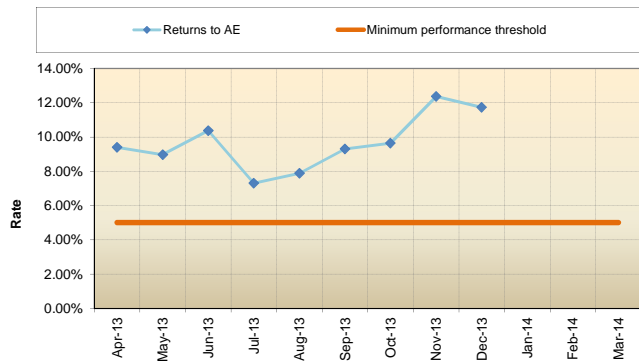


LIVERPOOL WOMEN'S HOSPITAL NHS FOUNDATION TRUST 2013/14 Accident & Emergency Department Clinical Quality Indicators

Unplanned re-attendance [HQU09]

Unplanned re-attendance rate



Description of data

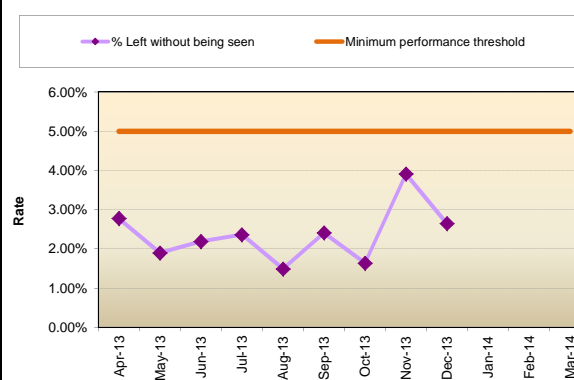
Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional)

Key messages

- The re-attendance rate can reflect quality of care on the initial attendance but does not demonstrate the cause of any problems. Good practice is for a reattending patient to be seen by a different and more senior clinician.
- Rates above 5% are likely to reflect poor quality care but rates below 1% may reflect excessive risk aversion.
- A rate above 5% may trigger intervention as this is one of the five A&E quality indicators included as a headline measure under national oversight to assess organisational and system health in the NHS Operating Framework for 2011/12.

Left without being seen [HQU11]

Left without being seen rate



Description of data

The percentage of people who leave the A&E without being seen.

Key messages

- LWBS reflects the satisfaction of patients with the initial management and experience they receive in A&E.
- The left without being seen rate should be minimal and best practice would be to have level below 5%.
- A rate at or above 5% may trigger intervention as this is one of the five A&E quality indicators included as a headline measure under national oversight to assess organisational and system health in the NHS Operating Framework for 2011/12.

Narrative None pregnancy unplanned reattendances are at 7.84%. Pregnancy related reattenders should not be excluded as it is appropriate plans of care to advise pregnant patients to reattend. An audit proposal has been submitted and we will over the next two months be undertaking an audit to improve our understanding as to why patients are reattending. This relates to the Christmas period so access to healthcare may have influenced patients decisions to reattend

Description of Performance

| | |
|------|-----------------|
| 0.0% | Rate this month |
| 5% | Target |
| | Data quality |

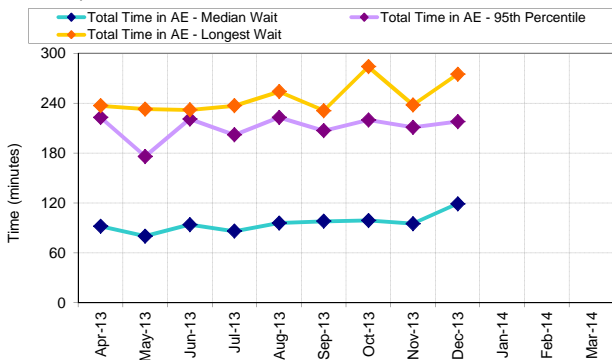
Narrative

Description of Performance

| | |
|-------|-----------------|
| 2.65% | Rate this month |
| 5% | Target |
| | Data quality |

Total time in the A&E department (admitted patients) [HQU10]

Site-level performance



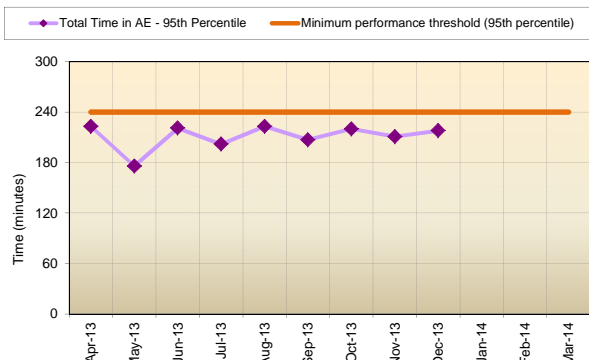
Description of data

The median, 95th percentile and single longest total time spent by patients in the A&E department, for admitted patients.

Key messages

- Timeliness of care should not deteriorate from that achieved in the last few years.
- The total time in A&E should not be investigated in isolation, and should be monitored in conjunction with the other A&E clinical quality indicators
- Clinical advice suggests that a 95th percentile wait above 4 hours for admitted patients and with the same threshold for non-admitted patients is not good practice.
- The single longest wait should be no more than 6 hours.
- A 95th percentile wait above four hours may trigger intervention as this is one of the five A&E quality indicators included as a headline measure

Site performance against national benchmarks and performance thresholds



Description of Performance

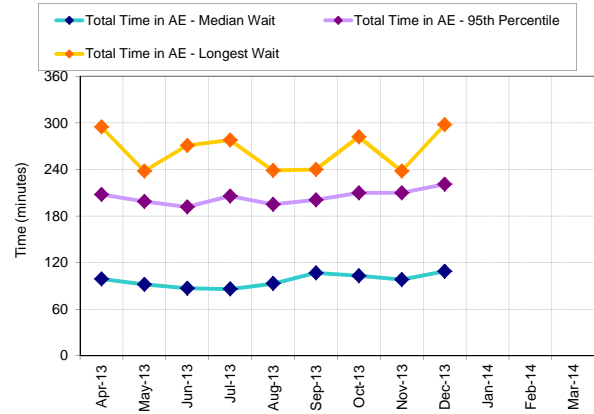
Narrative

| | |
|-----|----------------------------|
| 218 | 95th percentile this month |
| 240 | Target |
| | Data quality |

LIVERPOOL WOMEN'S HOSPITAL NHS FOUNDATION TRUST 2013/14 Accident & Emergency Department Clinical Quality Indicators

Total time in the A&E department (non-admitted patients) [HQU10]

Site-level performance



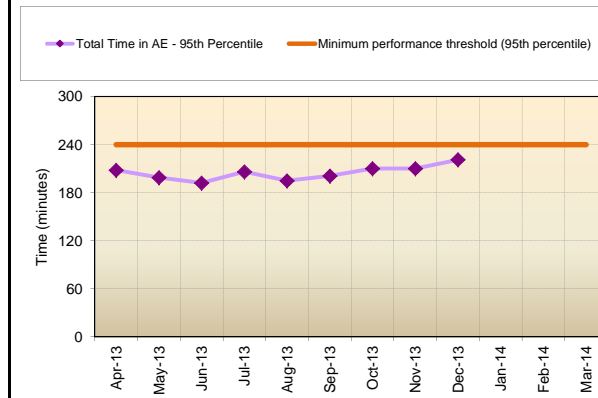
Description of data

The median, 95th percentile and single longest total time spent by patients in the A&E department, for non-admitted patients.

Key messages

- Timeliness of care should not deteriorate from that achieved in the last few years.
- The total time in A&E should not be investigated in isolation, and should be monitored in conjunction with the other A&E clinical quality indicators
- Clinical advice suggests that a 95th percentile wait above 4 hours for admitted patients and with the same threshold for non-admitted patients is not good practice.
- The single longest wait should be no more than 6 hours.
- A 95th percentile wait above four hours may trigger intervention as this is one of the five A&E quality indicators included as a headline measure under national oversight to assess organisational and system health under Technical Guidance for the 2011/12 Operating Framework – Draft 22 December 2010 38 national oversight in the NHS Operating Framework for 2011/12.

Site performance against national benchmarks and performance thresholds



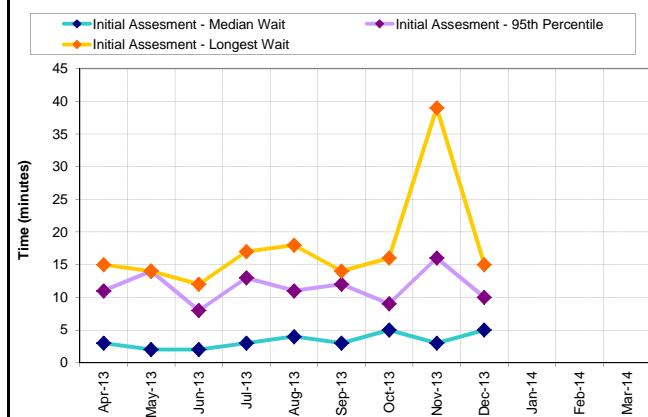
Description of Performance

| | |
|--------------|----------------------------|
| 221 | 95th percentile this month |
| 240 | Target |
| Data quality | |

Narrative

Time to initial assessment in A&E [HDQ12]

Site-level performance



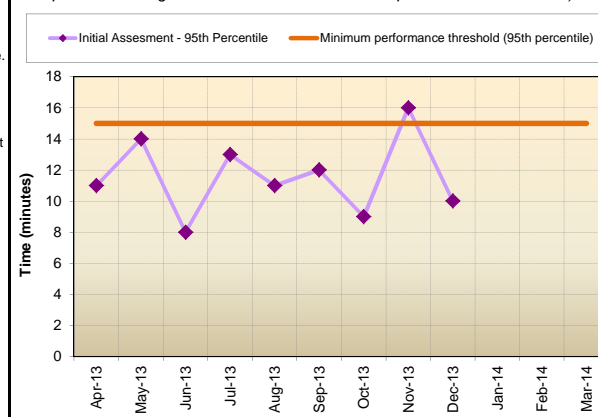
Description of data

Time from arrival to start of full initial assessment, which includes a brief history, pain and early warning scores (including vital signs), for all patients arriving by emergency ambulance.

Key messages

- The delay in the A&E department in assessing and then accepting care of the patient should be minimised but that assessment must be meaningful and add value for the patient:
- Patients should be assessed as soon as possible; good practice would be to have all patients assessed within 20 minutes of arrival.
- A 95th percentile time to assessment above 15 minutes may trigger intervention as this is one of the five A&E quality indicators included as a headline measure under national oversight to assess organisational and system health in the NHS Operating Framework for 2011/12.

Site performance against national benchmarks and performance thresholds



Description of Performance

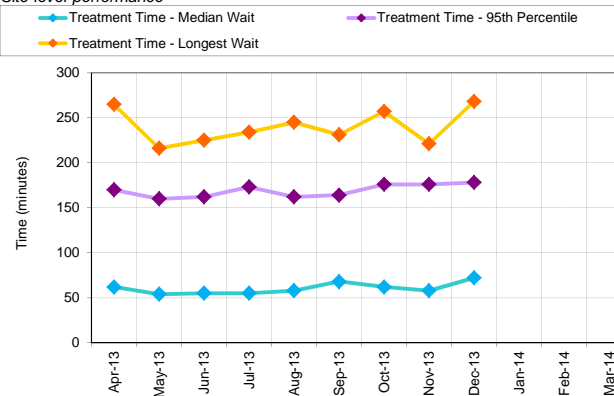
| | |
|--------------|----------------------------|
| 10 | 95th percentile this month |
| 15 | Target |
| Data quality | |

Narrative

LIVERPOOL WOMEN'S HOSPITAL NHS FOUNDATION TRUST 2013/14 Accident & Emergency Department Clinical Quality Indicators

Time to Treatment in A&E [HQU13]

Site-level performance



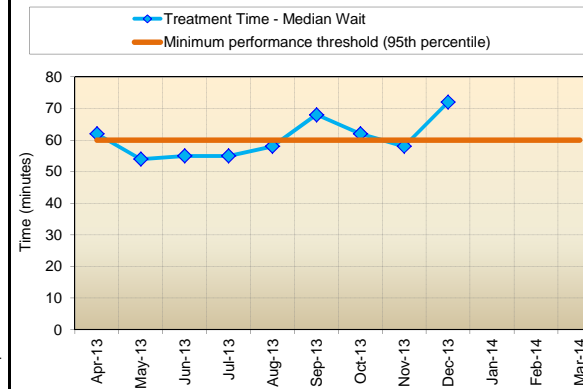
Description of data

Time from arrival to start of definitive treatment from a decision-making clinician (someone who can define the management plan and discharge the patient).

Key messages

- Time to the start of treatment should be minimised but not at the expense of other A&E Clinical Quality Indicators.
- Expert clinical opinion suggests that patients should be seen by a decision-maker within 60 minutes of arrival, but this may be too long for the more serious cases.
- The earlier the correct management plan is made the better for the patient; a wait of over 30 minutes is excessive for certain presentations, e.g., sepsis, stroke, myocardial infarction, respiratory distress.
- A median above 60 minutes from arrival to seeing a decision-making clinician across all patients may trigger intervention as this is one of the five A&E quality indicators included as a headline measure under national oversight to assess organisational and system health in the NHS Operating Framework for 2011/12.

Site performance against national benchmarks and performance thresholds)



Description of Performance

Narrative although activity was decreased in December there were peaks in attendances. Ability to manage peaks in activity was challenged due to a temporary reduction in medical workforce due to unplanned leave. Facilities are limited and this will be addressed in our plans to relocate the ER to a larger location with improved environment/ increase in facilities

| | |
|--------------|-------------------|
| 72 | Median this month |
| 60 | Target |
| Data quality | |

Service experience

What have we done to understand and assess the experience of our patients from Oct 2013 to Dec 2013

• Nursing quality indicators are now embedded and monthly patient questionnaires are undertaken and we plan to display results in the department. Display boards are now in place in the department to share feedback. These results will be monitored and reported to the Trust Plans- Action Plans will be generated by the department Manager and the ER team to address any deficits.

Family friendly questions are being asked and results are now available and published for ER. We are actively promoting feedback and have a kiosk now located outside the ER for feedback to be given. Social media, twitter is also being used to encourage our patients to give feedback about the ER Services. A text reminder is also being introduced

• Formal and informal issues raised through Complaints and PALS have been used to understand and assess the experience of patients attending the Emergency Room, patients are invited to board meeting to share their experiences

• Patient Stories continue to be shared with the Board and departmental staff and we working closely with patients whom are sharing their experiences , recordings of patients experiences are with consent being utilised to widen opportunities to learn from feedback

• NICE guideline on the management of early pregnancy have been released and the organisation has assessed compliance and will develop an plan to address areas of deficits

What were results of these assessments?

• Facilities not always available when needed

- Waiting times too long
- Uncomfortable seating
- Communication
- Staff attitude
- Waiting times for scans / inability to offer one stop scan

What has been done to improve services in light of these results?

• Identified funding for additional nurses to be trained in scanning and working with colleagues in ultrasound to mentor nursing staff in early pregnancy scanning. One additional member of our team has completed competencies and another member has commenced training

• NICE guidelines for the management of miscarriage have been assessed to understand compliance levels- Action plan to address none compliance

• Established emergency follow up clinics for patient with pregnancy of unknown location, offering consistent approach with continuity and senior clinical presence

• Introduction of quality indicators that incorporate specific feedback relating to service experience, thus developing an ongoing feedback mechanism for patients , Displayed within department and disseminated to team members

• Customer care training for reception staff

Has this resulted in improved patient experience?

• Local ownership, department managers have increased involvement in problem solving and have ability to influence service provision at the point of care

• Flexible use of additional rooms/ resources.

• Meaningful measurements in place, enabling benchmarking across Trust and Month on Month performance

• Point of care testing aiding prompt diagnosis and treatment

• Feedback kiosk and systems and processes to address feedback timely

Liverpool Women's NHS Foundation Trust

Accident & Emergency Department Clinical Quality Indicators

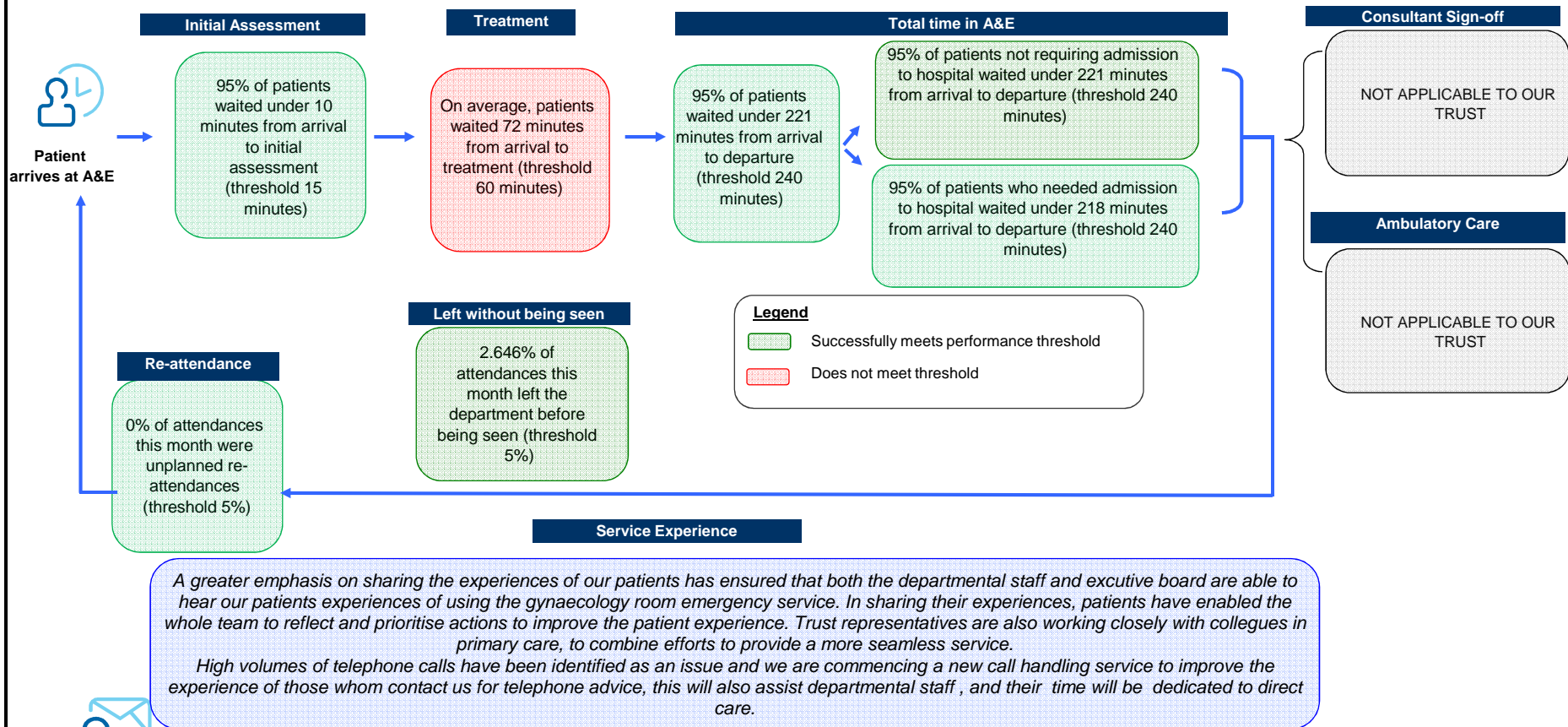
Overview

This dashboard presents a comprehensive and balanced view of the care delivered by our A&E department, and reflects the experience and safety of our patients and the effectiveness of the care they receive. These indicators will support patient expectations of high quality A&E services and allow our department to demonstrate our ambition to deliver consistently excellent services which are continuously improving.

General Information

| | |
|--|---|
| LIVERPOOL WOMEN'S NHS FOUNDATION TRUST | - A&E site name and organization code |
| Type 2 (Specialist) | - A&E site type |
| Hayley McCabe, Ext 4213 | - Contact details for further information |
| December 2013 | - The time period the data in the dashboard relate to |

Summary of performance - December 2013



N.B. Information on Service Experience and Ambulatory Care are collected on a quarterly basis; information on Consultant Sign Off is collected on a six-monthly basis

For further information on performance for individual indicators, please view the [main dashboard](#)