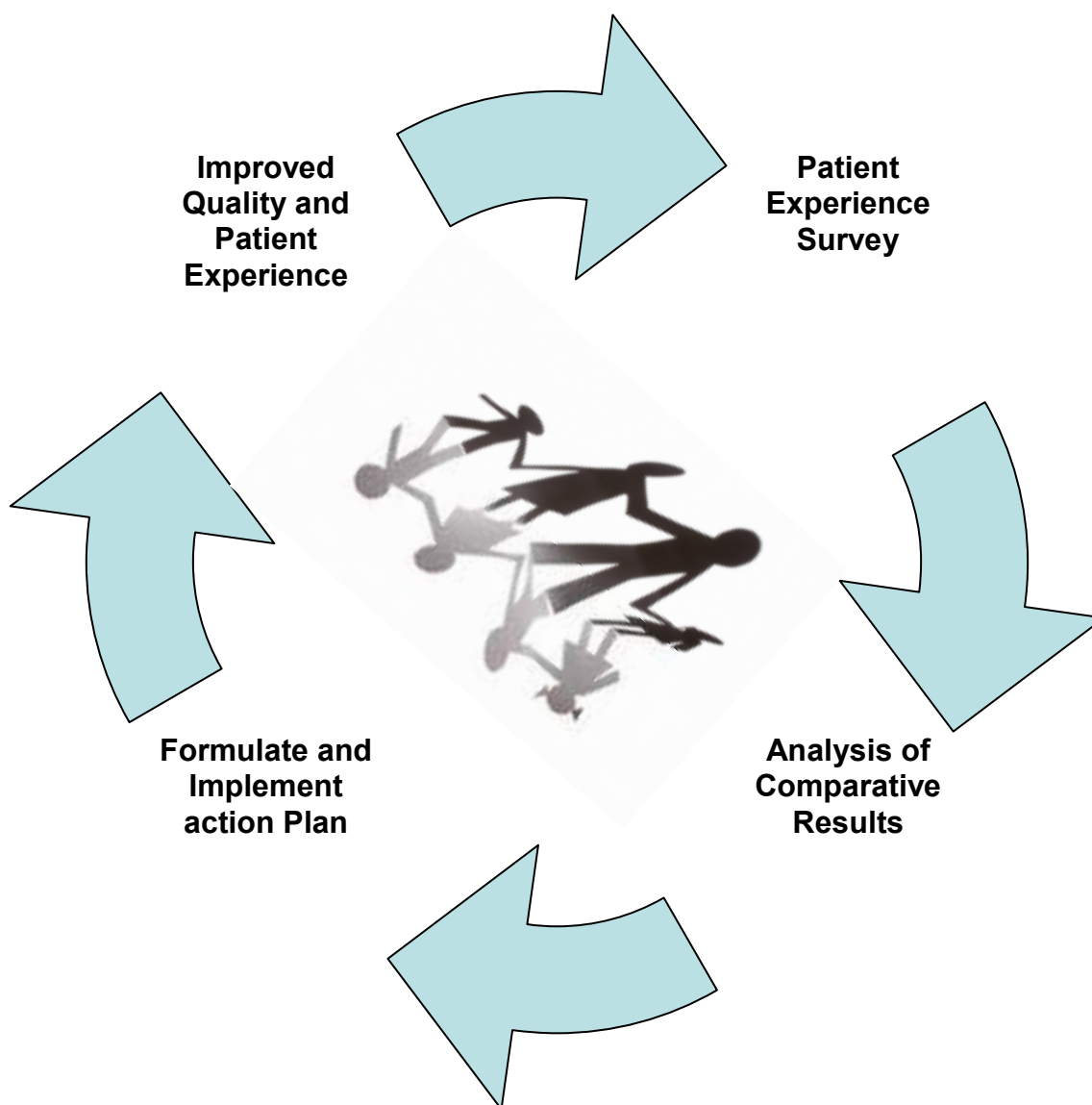


TRUST BOARD

Date of Meeting: 05/04/2011		Enclosure: 11	
		Agenda Item No: 9.2	
Title of Report: Update on Patient Survey Action Plan			
Aims: To update the Trust Board of progress on the Care Quality Commission's Inpatient Survey published in May 2010 and subsequent actions taken.			
Summary: The Care Quality Commission undertook an inpatient satisfactory survey in August 2009. This report identifies: <ul style="list-style-type: none"> • Improvements to care and services. • Areas that require addressing for ongoing improvement. • How North Cumbria University Hospitals Trust benchmarked against the findings of other Trusts. 			
Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):			
Financial	Reducing complaints/ Litigation		
Workforce	Education and Training		
Other	Improving the patient experience. Reputation of the Trust.		
Recommendations: To be received as information, followed by ongoing monitoring of the action plan via Governance Committee.			
Document previously approved by: N/A			
Prepared by: Chris Platton, Director of Nursing, Quality & Governance		Presented by: Chris Platton, Director of Nursing, Quality & Governance	

**TRUST BOARD
2010/11 ANNUAL PLAN
IMPROVING PATIENT EXPERIENCE AND
SATISFACTION
May 2010**



1. PURPOSE

The purpose of this annual plan for patient experience and satisfaction is to use the Care Quality Commission annual patient survey to ensure continuous improvement in the quality of patient care by developing a more robust approach to service improvement. The improvement process will be clinically led by the Acting Director of Nursing and senior nursing staff.

This annual plan has been developed to ensure that the results from the 2010/11 survey are used to identify key aspects of inpatient care which can be improved. Furthermore, the plan aims to make patient satisfaction an integral part of service improvement and governance within Clinical Directorates and Divisions.

2. BACKGROUND

The Care Quality Commission Inpatient survey was undertaken in 2009 and the results were published in 2010. The Commission says the results will help Trusts to understand the views of their patients and respond to any concerns.

The Trust is committed to making continuous improvements in patient experience and in quality of care. The establishment of a Risk and Quality Strategy in 2010/11 will include a systematic approach to using a wide range of patient experience indicators including complaints and surveys to inform of improvement plans.

The annual plan will be monitored and evaluated through the following channels;

- Governance and the Director of Nursing Report
- Patient, Carer & Public Involvement
- Matrons Forum
- Clinical Policy Group

The assurance process for ensuring follow-up actions are implemented will be through standard reports to the Governance Committee.

Inpatient Satisfaction Survey Results 2010

	Based on patients' responses to the survey, this Trust scored:	Expected range for this trust:	Trust Score
For questions about the emergency/A & E department, answered by emergency patients only.	8.3/10	7 to 8.2	8.3/10
For questions about waiting lists and planned admissions,	6.6/10	6.1 to 7.2	6.6/10

answered by those referred to hospital.			
For questions about waiting to get a bed on a ward.	8.5/10	7 to 8.9	8.5/10
For questions about the hospital and ward.	8.2/10	7.6 to 8.4	8.2/10
For questions about doctors.	8.5/10	8.1 to 8.9	8.5/10
For questions about nurses	8.7/10	7.8 to 8.7	8.7/10
For questions about care and treatment.	7.6/10	7 to 7.9	7.6/10
For questions about operations and procedures, answered by patients who had an operation or procedure.	8.3/10	7.9 to 8.7	8.3/10
For questions about leaving hospital.	6.6/10	6.2 to 7.3	6.6/10
For questions about overall views and experiences.	6.5/10	6 to 6.9	6.5/10

The national survey results demonstrate the improvements made in previous years have been maintained and no areas of concern that would affect our registration status with the Care Quality Commission. The survey highlights variation in performance between Trusts.

3. 2010/11 PLAN

The Trust's aim is to build on the improvements made over the past two years with particular emphasis on the discharge process and patient information at all stages of the patient journey.

The following objectives and priorities have therefore been set for 20010/11:

Objective	Lead	Timescale	Evaluation
Improve staff awareness of survey and engagement in action plan	Senior Nurse Group/ Clinical Policy group	August 2010/11	Communication brief from Liz Kay Team Brief Postmasters Identified through Steering Group, disseminated through Matron meetings Sister/CN meetings HC Forum
Meals/Choice	Director of Estates and Facilities	Ongoing	Meal Survey. Patient Experience survey.
Monitor real time patient experience survey	Acting Director of Nursing	Ongoing	Analysis of results by ward/department

Review discharge process	Deputy Director of nursing	March 2011	Improved/consistent use of EIDO Information should be sent out for agreement with the Consultants, Senior Nurses and Patient Panel
Monitor facilities to maintain patient privacy and dignity	Heads of Nursing/AHP	Ongoing	Audits in place and reported to Governance Committee
Improve information about discharge medication	Chief Pharmacist/ Deputy Director of Nursing	June 2011	Part of the Forward initiative

4. **MONITORING & EVALUATION**

The report will be monitored and evaluated through the compliance steering group. The reports will be taken to the Governance Committee and actions will be monitored and updated accordingly. The divisions monitor patient experience through the real time Audit tool and this is displayed on each ward area (appendix 1).

5. **RECOMMENDATION**

The Trust Board is asked to note the contents of this report.

Chris Platton
DIRECTOR OF NURSING, QUALITY & GOVERNANCE

APPENDIX 1

**AN UPDATE ON REAL TIME IN PATIENT
SATISFACTION FEEDBACK**

Progress

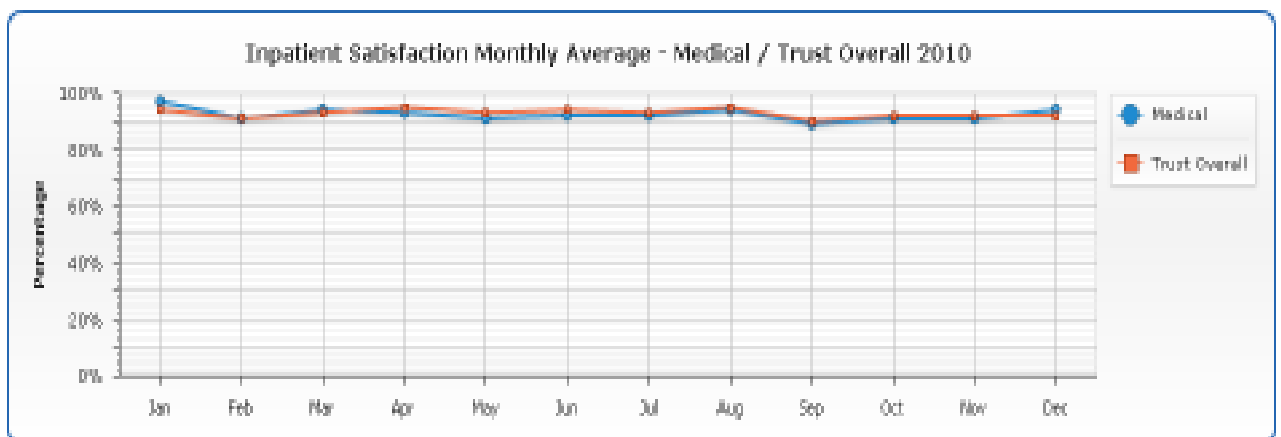
Inpatient Satisfaction Surveys

Inpatient satisfaction surveys are completed on a monthly basis by a combination of Volunteers and Patient Panel members using an iPad or iPhone. The aim is to complete 50% of the “bed base” of each ward each month. The data collected is immediately uploaded into a web based information system called Auditr. At the end of each month if any element within the surveys falls below the expected standard (shown as amber or red) an alert is generated by Auditr and sent to the Ward and the Sister/ Charge Nurse of the ward. The Sister/Charge Nurse will then feedback to their team and generate an action plan.

Results

Inpatient Satisfaction

The table below shows the cumulative results for the Medical Division on both sites for 2010.

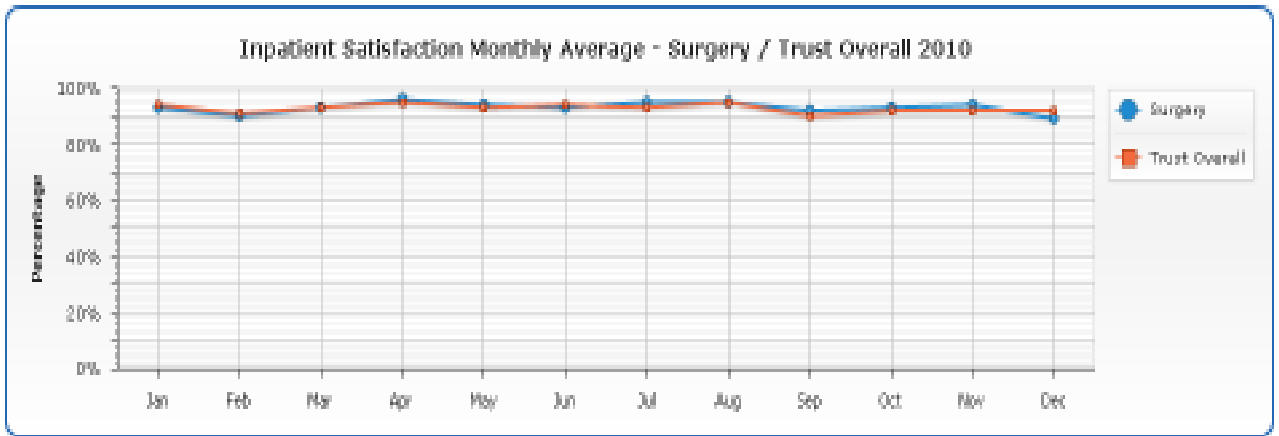


The table below shows the cumulative results for the Medical Division for 2011.

(March figures are incomplete as we are not yet at the end of the month)
The tables clearly demonstrate consistent Inpatient Satisfaction above 90%.



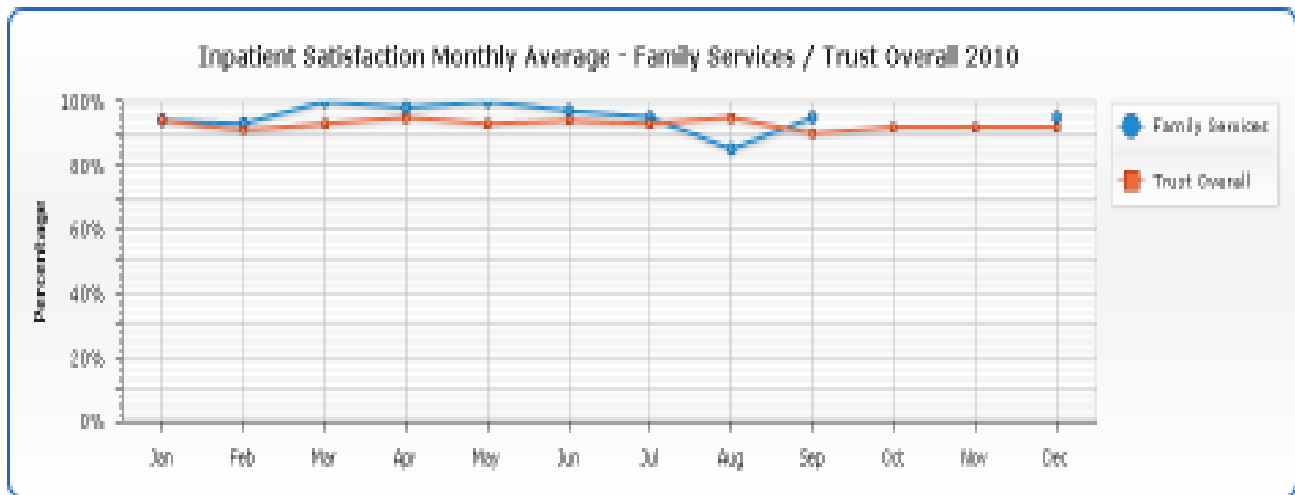
The table below shows the cumulative results for the Surgical Division on both sites for 2010.



The table below shows the cumulative results for the Surgical Division for 2011 (March figures are incomplete as we are not yet at the end of the month). The tables clearly demonstrate consistent In - patient Satisfaction above 90%.



The table below shows the cumulative results for the Family & Support Services Division on both sites for 2010



The table below shows the cumulative results for the Family & support Services Division for 2011
(March figures are incomplete as we are not yet at the end of the month)



Action Plans

An action planning facility has now been added to Auditr to allow any scores for patient which fall in the amber or red zone to be followed up with an action with specific details as shown below . It is the ward Sister/Charge Nurses responsibility to develop an action plan assigning actions, person responsible and target dates. The ward Sister/ Charge Nurse will be alerted to any red or amber scores in their ward area when logging on to Auditr. The system will generate alerts until the issue has been actioned. If not actioned after a number of alerts the system will alert the next tier of management.

Outstanding action plans will shortly form part of the “ Monthly Ward Report” generated by the Auditr system.

The Sister/Charge Nurse in most areas have now received informal training on the completion of action plans.

Ongoing Plans

Patient Satisfaction

I pads are now being used rather than iphones as these are easier to use due screen size. The possibility of each area/division having an ipad is being investigated.

Training has been provided on Auditr to all Sisters on the CIC site as well as some ward staff .Training of Sisters at WCH is ongoing.

A “ Task and finish” group has been established to review sustainability plans for continued monthly satisfaction survey.

Action planning through the Alerts issued by Auditr is becoming established into ward practice. Although, further development is required particularly in the areas who have not undertaken the Productive Ward Project.

A number of volunteers have been recruited to the CIC site and are now undertaking In patient Satisfaction Audits in allocated areas. A number of further Volunteers are also in the process of being recruited to undertake the surveys. It is anticipated that each clinical area will have a designated Volunteer who will complete the required number of surveys each month.

As an interim measure from April Isobel Smith, Patient and Public Involvement Lead will perform the surveys in areas who do not yet have a designated Volunteer.

A “Task and finish” group has also been established to simplify the recruitment process for Volunteers as the current process has been reported as lengthy and offputting for some potential volunteers. This group will also look at a recruitment campaign for Volunteers once the process for recruitment is agreed.

A patient satisfaction survey for use in non in -patient areas is now in place and is being trialled in Maple A with plans to extend the trial to the A and E Department at CIC once Volunteers are in place.

Further patient satisfaction surveys are also in development for Paediatrics and Oncology.

Recommendations:

- Continue ‘Task & Finish’ group to take forward procedures, training and ongoing implementation of real time patient surveys.
- To recruit additional volunteers to undertake patient surveys and if possible assign volunteers to wards as currently there is limited availability from volunteers / patient panel members.

- To continue to imbed action planning through auditr into everyday practice. This will ensure appropriate governance is implemented and maintained to provide assurance that patient feedback is central to service improvement.
- To ensure that all areas complete the stated number of surveys.
- Consider adding comments field for patient feedback to give more detailed feedback.
- Implement appropriate staff training to use all aspects of the Auditr system including action planning.
- Encourage staff to take ownership of the information generated by the system.

Gill Long
NURSING & QUALITY

March 2011