

MEETING:

Trust Board
21 March 2007

TITLE:

2006 Inpatient Survey and internal patient satisfaction reports

SUMMARY: The initial report from the 2006 national inpatient survey, carried out annually, is attached. Quality Health, an external contractor, undertook the survey for us this year (we have previously administered the survey in-house from the Patient Relations team). The nationally benchmarked report from the Department of Health has not yet been published.

The recommendations of the report are being reviewed, which disappointingly were not significantly different from those of the previous survey in 2005. An action plan will be put in place, to ensure that the key messages are addressed. This will be supported through the Visible Leadership programme, being led by the Director of Nursing & Clinical Development. The key areas for improvement highlighted are:

- Improving the administration processes for admission to hospital
- Improving the information and explanations given to patients by clinical staff
- Improving the patient environment, including cleanliness and food
- Improving pain management
- Ensuring that clinical staff always wash their hands
- Reducing the delays around discharge processes.

In addition, an internal patient satisfaction questionnaire is now in use, which was piloted by senior nurses on the inpatient wards during January and February. The findings from this have been analysed by Clare Fuller, Marketing Officer, and her report is attached. These results are generally more positive than in the patient survey. In order to allow direct comparison, we plan to use some of the key questions from the national survey in the patient satisfaction questionnaires, to monitor our progress in improving the patient experience.

ACTION: For information

REPORT FROM: Deborah Wheeler, Director of Nursing & Clinical Development

Financial details supplied/checked by: [None applicable](#)

Recommendations contained within this paper have been checked for compliance with relevant statute and regulations/directions/policy as follows:

[None applicable](#)