EPSOM AND ST HELIER IMPROVING PATIENT EXPERIENCE COMMITTEE (IPEC)

Report Title	Healthwatch Inpatient Report 2016 – Update quarter four 2017-18		
Meeting Date	10 May 2018	**Agenda No.**	12
Lead Executive	Lisa Thomson, Director of Communications and Patient Experience		
Author	Adam Watkins, Head of Patient Experience		
Summary	The Healthwatch Inpatient Care Report (Healthwatch Inpatient Report 2016) was informed by feedback received from patients, their carers and relatives, as well as observations carried out by trained volunteers, following visits to eight wards (six at St Helier Hospital and two at the South West London Elective Orthopaedic Centre – SWLEOC). The final report identified several areas for commendation: average rating of overall experience 8/10; high level of trust in nurses; high level of trust in doctors; positive feedback about other staff groups (eg physiotherapists, phlebotomists, pharmacists); and high level of ward cleanliness. The report also made recommendations for improvement in a number of key areas: noise at night; sufficient nursing staff; visibility of nurses and communication from nursing staff; lack of TVs for patients to watch/high cost of bedside entertainment; and food provision (choice, taste/consistency and organisation; see Appendix A). Since the Trust provided its initial response to Healthwatch and the Trust Board in quarter one of 2017-18, the divisions have continued to implement changes in response to the findings of the report. Examples of this include: introduction of night visits on the wards; development of a 'night standard' with a focus on reducing noise at night; further embedding of the Perfect Handover and ward safety huddles; introduction of QUIS audits; and introduction of SafeCare tool and senior nurse late shift rota. Renewed focus on seeing through action plans developed in response to the Healthwatch Inpatient Report 2016 is required to ensure divisional ownership and successful embedding of improvements. It is proposed this will be monitored quarterly through divisional reporting to and discussion at the Trust's Improving Patient Experience Committee.		
Report History	Previous update provided to the Board in June 2017, with agreement for further updates and assurance to be provided to PSQ.		
Link to Corporate Objectives/Board Assurance Framework	Safe and effective: Continue to improve patient safety and effectiveness of services provided through developing a culture of openness and learning, utilising information from a range of sources to identify opportunities and inform actions. Positive patient experience/responsive: listening and responding to all patient feedback, and disseminating learning to improve services and patient experience.		
Risk	Reputational risk if action is not taken to build on areas of success and make improvements based on feedback from patients, their carers and loved ones, and other service used. Essential to ensure that the Trust continues to meet statutory and legislative requirements regarding patient experience.		
Action	IPEC is asked to note the report.		
Appendices	Appendix A: Action plan in response to Healthwatch Inpatient Report – food (MITIE) Appendix C: QUIS Audit update report – quarter two 2017-18		

EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST

HEALTHWATCH INPATIENT REPORT 2016 – UPDATE QUARTER FOUR 2017-18

IMPROVING PATIENT EXPERIENCE COMMITTEE (IPEC) – 10 May 2018

INTRODUCTION

1. Improving the patient experience is one of the Trust's key objectives, and forms a central part of our mission to provide great care to every patient, every day.

2. In order to assess the experience of our patients, the Trust actively seeks feedback from people using its services, including their carers and loved ones. In addition to the mechanisms the Trust has in place for people to share their feedback (eg Friends and Family test, PALS and complaints), it also works in partnership with local Healthwatch organisations to share intelligence and further explore and understand the views of local people.

3. All feedback received is used to recognise and share good practice, and to drive through service improvements.

BACKGROUND

4. In 2015, findings from Healthwatch Sutton's survey 'What matters to you?' showed that inpatient care was the third highest priority for local people (behind GP and outpatient services). Feedback received was used to inform a more in-depth investigation of people's experiences of care as an inpatient at Epsom and St Helier University Hospitals NHS Trust.

5. It was agreed that the Healthwatch Inpatient Care Report would focus on surveying patients and carers regarding their experience in the following areas (chosen as they cover a variety of acute care) at St Helier Hospital and the South West London Elective Orthopaedic Centre (SWLEOC):

St Helier	**SWLEOC**
AMU	Derby Ward
A3 Ward	Oaks Ward
B5 Ward (now Mary Moore)	
C3 Ward	
C5 Ward	
C6 Ward	

6. Trained volunteers visited St Helier Hospital and SWLEOC in June and July 2016, using a standard survey that consisted of 20 questions. In total, 179 surveys were completed – 173 by patients, and a further 6 by carers, family or friends. In addition, 21 'Observation sheets' were completed by Healthwatch staff who captured observations of both ward environment and staff interactions with each other and patients.

7. The final report identified several areas for commendation: average rating of overall experience 8/10; high level of trust in nurses; high level of trust in doctors; positive feedback about other staff groups (eg physiotherapists, phlebotomists, pharmacists); and high level of ward cleanliness.

8. The report also made recommendations for improvement in a number of key areas: noise at night; sufficient nursing staff; visibility of nurses and communication from nursing staff; lack of TVs for patients to watch/high cost of bedside entertainment; and food provision (choice, taste/consistency and organisation; see Appendix A).

9. The Trust provided a formal response to Healthwatch, and held a further interactive 'you said, we did' presentation (Appendix A), delivered by ward staff to Healthwatch representatives detailing initial actions taken and sharing action plans in place for ongoing improvements.

HEADLINE ACTIONS

10. **Development of a 'night standard' for our wards, focusing on reducing noise and light levels and providing comfort packs for patients.**

10.1 The Trust has set the standard for lights to be dimmed earlier and for staff not to talk in loud tones. We have instigated night visits to monitor this and feedback indicates improvement in this area.

10.2 Comfort packs continue to be made available on all wards, which now include availability of earplugs for patients. The availability of earplugs has been welcomed, particularly since the start of the building work happening across the Trust. The provision of comfort packs is currently being reviewed to ensure that the packs contain a range of items to meet the needs/requests of patients.

10.3 AMU at St Helier Hospital has worked in partnership with the Communications Team to create notices alerting people to the 'quiet area' created on the ward (when patients are resting) and the importance of minimising noise at night.

11. **Senior nurses implementing night visits**

11.1 Ward managers are expected to work ad hoc nights to find out what happens at night on their wards and to assure themselves of the calibre of care. The Trust has also introduced a late night senior nurse rota to cover every weekday night, which ensures that there is a matron (or experienced Senior Sister) on duty to go round the wards checking safety and staffing. The rota is now well embedded across both sites.

11.2 There is currently no set rota for night visits; rather, each division individually organises and prioritises using patient and staff feedback, including PALS, complaints and issues reported on Datix.

12. **TV provision to be included as part of all ward refurbishment plans.**

12.1 Bedside entertainment units were relocated and installed in Mary Moore Ward, the most recent ward upgrade project at the time of writing this report.

12.2 Capital Projects has not installed 'free to use' televisions in projects related to inpatient areas, and greater consideration to future provision of bedside entertainment is required to ensure the service is meeting need and taking into account changes in how patients are able to access entertainment (eg increased use of personal devices). This will be somewhat dependent on progress with free Wi-Fi provision on NHS premises, an issue which is on the action log of the Improving Patient Experience Committee (IPEC) to continue to monitor following regular feedback/queries from patients.

12.3 The review of patient entertainment provision will need to include robust engagement with patients, carers and visitors to understand current usage, opportunities, and barriers. The Head of Patient Experience will continue to liaise closely with Capital Projects, and this will remain on the IPEC action log.

13. **Re-introduction of the 'Nurse in charge' badges to ensure all visitors and patients know who is in charge.**

13.1 The 'Nurse in charge' badges remain available in all areas, and a basic audit of their usage was included as part of ward visits carried out by the Matron for Patient First in quarter three of 2017-18.

13.2 The Trust has received consistently positive feedback about the staff group lanyards introduced through the Patient First programme and, following additional feedback from nursing staff regarding the 'Nurse in charge' badges, we have now introduced a 'Nurse in charge' lanyard. These lanyards are easier for patients, carers and visitors to see and are preferred by nursing staff.

13.3 The Trust is investigating replacing the current staff name badges with an alternative that is easier for people to read, and takes specific account of those with visual impairment and those living with dementia (larger, bolder text, printed in black on a yellow background).

13.4 The Trust continues to support the 'Hello my name is…' movement, which is included in Trust induction as part of the Patient Experience session. A further reminder about the movement, and the important impact it can have on the patient experience, is currently being planned with support from the Communications Team. The communication to all staff is planned to be sent out in the early stages of quarter one 2018-19.

14. **Introduction of QUIS audits**

14.1 The Trust has embarked on a series of 'Quality of Interactions Schedule' Observational audits (QUIS). The Quality of Interactions Schedule methodology has been used in over 100 care settings and gives powerful insight into the lived experience of people with dementia who are spending time – or the rest of their lives – in a care setting.

14.2 These audits are designed to evaluate the service as a whole, not to appraise staff as individuals, and thus to give direction for service improvement and development. The audits are a powerful tool in improving people's quality of life, and have been found to give staff at all levels a greater sense of personal fulfilment in the work they do.

14.3 A core group of nursing staff from every division attended QUIS training in quarters three and four in 2016-2017. Since this training was undertaken each division has committed to further cascade a shortened version of this training. The Divisional Heads of Nursing agreed in quarter one 2017-18 to undertake regular monthly audits within their areas. This is supported by corporate nursing, including the Deputy Chief Nurse and Matron for Patient First, and going forward will also be supported by the Head of Patient Experience.

14.4 QUIS audits are now being undertaken regularly across the adult inpatient areas. These audits are completed by observing the practice carried out in the ward area, in particular looking at the interaction between staff and patients and making notes every 5 minutes for a minimum of 1.5 hours. This includes doctors, nurses, therapy staff, MITIE staff, phlebotomists and volunteers.

14.5 The most recent full update on QUIS audits, including results, is included as Appendix B.

15. **Perfect Handover**

15.1 All wards carry out the perfect Handover now and this, along with ward safety huddles (which include information about patient harm, eg pressure ulcers), has improved communication with handover happening at the bedside.

15.2 The introduction of the Perfect Handover has led to:

- A reduction in falls – it has helped decrease risk factors for patients because all staff are aware of risks;
- Improved safety huddles and information between staff;
- Patients comment they feel more involved in their care;
- Improvement in chart accuracy by 21%;
- Less duplication of handover for whole ward team and more bay-to-bay handover for staff, reducing time spent in handover;
- 86% handovers now take place by the bedside;
- Staff comment that they feel safer with information received.

15.3 Members of the nursing staff have presented nationally on this piece of work, and the Perfect Handover won a British Journal of Nursing award in 2017.

16. **Nursing numbers and visibility – SafeCare tool**

16.1 SafeCare acuity and dependency tool is now rolled and out and used on 32 wards. This gives visibility around the levels of care that patients require and informs real time decision making about ensuring safe staffing to meet the needs of the patients.

16.2 Nursing fill rates for the Trust form part of the monthly board reports and are submitted monthly via NHS portal information.

16.3 The Trust continues to use intentional rounding every two hours. We are also starting to implement a system for care to patients who may require enhanced supervision, so that a nurse or healthcare assistant is always present in a bay of patients.

DIVISIONAL ACTION PLANS

17. **SWLEOC**

17.1 A snapshot audit was completed on 23 February, focusing on key areas highlighted in feedback from the Healthwatch Inpatient Report. The results and suggested follow up actions are detailed below.

17.2 Communication with patients; doctors' communication:

- 80% of patients understood their plan of care;
- 80% of patients understood their discharge plan of care;
- 90% of patients felt they could ask questions to the staff on the ward round.

To improve communication and patients' expectations, SWLEOC has introduced "preparing for surgery classes". Information and instructions for these classes will also be made available on the SWLEOC website by May 2018.

17.3 The audit also asked the following question regarding communication: "What improvements do you think we can make to improve our communication with our patients?"

- 70% said they were happy with the communication;
- 10% said if nurses were busy and had to come back at a later time to undertake a task they needed to inform the patient;
- 10% if there is a complication following surgery awaiting diagnosis the communication could be improved.

The results of this audit will discussed in the March leadership/governance meeting, and further actions formulated.

17.4 The hospital at night – noise and light pollution:

- 90% of our patients found the ward environment restful and peaceful to recover from their operation;
- 100% of patients did not find the ward noisy at night;
- 80% of patients did not find the lights too bright;
- 20% of patients said the lights were too bright but this was rectified by covering one of the lights;
- 80% patients slept well. The 20% who did not sleep well slept overnight in PACU and said they did not sleep well due to machines bleeping and a patient on the telephone at 4am.

These results show improvement from the Healthwatch Inpatient Report feedback. The issues raised regarding poor night's sleep on PACU will be discussed with the team.

17.5 The Healthwatch Inpatient Report shared feedback from patients who felt that information around their length of stay was not always clear or consistent. SWLEOC has Expectation of length of stay introduced "Preparing from surgery classes" to ensure patients are prepared and that staff, as a team, are giving a consistent message.

The snapshot audit in February showed that 30% of admitted patients attended the classes and 20% of these found the class managed their expectation well. Further action is to review classes, aim to increase uptake of classes; consider making classes mandatory; and having classes available electronically so patients can view them on the website.

17.6 SWLEOC also has a working group reviewing written and electronic patient information which will be held on the website (due to be completed by May 2018).

17.7 Heat in summer: awaiting a quote from Estates regarding installing a third chiller (aim to undertake works 2018-2019). Confirmation that replacement of windows will not occur until 2018-19 due to other priority works for the Trust.

18. **Surgery**

18.1 Consistency of food was raised as an issue on wards A3 and B5, as was accuracy of order fulfilment (patients receiving food that was not what they had ordered). MITIE continue to review their menus regularly with Trust leads, and have introduced a programme of menu tasting events involving members of the public, including patients and volunteers, to help inform menu development.

18.2 Protected mealtimes continue to be observed (across the Trust), and lunch club/social dining, initially successfully piloted on A3 Ward, continues to work well.

18.3 Recruitment and retention of staff within the M25 remains a challenge for all divisions. However, Band 4 Associate Practitioner and Nurse Associate training has been implemented, which(while not a quick solution) is enabling progress in the right direction. The division will participate in a job fair in London. We continue to recruit foreign trained nurses.

18.4 Work to reduce the use of agency staff across the organisation continues, and wards are encouraged to use bank staff primarily, where needed.

18.5 B5 Ward has now moved to the refurbished Mary Moore Ward and night time noise and clutter have been removed through the new design. Modern lighting has also been installed which will help patients, and there is improved natural lighting and ventilation in the area. The ward features clearer signage and has employed features successfully implemented on other wards (eg different coloured be spaces).

18.6 A3 Ward is planned to have a refurbishment in 2018-19 which will improve environment for patients, including options for storage to reduce clutter (mentioned in survey feedback).

18.7 Electronic prescribing and administration is now embedded and has led to improved medicines management.

18.8 There were two surgical study days held recently to address issues with communication, attitude and promote cohesive team working.

19. **Medicine**

19.1 A full update from Medicine was not available at the time of writing this report. However, a separate meeting with the divisional leadership has been organised, which will include discussion of the response to the Healthwatch Inpatient Report and update on the action plan, which has been shared with the new Divisional Head of Nursing. Further update will be required to be presented at the next meeting of the Improving Patient Experience Committee.

NEXT STEPS

20. There is further work to do to ensure that the action plans are fully embedded within the divisions, and that these action plans are regularly discussed, reviewed and updated as part of the 'business as usual' quality and patient experience requirements.

21. The original reports, Trust response and action plans have been re-circulated to heads of nursing (following some changes in leadership) for awareness, refresh and further action. Divisions will be required to provide an update on actions as part of quarterly reporting to IPEC, which will monitor progress against action plans. Discussion at IPEC will also allow for feedback to and scrutiny from Healthwatch Sutton, which sends a representative to each meeting of the committee.

22. Impact of changes made as a result will be monitored through comparison with feedback received through the Friends and Family Test, PALS and complaints. In addition, the Inpatient Survey 2017 results, due to be published by the CQC in by June 2017, will be compared with the Healthwatch Inpatient Report findings to assess impact of actions, ongoing areas for improvement, and potential further updates to divisional action plans.

RECOMMENDATION

23. The Committee is asked to note the progress to-date and support the continued work to follow through on action plans, with updates to be brought to and monitored by the Improving Patient Experience Committee on a quarterly basis (as part of divisional patient experience reports).

Appendix A: Action plan in response to Healthwatch Inpatient Report – food (MITIE)

A3:

Comment	What happens now	Actions going forward
Did not get vegetables one day – even after asking. However got next day	We have 2 checks in place The catering team check all items ordered by the host before issuing the trolley and the final check is completed by the host on the ward to ensure they have all items ordered by the patients. We have a dedicated member of staff who visits patients and completes patient satisfaction surveys and actions are passed to patient service manager for immediate action.	To be included in the training induction plan as part of the host manual training, that patient requests are dealt with promptly and efficiently at the time and that all incidents are escalated to management at the time for management to visit the patient.
Do not eat red meat. Not a lot of variety	The a la carte menu offers 13 options at lunchtime that are not red meat. 9 sandwich options at supper time. Any patient not satisfied with food will be referred to the patient services manager or Mitie dietitian where alternative menus may be offered.	Statistics regarding menu choices to be reviewed at menu development stage. Currently menus are developed by Mitie with input from trust dietitians and representatives, this will be extended to patient representatives
Food arrived cold.	Any patients that require assisted feeding are served last to enable the HCA's to support the patient with feeding to ensure they also have food at the correct temperature.as per our due diligence documentation Hosts to probe 1st and last meal served to ensure correct temperature.	All hosts are coached to collect patient meals at end of service, where patients have not eaten they advise the nursing staff to record nutritional intake and advise the patient that they can order food via the nursing staff from the ad hoc menu request which is offered 24/7
Meals are rushed.	Mitie follow the strict protected meal time rule where lunch is served at the dedicated time for each ward. Large wards do require a strict schedule, however patients are never rushed by the host team	Continue to follow protected meal time rules.
No food on Tuesday. Ice cream soft and runny. Can only eat soft food – do not like yogurt.	Ice cream is being issued to wards later to ensure this does not happen. There are soft options on the a la carte menu (coded as S = Easy to eat) in addition to yogurt there are an additional 10 soft desserts available.	Continue good communication with patients, continue patient satisfaction surveys. Any issues highlighted to managers and are dealt with immediately
Not very hot food. Choices good but same food every day.	Hosts to probe 1st and last meal served to ensure correct temperature. Patients make their own food choices Mitie staff are not allowed to choose for the patient but can/will support with reading the menu and where visitors are available if patient is unable to make their own choice; visitors support the host staff to	Ongoing 3 week stay patient visits with re-visits scheduled.

	do this. 3 week stay patient are visited by a member of management and alternative options are discussed and provided	
Once I did not get what I asked for	Hosts to check trolleys at decant level so any missing items can be captured ahead of service. Patient satisfaction surveys are completed regularly and issues are raised to the Patient service managers for immediate action.	Patient satisfaction surveys remain ongoing. During Host manual training hosts are coached that menu choice is made only by the patient with the support of their visitors.
Some of the food is better than others.	Food tasting of all Apetito products are completed before a menu change. Various representatives are invited for food tasting to ensure changes are for a varied tastes.	To include patient representatives along with the MITIE team, dietitians and Trust representatives.
Tasteless – awful	Food tasting of all Apetito products are completed before a menu change	To include patient representatives along with the MITIE team, dietitians and Trust representatives.
Tasteless could be a bit warm/hot	Food tasting of all Apetito products are completed before a menu change. Hosts to probe 1st and last meal served to ensure correct temperature.	Food tasting to include patient representatives along with the MITIE team, dietitians and Trust representatives. Ward audits on going by Patient service team and patient satisfaction surveys completed to capture any issues as they occur with immediate actions to rectify.
Very small portions	Option to order small, regular or large portions are available. Hosts are trained to ask all patients if they would prefer one of three portion sizes. There is also patient information regarding portion size on all patient menus.	All staff are coached to offer portion size, this remains on going and is checked via ward audits completed by the patient service team.

AMU:

As a diabetic I need a big meal in the evening	Option to order small, regular or large portions are available. Hosts are trained to ask all patients if they would prefer one of three portion sizes. There is also an option to order a hot ad hoc meal or a snack box 24hrs. There is also patient information regarding portion size on all patient menus.	All staff are coached to offer portion size, this remains on going and is checked via ward audits completed by the patient service team.
Portion size is not enough – should ask how much you eat and give accordingly	Option to order small, regular or large portions is available. There is also patient information regarding portion size on all patient menus.	All staff are coached to offer portion size, this remains on going and is checked via ward audits completed by the patient service team.
Tend to order the same	If an issue is communicated to the patient service team, MITIE will	As part of Host manual training all staff are coached to

thing	visit the patient and go through the menu choices, if patients have been admitted for more than three weeks this is communicated to management where we will visit each patient and offer alternative choices.	communicate long stay patients or any patients who have has any menu fatigue issues.
Very soggy toast	Toast to be made by area, hosts to ask at beverage round if they require toast and make to order.	Patient satisfaction surveys are completed regularly and any issues are communicated to the patient service managers for immediate actions.

B5:

Enough food for her but not for men	Option to order small, regular or large portions are available. Hosts are trained to ask all patients if they would prefer one of three portion sizes. There is also patient information regarding portion size on all patient menus. If any patient requires further food / beverages out of hours this can be provided via the ward staff on the ad hoc menu.	All staff are coached to offer portion size, this remains on going and is checked via ward audits completed by the patient service team. The ad hoc menu service is available 24/7

C3:

Breakfast could include porridge or something	The full breakfast options are readily available on all menus, Porridge is an option that is offered. A menu is provided to all patients for the duration of their stay.	Patient satisfaction surveys are completed regularly and any issues are communicated to the patient service managers for immediate actions.

C5:

Deteriorates a bit on Sunday. Didn't get what I ordered. Especially by supper time	Hosts to check trolleys at decant level so any missing items can be captured ahead of service. Any issues raised at the time are highlighted to the management team for immediate actions.	Patient satisfaction surveys are completed regularly and any issues are communicated to the patient service managers for immediate actions.
Preferred other ward	Food options the same on every ward, all hosts are trained to the same high standard. Any issues raised at the time are highlighted to the management team for immediate actions. Any issues raised at the time are highlighted to the management team for immediate actions.	Patient satisfaction surveys are completed regularly and any issues are communicated to the patient service managers for immediate actions.
Soup cold	Hosts' to ensure all soup is served at the correct	Patient satisfaction surveys are completed regularly and

	temperature and recorded on due diligence documentation.	any issues are communicated to the patient service managers for immediate actions.

C6:

Chicken very tough, veg watery	Patient service department complete quality audit food checks, Patient satisfaction surveys are completed regularly and any issues are communicated to the patient service managers for immediate actions.	Continue to monitor and audit, product tasting and reviews are to include patient representatives.
Not always hot enough. Plenty of choice, if I do not eat meat	Option to order small, regular or large portions are available. Hosts are trained to ask all patients if they would prefer one of three portion sizes. There is also patient information regarding portion size on all patient menus. If any patient requires further food / beverages out of hours this can be provided via the ward staff on the ad hoc menu. There is a higher % of non-vegetarian options on the A la carte menu available.	All staff are coached to offer portion size, this remains on going and is checked via ward audits completed by the patient service team.
Not as good as last time	We strive to ensure all patients receive quality service at all times; any issues raised will be dealt with immediately and rectified for patient satisfaction. As part of host manual training all staff receive patient/ customer care.	Continue with Patient satisfaction surveys & patient communication. Continue with patient / customer care training and managers to randomly visit patients to gain verbal feedback of service and products.
Not much variety for breakfast, no cooked breakfast and no cereal only porridge	Cereal & porridge available at breakfast. Cooked breakfast is available through the special diet order form ordered via the ward staff.	
Not very good. Diabetic and lack choice.no direction and support about food choice.	Trust & Mitie dietitian can advise on special requirements for diabetics. Host staff are available and support all patients where required. Any issues communicated are referred and in this instance a dietitian will visit the patient. Support is offered and this is communicated on all menus.	Dietitian and management to continue to monitor and audit full service to include verbal communication with patients and ward staff ensuring customer satisfaction.
Soup always cold – should be hot. Same with all the food which should be hot. Good food spoiled	Hosts to probe 1st and last meal served to ensure correct temperature. We strive to ensure all patients receive quality service at all times; any issues raised will be dealt with immediately and rectified for patient satisfaction. As	Continue auditing and monitoring of all services, product sampling at the end of service to ensure correct temperature is maintained. Any issues raised by patients or ward staff to be addressed by management.

	part of host manual training all staff receive patient/ customer care and are coached to refer any issues raised to their line managers for immediate action.	
Staff need to listen better to requirements of patient and maybe get the orders right more often	Staff instructed to read back to the patient what has been ordered for them. We strive to ensure all patients receive quality service at all times; any issues raised will be dealt with immediately and rectified for patient satisfaction. As part of host manual training all staff receive patient/ customer care and are coached to refer any issues raised to their line managers for immediate action.	Tool box talk for all hosts to re-iterate the importance of communication with the patients and listening to what the customer wants.
There was a mix up with menu choice and I didn't get what I had ordered.	Hosts to check trolleys at decant level so any missing items can be captured ahead of service. Hosts are coached to ensure all patients receive the choice ordered. We strive to ensure all patients receive quality service at all times; any issues raised will be dealt with immediately and rectified for patient satisfaction. As part of host manual training all staff receive patient/ customer care and are coached to refer any issues raised to their line managers for immediate action.	Continue monitoring audits at service times. Randomly speak to patients to ensure patient satisfaction. Ward staff to be spoken to at each visit to ensure there are no issued that have not been raised to the catering team.
Vegetarian choice limited	10 choices for a vegetarian at lunch time and 4 sandwich options at supper	Vegetarian options to be assessed at next menu review to ensure a wider choice is available where possible.

Derby:

A little more variety	Any issues raised in relation to variety of choices if communicated to the patient service team will be discussed with the patient and a dietitian referred to if required. Three week stay patients are referred to the patient service managers and visited with alternative options offered.	Menu reviews are assessed to ensure ample variety and patient inclusion will be implemented.
I am a very fussy eater. Like natural (pure) food. Not enough fresh vegetables. Plain food in packets	All food is a cook frozen product. This allows the correct nutritional content and consistency throughout. Where issues are raised to the ward staff / host on duty a	Patient satisfaction surveys are completed and issues rectified as they occur.

	patient service manager / dietitian would be available to ensure the correct nutritional intake was available.	
There should be an arrangement for food if you come in late after an operation. No arrangement for food	There is an option to order a hot ad hoc meal or a snack box which is available 24hrs a day. This information is also communicated on the menus available and is ordered through the ward staff.	This procedure is on going

Oaks:

All tastes much the same	We have menu review and food tasting to ensure that there are a variety of palatable options to suit all tastes. Seasoning and sauce sachets are available to patients at all service times. Any issues raised are communicated to the patient service team who will visit the patient and deal with the issue immediately	Continue to monitor all services and randomly speak to patients to gain verbal feedback and issues can be addressed at the time.
Needs side sauces/spices	Condiments are available to patients	

Appendix B: QUIS Audit update quarter two 2017-18 – NMC November 2017

Meeting title	**Nursing and Midwifery Committee**
Report title	**Qualitative Interactive Observational Scheduling Audit Update (QUIS) – Quarter 2**
Meeting date	**14th November 2017**
Lead Executive	Charlotte Hall, Chief Nurse
Report author	Carole Webster, Deputy Chief Nurse & Hospital Director, Epsom
FOI status	Disclosable

Report summary	As part of our commitment to delivering great care to every patient, every day, we constantly evaluate how we deliver care. We then use what we learn from this process to ensure we continue to do the best for our patients and their families and carers. We can only offer truly person-centred care if we try to look at the world from the point of view of those we care for and if we are dedicated to improving their sense of wellbeing. Our hospitals have embarked on a series of 'Quality of Interactions Schedule' Observational audits (QUIS). The Quality of Interactions Schedule methodology has been used in over 100 care settings and gives powerful insight into the lived experience of people with dementia who are spending time – or the rest of their lives – in a care setting. These audits are designed to evaluate the service as a whole, not to appraise staff as individuals, and thus to give direction for service improvement and development. The audits are a powerful tool in improving people's quality of life, and have been found to give staff at all levels a greater sense of personal fulfilment in the work they do.
Purpose	Information
Recommendation	The Nursing and Midwifery Committee is asked to note the Report
Corporate objective links	Our patients, our services, our people, our finances
CQC standard	Safe, effective, caring responsive, well led
Identified risks and risk management actions	Safe staffing levels will minimise adverse clinical incidents and ensure our patients are cared for in a safe environment.
Report history	Monthly report to TEC and to trust board -
Considered by other committees	

EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST

QUALITATIVE INTERACTIVE OBSERVATIONAL SCHEDULING AUDIT UPDATE (QUIS) – QUARTER TWO 2017-18

NURSING AND MIDWIFERY COMMITTEE

INTRODUCTION

1. Improving the patient experience, enhancing staff empathy and improving care for patients with dementia is one of the Trust's key objectives, and forms a central part of our mission to provide great care to every patient, every day.

2. QUIS involves a range of training in patient interaction and observational audits that encourage us to live the experience of patients in order to understand how we can improve our care and compassion. These audits are designed to evaluate the service as a whole, not to appraise staff as individuals, and thus to give direction for service improvement and development.

3. The audits are a powerful tool in improving people's quality of life, and have been found to give staff at all levels a greater sense of personal fulfilment in the work they do.

4. A core group of nursing staff from every division attended QUIS training in quarters 3 and 4 in 2016/ 2017. Since this training was undertaken each division has committed to further cascade a shortened version of this training.

5. The divisional Heads of Nursing agreed in quarter 1 to undertake regular monthly audits within their areas. This is supported by corporate nursing including the Deputy Chief Nurse and Patient First Matron.

KEY DEVELOPMENTS

6. QUIS audits are now being undertaken regularly across the adult inpatient areas. These audits are completed by observing the practice carried out in the ward area, in particular looking at the interaction between staff and patients and making notes every 5 minutes for a minimum of 1.5 hours. This includes all staff including doctors, nursing staff, therapy staff, MITIE staff, phlebotomists and volunteers.

7. These audits are being carried out by matrons and other members of nursing staff, often encouraging nursing staff to peer review other areas. All audits are undertaken by at least one member of staff who has completed QUIS training.

8. These audits are undertaken at different times of the day for example during a mid-morning period when daily hygiene, patient observations and doctors ward rounds

were being undertaken. Late morning prior to lunches being served, this also supports the 'making mealtimes special' initiative.

RESULTS

9. Good practice

- The healthcare assistant (HCA) undertaking observations in one bay was very chatty with patients whilst carrying out the procedure and explained what she was doing to patients. She tried to engage all patients in and talked about a variety of subjects to encourage patients to interact.
- Another HCA in a nearby bay was chatting with a patient who had been distressed by some information she had received from the medical team and was giving the patient a foot massage
- Prior to meals being served, HCAs and staff nurses engaged with patients ensuring that they were sat up/out of bed for meals and that hand wipes were available and being used.
- A staff nurse in one bay was singing with patients whilst tidying up in the bay and was encouraging patients to join in.

10. Areas for improvement:

- Not all staff were engaging with patients and some staff walked into and back out of bays without acknowledging patients
- Observation of doctors rounds often saw doctors talking about or over patients without including them in the conversation

11. Actions

- More staff to be trained in and participate in QUIS audits
- Ward meeting discussions
- Objective setting using ACTUS to include QUIS audits and development of staff social skills
- Continued peer reviews with a variety of different grades of nursing staff
- Ward resources to be developed in ward areas to assist staff to provide social stimulation to patients
- 'Toast' training to be offered at ward feedback

Conclusion

12. From the audits which have been undertaken to date it is evident that there are times when staff do not socially interact with patients. Through staff having protected time to complete these audits appears to be increasing staffs awareness and understanding of the importance of maximising every opportunity to socially interact with patients.

13. This lack of social interaction with patients is evident across all professions. The staff group which often receive the most compliments for their social interaction with patients are the ward domestics.

14. The QUIS audits to date have only taken place within the day shifts so it is recommended that night time audits are introduced.

15. This approach will continue to provide other staff with far greater insight and understanding of how we as staff influence a patient's behaviour and wellbeing on a day to day basis.

16. Positive role modelling through our leaders is essential for this to become embedded within all ward adult inpatient areas.