

Cover Sheet

Trust Board Meeting in Public: Wednesday 17 January 2024

TB2024.06

Title: 2022 Adult Inpatient Survey Results

Status: For Information

History: Annual Reporting

Board Lead: Chief Nursing Officer

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Confidential: No

Key Purpose: Assurance, Performance.

Executive Summary

1. The results for the Adult Inpatient Survey 2022 were published by the Care Quality Commission (CQC) on 12th September 2023. The CQC published the results, with Trust benchmarking and comparison data included for each section and question.
2. 547 patients (45%) answered the survey, an increase from the 2021 response rate and 5% above the average response rate for all Trusts.
3. The report from the CQC summarised the results and set out five areas of excellent patient experience in the Trust, and five areas where patient experience could improve.
4. The five areas of excellent patient experience in the Trust were:
 - Food outside set mealtimes: patients being able to get hospital food outside of set mealtimes, if needed.
 - Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital.
 - Waiting to get a bed: patients feeling that they've waited the right amount of time to get a bed on a ward after they've arrived at the hospital.
 - Home and family situation: staff considering the patients family situation and carers when planning for them to leave hospital, if needed.
 - Information on discharge: patients being given information about what they should or should not do after leaving the hospital.
5. The five areas where the Trust could improve were identified as:
 - Noise from staff: patients not being bothered by noise at night from staff.
 - Quality of food: patients describing the food as good.
 - Helping with eating: patients being given enough help from staff to eat meals, if needed.
 - Waiting to be admitted: patients feeling that they waited the right amount of time on the waiting list before being admitted to the hospital.
 - Feedback on care: patients being asked to give their views on the quality of their care.

6. Recommendation

Trust Board is asked to note the contents of the report.

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2022 Adult Inpatient Survey Results

1. Purpose

1.1. The purpose of the paper is to:

- Provide background details of the 2022 Adult Inpatient Survey (IP22).
- Explain the results from the IP22.
- Provide details of dissemination, meetings with the divisions and expectations set for divisions to develop action plans and work to make improvements.

2. Background

- 2.1. The sample for the 2022 Adult Inpatient Survey (IP22) survey included patients over the aged of 16 who spent at least one night in an acute hospital during January 2022. The study sample excluded patients who were admitted to maternity or psychiatric units.
- 2.2. Respondents were asked 85 questions in total, 74 questions about their stay and their care, followed by 10 additional demographic questions and 1 free text 'other comments' question.
- 2.3. Questions about care cover several themes including admission and discharge, care whilst in hospital, communication, medication, and privacy and dignity.
- 2.4. The preliminary IP22 survey results were presented to the Trust's Clinical Governance Committee (CGC) on 19th July 2023 and CQC published the IP22 survey benchmark results on 12th September 2023¹.

3. Survey

- 3.1. This year's survey was conducted using a push-to-web methodology (offering both online and paper completion). Participants were contacted via letter following their stay encouraging them to go online to complete a web questionnaire.
- 3.2. The CQC analysis has been conducted using a technique called 'expected range'. This involves determining the Trust's score within an average range of all Trust's taking part in this survey. If the Trust's score is outside of this average range this signifies that the Trust is scoring significantly above or below the expected average. If the score is within range, it is reported as being 'about the same'.

¹ [Adult inpatient survey 2022 - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-reports/adult-inpatient-survey-2022)

4. Results

4.1. Figure 1 below is an extract from the CQC report and shows the number of respondents, their ethnicity, religion, long term conditions, gender, and age.

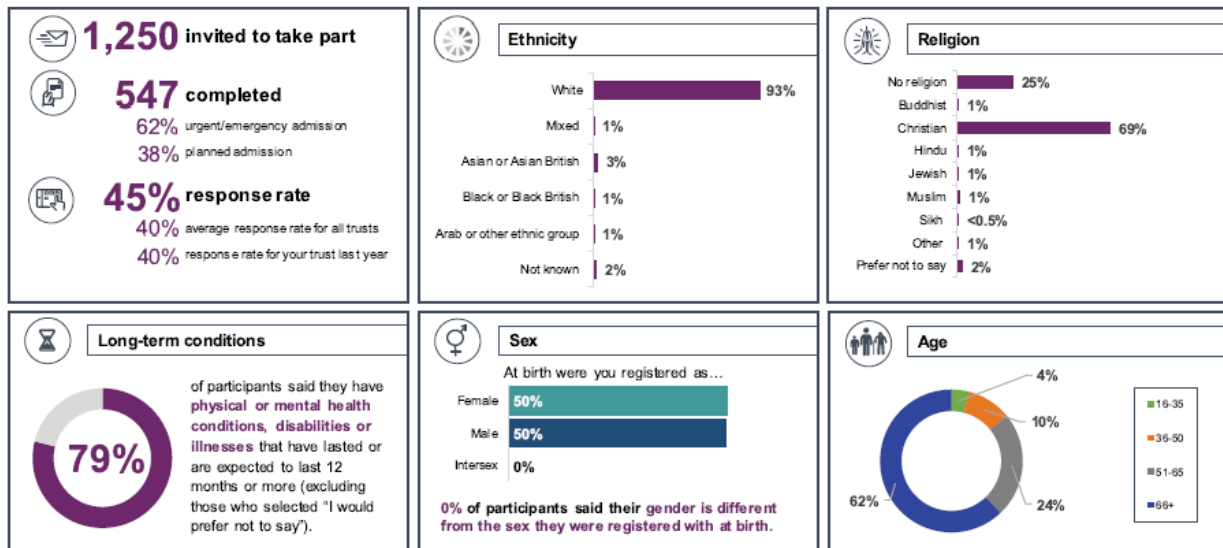


Fig. 1: Inpatient 2022 survey participants demographic and long-term health details.

4.2. In total, 1250 people were invited to take part with 547 (45%)² responding. Of this total, 339 had an urgent or emergency admission and 208 had a planned admission.

4.3. The Demographic information collected showed that the majority of respondents were white, Christian, and over 66 years of age, with 432 respondents confirming they had a long-term condition. Black and minority ethnic groups, different religions and younger people were underrepresented. This was mirrored across BOB and the Shelford Group with the exception of Kings College Imperial and Guys and St Thomas’ NHS Foundation Trusts.

4.4. Nationally, CQC’s analysis of the 2022 results identified an overall decline since 2020 and with consistent results since 2021. Nationally there were very positive results in relation to clinical staff answering questions, instilling trust and confidence in their patients, treating their patients with dignity and respect, supporting to wash, offering food to meet dietary or cultural requirements, having enough to drink, and being included in conversations about their care. Across the country, the key areas for improvement included.

- patients waiting for a planned procedure reporting they would have liked to have been admitted sooner, 41% patients said their health had deteriorated (51% reported their health remained the same), 18% of

² The national average response rate across the UK was 40%.

patients felt they had to wait 'far too long' to get to a bed on a ward after admission and 52% of patients reported there were enough nurses to care for them.

- Fewer patients felt involved in plans for their discharge or felt were given enough notice when they were going to leave hospital, 50% patients described little or no involvement in their discharge and although reminded unchanged since 2021, 45% of respondents 'definitely' knew what would happen next with their care after leaving hospital, remaining consistent with 2021.
- 50% of respondents rated their overall experience of inpatient care as a 9 or 10 (where 10 is a very good experience) compared with 52% in 2021.

4.5. There are 10 sections in the survey. Table 1, below, shows the Trust's results compared against the national ranking, Buckinghamshire, Oxfordshire, and West Berkshire Integrated Care System (BOB ICS), the Southeast region, and the additional nine Trusts in the Shelford Group³. The key to the national ranking is explained at the bottom of Table 1.

IP22 Section	Trust score	Ranking across BOB ICS	Ranking across the Southeast	Ranking across Shelford.
Admission to Hospital	7.3	Joint 1 st	5 th	Joint 2 nd
The Hospital and Ward	8.0	1 st	1 st	2 nd
Doctors	9.1	1 st	2 nd	2 nd
Nurses	8.6	1 st	2 nd	Joint 2 nd
Your care and Treatment	8.6	1 st	2 nd	1 st
Operations and Procedures	8.7	1 st	2 nd	Joint 1 st
Leaving Hospital	7.5	1 st	2 nd	Joint 1 st
Feedback on the quality of your care	1.3	1 st	6 th	Joint 6 th
Respect and Dignity	9.4	1 st	2 nd	Joint 2 nd
Overall experience	8.5	1 st	2 nd	2 nd
Key	Better than expected	Somewhat better than expected	About the same	

Table 1: Section Results

³ [Shelford Group Home - Shelford Group](#)

4.6. The benchmarked results are results show that the Trust results were better than other trusts for 16 questions, about the same as other trusts for 29 questions. The Trust did not rank in the ‘worse than other trusts’ for any questions. Please find the list in Appendix 1 and this is represented in Chart 2 below.



Chart 2: Comparison with other Trusts and Comparison with the previous year's results.

4.7. The Trust performed better in questions in the sections relating to the treatment and care pathway, including admission, the way the hospital and ward functioned, treatment and care from Doctors and Nurses, organisation/ support for operations and procedures, leaving hospital and respect and dignity. The Trust performed the same as other Trusts in relation to shared decision making about treatment and going home, noise at night, talking about concerns and privacy.

4.8. There was no statistical decrease or change in 40 questions. The three questions showing statistical increase in performance are shown in Table 2 below. As shown in the Table, two questions were also ranked better than other Trusts. The responses to these three questions show the flexibility and person-centred care offered to patients.

Section	No.	Question
The Hospital and Ward	Q10	If you brought medication with you to hospital, were you able to take it when you needed to?
Hospital and Ward	Q14.	Were you able to get hospital food outside mealtimes?
Your care and treatment	Q28.	Do you think the hospital staff did everything they could to help control your pain?

Table 2: Statistically significant increase in performance.

4.9. CQC’s analysis includes the best and worst performance relative to the national trust average and this is summarised in Chart 3 below and taken from page 10 of the NHS Adult Inpatient Survey 2022 Benchmark report. The summary shows the comparison of the Trust’s results with the average Trust score across England. The top five scores are the five results which have exceeded the national average, and CQC identified the areas for improvement in patient experience from the scores that were the same as or below the national average. The CQC recommendations are represented in Chart 4 and taken from page 79 of the report. Table 3 below presents the difference between the Trust score and national average and to enable specific benchmarking, the scores and ranking against BOB ICS and the Shelford Group are also presented.

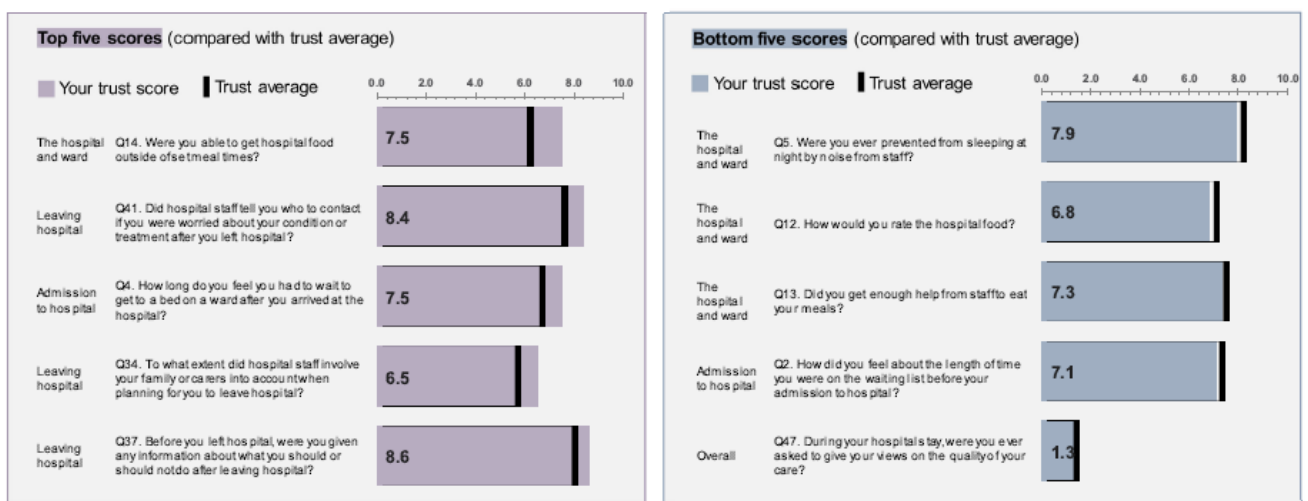


Chart 3: Best and worst performance relative to trust average



NHS Adult Inpatient Survey 2022

Results for Oxford University Hospitals NHS Foundation Trust



Where patient experience is best

- ✓ Food outside set meal times: patients being able to get hospital food outside of set meal times, if needed
- ✓ Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital
- ✓ Waiting to get to a bed: patients feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital
- ✓ Home and family situation: staff considering the patients family situation and carers when planning for them to leave hospital, if needed
- ✓ Information on discharge: patients being given information about what they should or should not do after leaving hospital

Where patient experience could improve

- Noise from staff: patients not being bothered by noise at night from staff
- Quality of food: patients describing the hospital food as good
- Help with eating: patients being given enough help from staff to eat meals, if needed
- Waiting to be admitted: patients feeling that they waited the right amount of time on the waiting list before being admitted to hospital
- Feedback on care: patients being asked to give their views on the quality of their care

Chart 4: Where Patient Experience is best and Where experience could improve.

Section	Question	Trust score	National Average	BOB ICS Average and OUH Ranking	Shelford Group Average and OUH Ranking
Hospital and Ward	Q5. Were you ever prevented from sleeping at night by noise from staff?	7.9	8.1	7.8 Joint 1st	8.2 Joint 6th
Hospital and Ward	Q12. How would you rate the hospital food?	6.8	7.0	6.7 2nd	6.8 Joint 5th
Hospital and Ward	Q13. Did you get enough help from staff to eat your meals?	7.3	7.4	7.4 2nd	7.5 5th
Admission to Hospital	Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?	7.1	7.2	7.6 3rd	7.3 Joint 5th
Feedback on Care	Q47. During your hospital stay, were you ever asked to give your views on the quality of your care?	1.3	1.3	1 1st	1.5 6th

Table 3: Areas for improvement in Patient Experience

4.10. The Trust wide actions focus on the five areas which CQC have identified for improvement in patient experience. This is described in Appendix 2.

5. Next Steps

5.1. The next steps are presented in Appendix 4 and relate to

- Developing the template/ report structure for the Divisions to use when updating progress on IP22 reported via Trust wide committees during 2024.
- Developing a 'You Said We did' approach on the Trust website and staff bulletin to publicise the progress on the IP22 made throughout the year.
- increasing the diversity of respondents in future surveys to reflect more inclusive feedback. The Patient Experience Team have contacted the three Shelford Group Trusts to learn how they increased the diversity of respondents and will work with the Trust's survey provider to actively engage with patients who have been underrepresented to encourage them to participate.

6. Recommendation

6.1. Trust Board is asked to note the contents of the report.

Appendix 1:

	Section	No.	Question
Better than expected	Hospital and Ward	Q11.	Were you offered any food that met any dietary requirements you Had?
	Hospital and Ward	Q14.	Were you able to get hospital food outside mealtimes?
	Nurses	Q22.	In your opinion, were there enough nurses on duty to care for you in hospital?
	Your care and treatment	Q25.	How much information about your condition or treatment was given to you?
	Leaving Hospital	Q37.	Before you left hospital, were you given any information about what you should or should not do after leaving hospital?
	Leaving Hospital	Q34.	To what extent did hospital staff involve your family or carers into account when planning for you to leave hospital?
	Leaving Hospital	Q41.	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
Somewhat better than expected	Admission to Hospital	Q4.	How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?
	Doctors	Q16.	When you asked doctors questions, did you get the answers you could understand?
	Doctors	Q17.	Did you have confidence in the Doctors treating you?
	Your care and treatment	Q28.	Do you think the hospital staff did everything they could to help control your pain?
	Your care and treatment	Q29.	Were you able to get a member of staff to help you when you needed attention?
	Operations and procedures	Q32.	After the operations or procedures, how well did hospitals staff explain how the operation or procedure had gone?
	Leaving Hospital	Q36.	Were you given enough notice about when you were going to leave hospital?
	Leaving Hospital	Q39.	Thinking about any medicine you were to take at home, were you given any of the following?
	Respect and Dignity	Q45.	Overall, did you feel you were treated with respect and dignity while you were in hospital?
About the Same	Admission to Hospital	Q2	How did you feel about the length of time you were on the waiting list before your admission to hospital?
	The Hospital and Ward	Q5	Where you ever prevented from sleeping at night by noise from other patients?
	The Hospital and Ward	Q5	Where you ever prevented from sleeping at night by noise by staff?
	The Hospital and Ward	Q5	Where you ever prevented from sleeping at night by hospital lighting?

	Section	No.	Question
	The Hospital and Ward	Q7	Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?
	The Hospital and Ward	Q8	How clean was the hospital room or ward that you were in?
	The Hospital and Ward	Q9	Did you get help from hospital staff to wash or keep yourself clean?
	The Hospital and Ward	Q10	If you brought medication with you to hospital, were you able to take it when you needed to?
	The Hospital and Ward	Q12	How would you rate hospital food?
	The Hospital and Ward	Q13	Did you get enough help from staff to eat your meals?
	The Hospital and Ward	Q15	During your stay in hospital did you get enough to drink?
	Doctors	Q18	When Doctors spoke about your care in front of you, were you included in the conversation?
	Nurses	Q19	When you asked nurses questions, did you get answers you could understand?
	Nurses	Q20	Did you have confidence and trust in the nurses treating you?
	Nurses	Q21	When Nurses spoke about your care in front of you, were you included in the conversation?
	Your Care and Treatment	Q23	Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?
	Your Care and Treatment	Q24	To what extent did staff looking after you involve you in decisions about your care and treatment?
	Your Care and Treatment	Q26	Did you feel able to talk to members of hospital staff about your worries and fears?
	Your Care and Treatment	Q27	Were you given enough privacy when being examined or treated?
	Operations and Procedures	Q31	Beforehand, how well did Hospital Staff answer questions about the operations or procedures?
	Leaving hospital	Q33	To what extent did staff include you in decisions about you leaving hospital?
	Leaving hospital	Q35	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving hospital?
	Leaving hospital	Q38	To what extent did you understand the information you were given about what you should do or not do after leaving hospital?

	Section	No.	Question
	Leaving hospital	Q40	Before you left hospital, did you know what would happen next with your care?
	Leaving hospital	Q42	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?
	Leaving hospital	Q44	After leaving hospital, did you get enough support from health or social services to help you recover or manage your condition?
	Feedback on care	Q47	During your hospital stay, were you ever asked to give your views on the quality of your care?
	Overall Experience	Q46	Overall, how was your experience while you were in hospital?

Appendix 2: Trust wide Activity

Section	Question	Trust wide Activity	Governance Reporting and monitoring	Lead	Timescale
Hospital and Ward	Q5. Were you ever prevented from sleeping at night by noise from staff?	<ol style="list-style-type: none"> 1. The Senior Nursing Team (CNO, DCNO, DDN) have conducted nighttime and out of hours audits. 2. These audit visits are supportive in nature and have given the opportunity to meet with the senior team, to review the clinical and patient centred practices overnight including dignity and respect, ward environment facilitating sleep (noise from patients, staff, equipment, lighting). 3. Learning and impact: <ul style="list-style-type: none"> • Night ward staff valued the opportunity to meet with the senior nursing team. • Empowered ward managers and matrons to conduct their own nighttime audits, enabling acknowledgement of excellent practice and challenge when staff are non-compliant. • The Chief Nursing Officer (CNO) is planning to reinstate the Nighttime promises. Please see Appendix 2. 	Nursing, Midwifery and Allied Health Professional Board (NMAHP).	Chief Nursing Officer and Deputy Chief Nursing Officer.	<p>15th Nov 2023 - JR Hospital.</p> <p>19th Dec - Churchill and NOC.</p> <p>January 2024 - specific date to be determined. Horton General Hospital.</p> <p>Monthly audits thereafter.</p>
Hospital and Ward	Q12. How would you rate the hospital food?	<ol style="list-style-type: none"> 1. The provision of nutrition and hydration for both children and adult patients across the Trust is overseen by the multidisciplinary Trust wide Clinical Nutrition and Hydration Strategy Group, established set up as part of Trust's activity to 	Harm Free Assurance Group with Trust wide representation from all divisions,	<p>Executive Lead - Chief Nursing Officer.</p> <p>Operational Lead – Clinical Head for Hospitality.</p>	<p>Quarterly – 28th February, 22nd May, 28th August, 27th November.</p>

Section	Question	Trust wide Activity	Governance Reporting and monitoring	Lead	Timescale
	Q13. Did you get enough help from staff to eat your meals?	<p>meet the National Standards for HealthCare food and Drink, published in 2023⁴.</p> <p>2. The group oversees the implementation of specific reasonable adjustments relating to</p> <ul style="list-style-type: none"> • Sampling specific cutlery for patient with cognitive decline/dementia. • Staff support at mealtimes. • Trialling the implementation of grazing boxes for patients who are more likely to eat 'little and often' grazing-style/finger food⁵. <p>3. Trust Volunteers and patients go out for tea and cake to the League of Friends Cafe, which has received positive feedback from patients and their families.</p> <p>4. Medicine Rehabilitation and Cardiac (MRC) have reviewed safe care ratios across the division to optimise releasing time to care including mealtimes.</p>	dietitians, speech and language therapists and the Trust food providers.		<p>29th February 2024.</p> <p>Current and Ongoing.</p> <p>Complete.</p>
Admission to Hospital	Q2. How did you feel about the length of time you were on the waiting	<p>1. The Trust undertook a patient engagement exercise during Quarter 3 2023/24 using digital communication; both text and robotic voice knowledge-based systems and via letters, apologising for the delay and providing some assurance that the Trust is doing everything possible to treat them as soon as possible.</p> <p>2. This included the offer for patients to confirm whether they would express interest in being seen by an alternative</p>	Outpatient Steering Group and Elective Care Recovery Group	Deputy Director of Elective Care	Commenced October 2023 and ongoing

⁴ [NHS England » National standards for healthcare food and drink](#)

⁵ [Enriched food and snacks can increase nutritional intake in older people in hospital \(nih.ac.uk\)](#)

Section	Question	Trust wide Activity	Governance Reporting and monitoring	Lead	Timescale
	list before your admission to hospital?	<p>provider, as per national directive around patient choice as well as allowing patients to confirm whether they wish to be removed from the waiting list if they have been treated elsewhere since or symptoms have improved.</p> <p>3. These results are sent to clinicians for review and consent prior to discharge, reducing the waiting list backlog overall.</p> <p>4. For patients outside of scope, they are to receive a separate reassurance letter similar to that mentioned above.</p>			
Overall	Q47. During your hospital stay, were you ever asked to give your views on the quality of your care?	<p>1. A key objective and central theme of the Trust's PALS and Complaints review is to strengthen the opportunity for and empower patients and relatives to discuss their care including resolving any worries or concerns with clinical and ward staff whilst an inpatient. The paper outlining the review and project plan was presented to the Trust Delivery Committee on 30th November 2023 and will be implemented during the forthcoming 12 months.</p> <p>2. The Friends and Family test (FFT) process is currently undergoing a review to ensure all clinical location codes are correctly mapped to the FFT reporting system. On completion of this, it is envisaged that the Trust will be able to increase feedback numbers due to offering increased options for SMS texts and online surveys linked to additional languages for patients to provide feedback about their care.</p>	<p>Trust Delivery Committee.</p> <p>Divisional and Corporate Performance Review.</p> <p>NMAHP.</p> <p>Patient Safety and Effectiveness Committee.</p>	<p>Head of Patient Experience.</p> <p>PALS and Complaints Manager.</p> <p>Divisional Directors and Divisional Directors of Nursing.</p> <p>Head of Patient Experience.</p> <p>Patient Experience and engagement Lead.</p>	<p>31st January 2024.</p> <p>31st March 2024.</p>

THE NIGHTTIME PROMISES

10 PROMISES TO HELP OUR PATIENTS TO REST AND SLEEP AT NIGHT

1. Are as comfortable as possible,
2. Have everything you need, such as an extra blanket,
3. Don't disturb others and those other patients won't disturb you – e.g., switching off your TV or to use headphones.

AND WE PROMISE TO ENSURE THAT WE:

1. Keep our voices and any other noise to a minimum,
2. Turn off or soften any bright lights,
3. Use pen torches when checks during the night,
4. Turn the volume down on telephones or equipment,
5. Promptly respond to, and switch off, any buzzers or alarms,
6. Avoid overnight bed moves by planning ahead.
7. Only disturb you if absolutely necessary.

If you feel that these promises have not been met, please ask to speak to the ward manager.

SIGNED BY:

ROLE:

WARD NAME:

DATE:

1

Appendix 4. Next Steps

Next Step	Trust wide Activity	Lead	Timescale
Individual Divisional action plans update reports via Trust wide committees during 2024.	1. Develop report structure/ template for the Divisions to use.	Patient Experience Team	1. 31 st January 2024 and then Quarterly Divisional updates.
Developing a 'You Said We did' approach on social media and the Trust website to publicise the progress on the IP22 made throughout the year.	1. Work with the Trust's Media and Communication Team to develop a 'You said We did' approach for Social Media and the Trust Website throughout the year.	Patient Experience Team	1. 31 st January 2024 and then Quarterly updates on social media and the Trust website.
Increase the diversity of respondents in future surveys to reflect more inclusive feedback.	<ol style="list-style-type: none"> 1. Contact the three Trusts to learn how they increased the diversity of respondents for the national CQC surveys. 2. Work with the Trust's survey provider to actively engage with patients who have been underrepresented to empower them to participate. 3. Work with the Trust's Media and Communication Team to advertise the survey via Social Media. 	Patient Experience Team	<ol style="list-style-type: none"> 1. Already contacted. 2. 31st January 2024. 3. 31st January 2024.