

Health Care Commission UHSM Inpatient Survey, 2009 and Divisional Action Plan.

1. Purpose

The purpose of this paper is to provide an overview of the 7th survey of adult inpatients from NHS Trusts in England, in particular to illustrate University Hospital of South Manchester NHS Foundation Trust (UHSM) score in comparison to national benchmarks. This paper also articulates UHSM's performance and identifies areas for improvement

2. Background

498 inpatients completed the survey at UHSM during a snapshot period last year, the response rate was 58.5%. The results are standardised by age, sex, method of admission to allow comparisons between hospitals. The questions are grouped under the following headings: admission to hospital; the hospital and ward; doctors; nurses; your care and treatment; operations and procedures; leaving hospital and overall

3. Inpatient Survey 2008 Action Plans

In terms of the 2008 survey, Divisional action plans were completed and monitored following the results publication. This action plan was updated in October 2009. Areas included in the action plan are also detailed within the action plan in Appendix 1.

4. Demographics UHSM (Care Quality Commission (CQC) previously HCC) 2009

The sample size was 498, this consisted of male 236, female 247 and no response received from 15. In terms of ethnic group, 94% were white, 0.6% were Asian or Asian British, 0% were Black or black British 0% and 5.4% were not stated

5. Scoring system

As a summary measure for each question the approach used by HCC/CQC star ratings is used to allow easy benchmarking with existing published national data. Later in the year a tool is made available to allow Trusts to benchmark themselves with other Trusts locally, when this is made available, a further update will be provided. The mean rating score allocates a weight to each response, with positive scores excellent, very good and good allocated a higher score than negative responses fair and poor. An average for each score is then calculated.

- Green Highest 20% Trusts
- Orange Middle 60% Trusts
- Red Lowest 20% Trusts

6. UHSM Results Overall CQC

Appendix 3 shows all questions and scores 2004-2009. Some questions have been added and dropped over the years; a dash is added to boxes when questions have not been asked. Certain questions have been dropped due to relevancy and question ambiguity. All results are within 10% last years total which is a similar pattern in all other Trusts. The traffic light colour system from last year has been left in to allow comparisons.

Summary from the Survey now (CQC previously HCC) 2007, 2008, 2009

Traffic Light	2007	2008	2009
Green	13	18	18
Borderline green	9	8	
Orange	33	31	43
Borderline red	1	3	
Red	0	2	4
Total	56	62	65

The areas performing well i.e. sections with the most greens (top 20 Trusts) include: doctors, nurses and your care and treatment. The areas performing less well include: admissions, and discharges,

offered choice of hospital. This is a good set of results, particularly for a Trust based in a large city. The above average scores have a good spread across all areas. The areas for improvement based on national comparisons, trends over time and patient's priorities, Patient Perspective recommends addressing the following priorities: **mixed sex bathrooms, area to keep personal belongings, choice of/changing admission dates and choice of hospital. These low scores are similar to previous years.**

6.1 Worst Scores (see appendix for detail)

Red

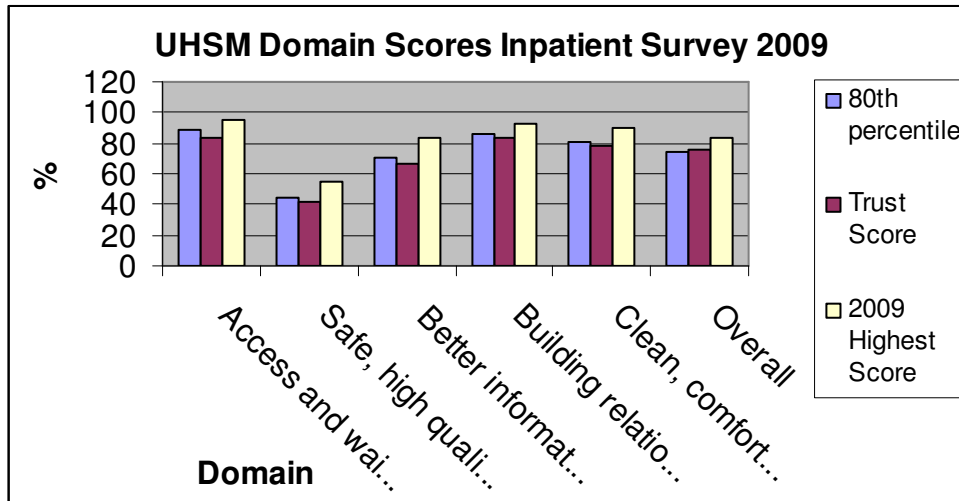
1. Offered choice of hospital for first appointment (this score has not been given a comparator score as not the responsibility of hospital trusts see appendix 3)
2. Using mix sex shower areas
3. Family given more information on discharge
4. Place of personal belongings

Low Amber

1. Ever asked views on quality
2. Leaflets on how to complain
3. Delays on discharge
4. Told about danger signals on discharge
5. Given GP copy letters and information about side effects of medication
6. rating for food
7. given choices of admission dates
8. time waiting to be admitted to a ward

7. Domain Scores UHSM comparison against top 20% Trusts and best in country

The table below charts domain scores (access and waiting, safe high quality care, better information more choice, building relationships, and clean comfortable place for 2009 against the 80 percentile and top scores in country.



UHSM scores well overall in comparison with 80th percentile and best hospital in the country score.

8. Commissioning Quality Improvement Questions (CQUIN)

The CQUIN questions are ones that Trusts are strongly urged to concentrate on as they will be linked to performance payments. UHSM results are as follows:

Question	Yes definitively	Yes to some extent	No
41. Were you involved as much as you wanted in decisions about care and treatment?	282 (57%)	170 (35%)	39 (8%)
44. Did you find someone on the hospital staff to talk about your worries and fears?	124 (43%)	111 (39%)	52 (18%)
45. Did you have enough privacy when discussing your condition?	345 (71%)	103 (21%)	39 (8%)
64. Medication side effects explained	110 (37%)	63 (21%)	125 (42%)
69. Who to contact if worried about your condition after leaving hospital (yes/no question)	328 (73%)	-	119 (27%)

9. Summary

In summary, all results are within 10% last years total – similar to other Trust results. Only 58.5% response rate was achieved so we cannot be fully confident that if more patients were to be asked these questions the same results would be produced. The CQUIN results from this survey will be used to decide on financial award and therefore robust action plans are required. UHSM scores were good overall (see detail in appendix 2), the lower scores appear at the beginning and end of the inpatient care pathway, the pressure points in the patient pathway. Considerable work is already being undertaken across the Trust in these areas hoping that further improvement is noticeable in 2010's survey results

10. Recommendations

The Trust wide action plan will be monitored and updated via Patient Experience and Medicine Management Committees to ensure that the CQUIN targets are met for 2010. This will require input from all directorates in describing how actions are being progressed. Some key actions to take forward will be to ensure that relatives are informed directly if patient discharge is dependant on them in order to prevent discharge delays. In terms of ensuring patient information is up to date, fit for purpose and accessible, elect patient information leads for each department

The Healthcare Governance Committee is asked to note the results contained within this paper and to agree the attached action plan.

11. Appendices

- 1 UHSM Trust Action Plan Update National Patient Survey Oct 09
- 2 Detail of Question responses by DH Vital Signs
- 3 Inpatient Survey (all answers 2004-2009)

UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST
Trust Action Plan Update National Patient Survey (June 2010)

Issue	Progress to date	Future plans, actions and review dates	By Whom	Review Date
Admission to hospital				
Waiting time for admission	Additional sessions to ensure all patients are seen within 18 weeks. E.g. vascular cardiology. Training for all clerical staff to ensure that patients are tracked at each point of their care pathway	Centralising all booking functions to ensure improved efficiency. Further training for waiting list teams.	All Directorate Teams	Nov-10
From the time you arrived in hospital did you feel that you had to wait along time to get a bed on a ward	Considerable work being undertaken across the Trust with two projects. 1. Non Elective flow project, 2. Elective flow project . The main focus is to ensure patients are placed in the right beds in a timely manner.	9/11 project each ward to have a discharge at 9am and 11am and use discharge lounge TTOs sorted out the evening before. Identify 9/11 discharges and block those identifying patients with extended length of stay. Increase in size of medical assessment unit + GP assessment unit all in one area to improve efficiency of professional staff.	All Directorates	Nov-10
Hospital and ward				
Sharing mixed sex areas	Fortnightly project board meetings to progress work on reducing mixed sex accommodation. Areas targeted include; Transplant Unit and Day case. Supported by communications campaign - UHSM website leaflets, posters etc. 1% inpatients asked per month privacy and dignity questionnaire and results reported and fed into meetings each month. P&D complaints monitoring	Comprehensive delivery plan developed for 2010/11. Communications plan to inform staff and patients. Continue with questionnaires and working with clinical staff to improve patient experience.	Chief Nurse	Nov-10
Help from staff to eat meals	Majority of ward areas now employs housekeeper. Dining companions, specially training volunteers help staff to ensure that patients are not rushed and get hot food on some wards. All wards encouraged to recruit ward volunteer as additional help working with housekeeper. Ward A1 staff now using a trolley to	Dining Companions initiative to be revisited. Symbols in place to denote patients who require assistance - to roll this out.	All ward staff	Nov-10

	deliver meals more quickly to all patients in the ward. Therefore more time to help patients who require assistance with eating.			
Did you have space for your personal belongings?	Each bed has a locker which can be secured. F block patients also have wardrobes. PEAT money has been allocated to improve storage on wards. Locker areas have to be small and patients are encouraged to bring less into hospital. Volunteers visit with library trolley delivering daily paper.	To be looked at as part of Divisional Equipment budget. Infection control as well as safety of personal belongings are issues. To be discussed with patients on clinical/matron ward rounds.	Divisional Managers and Matrons	Nov 10
Did you have enough privacy when discussing your condition (CQUIN question)	Curtain lengths round bed areas checked daily by housekeeper to ensure required length. Bad news always discussed in office separate from ward. Bedside handovers undertaken by nursing staff which involve patients	Think privacy and dignity curtains. Roll out bedside handovers throughout Trust. Consider phasing out taped handovers? Look into provision of dressing gowns for patients without garment to wear of ward Toilet signage occupied/not occupied male/female in place.	All clinical staff	Nov 10
Were you involved as much as you wanted in decisions about your care and treatment? (CQUIN question)	Clear protocol led admission and discharges to ensure that all areas of care are covered when admitting and discharging patients. Patient Transfer Policy reviewed and updated. Bedside handovers (see above) ICP pathways at every bedside and patients/relatives to read Patients seen by specialist nurse at pre op clinic and during stay on ward. Names and phone number s of appropriate staff given	Consider roll out of bedside handovers throughout Trust ICP pathway - patients informed and sign to agree and information received. Consider an audit to check that this is happening.		
Rating for food	Housekeepers ensure that patients access menus for choice and liaise with Sodexo when menu does not	Pictorial menu currently in development to support vulnerable patients in their menu	Head of Therapies	Nov 10

	tally with food delivered. Housekeepers working with Trust monitoring team to audit wards for inconsistencies. Also part of quarterly PEAT assessment which has positive results unlike real time feedback variable results. In depth survey and action plan developed. The Great Salt Debate was held with the public to raise awareness about health benefits of reduced salt.	selection. Sodexo reviewing all menus additional 2 choices of sandwich filling at lunchtime + full salad and soup from the evening. In the evening jacket potatoes with filling are to be an additional choice. To discuss communications about the need to provide a nutritious diet to aid recovery	Associate Director of PFI Services Head of Dietetics	
Leaving hospital				
Delay to discharges: - waiting for hospital transport, - waiting for medication	Emergency flow project looking at drugs to take home to be agreed and written up at time of decision to discharge Working towards every patient having an estimated discharge date on admission. Discharge co-ordinators in place. Nurse led discharge and nurse led medication dispensing in appropriate areas supporting protocols. Good liaison between discharge team and wards. Electronic discharge leaflets letters generated OPs.	Significant actions continue to be implemented. Discharge team increased to 7wte. For lengthy delays of discharge the team have access private ambulance of discharge lounge immediate printed off discharge summary	Flow Project Leads	Nov-10
Medication side effects explained (CQUIN question)	Ward managers ensure that all staff aware of their responsibilities regarding discharge medication and part of patient information development monthly reporting. Is also part of clinical ward rounds spot checks.	NICE Adherence document action plan produced went to MMC July 09.This identified high risk medication requiring additional information for patients. A suite of patient information leaflets are being produced for high risk medication including: Antithrombotics, Immuno-suppressants, Opiates, Diuretics, NSAIDS and Bisphosphonates. Pharmacists to carry leaflets around in files to give to patients as appropriate.	Head of Pharmacy Chief Nurse	Actions to be monitored at Medicines Management Committee. July 10
Danger signals on discharge		All patients seen by pharmacist 24 hours of admission to discuss medication and any concerns. Practice weighted towards admission. Pharmacists to discuss and document discussion that patient counselled about medicines on discharge noted on kardex. Continue to undertake spot audits on monthly Senior Nurse Clinical Rounds. NICE approved posters on display encouraging patients to find out more about their medication.		
Family given all	Extending discharge team and looking at ways of	Discharge team increased to 7wte. Patient	Patient Flow	Nov-10