

# Patient survey report 2016



Emergency Department Survey 2016  
Northampton General Hospital NHS Trust

Emergency Department Survey 2016



# **NHS patient survey programme**

## **Emergency Department Survey 2016**

### **The Care Quality Commission**

The Care Quality Commission is the independent regulator of health and adult social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care, and we encourage care services to improve. Our role is to register care providers and to monitor, inspect and rate services. If a service needs to improve, we take action to make sure this happens. We speak with an independent voice, publishing regional and national views of the major quality issues in health and social care.

## **Emergency Department Survey 2016**

To improve the quality of services the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used health services to tell us about their experiences.

The sixth survey of emergency department patients involved 137 acute and specialist NHS trusts with a Type 1 accident and emergency department<sup>1</sup>. Forty nine of these trusts also had direct responsibility for running a Type 3 department<sup>2</sup> and patients from these departments were included within the survey for the first time in 2016. Responses were received from 45,597 people, a response rate of 27%.

Patients were eligible for the survey if they were aged 16 years or older, had attended an emergency department during September 2016 and were not staying in hospital during the sampling period. Full sampling criteria can be found in the survey instruction manual (see further information section).

Trusts responsible for only Type 1 departments drew a random sample of 1,250 patients. Trusts that also directly ran Type 3 departments sampled 950 patients from Type 1 departments and 300 patients from Type 3 departments. Questionnaires and reminders were sent to patients between October 2016 and March 2017.

Similar surveys of emergency department patients were carried out in 2003, 2004, 2008, 2012 and 2014. Due to the change in sampling month, results from 2016 are not comparable with previous years.

The emergency department survey is part of a wider programme of NHS patient surveys, which covers a range of topics including adult inpatients, children and young people's inpatient and day-case services, maternity services and community mental health services. To find out more about our programme and for the results from previous surveys, please see the links contained in the further information section.

The Care Quality Commission will use the results from this survey in our regulation, monitoring and inspection of NHS acute trusts in England. We will use data from the survey in our system of CQC Insight, which provides inspectors with an assessment of performance in areas of care within an NHS trust that need to be followed up. Survey data will also be used to support CQC inspections. 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. NHS Improvement will use the results to guide its work to improve the quality of care provided by NHS Trusts and Foundation Trusts.

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<sup>1</sup>A Type 1 department is a major, consultant led A&E Department with full resuscitation facilities operating 24 hours a day, 7 days a week

<sup>2</sup>A Type 3 department is an A&E/minor injury unit with designated accommodation for the reception of accident and emergency patients. The department may be doctor or nurse-led, treats at least minor injuries and illnesses and can be routinely accessed without appointment.

## Interpreting the report

This report includes Type 1 department results only<sup>3</sup> and shows how a trust scored for each question in the survey, compared with the range of results from all other trusts that took part.

It uses an analysis technique called the '**expected range**' to determine if your trust is performing 'about the same', 'better' or 'worse' compared with other trusts. For more information, please see the 'methodology' section below. This approach is designed to help understand the performance of individual trusts, and to identify areas for improvement.

A 'section' score is also provided, labelled S1-S9 in the 'section scores'. The scores for each question are grouped thematically and broadly in line with their order in the questionnaire, for example 'Doctors and nurses' and 'Tests'.

This report shows the same data as published on the CQC website (<http://cqc.org.uk/emergencydepartmentsurvey>). The CQC website displays the data in a simplified way, identifying whether a trust performed 'better', 'worse' or 'about the same' as the majority of other trusts for each question and section.

### Standardisation

Trusts have differing profiles of people who use their services. For example, one trust may have more male inpatients than another trust. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of people.

To account for this, we standardise the data. Results have been standardised by the age, sex and method of admission (emergency or elective) of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-sex-admission type profile reflects the national age-sex-admission type distribution (based on all of the respondents to the survey). Standardisation therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

### Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing.

It is not appropriate to score all questions in the questionnaire as not all of the questions assess trust performance. For example, they may be descriptive questions such as Q6 which asks respondents if they had previously visited the same emergency department about the same condition. Alternatively they may be 'routing questions' designed to filter out respondents to whom following questions do not apply. An example of a routing question would be Q29 "Were you in any pain while you were in the emergency department?"

For full details of the scoring please see the 'Survey Technical Document' (see further information section).

### Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the orange section of the graph, its result is 'about the same' as most other trusts in the survey.

<sup>3</sup>Benchmark reports for Type 3 department results have not been produced.

- If your trust's score lies in the red section of the graph, its result is 'worse' compared with most other trusts in the survey.
- If your trust's score lies in the green section of the graph, its result is 'better' compared with most other trusts in the survey.

The text to the right of the graph states whether the score for your trust is 'better' or 'worse' compared with most other trusts in the survey. If there is no text the score is 'about the same'. These groupings are based on a rigorous statistical analysis of the data, as described in the following 'methodology' section.

## Methodology

The 'about the same,' 'better' and 'worse' categories are based on an analysis technique called the '**expected range**' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it performs significantly above/below what would be expected. If it is within this range, we say that its performance is 'about the same'. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases there will be no red and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible for all trusts score (no red section). This could be because there were few respondents and / or a lot of variation in their answers.

Please note that if fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section). This is because the uncertainty around the result is too great. A technical document providing more detail about the methodology and the scoring applied to each question is available on the CQC website (see further information section).

## Tables

At the end of the report you will find tables containing the data used to create the graphs. These tables also show the response rate for your trust and background information about the people that responded.

Results for 2016 have not been compared with the previous survey as due to changes in sampling month, any change in results could be attributed to differences caused by patients being seen at different times of the year than in previous surveys.

## 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):

<http://cqc.org.uk/emergencydepartmentsurvey>

The results for the emergency department surveys from 2003, 2004, 2008, 2012 and 2014 can be found at:

<http://www.nhssurveys.org/surveys/296>

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

<http://www.nhssurveys.org/surveys/957>

More information on the programme of NHS patient surveys is available at:

<http://www.cqc.org.uk/content/surveys>

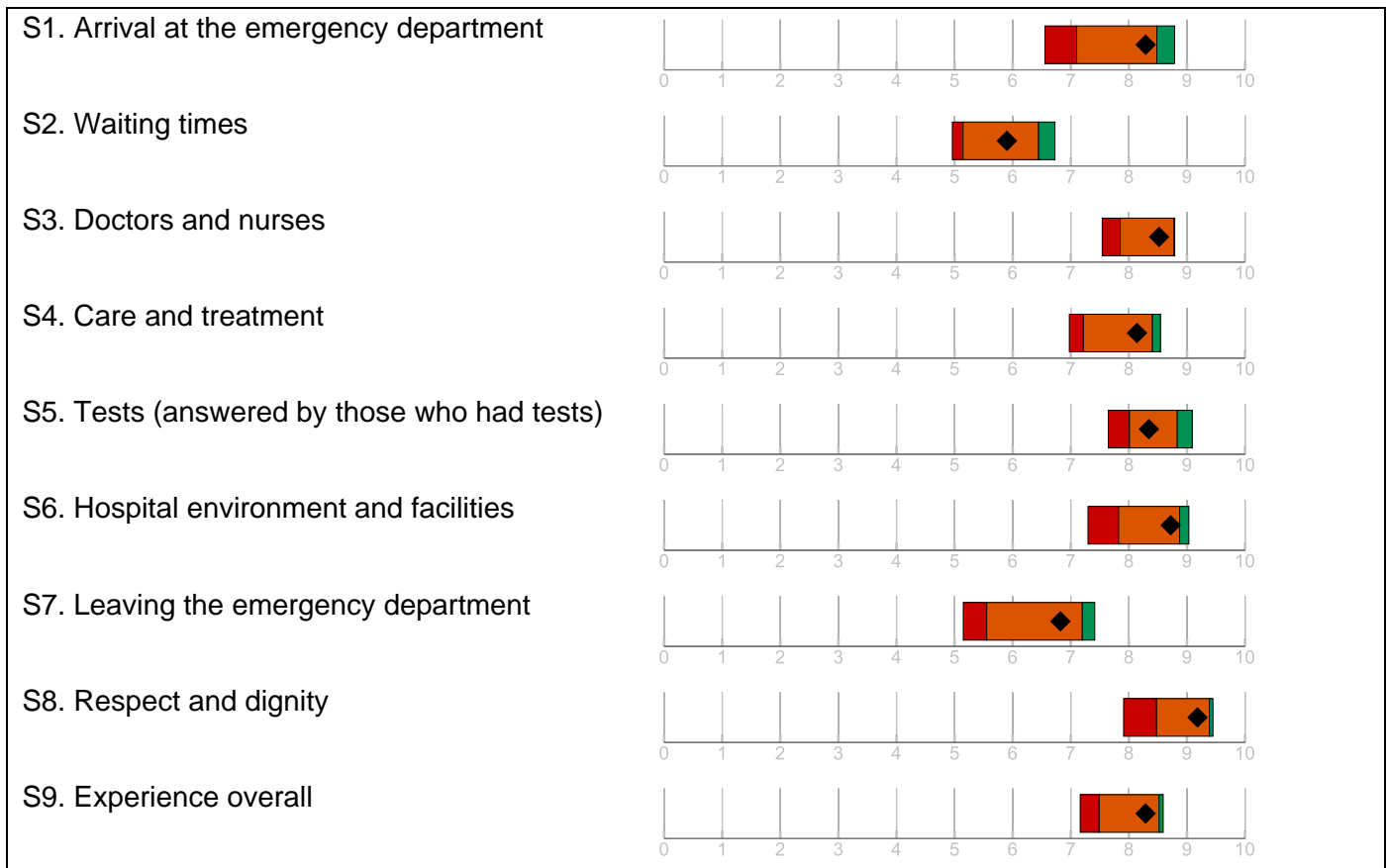
More information about how CQC monitors hospitals is available on the CQC website at:





<http://www.cqc.org.uk/content/monitoring-nhs-acute-hospitals>

# Emergency Department Survey 2016

## Northampton General Hospital NHS Trust

### Section scores

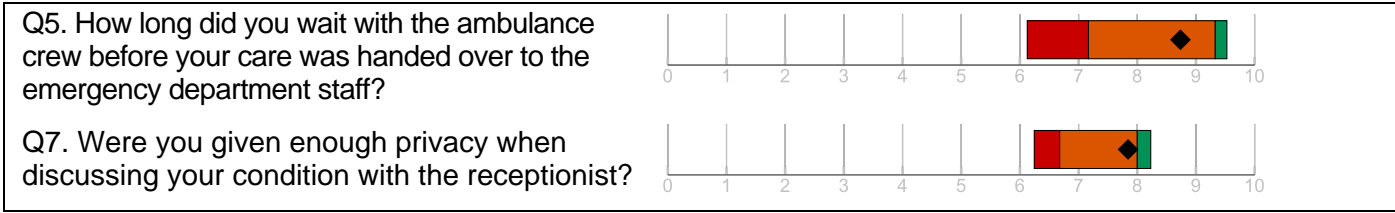


	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

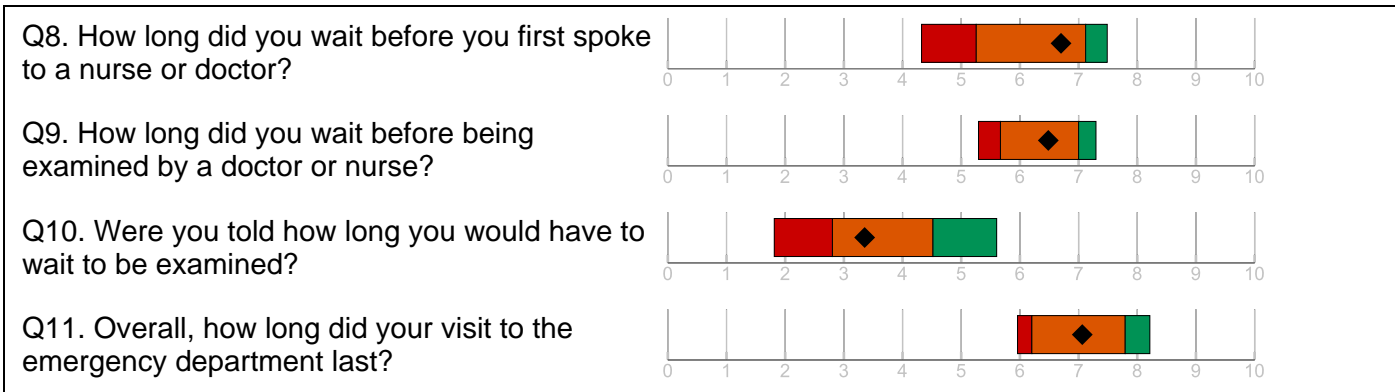
# Emergency Department Survey 2016

## Northampton General Hospital NHS Trust

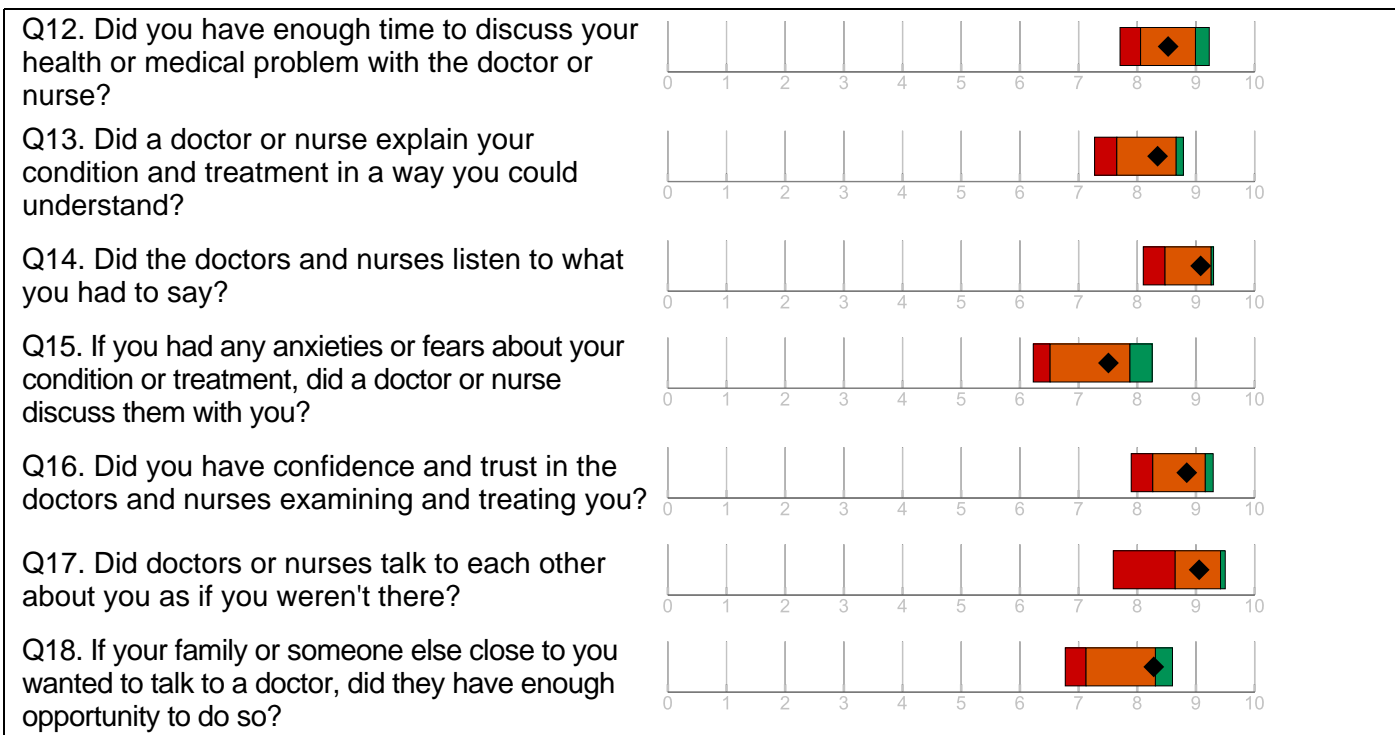
### Arrival at the emergency department







### Waiting times



### Doctors and nurses

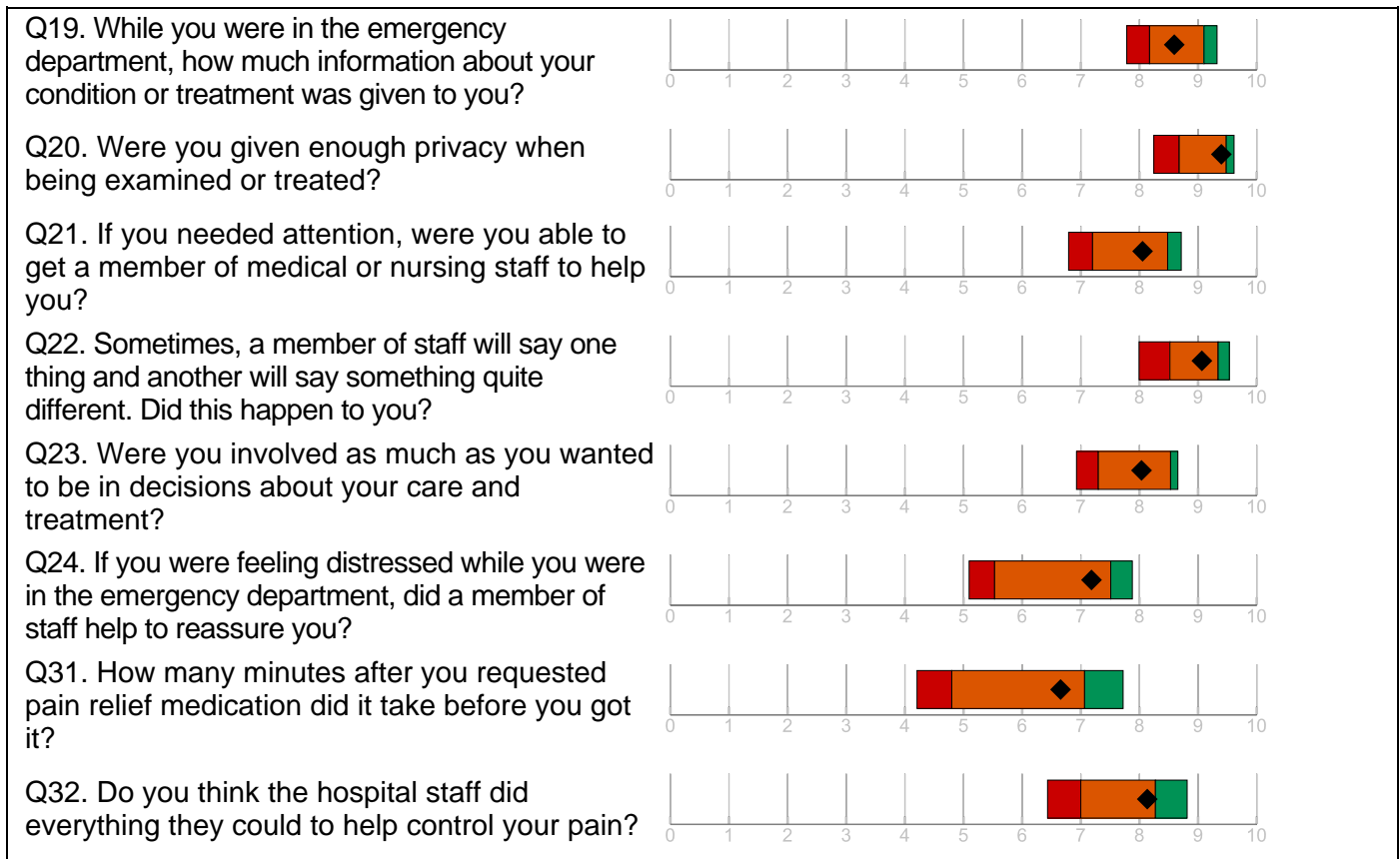


	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
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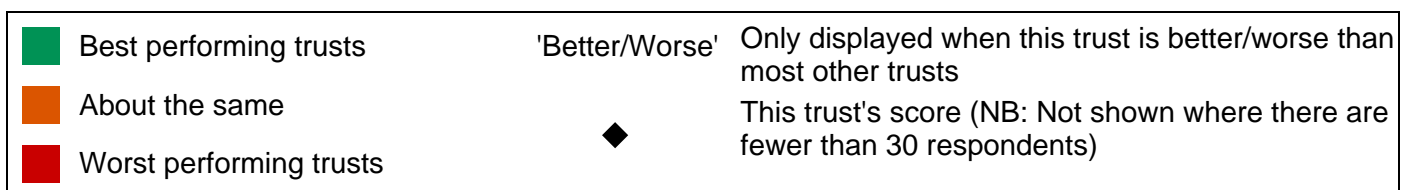
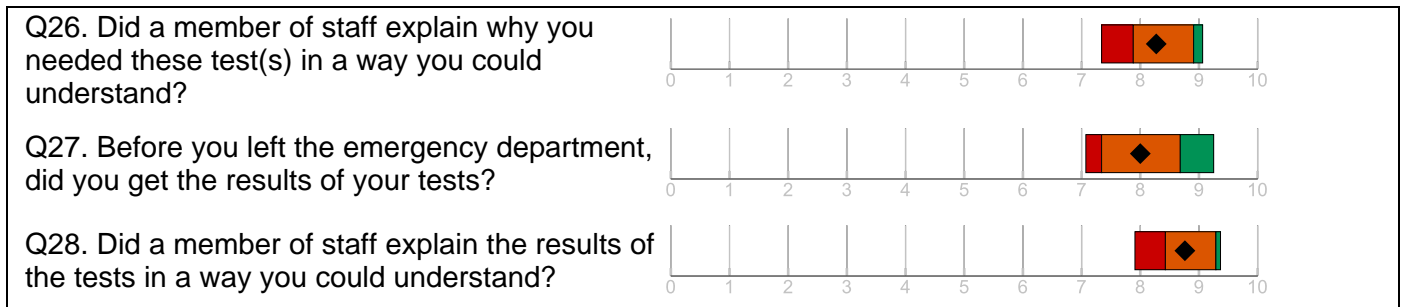
# Emergency Department Survey 2016

## Northampton General Hospital NHS Trust

### Care and treatment



### Tests (answered by those who had tests)

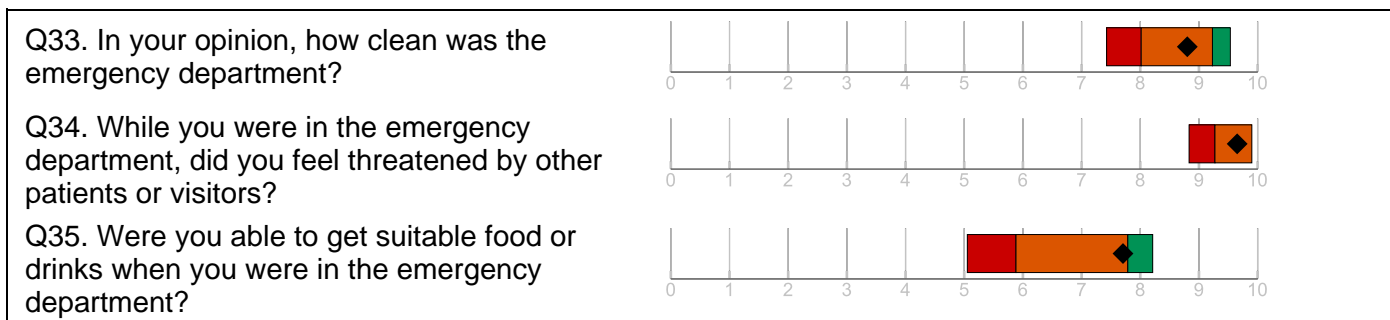




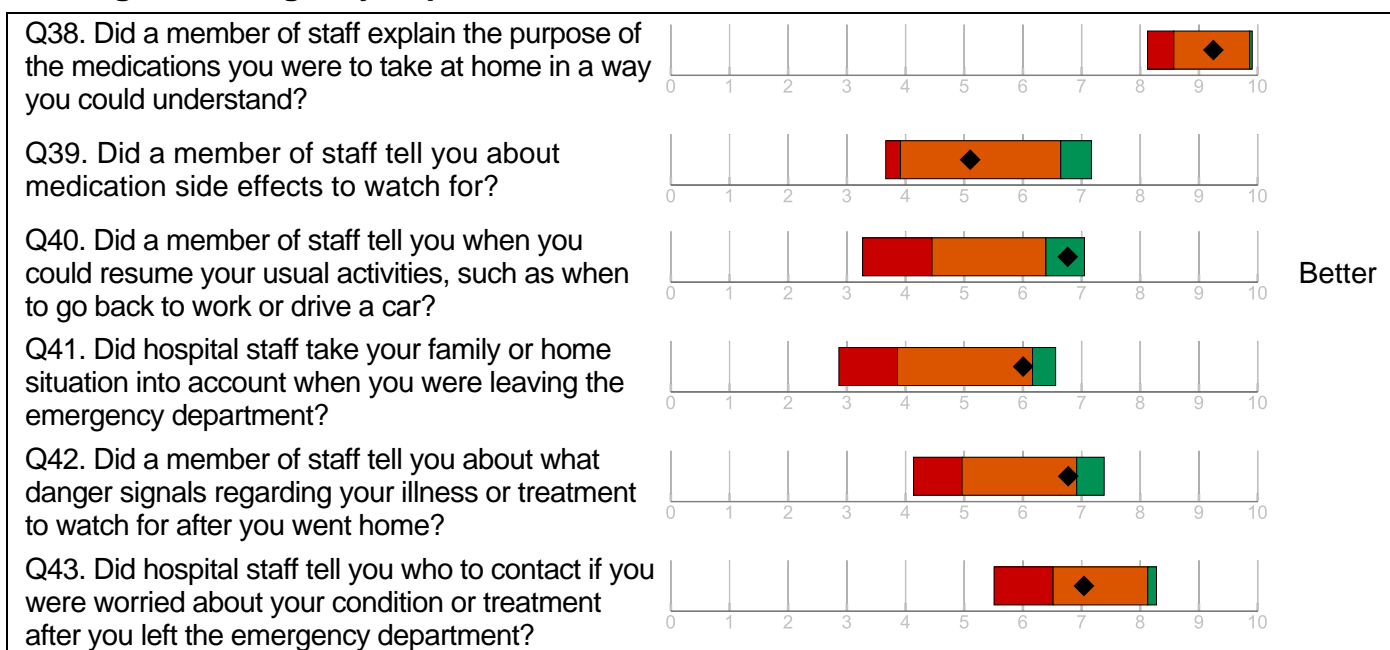
# Emergency Department Survey 2016

## Northampton General Hospital NHS Trust

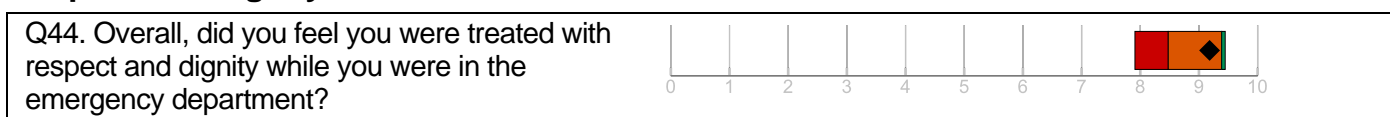
### Hospital environment and facilities



### Leaving the emergency department



### Respect and dignity



### Experience overall



	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

# Emergency Department Survey 2016

## Northampton General Hospital NHS Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)
<b>Arrival at the emergency department</b>					
S1	Section score	8.3	6.6	8.8	
Q5	How long did you wait with the ambulance crew before your care was handed over to the emergency department staff?	8.7	6.1	9.5	135
Q7	Were you given enough privacy when discussing your condition with the receptionist?	7.8	6.2	8.2	251
<b>Waiting times</b>					
S2	Section score	5.9	5.0	6.7	
Q8	How long did you wait before you first spoke to a nurse or doctor?	6.7	4.3	7.5	315
Q9	How long did you wait before being examined by a doctor or nurse?	6.5	5.3	7.3	323
Q10	Were you told how long you would have to wait to be examined?	3.4	1.8	5.6	262
Q11	Overall, how long did your visit to the emergency department last?	7.1	6.0	8.2	323
<b>Doctors and nurses</b>					
S3	Section score	8.5	7.5	8.8	
Q12	Did you have enough time to discuss your health or medical problem with the doctor or nurse?	8.5	7.7	9.2	339
Q13	Did a doctor or nurse explain your condition and treatment in a way you could understand?	8.3	7.3	8.8	318
Q14	Did the doctors and nurses listen to what you had to say?	9.1	8.1	9.3	334
Q15	If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	7.5	6.2	8.3	243
Q16	Did you have confidence and trust in the doctors and nurses examining and treating you?	8.8	7.9	9.3	335
Q17	Did doctors or nurses talk to each other about you as if you weren't there?	9.1	7.6	9.5	335
Q18	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	8.3	6.8	8.6	214

# Emergency Department Survey 2016

## Northampton General Hospital NHS Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)
<b>Care and treatment</b>					
S4	Section score	8.1	7.0	8.5	
Q19	While you were in the emergency department, how much information about your condition or treatment was given to you?	8.6	7.8	9.3	332
Q20	Were you given enough privacy when being examined or treated?	9.4	8.2	9.6	337
Q21	If you needed attention, were you able to get a member of medical or nursing staff to help you?	8.1	6.8	8.7	241
Q22	Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?	9.1	8.0	9.5	335
Q23	Were you involved as much as you wanted to be in decisions about your care and treatment?	8.0	6.9	8.7	313
Q24	If you were feeling distressed while you were in the emergency department, did a member of staff help to reassure you?	7.2	5.1	7.9	140
Q31	How many minutes after you requested pain relief medication did it take before you got it?	6.7	4.2	7.7	57
Q32	Do you think the hospital staff did everything they could to help control your pain?	8.1	6.4	8.8	164
<b>Tests (answered by those who had tests)</b>					
S5	Section score	8.3	7.6	9.1	
Q26	Did a member of staff explain why you needed these test(s) in a way you could understand?	8.3	7.3	9.1	251
Q27	Before you left the emergency department, did you get the results of your tests?	8.0	7.1	9.3	217
Q28	Did a member of staff explain the results of the tests in a way you could understand?	8.8	7.9	9.4	165
<b>Hospital environment and facilities</b>					
S6	Section score	8.7	7.3	9.0	
Q33	In your opinion, how clean was the emergency department?	8.8	7.4	9.5	328
Q34	While you were in the emergency department, did you feel threatened by other patients or visitors?	9.7	8.8	9.9	338
Q35	Were you able to get suitable food or drinks when you were in the emergency department?	7.7	5.1	8.2	180

**Emergency Department Survey 2016**  
**Northampton General Hospital NHS Trust**

		Scores for this NHS trust			Number of respondents (this trust)
			Lowest trust score achieved	Highest trust score achieved	
<b>Leaving the emergency department</b>					
S7	Section score	6.8	5.1	7.4	
Q38	Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	9.2	8.1	9.9	60
Q39	Did a member of staff tell you about medication side effects to watch for?	5.1	3.7	7.2	47
Q40	Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	6.8	3.3	7.0	112
Q41	Did hospital staff take your family or home situation into account when you were leaving the emergency department?	6.0	2.9	6.6	76
Q42	Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?	6.8	4.1	7.4	119
Q43	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the emergency department?	7.0	5.5	8.3	199
<b>Respect and dignity</b>					
S8	Section score	9.2	7.9	9.4	
Q44	Overall, did you feel you were treated with respect and dignity while you were in the emergency department?	9.2	7.9	9.4	333
<b>Experience overall</b>					
S9	Section score	8.3	7.2	8.6	
Q45	Overall...	8.3	7.2	8.6	326

# Emergency Department Survey 2016

## Northampton General Hospital NHS Trust

### Background information

<b>The sample</b>	<b>This trust</b>	<b>All trusts</b>
Number of respondents	343	41941
Response Rate (percentage)	29	28

<b>Demographic characteristics</b>	<b>This trust</b>	<b>All trusts</b>
Gender (percentage)	(%)	(%)
Male	43	45
Female	57	55
Age group (percentage)	(%)	(%)
Aged 16-35	12	12
Aged 36-50	19	14
Aged 51-65	23	25
Aged 66 and older	46	49
Ethnic group (percentage)	(%)	(%)
White	87	90
Multiple ethnic group	1	1
Asian or Asian British	4	3
Black or Black British	3	2
Arab or other ethnic group	0	0
Not known	6	4
Religion (percentage)	(%)	(%)
No religion	22	19
Buddhist	0	0
Christian	70	72
Hindu	2	1
Jewish	0	0
Muslim	2	2
Sikh	0	0
Other religion	1	1
Prefer not to say	2	2
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	89	93
Gay/lesbian	1	1
Bisexual	2	1
Other	1	1
Prefer not to say	7	5