NHS
Nottingham
University Hospitals
NHS Trust

Noise at night - Sleep packs.

Project lead: Kelly Morley

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Project overview

Nottingham University Hospitals NHS Trust

Background: Reducing noise at night is one of the top three Patient Experience priorities for our Trust and we have established a programme of work to look at how we can improve. Feedback from the Care Quality Commission national inpatient, Trust local patient surveys and National patient survey continues to highlight concerns around sleeping well in hospital.

The Care Quality Commission says that “sleep deprivation is a major concern for patients in hospital”. A secondary effect is disruption of recovery: “Hormones responsible for physical repair and renewal are secreted during sleep, which is why sleep is a crucial factor in patient recovery”. 2019 CQC Adult inpatient survey. This work also fits within the strategic priority of quality patient care and as such the benefits will also positively impact patient flow.

Writing in 1859, Florence Nightingale stated that “Unnecessary noise is the cruellest absence of care” A primary effect on patients is disrupted sleep.

What are/were we trying to accomplish?

To improve the quality of sleep for inpatients from 14% to 24% on the national, local and friends and family test survey on Patience 1 ward by 30/08/2024.

How will/do we know that a change is an improvement?

1. Improve the quality of inpatients sleep, measured by local patient experience survey.
2. Reduce the number of negative comments related to quality of sleep, measured on the national iwantgreatcare survey.

What changes can/did we make to achieve the improvement?

Introduction of sleep packs containing eye masks, ear plugs, slipper socks and a patient information leaflet and raising awareness of the importance of these resources to the staff.

	PLAN *Describe the question(s) you are trying to answer in this cycle and your prediction(s). Who, what, where and when will the cycle take place? Describe the plan for data collection against baseline (minimum 25 data points with only common cause variation for quantitative data).*	DO *Describe how the plan is carried out. Document problems and observations, including any unexpected points. Collect the data and add quantitative data to your run/SPC chart(s).*	STUDY *Complete analysis of the data - any special cause evident against median (run chart) / mean (SPC chart) recorded on baseline. Compare quantitative and qualitative data to predictions. Summarise what was learned (what went well, what could have been better).*	ACT *What actions are we going to take based on our study of the test? Have we evidenced our change is an improvement and is ready to adopt? Do we need to adapt our process further? If so, describe what we will test in the next cycle. Are we going to abandon this idea based on our findings?*
1	Needed to gather baseline local patient information regarding the quality of sleep they were getting on Patience 1	MS Forms survey designed with the staff from the wards. Survey questions shared with PEEG to gain patient rep approval.	52 patients responded: 57% reporting poor sleep 39% reporting reasonable sleep 4% reporting excellent sleep	Confirmed the need for this trial. When asked if they felt the sleep packs idea would be beneficial 100% responded yes
2	Needed to gather local staff information regarding their awareness on the importance of sleep and thoughts on use of sleep packs	MS Forms survey designed with the staff from the wards. Survey questions shared with PEEG to gain patient rep approval.	52 staff responded, none of them saying they were aware that sleep resources were already available ie eye mask and ear plugs. Suggestions to come of out the survey are in ACT.	• Hand out at nighttime drug round • Consider afternoon naps • Drop checklist • Poster developed • Encourage independent patients and family members to take a pack
3	Wards identified for the first trial were chosen, and their manager approached, from a list of poor performers. 3 wards agreed to take part. Once managers agreed to take part we asked for them, or a nominated staff member, to meet twice before the trial was due to start to explain how to use the sleep packs.	Explained use of the packs and who was an appropriate patient, confirmed criteria for use.	Within the first 3 weeks of the trial 2 of the wards reported that they had too much work on to consider including handing out of the packs and stepped back from their involvement.	We realised that for the next trial we could not identify wards only through their FFT scores but also needed to include wards that were motivated so that momentum is maintained.
4	We needed to gather data as to the effectiveness of the packs and their contents.	Post implementation patient survey designed specifically asking what patients felt to each item within the pack	52 patients completed the survey 81.1% agreed or strongly agreed that the eye mask was beneficial 66.2% agreed or strongly agreed that the ear plugs were beneficial, 75.9% agreed or strongly agreed that the slipper socks were beneficial 72.2% agreed or strongly agreed that the sleep leaflet was beneficial	No changes needed to the packs before PDSA 2 was launched

Project outputs; Benefits

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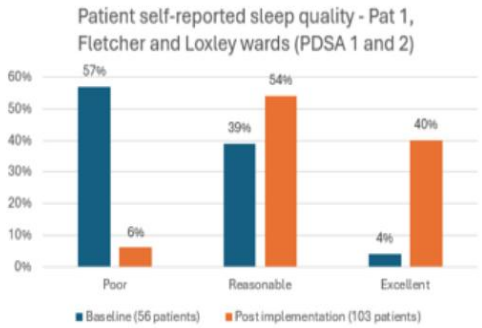
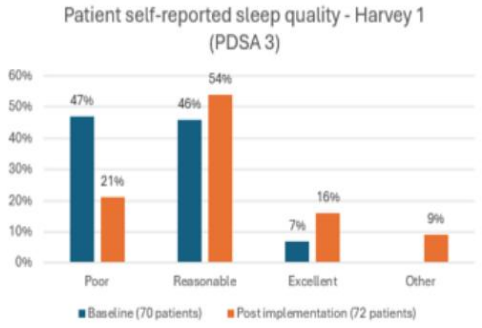
When asked what the quality of their sleep was pre and post using the packs patient's responses are below



Patients self-reported improved sleep quality following the introduction of sleep packs. Significant reduction in those experiencing poor sleep, some improvement in reasonable and larger improvement in excellent sleep quality.



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What has worked well?

- Stakeholder engagement has been key to this success.
- Keeping it simple to add the minimum additional work to the clinical staff.
- Using available resources so no additional costs needed

Improvement tools used:

- Project Lead is QSIR practitioner trained and so able to apply these resources into the project.
- Stakeholder engagement tool.
- SMART aim tool.
- PDSA cycles.
- Influencer model.

The ward can be noisy at night, and I think we had all just accepted that disturbed sleep is to be expected when you are in hospital, but this trial has changed that outlook. The sleep packs are really simple but very effective, they contain an eye mask, slipper socks, ear plugs and a leaflet with hints and tips of how to get a good night's rest. Staff have been offering them to patients in the evening, feedback has been great with a few patients claiming 'it's the best night's sleep they have had in years. We will definitely carry on with them after the study has finished. – **Ward manager, Pat 1**

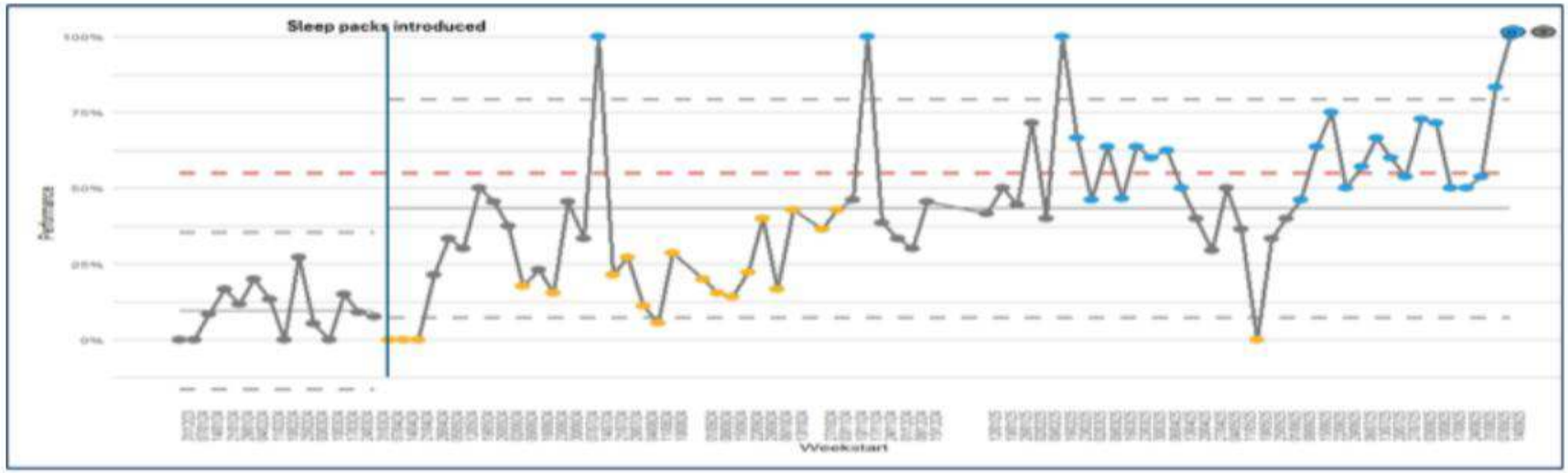
Sleep packs very beneficial sleep interrupted a lot as obs being taken regularly but this is to be expected and not a criticism. A very positive experience overall. Wasn't offered on my previous ward but would have used it every night if offered. – **Inpatient on Pat 1**

Project output benefits

Taken from the local inpatient survey and national survey sleep scores Patience one ward data.

Target of 55% when asking patients if they have not been prevented from sleeping at night.

New median line shows an improvement of 25 points.



Project Outputs

What challenges did we face / what can we do better?

- Sustaining when clinical pressures are high
- Staff on holiday and no one else picking it up to make the packs up, needed to ensure actions were to be completed by a role rather than a person
- Collecting feedback has been variable
- Engagement even when encouraged from senior clinical leaders has varied
- A SOP has been written but this will not be mandatory so difficult to know how effective it will be

Next steps;

- This work became part of the Quieter Hospitals programme of work and so will be showcased at a launch event March 5th 2025, alongside other sub action projects.
- Influencer model used to engage senior leaders and clinical staff to encourage prioritising the spread and adoption of sleep packs across the trust.
- Aim is to have quality sleep included within the fundamentals of care as well as included in the ACE accreditation

So, what's next?

- The project has already been promoted widely, including presenting at the Shared Governance Leadership Council, and we now have many more wards who have adopted this practice.
- The project has won an Improvement award for “best patient engagement” with over 300 surveys completed and has since been shortlisted for two PENNA awards.

Quieter Hospitals Programme.

- The Quieter Hospitals Programme (QH) Group oversees the work to address noise at night.
- QH Group plans to develop high-impact actions to standardise nighttime routines through a communication campaign. Sleep packs will be central to this, supported by a patient leaflet and guiding principles for staff.
- The QH Group has completed further discovery work and organised drop ins and workshops to gain feedback from ward staff relating to noise at night, and this was an opportunity to promote the work of the group, including the sleep packs.

Get Involved!

We need you all to be noise and sleep aware and in doing so help us to help our patients to rest, recover and feel better able to engage with the services available to them, Rehabilitation, Physiotherapy and other initiatives such as Active hospitals.

For more information and to get involved in this hugely important work please get in touch.

Email: NUHNT.QMCPET@nhs.net

“Unnecessary noise is the cruellest absence of care” – Florence nightingale