

Report Title	Hearing and acting on the voices of our patients		
Sponsoring Executive	Paula Gardner, Chief Nurse		
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Meeting	Public Trust Board	Date	5 th December 2019

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Board is aware of the many sources of feedback we receive as an organisation, at service, population and whole Trust level. This paper brings together a miscellany of those sources and invites consideration of what is missing. It is stimulated by the paper last month on employee Speak Up, and the views of our staff.

The suggestion is that for 2020, and with a specific emphasis in 2020-2021, we give even deeper attention to the depth and breadth of feedback. This will fit with the work we have agreed to do to survey patients' views every six months on Care Coordination, as well as with the launch in spring 2020 of our Patient Portal. The countdown to Midland Met in 2022 is a journey we need to take alongside the local community, with the new facilities very much viewed through their eyes.

The forward governance of this work is explained, making clear what will happen within the Board environment and how we make this work a more routine part of the directorates and Groups that lead local services.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	X
Quality Plan	X	Research & Development	X	Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	

3. Previous consideration *[where has this paper been previously discussed?]*

N/A

4. Recommendation(s)

The Board is asked to:

- DISCUSS** the sufficiency of the current sources of feedback outlined
- CONSIDER** whether the governance outlined is suitable and appropriate
- OFFER** comment on the forward schedule of Board facing patient feedback outlined
- AGREE** to consider a final annual priorities plan in March 2020

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		n/a					
Board Assurance Framework		n/a					
Equality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	03/2020
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 5th December 2019

Hearing and acting on the voices of our patients

1. INTRODUCTION AND PURPOSE

- 1.1 Further to last month's Speak Up scorecard, and the debate around the comparison with patient experience, this paper summarises the existing sources of information and insight that we have into how our services are viewed by those using them or funding them. The intention is to stimulate a collective discussion which will then inform:
- A patient voices scorecard for 2020-2021
 - The governance of work in this field over the next 18 months
 - A small number of priorities for improvement in next year's annual plan
- 1.2 As part of our work on the 2020 Vision, and on next year's "report back" to the local community about our work over the last five years, and our ambitions for the coming five years, we have already agreed to study the community's view of Care Coordination in a longitudinal manner which will then tell us whether our work is helping us, through their eyes, to meet our strategic long term aim.

2. SOURCES OF INSIGHT

- 2.1 The table at 2.3 below lists the variety of information already collated in our organisation through which we might gain insight and measure progress in meeting the needs of our patients, visitors, and the wider community. The scale of endeavour is probably apparent, and it much of this is discretionary work. Some of it is mandated nationally, or required by our local commissioners' contracts.
- 2.2 The only performance standards set in this domain are ones created by the Trust. These are:
- (i) Our inclusion of a PROMS upper quartile metric in our Quality Plan
 - (ii) Our annual plan ambition around Complaints satisfaction and timeliness, which we are on track to meet in 2019-20
 - (iii) Our FFT improvement trajectory, established in our 2019 CQC Well-Led response plan, which we are on track to meet in 2019-20
- 2.3 The following information is collated in the following ways across our Trust:

Source of insight	Required by	Collated by	What is it telling us?
Patient stories	Board choice	Chief Nurse	Good standards of care in specific teams but issues with communication and hand-offs
Purple Point	Board choice	Dir. Of Governance	As above!
Complaints	NHS Contract	Dir. Of Governance	See summary provided below
Compliments and shout outs	Board choice	Corporate office	Varies widely but typically related to acts of kindness
Nhs.uk comments and ratings	Board choice	Communications	Patients increasingly use rating websites to comment on their experiences
Social media	Board choice	Communications	Patients use social media for +ve and –ve comments
Consultation / engagement exercises	NHSE/DHSC/OSC	CCG	Transport, accessibility and information about services is a high priority for our patients
Healthwatch surveys / reports	Statutory responsibility of Local authorities	Healthwatch	Independent views from patients about care experience
PLACE audits	NHS Contract	Chief Nurse	See summary provided below
Service specific patient groups	Local choice	Directorate teams	Offers ideas for improvement and contributions to research
Place based engagement groups	HLP Board	CCG comms team	Starts from April 2020
National patient surveys for: Children, cancer, maternity, A&E, inpatients	NHS Contract	Chief Nurse	The Trust typically has low response rates and average or below average positivity indices. Maternity and cancer have improved.
FFT surveys	NHS Contract	Chief Nurse	See summary provided below
PROMS studies	NHS Contract and Trust Quality Plan	Medical director	Scope to better manage pre-surgical expectations and post discharge communication
You said, we did boards	Board choice	Directorate teams	Information held locally and not collated
Catering satisfaction studies	Local choice	Estates team	Broadly positive with more vegan and halal options needed

- 2.4 Both the Care Quality Commission and the CCG national contract does bring together some measures which could readily be considered either patient feedback or patient experience metrics. In our engagement with the CQC we will seek to find a smarter shared route to ensuring patient feedback forms part of our assessment. In the 2014, 2017 and 2018 reports the feedback was largely very positive, hence our Outstanding rating for Caring, but was also small in scale.

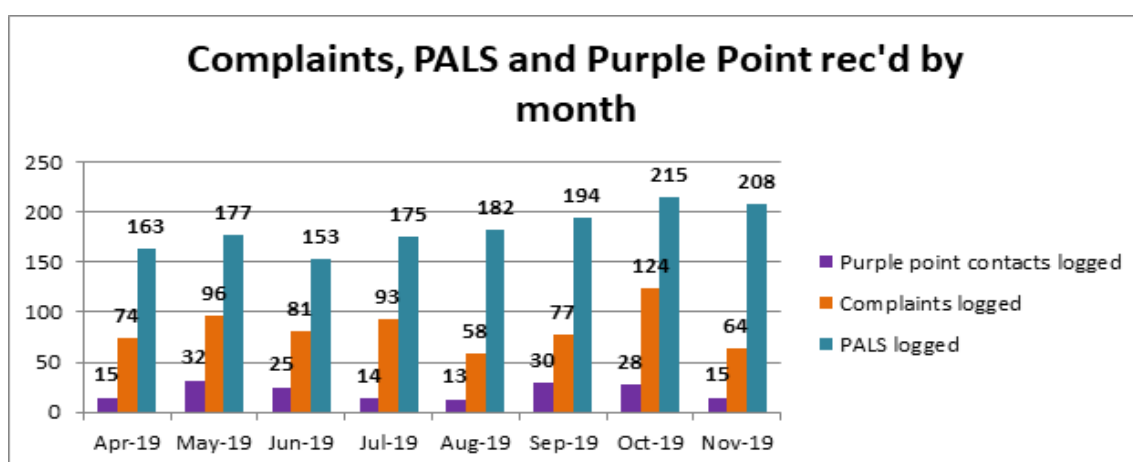
3. KEY WORK UNDERTAKEN IN 2019-2020 YTD

- 3.1 All of the areas listed under table 2.3 have some value to bring. However, review of work year to date suggests that it is worth understanding the output from four key sources of information we hold. Those being:
- Our social media work including NHS Choices and GP opinion
 - Our work on complaints including Purple Point
 - The increasing volume of Friends and Family data we are collecting
 - The feedback from expert patients in our PLACE programme
- 3.2 The national NHS website nhs.uk contains profiles of each Trust and patients and the public can post comments and rate their experience of services by site. We receive around 9 each month with an even balance of positive and negative comments. Each comment is reviewed and responded to personally through Toby. Where possible we resolve issues on the spot for patients or otherwise we may ask for more information so we can investigate further. Our GP practices do use this system but other GP rating sites exist that are monitored and responded to: The sense is that in choosing a practice to register with social media sites and “trip advisor” style ratings feedback are important.
- 3.3 The Trust has an active presence on key social media platforms including Twitter, Facebook and Instagram. Patients and their families at times use social media to report a positive or negative experience. Twitter receives largely positive comments from staff and patients with approximately one negative issue raised each month. Facebook has a review service and receive around 8 posts / ratings per month with twice as many positive comments as negative.
- We daily review all comments attributed to Trust services and respond directly to the individual where negatives experiences are reported so that we can act to resolve the concern.
- 3.4 Formal complaints from patients and relatives are dealt with by way of a largely devolved model, with those working closest to the point of care investigating and responding to the concerns raised. Letters of concern may be received in the Chief Executive’s office, via a ‘*Your Views Matter*’ leaflet or from an email / telephone call. The largest themes of complaints received during 2019/20 YTD have been in relation to delay in treatment, attitude of staff and appointment cancellations. This is similar to prior years and consistent with other units. A&E and BMEC remain the source of a large minority of issues raised.

Complaint response rate

Period	No complaints received	Average response (in days)	Percentage responded to within 30 days
2019/20	603 (ytd)	20.6 (ytd)	Target 97%
2018/19	860	33.54	72%
2017/19	979	29.58	92%
2016/17	1176	31.05	81%

- 3.5 The corporate complaints team introduced robust management techniques in the last 12 months including new communication steps at the start to clearly establish the areas of dissatisfaction to be investigated as experienced by the patient/relative and staying in touch with the complainant throughout the process.
- 3.6 Satisfaction for complaints is measured in two ways, by those returning to the Trust dissatisfied with our response and via a satisfaction survey. Year to date 48 complainants have returned to the Trust dissatisfied, a reduction in comparison to 81 returning during Quarters 1 – 3 of 2018/19. During June 2019 a text satisfaction survey was launched, a month after the complainant receives a response letter. As of the end of Quarter 2, this survey was achieving a 25% response rate.
- 3.7 In summary, complaint response rates have improved significantly during 2019/20, complainants are more satisfied with complaint responses received and clinical services are responding faster with outcomes to investigations. Future improvements include advances in the development of actions and organisation wide learning from complaints, including assurance around the embedding of improved practices in clinical services.



- 3.8 Local or Informal Concerns (formally known as PALS) remain an important route for patients to gain support with issues that arise, alongside Purple Point telephones. These issues vary from what may be a relatively 'light' concern, such as a patient requesting a second pillow, to something of greater import such as apprehension involving a relative's discharge arrangements.

- 3.9 These concerns occasionally escalate to a formal complaint if not resolved locally. Both of these routes also log compliments from callers, and these are fed back to clinical services. Calls data is now available which will enable analysis of the effectiveness of the Purple Point response and where to direct the improvement focus. Gaining feedback from users of the Purple Point has generated limited returns so new methods gain the information will be explored.
- 3.10 The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.
- 3.11 After being launched in April 2013, the FFT was rolled out in phases to most NHS-funded services in England over a two-year period, and now gives all patients, users of services, their carers and loved ones the opportunity to leave feedback on their care and treatment.
- 3.12 The FFT asks people if they would recommend the services they have used and offers a range of responses from very good to very poor. *From April 2020, the question will be changed to invite feedback on the overall experience of using the service.* When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is useful in developing services.
- 3.13 As a Trust we introduced SMS (Text) and IVM (Interactive voice messaging) from May 2019. Our response rates have improved with this introduction for each of our areas and **we are now in line with the national response rates for the first time.**

	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	National Average
A&E	12%	11%	10%	10%	9%	10%	11%	12%
Inpatients	18%	29%	32%	32%	28%	25%	18%	24%
Daycase	13%	15%	15%	13%	12%	20%	19%	20%
Outpatients	7%	9%	8%	8%	8%	5%	8%	7%
Birth	2%	4%	8%	10%	1%	6%	28%	20%

- 3.14 The most recent October 2019 data indicates 86% of our patients 'would recommend' our services to Friends & Family.
- 3.15 The PLACE (Patient-Led Assessments of the Care Environment) programme offers a non-technical view of the buildings and non-clinical services provided across all NHS trusts. The teams comprise of local members of the public that are representing patients, Estates and Support Service Managers. The assessments are about what matters to patient. The assessment is a Patient-led overview of the services that the Trust provides.

3.16 The Six Relevant PLACE Domains are:

- Cleanliness general and patient equipment
- Condition, Appearance and Maintenance of buildings
- Food and Hydration. Food appearance, quantity, taste temperature and delivery at the point of service.
- Privacy, Dignity and Wellbeing
- Dementia friendly environments
- Disability friendly environments

3.17 Unofficial PLACE assessments take place monthly throughout the year, to ensure ongoing standards and to review action progress and resolutions from previous assessments.

Formal Annual PLACE Assessments

- 3.18 The annual formal PLACE assessment is completed against a pre-set documentation tool with the required standard/ specification for completion during the assessment scores and comments made by the Patient representatives are entered.
- 3.19 PLACE scores and results are published centrally on a date advised in advance by the national team. The results of the assessments are shared with the Care Quality Commission, which uses the information in its intelligent monitoring to support regulation of services to make sure they meet fundamental standards of quality and safety. The results are published annually by NHS Digital on its website.

Results from 2018 are below. 2019 results have not been published yet

2018 SCORES									
Site Code	Site Name	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity & Wellbeing	Condition, Appearance & Maintenance	Dementia	Disability
RXK01	SANDWELL GENERAL HOSPITAL	99.17%	93.02%	86.71%	95.24%	86.03%	97.67%	82.32%	86.79%
RXK02	CITY HOSPITAL	97.91%	93.94%	85.87%	96.21%	82.18%	96.42%	86.05%	87.98%
RXK03	BIRMINGHAM & MIDLAND EYE HOSPITAL	97.68%	81.82%	80.55%	84.87%	94.97%	95.26%	90.77%	89.48%
RXK10	ROWLEY REGIS HOSPITAL	99.69%	90.65%	84.17%	98.47%	91.55%	99.10%	95.15%	96.12%
RXK27	LEOSOWES INTERMEDIATE CARE CENTRE	99.71%	92.80%	87.62%	98.59%	100.00%	97.18%	90.55%	95.35%
2018 TRUST AVERAGE		98.83%	90.45%	84.98%	94.68%	90.95%	97.13%	88.97%	91.14%

3.20 Earlier in the year we re-examined the changes made as a result of, and the forward trajectory for patient stories. For well over five years these have been a monthly feature of the work of the Board. We can evidence, in Priory 2, in sickle cell services, in orthotics and elsewhere changes made as a direct result. Annex A sets out a review of these stories, and before the end of 2019-20 we would expect to have implemented changes arising from each. However, discussion has also highlighted a desire to make adaptations to our story programme. With that in mind we plan from January to make three key changes:

- To make **short video films of each patient story** to aid its use throughout the organisation, both on promotional TV screens across our sights, and in key organisational learning moments like QIHD
- To alter our programme of feedback into the Board, such that in 2020-2021 we have **six patient stories and six stories drawn from other communities** including the third sector and partner professionals.
- We will work to ensure that over a twelve month period we **cover all Core Services in the Board facing programme**, and try to follow stories from referral to discharge where we can.

4. INTEGRATING INSIGHT

4.1 The scale of feedback sought and obtained is significant. But it is also the case that at a Trust or Group level it is not obvious where or how all of this data is set out together to provide the opportunity to see patterns or omissions. Data comes into the organisation at different times and levels, in different taxonomy, and is responded to, but there is a risk that we are missing key messages or changes to learn across our organisation. Bearing this in mind, we now wish to create a **Patient Voice scorecard**, which can be routinely used at the Board, the Quality and Safety Committee and EQC, which will allow to see whether the spread of feedback is truly covering all of our service lines and core services. In the first instance, this will simply adapt the format used with the Speak Up scorecard, and use the data outlined above. This will be in place from February, giving us a baseline into the coming public sector year.

4.2 During 2015-2018 we operated a Members' Leadership Group (MLG) which sought to bring together voices from within our community, and from the Trust's membership, to offer a view on specific issues and take a lead on a handful of knotty problems. This valuably contributed to projects like the transport work taking place to support the Midland Met. Earlier in the year we decided to reframe that group and change it. However, those changes were paused in anticipation of work to create the Care Alliance patient experience groups, working on a whole place basis. With delays to the creation of those groups we have had a fallow period, and we need to determine from April **what grouping we will use to coordinate community and disease specific insight into our work**.

4.3 As part of our assessment on achievement of our 2020 vision we committed to asking patients, carers and families whether we had delivered on our integrated care promise in respect of their own care experiences.

- 4.4 With advice from the University of Birmingham's **Centre for Patient Reported Outcome Research**, we will be carrying out a series of focus groups in the community to hear from patients about their own experiences. From these focus groups we will develop a survey tool that can be issued to a larger number of patients from certain specialties during 2020/21. The survey and focus groups will specifically aim to understand how well co-ordinated their care was across acute, community, primary and social care.
- 4.5 In January we will bring back to the Digital MPA and to the Quality and Safety a single vision for **our 2020 Patient Portal**. It is likely that implementation will take place across two phases, both within 20-21, to use this tool to provide access for registered patients and their delegates to their records, but also to facilitate access to letters and booking details. Our aspiration is to reduce the burden of anxiety, GP time, and contact sector queries from people wishing to know whether their referral has been received and where it sits in the queue to be appointed.
- 4.6 The Board has discussed how we use patient experience information and what it tells us. We are suggesting that, consistent with the adjustments to MLG overseen by the Chairman, **we need increasingly to assure ourselves that each (and every) service has in place suitable arrangements to hear from, and act on, the voices of their patients**. We will develop a range of options that we can support within the welearn/QIHD space and will also seek to ensure in our clinical audit programme that attention is paid to how patient feedback is used. Teams cannot achieve a Gold QIHD rating without evidence of patient involvement in their QI work. With quite a number of silver rated teams now accredited this should provide momentum to more and better involvement in that process in the future.

5. PRIORITIES IN 2020-2021

- 5.1 We would want to have time to discuss across the Clinical Leadership Executive where emphasis may best lie for the year ahead. In addition, this paper outlines the need to better synthesis what we can learn from current data collection. Indeed that **integration of insight should surely be one of our priorities for next year**.
- 5.2 Looking across our patient survey portfolio and our complaints as well it remains clear that we are not outstanding for **the quality of our communication with patients**, and that it remains the case that patients report feeling talked about or around. As part of the **welearn** programme within QIHD for 2020 we want to tackle this issue.
- 5.3 By some distance the two largest areas of negative feedback in our organisation remain **our eye hospital and our A&E services**. Both also receive high volumes of praise. Nonetheless, our annual plan for 2020-2021 would struggle to demonstrate that it was informed by patient feedback if we did not set out what will be different by 2021 in these two areas of care.

6. RECOMMENDATIONS

- 6.1 The Trust Board is asked to:

- a) **DISCUSS** the sufficiency of the current sources of feedback outlined
- b) **CONSIDER** whether the governance outlined is suitable and appropriate
- c) **OFFER** comment on the forward schedule of Board facing patient feedback outlined
- d) **AGREE** to consider a final annual priorities plan in March 2020

Paula Gardner
Chief Nurse
29th November 2019

Patient stories throughout the Organisation and not just at Board

In line with our Quality Plan the Board asked for a Gap Analysis on patient stories linked to the quality plan. *This analysis suggests that some but not all areas have seen recent stories.* Below we report those and actions taken since.

We will reduce deaths in hospital that could be avoided so that we are among the top 20% of comparable NHS Trusts in the UK. We will take action to cut avoidable deaths from Sepsis, Hospital Acquired Venous Thromboembolism, Stroke, Acute Myocardial Infarction (Heart Attack), Fractured Neck of Femur and High Risk Abdominal Surgery.

Patient Story June 2019

A 63 year old gentleman had undergone hernia repair in February 2018. Since February he had repeated admissions due to a wound infection. On the 22nd April 2018 the patient underwent a small bowel resection and evacuation of abscesses due to infection. He then developed a fistula to the wound and then went on to have further surgery on the 2nd May which was a laparotomy and end ileostomy and a mucus fistula of distal ileum as the anastomosis had broken down. This meant the patient spent a number of admissions in ITU due to complex emergency surgery. The patient was left with short bowel syndrome and he then developed a high active stoma which meant he was unable to absorb nutrients adequately therefore he ended up with replacement nutrition via total parental nutrition (TPN) Due to long term TPN the patient required a referral to the intestinal failure unit at the Queen Elizabeth Hospital. The patient's daughter and wife had care and communication issues with regards to the patient on Priory 2. The daughter made contact with the Chief Executive and from this the Chief Nurse met with the family and the ward to listen to the families concerns. This led to improved communication, and although the patient has died, the family are very happy with the care he received on Priory 2

What improvements were made - Following the patient story being presented at Trust Board in June Priory 2 have made the following changes:

- Sister Dudley meets with all the long stay patients and their families on a weekly basis. Sr Dudley following these discussions arranges meetings with the patient's consultant.
- Regular staff engagement events have been organised with the matron to promote a positive culture.
- The Practice Development Nurses have undertaken sessions on professional standards that have evaluated well and which we will look to roll out across surgery.
- The Directorate are still committed to progressing an enhanced recovery pathway for complex colorectal patients to promote independence.
- The Matron and GDoN are working with the level 1 lead to develop competencies and confidence in the management of level 1 patients.

- Over the last 5 months Priory 2 has received no formal complaints relating to nursing care

We will coordinate care well across different services so that patients who are discharged are cared for safely at home and don't need to come back for an unplanned further hospital stay.

Patient Story November 2019

A lady who has SLE (Systemic Lupus Erythematosus) and Sjogren's and because of this had developed a vascular necrosis of her hip due to steroid use and autoimmune disease and is under the care of the Rheumatology department at SWBH.

This has led to her having a total hip replacement and she had a very good experience as the hip replacement had changed her life. She had nothing but praise for the care and treatment she was afforded. She stated that she could have been discharged on the Wednesday however was not discharged until Friday post operation.

What are the key lessons / themes to emerge from this story?

Access to timely diagnostics for timely discharge

Patients at the end of their lives will die in the place they choose, receiving compassionate end of life care.

Patient Story April 2019

A lady came in to tell her story about her mother who was admitted over Christmas 2018 to Sandwell Hospital. The story starts in ED where she was on a trolley for some length of time transferred to AMU where upon an attempt at catheterisation was unsuccessful and caused major distress to her mom. Her mom was then moved to OPAU (Older Persons Assessment Unit) where the staffs were very kind and were making plans for discharge. However her mother deteriorated and unfortunately passed away.

What are the key lessons / themes to emerge from this story?

The management of a patient transferred within Sandwell Hospital and the inconsistencies of communication to not only the patient but also the family. There were issues around explaining the use of intravenous fluids and then the conversation of palliative care.

Whilst the daughter explains her mother's overall experience she spoke about other patients and their visitors and the impact of patients who become distressed on her mom.

Patient Story October 2019

The son of a lady who was admitted to City Hospital following a collapse in the centre of Birmingham on the 19th May 2019 attended the Board to tell his story regarding his mother's care for the 6 days she was with us until sadly she died.

The son is extremely impressed with the level of care that was provided to his mother to enable his mother to have had a good death. The holistic care that was provided by our staff to the patient and the family was excellent. In what could have been a distressing situation for the family, it was less so given the compassion and kindness afforded to the family by our staff.

What are the key lessons / themes to emerge from this story?

Good practice identified in treating not only the patient but the family for end of life care.

We will ensure the wellbeing of the children we care for, in particular reducing lost days of school as a result of hospital care; and ensuring the safe transition of care to adult services at the appropriate time.

Patient Story July 2019

A 7 week old baby girl was referred to Lyndon Ground ward at Sandwell Hospital with high temperature and general lethargy and poor feeding. The baby was seen immediately and bloods were taken and whilst there was no confirmation of an infection at the time she was treated with anti virals and antibiotics. Both parents were present throughout the full examination.

Whilst there has been no working diagnosis to date despite 3 lumbar punctures and many more bloods were taken, the baby had improved. The mother and father state that the care had been exemplary however there could have been better communication especially during the immediate phase when she was being treated as an emergency. Plus there had been conversations with the parents stating when blood results would be back. Unfortunately the parents themselves felt they had to chase the staff for the results.

What are the key lessons / themes to emerge from this story?

Improve communication between nursing and medical staff to parents in a timely manner and more especially in an emergency situation.

Patients will report that their health is better following treatment with us than elsewhere in England, ranking SWBH in the top 20% of NHS Trusts for patient-reported outcomes.

Patient Story August 2019

This is a story about a 16 year old boy who talked about having allergies since a small baby. He spoke about the care from the paediatric team especially Dr Makwana. He entered into a de-sensitization programme that had subsequently changed his life.

What improvements were made - He talked about how he is now able to eat various foods which he was not able to eat over the last 15 years. The experience he has encountered especially in relation to the medical staff has led to him wanting to become a paediatrician and seeing Dr Makwana as a role model.

We will work in close partnership with mental health care partners to ensure that our children's, young people's, adult and older people's crisis and ongoing care services are among the best in the West Midlands.

Patient Story May 2019

This lady was on one of our wards where she had suffered a delirium and the granddaughter described her grandmother as not being herself at all. To assist with patients who are distressed from a delirium or a cognitive impairment we as a Trust have purchased a robotic seal that works on artificial intelligence to help the distressed patient.

The story for the May board was a video of a patient with our new robotic PARO seal which highlights the impact of the seal on a patient who had a severe hyperactive delirium.

The Quality plan objectives with no stories cover four areas:

- **2.2 - Cancer patients**
- **2.4 - Eye Sight**
- **2.5 - Health Screening Service**
- **2.6 - reduce the number of stillbirths and deaths**

Paula Gardner
Chief Nurse

November 2019

GAPS

Theme	Possible stories / leads
1. New services	1.1 48 hour community response service 1.2 Medical Infusion Suite 1.3 SAU 1.4 GP practices 1.5 New PAU in City ED (2020) 1.6 Respiratory inpatient hub (after November 2019)
2. Patient journey	2.1 Clinic bookings / cancellations 2.2 Phlebotomy now doing booked sessions as well as walk-in 2.3 BMEC bookings to treatment
3. Themes	3.1 Food – comments from a range of patients / staff / visitors 3.2 Transport and portering 3.3 Interpreting – view from an interpreter? 3.4 Volunteering – view from a volunteer / critical care? 3.5 Patient visiting – John’s campaign
4. Existing services	4.1 End of life 4.2 Chaplaincy 4.3 Maternity