NHS
Kingston Hospital
NHS Foundation Trust

CQC Emergency Department Survey 2016 Report

Trust Board	**Item: 13**
Date: 29th November 2017	**Enclosure: I**
Purpose of the Report:	
The CQC Emergency Department Survey 2016 results for Kingston Hospital NHS Foundation Trust were published on the 17th October 2017. The Trust Board is provided with a copy of the Kingston Hospital report, a summary of the key findings and areas for focus. An action plan has been produced with support from Picker and staff members. Implementation of the plan will be monitored through the Patient Experience Committee and the Quality Assurance Committee.	
For: Information ☒ **Assurance** ☐ **Discussion and input** ☒ **Decision/approval** ☐	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Reputational CQC Risk Profile
Legal / Regulatory / Reputation Implications:	Reputational
Link to Relevant CQC Domain: Safe ☐ Effective ☐ Caring ☒ Responsive ☒ Well Led ☒	
Link to Relevant Corporate Objective:	Strategic Objective 1
Document Previously Considered By:	Patient Experience Committee.
Recommendations: The Trust Board is asked to **note** the Emergency Department Survey 2016 results, and the action plan in place	

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CQC Emergency Department Survey 2016 report for Kingston Hospital NHS Foundation Trust

Executive Summary

1.   Introduction

1.1.   This paper summarises key findings in the Trust's national CQC Emergency Department survey results for 2016 (attached) and outlines the action plan underway to improve the patient experience. These actions outline key areas of focus and must be considered in the wider context of other programmes of work and influences within the Trust such as staff development, reductions in turnover and vacancies, and Quality Improvement programmes that also impact patient experience.

2.   Background

2.1.   The sixth survey of emergency department patients was conducted by Picker Institute Europe, on behalf of Kingston hospital and involved 137 acute and specialist NHS trusts with a Type 1 accident and emergency department[1]. 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. The survey contains 45 questions.

2.2.   In 2016, the KHFT response rate was 26% (n=310) compared to 28% nationally.

2.3.   The CQC weights the scores of each participating Trust by age, gender and route of admission (emergency or elective). By doing this each Trust, in effect, has the same age, gender and route of admission profile and it means that scores are then comparable across Trusts with different profiles. The CQC does not compare, or recommend comparing Trusts' overall performance.

2.4.   An analytical technique called the 'expected range' is used to determine if the Trust is performing 'about the same', 'better' or 'worse' compared with other trusts. This information can be viewed on the CQC website at (http://cqc.org.uk/emergencydepartmentsurvey).

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

3.   Results of the Emergency Department Survey 2016

3.1.   The Emergency Department Survey 2016 results were published by the CQC in October 2017.

3.2.   The results summarised in this paper are based on the CQC interpretation of the data rather than the Picker analysis. However, Picker also generates a report that compares the Trust to 74 other Trusts that they worked with on this survey. The Picker report provides further analysis of areas where the Trust may wish to take action. These areas are mentioned in the paper where they are of particular relevance.

3.3.   The benchmark report presents the performance of the Trust on each question, compared with all other Trusts. The benchmark report converts results into scores on a scale of 0 – 10. A score of 10 is the best possible score, and a higher score achieved indicates better performance.

3.4.   The results are reported in nine sections reflecting the patient's journey through the care pathway and a series of questions are asked about each section including the Trust's overall score.

3.5.   As detailed in the Picker analysis, this survey has highlighted many positive aspects of the patient experience.

- Overall: 82% of patients scored 7+ out of 10.
- Overall: 81% patients felt treated with respect and dignity.
- Doctors/nurses: always had confidence and trust, 75%.
- The Accident & Emergency department was fairly clean/very clean, 96%
- Received test results before leaving the trust, 77%.
- Care: always enough privacy when being examined or treated, 86%.

3.6.   The Trust's performance in 2016 has remained **the same** when compared to the national picture. Picker presents this picture as; significantly better than average on one question (Q34); average on 34 questions and significantly worse than average on none.

3.7.   Picker provided a comparison of the Trust's performance in 2014 and there have been significant improvements in 9 questions, no significant declines and no significant difference on 26 questions.

3.8.   The CQC recognises the challenges facing NHS providers and so stable results may be viewed in a favourable light. Given the timeframe between receiving the reports and the next survey data collection, there can be a lag time in improvement activities to when shift in performance occurs. Regardless of this, to improve the results further the Trust needs to continue to drive change to improve patient experience and consistency of that experience across the trust.

4.   Action Plan

4.1.   While most patients are highly appreciative of the care they receive, there is always room for improving the patient experience.

4.2.   The Trust worked with Picker Institute to provide a detailed analysis of results to highlight key action areas. A workshop was delivered on the 8th June 2017 where Trust staff attended and contributed to the development of the action plan. Workshop attendees identified priority areas for inclusion in the action plan for 2017/18 (Appendix A).

4.3.   This year's action plan focuses on improving the communication of patient experience within the emergency department, streamlining patients for their care and treatment, and introducing further quality measures. The action plan also includes an operational improvement programme for the Friends and Family test. The Patient Experience Committee approved the action plan on 8th June 2017.

4.4.   Progress with the emergency department action plan will be monitored through the Patient Experience Committee, and progress reported to Quality Assurance Committee.

5.   Conclusion

5.1.   It is clear from the emergency department survey results, that the Trust remains in a stable position and there have been significant improvements.

5.2.   It is the Trust's ambition to be amongst the best performing Trusts in the country for patient experience and therefore both continued effort to maintain good practice and alternative approaches are required to drive a shift in how patients experience emergency care at the Trust.

5.3.   An emergency department action plan for 2017/18 has been developed that outlines actions to positively shift the emergency department patient experience over the following years.

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6.   Recommendations

6.1.   The Trust Board is asked to discuss and **note** the Emergency Department Survey 2016 results, and the action plan in place

7.   References

1.   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

Appendix A. Emergency Department survey action plan (High level)

No.	Goal	Action	Measure	SRO/Lead	Date for completion	Status/ RAG	Comments
1.1	Emergency department service improvement planning to be informed by ED survey results	Circulate results	Comms plan	ETW/Tom Hastings	05.05.17		
1.2	Medical staff aware of results and leading improvements re clinical issues.	Deliver bespoke presentation.	Presentation and outputs integrated into ED Pex Plan	Picker/Tom Hastings/Laura Glynn	08.06.17		
1.3	All staff are informed by engagement event and solutions proposed.	Circulate summary of workshop outputs (proposed solutions)	Summary	Tom Hastings	20.07.17		
1.4	To gain agreement from all departments to build in core themes to service improvement planning. Action plan quality assured.	Priority actions identified presented to PEC and agreed	PEC minutes	ETW/Tom Hastings	08.06.17		
1.5	Deeper understanding provides real time priorities	Triangulated analysis using inter-related survey (Inpatient/Children and Young Persons/Maternity) and FFT feedback	Data reports	BC/SS/GB/ETW	01.11.17		
2.1	ED area has bespoke action plan with quick wins, medium and long term goals	Individual actions identified	Review of action plan	Matrons/Sisters	30.11.17		
3.1	Activities matrix with cross organisational service improvement planning for discharge.	Share and integrate proposed solutions with relevant programme leads.	Programme plans	SG	Q4 end		
3.2	Activities matrix with cross organisational service improvement planning for pain	Share and integrate proposed solutions with relevant programme leads.	Programme plans	ETW	Q4 end		QIP
3.3	Present options for communication skills training to education team	Enhance communications skills provision	Programme plans	ETW	Q4 end		

3.41	Staff are trained to assess and manage pain effectively	Review of pain skills training and provision	Training records/ FFT results re pain	ETW	Q2 end	(blue)	
3.42		2 Hourly rounds	Data reports/FFT	Matron/Sisters/ ETW	Q4 end	(blue)	
3.5	Streamline information provided for patients	Patient Passport	FFT results	RH/Matrons/ Sisters/ETW	Q3 end	(blue)	
3.6	Improvements to knowing which Nurse is in charge of care	Nurse in Charge badge worn	FFT results	Matron/Sisters/	Q4 end	(blue)	
3.7	Improvements to Friends and Family feedback system	New FFT provision to include SMS text message service, Interactive voice message to landline and URL links.	Project implementation stage completed and results available	SG/ETW	01.01.2018	(green)	

Action Status	KEY
Immediate action to be taken	(orange)
On track	(green)
Delay anticipated	(yellow)
Delayed	(red)
Complete	(blue)