University Hospitals Bristol NHS
NHS Foundation Trust

Involving People - Influencing Change:
A Patient and Public Involvement Strategy for 2010-12

Executive summary

This strategy sets out a plan for strengthening the Trust's understanding of patient experience as we seek to develop and deliver patient-centred services.

At present (March 2010), the Trust's 'intelligence' about patient experience is significantly reliant upon the findings of National Patient Surveys, plus a range of largely ad hoc local patient surveys. National Patient Survey data is robust, however, findings are released too late (usually nine months after the event) to make this a viable self-improvement tool.

The Trust's vision for capturing and acting upon, information about the patient experience is set out in this strategy. The following activities will routinely take place throughout the first year of the strategy, as the Trust develops a culture of continuous feedback and learning:

Daily	Inpatients will complete exit cards at point of discharge from wards, enabling wards to make improvements in 'real-time'.
Monthly	Discharged inpatients will receive a detailed postal survey. The results of this survey will be used to generate monthly reports for Trust and Divisional Boards.
Bi-monthly	Governors and volunteers will undertake targeted surveys using hand-held electronic devices.
Quarterly	Data from the postal survey will be available at ward level.
Annual	The National Inpatient Survey will become a measure of how effective our strategy has been, rather than an improvement tool in itself.

Content

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1. Introduction

The University Hospitals Bristol NHS Foundation Trust is committed to providing a high quality, patient-focused healthcare service that meets the needs of a diverse population. It is essential that we use patient feedback in order to understand the patient experience and deliver services which are truly patient-centred.

This Patient and Public Involvement Strategy sets out a vision for how, over the next two years, we will:

- Increase opportunities for patients, their families, and carers to tell us about their experience of our services.
- Use this feedback to improve our services
- Involve patients and the public in decisions about the Trust's services

2. Scope of this strategy

The Trust's Quality Strategy includes a number of strands of activity which will enable the Trust to better understand, and to improve, the patient experience. The Patient and Public Involvement Strategy sets out these activities in detail and outlines the legislative context and key drivers.

The strategy has been developed and tested through consultation. A list of the services and organisations who were invited to take part in the consultation is at Appendix A.

The strategy supports the Trust's core business of providing high quality services and is relevant to a number of other key Trust strategies and initiatives including the Equality & Diversity Strategy, Essence of Care activities, the Productive Ward Programme, the Communications Strategy, and the Membership Development Strategy.

The strategy reflects the Trust's core Values, namely:

- Respecting Everyone
- Working Together
- Embracing Change
- Recognising Success

3. Defining Patient and Public Involvement

The language of Patient and Public Involvement is ever-changing: some organisations have adopted other terms like 'Engagement' and 'Empowerment'. We will continue to use the word 'Involvement' as a term familiar to Trust staff and easily understood by patients and the public.

Patient and Public Involvement (hereafter referred to simply as 'Involvement') for UHBristol means:

- Getting feedback (including in real-time) from people about their experiences of our services in order to improve quality of care / patient experience
- Listening to people's views about our services, particularly when we are thinking about making a change to a service.
- Involving people in service design
- Being able to demonstrate how Involvement has effected positive change in our services – and telling people about these changes
- Having assurance processes to govern the appropriateness and quality of Involvement projects being undertaken in the Trust
- Creating a culture of Involvement in our organisation

4. Context

Involvement activities are driven by the desire to make things better for patients. There are also driven by a number of specific local and national requirements and expectations. Examples include:

- **Section 242 of the NHS Act 2006** which states that we must involve patients and be able to demonstrate this
- Lord Darzi's '**NHS Next Stage Review**' which includes an expectation that local NHS providers will involve their patients, their carers, the public and other key partners. The Darzi Report describes Patient Experience as one of three elements of Quality (the others being Patient Safety and Clinical Effectiveness).
- Information and data from Patient and Public Involvement activities will form the backbone of reporting on patient experience in the Trust's annual **Quality Accounts**.
- The **NHS Constitution** which states that patients will be involved in planning and developing services
- The publications **Healthy Lives, Brighter Futures** and **You're Welcome** which address the involvement of children and young people in services.
- **NHS 2010-2015: From Good to Great** which outlines plans to expand the measurement of patient experience, and link patient experience to 10% of hospital funding
- **NHS Bristol's Patient Experience Ambitions** which outlines local intentions for the commissioning of high quality patient experience, plans for regular experience evaluation, and the use of CQUIN (Commissioning for Quality and Innovation payments)
- **Care Quality Commission Registration Standards** which require the Trust to be able to evidence the sorts of outcomes experienced by our patients.
- **Foundation Trust status also** requires us to ensure members and Governors have the chance to participate in involvement activities

5. Where we are now (March 2010)

- Responsibility for Involvement activities is largely devolved to Clinical Divisions under the overall direction of Heads of Nursing. The Trust Services Division employs two facilitators (1.7 whole time equivalent)[1] with expertise in survey design and qualitative involvement methods[2] to provide guidance to staff carrying out patient involvement-related projects. In addition the Bristol Royal Hospital for Children employs a Young Persons Involvement Worker who performs a similar role for projects involving children and young people.

- The majority of Involvement work is carried out by front-line staff on an ad-hoc basis.

- We have a Trust Board, Governors and senior management team keen to hear the views of patients and act upon them to improve services.

- All surveys carried out in the Trust have to be approved by the Questionnaire Interview and Survey (QIS) group. This provides a useful central register and quality control for questionnaires.

- We have established some positive links with the local community and 'seldom heard' groups via the Public Involvement Project Lead's work.

- We have a good understanding of some of the key factors that influence how a patient views their experience at our Trust. In particular, patients (and their families / carers) want to be treated with respect and dignity, involved in decisions about treatment and care, communicated with in a clear way, and treated in a clean environment.

- The Trust's Involving People Committee was reconstituted in 2009 to oversee compliance with the relevant Standards for Better Health[3] and the delivery of the Patient & Public Involvement Plan.

- The Governors Involvement Sub-group was created in 2008 as one of three special interest sub-groups of the Foundation Trust Membership Council.

- UHBristol has a strong historic reputation for Involvement. This strategy aims to build on these foundations and ensure Involvement within our Trust is of the highest standards.

[1] The Patient Involvement Co-ordinator, largely responsible for surveys, is a full-time post. The other post is the Public Involvement Project Lead, largely responsible for qualitative work.
[2] For example, focus groups and interviews
[3] i.e. C14 Complaints; C16 Patient Information; C17 Patient and Public Involvement

6. Moving Involvement forward – what we're going to do

Our key Involvement objectives for the first year of the strategy are as follows:

a. To collect robust patient experience metrics via a regular postal survey of discharged inpatients. There will be three strands to the survey:

- Adult inpatients
- Maternity patients
- Parents of children aged 0-15 years

The results of this survey will for the first time provide the Trust with regular detailed information about self-reported patient experience across the Trust. This data will:

- be included in monthly quality reports to Trust and Divisional Boards
- be reported at ward level on a quarterly basis
- inform the Trust's annual Quality Account
- detect shifts in patient experience resulting from improvement activities
- support the Productive Ward programme

The proposed adult inpatient questionnaire is at Appendix B.

b. To develop a proactive programme of Trust survey activities using electronic hand-held survey devices.

This targeted work will consist of a bi-monthly survey, e.g. to explore issues that arise from the postal survey and/or any other "current" issues. The data will enable Divisions to 'drill down' on specific service and/or clinical area issues. The surveys will be undertaken by Governors, Members and other volunteers, across all clinical areas on the same days, enabling direct comparison/benchmarking of results. Nine hand-held devices will be loaded with the following software: Optimum Contact (for adult services); Fabio the Frog (for children's services).

c. To give patients, their relatives, visitors and carers the opportunity to comment on their inpatient experience via comments cards available on each ward.

Exit cards will be used as a self-improvement tool, 'owned' by the wards. Patients will be giving "real-time" feedback enabling staff to make rapid changes to improve the experience of our patients.

d. To explore new and innovative ways of allowing patients and the public to give us feedback about our services.

Proposals include the exploring the use of internet, email and SMS text messaging surveys, as well as real-time approaches such as a Vital Signs playing cards introduced successfully in the North West Region. We will also continue to learn from local developments including the Patient Experience project at the Bristol Haematology and Oncology Centre.

e. To continue to use engage our local communities about matters that affect them and the Trust.

Ongoing engagement with local communities is a key element in informing and influencing service development: the Trust has a responsibility to recognise and understand the health needs of local communities. This part of the strategy will be taken forward through the following strands of activity:

- developing a representative Membership
- community engagement, including building positive relations with seldom heard groups
- supporting carers

A detailed delivery plan for these objectives is at Appendix C.

Once these activities are established and embedded, in the second year of the strategy we will develop:

- Systematic measurement of patient experience in Outpatient Clinics

- Integrated reporting using different forms of patient feedback, including PALS and Complaints to give us a “360 degree” view of patient and public involvement

Towards the end of 2010/11 (Year 1), the various methodologies explored during the year will be reviewed and a detailed plan will be developed for 2011/12.

7. Governance (survey quality)

The content of the monthly postal survey, comment cards and the six scheduled surveys using hand-held devices will be overseen by a bi-monthly Involvement Leads group, with methodological guidance from the corporate Patient and Public Involvement Team.

All other patient survey activity will continue to be quality assured via the monthly Questionnaire Interview and Survey Group. Where these surveys involve the use of the hand-held devices (i.e. over and above the planned surveys described above), they will be facilitated by the Trust's Patient Involvement Co-ordinator; all other surveys will be facilitated by the Clinical Audit Team.

8. Accountability and Enablers

Accountability for delivery of the Strategy is as follows:

- Responsible Executive Director – Chief Nurse
- Responsible Senior Manager – Assistant Director for Audit & Assurance
- Operational responsibility – Corporate Patient & Public Involvement Team in conjunction with the Young Persons Involvement Facilitator
- Divisional responsibility - Heads of Nursing / Involvement Leads

Essential enablers, without which the strategy will not be deliverable include:

- Commitment from:
    - Divisional Management teams
    - Clinical staff at all levels

- Funding:
    - The first year of the strategy is being funded by the Above & Beyond Appeal, and for which the Trust expresses its gratitude.
    - The second year of the strategy will be funded through CQUIN payments[4]

[4] the Department of Health has announced a nationally mandated patient experience CQUIN for 2010/11 which consists of five questions taken from the National Inpatient Survey. These questions will be included in the Trust's monthly postal survey of discharged patients. Attainment of funding will be dependent on the Trust achieving a pre-determined level of improvement in an aggregated metric based on the five questions.

9. Reporting

The postal survey will generate robust and reliable metrics which will be reported to the Trust and Divisional Boards on a monthly basis. It is envisaged that this data will be incorporated into monthly quality 'dashboards'. Ward-level data will be available to Divisions on a quarterly basis. Aggregated annual data will be used in the Trust's Quality Accounts, complementing information from National Patient Surveys.

10. Evaluation: how we will assess whether this strategy has worked

Evaluation of success will be measured by the achievement of the objectives set out in section 6. Progress towards meeting these objectives will be monitored on a quarterly basis by the Involving People Committee and the Governors Involvement sub-group. The Involving People Committee will in turn report on a regular basis to the proposed Trust Quality Committee.

11. Equality and diversity

An Equality Impact Assessment has been completed for this strategy.

Key considerations for various aspects of the strategy are described below:

Postal survey:
This will work in the same way as for National Patient Surveys, i.e. a multi-language sheet will go out in several languages asking people to phone the translation helpline number. This will permit a three-way telephone conversation to take place between an interpreter, the contractor (who will read out the survey questions) and the respondent.

Hand-held devices:
The software will enable translated questions to appear on the hand-held screens. Once we have selected our bi-monthly survey questions, these will be translated into the most common non-English languages used by the local population. Screens will adopt colour schemes which are appropriate for the visually impaired.

Engaging 'hard to reach' community groups:
This work is largely approached through community representatives and intermediaries. Where activities directly involve community members, appropriate interpreting arrangement will be put in place as required.

Appendix A

List of groups and services consulted in developing and testing this strategy

Internal

Executive Directors
Non-Executive Directors
Divisional Managers
Heads of Nursing
Governors
Foundation Trust Office
Patient Advice and Liaison Service
Complaints Team
Equality and Diversity Lead
Transformation Lead
Involving People Committee
Young Persons' Involvement Worker
Communications Team
Volunteers Manager
Patient Information Service

External

NHS Bristol
Bristol Local Involvement Network
Bristol Community Health
North Bristol NHS Trust
North Somerset Primary Care Trust
South Gloucestershire Primary Care Trust

Appendix B

Proposed adult inpatient post-discharge postal survey

Staff Communication

1. When you had important questions to ask a nurse or doctor, did you get answers that you could understand?
2. If your family, or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?
3. Did you find someone on the hospital staff to talk to about your worries and fears?
4. During your stay in hospital, did you have an operation or procedure?
5. Before your operation or procedure, did a member of staff:

    - Explain the risks and benefits of the procedure in a way you could understand?
    - Explain what would be done during the procedure?
    - Explain how you would feel after the procedure?
    - Answer any questions you had about the procedure in a way you could understand?
    - After the operation, did a member of staff explain how the operation or procedure had gone in a way you could understand?

6. Did a member of staff tell you about the purpose of the medicines you were to take at home in a way you could understand?
7. Did a member of staff tell you about medication side effects to watch for when you went home?
8. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
9. During your stay, did you always know who the lead clinician was for your care?
10. Do you feel that the medical staff had all of the information that they needed to care for you?
11. Do you feel you were kept informed about your expected date of discharge from hospital?
12. When you were **first** admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?
13. **After you moved** to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?
14. While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?

Patient involvement in care and treatment

15. Were you involved as much as you wanted to be in decisions about your care and treatment?

16. Do you feel that the medical staff were respectful of any decisions you made about your own care?
17. How much information about your condition or treatment was given to you?

Privacy & Dignity

18. Were you given enough privacy when discussing your condition and treatment?
19. Were you given enough privacy when being examined or treated?
20. Overall, do you feel you were treated with respect and dignity while you were in the hospital?
21. Did you ever feel threatened during your stay in hospital by other patients or visitors?

Cleanliness

22. In your opinion, how clean was the hospital room or ward that you were in?
23. How clean were the toilets and bathrooms that **you** used in hospital

Hospital Food

24. How would you rate the hospital food?
25. Did you get enough help from staff to eat your meals?

Overall

26. Overall, how would you rate the care you received?
27. Would you recommend our hospital to a friend or relative?
28. Demographic Questions (age, gender, ethnicity)
29. Any comments about your stay in hospital (e.g. where we did well, where we could improve)?

Note:

- The final choice of questions will be space dependent. Our contractor is looking at the design of the survey to maximise space, however it is likely that we will want to keep this down to four sides of A4 in order to maximise response rates. Therefore, it may be that we choose some core questions and rotate others on a quarterly basis.
- The wording of some questions will differ slightly between surveys, e.g. maternity questions will be more focussed on midwives; children's questions will be more focussed on parent and child experience

Appendix C

Details of project implementation / processes

1. Postal survey programme (commencing April 2010)

Adult Inpatient survey.
A random sample of 1400 eligible adult inpatients will be drawn from Patient Administration System (PAS) during the first week of each month using a tool developed by IM&T specifically for this project. This sample will be drawn from the population of inpatients discharged during the previous month[5]. The criteria for inclusion / exclusion from the sample will be the same as that applied to the Care Quality Commission's National Inpatient Survey. We will carry out the necessary checks for deceased patients and then upload the sample to our survey contractor via a secure encrypted weblink. The contractor – who will be approved by the Care Quality Commission for carrying out National Inpatient Surveys on behalf of NHS Acute Trusts - will mail out survey packs to patients, each of which will contain a questionnaire, covering letter, multi-language explanation sheet (with a telephone number for people who require translations), and a reply envelope. After approximately two weeks a reminder questionnaire pack will be sent to non-respondents. All questionnaire responses will be processed by our contractor. Approximately 5-6 weeks (to be confirmed) after the initial mail out we will receive a data file from our contractor which will provide us with provisional figures for Trust publication[6]. This process will occur every month for one year commencing April 2010[7].

Survey of parents of 0-15 year olds.
This will be carried out in the same way as the adult inpatient survey above, except that all correspondence will be addressed to the "parent / guardian." Approximately 500 patients per month will be included in this sample.

Maternity survey.
Obtaining robust metrics for maternity patients is particularly challenging for the following reasons:

- The Patient Administration System does not hold all of the data we need in order to exclude certain groups of patients for sensitivity reasons.

[5] We are currently calibrating the methodology to decide on the optimum point at which to draw the sample. It takes time to get all patient data onto PAS and so we may take a sample from the 25th of one month to the 25th of the next (e.g. the April sample would be drawn from patients discharged between 25th Feb and 25th March).
[6] The survey response window will essentially remain open indefinitely, however most replies will be received within 5-6 weeks. We will determine the exact cut-off point by monitoring responses to the first mail out in April and determining the point at which the data becomes stable enough to take a reliable snapshot.
[7] further consideration will need to be given to an appropriate approach for the month July 2010, which is when a sample of inpatients will be surveyed for the National Patient Survey, i.e. we must avoid duplication.

- For the purposes of the survey, maternity patients cannot be treated as adult inpatients as their high numbers, patient experience and very specific demographic would skew overall results.

We will therefore have to adopt a different approach for these patients. Our survey contractor will supply us with pre-prepared surveys (as above, but with a slightly different questionnaire wording to reflect the maternity patient experience), and these will be given to patients as part of their "discharge pack". During post-natal visits, community midwives will encourage patients to complete the survey. Once completed, the patient will mail back the questionnaire direct to our survey contractor using the reply envelope provided. We envisage that we will be provided with these datasets at the same time as the other surveys.

Reporting the survey data
The postal surveys are being set up with the intention of enabling monthly tracking at Trust and Divisional level, with ward-level tracking on a quarterly basis. Inevitably this is dependent upon data, the volume and quality of which will only become apparent once the survey commenced in April 2010, e.g. wards with relatively low patient turnover may not generate sufficient numbers for us to reliably analyse patient experience at quarterly intervals. As always, there is no one research method that will cover all of our needs, and in these cases we may need to carry out additional specific work to generate patient experience metrics. The reporting system will also be set up in such a way as to enable the Trust to respond to ad-hoc requests for the survey data, e.g. from commissioners.

Note: as of 31st March 2010 the current generic patient survey on the bed-head information screens - which has been part of a trial of various feedback methodologies - will cease.

2. Hand-held devices (commencing May 2010)

The Optimum Contact system will also support the use of nine mobile hand-held survey devices which have been purchased by the Trust. These will support three main strands of work:

Engaging Children & Young People
The postal survey does not directly engage patients aged 0-15 (i.e. it engages their parents/guardians). Therefore three of the hand-held devices will carry software designed specifically for engaging children and young people ('Fabio the Frog'). A programme of ongoing activities focussed on the Bristol Royal Hospital for Children will be developed by the Young Persons' Involvement Worker, starting in April 2010 with a version of the postal survey described above. The surveys will be administered to children by Play Specialists as part of their daily duties.

Adult patients and visitors
The devices will support a structured programme of Trust-wide survey activities, starting in May 2010. A Trust-wide survey using the devices will take place for one or two days every two months for the first year of the strategy. Initially we will recruit and train a number of Governors and volunteers to use the devices and also in basic interview techniques. Once we have a robust process in place for these activities we envisage opening up this opportunity to Trust Members.

The six survey topics will be determined by a bi-monthly PPI Leads group with the following proposed membership:

- Chief Nurse
- Assistant Director for Audit and Assurance (Chair of the Involving People Committee)
- Divisional Heads of Nursing (Divisional PPI Leads)
- Patient Involvement Co-ordinator
- Public Involvement Project Lead
- Young Persons' Involvement Worker
- Representative from the Governors Involvement sub-group

Topics might include further exploration of the postal survey results and / or "current issues" (e.g. privacy and dignity).

For each survey, the Trust's Patient Involvement Co-ordinator will:

- design the questionnaire
- ensure the devices are ready to use
- plan exactly how the activity is to be carried out
- manage the interviewers on the days when the surveys are taking place
- make survey findings available to relevant parties within one week of the survey being carried out.

Ad-hoc activities

At other times (i.e. when the devices are not being used as described above) they will be made available for use by staff carrying out other Involvement projects, either corporately or in the Clinical Divisions The Patient Involvement Co-ordinator will work with leads/Divisions to help shape surveys. It is proposed that an emphasis be placed on conducting surveys in Outpatient clinics to follow up action plans from the 2009 National Outpatient Survey and to provide a baseline of evidence to inform developments for Year 2 of the strategy.

3. Patient Comment Cards (commencing April 2010)

Comment cards will be introduced to all inpatient wards, with a roll-out commencing in April 2010. The cards will be designed, printed and distributed via the Patient and Public Involvement Team. The cards will be given to patients at point of discharge (i.e. they are 'exit cards') and will give patients an opportunity to tell ward staff about: something about their stay on the ward that was good; something that we could do better; plus any other feedback. Cards will be placed in sealed boxes. Feedback will be used by ward staff to improve the patient experience. Ward Sisters / Charge Nurses will be responsible for the use and review of the cards on the ward.

During the course of the year the Patient and Public Involvement Team will also explore opportunities to analyse the comments on these cards using Optimum Contact software (potentially on a six-monthly basis).

4. Exploring Innovative Methods (during 2010/11)

Year 1 funding from the Above and Beyond Appeal includes a £5k allocation with the specific intent of enabling the Trust to explore other innovative methods of engaging patients, their families, visitors, carers and the public.

This strand of the strategy will be led by the Trust's Public Involvement Project Lead. Proposals will be developed at the bi-monthly PPI Leads meeting described above (pt 2). Approaches are likely to include surveys using new technologies, e.g. the internet, email and SMS text messaging, as well as the Vital Signs playing cards successfully trialled by NHS North West. We will also continue to learn from local developments including the Patient Experience project at the Bristol Haematology and Oncology Centre.

5. Continued Engagement with Local Communities (during 2010/11)

Developing a representative Membership

We want to promote Membership across a wide section of our community. The Trust will target groups for whom there tend to be barriers to participation in healthcare. There will be a continued focus on patients under 21 years of age through our schools liaison and young people's involvement work. There will be targeted work within the Black and Minority Ethnic (BME) Groups which will build on a growing network of contacts including the Council of Bristol Mosques, Bristol Multi Faith Forum, the BME customer services project and community groups.

Community engagement, including building positive relations with seldom heard groups

The Trust will continue to build positive relations with seldom heard groups to contribute to service improvement activities. The Patient and Public Involvement Team will:

- offer strategic and practical support to 'Respect for All'[8] and in particular develop participation networks to support our operational groups (e.g. Physical and Sensory Impairment Group)
- take a lead role in devising a system to embed Involvement activity within Equality Impact Assessments
- advise and offer support to Service Improvement Leads on involvement activities linked to specific issues and communities
- take an active role in facilitating groups and individuals to participate
- in conjunction with Respect for All, PALS and Complaints Leads, identify specific communities to work with and devise appropriate approaches
- continue to develop and work within a process which ensures a consistent and co-ordinated approach to working with seldom heard groups across the health community
- develop and evaluate innovative methods to engage with communities thus promoting access to participation activity.

Supporting carers

Carers currently participate in various involvement activities across the Trust, for example current work in Dementia Care, with Action for Blind People and Listening to the users of Stroke services.

During 2010/11 the Patient and Public Involvement Team will lead a specific piece of work to develop the voice of carers within the Trust's involvement activities. To this end we will be seeking to work with carer organisations including the Jessie May Trust and the Princess Royal Carers Trust. Carers will be a targeted group for surveys using the hand-held devices, and the approach will complement the Trust's Carers' Strategy which is currently in development (March 2010).

[8] Respect for All is about refreshing and reinvigorating the Trust's approach to Equality & Diversity in the context of the four Trust values of Respecting Everyone, Working Together, Embracing Change, and Recognising Success.