

## **National summary of the results for the 2011 Inpatients survey**

This national summary provides key findings from the ninth survey of adult inpatient services.<sup>1 2</sup> It details the key aspects of care and highlights statistically significant differences between 2010 (the last time the survey was carried out) and the 2011 survey results. A 'statistically significant' difference means that the change in the results is very unlikely to have occurred by chance. Where comparisons are not presented, this is because there has not been a statistically significant change. The text states where we are not able to present comparisons as questions have been changed or are new to the survey this year.

The results are primarily intended for use by NHS trusts to help them improve their performance. The CQC has included data in its Quality and Risk Profiles to assess compliance with the essential standards set by the government, and has published data for all NHS trusts on the CQC website. The Department of Health will also use the results in measuring performance against a range of indicators.

A set of tables showing the year on year results for each question is available on the CQC website, along with the results for each NHS trust:

**[www.cqc.org.uk/inpatientsurvey2011](http://www.cqc.org.uk/inpatientsurvey2011)**

### **Summary**

The 2011 survey results showed improvements in the areas of single sex accommodation and cleanliness:

- the majority of respondents (around nine in ten) said that they **did not** share a sleeping area, such as a room or bay, with patients of the opposite sex, either when they were first admitted, or following being moved to another ward (for those respondents that moved wards during their stay).
- The majority (over four fifths) also said that they **did not** ever use the same bathroom or shower areas as patients of the opposite sex.
- Respondents' ratings of the cleanliness of hospital rooms or wards, and toilets or bathrooms, also improved with an increased proportion rating them as 'very clean'.
- Of those who could recall this, or who were able to answer the question, there has been an increase in the proportion of respondents who say that doctors and nurses 'always' washed their hands between contact with patients.

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<sup>1</sup> Although 162 trusts took part on the survey, the results are based on 161. One trust was excluded from the survey due to a sampling error.

<sup>2</sup> The results from each trust are given equal weight in calculating the England (national) results. Some trusts have a higher response rate than others and would therefore have a greater influence over the England (national) average. To correct this we apply a 'weight' to the data. As a result of applying this weight, the responses from each trust have an equal influence over the England average, regardless of differences in response rates between trusts.

Improvement was also shown in the proportion of respondents receiving copies of letters sent between the hospital and their family doctor.

Some results were less positive:

- Almost two fifths of respondents said they were bothered by noise at night by other patients and around a fifth by hospital staff, though in both cases there has been a slight improvement since 2010.
- Almost one in six described the hospital food as 'poor', an increase since 2010.
- Of those needing help to eat their meals, around one in five did not receive this.
- Around half 'definitely' felt involved in decisions about their care and treatment, and in decisions about their discharge from hospital.
- Less than half 'definitely' found someone on the hospital staff to talk to about their worries and fears, this showed a slight decrease since 2010.

The survey asked about the involvement of family or someone else close to the patient:

- Less than half said that if their family or someone else close to them wanted to talk to a doctor they 'definitely' had opportunity to do this, a decrease since 2010.
- Less than half said that family or someone else close to them were 'definitely' given enough information to help care for them when they went home, though this had improved since 2010.

Survey results also cover the information provided to patients at discharge:

- Over a third were not given any information about what they should or should not do after leaving hospital
- Over two fifths were not given any information on the side effects of their medication, though this had shown improvement since 2010.
- Almost two fifths were not told about any danger signals they should watch for at home.
- Almost a quarter were not told who to contact about their condition or treatment after they left hospital.
- Although some improvement was shown since 2010, the majority of respondents were not asked to give their views on the quality of their care during their hospital stay. Over half did not see any posters or leaflets explaining how to complain about care received.

## **Results of the Survey**

### **Admission to Hospital**

The proportion of respondents saying that their recent hospital stay was 'emergency or urgent' (for example, they were admitted after attending the Accident and Emergency Department) rose from 57% in 2010 to 58% in 2011. There has been a corresponding decrease in the proportion of 'waiting list or planned in advance admissions' (following referral by a healthcare

professional) from 41% in 2010 to 39% in 2011.<sup>3</sup> The remaining 3% responded 'something else' (for example, they may have been transferred).

## **The Accident & Emergency Department (A&E)**

### **Information Provision**

Of those who were admitted as an emergency, or as an urgent case, the majority (87%) went through A&E. This figure has not changed since 2010.

The majority of those respondents (74%) said that they were given the 'right amount' of information about their condition or treatment in A&E, an increase from 73% in 2010. Ten percent said that they were not given any information.

### **Privacy**

Just over three quarters of respondents (76%) said that they were 'definitely' given enough privacy when being examined or treated in the A&E Department, an increase from 74% in 2010. Just over a fifth (22%) received enough privacy 'to some extent' (24% in 2010).

### **Waiting Times**

Respondents were asked how long they had to wait to get to a bed on a ward following arrival at the A&E Department. As can be seen from table one below, there has been no change from 2010, aside from the response for 'I did not have to wait' which had a small statistically significant increase of less than 1 percentage point.

Table 1: Length of wait before being admitted to a bed on a ward following arrival at hospital (*answered by all who went to the A&E Department upon arrival at hospital*)

	Survey Year		Significant change between 10 and 11
	2010	2011	
Less than 1 hour	20%	20%	
At least 1 hour but less than 2 hours	17%	17%	
At least 2 hours but less than 4 hours	26%	25%	
At least 4 hours but less than 8 hours	23%	23%	
8 hours or longer	7%	7%	
I did not have to wait	7%	7%	↑
Number of respondents	31152	34165	

↓ indicates a statistically significant decrease

↑ indicates a statistically significant increase

No arrow means that any difference is not statistically significant

<sup>3</sup> It should be noted that respondents tend to report different experiences dependent upon their method of admission (emergency or elective). Those who had an emergency admission tend to report less positive experiences than those who had an elective admission. Whilst this is taken into account in the standardisation for in the trust level outputs, it has not been done so here.

## **Waiting List or Planned Admissions**

### **Referral**

Most respondents (70%) were referred to hospital by 'a doctor from their local general practice' (71% in 2010). Just over a quarter (26%) were referred by 'any other doctor or specialist' (25% in 2010) with 2% being referred by a 'practice nurse or nurse practitioner' (a small statistically significant increase of less than 1 percentage point since 2010).

### **Choice**

There has been a decrease in the proportion of respondents saying that they were offered a choice of hospital for their first appointment (29% in 2011 and 32% in 2010), however, there has been a corresponding increase in the proportion who say they 'did not mind' that they were not offered a choice from 58% in 2010 to 61% in 2011.

The majority (73%) said that they were not given a choice of admission dates, an increase from 72% in 2010.

### **Waiting Times**

As may be seen in table two below, the survey asked respondents how long they had to wait to be admitted to hospital, from the time they first talked to a health professional about being referred for a hospital admission. Over half waited either up to one month (30%) or one to two months (24%, down from 26% in 2010).

Table 2: Length of time between first talking to a health professional about being referred to hospital and admission to hospital (*answered by those who had a planned admission and were referred from an English Primary Care Trust*)

	Survey Year		Significant change between 10 and 11
	2010	2011	
Up to 1 month	30%	30%	
1 to 2 months	26%	24%	↓
3 to 4 months	23%	22%	↓
5 to 6 months	10%	10%	
More than 6 months	12%	14%	↑
Number of respondents	26995	27371	

Note: this table excludes responses patients who were not referred for a planned admission to hospital by a GP or health professional in England (i.e. their care was not bought or 'commissioned' in England but in Northern Ireland, Scotland or Wales). This is because waiting time policies differ outside of England.

↓ indicates a statistically significant decrease

↑ indicates a statistically significant increase

No arrow means that any difference is not statistically significant

Almost three quarters of respondents (73%) felt that they were admitted 'as soon as they thought was necessary', a decrease from 75% in 2010. A further 10% felt that they 'should have been admitted a lot sooner', up from 9% in 2010.

The majority of respondents (79%) said that their admission date was not changed by the hospital. Seventeen percent said that their admission date was changed once and 3% said it was changed two or three times

## **The Hospital and Ward**

### **Waiting to get to the Ward**

All respondents were asked if, from the time they arrived at the hospital, they felt they had to wait a long time to get to a bed on a ward. Over a tenth (12%) said that it 'definitely' felt like a long time, and 20% responded that it did 'to some extent'.

### **Single sex accommodation**

It is a goal of the Department of Health and the NHS to "eliminate mixed sex accommodation, except where it is in the overall best interest of the patient or reflects their personal choice."<sup>4</sup> This is a complex area to assess using patient experience surveys as patients' reporting of their experience can be influenced by:

- The purpose of the ward they stay in.
- Their journey around the hospital - many stay in more than one area.
- Their perceptions of what constitutes 'mixed-sex accommodation'.

To understand some of these effects, the survey results are presented separately for emergency and planned admissions, and they distinguish between sharing before and after moving to other wards. Sixty-four percent of respondents stayed in just one ward, another 28% said that they stayed in two wards, with the remaining 8% stating that they stayed in three or more wards.

We also exclude respondents who stayed in critical care areas as the majority of these areas are exempt from the mixed sex accommodation guidelines due to the necessity for clinical needs to be prioritised. In the 2011 survey, 22% said they stayed in a critical care area (such as Intensive Care, High Dependency Unit or Coronary Care Unit).

The 2011 survey results show improvements in questions about single sex accommodation.

### **Single sex accommodation: when first admitted**

As can be seen in table three below, the proportion of respondents who state that they **did not** share a sleeping area (such as a room or bay) with patients of the opposite sex when they were first admitted has increased. For emergency admission, this increased from 86% in 2010 to 91% in 2011. For

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<sup>4</sup> [http://www.dh.gov.uk/en/Healthcare/EMSA/DH\\_124251](http://www.dh.gov.uk/en/Healthcare/EMSA/DH_124251)

elective or planned admissions, this increased from 94% in 2010 to 95% in 2011.

Table 3: Sharing a sleeping area (for example a room or bay) with patients of the opposite sex when first admitted

Type of hospital admission		Survey Year		Significant change between 10 and 11
		2010	2011	
Emergency or urgent	Yes	14%	9%	↓
	No	86%	91%	↑
Planned or waiting list	Yes	6%	5%	↓
	No	94%	95%	↑

Note: this table excludes respondents who said that they stayed in a critical care area

↓ indicates a statistically significant decrease

↑ indicates a statistically significant increase

No arrow means that any difference is not statistically significant

All respondents who stated that they **did share** a sleeping area with patients of the opposite sex when they were first admitted were asked if they minded sharing. Of those who had a **planned admission**, 23% said that they **did** mind sharing, no change from the last survey. Of those who had an **emergency admission**, 29% said that they **did** mind sharing, a decrease from 35% in 2010.

#### Single sex accommodation: after moving wards

Respondents who stayed in more than one ward were also asked if they shared a sleeping area with patients of the opposite sex after they were moved. As may be seen in table four below, for those who had an emergency admission, the proportion who said that they **did not** share has increased from 93% in 2010 to 96% in 2011. For those who had a planned admission, 95% said that they **did not** share a sleeping area with patients of the opposite sex after they were moved, unchanged from 2010.

Table 4: Sharing a sleeping area (for example a room or bay) with patients of the opposite sex when moved to another ward

		Survey Year		Significant change between 10 and 11
		2010	2011	
Emergency or urgent	Yes	7%	4%	↓
	No	93%	96%	↑
Planned or waiting list	Yes	5%	5%	
	No	95%	95%	

Note: this table excludes respondents who said that they stayed in a critical care area

↓ indicates a statistically significant decrease

↑ indicates a statistically significant increase

No arrow means that any difference is not statistically significant

### **Single sex accommodation: bathroom areas**

Department of Health policy requires that separate bathrooms be available for male and female patients, and respondents to the survey were also asked if they ever used the same bathroom or shower area as patients of the opposite sex. The proportion to say that they **did not** have to use the same bathroom or shower area as patients of the opposite sex has increased from 80% in 2010 to 84% in 2011.

### **Noise at Night**

Almost two fifths of respondents said that they were bothered by noise at night from other patients (39% in 2011, an improvement from 40% in 2010). The proportion of respondents saying that they were bothered by noise at night from hospital staff also improved slightly (21%, a small statistically significant decrease of less than 1 percentage point).

### **Cleanliness**

Just over two thirds (67%) said that the hospital room or ward that they were in was 'very clean,' up from 66% in 2010. Thirty percent said that it was 'fairly clean' (31% in 2010) leaving 3% who said that it was 'not very clean' or 'not at all clean' compared with 4% in 2010 .

Sixty percent described the toilets and bathrooms that they used as 'very clean', up from 59% in 2010. Just over a third (34%) described them as 'fairly clean' (35% in 2010) with the remainder saying they were 'not very clean' (5%) or 'not at all clean' (1%) showing a statistically significant decrease since 2010.

Hand hygiene by hospital staff, patients and visitors is essential to control the spread of infection within hospitals. The majority of respondents (95%) said that they saw posters or leaflets on the ward asking patients and visitors to wash their hands or to use hand-wash gels, though this was down from 96% in 2010. The majority (96%) also said that hand-wash gels were available for patients and visitors to use, down from 97% in 2010. One percent said they were empty and 2% said that they did not see any, which is a slight increase from 2010 (also 2%)

Respondents were asked whether, as far as they knew, doctors and nurses washed their hands between contact with patients. Of those who could recall this, or who were able to answer the question, 79% said that doctors 'always' washed their hands between touching patients, up from 78% in 2010. The remainder responded 'sometimes' (15%), and there was a slight decrease in those who said 'no' (7% in both years). The majority (80%, up from 79% in 2010) also said that nurses 'always' washed their hands between touching patients with 16% responding 'sometimes' (17% in 2010) .

### **Security**

Some respondents (3%) reported that they felt threatened either by other patients or visitors whilst in hospital, which is a decrease from 4% in 2010.

The proportion who said that they had somewhere to keep their belongings on the ward if they wanted to rose from 33% in 2010 to 34% in 2011. However, the proportion who reported that they did not have somewhere to lock their belongings has decreased (61% in 2011 and 62% in 2010) and 5% said that they did not have anywhere, up from 4% in 2010.

### **Food**

Of those respondents who had hospital food, a fifth (20%) described it as 'very good', and just over a third as 'good' (35% down from 36% in 2010). Just under half described the hospital food as 'fair' (30%) or 'poor' (15%, up from 13% in 2010).

There has been no change since 2010 in the results for being offered a choice of food: 79% said that they were 'always' offered a choice, 15% 'sometimes', with 6% saying they were not offered a choice. As may be expected, responses to this question may reflect differences in the length of stay by patients: those patients having a stay of one day are more likely to say that they were **not** given a choice of food (13%) compared with this who had a longer stay (3%).

Of those who needed it, 62% of respondents said that they 'always' got enough help from hospital staff to eat their meals, down from 64% in 2010. Nineteen percent said that they 'sometimes' got enough help (18% in 2010). Around a fifth (19%) of respondents who needed help from hospital staff to eat their meals did not receive it (up from 18% in 2010).

### **Doctors and Nurses**

#### **Communication**

Sixty seven percent said that they 'always' received answers that they could understand from doctors. The remainder said this occurred 'sometimes' (27%) or 'never' (6%).

Two thirds (66%) of respondents reported that they 'always' received answers that they could understand from nurses when asking questions. Twenty nine percent said that this was 'sometimes' the case and 5% 'never'.

The majority (73%) said that doctors did **not** talk in front of them as if they were not there (up from 72% in 2010). This leaves just over a quarter who said this happened either 'sometimes' (20% in 2011, down from 21% in 2010) or 'often' (6%).

Seventy eight percent said that nurses did not talk in front of them as if they were not there. This leaves just over a fifth who said this happened either 'sometimes' (17%) or 'often' (5%).

Respondents were asked whether one member of staff ever told them one thing, and another told them something quite different. The majority (66%) said this did **not** happen, an improvement from 65% in 2010. Of the

remainder, 26% said that this 'sometimes' happened (27% in 2010). Just under a tenth (8%) said that this 'often' happened.

### **Confidence and Trust**

The proportion of respondents who said that they 'always' had confidence and trust in the doctors treating them has remained consistent since 2010 at 80%. The remainder responded 'sometimes' (17%) or never (3%, a slight increase, though also 3% in 2010).

Similarly, the proportion of respondents who responded that they 'always' had confidence and trust in the nurses treating them has showed a slight decrease since 2010 (although both figures are rounded to 74%). Four percent said they did not have confidence and trust in the nurses treating them.

### **Availability of Staff**

Just under two fifths of respondents (58%) said that in their opinion, there were 'always or nearly always' enough nurses on duty to care for them in hospital, though this has decreased from 60% in 2010. There were corresponding increases in the proportions saying that there were 'sometimes' enough nurses (31% up from 30% in 2010) or 'rarely or never' enough nurses (11% up from 10% in 2010).

Two fifths of respondents (40%) said that they 'definitely' found someone on the hospital staff to talk to about their worries and fears. Twenty two percent of respondents said that they did not (also 22% in 2010, though the results show a statistically significant increase in 2011).

Over half of respondents (55%) felt they got enough emotional support from hospital staff during their stay. Thirty percent said they did 'to some extent' leaving 15% who said they did not (excluding those who did not need emotional support). This was a new question in 2011.

Respondents were asked how long it usually took for them to receive the help they needed after they used the call button: 15% responded '0 minutes/right away', 38% said '1-2 minutes', 29% said '3-5 minutes', 17% reported that it took 'more than five minutes', and 2% said that they never got any help when using the call button, up from 1% in 2010.

### **Teamwork**

Respondents were asked to rate how well the doctors and nurses worked together. Forty percent rated this as 'excellent,' up from 39% in 2010. Thirty eight percent rated this as 'very good' (down from 39% in 2010) with the remainder responding 'good' (14%), 'fair' (6%) or poor (2%).

## **Patient care and treatment**

### **Involvement in decisions**

Providing the right amount of information to patients in an understandable way is essential for them to be able to make informed decisions about their care and treatment. Just over half of respondents (52%) said that they were

'definitely' involved as much as they wanted to be in decisions about their care and treatment, 37% were involved to 'some extent' and just over a tenth (11%) said that they were not involved.

The majority (78%) said that they were given the 'right amount' of information about their condition or treatment (with a slight increase since 2010, also 78%). One percent received 'too much', and 21% responded 'not enough' - a decrease of one percentage point since 2010.

Just over two fifths (42%) of those who had family or someone else close to them they wanted to involve in their care said that if their family or friend wanted to talk to a doctor they 'definitely' had opportunity to do so, down from 43% in 2010. Over half responded either 'to some extent' (41% up from 40% in 2010) or 'no' (17%).

### **Privacy**

Just under three quarters (72%) said that they 'always' had enough privacy when discussing their condition or treatment, up from 71% in 2010. Just over a fifth (21%) said that they 'sometimes' did and 8% that they did not (a slight decrease from 2010, though also 8%).

The majority of respondents (89%) said that they were 'always' given enough privacy when being examined or treated on the ward. A tenth (10%) responded 'sometimes' and 2% responded 'no' (a slight decrease from 2010, though also 2%).

### **Pain Management**

Two thirds of respondents (66%) said that they experienced pain, which is a decrease since 2010 (though also shown as 66%). Of these, 71% thought that staff 'definitely' did everything they could to help control their pain. Just under a quarter (23%) responded 'to some extent' with the remaining 6% responding 'no.'

### **Operations and Procedures**

Just over three fifths of respondents (64%) reported that they had an operation or procedure during their stay in hospital (down from 66% in 2010). These respondents were asked a number of questions about their experiences.

#### **Before the Operation or Procedure**

- Eighty percent said that a member of staff 'completely' explained the risks and benefits to them in a way they could understand (down from 81% in 2010), 16% said they did 'to some extent' (up from 15% in 2010) and 4% said 'no'.
- Almost three quarters (74%) said that a member of staff 'completely' explained what would be done during the operation or procedure, 21% said this was explained 'to some extent' and 5% said that this was not explained.

- Just over three quarters (76%) said that a member of staff ‘completely’ answered any questions they had about the operation or procedure in a way they could understand. A fifth (20%) responded ‘to some extent’ and 4% said that their questions were not answered in a way they could understand.
- Over half (56%) said that they were ‘completely’ told how they could expect to feel after the operation or procedure (down from 57% in 2010), with 28% being told this ‘to some extent’ and 16% reporting that they were not told this.

Most (86%) said that before the operation, they were given an anaesthetic or medication to put them to sleep or control their pain, down from 87% in 2010. Of these, 84% said that the anaesthetist or another member of staff ‘completely’ explained how they would be put to sleep or have their pain controlled in a way they could understand. Although the rounded figure has not changed since 2010 (84%), there was a slight decrease that was found to be statistically significant. Twelve percent responded ‘to some extent’ and 4% responded ‘no’ (a slight increase from 2010, though also 4%).

### **After the Operation or Procedure**

Two thirds of respondents (66%) said that a member of staff ‘completely’ explained to them how the operation or procedure had gone in a way they could understand, up from 65% in 2010. Just under a quarter (23%) said that this was explained to them in an understandable way ‘to some extent’ with 11% saying ‘no’.

### **Leaving the Hospital**

#### **Delays to discharge**

Just over two fifths (41%) said that their discharge from hospital was delayed. For most of those who were delayed, this was because they were waiting for medicines (60%). The remainder said that they had to wait to see a doctor (15%), had to wait for an ambulance (10%, up from 9% in 2010) or were delayed due to another reason (14%). Respondents were asked about the length of the delay: 16% were delayed by an hour, 28% were delayed between one and two hours, 33% were delayed between two and four hours, and 23% reported that the delay lasted longer than four hours.

#### **Involvement with decisions**

Just over half (54%) ‘definitely’ felt involved in decisions about their discharge from hospital leaving 30% who felt they were involved ‘to some extent’ and 16% who did not feel they were involved.

#### **Medication**

Respondents who were prescribed medication to take home were asked a number of questions about their experiences.

Almost three quarters (74%) said that a member of staff ‘completely’ explained to them the purpose of the medicines they were to take home in a

way they could understand. Seventeen percent said that this was explained 'to some extent' and 9% said this was not explained.

Forty three percent of respondents in 2011 said that they were not told about the medication side effects to look for when they went home, though this is down from 44% in 2010. Of the remainder, 38% said they were 'completely' told this.

The majority of respondents (75%) said that they were 'definitely' told how to take their medication in a way they could understand. Fifteen percent said they were told this 'to some extent' with a tenth (10%) saying that they were not told.

The majority (68%) also said that they were 'completely' given written or printed information about their medicines, up from 67% in 2010. There has been a slight decrease in the proportion that said that they were given this 'to some extent' (16%, also 16% in 2010) and those that were not given this (17%, also 17% in 2010).

### **Information provision at Discharge**

Almost two thirds (65%) said that they were given written or printed information about what they should or should not do after leaving hospital leaving over a third (35%) who said they were not given this information.

Just over two fifths (42%) said that they were 'completely' told by a member of staff about any danger signals they should watch for after going home, and over half were told this either 'to some extent' (21%). There was a slight decrease in those who were not told this, since 2010 (though when figures are rounded, both appear to be 38%).

Less than half of respondents (46%) said that doctors or nurses 'definitely' gave their family or someone else close to them all of the information they needed to help care for them, if they needed it (up from 44% in 2010). Twenty three percent said this was given 'to some extent'. There has been a corresponding decrease in the proportion to say that they were either not given this information (31%, down from 32% in 2010).

Whilst the majority of respondents (77%, up from 76% in 2010) were told who to contact if they were worried about their condition or treatment after leaving hospital, this leaves almost a quarter (24%) who say they were not told this, although there is a slight improvement since 2010 (also 24%).

Department of Health guidance states that patients should receive copies of letters sent between the hospital and the patient's family doctor (GP). The proportion of respondents who said that they received copies has increased from 53% in 2010 to 59%. Of those who did receive copies of letters, the majority said that they were written in a way they could understand, either 'definitely' (74%) or 'to some extent' (23%). There was a slight decrease in the proportion reporting that the letters were not written in a way they could understand (though shown as 3% in both years, due to rounding).

## **Overall Impression**

Seventy nine percent of respondents reported that, overall, they were 'always' treated with respect and dignity while they were in hospital. Eighteen percent said this was 'sometimes' the case, and 3% said they did not feel they were treated with respect and dignity.

Respondents were asked to rate the overall care they received: 43% rated this as 'excellent', 35% as 'very good', 14% as 'good', 6% as 'fair', and 3% as 'poor'. The only change since 2010 was a slight decrease in the proportion rating their care as 'good' (though due to rounding both years show a figure of 35%).

Although the majority of respondents (87%) were not asked to give their views on the quality of their care, this was 88% in 2010. There has been an increase in those who were asked, an increase from 12% in 2010 to 13% in 2011. Most respondents (58%) said that they did not see any posters explaining how to complain about the care they received, leaving 42% who did.