The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	5 October 2021	**Agenda item:**	14
Report Title:	Urgent and Emergency Care Survey (UEC)		
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Executive Sponsor:	Alice Webster, Chief Nurse		

Implications

Link to key strategic objectives *[highlight which KSO(s) this recommendation aims to support]*

KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	*Modernise hospital and estate*	*Staff engagement*	*Partnership working, clinical and financial sustainability*	*Healthy lives staff and patients*	*Investing in our staff*

Board assurance framework	KSO1 – Safe and compassionate care	
Significant risk register		
	Y/N	If Yes state impact/ implications and mitigation
Quality	Y	To ensure we continue to develop our patients experience in an informed manner using information from the UEC patients survey
Legal and regulatory	N	
Financial	N	

Assurance route

Previously considered by:	Quality Committee

Executive summary

Action required: *[highlight **one in bold**]*	Approval	**Information**	Discussion	Assurance	Review

Purpose of the report:	To update the Board of Directors on the results of the UEC patient survey 2020 carried out by Picker on behalf of the QEH.
Summary of Key issues:	The survey covered 66 organisations and asked, in total, 65 questions. The QEH had a response rate of 38 % against an average rate for similar organisations of 29% Historical comparison from the 2018 data collected, shows 21 areas with no significant difference, 8 areas which are significantly better and no areas being significantly worse In comparison with the averages from similar organisations, 2020 data collected shows, 28 areas with no significant differences, 16 areas which are significantly better and no areas being significantly worse.

	This supports evidence that there have been considerable improvements since the last survey, in 2018, which evidences the quality improvement journey the department and Trust have commenced. Performance against our peers is positive with the department showing the average % seen nationwide being exceeded in 9/10 themed areas Improvement on our own 2018 results also recorded in 8/10 themed areas
Recommendation:	The Board is asked to note the content of the report for information and assurance.
Acronyms	UEC – Urgent and Emergency Care

MEDICINE DIVISION RESPONSE TO UEC SURVEY 2020 RESULTS

Background

The report summarises the results of the UEC care survey 2020 carried out by Picker on behalf of the QEH. The survey covered 66 organisations and asked, in total, 65 questions. Of the original 1250 invited to complete the survey, of which 46 were not eligible, 455 completed the survey, giving the QEH a response rate of 38 % against an average rate for similar organisations of 29%

Historical comparison from the 2018 data collected, shows 21 areas with no significant difference, 8 areas which are significantly better and no areas being significantly worse

In comparison with the averages from similar organisations, 2020 data collected shows, 28 areas with no significant differences, 16 areas which are significantly better and no areas being significantly worse.

This supports evidence that there have been considerable improvements since the last survey, in 2018, which evidences the quality improvement journey the department and Trust have commenced. Performance against our peers is positive with the department showing the average % seen nationwide being exceeded in 9/10 themed areas and an improvement on our own 2018 results also recorded in 8/10 themed areas.

Celebrations include improvements in the below metrics:

- 99.34% for Enough privacy when being examined or treated
- 99.30% for Waiting under 4 hours to be examined by a Doctor/Nurse
- 95.48% for Doctor/nurse explained what would happen next
- 97.10% for Told purpose of medications
- 95.23% for Enough privacy when discussing condition

- 96.22% for Doctors and nurse listened to patient
- 95.94% for Enough time to discuss condition with Doctor/Nurse
- 95.75% for Had confidence and trust in Doctors/Nurses
- 98.09% for Understood test results
- 98.81% for A & E was very or fairly clean

Improvements required are covered in the action plan below, with recognition that there is work to do in:

- 72.58% previously 78% for Told who to contact if worried - Theme of information Sharing
- 78.28% previously 82% for Doctor or Nurse discussed anxieties or fears about condition or treatment – Theme Doctors and Nurses

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Medicine Division Action Plan in response to UEC Patient survey results 2020

Strategic Objective SO1- Safe & Compassionate Care

Average % of all questions asked in this UEC Theme	Scoring responses Below 95%	Action	Measure/KPI	Completion date
Arrival to ED 94.73%	Enough privacy when discussing condition 94.79%	Navigator in post to greet the patient at the front door, role of the navigator also manages the patient journey to ensure right patient right place (Red/Amber) Drop and go bed available with a curtain area to provide dignity and confidentiality Walk in patient - Allocated area with a door to conduct initial triage providing confidentiality and dignity. Streaming room with door created to support confidentiality	Improved score in next year's survey: at or above Trust score. Perfect ward audit patient's satisfaction completed weekly	Completed Completed Completed Completed
Doctors & Nurses 91.23%	Understood explanation of condition & treatment 91.21% Doctor or Nurse discussed anxieties or fears about condition or treatment	To maintain the standard of 'no conversation about me without me.' Share patient experience and patient journey in staff huddles.	To monitor feedback via friends and family complaints and compliments	Ongoing

	78.28% Doctors or nurses did not talk in front of patients if they weren't there 86.69%	Staff simulation training arranged for staff to experience how it feels to be a patient under their care. To be shared across Division once piloted.	Perfect ward audit patient's satisfaction completed weekly	
Pain 90.64%	Staff helped Control Pain 90.18%	Triage audits completed daily, this includes a spot check of pain assessment and treatment. Results are collated any themes shared.	To monitor feedback via friends and family complaints and compliments Triage audits completed daily spot checks including pain relief	Ongoing and embedded process
Hospital Environment & Facilities 90.42%	Saw Cleaning of surfaces 75.13% Saw tissues available 76.49% Able to get suitable food & drink 80.41% Saw staff disposing of gloves/plastic aprons 83.81%	IPAC to be mentioned at every staff huddle Matron spot checks to observe IPAC and professional check and challenge Duty band 7 on shift to walk through and complete quality audit with professional check and challenge Funding to create an additional housekeeper post to support the current housekeeper workforce PPE trolleys in suitable areas that are practical and accessible	To monitor feedback via friends and family complaints and compliments IPAC audits of the department above 85% NHSI feedback from external visit Perfect ward Observation audit Perfect Ward IPC audit completed weekly	Ongoing and embedded Awaiting funding to be agreed and the post to become available

		Daily handwashing audits with professional check and challenge		Ongoing and embedded
Your Care Treatment 90.11%	Involved in decisions about care and treatment 92.45% Enough attention from medical & nursing staff 92.11% Staff did not contradict each other 86.28% Right amount of information given on condition or treatment 78.15%	To maintain a standard no conversation about me without me. Share patient experience and patient journey in staff huddles. Staff simulation training arranged for staff to experience how it feels to be a patient under their care. To be shared across Division once piloted. Reinforce through safety huddles the importance of clear communication	To monitor feedback via friends and family complaints and compliments Perfect ward patient's satisfaction completed weekly **Mental Health** Audits to show improvement of staff knowledge in MCA and safeguarding to improve the patient journey and patient experience	Ongoing
Waiting 83.79%	Waited under an hour in A&E to speak with a Doctor/Nurse 91.17% Able to get help whilst waiting 66.15% Informed how long would need to wait 54.25%	ANP/ACP front door service lead in post to support and create a workforce to meet the 15-minute KPI Staffing uplift for a band 2 to have line of sight at all times in the waiting room and to monitor any detreating patient's	To monitor feedback via friends and family complaints and compliments Improvement of Emergency department KPIS Improvement of national Emergency department	Completed Ongoing

		TV in waiting room - Requires new software – discussion with IT in regards to an improved public information board	KPIS Perfect ward patient satisfaction completed weekly	Ongoing
Tests 81.73%	Understood why tests were needed 91.65% Received test results before leaving A&E 77.99% Told how would receive results of tests 60.80%	Standard to give clear information to the patient in their care. Safety huddle to share the importance of clear, up to date and concise information about the patient's care. Staff simulation training arranged for staff to experience how it feels to be a patient under their care.	To monitor feedback via friends and family complaints and compliments Perfect ward patient satisfaction completed weekly	Ongoing 3 months
Medications 78.98%	Told side effects of Medications 62.13%	Reinforcing the importance of clear communication in medication action management	To monitor feedback via friends and family complaints and compliments Perfect ward patient satisfaction completed weekly	Ongoing 3 months review
Information 77.96%	Told who to contact if worried 72.58%	Utilising the trust discharge policy – share the information of the importance of clear	To monitor feedback via friends and family complaints and	Ongoing

	Staff discussed transport arrangements before leaving A&E 62.82% Expected care and support available after leaving A&E 81.62% Told about symptoms to look for 80.06% Staff discussed need for further health/social care after leaving A&E 82.47% Enough information to care for condition at home 87.67%	communication in the discharge with medical and nursing workforce. Clear documentation and clear plan given to the patient. Day 4 ED in house training to discuss the discharge policy of the trust and the importance of clear planning and communication both written and verbal. Informing the NOK if appropriate at discharge with the patient's consent	compliments Perfect ward patient satisfaction completed weekly	
Overall 93.31%	Rated experience as 7/10 or more 87.66%	To continue to aim to provide the best care and outcome for our patients that attend Emergency Department at the Queen Elizabeth Hospital	To monitor feedback via friends and family complaints and compliments	Daily message ongoing