

National Inpatient Survey 2017

1 October 2018



Agenda Item No: 7.3

Trust Board Report	
Meeting Date:	1 st October 2018
Title:	National Inpatient Survey 2017
Executive Summary:	<p>The following report summarises the results of the National Inpatient Survey 2017. (Results were published by CQC on 13th June 2018).</p> <p>The 2017 National Inpatient Survey 2017 is part of a national survey programme run by CQC to collect feedback on the experiences of patients over the age of 16 or older and had spent at least one night in hospital and who were discharged in July 2017.</p> <p>The results contribute to CQC's assessment of NHS performance as well as ongoing monitoring and inspections. The programme also provides valuable feedback for NHS trusts, which they can then use to improve patient experience.</p> <p>Obtaining feedback from patients is vital for bringing about improvements in the quality of care and this is an excellent way for people to directly influence services locally.</p> <ul style="list-style-type: none"> • With 444 surveys returned completed, the Trust had a response rate of 37.2% which was a reduction compared to the previous year. Nationally the overall response rate was 41%. • The Trust scored in the top 20% of Trusts on 9 questions and in the bottom 20% of Trusts on 3 questions. • Compared with 2016, the Trust showed an improvement of 5% or greater improvement on 6 question scores and a 5% or greater reduction in score on 1 question. In the 2016 survey results the Trust showed an improvement of 2.5% or greater improvement on 1 question score and a 2.5% or greater reduction in score on 19 questions. • The Trust scored an average score of 76% from an overall possible score of 100%
Action Requested:	Receive
Assure	Assurance provided on the compliance with the Care Quality Commission mandatory survey for Inpatient Services which is part of a wider programme of NHS patient surveys, which covers a range of topics including adult inpatients, emergency departments, Children and Young People and Maternity services.
Advise	Areas of concern are the areas where there the Trust scores in the lowest 20% of Trusts nationally.
Alert	
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Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 6. Be in the top 25% of all key performance indicators
Resource Implications:	None
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Equality and Diversity Impact	None
Risks: BAF/ TRR	
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	
References	https://www.cqc.org.uk/provider/RL4/survey/3
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

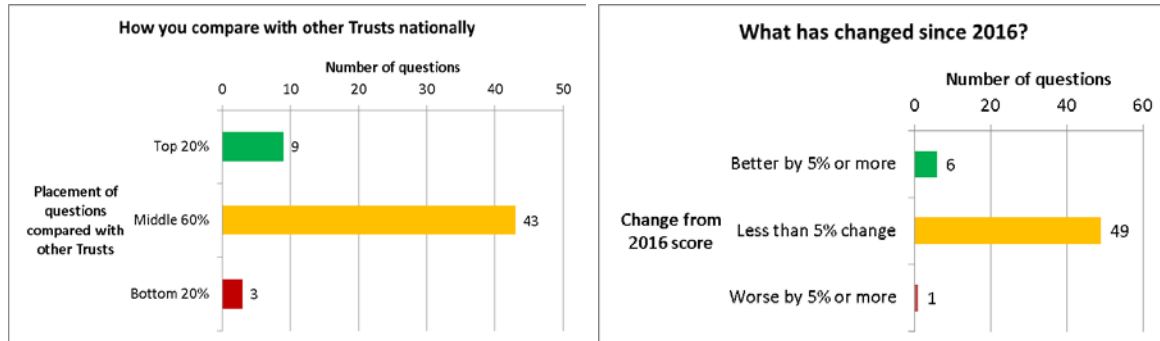
National Inpatient Survey 2017

This report provides a summary of the results for the 2017 National Inpatients Survey and highlights key areas for remedial attention and action.

The 2017 Inpatients Survey is part of a national survey programme run by the CQC to gain feedback on the experiences of inpatients across the country. The valuable feedback received can then be used to shape service provision (where applicable) and improve patient experience.

Analysis of the results data (mean rating scores base)

- With 444 surveys returned completed, the Trust had a response rate of 37.2% which was a reduction compared to the previous year. Nationally the overall response rate was 41%.
- The Trust scored in the top 20% of Trusts on 9 questions and in the bottom 20% of Trusts on 3 questions.
- Compared with 2016, the Trust showed an improvement a 5% or greater improvement on 6 question scores and a 5% or greater reduction in score on 1 question. In the 2016 survey results the Trust showed an improvement of 2.5% or greater improvement on 1 question score and a 2.5% or greater reduction in score on 19 questions.
- The Trust scored an average score of 76%










About our strengths

- A&E Department – information giving and privacy
- Keeping to planned admission dates and waiting for a bed
- Enabling patients to take their own medicines
- Information giving – before operations/procedures, after operations/procedures, before leaving hospital









Areas for further consideration and potential improvement include:


- Nurses talking to patients as if they weren't there
- Enabling patients to give feedback on care or make complaints
- Review of questions scoring in the middle 60% to identify areas where performance can be brought into the top 20%

Significant changes since 2016 Survey




		Trust 2016	Trust 2017	
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	8.1	8.6	
Q6	How do you feel about the length of time you were on the waiting list before your admission to hospital?	7.5	8.5	
Q9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	7.4	8.1	
Q18	If you brought your own medication with you to hospital, were you able to take it when you needed to?	7.2	7.8	
Q61	Did a member of staff tell you about any danger signals you should watch for after you went home?	5.5	5.0	
Q63	Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?	5.6	6.3	
Q37	Did you find someone on the hospital staff to talk to about your worries and fears?	5.8	5.3	

The highest scoring questions (in top 20% of Trusts)

		Trust 2016	Trust 2017	
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	8.1	8.6	
Q4	Were you given enough privacy when being examined or treated in the A&E Department?	9.0	9.1	
Q7	Was your admission date changed by the hospital?	9.3	9.4	
Q9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	7.4	8.1	
Q18	If you brought your own medication with you to hospital, were you able to take it when you needed to?	7.2	7.8	
Q45	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	8.7	9.0	
Q46	Beforehand, were you told how you could expect to feel after you had the operation or procedure?	7.5	7.8	
Q47	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	8.1	8.4	

Q56	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	6.3	6.8	
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The Low scoring questions (in bottom 20% of Trusts)

		Trust 2016	Trust 2017	
Q28	Did nurses talk in front of you as if you weren't there?	9.0	8.8	
Q69	During your hospital stay, were you ever asked to give your views on the quality of your care?	1.3	1.3	
Q70	Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	2.1	2.0	

Sample of patient comments

Everyone I came into contact with at New Cross and Cannock Hospital was all very friendly, the lady who assessed me at Cannock Hospital was very funny and was able to put my nerves at ease, the food at Cannock was very nice and room was always clean. The whole experience was faultless. Really, really good, 10/10 well done and thank you so much.

My stay lasted eight and a half months, everyone dealing with my care was wonderful. I cannot praise highly enough the nursing staff and professionals. I had the best care and support that I could have wished for. I received moral support from everyone including the cleaning staff.

I am happy to have had the chance to comment on my stay in hospital quite recently. I had intended to write to you in any case. I found it a wonderful experience. Once over the shock of my collapse at home. Observed other patients and staff and learned a lot from other people. The doctors, nurses and all members of staff are wonderful people, quietly going about their duties and always ready to give that extra bit of help. Observing other patients attitude towards staff is interesting too. Some people do not seem to appreciate the help which is given. Anyway I thank you all.

On admission I was already taking medication for seizures which I didn't have with me. There was a delay in getting the meds to me on time despite my partner stressing to them the urgency of taking them on time. This was very stressful. I believe this caused my second seizure whilst in A&E.

I think my GP could or should have been forwarded my tests/results that I had in hospital and any relevant info. on my stay at N.X. I was given a discharge letter, but on a request from my GP to hospital. He was told none available.

A robust action plan has been compiled and will be monitored and reported against where appropriate. (Appendix 2).

Appendices

1	Survey Benchmark Questions and scores.
2	Action Plan

OVERVIEW REPORT TO BOARD

The key headlines/issues and levels of assurance are set out below, and are graded as follows:

Assurance level*	Colour to use in 'Assurance level*' column below
Assured	Green – there are no gaps in assurance
Partially assured	Amber - there are gaps in assurance but we are assured appropriate action plans are in place to address these
Not assured	Red - there are significant gaps in assurance and we are not assured as to the adequacy of current action plans If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"

Key issue	Assurance level*	Committee update	Next action(s)	Timescale
National comparisons show that the Trust are in the bottom 20% of Trusts for 3 questions.	Amber		A robust action plan has been compiled and will be monitored and reported against where appropriate.	Quarterly

Issue	Action/steps required for improvement	Success criteria	Measure	Person responsible	Date to be completed
<p>Nurses talking in front of the patient as if they were not there</p>	<p>Share details of the feedback with medical colleagues via Directorate and Divisional Governance meetings and all Matrons and band 7s</p> <p>Quality rounds from Matron, Heads of Nursing and other members of the senior nursing team.</p> <p>Senior Sister / Charge Nurse to monitor and address non-adherence at the time.</p> <p>Awareness raising through the Trust Visions & Values.</p>	<p>Reduction in no's of complaints citing this as a theme.</p> <p>No areas highlighted for concern via quality rounds.</p>	<p>Observation of practice</p> <p>Scrutiny of complaints</p> <p>Observational audit via NAAS/QRV's</p>	<p>Matrons & band 7s</p>	<p>December 2018</p>
<p>Information given to patient regarding danger signals after discharge</p>	<p>Ensure robust and clear discharge information is given to patients and their significant others, starting from the point of admission.</p> <p>Adherence to discharge policy to be monitored.</p> <p>Pre-operative assessment incorporates discharge planning.</p> <p>Daily huddles continuing on each ward with live submitted data onto safe hands regarding pending and confirmed discharges.</p>	<p>Improved Safe hands results for pending and confirmed discharges.</p> <p>Reduction in no's of complaints citing this as a theme.</p> <p>Reduction of Datix incidents relating to unsafe discharge</p> <p>Improved e-discharge compliance</p>	<p>Scrutiny of Safe hands data for pending and confirmed discharges and milestones.</p> <p>No complaints in relation to discharge (from patient, carers or other healthcare professional such as District Nursing).</p> <p>E-discharge compliance</p> <p>Evidence in notes of discussions with MDT and patient and significant others regarding discharge plans</p> <p>Safeguarding against the trust relating to unsafe discharge</p>	<p>Medical team, Pharmacy team, Ward Sisters / Charge Nurses, Matrons, Patient Experience Lead</p>	<p>April 2019</p>

<p>Patient had someone in the hospital to talk to about worries and fears</p>	<p>Awareness raising through the Trust Visions & Values.</p> <p>Look to increase volunteer workforce.</p> <p>Continue to recruit to nursing vacancies and improve retention to ensure green staffing levels and enough time for staff to spend with patients.</p>	<p>Improved results in next year's survey.</p> <p>Reduction in no's of complaints citing this as a theme.</p> <p>Improved FFT results.</p>	<p>Scrutiny of 2018 Inpatient survey and FFT results.</p> <p>No of complaints.</p>	<p>Senior Nursing Group, Matron Group and band 7s.</p>	<p>March 2019</p>
<p>During the hospital stay, patients were asked to give views on the quality of their care</p>	<p>Ward staff to inform patient that they will receive communication asking for feedback to ask about their stay.</p>	<p>Improved results in next year's survey.</p> <p>Reduction in no's of complaints citing this as a theme.</p>	<p>Scrutiny of 2018 Inpatient survey and FFT results.</p> <p>N. of complaints</p>	<p>Matron Group and band 7s</p>	<p>March 2019</p>
<p>Patients were given information explaining how to complain to the hospital about the care they received</p>	<p>Ward staff to be aware of PALs and complaints procedure. (A new Patient Feedback leaflet was been designed and disseminated throughout the Trust in January 2018. Wards/departments can replenish their stock via Medical Illustration MI 1753614)</p> <p>ED Department to have pull up posters advertising FFT and PALs.(This action was completed in 2017 and leaflets are available as above)</p> <p>Volunteers to be considered for gathering FFT data. (FFT data is predominantly gathered via SMS or IVM. Cards are being used in Maternity and specialised wards such as C22). It is the responsibility of the ward managers to utilise their volunteers to capture this information. Some wards are in the process of purchasing I pads to assist).</p>	<p>Improved compliance with complaints process.</p> <p>Pull ups available in ED.</p> <p>Increased numbers of volunteers in areas.</p> <p>Increased response rates for FFT.</p>	<p>Scrutiny of complaints and Ombudsman responses.</p> <p>Visible pullups regarding FFT and patient experience in key areas.</p> <p>FFT response rates.</p>	<p>Matrons and Band 7s. Head of Patient Experience & Public Involvement.</p>	<p>March 2019</p>