CareQuality Commission

NATIONAL STATISTICS

NHS

2015 adult inpatient survey

Statistical release

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Independent data analysis

Contents

Summary of findings

The 2015 adult inpatient survey received feedback from 83,116 patients who received care in an NHS hospital during July 2015.* The report that looked at Trends in the Adult Inpatient Survey from 2005 to 2014 showed that the results for many aspects of patients' experiences of care have remained relatively stable over a 10-year period. The results of this 2015 inpatient survey, compared to survey results of 2006, 2011 and 2014 (tenth, fifth and second most recent annual surveys), indicate that there have been small, but statistically significant improvements in a number of questions. The increase in positive responses across a number of areas indicates general improvement in people's experiences of care.

This report presents the results for questions that showed substantial improvement or decline over time, identifying long-term trends where appropriate. It also presents results that have a significant bearing on national policy and compares the experiences of people who have a mental health condition or a learning disability with the experiences of people who do not have these conditions.

Results for all questions in the 2015 survey are published in the Open data section on our website, www.cqc.org.uk/inpatientsurvey.

Improvements over time

There have been some consistent small improvements in the quality of communication between medical professionals (doctors and nurses) and patients. Although gains in the survey results are generally small, taken together they appear to demonstrate a change in the quality of interactions between medical staff and patients. In 2015, a smaller proportion of patients than ever before said that doctors spoke in front of them as if they weren't there. A greater proportion of respondents reported that doctors answered their questions in a way they could understand (70% compared with 67% in 2011 and 69% in 2014) and 71% said the same was true of nurses in 2015, compared with 66% in 2011 and 69% in 2014. Questions that asked about information given before and after operations or procedures all showed small improvements.

People's perceptions of the standard of hospital cleanliness continue to improve. Seventy-one per cent of respondents in 2015 said their room or ward was 'very clean', which is an increase of 17 percentage points over the past 10 years (54% in 2006), four percentage points in the last five years (67% in 2011) and an increase of one percentage point in the last year (70%). A greater proportion of respondents in 2015 reported that toilets and bathrooms were 'very clean' (64%), compared with 48% in 2006, 61% in 2011 and 62% in 2014. This is an increase of 16 percentage points since 2006.

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* 43 trusts who could not reach the required sample size in July 2015 sampled back to 1 January 2015.

Over the last 10 years, a growing number of patients say that they 'always' received help to eat if they needed it (58% in 2006, 62% in 2011, 64% in 2014 and 65% in 2015). In 2015, 62% of respondents felt there were 'always or nearly always enough' nurses on duty to care for them (compared with 56% in 2006, 59% in 2011 and 60% in 2014).

Encouraging patients to be involved in their healthcare contributes to improved outcomes.[1, 2, 3] Our survey showed gains in the proportion of respondents who felt they were 'definitely' involved in decisions about their care and treatment; 59% in 2015 said they were involved as much as they wanted to be, compared with 52% five years ago (2011) and 57% in 2014.

Declines over time

Results for some questions that relate to patients' experience of being discharged from hospital have declined. Information given to patients before being discharged from hospital was an area where there has been some deterioration. A smaller proportion of patients in 2015 said they were given information to take home about what they should or shouldn't do after leaving hospital (66% compared with 68% in 2014). Compared with 2014, a smaller proportion of patients thought their family (or someone else close to them) had been given all the information they needed to help care for them (48% in 2015 down from 50% in 2014). A greater proportion of patients said hospital staff did not discuss whether they might need any further health or social care services after leaving hospital even though they would have liked this to happen (17% in 2015 compared with 15% in 2014).

Continued positive findings

Availability of hand wash gels has remained high in the past five years, with 96% of respondents in 2015 saying usable gels were available (96% in 2011 and 95% in 2014). Perceptions of privacy during treatment or examination also remained consistently high, with 91% of respondents in both 2014 and 2015 (89% in 2006 and 2011) saying their privacy was 'always' respected.

Areas for improvement

Five per cent of respondents were transferred to another hospital or a nursing home after leaving hospital. Of these, 67% felt there was a plan in place for continuing their care, but 8% felt there was not. The majority of patients went home after leaving hospital, or went to stay with family or friends. Nineteen per cent of these respondents said they did not get enough support from health or social care professionals to help them recover or manage their condition.

Experience of patients with a mental health condition or a learning disability

We conducted further analysis to compare experiences of patients with self-reported mental health conditions or learning disability against experiences of other patients who did not report these conditions.[*] In all areas of the analysis, the experience of

[*] Patients with self-reported mental health conditions or learning disabilities are demographically different from other patients who did not report these long-standing conditions.

patients who have mental health conditions was poorer than for patients with no mental health conditions. For example, they were more likely to say that they:

- were not as involved in decisions around care and treatment as they wanted to be

- did not receive enough information about their care and treatment

- did not get enough emotional support from staff during their stay

- did not get enough support from health or social care professionals to help them recover and manage their condition.

The experiences of patients with a learning disability were also poorer across most aspects of patients' experiences, with the exception of two areas:

- Patients with a learning disability were more likely to say that doctors or nurses give their family or someone close to them all the information they needed to help care for them.

- They were also more likely to say that they had a care plan in place when they were discharged from hospital to a nursing home or other hospital.

These results corroborate differential experience for these patient groups found in the 2014 A&E survey and the 2014 children and young people's survey.

Introduction

Inpatient services

NHS acute inpatient care is provided to people whose condition requires them to stay at least one night in a NHS hospital. Patients may be admitted to hospital on a planned basis through a waiting list, or they may attend as an unscheduled emergency admission.

According to a report by the Health and Social Care Information Centre (HSCIC), there were 15.9 million admissions to NHS hospitals in England in 2014/15, which is the equivalent of 43,500 each day. This is 1,200 more each day on average than in 2013/14 and 10,400 more each day on average than 10 years ago in 2004/05.[4]

Importance of patient experience

Understanding what a stay in hospital is like for patients provides key information about the quality of services across England. This understanding can be used to encourage improvements both nationally and locally. The importance of positive patient experience is increasingly recognised within the NHS. The NHS Constitution published in 2012 (updated in 2015) commits the NHS to encouraging people to feed back on their experiences and using this to improve services. The NHS Patient Experience Framework, published by the NHS National Quality Board in 2012, outlines elements that are important to patients' experiences of NHS services and is intended to help NHS trusts improve.[5]

The Department of Health's NHS Mandate, published in 2014 (updated in 2015), focuses on those areas identified as being of greatest importance to people – one of which is ensuring that people have a positive experience of care.[6] Domain 4 of the NHS outcomes framework also highlights the importance for hospitals to improve responsiveness to patients' personal needs.[7]

Research, including that undertaken in the development work for the NHS Patient Survey Programme, has identified many aspects of care that are important to people using services. These include: being informed and offered options; staff listening to and spending enough time with them; and being involved in their own care.[8] Evidence from academic research suggests that when people are involved in their own care, decisions are made more effectively and health outcomes improve.[9] Analysis conducted on inpatient survey data for the 2014/2015 State of Care report found a relationship between our inspection ratings and patient satisfaction. For the question about respondents' overall experience, providers rated as outstanding and good received an average score of 8.2 out of 10, compared with trusts that were rated as requiring improvement and inadequate, which scored 7.9 out of 10.[10]

Academic research further suggests that patient experience is positively associated with patient safety and clinical effectiveness.[11] This is supported by research conducted by the National Institute for Health and Care Excellence (NICE), which provides guidance for healthcare professionals to improve patient experience.[12] These themes are reflected in the all the questionnaires used in the NHS Patient Survey Programme.

In November 2015, we published [Trends in the adult inpatient survey 2005-2014,](#) which suggested that people's experiences of inpatient care have remained largely consistent over the past decade. Experiences were generally good and have mostly remained steady. The areas that show sustained improvement, such as cleanliness, mixed sex accommodation and patient feedback, have been the focus of national campaigns, using mechanisms such as targets, incentives and penalties to change behaviour.[13]

This survey

The inpatient survey is part of a wider programme of NHS patient surveys, which covers a range of topics including maternity, children's inpatient and day-case services, A&E (accident and emergency department) and community mental health. The survey programme is coordinated by Picker Institute Europe. To find out more about the survey programme and to see the results from previous surveys, please see the web links in the further information section ([appendix E](#)).

The adult inpatient survey has been running annually since 2004. Wherever possible, questions remain the same over time to measure change. However, it is important to reflect changes in policy and best practice, and to reflect feedback from stakeholders each year to ensure that questions remain relevant.

The questionnaire for the 2015 inpatient survey is broadly similar to the 2014 questionnaire, with the addition of four new questions relating to integration of services.

In 2015, the size of patient samples drawn by participating trusts increased to 1,250 (up from 850 in 2014). The number of responses increased from 59,083 in 2014 to 83,116 in 2015. This was to enable analysis in a more detailed way than was previously possible, for example, looking at patient experience of medical and surgical specialities at trust level.

This report presents the key results from the most recent (2015) inpatient survey and highlights statistically significant differences between the survey results dating back to 2006, 2011 and 2014, identifying long-term trends where appropriate. Results for all questions are published on our website, [www.cqc.org.uk/inpatientsurvey.](http://www.cqc.org.uk/inpatientsurvey)

Background to the adult inpatient survey

Who participated in the survey?

The 2015 inpatient survey involved 149[*] NHS acute and NHS foundation trusts in England who sent questionnaires to a total of 177,534 patients. Responses were received from 83,116 people, a response rate of 47%.[**] Trusts selected a sample of patients who received care in hospital during July 2015 by including every consecutive discharge counting back from 31 July until they had selected 1,250 patients (a small number of specialist trusts who could not reach the required sample size sampled back to 1 January 2015). Fieldwork for the survey (the period during which questionnaires were sent out and returned) took place between August 2015 and January 2016.

Certain groups of patients were excluded from the survey before trusts drew their samples, including:

- Patients who had died.
- Children or young people under 16 years old during July 2015.
- Women using obstetrics or maternity services, including those who had a spontaneous miscarriage.
- Patients admitted for planned termination of pregnancy.
- Psychiatry patients.
- Day case patients (patients who arrived and left hospital on the same day).
- Private patients (non-NHS).
- NHS patients treated at private hospitals.
- Any patients who were known to be inpatients at the time samples were drawn.
- Patients without a UK postal address.
- Patients who opted out of having their details used for anything except clinical care.

The survey collected basic demographic information for all patients who took part, which is available in the 'About the respondents' section in the Quality and Methodology (Q&M) report (see link in appendix D). The tables in the Q&M report show that basic demographics for respondents remain similar to the 2014 survey, although there have been small but statistically significant changes in the age of respondents.

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[*] One trust was excluded from the national results because of errors made when drawing its sample.

[**] Please note: we report the 'adjusted' response rate. The adjusted base is calculated by subtracting the number of questionnaires returned as undeliverable, or if someone had died, from the total number of questionnaires sent out. The adjusted response rate is then calculated by dividing the number of returned useable questionnaires by the adjusted base.

	Age of respondents from 2006 to 2015				
	16-35	**36-50**	**51-65**	**66-80**	**>80**
	%	%	%	%	%
2006	10	16	26	34	14
2007	9	15	27	34	14
2008	9	15	27	34	15
2009	8	15	27	35	15
2010	8	14	26	36	16
2011	8	13	25	36	18
2012	7	13	25	37	19
2013	7	12	24	38	19
2014	6	11	23	39	20
2015	6	10	24	39	21

Overall, a higher proportion of respondents aged 66 or older responded in 2015 compared to the 2014 survey. The number of patients in the older than 80 years age bracket has increased from 20% to 21% and the 35 to 50 years age bracket has decreased from 11% to 10%.

The year-to-year change in age profile is small, but since 2006 the accumulative change has increased considerably. To account for this year-to-year change the results were standardised to ensure that changes in the age profile are accounted for and fairer comparisons between years are made. All data points since 2006 were weighted and adjusted to the age, gender and route of admission of respondents in 2015.

There were no significant changes in the ethnic profile or gender of respondents compared with those in the 2014 survey.

A separate Quality and Methodology report contains relevant background information to help readers to understand the survey data, including response rates, sampling errors and data limitations (see links in appendix D).

Policy context

It is important to note the climate in which the adult inpatient survey took place. The following key areas show some of the main challenges for inpatient care in 2015, as identified by current policy and practice, which is reflected in the survey.

Increased activity

According to the NHS Confederation's Key facts and trends in acute care, activity has risen substantially in the acute sector in recent years. According to a report by the Health and Social Care Information Centre (HSCIC), there were 15.9 million admissions to NHS hospitals in England in 2014/15, which is the equivalent of 43,500 each day. This is 1,200 more each day on average than in 2013/14 and 10,400 more each day on average than 10 years ago in 2004/05.[14]

A&E attendance figures suggest that people are presenting at A&E with more serious health issues than ever before, which require a greater proportion to be admitted into hospital. In 2004/05, 20.8% of people attending the major A&E units were admitted into hospital. In 2014/15, this had increased to 27.3%. The effect of an ageing society is apparent in admissions – people aged 65 and over only account for 22% of all A&E attendances, but they account for 47% of all admissions from A&E.[15]

Waiting times

The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment. This means that patients have the legal right to start their non-emergency NHS consultant-led treatment within a maximum of 18 weeks from referral, unless they choose to wait longer or it is clinically appropriate to do so. Patients with urgent conditions such as cancer and heart disease will be able to see a specialist more quickly.

The constitution sets a target that 92% of all patients waiting to start treatment should have been waiting for less than 18 weeks. The proportion of patients who are on the waiting list for more than 18 weeks and still waiting to be treated increased to 8.2% in December 2015. This is the first time since its introduction that the 92% target has been breached. In total, there were more than 268,900 patients waiting to begin their treatment at the end of December 2015, and 755 of these patients have been waiting for more than a year.[16, 17, 18, 19]

Delayed transfers of care

Delayed transfers of care (DToC) occur when patients are well enough to leave hospital, but are still occupying a bed. They delay the flow of patients through the hospital, so that patients in other wards, including A&E, are not able to progress through the system as efficiently as they should. From June 2014 to June 2015, there were 1.67 million 'delayed days' due to DToC. This was 17% higher than in the previous 12 months. Over this period, delays where the NHS was responsible rose by 12% and delays attributable to social care organisations rose by 25%. A NHS bed costs around £1,900 a week, compared to about £530 for a place in residential care. Between June 2010 and June 2014, the NHS lost almost two million bed days due to patients waiting for social care-related support.[20]

Integrated care

Another challenge is to achieve much closer integration of health and social care. Current policy is aimed at cutting the number of emergency admissions by providing more and better services outside hospital that can either prevent the need for hospital admission or offer the same care but in different settings. This is a common theme in initiatives for integrated services, including the Government's Better Care Fund.[21]

According to the Parliamentary and Health Service Ombudsman's (PHSO) report of investigations into unsafe discharge from hospital (2016), poor coordination of the discharge process has led to delayed transfers of care, poor or absent care and emergency re-admissions. Their casework exhibits a lack of joint working at various points across the discharge process: within hospital teams, between acute and non-acute NHS services and between health and social care services.[22]

Staffing levels

According to the NHS Confederation's [Key facts and trends in acute care](#), acute trusts have increased the number of frontline staff over the last few years. This is to cope with the increase in activity in the acute sector and to ensure that a high level of safety and quality is maintained at all times. In 2014/15, there was a £1.2 billion (4.9%) increase in the permanent staffing costs of foundation trusts. The increase in demand for staff, especially nurses, has been apparent across England, with acute trusts competing with each other for a limited number of qualified staff. The shortage of nurses in the UK prompted trusts to recruit a total of 8,183 international nurses to work in the UK in 2014/15. More nurses are also leaving the NHS than before. [The Carter interim report into NHS productivity](#) released in June 2015 showed a 29% increase in the number of qualified nurses leaving the profession in the last two years. Health Education England, who are responsible for workforce planning in the NHS, have commissioned 13% more training places for nurses in 2015/16 compared with 2012/13, but because of the length of training for nurses, the benefits of this increase will not be felt for several years.[23]

Mental health and learning disabilities

The [NHS mandate](#) sets out the need for the NHS to deliver improvements in the way it treats long-term conditions and addresses health inequalities.

People with mental health problems have worse outcomes for their physical healthcare, and those with physical conditions often have mental health needs that go unrecognised. NHS England's objective is to put mental health on a par with physical health, and close the health gap between people with mental health problems and the population as a whole.[24]

The mandate also sets out methods for the NHS to achieve the Government's aim of achieving 'parity of esteem' between mental and physical health. In *[The NHS belongs to the people: a call to action](#)* (published in 2013), the NHS defines parity of esteem as, "making sure that we are just as focused on improving mental as physical health and that patients with mental health problems don't suffer inequalities, either because of the mental health problem itself or because they then don't get the best care for their physical health problems."[25]

In terms of learning disabilities, the mandate states that NHS England's objective is to ensure that clinical commissioning groups (CCGs) work with local authorities to ensure that people who are vulnerable because of their situation, particularly those with a learning disability or autism, receive safe, appropriate, high-quality care. The aim is to substantially reduce reliance on inpatient care for these groups of people.

Results from the survey

This section presents the results for the 2015 adult inpatient survey. It highlights statistically significant differences between the results from the most recent survey (2015) and the results from previous inpatient surveys in 2014, 2011 and 2006 (tenth, fifth and second most recent annual surveys).[*] This report presents the results for questions that changed substantially over time and identifies long-term trends where appropriate.

The report also presents results that have a significant policy interest and compares the experiences of respondents who indicated that they have a mental health condition or a learning disability against those who did not report these long-term conditions.[**]

Results for all questions in the 2015 survey are published in the Open data section on our website, www.cqc.org.uk/inpatientsurvey.

Survey results are organised under the following key themes:

1. **Admission to hospital**

2. **Accident and emergency department**

3. **Planned admissions**

4. **Hospital and ward**

5. **Doctors and nurses**

6. **Care and treatment**

7. **Operations and procedures**

8. **Leaving hospital**

9. **Overall**

Responses to questions such as "don't know / can't remember" are not shown. The wording for these responses is designed for when a respondent cannot remember, or does not have an opinion.

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[*] Statistical tests were carried out to determine whether there had been any statistically significant changes in the results for 2015 compared to 2006, 2011 and 2014. All of the 10 most recent inpatient surveys (2006-2015) have contributed to the data used in this report, but year-on-year significance testing has not been done.

[**] Patients with self-reported mental health conditions or learning disabilities are demographically different from other patients not reporting these long-standing conditions.

1. Admission to hospital

Questions about admissions to hospital allow us to find out about people's experiences from the beginning of their journey as an inpatient, and complement a more comprehensive coverage of the experience of accident and emergency (A&E) patients published in the 2014 Accident and Emergency survey.

The 2015 inpatient survey results indicate that most respondents were admitted to hospital as an emergency or urgent case (60%) and of these, the majority (86%, 87% in 2014) said that when they arrived at hospital they went to the A&E department.

This aligns with evidence presented by The King's Fund, which suggests that more people are being admitted to hospital from A&E. Compared with 2011/12, in 2014/15 there were an additional 356,000 hospital admissions from A&E departments in England; a growth of 10% over this period.[26]

2. Accident and emergency (A&E) department

According to NHS data, A&E attendances are on the rise and figures suggest that people arriving at A&E present with more serious health issues than ever before, which require them to be admitted into hospital.[27]

Of the respondents in this survey admitted to hospital through A&E, **77%** said that while they were there, they were given the right amount of information about their condition or treatment, an increase of three percentage points since 2014. **Nine per cent** said they were not given any information **(chart 1)**.

Chart 1

Q3. While you were in the A&E Department, how much information about your condition or treatment was given to you? (all adult inpatients who attended an A&E department)
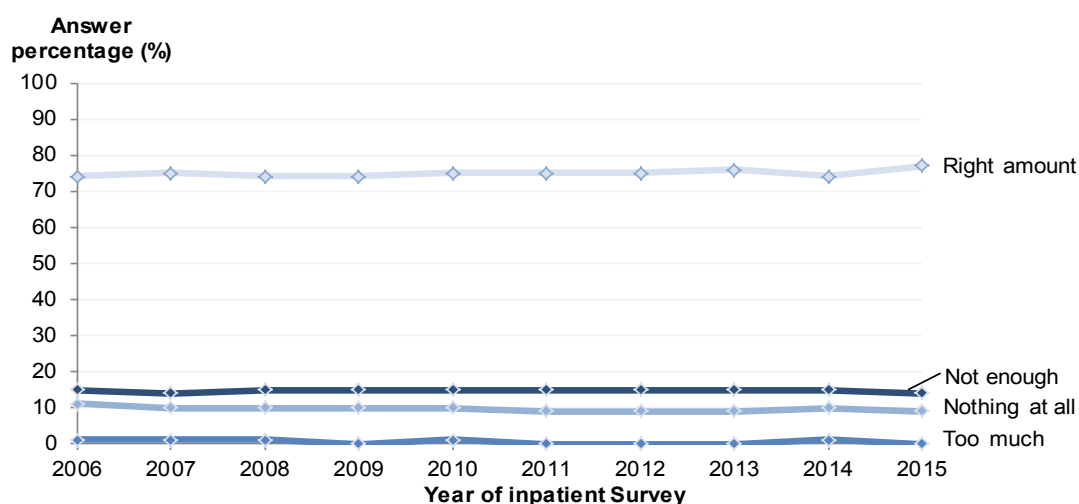
Number of respondents: 2006 (47,959) to 2015 (39,238)

Note: those who answered 'Don't know / can't remember' were excluded from the analysis.

When patients were asked if they were given enough privacy in A&E, 80% of respondents answered 'yes, definitely', up two percentage points from last year. Despite these positive changes since 2014, comparing results further back to 2006 shows little has changed over the long term.

Appendix A provides further details about data on A&E waiting times, which is collected by NHS England.

3. Planned admissions

According to the NHS Mandate, timely access to services is a critical part of our experience of care over the past 10 to 15 years. The NHS has made improvements in bringing down waiting times for services and has set strict waiting times targets for trusts, applying to both emergency care and planned admissions. NHS England's objective is to comply with these rights and fulfil the commitments set out in the NHS Constitution in this area and, where possible, to further improve the levels of performance in waiting times.[28]

Three quarters of respondents (75%) who had a planned admission to hospital, or who were admitted from a waiting list, said they felt they were admitted to hospital as soon as they thought was necessary and 79% of patients said that their admission date was not changed by their hospital. Both these sets of figures had only very slight changes and have remained mostly consistent over the last 10 years.

4. Hospital and ward

Cleanliness

The cleanliness of toilets, bathrooms, rooms and wards has improved significantly since 2007 as a result of raised standards and specifications on cleanliness following the Clostridium difficile outbreak at Maidstone and Tunbridge Wells NHS Trust in 2005/06 and the Healthcare Commission's response to it.[29] From 2007, the results of Patient Environment Action Team (PEAT) assessments were calculated against the national specifications of cleanliness.[30] Patient-Led Assessments of the Care Environment (PLACE) replaced PEAT assessments 2013. The PLACE assessments are a benchmarking tool to ensure that improvements are made in non-clinical aspects of patient care (for example, environment, food, privacy and dignity). The assessment results help to highlight areas for improvement and share best practice across healthcare organisations in England. The Code of Practice on the prevention and control of infections, under the Health and Social Care Act 2008, states that good infection prevention (including cleanliness) is essential to ensure people who use health and social care services receive safe and effective care.

There has been a steady increase since 2006 (**54%**) in the proportion of patients who consider hospital rooms and wards to be 'very clean'. The proportion of respondents giving a response of 'very clean' for hospital rooms or wards increased from **70% in 2014** to **71% in 2015 (chart 2)**.

Chart 2

Q17. In your opinion, how clean was the hospital room or ward that you were in? (all adult inpatients)
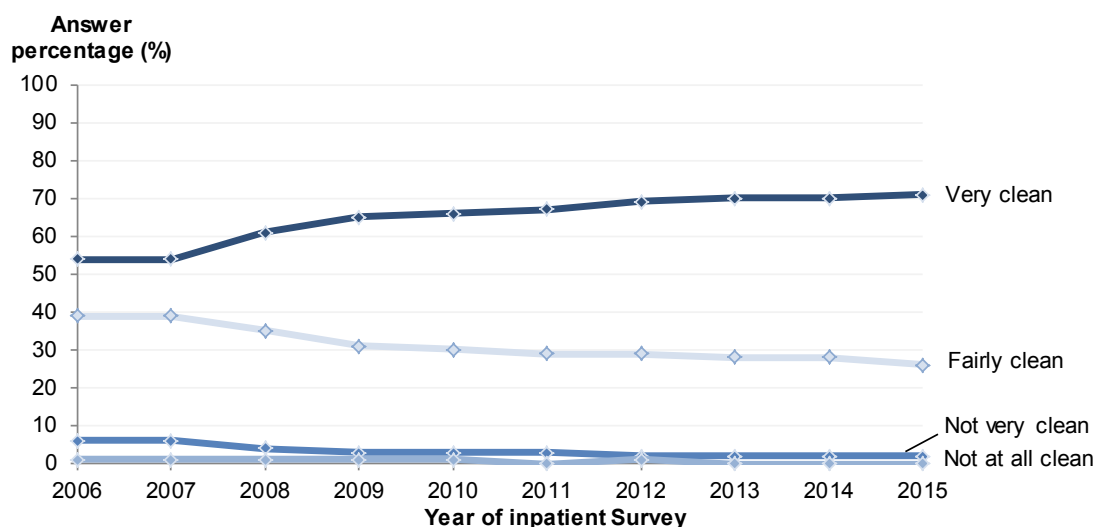
Number of respondents: 2006 (77,704) to 2015 (80,606)

Sixty-four per cent of respondents said hospital toilets and bathrooms had been 'very clean', and 31% considered them 'fairly clean'.

Food, and help with eating

NHS England produced a toolkit to support NHS commissioners to reduce poor experiences of inpatient care. The toolkit identified food as an area where patients commonly report poorer experiences. It provides examples of good practice identified through case studies, which include having dedicated staff at mealtimes and improving the quality of food by preparing all meals 'from scratch' on site using fresh produce from local suppliers and seasonal vegetables whenever possible.

Since 2006, there has been a small, very gradual increase in the proportion of patients who consider hospital food to be 'very good'. In 2015, 22% (21% in 2014) rated their food in this way, compared with 19% in 2006. Fewer respondents felt their food was 'fair' compared with 2006 (28% compared to 31%), and in 2015, 12% (14% in 2014) said food was 'poor'.

NICE quality statement 10 encourages hospital staff to assess and address their patients' physical and psychological needs regularly, including nutrition, hydration, pain relief, personal hygiene and anxiety. Since 2006, there has been an increase in the proportions of respondents stating that they 'always' got enough help from staff to eat their meals. There was an increase from **58% in 2006, 62% in 2011 and 64% in 2014 to 65% in 2015 (chart 3)**.

Chart 3

Q23. Did you get enough help from staff to eat your meals? (All adult inpatients)
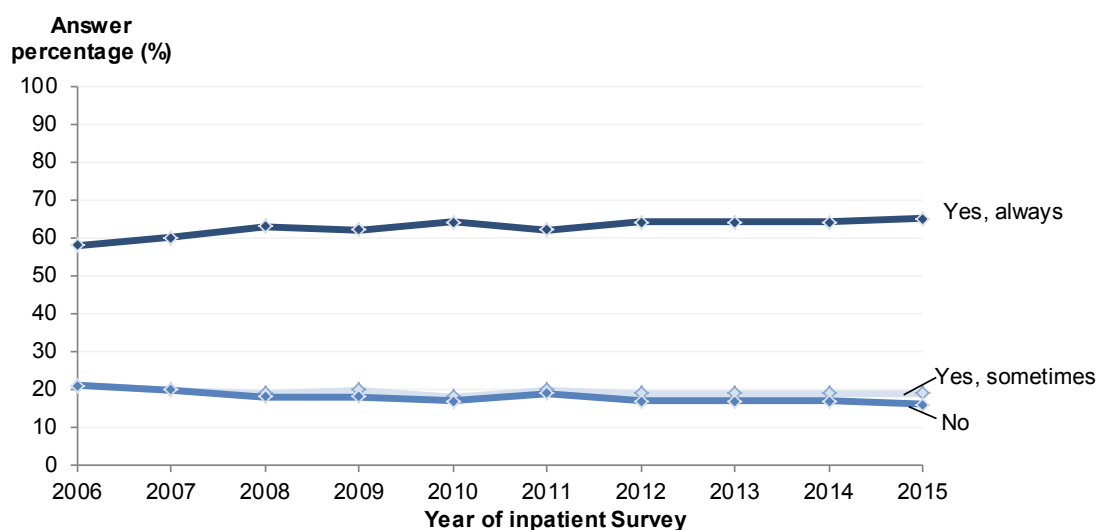
Number of respondents: 2006 (18,713) to 2015 (22,270)

Note: those who answered 'I did not need help to eat meals' were excluded from the analysis.

5. Doctors and nurses

Doctors

The survey asks patients about their interactions with doctors. The NHS Patient Experience Framework outlines those elements that are critical to the patient's experience of NHS services and states that "information, communication, and education on clinical status, progress, prognosis, and processes of care" are necessary "in order to facilitate autonomy, self-care and health promotion."[31]
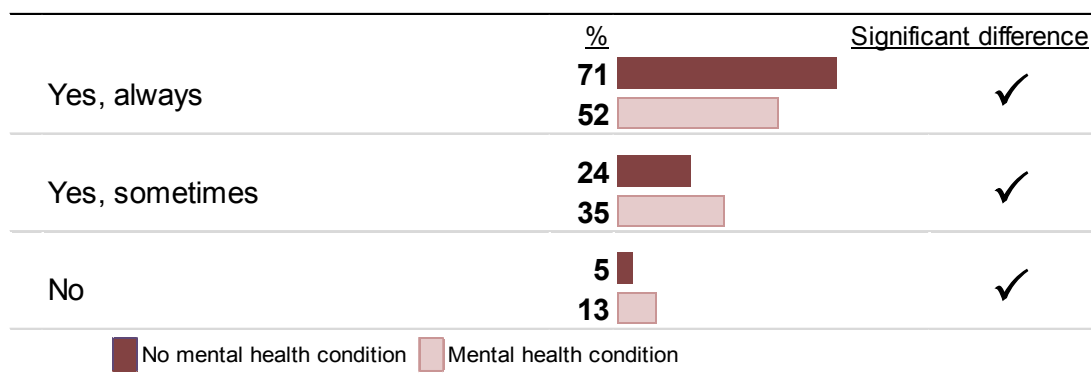
In the 2015 survey, patients were asked if they received an answer that they could understand when asking a doctor an important question; 70% of respondents replied 'yes, always', an increase of one percentage point from 2014 and three percentage points from 2011.

The proportion was considerably lower for respondents who indicated that they had either a mental health condition or a learning disability compared with those who didn't. **Fifty-two per cent** of respondents with a mental health condition 'always' received understandable answers, compared with **71%** of respondents without this condition (**chart 4**).

Chart 4

Q24. When you had important questions to ask a doctor, did you get answers that you could understand? (All adult inpatients; 'mental health condition' compared with 'no mental health condition')

	%		Significant difference
Yes, always	**71**		✓
	52		
Yes, sometimes	**24**		✓
	35		
No	**5**		✓
	13		

■ No mental health condition ■ Mental health condition

Number of respondents: No mental health condition (63,351) & Reported a mental health condition (4,097)

Note: those who answered 'I had no need to ask' were excluded from the analysis.

Likewise, 54% of respondents with a learning disability felt they 'always' received answers they could understand, compared with 70% of respondents without a learning disability.

Since 2006, there has been a gradual and significant reduction in the proportion of patients who said that doctors talked in front of them as if they were not there. In 2015, **77%** (**76%** in 2014) of respondents felt that doctors did **not** talk in front of them as if they were not there, compared with **71%** in 2006 (**chart 5**).

Chart 5

Q26. Did doctors talk in front of you as if you weren't there? (All adult inpatients)
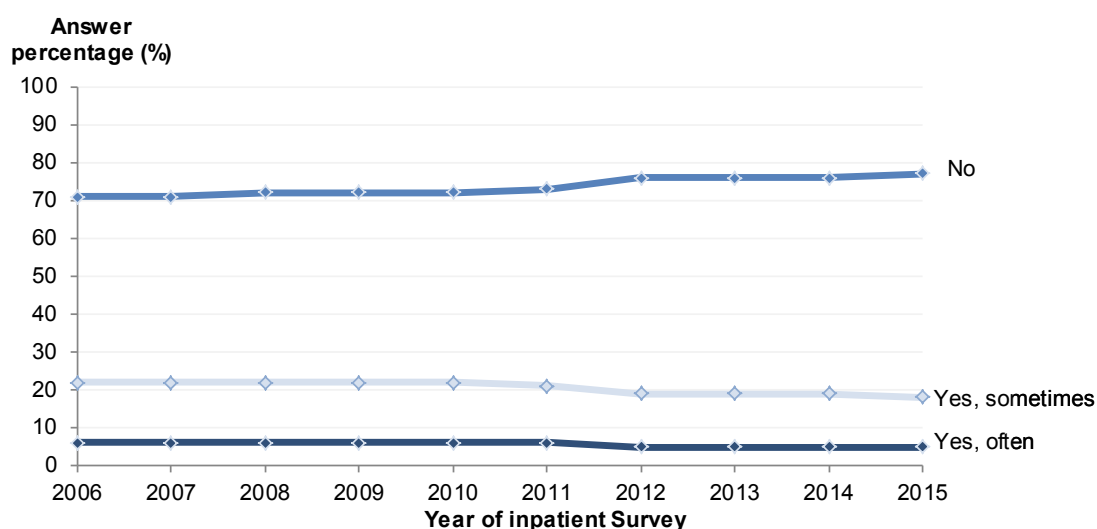
Number of respondents: 2006 (77,331) to 2015 (80,196)

Respondents with a mental health condition or a learning disability were more likely to report doctors talking about them as if they were not there than respondents who did not have these conditions or disabilities in 2015. Five per cent of respondents without a mental health condition or a learning disability 'often' experienced this, compared with 10% and 13% of respondents with a mental health condition or a learning disability.
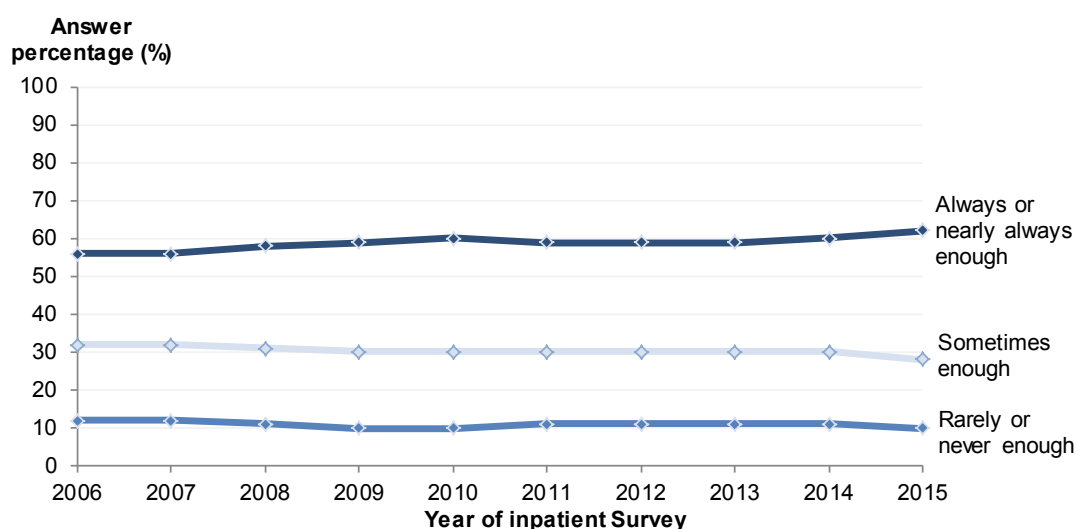
Nurses

Interactions with nurses have an important influence on patients' overall experience.[32] The impact of the capacity and capability of nursing, midwifery and care staff on the quality of care and on patient outcomes has been well documented. For example, the National Quality Board cites multiple studies that link low staffing levels to poorer patient outcomes and increased mortality rates, and states that staffing capacity and capability can have a profound impact on patient safety.[33]

The number of respondents who felt there were 'always or nearly always' enough nurses on duty to care for them has increased from **56% in 2006** to **62% in 2015**. This includes an increase of two percentage points between 2014 and 2015. This left one in 10 respondents in 2015 who felt there were 'rarely or never enough' nurses (**chart 6**).

Chart 6

Q30. In your opinion, were there enough nurses on duty to care for you in hospital? (All adult inpatients)


Number of respondents: 2006 (77,347) to 2015 (80,418)

Results from this survey show positive gains in patients' confidence and trust in the nurses treating them. Seventy-nine per cent in 2015 always felt confident, compared with 74% in 2011.

In 2015, confidence and trust in nurses was considerably lower for respondents with a mental health condition (**67%**) or a learning disability (**71%**) compared with those respondents who do not have a mental health condition (**80%**) or a learning disability (**79%**) (**chart 7**).

Chart 7

Q28. Did you have confidence and trust in the nurses treating you? (All adult inpatients)
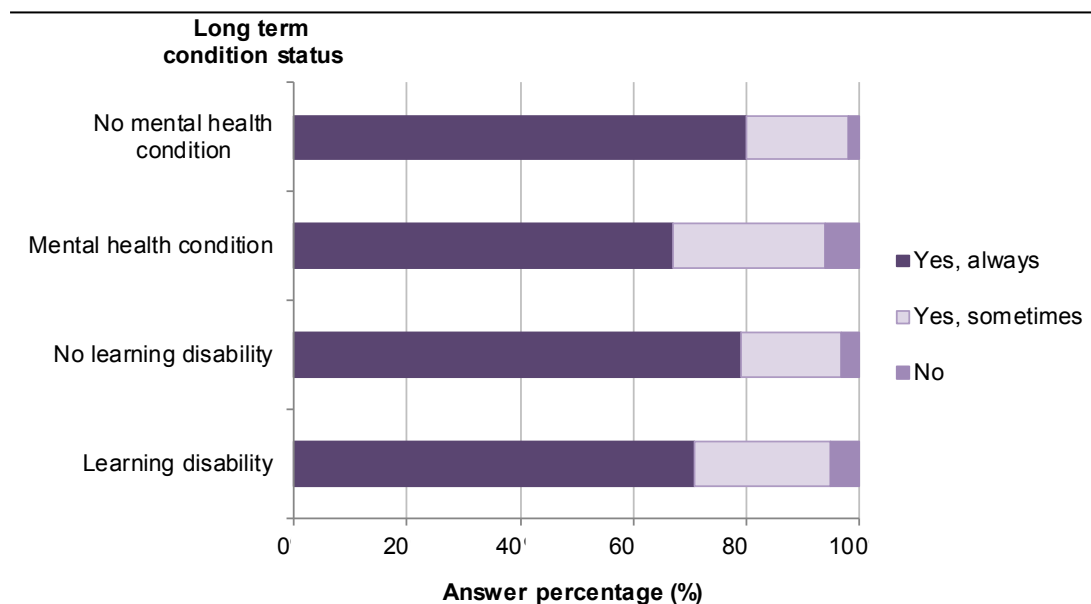
Number of respondents: No mental health condition (70,457), Reported a mental health condition (4,583), No learning disability (73,594) & Reported a learning disability (1,445)

NICE quality statement 5 stresses the importance of patients being supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.

When patients were asked in 2015 if they received an answer that they could understand when asking a nurse an important question, 71% of respondents replied 'yes, always', an increase of two percentage points since 2014 and five percentage points since 2011.

Respondents with a mental health condition (**54%**) or a learning disability (60%) were significantly less likely to have had a positive experience than those respondents without these conditions (**72%** and 71%) (**chart 8**).

Chart 8

Q27. When you had important questions to ask a nurse, did you get answers that you could understand? (All adult inpatients; 'mental health condition' compared with 'no mental health condition')

	%		Significant difference
Yes, always	72		✓
	54		
Yes, sometimes	25		✓
	37		
No	4		✓
	10		

■ No mental health condition ■ Mental health condition
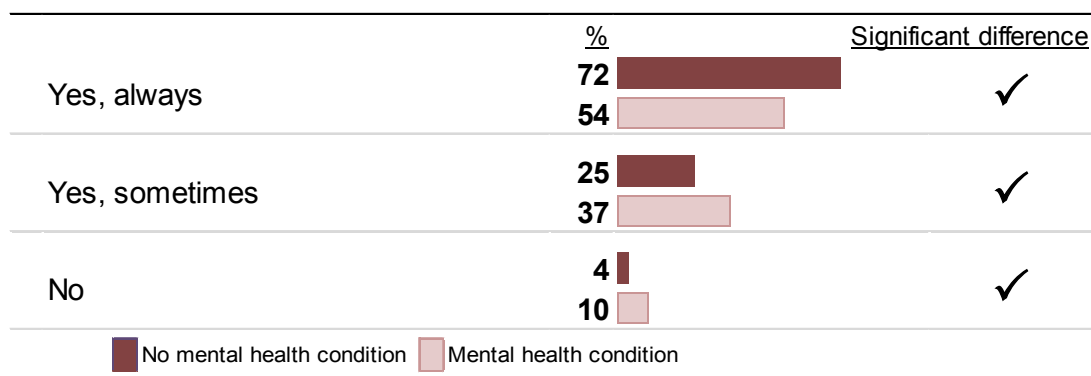
Number of respondents: No mental health condition (62,855) & Reported a mental health condition (4,193)
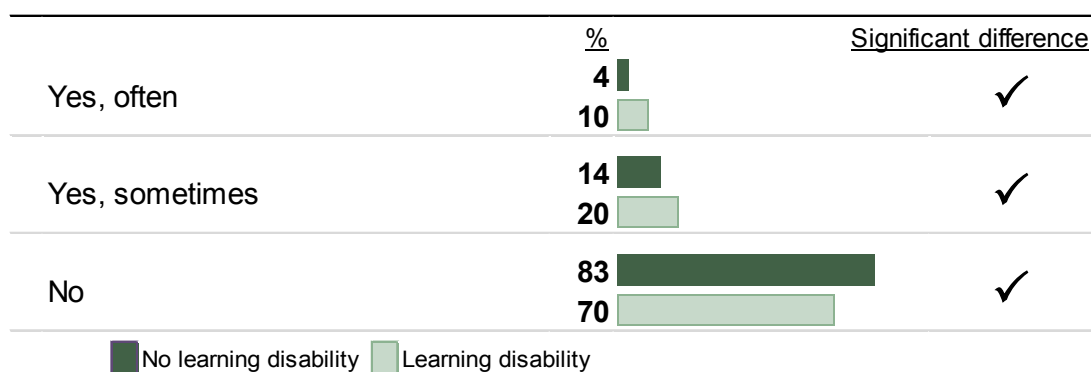
Note: those who answered 'I had no need to ask' were excluded from the analysis.

Since 2006, there has been a reduction in the proportion of patients who said that nurses talked in front of them as if they were not there. In 2006, 78% of respondents felt that nurses did **not** talk in front of them as if they were not there, compared with 81% in 2014 and **82%** in 2015.

In the 2015 results, respondents with a mental health condition (69%) or a learning disability (**70%**) were less likely to be positive (**chart 9**).

Chart 9

Q29. Did nurses talk in front of you as if you weren't there? (All adult inpatients; 'learning disability' compared with 'no learning disability')

	%		Significant difference
Yes, often	4		✓
	10		
Yes, sometimes	14		✓
	20		
No	83		✓
	70		

■ No learning disability ■ Learning disability

Number of respondents: No learning disability (73,516) & Reported a learning disability (1,437)

6. Care and treatment

Working together

Good team working among health professionals is essential for high quality and efficient care.[34] Its most obvious impact is on the effective sharing of information and it leads to benefits not only for patients but for staff members themselves.[35] NICE quality statement 12 states that patients should experience coordinated care with a clear and accurate exchange of information between relevant health and social care professionals.

In the 2015 survey, 79% of respondents were of the opinion that the staff caring for them always worked well together. This question was asked for the first time this year. In response to the question, 'Sometimes in hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?', a greater proportion of respondents (70%) said this did not happen in 2015 (68% in 2014) compared with 66% in 2011.

Involvement of patients

NICE quality statement 6 states that patients should be actively involved in shared decision-making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them. Our report about patients' involvement in care, *Better care in my hands* (2016), found that people using acute hospital services report mixed experiences of being involved in decisions about their care.

Fifty-nine per cent of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment in 2015 (57% in 2014). This is an increase of seven percentage points since 2006. The proportion of respondents who felt that they hadn't been involved decreased from 11% in 2011 to 9% in 2015 (10% in 2014).

In the 2015 survey, a far larger proportion of respondents with a mental health condition (17%) or a learning disability (**13%**) felt that they were not involved in decisions being taken about their care and treatment than respondents who did not have these conditions or disabilities (8% and **9%**) (**chart 10**). This is supported by the finding of the *Better care in my hands* report, which found, "People needing long-term care and support are the least likely to report being involved in their health care" and that "there is a lack of supported involvement for people who may lack capacity… including people with a learning disability or people with mental health needs".[36]

Chart 10

Q33. Were you involved as much as you wanted to be in decisions about your care and treatment? (All adult inpatients; 'learning disability' compared with 'no learning disability')
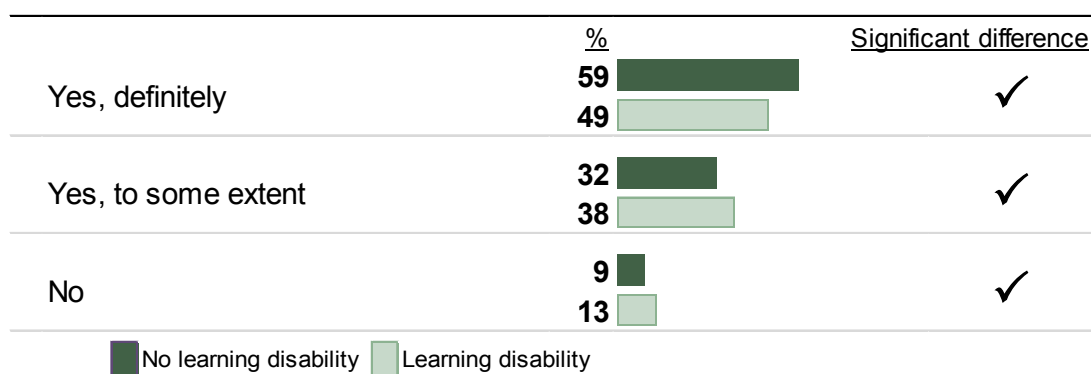
Number of respondents: No learning disability (73,347) & Reported a learning disability (1,423)
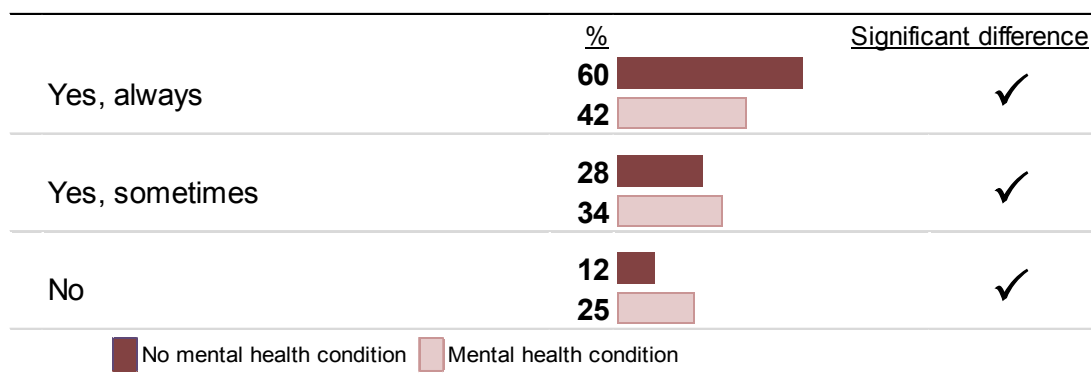
Emotional support

NICE quality statement 4 states that patients should have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care. NICE quality statement 10 states that patients should have their physical and psychological needs regularly assessed and addressed. In its report Psychological and social needs of patients, the British Medical Association recommended that patients are treated with compassion, empathy and responsiveness to their needs, values and expressed preferences, and that they are given emotional support to relieve fear and anxiety. Patients' mental health needs should be considered by all hospital staff. Hospitals should have a liaison psychiatry service, also known as a psychological medicine service, to bridge the gap between physical and mental health care.[37]

Only 59% of respondents in 2015 felt that they 'always' received enough emotional support from hospital staff during their stay and only 41% of those who had worries or fears could 'definitely' find someone in hospital to talk about them.

For respondents with a mental health condition or a learning disability, the situation was even less positive with only **42%** and 52% always receiving enough emotional support in comparison with respondents without these conditions (**60%** and 59%) (**chart 11**).

Chart 11

Q37. Do you feel you got enough emotional support from hospital staff during your stay? (All adult inpatients; 'mental health condition' compared with 'no mental health condition')

	%	Significant difference
Yes, always	60 / 42	✓
Yes, sometimes	28 / 34	✓
No	12 / 25	✓

■ No mental health condition ■ Mental health condition

Number of respondents: No mental health condition (43,559) & Reported a mental health condition (3,815)

Note: those who answered 'I did not need any emotional support' were excluded from the analysis.

Privacy

Patients' rights to dignity, kindness, compassion, courtesy, respect, understanding and honesty are set out in NICE quality statement 1, and the NHS Constitution states that patients have the right to privacy and confidentiality, and that they can expect the NHS to keep people's confidential information safe and secure. There has been an increase in the proportion of respondents who said they were 'always' given enough privacy when discussing their condition or treatment (77% in 2015 compared with 76% in 2014 and 72% in 2011). Six per cent reported this was not the case.

7. Operations and procedures

The importance of having clear and comprehensive information before undergoing an operation or procedure is well documented. The Good surgical practice guidance compiled by the Royal College of Surgeons states that effective communication and clarity of information exchange is essential for quality of care and patient safety, as well as meeting the standards of good medical practice. In its Guidelines for the provision of anaesthetic services, the Royal College of Anaesthetists advised that patients should be fully informed about planned procedures and participate in a collaborative decision-making process, while all patients undergoing elective procedures should be provided with easily understood information covering their operation, anaesthesia and post-operative pain relief before being admitted to hospital.

Sixty-two per cent of survey respondents had an operation or procedure while in hospital. Of these, 83% (82% in 2014) received a complete explanation about the risks and benefits of the operation or procedure in a way they could understand, an increase of three percentage points since 2011.

The proportion of respondents with a mental health condition (71%) or a learning disability (75%) who felt they 'completely' received an explanation they could understand was considerably lower in comparison to the respondents without either of these conditions or disabilities (both 83%).

Seventy-seven per cent of respondents in 2015 (**76%** in 2014) said they received a complete explanation of what would be done during the operation, compared to **74%** in 2011. **Four per cent** of respondents did not feel they received an explanation (**chart 12**). There was also an increase (76% in 2011, 78% in 2014 and 79% in 2015) in the proportion of respondents saying staff answered their questions about the operation or procedure in a way they could understand.

Chart 12

Q45. Beforehand, did a member of staff explain what would be done during the operation or procedure? (All inpatients who had an operation or procedure)
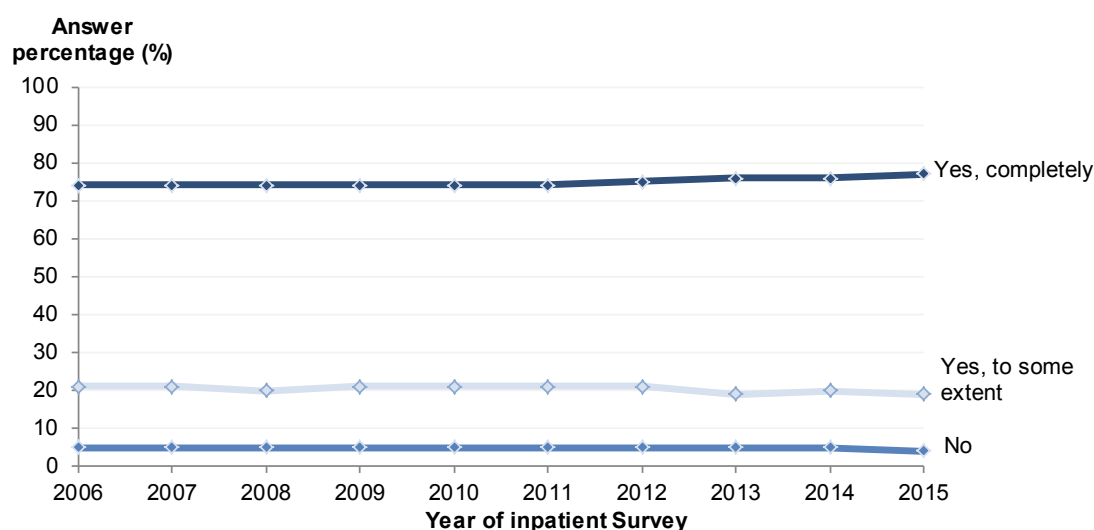
Number of respondents: 2006 (50,201) to 2015 (50,517)

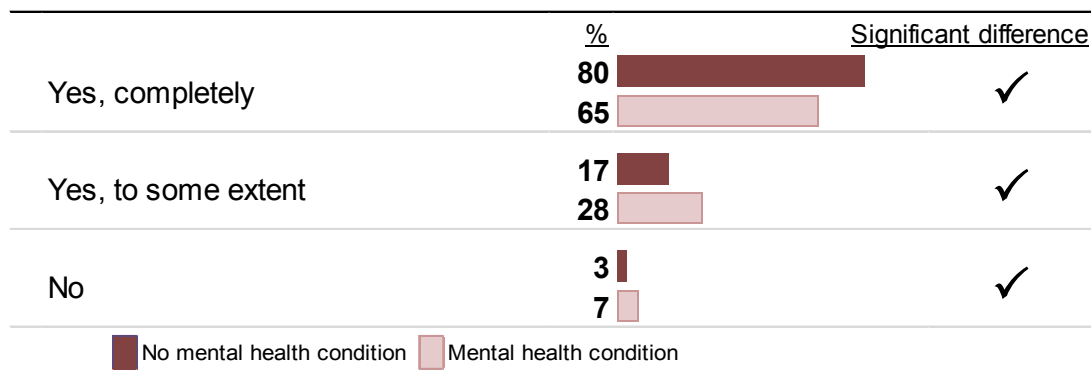**Note:** those who answered 'I did not want an explanation' were excluded from the analysis.

Comparing experiences of patients with a mental health condition or a learning disability, these were again less positive. Sixty-six per cent of respondents with a mental health condition and 71% of respondents with a learning disability completely received an explanation, compared to 77% of respondents without these conditions.

A smaller proportion of respondents with a mental health condition (**65%**) or a learning disability (69%) said they 'completely' received an understandable answer to their questions than respondents without these conditions (**80%** and 79%) (**chart 13**).

Chart 13

Q46. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand? (All inpatients that had an operation or procedure; 'mental health condition' compared with 'no mental health condition')

Number of respondents: No mental health condition (38,257) & Reported a mental health condition (1,858)

**Note**: those who answered 'I did not have any questions' were excluded from the analysis.

From 2011 to 2015, there has been an increase of four percentage points in the proportion of respondents 'completely' being told how they could expect to feel after an operation or procedure (56% in 2011 to 60% in 2015); 13% of respondents in 2015 (14% in 2014) were not told at all.

An even higher percentage (19%) of respondents with a mental health condition were not told how they could expect to feel (13% of respondents without a mental health condition gave the same response). There was no significant difference between respondents with a learning disability and those without for this question.

An increasing percentage of respondents (**64% in 2006 to 69% in 2015**) reported that a member of staff 'completely' explained how the operation or procedure had gone in a way they could understand. One in ten (**10%**) respondents in 2015 did not get any explanation at all (**chart 14**).

Chart 14

Q50. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand? (All inpatients that had an operation or procedure)
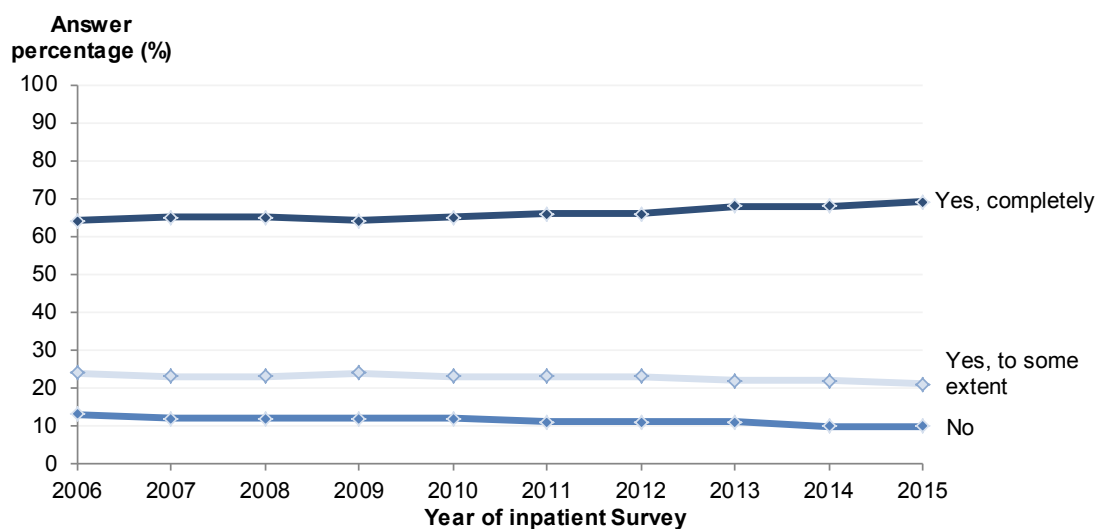
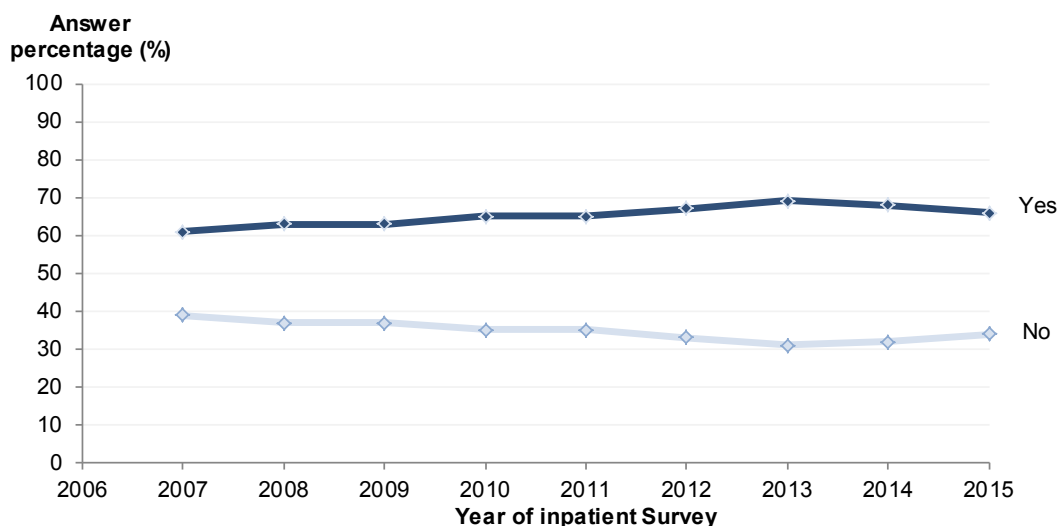Number of respondents: 2006 (50,841) to 2015 (51,482)

8. Leaving hospital

Information

All patients should be involved, as much as they would like to be, in decisions around leaving hospital and should receive the right information and support. Guidance from NICE, published in 2012, recommends that patients are given information (verbally and in written format) and that they receive the support and encouragement they need to be actively involved in their own care and to self-manage their conditions.[38] The NHS Constitution also makes a commitment to offer patients easily accessible, reliable and relevant information in a form they can understand, and support them to use it. NICE quality statement 13 further specifically states that patients' preferences for sharing information with their partner, family members and/or carers should be established respected and reviewed throughout their care.

From 2007 to 2014, the proportion of respondents who received written or printed information about what they should or should not do after leaving hospital increased by seven percentage points (**61% in 2007 to 68% in 2014**). There is a decrease in the results from 2014 to 2015 (**66%**), which shows a deviation from the upward trends recorded from 2007 to 2014 (**chart 15**). This meant that more than a third (34%) of respondents did not receive any information in 2015. This question was not included in the 2006 survey.

Chart 15

Q59. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital? (All adult inpatients)


Number of respondents: 2007 (71,223) to 2015 (78,784)

The proportion of respondents who did not receive any information in 2015 increased further for those with a mental health condition (46%) by 12% and for respondents with a learning disability (**39%**) by 5% (**chart 16**) from respondents without these without a mental health condition (**34%**) and learning disability (**34%**).

Chart 16

Q59. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital? (All adult inpatients; 'learning disability' compared with 'no learning disability')
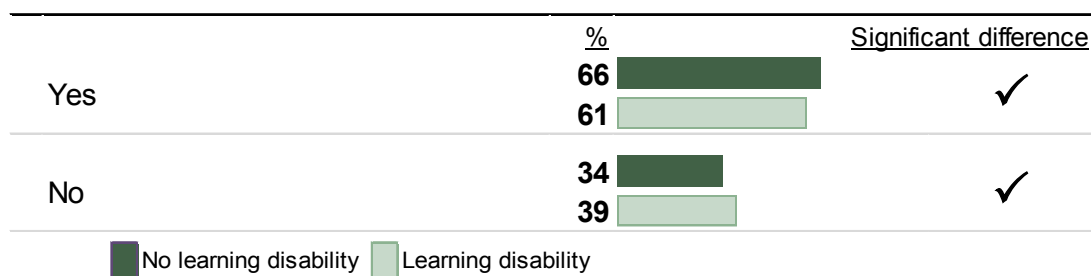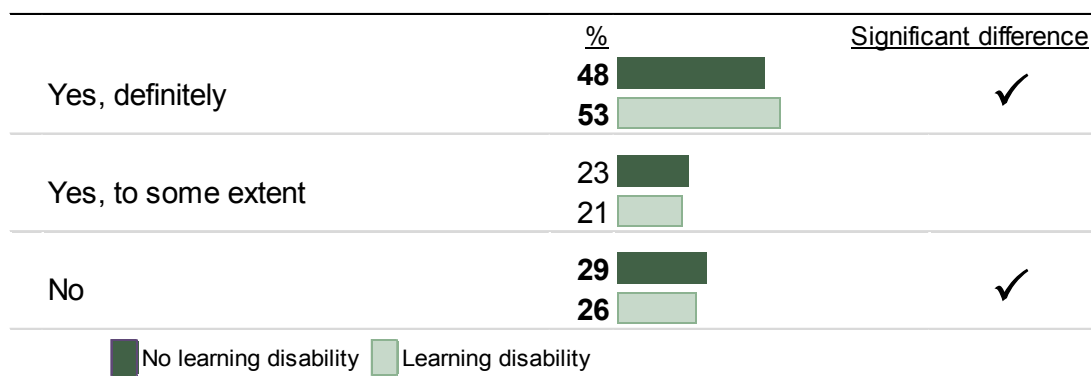

Number of respondents: No learning disability (72,236) & Reported a learning disability (1,397)

In 2006, 43% of respondents 'definitely' felt doctors or nurses gave their family or someone close to them all the information they needed to help care for them, compared with 50% in 2014. As with the previous question, there is a decrease in results from 2014 (50%) to 2015 (48%), which shows a deviation from the upward trends recorded from 2006 to 2014. A large proportion of respondents' family or someone close to them (up from 26% in 2014 to 29% in 2015) did not receive all the information they needed to help care for them.

In 2015 this was higher for respondents with a mental health condition (34%) by four percentage points, but lower for respondents with a learning disability (**26%**) in the 2015 survey, compared with respondents who didn't have a mental health condition (29%) or a learning disability (**29%**) (**chart 17**).

Chart 17

Q66. Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you? (All adult inpatients; learning disability' compared to 'no learning disability)

Number of respondents: No learning disability (50,087) & Reported a learning disability (1,211)

Note: those who answered 'No family or friends were involved' or 'My family or friends did not want or need information' were excluded from the analysis.

Failing to notify a patient's family, carer or someone close to them can have a direct impact on their recovery and wellbeing. According to Parliamentary and Health Service Ombudsman's (PHSO) report of investigations into unsafe discharge from hospital (2016), carers and relatives are not being treated as partners in discharge planning. The report found that failures by hospitals to notify family members that relatives are being discharged are common features of the cases they reviewed.[39]

Medicines

According to NICE's Medicines optimisation guidelines (published in March 2015) relevant information about medicines should be shared with patients and their family members or carers, where appropriate, and between health and social care practitioners when a person moves from one care setting to another, to support high-quality care. Many people wish to be active participants in their own healthcare, and to be involved in making decisions about their medicines. All people should be offered the opportunity to be involved in making decisions about their medicines.

From 2006 to 2015, there was an increase of six percentage points (**66% to 72%**) in the proportion of respondents saying they received 'completely' clear written or printed information about the medicines they were given to take home. This includes a sharp increase of four percentage points between 2011 and 2012 (**chart 18**).

Chart 18

Q63. Were you given clear written or printed information about your medicines? (All inpatients that were discharged with medication)
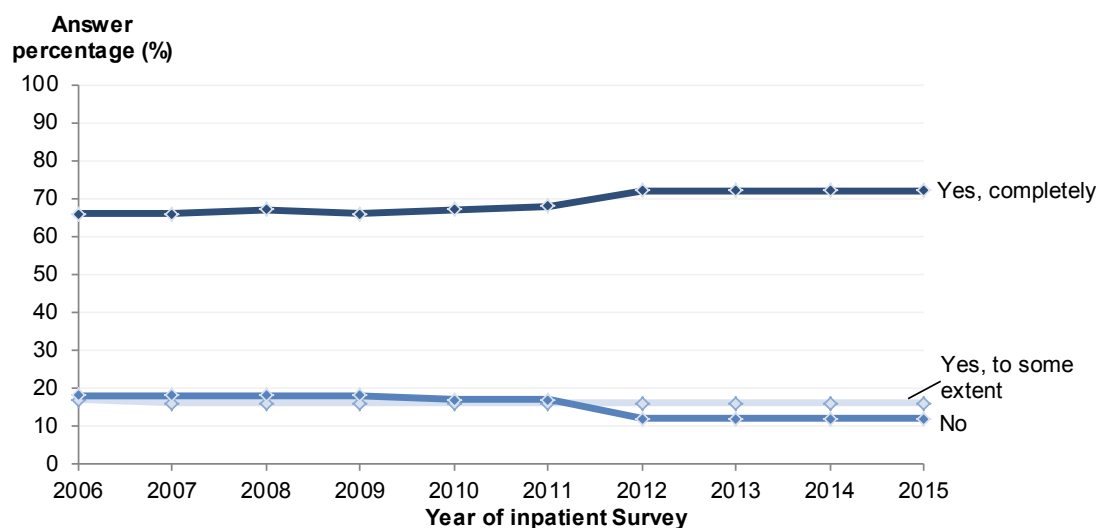
Number of respondents: 2006 (62,838) to 2015 (55,179)

Note: those who answered 'I did not need this' or 'Don't know / can't remember' were excluded from the analysis.

Results from the 2015 survey show a slow but steady increase in the proportion of respondents being told 'completely' about side effects of medication to look out for at home (37% in 2006 to 40% in 2015). However, 41% of respondents **didn't** receive any information about the side effects of their medication in 2015 (41% in 2014).

Results are more negative for respondents with a mental health condition (53%) or with a learning disability (46%), than for those without a mental health condition (41%) or a learning disability (42%).

Integrated care

Integrated care is a long-standing concern in the NHS. A lack of coordination between services is reported to result in patients experiencing discontinuity of care when they are transferred from hospital to home, or vice versa.[40] Care and support can then be fragmented, delayed or duplicated, which can result in missed opportunities to prevent people's needs from escalating and missing benefits of intervening early. This can lead to poorer outcomes and experiences for the people who use services.[41] The PHSO's report of investigations into unsafe discharge from hospital (2016) found that a lack of integration and poor joint working between different aspects of healthcare, such as hospital and community health services can result in people being discharged without the support they need to cope at home. Equally, lack of coordination between health and social care services can lead to lengthy delays in finding suitable care packages for elderly people with complex needs.[42]

Research shows that a structured discharge plan tailored to the individual patient reduces lengths of stay and readmission rates and increases patient satisfaction.[43] While the majority of delayed transfers can be attributed to delays within the NHS (62% in 2015/16), the proportion attributable to social care has risen recently (from 26% at the end of 2014/15 to 31% in the third quarter of 2015/16).[44]

In this survey, 19% of the respondents that went home or went to stay with friends or family after discharge did not get enough support from health or social care professionals to help them recover and manage their condition.

This was higher for respondents with a mental health condition (29%) or with a learning disability (24%) in comparison to respondents that didn't have these conditions (both 19%).

For respondents who were transferred to another hospital or who went to a nursing home, 67% 'definitely' had a plan in place for continuing their care.

This was lower for respondents who had a mental health condition (54%) compared with 68% that didn't have this condition. Eighty-one per cent of respondents with a learning disability reported definitely having a plan in place for continuing care, 15 percentage points higher than respondents without a learning disability (66%).

When asked if hospital staff discussed whether the patient may need any further health or social care services after leaving hospital, 17% of respondents answered 'No, but I would like them to', an increase of two percentage points from 2014 (83% answered 'Yes' in 2015).

The proportion of respondents with a mental health condition (**26%**) or a learning disability (24%) who responded 'No, but I would have liked to' was considerably higher in comparison to the respondents without a mental health condition (**16%**) or learning disability (17%) (**chart 19**).

With the exception of question 69, integrated care questions are a new addition to the questionnaire and therefore don't have previous results to compare with.

Chart 19

Q69. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? (e.g. services from a GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector) (All adult inpatients; 'mental health condition' compared to 'no mental health condition')

	%	Significant difference
Yes	84 / 74	✓
No, but I would have liked them to	16 / 26	✓

■ No mental health condition □ Mental health condition
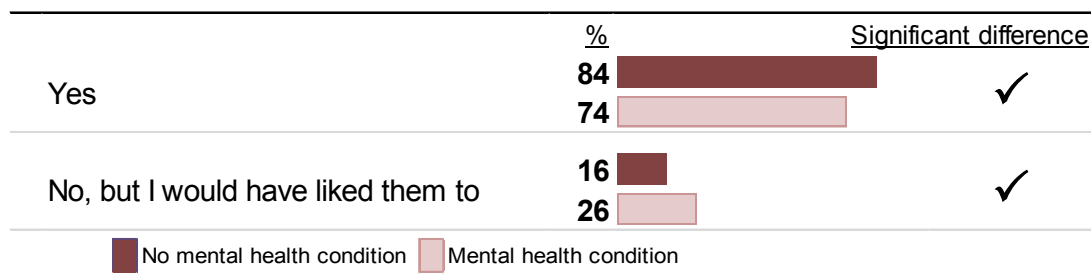
Number of respondents: No mental health condition (38,116) & Reported a mental health condition (3,058)

Note: those who answered 'No, it was not necessary to discuss it' were excluded from the analysis.

9. Overall

The NHS Constitution states that patients have the right to be treated with respect and dignity, and that the NHS should actively encourage feedback. NICE Quality Standard 1 states that patients should be treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.

The proportion of respondents who said they were 'always' treated with dignity and respect has been rising slowly but steadily from 80% in 2011 to 84% in 2015. Respondents who said they were 'always' well looked after by hospital staff also increased from 78% in 2014 to 80% in 2015.

In 2015, respondents with a mental health condition (65%) or learning disability (71%) less frequently 'always' felt well looked after in comparison with respondents who did not have a mental health condition (81%) or learning disability (80%).

In Equity and Excellence: Liberating the NHS, the Department of Health committed to enabling patients to rate hospitals and clinical departments according to the quality of care they receive. To support this, the Friends and Family Test (FFT) was introduced in May 2012, with all trusts using it by May 2013. The test asks patients if they would recommend the services they have used.

Since 2006, the proportion of patients who say they have been asked to give their views on the quality of their care has increased substantially, rising from **6% in 2006** to **21% in 2015.** Despite this increase, **79%** of respondents said they were not asked to give their views in **2015** (79% in 2014) (**chart 20**).

Chart 20

Q73. During your hospital stay, were you ever asked to give your views on the quality of your care? (All adult inpatients)
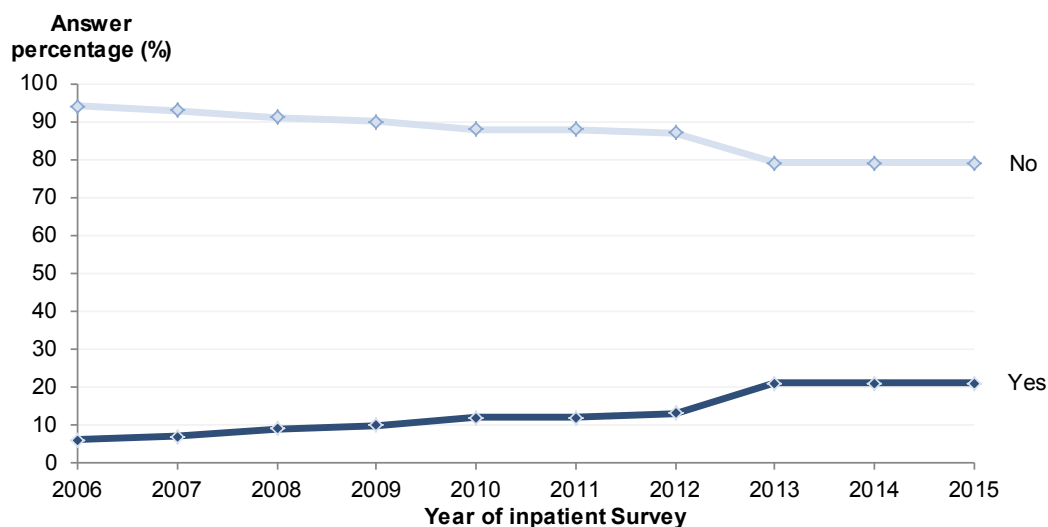
Number of respondents: 2006 (71,479) to 2015 (69,407)

Note: those who answered 'Don't know / can't remember' were excluded from the analysis.

Respondents were asked to rate their overall hospital experience on a scale of 0-10. Eighty-five per cent rated their overall experience with a score of seven or above out of 10 in 2015, where 0 indicated a 'very poor' experience and 10 a 'very good' experience. This is one percentage point increase from the results from the 2014 inpatient survey.

Survey methodology

As with almost all surveys in the NHS Patient Survey Programme, the inpatient survey used a postal methodology. Up to two reminders were sent to people who did not respond.

All patients aged 16 years or over at the time of their hospital stay were invited to take part if they were treated in the trust. Trusts drew a sample from their records during the sampling period. The sample size was sufficient to allow analysis of results at individual trust level. Full details of the sampling are available in the instruction manual for the survey (see the links in appendix E).

All trusts providing inpatient services were eligible to take part in the survey and no exclusions were applied during the running of the survey. However, one trust was excluded from the national results because of errors made when drawing its sample.

Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between August 2015 and January 2016.

Analysis methodology

Weighting

Some trusts have a higher response rate than others and would therefore have a greater influence over the England average if a simple mean was calculated across all respondents. To avoid this, weights are applied to the data. By applying these weights, the responses from each trust have an equal influence over the England average, regardless of differences in response rates between trusts.

'Trust weights' are useful for calculating national figures because they describe the results of the hypothetical 'average trust' for a given year. As they are intended to produce a single estimate, they don't take into account any of the individual level variables that are related to how people respond – such as age, gender, and route of admission. This is acceptable when comparing year-on-year results because of the relatively limited annual change in the demographic profile of the overall set of respondents. However, over longer periods, the small annual changes accumulate and need to be taken into account, and further standardisation needs to be applied.

Results for each data point presented in this statistical release are standardised to the demographic profile of 2015 in terms of age/sex/route of admission. These are applied at trust level rather than nationally. There are 16 unique weights per trust per year – one for each of the age/sex/route of admission groups.

Both sets of weights are then multiplied together to produce a single combined weight for the data tables that underpin the analysis.

This weighting has been applied to all questions except for demographic questions and filter questions, although only trust weights were used for the mental health and learning disability analysis. The demographic questions are presented without weights applied, as it is more appropriate to present the real percentages of respondents to describe the profile of respondents, rather than adjust figures.

Rounding

The tables present percentage figures rounded to nearest whole number, so the values given for any question will not always add up to 100%. Please note that rounding up or down may make differences between survey years appear bigger or smaller than they actually are.

Statistical significance

Statistical tests were carried out on the data to determine whether there had been any statistically significant changes in the results for 2015 compared with 2006, 2011 and 2014.

A 'z-test' was used to compare data between the comparison years at the 95% confidence level. A statistically significant difference means it is very unlikely that we would have obtained this result by chance alone if there was no real difference.

Due to the large number of respondents, small changes in results between years may show to be statistically significant. Such small changes do not necessarily indicate a longer term trend.

In other cases, even though there may be a visible change in the results between survey years, it is not significant. There are a number of reasons for this, such as:

- Rounding figures up or down makes a difference appear larger than it actually is.
- Generally speaking, the larger the sample size, the more likely that findings will be statistically significant and we can be more confident in the result. Conversely, the fewer people that answer a question, the greater the difference has to be in order to be statistically significant.
- The amount of variation also affects whether the difference is significant. 'Variation' means the differences in the way people respond to the question. If there is a lot of variance then differences are less likely to be statistically significant.

Design and interpretation of the questionnaire

New questions for 2015:

Q31. In your opinion, did the members of staff caring for you work well together?

Q56. Where did you go after leaving hospital?

Q57. After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?

Q58. When you transferred to another hospital or went to a nursing or residential home, was there a plan in place for continuing your care?

Appendix A: Other sources of information related to survey results

NHS Outcomes Framework indicators

The indicators in the NHS Outcomes Framework have been designed to provide national-level accountability for the outcomes that the NHS delivers and drive transparency, quality improvement and outcome measurement throughout the NHS. They do not set out how these outcomes should be delivered; it is for NHS England to determine how best to deliver improvements by working with clinical commissioning groups (CCGs) to make use of the tools available.

For more information about the NHS Outcome Framework, please visit the Health and Social Care Information Centre and GOV.UK websites:

http://www.hscic.gov.uk/nhsof

https://www.gov.uk/government/publications/nhs-outcomes-framework-2015-to-2016

http://www.hscic.gov.uk/indicatorportal

Waiting times

For further information on waiting times within A&E, please see NHS England's statistical release on A&E Attendances and Emergency Admissions. The data includes the count of patients who waited more than four hours from arrival to admission, transfer or discharge:

https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/

For further information on elective admission waiting times, please see NHS England's statistical release on hospital activity:

https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/quarterly-hospital-activity/qar-data/

The data does not measure people's experiences of waiting times and is therefore not directly comparable.

Counts of nurses

For further information on counts of qualified nursing staff (including qualified nursing, midwifery and health visiting staff) please see the Health and Social Care Information Centre's statistical release on NHS Workforce Statistics. The data does not measure people's experiences of nurse counts and is not directly comparable. The data includes the count of total qualified nursing staff:

http://www.hscic.gov.uk/catalogue/PUB16973

Delayed transfers of care

For further information on levels of delayed transfers of care, please see NHS England's statistical release. The data does not measure people's experiences of delays and is therefore not directly comparable. The data includes the count of patients with a delayed transfer of care and information on the cause of those delays: https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

Why we ask the questions

The inpatient questionnaire is continuously developed to ensure that it covers as much about people's experiences of their care and treatment as is reasonable within a limited survey. While originally developed before the publication of many standards on patient experience, the survey aligns, as far as possible, with good practice in patient experience, taking into account the NHS Patient Experience Framework and quality standard developed by NICE outlined below.

NHS Patient Experience Framework

In October 2011, the NHS National Quality Board (NQB) agreed on a working definition of patient experience to guide the measurement of patient experience across the NHS. The NHS Patient Experience Framework outlines those elements that are of critical importance to patients' experiences of NHS Services. For further information on the NHS patient experience framework, please see:

https://www.gov.uk/government/publications/nhs-patient-experience-framework
https://www.gov.uk/government/news/a-framework-for-nhs-patient-experience

Quality standard for patient experience in adult NHS services

The National Institute for Health and Care Excellence (NICE) has a Quality Standard for patient experience in adult NHS services, which outlines 14 quality statements about patient experience. The standard aims to provide the NHS with clear commissioning guidance on the components of a good patient experience. The quality standard gives evidence-based statements for commissioners that provide the foundation for an 'NHS cultural shift' to a patient-centred service. For further information on the NICE quality standard, please see:

https://www.nice.org.uk/guidance/qs15.

Appendix B: Comparisons with other data

Scotland and Northern Ireland also conduct surveys of inpatients. A similar survey is not currently undertaken in Wales.

The surveys in Scotland and Northern Ireland reflect people's experiences of different healthcare systems. Therefore, direct comparisons to this survey are not recommended because of the differences in methodology, the questions, and the time periods over which the surveys were administered. Also, the questions are phrased differently, use different scale lengths, and different report and rating type scales. Each of these factors is associated with differences in responses. Although the measures are not directly comparable to the equivalent question in the inpatient survey questionnaire, placing some similar questions next to each other might provide useful context in limited areas.

Scotland

There is no Scottish Inpatient Patient Experience Survey for 2015. A 2016 survey is being run and results are expected to be published in the summer of 2016. The results of the 2014 Scottish Inpatient Patient Experience survey were released on 26 August 2014. This survey was sent in January 2014 to a random sample of people aged 16 years or older who had an overnight hospital stay between April and September 2013. The 2014 survey was the fourth inpatient survey, with previous surveys conducted in 2010, 2011 and 2012. The survey asks about patients' experiences of: admission to hospital; the hospital and ward environment, care and treatment including errors, operations, hospital staff, arrangements for leaving hospital, and care and support services after leaving hospital.

Overall, patients reported that their experiences improved from 2010 to 2014 for all but one section of the survey (care and support services after leaving hospital), which stayed the same.[45] Examples from the 2014 Scottish survey compared to this survey (England, 2015) include:

Information sharing

Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?

	Yes, completely	Yes, to some extent	No
Scotland (Q36)	80%	16%	4%
England (Q44):	83%	14%	3%

Beforehand, did a member of staff explain what would be done during the operation or procedure?

	Yes, completely	Yes, to some extent	No
Scotland (Q37)	76%	19%	5%
England (Q45)	77%	19%	4%

Beforehand, were you told how you could expect to feel after you had the operation or procedure?

	Yes, completely	Yes, to some extent	No
Scotland (Q38)	61%	27%	12%
England (Q47)	60%	27%	13%

Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?

	Yes, completely	Yes, to some extent	No
Scotland (Q39)	75%	20%	5%
England (Q46)	79%	18%	3%

After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?

	Yes, completely	Yes, to some extent	No
Scotland (Q40)	71%	21%	8%
England (Q50)	69%	21%	10%

Staffing levels

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

	There were always or nearly always enough nurses	There were sometimes enough nurses	There were rarely or never enough nurses
Scotland (Q44)	64%	26%	10%
England (Q30)	62%	28%	10%

Privacy

The question '**Were you given enough privacy when your condition and treatment was discussed?**' was asked in both surveys with different response options. In the Scottish survey the result between 2010 and 2014 was that on average 87% of respondents 'strongly agree' or 'agree' with the question. In CQC's survey, 93% of the respondents answered 'yes, always' or 'yes, sometimes' between 2010 and 2014.

Doctors and nurses

For the question in the Scottish survey '**Doctors didn't talk in front of me as if I was not there**', on average 80% of respondents answered 'strongly agree' or 'agree' between 2010 and 2014. In the CQC survey, 75% of respondents answered 'no' to the questions '**Did doctors talk in front of you as if you weren't there?**' in the same period.

For the question in the Scottish survey **'Nurses didn't talk in front of me as if I was not there'**, on average 83% of respondents answered 'strongly agree' or 'agree' between 2011 and 2014. In the same period, 80% of respondents in the CQC survey answered 'no' to the question **'Did nurses talk in front of you as if you weren't there?'**

More information on the Scottish Inpatient Patient Experience survey is available at: www.careexperience.scot.nhs.uk/index.html.

Northern Ireland

The first Inpatient Patient Experience Survey was undertaken in Northern Ireland in 2014. Examples from the 2014 Northern Ireland survey compared to this survey (England, 2015) include:

Admission

From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?

	Yes, definitely	**Yes, to some extent**	**No**
Northern Ireland (Q10)	18%	17%	65%
England (Q9)	12%	20%	68%

During your stay in hospital, how many wards did you stay in?

	1	**2**	**3 or more**
Northern Ireland (Q21)	64%	27%	10%
England (Q12)	62%	30%	8%

Your care and treatment

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

	Yes, definitely	**Yes, to some extent**	**No**
Northern Ireland (Q32)	80%	16%	4%
England (Q41)	72%	23%	6%

Leaving hospital

Were you given enough notice about when you were going to be discharged?

	Yes, definitely	**Yes, to some extent**	**No**
Northern Ireland (Q34)	72%	18%	11%
England (Q52)	57%	31%	12%

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

	Yes, completely	**Yes, to some extent**	**No**	**I did not need an explanation**
Northern Ireland (Q42)	41%	9%	21%	29%
England (Q61)	40%	19%	41%	

Cleanliness

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

	Very clean	Fairly clean	Not very clean	Not at all clean
Northern Ireland (Q42)	73%	25%	2%	1%
England (Q17)	71%	26%	2%	0%

More information on the Northern Ireland Inpatient Patient Experience survey is available at: https://www.dhsspsni.gov.uk/publications/inpatient-patient-experience-survey-2014

Appendix C: Main uses of the survey data

This appendix lists known users of data from the inpatient survey and how they use the data. We have been reviewing the use of all survey data to identify who uses it. We would like to hear from anyone interested in or already using the data to contact us with feedback or recommendations at patient.survey@cqc.org.uk.

NHS trusts and commissioners

Trusts, and those who commission services, use the results to identify and make the improvements they need to improve the experience of people who use their services.

Patients, their supporters and representative groups

CQC publishes the survey data online for each participating NHS trust, which appears on the trust's profile page on our website. You can find this by searching for the name of the trust. The data is presented in an accessible format to enable the public to examine how services are performing, alongside their inspection results. The search tool is available on the CQC home page: www.cqc.org.uk.

Care Quality Commission (CQC)

CQC will use the results from the survey in the regulation, monitoring and inspection of NHS acute trusts in England. Survey data will be used in CQC's Insight system, which provides inspectors with an assessment of risk in areas of care within an NHS trust that need to be followed up. The survey data will also be included in the data packs produced for inspections. Results will also form a key source of evidence to support the judgements and ratings published for trusts.

NHS England

NHS England use questions from the NHS Patient Survey Programme (specifically the inpatient, outpatient, community mental health and A&E surveys) to produce a separate index measure called the Overall Patient Experience Score. The score forms part of a regular statistical series that is updated alongside the publication of each respective survey. More information is available at http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/.

The scores are calculated in the same way each year, so that the experience of people who use NHS services can be compared over time. As part of the supporting documentation, NHS England also produce and publish a diagnostic tool to help NHS managers and the public to understand what feeds in to the overall scores and to see how scores vary across individual NHS provider organisations. The tool is available at http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/sup-info/.

Department of Health

The Government's strategy sets out a commitment to measure progress on improving people's experiences through Domain 4 of the NHS Outcomes Framework 'ensuring people have a positive experience of care', which includes results from the maternity survey, among other data sources.

The framework sets out the outcomes and corresponding indicators that the Department of Health uses to hold NHS England to account for improvements in health outcomes, as part of the Government's Mandate to NHS England. The Outcomes Framework survey indicators are based on the standardised, scored trust level data from the survey (similar to that included in the CQC benchmark reports), rather than the England level percentage of respondents data that is contained within this report. For more information see:
https://www.gov.uk/government/publications/nhs-outcomes-framework-2015-to-2016

NHS Improvement

On 1 April 2016, the NHS Trust Development Authority became part of NHS Improvement. NHS Improvement oversees NHS trusts and independent providers that provide NHS-funded care. It supports providers to give patients consistently safe, high-quality, compassionate care within local health systems. NHS Improvement will use the results of the adult inpatient survey to inform quality and governance activities as part of its Oversight Model for NHS Trusts.

For more Information about the NHS Trust Development Authority and NHS Improvement see https://improvement.nhs.uk/ and http://www.ntda.nhs.uk/.

Appendix D: Quality and methodology

Quality and methodology document

All detail on data limitations can be found in the Quality and methodology document, available at http://www.cqc.org.uk/content/inpatientsurvey.

Revisions and corrections

CQC publishes a Revisions and Corrections Policy relating to these statistics. The National Patient Experience programme data is not subject to any scheduled revision as they capture the views of patients about their experiences of care at a specific point in time. All new survey results are therefore published on CQC's website and NHS Surveys, as appropriate, and previously published results for the same survey are not revised.

This policy sets out how CQC will respond if an error is identified within this and it becomes necessary to correct published data and/or reports.

Appendix E: Further information and feedback

Further information

The 'technical document' describes the methodology for analysing the trust level results and a 'quality and methodology' document provides information about the survey development and methodology: www.cqc.org.uk/content/inpatientsurvey.

Full details of the methodology for the survey, including questionnaires, letters sent to people who use services, instructions on how to carry out the survey and the survey development report, are available at http://www.nhssurveys.org/surveys.

More information on the patient survey programme, including results from other surveys and a programme of current and forthcoming surveys can be found at http://www.cqc.org.uk/content/surveys

Further questions

This summary has been produced by CQC's Survey Team and reflects the findings of the inpatient survey 2015. The guidance above should help answer any questions about the programme. If you wish to contact the Team directly, please contact Paul Williamson, User Voice Development Manager, Patient.Survey@cqc.org.uk.

Feedback

We welcome all feedback on the findings of the survey and the way we have reported the results – particularly from people using services, their representatives, and those providing services. If you have any views, comments or suggestions on how we could improve this publication, please contact Paul Williamson, User Voice Development Manager, Patient.Survey@cqc.org.uk.

We will review your feedback and use it as appropriate to improve the statistics that we publish across the NHS Patient Survey Programme.

If you would like to be involved in consultations or receive updates on the NHS Patient Survey Programme, please subscribe here.

National Statistics status

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is a producer's responsibility to maintain compliance with the standards expected of National Statistics, and to improve its statistics on a continuous basis. If a producer becomes concerned about whether its statistics are still meeting the appropriate standards, it should discuss its concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

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