

Trust Board	
From: Suzanne Hinchliffe)
Date: 1 st December 201	1
CQC regulation All	
Title: Emergency Care Tran	sformation
Co-Author/Responsible Director:	S.Hinchliffe, Chief Operating Officer/Chief
Nurse	
Purpose of the Report:	
	ry of October emergency care performance.
The Report is provided to the Boa	ard for:
Decision	Discussion
Assurance $$	Endorsement
Summary / Key Points:	ype 1, 2 and UCC is 92.0%, a disappointing
 The year to date performanc. For the month of Octobe Department compared to las 978 (7.0%) and post diversio Performance for the new El must be delivered in one compliant): There were 23 're-beds' for 0 Further to a short 'lead in November operational amen This focuses on three key ar 1. More effectively moving pa the Trust Increasing capacity on ass compromising patient safe Aligning discharge outflow Overall patient experience for 	a' time for system change, on Monday 21 st dments to emergency flows commenced. eas: atients out of ED to the relevant ward/area in sessment units aligned to demand without sty as from all areas to the admission inflow or October is 93%
Recommendations: Members to n	
Strategic Risk Register Yes	Performance KPIs year to date CQC/MONITOR
Resource Implications (eg Finand plans and transformation funds	cial, HR) Under review as part of workforce
Assurance Implications N/A	
Patient and Public Involvement (I	PPI) Implications N/A
Equality Impact N/A	
Information exempt from Disclos	ure N/A
Requirement for further review?	
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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

- REPORT TO: TRUST BOARD
- DATE: 1st DECEMBER 2011

REPORT BY: SUZANNE HINCHLIFFE, CHIEF OPERATING OFFICER/CHIEF NURSE

SUBJECT: EMERGENCY CARE TRANSFORMATION

1.0 Introduction

The following report offers a summary overview of activity for October 2011 and an overview of initial outcomes of the revised emergency 'push' system introduced on the 21st November.

The following charts provide an overview of the total attendances to ED and Eye Casualty and activity both pre and post deflection. For the month of October more patients attended the Emergency Department compared to last October - pre diversion saw an increase of 978 (7.0%) and post diversion an increase of 1084(8.4%) patients.

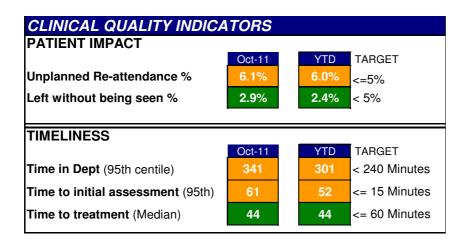
	EMERGE	ENCY DEPA	RTMENT AT	TENDANCE		16,000 7			EN	IERGE	NCY DE	PARTI	MENT A	TTEND	ANCE			
	UHL 2010/2011 (Post Diversion)	UHL 2010/2011 (Pre Diversion)	UHL 2011/2012 (Post Diversion)	UHL 2011/2012 (Pre Diversion)	Overall % Change 11/12 vs 10/11	15,000 -	•/	-				(
Apr	14,117	14,117	13,507	14,358	1.7%	14,000 -	. 🚩 .						\rightarrow				/	
May Jun Jul	14,574 13,509 12,983	14,574 14,298 14,100	13,871 13,318 13,075	14,636 14,197 14,014	0.4% -0.7% -0.6%	13,000 -										\\		/
Aug Sep	12,544 12,726	13,757 13,720	13,086 13,270	14,109 14,142	2.6% 3.1%	12,000 -				_		10/2011	(Post Div	version)				
Oct	12,918	14,022	14,002	15,000	7.0%	,								,				
Nov Dec	13,057 13,500	13,963 14,488				11,000 -					► UHL 2		•	,				
Jan Feb	12,830 12,263	13,893 13,202				10,000 +				_				, 				
Mar	14,100	15,119					Apı	May	Jun	٦L	Aug	Sep	0 ct	Nov	Dec	Jan	Feb	Mar
Sum:	159,121	169,253	94,129	100,456				-	-					-				

Performance for October Type 1, 2 and UCC is 92.0%, a disappointing position despite the revised rotas and triage facilities in both AMU and ED. The year to date performance for ED (UHL+UCC) is 94.0%.

There has been an increase in Type 1 attendances of 2.1% for the first 7 months of this year compared to the last 7 months of the last financial year.

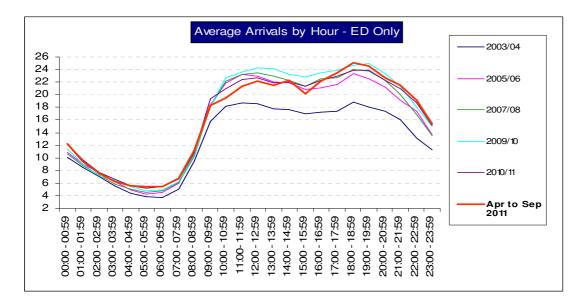
	CHILDREN	MAJORS	MINORS	RESUS	Total
September - March 10/11	19,558	28,207	27,342	6,687	81,794
April - October 11/12	19,814	27,037	29,855	6,801	83,507
% Change	1.30%	-4.10%	9.20%	1.70%	2.10%

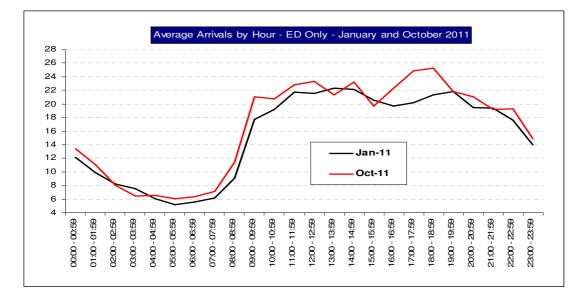
Performance for the new ED indicators for October is compliant (targets must be delivered in one indicator in each category to be deemed compliant):



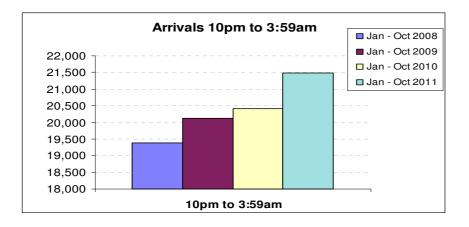
2.0 Arrival Times

The following graph below shows the arrivals to the emergency department by hour. Attendances during both Q1 and Q2 have continued to show the highest hourly rate rises during the second peak of the day and an increasing tail of attendances in the early hours of the morning. One of the most noticeable changes has been the hourly increases in attendances in October compared to January this year as seen below.





During the past three months, there continues to be an incremental reduction of attendees during the day corresponding with an increase in attendees during evening and night hours. This is particularly noticeable below, where one can see the year on year increase in evening and night attendees.



Further analysis of the October data shows the top 20 most common primary diagnosis during the hours of midnight to 07.59hrs which remain unchanged from previous reports.

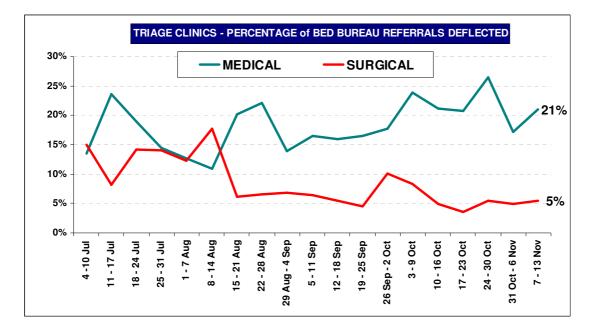
Arrival Time	"Top 20" Most Common Primary Diagnoses	Attendance
Midnight to 7:59am	DID NOT WAIT	132
	RE-DIRECTED TO ANOTHER SERVICE	73
	NON CODED DIAGNOSIS - ABDOMINAL PAIN ? CAUSE	56
	HEAD INJURY - MINOR	46
	NAD	42
	RESPIRATORY - CROUP	39
	NON CODED DIAGNOSIS - OVERDOSE / INGESTION OF DRUGS - NON ACCIDENTAL	38
	NON CODED DIAGNOSIS - FALL	35
	NON CODED DIAGNOSIS - CHEST PAIN ? CAUSE	34
	NON CODED DIAGNOSIS - COLLAPSE ? CAUSE	32
	NON CODED DIAGNOSIS - VIRAL ILLNESS	24
	GASTRO-INTESTINAL - GASTRITIS	19
	MENTAL & BEHAV DIS DUE TO USE OF ALCOHOL: ACUTE INTOXICA	18
	HEAD - MINOR INJURY	17
	CARDIO-VASCULAR - CHEST PAIN	16
	GENITO-URINARY - URINARY TRACT INFECTION	16
	NON CODED DIAGNOSIS - CONFUSION	16
	PSYCHIATRIC - SUICIDAL THOUGHT/INTENT	16
	RENAL - RENAL COLIC	16
	SURGICAL - (GENERAL) - APPENDICITIS	16
		701

The mode of arrival during this period has also remained unchanged with the majority of patients' self-referring to ED, attending with parent or guardian, or via ambulance. The top five primary diagnoses of attendees continue to be the following:

- Abdominal pain
- Head Injury
- Chest Pain
- Fall
- Overdose/ingestion of drugs

3.0 Bed Bureau Deflections

The Acute Division and Planned Care Division have created triage areas to deflect Bed Bureau patients that do not need admission to a bed. On average there are 23 medical and 11 surgical bed bureau deflections a week. The weekly percentage of deflections can be seen below. A further triage area has been opened on the LRI site within Planned Care to further assist the deflection of patients from the LRI site.



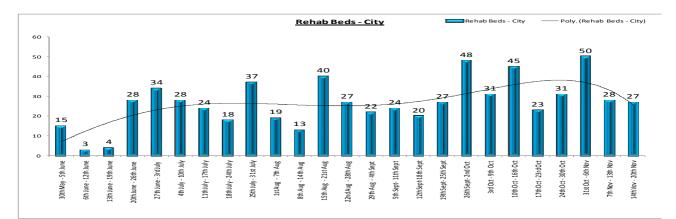
4.0 <u>Outflow</u>

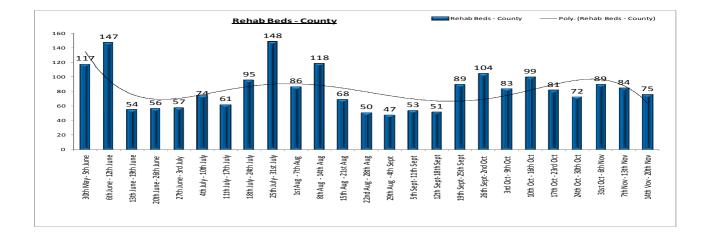
A focus on out-flow remains key and during the reporting period, continued emphasis has been placed on maximising the use of community provision and liaison with EMAS with regards to transportation.

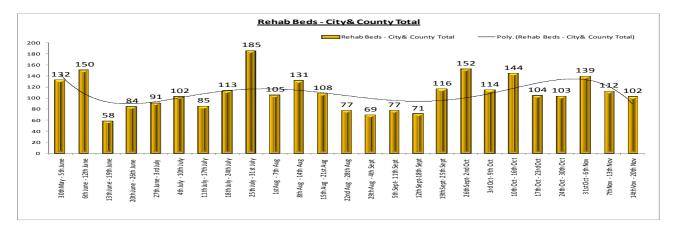
4.1 Lost Bed Days

The following tables show a summary of UHL lost bed days. It is important to note that improvements need to be made in category A of patient delays where some delays are attributed to UHL. In addition to the above, bed delays relating to community beds may be seen below.

Category	22nd August - 28th August	29th August - 4th September	5th September - 11th September	12th September - 18th September	19th September - 25th September	26th September - 2nd October	3rd October - 9th October	TOTAL
A - Awaiting assessments	31	20	61	41	41	41	43	623
B - Awaiting public funding	33	22	13	34	39	23	23	349
C - Awaiting further non-acute NHS care	23	22	22	16	26	36	25	510
D(i) - Awaiting Residential Home placement	9	15	26	16			20	127
D(ii) - Awaiting Nursing Home placement	32	34	61	44	44	52	44	477
E - Awaiting Domiciliary Package	5	3	2	6	25	35	19	150
F - Awaiting Community Equipment		2	15	11	7	1	4	74
G - Awaiting patient / family choice	12	6	6	42	63	34	25	253
I - Housing - Patients not Covered BY NHS/Community Care Act					1		2	3
TOTAL	145	124	206	210	246	222	205	2566

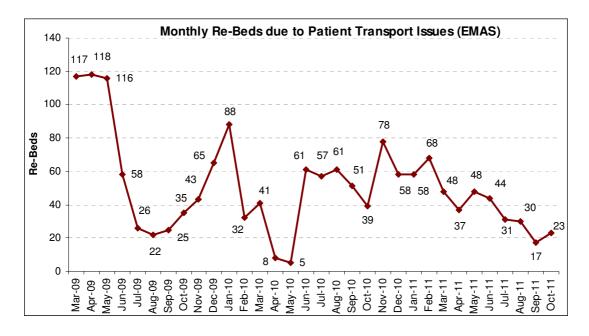






5.0 EMAS

A total of **23** re-beds were reported for the month of October as may be seen below. Further to the October Emergency Care Network, resources have been made available to support additional crews in the timely arrival and discharge of patients.



6.0 Emergency 'Push' System Introduction

Further to a short 'lead in' time for system change, on Monday 21st November 2011 operational amendments to emergency flows commenced.

This focuses on three key areas:

- 1. More effectively moving patients out of ED to the relevant ward/area in the Trust
- 2. Increasing capacity on assessment units aligned to demand without compromising patient safety
- 3. Aligning discharge outflows from all areas to the admission inflow

Across the Trust new processes have been introduced to support the following standards:

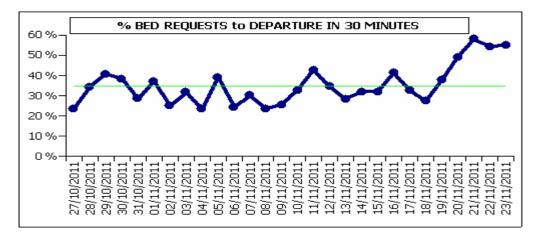
- 1. Patients will be referred from ED to a receiving specialty within 15 minutes of their treatment being completed in ED
- 2. All patients will be sent to the receiving specialty within 30 minutes of initial request for a bed.

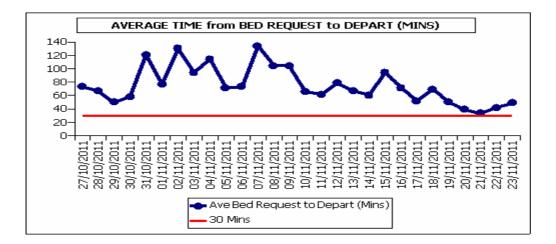
The following will also be applied to all assessment units across the trust.

- We will be asking all areas to receive patients within the 30 minute standard.
- We will make sure that our base wards and speciality areas know how many patients they need to discharge every day to create the required capacity on assessment areas.
- We will make better use of our discharge lounges including provision for stretcher patients.
- We will work with EMAS to ensure that there are no delays in transferring patients between hospital sites.
- We will ask staff to make sure that patients are made ready to travel by ambulance at 10am.
- We will work with our junior doctors and pharmacy colleagues to improve the turnaround times for TTOs.
- We will make sure that our staffing resources are matched to the needs and demands of our patients.

6.1 Early Results

Although early days, the following set of graphs show the improvements made with the introduction of the emergency 'push' system.





ED, CCU & Eye Casualty daily Performance

Day	Arrival Date	Total	>4 hrs	<4 hrs	% <4 hrs
Tuesday	15/11/2011	450	39	411	91.33%
Wednesday	16/11/2011	446	24	422	94.62%
Thursday	17/11/2011	475	16	459	96.63%
Friday	18/11/2011	411	18	393	95.62%
Saturday	19/11/2011	414	7	407	98.31%
Sunday	20/11/2011	422	5	417	98.82%
Monday	21/11/2011	471	2	469	99.58%
Tuesday	22/11/2011	438	6	432	98.63%
Wednesday	23/11/2011	452	10	442	97.79%
TOTAL	for recent data	3979	127	3852	96.81%
TOTAL YR	all data	104416	8141	96252	92.18%

7.0 Patient Experience

As part of the monthly patient survey, reasons for attendance and patient knowledge of other health care services continue to be identified. This can be seen in Appendix 1.

Monthly patient experience surveys have continued providing helpful feedback relating to patient's choice for treatment and their experience within the ED. Summary feedback results for October are as follows:

- Overall experience 93%
- Care received 92%
- Privacy 100%
- Waiting Times 84%
- Information Received 100%
- Dignity and respect 100%

Related key actions to note include:

- 55% of patients had not contacted their GP before attending ED
 56% of those surveyed were not aware of the UCC

The ED Survey results are attached at Appendix 1.

S. Hinchliffe **Chief Operating Officer/Chief Nurse** Emergency Department Patient Survery

Emergency Department Front Door Audit	oor Aud	it											Univer	University Hospitals of Leicester 1945	History History
Data Source: Front Door Audit Completed by Patient	Jan-11	Mar-11	Apr-11		May-11	Jun-11		Jul-11	Aug-11		Sep-11	Oct-11	Nov-11	Dec-11	Ę
Number of patients interviewed	100	84	119		78	100		100	100		98	100			879
1. Why Have you come into A&E today?															
Minor illness.	60%	11%	22%	۳ ا	36% 🔺	15%	▼ 11%	▲ %	10%	10	10%	19%	4		22%
Chronic pain.	5%	₹ %2	8%		5% 🛛	19%	▲ 23%	▼ %	10%	▼ 2	2% 🔻	7%	•		%6
Minor injury.	24%	55% ▲	49%	•	42% 🛛	46%	▲ 33%	▲ %	38%	▲ 63%	&	45%			44%
Breathing problems.	5%	▲ %0		4	1% 🛡	4%	▲ 1%		3%	° ₹	8	2%	•		2%
Renewal of Medication.	%0	80%	%0	I	- %0	%0	%0 	1	%0	-	1% ▲	%0			%0
Other.	6%	25% ▲	Ľ	4	12% 🛡	15%	▲ 26%	■ %	29%	▲ 18	18% 🔻	26%	•		19%
No response.	%0	2% ▲		4	4% ▲		%9 ▲	4	10%	A 2	2% 🛡	1%	•		3%
2. How long has this problem been going on for?															
lifew hours.	21%	44%	43%		35% 🛡	46%	▲ 44%	▲	40%	₹	47% 🔺	42%	•		40%
1 day.	35%	25% 🛡	24%	•	13% 🛡	12%	▼ 16%		19%	▲ 19	19%	22%	4		21%
2 days.	10%	4%	89	4	19% ▲	12%	▼ 12%	1	%6	∠ ▲	▲ %	10%	•		10%
3 days.	4%	7% ▲	3%		6% &	7%	▲ 2%	•	7%	▲	2% 🛡	3%	•		5%
4 - 6 days.	10%	1% 🛡		4	● %6	8%	▼ 8%	•	4%	3	3% ♥	8%	4		%9
1 week.	6%	8% ▲	4%	•	4%	3%	▼ 5%	•	3%	3	3%	3%	1		4%
More than a week.	14%	▲ %9	12%	1	10% 🛡	7%	▼ 11%	4 %	2%	▼	4% ▲	6%	4		8%
No response.	1%	5% ▲	3%	•	4% ▲	7%	▲ 2%	•	16%	1	14% 🛡	3%			%9
3. Patients registered with a GP														and a start of	
Patients registered with a GP.	81%	83%	83%	ī	86% ▲	83%	▼ 85%	4 %	87%	▲	▲ %62	88%	•		84%
Patients not registered with a GP.	10%	5% 🛛	17%	4	12% 🔻	4%	▼ 15%	4 %	2%	₹	15% ▲	12%			10%
No response.	86	12% ▲	%0		3% ▲	13%	▲ 0%	▲	11%	9	€% ▼	%0			%9
4. Have you tried to see your GP before coming in?															
llyes.	32%	17% 🔻	20%	•	38% ▲	%9	▼ 25%	 %	23%	▼ 18	18% 🔻	31%	•		23%
No.	52%	71% ▲	71%	1	45% 🛡	64%	▲ 53%	▲ %	63%	4	45% 🔻	55%	•		58%
No response.	16%	12% 🛡	8%	•	17% ▲	30%	▲ 22%	▲ %	14%	▼ 37%	▼ %	14%			19%

Information, Performance and Analysis Team

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Emergency Department Front Door Audi	oor Aud	it												UDIVEISI	University Hospitals of Letester Lites	strester Mission NHS Trust
Data Source: Front Door Audit Completed by Patient	Jan-11	Mar-11	_	Apr-11	May-11	Jur	Jun-11	Jul-11	-	Aug-11	Sep-11		Oct-11	Nov-11	Dec-11	Ę
Number of patients interviewed	100	84	-	119	78	7	100	100	-	100	98	-	100			879
5. If yes, how many times have you tried in last week?																
Once.	81%	X67	▼ 38%	•	67%	▲ 50%	•	56%	4	43% 🛡	72%	4	74% ▲			62%
Twice.	11%	%0	▼ 13%	4		▼ 17%	4	8%	►	8% ▲	%0	` •	10% ▲			%6
Three times.	3%	%0	▼ 8%	∢	, %0	₩0 ₩	1	4%	4	▲ %0	%0	.1	- %0			2%
Four times.	5%	7%	▲ 0%	►	• %0	- 0%	1	%0	I	- %0	%0	1	- %0			1%
More than four occasions.	%0	7%	▲ 0%	►	7%	▲ 0%	▶	8%	•	4% 🔻	%0	▲	3% ▲			3%
No response.	%0	7%	▲ 42%	•	17%	▼ 33%	•	24%	•	43% 🔺	28%	` ▶	13% 🔻			23%
6. If no, why not?																
Wy GP is always too busy.	2%	%0	%0 ▲	T	- %0	%0	1	%0	Т	- %0	- 1%	∢	▲ %0			%0
I couldn't get an appointment until%.	2%	%0	%0 ▲	1	3%	▲ 0%	⊳	%0	I	1 %0	- 1%	∢	3% ▲			1%
I thought this problem needs a hospital doctor.	44%	73%	▲ 3%	►		▲ 24%	4	32%	•	47% 🔺	53%	` 4	45% 🛡			37%
It's easier for me to come to A&E.	24%	7%	▼ 38%	•	38%	47%	4	27%	▶	19% 🔻	4%	▶	6% ▲			23%
My GP advised me to come to AftE.	3%	16%	▲ 1%	►	23%	▲ 7%	▶	8%	4	₹ %6	18%	∢	3% 🔻			10%
The ambulance took me in.	%0	. %0	1%	◄	1%	1%	1	1%	1	▲ %0	%0	1	- %0			1%
NHS direct advised me to come to A&E.	3%	3%	5%	4	%0	▼ 12%	4	5%		4% 🔻	1%	▶	1%			4%
My friend took me here.	3%	1%	▼ 16%	•	1%	▼ 2%	4	12%	◄	4% 🔻	5%	ৰ	14% 🔺			7%
The police took me here.	%0	. %0	- 2%	◄	%0	%0 ▲	I	1%	∢	▲ %0	%0	T	1% ▲			1%
Other.	16%	%0	%0 ▲	I	- %0	- 0%	I	3%	∢	3% -	- 4%	₹	▲ %0			3%
No response.	3%	%0	▼ 34%	•	24%	▲ 6%		11%	4	14% ▲	14%	T	26% 🔺			15%
7. NEW: Were you aware of the urgent care centre?									and the second							
Aware		ł	42%		51%	▲ 33%		42%	4	29% 🛡	33%	•	32% 🛡			37%
Not aware		а,	38%		47%	▲ 34%		52%	4	55% 🔺	56%	•	56%			48%
No recoord			20%		19	10CC	•	107	Þ	160% A	11%	Þ	A %C1			1 10

Information, Performance and Analysis Team

Emergency Department Patient Survery

41% 12% 16% 14% 51% 12% 15% 11% 48% 49% University Hospitals of Leicester Ę 5% 77% 1% 12% 1% %69 %6 10% 3% 6% 847 4% 3% Caring at its best Dec-11 Nov-11 ▶ | **⊲** ► ► 4 4 **∢ ♦** ▶ ∢ 4 > 4 4 4 < ∢ Oct-11 100 49% 45% 6% 13% 16% 52% 22% 5% 0% 47% 52% 1% 20% 14% 16% 86% 3% 0% 3% 0% 12% 8% 7% ► ⊳ ⊳ ∢ 4 ► 4 ∢ ⊳ ► ⊳ ⊳ 1 **4 b** 4 4 4 Sep-11 100 36% 43% 14% 19% 10% 65% 9% 14% 6% 0% 39% 45% 16% 10% 6% 8% 12% 14% 66% 4% 0% 1% 19% 7% I ∢ I ⊳ I ∢ I 4 ∢ ∢ **4** ⊳ ∢ ∢ ⊳ ∢ ⊳ ⊳ Aug-11 100 37% 0% 11% 16% 59% 14% 67% 11% 49% 51% 0% 12% 17% 12% 72% 5% 5% 6% 4% %0 ⊳ 4 ∢ ⊳ ∢ ∢ ∢ ⊳ ⊳ ∢ ⊳ ∢ ⊳ ⊳ ∢ ∢ Jul-11 91 51% 45% 64% 27% 66% 10% 11% 12% 23% 18% 12% 73% 15% 4% 8% 1% 3% 4% 4% 8% %0 ◄ ∢ ⊳ ⊲ ∢ ⊳ 4 ▶ ∢ ⊳ ⊳ ⊳ ∢ L ⊳ ∢ Jun-11 100 42% 55% 3% 12% 18% 15% 11% 49% 16% 14% 36% 70% 12% 3% 3% 3% 74% %9 3% 5% 3% 4 ⊳ ⊲ ⊳ < ► ∢ I ∢ 4 ∢ ∢ May-11 In May 2011 new age bands were introduced 66 54% 62% 36% 2% 11% 18% 12% 14% 38% 2% 3% 12% 12% 74% %9 8% 79% 1% 2% 5% ∢ ∢ ⊳ . I ∢ ⊳ ∢ ∢ **4** ∢ Emergency Department Patient Experience Apr-11 96 57% 42% 54% 44% 16% 0% 2% 1% 1% 89% 2% 5% 0% 82% **4 b** 1 ∢ ∢ ⊳ 4 < ▶ ∢ 4 4 Mar-11 73 40% 53% 12% 47% 53% 78% 71% 4% 1% 8% %0 5% 0% 3% 0% Jan-11 39% 61% 59% 2% 71% 33% 0% 1% 1% 1% 38% 79% 00% 6% 6% 88 Data Source: Front Door Audit Completed by Which area of ED is the patient in? Number of patients participating 17 yrs or younger 65 yrs or older 85 yrs or older Not stated Not stated Not stated Ethnicity Gender Patient Female Majors White 18-64 65-74 Resus 51-64 75-84 Minors Paeds 26-35 18-25 36-50 Mixed Male EDU Age

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Emergency Department Patient Survery

YTD 87% 9% 3% 70% 11% 20% 3587 86% 4% 10% 97% 2% 1% 85% 7% 8% 98% 1% Caring at its best Dec-11 Nov-11 ▶ 111 < ▶ T In May 2011 this question changed to "Have you experienced long waits in the dept, have you been told why?" **∢ ⊳ I ∢** | ۹ ۹ **∢ ⊳** Oct-11 500 100% 0% 84% 100% 100% 0% 0% In May 2011 this question was introduced "Has your privacy been maintained whilst you were examined?" %0 93% 4% 3% 92% 5% 3% 9% 7% %0 **4 b 4 b** I **4 b ⊲ ⊳ |** ∢ ▶ ▶ ◀ ∢ ▶ ◀ ◀ Sep-11 In May 2011 this question was introduced "Were you treated with dignity and respect by staff?" 499 86% 8% 6% 95% 1% 3% %66 1% 0% %66 1% 94% 3% 3% 92% 5% 3% ⊳ ∢ In May 2011 this question changed to "Did the staff communicate effectivley with you?" I < ► ⊳ 4 ⊳ I < > I < ► ⊳ < ▶ ⊳ Aug-11 499 96% 4% 0% 78% 20% 2% 92% 8% 0% 94% 90% 9% 1% %0 %96 **№9** 4% ∢ ⊳ ▶ ⊳ ∢ ⊳ ∢ ∢ ⊳ ▶ ∢ ⊳ ∢ ► I ⊳ In May 2011 this question changed to "How has your care been today?" Jul-11 454
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 100%

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 %0 %0 NB Quesionnaire Ammended in May 2011. May impact on any trends 95% 1% 4% 90% 2% 8% 96% 4% 1% 4% | ⊳ ∢ < Þ ⊳ ∢ ⊳ ⊳ I ∢ I 11 Jun-11 500 93% 3% 89% 7% 92% 4% 4% %26 99% 1% 4% %0 1% %66 2% 1% < > **4 b** ⊳ ∢ ∢ ⊳ ⊳ ۱ ∢ May-11 495 %66 99% 1% 0% %0 1% 92% 6% 2% 88% 8% 4% 93% 5% 2% 88% 9% 3% ⊳ ⊳ **a b** ⊳ ∢ ∢ ∢ ⊳ ∢ ∢ ∢ Emergency Department Patient Experience Apr-11 197 ▲ 43% ▼ 14% 43% 36% 7% 57% 59% 18% 23% 69% 28% 3% 21% **▼** 24% **▲** 56% **▲** < ▶ ∢ ⊳ ∢ ⊳ ⊳ Mar-11 157 70% 20% 84% 8% 8% 80% 20% Jan-11 66% 10% 24% 76% 11% 13% 55% 13% 32% 286 77% 7% 7% Data Source: Front Door Audit Completed by Number of comments received NEW - Dignity and Respect Information Received ٠ Care Received Waiting Times NEW - Privacy Negative Vegative Negative Negative Negative Patient Overall Positive Neutral Positive Positive Neutral Positive Positive Positive Neutral Neutral Neutral Neutral

Information, Performance and Analysis Team

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Negative

University Hospitals of Leicester