The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (Public)		
Meeting Date:	7 December 2021	**Agenda item:**	13
Report Title:	National Inpatient Survey 2020 Report		
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Executive Sponsor:	Alice Webster, Chief Nurse		

Implications

Link to key strategic objectives:

KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	*Modernise hospital and estate*	*Staff engagement*	*Partnership working, clinical and financial sustainability*	*Healthy lives staff and patients*	*Investing in our staff*

Board assurance framework	To consistently provide safe and compassionate care for our patients and their families	
Significant risk register		
	Y/N	If Yes state impact/ implications and mitigation
Quality	Y	The survey results inform and guide on patients experiences and care quality. The results demonstrate any areas of progress/improvement or those areas requiring further development/actions.
Legal and regulatory	N	
Financial	N	

Assurance route

Previously considered by:	Quality Forum 9 November 2021 Quality Committee 30 November 2021

Executive summary

Action required: *[highlight **one** only]*	Approval	**Information**	Discussion	Assurance	Review

Purpose of the report:	To inform the Trust Board about the findings from the National Inpatient Survey for 2020. To inform the Trust Board that a focused action plan has been developed by the Divisions of Medicine and Surgery to support further improvement in care delivery and improve patient Experience.

Summary of Key issues:	There are positive improvements from the previous inpatient survey feedback. There were two areas where we were better than most other Trusts: • Explaining how people will feel after their operation. • Asking patients for their experience of care. There were two areas where we were worse than most other Trusts: • Perception of not enough nurses on duty. • Being told who to contact if worried after left hospital. The report includes raw data from Picker, expressing the patient experiences of the respondents. It is also important to note that the Care Quality Commission (CQC) results will differ from the picker data as a process of standardisation (national benchmarking) will be applied.
Recommendation:	The Trust Board is asked to note the results of the National Inpatients survey (2020). A focused action plan has been developed to support further improvement in care delivery and improve Patient Experience. The action plan will be monitored through Divisional governance and the Patient Experience and Carers Forum.
Acronyms:	

National Inpatient Survey 2020 Report

Introduction

The 2020 National Inpatient Survey results have been published and they provide further evidence that care and patient experience at QEH is improving year-on-year. To achieve these results in one of the most challenging years in the history of the NHS, and for QEH, is a fantastic achievement and testament to the hard work and dedication of all at the QEH. Team QEH has had a relentless focus on the delivery of safe and compassionate care for our patients, coupled with a focus on kindness and listening to and responding to feedback from patients and their families. The results show our efforts are making a real and positive difference. This report summarises the results of the National Inpatient Survey 2020 carried out by Picker on behalf of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEH).

The survey covered 75 organisations and asked, in total, 57 questions (43 of which can be compared with other Trusts). 1250 patients were invited to complete the survey, 75 were not eligible. 510 patients completed the survey, giving the QEH a response rate of 43 % against an average rate for similar organisations of 45%.

It is important to note that this report summarises the raw data produced by Picker and captures the findings of our patients. It aligns the Trust to benchwork nationally with other Trusts who have also completed the survey using Picker.

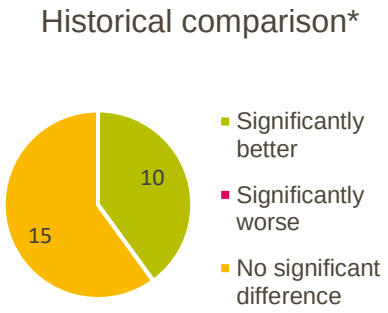
The Care Quality Commission (CQC) will further analyse the National survey findings, standardise and publish the data. Benchmarking us nationally, which may result in different benchmarked data.

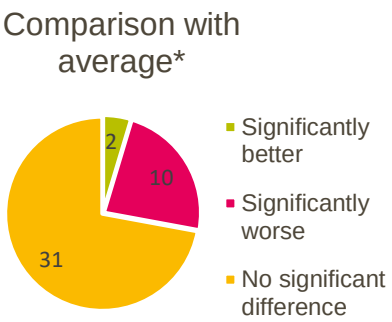
	Picker	CQC
Who is surveyed	All acute providers who have Picker as their approved contractor – 75 Trusts	All acute providers – approximately 136 Trusts
Report basis	Individual Trust improvement	National results overview
How are results scored	Positive scores (e.g. what % of patients have scored the question with a positive answer)	Points based
Date of release	June 2021 (for internal use only)	October 2021 (received in the Trust in September under embargo)
Weighting	No weighting	Standardised by age, gender and route of admission *

Picker Results

In comparison with the averages from similar organisations surveyed by Picker, 2020 data collected shows, 31 areas with no significant differences, 2 areas which are significantly better and 10 areas being significantly worse.

This highlights considerable improvements since the last survey, in 2019, which evidences the quality improvement journey the divisions and Trust have commenced.





There have been improvements in the below metrics:

- 98% for the room or ward being very or fairly clean (⇧95% in 2 2019)
- 86% for being able to take their own medication when needed to (⇧74% in 2 2019)
- 77% for food being very good or fairly good (⇧61% in 2019)
- 97% for had confidence and trust in doctors (⇧93% in 2019)
- 98% for had confidence and trust in nurses (⇧96% in 2019)
- 89% for always or sometimes enough nurses on duty (⇧82%in 2019)
- 77% for right amount of information given on condition or treatment ⇧71% in 2019)
- 90% for given enough notice about when discharge would be (⇧83% in 2019)
- 67% for given written/printed information about what they should or should not do after leaving hospital (⇧ 52% in 2019)
- 83% for rated overall experience as 7/10 or more (⇧78% in 2019)

Areas requiring improvement plans (please note that a higher number relates to a better experience):

- 78% of patients did not have to wait a long time to get to bed on ward (average for other organisations is 82%).
- 39% of patients were not prevented from sleeping at night (average for other organisations is 49%).
- 89% of patients reported that there were always or sometimes enough nurses on duty (average for other organisations is 93%– whilst the Trust has significantly improved since 2019 (82%), it remains significantly poorer than the average).
- 78% of patients were involved in decisions about their care and treatment (average for other organisations is 83%).
- 77% of patients were provided with the right amount of information on their condition or treatment (average for other organisations is 82% – whilst the Trust has significantly improved since 2019 (71%), it remains significantly poorer than the average).
- 75% of patients were given enough privacy when discussing their condition or treatment (average for other organisations is 81%).

- 67% of patients were given written / printed information about what they should or should not do after leaving hospital (average for other organisations is 73% – whilst the Trust has significantly improved since 2019 (52%), it remains significantly poorer than the average).
- 83% of patients were given information about medicine at discharge (average for other organisations is 89%).
- 67% of patients were told who to contact if they were worried after discharge (average for other organisations is 78%)
- 77% of patients mentioned that staff had discussed their need for further health or social care services after discharge (average for other organisations is 82%).

CQC results after standardisation

Better / Worse	Issue
Better than most Trusts for one question	How well did staff tell you how you would feel after the operation / procedure
Somewhat better than most Trusts for one question	Asked to give views on quality of care
Worse than most Trusts for one question	Enough nurses on duty
Somewhat worse than most Trusts for one question	Told who to contact if worried after discharge

There has been improvement in the below metrics, better than most other Trusts:

- Explaining how people will feel after their operation
- Asking patients for their experience of care

There have been 2 areas where we were worse than most other Trusts:

- Perception of not enough nurses on duty – working to set up the School of Nursing for Trainee Nurse Associates, Overseas recruitment and the use of temporary or bank staff to ensure that all shifts are filled, this is regularly monitored by senior nurses.
- Being told who to contact if worried after left hospital – this is part of a programme to enhance the experience of being discharged from hospital.

In response to the National Inpatient Survey for 2020, the Medical and Surgical Divisions have responded to these results with an action plan to address areas that are either significantly poorer over time or when compared to other Trusts surveyed by Picker. The Care Quality Commission (CQC) embargoed results were released on the 19 October 2021.

Improvements required are covered in the action plan below (Appendix 1), with recognition that there is work to do in (please note that a higher number relates to a better experience):

2021 Survey The National Survey for inpatients samples patients has commenced and will look at patients who are discharged in November and work backwards to reach the required 1250 patients

APPENDIX 1 - **Medical and Surgical Divisions Action Plan**

Areas to improve based on Picker results:

Issue	Action
Waiting to get a bed on a ward	Elective patients' bed booked before arrival, SAFER programme, ring fenced beds for fractured Neck of femur, extended Same Day Emergency Care (SDEC) hours.
Disturbance at night	HUSH project continues to monitor patient and staff feedback re guarding noise at night.
Enough nurses on duty	Programmes for recruitment with Trainee Nursing Associates, overseas recruitment continues, Matron's thrice daily staffing review, vacant shifts filled through bank and agency, sickness management review ongoing. Each area clinical area is thoroughly risk assessed.
Involved in decisions about care or treatment	'Nothing about me without me', unpaid family carers awareness training, patient stories shared in safety huddles and feedback about concerns or complaints, staff simulation training, working towards Carer Friendly Tick Award, recruitment of Family Liaison Officers, daily ward liaison calls, Trust wide sensory impairment group, 'walk in their shoes' planned with external organisations, hearing aid training through West Norfolk Deaf Association.
Received the right information about their condition or treatment	
Enough privacy when discussing their condition	Raise awareness of suitable areas in wards
Printed information about what to do after leaving hospital	Elective patients provided with information prior to admission and at discharge, condition specific information leaflets available on wards, At discharge - discharge letter given to all patients, discharge lounge and ward staff discuss medication. Support to be provided to unpaid family carers, nurse specialists included in condition specific discussions.
Given information about medicine at discharge	
Told who to contact if worried after discharge	
Discussed need for further health or social care services after discharge	Elective patients provided with information at pre-assessment.

The Heads of Nursing for Surgery and Medicine are leading ensure that we as a Trust respond to the feedback to ensure safe and compassionate care is delivered to our patients. Receiving safe and good care should be a fundamental part of anyone's stay or visit at QEH. In addition to the changes already implemented, we are working in partnership with Healthwatch Norfolk to create a Patient Experience Strategy developed with the local community in the months in order that learning can be incorporated into our work plan and influence how we do things for the better as part of our continuous improvement journey.