



Trust Board Meeting 12 February 2015

Title of Paper:	National Accident & Emergency Survey Results 2014/15		
Agenda Item:	15/24		
Lead Executive:	Tracey Carter, Chief Nurse and Director of Infection and Prevention Control		
Author:	Lesley Lopez, Head of Patient & Public Involvement		
Trust Objectives:	Tick as appropriate: <input checked="" type="checkbox"/> Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas; <input type="checkbox"/> Setting out our future clinical strategy through clinical leadership in partnership and with whole system working; <input type="checkbox"/> Creating a clear and credible long term financial strategy.		
Purpose:	<ul style="list-style-type: none"> • To report on the results of the national accident and emergency survey results • To reflect on the priorities and concerns of the patient's feedback • To provide an update on any actions to take forward 		
Previously discussed and date for further review:			
Committee		Date	
Trust Leadership Executive Committee		29 January 2015	
Benefits to patients and patient safety implications This report provides assurance of the quality and safety of services provided ensuring the best outcomes for patients.			
Risk implications for the Trust Risks to patient safety if the Trust does not effectively manage patient safety and a sub optimal patient experience and potential poor Trust publicity. Investigated incident can deliver lessons for learning. Identified; Complaints performance The failure to act on results arising from serious incidents		Mitigations actions (controls) Clear patient experience and patient safety processes in place. Reporting mechanisms robust and assured	
Links to Board Assurance Framework, CQC outcomes, statutory requirements This report provides assurance against all the CQC Essential Standards and associated Regulations			
Legal implications (if applicable)			
Financial implications (if applicable)			
Recommendations (delete as appropriate) The Trust Board is asked to note the report and support the development of an action plan for all patient experience surveys.			

Agenda Item: 15/24

Trust Board Meeting ~ 12th February 2015

National accident & emergency survey results 2014/15

Presented by: Tracey Carter – Chief Nurse & Director of Infection Prevention Control

1. Purpose:

- 1.1 This paper provides a summary of the findings from the accident and emergency department survey carried out by the Picker Institute (Europe) Ltd. This is a mandatory survey, last carried out in 2012 by the Trust.
- 1.2 The final results and the embargo were lifted on the results of this national survey and published by the Care Quality Commission (CQC) on 2nd December 2014.

2. Background:

- 2.1 The accident and emergency survey is of patients who attended one of 142 acute and specialist Trusts with a major A&E department between January and March. Responses were received from almost 40,000 patients, a response rate of 34%.

In relation to the Trust's sample and results, the Picker Institute was commissioned by 73 Trusts to undertake the Accident and Emergency Department Survey 2014.

- 2.2 A total of 849 patients from your Trust were sent a questionnaire. 825 were eligible for the survey, of which 253 returned a completed questionnaire, giving a response rate of 31%. The average response rate based on the 'Picker' Trusts was 32%.

The average response rate for the 2012 national survey was 34%.

The survey sample month for this survey was March 2014.

- 2.3 The A&E's are rated against eight national categories, which are made up of 33 sub-categories (on a scale of 'below average', 'average' and 'above average' (and scored from 1 to 10, with ten being best). The eight categories are:

1. Overall experience;
2. Arrival at A&E;
3. Waiting times;
4. Doctors and nurses;
5. Care and treatment;
6. Tests;
7. Hospital environment and facilities;
8. Leaving A&E

A total of 32 questions were used in both the 2012 and 2014 surveys.

3. Key Facts:

3.1 The key facts about the 253 patients who responded to the survey were:

- 33% of patients have previously been to A/E for the same condition or something related
- 59% of patients say they have a long-standing condition
- 46% of patients arrived by ambulance
- 66% of patients went home at the end of their A/E visits
- 58% of patients spent less than 4 hours in A/E during their last visit
- 50% were male; 50% were female
- 16% were aged 16-39; 31% were aged 40-59; 19% were aged 60-69% and 34% were aged 70+

4. Results (CQC):

4.1 The Trust results showed:

4.2 Overall, we scored 'average' in all eight categories, with a score of 8.5 out of 10 for 'Overall experience'. In the 33 sub-categories, we scored 5 'above average' and 28 'average'. The areas where we scored 'above average' were:

- Reassurance when distressed – for feeling reassured by staff if distressed while in A&E;
- Time to receive pain relief – for not having a long wait to receive pain relief if requested;
- Timely test results – for receiving their test results before they left the A&E department;
- Purpose of medications – for having the purpose of new medications explained before they left A&E;
- Assessment of living and support arrangements – for feeling staff considered their family and home situation before they left A&E

- 4.3 Compared to our local Trusts we scored best when you compare the sub-categories and overall experience scores.
- 4.4 Patients were asked to answer questions about different aspects of their care and treatment. Based on their responses, each NHS Trust was given a score out of 10 for each question (the higher the score the better).
- 4.5 Compared with other Trusts each Trust received a rating of 'Better', 'About the same' or 'Worse' on how it performs for each question, compared with most other Trusts (**Appendix 1**).
- 4.6 Further breakdown of the sub-categories show the following scores for questions asked, together with response scores (**Appendix 2**).

5. Picker Results:

- 5.1 Picker historical data showing comparison with the 2012 results shows significant improvements to the service: the Trust scored significantly 'BETTER' on 7 questions (**Appendix 3**).

6. How do we compare to other Trusts supported by Picker?

- 6.1 The survey showed that our Trust is significantly BETTER than average on the following 9 questions (**Appendix 4**).
- 6.2 Arrangements are currently being made for Picker Institute Europe, as part of our contract with them, to present our results to the Trust. They will then support the Accident and Emergency department to understand a further breakdown of the results and work with them on an action plan going forward, if required.
- 6.3 How Trusts are Ranked:

The following additional information shows further how the Trust currently rank compared to other Trusts using the CQC scoring system. This is useful in allowing us to understand where we sit nationally.

Methodology Notes:

There are some questions in the survey for which the responses for certain Trusts is suppressed in the national data. For example, specialist eye hospitals have their responses suppressed for questions on ambulance waiting times, while Trusts that have not received a large number of responses for other questions will have their data for that question removed.

This means that it is impossible to fairly get an 'average' score across all questions on which to rank Trusts. What the CQC have chosen to do therefore is workout a Trust's average ranking. For every single question, the CQC work out where the Trust is ranked and then from that calculate its average ranking. The only downside to this is that unlike with an average score, the CQC cannot as accurately reflect the range on individual questions – for example a Trust could be the bottom ranked and many percentage points off the bottom but in the ranking system this would count in exactly the same ways as if it was only fractionally off. It could be argued however that this is actually a benefit, as it does not over emphasise the impact of any individual question.

Problems with the Methodology:

There are two main problems with ranking Trusts in this manner, the first of which is the reason why this is not something that is done as standard. In the CQC scoring system –where all Trusts are scored out of 10 – the average difference between the very best and the very worst Trust across the 142 participating Trusts is a mere 2.3 points. Indeed, the smallest difference for a single question is less than 1. Add such small ranges of variance to the fact that the CQC are dealing with samples, rather than entire populations, the CQC agreed to be very careful when ranking Trusts. While a Trust appears as 15th for example, its 'true' position may be something like 50th due to the quirks of the different samples involved. Chance, therefore plays an uncomfortably large part in this.

The second issue is that by averaging and then ranking all the questions the CQC give them all equal weight. The CQC know that some questions are more important than others, particularly to patients. Unfortunately, this methodology does not account for that, and so it would be possible, for example, to offset being the worst Trust in the country on say, respect and dignity, by being the best at having posters up explaining how to complain.

Therefore, of the 142 Trusts participating in the survey, West Hertfordshire is ranked 29th, putting it in the top quartile by average ranking. The actual average ranking of the Trust is around 45th (**Appendix 5**).

7. Recommendations

- 7.1 The Trust Board is asked to note the report and support the development of an action plan for all patient experience surveys.

Tracey Carter

Chief Nurse & Director of Infection/Prevention Control

29 January 2015

Appendix 1

Compared with other Trusts each Trust received a rating of 'Better', 'About the same' or 'Worse' on how it performs for each question, compared with most other Trusts.

	Categories	Sub Categories	Scoring
Overall experience scored:			
West Herts	8 average	5 above and 28 below	8.5/10
East & North Herts	8 average	31 average and 2 below	8.2/10
Luton & Dunstable	8 average	33 average	8.0/10
Milton Keynes	7 average and 1 below	23 average and 10 below	7.9/10
Barnet & Chase	4 average and 4 below	23 average and 10 below	7.7/10
Bucks	7 average and 1 below	28 average and 5 below	7.8/10
Hillingdon	8 average	32 average and 1 below	8.3/10

Appendix 2

Further breakdown of the sub-categories show the following scores for questions asked, together with response scores:

Category:	Questions relating to:	Compared to other Trusts	
ARRIVAL IN A/E:		8.3/10	About the same
	Handover from ambulance to A/E	9.0/10	About the same
	Privacy at reception	7.6/10	About the same
Waiting Times:		6.0/10	About the same
First speaking with a doctor or nurse	For not having to wait too long before first speaking to a doctor or nurse	6.7/10	About the same
Being Examined:	For not having to wait too long before being examined by a doctor or nurse	6.7/10	About the same
Information about waiting for an examination:	For being told how long they would wait to be examined	3.4/10	About the same
Length of time in A/E:	For not spending too long in A/E	7.2/10	About the same
DOCTORS AND NURSES:		8.3/10	About the same
Time to Talk:	For feeling they had enough time to discuss their health or medical problem with a doctor or nurse	8.6/10	About the same
Clear Expectations:	For feeling the doctor or nurse explained their condition and treatment in a way they could understand	8.2/10	About the same
Being Listened to:	For feeling the doctor or nurse listened to what they had to say	8.7/10	About the same
Discussing anxieties or fears:	For feeling the doctor or nurse discussed any anxieties or fears they had about their condition or treatment	7.4/10	About the same
Confidence and trust:	For having confidence and trust in the doctors and nurses examining and treating them	8.5/10	About the same
Acknowledging patients:	For doctors and nurses not talking in front of them, as if they weren't there	9.2/10	About the same
CARE AND TREATMENT:		8.2/10	About the same
Information:	For being given the right amount of information about their condition and treatment	8.8/10	About the same
Privacy:	For being given enough privacy	9.0/10	About the same

	during examinations and treatment		
Getting help when needed:	For receiving help from medical or nursing staff when needed	8.1/10	About the same
Avoiding confusion:	For not being told one thing by a member of staff and something quite different by another	9.1/10	About the same
Involvement in Decisions:	For being involved as much as they wanted to be in decisions about their care and treatment	7.9/10	About the same
Reassurance when distressed:	For feeling reassured by staff if distressed while in A/E	7.5/10	Better
Time to receive pain relief:	For not having a long wait to receive pain relief if requested	7.2/10	Better
Pain control:	For feeling that staff did all they could to help control their pain, if they were ever in pain while in A/E	8.0/10	About the same
TESTS (only if had tests)		8.6/10	About the same
Explaining reasons for tests	For feeling that staff explained for tests in a way they could understand	8.4/10	About the same
Timely test results:	For receiving their test results before they left the A/E department	8.6/10	Better
Explaining test results:	For feeling staff explained their test results in a way they could understand, where these were given before they left A/E	8.7/10	About the same
HOSPITAL ENVIRONMENT AND FACILITIES:		8.4/10	About the same
Cleanliness and A/E department:	For describing the A/E department as clean	8.2/10	About the same
Not feeling threatened:	For not feeling threatened by other patients or visitors	9.8/10	About the same
Access to food and drink:	For being able to access suitable food and drink while in the A/E department, if they want to	7.3/10	About the same
LEAVING THE A/E (answered by those who were not admitted to hospital or to a nursing home only):		6.4/10	About the same
Purpose of	For having the purpose of new	9.6/10	Better

medication:	medications explained before they left A/E		
Medication side effects:	For being told about possible side effects of medication, for those prescribed new medication while in A/E	4.1/10	About the same
Resuming usual activities:	For having had staff explain when they could resume their usual activities	5.1/10	About the same
Assessment of living and support arrangements	For feeling staff considered their family and home situation before they left A/E	6.3/10	Better
Danger signals:	For being told about any danger signals to watch out for after going home	5.9/10	About the same
Contact:	For being told who to contact if they were worried about their condition or treatment after leaving hospital	7.2/10	About the same
EXPERIENCE OVERALL:		8.5/10	About the same
Respect and dignity:	For being treated with respect and dignity	9.1/10	About the same
Overall view of A/E experience:	For feeling their experience of being treated and cared for in the A/E had been good	8.0/10	About the same

Appendix 3

Picker historical data showing comparison with the 2012 results shows significant improvements to the service: the Trust scored significantly BETTER on 7 questions.

Question	2012 % score	2014 % score
Arrival: not enough privacy when discussing condition with receptionist	55	41
Waiting: waited more than 15 minutes before speaking to doctor or nurse	61	49
Care: not always able to get help from staff when needed	44	32
Pain: staff did not do everything to help control pain	43	28
Hospital: unable to get suitable refreshments	44	22
Leaving: not fully told purpose of medication	20	8
Overall: Score 0-6	28	17

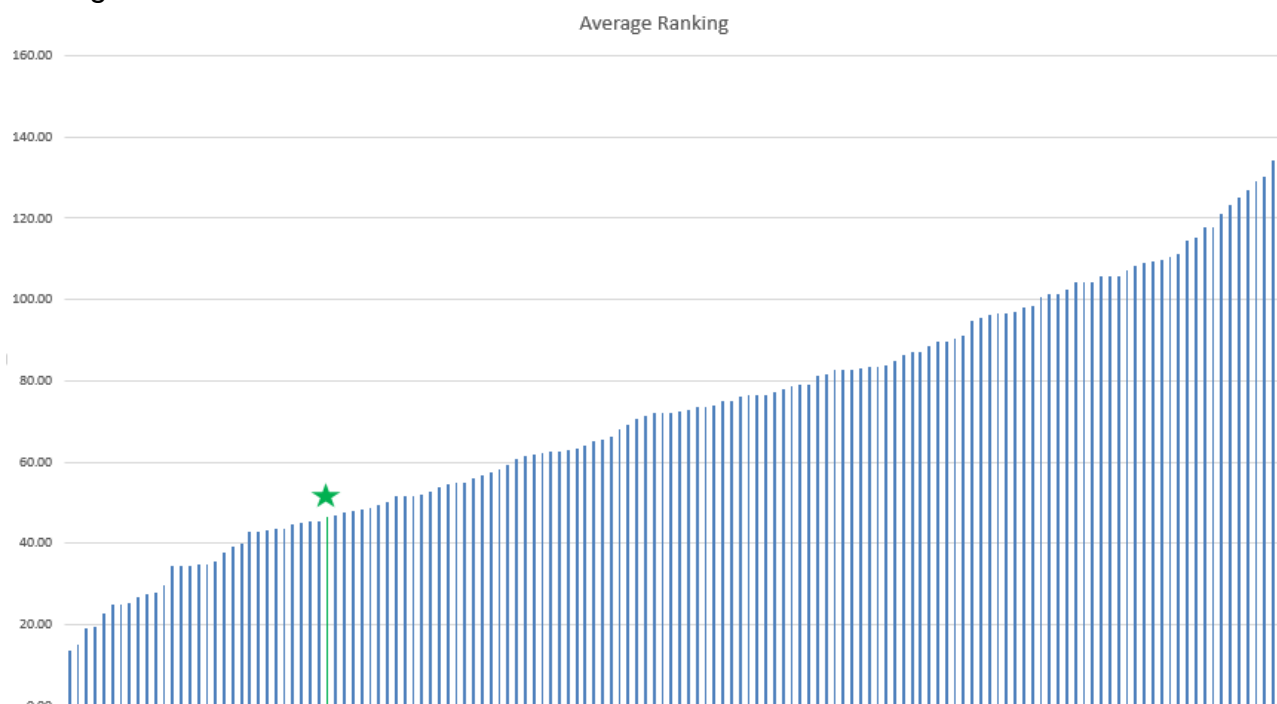
Appendix 4

The survey showed that our Trust is significantly BETTER than average on the following 9 questions:

Question	Trust score %	National average %
Waiting: waited more than 15 minutes before speaking to doctor or nurse	49	57
Care: not enough information given on condition or treatment	17	22
Care: not always able to get help from staff when needed	32	40
Care: staff contradict each other	12	17
Care: not reassured by staff if distressed	34	47
Tests: did not receive test results before leaving A&E	13	21
Pain: waited more than 15 minutes to get pain relief medication	19	33
Hospital: felt bothered or threatened by other patients	4	7
Hospital: unable to get suitable refreshments	22	30

Appendix 5

Of the 142 Trusts participating in the survey, West Hertfordshire is ranked 29th, putting it in the top quartile by average ranking. The actual average ranking of the Trust is around 45th.



The highest ranking the Trust achieves is for Q39 “Did hospital staff take your family or home situation into account when you were leaving the A&E Department?” where the Trust is ranked as the second best in the country. The lowest ranking is for Q37 “Did a member of staff tell you about medication side effects to watch for?” where the Trust is ranked 116th. Below are all the questions in order alongside the trust’s ranking.

Question	Rank	Question	Rank	Question	Rank
Q4	40	Q16	81	Q31	111
Q5	23	Q17	29	Q32	26
Q6	66	Q18	79	Q33	19
Q7	36	Q19	27	Q36	8
Q8	99	Q20	17	Q37	116
Q9	92	Q21	45	Q38	82
Q10	36	Q22	3	Q39	2
Q11	42	Q24	49	Q40	37
Q12	72	Q25	3	Q41	61
Q13	19	Q26	79	Q42	23
Q14	66	Q29	4	Q43	47
Q15	27	Q30	18		