

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 27 SEPTEMBER 2012**

Title:	NATIONAL INPATIENT SURVEY 2011
Responsible Director:	Kay Fawcett, Executive Chief Nurse
Contact:	Carol Rawlings – Associate Director of Patient Affairs, Ext 13974

Purpose:	To provide the Board of Directors with a summary of the comparative results of the Care Quality Commission National Inpatient Survey published in May 2012, and to present the action plan to improve the patient experience.
Confidentiality Level & Reason:	None
Medium Term Plan Ref:	Always consider the needs and care of patients first.
Key Issues Summary:	
Recommendations:	The Board of Directors is asked to: <ol style="list-style-type: none">1. Note the 2011 Care Quality Commission In National Inpatient Survey report which provides a comparison of the results from NHS Trusts.2. Note the contents of this report and the key findings of the survey.3. Note the action plan to improve the patient experience.

Signed:	Date: 13 September 2012
----------------	--------------------------------

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

THURSDAY 27 SEPTEMBER 2012

NATIONAL INPATIENT SURVEY 2011

PRESENTED BY THE EXECUTIVE CHIEF NURSE

1. Introduction

In 2011 the Trust was required to participate in the Care Quality Commission National Inpatient Survey.

The aim of the survey was to understand what patients thought about their experience and care as inpatients within NHS Trusts. The results would be used to drive improvements in the quality of care and the experience of patients and their families.

This report presents the results, as published by the Care Quality Commission in May 2012, and details the comparison between all 161 acute and specialist NHS Trusts that took part in the survey. It highlights areas where University Hospitals Birmingham (UHB) compared well against other Trusts, and where it compared less favourably.

The Care Quality Commission National Inpatient Survey 2011 report is appended (appendix 1).

2. Methodology

850 patients were invited to take part in the survey following their inpatient stay of at least one night in June 2011. Postal questionnaires were sent, followed by two reminder letters.

A response rate of 50% (n414) was achieved, which was slightly below the 53% national average.

Responses were scored for each Trust using a score of 0 - 10. A score of 10 indicates the best possible response. Therefore, the higher the score out of 10 the better the Trust is performing. If less than 30 patients responded to an individual question, the score is not included in the final report as it is not considered valid. A confidence interval of 95% has been calculated by the Care Quality Commission to indicate how accurate they consider the score to be.

The graphs included in the report display the scores for UHB, compared with national benchmarks. Each bar represents the range of results for each question across all trusts that took part in the survey. In the graphs, the bar is divided into three sections:

- The red section (to the left) shows the scores for the 20% of trusts with the lowest scores.
- The green section (to the right) shows the scores for the 20% of trusts with the highest scores.
- The orange section (middle section) represents the range of scores for the remaining 60% of trusts.
- A black diamond represents the score for UHB. If the diamond is in the orange section of the bar for example, it means that the trust is among the middle 60% of trusts in England for that question.

3. Comparison Results and Key Findings

Out of 64 questions scored for UHB, all were in the middle 60% when compared against other Trusts.

The scores out of 10 for each section are as follows:

- | | |
|---------------------------------------|-----|
| • The emergency department | 7.7 |
| • Waiting list and planned admissions | 6.6 |
| • Wait to get a bed on a ward | 7.6 |
| • The hospital and ward | 8.3 |
| • Doctors | 8.5 |
| • Nurses | 8.3 |
| • Care and treatment | 7.4 |
| • Operations and procedures | 8.3 |
| • Leaving hospital | 7.3 |
| • Overall views and experiences | 6.4 |

Of the 64 questions, 36 achieved a score of 8.0 or more of which 12 achieved a score above 9.0. Nine questions achieved a score of 6.0 or lower.

The Trust achieved a score of more than 9.0 for the following:

- | | |
|---|-----|
| • Hand-wash gels available for use | 9.6 |
| • Ever feel threatened by patients | 9.5 |
| • Posters or leaflets on the ward re hand washing | 9.5 |
| • Privacy when being examined or treated | 9.5 |
| • Shared mixed-sex room or bay | 9.4 |
| • Mixed-sex bathroom or shower areas | 9.3 |
| • Cleanliness of room or ward | 9.2 |

- Overall were you treated with respect and dignity 9.1
- Enough privacy when examined in A&E 9.1
- Did nurses wash hands 9.1
- Treated with respect and dignity 9.1
- Did anaesthetist explain how would control pain 9.0

The following areas scored 6.0 or below and require action for improvement:

- After used call bell, time to get help 6.0
- Wait to be admitted to ward 5.9
- Told about danger signals on discharge 5.8
- Rating of food 5.5
- Discharge delayed due to medicines/
doctor or ambulance 5.5
- Informed of side-effects medicines 5.1
- Leaflets on how to complain 4.6
- Ever asked views on quality 2.5
- Choice of admission dates 2.5

4. **Action Plan for Improvement**

The attached action plan (appendix 2) has been developed in response to the survey report and the findings of the bedside survey. It details the actions to be implemented and the person responsible for achievement.

Monitoring of progress will be via the Care Quality Group, chaired by the Executive Chief Nurse. A progress report will be submitted by each division as part of their bi-monthly report to the group.

5. **Recommendations**

The Board of Directors is asked to:

- 5.1 **Note** the 2011 Care Quality Commission National Inpatient Survey report which provides a comparison of the results from NHS Trusts.
- 5.2 **Note** the contents of this report and the key findings of the survey.
- 5.3 **Note** the action plan for improvement and proposed monitoring of progress.

Kay Fawcett
Executive Chief Nurse
13 September 2012

APPENDIX 2

INPATIENT SURVEY 2011 : ACTION PLAN 2012-2013

The following action plan is in response to the findings of the 2011 National Inpatient Survey and the Real Time Feedback via the bedside survey. Scores shown for each question are out of 10. The score from the bedside survey, where available, is given as a score in **blue**. This action plan has been developed in conjunction with Governor and patient representatives.

Q.	Question in National Inpatient Survey Hospital or ward:	Score	Comments	Actions	Time scale	Lead
20 & 21	Were you ever bothered by noise at night from other patients ? Were you ever bothered by noise at night from hospital staff?	6.6 7.9 (7.8)	Following a comprehensive audit of all wards in 2011 draft Noise at Night guidelines have been developed for patients and staff, which are to be finalised and implemented. There was a 0.5 / 0.6 improvement on the scores for 2010.	<ol style="list-style-type: none"> Finalise Noise at Night guidelines Source a sleep pack containing eye mask and ear plugs Agree funding for sleep packs Select wards for pilot of sleep packs and pilot. Publish Noise at Night document Publicise and launch the guidelines Devise an education programme for staff in a variety of methods Repeat the Noise at Night Audit 	<p>April 2012</p> <p>May 2012</p> <p>June 2012</p> <p>July 2012</p> <p>September</p> <p>September</p> <p>September</p> <p>April 2013</p>	Associate Director of Patient Affairs
28	How would you rate the hospital food?	5.5 (7.2)	Responses to the bedside survey suggest a need to improve the temperature and presentation of food. There is also a need to reinforce protected mealtimes in some ward areas. There was a 0.5 improvement on the score for 2010.	<ol style="list-style-type: none"> Reinforce processes for provision of hot food with catering assistants Food Service Manager to monitor feedback and discuss and action via the Catering User Group Feedback via menu cards, at the point of service to be promoted at ward level. Protected mealtimes to be reinforced by Ward Managers and monitored by Matrons. 	<p>June 2012</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p>	Associate Director of Facilities Management Divisional ADN's

Q.	Original Questions Hospital or ward:	Score	Comments	Actions	Time scale	Lead
30	Did you get enough help from staff to eat your meals?	7.7	All patients have a nutritional assessment on admission, which includes their needs for assistance with eating and drinking. There was a 0.7 improvement on the score for 2010.	<ol style="list-style-type: none"> 1. Audit of compliance of nutritional assessments via MUST 2. Audit of use of red tray and jug for those patients requiring assistance 3. Agree actions following findings of audit 	<p>Quarterly</p> <p>October 2012</p> <p>December 2012</p>	<p>Head of Dietetics</p> <p>Head of Dietetics</p> <p>Divisional ADN's</p>
	Doctors					
33	Did doctors talk in front of you as if you weren't there?	8.2	There was a slight decrease of 0.1 on the 2010 score for Q33.	1. Provide feedback to medical teams via Divisional meetings	September 2012	Divisional ADN's
41	Involved in decisions about care and treatment	7.4 (7.9)	There was a 0.5 improvement on the score for 2010 for Q41.	2. To review training provided to junior medical staff	September 2012	Medical Education Mngr
43	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	6.4	There was a 0.3 improvement on the score for 2010 for Q43.	3. Address and reinforce processes to all medical staff within Divisions	March 2013	Divisional Directors
	Care and treatment:					
40	Did a member of staff say one thing and another something different?	7.4	There is a need to understand why patients may respond negatively to this question, and in what circumstances they considered they had received conflicting information. There was a slight decrease of 0.1 on the 2010 score.	<ol style="list-style-type: none"> 1. A more detailed audit of patients to be undertaken by the Patient Experience Team to ascertain the circumstances when patients have received conflicting information 2. Results of the survey to be analysed and fed back to clinicians. 3. Actions for improvement agreed 	<p>November 2012</p> <p>January 2013</p> <p>March 2013</p>	<p>Associate Director of Patient Affairs</p>

Q.	Original Questions Care and treatment:	Score	Comments	Actions	Time scale	Lead
44	Did you find someone on the hospital staff to talk to about your worries and fears?	6.2 (7.5)	Hourly care rounds were introduced in March / April 2011. There was a 0.4 improvement on the score for 2010.	<ol style="list-style-type: none"> 1. Need to ask patients if they have any worries or fears to be reiterated with staff 2. Audit of compliance with Care Rounds 3. Monitoring of patient responses via bedside survey. 	September On-going Monthly	Divisional ADN's
49	Do you think the hospital staff did everything they could to help control your pain?	8.0 (8.8)	Consultant Nurse now reviews all patient feedback including complaints and PALS contacts with related pain issues. The themes are used in education programmes for staff by the Acute and Chronic Pain Teams. Chronic Pain referrals are now available in PICS. Acute Pain service has increased to 7 days/week There was a 0.1 improvement on the score for 2010.	<ol style="list-style-type: none"> 1. Acute pain guidelines to be made available on PICS 2. The multidisciplinary group led by the Pain Nurse Consultant to review feedback from patients. 3. An action plan to be agreed and implemented to take forward methods of improvement. 4. A quarterly progress report to be presented to the Care Quality Group. 	December2 012 Monthly Monthly Quarterly	Nurse Consultant Pain Management
50	How long after you used the call button did it usually take before you got the help you needed?	6.0	There was a 0.1 improvement on the score for 2010.	<ol style="list-style-type: none"> 1. An audit of time to answer call buttons to be undertaken 2. An action plan for improvement to be developed, agreed and implemented 3. Monitoring of the progress with actions will be via the Care Quality group 	October 2012 December 2012 Bi-monthly	ADN Corporate Nursing
59 to 72	Leaving Hospital: Discharge planning		The Discharge Quality Group, led by the Executive Chief Nurse has developed an action plan to address improvements in the discharge pathway which includes all issues raised by patient feedback. With the exception of 'reason for discharge delays', there has been positive improvement in responses to 12 out of 13 questions relating to discharge. Mngr =Manager			Executive Chief Nurse

APPENDIX 1

University Hospitals Birmingham
National Inpatient Survey
2011 scores
Comparison Scores
2009 - 2011

Bedside TV
Survey Results

Question	2011	+ / -	2010	2009	2011/ 2012
Q3 Enough information about condition in A&E	8.0		8.0	8.4	
Q4 Enough privacy when examined in A&E	9.1	+0.3	8.8	8.8	
Q5 Wait to be admitted to ward	5.9	+0.5	5.4	6.1	
Q8 Overall wait to be admitted	6.4	-0.3	6.7	6.5	
Q9 View on time on waiting list	8.4	+0.4	8.0	8.0	
Q10 Choice of admission dates	2.5	+0.5	2.0	2.2	
Q11 Admission date changed by hospital	9.1	-0.1	9.2	8.9	
Q12 Did patient wait a long time to get to a bed	7.6	+0.2	7.4	8.2	
Q14 Shared mixed-sex room or bay	9.4	+0.8	8.6	6.9	
Q19 Mixed-sex bathroom or shower areas	9.3	+0.8	8.5	7.0	
Q20 Ever bothered by noise at night from patients	6.6	+0.5	6.1	6.1	
Q21 Ever bothered by noise at night from staff	7.9	+0.6	7.3	7.4	7.8
Q22 Cleanliness of room or ward	9.2	+0.3	8.9	8.4	9.4
Q23 Cleanliness of toilets and bathrooms	9.0	+0.6	8.4	7.6	9.2
Q24 Ever feel threatened	9.5	-0.2	9.7	9.3	
Q25 Place for personal belongings	6.5	+0.4	6.1	6.1	
Q26 Did you see posters / leaflets re hand washing	9.5	+0.3	9.3	9.7	
Q27 Were hand washing gels available for patients and visitors to use	9.6		9.6	9.7	
Q28 Rating of food	5.5	+0.6	4.9	5.0	7.2
Q29 Choice of food	8.8	+0.3	8.5	8.4	
Q30 Help to eat meals	7.7	+0.7	7.0	7.0	
Q31 Getting answers to questions from doctors	8.3	+0.1	8.2	8.1	
Q32 Confidence and trust in doctors	8.7	-1	8.8	8.9	
Q33 Did doctors talk in front of you as if you weren't there	8.2	-0.1	8.3	8.0	
Q34 Did doctors wash hands	8.6	-0.1	8.7	8.4	9.4*
Q35 Getting answers to questions from nurses	8.2	+0.1	8.1	7.8	
Q36 Confidence and trust in nurses	8.3	-3	8.6	8.3	
Q37 Did nurses talk in front of you as if you weren't there	8.7		8.7	8.4	
Q38 Were there enough nurses on duty	7.2	+0.5	6.7	7.3	
Q39 Did nurses wash hands	9.1	+0.2	8.9	8.7	9.4*
Q40 Did staff contradict each other	7.4	-0.1	7.5	7.9	7.9
Q41 Involvement in decisions about care and treatment	7.4	+0.5	6.9	7.0	8.2

Question	2011	+/-	2010	2009	2010/ 2011
Q42 Amount of information	8.0	+0.3	7.7	8.3	
Q43 Could family talk with doctor	6.4	+0.3	6.1	6.4	
Q44 Someone to discuss worries or fears	6.2	+0.4	5.8	6.1	7.5
Q45 Enough emotional support from staff	7.1				
Q46 Amount of privacy when discussing treatment	8.5	+0.3	8.2	7.8	9.2
Q47 Amount of privacy when being examined or treated	9.5		9.5	9.2	9.3
Q49 Did staff do all they could to control pain	8.0	+0.1	7.9	8.0	8.8
Q50 Time for help to arrive	6.0	+0.1	5.9	6.2	
Q52 Were risks and benefits of the operation explained	8.8	-0.2	9.0	8.9	
Q53 Was what would done during the operation explained	8.4	-0.3	8.7	8.5	
Q54 Were questions about the operation answered	8.5	-0.4	8.9	8.7	
Q55 Told how would feel after operation	7.1	-0.2	7.3	7.0	
Q57 Did anaesthetist explain how would control pain	9.0	-0.3	9.3	9.0	
Q58 Were you told how the operation had gone in understandable way	7.8	-0.2	8.0	7.8	
Q59 Involved in discharge decisions	7.0	+0.4	6.6	6.9	
Q61 Main reason for discharge delay	5.5	-0.2	5.7	5.5	
Q62 How long was discharge delay	6.9		6.9	6.8	
Q63 Written or printed discharge information	7.8	+0.5	7.3	7.7	
Q64 Was the purpose of new medicines explained	8.6	+2	8.4	8.6	
Q65 Were the side-effects of the new medicines explained	5.1	+0.4	4.7	4.6	
Q66 Told how to take medication	8.4	+0.2	8.2	8.1	
Q67 Given printed information on medicines	8.0	+0.1	7.9	7.8	
Q68 Told about danger signals on discharge	5.8	+0.8	5.3	5.6	
Q69 Family given all information on discharge	6.5	+1.3	5.2	6.1	
Q70 Were you told who to contact if worried	8.4	+1	8.3	8.4	
Q71 Given copies of letters to GP	8.0	+0.3	7.7	7.1	
Q72 Letters written in a way you could understand	8.8	+0.1	8.7	8.5	
Q73 Overall treated with respect and dignity	9.1	+0.3	8.8	8.9	8.8
Q74 Overall rating of staff working together	7.9	+0.1	7.8	7.8	
Q75 Overall rating of care	8.1	+0.3	7.8	7.8	8.2
Q76 Ever asked views on quality	2.5	+0.6	1.9	0.9	
Q77 Leaflets on how to complain	4.6	+0.7	3.9	4.5	

Questions in Green – shows an improvement on 2010, in **Red** a reduction and those in **Black** have stayed the same as 2010.

* these figures are the same for doctors and nurses as the question asked on the bedside survey does not differentiate between staff groups.