Enclosure 6

Report to:	Trust Board - April 2013

Title	Inpatient Survey 2012 (published April 2013)
Sponsoring Executive Director	Director of Quality and Safety/ Chief Nurse
Author(s)	Associate Director of Quality and Patient Experience.
Purpose	To update the Board on the Inpatient survey 2012
Previously considered by	Quality and Safety Committee through Annual review and patient experience metrics monthly.

Executive Summary

The published Inpatient survey (released on the 16th April) provides very disappointing results for the organisation.

The Inpatient survey reviewed the experience of 850 Individuals who attended for an Inpatient attendance during August 2012. The context for this period was the recent surgical reconfiguration which was a challenging time within the Trust with the initial impact on capacity starting to be demonstrated.

These survey results needs comprehensive consideration to ensure that improvements are made and that patients demonstrate those improvements through our monthly patient experience metrics as well as through other patient experience feedback processes.

The results need consideration alongside our operational performance and capacity action plans, as many of the areas demonstrate the impact that flow is having on the patients waiting within A&E and awaiting a bed. However, the core of this survey is about our support and communication with patients which we need to review and be clear about how we will improve. In triangulating this with the poor staff survey results from earlier in the year, the Board need to carefully consider the two issues together and agree themed actions for improvement.

The focus on the 4 areas which are worse than the average hospital must be a priority and also be triangulated with other feedback methods. One of these areas is leaving hospital and discharge arrangements and this needs consideration alongside an increased VA referral rate relating to discharges.

Related SATH Objectives	SATH Sub-Objectives
We will always provide the right care for our patients	QS1. Ensure that we learn from mistakes and embrace what works well QS2. Design care around patient needs QS3. Provide the right care, right time, right place, right professional QS4. Deliver services that offer safe, evidence-based practice to improve outcomes QS5. Meet regulatory requirements and healthcare standards QS6. Ensure our patients suffer no avoidable harm

Risk and Assurance Issues (including resilience risks)	Provide key themes of concern from national reports for Board consideration.
Equality and Diversity Issues	National reports do pick up issues of inequality and recommendations to address those.
Legal and Regulatory Issues	Supports the Equality and Health Act requirements and regulatory requirements established by CQC.

Action required by the Trust Board
The Board are asked to **NOTE** the Inpatient survey results and to **DISCUSS** the key issues emerging from this and the staff survey results and agree the best approach to ensure improvements.

A comparative report of the 2012 National CQC Inpatients survey results with the National CQC Inpatients 2011 results.

1.0 Introduction

The Quality and Safety Committee and the Board receive monthly real time feedback from the ward to Board measures which include patient experience metrics. This has enabled the Board, centres and wards to focus on the areas where improvements can be made. In establishing the ward to Board measures the key outcomes from the Inpatient survey from 2011 were used to enable us to track improvements made during the year rather than a reliance on an annual process.

The results for the 2012 annual survey (published April 2013) are very disappointing and a salient moment for the Trust (Appendix1).

2.0 Purpose:

This paper serves to provide an initial comparative report of the 2012 National Inpatients survey results published in April 2013 with the performance of the trust in the National Inpatient survey conducted in 2011 (and published in 2012). The paper will also capture the work undertaken in year to focus on improving the patient experience to enable the Q&S Committee and then the Board to consider how we ensure that our actions for improvement impact on our patients overall experience.

3.0 Background and methodology

To improve the quality of services that the NHS delivers, it is important to understand what patients think about their care and treatment. One way of doing this is by asking patients who have recently used their local health services to tell us more about their experiences. The 2012 CQC National Inpatient survey was carried out within the Trust to do just this.

850 patients who attended the trust as inpatients during August 2012 were asked to provide feedback in the form of a questionnaire. A total of 516 patients returned usable questionnaires, giving our trust a response rate of 60.7% compared to a national response rate of 51%. We were given the choice of sampling dates and we chose August 2012.

The questionnaire contained 70 questions grouped into 10 sections. The national report shows how well we scored in each category compared with the range of results from all other trusts who took part in the survey. It is designed to help understand our performance and to identify areas for improvement. This report contains the same information as published on the CQC website.
Where it has been possible this report has compared our scores for 2012 against our performance in 2011.

4.0 Context

The 2012 survey took place during a period of significant change for the trust, during the summer the surgical centre reconfigured services the majority of which came to RSH with Head & Neck services transfering to PRH site. The trust was also experiencing an increase in emergency activity, all of which may have had an impact on the experiences of our patients

5.0 2012 survey results summary

Overall the patient experience survey demonstrates that the trust has scored poorly in comparison to our last survey results in 2011

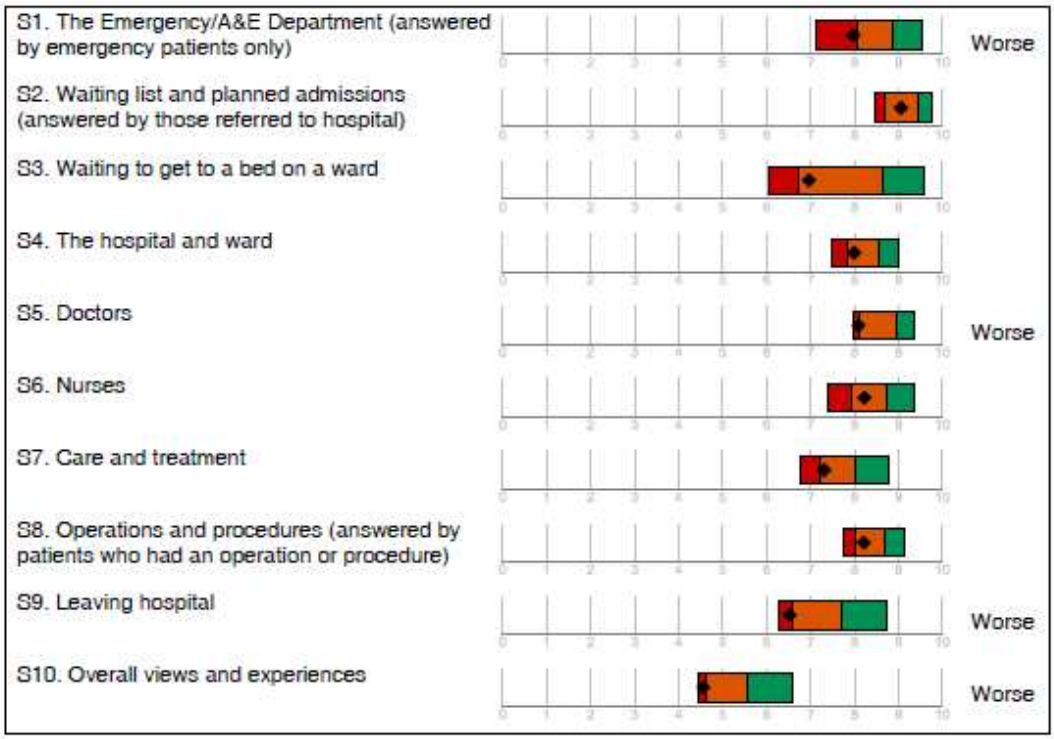
A summary table below shows that we scored worse than other trusts in four of the ten patient experience sections.

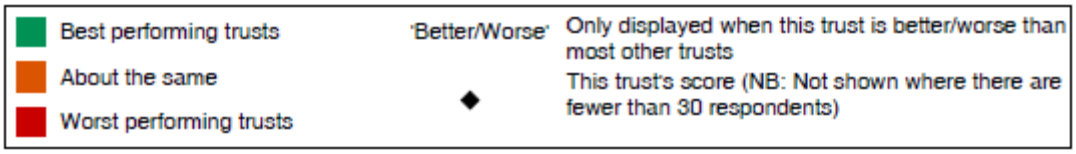
S1 the emergency department
S5. Doctors
S9. Leaving hospital
S10. Overall experience
Within the other six sections we scored about the same as the other trusts. In no section did the trust perform better than the other trusts.

Table 1

Survey of adult inpatients 2012
Shrewsbury and Telford Hospital NHS Trust

Section scores





Comparison of National Survey results 2012 v 2011

		CQC Inpatient survey 2012		CQC Inpatient Survey 2011
		Published April 2013		Published April 2011
Section	**Score**	**Comparison with other trusts In England**	**Score**	**Comparison with other trusts In England**
A&E Department	**8/10**	Worse	**8/10**	About the same
Waiting list and planned admissions	**9.1/10**	About the same	**6.3/10**	About the same
Waiting to get a bed on a ward	**7/10**	About the same	**8.3/10**	About the same
The hospital and ward	**8/10**	About the same	**8/10**	About the same
Doctors	**8.1/10**	Worse	**8.3/10**	About the same
Nurses	**8.2/10**	About the same	**8.4/10**	About the same
Care and treatment	**7.3/10**	About the same	**7.3/10**	About the same
Operations and procedures	**8.2/10**	About the same	**8.2/10**	About the same
Leaving hospital	**6.5/10**	Worse	**6.5/10**	About the same
Overall experience	**4.6/10**	Worse	**5.6/10**	About the same

5.1 Significant changes in comparison from 2011 scores.

Were the trust score for a particular question was significant better or worse than 2011 it is indicated below, in all the other questions the 2012 score was insignificantly changed from the 2011 score or that the data was not available to provide a comparison.

Section 1. A&E Department

Q.3	2012	2011	Change
Whilst you were in the A&E department , how much information were you given about your condition or treatment	7.3	8.3	↓

Section 3 Waiting to get a bed on a ward

Q9	2012	2011	Change
From the time you arrived at the hospital, did you feel that you had to wait a long time to get a bed on a ward	7.0	8.3	↓

Section 4 the Hospital and ward

Q22.	2012	2011	Change
Were you offered a choice of food	7.8	8.3	↓
Q15			

Were ever bothered by noise at night from other patients	5.4	6.3	↓
Q17			
In your opinion , how clean was the hospital room or ward that you stayed in	8.9	8.6	↑

Section 5 Doctors

Q26.	2012	2011	Change
Did Doctors talk in front of you as if you weren't there	8.0	8.3	↓

6.0 Improvement actions

Following the publication of the 2011 survey the corporate nursing team working with the bed holding clinical centres developed an action plan to address the areas highlighted for improvement.

Key areas identified previously

- Wait time in A&E department
- Access to the waiting list
- Patient experience on the ward
- Information given to patients
- Leaving the hospital and the discharge process

The 2012 survey has highlighted similar areas for improvement and demonstrates the need for a different approach to the approach for improvements and also a review of this feedback in conjunction with the staff survey results and the operational performance with patient flow and particularly the consistently highlighted area of experience with patient discharge.

The original action plan is attached to this paper for consideration by the Committee and by the Board (Appendix 2). However significant consideration must be undertaken before the agreed action plan is proposed for improvement. Support to our front line staff is essential, giving them the time to care for patients and focus on their support and communication with patients and their families and to support safe discharge is essential.

The previous action plan for improvement was developed with the clinical centres and needs to be considered in the context of an evolving operational structure and the support required for front line teams..

6.1 Additional Key actions in place currently.

- Detailed action plan in response to the Staff survey which we will need to review and triangulate with these survey results.
- The Trust has a 9 point action plan to create some additional bed capacity and to support patient flow and again this will need consideration alongside these results.
- A system wide review of urgent care is being undertaken with detailed action plans for the Emergency Department to improve waiting times
- The Frail and Complex programme commenced in 2013
- Friends and Family test has been expanded to incorporate A&E department and Maternity services in 2013.

- Comprehensive review and redesign of the nursing documentation published in 2012 (December) incorporated discharge checklists and inter ward transfer forms to better inform the patient discharge.

7.0 Assurance Processes in place.

The CQC National Inpatient Survey is only one of a number of ways in which the trust collects and responds to patient feedback.

The ward to Board patient experience metrics (Appendix 3) provided wards, Clinical centres and the Board a method to track the key performance areas of patient experience linked specifically to areas for improvement from the last Inpatient survey. The Deputy Chief Nurse met with Matrons monthly to highlight areas for improvement which needed to be addressed through the Clinical centres.

Nationally a family and friends test (Net promoter question) process was established and mandated through the CQUIN process. The Trust has established this process and achieved the CQUIN targets of both the number of patients asked the question on discharge but also improving the number of patients who would positively evaluate the hospital experience.

Our Patient Engagement and Involvement Panel Members undertake assurance visits to wards areas accompanied with a senior nurse as part of a work programme to capture patient feedback through different methodology.

The complaints and PALS process enables us to understand the concerns expressed by patients and capture the key areas and topics of concern. This is documented in the Quality and Safety report and at a high level in the Integrated performance report at the Board.

The trust has conducted quarterly inpatient questionnaires to monitor the effectiveness of the action plan; this information is circulated to the centres via the NMF meetings.

8.0 Recommendation

The results of the survey need to disseminated to the clinical centres and discussed with our patient representatives to ensure that we capture the full scope of our improvements and our priorities for the coming year.

The Quality and Safety Committee and the Board are asked to consider their views for improvement and use the Board development session in April to agree the best approach for ensuring that the patient experience outcomes improve across all areas.

9.0 Conclusion

The Quality and Safety Committee and the Board are asked to **NOTE** the disappointing results and the key areas for improvement and to **SUPPORT** the detailed review of these survey results in conjunction with the staff survey and operational performance to agree the best approach for improvements.

Director of Quality and Safety/ Chief Nurse
April 2013

Appendix 1

A Summary of our 2012 Inpatient Survey Results

The CQC Inpatient Survey was sent to 850 people who attended the Trust as inpatients last August. A total of 516 usable questionnaires were returned. The questionnaire contained 70 questions grouped into 10 domains. The table below summarises our results in each of these domains, showing whether our results were better, worse or about the same as other Trusts across England. It also compares the 2012 inpatient survey results with the previous year's results. Compared with the average for other Trusts across England, our results have declined in four areas: The Emergency / A&E Department, Doctors, Leaving Hospital and Overall Views and Experiences.

	CQC Inpatient Survey 2011		CQC Inpatient Survey 2012
	Published April 2012		Published April 2013
	502 patients who were inpatients in June, July or August 2011		516 patients who were inpatients in August 2012
	Comparison with other Trusts in England		Comparison with other Trusts in England
The Emergency/ A&E Department	About the same		Worse
Waiting lists and planned admissions	About the same		About the same
Waiting to get a bed on a ward	About the same		About the same
The hospital and ward	About the same		About the same
Doctors	About the same		Worse
Nurses	About the same		About the same
Care and treatment	About the same		About the same
Operations and procedures	About the same		About the same
Leaving hospital	About the same		Worse
Overall views and experiences	About the same		Worse

Appendix 2

CQC Survey of adult inpatients action plan

Author: Graeme Mitchell Associate Director of Quality and Patient Experience

Date: 18th May 2012

National Survey section and area for improvement	Current situation	Expected Outcomes	Lead/s				Time scale	Evidence of achievement & assurance processes
Section 1. The Emergency Department Q, 5. Patients wait time before being admitted	IST team working with the Trust to improve a range of actions to support reduced waiting times to an inpatient bed. CEO led task force to review key actions to improve access/ waiting times from A&E. Transitional team working with LHE partners to improve /reduce LOS and delayed discharge. Bed Bundle Initiative introduced focusing on EDD, Improved pt and family information, with Daily /board rounds focusing on supporting discharge process	100% Patients are seen by the required specialist within 1hr of request. 95% Patients admitted to a bed within 4hrs of decision to admit. Hospital Status at a glance to be implemented in June 2012 HSAG will highlight hotspots with low compliance with EDD and bed bundle to identified and supported to achieve bed bundle and improvements on patient flow. Support the discharge 50% of patients before 12 midday All patients have an agreed EDD with improved patient information. Board rounds have taken place by 09.30 identifying beds for emergency as well as elective patients Patients are admitted in a timely manner but also discharged in a timely manner	Director of Operations & Chief Nurse Supported by Emergency Clinical Centres. Value stream leads. Matrons and clinical leads				Initially end June for A&E and daily review to sustain	A&E national targets achieved. Variance reports on individual breaches of over 4hr waits. Bed Bundle implemented across site monitored daily & Audit of delayed discharges Patient status at a glance boards being rolled out across ward areas to provide up to date information on performance Range of patient flow indicators reviewed as measures of improved performance. Review of complaints and PALS referrals. Implementation of the test your care process within A&E to measure real time patient feedback. Observations of care held within A&E to test out effectiveness of Patient flow improvements

								(PEIP)Daily Board rounds being held on each ward
National Survey section and area for improvement	**Current situation**	**Expected Outcomes**	**Lead/s**				**Time scale**	**Evidence of achievement & assurance processes**
Section 2. Waiting list / access **Q10 Choice of admission dates**	Value Stream leads and Centre Chiefs working on scheduled care improvements. LHE task group have reviewed specific backlog issues in 2011 and focus now on final areas required to achieve RTT in all clinical specialties.(June 2012). Trust wide review of booking and scheduling was commissioned in early 2012 to make the range of improvements to patient information, booking and scheduling processes and opportunities of choice of scheduled processes. Patient complaints / PALS still outline the system and process improvements required. PEIP group working with Booking and scheduling task group and will undertake real time patient feedback to ensure improvements	Improved Real time patient feedback gathered through "Test your care" and observations of care in OPD. This will monitor the real time improvements being made and these will be reported to Q&S committee and to the Board on a regular basis. Patient's feedback via complaints and PALS will reduce but be tracked and monitored for a reflection on improvements or aspects that still require further improvement. Tracking of RTT for first appointments and for FU will reflect achievement of appointments within range of clinical priority identified by referral or clinician requirement in FU appointments and for admission timescales. 100% of clinics will be "cashed up" and identified timescales achieved for admissions. A range of key performance indicators will provide assurance on improvements and as capacity and demand are aligned then choice of admission dates can be improved.	Director of Operations and Director of Transformation supported by Centre Chief for Outpatient /scheduling				Ongoing	Key performance Indicators monitored through LHE RTT group (Internally and externally). Complaints and PALS reports Real time patient feedback processes and reports. Observations of care undertaken by PEIP in Outpatients and Inpatient areas Each Centre will establish a Quality development plan to support the overall improvements identified within the QI Strategy for this aspect of care (choice of admission & patient information) Centre performance meetings will establish KPI for aspects of their OPD processes and timing and access to admission improvements.

Section 4. **The hospital ward** **Q20, Q21 Noise experienced on the ward at night** **Q25 Patients have somewhere to store personal items**	Complaints and PALS referrals do identify a small number of issues that relate to the noise levels experienced by patients on the wards. Discharge policy outlines the need to eliminate late transfers of patients from and onto wards to reduce disruption – Clinical site managers to continue to review operational bed flows to avoid discharges at night. Comfort rounding in place at night and will enable nursing staff to pick up on disruptions at night and support patients. Senior Corporate Nursing and Matrons to undertake unannounced visits to assess noise levels at night and undertake observations of care. PEIP members willing to do late observations to support this process for improvement. Audit patient experience at night time and feed back information to ward teams PEAT inspections review	Reduction in complaints and PALS issues relating to these 2 indicators Ie Patients report reduced level of disturbance at night. Effective bed flows processes support the reduction of transfer to wards at night but this will need a regular report to be monitored Outcomes of visit fed back directly to ward team and PEIP for teams to take action. Outcomes from ward to board patient experience fed back to ward teams to action. Comfort round auditing was not consistent therefore the audit has been included in the monthly ward to board patient experience metric and will be reported on in June 2012 Patient experience metrics will be displayed on Quality Boards in ward lobby areas. To provide a visual indicator of quality and safety to patients, staff and family. These Board will be in place by end June '12 Privacy and dignity Survey will be incorporated into real time patient feedback questions and demonstrate improvement across these two questions. Q& S committee and clinical centres will monitor improvements or actions	Chief Nurse supported by corporate nursing team, Matrons and Ward Managers				Ongoing Ongoing Ongoing Ongoing August 2012	Monitor PALS/ Complaints for soft qualitative data on monthly basis. Test your care results reviewed each month by Q&S and reports are being developed for clinical centres to pick up specific ward issues. Trust Discharge policy –identifies that discharges from inpatient areas after 10 pm are not to take place. If a breach of this policy occurs then it will be reported on Datix and RCA undertaken. Ward to board Patient experience surveys collected monthly and reported via Quality and Safety Committee. Observations of care, patient stories and Diaries are part of the PEIP work programme and will provide important assurance or identification of particular areas of concern. Ward cleanliness monitor scores will be displayed in ward lobby areas indicating to the public who is responsible for the standards Comfort round audit conducted by ward on monthly basis Protected Meal time audited regularly by Facilities team & PEIP.

	clinical space and patient environment to Ensure patients bed space is kept clean, tidy and uncluttered. A range of reports have highlighted clutter and this is fed back to the wards for improvement. Bed boards to identify standards of cleanliness around bed spaces are being trailed on ward 32. Pilot programme due to end June 2012 , once evaluated they will be implemented across all wards by end July '12. Intentional rounding / comfort round form prompts the tidying of the patient bed space allowing for effective storage of items Protected mealtimes have been implemented on all wards in February'12. Ward team ensure that patient area is clean and tidy for meal service and audit in place to monitor this standard.	still requiring improvement. Improved Ward standards for cleanliness displayed in ward lobby area Bed space notice boards to provide standard of cleanliness expected for patient and signed and dated following bed space cleaning which will be explained to the patient.					June 2012 Ongoing	PEAT inspections reported to Q&S committee and PEIP PEIP members undertake observations of protected mealtimes , feedback to ward team and report provided to Q&S and PEIP meeting

Section .5 Doctors and information provided access to clinician to discuss condition and care Q43, 55,58,59, 63	Patient feedback in complaints and PALS has identified the need for improving both the written information given to patients and their families but also the opportunity to have a regular discussion with clinicians is highlighted in complaints. Consent audit is undertaken which looks at the informed consent process. At Ward rounds staff ensure that the information needs of patients are highlighted so that clinicians are aware of need to discuss with patient on ward round. Ward handovers at bedside to include recommendations from clinicians and opportunity for discussion. Patient Information panel re instigated and the TOR need to be promoted within Centres to provide assurance to the Centres and patients that the information provided is fit for purpose and of a high	Patients will report being well informed and involved in their care when asked in the "Test your care" real time patient feedback questions. Reduced complaints about less effective communication from clinicians and health professionals Less PALS referrals on this issue Medical teams enabled to meet the information needs of their patients Medical information and communication is discussed with the patient. Requests to speak to medical staff are escalated Complaints and PALS referrals for each Centre will be developed so that Clinicians will know where improvements have been made in their communication with patients or where areas for improvement still remain. Ass. Dir Quality and Patient experience will work with Clinical Centres to identify effective processes to provide and approve a range of patient information which meets quality standards expected nationally. Centres will develop a range of information leaflets each year through their quality development plans.	Director of Quality and Safety/ Chief Nurse supported by Corporate Nurse leads and Clinical Centres & Medical teams & Patient Information Panel				Ongoing Ongoing Ongoing June 2012	Monitoring of quality data from PALS/Complaints at Q&S committee, monthly basis. Ward to Board- real time feedback questions will be monitored for impact on the questions covered in annual survey/. Weekly High Risk Strategy meeting provides opportunity to triangulate incidents and complaints and identify areas hot spots Range and % of Surgical Clinical Centres utilising Eidos patient information leaflets which are compliant with NHSLA and CNST standards for consent and Crystal Marked for use of plain English PEIP and Corporate Nursing Team undertake Observations of care which observe handover and board rounds – feedback direct to the Centre teams and PEIP and Q&S report on monthly basis Feedback from Executive walk rounds are now well established which include speaking to patients about their experiences, feedback given to the team and report sent for action by the team. Action plan and report monitored at Q&S , PEIP and clinical centre governance meetings PEIP members will review

	standard Patients with a diagnosis of dementia or learning disability will be offered a patient passport if they do not already have on admission and clear pathways and training is being established to support improved information by all members of the clinical team	A vulnerable group of patients will receive informed high quality personal care with their family or carers receiving improved information and support					June 2012	feedback on these questions and provide objective assurance on improvements or areas of concern. Patient passports have been developed with partners and will be rolled out from June 21012 and KPI's to monitor support to vulnerable patients will be developed within real time patient feedback and ward to Board indicators
Section 9 Leaving Hospital Improved patient information, involvement and communication around discharge Q. 63, 64, 65,66	All patients should have EDD discussed with them and its implications on their care pathway and matters that their family need to consider and prepare for. This is monitored through Bed bundle audits EDD displayed on bedside board and Patient status at a glance monitor. Bedside handovers have been variable and identified that need consistent approach to EDD and information requirements for patients. Nursing admission and assessment document has been	Patients have an informed,safe and timely discharge which they feel prepared for. Family and carers feel fully involved in the discharge planning process from the point of admission. This will lead to less concerns expressed by patients and their families/ carers in PALS and patient complaints regarding their discharge. HSAG will allow hotspots with low compliance with EDD and bed bundle to identified and supported to achieve bed bundle improvements. Patients do not experience delays in discharge and feel supported in the information they receive. Improved advice to be provided to patients on their medications to take home and advice on who to contact if they experience a problem.	Chief Nurse and Director of Operations supported by Clinical centres & Integrated discharge teams & Continuous improvement team & Pharmacy team				Ongoing Ongoing June '12 Sept '12	Patient ward to board experience metrics capture data on information and involvement in care, reported monthly via Q&S and clinical quality performance review. Feedback reports to Clinical Centres required for regular KPI monitoring. Executive walk rounds have started which include speaking to patients about their experiences, feedback given to the team and report sent for action by the team. Action plan and report monitored at Q&S , PEIP and clinical centre governance meetings PEIP observations of care will observe interaction with patients and staff and ward board rounds. Feedback given to staff and reports to PEIP monthly

	comprehensively reviewed to incorporate a discharge checklist and notification of complex discharges this needs to be validated against LHE requirements. Patients should receive written information on discharge regarding follow up advice and medications. Regular audit needs to e undertaken to ensure standard met Transfer handover forms are completed for all transfers to other care settings but feedback has identified a need for improved and consistent information Patients receive written information about the medications they are taking home.	Informed seamless handover of care to alternate care providers. Safe and effective discharge with patients and families understanding their medication changes and follow up arrangements. GP's and care providers feel fully informed with accurate and timely information to be able to provide the ongoing care needs of the patients. GP's and care providers will know and understand to whom they can pick up any questions about care delivery Safe medicines management					Monitoring of PALS/Complaints LHE transition meetings will identify variances to best practice

Appendix 3

Ward to Board Patient Experience Metrics for April 2012 – March 2013

	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013
How clean is this ward (including toilets)?	95%	95%	95%	95%	96%	96%	96%	97%	97%	97%	98%	95%
As far as you know do the staff wash or clean their hands between touching patients?	95%	92%	95%	94%	96%	96%	96%	97%	96%	96%	98%	97%
Do you feel informed about potential medication side effects?	46%	57%	65%	65%	72%	64%	72%	83%	76%	86%	82%	75%
Do you feel you have enough privacy when discussing your condition or treatment with staff?	88%	89%	85%	83%	86%	85%	86%	91%	91%	87%	93%	86%
Do you feel that you have been treated with respect and dignity while you are on this ward?	91%	95%	98%	93%	95%	94%	95%	96%	97%	95%	97%	97%
Do you feel involved in decisions about your treatment and care?	80%	83%	77%	78%	77%	79%	84%	89%	86%	87%	89%	84%
Have hospital staff been available to talk about any worries or concerns you have?	82%	92%	90%	90%	86%	91%	93%	93%	90%	89%	92%	87%
Do you get enough help from staff to eat your meals?	92%	90%	98%	87%	90%	95%	98%	95%	92%	85%	99%	92%
Whilst you have been on this ward have you ever shared a sleeping area with a member of the opposite sex?	100%	96%	98%	99%	99%	97%	97%	98%	99%	97%	100%	98%
Do you think hospital staff do everything they can to help control your pain?	89%	93%	89%	90%	89%	87%	93%	95%	92%	90%	96%	91%
When you use the call buzzer is it answered?	88%	93%	89%	87%	90%	90%	87%	91%	90%	89%	91%	90%
Have staff talked to you about your discharge from hospital?	64%	74%	63%	65%	68%	68%	64%	71%	72%	75%	73%	69%
Total	83%	87%	86%	86%	87%	86%	88%	91%	90%	90%	92%	88%