

# National findings from the 2013 Inpatients survey

## Introduction

This report details the key findings from the 2013 survey of adult inpatient services. This is the eleventh survey and involved 156 acute and specialist NHS trusts. We received responses from just over 62,400 patients, a response rate of 49%.

The questionnaire asks people about their experiences from hospital admission to discharge. This briefing note highlights any statistically significant differences from 2012 (the last time the survey was carried out). A “statistically significant” difference means that a change in result is very unlikely to have occurred by chance. Where comparisons are not shown, this is either because there has not been a statistically significant change, or because a question is new or has been changed.<sup>1</sup> 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.

## Summary

It is encouraging that there have been improvements in the results for many questions, with very few questions having a decline. However, a number of questions have remained stable meaning scope for continued improvement remains in some key areas such as involving patients in their care and treatment, information provision and discharge arrangements.

Information provision has been highlighted as an area of concern over repeated surveys of hospital inpatients. It is encouraging that there have been improvements in many of the questions asking about this across all areas of stay from arriving at hospital, to the ward and discharge:

There were increases in the proportion of respondents who say they were given the “right amount” of information about their condition or treatment: 75% of those who went through A&E said that they were given the “right amount” of information in A&E, up from 74% in 2012; and 80% of all respondents said were given the “right amount” of information on the hospital ward, up from 79% in 2012.

Improvements were also seen in some questions asking about information provision for operations and procedures: of those respondents who had an operation or procedure, 82% said that beforehand, a member of staff “completely” explained the risks and benefits in a way they could understand (up from 81% in 2012) and explained what would be done during the operation or procedure (76%, up from 74% in 2012). Sixty eight percent said

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<sup>1</sup> If a question has been changed, it is not possible to present comparisons as it is not known if the change in result is caused by a change in patient experiences, or the change to the questionnaire.

that afterwards, a member of staff “completely” explained how it had gone in a way they could understand (up from 66% in 2012).

Information provision at discharge has improved in *some* areas: 69% were given written or printed information about what they should or should not do after leaving hospital (up from 67% in 2012) and 72% were “completely” given clear written or printed information about medication to take home (up from 71% in 2012). Sixty four percent received copies of letters sent between hospital doctors and their family doctor, up from 61% in 2012.

However, whilst improvements have been seen in some questions asking about respondents experiences of leaving hospital, this remains an area where further improvement is needed. There is scope to involve patients more in decisions about their discharge from hospital - although 54% “definitely” felt involved, an improvement from 53% in 2012, this still leaves a large proportion not feeling fully involved. Responses to the survey also suggest that scope remains for improvement in providing information about medication side effects as less than two-fifths of respondents (39%) reported that they were “completely” told about medication side effects to watch out for when they went home (up from 38% in 2012). Less than half (43%) were “completely” told about any danger signals they should watch out for at home (up from 41% in 2012). Half (50%) said that that doctors or nurses “definitely” gave their family or someone close to them all the information they needed to help care for them (up from 48% in 2012).

Delays to discharge from hospital remain a problem: results are unchanged from 2012 with 41% saying their discharge was delayed. Of these, a large proportion (62%) were waiting for medicines. Almost a quarter (24%) said that their discharge was delayed by four hours or more.

Questions asking about communication with staff have also seen improvements: 69% said that doctors “always” answered their questions in a way they could understand (up from 68% in 2012) and 76% said that doctors did **not** talk in front of them as if they were not there (up from 75% in 2012). Sixty nine percent were **not** given conflicting information by hospital staff, up from 68% in 2012. More than half (57%) “definitely” got enough emotional support from staff during their stay, if they needed this, up from 56% in 2012. However, less than half (40%) were “definitely” able to find someone on the hospital staff to talk to about their worries and fears, if they wanted to, though this is an improvement from 38% in 2012.

There have been improvements in questions asking about cleanliness with 69% describing the hospital room or ward they were in as “very clean” (up from 68% in 2012), and 62% describing the toilets and bathrooms as “very clean” (up from 61% in 2012).

There have been improvements in questions asking about privacy: 78% of those who went through A&E were “definitely” given enough privacy when being examined or treated there (up from 76% in 2012) and 75% of all

respondents were “always” given enough privacy when discussing their condition or treatment on the hospital ward, up from 74% in 2012.

There have also been improvements in questions asking about transitions out of hospital and between other services, if this was applicable: 61% said that hospital staff “completely” took their family or home situation into account when planning their discharge, up from 60% in 2012. Eighty five percent said that hospital staff discussed with them if they needed any further health or social care services after leaving hospital, up from 84% in 2012.

When asked to rate their overall experience on a scale of 0 to 10, most people responded positively with 71% rating their overall experiences as “8” or above. Over a quarter (27%) rated their overall experience as a “10” which was up from 25% in 2012.

Though results have improved from 86% in 2012, a large majority of respondents (79%) said that during their stay in hospital, they were **not** asked to give their views on the quality of their care.

## **Results from the Survey**

### **Admission to Hospital**

The majority of respondents (61%) said that their hospital stay was an emergency (for example, they were admitted after attending the Accident and Emergency Department) an increase from 59% in 2012. There has been a corresponding decrease in the proportion who had a planned admission (following referral by a healthcare professional), from 38% in 2012 to 36% in 2013.<sup>2</sup> The remaining 3% responded “something else” (for example, they may have been transferred from another hospital).

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

Of those who were admitted as an emergency, the majority went through A&E when they arrived at hospital (84%, down from 88% in 2012).

### **Information Provision**

The majority of respondents (75%, up from 74% in 2012) were given the “right amount” of information about their condition or treatment while they were in A&E. Nine percent said that they were not given any information and 16% said that they were not given enough.

### **Privacy**

Just over three quarters of respondents (78%) were “definitely” given enough privacy when being examined or treated in A&E, up from 76% in 2012. There

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<sup>2</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. This is taken into account when comparing results between NHS trusts in the scored data. .

was a corresponding decrease in the proportion to respond “to some extent” from 22% in 2012 to 20% in 2013. The remainder (2%) said they were not given enough privacy.

## **Waiting List or Planned Admissions**

### **Choice**

Over a quarter (27%) said that when they were referred to see a specialist, they were offered a choice of hospital for their first hospital appointment. Eleven percent said they were not offered a choice, but would have liked one. The majority (61%) were not offered a choice but said they did not mind.

### **Waiting to be admitted**

Respondents were asked how they felt about the length of time they were on the waiting list before they were admitted to hospital. The majority (76%) said that they were “admitted as soon as I thought was necessary”. Fifteen percent said they “should have been admitted a bit sooner” and 8% that they “should have been admitted a lot sooner”.

Just under a fifth said that their admission date was changed by the hospital, either once (16%) or two or three times (3%). The majority did not have their admission date changed by the hospital (81%).

### **Transition between services**

Respondents were asked if, in their opinion, the specialist they saw in hospital had been given all of the necessary information about their condition or illness from the person who referred them. The majority (82%) said “yes, definitely” with the remainder responding “yes, to some extent” (15%) or “no” (3%). This question is not comparable to 2012 due to changes made to the response options.

## **The Hospital and Ward**

### **Waiting to get to the ward**

All respondents were asked if, from the time they arrived at the hospital, it felt like they had to wait a long time to get to a bed on a ward. Most (66%) said “no” which is a statistically significant increase of less than one percent from 2012 (66%). The remainder said “yes definitely” (13%) or “yes, to some extent” (21%).

### **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” and this is set out in the operating framework for the NHS.<sup>3</sup> This is a complex area to assess using patient experience surveys as patients’ reporting can be influenced by:

- The purpose of the ward they stay in.

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<sup>3</sup>[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216590/dh\\_131428.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216590/dh_131428.pdf)

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

To understand some of these effects, the survey results are presented separately for respondents who had emergency and those who had planned admissions, and they distinguish between sharing before and after moving to other wards. Sixty-two percent of respondents stayed in just one ward with 30% staying in two wards and 8% three or more.

We also exclude any respondents who stayed in critical care areas (such as Intensive Care, High Dependency Unit or Coronary Care Unit) 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 2013, 22% said they stayed in a critical care area (up from 21% in 2012).

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

Respondents were asked if, when they were first admitted, they shared a sleeping area (for example, a room or bay) with patients of the opposite sex. The majority of respondents said they did not: 92% of those who had an emergency admission and 94% who had a planned admission (though this is down from 95% in 2012 for planned admissions).

#### **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. Again, the majority of respondents said they did not: 95% of those who had an emergency admission and 96% who had a planned admission.

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

The NHS is required to monitor any mixed sex use of bathrooms<sup>4</sup>. Respondents were asked if they ever used the same bathroom or shower area as patients of the opposite sex. The majority (86%) said they did not. This leaves 13% who said they did and 1% who said they did because the bathroom had special bathing equipment that they needed to use.

#### **Noise at Night**

Almost two fifths of respondents (39%) said that they were bothered by noise at night from other patients. A fifth (20%) said that they were bothered by noise at night from hospital staff, a statistically significant decrease of less than one percent from 2012 (20%)

#### **Cleanliness**

Over two thirds of respondents (69%) described the hospital room or ward as "very clean", up from 68% in 2012. There was a corresponding decrease in the proportion who said it was "fairly clean" from 29% in 2012 to 28% in 2013. Two percent said it was "not very clean" and 1% "not at all clean".

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<sup>4</sup> [www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/MSA-Stats-Press-Notice-January-2014.pdf](http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/MSA-Stats-Press-Notice-January-2014.pdf)

Sixty two percent of respondents described the toilets and bathrooms that they used in hospital as “very clean”, up from 61% in 2012. There was a corresponding decrease in the proportion who responded “fairly clean” from 33% in 2012 to 32% in 2013. Five percent said they were “not very clean” and 1% “not at all clean.”

Hand hygiene by patients and visitors is essential to control the spread of infection within hospitals. Most respondents (96%) said that hand-wash gels were available for patients and visitors to use. The remainder said they were empty (2%, up from 1% in 2012) or that they did not see any (3%).

### **Security**

Most respondents (97%) said that they did not feel threatened during their stay in hospital by other patients or visitors, leaving 3% who said that they did.

### **Food**

Respondents were asked how they would rate the hospital food. Twenty one percent said it was “very good,” a statistically significant increase of less than one percent from 2012 (21%). Thirty six percent described it as “good”, a statistically significant decrease of less than one percent from 2012 (36%). Twenty nine percent described the food as “fair,” down from 30% in 2012, and 14% described the food as “poor,” an increase from 13% in 2012.

The majority of respondents (79%) were “always” offered a choice of food, a statistically significant increase of less than one percent from 2012 (79%). Fifteen percent were “sometimes” offered a choice of food, leaving 6% who said they were not. 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 (11%, down from 12% in 2012%) compared with those who had a longer stay (3%).

Around a quarter of all respondents to the survey needed help from staff to eat their meals. Of this group, 64% said that they “always” got enough help. This leaves over a third who did not always get the help they needed, responding that they either only “sometimes” got enough help (19%) or that they did not get enough help (17%).

### **Doctors and Nurses**

#### **Communication**

The majority of respondents (69%) said that doctors “always” answered their questions in a way they could understand, up from 68% in 2012. Twenty six percent said they “sometimes” did and 5% that they did not (6% in 2012).

The majority of respondents (69%) said that nurses “always” answered their questions in a way they could understand. Twenty seven percent said they “sometimes” did (26% in 2012) and 4% that they did not.

Just over three quarters of respondents (76%) said that doctors did not talk in front of them as if they were not there, an improvement from 75% in 2012. Nineteen percent said that this “sometimes” happened which is a statistically significant decrease of less than one percent from 2012 (19%). The remainder said this “often” happened (5%).

The majority of respondents (81%) said that nurses did not talk in front of them as if they were not there. Fifteen percent said that this “sometimes” happened and 4% that this “often” happened.

Respondents were asked whether one member of staff ever told them one thing and another told them something quite different. The majority (69%) said this did **not** happen, an improvement from 68% in 2012. There was a corresponding decrease in the proportion to say that this “sometimes” happened from 25% in 2012 to 24% in 2013. Seven percent said that this “often” happened.

### **Confidence and Trust**

Eighty one percent said that they “always” had confidence and trust in the doctors treating them. The remainder responded “sometimes” (16%) or “no” (3%).

Over three quarters (77%) said that they “always” had confidence and trust in the nurses treating them. The remainder responded “sometimes” (20%) or “no” (3%).

### **Availability of Staff**

Just under three fifths of respondents (59%) said that there were “always or nearly always” enough nurses on duty to care for them in hospital. Thirty percent said that there were “sometimes” enough nurses leaving 11% who said that there were “rarely or never” enough nurses, a statistically significant increase of less than one percent from 2012 (11%).

Two fifth of respondents (40%) “definitely” found someone on the hospital staff to talk to about their worries and fears, if they wanted to, up from 38% in 2012. There was a corresponding decrease in the proportion to respond “yes, to some extent” from 38% in 2012 to 36% in 2013. Almost a quarter (23%) said they were not able to find anyone to talk to about their worries and fears.

Fifty seven percent of respondents said that they “always” got enough emotional support from hospital staff, if they wanted this, an improvement from 56% in 2012. There was a corresponding decrease in those responding “yes, sometimes” from 30% in 2012 to 29% in 2013. The remaining 14% said they did not receive enough emotional support from staff.

Respondents were asked how long it usually took for them to receive the help they needed after they used the call button: 14% said this was “0 minutes /right away.” Most said this took between one and two minutes (38%) or between three and five minutes (29%). Seventeen percent said this took more

than five minutes and 1% said they never got help when they used the call button.

## **Patient care and treatment**

### **Involvement in decisions**

Providing the right amount of information to each patient in an understandable way is essential for them to be able to make informed decisions about their care and treatment.

Over half (56%) said that they were “definitely” involved as much as they wanted to be in decisions about their care and treatment, an improvement from 55% in 2012. There was a corresponding decrease in the proportion to respond “yes, to some extent” from 35% in 2012 to 34% in 2013. Ten percent said that they were not involved as much as they wanted to be.

The majority (80%) were given the “right amount” of information about their condition or treatment, up from 79% in 2012. A fifth (20%) were not given enough, a statistically significant decrease of less than one percent from 2012 (20%). The remainder (1%) said they were given “too much” information.

### **Privacy**

Three quarters (75%) were “always” given enough privacy when discussing their condition or treatment, up from 74% in 2012. There has been a corresponding decrease in the proportion responding “yes, sometimes” from 19% in 2012 to 18% in 2013. Six percent said they were not given enough privacy.

Most (90%) said that they were “always” given enough privacy when being examined or treated. Eight percent said this was “sometimes” the case and 1% were not given enough privacy.

### **Pain management**

When asked if they were ever in any pain during their stay in hospital, 64% of respondents said that they were. Of those who experienced pain, 71% said that staff “definitely” did everything they could to help control their pain, up from 70% in 2012. There has been a corresponding decrease in the proportion who responded “yes, to some extent” from 24% in 2012 to 23% in 2013. Six percent thought that staff did not do everything they could to help control their pain.

## **Operations and Procedures**

Just over three fifths of respondents (61%) reported that they had an operation or procedure during their stay in hospital (down from 62% in 2012). These respondents were asked a number of questions about their experiences.



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

Most of the respondents who had an operation or procedure responded positively to questions asking about the information they received.

Just over four fifths of respondents (82%) said that a member of staff “completely” explained the risks and benefits of the operation or procedure in a way they could understand, up from 81% in 2012. Fifteen percent said this was explained to them “to some extent,” a statistically significant decrease of less than one percent from 2012 (15%). Four percent said this was not explained to them in a way they could understand.

Over three quarters of respondents (76%) said that a member of staff “completely” explained what would be done during the operation or procedure, an improvement from 74% in 2012. There was a corresponding decrease in the proportion to respond “yes, to some extent” from 21% in 2012 to 20% in 2013. Five percent said this was not explained to them.

The majority (78%) said that a member of staff “completely” answered any questions they had about the operation or procedure in a way they could understand. Nineteen percent responded “yes, to some extent” and 4% “no.”

Fifty seven percent said that they were “completely” told how they could expect to feel after the operation or procedure. However, this leaves over two fifths who were either not told this (15%) or told “to some extent” (28%).

Eighty five percent of respondents said that before the operation, they were given an anaesthetic or medication to put them to sleep or control their pain. 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. Eleven percent said this was explained “to some extent” and 4% that this was not explained in a way they could understand.

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

Over two thirds of respondents (68%) 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 66% in 2012. There have been corresponding decreases in the proportions responding “yes, to some extent” from 23% in 2012 to 22% in 2013, or “no” from 11% in 2012 to 10% in 2013.

### **Leaving the Hospital**

#### **Preparing to leave hospital**

Over half of respondents (54%) said that they “definitely” felt involved in decisions about their discharge from hospital, up from 53% in 2012. This leaves more than two fifths who did not feel they were involved enough, responding either “yes, to some extent” (30%) or “no” (16%, a statistically significant decrease of less than 1% from 2012).

Respondents were asked if they were given enough notice about when they were going to be discharged from hospital. Over half (56%) said they “definitely” were, 32% said they were “to some extent” (up from 31% in 2012) and 13% that they were not.

Respondents were asked if hospital staff took their family or home situation into account when planning their discharge. Of those for whom this was necessary (around three fifths of all respondents) 61% said hospital staff “completely” took their home or family situation into account when planning their discharge, up from 60% in 2012. There was a corresponding decrease in the proportion to say “no” from 19% in 2012 to 18% in 2013 with the remainder responding “yes, to some extent” (21%).

### **Delays to discharge**

Forty one percent of respondents said that on the day they left hospital their discharge was delayed.

Of those who were delayed, most (62%) said this was caused by “waiting for medicines.” The remainder said this was due to “waiting to see a doctor” (14%), “waiting for an ambulance” (10%) or another reason (14%).

Respondents were also asked about the length of the delay: 15% were delayed by an hour, 28% between one and two hours, 33% between two and four hours, and 24% longer than four hours.

### **Medication**

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

Three quarters (75%) said that a member of staff “completely” explained the purpose of medicines they were to take home in a way they could understand. Sixteen percent responded “yes, to some extent” leaving 8% who said “no.”

Less than two fifths of respondents (39%) said that a member of staff “completely” told them about the medication side effects to watch out for when they went home, though this was up from 38% in 2012. Nineteen percent responded “yes, to some extent” leaving over two fifths (42%) who said that a member of staff did not tell them about medication side effects to watch out for when they went home, though this is an improvement from 43% in 2012.

Just over three quarters (76%) said that they were “definitely” told how to take their medication in a way they could understand. Fifteen percent responded “yes, to some extent” and 9% “no.”

Seventy two percent responded “yes completely” when asked if they were given clear written or printed information about their medicines, up from 71% in 2012. There was a corresponding decrease in the proportion to respond “no” from 13% in 2012 to 12% in 2013. The remainder responded “yes, to some extent” (16%).

### **Information provision**

Over two thirds (69%) said that they were given written or printed information about what they should or should not do after leaving hospital, up from 67% in 2012. This leaves 31% who said they were not given this information, though this is an improvement from a third (33%) in 2012.

Less than half of respondents (43%) said they received a “complete” explanation from a member of staff about any danger signals they should watch for after they went home, though this is up from 41% in 2013. There was a corresponding decrease in the proportion to say “no” from 38% in 2012 to 36% in 2013. The remainder said “yes, to some extent” (21%).

Half of respondents (50%) said that doctors or nurses “definitely” gave their family or someone else close to them all the information they needed to help care for them, if this was necessary, up from 48% in 2012. There were corresponding decreases in the proportion to respond “yes, to some extent” (24% in 2012 and 22% in 2013) or “no” (29% in 2012 and 28% in 2013).

Over three quarters (77%) said that hospital staff told them who to contact if they were worried about their condition or treatment after leaving hospital, leaving 23% who were not told this.

It is good practice that patients receive copies of letters sent between the hospital and the patients’ family doctor (GP)<sup>5</sup>. This year 64% of respondents said they received copies up from 61% in 2012. Of those who received copies, just over three quarters (76%) said that the letters were “definitely” written in a way they could understand. The remainder said “yes, to some extent” (22%) or “no” (2% in 2013 and 3% in 2012).

### **Transition from hospital**

Two questions were included in the survey asking respondents whether hospital staff discussed transitions between other services with them when leaving hospital, if this was necessary.

Of those respondents for whom this was necessary, 81% said that hospital staff discussed with them whether they would need any additional equipment in their home, or any adaptations made to their home, after leaving hospital. This leaves 19% who said that staff did not discuss this with them, but they would have liked them to.

Eighty five percent said that hospital staff discussed with them whether they needed any further health or social care services after leaving hospital (such as services from a GP, physiotherapist, community nurse, or assistance from social services or the voluntary sector), up from 84% in 2012. This leaves 15% who said that staff did not discuss this with them, but they would have liked them to, though this is down from 16% in 2012.

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[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4007561](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007561)

## **Overall Impression**

Eighty one percent of respondents reported that, overall, they were “always” treated with respect and dignity while they were in hospital, up from 80% in 2012. There was a corresponding decrease in the proportion who said this was “sometimes” the case from 17% in 2012 to 16% in 2013. Three percent said they did not feel they were treated with respect and dignity.

When asked to rate their overall experience, most people responded positively. On a scale of 0 to 10, 71% of respondents scored their overall experiences as “8” or above. Over a quarter (27%) rated their overall experience as a “10” which was up from 25% in 2012.

Over a fifth of respondents (21%) said that during their hospital stay they were asked to give their views on the quality of care they received, up from 14% in 2012. This leaves 79% who were not asked this (down from 86% in 2012).

It is important that patients understand how to complain if they are unhappy with the care they receive while in hospital. The majority of respondents (75%) did not see, or were not given, any information explaining how to complain about the care they received in hospital, though this is an improvement from 78% in 2012.

## **Next Steps**

This report has presented the results from the 2013 inpatient survey, making comparisons with the 2012 survey where possible. The detailed survey results have been provided back to NHS trusts who are expected to take action based upon the results. The results will be used by the Care Quality Commission as part of its Hospital Intelligent Monitoring.

NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. The Trust Development Authority will use the results to inform the quality and governance assessment as part of their Oversight Model for NHS Trusts.

## **Further information**

The full national results are on the CQC website, together with an A to Z list to view the results for each trust (alongside the technical document outlining the methodology and the scoring applied to each question):

[www.cqc.org.uk/Inpatientsurvey2013](http://www.cqc.org.uk/Inpatientsurvey2013)

The results for the adult inpatient surveys from 2002 to 2012 can be found at:

<http://www.nhssurveys.org/surveys/425>

Full details of the methodology of the survey can be found at:

<http://www.nhssurveys.org/surveys/705>

More information on the programme of NHS patient surveys is available at:  
[www.cqc.org.uk/public/reports-surveys-and-reviews/surveys](http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys)

More information on CQC's Intelligent Monitoring is available on the CQC website at:  
<http://www.cqc.org.uk/public/hospital-intelligent-monitoring>