University Hospitals Bristol **NHS**

NHS Foundation Trust

Action Notes

Meeting	Patient Experience Group (PEG)		Date	28th April 2016
Present	Carolyn Mills (CM – Chair); Tony Watkin (TW); Chris Swonnell (CS); Hayley Long (HL); Ruth Hendy (RH); Paul Lewis (PL); Michael Lyall (ML - Healthwatch North Somerset); Hazel Moon (HCM); Tanya Tofts (TT); Carole Tookey (CT); Jo Witherstone (JW); Anna Horton (AH); Jana Van Wyk (JVW); Dave Crofton (DC – Healthwatch Bristol); Samantha Gardiner (SG - minute taking).			
Apologies	Maria Fox (MF); Lisa Smith (LS); Sarah Windfeld (SW); Nina Stock (NS); Rebecca Ridsdale (RR); Jane Palmer (JP); Helen Morgan (HEM); Sarah Furniss (SF); Teresa Sullivan (TS); Pam Yabsley (PY); Jane Weare (JW); Dena Ponsford (DP).			

Agenda/Issues	Action agreed	Person to action	Action date
1. **Welcome and apologies**	Apologies received for the meeting were noted.		
2. **Patient story**	PEG noted the patient stories presented to Trust Board in February, March and April 2016. The stories explain the impact of the lived experience for patients. Trust Board members reflect on what the experience reveals about our staff, morale and organisational culture, quality of care and the context in which clinicians work. In February, Trust Board received a patient story presented by Colette Reid, Consultant in Palliative Medicine. Colette and the Palliative care team led a number of pieces of work to better understand patients and carers' experience of the end of life care provided at UH Bristol. These projects included: the introduction of the UH Bristol End of Life Tool; developing screening tools to assist staff in identifying patients approaching the end of life and offering 'difficult conversations' communication skills teaching to staff. The story specifically focussed on seeking patient and carer feedback about the end of life care delivered in the trust. In seeking feedback three focus groups were held: two with bereaved relatives of patients who died in the trust and one with women with breast cancer and other cancers who are facing the end of their lives. TW was thanked for his work in support these focus groups. In March, Trust Board received a patient story that highlighted how collaborative working between hospital ward staff, the Learning Disabilities Team, the Community Learning Disability Team (CLDT) and the patient herself led to a positive outcome. The Learning Disabilities Liaison Nurse's role in this case was to make visits to the ward to ensure all of the patient's needs were being met by consulting with the patient and communicating with the ward staff, for example: ensuring the patients pain was being managed effectively. Additionally, the CLDT were able to effectively work in partnership with the learning disabilities team to keep the patient safe when there was a time that the patient wished to self-discharge against medical advice.		

	This story highlighted how the correct procedure was carried out in the form of a capacity assessment (Mental Capacity Act, 2005) re: staying in hospital until appropriate support at home could be arranged. This resulted in smooth discharge, with the patient able to go back to their original place of residence living as independently as she was before with the tools and assistance the Trust Occupational Therapy Team was able to offer. This patient remains under the care of our Trust and is making frequent visits for physiotherapy sessions on her recently injured hand. In April, Trust Board received a patient story that charted the experience of a patient who had a diagnosis of Lymphoma. In the story, the patient recounted the impact the diagnosis had on her and the positive impact the behaviors and actions of the clinical and non-clinical staff made to her. The patient went on to be selected for inclusion in a clinical trial at the Bristol Haematology and Oncology Hospital. Keen to further progress the work in this field in the hope that it would not only offer her a return to health, but others too, the patient described some of the practical issues encountered in participating in the trial, the consequences of these and how these issues were resolved. In addition, the patient noted how the effects of the treatment were closely monitored and, by working together, the determination of staff to offer continued support throughout the trial. Divisional leads were asked to contact TW should they be aware of patients and or carers willing to share their lived experiences at Trust Board.		
3. **Review of February 2016 minutes for accuracy**	The minutes of the meeting held on 18th February 2016 were agreed as an accurate record of that meeting.		
4. **Matters arising log**	The matters arising log was discussed and the following items were closed: • **Ref 2.16.1: Patient Experience Survey:** This item was closed and noted as an agenda item (6) in this meeting. • **Ref 2.16.2: Patient Experience Survey Update February 2016.** This item was closed and updates on South Bristol Community Hospital (SBCH) will be provided by way of the existing Patient Experience reports to PEG. • **Ref 2.16.3: Patient Experience Survey Update February 2016**. Healthwatch Bristol have advised their immediate focus will be on an Enter and View in the BRI Discharge Lounge (April 2016). Activity in SBCH will take place later in the year and as yet there is no confirmed date for this. This item was closed. • **Ref 2.16.4: Revised Complaints and Concerns Policy**. This item was closed and noted as an agenda item (7b) in this meeting. • **Ref 2.16.5: Care Quality Commission regulation 16.** This item was closed and noted as an agenda item (7g) in this meeting.		

		• **Ref 6.15.1: Divisional Patient Experience Quality Objectives - 2015/16.** This item was closed and noted as an agenda item (10) in this meeting summarising the progress made against the objectives.		
5.	**Patient and Public Involvement (PPI) Log review**	PEG noted the sixth edition of the PPI log for period 12 February - 31 March 2016 which captures PPI activity and outcomes across Divisions and Trust wide services, demonstrating how we involve patients and others as partners for improvement. The PPI Log provides evidence on how we respond to our Duty to Involve (often called Section 242) and is shared with Commissioners as part of our quality assurance process. Heads of Nursing and other Divisional representatives were asked to share this Log with their Divisional Boards as part of a systemic approach to PPI.		
6.	**Bi-monthly Patient Experience Trust Board data**	PL presented this report, which provided a detailed analysis of the Trust Board Quality Dashboard patient experience data and, to update the Patient Experience Group about developments in the Trust's patient survey programme. The key issues from this report were discussed: • The patient survey satisfaction ratings across inpatient and outpatient services are positive and remain "green" in the dashboard • Day case Friends and Family Test response rates, which remain below the 30% target, are currently subject to a contract performance notice from the Bristol Clinical Commissioning Group (CCG). CS reported the Trust may incur financial penalties if we do not recover this position. An action plan has been put in place by the Trust to improve these response rates. This action plan focusses on ensuring that the FFT process is working effectively in each location and that staff understand the importance of seeking feedback from each patient via the FFT. These actions had a positive effect in March and the Trust is currently on the improvement trajectory agreed with the CCG. • In March 2016 the Emergency Department (ED) Friends and Family Test response rate was 12.3% being below the 15% target. It was noted that on a number of occasions the touchscreen FFT feedback points have been turned off for several days. ED teams have been asked to carry out regular checks of the equipment to ensure the points are in working order. PEG noted that a trial of pro-active SMS (text messaging) surveying as an alternative approach to this survey will commence in June 2016. • PEG noted an error had been identified in the process that the Trust's Information Management and Technology Department used to draw the UH Bristol's sample for the 2014 National Inpatient Survey. Discussions are on-going with the Care Quality Commission about the impact of this error, which affected around 6% of the sample. It is expected that the 2014 data will be withdrawn from publication, and that the 2015 results (available in May 2016) will be presented without a comparison to the previous year. • PEG received and noted an update in respect of the 2014 National Accident and Emergency Department survey action plan. PEG noted the action plan has been substantially completed and that activity is being		

	monitored locally by the Division of Medicine. PEG closed this item.		
7. Complaints	a) **Complaints performance data for February and March 2016** PEG received and discussed complaints data for the period February and March 2016. In summary, PEG noted the Trust received 183 complaints in February 2016 and 150 in March 2016, equating to 0.27% and 0.22% of patient activity respectively, against a target of 0.21%. The Trust's performance in responding to complaints within the agreed timescales was 71.8% in February and 86.1% in March. In February there was a slight increase in the number of complainants telling us that they were unhappy with our investigation of their concerns: 7.7% in February compared to 6.4% in January 2016. The number of cases where the original deadline was extended was 14 in February and 25 in March, compared to 26 in December 2015 and 21 in January 2016. b) **Complaints and Concerns Policy** PEG noted that the Complaints and Concerns Policy had been shared with the group prior to the meeting for approval to go onto the Clinical Quality Group. PEG noted the following sections of the policy had been added or significantly updated: • Review of policy persistent complainants (4.2b) • Escalation of high risk complaints (section 4.8h) • Consent (5.4c) • Independent review (5.11) • Linking complaints with patient safety incidents and serious incidents (5.19) • Learning from complaints (5.23) • Duty of Candour (5.20) • Follow up of complaints three months after closure to confirm actions completed (5.24 d iii) • Ensuring the complaints system is open to all (6.2 ii) • Hearing about and learning from complaints (6.2 vi) • Routine survey of complainants (6.2 ix) • Discretionary compensation payments (14.3) *(to be confirmed)* Complex flow charts describing the processes for responding to complaints have been removed from the policy document. In discussion, CS confirmed the Trust position that every complaint should have an action plan associated with it. c) **i) Patient Support & Complaints work plan 2015/16** PEG noted the completion of the 2015/16 work plan. **Action:** It was agreed to include Item 3.2, "Use this	**TT**	

information to make the service more accessible to minority groups and/or those whose first language is not English" to the work plan for 2016/17.

ii) draft Complaints work plan for 2016/17
PEG discussed and approved the Complaints work plan for 2016/17 noting the comprehensive range of activity across six themes being:

- Improving the quality of written complaints responses
- Embracing and consistently implement national guidance, constitutional entitlements and regulatory requirements
- Ensuring the complaints service is accessible to all
- Developing and improving trust-wide sharing and reporting of complaints
- Continually reviewing and improving the complaints service
- Continued development of the Datix system to record and report on complaints

Action: In addition to carrying forward item 3.2 from the 2015/16 work plan (see item ci above) PEG requested that the use of electronic management systems for the sign off of complaints responses also be considered during 2016/17.

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PEG noted the work plan will enable the Trust to continue the process of improving how complaints are handled and how the organisation learns from this particular form of feedback.

d) **Divisional use of Datix to record informal complaints**
Sarah Wright (Head of Risk Management) explained the new Datix process for Divisions to report informally resolved complaints and compliments as set out in the 'Process For Listening And Responding To Concerns And Complaints' and 'Process For Recording Compliments' sections of the Complaints and Concerns Policy. In brief, PEG noted the new process involves staff directly inputting the concern or compliment onto a sort electronic form in Datix which in turn alerts the Divisional co-ordinator of activity. PEG noted the distinction between the term "complaint" and "concern" and that it has been agreed that the term "concern" is used to denote an informal complaint captured and recorded at divisional level. Divisional representatives are asked to cascade the changes to their respective Divisions and support the changeover process.

e) **To discuss and agree a proposal to implement an ongoing (rather than annual) complaints service user satisfaction survey**

PEG noted that this discussion will form part of the 2016/17 work plan for the Complaints Service.

f) **Report on selected summaries of investigations by the Parliamentary and Health Service Ombudsman April to June 2015**
PEG noted the recent PHSO report on selected case summaries of their investigations. The report contains 40 anonymised case summaries of investigations completed by the PHSO between April and June 2015. These case summaries provide examples of the complaints we handle and the outcomes our investigations provide. None were specifically related to UH Bristol.

g) **Regulation 16 compliance assurance summary**
CS reported that PEG last received a full compliance assurance summary for Regulation 16 in August 2015, since when, verbal updates have been received in December 2015 and February 2016. Changes since the August 2015 report were highlighted in the report in bold text. In discussion PEG noted that:
- Prior to a significant improvement in March 2016, there had previously been a five month period where insufficient numbers of formal complaints were being responded to within the agreed timescale – noted as a new risk to compliance, but not of sufficient magnitude to be recorded on a risk register

Positive assurance:
- The removal of a small backlog of complaints that had re-emerged in the summer of 2015
- Since November 2015, the proportion of complainants dissatisfied with our investigation response has been consistently below 10% - a positive achievement
- Action plans are now recorded on Datix for all formal complaints, although a judgement is made about whether it is appropriate to share the action plans with complainants (if actions are simple and few, it may suffice to describe these in the main body of the response letter only)
- The latest update of the Complaints and Concerns policy embraces the principles of duty of candour and includes a new standard operating procedure which governs the relationship between complaints and potential incidents and serious incidents.

Relevant plans for 2016/17:
- The planned introduction of a routine follow-up survey of all (formal) complainants in 2016/17
- The planned introduction of a follow-up letter to complainants, providing an update on the completion of any outstanding actions.
- Refreshed complaints training for divisional managers is being rolled out during Q1 and Q2 2016/17 – this focusses specifically on writing effective responses.

8.	Quality Strategy 2016-19	CS gave a verbal update to the group. It was planned that the draft Quality Strategy 2016-2019 would be presented to Clinical Quality Group (CQG) in June 2016.		
9.	Corporate Quality Objectives 2016-17	See Item 10 below.		
10.	Divisional Quality Objectives	**Divisional patient experience quality objectives 2015/16** PEG received and discussed a draft report on achievements of Divisional Quality Objectives for 2015/16 relating to Patient Experience and Involvement. PEG noted that the objectives are reviewed at the appropriate Divisional-level committees during the year and that this report is presented by way of an end of year summary. The full report will be circulated to PEG members when all Divisions have had an opportunity to contribute to it. **Trust and Divisional Quality Objectives 2016/17** PEG noted the draft Trust and Divisional Quality Objectives 2016/17 which set out a number of corporate quality objectives (priorities) that will be the focus of improvement activity during the year.		
11.	**Patient Experience and Involvement work plan 2016/17**	a) **Patient Experience and Involvement work plan for 2015/16** PEG received an update and noted the completion of the Patient Experience and Involvement work plan 2015/16. PEG agreed three areas of activity will continue as part of the draft 2016/17 work plan being: • Changes to the timescale for the monthly survey and FFT tender process for 16/17 due to the trial of a significant change to the postal survey programme methodology during April and May, and the potential purchase of a new system. • To further develop the patient experience and involvement pages on the Trust's external website including: patient stories, PPI log and National Surveys. • To review and refresh how we recruit and support lay representatives to, for example, steering groups b) **Patient Experience and Involvement work plan for 2016/17** PEG discussed and approved the Patient Experience and Involvement work plan 2016/17 subject to the approval of the Trusts new Quality Strategy. PEG supported a focus on two core work streams being: • The patient feedback programme in 2016/17 will continue to be developed with an emphasis on opening up feedback channels, speeding up reporting, automating key reports, and expanding the use of the data across the organisation. • New approaches to patient and public involvement (PPI) will continue with an emphasis on developing the breadth, capacity and culture of PPI across the organisation with particular emphasis on growing the		

	Involvement Network and implementing systematic approaches.		
12. **Face to Face and 15 Steps**	PEG noted the outcomes of recent activity in the Trust Face to Face inpatient survey and 15 Step Challenge process linked to service evaluation and quality improvement activity in Maternity Wards and A900 (Bristol Adult Cystic Fibrosis Centre), Area 51 and Ward 32 at the Bristol Royal Hospital for Children. PEG noted that both the Face to Face surveys and 15 Step Challenge are part of the corporate patient experience feedback model and offer an insight into quality from a patient perspective. Both approaches engage staff and trust volunteers and offer opportunities to glean rich information about the ward environment that can be shared quickly with teams. Plans this year include 6 Face to Face and 15 Step Challenges as a core programme with flexibility, subject to the capacity of the volunteer team, to offer additional activity in specific locations. In addition, we will explore how these models of feedback could be expanded to support the wider patient experience agenda and the resources required to do so.		
13. **Results of the Joint Clinical Research Unit (JCRU) patient satisfaction survey**	This item was deferred to the June PEG meeting.		
14. **Patient Information reports**	a) **To receive a summary of activity in the Patient Information Service for the period September 2015 – March 2016.** PEG noted a report which provided a summary of the performance of the Patient Information Service from January-March 2016. b) **To retrospectively approve the revised Patient Information Policy** PEG noted and approved the revised Patient Information Policy and the process whereby Divisional Patient Information representatives had been involved in its formulation.		
15. **Patient Experience Quarterly Reports**	PEG noted the Q3 (October – December 2015) Patient Experience report and the new process of asking Divisions to respond to outlier survey scores.		
16. **Quality Account 2015/16**	PEG noted the draft Patient Experience and Involvement section of the Quality Account/Report 2015/16 prior to this being shared with the Senior Leadership Team in May.		
17. **Healthwatch update**	PEG welcomed and noted the recent regular feedback reports from Healthwatch Bristol and Healthwatch North Somerset to which the Trust had responded.		

18. **Facilities and Estates feedback**	PEG noted the response to feedback received from a Welcome Centre volunteer, by way of the comments card process, relating to the availability of wheelchairs. Heads of Nursing were asked to encourage the return of green wheelchairs to the Welcome Centre from ward and clinic areas.		
19. **University of Bristol "provision of reasonable adjustments for disabled people using hospital services" research**	PEG noted the University of Bristol "provision of reasonable adjustments for disabled people using hospital services" research project.		
	The next meeting of PEG will be held on **30th June 2016, 2.30-4.30pm**, Board Room THQ and will include a review of the Policy on Reimbursement for involvement Activities.		

Notes

Meeting	Patient Experience Group (PEG)		Date	18th August 2016
Present	Carolyn Mills (CM – Chair); Paul Lewis (PL- minute taker); Jenny Anstey (JA); Jo Witherstone (JW); Helen Bishop (HB); Anna Horton (AH); Dave Crofton (DC – Healthwatch Bristol); Hazel Moon (HCM); Michael Lyall (ML - Healthwatch North Somerset); Sarah Windfeld (SW); Shelley Thomas (ST); Tanya Tofts (TT); Jennifer Richardson (JR); Helen Morgan (HEM);			
Apologies	Dena Ponsford (DP); Tony Watkin (TW); Maria Fox (MF); Chris Swonnell (CS); Sarah Furniss (SF); Teresa Sullivan (TS);. Ruth Hendy (RH); Juliet Cox (JC); Jayne Weare (JWe); Carole Tookey (CT);			

Agenda/Issues	Action agreed	Person to action	Action date
1. **Welcome and apologies**	Apologies received for the meeting were noted.		
2. **Patient story**	CM advised PEG that this patient story had been presented to the Trust Board in July 2016, and highlighted the important work of the Chaplaincy Team in providing support and comfort to patients and their families. It was noted that the care and compassion required in the Chaplaincy role may provide a learning point for other staff delivering health and social care, and so there may be a link to be made between the Preceptorship Programme and the Chaplaincy Team. **Action 1: email Sally Wilson (Preceptorship Lead) to suggest an exploration of links between the Preceptorship Programme and Chaplaincy Team.**	PL	August 2016
3. **Review of June 2016 minutes for accuracy**	The minutes of the meeting held on 30 June 2016 were agreed as a factual record of that meeting, with two amendments: Item 9 National Inpatient Survey – the action against this item should read: *CM advised that the local analysis of the 2015 National Inpatient Survey results should **not** include a new, detailed action plan, as the forthcoming Quality Strategy will be the primary mechanism to improve patient experience at the Trust.* Item 8 Q4 Patient Experience and Complaints Reports – a typo was present in the final paragraph on page 5: "In discussion, PEG noted that the Complaints team was currently managing a four working day *turnaround* …." (the word "turnaround" was missing in the original minutes).		

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4.	**Matters arising log**	The following updates were agreed in respect of the items on the Matters Arising Log:		
		2.16.6 Joint carers, learning disability, autism and dementia report (CT): update deferred to the next PEG meeting (October 2016)		
		6.16.1 PEG Membership (CM): recruitment is underway and an update will be provided at the next PEG meeting		
		6.16.2 "We Are Proud To Care Video" to be added to the Healthwatch website (TW): update deferred to the next PEG meeting		
		6.16.3 Task and finish group to explore open channels of dialogue with service-users (CM): this group has been set up by the Patient Safety Team. Close item.		
		6.16.4 Additional items for circulation with PEG minutes. This was done by TW. Close item.		
		6.16.5 Ensuring the complaints process is clear and unambiguous (CS): PL advised PEG that the "Tell us about your care" framed posters had been distributed to Divisions. The Divisional representatives present at PEG agreed that putting up these posters would be a priority. A further update will be provided at the October PEG meeting.		
		6.16.6 Promotion of the PPI Log. PEG members agreed that they would continue to seek opportunities to share the work in the PPI Log more widely. Close item.		
		6.16.7 Friends and Family Test Audit in the Bristol Royal Hospital for Children (PL and HCM). The audit is complete and has contributed to a positive increase in response rates. Close item.		
		6.16.8 Following low survey scores in the Quarter 4 Patient Experience Report, a member of the LIAISE team to visit ward 38b (paediatric neurology) to explore family experience (HCM). The ward is currently closed for refurbishment and so the visit will be deferred until it reopens. A further update will be provided at the December PEG meeting.		
		6.16.9 2015 National Inpatient Survey final report (PL). This report is on the August PEG agenda (10). Close item.		
		6.16.10 SW expressed an interest allowing midwifery students to shadow the Chaplaincy Team. SW will explore this locally with the Chaplaincy Team. Close item.		
		6.16.11 When the Chaplaincy Annual Report 2015/16 is provided to the Trust Board, it should be accompanied by a patient story that reflects the work of the Chaplaincy team (TW). The patient story discussed at the August PEG (item 2) was provided to the Trust Board. Close item.		
		6.16.12 The Divisional representatives at PEG confirmed that staff have been informed of the changes to the translating and interpreting arrangements. AH is also visiting wards to check that the message is getting through. Close item.		

		6.16.13 Translating and Interpreting Policy update (AH). This Policy was approved by PEG at the August 2016 meeting (item 12). Close item. *Post meeting note – final approval for this policy was required and received from Clinical Quality Group.*		
		6.16.15 Formal response to Healthwatch following their enter and view of the Discharge Lounge (CT). This response has been provided to Healthwatch. Close item.		
5.	**Patient and Public Involvement (PPI) Log review**	The PPI Log was noted. PL advised that the Diagnostics and Therapies Division had submitted additional items to go on to the log and that TW would action this. CM reminded all Divisions of the importance of keeping the PPI Log up to date.		
		Action 2: TW to add Diagnostics and Therapies projects to the log.	**TW**	**August 2016**
6.	**Bi-monthly Patient Experience Trust Board data**	PEG noted the content of the reports and the following points were raised:		
		• PL highlighted an error in Table 2 of item 6a (day case areas): the word "day case" appeared where the score should be. PL advised that scores were all in excess of 95% for these areas and that the correct results had already been circulated to the Divisions and day case areas.		
		• AH has distributed framed "Tell us about your care" posters to Divisions and wards. PL advised that it is important that the Divisions put these in place as quickly as possible, given the Trust's low score on this issue in the recent 2015 national inpatient survey results and the forthcoming Care Quality Commission inspection.		
		Action 3: Divisions to put in place the "tell us about your care" posters on each ward.	**Heads of Nursing**	**September 2016**
		• PL advised that TW was carrying out a "refresh" of patient feedback tools / displays in outpatient clinics. All clinics should have a Friends and Family Test ("How was your visit today") poster, comment cards, and a comments box. The display of completed cards in public areas (e.g. in a "you said we did" format) is welcome, but clinics should ensure that these presentations are up to date and professional-looking. TW will be re-issuing guidance to outpatient areas regarding patient feedback, and carrying out an informal audit of clinics to check compliance with these guidelines.		
		Action 4: TW to issue information to clinics and carry out an informal audit of clinics.	**TW**	**September 2016**
		• PL noted that the Patient Experience and Involvement Team Action Plan (item 6d) was marked as draft, because a comprehensive revision of this plan is on hold until the new Quality Strategy has been approved by the Trust Board (currently scheduled for October 2016). However, service developments continue to be		

	implemented and there are no major concerns to flag to PEG.			
7. Complaints	Item 7a provided PEG members with information about complaints received in June and July 2016: • TT noted that the data relating to complainants dissatisfied with the Trust's response to their complaint, was now reported two months in arrears (rather than one), to allow sufficient time for complainants to respond to the Trust • HB queried whether complainants know that the Patient Support and Complaints Team have a coordination role in relation to a complaint, and that usually the actual investigation and response comes from staff within the Division. TT confirmed that complainants are made aware of this • TT advised that there was an increasing trend of complaints being dealt with via the informal rather than formal route CM advised PEG members that the Complaints and Concerns Policy provided to PEG (item 7b) would be subject to further revision before it is provided to the Senior Leadership Team (SLT) committee for approval in October 2016. CM requested that PEG members be provided with an additional opportunity, via email, to review the Policy prior to it being submitted to the Senior Leadership Team Committee. ST requested whether a short / easy read version of the document could be produced for staff. TT advised that she would explore this idea with CS. **Action 5: circulate final draft of this document to PEG members via email, for comment, before submission to the Senior Leadership Team committee.** **Action 6: explore the possibility of producing an easy read version of the Complaints and Concerns Policy.** Item 7c was deferred until the October PEG meeting. In respect of Item 7d (complaint 18285): • CM noted the very high level of complexity of this complaint, but raised the possibility that in hindsight there might have been an opportunity to prioritise the different elements of the complaint with the complainants. • SW noted that the new Evolve system will aid the response to complex complaints, as the relevant patient records will be on-line and accessible remotely by the relevant members of staff (rather than each member of staff having to wait for the paper notes) **Action 7: Heads of Nursing to share this complaint, and the learning from it, within the Divisions**			
		CS/TT **CS**	**October 2016** **October 2016**	
		Heads of Nursing	**September 2016**	

		TT advised of a number of changes to the way that actions are recorded in the Trust's response to complainants: • Where an action plan is not provided, this should be recorded on the Datix system as "no action plan" • In future, the default will be for actions to be listed within the written complaint response, rather than as a separate action plan (although the latter is still an option where this is more appropriate) • These actions will be recorded on Datix and an exception report will be reviewed at PEG meetings These changes are reflected in the new Complaints and Concerns Policy and CS has emailed Divisions with this information.		
8.	**Quarter 1 Patient Experience and Complaints reports**	PL advised that the final version of the Quarter 1 Patient Experience report would contain a response from all Divisions in respect of negative Friends and Family Test scores and other outlier scores. The final version that would be submitted to the Senior Leadership Team, Quality and Outcome Committee and Trust Board in September 2016 • CM welcomed the inclusion of Patient and Public Involvement activity in the report • HEM noted that in accounting for the relatively low survey scores at South Bristol Community Hospital, it would be more relevant to link this to the patients having long-term, complex health and social care needs, rather than it being specifically about dementia. HB noted that these factors are likely to become even more prevalent in the future at South Bristol Community Hospital, and therefore we may continue to see the survey scores remain at these levels. CM noted that whilst we believe that methodological factors account for the lower scores, it is important that we continue to test this and seek opportunities for improvement, which is why Healthwatch Bristol have been invited to carry out an enter and view of the hospital. **Action 8: TW to coordinate an enter and view of South Bristol Community Hospital by Healthwatch Bristol** In respect of the Quarter 1 Complaints Report, TT noted that a number of new themes had been added to the analysis of complaints (discharge, transfer, transport and documentation). • CM reinforced the importance of answering telephones and noted that whilst the Trauma and Orthopaedics department now had a new person in post to support this function, the task of answering telephones shouldn't ever be reliant on a single person.	**TW**	**October 2016**
9.	**Quality Strategy**	CM introduced this item, noting that the Senior Leadership Team had already discussed the document and had not requested any significant changes to the section relating to patient experience and involvement.		

	PL provided a summary of the Trust's ambitions to open up opportunities for patients to provide feedback / raise issues. In particular, the draft Quality Strategy identifies a need for "real-time" patient feedback systems and processes. PL noted that the aim of putting these systems in place was to help resolve issues near to the point at which they occur, rather than see them become a formal complaint. • ML asked whether there was cause for concern if patients were currently unable to raise issues with their care. PL advised that the plans for real-time feedback did not mean that there are no opportunities to raise issues at present, just that we would like to strengthen our ability to hear about and resolve issues in "real time". HEM noted that our rich survey data provides us with assurance that the great majority of patients are satisfied with their care.		
10. 2015 National Inpatient Survey	PL advised that the key results from this survey had already been shared at the June PEG meeting. This local analysis report was written after the June PEG meeting, and has since been received by the Senior Leadership Team and Trust Board. There were no further comments and PEG noted the report.		
11. **2015 National Cancer Survey**	PL provided PEG with an overview of the latest national cancer survey results, which suggest a positive direction of travel for UH Bristol in this survey. The Cancer Steering Group will oversee reporting of these results to the senior Trust committees. There were no further comments from PEG members. CM advised PEG members to email RH with any additional comments on the report or results.		
12.Translating and Interpreting Services	AH advised that this Policy may be superseded by the Accessible Information Standard at some point over the next year. PEG noted this and approved the Policy for twelve months.		
13. **Volunteer Services Annual Report**	This item was deferred as the report required further work. CM requested that the updated report be circulated via email to PEG members with the August minutes. **Action 9: circulate Volunteers Services Annual Report with the August PEG minutes**	**PL**	**Sept. 2016**
14. **Face2Face and 15 steps challenge**	This summary was noted.		

15. Healthwatch Update	The Healthwatch reports were noted.		
	• ML advised PEG that he had spoken with the Chief Officer of Healthwatch North Somerset about the way that PEG functions, in particular a lack of time to cover Healthwatch items, and also a suggestion that sub groups may be a more effective structure for PEG's work. CM welcomed ML's feedback and advised that PEG is primarily a group that provides governance around the Trust's patient experience and involvement activity. CM noted that the presence of Healthwatch on PEG provided an additional level of scrutiny in this process. CM advised that as a result of ML's feedback, the PEG Terms of Reference would be reviewed and discussed at the October PEG meeting. TW would also meet with PEG's Healthwatch representatives to discuss their role and the levels of support that they receive from the Trust to carry this out.		
	Action 10: review PEG Terms of Reference	**PL**	**October 2016**
	Action 11: meet with Healthwatch representatives	**TW**	**September 2016**
16. Values and behaviours poster	PEG noted this poster.		
	The next meeting of PEG will be held on **20ᵗ October 2016, 2.30-4.30pm**, Conference Room THQ.		

University Hospitals Bristol **NHS**

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Minutes for the Patient Experience Group (PEG)

Held on Thursday 24th August 2017, 2.00pm - 4.30pm
Conference Room, THQ

Present:

Helen Morgan (HEM)	Deputy Chief Nurse - Chair
Mike Lyall (ML)	Healthwatch, North Somerset
Dave Crofton (DC)	Healthwatch, Bristol
Jennifer Anstey (JA)	Matron, Specialised Services
Nicky Brooks (NB)	Matron, Medicine
Sarah Coombes (SC)	Governance Manager, D&T
Nicky Freeman-Fielding (NF)	Matron for Critical Care, Division of Surgery
Mark Goninon (MG)	Head of Nursing, Children's Services
Jo Witherstone (JW)	Senior Nurse, Quality
Chris Swonnell (CS)	Head of Quality (Patient Experience and Clinical Effectiveness)
Paul Lewis (PL)	Patient Experience and Involvement Team Manager
Tanya Tofts (TT)	Patient Support and Complaints Manager

In Attendance: Toni Blake (TB), PA to Chief and Deputy Chief Nurse- for Minutes

	ITEM	ACTION
1.0	**Apologies:**	
	Juliet Cox, Head of Nursing, Surgical Division (Nicky Freeman-Fielding attending); Ruth Hendy, Lead Cancer Nurse; Carole Tookey, Head of Nursing, Medicine (Nicky Brooks attending); Carolyn Mills, Chief Nurse; Tony Watkin, Patient and Public Involvement Lead; Anna Horton, Patient Experience & Regulatory Compliance Facilitator; Maria Fox, Performance and Projects Manager; Sarah Windfeld, Head of Midwifery; Sarah Furniss (SF), Head of Nursing, Specialised Services.	
2.0	**Parent Story**	
	PL presented the three patient stories that had been presented at the Trust Board since the last meeting. HEM observed that the importance of kindness, care and compassion was clear throughout each of the stories and the impact this had on the patients' experiences.	
3.0	**Minutes of Meeting held on 25th May 2017**	
	The minutes of the meeting held on 25th May 2017 were agreed as a true and accurate record, with the addition of apologies from Helen Morgan.	
4.0	**Matters Arising and Action Log:**	
	All actions noted as complete or on the agenda, with the following exceptions: • May Action 9 – Circulate Noise Briefing to Group members. **ACTION: NF to liaise with JC to circulate the Noise Briefing to group members.**	NF/JC
	• May Action 17 – Employment checks for lay representatives.	

		ACTION: TW to distribute guidance on employment checks required for lay representatives and volunteers electronically.	TW
		• May Action 19 – **ACTION: PL and TW to meet and discuss closure of action 19**	PL/TW
		• February Action 4 – CM and PL to discuss the presentation of Datix risks at future PEG meetings.	
5.0	**Complaints**		
5.1	To review the Quarterly Complaints Report for Quarter 1 2017/18		
	TT presented the Q1 Complaints Report drawing group members attention to the key points detailed on the cover sheet.		
	The Group noted the following;		
	1. The addition of two new items introduced into the report: • Complaints data for Trust Services. • A split of complaints by inpatients, outpatients and emergency departments.		
	2. TT highlighted that 28% of responses had exceeded target deadlines. **ACTION: TT investigating reasons for responses to complaints being delayed and reviewing adherence to the Standard Operating Procedure governing use of extensions.**	TT	
	3. In respect of outpatient care, there could be a correlation between the increase of complaints and the decrease shown in patient experience. (ACTION: See item 6.1)		
	4. Divisional responses to complaints hotspots in quarter 1 had yet to be added. **ACTION: TT to circulate the quarterly complaints report once divisional data has been added.**	TT	
	5. The chart on page 13 shows an increase in complaints related to the Dental Hospital, rising since November 2016. **ACTION: Division of Surgery to investigate the reasons for dental complaints in greater detail and to report back at the November meeting.**	TT/Surgery	
5.2	To note the latest monthly Trust and Divisional complaints data The monthly Trust and Divisional complaints data was deferred due to a change in reporting delaying its production. Reports for both July and August will be available in September.		
5.3	Update of progress/risks to the delivery of the Patient Support and Complaints Team work plan TT reported two actions at risk of slippage. The results of the ongoing survey of complainants will be reported regularly at PEG starting at the November meeting. It was agreed that CM and CS would review the question of electronic sign-off of complaints response letters. **ACTION: CM and CS to discuss**	CM/CS	
5.4	To review the Patients Association report into outcomes/learning from		

	interviews with dissatisfied complainants	
	CS explained that the key driver for the project was the continued effort to reduce the number of complainants who are dissatisfied with the Trust's response to their complaint.	
	Phase 1 involved engaging with people who had expressed dissatisfaction with the Trust's response to their complaint, so that we can better understand the reasons for this. The outcomes from this engagement were summarised in the report presented to PEG.	
	Phase 2 will be for development work with the Patients Association to develop practical tools and guidance refocusing on best practice.	
	The Group welcomed the report, points of discussion included the following:	
	• The report emphasised that the language used in complaint responses should demonstrate a willingness to admit we didn't get things right and should reflect "emotional intelligence", rather than being a purely fact-based exercise. • Letters should recognise the emotional impact of events for the complainant, for example moving an operation date has multiple practical implications for a family, even if this can seem like "just an administrative issue" for us. • ML questioned the cost of the work and whether it provided good value for money. HEM stressed that it is important for the Trust to work with external partners who can provide an independent and constructively critical view of our work **ACTION: ML and TW to meet to discuss the work with the Patients Association and its value to the Trust.** • NF Highlighted that the word 'complaint' itself is emotive and that patients have stated that they do not want to make a complaint but rather to raise a concern or a challenge.	**TW/ML**
	Additional agreed next steps:	
	ACTION: CS and TT will formally approve the report and develop an associated action plan that will be brought back to the Group at the November PEG meeting.	**CS/TT**
	ACTION: TW and CS develop the delivery of phase 2 with the Patients Association.	**TW/CS**
	ACTION: The report Patients Association should be circulated by divisions and the staff that handle complaints, marked as draft.	**Divisional reps**
5.5	To receive the outcome of the review of themes arising from dissatisfied complainants for Q2.	
	CS presented the themes resulting from the review of dissatisfied complaints for Q2 drawing group members' attention to the key points detailed on the cover sheet.	
	The Group noted the report with only one comment that the reference to Ward 11 on page 3 should be checked as Ward 11 was renamed years previously.	
	ACTION: TT to check if the reference to Ward 11 is correct	**TT**
5.6	To review the learning from the Royal Literary Fund training received by the	

	Patient Support and Complaints Team CS updated the Group regarding training by the Royal Literary Fund who have identified that complaints response letters are sent out in the name of the Chief Executive but signed by an alternative executive, without an explanation of their relevance to the issue. **ACTION: CM and CS to discuss the sign off used at the end of complaint response letters.**	CM/CS
5.7	To note the update of the Trust's compliance with Care Quality Commission Regulation 16 Noted by the Group with no comments.	
6.0	**Patient Experience and Involvement Team Update**	
6.1	To review the Quarterly Patient Experience and Involvement Report for Quarter 1 2017/18 PL presented the headline achievements and areas for ongoing scrutiny from the Quarterly Patient Experience and Involvement report. The Group noted the possible correlation between the increase in outpatient complaints and the decrease in patient-reported experience (see 5.1). HEM suggested that a number of the divisional responses to concerns highlighted in the report should be reviewed and reworded. Next steps: **ACTION: PL will further investigate the potential correlation of data relating to outpatient experience.** **ACTION: HEM and PL to meet to discuss amendments to the Divisional responses to individual survey comments** **ACTION: The finalised Quarterly Patient Experience and Involvement Report for Quarter 1 2017/18 will be sent to Senior Leadership Team, Quality and Outcomes Committee, and the Trust Board in September.**	PL HEM/PL CS
6.2	Update of the progress/risks to delivery of the Patient Experience and Involvement Team work plan PL advised the Group that the delivery of the real-time patient feedback system has been delayed as a result of staffing pressures in the Procurement Department. The tender is now expected to be complete by the end of November. **ACTION: CM, CS and PL will meet to discuss the delivery of the real-time patient feedback system.**	CM/CS/PL
6.3	To note an update of the Trust's compliance with the elements of Care Quality Commission Regulation 17 that pertain to the Patient Experience Group PL presented the update. The Group noted the report and were happy that the Trust is complaint with the relevant sections of regulation 17.	

6.4	<u>Update on the corporate quality objectives relating to developing a customer service mind set and real-time patient feedback</u> The Group noted the paper without comment.	
6.5	<u>To review the Patient and Public Involvement update report</u> PL presented the highlights of the Patient and Public Involvement update report.	
6.6	<u>To note the Patient and Public Involvement log of activity</u> The Group received and noted the Patient and Public Involvement Log of Activity.	
7.0	**National Patient Surveys**	
7.1	<u>To review the 2016 National Cancer Patient Experience Survey results</u> PL presented this summary of the Trust's performance in the 2016 National Cancer Patient Experience Survey. PL noted that the results reflect an improvement journey, with the Trust now being in line with national averages having previously been below this benchmark. This seems to be primarily due to extensive improvement activity led by the Lead Cancer Nurse. PL summarised a discussion that had taken place at the Trust's Cancer Steering Group, which recognised the improvement and reiterated that the Trust aspires to be among the very best nationally, but that "national average" may be a fair reflection of the Trust's current position, given for example the capacity pressures in the Bristol Haematology and Oncology Centre and that some "big ticket" items in the cancer services improvement plan have not yet been delivered (e.g. a holistic / wellbeing centre). PL advised that internally work had been undertaken to try and understand the difference between the results of the national inpatient survey and the cancer survey, and that it seems to reflect a combination of factors including methodological issues with the survey and the fact that patients may be under the care of more than one trust during their cancer journey. CS noted the specialty-level data in the Quality Health report and asked whether / how this would be used. PL advised that the Lead Cancer Nurse uses this data extensively and will be engaging with each individual speciality team.	
7.2	<u>To review the 2016 National Inpatient Survey local analysis report</u> • PL updated the Group that the Trust has attained some of the best scores in the country. • The Divisional representatives confirmed that the report has been circulated within their divisions. • The Group raised no questions.	
8.0	**Equality and diversity sub group proposal and draft terms of reference**	
	CS explained that a new Patient Inclusion and Diversity Group will be created as a sub-group of PEG, with close links to the existing Equality and Diversity Group. This new group will offer a platform to discuss and explore equality issues which impact on the experience of patients, whilst enabling the E&D Group to	

	focus on workforce-related matters. TW will support the work of the new group as a natural progression of his current role. Divisions have been asked to consider the question of who might chair the new group. **ACTION: CS and CM to meet to formalise membership of the Group.** The Group approved the Terms of Reference for the Patient Inclusion and Diversity Group.	**CM/CS**
9.0	**Healthwatch**	
9.1	Summary of recent activity with Healthwatch • PL reported on the activities carried out with Healthwatch reflecting that they illustrate that the Trust has a very positive and constructive relationship with Healthwatch.	
9.2	Update of the action plan in response to the Healthwatch deaf, deafened and hard of hearing special report • PL provided assurance that the Trust is actively engaged with deaf, deafened and hard of hearing patients. • TW is facilitating a meeting and formalising the process of engagement in September. TW will update the Group at its next meeting.	
9.3	Update of the action plan in response to the South Bristol Community Hospital "enter and view" The action plan was noted.	
9.4	Verbal update from Healthwatch representatives: recent and planned Healthwatch activity relevant to UH Bristol • DC is joining the new UH Bristol complaint panel, independently of Healthwatch. • DC advised that Healthwatch had received a complaint about the accessibility of the new Unity sexual health service. **ACTION: NB will highlight this complaint with the division** • ML raised a concern about how patients who are re-routed to the BRI ED from Weston at night are repatriated to Weston, as transport is unavailable until 6.00am. ML further advised the Group that a demonstration is expected in Weston on 2 September regarding the ED closure, and also that there is a degree of scepticism locally about whether the future of Weston Hospital has already been decided behind closed doors. **ACTION: HEM will follow up the transport issue raised by ML with Alison Grooms (Deputy Chief Operating Officer).** **ACTION: TW will feedback the solutions for late night ED patients to ML.** • Healthwatch hope to undertake a follow up visit to South Bristol Community Hospital later in the autumn of 2017.	**NB** **HEM** **TW**
10.0	**Update of progress/risks to the delivery of the Volunteer Services work plan**	
	CS summarised the overarching status of delivery of the Volunteer Services work plan, highlighting that, with hindsight, some of the deadlines had been optimistic in view of complexity and resourcing. Nonetheless good progress had been made. CS is confident of delivery but delivery deadlines will be later than	

	previously planned.	
	Official confirmation of funding from PEARS Foundation is awaited.	**CS**
	ACTION: CS will chase formal confirmation of PEARS Foundation funding.	
	It was noted in discussion that all volunteers are DBS checked by the Trust.	
11.0	**Annual Translating and Interpreting Report**	
	PL presented this summary of the Trust's translating and interpreting provision for the 2016/17 financial year. PL noted that costs had been relatively stable compared to previous annual increases, and that this may have been due to the competitive tender for face-to-face / telephone interpreting that was carried out in early 2016. PL noted an increase in incidents and complaints, and reflected that these are primarily in relation to staff not booking interpreters for patients. The Patient Experience and Involvement Team are engaging with booking coordinators to help improve the booking process and also employed a temporary member of staff to ensure that "red flag" was present on the Medway records of all patients who had previously accessed translating and interpreting services. CS noted that it would be helpful to know how the Patient Experience and Involvement Team had responded to each incident. PL advised that this hadn't been recorded in 2016/17, but is recorded now and so will be incorporated into future annual reports.	
12.0	**Proposed extension of the Reimbursement Policy for Patient and Public Involvement Activities (cover sheet only)**	
	Deferred to 2018.	
13.0	**Divisional Quality Objectives**	
	Received by the Group for information with no comments.	
14.0	**Carer's Group Summary Report**	
	The Group noted the report. ML enquired whether staff had an option as to how their names were presented on their ID badges. It was confirmed they can define how their name is presented from a number of flexible options.	
15.0	**Patients Association Dermatology Department Report**	
	The report was noted with no comments.	
16.0	**Any Other Business**	
	Nil	
17.0	**Date of next meeting:**	
	The next meeting of PEG will be held on ***Thursday 30 November 2017, 14:30-16:30, Conference Room, Trust HQ***	

University Hospitals Bristol **NHS**

NHS Foundation Trust

Minutes for the Patient Experience Group (PEG)

**Held on Thursday 16th August 2018, 12:00-14:00,
Board Room, Trust Headquarters**

Present:

Helen Morgan (HEM)	Deputy Chief Nurse (Chair)
Dave Crofton (DC)	Healthwatch, Bristol
Juliet Cox (JC)	Head of Nursing, Surgical Division
Mark Goninon (MG)	Head of Nursing, Children's Services
Gav Hitchman (GH)	Heads of Nursing, Specialised Services
Anna Horton (AH)	Patient Experience and Regulatory Compliance Facilitator
Paul Lewis (PL)	Patient Experience and Involvement Team Manager
Mark Read (MR)	Chaplaincy Team Leader
John Sibley (JS)	Trust Governor
Tony Watkin (TW)	Patient and Public Involvement Lead
Tanya Tofts (TT)	Patient Support and Complaints Manager
Sara-Jane Sheldon (SJS)	Matron, Women's Services
Dena Ponsford (DP)	General Manager, Facilities and Estates
Nicky Brooks (NB)	Outpatients Matron, Medicine

	ITEM	ACTION
1.0	**Apologies:**	
	Carolyn Mills (CM), Chief Nurse; Sarah Windfeld (SW), Head of Midwifery; Chris Swonnell (CS), Head of Quality (Patient Experience and Clinical Effectiveness); Ruth Hendy (RH), Trust Lead Cancer Nurse; Jo Witherstone (JW), Senior Nurse for Quality; Penny Parsons (PP), Trust Governor. Welcome: Sara-Jane Sheldon (attending for Sarah Windfeld) and Dena Ponsford (attending for Maria Fox) To note: There is currently no representative for Healthwatch North Somerset on the Patient Experience Group (PEG), as Shirley Rainey is no longer a volunteer for the organisation. Healthwatch North Somerset is seeking a replacement member to attend the Group.	
2.0	**Minutes of Meeting held on 17th May 2018**	
	The minutes of the meeting held on 17th May 2018 were agreed as a true and accurate record, subject to the following minor amendments: • Item 6.1 'The report was received and TW highlighted how Healthwatch had supported the Trust in communication with patient groups regarding the temporary *(insert: "overnight")* closure of Weston *(insert: "General Hospital Emergency Department")*. • Item 8.3 'The group noted that few NHS Trusts nationally appear to have equivalent *(insert: "Policies")* in place for Spiritual and Pastoral care. MR will share the Trust's *(insert: "Policy")* with the College of Health Care Chaplains to encourage development within the care network.' *This sentence should be moved to item 8.1.*	
3.0	**Action Log and Matters Arising**	

	Action Log	
	The PEG Action Log was reviewed. The following updates against open items were noted:	
	Action 61 (managing patient expectations during busy periods): staff are briefed at the start of each shift about staffing levels, which can help to manage patient expectations. HEM recommended that any messages to patients that staffing levels were low needs to be managed very carefully. The Heads of Nursing agreed that this would be a topic of discussion taken forward with senior nursing staff in the Divisions. Close action on the Log.	
	Action 62 (noise at night): MG advised PEG that a task and finish group had been established to look at this issue and make recommendations. A summary of this work will be provided to PEG at the next meeting in November 2018.	
	Action 64 (Divisional briefing note regarding corporate Patient and Public Involvement support available): document circulated to Divisions. Close action on the Log.	
	Action 65 (discussion of dental never events with Healthwatch Bristol): JC provided PEG with additional information and assurance around these never events. JC will provide TW with the action plan for Healthwatch to see. Close action on the Log.	
	Action 66 (Healthwatch to report on "Maternity Voices"): no update available. Keep action open on the Log.	
	Action 73 (dissemination of Volunteer Services Annual Report 2017/18 via Divisional Boards). Divisional representatives confirmed this had taken place. Close action on the Log.	
	All other items on the Log were either closed, had a written update provided against them, or were items on the main agenda.	
4.0	**Patient Experience and Involvement**	
4.1	Patient Experience and Involvement Report for Quarter 1 2018/19	
	PL presented the Quarterly Patient Experience and Involvement Report, noting:	
	• The Trust continued to receive very positive feedback from service-users and has maintained a 98% score of our patients rating their care as excellent, very good or good.	
	• South Bristol Community Hospital (SBCH) headline inpatient scores have improved for four consecutive quarters which coincides with the ongoing work that has been carried out to improve patient experience. A note of thanks had been sent by the Division of Medicine's Head of Nursing to the new management team at the hospital.	
	• An increase in outpatient clinic waiting times at Bristol Haematology and Oncology Centre (BHOC) has affected the outpatient survey scores. GH informed the group that there is ongoing planning work for increasing capacity in these areas.	
	PEG discussed the importance of sharing the learning on a wider scale from the recent work at SBCH. **Action: NB to look at how learning from the work at**	

	SBCH to improve patient experience can be applied to other areas in the Division of Medicine.	**NB**
	PEG discussed the low Friends and Family Test response rates for Maternity and SJS advised that the cards are going to be given out again on Central Delivery Suite as this had not been happening and may have impacted on the response rates. It was noted that there will be a 'Patient Experience at Heart' workshop for women's services in Quarter 3 2018/19.	
4.2	Patient survey demographic analysis annual review	
	PL provided an analysis of the Trust's monthly inpatient postal survey data for 2017/18 by demographic group, with the following points highlighted:	
	• The most consistent demographic effect in the data is that older patient groups tend to report a less positive patient experiences. This is reflective of the picture at a national level, although UH Bristol's scores tend to be better than the national average. This issue has been regularly discussed at PEG via the Quarterly Patient Experience and Involvement Report agenda item. • For all four years shown in the report, satisfaction ratings from the Sikh community have been slightly lower than other religious groups in the survey (albeit not to a statistically significant degree). TW and MR are making contact with the Sikh community to carry out a focussed piece of work to better understand this effect in Quarter 2 2018/19.	
4.3	2017 National Inpatient Survey: results and analysis	
	PL presented the report and summarised the main results from the survey:	
	• The Trust received four scores that were classed as being better than the national average to a statistically significant degree • One score was classed as being below the national average to a statistically significant degree • The Trust achieved the second best non-specialist acute trust score nationally on patients' overall hospital experience rating • In the previous survey in 2016, the Trust received twenty scores classed as being better than the national average however analysis by the Patient Experience and Involvement Team suggests that these results are broadly in line with the 2017 results.	
	It was noted that there is no specific action plan following the survey results as the issues identified were already well understood by the Trust through our corporate survey and involvement programme. A number of service improvement activities that will address these issues were outlined in the report.	
	HEM highlighted that the results represent an excellent achievement and that this should be fed back to staff in Divisions to highlight the positive successes.	
4.4	Rapid-time feedback system project update	
	PL presented an update on the real-time feedback system project. Contracts	

	are in the process of being signed with the winner of the tender process (Optimum Contact Ltd). The first phase of the implementation will commence at the Bristol Royal Infirmary during Quarter 3 2018/19. PL offered to attend divisional boards/group meetings to engage staff about the development of this project if this would be of benefit.	
4.5	Draft policy for Reimbursement for Patient and Public Involvement Activities TW advised that, having explored the issue in detail, it had not been possible to align this Policy with other reimbursement Policies in place at the Trust. The draft Policy for Reimbursement for Patient and Public Involvement Activities therefore essentially represented a continuation of the previous version of this Policy. The draft Policy was received by PEG, with no comment, for onward approval by Policy Assurance Group and Clinical Quality Group.	
4.6	Patient Experience and Involvement Team 2018/19 work plan update PEG noted the work plan update.	
5.0	**Complaints**	
5.1	Complaints Report for Quarter 1 2018/19 TT highlighted that corporate complaints priorities are now noted in the SPORT summary whilst divisional priorities are noted in their respective sections of the report. There are still challenges in consistently achieving the Trust's target of sending out at least 95% of formal responses within the timescale agreed with the complainant. On this basis, TT is now providing the Trust's Clinical Quality Group with a monthly report on these breaches and an explanation for why these have occurred. The periodic review of dissatisfied complaints will be reinstated and learning from these shared Trust wide. There has been an overall increase in enquiries to the Patient Support and Complaints Team (819) compared to the last two quarters.	
5.2	Review of latest Divisional complaints data The July complaints data was not available at the time that the PEG meeting papers were distributed. This item was therefore removed from the agenda.	
5.3	Patient Support and Complaints Team 2018/19 work plan update PEG noted the draft work plan for 2018/19, including progress to date. TT confirmed that there are appropriate resources in place to deliver the items in the work plan where progress is currently highlighted as being "at risk". PL suggested adding the real-time feedback system to the complaints work plan. TT agreed that this should go in the plan. **Action: TT to add the real-time feedback system into the complaints work plan for 2018/19.**	

5.4	<u>Risk 2680 (Patient Support and Complaints Team backlog): to approve the addition of this risk to the risk register</u> TT presented Risk 2680 which relates to delayed follow-up calls to complainants by the Patient Support and Complaints team due to current staffing issues. As of 16/8/18, there were 59 cases awaiting a follow up phone call, with the oldest cases waiting 10 working days. A temporary case worker has been has been appointed to start full time in September 2018. The group suggested the following amendments to the draft risk prior to going to Trust Services Board for approval: • The risk title should start with "Risk of…" or "Risk to…" • Some of the listed controls are actions which should be moved to a different section of the risk • Review of the current risk rating of 12 • Make the description clear that this risk is due to lack of staffing The group acknowledged that there is a need to have this current staffing issue on the risk register. **Action: TT to make the amendments to the risk with CS and take to Trust Services Board for approval**	**TT**
6.0	**Governor Update**	
6.1	<u>Summary of recent and forthcoming Trust Governor related activity</u> PEG reviewed a cover sheet outlining the patient experience related questions that had been formally raised by Trust Governors via the Membership Office. TW explained that the Patient Experience and Involvement Team, in collaboration with the Membership Office, will be doing a piece of work with Governors to raise awareness of the role of PEG has an assurance committee.	
7.0	**Healthwatch**	
7.1	<u>Summary of recent and forthcoming Healthwatch related activity</u> TW presented an update of the Trust activity with Healthwatch. TW noted that the Trust's responses to patient feedback received via Healthwatch were not included in this report, but will be reinstated for future reports. DC advised PEG that Healthwatch Bristol have secured further funding and as a result have cleared their backlog of work. Future priorities for the organisation include a focus on mental health and looking at how GPs flag reasonable adjustments of patients. Healthwatch Bristol would like to revisit South Bristol Community Hospital to view progress since their previous "enter and view". TW suggested that this could be aligned with the formal closure of the action plan by the Division of Medicine.	

8.0	**Care Quality Commission (CQC) Regulations**	
8.1	Care Quality Commission Regulation 16: Receiving and acting on complaints TT presented the report summary and explained that there have been no changes to the compliance of the regulation since the last update. The overall status of compliance shows that the requirements of the regulation are being met. Pending approval, Risk 2680 (see item 5.4 above) will be added as a risk to compliance against the regulation.	
8.2	Care Quality Commission Regulation 10: Dignity and Respect The group noted the updated Regulation. It was agreed that there should be an amendment to the review date / information to indicate that the Regulation was reviewed by Clinical Quality Group not the Quality and Outcomes committee.	
8.3	Care Quality Commission Regulation 9: Person Centred Care Cover sheet only. It was acknowledged that a full update of this Regulation is required. This will be discussed in detail at a forthcoming Heads of Nursing meeting, prior to a full update being provided at the November PEG meeting.	
8.4	Care Quality Commission Regulation 17: Good Governance *(elements pertaining to the remit of the Patient Experience Group)* The group noted the update for the elements of Regulation 17 that are in the remit of PEG. TT noted that the figure for dissatisfied complaints continues to run at around 10% on average. This is comparable to peer data from other Trusts, but remains a focus of attention for the Patient Support and Complaints Team and Divisions.	
9.0	**Patient Experience Related Risks**	
9.1	Six-monthly review of patient experience related risks on the corporate risk register PL presented a summary of the patient experience risks on the corporate risk register. The Chief Nurse will review the risks identified through this exercise in one-to-one meetings with the Divisional Heads of Nursing.	
10.0	**Carers' Strategy Update**	
10.1	To provide the Patient Experience Group with an update on the Trust's Carers' Strategy TW informed the group that the Patient Experience and Involvement Team had carried out a review of the status of the UH Bristol Carers' Strategy. A number of issues were identified through this review, in particular the current lack of a senior clinical "carers lead" to drive the Strategy forward. The review is currently being considered by the Chief Nurse and an update will be provided to PEG in November.	
11.0	**Translating and Interpreting**	
11.1	Translating and Interpreting Annual Report 2017/18 PL presented the report and highlighted that there had been a significant rise in interpreting expenditure. This is likely to reflect an increase in demand for	

	interpreting services and increased costs. Divisional representatives were asked to encourage their clinical teams to consider the use telephone interpreting, where appropriate, as this is likely to reduce costs and would help to ensure that interpreting support is provided at appointments. JC advised that the Division of Surgery has developed a flowchart for staff about booking interpreters. PL advised that Sheffield Teaching Trust has adopted a Standard Operating Procedure about when telephone interpreting is appropriate to use, which could be built in to the Division of Surgery's flow-chart. HEM noted that telephone interpreting wasn't suitable for certain situations and patient groups, for example patients with a dementia.		
11.2	Translating and Interpreting Policy AH presented the updated Translating and Interpreting Policy and noted a number of proposed updates. AH advised that the Policy may need to be updated before its scheduled expiry date, as a tender process for these services is imminent. HEM asked for Divisions to send any comments to AH by 31 August, prior to the Policy being submitted to the Policy Advisory Group and Clinical Quality Group. **Action: PEG members to send any comments about the Policy to AH by 31 August 2018.** **Action**: **Policy to reference the interpreting flow-chart developed by the Division of Surgery (see above).**	**All** **AH**	
11.3	Community language interpreting briefing note PL advised that, due to a combination of staffing issues at the Temporary Staffing Bureau (TSB) and a significant increase in demand for interpreting services, the fulfilment rate for TSB bookings in 2017/18 had been around 40%, compared to 80% in 2016/17. There has been an increase in the number of incidents where staff have not sourced an interpreter in time for an appointment, primarily because they had assumed that the TSB had already made the booking. PL is currently writing an options appraisal with the TSB service manager. In the meantime, staff are advised to contact the TSB at least four working days before an appointment date if they have not received confirmation that an interpreter has been successfully booked by the TSB, to ensure there is time for the Trust's external supplier to source an interpreter instead. A Newsbeat article has been drafted to this effect that will be published shortly. HEM suggested that there may need to consider a formal risk to reflect this position. **Action: PL to review and consider whether there needs to be a risk added to the risk register**	**PL**	
12.0	**Update from the Patient Inclusion and Diversity Group**		
12.1	To receive an update from the Patient Inclusion and Diversity Sub Group TW provided the group with a quarterly update on the work of the Patient Inclusion and Diversity Group (PIDG). There are two main risks that have been		

	identified as part of this work: the increase in spend on translating and interpreting services, and the Trust not currently meeting the all aspects of the Accessible Information Standard. TW advised that PIDG had received input from Divisional staff on key equality issues that relate to the delivery of care. These issues will be incorporated into the Group's work plan for 2018/19.	
13.0	**Items for information**	
	The following were noted for information:	
13.1	• Patient Stories presented to Trust Board May, June and July 2018	
13.2	• Patient and Public Involvement log of activity	
	TW informed the group that the activity log has been redesigned to make it easier to extract information about specific initiatives.	
13.3	• Quarter 1 update on corporate quality objectives relating to the work of the Patient Experience Group	
13.4	• Volunteer Services: update to incorporate progress against the 2018/19 work plan	
13.5	• Congenital Heart Disease Survey Results	
13.6	• Spiritual and Pastoral Care 2018/19 work plan update	
14.0	**Any other business**	
	None	
15.0	**Date of next meeting:**	
	The next meeting of PEG will be held on **15th November 2018, 12:00-14:00, Board Room, Trust Headquarters**	

Notes

Meeting	Patient Experience Group (PEG)		Date	15th December 2016
Present	Helen Morgan (HEM – Chair); Paul Lewis (PL); Chris Swonnell (CS); Anna Horton (AH); Dave Crofton (DC - Healthwatch Bristol); Tony Watkin (TW); Maria Fox (MF); Ruth Hendy (RH); Sarah Furniss (SF); Juliet Cox (JC); Nicky Brooks (NB); Sarah Windfeld (SW); Amy Rich (AR - minute taker);			
Apologies	Carolyn Mills (CM); Jayne Weare (JWe); Carole Tookey (CT); Jo Witherstone (JWi); Mark Goninon (MG); Louise Townsend (LT); Michael Lyall (ML – Healthwatch North Somerset); Brenda Dowie (BD - for item 10)			

Agenda/Issues	Action agreed	Person to action	Action date
1. **Welcome and apologies**	HEM welcomed attendees to the meeting. Apologies received for the meeting were noted.		
2. **Patient story**	TW reported that this patient story had been presented to the October Trust Board meeting. The story explored one patient's relationship with the Rheumatology Service and how, over many years, the patient had become an active partner in service improvement - emphasising the patient's positive quality of care experience. TW continued that at the November Trust Board meeting, the experience of black carers was shared, and the challenges faced by this group. The carer involved has offered to work with the team to develop finer aspects of the Carers Strategy.		
3. **Review of 20th October 2016 minutes for accuracy**	The minutes of the meeting held on the 20 October 2016 were agreed as a true and accurate record, subject to the following amendments: 8.16.5. Paul Lewis confirmed that the final draft of the Complaints and Concerns Policy has been finalised. Action to be closed. Healthwatch (Page 7 of the minutes): Paul Lewis advised that the minute regarding the SBCH Enter and View report should be amended to 'will inform our understanding about whether the relatively low survey scores at SBCH…..'.		
4. **Matters arising log**	It was noted that all due actions were complete, with the following two exceptions: Policy on Reimbursement for Involvement Activities (6.16.14): Action to carry forward to Quarter 4 with an update to the May PEG meeting. LIAISE team to speak to parents on Ward 38B, due to low survey scores (6.16.8). Due to a number of ward moves, this action will be carried out in January 2017. Update to be provided at the February PEG meeting.		

5.	Patient Experience Group Terms of Reference	The patient experience group approved the proposed revised Terms of Reference, subject to the following amendments: - Section 5.1 (c) Quorum: To be amended to 'Representation from a minimum of three divisions'; - Addition of 10.1 (c): Review of latest monthly complaints performance data - Nicky Brooks to be added as a core member, representing the Trust's outpatient services **Action 12.16.1** PL to finalise the draft Terms of Reference to reflect the requested amendments	**PL**	
6.	Complaints	**a) To review the Quarterly Complaints Report** CS presented the Quarterly Complaints Report and highlighted key improvements in Quarter 2, including a decrease in complaints and an improvement in complaints posted within the agreed timescale. CS advised that an increasing proportion of complainants are telling us that they are dissatisfied with our formal complaint responses. Work is ongoing with the Patients Association to develop a potential model for exceptional external investigation or review of high-risk complaints. SF commented that a relatively high number of complaints for Specialised Services relate to cancellations and delays. PL advised that informal feedback from the volunteer *Face2Face* interview team was positive in relation to the Adult Congenital Heart Disease service. HEM commented that whilst this was reassuring in respect of the quality of care, the complaints were primarily about administrative aspects of the service. JC advised that there were inaccuracies within the coding data quoted for Surgery, Head and Neck and that this had been confirmed by Louise Townsend. **Action 12.16.2** CS to discuss accuracy of complaints coding with Louise Townsend. **Action 12.16.3** JC to email CS with further information so that the correct coding can be applied. The patient experience group noted the report. **b) To review the Trust and Divisional complaints Data** CS reported that a sustained decrease in complaints through October and November has been seen. It was noted that too many complaints are having response timescales extended by Divisions: it is apparent that some cases are being extended at the last minute, a practice which is discouraged (these cases are being recorded as extensions but are breaches to all intents and purposes) There is currently no written guidance to support this process and audit trails could be strengthened. A review of this process will be undertaken in the new year.	**CS** **JC**	

	Action 12.16.4 Review and strengthen the process for extending complaints response timescales	**CS**	
	CS noted that the upward trajectory in the number of complainants who state that they are dissatisfied with the Trust's response to their complaint has continued in the latest monthly data (now approximately one in six complainants). CS noted that, anecdotally, this often stems from a failure to address all of the issues / questions raised within a complaint: Divisions confirmed that they paid close attention to this.		
	CS advised that he was working with Louise Townsend to review all dissatisfied complaints responses received for July and August 2016 (i.e. the most recent data reported to the Board).		
	Action 12.16.5 Key Learning from this review to be shared at the next PEG meeting.	**CS**	
	c) To review the Parliamentary Health Services Ombudsman (PHSO) acute trusts report to Quarter 2 2016/17 The Patient Experience Group noted the Quarter 2 PHSO acute trust report. CS highlighted that during the period there was a 34% acceptance for investigations compared to 19% nationally. However, only 32% of investigated complaints were fully or partially upheld compared to 44% nationally.		
7. **Patient Experience and Involvement Team update**	**a) To review the Quarterly Patient Experience and Involvement Report** PL presented the Quarter 2 Patient Experience and Involvement report. None of the headline metrics at Trust, Division or site level were below target – the first time that this had been achieved in the quarterly report. PL advised that the targets continue to be met in Quarter 3 to date (October and November 2016). Ward 37 was noted as a negative outlier in the report. An in-depth analysis of this data has been carried out and shared with the Head of Nursing for the Bristol Royal Hospital for Children, who confirmed that the results do not correlate with other quality data being received for Ward 37 (including a recent ward inspection carried out by PL as part of the Delivering Best Care week). This therefore appears to be a "statistical blip", but the scores will continue to be closely monitored. Wards A400 and C808 had relatively low scores in the Trust's postal survey. Previous analysis suggests that this is primarily due to the challenges of communicating with patients on these wards, where there is a high prevalence of cognitive impairment among patients. PL advised that early discussions are taking place with the Division of Medicine about whether the Trust's commitment to achieving a customer service accreditation during the life of the new quality strategy, could be focused on the Trust's care of the elderly services. CS noted a significant improvement in postal survey scores since April 2016. PL explained that this is actually likely to be due to the changes in the survey methodology that took place at this time – specifically the removal of a		

reminder letter to non-respondents, which allowed for more rapid reporting of the results.

CS noted that ward A605 had achieved relatively low Friends and Family Test scores and advised that a piece of work was recently undertaken with volunteers to explore how volunteering could improve the patient experience on this ward.

Action 12.16.6 CS to share feedback from this meeting with CT | **CS**

JC questioned whether divisions should develop improvement plans for areas reporting low survey scores. The group were supportive of this: CS advised that the Divisional quality objectives would be a good way to manage this process. PL noted that he could provide more detailed analysis of any survey scores, if required.

HEM informed the group that the contract for food provision is to be re-tendered and that the survey data might inform this process.

Action 12.16.7 PL to analyse patient feedback relating to food / food service, and share this with HEM / MF | **PL**

NB queried whether patients at the Sexual Health Centre are included in the outpatient postal survey tracker. | **PL**

Action 12.16.8 PL to confirm to NB

The Patient Experience Group noted the report.

b)   To receive a verbal update on the patient experience elements of the Quality Strategy (2016-20)

PL reported that the Quality Strategy 2016-20 had been approved by Trust Board in October 2016. A key strand of work within the Strategy is the implementation of a real time patient feedback system. A revenue and capital funding bid has been put forward for the system. This bid also includes funding for an effective "marketing campaign" to ensure patients use this feedback opportunity, and an extension of the outpatient Friends and Family Test using SMS technology to ensure the Trust meets its new response rate targets around this survey.

c)   To receive the draft schedule of activity for the Face2Face Interview

TW presented the outline of core activity for the Involvement Network and *Face2Face Interview* programme for 2017. The programme focusses on a different topic each quarter. The group approved the programme.

	d) To receive the Patient and Public Involvement Log TW presented the current Patient and Public Involvement Log. He highlighted that the Patient Experience and Involvement Team are providing advice to the Bristol Sexual Health Centre in relation to engaging with stakeholders, following the successful contract bid / reorganisation of local sexual health services. This is likely to be a complex and sensitive consultation, which will probably require engagement with Overview and Scrutiny committees in local government. The Patient and Public Involvement Lead (TW) has also been in discussion with the Sustainability and Transformation Programme (STP) Programme Director regarding any support the team can give to this important piece of work.		
8. **Healthwatch**	**a) To receive an update on activity with Healthwatch, including a summary of service-user feedback relating to the Trust** TW reported a number of activities that have taken place with Healthwatch in recent months, including: - Providing Healthwatch representatives with a tour of ward A900, the discharge lounge, and an outpatient clinic (A407) - Healthwatch North Somerset produced a report about Diabetes Care. Whilst this did not relate to UH Bristol patients, the report was shared with the Trust's endocrine service for information - A meeting had taken place on the morning of PEG, to develop the Trust's response to the Healthwatch report about patients who are deaf or hard of hearing **b) To review the South Bristol Community Hospital Enter and View report** DC presented the outcome of the Healthwatch Enter and View visit at South Bristol Community Hospital, which took place in October 2016. The Healthwatch inspection team was very impressed with the hospital and the quality of care given to patients. The report notes that more could be done to ensure that longer-term patients have access to activities and the café. HEM welcomed the report and commended the quality of care at South Bristol Community Hospital. HEM advised that the Trust would proactively engage with the recommendations made in the report. **Action 12.16.5** HEM to discuss aspects of the report that relate to dementia care, with Rachel Price CS noted that the report suggests more extensive use of volunteers at the hospital.	**HEM**	

	Action 12.16.6 CS to speak to Judith Reed to clarify the scope of current volunteer support arrangements at South Bristol Community Hospital.	**CS**	
	A formal response to the report is currently being drafted by the South Bristol Community Hospital management team. This will be provided to PEG for information at the next meeting.		
	Action 12.16.7 TW to provide the Trust's formal response to PEG for information	**TW**	
	c) To receive a verbal update from Healthwatch representatives on recent and planned activity relevant to the Trust There were no further updates to note.		
9. **Translating and Interpreting**	AH presented a brief overview of activity for translating and interpreting between April and September 2016. The Trust Bank fulfilled 80.3% of requests for face to face interpreting, and Pearl Linguistics – the Trust's back-up service for face to face interpreting - fulfilled 95% of our requests. During the period one complaint was received, with 14 incidents reported where an interpreter was not booked ahead of the patient's arrival.		
	An audit was undertaken in September 2016, which showed that only 55% of patients who had used an interpreter had a 'red flag' on their patient record.		
	Action 12.16.8 Heads of Nursing to ensure the message is taken back to Divisions re: importance of having a red flag for patients with translating and interpreting needs.	**Heads of Nursing**	
	SW noted that maternity had not been included in the audit of "red flags" on Medway.		
	Action 12.16.9 AH to discuss with SW the inclusion of midwifery patients in future audits.	**AH**	
	The group were updated on early discussions to introduce video interpreting to the Trust for patients with hearing disabilities.		
	AH alerted Divisions to the fact that invoices had not yet been received from Pearl Linguistics for services received since the inception of the Trust's contract, and that these should therefore be anticipated in Q4. AH also highlighted an issue with BSL invoices for Sign Solutions that remain unpaid.		
	Action 12.16.10 AH to circulate the report of unpaid invoices to Divisions for payment.	**AH**	
	Action 12.16.11 CS to explore further the new legislation / guidance regarding qualifications / skills to become an	**CS**	

	interpreter and the implications this would have on our bank service		
	Action 12.16.12 The final version of the half-yearly Translating and Interpreting Report to be circulated to PEG (to include details of Divisional spend and the fourteen incidents reported above)	**AH**	
10. Chaplaincy Team draft work plan	In the absence of Brenda Dowie, CS presented the operational work plan for the Department of Spiritual and Pastoral Care for the period leading up to September 2017, when a new Trust strategy for spiritual and pastoral care will be developed. The patient experience group noted the work plan.		
11. Open Visiting	The patient experience group noted the move to open visiting in the Bristol Royal Infirmary, the Bristol Heart Institute, South Bristol Community Hospital and Gynaecology in-patient area from January 2017. This will become more in line with the Oncology Centre and Children's Hospital. Internal and external communications are being developed. SF advised that she would be developing a "Visiting Charter" for the Trust.		
12. Carers Report	Nicky Brooks presented the carer's report noting the positive aspects of work ongoing. TW updated that the Carers' Policy is being developed and will demonstrate how feedback with the Involvement Network has influenced the Policy.		
Any other business	No other business discussed.		
	The next meeting of PEG will be held on **Thursday 23rd February 2017, 2.00-4.00pm. Venue to be confirmed.**		

Action Notes

Meeting	Patient Experience Group (PEG)		Date	18th February 2016
Present	Carolyn Mills (CM – Chair); Helen Morgan (HEM); Paul Lewis (PL); Tony Watkin (TW – minutes); ; Jo Witherstone (JW); Ruth Hendy (RH); Chris Swonnell (CS); Dave Crofton (DC - Healthwatch); Sarah Windfeld (SW); Shelley Thomas (ST); Michael Lyall (Healthwatch North Somerset); Carole Tookey (CT); Jenny Anstey (JA); Pam Yabsley (PY); Maria Fox (MF); Anna Horton (AH); Teresa Sullivan (TS); Lisa Smith (LS); Jane Weare (JW);Judith Reed(JR).			
Apologies	Hazel Moon (HCM); Jana Van Wyk (JVW); Sarah Furniss (SF); Tanya Tofts (TT).			

Agenda/Issues	Action agreed	Person to action	Action date
1. **Welcome and apologies**	Apologies received for the meeting were noted. Anna Horton, the Trust Patient Experience & Regulatory Compliance Facilitator, was welcomed to the meeting.		
2. **Patient story**	PEG noted that, in January, Trust Board received a story which explored how, by being pro-active in addressing concerns and working together, Helen Bishop (Deputy Head of Nursing for Medicine) and the patient turned a challenging patient experience into a positive force for change. The story explained how the patient's sight loss had an impact on the care she received and detailed the behaviours and actions experienced by the patient which she has subsequently been able to address through offering sight awareness sessions on wards. The patient has gone on to participate in other learning opportunities in the Trust including a patients and doctors as partners in learning event. In discussion, it was explained that the original patient feedback had been picked up through the FFT process and shared with the appropriate Deputy Head of Nursing for action. PEG sought assurances that this was a robust process and that divisional representatives were confident such feedback would always result in a follow up. PEG noted that, in this instance the patient chose not to make a complaint and at the moment the Trust Complaints Team is not able to report specifically on people with disabilities. However, as Datix is embedded in the service it is anticipated that this situation will change. It was explained that an assessment of complaints made in the context of protected characteristics including physical and sensory impairment between April and December 2015 suggested that this incident does not reflect a formally reported trend across the Trust. However, PEG recognised the importance of delivering consistent standards of care for patients with visual impairments noting the comments from Healthwatch representatives that people with specific needs may require differentiated support.		
3. **Review of December 2015 minutes for accuracy**	The minutes of the meeting held on 17th December 2015 were agreed as an accurate record of that meeting.		

4.	Matters arising log	The matters arising log was discussed and the following items were closed: **Ref 8.15.5: Survey of complaints results.** PEG noted that plans to have an ongoing (rather than annual) complaints service user satisfaction survey will be part of the Complaints work plan 2016/17. **Ref 11.15.2: Complaints administration.** PEG noted that plans to explore the technological solutions that may be available to facilitate the timely movement of complaints between the Complaints Service, Executives and Divisions will form part of the Complaints work plan 2016/17. **Ref 8.15.3: Independent view of dis-satisfied complainants:** The process of independent review will be described in the revised Complaints and Concerns Policy in April 2016 This item was closed and noted as an agenda item (7b) in this meeting.		
5.	Patient and Public Involvement (PPI) Log	PEG noted the fifth edition of the PPI log for the period 12 December 2015 – 12 February 2016 which captured PPI activity and outcomes across Divisions and trust wide services, demonstrating how we involve patients and others as partners for improvement. PEG noted that during this reporting period a number of new PPI activities have commenced including: patient and doctors as partners in learning, the planning phase to deliver a parent and carer co-design project to inform the development of our Paediatric Intensive Care Unit (PICU) and a focus group with patients on the end of life care pathway. The Log is shared with Bristol Clinical Commissioning Group as part of their Quality Assurance process. Divisional representatives are asked to share the PPI Log with Divisional Boards.		
6.	Bi-monthly Patient Experience Trust Board data	**Patient Experience Survey Update February 2016** PL presented this report, which provided a detailed analysis of the Trust Board Quality Dashboard patient survey data including Friends and Family Test for the period December 2015 – January 2016. PEG discussed the key issues in the analysis, being: - The patient survey satisfaction ratings across inpatient and outpatient services are positive and remain "green" in the dashboard reflecting the provision of a generally high quality patient experience at UH Bristol. - The Trust has been served with a contract performance notice by Bristol Clinical Commissioning Group in respect of below target response rates in the combined day case and inpatient Friends and Family Test survey. This is primarily due to performance in day case areas and inpatient areas at the Bristol Royal Hospital for Children. PEG supported the action plan to lift these figures. **Action:** CM noted that a continued contract performance issue of this nature may attract a fine and requested that Divisional leads sustain a concentrated effort on addressing this issue for the long term. - The Emergency Department Friends and Family Test scores are low in the Bristol Royal Infirmary (BRI) and Bristol Royal Hospital for Children (BRHC). This is a result of the implementation of touchscreens in these areas to support the capture of FFT feedback from patients / parents. This has been successful in terms of raising response rate targets but has led to low scores on the survey itself because patients / parents can	**Divisional Leads**	**April 2016**

	now give feedback at any stage of their journey (e.g. whilst waiting) and not just at the end. PEG supported plans to mitigate this issue which will be evaluated in May 2016. • Outpatient Friends and Family Test coverage. PEG noted a summary of recent activity in relation to the outpatient element of the Friends and Family Test. It was agreed that the Friends and Family Test is operating at the minimally required level in outpatients and that the collection and analysis of data is less robust than that in other aspects of FFT. PEG noted that any significant development in the use of the survey would require additional resources and will be discussed as part of the conversations around the Trust's new Patient Experience and Involvement Strategy. • PEG discussed the report analysis of survey scores at South Bristol Community Hospital. PEG recommended the response would be further enhanced with specific actions. **Action:** CM and CT agreed to meet to review this response prior to it being submitted to the Quality and Outcomes Committee of the Trust Board. **Action:** In addition, it was suggested that an external perspective be sought through, for example, The Bristol Healthwatch Enter and View process.	**CT** TW	**April 2016** **April 2016**
7. Complaints	**a) Complaints performance report for December 2015 and January 2016** CS presented the complaints performance data for December 2015 and January 2016 noting a consistent reduction in the percentage of complaints by patient activity from July 2015 to January 2016 being 0.31% to 0.22% respectively. PEG noted an improvement during this reporting period in the response times to complainants, although performance remains significantly below the required level – progress will be monitored by PEG and the Board. In summary, the Trust received 116 complaints in December 2015 and 143 in January 2016, equating to 0.19% and 0.22% of patient activity respectively, against a target of 0.21%. The Trust's performance in responding to complaints within the agreed timescales was 50.8% in December and 68.1% in January. In December there was a slight increase in the number of complainants telling us that they were unhappy with our investigation of their concerns: 6.8% in December compared to 4.8% in November and 3.6% in October. The number of cases where the original deadline was extended was 26 in December and 21 in January, compared to 13 in November. PEG was informed that revisions have been made to two aspects of the complaints process, specifically: **Change to Timescale for Response Letters** With effect from 18th January 2016, the deadline was changed by which Divisions need to send the response letter to the Patient Support and Complaints Team (PSCT). Whilst the overall total deadline remains at 30 working days (for the majority of cases) for the response to be posted to the complainant, the response must now be with PSCT seven working days before that, to allow a week for the sign off process and for any amendments to be made. This replaces the previous deadline of four working days. It is anticipated that the longer period allowed for the sign off		

process will reduce the number of cases which breach the deadline to be posted to the complainant.

Escalation of Complaints
A new process has been agreed whereby the PSCT Manager will escalate certain complaints to the Chief Nurse, who will in turn decide whether Executive involvement is required in respect of that complaint. Complaints to be escalated will include (but not be limited to) all child deaths, all unexpected adult deaths and serious complaints made against a specific member of staff. At the discretion of the Chief Nurse, Executive involvement may include the appointed Executive's review of the response before it is sent to PSCT for the sign off process to commence or any other involvement deemed necessary by the Chief Nurse. It is important to note that this escalation process will not take such complaints outside of the usual complaints process.

In discussion PEG noted an error in the January 2016 data for the number of breached cases attributable to Divisions. The number of cases was 12 and not 2 as stated.

b) To receive an update on the proposal to adopt the PHSO as the default route for an independent view of dissatisfied complainants
PEG noted the process of independent review will be described in the revised Complaints and Concerns Policy in April 2016.

	CS	**April 2016**

c) To receive a verbal update on Care Quality Commission regulation 16
Action: PEG noted that a detailed update report providing an assurance on compliance with the Care Quality Commission regulation 16 will be discussed at PEG in April.

	CS	**April 2016**

d) Parliamentary and Health Service Ombudsman (PHSO) reviews
PEG discussed and noted the Parliamentary and Health Service Ombudsman (PHSO) review into the quality of complaints investigations where serious or avoidable harm is alleged. PEG noted an on-going action in the Patient Safety team to develop a robust decision making process whereby complaints can be escalated to incidents.

PEG discussed and noted the Parliamentary and Health Service Ombudsman (PHSO) report, Breaking Down the Barriers, which revealed that people over the age of 75 often lack the knowledge and confidence to complain, and worry about the impact complaining might have on their future care and treatment. PEG noted that this age group is strongly represented in our complaints cohort (36% of complaints in 2015 were made by people over the age of 65). In discussion, PEG noted that in some instances complaints may be made by a third party/relative on behalf of, for example: a frail elderly person.

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8.	**Draft Patient Experience and complaints Quarterly Reports (Q3 2015/16)**	PEG approved the Q3 (October to December 2015/16) Complaints report for Trust Board and noted the deferment of the Q3 Patient Experience report to April (the timing of bi-monthly PEG meetings does not always align with quarterly reporting). PEG noted and discussed the following issues pertinent to Trust and Divisional level Complaints data:		

- 446 complaints were received in Q3 (0.23% of activity) – a reduction compared to 560 (0.30%) in Q2.
- The Trust's performance in responding to complaints within the timescales agreed with complainants was 56.5% compared to 83.9% in Q2.
- The number of cases where the original response deadline was extended rose in Q3 to 62 cases, after decreasing to 35 in Q2 from 44 in Q1.
- "Dissatisfied" cases are now reported as a percentage of the total number of responses sent out in a given month. Performance for Q3 is 6.2% (i.e. of the 161 responses sent out during Q3, 10 complainants have told us that they were dissatisfied).
- In Q3, complaints relating to appointments and admissions continued to account for over a third (139) of the total complaints received by the Trust, in line with each previous quarter of 2015/16 and 2014/15.
- There have been increases in complaints about clinical care (medical/surgical) (54) and communication with patients/relatives (41) in Q3.

Complaints performance (Q3 2015/16)

	Oct-15	Nov-15	Dec-15
Total complaints received	182	148	116
Formal/Informal split	75/107	66/82	44/72
Number & % of complaints per patient attendance in the month	0.27% (182 of 68,131)	0.22% (148 of 67,434)	0.19% (116 of 61,126)
% responded to within the agreed timescale (i.e. response posted to complainant)	60.7% (34 of 56)	59.5% (25 of 42)	50.8% (32 of 63)

% responded to by <u>Division</u> within required timescale for executive review	80.4% (45 of 56)	81.0% (34 of 42)	90.5% (57 of 63)		
Number of extensions to originally agreed timescale (formal investigation process only)	23	13	26		
Percentage of Complainants Dissatisfied with Response	8.9% (5 cases)	4.8% (2 cases)			

In discussion, PEG noted the report is for the public domain. To reflect this, the report has been enhanced to include additional use of graphics and a simple overview of the service.

| 9. | **Patient Experience and Involvement Strategy** | **a) Patient Experience and Involvement work plan 2015/16**
 PEG received an update on the Patient Experience and Involvement (PE&I) work plan 2015/16. PEG noted the work plan outlined actions to complete the delivery of the PE&I Strategy 2012/15 and to commence activity on delivering our new approaches to patient and public involvement. PEG noted two actions requiring further activity which will feature in the 2016/17 work plan, being: To further develop the patient experience and involvement pages on the Trust's external website including: patient stories, PPI log and National Surveys.
To review and refresh how we recruit and support lay representatives to, for example, steering groups. **b) Procurement of new patient survey system: outcomes of the Patient Experience Working Group**
 PEG discussed a summary of the outcomes of a short life working group set up to explore the extent to which survey technology could support key themes within the Trust's new Patient Experience and Involvement strategy. PEG noted the working group found that an investment in survey technology has the potential to make the Trust's use of patient feedback more effective (e.g. by routing negative feedback directly to the appropriate member of staff, by automating key reports, and by ensuring that this data is made accessible to staff and the public). This technology might also play a role in supporting the ability of patients to raise issues with their care, at the point these issues occur. However, the view of the working group was that this system would need to be one element of a wider range of feedback channels that serve this general purpose and would work best with a high degree of staff ownership. PEG noted that the procurement exercise for this programme is part of the Trust's emerging Quality Strategy demonstrating responsiveness to patient feedback. PL noted that earlier benefits may be realised by exploring the role of Datix, enhanced governance around FFT comments and facilitating rapid data shares of existing monthly | | |

	survey outcomes as enhancements to the existing feedback process.		
10. **National Maternity Survey results 2015**	PEG discussed the Trust's performance in the 2015 national maternity survey noting that: • The national maternity survey is part of the Care Quality Commission's national patient survey programme. In total, 133 NHS acute trusts in England participated in this survey in 2015. The headline results for UH Bristol were: • The experience that women received at St Michael's Hospital maternity services was classed as being the best of any Trust in the country by the Care Quality Commission. This was primarily due to care during birth, which received nine "better than average" ratings (compared to one better than average rating for care on postnatal wards). • Service-user experience of antenatal and post-hospital care provided by UH Bristol's community midwifery teams are broadly in line with national norms, but with some better than average elements in antenatal care (choice of where to give birth and communication with midwives). • UH Bristol performed favourably relative to other large acute trusts and geographical neighbouring trusts. PEG congratulated the Maternity Services team on their strong performance and supported the action plan to continually support service improvements both in Bristol and North Somerset in post-natal care, continuity of care and partners accommodation. ML and SW noted the recent Maternity Services in North Somerset report (January 2016) and the feedback women and their partners who reside in Nailsea, Long Ashton, Clevedon and Portishead shared about UH Bristol provided maternity services (also see agenda item 17). PEG approved the report for presentation to Senior Leadership Team, Quality and Outcomes Committee and Trust Board.		
11. **Corporate Quality Objectives 2016/17**	PEG noted the emerging Corporate Quality Objectives for 2016/17 to be discussed at Clinical Quality Group on 3rd March: • A focus on meeting the individual needs and concerns of each patient/patient groups, including a renewed focus on meeting the needs of key disability and equality groups • Improving the Trust's ability to collect and respond to patient feedback in "real time" • Reducing avoidable harm to patients; in particular, harm due to sepsis • Achieving better and safer outcomes from medicines • Eliminating peri-operative Never Events		

	• Improving timeliness of discharge from hospital, with a particular focus on timeliness of TTA medication • Reducing outpatient waiting times • Reducing the number of cancelled operations • Ensuring patients are treated on the right ward for their clinical condition • Improving complaints responses times		
12. **Divisional Quality Objectives 2016/17**	This item will be discussed at the April meeting.		
13. **Translation and Interpreting service**	PEG discussed a summary of the new arrangements for Translation and Interpreting services as of February 2016. PEG noted the procurement exercise had been driven by the need to improve the quality and reliability of services and also to control costs. In discussion, CS advised PEG that initial data for the first six months of 2015/16 (yet to be verified) suggested a significant increase in translation and interpreting expenditure. There is a focus to communicate the new arrangements to staff and close down "off-contract" providers.		
14. **Volunteer Services**	PEG noted the Voluntary Services mid-year report and in particular: • The survey of volunteers that was carried out in September 2015. The survey aimed to give all of UH Bristol's volunteers an opportunity to provide feedback about their experience at the Trust. There was a favourable return rate of the questionnaires of 30%. • The introduction of regular essential training updates for existing volunteers. Volunteers who have been with the Trust for over three years have been asked to attend essential training updates. This is now an ongoing action for Voluntary Services to ensure volunteers remain compliant with the necessary training, in line with the requirements for Trust staff. In discussion PEG noted that development of the refreshed Volunteering Strategy has been delayed pending clarification of resources to support Voluntary Services – the outcome of these discussions will determine realistic recruitment targets. PEG asserted the need to ensure that Volunteers are visible and well supported on wards and in other areas to ensure they are able to fulfil their roles safely. PEG supported Divisional representatives attending Voluntary Services meetings and the escalation of issues to Divisional representatives where necessary in pursuance of this.		

15. **Joint Carers, Learning Disability, Autism and Dementia report**	PEG noted the joint report of the Carers, Learning Disability, Autism and Dementia initiatives providing an assurance of progress across these work streams in the last six months. **Action:** PEG noted the planned review of the Carers Strategy in July with an update planned for the August meeting of PEG.	**CM**	**August 2016**
16. **Risk Register**	PEG agreed the addition of two risks to the Departmental Risk Register: • Risk 1425 – provision of Sanctuary space in King Edward Building (Friday Muslim prayers) • Risk 1437 – Voluntary Services Team staffing		
17. **Healthwatch update**	PEG noted that appropriate responses had been made to Healthwatch intelligence reports from both Bristol and North Somerset Healthwatch, specifically: • Maternity Services in North Somerset – January 2016 • North Somerset Intelligence report – December 2015 • Healthwatch Bristol Q2 Year 3 Feedback Feedforward report These reports are shared with Heads of Nursing for appropriate action and to facilitate learning.		
18. **Bristol Sexual Health Services**	PEG noted the Bristol Sexual Health Services patient survey results reflecting the provision of a high quality patient experience in the service.		
19. **Any Other Business**	a) PEG received assurances from CT that the Standing Operating Procedures for the Changing Places facilities in the Bristol Royal Infirmary and the Bristol Royal Hospital for Children will be in operation when the facilities are officially opened on 22nd February. b) The next meeting of PEG will be held on 28th April 2016 2.30pm-4.30pm in the Board Room at Trust HQ.		

Meeting	Patient Experience Group (PEG)		Date	23ʳᵈ February 2017
Present	Helen Morgan (HEM – Chair); Paul Lewis (PL); Chris Swonnell (CS); Anna Horton (AH); Dave Crofton (DC); Tony Watkin (TW); Mark Goninon (MG); Jo Witherstone (JWi); Jenny Anstey (JA); Corry Hartman (CH); Maria Fox (MF); Juliet Cox (JC); Michael Lyall (ML); Eileen Jacques (EJ); Toni Blake (TB - minute taker)			
Apologies	Carolyn Mills (CM); Jayne Weare (JWe); Carole Tookey (CT); Louise Townsend (LT); Ruth Hendy (RH); Sarah Furniss (SF); Nicky Brooks (NB); Sarah Windfeld (SW);			

Agenda/Issues	Action agreed	Person to action	Action date
1. **Welcome and apologies**	HM Welcomed attendees to the meeting. Apologies received for the meeting were noted.		
2. **Patient story**	TW advised that this patient story had been presented to the January 2017 Trust Board meeting. The story, presented by Trish Vallance (deaf health promotion officer, Bristol City Council), focussed on the experience of the deaf, deafened and hard of hearing communities using UH Bristol services. TW explained that in December 2016 a meeting was held between UH Bristol, Healthwatch and Bristol City Council, to explore the Trust's response to the Healthwatch report into access to health services for the deaf, deafened and hard of hearing communities. As a result, a number of actions were agreed, including that the Trust will formally sign up to the Bristol City Council Deaf Charter in Quarter 1 2017/18. Oversight and co-ordination of the Trust's work around the Deaf Charter will be managed by the Patient Experience and Involvement Team. **Action 2.17.1:** To formally sign up to the Deaf Charter	PL	April 2017

3. **Review of 15ᵗʰ December 2016 minutes for accuracy**	The minutes of the meeting held on the 15ᵗʰ December 2016 were agreed as a true and accurate record, subject to the following amendments:
	• Page 6. Issue 9: Translating and Interpreting.
	   ○ Line 2, amend 'The Trust fulfilled 80.3%' to 'The Trust Bank fulfilled 80.3%'.
	   ○ Line 5, amend 'An audit was undertaken in September 2016, which showed that only 45% of patients who had used an interpreter had a 'red flag' on their patient record.', to, 'An audit was undertaken in September 2016, which showed that only 55% of patients who had used an interpreter had a 'red flag' on their patient record.'
	
	Action 2.17.2: amend the December 15ᵗʰ Patient Experience Group minutes to reflect these changes.
		PL	March 2017

4.	Matters arising log	All actions due for completion were closed, with the following exceptions:		
		6.16.1 Recruitment of Governor(s) to the Patient Experience Group. CM and TW are working with Kate Hanlon to identify two Governors to attend Patient Experience Group from May 2017.		
		6.16.8 LIASE Team to speak to parents on Ward 38B, due to low survey scores in this area. This was planned the day prior to the Patient Experience Group meeting. PL will seek confirmation that this ward visit did happen.		
		10.16.3 New Patient Experience and Involvement Team work plan. This work plan is still in development and will be brought to the next Patient Experience Group meeting in May 2017.		
		12.16.1 Finalise Patient Experience Group Terms of Reference based on feedback at October Patient Experience Group meeting / arrange sign off by Clinical Quality Group. PL confirmed that the amendments requested at the October Patient Experience Group meeting had been made. PL has requested that these Terms of Reference are put on the March 2017 Clinical Quality Group agenda for approval.		
		12.16.10 Healthwatch Enter and View at South Bristol Community Hospital: CS to discuss the scope and potential of volunteering at the hospital with Judith Reed (JR), Voluntary Services Manager. It has proved challenging to attract Volunteers to South Bristol Community Hospital. It was agreed that the Patient Experience Group would receive an update on this action in August 2017.		
5.	Patient Experience Group Reporting Schedule	PL presented a timetable of regular reports that are submitted to the Patient Experience Group. It was agreed that this was an accurate reflection of current Patient Experience Group reporting schedules.		
		MF requested that the PLACE survey results be added to the schedule, for reporting in November.		
		Action 2.17.3: amend scheduled to include PLACE survey results	PL	March 2017
		HM emphasised the importance of submitting meeting Patient Experience Group papers on time in accordance with the Terms of Reference (i.e. no later than two working days before the day of the meeting) was noted.		
6.	Risks held on the Trust's risk management (Datix) system relating to patient experience	PL advised that CM had requested the addition of this item to review the risks held on Datix relating to patient experience.		
		In response to concerns raised by ML regarding a number of the risks, HEM explained that the report gives the headline detail only and not the actions taken to mitigate the risks. Each risk is reviewed regularly and updated through both divisional Trust governance groups.		
		Action 2.17.4: CM and HEM to discuss how to best to utilise the Datix patient experience data within the Patient Experirence Group.	CM/HEM	May 2017

7. Complaints	**a) To review the Quarterly Complaints Report**		
	CS presented the Quarterly Complaints report and highlighted the key improvements in Quarter 3, including a significant decrease in complaints in all Divisions and Complaint categories except Women & Children's Division. Continued improvement in complaints posted within the agreed timescale is shown with the Trust achieving its target of 25% received within timescale in December 2016.		
	It was reported that in Q2 there had been an increase in complaints in a number of areas that reduced significantly in Q3 these include: a 10% improvement in satisfaction with responses to complaints and Grown Up Congenital Heart Disease (GUCH) complaints and Trauma and Orthopaedics have fallen.		
	ML commented that if possible it would be useful to report North Somerset complaints separately.		
	Action 2.17.5: CS will explore the possibility of splitting out North Somerset complaints data.	CS	April 2017
	The patient experience group noted that this report would be presented to the Senior Leadership Team committee in March 2017.		
	b) To review the Trust and Divisional complaints Data CS reported that a sustained low level of complaints had continued into January 2017.		
	Review of dissatisfied complaints CS presented an internal review of 12 complaints where the complainant had been dissatisfied with the Trust's initial response. The learning from this review was shared with the Patient Experience Group, including a need to adopt "lay language" in complaints responses, ensure that key the issues are identified and fully addressed in the response, that any actions should usually be incorporated within the response letter (rather than as a separate action plan), and that response letters do not adopt a defensive tone.		
	Action 2.17.6: CS to regularly circulate examples of good response letters to the Divisions	CS	
	Action 2.17.7: CS to ensure any new learning from the review is incorporated into Complaints Training	CS	May 2017

d)   To receive the NHS Improvement review of UH Bristol's complaints service
CS updated the Group that NHS Improvement had looked at the Trusts complaint procedure, including examination of complaint examples plus interviewing the Heads of Nursing and the Complaint staff. A series of key recommendations arose from the report which will now be brought forward as actions.

e)   To receive an update of the Patient Support and Complaints Team work plan
CS presented the complaints work plan highlighting 3 red rated exceptions as follows:

- 3.3.3 - Lack of clarity regarding reporting requirements from the Equality and Diversity Group. It was noted that the Equality and Diversity Group is very focussed on staff and not patients.
- 4.4.3 – Sharing learning from complaints has been carried forward to the 17/18 work plan.
- 4.4.7 – After discussion with the Chief Nurse it was agreed that the action to pilot a reflective practice template was not workable. It had been agreed with the Chief Nurse and Medical Director that this action would not be carried forward.

All actions were discussed and it was agreed by the group that any actions not completed at this time will be either completed or carried forward to the next work plan.

Action 2.17.8: A final version of the work plan to show all the actions reviewed are closed will be completed and circulated by the end of March.   CS

To receive an update on the Trust's compliance with Care Quality Commission Regulation 16
The Group received the report on the Trust's compliance with Care Quality Commission Regulation 16. There were no current risks associated with the regulation.

			April 2017
8. **Patient Experience and Involvement Team update**	**a) To review the Quarterly Patient Experience and Involvement Report** PL presented the key highlights from the draft Quarter 3 Patient Experience and Involvement Report for review by this group before submission to the senior Trust Committees. The review was positive in that the Trust has met all of its key patient-reported experience. The report identified some negative outliers in the data, including: • Care of the elderly: as noted in previous Quarterly Reports, the care of the elderly wards tend to receive survey scores that are below the Trust average (although the scores are still very positive in themselves). The Division of Medicine continues to monitor a range of quality data for these services, to ensure the survey results do not reflect wider issues with quality of care. This is supported by activity such as the Healthwatch enter and view at South Bristol Community Hospital and the Patient Experience and Involvement Team's focus on care of the elderly services in Quarter 1 2017/18. • Ward A605 received relatively low survey scores and a number of improvement actions being carried out by the Division of Medicine are noted in the report. • The postnatal ward survey score dipped in Quarter 3. Scores will continue to be monitored in case this becomes a more consistent trend. CS commented that during a time of enormous pressure an increase in kindness and understanding scores and improved inpatient experience scores was very impressive. JWi updated the group that the Nutrition and Hydration Group are going to look at the provision of Multi-cultural food, its service and delivery in more detail. **b) To review the draft Patient Experience and Involvement Team Work Plan** This item was deferred to the May 2017 Patient Experience Group meeting. **c) To receive a briefing note on the Patient Leadership programme (TW)** TW provided an update on the activities of the Patient Leadership programme. It was noted that graduates of the programme are now being utilised as contributors within local healthcare organisations and as a reference group for local system-wide developments, for example Sustainability and Transformation. A forum has been arranged for 21 March 2017 that will explore solutions around Community, Sustainability and Transformation issues. **d) To receive a report outlining plans for the Involvement Network in 2017 (TW)** TW provided an overview of progress in respect of the Trust's Involvement Network. It was noted that the next		

	stage of the Network's development will be to develop a higher profile and a communications plan.
	e) To note the Patient and Public Involvement log of activity (TW) The Patient Experience Group noted this report. TW raised the question of whether the Log could be made more relevant and impactful, and requested that Heads of Nursing contact him outside of the meeting if they have any suggestions.
9. Healthwatch	**a) To receive an update on activity with Healthwatch, including a summary of service-user feedback relating to the Trust** TW reported a number of activities that have taken place with Healthwatch in recent months including: • The Trust held a stakeholder meeting with Healthwatch Bristol to discuss the outcomes of the Healthwatch report on "Accessing Health and social care services by the deaf, deafened and hard of hearing communities in Bristol and South Gloucestershire", • The Patient Experience and Involvement Team are discussing a joint project with Healthwatch Bristol to explore the experience of patients with learning disabilities. **b) To note South Bristol Community Hospital's response to the Healthwatch Enter and View report** The Patient Experience Group noted the Trust's response to Healthwatch Bristol in respect of the South Bristol Community Hospital "enter and view" report. It was noted that the Bristol Clinical Commissioning Group will monitor the Trust's response to the report. DC, commented that Healthwatch Bristol would like to to expand the report to consider other (non-UH Bristol) services at South Bristol Community Hospital, for example the Minor Injuries Unit. **c) To receive a verbal update from Healthwatch representatives on recent and planned activity relevant to the Trust** DC advised that Healthwatch Bristol currently had a focus on the mental health of young people and the care of the elderly. There is also a focus on sexual and reproductive health, with Healthwatch Bristol working with UH Bristol's Unity (sexual health) service in respect of developments arising from the recent local re-commissioning of these services.

10. **Volunteering Update**	The Patient Experience Group received the Volunteering report. CS updated the Group on the activities of the Volunteering Services Steering Group and highlighted the successful introduction of a uniform for volunteers, which started in July 2017. After two successful focus groups held with volunteers, it has been decided to run these events quarterly and to review the feedback to the Voluntary Services Steering Group.		
11. **Translating and Interpreting update**	PL presented an overview of Trust activity for Translating and Interpreting services between April and December 2016. Two key concerns were highlighted: • Ensuring that patients with a known translating or interpreting need have a red flag on their Medway record. • Bristol City Council is still being used for Translating and Interpreting services. UH Bristol has formal contracts in place with alternative suppliers and therefore Bristol City Council should not be receiving bookings from the Trust.		
12. **National Cancer Patient Experience Survey Action Plan Update**	This report was presented by PL, on behalf of Ruth Hendy (Lead Cancer Nurse). It was acknowledged by the Patient Experience Group that significant work had been carried out to improve the experience of patients with cancer. The action plan is being monitored by the Trust's Cancer Steering Group, with the Patient Experience Group receiving this update for information.		
13. **Corporate Quality Objectives**	a) CS provided an update on the Trust's attainment of the 2016/17 corporate quality objectives relating to patient experience. In respect of Objective 10, it was noted that the funding bid for this real-time feedback system is still under consideration and therefore this objective will will carry over to 2017/18. b) TW updated the Group on the outcomes of the January 2017 "Quality Counts" event, which focussed on a discussion with a range of stakeholder on the topic of "customer orientated healthcare services". The learning from this event will help to inform a new corporate quality objective for 2017/18 related to the theme of "customer service". c) CS tabled the draft 2017/18 corporate quality objectives for information.		
14. **Accessible Information Standard Policy**	The Draft Accessible Information Standard Policy was noted. HM invited Patient Experience Group members to contact Jennifer Pollock (project lead) directly with any comments on the draft Policy, before it is received / approved by the Service Delivery Group .		
Any other business	The Noise at Night Pledge – JC will bring back the work that has been done and results of the introduction of this pledge to the next meeting.		

	Action 2.17.9: Juliet Cox to bring a briefing note about this project to the next Patient Experience Group meeting	JC	May 2017
	Welcome Guide – TW asked that the Patient Experience Group members to help ensure that patients are given the Welcome Guide when they come in to hospital.		
	The next meeting of PEG will be held on **Thursday 25rd May 2017, 2.00-4.00pm. Conference Room, THQ.**		

University Hospitals Bristol **NHS**
NHS Foundation Trust

Minutes for the Patient Experience Group (PEG)

Held on Thursday 22nd February 2018, 12:00-14:00
Conference Room, Trust Headquarters

Present:

Helen Morgan (HEM)	Deputy Chief Nurse (Chair)
Nicky Brooks (NB)	Matron, Medicine
Dave Crofton (DC)	Healthwatch, Bristol
Juliet Cox (JC)	Head of Nursing, Surgical Division
Maria Fox (MF)	Performance and Projects Manager
Mark Goninon (MG)	Head of Nursing, Children's Services
Ruth Hendy (RH)	Trust Lead Cancer Nurse
Anna Horton (AH)	Patient Experience & Regulatory Compliance Facilitator
Paul Lewis (PL)	Patient Experience and Involvement Team Manager
Hayley Long (HL)	Matron / Clinical Nurse Manager, BHOC
Penny Parsons (PP)	Governor
Shirley Rainey (SR)	Healthwatch North Somerset
Mark Read (MR)	Chaplaincy Team Leader
John Sibley (JS)	Governor
Chris Swonnell (CS)	Head of Quality (Patient Experience and Clinical Effectiveness)
Tony Watkin (TW)	Patient and Public Involvement Lead
Sarah Windfeld (SW)	Head of Midwifery
Jo Witherstone (JW)	Senior Nurse for Quality

In Attendance:
- Toni Blake (TB), PA to Chief and Deputy Chief Nurse- for Minutes

	ITEM	ACTION
1.0	**Apologies:**	
	Carolyn Mills, Chief Nurse, Tanya Tofts, Patient Support and Complaints Manager, Sarah Furniss, Head of Nursing for Specialised Services (Hayley Long attending in place), Helen Bishop, Head of Nursing, Medicine. The Group welcomed new members; Shirley Rainey, Healthwatch North Somerset. Helen Morgan leaving at 1.50pm (Chris Swonnell standing in to chair)	
2.0	**Minutes of Meeting held on 30 November 2017**	
	The minutes of the meeting held on **30 November 2017** were agreed as a true and accurate record, subject to reflecting an amended action and changing Mike to Mark in 1.0.	
3.0	**Action Log and Matters Arising**	
3.1	**Action Log** All actions updated, complete or on the agenda.	
3.2	**Establishing a patient clothes bank** Paul Lewis introduced plans for a clothes bank for patients for which a cupboard has been found in the BRI ED. The Group gave very positive feedback and supported the proposal. JS made the suggestion that the Trust approach the clothing store Primark regarding sponsorship via the provision of clothes. JC	

	suggested that shoes need to be included and the Group agreed.	
	Action: TW to approach Primark regarding the possible provision of clothes and shoes as a sponsor to the Trust	**TW**
3.3	**Local action plan - Bristol Eye Hospital** Although completed, the local plan was not circulated in advance of the meeting.	
	Action: JC to circulate the local action plan for the Bristol Eye Hospital outside of the meeting electronically.	**JC**
4.0	**Patient Experience Group Terms of Reference – annual review**	
	The Group was happy to approve the Patient Experience Group terms of reference, subject to some minor amendments from AH, the addition of the Chaplaincy Team Leader being a member and adding reference to the Patient Inclusion and Diversity Group as a sub group or related Group, once reporting lines have been agreed.	
5.0	**Patient Inclusion and Diversity Group Terms of Reference – to approve**	
	CS introduced the new Group 'The Patient Inclusion and Diversity Group (PIDG)' and the rationale for its creation. The Trust has an Equality and Diversity Group; however the focus of that group is largely on workforce matters. The Patient Inclusion and Diversity Group has been introduced to focus on patients. The Chair is Hayley Long, Matron / Clinical Nurse Manager, BHOC. It has not yet been confirmed whether PIDG will report through the Equality and Diversity Group with a dotted line to the Patient Experience Group or vice versa. Whatever option is agreed, there will be a link to the complaints department and progress updates will be brought to this Group. HL confirmed that she is creating a work programme for the new group. There will be provision for lay representatives in the PIDG and TW asked for any interest in this to be brought to him. The Group was happy to approve the terms of reference for the Patient Inclusion and Diversity Group, subject to clarification of lines of reporting.	
6.0	**Patient Experience and Involvement**	
6.1	**Patient Experience and Involvement Report for Quarter 3, 2017/18** PL presented the Quarterly Patient Experience and Involvement Report, noting that the Trust continued to receive very positive feedback from both national and local surveys. 98% of our patients rated their care as excellent, very good or good. PL flagged that Ward A528 (Division of Medicine / care of the elderly) had received unusually low scores in the quarter; this had been investigated with the Division, but no specific reason for this could be identified. The Trust's Face2Face volunteer interview team will visit the ward to speak to patients and families, in order to identify if there are any issues that could have caused the low score. TW has met with Lynn Myers, Matron for the ward to prepare this visit. TW advised that it may also encompass a discussion with patients / visitors around the impact of having patients with dementia on the ward. HM advised that this should be considered very carefully before being undertaken, because it is a highly sensitive issue.	

South Bristol Community Hospital survey scores, though still relatively low, improved again in Quarter 3, suggesting that the improvement work carried out is having a positive effect on the service.

PL also flagged that the Division of Medicine had received a low score for patients knowing who to contact if they had medical concerns after leaving hospital. PL has discussed this a number of times with the Division as it is frequently a low survey score, but the Division are confident that patients are given this information. HM suggested that the way this information is provided could be an issue and queried whether it was sufficiently visible within the discharge pack. NB agreed that this would be reviewed by the Division of Medicine.

PL noted that the response rate target for the outpatient element of the Friends and Family Test was not met during Quarter 3. This was a result of pausing text messaging during the Christmas period, as this is a sensitive time of year. Response rates returned to normal levels in January 2018, once the text survey was reintroduced.

HEM highlighted that 'kindness and understanding' scores had dropped on Ward 38 at a time of new staff starting. As turnover of staff is a frequent occurrence and should not be having such a large impact on care HEM asked that this be highlighted to MG.
ACTION: MG to review whether different support is needed for new staff to avoid drops in 'kindness and understanding' scores in future.

PL advised that he would revisit the phrasing of the Divisional response to this issue in the report, as the key issue was that an extremely high turnover of staff, well beyond normal turnover levels, had occurred on the ward during this time.

MG arrived 12.30pm.

MG

6.2	**Update of progress/risks to the delivery of the 2017/18 Patient Experience and Involvement Team work plan**

The report was noted, highlighting that there had been delay in the re-procurement of interpreting services due to limited capacity in the Procurement Team. HEM asked that this be escalated.

Action: PL to discuss the delay in tenders for interpreting services with CM.

PL

The Outpatients Friends and Family Test being done by text has enabled the Trust to meet the response rate target agreed with commissioners however, the survey offers limited insight into outpatient experience. The ambition is to be able to evolve to a system that provides more analysis however; this development will not be for a further year or more.

6.3	**Rapid-time feedback system: next steps**

The PL presented a paper outlining the next planned steps for the rapid-time feedback system and confirmed to the Group that the tender is now out. The new system will work via:

- Touchscreens placed around the Trust
- Tablets
- Mobiles

6.4	Implementation is anticipated in Quarter 1, 2018/19. **Outcomes from the Quarter 3 Patient Experience and Involvement Team focus on patients with a learning disability** TW presented the report highlighting work carried out with Ashton Park 6th form college with young adults who have learning disabilities and how hospital services could be improved for this group of individuals. SR commented that the challenge will be to apply learning from this exercise into practice. TW advised that this would be something that is considered at the new Patient Inclusion and Diversity Group. TW advised that the teacher from Ashton Park, who accompanied the young people on the visit, would be sharing their experiences of this exercise as a Trust Board story in March 2018. RH commented that all the findings, without exception, translate to the experience of cancer patients as well. It was proposed that common themes could be taken forward by the Patient Inclusion and Diversity Group across all areas of the Trust. **Action: HL to consider common themes for the Trust from PIDG.**	
6.5		HL
	Outcomes from the Quality Counts event (January 2018) TW presented the report. Key patient experience themes arising from the event included: - Treating the person, not the condition - Engaging the family from the start - Improving telephone access/response CS updated the Group that the next steps will be to invite further comments and ideas via a survey sent to staff, members and governors, and made available to the public via the Trust's web site. A meeting was planned for 5th March to review feedback and produce a draft list of quality objectives for 2018/19. CS would then share this list with the Governors' Quality Focus Group on 12th March 2018. Further detail would then be developed prior to sharing with the Senior Leadership Team.	
7.0	**Complaints**	
7.1	**Complaints Report for Quarter 3 2017/18** The Group noted that the report received was a draft as contributions from some clinical divisions were still awaited. CS highlighted successes, priorities, opportunities, risks and threats, particularly drawing attention to: - A further reduction in complaints about the number of appointments delayed or cancelled. - An increase for the third month in complaints received from private and oversea patients – often related to eligibility for treatment. - The Trust is still below target for timeliness of complaints responses. A meeting has been arranged to plan how to improve the position. - The consistently high number of complaints being received by the Dental Hospital. - Minor changes to the report format, for example to include an Executive Summary of performance indicators at the start of the report. SR raised some questions:	

	1. To what extent is the Trust identifying learning from excellence, as opposed to merely where patient experience is less positive? CS replied that positive feedback and compliments are shared with the relevant individuals/department/groups, however there may be scope in the future to do more work to identify what we can learn from areas of the Trust where feedback is consistently excellent.	
	2. How will the rapid time feedback system feed into the complaints process? CS explained that one option currently being explored is that negative feedback given via the rapid-time system would be directed to the patient support and complaints team, who would triage the feedback and weigh up whether the feedback might constitute a complaint. Further information will come to the Group as options are firmed up.	
	3. Is the Trust prepared for increases in returns as a result of introducing tablets in the hospital for feedback? CS confirmed that this is expected.	
	PP asked how positive feedback from the new system would be shared. PL confirmed that posters will be put up in wards of positive feedback and also passed on directly to any named individual.	
7.2	**Update of progress/risks to the delivery of the 2017/18 Patient Support and Complaints Team work plan** CS presented the report, noting some slippage mainly due to challenges of sickness levels in the team. Increasing the proportion of complaints resolved via meetings continued to be a challenge. Learning needed to be applied from cases where long-term dissatisfied complaints had finally been resolved when all parties had met together. Any work plan 2017/18 items not yet completed will be carried forward into the 2018/19 work plan.	
7.3	**Learning from survey of complainants, February 2017 – January 2018** CS presented the report noting that it was the first time that PEG had received results from the Trust's ongoing survey of complainants. This survey had replaced previous annual surveys. CS reported that, although the survey indicated some improvements, he was disappointed that results remained largely unchanged compared to the previous annual survey. CS explained that planned focus groups with complainants would provide a good opportunity to explore the results in more detail.	
8.0	**Spiritual and Pastoral Care**	
8.1	**Update and closure of 2017 Spiritual and Pastoral Care work plan** The Group approved the closure of the 2017 work plan, which had been a shared document with North Bristol NHS Trust, prior to the separation of the trusts' chaplaincy services. The Group PEG noted that there would be new plan for 2018/19. DC asked whether patients were asked on arrival about their spiritual needs. MR reported that there has been an issue as chaplaincy requirements can be flagged on Medway however, where wishes are amended it still provides the first wishes rather than the most recent. **Action: JW and MR to meet and discuss how the Trust records patient's**	**JW**

	spiritual needs.		
9.0	**Care Quality Commission Regulations**		
9.1	**Regulation 16 (Receiving and acting on complaints)** CS presented the report summary noting that the biggest risk for the Trust regarding regulation 16 is currently timeliness of complaints responses. **Action: CS to consider adding this to the risk-register.**	**CS**	
9.2	**Regulation 10 (Dignity and respect)** To be circulated by SW electronically outside of the meeting by mid-March.		
9.3	**Elements of Regulation 17 (Good Governance) pertaining to the remit of the Patient Experience Group** The Group noted the update for information, with no comments.		
10.0	**Patient Experience Risks**		
10.1	**A review of patient experience related risks on the Risk Register** PL presented a summary of risks currently held on risk registers which are relevant to the business of the Group. It was agreed that it was useful to see and would be brought back to the Group again in six months' time.		
11.0	**Healthwatch activity update**		
11.1	**Summary of Healthwatch related activity** TW welcomed SR and presented the report highlighting that patient experience themes received via Healthwatch which included the overnight closure of the ED at Weston. The Group noted an interim report on "Reasonable adjustments in Health Care" for individuals with disabilities, the results of which will be fed into the Patient Inclusion and Diversity Group. SR highlighted staff changes at Healthwatch and that Healthwatch will have better reporting via a new system being introduced next month to collect comments about institutions such as UH Bristol.		
11.2	**South Bristol Community Hospital: Healthwatch "enter and view" action plan (six monthly update)** The planned visit by Healthwatch to the South Bristol Community Hospital has been delayed as a result of aforementioned staff changes. The Group, including Healthwatch representatives, felt that progress against the Healthwatch "enter and view" action plan was really positive for the Trust and South Bristol Community Hospital. The next steps are that the actions and outcomes will form part of a quality report being presented to the Clinical Commissioning Group (CCG) with a view to closing the action plan. HEM thanked everyone involved especially South Bristol Community Hospital for all their work.		
12.0	**National Surveys**		
12.1	**2016 National Children's Survey results** UH Bristol had received very positive results in this national survey. MG noted that the Trust was recognised by the CQC as achieving amongst the best parent		

| | experience ratings nationally. Summary of results:

• 11/28 scores from parents were significantly above the national average.
• 3/18 questions to children were significantly above the national average.
• All other scores was in line with the national average.

Themes for improvement have been picked up by relevant work streams. | |
|---|---|---|
| 12.2 | **2016 National Cancer Survey action plan, six monthly update**

The report was received for noting. PL advised that the action plan is overseen by the Trust's Cancer Steering Group, but that the Patient Experience Group are kept updated on progress because it primarily relates to experiences of care.

CS commented that the Trust's results in this survey have generally been disappointing, particularly compared to our other national survey results. PL advised that the extensive action plan devised in collaboration with service-users in response to these results should have a positive impact on the scores, but that it should be recognised that this will be a significant challenge given the increasing levels of demand on cancer services. | |
| **13.0** | **Items for information** | |
| 13.1

13.2

13.3

13.4

13.5 | The following were noted for information only:
• Patient Stories presented to Trust Board in November 2017 and January 2018
• Update of progress/risks to the delivery of the Volunteer Services work plan
• Quarter 3 update on corporate quality objective relating to developing a customer service mind set
• Patient and Public Involvement log of activity – Noting a pop up centre is placed in the Welcome Centre and that it is available for external community groups to use.
• Questionnaire, Interview and Survey Group annual summary of activity | |
| **14.0** | **Any Other Business** | |
| | • SW highlighted that the Privacy and Dignity Group is meeting on a monthly basis. The latest theme being explored by the group is the Chaperone Policy.

• CS noted that the complaints toolkit project with the Patient's Association was nearing completion. The Trust's membership of the Patients' Association was not continuing in 2018/19, but may be renewed in the future if suitable joint initiatives are identified.

• CS updated the Group that, in view of improvements in rates of dissatisfied complainants, it has been agreed that the systematic retrospective review of all dissatisfied complaints for learning was being stepped down to a periodic sample-based review. CS would however continue to review all draft dissatisfied complaints response letters prior to sending. | |
| **15.0** | **Date of next meeting:** | |
| | The next meeting of PEG will be held on ***17th May 2018, 12:00-14:00, Conference Room, Trust Headquarters*** | |

Minutes for the Patient Experience Group (PEG)

**Held on Thursday 14th February 2019, 14:00-16:00,
Bristol Dental Hospital Board Room**

In attendance:
Carolyn Mills, Chief Nurse (Chair) (CM)
Paul Lewis, Patient Experience and Involvement Team Manager (minutes) (PL)
Anna Horton, Patient Experience and Regulatory Compliance Facilitator (AH)
Tanya Tofts, Patient Support and Complaints Team Manager (TT)
Sarah Windfeld, Head of Midwifery (SW)
Juliet Nielson, Division of Surgery Head of Nursing (JN)
Nicky Brooks, Outpatient Matron, Division of Medicine (NB)
Mark Goninon, Head of Nursing Bristol Royal Hospital for Children (MG)
Jane Bailey, Matron, Specialised Services Division (JB)
Sarah Coombes, Governance Manager, Diagnostics and Therapies Division (SC)
John Sibley, Trust Governor (JS)
Tony Watkin, Patient and Public Involvement Lead (TW)
Mark Read, Chaplaincy Team Lead (MR)
Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness) (CS)

Observing
Emily Ayling, Patient Experience Manager, Bristol Community Health

	ITEM	ACTION OWNER
1.0	**Apologies:**	
	Helen Morgan (HM), Deputy Chief Nurse Helen Bishop (HB), Head of Nursing, Division of Medicine Penny Parsons (PP), Governor Representative Dave Crofton (DC), Healthwatch Representative Ruth Hendy (RH), Lead Cancer Nurse Gav Hitchman (GH), Head of Nursing, Specialised Services Maria Fox (MF), Performance and Project Manager, Estates Department Jayne Weare (JW), Divisional Lead for Professions, Diagnostics and Therapies	
2.0	**Minutes of Meeting held on 15th November 2018**	
	The minutes of the meeting held on 15th November 2018 were agreed as a true and accurate record.	
3.0	**Matters Arising Log**	
	The Matters Arising Log was reviewed. Written updates had been provided against each item on the Log, except item 82 (rapid-time feedback system) which was on the main meeting agenda. The following items were closed: Item 81. Explore potential to utilise volunteers on Ward A605: Voluntary Services had confirmed that there were already three volunteers assigned to the ward. Item 82. Here to help poster distribution: this was nearing completion and AH	

was in contact with the remaining areas that required a new poster frame.

Item 83. To share the Trust's results in the 2018 National Cancer Survey with the Patient's Association. TW confirmed that this had been done.

Item 84. To explore the use of video stories at Trust Board. TW advised that this is not the Trust's Chairman preferred format for stories at Trust Board, and so will not be taken forward.

The following items will remain open, with an update to be provided at the May 2019 PEG meeting:

Item 85. Risk rating of complaints. TT advised that the Patient Support and Complaints Team is awaiting confirmation that risk rating complaints is possible on the Datix system.

Item 77. Patient Support and Complaints Team backlog. The initial backlog had been cleared but has since re-emerged as a result of further staff sickness.

Item 80: Temporary Staffing Bureau community language interpreting service. An options appraisal paper will be reviewed by the Executive Directors and Senior Leadership Team committee in April 2019.

Item 62. Noise at night project. CM requested that a summary / outcomes report from the "noise at night" project is provided by Julie Crawford (Matron / project lead) at the next PEG meeting for review.

4.0	**Review of PEG Terms of Reference**	
	PL advised that the annual review of the PEG Terms of Reference was due. A number of minor updates were proposed.	

PL noted that the first page of the updated Terms of Reference document stated: "draft – suggested changes marked up". This was incorrect: the changes were not marked up, but instead were summarised on pages 3 and 4 of the document.

The updated Terms of Reference were approved with the following additional amendments:
- Chaplaincy Team Leader to be added to the list of PEG members
- Amendment to the Members section to state "Trust Governors" – to reflect that there is no longer a distinction made between patient and public Governors.

Action: PL to update the Terms of Reference and submit them for approval to the Clinical Quality Group.   **PL**

5.0	**Patient Experience and Involvement**	
5.1	Patient Experience and Involvement Report for Quarter 3 2018/19	

PL summarised the key findings of this report and highlighted that, in general, service-user feedback was again very positive during Quarter 3.

PL drew attention to the inpatient survey scores at South Bristol Community Hospital. Having achieved consecutive improvements in the scores, in both Quarters 2 and 3 these had reverted to their previous, relatively low levels. PL had discussed this result with the Head of Nursing for the Division of Medicine. It had not been possible to identify a specific reason for this and it did not correlate with other management data being reviewed by the Division. A recent follow-up "enter and view" at the hospital by Healthwatch Bristol had again

been very positive about the care being provided. PEG members agreed that the recent issues around car parking at the hospital were unlikely to have been the main driver behind these inpatient experience scores.

CM suggested that, based on learning from the customer service corporate quality objective, it might be useful to carry out a "touch point mapping" exercise at the hospital. PL said that this should be possible and would be taken forward by the Patient Experience and Involvement Team.

Action: TW to carry out "touch point mapping" at South Bristol Community Hospital as part of the Patient Experience and Involvement Team's Quarter 2 19/20 thematic focus.

PL highlighted the other key negative outliers in the report:

- Ward A605 (delayed discharge) continues to attract low survey scores. These results correlate with staffing issues on the ward. The Division of Medicine management team is working to resolve this situation as a priority.

- Outpatient waiting times at the Bristol Haematology and Oncology Centre affected this hospital's outpatient experience "tracker" score, which was slightly below target in Quarter 3. The Division of Specialised Services, which manages the hospital, has developed a comprehensive improvement plan to manage increasing demand on oncology service.

- Outpatient waiting times at the Bristol Eye Hospital affected the hospital's overall outpatient experience score in Quarter 3. This is likely to be the result of a number of staff vacancies in the department. These vacancies are currently being recruited to.

In respect of the general issue of waiting times in outpatient clinics, NB advised that the Medway system will soon be able to produce reports detailing precise waiting times. CS said that this would be interesting data, given that the survey scores have remained static on this measure for a number of years - despite significant efforts to improve them. NB also advised that the Rheumatology Department is about to start trialling a new system, which will show live waiting times on a screen in the waiting room.

PL drew PEG's attention to Chart 15 in the Quarterly Patient Experience and Involvement Report. This provides a Trust-level "touchpoint map" of outpatient experience. This approach was developed as part of the customer service corporate quality objective, based on learning from a private sector expert.

CM queried whether the touch-point map would be available at service-level. PL advised that the data set was currently building up and, in time, should provide more granular levels of insight – including down to specialty level for some of the larger services.

JN advised that she had carried out touch point mapping in a previous role, but it was done qualitatively rather than via surveys. PL suggested that this might be a good approach for the proposed touch point mapping at South Bristol Community Hospital.

5.2	Update on the 'Here to Help' programme

PL advised that the new real-time feedback system was now live and that feedback was being received via service-users' own electronic devices. This

TW (action column)

channel is being advertised on the new "Here to help" posters and the Trust's external website. This element of the system is working as planned.

PL advised that there had been delays on the installation of the feedback points in the Bristol Royal Infirmary, but that he was hopeful that this would be completely shortly. CS advised that he had escalated this issue to the Director of Facilities and Estates.

Survey comments / data received via the new feedback system are currently being sent directly to the relevant service by the Patient Experience and Involvement Team. SC queried whether other people within Divisions should also receive this feedback, for example staff involved in managing complaints.

CM requested that PL develops a proposal to ensure that all appropriate Divisional staff arere sent feedback generated from the system.

Action: PL to develop a proposal to ensure that all relevant Divisional staff are sent feedback received by the Division.

PL

CS queried whether it was possible to determine if feedback was being received via peoples' own personal devices or the Trust website. PL advised that this was not possible because, ultimately, both of these channels end up at the same on-line survey. However, it will be possible to determine which responses have come in specifically via the Trust's new touchscreens once they are installed.

CM highlighted that as part of "phase 2" of the implementation, the alerts generated via the system will be sent directly to Divisions. CM queried when this wider roll out is likely to commence. PL advised that a period of learning would be required once the touchscreens are live in the Bristol Royal Infirmary, to determine the volume and type of feedback that is being received. This will help inform the roll-out to Divisions. CS suggested that this is likely to be at least six months from the "go live" of the touchscreens in the Bristol Royal Infirmary, given the installation works required and that Divisions will need to be supported during the transition of directing alerts to them.

AH updated PEG on the progress of installing new "Here to help" posters in wards and clinics. Most of the posters had now been put up. AH is in contact with all of the remaining locations to ensure the posters are installed as soon as possible. AH will carry out a further review of the Trust estate during March 2019 to identify any other locations that would benefit from a poster.

5.3   Patient and Public Involvement Log of Activity

CM introduced this item, noting that it was an important source of assurance that patient and public involvement activity is being carried out across the Trust.

TW highlighted a number of current projects that demonstrate the range and breadth of activity going on at the Trust, including at the Sexual Assault Referral Centre and Bristol Heart Institute.

TW noted that there were no items from the Diagnostics and Therapies Division. SC confirmed that current activity was primarily survey-based, but that there are plans to carry out PPI activity in the next financial year.

TW noted that, in future, the Log will include surveys reviewed by the Questionnaire, Interview and Survey Group.

5.4	Patient Experience and Involvement Team 2018/2019 Work Plan – Quarter 3 update (exception report)	
	PL introduced this item and noted that 26 items on the work plan had been completed to date.	
	PL highlighted that the Trust's tender for a new provider of Translating and Interpreting services was likely to commence in Quarter 4 2018/19. CS queried how long it would take after the contract had been awarded for any new service to be in place. PL advised that it was difficult to be sure at this stage, particularly as the winner of the contract might already be the Trust's supplier for these services - but that two months would be a reasonable estimate if a new supplier wins the contract.	
	CM highlighted item 3.1 in the work plan. This presupposes a closure of the Temporary Staffing Bureau interpreting service, but an options appraisal is being prepared for the Senior Leadership Team which will evaluate the potential of keeping the service open. CS advised that the language in the work plan reflected thinking at the start of the financial year and confirmed that an options appraisal is being prepared.	
6.0	**Complaints**	
6.1	Complaints Report for Quarter 3 2018/19	
	TT presented this report and advised that the document was watermarked as "draft" because the clinical Divisions had not had the opportunity to review its content.	
	The Trust received 463 complaints in Quarter 3, with 99.6% receiving a timely initial acknowledgement. The proportion of complaints investigated and responded to in the agreed timescale was 88.1% and 80.1% for formal and informal complaints respectively.	
	TT noted that a significant number of complaints had been received about car parking at South Bristol Community Hospital. This was due to a new payment system that had been introduced, which a large number of patients and visitors had found confusing, leading to them receiving fines. CM advised that the management team at the hospital had been working with the car parking contractor to resolve these issues.	
	There had been an increase in the number of complaints about the Dermatology Department. An improvement plan is in place to address this. NB advised that the Department had also been working with the Transformation Team to implement the #*takephonership* programme to try and improve telephone handling / responsiveness.	
	SC queried whether the spike seen in complaints during Quarter 3 2018/19 had been a consistent trend in previous years. TT advised that she was not aware that it had been. CM noted that if the car parking issue at South Bristol Community Hospital had not occurred, then the Quarter 3 2018/19 complaints rate would have been similar to previous quarters.	
	CM highlighted the increase in the number of complaint cases being reviewed by the Parliamentary and Health Service Ombudsman (PHSO). TT confirmed that the PHSO did seem to be reviewing more of UH Bristol's complaints, possibly due to a change in the way that they now assess referrals. TT noted that this did not seem to be increasing the number of "upheld" referrals. CM queried whether the change in the PHSO's assessment criteria had affected other trusts; TT did not know but advised that that she would carry out a mini-	

	review of this via the national complaint manager network.	
	Action: TT to contact other hospital trusts to determine whether they have seen an increase in the number of complaints being accepted for review by the PHSO.	**TT**
	CS drew attention to the decline in complaints about clinical care in Quarter 3 2018/19. In the previous quarter, the Trust Board had been concerned about a spike in complaints about this theme. CS noted that, whilst it is important to scrutinise this data thoroughly, the reversion to average in Quarter 3 highlights that there can be considerable natural fluctuation in the type and number of complaints being received.	
	TT provided the latest, un-validated complaints data for January 2019. This showed that complaints had continued to be received about car parking at South Bristol Community Hospital during the month. Many of these were being managed via the informal complaints route and involved waiving the parking fine. CM welcomed the resolution of these complaints informally. TT thanked the Division of Medicine for responding to all of their complaints within the agreed timescale in January 2019.	
6.2	<u>Learning from reviews of dissatisfied complainants</u>	
	CS presented a report which summarised ongoing learning from cases where a complainant was dissatisfied with the Trust's initial response to their complaint.	
	Over the last six months these reviews suggest that, typically, only one or two "dissatisfied" complaints per month could have been avoided by the Trust, had the initial response to the complaint been better.	
	CS advised that, on the basis of learning from the monthly review panels, the Trust's current target for dissatisfied complainants would be reviewed for the 2019/20 financial year.	
	Action: CS to review the Trust's dissatisfied complainant target for the 2019/20 financial year.	**CS**
6.3	<u>Patient Support and Complaints Team 2018/19 work plan Quarter 3 update (exception report)</u>	
	This work plan was tabled at the meeting by TT.	
	None of the items in the work plan were rated as "red" (not achieved). Four items in the work plan had commenced but were behind schedule.	
	TT highlighted that one of the objectives that was behind schedule was to increase the number of face-to-face meetings held as part of the complaints resolution process. However, there did not appear to be significant demand for meetings amongst complainants – with only 3% expressing a preference for this over a written response.	

7.0	**Governor Update**	
7.1	Summary of recent and forthcoming Trust Governor activity	
	TW introduced this agenda item, which provided an opportunity for PEG to see the issues and questions that Governors had raised with the Trust in respect of patient experience.	
	JS asked what assurance process was in place to ensure that actions in response to Governor questions / issues were actually carried out by the Trust. CM stated that this was something she had discussed at a recent Governors meeting and that a mechanism had been agreed for this. CM requested that JS discuss this with his Governor colleague, Carole Dacombe.	
	JS noted that one of the queries on the Governor's Log, about how many patients are discharged during the night, had not yet received a response. CM advised that a response was being prepared and would include data from the Trust's Medway patient records system. This data showed that around 4.5% of discharges at the Bristol Royal Infirmary were at night, which the Trust defines as being between 8pm and 7am. JN advised that, anecdotally, most discharges at night were at the request of the patient. CM suggested that a one-off audit could be carried out by the Site Team to better quantify the reasons for discharging people at night.	
	Action: CM to discuss with the Deputy Chief Nurse whether an audit could be carried out to determine the reasons why patients are discharged at night.	**CM**
8.0	**Healthwatch**	
8.1	Summary of recent and forthcoming Healthwatch related activity	
	On behalf of PEG's Healthwatch representative, Dave Crofton, who was not able to attend the meeting, TW conveyed thanks to the staff at the South Bristol Community Hospital for welcoming Healthwatch for a follow-up enter and view visit in November 2018. DC reported that the findings were again very positive about the care being provided at the hospital. TW advised that the action plan from the initial enter and view in October 2016 would now be closed by the Division, with the final update returning to PEG for information in May 2019.	
	CS queried whether Healthwatch had carried out any other enter and views at UH Bristol, or if there were plans to do so. TW advised that no other enter and views had been carried out since 2016 and none were planned. SW advised that Healthwatch were helping with a relaunch of "maternity voices".	
	TW noted that a PEG member had not yet been identified by Healthwatch North Somerset, but that they were actively seeking to fill this vacancy.	
9.0	**Care Quality Commission (CQC) Regulations**	
9.1	Care Quality Commission Regulation 16: Receiving and Acting on Complaints	
	CS introduced this agenda item along with the accompanying report. The Trust's self-rated compliance with this Regulation was "outcome met". There were no further questions or comments from PEG members.	
	CS requested that PEG approve risk 2680, which relates to delayed follow-up calls to complainants by the Patient Support and Complaints Team. PEG approved the addition of this risk to the Trust's Risk Register.	

9.2	Care Quality Commission Regulation 10: Dignity and Respect	
	SW introduced this item to PEG and advised that, based on this self-assessment, the Trust was compliant with Regulation 10. SW drew attention to the small number of changes that had occurred since the previous review of this Regulation, which were noted in the cover sheet. There were no further questions or comments from PEG members.	
	SW queried whether the CQC reviews these compliance monitoring documents as part of their inspection process. CS advised that they are primarily for internal monitoring, rather than CQC evidence. CM further clarified that the CQC might ask the Trust to evidence the process by which CQC compliance is monitored, in which case these documents and reviews could form part of that response.	
9.3	CQC Regulation 17 (elements of the Regulation pertaining to the business of PEG)	
	PL presented this item to note. PL advised that the Trust was declaring itself compliant with the elements of Regulation 17 that relate to the remit of the Patient Experience Group. There was a slightly improved position in that outcome 17.2.E.2 had previously been rated as "mostly met", but was now rated as "outcome met". This was due to the findings of the regular Divisional review panels (see item 6.2), which have identified that in most "dissatisfied complainant" cases the Trust could not have been expected to provide a more effective response to the initial complaint.	
10.0	**Review of Risks on the Trust's Risk Register relating to the business of the Patient Experience Group**	
10.1	PL presented a thematic summary of risks on the Trust's risk register that relate to the remit of the Patient Experience Group. PL advised that the themes remained very similar to previous reviews presented to PEG - primarily relating to delays, patients being treated in high escalation areas of the Trust during very busy periods, and the environment of some wards and clinics.	
	PL advised that he is planning to carry out a review of how risks are reviewed and monitored at PEG.	
	Action: PL to discuss the review of risks at the Patient Experience Group with the Trust's Risk Manager.	**PL**
11.0	**Carers' Strategy Update**	
11.1	Carers' Strategy Steering Group update	
	TW introduced this item and reported positive progress on re-establishing a focus on the Trust's Carers' Strategy. Jo Witherstone (JW), Senior Nurse for Quality, will lead on this work, with support from TW. JW's current priority was to finalise a work plan for the Carers' Strategy Steering Group.	
	TW queried whether the Divisions were aware of who was representing them on the Carers' Strategy Steering Group: the Divisional PEG members confirmed that this was known.	
11.2	Carers' Strategy Steering Group work plan (draft)	
	TW advised PEG that the Carers' Strategy Steering Group work plan was currently in the process of being drafted. This was presented to PEG members	

	with an invitation to comment. There was no feedback from PEG attendees and TW advised that any comments / queries could be emailed to JW by the end of February 2019.	
12.0	**Update from the Patient Inclusion and Diversity Group**	
12.1	TW introduced this item and reported positive progress in developing the Patient Inclusion and Diversity Group (PIDG) as a way of providing corporate focus on service-user related equality and diversity issues. In particular, PIDG's Divisional working group was generating a range of ideas from staff delivering care about issues that could be a focus for PIDG. CS advised that he had attended a Trust away day that was held to inform the development of a new Equality and Diversity Strategy. The main focus of the day had been on staff-related issues. CS had raised the need to include service-users within the remit of the Strategy.	
13.0	**Update from the Questionnaire Interview and Survey Group**	
13.1	Policy on the Governance of Patient Surveys PL advised that The Trust's Policy on Governance of Patient Surveys was due to be renewed. PEG members were invited to comment on a number of proposed minor changes to the Policy. There was no immediate feedback from attendees. CM advised that PEG members have a further two weeks in which to email any amendments or comments to PL. The Policy was approved in principle, pending formal approval by the Clinical Quality Group. **Action: PL to submit the Policy on Governance of Patient Surveys to the Policy Advisory Group for review, and then Clinical Quality Group for approval.**	**PL**
13.2	Questionnaire, Interview and Survey Group Terms of Reference PL presented an update of the Questionnaire, Interview and Survey Group (QIS) Terms of Reference for approval. PL highlighted that the main change was that reviews of low-risk surveys were now being carried out electronically by the QIS Group. PEG members approved this document.	
13.3	Questionnaire, Interview and Survey Group annual report PL presented the annual Questionnaire, Interview and Survey Group (QIS) report. This report provides assurance that patient surveys being carried out at the Trust are subject to a quality review process. In 2018, 48 surveys were submitted to the QIS Group for review. This was in line with the previous year (49) and broadly in line with the longer term average over the last five years (51). The report was noted.	
14.0	**Items for information**	
	CM highlighted that a number of reports had been provided to PEG that were for information only. PEG members were invited to comment on these. PL drew attention to the new Simple Guide for the Accessible Information Standard and encouraged PEG members to circulate this widely. CS referred to item 14.7 (Quality Strategy mid-term review) and advised that	

	there is currently an on-line survey to help inform the Trust's selection of 2019/20 corporate quality objectives. CS encouraged PEG members to complete this survey via Newsbeat or email him directly.	
15.0	**Any other business**	
	There was no other business.	

Action Notes

Meeting	Patient Experience Group (PEG)		Date	30th June 2016
Present	Carolyn Mills (CM – Chair); Tony Watkin (TW- minute taker); Chris Swonnell (CS); Hayley Long (HL); Ruth Hendy (RH); Paul Lewis (PL); Carole Tookey (CT); Jo Witherstone (JW); Anna Horton (AH); Dave Crofton (DC – Healthwatch Bristol); Juliet Cox (JC); Jayne Weare (JWe); Brenda Dowie (BD); Sarah Windfeld (SW)			
Apologies	Maria Fox (MF); Lisa Smith (LS); Nina Stock (NS); Rebecca Ridsdale (RR); Helen Morgan (HEM); Sarah Furniss (SF); Teresa Sullivan (TS); Dena Ponsford (DP). Michael Lyall (ML - Healthwatch North Somerset); Hazel Moon (HCM); Tanya Tofts (TT); Samantha Gardiner (SG).			

Agenda/Issues	Action agreed	Person to action	Action date
1. Welcome and apologies	Apologies received for the meeting were noted. It was agreed that the agenda did not require the attendance of Phil Body for Estates and Facilities. CM noted that Pam Yabsley has stepped down as a Governor and that the Foundation Trust team are working with Mo Schiller and Angelo Micciche (lead Governors) to recruit Governor representation to PEG.	**CM**	**August 2016**
2. Patient story	PEG noted that, in May, Trust Board viewed the new Trust film, "We are Proud to Care". The film, supported by Above and Beyond, was initiated through the work of the Trust Compassion in Care work stream. It showcases our caring and compassionate staff and services we provide through 24 hours in the life of our hospitals. In discussion, PEG noted how our Trust values, staff engagement, patient experience and quality of care are represented within the film with particular reference to the importance of care and compassion in the context of delivering good clinical care. It was noted that the film is used as part of the Trust Corporate Induction process.		
	Action: PEG agreed to explore if the video can be added to the Healthwatch Bristol website.	**TW**	**August 2016**
	PEG noted the patient story presented to Trust Board in June that chartered, through the eyes of a carer, the experience of a patient who attended the Bristol Heart Institute for a routine heart valve operation and subsequent care on a ward. PEG noted how the story highlighted the importance of listening to carers as partners in care and responding in a timely manner to the needs of a deteriorating patient, including practical issues such as the provision of the correct water jug and the correct positioning of call buttons. In discussion, links were made to associated work streams such as the current review of the Trust Carer's Strategy and recent developmental work that has taken place with Matrons in the Division of Women's and Children's Services to set out improved open channels of communication and dialogue with parents. The work, which encompasses a patient information leaflet (Listening to Patients), explored how we listen and respond to parental concerns.		
	Action: PEG supported the setting up of a task and finish group to explore how this approach can be scaled up	**CM**	**August 2016**

	across the Trust as part of either the Patient Safety or Patient Experience agenda.			
3.	**Review of April 2016 minutes for accuracy**	The minutes of the meeting held on 28th April 2016 were agreed as a factual record of that meeting with one amendment: Item 7 b) Complaints Policy – the reference made to the Care Quality Commission was incorrect and should read Clinical Quality Group. Additional notes relating to the actions from the meeting will be circulated separately with the minutes of this meeting.	**CM**	**August 2016**
4.	**Matters arising log**	The matters arising log was discussed and the following items were closed: **Ref 4.16.1: Patient Support and Complaints work plan 2016/17**: PEG noted the work plan had been updated to include using the results of a benchmarking exercise via the National NHS Complaints Managers Group to assess what protected characteristics data is being collected by peers and how this can be used to improve the service. **Ref 4.16.2: Patient Support and Complaints work plan 2016/17:** PEG noted that after discussion it has been agreed that, due to practical considerations, the potential use of an electronic management system for the sign off of complaints was being deferred and would be looked at again in the second half of the year. The following item was modified: **Ref 2.16.6: Joint Carers, Learning Disability, Autism and Dementia report. PEG agreed the r**evised Carers Strategy will be discussed at PEG in October 2016 rather than August to enable a suitable PPI process to take place. In addition, PEG received a verbal update on the revised Complaints & Concerns Policy noting that, in the light of the Independent Review of Children's Heart Services, further consideration would be given to the policy from a customer care perspective prior to it returning to PEG in August for discussion and Senior Leadership Team approval. PEG discussed and supported the learning from a recent Public Policy Exchange Complaints symposium which recommended an enhanced focus on ensuring the "front door" to the complaints process was clear and un-ambiguous: complainants "don't need to see the wiring". PEG agreed that whilst the mechanics and detail of the complaints process were important an emphasis on how the service is branded and perceived is vital to promoting an accessible service. Examples of this included: an improved on-line presence, linking the branding of complaints to the values of the Trust through the careful use of words and visuals, and the development of new "promotional" materials such as pull-up banners. In conversation, PEG noted that as a result of the recent inpatient "delivering best care" week, 60 additional "Tell Us About Your Care" posters were being purchased for display in wards across the Trust. **Action:** PEG members were invited to share further ideas on how the service could be presented. The Complaints &	**All** **CS**	**August 2016** **August 2016**

		Concerns Policy will return to PEG in August for approval.		
5.	**Patient and Public Involvement (PPI) Log review**	PEG noted the first edition of the PPI log for 2016/17 which captures PPI activity and outcomes across Divisions and Trust wide services, demonstrating how we involve patients and others as partners for improvement. PEG noted the increasing PPI activity in Transformation Team projects; the interest shown by NHS England in our Patient Experience at Heart model of engagement, whereby patients, carers and staff work together to explore patient experience; the preparation work taking place to embed PPI in medical revalidation; the Patients Association PPI project in Dermatology out-patient clinics and the forthcoming Conversations event at the BRCH in September. In addition, PEG noted progress on establishing a Bristol Patient and Community Leadership Programme in partnership with North Bristol Trust, Bristol Community Health and the Kings Fund. The Programme will deliver a cohort of patient leaders to support change across the health care system and in partner organisations.

Action: PEG members were asked to keep abreast of opportunities to share this work more widely and as part of national and regional award schemes. | **All** | **August 2016** |
| 6. | **Bi-monthly Patient Experience Trust Board data** | PEG discussed and approved a detailed analysis of patient survey data including the Friends and Family Test for the period April to May 2016. PEG noted that the patient survey satisfaction ratings across inpatient and outpatient services remain "green" in the dashboard and discussed the ongoing challenges of various aspects of the Friends and Family Test programme:
- A positive position was noted against the improvement trajectory agreed with the Clinical Commissioning Group in respect of below-target response rates in the combined day case and inpatient Friends and Family Test survey. In May, the response rate was 42.4% against a target of 30%. The response rate will continue to be monitored.
- The Emergency Department Friends and Family Test score had been slightly below the 15% target for the previous three survey months. This reflects a lower number of responses being generated via the touchscreens, and to some extent lower levels of cards collection at BRHC. A new text message approach to this survey will be trialled from July 2016

In discussion, PEG stressed the importance of a continued focus by everyone on delivering FFT across the Trust.

PEG remarked on the detail of the ward-level FFT results noting:

- A continued monitoring of FFT scores on Ward A900 due to earlier issues in the year regarding the experience of patients with Cystic Fibrosis on the ward.
- A broadly static position in terms of FFT response rates and scores in the BRHC wards noting an **action:** that | **PL/HCM** | **August 2016** |

	PL and HCM will implement an audit of how FFT is being managed on these wards. CM noted that the addition of Divisional responses to specific issues raised via FFT had been well received by the Trust Quality Outcomes Committee and Trust Board as part of an open approach promoting a high level of organisational transparency. In addition, PEG discussed a demographic analysis of inpatient survey data 2015/16 which presented a breakdown of overall patient-reported care ratings by the demographic variables collected in UH Bristol's monthly inpatient survey (age, sex, ethnicity, sexuality, religion, and disability). PEG noted that the findings suggest that overall satisfaction with care is generally high across all demographic groups, but that certain groups are less likely to report the very highest quality experience (namely: women, Black / Black British and Asian / Asian British ethnic groups, older patients aged 87+ years old, and patients with a disability). PEG noted that due to the complexity of the issues being considered in this report, and the fact that it draws on data from a survey this is not designed to measure these factors, the report cannot be used to *prove* whether differences exist between demographic groups or what the underlying cause might be. The report will also form part of the Trust's annual Equality and Diversity report.		
7. **Complaints**	PEG received the Complaints performance for April and May 2016. PEG noted the key headlines: • The Trust received 176 complaints in April and 146 in May 2016, equating to 0.27% and 0.22% of patient activity respectively, against a target of 0.21% • The Trust's performance in responding to complaints within the agreed timescales was 81.6% in April and 75.1% in May • The number of cases where the original deadline was extended was 21 in April and 8 in May compared to 14 in February and 25 in March • There was a reduction in the number of formal complaints over informal complaints between April and May • The number of cases where complainants tell us that they were unhappy with our investigation of their concerns in now being reported two months in arrears, in order to ensure that we are reporting the majority of cases In discussion, PEG emphasised the importance of a sustained focus on the quality of responses to complainants and response times. PEG noted that current performance in responding to complaints within the agreed timescales was being monitored by the Clinical Commissioning Group. In addition, PEG acknowledged the recent Independent Review of Children's Heart Services had made recommendations pertaining to the complaints process and in particular the importance of timely responses.		

| 8. | **Q4 Patient Experience and Complaints reports** | PEG received the Q4 Patient Experience and Complaints reports previously presented to Senior Leadership Team. PEG noted that during Q4 the Trust had maintained positive patient experience scores in all headline patient reported experience measures.

PEG noted the following issues pertinent to Trust and Divisional level Patient Experience data:
• All of the Trust's key survey metrics remained "green" in Q4 – indicating a high quality patient experience.
• Survey scores showed improvement for Ward A900 following service improvements following concerns expressed by patients with Cystic Fibrosis.
• **Action:** The LIAISE team at BRHC will be supporting ward 38b (paediatric neurology) to address low patient experience ratings for "kindness and understanding"
• The newly established Division of Medicine Patient Experience and Involvement Group will focus on improving communications with patients whilst they are in hospital.
• Work continues to scope the procurement of a new Trust wide patient feedback system.
PEG noted the following issues pertinent to Trust and Divisional level Complaints data:

• 476 complaints were received in Q4 (0.24% of activity) representing an increase of 7% compared to Q3 (446 complaints being 0.23% of activity) and an 8% decrease on the corresponding period in 2014/15.
• The Trust's performance in responding to complaints within the timescales agreed with complainants was 74.8% in Q4 56.5% compared to 56.5% in Q3 and 83.9% in Q2.
• "Dissatisfied" cases are reported as a percentage of the total number of responses sent out in a given month. Performance for Q4 is 7.4% (i.e. of the 122 responses sent out during Q4, 9 complainants have told us that they were dissatisfied compared with Q3 at 6.2% (10 out of 161).
• In Q4, complaints about "attitude and communication "increased by a third to 154, following a previous reduction in Q3 of 125.
• There have been reductions in complaints about "access" , Q4 7 complaints (1% of total complaints) compared with Q3 9 complaints (2% of total complaints) and "clinical care", Q4 at 112 complaints (23% of total complaints) compared with Q3 being 127 complaints (29% of total complaints).

In discussion, PEG noted that the Complaints team was currently managing a four working day turnaround and the position was being monitored closely. The consequence of backlogs of this nature was discussed in the context of the agreed timescale for responses to a complainant. PEG acknowledged that whilst a 30 working day response rate was not untypical, patient feedback suggests that speedier responses are an important part of recognising the | **LS** | **August 2016** |

emotional impact on complainants of raising concerns.

PEG was informed about developmental research in complaints processes that explores how the coding of complaints by severity can lead to a more meaningful indicator of service quality than simply the volume of complaints received. The latter is a 'mixed' indicator: organisations who go out of their way to encourage feedback will receive more complaints. However, LSE research indicates that providers with lots of low severity complaints also receive fewer high severity rates, which also correlates with lower mortality.

9. National Inpatient Survey 2015	PEG discussed the outcomes of the National In-patient survey 2015 which indicated the Trust remains at around the national average for adult inpatient-reported experience. PEG noted that, in survey terms, this represented a broadly static picture. CM advised that the local analysis of the 2015 National Inpatient Survey results should **not** include a new, detailed action plan, as the forthcoming Quality Strategy will be the primary mechanism to improve patient experience at the Trust. PEG noted the following scores fall into one or more of these categories: • Were hand-wash gels available for patients and visitors to use? • During your hospital stay, were you ever asked to give your views on the quality of your care? • Did you see, or were you given, any information explaining how to complain to the hospital about the care you received? • Did a member of staff tell you about medication side effects to watch for when you went home? PEG noted the action plan will be provided to the Senior Leadership Team, Quality and Outcomes Committee of the Trust Board, and Trust Board in July 2016.		
10. Chaplaincy Annual Report 2015/16	PEG received the Chaplaincy Annual Report 2015/16. The report provided PEG with a review of the work of the Department of Spiritual and Pastoral Care (Chaplaincy) and Patient Affairs (Bereavement Service) for the year and outlined changes in the team, operational statistics and stories of encounters with patients and loved ones cared for. PEG noted the rise in "on-call" requests to the service and the monitoring that was taking place to understand how this may influence service developments going forward. In discussion, PEG expressed the valuable insight the report gave into this important area of work and the compassion and care afforded by the team to our patients, their families and staff. The particular role of the new Bereavement Support Team at the BRHC and the Chaplaincy's role in this, in providing sensitive and personal support to families were noted.		

	Action: It was agreed to explore opportunities for student midwives to shadow the Chaplaincy Team as part of their on-going learning and development. To be included in chaplaincy work plan for 2016/17.	**CM/SW/ HEM**	**August 2016**
	Action: It was agreed to present the Report to Trust Board in the context of a patient story and at the Governors' Quality Focus Group at dates to be agreed.	**BD**	**August 2016**
11. **Translating and Interpreting Annual Report 2015/16 and Policy update**	PEG received the Translating and Interpreting Annual Report 2015/16. The report provided PEG with a comprehensive summary of activity and expenditure for the year. In discussion, PEG noted that, during the year, a procurement exercise had resulted in new contracts being put in place for translating and interpreting services. This has streamlined the number of services available for staff to use and has also allowed more robust contract management processes to be put in place for the contracted providers. These changes will deliver a more consistent and reliable service to our patients. In discussion, it was emphasised that staff seeking translating and interpreting services should now be avoiding the use of off-contract providers (including Bristol City Council). **Action:** Heads of Nursing and Divisional Leads were asked to take local action and continue to raise awareness of the changes to the service seeking support from CS as required. **Action:** PEG agreed to defer a Translating and Interpreting Services Policy update to the August meeting pending a review in the light of the Accessible Information Standard.	 **All** **CS**	 **August 2016** **August 2016**
12. **Policy on the Reimbursement for Involvement Activities**	PEG discussed proposed revisions to the Trust Policy on the Reimbursement for Involvement Activities. PEG expressed a desire to develop a single approach to reimbursement of this nature across the Trust encompassing PPI, Volunteering and Governors which reflected both HM Revenues and Customs guidance and NHS England Good Practice. **Action:** PEG agreed to extend the existing Policy on the Reimbursement for Involvement Activities by six months to enable the formulation of a Trust position on the payment of expenses to non-staff contributors for consideration by Senior Leadership Team. The Policy supports the underpinning principle laid down by the Department of Health that services users should not be left "out of pocket" through participation in involvement activities.	 **TW**	 **December 2016**
13. **Adult in-patient Welcome Guide**	PEG was informed that the first draft of the new adult in-patient Welcome Guide will shortly be available for comment. Production of the Guide is scheduled for September 2016.		

14. **Healthwatch update**	PEG welcomed and noted the recent regular feedback reports from local Healthwatch organisations to which the Trust had responded. In addition, PEG discussed the Healthwatch Bristol Enter and View Report of the BRI Discharge Lounge (April 2016) and accepted the recommendations made to further enhance this service, specifically the need to manage the expectations of patients waiting for medications. PEG noted the concluding comments of the report which referenced, "the dignified care from staff in the lounge and a pleasant, calm atmosphere conducive to facilitating a smooth and professional discharge." PEG noted that Healthwatch expect to undertake an Enter and View visit to South Bristol Community Hospital during the year. **Action:** CT agreed to write a formal response to Healthwatch in respect of the recommendations listed in the report.	**CT**	**August**
15. **Joint Clinical Research Unit**	PEG noted the positive results of the Patient Satisfaction Survey of the Joint Clinical Research Unit and the proposed actions to further enhance the research environment provided for study participants.		
16. **Corporate Quality Objectives 2016/17**	PEG noted the Corporate Quality Objectives 2016/17 relating to Patient Experience and Involvement being: a) To ensure public-facing information displayed in our hospitals is relevant, up-to-date, standardised and accessible b) To reduce the number of complaints received where poor communication is identified as a root cause c) To increase the proportion of patients who tell us that, whilst they were in hospital, we asked them about the quality of care they were receiving d) To ensure inpatients are kept informed about what the next stage in their treatment and care will be, and when they can expect this to happen. PEG was informed about the scoping work being undertaken during Q2 to inform the delivery of objectives c) and d) above.		
17. **Divisional Quality Objectives**	PEG noted the Divisional Patient Experience quality objectives 2015/16 end of year summary report. It was clarified that these objectives are reviewed and monitored at the appropriate Divisional-level committees during the year, with the Trust's Patient Experience Group receiving the current report as an end of year summary.		
18. **Consultation on CQC's NHS Patient Survey Programme**	PEG noted the current consultation on the CQC's NHS Patient Survey Programme and were encouraged to make personal or collective responses through Heads of Nursing as appropriate.		
	The next meeting of PEG will be held on **18th August 2016, 2.30-4.30pm**, Board Room THQ.		

University Hospitals Bristol **NHS**

NHS Foundation Trust

Minutes for the Patient Experience Group (PEG)

Held on Thursday 25th May 2017, 2.00pm - 4.30pm
Conference Room, THQ

Present:	Carolyn Mills (CM)	Chief Nurse - Chair
	Ruth Hendy (RH)	Lead Cancer Nurse
	Louise Townsend (LT)	PSCT, Acting Manager
	Chris Swonnell (CS)	Head of Quality (Patient Experience and Clinical Effectiveness)
	Nicola Brown (NB)	Matron, Medicine
	Brenda Dowie (BD)	Chaplaincy Team Leader
	Maria Fox (MF)	Facilities Performance and Project Manager
	Mike Lyall (ML)	Healthwatch, North Somerset
	Dave Crofton (DC)	Healthwatch, Bristol
	Tony Watkin (TW)	Patient and Public Involvement Lead
	Sarah Furniss (SF)	Head of Nursing, Specialised Services
	Juliet Cox (JC)	Heads of Nursing, Surgery
	Jo Witherstone (JW)	Senior Nurse, Quality
	Paul Lewis (PL)	Patient Experience and Involvement Team Manager

In Attendance: Toni Blake (TB), Interim PA to Chief Nurse- for Minutes

	ITEM	ACTION
1.0	**Apologies:**	
	Apologies were received from Helen Morgan (HEM).	
2.0	**Parent Story**	
	TW presented the three patient stories that had been presented at the Trust Board since the last meeting.	
3.0	**Minutes of Meeting held on 23rd February 2017**	
	The minutes of the meeting held on the 23rd February 2017 were agreed as a true and accurate record, with no corrections.	
4.0	**Matters Arising and Action Log:**	
	All actions noted as complete or on the agenda, with the following exceptions: **a)** Noise Briefing. **ACTION: JC to circulate to group members.**	JC
	b) Complaints work plan final draft to be circulated with minutes **ACTION: above by TB**	TB
	c) CS advised that it was not possible to split complaints data via CCG area.	
	d) The Trust had committed to signing up to the Bristol City Council Deaf Charter, but PL has recently been advised that Public Health England have withdrawn all funding for the Charter. In light of this decision, we do not	

	currently know how or if the Deaf Charter will continue and so PL is monitoring developments. **ACTION: PL feedback on progress at the next meeting (24/8/17)** e) CS advised the group that from May a monthly review of dissatisfied complainants would be undertaken by the corporate team. Each HoN, divisional director and divisional complaint lead would receive monthly feedback, with summary findings in quarterly reports and an opportunity to discuss at divisional review panels.		**PL**
5.0	**Complaints**		
5.1	To review the Complaints Report for Quarter 4 2016/17 LT presented the Q4 Complaints Report drawing group members attention to the key points detailed on the cover sheet. The Group noted the two key areas of variance in terms of numbers of complaints received in Q4: Specialised Services: related to the increase in number of complaints about outpatient services and waiting list office communications. SF advised that the waiting list office issues had been related to a period of high sickness absence in the team which had been resolved. SF expected an improvement in performance in Q1 (17/18). PL has been working with James Rabbitts to develop a better approach to measuring complaint rates at site-level, as difficulties with the current methodology may be contributing to the higher rates seen in the Bristol Heart Institute. **ACTION: PL analysing issues and to discuss with CS how this may be better reflected in reporting.** Surgery: Dental hospital; administrative services. JC advised that this team had had a significant level of vacancies which have now been recruited to. JC was confident that this would not continue as a variance in Q1 (17/18).		**PL**
5.2	To review the latest monthly Trust and Divisional complaints data LT presented the above for month one. LT highlighted the unexpected impact of the adverse union jack publicity on the work of the complaints team in month one, which had meant that the team had been challenged to meet the PSCT Key Performance Indicator's in that month. LT noted a dip in performance in responding to complaints within timescales in month one. Specific areas requiring improvement Specialised Services and Women's and Children's divisions. LT noted the impact of the recent introduction of a Standard Operating Procedure to govern circumstances in which a division can legitimately seek an extension to the response time. LT advised that this report, for the first time includes response rates for informal complaints and that 85.3% had been responded to within the 10 day timescale. The Group noted the exception to this was Surgery. JC advised that she was aware of the reasons for this which had been addressed.		

5.3	<u>To review and approve the 2017/18 Patient Support and Complaints Team work plan</u>	
	CS presented the PCST work plan priorities for 17/18. CS asked group members to review and flag any areas that they consider needed to be developed in 17/18, that are not included on the plan.	
	ACTION: Any comments to be sent to CS by the w/c 5 June.	**All**
5.4	<u>To receive the 2016/17 Complaints Annual Report</u>	
	Group approved report for onward review.	
	CM queried the absence of Equality & Diversity data that had been included in the last annual report. CS advised that due to a technical switch over of Datix systems, this data was not available for this report. A solution is currently being explored.	
	ACTION: To update the Group in six months' time whether equality and diversity data can be included in the annual complaints report for 2017/18.	**CS**
	Thanks were extended from CM and CS to LT for the work carried out to create the report.	
6.0	**Patient Experience and Involvement Team Update**	
6.1	<u>To review the Patient Experience and Involvement Report for Quarter 4 2016/17 (PL)</u>	
	PL presented the headline achievements and areas for ongoing scrutiny from the quarterly Patient Experience and Involvement report. The Group noted an overall positive performance in all patient survey measures (Local). PL gave the Group some high level feedback from the national patient survey results for UH Bristol, which were showing an increase in performance in a number of key areas.	
	PL advised that the Trust had yet to receive its benchmarked position against other trusts in England.
CM asked about the validity of the statement that the Trust has not set a Friends and Family Test target score for ED due to the trialling of different methods for gaining this feedback. PL agreed that a target score did need to be set.	
	ACTION: PL to set a 'realistic' target score and include in the Patient Experience and Involvement Report ahead of the report going to SLT.	**PL**
6.2	<u>To review and approve the Patient Experience and Involvement Team work plan for 2017/18 (PL)</u>	
	The Group noted the Patient Experience and Involvement Team work plan for 2017/18. PL drew the Group's attention to three specific programmes of work related to scoping out the role of a new patient-facing equality and diversity group, procurement of a rapid time feedback system for patients, and development of the Trust's ambitions for customer service improvement, as expressed in this year's quality objectives.	

6.3	<u>To review a demographic analysis of UH Bristol's inpatient postal survey (PL)</u> PL presented the annual demographic analysis of UH Bristol's inpatient postal survey data, advising that although the survey hadn't been specifically designed to measure equality of care, the data suggested that patient-reported experience / satisfaction is very positive across all of the demographic categories captured by the survey.		
6.4	<u>To receive an update on the Involvement Network, Patient Leadership Programme and Quarter 1 Patient and Public Involvement thematic activity (TW)</u> **Patient and Public Involvement (PPI) thematic activity** TW presented the Patient and Public Involvement update. TW described the annual programme for patient and public involvement projects and the activities that have been and are planned to be undertaken in Q1, in order to better understand poor elderly patients' experiences of our services. **The Involvement Network, Patient Leadership Programme** TW shared with the Group plans in 17/18 to further strengthen the Trust's Involvement Network: • To develop and deliver an internal and external marketing strategy for the network. • To include a 'brand' for the network. • To develop an increase in understanding of the role and value added by the Involvement Network and how this might support divisional development work. TW described positive outcomes of merging face-to-face and 15 steps challenge activity. The Group noted that this 'team' is available to support divisional work alongside pre-planned annual activity. **Patient Public toolkit.** TW described the aim of developing wider skills in PPI in the Trust and directed Group members to an easy to use tool kit developed by AHSN – which was now available on the patient experience involvement team Connect pages. It was noted that this will be the primary resource for quality involvement training and work within the Trust. **Working with lay representatives** TW presented a draft guide that the team had developed to support teams and chairs in recruiting lay representatives to steering groups and committees. The Group noted that this was designed to ensure a standardised process and consistent standards. **ACTION: Group members to send any comments on the guide to recruiting lay representatives to steering groups and committees, to TW within the next two weeks (9 Jun 17)** RH asked about the timing of implementation and whether this should be retrospectively applied to recent appointments. TW explained that the plans for		**All**

	dissemination and application were yet to be confirmed.	
	This led to a further discussion regarding the status of lay representatives and what employment checks should be undertaken; the difference or not between lay representatives and volunteers was also discussed.	
	ACTION: TW to develop a dissemination plan for guidance once finalised.	**TW**
	ACTION: Divisional reps to develop a list of areas within their division where lay representatives have a role so that there is visibility of this.	**Div reps**
	ACTION: TW/CS to gain HR advice on 'employment' status of lay representatives and the requirement for employment checks – to be included in the final guidance as appropriate.	**TW/CS**
	To note the Patient and Public Involvement log of activity (TW) The Group received and noted the patient and public involvement log of activity.	
7.0	**Spiritual and Pastoral Care**	
7.1	To receive the Spiritual and Pastoral Care Annual Report for 2016/17 BD presented the spiritual and pastoral core annual report 16/17, exemplifying the essence of the role of the chaplaincy team via a patient story of an elderly critically ill patient on CICU. CM thanked BD for her work to develop the team over the last year noting that BD would be leaving the Trust in Autumn this year.	
7.2	To review the progress of the Spiritual and Pastoral Care work plan to September 2017 The Group noted the annual work plan and the revised timescales for developing a Spiritual and Pastoral strategy due to changing the team lead. BD described work done to date to develop the strategy using focus groups and advised the Group that the next part of this was to engage wards and department staff to explore the role of spiritual care in our hospitals and what they wanted the chaplaincy service in response to this.	
9.0	**Operational:**	
	The Group received a written update on activity with Healthwatch and the Trust's response to that activity. DC and ML gave verbal feedback from the respective Healthwatch teams; this was generally positive with no key areas requiring action. ML asked about the Trust's intentions in regards to supporting Weston ED, following ML's attendance at the last members meeting. CM confirmed that UH Bristol was engaged in supporting Weston ED through allocated clinical lead sessions and was fully engaged in wider community discussion.	
10.0	**Volunteering Update**	

	JR presented the key priorities that would be the spine of the new volunteering strategy for 2017-2020.	
	The Group supported these key areas for development, noting that the strategy is going for approval at the June Board.	
	ACTION: To circulate the Volunteering Strategy to Group members once completed by JR in June 2017.	**JR**
	Group members noted the closure of the 16/17 work plan for volunteering and the 17/18 work plan. There were no comments on the plan. Group members welcomed the content which correlated with wider strategic plans.	
11.0	**Patient Information Service**	
	The Group received the Patient Information Service update.	
12.0	**Review of Corporate and Divisional Quality Objectives**	
	The Group noted the attainment of the 16/17 corporate quality objectives related to patient experience and also noted the content of those agreed for 17/18.	
	For information	
13.0	The Group noted an update on the Trust's provision of language interpreting (cover sheet only)	
14.0	A briefing note regarding the noise at night project will be circulated to the Group by email.	**JC**
15.0	**AOB:**	
	Nil	
16.0	**Date of next meeting:**	
	The next meeting of PEG will be held on ***Thursday 24 August 2017, 2.00-4.00pm. Conference Room, THQ.***	

University Hospitals Bristol **NHS**

NHS Foundation Trust

Minutes for the Patient Experience Group (PEG)

**Held on Thursday 17th May 2018, 12:00-14:00,
Conference Room, Trust Headquarters**

Present:

Carolyn Mills (CM)	Chief Nurse (Chair)
Helen Morgan (HEM)	Deputy Chief Nurse
Dave Crofton (DC)	Healthwatch, Bristol
Sarah Coombes (SC)	Governance Manager, Diagnostics and Therapies Division
Juliet Cox (JC)	Head of Nursing, Surgical Division
Maria Fox (MF)	Performance and Projects Manager
Mark Goninon (MG)	Head of Nursing, Children's Services
Simon Hall (SH)	Deputy Head of Nursing, Medicine
Ruth Hendy (RH)	Trust Lead Cancer Nurse
Gav Hitchman (GH)	Heads of Nursing, Specialised Services
Anna Horton (AH)	Patient Experience & Regulatory Compliance Facilitator
Paul Lewis (PL)	Patient Experience and Involvement Team Manager
Penny Parsons (PP)	Governor
Shirley Rainey (SR)	Healthwatch North Somerset
Mark Read (MR)	Chaplaincy Team Leader
John Sibley (JS)	Governor
Chris Swonnell (CS)	Head of Quality (Patient Experience and Clinical Effectiveness)
Tony Watkin (TW)	Patient and Public Involvement Lead
Jo Witherstone (JW)	Senior Nurse for Quality

In Attendance:
- Toni Blake (TB), PA to Chief and Deputy Chief Nurse- for Minutes

	ITEM	ACTION
1.0	**Apologies:**	
	Helen Bishop, Head of Nursing, Medicine, Nicky Brooks, Matron, Medicine, Sarah Windfeld (SW), Head of Midwifery. Welcome: Sarah Coombes attending for Jayne Weare	
2.0	**Patient Experiences of Care at UH Bristol**	
	A short film was presented that had been produced by the Patient Experience and Involvement Team and Communications Team. The film contained interviews with patients, staff and students – with a particular focus on experiences at UH Bristol and their views about why providing a positive patient experience is important. Due to a technical difficulty, TW narrated the video . The Patient Experience Group agreed that the video-based format is valuable and has the potential to be used more widely.	
3.0	**Minutes of Meeting held on 22nd February 2018**	
	The minutes of the meeting held on **22nd February 2018** were agreed as a true and accurate record, subject to an amendment in 13.4 'noting a pop up centre **is** placed…'.	

4.0	**Action Log and Matters Arising**		
	Action Log All actions updated, complete or on the agenda.		
5.0	**Patient Experience and Involvement**		

5.1	<u>Patient Experience and Involvement Report for Quarter 4 2017/18</u>
	 PL presented the Quarterly Patient Experience and Involvement Report, noting:
	
	 • All of the Trust's core patient satisfaction targets were met during Quarter 4. It was noted that this was achieved even though there was significant pressure on services during the "winter period".
	 • The Trust has maintained a 98% score of our patients rating their care as excellent, very good or good.
	 • It was noted that the South Bristol Community Hospital (SBCH) satisfaction ratings increased for the third successive quarter, suggesting that the patient experience improvement work being carried out by the management team is having a positive effect at the hospital.
	 • Two wards had below trust average scores on key survey measures;
	
	      • A528. It was noted that the *Face2Face* volunteer interview team had talked to patients and families on the wards, but that this feedback was generally positive and did not provide insight into the relatively low scores being achieved in the postal survey and Friends and Family Test. TW commented that there had been some feedback that suggested other patients can negatively impact on the peoples' experience, for example due to being on a ward with patients who have dementia.
	      • A604. The *Face2Face* interview team will visit the ward during Quarter 1 to talk to patients and visitors, with a view to identifying what might be driving the low scores. JC noted that it may be related to a high number of staff vacancies on the ward and that plans are in place to address this.
	
	 Action: SH to explore ways to manage expectations during periods of low staffing.
		SH	

	CM asked for an update regarding noise at night in Children's and Surgery. MG advised that Julie Crawford is running a Task and Finish Group to address noise at night, with the aim of having a "noise at night" focus across the Trust in September 2018. **Action: MG and JC to bring an update from the Noise at Night Task and Finish Group to the November PEG meeting.**	**MG/JC**	
	The Group discussed posters and information placed outside wards, concluding that some are due for reprint to refresh them and to take the opportunity to review what information is key for display. **Action: HoNs to look at patient information outside wards to make it consistent and refreshed.**	**HoN**	
	CM questioned whether the Trust's minimum survey targets need to be increased. **Action: PL to review the internal thresholds for satisfaction scores and to respond to CM.**	**PL/CM**	

5.2	<u>2017 National Maternity Survey: results and response from the Women's and Children's Division</u>	
	PL advised that UH Bristol's scores in this survey in 2017 were largely in line with the Trust's previous results in 2015. However, at a national level, over this time other trusts have improved their scores. As a result, UH Bristol's relative position has declined from being the best nationally to around the national average. A number of actions were outlined in the report that demonstrate the Trust's desire to return to being among the best nationally. This report will be presented to the Quality and Outcome Committee of the Trust Board in June 2018.	
5.3	<u>2018/19 Patient Experience and Involvement Team work plan</u>	
	PL presented the report and summarised five key areas of focus for the Patient Experience and Involvement Team in 2018/19:	
	- Introduction of a rapid time feedback system - Developing more effective marketing materials to encourage patient and visitor feedback - Tendering for the Trust's community language interpreting provision - Establishing a mystery shopper programme - Implementing the Accessible Information Standard work plan	
	The report was received with no questions.	
5.4	<u>2017/18 Patient Experience and Involvement Team work plan: final summary position</u> The Group agreed to close the 2017/18 work plan.	
5.5	<u>Involvement Network and Patient and Public Involvement activity 2017/18</u> The Group received the report on Involvement Network activity during the last year. The Group discussed how projects are planned and prioritised. **Action: TW to advise divisions of the full suite of services available to them via Involvement Networks and how they can request support with a project.**	
	Due to the new General Data Protection Regulation (GDPR), TW contacted all individuals in the Trust's Involvement Network to check that they were happy to continue their membership of this group. The great majority of current members expressed a desire to continue.	
6.0	**Healthwatch**	
6.1	<u>Report on UH Bristol's recent activity with Healthwatch</u> The report was received and TW highlighted how Healthwatch had supported the Trust in communication with patient groups regarding the temporary overnight closure of Weston General Hospital emergency department.	
6.2	<u>Healthwatch activity update</u> <u>Healthwatch, Bristol</u> DC advised PEG of a number of current and planned Healthwatch patient engagement activities, including in relation to prostate health and the experience of Afro-Caribbean patients.	

	• DC noted that the UH Bristol Annual Quality Report was well received by his Healthwatch colleagues. Points that had been raised in the Healthwatch response to this document included the need to reduce pressure sores, and concern around the number of "never events" in the Bristol Dental Hospital. JWi advised that there was an improving position in relation to bed sores. **Action: TW to discuss the Dental never events in more detail with DC.** Healthwatch, North Somerset • SR updated the Group noting that Healthwatch North Somerset is focussing on building awareness of its services. SW asked whether Healthwatch was aware of the Local Maternity System (LMS). **Action: DC to enquire about access to 'Maternity Voices' and will report back to SW.**	**TW** **DC**
7.0	**Complaints**	
7.1	Complaints Report for Quarter 4 2017/18 CS presented the report which overall was very positive. PP raised a number of questions that had been discussed among the Trust's Governors: 1. Car parking has been reported to be the third most expensive in the UK. CM advised that planning permission is being sought for a new car park behind the BRI that will primarily be for patient use. 2. Hospital signage: PP put forward the view that this is confusing for patients, despite the new zoning approach CM reported that the new signage rollout is not yet complete and more is being put up. 3. Telephone access for outpatients. The complaints report shows a significant drop in complaints about getting through to outpatients by telephone. CM noted that this is a key work stream in the Trust's quality objective relating to customer service, which is being led by the Transformation Team	
7.2	Annual Complaints Report 2018/19 The Group approved the paper, to go to Trust Board.	
7.3/ 7.4	2017/18 Patient Support and Complaints Team work plan: final summary position and the 2018/19 Patient Support and Complaints Team work plan CS presented the 2017/18 work plan for closure, noting outstanding actions to be carried forward into 2018/19. CS also presented a summary of the key areas for development, which would form the core of the complaints work plan for 2018/19. The top priority was responding to complaints within the timeframes agreed with complainants; PEG has previously agreed that a zero tolerance approach to breaches is needed. A shift to resolving complaints via face-to-face meetings had started, however practice has tended to default back to written responses. It was noted that, where Divisions have used face-to-face meetings, good results have been achieved.	

	All divisions support the culture change to use face-to-face where possible.		
	It was proposed that a more detailed report regarding breaches of timescales was needed, going forward split by division.		
	Action: CM and CS to discuss the format of the timescale breach reports and how this data will be shared/reported.	CM/CS	
	CS highlighted that an error in reporting from Datix had resulted in incorrect data about numbers of dissatisfied complaints responses being reported to PEG and the Board during the previous 12 months. The problem had been corrected; the amended data had been reported to the Board. The true proportion of dissatisfied complaints was in fact lower than reported previously.		
8.0	**Spiritual and Pastoral Care**		
8.1	Spiritual and Pastoral Care Policy: to approve this new Policy for final sign-off by the Clinical Quality Group MR presented the Spiritual and Pastoral Care Policy, explaining that this was the first such document that had been written for UH Bristol. The policy describes a central role of chaplaincy in delivering spiritual and pastoral care, whilst also noting that a shared awareness of the spiritual needs of patients and staff should be part of our organisational DNA. The policy sets out expectations for providing a consistent approach to spiritual care across the Trust, to strengthen support for everyone that visits or works in the Trust. PEG approved the policy for onwards reporting to the Clinical Quality Group and Policy Assurance Group. MR confirmed that the chaplaincy is now providing regular training as part of the Trust's preceptorship programme. The Group noted that few NHS Trusts nationally appear to have equivalent policies in place for Spiritual and Pastoral care. MR will share the Trust's policy with the College of Health Care Chaplains to encourage development within the care network. **Action: MR to confirm dissemination plan once policy approved by CQG and PAG**	MR	
8.2	Spiritual and Pastoral Care Annual Report MR presented the annual report which revealed the diversity of needs that the chaplaincy team meet. Data presented in the report shows that, in 2017/18, a third of people with whom chaplains had significant contact had no known religious affiliation **Action: TW and MR to review chaplaincy content in the latest planned update of the Trust Welcome Guide.** JS left at 1.35pm The Group approved the Spiritual and Pastoral Care Annual Report to go to the Trust Board in July, alongside a chaplaincy-based patient story. **Action: CS and MR to discuss and agree how to disseminate the annual report after sign off at Board.** **Action: TW and MR to meet to develop a patient story.** MR also highlighted the integrated work of the chaplaincy team together with Trust's psychologists during and after the recent BHOC fire, e.g. visiting patients that had been moved because of the incident.	TW/MR CS/MR TW/MR	

8.3	Spiritual and Pastoral Care work plan 2018-2020 The work plan supports the Trust's ambition to integrate spiritual and pastoral services into all areas of care as a fundamental part of holistic care for patients, relatives, visitors and staff. The work plan had unanimous support and was approved by the Group.		
9.0	**Volunteering**		
9.1	Volunteering Policy: to approve this updated Policy for final sign-off by the Clinical Quality Group In Judith Reed's absence, CS presented the draft policy, which was approved for final checking by Clinical Quality Group and Policy Assurance Group. DC asked whether a flow chart might be added to the policy to illustrate a volunteer's recruitment journey; CS said he would discuss with Judith. (Post-meeting note: the previous policy included such a flow chart but it was consciously removed to avoid the need for policy updates whenever relatively minor process changes are made. There no action on this point.) **Action: Volunteering Policy to be forwarded to CQG and PAG for final checks.**	**CS**	
9.2	Volunteer Services Annual Report 2017/18 The Volunteer Services Annual Report 2017/18 was received. CS explained the most significant development during the last year had been the inception of the Pears-funded two year project to develop new opportunities for young people to volunteer at the Trust. Very encouraging progress had already been made. In addition, CS updated the Group that: • A new post of Volunteer Mentor has been recruited. • The introduction of Group interviews at assessment centres to see candidates' social interaction has been very positive. • Meeting compliance targets for annual Information Governance and Fire Training updates was very challenging to achieve, as volunteers do not have access to the Trust's on-line training modules, meaning that annual checks need to done on paper and manually checked by the Volunteer Services team. **Action: HONs to disseminate the Volunteer Services Annual Report 2017/18 via divisional board meetings to increase awareness.**	**HON**	
9.3	2017/18 Volunteer Services work plan: final summary position* Noted without comment.		
9.4	2018/19 Volunteer Services work plan* Noted without comment.		
9.5	2018/19 Voluntary Services Young People Project Work Plan Noted without comment.		
10.0	**Patient Inclusion and Diversity Group**		
10.1	The quarterly update on the activity of the Patient Inclusion and Diversity Group was received and noted.		
11.0	**Quality Objectives**		
11.1	Review of 2017/18 quality objectives and draft 2018/19 quality objectives		

	relating to patient experience were received and noted.		
12.0	**Items for information only**		
12.1 12.2	• Patient Stories presented to Trust Board in February and March 2018 • Patient and Public Involvement log of activity		
13.0	**Any Other Business**		
	• PL advised that National Learning Disabilities week in mid-June was focusing on hospital experience. PEG members were asked to contact PL if they have suggestions for activities / events during this week.	**All**	
14.0	**Date of next meeting:**		
	The next meeting of PEG will be held on ***16th August 2018, 12:00-14:00, Boardroom, Trust Headquarters***		

Minutes for the Patient Experience Group (PEG)

Held on Thursday 23rd May 201 9, 14:00-16:00,
Bristol Dental Hospital Board Room

Present:

Helen Morgan (HEM), Deputy Chief Nurse (Chair)
Paul Lewis, Patient Experience and Involvement Team Manager (PL)
Tanya Tofts, Patient Support and Complaints Team Manager (TT)
Sarah Windfeld, Head of Midwifery (SW)
Jo Poole, Deputy Head of Nursing, Surgery (JP)
Nicky Brooks, Outpatient Matron, Division of Medicine (NB)
Mark Goninon, Head of Nursing Bristol Royal Hospital for Children (MG)
Tony Watkin, Patient and Public Involvement Lead (TW)
Mark Read, Chaplaincy Team Lead (MR)
Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness) (CS)
Penny Parsons (PP), Governor Representative
Dave Crofton (DC), Healthwatch Bristol
Ruth Hendy (RH), Lead Cancer Nurse
Gav Hitchman (GH), Head of Nursing, Specialised Services
Maria Fox (MF), Performance and Project Manager, Estates Department
Jayne Weare (JW), Divisional Lead for Professions, Diagnostics and Therapies
Carole Tookey (CT), Head of Nursing, Division of Medicine

In attendance:

Antonia Blake, PA to the Chief Nurse (minutes)

	ITEM	ACTION OWNER
1.0	**Apologies:**	
	Carolyn Mills, Chief Nurse (CM), John Sibley, Trust Governor (JS), Rowan Williams, Healthwatch North Somerset (RW).	
2.0	**Minutes of Meeting held on 14th February 2019**	
	The minutes of the meeting held on 14th February 2019 were agreed as a true and accurate record.	
3.0	**Matters Arising Log**	
	The Matters Arising Log was reviewed. Written updates had been provided against each item on the Log. The following items were closed: • Action 86 – Patient Experience Group Terms of Reference. PL confirmed that the updated Terms of Reference had been approved by the Clinical Quality Group. • Action 89 – Increased number of complaints accepted by the Parliamentary Health Services Ombudsman (PHSO) for review. TT confirmed that she had contacted five trusts in the South West. None had seen an increase in complaints accepted by the PHSO for review. However, UH Bristol has not seen an increase in the number of complaints upheld by the PHSO. To enable the Patient Support and Complaints Team to carry out analysis of this issue in the future, an	

		additional PHSO outcome category has been added to Datix, to indicate that no further action was taken by the PHSO.	
		• Action 90 – Review of the Trust's dissatisfied complainant target for 2019/20. CS confirmed that the targets have been revised.	
		• Action 92 – Policy on Governance of Patient Surveys. PL confirmed that this Policy was approved by the Clinical Quality Group.	
		• Action 93 - To carry out an audit of the reasons why patients are discharged out of hours. It was not possible to carry out this audit as the data is not routinely collected. Anecdotally, staff report that hospital transport is the main reason for discharge being delayed beyond 8pm. There have been no Safeguarding incidents reported.	
		• Action 80 – Noise at Night project update. Report enclosed with papers for information.	
		• Action 52 – Medical Mediation update. MG advised that funding was required for this project to move forward. It was agreed that this item would return to PEG for discussion, if funding is identified for a wider roll-out.	
		The following actions will remain open on the Matters Arising Log:	
		• Action 87 - TW to carry out a touchpoint mapping exercise at South Bristol Community Hospital. TW advised that this was scheduled to take place in Quarter 2, 2019/20.	
		• Action 88 – PL to develop a proposal to ensure that feedback from the rapid-time system is directed to the appropriate member(s) of staff in each Division. The Heads of Nursing agreed to discuss this at their next meeting.	
		Action: PL to provide the Heads of Nursing meeting with an options paper in respect of how feedback from the real-time system is sent on to Divisions.	**PL**
4.0	**Patient Experience and Involvement**	
4.1	**Patient Experience and Involvement Report for Quarter 4, 2018/19**	

PL provided a summary of the draft report, thanking the Heads of Nursing for their contributions and noting the following:

- Overall, the survey feedback and results were very positive.
- Satisfaction scores were below target in A528 and C808. CT confirmed that there were currently staff vacancies on the ward that might be contributing to low scores in Quarter 4. The Division of Medicine is actively recruiting to the vacant posts. CT also advised that a new post had been established for care of the elderly services, which would have a focus on staff training – including improving patient experience and effective communication.
- South Bristol Community Hospital scores were been below their target level again in Quarter 4. PL confirmed that this continued to be discussed with the Division of Medicine, but no specific reason could be found. DC confirmed that Healthwatch Bristol had carried out a follow-up 'enter and view' during November 2018 and, again, found the hospital care to be of a high standard. In Quarter 2, 2019/20, TW is planning to carry out a project that will map the patient journey with service users, to look at specific aspects of the experience that could be improved.
- PL noted that four comments received via the Friends and Family survey raised issues around mental health support. PL advised that he

		needed to explore this further and carry out a more detailed analysis of the feedback being received from this group of patients. MG advised that there is a Mental Health Steering Group, chaired by CM that would be interested in reviewing this data. **Action: PL to carry out further analysis of feedback received from patients with mental health issues. Provide this report for the Liaison Psychiatry Team and Mental Health Steering Group.**	**PL**
		• HM noted that the Division of Medicine received a relatively low score in respect of ensuring patients are given key information at discharge, and asked CT to confirm that the Division were confident that this information was being provided. CT confirmed that this was the case but would look into this.	
		• The Emergency Department Friends and Family Test (FFT) survey response rate was below target in Quarter 4. PL provided a supplementary paper that provided an analysis of the reasons for this decline in the rate. This showed that the main reason was that fewer FFT cards were being collected by the Departments. This is also likely to have had a negative effect on the FFT score, given that the cards tend to generate the most positive responses compared to other methodologies employed to carry out this survey. Furthermore, there had been issues with the electronic touchscreens in the two ED observation wards and these now needed to be replaced. Although these only generate a relatively small number of responses, it has combined with the declined in card responses to bring the Trust in below target. PL is currently exploring costs for new screens in the observation wards.	
		The Outpatient FFT response rate had been below target for two consecutive quarters. There was no identifiable reason for this and PL is in discussions with the Trust's external supplier for this survey, to explore whether there are issues with the SMS (text message) system that is used to send out / receive questionnaires. **Action: CT to look at discharge information to confirm contacts are included and disseminated.**	**CT**
4.2	**Update on the "Here to help" programme, including the rapid-time feedback system** PL provided an update on the "Here to help project", highlighting that new "Here to help" posters had been put up in wards / departments, and that the Trust's new real-time feedback system went live on the Trust's external website in December 2018. In March 2019, six touchscreen feedback points were installed in the Bristol Royal Infirmary. PL confirmed that a steady flow of feedback was being received via the new system - including requests for the Patient Support and Complaints Team to call back a patient or relative about an issue of concern. PL advised of a roll-out plan for the feedback points being installed in the rest of the Trust's hospitals throughout 2019. This would be in two main tranches: - The Bristol Heart Institute, St. Michael's Hospital, and the Bristol Royal Hospital for Children - All remaining hospital sites. PL advised that discussions will take place with the Heads of Nursing prior to finalising the implementation plan.	

	DC queried whether there were specific evaluation criteria that would determine whether or not the project was a success. PL advised that one element of this was the smooth technical implementation of feedback points across all of the Trust's hospitals, and ensuring this data is used effectively in Divisions. GH added that ultimately we would like to see a reduction in issues becoming formal complaints, because the system should help identify and address issues in rapid-time.	
	TW advised that Healthwatch were seeking to develop an animated video about how to give good feedback. GH queried whether this could be added to the touchscreen feedback points. PL advised that he could explore this with the system supplier, but at the very least it should be possible to put this video on the UH Bristol external website.	
4.3	**2018 National Maternity Survey Results** SW presented this report, which provided a summary of UH Bristol's performance in the 2018 Care Quality Commission national maternity survey. SW noted that three scores were classed as being better than the national average to a statistically significant degree: • Offering a choice about where to deliver a child • Skin to Skin contact with your baby shortly after birth • Feeling that any concerns were taken seriously. No scores were classed as being below the national average, but the number of respondents reporting a delay at discharge had increased significantly since the previous survey. This is already a focus for improvement activity in the maternity service, including the development of a poster which is now on public display on the maternity wards, which describes the discharge process. SW also advised that a number of "patient experience at heart" staff workshops had recently taken place, facilitated by TW. These focussed on how staff could contribute to improving patient experience, and the issues / challenges they have in delivering consistently excellent care. The findings are currently being discussed by the Divisional Management Team. TW noted that no doctors attended the sessions. SW advised that this would be discussed with the senior Consultant leads in the maternity service.	
4.4	**Patient and Public Involvement Log of Activity** TW presented this report, which provided a summary of Patient and Public Involvement (PPI) activity being carried out at UH Bristol. TW highlighted three items from the Log: • The Bristol Haematology and Oncology Centre held their third ''Big Conversation Event" in March 2019. • "Patient experience at heart" workshops were held in Maternity Services in February 2019 • A focus group was carried out with Trust members. This explored how doctors in the Oncology service could approach discussions with their patients, where difficult decisions needed to be made about resuscitation. TW noted that the entry in the PPI Log relating to the Neonatal Care Services	

4.5	review contained an error. Project Board approval and the public events took place in 2018, not 2019 as stated in the Log. **Patient Experience and Involvement Team 2018/19 work plan – to close** PL presented a final position against the Patient Experience and Involvement Team's work plan for 2018/19. PL noted that the great majority of ambitions in the plan had been completed. The Patient Experience Group agreed that the work plan should now be closed, subject to the following items being carried forward in the Team's 2019/20 work plan: • Carrying out a tender exercise for the Trust's translation and interpreting services • Reviewing the Temporary Staffing Bureau's interpreting service • Carrying out a tender exercise for the Friends and Family Test and monthly postal surveys • Refreshing the Trust's welcome guide.	
4.6	**Patient Experience and Involvement Team 2019/20 draft work plan** • PL introduced the Patient Experience and Involvement Team's work plan for 2019/20. PL highlighted a number of large and challenging projects scheduled for delivery during the year, including The Trust-wide roll out of electronic touchscreen feedback points • Enhancing training and support for Lay representatives who sit on Trust groups and committees • Developing the Trust's compliance with the Accessible Information Standard, in particular a focus on providing patient letters in accessible formats • Carrying out the final year of 'Here to help' project, with a particular focus on introducing a customer service toolkit for teams / services and implementing a new advanced customer service training course. TW advised the Patient Experience Group that stocks of the Trust's existing adult welcome guide may run out, before we receive delivery of the new guides. A new guide printed in black and white is being developed, which will allow patients to colour in the pictures, as a way of relieving boredom. SW noted that maternity services do not have a Welcome Guide. **Action: TW to discuss requirements for a maternity-specific Welcome Guide with SW.** *Note: Agenda item 7.1 was discussed at this point, before returning to the original agenda order.*	**TW**
5.0	**Complaints**	
5.1	**Complaints Report for Quarter 4 2018/19** TT acknowledged that this report was marked as "draft" as Divisions had not yet had an opportunity to respond to some of the data in the report. TT noted that the title on page 2 of the report stated "Quarter 3 Executive Summary", it should read "Quarter 4". TT advised that there were 493 complaints received in Q4. The number of complaints had increased for all Divisions except Women's and Children's, which saw a small decrease. On average there were 164 complaints per month during Q4, with 99.6% acknowledged in agreed timescale. Overall, 88.2% of	

	formal complaints and 84% of informal complaints were responded to within the agreed timescale. The latest, un-validated complaints data for April 2019 was presented by TT. The following points were highlighted: • 184 complaints were received in April 2019; 42 were managed formally and 142 informally. • 59 formal responses were sent out; 92% within the agreed timescale. • 117 informal responses completed in April – 89% within the agreed timescale. Improvement in all Divisions except D&T and Surgery. • Dissatisfied cases – 5% (3 cases)	
5.2	**Patient Support and Complaints Team 2018/19 Annual Report** The Annual Complaints Report was introduced by TT, highlighting the following: • 1,845 complaints were received in the year 2018/19 – a small increase on the previous year. • 702 of these complaints were managed through the formal process and 1,143 through the informal process. • In addition, the Patient Support and Complaints Team dealt with 965 other enquiries, including compliments, requests for advice/information and requests for support. This was a 37.7% increase on the previous year. • 31 new cases were referred to the Parliamentary and Health Services Ombudsman (PHSO) in 2018/19 and 22 cases closed - one upheld, two partly upheld, four not upheld and 15 'no further action', which means they were not subject to a full investigation in 2018/19. • 87% of formal complaints and 83.5% of informal complaints were responded to within the agreed deadline. • 9.5% of complainants returned to us because they were dissatisfied with our initial response to their complaint.	
5.3	**Patient Support and Complaints Team 2018/19 work plan – to close** The Group approved the closure of the 2018/19 work plan subject to outstanding actions being carried forward to the 19/20 work plan.	
5.4	**Patient Support and Complaints Team 2019/20 draft work plan** The 19/20 work plan was received and new themes discussed: • A London School of Economics (LSE) model of grading complaints by severity will be applied to the Trusts complaints process. **Action: TT to involve and work with Divisions for oversight and to plan roll out.** • The Group discussed the recording of face to face meetings with complainants. GH noted that he would like to see this as standard. TT advised that take-up of this by complainants is currently low. There was a discussion about the audio recording of these meetings. PEG agreed that a recording could be sent to patients and families, but must still be accompanied by a covering letter which details the key points and outcomes from the meeting. PEG members were asked to send any comments on the 2019/20 work plan directly to TT. *Note: Agenda item Any Other Business 14.1 was discussed at this point, before returning to the original agenda order.*	TT/Div. lead's
6.0	**Spiritual and pastoral care**	

6.1	**Spiritual and Pastoral Care Services Annual Report** MR presented the Spiritual and Pastoral Care Annual Report, highlighting the high volume and reach of the service, and how much it is appreciated by both patients and staff. MR noted that staff in his team now felt much more engaged with the Spiritual and Pastoral Care service following a number of changes to the way that the team operates. The Chair acknowledged the value and importance of the service and thanked MR for this report.	
7.0	**Governor Update**	
7.1	**Summary of recent and forthcoming Trust Governor activity** PP updated PEG as follows: • The results of the Governors election vote will be announced next week. • It was confirmed that PP and JS have not completed their time as Governor's and so would continue to serve on PEG. • The Care Quality Commission held a meeting with the Governors as part of their recent inspection, which the Governors' felt had been a positive meeting. • The report of patient experience related questions formally put forward by Governor's to the Trust was received. PP queried whether the Trust was in a position to provide a response to these two questions, which relate to zero-hours contracts and out-of-hours discharges. **Action: HEM to establish when a response to these questions will be forthcoming from the Trust's Membership Office.**	**HEM**
8.0	**Healthwatch**	
8.1	**Summary of recent and forthcoming Healthwatch related activity** DC provided a verbal update of Healthwatch related activity. Healthwatch Bristol carried out a follow-up "enter and view" at South Bristol Community Hospital. The participants were very impressed by the changes made at the hospital following their previous visit, and also at the willingness of the staff to try new ideas. DC explained that Healthwatch Bristol have a formal role in reviewing the Trust's draft Quality Account. The feedback from Healthwatch was very positive, with members finding the report clear and easy to read. The update report provided for this agenda item was noted.	
8.2	**South Bristol Community Hospital / Healthwatch enter and view action plan** TW explained that this report was not being provided to PEG at this meeting, as it had not yet been reviewed / closed by the Division of Medicine Board. It will be provided to PEG at the August 2019 meeting.	
9.0	**Care Quality Commission (CQC) Regulations**	
9.1	Care Quality Commission Regulation 9: person centred care GH advised that the review of this Regulation at this meeting was out of sync in reporting to the Heads of Nursing meeting and the Clinical Quality Group. This item was therefore not taken and will be added to the August 2019 agenda.	
10.0	**Update from the Carers' Strategy Steering Group**	
10.1	**Carers' Strategy Steering Group update** This report was introduced by TW. JWi is now the Trust lead. TW noted that the	

	second meeting of the re-launched Carer's Strategy Steering Group took place in April 2019. PEG received the summary report of the meeting.	
	Carer's Strategy 2019/20 Work Plan The work plan was presented by TW, highlighting three particular developments planned for 2019/20: • Enhancing the role of young carers at the Trust • Increasing staff awareness of the role of carers • Increasing the support available to carers at the Trust No comments or requests were made by the Patient Experience Group members in relation to the work plan.	
10.2	**Carers' Strategy Steering Group Terms of Reference** TW presented the updated Carer's Strategy Steering Group Terms of Reference. These were approved for onward submission to the Clinical Quality Group for final review / sign off, subject to the following changes: • Membership to include a Deputy Chair. • Update the inside page to show all dates of amendment	
11.0	**Update from the Patient Inclusion and Diversity Group (PIDG)**	
11.1	**Quarter 4 update from the Patient Inclusion and Diversity Group (cover sheet only)** TW presented this report, summarising key activity relating to the business of the PIDG for the period February to May 2019. In discussion, it was noted that PIDG is taking a lead role in enhancing the Trust's care of Transgender patients. It was noted by JP that fundamental to getting this aspect of care right is the ability and confidence of nursing staff and others is to ask the patient what works best for them. TW asked the Patient Experience Group whether it was the appropriate forum through which to seek wider, system-wide, improvements to this issue. In discussion, it was agree that this would best be achieved via Healthwatch Bristol. **Action: DC agreed to pursue this with his colleagues at Healthwatch.**	DC
11.2	**Patient Inclusion and Diversity Group 2018/19 work plan** The 2018/19 PIDG work plan was provided for review. This included actions carried forward from the previous 2018/19 work plan. There were no specific comments on the work plan.	
12.0	**Patient Information Policy**	
	This Policy was provided to PEG for review, prior to its submission to the Clinical Quality Group committee for approval. There were no comments on the Policy. **Action: HEM asked that any requests / amendments should be forwarded directly to John Kirk, Communications Manager, within the next seven days.**	All
13.0	**Items for information only**	
13.1	**2019/20 Voluntary Services and Young Persons' Volunteering work plans** Noted for information without comment.	
13.2	**2019/20 Spiritual and Pastoral Care work plan** Noted for information without comment.	

13.3	**2018/19 corporate quality objectives relating to the work of the Patient Experience Group – final summary position** Noted for information without comment.	
13.4	**2019/20 corporate quality objectives relating to the work of the Patient Experience Group** Noted for information without comment.	
13.5	**Patient story that went to Trust Board in March 2019** Noted for information. TW advised that future patient stories for presentation at the Trust Board meeting related to: 1) Complex care and cardiac care challenges. 2) Transgender patient experience 3) Near death from Sepsis 4) Patient experiences of visually impaired patients.	
13.6	**Noise at night evaluation report** Noted for information without comment.	
13.7	**Update on use of hearing loops at UH Bristol** Noted for information without comment.	
14.0	**Any other business**	
14.1	Approval of High Risk Complaints Standard Operating Procedure (SOP) – The Group approved this updated SOP, requesting that further consideration should be given to whether the term "high risk" is appropriate for use in this context.	
14.2	"What matters to you?" – this is an international initiative that aims to ensure that hospital patients are asked: "what matters to you?" JP and HL are visiting the Royal Free Hospital to see how this initiative works in practice, after which they will put forward a recommendation about its potential adoption at UH Bristol.	
15.0	**Next Meeting**	
	The next meeting will be held on ***Thursday 22nd August 2019, 1.00pm - 3.00pm***	

University Hospitals Bristol NHS
NHS Foundation Trust

Minutes for the Patient Experience Group (PEG)

**Held on Thursday 30 November 2017, 2.30-4.30pm,
Conference Room, Trust Headquarters**

Present:

Carolyn Mills (CM)	Chief Nurse
Jennifer Anstey (JA)	Matron, Specialised Services
Sarah Coombes (SC)	Governance Manager, Diagnostics and Therapies
Dave Crofton (DC)	Healthwatch, Bristol
Juliet Cox (JC)	Head of Nursing, Surgical Division
Maria Fox (MF)	Performance and Projects Manager
Mark Goninon (MG)	Head of Nursing, Children's Services
Anna Horton (AH)	Patient Experience & Regulatory Compliance Facilitator
Paul Lewis (PL)	Patient Experience and Involvement Team Manager
Mike Lyall (ML)	Healthwatch, North Somerset
Penny Parsons (PP)	Governor
Mark Read (MR)	Chaplaincy Team Leader
John Sibley (JS)	Governor
Lisa Smith (LS)	LIAISE Support Officer
Chris Swonnell (CS)	Head of Quality (Patient Experience and Clinical Effectiveness)
Tanya Tofts (TT)	Patient Support and Complaints Manager
Tony Watkin (TW)	Patient and Public Involvement Lead
Sarah Windfeld (SW)	Head of Midwifery

In Attendance:

- Matthew Areskog, Patient and Public Empowerment Lead, Bristol Community Health (Observing).
- Toni Blake (TB), PA to Chief and Deputy Chief Nurse- for Minutes

	ITEM	ACTION
1.0	**Apologies:**	
	Helen Morgan, Deputy Chief Nurse, Dena Ponsford, General Manager for Facilities, Sarah Furniss, Head of Nursing Specialised Services, Jo Witherstone, Senior Nurse, Quality, Nicky Freeman-Fielding, Matron for Critical Care, Division of Surgery, Carole Tookey, Head of Nursing, Medicine, Ruth Hendy, Lead Cancer Nurse.

The Group welcomed new members; new Governors Penny Parsons and John Sibley, Mark Read the new Chaplaincy Team Leader and Matthew Areskog, Patient and Public Empowerment Lead, Bristol Community Health (Observing). | |
2.0	**Minutes of Meeting held on 24 August 2017**	
	The minutes of the meeting held on 24 August 2017 were agreed as a true and accurate record, subject to two amendments – Changing Nicky Brown to Nicky Brooks in attendees and on page 4, 5.7 deletion of repeat of 'by the'.	
3.0	**Action Log and Matters Arising**	

	All actions noted as complete or on the agenda.	
3.1	**Equality and Diversity data in annual complaints report 2017/2018** TT confirmed that Datix has been reorganised so that this can and will be done for the next report. (Q3)	
3.2	**Dental complaints review – Surgery** JC updated the Group on activities carried out to strengthen the administrative infrastructure in the Dental Hospital including new administration and operations staff, staff engagement and customer care training. The number of complaints received in quarter 2 was notably less than in the previous quarter.	
3.3	**Complaints review of delays and adherence to the Standard Operating Procedure governing use of extensions** TT updated the Group on the Patient Support and Complaints Team internal review of complaint response deadline extensions between October 2016 and October 2017. There were a total of 126 cases, of which 34% did not have a recorded reason for their extension. The most frequently stated reasons for extending the response deadline for a complaint were the complexity of the case and cross-divisional involvement. The Group discussed the need to review the setting of the response deadlines and process for extension to reduce the number of complaints breaching the trust set response deadline. Also see 4.1	
4.0	**Complaints**	
4.1	**Quarterly Complaints Report for Quarter 2 2017/18 - Latest monthly Trust and Divisional complaints data** The Group received the draft Quarterly Complaints Report noting that the Specialised Services section had been received since the deadline for papers and would be added to the report for SLT. It was noted that transport and attitude of administration staff no longer featured in the list of main reasons why, as these have improved. Breaches of the complaints response deadline have increased for the 3rd consecutive quarter. DC asked whether the Ombudsman typically supports the hospitals complaint process/responses when reviewed. TT confirmed that the Ombudsman occasionally partly upholds cases against the Trust, but that most cases are not upheld. CS explained the Trust's complaint process for the new PEG attendees. CS outlined that all dis-satisfied complaints are reviewed by CS and TT to establish whether the Trust had done all that could be done to respond effectively to the issues raised. In addition, a complaints review panel is being piloted. To date, panels have been held for divisions of Medicine and Diagnostics and Therapies. DC, who sits on the panel as an independent member, reported that the standard of responses was very good. Each panel so far has highlighted specific points of learning for the divisions involved. CS also noted three areas of	

	corporate learning: 1. Need to review who signs off response letters – the appropriateness of the current practice of writing in CEO's name but pp'ing has been questioned. 2. The way letters are ended can leave a lasting impression – consider option of putting PHSO contact information towards the beginning of the letter instead – this is seen as a negative way to end a letter. 3. Use of 'stock phrases' is not always used appropriately in responses. 4. Lack of discussion with divisional teams re agreeing reasonable deadlines as set by PSCT are not always in discussion with divisions. The Group discussed the breach of deadlines in further detail (Also see 3.3) identifying key issues that can cause predictable delays e.g. 1. Maternity cases needing a yellow book held by the parents 2. Cases of cross divisional care (Incl. North Bristol NHS Trust) 3. Where an RCA report is required and the timing is different to complaint response time agreed. **ACTION: Amend complaints template letter to include Ombudsman details earlier.** **ACTION: Develop a resource of good phrases identified from complaints response letters and make this available to divisions.** **ACTION: TT to set up a meeting with divisional coordinators (copying in Division Leads to attend if they wish to). Group to agree divisional / PSCT actions to reduce number of breaches of deadlines without changing the current agreed Trust timescale of 30 days.** **ACTION: To consider patient stories that can be used as training tools for complaints, to support understanding the impact of non-delivery of agreed timescales for patients and families.** CM highlighted the increase of complaints in the Bristol Eye Hospital illustrated in the Quarterly report **ACTION: JC to review the reasons for complaints increasing at the Bristol Eye Hospital and develop a local action plan to address as appropriate.** **ACTION: TT to deep dive clinical care attitudes and Midwifery complaints then triangulate and report back at the next meeting**		
		TT	
		TT	
		TT	
		TW/TT	
		JC	
		TT	
4.2	**Update of progress/risks to the delivery of the Patient Support and Complaints Team work plan** The Group noted the report presented by TT. There were no questions.		
4.3	**Patients Association report into outcomes/learning from interviews with dissatisfied complainants: action plan** TT explained the working relationship the Trust has with the Patients		

	Association (PA) and described the latest collaborative project which has involved the PA carrying out telephone interviews with dissatisfied UH Bristol complainants. (Mike Lyall left the meeting) As a result of the project and the feedback received from complainants, a 'National Complaints Toolkit' is being developed by the PA, jointly credited to UH Bristol. The tool kit will be launched at complaints conference which is being hosted by the Trust on 2 March 2018.	
4.4	**Parliamentary Health Service Ombudsman report - 'Breaking down the barriers: older people and complaints about healthcare'** TT presented a summary of the PHSO report to the Group. Data indicates that people over the age of 60 are well represented amongst those who make a complaint about services at UH Bristol, i.e. there is no obvious evidence of systematic barriers to raising concerns. However, TT noted that the Trust writes to complainants, six weeks after their complaint has been closed, to ask about their experience of making a complaint; as part of this, we ask people whether they would be interested in attending a focus group to share their thoughts. TT will therefore explore the possibility of arranging a focus group specifically for complainants over 60 years old (in the future, once the Trust has received sufficient expressions of interest from this age group to make a gathering viable).	
4.5	**Complaints Review Panel update (verbal update)** Discussed earlier in the meeting – See 4.1.	
5.0	**Patient Experience and Involvement**	
5.1	**Quarterly Patient Experience and Involvement Report for Quarter 2, 2017/18** PL presented the Quarterly Patient Experience and Involvement Report, noting that the Trust continued to receive very positive feedback from service-users. (Lisa Smith, LIAISE arrived at 3.45pm) Ward A518 which had received some low scores now has in place a substantive senior nursing leadership team. It is anticipated that this will have a positive impact on patient experience. South Bristol Community Hospital survey scores improved during Quarter 2, but still remain below the Trust average. PL advised that this appears, at least in part, to be a reflection of the challenges of caring for a group of patients with complex / long-term needs (as per previous evidence). PL outlined a number of activities that are being carried out to try and improve these scores.	
5.2	**Update of the progress/risks to delivery of the Patient Experience and Involvement Team work plan** The report was noted highlighting that the procurement of a Rapid Time Feedback system, had been delayed by staffing shortages in the Procurement Department. The Chief Nurse has escalated this to the Director of Procurement. The deadline for identifying the preferred supplier via a tender process is now the end of February 2018.	

6.0	**2016 National Accident and Emergency Survey**	
6.1	**Local analysis report and Divisional response** PL presented the local analysis of the National Accident and Emergency Survey highlighting that the BRI has received very positive results. Congratulations were extended to the team at the BRI.	
6.2	**Care Quality Commission Benchmark Report** The Group noted the report.	
7.0	**Summary of Healthwatch activity**	
	TW presented the Healthwatch report August to November and the Group discussed plans to encourage patients via Healthwatch to contact the Trust Complaints team directly, to ensure that they got a personal response. TW confirmed for ML that a statement on the management of out of hour's services at Bristol Emergency Department when Weston ED is closed overnight has been compiled. The Group noted ongoing work to communicate with Weston Patients re travel back to Weston out of hours.	
8.0	**Translating and Interpreting mid-year update report**	
	PL presented the report highlighting that the quality of service, as measured by incident and complaint rates, continues to be positive. He advised that a number of suppliers are not currently contractually bound to provide the Trust with fulfilment rates for interpreter bookings, which makes it difficult to provide full quality monitoring for this service at present. The most frequent incident / complaint relates to interpreters not being booked for a patients' appointment. Review of these incidents has identified the most common reason is that not all known patients have noted that some incidents relate to new patients who have not informed staff that they need an interpreter. A "red-flag" on the Medway record of any patient indicates that they require a translator or interpreter. **ACTION: Divisional reps to remind teams of the need to identify and to add a**	**Divisional**

	red flag on the Medway record of patients requiring a translator or interpreter. Expenditure on translating and interpreting has increased significantly in 2017/18. This appears to be a combination of increasing use and increasing supplier costs.		Reps.
9.0	**UH Bristol Carer's Strategy: approval for onward review**		
	The Group noted that the content of the UH Bristol Careers Strategy needed to be put into the new Trust strategy format. CM to provide to CT once available. Any detailed comments on the Strategy to be sent to CT within 2 weeks. **ACTION: All to provide feedback for consideration to CT. CT to amend and recirculate for information once in the new Trust format.** JS asked whether young carers are informed of the patient's condition. After discussion it was agreed that was an area that should be developed within the work plan to deliver the strategy. **ACTION: CT to review the Carers Strategy to ensure that it includes young carers.**		**All** **CT**
10.0	**Medical Mediation (verbal update)**		
	LS updated the Group regarding steps currently being taken by Children's Services to identify appropriate outsourced mediation for patients when required, but also training for staff to help avoid the need for formal mediation in the first place. A company called the Medical Mediation Foundation has been identified as a potential provider. A pilot will be run in Children's Services via two sessions of role play and practical training to validate training and value for money. Target audiences for training include medical staff at BRHC, plus support services including LIAISE and the Patient Support and Complaints Team. Subject to funding, it is hoped to be able to run the first pilot training session in April/May 2018. **ACTION: LS to update the Group on the effectiveness of Medical Mediation training once the pilot is complete.**		 **LS**
11.0	**CQC Regulation 9 (Person-centred care)**		
	JC presented a compliance assurance report for CQC regulation 9. This was the first time that the regulation has been reported to PEG. This marks a change in practice: Heads of Nursing will continue to collectively update the assurance report via their regular forum, but the report will also be formally reviewed at PEG, twice a year. Before its submission to CQG JC asked the Group to review for any omissions or required additions. The addition of enhanced observations was identified by the Group. **ACTION: Comments on the CQC Regulation 9 paper to be sent to JC within 2 weeks.**		 **All**
12.0	**Items for information**		
	The following were noted for information:		
12.1	• Patient Stories presented to Trust Board in August, September, October		

	2017	
12.2	• Update of progress/risks to the delivery of the Volunteer Services work plan	
12.3	• Update on corporate quality objectives relating to developing a customer service mind set and rapid-time patient feedback	
12.4	• Patient and Public Involvement log of activity	
12.5	• 2017 PLACE Survey Results	
13.0	**Any Other Business**	
	• CS had attended a pan-Bristol meeting relating to the #iwill initiate, linked to the 70th anniversary of the NHS. The purpose of #iwill is to get more young people involved in health and social care. The meeting had also been attended by a representative from the Trust's youth council. The Trust has secure two years of funding from the Pears Foundation to develop volunteering opportunities, particularly for young people. .

• PL advised the Group that the National Children's Survey date has been released and the formal results report will come to the next meeting.

• MR let the Group know that since starting at the Trust he has reviewed the chaplaincy work plan and will bring a revised version and new ideas to the next PEG meeting.

• TW informed the Group that the Patients Association have asked the Trust to work with them on the 'End of Life Butterfly Project'.

• SW notified the Group that a 'Better births' work programme has begun in BNSSG with implementation ending in 2020.

• LS reported that Orientation Videos for patients of what they would expect at the hospital have been created for Ward 32, Ward 35 and PICU. They are available via the Trust home page, Twitter and Facebook. | |
| **17.0** | **Date of next meeting:** | |
| | The next meeting of PEG will be held on ***22nd February 2018, 12:00-14:00, Conference Room, Trust Headquarters*** | |

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Minutes for the Patient Experience Group (PEG)

**Held on Thursday 15th November 2018, 12:00-14:00,
Board Room, Trust Headquarters**

Present:

Chris Swonnell (CS)	Head of Quality (Patient Experience and Clinical Effectiveness) Chair
Dave Crofton (DC)	Healthwatch, Bristol
Juliet Cox (JC)	Head of Nursing, Surgical Division
Mark Goninon (MG)	Head of Nursing, Children's Services
Gav Hitchman (GH)	Heads of Nursing, Specialised Services
Anna Horton (AH)	Patient Experience and Regulatory Compliance Facilitator
Paul Lewis (PL)	Patient Experience and Involvement Team Manager
Mark Read (MR)	Chaplaincy Team Leader
Tony Watkin (TW)	Patient and Public Involvement Lead
Tanya Tofts (TT)	Patient Support and Complaints Manager
Sarah Jenkins (SJ)	Matron, Medicine
Sophie Kimbrey (SK)	Patient Experience and Complaints Coordinator, Medicine
Sarah Coombes (SC)	Governance Manager, Diagnostics and Therapies
Penny Parsons (PP)	Governor
Maria Fox (MF)	Performance and Projects Manager, Facilities and Estates
Jo Witherstone (JW)	Senior Nurse for Quality

	ITEM	ACTION
1.0	**Apologies:**	
	Carolyn Mills (CM), Chief Nurse; Helen Morgan (HM), Deputy Chief Nurse; Helen Bishop (HB), Head of Nursing Medicine Division; Sarah Windfeld (SW), Head of Midwifery; John Sibley (JS), Trust Governor and Jayne Weare (JW), Divisional Lead for the Professions Diagnostics and Therapies Division. Welcome: Sarah Coombes (attending for Jayne Weare) and Sarah Jenkins (attending for Helen Bishop).	
2.0	**Minutes of Meeting held on 16th August 2018**	
	The minutes of the meeting held on 16th August 2018 were agreed as a true and accurate record, subject to the following minor amendments: • The date of the Patient Experience Group (PEG) meeting stated on the minutes was incorrect: revise to 16th August 2018 • Duplicate names on the attendance list to be removed	
3.0	**Action Log and Matters Arising**	
	Action Log The PEG Action Log was reviewed. The following updates against open items were noted: Action 62 (noise at night): Twilight visits have been carried out during week commencing 11 November 2018. An update will be provided at the February 2019 PEG meeting.	**Action 62: MG/JC**
	Action 66 (Healthwatch to report on "Maternity Voices"): DC has circulated	**Action 66:**

		information to colleagues on Maternity Voices and there is also a link on the front of the Healthwatch website to Maternity Voices. Close action on the log.	**DC**
		Action 52 (Medical Mediation) – To remain on the action log.	**Action 52: LS**
		All other items on the Log were either closed, had a written update provided against them, or were items on the main agenda.	
4.0	**Patient Experience and Involvement**		
4.1	Patient Experience and Involvement Report for Quarter 2 2018/19 PL presented the Quarterly Patient Experience and Involvement Report, noting: • The headline Trust-level patient satisfaction survey measures were above their target levels during this quarter. • Key survey measures for South Bristol Community Hospital deteriorated during this quarter, having improved for the previous three quarters. The result does not correlate with other quality data being reviewed by the Division and the overall trend for the year to date has been positive. The scores will continue to be monitored but at this point will be treated as a "blip" in an otherwise improving trend. • The "kindness and understanding" scores on maternity wards dipped below target for the first time this year. The working assumption is that this is linked to new national guidance around inductions, which has placed increasing demand on the maternity service, which in turn is having an impact on all areas of the service. Actions are being carried out by the management team to address this, including opening additional beds. • Ward A605 received relatively low survey scores in Quarter 2. Due to the nature of being a delayed discharge ward, it can be more challenging to provide a positive patient experience. PL suggested that there may be an opportunity for the face-to-face volunteer team to visit the ward and gain more insight to patient experience: TW will arrange this. CS suggested that there might be a role for volunteers on the ward to improve patient experience. **Action: CS to discuss with the volunteer services manager** • As noted at the previous PEG meeting, demographic data from the Trust's inpatient postal surveys suggested that patients from the Sikh community were giving slightly lower hospital satisfaction ratings than patients from other faith groups. TW and MR have visited representatives of the Bristol Sikh community to understand their experiences of hospital care. The findings are being collated and will be discussed at the next PEG meeting.	**CS**
4.2	Rapid-time feedback system project update PL showed the group the marketing materials that have been produced as part of the rapid-time feedback / "Here to help" project. This includes new comment cards (replacing our current cards), signage which will be going above the touchscreen devices, and posters that will replace the existing 'Tell us about your care' posters. Posters will be updated across the BRI as part of the first phase of the roll out in early December 2018. The Heads of Nursing and Matrons at PEG agreed that they could coordinate the distribution of the posters. A communications strategy for both internal and external communications is currently being developed by PL. GH suggested that there could be information about how to give feedback added to the bottom of clinic letters. The group discussed what other methods could be used to reach staff and suggested a focussed target to volunteer teams, front of house staff and	

	sisters. **Action: PL to discuss poster distribution with Heads of Nursing.**	**PL**
4.3	NHS Improvement Patient Experience Framework This paper was to note. A self-assessment exercise had been carried out by the Head of Quality (Patient Experience and Clinical Effectiveness) and Patient Experience and Involvement Team Manager to look at the Trust's position against the NHSI patient experience improvement framework. The Trust scored positively in most areas of the self-assessment. Areas requiring further consideration included the routine use of patient feedback in appraisals and medical staff revalidation. CS advised that Weston Area Health Trust is also completing the framework and that he would be visiting them to discuss the outcomes from this.	
4.4	2017 National Cancer Patient Experience Survey This paper was to note. UH Bristol was classed as being better than the national average to a statistically significant degree on eight out of the forty-nine survey questions. This is the Trust's third consecutive year of improvement in the survey. PL explained that there will be a detailed review of the performance in the survey at the Trust's Cancer Steering Group. TW informed the group that there was previous work carried out in this area with the Patients Association and that it would be useful to share the findings with them. **Action: TW to share survey results with the Patients Association.**	**TW**
4.5	Patient Experience and Involvement Team 2018/19 work plan update PEG noted the work plan update. TW highlighted that one of the red-rated items in the work plan referred to the development of video stories, in particular for use at Trust Board. The Trust's Chairman has indicated a preference for "live" patient stories and therefore this item in the work plan is no longer a key priority. **Action: TW to discuss the future use of video for UH Bristol patient stories with the Chief Nurse (CM).**	**TW**
5.0	**Complaints**	
5.1	Complaints Report for Quarter 2 2018/19 TT presented the Quarterly Complaints Report, noting: • 94.4% of complaints received a timely initial acknowledgement. • 84% of complaints were responded to within the timeframe agreed with the complainant. • The level of dissatisfied complaints continues to be in line with benchmarked data, but is higher than the Trust's target. The Head of Quality (Patient Experience and Clinical Effectiveness) and a designated Head of Nursing conduct a monthly detailed review of dissatisfied complaints and learning is shared with the Clinical Quality Group. • There is only a small number of complainants who take up the offer of a meeting to discuss their complaint and there will be further work to explore why the numbers are so low. • In Q2, complaints about 'appointments and admissions' reduced by 18%	

		however complaints about 'clinical care' increased by almost 20% during this quarter.	
		• There have been a number of complaints which have been received via the Patient Support and Complaints Team and NHS Choices about parking at South Bristol Community Hospital (SBCH); these have been followed up with Facilities and Estates and the General Manager at SBCH. PL noted that the report indicated that this issue had been resolved, however comments had continued to come in via NHS Choices that suggesting to the contrary. TT will amend the final Q2 report to SLT/QOC to reflect a more cautious position on the resolution of this issue.	
		• CS noted that the report no longer contains equality monitoring data because of the disproportionate amount of time the information takes to extract and the limited benefits it provides; instead, effort is being redirected to ensure that any complaints which contain equality and diversity themes are discussed at the Patient Inclusion and Diversity Group.	
		TW informed the group that there have been concerns raised by the d/Deaf community in accessing external advocacy support for making complaints. Whilst this is not specifically a UH Bristol issue, it is being taken forward by the Bristol Deaf Health Partnership group on which the Trust plays a leadership role.	
5.2		<u>Learning from monthly review of dissatisfied complainants / complaint response timescales</u> Two monthly panels have met to review dissatisfied formal complaints responses that were sent out in May and June 2018. These reviews had been supported by nursing leads for the Divisions of Specialised Services and Medicine respectively. Of the 18 cases reviewed, two were reclassified as not dissatisfied and the panel concluded that an opportunity to avoid a dissatisfied outcome had been missed in five of the remaining 16 complaints. TT explained that other Trusts have around 10-12% dissatisfied responses. The monthly reviews have highlighted the importance of recognising the personal and emotional impact of events that cause people to complain. The plan is to continue the monthly reviews for three more months and to use the validated data to inform the target for 2019/20. This paper was shared for learning and CS thanked the Heads of Nursing for their input into the review.	
5.3		<u>Patient Support and Complaints Team 2018/19 work plan update</u> PEG noted the update for the work plan for 2018/19, including progress to date. There is one action (action 3.2 review process for risk rating complaints) which currently has a red rating for 'not achieved'. TT asked the group for thoughts on how the process of risk rating can be assessed and JC explained that she was previously involved with risk rating complaints at another Trust. **Action: TT and JC to discuss risk rating of complaints.**	**TT/JC**
6.0		**Governor Update**	
6.1		<u>Summary of recent and forthcoming Trust Governor related activity</u> PEG reviewed a cover sheet outlining the patient experience related questions that had been formally raised by Trust Governors via the Membership Office.	

	PP described the link between governors and PEG as being invaluable, and suggested it would be helpful if a patient experience representative could attend one of the Governor seminars or focus groups. PL advised that he was attending a Governor's Quality Workshop in February 2019 to talk about the "Here to help" project.	
7.0	**Healthwatch**	
7.1	Summary of recent and forthcoming Healthwatch related activity

TW presented an update of the Trust activity with Healthwatch. The Patient and Inclusion Diversity Group (PIDG) has been working with Healthwatch Bristol on the Trust's compliance with the Equality and Diversity Standard (EDS2).

Following its "enter and view" at South Bristol Community Hospital in October 2016, Healthwatch Bristol is revisiting the hospital to hear about progress and changes since their visit.

The Trust's response to the "Trans, Health, Care and Well-being" report had been well received and presented at the Healthwatch England Annual Conference; actions are being taken forward via PIDG.

DC noted that the quality of feedback received by Healthwatch from patients isn't always specific enough to identify improvement opportunities. DC is going to suggest to his Healthwatch colleagues that they provide people with prompts for the types of information to include when giving feedback.

It was noted that Healthwatch North Somerset has not yet identified a representative to attend PEG. | |
| **8.0** | **Care Quality Commission (CQC) Regulations** | |
| 8.1 | Care Quality Commission Regulation 9: Person Centred Care

GH presented the update of CQC Regulation 9. The current overall self-assessed compliance status of this regulation is "Outcome Met" with three of the ten subsections rated as "mostly met, low impact". Risks 901 and 1074 (Risk of delays for those requiring mental health assessments in the ED) were discussed and MG explained that the Children's ED was not initially included as part of the 'Core 24' mental health provision work but is now being addressed. CS suggested linking the regulation in with a current piece of work that AH was undertaking looking at Trusts that have been rated as 'Outstanding' in the CQC caring domain. | |
| **9.0** | **Carers' Strategy Update** | |
| 9.1 | To provide the Patient Experience Group with an update on the Trust's Carers' Strategy

JW is now the senior clinical "carers lead" to help drive the Trust's Carers' Strategy forward. The Carers' Strategy Steering Group has been relaunched and a delivery plan for the group is currently being developed which will be presented to PEG in February 2019. This piece of work sits corporately and the governance surrounding this is provided by the Patient Experience and Involvement Team. | |
| **10.0** | **Update from the Patient Inclusion and Diversity Group** | |
| 10.1 | To receive an update from the Patient Inclusion and Diversity Sub Group

TW provided the group with a quarterly update on the work of the Patient Inclusion and Diversity Group (PIDG). TW explained that "AccessAble" attended the October 2018 PIDG meeting which gave an insight into how a web-based | |

	tool can maximise independence and choice for disabled people when accessing hospitals. PIDG will be looking at how such a resource might be purchased for the Trust. One of the divisional priorities raised at PIDG was to ensure that the Trust's Phase 5 redevelopment plan incorporates the needs of bariatric patients. CS reaffirmed that equality and diversity is a key priority for the Trust Board.	
11.0	**2017 PLACE Survey results**	
11.1	<u>To review the elements of the PLACE Survey results that relate to the Patient Experience Group</u> MF presented the results of the PLACE survey which took place between May and June 2018. Six of the Trust's hospitals with inpatient beds were included as part of the review. MF noted that the scores for dementia had deteriorated over time, but this is likely to be a result of the inspectors getting better at identifying dementia-related issues. There is an allocated budget for all of the actions identified in the PLACE survey, to be completed by the end of 2018/19, as well as an additional £6,000 per division for areas in need of work that weren't included as part of the PLACE audit. MF explained that minor works that have been identified in the audit go straight onto Agility and are fixed as part of normal maintenance. TW suggested that there may be an opportunity to invite complainants who have expressed an interest in being involved with future improvements at the Trust to participate in future PLACE surveys. The group discussed the low scores in SBCH for 'food' and noted that this appeared to mirror the patient experience results noted in the quarterly report. The scores on D603 were noted and GH updated the group that capital has been identified for the refurbishment of D603. The PLACE process is being reviewed by the Health and Social Care Information Centre (H&SCIC) and this review should be completed by March 2019. This will result in the next round of assessments being held in late Summer/early Autumn 2019.	
12.0	**Items for information**	
	The following were noted for information:	
12.1	• Bob's Story: story from a patient who attended the Bristol Heart Institute	
12.2	• Patient and Public Involvement log of activity	
12.3	• Quarter 2 update on corporate quality objectives relating to the work of the Patient Experience Group	
12.4	• Volunteer Services: update to incorporate progress against the 2018/19 work plan and activity of the Volunteer Services Steering Group	
12.5	• Spiritual and Pastoral Care 2018/19 work plan update	
12.6	• Noise at night project: aims and objectives GH explained that there are a number of matrons involved in the project who have been looking at initiatives to help reduce noise at night including the use of apps, sound ears and lighting. There have been some useful observations to date including automatic doors being noisy so there will be a review as to whether these can be changed to manual closing at night.	
12.7	• Parliamentary and Health Service Ombudsman Clinical Standard	
13.0	**Any other business**	
	TW informed the group that there is an open invitation from the Sikh Community to visit the Gurdwara. TW or MR can be contacted for more details.	

14.0	Date of next meeting:	
	The next meeting of PEG will be held on **14th February 2019, 14:00-16:00, Board Room, Bristol Dental Hospital**	

University Hospitals Bristol NHS

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Meeting	Patient Experience Group (PEG)		Date	20th October 2016
Present	Carolyn Mills (CM – Chair); Paul Lewis (PL); Chris Swonnell (CS); Jo Witherstone (JWi); Jayne Weare (JWe); Mark Goninon (MG); Anna Horton (AH); Dave Crofton (DC - Healthwatch Bristol); Michael Lyall (ML - Healthwatch North Somerset); Tony Watkin (TW); Kia Tonkin (KT); Maria Fox (MF); Ruth Hendy (RH); Samantha Gardiner (SG - minute taker); Jane Bailey (JB) *(JB arrived at 2.45pm)*;			
Apologies	Hazel Moon (HCM); Helen Morgan (HEM); Dena Ponsford (DP); Rebecca Ridsdale (RR); Nina Stock (NS); Tanya Tofts (TT); Carole Tookey (CT); Juliet Cox (JC); Sarah Furniss (SF);			

Agenda/Issues	Action agreed	Person to action	Action date
1. **Welcome and apologies**	Apologies received for the meeting were noted. CM welcomed MG, New Head of Nursing; Women & Children's Division to the meeting and gave a brief overview of the purpose of the meeting.		
2. **Patient story**	CM advised PEG that this patient story had been presented to the Trust Board in August and September 2016. TW presented this story which charts the experience of a Trust Volunteer who has worked in the Trust in various volunteer roles over a period of nine years and explores the importance of volunteering. The story ended with a personal reflection on planning for elective surgery and how the volunteer's observations of our Trust have influenced his expectations of the care he will receive. Next month a patient from the Rheumatology Service, Medicine Division will present a patient story to the Trust Board.		
3. **Review of 18th August 2016 minutes for accuracy**	The minutes of the meeting held on the 18 August 2016 were agreed as a factual record of that meeting, with one amendment: **Item 6.16.13** Translating and Interpreting Policy update (AH). This Policy was approved by PEG at the August 2016 meeting. PL advised that PEG is not allowed to approve this policy so it went to the Clinical Quality Group for approval.		
4. **Matters arising log**	The following updates were agreed in respect of the items on the Matters Arising Log:		

	2.16.6 Carer's Strategy Update (CT): update deferred to the next PEG meeting (December 2016).		
	6.16.1 Recruitment of Governor(s) to the Patient Experience Group (CM): recruitment is underway. TW provided an update to the group. Two governors had planned to attend the PEG meeting today for an observation session. This has been delayed until the membership/governors' roles in the Terms of Reference has been finalised.		
	6.16.2 Adding a link of the "we are proud to care" film to the Healthwatch Bristol website (TW). This has been done. Close item.		
	6.16.5 Ensure wards have a "tell us about your care poster" on public display (HoN). Ongoing.		
	8.16.1 Email Sally Wilson to suggest an exploration of links between Chaplaincy and Preceptorship (PL). This has been done. Close item.		
	8.16.2 Add Diagnostic and Therapies projects to the Patient & Public Involvement Log (TW). This has been done. Close item.		
	8.16.4 To ensure that patient feedback is displayed appropriately in outpatient clinics: issue guidance and carry out an informal audit of clinics (TW). This has been done. Close item.		
	8.16.5 Circulate final draft of the Complaints and Concerns Policy to PEG members via email for comment, before submitting this Policy to the Senior Leadership Team (CS). Policy has been finalised. Close item.		
	8.16.6 Explore production of an "easy read" version of the Complaints and Concerns Policy (CS). CS advised that the Patient Support & Complaints page on the Trust's website had been re-written based on learning from exemplar companies in industry, presenting a positive message about welcome complaints as opportunities to learn, and with clear information about the complaints. Close item.		
	8.16.7 Heads of Nursing to share complaint 18285 within their Divisions to share learning (HoN). This has been done. Close item.		
	8.16.8 Healthwatch to carry out an "enter and view" of South Bristol Community Hospital (TW). This is planned for 24 October 2016 and a summary report will come back as an agenda item to the next meeting. Close item.		

	8.16.9 Circulate Volunteer Services Annual Report with the PEG minutes (PL). This has been done. Close item.			
	8.16.10 Review PEG Terms of Reference (PL). Ongoing.			
	8.16.11 Meet with PEG's Healthwatch representatives to discuss their role on the group (TW). Ongoing			
5. **Patient Experience and Involvement update**	**a) To review key patient survey data received up to and including September 2016** PL presented a summary report of the latest headline patient survey data to September 2016. PL highlighted an error in the report - the response rate for the day case Friends and Family Test at the Bristol Eye Hospital was too high and will be re-calculated by the IM&T Department. Headline response rate for the Friends and Family Test in September 2016 is 30.7% (not 31.8%), which is still above target - the IM&T department have confirmed that this will be corrected and re-submitted to NHS England. PL reported the trial of the new SMS (text message) survey is to become permanent in the Emergency Department at Bristol Royal Infirmary (BRI) alongside the cards and kiosks. This will be trialled and rolled out to the Emergency Department at Bristol Royal Hospital for Children (BRHC) in November 2016. **ACTION 10.16.1: PL to provide information to MG about this SMS survey.** CS noted that we are hitting target for the inpatient and day case Friends and Family Test, but there was a concern that the trend was declining to be only just compliant with the 30% response rate. CM reminded the group that we were on a Contract Performance Notice around this Friends and Family response rate with the CCG earlier this year and we need to avoid any further decline. A discussion was had around the Friends and Family Test (FFT) in the Bristol Royal Hospital for Children (BRHC) Outpatients Department. MG would like to trial a card-based approach in this setting. PL noted that this provides a significant logistical challenge, particularly if it were to be scaled up across the Trust, and that it should also link in with discussions around the procurement of the Trust's new patient feedback system. Acknowledging these issues, CM encouraged further discussion between PL and MG, with a view to doing a pilot of the cards in BRHC outpatient clinics. **ACTION 10.16.2: PL/MG to discuss carrying out a card-based Friends and Family Test pilot in the BRHC outpatient departments.**	**PL** **PL/MG**		

PL identified two Friends and Family Test scores that were negative outliers in September 2016 - for wards 30 and 35. On further investigation, no evidence was found of sustained under-performance for these areas and the most likely explanation is a statistical "blip",- possibly caused by the small sample sizes. These scores will continue to be monitored by PL and flagged to the Divisions where necessary.

b) To receive the current Patient and Public Involvement Log
TW presented the Patient and Public Involvement (PPI) Activity Log which captures PPI activity and outcomes across the Trust and Divisions.

PEG's attention was drawn to the activity undertaken by the Division of Diagnostics and Therapies and the emerging guidance for the recruitment and support of lay representatives in Trust Steering Groups. TW highlighted the successful Staff and Patient Family Engagement activity which took place over 10 days at the Bristol Children's Hospital ("Conversations").

c) To review an update on the Patient Experience and Involvement work plan 2016/17
PL provided an update on the Patient Experience and Involvement work plan 2016/17. The current work plan will be reviewed in the Patient Experience and Involvement Team "away day" in December, in light of the Trust's new Quality Strategy. A draft revision of the work plan will be brought to the PEG meeting in February 2017.

PL highlighted the following key issues in respect of the Trust's corporate patient experience programme:
- Friends and Family Survey is a priority for the next few months - particularly developing options for the development the outpatient element of this survey, as there is going to be a 6% response rate target set by the Clinical Commissioning Group from 2017/18
- Re-embedding the comments card process system in outpatient clinics: progress is being made, in particular with the recent distribution of short guidance on the comments cards process to clinics.
- 15-Steps challenge and Face2Face interviews -the Patient Experience and Involvement Team would like to "merge" the Face2Face interview programme and 15 steps challenge, so that our volunteers can undertake both of these activities when visiting areas of the Trust.   . PEG was supportive of this proposal. CM asked that consideration is given to how this is communicated to the Governors'.
- The specification for the new Patient feedback system will be developed in conjunction with the Patient Experience System Working Group in early December 2016.

CM requested that a timetable and suggested themes for the Face2Face programme and Involvement Network activity in 2017 be brought to the next PEG meeting.

	ACTION 10.16.3: PL to bring the revised Patient Experience and Involvement Team work plan to the PEG meeting in February 2017.	PL	
	ACTION 10.16.4: TW to liaise with Rob Bennett re. merging 15-Steps challenge / Face2Face and to update the governors re. changes.	TW	
	Action 10.16.5: TW to bring a 2017 timetable of activity for the Involvement Network and Face2Face interview programmes to the next PEG meeting.	TW	
6. Complaints	CS presented the Complaints performance data for August and September 2016. **a) To review the Trust and Divisional complaints data** CS reported responses within time scale have been above 85% for three consecutive months. **b) To review an update on the Patient Support and Complaints Team work plan 2016/17** CS noted recent developments from the work plan, which include the routine follow-up of complainants via a satisfaction survey, implemented at the beginning of September. The Trust now contacts complainants six weeks after the final response letter has been sent to ask them about their experience of the complaints process. CM queried how the data is going to be reported and it was agreed that this would be incorporated into future quarterly complaints reports. JB queried whether it was appropriate for every complaint to receive this follow-up dependant on the sensitivities if their case and that maybe a letter is not always the appropriate way to communicate - CM and CS agreed that discretion would be needed and that further consideration should be given to this aspect of the process. **c) To receive the revised Complaints and Concerns Policy** CS presented the final approved version of the Complaints and Concerns Policy that went to the Senior Leadership Team in October 2016. There is one change that needs to be made to the policy which describes what happens when a complaint relates to more than one division and how the communication then works between divisions. The division who are not the lead division will receive communications via their complaints coordinator and not via individuals in that division. CS described two key changes included in the revised policy: firstly, the policy now includes guidance about different ways in which as independent voice might be brought into the complaints process; and secondly, the policy includes the expectation that, prior to the outset of a complaint investigation, the Trust will establish how		

	the complainant wishes to be involved in the investigation and resolution of their concerns. CS also advised that he was involved in exploratory discussions with the Patients Association about how they might play a role in the independent investigation of complaints in the future. CM asked that this policy document is taken back to the divisions so people are aware of the changes. **d) To review the complains training data** CM highlighted the Complaints Training Data, demonstrating which Divisions have taken part in the training, and noted relatively low attendance by the Women's and Children's Division and the Facilities and Estates Department **Action 10.16.6: Divisional representatives to take back to their Division for awareness and where necessary increase attendance.**	**Divisional reps**	
7. **Healthwatch**	CM noted that following observations from the Healthwatch representatives on PEG, a specific Healthwatch agenda item had been added to the core agenda. **a) To receive an update on activity with Healthwatch, including a summary of service-user feedback relating to the Trust.** TW presented a report of Healthwatch activity om Quarter 2 (July to September) 2016/17. This new report provides an assurance that the Trust is actively engaging with local Healthwatch organisations and responds appropriately to feedback received from them. *3.45pm ML left the meeting.* **b) To receive an update from Healthwatch on activity relevant to the Trust.** DC gave a verbal report on the outcomes of an information stall held at the South Bristol Community Hospital during September as part of the Healthwatch Bristol quarterly focus on services for older people. DC noted the information stall was also a pre-curser to the formal Enter and View of the wards at the hospital planned for October 24th. Overall, feedback from patients and visitors about the hospital was positive. Some issues had been raised about the Urgent Care Centre, a service managed by Bristol Community Health, in particular relating to waiting times and opening hours. TW noted that the Urgent Care Centre is often perceived by patients as the front window to the whole hospital. The quality of care received in that service can impact on the perception a patient has of the whole hospital. It is anticipated that a full report on both the information stall and Enter and View will be available for December PEG.		

	It was noted that the insight offered by the Enter and View report will inform our understanding about whether the relatively low survey scores at South Bristol Community Hospital are a fair reflection of the services on offer or more to do with the local demographics. CM offered assistance to gain a better understanding to review what could be done to improve these scores. DC noted that Healthwatch Bristol are undertaking a further engagement exercise in south Bristol during Quarter 3 to explore the choices local people make when accessing urgent care. The aim of the initiative is to provide some insight in to why some people choose to attend Accident and Emergency services over, for example, an Urgent Care Service. ML reported on behalf of Healthwatch North Somerset that a report on Diabetes care in North Somerset was available. ML noted that local patient feedback had also highlighted some concerns about nursing homes and opticians and these were being explored further by the North Somerset Healthwatch team. **Action 10.16.7: TW to bring the South Bristol Community Hospital Enter and View report to the next PEG meeting for discussion.** **Action 10.16.8: TW to review the North Somerset Diabetes report and bring any relevant learning for the Trust to the next PEG meeting.**	**TW** **TW**	
8. Quality Strategy	PEG received the final draft of the Quality Strategy for information. PEG noted the implications of the new Quality Strategy for the Patient Experience Group. PEG noted next steps for procurement of a new patient feedback system. CS presented the final draft of the Quality Strategy report which was due to be presented to the Trust Board on the 31st October 2016 for approval.		
9. Draft Welcome Guide	TW presented a copy of the draft Adult in-patient Welcome Guide (edition 2) to the group during the meeting. The purpose of which was to provide an explanation of the patient journey through the hospital to discharge to home. MG confirmed that the Bristol Royal Hospital for Children would like to develop a bespoke version of this Guide that would better reflect their services. TW noted that Maternity Services would also like to develop their own version.		

	CM suggested that there needed to be some additional work done on making the document suitable for children. TW noted that the future resourcing and development of the Guide needed to be discussed and agreed. **ACTION 10.16.9: MG to establish a Task and Finish Group to develop a BRHC version of the Welcome Guide.** **ACTION 10.16.10: JWi to convene a Task Group to advise on the staff guidance notes for the Guide.** **ACTION 10.16.11: TW to send a copy of this document to the CQC ahead of their inspection as an example of something we are proud of.**	**MG** **JWi** **TW**	
10. Patient Information Service update	To note this information in relation to the Patient Information Service. PL conveyed a message on behalf of Fiona Reid who had observed that a number of photocopied patient information leaflets are being used on wards. Concerns were raised as these may not be the most up-to-date version. These leaflets can be ordered via the Print Room, free of charge, at no cost to the division. **ACTION 10.16.12: Divisional reps to feedback to wards.**	**Divisional reps**	
11. Trust-wide Incidents and Complaints Delivery Group Action Plan	To note this action plan arising from the independent review of children's cardiac services.		
12. Questionnaire, Interview and Survey Group (QIS) annual report	To note the activity of the QIS Group in providing quality assurance around patient surveys.		
13. PEG meeting dates for 2017	PL reported that the frequency of the PEG meetings will be changing to quarterly meetings. This will help with the reporting cycle. **ACTION 10.16.13: New dates for 2017 to be circulated to the group.**	**SG**	**Nov 2016**
Any other business	No other business discussed.		
	The next meeting of PEG will be held on **Thursday 15th December 2016, 2.30-4.30pm, Conference Room THQ.**		

Patient Experience Group Terms of Reference – v1.6

Document Data	
Corporate Entity	University Hospitals Bristol NHS Foundation Trust
Document Type	Terms of Reference
Document Status	Final
Executive Lead	Chief Nurse
Document Owner	Patient Experience and Involvement Team Manager
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Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision**	**Description of Revision**
June 2011	1.0	Assistant Director for Audit and Assurance	Major	First version
August 2011	1.1	Assistant Director for Audit and Assurance	Minor	Minor amendment to v1.0 to include representation from: • Diagnostics and Therapies Division • Lead Cancer Nurse • Estates and Facilities
September 2012	1.2	Head of Quality (Patient Experience and Clinical Effectiveness)	Minor	Minor amendments to reflect changes in job titles, strategies, etc. Aspiration included to add membership from Human and Resources and a medical representative. Quorum requirement for Patient Involvement Co-ordinator or Public Involvement Project Lead to be present, removed. Overall group responsibilities added at start of paragraph 6. Minor amendments to wording of duties. Add responsibility for oversight of CQC Outcome 17 and NHSLA standard 5.3 Change of secretariat.
October 2013	1.3	Head of Quality (Patient Experience and Clinical Effectiveness)	Minor	Minor amendments to reflect changes in job titles and membership. Additional seat offered to Local Patient Governor. Additional annual reporting requirements for the Maternity Services Liaison Group

				and combined Carers, Learning Disabilities and Dementia work streams.
February 2015	1.4	Head of Quality (Patient Experience and Clinical Effectiveness)	Minor	Minor amendments to reflect a change to the secretariat and the joint HR/Equalities role. Add, the oversight of Divisional Quality objectives as they relate to Patient Experience and ensure that these are fully integrated with results from National Patient Surveys and learning from complaints
December 2016	1.5	Patient Experience and Involvement Team Manager	Minor	Content transferred into new Terms of Reference template More detail provided on the "Purpose" and "Duties" of the Group Meetings convened Quarterly (previously every two months) Head of Quality (Patient Experience and Clinical Effectiveness) is assigned as Deputy Vice Chair Representation from three Divisions added as a requirement for Quoracy Addition of core agenda items (as per the new Terms of Reference Template) – including a specific agenda item relating to Healthwatch activity
January 2019	1.6	Patient Experience and Involvement Team Manager	Minor	Minor amendments to improve readability. Section 1: Purpose Items added: • 1.5: Monitor work plans of the Patient Experience and Involvement Team and Patient Support and Complaints Team • 1.6: Review of compliance with Care Quality Commission Regulation Standards 9,10, 16,17 • 1.7: Review patient experience related risks on the Trust's Risk Register

				• 1.8: To monit activity of the four formally constituted PEG sub groups

Within the rightmost cell:

- 1.8: To monitor activity of the four formally constituted PEG sub groups

Section 4: Membership

4.3 (attendance of specialist advisors on request): "Human Resources department representative" has been removed from this section, as this has not been required.

Section 6: Duties

Added more detail to specify the CQC standards that are monitored by PEG.

Added review of patient experience risks.

6.2 Clarification in respect of work plan monitoring - PEG will:

- monitor progress against the Patient Experience and Involvement and Patient Support and Complaints Team work plans

- note progress against the Volunteer Services, Spiritual and Pastoral Care, Patient Inclusion and Diversity Group, and Carer's Strategy work plans

6.3 Translating and interpreting no longer included in Duties as this responsibility had passed to the Patient Inclusion and Diversity Group

Appendix A –standing agenda items

Addition of the following standing items on the PEG agenda:

- Governor update

- Volunteer Services / Spiritual and Pastoral Care / Carers' Strategy and PIDG work plans

Table of Contents

1.   Purpose

The Patient Experience Group (hereafter "PEG", "the Group") is a formally constituted sub-group of the Clinical Quality Group established to:

1.1   Monitor the quality of patient-reported experience, primarily through insight generated from:
- Complaints and 'PALS' enquiries
- National surveys and the Trust's own survey programmes
- Patient and Public Involvement activities

1.2   Provide a cross-organisational forum for receiving, discussing and acting upon learning from the self-reported experience of UH Bristol's service-users

1.3   Receive assurance that patients and the public are actively engaged in the evaluation and development of UH Bristol's services

1.4   Monitor implementation of the patient experience ambitions described in the Trust's Quality Strategy (2016-20)

1.5   Monitor delivery of the annual work plans of the Patient Experience and Involvement Team and Patient Support and Complaints Team

1.6   Review the Trust's compliance with the following Care Quality Commission Regulations:

- Regulation 9: Person centred care

- Regulation 10: Dignity and Respect

- Regulation 16: Receiving and acting on complaints

- Regulation 17: Good governance (elements pertaining to the business of the Patient Experience Group

1.7   Review risks on the Trust's Risk Register relating to patient experience

1.8   Monitor activity of the following formally constituted sub groups of the Patient Experience Group:

- Volunteer Services Steering Group

- Patient Inclusion and Diversity Group

- Carers' Strategy Steering Group

- Questionnaire, Interview and Survey Group

2. Authority

2.1 The Patient Experience Group is authorised to discharge the duties set out in these Terms of Reference within the authority delegated to the individual members, both in the Scheme of Delegation, and from time to time by the Group as recorded in the minutes of meetings.

2.2 The functions and actions of the Group do not replace the individual responsibilities of its members as set out in job descriptions and other forms of delegations.

2.3 Individuals remain responsible for their duties and accountable for their actions.

3. Reporting

3.1 The Patient Experience Group is accountable to the Chief Nurse and is required to report to the Clinical Quality Group on a quarterly basis.

4. Membership

4.1 The Patient Experience Group consists of the following members:

(a) Chief Nurse (Chair)

(b) Deputy Chief Nurse (vice Chair)

(c) Head of Quality (Patient Experience and Clinical Effectiveness) (Deputy Vice Chair)

(d) Divisional Heads of Nursing (or equivalent for the Diagnostics and Therapies Division)

(e) Patient Experience and Involvement Team Manager

(f) Patient and Public Involvement Lead

(g) Patient Support and Complaints Team Manager

(h) Patient Experience and Regulatory Compliance Facilitator

(i) Senior Nurse for Quality

(j) Matron for Division of Medicine outpatient services (as outpatient service representative)

(k) Lead Cancer Nurse

(l) Representation from the Facilities and Estates Department

(m) Trust Governors (x2)

(n) Chaplaincy Team Leader

(o) Healthwatch representative(s) (up to two members)

4.2 Heads of Nursing (as Divisional Representatives) who are unable to attend are required to be represented by a duly nominated deputy of sufficient seniority to represent the Division.

4.3 The Chair of the Patient Experience Group may require the attendance of service leads, specialist advisors or other attendees to attend meetings either in full, or for specific agenda items. Such attendees may include:

(p)   Equality and Diversity Lead(s)

(q)   The Bristol Royal Hospital for Children's Young Person's Involvement Worker

5.   Quorum

5.1   The quorum necessary for the transaction of business shall be:

a)   **Either** the Chief Nurse, Deputy Chief Nurse or Head of Quality (Patient Experience and Clinical Effectiveness)

b)   At least seven members in total

c)   Representation from a minimum of three Divisions

5.2   A duly convened meeting of the Patient Experience Group at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Patient Experience Group.

6.   Duties

The Patient Experience Group shall undertake the following duties:

6.1   Strategy and Business Planning

(a)   To shape the patient experience and involvement elements of the Trust's Quality Strategy and monitor its implementation

6.2   Operational, Quality, Performance and Compliance

(a)   To review service-user feedback and complaints data to evaluate the quality of patient experience at the Trust, share learning and identify areas for improvement

(b)   To review performance data relating to the Trust's management of complaints

(c)   To monitor progress of the Patient Experience & Involvement Team and Patient Support & Complaints Team work plans

(d)   To note progress against the Volunteer Services, Spiritual and Pastoral Care, Patient Inclusion and Diversity Group, and Carer's Strategy work plans

(e)   To approve and monitor service improvement plans developed in response to national patient surveys and other sources of feedback

(f)   To receive reports from services involved in supporting the delivery of a positive patient experience, as detailed in the Patient Experience Group annual reporting cycle

(g)   To review feedback received from Healthwatch and ensure that the Trust is providing a timely response to this information, taking action where appropriate

(h)   To review compliance with relevant elements of Care Quality Commission standards 9,10, 16, and 17 - pertaining to the delivery of a positive experience, the handling of complaints and the collection / use of service-user feedback

(i)   To discuss local and national developments relating to patient experience, patient and public involvement, and managing complaints, and where necessary shape the Trust's response to these developments.

6.3   *Risk, Finance and Governance*

(a)   To identify and monitor key risks in relation to patient experience, patient and public involvement, and complaints and, where necessary, approve the addition of risks to the relevant Risk Register

(b)   To review proposals in respect of the development of the Trust's corporate patient experience and involvement programme

(c)   To monitor activity of the Trust's Questionnaire, Interview and Survey Group, which provides quality assurance around the conduct of service-user surveys

(d)   To review risks relating to patient experience that are on the Trust's Risk Register

6.4   *Procedural Documents and Corporate Record Keeping*

(a)   Prepare, review and approve procedural documents (strategies, protocols and procedures) as set out in the Procedural Document Framework;

(b)   Maintain and monitor a Schedule of Matters Arising of agreed actions and performance-manage each action to completion

7.   Secretariat Services

The PA/Secretary to the Chief Nurse shall provide secretariat services to the Patient Experience Group.

7.1   *Notice and Conduct of Meetings*

(a)   Meetings of the Group shall be called by the secretary at the request of the Chair.

(b)   Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Patient Experience Group, any other person required to attend, no later than five working days before the date of the meeting.

(c)   Supporting papers shall be made available to members and to other attendees as appropriate, no later than two working days before the date of the meeting.

7.2   Minutes of Meetings

(a)   Draft Action notes / Minutes of meetings shall be provided to the Chair not later than two weeks after the meeting, and distributed to members and attendees (as appropriate) not later than two weeks thereafter.

8.   Frequency of Meetings

8.1   The Patient Experience Group shall meet quarterly and at such other times as the Chair shall require.

9.   Review of Terms of Reference

9.1   The Patient Experience Group shall, at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Chair.

9.2   The Committee shall use the Management Group Self-assessment Checklist provided by the Trust Secretary for this purpose.

10.   Appendix A – Standing Agenda Items

10.1   The following topics (sections) are recommended to be included on the agenda for each meeting of the Patient Experience Group. The Group and Chief Nurse are at liberty to add to / amend these minimum requirements

(a)   Patient Story – to note the patient stories presented to the Trust Board

(b)   Patient Experience and Involvement Team:

(i)   Review the Quarterly Patient Experience and Involvement Report

(ii)   Note the Patient and Public Involvement activity log

(iii)   Patient Experience and Involvement Team work plan

(c)   Patient Support and Complaints Team

(i)   Review the Quarterly Complaints Report

(ii)   Review the latest monthly complaints performance data

(iii)   Patient Support and Complaints Team work plan

(d)   Healthwatch

       (i)   Receive an update on relevant activity carried out by / with Healthwatch

       (ii)   Note a summary report of service-user feedback relating to UH Bristol and the Trust's response to this information

       (iii)   To receive an update from Healthwatch on relevant planned activity

   (e)   Trust Governors

       (i)   Update on relevant patient experience activity carried out by / with Trust Governors (incorporating a review of relevant items on the Trust's "Governor Log")

   (f)   Volunteer Services work plan

       (i)   Volunteer Services work plan update (note: this work plan is formally reviewed by the Volunteer Services Steering Group)

   (g)   Spiritual and Pastoral Care work plan

       (i)   Spiritual and Pastoral Care work plan update (note: this work plan is formally reviewed by the Patient Inclusion and Diversity Group)

   (h)   Carers Strategy work plan

       (i)   Carer's Strategy work plan update (note: this work plan is formally reviewed by the Carers' Strategy Steering Group)

   (i)   Patient Inclusion and Diversity Group work plan

       (i)   Patient Inclusion and Diversity Group work plan update (note: this work plan is formally reviewed by the Patient Inclusion and Diversity Group)