Northern Lincolnshire and Goole NHS
NHS Foundation Trust

NLG(16)341

DATE OF MEETING	**26th July 2016**
REPORT FOR	**Trust Board of Directors – Public**
REPORT FROM	**Tara Filby, Chief Nurse**
CONTACT OFFICER	**Joanna Loughborough, Quality & Patient Experience Practitioner**
SUBJECT	**National Inpatient Survey Report Summary and 17 Questions for Improvement, a Picker Report – Combined report**
BACKGROUND DOCUMENT (IF ANY)	**National Inpatient Survey Report and 17 Questions to Focus Improvement**
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	**Patient Staff Experience Group and Quality Patient Experience Committee**
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	**Summary of main issues from 2015 National inpatient Survey and accompanying document highlighting 17 questions from Improvement based on comparison with 81 other Trust. Includes NLaG historical data.**
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	**N/A**
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	**N/A**
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	**None, currently**
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	**N/A**
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	**None**
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	**N/A**
ACTION REQUIRED BY THE BOARD	**To note the report for information purposes only.**

National Inpatient Survey 2015 Summary and 17 Questions to Focus Improvement.

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

Together
we care, we respect, we deliver

What our report highlights

This survey has highlighted the many positive aspects of the patient experience at Northern Lincolnshire and Goole NHS Foundation Trust and it is envisaged that this report will help shape the actions required to improve during 2016-2017. It is also good to take a moment and celebrate what aspects of care we are doing well.

Background.

A total of 1250 patients from your Trust were sent a questionnaire. 1202 were eligible for the survey, of which 541 returned a completed questionnaire, giving a response rate of 45%. The response rate for your Inpatient survey in 2014 was 44%.

Key facts about the 541 inpatients who responded to the survey:

- 26% of patients were on a waiting list/planned in advance and 71% came as an emergency or urgent case.
- 54% had an operation or procedure during the stay.
- 49% were male; 51% were female.
- 6% were aged 16-39; 19% were aged 40-59; 22% were aged 60-69 and 52% were aged 70+.

Our results

This survey has highlighted the many positive aspects of the patient experience.

- Overall: 84% rated care 7+ out of 10.
- Overall: treated with respect and dignity 82%.
- Doctors: always had confidence and trust 81%.
- Hospital: room or ward was very/fairly clean 98%.
- Hospital: toilets and bathrooms were very/fairly clean 96%.
- Care: always enough privacy when being examined or treated 91%.

This is excellent and very resassuring that confidence in doctors has improved

However, looking back at our last 2014 survey we had made some significant improvements from 2013, in 8 areas of care.

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 time it indicates that		**2012**	**2013**	**2014**	**2015**	
Hospital: felt threatened by other patients or visitors	-	1 %	6 %	6 %	3 %	+
Nurses: sometimes, rarely or never enough on duty	-	48 %	49 %	51 %	44 %	+
Care: more than 5 minutes to answer call button	-	20 %	22 %	24 %	17 %	+
Overall: not treated with respect or dignity		24%	28%	24%	18%	+
Overall: rated experience as less than 7/10	-	22 %	25 %	22 %	16 %	+

Worse – other areas we have not deteriorated in						
Hospital: shared sleeping area with opposite sex	-	13 %	13 %	7 %	12 %	−
Discharge: not given any written/printed information about what they should or should not do after leaving hospital			36%	37%	30%	37% −

Ranked Problem Scores

where most patients report room for improvement

Ranked Problem Scores

This section ranks the scores from the highest problem score (most respondents reporting room for improvement) to lowest problem score (fewest respondents reporting room for improvement). Focusing on areas with high problem scores could potentially improve the patient experience for a large proportion of your patients.

Significant differences between your Trust and the average are indicated as follows:

+	scores significantly better than average	**Trust**	The problem score for your Trust
−	scores significantly worse than average	**Average**	Average score for all Picker trusts

Lower scores are better

Problem scores 50%+

		Trust	Average	
55	Discharge: delayed by 1 hour or more	82 %	85 %	
73	Overall: not asked to give views on quality of care	71 %	69 %	
5	Planned admission: not offered a choice of hospitals	71 %	68 %	
61+	Discharge: not fully told side-effects of medications	62 %	59 %	
36+	Care: could not always find staff member to discuss concerns with	62 %	59 %	
74	Overall: Did not receive any information explaining how to complain	62 %	59 %	
64+	Discharge: not fully told of danger signals to look for	61 %	56 %	−
66+	Discharge: family not given enough information to help	55 %	51 %	
58	Discharge: not always a plan in place for continuing care when transferred	[50] %	32 %	

Problem scores 40% - 49%

		Trust	Average	
51+	Discharge: did not feel involved in decisions about discharge from hospital	47 %	44 %	
33	Care: wanted to be more involved in decisions	46 %	41 %	−
30	Nurses: sometimes, rarely or never enough on duty	44 %	38 %	−
37+	Care: not always enough emotional support from hospital staff	44 %	41 %	
47	Surgery: not told how to expect to feel after operation or procedure	44 %	40 %	
52	Discharge: Not given notice about when discharge would be	43 %	43 %	
57+	Discharge: did always get enough support from health or social care professionals.	43 %	44 %	
53	Discharge: was delayed	42 %	41 %	
15	Hospital: bothered by noise at night from other patients	41 %	39 %	
21+	Hospital: food was fair or poor	41 %	39 %	

Problem scores 30% - 39%

		Trust	Average	
65+	Discharge: Family or home situation not considered	39 %	36 %	
23+	Hospital: did not always get enough help from staff to eat meals	38 %	34 %	
9	Admission: had to wait long time to get to bed on ward	38 %	32 %	−
59	Discharge: not given any written/printed information about what they should or should not do after leaving hospital	37 %	33 %	
24+	Doctors: did not always get clear answers to questions	35 %	30 %	−
32	Care: staff contradict each other	35 %	31 %	−
50	Surgery: results not explained in clear way	33 %	31 %	
34	Care: did not always have confidence in the decisions made	32 %	27 %	−
41	Care: staff did not do everything to help control pain	32 %	29 %	
63+	Discharge: not given completely clear written/printed information about medicines	30 %	27 %	
27+	Nurses: did not always get clear answers to questions	30 %	30 %	

Problem scores 20% - 29%

		Trust	Average	
26	Doctors: talked in front of patients as if they were not there	28 %	23 %	−
38	Care: not always enough privacy when discussing condition or treatment	27 %	23 %	
45+	Surgery: what would be done during operation not fully explained	25 %	23 %	
6	Planned admission: should have been admitted sooner	25 %	24 %	
60+	Discharge: not fully told purpose of medications	25 %	25 %	
62+	Discharge: not told how to take medication clearly	24 %	24 %	
46+	Surgery: questions beforehand not fully answered	23 %	21 %	
35	Care: not enough (or too much) information given on condition or treatment	23 %	20 %	
31	Care: staff did not always work well together	22 %	21 %	
71	Overall: did not always feel well looked after by staff	22 %	20 %	
7	Planned admission: admission date changed by hospital	22 %	19 %	
67	Discharge: not told who to contact if worried	21 %	20 %	
16	Hospital: bothered by noise at night from staff	21 %	20 %	
3	A&E Department: not enough/too much information about condition or treatment	21 %	22 %	
29	Nurses: talked in front of patients as if they weren't there	20 %	18 %	

Problem scores 10% - 19%

		Trust	Average	
25	Doctors: did not always have confidence and trust	19 %	19 %	
28	Nurses: did not always have confidence and trust	19 %	22 %	
44+	Surgery: risks and benefits not fully explained	19 %	17 %	
70	Overall: not treated with respect or dignity	18 %	16 %	
4	A&E Department: not given enough privacy when being examined or treated	18 %	21 %	
42+	Care: more than 5 minutes to answer call button	17 %	17 %	
69+	Discharge: Staff did not discuss need for further health or social care services	17 %	17 %	
14+	Hospital: patients using bath or shower area who shared it with opposite sex	17 %	12 %	−
68+	Discharge: Staff did not discuss need for additional equipment or home adaptation	16 %	19 %	
72+	Overall: rated experience as less than 7/10	16 %	15 %	
22	Hospital: not offered a choice of food	15 %	20 %	+
49	Surgery: anaesthetist / other member of staff did not fully explain how would put to sleep or control pain	14 %	14 %	
11a	Hospital: shared sleeping area with opposite sex	12 %	8 %	−

Problem scores 0% - 9%

		Trust	Average
39	Care: not always enough privacy when being examined or treated	9 %	9 %
13a	Hospital: patients in more than one ward, sharing sleeping area with opposite sex	6 %	5 %
18+	Hospital: toilets not very or not at all clean	4 %	5 %
20	Hospital: hand-wash gels not available or empty	4 %	4 %
19	Hospital: felt threatened by other patients or visitors	3 %	3 %
17	Hospital: room or ward not very or not at all clean	2 %	3 %
8	Planned admission: specialist not given all the necessary information	2 %	3 %

Historical Comparisons

comparing results with previous years

National Inpatient Survey Action Plan

Based on 2015 Results

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 Updated March 2015 **Revised date June 2016**	**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 March 16 – Named Nurse board work continues **May 16 – carried over onto new National Inpatient Survey Action Plan**
Discharge Medications are supported by understandable	To support use of medication leaflets and verbal	Chief Nurse Head Pharmacist (Oct 15 Kate	To identify necessary work to facilitate action through pharmacy and documentation groups	Dec 15 Updated to	Sept 15 **–** awaiting Medicines Management to update progress **Oct 15** - Pharmacy service

instruction	instructions for all patients receiving discharge medication	Woodrow leading on this) Documentation Lead All Staff	Discuss with all managers for dissemination to ward staff re: importance	March 16 To allow for Pharmacy campaign Updated to June 2016 **New date set Dec 2016**	included on care cards Role of Pharmacy team incorporated into bedside folders Work stream will commence in Pharmacy on "providing patients with information on their medicines". March 16 – awaiting bedside folder to be rolled out **May 16 – still awaiting bedside folders but action transferred to new national Inpatient Survey action plan** **May 16 – Meeting to roll out Ward Info cards with Communication Marketing Team**
Admission – had to wait a long time to get a bed on a ward	To ensure patients and families understand any waiting for beds	Chief Operating Officer Operations Teams	- Waits for beds to be explained to patients as part of admission process	July 16	
Hospital – Shared sleeping with opposite sex - Shared bath or shower area with	To eliminate mixed sex accommodation unless in specific critical situations	Chief Operating Officer Operations Teams	- Patients will not be mixed within standard bay areas unless critically indicated	May 16	

opposite sex			- Patient mixed within specialised areas will be moved to single sex areas within 24hrs once deemed medically fit - Mixed Breech Policy has director sign off for any breeches		
Doctors – Did not always get clear answer to questions - Talked in front of patients as if they were not there	To answer patient questions in a way they understand Patients will not feel talked over by doctors	Medical Director Medical Staff	- Feedback and complaints will indicate that doctors are speaking to patients in a clear manner and that they are not being talked over - Appropriate patient stories to highlight this will be shared at Q&S days	Sept 16	
Care – Staff contradict each other - Did not always have confidence in descisions made - Could not find a staff member to discuss concerns with	Information given to patients will be consistent and patients will feel confident with it Patients know who their nurse is and have opportunity to talk to them	Chief Nurse Heads of Nursing	- Named Nurse approach will be fully embedded in all areas - Ward areas will have access to a private room for conversations	Sept 16	

- not always enough privacy when discussing condition or treatment	Staff will utilise private rooms for confidential conversations when able				
Discharge – not given any written or printed information about what they should or should not do after leaving hospital - Not fully told of danger signals to look for	Patients will be provided with written/printed discharge information to support any discharge instructions including danger signals	Chief Nurse Heads of Nursing	- Staff will be able to access IFP leaflets and are actively using them - Use of the IFP discharge booklet will be embedded - Ward areas will provide a contact number for concerns on discharge	Dec 16	

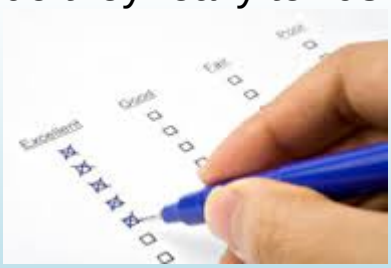
Northern Lincolnshire and Goole NHS
NHS Foundation Trust

Item No: 9.2 b

QUALITY & PATIENT EXPERIENCE COMMITTEE

DATE	June 2016
REPORT FOR	QPEC
REPORT FROM	Tara Filby
SUBJECT	National Patient Surveys Summary Document
CONTACT OFFICER	Jo Loughborough
BACKGROUND DOCUMENT (IF ANY)	National Inpatient Survey National Maternity Survey National Children's Day case and Inpatient Survey National Accident and Emergency Survey
OTHER GROUPS WHO HAVE CONSIDERED PAPER (Where applicable)	PSEG
EXECUTIVE COMMENT (Including key issues of note or, where relevant, concerns that QPEC need to be made aware of)	N/A
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	N/A
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?	N/A
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	N/A
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED	N/A
ACTION REQUIRED BY THE COMMITTEE	For information

National Surveys – Why we do them and what do they really tell us?

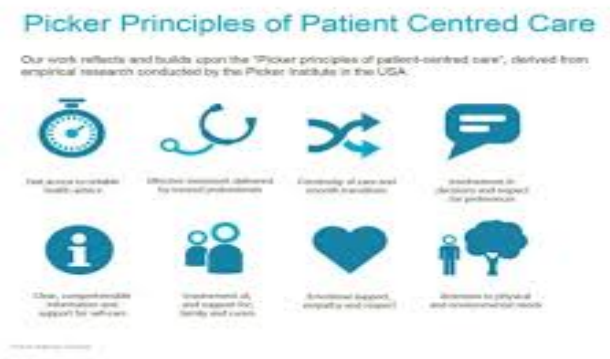


The Care Quality Commission (CQC) has a programme of nationally required surveys that the 154 Acute Providers Trusts across the country need to undertake.
This plan was instigated to support the patient experience agenda and enable Trusts to gather wider feedback about the services they cover; this would also lead to better understanding about national issues through a systematic approach.

On the basis that these surveys are repeated it would allow Trusts to build a picture of their own issues and improvements over a period of time, supporting local quality improvement agendas.

It is regulated and supported by the Intelligence Division within the CQC. All findings are published publically.

It is advisable best practice to utilise a Survey Provider to undertake the survey work, this can reduce errors in data analysis and provide consistency. Currently the Picker Institute manage all of the national surveys for Northern Lincolnshire and Goole NHS Foundation Trust (NLaG). They work alongside the CQC in ensuring the development of the national survey programme as they led the way with the first National Inpatient Survey in 2002; they currently undertake the surveys for over 50% of the acute Trust within the UK.



To summarise so far, we are mandated to undertake the national survey programme but for a Trust who prides itself on wanting to understand where its key improvement areas lay then the survey system can support some of the rich data we already collect, such as nursing dashboards, Friends and Family Test , Datix , to name but a few.

Below is the timetable for current national surveys, these were decided through discussions with key stakeholders. Factors around feasibility and financing were considered in the programme design, anyone can offer up interest to be part of the review committee.
There are only certain surveys which are mandated, others are voluntary, and currently NLaG only undertake mandated surveys.

Costs currently stand at £3000 for the mandated surveys, voluntary ones can vary more due to uptake, £3450 is the current quote for participation in the outpatient survey.

Survey Timetable				
Source	Type	Field work	Published	Occurrence
Acute trusts	Maternity survey	April to August	15th December 2015.	3 yearly – due 2018
Acute Trusts	Inpatient Survey	September 2015 to January 2016	May 2016	Annual – Due to start Spring 2016
Mental Health Trusts	Community mental health survey	February to June 2016	October 2016 (TBC)	Annual – Due to start Spring 2016
Acute Trusts	Children's Survey	October 2014 to January 2015	May 2015	Subject to consultation – There will be voluntary survey again in 2016
Acute Trusts Local Only therefore optional	Outpatient survey	December 2010 to February 2011	June 2011	3 yearly – 2014/2017 (not undertook by NLaG) * Voluntary survey is being offered by Picker 2016
Acute Trusts	Accident and Emergency survey	May to August 2014	October 2014	3 yearly – Due 2017 ** This will be conducted 2016 now

NLaG Survey Uptake

Sampling sizes are determined by statistical calculations by Picker and CQC. A typical sample size would be anything from 350 for smaller groups and up to 1250 for the larger national inpatient survey. This would be retrieved via data held in Information Services, supervised by Governance, laid down in their guidance.

Response rates are shown below, and NLaG has consistently above average response rates with its inpatient survey.

Survey	2012	2013	2014	2015
Inpatient	**50.1%**	**44.3%**	**50.8%**	**45.0%**
Maternity	**------**	**36.7%**	**------**	**30.9%**
Accident and Emergency	**No data**	**-----**	**33.7%**	**------**
Children	**------**	**-----**	**------**	**26.2%**

The questions used by Picker and the CQC are based on the research undertaken by Picker, to ensure the questions were representative of what mattered to patients (2002 Jenkinson, Coulter , Bruster) and taken from those findings of 62, 925 responses over 5 continents.
This offers strong reassurance that the questions are validated and indeed reflect what is important to our patients. This helps direct priorities towards patient improvements that actually matter most to patients.

In the presentation of the data questions were rated into 7 areas of care and then a further 15 essential questions which form the basis of all the surveys, these are the PPE-15, (Picker Patient Experience = PPE)

7 areas of relational aspects care

Information, communication and education
· Respect for patient's values, preferences and expressed needs
· Emotional support
· Physical comfort
· Coordination of care
· Involvement of family and friends
· Continuity and transition

PPE -15

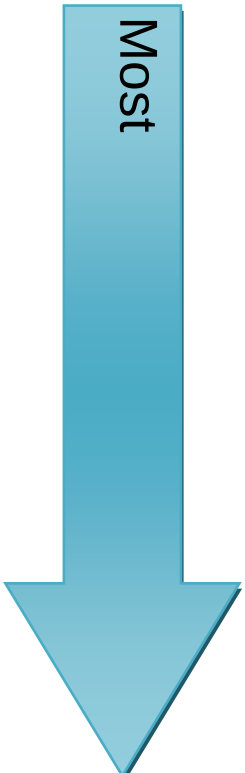
1.	Doctors' answers to questions not clear
2.	Nurses' answers to questions not clear
3.	Staff gave conflicting information
4.	Doctor didn't discuss anxieties or fears
5.	Doctors sometimes talked as if I wasn't there

6.	Not sufficiently involved in decisions about treatment and care
7.	Not always treated with respect and dignity
8.	Nurses didn’t discuss anxieties and fears
9.	Not easy to find someone to talk to about concerns
10.	Staff did not do enough to control pain
11.	Family didn’t get opportunity to talk to doctor
12.	Family not given information needed to help recovery
13.	Purpose of medicines not explained
14.	Not told about medication side effects
15.	Not told about danger signals to look for at home

The Inpatient survey currently stands at 12 pages and 78 questions, CQC have a set 20 questions which form part of that 78. This provides some context to how to how the surveys provide a greater insight into patient experience than some of the other methodologies. The Maternity Survey had 45 core questions split between antenatal care, delivery and after care in hospital, feeding your baby and care at home after discharge.
The Childrens Survey had 50 core questions split into similar sub heading as the adult inpatient survey, including parent and carer facilities. This survey was offered in 3 different ages ranges.
The Accident and Emergency Survey had 43 core questions, incorporating waiting times, access to pain relief and discharge advice.

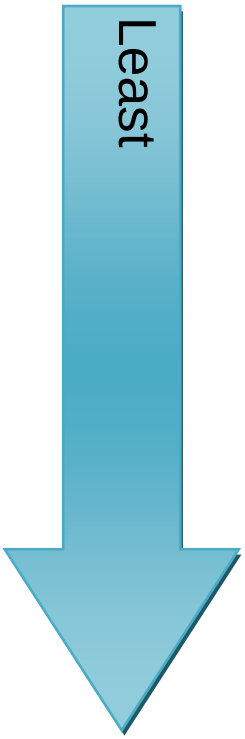
All surveys are offered in alternative formats if required and Picker provide a helpline contact for support.

The following list shows the way the questions were rated based on the research Picker has undertaken to show the importance of relational aspects of care, starting with what mattered most to them, leading down to what was least important.



Confidence and trust in doctors and nurses treating me
Clear explanations of my condition or treatment
Staff knowing enough about my condition and treatment
Cleanliness of hospital
Getting clear answers to my questions
Being treated with dignity and respect
Pain relief
Operations or procedures being performed on time
Opportunity to talk to a doctor
Staff being open with me
Privacy when being examined or treated

Prompt help from hospital staff when I need it
Enough notice of operation or treatment cancellation
Being involved in decisions about my care
Information about medication
Not being discharged from hospital too early
Not waiting too long on a trolley or a chair before getting to ward
Short time on the waiting list before admission
Staff who understand my anxieties and fears
Information about my recovery at home
Being given an explanation about why I have to wait
Good quality food
Information about what to expect before admission to hospital
Not having to share a ward or room with patients of opposite sex
Not being moved around from ward to ward within the hospital
Low noise levels
Knowing the name of the staff in charge of my care
Having access to my medical records
Clear information about ward routines
Invitation to visit the hospital and meet staff before admission



To summarise again, the survey system is a researched tool and we can therefore expect a good degree of validity and reliability. It provides a greater insight into what our patient thinks of the care they are receiving at different stages of their pathway. The results can be used to triangulate against other internal measurements of patient experience to help shape action planning.

Picker provides additional analysis and support of the data. A useful workshop is provided, if required, for key Trust parties to enable better understanding of the results.

Whilst results show benchmarking against the other Trusts surveyed, it also includes historical results where applicable. This allows the Trust to monitor improvement. This is where the real benefit of gathering and utilising this data is vital for the Trust.

Finally, the national survey programme provides a validated questionnaire to a larger sample group. The process is managed externally to reduce error risk. The findings are presented in a format that allows benchmarking but also historical scrutiny. The approved questions centre on what really matters to patients and allow Trusts to focus their improvement plans accordingly, saving time and money but also remaining truly person centred.

Reference - Jenkinson C, Coulter A, Bruster S. (2002) The Picker Patient Experience Questionnaire: development and validation using data from in-patient surveys in five countries. International Journal of Quality Health Care. Oct; 14(5):353-8.