

Quarterly Patient Experience and Involvement Report

*Incorporating current Patient and Public Involvement activity and patient survey data
received up to Quarter 3 2017/18*

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

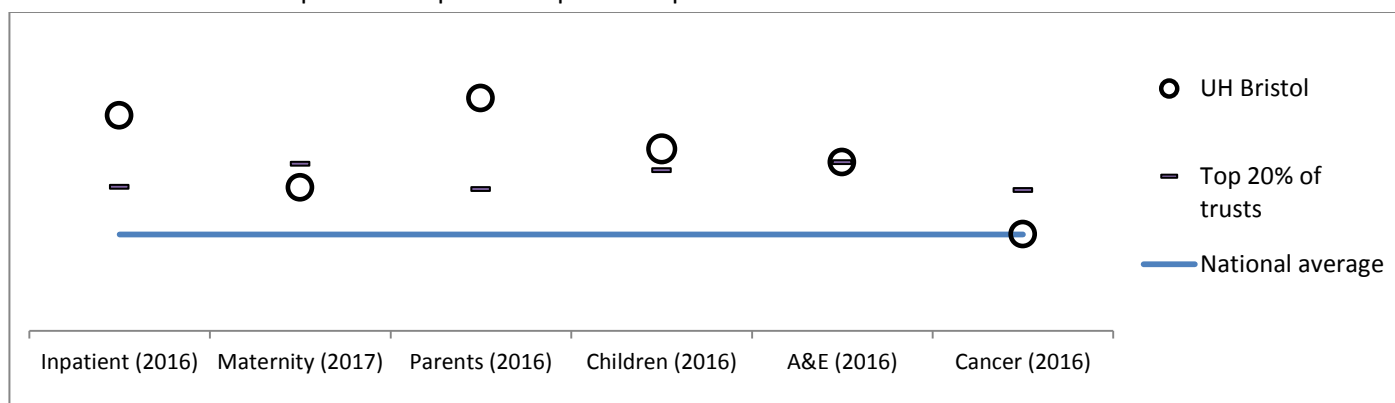
Successes	Priorities
<ul style="list-style-type: none"> The Bristol Royal Hospital for Children received a very positive set of results in the 2016 National Children’s Survey, and were identified by the Care Quality Commission as having among the best scores nationally in relation to parents’ experience All of UH Bristol’s headline Trust-level patient satisfaction survey measures were above their target levels in Quarter 3, indicating the continued provision of a high quality experience for our service-users UH Bristol continues to receive positive scores in our local surveys, with 98% of patients rating their care as excellent, very good or good The Trust’s annual “Quality Counts” event was held in January 2018 and was attended by a range of staff and stakeholders. The discussions held at this event will help inform the Trust’s quality improvement priorities for 2018/19. 	<p>As stated in the UH Bristol Quality Strategy (2016-20), the Trust is committed to providing patients / visitors with new opportunities to give feedback during their hospitals visit / stay. This will involve installing electronic feedback points at a number of high-visibility public areas across the Trust and a comprehensive “marketing” campaign on wards and clinics to signpost service-users to give feedback through their personal devices or via a comments card. Negative feedback received via this system will trigger an automated alert to an appropriate UH Bristol member of staff, potentially providing an opportunity to resolve the issue before it escalates into a poor overall experience and / or a complaint. The tender document was published in February 2018 and we expect the contract to be awarded during Quarter 4 2017/18. Implementation of the system can then commence during Quarter 1 2018/19 with the aim to be completed by the end of June 2018.</p>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> The Trust’s “Patients and Doctors as Partners” in Care programme, through which junior doctors join patients to reflect on the delivery of a positive patient experience, has been shortlisted for an award by Health Education England. This is an opportunity to share the success of this programme with other NHS Teaching trusts. In Quarter 3, the 2017 national maternity survey results were released by the Care Quality Commission. The results suggest that since the previous survey in 2015 (when UH Bristol achieved the best scores in the country), the national average has improved, whilst the Trust’s scores have not significantly changed. This data is currently being analysed by the Trust’s Patient Experience and Involvement Team. A full report will be produced for the Quality and Outcomes Committee of the Trust Board, with a focus on service improvements to regain UH Bristol’s national leading performance in this survey. 	<p>The key negative outliers identified in this report are:</p> <ul style="list-style-type: none"> The outpatient Friends and Family Test response rate was below target in Quarter 3: this was primarily due to a temporary suspension of the SMS element of this survey over the Christmas week Ward A528 received low survey scores in Quarter 3. In discussions with the Division of Medicine, we have not been able to identify a specific reason for this result, and so the Trust’s <i>Face2Face</i> volunteer team will visit the ward to elicit further feedback from patients and families In line with previous Quarterly Patient Experience and Involvement Reports, South Bristol Community Hospital received relatively low survey scores in Quarter 3. However, these scores increased for the third successive quarter - suggesting a positive impact of the improvement activity being carried out at the hospital to ensure that the best possible experience is provided to patients.

2. Patient survey data

2.1 National benchmarks

The national survey programme provides a comparison of patient-reported experience at UH Bristol against all other English NHS hospital trusts. Chart 1 shows that UH Bristol performs in line with or better than the national average in these surveys. In Quarter 3, the results of the 2017 national children’s survey (which also includes feedback from parents) were released: UH Bristol was recognised by the Care Quality Commission as one of the best performing trusts nationally in this survey. At UH Bristol, the results of each national survey, along with improvement actions / learning identified from them, are reviewed by the Quality and Outcomes Committee of the Trust Board.

Chart 1: UH Bristol’s hospital based patient-reported experience relative to national benchmarks



2.2 Overview of Quarter 3 performance

In Quarter 3, all of the Trust’s headline survey measures at Trust and Divisional level were above their target levels, indicating that patients continue to report a positive experience at UH Bristol (Table 1). Detailed analysis of this data, down to ward level, is provided in Section 2.3 of this report. Table 2 (over) identifies scores that were “negative outliers” within this wider dataset and summarises action(s) undertaken in response to them. Further information about the scoring used in this report, along with the methodologies adopted in the Trust’s patient experience and involvement programme, can be found in Appendices A and B to this report.

Table 1: Quarter 3 Trust-level patient-reported experience at-a-glance

Inpatient experience tracker score	Green
Inpatient kindness and understanding score	Green
Inpatient Friends and Family Test score	Green
Outpatient experience tracker score	Green
Day case Friends and Family Test score	Green
Emergency Department Friends and Family Test score	Green
Inpatient / day case Friends and Family Test response rate	Green
Outpatient Friends and Family Test response rate	Red
Emergency Department Friends and Family Test response rate	Green

Table 2: Patient survey data exception reports for Quarter 3 (full data can be found in Section 2.3 of this report)

	Description	Response / Actions
1. Discharge delays in the Division of Specialised Services (page 13, Table 3)	Inpatients reported a relatively high frequency of delays at discharge in Quarter 3, at both the Bristol Heart Institute and the Bristol Haematology and Oncology Centre, compared to the Trust's other hospitals.	In Quarter 3, an Electronic Prescribing system (EMPA) was introduced, which may initially have slowed down discharges as staff got used to the new system. As EMPA becomes embedded into practice, it will improve the efficiency of administering medications at discharge (a key source of patient-reported delays).
2. South Bristol Community Hospital (SBCH) inpatient experience (page 10, charts 14/15)	As noted in previous Quarterly Patient Experience and Involvement Reports, SBCH (wards 100 and 200) has consistently received below average survey scores. Our evidence suggests that this is, at least in part, due to the challenges of providing a positive experience for long-stay patients with complex / chronic conditions, and is consistent with trends seen at a national level. However, there has been a focus on improving these scores by the management team and staff at the hospital, including in collaboration with Healthwatch Bristol. Quarter 3 saw a further improvement in the SBCH survey scores, with the "kindness and understanding" measure achieving the Trust's minimum target score (90/100). The composite "inpatient survey tracker" score remained below the target level, but also appears to be on an improvement trend.	The SBCH management team is continuing to deliver the patient experience service improvement plan, generated in collaboration with Healthwatch Bristol. It is anticipated that this plan will be completed during Quarter 4 2018/19. <i>Face2Face</i> patient interviews will be conducted during March 2018, to further explore the survey results with patients and their families on the wards. Staff "Values" training will be convened in February 2018, to focus on the delivery of a positive patient and staff experience.
3. Division of Medicine: ensuring that inpatients know who to contact if they have a concern after leaving hospital (page 13, Table 3)	The Division had a relatively low score on whether patients say they are told who to contact if they have any concerns when leaving hospital.	Providing patients with these contact details is a standard part of the Division's discharge process. However, it is recognised that patients often receive a lot of information at discharge (particularly in this Division, given the high proportion of chronic / complex conditions), and so the Division will review the way that contact information is presented to patients to ensure that it is sufficiently prominent. The Head of Nursing will also discuss this issue with the staff on the Discharge Lounge, as this would provide an additional opportunity to convey this information to patients.

	Description	Response / Actions
4. Contacting the Bristol Royal Hospital for Children by telephone (page 15, Table 4)	The Bristol Royal Hospital for Children had a relatively low score in Quarter 3, in respect of whether outpatients (or their parents) who contacted the hospital by telephone with a query, could get through to someone who could help. Caution is needed with this data, as the sample sizes are small and this result does not form a consistent trend.	The Trust's Transformation Team have established a service programme to improve telecommunications at UH Bristol. Areas for improvement will be identified primarily using survey and complaints feedback from service-users, and so this survey data will be shared with the project team to inform their focus for this work.
5. Ward 38a: below target scores on the two key postal survey measures (page 11, Chart 18)	Ward 38a is a neurophysiology ward at the Bristol Royal Hospital for Children. Unusually for this ward, their "kindness and understanding" and "inpatient tracker" scores were both among the lowest scoring wards in Quarter 3.	In Quarter 3, Ward 38a had new staff commence in post: whilst this would not usually affect the survey scores, it was a much higher number of new starters than would normally be the case. In the longer term, this increase in staffing numbers should have a positive effect on patient experience, but the additional support these new staff required at the time may well have impacted on the scores in Quarter 3.
6. Ward A528 inpatient experience survey scores below target (page 11, Charts 18 19)	Ward A528 (Bristol Royal Infirmary / care of the elderly) received the lowest scores on our key inpatient survey measures in Quarter 3.	<p>A full review of the survey data for the ward has been carried out by the Patient Experience and Involvement Team, but no consistent theme could be identified that would account for these low scores (furthermore, there was no corresponding "spike" in complaints during this period). In discussion with the Head of Nursing for the Division and the ward's Matron, no underlying cause for these results could be identified, and it is not reflective of other quality data reviewed by the Division.</p> <p>In order to better understand these results, members of the <i>Face2Face</i> volunteer interview team will visit the ward to talk to patients and families during Quarter 4. Further actions will be identified as necessary following those conversations. The survey data will continue to be monitored and it is anticipated that it will return to the normal range in Quarter 4.</p>
7. Ward 37: second lowest "kindness and understanding" score (page 11, Chart 18)	Normally, given the margin of error in the data at ward level, we look for a trend across more than one survey score – but in this case it was very unusual to see Ward 37 at the Bristol Royal Hospital for Children achieve a low "kindness and understanding" score in Quarter 3, and so this was flagged with the Division.	Quarter 3 was an extremely busy period and, by coincidence, there were also a number of staff resignations at this time. The Division was aware of these challenges and made a proactive decision to close three beds to ensure appropriate patient care and staff wellbeing were addressed.

	Description	Response / Actions
8. Ward C808: lowest inpatient Friends and Family Test (FFT) score in Quarter 3 (<i>page 11, Chart 20</i>)	Ward C808 received the lowest inpatient FFT score in Quarter 3. However, this score was still above the Trust's target level and further analysis showed that this result was likely to be an artefact of the FFT scoring system: 50 out of 55 respondents said they were likely to recommend the ward, but two said they were "neither likely nor unlikely" (i.e. "neutral") and three said they "didn't know" – unfortunately these five responses all count as a negative response in the scoring mechanism, skewing the overall result.	On review of the full range of survey data that we hold, this result appears highly likely to be caused by an artefact of the Friends and Family Test scoring mechanism. The Division of Medicine have been advised of the result and the scores will continue to be monitored to ensure that they return to the normal range.
9. Outpatient Department Friends and Family Test (FFT) response rate (<i>page 9, Chart 10</i>)	The Outpatient FFT response rate for Quarter 3 was 5.8% against a target of 6%. This was due to a particularly low rate in December 2017 (4.1%), as the target had been met up to that point. UH Bristol's primary approach to this element of the FFT is via SMS text message. On the advice of our contractor for this survey, there was a one week "suspension" of this service by the Trust's Patient Experience and Involvement Team over the Christmas period, to ensure respondents did not feel the Trust was being overly intrusive by sending out hospital surveys at this sensitive time of year.	SMS surveying was reinstated from 1 January and the response rate target was subsequently met in January 2018. Looking ahead to December 2018, the Patient Experience and Involvement Team will explore ways to ensure that the response rates do not dip below the target rate.
10. Emergency Department Friends and Family Test (FFT) response rate (<i>page 9, Chart 9</i>)	The Emergency Department FFT response rate in December (14.6%) was below target (15%). This was due to the temporary suspension of UH Bristol's SMS surveying over the Christmas period. However, this target was met for Quarter 3 as a whole (16.9%).	SMS surveying was reinstated from 1 January and the response rate target was subsequently met in January 2018. Looking ahead to December 2018, the Patient Experience and Involvement Team will explore ways to ensure that the response rates do not dip below the target rate.
11. Inpatient Friends and Day Case Family Test (FFT) response rate (<i>page 8, Chart 7</i>)	The combined inpatient and day case FFT response rates in December 2017 were below target: 28% against a target of 30% (the target was met for Quarter 3 overall however: 33.9%). This element of the Trust's FFT is card-based, administered at the patient's discharge by staff on the ward. Completed FFT cards are then sent by post twice a month to the Trust's data processing contractor. In December, this process was affected by ward staff holiday leave and disruptions to the postal service. However, even with these factors, UH Bristol usually meets the 30% target during December: in this case, the December response rate had been preceded by two months of declining rates.	Divisional Heads of Nursing have discussed this issue with the wards. In addition, the Patient Experience and Involvement Team is carrying out visits to wards during Quarter 4, to ensure that they have robust FFT processes in place even when key staff are on leave. In January 2018 the response rate reverted to being above target.

2.3 Full survey data up to and including Quarter 3

This section of the report provides a full breakdown of the headline survey data to ward-level. Caution is needed below Divisional level, as the margin of error becomes larger. At ward-level in particular it is important to look for trends across more than one of the survey measures presented.

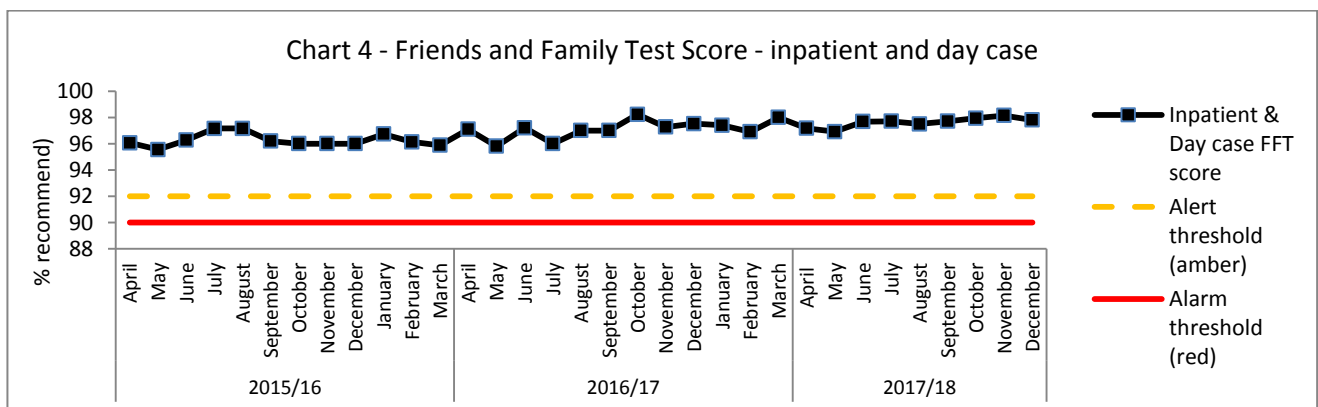
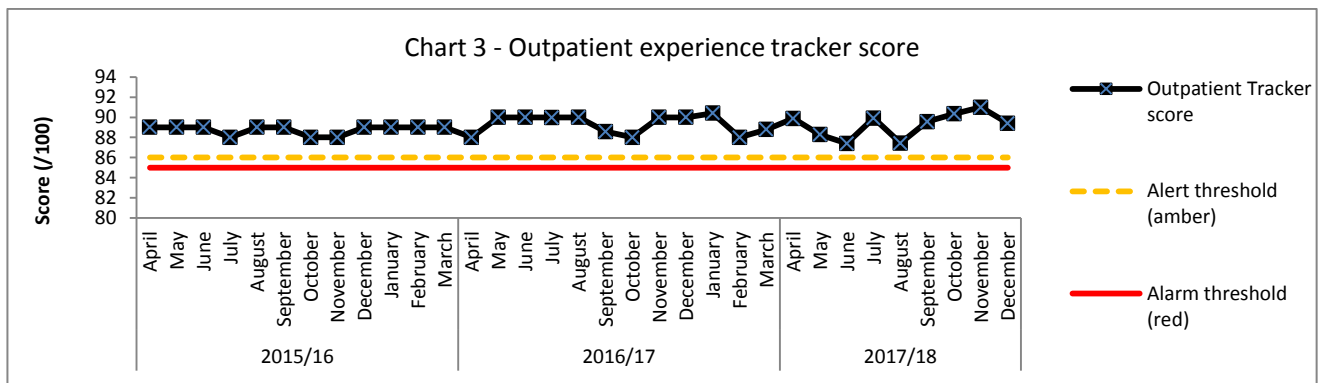
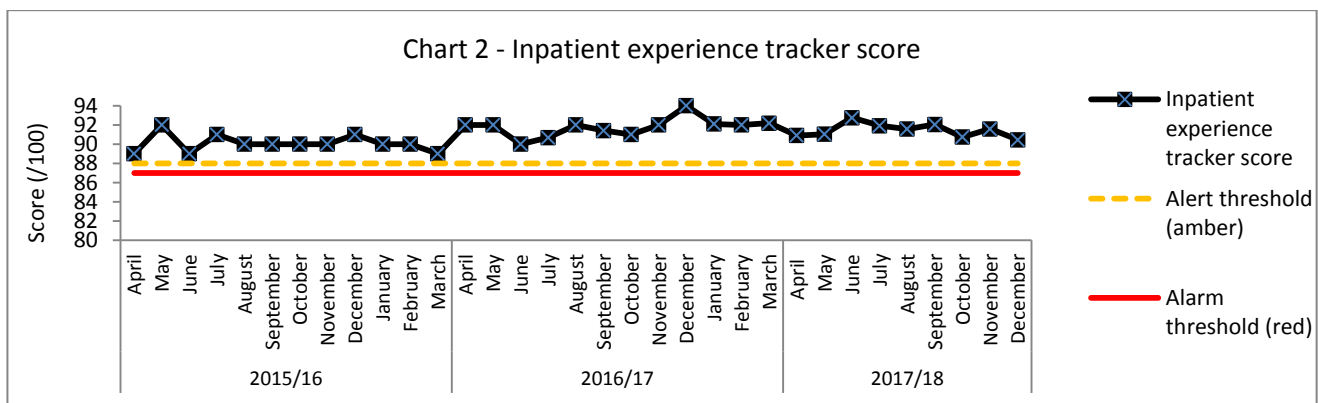
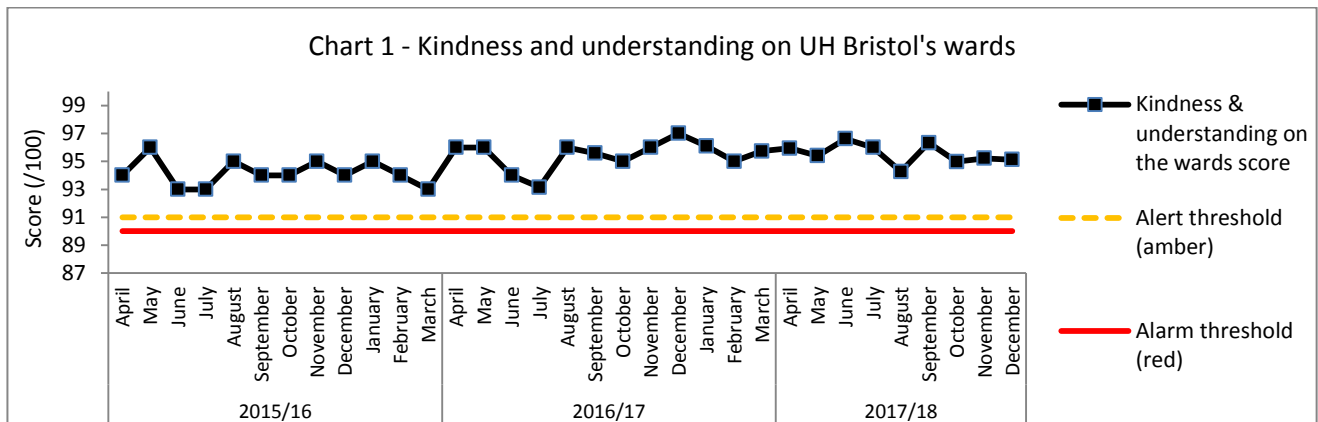


Chart 5 - Friends and Family Test Score - Emergency Departments

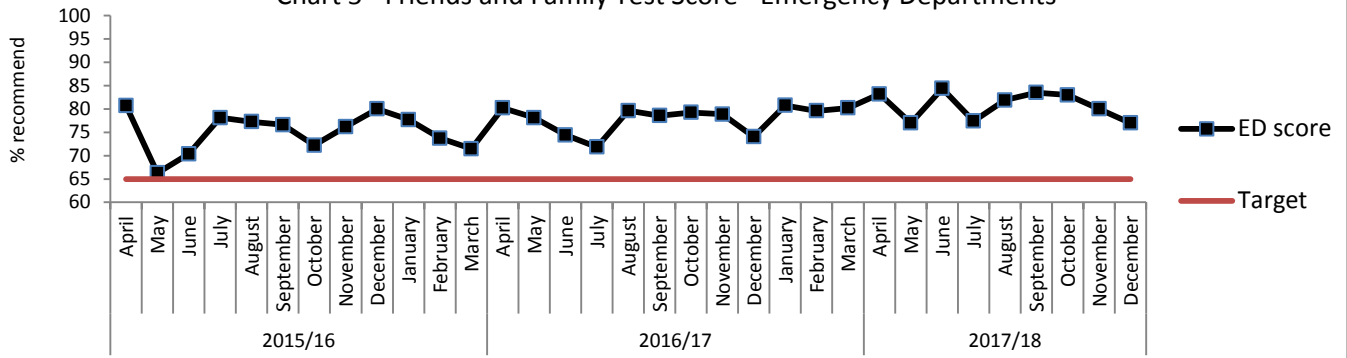


Chart 6 - Friends and Family Test Score - maternity (hospital and community)

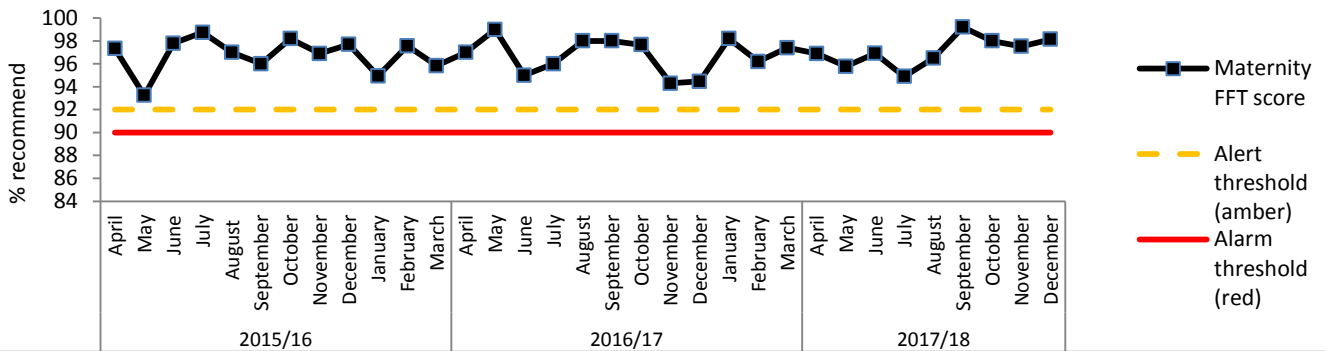


Chart 7: Friends and Family Test Response Rates (inpatient and day case)

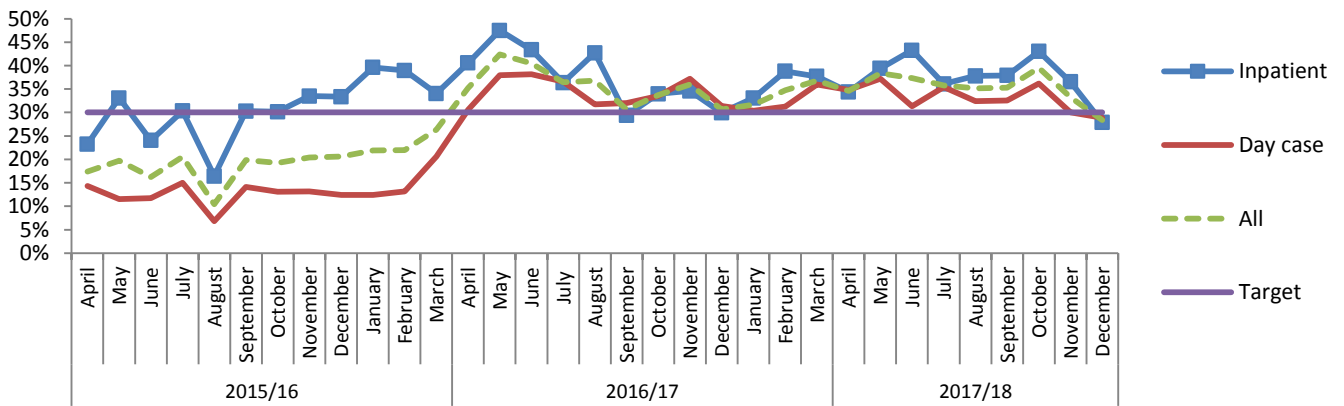


Chart 8: 2015 /16 Friends and Family Test Response Rates (maternity combined)

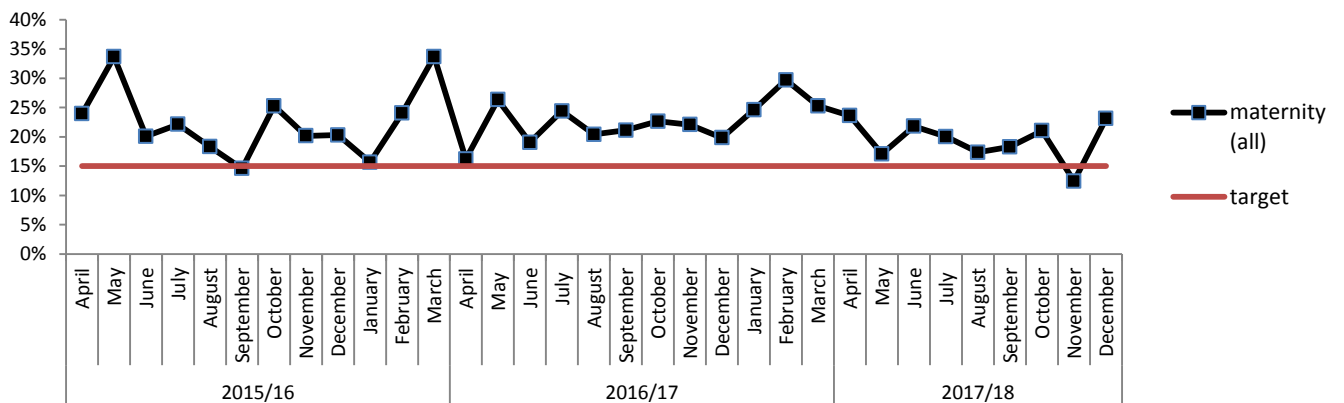


Chart 9: 2015/16 Friends and Family Test Response Rates (Emergency Departments)

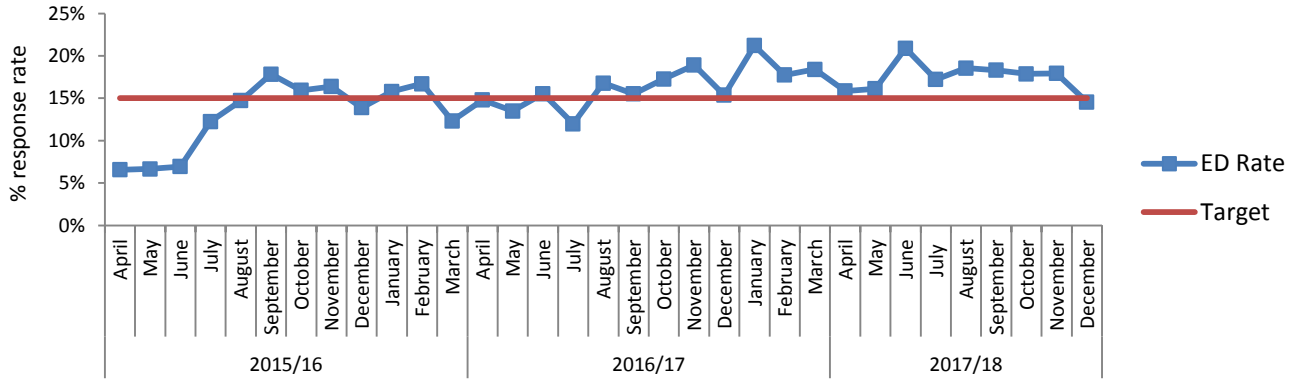
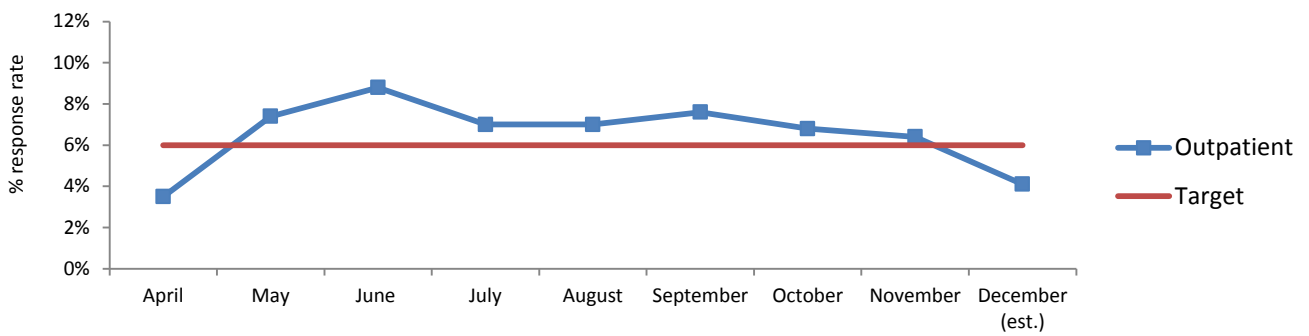


Chart 10: UH Bristol Outpatient Friends and Family Test Response Rates 2017/18



2.3.2 Divisional level survey results

Chart 11 - Kindness and understanding score - Last four quarters by Division (with Trust-level alarm limit)

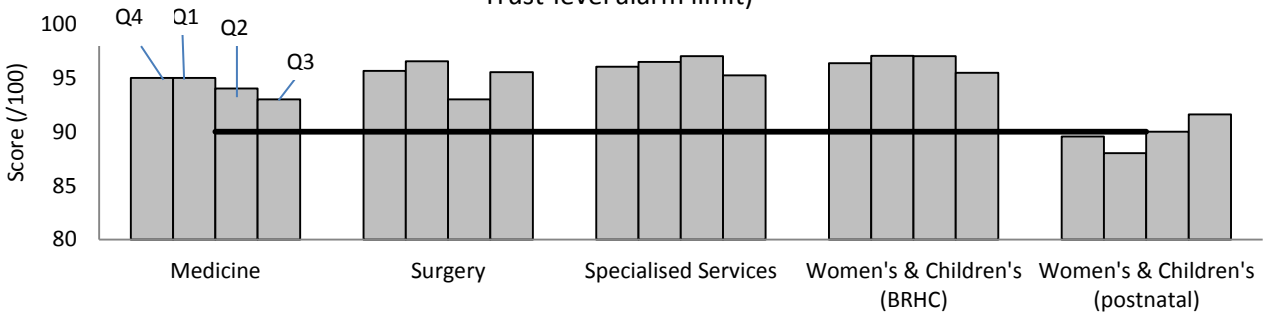


Chart 11 - Inpatient experience tracker score - Last four quarters by Division (with Trust-level alarm limit)



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

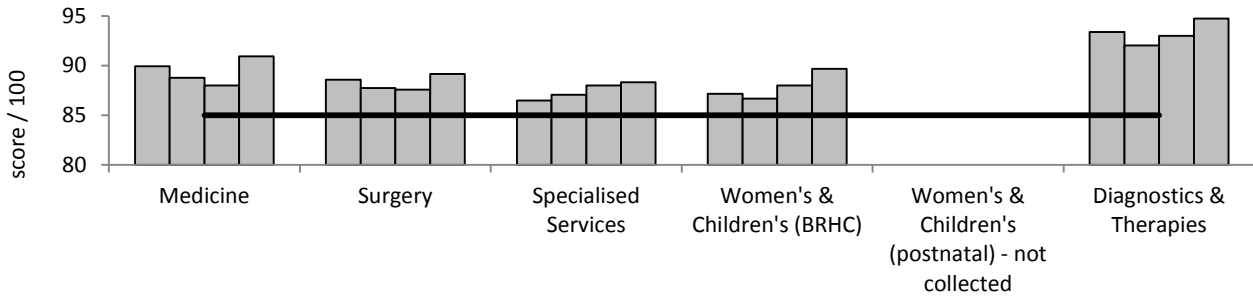
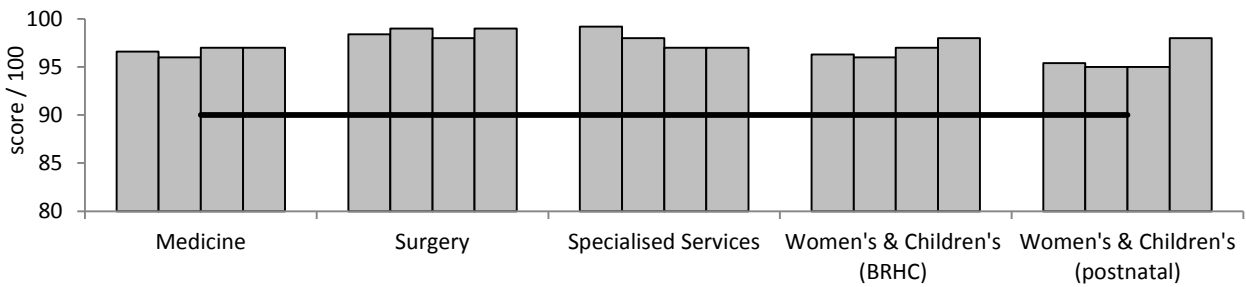


Chart 12 - Inpatient Friends and Day Case Family Test score - last four quarters by Division (with Trust-level alarm limit)



2.3.3 Hospital level headline survey results

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

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

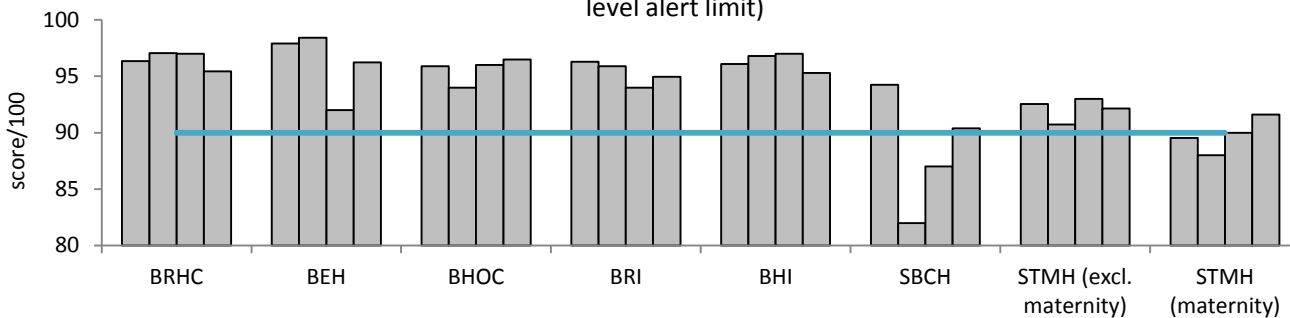
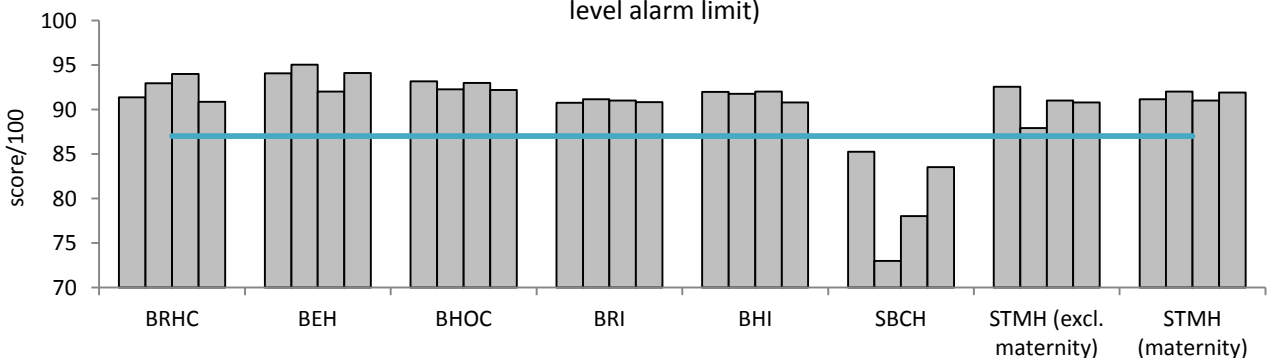
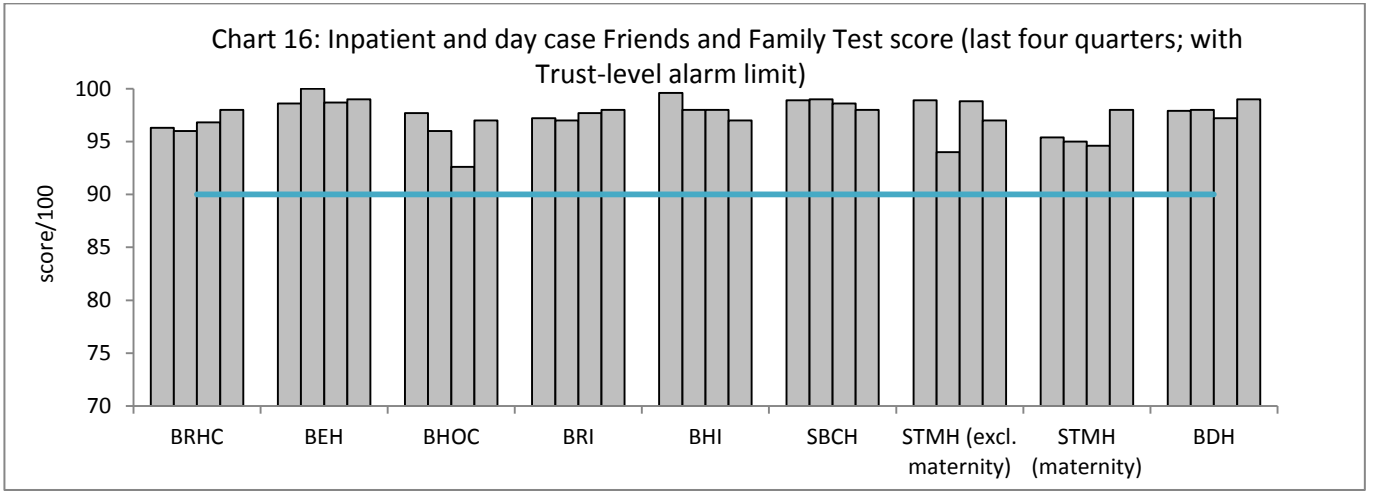


Chart 15: Inpatient experience tracker score by hospital (last four quarters; with Trust-level alarm limit)





2.3.4 Ward level headline inpatient survey results

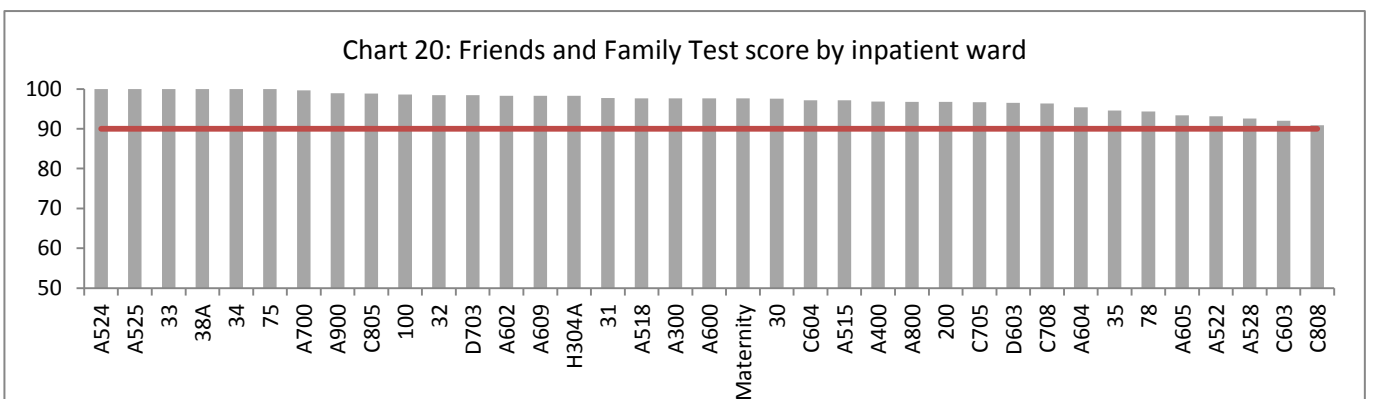
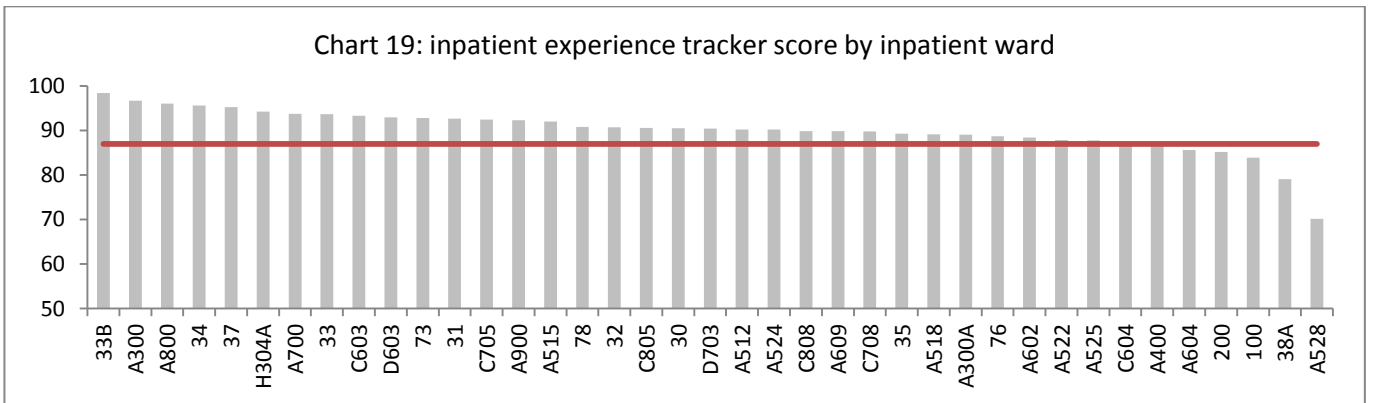
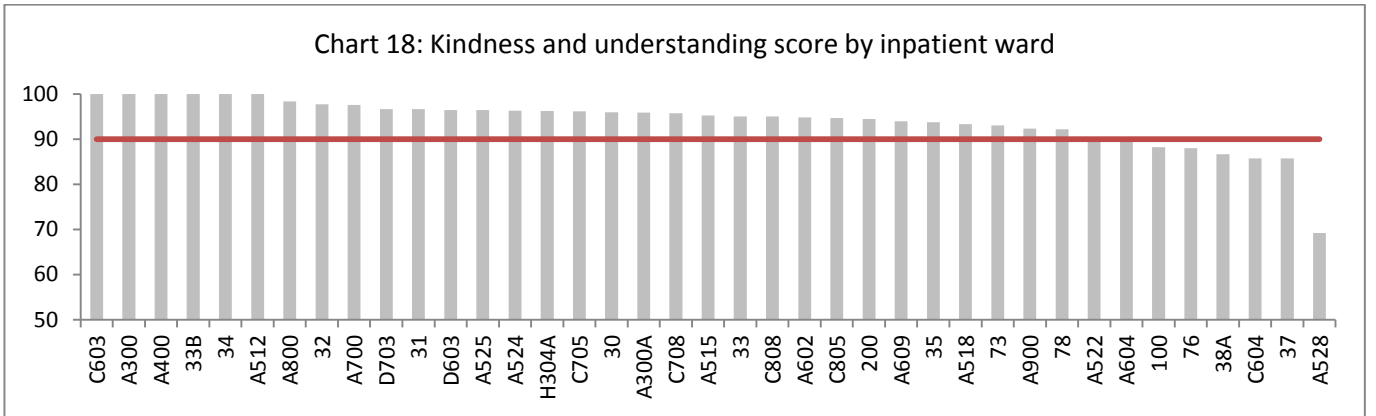


Table 3: Full Quarter 3 Divisional scores from UH Bristol’s monthly **inpatient** postal survey (cells are highlighted if they are more than 10 points below the Trust score). Scores are out of 100 unless otherwise stated – see appendices for an explanation of the scoring mechanism. Note: not all inpatient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

	Medicine	Specialised Services	Surgery	Women's & Children's	Maternity	TOTAL
Were you given enough privacy when discussing your condition or treatment?	93	94	94	91		93
How would you rate the hospital food?	63	59	62	60	53	61
Did you get enough help from staff to eat your meals?	80	87	91	74		85
In your opinion, how clean was the hospital room or ward that you were in?	93	95	95	91	92	94
How clean were the toilets and bathrooms that you used on the ward?	89	91	91	90	81	90
Were you ever bothered by noise at night from hospital staff?	82	75	86	80		81
Do you feel you were treated with respect and dignity by the staff on the ward?	95	97	97	96	94	96
Were you treated with kindness and understanding on the ward?	93	95	96	95	92	95
Overall, how would you rate the care you received on the ward?	87	90	90	89	92	89
When you had important questions to ask a doctor, did you get answers that you could understand?	85	89	92	89	89	89
When you had important questions to ask a nurse, did you get answers that you could understand?	86	89	90	89	92	89
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	76	76	79	75	81	77
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	87	85	89	89	89	87
Were you involved as much as you wanted to be in decisions about your care and treatment?	82	84	90	88	89	87
Do you feel that the medical staff had all of the information that they needed in order to care for you?	85	89	92	86		89
Did you find someone on the hospital staff to talk to about your worries or fears?	71	76	79	79	86	77
Did a member of staff explain why you needed these test(s) in a way you could understand?	81	88	90	91		88

(inpatient scores continued)

	Medicine	Specialised Services	Surgery	Women's & Children's	Maternity	Trust
Did hospital staff keep you informed about what would happen next in your care during your stay?	81	85	85	88		85
Were you told when this would happen?	80	85	85	84		84
Before your operation or procedure, did a member of staff explain the risks/benefits in a way you could understand?	n/a	91	94	96		92
Before your operation or procedure, did a member of staff explain how you could expect to feel afterwards?	n/a	73	80	83		77
Were staff respectful of any decisions you made about your care and treatment?	90	94	96	94		94
During your hospital stay, were you ever asked to give your views on the quality of your care?	29	29	31	31	33	30
Do you feel you were kept well informed about your expected date of discharge from hospital?	81	81	87	85		84
On the day you left hospital, was your discharge delayed for any reason?	60	50	66	70	72	61
Did a member of staff tell you about medication side effects to watch for when you went home?	56	58	65	65		61
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	69	84	83	90		82

Table 4: Full six-monthly Divisional-level scores (June-December 2017) from UH Bristol's monthly **outpatient** postal survey (cells are highlighted if they are 12 points or more below the Trust score). Scores are out of 100 unless otherwise stated – please see appendices for an explanation of this scoring mechanism.

	Diagnostic & Therapy	Medicine	Specialised Services	Surgery	Women's & Children's (excl. maternity)	TOTAL
When you first booked the appointment, were you given a choice of appointment date and time?	83	73	79	65	65	74
Was the appointment cancelled and re-arranged by the hospital?	94	93	96	94	98	95
When you contacted the hospital, was it easy to get through to a member of staff who could help you?	82	72	58	64	55	68
When you arrived at the outpatient department, how would you rate the courtesy of the receptionist?	85	88	87	85	84	86
Were you and your child able to find a place to sit in the waiting area?	100	99	100	100	100	100
In your opinion, how clean was the outpatient department?	95	96	94	93	90	94
How long after the stated appointment time did the appointment start?	90	76	69	76	71	77
Were you told how long you would have to wait?	51	52	43	35	32	43
Were you told why you had to wait?	64	63	57	61	65	61
Did you see a display board in the clinic with waiting time information on it?	37	69	40	37	55	47
In your opinion, did he / she have all of the information needed to care for you (e.g. medical records, test results, etc)?	90	94	87	94	89	91
Did he / she listen to what you had to say?	96	97	97	97	92	96
If you had important questions to ask him / her, did you get answers that you could understand?	94	93	90	91	91	92
Did you have enough time to discuss your health or medical problem with him / her?	92	96	93	90	93	92
Were you treated with respect and dignity during the outpatient appointment?	99	98	100	97	98	98
Overall, how would you rate the care you received during the outpatient appointment?	94	93	92	91	89	92
If you had any treatment, did a member of staff explain any risks and/or benefits in a way you could understand?	85	88	88	89	82	87
If you had any tests, did a member of staff explain the results in a way you could understand?	82	90	83	76	77	82

2.3.5 Themes arising from free-text comments

At the end of the Trust’s postal survey questionnaires, respondents are invited to comment on any aspect of their stay. The themes from these comments are provided in Table 5. By far the most frequent type of feedback is praise for staff. Key improvement themes focus on communication, staff behaviour and waiting times. Although these categories do not directly overlap with the way that the Trust classifies complaints, there are similarities between these issues and themes seen in the complaints data (see accompanying Quarterly Complaints Report).

Table 5: Quarter 1 themes arising from free-text comments in the patient surveys (the comments are taken from the Trust’s postal survey programme, unless otherwise stated)¹

	<i>Theme</i>	<i>Sentiment</i>	<i>Percentage of comments containing this theme</i>
Trust (excluding maternity ²)	Staff	Positive	73%
	Communication/information	Negative	13%
	Food / catering	Negative	11%
Division of Medicine	Staff	Positive	64%
	Food / catering	Negative	14%
	Communication/information	Negative	13%
Division of Surgery	Staff	Positive	75%
	Communication/information	Negative	12%
	Staff	Negative	11%
Division of Specialised Services	Staff	Positive	70%
	Communication/information	Negative	14%
	Food / catering	Negative	13%
Women's and Children's Division (excluding Maternity)	Staff	Positive	80%
	Communication/information	Negative	17%
	Staff	Negative	12%
Maternity	Staff	Positive	65%
	Care during labour and birth	Positive	20%
	Communication/information	Negative	13%
Outpatient Services	Staff	Positive	69%
	Waiting / delays	Negative	9%
	Communication / information	Positive	9%

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

² The maternity inpatient comments have a slightly different coding scheme to the other areas, and maternity is not part of the outpatient survey due to the large number of highly sensitive outpatient clinics in that area of care.

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

The feedback received via the Trust’s Friends and Family Test is generally very positive. Table 6 provides an overview of activity that has arisen from the relatively small number of negative ratings, where that rating was accompanied by a specific, actionable, comment from the respondent.

Table 6: Divisional response to specific issues raised via the Friends and Family Test in Quarter 3, where respondents stated that they would not recommend UH Bristol and a specific / actionable reason was given.

Division	Area	Comment	Response from ward / department
Medicine	UNITY sexual health service	<i>“Excellent thorough support from the staff. Only issues were that there was a long wait despite having a clinic slot and they did not always explain why other members of the team were in the room. Also they used medical terms discussing with each other and did not explain them to me.”</i>	We are sorry to hear about this issue with our service. As the survey is completed anonymously, we are not able to investigate this particular experience in detail, but we have shared this feedback with our staff as an important point of learning.
	Bristol Royal Infirmary Emergency Department	<i>“I was wrongly directed to ED by reception despite having a letter from my GP explaining I needed ENT treatment. At ED I showed a copy of the letter to reception and was told to wait to be seen. After 2 hours I saw a nurse who read my letter and told me that as ENT weren't expecting me and I was to wait to see an ED doctors. Despite querying this I was asked to wait to see a doctor and after a further hour waiting I was called in. The ED doctor read me letter and stated that the ED nurse should have immediately referred me to ENT and the doctor personally arranged for me to be seen by an ENT doctor. Staff did not appear to know the correct procedure for patients in my situation who have a referral letter from their doctor to be seen on the day and I wasted several hours waiting in ED as a result.”</i>	We are very sorry to hear about this patient’s experience. Our correct process for any patient who is expected for the ENT team in hours, would be for them to be sent to the Ambulatory Care Unit. There was clearly a breakdown in communication in this case, leading to unacceptable delays for this patient. Moving forward, the Emergency Department has introduced a senior nurse at the front door, to stream patients appropriately. It has also been established that any patient who presents to the Emergency Department with a letter from their GP will be seen by the on-call team, even if there is not direct referral. The Matron will also remind the Reception Desk team about the correct process for this situation.
Diagnostics and Therapies	Audiology	<i>“Audiology have no deaf awareness and can not sign. Audiology related to hearing loss/ Deaf doesn't make sense!”</i>	All of our staff are “deaf aware”, as it is a prerequisite of their training. The service is primarily for acquired hearing loss and so it is relatively rare for patients to have BSL requirements. If necessary, any patients attending at the department will have a BSL interpreter booked for them.

Division	Area	Comment	Response from ward / department
Specialised Services	Outpatients	<i>"Just told I had maybe 3 months ..terminal cancer....nurse took height & weight in front of host of onlookers & said that's it go...not even a small private room for my wife to recover her tears ..in front of so many people....uncaring and unbearable"</i>	We are very concerned to receive this comment. As no contact details were provided, we are unfortunately not able to speak to this patient directly to apologise and investigate fully. However, this issue will be followed up with the Matron and Sister, and shared with department staff to help ensure that this does not happen again.
Surgery	Queen's Day Unit	<i>"Appointment time given, not allowed to eat or drink. Seen two hours later than appointment time. No explanation given, unit seemed to be chaotic - more communication required if delays are necessary."</i>	We are sorry to hear that this patient did not receive a positive experience of our service. Endoscopy procedures can vary unpredictably in length, which can have a knock on affect to the rest of the surgical list: we are sorry that this patient was not updated and informed of any delays - we will use this feedback as a reminder to staff about the importance of doing this. Due to increased bed pressures in the Trust over the winter period, the department is used as an impatient "escalation" area during very busy periods. This has increased the number of people "coming and going", which may be why it felt chaotic to the patient on this occasion.
	South Bristol Community Hospital (day case)	<i>"Allow at least one family member to stay with patient. Surgery is stressful as it is never mind waiting by yourself for a long period of time."</i>	Relatives can come to the room while the patient is being admitted, but once the patient goes through to the Pre-operative department or Recovery 2 stage, we ask that they are not present. We very much appreciate that surgery is a stressful experience, but this is in order to protect other service-users' privacy and dignity (particularly in single sex areas). We explain this to relatives and encourage them to use the coffee shop or waiting area, and then our staff can update them as needed.
Women's & Children's	Clifton Community Midwifery	<i>"When you need to call there is never answer you have to wait that someone call you back it makes you feel not been followed up properly. For almost every appointment I had to wait long time to be seen."</i>	We are sorry to hear about this issue: the process of leaving a message and receiving a call-back within 48 hours (unless more urgent) is in place across Bristol, but we will remind our midwives to ensure that this is conveyed to their service-users ³ .

³ Further background information relevant to this issue: the external funding for administrative support in the community midwifery teams was recently withdrawn unexpectedly. The Women's and Children's Division have identified this as a cost pressure and are recruiting to provide some administrative cover for the service.

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

3.1 Patients and Doctors as Partners in Care

In 2016, the Trust's Patient and Public Involvement Lead and the Medical Director's Lead for Training and Development, designed a new approach to learning called "Patients and Doctors as Partners in Care". These workshops bring together junior doctors and patients to explore the relational aspects of care giving from both perspectives. The latest workshop took place in Quarter 3, with a group of twenty Foundation Year two ("F2") doctors and five patients recruited from the Trust's Involvement Network.

The success of this programme has led to plans for it to become a permanent module in the Trust's F2 Training and Development programme. It has also been shortlisted for a Health Education England award (the result will be announced in March 2018).

3.2 UH Bristol Involvement Network

The UH Bristol Involvement Network connects the Trust to a diverse range of voluntary/community organisations across Bristol. In November 2017, a group of Sixth Form students from Ashton Park School visited UH Bristol. The students all had some degree of learning disability or additional educational need. Over the course of the day these "hospital detectives" were able to give the Patient Experience and Involvement Team insights into what it feels like to visit clinical and non-clinical areas of the Trust. Insights from this work will be shared with the Trust's Patient Experience and Inclusion Group in Quarter 4, to identify specific improvement actions.

3.3 Quality Counts event

In January 2018, members of our Involvement Network joined Trust members, staff and Governors to discuss what they consider to be the quality priorities for UH Bristol. These priorities included a continued focus on developing a customer care mind-set and an emphasis on developments that improved accessibility to services for people with a physical or sensory impairment. This will help to inform the Trust's annual Quality Objective setting process.

3.4 Local Patient and Public Involvement activity

The UH Bristol Patient Experience and Involvement team support a range of staff to carry out patient engagement / involvement projects. In collaboration with the Dermatology Department, a patient focus groups was held in Quarter 3 to explore the experiences of patients who use methotrexate as part of their treatment. The outcomes of the discussions have resulted in improvements to the information available to patients and improved reception services and other suggestions relating to the running of clinics are being reviewed by the Department.

3.5 *Face2Face* interviews

The Trust's *Face2face* interview team consists of Trust and staff volunteers trained and supported to undertake interviews with adult patients in a ward environment. During Quarter 3, *Face2face* interviews were held with patients in the Bristol Adult Cystic Fibrosis Centre (on Ward A900), to explore how a charitable donation received via Above and Beyond could best be used to improve patient experience. In addition, the *Face2Face* team carried out a patient travel survey, as part of a wider piece of exploratory work around improving on-site car parking.

Appendix A – UH Bristol corporate patient experience programme

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

Purpose	Method	Description
<i>Rapid-time feedback</i>	The Friends & Family Test	Before leaving hospital, all adult inpatients, day case, Emergency Department patients, and maternity service users should be given the chance to state whether they would recommend the care they received to their friends and family.
	Comments cards	Comments cards and boxes are available on wards and in clinics. Anyone can fill out a comment card at any time. This process is “ward owned”, in that the wards/clinics manage the collection and use of these cards.
<i>Robust measurement</i>	Postal survey programme (monthly inpatient / maternity / outpatient surveys)	These surveys, which each month are sent to a random sample of approximately 2500 patients, parents and women who gave birth at St Michael’s Hospital, provide systematic, robust measurement of patient experience across the Trust and down to a ward-level.
	Annual national patient surveys	These surveys are overseen by the Care Quality Commission allow us to benchmark patient experience against other Trusts. The sample sizes are relatively small and so only Trust-level data is available, and there is usually a delay of around 10 months in receiving the benchmark data.
<i>In-depth understanding of patient experience, and Patient and Public Involvement</i>	Face2Face interview programme	Every two months, a team of volunteers is deployed across the Trust to interview inpatients whilst they are in our care. The interview topics are related to issues that arise from the core survey programme, or any other important “topic of the day”. The surveys can also be targeted at specific wards (e.g. low scoring areas) if needed.
	The 15 steps challenge	This is a structured “inspection” process, targeted at specific wards, and carried out by a team of volunteers and staff. The process aims to assess the “feel” of a ward from the patient’s point of view. Whilst the 15 steps challenge and Face2Face interviews remain stand-alone methodologies, in 2017 they were merged – so that volunteers now carry out the 15 steps challenge whilst in a ward / department to interview patients.
	Involvement Network	UH Bristol has direct links with a range of patient and community groups across the city, who the Trust engages with in various activities / discussions
	Focus groups, workshops and other engagement activities	These approaches are used to gain an in-depth understanding of patient experience. They are often employed to engage with patients and the public in service design, planning and change. The events are held within our hospitals and out in the community.

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

Appendix B: survey scoring methodologies

Postal surveys

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

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

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

Friends and Family Test Score

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

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