

	<b>Trust Board</b>	
<b>From:</b>	Suzanne Hinchliffe	
<b>Date:</b>	7 <sup>th</sup> April 2011	
<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		
<b>Purpose of the Report:</b> To provide members with a summary of February performance and update of progress of key work-streams.		
<b>The Report is provided to the Board for:</b>		
	Decision	
	Discussion	√
	Assurance	√
	Endorsement	
<b>Summary / Key Points:</b>		
<ul style="list-style-type: none"> <li>❖ An improvement in performance is noted for February with a year to date position of 94.1% and February position of 91.1%</li> <li>❖ Attendance levels continue to exceed the previous 3 years with a slight reduction in deflection noted</li> <li>❖ Interview dates are set in April for Consultant, Physicians Assistants and Advanced Practitioners</li> <li>❖ The Emergency Frailty Unit has seen positive outcomes in the first 10 weeks of operation</li> <li>❖ The pilot of triage for medical and surgical bed bureau referrals continues with positive admission avoidance</li> <li>❖ There were 68 're-beds' for February</li> <li>❖ Continued delays are noted in the ability to transfer patients to alternative places of care</li> </ul>		
<b>Recommendations:</b> Members to note and receive the report		
<b>Strategic Risk Register</b>	<b>Performance KPIs year to date</b> CQC/MONITOR	
<b>Resource Implications (eg Financial, HR)</b> Under review as part of workforce plans		
<b>Assurance Implications</b> N/A		
<b>Patient and Public Involvement (PPI) Implications</b> N/A		
<b>Equality Impact</b> N/A		
<b>Information exempt from Disclosure</b> N/A		
<b>Requirement for further review?</b> Monthly review		

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** TRUST BOARD

**DATE:** 7<sup>th</sup> APRIL 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 over the past month. Additionally, the report provides a specific commentary of progress aligned to the ED (LLR) Transformational Plan.

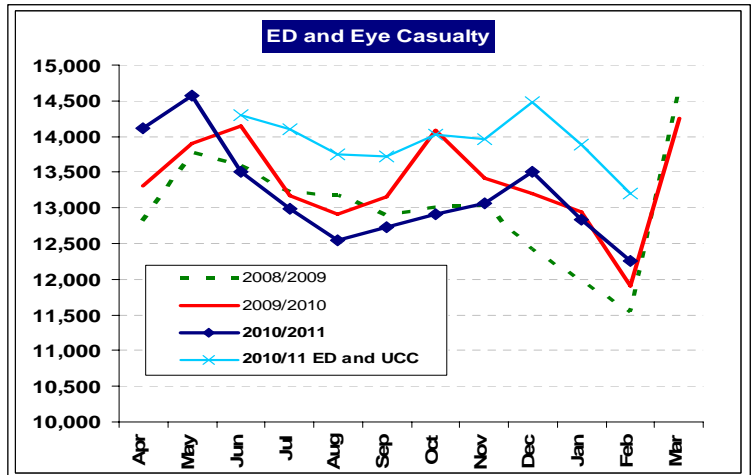
Performance against the 4 hour target for the month of February 2011 is as follows:

A&E Leicester YTD 96.4% A&E UHL YTD 94.1% A&E Type 1 & 2 February 91.1%

## 2.0 ED Attendances

The overall number of attendances in the table below exclude the UCC divers during the year. All attendances and those diverted may be seen in the graph below where 2010/11 figures continue to exceed the past 3 years.

<b>EMERGENCY DEPARTMENT and EYE CASUALTY</b>					
	2008/2009	2009/2010	% Change 09/10 vs 08/09	2010/2011	% Change 10/11 vs 09/10
Apr	12,825	13,301	3.7%	14,117	6.1%
May	13,771	13,901	0.9%	14,574	4.8%
Jun	13,587	14,148	4.1%	13,509	-4.5%
Jul	13,224	13,172	-0.4%	12,983	-1.4%
Aug	13,172	12,916	-1.9%	12,544	-2.9%
Sep	12,893	13,151	2.0%	12,726	-3.23%
Oct	13,004	14,086	8.3%	12,918	-8.29%
Nov	13,027	13,421	3.0%	13,057	-2.71%
Dec	12,418	13,199	6.3%	13,500	2.28%
Jan	11,978	12,940	8.0%	12,830	-0.85%
Feb	11,535	11,913	3.3%	12,263	2.94%
Mar	14,608	14,253	-2.4%		
Sum:	156,042	160,401	2.8%	145,021	



## 3.0 Admissions

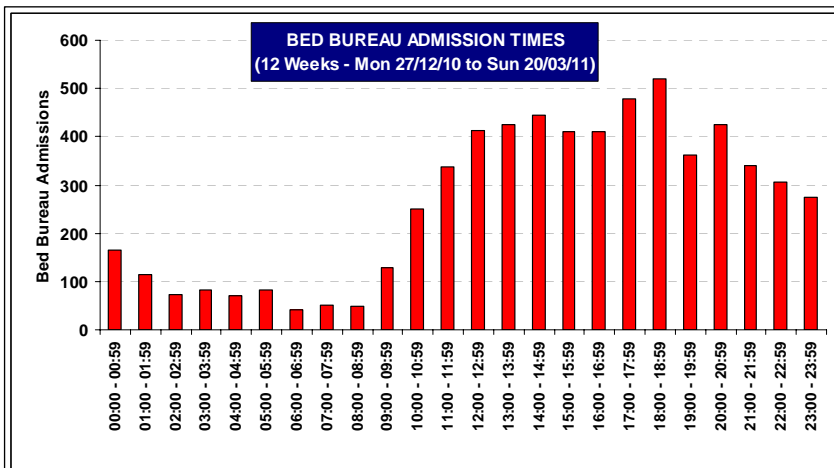
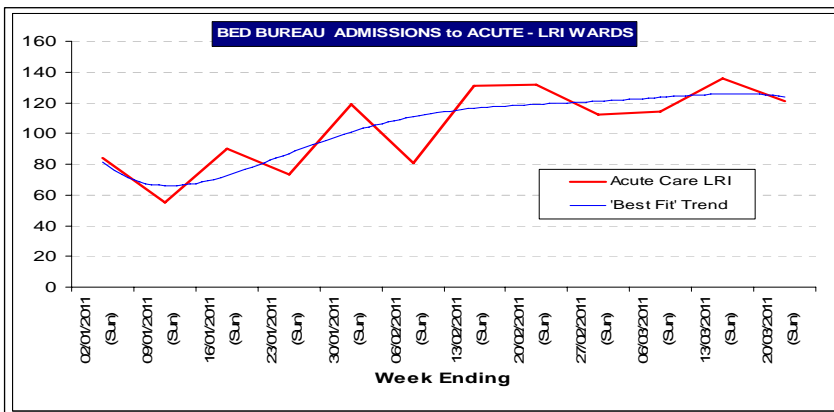
The data chart below demonstrates the breakdown in non-elective admissions to UHL. Further to changes in the contract for 2011/12, patients attending the Emergency Decisions Unit and Childrens Assessment Unit will, in the future be classified as ward attenders. This in turn will show a reduction in admissions in this category. As changes to the management of these patients takes place, monthly

updates on the impact of patient admission activity will be monitored. The following table shows the admission routes to UHL where work continues to re-define access routes and the provision of triage services and next day services as part of admission avoidance processes.

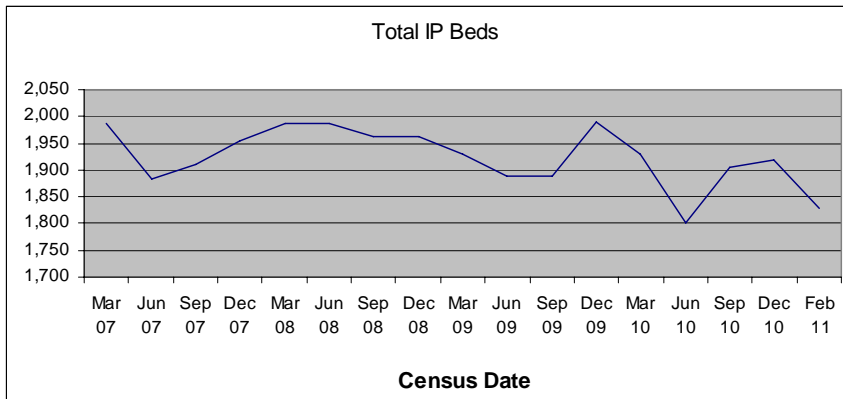
<b>Emergency Activity 2010/2011 (Apr-Feb)</b>	<b>Discharged Within 24 Hours</b>	<b>Stayed 24 Hours or More</b>	<b>Sum:</b>	<b>% in 24 Hours</b>	<b>% Share of Total Activity</b>
Emergency Dept - Admitted	10,800	20,955	31,755	34%	39%
Emergency Dept - EDU	7,429	540	7,969	93%	10%
Emerg GP/Bed Bur	10,576	14,800	25,376	42%	31%
Emerg Home Visit	32	25	57	56%	0%
Emerg Immediate	3,647	6,999	10,646	34%	13%
Emerg OP Clinic	447	1,142	1,589	28%	2%
Self Admission	1,273	1,693	2,966	43%	4%
Trans Other Hosp	318	1,779	2,097	15%	3%
<b>Sum:</b>	<b>34,522</b>	<b>47,933</b>	<b>82,455</b>	<b>42%</b>	<b>100%</b>

The following table shows the incremental increase in Bed Bureau referrals to the trust. Whilst it was anticipated that following the closure of the Emergency Medical Unit at the LGH, admissions within this category would be reflected across both Glenfield and the LRI, patterns of high volume Monday and Friday referrals are becoming more evident and times of attendance remain noticeably later in the day.

To respond to this, the triage system for both medical and surgical referrals continues until the end of the financial year, with deflection success, during which discussions continue with commissioners in relation to post April requirements. Discussions are also underway with EMAS in relation to the arrival times being amended to enable better bed management within the trust. This is being addressed alongside the use of 'First for Care' private transportation to ensure demand is met.

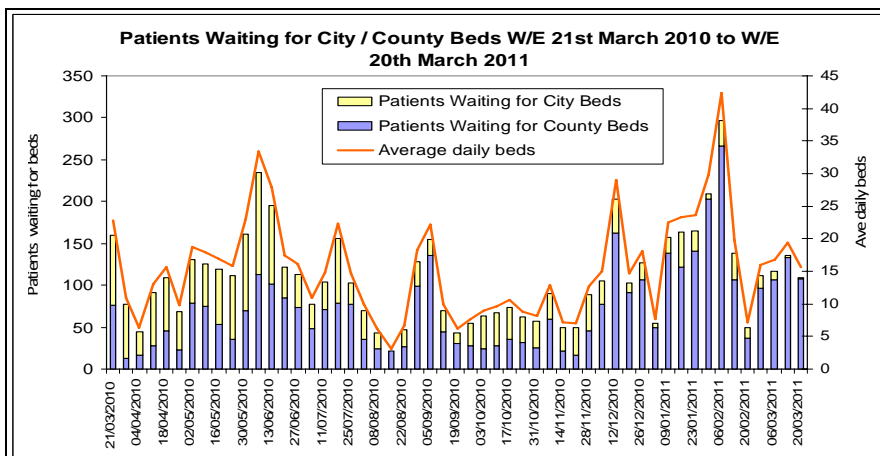
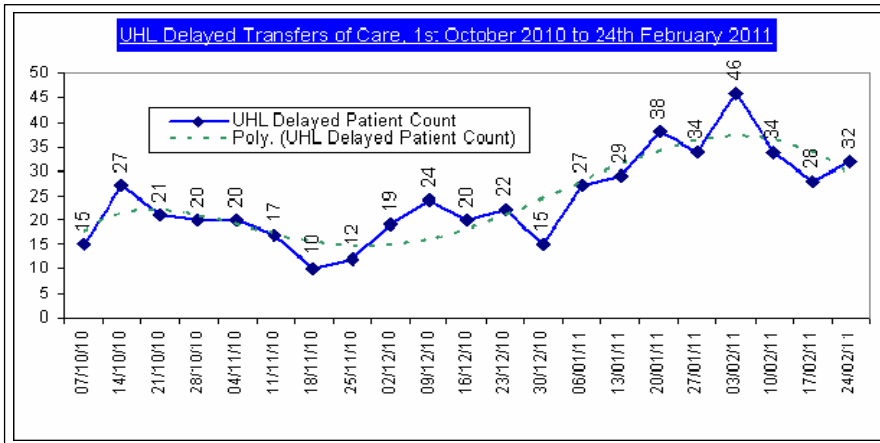


As we move into more milder weather, an active programme to reduce the level of extra capacity is being addressed though is clearly affected by the emergency demand spikes that remains to periodically have real impact on the wider organisation. The graph below provides an overview of bed stock from March 2007 where one can see the downward trend of bed capacity with noticeable but declining peaks during the winter months.

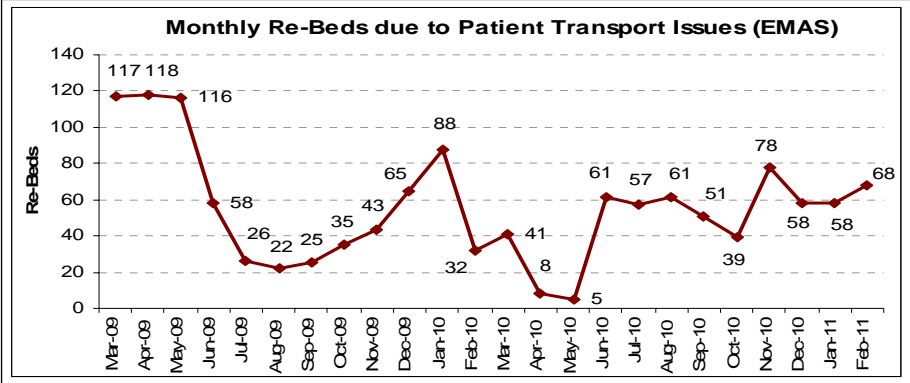


#### 4.0 Outflow

Discharge ability remains a focus with February presenting particular challenges for both community and rehabilitative provision. The graphs below present an overview of the overall number of patients both awaiting beds and the average daily beds otherwise occupied.



There has been little improvement in the challenge of supply and demand transportation, with a total of 68 patients being subject to re-beds during the month of February. In addition, the trust has maintained two private crews to support the delivery of patient discharges and to ameliorate further re-beds during a time when beds are at a premium.



**5.0 Transformational Plan Progress**

The following actions have been undertaken over the past four weeks to initiate drive in addressing actions identified in the January Transformational Plan report.

**5.1 Workforce**

In line with the workforce plan supported at the January trust board, active processes have commenced for both consultant, Physicians Assistants and Advanced Practitioner recruitment with interview dates planned in April.

**5.2 Patients**

Further to a recent spot audit in January regarding patients experience attending the ED, a further audit has been undertaken in March and will be repeated on a monthly basis. The findings of this survey may be found at the end of this report.

**5.3 Footprint**

Alternate weekly meetings with extended UHL and UCC membership are in progress to consider 'footprint' options for both paediatric and adult emergency provision. A draft footprint has been crafted with a view to 'sign off' during April and for Business Case development.

**5.4 Bed Bureau Pressures**

Complimenting reporting in earlier Trust Board reports, both surgical and medical triage services continue until the end of the financial year. This is supported by additional next day clinics and surgical slots for day case requirements. With effect from the 4<sup>th</sup> April, a pilot of alternative placement and streaming of Bed Bureau patients will take place to reduce the pressure on acute assessment bed capacity with a range of deflection criterion.

5.5 Emergency Frailty Unit (EFU)

The EFU was established on the 24<sup>th</sup> January 2011 with an aim of ensuring that older people who do not require admission to the Acute Medical Unit, receive comprehensive assessment and management. It is an integrated service comprising multi-disciplinary assessment by nurses, therapists, geriatricians and emergency physicians. The following table shows early findings of the impact on both length of stay and destination post assessment.

<b>Pre EFU LoS</b>	0.31 days (7.3hrs)
<b>Post EFU</b>	0.35 days (8.3hrs)
<b>Destination Pre EFU</b>	Home 61% UHL 32% Psychiatry 2% Intermediate Care 2% Other 3%
<b>Destination Post EFU</b>	Home 74% UHL 19% Psychiatry 2% Intermediate care 2% Other 3%

In summary:

- ❖ the overall Length of Stay has increased by one hour
- ❖ there is an overall 13% decrease in admissions to UHL (32% vs. 19%)
- ❖ when taking data for all patients attending the EFU, for every seven patients seen with an average additional one hour LoS, one patient is discharged home instead of being admitted

5.6 An emergency flow task and finish group was held on the 28<sup>th</sup> March with cross trust representatives to review ‘pinch points’ across specialities which impact on the patient’s journey or create delays within the system. A suite of recommendations have been identified which will be reviewed in 30 days regarding delivery

5.7 Work has commenced on the development of Ambulatory care models for both non cardiac chest pain and headache. These compliment the development of an abscess ambulatory care pathway where dedicated surgical time is identified to prevent the need for admission.

**6.0 Close**

Further to discussions with the PCT, an over-arching project plan and balanced score-card proposals will be shared for discussion during the April Trust Board highlighting the work-streams of the Emergency Care Network.

S.Hinchliffe  
Chief Operating Officer/Chief Nurse

**Appendix 1**  
**EMERGENCY DEPARTMENT SURVEY**  
**TRUST BOARD – 7<sup>TH</sup> APRIL 2011**

## **1.0 Introduction**

An initial patient survey was carried out in 2007 at both the front door of the Emergency Department (ED) and patients in the department. This survey was repeated in January 2011 and post discussion at the Trust Board and it was recommended to continually monitor these two aspects on a monthly basis as the Emergency Care Network takes shape.

Patient experience is one of the three key dimensions of quality and is central to an organisation's reputation and productivity, making it a major risk management issue and opportunity. It was agreed that it is important to continually gain assurance in relation to service quality.

The main findings of the results are as follows:

## **2.0 Front Door Audit Results – March 2011**

A total of 84 questionnaires were completed during the first two weeks of March. The results are compared with the findings in January and are detailed at the end of this paper.

### **2.1 Key Findings from March 2011 (84 patients)**

- 55% of patients attended with minor injury as opposed to 24% in January.
- Only 11% attended with minor illness as opposed to 60% in January 2011.
- Patients appeared to be reluctant to indicate whether they were registered with a GP (36% as opposed to 9% in January)
- 71% of patients did not try to see their GP before attending ED (Jan 52%) and when questioned why, 83% thought their problem needed hospital attention indicating that patients are self referring.

## **3.0 Patient Experience Survey**

A number of senior nursing staff conducted this survey. All patients who were well enough and attended the Emergency Department were asked for their comment on the following question:

*'How has your care been here in this department today?'*

Patients were then given time to talk about whatever they felt was most important and this subjective view allowed their feelings about their treatment experience to be elicited.

The survey took place across a number of different days and shifts in March 2011. Once the survey was completed the patients' comments were themed. A narrative of themes is supplied below.

### **3.1 Key Findings from March 2011 (73 Patients)**

72% of the patients asked were based in the Majors area of the department therefore the breakdown is similar to January 2011. Overall 86 comments were received (compared to 286 in January) and these were identified as positive, negative or neutral, positive comments have dropped from 76% to 64%.

The comments were clustered into five overarching themes:

- Overall Care Received 12%
- Staff Attitudes & Behaviours 36%
- Waiting Times 24%
- Information received/Knowing What's Happening 14%
- Other 14%

In January the comments centred mainly on overall care received (36%) and staff attitudes and behaviours (30%).

In March the comments centred mainly on Staff Attitudes & Behaviours (36%) and Waiting Times (24%)

#### **3.1.1 Care Received**

12% of the 86 comments received were regarding overall care received. These comments have been themed into three categories: positive, negative or neutral.

80% (8) were positive  
20% (2) were negative

A lower number of responses were received in relation to overall care, proportionally from January, however a high number of the patients who commented in this area were positive.

*Examples of direct patient comments:*

Positive: "given analgesia when requested"  
"very happy with the care received"

Negative: "never got mouth care that was promised"

#### **3.1.2 Staff Attitude**

36% of the 86 comments received were regarding staff attitudes and behaviours. These comments have been themed into three categories: positive, negative or neutral.

77% (24) were positive  
13% (4) were negative  
10% (3) were neutral



It should be noted that although less comments have been received in this survey overall, the proportion of responses in relation to staff attitudes & behaviour is higher.

In January, of the 286 patients interviewed, 86 commented on staff attitudes & behaviour, compared to 86 of the patients interviewed in March where 31 commented on staff attitudes & behaviours.

*Examples of direct patient comments:*

- Positive: "nurses have been brilliant and paramedics that brought me in"  
"really impressed, nurses friendly & kind"  
Neutral: "staff have all been fine"  
Negative: "disagreement with consultant did not understand condition"

### **3.1.3 Waiting Times**

24% of the 86 comments received were regarding waiting times. These comments have been themed into three categories: positive, negative or neutral.

- 29% (6) were positive  
52% (11) were negative  
19% (4) were neutral

It should be noted that although less comments overall have been received in this survey, the proportion of responses in relation to waiting times is relatively higher.

In January, of the 286 patients interviewed, 30 commented on waiting times, compared to 86 patients interviewed in March where 21 commented on waiting times.

*Examples of direct patient comments:*

- Positive: "really quick response not waited long."  
"seen doctor promptly"  
Neutral: "Not a bad wait 1 1/2 hours"  
"Quicker would have been better but understand the pressures of the service"  
Negative: "very long wait, stuck in middle of majors waiting for hours. Eventually moved to minors but still waiting, staff all polite but am fed up having been waiting all night"

### **3.1.4 Information Received/Knowing what is happening**

14% of the 86 comments received were regarding information/knowing what is happening. These comments have been themed into three categories: positive, negative or neutral - 75% (9) were positive, 25% (3) were negative

A similar number of responses were received in relation to information, proportionally from January, however a higher number of patients who commented in this area were positive.

*Examples of direct patient comments:*

Positive: "staff introduced themselves, explanations given re: need for x-ray."  
"full explanation of what is happening"  
Negative: "don't know what's happening now"

### **3.1.5 Other**

14% of the 86 comments received were regarding other issues. These included:

- Privacy, Dignity and Respect - x5 positive comments
- Environment and cleanliness - x2 positive comments
- Refreshments -x1 positive, x1 negative comment
- Parking -x1 negative comment

Demographics of all patients questioned are included within this report.

## **4.0 Conclusion**

The patient survey reveals that at the time of receiving care overall patients are positive about their experience in the Emergency Department and that despite increased activity, pressure and demand the Emergency Department staff have managed to maintain and in some areas exceed their previous level of care for patients.

This survey will be continued as a snapshot of the department on a monthly basis and will be created into a scorecard demonstrating a visual trend.

In conjunction with this snapshot, related opportunities for patients to share their experiences are available through:

- Trust Touch Screen Surveys; currently in the Majors area.
- Hand held device Surveys; with specifically tailored questions for the Minors area.
- Paper survey; in the Childrens and Emergency Decisions Unit of the Department.

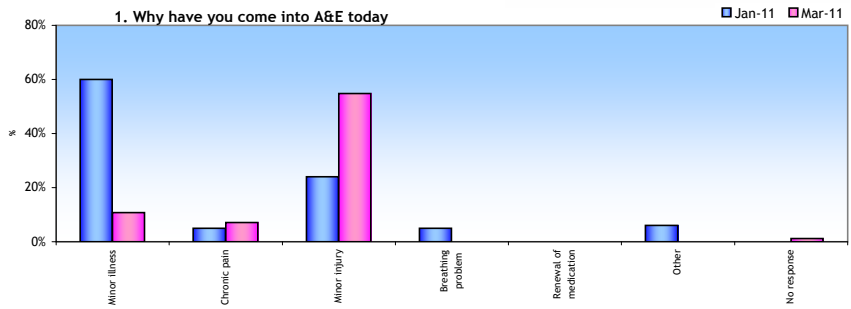
# Emergency Department *Front Door Audit*

	Jan-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11
<b>Number of patients interviewed</b>	100	84				
<b>1. Why Have you come into A&amp;E today?</b>						
Minor illness %.	60%	11% ▼				
Chronic pain %.	5%	7% ▲				
Minor injury %.	24%	55% ▲				
Breathing problems %.	5%	0% ▼				
Renewal of Medication %.	0%	0% —				
Other %.	6%	0% ▼				
No response %.	0%	1% ▲				
<b>2. How long has this problem been going on for?</b>						
Few hours %.	21%	44% ▲				
1 day %.	35%	25% ▼				
2 days %.	10%	4% ▼				
3 days %.	4%	7% ▲				
4 - 6 days %.	10%	1% ▼				
1 week %.	6%	8% ▲				
More than a week %.	14%	7% ▼				
No response %.	1%	4% ▲				
<b>3. Patients registered with a GP</b>						
Patients registered with a GP %.	81%	60% ▼				
Patients not registered with a GP %.	10%	5% ▼				
No response %.	9%	36% ▲				
<b>4. Have you tried to see your GP before coming in?</b>						
Yes %.	32%	18% ▼				
No %.	52%	71% ▲				
No response %.	16%	11% ▼				
<b>5. If yes, how many times have you tried in last week?</b>						
Once %.	81%	73% ▼				
Twice %.	11%	0% ▼				
Three times %.	3%	0% ▼				
Four times %.	5%	7% ▲				
More than four occasions %.	0%	7% ▲				
No response %.	0%	13% ▲				
<b>6. If no, why not?</b>						
My GP is always too busy %.	2%	0% ▼				
I couldn't get an appointment until...%.	2%	0% ▼				
I thought this problem needs a hospital doctor %.	44%	83% ▲				
It's easier for me to come to A&E %.	24%	3% ▼				
My GP advised me to come to A&E %.	3%	2% ▼				
The ambulance took me in %.	0%	0% —				
NHS direct advised me to come to A&E %.	3%	3% ▲				
My friend took me here %.	3%	0% ▼				
The police took me here %.	0%	0% —				
Other %.	16%	0% ▼				
No response %.	3%	8% ▲				

# Emergency Department *Front Door Audit*

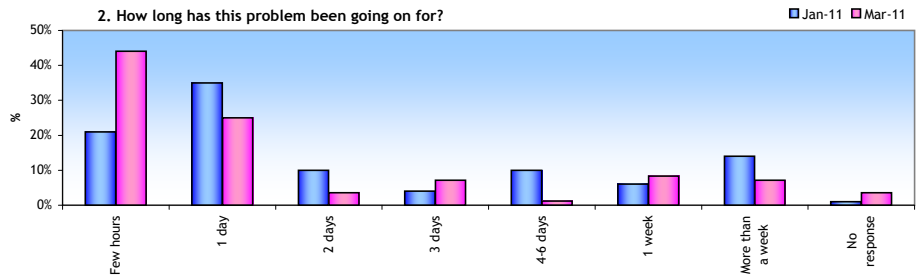
## 1. Why have you come into A&E today?

	Jan-11	Mar-11
Minor illness	60%	11%
Chronic pain	5%	7%
Minor injury	24%	55%
Breathing problem	5%	0%
Renewal of medication	0%	0%
Other	6%	0%
No response	0%	1%



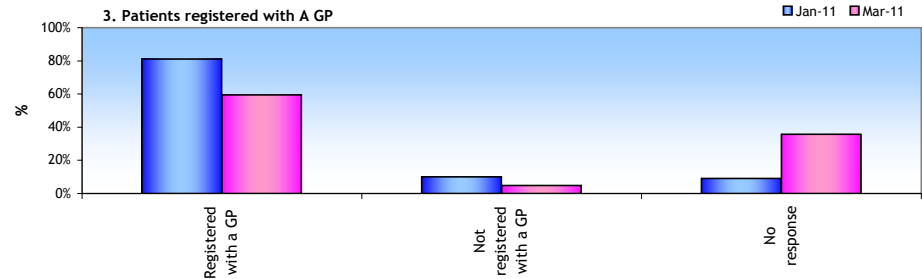
## 2. How long has this problem been going on for?

	Jan-11	Mar-11
Few hours	21%	44%
1 day	35%	25%
2 days	10%	4%
3 days	4%	7%
4-6 days	10%	1%
1 week	6%	8%
More than a week	14%	7%
No response	1%	4%



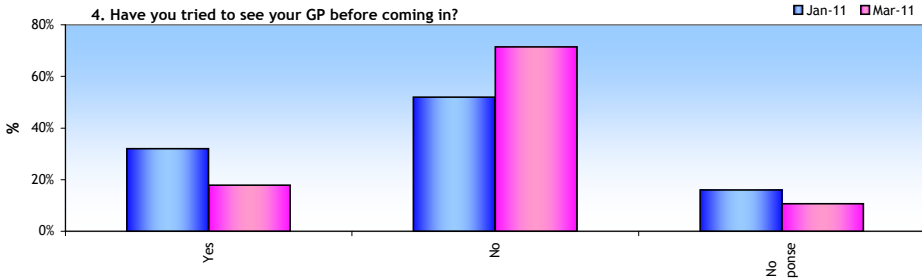
## 3. Patients registered with a GP

	Jan-11	Mar-11
Registered with a GP	81%	60%
Not registered with a GP	10%	5%
No response	9%	36%



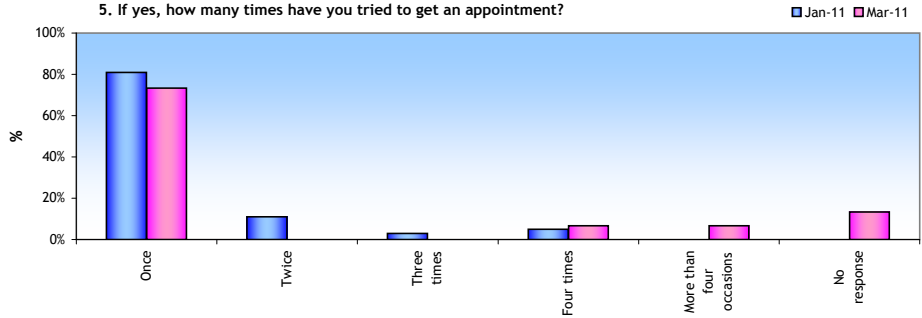
## 4. Have you tried to see your GP before coming in?

	Jan-11	Mar-11
Yes	32%	18%
No	52%	71%
No response	16%	11%



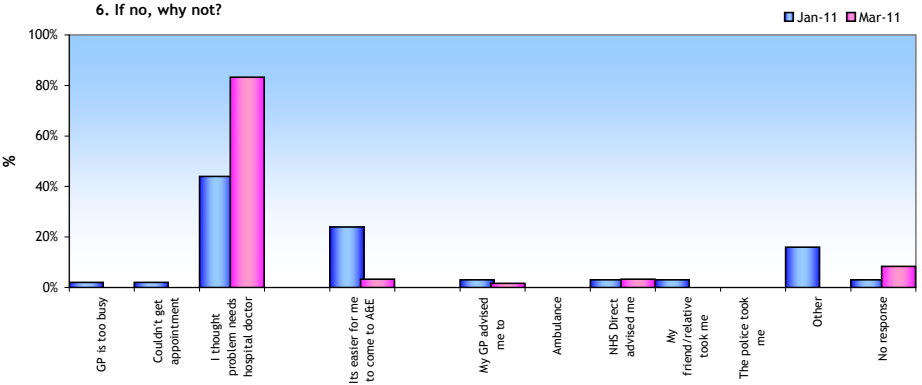
## 5. If yes, how many times have you tried to get an appointment in the last week?

	Jan-11	Mar-11
Once	81%	73%
Twice	11%	0%
Three times	3%	0%
Four times	5%	7%
More than four occasions	0%	7%
No response	0%	13%



## 6. If no, why not?

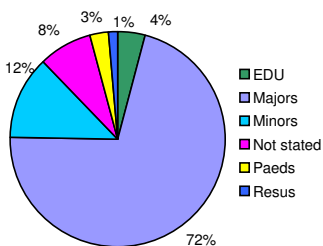
	Jan-11	Mar-11
GP is too busy	2%	0%
Couldn't get appointment	2%	0%
I thought problem needs hospital doctor	44%	83%
Its easier for me to come to A&E	24%	3%
My GP advised me to	3%	2%
Ambulance	0%	0%
NHS Direct advised me	3%	3%
My friend/relative took me	3%	0%
The police took me	0%	0%
Other	16%	0%
No response	3%	8%



March 2011

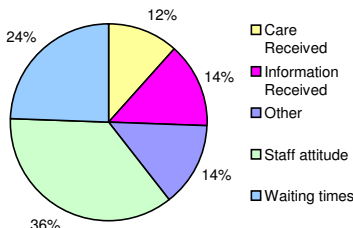
73 patients completed the survey in the following areas of the Emergency Department

Area	Count
EDU	3
Majors	52
Minors	9
Not stated	6
Paeds	2
Resus	1



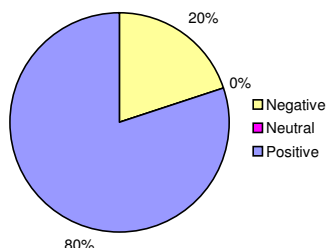
5 themes were identified

Themes	Count
Care Received	10
Information Received	12
Other	12
Staff attitude	31
Waiting times	21



Care Received

Comments	Count
Negative	2
Neutral	0
Positive	8



Examples of direct patient comments:

**Positive:** "given analgesia when requested"

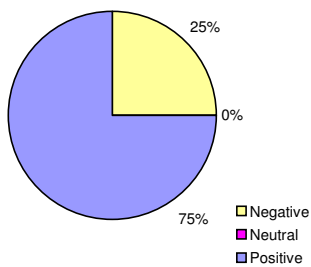
"very happy with the care received"

**Negative:** "never got mouth care that was promised"

"Doctor said he was going to sort out some pain killers but never got them."

Information Received

Comments	Count
Negative	3
Neutral	0
Positive	9



Examples of direct patient comments:

**Positive:** "full explanation of what is happening"

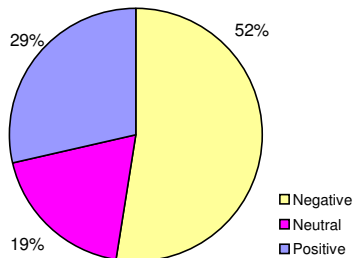
"staff introduced themselves, explanations give re: need for x-ray."

**Negative:** "don't know what's happening now"

"did have a bad exp from med student when communicating with no explanation of procedure".

Waiting Times

Comments	Count
Negative	11
Neutral	4
Positive	6



Examples of direct patient comments:

**Positive:** "seen doctor promptly"

"really quick response, not waited long."

**Neutral:** "Not a bad wait 1 1/2 hours"

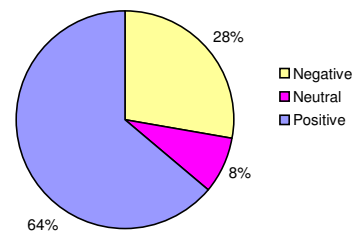
"quicker would have been better but understand pressures of service"

**Negative:** "very long wait, stuck in middle of majors waiting for hours. Eventually moved to minors but still waiting, staff all polite but am fed up having been waiting all night"

"12 hrs in dept, 9 on trolley waiting for bed. Not reviewed by doctor again, left in corridor (assessment bay) for this time."

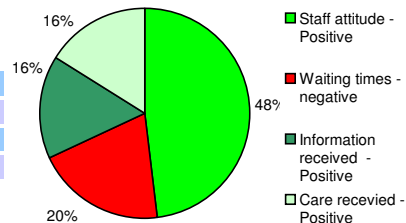
86 comments were received. These have been identified as positive, negative, or neutral

Comments	Count
Negative	24
Neutral	7
Positive	55



Top 4 comments

Comments	Count
Staff attitude - Positive	24
Waiting times - negative	10
Information received - Positive	8
Care received - Positive	8



Staff Attitudes

Comments	Count
Negative	4
Neutral	3
Positive	24

Examples of direct patient comments:

**Positive:** "nurses have been brilliant and paramedics that brought me in"

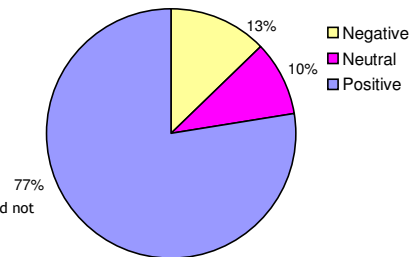
"really impressed, nurses friendly & kind."

**Neutral:** "staff have all been fine"

"staff been ok"

**Negative:** "disagreement with consultant did not understand condition"

"Nurses did not introduce themselves."

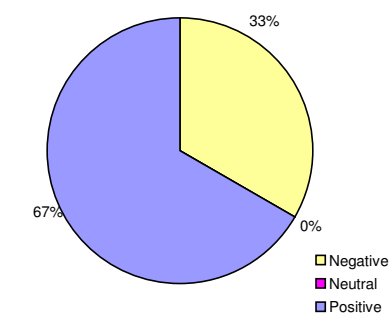


Other

Comments	Count
Negative	4
Neutral	0
Positive	8

14% of the 86 comments received were regarding other issues. This includes:

- Treated with respect (5 positive comments)
- Environment and cleanliness (2 positive comments, 1 negative comment)
- Parking (1 negative comment)
- Refreshments (1 positive comment, 1 negative comment)

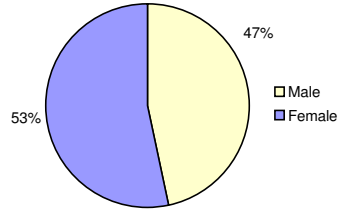


March 2011

73 patients completed the survey in the Emergency Department

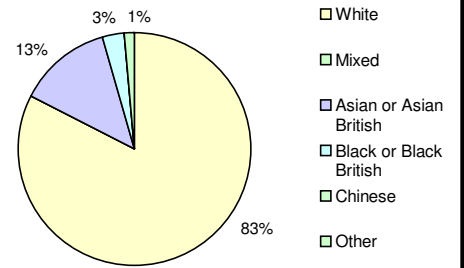
*Gender*

Male	34
Female	39



*Ethnicity*

White	57
Mixed	0
Asian or Asian British	9
Black or Black British	2
Chinese	0
Other	1



*Age*

17 or younger	4
18-25	2
26-35	10
36-50	13
51-64	14
65-74	10
75-84	14
85 or older	5

