Paper 5.5

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
27th May 2010

Patient Experience

TITLE	**National Inpatient Survey 2009 - CQC Report** **National Outpatient Survey 2009 – Update on Progress of Action Plan following Outpatient Survey**
EXECUTIVE SUMMARY	This paper updates the Trust Board on Patient Experience Feedback: 1. In accordance with national guidance, the Trust has recently completed a mandatory Inpatient Survey. The attached paper presents the Care Quality Commission (CQC) Survey Report and discusses the way forward in terms of action to improve on the reported position. 2. The paper updates the Board on the progress of the Outpatient Survey Action Plan. (Reference CQC Outpatient Survey Report Feb 10).
BOARD ASSURANCE (Risk) / IMPLICATIONS	The results of this mandatory annual survey provide an important source of data for the CQC in cross checking against Trust's self assessment of compliance with the CQC's Essential Standards of Quality and Safety.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	These results give an important indication of the perceptions of surveyed patients on the quality of care they have received while an inpatient at the Trust. The publication of CQC benchmarked reports tend to be covered by the national media. More locally, the results have received negative press coverage. Negative press coverage may impact on patient's perceptions of Trust services.
EQUALITY AND DIVERSITY ISSUES	None noted. The Inpatient survey was based on a sample of 850 who were inpatients in July 2009. A multiple language sheet was included offering interpreting/ translation services to those sampled patients whose first language was not English.
LEGAL ISSUES	None noted
The Trust Board is asked to:	To note the report.
Submitted by:	Jill Down, Head of Customer Affairs and Vanessa Avlonitis Deputy Chief Nurse on behalf of Caroline Becher, Chief Nurse
Date:	14/05/2010
Decision:	For Noting

Patient Experience:
National Inpatient Survey 2009 - CQC Report
National Outpatient Survey 2009 – Update on Progress of Action Plan

Introduction

This paper aims to update the Board on two issues relating to patient experience feedback. Firstly, the results of the most recently completed national Inpatient Survey. Secondly, to update the Board on the progress of the Action Plan following the national Outpatient Survey in February 2010.

1 National Inpatient Survey 2009 - CQC Report

In accordance with national guidance, the Trust has recently completed the 7th mandatory Inpatient Survey. This paper presents the Care Quality Commission (CQC) Survey Report and discusses the way forward in terms of action to improve on the reported position.

Background

The National Patient Survey Programme was established by the Department of Health and has been operating since 2002. The CQC, in its role as independent regulator of Health and Adult Social Care Services in England, administers the survey programme, the results of which provide an important source of data for cross checking against Trust's self assessment of compliance with the CQC's Essential Standards of Quality and Safety The surveys are expected to inform local improvement activity and are seen as an important source of information for both users of health services, to help them choose between providers, and for commissioners of service.

Following the survey's completion, the CQC publish a Trust specific report and include benchmarking information from the survey to allow Trusts, and the population they serve, to make meaningful comparisons between organisations based on the reported experience of surveyed patients.

The survey of Inpatient Departments involved 162 Acute and Specialist NHS Trusts with response received from more than 69,000 patients. People were eligible for the survey if they were aged over 16 years, had at least one overnight stay and were not admitted to a maternity or psychiatric unit during the period of July 2009. The Trust surveyed 850 inpatient attendees. The Trust survey response rate was 48% (the lowest over the 7 year period) compared with a national average of 52%.

The Results

Appendix 1 presents the CQC report

In terms of response, the Trust is scored on a scale of 0 – 100. A score of 100 represents the best possible result. (Note: results are not percentages) Results also indicate whether the Trust is in the top 20% of performance, the lowest 20% of performance or, more average, with the remaining 60% of Trusts.

Overall, the Trust performance presented in the CQC report has improved and could be described as average. While the Trust undertakes a more detailed survey, (92 questions), the CQC reports on 64 survey questions. Of these, the Trust demonstrated a good performance (highest 20% of Trusts) on 4 questions, an intermediate performance on 37 questions and a poor performance (lowest 20% of Trusts) on 23 questions. Broadly, poorly performing areas

include communications (including explanation and discussion of procedures, treatment and care and the prescription of medications), and the management of noise in the ward area. Patients have reported an improved impression on the cleanliness of the hospital and hospital food, explanation around anaesthetic procedures and information given on discharge, including information on medicines, although patients are also indicating they did not fully understand the information given. More disappointingly there has been a marked change in patients' perceptions of the quality of information they have received about their condition in the A & E Department.

At the time of the last Inpatient Survey (2008), the Healthcare Commission reported on 62 questions. At this time, the Trust demonstrated a good performance on 5 questions, an intermediate performance on 30 questions and a poor performance on 27 questions.

The Way Forward

The results of the Inpatient survey have been presented to Clinical Directors and Senior Managers within the Trust. The aim is now to harness the improvements demonstrated and transform the patient experience reported in the next patient survey.

A parallel approach is now planned.

In the short term - a 10 point action plan has been developed to drive and deliver change over a short time period. This action plan has a number of Executive leads who are committed to leading and cascading the initiatives to drive the short term change required. A copy of the 10 point action plan is attached at Appendix 2.

For the longer term, Directorate leads have presented their plans to continue the momentum and embed change over the longer term, embracing the strategic objective of improving the patient experience and delivering the requirements of the Communication & Engagement Strategy. Progress against these plans will be monitored through the Directorate's performance meetings and reported at the Trust's Patient & Public Engagement Group.

2 National Outpatient Survey 2009 – Update on Progress of Action Plan

The Trust has progressed well in addressing the poor areas of patient satisfaction identified in the survey and is committed to improving the outpatient experience. This paper is intended to update the Board on the Outpatient Action plan that was developed in response to the outpatient survey of 2009

Progress to date

St Peters Hospital

The cleanliness of the toilets and environment in the outpatient areas has improved due to the refurbishment of the toilets and also by employment of a regular toilet cleaner who cleans the toilets 4-5 times a day at St Peters Hospital.

Additional seating has been installed in the department.
Once the refurbishment is complete permanent signage will be installed to replace temporary signage.

Outpatient correspondence and patient information

New patient and follow up letter rewritten and moving forward.

Privacy and Dignity Coloured zones
Work underway when pre-assessment relocates. Signage complete although moré signage is required

Car parking /access to clinics
Master plan approved and ramp being demolished to improve capacity for car parking. Pilot of visiting hours will also support car parking capacity for patients attending outpatient clinics

Regular observation audits of Outpatient areas.
This has been developed and approved and will start in June.

Attitude and Behaviour
Care Standards is currently being reviewed and will be complete by the end of May.
Reception staff have had uniforms ordered and are undertaking customer care training.
Behaviours against the 4 Ps have been developed and will be endorsed as the Trust standard for effective behaviour.

Medications Management
Generic medicine leaflets have been developed for the purpose of providing patients with information about their medication in an understandable format.
Patients are given a patient helpline card which links to Frimley Park Hospital patient service line service. This service will provide support and help for patients queries about particular medications.

Wayfinders
The volunteers 'Wayfinders' are wearing a blue sash and will start in June to welcome, greet and escort patients to their destination.

Jill Down
Head of Customer Affairs
Vanessa Avlonitis
Deputy Chief Nurse
For and on behalf of Caroline Becher
Chief Nurse
18/05/2010

Patient survey report 2009

Survey of adult inpatients in the NHS 2009

Ashford and St Peter's Hospitals NHS Trust

The national survey of adult inpatients in the NHS 2009 was designed, developed and co-ordinated by the Acute Surveys Co-ordination Centre for the NHS Patient Survey Programme at Picker Institute Europe.

picker INSTITUTE

making patients' views count

National NHS patient survey programme
Survey of adult inpatients in the NHS 2009

The Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Survey of adult inpatients 2009

To improve the quality of services that the NHS delivers, it is important to understand what patients think about their care and treatment. One way of doing this is by asking patients who have recently used their local health services to tell us about their experiences.

This report provides the results of the seventh survey of adult inpatients in NHS trusts in England. It shows how each trust scored for each question in the survey, compared with national average results. The report should be used to understand the trust's performance, and to identify areas where it needs to improve.

There is also a set of tables on our website showing the national results for the 2009 survey compared with the results for previous years where possible, and a briefing note that highlights key issues.[1] These documents were produced by the Acute Co-ordination Centre at Picker Institute Europe.

Similar surveys of adult inpatients were also carried out in 2002, 2004[2], 2005, 2006, 2007 and 2008. They are part of a wider programme of NHS patient surveys, which covers a range of topics including mental health services, outpatient services and ambulance services. To find out more about our programme, please visit our website (see further information section).

About the survey

The seventh survey of adult inpatients involved 162 acute and specialist NHS trusts. We received responses from more than 69,000 patients, a response rate of 52%. Patients were eligible for the survey if they were aged 16 years or older, had at least one overnight stay and were not admitted to maternity or psychiatric units.

[1] These tables show the percentage national results

[2] In 2004, the Healthcare Commission carried out a separate survey of children and young people (aged 0-17). Consequently only those aged 18 and over were included in the sample for the 2004 adult inpatients survey. As a result, the benchmark reports for the 2004 survey were based on patients aged 18 and over and are therefore not directly comparable to the reports for the 2009 survey presented here.

Interpreting the report

For each question in the survey, the individual responses were converted into scores on a scale of 0 to 100. A score of 100 represents the best possible response. Therefore, the higher the score for each question, the better the trust is performing.[3]

Please note: the scores are **not percentages**, so a score of 80 does not mean that 80% of people who have used services in the trust have had a particular experience (e.g. ticked 'Yes' to a particular question), it means that the trust has scored 80 out of a maximum of 100. A 'scored' questionnaire showing the scores assigned to each question is available on our website (see further information' section).

Please also note that it is not appropriate to score all questions within the questionnaire for benchmarking purposes. This is because not all of the questions assess the trusts in any way, or they may be 'filter questions' designed to filter out respondents to whom following questions do not apply. An example of such a question would be Q50 "During your stay in hospital, did you have an operation or procedure?"

The graphs included in this report display the scores for this trust, compared with national benchmarks. Each bar represents the range of results for each question across all trusts that took part in the survey. In the graphs, the bar is divided into three sections:

- the red section (left hand end) shows the scores for the 20% of trusts with the lowest scores
- the green section (right hand end) shows the scores for the 20% of trusts with the highest scores
- the orange section (middle section) represents the range of scores for the remaining 60% of trusts.

A white diamond represents the score for this trust. If the diamond is in the green section of the bar, for example, it means that the trust is among the top 20% of trusts in England for that question. The line on either side of the diamond shows the amount of uncertainty surrounding the trust's score, as a result of random fluctuation.[4]

Since the score is based on a sample of inpatients in a trust rather than all inpatients, the score may not be exactly the same as if everyone had been surveyed and had responded. Therefore a confidence interval[5] is calculated as a measure of how accurate the score is. We can be 95% certain that if everyone in the trust had been surveyed, the 'true' score would fall within this interval.

[3]Trusts have differing profiles of patients. For example, one trust may have more male inpatients than another. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of patients. To account for this, we 'standardise' the data. Results have been standardised by the age, sex and method of admission (emergency or elective) of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-sex-admission type profile reflects the national age-sex-admission type distribution (based on all of the respondents to the survey). It therefore enables a more accurate comparison of results from trusts with different profiles of patients.

[4]If a score is on the 'threshold' for the highest scoring 20% of trusts (that is, the white diamond is on the line separating green and orange), this means that the score is one of the highest 20% of scores for that question. Similarly, trusts with scores on the threshold for the lowest scoring 20% of trusts are included in this lowest 20% of scores.

[5]A confidence interval is an upper and lower limit within which you have a stated level of confidence that the true mean (average) lies somewhere in that range. These are commonly quoted as 95% confidence intervals, which are constructed so that you can be 95% certain that the true mean lies between these limits. The width of the confidence interval gives some indication of how cautious we should be; a very wide interval may indicate that more data should be collected before making any conclusions.

When considering how a trust performs, it is very important to consider the confidence interval surrounding the score. If a trust's average score is in one colour, but either of its confidence limits are shown as falling into another colour, this means that you should be more cautious about the trust's result because, if the survey was repeated with a different random sample of patients, it is possible their average score would be in a different place and would therefore show as a different colour.

The white diamond (score) is not shown for questions answered by fewer than 30 people because the uncertainty around the result would be too great. When identifying trusts with the highest and lowest scores and thresholds, trusts with fewer than 30 respondents have not been included.

At the end of the report you will find the data used for the charts and background information about the patients that responded.

Notes on specific questions

Q6 and Q8: (Q6 "When you were referred to see a specialist, were you offered a choice of hospital for your first appointment?" and Q8 "Overall, from the time you first talked to this health professional about being referred to a hospital, how long did you wait to be admitted to hospital?") These questions exclude patients who were not referred for a planned admission to hospital by a GP or health professional in England (ie their care was not bought or 'commissioned' in England but in Northern Ireland, Scotland or Wales). This is because hospital choice and waiting time policies differ outside of England.

Q14 and Q17: The information collected by Q14 ("When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?") and Q17 ("After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?") are presented together to show whether the patient has ever shared a sleeping area with patients of the opposite sex. The combined question is numbered in this report as Q14 and has been reworded as "Did you ever share a sleeping area with patients of the opposite sex?"

In addition, the information based on these questions cannot be compared to similar information collected in the 2002, 2004 and 2005 surveys. This is due to a change in the questions' wording and because the results for 2009, 2008, 2007 and 2006 have excluded patients who have stayed in a critical care area, which almost always accommodates patients of both sexes. For further details, please see the 'scored' questionnaire which shows the scores assigned to each question (available on our website).[6]

Q59, Q60 and Q61: Information from Q59 ("On the day you left hospital, was your discharge delayed for any reason?") has been used to score the results for Q60 ("What was the main reason for the delay?") and Q61 ("How long was the delay to discharge?"). Further scoring information is available from the questionnaire on our website.

[6]Trusts providing services for women only have been excluded when calculating the national average for Q14 (Did you ever share a sleeping areas with patients of the opposite sex) and Q19 (Did you ever use the same bathroom or shower area as patients of the opposite sex?).

Further information

Full details of the methodology of the survey can be found at:
http://www.nhssurveys.org/

More information on the programme of NHS patient surveys is available on the patient survey section of the website at:
http://www.cqc.org.uk/nationalfindings/surveys.cfm

The 2009 survey of adult inpatient results, questionnaire and scoring can be found at:
http://www.cqc.org.uk/PatientSurveyInpatient2009

The 2008 survey of adult inpatient results can be found at:
http://www.cqc.org.uk/PatientSurveyInpatient2008

The results for the adult inpatient surveys 2004-2007 can be found on the Care Quality Commission website at:
http://www.cqc.org.uk/publications.cfm

The 2002 survey of adult inpatient results (published by the Department of Health) can be found at:
http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/NationalsurveyofNHSpatients/Nationalsurveyinpatients/index.htm

More information on 2009/10 Periodic Review is available on the Care Quality Commission's website at:
http://www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/periodicreview2009/10.cfm

Survey of adult inpatients in the NHS 2009
Ashford and St Peter's Hospitals NHS Trust

Admission to hospital

How much information about your condition did you get in the A&E Department?

Were you given enough privacy when being examined or treated in the A&E Department?

How long did you wait from arriving at A&E to be admitted to a bed on a ward?

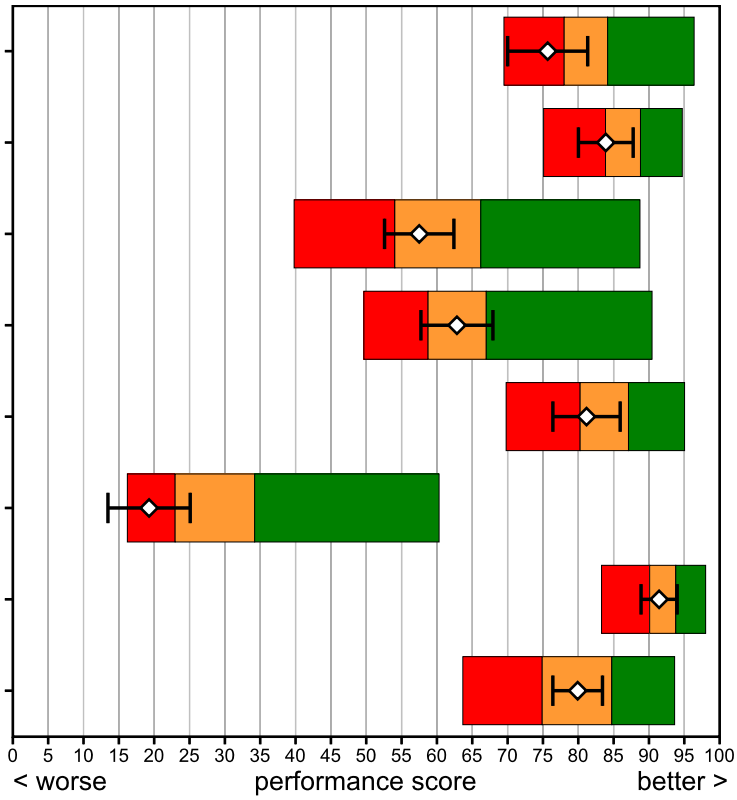
Overall, how long did you wait from being referred to hospital to be admitted?

How do you feel about the length of time you were on the waiting list?

Were you given a choice of admission dates?

Was your admission date changed by the hospital?

Upon arrival, did you feel that you had to wait a long time to get to a bed on a ward?



Best performing 20% of trusts

Intermediate 60% of trusts

Worst performing 20% of trusts

◇ This trust (vertical lines show amount of uncertainty as a result of random fluctuation)

This trust's results are not shown if there were fewer than 30 respondents.

Survey of adult inpatients in the NHS 2009
Ashford and St Peter's Hospitals NHS Trust

The hospital and ward

Did you ever share a sleeping area with patients of the opposite sex?

Did you ever use the same bathroom or shower area as patients of the opposite sex?

Were you ever bothered by noise at night from other patients?

Were you ever bothered by noise at night from hospital staff?

In your opinion, how clean was the hospital room or ward that you were in?

How clean were the toilets and bathrooms that you used in hospital?

Did you feel threatened during your stay in hospital by other patients or visitors?

Did you have somewhere to keep your personal belongings whilst on the ward?

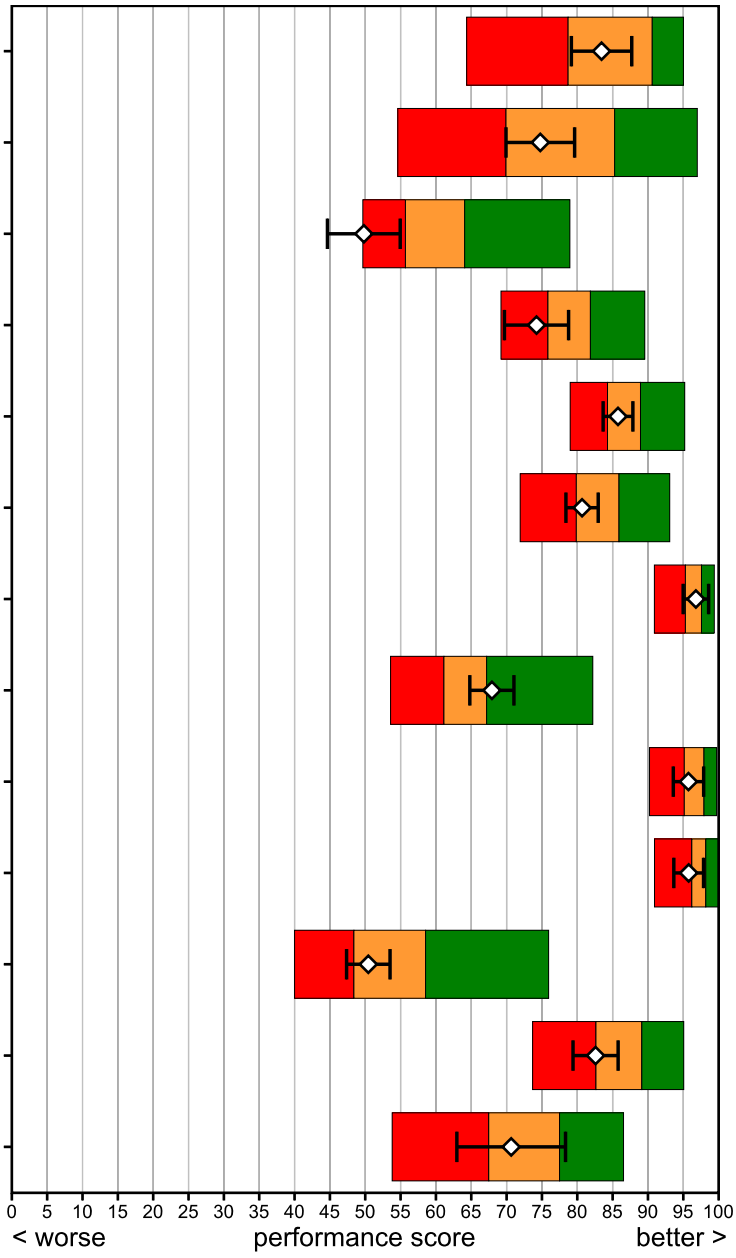
Did you see any posters or leaflets on the ward asking patients and visitors to wash their hands or to use hand-wash gels?

Were hand-wash gels available for patients and visitors to use?

How would you rate the hospital food?

Were you offered a choice of food?

Did you get enough help from staff to eat your meals?



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Survey of adult inpatients in the NHS 2009
Ashford and St Peter's Hospitals NHS Trust

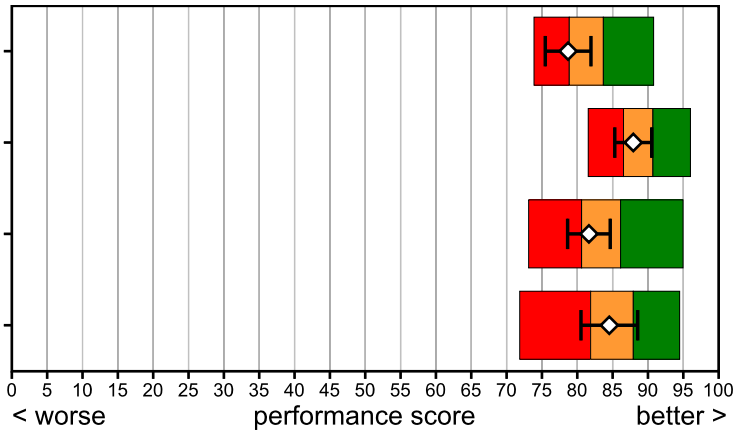
Doctors

When you had important questions to ask a doctor, did you get answers that you could understand?

Did you have confidence and trust in the doctors treating you?

Did doctors talk in front of you as if you weren't there?

As far as you know, did doctors wash or clean their hands between touching patients?



Nurses

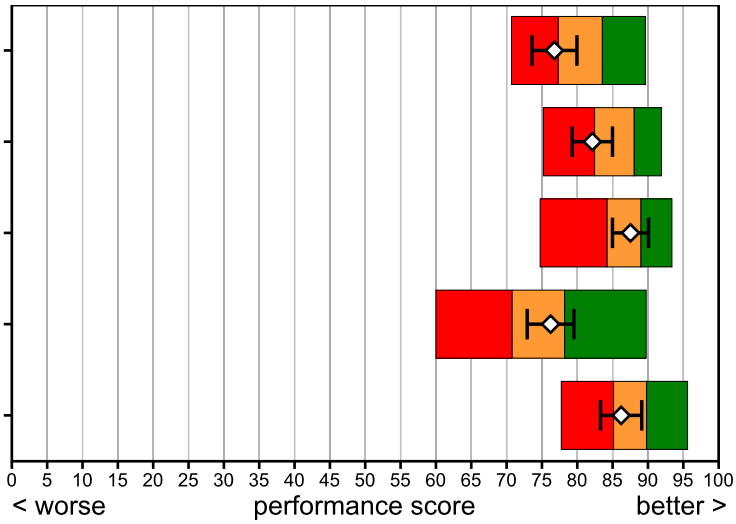
When you had important questions to ask a nurse, did you get answers that you could understand?

Did you have confidence and trust in the nurses treating you?

Did nurses talk in front of you as if you weren't there?

In your opinion, were there enough nurses on duty to care for you in hospital?

As far as you know, did nurses wash or clean their hands between touching patients?



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Survey of adult inpatients in the NHS 2009
Ashford and St Peter's Hospitals NHS Trust

Your care and treatment

Did a member of staff say one thing and another say something different?

Were you involved as much as you wanted to be in decisions about your care?

How much information about your condition or treatment was given to you?

Did your family or someone close to you have enough opportunity to talk to a doctor?

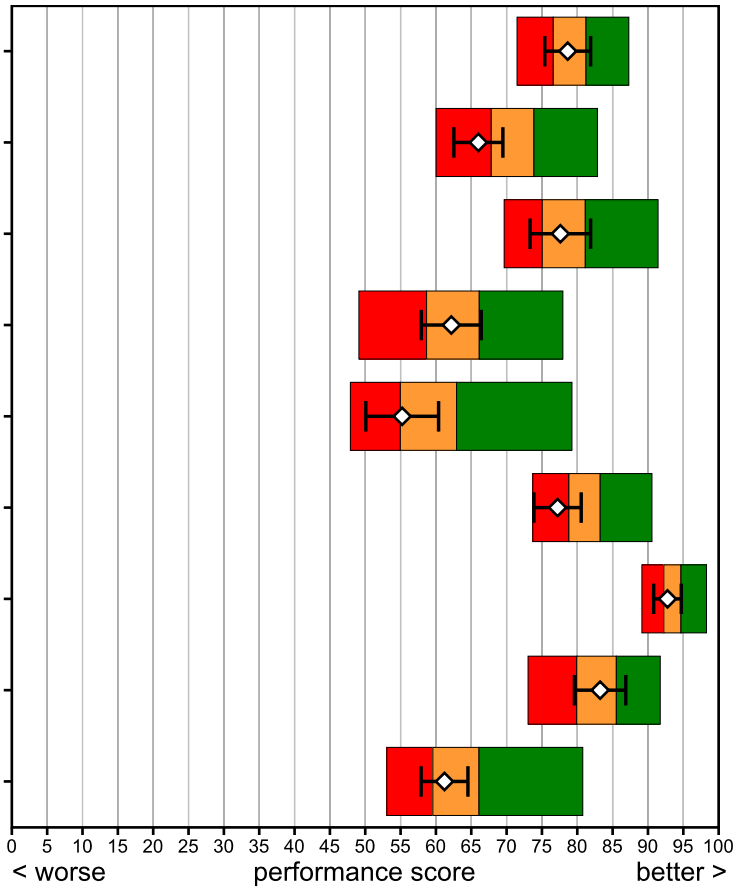
Did you find someone on the hospital staff to talk to about your worries and fears?

Were you given enough privacy when discussing your condition or treatment?

Were you given enough privacy when being examined or treated?

Do you think the hospital staff did everything they could to help control your pain?

After you used the call button, how long did it usually take before you got help?



Operations & Procedures

Did a member of staff explain the risks and benefits of the operation or procedure?

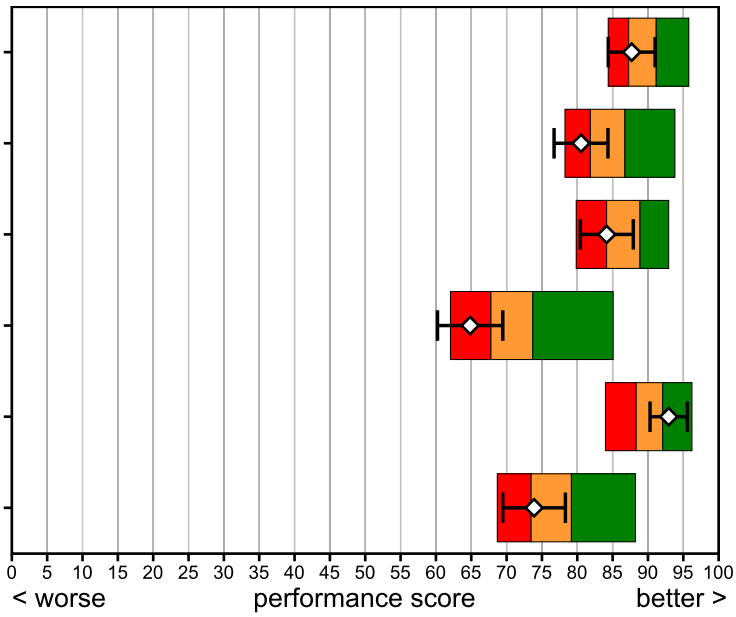
Did a member of staff explain what would be done during the operation or procedure?

Did a member of staff answer your questions about the operation or procedure?

Were you told how you could expect to feel after you had the operation or procedure?

Did the anaesthetist explain how he or she would put you to sleep or control your pain?

Afterwards, did a member of staff explain how the operation or procedure had gone?



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Survey of adult inpatients in the NHS 2009
Ashford and St Peter's Hospitals NHS Trust

Leaving Hospital

Did you feel you were involved in decisions about your discharge from hospital?

What was the main reason for the delay?

How long was the delay to discharge?

Were you given any written information about what you should do after leaving hospital?

Did hospital staff explain the purpose of the medicines you were to take home?

Did a member of staff tell you about medication side effects to watch for?

Were you told how to take your medication in a way you could understand?

Were you given clear written information about your medicines?

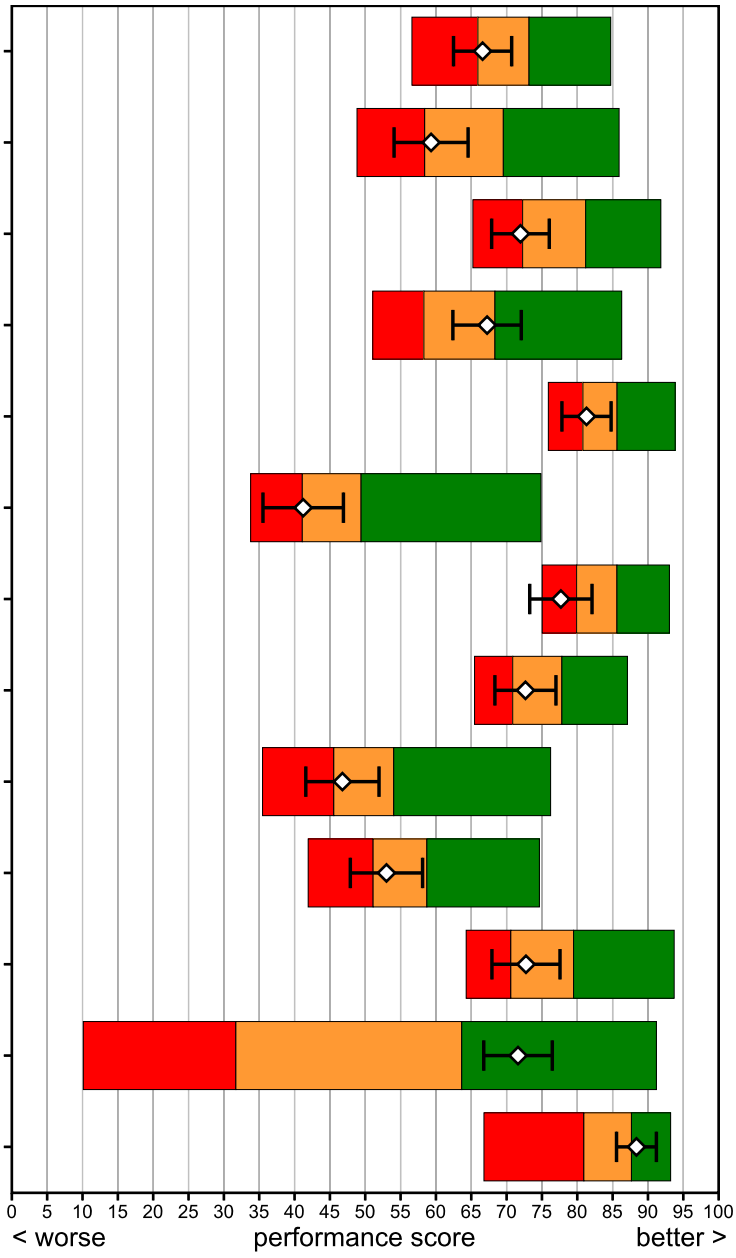
Did a member of staff tell you about any danger signals you should watch for?

Did hospital staff give your family or someone close to you all the information they needed?

Did hospital staff tell you who to contact if you were worried about your condition?

Did you receive copies of letters sent between hospital doctors and your family doctor?

Were the letters written in a way that you could understand?



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Survey of adult inpatients in the NHS 2009
Ashford and St Peter's Hospitals NHS Trust

Overall

Did you feel you were treated with respect and dignity while you were in the hospital?

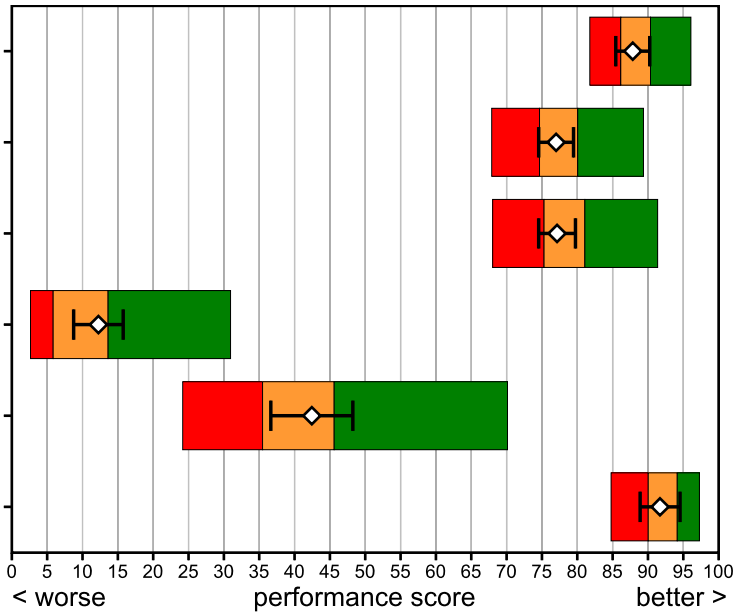
How would you rate how well the doctors and nurses worked together?

Overall, how would you rate the care you received?

While in hospital, were you ever asked to give your views on the quality of your care?

Did you see any posters or leaflets explaining how to complain about the care you received?

Did you want to complain about the care you received in hospital?



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Survey of adult inpatients in the NHS 2009

Ashford and St Peter's Hospitals NHS Trust

		Scores for this NHS trust	95% Confidence Interval Lower	95% Confidence Interval Upper	Threshold for the lowest scoring 20% of NHS Trusts	Threshold for the highest scoring 20% of NHS Trusts	Highest score achieved (all trusts)	Number of respondents (this trust)
Admission to hospital								
Q3	How much information about your condition did you get in the A&E Department?	76	70	81	78	84	96	180
Q4	Were you given enough privacy when being examined or treated in the A&E Department?	84	80	88	84	89	95	201
Q5	How long did you wait from arriving at A&E to be admitted to a bed on a ward?	57	53	62	54	66	89	192
Q8	Overall, how long did you wait from being referred to hospital to be admitted?	63	58	68	59	67	90	143
Q9	How do you feel about the length of time you were on the waiting list?	81	76	86	80	87	95	155
Q10	Were you given a choice of admission dates?	19	13	25	23	34	60	155
Q11	Was your admission date changed by the hospital?	91	89	94	90	94	98	157
Q12	Upon arrival, did you feel that you had to wait a long time to get to a bed on a ward?	80	76	83	75	85	94	360

Survey of adult inpatients in the NHS 2009

Ashford and St Peter's Hospitals NHS Trust

	Scores for this NHS trust	95% Confidence Interval Lower	95% Confidence Interval Upper	Threshold for the lowest scoring 20% of NHS Trusts	Threshold for the highest scoring 20% of NHS Trusts	Highest score achieved (all trusts)	Number of respondents (this trust)
The hospital and ward							
Q14 Did you ever share a sleeping area with patients of the opposite sex?	83	79	88	79	91	95	289
Q19 Did you ever use the same bathroom or shower area as patients of the opposite sex?	75	70	80	70	85	97	309
Q20 Were you ever bothered by noise at night from other patients?	50	45	55	56	64	79	367
Q21 Were you ever bothered by noise at night from hospital staff?	74	70	79	76	82	90	362
Q22 In your opinion, how clean was the hospital room or ward that you were in?	86	84	88	84	89	95	371
Q23 How clean were the toilets and bathrooms that you used in hospital?	81	78	83	80	86	93	353
Q24 Did you feel threatened during your stay in hospital by other patients or visitors?	97	95	99	95	98	99	372
Q25 Did you have somewhere to keep your personal belongings whilst on the ward?	68	65	71	61	67	82	311
Q26 Did you see any posters or leaflets on the ward asking patients and visitors to wash their hands or to use hand-wash gels?	96	94	98	95	98	100	342
Q27 Were hand-wash gels available for patients and visitors to use?	96	94	98	96	98	100	353
Q28 How would you rate the hospital food?	50	47	54	48	59	76	347
Q29 Were you offered a choice of food?	83	79	86	83	89	95	365
Q30 Did you get enough help from staff to eat your meals?	71	63	78	67	77	87	106
Doctors							
Q31 When you had important questions to ask a doctor, did you get answers that you could understand?	79	75	82	79	84	91	342
Q32 Did you have confidence and trust in the doctors treating you?	88	85	91	87	91	96	369
Q33 Did doctors talk in front of you as if you weren't there?	82	79	85	81	86	95	366
Q34 As far as you know, did doctors wash or clean their hands between touching patients?	85	81	89	82	88	94	215

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Ashford and St Peter's Hospitals NHS Trust

	Scores for this NHS trust	95% Confidence Interval Lower	95% Confidence Interval Upper	Threshold for the lowest scoring 20% of NHS Trusts	Threshold for the highest scoring 20% of NHS Trusts	Highest score achieved (all trusts)	Number of respondents (this trust)
Nurses							
Q35 When you had important questions to ask a nurse, did you get answers that you could understand?	77	74	80	77	84	90	325
Q36 Did you have confidence and trust in the nurses treating you?	82	79	85	82	88	92	371
Q37 Did nurses talk in front of you as if you weren't there?	88	85	90	84	89	93	370
Q38 In your opinion, were there enough nurses on duty to care for you in hospital?	76	73	80	71	78	90	369
Q39 As far as you know, did nurses wash or clean their hands between touching patients?	86	83	89	85	90	96	273
Your care and treatment							
Q40 Did a member of staff say one thing and another say something different?	79	75	82	77	81	87	368
Q41 Were you involved as much as you wanted to be in decisions about your care?	66	63	69	68	74	83	370
Q42 How much information about your condition or treatment was given to you?	78	73	82	75	81	91	365
Q43 Did your family or someone close to you have enough opportunity to talk to a doctor?	62	58	66	59	66	78	265
Q44 Did you find someone on the hospital staff to talk to about your worries and fears?	55	50	60	55	63	79	215
Q45 Were you given enough privacy when discussing your condition or treatment?	77	74	81	79	83	91	363
Q46 Were you given enough privacy when being examined or treated?	93	91	95	92	95	98	370
Q48 Do you think the hospital staff did everything they could to help control your pain?	83	80	87	80	86	92	246
Q49 After you used the call button, how long did it usually take before you got help?	61	58	65	60	66	81	240

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Operations & Procedures							
Q51 Did a member of staff explain the risks and benefits of the operation or procedure?	88	84	91	87	91	96	232
Q52 Did a member of staff explain what would be done during the operation or procedure?	81	77	84	82	87	94	230
Q53 Did a member of staff answer your questions about the operation or procedure?	84	80	88	84	89	93	204
Q54 Were you told how you could expect to feel after you had the operation or procedure?	65	60	69	68	74	85	237
Q56 Did the anaesthetist explain how he or she would put you to sleep or control your pain?	93	90	96	88	92	96	207
Q57 Afterwards, did a member of staff explain how the operation or procedure had gone?	74	69	78	73	79	88	236
Leaving Hospital							
Q58 Did you feel you were involved in decisions about your discharge from hospital?	67	62	71	66	73	85	325
Q60 What was the main reason for the delay?	59	54	65	58	70	86	339
Q61 How long was the delay to discharge?	72	68	76	72	81	92	333
Q62 Were you given any written information about what you should do after leaving hospital?	67	62	72	58	68	86	361
Q63 Did hospital staff explain the purpose of the medicines you were to take home?	81	78	85	81	86	94	289
Q64 Did a member of staff tell you about medication side effects to watch for?	41	36	47	41	49	75	244
Q65 Were you told how to take your medication in a way you could understand?	78	73	82	80	86	93	248
Q66 Were you given clear written information about your medicines?	73	68	77	71	78	87	308
Q67 Did a member of staff tell you about any danger signals you should watch for?	47	42	52	46	54	76	269
Q68 Did hospital staff give your family or someone close to you all the information they needed?	53	48	58	51	59	75	250
Q69 Did hospital staff tell you who to contact if you were worried about your condition?	73	68	78	71	79	94	326
Q70 Did you receive copies of letters sent between hospital doctors and your family doctor?	72	67	76	32	64	91	332
Q71 Were the letters written in a way that you could understand?	88	86	91	81	88	93	235

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Overall							
Q72 Did you feel you were treated with respect and dignity while you were in the hospital?	88	85	90	86	90	96	370
Q73 How would you rate how well the doctors and nurses worked together?	77	75	79	75	80	89	367
Q74 Overall, how would you rate the care you received?	77	75	80	75	81	91	369
Q75 While in hospital, were you ever asked to give your views on the quality of your care?	12	9	16	6	14	31	335
Q76 Did you see any posters or leaflets explaining how to complain about the care you received?	42	37	48	35	46	70	278
Q77 Did you want to complain about the care you received in hospital?	92	89	95	90	94	97	367

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Background information

The sample	This trust	All trusts
Number of respondents	380	69348
Response Rate (percentage)	48	52

Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	45	46
Female	55	54
Age group (percentage)	(%)	(%)
Aged 35 and younger	6	8
Aged 36-50	17	15
Aged 51-65	22	27
Aged 66 and older	55	50
Ethnic group (percentage)	(%)	(%)
White	90	92
Mixed	1	1
Asian or Asian British	4	2
Black or Black British	0	2
Chinese or other ethnic group	0	0
Not known	5	3

Appendix two

INPATIENT SURVEY – 10 Point Action Plan

	Action	Lead	Timescales
1	Improve invitation to attend appointment at ASPH • Letter and supporting information (consider adopting from Frimley Park) • Enclosures - map - £ for parking - parking challenges (allow time) - bring diary - what to expect including tests and routines - special needs (interpreter)	Giselle Rothwell	1.6.10
2	Ensure Reception have all the tools to do their job including pocket book site maps with 'You are Here' and locations of departments Review signposting at main receptions	Paul Bentley	1.6.10
3	Introduce 'PRIDE' (Personal Responsibility In Delivering Excellence or 'The ASPH Way') Behaviours - Is there anything else? - I will personally resolve patient issues (rather than hand off to another colleague) - Check understanding - Ensure privacy, respect and empathy	Mike Baxter/ Raj Bhamber plus Helen Sibley Note: Andrew Laurie also to be approached	27.5.10
4	Introduce clear standards on admission including • Allocated Nurse and Doctor to discuss and agree Management Plan with patient and relative(s) within 24 hours of admission (including how and when to contact medical staff)	Mike Baxter/ Vanessa Avlonitis	1.6.10
5	Introduce clear standards on discharge including • Allocated Nurse and Doctor to explain relevant discharge information including medicines to be taken home	Vanessa Avlonitis/ Mike Wood Note: VA to approach MW	1.6.10
6	Respecting a patients need for rest. Ensuring the team are quiet in the patient environment	Vanessa Avlonitis	1.6.10
7	During survey period: Every patient to be seen everyday by a senior member of staff (Briefing sheet to guide discussions) All patients to be asked to complete a patient comment card prior to discharge	Mike Baxter/ Valerie Howell	1.6.10
8	Hold honesty conversations with staff as a developmental rather than punitive tool where complaints/ PALS concerns are clearly attributable to individuals	Mike Baxter/ Vanessa Avlonitis/ Valerie Howell/ Jill Down	Commencing 4.5.10

9	Countdown to patient survey through all communications " x days to go"	Giselle Rothwell	Commencing 30.4.10
10	Conduct observational audits and feedback to individuals and teams	Raj Bhamber TEC plus deputies in pairs	Aim for 14.5.10

Process and Timetable

Action	Date	Lead
• Circulate and invite lead and timescale to deliver actions	21 April	RB
• Ask Directorates for top 3 improvement themes and actions from inpatient survey	by 27 April	RB
• Review at EDs on Tuesday with Jill Down	27 April or 4 May	EDs
• Agree communications plan and promotional events starting on Tuesday 5 May to the end of May (including DGM session)	from 5 May to end May	JD/GR
• Issue Directorate analysis and invite Directorate plans	by 20 May	JD
• Each Directorate to make a 10 minute presentation at the Picker Feedback event	21 May	JD
• Plans to be reviewed at PRMs	May and June	EDs
• Observational Audits conducted and feedback given	June	RB
• Long term strategy developed	July	tbc