

**ITEM: 08/117**  
**DOC: 4**

**Meeting:** Trust Board Part 1  
**Date:** 16<sup>th</sup> July 2008

**Title:** National In-patient Survey & Action Plan

**Executive Summary:** The paper attached summarises some of the key findings from the latest Health Care Commission Annual Patient survey. The results are not good and are disappointing in terms of the work that has been conducted across the Trust throughout the last year. The full report is attached.

The Board has set a clear direction to improve patient experience at the Whittington as a main priority. Work is underway to refresh and review our approach to improving the patient experience. It is vitally important that we continue to capture ongoing measures of patient experience to demonstrate the improvements that we are making.

**Action:** To inform the Board and agree the next steps.

**Report from:** Siobhan Harrington – Director of Primary Care

**Sponsor:** David Sloman – Chief Executive Officer

<b>Financial Validation</b> Lead: Director of Finance	Name of finance officer N/A
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<b>Compliance with statute, directions, policy, guidance</b> Lead: All directors	<b>Reference:</b>
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<b>Compliance with Healthcare Commission Core/Developmental Standards</b> Lead: Director of Nursing & Clinical Development	<b>Reference:</b> C14a
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<b>Compliance with Auditors' Local Evaluation standards (ALE)</b> Lead: Director of Finance	<b>Reference:</b>
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<b>Evidence for self-certification under the Monitor compliance regime</b> Lead: All directors	<b>Compliance framework reference:</b>
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## Health Care Commission Annual Patient Survey 2007

### 1. Executive Summary

#### 1.1 Introduction

We commissioned Quality Health to conduct our annual inpatient survey for 2007, this was published by the Healthcare Commission in May 2008.

341 people completed the questionnaire giving a response rate of 43%. This was significantly below the average response rate for the national survey of 56%.

#### 1.2 Results

Since the 2006 survey, based on 54 questions asked in both surveys we scored:

- Significantly **better** on 19 questions
- Significantly **worse** on 9 questions
- No significant difference on 26 questions

Questions showing significant improvement were:

- In your opinion, how clean was the hospital room or ward that you were in?
- How clean were the toilets and bathrooms that you used in the hospital?
- Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?
- On the day you left hospital, was your discharge delayed for any reason?
- Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

Questions where we show a deterioration in our results include:

- How do you feel about the length of time you were on the waiting list before your admission to hospital?
- Were you given clear written or printed information about your medicines?
- Did a member of staff tell you about any danger signals you should watch for after you went home?
- During your hospital stay were you ever asked to give your views on the quality of your care?

Overall, the survey results show that by August 2007 we had not made sufficient progress in improving the experience of our patients. The full results are available at **Appendix A**.

#### 1.3 What can we expect our results to be?

We know that being very emergency driven, being located in London and treating a diverse community (MORI refer to it as having a high degree of ethnic fragmentation) means that our reported satisfaction levels are lower than would otherwise be the case.

The relevant piece of research undertaken by MORI, is part of their "Frontiers of Performance" series, on the drivers for patient satisfaction. Copies of the latest edition of "Frontiers of Performance" are being obtained for Board members.

*This demonstrates that our performance in terms of patient satisfaction (the most recent report is based on the 2006 results) is **markedly better** than would be expected by MORI with our*

population and service mix. (Raw score rank of 137 out of 151 versus performance index of 95 out of 151 Trusts).

## 1.4 Our patient profile

In terms of the 2007 survey, over 68% of our respondents came into hospital as an emergency. The all Trusts average is 54%.

56% of our responding patients stated their ethnic background as white (against 92% all Trusts average).

## 1.5 Improving satisfaction

Despite the particular challenges we face, we want to do much better than our population expect in the future and reflect on how we can make the level of care we aspire to give a reality each day for our patients.

However it is clear that changes to the underlying position will need to be significant in order to achieve the step change in results we seek. The early work from our productive ward pilot shows reduced levels of complaints and increased satisfaction from patients, as a result of staff being able to spend more time with patients to better understand their individual needs and to fully communicate with them.

## 2. Media representation

A number of publications have given coverage to the results of the 2007 survey. Striking variations in some aspects of care have been highlighted, however one can draw a range of conclusions dependant on the slice of data selected. There are 72 questions in the survey and each has between 2 and 5 possible answers on average.

Only one element of one question has been used to benchmark care - the general Q68 'Overall, how would you rate the care you received?' As you can see from the data below, there are five possible answers.

Against this question **89%** of our patients rated the care received as good or better, with the national average score at 91%.

Q68. Overall, how would you rate the care you received? (All)						
Excellent	Very good	Good	Fair	Poor	Total specific responses	Missing responses
%	%	%	%	%	n	N
34	34	21	8	3	334	7

Some media coverage (including the HSJ) has used only the ‘% excellent’ responses to place Trusts in a list akin to a league table. Using this methodology alone, the top ten Trusts in the country are all specialist Trusts (without an A&E admission route) and all of those in the bottom ten are in and around London with a score of 30 or below.

### 3. Benchmarking with neighbours and with other small acute Trusts

On the Healthcare Commission website the data from the survey is represented in a number of ways. The table below is an example where the figures are the mean of the answers given to each question and therefore cannot claim to be statistically significant, but are used to compare organisations. (The greater the number, the better the score)

	<i>Overall, how would you rate the care you received?</i>	<i>Overall, did you feel you were treated with respect and dignity while you were in the hospital?</i>	<i>Were you involved as much as you wanted in the decisions about your care?</i>
<b>The Whittington Hospital NHS Trust</b>	72.79	84.37	63.67
<b>Our Neighbours</b>			
North Middlesex University Hospital	68.63	81.04	64.91
Royal Free Hospital	74.47	87.11	66.18
University College London Hospital FT	84.46	93.10	75.36
Barnet & Chase Farm Hospital	75.14	87.59	66.11
<b>Small/Medium London Acute Trusts</b>			
Lewisham University Hospital	73.13	85.45	62.52
Newham University Hospital	71.69	84.65	65.56
West Middlesex University Hospital NHS Trust	72.12	85.93	64.53
Queen Mary's Sidcup NHS Trust	70.98	83.11	69.18
Homerton University Hospital NHS FT	67.17	81.44	63.60

### 4. The London perspective

We know that Londoners are less positive about the quality of NHS services than people nationally. In the document ‘The NHS Is Not Meeting Londoners’ Expectations’,<sup>1</sup> it concluded that opinion about the NHS is more polarized in London, with a larger proportion of residents either very satisfied or very dissatisfied than residents nationally. This suggests a perceived lack of consistency in the quality of services for different groups of Londoners, which is likely to be exacerbated by the heavier use of NHS services in London, particularly A&E departments, than elsewhere.

<sup>1</sup> NHS London, Published: 11 July 2007

## 5. The Research by Ipsos MORI into patient survey results

In its recent publication part of the 'Frontiers of performance in the NHS' series by MORI, the research organisation concluded that Trust and PCT performance in the national patient surveys could be predicted to an extent.

**“In the acute sector [...] we find that spend per patient and mortality ratios have little relationship with patients' perception of their care. The nature of place has less impact, although as with PCTs and indeed ratings of the NHS by non-patients, London trusts face particular challenges, as do trusts serving younger, more ethnically fractionalised populations.”<sup>2</sup>**

From the PCT perspective, the nature of local communities has a very high impact on patient ratings. Services in areas with high ethnic fractionalisation (the extent of different ethnic populations in an area), high deprivation, those with a younger population and those situated in London nearly always receiving lower ratings of satisfaction than those serving wealthier, older, more homogenous populations.

**“Independently of ethnic diversity, there are also lower scores for deprived areas. Consistent with similar patterns in local government, these scores highlight the impact of place.**

**Brilliance is relative**

**By looking at all the factors that relate to patient perception in PCTs, we can predict patient ratings with some accuracy, simply by knowing the characteristics of the local population the PCT serves, which stands out as more significant than individual aspects of care.**

**This means that when looking at patient perception of PCT services, it is important to take into account local factors [...] In fact, there are no PCTs in England with very fractionalised populations that achieve levels of satisfaction equivalent to those that serve the most homogenous populations.”<sup>3</sup>**

The MORI analysis concludes that there are three key areas impacting upon overall inpatient ratings:

- treating patients with dignity and respect; (the critical factor)
- involving patients in decisions; and
- the cleanliness of the hospital room or ward in which patients are treated.

Analysis of our ratings in these categories reveals that we have not made significant progress in these areas over the past four years.

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<sup>2</sup> Ben Page Chair of Ipsos MORI social research institute, quoted in HSJ 24 April 2008

<sup>3</sup> Ibid

## 6. Conclusion and next steps

We clearly face particular challenges in meeting all of our populations' needs to their satisfaction.

Our work around staff engagement has been based on the fact that we are a good hospital, but not meeting all our patients' needs, and that we want to become a great hospital and be meeting them all of the time. We want to ensure we are the hospital of choice for local people.

We want to do much better than our population expects in the future and to reflect on how we can make the level of care we aspire to give a reality each day for our patients.

However it is clear that changes to the underlying position will need to be significant in order to achieve the step change in results we seek. The early work from our productive ward pilot shows reduced levels of complaints and increased satisfaction from patients, as a result of staff being able to spend more time with patients to better understand their individual needs and to fully communicate with them. The Board have agreed to refresh our strategic approach to improving the patient experience; proposed next steps include:-

- sharing the detail of the results of the patient survey with staff throughout the Trust
- a detailed strategy paper to the Board in September including an implementation plan that will incorporate the actions agreed with staff to improve patient experience in the short to medium term
- an agreed approach to capturing more of the expectations and experience of our patients on a regular basis in the months ahead.

Siobhan Harrington  
Director of Primary Care  
July 2008