Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 12 November 2025

TB2025.92

Title:	**2024 CQC Adult Inpatient Survey Results**

Status:	**For Information**
History:	**Annual Reporting**

Board Lead:	**Chief Nursing Officer**
Author:	**Marilyn Rackstraw, Patient Experience & Engagement**
Confidential:	**Yes**
Key Purpose:	Assurance, Performance.

Executive Summary – Inpatient Survey

1. The Care Quality Commission (CQC) published the 2024 Adult Inpatient Survey results in September 2025, and the key findings for the Trust are positive.
2. The Trusts scores were “about the same” as most trusts on 40 questions, “somewhat better than expected” on 1 question, and “better than expected” on 4 questions, with no questions in which the Trust performed worse than expected compared to other Trusts. This provides strong assurance that OUH’s inpatient experience is consistently meeting or exceeding national standards across all surveyed areas.
3. Notably, four questions were rated significantly above expectations, reflecting strengths in communication, family involvement, discharge preparedness, and patient dignity. One question was slightly above expectations (on catering flexibility), and none fell below expected range, underscoring that the Trust had no significant underperformance in any surveyed aspect.
4. The high-performing areas indicate that patients felt well-informed and cared for. For example, staff explained night-time ward moves clearly, involved families in discharge planning, provided thorough discharge information, and treated patients with respect and dignity (all rated “better than expected”). These strengths align with national improvements noted by CQC in patient respect, dignity, and involvement, reinforcing that the Trusts focus on compassionate, person-centred care is delivering results.
5. There were no areas where OUH performed significantly worse than other Trusts, giving confidence that there is no critical patient experience deficits relative to peers.
6. Opportunities for improvement identified in the survey relate to a few specific themes. Feedback suggests the quality of information for patients on waiting lists and noise at night caused by staff were below the national average (though still within expected range). Discharge information and processes were also highlighted as areas to improve (despite overall discharge communication being a strength, some aspects like follow-up support can be enhanced).
7. The Trust has acknowledged these issues and is already taking action to address them. By reinforcing our “Quiet at Night” protocols and improving communication with patients awaiting admission or surgery, we aim to improve these aspects of care.
8. Overall, the survey results offer assurance of the Trusts performance while also demonstrating the Trust’s commitment to act on patient feedback. The attached results will be tabled at the Patient and Carer Experience Forum, where targeted improvement actions will be identified, ensuring that the Trust responds proactively to the feedback received.

Recommendations

9. The Trust Board is asked to:

    - Note the results of the 2024 CQC Adult Inpatient Survey (IP24), which provide assurance of the Trust's inpatient care quality and patient experience performance, along with the actions being taken to sustain strengths and address the area of improvement.

2024 CQC Adult Inpatient Survey Results

1. Purpose

1.1. The purpose of the paper is to:

- Provide details of the 2024 CQC Adult Inpatient Survey (IP24) – including background, methodology, and the Trust's performance results.
- Summarise the findings and next steps – highlighting actions and recommendations to sustain strengths and address improvement areas.

2. Background

2.1. The Adult Inpatient Survey is part of the NHS Patient Survey Programme (NPSP) commissioned by the CQC. Feedback was collected from patients discharged in November 2024 who met the eligibility criteria.

2.2. Patients were eligible if they were age 16 or over and had spent at least one night in hospital. Respondents answered questions about various aspects of their hospital stay and care, followed by demographic questions and an open-ended comments section.

2.3. The survey questions spanned themes including admission and discharge, care on the ward, communication, medication management, and privacy and dignity. These themes align with key domains of patient experience monitored by the Trust and regulators. Collecting this feedback is crucial for the Trust's governance, as it helps identify what is working well and what needs improvement from the patient's perspective.

3. Survey Methodology

3.1. The 2024 National Inpatient Survey was conducted using a "mixed mode" approach, combining online questionnaires, SMS text reminders, and paper surveys. This approach aimed to maximise response rates and inclusivity by catering to different patient preferences.

3.2. For national benchmarking, the latest available dataset (the 2023 national inpatient survey results) was used as a comparison point. The CQC uses an "expected range" statistical methodology to evaluate each trust's scores. This means that for each question, a trust's score is compared to a range of typical scores for similar trusts; the result is labelled as "better than expected" or "worse than expected" if it falls outside that range (higher or lower, respectively), or "about the same" if within the range.

3.3. To ensure fair comparison, results are case mix adjusted: patient responses are weighted to account for demographic differences (since factors like age,

health status, etc., can influence how patients rate their experience). The survey report also provides breakdowns of the Trusts scores by hospital site and highlights any statistically significant changes over time. In summary, the methodology ensures that the Trusts' performance is evaluated rigorously against national norms, giving confidence in the validity of the comparisons and findings.

4. Results

4.1. Response Rate: A total of 1,250 patients were invited to participate, with 491 completing the survey, yielding a 41% response rate, which is in line with the national average.

4.2. Demographics: Respondents were predominantly white (88%), 63% were of Christian faith, 31% had no religion, 80% stated they had a long-term health condition, 45% were female, 55% were male, and 64% were aged 66 years and older.

4.3. The Trusts results were 'about the same' for 40 questions, were 'somewhat better than expected' for 1 question, and 'better than expected' for 4 questions. There were no questions where OUH were worse than expected when compared to other trusts. The four questions that scored 'better than expected' were:

- Q10. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?
- Q36. To what extent did hospital staff involve your family or carers in discussions about you leaving the hospital?
- Q39. Before you left the hospital, were you given any information about what you should or should not do after leaving the hospital?
- Q47. Overall, did you feel you were treated with respect and dignity while you were in the hospital?
- The one question that scored 'somewhat better than expected':
- Q15. Were you able to get hospital food outside of set mealtimes?

4.4. Figure 1 provides an overview of the best and worst performance for the Trust relative to the national average.

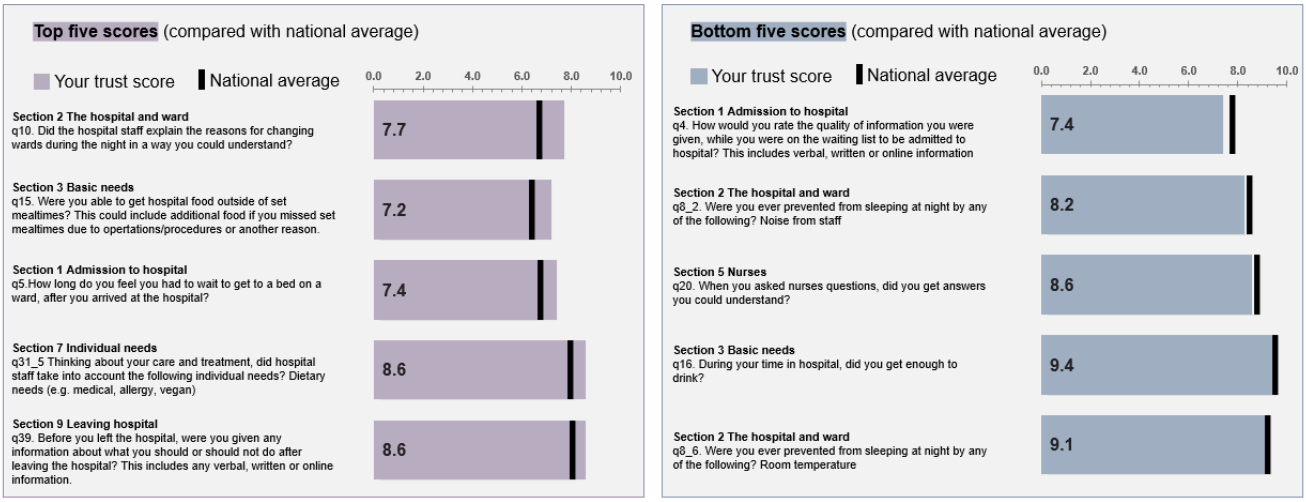

Figure 1: Best and worst performance relative to the national average

4.5. Figure 2 provides a further breakdown highlighting where patient experience is best, and where patient experience could improve.

4.6. Of the questions highlighting areas for improvement, the questions relating to getting enough to drink and being prevented from sleeping due to temperature were consistent with the national average. The questions relating to information given while on the waiting list and noise at night from staff were both below the national average.

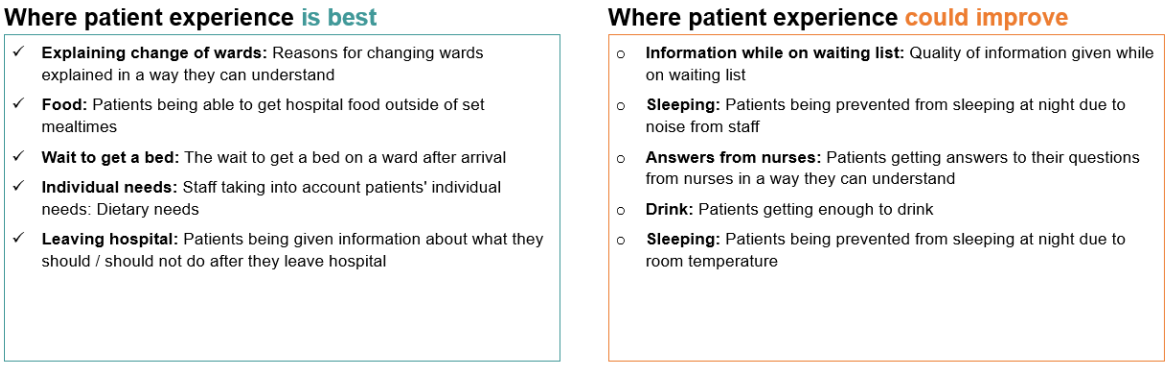

Figure 2: Best and worst patient experience themes

4.7. A separate report providing analysis of written comments is also provided. Each comment is read and coded using a consistent schema covering 4 key topic areas:

- Pathway of Care (161 comments)
- Care and Treatment (277 comments)
- Staff (299 comments)
- Facilities (148 comments)

4.8. Figure 3 highlights themes identified from written comments that provide further opportunity for improvement.

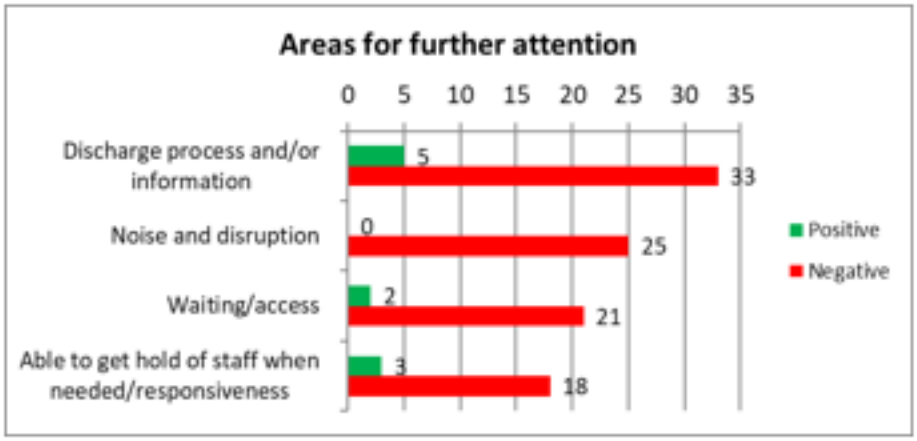

Figure 3: Themes from written comments

5. Next Steps

5.1. All survey findings will be taken forward through the Trust's patient experience governance structures. The 2024 inpatient survey results will be tabled for discussion at the next Patient and Carer Experience Forum, ensuring that senior leadership and patient representatives review the outcomes in detail.

5.2. The Patient and Carer Experience Forum will identify specific improvement actions for the areas that need strengthening. Actions will be tracked through quarterly reporting to the Patient and Carer Experience Forum, which means progress updates will be reviewed regularly and any obstacles to completion will be escalated.

5.3. In addition, divisional nursing and operational leads will be tasked with developing and implementing local action plans for their services, particularly focusing on the weaker areas identified (e.g. ward managers will lead the noise-reduction initiatives on their wards). This approach embeds the survey feedback into our continuous improvement cycle.

6. Recommendations

6.1. The Trust Board is asked to:

- Note the results of the 2024 CQC Adult Inpatient Survey (IP24), which provide assurance of the Trust's inpatient care quality and patient experience performance, along with the actions being taken to sustain strengths and address the area of improvement.