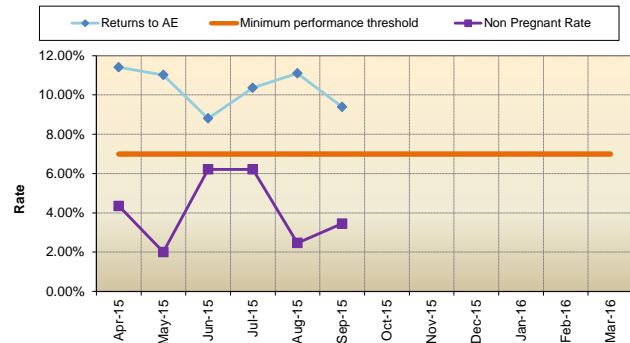


LIVERPOOL WOMEN'S HOSPITAL NHS FOUNDATION TRUST 2015/16 Accident & Emergency Department Clinical Quality Indicators

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 7% are likely to reflect poor quality care but rates below 1% may reflect excessive risk aversion.

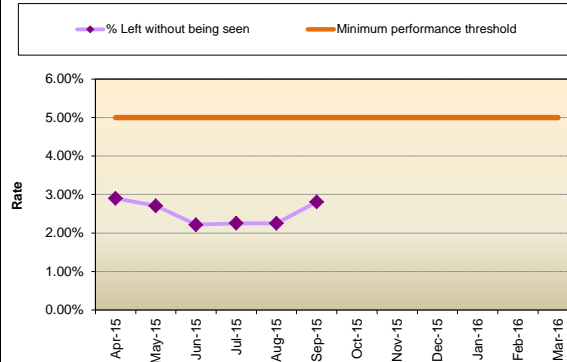
Narrative Pregnancy related reattenders are excluded as it is appropriate that plans of care will advise pregnant patients to reattend if they have any increasing symptoms. Non pregnancy unplanned reattendances for September has slightly increased. This may be due to the change over of new Doctors.

Description of Performance

3.45%	Rate this month
7%	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.

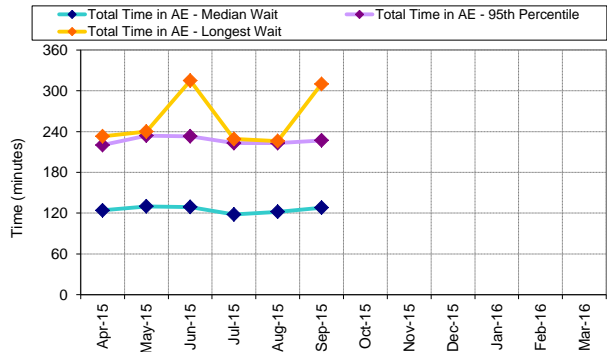
Narrative Target is achieved, our aim is to maintain this low level of patients who leave before they are assessed. There have been periods in this reporting period that there has been a capacity issue with beds that may have contributed to people leaving due to longer wait times.

Description of Performance

2.80%	Rate this month
5%	Target
	Data quality

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

Site-level performance



Description of data

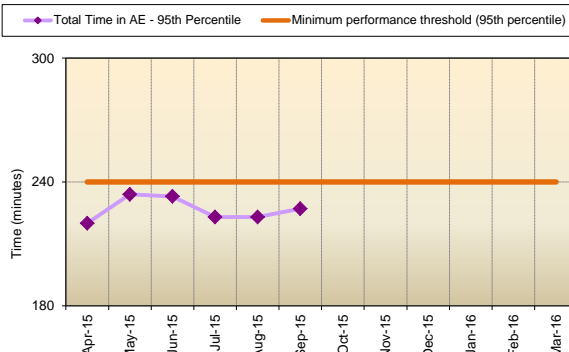
The median, 95th percentile and single longest total time spent by patients in the A&E department, for admitted patients.

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

Narrative Within Tolerance, we have commenced a programme of staff development which we hope will have an impact on this and other time factored targets in the future.

Site performance against national benchmarks and performance thresholds



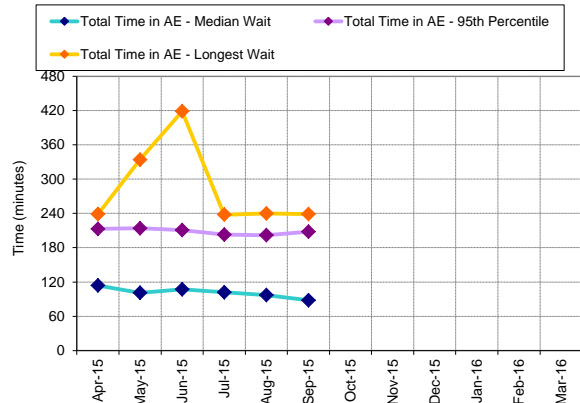
Description of Performance Within the target setting, this month sees a reduction in the total time in GED.

227	95th percentile this month
240	Target
	Data quality

LIVERPOOL WOMEN'S HOSPITAL NHS FOUNDATION TRUST 2015/16 Accident & Emergency Department Clinical Quality Indicators

Total time in the A&E department (non-admitted patients) [HQ10]

Site-level performance



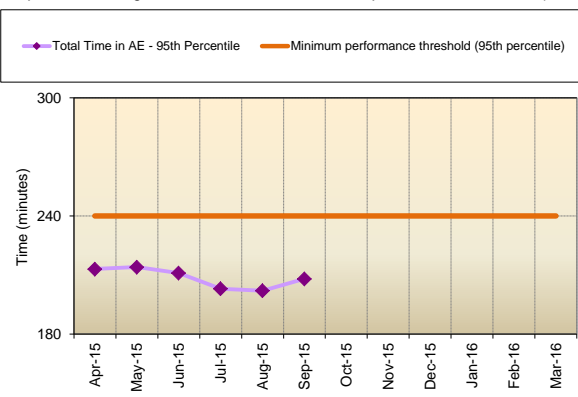
Description of data

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

Within target set, we are striving to keep the time in the department to the minimum.

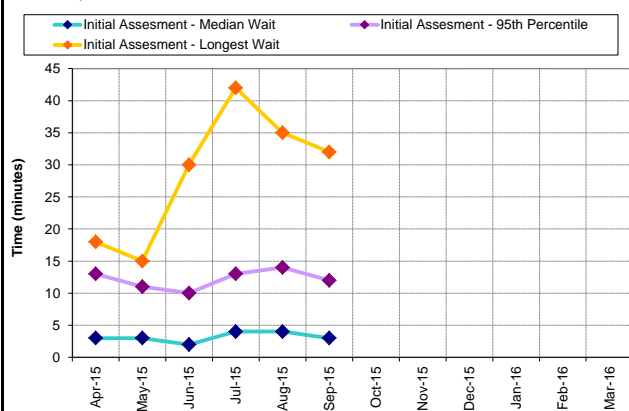
Narrative

Target achieved

208	95th percentile this month
240	Target
	Data quality

Time to initial assessment in A&E [HDQ12]

Site-level performance



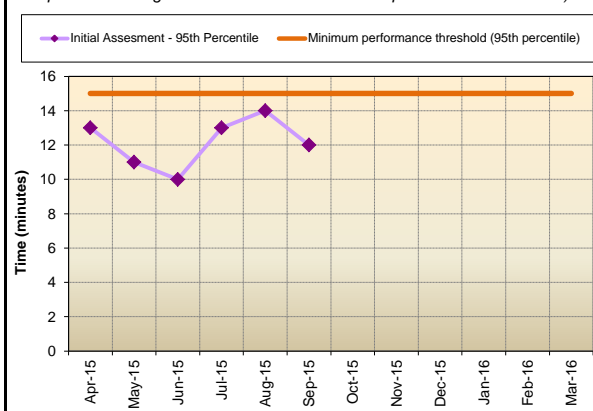
Description of data

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

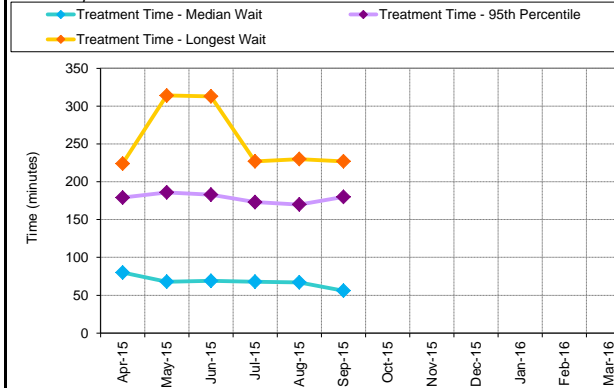
Narrative Facilities have improved with the relocation of the Emergency Department an additional triage room and consultation room has enhanced our ability to start initial assessments promptly, we are also looking at the nursing processes to ensure the patient flow is monitored and wait times are reduced. A review of staff roles is underway to further improve the times patients wait. There can be peaks in this time when the patients clinical condition the formal process of triage taking place in the given time. time improvement for nursing in September.

12	95th percentile this month
15	Target
	Data quality

LIVERPOOL WOMEN'S HOSPITAL NHS FOUNDATION TRUST 2015/16
Accident & Emergency Department Clinical Quality Indicators

Time to Treatment in A&E [HQU13]

Site-level performance



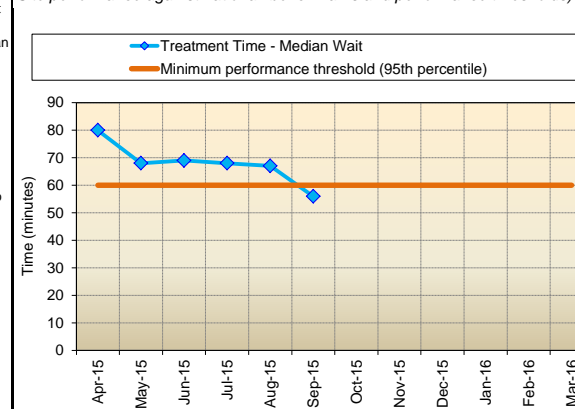
Description of data

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 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. Wait times can be affected by the number of urgent cases, complexity of other cases in the department at the time, peaks in activity, depletion of medical staffing as they cross cover for the wards/ theatre. We continue to triage appropriately and expedite urgent cases that require immediate attention. There has been a change over of Doctors for this monitoring period and they often require to discuss plans of care with a senior which has the impact on the time to treatment times. Following a review of staffing from a workforce review we have employed 3 staff in development post to become Emergency Nurse practitioners. Part of this is to have patients seen by a nurse if appropriate, once the competencies are achieved this will enhance the number of clinical decision makers within the department and should reduce the median wait time. This however will take a period of months training to be undertaken. The implementation of Consultant nurse sessions in the department has not been achieved due to other organisational pressures. There is also a decrease in the clinical sessions provided by the assigned consultant again due to pressures in other departments. We are proactively as a team continually looking at ways to improve the patients flow through the department and ensure the time they are in GED is kept to a minimum.

56	Median this month
60	Target
	Data quality

Service experience

What have we done to understand and assess the experience of our patients from April 2015- September 2015

- Nursing quality indicators are now embedded and monthly patient questionnaires are undertaken. 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 GED team to address any deficits.
- Friends and Family questions are being asked and results are now available and published for GED. We are actively promoting feedback. Social media, twitter is also being used to encourage our patients to give feedback about our Services. A text reminders 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 Gynaecology Emergency Department patients are invited to board meeting to share their experiences
 - Patient Stories continue to be shared with the Board and departmental staff and we are working closely with patients who are sharing their experiences, recordings of patients experiences are with consent being utilised to widen opportunities to learn from feedback

- 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 -additional service extension is being considered.
- NICE guidelines for the management of miscarriage have been assessed to understand compliance levels - Action plan to address non 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 on-going feedback mechanism for patients, Displayed within department and disseminated to team members
- Relocation to a newly developed Emergency department. Designs and furnishings have been installed taking feedback from patients into consideration.
- Local quality meeting is ensuring robust cascading of information, promoting opportunities to learn lessons.
- Work force review staffing increase in place.
- Staff development roles to improve the time management of the patients.

What were results of these assessments?

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

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
- 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

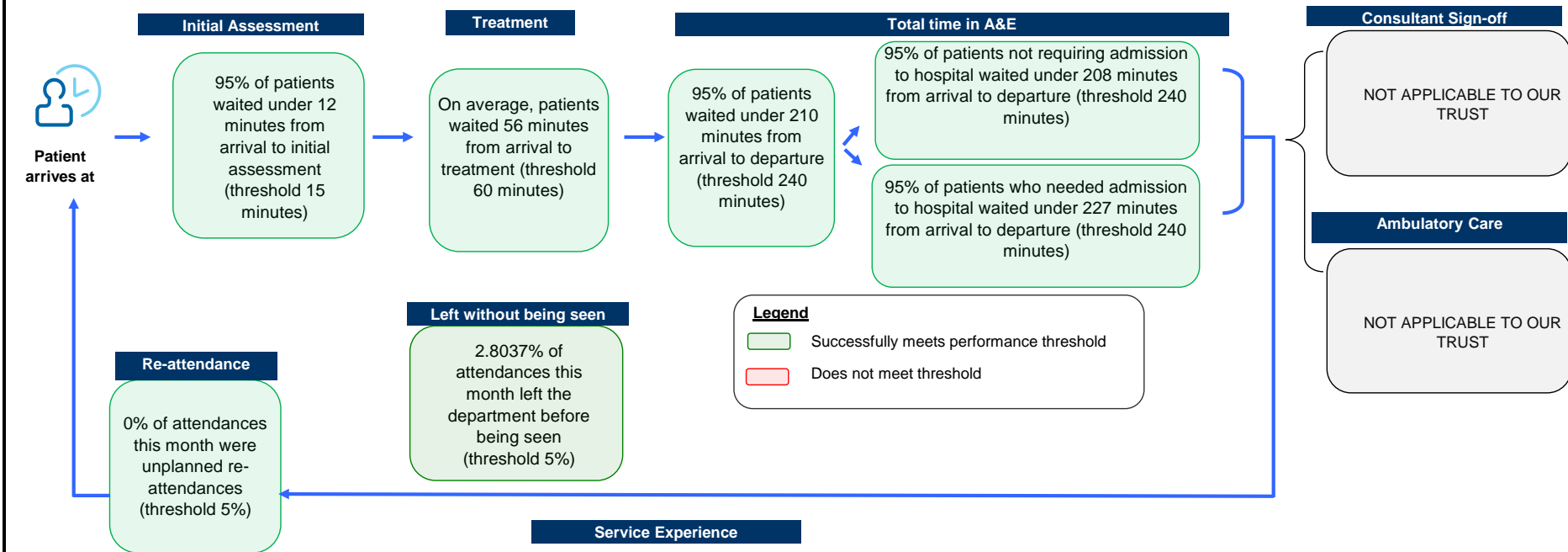
Overview

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
September 2015	- The time period the data in the dashboard relate to

Summary of performance - September 2015



A greater emphasis on sharing the experiences of our patients has ensured that both the departmental staff and executive board are able to hear our patients experiences of using the gynaecology department emergency service. In sharing their experiences, patients have enabled the whole team to reflect and prioritise actions to improve the patient experience. Trust representatives are also working closely with colleagues in primary care, to combine efforts to provide a more seamless service.

High volumes of telephone calls have been identified as an issue and we are commencing a new call handling service to improve the experience of those whom contact us for telephone advice, this will also assist departmental staff, and their time will be dedicated to

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](#)