

Trust Board paper G

To:	TRUST BOARD		
From:	Suzanne Hinchliffe		
Date:	1st March 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 January emergency care performance and summary analysis of system performance leading to the Major Internal Incidents (MII) in January.			
The Report is provided to the Board for:			
	Decision		
	Assurance	√	
		Discussion	√
		Endorsement	
Summary / Key Points:			
<ul style="list-style-type: none"> ❖ Following an activity increase in October, pre and post diversion activity in both November and December stabilised and then reverted in January with a 2.2% increase in activity. ❖ Performance for January Type 1, 2 is 94.4%, and 95.5% including the Urgent Care Centre (UCC). The year to date performance for ED (UHL+UCC) has increased from 94.4% to 94.6%. ❖ Despite surges, admission levels overall are below the 2008/9 baseline and length of stay during this period did not increase. ❖ Since the commencement of 'Right Place, Right Time', improvements have been seen in relation to bed allocation time and transfer within 30 minutes for admissions. ❖ Frail Older People & Acuity - focussed attention has been given on the increasing demand and attendance of frail older people. Results show more older people are being discharged more quickly and readmission rates have reduced. ❖ Length of stay during January remained consistent with the preceding 4 months and was in fact slightly better than previous months. Previous analysis shows that there is an increase of around 1 day between summer months and winter months. ❖ Approximately 130 beds at UHL were opened to meet increased demand ❖ As the emerging pressures were growing, all non-essential training was cancelled to support the additional bed capacity and to maintain agreed staffing levels, and clinical SPA's were being converted to DCC to provided more direct patient facing intervention 			
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			

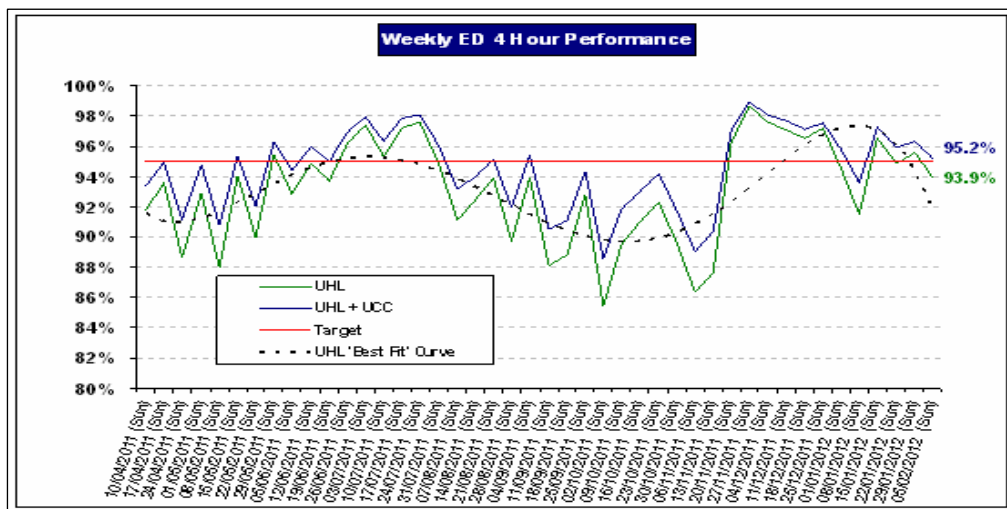
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

SUMMARY ANALYSIS OF SYSTEM PERFORMANCE LEADING TO THE MAJOR INTERNAL INCIDENT (MII) ON THE 4th JANUARY and 31st January 2012

1.0 UHL Overview Prior to the MII

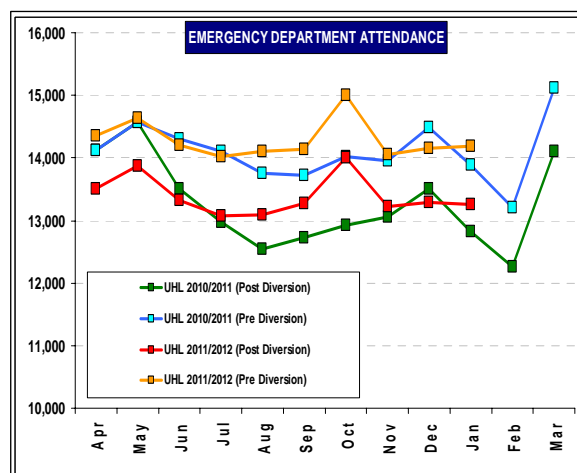
1.1 Emergency Department (ED) Performance & Attendance Levels

Since the advent of 'Right Place, Right Time' there has been a significant decrease in the number of four hour breaches occurring in the Emergency Department (ED). This in turn means that all patients are being seen, investigated, diagnosed and their treatment was initiated quicker.



The following charts provide an overview of the total attendances to ED and Eye Casualty and activity both pre and post deflection. Following an activity increase in October, pre and post diversion activity in both November and December stabilised and then reverted in January with a 2.2% increase in activity.

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	13,260	14,196	2.2%
Feb	12,263	13,202			
Mar	14,100	15,119			
Sum:	159,121	169,253	133,906	142,865	



Performance for December type 1 and 2 was 96.0% and 97% including the Urgent Care Centre (UCC). Performance for January type 1 and 2 was 94.4% and 95.5% including the Urgent Care Centre.

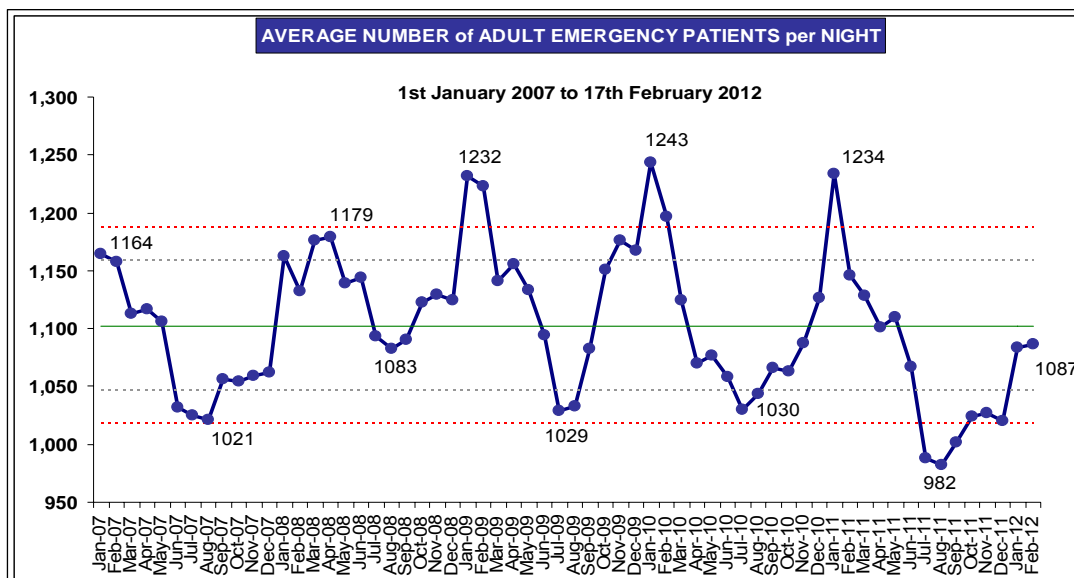
1.2 Breach Data Comparisons

	breaches	attendances	%
19/12/10 to 01/01/11	503	5735	91.2%
19/12/11 to 01/01/12	252	6068	95.8%

In comparison to 2010, and over the Christmas period, breach activity for the same period has significantly reduced and overall performance improved. For the 4 week period preceding, during and post the extended bank holiday period ending the 15th January 2012, and, since the commencement of 'Right Place, Right Time', type 1, 2, and 3 performance:

- Was second amongst all East Midlands Trusts
- Was in the top 30 of all Acute Trusts
- Saw 500 more attendances compared to the same period last year and over 700 less breaches (a 55% reduction)
- Had an average of 16 breaches a day. In the preceding 8 weeks the average daily number of breaches was 47 a day.

1.3 Admissions Rates/Occupied Beds



The above graph shows the average daily numbers of adult emergency patients per night for the last 4 years where an incremental reduction in the UHL bed base during 2011 may be seen.

Whilst it has been a warmer winter, there has only been a transient period of reduced ED attendances in December – a position that reverted in January. Reductions in emergency admissions also appears to have been in the lower acuity patient group with a noticeable increase in the overall acuity of those admitted, further demonstrated by the UHL acuity review undertaken prior to and during the same period.

It is important to note that despite surges, admission levels overall are below the 2008/9 baseline and length of stay during this period did not increase.

1.4 Emergency Admissions (All commissioners) - All ages - Comparison 2011/12 with 2010/11 (MII1)

Date	Admissions	Date	Admissions		
28/12/2010 (Tue)	198	27/12/2011 (Tue)	202	4	2%
29/12/2010 (Wed)	245	28/12/2011 (Wed)	288	43	18%
30/12/2010 (Thu)	250	29/12/2011 (Thu)	237	-13	-5%
31/12/2010 (Fri)	235	30/12/2011 (Fri)	256	21	9%
01/01/2011 (Sat)	184	31/12/2011 (Sat)	188	4	2%
02/01/2011 (Sun)	192	01/01/2012 (Sun)	200	8	4%
03/01/2011 (Mon)	205	02/01/2012 (Mon)	210	5	2%
04/01/2011 (Tue)	199	03/01/2012 (Tue)	276	77	39%
05/01/2011 (Wed)	211	04/01/2012 (Wed)	257	46	22%
06/01/2011 (Thu)	194	05/01/2012 (Thu)	223	29	15%
07/01/2011 (Fri)	233	06/01/2012 (Fri)	228	-5	-2%
08/01/2011 (Sat)	183	07/01/2012 (Sat)	178	-5	-3%
09/01/2011 (Sun)	171	08/01/2012 (Sun)	149	-22	-13%

1.5 Emergency Discharges (All commissioners) - All ages - Comparison 2011/12 with 2010/11 (MII1)

Discharge Date	Discharges	Discharge Date	Discharges		
28/12/2010 (Tue)	166	27/12/2011 (Tue)	137	-29	-17%
29/12/2010 (Wed)	267	28/12/2011 (Wed)	215	-52	-19%
30/12/2010 (Thu)	262	29/12/2011 (Thu)	265	3	1%
31/12/2010 (Fri)	295	30/12/2011 (Fri)	285	-10	-3%
01/01/2011 (Sat)	172	31/12/2011 (Sat)	190	18	10%
02/01/2011 (Sun)	162	01/01/2012 (Sun)	174	12	7%
03/01/2011 (Mon)	134	02/01/2012 (Mon)	127	-7	-5%
04/01/2011 (Tue)	241	03/01/2012 (Tue)	206	-35	-15%
05/01/2011 (Wed)	225	04/01/2012 (Wed)	288	63	28%
06/01/2011 (Thu)	243	05/01/2012 (Thu)	275	32	13%
07/01/2011 (Fri)	294	06/01/2012 (Fri)	262	-32	-11%
08/01/2011 (Sat)	163	07/01/2012 (Sat)	158	-5	-3%
09/01/2011 (Sun)	149	08/01/2012 (Sun)	139	-10	-7%

1.6 Emergency Admissions (All commissioners) - All ages - Comparison 2011/12 with 2010/11 (MII2)

Date	Admissions	Date	Admissions		
24/01/2011 (Mon)	217	23/01/2012 (Mon)	241	24	11%
25/01/2011 (Tue)	226	24/01/2012 (Tue)	255	29	13%
26/01/2011 (Wed)	216	25/01/2012 (Wed)	225	9	4%
27/01/2011 (Thu)	202	26/01/2012 (Thu)	218	16	8%
28/01/2011 (Fri)	205	27/01/2012 (Fri)	248	43	21%
29/01/2011 (Sat)	174	28/01/2012 (Sat)	194	20	11%
30/01/2011 (Sun)	183	29/01/2012 (Sun)	174	-9	-5%
31/01/2011 (Mon)	225	30/01/2012 (Mon)	222	-3	-1%
01/02/2011 (Tue)	199	31/01/2012 (Tue)	216	17	9%
02/02/2011 (Wed)	203	01/02/2012 (Wed)	231	28	14%
03/02/2011 (Thu)	194	02/02/2012 (Thu)	223	29	15%
04/02/2011 (Fri)	224	03/02/2012 (Fri)	241	17	8%
05/02/2011 (Sat)	177	04/02/2012 (Sat)	168	-9	-5%
06/02/2011 (Sun)	151	05/02/2012 (Sun)	174	23	15%

1.7 Emergency Discharges (All commissioners) - All ages - Comparison 2011/12 with 2010/11(MII2)

Date	Discharges	Date	Discharges		
24/01/2011 (Mon)	211	23/01/2012 (Mon)	218	7	3%
25/01/2011 (Tue)	251	24/01/2012 (Tue)	243	-8	-3%
26/01/2011 (Wed)	240	25/01/2012 (Wed)	222	-18	-8%
27/01/2011 (Thu)	252	26/01/2012 (Thu)	233	-19	-8%
28/01/2011 (Fri)	242	27/01/2012 (Fri)	293	51	21%
29/01/2011 (Sat)	161	28/01/2012 (Sat)	170	9	6%
30/01/2011 (Sun)	135	29/01/2012 (Sun)	149	14	10%
31/01/2011 (Mon)	195	30/01/2012 (Mon)	224	29	15%
01/02/2011 (Tue)	237	31/01/2012 (Tue)	242	5	2%
02/02/2011 (Wed)	191	01/02/2012 (Wed)	263	72	38%
03/02/2011 (Thu)	234	02/02/2012 (Thu)	239	5	2%
04/02/2011 (Fri)	243	03/02/2012 (Fri)	271	28	12%
05/02/2011 (Sat)	153	04/02/2012 (Sat)	149	-4	-3%
06/02/2011 (Sun)	115	05/02/2012 (Sun)	108	-7	-6%

All information excludes EDU and CAU admissions to reflect changes to the coding of these patients to ward attenders as part of the 2011/12 contract. From the above tables, the increase in emergency admissions preceding and during both Major Internal Incidents is apparent.

Working on a principle of an average 6 day length of stay, higher admissions immediately after the first bank holiday correlates with the increased discharges during the immediate working days post New Year. It is also apparent that during these periods, there was an incremental increase in the numbers of patients who were suitable for rehabilitation during both periods.

The table below shows the adult emergency admissions for Bed Bureau, ED and 'other' (mainly ambulance admissions to the Glenfield). It is noted that post both Bank Holidays (i.e. 28th December and 3rd January period) there was a significant increase in Emergency admissions, exceeding a normalised pattern of 90+ via ED on a number of days, but more evident in Emergency GP Bed Bureau admissions where daily admissions of 70+ were seen – higher than both expected and predictive tool. This degree of activity was also replicated both prior to and during the second MII which may also be seen below.

Adm Date	EMERG BB/GP	EMERG DEPT	OTHER	Sum:
27/12/2011 (Tue)	39	102	42	183
28/12/2011 (Wed)	80	114	68	262
29/12/2011 (Thu)	74	88	48	210
30/12/2011 (Fri)	80	104	52	236
31/12/2011 (Sat)	38	98	39	175
01/01/2012 (Sun)	50	94	36	180
02/01/2012 (Mon)	42	100	43	185
03/01/2012 (Tue)	93	99	58	250
04/01/2012 (Wed)	69	105	61	235
05/01/2012 (Thu)	84	77	39	200
06/01/2012 (Fri)	87	78	47	212
07/01/2012 (Sat)	42	89	35	166
08/01/2012 (Sun)	31	81	26	138
09/01/2012 (Mon)	49	83	71	203
sum	858	1,312	665	2,835

Adm Date	EMERG BB/GP	EMERG DEPT	OTHER	Sum:
23/01/2012 (Mon)	85	92	43	220
24/01/2012 (Tue)	72	104	50	226
25/01/2012 (Wed)	73	86	40	199
26/01/2012 (Thu)	76	82	40	198
27/01/2012 (Fri)	86	94	49	229
28/01/2012 (Sat)	51	93	34	178
29/01/2012 (Sun)	38	93	28	159
30/01/2012 (Mon)	73	75	48	196
31/01/2012 (Tue)	70	84	43	197
01/02/2012 (Wed)	81	76	48	205
02/02/2012 (Thu)	69	95	46	210
03/02/2012 (Fri)	88	86	50	224
04/02/2012 (Sat)	42	75	40	157
05/02/2012 (Sun)	32	94	30	156
Sum:	936	1,229	589	2,754

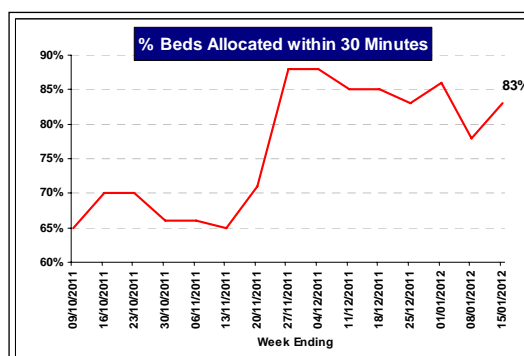
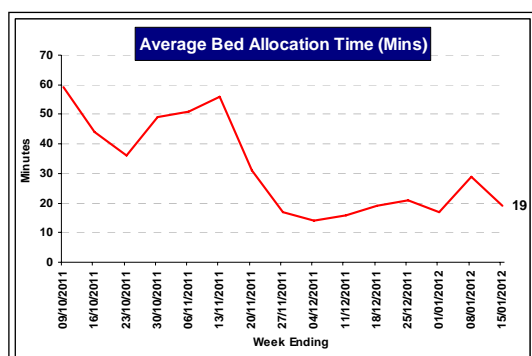
1.8 Elective Activity

During the period immediately prior to and during the extended bank holiday, care was taken to maintain a level of managed elective activity through priority surgery and day-case activity. It is also evident that the risk of cancellations increase during the period immediately post the bank holiday period. As can be seen from the activity figures below, there was a significant dip in activity between Christmas and New Year responding to patients choice and that normalised patterns of elective activity was rapidly recovered post the MII.

Week commencing	26/12/2011	02/01/2012	09/01/2012	16/01/2012	23/01/2012
Actual activity (patient numbers from HISS)	372	666	940	960	994

1.9 Bed Allocation times

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

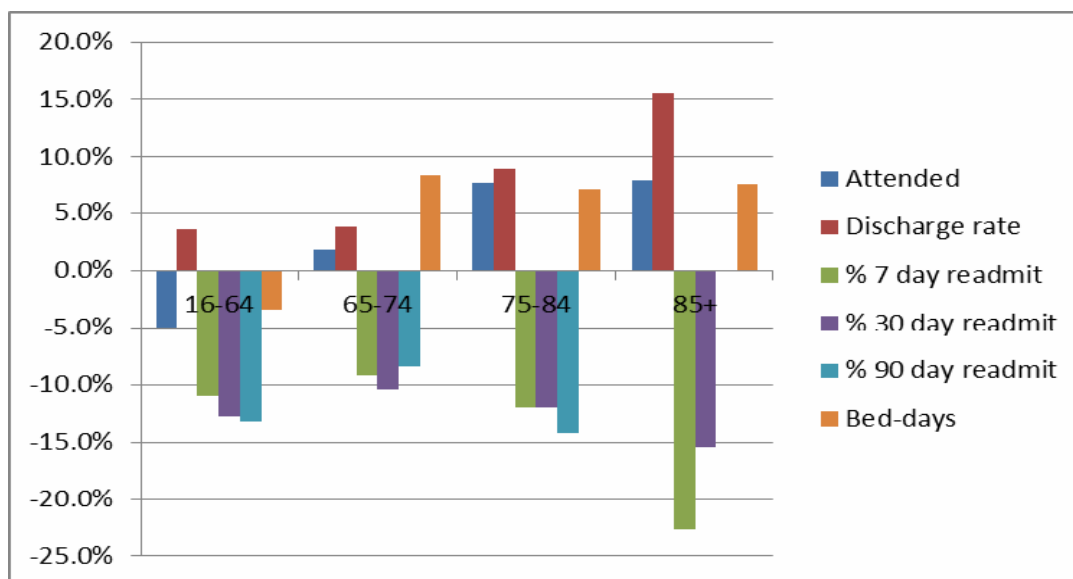


1.10 Frail Older People & Acuity

Focussed attention has been given on the increasing demand and attendance of frail older people.

Significant pathway changes during the year have resulted in some notable practice to ameliorate previous default processes of admission. In summary:

- more older people are attending UHL
- more older people are being discharged quickly
- Re-admission rates have reduced



Summary outcomes for ED - Percentage change 2010 vs. 2011

Snapshot Apr-Dec 2010 vs. 2011 85+ only

Period	85+ attending ED PER MONTH	AMU admissions (conversion rate) PER MONTH	CDU admissions (conversion rate)	Other wards admissions (conversion rate)	EDU admissions (conversion rate)	All admissions (conversion rate)
2010	640	192 (30%)	38 (6%)	58 (9%)	153 (24%)	440 (69%)
2011	692	174 (25%)	73 (11%)	72 (10%)	112 (16%)	437 (63%)

In Summary:

- The average number of people aged 85+ attending per month is 692 (2011) vs. 640 (2010) (↑8%)
- 37% of people aged 85+ discharged in Apr-Dec 2011 compared to 31% in Apr-Dec 2010 (relative ↑19%)
- If sustained over 2012, with an average of 725 patients per month (assuming 5% increase per annum), 44 patients aged 85+ are going home per month who would have otherwise be admitted in 2010
- Assuming average LoS of 9 days for people aged 85+, this represents 4752 bed-days

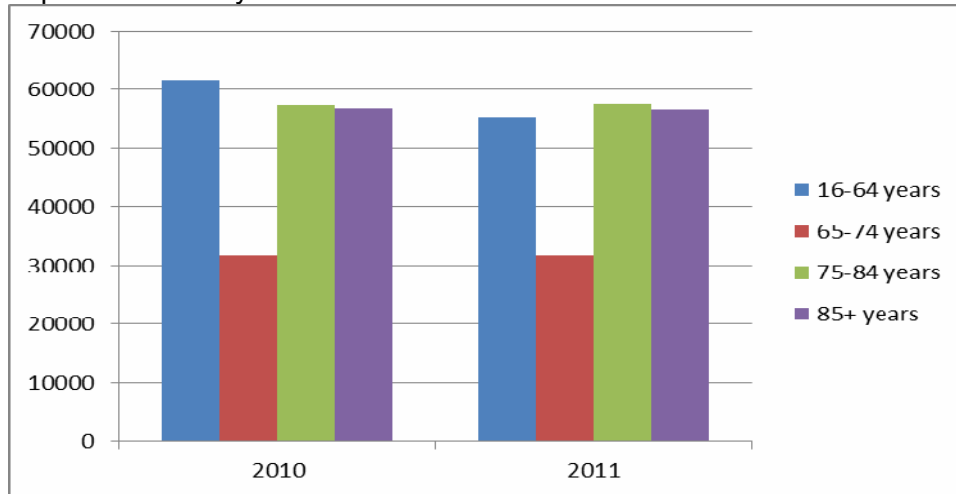
Impact on people aged 85+ admitted via ED (all areas)

All specialities	Spells	Bed-days	Average LoS
Apr-Dec 2010	490	4195	8.6
Apr-Dec 2011	401	4584	11.4

In Summary;

- 18% fewer in-patient stays
- Increase in length of stay for those admitted due to high acuity

Impact on bed days

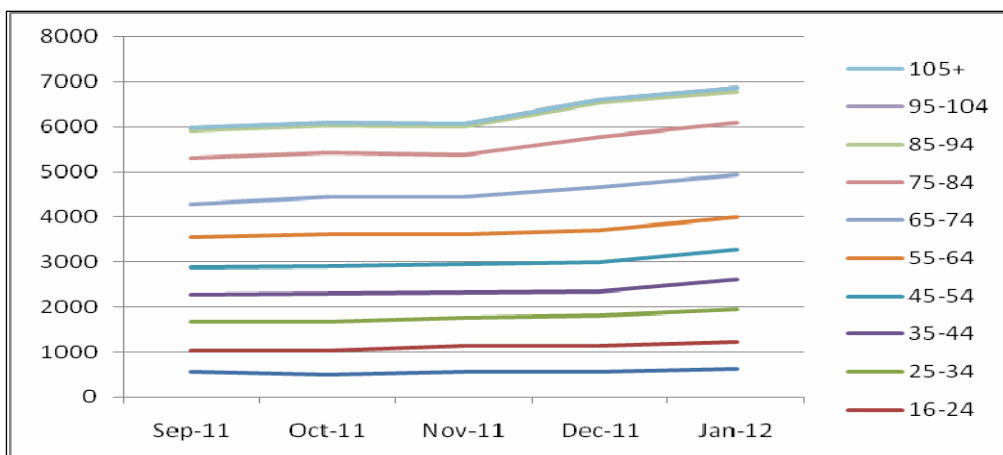


Despite an 8% increase in older people attending - bed-days are static

1.11 Age of the Population

The increased age of the population along with an increased patient acuity is important. The Audit Commission identifies this older and sicker group as taking up a disproportionate amount of bed days. Of the 3.5 percent of patients who stay more than 56 days, they will occupy 25 per cent of the available beds. This group is likely to include many patients whose discharge or transfer is delayed by factors outside the trust's control including patients who need to transfer to other health and social care settings. In some cases, this means that the hospital has a constraint applied to it that it has little ability to influence (Audit Commission, 2003). As can be seen below there has been an increase in the numbers of admissions but the largest increases were in the over 65 age group with a particular increase in the 75-84 age range.

Age Grp	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12
0-15	566	496	568	576	641
16-24	472	551	574	577	602
25-34	641	626	623	655	710
35-44	596	621	547	545	671
45-54	609	604	637	653	664
55-64	659	706	673	696	711
65-74	733	822	804	948	927
75-84	1,024	994	933	1,131	1,158
85-94	611	602	633	752	703
95-104	65	67	77	74	78
105+				1	1



1.12 Length of Stay

Length of stay during January remained consistent with the preceding 4 months and was in fact slightly better than previous months. Previous analysis shows that there is an increase of around 1 day between summer months and winter months.

It is worth noting that the increase in length of stay in the week ending 25th December was due to by a high number of long stay discharges on the new 'Discharge to Assess Pathway' in that week.

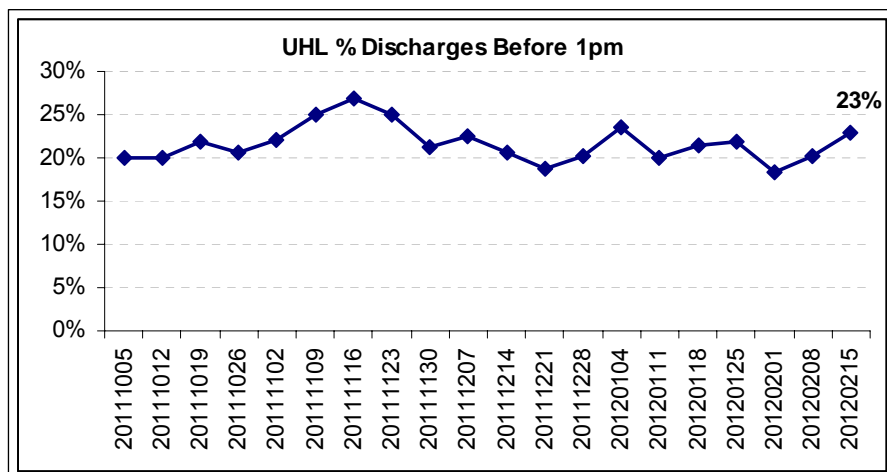
ALL EMERGENCY ADMISSIONS (EXCLUDING OBSTETRICS and WELL BABIES)

Week Ending	Emergency Admissions	Discharges (Emerg)	Net (Emerg)	OBDs (Emerg)	Ave LOS (Emerg)
04/09/2011 (Sun)	1,286	1,281	5	7,295	5.7
11/09/2011 (Sun)	1,323	1,280	43	6,767	5.3
18/09/2011 (Sun)	1,444	1,450	-6	7,770	5.4
25/09/2011 (Sun)	1,350	1,305	45	7,762	5.9
02/10/2011 (Sun)	1,433	1,457	-24	7,724	5.3
09/10/2011 (Sun)	1,416	1,415	1	8,352	5.9
16/10/2011 (Sun)	1,438	1,462	-24	8,600	5.9
23/10/2011 (Sun)	1,291	1,277	14	7,278	5.7
30/10/2011 (Sun)	1,415	1,377	38	7,133	5.2
06/11/2011 (Sun)	1,397	1,414	-17	8,376	5.9
13/11/2011 (Sun)	1,340	1,368	-28	8,632	6.3
20/11/2011 (Sun)	1,440	1,437	3	7,390	5.1
27/11/2011 (Sun)	1,421	1,436	-15	8,371	5.8
04/12/2011 (Sun)	1,505	1,439	66	7,749	5.4
11/12/2011 (Sun)	1,472	1,463	9	8,645	5.9
18/12/2011 (Sun)	1,451	1,465	-14	7,693	5.3
25/12/2011 (Sun)	1,495	1,696	-201	10,810	6.4
01/01/2012 (Sun)	1,553	1,390	163	6,366	4.6
08/01/2012 (Sun)	1,525	1,458	67	8,228	5.6
15/01/2012 (Sun)	1,500	1,535	-35	8,619	5.6
22/01/2012 (Sun)	1,583	1,538	45	8,494	5.5
29/01/2012 (Sun)	1,598	1,568	30	8,082	5.2
Sum:	31,676	31,511	165	176,136	5.6

1.13 Key Metrics and Patient Flows

As part of the winter preparedness plans additional resources for imaging were put in place during the weekend and additional pharmacy support placed in the Discharge Lounge. Increased triage support was also provided. Improving patient flows via discharge processes is a key focus which is monitored in part via four key metrics. These include:

a) Discharges before 1pm in December 2011 and January 2012 (20% target)

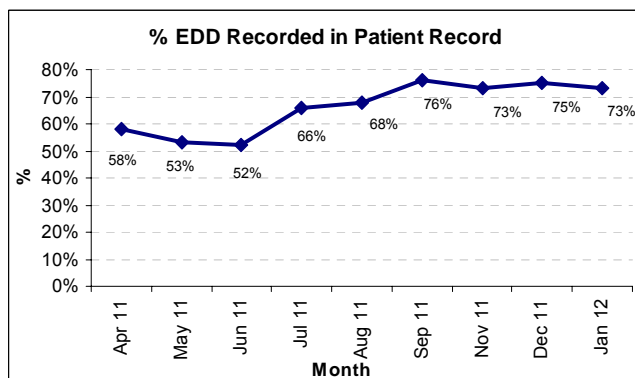


	Dec	Jan
Acute Care	21%	22%
Planned Care	20%	18%
Women's & Children's	20%	21%
Cardiac/Renal/C. Care	25%	25%
Medicine	20%	20%
Respiratory	21%	22%

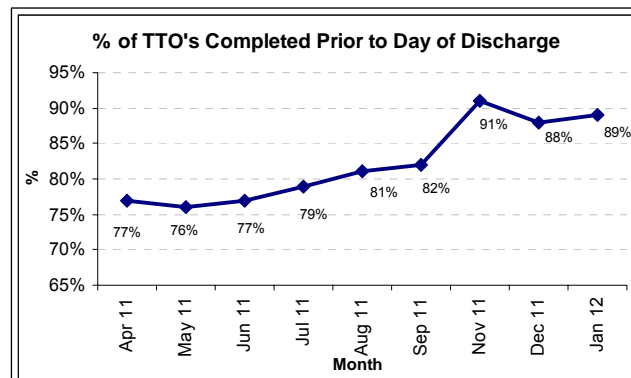
b) Ward/Board Rounds

Discipline	% Attendance (Dec)	% Attendance (Jan)
Con/Reg	90	89.5
Any Medical	93	94
Nurse	92.09	91.8
OT	92.02	94.3
Board Round frequency (M-F)	98.5	97.5

c) EDD Performance



d) TTO Preparedness



1.14 Delayed Bed Days

During the month of December, there were 112 episodes recorded as a 'Delayed Transfer of Care', making the combined average of 3.2 delays per 100,000 population for this month.

Of these, 19 were 'Assessment Days' - 6 attributed to UHL and 13 non UHL e.g. availability of psychiatrist to assess patient; availability of social worker for CHC assessment, family availability to attend CHC assessment.

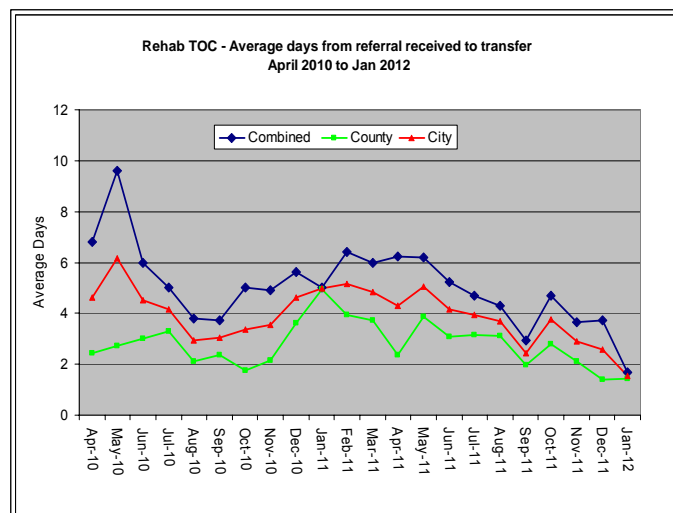
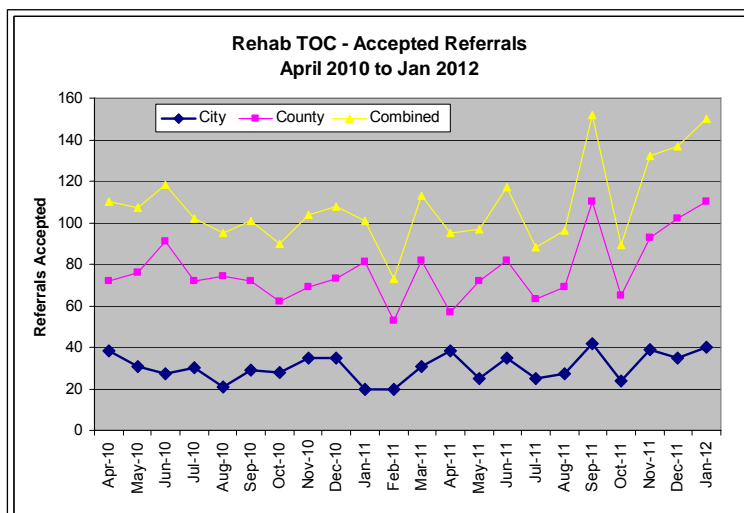
The remaining 93 delays, were due to factors outside of UHL's control including: social care assessments; continuing health care panels, availability of rehabilitation beds in the community, care home placements and family choice.

During the month of January 2012, there were 77 episodes recorded as a 'Delayed Transfer of Care', making the combined average of 3.1 delays per 100,000 population for this month.

Of these 12 were 'Assessment Days' – 5 attributed to UHL and 7 non UHL reasons e.g. availability of social worker to complete Human Rights assessment; family availability to attend CHC assessment; eligibility assessment by housing department

The remaining 65 delays were due to factors outside of UHL control.

1.15 Rehabilitation Transfers of Care



The above charts show an improving position in the utilisation of rehabilitation capacity, further aided by additional beds opened during the MII for a four week period subsequently extended by one week.

2.0 Notable Factors of UHL Major Internal Incidents (January 2012)

The following areas were found to be key factors immediately prior to the MII's.

- ED attendance levels overall rose significantly immediately following the second bank holiday period as may be seen below

Date	% Increase Compared to 2010/2011
2/1/2012	4%
3/1/2012	2%
4/1/2012	39%
5/1/2012	22%
6/1/2012	15%

Date	% increase/decrease compared to 2010
26/01/2012	31.1%
27/01/2012	4.4%
28/01/2012	14.1%
29/01/2012	2.1%
30/01/2012	1.9%
31/01/2012	-7.9%
01/02/2012	5.1%
02/02/2012	5.7%
03/02/2012	-2.5%

- Post both Bank Holidays (i.e. 28th December and 3rd January) there was a significant increase in Emergency admissions overall on a 9 day sustained period with a more noticeable increase in Emergency GP Bed Bureau admissions.
- Age profiling shows that the highest volumes of admissions were for the 64+ age group, with high levels of admissions for neurology, respiratory and cardiac specialties
- Approximately 130 beds at UHL were opened as this activity did not subside in order to accommodate the increasing admissions
- The number of 'outliers' during this period had increased to 47
- Discharge levels over the bank holiday period taking into account the older age group and acuity of patients was credible
- Despite an increasing waiting time, there were also patients suitable for rehabilitation beds, though some were unable to be transferred due to condition specific placements, hospital-specific placements or required gender-specific rooms/beds which caused delays in outflow
- There were emerging delays for social care packages

In addition to the above, as the emerging pressures were growing, all non-essential training was being cancelled to support the additional bed capacity and to maintain agreed staffing levels, and clinical SPA's were being converted to DCC to provide more direct patient facing intervention

3.0 Positive Interventions and Planning

- The intervention of additional rehabilitation beds and the discharge to assess processes
- Introduced the day post the 4th January MII were positive. This was for a bespoke initial period and then on request extended. Closure of these beds however occurred one week prior to the 3rd MII
- Positive utilisation of the additional rehabilitation capacity where appropriate
- Extending the transfer time of patients to nursing and residential homes was felt to be beneficial and has continued to be so
- The non weight bearing pathway developed prior to the bank holiday period was seen to be both beneficial and successful
- The coming together of all agencies on the day of the internal incidents proved to have a positive role in temporarily improving a very difficult position. Agencies were aware of where representation lapsed during the course of the running of the MII
- Increased and rapid communication across all agencies led to better and faster decision making
- Winter Planning systems were felt to be more robust than previous years despite the MII though the planned increased winter beds (based on previous years and predictive tool) did not account for the notable increases that occurred
- Positive improvements were made preceding the winter months regarding local system communications, patient pathway introduction and escalation management
- Positive interventions in the management of the elderly frail through FOPAL and EFU were seen to be beneficial
- Staffing coverage during the extended bank holiday period was increased as planned
- Increased triage systems were put in place and maintained over the initial bank holiday period and beyond recognising the annual increase in activity post new year
- Improvements during the year relating to discharge planning and awareness were positive to the point of discharge lounges on both sites having full utilisation and subsequent 'Flory' bids being submitted for minor enabling works to be extended (not successful)

4.0 Key Learning Points

Whilst there are positive developments and preparedness for the winter months, there are also areas of learning.

- Further consideration to be given to the introduction of additional rehabilitation beds at an earlier stage which had been identified as a required resource during the winter planning process.
- Where additional rehabilitation beds are opened, and evidence to show positive utilisation, for these to be maintained where pressure across the LLR system is showing to remain (including challenges in maintaining staffing to support the volume of additional beds on the LLR site)
- Earlier identification of suitable patients for step-down beds (health funded)
- Further consideration to be given for the ability of Spot Purchasing to be agreed prior to the winter period as identified during the winter planning process
- Review potential of augmenting the use of surgeries at weekends, and, increased opening hours over extended public holiday periods
- Introduction of psychiatric review thresholds for ward adult patients
- Consideration to be given to the provision of community intravenous (IV) support as an alternative to UHL admission (previously submitted as part of the Flory bids with a weekly saving of circa 10 beds)
- Expand community matron support (particularly with regards to in-reach) as part of the emergency flow management
- Review the potential of admission avoidance via EMAS city response vehicle
- Ensure the economy as a whole respond to the predictive modelling where periods of intense pressure are known. (whilst predictive modelling of acute periods of activity is always difficult due to its inherent stochastic nature, consideration to be given that any reduction in services outside of the acute facility has the potential to lead to a build up of patients waiting for egress)
- Continued need to expedite patient discharge and improve local management through delegate nurse discharge and therapy intervention
- Undertake a review regarding the emergency flow both within and external to the Trust
- Identify wider LEAN methodologies that could enable and further improve pathways
- Undertake a detailed review of bed capacity as part of the capacity review programme

S. Hinchliffe
Chief Operating Officer/Chief Nurse

P. Walmsley
Head of Operations

Emergency Department
Patient Survey

Emergency Department *Front Door Audit March 11 - January 12*

Data Source: Front Door Audit Completed by Patient	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	12 months
Number of patients interviewed	84	119	78	100	100	100	98	100	99	100	100	1078
1. Why Have you come into A&E today?												
Minor illness.	11%	22% ▲	36% ▲	15% ▼	11% ▼	10% ▼	10% —	19% ▲	16% ▼	27% ▲	15% ▼	17%
Chronic pain.	7%	6% ▼	5% ▼	19% ▲	23% ▲	10% ▼	2% ▼	7% ▲	1% ▼	4% ▲	9% ▲	8%
Minor injury.	55%	49% ▼	42% ▼	46% ▲	33% ▼	38% ▲	63% ▲	45% ▼	59% ▲	55% ▼	61% ▲	50%
Breathing problems.	0%	2% ▲	1% ▼	4% ▲	1% ▼	3% ▲	3% —	2% ▼	1% ▼	2% ▲	0% ▼	2%
Renewal of Medication.	0%	0% —	0% —	0% —	0% —	0% —	1% ▲	0% ▼	0% —	0% —	0% —	0%
Other.	25%	18% ▼	12% ▼	15% ▲	26% ▲	29% ▲	18% ▼	26% ▲	20% ▼	12% ▼	11% ▼	19%
No response.	2%	3% ▲	4% ▲	1% ▼	6% ▲	10% ▲	2% ▼	1% ▼	3% ▲	0% ▼	4% ▲	3%
2. How long has this problem been going on for?												
Few hours.	44%	43% ▼	35% ▼	46% ▲	44% ▼	40% ▼	47% ▲	42% ▼	47% ▲	41% ▼	45% ▲	43%
1 day.	25%	24% ▼	13% ▼	12% ▼	16% ▲	19% ▲	19% —	22% ▲	26% ▲	18% ▼	23% ▲	20%
2 days.	4%	6% ▲	19% ▲	12% ▼	12% —	9% ▼	7% ▼	10% ▲	6% ▼	6% —	6% —	9%
3 days.	7%	3% ▼	6% ▲	7% ▲	2% ▼	7% ▲	2% ▼	3% ▲	4% ▲	7% ▲	8% ▲	5%
4 - 6 days.	1%	5% ▲	9% ▲	6% ▼	8% ▲	4% ▼	3% ▼	8% ▲	3% ▼	8% ▲	7% ▼	6%
1 week.	8%	4% ▼	4% —	3% ▼	5% ▲	3% ▼	3% —	3% —	3% —	6% ▲	1% ▼	4%
More than a week.	6%	12% ▲	10% ▼	7% ▼	11% ▲	2% ▼	4% ▲	9% ▲	6% ▼	5% ▼	9% ▲	7%
No response.	5%	3% ▼	4% ▲	7% ▲	2% ▼	16% ▲	14% ▼	3% ▼	4% ▲	9% ▲	1% ▼	6%
3. Patients registered with a GP												
Patients registered with a GP.	83%	83% —	86% ▲	83% ▼	85% ▲	87% ▲	79% ▼	88% ▲	90% ▲	89% ▼	92% ▲	86%
Patients not registered with a GP.	5%	17% ▲	12% ▼	4% ▼	15% ▲	2% ▼	15% ▲	12% ▼	10% ▼	11% ▲	6% ▼	10%
No response.	12%	0% ▼	3% ▲	13% ▲	0% ▼	11% ▲	6% ▼	0% ▼	0% —	0% —	2% ▲	4%
4. Have you tried to see your GP before coming in?												
Yes.	17%	20% ▲	38% ▲	6% ▼	25% ▲	23% ▼	18% ▼	31% ▲	24% ▼	22% ▼	23% ▲	23%
No.	71%	71% —	45% ▼	64% ▲	53% ▼	63% ▲	45% ▼	55% ▲	60% ▲	48% ▼	55% ▲	57%
No response.	12%	8% ▼	17% ▲	30% ▲	22% ▼	14% ▼	37% ▲	14% ▼	16% ▲	30% ▲	22% ▼	20%

Emergency Department
Patient Survey

Emergency Department *Front Door Audit March 11 - January 12*

University Hospitals of Leicester NHS Trust

Caring at its best

Data Source: Front Door Audit Completed by Patient	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	12 months
Number of patients interviewed	84	119	78	100	100	100	98	100	99	100	100	1078
5. If yes, how many times have you tried in last week?												
Once.	79%	38% ▼	67% ▲	50% ▼	56% ▲	43% ▼	72% ▲	74% ▲	67% ▼	64% ▼	52% ▼	60%
Twice.	0%	13% ▲	10% ▼	17% ▲	8% ▼	9% ▲	0% ▼	10% ▲	17% ▲	9% ▼	13% ▲	9%
Three times.	0%	8% ▲	0% ▼	0% —	4% ▲	0% ▼	0% —	0% —	0% —	5% ▲	0% ▼	2%
Four times.	7%	0% ▼	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0% —	1%
More than four occasions.	7%	0% ▼	7% ▲	0% ▼	8% ▲	4% ▼	0% ▼	3% ▲	0% ▼	0% —	9% ▲	3%
No response.	7%	42% ▲	17% ▼	33% ▲	24% ▼	43% ▲	28% ▼	13% ▼	17% ▲	23% ▲	26% ▲	25%
6. If no, why not?												
My GP is always too busy.	0%	0% —	0% —	0% —	0% —	0% —	1% ▲	0% ▼	0% —	0% —	5% ▲	1%
I couldn't get an appointment until...%.	0%	0% —	3% ▲	0% ▼	0% —	0% —	1% ▲	3% ▲	3% —	1% ▼	0% ▼	1%
I thought this problem needs a hospital doctor.	73%	3% ▼	9% ▲	24% ▲	32% ▲	47% ▲	53% ▲	45% ▼	43% ▼	49% ▲	56% ▲	39%
It's easier for me to come to A&E.	7%	38% ▲	38% —	47% ▲	27% ▼	19% ▼	4% ▼	6% ▲	19% ▲	16% ▼	9% ▼	21%
My GP advised me to come to A&E.	16%	1% ▼	23% ▲	7% ▼	8% ▲	9% ▲	18% ▲	3% ▼	14% ▲	14% —	22% —	12%
The ambulance took me in.	0%	1% ▲	1% —	1% —	1% —	0% ▼	0% —	0% —	0% —	0% —	0% —	0%
NHS direct advised me to come to A&E.	3%	5% ▲	0% ▼	12% ▲	5% ▼	4% ▼	1% ▼	1% —	3% ▲	5% ▲	1% ▼	4%
My friend took me here.	1%	16% ▲	1% ▼	2% ▲	12% ▲	4% ▼	5% ▲	14% ▲	4% ▼	14% ▲	6% ▼	7%
The police took me here.	0%	2% ▲	0% ▼	0% —	1% ▲	0% ▼	0% —	1% ▲	0% ▼	0% —	1% ▲	1%
Other.	0%	0% —	0% —	0% —	3% ▲	3% —	4% ▲	0% ▼	13% ▲	0% ▼	0% —	2%
No response.	0%	34% ▲	24% ▼	6% ▼	11% ▲	14% ▲	14% —	26% ▲	0% ▼	0% —	0% —	12%
7. NEW: Were you aware of the urgent care centre?												
Aware	-	42%	51% ▲	33% ▼	42% ▲	29% ▼	33% ▲	32% ▼	31% ▼	41% ▲	48% ▲	38%
Not aware	-	38%	47% ▲	34% ▼	52% ▲	55% ▲	56% ▲	56% —	49% ▼	39% ▼	45% ▲	47%
No response	-	20%	1% ▼	33% ▲	6% ▼	16% ▲	11% ▼	12% ▲	19% ▲	20% ▲	7% ▼	15%

Emergency Department
Patient Survey

Emergency Department *Patient Experience* March 11 - January 12



Data Source: Front Door Audit Completed by Patient

	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	12 months
Number of patients participating	73	96	99	100	91	100	100	100	94	75	67	995
Which area of ED is the patient in?												
Majors	71%	82% ▲	74% ▼	70% ▼	66% ▼	67% ▲	65% ▼	52% ▼	55% ▲	65% ▲	60% ▼	66%
Minors	12%	16% ▲	3% ▼	12% ▲	10% ▼	11% ▲	9% ▼	9% —	10% ▲	23% ▲	6% ▼	11%
EDU	4%	0% ▼	12% ▲	3% ▼	1% ▼	5% ▲	14% ▲	22% ▲	11% ▼	4% ▼	0% ▼	7%
Paeds	3%	0% ▼	2% ▲	9% ▲	3% ▼	3% —	6% ▲	5% ▼	4% ▼	1% ▼	0% ▼	3%
Resus	1%	0% ▼	5% ▲	3% ▼	4% ▲	8% ▲	6% ▼	0% ▼	4% ▲	0% ▼	3% ▲	3%
Not stated	8%	2% ▼	4% ▲	3% ▼	15% ▲	6% ▼	0% ▼	12% ▲	16% —	7% ▼	31% ▲	10%
Gender												
Male	47%	57% ▲	62% ▲	42% ▼	51% ▲	49% ▼	39% ▼	47% ▲	43% ▼	43% —	45% ▲	48%
Female	53%	42% ▼	36% ▼	55% ▲	45% ▼	51% ▲	45% ▼	52% ▲	56% ▲	56% —	52% ▼	49%
Not stated	0%	1% ▲	2% ▲	3% ▲	4% ▲	0% ▼	16% ▲	1% ▼	1% —	1% —	3% ▲	3%
Age												
17 yrs or younger	5%	1% ▼	6% ▲	12% ▲	4% ▼	4% —	7% ▲	0% ▼	0% —	0% —	0% —	4%
18-25			12%	5% ▼	11% ▲	12% ▲	10% ▼	8% ▼	10% ▲	17% ▲	10% ▼	11%
26-35			11%	18% ▲	12% ▼	16% ▲	6% ▼	7% ▲	14% ▲	8% ▼	12% ▲	12%
36-50			18%	15% ▼	23% ▲	14% ▼	8% ▼	20% ▲	20% —	19% ▼	16% ▼	17%
51-64			12%	11% ▼	18% ▲	17% ▼	12% ▼	14% ▲	13% ▼	12% ▼	13% ▲	14%
18-64	53%	54% ▲	54% —	49% ▼	64% ▲	59% ▼	36% ▼	49% ▲	56% ▲	56% —	52% ▼	53%
65-74			8%	16% ▲	8% ▼	14% ▲	14% —	13% ▼	11% ▼	9% ▼	18% ▲	12%
75-84			14%	14% —	12% ▼	12% —	19% ▲	16% ▼	21% ▲	19% ▼	10% ▼	15%
85 yrs or older			16%	6% ▼	8% ▲	11% ▲	10% ▼	16% ▲	5% ▼	11% ▲	16% ▲	11%
65 yrs or older	40%	44% ▲	38% ▼	36% ▼	27% ▼	37% ▲	43% ▲	45% ▲	37% ▼	39% ▲	45% ▲	39%
Not stated	1%	1% —	2% ▲	3% ▲	4% ▲	0% ▼	14% ▲	6% ▼	6% —	5% ▼	3% ▼	4%
Ethnicity												
White	78%	89% ▲	79% ▼	74% ▼	73% ▼	72% ▼	66% ▼	86% ▲	86% —	68% ▼	81% ▲	77%
Mixed	0%	2% ▲	1% ▼	3% ▲	0% ▼	0% —	4% ▲	3% ▼	5% ▲	4% ▼	0% ▼	2%
Asian or Asian British	12%	5% ▼	11% ▲	14% ▲	15% ▲	17% ▲	10% ▼	8% ▼	6% ▼	11% ▲	10% ▼	11%
Black or Black British	3%	1% ▼	2% ▲	1% ▼	3% ▲	1% ▼	0% ▼	0% —	1% ▲	3% ▲	4% ▲	2%
Chinese	0%	0% —	1% ▲	0% ▼	0% —	1% ▲	0% ▼	0% —	0% —	0% —	0% —	0%
Other	1%	1% —	5% ▲	0% ▼	3% ▲	4% ▲	1% ▼	3% ▲	0% ▼	4% ▲	0% ▼	2%
Not stated	5%	0% ▼	1% ▲	8% ▲	5% ▼	5% —	19% ▲	0% ▼	1% ▲	11% ▲	4% ▼	5%

Emergency Department
Patient Survey

Emergency Department *Patient Experience March 11 - January 12*



Data Source: Front Door Audit Completed by Patient	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	12 months
Number of comments received	157	197	495	500	454	499	499	500	469	500	500	4770
Overall												
Positive	70%	59% ▼	93% ▲	93% —	95% ▲	90% ▼	94% ▲	93% ▼	94% ▲	97% ▲	97% —	89%
Neutral	10%	18% ▲	5% ▼	4% ▼	1% ▼	9% ▲	3% ▼	4% ▲	4% —	2% ▼	2% —	6%
Negative	20%	23% ▲	2% ▼	3% ▲	4% ▲	1% ▼	3% ▲	3% —	2% ▼	1% ▼	1% —	6%
Care Received												
Positive	84%	69% ▼	88% ▲	89% ▲	100% ▲	94% ▼	92% ▼	92% —	94% ▲	93% ▼	96% ▲	90%
Neutral	8%	28% ▲	9% ▼	7% ▼	0% ▼	6% ▲	5% ▼	5% —	4% ▼	5% ▲	3% ▼	7%
Negative	8%	3% ▼	3% —	4% ▲	0% ▼	0% —	3% ▲	3% —	2% ▼	1% ▼	1% —	3%
Information Received												
Positive	80%	43% ▼	92% ▲	99% ▲	96% ▼	96% —	99% ▲	100% ▲	99% ▼	99% —	100% ▲	88%
Neutral	0%	14% ▲	6% ▼	1% ▼	0% ▼	4% ▲	1% ▼	0% ▼	1% ▲	1% —	0% ▼	4%
Negative	20%	43% ▲	2% ▼	0% ▼	4% ▲	0% ▼	0% —	0% —	0% —	0% —	0% —	8%
Waiting Times												
Positive	21%	36% ▲	88% ▲	92% ▲	90% ▼	78% ▼	86% ▲	84% ▼	91% ▲	97% ▲	91% ▼	78%
Neutral	24%	7% ▼	8% ▲	4% ▼	2% ▼	20% ▲	8% ▼	9% ▲	5% ▼	3% ▼	4% ▲	9%
Negative	56%	57% ▲	4% ▼	4% —	8% ▲	2% ▼	6% ▲	7% ▲	3% ▼	0% ▼	4% ▲	14%
NEW - Privacy												
Positive			99%	97% ▼	99% ▲	92% ▼	95% ▲	100% ▲	98% ▼	97% ▼	99% ▲	97%
Neutral			0%	2% ▲	0% ▼	8% ▲	1% ▼	0% ▼	2% ▲	0% ▼	0% —	1%
Negative			1%	1% —	1% —	0% ▼	3% ▲	0% ▼	0% —	3% ▲	1% ▼	1%
NEW - Dignity and Respect												
Positive			99%	99% —	96% ▼	96% —	99% ▲	100% ▲	99% ▼	99% —	100% ▲	98%
Neutral			1%	1% —	0% ▼	4% ▲	1% ▼	0% ▼	1% ▲	1% —	0% ▼	1%
Negative			0%	0% —	4% ▲	0% ▼	0% —	0% —	0% —	0% —	0% —	0%

NHS Leicester, Leicestershire & Rutland

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

Week Ending 19 February 2012

Urgent Care Weekly Flash Report

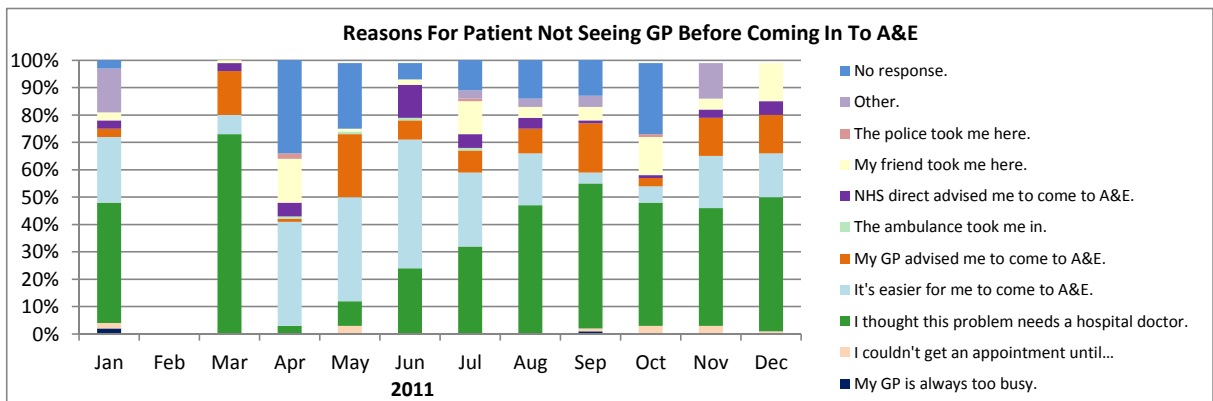
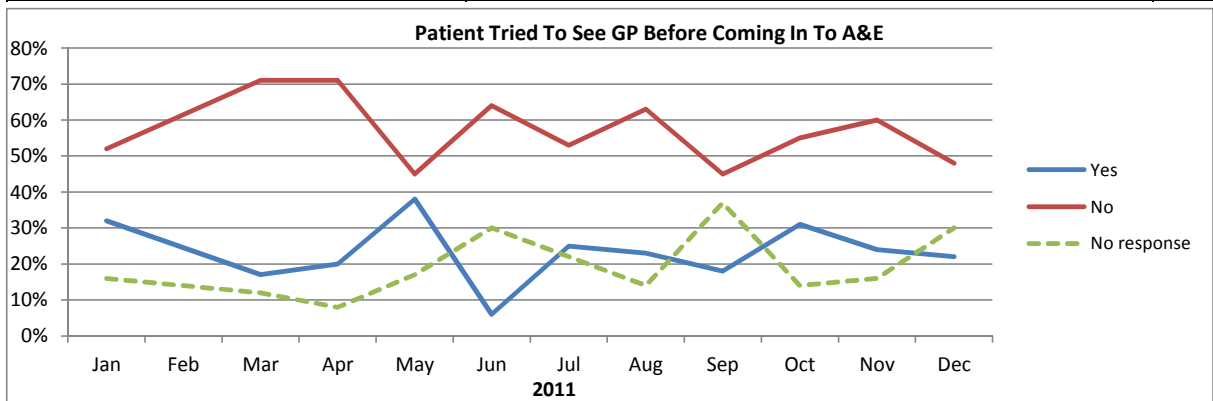
Week Ending 19 February 2012

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%	1%	
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%	39%	
It's easier for me to come to A&E.	24%	-	7%	38%	38%	47%	27%	19%	4%	6%	19%	16%	21%	
My GP advised me to come to A&E.	3%	-	16%	1%	23%	7%	8%	9%	18%	3%	14%	14%	12%	
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%	1%	
Other.	16%	-	0%	0%	0%	0%	3%	3%	4%	0%	13%	0%	2%	
No response.	3%	-	0%	34%	24%	6%	11%	14%	14%	26%	0%	0%	12%	



Urgent Care Weekly Flash Report

Week Ending 19 February 2012

FLOW THROUGH A&E

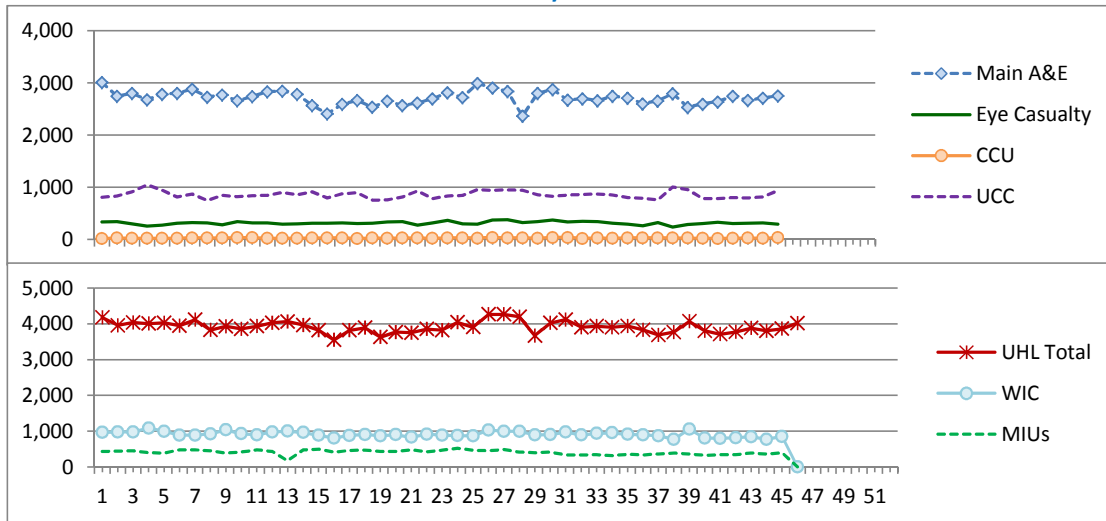
LLR PROVIDERS SUMMARY

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
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	799	345
22/01/2012	2,638	330	23	782	3,773	818	339
29/01/2012	2,743	308	27	804	3,882	845	386
05/02/2012	2,663	314	31	797	3,805	770	364
12/02/2012	2,706	317	27	813	3,863	852	397
19/02/2012	2,751	294	36	939	4,020	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
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	37,763	16,850
22/01/2012	113,953	13,282	1,269	36,095	164,599	38,581	17,189
29/01/2012	116,696	13,590	1,296	36,899	168,481	39,426	17,575
05/02/2012	119,359	13,904	1,327	37,696	172,286	40,196	17,939
12/02/2012	122,065	14,221	1,354	38,509	176,149	41,048	18,336
19/02/2012	124,816	14,515	1,390	39,448	180,169	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 19 February 2012

FLOW THROUGH A&E

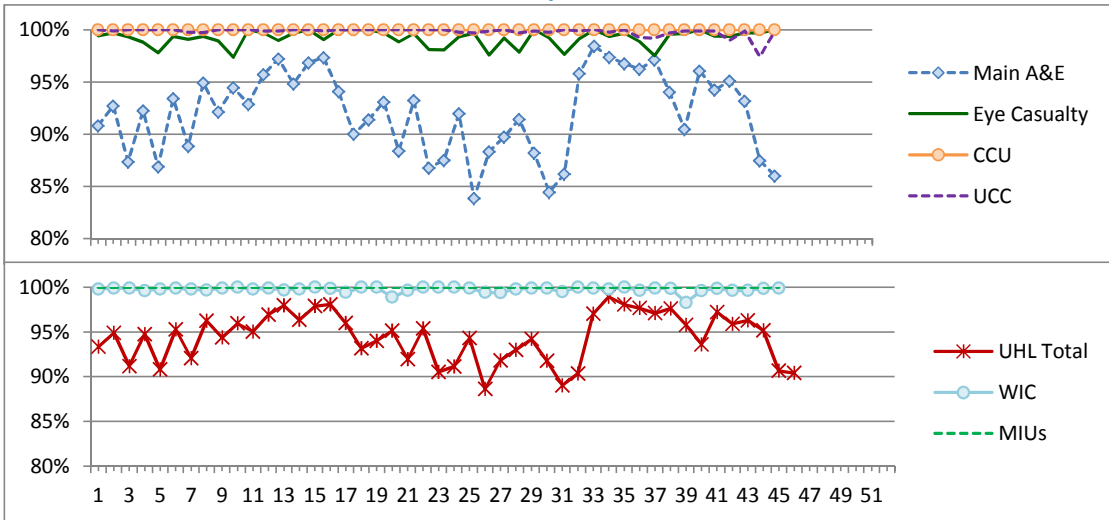
LLR PROVIDERS SUMMARY

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

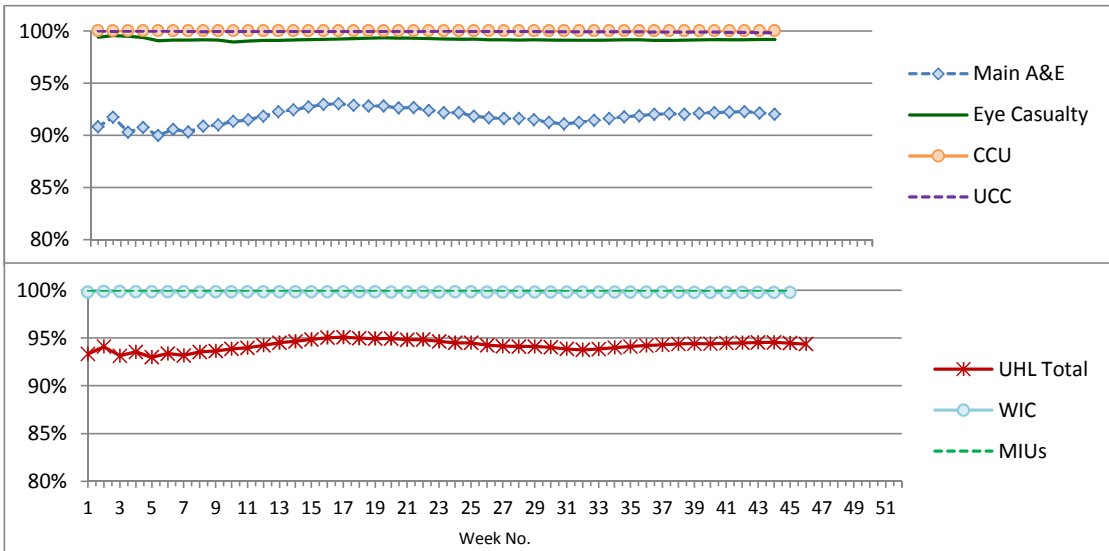
A&E PERFORMANCE - % Patients Seen Within 4 Hours							
Weekly Actuals	UHL					Other Providers	
Latest 8 Weeks Ending:	Main A&E	Eye Casualty	CCU	UCC	UHL Total	WIC	MIUs
01/01/2012	94.02%	99.58%	100.00%	99.70%	95.80%	98.29%	100.00%
08/01/2012	90.49%	99.65%	100.00%	99.90%	93.61%	99.63%	100.00%
15/01/2012	96.07%	100.00%	100.00%	99.87%	97.22%	99.87%	100.00%
22/01/2012	94.24%	99.39%	100.00%	99.87%	95.89%	99.63%	100.00%
29/01/2012	95.11%	99.35%	100.00%	99.00%	96.29%	99.64%	100.00%
05/02/2012	93.17%	99.68%	100.00%	99.87%	95.16%	99.87%	100.00%
12/02/2012	87.47%	99.68%	100.00%	97.42%	90.65%	99.88%	100.00%
19/02/2012	86.01%	100.00%	100.00%	99.89%	90.40%	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
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%	99.75%	100.00%
22/01/2012	92.17%	99.14%	100.00%	99.89%	94.48%	99.74%	100.00%
29/01/2012	92.24%	99.15%	100.00%	99.87%	94.52%	99.74%	100.00%
05/02/2012	92.26%	99.16%	100.00%	99.87%	94.54%	99.74%	100.00%
12/02/2012	92.15%	99.17%	100.00%	99.82%	94.45%	99.75%	100.00%
19/02/2012	92.02%	99.19%	100.00%	99.82%	94.36%	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 19 February 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%	5.4%	6.5%	▲	5.9%	0.83%	2.60%	▲	n/a
Left Without Being Seen Rate	Target: < 5%	2.2%	2.9%	▲	2.3%	4.78%	3.81%	▼	n/a
Timeliness									
Total Time in the A&E Department (minutes) - 95th Percentile									
Admitted Patients:	Target: <=240	477	529	▲	463	-	-	↔	-
Non-Admitted Patients:	Target: <=240	266	264	▼	239	210	187	▼	n/a
All Patients:	Target: <=240	357	361	▲	294	210	187	▼	n/a
Time to Initial Assessment (minutes) - 95th Percentile (patients brought in by ambulance)									
	Target: <=15	32	32	↔	47	1	1	↔	n/a
Time to Treatment (minutes) - Median									
	Target: <=60	51	55	▲	44	41	46	▲	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	6	457	4	321	1	46	1	74	0	16
Clinical Exception	23	869	9	423	4	142	8	269	2	35
Miscoded	75	632	36	288	5	37	25	196	9	111
Waiting For Assessment	138	3,539	57	1,357	6	214	62	1,500	13	468
Waiting For Bed	23	2,361	18	1,804	2	239	3	272	0	46
Waiting For Diagnostic	3	372	1	134	0	27	2	206	0	5
Waiting For Specialist	2	307	1	61	0	93	1	106	0	47
Waiting For Transport	2	823	2	494	0	49	0	220	0	60
Waiting For Treatment	0	0	0	0	0	0	0	0	0	0
Unexpected Test Results	4	77	3	56	0	10	1	11	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total Breaches	276	9,437	131	4,938	18	857	103	2,854	24	788

* 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	164	185	▲ 7799

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 19 February 2012

FLOW THROUGH MEDICAL UNITS

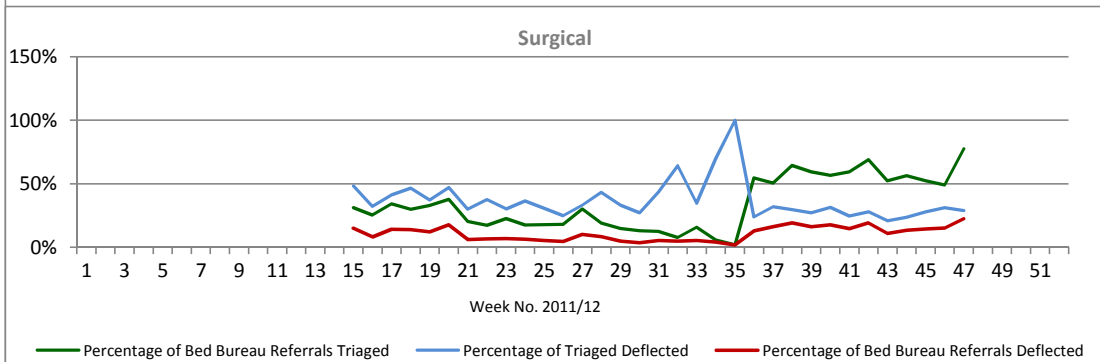
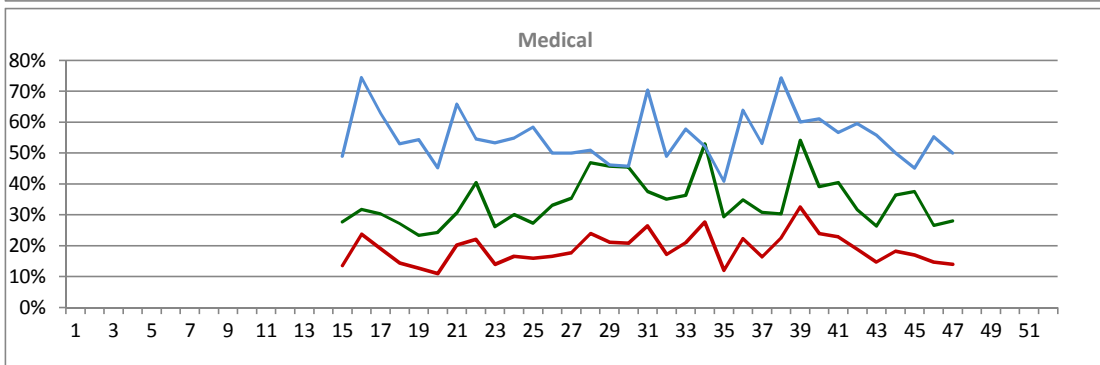
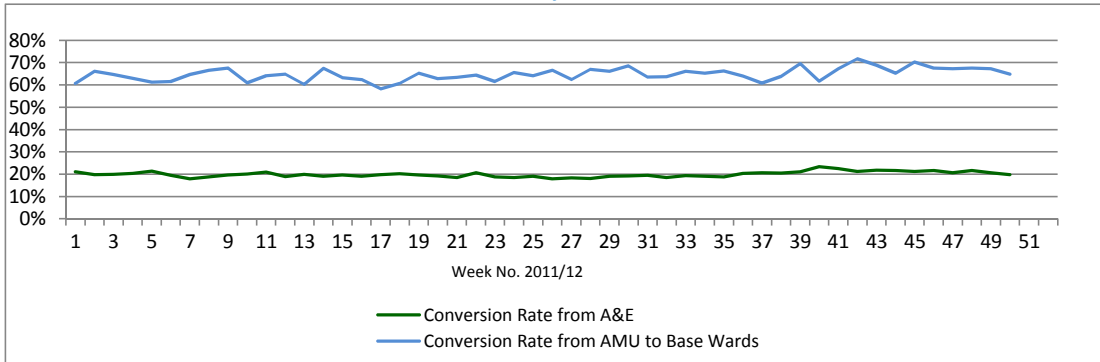
University Hospitals of Leicester

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)	21.69%	20.61%	▼	19.86%
Conversion Rate from AMU to Base Wards - LLR Commissioners (% Emergency Admissions admitted via AMU and discharged from base ward)	67.57%	67.22%	▼	64.78%
Bed Bureau Referrals				
Medical - LRI (AMU) Triage Clinic				
No. Bed Bureau Referrals	143	143	↔	-
No. Triaged Through AMU Clinic	38	40	▲	-
No. Deflected	21	20	▼	-
Percentage of Bed Bureau Referrals Triaged	26.6%	28.0%	▲	-
Percentage of Triaged Deflected	55.3%	50.0%	▼	-
Percentage of Bed Bureau Referrals Deflected	14.7%	14.0%	▼	-
Surgical - LGH (Triage Clinic) + LRI (Next Day OPD Clinic)				
No. Bed Bureau Referrals	183	200	▲	-
No. Triaged Through AMU Clinic	90	155	▲	-
No. Deflected	28	45	▲	-
Percentage of Bed Bureau Referrals Triaged	49.2%	77.5%	▲	-
Percentage of Triaged Deflected	31.1%	29.0%	▼	-
Percentage of Bed Bureau Referrals Deflected	15.3%	22.5%	▲	-

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 19 February 2012

OUTFLOW

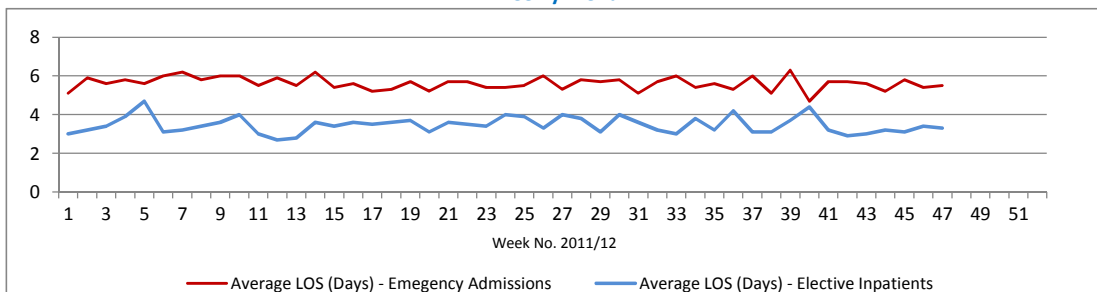
University Hospitals of Leicester

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

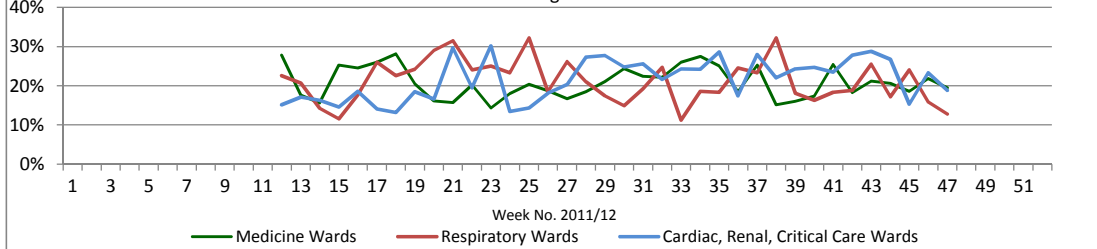
Outflow	Last Week	This Week		YTD
Average LOS (Days) - Emergency Admissions	5.4	5.5	▲	5.6
Average LOS (Days) - Elective Inpatient Admissions	3.4	3.3	▼	3.4
Discharge Rates Before 1 pm Target: >= 20%				
Medicine Wards	15.9%	12.8%	▼	-
Respiratory Wards	23.3%	18.8%	▼	-
Cardiac, Renal, Critical Care Wards	23.3%	18.8%	▼	-
Delayed Discharges				
Occupied Beddays for Delayed Discharges at UHL				
A - Awaiting assessments	5	24	▲	-
B - Awaiting public funding	20	24	▲	-
C - Awaiting further non-acute NHS care	0	0	↔	-
D(i) - Awaiting Residential Home placement	15	4	▼	-
D(ii) - Awaiting Nursing Home placement	31	25	▼	-
E - Awaiting Domiciliary Package	4	13	▲	-
F - Awaiting Community Equipment	11	4	▼	-
G - Awaiting patient / family choice	13	34	▲	-
H- Disputes	0	0		-
I- Housing- Patients not covered by NHS/ Community Care Act	0	0		-
Total	99	128	▲	-
Occupied Beddays for Rehab / Community Bed Delays (City + County)	44	31	▼	-
	Nov 2011	Dec 2011		YTD
Re-Beds due to Patient Transport Issues (EMAS)	0	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

