



## **2020 Urgent & Emergency Care (UEC) Survey: Early release of CQC benchmark results for Type 1 services (major A&E)**

This report provides benchmark results for Wirral University Teaching Hospital NHS Foundation Trust, in advance of publication of the 2020 UEC Survey later this year. It contains the same scoring and 'banding' (how your trust performed compared to other trusts across England), but does not include national scores. These national results can only be shared at official publication of the survey results.

This report **includes Type 1 service results only**. If your trust also submitted a Type 3 sample that pre-release data will be provided to you in a separate report.

By receiving results now, you will be able to see how your trust performed on individual questions in advance of the national publication.

Information on how to interpret this information is similar to that provided within the published benchmark reports and is detailed below. If you require any assistance, have any queries, or would like to provide feedback on the format of this report, please contact the CQC Surveys Team at: [patient.survey@cqc.org.uk](mailto:patient.survey@cqc.org.uk)

## **2020 Urgent & Emergency Care (UEC) Survey**

The 2020 survey of people who used UEC services involved 126 NHS trusts with a Type 1 accident and emergency (A&E) department<sup>1</sup>. Fifty-nine of these trusts had direct responsibility<sup>2</sup> for running a Type 3 department<sup>3</sup> 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 see 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%<sup>4</sup>.

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<sup>1</sup>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.

<sup>2</sup>The 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).

<sup>3</sup>A 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.

<sup>4</sup>The '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.

Patients were eligible for the survey if they were aged 16 years or older and had attended UEC services during September 2020<sup>5</sup>. 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 any earlier surveys.

The Care Quality Commission 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) is 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. 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.

## **Comparing the results of the 2020 survey with 2018 survey**

NHS UEC services faced unprecedented challenges in 2020 due to the COVID-19 pandemic and have been affected in many ways<sup>6 7</sup>. 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. Nationally, attendances have rebounded since, but attendances across 2020 remained

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

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

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

below pre-pandemic levels.

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 with an evidence-based approach. We considered response rates, response percentages, the interpretability and extent of national result changes, and we explored trust-level associations with COVID-19 pressures.

Despite the change for UEC services in 2020, our analysis shows that overall response rates both nationally and for trusts are very similar to 2018. Response rates by age, ethnicity and gender are also consistent with 2018 and national response percentages (demographic breakdowns) are also very similar to 2018. This means that, despite the transformation in NHS UEC services nationally and the COVID-19 context, we have generally heard from the same kinds of people, and at the same rates, as in 2018.

Comparison of responses to evaluative questions this year against 2018 finds that while there are differences this year nationally, larger differences are in line with initiatives since the beginning of the pandemic (for example, around infection prevention and control), and more modest differences generally follow positive trends observed in previous surveys. Lastly, analysis shows no statistically significant correlation between overall experience at a trust and COVID-19 bed occupancy. This finding increases our confidence that trusts' results this year are not simply reflective of local COVID-19 pressures and, as such, our confidence that trust results can be compared with their results in 2018.

Given this evidence, we provide comparisons to the 2018 survey in this report. Users of this data, however, are encouraged to consider the changes to NHS UEC services both nationally and locally when interpreting comparisons and survey results this year.

## **Making fair comparisons between trusts**

Trusts have differing profiles of people who use their services. For example, some trusts have a higher proportion of young service users than others trusts. Demographic factors can influence a trust's survey results because people's answers to questions about their care are influenced by demographic characteristics (e.g. a person's gender or age). To account for this, we 'standardise' respondent data to ensure that a trust does not appear better or worse than another due to its respondent profile. For the UEC survey, we standardise by **age and gender**.

## **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.

## **Interpreting your data**

The 'better' and 'worse' categories, displayed in the column with the header '2020 Band' in the tables below, are based on a statistic called the 'expected range', which determines the range

within which the trust's score could fall without differing significantly from the average. If the trust's performance is outside of this range, its performance is significantly above or 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's survey results have been identified as 'better' or 'worse' than the majority of trusts it is very unlikely that these results have occurred by chance. If your trust's results are 'about the same', table cells in this column will be empty.

If fewer than 30 respondents have answered a question, a score will not be displayed for this question (or the corresponding section). This is because the uncertainty around the result is too great.

Scores from the last survey are also displayed where available. In the column with the header 'Change from 2018' arrows indicate whether the score for the 2020 survey has increased significantly (up arrow), decreased significantly (down arrow) or has not significantly changed from 2018 (no arrow). A statistically significant difference means that the change in the result is unlikely to be due to chance. Significance is tested using a two-sample t-test. Please note that historical comparisons are not provided for section scores as the questions contained in each section can change.

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, or if a trust committed a sampling error in 2018, or had a sampling issue in 2020. For more detail please see the Quality & Methodology document linked to in the 'Further Information' section below.

## **Executive summary**

This report includes a brief executive summary section, which provides you with an overview of your trust's results. The executive summary presents the following information:

- The total number of respondents and response rate for your trust.
- The number of questions where your trust did 'better', 'worse' or 'about the same' as most other trusts.
- Comparisons with the last survey. The number of questions where your trust's scores were significantly higher or lower this year in comparison to the last survey in 2018.

## **Further Information**

When the survey is published, the results for the 2020 survey will be available on the CQC website. Here you will 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:

[www.cqc.org.uk/uecsurvey](http://www.cqc.org.uk/uecsurvey)

When the survey is published, the benchmark reports will be available on the NHS surveys website:

<https://nhssurveys.org/all-files/03-urgent-emergency-care/05-benchmarks-reports/2020/>

The results for surveys from 2003, 2004, 2008, 2012, 2014, 2016 and 2018 can be found below. Please note that due to redevelopment work carried out ahead of the 2016 survey, **results from 2020 are only comparable with 2018 and 2016.**

<https://nhssurveys.org/surveys/survey/03-urgent-emergency-care/year/2018/>

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 at:

<https://nhssurveys.org/surveys/survey/03-urgent-emergency-care/year/2020/>

More information on the patient survey programme, including results from other surveys and a programme of current and forthcoming surveys is available at:

[www.cqc.org.uk/surveys](http://www.cqc.org.uk/surveys)

More information about how CQC monitors hospitals is available on the CQC website at:

[www.cqc.org.uk/content/monitoring-nhs-acute-hospitals](http://www.cqc.org.uk/content/monitoring-nhs-acute-hospitals)

# Results for Wirral University Teaching Hospital NHS Foundation Trust: Executive Summary

## Respondents and response rate

- 347 Wirral University Teaching Hospital NHS Foundation Trust patients responded to the survey
- The response rate for Wirral University Teaching Hospital NHS Foundation Trust was 28.61%

## Banding

Your trust's results were better than most trusts for **0** questions.

Your trust's results were worse than most trusts for **0** questions.

Your trust's results were about the same as other trusts for **38** questions.

## Comparisons with last year's survey

Your trust's results were significantly higher ↑ this year for **2** questions.

5. 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?

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

Your trust's results were significantly lower ↓ this year for **1** questions.

18. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?

There were no statistically significant differences between last year's and this year's results for **27** questions.

## Tables of Results

Table 1: Section 1. Arrival

Question	Respondents	2020 Score	2020 Band	2018 Score	Change from 2018
5. 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?	108	9.2		7.1	↑
6. Were you given enough privacy when discussing your condition with the receptionist?	281	7.8		7.4	

Table 2: Section 2. Waiting

Question	Respondents	2020 Score	2020 Band	2018 Score	Change from 2018
9. How long did you wait before you first spoke to a nurse or doctor?	319	6.5		6.0	↑
10. Did the nurse or doctor explain what would happen next?	322	8.0			
11. Sometimes, people will first talk to a doctor or nurse and be examined later. From the time you arrived, how long did you wait before being examined by a doctor or nurse?	311	6.6		6.2	
12. Were you informed how long you would have to wait to be examined?	240	4.0		3.6	

Table 2: Section 2. Waiting (*continued*)

Question	Respondents	2020 Score	2020 Band	2018 Score	Change from 2018
13. While you were waiting, were you able to get help with your condition or symptoms from a member of staff?	144	4.8			
14. Overall, how long did your visit to A&E last?	296	6.9		6.9	

Table 3: Section 3. Doctors and nurses

Question	Respondents	2020 Score	2020 Band	2018 Score	Change from 2018
15. Did you have enough time to discuss your condition with the doctor or nurse?	336	8.7		8.8	
16. While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?	326	8.3		8.5	
17. Did the doctors and nurses listen to what you had to say?	326	9.0		9.1	
18. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	200	6.8		7.6	↓
19. Did you have confidence and trust in the doctors and nurses examining and treating you?	335	8.9		8.9	
20. Did doctors or nurses talk to each other about you as if you weren't there?	329	9.1		9.1	

Table 4: Section 4. Care and treatment

Question	Respondents	2020 Score	2020 Band	2018 Score	Change from 2018
21. While you were in A&E, how much information about your condition or treatment was given to you?	332	8.7		8.9	
22. Were you given enough privacy when being examined or treated?	336	9.3		9.2	
23. If you needed attention, were you able to get a member of medical or nursing staff to help you?	199	7.7		7.7	
24. Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?	333	8.9		8.8	
25. Were you involved as much as you wanted to be in decisions about your care and treatment?	321	7.8		8.2	
31. Do you think the hospital staff did everything they could to help control your pain?	232	7.7			

Table 5: Section 5. Tests

Question	Respondents	2020 Score	2020 Band	2018 Score	Change from 2018
27. Did a member of staff explain why you needed these test(s) in a way you could understand?	271	8.5		8.6	
28. Before you left A&E, did you get the results of your tests?	234	7.9		8.4	
29. Did a member of staff explain the results of the tests in a way you could understand?	185	9.0		8.8	
30. 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?	56	5.0		6.3	

Table 6: Section 6. Environment and facilities

Question	Respondents	2020 Score	2020 Band	2018 Score	Change from 2018
32. In your opinion, how clean was the A&E department?	331	8.9		8.7	
33. While you were in A&E, did you see any of the following [infection control measures]?	335	7.2			
34. While you were in A&E, did you feel threatened by other patients or visitors?	335	9.7		9.6	
35. Were you able to get suitable food or drinks when you were in A&E?	159	6.9			

Table 7: Section 7. Leaving

Question	Respondents	2020 Score	2020 Band	2018 Score	Change from 2018
38. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	63	9.6		9.1	
39. Did a member of staff tell you about medication side effects to watch for?	49	5.7		6.1	
40. Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	161	6.4		7.3	
41. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?	170	7.3		7.6	
42. Did staff give you enough information to help you care for your condition at home?	175	7.6		7.9	
43. Before you left the hospital, did a member of staff discuss your transport arrangements for leaving A&E?	100	5.5			

Table 7: Section 7. Leaving (*continued*)

Question	Respondents	2020 Score	2020 Band	2018 Score	Change from 2018
44. Did hospital staff discuss with you whether you may need further health or social care services after leaving A&E?	93	8.3			
45. After leaving A&E, was the care and support you expected available when you needed it?	103	8.3			

Table 8: Section 8. Respect and dignity

Question	Respondents	2020 Score	2020 Band	2018 Score	Change from 2018
46. Overall, did you feel you were treated with respect and dignity while you were in A&E?	335	9.2		9.2	

Table 9: Section 9. Overall experience

Question	Respondents	2020 Score	2020 Band	2018 Score	Change from 2018
47. Overall, I had a very good experience	330	8.4		8.0	

Table 10: Section Scores

Section	2018 Score	Band
Section 1. Arrival	8.5	
Section 2. Waiting Times	6.1	
Section 3. Doctors and Nurses	8.5	
Section 4. Care and Treatment	8.4	
Section 5. Tests	7.6	
Section 6. Environment and Facilities	8.2	
Section 7. Leaving	7.3	
Section 8. Respect and Dignity	9.2	
Section 9. Experience Overall	8.4	

Table 11: Demographic Information

Characteristic	Percent
Total respondents	347
Response rate	28.6
<b>Gender</b>	
Male	42.1
Female	57.9
<b>Age</b>	
16-35	10.7
36-50	7.5
51-65	23.6
66+	58.2
<b>Ethnicity</b>	
White	95.4
Multiple ethnic groups	0.6
Asian or Asian British	0.9
Black or Black British	0.0
Arab or other ethnic group	0.0
Not known	3.2

Table 12: Demographic Information (Continued)

Characteristic	Percent
<b>Religion</b>	
No religion	18.3
Buddhist	0.6
Christian	76.0
Hindu	0.0
Jewish	0.0
Muslim	0.9
Sikh	0.0
Other religion	1.2
Prefer not to say	3.0
<b>Sexuality</b>	
Heterosexual	93.1
Gay/lesbian	1.5
Bisexual	0.6
Other	0.9
Prefer not to say	3.9