Kingston Hospital NHS
NHS Foundation Trust

CQC Inpatient Survey Results 2015

Trust Board	**Item: 12**
Date: 27th July 2016	**Enclosure: H**
Purpose of the Report:	
The CQC Annual Inpatient Survey 2015 results were published in June 2016. The Board are provided with a copy of the Kingston Hospital report, a summary of the key findings, areas for focus. An action plan is in place and has been produced with support from Picker, Quality Improvement volunteers, governors and staff members. Implementation of the plan will be monitored through the Patient Experience Committee and Quality Assurance Committee.	
For: Information ☒ **Assurance** ☐ **Discussion and input** ☒ **Decision/approval** ☐	
Sponsor (Executive Lead):	Duncan Burton, Director of Nursing and Patient Experience
Author:	Sarah Gigg, Deputy Director of Nursing
Author Contact Details:	Ext 3066 Sarah.gigg@kingstonhospital.nhs.uk
Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Reputational CQC Risk Profile
Legal / Regulatory / Reputation Implications:	Reputational
Link to Relevant CQC Domain: **Safe** ☐ **Effective** ☐ **Caring** ☒ **Responsive** ☒ **Well Led** ☒	
Link to Relevant Corporate Objective:	Strategic Objective 1 – To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience
Document Previously Considered By:	Patient Experience Committee.
Recommendations: The Trust Board is asked to discuss and **NOTE** the Inpatient Survey 2015 results, and the action plan in place	

CQC Inpatient Experience Survey 2015 report for Kingston Hospital NHS Foundation Trust

Executive Summary

1. **Introduction**

1.1 Patient experience is well established as a measure of quality and referred to by the CQC as an indicator of a well led organisation. This paper summarises key findings in the Trust's national adult inpatient survey results for 2015 (attached) and outlines the action plan underway to improve the inpatient experience. These actions outline key areas of focus for inpatient experience and must be considered in the wider context of other programmes of work and influences within the Trust such as staff development, reductions in turnover and vacancies, and Quality Improvement programmes that also impact patient experience.

2. **Background**

2.2 The thirteenth survey of adult inpatients involved 149 acute and specialist NHS trusts nationally. In 2015, the KHFT response rate was 43% (n=513) compared to 47% nationally and included patients discharged during July 2015. 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. Between August 2015 and January 2016, a questionnaire was sent to 1250 inpatients.

2.3 The CQC published the 2015 Inpatient Survey results in June 2016. The survey contains 74 questions and reported on 63 questions. The Picker Institute conducted the survey on behalf of the Trust. The CQC presents the results each year, benchmarking Trusts nationally. The CQC weights the scores of each participating Trust by age, gender and route of admission. By doing this each Trust, in effect, has the same age, gender and route of admission profile and it means that scores are then comparable across Trusts with different profiles. The CQC does not compare, or recommend comparing Trusts' overall performance.

2.4 Four new questions pertaining to integrated care were added to this year's survey however the survey remains broadly similar and therefore comparable to that of previous years.

3. **Results of the Inpatient Survey 2015**

3.1 The results summarised in this paper are based on the CQC interpretation of the data rather than the Picker analysis. However, Picker also generates a report that compares the Trust to 81 other Trusts that they work with on this survey. The Picker report provides further analysis of areas where the Trust may wish to take action. These areas are mentioned in the paper where they are of particular relevance.

3.2 The benchmark report presents the performance of the Trust on each question, compared with all other Trusts. The benchmark report converts results into scores on a scale of 0 – 10. A score of 10 is the best possible score, and a higher score achieved indicates better performance.

3.3 The results are reported in eleven sections reflecting the patient's journey through the care pathway and a series of questions are asked about each section including the Trust's overall score.

3.4 As detailed in the picker analysis, this survey has highlighted many positive aspects of the patient experience.

- 76% rated care as 7 or more out of 10
- 75% felt they were treated with respect and dignity 'always'

- 74% always had confidence and trust in their doctors

- 97% said hospital rooms/wards were very or fairly clean

- 90% said they always had enough privacy when being examined or treated

3.5 The trusts performance however in 2015 has declined when compared to the national picture. The Trust performed below the expected range overall for the sections of the questionnaire that relate to Nurses, Care and Treatment and Overall Views of Care and Services and the trust scored significantly worse compared to the national picture in 13 questions. The trust performed statistically better in one question (Q14).

3.6 When viewing the results in comparison to the trusts performance in 2014, the picture is mixed; there is a non-significant improvement in 19 questions, 7 questions remained static, a non-significant decline in 31 questions and a significant decline in 2 questions (Question 27 and Q73). So while most patients are highly appreciative of the care they receive, it is evident that there is also room for improving the patient experience. Of note, Picker presents this picture as; the same on 57, better on 0 and worse on 5 questions.

3.7 It can be surmised therefore that the trust has made some improvement but has not kept pace with other Trusts in the benchmark cohort. The table below shows those questions flagged in the CQC report as demonstrating significantly worse perfromance in comparison to the benchmark cohort.

Table 1: Questions where Kingston Hospital worsened significantly when benchmarked agsint other trusts the 2014 survey

No.	Section	Question	2014 Trust mean	2015 Trust Mean	Significant Trust difference year on year
Q4	The Emergency/A&E Department	Were you given enough privacy when being examined or treated in the A&E Department?	8.7	8.3	
Q27		When you had important questions to ask a nurse, did you get answers that you could understand?	8.3	7.8	Y
Q28	Nurses	Did you have confidence and trust in the nurses treating you?	8.5	8.3	
Q31		In your opinion, did the members of staff caring for you work well together?	NA	8.1	
Q33		Were you involved as much as you wanted to be in decisions about your care and treatment?	6.9	6.9	
Q36	Care and treatment	Did you find someone on the hospital staff to talk to about your worries and fears?	5	5	
Q37		Do you feel you got enough emotional support from hospital staff during your stay?	6.5	6.6	
Q41		Do you think the hospital staff did everything they could to help control your pain?	8.1	7.6	
Q42		After you used the call button, how long did it usually take before you got help?	5.8	5.3	
Q51	Leaving hospital	Did you feel you were involved in decisions about your discharge from hospital?	6.4	6.3	
Q52		Were you given enough notice about when you	6.6	6.6	

No.	Section	Question	2014 Trust mean	2015 Trust Mean	Significant Trust difference year on year
		were going to be discharged?			
Q70	Overall views of care and services	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	8.9	8.7	
Q71		During your time in hospital did you feel well looked after by hospital staff?	8.6	8.3	

3.8 For each section, the Trusts national overall scores have fluctuated over the last five years, as shown in table 2.

Table 2: Questions where Kingston Hospital worsened significantly when benchmarked against other trusts the 2014 survey

Kingston Hospital National Inpatient survey; Section scores by year.
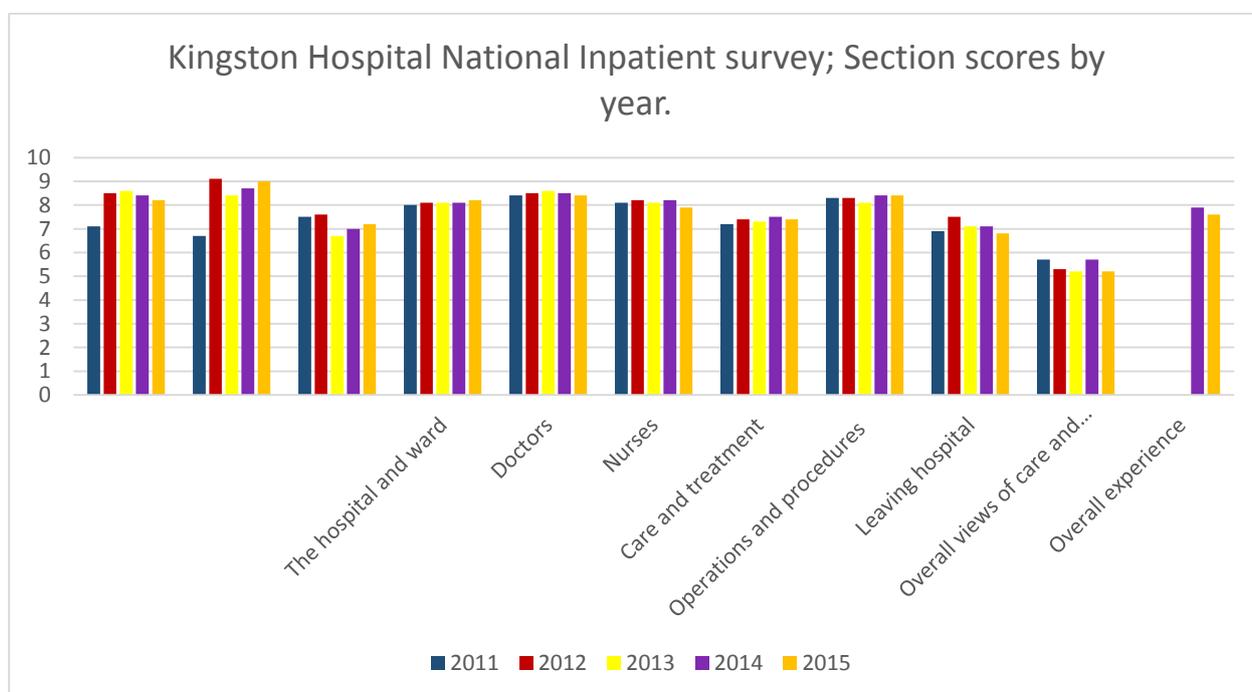
3.9 The CQC recognises the challenges facing NHS providers and so stable results may be viewed in a favourable light. Given the timeframe between receiving the reports and the next survey data collection (patients being discharged during July 2016 will be surveyed over coming months), there can be a lag time in improvement activities to when shift in performance occurs. Regardless of this, to improve the results further the Trust need to continue to drive change to improve patient experience and consistency of that experience across the trust.

4. **Action Plan**

4.1 The Trust worked with the Picker Institute to provide a detailed analysis of results to highlight key action areas which were disseminated across the Trust in April 2016. A Picker Inpatient workshop was delivered on 15th April 2016 where Trust staff, patient representatives and local

stakeholders attended and contributed to the development of the action plan. Workshop attendees identified priority areas for inclusion in the action plan for 2016/17 (Appendix A).

4.2 This year's action plan continues to focus on top key areas identified in previous years surveys (2013/2014), such as providing more emotional support for and listening to patients, communicating with patients so they feel involved in decisions and plans about their care, the speed of answering call buttons, positive patient experience of discharge, and food. In addition to these themes, the action plan also includes actions to enable staff at ward level to develop measure and evolve responsive action plans, improve FFT data feedback and matrix patient experience results into operational improvement programmes. The Patient Experience Committee approved the action plan contained in Appendix A of this document on 23rd June 2016.

4.3 Progress with the inpatient experience action plan will be monitored through the Patient Experience Committee, and progress reported to Quality Assurance Committee.

5. **Conclusion**

5.1 It is clear from the inpatient survey results, that there remains significant room for improving inpatient experience. The actions taken previously within the Trust, whilst showing signs of improvement in some areas, have not been sufficient to shift out overall position when compared to the best performing Trusts. It is the Trust's ambition to be amongst the best performing Trusts in the country for patient experience and therefore both continued effort to maintain good practice and alternative approaches are required to drive a shift in how patients experience care at the Trust. An inpatient experience action plan for 2016/17 has been developed that outlines actions to shift the inpatient experience over the following years.

6. **Recommendations**

6.1 The Trust Board is asked to discuss and **NOTE** the Inpatient Survey 2015 results, and the action plan in place

Appendix A. Inpatient survey action plan

No.	Goal	Action	Measure	SRO/Lead	Date for completion	Actual completion date	Status/ RAG	Comments
1	**Corporate**							
1.11	In patient service improvement planning to be informed by IP survey results	Circulate results	Comms plan	DP/HGF	22.05.15			
1.12	Medical staff aware of results and leading improvements re clinical issues.	Deliver bespoke presentation.	Presentation and outputs integrated into IP Pex Plan	SG/JW	29.07.16			Focus on presentations at Governance meeting.
1.13	All staff are informed by engagement event and solutions proposed.	Circulate summary of workshop outputs (proposed solutions)	Summary	DP/HGF	29.07.16			
1.2	To gain agreement from all departments to build in core themes to service improvement planning.	Priority actions identified presented to PEC and agreed	PEC mins	DP/HGF	05.06.16			Presentations at service line continue.
1.3	Staff to explore results collaboratively and begin action plan process	Deliver bespoke presentation with attendees from across the divisions, support services, patient representatives and volunteering	IP workshop delivered	SG	15.04.16	15.04.16		
1.4	Staff supported to build action plans per dept.	Deliver work shops and ad hoc support each quarter (minimum)	Workshops schedule and associated resources	DP/HGF	31.08.16			Patient experience lead to attend ward Development days and governance meetings to support development of action plans.
1.5	Ward/Dept. action plan quality assured	Highlight reporting per AP through PEC	Highlight reporting schedule and PEC mins	SG	30.09.16			
1.6	Deeper understanding provides real time priorities	Triangulated analysis using inter-related survey (cancer/CODE/Maternity) and FFT feedback	Data report	SO'N	30.06.16			

No.		Description	Action	Measure	Lead	Date				Comments
1.7		Local action planning is informed by quant and qual data relevant to each IP dept.	Request and fund data extraction by department. (Via Picker)	Data report	DP/HGF	30.06.16				Problem maps and department breakdown circulated to all depts. 06.07.16
2		**In patient areas**								
2.11		All IP areas have bespoke action plans with quick wins, medium and long term goals	In patient areas develop individual action plans	% all wards with action plans	Matrons	30.09.16				
2.12		All department plans to implementing improvements on the key improvement themes (see example action plan)	Individual depts. plans in place	% all wards with action plans	Matrons	31.10.16				
2.12		Patient's care and support needs are met without need to use a call bell.	Scale up the successful implementation of intentional rounding (as seen on Hardy)	% all wards implementing intentional rounding. Mock Audits results.	Matrons	Q2 end				
3		**Cross divisional**								
3.11		Activities matrix with cross organisational service improvement planning for discharge	Share and integrate proposed solutions with relevant programme leads.	Programme plans	SG	Q2 end				
3.12		Activities matrix with cross organisational service improvement planning for pain	Share and integrate proposed solutions with relevant programme leads.	Programme plans	SG	Q2 end				QIP
3.21		Communications skills for all staff improved	Review of communication skills training offer	Training records	ET	Q2 end				
3.22			Enhance communications skills provision	FFT results re communication and information (TBC)	ET	Q2 end				
3.31		Staff are trained to assess and manage pain effectively	Review of pain skills training offer	Training records	ET	Q2 end				
3.32			Enhance pain skills provision as needed	FFT results re pain	ET	Q2 end				

3.31	Patients are offered means of distraction when ward areas are unavoidably noisy	In patient areas have access to; headphones for TVs, Dimmed lighting, silent close bins,	Night environment audit (Mini-Place)	PG/CS (Estates)	Q2 end				
3.32		Pilot use of Audio Books	Pilot results	ET	Q2 end				
3.3	Patients have access to spiritual support at night	Chaplaincy Triage Pilot	Pilot results	SVB	Q3 end				
3.41	Improvements to food provision and support are scaled up across the trust	Respond to latest PLACE findings on receipt of report	updated action plan	SG	Q1				
3.42		Spread hot milk drinks rounds to 2 new ward per month as per nutrition group plans.	Nutrition group action plan	MG/Matrons	Q2 end				

Action Status	KEY
Immediate action to be taken	
On track	
Delay anticipated	
Delayed	
Complete	