

## Patient survey report 2018

Urgent & Emergency Care (UEC) Survey 2018  
Report for Type 1 services (major A&E)

Chelsea and Westminster Hospital NHS Foundation Trust

# NHS Patient Survey Programme

## Urgent & Emergency Care (UEC) Survey 2018 Report for Type 1 services (major A&E)

### The Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England.

#### **Our purpose:**

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:**

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

### Urgent & Emergency Care (UEC) Survey 2018

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 2018 survey of people who used UEC services involved 132 NHS trusts with a Type 1 accident and emergency (A&E) department<sup>1</sup>. Sixty-three of these trusts had direct responsibility<sup>2</sup> for running a Type 3 department<sup>3</sup> and will therefore also receive benchmarked results for their Type 3 services. Two separate questionnaires were used, one for Type 1 services and one for Type 3 services. To see the questionnaires please see the 'Further Information' section below.

Responses were received from 42,707 people who attended a Type 1 department, a response rate of 30%. Responses were received from 7,419 people who attended a Type 3 department, a response rate of 29%.<sup>4</sup>

Patients were eligible for the survey if they were aged 16 years or older and had attended UEC services during September 2018<sup>5</sup>. 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 420 patients from Type 3 departments totalling 1,370 patients. Questionnaires and reminders were sent

<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>The survey only includes Type 3 departments that are run directly by acute trusts, and not those run in collaboration with, or exclusively by others, for example, that are managed by a Clinical Commissioning Group (CCG).

<sup>3</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.

<sup>4</sup>The 'adjusted' response rate is reported. The adjusted base is calculated by subtracting the number of questionnaires returned as undeliverable, or if someone had died, from the total number of questionnaires sent out. The adjusted response rate is then calculated by dividing the number of returned useable questionnaires by the adjusted base.

<sup>5</sup>Trusts that had an eligible Type 3 service and could not achieve the required sample size in September could also sample back to August.

to patients between October 2018 and March 2019.

Similar surveys were carried out in 2003, 2004, 2008, 2012, 2014 and 2016. Please note that redevelopment work carried out ahead of the 2016 survey means that **the results for 2018 are only comparable with 2016** and not with any earlier surveys.

The UEC 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 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 CQC Insight, an intelligence tool which identifies potential changes in quality of care and then supports us in deciding on the right regulatory response. Survey data will also be used to support CQC inspections.

NHS England and NHS Improvement will use the results of the Urgent and Emergency Care survey to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health & Social Care will hold them to account for the outcomes they achieve. They will use the results to guide work to improve the quality of care provided by NHS Trusts and Foundation Trusts and also in the development of policies aimed at improving the quality of care at a national level.

This research was carried out in accordance with the international standard for organisations conducting social research (accreditation to ISO20252:2012; certificate number GB08/74322).

## Interpreting the report

This report **includes Type 1 service results only** and shows how a trust scored for each question in the survey, compared with the range of results from most other trusts that took part. It 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 'arrival' and 'waiting'.<sup>6</sup>

The results for trusts that had an eligible Type 3 service are available in a separate report (please see 'Further Information' section).

It is important to note that local provision will affect the case-mix seen at a Type 1 department. While 69 trusts provided a Type 1 sample only, this does not necessarily mean that there are no other alternative services available locally. For example, there may be services outside of the scope of the survey, such as walk-in centres, an urgent care centre run by another provider, or an out-of-hours GP service. This would affect the case-mix seen at the Type 1 department: if a trust does not have any alternative services available locally, it will see a mixture of major and minor cases. However, a trust that has other alternatives available locally (whether available directly through the trust or another provider) might see more seriously ill or injured patients in its Type 1 department and have fewer minor cases. This variation in provision should be considered if comparing trust level results.

## Standardisation

Trusts have differing profiles of people who use their services. For example, one trust may have more male patients 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.

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<sup>6</sup>Q32 'Do you think the hospital staff did everything they could to help control your pain?' is in the 'Care & Treatment' section, as it was the only scorable question in the 'Pain' section.

To account for this, we standardise the data. Results have been standardised by the **age and gender** 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-gender profile reflects the England age-gender 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 within the questionnaire, since some questions do not assess the trust in any way.

## 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 grey section of the graph, its result is 'about the same' as most other trusts in the survey;
- If your trust's score lies in the orange 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'. If there is no text, the score is 'about the same'.

## 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 orange 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 orange section). This could be because there were few respondents and/or a lot of variation in their answers.

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 our website (please see 'Further Information' section, below).

## 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 (demographics).

Scores from the 2016 survey are also displayed where comparable. The column called 'change from 2016' uses arrows to indicate whether the score for 2018 shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2016. A statistically significant difference means that it is unlikely that a difference of this magnitude would be observed if there was no underlying change.

Significance is tested using a two-sample t-test with a significance level of 0.05.

Where a result for 2016 is not shown, this is because the question was either new in 2018, or the question wording and/or response options have been changed. Comparisons are also not shown if a trust has merged with another trust(s) since the 2016 survey, if a trust committed a sampling error in 2016, or if a trust had a sampling issue in 2018. For more detail please see the Quality & Methodology document linked to in the 'Further Information' section below. Please also note that comparative data is not shown for the questionnaire sections as the questions contained in each section can change year on year.

## Further information

The results for the 2018 survey are available on the CQC website. Here you can find an A-Z list to view the results for each trust, the technical document which outlines the methodology and the scoring applied to each question, a statistical release with the results for England and a Quality & Methodology document:

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

Benchmark reports for each trust are available on the NHS surveys website:

<https://nhssurveys.org/all-files/03-urgent-emergency-care/05-benchmarks-reports/2018/>

The results for the 2016 survey can be found below. From here you can also access results for surveys carried out in 2003, 2004, 2008, 2012, 2014. However, please note that due to redevelopment work carried out ahead of the 2016 survey, **results from 2018 are only comparable with 2016:**

<https://nhssurveys.org/surveys/survey/03-urgent-emergency-care/year/2016/>

Full details of the methodology for the survey, including questionnaires, letters sent to patients, instructions on how to carry out the survey and the survey development report, are available at:

<https://nhssurveys.org/surveys/survey/03-urgent-emergency-care/year/2018/>

More information on the patient survey programme, including results from other surveys and a programme of current and forthcoming surveys is available at:

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

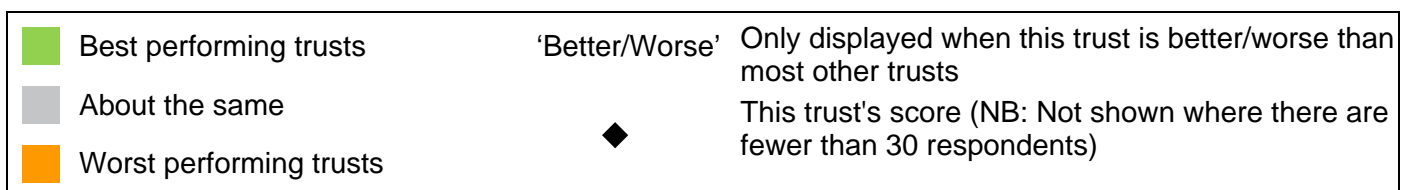
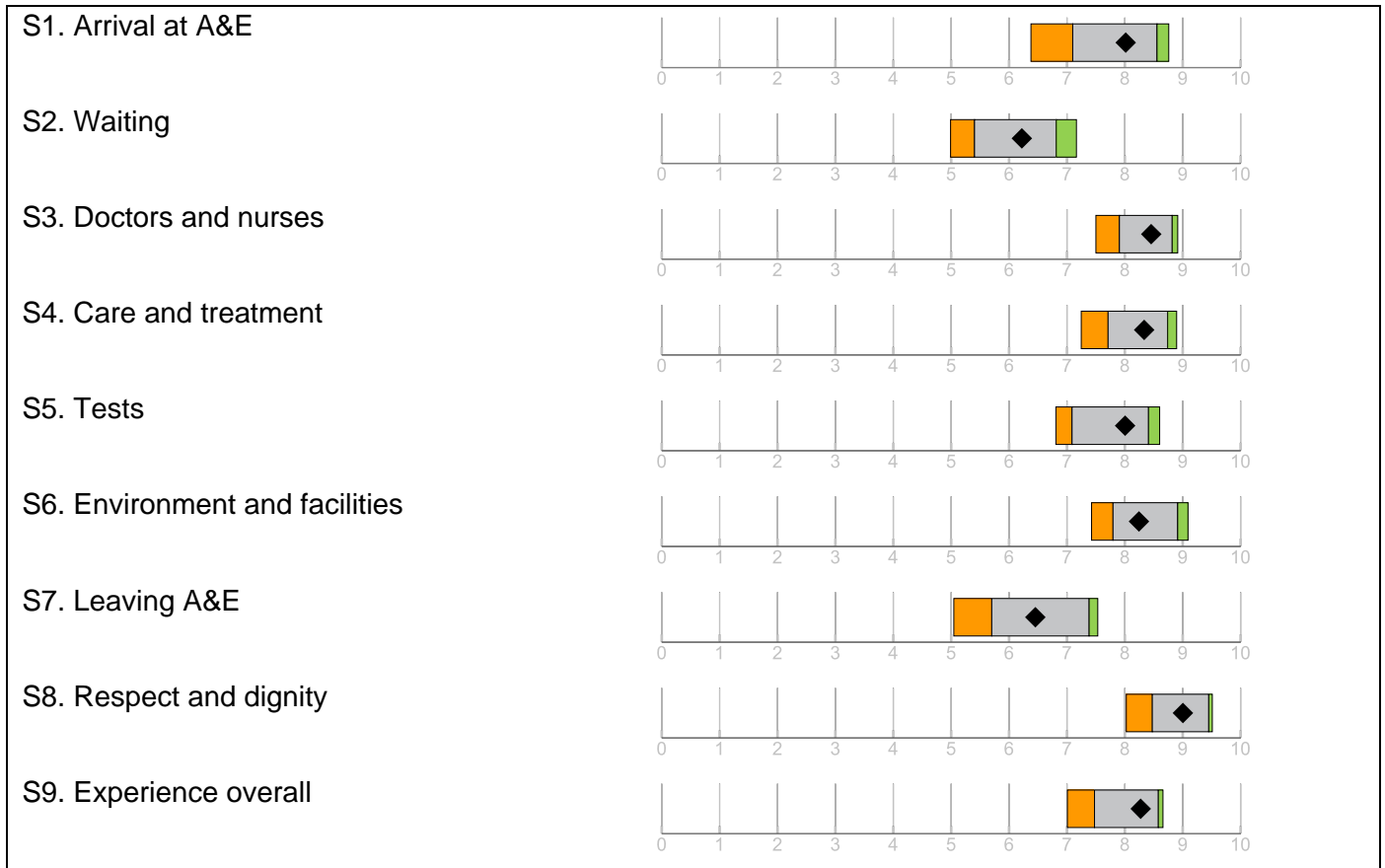
More information about how CQC monitors hospitals is available on the CQC website at:

[www.cqc.org.uk/content/monitoring-nhs-acute-hospitals](http://www.cqc.org.uk/content/monitoring-nhs-acute-hospitals)

# Urgent & Emergency Care (UEC) Survey 2018

## Chelsea and Westminster Hospital NHS Foundation Trust

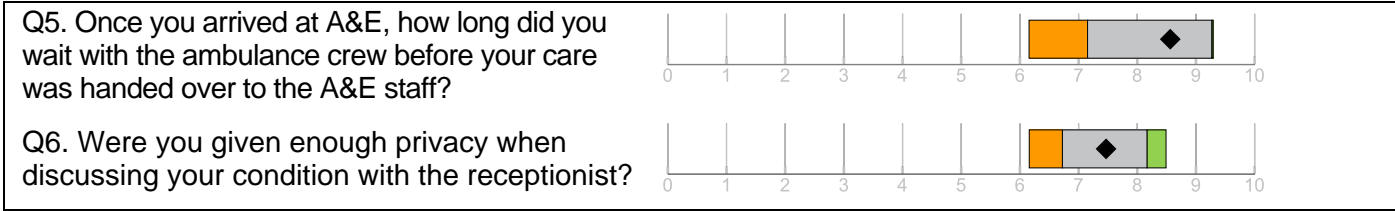
### Section scores



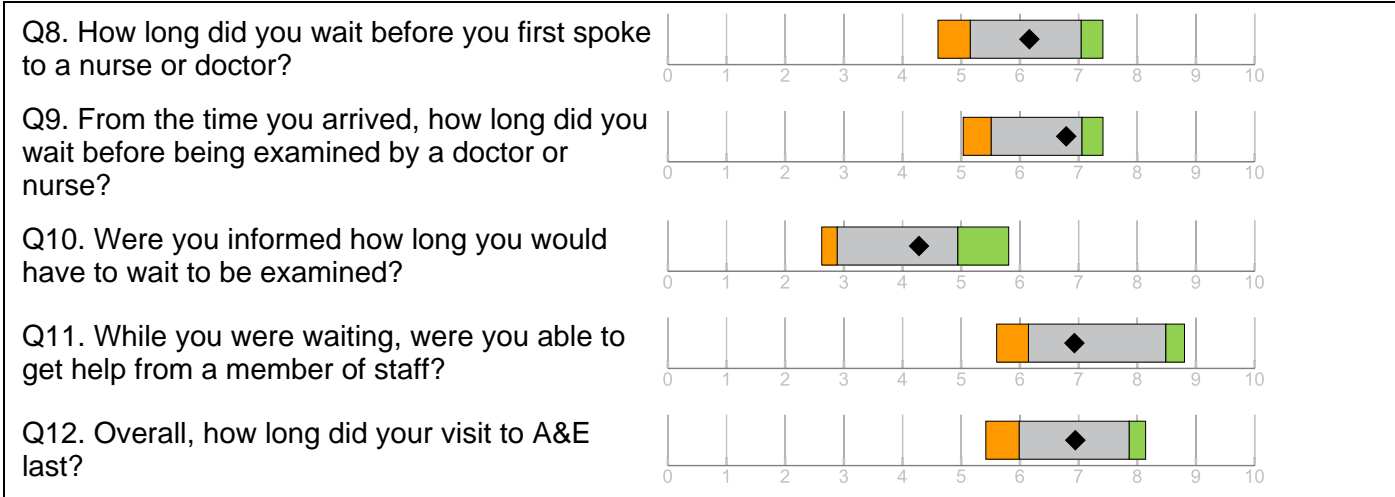
# Urgent & Emergency Care (UEC) Survey 2018

## Chelsea and Westminster Hospital NHS Foundation Trust

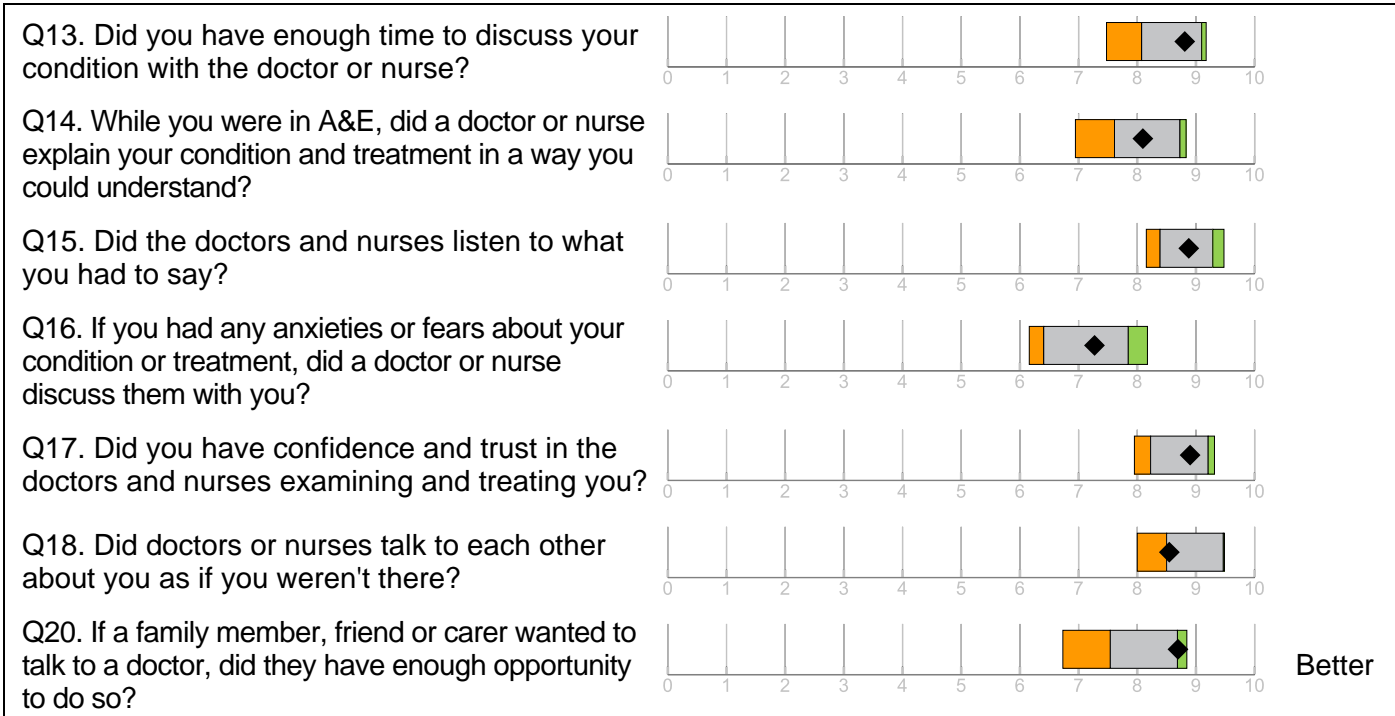
### Arrival at A&E



### Waiting



### Doctors and nurses

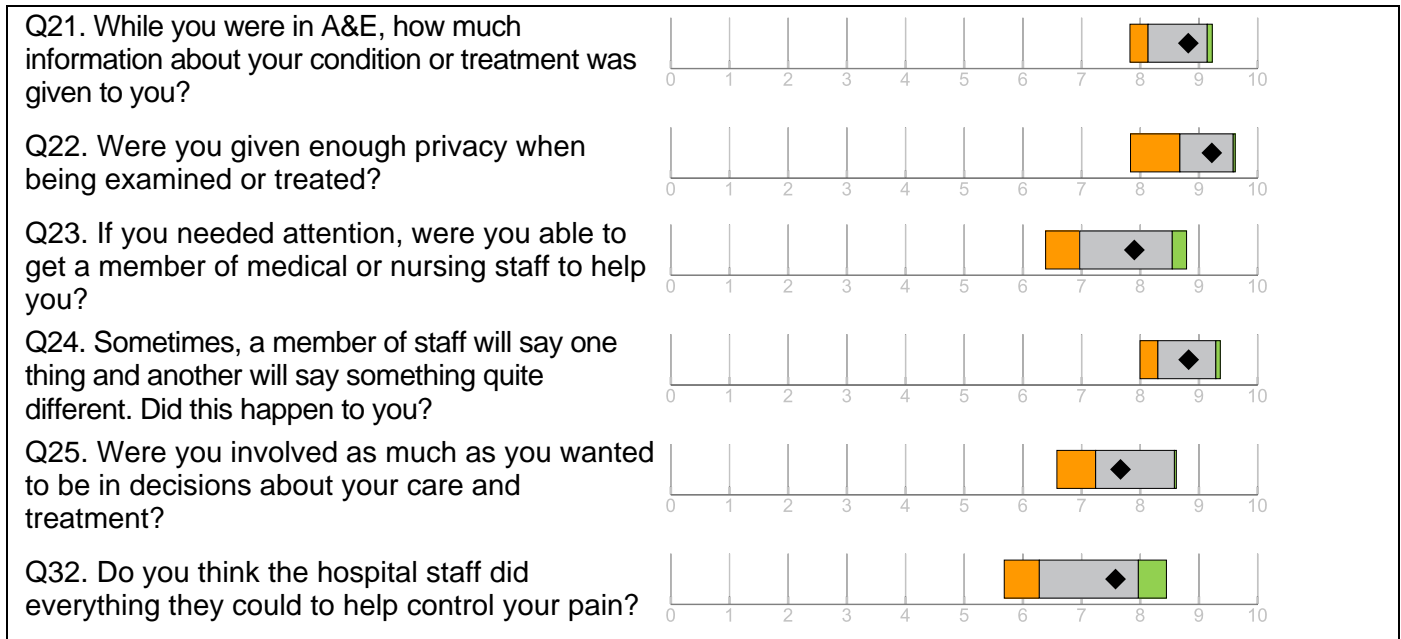


<ul style="list-style-type: none"> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #90EE90; border: 1px solid black; margin-right: 5px;"></span> Best performing trusts</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #D3D3D3; border: 1px solid black; margin-right: 5px;"></span> About the same</li> <li><span style="display: inline-block; width: 15px; height: 15px; background-color: #FF8C00; border: 1px solid black; margin-right: 5px;"></span> Worst performing trusts</li> </ul>	<p>'Better/Worse' Only displayed when this trust is better/worse than most other trusts</p> <p>◆ This trust's score (NB: Not shown where there are fewer than 30 respondents)</p>
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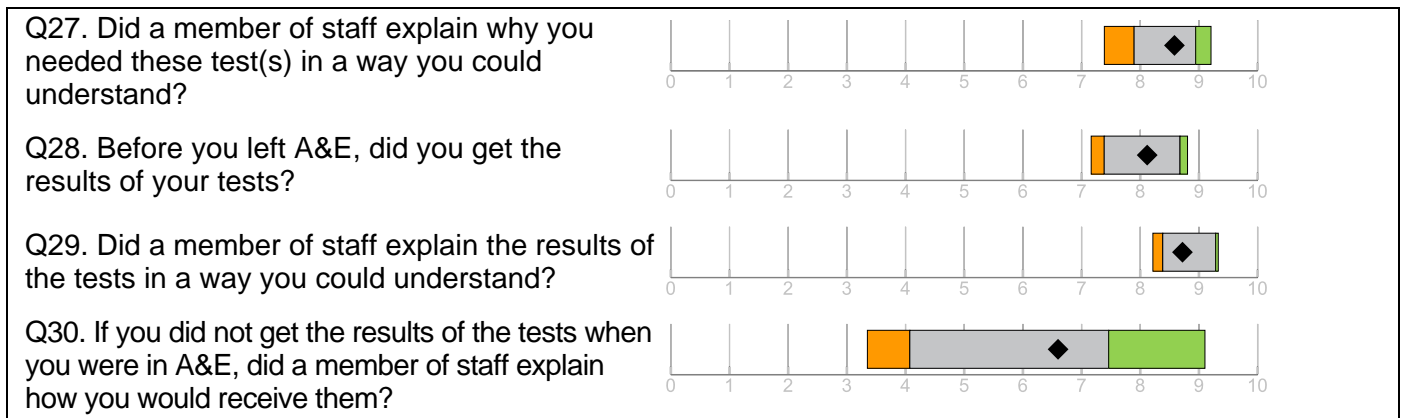
# Urgent & Emergency Care (UEC) Survey 2018

## Chelsea and Westminster Hospital NHS Foundation Trust

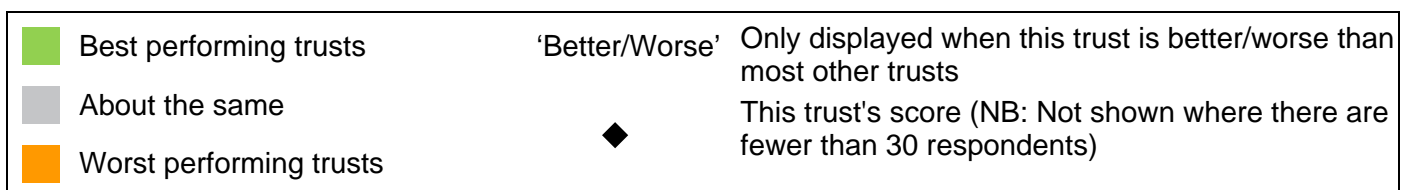
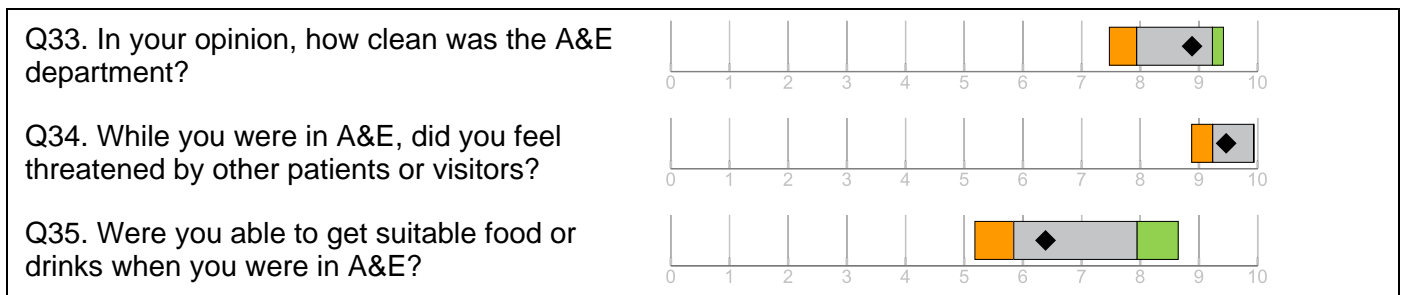
### Care and treatment



### Tests



### Environment and facilities

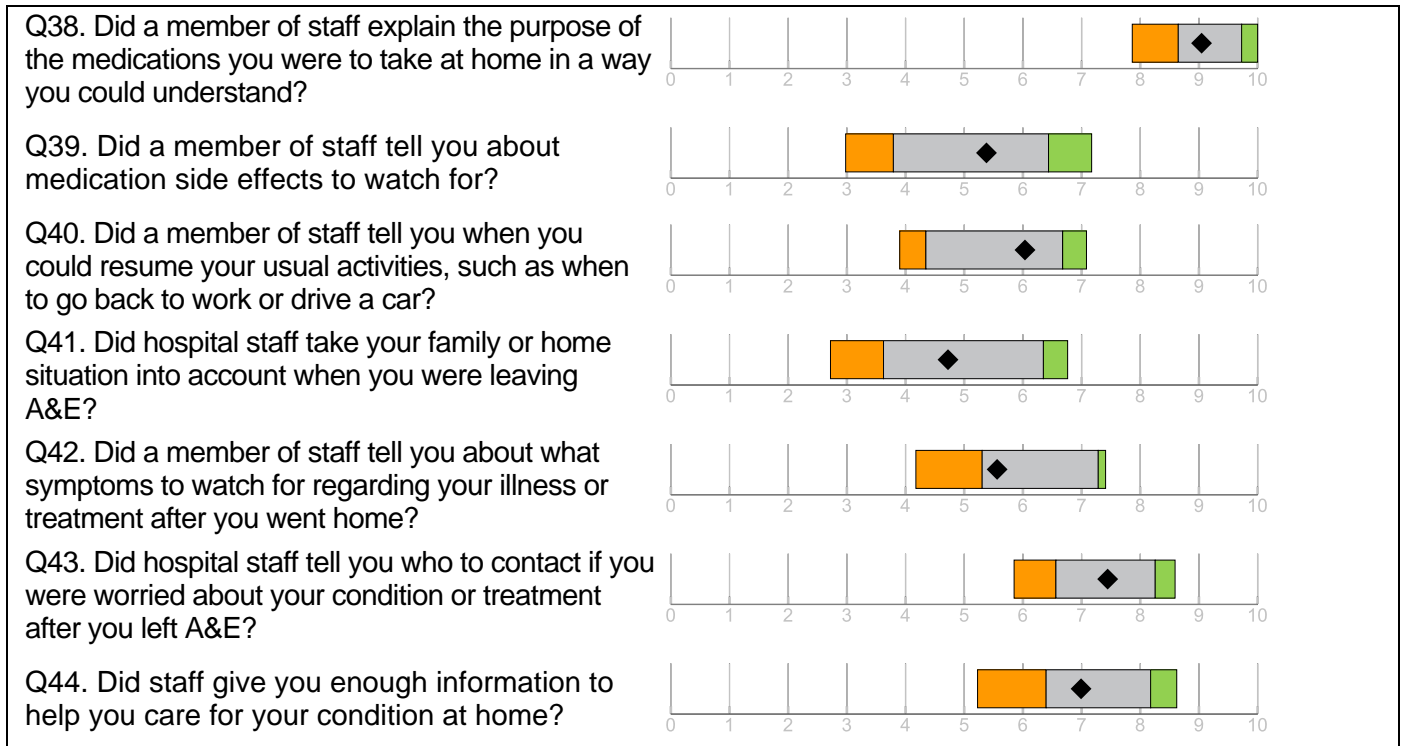




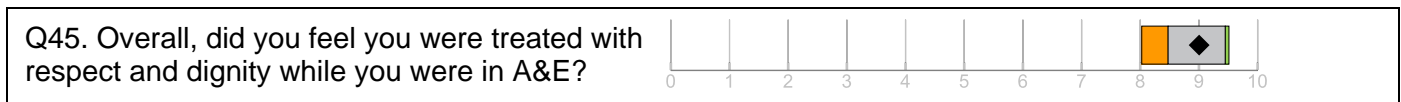
# Urgent & Emergency Care (UEC) Survey 2018

## Chelsea and Westminster Hospital NHS Foundation Trust

### Leaving A&E






### Respect and dignity



### Experience overall



	Best 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)
	About the same	
	Worst performing trusts	

# Urgent & Emergency Care (UEC) Survey 2018

## Chelsea and Westminster Hospital NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
<b>Arrival at A&amp;E</b>						
S1	Section score	8.0	6.4	8.8		
Q5	Once you arrived at A&E, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?	8.6	6.2	9.3	92	
Q6	Were you given enough privacy when discussing your condition with the receptionist?	7.5	6.2	8.5	225	
<b>Waiting</b>						
S2	Section score	6.2	5.0	7.2		
Q8	How long did you wait before you first spoke to a nurse or doctor?	6.2	4.6	7.4	251	
Q9	From the time you arrived, how long did you wait before being examined by a doctor or nurse?	6.8	5.0	7.4	251	
Q10	Were you informed how long you would have to wait to be examined?	4.3	2.6	5.8	197	
Q11	While you were waiting, were you able to get help from a member of staff?	6.9	5.6	8.8	115	
Q12	Overall, how long did your visit to A&E last?	6.9	5.4	8.1	250	
<b>Doctors and nurses</b>						
S3	Section score	8.5	7.5	8.9		
Q13	Did you have enough time to discuss your condition with the doctor or nurse?	8.8	7.5	9.2	271	
Q14	While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?	8.1	6.9	8.8	262	
Q15	Did the doctors and nurses listen to what you had to say?	8.9	8.2	9.5	271	
Q16	If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	7.3	6.2	8.2	194	
Q17	Did you have confidence and trust in the doctors and nurses examining and treating you?	8.9	8.0	9.3	272	
Q18	Did doctors or nurses talk to each other about you as if you weren't there?	8.5	8.0	9.5	263	
Q20	If a family member, friend or carer wanted to talk to a doctor, did they have enough opportunity to do so?	8.7	6.7	8.8	133	

↑ or ↓

Indicates where 2018 score is significantly higher or lower than 2016 score (NB: No arrow reflects no statistically significant change)  
Where no score is displayed, no 2016 data is available.

# Urgent & Emergency Care (UEC) Survey 2018

## Chelsea and Westminster Hospital NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
<b>Care and treatment</b>						
S4 Section score	8.3	7.2	8.9			
Q21 While you were in A&E, how much information about your condition or treatment was given to you?	8.8	7.8	9.2	265		
Q22 Were you given enough privacy when being examined or treated?	9.2	7.8	9.6	270		
Q23 If you needed attention, were you able to get a member of medical or nursing staff to help you?	7.9	6.4	8.8	199		
Q24 Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?	8.8	8.0	9.4	270		
Q25 Were you involved as much as you wanted to be in decisions about your care and treatment?	7.7	6.6	8.6	248		
Q32 Do you think the hospital staff did everything they could to help control your pain?	7.6	5.7	8.4	162		
<b>Tests</b>						
S5 Section score	8.0	6.8	8.6			
Q27 Did a member of staff explain why you needed these test(s) in a way you could understand?	8.6	7.4	9.2	215		
Q28 Before you left A&E, did you get the results of your tests?	8.1	7.2	8.8	192		
Q29 Did a member of staff explain the results of the tests in a way you could understand?	8.7	8.2	9.3	155		
Q30 If you did not get the results of the tests when you were in A&E, did a member of staff explain how you would receive them?	6.6	3.3	9.1	39		
<b>Environment and facilities</b>						
S6 Section score	8.2	7.4	9.1			
Q33 In your opinion, how clean was the A&E department?	8.9	7.5	9.4	263		
Q34 While you were in A&E, did you feel threatened by other patients or visitors?	9.5	8.9	9.9	266		
Q35 Were you able to get suitable food or drinks when you were in A&E?	6.4	5.2	8.6	153		

↑ or ↓ Indicates where 2018 score is significantly higher or lower than 2016 score (NB: No arrow reflects no statistically significant change)  
Where no score is displayed, no 2016 data is available.

**Urgent & Emergency Care (UEC) Survey 2018**  
**Chelsea and Westminster Hospital NHS Foundation**  
**Trust**

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
<b>Leaving A&amp;E</b>						
S7 Section score	6.5	5.0	7.5			
Q38 Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	9.0	7.9	10.0	54		
Q39 Did a member of staff tell you about medication side effects to watch for?	5.4	3.0	7.2	46		
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?	6.0	3.9	7.1	91		
Q41 Did hospital staff take your family or home situation into account when you were leaving A&E?	4.7	2.7	6.8	70		
Q42 Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	5.6	4.2	7.4	127		
Q43 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?	7.4	5.8	8.6	138		
Q44 Did staff give you enough information to help you care for your condition at home?	7.0	5.2	8.6	134		
<b>Respect and dignity</b>						
S8 Section score	9.0	8.0	9.5			
Q45 Overall, did you feel you were treated with respect and dignity while you were in A&E?	9.0	8.0	9.5	270		
<b>Experience overall</b>						
S9 Section score	8.3	7.0	8.7			
Q46 Overall...	8.3	7.0	8.7	253		

↑ or ↓

Indicates where 2018 score is significantly higher or lower than 2016 score  
 (NB: No arrow reflects no statistically significant change)  
 Where no score is displayed, no 2016 data is available.

# Urgent & Emergency Care (UEC) Survey 2018

## Chelsea and Westminster Hospital NHS Foundation Trust

### Background information

The sample	This trust	All trusts
Number of respondents	274	42707
Response Rate (percentage)	23	30
Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	39	45
Female	61	55
Age group (percentage)	(%)	(%)
Aged 16-35	12	12
Aged 36-50	14	13
Aged 51-65	23	25
Aged 66 and older	50	51
Ethnic group (percentage)	(%)	(%)
White	77	90
Multiple ethnic group	2	1
Asian or Asian British	13	4
Black or Black British	3	2
Arab or other ethnic group	2	0
Not known	3	3
Religion (percentage)	(%)	(%)
No religion	20	20
Buddhist	1	0
Christian	57	70
Hindu	6	1
Jewish	1	0
Muslim	7	3
Sikh	2	1
Other religion	2	1
Prefer not to say	5	3
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	85	93
Gay/lesbian	2	1
Bisexual	2	1
Other	1	1
Prefer not to say	9	5