

Urgent & Emergency Care (UEC) Survey 2020

Report for Type 1 services (major A&E)

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

NHS Patient Survey Programme

Urgent & Emergency Care (UEC) Survey 2020

Report for Type 1 services (major A&E)

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](#).

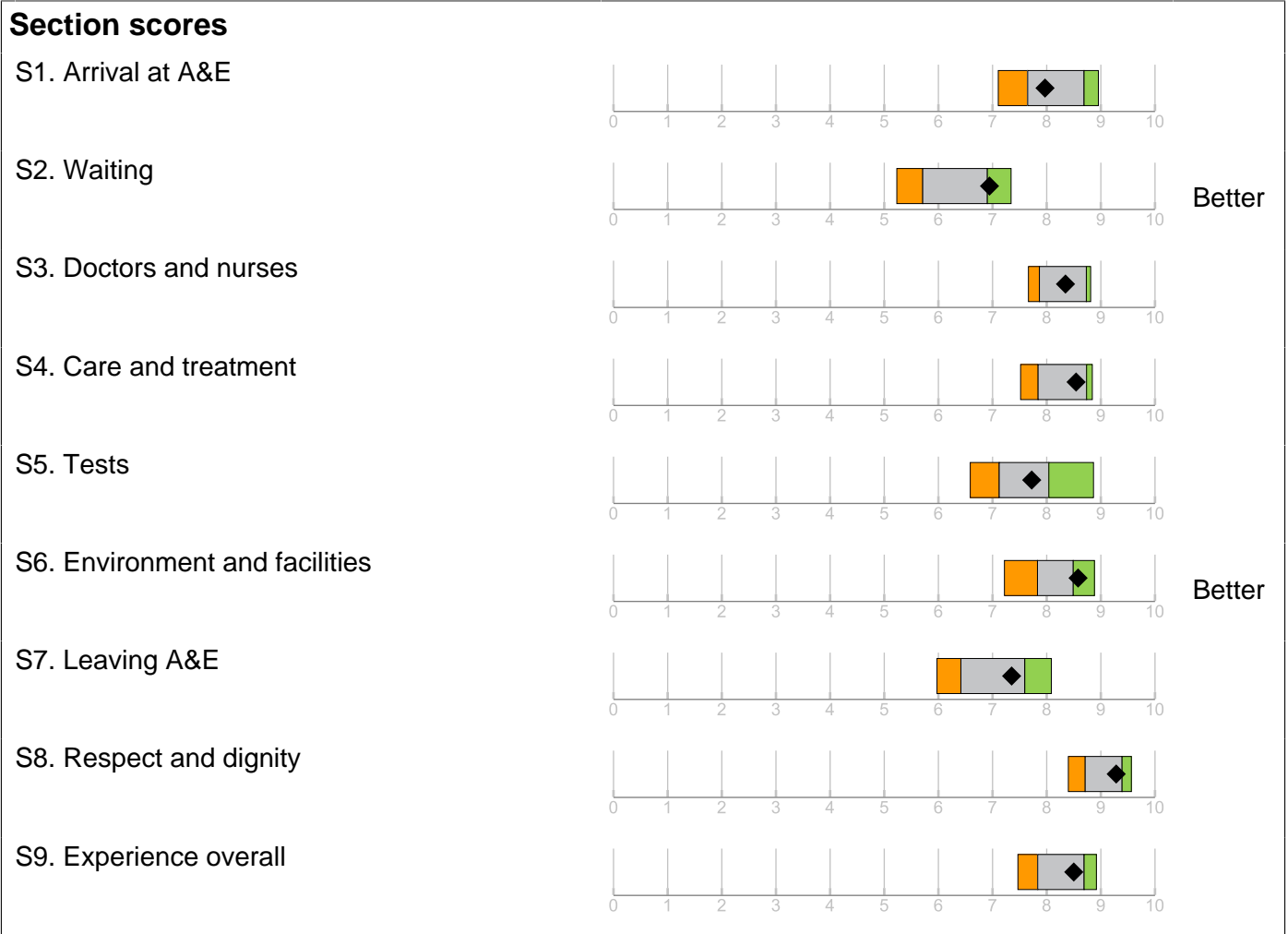
The results for the 2018 survey can be found on a [dedicated web page for the 2018 survey on the nhssurveys.org website](#). From here you can also access results for surveys carried out in 2003, 2004, 2008, 2012, 2014. However, please note that due to redevelopment work carried out ahead of the 2016 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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<ul style="list-style-type: none"> Best performing trusts About the same Worst performing trusts 	<p>'Better/Worse' Only displayed when this trust is better/worse than most other trusts</p> <p>◆ This trust's score (NB: Not shown where there are fewer than 30 respondents)</p>
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Arrival at A&E

Q5. Once you arrived at A&E, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?

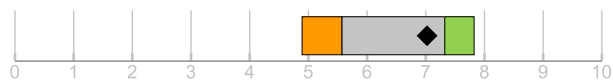


Q6. Were you given enough privacy when discussing your condition with the receptionist?

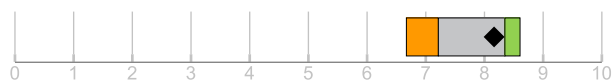


Waiting

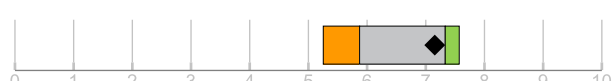
Q9. How long did you wait before you first spoke to a nurse or doctor?



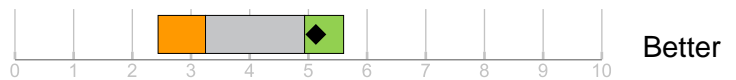
Q10. Did the nurse or doctor explain what would happen next?



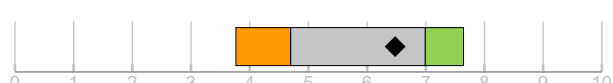
Q11. From the time you arrived, how long did you wait before being examined by a doctor or nurse?



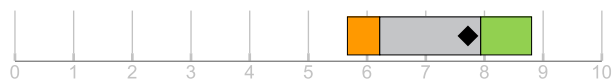
Q12. Were you informed how long you would have to wait to be examined?






Q13. While you were waiting, were you able to get help with your condition or symptoms from a member of staff?



Q14. Overall, how long did your visit to A&E last?

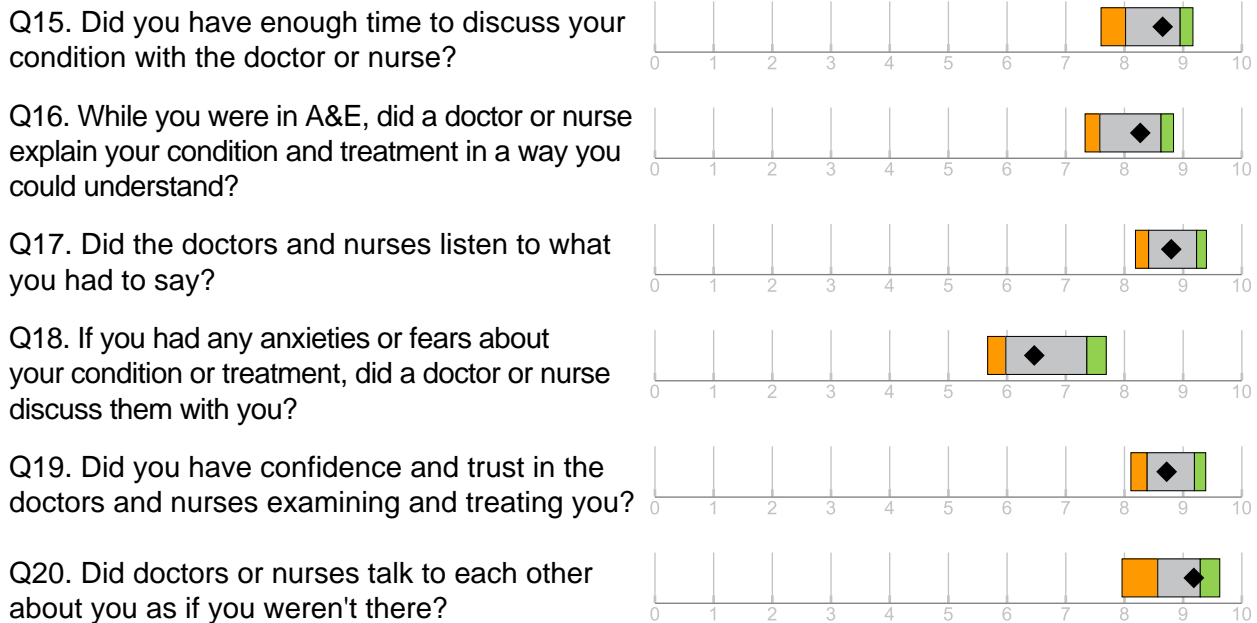


	Best performing trusts	‘Better/Worse’	◆	Only displayed when this trust is better/worse than most other trusts
	About the same			This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts			

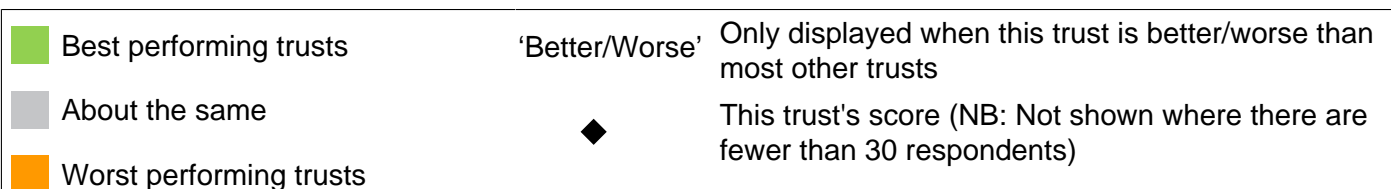
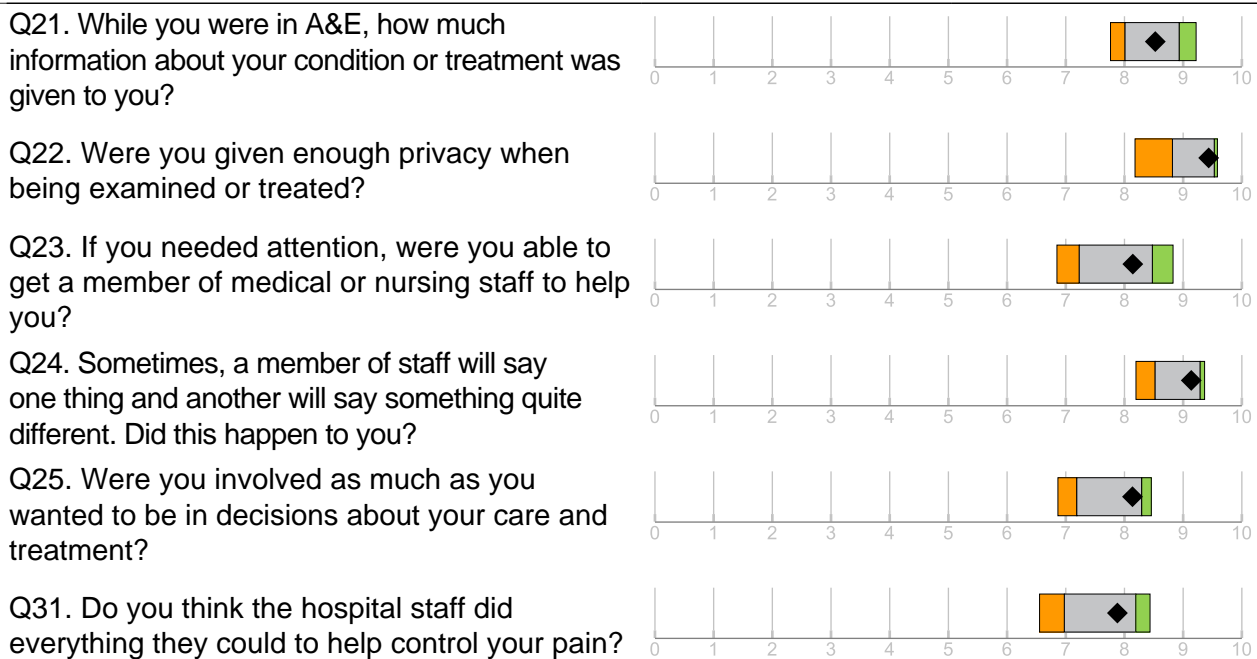
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Doctors and nurses

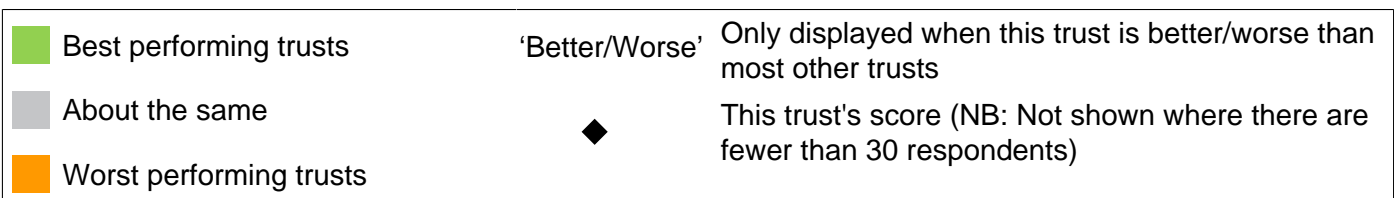
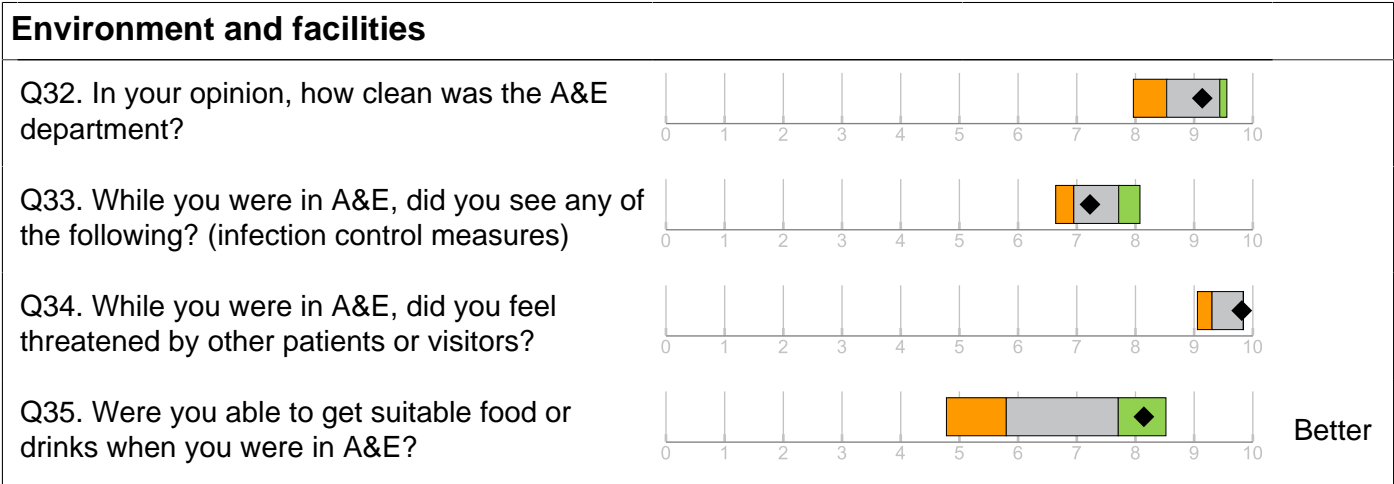
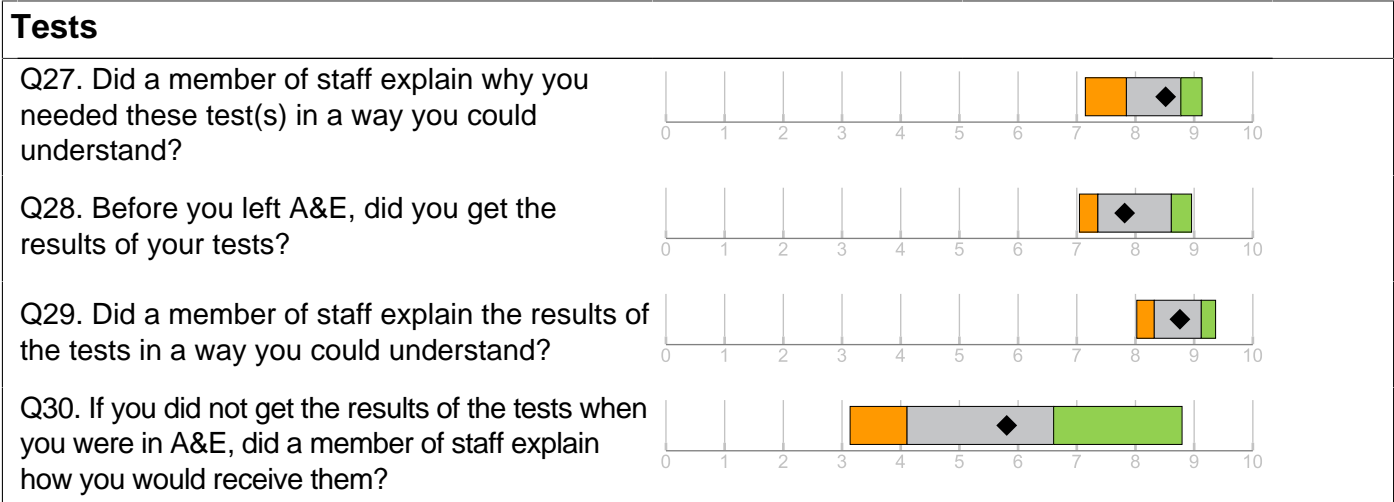


Care and treatment



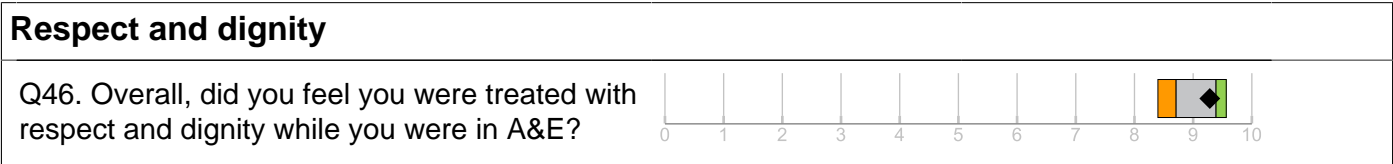
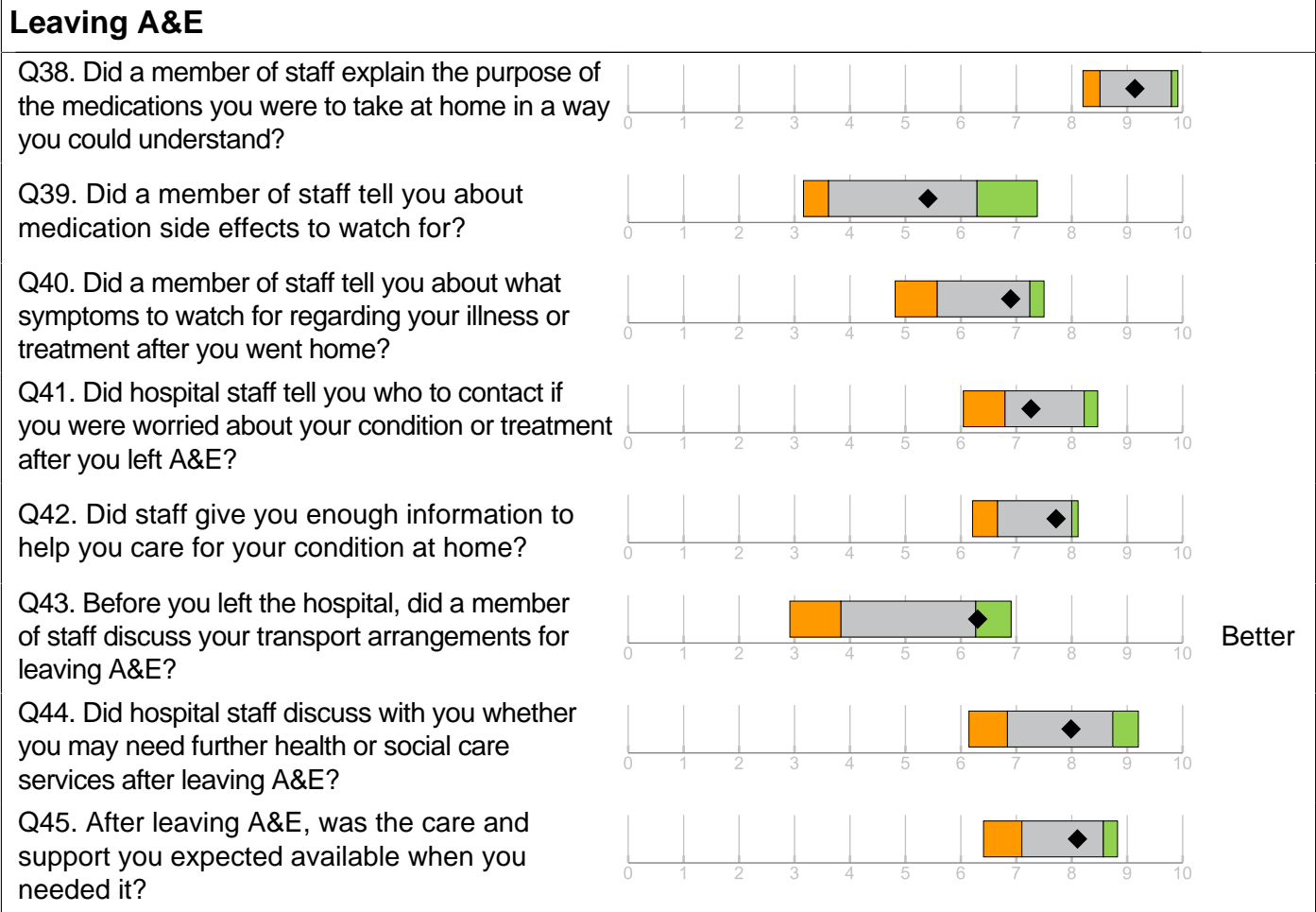
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<ul style="list-style-type: none"> Best performing trusts About the same Worst performing trusts 	<p>‘Better/Worse’ Only displayed when this trust is better/worse than most other trusts</p> <p>◆ This trust's score (NB: Not shown where there are fewer than 30 respondents)</p>
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The Queen Elizabeth Hospital King's Lynn 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 A&E						
S1 Section score	8.0	7.1	9.0			
Q5 Once you arrived at A&E, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?	8.0	7.1	9.6	175	7.5	
Q6 Were you given enough privacy when discussing your condition with the receptionist?	7.9	6.6	8.6	332	7.0	↑
Waiting						
S2 Section score	6.9	5.2	7.3			
Q9 How long did you wait before you first spoke to a nurse or doctor?	7.0	4.9	7.8	414	5.3	↑
Q10 Did the nurse or doctor explain what would happen next?	8.2	6.7	8.6	402		
Q11 From the time you arrived, how long did you wait before being examined by a doctor or nurse?	7.2	5.3	7.6	402	6.1	↑
Q12 Were you informed how long you would have to wait to be examined?	5.1	2.4	5.6	303	3.9	↑
Q13 While you were waiting, were you able to get help with your condition or symptoms from a member of staff?	6.5	3.8	7.6	178		
Q14 Overall, how long did your visit to A&E last?	7.7	5.7	8.8	400	7.1	↑
Doctors and nurses						
S3 Section score	8.3	7.7	8.8			
Q15 Did you have enough time to discuss your condition with the doctor or nurse?	8.7	7.6	9.2	440	8.4	
Q16 While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?	8.3	7.3	8.8	421	7.8	
Q17 Did the doctors and nurses listen to what you had to say?	8.8	8.2	9.4	438	8.6	
Q18 If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	6.5	5.7	7.7	264	6.8	
Q19 Did you have confidence and trust in the doctors and nurses examining and treating you?	8.7	8.1	9.4	441	8.6	
Q20 Did doctors or nurses talk to each other about you as if you weren't there?	9.2	8.0	9.6	426	9.0	

↑ 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
The Queen Elizabeth Hospital King's Lynn 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	8.5	7.5	8.8			
Q21 While you were in A&E, how much information about your condition or treatment was given to you?	8.5	7.8	9.2	438	8.3	
Q22 Were you given enough privacy when being examined or treated?	9.4	8.2	9.6	440	9.0	↑
Q23 If you needed attention, were you able to get a member of medical or nursing staff to help you?	8.1	6.8	8.8	275	7.6	↑
Q24 Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?	9.1	8.2	9.4	437	8.6	↑
Q25 Were you involved as much as you wanted to be in decisions about your care and treatment?	8.1	6.9	8.5	406	7.9	
Q31 Do you think the hospital staff did everything they could to help control your pain?	7.9	6.6	8.4	299		
Tests						
S5 Section score	7.7	6.6	8.9			
Q27 Did a member of staff explain why you needed these test(s) in a way you could understand?	8.5	7.1	9.1	328	8.4	
Q28 Before you left A&E, did you get the results of your tests?	7.8	7.0	9.0	280	7.5	
Q29 Did a member of staff explain the results of the tests in a way you could understand?	8.8	8.0	9.4	220	8.9	
Q30 If you did not get the results of the tests when you were in A&E, did a member of staff explain how you would receive them?	5.8	3.1	8.8	63	5.7	
Environment and facilities						
S6 Section score	8.6	7.2	8.9			
Q32 In your opinion, how clean was the A&E department?	9.1	8.0	9.6	430	8.6	↑
Q33 While you were in A&E, did you see any of the following? (infection control measures)	7.2	6.6	8.1	430		
Q34 While you were in A&E, did you feel threatened by other patients or visitors?	9.8	9.1	9.8	442	9.7	
Q35 Were you able to get suitable food or drinks when you were in A&E?	8.1	4.8	8.5	207		

↑ 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.

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	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 A&E						
S7 Section score	7.4	6.0	8.1			
Q38 Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	9.1	8.2	9.9	81	9.2	
Q39 Did a member of staff tell you about medication side effects to watch for?	5.4	3.2	7.4	60	4.4	
Q40 Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	6.9	4.8	7.5	188	6.4	
Q41 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?	7.3	6.0	8.5	237	7.7	
Q42 Did staff give you enough information to help you care for your condition at home?	7.7	6.2	8.1	216	7.6	
Q43 Before you left the hospital, did a member of staff discuss your transport arrangements for leaving A&E?	6.3	2.9	6.9	107		
Q44 Did hospital staff discuss with you whether you may need further health or social care services after leaving A&E?	8.0	6.1	9.2	96		
Q45 After leaving A&E, was the care and support you expected available when you needed it?	8.1	6.4	8.8	117		
Respect and dignity						
S8 Section score	9.3	8.4	9.6			
Q46 Overall, did you feel you were treated with respect and dignity while you were in A&E?	9.3	8.4	9.6	435	8.9	↑
Experience overall						
S9 Section score	8.5	7.5	8.9			
Q47 Overall...	8.5	7.5	8.9	424	8.0	↑

↑ 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.

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Background information

The sample	This trust	All trusts
Number of respondents	454	41206
Response Rate (percentage)	38	30
Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	46	45
Female	54	55
Age group (percentage)	(%)	(%)
Aged 18-35	8	11
Aged 36-50	9	13
Aged 51-65	21	25
Aged 66 and older	61	51
Ethnic group (percentage)	(%)	(%)
White	95	88
Mixed / Multiple ethnic groups	0	1
Asian / Asian British	1	4
Black / African / Caribbean / Black British	0	2
Other ethnic group	0	1
Not known	3	4
Religion (percentage)	(%)	(%)
No religion	21	22
Buddhist	1	0
Christian	73	68
Hindu	0	1
Jewish	0	0
Muslim	0	3
Sikh	0	1
Other religion	1	1
Prefer not to say	4	3
Sexual orientation (percentage)	(%)	(%)
Heterosexual / Straight	95	92
Gay / Lesbian	1	1
Bisexual	1	1
Other	1	1
Prefer not to say	3	4