

Urgent & Emergency Care (UEC) Survey 2020
Report for Type 3 services (Urgent Treatment Centre)

Cambridge University Hospitals NHS Foundation Trust

NHS Patient Survey Programme

Urgent & Emergency Care (UEC) Survey 2020

Report for Type 3 services (Urgent Treatment Centre)

The Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England.

Our purpose:

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role:

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Urgent & Emergency Care (UEC) Survey 2020

To improve the quality of services the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is to ask people who have recently used health services to tell us about their experiences.

The 2020 survey of people who used UEC services involved 126 NHS trusts with a Type 1 accident and emergency (A&E) department¹. Fifty-nine of these trusts had direct responsibility² for running a Type 3 department³ and will therefore also receive benchmarked results for their Type 3 services. Two separate questionnaires were used, one for Type 1 services and one for Type 3 services. To access the questionnaires please see the 'Further Information' section below.

Responses were received from 41,206 people who attended a Type 1 department, a response rate of 30.5%. Responses were received from 7,424 people who attended a Type 3 department, a response rate of 30.8%⁴.

Patients were eligible for the survey if they were aged 16 years or older and had attended UEC services during September 2020⁵. Full sampling criteria can be found in the survey instruction manual (see 'Further Information' section).

Trusts responsible for only Type 1 departments drew a random sample of 1,250 patients. Trusts that also directly ran Type 3 departments sampled 950 patients from Type 1 departments and 420 patients from Type 3 departments totalling 1,370 patients. Questionnaires and reminders were sent to patients between November 2020 and March 2021.

Similar surveys were carried out in 2003, 2004, 2008, 2012, 2014, 2016 and 2018. Please note that redevelopment work carried out ahead of the 2016 survey means that **the results for 2020 are only comparable with 2018 and 2016** and not with earlier surveys.

¹A Type 1 department is a major, consultant led A&E Department with full resuscitation facilities operating 24 hours a day, 7 days a week.

²The survey only includes Type 3 departments that are run directly by acute trusts, and not those run in collaboration with, or exclusively by others, for example, that are managed by a Clinical Commissioning Group (CCG).

³A Type 3 department is an A&E/minor injury unit with designated accommodation for the reception of accident and emergency patients. The department may be doctor or nurse-led, treats at least minor injuries and illnesses and can be routinely accessed without appointment.

⁴The 'adjusted' response rate is reported. The adjusted base is calculated by subtracting the number of questionnaires returned as undeliverable, or if someone had died, from the total number of questionnaires sent out. The adjusted response rate is then calculated by dividing the number of returned useable questionnaires by the adjusted base.

⁵Trusts that had an eligible Type 3 service and could not achieve the required sample size in September could also sample back to August.

The UEC survey is part of a wider programme of NHS patient surveys, which covers a range of topics including adult inpatients, children and young people's services, maternity services and community mental health services. To find out more about our programme and for the results from previous surveys, please see the links contained in the 'Further Information' section.

The CQC will use the results from this survey in our regulation, monitoring and inspection of NHS acute trusts in England. We will use data from the survey in CQC Insight, an intelligence tool which identifies potential changes in quality of care and then supports us in deciding on the right regulatory response. Survey data will also be used to support CQC inspections.

NHS England and NHS Improvement (NHSE&I) are a key user of data from the CQC survey programme and will use the results of the Urgent and Emergency Care Survey. Listening to patients' experiences of their care plays a crucial part in delivering services that are safe, effective and continuously improving. Data from the survey programme are important for NHSE&I to understand patient experiences of the services they are receiving from acute and community settings.

Patient experience is a cross-cutting theme throughout the NHS Long Term Plan (NHS LTP). CQC data supports NHSE&I to track how it is doing on user experience, understand where inequality is present and the impact that policy initiatives are having on patients. NHS services have suffered a heavy burden from COVID-19 with the 2021-22 NHS Planning and Operational Guidance outlining a path to recovery, CQC data is supporting NHSE&I to understand how they do this in an equitable way.

This research was carried out in accordance with the international standard for organisations conducting social research (accreditation to ISO20252:2012; certificate number GB08/74322).

Comparing the results of 2020 survey with the 2018 survey

NHS UEC services have faced unprecedented challenges in 2020 due to the COVID-19 pandemic and have been affected in many ways^{6,7}. For example, one complication for urgent and emergency services was the separation (i.e. cohorting) of patients with COVID-19 or COVID-19 symptoms from those that do not, resulting in separate streams, or "parallel systems", for "infected" and "non-infected" patients in urgent and emergency care services – particularly Type 1 services. In addition, attendance patterns were unusual in 2020, where the first wave of the pandemic, in March and April 2020, led to unprecedented declines in Type 1 and Type 3 attendances nationally during this time.

Given the impact of the COVID-19 pandemic on NHS UEC services, we have examined the comparability of the 2020 survey with the 2018 survey. This included reviewing national and trust response rates and the demographics of respondents, as well as the potential impact that COVID-19 pressures had on national and trust level results.

Despite the change for UEC services in 2020, our analysis shows that we have generally heard from the same kinds of people, and at the same rates, as in 2018. Analysis also shows no statistically significant correlation between overall experience at a trust and COVID-19 bed occupancy. This finding provides greater confidence that trusts' results this year are not reflective of local COVID-19 pressures.

⁶Royal College of Emergency Medicine, RCEM Position Statement. *COVID-19: Resetting Emergency Department Care*, May 2020.

⁷Care Quality Commission, *Harnessing transformational change in emergency care and across the wider health and care system*, June 2020.

As a result, we provide comparisons to the 2018 survey in this report. When using this data, changes to urgent and emergency care services, both nationally and locally, should be taken into account when interpreting comparisons with previous surveys and survey results this year.

Interpreting the report

Type 1 and Type 3 service results are provided in separate reports. Each report shows how a trust scored for each question in the survey, compared with the range of results from most other trusts that took part. It is designed to help understand the performance of individual trusts and to identify areas for improvement. A 'section' score is also provided, labelled S1-S9 in the 'section scores'. The scores for each question are grouped thematically and broadly in line with their order in the questionnaire, for example 'arrival' and 'waiting'.⁸

It is important to note that local provision will affect the case-mix seen at a Type 1 department. While 67 trusts provided a Type 1 sample only, this does not necessarily mean that there are no other alternative services available locally. For example, there may be services outside of the scope of the survey, such as walk-in centres, an urgent care centre run by another provider, or an out-of-hours GP service. This would affect the case-mix seen at the Type 1 department; if a trust does not have any alternative services available locally, it will see a mixture of major and minor cases. However, a trust that has other alternatives available locally (whether available directly through the trust or another provider) might see more seriously ill or injured patients in its Type 1 department and have fewer minor cases. This variation in provision should be considered if comparing trust-level results.

Standardisation

Trusts have differing profiles of people who use their services. For example, one trust may have more male patients than another trust. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report fewer positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of people.

To account for this, we standardise the data. Results have been standardised by the **age and gender** of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-gender profile reflects the England age-gender distribution (based on all of the respondents to the survey). Standardisation therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing. It is not appropriate to score all questions within the questionnaire, since some questions do not assess the trust in any way.

⁸Q31 'Do you think the hospital staff did everything they could to help control your pain?' is in the 'Care & Treatment' section, as it was the only scorable question in the 'Pain' section.

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the grey section of the graph, its result is 'about the same' as most other trusts in the survey.
- If your trust's score lies in the orange section of the graph, its result is 'worse' compared with most other trusts in the survey.
- If your trust's score lies in the green section of the graph, its result is 'better' compared with most other trusts in the survey.

The text to the right of the graph states whether the score for your trust is 'better' or 'worse'. If there is no text, the score is 'about the same'.

Methodology

The 'about the same,' 'better' and 'worse' categories are based on an analysis technique called the '**expected range**' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it performs significantly above/below what would be expected. If it is within this range, we say that its performance is 'about the same'. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases there will be no orange and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible for all trusts score (no orange section). This could be because there were few respondents and/or a lot of variation in their answers.

If fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on our website (please see 'Further Information' section, below).

Tables

At the end of the report you will find tables containing the data used to create the graphs. These tables also show the response rate for your trust and background information about the people that responded (demographics).

Scores from the 2018 survey are also displayed where comparable. The column called 'change from 2018' uses arrows to indicate whether the score for 2020 shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2018. A statistically significant difference means that it is unlikely that a difference of this magnitude would be observed if there was no underlying change. Significance is tested using a two-sample t-test with a significance level of 0.05.

Where a result for 2018 is not shown, this is because the question was either new in 2020, or the question wording and/or response options have been changed. Comparisons are also not shown if a trust has merged with another trust(s) since the 2018 survey, if a trust committed a sampling error in 2018, or if a trust had a sampling issue in 2020. For more detail please see the Quality & Methodology document linked to in the 'Further Information' section below. Please also note that comparative data is not shown for the questionnaire sections as the questions contained in each section can change year on year.

Further information

The results for the 2020 survey are available on the [CQC website](#). Here you can find an A-Z list to view the results for each trust, the technical document which outlines the methodology and the scoring applied to each question, a statistical release with the results for England and a Quality & Methodology document.

Benchmark reports for each trust for the 2020 survey are available on [a dedicated web page for 2020 benchmark reports on the nhssurveys.org website](#).

The results for the 2018 survey can be found on a [dedicated web page for the 2018 survey on the nhssurveys.org website](#). From here you can also access results for surveys carried out in 2003, 2004, 2008, 2012, 2014. However, please note that due to redevelopment work carried out ahead of the 2016 survey, **results from 2020 are only comparable with 2018 and 2016**.

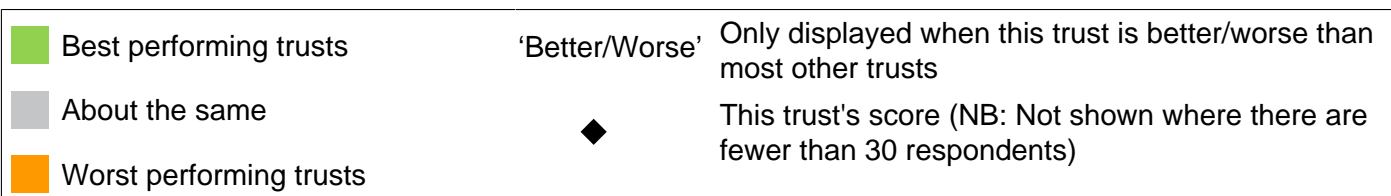
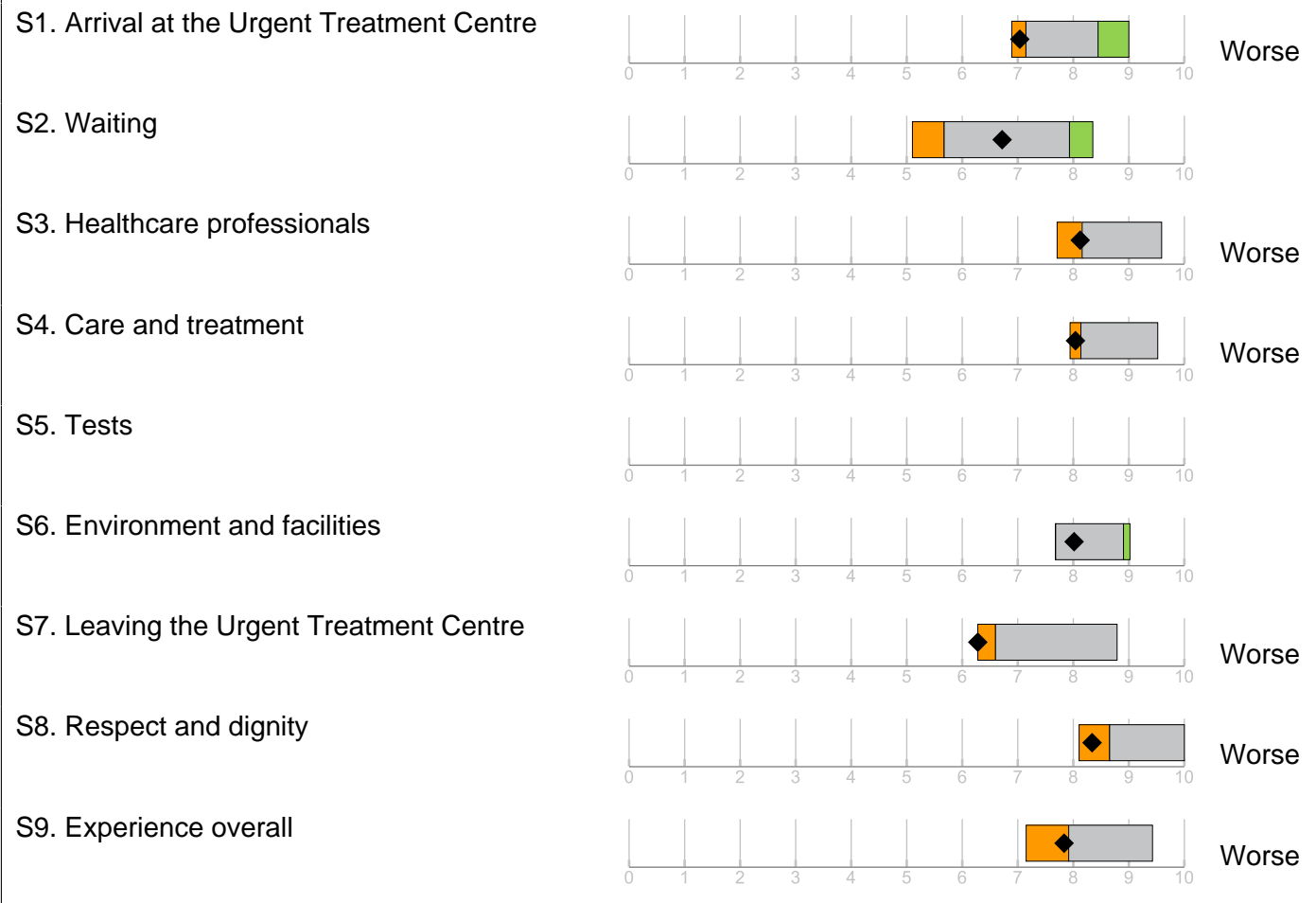
Full details of the methodology for the survey, including questionnaires, letters sent to patients, instructions on how to carry out the survey and the survey development report, are available [on a dedicated web page for the 2020 survey on the nhssurveys.org website](#).

More information on the patient survey programme, including results from other surveys and a programme of current and forthcoming surveys is available on the [CQC surveys landing page](#).

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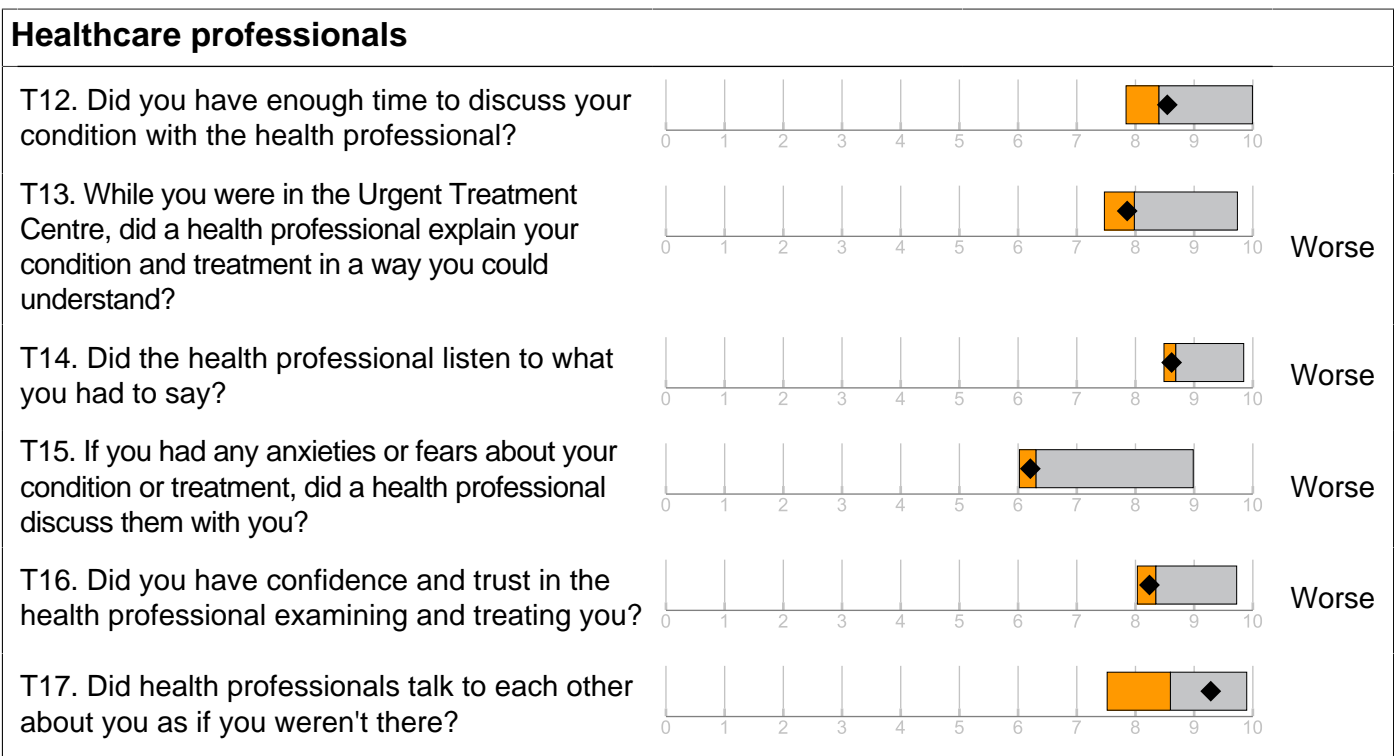
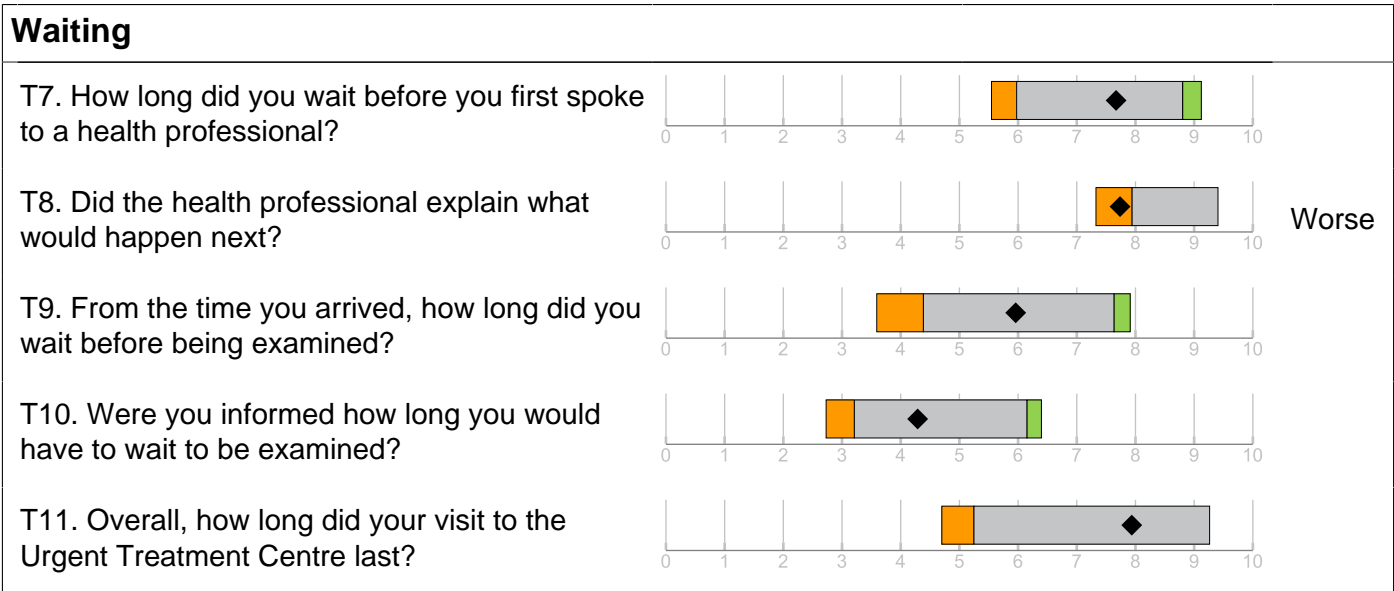
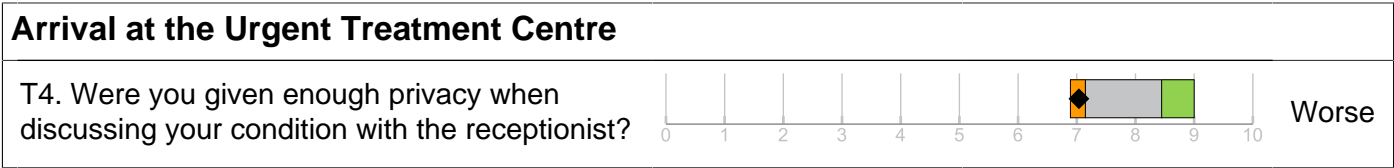
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Section scores



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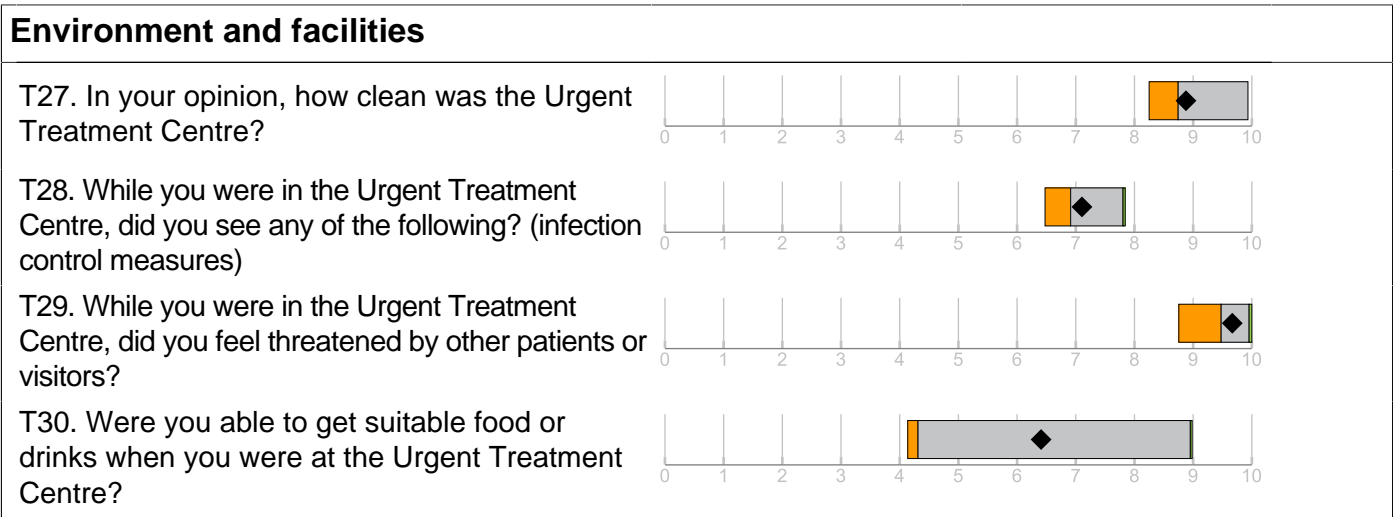
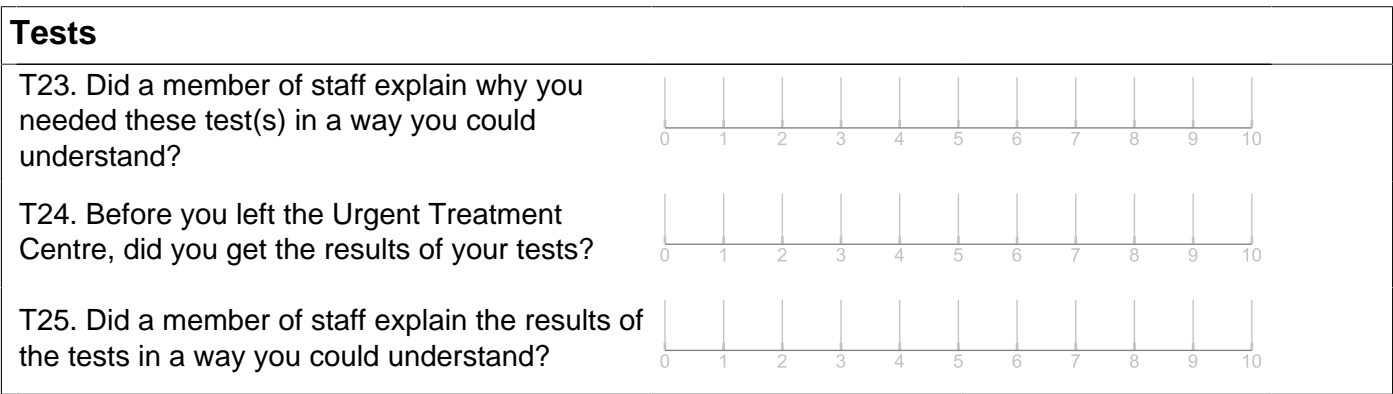
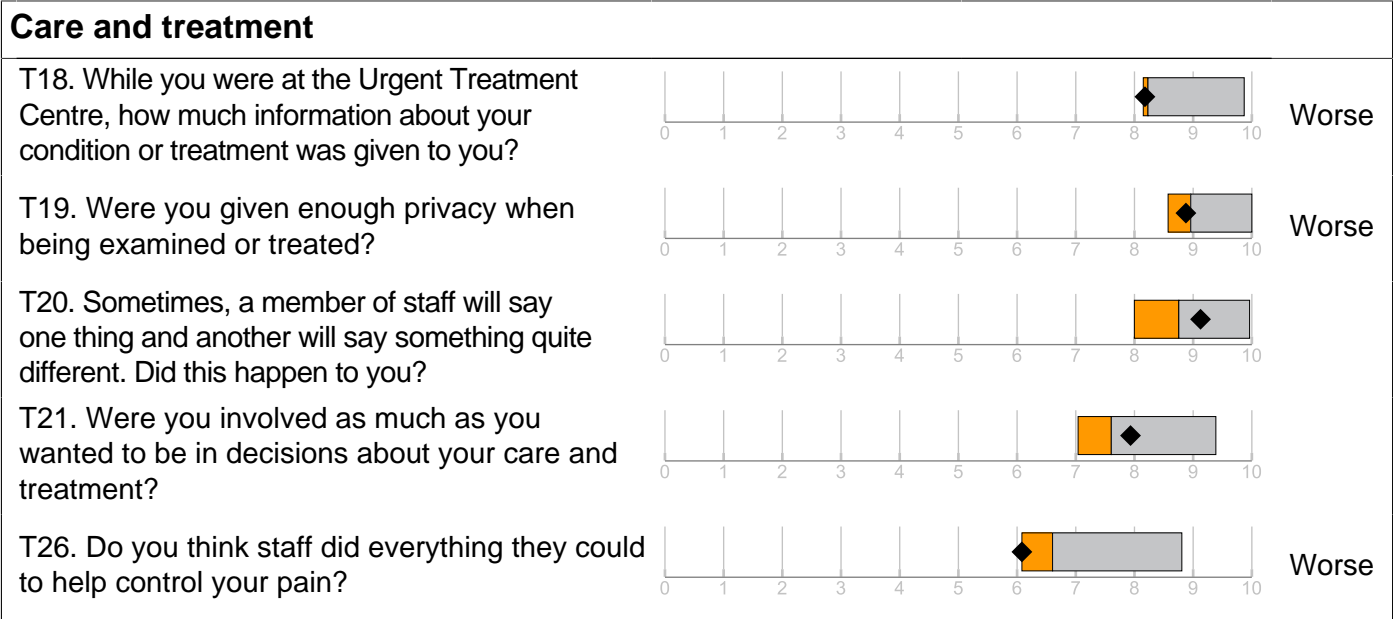
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	Best performing trusts	‘Better/Worse’ Only displayed when this trust is better/worse than most other trusts
	About the same	
	Worst performing trusts	
		This trust's score (NB: Not shown where there are fewer than 30 respondents)

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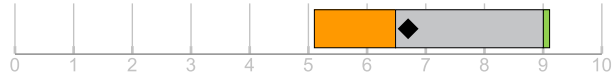
	Best performing trusts	‘Better/Worse’	Only displayed when this trust is better/worse than most other trusts
	About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

Urgent & Emergency Care (UEC) Survey 2020

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Leaving the Urgent Treatment Centre

T32. Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?



T33. Did a member of staff tell you who to contact if you were worried about your condition or treatment after you left the Urgent Treatment Centre?

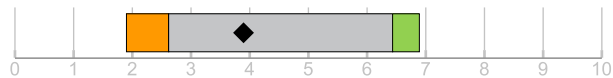


T34. Did staff give you enough information to help you care for your condition at home?

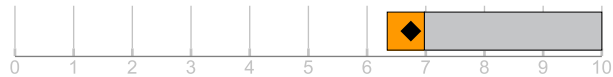


Worse

T35. Before you left, did a member of staff discuss your transport arrangements for leaving the Urgent Treatment Centre?



T36. Did a member of staff discuss with you whether you may need further health or social care services after leaving the Urgent Treatment Centre?



Worse

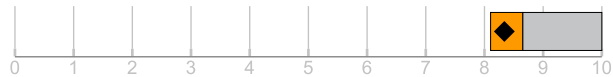
T37. After leaving the Urgent Treatment Centre, was the care and support you expected available when you needed it?



Worse

Respect and dignity

T38. Overall, did you feel you were treated with respect and dignity while you were in the Urgent Treatment Centre?



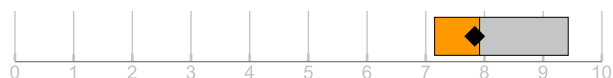
Worse

Experience overall





T39. Overall...

I had a very poor experience

I had a very good experience



Worse

	Best performing trusts	‘Better/Worse’ Only displayed when this trust is better/worse than most other trusts	
	About the same		
	Worst performing trusts		
			This trust's score (NB: Not shown where there are fewer than 30 respondents)

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Cambridge University Hospitals NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Arrival at the Urgent Treatment Centre							
S1	Section score	7.0	6.9	9.0			
T4	Were you given enough privacy when discussing your condition with the receptionist?	7.0	6.9	9.0	122		
Waiting							
S2	Section score	6.7	5.1	8.4			
T7	How long did you wait before you first spoke to a health professional?	7.7	5.5	9.1	103		
T8	Did the health professional explain what would happen next?	7.7	7.3	9.3	129		
T9	From the time you arrived, how long did you wait before being examined?	6.0	3.6	7.9	96		
T10	Were you informed how long you would have to wait to be examined?	4.3	2.7	6.4	99		
T11	Overall, how long did your visit to the Urgent Treatment Centre last?	7.9	4.7	9.1	123		
Healthcare professionals							
S3	Section score	8.1	7.7	9.4			
T12	Did you have enough time to discuss your condition with the health professional?	8.5	7.8	9.8	131		
T13	While you were in the Urgent Treatment Centre, did a health professional explain your condition and treatment in a way you could understand?	7.9	7.5	9.6	127		
T14	Did the health professional listen to what you had to say?	8.6	8.5	9.7	130		
T15	If you had any anxieties or fears about your condition or treatment, did a health professional discuss them with you?	6.2	6.0	8.9	91		
T16	Did you have confidence and trust in the health professional examining and treating you?	8.2	8.0	9.6	130		
T17	Did health professionals talk to each other about you as if you weren't there?	9.3	7.5	9.8	89		

↑ or ↓

Indicates where 2020 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2018 data is available.

Urgent & Emergency Care (UEC) Survey 2020

Cambridge University Hospitals NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Care and treatment						
S4	Section score	8.0	7.9	9.4		
T18	While you were at the Urgent Treatment Centre, how much information about your condition or treatment was given to you?	8.2	8.1	9.7	132	
T19	Were you given enough privacy when being examined or treated?	8.9	8.6	9.9	129	
T20	Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?	9.1	8.0	9.8	131	
T21	Were you involved as much as you wanted to be in decisions about your care and treatment?	7.9	7.0	9.3	125	
T26	Do you think staff did everything they could to help control your pain?	6.1	6.1	8.8	96	
Tests						
S5	Section score	-	7.8	9.6		
T23	Did a member of staff explain why you needed these test(s) in a way you could understand?	-	7.2	9.9		
T24	Before you left the Urgent Treatment Centre, did you get the results of your tests?	-	7.1	9.8		
T25	Did a member of staff explain the results of the tests in a way you could understand?	-	8.3	9.8		
Environment and facilities						
S6	Section score	8.0	7.7	9.0		
T27	In your opinion, how clean was the Urgent Treatment Centre?	8.9	8.2	9.9	129	
T28	While you were in the Urgent Treatment Centre, did you see any of the following? (infection control measures)	7.1	6.5	7.8	131	
T29	While you were in the Urgent Treatment Centre, did you feel threatened by other patients or visitors?	9.7	8.8	10.0	130	
T30	Were you able to get suitable food or drinks when you were at the Urgent Treatment Centre?	6.4	4.1	9.0	34	

↑ or ↓

Indicates where 2020 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2018 data is available.

Urgent & Emergency Care (UEC) Survey 2020

Cambridge University Hospitals NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Leaving the Urgent Treatment Centre						
S7	Section score	6.3	6.3	8.7		
T32	Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	6.7	5.1	9.1	103	
T33	Did a member of staff tell you who to contact if you were worried about your condition or treatment after you left the Urgent Treatment Centre?	7.5	6.6	9.2	106	
T34	Did staff give you enough information to help you care for your condition at home?	7.0	6.0	9.2	110	
T35	Before you left, did a member of staff discuss your transport arrangements for leaving the Urgent Treatment Centre?	3.9	1.9	6.9	53	
T36	Did a member of staff discuss with you whether you may need further health or social care services after leaving the Urgent Treatment Centre?	6.7	6.3	9.7	45	
T37	After leaving the Urgent Treatment Centre, was the care and support you expected available when you needed it?	5.8	5.3	9.5	56	
Respect and dignity						
S8	Section score	8.3	8.1	9.8		
T38	Overall, did you feel you were treated with respect and dignity while you were in the Urgent Treatment Centre?	8.3	8.1	9.8	127	
Experience overall						
S9	Section score	7.8	7.2	9.4		
T39	Overall...	7.8	7.2	9.4	123	

↑ or ↓

Indicates where 2020 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2018 data is available.

Urgent & Emergency Care (UEC) Survey 2020

Cambridge University Hospitals NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	132	7424
Response Rate (percentage)	32	31
Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	36	44
Female	64	56
Age group (percentage)	(%)	(%)
Aged 18-35	20	14
Aged 36-50	24	16
Aged 51-65	27	29
Aged 66 and older	29	40
Ethnic group (percentage)	(%)	(%)
White	83	89
Mixed / Multiple ethnic groups	3	1
Asian / Asian British	5	3
Black / African / Caribbean / Black British	1	2
Other ethnic group	0	0
Not known	8	4
Religion (percentage)	(%)	(%)
No religion	29	24
Buddhist	0	0
Christian	60	67
Hindu	2	1
Jewish	2	0
Muslim	2	2
Sikh	0	1
Other religion	0	2
Prefer not to say	5	3
Sexual orientation (percentage)	(%)	(%)
Heterosexual / Straight	93	93
Gay / Lesbian	1	1
Bisexual	0	1
Other	2	1
Prefer not to say	5	5