

Board of Directors

Item 3.3

Board Report

Subject: NHS National Patient Survey Results
Date of meeting: 20th July, 2015
Prepared by: Joanne Shaw, Lead Nurse for PFCC and Safeguarding
Presented by: Sue Pemberton/Director of Nursing and Quality

Data Quality Rating	BAF Ref	Impact on BAF Risk rating
Silver	1,2	None

1. Executive summary

The purpose of this report is to provide the Board of Directors with a summary of the national Inpatient Survey results and associated actions arising from the areas identified for improvement. The Board are asked to receive these results and to agree to the identified actions. There is no impact on the BAF from the survey results for consideration.

2. Background

The Board of Directors received a presentation in May 2015 to share the outcome of the In-patient national survey results. The CQC national in-patient annual survey involved 154 acute and specialist NHS trusts. LHCH received a response rate of 75% compared to the national average of 47% - our response rate was the highest in the country. Patients were eligible for the survey if they were aged 16 years or older and had spent at least one night in hospital. The Trust sampled patients in July and August 2014.

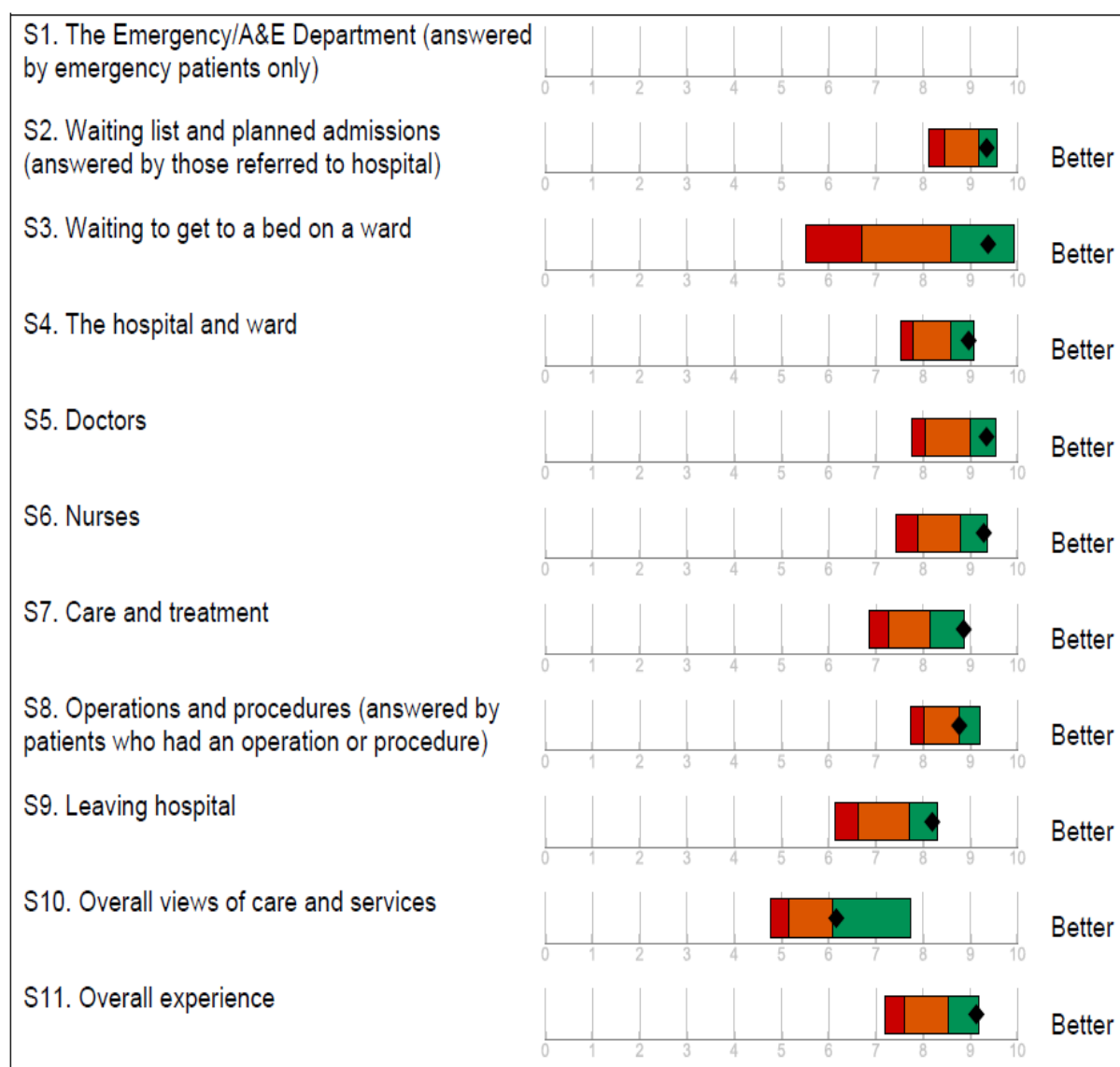
3. Summary of Results

The table below highlights all the sections within the national survey results and where we are in comparison with other Trusts.

Survey of adult inpatients 2014

Liverpool Heart and Chest NHS Foundation Trust

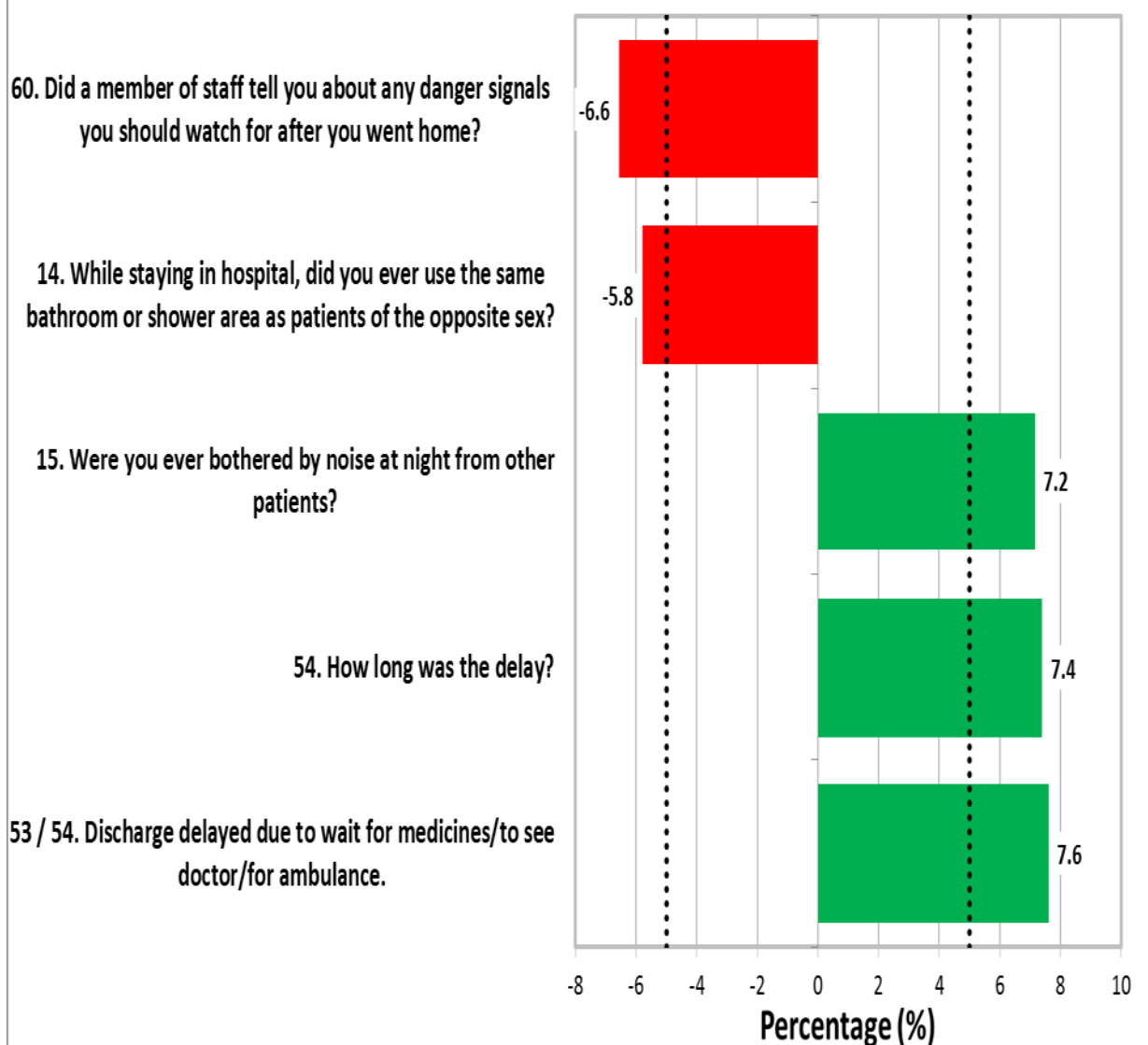
Section scores



4. Areas of Significant Change

The table below shows the three areas where there have been improvements in comparison to last year and the two areas where the Trust has seen a deterioration in performance.

Inpatient Survey 2014: Significant change from 2013 - 2014



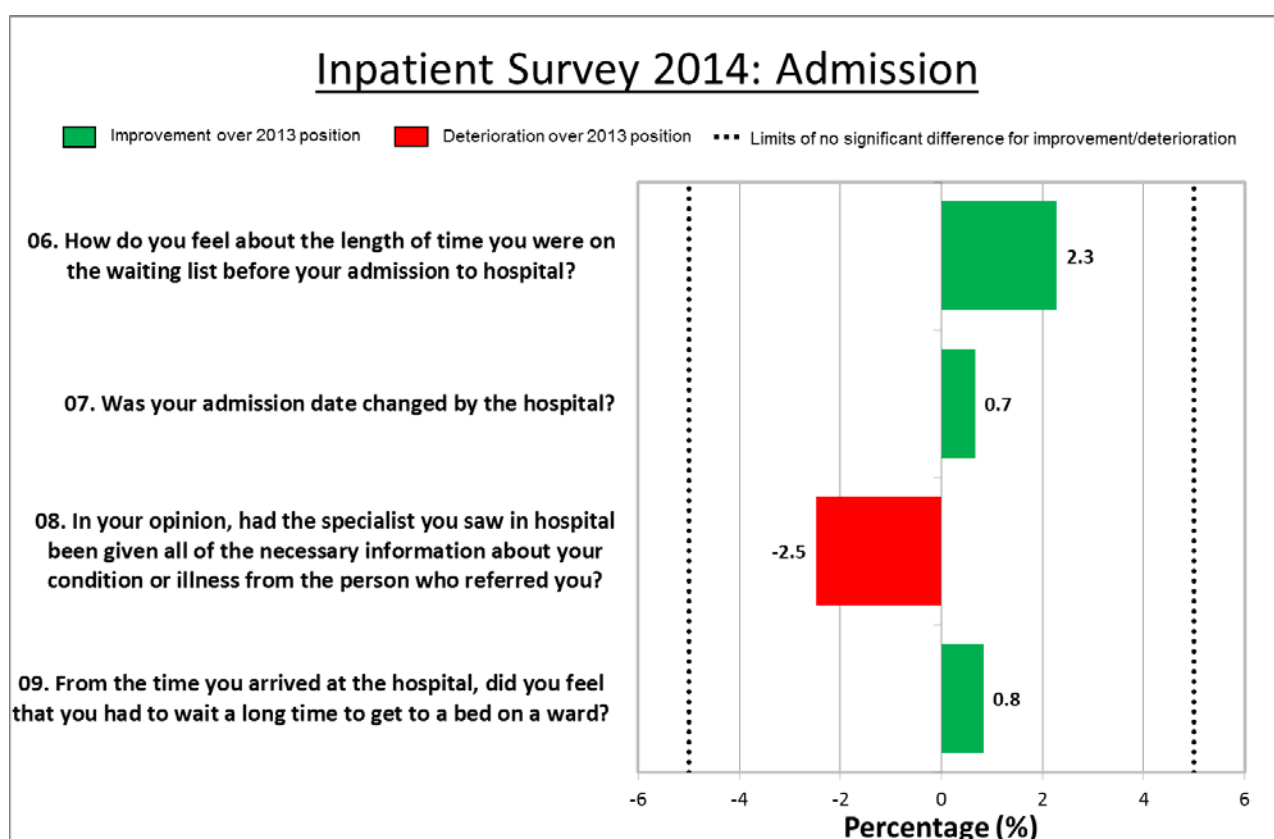
In relation to the two areas of slippage:

- **Question 60** is in relation to discharge planning. From June 2015, we have implemented a care support team which consists of 1.6wte senior nurses (Band 7) and the current discharge team. As part of their work in looking at discharge planning, they will be developing a standard for discharge which will ensure that correct information is given to patients and families when they leave the hospital, which will include advising of the danger signals to look for, once home.
- **Question 14** relates to patients perceptions that they share the same bathroom or sleeping accommodation as members of the opposite sex. In LHCH this does not

occur however, clearly our patients perceive that this does. Work will be completed with ward managers to ensure that nursing staff are clear when admitting patients to the hospital that they are aware they will not be sharing accommodation or facilities with members of the opposite sex. This information sharing needs to begin in pre assessment clinic and be reiterated on the wards. It is also important to highlight to patients where the male and female toilets/bathrooms are located when they are introduced to the ward environment.

4. Results

4.1 Admission



Actions taken and future work

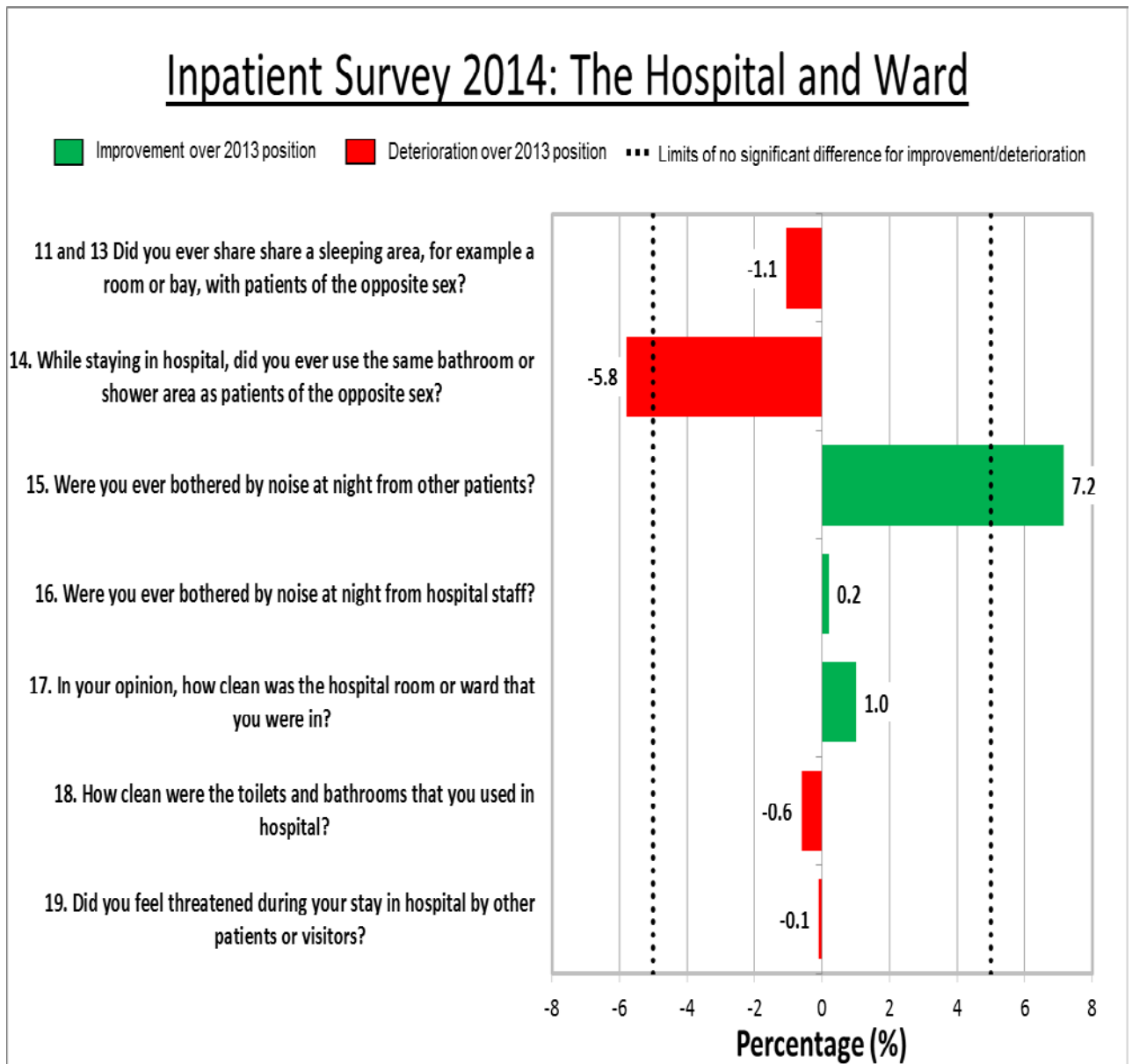
Several changes to patient flow have been undertaken in the last year including :

- Board rounds in Cardiology to inform staff of priorities, triage and update on patient's condition.
- ACS Transfers are now admitted direct to Holly Suite.
- New Advanced Practitioner post for cardiology who is a contact point for referring centres.
- PVI (ablation) admissions now go to Amanda Unit following competency assessment of staff.
- Patients are given a planned date of discharge upon admission however this needs

to be consistent in all cases.

- Same day admission project within surgery.

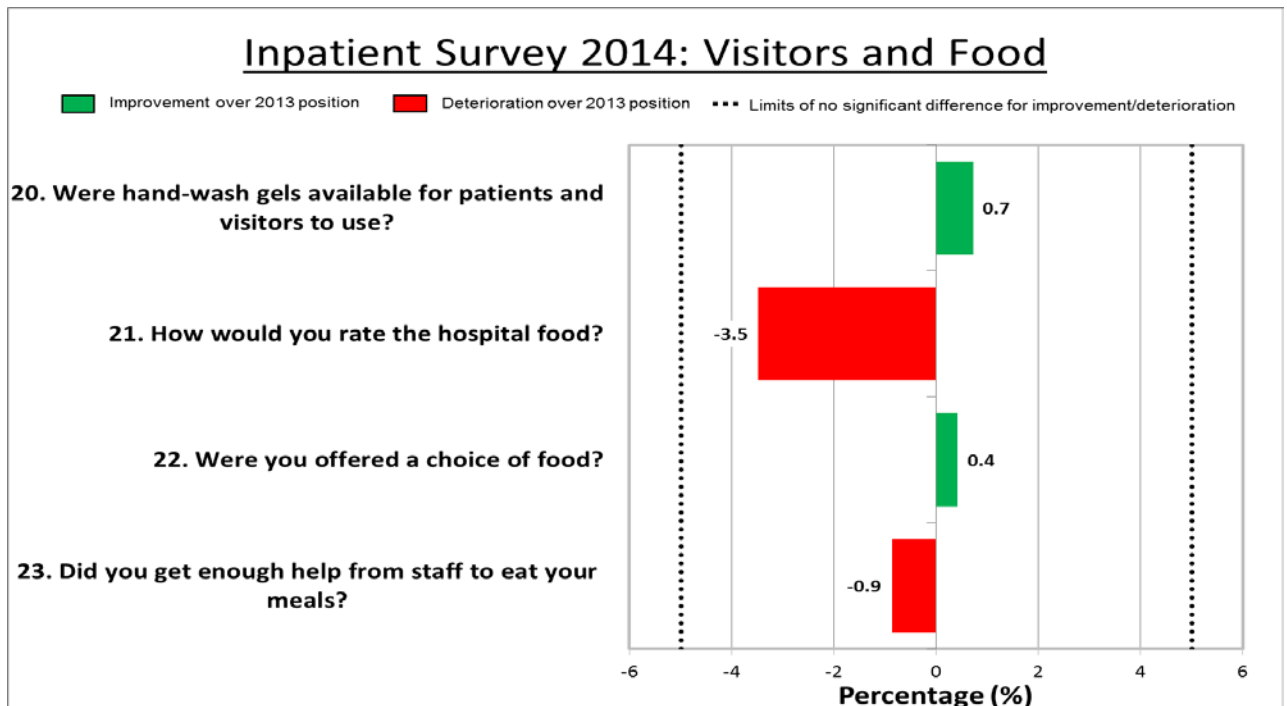
4.2. Hospital and ward



Actions taken and future work

- Enhancements to the end of bed information folder
- Upgrade of bathroom facilities on Birch ward with clear labelling to show male/female facility.
- SAU move to Amanda ward August 2015

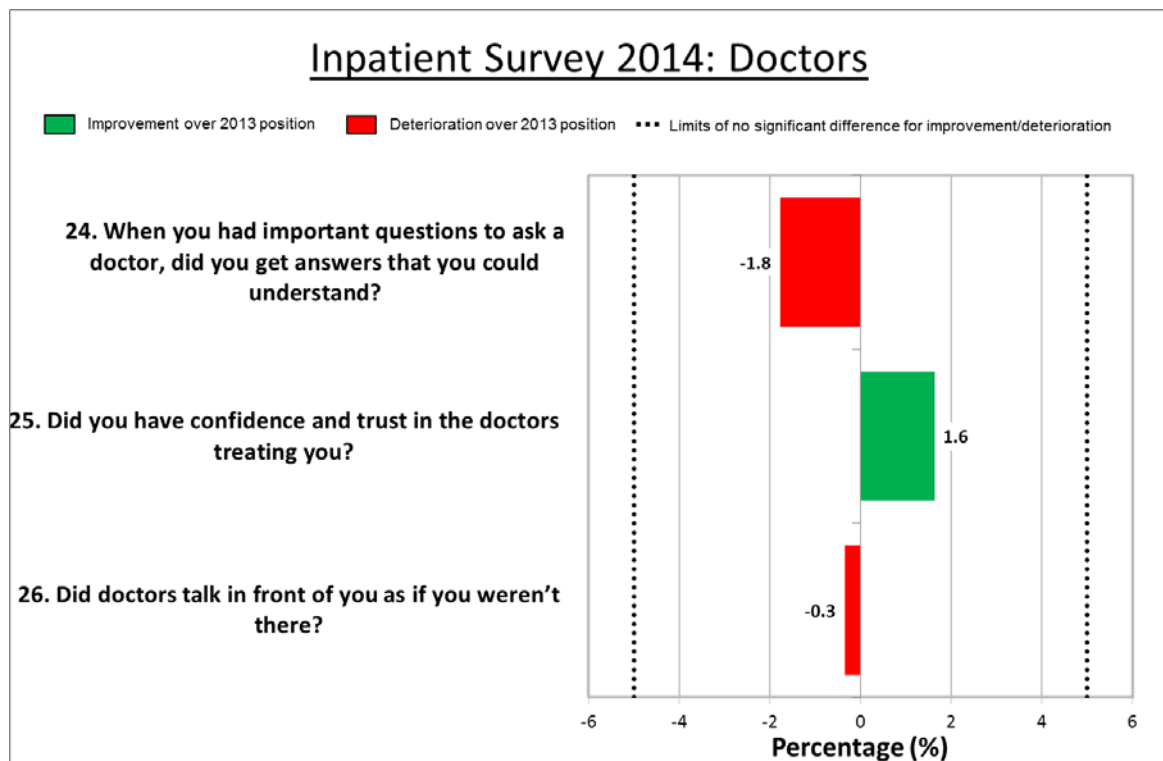
4.3 Visitors and food



Actions taken and future work

- Patient and family centred approach to mealtimes
- Pictorial menus introduced and soft diet menus
- New range of sandwiches
- Increased number of mealtime observations to include breakfast observations
- Increased menu options for those who wish to have a smaller portion
- Expanded the role of the ward volunteers, who assist at meal times
- Nutrition week to raise the importance of nutrition for our patients
- Snack rounds observations
- Review of hospital food via nutrition group
- Food and drink strategy currently being produced.

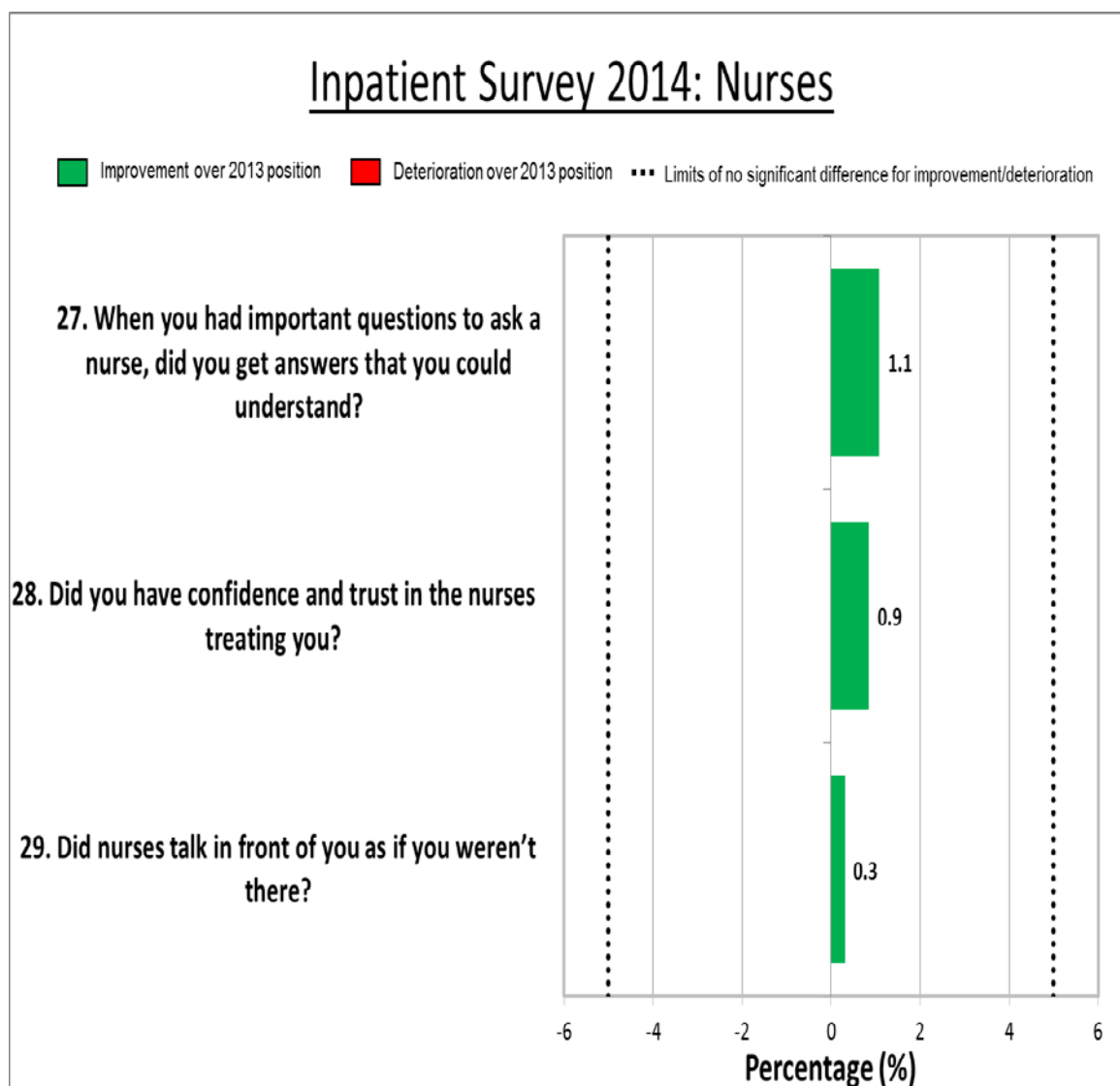
4.4 Doctors



Actions taken and future work

- Nursing staff / Advanced Practitioners are present on ward rounds and will answer any queries that the patient has
- Nursing staff inform patients that they can ask for medical review if a patient wishes to discuss any aspect of care.

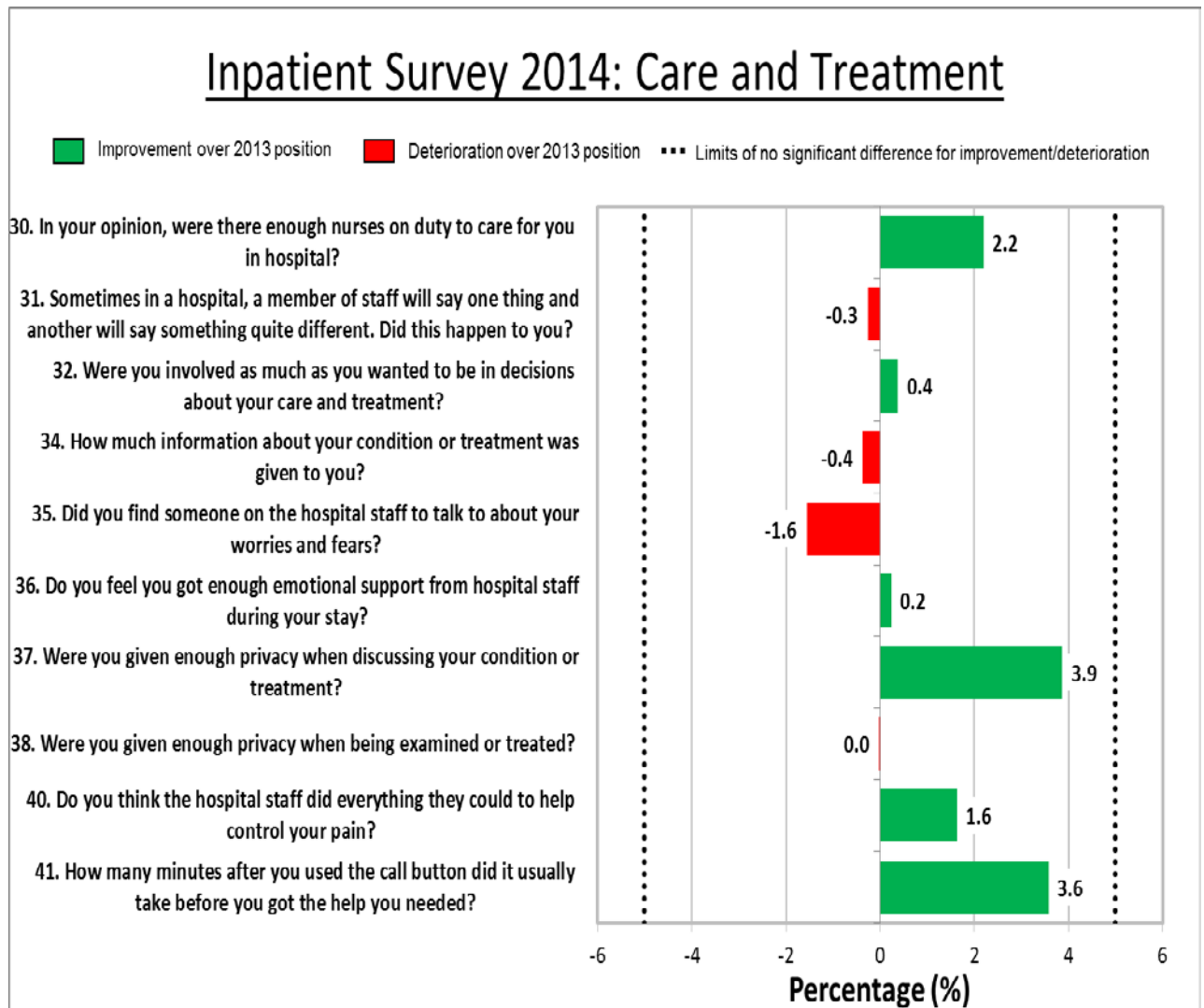
4.5 Nurses



Actions taken and future work

- Nurses have been heavily involved in reviewing FFT feedback, discussing learning from complaints and feedback from the culture survey.

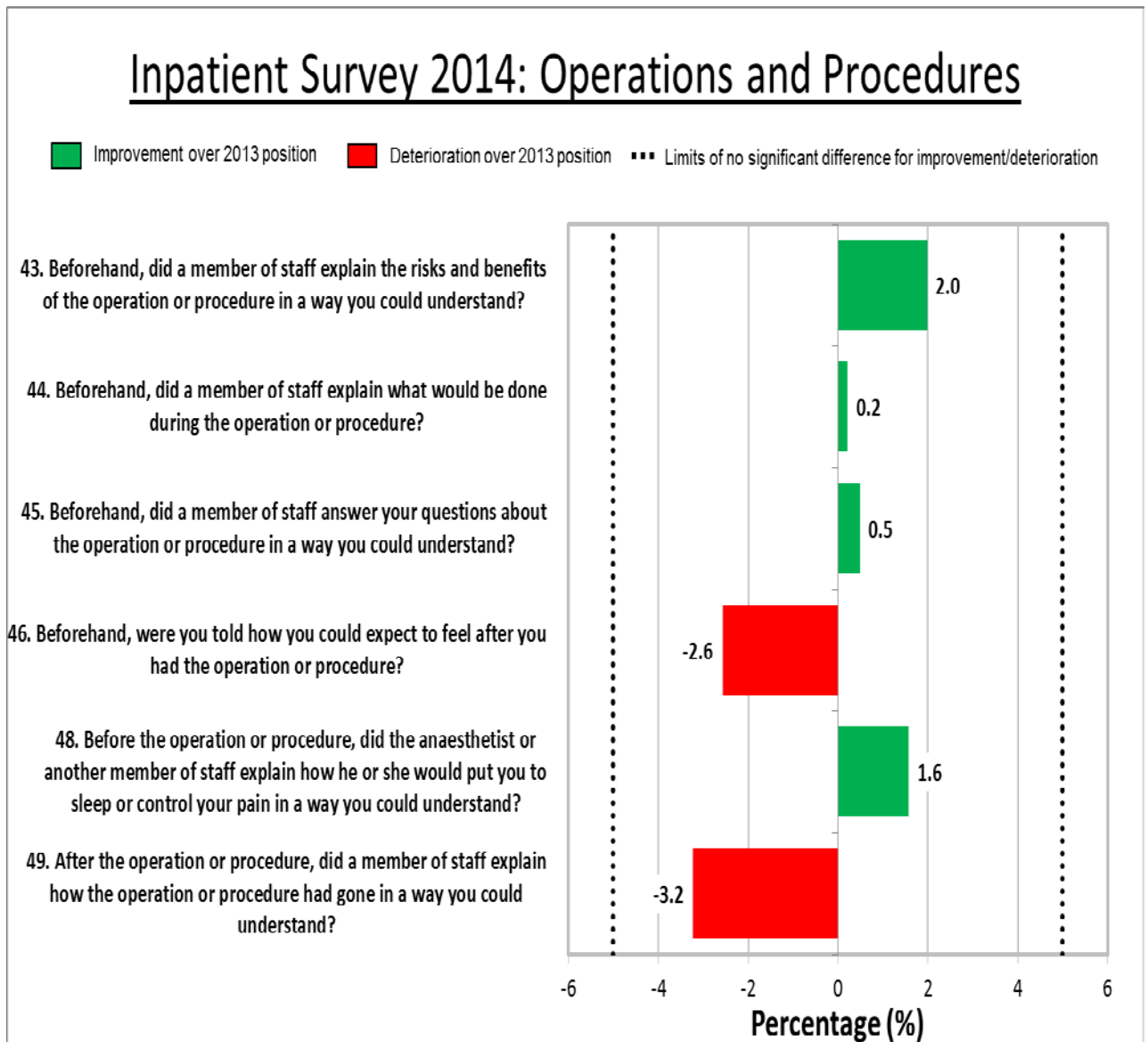
4.6 Care and Treatment



Actions taken and future work

- Roll out of care partner programme Trust-wide now within EPR
- Introduction of dementia training for all staff, family and friends.
- Monthly nurse staffing shared with the public and at ward level on large screens
- Introduction of new patient controlled analgesia pumps
- Significant financial investment in additional nursing staff in several areas across the hospital

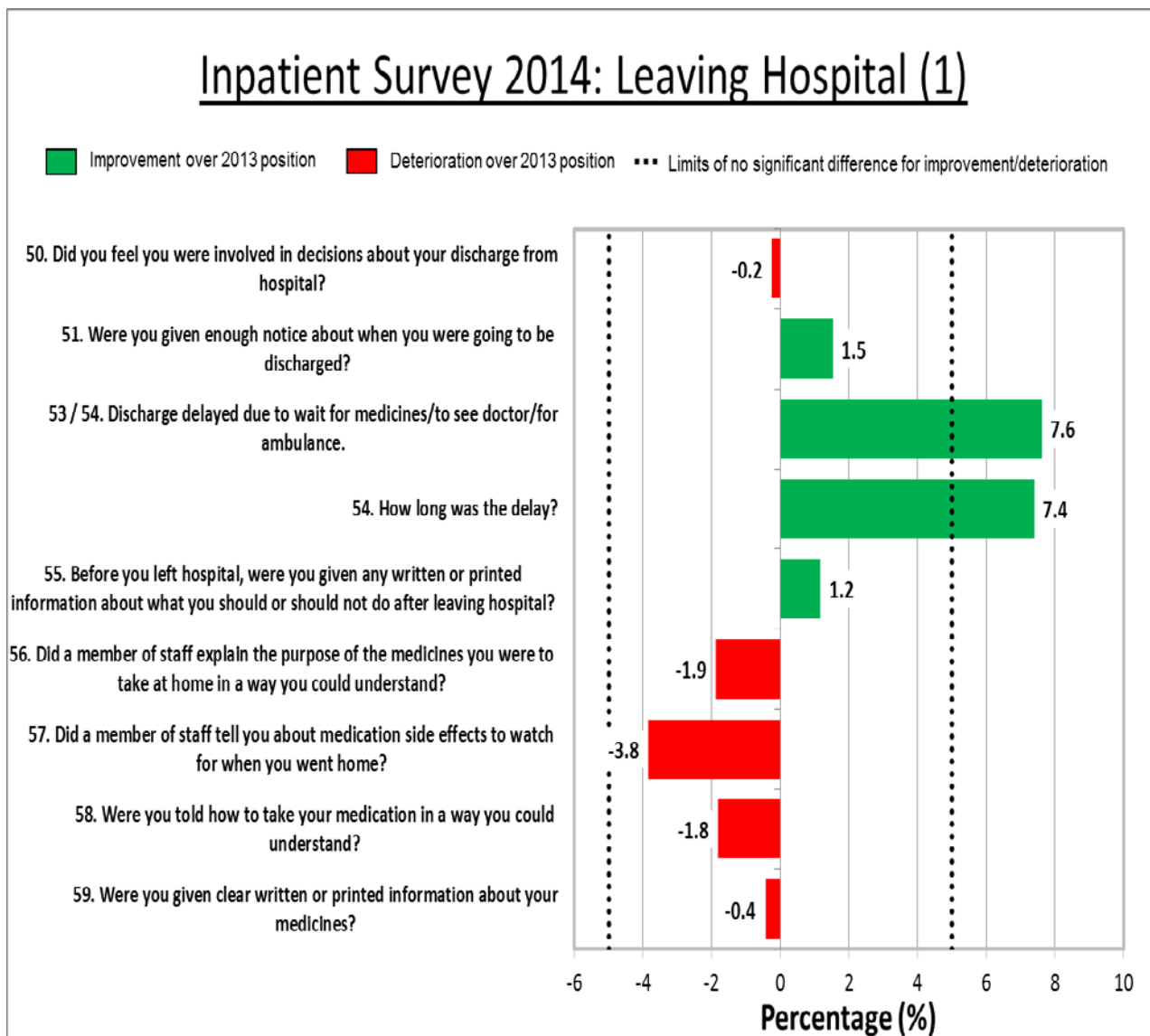
4.7 Operations and procedures



Actions taken and future work

- Ward information booklets to be compiled, particularly when patients are moving from one area to another as part of their care journey
- Will explore ward/ITU visits prior to transfer to familiarise patients and their families with what to expect.
- Feedback results to medical staff at forthcoming audits days/governance meetings highlighting the areas for improvement

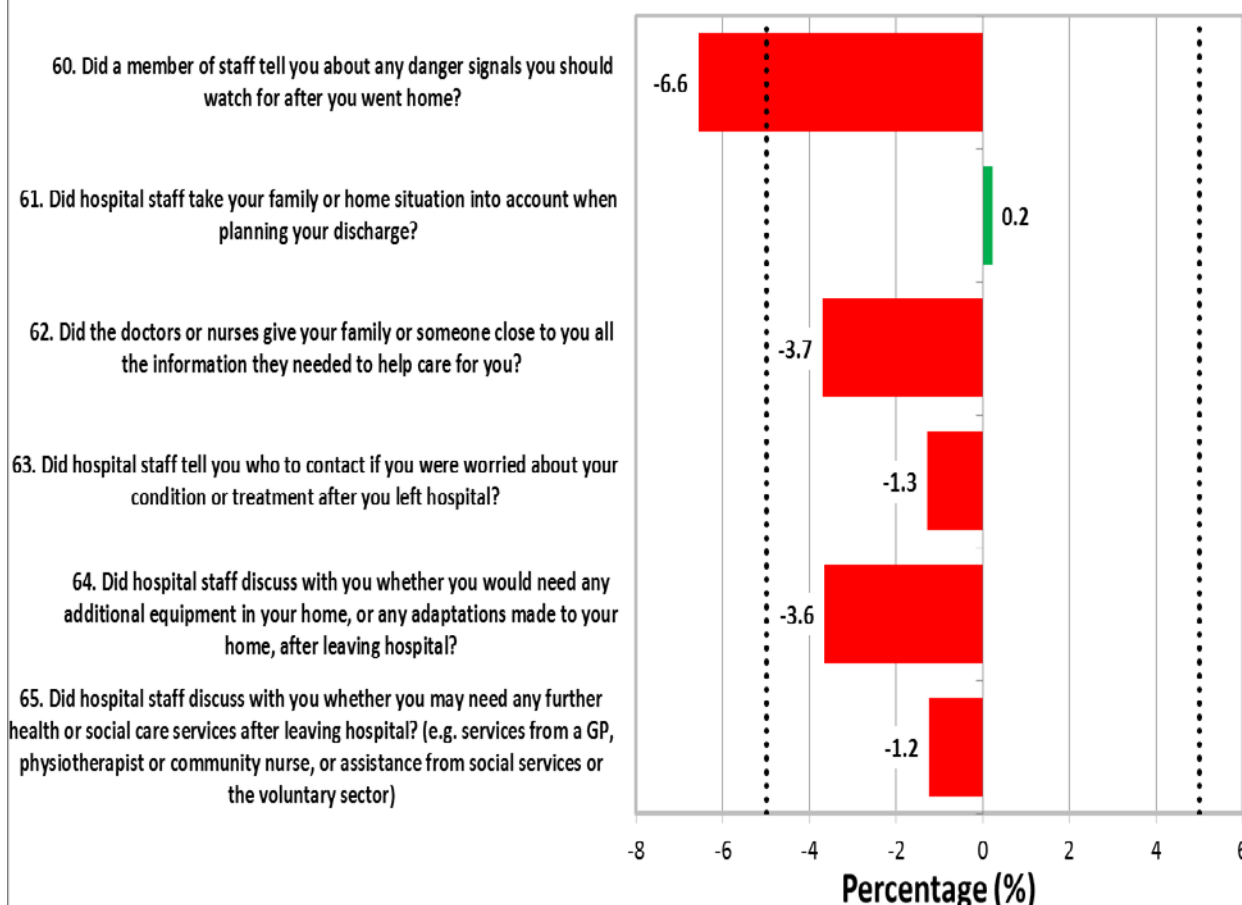
4.8 Discharge



- Teach back training pack now on intranet, this will also be covered as part of the care support team project work
- Cardiac rehab nurse specialist giving training to staff on ward areas.
- Care support team focusing on the pathway of patients from pre-admission to after discharge will support patients being more prepared for discharge
- Care support team development of a discharge standard

Inpatient Survey 2014: Leaving Hospital (2)

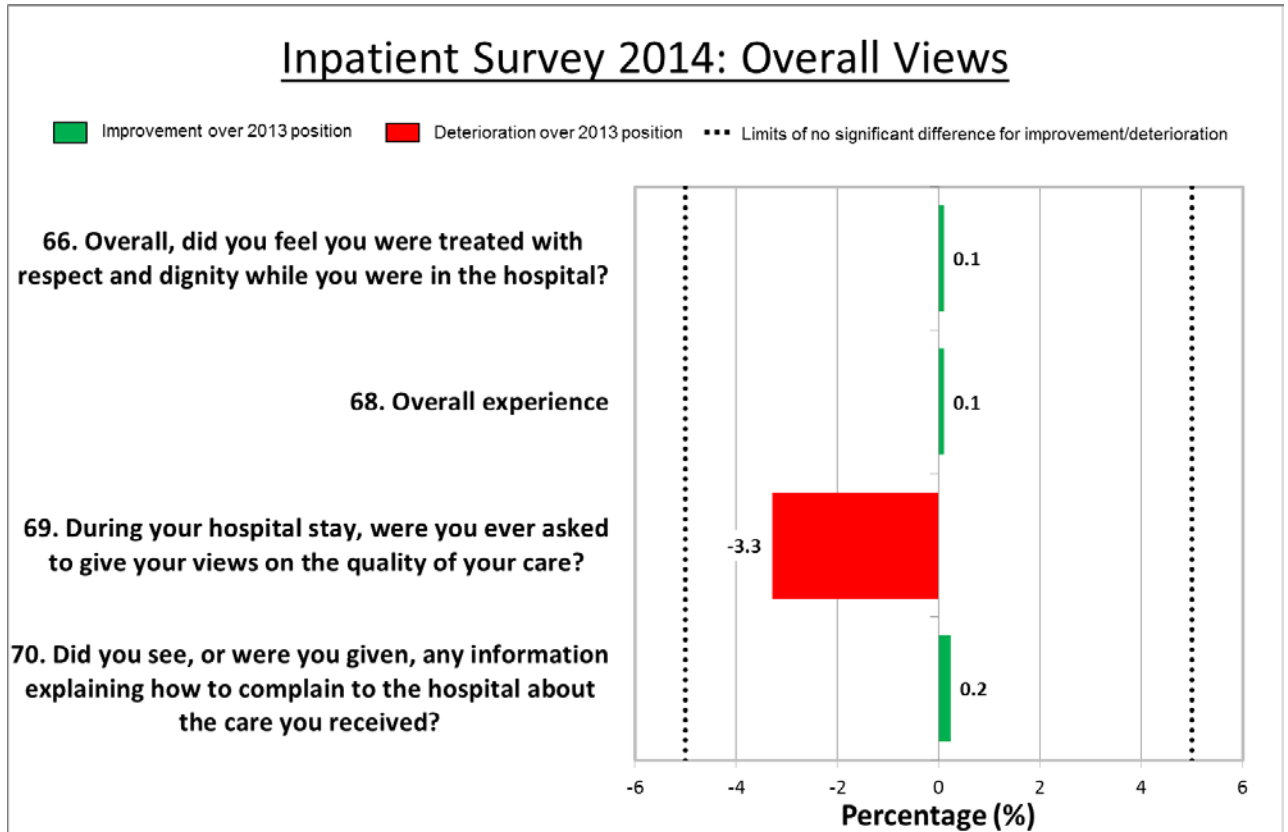
■ Improvement over 2013 position
 ■ Deterioration over 2013 position
 ... Limits of no significant difference for improvement/deterioration



Actions taken and future work

- Introduction of Listening into Action discharge and patient flow processes
- Care partner leaflets introduced
- Care partner clearly identified within EPR system
- Increase in physiotherapist establishment
- Advanced practitioner and specialist nurse follow-up calls to be given where appropriate.
- Speak out safely for patients and families to be implemented in 2015/16 via the RETs initiative.

4.9 Overall



Actions taken and future work

- New complaints posters made available
- Information on how to make a complaint is now included in the OPD leaflet and the bedside folder
- Head of Nursing presence on wards
- FFT feedback and learning shared

5.0 Conclusion

The Trust has received excellent in patient survey results – achieving top in the country for care and treatment and cleanliness. Our vision ‘to be the best’ means that we have identified areas for improvement and key actions to enhance the care experience.

6.0 Recommendations

The Board of Directors are requested to receive the results and agree the actions identified for improvement.