

# Quarterly Patient Experience and Involvement Report

*Incorporating current Patient and Public Involvement activity and patient survey data  
received up to Quarter 2 2019/20*

**Author:** Paul Lewis, Patient Experience and Involvement Team Manager

## Patient Experience and Involvement Team

Paul Lewis, Patient Experience and Involvement Team Manager ([paul.lewis@uhbristol.nhs.uk](mailto:paul.lewis@uhbristol.nhs.uk))

Tony Watkin, Patient and Public Involvement Lead ([tony.watkin@uhbristol.nhs.uk](mailto:tony.watkin@uhbristol.nhs.uk))

Anna Horton, Patient Experience and Regulatory Compliance Facilitator ([anna.horton@uhbristol.nhs.uk](mailto:anna.horton@uhbristol.nhs.uk))

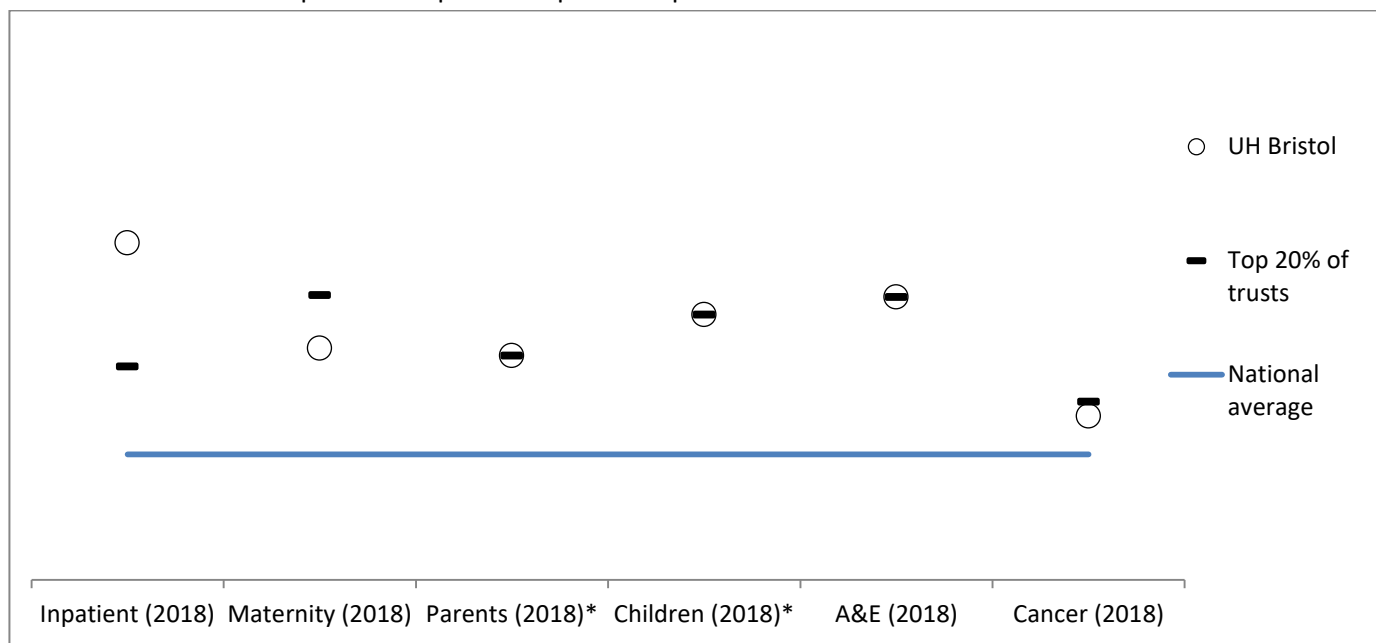
## 1. Overview of patient-reported experience at UH Bristol

Successes	Priorities
<ul style="list-style-type: none"> <li>• All of UH Bristol’s headline Trust-level patient satisfaction survey measures were above their target levels in Quarter 2.</li> <li>• South Bristol Community Hospital survey scores continued their positive improvement trend and were all above the target levels.</li> <li>• The Trust continued to see an improved performance in the National Cancer Patient Experience Survey.</li> <li>• UH Bristol received positive results in the National Accident &amp; Emergency Survey. In particular, the care provided by our doctors and nurses was rated as being better than the national average.</li> </ul>	<p>During November 2019 patient feedback points were installed at St Michael’s Hospital. This is part of the Trust’s rapid-time feedback system and will enable patients and visitors to give feedback via touchscreens located at the hospital, including the ability to request a call back from the Trust if they are having any issues or concerns about their experience.</p> <p>The next phase of the implementation of the Trust’s rapid-time feedback system will see feedback points installed in the Bristol Royal Hospital for Children (currently scheduled for implementation in Quarter 4 19/20).</p>
Opportunities	Risks & Threats
<p>An analysis is being carried out by the Patient Experience and Involvement Team, to look at the hospital experience of patients who have a mental health issue. This piece of work is the result of several negative Friends and Family Test comments about this theme over the last year. The analysis will look at the experience of this patient group in more detail, using robust data from the Trust’s national inpatient survey. The results will be presented to the Patient Experience Group in Quarter 4 19/20 and a summary will be provided in the Quarterly Patient Experience and Involvement Report.</p>	<p>The Trust’s postnatal wards (73 and 76) had below target scores on the “kindness and understanding” survey measure in Quarter 1 and 2. In the last Quarterly report this was attributed to a high demand for the service and it was anticipated that the scores would improve due to actions taken by the management team to alleviate service pressures. This does appear to have happened, with the scores showing an improvement trend and hitting their target levels in both August and September (the July score was below target, which dragged down the overall score for Quarter 2).</p> <p>Ward C808 (care of the elderly) received a below-target “inpatient tracker” score in Quarter 2 (83 against a minimum target of 85). The ward has been below target for three consecutive quarters. It is important to emphasise that the majority of feedback for the ward is still positive, and slightly lower than average survey scores for care of the elderly services are something that is also reflected at a national-level. However, there is scope to improve patient experience in these services. In June 2019 a new job role commenced in the Division of Medicine that will see the roll out of an education programme for staff working on care of the elderly wards. This will include a focus on improving communication with patients, visitors and carers.</p>

## 2. National benchmarks

The Care Quality Commission’s national patient survey programme provides a comparison of patient-reported experience across NHS trusts in England. UH Bristol tends to perform better than the national average in these surveys (Chart 1). The results of each national survey, along with improvement actions / learning, are reviewed by the Trust’s Patient Experience Group and the Quality and Outcomes Committee of the Trust Board.

**Chart 1:** UH Bristol’s hospital based patient-reported experience relative to national benchmarks<sup>1</sup>



\*The full national data for the national children / parent survey has not yet been released and so the national average / top 20% thresholds for these two data points in the chart are currently an estimate.

In Quarter 2 the results of the 2018 national Accident & Emergency survey were published. For UH Bristol, the results relate to care provided at the Bristol Royal Infirmary Emergency Department. The Department achieved a positive set of results in this survey:

- Four of their scores were classed as being better than the national average to a statistically significant degree:
  - o While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?
  - o If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?
  - o Did you have confidence and trust in the doctors and nurses examining and treating you?
  - o Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?
- The Emergency Department was classed as being better than the national average in the section of the survey relating to care provided by doctors and nurses.

<sup>1</sup> This is based on the survey question that asks patients to rate their overall experience. This question is not included in the national maternity survey, and so we have constructed this score based on a mean score across all of the survey questions.

- The remaining 31 scores were in line with the national average, meaning that none of the Trusts' scores were classed as being below this benchmark to a statistically significant degree.

The Bristol Royal Infirmary Emergency Department is currently preparing a formal response to the learning points identified in the survey – primarily around waiting times, the environment of the Department, and availability of food / drink in the department. This report will be reviewed by the Patient Experience Group and the Quality and Outcomes Committee of the Trust Board in Quarter 3 2019/20.

In Quarter 2 we also received the latest results from the 2018 National Cancer Patient Experience Survey (NCPES). In the 2018 NCPES, UH Bristol was classed as being better than the national average to a statistically significant degree on five out of the forty-nine survey questions (Table 1). No scores were classed as being below this benchmark. UH Bristol's results in 2018 are part of a continued improvement trend for the Trust in this survey, which has outpaced the rate of improvement nationally and is moving closer to putting UH Bristol amongst the top performing Trusts in this survey (see Chart 1). The focus will be on continuing to deliver the Trust's NCPES action plan. This plan has wide-ranging actions that have driven the improvement in the experience of UH Bristol patients with cancer. The results of this survey were reviewed by the Trust's Cancer Steering Group and the Quality and Outcomes Committee in Quarter 3.

### 3. Survey results

#### 3.1 Survey results overview

UH Bristol continues to receive very positive feedback from the people who use our services. Table 1 provides an overview of the Trust's performance against key survey metrics. An exception report is provided on the next page of the report detailing areas that did not perform at the expected levels.

**Table 1:** summary of headline survey metrics

	Current Quarter (Quarter 2)	Previous Quarter (Quarter 1)
Inpatient experience tracker score	Green	Green
Inpatient kindness and understanding score	Green	Green
Inpatient Friends and Family Test score	Green	Green
Outpatient experience tracker score	Green	Green
Day case Friends and Family Test score	Green	Green
Emergency Department Friends and Family Test score	Green	Green
Inpatient / day case Friends and Family Test response rate	Green	Green
Outpatient Friends and Family Test response rate	Green	Green
Emergency Department Friends and Family Test response rate	Green	Green

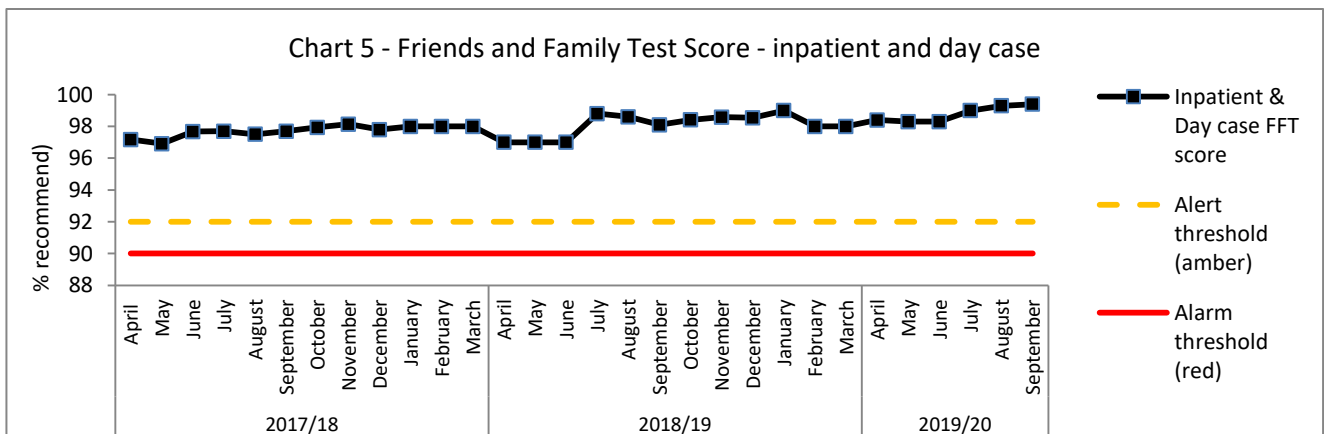
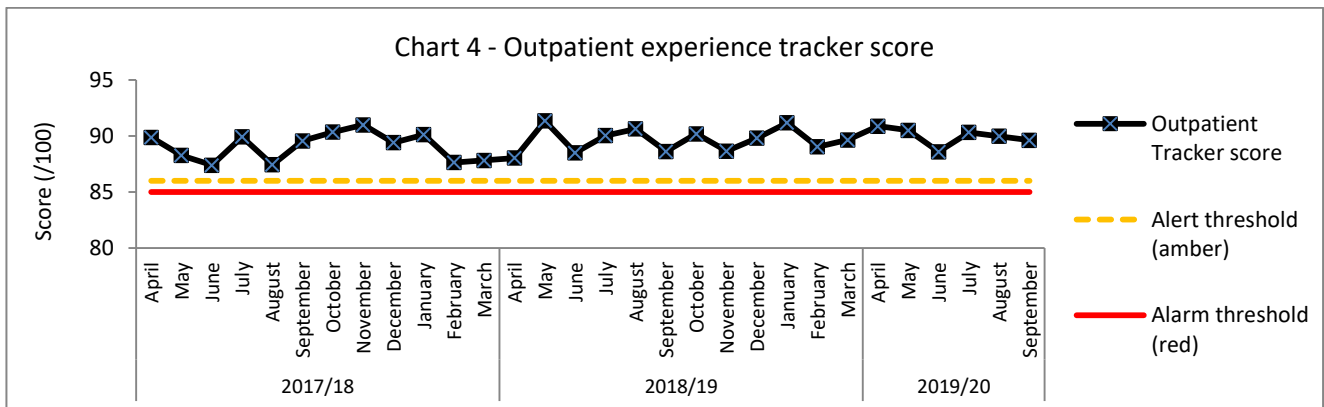
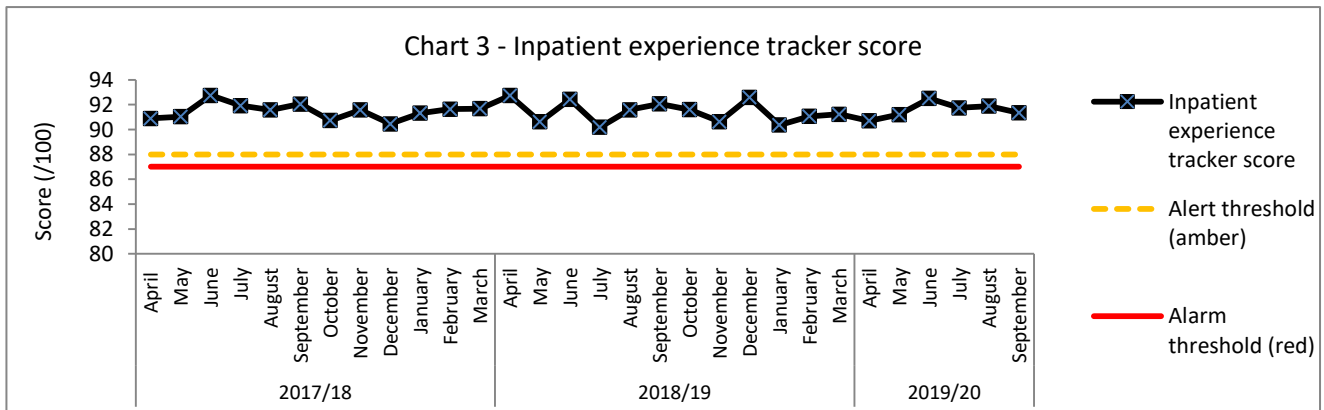
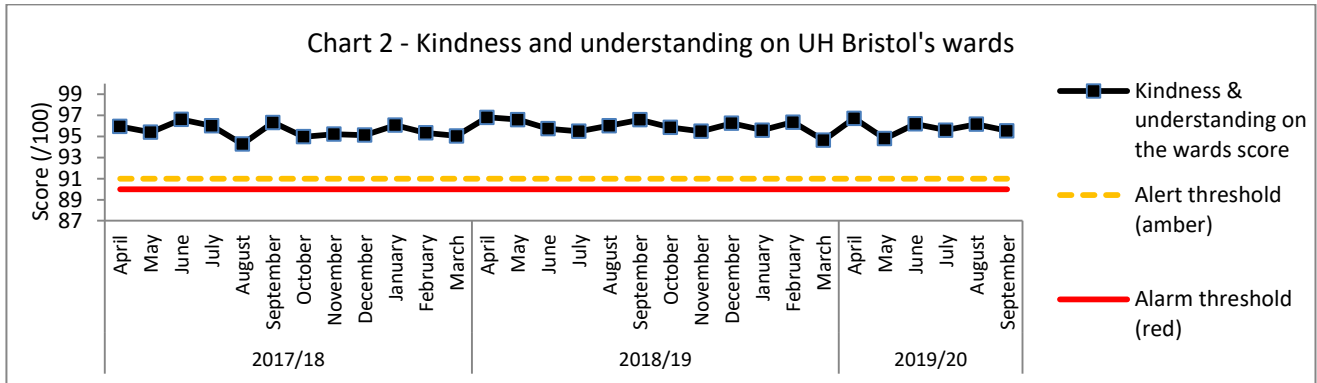
### 3.2 Quarter 2 Exception Reports

Issue	Description	Response
1. Kindness and understanding on postnatal wards	The postnatal wards (73 and 76) had a slightly below target score on the “kindness and understanding” measure in Quarter 2 (89/100 against a target of 90).	We reported in Quarter 1 that the maternity service had a below target score on this measure, which was attributed to heightened demand on the service during that period. It was anticipated that, following actions taken by the management team to alleviate the service pressures, the survey scores would improve. This appears to have been the case, with the August and September scores returning to the target levels (the July score was below target, which pulled down the overall score in Quarter 2). It should also be noted that the Trust’s maternity service is in line with national norms on this survey measure.
2. Ward C808 inpatient tracker score	Ward C808 (care of the elderly) received a below-target “inpatient tracker” score in Quarter 2 (83 against a minimum target of 85). The ward has been below target for three consecutive quarters (though Quarter 2 represented an improvement on the previous scores). The “communication” elements of the tracker were particularly low. It should be noted that the majority of feedback for the ward remains very positive.	The relatively low survey scores for care of the elderly services are something that is reflected at a national-level. Analysis by the Patient Experience and Involvement Team (presented in a previous Quarterly Patient Experience and Involvement Report) demonstrated that UH Bristol performs significantly better than the national average in this respect. However, there is scope to improve patient experience in these services. In June 2019 a new job role commenced in the Division of Medicine that will see the roll out of an education programme for staff working on care of the elderly wards. This will include a focus on improving communication with patients, visitors and carers. It is anticipated that this role will have a positive impact on the survey scores (although, given the challenges of caring for patients in this setting, this likely to be an effect that is seen over the medium-term rather than immediately). The Division will also convene a short-life working group in Quarter 3 to review the patient experience feedback / data for care of the elderly services and identify improvement opportunities.
3. Communication at discharge in the Division of Medicine	Three postal survey scores relating to communication at discharge were relatively low for the Division of Medicine in Quarter 2.	A key challenge is that patients in this Division often have complex / long-term clinical needs, and so often leave with a large amount of information / medication. The “discharge checklist” used by the Division was amended last year to further ensure that key information is brought to patients’ attention at discharge. The senior management team is confident that the checklist is being followed. A short-life working group is being planned for Quarter 3 (see above), to review the patient experience feedback / data for care of the elderly services and identify improvement opportunities. Conveying information at discharge will be a key focus of this work.

Issue	Description	Response
4. Ward A512 inpatient tracker score	The inpatient tracker score for ward A512 was below target in Quarter 2 (83 against a target of 85).	A512 is an additional capacity ward that is used primarily when the Trust's inpatient services are extremely busy and at present it does not have permanent team members or leadership – all of which may be affecting the quality of patient experience. The Division of Medicine is converting A512 in to a permanent ward and has recruited permanent staff, including two Band 6 leadership posts, to achieve this. We anticipate that this continuity should improve the patient experience on the ward going forwards.

#### 4. Full survey data

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.



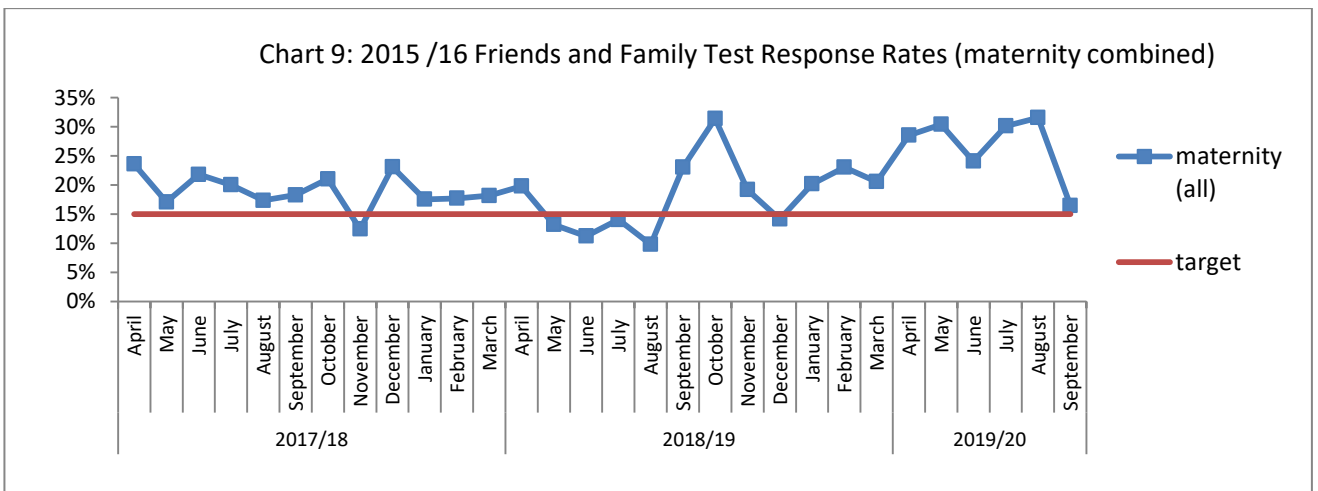
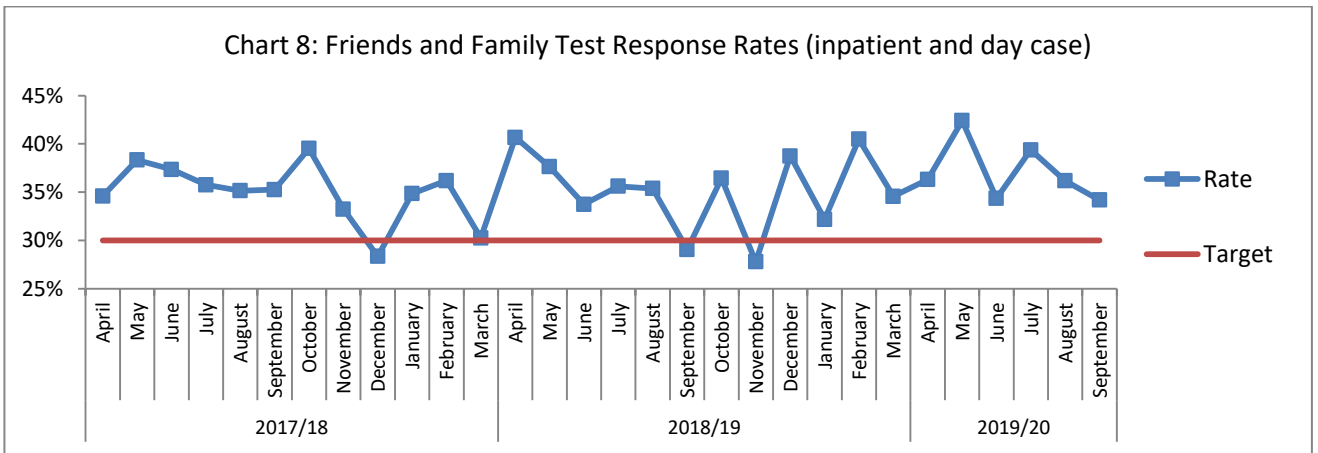
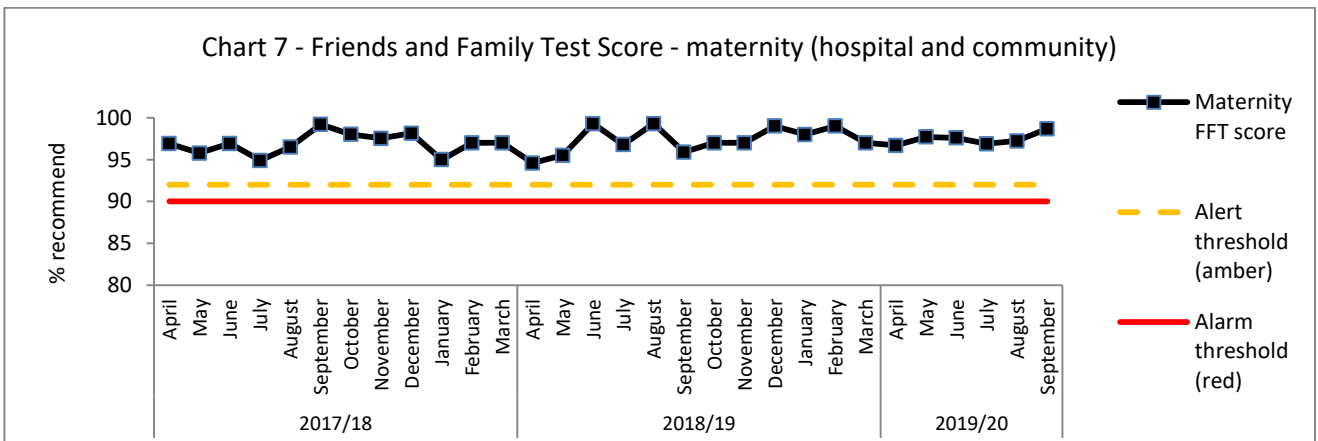
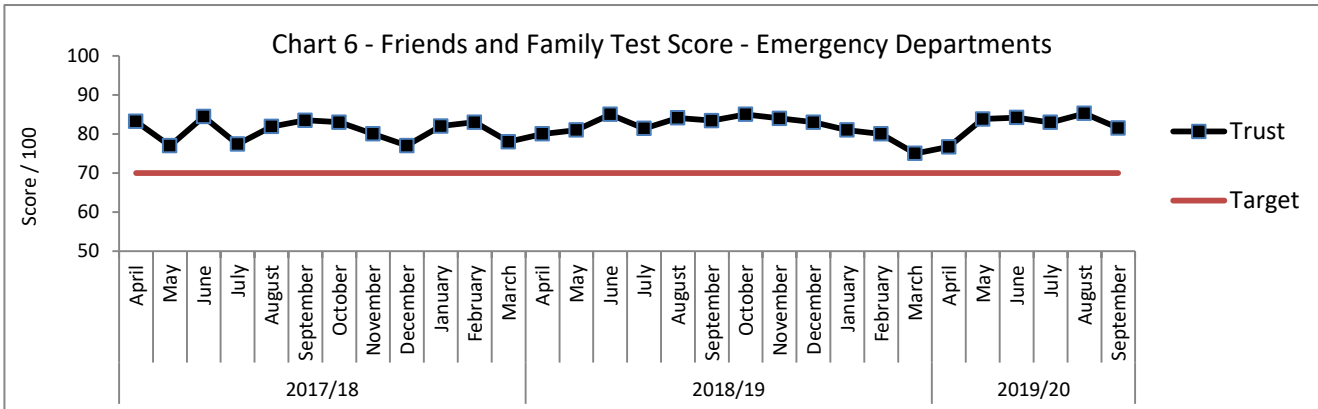




Chart 10: 2015/16 Friends and Family Test Response Rates (Emergency Departments)

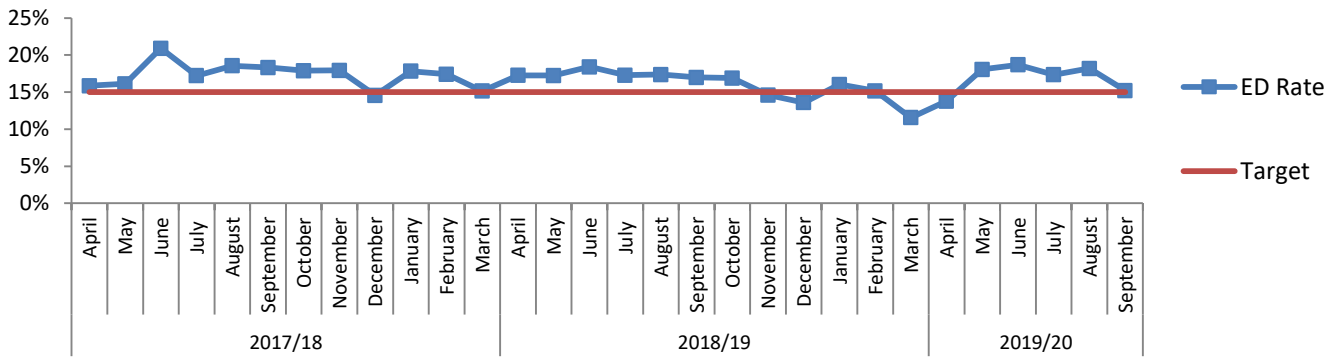
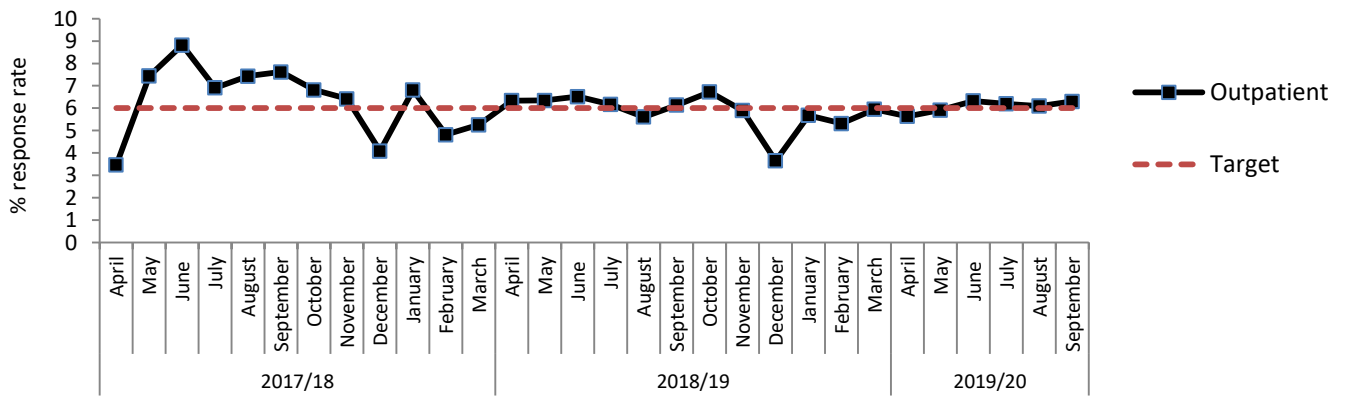
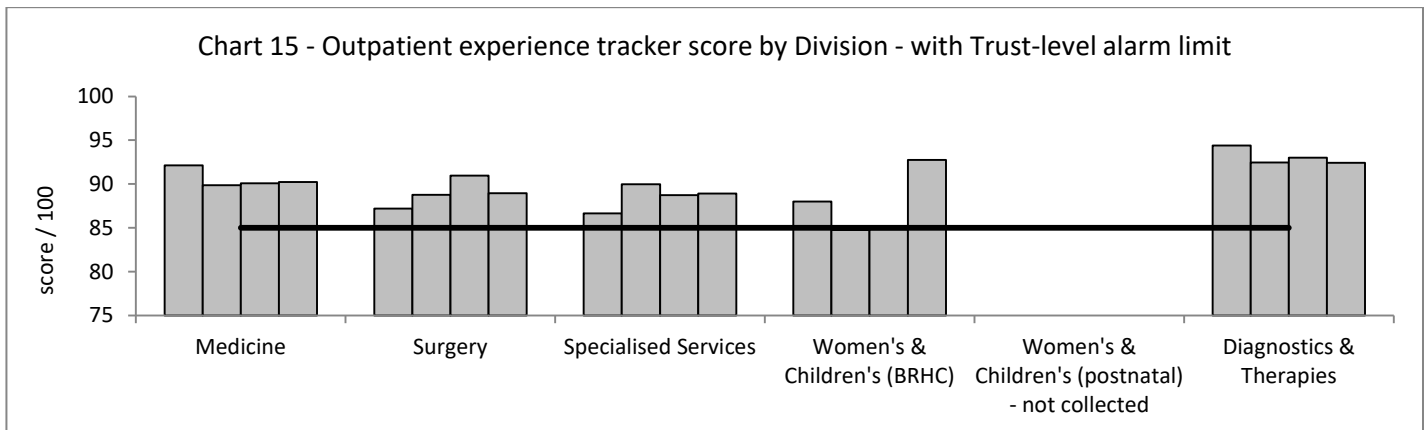
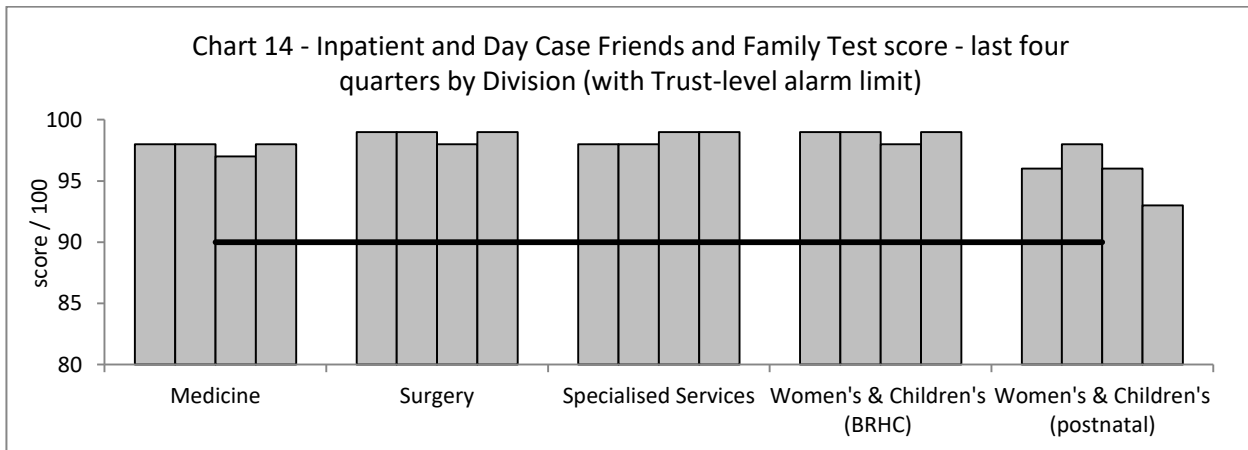
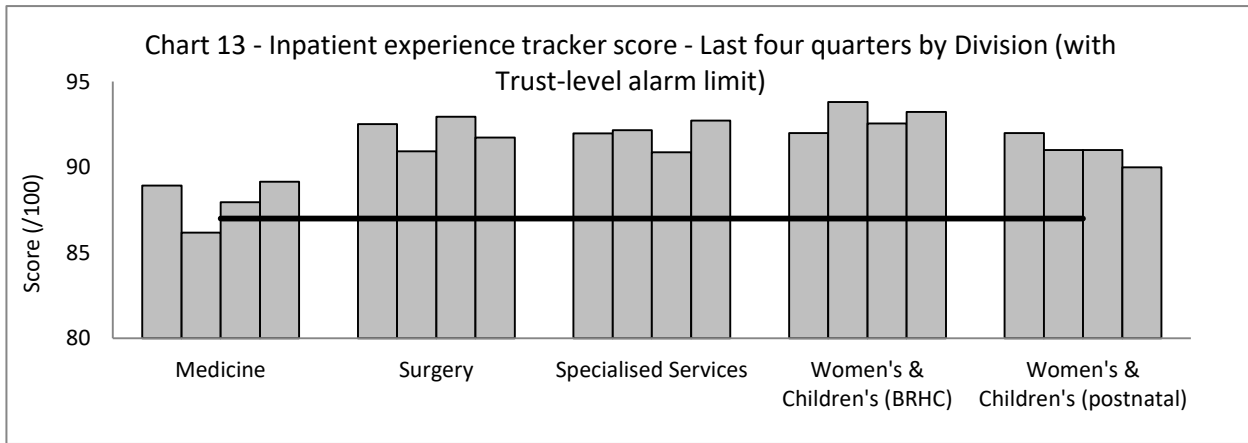
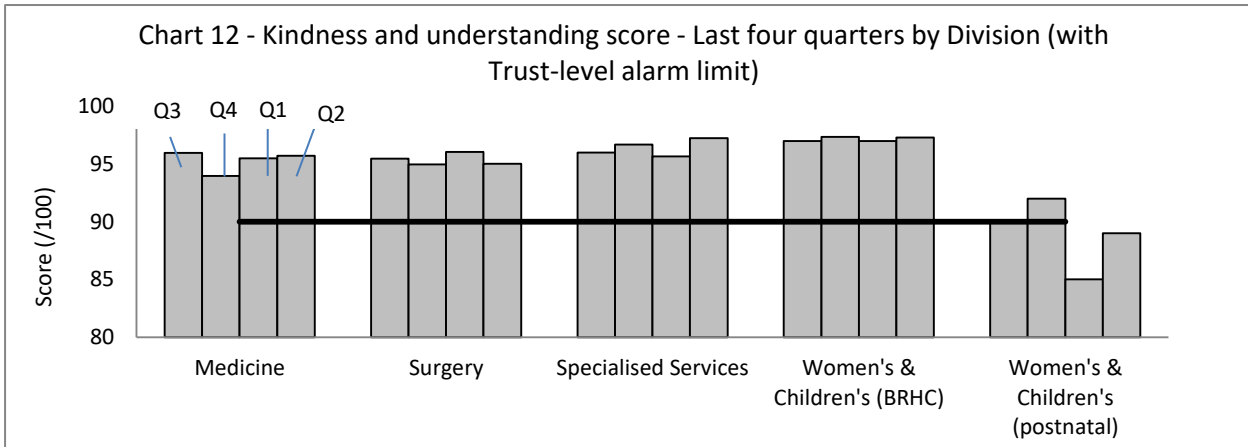


Chart 11: UH Bristol Outpatient Friends and Family Test Response Rates 2017/18

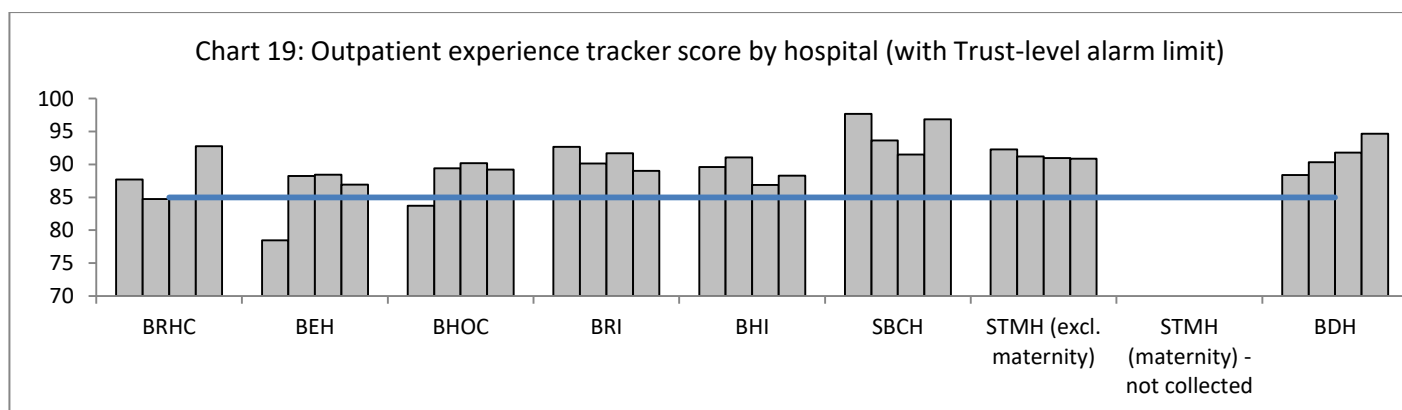
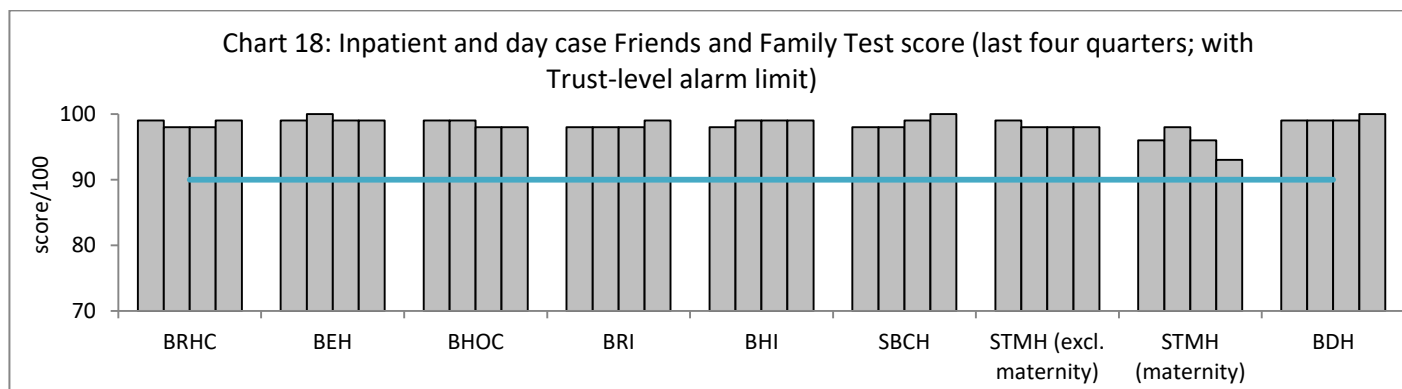
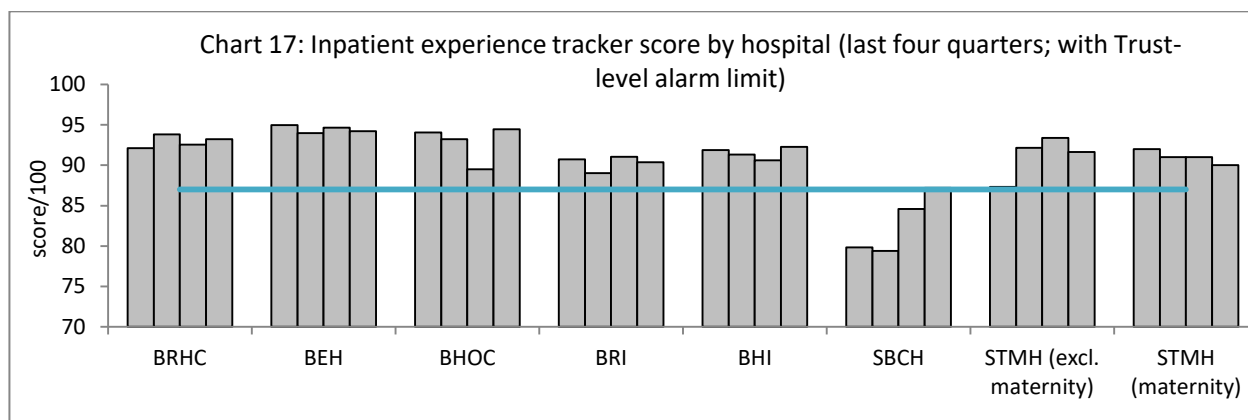
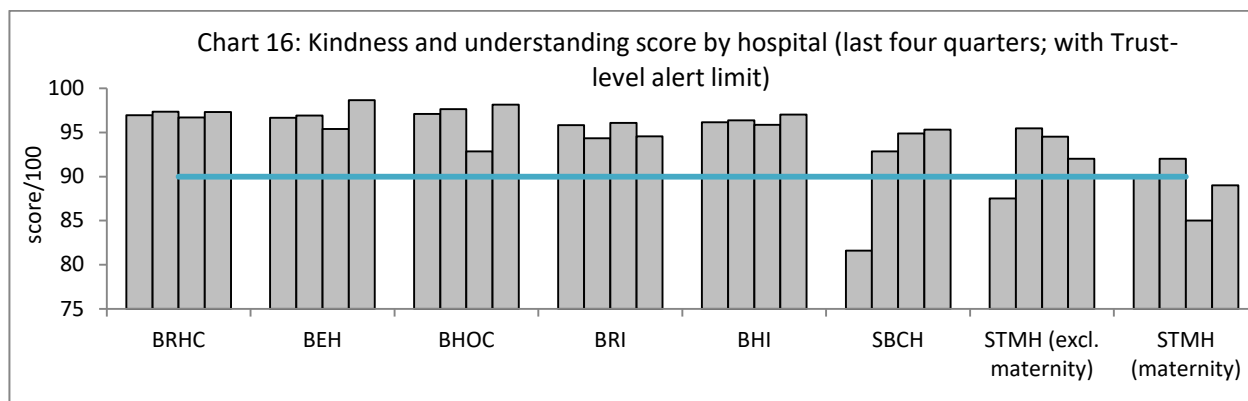


4.1 Divisional level survey results

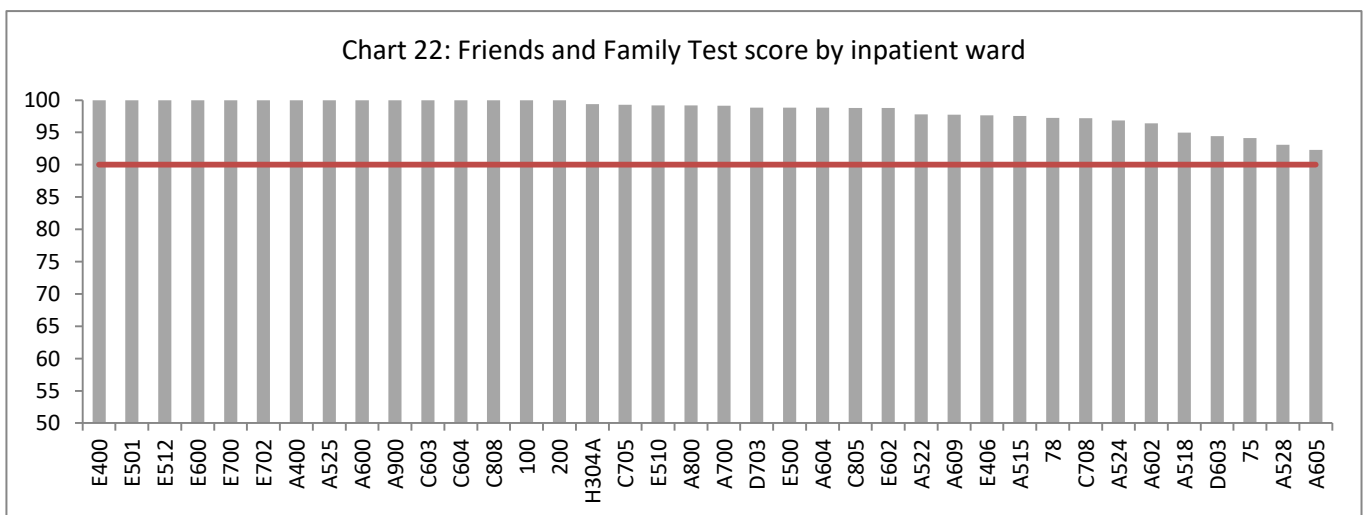
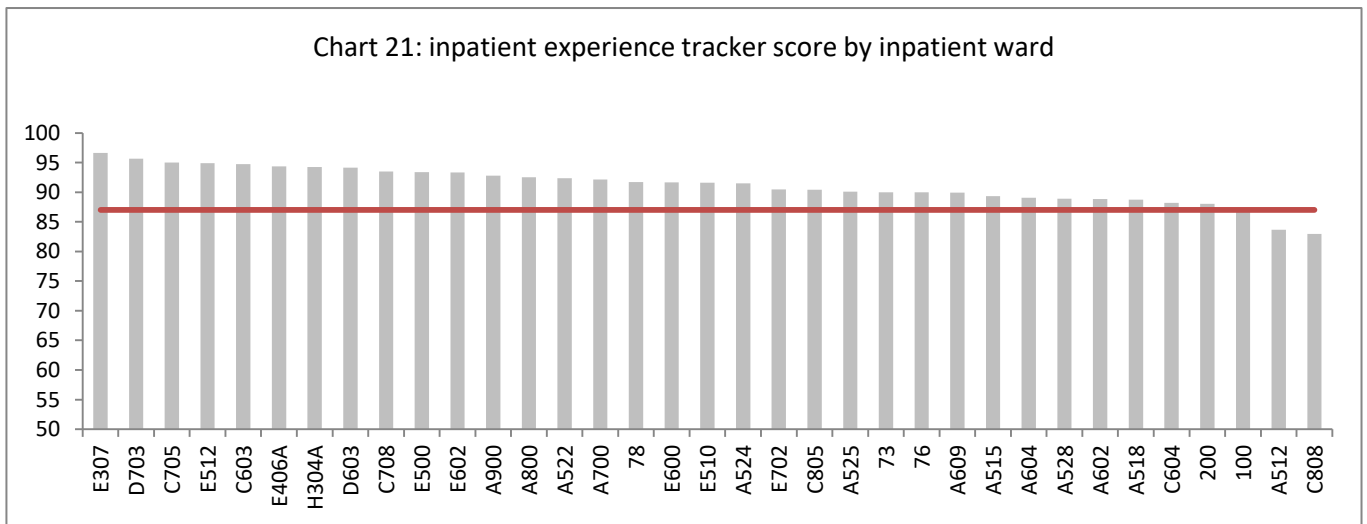
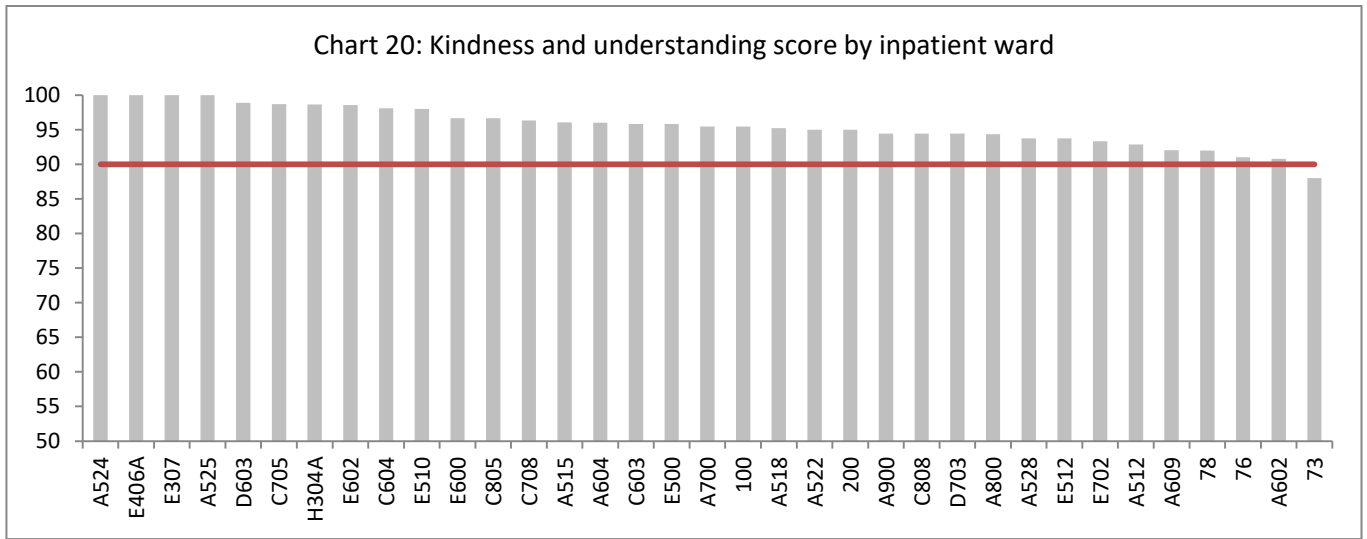


## 4.2 Hospital level headline survey results

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)



4.3 Ward level headline inpatient survey results



Please note that scores are not published for wards with less than five responses as this is insufficient data to work with.

#### 4.4 Full inpatient survey data by Division

**Table 3:** Full Quarter 2 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.

	Medicine	Specialised Services	Surgery	Women's & Children's (excl. maternity)	Maternity	TOTAL
Were you given enough privacy when discussing your condition or treatment?	94	95	91	92		93
How would you rate the hospital food?	62	63	60	61	58	62
Did you get enough help from staff to eat your meals?	85	91	91	88		88
In your opinion, how clean was the hospital room or ward that you were in?	94	96	95	96	90	96
How clean were the toilets and bathrooms that you used on the ward?	89	92	91	92	81	92
Were you ever bothered by noise at night from hospital staff?	83	88	84	87		86
Do you feel you were treated with respect and dignity by the staff on the ward?	96	98	96	97	93	97
Were you treated with kindness and understanding on the ward?	96	97	96	95	89	96
Overall, how would you rate the care you received on the ward?	89	91	92	90	90	91
When you had important questions to ask a doctor, did you get answers that you could understand?	86	92	92	90	87	90
When you had important questions to ask a nurse, did you get answers that you could understand?	88	93	91	90	90	90
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	75	75	81	79	79	77
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	85	89	91	88	87	88
Were you involved as much as you wanted to be in decisions about your care and treatment?	82	85	90	86	87	86
Do you feel that the medical staff had all of the information that they needed in order to care for you?	88	91	91	90		90

*\*Not all of the inpatient survey questions are replicated in the maternity survey.*

	Medicine	Specialised Services	Surgery	Women's & Children's (excl. maternity)	Maternity	Trust
Did you find someone on the hospital staff to talk to about your worries or fears?	71	80	84	77	81	<b>78</b>
Did a member of staff explain why you needed these test(s) in a way you could understand?	88	89	90	87		<b>89</b>
Did hospital staff keep you informed about what would happen next in your care during your stay?	80	87	89	86		<b>86</b>
Were you told when this would happen?	79	80	83	83		<b>81</b>
Beforehand, did a member of staff explain the risks/benefits in a way you could understand?	87	93	96	94		<b>93</b>
Beforehand, did a member of staff explain how you could expect to feel afterwards?	75	79	85	84		<b>81</b>
Were staff respectful of any decisions you made about your care and treatment?	91	95	95	94		<b>94</b>
During your hospital stay, were you ever asked to give your views on the quality of your care?	26	32	33	27	33	<b>29</b>
Do you feel you were kept well informed about your expected date of discharge from hospital?	77	84	85	88		<b>84</b>
On the day you left hospital, was your discharge delayed for any reason?	59	54	61	66	72	<b>60</b>
Did a member of staff tell you about medication side effects to watch for when you went home?	54	62	59	70		<b>63</b>
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	71	88	92	87		<b>85</b>

## 5. Specific issues raised via the Friends and Family Test

The feedback received via the Trust’s Friends and Family Test is generally very positive. Table 5 provides a response from Divisions / services for the relatively small number of negative ratings, where that rating was accompanied by a specific, actionable, comment.

**Table 4:** Divisional response to specific issues raised via the Friends and Family Test, 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	A522	<i>Staff were very helpful and attentive. Room environment was clean and spacious. Tea and meal staff were very helpful. Food was good (choice selection was good). Only downside was noise at night - made sleeping very difficult (sometimes impossible).</i>	Thank you for your feedback. We are pleased that you found the staff so helpful and attentive, but are sorry to hear that it was difficult to sleep. We are planning to undertake night visits during Quarter 3 and will ensure A522 is visited to check on noise levels. We’ll also make it a focus in the daily Safety Brief for the ward team.
	A300	<i>Lovely ward, lovely staff, good food. I was in bed 10 and it was a bit chilly and the lights outside very bright so quite hard to sleep. But everything else fine.</i>	Thank you for your positive comments about the ward. We are sorry to hear about the bright lights: each bay and side room should have the doors closed at nights to help prevent disturbances. We are very sorry that you were cold at night and additional blankets should have been provided for you. We will share your comment with the ward team as a point of learning.
	A300	<i>Staff very approachable, helpful and competent. Process managed very well. Only minor criticism would be: a bit more update on what’s happening when. Also due to admittance time, going x-rays etc and queuing for bed in corridor, missed out on food in evening. Something to consider.</i>	Thank you for your feedback. We will provide your feedback to the team on A300 and share your comment as part of the daily Safety Brief. A300 has access to snack boxes and so it is not acceptable that you weren’t offered any food – again we will raise this in the daily Safety Brief as a point of learning. Thank you again for your feedback and are pleased that, overall, you had a positive experience.
	A518	<i>The staff are excellent. The space is dire. As a wheelchair user it's far too small. Privacy is impossible, there is barely any natural light. It's depressing and I think it would slow recovery in some patients. The staff save it - 10/10 for them!</i>	Thank you for your feedback. We do recognise that the environment on A518 needs improving. A refurbishment is planned and we are currently working on the details of this, including finding a suitable space to care for patients whilst the work is taking place.

Division	Area	Comment	Response from ward / department
Surgery	Bristol Eye Hospital Day Case	<i>Excellent service but I have been here 8 hours when letter said maximum 4. Staff need to inform patients of what's happening and why there are delays.</i>	We are very sorry to hear about the long wait that this patient faced. It is extremely unusual for patients to be here that long, but clearly when it does occur then patients must be kept fully informed about what is happening. We have used this comment as a point of learning for the staff on the day case ward.
	Ward H304	<i>Please fix faulty windows in Bay 2 (H304). The catch is faulty so they bang open/close.</i>	Thank you for your feedback. The windows in the ward have recently been fully refurbished and so this problem has been fixed.
Women's & Children's (Maternity)	Ward 78	<i>Nursing and medical care second to none. All staff on ward helpful. Only thing to change is disabled access in bathroom - not enough grab handles and difficult to manoeuvre wheelchair.</i>	Thank you for bringing this to our attention. The Gynaecology Matron will assess the bathroom and ask the Estates Department to put in more grab handles as required.
	Ward 78	<i>Good care. Communication very good. No mixed messages. Negative - very noisy at night, nurses talking etc. I was in a bed next to their station.</i>	There are ear plugs available on the ward and we are sorry that these were not made available to the patient. The ward staff will be reminded to offer these. The Trust is re-running the Noise at Night awareness campaign in November, which will also help to highlight the importance of this issue.
	Ward 73	<i>Very good care provided by the midwives. However, what lets this ward down is the catering staff - all of them, and I mean all of them are extremely rude. Have been spoken to in an unacceptable manner all because I was one minute late for lunch or asked for a banana instead of an orange! They have made me feel upset on a number of occasions when I am already upset enough for being in here.</i>	Thank you for your feedback. We are very concerned to hear that members of the catering staff were rude to you: this is completely unacceptable and we sincerely apologise for this. The Head of Midwifery has spoken to the Hotel services manager about this issue and he is dealing with the staff responsible through the appropriate Trust processes.



Division	Area	Comment	Response from ward / department
Women's & Children's (Maternity continued)	Emergency Department	<p><i>Staff are good, but the waiting room is horrid and inadequate. No windows, the area is far too small, seats ripped, no easy access to outside. Not enough cubicles, not enough toys. When doors lock at 10pm, it's crazy trying to get out the place</i></p>	<p>Thank you for your feedback. We recognise that the Department requires a refurbishment and we are due to carry this out in Spring 2020. In the meantime, we have secured funding to re-upholster the seats and we have placed an order for this (we are awaiting timescales for the work to be carried out).</p> <p>In relation to the signposting out of hours, the Department Sister has requested additional support/signage to be put in place.</p> <p>Our play assistant works tirelessly to update and replace the toys, but it is difficult to keep on top of this issue as unfortunately the toys regularly go missing. We are going to design posters to ask politely that people do not to take the toys away with them when they leave.</p> <p>Thank you again for your feedback.</p>
Women's & Children's (Bristol Royal Hospital for Children)	E600	<p><i>The nurses were all friendly especially our allocated day nurses, they made my son feel at ease and happy when he was upset. My only complaint would be how loud the nurses spoke to each other through the night adding to the noise which was unavoidable i.e. machines.</i></p>	<p>Thank you for your positive feedback about our team. We are sorry that the noise at night made your stay difficult: as a team and ward we are having a real drive on reducing noise at night. We have some new posters up and have sent out a reminder to the nursing team regarding conversation levels at night, with the nurse in charge of the shift monitoring the noise level. Where possible, parents/carers who are sleeping on the ward are nursed in a cubicle to reduce the general impact of noise at night. We also have ear plugs and eye masks available for parents to use at night.</p>

## 6. Update on the Trust’s rapid-time patient feedback system

The Trust has procured an electronic feedback system that enables patients and visitors to give feedback about their experience at UH Bristol via the UH Bristol website, their own mobile devices, and via touchscreen feedback points located around the Trust. In Quarter 2 the installation of feedback points was completed at St Michael’s Hospital, complementing the eight devices already installed in the Bristol Royal Infirmary.

In November 2019 the Patient Experience Group received an update on the feedback being received via the system since it went live in April 2019. The Trust received around 500 pieces of feedback through the system during the 6 month period analysed. The majority of responses contained positive feedback about the Trust’s services (see Table 5). The feedback being received is very much “in the moment”, in that it is often submitted whilst people are in our care and / or in hospital and is available in near-real time. In this way, as intended, the system compliments the Trust’s survey feedback channels, which are more retrospective in nature and are designed to generate accurate measurements of patient-reported experience.

**Table 5:** feedback themes from the rapid-time system

<i>Theme</i>	<i>% of comments</i>
Staff - positive	53%
Environment - negative	16%
Delays - negative	6%
Staff - negative	4%
Environment - positive	3%

Of the responses received during this period, 242 contained specific feedback that we were able to send on to Divisions either for information or action (the remainder were either not usable or were too generic to identify a specific service area). The Trust received 20 requests for a call-back from people using the system - around one per week over the six month period analysed. These requests related to a wide range of resolvable issues, for example raising a concern about the hospital care being received or reporting an issue with the hospital estate. We expect the number of call back requests to increase as the touchscreen feedback points are rolled out more widely across the Trust.

The Patient Experience and Involvement Team is currently working with the Bristol Royal Hospital for Children to install seven feedback points there. Locations have been identified and we anticipate the enabling works / installation taking place during Quarter 4 2019/20. We are currently working with the Divisions of Surgery and Specialised Services to identify appropriate locations in the Bristol Haematology and Oncology Centre, Bristol Eye Hospital, and Bristol Dental Hospital.

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

This section of the report provides examples of some of the corporate Patient and Public Involvement (PPI) activities being carried out at the Trust. Each quarter a comprehensive summary of PPI is reviewed by the Trust’s Patient Experience Group.

### *Supporting UH Bristol lay representatives*

The Trust has a corporate quality objective during 2019/20 to improve the support we provide to patients and members of the public who act as “lay members” on UH Bristol groups and committees. During Quarter 2 the

Trust's Patient and Public Involvement Lead mapped out which Trust groups / committees currently have lay representation on them. A draft of the training programme has also been developed and will be reviewed at the Patient Experience Group in November 2019. A pilot training session will take place in December 2019.

#### *My Journey mystery shopping programme*

In Quarter 4 2018/19 the Patient Experience and Involvement Team launched "My Journey" as an additional patient experience evaluation tool which combines elements of mystery shopping techniques and the NHS 15 Steps Challenge. The "My Journey" team are trained Trust and staff Volunteers. The "My Journey" in Quarter 1 focussed on a patient journey to the Dermatology Department in the Bristol Royal Infirmary and the Cardiac Outpatient Department in the Bristol Heart Institute. In doing so feedback was gathered on four consecutive steps of the patient journey:

- Pre-visit: check for relevant information on the Trust's external website and contact the department by telephone
- Arrival at the hospital: first impressions, environment, helpfulness of staff
- Onward journey to the clinic/department: signage, way-finding
- Arrival at the clinic/department: first impressions, environment, helpfulness of staff

Feedback from the exercise was shared with service leads and reviewed at the Trust's Outpatient Services Steering Group. The feedback was generally very positive, in particular about the UH Bristol staff that the mystery shoppers had interactions with. It was noted that some staff, and in particular the Meet and Greet Volunteers in the Welcome Centre of the BRI, went out of their way to offer a personalised service by way of escorting "patients" to their destination. Participants reported mixed experiences of navigating the trust website and the quality of information held on it – this has been shared with the Communications Team.

#### *Learning Disabilities Steering Group*

UH Bristol has started a process to recruit carers of young adults with a learning disability to be lay members on the Trust's Learning Disabilities Steering Group. We anticipate that they will start in their new roles during Quarter 4 2019/20.

#### *The Bristol Physical Access Chain*

During Quarter 2, representatives of the Bristol Physical Access Chain met with the Trust's Operations Transport and Green Travel Manager to discuss and influence proposals to improve the arrangements for disabled parking, drop off points, bus and taxi services to the entrance of the BRI.

#### *South Bristol Community Hospital "touch point mapping"*

Based on our ongoing work to understand why our inpatient survey scores tend to be lower at South Bristol Community Hospital (SBCH), in September 2019 we applied learning from the Trust's work around improving customer service (the Here to help project) and used "touchpoint mapping" to gain insight in to our patients' "emotional journey" at this hospital. Emotional touchpoints are the moments where the person recalls being touched emotionally or cognitively (deep and lasting memories). They can be 'big moments' in a patient's contact with a service or 'small acts' that have a huge impact on an individual whilst maybe not seeming significant to others. In the context of SBCH, the inpatient journey is often complex - usually starting at the BRI (e.g. following a stroke) before moving to SBCH for an extensive period of rehabilitation.

Conversations were held with patients and carers to explore the in-patient transfer process from the BRI to arrival on the ward at SBCH, communication with staff, mealtimes and the discharge process. The key findings include:

- The value patients and carers place on the quality of a clear and unambiguous explanation of the transfer of care from the BRI to SBCH, both in terms of the logistics of the transfer and discussing the expectations of care at SBCH
- A recognition that for some patients and carers, the process of change from one location to another can be uncomfortable, emotionally charged and disorientating
- The quality of the departure from the BRI and the arrival at SBCH, including the orientation process for both patients and carers, is a key part of the journey and can have an immediate and lasting impact on how a patient or carer feels about SBCH. It is a formative moment. Feedback indicates this aspect of care is generally handled well and with sensitivity at SBCH, but that there sometimes may be an assumption made that patients and carers have inherent knowledge about SBCH, its location and the care provided

In addition:

- The quality of the carer support provided at SBCH particularly in respect of supporting individuals with complex needs and carers who are themselves traumatised by circumstances was noted as excellent.
- There was some suggestion of an underlying anxiety amongst some patients (and their carers) about the discharge process from SBCH to home, and what that might entail in terms of a perceived loss of relationships, the familiarity of the ward and isolation.

Overall, the report was very complimentary about the care provided by SBCH, but there are clear pointers here about areas that are key emotional touchpoints that may be able to be further strengthened. The full summary report for this work is currently being finalised by the Patient and Public Involvement Lead and will be provided to the Division of Medicine and Diagnostics and Therapies Division during Quarter 3.

## Appendix A – UH Bristol corporate patient experience programme

The Patient Experience and Involvement Team at UH Bristol manages 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). 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, or just after 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 and the reason why.
	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.
	Rapid-time feedback system	Patients, carers and visitors can feedback via electronic devices automatically and in real-time.
<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.
	“My Journey” mystery shopping	A structured programme of visits to departments and use of front-of-house services (e.g. Trust web site, reception areas)
	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.

## Appendix B: survey scoring

### 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?

	<b>Weighting</b>	<b>Responses</b>	<b>Score</b>
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.