



## **Executive Summary - National Inpatient Survey 2016 Summary Report of Picker Institute Report 2016**

### **Introduction**

The national survey is a mandatory programme carried out every year and during 2016 there was a repeat of the InPatient Survey. The results of the survey are taken into account as part of the balanced score card that feeds into the Trusts Healthcare Care Quality Commission ratings under the Patient Focus element. The Trust commissioned the Picker Institute to independently undertake the National Inpatient Survey 2016 process, on behalf of the Trust.

### **The Process**

A total of 1250 patients formed the sample selection to receive a questionnaire. Two reminders are sent out as part of the process for those who have not returned the survey forms from the initial mailing. A total of 63 questions were used in the survey. The questionnaire was developed through consultation with patients, clinicians and Trusts. Telephone support is provided as part of the package including access to Language Line.

### **Results**

Our results showed that 1178 patients from the original sample were eligible for the survey, of which 522 returned a questionnaire, giving the Trust a response rate of **44%**. The response rate in 2015 was also 48%. The average response rate for the other 83 Trusts that had also engaged the Picker Institute was **41%** making WWL above the average from the other Trusts.

The survey has highlighted many positive aspects of the patient experience. The majority of patients reported:

Overall: 86% rated their care 7+ out of 10 (The same score as last year. Maintaining our 6% improvement in the last three years last year)

Overall: treated with respect and dignity 84% (Decreased by 1% on 2015 survey)

Doctors: Always had confidence and trust 88% (Improved by 2% on the 2015 survey giving us a 4% improvement over the last two years)

Hospital: Room or ward very/fairly clean 99% (Same as 2015 survey)

Hospital: Toilets and bathrooms were very/fairly clean 98% (Improvement of 2% on the 2015 survey)

Care: Always enough privacy when being examined or treated 92% (Decreased by 2% on the 2015 survey)

**Comparing results over time - and have we significantly improved since the 2015 survey.**

**The trust has improved significantly on four questions.**

Planned admission: not offered a choice of hospital 48% **improved by 10%**

Admission: had to wait a long time to get to a bed on a ward 27% **improved by 5%**

Hospital: bothered by noise at night from patients 34% **improved by 10%**

Hospital: food was fair or poor 30% **improved by 7%**

Doctors: talked in front of patients as if they were not there 16% **improved by 6%**

It was very pleasing to see the bothered by noise from patients question making a **10%** improvement since the introduction of the Goodnight Always Events in September 2015

**The trust has significantly worsened on three questions**

Discharge: did not feel involved in decisions about discharge from hospital 50% **which has risen by 9% on the 2015 survey**

Discharge: not given notice of when discharge would be 46% **which has risen by 8% on the 2015 survey**

Discharge: not told who to contact if worried 22% **which has risen by 5%**

## **The Trust had no significantly worse questions compared to the other Picker Trusts**

### **Key areas for improvement identified by 50% or more respondents**

In 2012, 14 areas of improvement were recorded; in 2013 this had reduced to 12 but remained as the same issues from 2012. In 2014 the areas have reduced to 9. Encouragingly in 2015 the areas have reduced to 8 with the areas remaining the same as 2014. In 2016 we still have seven out of the same eight questions that patients say we need to make improvements on. We do have an additional question that makes the eight up and that is that patients did not feel involved in decisions about their discharge from hospital.

- Discharge: delayed by 1 hour or more
- Overall: not asked to give views on quality of care
- Discharge: not fully told side-effects of medications
- Care: could not always find staff member to discuss concerns with
- Overall: Did not receive any information explaining how to complain
- Discharge: not fully told of danger signals to look for
- Discharge: family not given enough information to help
- Discharge: did not feel involved in decisions about discharge from hospital

A range of corporate activity is ongoing to address the areas for improvement, including the introduction of the Always Events, Good Night Always Events; the new Welcome Book is in all patient lockers on the wards, the discharge wallet and the white boards behind the patient beds. We have recently introduced a discharge calling card to address the area of patients being involved in decisions about their discharge home. The card is given to the patient at any point where there has been a discussion between the patient and a member of staff about their discharge. In addition the Divisions have been asked to produce improvement plans for submission to the Engagement Committee in June and ongoing monitoring of progress. The results have been submitted to the Care Quality Commission and the overall benchmark report is due to be published in April this year.

### **Recommendation**

The Trust Board is asked to note the content of the report and actions being taken.

**A Arkwright,  
Head of Engagement**