

To:	TRUST BOARD
From:	Suzanne Hinchliffe
Date:	2nd February 2012
CQC regulation	All

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 December emergency care performance.										
The Report is provided to the Board for:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; text-align: center;">Discussion</td> <td style="width: 5%; text-align: center;">√</td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td style="text-align: center;">√</td> <td style="text-align: center;">Endorsement</td> <td></td> </tr> </table>			Decision		Discussion	√	Assurance	√	Endorsement	
Decision		Discussion	√								
Assurance	√	Endorsement									
Summary / Key Points:	<ul style="list-style-type: none"> ❖ Since the advent of 'Right Time, Right Place' there has been a significant decrease in the number of four hour breaches occurring in the Emergency Department (ED). ❖ Following a significant activity increase in October, pre and post diversion activity in both November and December has reduced. ❖ Performance for December type 1 and 2 is 96.3% and 97% including the Urgent Care Centre (UCC). The year to date performance for ED is 94.4% ❖ Despite an improving position in overall breach performance, further analysis has been undertaken in conjunction with direct observation in the emergency department. ❖ There is no correlation between the day time activity and the number of breaches, with the majority of breaches occurring from the majors area (52%) and resuscitation (34%). ❖ The clearest link with breaches and the data is with staffing levels despite the rostering of staff being focused on attendance fluctuations and availability. ❖ For the last 4 weeks ending the 15th January 2012 the ED plus UCC performance was <ul style="list-style-type: none"> • Second against all East Midlands Trusts • In the top 30 of all Acute Trusts ❖ Since the start of Right Place, Right Time up to the 15th January (8 weeks) there were on average 16 breaches a day. In the preceding 8 weeks the average daily number of breaches was 47 a day. 										
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: 2nd February 2012

REPORT FROM: Suzanne Hinchliffe, Chief Operating Officer/Chief Nurse
Phil Walmsley, Head of Operations

SUBJECT: Emergency Care Transformation
Progress Report – ‘Right Place, Right Time

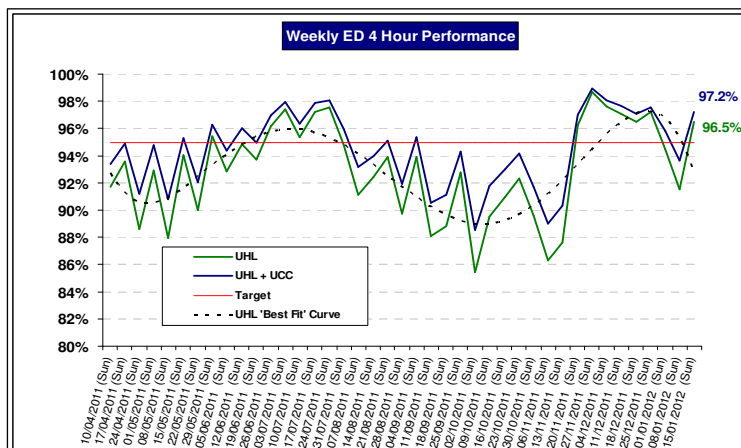
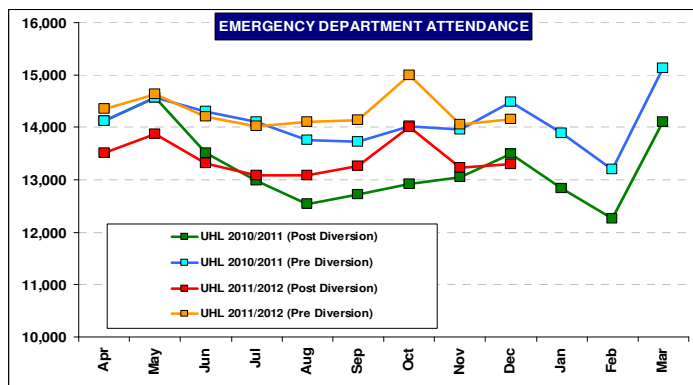
1.0 Introduction

Since the advent of ‘Right Time, Right Place’ there has been a significant decrease in the number of four hour breaches occurring in the Emergency Department (ED). However, it is noticeable that when large numbers of breaches have occurred recently, it has not always been associated with the lack of available beds in the system. The following report provides an overview of current performance to date and a summary overview of a period of short observation in the ED.

2.0 Activity Summary

The following charts provide an overview of the total attendances to ED and Eye Casualty both pre and post deflection. Following a significant activity increase in October, pre and post diversion activity in both November and December has reduced as may be seen below.

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	14,002	15,000	7.0%
Nov	13,057	13,963	13,226	14,051	0.6%
Dec	13,500	14,488	13,291	14,162	-2.3%
Jan	12,830	13,893			
Feb	12,263	13,202			
Mar	14,100	15,119			
Sum:	159,121	169,253	120,646	128,669	



Performance for December type 1 and 2 is 96.3% and 97% including the Urgent Care Centre (UCC). The year to date performance for ED is 94.4%

3.0 Breach Review and Observation

Despite an improving position in overall breach performance, further analysis has been undertaken in conjunction with direct observation in the emergency department.

3.1 Identified Breach Reasons

Clinical Reason

Currently this category is used as the largest reasons for breaches and is to be further discussed to ensure definition and understanding between staff are clear.

Process Issues

This category needs to differentiate issues that relate to processes both within and those outside of the department. Examples of these include slow initial decision making, lack of early senior input, or delayed access to diagnostics and psychiatric assessment.

Staffing allocation

At present the staffing is allocated in line with Emergency Department attendances and agreed work patterns.

Senior Decision Making

During 2011, agreement was reached for consultants to be present within the department throughout the week until 01.00hrs. Further to clinical gaps in the rotas this has continued during weekday hours and reverts to an on-call basis post 22.00hrs at weekends. Post this period, unless the consultant is called into the department, senior decisions are reliant upon a registrar.

Management of the Critically Ill Patient

Emergency Departments are designed to cope with the critically ill patient as well as minor illnesses and injuries. In the event of patients with resuscitation requirements and where patient numbers are regularly exceeded, staff are concentrated in this area leading to both the risk of depletion in other areas of the department and potential departmental delays.

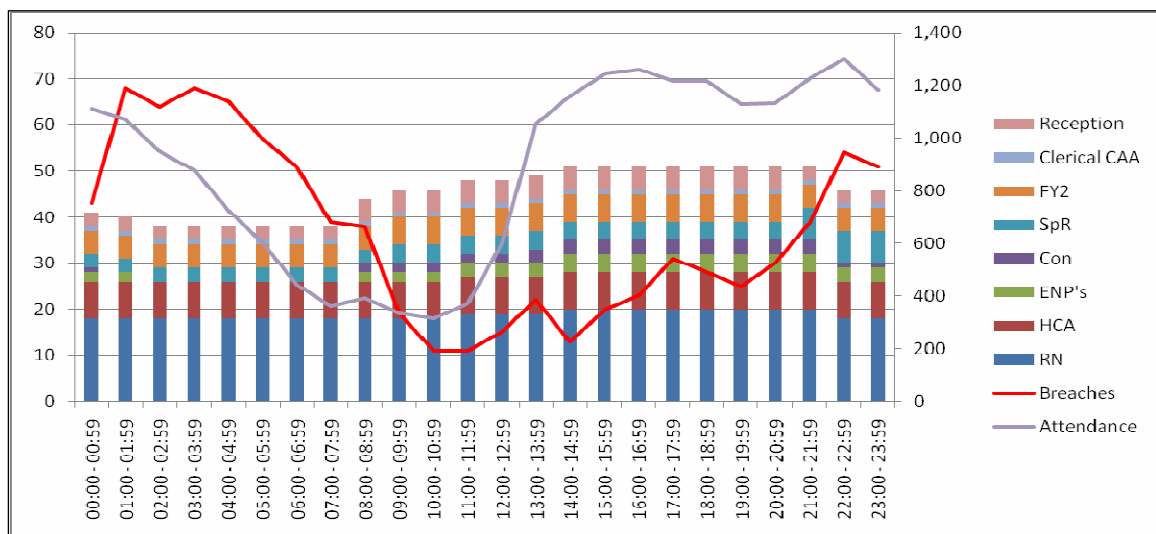
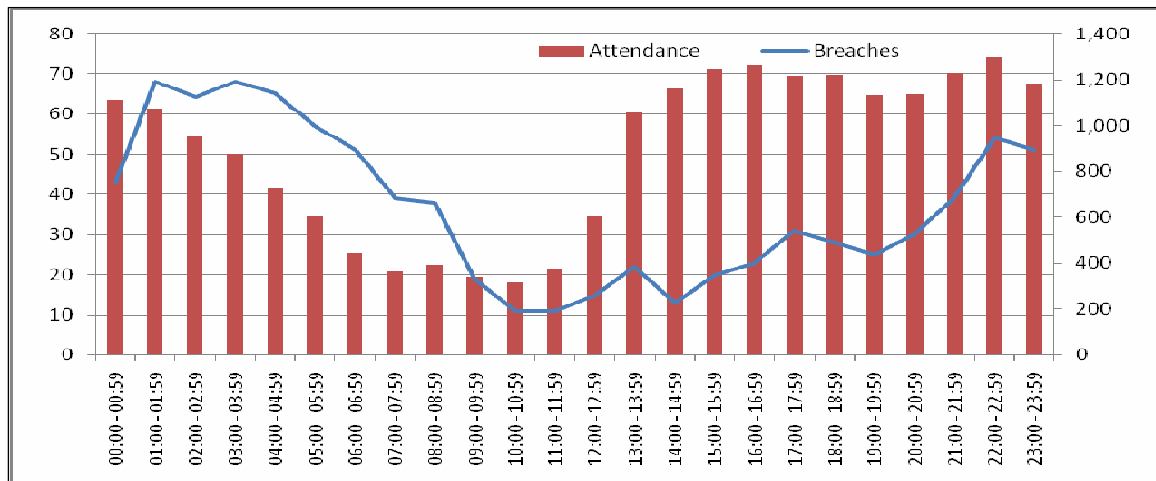
Increased Inflow

A significant flow of patients in to the department can result in immediate congestion and delay in patient flows.

3.2 Breach Reasons between the 27th November 2011 to 15th January 2012:

Delay Reason	27/11/2011 (Sun)	04/12/2011 (Sun)	11/12/2011 (Sun)	18/12/2011 (Sun)	25/12/2011 (Sun)	01/01/2012 (Sun)	08/01/2012 (Sun)	15/01/2012 (Sun)	Sum:	Cumulative %
Bed Breach	6	5	14	21	17	11	36	17	127	14%
ED Process	6	7	11	7	7	24	11	28	101	11%
ED Capacity (Cubicle Space)	2	2		1	1	15	43	4	68	8%
ED Capacity (Inflow)		3	1	3		35	49	4	95	11%
ED Capacity (Workforce)		29	8				2		39	4%
Clinical Reasons	21	18	27	28	24	28	40	26	212	24%
Specialist Assessment			5	2	5	6	2		20	2%
Specialist Decision		2			1	3			6	1%
Investigation (Imaging and Pathology)	4	2	10	4	1	6	2	4	33	4%
Transport	1	2	6	4	8	9	5	4	39	4%
Treatment			2	15	2	4	7	3	33	4%
Unknown	1	2	4	13	10	26	44	12	112	13%
Sum:	41	72	88	98	76	167	241	102	885	100%

There is no correlation between the day time activity and the number of breaches, with the majority of breaches occurring from the majors area (52%) and resuscitation (34%). There is however evidence of delays between the number of attendances and the number of breaches during night-time hours.



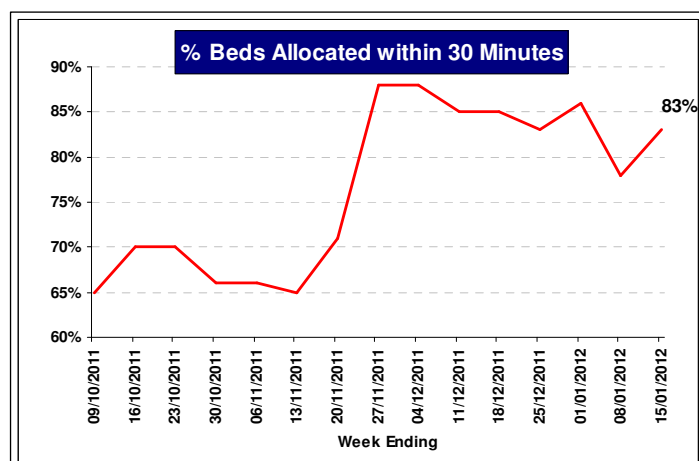
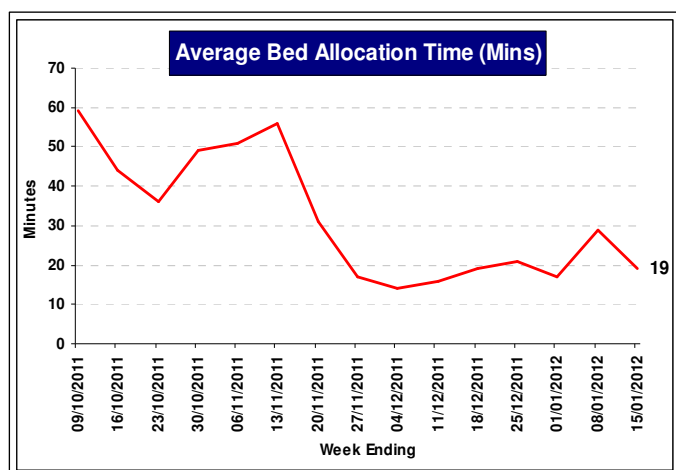
The clearest link with breaches and the data is with staffing levels despite the rostering of staff being focussed on attendance fluctuations and availability.

Delay Reason	3rd to 23rd January 2011	2nd to 22nd January 2012
Bed Breach	531	75
ED Process	136	65
ED Capacity (Cubicle Space)	31	47
ED Capacity (Inflow)	214	63
ED Capacity (Workforce)	26	11
Clinical Reasons	109	103
Specialist Assessment	23	4
Specialist Decision	7	
Investigation (Imaging and Pathology)	29	11
Transport	45	17
Treatment		14
Unknown	3	85
Sum:	1,154	495

Comparisons between 2011/11 and 2011/12 show there is evidence of both a reduction in emergency admission and overall waiting times. There is also a significant reduction in breach incidence as may be seen above.

3.3 Patient Transfer

Since the commencement of 'Right Time, Right Place', improvements have been seen in relation to bed allocation time and transfer within 30 minutes as may be seen below.



4.0 Observation Outcomes

4.1 Flow

- The volume of flow and constant activity means that often the emergency department may appear chaotic.

- The immediate reception by the nurse from the Urgent Care Centre does not fit naturally into the ED process both from a location perspective, patient privacy and sometimes cautious approach to patient diversion.
- The current 'Watershed Policy' (where a decision to admit from ED means the patient goes to that speciality) does not seem to always be well adhered to with a number of specialities not accepting a referral from ED and preferring to attend ED to review the patient therefore bringing the risk of increased length of stay within the department.

4.2 Staffing

- The lead role in ED is key to its smooth running - on both nights observed, there was positive leadership in the department though in times of pressure, confusion emerged as to whether the lead role is the lead consultant, the lead nurse or the co-ordinating nurse.
- Whilst breaks are important, frequent absences for medical staff due to shift length can result in significant periods in the night where there is one less doctor on the floor than appears in the numbers. Furthermore, staggered shift finishes can effect working practice
- The receptionists and the support staff are vital to the working of the ED and were seen to be highly effective in maintaining patient flows.

4.3 Internal and Trust Process

- The 'Right Place, Right Time' guidance was constantly challenged by the flow out of the department and by requests for it to be stopped or slowed down. This meant constant uncertainty as to whether patients could be sent from the department at 30 minutes with repeated re-checking to confirm the department ability to transfer patients. At the point of transfer, the current process of note movement and photocopying has the potential to create further process delays.
- Guidance on staff roles and ambitious targets relating to ED performance standards should be considered to ensure focus on both senior rapid patient review, patient experience and patient flows.
- There is limited means of acquiring 'live' patient flow information to any lead staff without constant observation of the EDIS screen. Improved access and visibility to activity and performance measures would support rapid decision making. Additionally, use of EDIS within the AMU would also enable improved awareness of patient transfers and forward planning.
- The current management of patient historic ED notes require large amounts of storage and maintenance. Whilst both current and previous month's notes are held within the reception area, patient's attending who have notes from more than 2 months ago requires basement retrieval resulting in potential system delays.

4.4 Capacity

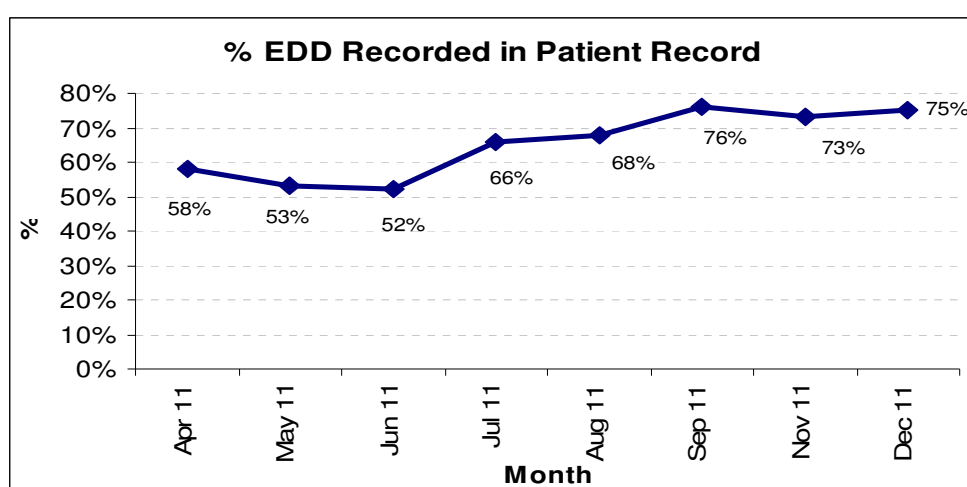
- The EDU and EFU were observed to be congested during the observation period, with a constant feature of patient moves to cubicles increasing the risk of delays in assessing patients.

5.0 Performance improvement

5.1 Discharge Arrangements

The following graphs show the December 2011 position regarding discharge processes.

5.1.1 EDD



Positive progress has been made in most of the medical specialities. The recent addition of the wider trust specialities will also impact on the overall result which are included in the above figures.

5.1.2 Discharge before 13.00hrs

With a 20% required target (30% year end – internal target), results for December are as follows:

Acute Care = 22%

- Medicine = 20%
- Respiratory = 21%
- CRCC = 25%

Planned Care = 20%

Women's and Children's = 20%

5.1.3 Ward and Board Rounds

The table below covers the period October to December 2011 and includes 9 Acute Care wards at the LRI. The roll out of board rounds now includes wards 24 (neurology) 25, 26 (acute stroke) and the Respiratory and Cardiac CBUs which will

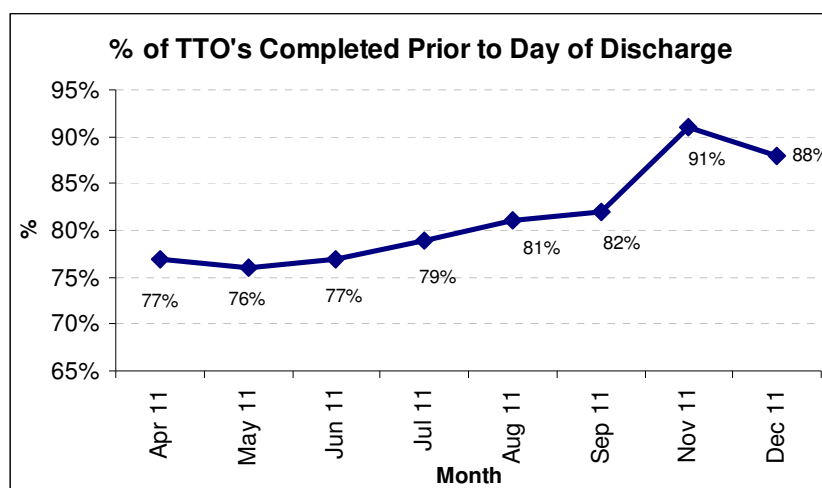
be included in the quarter 4 report. Within Planned Care daily boards rounds are being introduced to trauma wards, Oncology & Haematology and elective orthopaedics.

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.

Attendance by discipline:

Discipline	% Attendance Oct – Dec 2011	% Attendance Jan 2012
Con/Reg	81	90
Any Medical	89	93
Nurse	92	92
OT	92	92
Physio Board Round Frequency	89	98

5.1.4 TTOs



A slight reduction has been seen for the month of December, primarily focussed in one sub speciality

6.0 January Headlines

For the week ending the 15th January 2012 the ED plus UCC performance was

- The top against all East Midlands Trusts
- In the top 40 of all Acute Trusts
- At 97.2% was 1.3% higher than the England performance overall

For the last 4 weeks ending the 15th January 2012 the ED plus UCC performance was:

- Second against all East Midlands Trusts
- In the top 30 of all Acute Trusts

For the 4 weeks ending the 15th January 2012, there were 500 more attendances compared to the same period last year and over 700 less breaches (a 55% reduction).

Since the start of Right Place, Right Time up to the 15th January (8 weeks) there were on average 16 breaches a day. In the preceding 8 weeks the average daily number of breaches was 47 a day.

7.0 Recommendations

Members to receive the report.

Attachments:

- 1) Patient Experience feedback for December 2011
- 2) ECN Weekly Flash Report

Mrs S Hinchliffe
Chief Operating Officer/Chief Nurse
2nd February 2012

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	100	98	100	99	100	1078
1. Why Have you come into A&E today?												
Minor illness.	60%	11% ▼	22% ▲	36% ▲	15% ▼	11% ▼	10% ▼	10% —	19% ▲	16% ▼	27% ▲	22%
Chronic pain.	5%	7% ▲	6% ▼	5% ▼	19% ▲	23% ▲	10% ▼	2% ▼	7% ▲	1% ▼	4% ▲	8%
Minor injury.	24%	55% ▲	49% ▼	42% ▼	46% ▲	33% ▼	38% ▲	63% ▲	45% ▼	59% ▲	55% ▼	46%
Breathing problems.	5%	0% ▼	2% ▲	1% ▼	4% ▲	1% ▼	3% ▲	3% —	2% ▼	1% ▼	2% ▲	2%
Renewal of Medication.	0%	0% —	0% —	0% —	0% —	0% —	0% —	1% ▲	0% ▼	0% —	0% —	0%
Other.	6%	25% ▲	18% ▼	12% ▼	15% ▲	26% ▲	29% ▲	18% ▼	26% ▲	20% ▼	12% ▼	19%
No response.	0%	2% ▲	3% ▲	4% ▲	1% ▼	6% ▲	10% ▲	2% ▼	1% ▼	3% ▲	0% ▼	3%
2. How long has this problem been going on for?												
Few hours.	21%	44% ▲	43% ▼	35% ▼	46% ▲	44% ▼	40% ▼	47% ▲	42% ▼	47% ▲	41% ▼	41%
1 day.	35%	25% ▼	24% ▼	13% ▼	12% ▼	16% ▲	19% ▲	19% —	22% ▲	26% ▲	18% ▼	21%
2 days.	10%	4% ▼	6% ▲	19% ▲	12% ▼	12% —	9% ▼	7% ▼	10% ▲	6% ▼	6% —	9%
3 days.	4%	7% ▲	3% ▼	6% ▲	7% ▲	2% ▼	7% ▲	2% ▼	3% ▲	4% ▲	7% ▲	5%
4 - 6 days.	10%	1% ▼	5% ▲	9% ▲	6% ▼	8% ▲	4% ▼	3% ▼	8% ▲	3% ▼	8% ▲	6%
1 week.	6%	8% ▲	4% ▼	4% —	3% ▼	5% ▲	3% ▼	3% —	3% —	3% —	6% ▲	4%
More than a week.	14%	6% ▼	12% ▲	10% ▼	7% ▼	11% ▲	2% ▼	4% ▲	9% ▲	6% ▼	5% ▼	8%
No response.	1%	5% ▲	3% ▼	4% ▲	7% ▲	2% ▼	16% ▲	14% ▼	3% ▼	4% ▲	9% ▲	6%
3. Patients registered with a GP												
Patients registered with a GP.	81%	83% ▲	83% —	86% ▲	83% ▼	85% ▲	87% ▲	79% ▼	88% ▲	90% ▲	89% ▼	85%
Patients not registered with a GP.	10%	5% ▼	17% ▲	12% ▼	4% ▼	15% ▲	2% ▼	15% ▲	12% ▼	10% ▼	11% ▲	10%
No response.	9%	12% ▲	0% ▼	3% ▲	13% ▲	0% ▼	11% ▲	6% ▼	0% ▼	0% —	0% —	5%
4. Have you tried to see your GP before coming in?												
Yes.	32%	17% ▼	20% ▲	38% ▲	6% ▼	25% ▲	23% ▼	18% ▼	31% ▲	24% ▼	22% ▼	23%
No.	52%	71% ▲	71% —	45% ▼	64% ▲	53% ▼	63% ▲	45% ▼	55% ▲	60% ▲	48% ▼	57%
No response.	16%	12% ▼	8% ▼	17% ▲	30% ▲	22% ▼	14% ▼	37% ▲	14% ▼	16% ▲	30% ▲	20%

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	100	98	100	99	100	1078
5. If yes, how many times have you tried in last week?												
Once.	81%	79% ▼	38% ▼	67% ▲	50% ▼	56% ▲	43% ▼	72% ▲	74% ▲	67% ▼	64% ▼	63%
Twice.	11%	0% ▼	13% ▲	10% ▼	17% ▲	8% ▼	9% ▲	0% ▼	10% ▲	17% ▲	9% ▼	9%
Three times.	3%	0% ▼	8% ▲	0% ▼	0% —	4% ▲	0% ▼	0% —	0% —	0% —	5% ▲	2%
Four times.	5%	7% ▲	0% ▼	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0% —	1%
More than four occasions.	0%	7% ▲	0% ▼	7% ▲	0% ▼	8% ▲	4% ▼	0% ▼	3% ▲	0% ▼	0% —	3%
No response.	0%	7% ▲	42% ▲	17% ▼	33% ▲	24% ▼	43% ▲	28% ▼	13% ▼	17% ▲	23% ▲	22%
6. If no, why not?												
My GP is always too busy.	2%	0% ▼	0% —	0% —	0% —	0% —	0% —	1% ▲	0% ▼	0% —	0% —	0%
I couldn't get an appointment until...%.	2%	0% ▼	0% —	3% ▲	0% ▼	0% —	0% —	1% ▲	3% ▲	3% —	1% ▼	1%
I thought this problem needs a hospital doctor.	44%	73% ▲	3% ▼	9% ▲	24% ▲	32% ▲	47% ▲	53% ▲	45% ▼	43% ▼	49% ▲	38%
It's easier for me to come to A&E.	24%	7% ▼	38% ▲	38% —	47% ▲	27% ▼	19% ▼	4% ▼	6% ▲	19% ▲	16% ▼	22%
My GP advised me to come to A&E.	3%	16% ▲	1% ▼	23% ▲	7% ▼	8% ▲	9% ▲	18% ▲	3% ▼	14% ▲	14% —	11%
The ambulance took me in.	0%	0% —	1% ▲	1% —	1% —	1% —	0% ▼	0% —	0% —	0% —	0% —	0%
NHS direct advised me to come to A&E.	3%	3% —	5% ▲	0% ▼	12% ▲	5% ▼	4% ▼	1% ▼	1% —	3% ▲	5% ▲	4%
My friend took me here.	3%	1% ▼	16% ▲	1% ▼	2% ▲	12% ▲	4% ▼	5% ▲	14% ▲	4% ▼	14% ▲	7%
The police took me here.	0%	0% —	2% ▲	0% ▼	0% —	1% ▲	0% ▼	0% —	1% ▲	0% ▼	0% —	0%
Other.	16%	0% ▼	0% —	0% —	0% —	3% ▲	3% —	4% ▲	0% ▼	13% ▲	0% ▼	3%
No response.	3%	0% ▼	34% ▲	24% ▼	6% ▼	11% ▲	14% ▲	14% —	26% ▲	0% ▼	0% —	12%
7. NEW: Were you aware of the urgent care centre?												
Aware	-	-	42%	51% ▲	33% ▼	42% ▲	29% ▼	33% ▲	32% ▼	31% ▼	41% ▲	37%
Not aware	-	-	38%	47% ▲	34% ▼	52% ▲	55% ▲	56% ▲	56% —	49% ▼	39% ▼	47%
No response	-	-	20%	1% ▼	33% ▲	6% ▼	16% ▲	11% ▼	12% ▲	19% ▲	20% ▲	15%

Emergency Department
Patient Survey

Emergency Department *Patient Experience*

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	94	100	1041
Which area of ED is the patient in?												
Majors	71%	71% ▲	82% ▲	74% ▼	70% ▼	66% ▼	67% ▲	65% ▼	52% ▼	55% ▲	65% ▲	67%
Minors	3%	12% ▲	16% ▲	3% ▼	12% ▲	10% ▼	11% ▲	9% ▼	9% —	10% ▲	23% ▲	11%
EDU	25%	4% ▼	0% ▼	12% ▲	3% ▼	1% ▼	5% ▲	14% ▲	22% ▲	11% ▼	4% ▼	9%
Paeds	0%	3% ▲	0% ▼	2% ▲	9% ▲	3% ▼	3% —	6% ▲	5% ▼	4% ▼	1% ▼	3%
Resus	0%	1% ▲	0% ▼	5% ▲	3% ▼	4% ▲	8% ▲	6% ▼	0% ▼	4% ▲	0% ▼	3%
Not stated	1%	8% ▲	2% ▼	4% ▲	3% ▼	15% ▲	6% ▼	0% ▼	12% ▲	16% —	7% ▼	7%
Gender												
Male	39%	47% ▲	57% ▲	62% ▲	42% ▼	51% ▲	49% ▼	39% ▼	47% ▲	43% ▼	43% —	47%
Female	61%	53% ▼	42% ▼	36% ▼	55% ▲	45% ▼	51% ▲	45% ▼	52% ▲	56% ▲	56% —	50%
Not stated		0% —	1% ▲	2% ▲	3% ▲	4% ▲	0% ▼	16% ▲	1% ▼	1% —	1% —	3%
Age	In May 2011 new age bands were introduced											
17 yrs or younger	1%	5% ▲	1% ▼	6% ▲	12% ▲	4% ▼	4% —	7% ▲	0% ▼	0% —	0% —	4%
18-25				12%	5% ▼	11% ▲	12% ▲	10% ▼	8% ▼	10% ▲	17% ▲	11%
26-35				11%	18% ▲	12% ▼	16% ▲	6% ▼	7% ▲	14% ▲	8% ▼	12%
36-50				18%	15% ▼	23% ▲	14% ▼	8% ▼	20% ▲	20% —	19% ▼	17%
51-64				12%	11% ▼	18% ▲	17% ▼	12% ▼	14% ▲	13% ▼	12% ▼	14%
18-64	38%	53% ▲	54% ▲	54% —	49% ▼	64% ▲	59% ▼	36% ▼	49% ▲	56% ▲	56% —	52%
65-74				8%	16% ▲	8% ▼	14% ▲	14% —	13% ▼	11% ▼	9% ▼	12%
75-84				14%	14% —	12% ▼	12% —	19% ▲	16% ▼	21% ▲	19% ▼	16%
85 yrs or older				16%	6% ▼	8% ▲	11% ▲	10% ▼	16% ▲	5% ▼	11% ▲	10%
65 yrs or older	59%	40% ▼	44% ▲	38% ▼	36% ▼	27% ▼	37% ▲	43% ▲	45% ▲	37% ▼	39% ▲	40%
Not stated	2%	1% ▼	1% —	2% ▲	3% ▲	4% ▲	0% ▼	14% ▲	6% ▼	6% —	5% ▼	4%
Ethnicity												
White	79%	78% ▼	89% ▲	79% ▼	74% ▼	73% ▼	72% ▼	66% ▼	86% ▲	86% —	68% ▼	77%
Mixed	0%	0% —	2% ▲	1% ▼	3% ▲	0% ▼	0% —	4% ▲	3% ▼	5% ▲	4% ▼	2%
Asian or Asian British	13%	12% ▼	5% ▼	11% ▲	14% ▲	15% ▲	17% ▲	10% ▼	8% ▼	6% ▼	11% ▲	11%
Black or Black British	1%	3% ▲	1% ▼	2% ▲	1% ▼	3% ▲	1% ▼	0% ▼	0% —	1% ▲	3% ▲	1%
Chinese	0%	0% —	0% —	1% ▲	0% ▼	0% —	1% ▲	0% ▼	0% —	0% —	0% —	0%
Other	1%	1% —	1% —	5% ▲	0% ▼	3% ▲	4% ▲	1% ▼	3% ▲	0% ▼	4% ▲	2%
Not stated	6%	5% ▼	0% ▼	1% ▲	8% ▲	5% ▼	5% —	19% ▲	0% ▼	1% ▲	11% ▲	6%

Emergency Department
Patient Survey

Emergency Department *Patient Experience*

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	469	500	4556
Overall	NB Questionnaire Ammended in May 2011. May impact on any trends											
Positive	76%	70% ▼	59% ▼	93% ▲	93% —	95% ▲	90% ▼	94% ▲	93% ▼	94% ▲	97% ▲	87%
Neutral	11%	10% ▼	18% ▲	5% ▼	4% ▼	1% ▼	9% ▲	3% ▼	4% ▲	4% —	2% ▼	6%
Negative	13%	20% ▲	23% ▲	2% ▼	3% ▲	4% ▲	1% ▼	3% ▲	3% —	2% ▼	1% ▼	7%
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% —	94% ▲	93% ▼	88%
Neutral	16%	8% ▼	28% ▲	9% ▼	7% ▼	0% ▼	6% ▲	5% ▼	5% —	4% ▼	5% ▲	9%
Negative	7%	8% ▲	3% ▼	3% —	4% ▲	0% ▼	0% —	3% ▲	3% —	2% ▼	1% ▼	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% ▲	99% ▼	99% —	88%
Neutral	10%	0% ▼	14% ▲	6% ▼	1% ▼	0% ▼	4% ▲	1% ▼	0% ▼	1% ▲	1% —	4%
Negative	24%	20% ▼	43% ▲	2% ▼	0% ▼	4% ▲	0% ▼	0% —	0% —	0% —	0% —	8%
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% ▼	91% ▲	97% ▲	74%
Neutral	13%	24% ▲	7% ▼	8% ▲	4% ▼	2% ▼	20% ▲	8% ▼	9% ▲	5% ▼	3% ▼	9%
Negative	32%	56% ▲	57% ▲	4% ▼	4% —	8% ▲	2% ▼	6% ▲	7% ▲	3% ▼	0% ▼	16%
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% ▲	98% ▼	97% ▼	97%
Neutral				0%	2% ▲	0% ▼	8% ▲	1% ▼	0% ▼	2% ▲	0% ▼	2%
Negative				1%	1% —	1% —	0% ▼	3% ▲	0% ▼	0% —	3% ▲	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% ▲	99% ▼	99% —	98%
Neutral				1%	1% —	0% ▼	4% ▲	1% ▼	0% ▼	1% ▲	1% —	1%
Negative				0%	0% —	4% ▲	0% ▼	0% —	0% —	0% —	0% —	1%

NHS Leicester, Leicestershire & Rutland

**URGENT CARE WEEKLY FLASH REPORT
2011/12**

Week Ending 15 January 2012

Urgent Care Weekly Flash Report

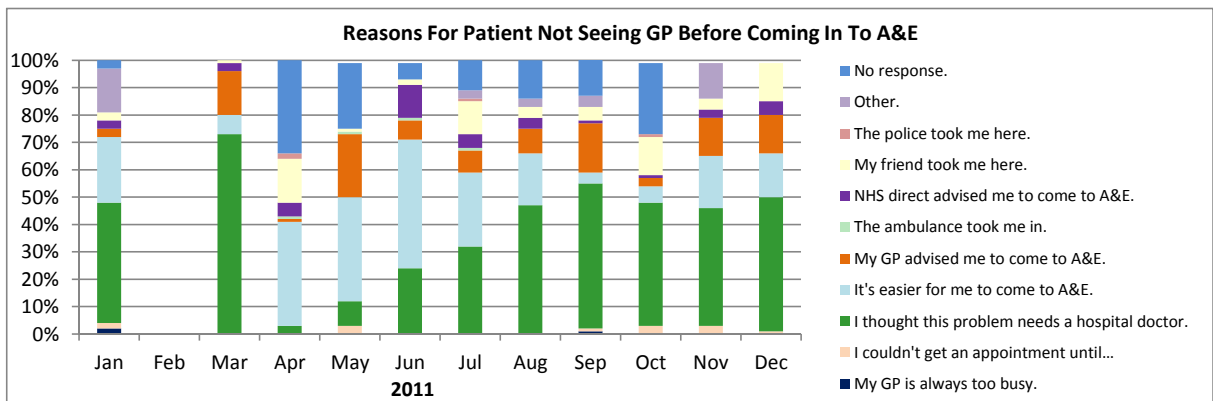
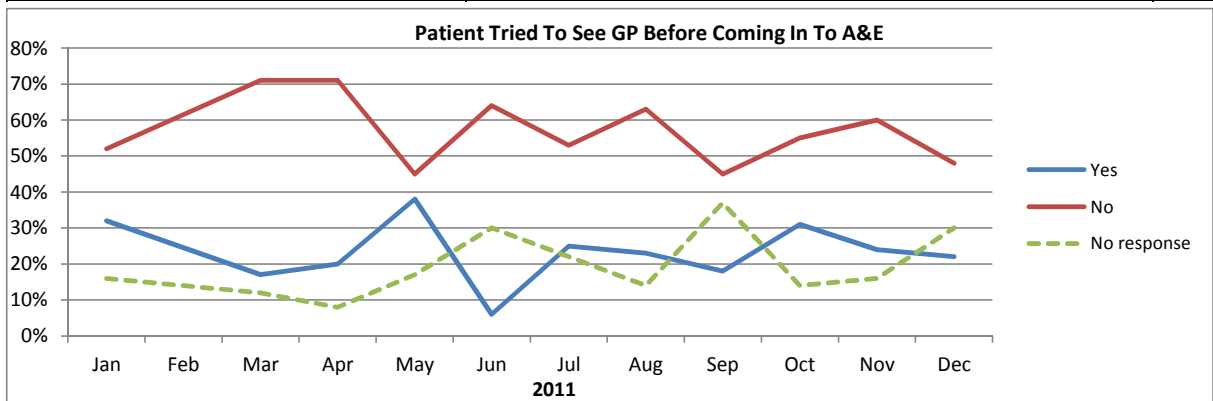
Week Ending 15 January 2012

GP ACCESS

University Hospitals of Leicester EMERGENCY DEPARTMENT - FRONT DOOR AUDIT

Data source: UHL - Front Door Audit Completed By Patient

Front Door Audit	2011													YTD
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
No. of Patients Interviewed	100	-	84	119	78	100	100	100	98	100	99	100	1078	
Patient Tried To See GP Before Coming In To A&E														
Yes	32%		17%	20%	38%	6%	25%	23%	18%	31%	24%	22%	23%	
No	52%		71%	71%	45%	64%	53%	63%	45%	55%	60%	48%	57%	
No response	16%		12%	8%	17%	30%	22%	14%	37%	14%	16%	30%	20%	
Reasons For Patient Not Seeing GP Before Coming In To A&E														
My GP is always too busy.	2%	-	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	
I couldn't get an appointment until...	2%	-	0%	0%	3%	0%	0%	0%	1%	3%	3%	1%	1%	
I thought this problem needs a hospital doctor.	44%	-	73%	3%	9%	24%	32%	47%	53%	45%	43%	49%	38%	
It's easier for me to come to A&E.	24%	-	7%	38%	38%	47%	27%	19%	4%	6%	19%	16%	22%	
My GP advised me to come to A&E.	3%	-	16%	1%	23%	7%	8%	9%	18%	3%	14%	14%	11%	
The ambulance took me in.	0%	-	0%	1%	1%	1%	1%	0%	0%	0%	0%	0%	0%	
NHS direct advised me to come to A&E.	3%	-	3%	5%	0%	12%	5%	4%	1%	1%	3%	5%	4%	
My friend took me here.	3%	-	1%	16%	1%	2%	12%	4%	5%	14%	4%	14%	7%	
The police took me here.	0%	-	0%	2%	0%	0%	1%	0%	0%	1%	0%	0%	0%	
Other.	16%	-	0%	0%	0%	0%	3%	3%	4%	0%	13%	0%	3%	
No response.	3%	-	0%	34%	24%	6%	11%	14%	14%	26%	0%	0%	12%	



Urgent Care Weekly Flash Report

Week Ending 15 January 2012

FLOW THROUGH A&E

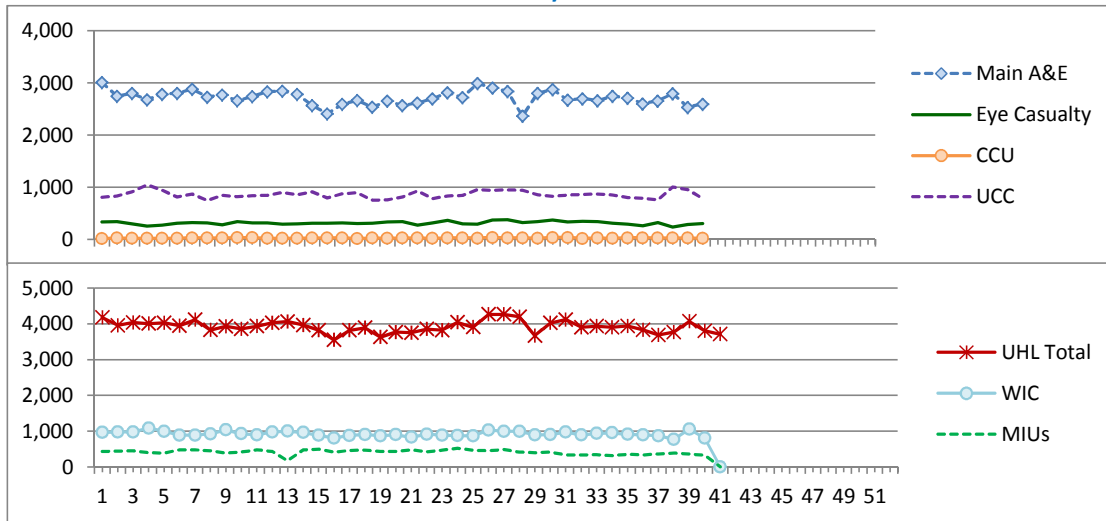
LLR PROVIDERS SUMMARY

Data source: Performance reports from Provider - UHL = Daily Update, UCC, WIC + MIU = Weekly Sit Rep report

NUMBER OF A&E ATTENDANCES							
Weekly Actuals	UHL					Other Providers	
Latest 8 Weeks Ending:	Main A&E	Eye Casualty	CCU	UCC	UHL Total	WIC	MIUs
27/11/2011	2,660	342	31	872	3,905	953	313
04/12/2011	2,745	314	27	852	3,938	909	349
11/12/2011	2,707	291	34	801	3,833	897	334
18/12/2011	2,601	264	35	790	3,690	866	358
25/12/2011	2,653	324	33	757	3,767	771	387
01/01/2012	2,793	238	33	1,006	4,070	1,054	362
08/01/2012	2,534	285	30	955	3,804	806	325
15/01/2012	2,595	309	26	781	3,711	n/a	n/a

Year To Date	UHL					Other Providers	
Latest 8 Weeks Ending:	Main A&E	Eye Casualty	CCU	UCC	UHL Total	WIC	MIUs
27/11/2011	92,687	10,927	1,028	29,371	134,013	31,661	14,390
04/12/2011	95,432	11,241	1,055	30,223	137,951	32,570	14,739
11/12/2011	98,139	11,532	1,089	31,024	141,784	33,467	15,073
18/12/2011	100,740	11,796	1,124	31,814	145,474	34,333	15,431
25/12/2011	103,393	12,120	1,157	32,571	149,241	35,104	15,818
01/01/2012	106,186	12,358	1,190	33,577	153,311	36,158	16,180
08/01/2012	108,720	12,643	1,220	34,532	157,115	36,964	16,505
15/01/2012	111,315	12,952	1,246	35,313	160,826	n/a	n/a

Weekly Actuals



Year to date is from 04.04.2011 to align with weeks included in 2011/12 year in the national weekly A&E SitRep submissions.

UCC figures supplied by UHL include an adjustment to exclude patients who have been to Main A&E and then referred on to UCC.

Urgent Care Weekly Flash Report

Week Ending 15 January 2012

FLOW THROUGH A&E

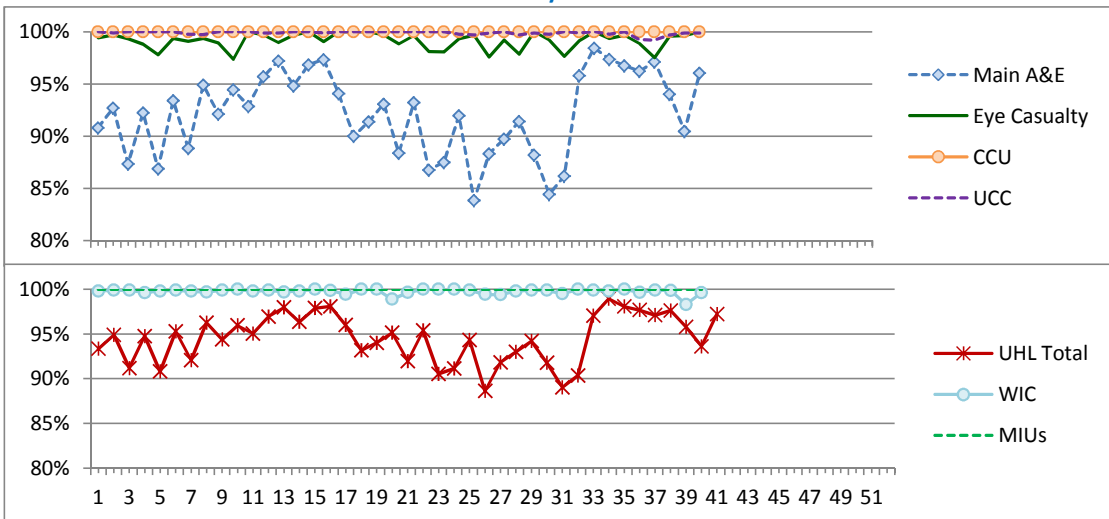
LLR PROVIDERS SUMMARY

Data source: Performance reports from Provider - UHL = Daily Update, UCC, WIC + MIU = Weekly Sit Rep report

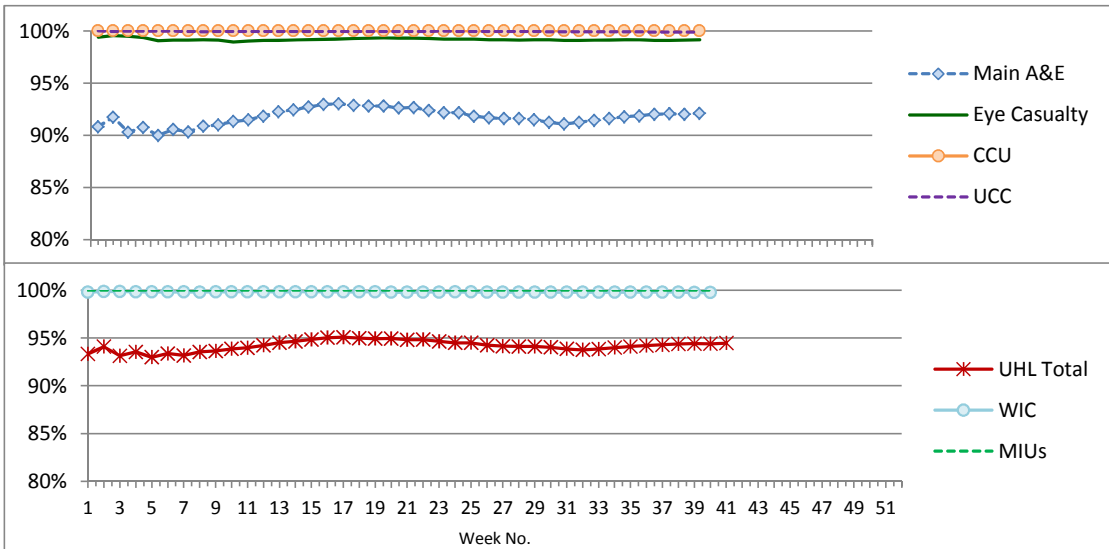
A&E PERFORMANCE - % Patients Seen Within 4 Hours							
Weekly Actuals	UHL					Other Providers	
Latest 8 Weeks Ending:	Main A&E	Eye Casualty	CCU	UCC	UHL Total	WIC	MIUs
27/11/2011	98.46%	100.00%	100.00%	100.00%	98.95%	99.79%	100.00%
04/12/2011	97.38%	99.36%	100.00%	99.77%	98.07%	100.00%	100.00%
11/12/2011	96.75%	99.66%	100.00%	100.00%	97.68%	99.67%	100.00%
18/12/2011	96.23%	98.86%	100.00%	99.24%	97.10%	99.88%	100.00%
25/12/2011	97.14%	97.53%	100.00%	99.21%	97.61%	99.87%	100.00%
01/01/2012	94.02%	99.58%	100.00%	99.70%	95.80%	98.29%	100.00%
08/01/2012	90.49%	99.65%	100.00%	99.90%	93.61%	99.63%	100.00%
15/01/2012	96.07%	100.00%	100.00%	99.87%	97.22%	n/a	n/a
Year To Date	UHL					Other Providers	
Latest 8 Weeks Ending:	Main A&E	Eye Casualty	CCU	UCC	UHL Total	WIC	MIUs
27/11/2011	91.44%	99.12%	100.00%	99.93%	94.00%	99.78%	100.00%
04/12/2011	91.61%	99.13%	100.00%	99.92%	94.11%	99.79%	100.00%
11/12/2011	91.76%	99.14%	100.00%	99.93%	94.21%	99.78%	100.00%
18/12/2011	91.87%	99.14%	100.00%	99.91%	94.28%	99.79%	100.00%
25/12/2011	92.01%	99.09%	100.00%	99.89%	94.37%	99.79%	100.00%
01/01/2012	92.06%	99.10%	100.00%	99.89%	94.40%	99.75%	100.00%
08/01/2012	92.02%	99.11%	100.00%	99.89%	94.38%	99.74%	100.00%
15/01/2012	92.12%	99.14%	100.00%	99.89%	94.45%	n/a	n/a

Year to date is from 04.04.2011 to align with weeks included in 2011/12 year in the national weekly A&E SitRep submissions.

Weekly Actuals



Year To Date



PLEASE NOTE: In the Operating Framework these indicators are Provider Campus based.
UHL includes Main A&E, Eye Casualty, CCU and UCC with each WIC + MIU reporting individually.

Urgent Care Weekly Flash Report

Week Ending 15 January 2012

FLOW THROUGH A&E

Data source: Performance reports from Provider - UHL = Daily Update, UCC, WIC + MIU = Weekly Sit Rep report

A&E - CLINICAL QUALITY									
Indicator:	UHL (Main A&E + Eye Casualty)					Urgent Care Centre			
	Last Week	This Week		YTD		Last Week	This Week		YTD
Patient Impact									
Unplanned Re-attendance Rate	Target: <= 5%	7.0%	5.8%	▼	5.9%	1.30%	2.56%	▲	n/a
Left Without Being Seen Rate	Target: < 5%	2.1%	1.8%	▼	2.3%	2.70%	2.09%	▼	n/a
Timeliness									
Total Time in the A&E Department (minutes) - 95th Percentile									
Admitted Patients:	Target: <=240	467	368	▼	464	-	-	↔	-
Non-Admitted Patients:	Target: <=240	239	235	▼	239	161	123	▼	n/a
All Patients:	Target: <=240	310	240	▼	293	161	123	▼	n/a
Time to Initial Assessment (minutes) - 95th Percentile (patients brought in by ambulance)									
	Target: <=15	44	30	▼	50	1	1	↔	n/a
Time to Treatment (minutes) - Median									
	Target: <=60	39	40	▲	41	42	24	▼	n/a

PLEASE NOTE: In the Operating Framework these indicators are Provider Campus based. UHL figures would therefore include Main A&E, Eye Casualty and UCC. However, data is currently only available for UHL Main A&E + Eye Casualty with UCC separately.

Data source: Local data from Provider - UHL_DataMart

BREACHES OF 4 HOUR WAIT - PRINCIPAL CAUSES										
UHL - Main A&E + Eye Casualty (LLR Commissioners Only)	All Patient Types		Admitted - Medical		Admitted - Surgical		Majors* Not Admitted		Minors *	
	Week	YTD	Week	YTD	Week	YTD	Week	YTD	Week	YTD
Change in Clinical Condition	3	411	2	286	0	42	1	68	0	15
Clinical Exception	14	777	10	374	1	121	3	248	0	34
Miscoded	12	444	10	195	1	26	1	132	0	91
Waiting For Assessment	36	3,093	21	1,159	2	183	10	1,321	3	430
Waiting For Bed	8	2,298	7	1,750	0	237	1	262	0	49
Waiting For Diagnostic	0	351	0	123	0	27	0	196	0	5
Waiting For Specialist	0	294	0	57	0	89	0	102	0	46
Waiting For Transport	1	802	1	475	0	49	0	218	0	60
Waiting For Treatment	0	0	0	0	0	0	0	0	0	0
Unexpected Test Results	5	69	4	50	1	10	0	9	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total Breaches	79	8,539	55	4,469	5	784	16	2,556	3	730

* Minors are identified based on HRG being low cost bands 3 and 5. All other Non-Admitted are assumed to be Major.

Data source: Performance reports from Provider - UHL = Daily Update, UCC, WIC + MIU = Weekly Sit Rep report

A&E - STREAMING			
	Last Week	This Week	YTD
Number of patients diverted to UCC at UHL A&E front door	225	239	▲ 6899

PLEASE NOTE:

These figures are estimated based on: UCC's Total Numbers of Referrals from A&E* minus UHL's Number of Patients attending A&E referred on to UCC.

* Total Referrals to UCC from A&E includes Patients referred on from UHL after attending A&E and Patients diverted from UHL A&E front door.

Urgent Care Weekly Flash Report

Week Ending 15 January 2012

FLOW THROUGH MEDICAL UNITS

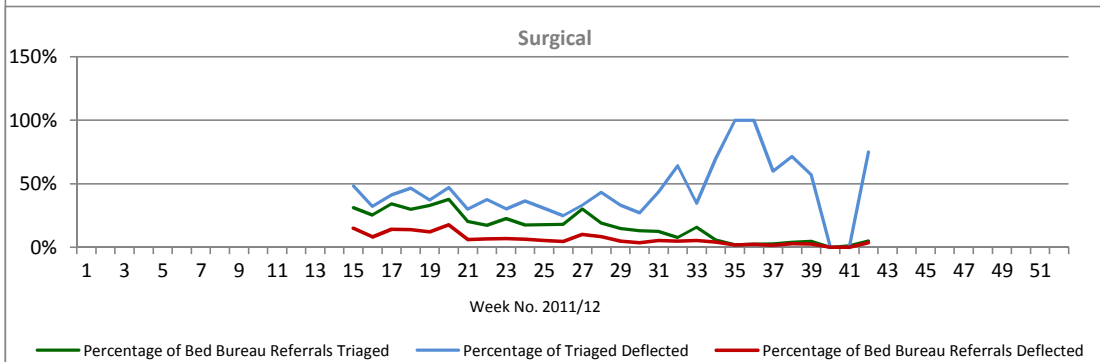
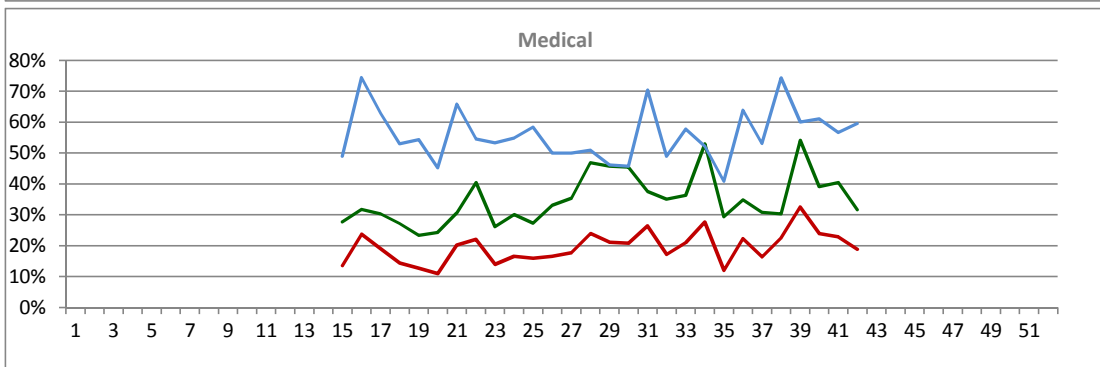
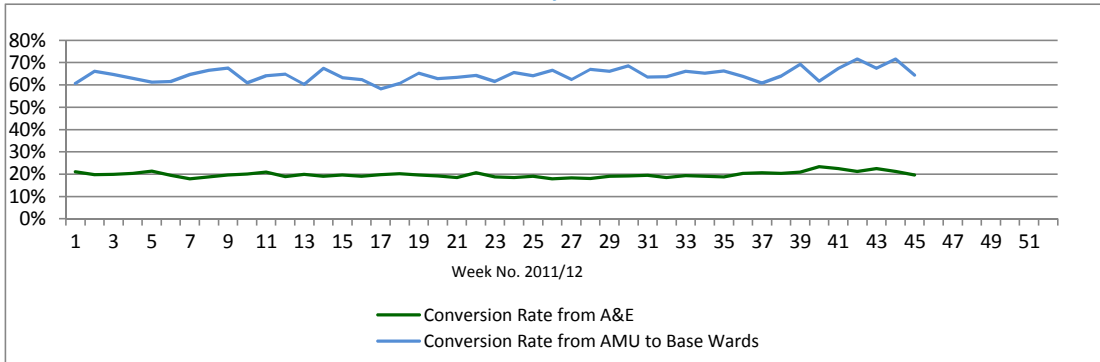
University Hospitals of Leicester

Data source: Local data from Provider - UHL_DataMart; UHL Bed Bureau report

Acute Medical Units (AMU)	Last Week	This Week		YTD
Conversion Rate from A&E - LLR Commissioners (% Patients admitted to hospital at conclusion of A&E attendance, any ward)	22.54%	21.20%	▼	19.66%
Conversion Rate from AMU to Base Wards - LLR Commissioners (% Emergency Admissions admitted via AMU and discharged from base ward)	67.40%	71.63%	▲	64.36%
Bed Bureau Referrals				
Medical - LRI (AMU) Triage Clinic				
No. Bed Bureau Referrals	131	133	▲	-
No. Triaged Through AMU Clinic	53	42	▼	-
No. Deflected	30	25	▼	-
Percentage of Bed Bureau Referrals Triaged	40.5%	31.6%	▼	-
Percentage of Triaged Deflected	56.6%	59.5%	▲	-
Percentage of Bed Bureau Referrals Deflected	22.9%	18.8%	▼	-
Surgical - LGH (Triage Clinic) + LRI (Next Day OPD Clinic)				
No. Bed Bureau Referrals	170	161	▼	-
No. Triaged Through AMU Clinic	2	8	▲	-
No. Deflected	0	6	▲	-
Percentage of Bed Bureau Referrals Triaged	1.2%	5.0%	▲	-
Percentage of Triaged Deflected	0.0%	75.0%	▲	-
Percentage of Bed Bureau Referrals Deflected	0.0%	3.7%	▲	-

Please note: AMU Wards include those with the codes: FCDU, R15, R16, GUEA, RSAU, GSAC, RAMU and RAFU
Admissions: This activity counts completed emergency spells with a discharge date during period stated.
Weekly data based on Monday - Sunday, as per national weekly A&E SitRep reporting.

Weekly Trend



Urgent Care Weekly Flash Report

Week Ending 15 January 2012

OUTFLOW

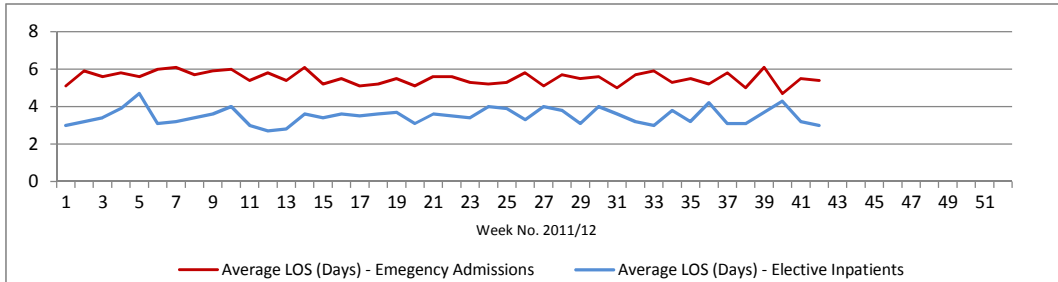
University Hospitals of Leicester

Data source: Local data from Provider UHL DataMart; UHL LOS + DTOC report

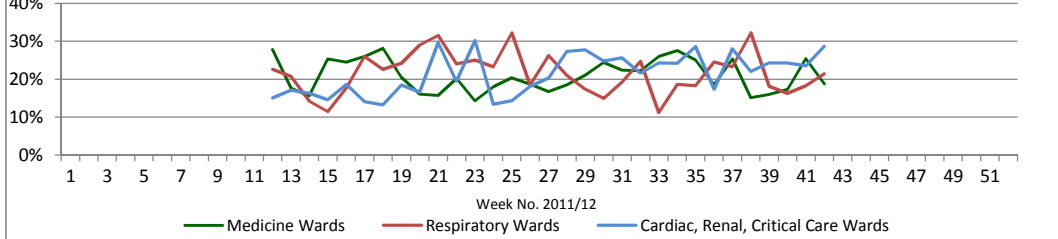
Outflow	Last Week	This Week	YTD
Average LOS (Days) - Emergency Admissions	5.5	5.4 ▼	5.5
Average LOS (Days) - Elective Inpatient Admissions	3.2	3.0 ▼	3.5
Discharge Rates Before 1 pm Target: >= 20%			
Medicine Wards	18.3%	21.4% ▲	-
Respiratory Wards	23.5%	28.7% ▲	-
Cardiac, Renal, Critical Care Wards	23.5%	28.7% ▲	-
- Cardiology	0.0%	0.0% ↔	-
- Cardiac Surgery	0.0%	0.0% ↔	-
- Renal Specialties	0.0%	0.0% ↔	-
Delayed Discharges			
Occupied Beddays for Delayed Discharges at UHL			
A - Awaiting assessments	35	34 ▼	-
B - Awaiting public funding	3	5 ▲	-
C - Awaiting further non-acute NHS care	0	0 ↔	-
D(i) - Awaiting Residential Home placement	5	2 ▼	-
D(ii) - Awaiting Nursing Home placement	7	21 ▲	-
E - Awaiting Domiciliary Package	11	3 ▼	-
F - Awaiting Community Equipment	0	0 ↔	-
G - Awaiting patient / family choice	16	23 ▲	-
H- Disputes	0	0	-
I- Housing- Patients not covered by NHS/ Community Care Act	0	0	-
Total	77	88 ▲	-
Occupied Beddays for Rehab / Community Bed Delays (City + County)	75	62 ▼	-
	Oct 2011	Nov 2011	YTD
Re-Beds due to Patient Transport Issues (EMAS)	23	0 ▼	230

Please note: Average LOS excludes Obstetrics, Well Babies and any spells with a stay on wards GBIU, GYDU and G8.
 Discharge rates: Emergency discharges before 1pm excluding admissions units and patients discharged via discharge lounge.
 Figures are subject to change on refresh.
 Weekly data: Admissions + Delayed discharges - based on Monday - Sunday, as per national weekly A&E SitRep reporting.
 Discharge rates based on Friday to Thursday.

Weekly Trend



Discharge Rates



Monthly Trend

