Agenda Item No.14

NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE TRUST BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Libby McManus, Chief Nurse	Decision		High	Med	Low
	Discussion	√		√	
	Information	√			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Edmund Tabay, Deputy Chief Nurse	Strategic				
	Operational	√			
	Governance	√	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
Emma Harrison, Patient Experience and Public Involvement Lead Karen McGuire, Head of Nursing, Medicine Division Elizabeth Barker, Head of Nursing , Surgery Division					
CQC Domain: (safe, caring, effective, responsive, well-led)	All				

Meeting Date: 26th November 2019

Report Title: 2018 National Inpatient Survey Highlight Report and Action Plan

PURPOSE:

To provide the Trust Board with the 2018 National Inpatient Survey highlight report and the action plan (Appendix1) intended to address the issues raised.

SUMMARY:

The Annual National Inpatient Survey 2018 took place during July last year with a response rate of 45% (4.5% higher than the previous year and the same as the national average). The findings of the survey allowed the Trust to identify and work towards addressing any issues. The Medicine and Surgery divisions have drafted an action plan in response to the four areas needing improvement.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

The Inpatient Survey provides an opportunity to gain information on patient experience and to implement quality improvements.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√	√			√	√

RECOMMENDATIONS:

The Trust Board is requested to note the findings of the survey and to note the action plan intended to address the issues raised.

2018 Annual National Inpatient Survey Highlight Report and Action Plan

Introduction

The annual National Inpatient Survey 2018 and the management report was provided to the Trust in March 2018 under embargo until the results were released by the CQC in June 2019. Picker (our survey contractor) presented our results in July with one of the outcomes being this report. The survey took place last year with a sample of 1250 adult inpatients drawn from those being discharged during July 2018 and who had at least a one night stay in hospital (excluding maternity). 526 (25 more than the response to the 2017 survey) surveys were completed and this represents a response rate of 45% (after removing patients whose surveys were returned to the provider unopened).

The summary is taken from the survey results to enable us to have a clearer picture of our position and necessary actions for improvement, highlighting good and improved practice alongside this.

CQC Vs Picker

There are some differences between how the results are reported from our survey contractor (Picker) representing 53% of all Trusts and the CQC which is a combination of all acute Trusts. The key difference for the purposes of this report is the weighting element – this means that the CQC report standardises the responses to remove deviations caused by age, gender and route of admission.

	Picker	**CQC**
Report basis	Individual trust improvement	National results overview
Date of release	March 2019	Summer 2019
How measured	Positive scores	Points-based
Weighting	No weighting	Standardised by age, gender & route of admission

Background information

The demographic data and the scores for each question were benchmarked against the other trusts taking part in the survey and the scores were also compared with the data from 2017 where applicable. Each survey included 71 questions which covered 10 topic areas, the results in 2018 were broadly comparable with 2017 results.:

- Admission (planned or emergency) (2 topic areas)
- Waiting to get a bed on a ward
- The hospital and ward
- Doctors
- Nurses
- Your care and treatment
- Operations and procedures
- Leaving hospital
- Overall

The Trust's sample of respondents comprised

- 53% females, a decrease of 3% compared to 2017 (this does not necessarily mean that more of our patients were female but that more female patients responded). All Trusts were on average 52% female.

- Predominately white (QEH = 95%, all Trusts = 94%)
- Age range much older in QEH sample 66 years + (QEH = 70.7%, all Trusts = 64%)
- The Trust responses showed that patients were less likely to be experiencing a long term condition than the Picker average especially in relation to having had cancer in the last 5 years, have a learning disability or neurological condition. Areas where the QEH was likely to have a larger number with a long term condition was in relation to breathing difficulties, kidney/liver disease or other long term condition (unstated) although these may not be significant.
- Admission route - emergency/urgent admission the results for QEH and nationally are broadly in line with 69% of patients being admitted through an emergency route –this has been steadily rising across the country and it is noted that emergency patients report a poorer experience than those with a planned admission.

Survey results

Over time (2017 v 2018) the Trust has improved significantly in 0 areas

The Trust has significantly worsened in six questions this year when compared to last year's results.

- Planned admission: was admitted as soon as necessary
- Nurses: always or nearly always enough on duty
- Care: had confidence in the decisions made
- Procedure: questions beforehand answered
- Overall: asked to give views on quality of care
- Overall: received information explaining how to complain

Year	Numbers of areas significantly better	Number of areas significantly worse
2017	4	0
2018	0	6

In 2017 there were 22 areas that were significantly worse than the Picker national average (in 2016 there were 23 areas). In 2018 this had fallen to 20 areas.

Area	Number of aspects included	QEH better than Picker National	QEH worse than Picker National	QEH better than CQC	QEH worse than CQC
Admission to hospital	6	0	2	0	0
The Hospital and Ward	11	1	3	0	1
Doctors	3	0	1	0	0
Nurses	5	0	2	0	1
Your care and treatment	12	0	2	0	2
Operations and procedures	3	0	0	0	0
Leaving Hospital	17	0	8	0	0
Overall	5	0	2	0	0

The one area in which the hospital performed better than other Trusts across the country is the hospital food as this was rated good or very good by 65% of patients which is 5% better (significant) than other the average (although this has fallen by 2% in historical comparison although this is not significant).

The 20 areas in which patients expressed concerns that require action are slightly different to the CQC results when weighted and comparisons with similar Trusts are made can be grouped as follows:

- **Noise at Night**

The concerns raised by patients were in relation to noise from both staff and other patients.
The CQC results show that with weighted results noise at night from other patients was significantly worse at The Queen Elizabeth Hospital King's Lynn when compared with other similar sized Trusts.

- **Not enough nurses**

In the opinion of patients there were not enough nurses on duty and this was significantly worse than other similar sized Trusts surveyed as well as comparison with all Trusts prior to the weighting being applied. The Trust has robust plans to recruit nurses internationally. The Trust is also continuing to offer a wide variety of placements to student nurses from UEA and more recently from Anglia Ruskin University – working with these students to offer permanent conditional job offers prior to course completion.
Nurse Apprenticeships are in place to support internal candidates who want to train to become nurses whilst continuing their current role studying with the University of Suffolk or the Open University.
Retention of nurses is also an issue that the Trust is working hard to address by identifying the reasons for leaving the hospital and putting in place support to encourage more to stay.

- **Members of staff did not work well together**

- **If you needed attention, were you able to get a member of staff to help you within a reasonable time**

Unweighted differences (Picker results) showed different areas as being of concern:

- **The biggest area in which the QEHKL was worse than other Trusts prior to the weighting being applied is in relation to discharge arrangements:**
  - **Discharge decision – patient involvement**
  - **Delayed discharge**
  - **Not informed of the purpose of medications**
  - **Not told of the side-effects of medication**
  - **Not given clear printed information about medication**
  - **Not told of the danger signals to look out for**
  - **Family or home life not considered during discharge**

- **In A&E not being given the right information about treatment or condition**

- **If a planned admission, patients were not admitted as soon as necessary**

- **Bothered by noise at night from staff**

- **Patients were not able to take their own medication when they needed to**

- **Doctors talked in front of patients as if they were not there.**

- **Not knowing which nurse was in charge of their care.**

- **Confidence in the care provided**

- **Not told who to contact if worried**

Conclusion

The Trust should actively address those issues in which the Trust is not meeting the expectations of patients. Although it is understood that not all issues are possible to address in one go, the divisions have drafted an action plan to address the following areas that are highlighted in the CQC report:

- Noise at night
- Not enough nurses on duty
- Members of the team not working well together
- Delays in responses to get help in a reasonable time
- Issues relating to discharge

Resolving these issues, or working towards doing this will help with the most important issue for patients who are being treated with dignity and respect.

Recommendation

The Trust Board are asked to note the summary report and action plan.

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Appendix 1

Action Plan - Annual National Inpatient Survey 2018

Concerns	What needs to be done	Actions put in place	By When	Complete
Noise at night	Reduce the noise at night to enable the patients to get a good sleep	Move sensitive patients away from nurses station. Turn down the ring volume on telephones at night. Soft close bins. Soft soles on shoes. Supply earplugs. Electronic noise detector. All doors reviewed as able		✓
Not enough nurses on duty.	Recruitment.	Active recruitment process overseas completed with good outcome. Launched new recruitment drive, working with communications and encouraging our student nurses. Introduced the nurse associates band 4. Skill mix review completed. Acuity review completed.	By Dec nurse vacancy will be at 5% pending business cases.	

Concerns	What needs to be done	Actions put in place	By When	Complete
Members of the team not working well together.	We all need to work in unison within the multidisciplinary team.	Improved communication with multidisciplinary board rounds. Cross division meetings within the Divisional Leadership Team (DLT). Staff have regular meetings including the 2020 service development meeting, where ward staff hold a pivotal role. Ward/Dept closed Facebook pages, away days, Newsletters in place to facilitate communication. Triumvirate DLT role modelling in place (and visits) to support triumvirate working throughout the Divisions. Divisional re-structure completed. Review underway of Divisional meeting structures and membership. Divisional newsletters.	Nov 2019	
Delays in responses to get help in a reasonable time.	Call bells to be answered in a timely manner.	All ward staff are encouraged to respond to call bells as a priority. During busy periods staff are encouraged to cross cover. Regular audits on response times to call bells completed, the results are shared with staff during ward meetings. Care rounds. Safety huddles in place.	On-going, continuing to monitor and support ward staff.	
Issues relating to poor discharge experience	Improve the timeliness and patient experience in relation to discharges	20/20 project underway. Re-invigorated Board rounds with a Standard Operating Procedure (twice daily in medicine). Discharge lounge extended hours. Plan in progress to extend footprint and function of discharge lounge to include a stretcher area. EOL strategic priority.	In place In Place In place – Extension completed end Dec 19 In Place	

Concerns	What needs to be done	Actions put in place	By When	Complete
		Nursing staff huddle now MDT and includes all care quality concerns/issues. Divisional bronze and escalation system in place to support discharge delays. Acute medicine floor model planned (pilot demonstrated significant impact on improved flow and reductions in length of stay) Frailty in-reach. Direction of Choice policy revised and re-invigorated in the Trust. Review of discharge letter writing process underway. Successful pilot on acute floor with introduction of pharmacist (timely TTOs). Proactive planning processes in place for next 24 hours discharges with golden patients identified. Criteria led discharge introduced.	In Place Jan 2020 Pilot completed Jan 2020 Jan 2020 In place In Place	