

Using patient experience to monitor and improve our trauma and orthopaedics service for **emergency department patients**

We understand you or a loved one have recently had a procedure at Basingstoke and North Hampshire Hospital (BNHH) following an initial assessment at the Emergency Department (ED) Royal Hampshire County Hospital (RHCH), Winchester.

As we have centralised some of our services to provide on-site consultant cover seven days a week to help reduce waiting times and improve outcomes, we would like your feedback to help us understand what went well and what we might try and improve.

We would be very grateful if you could complete this short survey and return it in the freepost envelope or send it freepost to: **Freepost Hampshire Hospitals**. It should only take you three to five minutes to complete.

You can fill the survey in online if you prefer, **scan the QR code** to go straight to the online survey or go to: www.surveymonkey.co.uk/r/TraumaBNHH.



All feedback is anonymous unless you choose to leave your name and contact details because you would like someone to contact you about your experience.

About you and your arrival

1. Are you:

- The patient
- Answering on behalf of the patient (eg relative, friend or carer)
- Answering as a relative, friend or carer
- Other, please specify

2. How did you get to BNHH for your surgery?

- Taken direct to BNHH ED in an ambulance
- Transferred from RHCH ED to a BNHH ward by ambulance
- Transferred from RHCH ED to a BNHH ward but made our own way there
- Advised to go home from the ED at RHCH and attended BNHH following a call from the trauma triage clinic or appointment with the RHCH fracture clinic
- Transferred from RHCH ward to BNHH ward by ambulance
- Other, please specify

3. How did you arrive at the ED, RHCH

- Ambulance
- I drove myself
- I was given a lift
- Taxi
- Bus / train
- Other, please specify

Your overall experience

4. Do you feel that you got enough information about your transfer to BNHH from the ED staff?

- Yes
- No

If no, what could we do differently that would make it better?

5. Were you given an 'after your injury' information leaflet for trauma and orthopaedic patients who need surgery and/or admission to hospital?

- Yes, at ED
- Yes, at fracture clinic
- No

If yes, was it helpful?

- Yes
- No

If no, what could we include or do differently that would make it better?

Note: You can use the additional space overleaf to tell us more about your experience and if you would like someone to contact you to discuss it, please leave your name and contact details. Alternatively, you can contact the Patient Advice & Liaison Service (PALS) via telephone on 01256 486766 or via email at customercare@hft.nhs.uk

| | Very good | Good | Neither good nor poor | Poor | Very poor | Don't know | If you answered: neither good nor poor, poor or very poor, please tell us why? |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 6. How would you rate your initial assessment and treatment at RHCH? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div style="border: 1px solid black; height: 150px;"></div> |
| 7. How would you rate your transfer arrangements to BNHH? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. How would you rate the admission arrangements at BNHH? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. How would you rate the arrangements that were made for you once you left the trauma ward (for example transfer to a rehabilitation ward and/or follow up appointments for therapy services, fracture clinic or outpatients)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

10. Thinking about carers, family members and friends, how did these new ways of working impact on them:
- Positive impact
 - Acceptable impact; they understood the benefits
 - Minimal negative impact
 - Significant negative impact

If you answered: minimal or significant negative impact, please tell us why?

Additional comments

Use additional paper if required

Name (Optional)

Contact details (Optional)

To help us understand whether we are reaching all those who may use our services to ensure everyone has equal access to those services, it would be really helpful if you could answer the following questions.

1. Are you:

- Female
- Male
- Prefer not to say

2. Your age group:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 17 or under | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 45-54 | <input type="checkbox"/> Prefer not to say |

3. Your ethnic background:

- | | |
|--|---|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Black African | <input type="checkbox"/> White British |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Nepali | <input type="checkbox"/> Any other White background |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> White and Asian | |
| <input type="checkbox"/> White and Black African | |
| <input type="checkbox"/> Any other ethnic background (please specify below): | |

4. Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

If yes, please tell us about your disability below:

5. Your religion or belief:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Atheism | <input type="checkbox"/> Judaism |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Sikhism |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Other religion or belief |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Islam | |

6. You would describe your sexuality as:

- | | |
|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Lesbian/Gay woman |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Heterosexual/Straight | |

7. Are you a carer?

- No
- Yes, for child/children under 18 years living at home
- Yes, for a relative or person living with you
- Yes, for a relative or person living elsewhere