

NHS Ayrshire & Arran

Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 28 November 2022
Title:	Patient Experience Themed: Inpatient Surveys
Responsible Director:	Jennifer Wilson, Nurse Director
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1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

Following the conclusion of the Ward Experience programme in 2020, a new approach to gathering regular inpatient experience was developed and implemented in January 2022. This paper provides assurance to Board Members with an outline of the work progressed to date in this respect, and the plans moving forward to ensure the patient's own voice is central to using patient experience to progress learning and improvement.

2.2 Background

One of the identified priorities of the Patient Experience (PE) Facilitator on appointment in July 2021 was the establishment of a regular and robust approach to collecting feedback from patients whilst they were in our care as an inpatient. Following initial testing, the surveys would be spread to other services such as outpatients or for individual patient groups, such as those with dementia or cognitive impairment. It was also important that we were able to collect this information regularly and reliably without impacting on care delivery in an adverse way, and that we were able to support clinical colleagues to progress any identified learning or improvement.

The previous approach to securing patient, staff and visitor feedback, The Ward Experience Programme, had been suspended due to the pandemic. In that time, some changes had been made to the person centred and staff care agenda that required us to revisit how we secured staff feedback and used it moving forward.

As a result, a new inpatient survey was tested across a number of acute wards. The surveys were completed by Patient Experience Volunteers, who approached patients and their loved ones or visitors and assisted them to complete the survey. This new role for volunteers was developed specifically for this purpose, to ensure a robust approach to regular completion.

Following successful testing, a rolling programme was developed to ensure patient feedback was collected from each acute ward on a quarterly basis.

2.3 Assessment

Full implementation commenced in January 2022 and since then, 221 patient experience surveys have been completed across both acute hospital sites.

A copy of the current survey can be found in **Appendix 1**.

Each survey comprises of 10 questions. To date, 85% of the surveys gathered have provided positive responses.

Of the 221 patients who completed the survey;

90% of patients surveyed felt that nursing staff were able to take account of the things that mattered to the patient all or most of the time. A number of those surveyed provided examples of this which included;

“The nursing assistant brought me a paper every morning she was on duty”

“The nurse wrote on the board what I took in my tea and that I needed sugar for my porridge”

When asked if medical staff took account of what mattered to the patient, this dropped to 75%, with the majority stating it happened most of the time. The remaining 24% felt their needs were taken into account only some of the time.

On the whole, patients felt staff had time to listen to patients. Surveys collected in January to end of March reported patients felt heard 82% of the time. Interestingly, this score has dropped in more recent months to 72% which may be reflective of the current system pressures and impact of staff absence.

Those surveyed felt that medical staff were able to listen to them most of the time at 79%.

When it came to being involved and updated on their care and treatment, the majority (68%) of patients surveyed reported this happened “most of the time” whilst 22% felt it rarely happened.

84% reported they were always treated with kindness and compassion when surveyed in January to March. Similar to the previous questions, this has dropped to 72% in the last few months. This would coincide with a rise in complaints relating to staff attitudes and behaviours and again is likely to be representative of the pressures on the acute system at this time.

Of the 28% who reported that staff were not consistently kind or compassionate, 20% mentioned the attitude of nursing staff as being negative towards them and other staff members.

88% of patients surveyed found the ward environment to be clean, whilst 51% reported noise at night to be disruptive to their sleep.

90% of patients were happy with the standard and quality of food received.

When asked if families were kept updated, the experiences of patients were markedly different based on which ward they were in – whilst 58% answered their families were always kept up to date, 34% felt this only happened rarely.

Finally, space was left for patients to provide any further comments, a few examples of which are provided below;

“Food is lovely but would prefer a smaller meal at lunchtime with more choice of sandwiches”

“The staff work so hard but manage to keep a smile on their faces for the patients”

“The noise of beds being moved and staff chatting can be really disruptive when trying to sleep”

“I was really well looked after and my family were always kept up to date which saved them a lot of worry, which I really appreciated”

Once a survey is completed, the results are compiled and the Senior Charge Nurse (SCN) is provided with a copy. At this stage, quality improvement support is offered to quickly progress any learning or changes as a result of the survey findings.

To date, the following work has been progressed;

- Changing induction complaint training to include civility and early resolution to equip staff with the tools to resolve concerns and build meaningful relationships with patients and colleagues.
- Documentation review regarding documenting conversations with patients and families.
- Patient stories being collected and used for future learning
- Learning summaries developed for teams to highlight good and bad practice based on patient feedback

In addition to the ongoing inpatient experience survey, a number of bespoke surveys are in development at the request of clinical staff. Currently, the Patient Experience Facilitator is working with our Alzheimer Nurse to develop a survey for patients with dementia.

Recently, a visiting survey was developed and carried out across acute services to elicit patient and family feedback prior to the implementation in NHSAA of person centred visiting.

The results indicated that the majority of patients and their families did not feel it appropriate for visitors to be in the wards before 11am or after 8pm, whilst staff were more in support of person centred visiting between 8am and 10pm each day.

Staff interviewed were in support of full person centred visiting.

The information collected from this survey was used to develop guidance for person centred visiting.

2.3.1 Quality/patient care

The mainly positive results would indicate that patients are largely happy with the standards of care delivered within acute services.

Following successful implementation across acute wards, work is now progressing in the following areas to ensure we capture patient experience to help ensure we are providing high quality and person centred care;

- Woodland View – this is in response to a whistleblowing investigation and the survey has been adapted slightly to meet the needs of the areas.
- Dermatology services – this survey will encompass inpatient and outpatient activity and feedback
- Discharge surveys – these are currently being tested as we place new Discharge Volunteers in our discharge lounges. Once these are fully implemented, we are testing the volunteer role to include a single point of contact for patients post discharge for any queries they may have.

2.3.2 Workforce

Impact is minimal as Volunteers are carrying out the surveys

2.3.3 Financial

There is no current financial impact as a result of this work.

2.3.4 Risk assessment/management

Failure to have in place and to maintain an appropriate feedback process could have a significant impact upon NHS Ayrshire and Arran's ability to demonstrate that it firmly understands the risks associated with complaints and the requirement for organisational learning.

2.3.5 Equality and diversity, including health inequalities

An impact assessment is not required as this is an internal document.

2.3.6 Other impacts

This will support the requirements of the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012.

- Best value
 - Performance management

- The delivery of an effective process for patient experience feedback will support the Board's commitment to safe, effective and person-centred care.
- Compliance with Corporate Objectives
 - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.
- Local outcomes improvement plans, community planning
 - Effective feedback, comments, concerns and complaints handling supports the delivery of the Healthcare Quality Strategy.

2.3.7 Communication, involvement, engagement and consultation

This is an internal report to update members on organisational activity in relation to patient, carer and family feedback. There was therefore no requirement to consult with stakeholders in relation to the formulation of this report.

2.3.8 Route to the meeting

A version of this paper was submitted to the Healthcare Governance Committee on 7 November 2022.

2.4 Recommendation

For discussion. Board members are asked to receive and discuss this report on inpatient feedback surveys.

3. List of appendices

The following appendices are included with this report:

- Appendix 1 – Inpatient Patient Experience Survey



Inpatient Patient Experience Survey

Which Ward were (are) you in.....

Which age bracket do you fall into?

18 - 30 31 - 50 51 - 70 71 or over

1. Were the **nursing** staff able to take account of the things that matter to you?

At All Times Most of the time Sometimes
Rarely Never

Were the **medical** staff able to take account of the things that matter to you?

At All Times Most of the time Sometimes
Rarely Never

2. Were the **nursing** staff able to listen to any concerns you may have had

At All Times Most of the time Sometimes
Rarely Never Not Applicable

Were the **medical** staff able to listen to any concerns you may have had

At All Times Most of the time Sometimes
Rarely Never Not Applicable

3. Were you given regular updates about your care and treatment in a way that was easy to understand?

At All Times Most of the time Sometimes
Rarely Never Not Applicable

4. Did you feel involved in making choices about your treatment and care?

At All Times Most of the time Sometimes

Rarely Never Not Applicable

5. Did the staff looking after you on this ward treat you with kindness and compassion?

At All Times Most of the time Sometimes

Rarely Never

6. How would you rate the cleanliness of the ward you were in?

Very Clean Fairly clean

Not very clean Not clean at all

7. Were you bothered by noise at night whilst in this ward?

At All Times Most of the time Sometimes

Rarely Never Not Applicable

8. Were your family kept updated

At All Times Most of the time Sometimes

Rarely Never Not Applicable

9. Were you happy with the choice of food/meals received during your stay in this ward?

At All Times Most of the time Sometimes

Rarely Never Not Applicable

10. What would have made your hospital stay better?

(Please use the space below to tell us about your experience of our service)

Thank you for taking the time to complete this survey.