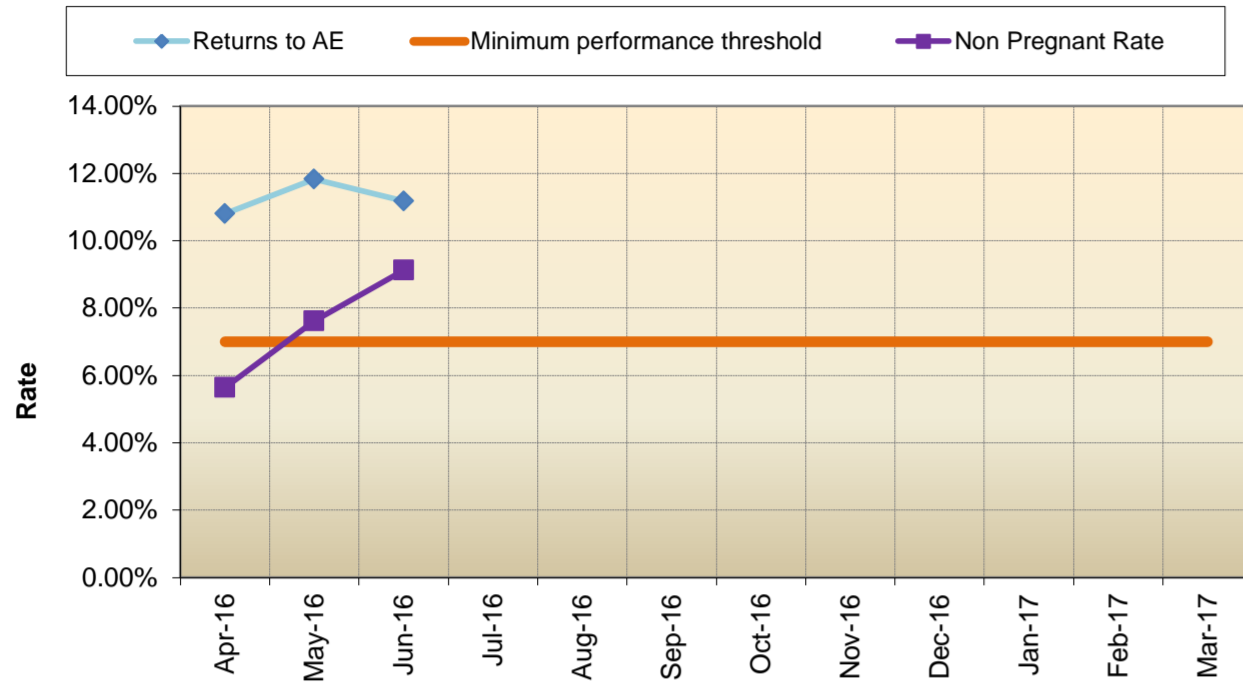


## LIVERPOOL WOMEN'S HOSPITAL NHS FOUNDATION TRUST 2016/17 Accident & Emergency Department Clinical Quality Indicators

### Unplanned re-attendance [HQU09]

Unplanned re-attendance rate



**Description of data**

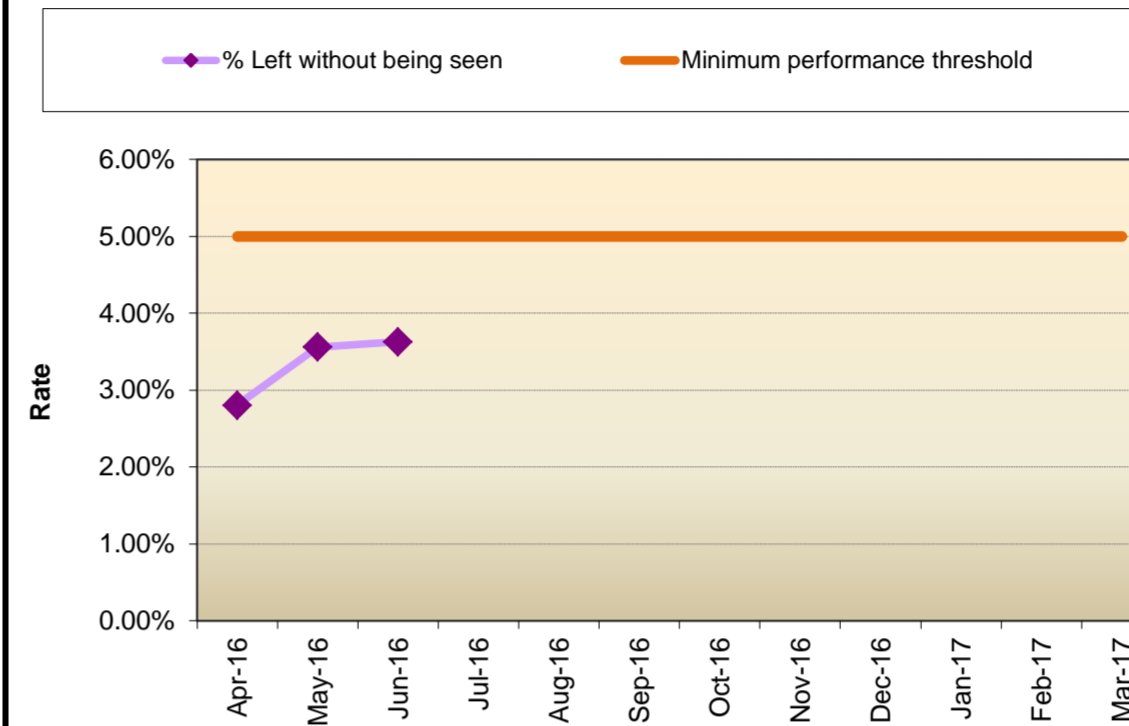
Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional)

**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.

### 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** Pregnancy related re-attenders 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 re-attendances for June are below the agreed acceptable target, part of this is the re-attendance of one patient who has a chronic condition that is managed in exacerbation in GED. The re-attendance has been validated and only 2 of the remaining patients did not require a valid re-attendance.

**HOWEVER WE RE AWARE OF 2 PATINETS ATTENDING FREQUENTLY**

9.12%	Rate this month
7%	Target
Data quality	

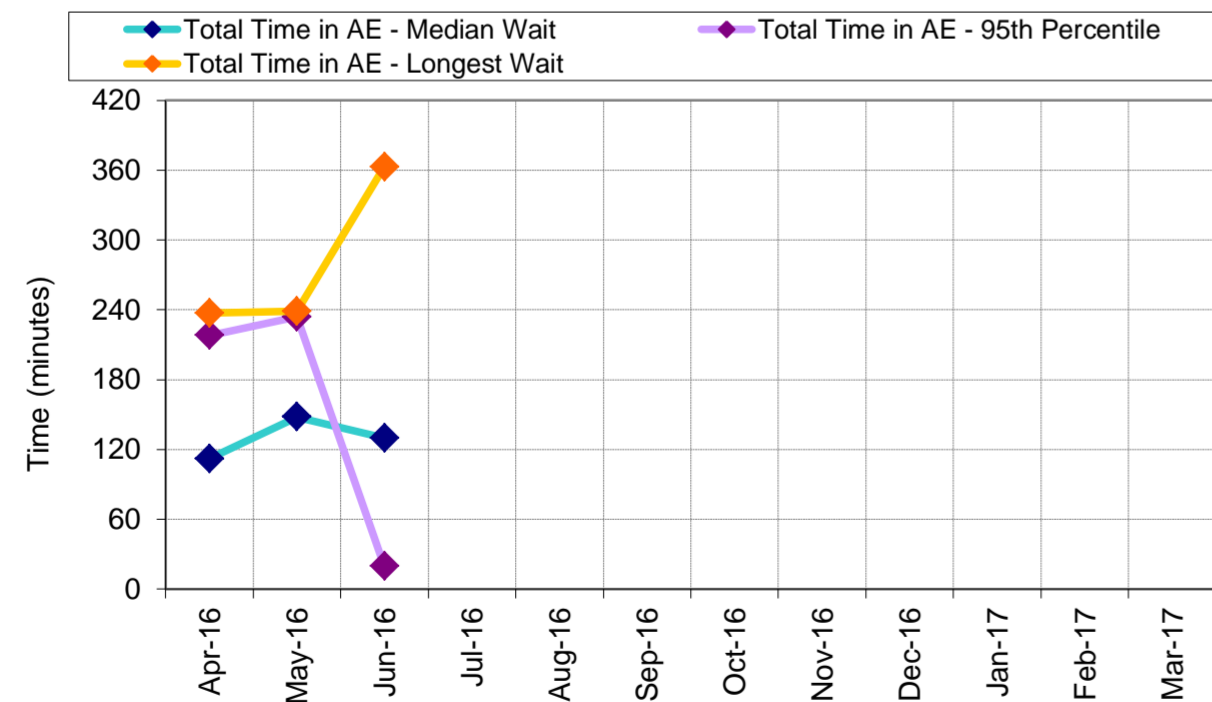
**Narrative** Target is maintained, our aim is to maintain this low level of patients who leave before they are assessed. This is a really good achievement this month despite some long waiting time that have occurred.

**Description of Performance**

3.63%	Rate this month
5%	Target
Data quality	

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

Site-level performance



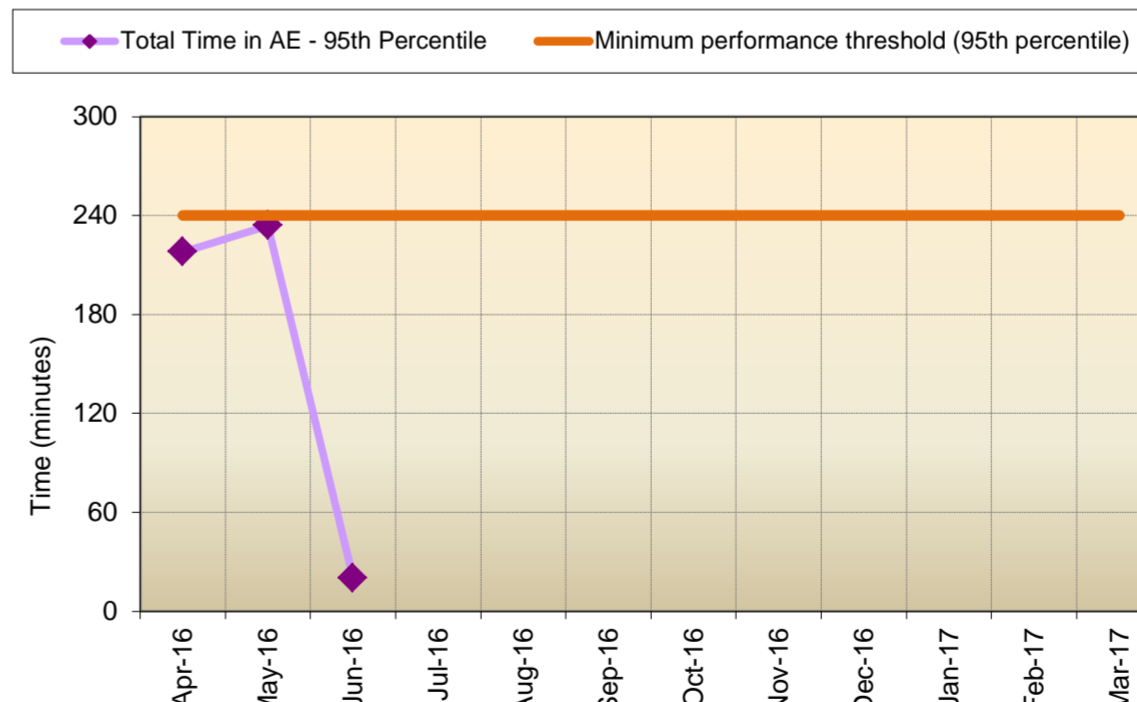
**Description of data**

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 Within the target setting, this month sees a reduction in the total time in GED.**

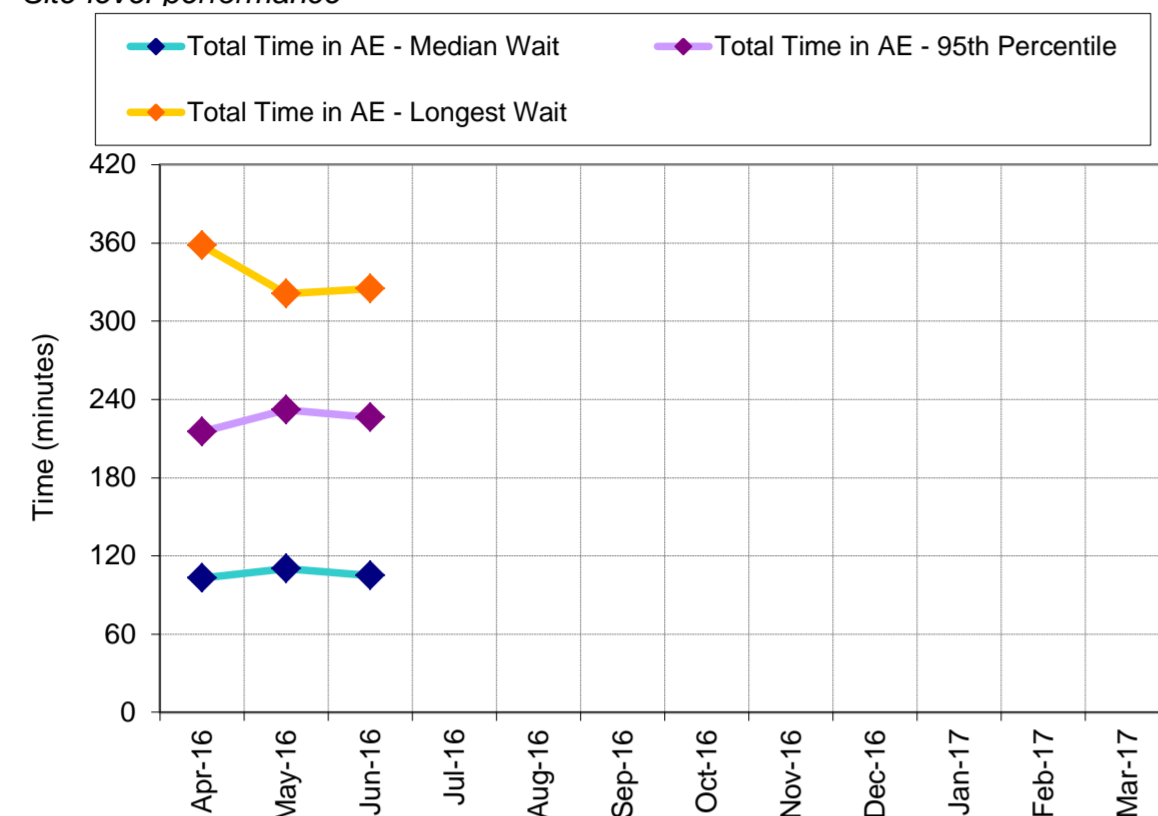
**Narrative** Target achieved

20	95th percentile this month
240	Target
Data quality	

## LIVERPOOL WOMEN'S HOSPITAL NHS FOUNDATION TRUST 2016/17 Accident & Emergency Department Clinical Quality Indicators

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

#### Site-level performance



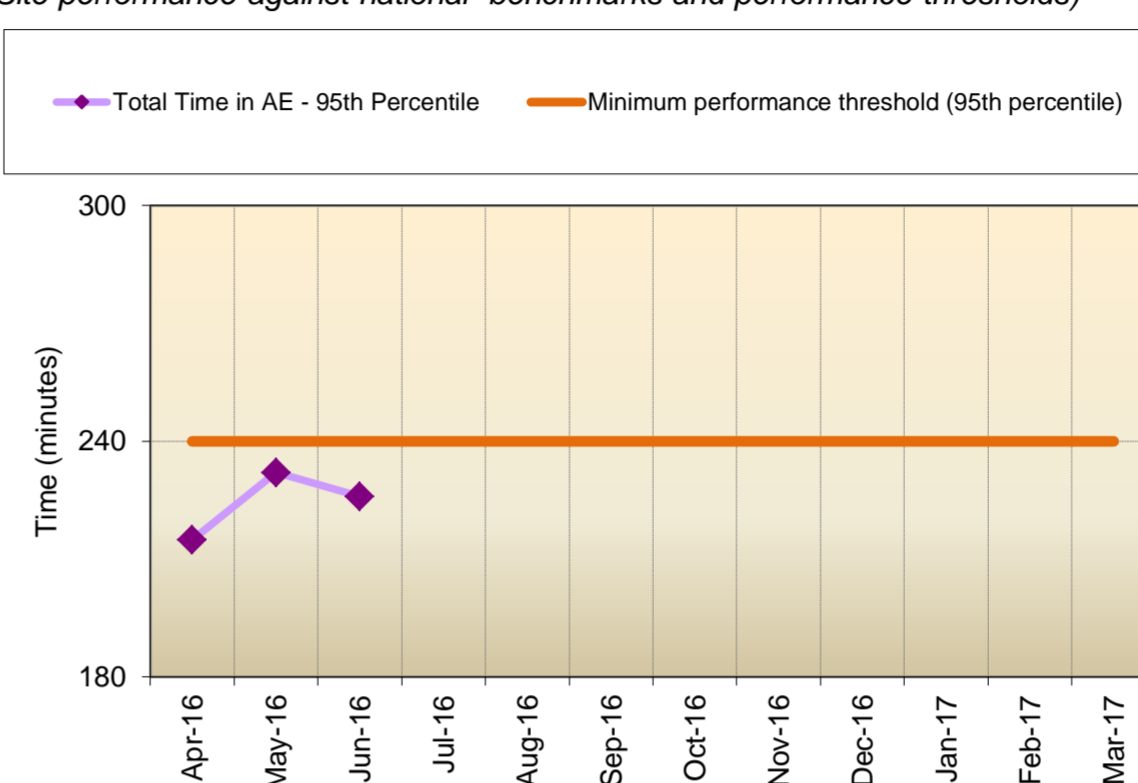
#### Description of data

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

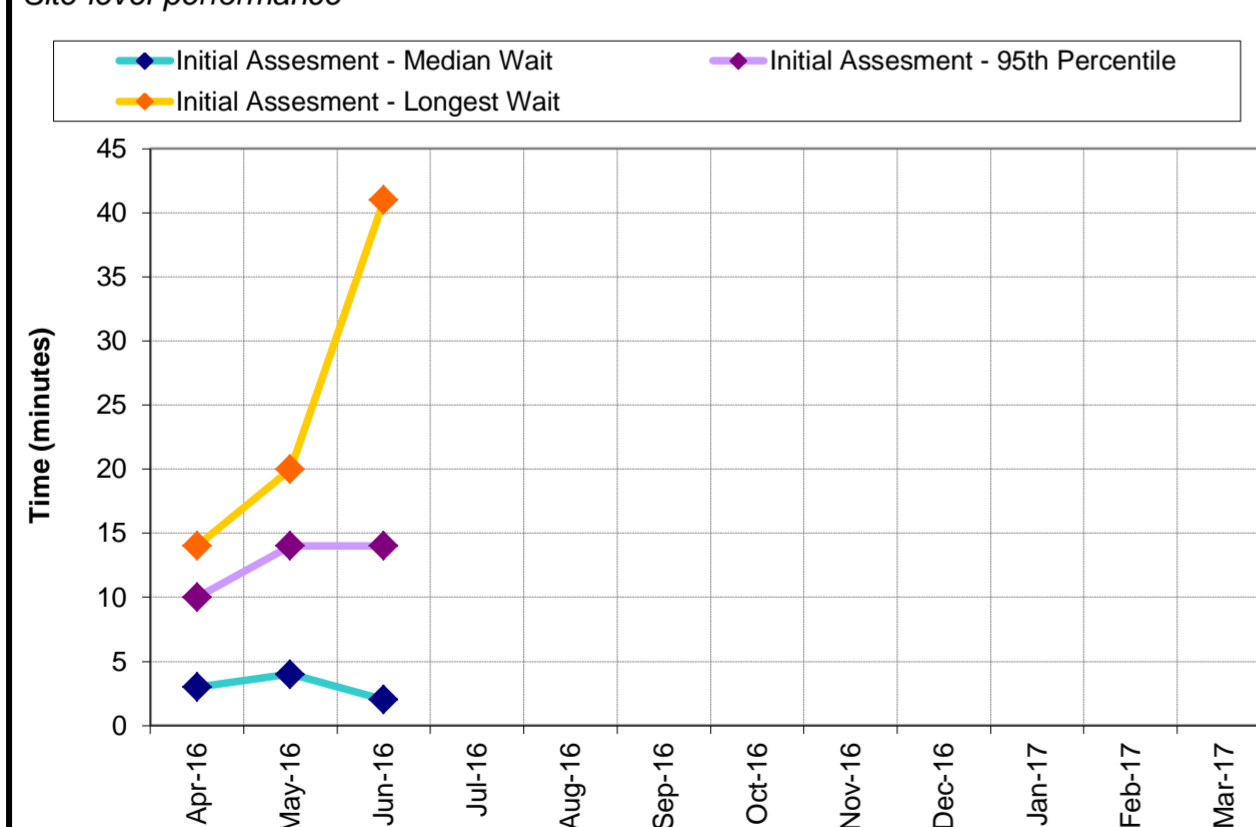
Within target set, we are striving to keep the time in the department to the minimum.

#### Narrative

226	95th percentile this month
240	Target
	Data quality

### Time to initial assessment in A&E [HDQ12]

#### Site-level performance



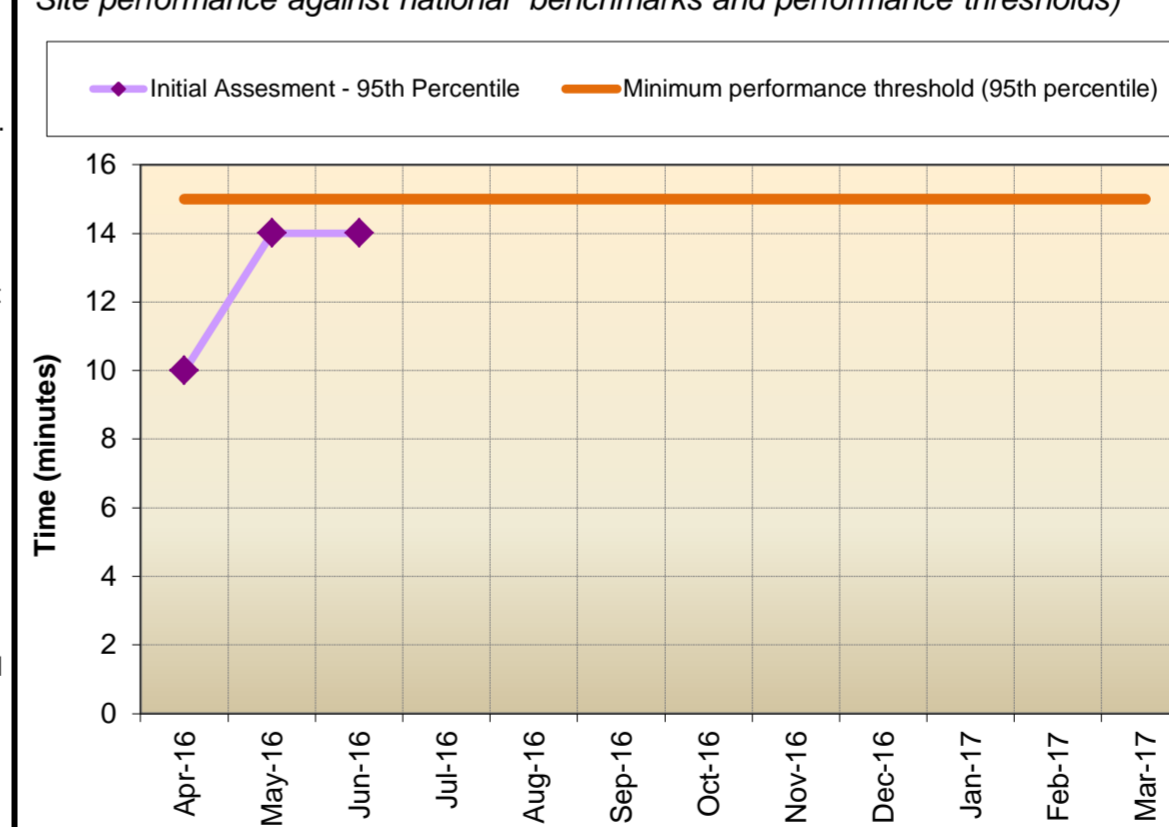
#### Description of data

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

This is a target that is met - Patients are generally triaged quite rapidly - occasionally an event may deter this from happening. This is closely monitored.

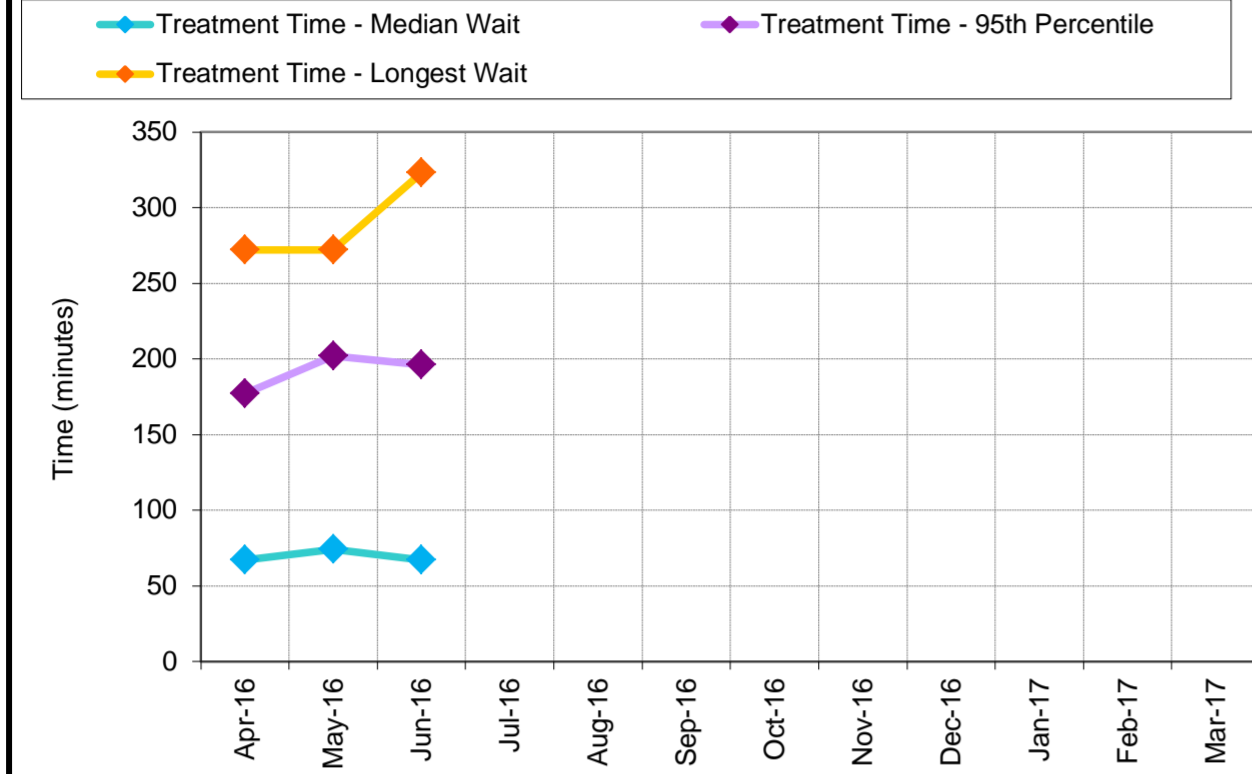
14	95th percentile this month
15	Target
	Data quality

# LIVERPOOL WOMEN'S HOSPITAL NHS FOUNDATION TRUST 2016/17

## Accident & Emergency Department Clinical Quality Indicators

### Time to Treatment in A&E [HQU13]

#### Site-level performance



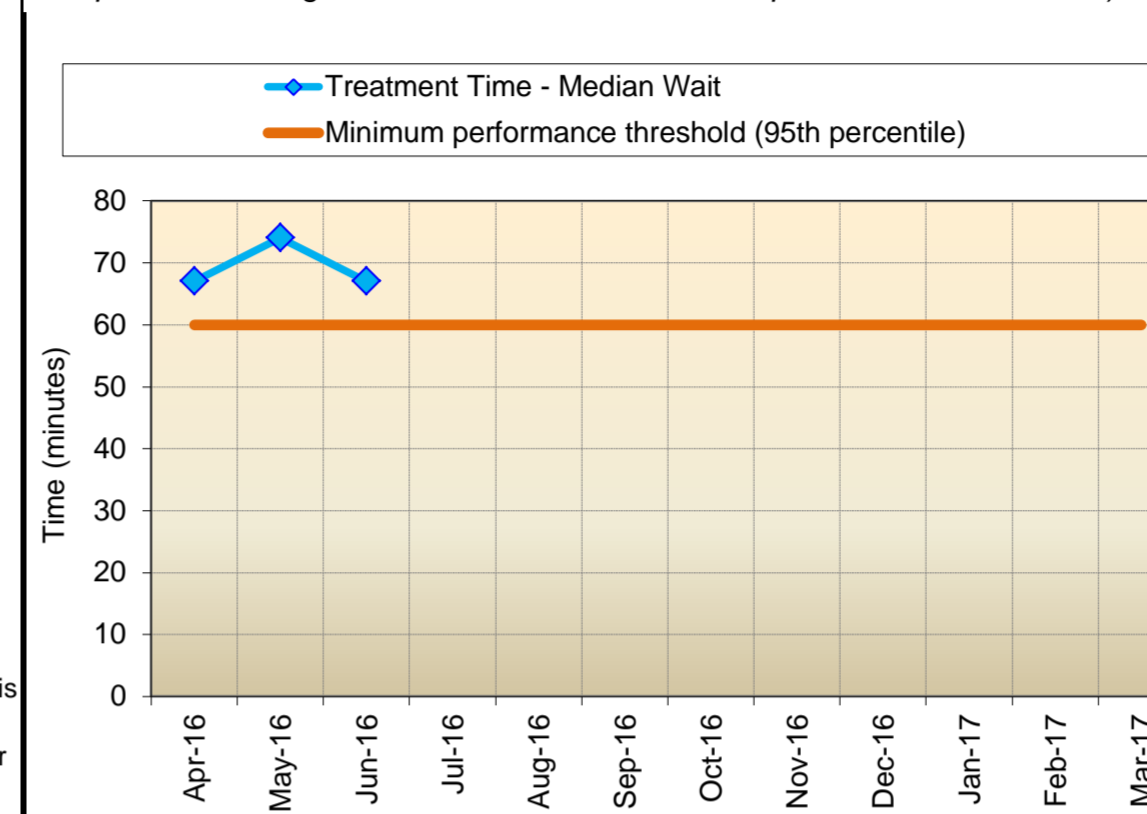
#### Description of data

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:** Time from arrival to start of definitive treatment from a decision-making clinician is one of the targets that we struggle to achieve - in time frames it is not an excessive wait, this is often impeded due to the Drs requirements to cross civer other areas, which at times of high activity can have a real impact on those time waits. We are developing the nursing staff in the department to allow more clinical decision makers to be on shift. We would hope to see an improvement in this figure.

67	Median this month
60	Target
	Data quality

### Service experience

#### What have we done to understand and assess the experience of our patients from April 2016

- 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 the our 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 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
  - NICE guideline on the management of early pregnancy have been released and the organisation has assessed compliance an action plan has been

#### 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

- 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.

#### 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 HOSPITAL NHS FOUNDATION TRUST 2016/17  
Accident & Emergency Department Clinical Quality Indicators