University Hospitals Bristol **NHS**
NHS Foundation Trust

Report of the Annual Quality Counts event
24th January 2019

The quality of the care we provide to patients and their families is underpinned by our organisational values, one of which is 'respecting everyone'. But what does 'respecting everyone' mean to patients, carers and staff and why is it important? This year's Quality Counts event was an opportunity to discuss perceptions of the Trust as an accessible organisation and consider how, in the year ahead, the Trust can ensure that everyone, no matter who they are or what their needs are, receives great care? The event was an opportunity for participants to tell their story and offer their insights and ideas by way of informing the work of our Patient Inclusion and Diversity Group, the development of the Trust's new Equality and Diversity Strategy, and conversations about our choice of organisational quality priorities for 2019/20.

This report outlines the key themes of the discussion and captures the detail of the contributions made. The report suggests that our priorities for quality in the coming year should be set in the context of growing an active organisational culture that recognises and responds to the diverse[1] needs of patients in addition to pursuing specific actions that focus on improving access (in its widest context) to services working with patients, carers and others[2] in order to do so.

In the words of one participant:

"I hope that we will be, and present ourselves as, an inclusive organisation, not only to patients/service users but also to potential and current employees. This means providing a welcoming and non-judgemental environment that we have talked about - for people of different ages, and all cultures, backgrounds, abilities and disabilities."

Participants were asked to consider two questions:

- Question 1: What is your perception of UH Bristol as an accessible organisation. What do perceive the barriers to accessing care are and how do these barriers impact on you and make you feel?
- Question 2: Looking ahead: what can we do differently? Who do we need on board to do that? What does it look like in 5 years? What are the top 5 things to get right?

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[1] Recognising the nine protected characteristics as determined in the Equality Act

[2] The use of the word patient in this report signifies patients, carers, families and other interested parties

Five themes emerged being:
- Physical access and the environment
- Information Technology
- Transition
- Relationships and Partnership
- Information

The outcomes of this event will be used to inform the Trust Quality objectives for 2019/20, the work of the Patient Inclusion and Diversity Group and the Trust Equality and Diversity Strategy.

1: Physical access and the environment: Participants spoke of the relationship between the geography and physical environment of the hospitals and their experience of care.

1.1 Parking and public transport: Participants suggested that the experience of getting to the hospitals in the first place impacted on their overall experience of receiving care. Whilst participants reported satisfaction with the care they received the overall experience of care was, in some instances, compromised by the lack of available car parking, drop off points or suitable bus routes. Participants reported feeling, "frustrated", "irritated" and "stressed" as a result of this. Participants were aware of the plans being made by the Trust to develop a "Transport Hub" but were unaware of the current status of the proposal. There was a degree of pragmatism and acceptance amongst the participants that the city centre location of the hospitals and planning rules posed significant constraints in this respect. The availability of the free hospital bus was noted but recent and regular cancellations of this service had damaged its reputation as a reliable transport option for patients.

1.2 Physical environment: Participants commented positively on the efforts being made to modernise the hospital estate and in doing so acknowledged the relationship between the physical environment and the patient/carer/visitor experience. Examples of excellence in the Bristol Royal Hospital for Children, The Teenage Young Adult Cancer Service and the BRI Zone A new build were cited. However, participants noted that there was an inconsistency across the hospitals with some areas requiring significant refurbishment both structurally and decoratively. Participants noted there was no obvious external communications to patients informing them of refurbishment plans. Similarly, whist it was acknowledged that engagement has taken place previously (in for example the Welcome Centre) there is no apparent consistent process to engage with and learn from third party organisations such as the Bristol Disability Forum or Bristol Physical Access Chain in development plans.

1.3 What do we need to do to improve access to our services? Participants felt that more should be done to by the Trust to communicate car parking and transport options to the site using web and app based formats including links to partner organisation web sites (for example: Healthwatch). Specifically, to increase the number of disabled parking bays including those for wheel-chair accessible vehicles with improved information available about their location and access routes from those locations to the hospital. In addition, and implicit in other areas of the discussion, is the need to fully understand and respond to the reasonable adjustments some patients may need to access care.

2: Information Technology: Participants placed a focus on the use of technology to improve access to patient care whilst recognising the importance of access for those patients who made find such technology daunting. Participants noted the importance of getting the basics right and ensuring the end products are usable. By way of illustrating this participants noted that the current automatic check-in process had the potential to improve accessibility and patient flow through clinics. However, issues with the scanning function and the user-interface had impacted on this. In some instances, participants reported that they had received a poor response from administrative staff when assistance had been sought.

Similarly, participants noted issues with the Trust telephone switchboard. They reported being left on hold as there is no facility for the caller to link directly to a ward or department when they know which one it is.

2.1 What do we need to do to improve access to our services?
Participants noted the importance of getting the basics right. Broadly speaking, younger participants, commented on the use of social media and other platforms to better connect people about health issues, deliver on-line appointments through platforms such as (secure) Skype, and the potential to involve schools and colleges in designing livestreaming events for better engagement. There was some awareness expressed of current developments in the use of digital technologies linked to patient care in the Trust but a suggestion that such developments were largely un-publicised to patients and that opportunities to work with patients in their design was not apparent.

3: Transition
Participants suggested an additional focus on the issue of transition from children's to adult services to ensure that it is a gradual process of change. There was a suggestion that the change between the children's and adult hospital is too stark and too different and that not enough time is given to ensure that young people and their families are prepared and feel ready to make the move to adult health care. A number of participants suggested that they "feel like the odd one out if you are a young adult in an adult inpatient or out-patient area.

3.1 What do we need to do to improve access to our services?
Participants suggested that transition would benefit from higher visibility in the organisation with an improved web presence, co-design discussions with staff, patients and families to develop a fresh approach to transition including the development of a phased transition process.

4: Relationships and Partnership
Participants articulated the notion that the relational aspects of care site equally alongside the technical aspects of care. In addition, that the value of such relationship extends beyond the immediate patient/carer relationship to those of being a neighbour and a partner in the health and well-being of others – there is a "generous community" willing to work together with the Trust to improve the quality of care we provide.

4.1: Specifically, participants who live locally to the trust suggested that there is a lack of accessibility to local residence groups to engage in discussions about hospital plans. In the context of the

proposed Transport Hub, local participants noted there was no apparent meaningful consultation with such groups with further suggestions that there is no response from the Trust when they try to engage. Similarly, there are offers from the Bristol Disability Equality Forum and the Bristol Physical Access Chain to work systematically with the Trust to improve access.

4.2: There was some suggestion in the group discussions of an appetite for conversations about how the health service locally is delivered. This is exemplified by comments relating to the shift of resources to community based provision and the integration of health and social care.

4.3: What do we need to do to improve access to our services?
Participants suggested that the route to respecting everyone is implicitly linked with working together as partners in care. This manifests itself in respecting the value of "expert patients", the role of Carers in the supporting care and continuing to explore, understand and act on the experiences of care patients have. This extends to working with others to continue to develop awareness amongst staff of the protected characteristics and needs of patients, supporting initiatives such as the Young Persons Involvement Network as a young patient voice, enhancing the meet and greet role trust Volunteers have and developing an openness and transparency with partners seeing them as an asset for change.

5: Information
Participants commented that appropriate information given in an accessible format is key to receiving great care. There was however some confusion expressed as to the availability of such information in, for example, community languages and the extent to which a community language service is available.

5.1: What do we need to do to improve access to our services?
The full implementation of the Accessible Information Standard together was seen as key in delivering improvements in this area. Other suggestions included the development of an "adult personal health passport" similar to the passport used in Children's Hospital.

Appendix 1
The detail of the comments made:

1: Physical access and the environment:
- The hospital environment is not consistent – horrible corridors, white walls, but there are friendly departments – mood lights, paintings, book shelves, piano, inviting balloon corridor, staff are friendly and warm
- I would like to raise the issue of the poor accessibility of UH Bristol not only in the older parts of it buildings but where it has done modernising and modern extensions too. This includes: physical improvement at the main UH Bristol hospital including very poor signage, poor wayfinding and inaccessible entry pads onto wards particularly in relation to wheelchair users. There are physical improvements required at the Education Centre opposite the main UH Bristol site including inaccessible entry, poorly performing lifts and narrow doorways into the meeting and lecture rooms. Laura Welti, the Manager of the

Bristol Disability Equality Forum has offered to meet with relevant Trust staff to explore how the Forum can support the trust in developing its work in this respect.

- The BRI is easy for staff to navigate but not patients and visitors
- Need to improve the efficiency of the lifts throughout the Trust
- Concerns about signage – need bigger lettering, more yellow/black signage (why wasn't this made standard at the outset?)
- Lack of wheel chair availability in main entrance (adults) and poor/vague response from front desk if a request is made – carers had to find one themselves
- Wheelchair user (Philip) voiced concerns about the physical access at South Bristol Community Hospital – we talked about the difficulty that the Trust does not own the building, whilst agreeing that someone somewhere should be responding to these concerns – Philip said that he had repeatedly given feedback
- The Children's Hospital Emergency Department is too busy and I don't want to go because you wait too long – it affects my perception of the care I will receive
- Sanctuaries are not easily accessible – they are all tucked away and there is not a lot of readily accessible information about there they are and how patients can use them
- There can be a lack of privacy on some wards resulting in confidentiality issues on, for example, a multi bed ward
- Need more safe spaces for people with special needs
- The outpatients in the BRHC is geared up for young children and feels patronising
- The environment needs to catch up with the care provided

Parking and public transport

- Parking. What is practical in city centre hospitals?
- Public transport links. All come to the centre of the city but are not necessarily connected well with the hospital resulting in lots of walking and the emotional physical challenge this can present
- Concerns about the proposed transport hub, i.e. not being the right thing for the local environment around Trust Headquarters and Kingsdown and not good for pollution. Jeff stated that the proposal had been rejected by the Council, which seemed to be 'new news' to everyone else gathered
- The frequent cancellation of free hospital bus is frustrating and develops a perception that it is unreliable and not a meaningful option when considering travel plans
- Accessibility for patients and families – distance of car parks and limited drop off points

2: Information Technology

- Automatic check in – noted designed for improved accessibility – scanning function poor and hard to use. Poor response from admin staff if don't use and ask for help.
- Feedback was that our telephone switchboard is poor compared to North Bristol Trust – no facility for the caller to link straight to a ward/department if they know which one it is (presumably not helped by the relative complexity of our ward naming system); instead left on hold

  Looking ahead
- How can social media better connect people in the context of health care e.g. Instagram polls

- Robots and AI – e check in. Less human based. Facial recognition. Reflects the real world.
- Get schools, colleges involved in developing livestreaming initiatives for better engagement
- Secure Skype appointments for some. Efficient. Takes less time and good for referrals between hospitals.
- Capture the input of young people and young adults to collect ideas from across the country to plan the future
- Use tech to share your information between hospitals and GP's
- Accessibility to digital
- Use of digital by all
- Involve young people in the development of digital care
- Tech for inpatients embedded in hospitals – with patients willing and unafraid to use it
- Call back opportunity instead of simply waiting
- Looking into the future, someone on our table said that they'd like to receive a text message with a code/link to practical access information about getting to their appointment (we talked about what Access Able might be able to deliver).
- Improved IT interface and use of IT to support activities currently paper/people based (with other options for those that cannot use or don't want to use) for accessing all services.
- Everyone has a fit bit
- In an increasingly digital world, I'd hope that we don't forget or exclude those who can't use or don't have access to phones with apps etc.

3: Transition
- The change between the children's and adult hospitals are too stark and too different
- The outpatients in the BRHC is geared up for young children and feels patronising
- Feeling like the odd one out if you are a young adult in an in or out patient area
- More information and presence re transition to adult services
- Develop a phased transition process

4: Relationships and partnerships
- There is a lack of accessibility to local residence groups with respect to hospital plans – There is no apparent consultation with these groups and residents suggest there is no response when they try to engage
- The Trust as a 'neighbour' to the residents of Kingsdown – concerns were voiced by a resident (Hugh) that the "upper echelons" of the Trust are "impenetrable" (at the meeting Hugh was put in touch directly with the Chair)
- Psychological impact of being left on a trolley in a corridor for patients and observers
- Concerns about transparency of communications about Weston (from Mike), i.e. there is always a sense that people in other rooms know things that the people of Weston don't – we need to work together
- Consent and confidentiality are important but when you are not a close relative wanting to offer support and care it is impossible to get information about a patient
- Human empathy and support remains important
- The hospital should not feel like an alien environment – long stay like home form home
- Talk more about young person's rights and the staff/patient relationship

- The experience of visiting patients is mixed – children were banned?
- Increased focus on the person at the centre of the care – recognising personal needs. More relevant than ever with the changing case mix of patients increasingly sick, elderly frail, cognitive impairment. Important in keeping LOS down and functionality maximised. Particular focus on elective procedures/pathways.
- Increased no of way finder volunteers and volunteers to improve access to M&S etc. for those with about ability to access and family members to access.
- One stop diagnostic pathways – to prevent large no of visits for one test, from which all test results are then aggregated …
- Integration of hospitals and social care services!
- Re-direct resources to community care to keep people out of hospital
- Social prescribing available from all GP's
- Get the good ideas working across the system
- Staff education re faiths and beliefs
- Individualise care
- Take services to community centres to encourage take up
- Cultural understanding – staff better informed on diversity (disabilities, Trans, SEN etc.)
- Respect expert patients – don't disempower me
- Take carers seriously
- Learn not to make assumptions and don't judge or discriminate
- The Young Persons Network is very important.
- Carers are also important – of young people and old.
- I think that we need to continue to work with your "generous communities", to ensure that their voices are heard, and also to make it more widely known to staff and service users that we've done so and what the results have been.
- I'd hope that we will be and present ourselves as an inclusive organisation, not only to patients/service users but also to potential and current employees. This means providing the welcoming environment that was talked about - for people of different ages, and all cultures, backgrounds, abilities and disabilities.

5: Information
- I do not see patient leaflets printed in the common languages found across the city readily available
- Clinic leaflets do not always give sufficient information or the information I need to know
- I do not know if patients bring a "safe person" with them to help with communications or whether the Trust provides a community language interpreting service?
- Appointment letters – confusing with generic content, cancellation letters again generic confusing content, phone numbers on bottom of letters out of date so cannot talk to anyone, pre-operative instructions not clear, generic use of "WE" not UHBristol and there is no option to ask for the above in any other language than English
- Does the trust provide enough special diets, for example: gluten free and are patients made aware they are available?
- Promote other options of care before attending A&E
- Knowledge is power – know the health risks that might impact on our lives

- Adult personal health passport with all my details like a this is me
- Change expectations of what the NHS provides
- More focus on dementia and prevention
- We'll have fully implemented the Accessible Information Standard!

Tony Watkin
Patient and Public Involvement Lead
March 5th 2019