

paper E

	<b>Trust Board</b>
<b>From:</b>	Suzanne Hinchliffe
<b>Date:</b>	<b>4<sup>th</sup> August 2011</b>
<b>CQC regulation</b>	All

<b>Title:</b>	<b>Emergency Care Transformation</b>
<b>Co-Author/Responsible Director:</b>	S.Hinchliffe, Chief Operating Officer/Chief Nurse

**Purpose of the Report:**

To provide members with a summary of May performance and summary of progress over recent weeks.

**The Report is provided to the Board for:**

Decision		Discussion	√
Assurance	√	Endorsement	

**Summary / Key Points:**

- ❖ UHL Type 1 & 2 performance against the 4 hour target for the month of June 2011 is 94.7% and including UCC is 95.8% - a slow but improving performance.
- ❖ There were 45 're-beds' for June 2011
- ❖ A task and finish group has completed the first stage of its work in identifying a footprint for the department to accommodate both activity levels and revised patient pathways.
- ❖ Further guidance in relation to performance management of the NHS A&E services using the clinical quality indicators was published by the Department of Health (DoH) on the 23<sup>rd</sup> June 2011.
- ❖ Whilst attendees have increased overall during the evening and night hours in the first quarter, June has seen a slight reduction in these figures for the first time.
- ❖ Patterns of attendance remain a focus later in the day. Early discussions with the Acting Chief Executive of EMAS has resulted in improved communications overall and pilots have been proposed by UHL to support the transportation of bed bureau patients earlier in the day.
- ❖ A focus on out-flow remains key. In line with the Emergency Care Network developing dashboard, data is now reported on a weekly basis including patient discharge delays.
- ❖ In July 2011 an electronic system for collecting feedback has been introduced that allows patients to provide feedback via three additional routes.
- ❖ This feedback is real time and will allow Managers to view feedback from these three routes in one central collection point.

**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:** 4<sup>th</sup> August 2011

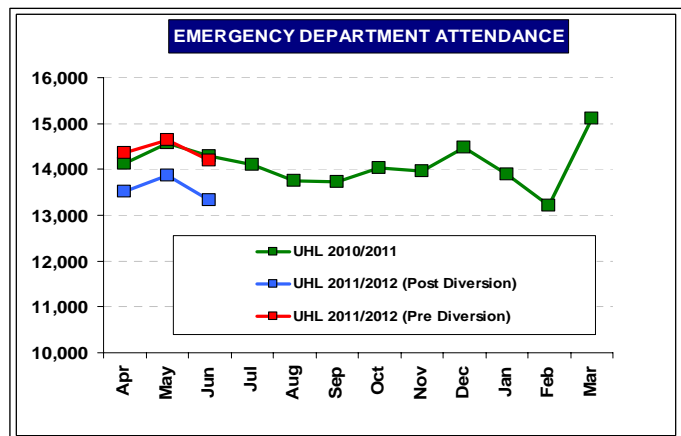
**REPORT BY:** SUZANNE HINCHLIFFE, CHIEF OPERATING OFFICER/CHIEF NURSE

**SUBJECT:** EMERGENCY CARE TRANSFORMATION

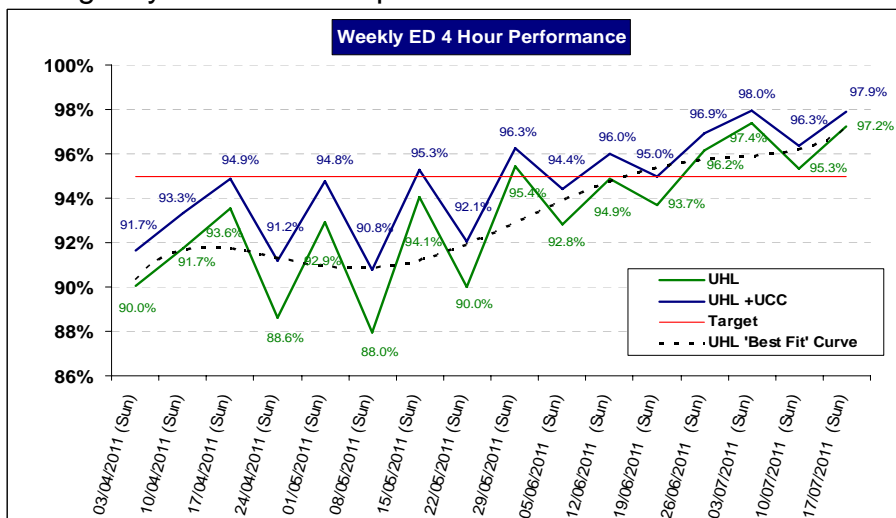
## 1.0 Introduction

The following report offers an overview of activity for June 2011. The following charts provide an overview of the total attendances to ED and Eye Casualty and activity both pre and post deflection.

EMERGENCY DEPARTMENT ATTENDANCE				
	UHL 2010/2011	UHL 2011/2012 (Post Diversion)	UHL 2011/2012 (Pre Diversion)	Overall % Change 11/12 vs 10/11
Apr	14,117	13,507	14,358	1.7%
May	14,574	13,871	14,636	0.4%
Jun	14,298	13,318	14,197	-0.7%
Jul	14,100			
Aug	13,757			
Sep	13,720			
Oct	14,022			
Nov	13,963			
Dec	14,488			
Jan	13,893			
Feb	13,203			
Mar	15,119			
Sum:	169,254	40,696	43,191	

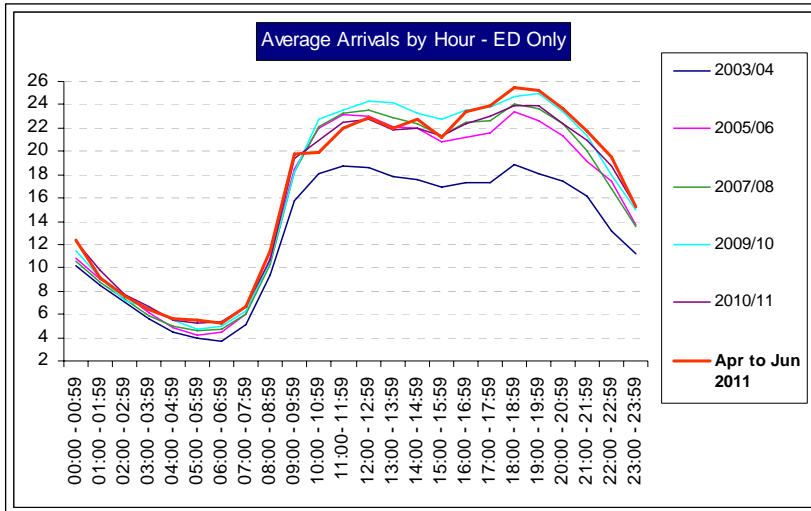


UHL Type 1 & 2 performance against the 4 hour target for the month of June 2011 is 94.7% and including UCC is 95.8% - a slow but improving performance. As can be seen below, whilst a more stable position is now appearing regarding overall performance, improvements by all agencies across LLR need to continue as described in the Emergency Care Network plans.

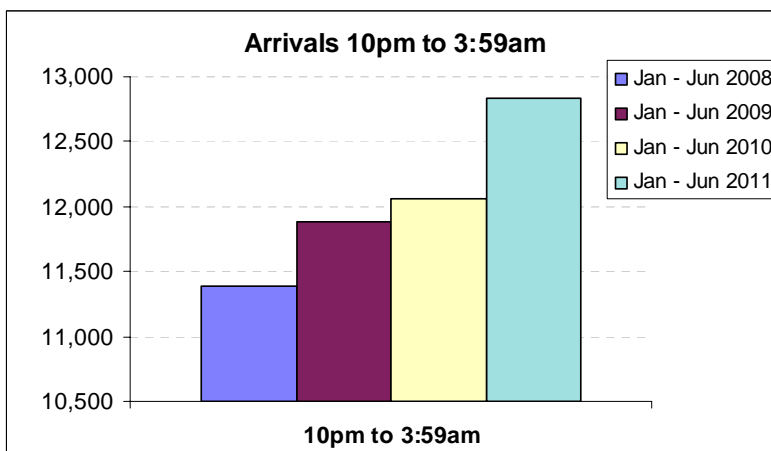


## 2.0 Arrival Times

The following graph below shows the arrivals to the emergency department by hour. Attendances during the first quarter have shown the highest hourly rate rises during the second peak of the day. 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.



Whilst attendees have increased overall during the evening and night hours in the first quarter, June has seen a slight reduction in these figures for the first time.



The mode of arrival during these periods may also be seen below 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:

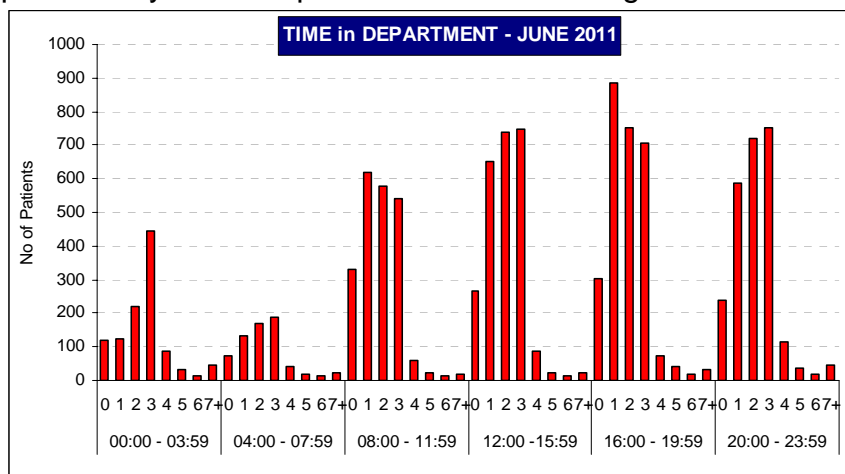
- Abdominal pain
- Head Injury
- Chest Pain
- Fall
- Overdose/ingestion of drugs

ED Type 1 Arrivals April to June 2011			
Arrival Time	Source of Referral	Attendance	%
Midnight to 7:59am	AMBULANCE	692	13%
	COLLEAGUE/FRIEND	13	0%
	DEPUTISING SERVICE	25	0%
	GP WITH LETTER	35	1%
	GP WITHOUT LETTER	8	0%
	OTHER	117	2%
	OTHER HOSPITAL	38	1%
	OTHER RELATIVE	46	1%
	PARENT AND/OR GUARDIAN	504	9%
	POLICE/PRISON	169	3%
	SCHOOL/COLLEGE	2	0%
	SELF	3533	66%
	URGENT CARE CENTRE	91	2%
	WORK	40	1%
		<b>5313</b>	<b>100%</b>

Arrival Time	Primary Diagnosis	Attendance
Midnight to 7:59am	RE-DIRECTED TO ANOTHER SERVICE	268
	DID NOT WAIT	234
	NON CODED DIAGNOSIS - ABDOMINAL PAIN ? CAUSE	182
	HEAD INJURY - MINOR	149
	NAD	138
	NON CODED DIAGNOSIS - FALL	104
	CARDIO-VASCULAR - CHEST PAIN	100
	NON CODED DIAGNOSIS - OVERDOSE / INGESTION OF DRUGS - NON ACCIDENTAL	100
	NON CODED DIAGNOSIS - CHEST PAIN ? CAUSE	85
	NON CODED DIAGNOSIS - COLLAPSE ? CAUSE	53
	HEAD - MINOR INJURY	52
	ACCIDENTAL POISONING - BY AND EXPOSURE TO ALCOHOL	48
	NON CODED DIAGNOSIS - ACUTE CORONARY SYNDROME	48
	NON CODED DIAGNOSIS - SEIZURE	43
	RESPIRATORY - ACUTE LOWER RESPIRATORY INFECTION	43
	GENITO-URINARY - URINARY TRACT INFECTION	40
	PSYCHIATRIC - SUICIDAL THOUGHT/INTENT	39
	MENTAL & BEHAV DIS DUE TO USE OF ALCOHOL: ACUTE INTOXICA	37
	NON CODED DIAGNOSIS - PALPITATIONS	37
	ENT - EPISTAXIS	35
	HEAD INJURY - MODERATE	35
	MUSCULO-SKELETAL (NON TRAUMA) - MUSCULO-SKELETAL PAIN OF CHEST	35
	RENAL - RENAL COLIC	35
		<b>1940</b>

### 3.0 Time In ED

Further to discussions at the June Trust Board, additional review of time spent in the Emergency Department has been undertaken, broken down into clusters of attendance periods and hours between arrival and being seen. As can be seen from the charts below, during the evening periods and into the night, there are incremental increases in periods of patient stay in the department and increasing waits between arrival and being seen.



## 4.0 Breach Time Analysis

The following graphs show an analysis of breach time for a six month period November 2010 to May 2011 (Chart 1) and 6 week period 30<sup>th</sup> May 2011 to 10<sup>th</sup> July 2011.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00 - 00:59	2.27	2.81	1.77	2.73	1.85	2.15	1.46
01:00 - 01:59	2.04	3.69	3.19	2.88	2.46	2.96	1.96
02:00 - 02:59	1.69	3.04	2.81	3.08	2.73	2.92	1.92
03:00 - 03:59	2.12	3.96	3.08	3.27	2.62	3.08	2.15
04:00 - 04:59	1.96	2.85	2.35	2.96	2.38	3.00	2.69
05:00 - 05:59	1.92	2.27	1.88	2.54	1.73	2.54	2.23
06:00 - 06:59	2.00	1.85	1.69	1.65	1.31	2.62	2.12
07:00 - 07:59	1.35	1.69	1.35	1.42	1.46	2.38	2.27
08:00 - 08:59	1.23	1.50	0.92	1.15	0.73	2.04	1.77
09:00 - 09:59	1.00	0.96	1.12	1.00	0.85	1.81	1.77
10:00 - 10:59	0.92	0.92	1.08	0.73	0.38	0.96	1.31
11:00 - 11:59	0.50	0.50	0.42	0.50	0.38	0.50	0.65
12:00 - 12:59	1.27	0.69	0.88	0.81	0.15	0.69	0.73
13:00 - 13:59	1.62	1.08	0.85	1.42	0.65	0.77	1.08
14:00 - 14:59	1.73	2.27	1.46	1.77	1.00	1.62	1.27
15:00 - 15:59	2.46	1.77	1.15	1.50	0.92	1.69	1.46
16:00 - 16:59	2.12	1.73	1.42	1.69	1.42	1.77	1.69
17:00 - 17:59	1.81	1.85	1.88	1.38	1.38	1.85	1.81
18:00 - 18:59	1.62	1.88	1.58	1.12	1.50	2.04	1.58
19:00 - 19:59	2.27	1.73	1.38	1.31	1.31	1.92	1.35
20:00 - 20:59	1.96	1.58	1.85	0.85	1.92	2.38	1.65
21:00 - 21:59	2.50	2.00	0.96	1.77	2.00	1.92	2.04
22:00 - 22:59	2.38	2.54	2.31	1.73	1.54	1.92	1.81
23:00 - 23:59	2.73	2.65	2.35	2.00	2.15	2.04	1.27

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

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:

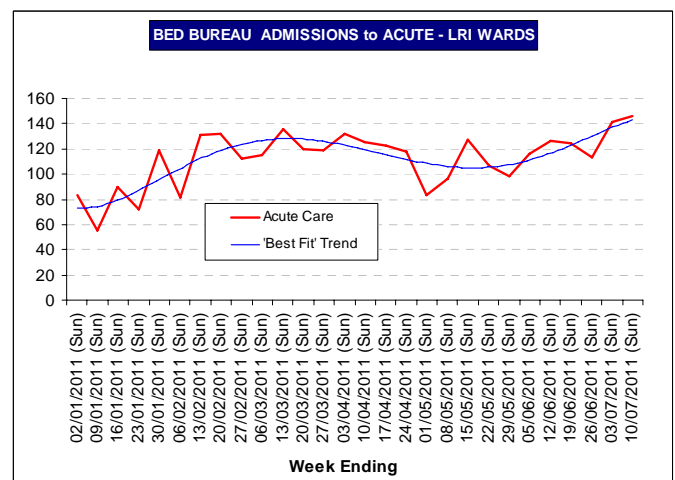
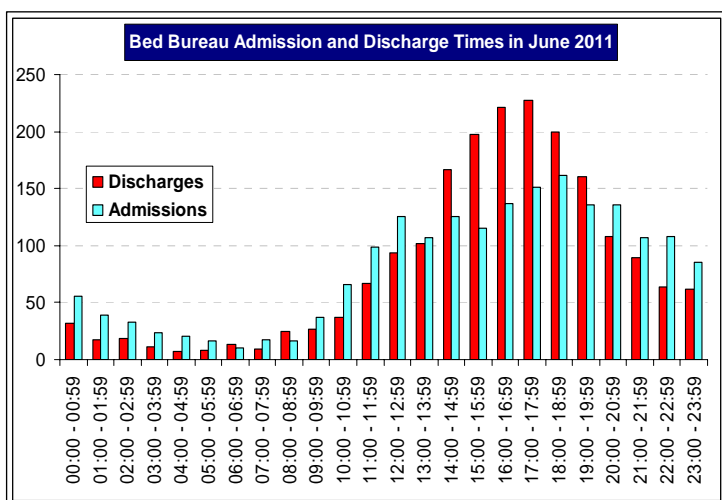
- More than 2 breaches per hour RED
- 1 to 2 breaches per hour AMBER
- Less than 1 breach per hour GREEN

From the above graphs, one can now see a significant reduction in the number of breaches occurring overall, with the focus of breaches continuing during the evening and overnight.

## 5.0 Admissions

GP bed bureau referrals have been subject to two parallel running pilots since January 2011 for both surgical and medical patients. However, the continuation of these pilots were not successful in the transformation bid process and the impact of this is being discussed with commissioners.

The profile of attendances over recent weeks has unaltered and as may be seen below, patterns of attendance remain a focus later in the day. However, early discussions with the Acting Chief Executive of EMAS where a range of logistical issues and solutions were discussed has resulted in improved communications overall and pilots have been proposed by UHL to support the transportation of bed bureau patients earlier in the day.



## 6.0 Outflow

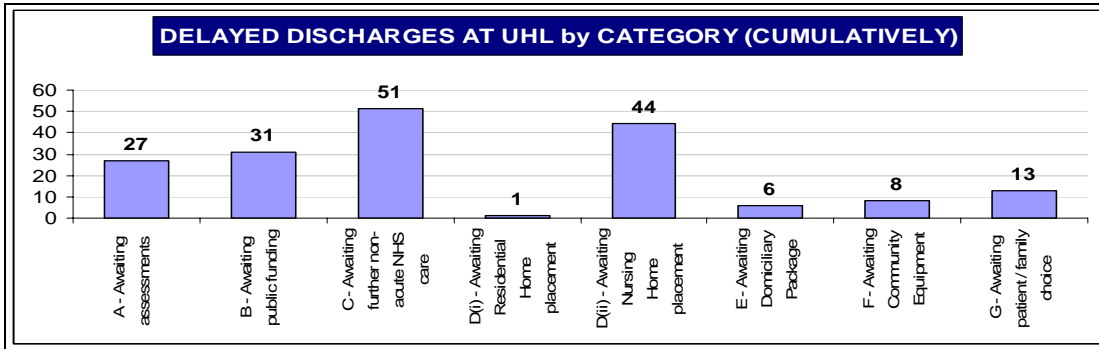
A focus on out-flow remains key and during the reporting period, continued emphasis has been placed on maximising the use of community provision and liaison with EMAS with regards to transportation.

### 6.1 Community Provision

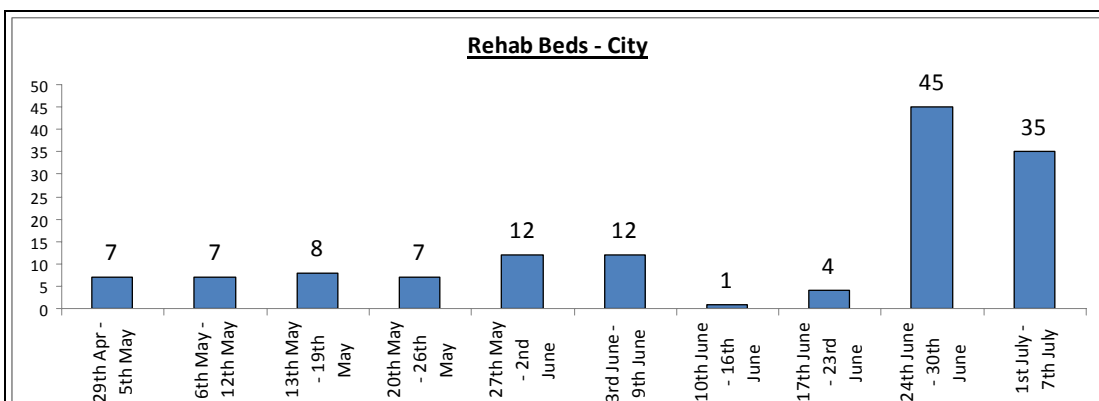
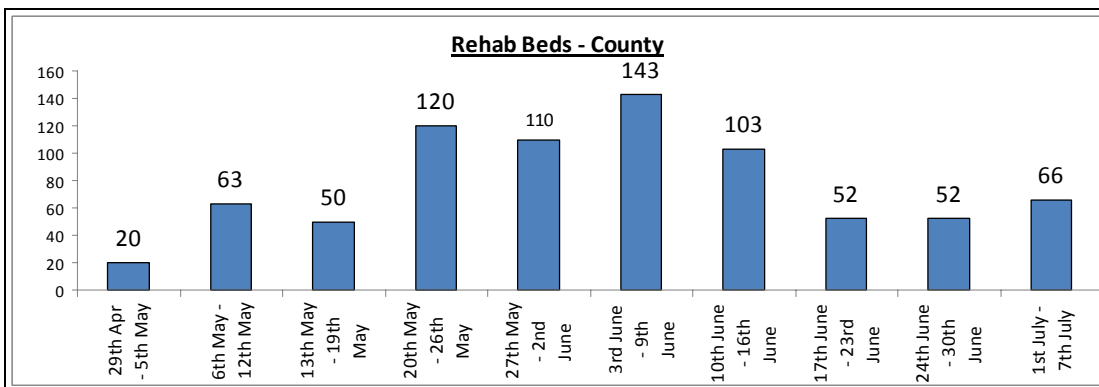
In line with the Emergency Care Network developing dashboard, data is now reported on a weekly basis including patient discharge delays. The table below shows early data for the past two weeks in relation to occupied bed days due to delays:

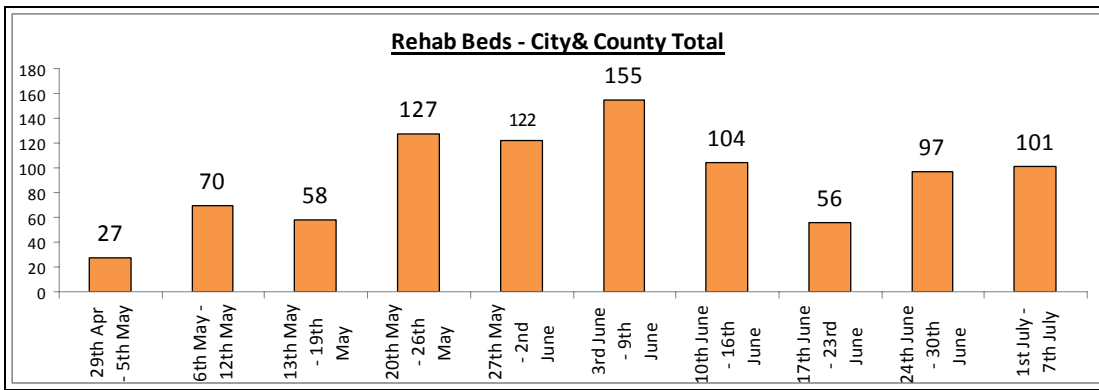
- Awaiting for assessment
- Awaiting public funding
- Awaiting further non-acute NHS Care
- Awaiting home care placement
- Awaiting domiciliary package
- Awaiting community equipment
- Awaiting patient/family choice

	27th June - 3rd July	4th July - 10th July	Total
A - Awaiting assessments	7	20	27
B - Awaiting public funding	10	21	31
C - Awaiting further non-acute NHS care	5	46	51
D(i) - Awaiting Residential Home placement	1		1
D(ii) - Awaiting Nursing Home placement	16	28	44
E - Awaiting Domiciliary Package		6	6
F - Awaiting Community Equipment		8	8
G - Awaiting patient / family choice	5	8	13
<b>Grand Total</b>	<b>44</b>	<b>137</b>	<b>181</b>
<b>Average Daily Beds</b>	<b>6</b>	<b>20</b>	<b>13</b>



In addition to the above, there are also a further group of patients who are suitable for discharge but are awaiting city or county provision which is reflected as occupied bed days below.



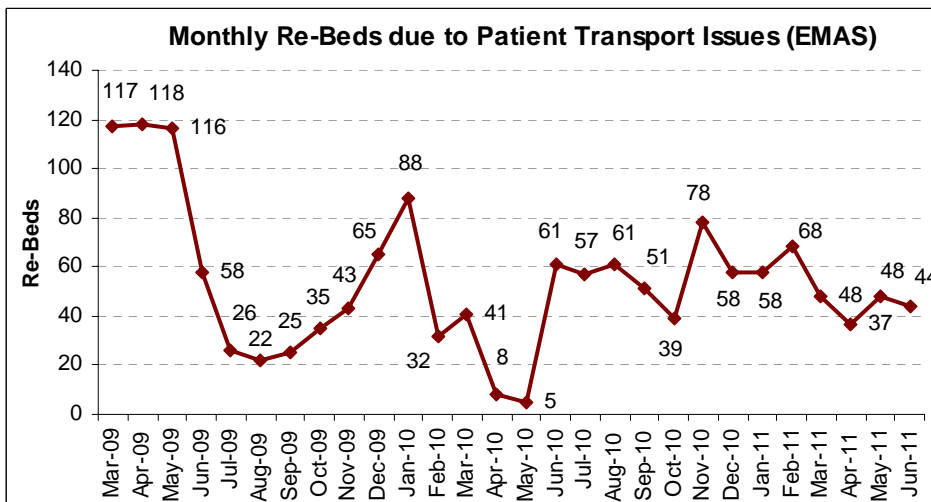


Rehab beds for City and County totals for 1<sup>st</sup> – 30<sup>th</sup> June are:

Rehab Beds – City & County Total			
	Total County	Total City	Total Patients Still Waiting Beds
1 <sup>st</sup> – 30 <sup>th</sup> June 2011	380	66	446

## 6.2 Transport Services

June has reported a total of 44 re-beds during the month. Transport has also continued to be supplemented through the utilisation of private ambulance crews which are slowly being reduced.



## 7.0 New ED Clinical Indicators

Further to the introduction of an additional suite of indicators in June 2011 by the Department of Health, the following table shows the results of these for June.

Indicators	Performance Trigger	Management
Unplanned re-attendance	A rate above 5%	Patient Impact
Left without being seen rate	A rate at or above 5 %	
Total time spent in A&E department	A 95 <sup>th</sup> percentile wait above 4 hours for admitted patients and with the same threshold for	Timeliness



	non-admitted	
Time to initial assessment	A 95 <sup>th</sup> percentile time to assessment above 15 minutes	
Time to treatment	A median time to treatment above 60 minutes	

<b>CLINICAL QUALITY INDICATORS</b>			
<b>PATIENT IMPACT</b>			
	<b>Jun-11</b>	<b>YTD</b>	<b>TARGET</b>
<b>Unplanned Re-attendance %</b>	4.9%	5.4%	<=5%
<b>Left without being seen %</b>	2.0%	2.2%	< 5%
<b>TIMELINESS</b>			
	<b>Jun-11</b>	<b>YTD</b>	<b>TARGET</b>
<b>Time in Dept (95th)</b>	256	294	< 240 Minutes
<b>Time to initial assessment (95th)</b>	41	56	<= 15 Minutes
<b>Time to treatment (Median)</b>	50	54	<= 60 Minutes

## 8.0 Patient Experience

Monthly patient experience surveys have continued providing helpful feedback relating to patient's choice for treatment and their experience within the ED. Positive improvements have been seen in patient's experience of ED and include:

- ❖ Overall experience 95%
- ❖ Care received – 100%
- ❖ Privacy – 99%

Many patients who attend ED are discharged home and evidence illustrates are reluctant to remain in the department to provide feedback. In July 2011 an electronic system for collecting feedback has been introduced that allows patients to provide feedback via three additional routes:

- Patients are asked for their email address and are sent an electronic questionnaire to complete at home
- Patients are asked to complete the new ED questionnaire on the UHL external website
- Patients are asked to complete a survey via the New Department touch screen questionnaire

This feedback is real time and will allow Managers to view feedback from these three routes in one central collection point. Feedback will start to flow into this system over the next few months and will enhance the intelligence already gathered for this department.

The ED Survey results are attached at Appendix 2.

## **9.0 Workforce and Footprint**

Further to the introduction of the Advanced Nurse Practitioner role in ED, a benefit realisation of this role will be presented to the Finance and Performance Committee in September 2011.

The bid for transformation funds to progress the capital plan for ED has been successful.

## **10.0 Close**

The Trust continues to be committed to improving the ED performance and alongside the LLR Emergency Care Network (ECN) has an active work-plan to respond to, which is being delivered ahead of schedule.

S.Hinchliffe  
**Chief Operating Officer/Chief Nurse**

Emergency Department  
Patient Survey

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						581
<b>1. Why Have you come into A&amp;E today?</b>												
Minor illness.	60%	11% ▼	22% ▲	36% ▲	15% ▼	11% ▼						26%
Chronic pain.	5%	7% ▲	6% ▼	5% ▼	19% ▲	23% ▲						11%
Minor injury.	24%	55% ▲	49% ▼	42% ▼	46% ▲	33% ▼						41%
Breathing problems.	5%	0% ▼	2% ▲	1% ▼	4% ▲	1% ▼						2%
Renewal of Medication.	0%	0% —	0% —	0% —	0% —	0% —						0%
Other.	6%	25% ▲	18% ▼	12% ▼	15% ▲	26% ▲						17%
No response.	0%	2% ▲	3% ▲	4% ▲	1% ▼	6% ▲						3%
<b>2. How long has this problem been going on for?</b>												
Few hours.	21%	44% ▲	43% ▼	35% ▼	46% ▲	44% ▼						39%
1 day.	35%	25% ▼	24% ▼	13% ▼	12% ▼	16% ▲						21%
2 days.	10%	4% ▼	6% ▲	19% ▲	12% ▼	12% —						10%
3 days.	4%	7% ▲	3% ▼	6% ▲	7% ▲	2% ▼						5%
4 - 6 days.	10%	1% ▼	5% ▲	9% ▲	6% ▼	8% ▲						7%
1 week.	6%	8% ▲	4% ▼	4% ▼	3% ▼	5% ▲						5%
More than a week.	14%	6% ▼	12% ▲	10% ▼	7% ▼	11% ▲						10%
No response.	1%	5% ▲	3% ▼	4% ▲	7% ▲	2% ▼						4%
<b>3. Patients registered with a GP</b>												
Patients registered with a GP.	81%	83% ▲	83% —	86% ▲	83% ▼	85% ▲						84%
Patients not registered with a GP.	10%	5% ▼	17% ▲	12% ▼	4% ▼	15% ▲						10%
No response.	9%	12% ▲	0% ▼	3% ▲	13% ▲	0% ▼						6%
<b>4. Have you tried to see your GP before coming in?</b>												
Yes.	32%	17% ▼	20% ▲	38% ▲	6% ▼	25% ▲						23%
No.	52%	71% ▲	71% —	45% ▼	64% ▲	53% ▼						59%
No response.	16%	12% ▼	8% ▼	17% ▲	30% ▲	22% ▼						17%


Emergency Department  
Patient Survey

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						581
<b>5. If yes, how many times have you tried in last week?</b>												
Once.	81%	79% ▼	38% ▼	67% ▲	50% ▼	56% ▲						62%
Twice.	11%	0% ▼	13% ▲	10% ▼	17% ▲	8% ▼						10%
Three times.	3%	0% ▼	8% ▲	0% ▼	0% —	4% ▲						3%
Four times.	5%	7% ▲	0% ▼	0% —	0% —	0% —						2%
More than four occasions.	0%	7% ▲	0% ▼	7% ▲	0% ▼	8% ▲						4%
No response.	0%	7% ▲	42% ▲	17% ▼	33% ▲	24% ▼						20%
<b>6. If no, why not?</b>												
My GP is always too busy.	2%	0% ▼	0% —	0% —	0% —	0% —						0%
I couldn't get an appointment until...%.	2%	0% ▼	0% —	3% ▲	0% ▼	0% —						1%
I thought this problem needs a hospital doctor.	44%	73% ▲	3% ▼	9% ▲	24% ▲	32% ▲						31%
It's easier for me to come to A&E.	24%	7% ▼	38% ▲	38% —	47% ▲	27% ▼						30%
My GP advised me to come to A&E.	3%	16% ▲	1% ▼	23% ▲	7% ▼	8% ▲						10%
The ambulance took me in.	0%	0% —	1% ▲	1% —	1% —	1% —						1%
NHS direct advised me to come to A&E.	3%	3% —	5% ▲	0% ▼	12% ▲	5% ▼						5%
My friend took me here.	3%	1% ▼	16% ▲	1% ▼	2% ▲	12% ▲						6%
The police took me here.	0%	0% —	2% ▲	0% ▼	0% —	1% ▲						1%
Other.	16%	0% ▼	0% —	0% —	0% —	3% ▲						3%
No response.	3%	0% ▼	34% ▲	24% ▼	6% ▼	11% ▲						13%
<b>7. NEW: Were you aware of the urgent care centre?</b>												
Aware	-	-	42% -	51% ▲	33% ▼	42% ▲						42%
Not aware	-	-	38% -	47% ▲	34% ▼	52% ▲						43%
No response	-	-	20% -	1% ▼	33% ▲	6% ▼						15%

Emergency Department  
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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						547
<b>Which area of ED is the patient in?</b>												
Majors	71%	71% —	82% ▲	74% ▼	70% ▼	66% ▼						72%
Minors	3%	12% ▲	16% ▲	3% ▼	12% ▲	10% ▼						9%
EDU	25%	4% ▼	0% ▼	12% ▲	3% ▼	1% ▼						8%
Paeds		3% ▲	0% ▼	2% ▲	9% ▲	3% ▼						3%
Resus		1% ▲	0% ▼	5% ▲	3% ▼	4% ▲						3%
Not stated	1%	8% ▲	2% ▼	4% ▲	3% ▼	15% ▲						6%
<b>Gender</b>												
Male	39%	47% ▲	57% ▲	62% ▲	42% ▼	51% ▲						50%
Female	61%	53% ▼	42% ▼	36% ▼	55% ▲	45% ▼						49%
Not stated		0% —	1% ▲	2% ▲	3% ▲	4% ▲						2%
<b>Age</b>												
In May 2011 new age bands were introduced												
17 yrs or younger	1%	5% ▲	1% ▼	0% ▼	0% —	4% ▲						2%
18-25				12%	5% ▼	11% ▲						9%
26-35				11%	18% ▲	12% ▼						14%
36-50				18%	15% ▼	23% ▲						19%
51-64				12%	11% ▼	18% ▲						14%
18-64	38%	53% ▲	54% ▲	54% —	49% ▼	64% ▲						52%
65-74				8%	16% ▲	8% ▼						11%
75-84				14%	14% —	12% ▼						13%
85 yrs or older				16%	6% ▼	8% ▲						10%
65 yrs or older	59%	40% ▼	44% ▲	38% ▼	36% ▼	27% ▼						41%
Not stated	2%	1% ▼	1% —	8% ▲	15% ▲	4% ▼						5%
<b>Gender</b>												
White	79%	78% ▼	89% ▲	79% ▼	74% ▼	73% ▼						78%
Mixed		0% —	2% ▲	1% ▼	3% ▲	0% ▼						1%
Asian or Asian British	13%	12% ▼	5% ▼	11% ▲	14% ▲	15% ▲						12%
Black or Black British	1%	3% ▲	1% ▼	2% ▲	1% ▼	3% ▲						2%
Chinese		0% —	0% —	1% ▲	0% ▼	0% —						0%
Other	1%	1% —	1% —	5% ▲	0% ▼	3% ▲						2%
Not stated	6%	5% ▼	0% ▼	1% ▲	8% ▲	5% ▼						4%

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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
<b>Number of comments received</b>	286	157	197	495	500	454						2089
<b>Overall</b>	NB Questionnaire Ammended in May 2011. May impact on any trends											
Positive	76%	70% ▼	59% ▼	93% ▲	93% —	95% ▲						81%
Neutral	11%	10% ▼	18% ▲	5% ▼	4% ▼	1% ▼						8%
Negative	13%	20% ▲	23% ▲	2% ▼	3% ▲	4% ▲						11%
<b>Care Received</b>	In May 2011 this question changed to "How has your care been today?"											
Positive	77%	84% ▲	69% ▼	88% ▲	89% ▲	100% ▲						84%
Neutral	16%	8% ▼	28% ▲	9% ▼	7% ▼	0% ▼						11%
Negative	7%	8% ▲	3% ▼	3% —	4% ▲	0% ▼						4%
<b>Information Received</b>	In May 2011 this question changed to "Did the staff communicate effectivley with you?"											
Positive	66%	80% ▲	43% ▼	92% ▲	99% ▲	96% ▼						79%
Neutral	10%	0% ▼	14% ▲	6% ▼	1% ▼	0% ▼						5%
Negative	24%	20% ▼	43% ▲	2% ▼	0% ▼	4% ▲						16%
<b>Waiting Times</b>	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% ▼						64%
Neutral	13%	24% ▲	7% ▼	8% ▲	4% ▼	2% ▼						10%
Negative	32%	56% ▲	57% ▲	4% ▼	4% ▼	8% ▲						27%
<b>NEW - Privacy</b>	In May 2011 this question was introduced "Has your privacy been maintained whilst you were examined?"											
Positive				99%	97% ▼	99% ▲						98%
Neutral				0%	2% ▲	0% ▼						1%
Negative				1%	1% —	1% —						1%
<b>NEW - Dignity and Respect</b>	In May 2011 this question was introduced "Were you treated with dignity and respect by staff?"											
Positive				99%	99% —	96% ▼						98%
Neutral				1%	1% —	0% ▼						1%
Negative				0%	0% —	4% ▲						1%