Countess of Chester Hospital NHS Foundation Trust

PUBLIC – Board of Directors

26th November 2024

Report	**Agenda Item 11.**	**Urgent and Emergency Care Patient Experience Survey Results - 2024**						
Purpose of the Report	Decision		Ratification		Assurance		Information	**X**
Accountable Executive	Sue Pemberton			Director of Nursing & Quality / Deputy Chief Executive				
Author(s)	Sam Edwards Emma Maxwell			Associate Director of Nursing Head of Nursing				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X** **X**	BAF 1 – Failure to maintain quality of care would result in poorer patient & family experience BAF 2 – Failure to maintain safety and prevent harm would result in poorer patient care and outcomes			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X** **X**
CQC Domains	Safe Effective Caring Responsive Well led							**X** **X** **X** **X** **X**
Previous considerations	Not applicable.							
Executive summary	This report summarises the findings from the Urgent and Emergency Care Survey 2024 carried out by Picker, on behalf of Countess of Chester Hospital NHS Foundation Trust. Patients were surveyed between February and March 2024. In the Type 1 survey, 55 questions were asked, of these 40 can be positively scored, with 19 of these which can be historically compared. In the Type 3 survey, 52 questions were asked of these 38 can be positively scored, with 16 of these which can be historically compared.							
Recommendations	The Board of Directors is requested to note the contents of the report and the survey results.							

Corporate Impact Assessment	
Statutory/regulatory requirements	CQC
Risk	Failure to maintain quality of care would result in poorer patient & family experience.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be published as part of agenda pack.

1. Introduction

The NHS CQC National Urgent and Emergency Care Survey 2024 surveyed adult patients who were seen in the service in February and March 2024.

2. Summary results for Type 1 Emergency Department

276 (31%) people who attended ED in February and March 2024 completed the survey

Most improved scores	Trust 2024	Trust 2022
Q32. Able to get food and drink while in A&E	88%	57%
Q15. Able to get help with your condition or symptoms from a member of staff	49%	32%
Q13. Informed of waiting time for examination or treatment	25%	16%
Q40. Staff discussed potential further care	66%	60%
Q21. Had confidence and trust in the doctors and nurses	94%	90%

Most declined scores	Trust 2024	Trust 2022
Q25. Given enough privacy when being examined or treated	94%	97%

The Trust scored '**about the same'** as all other Trusts

One question was somewhat worse than other Trusts;

Were you kept updated on how long your wait would be?

Whilst the Trust performed less well on this question than other Trusts it was an improved score in 2024 from the score in 2022.

No questions were reported better that other Trusts.

Our survey partner has advised that out of 55 Trusts it works with the Trust's overall positive score is ranked 33rd, this is an improvement, in 2022 where the ranking was 55th.

The questionnaire is divided into 11 sections:

1. Arrival
2. Waiting
3. Privacy (new section)
4. Nurses and Doctors
5. Your care and treatment
6. Communication about tests
7. Hospital Environment and facilities
8. Information to support recovery at home (new section)
9. Support and Care after leaving hospital
10. Respect and Dignity
11. Overall experience

Chart 1.

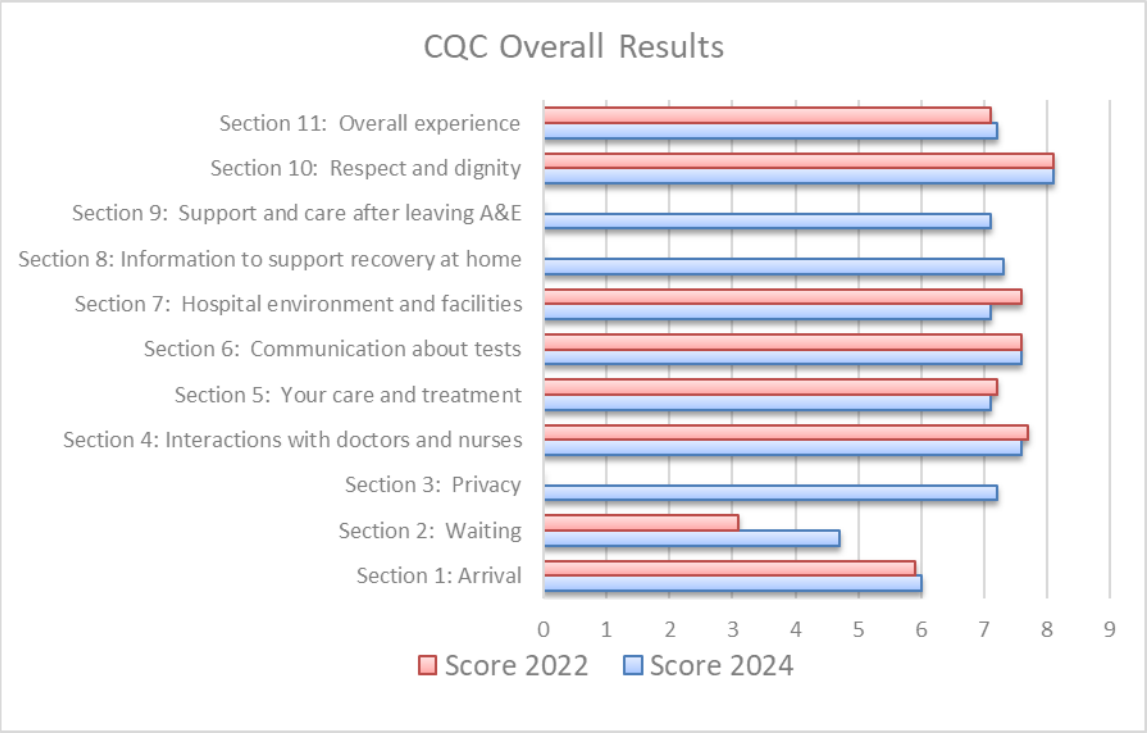

Chart 1 shows where sections can be compared with the 2022 survey, the Trust results show improvement in 4 sections, where about the same in 2 sections and showed some deterioration in 2 sections.

3. Summary Results for Type 3 Urgent Treatment Centre

147 people (26%) who attended UTC February and March 2024 completed the survey

Most improved scores	Trust 2024	Trust 2022
Q13. Spent under 4 hours in A&E	73%	63%
Q7. Enough privacy when discussing condition with the receptionist	88%	83%
Q25. Understood why tests were needed	97%	93%
Q19. Family, friends, or carer able to talk to a professional	82%	80%

Most declined scores	Trust 2024	Trust 2022
Q36. Told who to contact if worried	77%	100%
Q27. Staff helped control pain	73%	90%
Q15. Understood explanation of condition and treatment	92%	98%
Q16. Professional listened to patient	94%	99%

The Trust scored 'about the same' as all other Trusts.

One question was somewhat worse than most Trusts for 1 question.

Before you left the Urgent Treatment Centre, did a member of staff explain the results of the tests in a way you could understand.

No questions were reported better that other Trusts.

The questionnaire is divided into 10 sections:

1. Waiting
2. Interactions with Health Professionals
3. Privacy
4. Your care and treatment
5. Communication about tests
6. Hospital environment and facilities
7. Information to support recovery at home
8. Support and care after leaving the Urgent Treatment Centre
9. Respect and dignity
10. Overall experience

Chart 2.

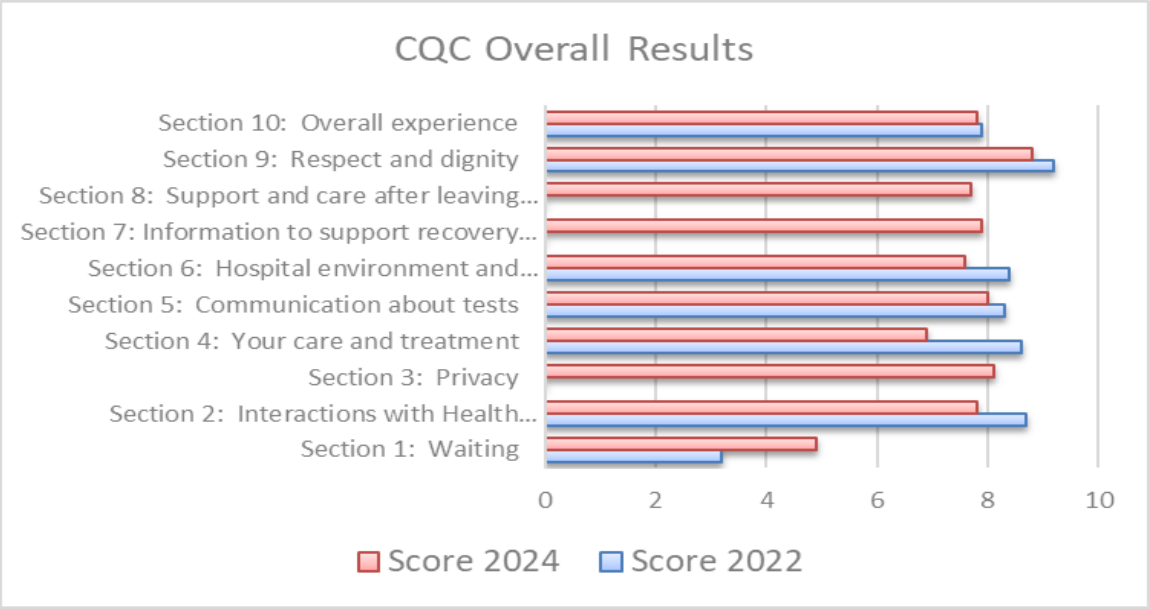

Chart 2 shows where sections can be compared with the 2022 survey , the Trust results show improvement in 1 section, where about the same in 1 section and showed some slight deterioration in 5 sections.

4. Six Step Experience Visions in the Emergency Department

The service has a bespoke Six Step Patient Experience Vision launched in April 2024 to drive improvements in patient and family experience in the department. This large poster representation in on display in the main department waiting room.

The service has developed a bespoke Patient and Family Experience Six Step Experience Vision and action plan to describe excellence in patient and family experience in the department. This is on display in the waiting room.

The Six Step Vision is monitored through the Emergency Department Improvement Framework. Matrons also gather patient feedback on experience through patient calls to discharged patients.

Friends and Family test results are monitored monthly and reflect national benchmarking results.

'*Rapid triage by very friendly professional staff. Then seen in good time for treatment of injuries before being seen by speciality Doctor and referral for follow up. Excellent service overall thank- you*'.

The service is monitoring feedback on the Six Steps Patient Experience Vision by a continual Patient Experience questionnaire:

Emergency Department	July	August	September	October
Number of responses	**82**	**102**	**38**	**82**
Patient Statement	%Positivity score	%Positivity score	%Positivity score	%Positivity score
It was easy to understand where to go to be treated and accessing the service was simple.	95.12	93.14	97.37	89.02
I was listened to, they understood my needs. I was assessed promptly, and was informed about what would happen next.	93.90	93.14	92.11	91.46
I knew what was going on and was part of the decisions about my care and treatment.	92.68	96.08	94.74	93.90
The department was welcoming, tidy and clean and I felt safe there.	81.70	95.10	92.11	87.65
I knew who was caring for me. I was made to feel comfortable and had everything I needed	90.24	90.20	78.95	82.93
I received excellent treatment from the care team	96.29	99.02	97.37	93.90

5. Action Plan

issue	Action	Progress	Lead	Timescale For Completion
Waiting Times				
Communication about waiting times	Slides to be developed to be shown on loop on waiting room TV showing key information/ updates/ health promotion advice. Six Step Patient Experience large print poster in waiting area which describes what patients can expect from the department. Discuss with BI team whether live waiting times can be shown on screen in waiting room. Patient rounding across the dept and in the waiting room 24/7. Review nursing model in department to ensure a nurse is allocated to always waiting room. All patients will be assigned with a nurse responsible for their care.	Slide deck in place in waiting room. Additional information is also displayed in each cubicle to support patients to understand their journey through the department. Oct 24- Capital projects which work commence on in Q2 will allow for the addition of a waiting time screen in the waiting room, this has not been possible to date due to IT constraints. It is anticipated this will be in place by March 2024. Monitored through Matron daily rounding and audit, and 2 hourly huddles and staffing meetings.	Head of Nursing/ Comms team Acute Directorate Manager ED Matron	Jan 2024 Complete On Track Complete

Facilities				
Waiting Room Facilities	Regular review of waiting room by RN allocated to ensure appropriate patients are placed in the waiting room and oversight of deterioration/ comfort needs.		Nurse Team Leader/ Matron	Complete
	Announcement to be made during times of crowing in waiting room respectfully asking for relatives of staff who do not require support/ carer to leave to allow patient's sitting room.	Script written to ensure a standard polite message is given. Aug 24- As part of the capital projects and new "atrium" at the front door, a Tannoy has been ordered. There is a plan in place for regular updates to be given over the Tannoy	Reception Staff/ Matron / department manager oversight	Complete
Provision of food and drink whilst waiting	Discuss with catering team an improved nutrition and hydration provision for children when waiting times are high. Children and Adult snack packs now available. Hot meal supply daily New vending machines in place		Head of Nursing	Complete
Treatment and Care				

Regular updates about tests and Investigations	Audit to be undertaken by PDN team.	Audit in place monthly, actions embedded in ED improvement framework. Workstream support by Nurse rounding Follow up calls made by Matron team	ED Lead PDN, Matron Matron	Complete Complete
A&E Management & System Pressures				
Privacy Crowding/ Long waits to see a Dr following triage.	Patient experience to be improved. Improve timely egress from the Emergency Department and overall patient flow. Improve Streaming to SDEC and UTC Medical and Nursing workforce reviews have been undertaken	Dec 23- Care and comfort packs launched including letter signed by executive team apologising for corridor care and outlining expectations. Part of Matron daily round includes speaking to all patients on the corridor. Monitored via Patient Flow Steering Group. Funding has been allocated for additional senior medical recruitment.	ED Matron/ HoN Matron Divisional Director	Complete Complete Ongoing- On Track

Staffing levels		A full nursing workforce review has been undertaken and in April 2024 there has been significant investment to the ED nursing workforce, which will bring ratios in line with RCEM and CQC standards. There is a trajectory for ED to be fully recruited by the end of November 2024, thus reducing reliance on bank and agency spend.		

6. Summary, Recommendations and Action Plan

The Trust welcomes the findings of the National CQC Type 1 and Type 3 Patient Experience Surveys and recognises the areas for improvement. The improvements are supported by an overarching Patient and Family Experience Strategy with clear objectives measured via the Emergency Department Improvement Framework. An Action Plan has been implemented to ensure there is target work in,

- Communication about waiting times
- Privacy in the department
- The comfort of patients whilst waiting
- Explanation of tests and investigations

The Department has processes in place to continually collect patient feedback to evaluate the impact of these improvements.

The Board of Directors is requested to note the contents of the report and the survey results.