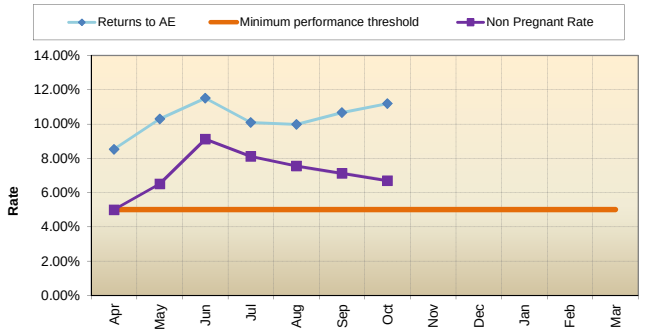
LIVERPOOL WOMEN'S HOSPITAL NHS FOUDATION TRUST 2014/15
Accident & Emergency Department Clinical Quality Indicators

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.

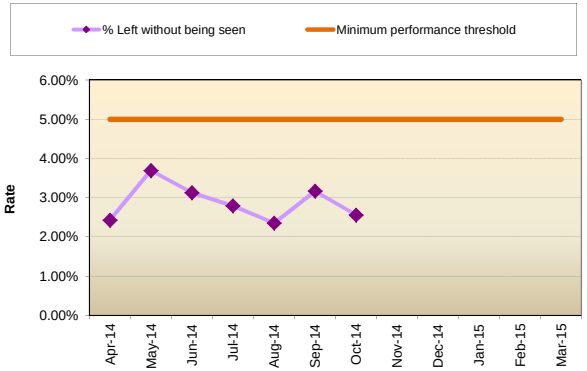
Narrative Pregnancy related reattenders are excluded as it is appropriate plans of care to advise pregnant patients to reattend if they have any increasing symtoms. Non pregnancy unplanned reattendances for september were 7.12% again a decrease for october to 6.7% which is above the target of 5% and a slight decrease on the previous month. The team are working with commisioners to develop telephone advice service and to look at ways signpost patients to ensure emergency service access is appropriate.

Description of Performance

6.7%	Rate this month
5%	Target
	Data quality

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.

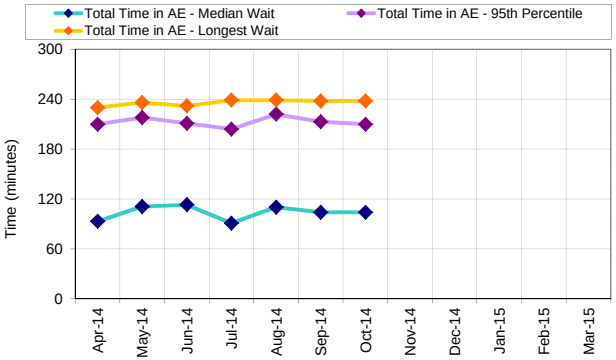
Narrative Target achieved

Description of Performance

2.56%	Rate this month
5%	Target
	Data quality

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

Site-level performance



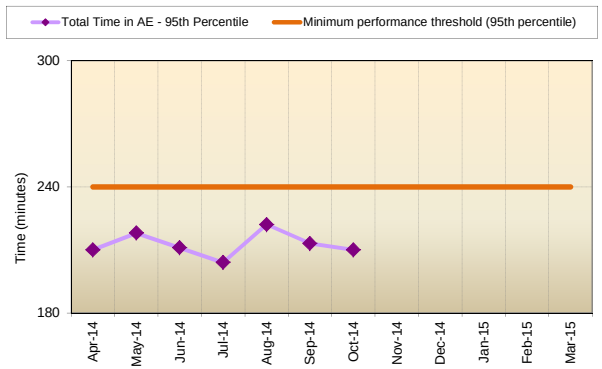
Description of data

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 Within Tolerance

210	95th percentile this month
240	Target
	Data quality

LIVERPOOL WOMEN'S HOSPITAL NHS FOUNDATION TRUST 2014/15
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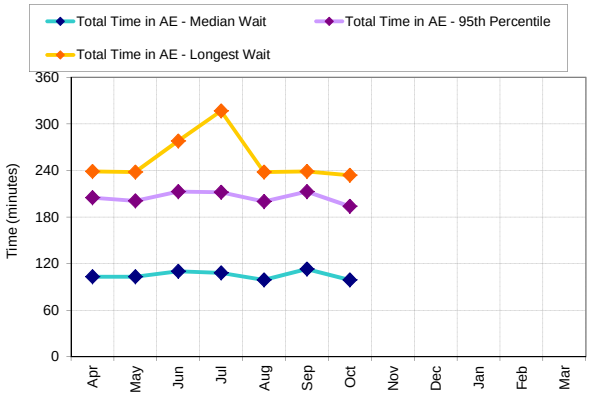
Total time in the A&E department (non-admitted patients) [HQU10]

Site-level performance



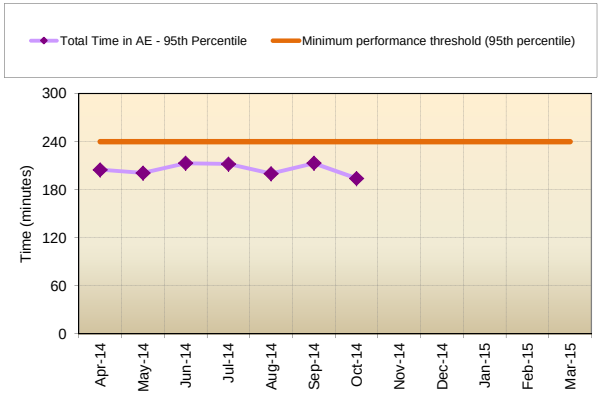
Description of data

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)



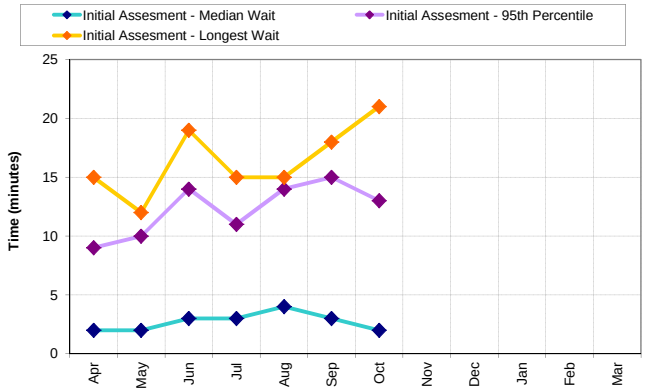
Description of Performance

Narrative Target achieved

194	95th percentile this month
240	Target
	Data quality

Time to initial assessment in A&E [HDQ12]

Site-level performance



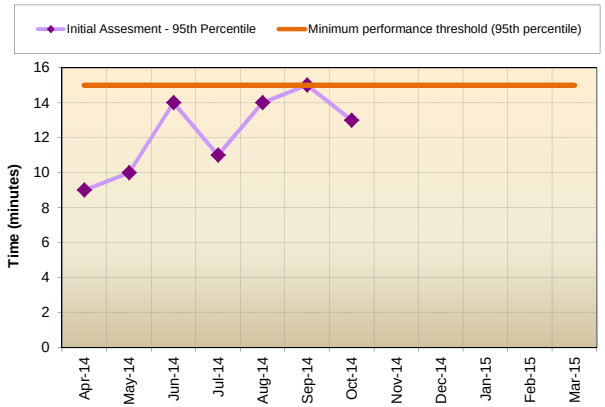
Description of data

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

Narrative Facilities will improve with the relocation of the Emergency Department, additional traige room and consultation room will enhance ability to start initial assessments promptly, we are also looking at the nursing processes to ensure the patient flow is monitored and wait times are reduced.

13	95th percentile this month
15	Target
	Data quality

LIVERPOOL WOMEN'S HOSPITAL NHS FOUDATION TRUST 2014/15
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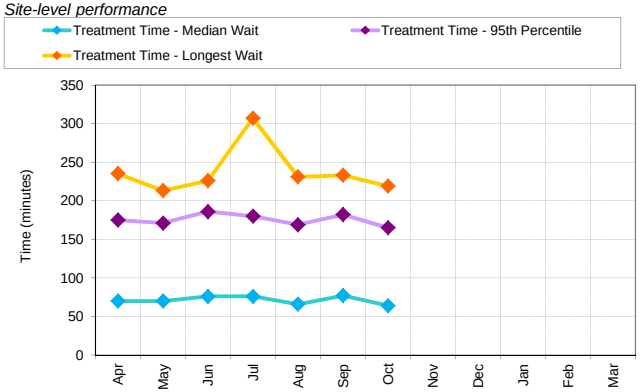
Time to Treatment in A&E [HQU13]

Site-level performance



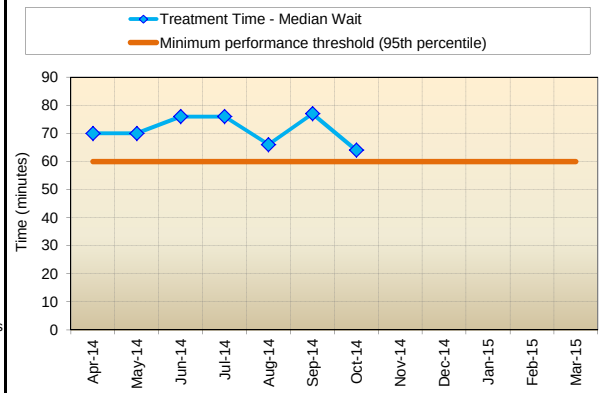
Description of data

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 Following triage any patient requiring urgent attention would be prioritised and seen by an appropriate clinician. The time to be seen by a decision making clinician for patients who do not require immediate or urgent attention can be affected by - the number of urgent cases, complexity of other cases in the department at the time, peaks in activity , lack of available cubicles to review patients due to limited number of rooms available, depletion of medical staffing as they cross cover for the wards/ theatre. We continue to triage appropriately and expediate urgent cases that require immediate attention. Limited facilities will be addressed in our plans to relocate the ER to a larger location in October 2014 with improved environment/ increase in facilities. A management case to base a Consultant Nurse in the ER at times of predicted higher activity has been approved, although unplanned leave has delayed implementation this is still the intention .

64	Median this month
60	Target
	Data quality

Service experience

What have we done to understand and assess the experience of our patients from JULY2014- OCTOBER 2014

• Nursing quality indicators are now embedded and monthly patient queestionnaires 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.

Friends and Family questions are being asked and results are now available and published for ER.We are actively promoting feedback and have also been using a text reminder with a link to the survey. 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 organistion has assessed compliance an action plan has been developed and a new policy that reflect the changes has been written and is due to launch in December 2014

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, Two additional members of our team have 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 non compliance

•Establishe d 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

•Relocation t to a new ly developed Emergency department .Designs and furnishgs have been istalled taking feedback from patients into consideration.
•Local quality meeting is ensuring robsut cascading of information, promoting opportunities to learn lessons

•Use of Gibbs Reflective Model- a tool for nurses to utilise to learn from feedback, challenges staff to review the impact they have had

What were results of these assessments?

•Facilities not always availbale when needed

•Waiting times too long
•Uncomfortable seating
•Communication
•Staff attitude/ Customer care
•Waiting times for scans / inability to offer one stop scan
•Reception privacy and confidentiality

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.

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

•Point of care testing aiiding prompt diagnosis and treatment

• systems and processes in place to address feedback.

•Department relocation, investment in facilities, new reception area with privacy area, increased rooms , improved waiting area and accessibility to refreshments/ facilities

Liverpool Women's NHS Foundation Trust
Accident & Emergency Department Clinical Quality Indicators

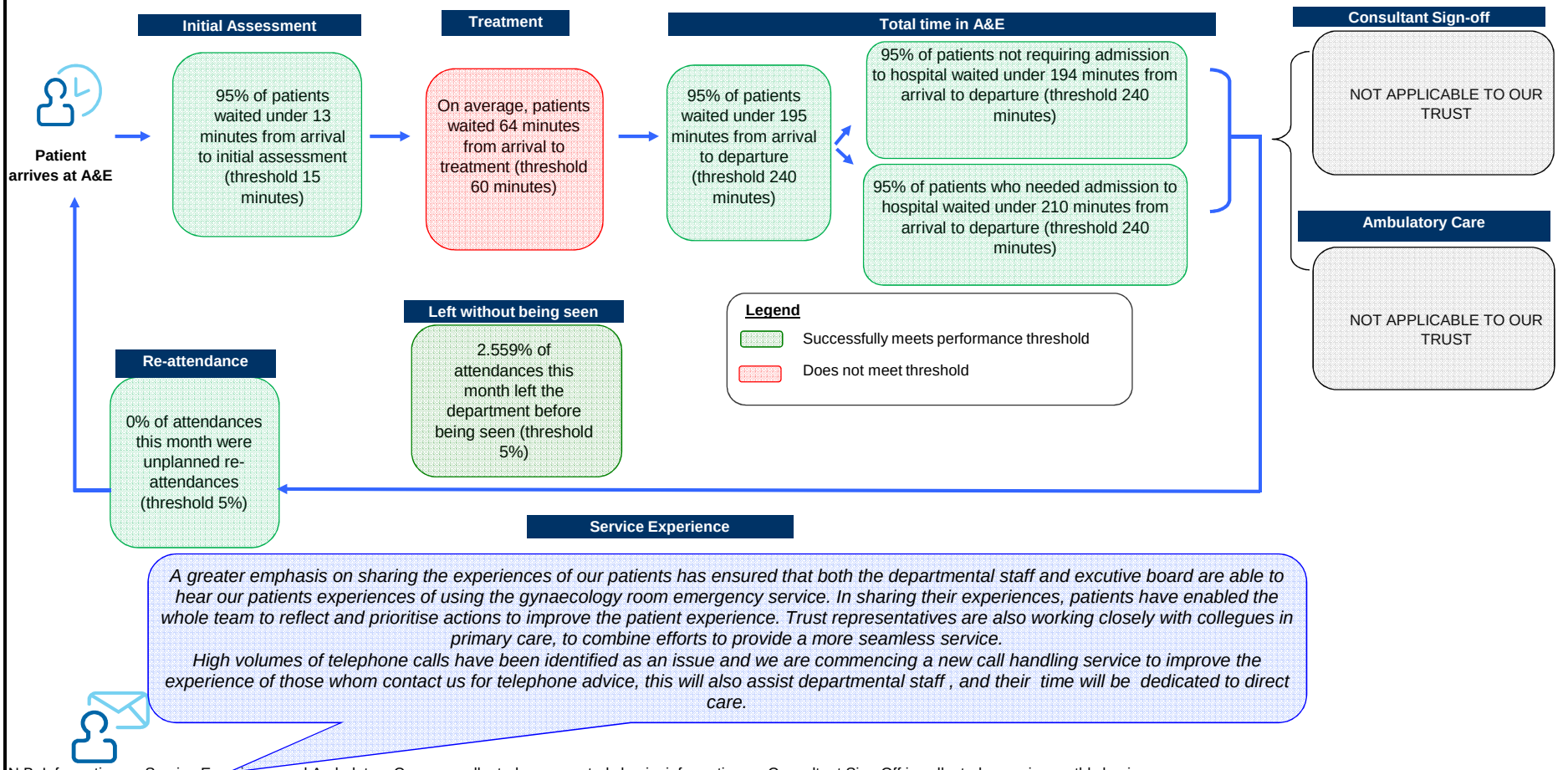
Overview

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
October 2014	- The time period the data in the dashboard relate to

Summary of performance - October 2014



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