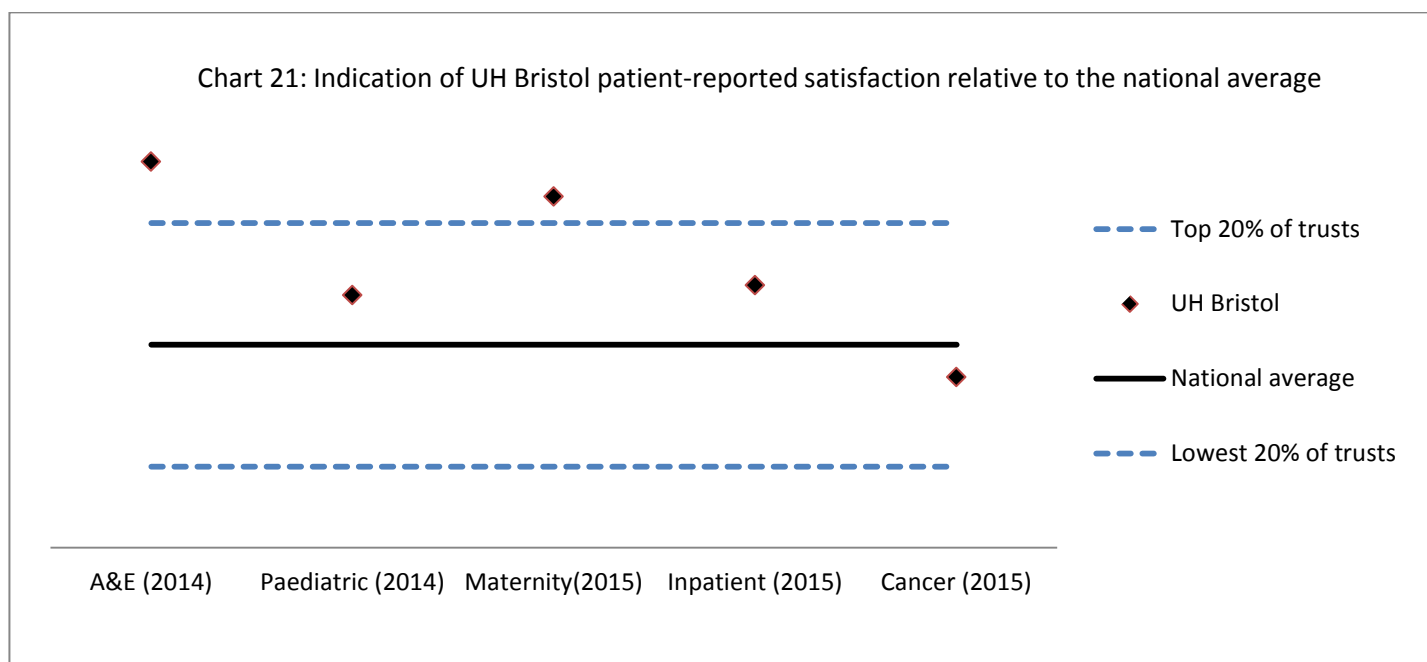
<i>Issue / area</i>	<i>Main action(s) cited</i>	<i>Outcome</i>
Low Friends and Family Test score for postnatal wards	This appeared to be a response to temporarily lower (but safe) staffing levels on the wards, due a high sickness level in Quarter 3.	As anticipated, the score has reverted to its previous (higher) levels in Quarter 4. It will continue to be monitored.
Ward C808 – relatively low survey score	Lowest inpatient tracker score in Quarter 3.	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
Ward 38A at the Bristol Royal Hospital for Children had a relatively low Friends and Family Test score	This was an unusual result for this ward and further analysis suggested that it was primarily an artefact of the FFT scoring methodology	The scores are within the normal range in Quarter 4 and it therefore does appear to have been a statistical blip
Ward A605 - low score in the inpatient experience tracker	Ward A605 is the Division of Medicine “delayed discharge ward”. It was acknowledged that delivering a positive patient experience is difficult on this ward, but that a number of improvement actions were being carried out	The scores for Quarter 4 are now within the normal range. We will continue to monitor the scores but are hopeful that this reflects a consistent improvement as a result of the service improvement activity.
The Division of Medicine consistently achieves relatively low survey scores around telling patients information about operations / procedures and who to contact if they had concerns after leaving hospital.	It has been difficult to explain this result as relatively few patients have operations / procedures in the Division of Medicine and comprehensive information is given at discharge.	The theme of “communication” is currently being explored in Quarter 1 as part of the Patient Experience and Involvement Team’s collaboration with care of the elderly wards in the Division of Medicine
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).	Although a number of improvement actions were described in the report, the scores have essentially remained static since 2015/16.	This continues to be a challenge for and will remain the focus of a Trust quality improvement objective for 2017/18.

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 position⁵. 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.

Please note that since this report was reviewed by the Patient Experience Group in May 2017, the 2016 national inpatient survey results have been released. These were very positive with UH Bristol receiving scores that were among the very best trusts nationally. A separate analysis of these national inpatient survey results is being provided to the Senior Leadership Team and Trust Board committees in June 2017. Chart 21 will be updated to reflect this latest data in the next Quarterly Patient Experience and Involvement Report.



⁵ 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"> • Availability of hand gels • Awareness of the complaints / feedback processes • Asking patients about the quality of their care in hospital 	June 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"> • Continuity of antenatal care • Partners staying on the ward • Care on postnatal wards 	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"> • Support from partner health and social care organisations • Providing patients with a care plan • Coordination of care with the patient's GP 	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"> • Keeping patients informed of any delays • Taking the patient's home situation into account at discharge • Patients feeling safe in the Department • Key information about condition / medication at discharge 	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"> • Information provision • Communication • Facilities / accommodation for parents 	November 2017
2011 National Outpatient Survey	All scores in line with the national average	March 2012	n/a	<ul style="list-style-type: none"> • Waiting times in the department and being kept informed of any delays • Telephone answering/response • Cancelled appointments 	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 / outpatient surveys)	These surveys, which each month are sent to a random sample of approximately 2500 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.
	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. Whilst the 15 steps challenge and Face2Face interviews remain stand-alone methodologies, in 2017 they were merged – so that volunteers now carry out the 15 steps challenge whilst in a ward / department to interview patients.
	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>			90

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.