Study title: Evaluating the use of inpatient experience data to improve the quality of inpatient mental health care

Study short title: EURIPIDES

This interview schedule is for interviews to be conducted with identified staff members who have involvement with (formal) patient experience processes within one of our six identified case sites.

In the consent form but check that you have:

    1.1.1   (prompt) What grade is your post and is it full time?
    1.1.2   (prompt) What do you do in this role?
    1.1.3   (prompt) Is there anybody else who does this sort of work?
    1.1.4   (prompt) Is this your only role/does this comprise part of a wider role?
    1.1.5   (prompt) How long have you been doing the role?

Introduction

- *Overview of the participant information sheet – did you receive this? Have you had a chance to go through it? Did you have any questions about this or the study?*
- *Are you still happy to take part in the interview and give consent?*
- *Do you understand that the interview will be audio-recorded and are you happy to give consent for this?*
- *This study is about inpatient experiences and how these are captured and used. There may be some questions in this interview that seem a little specific about who does what and how, but part of this questioning is to get a deeper understanding to enable us to understand why and how things work and we are also going to be doing economic modelling, so please bear with me.*

2. Q. Area 1 – Descriptive information about self and the NHS Organisation

2.1 Can you please tell me a bit about yourself and your role here at *NHS trust*?
    2.1.1   (prompt) Can you describe an average day for you here at *NHS trust*?
    2.1.2   (prompt) How much time do you spend specifically on patient experience-linked activities (formal/informal) i.e. in last week (based on shift patterns/generally)?

3. Q. Area 2 – The patient experience journey

3.1 If I were an adult of a working age who was admitted to your ward, how would you capture my experience?
    3.1.1   (prompt) What information is collected (probe for formal and informal feedback)?
    3.1.2   (prompt) What methods are used to collect this information (equipment/software)?
    3.1.3   (prompt) Who is that information collected by? (Time/Grade)
    3.1.4   (prompt) How often is that information collected?
    3.1.5   (prompt) How long does collecting the information take (per participant/member of staff involved)?
    3.1.6   (prompt) Why is that information collected? Why do you invest time in this?
          (in your busy day why invest in patient experience work)
    3.1.7   (prompt) What are the challenges in collecting this information, how easy is this information to gather?
    3.1.8   (prompt) Are there any groups whom it is more difficult to collect information from? Who? Why do you think this is?
    3.1.9   What happens to the data once it's collected?
    3.1.10 How is feedback fed back to staff – who and when (how quickly)?
    3.1.11 Is this similar or different on other wards in the hospital?

3.2 How do you feel about the patient experience feedback you see/ hear?
  3.2.1 What do you do with informal negative feedback?
  3.2.2 Do you feel concerns or such feedback is listened to or acted on if you feed it back? Are you able to voice your concerns further afield?
  3.2.3 How do you find patient's feeding back their experience impacts on you and your work?

4. Q. Area 3 – How does that work in practice? Programme theory testing (prompts below – see cards with quotes for interviewees)

Change in services in response to patient feedback	Resources for patient experience feedback
• It's easier to change the physical environment than cultural things? Why? • It's easier to collect data because the inpatients are 'a captive audience' vs more difficult because they are 'unwell' – Why? Other reasons?	• The staff availability to capture or respond to PE feedback? • The type of tools or software available for the collection or analysis or feedback of data? • Cuts/under-resourcing and the impact on PE data?
Ways of communicating patient experience	**Collecting and using patient experience feedback**
• Good relationship with staff = feedback • Staff personalities play a key role in PE? • Fear of being honest and impact on care? • Do they think feedback they get is honest? • Staff feel threatened by PE/Complaints explicitly linked? • Board buy-in to PE = better service culture? • Triangulation is based on personal relationships – informal vs formal triangulation • Complaints; safety; quality – separate or combined with PE?	• FFT in inpatient settings – hot or not? • Qualitative versus quantitative? • Formal vs. informal? • Timing of data collection? • Who is it collected by? • The missing voice? Who completes PE data formal requirements or not? • Positive versus negative feedback – FFT overwhelmingly positive, where does negative feedback go? • Delay of receiving feedback if systems not electronic? Impact?
Understanding patient experience data	**Service user & carer involvement**
• Awareness and investment in PE as a change agent? • Knowing the outcome of PE analysis vs not? (transparency) • Who is the audience for PE data; top down vs bottom up? • Triangulation with patient safety/quality/complaints? Externally?	• Su & C involvement = 'better' PE – how? Why? • Prefer to talk to peers – honesty and fear? • Level of involvement in cycle vs tokenism? ***N.B. May need to be applied only to reps/those linked to reps/corporate services.***

5. Q. Area 4 – What happens next?

5.1 How does the patient experience information collected impact on inpatient mental health services?
5.2 How could patient experience work be done better?
  5.2.1 (prompt) Can you give me an example of something that has changed as a result of your collecting these information?
  5.2.2 (prompt) How do you see change happen in your organisation?
  5.2.3 (prompt) How does the patient experience data collected impact on your daily life/practice?

6. Q. Area 5 – Thank you and ending

Thank you very much for your time. Do you have any questions?