Patient survey report 2016



Emergency Department Survey 2016 Chesterfield Royal Hospital NHS Foundation Trust

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## 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.

<sup>&</sup>lt;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>&</sup>lt;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 (<a href="http://cqc.org.uk/emergencydepartmentsurvey">http://cqc.org.uk/emergencydepartmentsurvey</a>). 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>&</sup>lt;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:

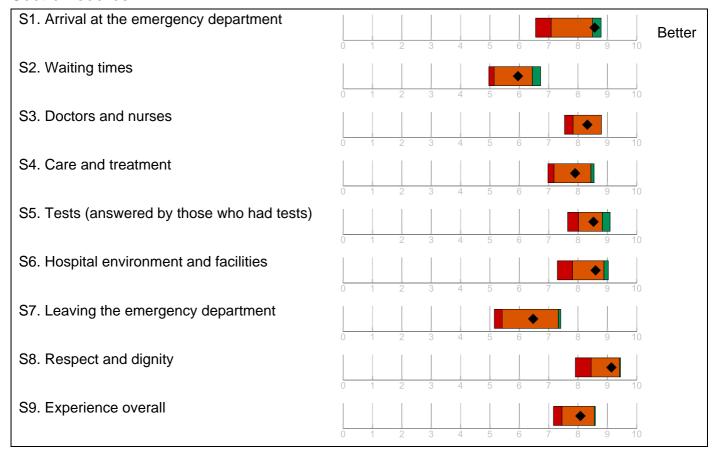
http://www.nhssurveys.org/surveys/296

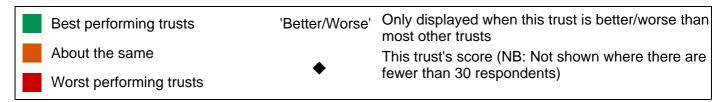
Full details of the methodology of the survey can be found at: <a href="http://www.nhssurveys.org/surveys/957">http://www.nhssurveys.org/surveys/957</a>

More information on the programme of NHS patient surveys is available at: <a href="http://www.cgc.org.uk/content/surveys">http://www.cgc.org.uk/content/surveys</a>

More information about how CQC monitors hospitals is available on the CQC website at: <a href="http://www.cqc.org.uk/content/monitoring-nhs-acute-hospitals">http://www.cqc.org.uk/content/monitoring-nhs-acute-hospitals</a>

#### **Section scores**

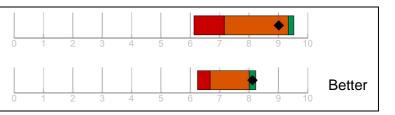




### Arrival at the emergency department

Q5. How long did you wait with the ambulance crew before your care was handed over to the emergency department staff?

Q7. Were you given enough privacy when discussing your condition with the receptionist?



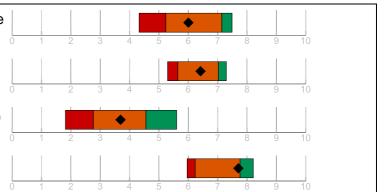
### Waiting times

Q8. How long did you wait before you first spoke to a nurse or doctor?

Q9. How long did you wait before being examined by a doctor or nurse?

Q10. Were you told how long you would have to wait to be examined?

Q11. Overall, how long did your visit to the emergency department last?



#### **Doctors and nurses**

Q12. Did you have enough time to discuss your health or medical problem with the doctor or nurse?

- - -

you had to say?

Q13. Did a doctor or nurse explain your condition and treatment in a way you could understand?

understand?

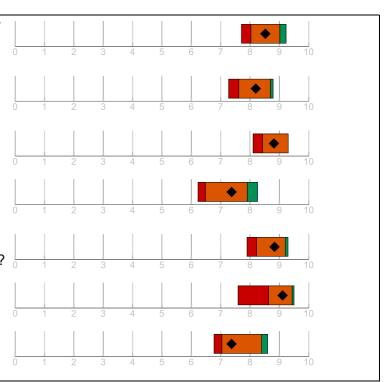
Q14. Did the doctors and nurses listen to what

Q15. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?

Q16. Did you have confidence and trust in the doctors and nurses examining and treating you?

Q17. Did doctors or nurses talk to each other about you as if you weren't there?

Q18. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?



Best performing trusts

'Better/Worse'

Only displayed when this trust is better/worse than most other trusts

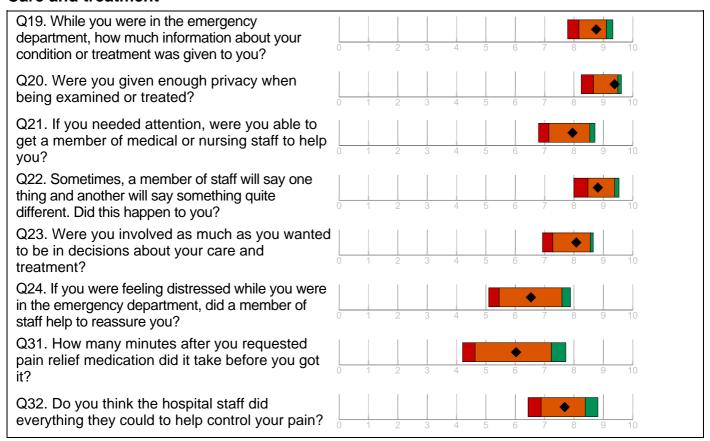
About the same

•

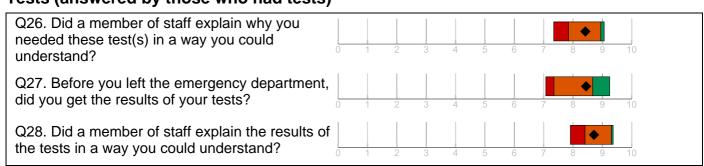
This trust's score (NB: Not shown where there are fewer than 30 respondents)

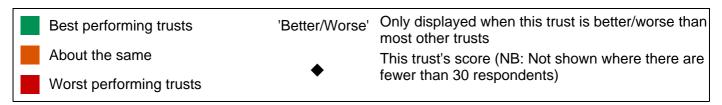
Worst performing trusts

#### Care and treatment



## Tests (answered by those who had tests)



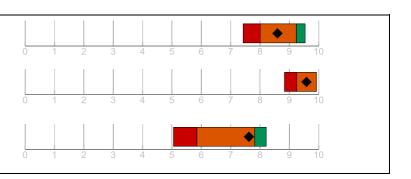


### Hospital environment and facilities

Q33. In your opinion, how clean was the emergency department?

Q34. While you were in the emergency department, did you feel threatened by other patients or visitors?

Q35. Were you able to get suitable food or drinks when you were in the emergency department?



### Leaving the emergency department

Q38. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?

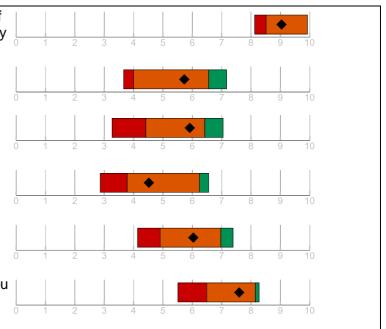
Q39. Did a member of staff tell you about medication side effects to watch for?

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?

Q41. Did hospital staff take your family or home situation into account when you were leaving the emergency department?

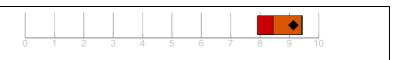
Q42. Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?

Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the emergency department?



### Respect and dignity

Q44. Overall, did you feel you were treated with respect and dignity while you were in the emergency department?



#### **Experience overall**

Best performing trusts

About the same

Worst performing trusts

Worst performing trusts

'Better/Worse'

Only displayed when this trust is better/worse than most other trusts

This trust's score (NB: Not shown where there are fewer than 30 respondents)

#### **Emergency Department Survey 2016 Chesterfield Royal Hospital NHS Foundation Trust** Scores for this NHS trust Number of respondents Highest trust score achieved Lowest trust score achieved (this trust) Arrival at the emergency department S1 Section score 8.6 6.6 8.8 How long did you wait with the ambulance crew before your care was handed Q5 9.0 6.1 9.5 106 over to the emergency department staff? Q7 Were you given enough privacy when discussing your condition with the 8.1 6.2 8.2 258 receptionist? **Waiting times** S2 Section score 6.0 5.0 6.7 Q8 How long did you wait before you first spoke to a nurse or doctor? 6.0 4.3 7.5 309 Q9 How long did you wait before being examined by a doctor or nurse? 6.4 5.3 7.3 305 Q10 Were you told how long you would have to wait to be examined? 3.7 1.8 5.6 234 Q11 Overall, how long did your visit to the emergency department last? 7.7 6.0 8.2 303 **Doctors and nurses S**3 Section score 7.5 8.3 8.8 Q12 Did you have enough time to discuss your health or medical problem with the 8.5 7.7 9.2 323 doctor or nurse? Q13 Did a doctor or nurse explain your condition and treatment in a way you could 309 8.2 7.3 8.8 understand? Q14 Did the doctors and nurses listen to what you had to say? 8.8 8.1 9.3 312 Q15 If you had any anxieties or fears about your condition or treatment, did a 7.4 6.2 8.3 218 doctor or nurse discuss them with you? Q16 Did you have confidence and trust in the doctors and nurses examining and 7.9 9.3 323 8.8 treating you? Q17 Did doctors or nurses talk to each other about you as if you weren't there? 9.1 7.6 9.5 317 Q18 If your family or someone else close to you wanted to talk to a doctor, did 212 7.4 6.8 8.6

they have enough opportunity to do so?

#### **Emergency Department Survey 2016 Chesterfield Royal Hospital NHS Foundation Trust** Scores for this NHS trust Number of respondents (this trust) Highest trust score achieved Lowest trust score achieved Care and treatment **S4** Section score 7.9 7.0 8.5 Q19 While you were in the emergency department, how much information about 8.8 7.8 9.3 317 your condition or treatment was given to you? Q20 Were you given enough privacy when being examined or treated? 9.4 8.2 9.6 323 Q21 If you needed attention, were you able to get a member of medical or nursing 7.9 6.8 8.7 208 staff to help you? Q22 Sometimes, a member of staff will say one thing and another will say 8.8 8.0 9.5 323 something quite different. Did this happen to you? Q23 Were you involved as much as you wanted to be in decisions about your care 6.9 8.7 305 and treatment? Q24 If you were feeling distressed while you were in the emergency department, 6.5 5.1 7.9 131 did a member of staff help to reassure you? Q31 How many minutes after you requested pain relief medication did it take 6.0 4.2 7.7 55 before you got it? Q32 Do you think the hospital staff did everything they could to help control your 7.7 6.4 8.8 163 pain? Tests (answered by those who had tests) S<sub>5</sub> Section score 8.5 7.6 9.1 Q26 Did a member of staff explain why you needed these test(s) in a way you 7.3 239 8.4 9.1 could understand? Q27 Before you left the emergency department, did you get the results of your 7.1 9.3 207 8.4 7.9 Q28 Did a member of staff explain the results of the tests in a way you could 8.7 9.4 171 understand? Hospital environment and facilities S6 Section score 8.6 7.3 9.0 Q33 In your opinion, how clean was the emergency department? 8.6 7.4 9.5 319 Q34 While you were in the emergency department, did you feel threatened by 323 9.6 8.8 9.9 other patients or visitors?

Q35 Were you able to get suitable food or drinks when you were in the emergency 7.6

department?

182

8.2

5.1

#### **Emergency Department Survey 2016 Chesterfield Royal Hospital NHS Foundation Trust** Scores for this NHS trust Number of respondents Highest trust score achieved Lowest trust score achieved (this trust) Leaving the emergency department Section score 7.4 6.5 5.1 Q38 Did a member of staff explain the purpose of the medications you were to 9.0 8.1 9.9 57 take at home in a way you could understand? Q39 Did a member of staff tell you about medication side effects to watch for? 5.7 3.7 7.2 42 Q40 Did a member of staff tell you when you could resume your usual activities, 5.9 3.3 7.0 112 such as when to go back to work or drive a car? Q41 Did hospital staff take your family or home situation into account when you 4.5 2.9 6.6 73 were leaving the emergency department? Q42 Did a member of staff tell you about what danger signals regarding your 6.0 4.1 7.4 126 illness or treatment to watch for after you went home? Q43 Did hospital staff tell you who to contact if you were worried about your 7.6 5.5 8.3 189 condition or treatment after you left the emergency department? Respect and dignity Section score S8 9.1 7.9 9.4 Q44 Overall, did you feel you were treated with respect and dignity while you were 9.1 7.9 9.4 326 in the emergency department? **Experience overall**

**S9** 

Section score

Q45 Overall...

8.1

8.1

7.2

7.2

8.6

8.6

317

## **Background information**

The sample	This trust	All trusts
Number of respondents	329	41941
Response Rate (percentage)	27	28
Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%
Male	46	45
Female	54	55
Age group (percentage)	(%)	(%
Aged 16-35	8	12
Aged 36-50	10	14
Aged 51-65	26	25
Aged 66 and older	56	49
Ethnic group (percentage)	(%)	(%
White	95	90
Multiple ethnic group	0	•
Asian or Asian British	1	3
Black or Black British	1	2
Arab or other ethnic group	0	(
Not known	3	2
Religion (percentage)	(%)	(%
No religion	18	19
Buddhist	0	(
Christian	78	72
Hindu	0	•
Jewish	0	(
Muslim	0	2
Sikh	0	(
Other religion	1	•
Prefer not to say	2	2
Sexual orientation (percentage)	(%)	(%
Heterosexual/straight	95	93
Gay/lesbian	0	•
Bisexual	0	,
Other	1	•
Prefer not to say	4	Ę