



## Summary report of Picker Institute Emergency Department Survey 2016

### Introduction

The Emergency Survey is a part of a series of annual surveys required by the Care Quality Commission. The survey is a repeat of one undertaken for the Emergency Department 2014. The Care Quality Commission report is due Summer 2017.

The Trust commissioned Picker Institute Europe to independently undertake the Emergency Survey 2016 process, on behalf of the Trust.

### The Process

A total of 1250 patients formed the sample selection to receive a questionnaire. The sample was taken from September 2016. Two reminders are sent out as part of the process for those who have not returned the survey forms from the initial mailing. Telephone support is provided as part of the package including access to language line.

### Key Facts

Some key facts from the 324 patients who responded to the survey.

**31%** (34% in 2014, 35% 2012) of patients had previously been to AE for the same condition or something related.

**85%** (76% 2014, 46% 2012) of patients say that they have a long standing condition

**40%** (34% 2014, 38% 2012) of patients arrived at the Trust by ambulance

**57%** (55% 2014) of patients went home at the end of their A&E visit

**62%** (60% 2014) spent less than 4 hours in A&E during their last visit

**46%** (45% 2014, 48% 2012) of patients were male and **54%** (55 2014, 51% 2012) were female

**11%** (12% 2014, 21% 2012) were aged 16-30; **25%** (31% 2014 28% 2102) were aged 40-59;

**47%** (23% 2014, 16% 2012) were aged 60-69 and **17%** (34% 2014,31% 2012) were aged **70+**;

We continue to see an increase in the statistics in the number of patients attending A&E stating they have a long standing condition. This information will be useful for the on-going work around unscheduled care and long term conditions.

## Results

Our results showed that 1176 patients were eligible for the survey, of which 324 returned a completed questionnaire, giving a Trust response rate of 28%. The average response rate for the other 75 Trusts that had also engaged the Picker institutes was 26 %.

The survey results are excellent and have highlighted many positive aspects of the patient experience. The majority of our patients reported

(The overall experience rating question has a scale from 0-10. 0 being of a very poor experience and 10 having a very good experience.)

- Overall: **82%** (86% 2014,73% 2012) of patients scored their WWL experience as **7+**
- Hospital: The accident and emergency department was fairly/very clean, **98%** (98% 2014)
- Tests: Received tests before leaving the trust, **73%** (74% 2014)
- Overall patients felt treated with respect and dignity, **86%** (85% 2014)
- Care: always enough privacy when being examined or treated **84%**
- Doctors/Nurses: always had confidence and trust when being examined or treated **84%**

## Have we improved since the 2014 survey?

We significantly improved in **three** areas since the previous survey:

- Arrival: not enough privacy when discussing condition with the receptionist
- Waiting: not told how long would have to wait to be examined
- Leaving: not fully told about the purpose of medication

The Trust had no questions that they were significantly worse on compared to 2014

There are **six** areas the Trust are significantly better than the Picker average (75 Trusts using Picker to undertake the survey) are:

- Arrival: not enough privacy when discussing condition with the receptionist
- Waiting: waited more than 15 minutes before speaking to a doctor or nurse
- Care: not reassured by staff if distressed
- Hospital: emergency department not very clean or not clean at all
- Hospital: felt threatened by other patients or visitors
- Leaving: not fully told purpose of medication

There were no questions that the Trust was significantly worse than compared to the Picker average

## **Looking forward**

### **Key areas for improvement identified by 50% or more respondents**

There are areas of improvement identified by 50%+ of patients where we have not fully met their expectations in relation to the questions asked. The key areas were:

- Leaving: not fully told when to resume normal activities
- Waiting: waited more than 15 minutes before speaking to a Doctor or Nurse
- Leaving: family or home situation not taken into account
- Waiting: not told how long would have to wait to be examined
- Leaving: not fully told about medication side effects

The above areas will be the priorities for action

The Head of Nursing for Unscheduled Care and the Head of Engagement have met and are developing the improvement plan for the survey. The improvement plan will be monitored through the Engagement Committee and the Divisional Quality Executive Committee.

**A Arkwright,  
Head of Engagement**