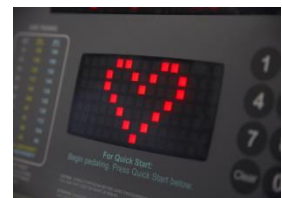




Bradford Teaching Hospitals
NHS Foundation Trust

CQC NHS Adult Inpatient Survey 2020

Bradford Teaching Hospitals NHS Foundation Trust



Together, putting patients first



Background to the CQC National Inpatient Survey 2020

- Mandatory Care Quality Commission Survey, which is part of the National Patient Experience Survey Programme.
- 143 NHS Trusts including specialist Trusts take part.
- Ran from January 2021 to May 2021 and covered patients discharged in November 2020.
- New Mixed-Mode survey:
 - Letter followed by SMS
 - Letter followed by SMS
 - Letter with paper questionnaire
 - 48 questions about care and 10 demographic questions
 - Three open “free-text” comments questions

National Inpatient Survey Results

- 1,250 patients were sent the survey
- 462 responded (39%)
 - Online responses: 316
 - Paper responses: 145
 - Telephone responses: 1
- Online completions:
 - English: 310
 - Urdu: 3
 - Arabic: 1
 - French: 1
 - Polish: 1
- 57% of the responses were from patients who were from general medicine or elderly medicine.

Banding of Results

Better

- Your trust's results were much better than most trusts for 0 questions.
- Your trust were better than most trusts for 0 questions.
- Your trust were somewhat better than most for 0 questions.

Worse

- Your trusts results were much worse than most trusts for 1 question.
- Your trusts results were worse than most trusts for 9 questions.
- Your trusts results were somewhat worse than most trusts for 10 questions.

Same

- Your trusts results were about the same as other trusts for 25 questions.

Significant difference since 2019 when worse for only 4.

Full survey benchmarking results can be found:

<https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2020/>

Overall experience- compared to other Trusts





Good News

“Despite the virus and all the extra workload and strain on all nursing and ancillary staff the care was excellent. They all worked over above their roles and showed empathy kindness respect and assisted in any way they could . I was very aware of the pressures all staff were under and feel that more nursing staff are needed on the ward to elevate at times having to wait for attention. The infection controls and safeguards were excellent and I felt safe during my stay. My daughter was very impressed with the relatives phone line. She was able to ring and was comprehensively and professionally informed of my state of health and up to date news of procedures and medication . An excellent facility to ease pressures from the wards. I cannot praise the staff enough .They made a difficult situation more manageable”

“I feel that BRI, where I was treated with chemotherapy is a particularly good hospital. Well organised, well resourced, well staffed by excellent competent people who work very hard to do a difficult job at all times, with care, humanity, professionalism and very importantly - a sense of humour!”

Survey Findings Details

- The key areas highlighted by CQC survey as “worse” than other Trusts are in relation to questions associated with:
 - Pain.
 - Food
 - Communication.
 - Discharge planning.
- An action plan has been produced to address the specific questions.

Learning-Pain

- Result showed that 5% of the 454 patients asked stated that hospital staff never did all they could to control pain.
- Majority of the surveyed patients were from medicine or elderly and so this is probably not surgical post op pain.
- Urgent work required to look at pain assessments.
- Work with the acute pain team.
- Manage the agreed actions via the pain steering group
- The need for pain education to be reviewed.

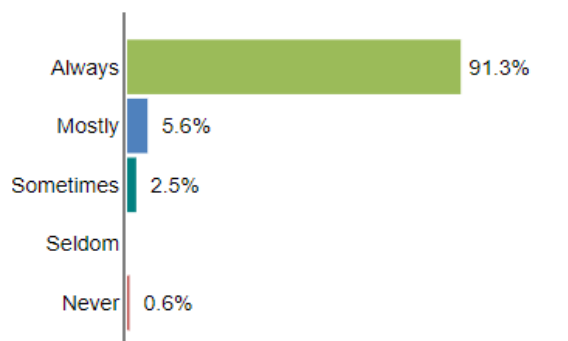


Assurance- Pain

Q11

If you had pain, do you think hospital staff have done everything they can to help control your pain?

Responses profile (Total)



Always	91.3%
Mostly	5.6%
Sometimes	2.5%
Seldom	0.0%
Never	0.6%



Improvement-Pain

- Discussion with pain steering group has taken place.
- Require further deep dives into key areas to get to the root of the problem and inform the Action plan.
- Pain management in all areas will be a targeted area for QI work.
- Look at different ways of getting feedback in relation to patient pain.
- Work with carers and families to support pain management by involving them in their care.
- Work with other trust for new ways of working for shared learning and improvement.
- Consider where patients who have communication concerns are fully support, for example not prescribing PRN pain control.
- Look at the uptake and potential increase of self administered medication where patients have capacity and the appropriate risk assessments have taken place.
- Audit required of how referral to the pain team are utilised.
- Consider involvement with ward pharmacy to discuss choice and root of analgesia.



Learning-Food

- 7% of the survey patients reported not receiving help with feeding.
- Recognised possible reasons for the above, reduced visiting, no volunteer feeding assistance during Covid.
- Food reported to be cold when received.
- Ensure patients are ready to eat before food is served.
- Protected meal times for staff to be able to assist.
- 8% rated the food as poor.
- 15% of surveyed people reported they were never offered food that met their dietary requirement.
- Review roles of people assisting meal times.

“The only thing that could be improved is the food it was always cold when we got it”



Assurance- Food

- Finger food tasting has taken place with clinical experts, dieticians, dementia lead to consider specific dietary requirements.
- Booklet available to order specific diet requirements.
- The Trust has a diet chief available 7 days a week.
- Dietician available to prescribe food via the diet chief when involved with patients.
- PLACE Lite to provide independent review of food. Work being undertaken by the Nutrition sub group to increase awareness of nutritional needs in clinical areas.
- Undertake comparison with other local NHS Trusts food suppliers and scores.



Improvement-Food

- New machine purchased in AED to enable a hot meal to be provided.
- Appointment of operational support workers in AED to support drinks and food for relevant patients during their AED stay where appropriate.
- Carers passport launch to aid carers supporting nutritional requirements of patients where appropriate.
- Protected meals times.
- Provide support for unwrapping of individual food items.
- Look to reinstate the “red tray” to identify people who require assistance.
- OT support to identify patients who may need adapted utensils.
- Education to both staff and patients required to ensure people are aware what services are available.



Learning- communication

- Ensure that patient understand the use of EPR and staff need bedside manner presence for Dr and nurse to facilitate questions.
- Be mindful of additional barriers when mask wearing, ensure patient have understood and have had all questions answered.
- 8% of survey stated that they were not included in the conversation when Drs spoke about their care in front of them.
- Medics in addition to nurses need to be involved with QI projects for improving communication.
- Continue to learn from complaints, recent *Ageing Without Children work.*

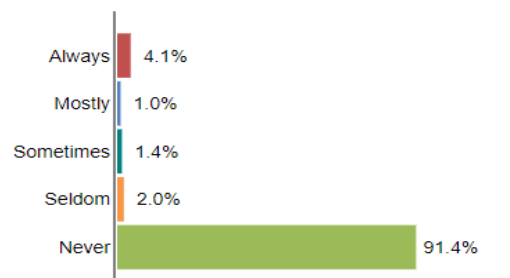


Assurance- Communication

Q13

Did the doctors talk in front of you as though you were not there?

Responses profile (Total)

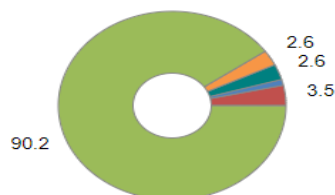
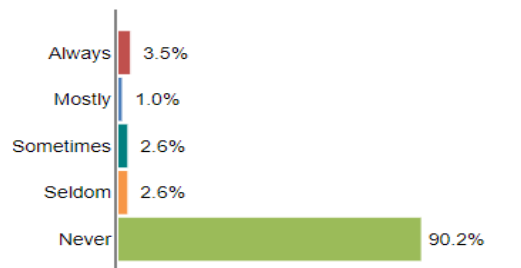


Always	4.1%
Mostly	1.0%
Sometimes	1.4%
Seldom	2.0%
Never	91.4%

Q14

Did the nurses talk in front of you as though you were not there?

Responses profile (Total)



Always	3.5%
Mostly	1.0%
Sometimes	2.6%
Seldom	2.6%
Never	90.2%



Improvement-Communication

- Look to refresh the PE campaigns that pre Covid had worked well “ask me about your care”
- Drink and questions round prior to sleep.
- Ensure relevant others are involved in support care as requested, use of the carers passport to prompt any questions.
- Consider where additional education and feedback regarding Patient experience could be fitted into Drs updates.
- Ensure regular feedback is monitored at ward level from the FFT extended questions so new initiatives can take place to improve.
- Partners at Care Transition (PACT) research currently being undertaken via the research centre throughout community hospitals.
- Back to basics like #hellomynameis so patients know who to ask and who is caring for them.
- Reviewing audit and feedback of new ways of working for appointments and consultation, for e.g. telephone virtual to ensure the patients communication needs are being met.



Learning-Discharge Planning

- Allied health professionals to be involved with improvements in discharge planning.
- Listen to patient, family and significant others.
- Scrutinise the failed discharge cases.

"I was sent home with a postoperatively complication concerning my mobility ,was promised help before I was discharged ,but was discharged with nothing put in place ,and no acknowledgement of what happened postoperatively ."

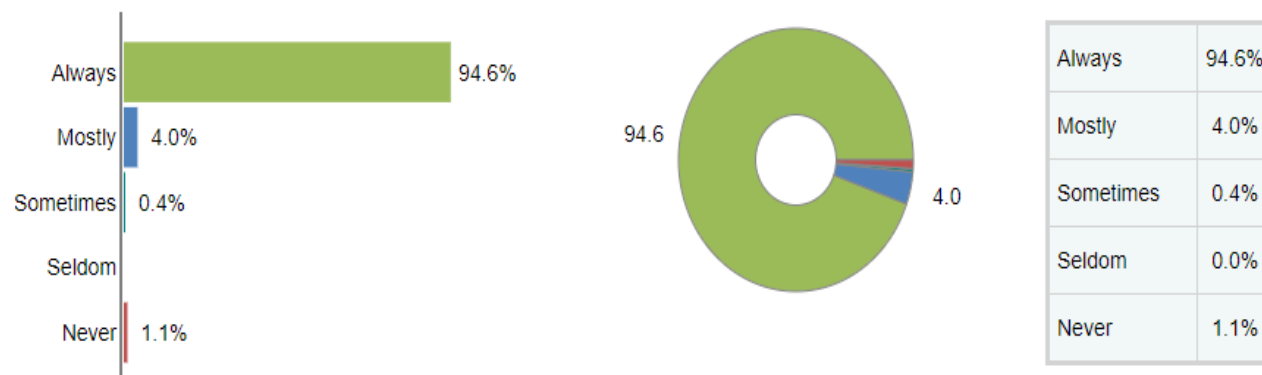


Assurance- Discharge Planning

Q12

Have hospital staff told you who to contact if you are worried about your condition or treatment after you leave hospital?

Responses profile (Total)



Improvement-Discharge Planning

- Involve the MAIDT team for complex discharge.
- Review the discharge advise information.
- Benchmark with other trusts.
- Follow up calls post discharge.
- MDT approach.
- Use of the carers passport.
- Relatives line to support simple discharges.
- Audit the use of the discharge check list in EPR.
- Involve relevant people at an early stage.
- Plan ahead to ensure equipment available on discharge.
- Anticipate the estimated discharge date as early as possible.
- Monitor PALs and complaints where discharge issues raised.
- Ensure the correct discharge advice is written to community for follow up care.
- Medicine issues to be addressed at an early stage with full explanation and expectations.



Best Scoring Questions



Positive Comments

- “Excellent care after falling at home”
- “Thank heavens for the NHS”
- “Care and staff were amazing”
- “Always looked after very well at Bradford Hospitals”
- “Congratulations to all staff, you deserve 100% for diligence, gold medal”
- “The physio’s were brilliant with me, they got me going so I could go home, ill never forget them”

Conclusions

- Disappointing survey results.
- The survey was taken during peak 2 of the pandemic when other Trust nationally were not in a similar position.
- Compared to all other Trusts, some of which are specialist Trusts with no AED.
- Small sample (462 patients)
- Majority >50% were from medical and elderly medicine areas so findings not representing of all areas in the Trust.
- Our own data suggests not as bad, but acknowledge we need to improve.
- We have the ability to get more specific data via our internal audit with greater numbers.
- There were also really positive comments received.
- Allows us to focus and direct our QI work in key areas.