**Board of Directors (in Public)**

**Item 6.3**

**Subject: NHS National In-Patient Survey Results 2016**

**Date of Meeting 25th July, 2017**

**Prepared by: Joanne Shaw, Lead Nurse for PFFC**

**Presented by: Sue Pemberton, Director of Nursing and Quality**

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| **BAF Ref** | **Impact on BAF** |
| **1.1, 1. 2** | **NA** |

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| **1.** | **Executive Summary**  Liverpool Heart and Chest Hospital has been rated top in the country for overall patient care for 8 out of the last eleven years. The National In-patient survey 2016 showed the Trust has improved its rating for overall care from 9.0 to 9.1 the previous year. This has resulted in the Trust being rated second in the country for overall care. The results highlighted that there is only one area of statistically significant change, from the previous year’s results, which pertains to the provision of emotional support for patients. This area has shown a decrease in patient experience in this area. The improvement work that needs to be explored to improve this area is outlined within this paper.  The Quality Committee has reviewed the in-patient survey results (2016) and discussed the work completed and planned actions to improve, at its meeting in July 2017. The Committee agreed that the 2016 results demonstrate the excellent work that is carried out Trust wide to ensure the patient and family experience is the best it can be, in line with our patient and family experience vision. The purpose of this paper is to provide the Board of Directors with an overview of the results of the 2016 National In-Patient survey and to outline suggested improvements.  The in-patient survey results can be accessed via the following link along with a benchmarking link and is also available via the appended letter “Publication of CQC's 2016 Inpatient Survey”:  <http://www.cqc.org.uk/publications/surveys/adult-inpatient-survey-2016>  <http://www.nhssurveys.org/surveys/1089> |
| **2.** | **Background**  The 13th survey of adult in-patients involved 149 acute and specialist NHS trusts (one Trust was excluded from the national results due to errors when drawing their sample). Responses were received from 83,116 people, a response rate of 47%. Patients were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital and were not admitted to maternity or psychiatric units. Trusts sampled patients discharged during July 2016.  LHCH counted back from the last day of July 2016, including every consecutive discharge, until they had selected 1,250 patients. Fieldwork took place between September 2016 and January 2017, a total of 812 patients responded which equates to 65.8%.  The Care Quality Commission [CQC] will use the results from this survey in the regulation, monitoring and inspection of NHS acute trusts in England. They utilise the data from the survey in their system of CQC Insight, which provides inspectors with an assessment of risk in areas of care, within an NHS trust, that need to be followed up. The survey data will also be included in the data packs that are produced for inspections. NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold the Trust to account for the outcomes they achieve. In addition, The NHS Trust Development Authority will use the results to inform quality and governance activities as part of their Oversight Model for NHS trusts.  **3. National Inpatient Survey 2016 Outcomes**  The Trust has been rated **top** nationally in the following individual questions:   * Q11. When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex? * Q25. When you had important questions to ask a doctor, did you get answers that you could understand? * Q31. In your opinion, were there enough nurses on duty to care for you in hospital? * Q33. In your opinion, did the members of staff caring for you work well together? * Q34. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you? * Q44. How many minutes after you used the call button did it usually take before you got the help you needed? |
| **4.** | **Area of Significant Change** |
|  | The table below shows the one area that the trust had seen significant slippage in performance over last year. |
| **5.** | Emotional support for patients and their family’s needs to be explored as meeting the emotional needs of patients is critical in aiding their recovery and is a key part of the role of frontline nurses. The reasons for this decrease in the area of emotional support have been explored and there are a number of areas that needs to be explored.   * **Increased documentation and use of EPR carts** - Nursing feedback is that they feel that since the introduction of EPR they have less time with patients than previous. It is suggested that this is due to a number of reasons. Firstly, the increase in documentation and the utilisation of EPR carts for record keeping. Staff feel that the equipment is a barrier between patients and themselves and due to the frequency of observations and documentation required, that they are spending a disproportionate amount of time on the computer. Work is underway to explore the possibility of utilising hand held equipment for documentation that may help with this. * **Feedback from Patients in the recent mock inspection.**  The recent mock inspection highlighted that there were a number of patients who were emotionally distressed at coming to terms with the major surgery that they had undergone, the diagnosis of cancer and the impact that this would have on them after discharge. The Trust has specialist nurses in many areas but there are no specific specialist nurses that are responsible for the thoracic cancer patients. This is being reviewed currently by the surgical division.      * **Psychology service**. The Trust has a psychology service which is not routinely available to support general patients with much of this resource being utilised with the CF service. The DNS has asked for a review of this service to explore if this could potentially be made available more widely for other groups of patients. * **Voluntary MacMillan support.**  More recently there has been a voluntary MacMillan support service introduced in the Trust, which may help and assist in providing emotional support for patients.   **Ways of working.** The Director of Nursing has worked with the senior nursing teams to review how our staff are working. As a result, it has been agreed that ward managers will spend 2-3 days working alongside staff out on the wards/units to offer support, guidance and direction. This will include role modelling the way in which emotional needs of patients needs to be addressed. In addition we are currently reviewing the role of the health care assistant to ensure that they are spending quality time listening and supporting patients at the bedside.  **Results**  The Inpatient survey results (2016) are pleasing for the Trust and recognition for the dedication of all staff in delivering the patient and family experience vision. Some of the key deliverables over the past 12 months include: |
|  | * Developed a new pathway for admission of patients with dementia and/or learning disabilities where capacity screening can be done prior to admission in their own homes * Development of a new welcome booklet for all patients and new specific booklet for patients with additional needs * Improved delirium management across the trust with development of a new policy, care management flow sheets and streamlined medication management * “What matters to me” boards implemented in all areas across the Trust which help patients to identify any preferences in care they may have * Development of information videos to prepare a patient for a stay in Critical Care * Pre-op visits from Theatre staff to all patients awaiting surgery * Planning work to review the impact of leaving patients in their nightwear for prolonged periods of time can lead to “PJ (Pyjamas) Paralysis” resulting in a prolonged recovery time and impact on their mental wellbeing * Development of a discharge passport to help patients and families be fully prepared for their discharge   **6. Overall**  The Trust has been rated second in the country by patients in the national survey results 2016 These are excellent results for all staff. The one area in relation to the provision of emotional support for patients needs to be further explored and addressed to ensure that our patients are receiving the emotional care and support they need whilst in hospital. | |
| **7.** | **Recommendations**    The Board of Directors are requested to:   * Receive assurance that the Quality committee has reviewed the detail within the National Inpatient survey results 2016 and agreed the areas for improvement. * Note the excellent results | |