

**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)? How much time of this is spent on inpatient mental health patient experience work?

**3. Q. Area 2 – The patient experience journey**

- 3.1 If I were an adult of a working age who was admitted to this trust, how would my data be captured and processed?
  - 3.1.1.1 (prompt) What information is collected? Why?
  - 3.1.1.2 How do you work with the wards to collect this information?
  - 3.1.1.3 (prompt) What methods are used to collect this information (equipment/software)? Why?
  - 3.1.1.4 (prompt) How often is that information collated and processed?
  - 3.1.1.5 (prompt) How long does collecting the information take (per participant/member of staff involved)?
  - 3.1.1.6 (prompt) Why is that information collected? Why do you invest time in this? (*in your busy day why invest in patient experience work*)
  - 3.1.1.7 Who analyses the data (time spent/grade/equipment/software)? How is it analysed? Using what equipment/ systems?
  - 3.1.1.8 Who sees the data/results of analysis? What happens with this?
  - 3.1.1.9 How is feedback fed back to staff – who and when (how quickly)?

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

<p><b>Change in services in response to patient feedback</b></p> <ul style="list-style-type: none"> <li>• It's easier to change the physical environment than cultural things? Why?</li> <li>• It's easier to collect data because the inpatients are 'a captive audience' vs more difficult because they are 'unwell' – Why? Other reasons?</li> </ul>	<p><b>Resources for patient experience feedback</b></p> <ul style="list-style-type: none"> <li>• The staff availability to capture or respond to patient experience feedback?</li> <li>• The type of tools or software available for the collection or analysis or feedback of data?</li> <li>• Cuts/under-resourcing and the impact on patient experience data?</li> </ul>
<p><b>Ways of communicating patient experience</b></p> <ul style="list-style-type: none"> <li>• Good relationship with staff = feedback</li> <li>• Staff personalities play a key role in patient experience?</li> <li>• Fear of being honest and impact on care?</li> <li>• Do they think feedback they get is honest?</li> <li>• Staff feel threatened by patient experience/complaints explicitly linked?</li> <li>• Board buy-in to patient experience = better service culture?</li> <li>• Triangulation is based on personal relationships – informal vs. formal triangulation</li> <li>• Complaints; safety; quality – separate or combined with patient experience?</li> </ul>	<p><b>Collecting and using patient experience feedback</b></p> <ul style="list-style-type: none"> <li>• FFT in inpatient settings – hot or not?</li> <li>• Qualitative versus quantitative? <ul style="list-style-type: none"> <li>• Formal vs. informal?</li> <li>• Timing of data collection?</li> <li>• Who is it collected by?</li> </ul> </li> <li>• The missing voice? Who completes patient experience data formal requirements or not?</li> <li>• Positive versus negative feedback – FFT overwhelmingly positive, where does negative feedback go? <ul style="list-style-type: none"> <li>• Delay of receiving feedback if systems not electronic? Impact?</li> </ul> </li> </ul>
<p><b>Understanding patient experience data</b></p> <ul style="list-style-type: none"> <li>• Awareness and investment in patient experience as a change agent?</li> <li>• Knowing the outcome of patient experience analysis vs. not? (transparency)</li> <li>• Who is the audience for patient experience data; top down vs. bottom up? <ul style="list-style-type: none"> <li>• Triangulation with patient safety/quality/complaints? Externally?</li> </ul> </li> </ul>	<p><b>Service user and carer involvement</b></p> <ul style="list-style-type: none"> <li>• Su &amp; C involvement = 'better' patient experience – how? Why?</li> <li>• Prefer to talk to peers – honesty and fear?</li> <li>• Level of involvement in cycle vs. tokenism?</li> </ul> <p><b><i>N.B. May need to be applied only to representatives/those linked to representatives/corporate services.</i></b></p>

5. Q. Area 4 – What happens next?

5.1 How could patient experience work be done better?

5.2 How does patient experience data link to quality/safety?

6. Q. Area 5 – Thank you and ending

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