Kingston Hospital
NHS Foundation Trust

Trust Board (Public)	**Item: National Inpatient Survey**
Date: November 2021	**Enclosure: M**
Purpose of the Report: This short report provides an overview of the 2020 Inpatient National Surveys Findings and work that has commenced to address these. The CQC publishes the national summary of findings on 19th October 2021.	
For: Information ☒ **Assurance** ☐ **Discussion and input** ☐ **Decision/approval** ☐	
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Recommendations: For information/assurance	

Responding to findings of the National Inpatient Survey 2020

Overview

The National Inpatient Survey takes place annually and presents us with contemporaneous data on the experiences of between 400-500 patients. It is a rich source of information in itself, but viewed alongside the data we gather from complaints, FFT and surveys it has the potential to ensure we direct our improvement efforts towards actions that will have the greatest impact on patients experience of care and treatment. While clearly there will be standalone 'quick win' actions to take, equally important are the opportunities influence our transformation and improvement initiatives by encouraging them to take on board insight that the national inpatient survey offers us.

Summary of findings

The survey reports on the experiences of 481 patients (43% of those asked) that received inpatient care in November 2020. KHFT received initial survey findings and analysis from Picker (our national surveys contractor) in June 2020. The CQC report summarising and benchmarking performance across all NHS Trusts in England was published in November 2022 and can be accessed via the CQC website's national surveys page.

Our performance compared with last year has overall improved. We have made significant improvements on 5 questions compared with the previous year.

- Doctors answered questions clearly (93% to 96%)
- Able to take own medication when needed to (83% to 91%)
- Food was very good or fairly good (58% to 69%)
- Given enough notice about when discharge would be (82% to 89%)
- Given written/printed information about what they should or should not do after leaving hospital

There is evidence that we are doing well in areas of importance to patients that we have focused improvement work on or are part of our quality focus. These are: staff helping to control pain; help from staff with meals; respondents reporting that food was fairly good or very good; respondents reporting that there were always enough nurses on duty; and patients given enough information about take home medications.

There is also good performance on important measures of patient experience. Of respondents,

- 99% say that they have confidence and trust in nurses
- 98% say that they have confidence and trust in doctors
- 98% felt that staff helped when they needed attention
- 98% felt treated with respect and dignity
- 97% report that doctors/nurses included them in conversations
- 88% felt that they received enough help from staff to eat meals
- 94% felt that they got enough to drink

Analysis also highlights that:

- 100% of patients treated under and trauma and orthopaedics report positive experience on all questions relating to doctors and nurses
- Those aged 51 and over report very positive experience overall as do patients that are:
    - Discharged on Mondays and Fridays
    - Stay for more than three nights
    - Have a planned hospital admission

However – the survey's findings raise questions about whether our effects are focused on making improvements in areas that are of most importance to patients. Picker's summary analysis identifies areas we are doing well (top five scores top scores vs the Picker average and our Trust's most improved scores) and less well (bottom five scores vs the Picker average and our Trust's most declined scores). Six out of 10 areas we are doing well are on issues *less important* to patients, and in areas we are doing less well, six out of 10 are on issues considered *more important* by patients.

Picker's improvement matrix identifies 27 out of 42 questions that require prioritising or management. Seventeen of these are in the 'important to prioritise' quadrant, and 10 are less important but need close management. Picker's analysis identifies 7 important and 8 issues that are well managed but that we should maintain or monitor.

Emerging themes at a Trust wide level are:

We perform well on aspects relating to care and treatment that are 'transactional' (giving or telling people things) and less well on aspects routed in collaboration between colleagues and partnership with patients. For example, we performed better on questions about giving enough notice of discharge, giving written information about what to do on leaving hospital, giving information about medicine at discharge. We performed less well on questions about contradicting each other about care and treatment, patients feeling involved in decisions about treatment and care and family or home situation considered at discharge, including the need for an equipment or home adaptions.

Seven out of 17 questions on which we need to focus our attention directly relate to discharge. These are: knowing who to contact if worried after discharge, family or home situation considered at discharged, patients feeling involved in decisions about discharge, patients knowing what would happen next with care after leaving hospital, given enough notice when discharge would be, health or social care needs discussed, and equipment or home adaptation needs discussed by staff.

We perform 'somewhat worse' than other Trusts at explaining how an operation or procedure had gone. Kingston Hospital scored 7.6 compared with the average across all NHS Trusts of 8.1 in benchmarking analysis from the CQC.

Looking at survey results by patient characteristics or 'type' tells us that

Respondents that said they have experienced isolation from others in the last 12 months had on average a poorer patient experience. They scored 3% below the survey average on 23 out of 36 questions.

Respondents that said they'd had medical attention for two or more falls in the last 12 months, in general terms, reported a better than average experience of discharge, and poor than average experience of care whilst in hospital. These respondents had a better experience (3% above the survey average) of factors such as: family or home situation considered at discharge, getting enough help from staff to wash or keep clean, notice about discharge, knowing who to contact if worried after discharge, receiving enough help from health and social care professionals after discharge. They had a poor experience of factors such as involvement in decisions about care and treatment, getting enough to drink, involvement in decisions about care and treatment, sleeping undisturbed at night, being asked to give views on quality of care.

Limited analysis is possible based on respondents' ethnic group as findings are supressed because of small respondent numbers. Comparison between 'white British' and 'white other' is possible and this shows that respondents that described themselves as 'white other' had a poorer experience than 'white British' respondents on ten questions, many of which related to communication, e.g. ability to keep in touch with family and friends through restrictions, were include by doctors in discussions, felt nurses answered questions clearly, involvement in decisions about care and treatment and felt they were given enough information on condition or treatment.

Our response

The approach we are using to disseminate and act upon the survey's findings is:

Targeted dissemination and working up analysis and understanding of findings - working with clinical and managerial colleagues to build their understanding of the data, insight it can provide and identify immediate actions within their control through a series of meetings and working sessions.

Ward wide initiatives – a small number of initiatives at ward level that can be put in place over Autumn to provide a visible response to the survey's findings.

Themed initiatives – ensuring improvement groups (such as falls, nutrition) are aware and able to draw insight from the findings and respond to these through their action plans.

Bringing the patient voice into our transformation work – ensuring that survey findings inform and influence the agenda of our work on flow within the hospital and discharge processes.

Picker lead ideas generating sessions – using the facilitate and insight skills of Picker to engage a range in the survey's findings.

Dissemination of insights – use internal communication channels to deliver 'bite size' highlights form the survey on the survey embargo is lifted.

Accountability for moving forward with change – bring responses together in an overall action plan and report this via the Patient Experience Committee.