University Hospitals of Leicester NHS
NHS Trust

	Trust Board
From:	Suzanne Hinchliffe
Date:	**3rd November 2011**
CQC regulation	All

Trust Board paper G

Title: **Emergency Care Transformation**

Co-Author/Responsible Director: S.Hinchliffe, Chief Operating Officer/Chief Nurse

Purpose of the Report:
To provide members with a summary of September emergency care performance.

The Report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Endorsement	

Summary / Key Points:

- Performance for September 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 94.3%.
- There has been an increase in Type 1 attendances of 1% for the first 6 months of this year compared to the last 6 months of the last financial year.
- Performance for the new ED indicators for September is compliant (targets must be delivered in one indicator in each category to be deemed compliant):
- There were 17 're-beds' for September 2011
- Overall patient experience for September is 94%
- Feedback of key UHL attributed targets as identified in the ECN Improvement plan have been updated for September

Recommendations: Members to note and receive the report

Strategic Risk Register Yes	**Performance KPIs year to date** CQC/MONITOR

Resource Implications (eg Financial, HR) Under review as part of workforce plans and transformation funds

Assurance Implications N/A

Patient and Public Involvement (PPI) Implications N/A

Equality Impact N/A

Information exempt from Disclosure N/A

Requirement for further review? Monthly review

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 3rd NOVEMBER 2011

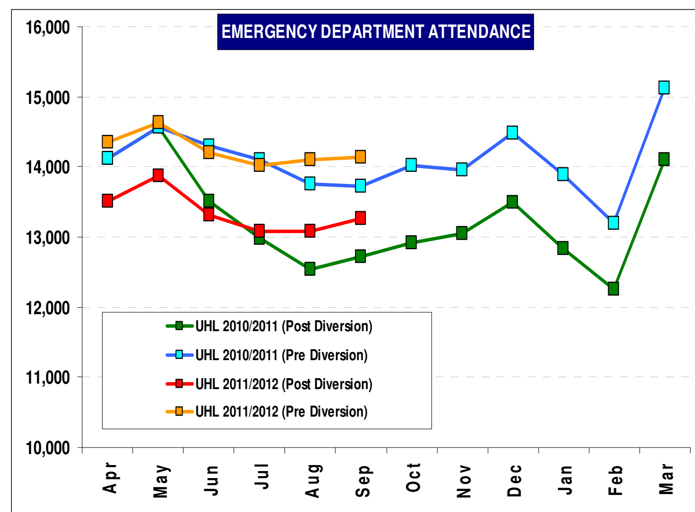
REPORT BY: SUZANNE HINCHLIFFE, CHIEF OPERATING OFFICER/CHIEF NURSE

SUBJECT: EMERGENCY CARE TRANSFORMATION

1.0 Introduction

The following report offers a summary overview of activity for September 2011 and a more detailed summary of performance against key UHL Emergency Care Network metrics. 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 September, post diversion, over 500 more patients attended the Emergency Department for the second month running giving an in month increase of attendance of 3.1%.

EMERGENCY DEPARTMENT ATTENDANCE					
	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
Apr	14,117	14,117	13,507	14,358	1.7%
May	14,574	14,574	13,871	14,636	0.4%
Jun	13,509	14,298	13,318	14,197	-0.7%
Jul	12,983	14,100	13,075	14,014	-0.6%
Aug	12,544	13,757	13,086	14,109	2.6%
Sep	12,726	13,720	13,270	14,142	3.1%
Oct	12,918	14,022			
Nov	13,057	13,963			
Dec	13,500	14,488			
Jan	12,830	13,893			
Feb	12,263	13,202			
Mar	14,100	15,119			
Sum	159,121	169,253	80,127	85,456	



Performance for September 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 94.3%.

There has been an increase in Type 1 attendances of 1% for the first 6 months of this year compared to the last 6 months of the last financial year.

	CHILDREN	MAJORS	MINORS	RESUS	Total
October - March 10/11	16,881	24,278	23,575	5,748	70,482
April - September 11/12	16,954	23,131	25,364	5,749	71,198
% Change	0.4%	-4.7%	7.6%	0.0%	1.0%

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

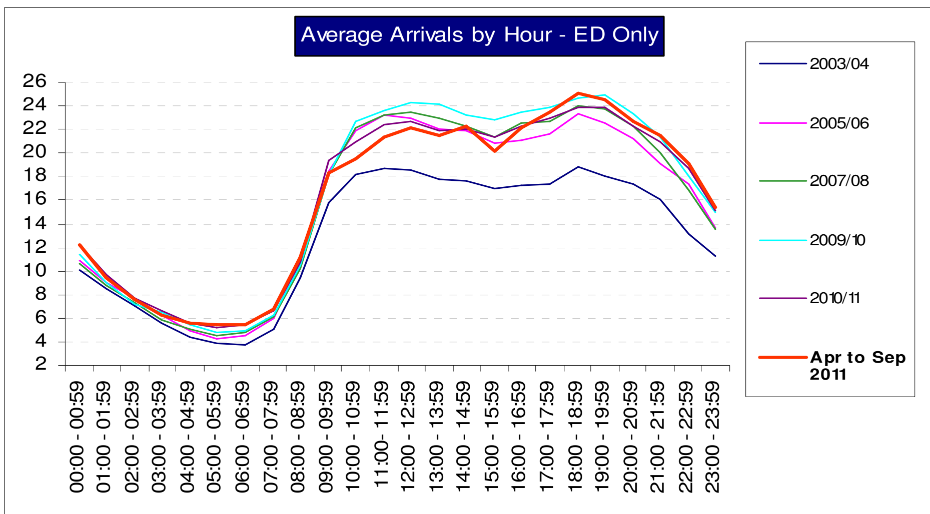
CLINICAL QUALITY INDICATORS

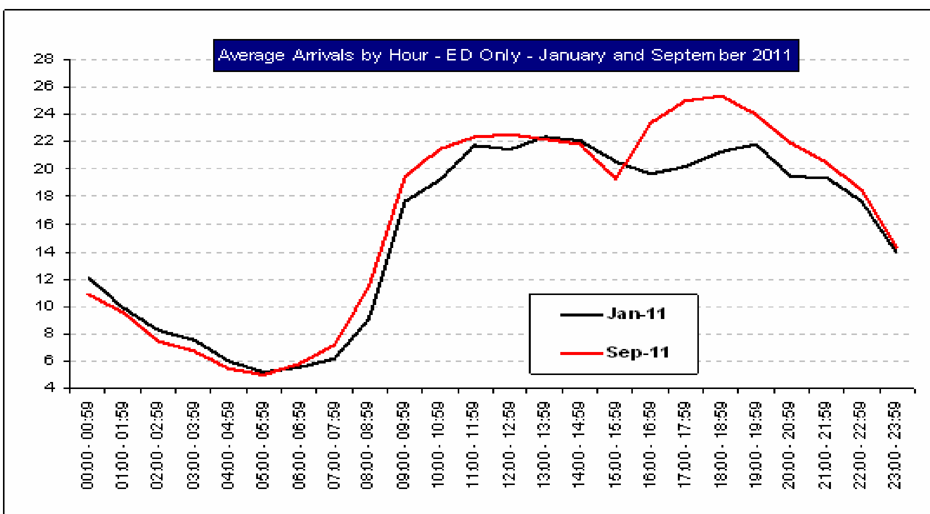
PATIENT IMPACT	Sep-11	YTD	TARGET
Unplanned Re-attendance %	5.6%	5.9%	<=5%
Left without being seen %	2.4%	2.3%	< 5%

TIMELINESS	Sep-11	YTD	TARGET
Time in Dept (95th centile)	338	294	< 240 Minutes
Time to initial assessment (95th)	49	50	<= 15 Minutes
Time to treatment (Median)	39	45	<= 60 Minutes

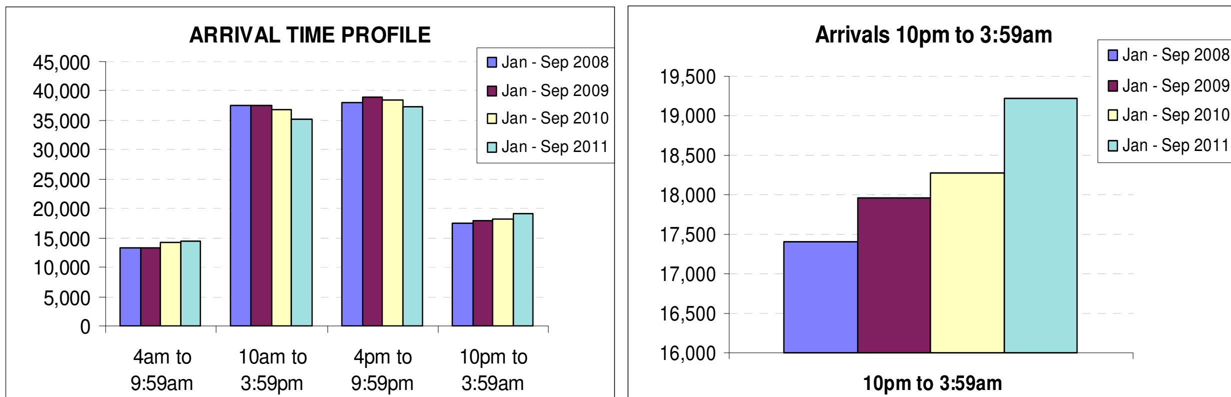
2.0 Arrival Times

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 dramatic changes has been the hourly increases in attendances in September 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 particualrly noticeable below, where one can see the year on year increase in evening and night attendees.



Further analysis of the September 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	95
	NON CODED DIAGNOSIS - ABDOMINAL PAIN ? CAUSE	65
	RE-DIRECTED TO ANOTHER SERVICE	57
	NAD	46
	CARDIO-VASCULAR - CHEST PAIN	39
	HEAD INJURY - MINOR	36
	NON CODED DIAGNOSIS - FALL	36
	NON CODED DIAGNOSIS - OVERDOSE / INGESTION OF DRUGS - NON ACCIDENTAL	34
	NON CODED DIAGNOSIS - CHEST PAIN ? CAUSE	28
	RESPIRATORY - CROUP	27
	GENITO-URINARY - URINARY TRACT INFECTION	22
	RENAL - RENAL COLIC	19
	MUSCULO-SKELETAL (NON TRAUMA) - MUSCULO-SKELETAL PAIN OF CHEST	16
	NON CODED DIAGNOSIS - COLLAPSE ? CAUSE	16
	HEAD - MINOR INJURY	14
	NON CODED DIAGNOSIS - ACUTE CORONARY SYNDROME	14
	RESPIRATORY - ACUTE LOWER RESPIRATORY INFECTION	14
	MENTAL & BEHAV DIS DUE TO USE OF ALCOHOL: ACUTE INTOXICA	13
	ALCOHOL, UNSPECIFIED	12
	NON CODED DIAGNOSIS - CONFUSION	12
	NON CODED DIAGNOSIS - VIRAL WHEEZE	12
	PSYCHIATRIC - SUICIDAL THOUGHT/INTENT	12
		639

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:

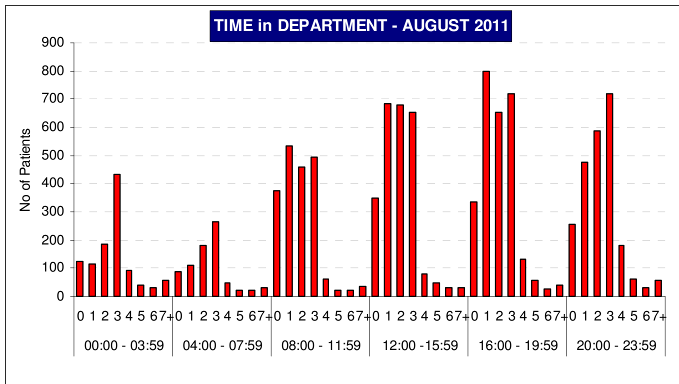
- Abdominal pain
- Head Injury
- Chest Pain
- Fall
- Overdose/ingestion of drugs

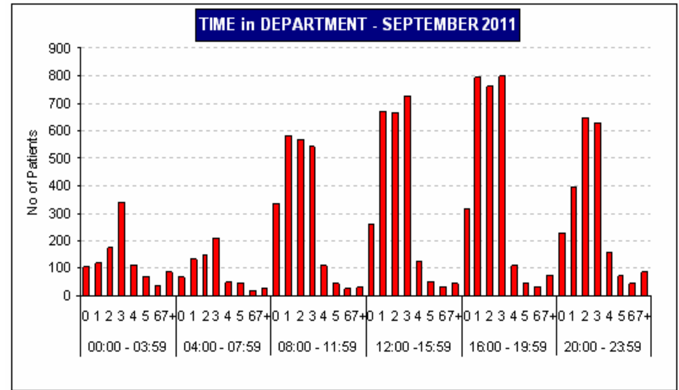
3.0 Time In ED

There have been slight changes in the times of arrival to being seen which is shown below, primarily due to the volume of hourly attendance at certain times of the day.

Senior decision makers continue to extend evening working hours to 01.00hrs with noticeable increases in further extensions to respond to demand.

Further to last months report, newly appointed physicians have now commenced, and with effect from Monday 3rd October, new rotas came into effect, which respond to improving the flow of patients in the assessment units and base wards. Furthermore, changes in the team working in ED will also take effect.





4.0 Breach Time Analysis

The following graph show an analysis of breach time for a six week period during August and September.

Taking into account the number of breaches that occurred between during the period, the average number of breaches per hour can be calculated and then RAG profiled as follows. More than 2 breaches per hour RED, 1 to 2 breaches per hour AMBER, Less than 1 breach per hour GREEN

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00 - 00:59	1.17	3.00	4.33	2.00	1.00	2.83	2.00
01:00 - 01:59	2.00	3.17	2.17	1.50	0.50	2.00	3.17
02:00 - 02:59	1.50	2.33	2.50	2.33	1.33	3.33	4.83
03:00 - 03:59	1.33	2.00	4.00	1.67	1.33	2.33	3.33
04:00 - 04:59	0.67	1.50	2.33	1.33	0.50	2.00	5.00
05:00 - 05:59	0.83	2.50	1.50	0.67	2.00	2.83	5.50
06:00 - 06:59	0.83	2.00	1.00	0.50	1.83	2.33	3.67
07:00 - 07:59	0.00	0.00	0.33	0.17	2.00	2.33	2.17
08:00 - 08:59	0.83	0.83	0.17	0.83	1.00	1.50	1.83
09:00 - 09:59	0.50	1.17	0.67	0.50	1.00	1.67	1.33
10:00 - 10:59	0.17	1.00	0.17	0.83	1.33	2.17	1.83
11:00 - 11:59	0.17	0.83	0.67	0.33	0.67	0.83	1.17
12:00 - 12:59	0.50	0.00	1.17	0.50	0.17	0.67	0.83
13:00 - 13:59	1.00	0.67	2.00	0.83	1.67	1.50	1.67
14:00 - 14:59	0.67	0.83	1.00	0.50	0.50	1.83	1.00
15:00 - 15:59	2.00	1.50	0.50	0.83	0.67	2.17	1.50
16:00 - 16:59	1.83	1.00	1.50	1.83	1.33	2.00	1.67
17:00 - 17:59	1.17	1.17	1.33	1.50	1.50	3.17	0.83
18:00 - 18:59	1.17	1.00	0.33	0.83	1.17	1.83	1.50
19:00 - 19:59	0.67	0.50	1.50	1.00	0.33	2.00	0.67
20:00 - 20:59	1.33	0.83	0.50	0.67	0.50	3.17	1.17
21:00 - 21:59	2.50	2.17	0.83	0.67	1.33	2.33	0.83
22:00 - 22:59	2.83	2.00	1.83	0.83	2.00	2.67	1.50
23:00 - 23:59	1.83	2.17	1.67	1.67	1.17	1.83	2.33

TYPE 1 BREACHES per HOUR – 6 WEEKS 1st AUGUST to 11th SEPT 2011

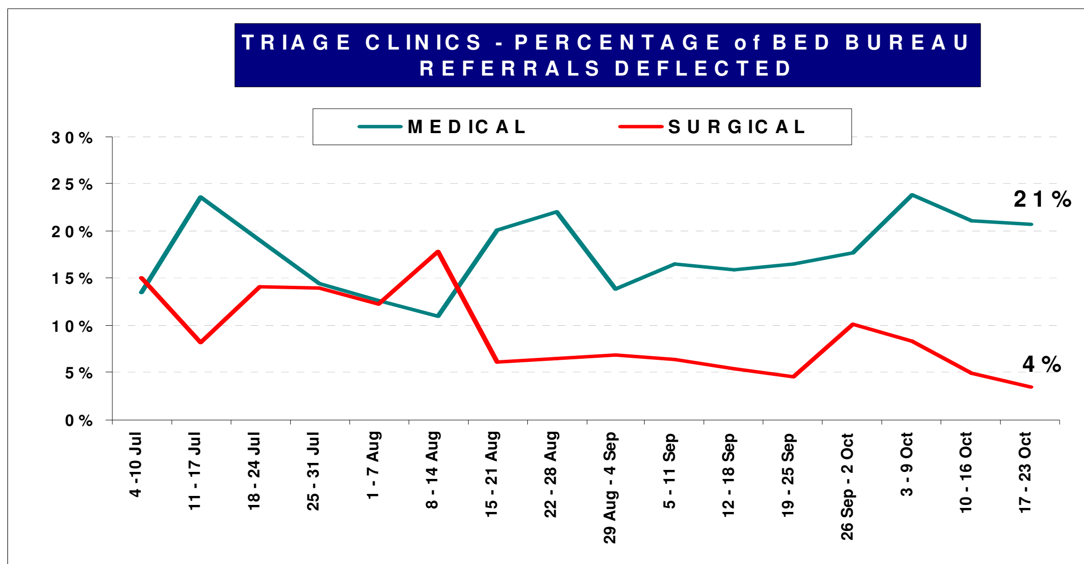
Aligned to earlier reports of presentation times, it can been seen that as the emergency 4 hour performance deteriorated, breaches of this target were dominated by patients whose attendance times fell during the evening and night.

Breach data is reviewed on a daily basis with the top ten reported reasons below:

Delay Reason	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
Bed Breach	649	402	368	290	325	209	84	269	497
ED Process	178	154	253	213	183	119	93	164	157
ED Capacity (Cubicle Space)	34	58	345	146	178	123	46	139	194
ED Capacity (Inflow)	257	224	59	146	74	7	26	134	155
ED Capacity (Workforce)	27	1		3					
Clinical Reasons	161	151	166	156	149	145	144	117	149
Specialist Assessment	30	21	24	42	34	10	12	26	29
Specialist Decision	10	4	38	18	14	8	10	13	18
Investigation (Imaging and Pathology)	43	28	50	70	51	32	26	40	50
Transport	65	45	41	53	67	30	32	33	75
	1,454	1,088	1,344	1,137	1,075	683	473	935	1324

5.0 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.



6.0 Outflow

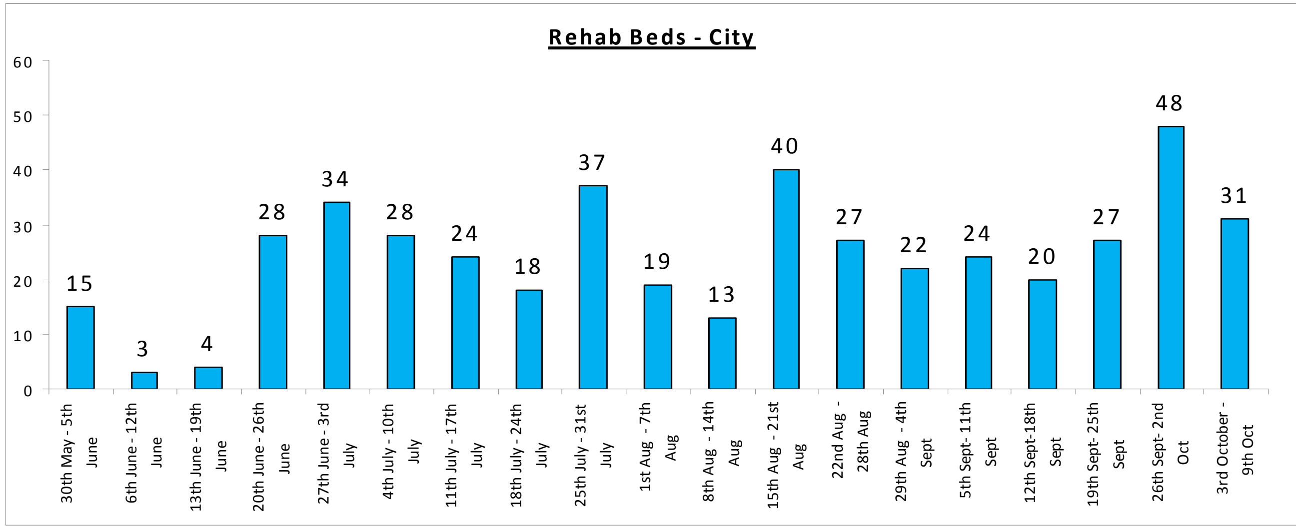
A focus on out-flow remains key and during the reporting period, continued emphasis has been placed on maximising the use of community provision and liaison with EMAS with regards to transportation.

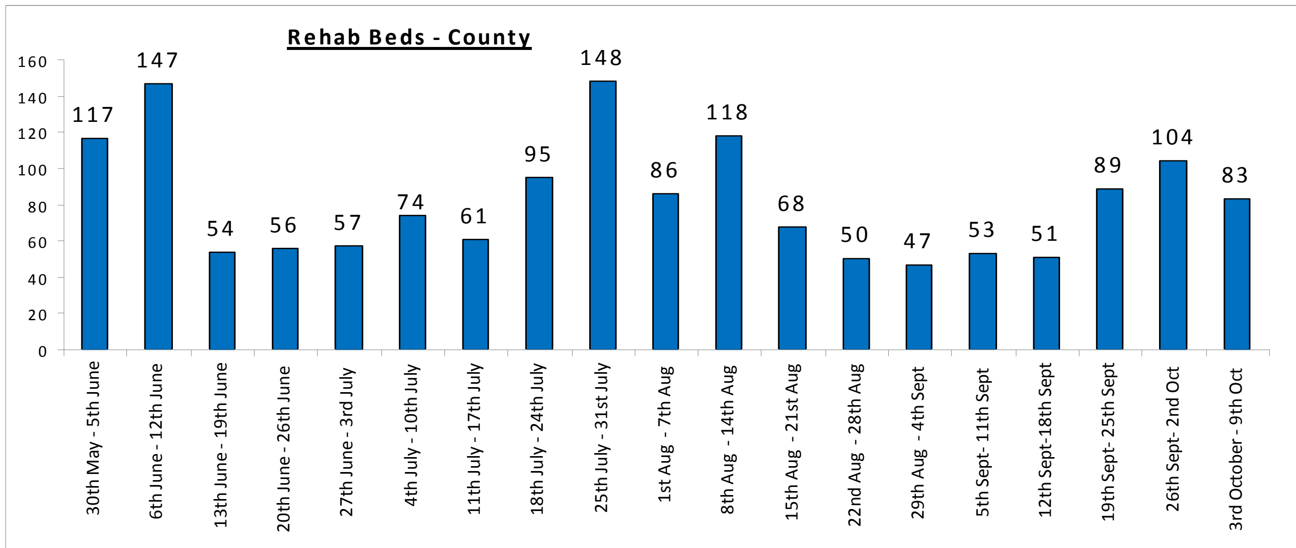
6.1 Discharge Delays

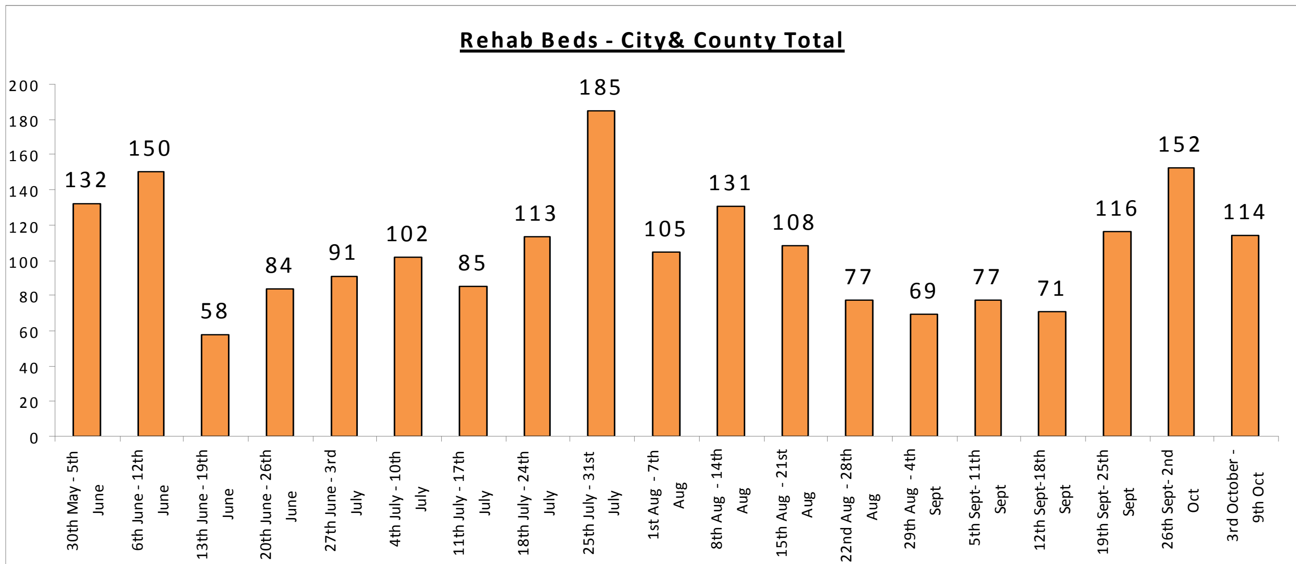
The following tables show a summary of UHL recordable delays. It is important to note that improvements need to be made in category A of patient delays for community provision where some delays are attributed to UHL.

In addition to the above, bed delays relating to rehabilitation 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***

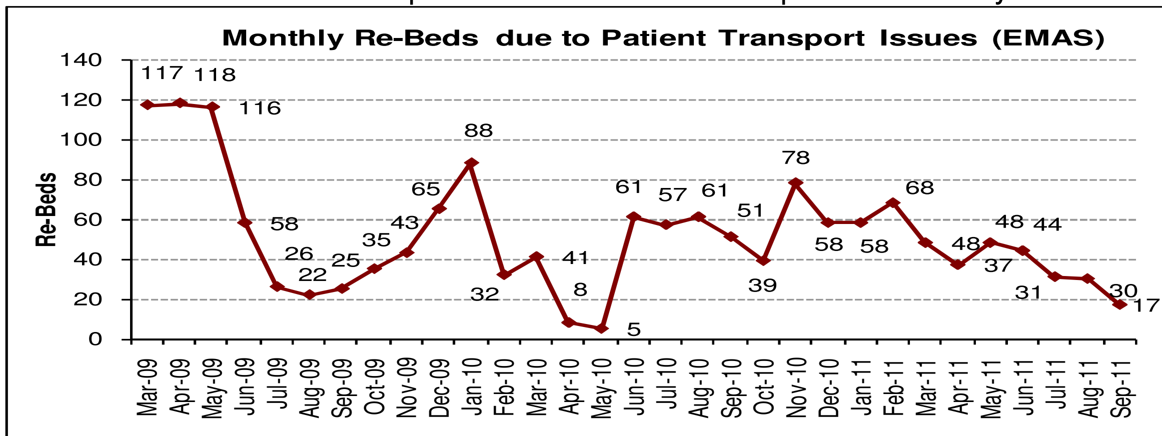






6.2 EMAS

A total of **17** re-beds were reported for the month of September as may be seen below.



7.0 Emergency Care Network Targets for UHL

Further to the ECN in January 2011, a series of targets were proposed for each organisation for delivery to improve the urgent and emergency performance on an LLR basis.

There are 75 targets set out in the ECN dashboard which has been expanded since the ECN Improvement Plan in January 2011. These are divided into the following agencies:

UHL:	38
UHL/PCT:	5
UHL/GP	3
GP:	7
UCC:	2
LPT:	5
EMAS:	5

EMAS/GP: 1
LA: 4
Named: 2
Not recorded: 3

The following summary provides feedback of key UHL attributed targets as identified in the Improvement Plan.

7.1 Facilitate pathways of care for chronic disease patients

Actions

UHL – Chronic disease pathways for:
- Chest Pain
- Headache

Update

1. Low risk chest pain pathway has been agreed. Work continuing to align with 3 hour TROPI (pathway example attached at appendix 1)

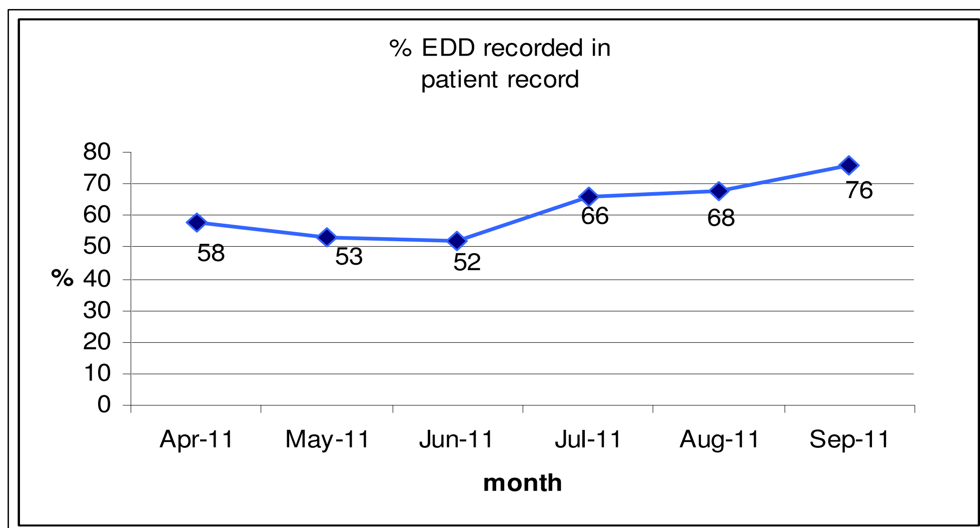
	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target
5% reduction in admissions to base wards for chest pains	19	47	42	30	45	42	225	591
10% reduction in 'in hours' chest pain admissions	36.8%	53.2%	47.6%	30.0%	40.0%	57.1%	45.8%	54.0%

2. UHL has carried out a scoping exercise for the Headache Pathway and are now in the process of developing a business case for the commissioners.

7.2 Discharge process – Internal UHL

7.2.1 Implement and monitor Estimated Date of Discharge (EDD).

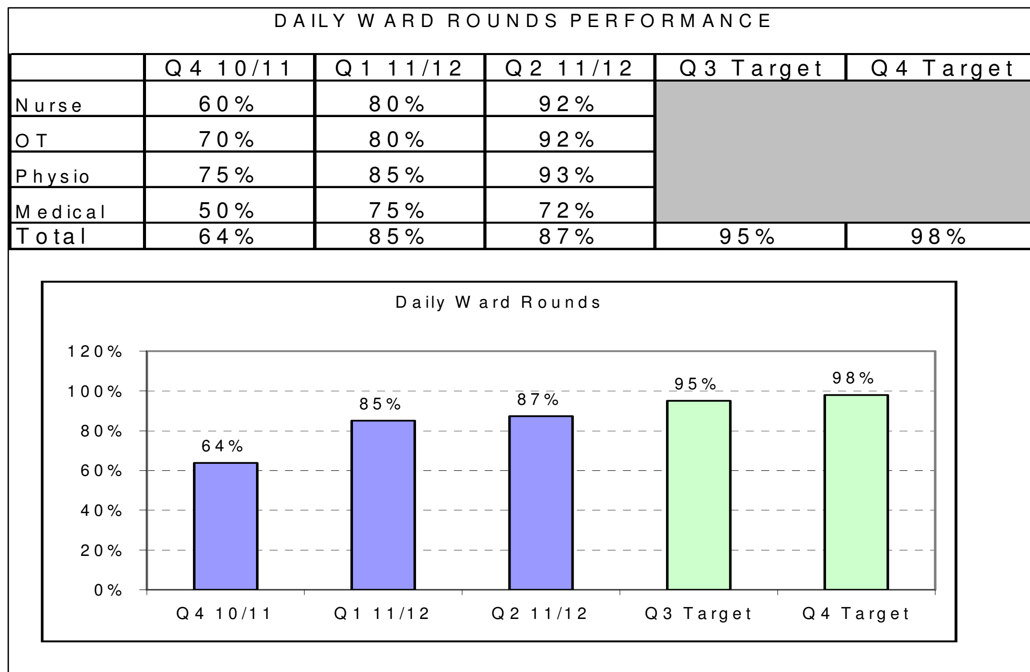
HISS EDD currently at 99%. The audit of those patients with corrected EDD's has improved to 76%.



7.2.2 Senior clinician review where required (target set by UHL)

It is important to note that this target has been compiled to ensure greater engagement of the multi-disciplinary team (MDT). In some cases where patients are

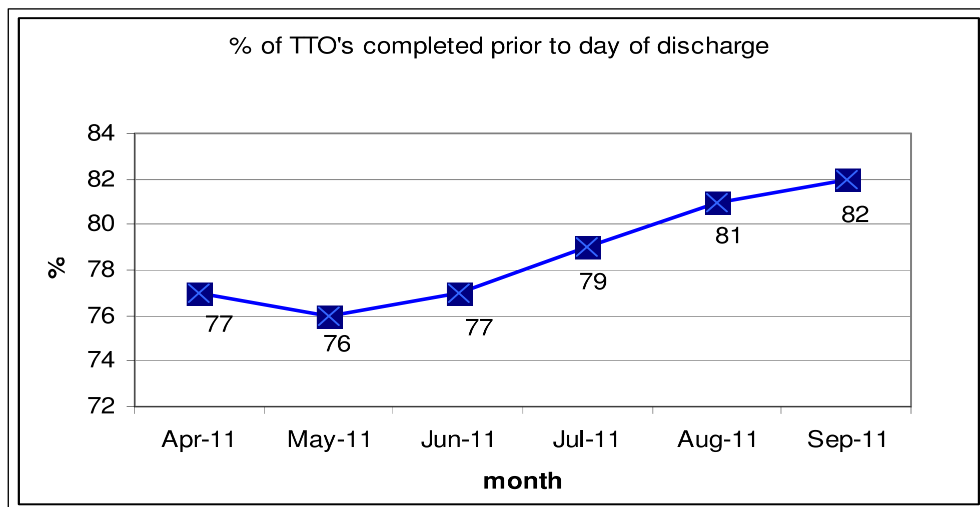
on a management plan, have nurse led discharge protocols in place or are attending as a day case, daily review by the MDT will not be required.



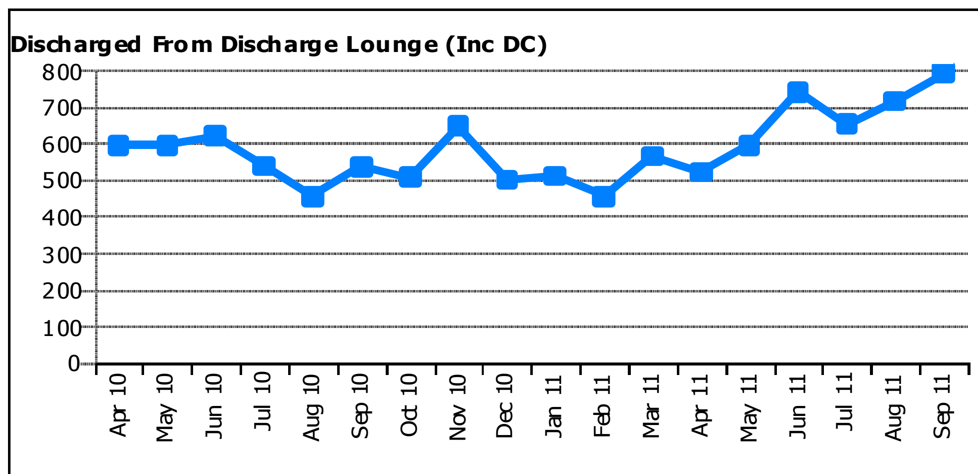
DAILY WARD ROUNDS PERFORMANCE

	Q4 10/11	Q1 11/12	Q2 11/12	Q3 Target	Q4 Target
Nurse	60%	80%	92%		
OT	70%	80%	92%		
Physio	75%	85%	93%		
Medical	50%	75%	72%		
Total	64%	85%	87%	95%	98%

7.2.3 Review TTO process and implement ward link pharmacist model



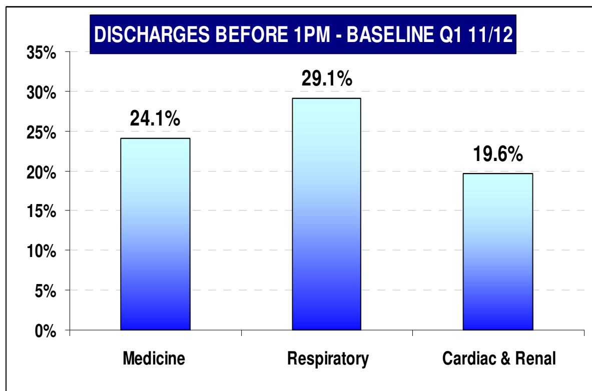
7.2.4 Review utilisation of discharge lounge



7.2.5 Discharge before 13.00hs target of 20% to be achieved by September 2011 and 30% to be achieved year end.

Quarter 1 snapshot results show the following:

Medicine	24.1%
Respiratory	29.1%
Cardiac & renal	19.6%



There are ongoing discussions to agree the inclusions and exclusions for measuring this indicator. Although the amendments to definitions are likely to change the percentage previously reported, there is a definite improvement in Qtr 2 performance. CQUIN targets will be rebased to reflect the revisions to how the performance is measured.

7.2.6 10% reduction in emergency re-admission rate

In January 2011 (when target was set the delivery was 11%. Current rate is 9.7% so reduction is greater than 10% of target.

7.3 LLR Surge and resilience plan

Actions

1. Resilience plan, including winter and flu, to be agreed across LLR
2. UHL bed Management policy to be re written in line with the restructuring of Divisions.

Policy/Plan Document Update/Position

1.The LLR Winter Resilience Plan has been agreed for 2011 – 2012.

Other preparedness plans include:

2.Bed Management Policy – August 2011
3.Critical Care Surge Plan – July 2011
4.Corporate Pandemic Influenza Plan – Review due 2012
5.Emergency Escalation Plan – August 2011
6.Severe Weather Response Plan - Review due 2012

7.4 Bed Occupancy Rates to be < 85%

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target
Average bed occupancy rates at < 85%	83%	84%	84%	85%	84%	85%	84%	85%

7.5 Redesign the Pathway for Frail Older People

Actions

1. Finalise PID with sign off from all stakeholders
2. Identify project resources
3. Identify current situation and key priority issues
4. Implement solutions
   - Frail Older Person's Advice and Liaison Service (FOPAL) live
   - Geriatrician outreach in community clinics

Update

1. Frail Older Person's Advice and Liaison Service (FOPAL) and Elderly (Emergency) Frailty Unit implemented in December 2010.
2. Scheme for geriatric sub-acute clinics approved by commissioners and implemented

A target has been set to achieve a 20% reduction in admissions to base wards for patients referred to the service. The following information provides a summary of the service to date:

Comparing Jul-Sep 2010 to Jul-Sep 2011

- Number aged 85+ attending ED has increased by 7% (relative increase)
- Overall discharge rate from ED for people aged 85+ has increased by 37% (relative increase)
- 7 & 30 day readmission rates reduced by one-third

FOPAL January – June 2011

- FOPAL discharging 6 times as many frail older people as AMU clinicians
- 2 patients per day going home who would otherwise have been admitted
- Readmission rates low; no clinical concerns identified within 30 days in those discharged
- Length of stay for admitted patients essentially unchanged

The combined impact to date is a 27% reduction in in-patient stays.
Data relating to re-admissions may be seen below.

(Averages)	7 day	30 day	90 day**
Jul-Sep 2010	32/637 (5.0%)	89/637 (13.8%)	177/637 (27.7%)
Jul-Sep 2011	24/681 (3.6%)	68/681 (10.0%)	111/633 (16.5%)

** NB. 90 day follow up incomplete 2011

7.6 ED footprint

Actions

1. Develop options for functionally increasing footprint

Update

1. Footprint agreed, Trust Board given approval to proceed.
2. Procurement route 21 agreed
3. Project Manager now in place.
4. SHA approval obtained
5. OBC/FBC being prepared as per SHA requirements

7.7 UHL Medical and Emergency Department Workforce

Actions

1. Advertise for 6 additional Consultants (over 2 phases if required) and Advanced Nurse Practitioner roles
2. Acute Care Physicians/Geriatricians to be integrated from existing Emergency Medical Unit and as part of the Frailty Unit
3. Multi Disciplinary Team including GPs, plus speciality integration to be part of the rostered workforce
4. ED Consultants to work 6.5 DCC and extended shifts (10 -1pm) with Consultant Of The Week covering EDU rounds as normalised working
5. Changing work pattern on AMU with consultants 6 -10 pm to be mainstreamed
6. Changing work patterns to be incorporated in job planning as consultant recruitment proceeds
7. Recruit ED consultants with special interest in acute medicine, paediatrics, geriatrics critical care and pre-hospital medicine to increase consultant numbers and increase market and reputational position of the ED
8. Decrease Band 2s and appoint generic HCA Band 3 and Physician Assistants Band 7, Advanced Practitioners
9. Mainstream consultant cover between 18.00hr - 22.00hrs on AMU Monday – Friday and additional SpR cover on CDU 18.00hrs – 22.00hrs
10. Expand physiotherapy and occupational therapy weekend working to full days
11. Conclude pilot of Primary Care Co-ordinators (PCC) weekend working to support discharge processes

Update

1. Geriatricians in post from March 2011
2. Agreement with LCRCHS/LPT that Primary Care Coordinators are expected to commence 7 day working from April 2011.
3. 5 ANPs in place; 1 further to recruit
4. Consultant's recruitment now 12.7 in post; further recruitment in Autumn/Winter.
5. Consultants cover 8am to 1am.
6. HCAs recruited and undergoing training.
7. Specialty integration – cardiology (working well)
8. ED Consultants being recruited with appropriate sub-specialty interest.
9. Physio and OT 7 days per week with Monday to Friday extended hours.

8.0 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 2.

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 September are as follows:

- Overall experience 94%
- Care received – 92%
- Privacy – 95%
- Waiting Times – 86%
- Information Received – 99%
- Dignity and respect – 95%

Related key actions to note include:

- 45% 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 2.

S. Hinchliffe
Chief Operating Officer/Chief Nurse

Created by Martin Wiese

LRI Emergency Department

NSTEMI management and ACS rule-out

Use in all patients aged over 24 years with chest pain unless:

- **Chest pain > 72h ago**
- **Clearly stable angina only**
- **Clearly due to other causes (e.g. trauma or shingles)**
- **STEMI / new LBBB on ECG**
- **Suspected oesophageal rupture or aortic dissection**
- **Pain pleuritic**
- **Recent cocaine use**
- **Terminal illness**

Disclaimer:
This is a clinical template; clinicians should always use judgment when managing individual patients

Version 30 . Feb 11

Patient details

Full name

DoB

Unit number

(use sticker if available)

① Symptoms of possible ACS?

☐ **YES**, as at least one of the below

Chest pain and / or pain in arms, back or jaw lasting at least 5min	☐
Chest pain radiating to both arms	☐
Chest pain associated with nausea and vomiting, sweating or shortness of breath	☐
Chest pain associated with hemodynamic instability (SBP <90, HR <50 or >100)	☐
Frequently recurrent chest pain (either new onset or abrupt deterioration in previously stable angina) with little or no exertion	☐

☐ **NO**, as none of the above

Document decisions by ticking the appropriate YES or NO box

Record times and values below

HH:MM
Time (latest) chest pain episode started

HH:MM
Time of arrival

HH:MM
Time initial cTnI obtained

Initial cTnI
μg/L

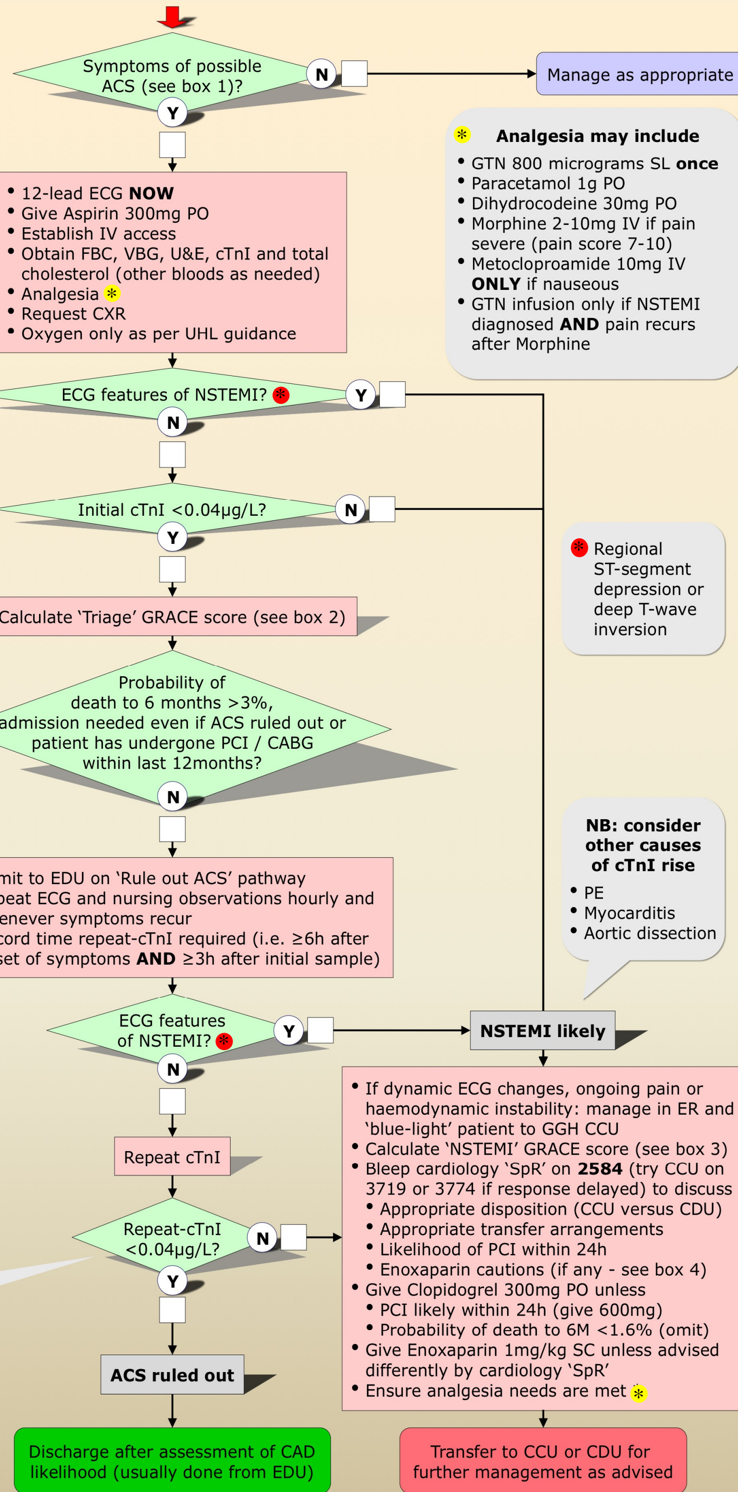
HH:MM
Time repeat-cTnI required

Handover box

I will take cTnI sample

HH:MM
Time repeat-cTnI obtained

Repeat-cTnI
μg/L



This assessment was carried out by

Print name	Signature	Position	Date	Time completed

② 'Triage' GRACE scoring

Go to GRACE calculator in 'ED favourites'
'At Admission (in-hospital/to 6 months)' tab
Cardiac Troponin I and ECG must be normal

Age	Heart rate	Systolic BP	Creatinine

Heart failure (Killip Class – tick one)

☐ I - None
☐ II - Raised JVP or rhonci
☐ III - Pulmonary oedema
☐ IV - Cardiogenic shock

Probability of death to 6 months %

③ 'NSTEMI' GRACE scoring

Go to GRACE calculator in 'ED favourites'
'At Admission (in-hospital/to 6 months)' tab

Triggering event (select one)

☐ Initial cardiac Troponin I raised
☐ ECG suggesting NSTEMI while observed
☐ Repeat-cardiac Troponin I raised

Age	Heart rate	Systolic BP	Creatinine

Heart failure (Killip Class – tick one)

☐ I - None
☐ II - Raised JVP or rhonci
☐ III - Pulmonary oedema
☐ IV - Cardiogenic shock

Probability of death to 6 months %

④ Enoxaparin cautions required?

☐ **YES**, as at least one of the below

Acute bacterial endocarditis	☐
Active major bleeding	☐
Stroke within last 8 weeks	☐
History of heparin-induced thrombocytopenia	☐
(History of) gastric or duodenal ulceration	☐
Hypersensitivity to any heparin product / LMWH	☐
Known clotting disorder	☐
Platelets < 50.000	☐
Decompensated liver disease	☐
Diabetic retinopathy	☐
Intracranial haematoma within last 4 weeks	☐
Cerebral neoplasm	☐
Neuro- or ophthalmic surgery within last 4 weeks	☐
Current oral anticoagulation (unless INR < 2)	☐
Current anticoagulation with another heparin	☐
Systolic BP >180 or diastolic >110	☐

NB: this can often be managed by urgent treatment e.g. with IV beta blockade or GTN

☐ **NO**, as none of the above

Emergency Department
Patient Survery

Emergency Department *Front Door Audit*

University Hospitals of Leicester NHS Trust
Caring at its best

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	YTD
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% ▲	36% ▲	15% ▼	11% ▼	10% ▼	10% —	19% ▲			22%
Chronic pain.	5%	7% ▲	6% ▼	5% ▼	19% ▲	23% ▲	10% ▼	2% ▼	7% ▲			9%
Minor injury.	24%	55% ▲	49% ▼	42% ▼	46% ▲	33% ▼	38% ▲	63% ▲	45% ▼			44%
Breathing problems.	5%	0% ▼	2% ▲	1% ▼	4% ▲	1% ▼	3% ▲	3% —	2% ▼			2%
Renewal of Medication.	0%	0% —	0% —	0% —	0% —	0% —	0% —	1% ▲	0% ▼			0%
Other.	6%	25% ▲	18% ▼	12% ▼	15% ▲	26% ▲	29% ▲	18% ▼	26% ▲			19%
No response.	0%	2% ▲	3% ▲	4% ▲	1% ▼	6% ▲	10% ▲	2% ▼	1% ▼			3%
2. How long has this problem been going on for?												
Few hours.	21%	44% ▲	43% ▼	35% ▼	46% ▲	44% ▼	40% ▼	47% ▲	42% ▼			40%
1 day.	35%	25% ▼	24% ▼	13% ▼	12% ▼	16% ▲	19% ▲	19% —	22% ▲			21%
2 days.	10%	4% ▼	6% ▲	19% ▲	12% ▼	12% —	9% ▼	7% ▼	10% ▲			10%
3 days.	4%	7% ▲	3% ▼	6% ▲	7% ▲	2% ▼	7% ▲	2% ▼	3% ▲			5%
4 - 6 days.	10%	1% ▼	5% ▲	9% ▲	6% ▼	8% ▲	4% ▼	3% ▼	8% ▲			6%
1 week.	6%	8% ▲	4% ▼	4% —	3% ▼	5% ▲	3% ▼	3% —	3% —			4%
More than a week.	14%	6% ▼	12% ▲	10% ▼	7% ▼	11% ▲	2% ▼	4% ▲	9% ▲			8%
No response.	1%	5% ▲	3% ▼	4% ▲	7% ▲	2% ▼	16% ▲	14% ▼	3% ▼			6%
3. Patients registered with a GP												
Patients registered with a GP.	81%	83% ▲	83% —	86% ▲	83% ▼	85% ▲	87% ▲	79% ▼	88% ▲			84%
Patients not registered with a GP.	10%	5% ▼	17% ▲	12% ▼	4% ▼	15% ▲	2% ▼	15% ▲	12% ▼			10%
No response.	9%	12% ▲	0% ▼	3% ▲	13% ▲	0% ▼	11% ▲	6% ▼	0% ▼			6%
4. Have you tried to see your GP before coming in?												
Yes.	32%	17% ▼	20% ▲	38% ▲	6% ▼	25% ▲	23% ▼	18% ▼	31% ▲			23%
No.	52%	71% ▲	71% —	45% ▼	64% ▲	53% ▼	63% ▲	45% ▼	55% ▲			58%
No response.	16%	12% ▼	8% ▼	17% ▲	30% ▲	22% ▼	14% ▼	37% ▲	14% ▼			19%

University Hospitals of Leicester NHS Trust

Caring at its best

Emergency Department *Front Door Audit*

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	YTD
Number of patients interviewed	100	84	119	78	100	100	100	98	100			879
5. If yes, how many times have you tried in last week?												
Once.	81%	79% ▼	38% ▼	67% ▲	50% ▼	56% ▲	43% ▼	72% ▲	74% ▲			62%
Twice.	11%	0% ▼	13% ▲	10% ▼	17% ▲	8% ▼	9% ▲	0% ▼	10% ▲			9%
Three times.	3%	0% ▼	8% ▲	0% ▼	0% —	4% ▲	0% ▼	0% —	0% —			2%
Four times.	5%	7% ▲	0% ▼	0% —	0% —	0% —	0% —	0% —	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?												
My GP is always too busy.	2%	0% ▼	0% —	0% —	0% —	0% —	0% —	1% ▲	0% ▼			0%
I couldn't get an appointment until...%.	2%	0% ▼	0% —	3% ▲	0% ▼	0% —	0% —	1% ▲	3% ▲			1%
I thought this problem needs a hospital doctor.	44%	73% ▲	3% ▼	9% ▲	24% ▲	32% ▲	47% ▲	53% ▲	45% ▼			37%
It's easier for me to come to A&E.	24%	7% ▼	38% ▲	38% —	47% ▲	27% ▼	19% ▼	4% ▼	6% ▲			23%
My GP advised me to come to A&E.	3%	16% ▲	1% ▼	23% ▲	7% ▼	8% ▲	9% ▲	18% ▲	3% ▼			10%
The ambulance took me in.	0%	0% —	1% ▲	1% —	1% —	1% —	0% ▼	0% —	0% —			1%
NHS direct advised me to come to A&E.	3%	3% —	5% ▲	0% ▼	12% ▲	5% ▼	4% ▼	1% ▼	1% —			4%
My friend took me here.	3%	1% ▼	16% ▲	1% ▼	2% ▲	12% ▲	4% ▼	5% ▲	14% ▲			7%
The police took me here.	0%	0% —	2% ▲	0% ▼	0% —	1% ▲	0% ▼	0% —	1% ▲			1%
Other.	16%	0% ▼	0% —	0% —	0% —	3% ▲	3% —	4% ▲	0% ▼			3%
No response.	3%	0% ▼	34% ▲	24% ▼	6% ▼	11% ▲	14% ▲	14% —	26% ▲			15%
7. NEW: Were you aware of the urgent care centre?												
Aware	-	-	42%	51% ▲	33% ▼	42% ▲	29% ▼	33% ▲	32% ▼			37%
Not aware	-	-	38%	47% ▲	34% ▼	52% ▲	55% ▲	56% ▲	56% —			48%
No response	-	-	20%	1% ▼	33% ▲	6% ▼	16% ▲	11% ▼	12% ▲			14%

Emergency Department
Patient Survery

Emergency Department *Patient Experience*

University Hospitals of Leicester NHS Trust
Caring at its best

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	YTD
Number of patients participating	88	73	96	99	100	91	100	100	100			847
Which area of ED is the patient in?												
Majors	71%	71% ▲	82% ▲	74% ▼	70% ▼	66% ▼	67% ▲	65% ▼	52% ▼			69%
Minors	3%	12% ▲	16% ▲	3% ▼	12% ▲	10% ▼	11% ▲	9% ▼	9% —			9%
EDU	25%	4% ▼	0% ▼	12% ▲	3% ▼	1% ▼	5% ▲	14% ▲	22% ▲			10%
Paeds	0%	3% ▲	0% ▼	2% ▲	9% ▲	3% ▼	3% —	6% ▲	5% ▼			3%
Resus	0%	1% ▲	0% ▼	5% ▲	3% ▼	4% ▲	8% ▲	6% ▼	0% ▼			3%
Not stated	1%	8% ▲	2% ▼	4% ▲	3% ▼	15% ▲	6% ▼	0% ▼	12% ▲			6%
Gender												
Male	39%	47% ▲	57% ▲	62% ▲	42% ▼	51% ▲	49% ▼	39% ▼	47% ▲			48%
Female	61%	53% ▼	42% ▼	36% ▼	55% ▲	45% ▼	51% ▲	45% ▼	52% ▲			49%
Not stated		0% —	1% ▲	2% ▲	3% ▲	4% ▲	0% ▼	16% ▲	1% ▼			3%
Age	In May 2011 new age bands were introduced											
17 yrs or younger	1%	5% ▲	1% ▼	6% ▲	12% ▲	4% ▼	4% —	7% ▲	0% ▼			5%
18-25				12%	5% ▼	11% ▲	12% ▲	10% ▼	8% ▼			10%
26-35				11%	18% ▲	12% ▼	16% ▲	6% ▼	7% ▲			12%
36-50				18%	15% ▼	23% ▲	14% ▼	8% ▼	20% ▲			16%
51-64				12%	11% ▼	18% ▲	17% ▼	12% ▼	14% ▲			14%
18-64	38%	53% ▲	54% ▲	54% —	49% ▼	64% ▲	59% ▼	36% ▼	49% ▲			51%
65-74				8%	16% ▲	8% ▼	14% ▲	14% —	13% ▼			12%
75-84				14%	14% —	12% ▼	12% —	19% ▲	16% ▼			15%
85 yrs or older				16%	6% ▼	8% ▲	11% ▲	10% ▼	16% ▲			11%
65 yrs or older	59%	40% ▼	44% ▲	38% ▼	36% ▼	27% ▼	37% ▲	43% ▲	45% ▲			41%
Not stated	2%	1% ▼	1% —	2% ▲	3% ▲	4% ▲	0% ▼	14% ▲	6% ▼			4%
Ethnicity												
White	79%	78% ▼	89% ▲	79% ▼	74% ▼	73% ▼	72% ▼	66% ▼	86% ▲			77%
Mixed	0%	0% —	2% ▲	1% ▼	3% ▲	0% ▼	0% —	4% ▲	3% ▼			1%
Asian or Asian British	13%	12% ▼	5% ▼	11% ▲	14% ▲	15% ▲	17% ▲	10% ▼	8% ▼			12%
Black or Black British	1%	3% ▲	1% ▼	2% ▲	1% ▼	3% ▲	1% ▼	0% ▼	0% —			1%
Chinese	0%	0% —	0% —	1% ▲	0% ▼	0% —	1% ▲	0% ▼	0% —			0%
Other	1%	1% —	1% —	5% ▲	0% ▼	3% ▲	4% ▲	1% ▼	3% ▲			2%
Not stated	6%	5% ▼	0% ▼	1% ▲	8% ▲	5% ▼	5% —	19% ▲	0% ▼			6%

Emergency Department
Patient Survery

Emergency Department *Patient Experience*

University Hospitals of Leicester NHS Trust
Caring at its best

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	YTD
Number of comments received	286	157	197	495	500	454	499	499	500			3587
Overall	NB Quesionnaire Ammended in May 2011. May impact on any trends											
Positive	76%	70% ▼	59% ▼	93% ▲	93% —	95% ▲	90% ▼	94% ▲	93% ▼			85%
Neutral	11%	10% ▼	18% ▲	5% ▼	4% ▼	1% ▼	9% ▲	3% ▼	4% ▲			7%
Negative	13%	20% ▲	23% ▲	2% ▼	3% ▲	4% ▲	1% ▼	3% ▲	3% —			8%
Care Received	In May 2011 this question changed to "How has your care been today?"											
Positive	77%	84% ▲	69% ▼	88% ▲	89% ▲	100% ▲	94% ▼	92% ▼	92% —			87%
Neutral	16%	8% ▼	28% ▲	9% ▼	7% ▼	0% ▼	6% ▲	5% ▼	5% —			9%
Negative	7%	8% ▲	3% ▼	3% —	4% ▲	0% ▼	0% —	3% ▲	3% —			3%
Information Received	In May 2011 this question changed to "Did the staff communicate effectivley with you?"											
Positive	66%	80% ▲	43% ▼	92% ▲	99% ▲	96% ▼	96% —	99% ▲	100% ▲			86%
Neutral	10%	0% ▼	14% ▲	6% ▼	1% ▼	0% ▼	4% ▲	1% ▼	0% ▼			4%
Negative	24%	20% ▼	43% ▲	2% ▼	0% ▼	4% ▲	0% ▼	0% —	0% —			10%
Waiting Times	In May 2011 this question changed to "Have you experienced long waits in the dept, have you been told why?"											
Positive	55%	21% ▼	36% ▲	88% ▲	92% ▲	90% ▼	78% ▼	86% ▲	84% ▼			70%
Neutral	13%	24% ▲	7% ▼	8% ▲	4% ▼	2% ▼	20% ▲	8% ▼	9% ▲			11%
Negative	32%	56% ▲	57% ▲	4% ▼	4% —	8% ▲	2% ▼	6% ▲	7% ▲			20%
NEW - Privacy	In May 2011 this question was introduced "Has your privacy been maintained whilst you were examined?"											
Positive				99%	97% ▼	99% ▲	92% ▼	95% ▲	100% ▲			97%
Neutral				0%	2% ▲	0% ▼	8% ▲	1% ▼	0% ▼			2%
Negative				1%	1% —	1% —	0% ▼	3% ▲	0% ▼			1%
NEW - Dignity and Respect	In May 2011 this question was introduced "Were you treated with dignity and respect by staff?"											
Positive				99%	99% —	96% ▼	96% —	99% ▲	100% ▲			98%
Neutral				1%	1% —	0% ▼	4% ▲	1% ▼	0% ▼			1%
Negative				0%	0% —	4% ▲	0% ▼	0% —	0% —			1%