


The North West London Hospitals 	Agenda Item	10
<b>Trust Board</b>	Paper	TB/09/86
<b>Meeting on: 27<sup>th</sup> May 2009</b>	Attachment	
<b>Subject: 2008 NWLH Adult Inpatient Survey -Care Quality Commission benchmarks report</b>		
<b>Directors Responsible:</b> Elizabeth Robb, Director of Nursing	<b>Author:</b> Michael Fairbairn, Patient & Public Involvement Manager	
<p>The 2008 Adult Inpatient Survey results were presented to the Executive Committee in February 2009. The Trust showed a significant improvement (5% or more) in 33 out of 65 questions since 2007 and a significant decline (5% or more) in 3 out of 65 questions.</p> <p>The Care Quality Commission (CQC) reports were published on 13<sup>th</sup> May 2009. This year, for the first time, the CQC are publishing the results for Trusts in two ways: the traditional way that shows if a Trust's score is in the bottom 20%, the middle 60% or the top 20% of Trusts nationally for each question; and a new presentation that presents the results for each question as 'Worse' than other Trusts, 'About the same' or 'Better' than other Trusts. The CQC state that this new format is the key information and that further meaningful conclusions about a Trust's actual score are not possible. This new format has been established to enable 'responsible and fair reporting of how well trusts have performed'. Both style reports are available to the press and public on the CQC website.</p> <p>Under the new style CQC report:</p> <ul style="list-style-type: none"> <li>• The Trust performs worse than other Trusts for 24/61 questions (39% of questions)</li> <li>• The Trust performs the same as other Trusts for 37/61 questions</li> <li>• The Trust does not perform better than other Trusts for any questions.</li> </ul> <p>Under the old style CQC report:</p> <ul style="list-style-type: none"> <li>• The Trust performs in the bottom 20% for 40 out of 61 questions (66% of questions)</li> <li>• The Trust performs in the middle 60% of trusts for 20/61 questions</li> <li>• The Trust performs in the top 20% for 1/61 questions.</li> </ul> <p>This shows an improvement in the Trust's performance since 2007 where it was in the bottom 20% of questions for 46/62 questions (74%). In addition, CQC aggregated scores for each question reflect the improved performance that the original results report identified. For 19 out of 61 questions the Trust shows a significantly improved performance (5% or more) since 2007. For two questions the Trust's performance is significantly lower (5% or more) than 2007 (discharge delays and help at meal times). The questions with improved scores will enable the Trust to meet the targets for 3 out of 4 of the patient experience indicators that are now reported to the Trust Board (the result of fourth target will not be known till the results of the 2009 Outpatient Survey results are known in Jan 2010). The Trust's results for the 27 questions that inform the Vital Signs indicators show that NWLH have improved scores for 19/27 questions, no change for 5/27 questions and a decline for 3/27 questions (again, full results of stretch targets will not be known till Jan 2010).</p>		

<p>A Trust wide action plan is in development. The following committees will lead on the development of actions for the following themes:</p> <ol style="list-style-type: none"> <li>1. <b>Waiting issues:</b> Divisional/Directorate specific actions monitored at Quarterly Performance Review.</li> <li>2. <b>Pain control:</b> Pain Team to develop Trust wide actions. To be implemented with support of Nursing &amp; Midwifery Strategy Group.</li> <li>3. <b>Help at mealtimes:</b> Consultant Nurse for Nutrition to develop Trust wide actions. To be implemented with support of Nursing &amp; Midwifery Strategy Group</li> <li>4. <b>Respect &amp; Dignity/Communication:</b> PPI Manager to co-ordinate actions with 'We Care' program.</li> <li>5. <b>Cleanliness:</b> Contractor/Facilities to coordinate actions</li> </ol> <p>The Trust's Executive Committee will oversee and monitor the Trust Action Plan to ensure actions are embedded into mainstream operations management of the Trust.</p>
<p><b>Financial Implications:</b></p> <p>Cost of implementing action plans (no costs yet identified).</p>
<p><b>Risk Issues (including legal implications, reference to Assurance Framework and Risk Register):</b></p> <p>Results from the Adult Inpatient Survey are used by the Care Quality Commission to validate the Trust's Healthcheck Declaration and inform the annual performance ratings produced by the CQC.</p> <p>The survey findings are used to inform the 'Vital Signs' indicators monitored by NHS London.</p> <p>Results from the Adult Inpatient Survey inform the patient experience indicators that are reported to the Trust Board.</p>
<p><b>Communication &amp; Consultation Issues (including PPI):</b></p> <p>Survey findings and action plans will widely disseminated across the Trust. Local PPI Stakeholders kept informed via PPIPICO membership.</p>
<p><b>Workforce Issues (including training and education implications):</b></p> <p>Staff survey and Patient survey links to be considered by HR, Education &amp; Training Committee</p>
<p><b>How this Policy/Proposal Recognises Equality Legislation:</b></p> <p>N/A</p>
<p><b>Has an Equality Risk Assessment been carried out on this issue or proposal?</b></p> <p>N/A</p>
<p><b>What is required of the Trust Board?</b></p> <p>The Trust Board is asked to note this report.</p>

## 2008 NWLH Inpatient Survey CQC National Benchmarks

The Care Quality Commission national benchmarks were sent to trusts on 23.4.9. The full national results were published on 13.5.9

The original results for the Trust (sent in January 09) showed that the Trust had made a significant improvement (5% or more) in 33 out of 65 questions since 2007. There had also been an improvement by 4% in patients who reported their overall care as 'Excellent' or 'Very good'.

342 people responded to the survey (41% of those sent questionnaires). This represents 2% of the patients admitted in 2008/09 and 0.07% of the patients seen in other departments such as outpatients and A&E departments.

This year, for the first time, the CQC have published the results for the Trusts in two ways. One of the reports shows the traditional way that Trust reports have been published. This contains tables that show if a Trust's score is in the bottom 20%, the middle 60% or the top 20% of Trusts nationally. These also show the confidence intervals for these scores and are meant to be read with these intervals in mind. The other report has a new presentation and presents the results as 'Worse' than other Trusts, 'About the same' or 'Better' than other Trusts. The CQC state that this new format 'means that a lay audience does not need to interpret the statistical details at first glance, as this interpretation has been carried out for them'. The CQC state that this new format is the key information and that further meaningful conclusions about a Trust's actual score are not possible. This new format has been established to enable 'responsible and fair reporting of how well trusts have performed'. Both style reports are available to the press and public on the CQC website.

Under the new style CQC report (see separate Attachment 1):

- NWLH perform worse than other Trusts for 24/61 questions (39% of questions)
- NWLH perform the same as other Trusts for 37/61 questions
- NWLH do not perform better than other Trusts for any questions.

The new style CQC report also grouped the survey results into different sections of the questionnaire and has given comparative assessments for those sections. NWLH scored 'below average' for 4 sections and 'About the same' for 6 sections (10 sections in total).

Section heading	Score out of 10 for your trust	How this score compares with other trusts
The emergency / A&E department, answered by emergency patients only	7.6	The same
Waiting lists and planned admissions, answered by those referred to hospital	5.5	The same
Waiting to get to a bed on a ward	7.5	The same
The hospital and ward	7.1	Worse
Doctors	8.2	The same
Nurses	7.6	Worse
Care and treatment	7	Worse
Operations and procedures, answered by patients who had an operation or procedure	8	The same
Leaving hospital	6.3	The same
Overall views and experiences	5.8	Worse

Under the old style CQC report:

- NWLH perform in the bottom 20% for 40 out of 61 questions (66% of questions)
- NWLH perform in the middle 60% of trusts for 20/61 questions
- NWLH perform in the top 20% for 1/61 questions.

This represents an improvement from 2007 where NWLH performed in the bottom 20% for 46/62 questions (74%) and did not perform in the top 20% for any questions. This is the first time in 3 years that the downward trend has been reversed. The trends for the past 4 years are as follows:

2005 - 25/52 questions in bottom 20% (48%)  
2006 - 36/55 questions (65%)  
2007 - 46/62 questions (74%)  
2008 – 40/61 questions (66%)

For the question on Overall care, the CQC aggregation of the score shows that NWLH has declined slightly from 2007 but that the score remains approximately the same for the past 4 years.

2005 - Overall care aggregate score =72/100  
2006 - Overall care aggregate score =70/100  
2007 - Overall care aggregate score =71/100  
2008 - Overall care aggregate score =70/100

#### **Improving performance**

- The CQC report shows a significantly improved performance (5% or more) for 19 out of 61 questions since 2007.
- NWLH results for the following 7 questions show an improvement of 10% or more: Cleanliness of room or ward; Cleanliness of toilets or bathrooms; Doctors washing their hands between patients; Nurses washing their hands between patients; Privacy when discussing treatment; Pre-operative explanations from anaesthetist; Written information on discharge.

#### **Vital Signs and Patient Experience indicators for the Trust Board**

The CQC aggregated scores for each question reflect the improved performance that the original results report identified. For 19 out of 61 questions NWLH show a significantly improved performance (5% or more) since 2007. For two questions the NWLH performance is significantly lower (5% or more) than 2007 (discharge delays and help at meal times).

These improved scores will enable the Trust to meet the targets for 3 out of 4 of the patient experience indicators that are now reported to the Trust Board (the result of fourth target will not be known till the results of the CQC 2009 Outpatient Survey results are published in Jan/Feb. 2010).

NWLH results for the 27 questions that inform the Vital Signs indicators (VSB15- Self reported experience of patients/users and VSB16 - Public Confidence in Local NHS) show that NWLH have improved scores for 19/27 questions, no change for 5/27 questions and a decline for 3/27 questions. The full results for VSB15 and VSB16 will not be known till the results of the CQC 2009 Outpatient Survey results are published in Jan/Feb. 2010.

#### **Areas of concern**

The CQC report shows that for two questions the NWLH performance is significantly lower (5% or more) than 2007:

- discharge delays
- help at meal times

The CQC report shows NWLH are the lowest performing Trust in the country for the following questions: being treated with respect & dignity; help at mealtimes; trust & confidence in doctors; pain control; doctors and nurses working well together; and answering questions about operations/procedures. However, the CQC guidance to reading the reports emphasises that the files are not designed to bring about exact rankings for Trusts on specific questions. In 2007 NWLH was the lowest performing Trust for the questions about trust and confidence in doctors and nurses and finding someone to talk to about worries and fears.

In February 2009, the Executive Committee agreed to focus on the following questions that showed NWLH performance as 10% or more below the known national average (as known at that time):

- **Waiting**
  - Time on the waiting list
  - Admission date changes
  - Waiting longer than 2 minutes after pressing call button
  - Delays on discharge (one quarter of these for over 4 hours)
- **Pain control**
- **Help at mealtimes**
- **Respect & Dignity including Communication**
  - Trust & confidence in doctors
  - Trust & confidence in nurses
  - Understandable answers from nurses
  - Finding someone to talk to about worries & fears
  - Understandable answers to pre-operative questions
  - Being treated with respect & dignity
  - Doctors & nurses working well together
- **Cleanliness**

#### **Action planning**

A Trust-wide Action Plan is being overseen by the Director of Nursing and co-ordinated by the Patient & Public Involvement Manager. This is being monitored by the Executive Committee and reported to the Patient & Public Involvement Committee. See Attachment 2 for the full Action Plan.

Michael Fairbairn  
Patient & Public Involvement Manager  
14.05.09

## NWLH 2008 Adult Inpatient Survey Action Plan

Version 2.3

### Key issues:

- **Waiting**
  - Time on the waiting list
  - Admission date changes
  - Waiting longer than 2 minutes after pressing call button
  - Delays on discharge (one quarter of these for over 4 hours)
- **Pain control**
- **Help at mealtimes**
- **Respect & Dignity including Communication**
- **Cleanliness**

Issue	Action	Leads	Target Date	Update
<b>1. Waiting</b>				
<b>1.1 Time on Waiting List</b>	Medicine & Surgery Divisions and St Marks, Gen Surg & T&) Directorates to identify actions in their action plans. To be monitored in Quarterly Performance Reviews <i>Above average performance by Medicine</i>	DGM Surgery Head of Nursing Medicine	15.05.09	To be monitored in Quarterly Performance Reviews
<b>1.2 Admission date changes</b>	Medicine & Surgery Divisions and St Marks, Gen Surg & T&) Directorates to identify actions in their action plans. To be monitored in Quarterly Performance Reviews <i>15% decline by T&amp;O since 2007</i> <i>25% improvement by Medicine since 2007</i>	DGM Surgery Head of Nursing Medicine	15.05.09	To be monitored in Quarterly Performance Reviews
<b>1.3 Waiting longer than 2 minutes after pressing call button</b>	To be brought before Nursing & Midwifery Strategy Group 13.05.09 for identification of actions to address this. Nursing lead to be identified to co-ordinate actions. Senior Nursing sub-group to be developed to identify actions PPIPICO to monitor actions <i>Medicine &amp; Surgery both under perform</i>	Director of Nursing to appoint nursing lead	13.05.09	Full action plan to be reported to 30.07.09 PPIPICO

<b>1.4 Delays on discharge</b>	Medicine & Surgery Divisions and St Marks, Gen Surg & T&) Directorates to identify actions in their action plans. To be monitored in Quarterly Performance Reviews <i>Medicine (NPH) under perform</i>	DGM Surgery Head of Nursing Medicine	15.05.09	To be monitored in Quarterly Performance Reviews
<b>2. Pain control</b>	2.1 Pain teams to identify action plan and report this to Nursing & Midwifery Strategy Group or other Nursing Fora. PPIPICO to monitor actions <i>Slightly better performance from Gen Surgery than Gen Med</i>	Pain Management Team leads	29.04.09	See Attachment 2b for NPH Pain Actions  Full action plan to be reported to 30.07.09 PPIPICO
<b>3. Help at mealtimes</b>	3.1 Consultant Nurse for Nutrition to identify actions and report this to Nursing & Midwifery Strategy Group 3.2 PPIPICO to monitor actions <i>General Surgery show a 23% decline since 2007 A&amp;E (Medicine), Medicine (NPH) and Gen Surgery all under perform in comparison to NWLH Av.</i>	Consultant Nurse for Nutrition	29.04.09	See Attachment 2a for Help at mealtimes Actions  Full action plan to be reported to 30.07.09 PPIPICO
<b>4. Respect &amp; Dignity including Communication</b>	4.1 Actions to improve NWLH performance around these Respect & Dignity including communication issues have been built in at the start of the We Care project. These latest findings will inform Senior Management Engagement and Staff training. 4.2 Key survey findings, with particular focus on respect & dignity and communication issues to be fed back to staff Trust wide in Communication Plan for the survey 4.3 Pilot modesty gowns on 2 wards with a view of extending Trust – wide 4.4 Progress mixed sex accommodation action plan  PPIPICO to monitor actions <i>General Surgery show a 14% decline in Trust &amp; Confidence in Doctors and 7% decline for nurses since 2007 General medicine show a 12% increase in Trust and Confidence in Nurses and 7%increase for Doctors since 2007</i>	PPI Manager	29.04.09	Full action plan to be reported to 30.07.09 PPIPICO
<b>5. Cleanliness</b>	5.1 Actions to co-ordinate with Trust Cleaning Strategy Action Plan & PEAT Action plans to address cleanliness 5.2 G4S reports of progress of to PPIPICO <i>Medicine (NPH) significantly under perform</i>	Head of Hotel Services Support Service Manager	29.05.09	Full action plan to be reported to 30.07.09 PPIPICO

**NWLH Trust Assistance with Mealtimes Action Plan  
April 2009  
Nurse Consultant Nutrition and Intestinal Failure**

No	AREA OF CONCERN	ACTION	LEAD	TIMESCALE	PROGRESS
1	Patients consistently report lack of help with mealtimes	<ul style="list-style-type: none"> <li>Ward managers to complete <i>The Productive Ward - Meals</i> module (available via <a href="http://www.institute.nhs.uk">www.institute.nhs.uk</a>) and develop a local action plan for their area which covers assistance with mealtimes, use of the red tray initiative, and protected mealtimes</li> <li>Completed local action plans to be reported to Modern Matrons</li> <li>Review of existing food packaging and introduction of easy to open packaging</li> <li>Recruitment and introduction of help with mealtimes volunteers to clinical areas who have identified that they need extra staff at mealtimes</li> </ul>	<p>Ward Managers</p> <p>Matrons</p> <p>Catering Dept/Dietetics</p> <p>Voluntary Services Manager</p>	<p>June 2009</p> <p>July 2009</p> <p>July 2009</p> <p>Ongoing</p>	
2	Registered Nursing staff not engaging in the distribution of meals	<ul style="list-style-type: none"> <li>All Registered Nurses to be reminded of their responsibility regarding the distribution of food via local ward meetings and at shift handovers</li> <li>Nurse in charge of shift to allocate Registered Nursing staff on a daily basis to the distribution of meals</li> <li>Matrons to check that allocation of qualified staff to mealtimes is occurring</li> </ul>	<p>Ward Managers</p> <p>Ward Managers</p> <p>Matrons</p>	<p>With immediate effect</p> <p>With immediate effect</p> <p>With immediate effect</p>	



		<ul style="list-style-type: none"> <li>Responsibilities of Registered Nurses and the distribution of meals to be included in annual mandatory training</li> </ul>	Dietetic Dept	Already in progress	
3	Red tray initiative not being consistently employed across Trust	<ul style="list-style-type: none"> <li>Practicalities of the red tray initiative to be reviewed</li> <li>Development of a simple and clear process for the red tray initiative within the Trust</li> <li>Process of red tray initiative communicated to wards</li> <li>Local plan for initiative to be included in Ward Managers action plan for meals (see point 1)</li> <li>Compliance with initiative to be included on monthly Key Performance Indicators Dashboard</li> </ul>	<p>Consultant Nurse Nutrition/Head of Hotel Services</p> <p>Consultant Nurse Nutrition/Head of Hotel Services Ward Managers</p> <p>Matrons (Already in progress)</p>	<p>Already completed</p> <p>End of May 2009</p> <p>June 2009</p> <p>July 2009</p> <p>Ongoing</p>	
4	Lack of consistency across Trust regarding implementation of protected mealtime initiative	<ul style="list-style-type: none"> <li>Local plan for initiative to be included in Ward Managers action plan for meals (see point 1)</li> <li>Compliance with initiative to be included on monthly Key Performance Indicators Dashboard</li> </ul>	<p>Ward Managers</p> <p>Matrons (Already in progress)</p>	<p>July 2009</p> <p>Ongoing</p>	

## **Pain Control Action Plan for 2008 Adult Inpatient Survey**

Trust wide Actions to be discussed and agreed at Nursing & Midwifery Strategy group on the 13<sup>th</sup> May.

Site specific actions are being developed by the relevant Pain teams.

### **Acute Pain Management at Northwick Park Hospital**

#### **Current Actions:**

- All patients receiving epidural infusion analgesia (EIA) are reviewed on a daily basis by a member of the Pain Team. An out of hours handover is provided for the on-call anaesthetist should review be needed in the Pain Team's absence.
- Established referral procedure for any other acute pain patients. Informal referrals accepted from any member of the multi-disciplinary team, with a formal medical referral to follow. Where possible patients are reviewed the same day and are followed up appropriately while pain remains a problem.
- Twice weekly teaching sessions on Trust Mandatory Training Day. Sessions are 40 minutes in length, and cover basic pain management principles.
- Monthly Pain Study Day, available to all nursing staff. Compulsory for nursing staff caring for patients receiving patient controlled analgesia (PCA) or EIA.
- Established teaching on Trust Pre-ceptorship course. Sessions are 4 hours in length and cover all aspects of pain management.
- Teaching session provided for new intake of junior doctors, outlining referral procedure, analgesic ladder, typical analgesic regimes. Also an opportunity to raise the profile of the Pain Team so that appropriate referrals are made.
- Patients receiving PCA or EIA currently being audited. Attention being paid to correct maintenance of patient observations and nursing response to worsening pain scores.

#### **Planned Actions:**

- Regular meetings with ward Pain Link Nurses. Opportunity to disseminate information on current issues, raise concerns, respond to feedback. (Next meeting planned for 8<sup>th</sup> May)
- Monthly teaching for Midwives on management of post-operative pain.
- New documentation being trialled that includes pain score for regular assessment.
- Pain Team to investigate purchase of technology for improved data collection. Programmes available for storage of patient pain management information. In turn this will lead to improved audit.

NB: IT Department already involved so that any form of data storage is done so securely and patient confidentiality is not compromised.

#### **Planned Actions:**

- Algorithm for the management of hypotension secondary to EIA to be trialled and implemented.
- Patient Advice leaflet for use at pre-clerking to be designed. Details of available forms of analgesia to be included therein.