DATE OF MEETING	**22nd December 2015**
REPORT FOR	**Trust Board of Directors – Public**
REPORT FROM	**Tara Filby, Chief Nurse**
CONTACT OFFICER	**Tara Filby, Chief Nurse**
SUBJECT	**National Inpatient Survey & Action Plan**
BACKGROUND DOCUMENT (IF ANY)	**National Inpatient Survey Executive Summary**
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	**Quality & Patient Experience Group – July 15**
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	**This report provides a summary of the results from the National Inpatient Survey 2014 and contains a working action plan for the coming year, with an update on outstanding actions from the 2013 survey report.**
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	**N/A**
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	**Inpatient survey results discussed at the Patient & Staff Experience Group**
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	**N/A**
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	**-**
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	**N/A**
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	**Yes**
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	**Yes**
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED	**Yes**
ACTION REQUIRED BY THE BOARD	**Trust Board are asked to receive the report and consider and additional support or action (s) required.**

National Inpatient Survey Highlight Report and Action Plan 2014

Introduction

The purpose of this highlight report is to provide members of the Quality and Patient Experience Committee with the results from the 2014 National Inpatient survey.

The Care Quality Commission (CQC) in partnership with the Picker Institute Europe undertakes the annual survey of adult inpatients, which captures the views about inpatient care and treatment received.

The **National Inpatient Survey** is an annual survey which runs across all acute Trusts. Our Trust survey is managed by Picker, who collate all the data collection and produce our end report, they also do this for a further 77 acute Trusts. When our data is compared within the report it is against those 77 Trusts.

The results are published nationally by the CQC.

The outcome from the 2014 inpatient survey complements and supports the existing intelligence and feedback from other surveys undertaken by the Patient Experience and Quality Matron's teams.

This summary is taken from the information contained within that report to enable a clearer picture of our position and necessary actions for improvement, highlighting good and improved practice alongside this.

Process

850 questionnaires are sent out in 2014 and a total of 419 patients responded, this gave us one of the highest response rates, at 51%, with an increase noted from 2013 (additional 53 respondents to the previous survey).

There was around a 70/30 split of patients responding, those who had attended as an urgent or emergency case and those who were planned admissions. Of those, 49% were male and 51% female.

Picker use a set of 60 validated questions, alongside some demographic based ones. These responses are then presented back to Trusts in a format to enable them to see positive and negative areas, historical picture and comparison with the other Picker Trusts.

Whilst comparison against other Trusts is always useful for benchmarking, this survey allows us to map our own improvement journey as it is an annual marker of patient opinion using a validated tool.

This report will touch on benchmarking with the other Trusts but our focus is our improvement story and future direction.

"It's not how good you are, it's how good you want to be "

What our report highlights

This survey (shown in full at Appendix 1) has highlighted the many positive aspects of the patient experience.

- Overall: 78% rated care 7+ out of 10.
- Overall: treated with respect and dignity 77%.
- Doctors: always had confidence and trust 77%.
- Hospital: room or ward was very/fairly clean 97%.
- Hospital: toilets and bathrooms were very/fairly clean 96%.
- Care: always enough privacy when being examined or treated 90%.
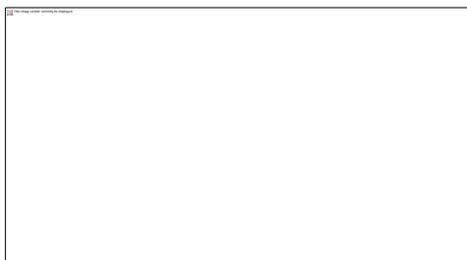
It is clear to see that we have some areas for celebration. Cleanliness features positively and we know that is vitally important to patients. Respect and dignity are paramount to our Trust "Vision and Values" and so it is heartening to see such a good response rate for these areas.

<u>Are we moving forward?</u>

Based on the survey results from 2013 we were significantly better on 8 questions, this means the response rates are statistically different enough to indicate an improvement.

Hospital: **shared sleeping area with opposite sex**
Care: **staff did not do everything to help control pain**
Surgery: **what would be done during operation not fully explained?**
Surgery: **not told how to expect to feel after operation or procedure**
Surgery: **anaesthetist / other member of staff did not fully explain how would put to sleep or control pain**
Discharge: **not given any written/printed information about what they should or should not do after leaving hospital**
Overall: **not asked to give views on quality of care**
Overall: **Did not receive any information explaining how to complain**

This can be triangulated with other patient feedback methods we use to help substantiate these improvements. We know from the nursing dashboard that pain management has improved as an example of this.

Do you feel staff did everything they

could to help control your pain

Trust wide Score
100.0%

We also know that through the use of patient feedback mechanisms, such as the Friends and Family test that patients can give their views on the quality of care.

Very good overall, food could improve.

Excellent care and treatment. Staff are very kind, attentive and caring and always available. Made a difficult procedure fun which was due to the skill, experience and dedication of the excellent consultant

Some great improvements have been made and evidence the commitment the Trust has to responding to feedback and using it as a platform to drive improvements.

Can we do better?

There were 2 areas we had deteriorated significantly on from 2013

Planned admission: **admission date changed by hospital**
Nurses: **talked in front of patients as if they weren't there**

In relation to comparison with other Trusts, we were worse than the majority of Trusts in:

The hospital and ward: **Did you feel threatened during your stay in hospital by other patients and visitors?**
Doctors: **Did doctors talk in front of you as if you weren't there?**

We know there is considerable and continual work within the field of cancellations and some of this may have been due to the nationally high acute admission rates last year that impacted on elective patients.

Any member of staff talking in front of patients is unacceptable and we were already aware of this and have made progress to tackle this cultural issue. This includes using a patient story "Gill's Story" to demonstrate the impact to staff, and this has already been shown at many forums across the Trust.

In relation to patients feeling threatened, the Trust scored 9.4, which is a low problem score and is consistent with performance in 2013 however the change in benchmarked position reflects improvements in this indicator in other Trusts. Consideration needs to be given to understand why some patients feel threatened and whether there is any relation to other indicators including perceived lack of nurses on duty.

Comparison to other Trusts

In 43 of the questions we were comparable to the other Picker Trusts, a further 2 we were better and for the remaining 17 we scored worse.

Picker rate their questions on patient importance and this is a really **vital factor** when looking at the necessary improvements and priorities.

The following questions are highlighted as areas for improvement and the following action plan (Appendix 2) gives the basis for how we will make changes to these areas over the coming year.

Care

Could not always find a staff member to discuss concerns with

Not always enough emotional support from hospital staff

Staff contradict each other

Did not always have confidence in decisions made

Nurses

Sometimes, rarely or never enough on duty

Nurses talked in front of patients as if they were not there

Doctors

Did not always get clear answers to questions

Talked in front of patients as if they were not there

Discharge

Not always given completely clear written/printed information about medicines

Not told of dangers signs to look for

Respondent Comments

"Nursing staff excellent although there was far too many agency nurses especially at night- they knew nothing about you or your treatment. They changed every night and some had travelled over 80 miles each way this must cost/waste thousands of pounds a week."

"This was my first stay in hospital for over sixty years, I was therefore a little apprehensive. But the service and care I received from all quarters was fantastic".

"All was explained very well. When I had difficulty after the operation with breathing I was monitored closely and well looked after. Alternative pain meds were sought."

"The doctor gave excellent information on my condition"

"The moving to other wards should be better. A time limit- I was moved four times in the five days late at night and one was at 1.30am, that disturbs both patients on both wards. I found very   upsetting."

We have suggested to Picker that more work around the wealth of comments needs to be done and included next year as this adds depth to the findings.

Conclusion

Northern Lincolnshire and Goole NHS Foundation Trust have been identified as one of the Trusts who received one of the highest response rates compared to other Trusts.

There have been a number of improvements from the 2013 in-patient survey however there are also areas for concern that have been highlighted that require continued focus. These actions have been captured on the action plan set out in Appendix 2 and will be monitored via the Patient & Staff Experience Group.

Recommendation

QPEC are asked to receive the report and consider any additional support or action (s) required.

Tara Filby

Chief Nurse

Appendix 1 – Care Quality Commission, Survey of adult in-patients 2014

See attached

Appendix 2 - National Inpatient Survey 2014 Action Plan

This action plan includes issues identified within the National Inpatient Survey 2014.
The action plan requires the involvement of all staff who are involved in or support the delivery of care and services within Northern Lincolnshire and Goole NHS Foundation Trust.

Issue	Outcome	Responsibility	Actions	Timescale	Update
Consistency and quality of information given to patients and effective communication	To ensure through named nurse/named clinician approach information is shared in an understandable manner for patients	Chief Nurse Medical Director All Staff	• Documentation to approved standards and monitored through audit programme • Use of named nurse/clinician boards at bedside • Patient Feedback/complaints to evidence issues • Continue on-going communication actions monitored via PSEG	Oct 15	**Sept 15** – Audit of patient notes on rolling programme 2 sets per ward per month **Sept 15** – Boards at patient bedsides, needs embedding further **Sept 15** – Themed analysis of FFT now available/Complaints themed **Sept 15** – Communication monitored via PSEG
Discharge Medications are supported by understandable instruction	To support use of medication leaflets and verbal instructions for all patients receiving discharge	Chief Nurse Head Pharmacist (Oct 15 Kate Woodrow leading on this)	• To identify necessary work to facilitate action through pharmacy and documentation groups • Discuss with all	Dec 15 **Updated to March 16 To allow**	Sept 15 **–** awaiting Medicines Management to update progress **Oct 15 -** Pharmacy service included on care

	medication	Documentation Lead All Staff	managers for dissemination to ward staff re: importance	**for Pharmacy campaign**	cards Role of Pharmacy team incorporated into bedside folders Work stream will commence in Pharmacy on "providing patients with information on their medicines".
Staff talking over patients as if they were not there	For patients to feel valued and included in any discussions taking place around them	Chief Nurse Medical Director All Staff	• Gill's Story to be shared with all managers to share with teams • Communication & Marketing team to run campaign across Trust • Patients to be involved in feedback to teams if problems continue to be identified	Dec 15	**Sept 15** – Gills story has been to managers meetings and Q&S day SS&CC **Sept 15** – Campaign to be launched including patient champion regarding 10 top communication tips – via PSEG **November 15** – 10 top tips live within care camp.
Not enough nurses on duty	For patients to feel assured that there is sufficient nursing time to respond to their needs	Chief Nurse Associate Chief Nurses OD&W	• Ensure up-to-date staffing levels are published and are based on agreed safe staffing levels criteria	July 15	**Sept 15** – Trust Board having monthly report on Staffing. Published nationally monthly**.**

			• Clearly identify the nurse in charge • Ensure named nurse approach is embedded 24/7 • Continue active recruitment methods		**Sept 15 –** Red shift leader badges in use **Sept 15 –** All areas using named nursing. **Sept 15 –** recruitment/retention team have plan of work, monitored via OD&W **November 2015 –** Review of all staff rotas ongoing for each area. Introduction of new Healthcare Band 4 posts.

Action plan from 2013 survey

	Issue	Action	Suggested lead	Timescale	Verification	Status update
	Communication					
1.	Nurses will keep their patients involved in their care and respond to questions effectively	1. Develop Care plans that are patient centred and individualised 2. Communication training	Hazel Moore Captured on separate PSEG communication action plan	Dec 2014 (extended June 2016) Revised date TBC pending advice from WebV team	*Nursing Dashboard, ward reviews* *olm*	June: Electronic patient records currently being developed which will include Care plans which are shared with patients. Sept: complaints deep dive response confirmed specific issues with communication – actions captured on PEG action plan June 2015: Care plans completed but awaiting work of WebV team to develop further **Sept 15** – Electronic care plans still being developed as part of EPR programme
2	All patients should have clear information on how long it will take to be admitted to a ward	Information to be given verbally to patients in A & E re the expected time it will take to be admitted to a ward and documented in nursing records.	Ian Wilson/Jo Georgiou	July 2014 Complete	*National A & E Survey Monitoring of complaints Nursing records*	To be implemented Sept: Patient Experience Practitioner to undertake assurance work to check progress Dec: assurance received June 2015: further improvements planned by looking at electronic information sharing – captured on A&E action plan
3	All patients to receive information on actual nurse staffing levels	Staffing levels to be displayed on all wards. • Staffing board to be agreed and ordered • Ensure boards are kept up to date	Tara Filby	June 2014 Complete	Staffing levels will be clearly visible on the wards Data will be published on NHS Choices	May: Staffing boards installed in wards during May 2014 June: Data to be published monthly from 24th June 2014 on NHS Choices June 2015: data published monthly

	Issue	Action	Suggested lead	Timescale	Verification	Status update
						on NHS Choices and locally on the wards **Sept 15** – Monitored via Trust Board
4.	All Patient have trust and confidence in doctors and nurses looking after them.	• All staff to follow visions and values. • Monitor through PADR process	Operational groups	On-going	Friends and family data. Nursing dashboards	June: Vision & Values have been launched. V&V embedded in PADR. To commence proactive campaigns around expected behaviours Feb 2015: Hello my name is re-launched. Positive feedback received through FFT mechanism and nursing dashboard June: Slight improvement noted on 2014 survey **Sept 15** – Monitored via FFT/Dashboards/Inpatient Survey
5.	All patients must receive clear information about their surgery, treatment and discharge	• Review pre-operative information leaflets • Review information held at ward level. .	General Manager/HoN for Surgery & Critical care	December 2014 & on-going	*Audit results Inpatient survey 2014*	June: Leaflets provided through pre-assessment Sept: Operational Matrons have been tasked with undertaking a stock take by December 2014 in relation to information given prior to, during and at the point of discharge Jan 2015: audit completed, Operational matrons working with own teams to ensure information is available. Information for Patients group TOR refreshed – to have patient reps on the group to ensure legibility of leaflets June 2015: several questions re: giving information showed notable improvement from the 2013 survey

	Issue	Action	Suggested lead	Timescale	Verification	Status update
						Sept 15 – Assurance sought from group that info is available and being used
6.	All patients to receive relevant and appropriate information from Drs about their treatment	• *Patients are informed of their EDD* • *Ward rounds include progress update to patient and clarification they understand* • *Consider disability/language barrier and provide appropriate information , i.e easy read* • *Communication training for doctors including difficult conversation training*	Medical Director/Operational groups	December 2014 Revised date December 2015	*Nursing Dashboard Audit results Inpatient survey 2014*	June: task group PEG met to discuss information and communication – Matrons to be asked to undertake observational studies in own areas to identify focus areas. LD nurses are working towards the creation of easy read leaflets that will be version controlled through IFP group. 3 tier approach for communication training under development Sept: work underway within Ops Directorate to move to electronic EDD and then to ensure this is shared with patients. Easy-read leaflets for patients with a learning disability are under development June 2015: ward round checklist under development. Easy read leaflets have been developed and additional work identified. Several questions re: giving information showed notable improvement from the 2013 survey **Sept 15** – Communication needs being explored to ensure inclusivity across Trust. Ward Checklists being embedded. Communication training being sourced (Sage & Thyme).

	Issue	Action	Suggested lead	Timescale	Verification	Status update
	Pain Control					
	All patients will feel staff have done everything to control their pain	• Monitor nursing dashboard patient experience questions • Review use of pain tool and pain ladder	Matrons/HON Pain control team	Monthly Complete December 2014 Revised date Sept 2015	Evidence via monthly dashboard or positive patient experience in relation to pain control	May: Nursing dashboard question amended to reflect the inpatient survey question for monitoring purposes Sept: dashboard data reported monthly continues to show evidence of excellence in relation to pain relief. Acute pain nurse has undertaken orthopaedic pain audit over last 6 months. Further audits planned June 2015: audit has been completed and will be discussed at NMAF 3rd July 2015 **Sept 15** – Pain charts now reviewed for consistency & Abbey Chart implemented for people with cognitive issues. Pain management days being implemented by Pain Nurse Team.
	Discharge					
7	All patients are clear about discharge procedure and receive all necessary information	• Operational teams to review information given at discharge • All patients to receive information at discharge on any danger signs to look for —discuss at ward meetings • Design standardised discharge leaflet	Ops matrons/Ward Sisters & Charge Nurses *Captured on PEG action plan*	December 2014	*Reduction in complaints re discharge* *Number of patients using discharge*	June: discharge checklist updated. Discharge leaflet under development. Operational groups reviewing use of discharge lounges. Sept: work continues supported by the Discharge & transfer group June 2015: these actions are monitored via the Transfer & Discharge group which is progressing well

☐ Issue	Action	Suggested lead	Timescale	Verification	Status update
	• All patient to be sent to discharge lounge where appropriate • Consider use of simple patient discharge information			*lounge increases*	

Key

Green= complete

Amber= outstanding actions/monitoring required

Red= actions to commence

Grey= actions now monitored via another group or action plan

Completed actions will be archived and outstanding actions added to the 2014 action plan.